

Helen Purcell

Policies and Procedures

Department: ALL

Subject: Coronavirus (COVID-19) Policy

Date: 3/11/20

Revised Date: 3/23/23

Policy Effective Date: **Immediately**

Coronavirus (COVID-19) Policy

It is the policy of the Helen Purcell Home to strive to minimize and/or prevent the spread of the Coronavirus (COVID-19) through our facility. Helen Purcell is following the policies of the Ohio Department of Health, and the recommendations of the Muskingum County Department of Health, the Center for Disease Control, and our Medical Director as they relate to Residential Care Facilities.

Transmission of COVID-19:

This virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.
- There are currently 4 vaccines as well as boosters that are safe and effective at You may have side effects after vaccination. These are normal and should go away in a few days.
- ***The best way to prevent illness is to avoid being exposed to this virus.***

The following procedures are to be followed:

1. ***All employees, residents and visitors are encouraged to remain up to date with ALL recommended COVID-19 vaccine doses and be educated on the importance of remaining up to date on all doses in the primary series and all boosters recommended, source control when required (proper fitting facial covering that covers the mouth and nose) and social distancing.***
2. ***Source control will NOT be required when Muskingum County Transmission Rate is Low (green) unless we have active cases in the facility. At any time, the county***

transmission rate moves to moderate (orange) or high (red) source control and social distancing will be required.

Reporting

1. Employees are expected to self-monitor for symptoms of COVID-19 infection prior to their scheduled shift. If an employee is displaying symptoms related to the virus, please contact your supervisor and they will call Missy Miller, RN at (740) 586-1251 to report the situation and to receive guidance on next steps to follow.
2. Visitors are asked not to enter the facility to prevent transmission to others if they have met any of the following three criteria:
 - a positive viral test for SARS-CoV-2 within the last 14 days
 - symptoms of COVID-19, (*cough or difficulty breathing or two or more of the following: fever, chills, repeated shaking with chills, sore throat, body aches, headache or new loss of taste or smell, GI symptoms (vomiting, nausea, diarrhea), congestion or runny nose*), or
 - close contact with someone with SARS-CoV-2 infection within the last 14 days.
3. If more than 2 residents or facility personnel develop fever or respiratory symptoms within 72 hours of each other the Zanesville Muskingum County Health Department is to be notified at 740-454-9741.

STAFF

1. Do not report to work if any of the following symptoms are present- ***cough or difficulty breathing or two or more of the following: fever, chills, repeated shaking with chills, sore throat, body aches, headache or new loss of taste or smell, GI symptoms (vomiting, nausea, diarrhea), congestion or runny nose.***
2. If any staff member begins to show any of the above symptoms, they are to report to the nurses' station for evaluation. Upon evaluation if staff member has symptoms, the nurse on duty is to do a rapid molecular test and send to Genesis. The staff member will be given an N-95 and face shield to wear until their relief arrives. If their position is one that a replacement is not required, they will be sent home immediately.
3. Call-offs related to COVID-19 will be excused during this time.
4. An asymptomatic employee who has had a higher-risk exposure should follow the following:
 - Have a series of three viral tests for SARS-CoV-2 infection.
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
 - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT (molecular) is recommended. This is because some people may remain NAAT (molecular) positive but not be infectious during this period.
 - Follow all recommended infection prevention and control practices, including wearing well-fitted source control, monitoring themselves for fever or symptoms

consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.

- Any employee who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
5. Work restriction is not necessary for most asymptomatic employees following a higher-risk exposure, regardless of vaccination status. Examples of when work restriction may be considered include:
- Employee is unable to be tested or wear source control as recommended for the 10 days following their exposure.
 - Employee is moderately to severely immunocompromised (weakened immune system.) Examples of medical conditions or treatments that may result in moderate to severe immunocompromise include but are not limited to.
 - Active treatment for solid tumor and hematologic malignancies
 - Hematologic malignancies associated with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia)
 - Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy
 - Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppressive therapy)
 - Moderate or severe primary immunodeficiency (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome)
 - Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
 - Active treatment with high-dose corticosteroids (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory
 - Employee cares for or works on a unit with patients who are moderately to severely immunocompromised.
 - Employee works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.
6. If work restriction is recommended employees could return to work after either of the following time periods:
- The employee can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic employee following a higher-risk exposure is negative.

- If viral testing is not performed, the employee can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.

