Lewis County Health System

INFECTION CONTROL

SUBJECT: COVID-19 Response Plan

Contents

Acronyms

AIIR	Airborne Infection Isolation Room
CEMP	Comprehensive Emergency Management Plan
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operations Center
HCC	Hospital Command Center
HCS	Health Commerce System
HERDS	Health Emergency Response Data System
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
NIMS	National Incident Response System
NYSDOH	New York State Department of Health
OEM	Office of Emergency Management
PPE	Personal Protective Equipment
LC	Lewis County
LCPH	Lewis County Public Health Department
LCHS	Lewis County Health System

Disclaimer:

What is known and understood about COVID-19 and how LCHS responds to the virus is constantly evolving. As such, the procedures to best respond are rapidly evolving as well. LCHS strives to keep the written policy and procedure aligned with current best practices, however there may be some slight variances per Executive Orders and NYSDOH recommendations. This policy will be updated at more frequent intervals than required to maintain the alignment.

I. Introduction and Background

A Novel Coronavirus (COVID-19) pandemic will place a huge burden on the U.S. healthcare system. Global efforts at this time are focused concurrently on containing the spread of this virus and mitigating the impact of this virus. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat. The public health response is multi-layered, with the goal of detecting and minimizing introductions of this virus in the United States to reduce the spread and the impact of this virus. CDC is operationalizing all its pandemic preparedness and response plans, working on multiple fronts to meet these goals, including specific measures to respond to local transmission of the virus that causes COVID-19. Widespread transmission of COVID-19 in the United States would translate into large numbers of people needing medical care at the same time. Schools, childcare centers, workplaces, and other places for mass gatherings may experience more absenteeism. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed. COVID-19 vaccines available in the United States are effective at protecting people from getting seriously ill, being hospitalized, and dying. As with other vaccine-preventable diseases, you are protected best from COVID-19 when you stay up to date with the recommended vaccinations, including recommended boosters.

Effective planning and implementation will depend on close collaboration among state and local health departments, community partners, and neighboring and regional healthcare facilities. Despite planning and preparedness, however, in a severe pandemic it is possible that shortages, for example of mechanical ventilators, will occur and medical care standards may need to be adjusted to most effectively provide care and save as many lives as possible.

A. Purpose

The Lewis County Health System (LCHS) COVID-19 Response Annex to the Infectious Disease Outbreak Response Plan provides incident-specific guidance to enable LCHS to prepare for, and respond to, a COVID-19 outbreak. The guidelines are consistent with activities described in the New York State Department of Health (NYSDOH) and Center for Disease Control (CDC) guidelines.

B. Assumptions

Pandemic planning assumptions have been based on the World Health Organization (WHO) Pandemic Phases that describe an escalating epidemiologic disease process that correlates to threat and impact levels.

The progression of events in the 2009/2010 H1N1 pandemic have demonstrated that the emergence of a disease may not mirror events as described in the WHO phases. The use of this document will consider the impact of the disease in the community as well as the suggested impact described in the WHO Phases.

This document is based on the following planning assumptions:

- Healthcare facilities and communities must be ready to “stand alone”, and not depend on the immediate availability of state and federal resources.

- In the event of a pandemic, the NYSDOH will have minimal resources available for onsite local assistance, and local authorities and institutions will be responsible for community- and facility-specific response plans.

- NYS and the federal government have developed materials and guidelines, including basic communication materials for the general public in various languages; information and guidelines for health care providers; and training modules. This information is available at the following websites:

    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

C. Plan Maintenance, Implementation, and Responsibility

This plan is reviewed annually, in accordance with the Environment of Care (EOC) review cycle. More frequent updating of the *COVID-19 Plan* may be necessary to ensure that the plan reflects current recommendations, which tend to be dynamic based on evolving information and world health conditions. Following exercise and actual incident activations, changes may be made based on experiences or evaluations.

II. Readiness

LCHS has formulated the following plan to provide medical treatment to patients during a COVID-19 outbreak. This plan is an Appendix to the Infectious Disease Outbreak Response Plan which is an Annex to the Comprehensive Emergency Management Plan (CEMP).

A. Infection Prevention

Preparedness measures include:

- Infection Prevention Guidelines including Airborne, Droplet, and Contact Precautions, respiratory hygiene/ cough etiquette, and hand hygiene.
- Current Airborne Infection Isolation Room (AIIR) and cohorting area information is documented in the HERDS Critical Asset Survey on the Health Commerce System (HCS).
- Cohorting of patients is per the recommendations of NYS DOH & CDC

Infection Prevention will monitor the NYSDOH and CDC websites regularly for the most current recommendations.

