



LONG TERM CARE SERVICES

Novel Coronavirus (COVID – 19)

PURPOSE:

In order to best safeguard and serve our residents, to codify the Samaritan Long Term Care identification, treatment, and management strategy of COVID-19.

RESOURCES:

“Samaritan Long Term Care Screening Tool for Admissions for COVID-19.” (Attachment 1)

“Samaritan Long Term Care Staff Screening Tool.” (Attachment 2)

“Samaritan Long Term Care Flowchart to Identify and Assess COVID-19.” (Attachment 3)

Viral Swab “Testing a Resident for COVID-19” (Attachment 4)

Door Sign “Special Precautions HCRD.” (Attachment 5)

PPE “Caring for a Resident with Suspected or Confirmed COVID-19” (Attachment 6)

“Return to Work Process for Staff Following Potential or Actual Exposure to COVID-19.” (Attachment 7)

COVID-19 Specific Unit “COVID-19 CARE Plan for SKH” (Attachment 8)

POLICY:

It is the policy of Samaritan Long Term Care Services to address the needs posed by COVID-19 within current, fluid, guidance from Jefferson County Public Health (JCPH), New York State Department of Health (NYSDOH), Centers for Disease Control (CDC), and Centers For Medicare and Medicaid (CMS). The needs posed rely on a system-wide approach by all members of the care team to address what the CDC has termed “an evolving pandemic” (3/17/20).

PROCEDURE:

RESIDENT CARE

- All prospective admissions to Samaritan Long Term Care are screened with Attachment 1, “Samaritan Long Term Care Screening Tool for Admissions for COVID-19.”
- Visitation will be suspended as needed, with exception for residents on compassionate care/essential caregiver designations. All allowed visitors are screened according to Screening Tool. Current NYSDOH and CMS guidelines will be followed regarding visitation.
- Progressive, proactive containment measures will be taken to ensure residents’ safety, including but not limited to: limiting staff members to those necessary for clinical functions, closing of ancillary services (café, gift shop, beauty shop), containing residents to on their home unit, containing residents to their individual rooms. These measures represent a significant potential impact on the well-being of our residents and as such alternative measures to ensure well-being will be implemented, such as: increased telephone communication between residents and family, provision of tablets for video graphic communication, and increased communication between care team members and resident family members. Any measures above will be put into place based upon the guidance of NYSDOH, CDC, and input of: Infection Prevention, Director of Nursing, Vice-President of Long Term Care, and care team members, weight the risks and benefits of such decisive measures.



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- Prompt detection, triage and isolation of potentially infected residents:
 - Ongoing, frequent, active screening of residents for fever and respiratory symptoms.
 - For any suspected COVID-19 cases, immediately isolate the resident (see below), contact Infection Prevention and JCPH. If JCPH unavailable, please contact NYSDOH.
 - Identify residents who may have COVID-19 via Attachment 3, “Samaritan Long Term Care Flowchart to Identify and Assess COVID-19.” Testing process is described in Attachment 4 “Testing a Resident for COVID-19.”
 - Any resident who presents with respiratory symptoms that does not fall within the Flowchart will be treated on a case-by-case basis in consultation with the care team as well as JCPH or NYSDOH as necessary. If any care team member has a suspicion for COVID-19, isolate resident (see below) and contact JCPH or NYSDOH.
 - Any resident who is suspected of being infected with COVID-19 will be immediately isolated in his/her room, with the door shut. Preference should be given to isolating the resident in a single room, if able to do so without putting additional residents at risk for exposure.
 - Once isolated, the resident should wear a facemask, if tolerated and available. If the resident has a roommate who has been exposed, the roommate should also be isolated in the room with a facemask on, if tolerated and available. Proper signage (Attachment 5, “Special Precautions HCRD.”) should be posted at entry to room to notify anyone who may enter.
 - Residents that develop more severe symptoms that require transfer to the hospital for a higher level of care
 - Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident’s diagnosis and precautions to be taken including placing a facemask on the resident during transfer
 - Residents suspected or confirmed with COVID-19 that remain in facility upon advice of Local/State public health agency, will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs and symptoms.
 - In the event of a facility outbreak, institute outbreak management protocols:
 - Immediate reporting/notification and consultation with the Local/State Public Health Department for specific directions.
 - Move residents to the CARE unit per Emergency Preparedness Plan



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- Only essential staff to enter the CARE unit with Appropriate PPE
- Decisions on admissions will be based upon consultation with facility leadership, infection preventionist, Medical Director, acute care partner and Public Health.

PERSONNEL PROTECTIVE EQUIPMENT:

- The facility will monitor necessary supplies and equipment needed.
- If the facility is unable to obtain needed supplies and equipment from vendors, they will contact the local and state public health agencies.
- Personnel protective equipment includes Masks, Gowns, Goggles/Face Shields, Hand Sanitizer, Gloves
- All staff will be educated on the donning/doffing and use of PPE.
- Staff should make sure to have proper PPE donned prior to entering a resident room with suspected or confirmed COVID-19. See Attachment 5, “Caring for A Resident with Suspected or Confirmed COVID-19.”
- Staff should minimize entry in room of resident with suspected or confirmed COVID-19, maintaining a 6 foot distance from resident whenever able.
- Resident Transport: Prior to transport the resident will be given a face mask. The receiving facility will be alert to the suspected/confirmed diagnosis of COVID-19 and all precautions necessary.
- Precautions for residents known to have suspected/known COVID-19 will be discontinued per current NYSDOH/CDC guidance in consultation with Infection Prevention.
- Cleaning and disinfecting the room and equipment will be performed using products that have been approved for this pathogen.

