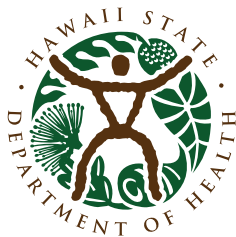


HAWAII' I D E P A R T M E N T O F H E A L T H

**Adult Residential Care Homes &
Community Care Foster Care Homes
COVID-19 Guidelines & Protocols**



State of Hawai'i • January 2021

Aloha!

The Hawai'i ARCH/CCFFH Protocols Workgroup is pleased to provide you with this set of Adult Residential Care Home (ARCH) and Community Care Foster Family Home (CCFFH) COVID-19 Protocols that can be used as reference for the care home operator/caregiver and staff. These documents (the "Protocols") are designed to provide general information only with basic education and information resources to prevent getting and spreading the SARS-CoV-2 virus that causes COVID-19 disease, and step-by-step operational guidelines in response to the disease.

These documents do not replace and are not intended to be a substitute for the laws and regulations governing the licensure and operation of licensed/certified Community Care Foster Family Homes (CCFFH) and Adult Residential Care Homes (ARCH) including the expanded ARCHs in Hawai'i. The Protocols are intended for educational and informational purposes only.

These protocols follow the guidelines and best practices put forth by the Hawai'i Department of Health (HDOH) and the Centers for Disease Control and Prevention (CDC) and were adapted for Hawai'i's community-based care homes. The development of these protocols was done by a community workgroup of state experts, healthcare professionals, and community stakeholders who volunteered their time to address the rapidly increasing threat of COVID-19 to our islands' care home residents and caregivers/staff. We are grateful for the many hours of work by this group and for the expertise, insight, and wisdom of its members.

As new COVID-related materials become available, please visit the CDC (<http://www.cdc.gov/coronavirus/2019-nCoV/index.html>) and/or the Hawai'i Department of Health (<https://health.hawaii.gov/coronavirusdisease2019>) websites to obtain any updated information and additional educational resources.

COVID-19 has affected all of us in multiple and intense ways. Facing the evolving and steep challenges of COVID-19 will continue to require further work, and cooperative and effective partnerships across all sectors of our State.

On behalf of the members of the Protocols Workgroup, I extend our genuine gratitude to the dedicated community-based care home operators, caregivers, and staff members for their hard work and firm commitment in caring for Hawai'i's kūpuna.

With Warmest Regards,



Audrey Suga-Nakagawa, MPH

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Quick Reference

- Acronyms
- COVID-19 Educational Resources
- Long Term Care and COVID-19 Infection Prevention & Control Checklist
- PPE Resources for Hawai'i

Advance Directives in Care Homes

I. PURPOSE

COVID-19 is a threat to our society with the frail and elderly population among those at high risk. Advance care planning tools such as Providers Orders for Life Sustaining Treatment (POLST) and Advance Directives provide an effective process and tools for the Care Home residents to have their treatment preferences known and documented.

There are two important documents that all Care Home caregivers/operators should understand and use to help communicate their residents' wishes to the first responders and health care professionals.

It is important to know the purpose and differences of these document so the care home caregiver/operator can review them with their residents.

II. PROTOCOL

The resident's advance directives and POLST should be reviewed upon admission and discussed with resident and family (if resident approves to include) to ensure their wishes are known. The two documents are described below in Section III. Procedures.

III. PROCEDURE

A. Advance Directives

1. Care Home caregiver/operator should ask if the resident has a completed Advance Health Care Directive (AHCD) upon admission.

An AHCD is a legal document that appoints the individual's Health Care Power of Attorney also known as a Health Care Agent and provides wishes for care at the end-of-life, or when the individual is unable to speak for themselves.

Anyone can complete their own Advance Directive and the free materials and instructions are on the Kokua Mau website. You need either 2 witnesses or a notary to make it legal, but you do not need an attorney.

2. If an AHCD has been completed, it should be notated in the resident's chart (including the person named as the agent) and readily available in case of a health emergency.

Advance Directive – <https://kokuamau.org/advance-directives/> , HRS §327E-3

3. Upon receipt of the Advance Directive, Care Home caregiver/operator should review with the resident and/or loved ones to confirm the information in the documents are up to date.

B. Providers Orders for Life Sustaining Treatment (POLST)

1. Care Home caregiver/operator should ask upon admission if the resident has a completed Provider's Orders for Life Sustaining Treatment (POLST) completed with and signed by either a physician or an APRN and the resident or their representative. It is advisable to have an extra copy of the POLST in the resident's record.

The POLST is a portable medical order that documents the residents care plan and is a standing medical order that is followed outside of a medical facility. This form is well known by healthcare professionals, including first responders and ambulance personnel.

POLST is completed with a physician or in a healthcare setting so the resident should make an appointment to have it completed. The resident will need to sign the POLST or their agent if the person no longer has capacity to make their own decisions.

2. If the resident has a POLST and the Emergency Medical Services (EMS) is contacted, the care home caregiver/operator must give them the POLST form, which is usually printed on bright green paper. The ARCH/CCFFH should also inform EMS on the phone that the patient has a POLST form.
3. The POLST is voluntary and cannot be mandated by the Care Home operator. However, it is mandatory that the Care Home honors the directions provided by the POLST form. POLST - <https://kokuamau.org/polst/>

IV. REFERENCES

Kokua Mau - <https://kokuamau.org/>

Advance Directive and POLST: <https://kokuamau.org/everyone-needs-an-advance-directive-not-everyone-needs-a-polst/>

Advance Directive – <https://kokuamau.org/advance-directives/>

POLST - <https://kokuamau.org/polst/>

Disinfecting and Sanitizing Personal Vehicle After Transporting Person with COVID-19

I. PURPOSE

To establish procedures to properly sanitize and disinfect the care home's personal vehicle when transporting a resident or household member who is suspected or confirmed to be COVID-19 positive for essential but non-emergent travel (e. g. dialysis, doctor's visit).

II. PROTOCOL

When a resident or household person is suspected or confirmed to be COVID-19 positive, the care home will properly sanitize and disinfect the personal vehicle used to transport the person with COVID-19 for non-emergent, but essential, transport to the doctor's office, dialysis treatments, and other essential appointments and activities.

(Information was adapted from CDC guidelines for Disinfecting Transportation Vehicles.)

III. PROCEDURE

A. Clean & Disinfect Your Transportation Vehicle After A Suspected/Confirmed with COVID-19 Passenger Has Been Transported

- Clean and disinfect before and after each shift and between transports.
- Ensure that cleaning and disinfection procedures are followed consistently and correctly.
- Wear disposable PPE (including disposable gloves, masks, and gown).
- Ensure good ventilation (open all doors).
- Use appropriate products for cleaning and disinfecting.
- Follow same routine cleaning and disinfecting protocol for hard surfaces and soft surfaces.
- Vacuum cleaning is not required to prevent COVID-19 transmission. When routine vacuum cleaning is needed, use a vacuum cleaner with a HEPA filter, if possible.
- Upon completion--remove & dispose PPE and wash hands immediately.
- Always wash hands with soap & water for 20 seconds.
- **For hard non-porous surfaces** within the interior of the vehicle such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application. For disinfection of hard, non-porous surfaces, appropriate disinfectants include:
 - » EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, this is the virus that causes COVID-19. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.

- » Diluted household bleach solutions prepared according to the manufacturer’s label for disinfection, if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- » Alcohol solutions with at least 70% alcohol.
- **For soft or porous surfaces** such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, use products that are EPA-approved for use against the virus that causes COVID-19 external icon and that are suitable for porous surfaces.
- For frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, remove visible dirt, then disinfect following the manufacturer’s instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect.

B Recommended Cleaning and Disinfectant Products

- Refer to EPA list N for approved disinfectants against SARS-CoV-2. EPA List N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19/>
- Use products with Safer Choice, Green Seal or Ecologo labels that are safer to use.
- Avoid quaternary ammonium compounds if possible, these ingredients can cause asthma.
- Let disinfectants stay glistening wet on the surface or air dry for the right dwell or contact time on the product label instructions. Otherwise, resistant germs will remain and grow, which can lead to “superbug”.

These are products not recommended for use by the U.S. Environmental Protection Agency (EPA)

- » Hypochlorous acid
- » Quaternary ammonium

IV. REFERENCES

Hawai’i Department of Health, Pandemic Frequently Asked Questions
https://health.hawaii.gov/docd/files/2020/01/2019_nCoV_FAQ.pdf

CDC:
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

Disinfecting and Sanitizing the ARCH/CCFFH When a Resident or Household Member is COVID-19 Positive

I. PURPOSE

- A. To establish procedures to properly sanitize and disinfect the care home residence when a resident or household member is COVID-19 positive.
- B. To define:
 - 1. Cleaning
 - 2. Sanitizing
 - 3. Disinfecting
 - 4. Dwell time/Contact time.
- C. To outline recommended Environmental Protection Agency (EPA) products on the EPA List N of registered disinfectants for COVID-19 to be used to disinfect the home. Link: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-COVID-19>.

II. DEFINITIONS

- A. Cleaning – removing dirt or germs from surfaces.
- B. Sanitizing – reducing germs on surfaces.
- C. Disinfecting – killing germs which cause infection by following the label directions for the product.
- D. Dwell time/Contact time – the time period that a disinfectant needs to stay on a surface in order to kill germs effectively.

III. PROTOCOL

- A. The care home will properly sanitize and disinfect the residence to kill the germs and minimize the potential to spread any infection.**
- B. Important:** Clean surfaces and areas before disinfecting. Disinfectants are ineffective on dirty surfaces. Follow the label directions for dwell or contact time and for use of personal protective equipment to ensure you are protected when using the products.
 - 1. Wear disposable gloves.**
 - 2. Ensure adequate ventilation:**
 - **Open outside doors and windows.,**
 - **Use ventilating fans to increase air circulation in the area.**

IV. PROCEDURE

A. Clean & Disinfect Your Home Daily (Even with no COVID-19 Cases)

1. Hard Surfaces

- Clean and disinfect frequently touched surfaces (tables, doorknobs, light switches, handles, countertops, desks, phones, keyboards, toilets, faucets, sinks, etc.) with soap and water.
- Disinfect surfaces with Bleach solution (5 tablespoons (1/3rd cup) bleach per gallon of water) Keep surface wet for 10 minutes prior to wiping or follow manufacturer’s direction for other disinfectants.

2. Soft Surfaces

- Remove visible contamination from surfaces such as carpet, rugs, drapes, etc.
- Clean with appropriate cleaner (for that specific item).
- Launder items if possible (with warmest appropriate water) then dry completely.

OR

- Disinfect soft surfaces with EPA-registered household disinfectants for use against COVID-19. FOR ELECTRONICS (tablets, touch screens, keyboards, remote controls): Put wipeable cover and/or use Disinfectant Wipes, 70% Alcohol Based Wipes or Sprays then DRY THOROUGHLY.

3. Laundry (Wear disposable gloves when handling a sick person’s laundry)

- Remove visible contamination from clothing, towels, linens and any other items—DO NOT SHAKE DIRTY LAUNDRY.
- Clean & Disinfect clothes hampers accordingly (you may want to use a disposable or reusable (one that can be laundered) bag liner).
- Launder items with the warmest appropriate water setting, then dry completely (You may launder a sick person’s laundry with other people’s items).
- Upon completion...remove gloves and wash hands immediately.

4. Dishes

- Continue to sanitize the dishes in accordance to DOH licensing regulations for ARCHS and Developmental Disabilities Domiciliary Home.

B. Cleaning & Disinfecting Your Home After A Sick (COVID-19) Person Has Been Released from Isolation or Discharged

- Close off all areas that were used by the sick person.
- Caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- If the area the sick person occupied has been vacant for 7 days or longer, only routine cleaning and disinfecting is necessary.

If room had not been vacant for 7 days or longer, follow this protocol

- Wear disposable PPE and have good ventilation (open outside windows & doors).
- Follow same routine cleaning and disinfecting protocol (e.g. dirty to clean, top to bottom) for hard surfaces, soft surfaces and laundry.

- You may launder a sick person’s laundry with other people’s items.
- Vacuum (if possible use a vacuum with a HEPA filter) only when a room is empty.
- Upon completion--remove & dispose PPE and wash hand immediately.
- Always wash hands with soap & water for 20 seconds after contacting a sick person.

C. Recommended Cleaning and Disinfectant Products

- Use products with Safer Choice, Green Seal or Ecologo labels which are safer to use and listed on the EPA List N.
- Avoid quaternary ammonium compounds if possible, since these ingredients can cause asthma.
- Let disinfectants stay glistening wet on the surface or air dry for the right dwell or contact time on the product label instructions. Otherwise, resistant germs will remain and grow, which can lead to “superbug”.

These are **unsafe ingredients in cleaning products** listed by the U.S. Environmental Protection Agency (EPA), and should be avoided.

- Hypochlorous acid.
- Quaternary ammonium.