Some activities may include:

- Reinforce infection prevention education and training of healthcare personnel including the importance of strict adherence to infection prevention measures:
    - Standard and transmission-based precautions.
    - Respiratory hygiene/cough etiquette.
    - Avoidance of hand to mucous membrane contact.
    - The proper use of PPE as per standard and transmission-based precautions, including donning, doffing, and disposing of PPE.

- Provide specific COVID-19 information, including the signs and symptoms, epidemiology, and transmission.

B. Education and Training

Education for nursing and medical staff will be developed and provided to appropriate staff members according to the event.

As with all education, materials are developed and/or distributed that are reading-level appropriate for the intended audience, in languages reflective of the composition of hospital patients, staff, and family members.

C. Communications

During the Pandemic COVID-19 event it will be important to monitor rumors and address misinformation. All requests for information received from the public through the switchboard will be referred to the local health department or designated state or local information hotline.

Information regarding specific patient conditions will be shared with family members per HIPAA regulations. Individuals requesting general information on COVID-19 will be provided with NYSDOH/CDC information or redirected to contact the Lewis County Public Health Department.

D. Patient Management

Management of persons with possible pandemic COVID-19 evaluated in the ED, transferred from another facility, referred for hospitalization by an admitting physician, or inpatient may include, in collaboration with Infection Prevention:

- Epidemiologic criteria recommended by the NYS DOH, screening at the time of admission for “fever, cough and travel” for epidemiologic criteria.
- Admission of patients with fever and cough and in need of medical attention, to a private room with airborne precautions or cohort at the recommendations of Infection Prevention.
- Placement of patients with fever and cough that are suspected or confirmed to have COVID-19 are placed on airborne precautions pending further evaluation.

HCP should adhere to Standard and Transmission-based precautions when caring for a patient with confirmed or suspected COVID-19.

N95 respirators or respirators that offer a higher level of protection is required before entry into a patient care room or when performing or present for an aerosol-generating procedure.

Put on eye protection (i.e., goggles or eye shield, or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. **Personal eyeglasses and contact lenses are NOT considered adequate eye protection.**

Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use.

Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient care room or area and immediately perform hand hygiene.

<u>If there are shortages of gowns, they should be prioritized for</u>:

-aerosol-generating procedures

-care activities where splashes and sprays are anticipated

-high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include dressing, bathing / showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care.

- Placement of a precautions sign placed on the doorway to advise the type of personal protective equipment required.
- Notification to the receiving unit of the need for precautions for a potential pandemic COVID-19 patient.
- Provide information regarding all potential pandemic admissions to Infection Prevention.

Outpatient Clinics will adhere to the following chart: (CLI: Covid Like Illness)

Setting	Scenario / Considerations	Patients and Visitors	Clinical Staff	Non-Clinical Staff
All areas	Practice universal source control- when Community Transmission levels are HIGH	Face mask or other face covering- when Community Transmission levels are HIGH	Face mask or respirator- when Community Transmission levels are HIGH	Face mask or respirator- when Community Transmission levels are HIGH
Entry	Staff screening patients for CLI upon entry to the facility or clinic- when Community Transmission levels are HIGH	Face mask or other face covering- when Community Transmission levels are HIGH	Face mask or respirator - when Community Transmission levels are HIGH	Face mask or respirator - when Community Transmission levels are HIGH
Registration and waiting areas	Creating a safe physical environment – optimize physical distancing and engineering controls such as **air flow** and installing barriers to limit direct contact.	Face mask or other covering- when Community Transmission levels are HIGH **– immediately place any patient with CLI or recently exposed to COVID-19 alone in private room with door closed and provide a mask**.	Face mask or respirator- when Community Transmission levels are HIGH	Face mask or respirator- when Community Transmission levels are HIGH
EXAM ROOM Place patient with CLI or recent exposure to COVID-19	Initial evaluation of patient with confirmed or suspected COVID-19	Face mask or other face covering	Fit-tested N95 (or equivalent) Eye Protection, Gown (if close physical contact), Gloves	Avoid entering the room – use face mask or respirator, eye protection and gloves if entry required
	Patient determined to be low suspicion for COVID-19	Face mask or other face covering	Face mask or respirator, eye protection	Face mask or respirator, eye protection and gloves if entry is required
	Specimen collection for COVID-19 testing (nasopharyngeal) – consider patient self-collected nasal swab or saliva if appropriate	Face mask or other face covering, only remove for specimen collection	Fit-tested N95 (or equivalent), eye protection, gown, gloves	Do not enter room during procedure
	Performing potentially aerosol-generating procedures (e.g., nebulizer treatment) – avoid whenever possible – consider safer alternatives (e.g., metered dose inhaler with spacer)	Face mask or other face covering, only remove when necessary for treatment	Minimize close contact (<6 feet), Fit-tested N95 (or equivalent), eye protection, gown, gloves	Do not enter room during procedure and for up to two hours afterward [6]
Patient care areas	Room cleaning after a patient with possible COVID-19 vacates room – can enter room	N/A	Face mask, eye protection if risk of splash, gown, gloves	Face mask, eye protection if risk of

