

## HILLSDALE COUNTY MEDICAL CARE FACILITY POLICY AND PROCEDURE

**Subject:** Novel Coronavirus Prevention and Response      **Date Approved:** 3/5/2020

**Date Reviewed:** 4/6/2020      **Date Revised:** 5/29/20

**POLICY:** This facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of the virus.

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Please note that the Policy above is a statement of management's approach to compliance. The Procedure, below, is a more detailed statement of the specific steps advised to achieve the policy objective. Circumstances may at times require a deviation from the stated procedure. In those situations, documentation should place on record regarding the circumstances warranting the deviation from standard procedure.

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### **Definitions:**

**“Coronavirus”** is a virus that causes mild to severe respiratory illness.

**“COVID-19”** (short for coronavirus disease 2019) is a new respiratory disease caused by a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. Because it is new, much is still to be learned about the virus. What is currently known is that it is spread person-to-person, mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes.

### **Policy Explanation and Compliance Guidelines:**

1. The Infection Preventionist or designee will assess facility risk associated with COVID-19 through surveillance activities of emerging diseases in the community and illnesses present in the facility.
  - a. No current risk – the facility will implement interventions for prevention and prepare for a potential outbreak.
  - b. Threat detected – the facility will respond promptly and implement emergency and/or outbreak procedures.
2. Staff shall be alert to signs of COVID-19 and notify the resident's physician if evident:
  - a. Fever
  - b. Cough
  - c. Shortness of breath
3. Staff will “Think COVID-19” when a resident or employee exhibits the following clinical features and epidemiologic risk:

Clinical Features		Epidemiologic Risk
New onset of any one of the common signs and symptoms: fever <b>or</b> cough <b>or</b> shortness of breath; and/or any combination of the less common signs and symptoms: Increased Confusion/change in mental status, Muscle aches, headache not associated w/chronic condition, Sore throat, runny nose not associated w/known allergies, Chest pain, Acute diarrhea/nausea/vomiting, acute loss of taste or smell	<i>AND</i>	Has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset; or when positive cases among residents or staff are identified within the facility
Fever <b>and</b> cough/shortness of breath requiring hospitalization	<i>AND</i>	A history of travel from affected geographic areas within 14 days of symptom onset. For updated information on restricted countries visit: <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</a>
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization without an alternative explanatory diagnosis such as influenza	<i>AND</i>	No identified source of exposure

1. Considerations/priorities for testing:

- a. Use clinical judgment on case-by-case basis to determine if a resident has signs and symptoms compatible with COVID-19
- b. Test for other causes of respiratory illness, such as influenza or other respiratory panels.
- c. Consider known community transmission.
- d. Prioritize symptomatic residents 65 years of age and older and those with underlying conditions that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, and chronic kidney disease).

4. Interventions to prevent the introduction of respiratory germs into the facility:

- a. Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- b. Enforce sick leave policies that allow employees to stay home if they have symptoms of respiratory infection. Follow facility policy regarding work restriction when an employee has an infectious disease.
- c. Assess residents for symptoms of respiratory infection upon admission to the facility and implement infection prevention practices for incoming symptomatic residents.

5. Interventions to prevent the spread of respiratory germs within the facility:

- a. Keep residents and employees informed by answering questions and explaining what they can do to protect themselves and their fellow residents (i.e. hand washing, spatial separation, respiratory hygiene/cough etiquette).