In addition to above:

- The employee should follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Any employee who develops fever or symptoms consistent with COVID-19 should immediately contact their established point of contact to arrange for testing.
- Employees with travel or community exposures should consult their established point of contact for guidance on need for work restrictions. In general, employees who have had prolonged close contact with someone with SARS-CoV-2 in the community (e.g., household contacts) should be managed as described for higher-risk occupational exposures above.

7. Employees with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the follow criteria have been met:

- At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.

8. Employees who are asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the follow criteria have been met:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, employees should have a negative test obtained on day 5 and again 48 hours later.

9. Employees with severe to critical illness moderately to severely immunocompromised could return to work after the follow criteria have been met:

- At least 10 days and up to 20 days have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.

- The test-based strategy as described below for moderately to severely immunocompromised employees can be used to inform the duration of work restriction.

The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered when determining the appropriate duration for specific employees. For a summary of the literature, refer to Ending Isolation and Precautions for People with COVID-19: Interim Guidance (cdc.gov)

10. Employees who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.
 - Use of a test-based strategy (as described below) and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these employees may return to work.

Test -based strategy

11. Employees who are symptomatic could return to work after the following criteria are met:
 - Resolution of fever without the use of fever-reducing medications, and
 - Improvement in symptoms (e.g., cough, shortness of breath), and
 - Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT (molecular).
12. Employees who are not symptomatic could return to work after the following criteria are met:
 - Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT (molecular).
13. Staff are to use proper hand hygiene practices throughout their shift.
Additional key times to wash hands include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance.
14. Proper Hand Washing Technique - wet your hands with clean, running water (warm or cold) and apply soap. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds and rinse thoroughly.
15. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
16. Applying hand sanitizer properly - rub your hands together, covering all surfaces of both hands, including between your fingers and up around your fingertips and nails. Rub hands together for 30 seconds to allow your hands to completely absorb the product and the hand sanitizer to completely dry.

17. When coughing or sneezing use proper respiratory hygiene/cough etiquette – use tissue to cover your mouth and nose when you cough or sneeze; or cover your cough or sneeze with your upper sleeve not your hands. Throw tissue in waste basket. After coughing or sneezing use proper hand hygiene.
18. Avoid touching your eyes, nose, and mouth with unwashed hands.
19. Avoid close contact with people who are sick, even inside your own home.
20. Put distance between yourself and others:
 - Remember that some people without symptoms may be able to spread the virus.
 - Stay at least 6 feet from other people.
21. All staff are required to wear a well-fitting surgical/isolation mask while in facility when Muskingum County transmission rates are moderate or high. Employees could choose not to wear a well-fitting surgical/procedure mask when they are in well-defined areas that are restricted from residents
 - Private office
 - When working outside.
 - When working in a room with door closed
 - When working in the kitchen with doors closed.
22. When Muskingum County transmission rates are not high Helen Purcell may choose not to require a well-fitting surgical/procedure mask. However, it would be required for individuals who:
 - Have suspected or confirmed Covid -19 or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
 - Had close contact (residents or visitors) or a higher-risk exposure with someone with COVID-19 for 10 days after their exposure: or
 - Reside or work on a unit or are of facility experiencing a COVID-19 outbreak; universal use of a well-fitted surgical/procedure mask could be discontinued once no new cases have been identified for 14 days; or
 - Have otherwise have been recommended by public health authorities to wear well-fitted surgical/procedure masks
23. Well-fitted surgical/procedure masks will be made available to anyone who chooses to continue to wear based on personal preference.
24. When there is more than 1 active COVID-19 in the facility all staff will be required to wear surgical/isolation mask and a face shield or goggles (*the same mask should be used unless it becomes soiled, damaged or when exiting a resident room showing respiratory symptoms*). Laundry and dietary staff are exempt of wearing face shield while in their designated work area but must wear when leaving their work area when there is active COVID-19 in facility.
 - It is highly recommended that a face covering should be worn at any time you are in any public setting if you are unvaccinated.

Supervisor Responsibility:

Supervisors are expected to observe employees as they staff and assure, they are compliant with all guidance and expectations for temperature checks, uses of masks, handwashing, social distancing, and assisting in the disinfection of high-touch surfaces.

- Additionally, leaders are expected to be diligent in observing staff for possible COVID-19 symptoms after arriving to the workplace.

