

**Pandemic isolation policy and procedure related to COVID-19
positive person on long term care unit**

PANDEMIC POLICY: Procedural expectations for COVID-19 patient(s)/employee(s) on Hammond-Henry Hospital's Long Term Care Unit (HHH-LTC).

OBJECTIVE/PURPOSE: To assure the safety for all HHH-LTC residents and staff in the event of a confirmed COVID-19 test result through proper infection control measures.

RESPONSIBLE PARTIES: Administration
Interdisciplinary Team

- Medical Director
- Patient's/Resident's Attending Physician
- Department Managers/Staff
 - LTC, ER, Med Surg

PROCEDURE: When a confirmed case of COVID-19 is found on HHH-LTC:

1. Positive COVID-19: RESIDENT

- a. If unstable, the resident's provider will contact the Acute Care Hospitalist to discuss if an ED visit is needed or if a direct admit is appropriate to avoid further exposures.
- b. If the resident is stable and room/supply is available, the resident will transfer to the Hammond Henry Hospital Medical Surgical Unit (HHH-MS).
 - i. The HHH-LTC hospitalist on duty will assume care of the patient while on the HHH-MS unit.
- c. If there is not room/supply available on HHH-MS, the resident will remain on HHH-LTC and the following will occur:
 - i. The HHH-LTC hospitalist on duty, rounding physician, or medical director will assume care of the patient while on the HHH-LTC unit. Residents will transfer to HHH-MS once room allows.
 - ii. The resident in Room 108 or 109, if they are not the resident(s) diagnosed positive for COVID-19, will transfer to an available room on the floor, and their rooms will become isolation rooms.
 - iii. Resident rooms will be prepared as necessary per CDC and best practice guidance.
 - iv. An initial temporary barrier with access through will be set up from an adjacent wall of the Activities Department to the dividing wall between the Family Room and the Therapy Satellite Room.
 - v. A second temporary barrier with access through will be set up on adjacent and appropriate walls, such as, the Beauty Shop and dividing wall between Rm 108 and Rm 110 to create a separation between the COVID-19 Unit and general HHH-LTC population.
 - vi. Tertiary temporary barriers may also be considered over isolation room entrances.
 - vii. A specified CNA(s) and/or nurse(s) will be assigned to this designated COVID-19 unit. Duties of employees on the COVID-19 unit will be reduced to a minimum function on the uninfected HHH-LTC population. Additionally, the specified CNA(s) and/or nurse(s) assigned will complete other duties often performed by housekeeping, therapy, and activities to decrease the number of staff entering the COVID-19 unit.

- viii. Increased need for rooms on the COVID-19 unit will be provided by northward movement of second temporary barrier.
- ix. Rooms on the COVID-19 unit will be reassigned as follows.
 - 1. Family Room will become a break room and lounge for employees
 - a. A temporary cooler/refrigerator will be provided for employees
 - b. A portable lavatory option will be made available for staff outside the south hallway access door.
 - 2. Beauty Shop will become soiled utility
 - a. All soiled materials will be passed through south access door to stay off of uninfected resident areas
 - 3. Activities Closet will become clean utility
 - 4. Director of Nursing (DON) office will be locked without access
 - 5. Therapy Satellite Room will become a second potential room for COVID-19 positive resident. Only if there is a crisis requiring more rooms in the hospital.
 - 6. Activities office will become a med room
- d. If the positive resident shared a room with another resident, the exposed resident will be considered potentially infected.
 - i. If at all possible, the exposed resident should not share a room with another resident for 14 days following their last exposure and will be deemed at risk with testing consistent with the HHH-LTC COVID-19 Testing Policy.
- 2. If a positive COVID-19 test result is obtained by an employee
 - a. If the employee is on the unit, the employee will immediately be given gloves and mask to don, if not already donned, and asked to leave the facility. Return to work protocol will follow and be guided by infection control policy and oversight by medical director and Respiratory Clinic.
 - b. If employee receives a positive test result and is not working on the unit, the employee is to contact the respiratory clinic and be directed in shelter at home status. Return to work protocol will be consistent with infection control policy.
 - c. See testing policy for testing implications for residents/employees
 - d. In the case of a staffing crisis and the unit is found to be short for personnel, reinforcement will be as follows.
 - i. All PRN personnel will be contacted immediately and staffed to fill as many positions as possible
 - ii. All part time personnel will be asked to increase hours with appropriate human resources oversight
 - iii. HHH departments (HHH-MS, HHH-SDS, HHH-Rehab, HHH-Home Health, etc.) will be inquired for shift coverage.
 - iv. As a last resort agency staffing will be contacted to provide further staffing needs.

SPECIAL CIRCUMSTANCES: In the event of a code, the crash cart will be left outside the isolation area and a staff member will be responsible for providing the needed items. The defibrillator may be brought into the isolation area if needed.

OUTCOME: In the situation that COVID-19 is found on HHH-LTC, transmission from initial case of COVID-19 to other residents or staff on the unit will be avoided.

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
2. <https://illinois.webex.com/illinois/lsr.php?RCID=b089896e825caa1904795e51c2fabd62>
3. <https://illinois.webex.com/illinois/lsr.php?RCID=38ad03f820f549c5a485d2e50de35366>