

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

## COVID-19 Prevention and Response

**POLICY:** This facility will respond promptly upon suspicion of illness associated with COVID in efforts to identify, treat, and prevent the spread of the virus.

---

Please note that the Policy above is a statement of management's approach to compliance. The Procedure, below, is a more detailed statement of the specific steps advised to achieve the policy objective. Circumstances may at times require a deviation from the stated procedure. In those situations, documentation should be placed on record regarding the circumstances warranting the deviation from standard procedure.

---

### Definitions:

“**Coronavirus**” is a virus that causes mild to severe respiratory illness.

“**COVID**” (short for coronavirus disease) is a respiratory disease caused by coronavirus.

### Policy Explanation and Compliance Guidelines:

1. The Infection Preventionist or designee will assess facility risk associated with COVID through surveillance activities of emerging diseases in the community and illnesses present in the facility.
  - A. No current risk – the facility will follow standard infection control expectations.
  - B. Threat detected – the facility will respond promptly and implement emergency and/or outbreak procedures.
2. Staff shall be alert to signs of COVID and notify the resident's physician and Infection Preventionist if signs and symptoms are evident (such as fever, congestion, cough, shortness of breath, any acute changes).
3. Staff will notify the Infection Preventionist when a resident, visitor, vendor, or employee exhibits the following clinical features and epidemiologic risk:
  - \*Fever, Congestion, Cough, Shortness of Breath, or any acute changes with or without hospitalization. AND/OR
  - \*Has had close contact with a laboratory-confirmed COVID patient within 48 hours of symptom onset.
  - \*Please note that a source may not be identified, and all symptoms need to be followed up on.
4. Interventions to prevent the introduction of respiratory germs into the facility:
  - A. Signs are posted at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
  - B. If there is a positive case identified in the facility (staff and/or resident case), a sign will be posted at the front door informing visitors of the positive case. This will be on display for 14 days after the last positive COVID test.
  - C. Employees will notify the Infection Preventionist if they have symptoms of respiratory infection, or any new onset of illness symptoms. Follow facility policy regarding work restriction when an employee has an infectious disease. The employee will be able to work if cleared by the Infection Preventionist. We follow the CDC's expectations for Health Care Workers (HCW's) return to work.
  - D. Assess residents for symptoms of respiratory infection before and upon admission to the facility and implement infection prevention practices for incoming symptomatic residents. Rooms on the Harbors unit have been designated for confirmed COVID cases.

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

- E. Staff will use appropriate PPE per the infection control standards set by the facility when entering isolation rooms. All PPE will continue to be used in accordance with the guidelines the facility is expected to follow.
  - F. Residents will be advised to wear masks at times when deemed necessary by the Infection Preventionist.
5. Interventions to prevent the spread of respiratory germs within the facility:
- A. Signs are posted regarding infection control standard needs (such as handwashing). Additional signs will be added when there is additional need.
  - B. Keep residents and employees informed by answering questions and explaining what they can do to protect themselves and their fellow residents (i.e. hand washing, spatial separation, respiratory hygiene/cough etiquette, enhanced, quarantine and isolation precautions). Please note protection advice may change as needs of the facility change (such as in times of newly identified cases).
  - C. Monitor residents and employees for fever or respiratory symptoms. Screening for employees is done at the Accushield device or by front desk staff.
    - i. Limit residents with fever or acute respiratory symptoms to their room. Have them wear a facemask when indicated (if tolerated) if they must leave the room. Residents may be encouraged to wear a face mask when they exit their room when there is COVID positive cases in the facility.
    - ii. In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions.
    - iii. May need to implement heightened surveillance activities and consult public health authorities for additional guidance if there is heightened transmission of COVID in the community.
    - iv. All employees are screened for fever, respiratory illness, and new acute changes before beginning work.
    - v. Residents are monitored and assessed for new signs of illness. If new symptoms are detected, the physician will be contacted for further guidance. For any person confirmed COVID positive, they will remain on isolation precautions for 10-14 days or if symptoms persist until otherwise determined by Physician and Infection Preventionist.
  - D. Educate, encourage and support hand hygiene and respiratory/cough etiquette by residents, visitors, and employees by making sure tissues, soap, paper towels, and alcohol-based hand rubs are available.
  - E. Educate staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection.
  - F. Promote easy and correct use of personal protective equipment (PPE) by:
    - i. Posting signs on the door or wall outside of the resident room (or unit if a unit is quarantined) that clearly describe the type of precautions needed and required PPE.
    - ii. Make PPE available immediately outside of the resident's room when possible. Staff will be instructed regarding alternate locations for PPE if necessary.

