

YMCA Bettye J. McCormick Center  
Emergency Operations Plan  
Guide for  
Adult Day Services – Senior Center  
COVID – 19  
Recovery

Revised April 2020

# EMERGENCY OPERATIONS PLAN

## Introduction

- Our aging population has resulted in the increased need for facilities to care for both handicapped and elderly citizens. This, combined with the catastrophic effects of recent disasters and outbreaks, has confirmed the need for a more comprehensive emergency operations plan for our Adult Day Service and Senior Center facilities. This document will outline and provide vital information pertaining to the plan.

## Objective

- It is imperative that facilities be ready in advance of a disaster occurring. This plan will provide checklists and job actions designed as a resource tool to assist in implementation of said plan. Specific compliance requirements will be addressed as well as phases of recovery. Plans will be reviewed and updated as needed no less than annually. All COVID-19 related plans will be reviewed by the Local Health Dept and approved.

## Purpose

- The purpose is to provide guidance to the staff on emergency policies and procedures to protect our clients and staff during the COVID-19 pandemic.

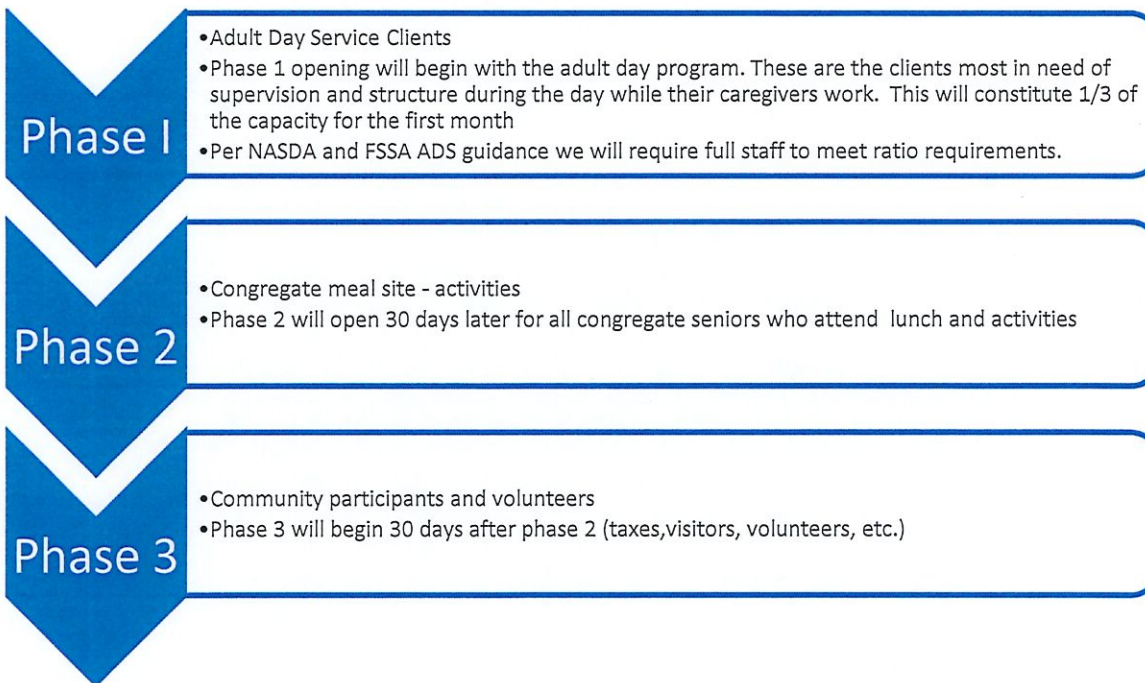
## Mitigation

- The following mitigation actions will be in place for the duration of the pandemic or until further notice. These actions will reduce the risk of exposure to, probability of, or potential for an internal outbreak of COVID-19.

## PREPARDNESS

If clearance has been given to reopen the facility, several steps will be taken to ensure the health and wellness of all participants.

