

Idaho State Veterans Homes – COVID-19 Related Phased Reopening Plan & Procedure

STATUS	Criteria for Implementation	Visitation and Service Considerations
<p>Phase 1 and Significant Mitigation of Nursing Home Reopening</p> <p>Anticipated Date: Present – TBD, 2020</p> <p>Note: The facility will not begin to de-escalate or relax restrictions to Phase 2 until the surrounding community experiences a decline and stabilization in the number of new cases, hospitalizations, or deaths.</p>	<p>The facility is in a posture that can be described as its highest level of vigilance, regardless of transmission within their communities</p>	<p>General Visitation & Facility Entry:</p> <ul style="list-style-type: none"> • Visitation is generally prohibited, except for authorized compassionate care situations (i.e. end of life). • Only identified essential healthcare personnel (to include facility employees, contract staff and critical service providers) and authorized compassionate care visitors are allowed entry into the facility. Doors granting entry to the facility are egress only and monitored. • Alternative working arrangements (i.e. telecommuting) will be made will be made as much as possible for any non-direct care healthcare personnel (HCP). • Volunteers and non-critical vendors/providers are restricted from entering the facility. • Facility Medical Director and any non-emergent providers (e.g. hospice nurse) will be encouraged to utilize telehealth for resident visits, when possible. <p>Screening:</p> <ul style="list-style-type: none"> • All persons coming into the facility, as described above, will be screened. This screening will be done prior to entering resident care areas and will include risk assessment questioning, symptomology, and temperature assessment per CDC and CMS guidance. Those who do not meet the screening criteria will be restricted entry to the facility. • Residents will have a daily Infection Screening Assessment to include monitor residents at least daily for temp > 100 or subjective fever; symptoms suggestive of COVID-19; and observation of any signs (including low oxygenation saturation) or symptoms suggestive of COVID-19. <p>Additional Universal Source Control:</p> <ul style="list-style-type: none"> • All visitors, limited to compassionate care situations, will be instructed, and must perform proper hand hygiene, maintain physical distancing (at least 6 feet), and wear PPE (gown/gloves/mask) during the duration of their visit. All visits shall be held in a designated visitation room unless the resident is unable to be transported then the visit can take place in the resident's room under the same precautions. For these special situations, there will be a limit of no more than 3 visitors at one time. • Visitors who are unable or unwilling to maintain the precautions, as described directly above, will be restricted and unable to enter the facility. • All HCP <u>must</u> wear a facemask, at all times, while they are in the facility, as well as appropriate PPE must be worn when interacting with the residents. Use of facemasks and PPE will be consistent with CDC guidance to include optimization of PPE. • All HCP are required to change out of their personal clothes and into their clean uniforms (scrubs or coveralls) within designated changing rooms. At the end of the work shifts, HCP then change out of the scrubs back into their personal clothes. The scrubs and coveralls are then laundered at the facility. • Once HCP have changed into scrubs, then they cannot leave the facility grounds. If they go to their car for any reason, they cannot get into their car. Should HCP need to leave the facility grounds, they must change out of their scrubs and back into their street clothes, then go back through screening upon return to the building, get a newly laundered set of scrubs, and follow the process for changing back into scrubs.