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

iii. Position a trash can near the exit inside any resident room to make it easy to discard PPE in soiled laundry bin.

G. Residents are to be educated on social distancing/masking precautionary measures when required.

H. Direct care staff are to wear eye protection: goggle/face shield with universal precaution when providing care if risk for splashes and spraying and when in isolation.

6. Procedure when a Resident has COVID:

a. Notify physician, Director of Nursing, Infection Preventionist, staff, and family of the resident. Notify all staff, residents, and families of the residents by email, Robo calls, or whatever means are set in place. Notification to residents, families, and staff must occur within 24 hours.

b. Staff who suspect COVID or see any concerns with clusters of respiratory illness are to notify The Infection Preventionist. The Infection Preventionist is the contact person with the Health department.

c. Droplet/Contact Isolation Precautions are used for residents with confirmed COVID. N95's are to be worn with COVID confirmed and suspected residents.

d. Resident may be encouraged to wear a facemask if suspected or confirmed COVID and if it is safe for the resident to wear one. Resident must wear a mask (if safe for them) if they leave the room.

e. The facility maintains the ability to limit the number of people who enter the resident's room. Employees will wear N-95 masks (if available/appropriate) gown, gloves, goggles/face shields upon entering the room and when caring for the resident. The infection preventionist will maintain a list of employees who are N-95 fit tested and attempt to schedule care providers who are fit tested to provide care. Respirators that are approved by NIOSH.

f. Maintain a log of all individuals who enter the facility using Accushield.

g. Screen visitors of persons with known or suspected COVID for symptoms of acute respiratory illness.

h. Notify Shiawassee County Health Department when required, and must notify physician of confirmed COVID. The state survey agency is notified through the state reporting websites (NHSN).

i. If required, arrange for transfer to a facility (such as the hospital) with the appropriate capacity to manage the resident.

i. Inform ambulance personnel of COVID diagnosis when arranging transportation.

ii. Inform staff at transfer location of COVID diagnosis

j. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care.

k. Before any aerosol-generating procedures are initiated the physician will determine necessity of procedure (unless it is an emergent need). If a nebulizer treatment is needed for a resident with COVID, the HCP must wear an N-95 mask and eye protection.

l. CPR is considered an aerosol generating procedure and full PPE shall be worn if CPR is required.

m. Dedicated staff will be assigned as able for suspected and confirmed cases of COVID.

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

- n. Dedicated areas of the facility are designated as COVID-19 care areas (may be individual rooms). A patient with COVID should not be housed in the same room as a patient without COVID.
  - o. If a resident passes away as the result of COVID (including complications from COVID), The Health Department and medical examiner will be notified. The infection preventionist will coordinate all required notifications. The funeral home will be informed of the status of the resident.
7. Environmental infection control:
- A. Immediately disinfect items soiled with blood and other body fluids.
  - B. Environmental Services staff shall adhere to transmission-based precautions where necessary.
  - C. Perform routine and terminal cleaning using disinfectants known to be effective agents. The facility utilizes bleach to clean the facility. The infection preventionist or designee will monitor the use of cleaning agents and recommend changes to cleaning agents when needed.
  - D. When practical, the area that had been used by a COVID infected person will be closed off. If possible, open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfecting. When possible, if waiting 24 hours is not possible, the facility will attempt to wait for 4 hours before cleaning.
  - E. Focus cleaning and disinfecting common areas where staff/other providing services may come in contact with ill persons, but reduce cleaning and disinfection of bedrooms/bathrooms used by ill persons to as needed.
  - F. In areas where ill persons have visited or used, continue routine cleaning and disinfection.
  - G. For soft (porous) surfaces such as carpeted floors, rugs, etc., remove visible contamination if present. Clean with appropriate cleaners indicated for use on these surfaces.
  - H. Staff performing cleaning task should wear full PPE when it is indicated to do so. Cleaning staff should immediately report breaches in PPE (such as a tear in the glove) or any potential exposures to their supervisor; the Infection Preventionist must also be notified.
  - I. For laundered items, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items. Then dry items completely.
  - J. Do not shake dirty laundry. Dirty laundry that has been in contact with an ill person can be washed with other resident items.
  - K. Laundry carts used for transport are cleaned when leaving a unit with an infection person.
  - L. We primarily use bleach to clean. However, we may also use a different cleaner/disinfectant when needed that is effective against COVID. We follow all contact times per instructions.
8. The Infection Preventionist or designee shall maintain communication to identify and monitor others who may have been exposed if COVID disease is confirmed.
9. Managing a resident who has been successfully treated for COVID illness:

