

## **Goodwin House Infection Precaution Protocols: Q&A**

**April 24, 2020**

Goodwin House has long followed the infection control protocols of the Centers for Disease Control (CDC) to protect against the spread of infectious illnesses, whether they be seasonal flu or more pervasive viruses. In February, we escalated discussions with state and local health authorities as we monitored the spread of Coronavirus Disease 2019 (COVID-19). On March 2, we started daily meetings of our Infection Precaution Protocol & Planning (IPP) team, which is comprised of organizational and interdisciplinary leaders, including our medical and clinical services directors.

Every morning, the IPP team assesses our situation. Together, they review updated guidance from the CDC, the Virginia Department of Health, local public health departments and Dr. Mariatu Koroma-Nelson, the Goodwin House Medical Director who is a physician with the Virginia Hospital Center. The IPP team has been building upon our protocols, making updates and adjustments as the situation requires it in our efforts to keep residents, members and staff safe.

Here are some of the steps we have taken:

- Enhanced training on infection precaution and hand hygiene for all staff
- Additional and preventive cleaning and disinfecting of high-touch surfaces
- Procurement of disinfectants, personal protective equipment and other supplies
- Screening for all staff, visitors and contractors
- Adjustments to standard resident services such as dining services and communal activities
- Stay on Campus and quarantine protocols for residents
- Changes to visiting and delivery protocols
- 14-day quarantines for all new residents
- Requiring all staff members to wear masks
- Provided residents with masks and asked all residents to wear masks when they are outside of their apartment
- Requiring staff to select a single employer

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Our protocols keep our focus on what matters most—the safety and health of our residents and staff members. We have protocols ready for various scenarios so that when those scenarios present themselves, we are ready for action. Since late February, we have been anticipating, preparing for and rehearsing actions that we might need to take to protect our residents and staff. When those moments come, we implement what we’ve rehearsed.

With the news that we have one resident who has tested positive (a Goodwin House Bailey’s Crossroads Health Care Center resident) and as COVID-19 reaches its peak in our region, we wanted to provide you with in-depth details on our protocols and how we implement them for various situations.

**Q. What do you do in the case of potential exposure to COVID-19?**

**A.** When we learn that a resident or staff member has been potentially exposed to someone who tests positive for COVID-19, we require them to quarantine for 14 days. Residents who remain in their apartment during this time receive full support from staff. We deliver meals and anything they need, and nursing staff check in with them on a regular basis. Staff must remain at home for 14 days, take their temperature twice a day and check in daily with their supervisor.

**Q. If you know someone has been exposed to COVID-19, are you testing them?**

**A.** Goodwin House continues to make decisions about when to request that public health departments test residents and staff based on CDC guidelines, symptoms, exposure to a confirmed COVID-19 case, clinical advice from our Medical Director Dr. Mariatu Koroma-Nelson and guidance from the health departments themselves. Currently, local health departments will only administer COVID-19 tests when symptoms are present or there has been an outbreak in a senior living or group living environment.

Goodwin House, like many senior living organizations, is actively pursuing the goal to have internal testing capabilities. The ability to make progress on that goal is highly dependent on multiple variables outside of our control – the inventory of testing kits, production capacity to make testing kits and distribution protocols around testing kits. In addition, those same variables exist with respect to Personal Protective Equipment (PPE). Neither testing kits nor PPE are in adequate supply in our country at present.

The state of Virginia is taking steps to prioritize senior living organizations to receive testing kits and ample PPE to use in administering tests. We are very supportive of

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these steps and working with our association, LeadingAge Virginia, to expand access to testing kits, PPE and training to administer tests.

Goodwin House also is taking steps to access testing kits on our own through health care partners, such as LabCorp and other independent labs. We have been able to obtain a modest number of tests and the PPE required for those who administer tests. We are in the very early stages of conducting tests on staff and residents and developing the protocols that will enable us to safely and consistently administer more tests over time. The next critical step is to train staff on the competencies required to administer the tests safely and accurately on an ongoing basis.

In addition to obtaining and administering the nasal test, we are working with our Lab partners to explore the use of the less invasive oral test. We have a dedicated team that includes our health care leaders, Dr. Nelson and Dr. Maggie Gloria, Medical Director for Goodwin House Hospice, who are working daily to develop the protocols and training so we can implement in-house testing on an ongoing basis.

**Q. Can I purchase a test and ask the Goodwin House staff to administer it?**

**A.** Not at this time. It is important that Goodwin House work directly with approved and licensed laboratories to ensure tests are administered properly and safely according to established standards and procedures, and that the results are handled safely and accurately within a very tight chain of delivery. For the safety of our residents and our staff, we will not go outside of these protocols and use kits purchased by individuals.

**Q. What steps do you take when a staff member tests positive?**

**A.** When a staff member tests positive, we immediately trace their steps back to 48 hours before they experienced symptoms and identify risks of exposure to residents as well as other staff. We work directly with any individuals affected, notifying them of the situation. If any residents were exposed to that staff member, we notify their families and monitor the health of those residents daily for symptoms. Staff members who interacted with any employee who has COVID-19 are asked to stay home if they are experiencing symptoms. All employees are screened when they report to work. All employees are also required to leave work immediately if they begin to experience any symptoms that are associated with COVID-19.

These are the protocols advised by the CDC, Virginia Department of Health and recent research published in the New England Journal of Medicine and The Journal of the American Medical Association.