**Healthcare Personnel (HCP) refers to all persons, paid and unpaid, working in the facility who have the potential for exposure to resident and/or to infectious materials. HCP include, but are not limited to, nurses, nursing assistants, therapists, contractual personnel, as well as all persons not involved in direct patient care (e.g. administrative, dietary, activities, volunteer services, maintenance and facilities management, billing, inventory services, laundry and housekeeping, and security). (Rev. 7/15/20)

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		<ul style="list-style-type: none"> • All items coming into the building will be quarantined for at least 48 hours (if unable to be properly sanitized) and all outside food items purchased through a drive through (coffee, fast food, etc.) will be transferred to a facility provided food container located in our screening area with the original cup/bag/container thrown away. <p>Medically Necessary Trips Outside of the Facility:</p> <ul style="list-style-type: none"> • Non-medically necessary trips outside the building will be avoided. • Staff members, in consultation with the medical director, will review the appointment schedule to assess the medical necessity, rescheduling the low risk appointments that can be rescheduled and using tele-health visits whenever possible. • If the appointment is deemed medically necessary and cannot be conducted via tele-health the resident will be provided a cloth face covering. Cloth face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. Based on a risk assessment following their visit, testing on or about day 1, 7, and 14, based on available testing supplies, may be administered, and /or precautionary isolation measures may be taken as determined necessary by the interdisciplinary team. • Staff members will verify with the outside provider whether there is active COVID-19 in the area where the resident will be treated. If individuals with active COVID-19 could be in close proximity to the resident during the visit, further consideration should be made regarding the importance of the visit and the enhanced infection control measures which should be utilized to protect the resident. • While at the appointment, the facility transport personnel will assist the resident to maintain physical distancing (at least 6 feet) and practice proper hand hygiene using facility-provided hand sanitizer spray if necessary. • Upon return to the facility, the facility transport personnel will assist the resident in performing proper hand hygiene, will educate the resident about reporting any new signs or symptoms of respiratory illness, and will report any issues during the appointment to the charge nurse. • The facility transport personnel will then disinfect high touch surfaces in the transport vehicle. • If a resident leaves the designated grounds or campus of the facility for a non-medically necessary reason, the health and safety of HCP and fellow residents will be protected upon the resident’s return by testing the resident for SARS-CoV-2 on or about day 1, day 7, and day 14 based on available testing supplies. In addition, precautionary isolation measures will be taken through receipt of day 14 test results. <p>Dining:</p> <ul style="list-style-type: none"> • Communal dining will be limited (for known COVID-19 negative and asymptomatic residents only) to those requiring specific assistance with the dining process. • Residents who share a room may eat in their room at the same time. • All residents, as described above, will be encouraged to maintain proper hand hygiene and appropriate physical distancing (at least 6 feet) during the dining process per CDC guidance. <p>Activities:</p>
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		<ul style="list-style-type: none"> • Group activities will be restricted, but some internal activities may be conducted for known COVID-19 negative and asymptomatic residents only with proper physical distancing(at least 6 feet) and hand hygiene. In addition, residents will be encouraged to wear a cloth face covering or facemask (if tolerated) whenever they leave their room. Cloth face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. • If at any time, COVID-19 infection is suspected or confirmed among any HCP or resident, group activities will need to be ceased until minimum criteria is again met. <p>COVID-19 Testing:</p> <ul style="list-style-type: none"> • All employees/contractors/providers/volunteers will be tested for SARS-CoV-2 with a molecular test (i.e., PCR or antigen detection) every 2 weeks. • All residents will be tested to establish a baseline presence of COVID-19 in the facility. Thereafter, individual residents will be tested if they have symptoms consistent with COVID-19 or if another resident or HCP has a laboratory-confirmed SARS-CoV-2 infection. Regular testing of all residents will continue until all residents test negative. Standard precautions will be taken for any resident who may be unable to test or who declines, unless otherwise warranted. • All new admits and readmits from the hospital will be tested for SARS-CoV-2 on day 1, day 7, and day 14, based on available testing supplies. In addition, precautionary isolation measures will be taken through receipt of day 14 test results. • If a resident leaves the designated grounds or campus of the facility for a non-medically necessary reason, the health and safety of HCP and fellow residents will be protected upon the resident’s return by testing the resident for SARS-CoV-2 on or about day 1, day 7, and day 14, based on available testing supplies. In addition, precautionary isolation measures will be taken through receipt of day 14 test results. • A dedicated space in facility has been properly planned for cohorting and managing care for residents with COVID-19. • Any resident with COVID-19, or who has an unknown COVID-19 status and develops symptoms will be managed as outlined in the facility's COVID-19 Outbreak Plan 2020. • Should there be a new confirmed resident or HCP COVID-19 transmission, the facility will revert to the highest level of mitigations (Phase 1) and follow the facility's COVID-19 Outbreak Plan 2020.