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

- A. Factors to be considered when determining the duration of transmission-based precautions include:
    - i. Presence of symptoms related to COVID infection.
    - ii. Date symptoms resolved.
    - iii. Other conditions that would require specific precautions (e.g., TB, c. difficile).
    - iv. Other laboratory information reflecting clinical status (if warranted).
    - v. Alternatives to inpatient isolation, such as the possibility of safe recovery at home.
  - B. Guidelines for discontinuing transmission-based precautions:
    - i. Residents who have had a COVID positive diagnosis will be on precautions for at least 10 days (our facility may choose to leave them in precautions for 14-21 days if required based on signs and symptoms as precautionary measures per Doctor and the Infection Preventionist and will review to discontinue precautions when necessary).
    - ii. Residents on transmission-based precautions can still be discharged from the facility if clinically appropriate to do so. This must be done in collaboration with the physician(s). The resident is educated to self-isolate at home. Education will be provided.
    - iii. For Patients with [mild to moderate illness](#) who are not severely immunocompromised: At least 10 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.
 

\*For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

\*For Patients with [severe to critical illness](#) or who are severely immunocompromised: At least 14-20 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.
  - C. Indicate COVID history on the resident's plan of care and monitor for recurrent symptoms.
  - D. If the resident is transferred or discharged, communicate information related to treatment for COVID to the receiving facility/provider.
10. Staff who are exposed to COVID, will notify the Infection Preventionist.
  11. Exposed healthcare personnel are tested for COVID and screened for signs and symptoms.
  12. We are following the CDC guidelines for HCW's for return to work. The health department may also be contacted for any additional guidance. See return to work policy.
    - a. If a resident has an exposure, or are symptomatic, they will be tested for COVID. If the resident is COVID recovered within 30 days, testing may not be indicated and will be discussed with the physician and the infection preventionist.

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

- b. Testing is not required for residents upon returning from an outing unless they had a known exposure or are symptomatic.
  - c. Testing is required for all consenting residents when indicated.
  - d. All new and returning resident and admissions will be tested on day 1, 3 and 5 (or unless they are COVID recovered within 30 days and have no symptoms).
13. Resident appointments are being scheduled. If needed due to isolation precautions, telehealth visits may be available and encouraged to be utilized if possible.
14. Testing for COVID is being conducted when symptoms or situations warrant. An example includes newly developed acute symptoms. Testing for COVID is done at the facility under our CLIA license. Testing for residents and staff is in our standing orders. Testing for COVID is also a standing order under the County (the County of Shiawassee).
15. PPE (Personal Protective Equipment):
  - A. PPE is currently in good standing. Central Supply is monitoring PPE use and supply. Central supply will notify the Administrator and the Infection Preventionist if there are any concerns with obtaining enough PPE supply.
  - B. Staff education is ongoing as needed. Facility is following CDC guidelines for PPE use.
  - C. Staff are to mask when the facility indicates they are to do so.
  - D. Direct care workers are to wear goggles or a face shield when providing care to residents who are in Contact, Droplet Isolation Precautions or at risk for splashes and
  - E. N95 masks are to be worn with COVID positive and COVID suspected residents.
16. Covid-19 Unit: Our facility has a designated area to place Covid-19 positive residents. This currently is our Harbor A neighborhood. This could change or be moved to individual rooms as per the infection preventionist.
17. Hospice company visits (with hospice workers) will be according to this section. They will go through the screening process via the Accushield system in the front lobby.
18. Consistent staffing with our residents continues to be utilized as much as possible.
19. Staff are screened before beginning their shift. However, if there is a healthcare worker that worked while symptomatic with symptoms consistent with COVID:
  - A. They will be tested.
  - B. If the results are positive, staff who worked with the individual and residents who were provided care by the positive staff member are assessed for sign and symptoms of COVID and testing of residents day 1, 3 and 5 after an exposure. This is surveillance for the prior 48 hours that the employee had worked.
20. Notification: If a staff or resident tests positive for COVID all staff, residents, and family members of residents will be notified. The name of the individual will not be released other than to those who have a need to know (such as staff caring for the resident, families of the positive resident, etc.). Staff names will not be released to anyone outside of HR and pertinent management staff. Families/guardians/etc will be informed via Robo call within 24 hours.
21. Healthcare worker return to work criteria for positive COVID. See separate policy.
  - A. This would mean they are excluded from work and will be screened before returning to work.
22. Admission of COVID-19 Positive residents;

