



COVID 19 RESPOSNE AND UPDATES

Policy: It is the policy of the facility to prevent the spread of COVID 19 and to protect and treat all residents affected by the pandemic.

A key component to this will be cohorting of residents. The facility will dedicate space in the facility to care for residents with confirmed COVID-19. This may be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID- 19, residents with negative COVID status and those residents with unknown COVID status.

Definition: Cohorting is the practice of grouping together patients who are infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. Cohorting during COVID 19 will be done in accordance with CDC and NYSDOH guidance to designate space in the Facility to separate residents into cohorts of COVID positive, COVID suspected, negative and unknown status that will include new /readmissions with unknown COVID status. When single patient rooms are not available, patients with **confirmed** COVID-19 may be placed in the same room.

Procedure:

1. The facility will cohort residents with no COVID symptoms, unknown COVID-19 virus, and confirmed COVID-19 virus. The facility will also designate a new admission unit/designated area for admissions whose COVID status is unknown. Newly admitted Residents will be on this unit for a minimum of 14 days on Transmission based precaution. If a newly admitted resident develops fever or respiratory symptoms or other COVID 19 they will be transferred to a room on a COVID designated unit.
2. All New and Readmissions will have a review of hospital information prior to readmission to determine if infection prevention and treatment needs can be met at the facility.
3. New admissions and re-admissions with a Dx COVID-19 will be reviewed to determine if they are still considered to be infective with the COVID-19 virus. The following is required for placement on a Negative COVID unit:
 - a) Results of 2 negative COVID-19 test results done at least 24 hours apart.
 - b) Documentation in medical record that resident has met the Non-Test criteria for the discontinuation of transmission-based precautions.
4. All residents will continue to be assessed daily for any symptoms of COVID 19 including fever, respiratory symptoms or any change in condition will be done daily and as needed. Current data for COVID 19 has demonstrated that nursing home residents may present with atypical symptoms including change in mental status.
5. Any resident presenting with signs or symptoms of COVID 19 infection will be assessed by PMD/NP. In addition, any new case developed in the facility without hospitalization will be investigated by Infection Preventionist to determine source through contact tracing. See CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>.



6. Identification, early work-up including testing as indicated and treatment will be initiated by clinical staff for all residents with suspected or confirmed COVID 19
7. All staff will be actively screened for COVID 19 symptoms including fever and respiratory symptoms at start of each shift and every 12 hours. A log of this screening will be completed.
8. All Families, residents /resident representatives are notified within 24 hours of any new staff or resident COVID positive cases, deaths or Three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other via facility website and established auto hotline messaging.
9. The facility will continue to promote consistent assignment staffing as below:
 - The staffing coordinator in conjunction with the DON/RNS will make every effort to have Residents that have confirmed COVID to be grouped into one assignment.
 - Every effort will be made to have residents that have suspected COVID to be grouped into one assignment
 - Every effort will be made to have residents that have NO symptoms of COVID or who have had transmission-based precautions discontinued to be grouped into one assignment
10. Residents who are confirmed or suspected of COVID-19 will have the signage on the door indicating Droplet and Contact precautions with designated PPE and ABHS readily available inside and outside room.

Establishment of COVID Negative Cohort area/unit (s) with No Suspected or Active Confirmed Cases

- All Residents on these units have no symptoms of COVID, have had a negative test for Covid 19 or passed the 14-day window and no longer have symptoms including being afebrile x 3 days without antipyretics.
- Caregivers will be required to wear a face mask and follow standard precautions on these units/wings.
- If any resident on one of these units becomes symptomatic or suspect for COVID, he/she will be transferred to a unit with SUSPECT cases and a Physician/NP will assess and order COVID 19 testing and any treatment as indicated.
- Residents on these units will continue to be monitored daily for temperature, and any other symptoms that could be suspect for COVID-19.

Establishment of a Cohort area for Residents whose status is unknown including new/readmissions with no known COVID infection

- Residents admitted or re-admitted from the hospital will be placed in this designated area for fourteen days on Contact and Droplet Transmission based precautions to ensure that they are not carrying the COVID virus.



- Transmission Based Signage for Droplet and Contact precautions will be posted on the doors of all residents.
- All residents on this unit will require Contact and Droplet Precautions. Caregivers will wear full PPE to include gown, face shields, masks and gloves
- Residents on this unit will continue to be monitored daily for signs and symptoms of COVID related illness including TPR and pulse oxygen levels.
- Residents that develops symptoms they will be transferred to the *COVID SUSPECT/CONFIRMED* unit.
- RN will document in the medical record when the residents has passed the 14-day mark and have not displayed any symptoms related to COVID-19.
- At the end of the 14 days the resident will be transferred to a COVID Negative unit.
- Residents on these units will continue to be monitored daily for signs and symptoms of COVID related illness temperature screening.
- PMD/NP will assess any resident with suspect COVID illness and order testing for COVID 19 as indicated.

3) Establishment of a COVID-19 Positive Cohort area/unit

- Residents on these units/areas have confirmed cases of COVID-19.
- Residents testing positive for COVID -19 will be roomed on one wing of the unit pending bed availability.
- Residents identified with COVID 19 symptoms will be identified as Person Under investigation (PUI) and will be placed in a private room if available or cohorted with a COVID 19 PUI resident. Residents will be encouraged to wear a mask if tolerated and educated in respiratory etiquette. Cubicle curtains can be used as indicated.
- Residents with suspected COVID 19 will be assessed by MD/NP and treatment, labs and testing will be ordered as needed.
- Transmission Based Signage for Droplet and Contact precautions will be posted on the doors of residents that are suspect or confirmed for COVID-19.
- All residents on these floors will require Contact and Droplet Precautions. Caregivers will wear full PPE to include gown, face shields, masks and gloves.
- Residents on these units will continue to be monitored each shift for symptoms and clinical signs indicating a worsening of condition.
- Residents will be offered and encouraged to wear a face mask.
- Residents that pass the 14-day mark and no longer require droplet and standard precautions will evaluated by MD/NP to determine if a repeat COVID test is needed to move to another unit or wing pending bed availability and current COVID status at the facility.

4) Monitoring COVID cases on the Unit for those living with dementia (IF APPLICABLE TO FACILITY)



- The movement of residents living with Dementia will be reviewed by the IDT and based on a risk benefit analysis a decision will be made if the resident should be moved from room or not. Family members will be consulted and informed.
- Signage will be posted on the doors of residents that are suspect or confirmed for COVID-19.
- Residents on these units will continue to be monitored each shift for symptoms and clinical signs indicating a worsening of condition, or the development of symptoms of COVID.
- Caregivers will re-direct wandering residents to ensure safe social distancing.
- Residents will be offered and encouraged to wear a face mask.

THE MOST IMPROTANT ACTIONS TO PROTECT YOUR RESIDENTS AND YOURSELF:

1. Hand hygiene after each resident encounter by all staff in all departments.
2. Proper use of gloves with glove changing between all residents and hand hygiene performed before donning new gloves.
3. Universal masking on all units will continue for all staff in all departments. Avoid touching eyes, nose and mouth with hands.
4. Identify and Report immediately any change in Resident condition to Charge Nurse and/or RNS.
5. Do not come to work if you are ill. Contact RNS if you become ill while working.
6. If you have a question or need support please ask, All Team members are valued.

Please Note: To Ensure Residents rights are upheld any room transfers will be discussed with resident/resident representatives and orientation to new room and roommate will be conducted by SW/Designee. All room transfers will be documented in accordance with state and federal regulations