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<p>Phase 2 of Reopening the Nursing Homes</p> <p>Anticipated Date: TBD, 2020</p> <p>Note: The facility will monitor several factors (as defined under the <i>Criteria for Implementation</i>) and adjust this Plan accordingly. Decisions on relaxing restrictions may be fluid and will be made with careful review of the number of facility-level, surrounding community and State factors/orders, and in collaboration with the State and/or local health officials and recommendations received from CDC and CMS.</p>	<p>The COVID-19 case status in surrounding community has met the criteria for entry into Phase 2 to include, but not limited to:</p> <ul style="list-style-type: none"> • The community is experiencing a decline and/or stabilization in the number of new cases, hospitalizations, or deaths, and no new community outbreaks. • There have been no new or rebound in COVID-19 case in Phase 1 , nursing home onset COVID-19 cases in the facility for 14 days. • The facility is not experiencing staffing shortages. • The facility has adequate supplies of personal protective equipment and essential cleaning and disinfecting supplies to care for residents. • The facility has adequate access to testing for COVID-19. • Surrounding community referral hospital(s) have bed capacity on wards and intensive care units. 	<p>General Visitation & Facility Entry:</p> <ul style="list-style-type: none"> • Visitation is generally prohibited, except for authorized compassionate care situations (i.e. end of life). • The facility will reassess HCP (to include those who were previously identified as non-essential) and determine the healthcare personnel/contractors who are deemed necessary by the facility. Only those essential HCP, critical service providers and authorized compassionate care visitors are allowed entry into the facility. Doors granting entry to the facility are egress only and monitored. • Alternative working arrangements (i.e. telecommuting) will be made as much as possible for any non-direct care HCP. • Volunteers and noncritical vendors/providers are restricted from entering the facility. • Facility Medical Director and any non-emergent providers will be encouraged to utilize telehealth for resident visits, when possible. <p>Screening:</p> <ul style="list-style-type: none"> • All persons coming into the facility, as described above, will be screened. This screening will be done prior to entering resident care areas and will include risk assessment questioning, symptomology, and temperature assessment per CDC and CMS guidance. Those who do not meet the screening criteria will be restricted entry to the facility. • Residents will have a daily Infection Screening Assessment to include monitor residents at least daily for temp > 100 or subjective fever; symptoms suggestive of COVID-19; and observation of any signs (including low oxygenation saturation) or symptoms suggestive of COVID-19. <p>Additional Universal Source Control:</p> <ul style="list-style-type: none"> • All visitors, limited to compassionate care situations, will be instructed, and must perform proper hand hygiene, maintain physical distancing (at least 6 feet), and wear PPE (gown/gloves/mask) during the duration of their visit. All visits shall be held in a designated visitation room unless the resident is unable to be transported then the visit can take place in the resident's room under the same precautions. For these special situations, there will be a limit of no more than 3 visitors at one time. • Those limited visitors who are unable or unwilling to maintain the precautions, as described directly above, will be restricted and unable to enter the facility. • All HCP <u>must</u> wear a facemask, at all times, while they are in the facility, as well as appropriate PPE must be worn when interacting with the residents. Use of facemasks and PPE will be consistent with CDC guidance to include optimization of PPE. • All HCP are required to change out of their personal clothes and into their clean uniforms (scrubs or coveralls) within designated changing rooms. At the end of the work shifts, HCP then change out of the scrubs back into their personal clothes. The scrubs and coveralls are then laundered at the facility. • Once HCP have changed into scrubs, then they cannot leave the facility grounds. If they go to their car for any reason, they cannot get into their car. Should HCP need to leave the facility grounds, they must change out of their scrubs and back into their street clothes, then go back through screening upon return to the building, get a newly laundered set of scrubs, and follow the process for changing back into scrubs.
