

WELLSPRINGS RESIDENCE ASSISTED LIVING FACILITY



SUPPLEMENTAL PLAN HIGH-CONSEQUENCE INFECTION

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Purpose: Pursuant to emergency rules and changing guidance, laws and regulations, this document constitutes the supplemental plan for Wellsprings Residence to respond and manage a high-consequence infection at the facility.

Scope: This plan will ensure a comprehensive response by the organization and its supporting partners to identify, isolate, and coordinate for the healthcare of any residents that have a high contagious infection at the facility. This plan will also manage infection prevention to control the spread of infection with staff, contracted service workers, second-party care providers, and other visitors to the facility.

Definition. High Consequence Infections (HCI) are those pathogens that have a potential to cause a high mortality among otherwise healthy people and no routine vaccine exists. Some types of direct clinical specimens pose generalized risks to healthcare personnel treating the infected, as risk of secondary airborne spread or with an unknown mode of transmission.

Mitigation. Wellsprings Residence (WSR) will take necessary steps to prevent the impacts of an HCI event in the community by implementing active measures to control exposure to the specific pathogen to the facility.

Personnel Screening. Upon the identification of an emerging infection, Administration Staff will direct the implementation of screening operations for entry into the facility. This will involve the immediate restriction of personnel entering the WSR grounds to essential personnel and family under special circumstances with hospice residents – in compliance with updated laws, rules and regulations. The screening will involve visual and verbal assessments of all persons seeking entry into the facility or contact with the residents and staff. All residents will be screened upon the emergences of an HCI pathogen and restricted to the campus during the entire event or when such a time that the Florida Department of Health (FDOH) provides guidance to allow movement of vulnerable populations.

All personnel should be screened for cough, respiratory symptoms, fever, rash, and travel to areas of outbreaks. This determines the granting of access to the facility or the need for respiratory etiquette. The Implementing and maintaining of respiratory etiquette measures must remain throughout any health care encounter for all personnel. If there is no subjective or documented fever or other pronounced symptoms, the screened person will follow routine standard precautions.

Isolation. If a resident screens positive for the suspicion of the HCI, they will be deemed a person under investigation (PUI) and moved to a private room with a closed door. WSR does not have an airborne isolation room, so the staff will control access to the resident until they can be sent to the hospital to confirm the status of infection. The staff on duty will post appropriate signage to alert other staff of the isolation.

Evaluation. While a PUI is waiting for transportation to the hospital. A designated staff member will monitor the resident, keeping them isolated from other residents and staff, ensure that symptoms do not become adverse or pose immediate risk to the person. The staff member and all health care providers (HCP) who have had contact with the suspected

HCI person will be tracked for potential exposure. WSR will track all the HCP who have entered the resident's room for symptoms, if they continue to visit the facility. If they exhibit symptoms during any screening or notify WSR of their symptoms, they will not be permitted to return until they have tested negative for the infection, and after symptoms have subsided.

If a resident is sent to the hospital and have tested positive for the HCI, they must complete two consecutive negative tests after symptoms have subsided, before they can return to the facility.

If a resident is sent to the hospital for other health reasons during an emergence of an HCI, they must be tested at the hospital prior to discharge to the facility. If this cannot take place at the site of care, the resident may return to the facility, but must remain restricted to their room for 10 days, unless they test negative prior.

Infection Prevention. The spread of infection can be limited, if personnel take the appropriate steps to prevent cross-contamination of viral material.

Facial Coverings/Masks. If the pathogen is airborne or transmitted through droplets, all attendees to the facility will be expected to wear a facial covering that prevents or reduces the introduction of droplets from nasal and oral exhalation. Facial coverings will be required by all persons on the entire premises, except for residents who do not leave the premises. This includes vendors, 3rd party HCPs, contracted employees, property management companies and facilities maintenance personnel. Facial coverings can include cloth masks, dust masks, bandanas, or other facial screens that catch droplets from the nose and mouth directly after expulsion.

Respirators are not required for staff, unless they are entering a room where a known PUI is present. Disposable N95 respirators and half-face elastomeric respirators are available for WSR staff who must enter a room to provide assistance to a PUI, while they are waiting transportation to the hospital. Staff is only allowed to wear a respirator if they have been medically screened by an occupational health physician and are properly fit-tested for the specific respirator. The Director of Operations will conduct the fit-testing for WSR staff. Otherwise, staff and contractors will wear a face covering while on campus, both indoors and outdoors.

Residents are not allowed to wear a respirator, as these devices can complicate breathing and place the resident in unintended risk of asphyxiation. Residents may use a facial covering, if they are at risk of exposure from a PUI or may have contact with an unscreened person.

For the protection of our residents, all visitors and visiting providers are required to wear a face covering while on campus, both indoors and outdoors. Length of visits and number of visitors are not monitored or restricted. However, if the visitor is known to have an infection or contagious disease, the facility asks that they refrain from visiting and return when the risk of exposure has subsided.

Additionally, all Staff, Contractors, Families and Visitors are asked to refrain from visiting if they are experiencing any cough, cold, fever, or flu-like symptoms. Staff, Contractors, Families and Visitors are asked to answer the screening questions and sign-in at the Reception Desk when upon entering the facility. Visible instructions are provided on posted signage.

Facility Maintenance and Housekeeping. WSR will maintain an aggressive maintenance program to reduce the risk of exposure to an HCI pathogen through contact with surfaces and the ambient air. All staff are responsible for ensuring that these measures are adhered to.

Surface Cleaning. All staff will periodically wipe surfaces in their workspace throughout the shift, using a clean cloth or sanitizer wipes, saturated in an anti-microbial solution rated for effectiveness against viral or bacterial pathogens.

Housekeeping staff will clean all high-touch surfaces with a sanitizer solution a minimum of twice per shift. The kitchen along with housekeeping staff will also conduct sanitizing of all surfaces in the kitchen and dining area after every meal production and service.

Air Conditioning Systems. WSR will coordinate with the Landlord to maintain their equipment regularly to ensure the efficiency in cleaning the area and achieving the appropriate number of air exchanges in the living areas to support our infection prevention processes.

REFERENCES:

- I. Comprehensive Emergency Management Plan, Wellsprings Residence Assisted Living Facility, Dated March 2020

RESCISSIONS:

None.

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