COVID-19 PROTOCOL PHASE III

ADMISSION OF CONFIRMED/SUSPECTED CASES

Policy and Procedure

Title: Admission of Known or Suspected COVID-19

Policy

To ensure compliance with CDC guidelines while minimizing the chance for exposure.

Procedure

Guidelines for admitting patients with known or suspected COVID-19:
PPE should be setup out and in place before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 (e.g. older individuals with comorbid conditions), including HCP who are in a recognized risk category.

Before Arrival

- Speak to discharging HCP about symptoms of a respiratory infection (e.g., cough, sore throat, fever1) on the day of admission.
- When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed screening procedures to determine if an appointment is necessary or if the patient can be managed from home.
    - Instruct patient to wear a facemask upon entry and throughout their stay, if a facemask cannot be tolerated while in room, use a tissue to contain respiratory secretions.
- If a patient is arriving via transport by EMS personnel should contact the receiving healthcare facility and follow previously agreed upon local or regional transport protocols. This will allow the healthcare facility to prepare for receipt of the patient.

Upon Arrival and During the Visit

- Limit points of entry to the facility.
- Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and screening procedures throughout the duration of their stay.
    - Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, dining room) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
    - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances and nurses station.
    - Consider establishing stations outside patient care areas to screen patients before they enter.

- Ensure rapid safe screening and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
    - Prioritize screening patients with respiratory symptoms.
    - Screening personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection upon admission. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
    - Ensure that, at the time of admission, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
    - Isolate the patient in their room with the door closed. Ensure the patient does not roam patient care areas.
- Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

Suspected or Confirmed Case:

- Place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom.
    - Airborne Infection Isolation Rooms should be reserved for patients who will be undergoing aerosol-generating procedures (See Infection Control Manual)
- As a measure to limit HCP exposure and conserve PPE, facilities should consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
    - Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.
    - It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection.
    - During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
        - HCP must take care not to touch their eye protection and respirator or facemask.
        - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
    - HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).

- Limit transport and movement of the patient outside of the room to medically essential purposes.
- Patients must wear a facemask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Personnel entering the room should use PPE as described above.
- Whenever possible, perform procedures/tests in the patient's room.
- Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. (3 hour minimum)
    - After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use

Reporting within and between Healthcare Facilities and Public Health Authorities:

- The Administrator or Director of Nursing will ensure HCP and frontline staff are informed and educated about known or suspected COVID-19 patients and facility plan for response
- The Administrator or Director of Nursing will communicate with public health officials regarding known and suspected COVID-19 patients.

Attachments: COVID-19 Screening
Accepting Hospital Admissions

COVID-19 Screening

Resident: _____ Date: _____

Signs and Symptoms:

If no vitals taken in last 8 hours, take new vitals and enter as new

Most Recent Temperature

Temp:_____

Route: _____

Date: _____ ☐New

Most Recent O2 Sats

O2 Sat: _____

Method: _____

Date: _____ ☐New

Most Recent Blood Pressure

BP: _____

Position: _____

Date: _____ ☐New

Most Recent Pulse

Pulse:_____

Type: _____

Date: _____ ☐New

Most Recent Respiration

Resp: _____

Date: _____ ☐New

Does the patient/resident have new onset of a runny nose? ☐Yes ☐No

Does the patient/resident have new onset of a sore throat? ☐Yes ☐No ☐Unable to Determine

Does the patient/resident have new onset of nasal congestion? ☐Yes ☐No ☐Unable to Determine

Does the patient/resident have new onset of chest congestion? ☐Yes ☐No

Does the patient/resident have new onset of a cough? ☐Yes ☐No

Does the patient/resident have new onset or increase of shortness of breath? ☐Yes ☐No

Does the patient/resident have new onset of tachycardia? (more than 100 bpm) ☐Yes ☐No

Does the patient/resident have a fever (100.4* or greater)? ☐Yes ☐No

Does the patient/resident have new onset or worsening confusion? ☐Yes ☐No

Are there any other new symptoms present? ☐Yes ☐No

Other new symptoms: _____

Action:

If you answered 'Yes' to any of the questions above you **must** complete the SBAR and notify the physician and nursing leadership as these are indicators of COVID-19.

Nursing Note:

_____

_____

_____

Accepting Hospital Admissions
When There Are **No** COVID-19 Cases Present in the Facility

The following are potential steps that can be taken to reduce the spread of COVID-19 in your facility.

