

# **ReMed's Re-Opening Implementation Plan for Licensed Residential Programs in Pa**

*The plan is broken out into the DHS required sections of: a testing plan; a resident cohorting plan; COVID screening protocol; PPE plan; staffing plan; meal & activities plan; visitation plan; and a plan to address if reopening efforts must be halted.*

## **I. COVID Testing Plan**

### **Pennsylvania Universal Testing of Staff**

Policy: Rational for Universal COVID-19 PCR testing of residents and staff is one strategy to help inform infection prevention and control. Pennsylvania Department of Health has mandated that universal testing should occur between June 12th and August 31<sup>st</sup>, 2020 for congregate licensed facilities for staff and clients. Several key principles have been considered when developing this testing strategy.

- Testing should not supersede existing infection prevention and control (IPC) interventions.
- Testing should be used when results will lead to specific IPC actions.
- Repeat testing may be warranted in certain circumstances when a client or staff is determined COVID-19 positive. Specifically, a plan has been developed for testing, repeat testing and interventions.

#### **Staff Testing schedule and mitigating diminished staffing coverage due to positives:**

1. In order to assume possible crises capacity and staffing shortages, facility leadership in collaboration with Clinical and Site Managers identified a testing schedule for their licensed residences. Each residence's testing schedule considered staggering the house and staff schedules to mitigate staffing shortages. Considerations ensured that the number of staff per house and per shift allowed for possible positive results requiring staff to be sent home and quarantined. Work schedules would be adjusted to ensure appropriate staffing ratios as needed utilizing other staff supports from different shifts and other ReMed residences as well as supervisors.
2. Staff testing schedules will be published based on staff and nurse tester availability; a safe testing location will be determined.
3. Genetworx Laboratory, a PA licensed facility has been contracted to provide swabs and process staff and client testing. The Laboratory has added three portals to their software to ensure confidentiality: Employee portal and Philadelphia and Pittsburgh Client Portal. Access to the portals have been limited to Key HR, Supervisor and Nurse Tester staff.
4. The staff testing schedule is submitted to HR. HR will enter the staff names and test dates into the Genetworx Laboratory portal including staff insurance information and staff cell phone number.
5. Staff and client testing will be ordered by ReMed's Medical director/or ReMed's Nurse Practitioner.

## **Specimen Collection and Data Management**

1. The nurse testers are issued the schedule for staff testing. Prior to testing, the testers will print out the barcode paper, put the staff's name and date of birth on the vial and swab the staff member as directed by Genetworx.
2. ReMed nurse testers typically use a nasopharyngeal (NP) specimen kit provided by Genetworx; a nasopharyngeal wash can be ordered as an alternative when clinically indicated for specific staff and clients.
3. Swab collection is completed one person at a time in a well-ventilated area away from others. Testers use recommended personal protective equipment (PPE), which includes an N95 respirator, face shield for eye protection, gloves, and a gown, when collecting specimens. Gloves are changed and hand hygiene is completed in between each person swabbed. Contact is minimized between each person. If contact is breached, the gown will be changed.
4. Nurse testers will put the specimens in the FEDEX bag and forward to the lab.
5. The nurses will notify HR and supervisors of the names of staff who were swabbed and when they were swabbed.
6. Surfaces within 6 feet of where the specimen collection was performed will be cleaned and disinfected as indicated by the CDC.

## **Staff Refusal of the PCR test**

1. ReMed of PA staff were notified of the requirement that the Pennsylvania Department of Health implemented mandatory testing requirements based on CDC guidelines for all licensed Assisted Living Residences and Personal Care Homes in Pennsylvania. ReMed provides onsite scheduled testing for each staff member. If they choose to get testing from an outside source, they must make arrangements with their supervisor and provide the results of the test within a specified timeframe.
2. Staff were advised that if they refuse to test, the staff puts both the clients and ReMed at risk if they continue to work at the program. The staff will be suspended until there are no new cases over a 14-day period. To get paid, the staff will need to use their own PTO time. If a staff or client tests positive during weekly testing, the staff who previously refused testing will be required to test before returning to work at the program.

## **Reporting Test Results**

1. Laboratory results are published in the Genetworx portal as completed. Genetworx notifies each staff member via text of their results. In addition, HR notifies the staff via text and staff supervisors and VP of Ops and Clinical Services of results.
2. HR and the residence maintain a list of staff and client results. The results are forwarded to ReMed's Department of Quality Management (QM). QM reports results to appropriate state and licensing departments as required.
3. In the event a staff tests positive in a particular residence, the staff will be sent home to quarantine.