The YMCA Bettye J. McCormick will open in three phases:



## FACILITY EMERGENCY DISASTER PLAN

NAME OF FACILITY YMCA Bettye J McCormick Center	ADMINISTRATOR OF FACILITY Nola Davis
2009 Prospect Ave Vincennes, Indiana 47591	812-882-2285

### I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1. Nola Davis	Director	LEAD THE RESPONSE DURING AND AFTER EMERGENCIES
2. Stacy Russel	Direct Care Professional	DIRECT EVACUATION AND PERSON COUNT
3. Justine Dodd	Direct Care Professional	DIRECT EVACUATION AND PERSON COUNT
4. Bill Betz	Direct Care Professional	DIRECT EVACUATION AND PERSON COUNT
5. Sandy Higgins	Direct Care Professional/Activity Director	DIRECT EVACUATION AND PERSON COUNT
6. Rebecca Pinnick	RN	HANDLE FIRST AID
7. Tammy Sanders	ADS Coordinator	TELEPHONE EMERGENCY NUMBERS
8. Joel Sievers	Van-go Director	TRANSPORTATION

### II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

Fire/Paramedics	911 and 882-4261	Police /Sheriff	812-882-1630
Red Cross	812-882-2204	Office Emergency Services John Streeter	812-882-5669
Physicians – Dr Allen Stewart	812-885-3292	Poison Control	317-962-2323
Hospital	812-882-5220	Ambulance	911 and 882-7757
Dentist - Herman Family	812-882-1572	Crisis Center Samaritan Center	886-6800
Ombudsman – Anne Cardinal	888-5158	Other Person/ Clergy PJ Stamper	219-765-5687

### III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1. N-1 (Front Door)	2. S-3 (Back Door)
3. W-2 (Side ADS Door)	4. E-4 (Side Woodwork Door)

### IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASSOR/MANAGER/PROPERTY OWNER)

NAME YMCA	ADDRESS 2010 College Ave	TELEPHONE NUMBER (812 ) 882-3828
NAME Van-Go	ADDRESS 2009 Prospect ave	TELEPHONE NUMBER (812 ) 886-3381

### V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

Electricity:	Main Shut Off Janitor's Closet
Water:	On the hill at front of building, Right hand side – shut off in clockwise position
Gas:	Near foyer, outside wall of kitchen, grey handle – wrench next to the fire extinguisher (red)

### VI. FIRST AID KIT (LOCATION) Nurse's Room Crash cart

### VII. EQUIPMENT

Smoke Detector Location:	ADS, BDDS room all are hire wired
Fire Extinguisher Locations:	Both Hallways, Kitchen and Auditorium
Type of Fire Alarm:	Hard Wire pull Tabs
Location of Device:	AT Reception office – outside wall

