	COVID-19 Infection Control- New York			C IC 28d
Dept:	Clinical Operations	**New Revised X**	**Last Date Revised:**	11-7-2020
			Prev. Date Revised:	3-14-20; 3-19-20, 4-6-20; 4-22-20; 5-11-20, 5-14-20, 6-12-20, 7-9-20
			Creation Date:	3-11-20
RELATED FORMS:	CMS/CDC/State/Local DOH Guidance- Employee screening form C IC 28b, Visitation CV 5			

Policy: The facility has established appropriate guidelines pursuant to recommendations from the Local Public Health, State Department of Health, CMS and the Federal Centers for Disease Control (CDC). The policy addresses resident, staff and visitor behavior and responsibilities to try to prevent the transmission of communicable diseases, such as undiagnosed respiratory illness and COVID-19.

The facility has the necessary means to provide adequate care to residents and will not deny an admission or re-admission solely on a resident diagnosed with COVID-19 but will follow CMS/CDC/State/Local DOH guidance.

NY facilities- A resident will not be admitted or re-admitted to the facility until a negative molecular test for SARS-Cov-2 RNA is completed and sent with hospital admission paperwork.

COVID 19 Information

Corona Viruses are a large family of viruses, some causing illness in people and others circulating among animals including camels, cats, and bats and at times evolves and infects people before spreading through human to human contact.

The 2019 novel corona virus (COVID -19) is a new virus that causes respiratory illness in people and can spread from person to person. The virus was first identified during an investigation in Wuhan, China.

Risk:

Risk of infection with COVID -19 is higher for people who are close contacts of someone known to have COVID -19, for example healthcare workers or household members. Others at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19.

Symptoms:

Per CDC, prompt detection, triage, and isolation of potential infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel (HCP) and visitors at the facility.

Symptoms may appear in as few as 2 days or as long as 14 days after exposure. Reported illnesses have ranged from people with little to no symptoms to being severely ill and dying.

Common signs and symptoms

***** fever
***** cough
***** Shortness of breath

Less common signs and symptoms

***** confusion or change in mental status. If noted, check pulse oximetry for O2 Sats
* muscle aches, headache
* sore throat, runny nose
* chest pain
* diarrhea, nausea and vomiting
* myalgia
* chills; chills with shaking
* sudden onset of loss of taste/smell

Human corona virus spreads just like the flu or cold:

* through the air by cough/sneezing
* close personal contact such as touching or shaking hands
* touching an object or surface with the virus on it
* occasional fecal contamination
* possible spread thru just speaking, (still not proven fact)

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with undiagnosed respiratory illness and coronavirus disease 2019 (COVID-19) and therefore have an increased risk of exposure to this virus. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE).

Procedure:

1. The facility, consistent with federal regulations, implements universal, standard infection control practices. This may include information pertaining to:

    * Standard Precautions
    * Transmission Based Precautions
    * Hand hygiene
    * Respiratory hygiene
    * Vaccinations

* Signs and symptoms of common communicable diseases

To prevent the spread of respiratory germs WITHIN the facility, monitor/screen employees for fever or respiratory symptoms. The screener should wear PPE following CMS and DOH recommendations during the screening process. For COVID -19 screening, the facility will monitor employee temperatures prior to starting shift and at end of shift or based on State specific DOH guidance. Refer to employee screening tool C IC 28 for additional screening requirements.

a. Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated). Obtaining a pulse ox on the resident may need completed based on respiratory status. A physician order will be obtained with specific information for completion.

b. In general, for care of residents with undiagnosed respiratory infection and COVID-19 use Standard, Contact, and/or Droplet Precautions with appropriate PPE based on Transmission-based Precautions (gown, gloves, mask/eye protection, N95) unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). When COVID-19 is identified in the facility, staff wear all recommended PPE (gloves, gown, eye protection, and respirator or face mask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (refer to CDC guidelines for conservation and use of PPE).

c. The facility monitors the Federal CDC website and state and local health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, the facility shall also consult with local health authorities for additional guidance.

d. Signs should be posted throughout the facility describing ways to prevent the spread of germs. https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf

e. Hand and respiratory hygiene as well as cough etiquette by residents, visitors, and employees is imperative. Everyone is encouraged to wash their hands using soap and water or hand sanitizer frequently.

f. Employees are educated and reminded to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).

g. Put alcohol-based hand rub in common areas, including hallways. Encourage staff, residents and visitors to wash hands with soap and water or to use the hand sanitizer frequently.

h. It is recommended that tissues are available and any sink is well-stocked with soap and paper towels for hand washing.