Environmental Cleaning	immediately after patient leaves unless an aerosol-generating procedure performed			splash, gown, gloves

[6] After a potential aerosol-generating procedure, entry into the room without PPE should be restricted for two hours or until enough time has elapsed for enough air changes to remove potentially infectious particles. cdc.gov/coronavirus/209-ncov/hcp/infection-control-faq.html

The following is conducted to identify and report a pandemic outbreak in the hospital:

- Infection Prevention will perform syndromic surveillance (patients and staff) for respiratory illness on all units to identify any clusters of respiratory-like illness.
- If a cluster of respiratory-like illness is identified in the hospital, Infection Prevention will submit an electronic report to the NYSDOH, Bureau of Communicable Disease Control, and Regional Epidemiology Program.
- If limited transmission is detected (e.g., limited to one unit, or two units with an established epidemiological link), appropriate measures may include:
    - Establish cohorts of patients and staff.
    - All personnel should wear an N95 mask when entering the ill cohort area. Masks can be extended use and changed when moist with condensation or visibly soiled.
    - Within the hospital, utilize airborne and standard precautions for patients being tested for or exposed to COVID-19.
    - Within the nursing home utilizes droplet, contact and standard as airborne is not available.
    - Ill staff should not report to work unless needed for a critical staffing shortage, then pertinent NYSDOH guidelines will be followed.
    - Designate specific COVID -19 patient-flow routes that minimize contact with employees, visitors, and other patients.

- If widespread transmission occurs, the following additional measures should be considered:
    - Restrict all non-essential persons from entering the facility.
    - Reschedule or cancel elective surgeries.

E. Employee Management

Managers will be provided educational information and an evaluation tool (see *Attachment 1*) regarding signs and symptoms of COVID-19. Any employee with signs or symptoms will be instructed to notify their direct manager via telephone before presenting for duty to determine if they are fit to work. Decisions regarding an employee's ability to work will be made on a case-by-case basis by the department manager, Infection Prevention, and Employee Health.

Employees who are quarantined based on recommendations from Employee Health and/or Lewis County Public Health – but who continue to work at this facility - will fill out the form "Daily Employee (on Quarantine) Health Log." See policy: **COVID-19 Employee Health** for more information.

F. Surveillance

In collaboration with the Lewis County Public Health (LCPH) department, WHO/CDC/NYSDOH information and guidance will be monitored, and surveillance activities modified as needed.

Depending on the severity of the COVID-19 outbreak and recommendations from the NYSDOH/CDC, the following may take place:

- Increased surveillance activities at entry points – including patients, staff, and visitors. Persons presenting with respiratory, fever and flu-like symptoms may not be allowed to enter the hospital until cleared by Triage Nurse, Nurse Supervisor, or Infection Prevention in order to limit travel throughout the facility and streamline required services
- Surveillance for nosocomial transmission.
- Reporting of the number of cases, hospitalizations, and deaths associated with COVID-19 to the LCPH and/or the NYSDOH.
- Laboratory testing will be conducted according to current state and federal recommendations.

