

## **CORONAVIRUS SURVEILLANCE, PREVENTION, TESTING AND RESPONSE POLICY AND PROCEDURE**

This facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of the virus.

### **Definitions:**

**“Coronavirus”** is a virus that causes mild to severe respiratory illness.

**“COVID-19”** (short for coronavirus disease 2019) is a new respiratory disease caused by a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. Because it is new, much is still to be learned about the virus. What is currently known is that it is spread person-to-person, mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes.

**“OUTBREAK”** one or more lab positive cases and one or more cases with COVID-19 like symptoms.

The facility will provide notification to staff members, residents, and resident’s representative when persons working or residing in the facility are confirmed with COVID-19 infection.

This facility will adhere to current Centers for Disease Control and Prevention (CDC) infection prevention and control recommendations, including universal source control measures; visitor restrictions; screening of residents and health care providers; and promptly notifying the health department about any of the following:

- Resident or healthcare provider with suspected or confirmed COVID-19.
- Resident with severe respiratory infection resulting in hospitalization or death
- 3 or more residents or healthcare with new-onset respiratory symptoms within 72 hours of each other.

### **Surveillance**

#### **Policy Explanation and Compliance Guidelines:**

1. The facility will monitor the status of COVID-19 outbreak through the CDC website, and will monitor for changes in prevention, treatment, isolation, or other recommendations.
2. Heightened surveillance activities will be implemented to limit the transmission of COVID-19. These include, but are not limited to; screening visitors, staff, and residents.
3. Screening for visitors and staff:
  - Signs or symptoms of a respiratory infection, such as a fever, cough, sore throat, or shortness of breath.
  - No visitors allowed at this time, except for end of life circumstances.

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- Contact with someone with or under investigation for COVID-19.
4. Staff who have signs and symptoms of a respiratory infection shall not report to work. Any staff that develop signs and symptoms while on-the-job shall:
    - Immediately stop work, put on a facemask, inform the DON and include information on individuals, equipment, and locations the person came in contact with, and self-isolate at home;
    - Contact and follow the local health department recommendations for next steps such as testing and locations for treatment.
  5. Residents will be monitored for signs and symptoms of coronavirus illness: fever, cough, sore throat, shortness of breath. The physician will be notified immediately, if evident. Full vital signs each shift including pulse oximetry.
  6. The facility will refer to current CDC guidance for exposures that might warrant restricting asymptomatic staff from reporting to work.

## **Prevention and Response**

### **Policy Explanation and Compliance Guidelines:**

1. Infection prevention personnel will assess facility risk associated with COVID-19 through surveillance activities of emerging diseases in the community and illnesses present in the facility.
  - No current risk – the facility will implement interventions for prevention and prepare for a potential outbreak.
  - Threat detected – the facility will respond promptly and implement emergency and/or outbreak procedures.
2. Staff shall be alert to signs of COVID-19 and notify the resident’s physician if evident:
  - a. Fever
  - b. Cough
  - c. Shortness of Breath
  - d. Sore throat
3. Interventions to prevent the introduction of respiratory germs into the facility:
  - a. Visitation restricted except for certain compassionate care situations, such as end-of-life. In those cases, visitors will be limited to a specific room only.
    - Decisions about visitation during an end-of-life situation will be made on a case by case basis.
    - Visitors will be screened for fever, respiratory symptoms, and contact with someone with or under investigation for COVID-19.
    - Visitors with symptoms of respiratory infection will not be permitted to enter the facility even in end-of-life situations.

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- Visitors that are permitted, must wear a facemask, and perform hand hygiene.
- b. Enforce sick leave policies that allow employees to stay home if they have symptoms of respiratory infection.
  - c. All employees will be pre-screened for fever and symptoms prior to shift and mid-shift.
  - d. Symptomatic staff should be considered possible cases and excluded from work and told to self-isolate at home for a minimum of 10 days after onset.
  - e. Assess residents for symptoms of respiratory infection on an ongoing basis.
  - f. Restrict all volunteers, beautician, and outside consultants until further notice.
  - g. Items brought into the facility from outside sources will be bagged by employees at the door and isolated for at least 24 hours before being given to the residents.
4. Interventions to prevent the spread of respiratory germs within the facility:
    - a. Keep resident and employees informed by answering questions and explaining what they can do to protect themselves and their fellow residents (i.e. handwashing, social distancing, cough etiquette)
    - b. Communal dining will be limited, for those residents that need extra monitoring.
    - c. Group activities will only be conducted if residents can be kept at least 6 feet apart.
    - d. Face mask is to be worn by all staff at all times.
    - e. Monitor residents and employees for fever or respiratory symptoms.
    - f. Support hand hygiene and respiratory/cough etiquette by making sure tissues, soap, paper towels, and alcohol-based hand rubs are available.
    - g. Educate staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection.
    - h. Promote easy and correct use of personal protective equipment by:
      - Posting signs on the door or wall outside of the resident room that clearly describes the type of precautions needed and required PPE.
      - Make PPE, available immediately outside of the resident's room.
  5. Procedure when COVID-19 is suspected and/or confirmed:
    - a. Notify physician, DON, and family.
    - b. A verbal communication will be provided immediately to residents and their representative whenever a resident receives confirmation of COVID-19.
    - c. All other residents, their representatives, and all staff will be informed by 5pm the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours.
    - d. Place resident in a private room with the door closed. Only for medical reasons would a resident leave their room and then a facemask must be worn, social distancing must be adhered to, and limited movement throughout the facility would be allowed.
    - e. Heightened assessment of resident's overall condition including but not limited to vital signs and respiratory status.
    - f. Limit the number of people who enter the resident's room. Maintain a log of all people who enter the room.

