

<b>Clinical</b>	<b>Novel Coronavirus (COVID-19)</b>		
	<b>Effective Date:</b> 3/4/2020	<b>Last Reviewed:</b> 5/28/2020	<b>Last Revised:</b> 5/28/2020

**PURPOSE**

The purpose of this guideline is to provide clarification for steps the facility will take regarding the novel Coronavirus (COVID-19) and ensure the health and safety of the facility’s residents to meet the standards required to help each resident attain or maintain their highest level of well-being.

Considering the recent spread of COVID-19, our Organization will attempt to minimize exposures to respiratory pathogens and promptly identify residents/patients with clinical features and risk for COVID-19.

The COVID-19 situation is fluid and the response plan likely will require periodic alterations to remain aligned with the most current recommended approaches. The organization is committed to maintaining a person-centered approach to care and providing communication to residents/patients, stakeholders and families and understanding their individual needs and goals of care. We are regularly monitoring the Centers for Disease Control and Prevention (CDC) website for CDC for the latest updates and resources.

The facility should contact their local health department for guidance, questions or if they suspect a resident has COVID-19. If the facility experiences an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel, they should immediately contact their local and/or state health department for further guidance. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility.

**PREVENTION**

1. The recommended measures *to prevent* COVID-19 outbreaks mimic the same interventions advised by the CDC to implement routinely for Influenza and other similar respiratory based infections. For a current summary from the CDC on COVID-19, please go to the following link: <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>.
2. The facility maintains an Infection Prevention and Control Program.
3. Please see below for additional prevention methods used by stakeholders and visitors.
4. The facility will follow the Pandemic Emergency Preparedness plan as applicable.
5. The Facility will maintain appropriate Personal Protective Equipment. Supplies will be ordered routinely, and Vendors will be notified should the facility’s needs for supplies increase.
6. Alcohol Based Sanitizers are available throughout the facility.
7. For the duration of the state of emergency/COVID-19 pandemic, all direct care stakeholders will wear a surgical facemask while they are in the facility (as PPE supply allows).

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- a. Non-direct care workers (such as dietary, stakeholders working in offices out of resident care areas) may utilize the Microbe Safety Masks (Ezywrap).
8. If facilities must reuse surgical masks (due to limited supply), they should follow the process below for extended/reuse of surgical masks:
  - a. Provide stakeholders with a brown paper bag at the beginning of every shift (after being screened at the screening station) and have stakeholders write their name on the bag with a marker.
    - i. Plastic bags/baggies are **not** to be used because they are not breathable and lock moisture inside the bag, preventing drying, etc.
  - b. The stakeholder will utilize the paper bag to store their mask when not in use during their shift.
    - i. If stakeholders go on break, use the restroom, leave patient care areas, etc., their masks will be removed and placed in their brown paper bag.
    - ii. Anytime a stakeholder touches their mask with their hands, they must immediately wash their hands. Stakeholders should be encouraged to **not** touch their masks and/or face.
  - c. The mask will be discarded if soiled, torn or it becomes overly moist.
  - d. Masks are to be used for one (1) day if supply allows (but not to exceed three (3) days) and will be discarded at the end of each shift along with their brown paper bag.
    - i. Stakeholders will utilize a new mask and new paper bag with each shift (as supply allows).
  - e. **Always** wash your hands when removing/touching your mask.
9. Remind residents, stakeholders and visitors to practice social distancing (no hand shaking, no hugging, staying 6 feet apart) and perform frequent hand hygiene.
10. Residents/patients who must regularly leave the facility for care (ex. hemodialysis) should wear facemasks when outside of their rooms.
  - a. Facemasks for residents/patients who leave the facility will be stored in a brown paper bag labeled with their name.
  - b. Facemasks will be discarded, and a new facemask provided if the mask is soiled, torn or it becomes overly moist.
  - c. A new brown paper bag will be provided for each new mask.
  - d. All residents should be encouraged to cover their noses and mouths when stakeholders are in their rooms using tissues, scarfs, or non-medical masks if available.
  - e. In addition to the above, all state specific requirements regarding resident PPE use should be followed.

