

Department: Nursing  
Policy Initiated: 03/2020

Subject: COVID-19 (CORONAVIRUS)  
Revised: 4/2021

“Policies and Procedures are GUIDELINES. They are intended to communicate information that generally applies to facility operations. However, these guidelines may not always be applicable to individual circumstance. Current rules, regulations and laws take precedence over guidelines. Managers, professionals and staff may complete their respective duties in an alternative manner, due to rapid pace of progress and/or presenting circumstance.”

#### **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, Droplet 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.) and status if tested for COVID-19 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 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.
  - Has been exposed in the last 14 days (or otherwise specified by CDC) to a recently defined endemic area.
  - Document/flags all suspected or confirmed cases on admission application
  - Inform Administration/Clinical teams immediately.
  - New admissions/Re-admissions identified as COVID-19 (+) prior to coming to facility, will be placed in the COVID-19 units 6<sup>th</sup> floor, South wing).
  - COVID-19 residents will be place on the 6<sup>th</sup> floor, South wing room 601 & 602(plastic divider in place to keep them separate)
  - New admissions/Re-admissions identified as negative for COVID-19 prior to coming to the facility, will be placed in the quarantine unit (2<sup>nd</sup> floor south and west wing, & the 6<sup>th</sup> floor west wing) for at least 14 days. If no respiratory symptoms develop within the period, will be transferred to the regular floor.
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

Department: Nursing  
Policy Initiated: 03/2020

Subject: COVID-19 (CORONAVIRUS)  
Revised: 4/2021

**“Policies and Procedures are GUIDELINES. They are intended to communicate information that generally applies to facility operations. However, these guidelines may not always be applicable to individual circumstance. Current rules, regulations and laws take precedence over guidelines. Managers, professionals and staff may complete their respective duties in an alternative manner, due to rapid pace of progress and/or presenting circumstance.”**

anyone with lab confirmed COVID-19 and identify if resident exhibits fever and acute respiratory illness.

3. All residents will be screened for signs and symptoms of COVID-19. Vital signs will be monitored every shift including oxygen saturation. Notify MD or NP for any abnormal findings.
4. Any resident with a temperature of 101 degrees Fahrenheit and above with shortness of breath will be transferred out to the hospital ER for evaluation and further management.
5. All admissions/Re-admissions will be tested for COVID-19 twice, first being the baseline and second to be done within 3 to 7 days. Dedicated nursing staff only will perform the collection of the specimen. Residents refusing to have test done after multiple attempts will be considered as PUI and will be monitored closely for the development of any respiratory symptoms.
6. A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place.
7. Residents suspected of COVID-19 (symptomatic but has not been tested or test result pending) will be immediately transferred to the suspected COVID-19 unit (2<sup>nd</sup> floor PUI) until confirmed positive (+) or negative (-). A COVID-19 test will be done immediately upon identification of a suspected COVID-19 resident.
8. Residents with COVID-19 (+) results will be transferred immediately to the COVID-19 positive units (6<sup>th</sup> floor south wing).
9. Asymptomatic roommate of a confirmed COVID-19 (+) resident will be considered as a PUI due to exposure. The resident will be transfer to 6<sup>th</sup> floor south wing to the exposure room (PUI) and placed under transmission-based precautions, will be tested for COVID-19 and observed for 14 days for development of symptoms.
10. The resident shall be placed on Droplet/Contact Isolation whether suspected or confirmed with COVID-19.
11. Residents in the suspected and confirmed COVID-19 (+) units (6<sup>th</sup> floor South Wing) are not allowed to leave the unit.
12. In the event of a facility outbreak, 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:
    - a. Place resident in a private room and place on Droplet Isolation.

