

## **POLICY AND PROCEDURE COVID-19 CONTROL MEASURES**

**Department:** Nursing  
**Policy Initiated:** 4/2020

**Subject:** COVID-19 Control Measures  
**Revised:** 06/2020

### **Mission Statement**

Seacrest Village, a quality adult health care community, is committed to providing comprehensive health care to its residents and members.

The owners, staff and volunteers are guided by our moral and ethical responsibility to our fellow man.

Seacrest Village will provide the services necessary to enhance the physical, emotional, recreational, social and spiritual needs of our residents, members, and family members.

### **Vision Statement**

Seacrest Village will plan and develop a continuum of health care services for older adults in a community setting. We will affiliate, network and associate with other health service organizations to meet our goal of a seamless health care community.

### **OBJECTIVE:**

To provide guidance and maintain an on-going infection prevention and control program for both residents and employees during COVID-19 outbreak.

### **DEFINITION:**

One lab confirmed case of COVID-19 using nuclear test Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) and at least one case of COVID-like illness (CLI) with onsets within 14 days of each other.

Once 1 positive case is identified, no additional testing is needed in either residents or staff.

### **RESIDENTS:**

- All residents should be screened by obtaining full set of vitals with pulse oximetry every shift.
- All admissions and readmissions prior to admission to the facility will have been tested with a negative COVID-19 result.
- Upon admission all residents/patients will be tested within 24-48 hours
- All residents/patients will be tested again after 5-7 days.
- Upon the result of two negative in-house COVID-19 tests, resident can be transferred out of the PUI unit.
- Resident may be transferred after 14 days if they are asymptomatic and the results

- of their second in-house COVID-19 test has not been received from the lab.
- If residents have been screened and their test result is positive for COVID-19 or if residents have signs/ symptoms of a respiratory viral infection:
    - a) Resident will be transferred to the isolation floor (Pavilion West) utilizing the shortest route to the immediate exit. Resident should don surgical gown and double mask. Areas should be cleared of other residents and unnecessary staff.
    - b) Full vitals and pulse oximetry every 4 hours.
    - c) Private room or cohort with another symptomatic/ positive resident.
    - d) Maintain Standard, Contact and Droplet Precautions including eye protection.
    - e) Consider that staff caring for positive or symptomatic residents does not care for negative or asymptomatic residents
    - f) Positive or symptomatic residents should be given a surgical mask and encouraged to wear at all times. These residents should be wearing a surgical mask when close contact with others is anticipated.
  - Any resident identified with symptoms of fever and lower respiratory illness (cough, shortness of breath, sore throat) should be immediately placed in both Contact and Droplet transmission-based precautions in the isolation wing. Roommates will also be transferred to the isolation unit but in a separate room.
  - The isolation should be implemented by the healthcare member who notes the symptoms pending a physician order.
  - Residents with confirmed COVID-19 or displaying respiratory symptoms should receive all services in room with door closed (meals, physical and occupational therapy, activities, personal hygiene, etc.)
  - Symptomatic residents should only leave their room as required for medical procedures not available on site (i.e. dialysis, critical testing not available in the facility). If the resident is to leave room for these purposes the shortest route should be utilized and the immediate route to the exit/ treatment areas should be cleared of all residents and unnecessary staff.
  - Testing to rule out routine pathogens may be completed via rapid influenza testing and respiratory viral panels (Rhinovirus, RSV, etc).
  - Determination to send the resident to the hospital should be based on the same criteria used for other illnesses.
  - Residents with severe illness requiring hospitalization should be transferred to the hospital with notification to EMS and the receiving hospital.
  - Residents with temperature at or above 99°F but below 100.4°F will be monitored every 2 hours x 4 for any change in temperature. If temperature does not go down to baseline without any use of anti-pyretics, resident will be transferred to Pavilion West for isolation.
  - Dialysis centers will be contacted for any resident on dialysis placed on isolation for COVID-19 testing pending result. If any resident will miss session pending result, nursing staff will monitor resident for pedal edema, dyspnea, adventitious sound on auscultation and any sign of fluid overloading. Strict renal diet will be followed.