D. Professional Cleaning and Disinfectant Commercial Vendors

If the care home wants extra professional cleaning and disinfecting, it can hire outside companies to disinfect the residence at their own discretion and expense. When searching for a company, inquire if they disinfect residence for coronavirus. Not all companies do.

(Disclaimer: The Hawai’i State Department of Health or State of Hawai’i does not endorse any companies or responsible for their performance. This is one company that provides residential cleaning services. It is not an exclusive list and there may be more on the market)

Company Name	Phone Number	Island/County	Comments
Hawai’i Unified Industries	808-695-8004	Oahu	Disinfect COVID-19

V. REFERENCES

Hawai’i Department of Health, Pandemic Frequently Asked Questions

https://health.hawaii.gov/docd/files/2020/01/2019_nCoV_FAQ.pdf

CDC.GOV/Coronavirus/2019

Cleaning and Disinfecting Your Facility, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Communications: Notifying Residents and Families of a COVID-19 Case in the Home

I. PURPOSE

- A. To establish procedures for notifying all residents and families of a positive COVID-19 case in the home without disclosing the personal health information of the infected individual.
- B. Provide transparency and reassurance to all residents and families that proper infection control and safety measures are being taken to ensure the safety of all others.

II. PROTOCOL

- A. The ARCH/CCFFH will notify residents and their families, and staff of any identified case(s) among residents or staff in the residence within 24 hours of becoming aware of a confirmed test result.
- B. No personal health information, personal identification, or health status of the COVID-19 person will be revealed to other residents or family members, unless this is unavoidable in order to identify and notify close contacts. If in doubt as to what information must be disclosed for purposes of contact tracing, consult with the Department of Health.
- C. The ARCH/CCFFH will describe to residents and their families the infection mitigation measures that were immediately enacted, e.g. the person is in isolation, all common areas were clean and disinfected, full PPE are in use, etc.
- D. In addition, all residents and household members will be tested and quarantined for the number of days as required by the Department of Health.
- E. Families and visitors will not be allowed any in-person visitation during the quarantine period. Virtual visitations can be arranged with the ARCH/CCFFH operator/caregiver. (e.g. phone, ipad or window visitation)
- F. In-person visitation exceptions will be made for hospice and compassionate care/ end of life situations.
- G. Because infections can spread between the resident and visitors, the in-door procedures will only apply to visitors visiting hospice and end-of-life residents. However, only 1 visitor at a time, can visit with the resident. Other family members will be required to stay outdoors until their turn is next. All visitations are by appointment only.
- H. In addition, essential workers are allowed into the residence to perform essential services and tasks. These workers are identified in the Visitation protocol.

III. PROCEDURE

- A. All residents and their families will be notified of a confirmed person with COVID-19 person in the residence. Neither the name nor the condition of the person will be disclosed.
- B. Families should be contacted by phone. If a family cannot be contacted by phone within 24 hours, the family will be notified by mail. (See Attachment A for Sample Notification Letter to Family) Refrain from notifying families by email to ensure confidentiality and privacy.
- C. Encourage families to remain in virtual contact with their loved ones during the quarantine period.
- D. Notify families when quarantine is complete.
- E. The ARCH/CCFFH will inform all essential workers of the COVID-19 case in the event they were in contact with the infected person. It is highly recommended that these workers follow up with their physician for COVID-19 testing and follow self quarantine protocol if they were exposed to the person with COVID-19.

IV. REFERENCES

CDC, When to Quarantine,
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.

Attachment A: Sample Notification Letter to Family of COVID-19 Case

Family Notification Letter of COVID-19 Case

Date:

Dear:

Our facility has received confirmation that one of our residents (*change if person is caregiver, household member*) has tested positive for COVID-19. This individual was tested for COVID-19 on (*insert date*) and has been in isolation since exhibiting symptoms on (*insert date*).

We have implemented our emergency response plan and are working closely with the State of Hawai'i Department of Health (DOH) to help ensure the safety of all who live and work within (name of ARCH/CCFFH). If your family member is identified as a close contact, they will need to be placed on 14- day quarantine from last date of exposure. We will notify you if your family member is identified as a close contact including their dates of quarantine.

We continue to follow guidance from the DOH and the Centers for Disease Control and Prevention (CDC) to inform our response efforts. Our precautions include:

- Frequent screening of residents, CCFFH/ARCH household members and staff/caregivers
- Testing of all residents and care home caregiver/staff and household members
- Restrictions on in-person visitation (exceptions for hospice and compassionate care situations, and essential workers) during the quarantine period
- Monitoring of residents for any signs or symptoms consistent with COVID-19
- Use of PPE/source control/infection control protocols
- Whatever else is deemed appropriate

We know that you may have questions and we encourage you to contact us at (XXX) XXX-XXXX. We will continue to provide you with updates as they become available.

Sincerely,

COVID-19 Case in ARCH/CCFFH: Infection Control Mitigation Measures

I. PURPOSE

To establish infection control measures in the home if a resident or care home operator/caregiver is under investigation for COVID-19 or has been tested and confirmed as a positive case.

II. PROTOCOL

- A. If the care home operator/caregiver is diagnosed or suspected with COVID-19, all residents, also caregivers and other household members should be tested for COVID-19, and full COVID-19 recommended PPE (medical mask, face shield/goggles, gowns and gloves) should be utilized by caregiver and back up staff for at least 14 days after testing or suspected exposure. All residents should wear cloth mask if tolerated when in close contact with others.**
 - 1. An ARCH/CCFFH operator/caregiver who is COVID-19 positive is to be confined to room isolation/quarantined and is prohibited from providing any care or contact with non-COVID-19 residents.
 - 2. The operator/caregiver with COVID-19 is not allowed to care for non-COVID-19 residents. The care home must implement back up staffing coverage for non-COVID-19 residents' care.
 - 3. If the infected operator/caregiver is asymptomatic and able to perform routine duties, she/he can care only for a resident with COVID-19. The infected operator/caregiver must continue to wear full PPE attire, including eye protective gear or face shield, medical mask or N95, long sleeve gown, and gloves.
 - 4. The operator/caregiver with COVID-19 is not allowed to prepare meals for any resident, staff member, or household member.
- B. If the resident is suspected or confirmed with COVID-19, the resident should be isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of COVID-19 testing.**
- C. If at all possible, exposed roommate(s) should not be roomed with residents who were not directly exposed, until they have completed 14 days of quarantine from their last exposure to a confirmed case.**
- D. See PPE Protocols for proper protection attire when caring for a COVID-19 resident.**

III. PROCEDURE

Cohorting (Grouping) COVID-19 Positive Residents – Recovery in Place

- A. If a resident is confirmed to have COVID-19, regardless of the presence or absence of symptoms, the preferred option is to isolate the resident in a single room.

An ARCH/CCFFH might need to be resourceful in providing the necessary distancing if a private room is unavailable, e. g. move the exposed roommate into another enclosed space if available or separate area of the house temporarily. Meanwhile, keep the resident with COVID-19 in the original bedroom.

- B. Roommates of residents with COVID-19 should be considered exposed and potentially infected. If possible, the roommates should not share rooms with other residents unless 14 days or more have passed after their last contact with the positive case, and they have not developed symptoms or tested positive for COVID-19.
- C. Two positive confirmed residents may share same room once confirmed and only if space is limited. Except for gloves, the same PPE can be used for these residents. Gloves always must be changed between residents.
- D. An exposed, but negative, resident can share a room with another exposed and negative resident (both residents must be confirmed negative), if space is not available for them to remain in a separate, single room. PPE should be changed between residents until clearance with 14 days quarantine.
 - 1. Keeping residents in the same room based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who have a fever due to a cold or flu, will be at risk if moved to a COVID-19 room). **Regardless of similar symptoms like a fever or cough, do not place unconfirmed residents in the same room.**
- E. Consider increasing monitoring of asymptomatic residents to 3 times a day to more rapidly detect any residents with new symptoms.
- F. Counsel all residents to restrict themselves to their room to the extent possible.
- G. Promptly (within 24 hours) notify by phone the infected resident’s immediate family or designated contact person about the identification of COVID-19 in the residence. If the care home is unable to contact a family by phone, send a written letter within 48 hours.
 - 1. Other residents and their families must be notified about the presence of COVID-19 in the residence without revealing the COVID-19 positive individual’s identification and health condition. Personal health information must remain confidential in compliance with Health Information Portability and Accountability Act (HIPAA).
- H. Communicate and reassure residents and families of the infection control protocols that are being followed to protect all residents, staff, and household members.

- I. Families are not allowed to physically visit the COVID-19 resident except through virtual communications if recovering at home. Exceptions can be allowed for hospice and compassionate care situations. If an exception is granted, visitation should be with one family member at a time in full PPE.
- J. Maintain ongoing, frequent communication with residents, families, and the physicians with updates on the situation and the care home’s actions.
- K. Care home operators/caregivers should consider temporarily halting admissions to the residence until the extent of transmission can be clarified and interventions can be implemented. Per Hawai’i Administrative Rules, admissions are at the discretion of the licensee. The care home license will not be revoked if new residents are not admitted during a pandemic.¹
- L. A separate room should be available, if possible, for 14 days of monitoring of new admissions or re-admissions if the operator/caregiver decides to admit residents.
- M. All caregivers and all staff should use recommended COVID-19 PPE for the care of all residents in the residence, including both symptomatic and asymptomatic residents.
- N. The incubation period for COVID-19 can be up to 14 days. Despite a care home’s best efforts to mitigate transmission of infection, a new COVID-19 case might arise up to 14 days after beginning mitigation interventions.

Care of Positive COVID-19 Resident

- A. Consult and follow the resident’s primary physician’s order for patient care and treatment. The physician might order durable medical equipment for the home, such as portable oxygen, a hospital bed, and other equipment if deemed medically necessary. Inquire with the resident’s health plan for additional in-home support services for COVID-19 or palliative care.
- B. Increase monitoring of an ill resident, including assessing symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infections. Consult the resident’s physician immediately or call 911 if the resident’s condition deteriorates.
- C. Consider increasing monitoring of asymptomatic, but positive, residents from daily to every shift to more rapidly detect any residents with new symptoms. Consult the resident’s physician if any new symptoms are discovered or any symptoms increase in severity.
- D. Recommended PPE should be used for the care of all COVID-19 residents with or without symptoms until there are no additional cases for 14 days after implementation of all recommended interventions. If PPE supply is low, consider alternative strategies (e.g. limited reuse).
- E. Document the resident’s condition, including any and all changes in health status and daily assessments.

- F. Other protocols.
 - 1. **Care of Positive COVID-19 Resident – Transfer to Acute or Quarantine Facility**
See Transfer Protocol.
 - 2. **Communication to Family of Positive COVID-19 Case**
See Family Notification Protocol.
 - 3. **Cleaning and Disinfecting Care Home**
See Cleaning and Disinfecting Protocol.
 - 4. **Additional protocols.**
See references below.

IV. REFERENCES

Hawai'i Department of Health, Long Term Care and COVID-19:
What to Expect if There is a Case in Your Facility

Responding to Coronavirus (COVID-19) in Nursing Homes
Considerations for the Public Health Response to COVID-19-19 in Nursing Homes
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

¹ Hawai'i Department of Health, Pandemic: Frequently Asked Questions

COVID-19 Case in an ARCH or CCFFH: Notifying the Hawai'i Department of Health

I. PURPOSE

Establishes the procedures for notifying the Hawai'i Department of Health (HDOH) as soon as a suspected or confirmed diagnosis of COVID-19 is established in a resident, staff member, operator caregiver, or household member in an ARCH or CCFFH.

II. PROTOCOL

- A. The care home operator/caregiver will notify the HDOH of a suspected or confirmed COVID-19 case of a resident or staff member, caregiver, or household member in an ARCH/CCFFH.
- B. HDOH contact numbers for reporting are listed below in Procedure item III. A. 2.
- C. The care home operator/caregiver will gather and provide vital background information for the HDOH for contact tracing purposes and for further investigation.

III. PROCEDURE

A. Notification of a Suspected or Confirmed COVID-19 Case

1. Notification to HDOH: The ARCH/CCFFH will report the case by telephone to a live HDOH employee (not by recording via voicemail) as soon as a provisional (suspected) or confirmed diagnosis of COVID-19 in a resident, staff member/ caregiver, or household member (regardless of age and including minors) at a care home is established.
2. Hawai'i Department of Health COVID-19 Reporting Hotlines
 - **Oahu (Disease Reporting Line):** (808) 586-4586
 - **Maui District Health Office:** (808) 984-8213
 - **Kauai District Health Office:** (808) 241-3563
 - **Hawai'i District Health Office:** (808) 933-0912
 - **After Hours (Physician's Exchange):** (808) 600-3625
or call Toll Free 1-800-360-2575
3. The ARCH/CCFFH will notify the resident's physician immediately.
4. The ARCH/CCFFH also will notify the HDOH Office of Health Care Assurance (OHCA) immediately. CCFFH must notify the resident's case manager if assigned.

