

# Coronavirus (Covid-19) Policy

## INTERIM INFECTION PREVENTION AND CONTROL GUIDANCE AND POLICY

Facility leadership and clinical staff are implementing all reasonable measures to protect the health and safety of residents and staff during the current outbreak of coronavirus disease (COVID-19).

### Overview:

This guidance is to provide the facility an overview of key actions required to reduce risk and prevent the potential spread of infection to patients and staff.

The response to the current outbreak of the Coronavirus disease and all Infection prevention and control measures are based on the most current national standards and recommendations from health policy officials, state agencies and the federal government and may change this interim guidance.

General measures that are being implemented to prevent the spread of coronavirus infection and prepare for the demands of an outbreak are outlined in this policy.

### Background:

The virus is thought to spread mainly from person-to-person in the following circumstances:

- Between people who are in close contact with one another (about 6 feet).
- Through respiratory droplets that are produced when an infected person coughs or sneezes.
- Other modes of transmission such as airborne transmission and contact with contaminated surfaces or objects may also be possible mechanisms of transmission but not currently thought to be the main way the virus spreads.

## PROCEDURE

### Prevention:

- Post signs at the entrance of the facility limiting and/or restricting visitation and these visit requests will be handled on a case-by-case basis. Visitors are being limited to certain compassionate care situations, such as end of life. Provide other methods of communication to the responsible parties of the visitation guideline changes.
- Visitors (for those permitted entry) will be subject to all applicable screening, guidance, and restriction criteria.
- Staff will be subject to all applicable screening, guidance, and restriction criteria as per current CDC guidance and asked to stay home or be sent home if they have symptoms of respiratory infection meeting the criteria. They will be encouraged to seek medical advice from their personal healthcare practitioner.
- Encourage hand and respiratory hygiene by patients, visitors, and staff.
  - Have hand washing stations or alcohol-based hand sanitizer available

- Post visual alerts (e.g., signs, posters) in strategic places (e.g., waiting areas, elevators) to provide patients, visitors, and staff with instructions about hand hygiene, respiratory hygiene, and cough etiquette.
- Educate and communicate with your staff on Covid-19 along with Infection Prevention practices such as
  - Handwashing- Ensure staff clean their hands according to CDC Guidelines, including before and after contact with patients, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
  - Isolation practices/protocols
  - Proper PPE and usage
- Monitor infection prevention/PPE supplies
- Communicate with Vendors, Partners, and Consultants on an as needed basis to ensure care delivery.
- Maintain communication with local and/or state health departments
- Stay current with CDC, State and Local Health Department guidance and recommendations
- **Covid-19 Vaccine** will be administered to residents and staff per Manufacturer's, CDC, Federal and State guidance.

### **Admitting Patients:**

Upon admission, patients should be screened as per current CDC guidance which may include evaluation for respiratory symptoms, fever, potential exposure to known or suspected Covid-19 cases, and any recent travel.

Admission or readmission of a resident with confirmed, suspected, or a patient under investigation (PUI) for Covid-19 will be determined on a case-by-case basis.

### **Staff and Patient Surveillance, Testing, and Reporting:**

- Monitor patients for symptoms of respiratory infection and fever upon admission, daily, and/or as needed (Per current CDC guidance) and implement appropriate infection prevention practices as required.
- Monitor staff for symptoms of respiratory illness and fever as per CDC guidance
- Follow standard infection tracking and surveillance procedures unless patient is a confirmed, suspected, or a patient under surveillance (PUI) for Covid-19 (follow CDC or State/local guidance).
- Testing of Staff and Patients is to be completed as per current CDC/Federal, State and/or local guidance.
- Follow CDC, Federal, Local and/or State guidance for reporting and documentation guidelines for testing and any possible Covid-19 illness in patients or staff.

### **Managing a Confirmed, Suspected or Patient Under Investigation (PUI) Confirmed Covid-19 Individual:**

- Upon identification the patient should have a face mask placed on them

- Place the individual in a private room (if available) with a closed door and dedicated bathroom. Patient face mask may be removed once in this room. They may also be cohorted with other residents with the same infection status.
- Identify dedicated staff to care for these patients.
- Staff entering or caring for the patient should follow CDC recommendations for PPE. Current guidance is Standard, and Transmission based precautions. Follow CDC guidance on optimizing PPE.
- Post signs on door or outside of room that describe the type of precautions needed and required PPE
- Notify facilities or healthcare providers of status prior to transferring a patient with an acute respiratory illness, including suspected or confirmed Covid-19. These patients should wear a facemask when outside of isolation room or during transfers (if able or as supply allows).

#### **Staff Return to work/Emergency Staffing Protocols:**

- Follow CDC, Local and/or State guidance for current recommendations

#### **Environmental:**

- Use CDC recommended EPA registered hospital-grade disinfectants to clean surfaces and decrease environmental contamination. \*See EPA List N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Clean commonly touched surfaces (knobs, hand rails, tables etc.) on regular basis throughout the day, and at increased intervals when warranted based on facility activity.

#### **Emergency Preparedness:**

- Ensure staffing strategies have been developed in need of an emergency to meet the needs of the residents

#### **Additional emergency planning/key measures in a potential outbreak and/or pandemic situation may include:**

- Follow current guidance related to reopening phases and steps as per CDC, State or Local Health departments.
- Suspend group/communal activities such as group dining and social events. The facility may offer alternative methods of visitation such as video conferencing, closed window visits, etc. and offering to do personal laundry
- Suspend Patient Voluntary Leaves of Absence (VLOAs)
- Evaluation of Sick leave and FMLA policies
- Implementation of emergency staffing strategies
- Increased facemasks/PPE and Optimization of usage as per CDC guidance
- Develop and Implement additional policies and procedures as needed during an emergency

*This is an evolving situation and healthcare personnel should monitor their local and state public health sources to understand the Covid-19 activity in their community. If there is transmission of Covid-19 in the community, in addition to implementing the precautions described above, facilities should also consult with public health*

*authorities to help provide additional guidance as it emerges\* and refer to the CDC website for the most up to date information.*

*\*All guidance within this policy may be amended at any time to follow the most up to date national guidance.*

*References:*

<https://www.cdc.gov/coronavirus>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://paltc.org/COVID-19>

<https://www.epa.gov>

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