



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF THE COMMISSIONER
287 West Street
Rocky Hill, CT 06067



Thomas J. Saadi
Commissioner

Date: June 29, 2020

Department: Office of the Commissioner

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Thomas J. Saadi
Commissioner

A handwritten signature in blue ink that reads "Thomas J. Saadi".

Pursuant to the requirements of the Recovery Phase of the DVA Emergency Preparedness Plan attached hereto are the reports of each DVA functional area addressing:

- (1) Shortages and breakages of equipment and supplies: and
- (2) Major COVID-19 related actions taken.

I have reviewed each report and have confirmed that any supply and equipment shortage damage and/or losses were minimal and did not negatively impact DVA operations and that any such supply and equipment shortages, damage and/or losses have been addressed.

Based on the DVA's following of the State of Connecticut's plans for reopening and upon my review of the attached reports, the DVA is at near 100% regular operations and is prepared to respond to a subsequent health emergency should the need arise.

Attachments- Recovery Phase Reports:

1. Advocacy & Assistance
2. Intergovernmental and Community Affairs
3. Operations, Planning and IT
4. Fiscal & Procurement Services
5. Food & Nutrition Services
6. Healthcare Center & Veterans Outpatient Clinic
7. Physical Plant
8. Residential Programs & Services
9. Safety & Security



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Date: June 22, 2020

Department: Office of Advocacy and Assistance (OA&A)

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Ryan McKenna, Manager

I. Report of any shortages and breakages of equipment and supplies:

OA& A did not experience any shortages of equipment or supplies. All offices remain active through telework.

II. Major COVID-19 related actions taken:

A. Effective March 17, 2020, all district offices (Newington, Norwich, Milford, Bridgeport and Waterbury) transitioned to telework. Cemetery Admin Staff phased into telework to ensure we were able to continue to schedule burials remotely. Once that process was established, Cemetery Admin Staff transitioned to telework effective March 31, 2020.

- i. All outreach was postponed/canceled by the host agencies (i.e. benefits briefings, local stand downs, information fairs etc.)
- ii. Since March 17, 2020, OA&A Staff have continued to serve the Veteran community with claims, referrals and calls for assistance without a degradation of services. Once the district office host agencies/buildings open to the public, OA&A staff will wear masks, use hand sanitizer and wipe down common/high use areas throughout the day. Items to be provided to staff when offices open.

B. To date, OA&A Admin (Manager and Office Assistance and two Cemetery Admin Staff) are working in the office two days per week and telecommuting the remaining three days.

C. All programs have resumed normal operating status: Flag on License, Wartime Service Medal, and Headstone Reimbursement. These programs are server based, not web based, and as a result were temporarily suspended during the initial telework phase until operations resumed on campus, albeit a modified schedule.

D. In order to mitigate risk, staff wears a mask when in close proximity of each other and wipes down their common/high use areas throughout the day.

E. All OA&A staff continue to use O365, Microsoft Teams, VPN and state-issued laptops/hotspots/cell phones in order to serve the community. Outreach activities will resume when deemed safe to do so.



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Thomas J. Saadi
Commissioner

Date: June 10, 2020

Department: Intergovernmental, Community & Public Affairs
Office of the Commissioner

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Tammy Marzik, Manager

I. Report of any shortages and breakages of equipment and supplies:

On 6/1/2020, received a new laptop due to failure of prior laptop.

II. Major COVID-19 related actions taken:

- A. All volunteers, both individual and group, have ceased to work on campus due to COVID-19. Group volunteers working outside on grounds will now be allowed to perform certain tasks as long as mitigation protocols are followed.
- B. Daily interaction through email/phone/video conferencing with Federal/State Government and Veteran Service Organizations regarding the status of DVA Veterans & Staff due to COVID-19.
- C. Daily interactions with Veteran Supporters on Veterans personal-needs items as Veteran travel had been minimized due to COVID-19. These communications have always been in place, however a very significant increase due to the crisis.