G. Triage and Screening Activities

Triage and Screening may include, as appropriate, and depending on the current status of respiratory illness concerns in the region:

- When a patient presents to the ED and they claim to have respiratory like symptoms, the desk person will provide them a surgical mask and direct them to proceed to the waiting area for suspected COVID-19 cases (the anti-room or Treatment room 1)
- Use the anti-room or Treatment Room 1 as the COVID-19 waiting and triage area. All persons must remain in their mask while waiting for triage.
- Incorporating case definition, testing, and treatment protocols to the hospital's current procedures.
- Maintenance of adequate supplies of surgical masks, waterless hand rubs, and tissues in public areas and waiting areas including the ED waiting area.
- Placement of signage at entryways discouraging patients and visitors with respiratory infection from entering the hospital. Patients should call their Health Care Provider from home. Patients will be telephone screened by the PCP office or referred to a COVID hotline- 315-376-9678 for COVID testing and referral. If medical attention is required, the individual will be directed to proceed to the ED.
- Any changes in screening criteria will be communicated to clinicians in a timely manner.

H. Laboratory Testing

Some laboratory testing of specimens may be conducted at LCHS depending upon the type of test requested. Specimens for COVID-19 may be sent to a CDC certified lab such as Wadsworth Lab, or other state assigned labs to help with testing; i.e.: Lab Corp and Quest labs.

I. Security and Access Control

Criteria and procedures to limit access to the facility have been developed and can be implemented if indicated by increased transmission.

- Visitor access
- Identification of essential employees and visitors through screening process

- Determining access controls
- Hospital lockdown with restrictions on entry ways

J: N95 – Limited Reuse Procedure

Emergency Department Patient arrives – tested for COVID (staff has N95 on) – remove – document – bag	
Positive Result	**Negative Result**
4 more uses per patient	Max 5 uses – bag – nurse's name
Label with bag and patient information	
Discard and dispose of mask	

Med Surg / ICU Patient test / or awaiting results	
Positive Result	**Negative Result**
1 mask per patient	Max 5 uses – bag – nurse's name
Label with bag with nurse and patient sticker	
Maximum 5 uses	

Operating Room *If we ever do surgery on a COVID positive patient – 1 mask, 1 use, throw away.*	
COVID Positive Patient	**COVID Negative Patient**
1 Mask – 1 use – dispose of mask	May wear up to 5 uses / donning – end of day, throw out / discard.

Obstetrical Services	
COVID Positive Patient	**COVID Negative Patient**
1 mask per patient Label with bag with nurse and patient sticker Maximum 5 uses	. Max 5 uses – bag – nurse's name

Staff to complete N95 Reuse and Disposition Log (Attached – Page 20)

K. Mass Care

Triage Screen *(this will be modified as needed based on CDC/NYSDOH guidelines)*	The following questions should be asked of all patients and staff at the initial screening as they enter the facility: • Have you been told that you are currently positive for COVID? • Are you currently on quarantine? • Have you been exposed to – or around – a person diagnosed with COVID in the past 14 days? • Have you had a new fever, cough, headache, stomach issue or recent loss of taste or smell in the past 48 hours? • Other than for work, have you recently traveled outside of Lewis County?
Positive Triage Screen *(this will be modified as needed based on CDC/NYSDOH guidelines)*	A **positive communicable disease triage screen** is considered for any patient who meets the following criteria: • Any patient with fever and respiratory symptoms who reports any of the following epidemiologic risk factors: o Travel to an area that is currently experiencing or is at risk for a pandemic COVID-19 outbreak o Contact with someone who is also ill and traveled to an area that is known to be or is at risk for a pandemic COVID-19 outbreak as outlined above o Healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer) with a recent exposure to a potential pandemic COVID-19case o Any patient experiencing fever and respiratory symptoms will be placed in a negative pressure room with airborne, droplet and contact precautions until COVID is ruled out
Surge Capacity	During a COVID-19 pandemic it is likely that there will be many individuals seeking medical care. Case Management, in conjunction with the Chief Nursing Officer, Medical Director, and Nursing Supervisors **will review all patients** to determine who might be medically stable and may be discharged daily. This will free additional beds for admission. Lewis County Home Health may be requested to assist with discharge plans for patients who require additional assistance at home. See the Surge Plan for information regarding location that could be used for a patient surge. *Ultimately any patient placement will be based on the event, the hospital status, and the HCC direction.* The designated Incident Commander may reschedule elective surgeries and outpatient procedures to allow clinical staff to be moved to high acuity areas.
Supplies and Equipment	Adequate supplies of emergency linen are available on each unit in the clean utility rooms. The Incident Commander or Logistics Section Chief will notify Food Service with any needs for additional/emergency food.