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

A. A variety of factors will be considered when determining if the facility will accept a Covid positive resident. This includes:

- i. Appropriate levels of PPE
- ii. Appropriate level of staff for the Covid area
- iii. Appropriate testing supplies and ability to conduct testing required
- iv. Open bed availability in the Covid area, keeping in mind the need to have open beds for current residents that may test positive.

B. The facility (Pleasant View Shiawassee County Medical Care Facility) is approved as a CR (COVID Relief) facility for both retaining and accepting COVID positive residents.

### 23. Notifications:

A. Reporting requirements began to the CDC NHSN as of 5/8/2020. This includes data on COVID confirmed and suspected cases in residents and staff, including any deaths. All required areas will be completed in full.

B. Required notifications to the resident families began as of 5/8/2020. It should be noted that we have been informing families since the beginning of the pandemic when we have a COVID positive case.

- i. Families, staff, and residents will be notified of any COVID positive cases in our facility (staff and resident positives).
- ii. Families, staff, and residents will be notified of 3 or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.
- iii. Both of the above notifications will occur via a Robo call. It will not include personally identifiable information. It will include information on mitigating actions implemented to prevent or reduce the risk of transmission.
- iv. Both of these notifications will occur the next calendar day following the subsequent occurrence (within 24 hours).
- v. Families are able to call the facility and speak with Infection Preventionist or designee for more questions after receiving the Robo call.

### 24. Testing:

A. The facility is compliant with all agencies in regard to testing requirements (MDHHS, CMS, CDC).

- i. Staff will be unable to continue employment if they don't comply with testing requirements. If there is a medical reason as to why they cannot be tested, they will be removed from the schedule. If they are on a leave (such as vacation or medical leave), and miss a necessary testing day/time they will be tested the first date of return to work.
- ii. If a resident is unable/unwilling to be tested when required, they will be assessed for symptoms. They will be assessed for risk factors (such as vaccination status and known exposures) and will be assessed for isolation needs.
- iii. When a new case of COVID is identified among residents or staff, the facility will immediately begin contact trace testing. This testing will occur on days 1, 3, and 5, and then twice a week for at least 14 days or until no new cases are identified. If additional cases are identified, they too will be contact traced for testing needs

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

following the same schedule. Visits are allowed to continue during this time, but risks will be provided in education to the visitor.

- iv. Testing is required under the following:
  - \*Initial COVID testing is done of all new or returning residents.
  - \*Testing is required with any resident or staff member that has symptoms of COVID or suspected exposure to COVID, regardless of vaccination status.
  - \*Testing for individuals identified in contact trace testing.
  - \*Other testing when required by the facility or regulatory agencies.
- v. The facility has trained staff to do the specimen collection for the COVID test. The facility has an arraignment to have the PCR specimens tested at the local lab when needed. We conduct antigen testing. The lab can provide 48-hour turnaround times. Please note the facility will utilize any POC testing process approved after sufficient training has been completed by the staff administering/processing the test.
- vi. A positive test in any form does not required confirmatory testing. However, please note the facility may confirm an antigen test with PCR testing, even if not required (the person is not permitted to work/isolated while awaiting the confirmatory test result).
- vii. Individuals who test positive after 7 days may not need to be tested again for 30 days unless symptomatic.
- viii. Staff that are subject to testing through contact trace testing (regardless of vaccination status) include staff, consultants, volunteers, students, and contract staff that have regular contact with our facility/residents. The facility has defined regular contact as any individual with 8 or more hours/week in the facility (regardless if direct contact with the residents). The facility has also defined regular contact as any individual who provides treatment to a resident in our facility on a regular basis for an ancillary service (regardless of the length of time spent in the facility. This includes the podiatrist, dentist, etc.).
- ix. To be identified as someone who needs testing based upon contact, the individual must have been in contact (within 6ft) with the positive individual for 15 minutes or more (cumulative in 24 hours) within 48 hours of the positive person testing positive.
- x. Documentation for testing of residents is done in PCC. The documentation includes details on the collection date and time, and then is followed up with documentation on the results and the results time. Employee documentation is kept on a log with results kept in HR.
- xi. POC antigen tests are conducted per the manufacturers' guidelines. The facility has certified staff members that have completed all required training. No staff member can run tests through the POC Sophia testing machine unless they have been trained to do so.
- xii. BinaxNOW tests are conducted at the facility as well, following the manufacturers guidelines. Only trained staff members will conduct the testing.
- xiii. Visitors may be encouraged to be tested for COVID, but it will not be a required component for the visit.



Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

- xiv. Exceptions to testing may occur when someone is within 30 days of testing positive.
25. Worksite COVID supervisor: Our facility has designated the Infection Preventionist as the COVID worksite supervisor. This individual implements, monitors, and reports on the COVID control strategies developed.
  26. COVID-19 Vaccine: At this time, the facility is coordinating with the Health Department and local agencies and pharmacies to offer COVID vaccines. Consents are signed before administration of the vaccine. See the separate vaccination policy.
  27. Communal Dining and Activities: While adhering to the core principles of COVID infection prevention, communal activities and dining will continue to occur unless otherwise directed by the health department for infection prevention during times of outbreak.
    - i. If the facility is in outbreak (i.e. a positive case has been identified and residents are being tested), then communal dining and activities will continue unless otherwise directed by the health department.
    - ii. Residents who are participating in communal dining and activities must be fully recovered from COVID, not in isolation for any reason, and not suspected or confirmed COVID status.
    - iii. Any shared equipment in communal activities must be disinfected.
  28. Infection Prevention and Control Program F880: The facility has its infection prevention and control program based on the CDC National Standards.
  29. Known Exposure:
    - \*It should be noted that the facility follows the definition of exposure as: being someone who has been within 6 feet of a person with confirmed COVID infection or having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID infection.
    - \*If a staff member has a known exposure in the community following this definition, they report to the Infection Preventionist.
    - \*For the staff members that have a community exposure with a positive individual (following the above definition): The staff member will be screened and are permitted to work if asymptomatic and with negative antigen testing.
    - \*Contingent staffing has been defined at the facility as: mandation of staff as greater than one time in a week. Each case of exposure will be taken on a case by case basis for the ability to remove from the schedule. This will vary by department, position, staffing levels, and mandation needs.
  30. Work Remote: The facility will assess the case levels. If cases rise, the facility may decide to have some staff work remote in order to have a “second wave” of staff available to come in and assist should we end up losing staff from a positive case outbreak. Certain positions may have the ability to work remote if required.
  31. Strategies for Optimizing the Supply of Isolation Gowns: Please note that the facility follows the strategy for optimizing the supply of isolation gowns as per the CDC guidelines. Of special note is the use of conventional, contingency, and crisis capacity definitions for optimizing gown use. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>. Please note that in some circumstances, cloth gowns are used as a protective barrier when someone needs to enter a unit. This is not a reuse of gowns between residents in isolation, this is an

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

additional measure the facility implements at times to further protect contamination of clothing. The gown is typically removed when the individual exits the unit.

32. **Visitors and Vendors:** All visitors and vendors who enter the facility will be screened for COVID and illness symptoms using the Accushield device. This also requires a temperature check. If a fever is detected (99.6 and above), the individual will not be allowed to enter the facility. The facility reserves the right to limit visitors at any time due to due infection control needs and the safety of our residents.
- A. If an outbreak of any respiratory illness is detected, the health department may be contacted for guidance.
  - B. We will encourage visitations with residents by phone or other electronic communication platforms if needed or unable to visit in person.
  - C. Vendors are screened for COVID using Accushield device. If permitted to enter, they will follow all expectations as described below for visitors.
  - D. All visitors will be screened and then educated on CMS, MDHHS and CDC infection prevention guidance when required/needed. Visitors will be educated to PPE when visiting a resident that is on isolation precautions. They will be educated to inform the facility, if they have signs and symptoms of respiratory illness within 2 days of visiting the facility.
  - E. All rooms are cleaned regularly. All touch points are cleaned regularly and as needed.
  - F. The facility allows indoor visitation for all residents unless directed by CMS or under the direction of the Shiawassee County Health Department
    - a. Pleasant View Shiawassee County Medical Care Facility will contact the Shiawassee County Health Department for visitor guidance when an infection outbreak identifies a cluster for further guidance.
  - G. Compassionate care visits and visits required under federal disability rights law should be allowed at all times for any resident regardless of the above scenarios.
  - H. Visitor testing is not required as a condition of visitation, however, it will be offered and encouraged for safety of residents when necessary.
  - I. Eating and drinking during visits can occur in residents room. May be permitted in common spaces as per facility allowance.
  - J. Signs are posted at the visitor entrance instructing that visitors must be assessed for symptoms of COVID before entry, and instructing persons who have symptoms of a respiratory infection (including but not limited to, fever, cough, or shortness of breath) to not enter the facility.
  - K. Ensures hand sanitizer and/or hand washing facilities are safely available to visitors, including educational postings on proper hand washing and sanitization.
  - L. Educate visitors on additional personal protective equipment (PPE) use requirements for visitors, if required. The facility will supply the visitor with the additional PPE when it is needed. Entry may not be denied based on a visitor not having the additional PPE required by the facility.
  - M. Appropriately restrict visitor movement within the facility to reduce the risk of infection, when necessary.
  - N. Instruct visitors who develop symptoms consistent with COVID within 2 days of a visit to notify the facility.