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Date: June 25, 2020

Department: Information Technology, Operations and Planning

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Joseph D. Danao II, Director of Projects and Operations

I. Report of any shortages and breakages of equipment and supplies:

None

II. Major COVID-19 related actions taken:

Information Technology:

A. Deployed telework platforms in early March 2020 enabling staff to work from home:

- i. Opened teleconference number for Commissioner and Various Directors
- ii. Fielded Virtual Private Network for critical staff
- iii. Office 365
- iv. Microsoft Teams

B. Other critical IT support:

- i. Maintained 24/7 watch over IT systems
- ii. Responded to multiple requests for support including a major statewide network outage on May 19, 2020
- iii. Completed multiple website adjustments and postings related to COVID-19

Operations:

A. Performed role of DVA Emergency Manager

- i. Ensure daily operations were as safe and secure as possible
- ii. Managed 75 National Incident Management System(NIMS) / Center for Medicare and Medicaid Services (CMS) compliant COVID-19 Mitigation Team Huddles
- iii. Attended approximately 60 Unified Command Calls
- iv. Absorbed chain of communication duties for Residential, Security, Food Service, and HCC
- v. Coordinated PPE pick ups

- vi. Maintained situational awareness on world, national, state and local developments regarding COVID19
- vii. Attended at least two dozen webinars regarding managing COVID-19 environment in a skilled nursing and congregate living setting – WHO, CDC, ASPER, HHS etc.

B. Building 50:

- i. Established as “safe building” for select campus activities such as: employee training, new employee orientation, IT support platform/office
- ii. Moved DVA IT to building to keep them out of the bubbles.

C. Assisted Commissioner and Directors in developing COVID-19 mitigation protocols

Planning, Property and Project Management:

- A. Continued oversight of two major construction projects – ADA and Cemetery Appearance around COVID-19 environmental issues
- B. Planned and executed vision of two Quarantine Wings – HCC and Residential



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Date: June 22, 2020

Department: Fiscal Department

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Michael Clark, Fiscal Administrative Manager

I. Report of any shortages and breakages of equipment and supplies:

Lower levels of PPE supplies during COVID-19 health crisis, specifically isolation gowns, coverage (disinfectant) spray and large gloves.

II. Major COVID-19 related actions taken:

- A. The Fiscal Department was proactive in the planning and execution of fiscal operations during COVID-19 health crisis and re-designated our warehouse and mailroom staff to essential status to ensure uninterrupted supplies distribution.
- B. Fiscal Staff is equipped with the ability to telework to conduct the procurement, accounts payable, accounting, payroll, and fiscal administration operations – Purchasing requests reviewed, purchase orders issued, invoices paid, employee timesheets are validated and paid, required reports are prepared and submitted, etc.
- C. The supply and inventory levels of personal protective equipment (PPE) have been monitored on a daily basis with coordinated efforts among facility, central supply room, and fiscal supervisor.
- D. Fiscal Office is working with all departments for tracking of all COVID-19 related expenditures, which include overtime, PPE, cleaning supplies, and supplemental staffing needs.
- E. As the Fiscal Department moves toward Recovery Phase II, all Fiscal Staff are rotating to work in the office two days a week or more as business needs require. All staff are required to wear masks while interacting or co-occupying office space with other staff.
- F. Fiscal procurement is working to maintain 60-90 day PPE supplies to avoid potential future shortages.



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Date: June 10, 2020

Department: Food and Nutrition Services

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Paul Lapierre, Manager

I. Report of any shortages and breakages of equipment and supplies:

No shortages or breakages in Food Services equipment or supplies during COVID-19.

II. Major COVID-19 related actions taken:

- Social Distancing meal service guidelines.
 - Table arrangements
 - Floor signs posted
- Meal distribution plan created.
- No self-service salad bar
- No meal selections or services eliminated.
- Employee schedule adjustment to three 12.5 hour shifts



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Date: June 26, 2020

Department: John L. Levitow Healthcare Center

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Laura L. Nelson, Administrator

I. Report of any shortages and breakages of equipment and supplies:

- A. The electronic medical record has gone down several times during the pandemic which has been managed by converting to documenting on a paper record.
- B. Personal Protective Equipment (PPE) was optimized following CDC and DPH guidance. Optimization allowed for adequate levels at all times of PPE. Daily PPE inventory conducted for supply assurance.