RESIDENT

1. If any of the following symptoms are present- : *fever ≥ 99.0 , new cough or worsening of chronic cough, or difficulty breathing (increased oxygen requirements or increases frequency of nebulizer treatments may surrogate symptoms for shortness of breath); Atypical Signs and Symptoms: diarrhea, nausea, and vomiting, confusion or change in mental status (if noted check pulse oximetry to determine if increased oxygen is needed), exacerbations of congestive heart failure or chronic obstructive pulmonary disease, chest pain, sore throat, congestion or runny nose, muscle/body aches, headache or new loss of taste or smell, chills with or without shivering, generalized weakness, unusual rashes such as rash over toes*, the resident will receive a rapid molecular COVID-19 test through Genesis Hospital, be quarantined, and will be placed under Contact and Droplet Precautions.
2. Resident will remain in quarantine until:
 - At least 1 day (24 hours) has passed since recovery defined as resolution of fever without the use of fever-reducing medication **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
 - At least 10 days have passed since symptoms first appeared.
3. Nurse is to notify resident's PCP (Primary Care Physician) for further care instructions.
4. Resident will not participate in any communal activities until symptoms are gone.
5. If a resident has had a possible exposure, the resident will be self-quarantined in their room and regardless if they are up to date on vaccines and should have a series of 3 viral tests. Testing is recommended immediately (but not earlier than 24 hours after exposure) and if negative, again in 48 hours after first negative test and, if negative, again after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3 and day 5.
6. Encourage proper hand hygiene and respiratory hygiene/cough etiquette to resident when applicable.
7. Encourage residents to avoid touching their eyes, nose, and mouth with unwashed hands.
8. Encourage residents to maintain at the minimum of 6 feet between themselves and others, when applicable.
9. Residents will not be required to wear a mask when they are outside of their room. The exceptions are:
 - If unvaccinated residents are dining or participating in activities in a communal area all residents will be encouraged to use a surgical mask and unvaccinated residents will be required to wear a surgical/procedure mask should maintain six-foot social distancing.
 - At any time, there are Positive cases of COVID-19 residents will be required to wear a mask at all times included in activities.
10. Visitation will be regulated per guidelines recommended by the Ohio Department Health and CDC (Center for Disease Control and Prevention).
11. Medication administration schedules will be changed (when applicable) to decrease frequency of staff entering resident rooms.
12. When nebulizer treatments ordered:

- When nebulizer treatment is given, resident's door should be closed (particles are in air for up to 3 hours after treatment) and Droplet Precautions will be followed (gown, N95 mask, goggles & gloves will be worn).
 - All staff entering room up to 3 hours after treatment should follow Droplet Precautions.
13. At any time, the facility has active COVID-19 all residents will have their temperature taken daily. If a resident's temperature is 99 degrees orally a rectal temperature will be taken, and their PCP notified for further instructions.
 14. At any time, the facility has active COVID-19 all residents will have a daily pulse ox taken and recorded.
 15. All new and readmission residents will be evaluated on case-by-case basis to determine if a 10-day quarantine will be necessary based on exposure risk and vaccination status.
 16. All new and readmission will have a rapid molecular COVID-19 test through Genesis Hospital.
 17. Residents who are up to date on vaccines are permitted to leave the facility for medical visits or community outings with family or friends. Up to date with your COVID-19 vaccines refers to when you have received all doses in the primary series and all boosters recommended for you, when eligible, per the CDC's Public Health Recommendations for Vaccinated Persons.
 18. All new residents must consent to having the COVID-19 vaccine when made available to them.

COVID -19 Testing

1. Up to date staff and residents are exempt from expanded screening testing. However, all persons should have a viral test if they are symptomatic, has a higher-risk exposure, the facility is experiencing an outbreak.
2. All new and current residents will receive a rapid molecular COVID-19 test on admission or readmission to the facility.

VISITORS

1. All individuals 2 years and older are required to wear a surgical mask which is provided by Helen Purcell, or you may wear your own N-95 mask when Muskingum County transmission rates are moderate or high . This includes all outside providers and contractors.
2. Visitors are asked not to enter the facility to prevent transmission to others if they have met any of the following three criteria:
 - a positive viral test for SARS-CoV-2 with in the last 14 days
 - symptoms of COVID-19 (*cough or difficulty breathing or two or more of the following: fever, chills, repeated shaking with chills, sore throat, body aches, headache or new loss of taste or smell, GI symptoms (vomiting, nausea, diarrhea), congestion or runny nose, or*
 - close contact with someone with SARS-CoV-2 infection with in the last 14 days.

