Infection Prevention and Control Manual
Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)

Coronavirus-(COVID-19)

The Centers for Disease Control has published interim guidance entitled, "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" Updated February 21, 2020, stating, "This guidance is based on the currently limited information available about coronavirus disease 2019 related to disease severity, transmission efficiency, and shedding duration. This cautious approach will be refined and updated as more information becomes available and as response needs change in the United States. This guidance is applicable to all U.S. healthcare settings."[1] This information has been utilized, to develop the following policy and procedure.

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 Federal and State/Local recommendations (to include, for example: Admissions, Visitation, Precautions: Standard, Contact, Droplet and/or Airborne Precautions, including the use of eye protection).

Note: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements. Check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Procedure

Resident Care

- 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.

- For new residents (or residents with recent travel) obtain a detailed travel history, contact with anyone with lab confirmed COVID-19 and identify if resident exhibits fever and signs and/or symptoms of acute respiratory illness.

- Ongoing, frequent monitoring for potential symptoms of respiratory infection as needed throughout the day for signs for both residents and employees.
    - Contact physician and public health authorities for COVID-19 testing consistent with current CDC recommendations
    - For suspected cases of COVID-19, contact the State or local health department for directions and testing. https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf
    - Notifications and communication:
        - Contact and inform resident's physician
        - Contact and inform resident representative
        - Contact and inform the facility Medical Director

- For identified increase in the number of respiratory illnesses regardless of suspected etiology for residents and/or employees, contact the local or State health department for further guidance.

- A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place.
    - Place resident in an AIIR if available. If no AIIR, place on both contact and droplet precautions.
    - Contact State/Local Public Health immediately for direction, for example:

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- "Facilities without an airborne infection isolation room (AIIR) are not required to transfer the patient assuming: 1) the patient does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19". https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf
- Residents that develop more severe symptoms that require transfer to the hospital for a higher level of care
  - Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis and precautions to be taken including placing a facemask on the resident during transfer.
  - Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed. https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf

- Residents suspected or confirmed with COVID-19 that remain in facility upon advice of local/State public health agency, will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs and symptoms.

- In the event of a facility outbreak, institute outbreak management protocols:
  - Define authority (Infection Preventionist, DON, Administrator, Medical Director, etc.)
    - **Immediate** reporting/notification and consultation with the Local/State Public Health Department for specific directions to include, for example:
    - Place residents in private rooms on standard, contact, droplet (airborne if available) precautions.
    - Cohort residents identified with same symptoms/COVID-19 confirmation
    - Implement consistent assignment of employees
    - Only essential staff to enter rooms/wings
    - Group activities will cease on unit:
      - Dining
      - Activities
      - Therapy
  - Admissions will be suspended during a COVID-19 outbreak.

- Limit only essential personnel to enter the room with appropriate PPE and respiratory protection.
  - PPE includes:
    - Gloves
    - Gown
    - Respiratory Protection (Fit-tested NIOSH-certified disposable N95 filtering facepiece respirator prior to entry and removal after exiting). If disposable respirator is used, it should be removed and discarded after exiting the resident room and closing the door. Perform hand hygiene after discarding. If reusable respirator is used, clean and disinfect according the manufacturer's recommendations. If facility is using Fit-tested NIOSH-certified disposable N95 filtering respirators, staff must be medically cleared and fit-tested and trainer prior to use.
      - In the event of supply capacity concerns for respiratory protection, the CDC has outlined measures in the "Strategies for Optimizing the Supply of N95 Respirators" at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html
      - The facility will document efforts to obtain necessary PPEs and supplies needed. The facility will take actions to mitigate any resource

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shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility will contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents.

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html
- If no Fit-Tested NIOSH-Certified N95 respirators available or used in facility, the Infection Preventionist will identify appropriate mask that will be donned when entering and after exiting resident room:
    - Examples include: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html
- 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
- 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.
- Ensure ABHS is accessible in all resident-care areas including inside and outside resident rooms.

- For suspected or confirmed COVID-19, the facility will keep a log of all persons who enter the room, including visitors and those who care for the resident.
    - Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee for further direction as indicated by State/Local Health Departments

- Resident Transport: Prior to resident transport, both the emergency medical services and the receiving facility will receive alerted information regarding:
    - Resident diagnosis or suspected diagnosis
    - Precautions necessary
    - A facemask will be placed on the resident prior to transport

- 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 using EPA-registered disinfectants against COVID-19: https://www.epa.gov/newsreleases/epa-releases-list-disinfectants-use-against-covid-19

- Discontinuation of Isolation Precautions will be determined on a case-by-case basis in conjunction with the State and/or Local Health Department

- Cleaning and disinfecting room and equipment will be performed using products that have EPA-approving emerging viral pathogens: https://www.epa.gov/newsreleases/epa-releases-list-disinfectants-use-against-covid-19

- The facility can make a determination to readmit residents diagnosed with COVID-19 from the hospital based upon the below criterion (https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf):

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- The facility is able to follow CDC guidance for Transmission-based Precautions for COVID-19.
- If the facility is unable to follow CDC guidance for Transmission-based Precautions for COVID-19, it must wait until these precautions are discontinued at the hospital https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#clinical-management-treatment%3C
- Consultation with State/local Health Department
- If possible, the facility will dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab unit or returning to long-stay original room).