B. In-Home Testing

Upon notification to the HDOH, HDOH staff are able to assist in coordinating swab teams to conduct in-home testing, if the home does not otherwise have the capacity to complete the testing.

In the event that a swab team cannot be sent immediately to the ARCH/CCFFH, the provider/caregiver may take the resident to one of the testing sites directly as a last resort. Contact the resident’s physician to inform the physician to which testing site the resident will be taken in order that the physician can provide to the test site a physician’s order in advance.

SWAB TEAM options for ARCH/CCFFH			
DOH SWAB TEAM	Hospital or Health system SWAB TEAM	Other SWAB TEAM	Agencies/Home Visit Program SWAB TEAM
LAST RESORT: Care Home Provider transports resident to a testing site			

See Attachment A and B for Swab Teams and Testing Sites information

B.1. Last Resort If No Swab Team Is Sent to the ARCH/CCFFH

- a. The provider/caregiver will transport the resident to the testing site for a COVID-19 test or will contact professional transport that agrees to transport a COVID-19 patient. The driver must be informed in advance of patient’s condition and must have appropriate PPE.
- b. Refrain from using Handi-Van or Handi-Cabs services unless Handi-Van/Handi-Cabs approves and the driver has appropriate PPE.
- c. American Medical Response (AMR) is contracted with the State, but AMR must comply with HDOH guidance.
- d. If the resident is unstable, immediately call 911 for an ambulance for emergency attention and to transport the resident to an Emergency Room. Inform Emergency Medical Services (EMS) of the need to use contact and droplet precaution.

C. Gather Information

- 1. The assigned HDOH investigator will interview the case to obtain information listed below. The care home operator/caregiver will assist by reviewing records and providing detailed information that the care operator/caregiver might have regarding schedules, other contacts, and work duties.
- 2. ARCHs and CCFFHs are strongly recommended to have a visitor’s log book that guests and essential workers (e. g. plumbers, contractors) sign in with date, time, and phone number for contact tracing purposes if needed.

COVID-19 case in a resident:

Resident information:

1. Identify the living spaces that the resident uses in the ARCH/CCFFH.
2. Identify any roommates. Determine whether the resident was transferred from other health care facilities (e. g. hospital, emergency room) within the last 14 days and with particular attention to the 2 days prior to symptom onset.
4. Does the resident share a bathroom with anyone, including any “Jack-and-Jill” style bathroom?
5. Did the resident depart and return to the care home for any reason (e. g. dialysis, physician’s appointment)?

COVID-19 case is a care home operator/caregiver or employee

Care Home Operator/Employee information:

1. Where else does the operator/employee work? Do they “float” with other agencies or workplace?
2. What is their role?
3. Who else works with the person, including shared spaces (e. g. office, workroom, breakroom, or meals)?
4. Did care home operator/employee comply with:
 - a. universal source control (well-fitting facemasks)?
 - b. physical distancing measures during work activities?
5. Does the care home operator/employee work in other healthcare facilities or non-healthcare related jobs?
6. Does the care home operator/employee carpool and/or socially interact with coworkers and/or household members?

Schedules

Determine whether the care home operator/employee had “huddles” or group meetings, where the care home operator/employee might have had close interactions with others in the 14 days prior to the onset of symptoms.

Close contacts

1. Identify all individuals who had close contact with the care home operator/employee with COVID-19 from 2 days prior to symptom onset up to the point the care home operator/employee is isolated.
2. Does the care home operator/employee have any direct contact with a resident?

COVID-19 case in a household member

Household Member Information

1. Who is the household member and what do they do (e. g. for work, school, volunteer activities, social groups, or sports activities or events)? Is the household member a student? Does the household member work outside the home? Identify the workplace. Identify the extracurricular activities and their locations.
2. Who else was in contact with the household member, including other household members and residents?
3. Identify all shared spaces at home and outside the home, e. g. work sites, schools, gyms, social gatherings, etc.

4. Did the household member adhere to:
 - a. universal source control (well-fitting facemasks)?
 - b. physical distancing measures during activities?
5. Does the household member work in other healthcare facilities or non-healthcare related jobs?
6. Does household member carpool/socially interact with coworkers and/or friends?

Exposure Interaction Timelines

1. Determine whether the household member had close interactions in the 14 days prior to the onset of symptoms.

Close contacts

1. Identify all individuals who had close contact with the household member with COVID-19 from 2 days prior to the onset of symptoms until the household member with COVID-19 is isolated.¹
2. Does the household member have any direct contact with residents, including, but not limited to, assistance with feeding, transferring, or grooming?

General Information to Collect for Cases Involving the Care Home Operator/ Caregiver, Care Home Employees, and Household Members

Household Members and Residents

Date of Onset of Symptoms

1. Work with HDOH to determine illness onset date of the case. The infectious period for the case is considered to be from 2 days prior to the onset of the first symptom onset until clearance from isolation.^{1, 2}
2. Review the prior two weeks of staffing to determine whether any other employees have been on sick leave starting from 14 days prior to the onset of symptoms of the case. Identify those who might have had close contact with the suspected/ confirmed COVID-19 case or worked in the same area as the suspected/confirmed COVID-19 case.

Patient from Hospital transfers

1. Review records of all residents transferred to hospitals starting from 14 days prior to the onset of symptoms for the case.
2. Note any unexplained fever or any new onset of respiratory symptoms.
3. To confirm diagnoses, medical records can be requested from the hospital.

¹ Clearance healthcare personnel from isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

² Clearance of residents from isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Documentation (confirm with OHCA)

The care home operator will document suspicious and/or confirmed cases in a standard incident report and file the report in the resident’s record in compliance with State and Federal licensure and certification regulations. Notify HDOH OHCA of any positive case in the care home.

IV. REFERENCES

Hawai’i Department of Health, “Long Term Care and COVID-19: What to expect if there is a Case in Your Facility”, Revised on 6/25/2020.

Swab Team Resources

The following are Swab team resources available to ARCH/CCFFH for testing in response to a suspected case. This list does not represent an endorsement of particular business entities, and is not exclusive. HDOH can assist with coordination of swab team resources, or care home providers can contact health system and other community swab team resources directly.

HDOH Swab Team – Own in-house team

Hospitals or Health Systems

Queen's COVID-19 Infoline

- Open to the public and Queen's/QCIPN providers
- Phone: 691-2619

Hawai'i Pacific Health Virtual Clinic

- Open to the public and HPH/HHP providers
- Phone: 462-5430 (press Option 2)

Kaiser Permanente

- Kaiser homebound patients only
- Phone: 432-7700 (24/7)

Home Visit Program or Home Care Agencies

(*** Mostly limited to their own clients if residing in ARCH or CCFFH)

Queen's Geriatrics Home-based Primary Care Program

- Dr. Sarah Racsa- limited to their patient panel

CareResource Hawaii (main number:808-599-4999)

- Oahu: Corrine Suzuka, csuzuka@queens.org- pending Aug
- Maui: Sandy Quipotla, saquipotla@queens.org- pending
- Molokai: Noela Apuna, lapuna@queens.org- pending later
- Hilo/Kona: Johnalyn Nosaka, jnosaka@queens.org- pending later

Adventist Home Health Care Services

- Main number: (808) 263-5077

Bayada (Main number: (888) 790-3025)

- Oahu: Gary Wong gwong@bayada.com 808-591-6068
- Maui: Gabriel Givnish ggivnish@bayada.com 808-667-5440
- Hilo: Cheryl Shepard cshephard@bayada.com 808-933-1702

Ohana Home Health

- Kauai: Paula, paula@ohanahomehealth.com 808-332-5005

Other Swab Team

Scott Miscovich/ Premier Medical Group

- Testing of nursing home staff
- Testing of homebound hospice patients
- Testing of CCFFH/ARCH if >5 in household

Email: ssmhawaii@aol.com

Phone: 808-722-0949

Kauai

Dr. Janet Berreman, Kauai District Health Officer, (808) 320-0016

Lisa Gelling, Epidemiology Specialist, (808) 353-1277

Lauren Guest, Public Health Emergency Preparedness Planner, (808) 645-0407

Other Islands

Contact local Health District Office for further instructions

Statewide Testing Sites (See Attachment B)

The testing sites list is continuously updated and posted on HAH website: hah.org
click on COVID-19 Testing Sites

Screening sites are for patients who meet screening criteria for COVID-19. A physician’s order is required to collect a specimen for screening. Patients need to bring their ID and insurance cards. Patients should call first to see if the screening site is open.

PLEASE FOLLOW THE INSTRUCTIONS. THANK YOU FOR YOUR KOKUA!

Oahu COVID-19 Screening Sites

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Adventist Health Castle Drive Thru	No physician order or appointment necessary for the drive thru screening.	X				640 Ulukahiki Street, Kailua	(808) 263-5500	Hospital	10 am - 2 pm	Mon - Fri closed on weekends
Central Union Church	Patients can walk in. Pre-registration is encouraged online at covidfreehawaii.com	X			24-72 hours. Results can be accessed thru patient portal	1660 S Beretania Street	(808) 329-9675	Screening Clinic	9 am - 11 am	Saturday
Kaiser Clinic - Mapunapuna	Kaiser patients only. Patients need to call 432-2000 and speak to an advice nurse to be screened first. They do not accept walk ins.	X				2828 Pa'a Street	(808) 432-2000	Screening Clinic	8 am - 5 pm	Mon - Fri
Kalihi Kai Urgent Care	No appointment or physician orders necessary. However, it is recommended to please call first per DOH/CDC guidelines.	X	X	X	PCR and Antibody takes 24-72 hours. Rapid Antigen takes 15 mins. It is done onsite.	2070 North King Street	(808) 841-2273	Urgent Care	9 am - 6 pm	Every day
Kalihi-Palama Health Center	Patients need to call ahead of time to be screened and to schedule an appt. They do not accept walk ins.	X		X	Antigen: 15 mins PCR: 24 hours or less	915 North King Street	(808) 381-7009	FQHC	8 am - 4 pm	Mon - Fri

Oahu COVID-19 Screening Sites - Cont'd

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Kapi'olani Medical Center for Women & Children	Patients need to call their physician first to obtain an order. A physician's order is required. No self- referrals or walk ins will be accepted. Hours are subject to change based on demand. Screening site is located in the driveway off of Punahou Street (entrance on Bingham Street).	X				1319 Punahou Street, Honolulu	(808) 983-6000	Screening Clinic	8 am - 5 pm 9 am - 2 pm	Mon - Fri Sat & Sun
Ko'olaupua Health Center - Kahuku	Patients need to call ahead of time to be screened and to schedule an appt. Residents from Ko'olaupua Region will be given priority for testing. They do not accept walk ins.	X			PCR: 48-72 hours	56-119 Pualalea Street	(808) 293-9231	FQHC	9 am - 5:30 pm 9am - 12:30 pm 8:30 am - 5 pm 9 am - 1 pm	Mon - Fri Saturday Fri Saturday
Pali Momi Medical Center	Patients need to call their physician first to obtain an order. A physician's order is required. No self- referrals or walk ins will be accepted. Hours are subject to change based on demand. Screening sites located in the round-abouts off of Moanalua Road.	X				98-1079 Moanalua Road, Aiea	(808) 486-6000	Screening Clinic	8 am - 5 pm 9 am - 2 pm	Mon - Fri Sat & Sun
Queen's Island Urgent Care - Hawai'i Kai	Patients need to call the Queen's hotline first to be screened at 691-2619. Island Urgent Care does not accept walk ins.	X				6600 Kalamiana'ole Hwy. #114a	(808) 735-0007	Urgent Care	8 am - 8 pm	Every day

Oahu COVID-19 Screening Sites - Cont'd

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Queen's Island Urgent Care - Kaka'ako	Patients need to call the Queen's hotline first to be screened at 691-2619. Island Urgent Care does not accept walk ins	X				400 Keawe Street Suite #100	(808) 735-0007	Urgent Care	8 am - 8 pm	Every day
Queen's Island Urgent Care - Pearl Kai	Patients need to call the Queen's hotline first to be screened at 691-2619. Island Urgent Care does not accept walk ins	X				98-199 Kamehameha Highway, Building F	(808) 735-0007	Urgent Care	8 am - 8 pm	Every day
Queen's Island Urgent Care - Kapahulu	Patients need to call the Queen's hotline first to be screened at 691-2619. Island Urgent Care does not accept walk ins	X				449 Kapahulu Avenue Suite 104, Honolulu	(808) 735-0007	Urgent Care	8 am - 8 pm	Every day
Straub Medical Center	Patients need to call their physician first to obtain an order. A physician's order is required. No self-referrals or walk ins will be accepted. Hours are subject to change based on demand. Screening site is located at 826 S. King Street, Honolulu (next to Straub's parking garage. Same site as Respiratory Evaluation Clinic).	X				826 S. King Street, Honolulu (located next to Straub's parking garage. Same site Respiratory Evaluation Clinic)	(808) 522-4000	Screening Clinic	8 am - 5 pm 9 am - 2 pm	Mon - Fri Sat & Sun
The Queen's Medical Center	Patients need to call the Queen's hotline first at 691-2619 to be screened. If they find that you need to be tested, they will call Island Urgent Care and they will call you to make an appt. to be tested at an Island Urgent Care facility. Patients can call the hotline 24/7 for screening.	X				1301 Punchbowl Street, Honolulu	(808) 691-2619	Screening Clinic	7:30 am - 11:30 pm	Every day

