Emergency Response Plan – Site Specific Pandemic Addendum

**Program Name:**

**Address:**

The purpose of this document is to provide an outline for direct support locations when considering their response to a suspected or positive case of COVID-19. Within each section are directions to be considered; however, with each home being unique, specific information should be provided.

When completing this tool, include enough detail so that a re-deployed team with no knowledge of your home would have a guideline on how to safety and competently support the people who live there during an outbreak.

# **COVID-19 Lead/District Outbreak Manager**

The COVID-19 Lead and contact information for this location is      .

The Outbreak Manager and contact information for the district is      .

# **Isolation Plan**

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***Neutral and Quarantine Zones***

* *Develop quarantine plans for each person who lives in the home.*
* *Include information about what washroom will be used while in isolation.*
* *If person using services will not isolate, consider moving them to a larger space (ex. Basement).*

***People Using Services***

* *In the event that each person becomes ill, staff should know exactly how that person will be supported to self-isolate.*
* *Other people who live in the home should be separated from the person who is ill. If the person will not self-isolate in their room, consider a plan to move the person to a larger closed off area of the home in which they will self-isolate like the basement. If this is not possible, consider moving the ill person to a location (ex. empty apartment) in the district.*
* *How will additional monitoring be completed?*
* *How will meals be delivered* to *people who live in the home?* 
  + *Disposable cups, plates, and serving tray may not be in each home but should be made available by the district.*

# **Laundry**

*Provide instructions on how laundry will be safely completed. See the* [*Enhanced Cleaning Poster*](https://covid19.chconnect.org/documents/support/Enhanced%20Cleaning%20Poster.pdf) *for guidelines.*

Click or tap here to enter text.

# **Cleaning and Disinfection**

*Cleaning and disinfection should be completed at least twice per day and a cleaning schedule and instructions should be provided. Where is the following located?*

* *Cleaning Schedule. See* [*Cleaning Checklist Template*](https://covid19.chconnect.org/documents/support/COVID-19%20Cleaning%20Checklist%20Template.docx) *on CHConnect.*
* *Location specific cleaning and disinfection protocols. See the* [*COVID Cleaning Protocols for Locations*](https://covid19.chconnect.org/documents/support/COVID-19%20Location%20Cleaning%20Protocols.pdf) *on CHConnect.*
* [*Enhanced Cleaning Poster*](https://covid19.chconnect.org/documents/support/Enhanced%20Cleaning%20Poster.pdf)
* *Cleaning and disinfection supplies*

*Shared items when possible are removed. If they can not be removed****, cleaning*** *protocols are in place. Clean the shared item as per the Enhanced Cleaning Poster located.*

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# **Signage**

*During a suspected or confirmed outbreak, signage must be posted. Where is the necessary signage located within this location?*

* *No Visitor poster to be posted on exterior door*
* [*Quarantine Zone PPE Caution Poster*](https://covid19.chconnect.org/documents/ppe/Quarantine%20Zone%20PPE%20Caution%20Poster.pdf) *to be posted at entrance of quarantine Zone and on exterior door*
* [*Quick Guide: PPE Donning and Doffing*](https://covid19.chconnect.org/documents/ppe/PPE%20Donning%20and%20Doffing%20Instructions.pdf) *Instructions to be posted at entrance of quarantine zone and in neutral zone*
* [*Enhanced Cleaning Poster*](https://covid19.chconnect.org/documents/support/Enhanced%20Cleaning%20Poster.pdf) *to be posted in areas where employees access cleaning supplies and do laundry*

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# **Personal Protective Equipment – During Outbreaks**

*In setting up the neutral and quarantine zones, appropriate PPE must be provided.* *PPE should be kept in the neutral zone. Consider using a system to easily divide PPE based on stages (ex. Three drawer plastic storage unit with PPE organized in each drawer by stages of donning.).*

|  |  |
| --- | --- |
| **Type of PPE** | **Location in Home (Detailed Description so it is easily located)** |
| Medical Masks |  |
| N95 Masks (Only needed for certain sites) |  |
| Eye Protection |  |
| Gowns |  |
| Required Signage |  |
| Appropriate Cleaning Products (for enhanced cleaning) |  |

PPE for the people using services:

|  |  |
| --- | --- |
| **Name of Person using Services** | **Reaction to wearing a Mask** |
|  |  |
|  |  |
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|  |  |

# **Physical Distancing**

*In order to maintain physical distancing at this location, consider the following and provide instructions:*

* *Consider environmental designs such as moving furniture or using tape to visualize distance.*
* *Communicate key instructions to the people using services such as there should only be one person in the kitchen at a time.*
* *Ensure that meals and snacks are enjoyed while maintaining at least 6 feet of distance.*

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# **What you need to know to support the people that live here well**

*In order to support people well during an outbreak, provide a brief profile about each person who lives in the home. What do they enjoy? How do they take their tea or coffee? How do they prefer to contact their family or friends? How do they prefer to communicate? How do we know when they are upset and what can we do to support them if they are?*

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# **Medical Information**

*Provide necessary medical and health information so employees know how to support people’s heath.*

* *How will medications be delivered, what is the delivery schedule for medications?*
* *How do people prefer to take their medications? With Juice? With apple sauce?*
* *Where are medications stored for each person?*
* *How will medical appointments be accommodated during an outbreak*?

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It is important to note that the following people in this home have increased risk factors that make them vulnerable to COVID-19. These include:

|  |  |
| --- | --- |
| **Name of Person Using Services** | **Risk Factors** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# **Aerosol Generating Medical Procedure (AGMP)**

May not be required at all sites:

|  |  |  |
| --- | --- | --- |
| **Name of Person Using Services** | **AGMP** | **Plan During an Outbreak** |
| (John Smith) | (CPAP) | (Approval to stop CPAP as per physician) |
|  |  |  |
|  |  |  |

# **Staffing**

*Clearly describe the plan for staff shortages due to an outbreak.*

*Consider the following when developing your staffing plan:*

* *Move to a 10 or 12-hour schedule.*
* *Move to a live-in model.*
* *Move people into homes that have an empty room; where it is safe to do so.*
* *Accepting deployed staff.*
* *Are there other Christian Horizon homes nearby that could assist with staffing concerns?*
* *Are there staff that have stated they cannot work if an outbreak occurs?*

*Employees that are at greater risk should communicate this to the Program Manager/Team Lead so that information about suspected cases can be communicated prior to the employee’s shift.*

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The minimum staffing levels for this location are as follows:

|  |  |
| --- | --- |
| **Shift** | **Minimum number of employees on shift** |
| Days (7-3) |  |
| Afternoons (3-11) |  |
| Nights (11-7) |  |
|  |  |

# **Transportation**

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*If a person using services requires transportation, what precautions are needed:*

*Consider:*

* *Taxi/Ride Share (What are the requirements of your local taxi/ride share provider)*
* *Medical Transport (what are the requirements of your local medical transport)*
* *If employees are travelling with the person using services, what PPE is required and how is it accessed?*