

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

<i>STATUS</i>	<i>Criteria for Implementation</i>	<i>Visitation and Service Considerations</i>
<p>High Level Mitigation of Nursing Home Reopening</p> <p>Anticipated Date: Present – TBD, 2020</p>	<p>The facility is in a posture that can be described as its Highest level of vigilance. Considerations include COVID-19 a county positivity rate of (High) and facility COVID-19 outbreak status.</p>	<p>General Visitation & Facility Entry: (Outdoor and compassionate care visits)</p> <ul style="list-style-type: none"> • Visitation is generally discouraged unless optimal infection prevention practices are achievable. Authorized compassionate care situations (i.e. end of life, new resident struggling with change in environment and lack of family support, grieving after a friend or family member recently passed away, needing encouragement with eating or drinking, experiencing weight loss or dehydration, suffering from emotional distress, frequent crying). • 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. • Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. <p>Screening:</p> <ul style="list-style-type: none"> • All staff, contractors, and visitors will be screened. This screening will be done prior to entering the facility 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 will be instructed, and must perform proper hand hygiene, maintain physical distancing (at least 6 feet), and wear PPE (gown/mask) during the duration of their visit. All visits shall be held in a designated visitation area 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. All HCP must use appropriate PPE, to include the use of eye protection, 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

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		<p>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.</p> <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 if the container cannot be sanitized. <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 face covering. Face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. Residents who have medically necessary visits with an outside entity, i.e. VA clinic, wound care appointment, ER visit, etc. will have risk assessment conducted upon their return. Based on the risk assessment the facility will follow proper protocols to determine the need to continue quarantine, isolation status, and/or increased testing based on appointment frequency. 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"> If the facility has a new onset of COVID-19 cases and is conducting outbreak testing in the previous 14 days, communal dining will be discouraged and will be limited 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> <ul style="list-style-type: none"> If the facility has a new onset of COVID-19 cases and is conducting outbreak testing in the previous 14 days, 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 face covering or facemask (if tolerated)
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		<p>whenever they leave their room. Face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance.</p> <ul style="list-style-type: none"> • In the event a resident is showing signs of anxiousness or depression, the facility may offer the resident a ride in the facility van in an effort to improve these symptoms. Proper PPE will be worn and will be restricted to one resident at a time and the facility van driver. <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) at a frequency based on symptoms, outbreak status, or positivity rate of their local community as outlined by CMS letter QSO-20-38-NH. For outbreak testing, all employees/contractors/providers/volunteers who test negative will be retested every 3 to 7 days if scheduled to be in the facility, until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.. • 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. All residents who test negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. Transmission-based 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 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. • 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 placed on isolation precautions until deemed appropriate to discontinue as guided by CMS and CDC recommendation. Should there be a new confirmed resident or HCP COVID-19 transmission, the facility will revert to the highest level of mitigations.
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<p>Medium Level Mitigation of Nursing Home Reopening</p> <p>Anticipated Date: TBD, 2020</p> <p><i>Note:</i> The facility will monitor several factors and adjust this Plan accordingly. Decisions on 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 facility is in a posture that can be described as its Medium level of vigilance. Considerations include COVID-19 county positivity rate of (Medium).</p> <ul style="list-style-type: none"> • No new onset of COVID-19 cases in the last 14 days. • Outdoor visits when practicable and compassionate care visits. • 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. 	<p>General Visitation & Facility Entry: (Outdoor and compassionate care visits)</p> <ul style="list-style-type: none"> • Visitation will be coordinated with optimal infection prevention practices being achievable. • Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident’s health status (e.g., medical condition(s), COVID-19 status), or the facility’s outbreak status, outdoor visitation will be facilitated routinely. The facility will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, the facility will have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). • The facility will limit 1 resident visitation at a time with no more than 2 visitors per resident. 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. Indoor visitation will be considered for authorized compassionate care situations (i.e. end of life, new resident struggling with change in environment and lack of family support, grieving after a friend or family member recently passed away, needing encouragement with eating or drinking, experiencing weight loss or dehydration, suffering from emotional distress, frequent crying). • 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) may be made as much as possible for any non-direct care HCP. • Volunteers and noncritical vendors/providers are restricted from entering the facility. • Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. <p>Screening:</p> <ul style="list-style-type: none"> • All staff, contractors, and visitors coming into the facility, as described above, will be screened. This screening will be done prior to entering the facility 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, will be instructed, and must perform proper hand hygiene, maintain physical distancing (at least 6 feet), and wear PPE (gown, mask) during the duration of their visit. All visits shall be held in a
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		<p>designated visitation area unless the resident is unable to be transported then the visit can take place in the resident's room under the same precautions.</p> <ul style="list-style-type: none">• 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. All HCP must use appropriate PPE, to include the use of eye protection, 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.• 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 if the container cannot be sanitized. <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 face covering. Face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. Residents who have medically necessary visits with an outside entity, i.e. VA clinic, wound care appointment, ER visit, etc. will have risk assessment conducted upon their return. Based on the risk assessment the facility will follow proper protocols to determine the need to continue quarantine, isolation status, and/or increased testing based on appointment frequency.• 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
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		<p>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> <p>Dining:</p> <ul style="list-style-type: none"> • If the facility has had no new outbreaks and is not conducting outbreak testing in the past 14 days, residents who are known COVID-19 negative and asymptomatic may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). • All residents, as described above, will be expected to maintain proper hand hygiene in addition to 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 may be facilitated for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status as long as the residents are practicing social distancing, appropriate hand hygiene, and use of a face covering (if tolerated). <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) at a frequency based on symptoms, outbreak status, or positivity rate of their local community as outlined by CMS letter QSO-20-38-NH. For outbreak testing, all employees/contractors/providers/volunteers who test negative will be retested every 3 to 7 days if scheduled to be in the facility, until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. • 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. All residents who test negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. Transmission-based 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 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. • 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 placed on isolation precautions until deemed appropriate to discontinue as guided by CMS and CDC recommendation. • should there be a confirmed resident or HCP COVID-19 transmission, the facility will revert to the highest level of mitigations (High Level).
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<p>Low Level of Mitigation of Nursing Home Reopening</p> <p>Anticipated Date: TBD, 2020</p> <p><i>Note:</i> The facility will monitor several factors 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 facility is in a posture that can be described as its Lowest level of vigilance. Considerations include COVID-19 county positivity rate of (Low).</p> <ul style="list-style-type: none"> • No new onset of COVID-19 cases in the last 14 days. • Outdoor, Indoor, and compassionate care visits. • 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. 	<p>General Visitation & Facility Entry (Outdoor, indoor, and compassionate care visitation will be generally allowed if the below described requirements are all met):</p> <ul style="list-style-type: none"> • There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing. • 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 1 resident visitation at a time with no more than 2 visitors per resident. 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. • 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) may 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. • Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. <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 (outside or inside) 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.
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Additional Universal Source Control:

- 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 face covering and gown at all times during the duration of their visit. Facility provided face covering and 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 area 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 must wear a facemask, at all times, while they are in the facility. All HCP must use appropriate PPE, to include the use of eye protection, 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 if the container cannot be sanitized.

Medically Necessary Trips Outside of the Facility:

- 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 face covering. Face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. Residents who have medically necessary visits with an outside entity, i.e. VA clinic, wound care appointment, ER visit, etc. will have risk assessment conducted upon their return. Based on the risk assessment the facility will follow proper protocols to determine the need to continue quarantine, isolation status, and/or increased testing based on appointment frequency.
- 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.

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- 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.

Dining:

- If the facility has had no new outbreaks and is not conducting outbreak testing in the past 14 days, residents who are known to be COVID-19 negative and asymptomatic may eat in the same room with social distancing (e.g., limited number of people at each table and with at least 6 feet between each person).
- All residents, as described above, will be expected to maintain proper hand hygiene in addition to appropriate physical distancing (at least 6 feet) during the dining process per CDC guidance.

Activities:

- Group activities may be facilitated for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status as long as the residents are practicing social distancing, appropriate hand hygiene, and use of a face covering (if tolerated).

COVID-19 Testing:

- All employees/contractors/providers/volunteers will be tested for SARS-CoV-2 with a molecular test (i.e., PCR or antigen detection) at a frequency based on symptoms, outbreak status, or positivity rate of their local community as outlined by CMS letter QSO-20-38-NH. For outbreak testing, all employees/contractors/providers/volunteers who test negative will be retested every 3 to 7 days if scheduled to be in the facility, until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.
- 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. Transmission-based 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 or about 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.

**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. 10/01/20)

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

- Any resident with COVID-19, or who has an unknown COVID-19 status and develops symptoms will be placed on isolation precautions until deemed appropriate to discontinue as guided by CMS and CDC recommendation.
- Should there be a confirmed resident or HCP COVID-19 transmission, the facility will revert to the highest level of mitigations (High).

Core Principles of COVID-19 Infection Prevention:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms.
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)

Glossary of Terms

Asymptomatic: Without signs and symptoms

Antigen Test: Detects specific proteins on the surface of the virus

CDC: Center for Disease Control

CMS: Center for Medicare & Medicaid Services

Compassionate Care: End of life, resident struggling with change in environment, grieving, cueing, or encouragement eating, emotional distress, etc.

COVID-19: Caused by a coronavirus called SARS-CoV-2

DNS: Director of Nursing

EMS: Emergency Medical Service

HCP: Healthcare Personnel

Isolation: Keeps someone who is infected with the virus away from others in their home or designated room.

Outbreak: Any new cases in HCP or residents the facility

PCR Test: Detects the virus's genetic material

PPE: Personal Protective Equipment, ie. mask, gown, gloves, eye protection

Quarantine: Keeps someone who might have been exposed to the virus away from others.

Subjective Fever: Feeling feverish

Symptomatic: With signs and symptoms

Tele-health: Using real-time telephone or live audio video interaction with a patient using a smartphone, tablet, or computer.

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