COVID-19 CASE IN AN ARCH OR CFFH: NOTIFYING THE HAWAII DEPARTMENT OF HEALTH

Oahu COVID-19 Screening Sites - Cont'd

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
The Queen's Medical Center - West O'ahu	Patients need to call the Queen's hotline first at 691-2619 to be screened. If they find that you need to be tested, they will call Island Urgent Care and they will call you to make an appt. to be tested at an Island Urgent Care facility. Patients can call the hotline 24/7 for screening.	X				91-2141 Fort Weaver Road, Ewa Beach	(808)691-2619	Screening Clinic	10 am - 2 pm	Mon - Fri
Tripler Army Medical Center	Military only. Testing being conducted at Fort Shafter Flats Building 1507 Signal Road, Honolulu. Adult and pediatric screening and testing will be available on-site during the site's operating hours.	X				1 Jarrett White Road, Honolulu	(888)683-2778	Screening Clinic	9 am - 3 pm	Mon - Fri Closed weekends and federal holidays
Waianae Coast Comprehensive Health Center	Patients need to call the hotline first at 697-3170 to be screened. They do not take walk ins. Screening hotline is open every day from 8 am - 8 pm	X				86-260 Farrington Hwy, Waianae	(808)697-3170	Screening Clinic	2 pm - 6 pm	Mon - Fri
Waimanalo Health Center	Patients need to call first to be screened and to schedule an appt. They do not accept walk ins.	X			PCR: 24-72 hours	41-1295 Kalaniana'ole Hwy, Waimanalo	(808)259-7948	FQHC	8 am - 5 pm	Mon - Fri
Windward Urgent Care	Walk in access	X				45-1141 Kamehameha Highway	(808)234-1094	Urgent Care	8 am - 9 pm	Every day

Kauai COVID-19 Screening Sites

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Ho'ōla Lāhui Hawai'i/ Kaua'i Community Health Center	HLH/KCHC patients only, but new registrations still being accepted. Testing available at clinic sites and ordered at Wilcox Medical Center and Kauai Veterans Memorial Hospital drive thru locations. Limited outreach testing available for patients with transportation barriers.	X			PCR: 24-72 hours	HLH: 4643 B Waimea Canyon Drive, Waimea KCHC: 4800 D Kawaihau Road, Kapa'a	Call first for screening- Waimea clinic at (808) 240-0140 Kapa'a clinic at (808) 240-0170 General info at (808) 240-0100	FQHC	8 am - 4:30 pm	Mon - Fri
Kaiser Clinic - Lihue	Kaiser patients only. Patients need to call 246-5600 and speak to an advice nurse to be screened first. They do not accept walk ins.	X				4366 Kukui Grove Street #101	(808) 246-5600	Screening Clinic	8 am - 5 pm	Mon - Fri
Kauai Medical Clinic - Kapaa	Patients need to call their physician first to obtain an order. Hours are subject to change based on demand.	X				4-831 Kuhio Highway, Suite #332	(808) 822-3431	Screening Clinic	10 am - 2 pm	Mon - Fri

Kauai COVID-19 Screening Sites - Cont'd

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Kauai Veterans Memorial Hospital	<p>Patients must have a physician's referral. Enter the Emergency Department driveway located off Waimea Canyon Road to access the drive-thru. This driveway continues along the back of the hospital where the testing is located. Tents will be set-up and specimen collectors will be able to serve you. Patients are to remain in your car during collection. Once collection is complete, you may continue through and exit on the west end of the hospital parking lot. COVID-19 Specimen Call Center number is (808) 720-8124</p>	X			3-7 days	4643 Waimea Canyon Drive	(808) 338-9431	Hospital	10 am - 2 pm	Mon - Fri
Wilcox Medical Center	<p>Patients need to call their physician first to obtain an order. A physician's order is required. No self-referrals or walk-ins will be accepted. Hours are subject to change based on demand. Screening site is located at the back of the medical center under the large white tent.</p>	X				3-3420 Kuhio Highway, Lihue	(808) 245-1100	Screening Clinic	8 am - 5 pm 9 am - 2 pm	Mon - Fri Sat & Sun

Maui COVID-19 Screening Sites

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Hana Health	Patients need to call first to be screened and to schedule an appt.	X	X		PCR: 24-72 hours	4590 Hana Highway	(808)248-8294	FQHC	8 am - 5 pm	Mon - Fri
Kaiser Clinic - Lahaina	Kaiser patients only. Patients need to call 243-6000 and speak to an advice nurse to be screened first. They do not accept walk ins.	X				910 Waine'e Street	(808)243-6000	Screening Clinic	8 am - 5 pm	Mon - Fri
Kaiser Clinic - Maui Lani	Kaiser patients only. Patients need to call 243-6000 and speak to an advice nurse to be screened first. They do not accept walk ins.	X				55 Maui Lani Parkway	(808)243-6000	Screening Clinic	8 am - 5 pm	Mon - Fri
Malama I Ke Ola Health Center	Currently offering patients above the age of 18 testing at a dedicated site on Mondays, Wednesdays and Fridays between 1-5pm. Patients under 18 will be seen by the pediatrics dept. per availability of appts. They're accepting established patients and patients newly establishing for primary care for testing. Testing will be done by appt. only and by calling ahead.	X	X		24-72 hours	1881 Nani Street, Wailuku	(808)871-7772	FQHC	7:30 am - 4:30 pm	Mon - Fri

Maui COVID-19 Screening Sites - Cont'd

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Maui Medical Group	They are open to the public. No appt. necessary. Walk ins available. They do not take Kaiser insurances. Kaiser patients need to go to a Kaiser clinic.	X				2180 Main Street, 1st Floor	(808) 249-8080 scheduling (808) 242-6464 mainline	Screening Clinic	8 am - 7 pm 8 am - 4 pm	Mon - Fri Sat & Sun
Minit Medical Urgent Care	Patients can log on to do a video screen anywhere on the island seven days a week and then go to the drive up in car testing. Log on on to www.minitmed.com	X	X		24-48 hours	270 Dairy Road #239, Kahului	(808) 667-6163	Urgent Care	8 am - 8 pm	Every day
Minit Medical Urgent Care	Patients can log on to do a video screen anywhere on the island seven days a week and then go to the drive up in car testing. Log on on to www.minitmed.com	X	X		24-48 hours	1328 South Kihei Road #103, Kihei	(808) 667-6161	Urgent Care	8 am - 8 pm	Every day
Minit Medical Urgent Care	Patients can log on to do a video screen anywhere on the island seven days a week and then go to the drive up in car testing. Log on on to www.minitmed.com	X	X		24-48 hours	305 Keawe Street #107, Lahaina	(808) 667-6162	Urgent Care	8 am - 8 pm	Every day

Molokai and Lanai COVID-19 Screening Sites

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Molokai General Hospital	Patients need to call the ER first and speak with a nurse. Nurse will advise patient.	X				280 Home Olu Place, Kaunakakai	(808) 553-3141	Emergency Room	24 Hours	Every day
Molokai Community Health Center	Patients need to call ahead.	X				30 Oki Place	(808) 553-5038	FQHC	8 am - 3 pm	Mon - Fri
Lanai Community Health Center	Patients need to call ahead of time for screening. They do not accept walk ins.	X		X	24 hours	333 6th Street	(808) 565-6919	FQHC	8 am - 7:30 pm 8 am - 5 pm 8 am - 3 pm	Mon, Wed Tues, Thurs, Fri Saturday

Hawai'i Island COVID-19 Screening Sites

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Ali'i Health Center	Open to public, no charge to patient. Bring photo ID/passport and insurance card if available. Patients must be in vehicle, wear face-covering mask, keep windows rolled up. Telehealth prescreening encouraged prior to testing day (brief screening visit with medical provider by zoom, Facetime, or phone call). Call (808) 747-8321, press option 5. It's available Mon-Fri 8am-4:30pm	X				78-6831 Alii Drive #422, Kailua-Kona	(808) 747-8321	FQHC	9 am - 12 pm	Mon, Wed & Fri
Big Island Pain Clinic	Patients can walk in. Pre-registration is encouraged online at covidfreehawaii.com	X			24-72 hours. Results can be accessed thru patient portal	32 Ululani Street, Hilo	(808) 329-9675	Screening Clinic	8 am - 10 am	Friday

COVID-19 CASE IN AN ARCH OR CCFH: NOTIFYING THE HAWAI'I DEPARTMENT OF HEALTH

Hawai'i Island COVID-19 Screening Sites - Cont'd

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Hamakua Health Center	Patients need to call ahead of time for screening. They do not accept walk ins.	X				45-549 Plumeria Street	(808)775-7204	FQHC	8 am - 5 pm	Mon - Fri
Hamakua Kohala Health	Patients need to call ahead of time for screening. They do not accept walk ins.	X				53-3925 Akonu Pule Highway	(808)889-6236	FQHC	8 am - 6 pm 8 am - 5 pm	Mon, Tue, Thurs, Fri Wed
Hamakua Health - Waimea	Patients need to call ahead of time for screening. No walk-ins.	X				65-1230 Mamelahoa Highway, C13-14, Carter Professional Center	(808)731-8641	FQHC	8 am - 5 pm	Mon - Fri
Kaiser Clinic - Hilo	Kaiser patients only. Patients need to call 334-4400 and speak to an advice nurse to be screened first. They do not accept walk ins.	X				1292 Waianuenue Avenue	(808)334-4400	Screening Clinic	8 am - 5 pm	Mon - Fri
Kaiser Clinic - Kona	Kaiser patients only. Patients need to call 334-4400 and speak to an advice nurse to be screened first. They do not accept walk ins.	X				74-517 Honokohau Street	(808)334-4400	Screening Clinic	8 am - 5 pm	Mon - Fri

Hawai'i Island COVID-19 Screening Sites - Cont'd

Attachment B

Facility Name	Instructions	PCR Test	Antibody Test	Antigen Test	Turn around time for results	Address	Phone Number	Facility Type	Hours of Operation	Days Open
Kona Target Parking Lot	Patients can walk in. Pre-registration is encouraged online at covidfreehawaii.com	X			24-72 hours. Results can be accessed thru patient portal	74-5455 Makala Blvd., Kailua- Kona	(808) 329-9675	Screening Clinic	9 am - 12 pm	Saturday
Puna Community Medical Center	Patients can knock on the door and someone will come out to screen them. New patients are welcome. You need to bring a picture ID and insurance cards.	X				15-2662 Pahoa Village Road	(808) 930-6001	Screening Clinic	8 am - 12 pm 1 pm - 4 pm	Mon - Fri
Queen's North Hawai'i Community Hospital	Screening done in the Emergency Room	X				67-1125 Mamelahoa Highway	(808) 881-4730	Screening Clinic	24 Hours	Every day
S & G Labs Hawaii	Patients need to call (808) 329-9675 to schedule an appt. Pre-registration is encouraged online at covidfreehawaii.com	X			24-72 hours Results can be accessed thru patient portal	75-240 Nani Kailua Drive, Ste 2, Kailua-Kona	(808) 329-9675	Screening Clinic	8:30 am - 11 am	Mon - Fri
West Hawaii Community Health Center	Patients are encouraged to call ahead of time to be screened. Walk ins are accepted. New patients are welcome with picture ID and insurance cards.	X		X	Antigen: 15 mins PCR: 24 - 48 hours	75-5751 Kuakini Highway, Suite 104	(808) 326-5629	FQHC	9 am - 4 pm	Mon - Sat

Non-emergent Transportation Options for Passenger with COVID-19

I. PURPOSE

To identify private transportation providers who will transport for non-emergent care, a passenger suspected or confirmed to be COVID-19 positive.

II. PROTOCOL

- A. ARCH or CCFFH may contact private transportation services if necessary, to transport a suspected or confirmed resident with COVID-19 for non-emergent medical attention, treatment or transfer to a non-acute facility.

Non-emergent Transport may be for:

- Testing for COVID-19 if unable to test at home.
- Routine medical care at a physician's office.
- Dialysis treatment.
- Laboratory or radiology testing.
- Urgent dental care due to pain or infection.
- Transfer to a skilled nursing facility for rehab or COVID-19 recovery.

Transportation companies who accept passengers with COVID-19 for non-emergent transport are identified in Attachment A. Neither the Department of Health nor the State of Hawai'i endorses any of the private transport services listed. The list is not exclusive. Additional transportation companies may exist and can be utilized.