II. Major COVID-19 related actions taken:

A. Veteran Patient Related:

- COVID-19 symptom management screening was instituted three (3) times per day, each shift (from 3/1/20-6/10/20 approximately 27,540 screenings were conducted). Effective 6/10/20 daily screenings instituted (6/10/20-6/26/20 approximately 1445 screenings were conducted)
- Initiated testing for symptomatic patients and subsequently all patients, to date 308 tests have been conducted, most patients have been tested multiple times
- Point prevalence testing was conducted on 5/27/20 and 6/10/20, no new positive cases were identified
- Instituted contact tracing policy and procedures
- Enhanced infection control measures implemented
- Building locked down with access for authorized personnel only (to protect patients)
- Room service instituted (in lieu of communal type dining)
- COVID-19 recovery unit established to mitigate risk of exposure to non-COVID-19 Veterans (unit properly equipped with medical supplies, PPE, equipment and leisure items)
- Medical director updated on all screening, testing, infection control and cohorting
- Secured Hydrochloriquine
- Established new patient mail delivery protocols
- All patients masked at all times (when possible)
- Daily huddles (“morning report”) held, to date 104 huddles have been conducted

- Restricted deliveries to the healthcare center
- Retrieved packages from established tent at security gate
- Interdisciplinary team care conferences are conducted remotely instead of in person
- Outside routine medical appointments rescheduled, emergent medical appointments maintained
- Tele-medicine has been instituted for some medical appointments
- Dialysis and chemotherapy appointments maintained with self-quarantine upon return

B. Visitation/Communication:

- Instituted supportive one-to-one visits to Veterans by recreation and social work
- Obtained additional electronic devices to promote digital visits between Veterans and family
- Established policy for visitation (in person) for end-of-life visits
- Established window visits (effective May 18, 2020)
- Established outdoor visits (effective June 22, 2020)
- Promoted communication to Veterans by distributing Commissioner's updates
- Increased communication via personal phone calls from the Social Service Department

C. Physical Medicine and Rehabilitation and Recreation Adjustments:

- Group therapy sessions were converted to private sessions only to minimize exposure
- Maximum of three (3) patients in the gym at any given time, at least six (6) feet apart
- Certain therapy sessions are conducted in the patient's room for infection control purposes
- Discontinued large group activities and programming per CDC and DPH guidelines
- Instituted small group (physical distancing) programming where possible
- Identified one recreation professional per unit (no crossover of units) to limit transmission exposure
- Musical programs offered digitally, not in person
- A newly established "in-house" TV channel was implemented to show movies and programs to patients in the privacy of their room (allows for proper physical distancing)
- Volunteers were suspended from inside the building, some continue outdoor work, or interacting with patients via telephone

D. Cardiopulmonary Department Adjustments:

- Under the supervision of the Medical Director:
- Discontinued aerosol respiratory treatments to COVID positive patients and Persons under investigation (PUI's)
- Revised policies on aerosolizing treatments
- Revised policies on Cpap and Bipap COVID positive patients and PUI's

- Revised policies on the cleaning of Cpap and Bipap machines to minimize cross contamination
- Equipment was specially assigned to floors (COVID and non-COVID) to minimize cross contamination
- Respiratory treatments were converted to meter dosed inhaler (MDI) treatments when possible

E. Personnel Related Matters:

- Identified remote work (“working from home”) capability and individuals
- Secured laptops and phones as needed for identified remote workers
- Established work from home policy/schedule
- Instituted documented screening (upon arrival) for all employees
- Expanded infection control training, education and support to all employees consistent with CDC, DPH, CMS guidelines
- Staff were fit tested for N95 masking per OSHA guidance
- Established policies for appropriate distribution and storage of employee assigned PPE
- Specific employees relocated their offices to maintain six (6) foot distancing
- Plexiglass barriers are on order to create appropriate barriers/protection
- All employees masked at all times
- VVTP Participants suspended inside the building
- Contact tracing policy instituted
- HCC management attended PERSTAT meetings, daily when required, currently three (3) times per week at 9:00 am
- HCC management attended daily campus huddles at 9:30 am
- To date the HCC has had five (5) COVID-19 Infection Control inspections by the CT. Department of Public Health on: 4/27/20, 5/10/20, 5/21/20, 6/3/20, and 6/14/20. All inspections revealed total compliance with “no deficiencies noted”.
- In addition, the Federal Veterans Administration visited the facility on 5/5/20, no deficiencies were noted during the visit.