Employees

- Review facility sick leave plan.
    - Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be instructed to not report to work and referred to public health authorities for testing, medical evaluation recommendations and return to work instructions.
    - Employees who develop symptoms on the job will be:
        - Instructed to immediately stop work and provided with a facemask
        - Instructed on self-isolation at home
    - The Infection Preventionist will work with the employee to identify individuals, equipment and locations the employee came in contact with
    - The Infection Preventionist will contact the local health department for recommendations on next steps.
    - The Infection Preventionist will identify exposures that may warrant restricting asymptomatic employees from working based upon CDC guidance for exposures. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- The facility will re-educate and reinforce:
    - Strong hand-hygiene practices
    - Cough etiquette
    - Respiratory hygiene
    - Transmission Based Precautions
    - Appropriate utilization of PPE's as indicated

Visitors (Monitor or Restrict)

- The facility will educate visitors to follow respiratory hygiene and cough etiquette precautions.

- A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection should defer visitation until he or she is no longer potentially infectious.
    - Visitation restrictions, including for individuals under 18 years of age will be determined based upon State/Local Public Health Guidance
    - The facility will actively screen and restrict visitation by those who meet the following criteria: International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
    - Signs or symptoms of a respiratory infection such as fever, cough, shortness of breath or sore throat
    - In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.

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- Residing in a community where community-based spread of COVID-19 is occurring.
- For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks criterion as outlined in https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf

- Limiting visitors and individuals – The facility will follow the below guidance to prevent the spread of COVID-19 in addition to the information regarding restrictions:
  - **Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.
  - **Limiting** means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.
  - **Discouraging** means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).
- Limiting or Discouraging visitation:
  - a) **Limiting:** For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend **limiting** visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.
  - b) **Discouraging:** For all other facilities (nationwide) not in those counties referenced above, we recommend **discouraging** visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home .
- Visitors with known or suspected COVID-19, in contact with someone with or under investigation of COVID-19 or symptomatic visitors will be restricted from entering the facility.
  - 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.
- Visitation/Visitors in the event of suspected or known COVID-19 outbreak or case in facility
  - The facility will suspend visitor/visitation during an outbreak as indicated by State/Local Health Department recommendations
  - Alternative communication interaction interventions will be discussed.
- The facility will increase visible signage at entrances/exits, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows).
- Signage and Instruction
  The facility will provide instruction, before visitors enter the facility and residents' rooms on:
  - Hand hygiene
  - Limiting surfaces touched, and
  - Use of PPE according to current facility policy while in the resident's room.
  - Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry.
  - Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.
- In addition to the screening visitors for the criteria for restricting access (above), the facility will ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location.
  - If so, facilities should suggest deferring their visit to a later date.
  - If the visitor's entry is necessary, they will use PPE while onsite.

This resource was developed utilizing Information from CDC and CMS.
Providers are reminded to review state and local specific information for any variance to national guidance

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- If the facility does not have available supply of PPE, the facility will restrict the individual's visit, and ask them to come back at a later date (e.g., after 14 days with no symptoms of COVID-19).
- In cases when visitation is allowable, the facility will instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)
- The facility will review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and will take necessary actions to prevent any potential transmission.
  - For example, do not have supply vendors transport supplies inside the facility.
  - Have them dropped off at a dedicated location (e.g., loading dock).
  - Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.
- In lieu of visits (either through limiting or discouraging), The facility will consider:
  - Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
  - Creating/increasing listserv communication to update families, such as advising to not visit.
  - Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
  - Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.
- When visitation is necessary or allowable, the facility will make efforts to allow for safe visitation for residents and loved ones. Such as:
  - Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no handshaking or hugging, and remaining six feet apart.
  - If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities will assist in disinfecting rooms after each resident-visitor meeting.
  - Residents still have the right to access the Ombudsman program.
    - If in-person access is allowable, use the guidance mentioned above.
    - If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).
- Visitor reporting:
  - Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.
  - Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.