- b. Monitor residents and employees for fever or respiratory symptoms.
    - i. Restrict employees with fever or acute respiratory symptoms from working following current testing and return to work guidance for health care workers from the Centers for Disease Control and the Michigan Department of Health and Human Services.
    - ii. Restrict residents with fever or acute respiratory symptoms to their room. Have them wear a facemask (if tolerated) if they must leave their room for medically necessary procedures.
    - iii. In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, or Droplet Precautions with appropriate PPE unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis or COVID-19).
    - iv. Implement heightened surveillance activities or consult public health authorities for additional guidance if there is transmission of COVID-19 in the community.
  - c. Support hand hygiene and respiratory/cough etiquette by residents, visitors, and employees by making sure tissues, soap, paper towels, and alcohol-based hand rubs are available.
  - d. Educate staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection.
  - e. Promote easy and correct use of personal protective equipment (PPE) by:
    - i. Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
    - ii. Make PPE, including facemask, eye protection, gowns, and gloves, available immediately outside of the resident's room.
    - iii. Position a trash can near the exit inside any resident room to make it easy to discard PPE.
6. Procedure when COVID-19 is suspected:
- a. Notify physician, Director of Nursing, Infection Preventionist, and family.
  - b. Follow current guidelines set for by the Centers for Disease Control and the Michigan Department of Health and Human Services for testing.
  - c. Confine resident in a private room (containing a private bathroom) when possible. (East wing short hall rooms are designated COVID-19 isolation rooms. If outbreak exceeds the capacity of these rooms, additional rooms will be designated as COVID-19 isolation as needed; based on location of need and considering consistent PPE equipped staff)
  - d. Implement standard, contact, droplet and airborne precautions.
  - e. Limit the number of people who enter the resident's room. (Our ideal staffing situation: designate specified nurse(s) to provide total care for residents with COVID-19 if possible). Employees should wear N-95 respirators, gown, gloves, goggles/face shields upon entering the room and when caring for the resident.
  - f. Maintain consistent staffing as much as possible. Staff who must be reassigned to other units after caring for residents with confirmed COVID-19 will be given time to shower and change into clean clothes before assuming care of other residents.
  - g. No visitors for persons with known or suspected COVID-19 except for emergency/end of life situations (to be determined on a case-by-case basis).
  - h. Notify Branch Hillsdale St. Joseph County Health Department of suspected COVID-19. Follow any instructions for a coordinated, planned transfer as necessary.

- i. Arrange for transfer to a facility with the appropriate capacity to manage the resident (i.e. designated treatment center or hospital with airborne isolation room) if indicated/ordered.
    - i. Inform ambulance personnel of suspicion of COVID-19 when arranging transportation.
    - ii. Inform staff at transfer location of suspicion of COVID-19.
  - j. While managing resident within the facility:
    - i. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care.
    - ii. Avoid aerosol-generating procedures (i.e. suctioning, nebulizer treatments, CPAP and BiPAP) as possible.
    - iii. Corticosteroids are contraindicated as they may prolong viral shedding
    - iv. COVID-19 can cause Acute Respiratory Distress Syndrome—use IV fluids with caution.
7. Environmental infection control:
- a. Immediately disinfect items soiled with blood and other body fluids.
  - b. Environmental Services staff shall adhere to transmission-based precautions.
  - c. Perform routine and terminal cleaning using disinfectants effective against emerging viral pathogens or novel coronavirus SARS-CoV-2 (EPA List N agent).
8. The Infection Preventionist or designee shall maintain communication with the transfer facility to obtain results of the medical evaluation (i.e. COVID-19 is confirmed or ruled out), and shall implement procedures to identify and monitor others who may have been exposed if COVID-19 disease is confirmed.
9. Managing a resident who has been successfully treated for COVID-19 illness:
- a. Verify treatment plan for on-going therapeutic support.
  - b. Utilize transmission-based precautions following current guidance from the CDC, MDHHS and/or Branch, Hillsdale, St. Joseph County Health Department when caring for the resident. Factors to be considered when determining the duration of transmission-based precautions include:
    - i. Presence of symptoms related to COVID-19 infection.
    - ii. Date symptoms resolved.
    - iii. Other conditions that would require specific precautions (e.g., TB, c. difficile).
    - iv. Other laboratory information reflecting clinical status.
    - v. Alternatives to inpatient isolation, such as the possibility of safe recovery at home.
  - c. Indicate COVID-19 history on the resident's plan of care and monitor for recurrent symptoms.
  - d. If the resident is transferred or discharged, communicate information related to treatment for COVID-19 to the receiving facility/provider.

10. Considerations for admitting residents with suspected or confirmed COVID-19:
- a. Maintain situational awareness of COVID-19 in the community and impact on hospital capacity. Prepare to create separate wings, units, or floors by moving current residents to handle hospital admissions.
  - b. In absence of public health directives or mandates, follow this general guidance:
    - i. If there is no suspected or confirmed COVID-19 cases in the facility, do not admit until the resident has recovered.
    - ii. If the facility currently has suspected or confirmed COVID-19 cases, admit to a private room on transmission-based precautions or cohort in rooms with other COVID-19 patients.
    - iii. Do not admit if the facility is unable to meet the level of care needs or the requirements for transmission-based precautions.

**References:**

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*. Located at: [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html) Accessed March 2020.
2. Centers for Disease Control and Prevention. *Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>. Accessed March 2020.