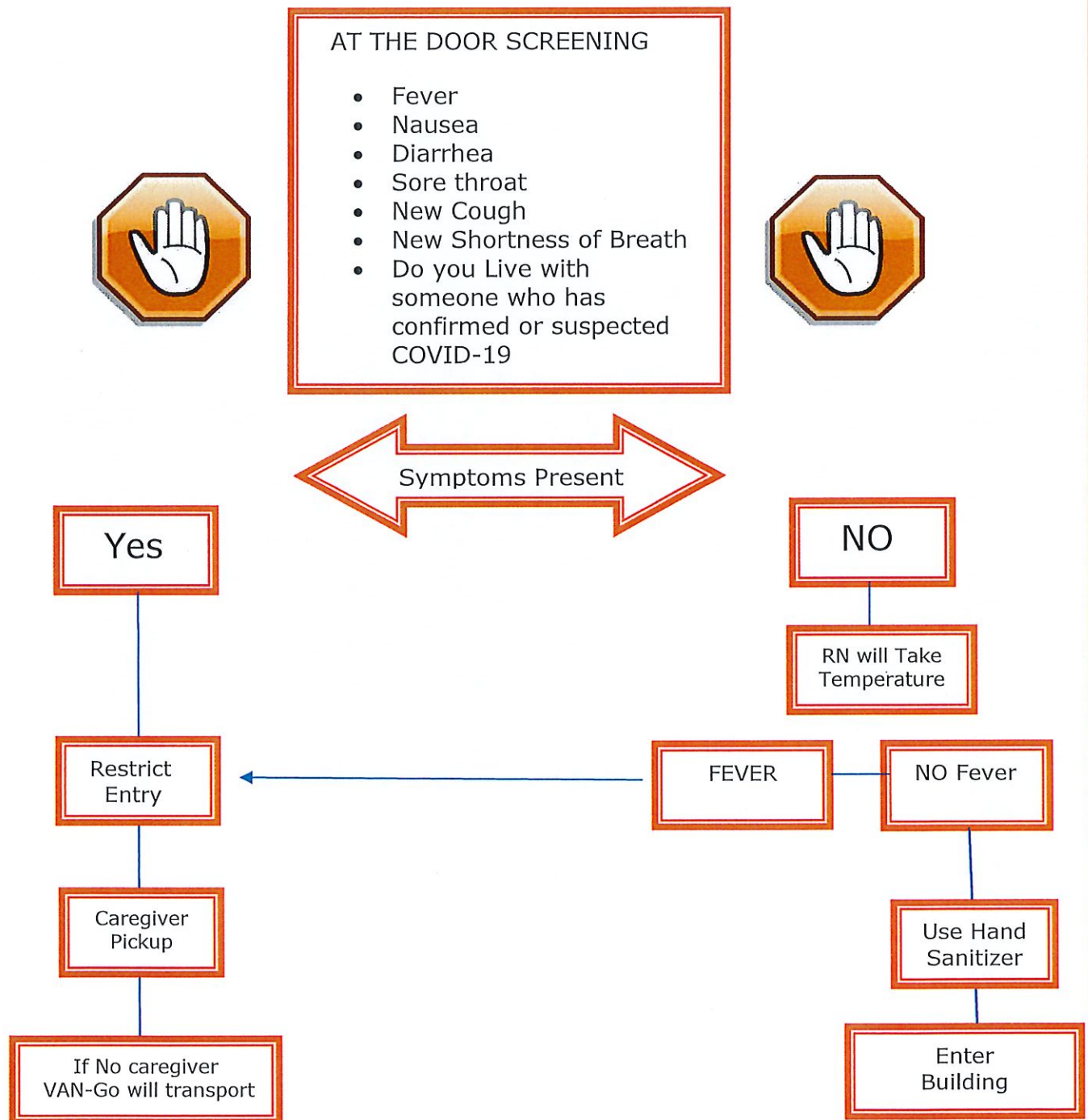
### VIII. AFFIRMATION STATEMENT

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

SIGNATURE	DATE
-----------	------



# YMCA Bettye J McCormick Center COVID-19 Screening Tool



# Covid-19 Action Plan

**Date developed 04/28/2020**

## Screening

ASSESSMENT/OUTCOME	BACKGROUND INFO	PLANNING AND IMPLEMENTATION
1. Identified Risk Issue 2. Desired Outcome/Goal	1. History of Risk 2. Baseline Information	1. Interventions 2. Monitoring 4. Notification 5. Training
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Screening</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the Center</li> <li>Mitigate transmission of COVID-19 to other clientele.</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Rn or the direct care professional will complete screening prior to entry into the building.</li> <li>All staff wearing appropriate PPE</li> <li>Question client/staff on fever, sore throat, new cough, new shortness of breath. Nausea, diarrhea.</li> <li>Any yes answer will result in denial entry to Center. Caregiver notified and/or arrangements made for transportation home.</li> <li>If individual passes initial screening, their temperature will be taken</li> <li>If fever over 99 no entry into building and caregiver will be called for pickup.</li> <li>Clients will have to use hand sanitizer before entering the Center.</li> <li>Staff will sign clients in and out of the center</li> <li>Clients will go directly to assigned areas to ensure appropriate social distancing.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor for signs and symptoms of COVID-19</li> <li>Ongoing monitoring for signs and symptoms will be performed by staff.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Staff will notify caregivers if client needs to go home.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

