

Coronavirus Outbreak	Infection Control	G-230
----------------------	-------------------	-------

Title	Coronavirus Outbreak (COVID-19) Strategy Plan
--------------	--

<i>Best Practice</i>	<p>What is a Coronavirus?</p> <p>Coronaviruses are a large family of viruses that usually cause mild respiratory illnesses such as the common cold. Some coronaviruses have caused more severe illness, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). SARS-CoV-2 is a new coronavirus that was not identified in humans before December 2019.</p> <p>What are common symptoms of COVID-19 illness?</p> <p>Patients with COVID-19 have had mild to severe respiratory illness with symptoms of fever, cough, and shortness of breath. It takes 2 to 14 days after a person gets the virus in their body to become ill. Novel coronavirus is new, and we are learning more each day about symptoms it causes and how long it takes for people to become sick.</p> <p>Who should seek medical evaluation for COVID-19 Per CDC?</p> <p>Staff and residents who are:</p> <ul style="list-style-type: none"> • Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat. • Contact, in the last 14 days, with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19. • Whether there has been international travel within the last 14 days to countries with sustained community transmission. <p>What can I do to prepare for COVID-19 impacts to our Senior Community?</p> <p>Objectives should include (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations if indicated, and (d) minimizing effects on others.</p> <p>Each Community will provide notification to the families using the Family Letter. Letter will provide communication to families of Seasons systems to protect our</p>
----------------------	---

Residents from the outbreak. Each Community will also provide notification to the employees using the **Memo to Staff**. This memo will serve to remind staff of the severity of the outbreak and the importance of practicing good hygiene for the Residents and others.

This policy has a supplemental policy, the **COVID-19 Outbreak Employee Policy**. Refer to the supplemental policy for employee workplace safety.

1. Emphasize respiratory etiquette and hand hygiene by everyone

- a. Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your Community, bathrooms, activity board, and in other areas where they are likely to be seen.
- b. Provide tissues and no-touch disposal receptacles in the front entrances and around the Community.
- c. Ask everyone to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Provide assistance to individuals who may have difficulty washing hands or using a hand rub.
- d. Advise everyone to avoid touching their eyes, nose, and mouth with unwashed hands. Provide soap and water and alcohol-based hand rubs in the Community. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations to encourage hand hygiene.

2. Perform routine environmental cleaning

- a. Develop a housekeeping schedule to routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- b. No additional disinfection beyond routine cleaning is recommended at this time.
- c. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, medication carts, remote controls, desks) can be wiped down by employees before each use.

3. Residents

- a. Care staff will implement active screening of current residents for respiratory symptoms including actively checking temperatures daily. Document absence of symptoms. (fever, cough, shortness of breath, or sore throat) and (temperature).
- b. If resident presents with fever and/or respiratory symptoms, staff will screen resident per CDC criteria:
 - Signs or symptoms of a respiratory infection, such as fever >100, cough, shortness of breath, or sore throat.
 - Contact, in the last 14 days, with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19.
 - Whether there has been international travel within the last 14 days to countries with sustained community transmission.
 - i. Positive findings (person meets all of the above criteria) will be reported to the PCP and Licensed Nurse. Resident will be considered a person under investigation (PUI).
 - ii. If negative screen, consider rapid flu test and follow recommendations from PCP and placed on alert charting.

4. Visitors

- a. Post notices and have supplies to support respiratory hygiene and cough etiquette at all points of entry (signs, hand sanitizer and masks).
 1. Restrict visitation to **All** except to **End of Life** situations.
- b. All visitors will be required to sign in using **Seasons Sign in Sheet Visitor** at the reception area. Each visitor will be required to complete a screening as recommended by the above signs/symptoms before being allowed to visit a resident.
- d. Any visitors who refuse to comply with required screening and prevention strategies will be asked to leave the Community.
- e. Refer to the **Screening Visitor and Staff Flow Sheet** as reference during the visitor screening process.

5. Staff

- a. Actively encourage employees with fever and symptoms of respiratory illness to follow up with their PCP and obtain clearance prior to returning to work.
- b. Practice respiratory etiquette and hand hygiene.
- c. Community staff to perform routine environmental cleaning with increased focus on high-touch surfaces. Director of Health Services will communicate with the Community Executive Director if increased environmental cleaning becomes necessary.
- d. Executive Director to assess and assure inventory of personal protective equipment (PPE) is adequate. Every Community should maintain an additional 2-month supply on hand.
 - i. Monitor usage of PPE, particularly any unusual drop in surgical mask inventory.
 - ii. Maintain/increase par levels as indicated—add 2-month supply to par levels.
- e. Check with suppliers to ensure availability of PPE, hand sanitizer, cleaning supplies, disinfectant wipes, etc.
- f. The Executive Director will work with the Licensed Nurse and local hospital to determine a transfer plan in the event a resident presents with symptoms of COVID-19 and meets the criteria for a PUI.
- g. All employees, prior to the start of the working schedule, will fill out the Staff Sign in **COVID-19 Questionnaire**, have temperature taken and be approved to work.