- B. 911 or the paramedics will be contacted immediately if the resident requires urgent medical care at a hospital or emergency department. Care home providers must inform the 911 dispatcher of the patient's suspected or confirmed COVID-19 diagnosis or exposure status.

III. PROCEDURE

- A. If a resident is suspected to have COVID-19, ARCH/CCFFH must assume the resident is positive until COVID-19 test results are confirmed, and must proceed to utilize proper PPE including N95 mask or surgical mask and eye protection (face shield or goggles) while following COVID-19 care precautions.
- B. If a resident is unable to be tested at home or needs outside (non-emergent) attention, the ARCH/CCFFH should assess if they are able to transport the resident in their own vehicle for outside testing.
- The caregiver will wear proper PPE and follow the cleaning and disinfecting protocols for their personal vehicle after transport. CDC.GOV/Coronavirus/2019 <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

Transport Recommendations:

- When transporting a passenger with confirmed COVID-19, the driver must wear a medical facemask (if a respirator is not available) and eye protection such as a face shield or goggles (if they do not create a driving hazard).
- The passenger must wear a facemask or cloth face covering. Other occupants such as an accompanying caregiver/escort will avoid or limit close contact (within 6 feet) with others. If necessary, an escort should drive separately.
- The use of larger vehicles such as vans is recommended when feasible to allow greater social (physical) distance between vehicle occupants.
- Additionally, the driver will practice regular hand hygiene, avoid touching their nose, mouth, or eyes, and avoid picking up multiple passengers who would not otherwise be riding together on the same route.
- CDC recommends that residents wear cloth face coverings in settings where other social distancing measures are difficult to maintain, especially in areas with significant community transmission.
- Cloth face coverings may prevent people who are unaware that they have the virus from transmitting it to others. The face coverings are not medical masks, respirators, or personal protective equipment (PPE).
- Cloth face coverings should not be placed on young children under age 2, and on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- If a disposable gown was not worn by the driver and escort during transport, their work uniforms/clothes worn during cleaning and disinfecting will be laundered afterwards using the warmest appropriate water setting and dry laundered items completely. Hands will be washed after handling the laundry.

General Cleaning Tips:

- **Wear disposable gloves and have good ventilation**
 - **Open doors and windows to increase air circulation in the vehicle when cleaning**
- C. If the caregiver/operator is unable to provide own transport, they may contact one of the private transportation providers as identified in Attachment A for non-emergent transport.
- D. When arranging for the transport services, the caregiver/operator will inform the company that the passenger is suspected or confirmed with COVID-19. The passenger should be wearing a facemask if tolerated, to minimize any exposure and contact with the driver and accompanying escort.

- E. Accompanying Escort (if needed): The accompanying escort may travel in the same vehicle if it has sufficient space to provide safe distancing. The escort should not be sitting up in the front with the driver. If safe distancing is not possible in the vehicle, the escort/caregiver should drive in separate vehicle and meet the resident at the destination.
- F. The transportation company will inform the caregiver/operator of the transportation fees. The transportation company will be paid accordingly. Care home caregiver/operator should inquire if the transportation company accepts Medicaid/MedQuest payment. ARCH/CCFFH may check with Medicaid/MedQuest health plan if transport fees are paid by Medicaid/MedQuest if eligible.

Attachment A: Transportation Providers

IV. REFERENCES

<https://www.assisthawaii.com/portfolio/hawaiis-non-emergency-medical-transport>

Non-emergent Transportation by County

Attachment A

County	Company Name	Phone Number(s)	Service Area	Willing to transport COVID-19 Patients	Wheelchair accessible?	Other Comments
Hawai'i County	Pro-Care Transport	808-464-4737 808-892-3005	Island-wide	Yes	Yes	
Hawai'i County	AMR American Medical Response	808-961-9677	Island-wide	Yes	Yes	
Kauai County	American Medical Response - Ambulance Service	808-822-1600	Island-wide	Yes	Yes	
Maui County	Neighbors Helping Neighbors	808-249-2545	Wailuku	Yes	Yes	Do not own vehicles; subcontract to Lyft. Drivers are volunteers. Neighbors Helping Neighbors is willing to provide gloves and hand sanitizer
Maui County	CNA Para Transit (previously CAN Senior Transport)	808-893-0000	Kahului	Yes	Yes	Drivers are not allowed to ask if a passenger has COVID-19; all drivers wear masks and disinfect vehicles after every ride. New owner took over company, changed the name and the company policy to transport anyone, not just seniors.
Honolulu County	Malama Lima Handi-Trans, LLC	808-226-0109	"Island-wide; Very selective"	Yes	Yes	Provider for Bristol hospice Waitlist for non-Bristol Hospice patients
Honolulu County	Wheelchair Oahu	808-670-6198 808-354-6294	Island-wide; Prefers Honolulu	Yes	Yes	If there is availability, only one driver - Ron
Honolulu County	Pro-care Transport Services (Kaneohe)	808-935-0183	"Island-wide; Office in Kaneohe	Yes	Yes	Also located on Hawai'i Island
Honolulu County	HiRide Assist - Justin (Kapolei)	808-366-0085	Kapolei (but can do whole island)	Yes	Yes	Under contract with Kaiser, but also accepts non Kaiser passengers

NON-EMERGENCY TRANSPORTATION OPTIONS FOR PASSENGER WITH COVID-19

Resident Admissions and Readmissions for ARCH/CCFFH

I. PURPOSE

To establish procedures for safe practices required for managing new resident admissions and readmissions.

II. PROTOCOL

The situation involving COVID-19 continues to change rapidly. It is important to stay up to date with guidance from the Centers for Disease Control and Prevention (CDC) and the Hawai'i Department of Health (HDOH).

Adult Residential Care Homes (ARCH) and Community Care Foster Family Homes (CCFFH) shall admit and readmit residents in consideration of the following factors:

- **Case Status in the Surrounding Community**
Consider state and county-based criteria to determine the level of community transmission, such as the county's COVID-19 positivity rate which may be accessed at <https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/>. Consider also the change in the number of new cases, hospitalizations, and deaths.
- **Case Status in the ARCH/CCFFH**
Consider the current prevalence of COVID-19 in your home.
- **Caregiver Status**
Consider any caregiver needs and capacity to provide care in COVID-19 surge and high community-transmission situations.
- **Access to Adequate Testing for Residents and Caregivers**
Consider the local availability of COVID-19 testing supplies and access to testing for residents, staff, and individuals in your home.
- **Access to Sufficient Personal Protective Equipment (PPE)**
Consider your current PPE supply status, burn rate, and availability of PPE from your normal supply chains and emergency suppliers. Consider appropriate PPE capacity strategies, such as CDC's guidance at Strategies to Optimize the Supply of PPE and Equipment.
- **Local Hospital Capacity**
Consider the ability of local hospitals to accept transfers from ARCHs and CCFFHs.
- **Guidance and Directives from the CDC and HDOH**
Consider guidance and directives from the HDOH and the CDC. To ensure you are accessing the latest medical advisories from the HDOH Disease Outbreak Control Division, please visit HDOH's Healthcare Providers Medical Advisories webpage at: <https://health.hawaii.gov/docd/for-healthcare-providers/medical-advisories/>.

- **State Reopening Orders and Emergency Proclamations**
Consider the status of Hawai'i's reopening orders, emergency proclamations, and County orders. Review these to confirm any specific directives to health care providers.

DEFINITIONS - QUARANTINE AND ISOLATION

Quarantine: Keeps someone who might have been exposed to the virus away from others.

Isolation: Keeps someone who is infected with the virus away from others, even in their home.

When to Quarantine,

<https://health.hawaii.gov/coronavirusdisease2019/files/2020/05/Close-Contacts-of-Person-with-COVID-19-050420.pdf>

Note: In congregate care settings such as care homes, HDOH recommends a full 14 days of quarantine be observed by all close contacts.

III. PROCEDURES

ADMISSION PROCESS

1. Pre-testing for Admissions and Readmission

- Most of Hawai'i's skilled nursing and assisted living facilities are requiring residents to be screened and tested for COVID-19 at least 72 hours prior to admission or readmission.
- It is not recommended that residents be tested twice for COVID-19 prior to admission.
- Since testing alone does not guarantee that a person is COVID-19 free, facilities should quarantine new/readmitted residents for 14 days as a precautionary measure from a false negative reading or late conversion to COVID-19 positive after admissions.
- CDC does not provide guidance on COVID-19 testing; they simply recommend 14 days of quarantine after admission, and observe for COVID-like symptoms (fever, cough, shortness of breath, loss of taste or smell).
- Medicare will cover a COVID-19 test for a Medicare beneficiary without a physician/practitioner order for the first occurrence.
 - » Any subsequent test will require a physician/practitioner order and be deemed as medically necessary to be covered by Medicare (e.g. exhibits health symptoms, or exposed to a COVID-19 positive person).
- Resident and families should inquire with their health plans to determine whether pre-admission screening/surveillance COVID-19 test is covered as a benefit.

2. Admit or readmit resident in accordance with the following precautions

- The ARCH/CCFFH will need to determine if they can provide an isolated room in their residence for this quarantine period.
- Admit resident in separate room if possible. This is the recommended precaution. Care homes that do not have a separate room for a newly admitted resident may need to explore other options in providing the extra protection during the final quarantine period. (e.g. temporarily move other residents into another room or area in the home).
- Newly admitted or readmitted residents should be quarantined for 14 days.
- Monitor for fever and signs and symptoms consistent with COVID-19 three times daily.

IV. REFERENCES

1. *Beyond Recovery: Reopening Hawai'i, A strategy to reopen and reshape Hawai'i's economy*, State of Hawai'i (May 29, 2020), https://recoverynavigator.hawaii.gov/wp-content/uploads/2020/06/Beyond-Recovery_Reopening-Hawaii_Detailed-Strategy_29-May-2020_Final.pdf
2. *COVID-19*, Hawai'i Dept. of Health, Disease Outbreak Control Div. (last visited Jan. 21, 2021), <https://health.hawaii.gov/coronavirusdisease2019/>
3. *Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities*, Centers for Disease Control and Prevention (updated May 29, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
4. *Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes*, Centers for Medicare & Medicaid Svcs. (Updated: Sept. 28, 2020), <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
5. *How COVID-19 Spreads*, Centers for Disease Control and Prevention (updated October 28, 2020), https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Findex.html
6. *Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes*, Centers for Medicare & Medicaid Svcs. (May 6, 2020), <https://www.cms.gov/files/document/qso-20-29-nh.pdf>
7. *Medical Advisories, For Healthcare Providers*, Hawai'i Dept. of Health (last visited (January 30, 2021), <https://health.hawaii.gov/docd/for-healthcare-providers/medical-advisories/>

8. *Nursing Home Five Star Quality Rating System updates, Nursing Home Staff Counts, and Frequently Asked Questions*, Centers for Medicare & Medicaid Svcs. (Apr. 24, 2020), <https://www.cms.gov/files/document/qso-20-28-nh.pdf>
9. *Nursing Home Reopening Recommendations Frequently Asked Questions*, Centers for Medicare & Medicaid Svcs. (May 18, 2020), <https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf>
10. *Nursing Home Reopening Recommendations for State and Local Officials*, Centers for Medicare & Medicaid Svcs. (May 18, 2020), <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>
11. *Preparing for COVID-19 in Nursing Homes*, Centers for Disease Control and Prevention (updated November 20, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
12. *Strategies to Optimize the Supply of PPE and Equipment*, Centers for Disease Control and Prevention (updated July 16, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/>
13. *When to Quarantine*, <https://health.hawaii.gov/coronavirusdisease2019/files/2020/05/Close-Contacts-of-Person-with-COVID-19-050420.pdf>

Screening ARCH/CCFFH Household Members and Residents for COVID-19

I. PURPOSE

To establish procedures for screening household members and residents to minimize the risk of exposing residents to COVID-19.

II. PROTOCOL

- A. Temperature screenings will be performed daily on all caregivers and household members.
- B. Temperature screenings will be performed on all residents daily. For optimum monitoring, temperature screening on residents can be performed three times per day. Other vital signs (i.e. blood pressure, heart rate, and respiration rate) will be monitored at least once per day.

III. PROCEDURE

- A. Temperature screenings will be performed on the primary caregiver and family members in the morning prior to providing any care to the residents or mingling with the residents. If no one in the residence is positive for COVID-19 and if anyone in the residence who had had COVID-19 has been symptom free for 10 days since symptoms have resolved, then masks are not necessary for those not providing direct care or those not in close contact with residents.
- B. Caregivers providing direct care or in close contact with both non-COVID-19 and COVID-19 residents will wear medical face masks.

