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RE: AliveDrip will remain open as essential healthcare business.

To Whom It May Concern:

AliveDrip is prepared with the proper compliance features based on CDC recommendations of social distancing greater than 6 feet. AliveDrip is an essential business in this fight against COVID 19 pandemic. We're providing patients with necessary IV hydration and immunity using micronutrients to combat weak immune system.

We are being attentive to personal protective equipment to protect our staff and for our patient safety. We follow the protocol for business operations through this COVID-19 pandemic complying with all guidelines set forth by the CDC.
We treat each patient as if they were infected or had been in contact with an infected person. Our operation is necessary for hydration of patients, dehydration can lead to worsening risk for infection of any disease. We educate every patient about the risks of COVID-19 during their session and taking necessary precautions to contain this virus.

Guidelines to screen, evaluate and treat patients at AliveDrip under a virus threat.

Following best actions to minimize the spread of coronavirus COVID-19 novel.

No clinical symptoms allowed sick patients meaning flu symptoms like coughing wheezing, shortness of breath, fever, chills, night sweats and muscle aches.. **Any active Symptom require your physician involvement and possibly urgent care. Telemedicine can be made available for the patients upon request.****

Travel history taking of the patient to evaluate for possible high-risk areas along with any international travel. Risk factors considered from each area.

Patients entering into AliveDrip have waived possibility that community spread covid19 might be possible is all scenarios considered. AliveDrip has taken precautionary measures to limit the extension of this viral disease throughout its centers by:

1. Following good sterile techniques and proper PPE's
2. Infusion room is sterilized before and after patient With a hospital grade cleaners antivirals and anti-bacterials.
3. Phone screening following CDC recommendations is performed prior appointment.
4. Patients wait in car until the space is sterile and ready for them.
5. Personnel is always protected with adequate PPE using N95 masks at all times
6. Temperature checked for every patient in the car
7. Separate rooms each room can hold only 1 person at a time (or 2 if they keep a distance of 6 feet)
8. Every patient is contained in their own space to minimize spread to general area.
9. Hospital antiviral cleaning supplies used on all surfaces in contact with

We will request each patient to bring their own face mask in case they sneeze or cough to prevent community spreading virus's.

The AliveDrip offices of Montclair and Ridgewood shall remain open as essential business in healthcare.

If any additional information is required, please feel free to ask for my contact at the reception area of AliveDrip.

Best regards,

Dr. Samuel Schenker
Medical Director
1833-AliveDrip

CDC Guidelines for Healthcare Professionals

Key Concepts

- Establishing isolation sites and alternate care sites will help address surge in the response to COVID-19.
- Since care will be provided in a non-traditional environment, it is critical to ensure these facilities can support implementation of recommended infection prevention and control practices.

A local surge in the need for medical care may require jurisdictions to establish isolation sites and alternate care sites (ACS) where patients with COVID-19 can remain for the duration of their isolation period. These are typically established in non-traditional environments, such as converted hotels or mobile field medical units.[1] Isolation sites are intended to be locations for patients who do not require medical care, while ACS are intended be locations for patients who require some degree of medical care.

This guidance provides critical infection prevention and control (IPC) considerations for isolation sites and ACS, and is intended to supplement existing plans (created by jurisdictions as part of pandemic planning).

The following information is for isolation sites and ACS that house adult patients with confirmed COVID-19, but the patient:

- Still needs Transmission-Based Precautions,
- Does not require the level of care available at an acute care hospital, and
- Cannot remain in or return to their place of residence.

This could apply to:

- Nursing home residents who have COVID-19 and need to be moved out of the facility
- People with COVID-19 in the general population who cannot return to their place of residence for social reasons (e.g., there are elderly relatives in the home)
- Patients with COVID-19 who are currently hospitalized but can be discharged to a lower level of care
- People with COVID-19 who are currently experiencing homelessness and cannot be discharged to a congregate setting

The expected duration of care for patients in an isolation site or ACS would be based on their clinical needs and the timeline for discontinuation of Transmission-Based Precautions.

Facility Types

This guidance addresses two tiers of facilities:

Isolation Sites (Tier one): Temporary housing for a cohort of patients with COVID-19 who do not need medical attention but who cannot stay at home (e.g., they have high-risk family members). A separate facility could be considered to quarantine people who have been exposed to SARS-CoV-2 but do not have symptoms. Patients in this type of facility would require limited monitoring and could care for themselves (e.g., do not need assistance with medications or activities of daily living (ADLs)). These facilities would have limited medical staff on hand. These patients could be housed in a dedicated hotel or dormitory meant for this purpose (in their own rooms with their own bathroom).