i. If able, the facility will identify and cohort utilizing separate areas of the facility or a designated wing/unit to provide care for residents with COVID -19. Also, if able, the facility will identify a designated wing/unit to monitor new admissions/readmissions residents that may have been exposed to COVID prior to admission.

j. If able, the facility will identify dedicated employees to care for COVID-19 patients and provide infection control training. A log/assignment sheet will be maintained for those employees providing care.

k. Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.

l. Make PPE, including facemasks, eye protection, gowns, and gloves, available outside of the resident room or close proximity to resident room when it's determined PPE is needed for the resident.

m. Position a trash can near the exit in the resident room to make it easy for employees to discard PPE. Perform hand hygiene upon exiting patient rooms.

n. The Administrator, in conjunction with the Medical Director and Infection Preventionist, has the authority to restrict or ban facility visitation and communal dining, group activities during outbreaks (epidemic, pandemic), whether these originate in the facility or in the community. The Facility will follow guidance recommended by Federal and Government agencies as it relates to restriction of visitors.

o. Visitors are discouraged at all times from visiting when they have potentially contagious infections (for example, upper respiratory infection (URI), influenza, gastroenteritis, or unexplained rashes).

p. Visitors who are symptomatic of communicable diseases, undiagnosed respiratory illness and COVID-19 will be denied visitation at the discretion of the Administrator, DON and/or Charge Nurse and/ or as designated as an emergency proclamation by the State until appropriate evaluation and treatment of the visitor has been established. Signs should be posted at entrance doors and throughout facility reminding visitors of these symptom risks.

q. Visitors/HCP shall be encouraged to wash their hands upon arrival and when leaving the facility, and passively instructed on proper cough etiquette/ respiratory hygiene through signs posted throughout the facility and upon screening.

r. Visitors are expected to adhere to instructions from the Administrator, DON and/or Charge Nurse on duty regarding facility infection control practices and visitation restrictions.

s. The facility reserves the right to remove/restrict all resident independent community access passes during the COVID-19 emergency.

t. All new Admissions or Re-Admissions will be tested for Covid-19 prior to discharge from acute care setting, or any other setting, test results must be NEGATIVE and a part of the discharge paperwork. All Residents sent out to the hospital will return when medically clear and a NEGATIVE COVID-19 test was obtained. If they can't return to their previous room the resident will be placed in a temporary room for 14days then return to their previous room with all their belongings.

u. Resume in-house salon services following guidelines from CMS/NYSDOH to preserve the safety and wellness of all Residents and staff.

    1. The beautician will produce a negative COVID test within the last day (24 hours) prior to services rendered (facility can utilize and follow P&P for POC antigen testing device). Screening by facility staff, washing and sanitizing hands (including prior to services and in between each resident), and utilizing PPE will be adhered to by following current CMS/NYSDOH guidelines.

2. The beautician and Resident must sanitize and/or wash their hands upon entry into the salon and immediately following the appointment when exiting the salon.

3. Screening of Residents per CMS/NYSDOH guidelines must be completed immediately prior to their hair appointment.

4. Removal of all non-essential items from the salon must be completed prior to any services started in the salon i.e. magazines etc. No sharing of any items.

5. The beautician, Resident, and any staff member assisting in services must wear a face mask for the entire salon appointment.

6. The beautician must also wear a face shield along with the face mask at all times while providing services. Wearing of gloves should be used as needed.

7. Capes and Aprons should be used one-time only, regardless if they are disposable or washable.

8. Adequate time must be utilized in-between each resident appointment and end of the day for documented full disinfection of salon (including equipment, workstation, chair, tools, etc.

9. Designate staff to assist in transporting residents to and from salon appointments, allow only one resident in the salon at a time. No waiting area is to be used outside the salon. Keep doors to the salon closed while providing services.

10. Post signage outside of the salon to remind others to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfection protocols.

11. The facility will provide the beautician with updated education following CMS/NYSDOH guidelines.

12. The facility will provide the beautician with a logging system to continuously log date of service, each resident's name, and temperature at time of services. The submission of salon services receipts to a designated staff for sign-off must occur for each resident.

13. The facility will monitor and audit the beautician services, and documentation logs and receipts to ensure compliance. The Administrator will notify the beautician of any areas of non-compliance.

