**BACKGROUND**

SARS-CoV-2, commonly known as COVID-19, is primarily a viral respiratory infection. It is most commonly spread between people who are in close proximity of each other (within 6 feet). It spreads through respiratory droplets or small particles produced when an infected person coughs, sneezes, sings, talks or breathes. These particles can be inhaled into the nose and mouth, and eventually into the lungs, causing an infection. Droplets can also land on surfaces and inanimate objects and spread when dirty hands touch the eyes, nose and mouth. The incubation period is between 2-14 days. Symptoms of the virus include fever, cough, shortness of breath, severe lower respiratory infection/acute respiratory distress syndrome and may also include nasal congestion, sore throat, diarrhea, and nausea. The potential for more serious illness among older adults, coupled with the more closed, communal nature of the nursing home environment, represents a risk of outbreak and a substantial challenge for nursing homes.

**POLICY**

The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the New York State Department of Health (NYSDOH), to include identification and isolation of any suspected and confirmed cases. Staff will be informed of any changes during change of shift huddle, and as often as necessary.

**PROCEDURE**

1. Identify and assess for Coronavirus Disease by assessing for symptoms associated with Covid - temp ≥99°F, chills, body aches, cough, difficulty breathing, shortness of breath, poor oxygenation, nausea, diarrhea, loss of taste, loss of smell. **Daily screening for residents must include temperature and pulse oximetry checks.**
2. 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
3. Residents who are confirmed or suspected of COVID-19 will have the signage on the door indicating Droplet and Contact precautions. Isolation cart containing PPEs and alcohol-based hand sanitizer (ABHS) will be placed outside of room.
4. All new admissions and readmissions will have a review of hospital information prior to admission/readmission to determine if adequate infection prevention and treatment needs can be met at the facility.
5. All hospital admissions must have a negative Covid test prior to admission.

* Any admission with a Dx of Covid-19 that has not been hospitalized to complete the required 14 days of isolation will be placed in a geographically isolated room, near the positive cohort as a “recovering or negative annex,” distinct from the Observation area. After they complete the 14-day isolation period (day 1 = collection date of most recent positive test result), they will be placed in the Covid Negative Cohort area
* It is strongly recommended to utilize the test-based strategy to move these residents to a negative Covid cohort area

1. The facility will establish Covid Cohorts: Positive, Negative, Unknown, Observation

* A baseline Covid test is required to determine whether residents are Covid positive or Covid negative. Those who refuse testing are considered “unknown”

1. The facility will create Covid Cohort Areas/Units: Positive, Negative, Unknown, Observation
   1. **Positive Cohort Area/Unit: Residents with a Positive Covid Test**

* 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.
* May place two residents who test positive for Covid in the same room
* Initiate TBPs (contact and droplet)
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with all residents on unit
* Residents will be kept on this until x14 days
* In order to discontinue TBPs and transfer resident to a Covid Negative area/unit, the test-based strategy is recommended.
* Resolution of fever without the use of antipyretic medication for 3 days AND
* Improvement of respiratory symptoms (e.g. cough, SOB) AND
* Negative results from at least 2 consecutive PCR tests collected ≥24 hours apart (Suggestion: collect specimens close to the 14-day mark)
* For residents who were asymptomatic at the time of their first positive test and remain asymptomatic, testing for release from isolation nay begin at a minimum of 7 days from the first positive test
  1. **Negative Areas/Units: No Suspected or Positive Cases**
* Residents on this unit have had a negative baseline Covid test after May 1, 2020, or have passed the 14-day window and met the criteria for discontinuation of TBPs, and have no symptoms of Covid-19.
* Caregivers on this unit are required to wear a face mask for universal source control.
  1. **Unknown Areas/Units: Unknown Covid Status**
* Residents in this cohort group do not have a confirmed Covid positive or negative test and are asymptomatic
* Place in private room on unit
* Initiate TBPs (contact and droplet) x 14 days
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with resident(s)
* May use symptom-based strategy (DON 4/19/2020) to remove from this cohort after 14-days have elapsed (and resident has refused testing), but test based strategy highly recommended
* At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (≥100) without the use of fever-reducing medications; AND
* Improvement in respiratory symptoms (e.g. cough, shortness of breath); AND
* At least 14 days have passed since symptoms attributed to COVID-19 first appeared
* For residents who were asymptomatic at the time of their first positive test and remain asymptomatic, at least 14 days have passed since the first positive test.
  1. **Observation Areas/Units: Residents re-admitted/newly admitted with a Negative Covid Test**
* Residents will be placed on this unit x 14 days and will be monitored for signs/symptoms consistent with Covid-19
* Requires TBPs (contact and droplet)
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with all residents on unit
* Will require a negative Covid test to be done to be placed into a negative Covid cohort area/unit

1. When there is a resident who is suspected of having Covid-19, the facility will:

* Keep resident in their room on the same unit where they live
* If there is a roommate, place roommate in a single/private room when possible
* Initiate transmission-based precautions (TBPs): contact and droplet for resident (and roommate)
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with resident (and roommate)
* Covid swab to be done for resident (and roommate)
* Other viral testing (e.g. influenza, RSV, parainfluenza) to be done for resident (and roommate)
* Work-up to rule out other potential causes of symptoms (e.g. UTI, dehydration, sepsis) to be done for resident (per doctor’s orders)
* Monitor vital signs every shift (BP, Pulse, RR, Temp, O₂ Sat)