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- g. Implement standard, contact and droplet precautions. Wear gloves, gowns, goggles/face shield, and masks upon entering room and when caring for the resident.
  - h. Attempts will be made to assign dedicated direct patient care staff to COVID-19 positive residents.
  - i. Dedicated medical equipment should be used for the provision of care. Clean and disinfect all other equipment used for care.
  - j. All residents and staff members will be tested for COVID-19 infection if symptoms are noted in the facility.
  - k. Normal laboratory ordering protocols will be used when COVID-19 testing is ordered by PCP.
  - l. Notify state and local health department and CDC of suspected and/or confirmed COVID-19.
    - Regional IDPH notified immediately – it will be submitted via fax.
    - CDC notified via the National Healthcare Safety Network (NHSN) data base.
    - All Residents and/or Resident Representative will be notified.
  - m. A notice that indicates a resident or staff member of the facility has been confirmed with COVID-19 will be posted in a conspicuous place near the main entrance of the facility.
6. Environmental infection control:
- a. Immediately disinfect items soiled with blood and other body fluids.
  - b. Housekeeping staff shall adhere to transmission-based precautions.
  - c. Perform routine and terminal cleaning using disinfectants known to be effective against emerging viral pathogens or novel coronavirus.
7. DON shall maintain communication with the transfer facility to obtain results of the medical evaluation (ie COVID-19 is confirmed or ruled out), and shall implement procedures to identify and monitor others who may have been exposed if COVID-19 disease is confirmed.
8. Managing a resident who has successfully been treated for COVID-19 illness:
- a. Verify treatment was completed and the resident is not experiencing any symptoms of COVID-19.
  - b. Utilize transmission-based precautions as determined for the individual when caring for the resident. Factors to be considered when determining the duration of transmission-based precautions;
    - Presence of symptoms related to COVID-19
    - Date symptoms resolved
    - Other conditions that would require specific precautions
    - Other laboratory information reflecting clinical status.
  - c. Indicate COVID-19 history on the resident’s plan of care and monitor for recurrent symptoms.
  - d. If the resident is transferred or discharged from the facility, communicate information related to treatment for COVID-19 to the receiving facility/provider.

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9. Accepting transfers from Acute care settings:
  - a. COVID-19 IDPH guidance will be followed for all new returning residents
  - b. Testing returning residents will be considered on a case by case basis
  
10. Monitoring and Management of Potentially Exposed Staff:
  - a. Healthcare providers who care for residents with COVID-19 will be advised to don transmission based precaution PPE, self-monitor, and immediately report any signs or symptoms of acute illness to their supervisor or infection control personnel for a period of 14 days after the last known contact with the sick resident.
  - b. Healthcare providers who develop cold like symptoms or fever after an unprotected exposure to a resident with COVID-19 or someone who has been ill with fever and/or cold like symptoms or been in contact with someone with or under investigation for COVID-19 should:
    - Not report to work or immediately stop working
    - Notify their supervisor
    - Comply with work exclusion until they are deemed no longer infectious to others.
    - Local Health Department guidance and CDC guidelines will be followed before an employee with suspected and/or confirmed COVID-19 can return to work.
  - c. For asymptomatic healthcare providers who had an unprotected exposure to a resident with COVID-19 or someone who has been ill with fever and/or cold like symptoms or been in contact with someone with or under investigation for COVID-19 should:
    - Self-monitor for signs and symptoms of respiratory illness and fever
    - Notify Supervisor immediately.
    - Local Health Department guidance and CDC guidelines will be followed before and employee can return to work.
  
11. Staffing:
  - a. An emergency staffing plan has been developed that identifies procedures for handling staffing challenges.
  - b. Staffing needs will be fulfilled in a step-wise fashion:
    - On duty staff and scheduled staff
    - Off duty staff and on call staff, including department managers
    - Volunteers from Medical Reserve Corps (or similar agency available to facility)
    - Healthcare profession volunteers who present to the facility to provide assistance.
  
12. Supplies:
  - a. PPE required for each encounter with a suspected or confirmed COVID-19 case includes gloves, gown, goggles/face shield, and masks. Quantity of PPE utilized will be based on acuity level and the number of positive cases.
  - b. A person has been assigned responsibility for conducting a daily assessment of supply needs during a COVID-19 outbreak.

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### 13. Testing Plan:

COVID-19 testing results will be used to identify asymptomatic cases, to confirm infection in symptomatic cases, to evaluate quality indicators, to follow-up on infection control programs, and to support decision making. Testing practices will aim for rapid turn around times in order to facilitate effective IPC actions. Antibody testing will not be used as part of this plan.

- a. Baseline testing will be completed for all residents and staff members
- b. Repeat testing of all resident and staff members will be completed using the following criteria:
  - Any new onset symptomatic resident or staff members detected during routine screening.
  - Any new outbreak of resident and/or staff cases
  - If testing all residents and staff members is in response to a new case, follow up testing will continue weekly for all previously negative residents and staff until the testing identifies no new cases of COVID-19 among residents and staff over at least 14 days since the most positive results.
- c. Verbal consent obtained by resident and/or resident's representative
- d. Specimen collection to be performed by trained Hillview Healthcare Center staff
- e. Clinical testing services used: Gamma Healthcare Inc. – 1717 West Maud Street Poplar Bluff MO 63901
- f. Test refusal:
  - Resident: Place on precautions for 14 days
  - Staff member: Work exclusion for at least 14 days

### 14. Resident Cohorting:

- a. Roommates of resident with COVID-19 will be considered exposed and potentially infected and, if at all possible, will not share rooms with other residents unless they remain asymptomatic and/or have tested negative for COVID-19 14 days after their last exposure.
- b. Exposed residents will be permitted to room share with other exposed residents if space is not available for them to remain in a single room.

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