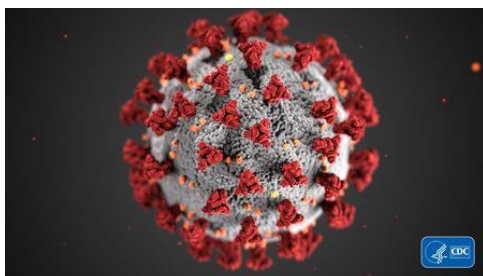


Park Lawn Home COVID-19 (Novel Coronavirus 2019) Response Plan



The following document is a fluid response plan based on the CDC guidelines, IDPH guidelines, and Park Lawn's infection control procedures. This document was created by the Park Lawn's COVID-19 Planning and Prevention Committee including additional stakeholders. The following plan outlines the Park Lawn Home response to the emerging threat of COVID-19 attempting to balance the appropriate response with the at-risk population of the Park Lawn Home residents.

Understanding the pathogen:

Symptoms:

- Usually causes mild to moderate upper-respiratory tract illnesses like the common cold
 - Runny nose
 - Headache (new or unusual onset)
 - Cough, new or worsening
 - Shortness of breath
 - Sore throat
 - Fever (>99.9)
 - Chills or shaking with chills
 - Malaise
 - Muscle pain
 - New loss of taste or smell
- Can cause lower-respiratory tract infections
 - Cardiopulmonary disease
 - Impaired immune function
- Infants, older adults, and immunocompromised individuals are at greatest risk

Facts Known at This Time:

- Pathogen was first detected in China (SARS-CoV-2)
- People have no immunity
- 80% of the people have mild illness, some with no symptoms at all
- Healthy children are contracting the disease at the same rate as adults but with few to no symptoms
- Serious illness occurs in 16% of the cases
- Case fatality rate for people over 70 years old is approximately 8%
- Case fatality rate for people over 80 years old is approximately 15%

Long-Term Care Recommended Approaches

Due to the high risk of the long-term care population, the CDC is recommending the following:

- Focus should be on keeping COVID-19 out of residential locations.
- Ongoing interdisciplinary planning and communication
- Clean hands often
- Clean equipment and surfaces often
- Contained droplets precautions
- Respiratory etiquette
- Visitation restrictions
- Health screening and questionnaires for visitors
- Use technology
- Reduce unnecessary face-to-face opportunities for spread
- Inventory control and management

Park Lawn Home Specific Response

Based on a wide range of factors, Park Lawn Home has instituted a 4-level response plan (NOTE: half steps can be implemented at any time based on changes in response):

Level 0 – Normal operations – Park Lawn Home baseline

Level 1 – Cases in surrounding area

- Restrict visitors under the age of 18
- Pre-screen all visitors over the age of 18
 - Temperature, symptom screening and questionnaire before entering the building
 - Additional precautions should be taken
 - Social distancing (6 feet from one another)
 - Hand hygiene (e.g., use alcohol-based hand rub upon entry)
 - Universal masking of all visitors
- Outside group activities/outings with residents allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene can be performed, and proper use of a cloth face covering or facemask can be used
- Pre-screen staff at start of shift
 - Symptom screening and questionnaire before entering the building
 - Universal masking of all staff
- Begin preparations for Level 2 response
- Resident symptom screening and temperature completed every shift
 - Universal masking of all residents
- For medically necessary trips outside the facility:
 - The resident must wear a facemask