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11. Anytime a resident goes out of the facility for an appointment, hemodialysis, ER visit, etc., the resident will be placed in isolation for 14 days upon return to the facility.  
**NOTE:** if the resident goes back out to the ER, doctor appointment, hemodialysis, etc., their 14 days will start over.
  - a. If during that 14-day period the resident is tested for COVID, and the result is negative, the resident may be taken out of isolation if they are asymptomatic.
12. The facility will cancel communal dining and all group activities such as internal and external group activities.
13. Please check the following link regularly for critical updates, such as updates to guidance for using Personal Protective Equipment (PPE) <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

### **SURVEILLANCE MEASURES**

1. As part of the facility’s surveillance measures, the facility will maintain a high vigilance for evidence of any potential infected resident/patient, stakeholders, visitors/family and vendors with respiratory symptoms such as fever, cough, congestion, sore throat, and shortness of breath.
  - a. The facility will actively screen all residents and stakeholders for fever and respiratory symptoms to include temperature checks.
2. Stakeholders will continue to utilize the ***Stop and Watch*** form to evaluate and report all signs and symptoms of respiratory illness for further evaluation and licensed nurses will complete a Situation Background Assessment Recommendation (SBAR) and notify physician and family or legal representative if applicable.
3. During a pandemic COVID-19 event, a status report on residents/patients with respiratory illness is reviewed during the clinical meeting and during afternoon stand-down.
4. Facilities will report required, specified COVID-19 information to the CDC’s National Healthcare Safety Network (NHSN) at a minimum of weekly.
5. Resident, resident representatives, families and stakeholders will be notified of confirmed or suspected COVID-19 cases per state and federal regulations.

### **EDUCATION**

1. Stakeholders are educated on the signs and symptoms and prevention of COVID-19, universal/standard precautions, cough Etiquette hand hygiene and PPE and on the importance of prompt evaluation and communication when a resident/patient develops symptoms.
2. Stakeholders are educated on the importance of managing personal risk factors which may place them at risk for contracting the COVID-19 virus.
3. Stakeholders are educated in the provision of care to residents/patients who are symptomatic or have been diagnosed with COVID-19.

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4. Temporary personnel will:
  - a. Receive education on COVID-19 as part of initial orientation.
  - b. Complete a screen before being allowed to start work.
5. The facility should restrict visitation of **all visitors and non-essential health care personnel**, except for certain compassionate care situations, such as an end-of-life situation. In these cases, visitors will be limited to a specific room only.
  - a. Individuals with fevers, other symptoms of COVID-19, or are unable to demonstrate proper use of infection control techniques should be restricted from entry.
  - b. In the last 14 days, has had contact with a person with a confirmed diagnosis of COVID-19, or is under investigation for COVID-19, or are ill with respiratory illnesses.
  - c. International travel within the last 14 days to countries with sustained community transmission (COVID-19). For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>.
  - d. Residing in a community where community-based spread of COVID-19 is occurring.
  - e. Have visitors taken 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 will ask them to postpone their visit to a later date.

***Restrict visitation of all visitors and non-essential health care personnel:*** The Organization will follow CMS definition for restricting visitation to our communities to prevent the spread of COVID-19.

***Restricting is defined by CMS as:*** visitors and non-essential health personnel should not be allowed in the facility at all except for certain compassionate care situations, such as end-of-life.

- *Visitors will be limited to a specific room only.*
- *For individuals that enter in compassionate situations (e.g., end-of-life care), the facility should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE) (as supply allows), such as facemasks. The facility will provide instruction, before visitors enter the facility and residents' rooms, provide instruction 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. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or other symptoms including: shortness of breath or difficulty breathing, new or change in cough, sore throat, chills, repeated shaking with chills, muscle pain, headache and new loss of taste or smell. Those with an of the symptoms listed above should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and*

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*restrict their visit to the resident’s room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.*