F. Veteran Outpatient Clinic (VOC):

- Dedicated staff assigned to VOC, no crossing over of personnel
- Modifications in the VOC include: plexi-glass, re-arrangement of seating to accommodate physical distancing
- Increased cleaning
- “Clean cup-dirty-cup” for pens used by Veterans
- Enhanced communication with CSR, operations, Infection control practitioner, RF Director
- Routine screenings conducted with the assistance of the National Guard
- Scheduled testing implemented, initially symptoms and contact tracing based

- Established and maintain filing and retrieval system for screening and swabbing forms
- Preventative testing scheduled May/June and then TDB
- Point prevalence testing tentatively scheduled for July 21, 2020
- PPE made available to all Veterans in the Residential facility
- Relationship established with WHVA laboratory for testing and courier services
- Agency staff secured for on-gong screening
- B-Win dayroom established as screening area
- VOC Staff provided continual education and reminders to Veterans regarding physical distancing and proper infection control measures
- Federal VA visited the VOC on May 5, 2020 and found the clinic to be in good standing, no deficiencies or recommendations were identified.



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Thomas J. Saadi
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Date: 6/24/2020

Department: Facilities Management Branch

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Willis G. Ballard IV, PFE1

I. Report of any shortages and breakages of equipment and supplies:

- A. The Facilities Management Branch has had no supply issues with PPE or needed cleaning and sanitizing materials.
- B. During the Covid-19 pandemic, one vehicle has been red tagged and deemed unsafe for use. It is our building services box truck plate # 79-15.

II. Major COVID-19 related actions taken:

- A. All Physical Plant and Building Services personnel under the PFE1 were deemed essential and required to report to work.
- B. Facilities Management Branch employees were asked to volunteer for overtime assignments. This included isolation area setup, twice daily wipe downs and sanitizing, COVID-19 isolation unit cleaning and sanitizing in both the Residential Facility and HCC. Completing these tasks with the required and provided PPE.
- C. Physical Plant and Custodial employees were instructed to self-screen before reporting to work and follow all screening requirements on DVA properties as directed.
- D. Physical Plant and Custodial employees were fit tested for N95 masks.
- E. Transportation drivers conducted shopping trips, first utilizing vans and then buses as restrictions eased. Masking and distancing rules followed. Sanitizing buses and vans between trips and at end of shifts.
- F. Transportation drivers are picking up PPE allotments from the National Guard weekly. The drivers also cover special trips for approved appointments and to make medicine drops for our Veterans out at medical facilities.
- G. Physical Plant employees set up the drop-off tent near security in House #10.
- H. PFE-1, MS-2, BS-2 were on mitigation calls. Listening and participating in the reports daily and now three days a week. Supervisors passed info down to employees for safety and new guidelines learned through meetings.

- I. HCC Custodial employees were kept at the HCC and were not assigned between other buildings. This was to avoid the possibility of cross contamination between our two living areas.
- J. During mitigation reports, the use of work orders was stressed for special cleanings and all other repairs needed. Work orders were prioritized and assigned with safety and following directives and orders for our Campus.
- K. A large tent was requested and approved through fiscal for the Veterans to have a covered area in the Residential Facility Quad.
- L. The custodian in the Residential Facility is cleaning the VOC, Building 2 security area, House 10, Building 50 and overseeing VVTP workers in the Residential Facility under the BS-2.
- M. Physical Plant and Building Services employees are responding to COVID-19 and non-COVID-19 emergencies 24 hrs. a day.
- N. Physical Plant employees working to get materials and build out an isolation area in our A-Wing of the Residential Facility.
- O. BS-2 scheduled a flooring project in B-Upper of the HCC while our HCC isolation area was vacant and safe to work in.
- P. Physical Plant and Building Services were notified of available COVID-19 testing at the New Haven CVS site.
- Q. Facilities Management Branch is working with the Fiscal Department on COVID-19 purchasing related to the virus. Hours of overtime are being coded for COVID-19, and our branch is working with the Payroll Department for reported hours and forwarding them to the Fiscal Department.
- R. The Physical Plant is working with the ADA contractors to keep the project on schedule. Working together the contractors are notified and updated on COVID-19 requirements and directives being followed on the DVA Campus.