	LCHS has contracts with vendors to obtain durable and consumable resources as necessary. Since surgical and N-95 masks will be a key component during an COVID-19 pandemic, masks may need to be reused by the same staff person for the shift if there is a shortage, per CDC mask reserve guidance (Attachment 3). If supplies and food are unable to be obtained from the hospital's usual sources, the Lewis County Public Health Department and Office of Emergency Management will be contacted for assistance. **CDC: Decontamination and Reuse of Filtering Facepiece Respirators – Decontamination and Reuse. *CDC: Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings*
Ventilators	Currently the hospital has10 ventilators. All attempts will be made to transfer acute care patients needing ventilator care to a facility with better critical care capabilities.
Pharmaceuticals	Pharmacy staff members are responsible for obtaining additional pharmaceuticals if necessary, to treat complications from COVID-19.
Triage	See Emergency Operating Plan, Attachment: Surge Plan and Alternate Triage policy Patients without COVID-19 symptoms will be admitted to Med/Surg according to medical need.
Patient placement	During the early stages of a pandemic, infection with COVID-19 should be laboratory-confirmed, if possible. Until confirmed, persons under investigation (PUI) should be cohorted with other PUIs and apply standard, contact and droplet precautions to all persons in the room.
Patient transport	Movement of patients outside of the room will be limited to medically necessary purposes. If the patient must leave the room for a procedure, they will wear a surgical mask and be covered with clean linen.
Management of infectious/potentially infectious patients	Respiratory hygiene/cough etiquette should be utilized at all times, year-round, in all healthcare settings and points of entry into the healthcare delivery system (e.g., emergency departments, admissions department, outpatient clinics, and physician offices). Respiratory hygiene/cough etiquette stations and signage have been established at key entry points to encourage patients and visitors to report symptoms and use the products provided.
Airborne and droplet precautions and patient placement	Patients with known pandemic COVID-19 will be placed on standard, airborne and droplet precautions for the duration of their illness, Per CDC guidelines which includes: • Don Gown, Gloves, N95 or better respirator, head covering and eye/face protection.

	• If caring for multiple patients in the same room (e.g., in a cohort situation), the same mask may be utilized until the healthcare worker leaves the room. • Proper donning and doffing procedures must be followed in accordance with CDC guidelines. • Place patient in a private room, if feasible. Patients may be cohorted if necessary.
Cohorting	Cohorting in the hospital is indicated when the numbers of patients with COVID-19 -like illness exceeds the facility's capacity to isolate patients given their routine means (i.e., lack of sufficient private rooms), or if there was an uncontrolled outbreak. Decisions about who will room together will be based on the following: • Patients with laboratory-confirmed pandemic COVID-19. • Suspect COVID-19 patients with a well-established epidemiological link to a known case (e.g., household member of a case). • Patients with respiratory illness without a well-established epidemiological link to a known pandemic COVID-19 case. The use of hand hygiene and droplet, contact and standard precautions is reinforced with staff to prevent the transmission of respiratory illness and other healthcare associated infections within the cohort. Personnel (clinical and non-clinical) assigned to cohort unit for COVID-19 patients should not float to other patient care areas. The number of personnel assigned to the pandemic COVID-19 cohort will be limited.
Altered Standards of Care	**If it is determined that generally accepted standards of care are unable to be provided to patients due to the overwhelming number of patients or shortage of staff or supplies, the Administrative team will be convened to review the situation and make decisions about how to proceed. This activity will be conducted in collaboration with NYSDOH.**

L. Staffing

All departments in the hospital have staffing plans in place to provide appropriate numbers of staff to care for patients. All departments also have staff call-down lists to recruit additional staff as necessary.

Nursing staffing needs are assessed daily by the Department Managers and Chief Nursing Officer. Managers for departments other than nursing assess their staffing needs daily as well.

If staffing issues become critical, the Administrator on Call or Incident Commander may request assets from any of the following:

- Hospital Mutual Aid Plan may be activated to obtain additional staff from other facilities; however, in a COVID-19 pandemic, it is doubtful that other facilities will have staff members available to assist other facilities.
- Credentialed volunteer clinical staff will be contacted if hospital staff levels are inadequate to care for patients. Additional guidance can be found in Emergency Verification of Licensed Volunteer Health Care Professionals policy.

Licensed staff will be credentialed prior to initiation of work. This credentialing will include verification of a current nursing or clinician license in NYS. A brief overview and orientation will be provided to these individuals. Primarily they will be reminded of hand hygiene and the appropriate isolation precautions required when caring for these patients.