	Patient is tested COVID-19 (-) Or no history of COVID-19	**Patient COVID Status unknown (asymptomatic)[1]**	**Patient tests (+) in hospital or suspected with COVID**	**Patient had a positive test for COVID-19 and has recovered (ideally, has 1 negative COVID-19 test)**
COVID-19 cases <u>not</u> in the surrounding hospital catchment area	Admit patient and: ✓ Monitor for fever & respiratory symptoms at least once daily	Admit patient and: ✓ Monitor for fever & respiratory symptoms at least once daily.	Do not admit patient.	Admit patient, and: ✓ Monitor for fever & respiratory symptoms at least once per shift ✓ Limit contact with other residents until new information from CDC becomes available. ✓ Put in single room (if possible) ✓ If COVID-19 test is not available at discharge, Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible

[1]For hospital discharges with symptoms of fever, facilities should ask the hospital to perform a COVID-19 test and then base decisions on the test results. If COVID-19 (-) they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies. If testing is not available, then the facility should assume the person is COVID-19 (+). Additionally, patients with fever and respiratory symptoms should have a negative flu test.

NOTE: If the patient's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidance for Strategies to optimize PPE supplies.

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COVID-19 cases present in the surrounding community of hospital catchment area	Admit patient and: ✓ Monitor for fever & respiratory symptoms once per shift	Admit patient and: ✓ Monitor for fever & respiratory symptoms once per shift ✓ Put in single room or cohort with other recent admissions	Do not admit patient.	Admit patient, and: ✓ Monitor for fever & respiratory symptoms at least once per shift ✓ Limit contact with other residents until new information from CDC becomes available. ✓ Put in single room (if possible) ✓ If COVID-19 test is not available at discharge, Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible

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COVID-19 cases wide-spread in the surrounding community and hospitals are at or past capacity	Admit patient and: ✓ Monitor for fever & respiratory symptoms once per shift ✓ Limit contact with other residents until new information from CDC becomes available. ✓ Put in a single room (if possible)	Admit patient and: ✓ Monitor for fever & respiratory symptoms once per shift ✓ Put in single room or cohort with other recent admissions ✓ Limit contact with other residents until new information from CDC becomes available. ✓ If COVID-19 test is not available at discharge, Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible	Do not admit patient.	Admit patient, and: ✓ Monitor for fever & respiratory symptoms at least once per shift ✓ Limit contact with other residents until new information from CDC becomes available. ✓ Put in single room (if possible) ✓ If COVID-19 test is not available at discharge, Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible

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Accepting Hospital Admissions
When there are COVID-19 Cases Present in the Facility

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COVID-19 cases present in the surrounding community of hospital catchment area	Do not admit patient.	Do not admit patient.	Admit patient, and if possible: ✓ Cohort in rooms (and wings if possible) with other COVID-19 (+) residents or those suspected with COVID-19. If not, then: ✓ Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible. If not possible then: ✓ Put in single room. ✓ Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies. ✓ Limit contact with other residents until new information from CDC becomes available.	Admit patient, and: ✓ Monitor for fever & respiratory symptoms at least once per shift ✓ Limit contact with other residents until new information from CDC becomes available. ✓ Put in single room (if possible) ✓ If COVID-19 test is not available at discharge, Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible

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COVID-19 cases wide-spread in the surrounding community and hospitals are at or past capacity	Do not admit unless: ✓ COVID-19 test is available at discharge, and a separate wing/unit or floor was created to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible	Do not admit unless: ✓ COVID-19 test is available at discharge, and a separate wing/unit or floor was created to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible	Admit patient, and if possible: ✓ Cohort in rooms (and wings if possible) with other COVID-19 (+) residents or those suspected with COVID-19. If not, then: ✓ Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible. If not possible then: ✓ Put in single room. ✓ Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies. ✓ Limit contact with other residents until new information from CDC becomes available.	Admit patient, and if possible: ✓ Cohort in rooms (and wings if possible) with other COVID-19 (+) residents or those suspected with COVID-19. If not, then: ✓ Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible. If not possible then: ✓ Put in single room. ✓ Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies. ✓ Limit contact with other residents until new information from CDC becomes available.

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COVID-19 Planning/Checklist

Containment Area

The facility will designate a section of rooms that will be able to have a temporary barrier installed (plastic vs identified line) for housing COVID-19 residents.

