



## CHELSEA SENIOR LIVING POLICY AND PROCEDURE

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**SUBJECT:** Communicable Disease – COVID-19 Infection Control  
**REVISED DATE:** January 1, 2021  
**POLICY:** Interim Guidance for Preventing Spread of SARS-Cov2/Covid-19.<sup>1</sup>

Related Policy: 7-1.d: Infection Control – COVID-19; 7-1.d Addendum: Environmental Controls; 7-1.f: Covid-19 Temperature Monitoring Log; 7-1.f (a): Full Vitals COVID-19 Monitoring Log; 7-1.h: COVID-19 Testing; 7-1.k: Modified Restrictions (Activities/Dining/Visiting); 7-1.l: Isolation and Quarantine; 7-1.m: Employee Management COVID-19; 7-1.N: Crisis Staffing Strategies; HR-11B: Initial COVID-19 (1) Employee Survey; HR-11B COVID-19 Questionnaire; 7-1M: Employee COVID-19 Exposure and Outbreak (Residents), COVID-19 Exposure and Outbreak; COVID-19 Audit Tool; 7-1.p: Indoor and Outdoor Visitation; 7-1.q: Off-Site Essential Visits Attestation Form

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### BACKGROUND

COVID-19, also known as “Novel Coronavirus” is caused by SARS-CoV-2 is an illness caused by a virus that can spread from person to person. COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

A person can become infected by coming into close contact (about 6 feet or two arms lengths) with a person who has COVID-19 or by touching a surface or object that has the virus on it, and then touching your mouth, nose, or eyes.

Infection control procedures including testing, screening, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) and ongoing Quality Assurance are all necessary to prevent infections from spreading.

Prompt detection and effective triage and isolation of potentially infectious individuals is essential to prevent unnecessary exposures among residents, employees (all departments) and visitors to the Community.

### SUMMARY GUIDANCE

All employees:

- Are trained and capable of implementing infection control procedures (including use of personal protective equipment (PPE), quarantine versus isolation, reporting requirements et. al.)
- Complete an Initial Employee Screening Tool (HR-11B (1))
- Complete HR-11B COVID-19 Employee Questionnaire when: returning from paid time off; returning from medical leave; experiencing new onset COVID-19 symptoms; test positive for COVID-19
- Consent to and participate in periodic COVID-19 testing at the community, and authorize release of testing results (7-1H Employee and Resident Testing, 7-1H Addendum: Testing Phases). Failure to participate in testing will result in removal from the work schedule.
  - If an Employee chooses to obtain testing off-site, the testing must be done within 24 hours of the community’s scheduled testing. Chelsea does NOT reimburse for off-site testing.
- Wear surgical masks or N-95 masks at all times while in the community
- Wear a face shield or goggles, at all times while in the community whenever the CALI Score is Moderate, High and Very High AND whenever community is in outbreak status
- Physically distance when they take breaks together. Stagger breaks and don’t congregate in the break room, and don’t share food or utensils.

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<sup>1</sup> This guidance is based on the current Centers for Disease Control (CDC) Interim Guidelines as of 07/25/2020 and will be refined and updated as CDC released additional information.



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### All Residents:

- Expected to consent to periodic COVID-19 testing and authorization of release of testing results
  - Failure to consent to testing or release of results will result in placement on isolation as a Person Under Investigation (PUI)
- With COVID-19 symptoms and/or with confirmed COVID-19:
  - Will be masked (as tolerated) while being provided care
  - Removed from transmission based precautions once the physician provides a discontinue isolation order (see 7-1.l: Isolation and Quarantine)
- All Visitors
- Schedule visits, complete 7-1.i Visitor COVID-19 Questionnaire and Consent, and be screened prior to entry, and follow infection control protocols

### Additional Guidance

1. Single Point of Entry and Exit into and from the community will be maintained to ensure appropriate screening of all individuals seeking entry into the community
2. Signs and Posters (hand hygiene, correct use and discarding of PPE, et. al) as well as PPE supplies, disposal receptacles, will be in place at:
  - a. Entrance to the community
  - b. Front Desk
  - c. Designated visiting area(s) (indoor and outdoor), small group socialization and dining areas
  - d. Work stations and medication rooms
  - e. Elevators
3. Resident Screening and Monitoring Health Services Director/Designee will review the monitoring log with appropriate interventions implemented for positive findings (Abnormal Temp ( $\geq 100.3F$  or  $\leq 97F$  and/or symptoms consistent with COVID-19 infection). Frequency and monitoring requirements are as follows:
  - a. Phase 0 (active community outbreak) and for all Residents considered Person Under Investigation (PUI) including new admissions and re-admissions, and Residents with confirmed COVID-19 infection:
    - i. One per shift obtain and record a full set of vital signs, including pulse oximetry and symptom screening (7-1.f(a): Full Vitals COVID-19 Monitoring Log),
  - b. Regardless of Community Phase:
    - i. CALI Score is Moderate:
      1. Screen Residents twice a day (Temperature and Symptom Screening) (7-1.f: Temp Monitoring Log)
    - ii. CALI Score is High (3-10%) or Very High (greater than 10%):
      1. Screen Residents every shift (Temperature and Symptom Screening) (7-1.f: Temp Monitoring Log)
4. Visitor Screening includes obtaining and documenting temperature and wellness questions responses. Unless the county level index is low all visitors seeking entry into the community will be rapid antigen tested (as supplies are available). Visitors who provide documentation of COVID-19 negative test results following required time frame (PCR within 3 days of visit; rapid antigen test within 24 hours of visit)
  - a. Entry Denial:
    - i. Individuals with abnormal temperature (100F or greater or less than 97F)
    - ii. Individuals with observed and/or reported COVID-19 symptoms
  - b. Antigen Rapid Testing:
    - i. Individuals with observed and/or reported COVID-19 symptoms will be denied entry
  - c. CALI Score High allows for limited indoor visiting;
  - d. CALI Score Very High (greater than 10) will prohibit indoor visiting with the exception of end of life, compassionate care situations, and essential caregivers