(A medical face mask often is referred to as a surgical mask or a procedure mask. Such masks are PPE. Cloth face masks are not PPE.)
- C. Temperature screenings must be performed on all secondary caregivers (SCGs) and essential workers upon reporting for duty. SCGs and essential workers will wear medical (surgical or procedure) masks when providing care to residents or when in close contact with residents.
- D. Temperature screenings and vital signs monitoring will be performed on all residents at least once per day. If a resident registers two consecutive temperatures of 99.0°F or higher, the resident's physician will be informed immediately.
- E. If pulse oximetry equipment is available, oxygen saturation monitoring will be performed on residents once per day. An oxygen saturation level of 95% is normal for most healthy individuals. COPD (chronic obstructive pulmonary disease) individuals can have oxygen saturation levels of 88% to 92%. (Consult with the physician of the COPD individual for an acceptable oxygen saturation level for the individual). For a non-COPD resident, if the resident registers two consecutive readings of 92% or lower,

the resident's physician will be informed immediately. The resident might have Hypoxemia, a below-normal level of oxygen in the blood.

- F. Oxygen saturation will be monitored at least twice a day and more frequently as instructed by the resident's physician for any resident diagnosed or suspected to have COVID-19.
- G. Temperature screenings will be performed on primary caregivers who work outside of the residence. In addition, these primary caregivers who work outside of the home will shower or bathe upon returning from work to the home and before caring for residents. Medical masks will be worn by these primary caregivers who work outside of the residence when caring for residents.
- H. Temperature screenings will be performed on all household members returning from work or from school. All household members will shower or bathe and will wear medical masks before mingling with residents.
- I. All others will be pre-screened to ensure that they are not ill or have any symptoms. Documentation will be maintained by the care home operator/caregiver or designee of daily screenings for tracking purposes.
- J. Any household members with flu-like symptoms will seek medical care immediately, remain isolated from all others in the household, and will be tested for COVID-19 to protect everyone in the household.
- K. **Older adults with COVID-19 might not demonstrate or have symptoms such as fever, chills, cough, shortness of breath, difficulty breathing, etc. Less common symptoms can include new or worsening malaise, headache, new dizziness, nausea, vomiting, diarrhea, or loss of taste or smell. Additionally, two or more consecutive temperatures of 99.0°F or greater also might be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.**

IV. REFERENCES

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>

Staffing Coverage Options

I. PURPOSE

To establish procedures for staffing coverages at an ARCH or CCFFH during COVID-19.

II. PROTOCOL

- A. All ARCHs and CCFFHs will have a staffing back up plan in the event the primary caregiver or a staff member:
- is ill (regardless of diagnoses);
 - needs to leave the premise for outside medical appointments or errands;
 - and/or additional assistance is needed.
- B. The plan shall follow State Department of Health/Office of Health Care Assurance (DOH/OHCA) licensing requirements of staff qualifications when primary caregiver or staff are on sick leave, or vacation.

III. PROCEDURE

- A. When the primary ARCH or CCFFH provider/caregiver is unable to care for residents due to illness (COVID-19 or other conditions), the provider will use secondary caregiver (SCG) such as certified nurses aide (CNA) for residents.
- B. If a SCG/CNA is unavailable due to shortage, a nurse's aide (NA) may be used as long as she/he is already an approved substitute caregiver by Community Ties of America (CTA) or meets SCG qualifications under DOH/OHCA.
- C. In the event that the primary caregiver is ill, coverage should be for at least 24 hours and until the primary caregiver is well and can resume normal duties.
- D. The staffing plan should include the names and contact information of secondary caregiver for immediate access as needed.
- E. An ARCH or CCFFH may use and hire private duty home health aides in the event no CNA, NA or household members are available to cover for the primary caregiver. However, all staff working in the CCFFH or the ARCH must meet the qualifications of a SCG or be a certified SCG by CTA (for CFFH).
- All outside staff must adhere to COVID-19 safety precautions and must wear a mask.
- F. Use of household members and resident's family:
- Household members age 21 and older may be used for maximum of 3 hours to watch the resident when a caregiver needs to pick up medicine, do grocery shopping and limited activities such as non-emergent transport/escort for medical appointments, short-term supervision, meals preparation and room clean-up. (CCFFH only)

- A resident's family may be asked to transport and escort resident for medical appointments (non-urgent).
- All household members and residents' families will be pre-screened to ensure that they are neither ill nor have any symptoms.
- Residents' families, household members and caregivers must wear masks and adhere to all infection control safety measures.

Tips for Safe Physical Distancing in a Care Home

I. PURPOSE

To provide safe distancing and safety tips for the ARCH/CCFFH facility

II. PROTOCOL

Care homes have limited rooms and space to practice safe distancing and minimize risk for COVID-19 infection and exposure. However, there are a few recommendations from the Centers for Disease Control and Prevention (CDC) and the Hawai'i Department of Health to provide the six feet of physical distancing in the home.

III. PROCEDURE

Meal time

Staggering mealtimes or allowing residents to eat in their rooms or other areas in the home or outside patios, are methods to promote physical distancing during mealtime.

Shared Bedroom

If six feet distancing cannot be accomplished in a shared bedroom, these are some tips:

- Set up barriers between the beds such as curtain or shower curtains
- Arrange the beds so that residents lay in opposite head to toe configuration
- Convert a common area into a sleeping area during this time

Common Areas

- Rearrange furniture so that residents sit six or more feet apart
- Minimize the number of residents in the common areas at the same time
- Create a schedule for the residents use of common areas

IV. REFERENCES

Hawai'i Department of Health, Pandemic: Frequently Asked Questions
https://health.hawaii.gov/docd/files/2020/01/2019_nCoV_FAQ.pdf

COVID-19 Guidance for Shared or Congregate Housing, CDC,
<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

Use of Personal Protective Equipment (PPE) for COVID-19

I. PURPOSE

To provide information on the proper use of personal protective equipment (PPE) when a resident is suspected or confirmed to be COVID-19 positive; and the proper procedures for putting on (donning) or removing (doffing) the PPE gear.

Identify who needs PPE:

- **If a resident infected with COVID-19** is able to tolerate wearing a mask while the caregiver is in the room, this can help prevent transmission from the resident to caregiver (source control). It would not be a requirement, but is a good practice if feasible.
- **ARCH and CCFFH caregivers/staff** should adhere to standard and transmission-based precautions when caring for residents with COVID-19 infection.

Definition:

N95 respirator is a personal protective device that is worn on the face or head and covers at least the nose and mouth. A respirator is used to reduce the wearer’s risk of inhaling hazardous airborne particles (including infectious agents), gases or vapors. Respirators, including those intended for use in healthcare settings, are certified by the CDC/NIOSH. (National Institute of Occupational Safety and Health)

N-95 needs to be properly fitted for appropriate size prior to order. For ARCH/CCFFH caregivers, a surgical facemask may be used instead of N95 when caring for someone with confirmed COVID-19 or under investigation for COVID-19.

Surgical Mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer. Surgical masks are not to be shared and may be labeled as dental or medical procedure masks. These are often referred to as face masks, although not all face masks are regulated as surgical masks.

Cloth masks are not personal protective equipment (PPE) and should NOT be worn instead of N95 masks or medical facemasks if interfacing with the COVID-19 resident or household member with COVID-19.

II. PROTOCOL

- A. **ARCH/CCFFH caregiver/staff will use appropriate PPE when caring for a resident or household member who is suspected or confirmed COVID-19-positive. (Appropriate PPE includes N95 or surgical mask, eye protection, gowns and gloves).**
- B. **When caregiver/staff have multiple Persons Under Investigation (PUI) cases in their home, they will change PPE between residents.**
- C. **Same PPE can only be used when treating a group of residents positive with COVID-19 as long as they don’t have any other accompanying infections.**

III. PROCEDURE

A. Caring for someone with COVID-19

- Caregivers/staff should wear a N95 respirator or facemask (e.g. surgical mask) when caring for a resident either suspected or confirmed for COVID-19. In addition, the caregiver should wear appropriate personal protective equipment (PPE) including:
 - » eye protective goggles or face shield for eye protection that covers both front and sides of face
 - » disposable gown if available
 - » gloves
- N95 respirator must be properly fitted for the user. If not available, surgical mask may be used.
- **Cloth masks are not personal protective equipment (PPE) and should NOT be worn instead of N95 masks or medical facemasks if interfacing with the resident or household member with COVID-19.**
- Encourage all residents to wear a cloth mask (if tolerated) when outside of their rooms and when they leave the facility (e.g., residents receiving hemodialysis if caring for a Person Under Investigation (PUI) case.)
- PPE used will be the same as caring for a COVID-19 positive resident (N95 respirator or surgical mask, gown, gloves, eye protection).
- If caring for multiple PUI cases, care home caregiver/staff can continue to wear the same mask and face shield; not necessary to wear a gown if not having direct patient contact. Remove gloves and wash hands thoroughly between each PUI patient.
- If caring for multiple residents who are COVID-19 positive, care home caregiver/staff may reuse the same PPE amongst these residents as long as they don't have any other known multi-drug resistant organisms (MRDO such as Clostridium Difficile).
- If disposable gowns are not readily available, they should be prioritized for aerosol generating procedures (e.g. intubation, bronchoscopy) AGPs or high-touch resident care activities.
- Gowns should not be reused, only extended.

B. Limited Re-use of Facemasks

- Limited re-use of facemasks is the practice of using the same facemask by one caregiver for multiple encounters with different residents.
- Perform hand hygiene first before removing facemask. The facemask should be removed and discarded if soiled, damaged or hard to breath through. Remember to perform hand hygiene after removing mask.
- Not all facemasks can be re-used.

- Facemasks that fasten to the caregiver/staff via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
- Facemasks with elastic ear hooks may be more suitable for re-use.
- Caregiver should leave resident care area if they need to remove the facemask.
- Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage.
- The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

Prioritize facemasks for selected activities such as:

- ✓ During care activities where splashes and sprays are anticipated
- ✓ During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable
- ✓ For performing aerosol generating procedures, if respirators are no longer available

C. How to Put On (Don) PPE Gear prior to entering COVID-19 resident's room

Video: https://www.youtube.com/watch?v=H4jQUBAlBrI&feature=emb_logo

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct.
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all the ties on the gown. Assistance may be needed by other healthcare personnel.
4. Put on N95 respirator or facemask (i.e. surgical facemask if a respirator is not available).
5. If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand.
6. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between residents.*
 - **N95 Respirator*:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
7. Put on face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator.

8. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
9. Put on gloves. Gloves should cover the cuff (wrist) of gown.
10. Caregiver may now enter resident's room.

D. How to Take Off (Doff) PPE Gear

https://www.youtube.com/watch?v=PQxOc13DxvQ&feature=emb_logo

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.
3. **Caregiver/staff may now exit resident's room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).**
Do not touch the front of the respirator or facemask.
 - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Discarding waste:** Unless grossly contaminated, PPE waste can be discarded into the regular waste receptacle. CDC's guidance states that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. There is no evidence to suggest that care home waste needs any additional disinfection.
8. **Perform hand hygiene after removing the respirator/facemask and before putting it on again if workplace is practicing reuse.**

IV. REFERENCES

N95 Respirator Use

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Coronavirus Disease 2019 (COVID-19): Using Personal Protective Equipment (PPE)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Visitation: Family, Essential Workers, and Non-Essential Workers; Temporary Leave

I. PURPOSE

To establish procedures for safe practices required for:

- A. Family and friends to visit residents of adult residential care homes (ARCHs) and community care foster family homes (CCFFHs).
- B. Essential workers delivering necessary goods to or performing necessary services for ARCHs and CCFFHs.

II. PROTOCOL

ARCHs and CCFFHs will allow family/friends visitation accordingly to the COVID-19 outbreak rates on their island, and guidance or orders as applicable from the State or local county government and/or the Department of Health.

At a minimum, ARCHs and CCFFHs will mirror the community practice of other long-term care facilities in their respective island communities.

Information and guidance related to COVID-19 can evolve rapidly. Depending on where the ARCH or CCFFH is located, the risk for exposure can vary and change over time.

The ARCHs and CCFFHs will resume visitation in a step-wise approach. ARCHs and CCFFHs need to be prepared to stop offering in-person visitation as the situation changes.

Family and friends requesting in-person visitation need to be comfortable with visitation procedures and need to be kept in close communication via phone, text, or email regarding any changes.

Employees need to be comfortable with visitation procedures as well.

Essential workers are allowed into the residence to perform essential services and tasks. These workers are identified in this protocol.

Non-essential workers delivering non-essential goods to or performing non-urgent services for ARCHs and CCFFHs are prohibited into the residence. They may deliver items at the residence's door (e.g. florist delivery person).

III. PROCEDURE

A. Visitation Phases (from most restrictive to least restrictive)

1. **Most restrictive:** No in-person visitation - virtual and window visitation only.