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		<ul style="list-style-type: none"> • All items coming into the building will be quarantined for at least 48 hours (if unable to be properly sanitized) and all outside food items purchased through a drive through (coffee, fast food, etc.) will be transferred to a facility provided food container located in our screening area with the original cup/bag/container thrown away. <p>Medically Necessary Trips Outside of the Facility:</p> <ul style="list-style-type: none"> • Non-medically necessary trips outside the building will be avoided. • Staff members, in consultation with the medical director, will review the appointment schedule to assess the medical necessity, rescheduling the low risk appointments that can be rescheduled and using tele-med visits whenever possible. • If the appointment is deemed medically necessary and cannot be conducted via tele-health the resident will be provided a cloth face covering. Cloth face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. Based on a risk assessment following their visit, testing on or about day 1, 7, and 14 may be administered, based on available testing supplies, and /or precautionary isolation measures may be taken as determined necessary by the interdisciplinary team. • Staff members will verify with the outside provider whether there is active COVID-19 in the area where the resident will be treated. If individuals with active COVID-19 could be in close proximity to the resident during the visit, further consideration should be made regarding the importance of the visit and the enhanced infection control measures which should be utilized to protect the resident. • While at the appointment, the facility transport personnel will assist the resident to maintain physical distancing (at least 6 feet) and practice proper hand hygiene using facility-provided hand sanitizer if necessary. • Upon return to the facility, the facility transport personnel will assist the resident in performing proper hand hygiene, will educate the resident about reporting any new signs or symptoms of respiratory illness, and will report any issues during the appointment to the charge nurse. • The facility transport personnel will then disinfect high touch surfaces in the transport vehicle. • If a resident leaves the designated grounds or campus of the facility for a non-medically necessary reasons, the health and safety of HCP and fellow residents will be protected upon the resident’s return by testing the resident for SARS-CoV-2 on or about day 1, day 7, and day 14, based on available testing supplies. In addition, precautionary isolation measures will be taken through receipt of day 14 test results. <p>Dining:</p> <ul style="list-style-type: none"> • Communal dining will be limited (for known COVID-19 negative and asymptomatic residents only) to those requiring specific assistance with the dining process. • Residents who share a room may eat in their room at the same time. • All residents, as described above, will be expected to maintain proper hand hygiene and appropriate physical distancing (at least 6 feet) during the dining process per CDC guidance. <p>Activities:</p>
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		<ul style="list-style-type: none"> • Group activities, including outings, will be restricted to groups of no more than 10 (for known COVID-19 negative and asymptomatic residents only) with proper physical distancing (at least 6 feet) and hand hygiene. In addition, residents will be encouraged to wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for activities and procedures outside the facility. Cloth face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. <p>COVID-19 Testing:</p> <ul style="list-style-type: none"> • All employees/contractors/providers will be tested for SARS-CoV-2 with a molecular test (i.e., PCR or antigen detection) every 2 weeks. • All residents will be tested to establish a baseline presence of COVID-19 in the facility. Thereafter, individual residents will be tested if they have symptoms consistent with COVID-19 or if another resident or HCP has a laboratory-confirmed SARS-CoV-2 infection. Regular testing of all residents will continue until all residents test negative. Standard precautions will be taken for any resident who may be unable to test or who declines, unless otherwise warranted. • All new admits and readmits from the hospital will be tested for SARS-CoV-2 on day 1, day 7, and day 14, based on available testing supplies. In addition, precautionary isolation measures will be taken through receipt of day 14 test results. • If a resident leaves the designated grounds or campus of the facility for a non-medically necessary reason, the health and safety of HCP and fellow residents will be protected upon the resident's return by testing the resident for SARS-CoV-2 on or about day 1, day 7, and day 14, based on available testing supplies. In addition, precautionary isolation measures will be taken through receipt of day 14 test results. • A dedicated space in facility has been properly planned for cohorting and managing care for residents with COVID-19. • Any resident with COVID-19, or who has an unknown COVID-19 status and develops symptoms will be managed as outlined in the facility's COVID-19 Outbreak Plan 2020.Plan 2020. • Should there be a confirmed resident or HCP COVID-19 transmission, the facility will revert to the highest level of mitigations (Phase 1) and follow facility's COVID-19 Outbreak Plan 2020.
