

O'CONNOR HOSPITAL	Skilled Nursing and Subacute Guidelines Nursing Manual	Policy #L-3.1
	Section L – Infection Control	Page 1 of 6
		Effective: 5/20
		Revised: 8/20, Revised 11/20, 4/21, 6/21
	Subject: COVID-19 Mitigation, Identification And Management	Reviewed: EM Replaces: None
	Regulatory Requirement: CDPH, CDC, Title XXII	Developed by: VCA

PURPOSE:

To identify and report the number of Coronavirus (COVID-19) cases in the long-term care setting at O’Connor Hospital Subacute Facility (“Facility”), to protect vulnerable populations from the direct threat of COVID-19 exposure, and to implement the containment and mitigation measures outlined by the California Department of Public Health and County of Santa Clara Public Health Department.

RESPONSIBLE DISCIPLINE:

RN, LVN, CNA, Infection Control Nurse, MDs, APPs, and/or IPs

POLICY:

It is the policy of this facility to identify new cases of COVID-19, manage the care and prevent the transmission. For purposes of this policy, the term “staff” means all employees, staff, physicians, volunteers, and contract healthcare personnel working in the Facility.

For purposes of this Policy, the term “unvaccinated” or “not fully vaccinated” refers to a person who is not fully vaccinated, or who has declined to state their vaccination status, or their vaccination status is unknown. “Fully vaccinated” means that a person has received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single dose COVID-19 vaccine.

PROCEDURE:

- A. All newly admitted residents who are not fully vaccinated must receive RT-PCR testing for COVID-19 prior to admission and will be placed in designated surveillance unit while waiting for result. See ***Testing of Residents and Staff*** below.

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- B. Upon admission and at each shift change, the licensed nursing staff will screen residents for any signs and symptoms of COVID-19 to include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. The licensed nurse will notify attending physician or designee if a resident is assessed and suspected to have any signs/symptoms of COVID-19. The resident will also be referred to the Infection Control Nurse and/or any consulting Infectious Disease Physician to further verify and investigate any potential new cases or existing cases of COVID-19 symptoms.
- C. The following are the known clinical signs and symptoms of COVID-19:
- Fever ($\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$)
 - Chills
 - Cough
 - Sore throat (new or unexplained)
 - Shortness of breath or difficulty breathing
 - Fatigue (new or unexplained)
 - Muscle or body aches (new or unexplained)
 - Headache (new or unexplained)
 - Loss of taste or smell
 - Nausea, vomiting, or diarrhea (new or unexplained)
- D. The facility will provide all residents and/or their responsible party and all staff with informational material regarding the signs and symptoms of COVID-19 and information on the recommendation for testing if the resident and or staff becomes symptomatic
- E. Follow the facility-specific policy on infection control precautions for new and existing cases of COVID-19. Refer to Center for Disease Control (CDC) updated infection control measures for the prevention and mitigation of COVID-19 in health care facilities.
- I. **General Safety Measure for Resident Protection**
- i. All staff will self-screen for COVID-19 symptoms prior to each shift. Staff will not come to work, notify Manager and Employee Health if they have any symptoms of COVID-19.
 - ii. While in the facility, staff will always wear surgical masks or higher level of PPE as per current PPE Guideline.
 - iii. Ensure that supplies for hand washing are available where sinks are located; providing dispensers of alcohol-based hand rubs at each entrance and exit door and inside and outside each residents' room.

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- iv. Ensure that adequate PPE is available by keeping a 15-day supply on the unit. The Clinical Director will keep a running PPE supply Inventory list.
 - v. Staff will practice social distancing except if not feasible in providing direct care for residents.

 - vi. Visitation Guidelines specific to the Subacute Unit:
 - Visitors will be permitted in accordance with the CDPH AFL 20-22.8. (issued June 2, 2021), Public Health Department directives, and the current Visitor Policy issued by the Hospital Command Center.
 - Individuals specifically referenced in the CDPH AFL 20-22.8 as being exempt from a facility's visitation restrictions (e.g., surveyors, ombudsman, nursing students, healthcare workers, legal representatives, P&A program, individuals authorized by federal disability rights laws) may have access to any resident in the subacute unit while complying with facility's COVID-19 screening, face coverings, hand hygiene, and social distancing requirements.
 - All visitors will schedule an appointment with the unit Social Worker for a designated time. The Social Worker shall discuss the following with the visitor when scheduling the appointment:
 - Visitors are allowed in the facility and visits are limited to at least 30 minutes each, but longer visits will be supported when possible and may be extended if appropriate based on individual circumstances.
 - The preferred site of visit is outdoors. If outdoor visitation is not possible, indoor visitation is allowed in the activity room, resident room, or hallway (if resident in dual occupancy room) as follows. Visitation in the activity room shall ensure spaces and barriers exist to separate the space to

accommodate any need for visitation of multiple residents:

- All residents, including unvaccinated, partially vaccinated and fully vaccinated residents (individuals ≥ 2 weeks from 2nd dose of a 2-doses series or ≥ 2 weeks from single-dose vaccine) are allowed indoor visitation subject to the conditions noted below.
- Indoor, In-Room and Large Communal Space Visitation:
 - Visitors must wear a surgical mask at all times regardless of vaccination status except as follows.
 - Indoor visits in a resident's room between fully vaccinated resident and fully vaccinated visitors may be conducted without face masks and physical distancing and include brief physical contact (e.g. hugs, holding hands), while in the resident's room with no other residents present; otherwise, all visitors and residents must wear well-fitting face masks and maintain 6-ft physical distancing during their visit.
 - Visits for residents who share a room should be conducted in a separate indoor space or with the roommate not present in the room (if possible), regardless of the roommates vaccination status. If roommate is present, regardless of all parties' vaccination status, masks must be worn at all times.

- Visitors should be provided personal protective equipment (gloves, gown, eye protection and N95 respirator) when visiting residents in yellow area (exposed or observation status).
- Communal Dining and Group Activities
 - Fully vaccinated residents who are not in isolation or quarantine may eat in the same room without physical distancing; if any unvaccinated residents are dining all residents must be masked when not eating and remain at least 6 feet from others.
 - Fully vaccinated residents who are not in isolation or quarantine may participate in group/social activities together without face masks or physical distancing. If any unvaccinated residents are present, then all participants in the group activity should wear a well-fitting face mask and practice social distancing.
 - When it is not possible to ensure all participants (residents and staff) in an activity or common area are fully vaccinated, then all participants are required to practice social distancing and wear a well-fitting face mask.
- Any visitor entering the facility, regardless of their vaccination status, and regardless of indoor or outdoor visiting, must adhere to the following:
 - Be screened for fever and COVID-19 symptoms, wear appropriate facial covering, and perform hand hygiene when in the facility (see screening requirements below)

- Maintain 6-foot social distance. Fully vaccinated visitors of fully vaccinated residents may have brief, limited physical contact with the resident (e.g., a brief hug, holding hands, assisting with feeding or grooming) as noted above.
- If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID-19 positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by staff.
- If a visitor has COVID-19 symptoms or has been in close contact with a confirmed COVID positive case within 14 days they must reschedule their visit.
- Visitors who are unable to adhere to COVID-19 infection prevention measures will not be permitted to visit or will be asked to leave.

Screening Requirements:

- Review screening criteria: (1) if the visitor has had any signs and symptoms of COVID-19 within the past 3 days (symptoms are listed on Hospital visitor screening policy); (2) whether the visitor has tested positive for COVID-19 in the past 14 days; and (3) whether the visitor has had close contact (within 6 feet for at least 15 minutes whether in one encounter or over multiple encounters) with any person who tested positive for COVID-19 within the past 14 days.
 - If visitor answers yes to any of these questions, the visit will not be scheduled. The visitor will be told to call again when symptoms resolve and the answer is no to all of the screening questions. In the meantime, alternative methods of communication can be arranged such as phone or video-visits.
 - An alternative visitor who meets the screening criteria can be identified.
- Reminder that visitors will be screened upon entry to the unit for any COVID-19 signs/symptoms,

temperature check and possible exposure that will preclude the visit.

- A surgical mask is required to be worn at all times, (except as noted above for both fully vaccinated residents and visitors during a visit in a resident's room and any additional necessary PPE will be provided.
- Social distancing of 6 feet will be required of all staff, residents, and visitors other than when noted above during visits in resident's room with fully vaccinated residents and visitors
- Overview of the spaces available for the visit: in room, hallway (if resident in dual occupancy room), activities room. Outdoor visits only if practicable.
- The visit will have oversight by staff to ensure adherence to the policy is maintained for resident safety.
- Handwashing upon entry to facility, prior to leaving the facility and when necessary e.g., hands become soiled.

