

PIEDMONT COMMUNITY SERVICES
COVID-19 EMERGENCY PROTOCOL
REVISED: 04/03/2020

PURPOSE

The purpose of this Emergency Protocol is to protect individuals we serve as well as our staff by minimizing the risk of exposure to COVID-19. These Emergency Protocols will remain in effect until DBHDS and PCS is confident that they are no longer necessary.

We want to assure you that the safety and health of PCS staff and those we serve in our community are the most important thing right now. All of the information coming out about PCS' role and actions in the current state of emergency will be based on these two factors, health and safety.

Brief Background Statement:

The [Commonwealth of Virginia](#) and [The United States of America](#) are currently under a state of emergency in efforts to control the rapid spread of the COVID-19, or the novel coronavirus, pandemic. All of the actions currently implemented in the United States are to "[flatten the curve](#)" of transmission and infection rates through the simplest and most effective manner – reduce contact between people in large groups. These efforts provide valuable time to allow healthcare systems to manage and treat those infected.

PCS, as a public provider of healthcare services, must play its part in controlling exposure opportunities while still serving our community.

PCS Operational Plans:

PCS will be implementing a three-level approach to address the COVID-19/Coronavirus.

- Level I
 - **Criteria:**
 - COVID-19 identified as a national concern
 - Cases identified in Virginia
 - **Steps taken:**
 - Education of patients and staff
 - Communications with patients and staff about current status and implementation
 - Implementation of screening of patients and staff
 - Identification and development of capability and flexibility
 - Development of telehealth, video conferencing, telephonic, and work from home
 - Instruct all clients to use hand sanitizer at entry

PIEDMONT COMMUNITY SERVICES
COVID-19 EMERGENCY PROTOCOL
REVISED: 04/03/2020

- Any staff that provide direct services should also screen the individuals on their daily calendars by phone to prevent an exposure risk.
 - Patient groups, outings and field trips should not go to large meetings or events (>10 people)
 - Increase cleaning and sanitizing of all facility common areas and multiple touch surfaces.
 - Staff should follow CDC prevention guidance (see page 4)
-
- Level II
 - **Criteria:**
 - Confirmed cases identified in our catchment area or adjacent counties
 - **Steps taken:** (in addition to steps in Level I)
 - Beginning 03/31/2020 the following programs will move to working from home where possible. (Case Management, Outpatient, Prevention, Early Intervention, Healthy Families, CRP, limited Medical Services, and other services as deemed appropriate)
 - It will be allowable for staff to come to the office for work related activities.
 - Staff working from home will complete the “Provider Activity Log” and send to supervisor weekly.
 - A **Minimum** of 32 hours of services must be provided.
 - Managers should make at least weekly contact with staff working from home.
 - Begin to phase in the use of telehealth for counseling and other patient services
 - Patients presenting at our facilities will be screened and checked in and then asked to wait outside or in their vehicle until their scheduled appointment time. At which time staff will invite them in for their session. Only the patient or guardian will be allowed inside the buildings
 - Individuals inquiring about their ongoing services or for Same Day Assessment will be offered the option to conduct their services by phone or teleconferencing
 - Begin to phase in the use telehealth for crisis pre-screenings
 - Limit in-person administrative agency meetings – use email, video or tele-conferencing
 - Implement alternate staffing schedules to reduce the number of employees in the following locations: (Clay Street, Technology Drive, Patrick Springs, Dudley Street, Prevention, D-Street, PACT)
 - Use of conference calls or teleconferencing is highly recommended for all staff meetings

PIEDMONT COMMUNITY SERVICES
COVID-19 EMERGENCY PROTOCOL
REVISED: 04/03/2020

- Staff shall limit client transportation to meet the health and safety needs of the individual. Supervisor approval required prior to transportation of clients.
 - Limit patient groups, especially if they involve patients with high risk of poor outcomes from COVID-19
 - Maintain a distance of 6 feet between yourself and others
 - No patient outings or field trips
 - Staff with risk of poor outcome from COVID-19 should be especially vigilant about screening for themselves and their patients. They should discuss with their supervisor if they should have contact with groups of clients and consider (with the assistance of the medical team) the use of PPE. They should consider using telehealth from home.
 - All Residential Sites, as well as the Day Treatment Programs (Group Homes, Horizons, IOP, etc.) will restrict visitors and community activities.
 - With employee absences, supervisors should use cross-trained and other site employees to fill vacancies for 24 hour required services.
 - Staff should follow CDC prevention guidance (see page 4)
- Level III
 - **Criteria:**
 - Widespread sustained transmission in our catchment area or adjacent counties.
 - **Steps taken:** (in addition to steps in Level I & II)
 - All facilities closed to the public
 - No in person agency or team meetings – use email, video or teleconferencing
 - Only essential services (Emergency, Residential, PACT) will provide face-to-face services. All other services will be provided by conference call or telehealth.
 - No patient groups, outings or field trips.
 - Staff should work from home if identified by their supervisor as appropriate to do so
 - With employee absences, supervisors should use cross training and other site employees to fill vacancies for all services
 - Increased use of telehealth for all staff
 - Staff should follow CDC prevention guidance (see page 4)

