The following information and procedures will be distributed to all SPI staff and residents in response to potential threat of the COVID-19 virus (coronavirus).

<u>Purpose:</u> The purpose of this Preparedness Plan is to address both the potential for staff and/or resident 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 SPI staff and residents.

Prevention & Education (staff and residents)

Personal protective equipment is available for all staff and residents at the front offices of 75 Main Street and Plimpton House. 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.
- 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.
- Consider avoiding shaking hands with people. Some people use a "elbow bump" to minimize touching others.
- Always use gloves with handling or serving food.
- If you are not feeling well, stay home. If you are not feeling well at work, speak with your supervisor. If you have a fever, a cough, or have trouble breathing.
- If you are experiencing cough symptoms, use a mask (available in the front office) to cover your mouth and nose.

Educational posters in both Spanish and English will be posted in several locations at both 75 Main Street and Plimpton House, including the following (see attached).

- COVID-19 flyer
- Hand washing instructions
- A list of PPE items available in the front office and instructions for what to do if you are experiencing symptoms

Each program 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 at a mandatory house meeting the week of 3/8/2020 and at every house meeting thereafter
- Assisting any symptomatic clients with taking steps to access testing, health care, and/or
 quarantine as appropriate

Cleaning procedures:

The following surfaces need to be wiped with sanitizing wipes and/or bleach and water solution (1:10)

- All doorknobs and handles (on every floor)
- Counters and desks in the front offices
- · Table(s) and counters in the kitchen and dining room
- 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 residents (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.

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 residents at all program House Meetings the week of Monday, 03/09/20.

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

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

In the event residents/staff exhibit symptoms

Staff exhibiting symptoms should report them to their supervisor. Staff who are presenting with symptoms of fever and/or cough may be sent to a walk in clinic (Hartford HealthCare) or sent home to follow-up with staff's choice of medical practitioner. If a staff member has had potential exposure to the COVID-19 virus and is experiencing symptoms, s/he must have clearance from a medical professional before physically returning to work. In the event a staff member tests positive for COVID-19, s/he will not be permitted to return to work without clearance from a licensed medical professional that s/he is no longer able to transmit the virus.

Commented [YB1]: This assumes the availability of testing. If there are no tests available, do we mandate that staff remain out of work the full 14 day maximum incubation period?

If a resident at any program reports symptoms to staff, s/he will be given a protective mask, which must be worn in communal areas until a resident has been cleared by a medical professional. If a mask is unsafe to wear due to underlying respiratory conditions, the resident will consult with a medical provider immediately. Residents exhibiting symptoms will be referred to a medical provider, either the VA or their preferred local medical provider. All residents who have a fever or a cough will be required to see a medical provider and provide documentation of that visit and the provider's recommendations to staff.

If a potential client is referred to an SPI 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 (this list of questions can be found in the Case Manager's Forms folder on the Organization's file server):

- Do you think you have a fever?
- Do you have a new or worsening cough?
- Do you have new or worsening shortness of breath?
- Do you have flu-like symptoms such as body aches?
- Have you traveled to China, South Korea, Italy, Japan, Iran, or Washington State (or any other area with significant COVID-19 activity) in the last month?
- Have you had contact with someone who is sick and has traveled to the above areas?

If a client answers yes to these questions, then screening by a healthcare professional is recommended. The client will be asked to wear a mask, and SPI staff will transport him/her to either the VA or another medical facility for further screening. SPI staff will be trained in PPE and in cleaning procedures for any vehicle used to transport a potentially-infected client.

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 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.

Quarantine in place procedures

If a current client is identified as being potentially symptomatic for COVID-19, the client will be transferred to the areas designated for quarantine until the next available opportunity for testing and medical clearance. At 75 Main Street, the administrative offices will be utilized for this purpose, and at Plimpton House, the basement units will be used for this purpose. These rooms will be kept vacant in case they are needed when possible. In the case that these rooms are full and other residents are identified with exposure to the virus, staff will work to shift residents around to minimize exposure of other residents.

Rooms will be fitted with HEPA air filters and windows shall remain partially or fully open, weather permitting, in order to encourage the air circulation and filtration.

Commented [YB2]: I recommend bifurcation of this protocol – one set of steps for comparatively lower-risk people and a separate set for people who are over 60, severely symptomatic, and/or have underlying compromised pulmonary function.

Commented [YB3]: Alternate text could be: The client will be quarantined according to the protocols outlined herein, and staff will alert Charter Oak Health Center to the need to provide screening at the next available outreach date. (If someone is symptomatic and comparatively highrisk, I think it might be more appropriate to have Veyo immediately transport them to the hospital?)

Clients under quarantine shall have meals delivered to the quarantine area and will not eat with the general population. They will also access the staff bathroom for toileting and showering purposes and shall not use the common guest bathrooms in shelter.

Any client who tests positive for COVID-19 will remain in quarantine and/or be removed to Hartford HealthCare while receiving treatment as appropriate. Any client under quarantine who tests negative for COVID-19 will be returned to the general shelter population and referred to their primary care provider for any follow-up medical care.

In the event that a client refuses to remain in quarantine and/or to comply with infectious disease control procedures and the client is either diagnosed with, or potentially symptomatic for, COVID-19, staff should immediately notify the Assistant Director, who will ...

Significant disruption to program activities

Significant disruption to the any of SPI's programs 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 SPI's administrative offices will be made by the Executive Director or 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. SPI staff and residents have access to video cameras that can be used to communicate with VA or other local healthcare providers remotely if necessary.

The nature of SPI program services requires that certain facilities (75 Main Street and Plimpton House) 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.

In the event of food service and/or local grocery store shut down, the agency has sufficient food for all residents for at least a week at both locations.

Any medical emergency involving a resident or staff member will be addressed according to regular SPI Policies and Procedures. Staff will communicate any significant medical event to appropriate funder and DMHAS staff.

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

Commented [YB4]: Need guidance here from public health people.