Control Strategies (to be done if PUI is identified)

6. Isolation

- a. Identify a private room that can be available immediately in the event a resident is suspected of having COVID-19.
- b. Immediately isolate a person suspected of having COVID-19.

- i. Move potentially infectious person(s) to a private room and close the door. Plan care based on resident physical and cognitive status and abilities.
- ii. Have resident wear a mask to contain respiratory secretions.
- iii. Place on alert charting.
- iv. Notify primary physician for approval of transfer, notify hospital and arrange for transfer.
- v. If a facility has a suspected, presumptive, or confirmed COVID-19 patient, the Community must:
 - Consult with local public health.
 - Notify its licensing authority (Safety, Oversight and Quality).
 - Further restrict visitation.
 - Maintain a log of visitors and staff interacting with a patient who is isolated for presumptive or confirmed COVID-19.
 - Be able to identify the staff who interacted with the resident and resident's environment.
 - Restrict all internal group activities to prevent infection exposure to other residents.
- c. Restrict the number of people entering the isolation room—only essential staff, no visitors.
 - i. Staff will report visitor non-compliance with restrictions to the Executive Director and Regional Director of Operations.
 - ii. Executive Director or Licensed Nurse to provide education to visitor(s) and report to the Director of Health Services.
 - iii. Executive Director along with Director of Health Services and Director of Operations will make decisions regarding visitor ban while resident/guest in isolation.
- d. Staff caring for resident to perform meal service and basic housekeeping as needed. Meals will be served using disposable products and discarded in biohazard bag in resident/guest's room.
- e. Limit close contact (< 6 feet) with person in isolation as much as possible.

- f. Limit time spent in room as much as possible.
 - g. While in contact with PUI or in isolation room, limit opportunities for touch contamination (e.g., adjusting glasses, rubbing nose, or touching face with gloves that have been in contact with PUI or potentially contaminated surfaces). Also, prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.
 - h. Effective immediately, facilities shall discontinue community outings. Facilities shall provide guidance and education to residents who independently engage in community outings, but MAY NOT prevent residents from embarking on those outings.
 - i. Facilities must continue to accommodate medical visits, regardless of whether such visits are routine, preventive or critical.
 - j. Visitation and socialization promotes emotional wellness for residents. As such, facilities must provide guidance and technological solutions for “virtual visits” using tools such as Google Hangouts, FaceTime, and Skype to both residents and potential visitors who are being denied entry.
- 7. Use standard, contact, and respiratory precautions with eye protection.**
- 8. Wear appropriate PPE: gown, mask, eye/face shield and gloves.**
- 9. Use dedicated equipment for resident in isolation.**
- 10. Double bag soiled linen using a meltaway bag first then place the meltaway bag into a second plastic bag for laundry.**
- 11. Use a biohazard bag for trash in the resident/guest’s room.**
- 12. Create a list of staff and visitors in close contact with PUI.**
- a. Encourage visitors to self-monitor and follow up with their PCP as indicated. Provide educational material.
 - b. Executive Director or Licensed Nurse to monitor staff for two weeks and create a line list of any staff member with symptoms. Staff will be removed from work and referred for follow-up.

Coronavirus Outbreak	Infection Control	G-230
----------------------	-------------------	-------

	<p>c. If a PUI is identified, monitor residents who develop symptoms (fever, cough, respiratory distress) and create a line list.</p> <p>Transfer and Ongoing Surveillance</p> <p>13. Any PUI will be transferred as soon as possible to a designated hospital for testing and management.</p> <p>14. If a resident is considered a PUI, all staff in close contact with that resident will be monitored for symptoms of illness for two weeks.</p> <p>15. Any staff person exhibiting symptoms will be referred to his/her PCP for further testing and management.</p> <p>16. The Executive Director will provide daily updates to the Director of Health Services and Regional Director of Operations.</p> <p>17. The Executive Director will report any positive cases to their local Health Department and Licensing agency.</p> <p>18. We will continue to change this plan based on updates from the CDC.</p> <p>CDC Website</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/index.html https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html</p>
--	--

<i>Forms</i>	<p>Family Letter, Memo to Staff, Screening Visitor & Staff Flow Sheet, Staff Sign in Covid-19 Questionnaire, Sign in Sheet Visitor, Google Hangout Instructional Video</p>
--------------	--

<i>Approved by</i>	Elsa Prosch on 3/15/20
--------------------	------------------------