Virtual and other indirect visitation tips

- Face time, text and phone conversations on phones, iPads, and other electronic devices.
 - Virtual meetings or videos via Zoom, Microsoft Teams, or Skype on laptop/computer.
 - Letter correspondences.
 - Drive-by visits and signs via front curbside.
 - Visits through a glass window by using phones during the visits can be helpful during the visit.
 - Headphones or headsets for the phone used by the resident also can be helpful.
2. **Less restrictive:** Outdoor visitation at the ARCH or CCFFH – 1 visitor.
 - One visitor per resident per day is allowed outdoors.
 - Need 6 feet social distancing in outdoor area (patio, garage, lawn).
 3. **Least restrictive:** Outdoor and Indoor visitation – 3 visitors or less.
 - Up to three visitors at a time per resident per day are allowed if sufficient distancing area is available.
 - Enough area must be available to maintain social distancing for in-doors and outdoors visits. Allow less visitors if space is limited.

All visitations are by appointments only

Exceptions: Hospice or compassionate care/end of life situations.

Because infections can spread between the resident and visitors, the in-door procedures will only apply to visitors visiting hospice and end-of-life residents. However, only 1 visitor at a time, can visit with the resident. Other family members will be required to stay outdoors until their turn is next.

- a. Visitation by family and friends can occur based on the COVID-19 outbreak rates in the county or state. If in doubt, the ARCH/CCFFH is advised to follow the more restrictive guidelines.
- b. Employees will be trained on infection control and prevention, including COVID-19 infection control and prevention, COVID-19 health guidelines, health screening questions, and visitation policies and procedures.
- c. ARCHs and CCFFHs will exercise every reasonable effort to provide a safe environment of care for family and friends to visit residents of homes.

- d. If in-person visitation by family and friends is not possible, the home will exercise every reasonable effort to provide virtual visitation and to encourage telephone calls between the family/friends and the resident.
- e. ARCHs and CCFFHs (hereinafter “home/homes”) will exercise every reasonable effort to provide a safe environment of care for essential workers to perform their work.
- f. The use of non-essential workers is prohibited.

B. Temporary Leave

1. Temporary leave is allowed for medical appointments. The resident must be transported directly to the appointment and back without visiting any destinations in between.
2. Temporary leave by a resident from the home for family and social activities (e. g. dining out) is prohibited until further notice or guidance from the State or local (City or County) government allowing indoor or outdoor social gatherings is issued. This restriction may be eased if community has no spread or a minimal spread of a 2% test positivity rate or less.
3. These protocols and the procedures outlined below can be relaxed and can be escalated according to a decrease or an increase in the severity of the pandemic and in compliance with guidance, notices, and orders by government.

At all times and at a minimum, customary and usual infection control and prevention practices will be maintained in compliance with standards of care and applicable Federal, State, and local laws and regulations and orders.

C. In-Person Visitation (During Less Restrictive Phase)

1. Visitors are required to make an appointment in advance for visitation to ensure that adequate staff is available to assist with the visitation (staff are not occupied assisting other visitors).
2. Only those age of 14 or older are allowed any in-person visit – outdoors or indoors.
3. The number of visitors allowed shall be limited according to the visitation restriction phase and the areas available to maintain social distance (about six feet) from the resident.
4. For residents with hearing impairments, family might want to use a pocket-talker or portable microphone, headsets if available.

5. Visitors will be asked to refrain from visiting if they have symptoms of any illness. Such symptoms might include:
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. New loss of taste or smell
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea

6. Upon arrival of a visitor at the home:
 - a. **Visitor/Essential Worker Daily Sign In:** Staff will have the visitor/essential worker sign-in for contact tracing purposes should a resident, home employee, visitor, or essential worker become ill.
 - b. Staff will determine whether the visitor/essential worker has a fever by taking his/her temporal temperature upon arrival. Temperature screening will be documented in a log. Along with temperature checks, there will be routine symptom screening based on CDC guidelines for COVID-19 symptoms. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
 - c. The screening could be done telephonically ahead at 24-48 hours prior to scheduled visitation by care home operator or designee.
 - d. Visitor/essential workers with a temperature at 100.3 F or below will be screened further for travel history and recent exposure history.
 - e. A visitor/essential worker with a temperature of 100.4 F or greater (fever) will not be allowed to visit/work.
 - f. Those who pass the temperature criteria also will be screened for:
 - recent travel history, including inter-isle travel, and
 - recent exposure history.

Those who have arrived in the state within the last 14 days or who have had contact with someone with COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness will not be allowed to visit/work.

7. Visitors who pass the temperature, travel, and exposure criteria will be instructed to:
 - a. Perform hand hygiene before the visitation with the resident. If alcohol-based hand rub (ABHR) is used, the ABHR must be a minimum of 60% - 95% alcohol. However, visibly soiled hands must be washed with soap and water.
 - b. Wear face masks (cloth mask okay for family members) and gloves.
 - c. Stay 6 feet apart from the resident. No physical contact allowed.

D. Essential Workers

1. Essential workers include, but are not limited to,
 - a. health care providers,
 - b. speech, occupational and physical therapists,
 - c. medical equipment employees,
 - d. home care, home health, resident's case managers, hospice and end-of-life care and services, and palliative care employees,
 - e. plumbers performing urgent repairs,
 - f. electricians performing urgent repairs,
 - g. appliance repairers, and
 - h. Department of Health inspectors and surveyors,
 - i. Long Term Care Ombudsman,
 - j. Police, Fire, and Paramedics, and
 - k. Adult Protective Services.
2. Essential workers who pass the temperature, travel, and exposure criteria will be instructed to:
 - a. Perform hand hygiene before and after work at the home. Visibly soiled hands must be washed.
 - b. Wear medical masks and gloves.
 - c. Limit their visit to areas of the home necessary to complete their work.
 - d. Stay 6 feet (about two arm lengths) apart from residents and employees, unless providing direct care.

E. Post-Visit Procedures

1. Upon the conclusion of the visit, visitors and essential workers will be instructed to:
 - a. Perform hand hygiene. Visibly soiled hands must be washed.
 - b. Inform the home if they develop any symptoms of illness or if they receive positive test results for COVID-19 within 14 days of the visit to the home.
 - c. Those who develop symptoms of illness or receive positive test results will be instructed by DOH to self-isolate, seek health care, and notify the care home provider of: symptoms, date of care home visit, and persons they encountered during the visit.

IV. REFERENCES

- A. Preparing for COVID in Nursing Homes, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- B. Nursing Homes and Assisted Living, CDC, <https://www.cdc.gov/longtermcare/index.html>
- C. Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
- D. Considerations for Retirement Communities and Independent Living Facilities, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html>
- E. Personal and Social Activities, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/personal-social-activities.html>
- F. Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies, CMS Hospice, March 9, 2020.
- G. Toolkit for Foster Care or Group Home Providers Operating Homes with Five or Fewer Residents, Oregon Health Authority and Oregon Department of Human Services, June 2020.
- H. Hand Hygiene Recommendations, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>
- I. Coronavirus Disease 2019 (COVID-19): Supporting Your Loved One in a Long-Term Care Facility, CDC, <https://www.cdc.gov/longtermcare/success-stories.html>
- J. Providing and Receiving Respite Care Safely During the COVID-19 Pandemic, ARCH National Respite Network and Resource Center, <https://archrespite.org/national-respite-guidelines-for-covid-19#CaseStudies>

Quick Reference

- [Acronyms](#)
- [COVID-19 Educational Resources](#)
- [Long Term Care and COVID-19 Infection Prevention & Control Checklist](#)
- [PPE Resources for Hawai'i](#)

Acronyms

ACRONYM	MEANING
AGP	Aerosol Generating Procedures
ARCH	Adult Residential Care Home
CCFFH	Community Care Foster Family Home
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nurse Aide
COVID-19	The disease caused by SARS-CoV-2 Coronavirus
CTA	Community Ties of America
DHS	Department of Human Services (Hawai'i)
DOH	Department of Health (Hawai'i)
DOCD	Disease Outbreak Control Division (Hawai'i)
HDOH	Hawai'i Department of Health
HCBS	Home and Community Based Services
HIEMA	Hawai'i Emergency Management Agency
ICF	Intermediate Care Facility
JABSOM	John A. Burns School of Medicine
LTC	Long Term Care
LTSS	Long Term Services and Supports
MDRO	Multi-Drug Resistant Organism
NIOSH	National Institute of Occupational Safety and Health
NH	Nursing Home
OHCA	Office of Health Care Assurance
PPE	Personal Protective Equipment
PUI	Person Under Investigation
SCG	Secondary Caregiver
SNF	Skilled Nursing Facility

COVID-19 Educational Resources

The following educational videos are recommended for the adult residential care home/ community care foster family care home caregivers and staff.

FACTS ABOUT COVID-19

What is COVID-19: From the World Health Organization (WHO)

(5 min 18 seconds). Video & Audio.

<https://www.youtube.com/watch?v=i0ZabxXmH4Y>

How Does COVID-19 Spread? From the CDC (51 seconds). Video & Audio.

<https://www.youtube.com/watch?v=WfJSVbQtHsk>

Know the Symptoms of COVID-19. From the CDC (21 seconds). Video only. No Audio.

<https://www.youtube.com/watch?v=F70BzSFAZfw>

When to Seek Care for COVID-19. From the CDC (1 minute). Video & Audio.

<https://www.youtube.com/watch?v=JWtsm3kYytM>

Can COVID-19 Last on Surfaces and in the Air? From the CDC (1 minute 31 seconds).

Audio & Video. <https://www.youtube.com/watch?v=IQvhoFMdXJo>

Can you Catch COVID-19 via Stool? From the CDC (1 minute 4 seconds). Video & Audio.

<https://www.youtube.com/watch?v=YUOGWH1oQFk>

Know your Risks of Getting COVID-19. From the CDC (41 seconds). Video only. No Audio.

<https://www.youtube.com/watch?v=4-aloGTYmlc>

Are you at Risk for Higher Risk of Complications from COVID-19?

From the CDC (2 minutes 20 seconds). Video & Audio.

<https://www.youtube.com/watch?v=OSie2SsVXqQ>

This Fall and Winter Flu Viruses and COVID-19 May both Spread.

From the CDC (1 minute 30 seconds). Video & Audio.

https://www.youtube.com/watch?v=02lCysV_t1E

INFECTION CONTROL, HAND HYGIENE,

PERSONAL PROTECTIVE EQUIPMENT (PPE), PRECAUTIONS

Infection Control Basics from the CDC. Link to CDC website. Reading only no Video or Audio.

<https://www.cdc.gov/infectioncontrol/basics/index.html>

What you need to know about handwashing from the CDC (2 minutes).

https://www.cdc.gov/video/cdctv/handwashing/306898_WYKTK_Handwashing.mp4

How to safely put on PPE. From the CDC (4 minutes). Video & Audio.

<https://youtu.be/H4jQUBAIBrl>

How to Safely take off PPE. From the CDC (3 minutes 25 seconds). Video & Audio.
<https://www.youtube.com/watch?v=PQxOc13DxvQ>

How to Remove Gloves. Poster from the CDC. No Video or Audio.
<https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf>

Use PPE When Caring for Patients with Confirmed or Suspected COVID-19.
 From the CDC Poster/Fact Sheet. No Video or Audio.
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf

Droplet Precautions Poster from the CDC. No Video or Audio.
<https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf>

Contact Precautions Poster from the CDC. No Video or Audio.
<https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf>

Cover your Cough Poster from the CDC. No Video or Audio.
https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

CAREGIVER TRAINING

Understanding Corona Virus. From In the Know – A Home Care Company. A self-paced interactive training with 8 segments: What are Corona Viruses? What are the Symptoms? COVID-19 vs Colds vs Flu, Caring for a Client with COVID-19. How to Prevent Spreading the Virus. How is COVID-19 Treated? Managing Anxiety and Fear. The lessons must be completed in order. There is a quiz at the end to check your understanding of the information. Very Informative!
<https://www.homecarepulse.com/training/understanding-coronavirus/#/>

COVID-19 A Guide for Direct Care Workers. From Care Academy. A self-paced training (approximately 1 hour). A quiz is at the end of the training. If you pass the quiz, a certificate of completion is provided. However, your personal information is solicited before a free certificate is provided. Very Informative!
<https://info.careacademy.com/en-us/covid19-certification-class>

Helping Dementia Residents through COVID-19 Challenges.
 LTSS ECHO COVID SERIES - John A. Burns School of Medicine
 Department of Geriatric Medicine (1 hour).
 Instructions: Click on link below and then click on the Recorded Training Sessions tab.
 Scroll down the list of trainings and click on:
 5/18/20 Helping Dementia Residents through COVID Challenges
<https://geriatrics.jabsom.hawaii.edu/ltss/>

HOME SANITATION

How to Clean and Disinfect your Home if Someone has COVID-19. From the CDC (2 minutes). Video & Audio.

<https://www.youtube.com/watch?v=KHCrYOGkLMM>

STAYING SAFE DURING COVID-19

What Can I do to Protect Myself from COVID-19? From the CDC (39 seconds). Video & Audio.

<https://www.youtube.com/watch?v=QH5zpa8xbic>

Know How to Wear your Mask Properly. From the CDC (1 minute 7 seconds). Video & Audio.