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<p>Phase 3 of Reopening the Nursing Homes</p> <p>Anticipated Date: TBD, 2020</p> <p>Note: The facility will monitor several factors (as defined under the <i>Criteria for Implementation</i>) and adjust this Plan accordingly. Decisions on relaxing restrictions may be fluid and will be made with careful review of the number of facility-level, surrounding community and State factors/orders, and in collaboration with the State and/or local health officials and recommendations received from CDC and CMS.</p>	<p>The COVID-19 case status in surrounding community has met the criteria for entry into Phase 3 to include, but not limited to:</p> <ul style="list-style-type: none"> • The community continues to see a decline and/or has seen stabilization in the number of new cases, hospitalizations, or deaths and no new community outbreaks. • There have been no new or rebound COVID-19 cases in the home within the previous 28 days (through phase 1 and 2). • The facility is not experiencing staffing shortages. • The facility has adequate supplies of personal protective equipment and essential cleaning and disinfecting supplies to care for residents. • The facility has adequate access to testing for COVID-19. • Surrounding community referral hospital(s) have bed capacity on wards and intensive care units. 	<p>General Visitation & Facility Entry (visitation will be generally allowed if the below described requirements are all met):</p> <ul style="list-style-type: none"> • All resident visits are required to be scheduled in advance with the facility's designated visitation coordinator and are to be scheduled at least 1-day prior to the visit. This is necessary so we provide staffing to assist with maintaining infection control procedures and physical distancing (at least 6 feet) during the duration of the visitation. Compassionate care situations only (e.g. end of life situations) may be allowed without providing 1-day prior notice depending on the circumstance. • Scheduled visitation hours are from 9AM - 4PM and may be limited to 1 hour per visit. Exceptions may be made outside these hours and timeframe for special circumstances (e.g. end of life situations) with the approval of the DNS or Home Administrator. • Unscheduled visits may be denied by the facility. • Resident visits will be held at designated areas and outside visitations are encouraged, weather permitting. • The facility will limit visitors to no more than 1 visitor per resident, and there may be no more than a total of 2 visitors in the facility at any one time. This is necessary so we can provide staffing to assist with maintaining infection control procedures and physical distancing (at least 6 feet) during the duration of the visitation. Compassionate care situations only (e.g. end of life situations) may allow no more than 3 visitors depending on circumstance. • The facility is unable to permit children under the age of 16 to enter the facility. • Visitors unable or unwilling to comply with “Visitor screening, hygiene, and the additional universal source control” measures described below will be denied entry to the facility. • Visitors will be educated about the importance of contacting the facility if they develop any signs or symptoms of COVID-19 within 14 days of their visit. • HCP will thoroughly sanitize designated visitation area before and after each use. • The facility will reassess HCP (to include all those who were previously identified as non-direct care) and determine the healthcare personnel/contractors who are deemed necessary by the facility. • Alternative working arrangements (i.e. telecommuting) will be made for remaining non-direct care healthcare providers as much as possible and reevaluated thereafter. • Volunteers and non-critical vendors/providers will continue to be restricted from entering the facility unless they are determined essential and authorized by the Home Administrator. • Facility Medical Director and any non-emergent providers (e.g. hospice nurse) will be allowed but we will continue to encourage to utilize telehealth for resident visits, whenever possible. <p>Screening:</p> <ul style="list-style-type: none"> • All persons coming into the facility, as described above, will be screened. This screening will be done prior to entering designated visitation area or resident care areas and will include risk assessment questioning, symptomology, and temperature assessment per CDC and CMS guidance. Those who do not meet the screening criteria will be restricted entry to the facility.
