

Union Plaza Care Center Policy and Procedures

Policy: COVID-19 Comprehensive (Caring for Resident with Suspected, Confirmed, Unknown COVID -19)	
Signature:	Effective Date: 8/12/2021
	Revised/Updated:11/2/2021,12/30/2021,1/12/2022

BACKGROUND

SARS-CoV-2, commonly known as COVID-19, is primarily a viral respiratory infection. It is most commonly spread between people who are in close proximity of each other (within 6 feet). It spreads through respiratory droplets or small particles produced when an infected person coughs, sneezes, sings, talks or breathes. These particles can be inhaled into the nose and mouth, and eventually into the lungs, causing an infection. Droplets can also land on surfaces and inanimate objects and spread when dirty hands touch the eyes, nose and mouth. The incubation period is between 2-14 days. Symptoms of the virus include fever, cough, shortness of breath, severe lower respiratory infection/acute respiratory distress syndrome and may also include nasal congestion, sore throat, diarrhea, and nausea. The potential for more serious illness among older adults, coupled with the more closed, communal nature of the nursing home environment, represents a risk of outbreak and a substantial challenge for nursing homes.

POLICY

Union Plaza Care Center will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the New York State Department of Health (NYSDOH), to include identification and isolation of any suspected and confirmed cases. Staff will be informed of any changes during change of shift huddle, and as often as necessary.

PROCEDURE

1. Identify and assess for Coronavirus Disease by assessing for symptoms associated with Covid - temp $\geq 99^{\circ}\text{F}$, chills, body aches, cough, difficulty breathing, shortness of breath, poor oxygenation, nausea, diarrhea, loss of taste, loss of smell. **Daily screening for residents must include temperature and pulse oximetry checks.**
2. Identification, early work-up, including testing as indicated, and treatment will be initiated by clinical staff for all residents with suspected or confirmed COVID 19
3. Residents who are confirmed or suspected of COVID-19 will have the signage on the door indicating Droplet and Contact precautions. Isolation cart containing PPEs and alcohol-based hand sanitizer (ABHS) will be placed outside of room.

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4. All new admissions and readmissions will have a review of hospital information prior to admission/readmission to determine if adequate infection prevention and treatment needs can be met at the facility.
5. Any admission with a diagnosis of Covid-19 that has not been hospitalized to complete the required time period to discontinue TBPs and has a negative Covid test will be placed in a geographically isolated room, near the positive cohort as a “recovering or negative annex,” distinct from the Observation area. Admissions that are Covid + and do not have a negative test and have not completed the required isolation period will be placed in the Covid-positive cohort. After completion of isolation period (day 1 = collection date of most recent positive test result), they will be placed in the Covid Negative Cohort area (refer to P/P – discontinuation of TBP’s)
6. The facility will establish Covid Cohorts: Positive, Negative, Unknown, Observation
 - A baseline Covid test is required to determine whether residents are Covid positive or Covid negative. Those who refuse testing are considered “unknown”
7. The facility will create Covid Cohort Areas/Units: Positive, Negative, Unknown, Observation
 - a. **Positive Cohort Area/Unit: Residents with a Positive Covid Test**
 - This may be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID- 19.
 - May place two residents who test positive for Covid in the same room
 - Initiate TBPs (contact and droplet)
 - Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with all residents on unit
 - In order to discontinue TBPs and transfer resident to a Covid Negative area/unit, may utilize the symptom-based strategy (recommended) OR the test-based strategy (refer to P & P for Discontinuation of TBPs).
 - b. **Negative Areas/Units: Residents who have a confirmed Negative Test**
 - Residents on this unit have had a negative baseline Covid test or have met the criteria for discontinuation of TBPs, and have no symptoms of Covid-19.
 - Caregivers on this unit are required to utilize universal source control
 - c. **Unknown Areas/Units: Unknown Covid Status**
 - Residents in this cohort group do not have a confirmed Covid positive or negative test and are asymptomatic (e.g. resident refused testing)
 - Place in private room on unit
 - Initiate TBPs (contact and droplet) for a minimum of 14 days from the date of last exposure
 - However, asymptomatic residents who *continue* to refuse testing when there is ongoing transmission in the facility will be kept on TBPs x14 days from the date the facility completes outbreak testing

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- Symptomatic residents should remain in the unknown cohort until they meet the symptom-based criteria to discontinue TBPs and for 14 days from the date of last exposure
- Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with resident(s)
- May use symptom-based strategy (DOH 5/3/2021) to remove from this cohort
 - Residents can be removed from this cohort as early as day 11 if criteria has been met

d. Observation Areas/Units: Residents re-admitted/newly admitted

- Residents re-admitted or newly admitted will be placed on this area/unit x 14 days and will be monitored for signs/symptoms consistent with Covid-19
 - **Exceptions** include residents within 3 months of a SARS-CoV-2 infection or fully vaccinated residents (CDC 3/29/2021)
 - Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated or have recovered from Covid-19 infection within 3 months **AND** have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days (CDC 3/10/2021).
 - Requires TBPs (contact and droplet)
 - Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with all residents on unit
8. When there is a resident who is suspected of having Covid-19, the facility will:
- Keep resident in their room on the same unit where they live
 - If there is a roommate, place roommate in a single/private room when possible
 - Initiate transmission-based precautions (TBPs): contact and droplet for resident (and roommate)
 - Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with resident (and roommate)
 - Covid swab to be done for resident (and roommate)
 - If positive result, transfer to Covid positive cohort area/unit
 - Other viral testing as relevant (e.g. influenza, RSV, parainfluenza) to be done for resident (and roommate)
 - Work-up to rule out other potential causes of symptoms (e.g. UTI, dehydration, sepsis) to be done for resident (per doctor's orders)
 - Monitor vital signs every shift (BP, Pulse, RR, Temp, O₂ Sat)
9. The facility will utilize the following strategies for managing residents and/or roommates with close contact exposure to a Covid-positive individual:
- Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection will be placed on TBPs x14 days after their exposure, even if viral testing is