Prior to and upon entry to the hospital:

- The Social Worker will provide a list of scheduled visitors daily to the Hospital screeners.
- The unit will be notified if there is a visitor by the front desk.
- The visitor will be screened per Hospital's Visitor Screening Policy.
- All of same information will be reviewed with the visitor as above in the prescreening call to make an appointment.
- The visitor will be required to perform hand hygiene upon entry into facility and prior to visit with resident.
- Social distancing of at least 6 feet must be maintained, with no hand-shaking or hugging by staff, visitors, or residents unless the visitor and the resident and the resident are both fully vaccinated. If both resident and visitor are fully vaccinated, there may be brief, limited physical contact with the visitor and the resident (e.g., a brief hug, holding hands)

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- Visitors must go directly to and stay in their designated visit location for the duration of their visit.
 - The unit Social Worker shall document the name and contact information of all visitors.
 - Advise visitors to monitor for signs and symptoms of COVID-19 for 14 days after exiting the facility and to contact their provider if symptoms develop.
 - Any visitor who tests positive for COVID-19 within 14 days of their visit must notify the unit Social Worker, who will screen contacts of the visitor and work with the local Public Health Department to take necessary actions.
 - If there are identified positive cases of COVID-19 in residents or staff, visitation will be restricted until two sequential rounds of negative response testing have been achieved over 14 days prior to reinstating visitation.
- vii. For residents who are not in isolation or quarantined and have tested negative for COVID-19, in room small group activities of 2-3 residents can be arranged with appropriate social distancing and universal masking.
- viii. Meals will be in the resident room.
- ix. Each resident will be screened each shift for signs and symptoms which will be documented in the EMR with any change in condition reported to the Physician or designee. If a resident is deemed to be a Person Under Investigation for COVID-19 who has not yet had a positive COVID-19 test (PUI), Infection Control Team, Medical Director and Administrator on Call shall be notified.
- x. Residents who leave and return to the facility who have had prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) to someone with SARS-CoV-2 should be quarantine and be tested immediately and 5-7 days after the exposure regardless of their vaccination status. Residents who leave the facility for less than 24 hours and return do not need to be quarantined regardless of their vaccination status. Resident who leave the facility for greater than 24 hours and return will be managed similar to new admissions which is: fully vaccinated returning residents do not need to quarantine or be tested upon return, but unvaccinated returning residents will be quarantined in

yellow-observation for 14 days and tested to move to the green-unexposed/recovered area.

- II. **Standard Precautions:** All facility staff will adhere to standard precautions:
- i. Wear gloves and surgical masks, and face shield when indicated per PPE Policy for all patient contact and potentially contaminated surfaces.
 - ii. Wear a gown if soiling of clothes with a resident's body fluid (e.g. respiratory secretion, stool, blood) is anticipated.
 - iii. Change gloves and gowns after each resident encounter and perform hand hygiene.
 - iv. Surgical masks and eye protection if indicated can be used by the same personnel for multiple residents (as long as none of the residents seen by the personnel are on droplet or COVID-19 precautions) for the length of their shift unless the mask becomes moist, contaminated, or torn, in which case it must be replaced.
 - v. Decontaminate hands before and after touching the resident, the resident's environment, or contact with bodily fluids. Wash hands with soap (either plain or antimicrobial) and water if hands are visibly soiled.
 - vi. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in clinical situations. Alternatively, wash hands with soap (either plain or antimicrobial) and water.
- III. **Airborne Precautions** should be used and adhered to during care of a resident with suspected or confirmed COVID-19, or if in designated surveillance unit:
- i. Place resident into a private room. If a private room is not available, place (cohort) suspected COVID-19 resident with other residents suspected of having COVID-19, or the resident may be moved to a designated area identified to care for suspected and or positive COVID-19 residents.
 - ii. Full PPE will be worn when caring for PUI and or COVID-19 Positive residents. See *Guidelines for Use of Personal Protective Equipment While Caring for Patients in Hospitals and Clinics During COVID-19 Pandemic*.
 - iii. If resident movement or transport is necessary, the resident will wear a surgical mask or have trach covered with a surgical mask.

- iv. Transfer of any positive or PUI residents within the facility will be communicated to the Infection Control Team. Transfers out of the facility will require notification to the County Public Health Department prior to transfer.

IV. Education and In-services to all Subacute Staff:

- i. Education on COVID-19 signs, symptoms and required testing on a weekly basis.
- ii. Educational updates provided from CDPH, Facility, Hospital, CDC, County Public Health Department, and CMS located in the COVID-19 binder in the Nurses Station. COVID-19 policies and communications from Hospital Command Center also are available at: <https://www.scvmc.org/COVID19/covid-19-update.html>.
- iii. Infection control protocols are followed with an infection control champion for each shift to perform Infection control rounds.
- iv. PPE competency with return demonstration validation.
- v. Hand hygiene competency with return demonstration validation.
- vi. Social Distancing
- vii. Environmental cleaning –the subacute unit has designated housekeepers. Each shift charge nurse will wipe down all hard surfaces with hospital approved disinfectant.