Level 2 – Cases in the community with no staff cases

- Restrict visitation to essential visits only



- Additional precautions should be taken
 - Social distancing (6 feet from one another)
 - Hand hygiene (e.g., use alcohol-based hand rub upon entry)
- Pre-screen essential visitors
 - Temperature, symptom screening, and questionnaire before entering the building
 - Universal masking of all visitors
- When allowed by the state of Illinois and Park Lawn, outdoor socially distanced visits may occur
 - Visits must be scheduled in advance
 - Visits are limited to 2 visitors at a time per resident
 - Visits are limited to one 30 minute visit per week per resident
 - Visits are scheduled at the top of each hour so that there is a 30 minute window between visits to properly clean and disinfect the visiting area
 - Visitors must be pre-screened over the telephone no more than 24 hours before the scheduled visit and will be screened again with temperature checks upon arrival of each visit
 - Residents and visitors must wear a face covering
 - If the resident is unable to wear a mask additional social distancing will be expected
 - During the visit a minimum of 6 feet social distancing MUST be followed
 - No hugging or touching is permitted
 - Visits are limited to the designated visiting area only
 - Park Lawn staff are mandated to supervise each visit to ensure the use of face coverings and social distancing
 - Visits will be discontinued if the guidelines are not followed
- Eliminate resident community activities/outings
- Pre-screen staff at start of shift
 - Temperature, symptom screening, and questionnaire before entering the building
 - Universal masking of all staff
- Begin preparations for Level 3 response
- Resident symptom screening, temperature, and pulse oximetry every shift
 - If a resident develops any symptoms or fever they automatically become a “person under investigation” (PUI)
 - Resident must be placed on transmission based protocol
 - Isolated to their room
 - Residents should remain in their room at all times, with the door closed
 - If you are unable to keep them in their room, all other residents will be encouraged to remain in their rooms
 - If the resident will not will not stay in their room, they must
 - Wear a facemask
 - Perform frequent hand hygiene
 - Limit their movement around the building
 - Perform social distancing (stay 6 feet away from others)
 - All outside visits with a person under investigation should be canceled
 - When staff are in their room with a resident, both resident and staff should have a mask applied
 - When a resident is in the room by themselves they do not need to apply a mask

- All activities, including meal times should be kept in their room while on isolation
 - Staff must monitor meal times in the room
 - The resident on isolation should be the only resident using the shared bathroom, all other residents should be using a different bathroom
 - Full set of vitals, symptom screening, and pulse oximetry every 4 hours
 - Blood pressure cuff, thermometer, and pulse oximetry should be cleaned and disinfected in between resident use
 - To come off isolation, symptomatic resident must be symptom free and fever free for 24 hours without the use of fever reducing medication, and an additional 10 days of being without symptoms
- Staff should apply the proper PPE when entering the room, isolation cart should be set up outside the residents room
 - Gown
 - Gloves
 - Facemask
 - Face shield
- Medically necessary trips outside the facility:
 - Resident must wear a cloth face covering or facemask
 - Must quarantine to their room for 7 days
 - And have a complete set of vitals and symptom screening done every 4 hours during the 7 days
 - Follow the steps for “person under investigation” (PUI)
- Begin preparations for level 3 response

Level 3 – Cases in in the community with either staff cases or limited available staff

- No visitors from the outside (Hospice and end-of-life situations dealt with on a case-by-case basis and would require strict pre-screening), all outdoor visits will cease
 - Hospice resident may have one family/friend visit once a day for 30 minutes, must remain in residents room
 - Family/friend must be prescreened upon entering the facility
 - Symptom screening, questionnaire, temperature, and pulse oximetry
 - Droplet precautions must be maintained, family/friend must utilize PPE before entering residents room
 - Gown
 - Facemask
 - Face shield
 - Gloves
 - Must wear facemask when entering the building
- Move to lighter staffing patterns (see chart below)
- Pre-screen staff for symptoms, temperature, pulse oximetry, and questionnaire before entering building, and continue for every 4 hours while working
 - Universal masking of all staff is required
- Change to essential services approach

- No residents may leave the building for appointments unless emergency in nature, if a resident must leave the building a facemask should be used
 - Must be quarantined to their room for 7 days
 - And have a complete set of vitals and symptom screening done every 4 hours for the 7 days
 - Follow steps for “person under investigation” (PUI) under level 2
- Resident screening will consist of a complete set of vitals, which includes temperature, pulse oximetry, blood pressure, heart rate, and respirations once daily
 - As well as temperature, pulse oximetry, and symptom screening every shift
 - Universal masking for all residents
 - If symptoms develop, please follow steps for “person under investigation” (PUI) under level 2