PIEDMONT COMMUNITY SERVICES
COVID-19 EMERGENCY PROTOCOL
REVISED: 04/03/2020

Critical Incident Reporting:

Anytime an individual has a presumptive positive or laboratory confirmed diagnosis of COVID-19, staff member will be required to complete a critical incident report.

Staff Self-Monitoring:

All staff members are required to self-monitor for signs and symptoms of the COVID-19. If you feel you are exhibiting symptoms, please notify your supervisor and do not report to work.

CDC Guidelines for Staff to Follow:

1. Wash your hands frequently, especially after using the restroom, before eating, or coughing, sneezing, or blowing your nose.
2. Cover your coughs and sneezes.
3. Do not touch your face.
4. Do not come to work if you are ill (cough, shortness of breath, fever, $T \geq 100.4$) and not until these symptoms have resolved for at least 24 hours (lack of fever means no fever without fever reducing medications for 24 hours).
5. Routinely disinfect high touch surfaces.
6. Staff are discouraged from travel to areas with widespread or community transmission, according to Centers for Disease Control. If an employee or a member of their household chooses to travel to these areas, contact their supervisor for screening prior to returning to work. It is possible that the employee will not be able to return to work for 14 days, or may be required to use additional infectious disease control measures for 14 days upon return. Before travel, the employee should discuss with the supervisor to know if they will be able to work from home, or if they will be required to use accumulated or unpaid leave.
7. Do not come to work for 2 weeks after **high risk** exposure to a person with documented or suspected COVID-19. When the suspected individual is tested and negative, the employee may return to work. **High risk** exposure is prolonged contact (greater than a few minutes) with a person suspected of or confirmed COVID-19 or exposure to potentially infectious material (coughed or sneezed on) and the employee **does not** wear personal protective equipment (PPE – mask and/or gloves).

PIEDMONT COMMUNITY SERVICES
COVID-19 EMERGENCY PROTOCOL
REVISED: 04/03/2020

Emergency Preparedness:

1. Although the following are essential for teams that are statutorily defined as 24-hour services (PACT, emergency services, residential services), all teams should work to increase their capability and flexibility.
 - a. Supervisors will cross train staff as much as possible for other job responsibilities.
 - b. Supervisors will develop and maintain a list of other site and team employees with appropriate skills, licensure for back up positions.
 - c. Supervisors should define job functions that can be performed remotely and employees that have the capability to perform them.
2. Telehealth, video conferencing, and telephonic capacity should be developed and inventoried.
3. The Human Resources Director in conjunction with their Division Director will review options for an alternate type of leave to be used if an employee is exposed to a person with confirmed or suspected COVID-19 as part of their job responsibilities or otherwise unrelated to elective travel outside the catchment area.
4. Employees that personally travel to areas with known widespread sustained transmission of COVID-19 may be subject to the CORONA VIRUS RELIEF BILL with PAID LEAVE MANDATE.
5. If an employee is medically at risk for severe complications from COVID-19***, their supervisor will work with them (and the medical team) to develop a plan to lessen their risk of exposure. The employee should obtain guidance and written direction from their physician.
6. Providers will identify patients susceptible to worse outcomes from COVID-19***.
7. Providers should be aware of patient concerns about COVID-19 and able to provide current accurate information and allay anxiety.
8. Medical team will work to inventory and obtain additional PPE. Medical team and supervisors will help to identify designated isolation areas.
9. These are general guidelines. Please review and follow agency and program-specific infectious disease control policies.

PIEDMONT COMMUNITY SERVICES
COVID-19 EMERGENCY PROTOCOL
REVISED: 04/03/2020

***Currently: older age, hypertension, diabetes, smokers, impaired immune system; Lancet, March 9, 2020
([https://doi.org/10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3)).

Future Updates:

PCS is closely monitoring the COVID-19 situation and all CDC recommendations, as well as the direction from other state and local agencies. With new information being announced frequently, PCS will have to exercise flexibility as we deal with this pandemic and responses to it.

Please watch your email for updates and changes to the operations of PCS in the coming days as the situation evolves. If you have any questions, please contact your supervisor, your Division Director, Executive Director.

Remember to wash your hands!!