# Covid-19 Action Plan

Date developed 04/28/2020

## Illness after entry

<b>ASSESSMENT/OUTCOME</b> <b>1. Identified Risk Issue</b> <b>2. Desired Outcome/Goal</b>	<b>BACKGROUND INFO</b> <b>1. History of Risk</b> <b>2. Baseline Information</b>	<b>PLANNING AND IMPLEMENTATION</b> <b>1. Interventions</b> <b>2. Monitoring</b> <b>4. Notification</b> <b>5. Training</b>	
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Illness after admission</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Clients will be monitored throughout the day for any sickness.</li> <li>If Client becomes ill they will be admitted to sick bed immediately</li> <li>If two or more are ill at the same time they will be kept separate away from each other and other participants.</li> <li>Only the RN will be in contact with the sick client until client is picked up</li> <li>The RN will take vitals and determine best course of action (i.e. home for observation, call the doctor or other emergency service)</li> <li>RN will observe for elevated Temp. chills, pain, body ache, nausea, vomiting, diarrhea, excessive cough, sneezing, nasal or oral drainage or seizures beyond normal pattern or compromise client safety.</li> <li>If the illness is suspected to be COVID-19 the ADS will shut down and clients sent home.</li> <li>Deep sanitizing and fumigation will be completed by maintenance. According to the CDC; COVID cannot live past 72 hours on any surfaces. The Center will be sanitized and closed for 72 hours then reopened.</li> <li>Service will resume within 72-84 hours.</li> <li>If client or staff test positive the building will be shut down for a minimum of 14 days all clients and staff will be quarantined to home.</li> <li>Staff will follow all handwashing procedures and wear appropriate PPE with all physical contact.</li> <li>Sick bed will be covered with disposable sheets or laundered after every use.</li> <li>Be prepared for additional closing by the governor/ local health department if the outbreak is a resurgence</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor for signs and symptoms of COVID-19</li> <li>Ongoing monitor of signs and symptoms will be performed by staff.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Staff will notify caregivers if client needs to go home.</li> <li>RN will notify the physician or EMS as needed.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>	

## Covid-19 Action Plan

**Date developed 04/28/2020**

### Illness after entry

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date



# Covid-19 Action Plan

Date developed 04/28/2020

## Readmission

ASSESSMENT/OUTCOME	BACKGROUND INFO	PLANNING AND IMPLEMENTATION
1. Identified Risk Issue 2. Desired Outcome/Goal	1. History of Risk 2. Baseline Information	1. Interventions 2. Monitoring 4. Notification 5. Training
1. Identified Risk Issue <ul style="list-style-type: none"> <li>Readmission</li> </ul> 2. Desired Outcome/Goal <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele.</li> </ul>	1. History of Risk <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> 2. Baseline Information <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	1. Interventions <ul style="list-style-type: none"> <li>a. Clients who are COVID -19 positive will be allowed readmittance with a signed release from their doctor and the local health department Dr. Alan Stewart.</li> <li>b. All suspected COVID-19 cases will be able to return after a 2 week period showing no signs or symptoms or with a documented negative test result.</li> <li>c. All other illnesses will follow the regular communicable disease policy.</li> <li>d. The client must be afebrile for 24 hours without the use of fever reducing medications.</li> <li>e. Client will not have any vomiting or diarrhea for 24 hours before returning to the center.</li> </ul> 2. \Monitoring <ul style="list-style-type: none"> <li>a. Staff will monitor for signs and symptoms of COVID-19</li> </ul> 3. Notification <ul style="list-style-type: none"> <li>a. Staff will notify caregivers if client needs to go home.</li> <li>b. RN will notify the physician or EMS as needed.</li> <li>c. If test positive or suspected will have to file a state incident report and notify local health department.</li> </ul> 4. Training <ul style="list-style-type: none"> <li>a. Staff will be trained prior to reopening</li> </ul>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

