

The following preparedness example is adapted from a plan developed by the Tennessee Valley Continuum of Care (TVCoC) for use in their local COVID-19 response efforts. The Tennessee Department of Health has shared this plan to serve as a model resource for local communities to use and adapt as needed in their response efforts.

Model Preparedness Plan

The following information and procedures will be distributed to all region service provider staff and residents in response to COVID-19 (coronavirus) threat.

Purpose

The purpose of this **COVID-19 Preparedness Plan** is to address both the potential for staff and/or client infection with the newly-identified coronavirus, COVID-19, as well as to review infection control procedures for influenza and other viruses that have the potential to impact local service provider staff and clients.

Prevention & Education (staff and residents)

Personal protective equipment (PPE) is available for all staff and clients. Supplies include gloves, hand sanitizer, soap, surgical masks, and cleaning and sanitizing products.

The most important infection prevention action any person can take is to wash his/her hands often and thoroughly (scrubbing them for at least 20 seconds). In addition, all staff are responsible for observing the following infection control procedures and encouraging residents to do the same:

- Cover your cough – cough or sneeze into the crook of your arm, or into a disposable tissue, and thoroughly wash your hands.
- Wash your hands often, especially before and after eating or smoking. Wash thoroughly with soap for at least 20 seconds.
- Avoid touching your face.
- Use hand sanitizer if soap and water are not immediately available.
- Avoid shaking hands with people.
- Always use gloves when handling or serving food. Change gloves between serving and collecting dirty plates.
- Strictly limit visitation.
- Take staff and visitors' temperatures daily before entering building. Record temps, date and time. Ask screening questions: "In the past 10 days have you traveled out-of-state or been exposed to anyone diagnosed with COVID-19? Do you currently have symptoms of cough, fever, shortness of breath, sore throat, or body aches? Have you had those symptoms within the past 72 hours?" Deny entry to anyone answering "yes" to these questions. Have clients and staff sign off on these daily logs. If you are not feeling well, stay home. If you are not feeling well at work, speak with your supervisor. Supervisors should immediately mask ill employees and send them home or to a health care provider. Ill employees should not return to work until they have been well for at least 72 hours or as instructed by a medical provider or public health official.

- Employees who have had direct contact with individuals who have been diagnosed with COVID-19 should remain in quarantine for 10 days from their last contact with the infected individual. Essential employees who have been exposed to COVID-19 but who are without symptoms may work if a mask is worn at all times. Employees who have tested positive for COVID-19 must remain in isolation for a minimum of 10 days plus 24 hours from the time they became well again unless otherwise instructed by a medical professional or public health official.

Educational posters must be posted in multiple locations around service provider facilities, including the following.

- COVID-19 flyer
- Hand washing instructions

Each service provider is responsible for:

- Providing written educational material to each new client upon arrival
- Reviewing prevention measures with each new client upon arrival
- Reviewing prevention measures, the availability and location of Personal Protective Equipment, diagnosis/quarantine/treatment protocols for persons exhibiting symptoms, and this Preparedness Plan
- Assisting any symptomatic clients to take steps to access testing, health care, and/or quarantine as appropriate

Cleaning Procedures

The following surfaces need to be cleaned and sanitized according to CDC recommendations.

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Keep a log of cleaning procedures with check-off date and signature of cleaning individual. All doorknobs and handles (on every floor)

- Counters and desks in the front offices
- Table(s) and counters in kitchens, dining rooms, and break rooms. Include side arms of common room chairs.
- All refrigerators, including handles
- Microwave handles and buttons
- Tops and sides of all trash cans
- Laundry machines
- Copy machines
- Keyboards and mice in the front offices
- Handrails outside in the front and back of the building
- All phones in the office and available to clients (headsets and keys)
- Bathroom sinks and faucets
- Toilet seats and handles

House monitors at each location are responsible for completing these tasks at the beginning of their shifts. A checklist for recording that the cleaning has been done on each shift will be posted in the front office at each location.

House monitors are also responsible as usual for making sure that all residents are completing their cleaning responsibilities thoroughly each day.

Staff responsible for resident room checks should take special notice of any resident areas that need to be cleaned, and case managers will direct residents to clean their living areas if necessary.

Do not share pens.

Staff and Resident Education

Staff will go over infection prevention information, the availability of protective equipment, and agency policies as described in this document with clients at all service provider meetings.

Staff will also review the information below about what residents should do if they are not feeling well.

Staff are encouraged to participate in any and all training on infectious disease preparation delivered by HUD, the CDC, or the Public Health Department, and any other relevant entities.