Low-acuity Alternate Care Sites (Tier two): This level of ACS provides medical care to convalescing cases of COVID-19 after hospital discharge and are equipped to provide low-acuity care for other medical conditions in this population (e.g., assistance with managing blood glucose). These facilities could also house residents with COVID-19 who need to be moved from nursing homes that are experiencing COVID-19 outbreaks. These patients would often require some level of assistance (e.g., help with ADLs or medications) and a higher level of monitoring than required for patients in isolation sites. These patients may be better suited in a facility that has an open layout (e.g., school gymnasium) to allow limited numbers of healthcare personnel to more easily monitor their status.

This guidance does not address a third tier of ACS (**High-acuity Alternate Care Sites**) that would provide hospital-level care for patients who do not have COVID-19 to increase capacity for hospitals to care for COVID-19 patients. These facilities could also be established to provide hospital level care for patients with COVID-19. State and local healthcare leaders should consider their local situation when deciding which of these facility tiers are needed.

Additional consideration should be given to facilities that care for both confirmed and suspected COVID-19 patients. These scenarios would require additional IPC and staffing considerations. For example, if the ACS provided care to both confirmed and suspected COVID-19 patients, planning would need to address maintaining physical separation between the different patient cohorts and assigning dedicate personnel to work in each area.

This guidance identifies some key considerations for IPC in isolation sites and ACS. However, it does not address other important aspects, including patient transportation to and from nearby healthcare facilities. Jurisdictions should consider how close the facility is to nearby healthcare facilities, including acute care hospitals, and may need to have agreements in place with surrounding healthcare facilities regarding patient transfer.

Physical Infrastructure

- Layout plan for all areas of the facility
- Layout should include the following areas:
- Patient triage

- Staff respite area separate from patient care area with a bathroom for staff use only: staff can store personal belongings, take breaks, and eat
- Area for staff to put on and remove personal protective equipment (PPE)
- Patient care area or rooms with access to patient bathrooms/shower areas
- Designated area in patient care area where staff can document and monitor patients
- Clean supply area
- Medication storage/preparation area
- Dirty utility area

Air conditioning and heating

- Functional HVAC (heating and cooling) system
- **Tier one:** Ideally a facility whose HVAC units are mounted on an external wall and able to accommodate some outdoor air dilution as opposed to internal, 100% recirculation units
- **Tier two:** Care is provided in a large open space; ideally the HVAC has air supply at one end of the space and air return at the other end of the space
- Staff respite area would ideally be in a room separate from the patient care area; at a minimum it should not be in a location near the air return
- Facilities with generator support are optimal

Spacing between patients

- Determine maximum number of patients who can safely receive care in the facility
- Plan for safe spacing between patients
- **Tier one** (e.g., hotel rooms): Each patient should have a separate room with a separate bathroom
- **Tier two:** There should be:
- At least 6 feet of space between beds
- Physical barrier between beds, if possible
- Bed placement alternating in a head-to-toe configuration; ideally beds and barriers should be oriented parallel to directional airflow (if applicable)
- Space for clean storage
- Space for dirty storage
- Clean storage would ideally have a refrigerated section for medications and a room temperature section for other clean supplies (e.g., linen, PPE)
- Dirty storage would have space for medical and non-medical waste and dirty equipment waiting to be reprocessed

Contamination prevention

- Cleanable floors and surfaces[2]
- Avoid porous surfaces (e.g., upholstered furniture, carpet, and rugs) as much as possible

- Facility is functional for patient movement, including doors that are wide enough for wheelchairs and stretchers
- No visitors or pets to avoid unnecessary risks to patients and staff; post signage at entrances to the facility indicating this policy

Services

- Catering provided with disposable plates/utensils
- Separate place for staff to eat without wearing PPE

Environmental services

- Environmental services can be provided regularly and safely by trained staff
- Environmental services staff have all necessary training and wear appropriate PPE for exposure to disinfectants and patients with COVID-19
- EPA-registered disinfectants from List N are used according to label instructions
- **Tier one** (e.g., hotel rooms): Environmental services staff perform terminal cleaning of rooms and patients perform daily cleaning:
- Patients should be provided cleaning materials (i.e., disinfectant wipes, gloves) and instructed to clean high-touch surfaces and any surfaces that may have blood, stool, or body fluids on them daily, according to the label instructions
- Establish a process for at least daily removal of trash from rooms
- **Tier two** (e.g., large open space): Environmental services staff would perform both daily and terminal cleaning:
- Wipe-down of all floors and horizontal surfaces at least once daily
- Immediate clean-up of all spills of blood or body fluids[3]
- Regular disinfection of high-touch surfaces (e.g., doorknobs)
- At least daily cleaning of bathrooms
- Sanitation and waste services are available for medical waste (if required)
- Sanitation and waste services are available for routine waste
- Laundry services are provided in accordance with routine laundering practices using either washer and dryers on site or through a contract with a laundry service
- Medications are properly labeled and stored
- The layout has designated a space for medication preparation activities that is not in the immediate patient care area and is away from potential sources of contamination (e.g., sink)
- Staff who prepare and administer medications have been appropriately trained on methods to prevent medication errors and contamination
- To the extent possible, patients should arrive with all necessary medications
- Ensure patients' medications are properly labeled to prevent use on the wrong patient
- **Tier one:** Patients should be able to self-administer all medications; medications may be stored in their room