# Covid-19 Action Plan

Date developed 04/28/2020

## Safety Measures

ASSESSMENT/OUTCOME 1. Identified Risk Issue 2. Desired Outcome/Goal	BACKGROUND INFO 1. History of Risk 2. Baseline Information	PLANNING AND IMPLEMENTATION 1. Interventions      4. Notification 2. Monitoring      5. Training
<p>1. Identified Risk Issue</p> <ul style="list-style-type: none"> <li>Safety Measures</li> </ul> <p>2. Desired Outcome/Goal</p> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele.</li> </ul>	<p>1. History of Risk</p> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <p>2. Baseline Information</p> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<p>1. Interventions</p> <ol style="list-style-type: none"> <li>Staff will wear appropriate PPE while working in close proximity of the clients (i.e. screening, toileting, bathing)</li> <li>Staff and clients will be required to stay home if they are ill.</li> <li>No community outings for 30 or more days</li> <li>No outside bags will be allowed in the center.</li> <li>No outside drink containers will be allowed in the center</li> <li>No public water fountain for the first 30 days</li> <li>Styrofoam and plastic utensils will be used for meals and drinks.</li> <li>Table will be sanitized before each meal using warm soapy water and chlorine bleach solution one part bleach to ten parts water.</li> <li>Lunch line will be shut down until further notice all meals will be passed by staff only.</li> <li>All clients will be required to wash their hands prior to meals. And encouraged to frequently wash or sanitize their hands.</li> <li>All clients will be required to sanitize their hands as they enter the restroom and wash with warm soapy water min. of 20 seconds then sanitize their hands as they exit the restroom.</li> <li>Public drink station will be closed. Coffee and tea and water will be on hand for the clients at all times. Served by staff only.</li> <li>Main auditorium will be open to 4 per table only. Auditorium will close at 1 PM daily for cleaning.</li> <li>Social distancing will be maintained in common areas and hallways. No handshakes, hugging or physical contact.</li> <li>Clients will be broken down into three smaller groups (no more than 10) per staff member.</li> <li>We will alter schedule to reduce Social contact. Will stagger outside time, entry and dismissal times.</li> <li>The front office window will remain closed; however, you may communicate through the glass.</li> <li>Office will remain off limits to clients until further notice.</li> </ol>

# Covid-19 Action Plan

Date developed 04/28/2020

## Safety Measures

		<ul style="list-style-type: none"><li>s. During this time until further notice roaming throughout the building will be prohibited due to the stringent sanitizing procedures that are in place.</li><li>t. All stuffed animals, blankets and pillows have been put away until further notice. Clients should dress appropriately. The thermostat is set at 74 in the winter and 72 in the summer.</li></ul> <ul style="list-style-type: none"><li>2. <b>Monitoring</b><ul style="list-style-type: none"><li>a. Staff will monitor the measures above and redirect clients accordingly</li></ul></li><li>3. <b>Notification</b><ul style="list-style-type: none"><li>a. Will notify family, caregivers and clients by a way of letter prior to reopening.</li></ul></li><li>4. <b>Training</b><ul style="list-style-type: none"><li>a. Staff will be trained prior to reopening</li></ul></li></ul>	
--	--	--	--