If necessary, staff may be reassigned to assist with non-traditional job activities. Nurses from non-patient care areas may be requested to assist with direct care activities. *Staff will not be required to perform any functions that they are not qualified to perform, or do not feel they are qualified to perform.*

Staff Refusal to Care for COVID-19 Patients

Situations in which staff members refuse to care for patients with COVID-19 will be handled on a case-by-case basis with input from Human Resources and the department manager.

Safe work practices

Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces with contaminated gloves and other surfaces that are not directly related to patient care (e.g., doorknobs, keys, light switches).

Self-Evaluation

Employees will be provided educational information and a self-evaluation tool (see Attachment 1) on signs and symptoms. Any employee with signs or symptoms of illness will be instructed to notify their manager, or the nursing supervisor, via telephone before presenting for duty to determine if they are fit to work.

Decisions regarding transfer of pregnant or immunocompromised employees to non-pandemic work areas will be made on an individual basis by the manager, Infection Prevention, and Employee Health

Symptomatic Employees

Ill employee issues will be reported to the Infection Prevention Nurse.

If onset of employee illness occurs while working, the employee will be instructed to don a surgical mask and contact the manager and Infection prevention for testing.

Based on staffing limitations, employees ill with COVID-19 or who had COVID-19 and who can work may be assigned to care for patients with COVID-19. Floating of staff will be held to a minimum if possible.

M. Visitor Guidance

- For the safety of the visitor, in general, patients should be encouraged to limit in-person visitation while they are infectious.
  - Counsel patients and their visitor(s) about the risks of an in-person visit.
  - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets, when appropriate.
- Facilities should provide instruction, before visitors enter the patient's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.
- Visitors should be instructed to only visit the patient's room. They should minimize their time spent in other locations in the facility.

N. Social Distancing, Quarantine, and Isolation

Limiting face-to-face contact with others is the best way to reduce the spread of COVID-19.

Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (about 2 arms' length) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.

Isolation is used to separate sick people from healthy people. People who are in isolation should stay home. In the home, anyone sick should separate themselves from others by staying in a specific "sick" bedroom or space and using a different bathroom (if possible)

O. Hospital Dispensing Response

Antivirals and Vaccine

If you have COVID-19 and are more likely to get very sick from COVID-19, treatments are available that can reduce your chances of being hospitalized or dying from the disease. Medications to treat COVID-19 must be prescribed by a healthcare provider and started as soon as possible after diagnosis to be effective. Contact a healthcare provider right away to determine if you are eligible for treatment, even if your symptoms are mild right now.

- **Antiviral treatments** target specific parts of the virus to stop it from multiplying in the body, helping to prevent severe illness and death.
- Some people with COVID-19 who are immunocompromised or are receiving immunosuppressive treatment may benefit from a treatment called **Convalescent Plasma.** Your healthcare provider can help decide whether this treatment is right for you.
- **COVID-19 vaccines** available in the United States effectively protect people from getting seriously ill, being hospitalized, and even dying—especially people who are boosted. As with vaccines for other diseases, you are protected best when you stay up to date. CDC recommends that everyone who is eligible stay up to date on their COVID-19 vaccines.

III. RECOVERY

A pandemic COVID-19 event will not appear and disappear suddenly. There will be a slow beginning and a slow end as healthcare and responder organizations wind down in their response. A pandemic will also likely have waves which will make it seem like the event is over only to have a reemergence.

Recovery Process

As respiratory like admissions diminish, all departments will revert to their usual mode of operation and staffing levels. Lessons learned will be shared with departments as necessary to improve the process relative to surge and pandemic virus planning.

Hospital actions during the recovery phase may include, but are not limited to, the following:

- Demobilize any additional screening, triage, and treatment areas that may have been used.
- Provide post pandemic risk communications to staff (i.e., importance of infection prevention measures, how to report illness).

- Acquire replacement supplies.
- Gather electronic data to report:
    - How many individuals were treated for the disease?
    - How many employees were treated for the disease?
    - all mortality cases from the disease and/or complications of the disease
    - hospitalized admissions for the disease
- Participate in internal and external debriefings with response partners.
- Conduct an internal evaluation of how the plan worked and document findings in an after-action report/improvement plan. Include:
    - data obtained
    - use of surge areas
- Modify this Pandemic COVID-19 Plan and other plans, as needed.