V. Testing of Residents and Staff: Residents and Staff will receive antigen or RT-PCR testing for COVID-19 in accordance with Santa Clara County Public Health Department Guideline for SNFs & LTCFs AFL 20-53.4 dated June 7th, 2021 and Updated Testing Guidance dated June 16, 2021.

- i. A baseline test will be completed for unvaccinated residents with the responsible party being informed.
- ii. New admissions who are unvaccinated will be tested prior to admission with results reviewed prior to placement in the designated surveillance unit while waiting result.
- iii. Residents who test positive and are asymptomatic will be isolated for at least 10 days since first positive RT-PCR test, as long as they remain asymptomatic.
- iv. Residents who test positive and are symptomatic will be isolated for at least 10 days since symptoms first develop and 24 hours without fever (without the use of fever reducing medications) and improvement of symptoms.
- v. Residents who previously tested negative and develop signs and symptoms will be tested and move to single room and cohorted area if single room is not available while awaiting RT-PCR test result.

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- vi. At least 70 percent of residents and 70 percent of staff are fully vaccinated at the facility. As such, the following asymptomatic testing requirements are in place. Unvaccinated staff (except those who are asymptomatic and have previously tested positive in the past 90 days) will receive RT-PCR testing at least once per week. These tests can be obtained through trained staff in the unit or Employee Health at the facility or at any outside testing site (as long as the results are provided to Employee Health upon receipt per Employee Health testing policy).
 - vii. Staff who test positive and are asymptomatic must follow Employee Health instructions and obtain release prior to return to work. In certain circumstances, asymptomatic staff who test positive may care for COVID-19 confirmed residents, but only if appropriate separation from other staff can be maintained and consistent with CDC guidelines and with approval from Hospital Command Center, Employee Health, and Infection Prevention.
 - viii. Staff who test positive and are symptomatic must follow the Employee Health policy for return to work criteria for symptomatic healthcare workers.
 - ix. As soon as possible after one (or more) COVID-19 positive individuals is identified in the facility, serial retesting of all staff and residents will be conducted every 3 days until no new cases are identified over a period of 14 days, at which time the facility will resume surveillance testing schedule of the residents (25% each week) and screening 100% of staff each week.
 - x. The Clinical Manager, or designee, will track employee and resident testing and communicate all testing to CDPH and/or the County Public Health Department if required by CDPH and/or the Public Health Department.
 - xi. The Clinical Manager, or designee, will communicate any positive test result to the Infection Control Department of the Hospital, CDPH, the County Public Health Department, and the Hospital Command Center.

VI. Communication with Responsible Parties:

- i. The Social Worker of the Facility will communicate with each residents' responsible party on a weekly basis and will be available for updates as needed.

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- ii. Interdisciplinary Team Meetings will be held via conference call or other media.
 - iii. Should there be positive results for residents in the Facility, responsible parties for all residents will be notified by Social Worker, Clinical Manager, or designee, within 24 hours, and the Hospital Command Center will be notified immediately.
 - iv. Should there be any positive results of any staff working in the Facility, the staff will be notified in accordance with Employee Health monitoring and notification policy. Responsible parties for all residents will be notified by the Social Worker, Clinical Manager, or designee within 72 hours. The Hospital Command Center will be notified immediately. The identity of the positive staff member will be kept confidential as indicated in Employee Health exposure and notification policies.

VII. Staffing Mitigation during COVID-19

- i. Residents/responsible parties who refuse testing; the resident will be quarantined in the designated surveillance unit for 14 days from the date of refusal.
- ii. Staff must comply with the testing requirements above. Any staff who refuse testing will not be permitted to work in the Facility. Employee Health and the Hospital Command Center will be notified of any staff who refuse testing.
- iii. The Clinical Director or designee will review staffing with at least one-week lead time on a prior weekly basis to ensure there will be adequate staffing to meet the needs of the residents.
- iv. Should there be an anticipated gap in staffing the following steps will be taken:
 - Off duty staff will be contacted for ability to work
 - Request for float staff from the Hospital
 - Use of registry and traveling staff contracts in the Hospital
 - Administrative staff coverage
 - Notification of the County Emergency Operations Center for resources if needed

Approved by Hospital Command Center

Date: 8.6.20, 11.6.20, 11.23.20, 4.11.2021, 6.22.21