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

# Covid-19 Action Plan

**Date developed 04/28/2020**

## Sanitizing

<b>ASSESSMENT/OUTCOME</b> <b>1. Identified Risk Issue</b> <b>2. Desired Outcome/Goal</b>	<b>BACKGROUND INFO</b> <b>1. History of Risk</b> <b>2. Baseline Information</b>	<b>PLANNING AND IMPLEMENTATION</b> <b>1. Interventions</b> <b>4. Notification</b> <b>2. Monitoring</b> <b>5. Training</b>
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Sanitizing</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele.</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will be responsible for sanitizing their own area</li> <li>Staff will complete regular sanitizing throughout the day</li> <li>All chairs, hard surfaces, remotes, computers, and phones will be sanitized at end of each day with the proper disinfectant.</li> <li>Shower facility will be sanitized after each use.</li> <li>All laundry will be bagged and taken to the laundry room immediately, Staff will wear gloves while handling the bag and dirty laundry.</li> <li>Once the beauty shop is reopened (after 30 days) it will be sanitized after each person.</li> <li>Maintenance staff will sanitize each restroom every 2 hours including all hard surfaces, toilets, sinks, doorknobs, handrails, and floors.</li> <li>Maintenance will vacuum, sanitize all hard surfaces in the auditorium daily.</li> <li>All waste requiring red bags (i.e. body fluids depends, PPE equipment) will be red bagged and kept in the appropriate trash container Staff removing the trash will be required to exit the building from the East door and use gloves.</li> <li>All mop heads will be laundered daily in warm soapy bleach water. Will have a separate mop for the kitchen, nurses' room and restroom areas.</li> <li>Paper toweling will be used to clean hard surfaces as much as possible. Cloth rags will be laundered daily in warm soapy bleach water.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will complete a check off sheet daily. Staff will turn the checkoff into the director.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Staff will notify the director if they are unable to complete a task</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date
----------------------	-------	------

IST Member Signature	Title	Date
----------------------	-------	------

## Covid-19 Action Plan

Date developed 04/28/2020

### Sanitizing



## Adult Day Service

3/17/2020

Cleaning and Sanitizing	Surfaces	Games/Toys/ books, etc.	Activities	Cleaning supplies	Bathrooms	Medical	Nutrition	Exercise	
Adult Day Service									
Sanitizing Schedule:	offices, hard surfaces daily	end of each day	tables supplies after each activity	Laundry all rags mop heads daily	Completed 2x daily	after each med pass, days end	dining room tables before meals	between each participant	
Solution to use for cleaning	Meets coronavirus kill requirements*	Meets coronavirus kill requirements*	Meets coronavirus kill requirements*	Meets coronavirus kill requirements*	Meets coronavirus kill requirements*	Meets coronavirus kill requirements	Meets coronavirus kill requirements	Meets coronavirus kill requirements	

### Personal Protective Equipment for Staff

Use of rubber gloves	Required for any cleaning and disinfecting, gathering soiled laundry and cloth items.
Hand washing	Wash hands with soap and water often for at least 20 seconds
Hand sanitizer	



# Covid-19 Action Plan

**Date developed 04/28/2020**

## Medications administration

ASSESSMENT/OUTCOME	BACKGROUND INFO	PLANNING AND IMPLEMENTATION
<b>1. Identified Risk Issue</b> <b>2. Desired Outcome/Goal</b>	<b>1. History of Risk</b> <b>2. Baseline Information</b>	<b>1. Interventions</b> <b>2. Monitoring</b> <b>4. Notification</b> <b>5. Training</b>
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Medications administration</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmissions of COVID-19 to other clientele</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will follow all medication administration policy and procedures.</li> <li>When administering injections, eye drops, blood sugar testing PTINR proper PPE will be worn.</li> <li>Medications will be dispensed in the med room with a plex-glass pass through</li> <li>To the extent they can be completed through bubble pack method the RN will package the medications in bubble pack for one week at a time.</li> <li>Clients will enter through the auditorium door into the nurses' room and exit through the hallway door.</li> <li>Clients will remain 6 feet apart. (Blue lines will be on the floor for them to follow)</li> <li>Following each med pass the area will be sanitized.</li> <li>All waste and materials will be disposed of properly in the red bags.</li> <li>All sharps will be put into the proper sharp container located in the med room.</li> <li>As needed Sharps will be taken to Knox county recycling facility for disposal. New sharps containers will be obtained from the recycling facility.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor for signs and symptoms of COVID-19</li> <li>RN will monitor each client taking their medication.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Client will be notified of the medication policy.</li> <li>RN will notify pharmacy for all refills and physician office for new scripts if needed.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