Department: Nursing  
Policy Initiated: 03/2020

Subject: COVID-19 (CORONAVIRUS)  
Revised: 4/2021

“Policies and Procedures are GUIDELINES. They are intended to communicate information that generally applies to facility operations. However, these guidelines may not always be applicable to individual circumstance. Current rules, regulations and laws take precedence over guidelines. Managers, professionals and staff may complete their respective duties in an alternative manner, due to rapid pace of progress and/or presenting circumstance.”

- b. If more than one resident is identified, cohort residents identified with same symptoms/COVID-19 confirmation.
- c. Implement consistent assignment of employees.
- d. Only essential staff to enter rooms/wings.
- e. Group activities will cease on unit:
  - Dining
  - Activities
  - Therapy
13. In the event of a COVID-19 outbreak, the Administrator/Infection Control Preventionist will notify staff and visitors; Social workers, Admissions Department and Nursing staff will notify residents and residents’ families; Nursing staff will also notify service providers for specific residents positive with COVID-19 (e.g. Laboratory technician, radiology technician, transportation providers, dialysis center, clinics).
14. Admissions will be suspended during a COVID-19 outbreak.
15. Limit only essential personnel to enter the room with appropriate PPE and respiratory protection.
  - a. PPE includes:
    - Gloves
    - Gowns
    - Masks (N95, surgical)
    - Face Shields/Goggles
    - Hair covers
  - 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 visibly soiled, washing hands with soap and water is required for at least 20 seconds.
15. 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.
16. 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

Department: Nursing  
Policy Initiated: 03/2020

Subject: COVID-19 (CORONAVIRUS)  
Revised: 4/2021

**“Policies and Procedures are GUIDELINES. They are intended to communicate information that generally applies to facility operations. However, these guidelines may not always be applicable to individual circumstance. Current rules, regulations and laws take precedence over guidelines. Managers, professionals and staff may complete their respective duties in an alternative manner, due to rapid pace of progress and/or presenting circumstance.”**

etiquette. Facemasks, Alcohol-based hand rub (ABHR), tissues and a waste receptacle will be available at the facility entrance.

17. All staff will be screened prior to start of shift. Temperature will be checked prior to enter the building.

18. All staff will be tested for COVID-19 weekly or depends on the CALI score. (positivity rate)

19. Staff with 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).

20. Visitors will be restricted from entering the facility except during end of life situation for the resident. Only facility service providers will be allowed to enter the facility (e.g. Laboratory technicians, Radiology technicians, Consultants, Transportation personnel). The facility will monitor everyone entering the facility for signs and symptoms, check temperature and will encourage them to follow respiratory hygiene and cough etiquette precautions. Everyone entering the facility must be wearing mask.

21. Exposed visitors should be educated on self-quarantine instructions and to report fever, cough, shortness of breath or sore throat to their health care provider for at least 14 days following exposure.

22. Discontinuation of Isolation Precautions will be determined on a case-by-case basis in conjunction with the local, state, and federal health authorities. (Resident will be transferred to regular floor after at least 14 DAYS have passed since symptoms attributed to COVID-19 first appeared and at least 3 days (72 hours) have passed since recovery which is defined as resolution of fever, without use of fever-reducing medication and improvement in respiratory signs and symptoms.

23. All residents that tested positive will be re-tested after 90 days.

24. 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 like COVID-19 on hard non-porous surfaces. Frequently touched areas will be cleaned and disinfected three times a day.

25. 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.

26. Color codes for the floors as follow:

- Red stop sign=COVID-19 floor

Department: Nursing  
Policy Initiated: 03/2020

Subject: COVID-19 (CORONAVIRUS)  
Revised: 4/2021

---

“Policies and Procedures are GUIDELINES. They are intended to communicate information that generally applies to facility operations. However, these guidelines may not always be applicable to individual circumstance. Current rules, regulations and laws take precedence over guidelines. Managers, professionals and staff may complete their respective duties in an alternative manner, due to rapid pace of progress and/or presenting circumstance.”

---

- Green sign=Clean floor

-Yellow sign = PUI wing

#### References and Resources:

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>