<https://www.youtube.com/watch?v=dSvff0QljHQ>

COVID-19 Social Distancing from the CDC (34 seconds). Video & Audio.

<https://www.youtube.com/watch?v=GDDDz89EhSU>

Visiting Friends and Family with Higher Risk for Severe Illness. From the CDC (49 seconds).

Video only. No Audio.

https://www.youtube.com/watch?v=iMKCdBo_v34

Spending Time with Friends and Family who Need to Take Extra Precautions. From the CDC (46 seconds). Video only. No Audio.

<https://www.cdc.gov/wcms/video/low-res/coronavirus/2020/1175411754visiting-people-higher-risk.mp4>

Shopping for Food and other Household Essentials during COVID-19. From the CDC

(1 minute 50 seconds). Audio & Video.

<https://www.youtube.com/watch?v=ne4yQhY7NWA>

Stay Safe at the Pool and Beach. From the CDC (33 seconds). Video only. No Audio.

<https://www.cdc.gov/wcms/video/low-res/coronavirus/2020/33963396safe-beach-pool.mp4>

SELF-CARE DURING COVID-19

Taking Care of your Daily Health during COVID-19. From the CDC (2 minutes 13 seconds).

Video & Audio.

<https://www.youtube.com/watch?v=OSie2SsVXqQ>

Managing Anxiety and Stress. From the CDC (2 minutes 15 seconds). Video & Audio.

<https://www.youtube.com/watch?v=BTx1vELv7zU>

TIPS

Help Stop the Spread of COVID-19 and other Respiratory Illnesses. From the CDC (1 minute). Video only. No Audio.

<https://www.youtube.com/watch?v=kEhNyxKopsg>

Key times to Wash your Hands. From the CDC (16 seconds). Video only. No Audio.

https://www.cdc.gov/wcms/video/low-res/coronavirus/2020/1533015330wash_hands.mp4

Key Times to Wear a Mask. From the CDC (15 seconds). Video only. No Audio.

https://www.youtube.com/watch?v=tnS9yC_bYHY

Key Times to Wear Gloves. From the CDC (16 seconds). Video only. No Audio.

<https://www.youtube.com/watch?v=IFqx9SG6Tkl>

Key Times to Practice Social Distancing. From the CDC (19 seconds). Video only. No Audio.

<https://www.cdc.gov/wcms/video/low-res/coronavirus/2020/23942394socialDistance.mp4>

Key Times to Clean and Disinfect your Home. From the CDC (20 seconds).

Video only. No Audio.

https://www.cdc.gov/wcms/video/low-res/coronavirus/2020/40774077clean_disinf_home.mp4



Long Term Care and COVID-19 Infection Prevention & Control Checklist

***Purpose:**

This is a checklist of recommended best practices that long term care facilities should implement before and during a COVID-19 case. This has been modified for the community-based adult residential care homes and foster family care homes. Refer to the “**What to Expect If There is a Case in Your Facility**” document or CDC’s website for detailed information.

BEFORE A CASE OCCURS:	
<input type="checkbox"/>	Provide HDOH (DOH.DOCD.HAI@doh.hawaii.gov) with an emergency point of contact for urgent case notification.
<input type="checkbox"/>	Know HDOH’s disease reporting line number for your county: <ul style="list-style-type: none"> • Oahu (Disease Reporting Line): (808) 586-4586 • Maui District Health Office: (808) 984-8213 • Kauai District Health Office: (808) 241-3563 • Hawaii District Health Office: (808) 933-0912 • After Hours (Physician’s Exchange): (808) 600-3625 or call Toll Free 1-800-360-2575
<input type="checkbox"/>	Have a COVID-19 Response Plan in place (CDC guidance can be found here). Response plans should address: <ul style="list-style-type: none"> • Infection prevention and control (IPC) measures. • Active symptom-based surveillance of both residents and staff. • Exclusion policies for symptomatic staff. • Isolation and cohorting strategies (cohorting should address both residents and staff). • Personal protective equipment supply and usage. • Testing plan.
<input type="checkbox"/>	Assign at least one caregiver or staff to provide on-site management of the Infection prevention and control program.
<input type="checkbox"/>	Ensure that caregiver and all staff always wear a facemask and consider eye protection for resident care activities.
<input type="checkbox"/>	If residents leave their room, they should also wear a facemask or cloth face covering if tolerated.

<input type="checkbox"/>	Remind other staff to stay home when ill.
WHEN A CASE OCCURS (INITIAL STEPS):	
<input type="checkbox"/>	1. Report provisional or confirmed diagnosis to a live person at HDOH.
<input type="checkbox"/>	2. Gather relevant information:
<input type="checkbox"/>	<p>*For caregiver/staff:</p> <ul style="list-style-type: none"> Caregiver/staff information (e.g. location, role, PPE use, employment at other facilities, etc.). Other staffing schedules. Close contacts with residents, household members or any household member contacts with symptoms of confirmed COVID-19.
<input type="checkbox"/>	<p>*For residents:</p> <ul style="list-style-type: none"> Resident information (e.g. roommates, room location, transfers, dialysis patient, etc.). Staffing schedules; list of all staff who provided direct care within the past 14 days.
<input type="checkbox"/>	<p>*General information:</p> <ul style="list-style-type: none"> Onset date. Other staff absentee logs (if applicable). Hospital transfers.
<input type="checkbox"/>	3. Implement infection control mitigation measures:
<input type="checkbox"/>	<p>Caregiver/Staff who worked with symptoms or worked in the prior 48 hours prior to symptom onset.</p> <ul style="list-style-type: none"> Determine residents that received care during this time: <ul style="list-style-type: none"> Restrict these residents to their rooms. Use all recommended PPE. Prioritize for testing. Exposed staff should be assessed for risk and need for work exclusion.
<input type="checkbox"/>	<p>Resident with new-onset suspected/confirmed COVID-19.</p> <ul style="list-style-type: none"> Ensure resident is isolated and cared for using all recommended PPE. <ul style="list-style-type: none"> Positive residents should not be cohorted with symptomatic or exposed. If confirmed to have COVID-19, transfer to designated COVID-19 room.

		<ul style="list-style-type: none"> • Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if possible, should not share rooms with others. • Consider halting admissions to the home. • Increase monitoring of ALL residents to at least 3 times a day. • Counsel all residents to restrict themselves to their rooms as much as possible and if they need to leave to wear a cloth face covering or facemask. • Staff should use all recommended PPE for the care of all residents in affected rooms. If staff PPE supply is limited, implement strategies to optimize PPE supply. • Reinforce basic infection control practices, ensure auditing of hand hygiene, PPE use and cleaning and disinfection occur. • Maintain all interventions while assessing for new clinical cases. 				
<input type="checkbox"/>	4. Communication:	<ul style="list-style-type: none"> • Care home must notify residents, families and staff of any identified case(s) among residents or staff at the facility within 24 hours of becoming aware of the case, per CMS guidelines. • Share copy of letter to families with Disease Outbreak Control Division (DOCD) if available. • Consider notification to primary physician, providers and other stakeholders. • Ensure that if resident is being transferred that receiving facility is aware of suspected or confirmed COVID-19 case. 				
<input type="checkbox"/>	5. Testing Plan:	<table border="1"> <tr> <td data-bbox="310 1325 331 1577"> <input type="checkbox"/> </td> <td data-bbox="331 1325 1432 1577"> <u>Triggers for testing:</u> <ul style="list-style-type: none"> • Active Surveillance should include testing of staff, residents , household members or visitors who report symptoms. • If suspected or confirmed case identified within care home, test all residents, household and staff who had direct contact. </td> </tr> <tr> <td data-bbox="310 1577 331 1902"> <input type="checkbox"/> </td> <td data-bbox="331 1577 1432 1902"> <u>Cohorting (Grouping):</u> <ul style="list-style-type: none"> • Plans to designate a COVID-19 room. • Plans on how to house symptomatic residents. • Plans are in place to cohort COVID-19 exposed (e.g. close, contacts, readmissions/new admission, dialysis residents). • Staff are restricted from floating and are not to carpool. </td> </tr> </table>	<input type="checkbox"/>	<u>Triggers for testing:</u> <ul style="list-style-type: none"> • Active Surveillance should include testing of staff, residents , household members or visitors who report symptoms. • If suspected or confirmed case identified within care home, test all residents, household and staff who had direct contact. 	<input type="checkbox"/>	<u>Cohorting (Grouping):</u> <ul style="list-style-type: none"> • Plans to designate a COVID-19 room. • Plans on how to house symptomatic residents. • Plans are in place to cohort COVID-19 exposed (e.g. close, contacts, readmissions/new admission, dialysis residents). • Staff are restricted from floating and are not to carpool.
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PPE Resources for Hawai'i

FREE PPE from Hawai'i State COVID-19 PPE Distribution Program: If you are a medical/dental practice, adult or foster care facility, small hospital, school, small business or non-profit in Hawai'i, you can order free PPE. Delivery of your order is 2 to 3 months. However, you will receive a box of available PPE in the interim. Register and place your order at <https://hawaii-medical-alliance.myshopify.com/>

OTHER RESOURCES

N95 Certified Fit Testing locations: N95 Fit Test/Train the Trainer: Email hiN95fit@gmail.com. Include in your email your needs, scheduling, requests, and coordination.

ORDERING PPE:

1. For Hawai'i Healthcare Emergency Management Coalition (HHEMC) members: Access the EOC platform website operated by HHEMC.
2. For non-HHEMC members: Email info@hhemc.net to request PPE, including gloves, masks, gowns, and face shields.
3. The priority system is tiered. HHEMC requests the following information: current number COVID-19 positive patients; PPE conservation measure implemented; the type of quantity of current supply; and PPE burn rate (consumption rate). Other information might be requested by HHEMC.

ORDER from Masks4Hawaii: complete the google form at https://docs.google.com/forms/d/e/1FAIpQLSejUaqIf7T2PjKrr07YbhjdWTZR_k-oEAC83mpkd1wuPTzPqA/viewform (These donors are not using a standardized pattern. Some donors are sewing masks with filter pockets). The maximum per batch order is 25.

ORDER from Kupuna Kokua: Kupuna Kokua donates cloth masks, surgical masks, and hand sanitizers and is willing to donate to facilities as well. Email Erica Warkus at info@kupunakokua.org. Include in your email organization name; purpose of organization; number of staff; number of patients, residents, and/or kupuna served, number of masks required; name, phone number, and email of contact person.

ORDER from Wilson Care Group: Healthcare providers can order from Wilson Care Group. PPE available includes N95 respirators, surgical masks, goggles, face shields, gowns, gloves, etc. Register for an account and order PPE at BeWellHawaii.com.

For those who cannot afford or access surgical masks:

Order at <http://www.every1nehawaii.com/>

ORDER surgical masks: Email Naomi Masuno of Rotary Hawai'i at masuno1@aol.com.

DECONTAMINATION SYSTEMS:

- **Hydrogen Peroxide Vapor:** Medical care providers and first responders can enroll online at www.battelle.org/decon. Enrollees will receive information on how to collect, package, and ship masks to its site located in Mililani, Hawai'i for decontamination. Their goal is a turnaround time of 72 hours plus 1 to 2 days for shipping. For more information to: <https://www.battelle.org/inb/battelle-ccds-for-covid19-satellite-locations>
- **UV Radiation:** For decontamination of only surgical masks. Email HPH at susan.nonaka@hawaiiipacifichealth.org.
- **Instant Pot:** For disposable N95 masks. Line the bottom of the Instant Pot with paper towels to ensure that the masks do not touch the heating element at the bottom. Stack the masks on top of the paper towels. Seal the lid and set a cooking cycle that will maintain 212°F for 50 minutes. No water is to be poured into the pot at any time. For more information, go to: <https://www.fastcompany.com/90537930/how-to-decontaminate-an-n95-mask-in-an-instant-pot>

ALTERNATIVES:**Face Shields:**

- Other substitutes include safety glasses or goggles. Goggles are useful when bathing patients.
- DIY acetate face shields: Go to <https://www.michaels.com/online-experiences/diy-face-masks-and-shields/diy-face-masks-and-shields>

Cloth Face Masks:

For DIY fabric masks, Olson style with pocket for filter and tape for seal.

Recommended material: cotton mix or tea towel.

Go to: <https://www.youtube.com/watch?v=ZnVk12sFRkY> [18:20 minutes]

Filter options: surgical drape, blue shop towels (from auto shops), or coffee filters.

Note: Cloth masks also can extend the life of a surgical mask or an N95 mask.

Long sleeve gown ideas:

- Sew your own or ask someone (e. g. a wedding gown company) to make tailor gowns or attach extenders to short-sleeve gowns for the facility to launder daily.
- Use a disposable poncho or garbage bag to cover the gown and extend the life of the gown, but be careful when doffing.

HAWAII DEPARTMENT OF HEALTH

Adult Residential Care Homes & Community Care Foster Care Homes
COVID-19 Guidelines & Protocols