***Exceptions to Restrictions:***

- *Health care workers: The facility should follow CDC guidelines for restricting access to health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. Health care workers are defined by the Organization as providing services that is essential to the resident’s care. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, lab, x-ray, physicians/NPs/extenders that provide care to residents. They should be permitted to come into the facility if they meet the CDC guidelines for health care workers. The facility should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).*
  - *The facility should increase visible signage at entrances/exits, increase availability to hand sanitizer.*
  - *The Organization will follow the policy on vendor visits regarding COVID-19.*
  - *In lieu of visits through restricting visitors, the facility should consider a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
  - *If possible, the facility should dedicate a visiting area(s) near the entrance to the facility where residents can meet with visitors in a sanitized environment. The facility should disinfect rooms after each resident-visitor meeting.*
  - *Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, the facility may review this on a case by case basis. 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).*
  - *Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. The facility should immediately screen the individuals of reported contact, and take all necessary actions based on findings.*
6. Visitors are provided education on the importance of Hand Hygiene via the use of COVID 19 informational posters stationed at visitor entrances in the facility. Informational posters stress proper Hand Hygiene and Cough etiquette.

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**SUSPECTED CASE OF COVID-19**

1. The facility will contact the local and/or state health department for guidance as to whether a person who is symptomatic should be evaluated for COVID 19. This guidance is subject to change as the COVID 19 situation evolves.
  - a. Necessity of COVID-19 testing will be based on consultation with the local and/or State Health Department with consideration of resident risk factors for COVID-19.
2. The attending physician and/or Medical Director should be notified of residents/patients experiencing symptoms.
  - a. Stakeholders should use the CDC definitions to guide whether an individual should be evaluated for COVID-19.
  - b. The Facility should regularly monitor the CDC website for updates to the case definition.
3. Once laboratory testing is available in the community, the physician will be able to order Coronavirus testing if applicable.
4. A resident/patient with known or suspected COVID-19, may require placement in an AIIR that is constructed and maintained in accordance with current guidelines.
  - a. Based on current information on COVID-19, the organization defines “Suspected” as any resident/patient with respiratory symptoms where healthcare workers have reason to suspect an active COVID-19 infection.

**NOTE:** Our facilities are not equipped with AIIR rooms to provide appropriate airborne isolation; Therefore, the following would occur if a resident/patient contracts and tests positive for COVID-19.

- a. The facility will follow direction from the local or state health department and/or the physician regarding transferring the resident/patient to the hospital.
- b. While caring for or awaiting transfer of suspected or confirmed COVID-19 residents/patients, the preference would be to place the resident/patient in a private room (if possible) with the door closed (preferably not in a room where room exhaust is recirculated within the building without HEPA filtration).
  - a. If private room is not available, the resident and resident’s roommate will remain in the room and will be placed in droplet precautions pending COVID-19 evaluation/test results.
- c. The resident/patient will be placed in droplet precautions
- b. While the resident/patient is in the facility, anyone entering the room must have a gown, glove, mask (respirator) and eye protection (i.e. mask with shield, goggles, etc.).
  - i. If respirators are unavailable, a surgical mask will be used.
- c. No aerosol-generating procedures will be performed in the absence of an AIIR.

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5. Respiratory illness outbreak should be communicated promptly to the local Health Department for further analysis and guidance.
6. During a Respiratory Illness outbreak, a line listing of symptomatic residents/patients and stakeholders should be maintained and communicated daily to the local health department, or as directed by the health department.
7. The Facility will review the pattern of COVID-19 in the facility and will consider cohorting residents/patients or groups using one or more of the following steps:
  - a. Confining symptomatic residents/patients and exposed roommates to their room
  - b. Where possible, staff who are assigned to affected units will not work unaffected units.
8. Cleaning and disinfecting resident/patient rooms and equipment will be performed using products that have EPA-approving emerging viral pathogens claims that have demonstrated effectiveness against viruses like COVID-19 and are organization approved.