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5. Employee Screening includes obtaining and documenting temperature and wellness questions responses at the start of a work shift. Employees with abnormal temperature ( $\geq 100$  or  $\leq 96.4$ ) will not report to work station, will complete COVID-19 questionnaire, and be COVID-19 tested (PCR/Antigen).
6. Notifications will be issued by the Executive Director/Designee to inform public health authorities, Residents, Residents Families, and Staff of the Community's COVID-19 infection status:
  - a. Residents and families must be informed by 5pm of the next calendar day following the occurrence of:
    - i. Single confirmed COVID-19 infection
    - ii. Three or more Residents or Employees with new onset respiratory symptoms occurring within 72 hours of each other.
7. Ongoing In-Services and Briefings:
  - a. The Executive Director/Designee will maintain a regularly scheduled COVID-19 status briefing for all staff, all Departments
  - b. The Health Services Director/Designee will ensure ongoing infection in-services and trainings to all staff, all Departments.
8. Ongoing Quality Assurance:
  - a. The Executive Director/Designee will ensure ongoing infection control Quality Assurance:
    - i. QA reviews will be documented (see COVID-19 Infection Control Audit Tool)

### **Ongoing Protocols to Reduce Transmission**

1. Current Residents, New Admission/Candidate for Admissions and Re-Admissions (see 7-1.1: Isolation and Quarantine)
  - a. *Resident may be admitted, re-admitted, or retained in the community, as long as the community can follow CDC guidelines for transmission based precautions. If the community cannot follow the guidelines, the admission or re-admission must wait until such precautions are discontinued*
2. Transferring a Resident to Higher Level of Care
  - a. Follow all routine procedure for emergency transfer (11-16: Emergency Transfer)
  - b. Suspected/Confirmed COVID:
    - i. Prior to transfer, notify Emergency Medical Services, and receiving facility for Suspected/Confirmed COVID-19
  - c. Regardless of COVID-19 status, follow COVID-19 infection control protocols including placing a face mask on Resident during transfer
3. Notification and Reporting Procedure for Low and High Risk Exposures, Persons Under Investigation (PUI), and Confirmed COVID-19 (Residents and Employees):
  - a. Any Resident identified with fever of 100F and greater, and/or other COVID-19 related symptoms/report of exposure/or confirmed COVID-19 infection:
    - i. Immediately place on respiratory and contact isolation
    - ii. Obtain an order for COVID-19 testing (for suspected)
    - iii. Place on the Community COVID-19 Line List
    - iv. HSD promptly alerts the Resident's Primary Care Physician and Family
      1. Confirmed COVID-19 infection the ED will notify the Regional Support Team, Public Health Authorities, and disseminate via One Call to families, staff and residents regarding presence of confirmed infection in the community
  - b. Any Employee identified with fever of 100F and greater, and/or other COVID-19 related symptoms/report of exposure (high risk)/confirmed COVID-19 infection:
    - i. Remove from the work environment
    - ii. Complete HR11.B: Employee COVID-19 Questionnaire
    - iii. Instruct to follow up with his/her healthcare provider
    - iv. Place on Community COVID-19 Line List
    - v. Department Head promptly alerts the Executive Director/Designee who will notify the Regional Support Team, public health authorities, families, employees, and residents



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4. Where able use dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, thermometers (temporal)).
  - a. When equipment is used for more than one Resident, clean and disinfect equipment before use on another resident.
1. Memory Care: Caring for Residents with dementia presents formidable challenge to maintaining social distancing, movement restrictions, and other infection prevention measures. Changes in routines, environments, and caregivers may result in anxiety and behavioral changes.
  - a. Try to maintain routines while reminding and assisting Residents to perform frequent hand hygiene and to wear face masks as tolerated
  - b. Provide activities that can be conducted in Residents' apartments or at staggered times in small groups to maintain social distancing (see 7-1.k Modified Restrictions – Socialization and Dining)
  - c. Attempt to redirect and remind Residents not to congregate if they walk around the unit
  - d. Regularly clean and disinfect frequently touched surfaces

