

COVID-19 and Undiagnosed Respiratory Illnesses

Purpose:

This guidance outlines strategies to prepare for and respond to the spread of undiagnosed respiratory illnesses and coronavirus disease-2019 (COVID-19) within Hammond-Henry Long Term Care (HHH LTC) during the pandemic. Long term care facility residents are at high risk of being affected by COVID-19. Risk factors associated with living in a congregate setting and characteristics of the populations served (often older adults with chronic medical conditions) can result in more severe disease from COVID-19 in these individuals.

Plan:

The IPCP will be followed to prevent, recognize, test, and control the onset and spread of COVID-19 and undiagnosed respiratory illness by having a system to prevent, identify, report, investigate, test and control infections for all residents and health care professionals (HCP) as guided by Center for Disease Control (CDC) and Illinois Department of Public Health (IDPH).

Procedure for COVID-19

Residents Screening and Isolation:

- All residents will be screened for symptoms AND temperature, heart rate, respirations AND pulse oximetry every 8 hours. Blood pressure will be taken once a day. This is to be documented on the Resident Monitoring- COVID-19 form and placed in the residents' chart when completed.
 - The resident's physician will be notified immediately of any new-onset fever, shortness of breath, cough, sore throat or for any decrease in pulse oximetry from the resident's baseline level.
- Any resident identified with symptoms of a fever and lower respiratory illness (new or worsening cough, shortness of breath, sore throat) will be immediately placed in both Contact and Droplet transmission-based precautions.
 - The isolation should be implemented immediately by the healthcare member who discovers the symptoms pending a physician order.
 - Testing to rule out routine pathogens may be completed via rapid influenza testing and respiratory viral panels as ordered by physician.
- If residents have been screened and their testing is positive for COVID-19 OR if patients have signs/symptoms of a respiratory viral infection and they remain in HHH LTC:
 - Immediately implement 'Pandemic Isolation Policy and Procedure related to COVID-10 on Long Term Care Unit' to set up COVID-19 Unit
 - Obtain vitals (temperature, heart rate, respirations) AND pulse oximetry every 4 hours (Q4hours). Blood pressure can be taken every 8 hours.
 - Maintain standard, contact, and droplet precautions (including eye protection)
 - Residents who are positive or symptomatic will wear a surgical mask when close contact with others is anticipated if medically able to.
 - Each shift, staff will be assigned to a resident with positive COVID-19 test or an undiagnosed respiratory illness to limit number of staff exposures.
- Residents with confirmed COVID-19 or displaying respiratory symptoms should receive all services in their room with the door closed (meals, physical and occupational therapy, activities, and personal hygiene, etc.).

- Baseline testing and consecutive testing for all residents will follow HHH LTC COVID-19 Testing Policy
 - Initial baseline for staff and residents will occur on the same day
 - Retesting of all staff and residents will occur if a single resident or staff test positive for COVID-19
 - Consecutive testing will occur as defined in the policy
- Symptomatic residents remaining on HHH LTC will only leave their room as required for medical procedures not available on site. If the resident is to leave the room for these purposes, the shortest route will be utilized, and the immediate route will be cleared of all residents and unnecessary staff. The resident will be required to wear a facemask during transport to contain respiratory droplets.
- Those residents transferring to the ER or Hammond-Henry Hospital Med-Surg Unit due to bed availability for positive COVID-19 residents or residents with severe illness requiring hospitalization will be transferred to the hospital with notification to the receiving hospital prior to transport. Resident will be required to wear a facemask during transport to contain respiratory droplets.
- All residents will be offered a cloth face mask to wear whenever they leave their room or are around others, such as during direct patient cares and whenever they leave the facility for essential medical appointments. Residents will be educated on proper hand hygiene and social distancing.
- When a case of COVID-19 is in facility, all residents will be restricted to their rooms (to the greatest extent possible).
 - If they leave their room, residents will wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing.

Discontinuation of transmission-based precautions for resident with COVID-19:

The decision to discontinue transmission-based precautions for residents in HHH LTC should be made using a combination of the test-based strategy and symptom-based strategy or time-based strategy, which are defined by the CDC, depending on whether the COVID-19 positive resident is symptomatic or asymptomatic.