Preparation and Set up

- ☐ Identify and implement a designated containment area
  - Identify how many open rooms you have in your facility.
  - Arrange to have a couple of your open rooms in this designated area so symptomatic residents can be promptly moved to the designated area.
    - Preferably at the end of a unit near an exit door (3-5 rooms) – will increase as needed for symptomatic
- ☐ Obtain supplies equipment to be utilized in this area only
  - Laptop
  - Lift
  - Vital machine
  - Communication devices (walkie/radio/cell phone)
  - Crash cart/equipment/bags
  - Oxygen concentrators (one per room)
  - Blood borne pathogens spill kit
  - Adequate amount of red bags for waste
  - PPE
  - Personal hygiene items for each resident
  - Stocked linen cart
  - Nourishment carts (snacks in disposable containers- ice cream, pudding, sandwiches, crackers etc.)
    - May need small refrigerator.
  - Ice cart
  - Styrofoam cups
  - Cleaning supplies
  - Activity cart (puzzles, books, games etc.)

Staffing

- ☐ This area will be staffed by one (set) person(s)
  - Review staffing needs – night shift – need additional nurse or aide for that area?
- ☐ Bundle cares and tasks to limit staff exposure and minimize PPE usage
  - PPE to be used is gown, gloves, mask and eye protection

Daily Operations

MAXIMIZE WHAT IS GOING IN AND MINIMIZE WHAT IS COMING OUT"

- ☐ Utilize lock box in resident room for resident meds to decrease exposure to med cart (excluding narcotics)
- ☐ Meals will be served on disposables
- ☐ All resident laundry/linen need to be red bagged before being transported to the laundry room
- ☐ Ice can be delivered in bags to the containment area

Suspected Resident (symptomatic) or COVID-19 Positive Resident

- ☐ Contact your local public health department when:
  - A resident has a severe respiratory infection
  - Positive COVID-19 test
  - Cluster of new onset respiratory symptoms
- ☐ Notify Regional team and CCO
  - CCO/Designee will notify vendors to get increased PPE and other needed supplies
- ☐ Move resident into a room in the containment area
- ☐ Ensure signage is posted on outside of door (type of precautions and Donning/Doffing PPE)
- ☐ Ensure PPE station is ready – refer to AHCA and CDC PPE Guidance on use of masks, gowns, and eye protection to conserve supplies
  - Utilize daily logs to identify how much PPE is being used
- ☐ Begin tracking the staff going in and out of room (use Staff Tracking log)
- ☐ Monitor vital signs and assessment twice daily – specifically heart rate, pulse ox, temp and lung sounds for residents on affected units (to be determined by IP Nurse and Nurse Leadership—contact RCD with questions)
- ☐ If resident must leave room, ensure there is a mask on them prior to leaving their room
- ☐ Have resident cover mouth with barrier while team members are in the room providing cares
- ☐ Resident has diagnosis of COVID – ONLY in case of emergency call 911 and notify EMS that this is a COIVD-19 Positive resident (breathing or circulatory issues) –Not every transport service will be equipped to manage – Health department will help set that up.

PPE

- ☐ Begin active monitoring to determine utilization rate of used PPE to help guide your needs
  - Utilize daily logs to identify how much PPE is being used
- ☐ Contact your local public health department when reviewing management of PPE

Staff Education

- ☐ Reeducate all staff to precautions and plan moving forward with special emphasis on the staff that will be working with these residents
  - PPE
  - Hand Hygiene
  - Cleaning needs
  - Documentation
  - Isolation precautions
- ☐ Education provided to nursing team by environmental services supervisor/designee to ensure proper cleaning techniques are being followed

COVID Positive Employee

- ☐ Contact Public Health and follow their guidance
- ☐ Contact Regional Team and HR
- ☐ Initiate UDA's to be completed twice a day on residents exposed to employee
- ☐ All team members that had contact with identified team member should initiate self-monitoring twice daily including temperature

Employee Return to Work Criteria

Use one of the below strategies to determine when an employee may return to work:

1. *Non-test-based strategy.* Exclude from work until:
    - At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
    - At least 7 days have passed *since symptoms first appeared*
2. *Test-based strategy, if tests are available.* Exclude from work until:
    - Resolution of fever without the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
    - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

If employee was never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

*Based off of 3/20/20 CDC guidance