As appropriate to the event, continue:

- monitoring personnel for fever and respiratory symptoms
- infection control measures in accordance with current guidance
- to provide reports to state and local government as required/requested
- surveillance activity in anticipation of a potential second-wave disease outbreak

Attachment 1 – Manager Evaluation Tool for Employee Call Ins to Determine Possible COVID 19 Infection

Attachment 2 – Daily Log of Employee Symptoms

Attachment 3 – Decontamination and Reuse of Filtering Facepiece Respirators Decontamination and Reuse.

Attachment 4 – N95 Reuse and Disposition Log

References:

Center for Disease Control:

"Decontamination and Reuse of Filtering Facepiece Respirators Decontamination and Reuse" Updated as of April 29, 2020.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

Recommended Guidance to Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Setting

https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

APPROVAL	1. Infection Control Manager 2. Standards 3. Medical Staff / Bylaws ***Signed by: Chief Nursing Officer***
Created: **Revised:** **Reviewed:**	03/20 06/20, 07/20, 11/20, 06/22, 2/23

Attachment 1 – Manager Evaluation Tool

Manager Evaluation Tool for Employee Call-ins to Determine Possible COVID-19 Infection

Directions for Managers: Every day the department manager will complete the daily log of employee call-ins. "attachment 2". If employees call in with cold or flu-like symptoms complete attachment 2. Direct the employee that if sick, they need to stay home until they have fever and symptom free for 48 hours without the use of medicine. The employee can expect a call from employee health as a follow-up.

Your manager or employee health will let you know when you may return to work.

Directions for Employees:

1. If you are sick with respiratory symptoms (this includes fever, cough or shortness of breath – and in the case of COVID 19, loss of taste or smell) contact your supervisor before coming to work.

2. If you have been sick with respiratory like symptoms, you must be fever and symptom free for 72 hours. without the use of medicine, before you can return to work.

3. After you have contacted your supervisor, you can expect a call from employee health as a follow-up.

4. If you have traveled to the New York City metropolitan area, outside of New York State or traveled internationally, you will need to let your supervisor know. Upon return from your trip and before you return to work, you will be asked to contact LCPH- 315-376-5453 for possible testing and quarantine before returning to work.

Employee Documentation - Entering Airborne Rooms

Patient Name:

Staff Member	Date	Location	N95	KN95	Eye Shield	Face Shield	Normal Mask	Gown	Comment

Attachment 3

Center for Disease Control and Prevention – 4.30.20

"Decontamination and Reuse of Filtering Facepiece Respirators Decontamination and Reuse"

"While disposable filtering facepiece respirators (FFRs), like N95s, are not approved for routine decontamination as conventional standards of care, FFR decontamination and reuse may be needed during times of shortage to ensure continued availability. Based on the limited research available, as of April 2020, ultraviolet germicidal irradiation, vaporous hydrogen peroxide, and moist heat have shown the most promise as potential methods to decontaminate FFRs. This webpage summarizes research about decontamination of FFRs before reuse. Whether and how a facility decides to implement specific crisis strategies is at the discretion of its administrators and should be based on present and projected risk mitigation needs and local, regional, and national availability of N95s.

Before using any decontamination method, it should be evaluated for its ability to retain 1) filtration performance, 2) fit characteristics achieved prior to decontamination, and 3) safety of the FFR for the wearer (e.g. by inactivating SARS-CoV2).

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

N95 Reuse and Disposition Log

To ensure the integrity of the mask, inspect for visible soiling, cracks, stretches, bands and damages. Dispose of any masks exhibiting any of these attributes.

Date: ____________________

DISPOSE OF MASK AFTER 5 USES MAX.

	MASK INTEGRITY				
Staff Name	USE #1	USE 2	USE 3	USE 4	USE 5
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐
	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐	Intact ☐ Disposed of ☐

Return this report to the Infection Prevention Office daily.

Daily Employee (on Quarantine) Health Log Name:_____

Quarantine Start Date: _____ _____

			Have you had these symptoms in the past 48 hours?							
Day	Date	Temp	Cough	SOB	Headache	Stomach Issues	Loss of Taste or Smell	Allowed to work	Sent Home	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

RETURN TO INFECTION CONTROL IMMEDIATELY UPON COMPLETION. THANK YOU

This form must be maintained by the quarantined employee and temps must be documented for employees who continue to work. For every 12 hour-shift, temp must be taken 2 times. For an 8-hour shift, it must be taken 1 time before the shift.