1. Residents will be encouraged to stay in their rooms. (Because some of our residents live with Dementia, this is not always possible. Should residents leave their rooms, encourage use of a facemask as tolerated)
2. To the extent possible, privacy curtains will be drawn and room doors will be closed. (This may not always be possible because some of the residents live with Dementia and require close monitoring and some residents do not tolerate having room door closed)
3. The facility will take action to minimize chances for exposure to Covid-19 by:

* Reviewing visitation restriction guidelines
* Conducting Covid and thermal screening for staff and all others at reception desk (before entering resident care areas). If found to be symptomatic upon screening, instruct individual to go home, self-isolate and contact their primary care physician.
* Utilizing face mask and eye protection as universal source control all day
* Encouraging residents and staff to maintain social distancing
* Rescheduling/cancelling non-essential doctor’s appointments for residents based on discussion with doctors
* For residents who must leave facility for medically necessary doctor’s appointments, including chemotherapy and dialysis, monitor vital signs and general condition before leaving and upon return to facility. Open line of communication will be kept with receiving facilities

1. A single case of Covid-19 is considered an outbreak. In the event of an outbreak, the facility will:

* Initiate serial testing of all staff and residents that tested negative every 3-7 days until testing identifies no new cases of Covid-19 infection among staff or residents for a period of at least 14 days since the most recent positive test result.
* Bi-weekly testing satisfies requirements for staff testing (DAL 1/7/2021)
* Residents who have recovered from Covid-19 and are asymptomatic do not need to be retested for Covid-19 within 3 months after symptom onset.

1. Employees who test positive for Covid-19 will be furloughed for 14 days from first positive test date.

* Staff should be tested near the end of the 14-day period. If test result is negative, may return to work.
* After returning to work, if the employee tests positive, the employee would only have to be furloughed until a subsequent re-test (at any time) is negative.
* The CDC recommends repeat testing >24 hours from previous test.

1. Any staff who has been exposed to Covid-positive persons will be furloughed x14 days and will require a negative Covid-19 diagnostic test to return to work
2. Asymptomatic staff member who has traveled to States that are not contiguous to NY, or after travel to any CDC Level 2 or higher Covid-19 risk assessment level, must have a diagnostic Covid-19 test done within 24 hours of arrival in NY and again on the 4th day after return. If both tests are negative, may return to work.
3. The facility will provide education to staff to address:

* Staying home from work when sick
* Identifying signs/symptoms of Covid-19 in resident and reporting same to appropriate personnel
* Reviewing standard and transmission-based precautions; review appropriate identifiers (e.g. signage)
* Reviewing appropriate use of personal protective equipment (donning and doffing)
* Hand hygiene
* Reviewing respiratory etiquette

1. The facility will reinforce cleaning and disinfection procedures to include:

* Cleaning/disinfecting multiple-use equipment in between use for each resident (e.g blood pressure cuffs, glucometer, etc)
* Increasing cleaning and disinfection of high-touch surfaces (both inside and outside of resident care areas)
* Review of regular vs terminal cleaning of rooms
* Review of contact times for products used for disinfection
* Review of reprocessing of PPEs

1. The facility will take precautionary measures to prevent the spread of Covid-19

* All staff will be actively screened for COVID 19 symptoms including fever and respiratory symptoms at start of each shift and every 12 hours, if indicated. A record of this log will be kept on file.
* The staffing coordinator, in conjunction with the DON/RNS, will make every effort to have residents who have confirmed Covid to be grouped into one assignment.
* The staffing coordinator, in conjunction with the DNS will make every effort to provide consistent staffing assignments, without staff moving in between resident Covid cohorts
* Every effort will be made to have residents who are SUSPECTED of having 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

1. The facility will maintain an open line of communication with residents and/or healthcare representatives:
2. Healthcare representatives will be updated of any change in condition of their loved ones
3. Arrangements will be made to keep an open line of communication between residents and their families (e.g. via phone calls or video calls).
4. Advanced directives will be revisited and reviewed; will be changed in accordance to wishes.
5. Residents and healthcare representatives will be provided via facility’s website and auto hotline messaging with updated information regarding confirmed cases of Covid-19, as well as any confirmed Covid-19 deaths, within 24 hours while protecting personal health information.

**REFERENCES**:

CDC (2007). *Guideline for Isolation precautions: Preventing Transmission of Infectious Agents in healthcare Settings*: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/prevention.html>

CDC (1/30/2020): Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) Infection), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

CMS (8/26/2020). Ref: QSO-20-38-NH. Interim Final Rule, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long Term Care Facility Testing Requirements and Revised COVID-19 Focused Survey Tool.

NYSDOH (3/13/2020). Health Advisory: Covid-19 Cases in Nursing Homes and Adult Care Facilities

NYSDOH (4/19/2020). Health Advisory: Discontinuation of Isolation for Patients with Covid-19 Who Are Hospitalized or in Nursing Homes, Adult Care Homes, or Other Congregate Settings with Vulnerable Residents

NYSDOH (5/13/2020). Health Advisory: Nursing Home Cohorting FAQs.

NYSDOH (11/3/2020). Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel.

NYSDOH (1/7/2021). UPDATE to Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure

NYSDOH DAL (1/7/2021). Nursing Home Staff Testing Requirements

**REVISED**:

1/14/2021

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