Level 4 – Cases at Park Lawn Home

- Building lockdown and quarantine
- Move the 3-phase staffing pattern (see chart below)
- Follow all CDC / IDPH recommendations and guidelines
- Lock all doors
- All access to the building, including deliveries will be restricted to the back door entrance off the parking lot
- Those residents displaying symptoms, or whom have tested positive for COVID-19 should be isolated to their rooms, and have a complete set of vitals and symptom screening done every 4 hours
- Recovering residents must remain isolated in their room for 14 days, with the door closed
 - Designate a bathroom for that residents use only
 - Resident should only leave their room to use the bathroom, it should be the closest one to their room, a mask must be worn by resident when out
 - An isolation cart with all required PPE should be set up outside of the isolation room
 - When entering a positive COVID-19 room, or those with COVID like symptoms should apply all required PPE
 - Facemask
 - Face shield
 - Gown
 - Gloves
 - Hair cover
 - Shoe covers
 - A garbage can should be placed at the exit of that room to dispose of all PPE when exiting
 - For medically necessary trips away from the facility, such as a 911 emergency:
 - The resident must wear a cloth face covering, or facemask
 - The residential location must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has an appointment with, or hospital that the resident is being transferred to

COVID-19 Response Staffing Patterns (Minimum staff needed)

	Level 3 – Reduced Staffing	Level 4 Phase 1 12-hour staffing rotation Initial lockdown	Level 4 Phase 2 12-hour staffing rotation Rotation in/out after specified length of time TBD based on CDC and IDPH recommendations	Level 4 Phase 3 TBD based on duration, CDC guidelines, and available staff
Needed in the Building (may include non-routine and support duties)	2 staff to work each 12 hour shift: Facility Service Aide (1) Dietary (1) Direct Support Person (5)	Direct Support Person (3) Facility Services Aide (1) Same 4 staff will work 12 hours a day for 14 days	Residential Living Manager (1) Direct Support Person (3) Same 4 staff will work 12 hours a day for 14 days	<i>Subject to change</i> Direct Support Person (3) Facility Services Aide (1) Same 4 staff will work 12 hours a day for 14 days
Not Needed in the Building – Standby	Maintenance (3) Transportation (2) Director of Day Services (1) CDS Program Managers (3) CDS QIDP's (4) CDS DSP's (19) Community Coaches (5) SEP (4) Production Manager (1) Warehouse/Janitorial (3) Director of Residential Services (1) Director of Nursing (1)	Maintenance (3) Transportation (2) Director of Day Services (1) CDS Program Managers (3) CDS QIDP's (4) CDS DSP's (19) Community Coaches (5) SEP (4) Production Manager (1) Warehouse/Janitorial (3) Director of Residential Services(1) Director of Nursing (1)	Maintenance (3) Transportation (2) Director of Day Services (1) CDS Program Managers (3) CDS QIDP's (4) CDS DSP's (19) Community Coaches (5) SEP (4) Production Manager (1) Warehouse/Janitorial (3) Director of Residential Services(1) Director of Nursing (1)	Maintenance (3) Transportation (2) Director of Day Services (1) CDS Program Managers (3) CDS QIDP's (4) CDS DSP's (19) Community Coaches (5) SEP (4) Production Manager (1) Warehouse/Janitorial (3) Director of Residential Services1 Director of Nursing (1)
Working from Home or Other Location (may include non-routine duties and amended hours / workload)	SDA's (7) Drivers (14) Quality Assurance (1) Human Resources (3) Business Office (5) Development Office (4) Executive Director (1) Residential Living Manager (1) QIDP (1) Nurse (1)	SDA's (7) Drivers(14) CILA Program Coordinator (1) Quality Assurance (1) Human Resources (3) Business Office (5) Development Office (4) Executive Director (1) QIDP (1) DSP's (4) Residential Living Manager (1) Nurse (1)	SDA's (7) Drivers(14) CILA Program Coordinator (1) Quality Assurance (1) Human Resources (3) Business Office (5) Development Office (4) Executive Director (1) Dietary (1) QIDP (1) DSP's (4) Facility Services Aide (1) Nurse (1)	SDA's (7) Drivers(14) CILA Program Coordinator (1) Quality Assurance (1) Human Resources (3) Business Office (5) Development Office (4) Executive Director (1) QIDP (1) DSP's (4) Residential Living Manager (1) Nurse (1)

Level 4 Staffing

If Park Lawn Home must enter into a Level 4 response, the following guidelines will be used to meet minimum staffing patterns:

1. Department Heads will determine who will be needed based on the chart above and work out a strategy
2. Employees will be asked to volunteer to stay in the building based on the chart above
3. Note: Compensation for staff on standby, working from home, and in the building will be determined / worked out with Park Lawn's Executive Team with the approach of keeping employees whole and rewarding those that are in the building during the response



Changes in Normal Routine Strategy

As Park Lawn Home moves through the COVID-19 response levels, the following items should be considered for possible amendment / change:

- Level 1
 - Frequent and ongoing staff in-servicing on infection control procedures
 - Ongoing staff monitoring for infection control practices
 - Implementation of enhanced infection control procedures including housekeeping and hypervigilance with staff call-ins and resident changes in condition
 - Communal dining limited, but residents may eat in the same room with social distancing
 - Limited number of people at a table, and spaced by at least 6 feet
 - Group activities in the building allowed with no more than the number of people where social distancing among residents can be maintained
 - Appropriate hand hygiene
 - Use of a cloth face covering or facemask
- Level 2
 - Reconsider large group activities in the building
 - Social distancing (at least 6 feet between individuals)
 - With no more than 10 people (residents and staff)
 - Appropriate hand hygiene
 - Universal masking by both staff and residents
 - Determine if floor separation is necessary
 - Establish a strict consistent assignment strategy as best as possible
 - Consider all life safety code related inspections and schedule immediately (may need to add an additional inspection based on timing to get back on routine schedule when return to normal)
 - Establish a list of all staff who work in another health care setting / building
 - Establish a list of all staff planning on traveling in the next few months including duration and location to determine:
 - Risk level
 - Need for self-isolation for additional 14 days
 - Continue limited communal dining
- Level 3
 - Change to paper products for meals
 - Continue limited communal dining
 - Reduce activity and social service related programming to 1-on-1 only
 - With social distancing (6 feet from one another)
 - Hand hygiene
 - Use of cloth face covering or facemask
 - Begin looking at upcoming resident appointments to determine necessity or possible rescheduling
 - Cancel and reschedule unnecessary resident labs and other diagnostic related tests
 - Close common areas to reduce need for cleaning and allow redeployment of staff to high use areas
- Level 4
 - Staffing hours will switch to 12 hour rotations
 - 7:00am-7:00pm
 - Staff would be responsible for passing noon, and evening medications



- Staff would be responsible for breakfast, lunch and dinner
 - 7:00pm-7:00am
 - Staff would be responsible for passing morning and bedtime medications
- All residents must remain in their rooms
- Change to room service for meals
- Reduce the bed changing and linen use to limit laundry and allow a focus on high infection areas
- Staff who do not want to take the risk of exposing their families to COVID-19 by returning to their homes during the care of the resident with a +COVID-19 case, will be offered alternate housing within Park Lawn
 - During staff down time, staff should remain at home or at the alternate housing provided by Park Lawn. All staff should be self-isolating to help prevent the spread of the virus.

COVID-19 Testing Plan

Park Lawn residents are at high risk for infection, serious illness, and death from COVID-19. Testing for SARS-CoV-2, the virus that causes COVID-19, in respiratory specimens can detect current infections among residents and staff in Intermediate Care Facilities for the Developmentally Disabled.

Viral testing can be used to inform additional Infection Prevention and Control (IPC) actions necessary to keep SARS-CoV-2 out of our facilities, detect COVID-19 cases quickly, and stop transmission. Testing should not supersede existing infection prevention and control interventions. Park Lawn will conduct testing according to our testing criteria, in addition to recommended IPC measures, such as:

- Restricting visitors
- Eliminating outside activities/outings
- Screening of all staff and residents
- Universal masking of all staff and residents
- Hand hygiene
- Social distancing
- Isolating symptomatic residents immediately

COVID-19 testing will be completed by:

STAR LAB INC
 9213 Parklane Ave
 Franklin Park, IL 60131
 (847)329-7500
 (847)807-4403 fax
 CLIA: 14D2025946

The COVID-19 testing used by STAR LAB INC can detect SARS-CoV2 virus polymerase chain reactions (PCR); results are generally received within 48 hours

- Antibody test should not be used to diagnose active SARS-CoV-2 infection

Specimen Collection

If it is determined that Park Lawn must conduct onsite specimen collection:



- The Director of Nursing, Health Services Supervisor, or nurse on duty will obtain the specimen
 - Onsite training for specimen collection will be completed by all nursing staff through <https://redcap.dph.illinois.gov/surveys/?s=8TYKCECTX>
 - Personal Protective Equipment (PPE) required for specimen collection
 - Follow Standard Precautions when handling clinical specimens, including hand hygiene and the use of PPE, such as:
 - Lab coats or gowns
 - Gloves
 - Surgical mask
 - Eye protection
 - Face shield
- The medical director will provide orders:
 - Dr. Ravi Badlani
2266 N Lincoln Ave
Chicago, IL 60614-3718
(773)883-3953
NPI: 1790758944
- Consents regarding guardian approval will be obtained via telephone, with 2 witnesses (1 being a nurse)
- Residents that decline to be tested:
 - Residents that refuse to be tested for COVID-19 cannot be discharged from Park Lawn, unless Park Lawn is otherwise incapable of caring for a resident with a confirmed diagnosis of COVID-19.
 - That resident would remain isolated to their room for 14 days, and would need to remain afebrile and symptom free for a consecutive 14 days
- Residents that are unable to be tested:
 - For example a resident with dementia who would have to be forcibly held down by staff, or use of restraints would violate COVID-19 regulations
 - This resident would be isolated to their room for 14 days, and would need to remain afebrile and symptom free for a consecutive 14 days
- If a staff person refuses testing, the following options may be employed at the discretion of the employer:
 - Employee may be offered another available position within the agency where testing is not currently required
 - Employee may be placed on an unpaid leave of absence, during which time the employee will seek testing at his/her own cost and provide results to Park Lawn before allowed to resume employment
 - Employee may be discharged for cause due to insubordination and refusal to follow Park Lawn requirements

Criteria for testing residents and staff

- If an outbreak situation occurs
 - Testing is most informative to the outbreak response when implemented at the onset of the outbreak, and when it includes both staff and residents
- A new case is confirmed (facility-onset) in a resident or staff
 - In an outbreak situation or if a first case is identified Park Lawn will arrange testing for residents and staff using Park Lawns testing plan and arrange for testing with STAR LAB INC.



- Facility-wide retesting of all residents is warranted for outbreak situations
- Test all residents and staff weekly until at least 14 days have passed without a new case
- Facility-wide retesting of all residents at regular intervals is not necessary if no new COVID-19 cases or symptomatic individuals have been identified
- Previously positive residents do not need to be retested unless they develop new symptoms consistent with COVID-19 per CDC
- Any resident identified to be positive for COVID-19 (symptomatic or asymptomatic) will be placed into transmission-base precautions, and isolated to their room
 - Use level 4 guidelines
- Notify local health department, Cook County Health Department (CCHD), and Illinois Department of Public Health (IDPH) if these occur:
 - Clusters of respiratory infections
 - Individuals with suspected or confirmed COVID-19
 - An outbreak situation

Outbreak definition:

One lab confirmed case of COVID-19 and at least one case of COVID-like illness (CLI).

If we have an outbreak, as defined by the definition above, we will follow the following guidelines:

- All residents should be screened by obtaining full set of vitals and pulse oximetry every 8 hours
- For those residents who have tested positive for COVID-19 or if residents have sign and symptoms of a respiratory viral infections:
 - Full set of vitals and pulse oximetry every four hours
 - Private room or cohort with another symptomatic/positive resident
 - Maintain standard, contact, and droplet precautions (including eye protection)
 - Have staff care for positive or symptomatic residents, that same staff should not care for negative or asymptomatic residents
 - Positive or symptomatic residents should be given a surgical mask and encouraged to wear at all times. These residents should be wearing a surgical mask at all times when in close contact with others.
 - Any resident identified with symptoms of fever and lower respiratory illness (cough, shortness of breath, sore throat) should be immediately placed in Contact and Droplet transmission-based precautions.
- The isolation should be implemented by the staff who discovers the symptoms with guidance from nursing and pending a physician order.
- Confirmed COVID-19 residents and those displaying respiratory symptoms should receive all services in room with the door closed (meals, personal hygiene)
 - Designate a bathroom, for those individuals to use only
 - All asymptomatic residents should use a separate bathroom
- Confirmed COVID-19 residents and those displaying respiratory symptoms should only leave their room to use the bathroom, it should be the closest one to their room.

- Testing to rule out routine pathogens may be completed via rapid influenza testing and respiratory viral panels (rhinovirus, RSV, etc.)
- Determination to send the resident to the hospital will be based on the same criteria used for other illnesses.
 - Those residents with severe illness requiring hospitalization should be transferred to the hospital with notification to EMS and the receiving hospital.