**NEW ADMISSION REFERRAL AND READMISSIONS**

1. The Facility uses a Clinical Capabilities Grid to assist in determining if the resident/patient is appropriate for the facility and/or to prompt detailed review of the referral before acceptance for admission.
2. Referrals that are exhibiting respiratory symptoms will be reviewed in detail by the clinical designee prior to acceptance into the facility. The clinical designee will review the possible admission in consultation with the Consulted Infectious Disease Physician/Medical Director, the local health department and with the referring facility. The clinical designee will determine if the facility can manage the clinical needs of the resident/patient, in consultation with the Signature Care Consultant (SCC) and the Regional Vice President (RVP).
3. The transmission-based precautions will be continued or discontinued in accordance with the CDC recommendations and in consultation with the local health department.
4. The clinical designee will coordinate the provision of services required, should the decision be made to admit.
5. If the facility is considering admission/readmission of a resident/patient with a diagnosis of confirmed or suspected COVID-19, the facility will do so in consultation with the local health department. The clinical designee will communicate to the local Health department the current level of capability of the facility to provide care, including the provision of airborne precautions.
6. The facility will implement appropriate transmission-based precautions, as directed by the local health department.
7. **If possible**, 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

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symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room).

8. If facility has adequate supply of PPE and can accommodate, all new residents/patients admitted to the facility will be placed in droplet isolation precautions (in a single room if possible) for the duration outlined below and/or per the admission decision tree.
  - a. For residents admitted to a facility (a facility where there are no positive COVID-19 residents/patients) whose COVID status is unknown/they have *not* been tested, the following will occur:
    - i. Resident/patient placed in droplet precautions for 7-14 days.
    - ii. At day 7, the clinical team and physician will review the resident's status to determine if further isolation is needed.
      1. The resident cannot have documentation of temperature at or greater than 100.0 degrees Fahrenheit and administration of fever reducing medications or any documented respiratory symptoms.
      2. If fever or respiratory symptoms are documented, the resident/patient's droplet isolation precautions will continue.
  - b. For facilities with COVID positive residents/patients - if COVID status is unknown (and if possible), place resident in isolation for 14 days.
  - c. Refer to the Admission Decision Tree for guidance on all types of admissions.

**ADMITTING A RESIDENT/PATIENT TO FACILITY AFTER HOSPITALIZATION FOR COVID-19**

1. The facility will admit a resident/patient with a confirmed diagnosis of COVID-19 into the facility only after transmission-based precautions have been discontinued following current guidance from the CDC and/or with consultation with Director of Nursing (DON), Signature Care Consultant (SCC) and/or the Vice President of Clinical Operations (VPCO).

**DISCONTINUING TRANSMISSION-BASED PRECAUTIONS FOR RESIDENTS WITH COVID-19 IN THE FACILITY OR COVID-19 UNIT**

1. The decision to discontinue Transmission-Based Precautions for residents will be made using the test-based strategy per current CDC guidelines.
2. Test-based strategy.
  - a. Resolution of fever without the use of fever-reducing medications **and**
  - b. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - c. Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative

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specimens) [1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

- d. If a facility uses the test-based strategy for discontinuing transmission-based precautions for COVID-19 positive residents/patients, the resident/patient will need to be:
  - i. 7 days from the onset of symptoms; **and**
  - ii. At least 3 days (72 hours) symptom free prior to obtaining repeat COVID-19 tests. (Example: Resident/patient last known symptom was day three, on day 10, the resident can have test one completed and day 11 have the next test completed.)
  - iii. For residents who tested positive and were asymptomatic, testing will not occur until 7 days after the test date.

**CDC Resources:**

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- *Information on affected US locations:* <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

**CMS Resources:**

- Guidance for use of Certain Industrial Respirators by Health Care Personnel: <https://www.cms.gov/files/document/qso-20-17-all.pdf>
- Long term care facility – Infection control self-assessment worksheet: [https://qsep.cms.gov/data/252/A\\_NursingHome\\_InfectionControl\\_Worksheet11-8-19508.pdf](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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**Contact:** Email [DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov)

RESPONSIBLE ROLE	RESOURCE DOCUMENTS	ORINATION DATE	DATE REVISED	DATE REVIEWED
		3/4/2020	3/10/2020 4/3/2020 4/14/2020 4/22/2020 4/27/2020 5/13/2020 5/28/2020	3/10/2020 4/3/2020 4/14/2020 4/22/2020 4/27/2020 5/13/2020 5/20/2020