# Covid-19 Action Plan

**Date developed 04/28/2020**

## Health Assessment

ASSESSMENT/OUTCOME 1. Identified Risk Issue 2. Desired Outcome/Goal	BACKGROUND INFO 1. History of Risk 2. Baseline Information	PLANNING AND IMPLEMENTATION 1. Interventions      4. Notification 2. Monitoring      5. Training
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Health assessment</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will follow all current policy and procedures</li> <li>Staff will wear appropriate PPE while working in close proximity of the clients.</li> <li>Vitals, weight, o2 sats, temps will be performed weekly.</li> <li>Range of motion stretches and assisted walking will be done daily.</li> <li>Staff will sanitize equipment and hard surfaces after each client</li> <li>Staff will dispose of PPE equipment and use proper handwashing after each activity</li> <li>These functions will be done by each aide which will be assigned no more than 8 clients per day.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor vitals weekly</li> <li>Staff will monitor for any unusual findings.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Staff will notify the RN of any concerns.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

# Covid-19 Action Plan

Date developed 04/28/2020

## Meals

ASSESSMENT/OUTCOME 1. Identified Risk Issue 2. Desired Outcome/Goal	BACKGROUND INFO 1. History of Risk 2. Baseline Information	PLANNING AND IMPLEMENTATION 1. Interventions      4. Notification 2. Monitoring      5. Training
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Meals</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will follow all current policy and procedures</li> <li>Staff will wear appropriate PPE while working in close proximity of the clients.</li> <li>All meals will be served by staff only</li> <li>Tables will be sanitized before meals one part chlorine bleach to ten part water.</li> <li>All clients will wash their hands prior to meals</li> <li>All meals will be served on disposable plates and plastic utensils</li> <li>Salt and pepper will be in the utensil packet and not on the tables</li> <li>No tray line until further notice.</li> <li>No public drink station until further notice- drinks readily available at all times to be served by staff.</li> <li>Staff will assist with plate set up</li> <li>Clients will be at 4 per table</li> <li>Feeders (if any) will be in designated area with staff wearing proper PPE to assist.</li> <li>Staff will follow current dinning care plans of each client.</li> <li>Staff will dispose of all plates and utensils after the meal in designated covered trash can.</li> <li>Maintenance will remove all refuge after end of business day,</li> <li>Staff will sanitize tables with one part chlorine bleach and ten parts water after each meal.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor for clients needing additional help with plate set up and feeding assist.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Notify the RN the client is needing additional help.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

**Covid-19 Action Plan**

**Date developed 04/28/2020**

**Meals**



# Covid-19 Action Plan

Date developed 04/28/2020

## Laundry

ASSESSMENT/OUTCOME	BACKGROUND INFO	PLANNING AND IMPLEMENTATION
1. Identified Risk Issue 2. Desired Outcome/Goal	1. History of Risk 2. Baseline Information	1. Interventions 2. Monitoring 4. Notification 5. Training
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Laundry</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will follow all current policy and procedures</li> <li>Staff will wear appropriate PPE while working in close proximity of the clients. or while toileting, personal care.</li> <li>All laundry will be handled by placing in plastic bag and removed to laundry room immediately staff will wear gloves and mask while handling laundry with minimum of agitation.</li> <li>All laundry will be washed before 2PM.</li> <li>Any contaminated laundry will be washed separately from other laundry.</li> <li>Presoak clothing in disinfecting solution prior to 10 minutes before going through laundry cycle.</li> <li>One half cup of chlorine bleach or bleach alternative can be added per load of laundry.</li> <li>Dry in hot dryer or per manufacture recommendations.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor for soiled clothing.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Notify client that clean clothing has been put in their cubby.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