If the resident is symptomatic with a positive COVID-19 test, they should remain on isolation until both of the following strategies are met:

- Test-based strategy:
 - 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 COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)
- Non-test-based strategy:
 - 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 10 days have passed since symptoms first appeared

Residents with laboratory-confirmed COVID-19 who have not had any symptoms should remain on isolation until both of the following strategies are met:

- Time-based strategy
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

- Test-based strategy
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

If a symptomatic or asymptomatic COVID-19 positive resident continues to test positive 14 days after symptom or time-based strategy criteria for discontinuation of transmission based precautions were met, the discontinuation of precautions will be reviewed by HHH LTC Manager, DON, Director of LTC, Medical Director, Infection Preventionist, and Quality Manager. If deemed appropriately after review, transmission-based precautions may be removed prior to obtaining two consecutive negative respiratory specimens.

For residents who are a person under investigation (PUI) for COVID-19 who have not previously had a positive COVID-19 test, the decision to discontinue transmission-based precautions will be based off of having a negative result from one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA.

Facility:

- LTC staff will communicate with physicians, local health departments, regulatory agency, families, and residents as needed for outbreaks or clusters of severe respiratory illness or COVID-19. The following notifications must be provided within 12 hours after the facility's administration becomes aware of the event, unless sooner notification is required:
 - A verbal communication will be provided immediately to a resident's family, and a resident's representative whenever a resident receives confirmation of COVID-19 infection.
 - A written notification on the LTC website will be provided within 12 hours to each resident of the facility, resident's family, representative, and to all staff members, upon the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff members with new-onset of respiratory symptoms that occur within 72 hours.
 - A written notification will be provided immediately to DPH and the LHD upon the confirmation of COVID-19 infection of a resident or staff member. The written notification will confirm that the long-term care facility is notifying all staff members, residents, residents' families, and residents' representatives as provided in this guidance. Notification to DPH will be submitted to the Regional Office by email or fax.
 - A notice that indicates a resident or staff member of the facility has been confirmed with COVID-19 infection will be posted in a conspicuous place near the main entrance of the facility.
 - Updates to residents, their families, their representatives, and staff members will be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff members with new onset of respiratory symptoms occurs within 72 hours. These updates will be posted to the LTC website. In these updates, it will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered.
 - A verbal communication will be provided immediately to a resident's family and a resident's representative whenever the long-term care facility receives notice that a resident has died from COVID-19.
- Only essential employees and necessary contracted staff will be allowed entrance into facility. Signage will be placed on all doors notifying visitors of the current restriction to visitation. HHH LTC staff will coordinate with families for drop off of necessary personal items and laundry.
- HHH LTC will immediately inform the local health department of symptomatic residents to determine if COVID-19 testing is indicated.

- HHH LTC will immediately stop large group congregate activities and provide alternatives. All group activities will be cancelled, and one-on-one activities will be performed with all residents. The type and frequency will be determined by activities director based off of personal preference and need. No volunteers, beauty shop, or church services to take place until restrictions are lifted.
- All staff will be screened for symptoms and temperature upon entering Hammond-Henry Hospital. Staff must enter through North or East doors where screening tables are located. Employees will not be allowed to if they have a fever or other respiratory symptoms concerning for COVID-19.
 - Staff will also complete temperature and symptom screening every 4 hours while on shift. In the case of ancillary staff who are not continuously present on unit (e.g. social services, dietary, housekeeping, therapy), they will rescreen when reentering unit if has been longer than 4 hours since last screening.
- Staff will be educated on the correct hand hygiene procedures, donning and doffing of PPE, and using appropriate products for environmental cleansing/disinfection.
 - For residents on contact and droplet precautions, staff will wear N95 mask, goggles, gown and gloves when entering residents' room. If there are no N95 masks due to shortages, a facemask may be worn.
 - Goggles will be cleansed after each use and are reusable.
- LTC will maintain contact with materials management to ensure adequate supplies of PPE are easily accessible to staff on the unit. In the case of shortages in supplies, extended use or reusable PPE will be utilized as guided by CDC recommendations.
- Signage will be posted for hand hygiene and cough etiquette to be displayed for staff and residents throughout facility. All necessary supplies to accomplish these tasks will be present at patient care areas.
- If possible, residents with an undiagnosed respiratory illness or positive COVID-19 will be placed in a private room. If no private room is available, resident will be cohorted with another resident with same symptoms or diagnosis/organism. Staff will consult with local health department for resident placement before moving rooms.
- Ensure adequate testing supplies and masks are available for staff collecting specimens.
- Avoid aerosol generating procedures.
 - If necessary, use face and eye protection, N95, close door and pull curtain.
 - Wipe horizontal surfaces with EPA registered and approved product after procedure.
 - If supplies become scarce follow CDC recommendations for crisis capacity use.
- New admissions (residents and families) will be notified if the facility has resident positive for COVID-19 in the building.
- Use limited and/or consistent agency staff during the COVID-19 pandemic. Contact agency for their current screening and monitoring procedures for their staff.
- Facility case manager, unit manager and DON will refer to the **COVID-19 IDPH Interim Guidance: Accepting Transfers from Acute Care Settings to LTCF** for any potential admits.