4. In the event a client tests positive in a particular residence, the client's Medical Director and PCP will be notified, as well as family and funder. The client will be transferred to ReMed's "Recovery House". The Recovery Houses are spaces separated from the clients in the residences to allow for cohorting of COVID-19 positive clients. Staff who support the Recovery House are dedicated staff for only that house while it is occupied.

### **Repeat testing process for Staff who are COVID positive**

1. The staff member who tests positive will be sent home immediately with information regarding quarantine. ReMed's return to work policy defines their return to work process. HR will contact the individual regarding the policies.
2. If a staff in a particular house tests positive, the managers and VP of Operations or a designee will complete contact tracing based which clients and staff the individual with COVID-19 worked with from two days prior to test date until when the positive COVID-19 results were reported. The management team will notify staff and clients (and/or families) of a potential exposure of a positive staff member or client and their need for testing. Depending on their exposure, the staff and clients may be quarantined until they receive negative test results.
3. Additionally, if a staff or client tests positive for COVID-19, more testing will occur. Testing will occur until there are no positive cases.

### **Pennsylvania Universal Testing of ReMed Clients in Residential (Licensed) Homes**

Policy: Rational for Universal COVID-19 PCR testing of residents and staff is one strategy to help inform infection prevention and control. Pennsylvania Department of Health has mandated that universal testing should occur between June 12th and August 31<sup>st</sup>, 2020 for congregate licensed facilities for staff and clients. Several key principles have been considered when developing this testing strategy.

- Testing should not supersede existing infection prevention and control (IPC) interventions.
- Testing should be used when results will lead to specific IPC actions.
- Repeat testing may be warranted in certain circumstances when a client or staff is determined COVID-19 positive. Specifically, a plan has been developed for testing, repeat testing and interventions.

### **Client Testing Schedule**

1. Once the majority staff are tested in a ReMed residence, the clients would be scheduled to be PCR tested for COVID-19 in that residence. Clients and or families were notified of the PA Dept. of Health Mandate for universal testing by letter and or call from their RCM. When the date for testing is determined, the family will be notified of the testing date.
2. Staff testing schedules are published based on client and nurse tester availability; a safe testing location is determined away from other clients and staff; ideally in the client's room with the door closed.

3. Genetworx Laboratory, a PA licensed facility has been contracted to provide swabs and process staff and client testing. The Laboratory has added three portals to their software to ensure confidentiality: Employee portal and Philadelphia and Pittsburgh Client Portal. Access to the portals have been limited to Key HR, Supervisor and Nurse Tester staff.
4. The client testing schedule is submitted to clinical administration and the nurse tester. They will enter the client's names and test date into the Genetworx Laboratory portal including insurance information and resident supervisor's cell phone number.
5. Client testing will be ordered by ReMed's Medical director/or ReMed's Nurse Practitioner.

### **Specimen Collection and Data Management**

1. The nurse testers are issued the schedule for client testing. Prior to testing, the testers will print out the barcode paper, put the client's name and date of birth on the vial and swab the client as directed by Genetworx.
2. ReMed nurse testers typically use a nasopharyngeal (NP) specimen kit provided by Genetworx; a nasopharyngeal wash can be ordered as an alternative when clinically indicated for specific staff and clients.
3. Swab collection is completed one person at a time in a well-ventilated area away from others. Testers use recommended personal protective equipment (PPE), which includes an N95 respirator, face shield for eye protection, gloves, and a gown, when collecting specimens. Gloves are changed and hand hygiene is completed in between each person swabbed. Contact is minimized between each person. If contact is breached, the gown will be changed.
4. Nurse testers will put the specimens in the FEDEX bag and forward to the lab.
5. The nurses will notify HR and supervisors of the names of clients who were swabbed and when they were swabbed.
6. Surfaces within 6 feet of where the specimen collection was performed will be cleaned and disinfected as indicated by the CDC.

### **Client or Guardian Refusal of PCR test**

1. ReMed clients and guardians were notified of the requirement that the Pennsylvania Department of Health implemented mandatory testing requirements based on CDC guidelines for all licensed Assisted Living Residences and Personal Care Homes in Pennsylvania. They were advised that ReMed would provide onsite scheduled testing for each person.
2. Clients and or Guardians were advised that if they refuse to test, that puts both the clients and ReMed at risk. They were advised if they do not wish to be tested and/or their family member/guardian does not wish for the person to be tested, the person will be quarantined (stay in their room) at least until the results of staff and clients have been obtained and come back negative.

