Lewis County Health System

SUBJECT: **COVID-19 RESPONSE WITHIN THE NURSING HOME**

DEPARTMENT: **INFECTION CONTROL**

Disclaimer:

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

POLICY:

It is the policy of Residential Healthcare Facility that through recommended strategies, the Residential Healthcare Facility will remain COVID-19 free among all residents and personnel.

Given the high risk of spread once COVID-19 enters a long-term care facility, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death.

This interim guidance focuses on the following priorities:

- Keep COVID-19 from entering your facility.

- Identify infections early.

- Prevent spread of COVID-19.

- Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply.

- Identify and manage severe illness.

DEFINITIONS:

Social Distancing, Close contact, Quarantine, and Isolation

Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19).

Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home. This applies to the placement of residents if they are out of their room. 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. (ie communal dining and group activities)

"Up-to-Date": means a person has received all recommended COVID-19 vaccines, including any

booster dose(s) when eligible.

"Level of community transmission": refers to facility's county level of COVID-19 transmission. This metric uses two indicators for categorization: 1) Total number of new cases per 100,000 persons within the last 7 days and 2) Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days), which can be found on the Centers for Disease Control and Prevention (CDC) COVID-19 Integrated County View site at https://covid.cdc.gov/covid-data-tracker/#county-view.

"Higher-risk exposure": refers to exposure of an individual's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual. For more information, see CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2."

"Facility staff: includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aid training programs or from affiliated academic institutions. For the purpose of testing "individuals providing services under arrangement and volunteers," facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff.

Close contact- within six feet of someone who has COVID-19 for a total of 15 minutes or more, provided care at home to someone who is sick with COVID-19, had direct physical contact with the person, you shared eating or drinking utensils, they sneezed or coughed or got respiratory droplets on you.

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.

Procedure:

I.   When there are no active cases of COVID in RHCF:

- Daily symptom screening on all residents
- All residents are on standard precautions/transmission-based precautions based on medical or admission status.
- Upon entry to work, if staff members have any symptoms, they will report these to the supervisor/manager on duty. These symptoms will be reported to Infection Prevention for possible testing. Testing requirements are based on NYS DOH guidance.

II.   Management of residents:

A. New admissions and readmissions

1. All admissions will be screened for COVID symptoms prior to admission to the RHCF, by the referring agency and negative COVID test results will be required regardless of vaccination status if the community transmission rates are high.

2. Readmissions are residents who have left the facility and return > 24 hours.

3. All admissions regardless of vaccination status will be quarantined for 10 days under droplet/contact precautions if the community transmission rate is high.

   i. Appropriate isolation signage, PPE, and signage with a start and end date will be required outside the resident's room.

B. Residents who leave the facility:

Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene, and to encourage those around them to do the same.

Upon the resident's return, the nursing home should take the following actions:

- Screen resident upon return for signs or symptoms of COVID-19.
  - If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident is not up to date with all recommended COVID-19 vaccine doses.
  - If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on Transmission-Based Precautions (TBS), regardless of vaccination status.

- The nursing home may also opt to test residents who are not up to date with all recommended COVID-19 vaccine doses, without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.

- The nursing home may consider quarantining residents who are not up to date with all recommended COVID-19 vaccine dose, and leave the facility if, based on an assessment of risk, uncertainty exists about their adherence (or the adherence of those around them) to recommended infection prevention measures.

- Monitor residents for signs and symptoms of COVID-19 daily.

Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDCs "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes."

C. Patients with known or suspected COVID-19 will be placed on contact and droplet precautions for 10 days.

- Resident will be moved to a private room with a private bathroom.

- Don Gown, gloves and **N95 respirator** mask and **eye protection**. **Remember**

hand hygiene is your first and last step to putting on and taking off PPE.

- Proper donning and doffing procedures must be followed in accordance with CDC guidelines.

- Placement of a precautions sign placed on the doorway to advise the type of personal protective equipment required.

- Notification to any receiving unit of the need for precautions for a potential COVID-19 resident

- Roommates of residents will be placed on quarantine for 10 days.

- Provide information regarding all potential COVID-19 admissions to Infection Prevention.

- Doors will remain closed at all times.

- Shower room must be disinfected between use by nursing.

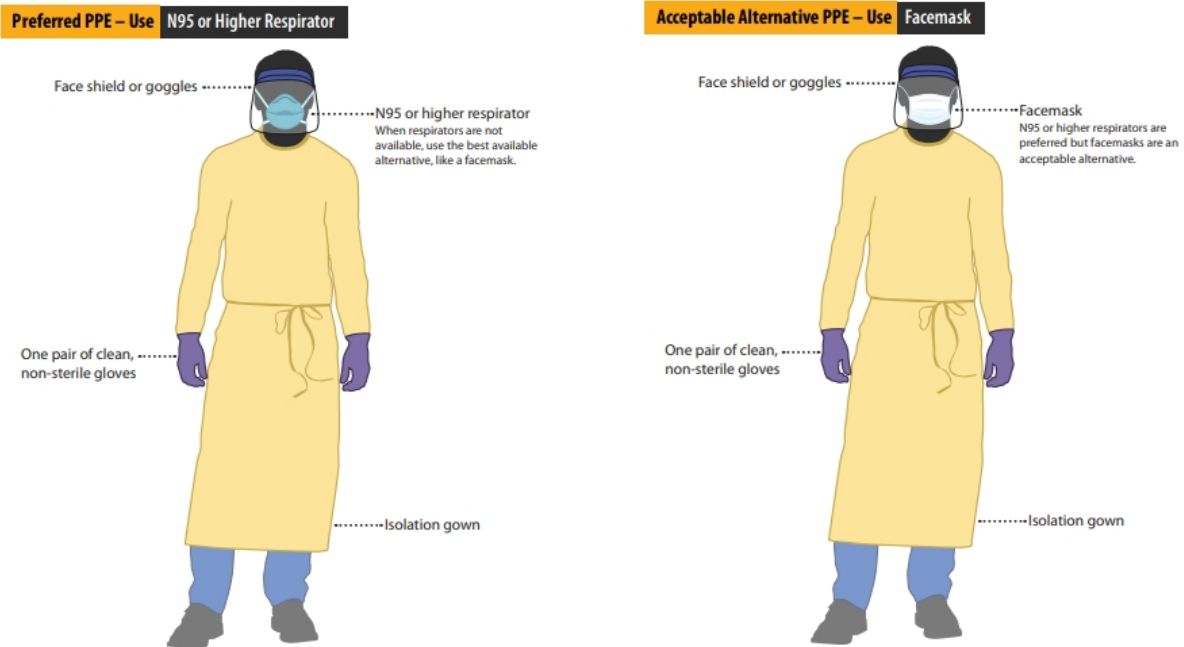D. **Management of residents being tested for COVID-19**:

If resident presents with signs or symptoms of COVID-19- provider will be notified and will determine if testing is appropriate. If deemed appropriate:

- Resident will be placed in a private room on standard, droplet and contact precautions while the test is being taken and during the time until the test results are back. PPE includes gown, gloves, N95, and face shield.

- Don Gown, Gloves, N95 or better respirator, and eye/face protection.

Remember hand hygiene is your first step and last step in putting on and taking off PPE.

PPE:

should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator

Face shield or goggles ....

N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

One pair of clean, non-sterile gloves ....

.... Isolation gown

Acceptable Alternative PPE – Use Facemask

Face shield or goggles ....

Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.

One pair of clean, non-sterile gloves ....

.... Isolation gown

- If caring for residents 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.

III. Nursing Home acquired COVID-19 outbreak management

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

- Infection Prevention will perform syndromic surveillance (residents and staff) for respiratory illness on all units to identify any clusters illness.

- If one positive COVID-19 test result is identified in the nursing home, Infection Prevention will submit an electronic report to the NYSDOH, NHSN, and Regional Epidemiology Program via the Nosocomial outbreak reporting application (NORA)

- If evidence of transmission is detected within the facility appropriate measures may include:

  - IP will conduct contact tracing per New York State guidance to identify scope of outbreak and units affected.
  - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas / units of the facility (e.g., new cases in two or more units).

    - If there are exposures, the affected residents / floors would be placed on droplet/contact precautions. Any resident identified as a high-risk exposure would be placed in private room and tested based on CDC and New York State Department of Health (NYS DOH) guidance.

- Increase monitoring of residents in compliance with NYS DOH guidelines – including assessment of symptoms, vital signs (including temperature, oxygen saturation via pulse oximetry, and respiratory exam.)

- Roommates of COVID-19 positive residents will be placed on quarantine for 10 days in a private room.

- Establish cohorts of residents for multiple residents affected; cohorts could include a part of a unit, dedicated floor, or group of rooms at end of unit.

- Residents will have serial testing every 3-7 days until 10 days of negative tests are obtained.

- Staff will be tested consistent with guidelines from the NYS DOH

- Assign consistent staff to symptomatic/positive COVID-19 residents.

- All personnel should wear a N95 mask when entering the ill cohort area. Masks are to be changed when moist with condensation or visibly soiled.

- Utilize droplet, contact and standard precautions for patients exposed to COVID-19 with a closed door.

- <u>Ill staff should not report to work</u>, the guidelines presented by the NYSDOH will be followed - including:

  o If staff develop symptoms, they will immediately stop work, report to the supervisor, receive COVID-19 test if appropriate and quarantine at home until advised by Infection Prevention.

  o Staff with a positive COVID-19 test will remain home on isolation for timeframes advised by the CDC based on symptoms after illness onset. With a positive test their return to work will be guided by Infection Prevention.

Refusal of Testing

- Staff will be tested based on NYS DOH guidelines. If a staff member refuses to be tested based on these guidelines, they will be removed from the schedule until they agree to be tested. If symptomatic and refusing testing, they shall be removed from the facility until return-to-work criteria are met.

- If outbreak testing has been triggered and a staff member refused testing, the staff member will be restricted from the facility until the procedures for outbreak testing have been completed.

Communal Dining and Activities

Consistent with CMS and CDC guidance, communal dining and activities may occur while adhering to the core principles of COVID-19 infection prevention. Communal dining may occur without the use of face coverings or physical distancing if all residents are fully vaccinated.

Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). Group activities may occur without the use of face coverings or social distancing if all residents are participating are fully vaccinated.

- If any residents that are not fully vaccinated are participating, all residents must wear a face covering and unvaccinated residents should physically distance from others.

The RHCF may offer a variety of activities while taking necessary precautions – these activities will be facilitated, and alterations will be made to adhere to guidelines for preventing transmission. (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)

References:
CMS Department of Health and Human Services, Ref: QSO-20-39-NH (Revised 3/10/22) – Subject: Nursing Home Visitation – COVID-19
CMS Department of Health and Human Services, Ref: QSO-20-38-NH (Revised 3/10/22) – Subject: Interim Final Rule (IFC), CMS-3401-IFS, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements.

APPROVAL	1. Director of Infection Control 2. Standards Review Committee 3. Medical Bylaws and Board of Managers ***Signed by: Director of Nursing - RHCF***
Created: **Revised:** **Reviewed:**	June 2020 April 2021, August 2021, February 2022, March 2022, October 2022, April 2023