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

O. Outdoor Visits: If requested by resident or visitor, outdoor visitation is available following the same criteria mentioned above.

i. A tent with a canopy top may be available for protection from the sun and rain.

33. Masking: Masks may be required for staff and/or visitors at times of outbreak, contact tracing, symptom management, regulatory agency requirements, etc.

34. MIOSHA Requirements:

i. This policy serves are our COVID preparedness and response plan consistent with rules and guidance for COVID from the CDC, CMS, MDHHS and OSHA.

ii. We follow requirements to prevent employee exposure, including engineering controls, administrative controls, basic infection prevention measures, PPE, health surveillance, training, etc.

iii. This plan is available on the intranet and our website. A copy can be provided upon request.

iv. We have designated our Infection Preventionist as worksite COVID safety coordinator to implement, monitor, and report on the COVID control strategies developed under these rules.

v. The facility provides PPE to all employees at no cost to the employee.

vi. The facility maintains records of training, health screening protocols, vaccination information sufficient for implementation, records of required notifications.

## References:

1. Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons under Investigation for COVID-19 in Healthcare Settings*. Located at: [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)
2. Centers for Disease Control and Prevention. *Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>.
3. State of Michigan Executive Orders.
4. Emergency Orders as published by MDHHS.
5. Centers for Medicare and Medicare Services (CMS).
6. Duration of Isolation <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
7. CDC Clinical Guidance for HCP <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
8. CDC Precautions for NH <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-in-nursing-homes.html>
9. CDC Nursing Homes and LTCF <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> (Cohorting Information - previously named Preparing for COVID in NH)
10. CDC NH Responding to COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

Date: 2/27/20, Revised 3/9/20 (SME), Revised 3/10/20 (SME), Revised 3/11/20 (SME), Revised 3/15/20 (SME), Revised 3/17/20 (SME), Revised 3/19/20 (SME), Revised 3/26/20 (SME), Revised 4/7/20 (SME), Revised 4/14/20 (SME), Revised 4/15/20 (SME), Revised 4/21/20 (SME), Revised 4/29/20 (SME), Revised 5/7/20 (SME), Revised 5/15/20 (SME), Revised 5/18/20 (SME), Revised 6/4/20 (SME), Revised 6/18/20 (SME), 6/30/20 (SME), 7/10/20 (SME), 7/21/20 (SME), 7/22/20 (SME), 8/13/20 (SME), 9/8/20 (SME), 9/13/20 (SME), 9/20/20 (SME), 10/5/20 (SME), 10/15/20 (SME), 10/27/20 (SME), 11/3/20 (SME), 11/11/20 (SME), 11/21/20 (SME), 12/4/20 (SME), 12/11/20 (SME), 12/16/20 (SME), 1/26/21 (SME), 2/16/21 (SME), 3/3/21 (SME), 3/16/21 (SME), 4/8/21 (SME), 5/12/21 (SME), 5/28/21 (SME), 8/16/21 (TA), 12/10/21 (TA), 1/20/22 (TA), 2/4/22 (TA), 2/9/23 (TA), 5/3/23 (SME), 6/6/23 (SME)

11. Strategies for Optimizing the Supply of Isolation Gowns:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>.

12. CDC.gov

13. MIOSHA