Visitation

- LTC is restricting all visitation except for certain compassionate care reasons. These may include but are not limited to end-of-life situations, psychosocial emergencies that involve refusal of the resident to allow staff to provide necessary cares, concern for the resident's intent to hurt themselves or others, or in the case of inconsolable anxiety, fear, anger, sadness, etc.
- All situations are to be identified and approved upon by LTC management and hospital administration team. All considerations are handled case by case and are approved or denied at the discretion of this team. The following restrictions will apply in these exceptional situations:
 - All visitors will be screened for fever or symptoms consistent with COVID-19 by phone prior to the visit and/or physically assessed prior to entry on the unit. These symptoms may include fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, and diarrhea. Additional symptoms include fatigue and aches and pains not caused by underlying condition.

- Those with symptoms will not be permitted to enter the facility, regardless of the situation.
- Resident can have no more than 1 person visit the resident at one time.
- All visitors must don masks, gown, and gloves from the time of entry until their time of departure and not remove PPE under any circumstances. Additionally, visitors should be educated on hand hygiene and proper respiratory etiquette.
- Visitors are to visit the resident specified by this policy and no one else.
- The resident will be isolated to their room for 7 days following the visit for monitoring of symptoms to assure that there is no concern for returning to hallways and other areas of the LTC. If subsequent visits are necessary, the 7 days isolation period will begin again.
- Failure to comply with the requirements listed above or any instructions provided by LTC personal will result in the visitor being asked to leave immediately.

Environmental Services:

- Disinfect frequently touched surfaces as frequently as possible with EPA registered and approved products.
- Staff will ensure cleaning and disinfection policies and procedures are being followed consistently and correctly.
- Appropriate PPE based off isolation precaution will be worn during cleaning and disinfection work. Thorough deep clean will be performed once resident is removed from isolation or leaves facility.
- In the case of a positive COVID-19 resident remaining on HHH LTC in the COVID-19 unit, staff assigned to the unit will be responsible for cleaning of COVID-19 positive resident rooms to limit the number of HCP exposed to positive residents.
- Ensure adequate supplies are in place for hand hygiene-hand washing sink or alcohol-based hand rub. Alcohol-based hand rub dispensers located immediately inside resident room should be checked daily to ensure adequate supply and dated with an expiration date. In case of supply shortage of alcohol-based hand rub, resident rooms will always have appropriate hand washing supplies (soap and paper towels) readily available.

Nutritional Services:

- Isolation room trays will consist of paper trays with plastic disposable plates and silverware. No tray or item from tray will be removed from an isolation room.
- Nursing staff will deliver all meals to residents' room or to dining room if resident requires assistance or supervision.
 - Residents identified as being positive for COVID-19 or who are displaying symptoms of COVID-19-like illness will have meals in their rooms and staff will be assigned to assist with feeding in their room as needed.
- Those residents needing assistance to eat will be separated by at least six feet. Depending on the size of the dining table, only 1 to 2 residents per table. Tables need to be at least six feet apart.
- Hand hygiene will be performed between resident care.
- Only one resident will be transported (pushed) at a time to the dining room. Do not attempt to push more than one wheelchair at a time. The same process is used for return trips to resident rooms.