## **Reporting Test Results**

1. Laboratory results are published in the Genetworx portal as completed. Genetworx notifies each staff member via text of their results. In addition, HR notifies the staff via text and staff supervisors and VP of Ops and Clinical Services of results.
2. HR and the residence maintain a list of staff and client results. The results are forwarded to ReMed's Department of QM. QM reports results to appropriate state and licensing departments as required.
3. In the event a staff tests positive in a particular residence, the staff will be sent home to quarantine. (see Staff Guidelines Work Policy).
4. In the event a client tests positive in a particular residence, the client's Medical Director and PCP will be notified as well as family and funder. The client will be transferred to ReMed's "Recovery House". The Recovery Houses are spaces separated from the clients in the residences to allow for cohorting of COVID-19 positive clients. Staff who support the Recovery House are dedicated staff for only that house while it is occupied.

## **Repeat testing process for Clients when staff or another client in the residence are determined COVID positive**

1. If a staff or client in a particular house test positive, the staff member who tests positive will be sent home immediately with information regarding quarantine; the client will immediately go to ReMed's Recovery House.
2. If a staff in a particular house tests positive, the managers and VP of Operations or a designee will complete contract tracing based which clients and staff the individual with COVID-19 worked with from two days prior to test date until when the positive COVID-19 results were reported. If a client tests positive, the management team will evaluate client's schedules and determine if the clients are at risk and require testing. The management team will notify staff and clients (and/or families) of a potential exposure of a positive staff member or client and their need for testing. Depending on their exposure, the staff and clients may be quarantined until they receive negative test results.
3. Additionally, if a staff or client tests positive for COVID-19, more testing may occur. Testing will occur until there are no positive cases.

## **II. Cohorting Resident Plan**

ReMed made a decision when the pandemic started to set up “Recovery Programs” for any clients who test positive for COVID-19. These recovery programs are residential sites that have their own designated and dedicated staff made up of RNs, Clinical Specialists, and Brain Injury Specialists to care for the positive client and ensure that isolation and quarantine procedures are being followed, and that the clients have consistent clinical oversight to monitor for symptoms and the need for further medical interventions.

The recovery programs are environments where the positive client will have access to their own bedroom and bathroom or bedside commode. The client will have any needed equipment (DME) during their stay in the recovery program. The clients in the recovery program will continue to be engaged in their normal treatment programs and routines as much as is possible within the isolation/quarantine restrictions. The recovery programs also have their own screening process for staff and clients in addition to a robust cleaning and disinfecting schedule. The client will remain in the recovery program until follow-up COVID-19 tests come back negative and the client is then able to return to their home program.

ReMed has developed COVID-19 guidelines for Presumptive & Positive Phases. These guidelines contain detailed Isolation and Quarantine Procedures for Droplet and/or Airborne Particulates, specifically for COVID-19. These guidelines are in use at the Recovery Program and can be shared upon request.

## **III. COVID Screening Protocols**

ReMed has implemented COVID-19 screening protocols for staff and clients that include temperature checks, screening questions, and symptom monitoring.

### *Client screening protocols:*

- Clients are checked twice a day for symptoms of: cough, runny nose, sore throat, shortness of breath, fast breathing, diarrhea, chills, muscle pain, headache, and new loss of taste or smell. Any positive symptoms are reported to the Clinical On-Call and client’s PCP for further medical direction and determination if testing for COVID-19 is appropriate.
- Clients have their vital signs, pulse oximeter and temperatures checked twice daily and any readings above 100.4 are then reported to the Clinical On-Call and client’s PCP for further medical direction and determination if testing for COVID-19 is appropriate.
- If testing is recommended based on symptoms, the client is immediately moved to isolation in their room and they are placed on Isolation Procedures and are now categorized as presumptive until the results of the test are received.
- If test results are negative, the client is removed from Isolation procedures. If the test results are positive, the client is moved to the Recovery House.