At the residential location:

- Staff should continue to check their temperature, respiratory symptoms and pulse oximetry before the start of their shift, and continue every 4 hours while at work
 - If symptoms are present that staff member should be sent home until symptoms resolved
 - May return 14 days after being symptom free for 24 hours without the use of any fever-reducing medications like tylenol
 - Staff should also continue to monitor temperature and respiratory symptoms at home
 - Staff should stay at home when sick insuring non-punitive practices during this period.
 - Staff should notify supervisor of any symptoms that they are having
 - Symptomatic staff do not require testing
 - Should isolate at home for a minimum of 14 days
 - If a staff was tested and has a negative COVID-19 test and does NOT have symptoms, they may continue to work
 - Symptom screening is done pre-shift, and every 4 hours during shift
 - Staffing will work with the minimal amount staff in the residential location
 - Whenever we have a positive case or symptomatic, those residents should use the same staff whenever possible
 - Staff have been educated on correctly performing:
 - Hand hygiene
 - Frequent handwashing should be performed
 - When arriving to the residential location
 - Before and after an activity with a resident
 - When removing gloves or PPE
 - Prior to going home
 - Donning and doffing of PPE
 - Using appropriate products for environmental cleansing/disinfection
 - And COVID-19 (e.g., symptoms, how it is transmitted)
 - Ensure adequate supplies of PPE are easily accessible staff
 - Mask should be worn when entering the building by all staff to protect the residents
 - Change mask if touched, soiled, or moist.
 - Wash hands if mask touched
 - Post signs throughout the residential locations on:

- Hand hygiene
 - Cough etiquette
- Visitors should continue to be restricted from all residential locations
- If using an agency to contract staff, that agency should be notified of risk and screen their staff to prevent transmission from facility to facility.
 - Use limited and or consistent agency staff during the COVID-19 pandemic if possible

Releasing COVID-19 Cases and Residents from Isolation and Quarantine

- **Positive COVID-19 cases:**

- ***Symptom-based strategies***

- Must be isolated for a minimum of 14 days after symptoms have resolved, or positive COVID-19 diagnosis who are asymptomatic
 - Must remain afebrile and symptom free (without fever-reducing medication) for at least 24 hours before 14 day count begins
 - *Lingering cough should not prevent a case from being released from isolation*

- ***Test-based strategy***

- Has 2 negative COVID-19 test in a row, with testing done at least 24 hours apart

- **Other residents in the facility:**

- Must be quarantined for 14 days after the last/most recent contact with the positive resident
 - If a resident in the facility develops symptoms, they should be immediately isolated
 - Use level 4 guidelines

- **Staff who display symptoms**

- Must isolate at home for a minimum of 14 days, after being afebrile and symptom free for 24 hours
 - Daily updates to manager required

- **Confirmed COVID-19 staff case**

- ***All residents at that residential location must isolate to their rooms and quarantine for 14 days***

- ***Symptom-based strategy***

- Must remain off work for a minimum of 14 days
 - Must remain afebrile and symptom free for at least 24 hours before the 14 day count can begin
 - Daily updates to your manager required

- ***Test-based strategy***

- The CDC is **NO** longer preferring test-based strategy for staff
 - This update was made based on evidence that suggests a longer duration of viral shedding
 - May be revised as additional evidence becomes available

Communication Strategy

Frequent, open and transparent communication is essential throughout the response to COVID-19. The following strategy will be used to communicate with the residents, staff, and families. The Director of Residential Services will coordinate the messaging by developing scripts for the staff to follow, this will allow for consistent messaging.

- Level 1
 - Signs posted on the doors and throughout the building noting the visitation and pre-screening requirements



- Letter to staff, residents, and families with routine updates
- Level 2 and Level 3
 - Level 1 communication strategy
 - Calls to participants parents/guardians
 - Obtain text message contact number and email addresses to allow for immediate notifications
 - Provide script to staff making calls to ensure consistent messaging
 - Direct all questions to the Director of Residential Services or Director of Nursing
 - Residential Living Manager and FSA to meet with participants to detail situation and provide updates
 - QIDP and Residential Living Manager will assist and encourage the use of Skype, Facetime, or other means of digital communication
 - Frequent communication with staff, parents/guardians
 - Routine communication with local Health Department
- Level 4
 - Level 1, 2, and 3 communication strategies
 - Staff outside the building to set up an off-site communication link between the facility and outside location at Park Lawn's vocational services at 5040 W 111th St. to assist in fielding calls and responding to requests for information (The Executive Director, Director of Development, or the Director of Day Services are the only individuals to speak with the press / media)
 - Staff outside the building will make all calls to parents/guardians and staff on standby using the developed script to ensure consistent messaging
 - Routine communication with all authorities including health department, CDC, IDPH, etc.

