



INFECTION CONTROL

Policy on Coronavirus (COVID-19)				
DEPT:	CLINICAL OPERATIONS	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION	CREATED:	02-2020
			LAST REVISED:	03-2020

POLICY

It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to Standard, Contact and Airborne Precautions.

PROCEDURE

1. Prior to admission, identify on the preadmission screen if resident is exhibiting symptoms of any respiratory infection (i.e. cough, fever, shortness of breath, etc.) to determine appropriate placement.

Admissions Department will:

- a) Request clear diagnosis on all pending admissions who have been hospitalized or treated at home for fever and respiratory infection.
- b) Question transferring hospital or other health care facility and responsible parties whether or not in the last 14 days (or otherwise specified by CDC):
 - Has had contact with anyone recently travelling in affected geographic areas.
 - Has had contact with an individual who has had close contact with a person under investigation (PUI) for COVID 19. Close contact is defined as being within 6 feet or within a room or care for a prolonged period of time.
 - Has been exposed in the last 14 days (or otherwise specified by CDC) to a recently defined endemic area.
 - Inform transferring hospital or other health care facilities, responsible parties that negative pressure room, Airborne Infection Isolation Room (AIIR) used in the treatment of COVID 19 is not available at the facility and potential admissions diagnosed with Novel

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Coronavirus will require transfer to a facility equipped with negative pressure rooms, (AIIR).

- Document/flags all suspected or confirmed cases on admission application
- Inform Administration/Clinical teams immediately.

2. For new residents (or residents with recent travel), Admitting nurse/Nurse Supervisor will complete a Coronavirus Identification Assessment; obtain a detailed travel history, contact with anyone with lab confirmed COVID-19 and identify if resident exhibits fever and acute respiratory illness.

3. A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place.

4. The resident shall be placed on Droplet Isolation and should be transferred as soon as possible to a facility with negative pressure room (AIIR). While awaiting transfer, place a facemask on the resident and place resident in a private room. No aerosol-generating procedures will be performed in the absence of an AIIR.

5. In the event of a facility outbreak when AIIR rooms are not available in the community, institute outbreak management protocols:

The Infection Control Committee (Medical Director, Infection Control Preventionist, Administrator, Director of Nursing and Infectious Disease Doctor) will serve as the authority for overseeing the investigation, prevention and control of infections within the facility.

Immediate reporting/notification and consultation with the Local/State Public Health Department for specific directions to include, for example:

1. Place resident in a private room and place on Droplet Isolation.
2. If more than one resident is identified, cohort residents identified with same symptoms/COVID-19 confirmation.
3. Implement consistent assignment of employees.
4. Only essential staff to enter rooms/wings.
5. Group activities will cease on unit:
 - a. Dining
 - b. Activities
 - c. Therapy

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6. In the event of a COVID-19 outbreak, the DON/Infection Control Preventionist will notify staff and visitors; Social workers, Admissions Department and Nursing staff will notify residents and residents' families.

7. Admissions will be suspended during a COVID-19 outbreak.

8. Limit only essential personnel to enter the room with appropriate PPE and respiratory protection.

a. PPE includes:

i. Gloves

ii. Gown

iii. Respiratory Protection – don mask when entering and after exiting resident's room

v. Eye Protection that covers both the front and sides of the face. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Disposable eye protection will be discarded after use.

b. Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds.

9. Dedicated or disposable patient-care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations.

10. Allowed visitors, i.e. end of life situations, will not be able to enter the room of a resident with known or suspected COVID-19.

11. Facilities will keep a log of all persons who enter the room, including visitors and those who care for the resident.

a. Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee. (Exclude from work for 14 days after last exposure).

12. Signs will be posted at the entrances, elevators and break rooms to provide residents, staff and visitors if an outbreak is identified, instructions on hand hygiene, respiratory hygiene and cough etiquette. Facemasks, Alcohol-based hand rub (ABHR), tissues and a waste receptacle will be available at the facility entrance.

13. Visitors will be restricted from entering the facility.

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14. Discontinuation of Isolation Precautions will be determined on a case-by-case basis in conjunction with the local, state and federal health authorities.

15. Cleaning and disinfecting room and equipment will be performed using products that have EPA-approving emerging viral pathogens claims that have demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces.

16. Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be referred to public health authorities for testing, medical evaluation recommendations and return to work instructions.

Notification of families residents and staff:

In the event of a new outbreak, the Facility will keep all families staff and residents daily of all positive cases and cases under investigation of staff and residents daily.

Families will be notified daily via email.

Staff will be notified daily via text and email. In addition, memos will be posted on each floor daily with the updates.

Resident will be notified daily vi memos posted in their rooms by activities staff.

In addition, we will be hosting conference calls with the families twice a week.

On the weekends- the supervisor will assume the responsibility of posting the daily numbers and notifying staff and families of the daily numbers. If there is a new update, the supervisor will notify the staff, residents and families by 5 PM on the next calendar day.

Testing for all residents and staff

The facility will procure tests from a certified lab for all staff and residents. The facility will provide testing to all staff and residents.

Residents:

- All residents will be tested. Upon refusal by a resident to be tested the resident will be treated as PUI.
- Family or responsible party will be notified
- Notation will be made in resident's chart
- Cohorting will be implemented as per facility policy

Staff:

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All staff that have not tested positive in the past will be tested. Dates and times of staff testing will be posted throughout the facility and communicated via text message email or any form of communication used. Staff members that have tested positive must provide a copy of their lab results or a Drs. note to the facility as proof of positive result. If that is not provided, the staff member will be assumed negative and will need to be tested in accordance with DOH and CDC guidelines.

All staff will be required to sign the consent form to be tested and to have the test results released to the facility and any government and regulatory bodies requesting them.

Any staff member not tested by May 26th and subsequently retested 3-7 days later will be prohibited from working in any capacity at the facility.

HR director will maintain a current list of all staff that were tested and the results of the tests in conjunction with the facility's ICP. All department heads are to coordinate with the HR director to ensure that their staff are in compliance with this policy before scheduling them to work.

All contracted staff, or vendors will be required to have the testing done. All vendors and contractors are required to maintain their own records of their staff's testing and results and notify the facility of their compliance in writing prior to May 26th, 2020.

(At the discretion of the facility, tests and testing administration may be provided to all contractors and vendors if requested, conditional to providing the facility with their staff's health insurance information and signed consent form.)

Any staff member, vendor or contracted employee with a positive test result will be prohibited from working in the facility and will be required to follow CDC/NJDOH guidelines and recommendations for isolation/quarantine and 'HCP return to work' guidelines prior to returning to work. All staff will need clearance from the facility's ICP before returning to work. Facility will conduct on-going evaluation in conjunction with local and state health departments to identify need for further testing of staff after baseline completed. If there is a significant amount of staff required to leave work due to positive test results the facility will implement its policy & procedure for Emergency Staffing Strategies as necessary.

The facility will maintain all records of testing and results and will make them available to the government and regulatory bodies upon request.

The facility will submit an attestation to the NJDOH by May 19th, 2020 of this Policy and Procedure and by May 30th, 2020 attesting to its implementation.

The facility will report the following information to the OEM via the designated portal: testing numbers, dates and results of staff and residents.

References and Resources

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1Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings February 21, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

2Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Evaluating and Reporting Persons Under Investigation (PUI). Updated February 27, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Information for Healthcare Providers. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

3<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>