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Date: June 24, 2020

Department: Residential Programs and Services

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Lesbia Nieves, Director

I. Report of any shortages and breakages of equipment and supplies:

- A. During the initial stage/onset of COVID-19, the DVA Residential Facility experienced minor shortages related to not having a temporal reader for staff in order to support staff being able to complete COVID-19 staff screening that includes temperature reads. This was remedied once temporal readers were received during the third week of April 2020. Initially being able to obtain N95 masks was a minor challenge, but this was quickly remedied, and throughout the pandemic, Residential Supervisors have had this type of mask available. There was initial shortage of PPE Carts being fully stocked and easily and readily available for Staff use in D-Wing. This was quickly remedied and was maintained stocked throughout the pandemic. PPE (face shields, gloves, facial mask, hair covering, footwear covering, gowns and goggles) was available for all staff based on their duties and responsibilities related to their roles and having interacting with our residents and services they provide. We identified a shortfall of scrubs for our Residential Supervisor Staff; this need was remedied, and each Residential Supervisor was approved to be able to obtain two sets of scrubs.
- B. Once D-Wing quarantine area was set up, the items related to communication resources for Veterans were noted as being a shortage. The need was identified, and communication resources were put in place; handheld radios (provided by Security) and cell phones were provided to Veterans. The handheld radios were identified as not being an appropriate resource due to information security, and war-like talkies were purchased as a more appropriate alternative. We also received donations of track phones, and these were also issued to residents on as-needed basis.
- C. Based on the D-Wing set of the zones, a need for residents to do the laundry was identified as a need since the Red and Orange Zones would not have access to this service as it was only accessible to residents that are in the Green and Yellow Zones. This was not resolved, but a possible solution was explored.
- D. Food Pantry was set up and well maintained once it was put in place. There was good collaboration on this effort by MDR and Residential Supervisor Staff.

II. Major COVID-19 related actions taken:

- A. D-Wing has been vacated in preparation for the wing to be converted to a Semi-Private Semi-Independent wing just prior to the onset of the COVID-19. The week of 3/16/2020, D-Wing was converted to our Quarantine wing with the capacity to hold up to 35 residents at one time. The rooms were each equipped with a bed, desk and chair. There were barriers put in place to restrict access to this wing that included access to the upper porch and the Day Room. There was a quick-tip guide put in place that was provided to each resident when they were placed in the D-Wing that addressed the support provided and daily operation of the wing that included meal delivery, cleaning and daily ongoing monitoring of the residents.
- B. There were facility operational modifications made to enhance the safety of residents and staff that included moving packages pick-up location to the mail room with set hours for distribution; limiting foot traffic into staff workspaces as well as into the main Residential Admin Office.
- C. There was a communications board that was established and set up in the Director's Office for tracking all matters related to COVID-19 (PPE Inventory, D-Wing Occupation Status; Commissioner Daily Updates; Enhanced Protocol Updates; Executive Orders, etc.)
- D. There was additional staff brought on to support D-Wing. We had LPN and CNAs. The LPN provided direct care support to D-Wing Residents for about 3 weeks. There were three CNAs at one point. Two made the decisions to stop coming to the facility, and one CNA has remained in place since mid-April 2020. The current CAN's primary task is to attend to the needs of the D-Wing residents as well provide support to the VOC with the ongoing COVID-19 screening of the residents.
- E. There were modifications made to work schedules of staff based on their job positions to support limiting the amount of staff in the office at one time. We followed the staggering work schedule method. Residential Supervisors continue reporting to work as their status was changed to be considered intermittent essential during the pandemic. Residential Supervisor staff coverage was changed to require at a minimum of two staff on during all shifts.
- F. The Recreational Department focused on providing individual recreational activities. Some activities included purchase of models, art supplies, walk for wellness and purchase of pedometers. With the support of Transportation Services and drivers, along with the coordination of efforts with the Veterans Council President, essential item shopping trips were provided.
- G. There were the implementation COVID-19 ongoing screenings for staff and residents. The residents were placed on a weekly schedule for the COVID-19 screens and this has remained ongoing. For a few weeks we received augmentation support of two soldiers from the National Guard that completed the screens (April 13, 2020 through May 8, 2020).
- H. VA Tele-Health resources were put in place and available for our residents to use in three locations within the facility.