- On-site glucose monitoring using personal glucometers (no sharing of glucometers)
- If oxygen is provided, pulse oximeters are required
- On-site anticoagulation monitoring might also be needed depending on patient characteristics

Patient Care

- Staffing plan (including medical, IPC, occupational health, administrative, and support staff)
- Implement sick leave policies for staff/employees that are flexible and non-punitive
- Ensure at least one individual with IPC training is included in planning and is regularly available to address questions and concerns
- This individual would ensure that staff receive job-specific IPC training, including educating them on hand hygiene, proper selection and use of PPE and to not report to work when ill
- Ensure staff have access to occupational health services if they experience a work-place exposure or become ill
- Staff should be appropriate for the level of care provided
- Nurse practitioners and physician assistants might be required to conduct activities at limit of their scope of practice
- If trainees are recruited to assist, IPC training must be provided prior to working
- Necessary medical supplies are available at or accessible to staff at the facility
- To the extent possible, patients should arrive with all necessary medications
- Sharps containers should be located near point of use
- Examples of additional supplies include alcohol-based hand sanitizer, soap and paper towels, briefs, bedside commodes, urinals, personal hygiene supplies, vital sign machines, thermometers, wheelchairs
- Necessary PPE are available at or accessible to the facility
- At a minimum, staff should wear an N95 respirator (or a facemask if respirator is not available) and eye protection while in the patient care area
- Staff should wear gloves for contact with patients or their environment
- Staff should put on a clean lab coat or isolation gown at the beginning of each shift, and, at a minimum, change the coat or gown if it becomes soiled
- Staff should remove PPE and perform hand hygiene when leaving the patient care area
- PPE should not be worn in the staff respite area
- Refer to Strategies for Optimizing PPE Supply[4] for additional guidance
- Adequate sinks for hand hygiene are available
- Adequate numbers of toilets, including a separate toilet for staff are available
- Adequate shower facilities are available

- Based on the population being served, an appropriate supply of bedside commodes, urinals, and personal hygiene supplies (e.g., soap, toothpaste) should be available
- **Tier one**: Each patient should have a separate room with a separate bathroom
- **Tier two:**
- Minimum of 1 toilet for every 20 persons, or 1 toilet for every 6 persons with disabilities.
- Approximate ratio of 1 shower for every 25 persons, or 1 shower for every 6 persons with disabilities

Footnotes:

- [1]https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47
- [2]https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html
- [3]https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html
- [4]https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Resources:

- Some jurisdictions have developed ACS plans informed by the Crisis Standards of Care framework published by the National Academy of Medicine (formerly the Institute of Medicine) in 2012; volume 5 of the document addresses ACS. https://www.nap.edu/catalog/13351/crisis-standards-of-care-a-systems-framework-for-catastrophic-disaster
- The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) maintains a list of resources on ACS. https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47
- The FEMA and American Red Cross Shelter Field Guide (not specifically for ACS, but includes considerations about spacing, lighting, toilet- and shower-to-person ratios in shelter settings): http://www.nationalmasscarestrategy.org/wp-content/uploads/2015/10/Shelter-Field-Guide-508_f3.pdf
- Army Corps of Engineers Guidance on Alternate Care Sites: https://www.usace.army.mil/Coronavirus/Alternate-Care-Sites/
- Examples of jurisdiction ACS plans include:
- Arizona Department of Health Services ACS Plan https://azdhs.gov/documents/preparedness/emergency-preparedness/response-plans/alternate-care-site-plan.pdf
- Kansas Department of Health ACS Emergency Operations Plan http://www.kdheks.gov/cphp/operating_guides.htm
- Florida Department of Health ACS Standard Operating Procedure and Operations Guide http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/preparedness-planning/_documents/alternate-care-site-

sop.pdf and http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/_documents/alternate-care-site-ops.PDF