*Staff screening protocols:*

- Staff are checked at the beginning of each shift for symptoms of: cough, runny nose, sore throat, shortness of breath, diarrhea, headache, and new loss of taste or smell. If any symptoms are present, the staff is not allowed to work and must immediately leave the program and return home. The staff must contact their physician to determine if COVID-19 testing is appropriate.
- Staff temperatures are taken at the beginning of each shift. If any readings are above 100.4, the staff is not allowed to work and must immediately leave the program and return home. The staff must contact their physician to determine if COVID-19 testing is appropriate.
- If testing is determined to be appropriate, the staff member must get tested and quarantine until the results of the test are received.
- If the test is negative, then the staff is allowed to return to work with proof of the testing results. If the test is positive, the staff must remain quarantined for at least 10-14 days and have a COVID-19 retest that shows the staff member is negative before they will be allowed to return to work.

*Visitor screening protocols: (Outside clinical/medical personnel, non-essential personnel, & families)*

- Visitors are asked to complete a screening questionnaire before the visit that checks for symptoms of: cough, runny nose, sore throat, shortness of breath, diarrhea, headache, and new loss of taste or smell as well as asks questions regarding travel, and exposures. If any symptoms are present or if other questions are “yes”, the visitor is not allowed to have the visit, and the visit will be rescheduled.
- Visitor temperatures are taken before the visit occurs. If any readings are above 100.4, the visitor is not allowed to have the visit, and the visit will be rescheduled.

#### **IV. Staffing Plan**

To ensure the current staffing is adequate and to avoid staff shortages, ReMed has the following plans in place:

- Weekly and as needed, ReMed regional Directors work with their leadership team to develop and maintain staffing adequate to the needs of the program.
- Weekly, all ReMed Directors participate in a Director’s Meeting with the ReMed Executive Team, including the Vice President of Operations and the Vice President of Clinical Services. In this meeting, current staffing issues are addressed on a macro level and any critical issues presented.
  - If a critical staffing issue are presented, there is a follow up meeting with the regional Director, VP President of Operations and HR to investigate, develop a plan and ensure the program needs are met.
- Weekly, Program Directors communicate current staffing needs to the Director of Recruiting to ensure timely hiring of staff.

- Bi-weekly, Vice President of Operations and the Vice President of Clinical Services meet with the Directors in each region to review on a micro level the current staffing status and ensure adequate staffing in the programs.
- Monthly, the HR and Operations team at ReMed meet to review issues related to recruiting, hiring, training and staff retention.
- As needed, residential staff are cross trained in other ReMed residential programs so that staff can be shifted if a need arises.
- As needed, staff are shifted from the ReMed outpatient programs in Philadelphia and Pittsburgh to cover program needs in the residential programs. Staff complete site specific training checklists prior to covering.
- As needed, ReMed has contract agreements with several staffing agencies in the Philadelphia and Pittsburgh areas to cover program needs in the residential programs.

This plan addresses the current status of adequate staffing to avoid staffing shortages, and serves as confirmation no ReMed facility is under a contingency staffing plan.

## V. Communal Dining, Activities, & Community Outings Plan

The programs have implemented dining options that include staggered meal times that allow for social distancing at meals and offering meals in the client’s bedrooms. Supports that are needed for meal times continue to be provided by staff with COVID-19 precautions in place. During all meal times the staff implement infection control procedures that include use of masks, gloves, hand hygiene to include use of washing and sanitizing.

The programs have restricted community outings and have limited group activities (cognitive, social, and leisure) offered within the program since March '20. The group activities within the program have implemented COVID-19 procedures that include smaller groups that allow for 6ft social distancing and change in group offerings of activities that do not require sharing of supplies.

The plan below describes changes to communal dining, activities, and community outings as the program reopens. Detailed plans with descriptions of community outings and group activities by program is available upon request.

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| <b>Step 1</b> | Staggered meal times, Social distancing, Meals in client rooms, and Meals offered outside. No community access, but group activities indoors & outdoors that are limited to 5 unexposed clients or less with social distancing, hand hygiene and mask wearing.   |
| <b>Step 2</b> | Staggered meal times, Social distancing, Meals in client rooms, and Meals offered outside. Limited community access with small groups that implement social distancing and mask wearing to destinations such as parks for walks. Group activities indoors & outdoors that are limited to 10 unexposed clients or less with social distancing, hand hygiene and mask wearing. |
| <b>Step 3</b> | Staggered meal times, Social distancing, and Meals offered outside. Limited community access individually or small groups that implement social distancing and mask wearing for parks, personal services, and shopping. Group activities   |



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|  | indoors & outdoors with unexposed clients that implement social distancing, hand hygiene and mask wearing. |
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## **VI. Visitation Plan**

The programs have restricted visitors since March '20. The plan below describes how the programs will re-open to visitors in each Step. ReMed's has developed guidelines in order to adhere to all CDC and DOH (Department of Health) guidelines regarding visitation, as restrictions are lifted for those living in congregate care facilities during the COVID-19 pandemic.