Employees:

- All employees will immediately notify their supervisor of any new symptom onset of illness in themselves or individuals in their care.
 - Staff who develop symptoms while at work will immediately place on full PPE, notify supervisor, and be sent home.
 - Symptomatic staff will call the Respiratory Screening Drive-Thru Clinic to be screened for potential need for COVID-19 testing

- An employee who is ill will exclude themselves from works environments and will seek the advice of their health care provider. Staff will follow the return to work criteria listed below before being allowed back in the facility.
- When caring for residents, employees may utilize extended use techniques with masks and eye protection when caring for residents if facility deems a supply shortage. CDC guidelines for optimizing PPE will be followed.
- Staff will perform hand hygiene on arrival to the facility, during the 5 moments of patient care activities and prior to going home.
- All employees must wear a mask during their shift to protect the residents. Change mask if touched, soiled, or moist. A surgical mask or higher respiratory filtration capability mask will be worn, unless PPE availability is reduced, and a cloth or other type of face shielding/masking are necessary to use.
- Baseline testing and consecutive testing for all staff will follow HHH LTC COVID-19 Testing Policy
 - Initial baseline for staff and residents will occur on the same day
 - Retesting of all staff and residents will occur if a single resident or staff test positive for COVID-19
 - Consecutive testing will occur as defined in the policy

Return to Work Criteria for Employees:

- Return to work criteria for symptomatic staff with confirmed or suspected COVID-19:
 - Test-based strategy and symptom-based strategy- Exclude from work until:
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
 - 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; **and,**
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hour apart (total of two negative specimens)
 - If HCP were 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
- Return to work criteria for staff with laboratory-confirmed COVID-19 who have not had any symptoms:
 - Time-based strategy and test-based strategy- Exclude from work until:
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens); **and**
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

In the case of employees who continue to test positive 14 days after time-based or symptom-based strategy requirements are met, the employee's return to work status will be reviewed by the Medical Director, Manager, Director of Nursing, Director of Long Term Care, Infection Preventionist, and Quality. The employee may return to work prior to two negative COVID-19 tests if reviewed and considered not a risk to residents or other employees.

After an employee has meet the above listed criteria in order to return to work, return to work practices and work restrictions will be followed as listed below:

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance
- Self-monitor for symptoms and seeks re-evaluation if respiratory symptoms recur or worsen.

Physician Visits:

- In efforts to limit potential spreading of COVID-19, primary care physician visits will be encouraged to be performed by telehealth in all situations which are medically appropriate. If a face-to-face visit is necessary for medical or safety reasons, the physician will be required to wear a gown, gloves, and facemask for the entire visit.
- For all routine non-urgent medical visits, staff or family will call provider and request to reschedule appointment or perform telehealth visit as necessary to limit exposure of residents to potential illness.
- In the case of urgent medical appointments, residents will be required to wear a facemask at all times when out of the facility if medically able to tolerate. When the resident returns from the appointment, the resident will be isolated for 14 days to monitor for any signs or symptoms of COVID-19.

Reporting COVID-19 Cases and Outbreaks

- Healthcare providers and laboratories are required by the Control of Communicable Disease code to report COVID-19 cases and outbreaks to the local health department.
- Clusters of 2 or more suspect cases of COVID-19 among residents of congregate settings that serve vulnerable populations should be reported to the local health department as soon as possible but within 24 hours.
- When COVID-19 is suspected to be or known (laboratory-confirmed case) to be the cause of death in an individual, this should be reported to the local health department.

Procedure for Undiagnosed Respiratory Illnesses

- Staff will actively monitor all residents for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat)
 - If positive for a fever and symptoms concerning for respiratory illness, implement recommended infection prevention and control practices as necessary.
- The health department should be notified about residents with severe respiratory infection, or a cluster of residents or HCP with symptoms of respiratory infections.
 - Use LTC Respiratory Surveillance Line List to assist with the tracking and reporting of clusters or outbreaks.
- When caring for residents with undiagnosed respiratory infections use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions. This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.
 - Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.