### **All Employees, All Departments Practice Standard (Universal) Precautions at all times (also see 7:3 Hand Hygiene):**

1. Hand Hygiene:
  - a. Before and after all Resident contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves
  - b. Employees should perform hand hygiene by using Alcohol Based Hand Sanitizer (ABHS) containing 60-95% alcohol or washing hands with soap and water for at least 20 seconds
  - c. Gloves are worn for all Resident contact and when there is contact with potentially infectious material(s).
    - i. Gloves are to be changed with each new resident contact
    - ii. Gloves are changed if they become torn or heavily contaminated
2. **All Employees, All Departments Adhere to Contact and Respiratory precautions for interaction with any Resident who is a PUI or confirmed COVID-19.** (See 7-1.G Step by Step for Respiratory and Contact Isolation)
3. Implement dedicated staff assignments to minimize the number of different personnel entering the resident apartment on a regular basis
  - a. During an outbreak, and/or when staffing levels will not accommodate dedicated staff for sick residents, staff will be instructed to care for well residents at start of the shift and then move on to ill residents
    - i. Keep a log of all persons who care for or enter the rooms or care area of ill residents
4. N-95 Face Masks:
  - a. Implement Re-Use of N-95 Respirator Masks: Re-Use of N-95 respirator masks for up to eight (8) hours per device and up to five (5) donnings or as directed by manufacturer instructions, to ensure adequate safety margin (see 7-1.e Infection Control Decontamination of N-95 Respirator Masks and 7-1.g Step by Step for Respiratory and Contact Isolation):
  - b. Store N-95 in a clean container or paper bag, labeled with the employee's name. The storage container, if used should be cleaned regularly. Paper bags should be discarded after the five-use limit has been met.
  - c. To limit potential N-95 surface contamination employees should also don a surgical mask over the N-95
  - d. Discard N-95 respirators:
    - i. Following use during aerosol generating procedures
    - ii. If contaminated with blood, respiratory or nasal secretions, or other body fluids
    - iii. If surface contamination occurs with the inside of the respirator
  - e. Other N-95 guidelines:
    - i. Never fold the N-95 respirator mask
    - ii. Use a pair of clean (non-sterile) gloves when donning a used N-95 respirator.
    - iii. Discard gloves after the N-95 respirator is donned and any adjustments are made.



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5. Eye protection (i.e., goggles or face shield)
  - a. A face shield or goggles must be worn (in addition to a face mask) by all staff, whenever the CALI Score is moderate, high or very high and/or when community is in outbreak status
  - b. Reusable face shields or goggles must be cleaned and disinfected prior to and after each use:
    - i. While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with a neutral detergent solution or a cleaning wipe
    - ii. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with an EPA registered disinfectant solution;
    - iii. Wipe the outside of the face shield or goggles with a clean towel and water or alcohol to remove residue;
    - iv. Full dry (air dry or use a clean towel)
    - v. Place into a paper bag labeled with employee name
    - vi. Remove gloves and perform hand hygiene
6. Gowns (see 7-1.G: Step by Step for Respiratory and Contact Isolation):
  - a. Implement Re-Use of Gowns (re-use for only one work shift):
    - i. Un-soiled gowns are carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage (container labeled with the employee's name and left in the Resident's apartment
    - ii. If there is a shortage of gowns prioritize use for:
      1. Aerosol generating procedures
      2. Care activities where splashes and sprays are anticipated
      3. High contact resident care activities (e.g., dressing, showering, transferring, providing hygiene, changing linens, toileting assistance, device care/use, wound care)

### **Additional Respiratory and Contact Precautions with PUI and Confirmed COVID-19 Cases (Residents)**

1. Procedures that are likely to induce coughing and/or generate infectious aerosols (e.g., nebulizer and inhalant treatments, oral/nasal/pharyngeal specimen collection, administration of nasal sprays) should be performed cautiously:
  - a. Should always take place in the Resident's private apartment
  - b. Keep room well ventilated (open window)
  - c. Personnel assisting with or administering the procedure should put on an N-95 respirator or face mask (if respirator is not available) as well as a gown and gloves. These should be disposed of before leaving the apartment.
  - d. Limit the number of staff present during the procedure to only those essential for resident care and procedural support.
  - e. Ensure no other resident or family member is present during the procedure
  - f. Clean and disinfect room surfaces promptly as described in the section on environmental infection control.
2. When Resident with suspected or confirmed COVID-19 infection vacates the apartment:
  - a. Individuals entering the apartment will use respiratory and contact protection
  - b. The room should be pin locked to prevent entry for a minimum of 12 hours to allow for enough air changes to remove potentially infectious particles.
  - c. The apartment will undergo appropriate cleaning and surface disinfection before it is returned to routine use.

### **Environmental Infection Control see 7-1.d Addendum**