## FACILITY

- Should communicate with physician, local health department, regulatory agency, families, staff and residents.
- Notification is to be completed within 24 hours to all facility residents, staff members, permissible visitors and responsible parties whenever or in each instance a case of COVID-19 has been diagnosed in a resident or staff member or the facility has a resident or staff member who is a person under investigation for COVID-19, in the following manner:
  - a. In person and/or in writing for all residents, as appropriate;
  - b. In person and/or in writing for all staff members;
  - c. In person and/or in writing for all permissible visitors; and
  - d. Notification via telephone, email or other method of communication the facility is using to notify the resident's family member, guardian or designated person during this time of restricted visitation, as well as any visitors, to be followed up in writing within 3 days
- Notification for subsequent confirmed or person under investigation cases may be done via telephone, email or other method of communication the facility is using to notify the resident's family member, guardian or designated person during this time of restricted visitation, as well as any visitors.
- Processes and activities which increase residents' risk should be modified or suspended.
- Immediately inform the Physician if COVID-19 testing is indicated. Once a positive case is identified in the facility, no additional testing is needed in either residents or staff. Positive cases should immediately be reported to the Ocean County Health Department and the NJ DOH.
- Stop large group congregate activities and provide alternatives (arrange in-room dining or dining that maintains social distancing and activities, stop bingo, beauty parlor, outside volunteer presentations, church, etc.).
- Screening of all residents and staff including temperatures checks and use of checklists to identify symptomatic individuals.
- Inform staff to stay home when sick insuring non-punitive practices during this period. Screen all staff prior to shift for temperature and respiratory symptoms. If present staff member should be sent home until symptoms resolve or until cleared to come back by the facility medical director. Refer to NJ DOH guidance for positive and/or exposed healthcare personnel.
- Focus on decreased staff rotation and cohort staff to work with symptomatic residents whenever possible.
- Ensure staff is educated on and correctly performing hand hygiene, donning and doffing of PPE, and using appropriate products for environmental cleansing/disinfection.
- Ensure adequate supplies of PPE are easily accessible to staff.
- Post signage for hand hygiene and cough etiquette, ensure necessary supplies to accomplish these tasks are present at all entries and patient care areas. Notify residents, staff, visitor, vendors and families of current situation.
- Visitation will be allowed for end of life situations when the resident is actively dying and limit visitors to 2 at a time. All visitors should be informed of risk and

- instructed on proper PPE use prior to entering the unit. Other avenues of communication with family should be explored (i.e. facetime, skype, etc.)
- Visitation will be restricted to essential vendors (lab technicians, pharmacy delivery staff, and radiology technicians). All visitors will be informed of risk and instructed on proper PPE use prior to entering the unit.
  - Identify additional isolation rooms limiting to single unit if possible, cohort like cases if necessary (e.g. influenza with influenza, COVID-19 with COVID-19, etc.)
  - Ensure adequate testing supplies and masks are available for staff collecting specimens (for first resident being tested). Avoid aerosol generating procedures. If necessary use face and eye protection, N95 or respirator, close door and pull curtain. Wipe horizontal surfaces with EPA-registered and approved product after procedure. If supplies become scarce, follow CDC recommendations for crisis capacity use.
  - New admissions (residents and families) should be notified if the facility has COVID-19 in the building.

#### **ENVIRONMENTAL SERVICES/ CONTROLS**

- Disinfect frequently touch surfaces every 2 hours or as frequently as possible with EPA registered and approved product.
- Educate and observe practice on appropriate disinfection (clean to dirty, appropriate dwell time, when to switch clothes and wipes, etc.). Ensure cleaning and disinfection policies and procedures are being followed consistently and correctly.
- Ensure appropriate PPE is worn during cleaning and disinfection work.
- Limit access to facility and post signage reading rationale. Only essential visitors, employees and contract staff should be allowed to entrance.
- Ensure adequate facilities for completion of hand hygiene – hand washing sink or alcohol-based hand rub. Alcohol-based hand rub should ideally be both inside and outside of resident rooms, at all entrances and throughout the clinical areas. Ensure all dispensers contain product within expiration date.

#### **EMPLOYEES**

- All employees should promptly notify supervisor of any symptom of illness or resident in their care.
- Employees who develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor prior to leaving work.
- Provide symptoms report and allow temperature monitoring upon entry to work.
- Symptomatic staff does not require testing but, should consider possible causes and work restriction and isolation at home for a minimum of 7 days after onset or depending on the Medical Director's recommendations and can be released after being afebrile without fever-reducing medications for at least 72 hours.
- Asymptomatic staff do not need to be tested for SARS-CoV2
- Refer to NJ DOH guidance for diagnosed and/or exposed healthcare personnel.
- Employees may utilize extended use techniques with mask and eye protection when caring for residents.
- Mask should be worn when entering unit. Change mask if touch soiled or moist.

- Remove when leaving isolation rooms except if in an isolation wing or floor.
- Agencies of contract employees should be notified of risks and screen their staff to prevent transmission from facility to facility. Use limited or consistent agency staff during the COVID-19 pandemic if possible.
  - Perform hand hygiene on arrival at the facility, during patient care activities and prior to going home.
  - PPE should not be worn off affected units or areas unless approved as enhanced control measure.
  - If employee has been tested and has a negative COVID-19 test and does not have symptoms, they may continue to work.
  - All asymptomatic employees must wear a mask during their shift to protect residents.