The CDC and DOH list several considerations for visitation when restrictions are being relaxed, including:

- Limiting visitors to their loved one's room or another area designated by the facility as visitation space
- Requiring visits to be scheduled in advance with the client's Rehabilitation Case Manager
- Permitting visits only during select hours
- Allowing a maximum of two people at a time to visit a given client
- Visitors who are unable or unwilling to maintain these precautions for any reason will not be permitted to visits (for example, young children)
- Requiring that visitors follow social-distancing guidelines, wash their hands/use sanitizer, and wear a face covering throughout their visit
- Screening visitors before they enter a program, including
  - Checking visitors' temperatures
  - Questioning them about symptoms and potential exposure
  - Observing them for any symptoms or signs of infection

### **SCHEDULING VISITS**

- Visiting hours will be limited daily to one family visit in the morning (10am-12pm) and one family visit in the afternoon (1pm-4pm) per ReMed residence. The family must contact the RCM to schedule during an available time slot. One visitor is preferred; two may be approved on a case-by-case basis. Visits will last a maximum of 30 minutes. This may be shortened on a case-by-case basis (for example, if the client is unable to tolerate PPE).
- When scheduling the visit, the RCM will review the Client Visitor Sign-in Log. If you have any symptoms or exposure, or an elevated temperature, you will not be able to visit. Your visit will be rescheduled.
- During the visit, you will need to wear a face mask, use hand sanitizer, maintain six feet of social distance, and avoid any physical contact with your family member for the entirety of the visit.

### **STRUCTURE OF VISITS**

- Visits will be held in outside designated areas whenever the weather allows. If the weather does not permit, the visit may be held in the client room, or a designated space within the

residence. You will be escorted by staff directly to this area, and must avoid contact/interaction with other clients.

- The client will also wear a surgical/cloth mask and will use hand sanitizer before beginning the visit. The seating will also be arranged to maintain the six foot social distance and are not to be moved during the visit.
- You should have no physical contact with the client. If there is a break for this recommendation (for example, hugging or kissing the client), the client will be quarantined for 14 days.
- Gifts for the client must be given to staff to allow for sanitization before being given to the client.

### BEFORE THE VISIT

- Staff will take visitors' temperature on arrival, and record this on the Client Visitor Sign-in Log.
- Visitors will complete all other questions on the Client Visitor Sign-in Log.
- If there is any positive response regarding symptoms or exposure, or body temperature is over 100.4, the visit will be cancelled.
- Visitors will be asked to utilize hand sanitizer before meeting with the client.

### AFTER THE VISIT

- If visit occurred inside the program, staff will escort the visitor(s) out of the program and back to their vehicles.
- Visitors will be asked to sign out on the Client Visitor Sign-in Log before leaving the program.
- Visitors will be asked to utilize hand sanitizer after meeting with the client.

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| <b>Step 1</b> | Visitation via Skype, Facetime, telephone, and through windows or doors  |
| <b>Step 2</b> | Visitation at designated areas outside of the residential program or within the client's room (if client is not able to go outside). Follow visitor guidelines above. No visits in the community. No leaves or vacations.  |
| <b>Step 3</b> | Visitation at designated areas inside & outside of the residential program or within the client's room (if client is not able to go outside). Follow visitor guidelines above. Community visits, leaves, and vacations may be considered on a per case basis given continuing DOH or DHS restrictions for locations and activity size. |

## VII. Guidelines for halting of reopening programs

*These guidelines will be followed by any program when the county they are located in has a regression and moves from the green phase back to red phase.*

If Allegheny, Chester, or Westmoreland counties are reverted back to the Red Phase of the Governor's Reopening Plan, the following guidelines will be implemented immediately and will remain in place until the county progresses back to the Yellow or Green Phase of the Governor's Plan

- Restrict community access, outings, and cancel any planned leaves
- Restrict visitation for families and non-essential personnel
- Cancel non-emergency medical & dental appointments
- Cancel day program activities provided outside of the program
- Re-implement day program activities within the residential program
- Restrict group activities within the program to less than 5 clients
- Re-implement meal times within client rooms
- Communicate new restrictions within 24 hours to clients, family members, and other stakeholders via house meetings, phone calls, emails, letters, and postings to the website.