- I. Effective 4/1/2020, restricted travel was put in place and modifications made once the State started to reopen on 5/20/2020.
- J. Wi-Fi access was expanded to the residents in support of accessibility to various online platforms and well as support of individual recreational needs.
- K. VVTP participants were relocated from Healthcare Center and Food Service to support the daily upkeep and cleaning of the Residential Facility.

Note: During the pandemic, all Residential core functions continued to be performed that included residents securing employment; setting them up with computer platforms to be able to continue college classes, and discharging residents in a successful manner to independent living.



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Thomas J. Saadi
Commissioner

Date: 6/11/20

Department: Safety & Security

Subject: Emergency Preparedness Plan, Recovery Phase – Report of supplies and equipment and major actions taken

Author: Stephen Scatena, Director of Safety and Security

I. Report of any shortages and breakages of equipment and supplies:

Security did not experience any shortages or breakages of equipment. Security maintained adequate supply of PPE and equipment throughout the COVID-19 pandemic.

II. Major COVID-19 related actions taken:

- **151** N95 Fit testing through the Connecticut Fire Academy for DVA Staff- entire Security Department
- **30-40** N95 Small masks were retrieved from external source.
- Tent with drop boxes set up at Gate House for Resident & HCC Patients' families to leave items.
- Security has made dozens of supply runs throughout campus bringing items from CSR to the VOC, Residential, & other areas
- Overtime- A voluntary overtime posting that brought three (3) Officers to every shift. Majority of overtime occurred on 2nd Shift
- **Seven** contact tracing in conjunction with HR for employees who are COVID-19 positive or presumptive positive
- Perform frequent rounds of Building 5 CSR Supply area where the majority of DVA PPE & HCC supplies are located. More locks & security patrols are implemented to ensure safety of these items.
- **Six** Internal agency investigations have been performed into any alleged misuse or reported violations of PPE by staff.
- **12** standard investigations have been performed into any Resident PPE violations.
- Responded to **22** COVID-19 related medical calls for service.
- Contend with **one** former resident who was involuntarily discharged due to multiple COVID-19 quarantine violations. Resident was subsequently arrested by CSP on DVA grounds for Criminal Trespass
- Distributed cellphones to two DVA Social workers in the HCC who needed them to perform duties from home
- Officers assisted one another in taking temperatures for self-screening prior to beginning of shift.

- Security Team Attended **71+** COVID-19 Mitigation Teams meetings with other DVA Departments 6-7 days a week at 0930 Hours.
- Security Patrol Vehicles- Cleaned daily by Security Staff
- Security Gate House- Cleaned daily by Security Staff & Custodial Department
- Ensure Gate House Officers are stocked and provided necessary PPE to continue daily operations
- Gate House Officers have performed approximately **2,407** pre-screenings at the Gate House of all drivers and passengers of vehicles that the fit criteria
- Confer with RHPD & RHFD for COVID-19 Medical Responses from Rocky Hill Volunteer Ambulance & Aetna Ambulance
- Provided Security Staff with the necessary link & information to get voluntarily tested for COVID-19.
- Purchased Craftsman radios from Lowes for isolation residents. Put one in Residential & three in D-Wing.
- **Three** Cellphones were provided to Residents in Quarantine on D-Wing who did not have them for the duration of their stay. Flip Phones, Track Phones, Smart Phones.
- **70+** daily attendance reports have been submitted to EOC for 10 directorates.