

General Information

Coronavirus Disease 2019 (COVID-19) is caused by a new coronavirus that has not been previously identified.

Spread: It is currently understood to be spread mainly through person-to-person contact through respiratory droplets between people in close contact (defined as within 6 feet).

Symptoms: Cough, fever, sore throat, body aches similar to influenza, shortness of breath

Current treatment: clinical management of symptoms

Populations at Risk for Severe Illness

- Elderly
- Chronic disease
- Immunocompromised

Process for Prevention and Identification

1. Information Updates

- Infection Preventionist and Director of Nursing or designee will monitor the CDC COVID-19 website daily for updates <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- Infection Preventionist and Director of Nursing or designee will subscribe to email notifications from the county and state health department

2. Communication

- Signs placed on all entrance doors indicating to visitors that they are not to visit if they are experiencing fever, cough, or other respiratory symptoms.
- Screen visitors for:

Fever, cough, respiratory symptoms

Travel to restricted countries of China, South Korea, Italy, Iran within the last 14 days

Contact with someone positive for COVID-19 or anyone under investigation for COVID-19

- Alcohol based hand sanitizer containing 60-90% alcohol placed conspicuously at all entrances with a sign at the visitor's check in to please use prior to visiting.
- Provide CDC fact sheet for anyone wishing to take and an information sheet.
- Masks made available at the visitor's check in locations

- Hand-washing signs and instructions placed in all restrooms, dining rooms, and at all public hand sinks

3. Monitoring of Staff

- Perform a baseline screening of all staff (including prn staff, agency staff, vendors, and contracted staff) for symptoms, travel, and exposure. Any staff positive for these risk factors must immediately leave or not enter the building.
- Following the baseline screening, continue daily screens of all staff for:

Fever, cough, respiratory symptoms

Travel to restricted countries of China, South Korea, Italy, Iran within the last 14 days

Contact with someone positive for COVID-19 or anyone under investigation for COVID-19

- *IF ANY STAFF IS POSITIVE FOR THE ABOVE RISK FACTORS, THEY MUST NOT ENTER THE BUILDING*
- Any staff member experiencing fever, cough, sore throat, body aches, or other respiratory symptoms will be unable to report to work. Staff members experiencing these symptoms will not be able to return to work until they are symptom free for 72 hours or released by a physician to return to work
- Any staff member who exhibits these symptoms while at work will immediately put on a mask and self-isolate at home.
- Any staff member experiencing these symptom will inform the Infection Preventionist, and include information on individuals, equipment, and locations the person came in contact with; and contact and follow the local health department recommendations for next steps
- Staff members experiencing these symptoms will be contacted daily by the Infection Preventionist or designee for an update on symptom progression and/or physician visits

4. Monitoring Residents

- Obtain routine vitals per orders (including temperature, pulse, respirations, blood pressure, and pulse ox)
- New onset of elevated temperature or respiratory symptoms:
 - Notify physician and resident representative
 - Implement transmission-based precautions
 - If resident is able, educate on respiratory hygiene, cough etiquette, and hand hygiene
 - At the direction of the physician, rule out other sources of infection
 - If the resident becomes a person under investigation, notify the local and state health departments and implement directives as ordered

5. New Admissions/ Readmissions

- All referrals, new admissions and readmissions will be screened for potential risk of COVID-19 to include cough, fever, sore throat, body aches similar to influenza, shortness of breath and history of or potential exposure
- Vital signs (including temp, pulse, respirations, blood pressure, and pulse ox) will be monitored daily for fourteen (14) days following admission

6. Preparedness

- Review all housekeeping products to ensure effectiveness against Coronavirus
- Inventory PPE. Determine if current par levels are adequate and place orders accordingly. Contact local or state health department and local/state healthcare coalition if supplies are running low or backordered <https://www.ohh.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>
- Review COVID-19 plan with all staff. Provide with CDC fact sheet to all staff.
- Review and update policies and procedures as needed related to hand hygiene
- Review placement of alcohol based hand sanitizers, considering the CDC recommendation of placement both inside and outside of resident rooms, in addition to all resident care areas.
- Review policies and procedures for cleaning, disinfecting and sharing of medical equipment and update as needed. Track equipment cleaning.
- Medical equipment are properly cleaned and disinfected with limited sharing between residents and areas of the facility.
- Additional work supplies are provided to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.)
- Competency check all staff on the use of PPE
- Competency check all staff on hand hygiene, respiratory hygiene, and cough etiquette.
- Review and update Emergency Preparedness Plan to address potential pandemic/epidemic conditions
- Review and update Infection Prevention and Control Program. Review plans with Medical Director.
- Incorporate COVID-19 plan into QAPI