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- negative. HCP caring for them will use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
- Fully vaccinated residents and residents with SARS-CoV-2 infection in the last 90 days do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by NYS local epidemiology
 - Facility will reach out to local epidemiology for guidance for these residents
10. The facility will take action to minimize chances for exposure to Covid-19 by:
- Reviewing visitation restriction guidelines (see Visitation P/P)
 - Conducting Covid and thermal screening for staff and all others at reception desk (before entering resident care areas). If found to be symptomatic upon screening, instruct individual to go home, self-isolate and contact their primary care physician.
 - Staff will be required to complete Covid screening at start of first shift and every 12 hours if indicated.
 - Utilizing face mask and eye protection as universal source control, as indicated
 - Encouraging residents and staff to maintain social distancing
 - For residents who must leave facility for medically necessary doctor's appointments, including chemotherapy and dialysis, monitor vital signs and general condition before leaving and upon return to facility. Open line of communication will be kept with receiving facilities
11. Residents who leave the facility for out on pass visits/outings will be reminded to follow all recommended IPC practices including source control, physical distancing, and hand hygiene (**see specific OOP P/P**)
- Quarantine will not be implemented for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.
 - Residents who leave the facility for >24 hours will be managed in general as New and Re-admissions (see #7d). Facility may choose to perform a Covid test upon return.
12. A single case of Covid-19 is considered an outbreak. In the event of an outbreak, the facility will conduct testing in accordance with CMS QSO-20-38-NH (Rev 9/10/2021) and NYSDOH 10/27/2021 (*refer to specific Testing P/P*)
- Residents and staff who have recovered from Covid-19 and are asymptomatic do not need to be retested for Covid-19 within 3 months after symptom onset unless there is uncertainty about infection date or immune status and if suspicion and exposure to variant strains is suspected.
13. If an individual (resident or staff) tests positive for Covid on a Unit(s), all affected/exposed residents will be placed on TBPs x 14 days from last exposure (day 1 = last day of contact positive individual was on unit(s)). Facility IP/Designee will contact local epidemiology for further guidance as needed.

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- Encourage residents to wear a face cover or mask as tolerated (residents living with Dementia may not be able to comply with mask use).
14. Employees who have had a high-risk exposure and are fully vaccinated or recovered from SARS-CoV-2 infection in the prior 90 days, and are **asymptomatic**, do not require work restriction (CDC 9/10/2021).
- Symptoms check daily
 - Wear N95 mask and eye protection for all resident interactions
 - Case – by – case interventions: may test employee frequently; restrict from work; assign to only fully-vaccinated residents; or restrict from resident care
15. The facility will maintain an up-to-date list of all Covid-vaccinated residents and staff
16. The facility will provide education to staff to address:
- Staying home from work when sick
 - Identifying signs/symptoms of Covid-19 in resident and reporting same to appropriate personnel
 - Reviewing standard and transmission-based precautions; review appropriate identifiers (e.g. signage)
 - Reviewing appropriate use of personal protective equipment (donning and doffing)
 - Hand hygiene
 - Reviewing respiratory etiquette
17. The facility will reinforce cleaning and disinfection procedures to include:
- Cleaning/disinfecting multiple-use equipment in between use for each resident (e.g. blood pressure cuffs, glucometer, etc)
 - Increasing cleaning and disinfection of high-touch surfaces (both inside and outside of resident care areas)
 - Review of regular vs terminal cleaning of rooms
 - Review of contact times for products used for disinfection
 - Review of reprocessing of PPEs
18. The facility will maintain an open line of communication with residents and/or healthcare representatives:
- Healthcare representatives will be updated of any change in condition of their loved ones
 - Arrangements will be made to keep an open line of communication between residents and their families (e.g. via phone calls or video calls).
 - Advanced directives will be revisited and reviewed; will be changed in accordance to wishes.
 - Residents and healthcare representatives will be provided via facility's website and auto hotline messaging with updated information regarding confirmed cases of Covid-19, as well as any confirmed Covid-19 deaths, within 24 hours while protecting personal health information.

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REFERENCES:

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- NYSDOH (4/19/2020). Health Advisory: Discontinuation of Isolation for Patients with Covid-19 Who Are Hospitalized or in Nursing Homes, Adult Care Homes, or Other Congregate Settings with Vulnerable Residents
- NYSDOH (5/13/2020). Health Advisory: Nursing Home Cohorting FAQs.
- NYSDOH (11/3/2020). Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel.
- NYSDOH (1/7/2021). UPDATE to Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure
- NYSDOH DAL (1/7/2021). Nursing Home Staff Testing Requirements
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CDC (Updated 4/2/2021). Interim Public Health Recommendations for Fully Vaccinated People. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

NYSDOH (4/10/2021). Updated Interim Guidance for Travelers Arriving in New York State (NYS)

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NYSDOH (8/6/2021 Revised Advisory Nursing Home Cohorting FAQs https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/DOH_COVID19_NursingHomeCohortingFAQs_080621_1628284901536_0.pdf

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