3. All visitors will be asked to wash hands or use alcohol-based hand sanitizer upon entry to facility.
4. Visitors are to maintain social distancing from staff, other residents, and visitors.
5. At any time, there are 2 or more of COVID-19 in the facility all visitors will be required to wear a surgical mask and a face shield supplied by Helen Purcell.

Cleaning/Disinfecting

1. Dedicated medical equipment should be used for resident care.
2. All non-dedicated, non-disposable medical equipment used for resident care should be cleaned and disinfected according to manufacturer's instructions for use (IFU's) and facility policy between residents.
 - If there are no IFU's for cleaning/disinfecting, consider it for individual use.
3. Ensure that environmental cleaning and disinfection procedures are followed.
4. Use approved disinfection products.
5. Follow the instructions for use (IFU'S) of all cleaning and disinfection product (e.g., concentration, application method, contact time, and use appropriate PPE).
6. Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
7. Adhere to safety precautions and other label recommendations as directed. ***DO NOT MIX CHEMICALS.***
8. Wear disposable gloves when cleaning. Always perform hand hygiene before putting on and removing gloves.
 - Staff should perform hand hygiene, wash hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 - 95% alcohol. Soap and water should be used if hands are visibly soiled.
9. Treat multi-occupancy rooms as different rooms, meaning one set of gloves and cleaning cloths are used to clean each resident's section of the room. This will minimize cross-contamination. The bathroom should be treated as a separate space with fresh gloves and cloths.
10. Management of laundry, food service utensils, and medical waste should also be performed in according to facility policy.
11. Avoid using product application methods that cause splashing.
12. Clean high touch surfaces every shift (door handles, bedside tables, bed rails, TV remote, call button, light switch).
13. When cleaning, work from the least dirty, and highest to lowest to reduce the risk of cross-contamination and spread of infection-causing pathogens.

Meals

1. Hand sanitizer is to be used entering and exiting dining areas.
2. Residents will be served on regular dinnerware.
3. In the Shinnick Dining Room only those residents that are vaccinated will attend.
4. At this time Communal Dining will remain closed to guests.

5. Surfaces in the dining areas will be sanitized according to CDC guidelines after meals. This includes seating, tabletops, and any other surfaces likely to be touched during the meal.
6. Up to date residents can participate in communal dining without use of surgical mask or social distancing. If unvaccinated residents are dining in a communal area all residents should use a surgical mask when not eating and unvaccinated residents should maintain six-foot social distancing. Up to date with your COVID-19 vaccines refers to when you have received all doses in the primary series and all boosters recommended for you, when eligible, per the CDC's Public Health Recommendations for Vaccinated Persons.
7. Dining Room could be closed if there is an active case of COVID-19 in the facility based on units involved.
8. If a Suspected or Positive COVID-19 case or a resident is in isolation at Helen Purcell meals will be served on disposable dinnerware.

Communal Activities

1. Residents participating in the activity may choose to have close contact and not to wear a facial covering during the activity.
2. If unvaccinated residents are present, then all participants will be encouraged to wear a procedure/surgical mask in the group activity and unvaccinated residents should wear a surgical/procedure mask and physically distance from others.
3. Communal activities could be cancelled if there is an active case of COVID-19 in the facility based on where in facility outbreak is.
4. Staff are to maintain surgical/procedure masks at all times when Muskingum County transmission rates are moderate or high, when around the residents this includes activities that are held outside. The exception to this would be when eating out at a restaurant.

SARS-CoV-2 Illness Severity Criteria (adapted from the NIH COVID-19 Treatment Guidelines)

The studies used to inform this guidance did not clearly define “severe” or “critical” illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the National Institutes of Health (NIH) COVID-19 Treatment Guidelines are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease, by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Fever: For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0oF (37.8oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

Facemask: OSHA defines facemasks as “a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as ‘medical procedure masks’.” Facemasks should be used according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Other facemasks, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer’s risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by CDC/NIOSH, including those intended for use in healthcare.

*****Helen Purcell follows the policies & recommendations of the Ohio Department of Health, the Center for Disease Control, our local Health Department and our Medical Director as they relate to Residential Care Facilities*****