# Covid-19 Action Plan

**Date developed 04/28/2020**

## Activities

ASSESSMENT/OUTCOME 1. Identified Risk Issue 2. Desired Outcome/Goal	BACKGROUND INFO 1. History of Risk 2. Baseline Information	PLANNING AND IMPLEMENTATION 1. Interventions      4. Notification 2. Monitoring      5. Training
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Activities</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COVID-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele.</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will follow all current policy and procedures</li> <li>Staff will wear appropriate PPE while working in close proximity of the clients.</li> <li>Activities will be done in small groups ( no more than 8 at a time or 4 to a table)</li> <li>Small groups will rotate scheduled events.</li> <li>No outings for at least 30 days or until further notice.</li> <li>Outdoor activities will be encouraged.</li> <li>Tables and supplies will be sanitized after each use.</li> <li>All bingo cards will be printed for 30 days</li> <li>All exercise equipment will be sanitized after each use.</li> <li>Computer room will be closed at this time for the first 30 days.</li> <li>Gaming room will be shut down for 30 days</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will watch for clients that are not social distancing, hugging, shaking hands and physical contact. Staff will redirect as needed.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Notify the Director if repeated problems occur.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date



# Covid-19 Action Plan

**Date developed 04/28/2020**

## Toileting

ASSESSMENT/OUTCOME	BACKGROUND INFO	PLANNING AND IMPLEMENTATION	
1. Identified Risk Issue 2. Desired Outcome/Goal	1. History of Risk 2. Baseline Information	1. Interventions 2. Monitoring 4. Notification 5. Training	
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Toileting</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will follow all current policy and procedures</li> <li>Staff will wear appropriate PPE while working in close proximity of the clients. or while toileting, personal care.</li> <li>Changing surfaces toilet/changing table will be disinfected after each use with the appropriate solution of one part chlorine bleach and ten parts water prepared fresh daily.</li> <li>Remove the soiled undergarment/pad and fold inward.</li> <li>Place soiled undergarments in red plastic bag seal and dispose of promptly.</li> <li>Any soiled clothing must be placed in red bag and taken to laundry facility and laundered immediately</li> <li>Remove and dispose of any PPE follow up with handwashing procedures.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor for soiled clothing.</li> <li>Staff will monitor for any clients that need help toileting.</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Notify client that clean clothing has been put in their cubby.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>	

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date

# Covid-19 Action Plan

**Date developed 04/28/2020**

## Personal Care

ASSESSMENT/OUTCOME 1. Identified Risk Issue 2. Desired Outcome/Goal	BACKGROUND INFO 1. History of Risk 2. Baseline Information	PLANNING AND IMPLEMENTATION 1. Interventions 2. Monitoring 4. Notification 5. Training
<b>1. Identified Risk Issue</b> <ul style="list-style-type: none"> <li>Personal Care</li> </ul> <b>2. Desired Outcome/Goal</b> <ul style="list-style-type: none"> <li>Prevent the spread of Covid-19</li> <li>No outbreak of COvid-19 at the center</li> <li>Mitigate transmission of COVID-19 to other clientele</li> </ul>	<b>1. History of Risk</b> <ul style="list-style-type: none"> <li>State of Indiana has an outbreak of Covid-19 cases</li> </ul> <b>2. Baseline Information</b> <ul style="list-style-type: none"> <li>The Center has no known positive Covid -19 cases.</li> </ul>	<b>1. Interventions</b> <ol style="list-style-type: none"> <li>Staff will follow all current policy and procedures</li> <li>Staff will wear appropriate PPE while working in close proximity of the clients. or while toileting, personal care.</li> <li>When bathing resumes (30 days) Client will be encouraged to do as much as possible on their own with stand by assist.</li> <li>Aides will perform essential personal care as needed with client provided supplies (i.e. shampoo, body wash, lotions, toothbrush, combs etc.)</li> <li>Showers, sinks will be sanitized immediately, following the procedures.</li> <li>Laundry and towels will be bagged and taken to the laundry facility immediately.</li> </ol> <b>2. Monitoring</b> <ol style="list-style-type: none"> <li>Staff will monitor for client needing additional help or assistance with ADL</li> </ol> <b>3. Notification</b> <ol style="list-style-type: none"> <li>Notify the RN the client is needing additional help.</li> </ol> <b>4. Training</b> <ol style="list-style-type: none"> <li>Staff will be trained prior to reopening</li> </ol>

If you do not know how to implement the plan or do not have the equipment or supplies to implement the plan, CALL 812-882-2285

IST Member Signature	Title	Date

IST Member Signature	Title	Date