When Clients and/or Staff Exhibit Symptoms

Staff exhibiting symptoms should report them to their supervisor. Staff who are presenting with symptoms of fever and/or cough should be immediately masked and may be sent to a walk in clinic or drive-through testing center, or sent home to follow-up with staff's choice of medical practitioner. ***If a staff member has had exposure to a case of COVID-19 virus, s/he must remain in quarantine for 10 days from the date of exposure, unless otherwise instructed by a medical professional or public health official.*** In the event a staff member tests positive for COVID-19, s/he will not be permitted to return to work until s/he has been in isolation for 10 days plus at least 24 hours from the time s/he is feeling well, or until otherwise instructed by a medical professional or public health official.

If a client at any program reports symptoms to staff, s/he will be given a protective mask and isolated immediately. If a mask is unsafe to wear due to underlying respiratory conditions, the client must stay in their unit with the door closed and consult with a medical provider immediately. Clients exhibiting symptoms will be referred to a medical provider at either the VA or their preferred local medical provider. All clients who have a fever or a cough will be required to remain in isolation until evaluated by a medical provider and provided documentation of that visit and the provider's recommendations to staff.

If a potential client is referred to a program, and that client is experiencing any symptoms of fever or cough or has recently been exposed to the COVID-19 virus (either through travel or through contact with someone who has tested positive for the virus), the client will not be admitted to the program without clearance from a medical professional. The following questions will be used as screening at intake:

In the past 72 hours have you had:

- fever?
- new or worsening cough?
- new or worsening shortness of breath?
- flu-like symptoms such as body aches?
- Have you traveled outside of Tennessee and/or the United States (or to any area with significant COVID-19 activity) in the last 10 days?
- In the past 10 days have you had contact with someone who is sick and/or who has traveled to the above areas?

If a client answers yes to these questions, the client will be quarantined according to protocols outlined herein, and service provider staff will alert their local health care provider to provide additional screening. If the client is symptomatic and categorically high-risk, then they should be immediately masked and transported to a nearby hospital.

If healthcare professionals are unavailable for in-person screening, staff may administer pulse oximeter testing and/or take the client's temperature using a temporal lobe thermometer. If administering either/both tests, staff should wear a mask, eye protection, gown and gloves and disinfect both instruments before and after use. Staff or the client may then relay the results of those tests to any telehealth representatives available to screen clients with the caveat explicitly stated that the tests were administered by non-healthcare professionals.

Procedures for Quarantine-in-Place

If a current client is identified as being potentially symptomatic for COVID-19, the client will be masked immediately and transferred to the areas designated for isolation until the next available opportunity for testing and medical clearance.

Clients under isolation shall have meals delivered to the isolation area and will not eat with the general population. They will also access a separate bathroom for toileting and showering purposes and shall not use the common guest bathrooms in shelter. Staff should wear Personal Protective Equipment and pass food through the door.

Any client who tests positive for COVID-19 will remain in isolation and/or be removed to a medical care facility. Any client under isolation who tests negative for COVID-19 will remain in isolation until feeling well for a minimum of 72 hours before being returned to the general shelter population. Clients should be referred to their primary care provider for any follow-up medical care.

In the event that a client refuses to remain in isolation and/or to comply with infectious disease control procedures, and the client is either diagnosed with or symptomatic for COVID-19, staff should immediately notify the director of their service provider for guidance towards protecting facility clients and staff.

Significant Disruption to Program Activities

Significant disruption to the any of the service providers may be caused by active COVID-19 infection and/or by local government or VA directives to quarantine or restrict local travel.

Decisions on closing or modified functioning of your administrative offices will be made by your Executive Director or his/her designee and communicated to all staff and residents in a timely manner. Some clinical and administrative staff may be instructed to work from home, if possible, if the circumstances warrant. Staff and residents may have access to video cameras that can be used to communicate with VA or other local healthcare providers remotely, if necessary.

The nature of our community of service providers requires that certain facilities are monitored by staff at all times. Essential personnel will report to work when the administrative offices at the agency are closed to ensure that staff coverage is uninterrupted. Essential staff will remain on site until relieved by another staff member. Personal protective equipment as described above will be available to all staff. Staff in direct contact with clients should all be trained on use of Personal Protective Equipment.

In the event of food service and/or local grocery store shut down, service providers will maintain sufficient supply of food for all resident clients for at least a week at all locations.

Any medical emergency involving a client or staff member will be addressed according to regular service provider Policies and Procedures.

If there is reason to believe that it is not safe for resident clients at any service provider to remain at the facility, service provider leadership staff will follow the Procedures outlined in their agency's Administrative Policies and Procedures Emergency Preparedness Plan.