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Communication

- The facility will review facility communication procedures for COVID-19 (initial, ongoing and upon suspected or confirmed outbreak)
  - Develop key talking points
    - Preparation strategies for COVID-19
    - Visitor protocols
    - Suspected or confirmed cases
    - If outbreak occurs
  - Determine communication (written, verbal, electronic) for:
    - Residents
    - Resident Representatives
    - Employees
    - Vendors
    - Visitors
    - Media
    - State/local health departments
    - Local hospitals, EMS providers and provider community
    - Other Key Stakeholders
  - Determine communication lead
  - Develop key facts and talking points for media (preparation and response)
  - Facility Signage
    - Signs will be posted at the entrances, elevators and breakrooms 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 entrances.

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References and Resources

[1]Centers 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

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Evaluating and Reporting Persons Under Investigation (PUI). Updated March 4, 2020: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.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

Centers for Disease Control and Prevention. "Healthcare Personnel Preparedness Checklist for 2019-nCoV that can be downloaded and completed by the Infection Preventionist at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf

Centers for Medicare & Medicaid Services. QSO-20-14-NH. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes: https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Strategies for Optimizing the Supply of N95 Respirators. February 29, 2020: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

Local Health Department Listing and Contacts. https://www.naccho.org/membership/lhd-directory

Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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FDA Resources
Emergency Use Authorizations: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Additional Resources
Long term care facility – Infection control self-assessment worksheet:
https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf

Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment

Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

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Room Log: Residents with Suspected or Confirmed Coronavirus (COVID-19)
Resident Name: _____   Room #: _____

Employee or Visitor Name (print)	Date:	Time in:	Time out:	Initials

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COVID-19 Proactive Preparation Planning

Items to Review	Yes	No	N/A	Comments
1. Trustworthy Resources Utilized to Develop Plan • CDC, WHO, APIC, CMS, etc.				

2. Review current Emergency Preparedness Plan and Pandemic Plan to identify
   • Pandemic Response
   • Leadership (Identify and define authority)
   • Contact Names and Numbers
     o Facility Leadership
       o Administrator
       o DON
       o Infection Preventionist
       o Nurse Managers
       o Dietary Manager
       o Housekeeping Manager
       o Social Service Manager
       o Environmental Services
       o Recreational Therapy
     o Medical Director
     o Pharmacy Consultant
     o Local and State Public Health Contacts
     o Hospital Partner Contacts
     o Pharmacy
     o Medical Supply
   • Prepare a list of essential positions necessary for day-to-day operations
   • Prepare a list of essential functions for emergency management of care
   • Review business interruption protocols and review with leadership team members				

3. Set up a meeting to collaborate with local hospital partners				
4. Encourage a meeting with post-acute care colleagues on collabortive efforts in the event of a Pandemic				
5. Meet with pharmacy and pharmacy consultant to identify pharmaceutical needs				

6. Meet with Medical Equipment suppliers to identify and prepare for needs to include:
   o Personal Protective Equipment
   o Hand Hygiene Supplies
   o Oxygen
   o Resident care supply needs based upon unique resident population				

7. Meet with supplier of disinfectants and cleaners to prepare for needs				

This resource was developed utilizing Information from CDC and CMS.
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8. Meet with food suppliers to identify and prepare for food needs				
9. Familiarize clinical leadership team with testing protocols as established by State and/or Local Public Health o Contact Public Health for contact numbers and questions				
10. Review signage and positing requirements per P&P				
11. Review and re-educate on visitor screening protocols and visitor policies				
12. Review and identify staff deployment (i.e. consistent assignment)				

13. Review facility sick leave policies and revise as necessary to encourage ill staff to remain home
  o Educate Staff on sick leave policy
  o Educate staff on COVID-19 exposure protocols				

14. Re-train all employees on Infection Prevention and Control
  o Hand Hygiene
  o PPE
    o *Remind employees not to touch their face*
  o COVID-19
  o Respiratory Hygiene/Cough Etiquette				

15. Prepare facility communications for residents, resident representatives, families and visitors				
16. Develop a plan for prioritizing resources o Educate Team				
17. Meet with local transport agencies to collaborate on a plan for safe transport if necessary				
18. Complete the "Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients With Confirmed or Possible COVID-19" from CDC: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf				

References and Resources

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) Strategies for Optimizing the Supply of N95 Respirators. February 29, 2020: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Pandemic Preparedness Resources: https://www.cdc.gov/coronavirus/2019-ncov/php/pandemic-preparedness-resources.html

Centers for Disease Control and Prevention. Understand the Difference (Surgical Mask, N95 Respirator, Elastometric Half Facepiece Respirator: https://www.cdc.gov/niosh/npptl/pdfs/UnderstandingDifference3-508.pdf

Minnesota Department of Health. Patient Care Strategies for Scarce Resource Situations: https://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf

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Additional CDC resources

- https://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/planning-guidance-checklists.html
- https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html