2. Steps to promote health and safety:
   a. Stay home when sick.
   b. Avoid touching your eyes, nose and mouth
   c. Cover your cough or sneeze into your elbow, or if unable, then use a tissue, then throw the tissue in the trash.
   d. Clean and disinfect frequently touched objects and surfaces using an approved/ recommended cleaning product.
   e. Wash your hands often with soap and water for at least 20 seconds or utilize hand sanitizer.
   f. Avoid close contact with people who are sick
   g. **Follow public health advice** regarding school closures, avoiding crowds and other social distancing measures.
   h. **Stay informed.** CDC's COVID-19 Situation Summary will be updated regularly as information becomes available.

3. Visitor restriction will be followed based on Federal and State guidance. Visitor guidance could be recommended as "Restricting", "Limiting", and "Discouraging"; refer to CMS guidance related to definitions of each recommendation. Examples of "limiting" visitors are noted below:

   a. Those visiting a person with dementia (e.g., to lend support, ease anxiety, help the person feel safe/secure/grounded if staff are not able to comfort resident).
   b. Those visiting a hospice patient or end of life resident.
   c. Those visiting who are able to lend a patient "psychosocial support."

4. Facilities who are notified of a resident in the facility or recently transferred to the hospital and notified by the hospital that a resident tested positive for COVID 19, need to follow guidance for care of that resident/residents based on CDC and Local and State Health Departments. These agencies are to be notified of a presumptive positive or confirmed positive resident for further guidance of care. CEO/COO/Regional Clinical Nurse/VP Buildings & Grounds should be notified of any Suspicious, Presumptive Positive or Positive resident.

5. Violations of these policies shall be reported to the Administrator. The Administrator has the right to remove, restrict or ban visitors as indicated.

6. If the facility is unable to provide adequate care to a Resident at any time during the resident's stay, the facility must call their respective regional office of the Department of Health to provide necessary information and assist with any relocation needs if needed, including but not limited to assistance with arranging transportation to an alternate facility that can provide adequate care for the resident.

Discontinuation of Transmission-Based Precautions for Residents with COVID-19

Transmission-based precautions are used by healthcare facilities to care for patients with confirmed or probable COVID-19, or in response to known or suspected exposure to COVID-19. These guidelines apply to healthcare facilities where transmission-based precautions are used.

The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using either a test-based strategy or a symptom-based (i.e., time-since-illness onset and time-since-recovery strategy) or time-based strategy as described below. **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.**

Symptomatic residents with COVID-19 should remain in Transmission- Based Precautions Until Either:

Test-based strategy

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive swab specimens collected ≥24 hours apart (total of two negative specimens)

Symptom-based strategy

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**

* Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
* At least 10 days have passed *since symptoms first appeared*

Residents with laboratory confirmed COVID 19 who have not had any symptoms should remain in Transmission-based Precautions until either:

Test-based strategy

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive specimens collected ≥24 hour's apart (total of two negative specimens).
- Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Time-based strategy

* 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Discontinuation of Empiric Transmission Based precautions for residents suspected of having COVID-19

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARSCoV-2 RNA.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

Discharge of residents with COVID-19 from a healthcare facility:

Patients should be discharged from the healthcare facility whenever clinically indicated

If discharged to home: Facility will provide discharge instructions at time of discharge

- Isolation should be maintained at home if the patient returns home before discontinuation of Transmission-Based Precautions.

- The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments. It should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations.

- Guidance on implementing home care of persons who do not require hospitalization and the discontinuation of home isolation for persons with COVID-19 is available.

If discharged to a skilled-nursing facility or other long-term care facility (e.g., personal care home, assisted living facility) AND

- **Transmission-Based Precautions *are still required***, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.

- **Transmission-Based Precautions *have been discontinued***, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room ideally with a dedicated bathroom, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline. Note that these restrictions may already be in place for the entire facility; however, as the COVID-19 response in the Commonwealth evolves, this may not be the case. In that event, these restrictions would apply as described here for the individual resident.

- **Transmission-Based Precautions *have been discontinued*** and the patient's symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.

For skilled nursing facilities and other long-term care facilities: Discontinuing "exposed" or : "affected" status for a unit or facility

To declare a unit or facility that has housed COVID-19-positive residents unaffected by COVID-19, **all** of the following conditions must apply:

- All residents on the unit who were confirmed or probable cases of COVID-19 must have met the criteria for discontinuation of transmission-based precautions
- A minimum of 14 days have passed since the date of symptom onset for the last clinical case
- A minimum of 14 days have passed since the implementation of transmission-based precautions for COVID-19 and other infection prevention and control interventions for COVID19
- All residents who were not confirmed or probable cases of COVID-19 remain asymptomatic
- All staff remain asymptomatic or have met return-to-work criteria
- No additional or ongoing exposures have occurred (e.g. through exposure infectious healthcare workers)