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**Q. What steps do you take when a resident tests positive and specifically, what steps are you taking for the GHBC Health Care resident who has tested positive?**

A. When a resident tests positive, we immediately look back over the past 48 hours before they experienced symptoms and identify risks of exposure to other residents as well as staff. The protocols that we follow have been developed for each level of living. The protocols support the goals of ensuring the health and recovery of the resident and minimizing the risk of spreading the illness further in the community while the resident is being treated.

For instance, in our health care centers and assisted living, we have established specific protocols for resident isolation, staff access to where the resident would be while recovering and protocols for the use of full PPE. In addition, there are protocols for cleaning and disinfecting that area and linens and other materials used by the resident or during the course of caring for the resident.

The GHBC Health Care resident who tested positive has been moved to the Magnolia household and is being cared for by a dedicated team wearing full PPE. In addition, we have removed from the work schedule those staff members who cared for the resident. These staff members will be tested and the results must be negative before they can return to work. We are monitoring the other residents daily for symptoms and will request testing promptly if symptoms warrant it.

These protocols are being implemented for the GHBC resident who tested positive for the resident's protection and the protection of the other Health Care residents and the dedicated staff team caring for this resident. For example, at GHBC, we took steps early on to set aside space in the Magnolia household for residents that tested positive for COVID-19. GHA has taken a similar precautionary action to set aside the James House in the GHA Health Care Center to care for residents that test positive with COVID-19.

At Goodwin House, we are equally focused on the human level – giving our best emotional love and support to the resident who has tested positive. Behind the masks, gloves, gowns and shoe covers are staff members with caring hearts for our residents. Whether a resident has been tested and is awaiting results or, in the case of the GHBC Health Care resident who has tested positive, our staff members talk with residents, listen to their concerns and do their best to provide them with their favorite comforts. We also speak regularly with residents' loved ones to answer their questions and provide an update on their recovery and the ways we are caring for their family members.

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Similar protocols are in place should a resident in Residential Living test positive for COVID-19. These protocols also outline procedures for health care delivery, meal delivery, cleaning and disinfecting the resident's apartment and linens and other materials used by the resident or during the course of caring for the resident.

In addition, similar to the steps we take when a staff member tests positive, we immediately trace their steps and identify risks of exposure to others. We work directly with any individuals affected, notifying them of the situation.

These are the protocols advised by the CDC, Virginia Department of Health and recent research published in the New England Journal of Medicine and The Journal of the American Medical Association.

It is also important for residents to know that our local health departments will visit our campuses when a resident has tested positive to monitor our protocols and provide guidance as needed. This is the procedure they follow for all senior living communities with residents who have tested positive. Health Department officials wear full PPE when they visit senior living communities.

**Q. Is it difficult for residents to be served by staff in full PPE and somewhat frightening? How are we preparing our most vulnerable residents in Health Care for that experience?**

**A.** Our health care leaders are very present to our residents in health care, memory support and assisted living right now. They are very tender in explaining to them changes in the daily routines to their care. They are also very thoughtful in explaining to these residents and their family members when a core team is assigned to serve them for their safety, and why these staff members are wearing PPE.

**Q. If a staff member has tested positive for COVID-19, completed their 14-day quarantine and recovered, will they be able to come back to work?**

**A.** Staff members who have recovered from COVID-19 may return to work no earlier than 14 days since they tested positive and after two negative tests are obtained. Under this protocol, the first test occurs on the 15<sup>th</sup> day after a positive initial COVID-19 test with a second test administered 48 hours after the first negative test. This protocol prevents a staff member from returning to work on the basis of a single test that could be a false negative result.

We advise staff who are ill to speak to their physician and receive testing if their health care provider deems appropriate.

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**Q. Do Goodwin House staff members work second jobs at communities that have COVID-19 cases? If so, are these staff members allowed to continue working at Goodwin House?**

**A.** As advised by the local health departments, in-line with other health organizations, and for the safety of our residents and staff, we recently made the difficult decision to require staff members who work for more than one health care community to choose just one place of employment during the COVID-19 pandemic. This decision was communicated to residents in an April 23 video message and written letter from Goodwin House President & CEO Rob Liebreich.

As part of this decision and as an additional measure to keep the virus out, we are requiring staff who work in another job that brings them into regular contact with anyone other than their household members to commit to either Goodwin House or their other employer. We are asking all staff members to select their sole employer by the end of Sunday, April 26. This is additive to a protocol implemented on March 20 regarding staff working at another senior living community that had a positive COVID-19 case. In those instances, the staff member was removed from the Goodwin House work schedule for 14 days to ensure they were not COVID-19 positive and asymptomatic.

For those staff who choose to work elsewhere, we look forward to reuniting with them in the future. We are grateful for their service to Goodwin House.

We expect to meet the needs of our residents and members through the hiring of new staff combined with our existing dedicated staff. Beginning May 6, all newly-hired employees will be tested for COVID-19 before beginning their employment with Goodwin House.

**Q. What kind of financial burden will this cause for staff?**

**A.** We understand this decision might create a financial burden for some of our staff, and Goodwin House has implemented a number of programs to assist all staff during this difficult time. These staff supports include need-based grants from our Foundation, a one-time Gratitude payment, a Goodwin House “grocery store” offering basic household supplies and foods at discounted prices based on need, and, for many, an increase in hourly pay for at least the next six months.

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**Q. What are you doing to keep areas clean and disinfected?**

**A.** We use CDC-approved chemicals for health care facilities including Alpet and Comet. We also regularly use bleach wipes on non-wooden surfaces.

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Following the positive staff cases at each community, we have provided additional training to all staff on handwashing, environmental cleaning, recognizing COVID-19 symptoms and mask utilization. Additional cleaning is added to any areas where we might have had exposure to COVID-19, either due to a resident or staff member who tests positive.

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