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		<ul style="list-style-type: none"> • Residents will have a daily Infection Screening Assessment to include monitor residents at least daily for temp > 100 or subjective fever; symptoms suggestive of COVID-19; and observation of any signs (including low oxygenation saturation) or symptoms suggestive of COVID-19. <p>Additional Universal Source Control:</p> <ul style="list-style-type: none"> • All visitors will be instructed on and must perform proper hand hygiene upon entry into the facility. Visitors will also be provided an opportunity to perform hand hygiene after their visit. • All visitors must maintain physical distancing (at least 6 feet), and wear a facility provided cloth face covering and cloth gown at all times during the duration of their visit. Facility provided cloth face covering and cloth gown must be returned in the designated bin prior to the visitor leaving and will be properly laundered daily by the facility. • All visits shall be held in a designated visitation room unless the resident is unable to be transported then the visit can take place in the resident's room under the same Universal Source Control precautions as directly described above. • Visitors who are unable or unwilling to maintain the precautions, as described directly above, will be restricted, and denied enter to the facility. • All HCP <u>must</u> wear a facemask, at all times, while they are in the facility, as well as appropriate PPE must be worn when interacting with the residents. Use of facemasks and PPE will be consistent with CDC guidance to include optimization of PPE. • All HCP are required to change out of their personal clothes and into their clean uniforms (scrubs or coveralls) within designated changing rooms. At the end of the work shifts, they then change out of the scrubs back into their personal clothes. The scrubs and coveralls are then laundered at the facility. • Once HCP have changed into scrubs, then they cannot leave the facility grounds. If they go to their car for any reason, they cannot get into their car. Should HCP need to leave the facility grounds, they must change out of their scrubs and back into their street clothes, then go back through screening upon return to the building, get a newly laundered set of scrubs, and follow the process for changing back into scrubs. • All items coming into the building will be quarantined for at least 48 hours (if unable to be properly sanitized) and all outside food items purchased through a drive through (coffee, fast food, etc.) will be transferred to a facility provided food container located in our screening area with the original cup/bag/container thrown away. <p>Medically Necessary Trips Outside of the Facility:</p> <ul style="list-style-type: none"> • Non-medically necessary trips outside the building will be avoided. • Staff members, in consultation with the medical director, will review the appointment schedule to assess the medical necessity, rescheduling the low risk appointments that can be rescheduled and using tele-med visits whenever possible. • If the appointment is deemed medically necessary and cannot be conducted via tele-health the resident will be provided a cloth face covering. Cloth face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. Based on a risk assessment following their visit, testing on or about day 1, 7, and 14 may be administered, and /or precautionary isolation measures may be taken as determined necessary by the interdisciplinary team.
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		<ul style="list-style-type: none"> • Staff members will verify with the outside provider whether there is active COVID-19 in the area where the resident will be treated. If individuals with active COVID-19 could be in close proximity to the resident during the visit, further consideration should be made regarding the importance of the visit and the enhanced infection control measures which should be utilized to protect the resident. • While at the appointment, the facility transport personnel will assist the resident to maintain physical distancing (at least 6 feet) and practice proper hand hygiene using facility-provided hand sanitizer if necessary. • Upon return to the facility, the facility transport personnel will assist the resident in performing proper hand hygiene, will educate the resident about reporting any new signs or symptoms of respiratory illness, and will report any issues during the appointment to the charge nurse. • The facility transport personnel will then disinfect high touch surfaces in the transport vehicle. • If a resident leaves the designated grounds or campus of the facility for a non-medically necessary reason, the health and safety of HCP and fellow residents will be protected upon the resident’s return by testing the resident for SARS-CoV-2 on or about day 1, day 7, and day 14 based on available testing supplies. In addition, precautionary isolation measures will be taken through receipt of day 14 test results. <p>Dining:</p> <ul style="list-style-type: none"> • Communal dining will be limited (for known COVID-19 negative and asymptomatic residents only) in number of people at the tables and spaced by at least 6 feet. • Residents who share a room may eat in their room at the same time. • All residents, as described above, will be expected to maintain proper hand hygiene and appropriate physical distancing (at least 6 feet) during the dining process per CDC guidance. <p>Activities:</p> <ul style="list-style-type: none"> • Group activities, including outings, will be restricted (for known COVID-19 negative and asymptomatic residents only) to groups of no more than the number of people where physical distancing (at least 6 feet) among residents can be maintained properly and with proper hand hygiene. In addition, residents will be encouraged to wear a cloth face covering or facemask (if tolerated) whenever they leave their room. Cloth face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. <p>COVID-19 Testing:</p> <ul style="list-style-type: none"> • All employees/contractors/providers/volunteers will be tested for SARS-CoV-2 with a molecular test (i.e., PCR or antigen detection) every 2 weeks. • All residents will be tested to establish a baseline presence of COVID-19 in the facility. Thereafter, individual residents will be tested if they have symptoms consistent with COVID-19 or if another resident or HCP has a laboratory-confirmed SARS-CoV-2 infection. Regular testing of all residents will continue until all residents test negative. Standard precautions will be taken for any resident who may be unable to test or who declines, unless otherwise warranted.
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