Deliveries

Based on the potential for a live virus to live on the exterior of cardboard boxes for in undetermined amount of time, the following guidelines will be followed for ALL deliveries throughout the response.

1. All deliveries will be restricted to the garage, regardless of the size and type
2. Deliveries will be left outside the building and staff will come and take the delivery.
3. Small packages will be wiped down with disinfecting wipes prior to being brought into the building, this includes boxes, large envelopes, etc. (gloves will be worn at all times until the package has been properly disinfected)
4. Large deliveries will be handled as follows using two or more staff:
 - a. Gloves will be worn at all times
 - b. Unpack the boxes outside and bring in the individual packages with one person opening the exterior box and one person taking out the contents of the box avoiding touching the sides
 - c. Dietary related items should be properly labeled once taken out of the box so they can be immediately placed in the appropriate storage location
 - d. For items that cannot be taken out of their box, the box will be wiped down with disinfecting wipes

Staff Prescreening Process and Precautionary Requirements

1. All access to the building will be restricted to the entrance at the back of the home off the parking lot only
2. A desk will be set up for screening in the vestibule which includes temperatures, respiratory symptoms, and pulse oximetry
3. Any staff member who does not pass the screening form and or has a temperature will be asked to go home and will not be allowed access to the building for any reason until they can pass the screen and have been fever free for 24-hours without the use of a fever reducing medication, and symptom free for at least 10 days



- a. Any staff member who has had respiratory symptoms, must be cough free for at least 10 days before returning to work
4. The screening process will remain in place for the duration of response
5. Any staff requesting PTO during this response must inform Park Lawn if they plan on traveling outside of the state
 - a. For any staff traveling to known “hot spots” they must self-isolate/quarantine for 14 days upon returning from their trip
 - i. Must report daily to the Director of Nursing or the Director of Residential Services with health status, any symptoms, etc.
 - ii. This is not paid time off, they are to quarantine due to their own personal travel, they may use PTO if available
6. For any staff who is exposed to COVID-19 outside of Park Lawn facilities, they must self-quarantine at home for 14 days, starting from the last day of exposure
 - a. Must report daily to the Director of Nursing or Director of Residential Services with health status, any symptoms, etc.
 - b. This is not paid time off, they are to self-quarantine due to exposure outside of Park Lawn, they may use PTO if available

Building Preparation / Additional Items for Consideration

- Supplies already in place at this time / in delivery queue
 - 1-month supply of isolation supplies that are required to properly care for the residents at Park Lawn Home
 - Gowns - 72
 - Gloves - 1150
 - Facemasks - 537
 - Face shields - 50
 - Hair covers - 60
 - Shoe covers - 120
 - 2-month participant incontinent supplies
 - 30-day supply of paper goods for serving
 - 30-day supply of toilet paper, paper towels, and facial tissue
 - 30-day supply of food based on 15 residents and 6 staff living in the building
 - Purchase scrubs in various sizes to be maintained on hand (supply will vary based on size)
- Monitor infection control efforts to ensure that:
 - Gait belts are being washed often
 - Equipment is being properly cleaned especially, wheelchairs, lifts (including batteries and chargers), and diagnostic equipment
 - Clothing protectors are being properly cleaned
 - Bedspreads are being cleaned more frequently
- Keep notes on all efforts made throughout the response
- Keep track of all costs related to the response including staff time if possible



Park Lawn Response Plan Timeline

- Drafted 3-13-2020
- Updated 3-29-2020
- Updated 4-2-2020
- Updated 6-4-2020
- Updated 6-22-2020
- Updated 7-16-2020
- Updated 7-22-2020

Park Lawn Response Level Timeline

- Level 1 Response initiated 3-2-2020
- Level 2 Response initiated 3-6-2020
- Level 2.5 Response initiated 3-13-2020
- Level 4 Response initiated 4-2-2020
- Level 3.5 Response initiated 5-8-2020
- Level 2.5 Response initiated 5-17-2020