



# RE-OPENING IMPLEMENTATION PLAN

as of August 18, 2020

Pediatric Specialty Care's (PSC) Re-Opening Implementation Plan will vary from site to site. For information regarding a particular location, please contact the Administrator at the PSC community.

PSC Hopewell, 2900 Johnson Street, Aliquippa, PA 15001 - James Wood, Administrator, 724.371.8096  
PSC Philadelphia, 3301 Scotts Lane, Philadelphia, PA 19129 - Ken Molczan, Administrator, 215.621.6155  
PSC Lancaster, 120 Rider Avenue, Lancaster, PA 17603 - Rebecca Singer, Administrator, 717.394.0882  
PSC Point Pleasant, 90 Cafferty Road, Point Pleasant, PA 18950 - Doreen Illis, Administrator, 215.297.5555  
PSC Doylestown, 3938 Glen Drive, Doylestown, PA 18920 - Doreen Illis, Administrator, 215.297.5555  
PSC Quakertown, 425 Cedar Crest Drive, Quakertown, PA 18951 - Doreen Illis, Administrator, 215.297.5555

## TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT (PPE), & STAFFING

### Testing

Testing is completed through a PSC contract with Quest Laboratory.

PSC has limited inventory of test kits to be used for 24 hour testing of children or staff showing COVID-19 symptoms.

Non-essential staff, volunteers are not permitted to enter a PSC facility. When PSC does allow this, evidence of a negative test is required prior to entry into PSC facility.

### Cohorting

Individuals suspected of exposure to COVID-19:

- a. With natural airway: should be given a surgical facemask to wear, if tolerated, when a Health Care Provider (HCP) is in the room.
- b. With a tracheostomy: staff must wear a mask eye protection, along with other PPE, when performing any respiratory care/treatment.

The individual must be isolated in a separate room with the door closed to the extent that it is safely possible:

- a. If an isolated room is not available, close the privacy curtain if the individual has an asymptomatic roommate that cannot be relocated.
- b. Staff should observe contact and droplet isolation for the asymptomatic roommate.

Place individual on Yellow Zone (droplet and contact) precautions (obtain signage for room and PPE):

- a. Staff attending to the individual should wear gown, gloves, mask and eye protection.
- b. If available, an N-95 mask with eye protection or PAPR should be worn during any respiratory care/treatment.



### **Cohorting (continued)**

Social distancing of at least six (6) feet from the individual should be maintained except for brief, necessary interactions.

Bundle care by minimizing the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.

Record any staff member who enters the room by using a daily log.

Do not float staff between floors.

### **Personal Protective Equipment (PPE)**

PPE inventory:

- o assessed daily and documented in a centralized database, which includes a burn-rate calculator to anticipate needs
- o monitored closely by PSC's Central Supply Assistant, PSC facility leadership, and PSC's Regional Purchasing Agent

PSC's supply of PPE is adequate to last for several weeks.

Each PSC facility may obtain additional PPE inventory from other PSC sites, if needed.

### **Staffing**

PSC's current staffing is adequate to provide care to the children, and support visitation from parents/families.

PSC has developed a comprehensive emergency staffing plan in the event of staffing shortages due to the pandemic.

## **SCREENING PROTOCOLS**

All children receive a temperature & respiratory assessment by a licensed nurse every 12 hours.

All staff have a temperature assessment and complete a screening questionnaire upon entry into a PSC facility & before assuming their work responsibilities. The questionnaire includes questions regarding symptoms, possible exposures and travel history.

All staff working 12 hours or more receive mid-shift temperature check and symptom assessments. If screening reveals any concerns regarding exposure or illness, staff members are required to leave the building and recommended to seek care from a medical provider.

All healthcare personnel who are not staff have a temperature assessment and complete a screening questionnaire upon entry into the facility and before assuming their work responsibilities. The questionnaire includes questions regarding symptoms, possible exposures and travel history. If screening reveals any concerns regarding exposure or illness, healthcare personnel are required to leave the building.



Non-essential and volunteer visitors are prohibited to enter PSC facilities until further notice.

All visitors will have a temperature assessment and complete a screening questionnaire upon entry into a PSC facility and before visiting their child. The questionnaire includes questions regarding symptoms, possible exposures and travel history. If screening reveals any concerns regarding exposure or illness, visitors will be required to leave the building immediately.

## MEAL TIME

Only a small number of children in PSC facilities eat by mouth, therefore communal dining is limited and staggering of dining hours is not typically necessary.

Chairs are placed 6 feet apart around tables to ensure social distancing.

Table and chairs are cleaned with a facility-approved germicidal/disinfecting cleaning agent after each meal.

PSC staff wear masks and other PPE as needed/appropriate when assisting with feeding.

Alcohol-based hand sanitizer is readily available.

## GROUP ACTIVITIES

- Extremely limited and consist of educational or developmentally-enriching events
- Limited to a small number of children, approximately 2-4 children per activity
- Held in a PSC facility day room/gym
- Supervised by PSC staff, ensuring social distancing is maintained

PSC staff are universally masked and children are also masked as tolerated/appropriate. Alcohol-based hand sanitizer is available during the activity.

Any toys or equipment used during the activity is cleaned per policy using a facility-approved germicidal/disinfecting cleaning agent.

As re-openings are expanded, activities may be increased from 2-4 children to 10 or fewer children. All other guidelines will remain the same.



## VISITATION

Visitation hours:

- scheduled during time frames when adequate staffing is available and when families frequently visited prior to the pandemic (typically afternoons and evenings)
- scheduled through the facility's PSC Social Worker or PSC Leadership
- recorded electronically in PSC's medical record event calendar, ensuring all staff has access to and are aware of the visitation schedule

The length of the visit will be one (1) hour. Two (2) visits a week are permitted for each child.

Two (2) visitors for each child will be allowed to maintain social distancing and infection control.

The visitation area will be sanitized before and after each visit, using a facility-approved germicidal/disinfecting cleaning agent.

Alcohol-based hand sanitizer is available in the visitation area.

Those children and families who are experiencing emotional and behavioral difficulties due to separation during the pandemic will be prioritized for visitation.

PSC's leadership will work to accommodate families experiencing a unique situation requiring a specific timeframe for visitation to the best of our ability.

Most PSC children will be able to accept visitors, unless they are on isolation precautions.

Each child has a nursing assessment every 12 hours, which will determine if there are any individual restrictions to visitation based on their current status.

In the rare event that a visit needs to occur in the child's room visitors will be asked to wear a gown along with a mask during the visit. The visitor will be instructed to limit the visit to a defined area in the room. If the child has a roommate, the roommate will be moved from the room for the visit. Following the visit, the room will be sanitized using a facility approved germicidal/disinfecting cleaning agent. Alcohol-based hand sanitizer will be available in the room.