



## **A REAL TIME CASE STUDY**

**(NOT IN MARYLAND, BUT LET'S USE IT TO PREPARE HERE)**

### **SUMMARY:**

Earlier this week, the Center had a patient with a high temperature. The patient was discharged and transported to a hospital and tested positive for COVID-19. At the same time, three additional patients at the Center were identified with high temperature. The Center's leadership put a COVID-19 response plan in place on March 3 and restricted all visitation as of March 10. From March 3-10 all staff, vendors, and practitioners were screened upon entry. Again, all visitation was restricted as of March 10, 2020. The Center's initial plan was intended to limit the risk of exposure and protect the residents. This goal remains in place, but the focus now is to treat the positive resident and prevent or limit any exposure to the rest of the Center. The early lesson and value-added was that the Center's Executive Director and Director of Nursing managed to project calmly.

### **THE STEPS FORWARD FROM THE POSITIVE COVID-19 TEST:**

- The owner assembled the entire regional team (virtually using technology) to talk through the new challenge.
- The group decided to create a separate unit (which is geographically disconnected from the rest of this Center).
- The Center moved the three high temperature residents to this unit (in isolation). They are monitoring these residents and following CDC guidelines.
- The Center has increased pay by a significant amount per hour for employees on the unit.
- The Center also set up a short video focused on infection control and how to care for the patients in the unit – this is being used widely within the Center to ensure everyone is aware of procedures.
- For the physical plant of the new unit, the Center created a negative pressure environment with bathroom fans. The switches are secured so that the fans cannot be turned off (with a fairly inexpensive tamper-proof device).
- This new make-shift isolation unit has PTAC units so there is no central air circulation, obviously critical for such a unit to eliminate cross-contamination with the rest of the Center.

**NOTE:** The owners physical plant evaluators were key in helping establish the above and thinking through the physical environment.

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**A few additional details of the precautions taken:**

- **Interior of the dedicated unit:** double plastic wall at the unit entrance; sealed around all edges; HVAC vents (supply/return) in common areas and resident rooms – sealed to provide isolation from rest of center; decontamination area for carts, trays, equipment, etc. coming on/off the unit; all PPE is kept inside the isolation zone; employees staffing the unit will be in PPE and will be given extra pay.
- **Entrance to the new isolation unit:** The Center modified the existing exterior door locking mechanism (maglock) to provide secured access (via keypad) for dedicated staff only.
- **The State visited the center. They have a dedicated COVID-19 task force that came immediately and tested the employees and patients. The unit has assisted with testing on an ongoing basis.**
- **Additional state recommendations:**
  - Residents that are transferring in and out of building must have mask on.
  - Residents in a hallway with line of sight to the unit should also have a mask.
  - No clothing on the unit moves off the unit (i.e.: scrubs, etc.) except to be laundered with antiseptic in a controlled manner.

**We hope that some of this information is helpful should other providers find themselves dealing with COVID-19. The Center has been working on contingency plans; however, it becomes much more real in an actual situation. This is evolving. Please be careful out there – we are all in this together.**