TO: Facility Administrators

FROM: State Director Mary Poole

SUBJECT: Reinforce EXECUTION of COVID-19 Protocols

DATE: July 20, 2020

I have complete confidence in each Facility Administrator's understanding of the COVID-19 protocols set forth to protect and care for our residents and staff. However, our challenge is having all 1600 full and part-time staff in our five Regional Centers EXECUTE these protocols fully 24 hours a day, seven days a week. Absent a repetitive, energetic approach to maintain awareness of all COVID-19 protocols and systematic "on-the-floor" inspections, protocols tend to dilute or morph over time. It takes great effort to maintain high infection control standards for 1600 staff, particularly under our current stressful conditions addressing active COVID-19 infections with residents and staff.

Experience at Regional Centers, Community Training Homes, SC Department of Corrections, and national news, all point to the same conclusion -- once a COVID-19 infection enters a congregate care facility, it can be like a match to dry brush. Our emphasis has to be on stopping COVID-19 from entering the Regional Centers' perimeter and our immediate actions once identified to snuff it after getting inside. This is truly *"an ounce of prevention is worth a pound of cure."*

Since our planning in March/April, we have been tested with significant COVID-19 infections at three centers. Based on some lessons learned and reinforcing the COVID-19 fundamentals, below are points of emphasis I need each of you to personally ensure are fully being executed in each Regional Center.

1. Daily screening checklist and temperatures required for all personnel and visitors.
2. All staff with direct resident contact are required to wear: a) N95 mask and face shield if caring for a COVID-19 resident in their building; and b) a surgical mask is required for all other buildings with residents. These requirements may appear excessive, but are not given the rate of COVID-19 infections in the general population, an estimated 45% of infections are asymptomatic, and the highly contagious nature of the virus.
3. All staff without direct contact with residents must maintain social distancing and use a surgical mask if within six feet of another person.
4. If a staff has symptoms consistent with COVID-19, they should not report to work and be tested immediately and report results to their supervisor and designated Regional Center COVID-19 tracking POC. If a staff has no symptoms and elects to be tested outside of work, the staff still should report to work absent symptoms.
5. If a staff or resident has symptoms consistent with COVID-19, the building residents and logical staff must be tested. Each center now has testing kits on campus. We will test as soon as possible and reserve the right to test again if needed.
6. If a staff or resident has symptoms consistent with COVID-19, the building must be placed on "modified" quarantine until the test result comes back. Modified quarantine means precautions taken to limit staff and nurses from other areas into this dorm AND do not pull staff from the "modified quarantine" building for other buildings as well as the reverse. Signage must be placed in all logical places in a modified quarantine building. Staff removed from building and later confirmed positive still requires modified quarantine to continue for a full 14 days.

7. If a resident tests positive, the resident should be moved to separate building set up for positive cases. Due to capacity or wide-spread infections requiring quarantining-in-place, the resident's room needs to have plastic place on door and a portable air filtration or air conditioner with exhaust out the window, if available, deployed as soon as possible. Rufus & Andrew are working on this procurement for the centers.
8. The AOD station will have a large visible list (e.g., a white board) of each building's status as quarantine, modified quarantined, or clear. Staff from a quarantine or modified quarantined building will not be used in clear buildings and vice versa. If health and safety requirements mandate the need to violate this rule, the Residential Director must personally approve exceptions to this rule.
9. Store all levels of PPE in each building's nursing station to be available upon demand by staff. However, if management or a nurse observes a pattern of an individual staff's wastefulness, instructions should be given as to better discerning how to maximize PPE's useful life and adjust this staff's request as needed to be more practical.
10. A disinfecting checklist must be kept in each building and initialed every four hours by staff as completed. Attached to this sheet will be specific protocols. Protocols varying from day to night shifts must be clearly specified.
11. QIPDs will be located physically in each building. QIPDs are responsible for continuous monitoring of all 21 weekly shifts and adjust their buildings' staff so each shift starts with adequate staffing evenly distributed between all shifts throughout the week, to include weekends. This becomes even more critical as staff go out during a COVID-19 outbreak.
12. During COVID-19 when Day Program are not operating or operating on a limited capacity, Day Program staff will be assigned to QIPDs for assignment. Consideration should be given to Day Program staff seniority to permit normal Monday-Friday 1st shifts, but it is not required. All personnel considerations will be factored into the schedule to the extent possible, yet these adjustments must not impinge on the mission requirement to ensure even staffing throughout the week.
13. Nurses have an affirmative duty to address direct care staff not wearing PPE properly or operating a residence with less than expected infection control practices. Some centers have formal or informal rules of how nurses engage with direct care staff – these rules are not applicable when it comes to ensuring high standards of infection control in a pandemic. Staff should be encourage "buddy checking" each other's PPE use.
14. Next person up: If a manager is out ill, or even on extended annual leave, appoint an "Acting" manager designated to cover this manager's duties to ensure continuity of operations and a complete chain of command from the front line to the Facility Administrator. This is critical during a pandemic to ensure there is no hesitation or ambiguity as to who is responsible to act.
15. Central Office will be purchasing industrial strength dis-infecting cleaning machines for buildings to add a quick response to an infection outbreak.
16. Facility Administrator Quality Controls:
    1. Each day the Facility Administrator, or their designee, will personally look at prior day's shift staffing and address with the respective QIPD(s) inadequate staffing at the beginning of a shift or a pattern of abnormal callouts. Better planning and coordination by QIPDs stops the negative impacts on campus-wide staff caused by abnormal "pulls" or "forced OT."
    2. FA or Residential Director daily walks all buildings inspecting proper use of PPE; infection control; unit leadership command of unit activity for the day; and solicit issue/feedback from front-line staff. Any exceptions require same day follow-up.
    3. Until further notice, the Facility Administer will meet weekly with QIPDs and one direct care staff from each unit in a town hall meeting forum to ensure communication lines are open, which will include Nancy or Rufus attending via Skype.

4. A standardized, simple daily report will be establish shortly to ease the communication overload we are all under, as well as simplify FA and chain of command focusing on abnormal variances requiring attention. The report will organize basic information an administrative staff can coordinate from existing Regional Center data, to include prior day's shift TSL%; new COVID-19 cases; status of residents (staff) in hospitals; and the prior day executive personally inspecting each building and issues identified for follow-up.

Projects to be Launched When Events Calm Down:

A. Develop a standard approach to scheduling in all regional centers with emphasis on establishing a single "Master Scheduler."
B. Examine the roles, responsibilities, and span of control for each building's leadership team (QIPD; supervisors; team leaders) to properly balance and compensate to support a high accountable and continuous improvement work environment.
C. Examine the roles, responsibilities, and span of control of each Facility Administrator to ensure equity, compensation, and infrastructure to support operations.
D. Identify comfortable cloth masks to be procured and available to staff in non-quarantine residences when the external environment infection rates subside to an acceptable level.

SUMMARY

The vulnerability of long-term congregate care facilities, to include our Regional Centers, to COVID-19 is clear. The above list is being addressed in every Regional Center. Our challenge is to re-double our efforts to make sure all 1600 staff execute the protocols at a high level, which is not an easy task. Each Regional Center is only as strong as its weakest link. If the worse happens, we need to be able to put our heads on our pillows at night knowing we did everything possible to prevent it.

Thank you in advance for your continued diligence.