EMPLOYEES:

“Also applies to other health care workers such as Hospice, EMS, Lab Technicians, anyone who provides care to the residents.

- The facility will review the sick leave plan for employees and ensure that it aligns with current CDC and Local/State Health Departments.
- Employee Screening:
 - The facility will verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift. Documentation of



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temperature, absence of shortness of breath, new or change in cough and sore throat and other criteria as identified by State guidance.

- If the employee is ill, employee will immediately leave the facility and self-isolate at home.
- Employee will call the Resource line for further direction regarding screening and testing.
- Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be instructed to not report to work and to call the Resource Line for further recommendations.
- Employees who develop symptoms on the job will be:
 - Instructed to immediately stop work and leave the facility.
 - Self-Isolate at home and call the resource line.
 - Employee Health will work with the employee to identify individuals, equipment, residents and locations the employee came in contact with.
- The Infection Preventionist will identify exposures that may warrant restricting asymptomatic employees from working based upon CDC guidelines for exposures.
- The facility will re-educate employees and reinforce:
 - Strong hand-hygiene practices
 - Cough Etiquette
 - Respiratory Hygiene
 - Transmission based precautions
 - Appropriate utilization of PPE's as indicated.
- The facility will provide adequate work supplies to avoid sharing and disinfecting workplace areas frequently.

Employee Return to Work Criteria:

Return to work criteria for employees with Confirmed or Suspected COVID-19. Per CDC guidelines, use one of the below strategy to determine when an employee may return to work in the healthcare setting.

- Test-based strategy. Exclude from work until
 - Resolution of fever without use of fever-reducing medications for 24 hours **and**
 - Improvement in respiratory symptoms (i.e. cough, shortness of breath), **and**
 - Negative results of COVID-19



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- If employees were never tested for COVID-19 but have an alternate diagnosis (i.e. tested positive for influenza), criteria for return to work should be based on that diagnosis.

VISITOR RESTRICTIONS:

The facility will restrict visitation as needed, of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as end of life situation. In those cases, visitors will be limited to a specific room only.

- Decisions about visitation during an end of life situation will be made on a case by case basis, which includes careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. If they have any of these symptoms they will not be allowed into the facility.
- Those visitors that are permitted, must wear a face mask while in the building and restrict their visit to the resident's room or other location designated by the facility.
- Visitors will be reminded to frequently perform hand hygiene.
- The visitor will refrain from physical contact with residents and others in the facility.

Exceptions to the Restrictions

- Other healthcare workers, such as hospice, EMS, Lab Technicians, should be permitted to come into the facility as long as they meet the CDC guidelines for healthcare works.
- Surveyors: CMS and State survey agencies are constantly evaluating surveyors to ensure they do not pose a transmission risk when entering a facility. However, there are circumstances under which the surveyors should still not enter, such as if they have a fever. They will be screened just as all healthcare workers are screened prior to entering the facility.
- Ombudsman: residents still have the right to the Ombudsman program. Their access should be restricted per the guidance for visitors (except in compassionate care situations) however, the facility will review this on a case by case basis and will identify alternate means of communication and access in coordination with the Ombudsman.

The facility will increase visible signage at entrances/exits, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility for end of life visits.

- Volunteers will not be permitted in the facility.
- Vendors will be instructed to drop off supplies at a dedicated location.
- EMS personnel will take necessary precautions to prevent any potential transmission.



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COMMUNICATION:

The facility will review facility communication procedures for COVID-19 (initial, ongoing and upon suspected or confirmed outbreak) through multiple means (i.e. Signage at entrances/exits, letters, e-mails, phone calls) to inform individuals and non-essential healthcare personnel and family and residents of any updates and process changes. Within 24 hours of receiving new information on a positive staff/resident, a SnapComm communication is pushed out to all families alerting them to visit the SamaritanHealth.com web page for new information.

- Develop and implement key talking points
 - Preparation strategies for COVID-19
 - Visitor restriction protocols
 - Suspected or confirmed cases
 - Facility process if an outbreak occurs.

- Determine communication (written, verbal, electronic) for:
 - Residents
 - Resident Representatives/Families
 - Employees
 - Vendors
 - Visitors
 - Media
 - State and Local Health Departments
 - Local Hospitals, EMS and Providers
 - Other Key Stakeholders

- Develop key facts and talking points for media
- Facility Signage

REFERENCES:

CDC “Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. 3/10/20

CDC “Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes.” 3/10/20

CDC “Strategies to Prevent the Spread of COVID-19 in Long Term Care Facilities (LTCF).” 3/1/20

CMS “Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (**REVISED**). 3/9/20.

NYSDOH DAL “Health Advisory: COVID-19 Cases in Nursing Homes and Adult Care Facilities.” 3/13/2020

NYSDOH DAL #20-04 “COVID-19 Guidance for Nursing Homes-REVISED.” 3/11/2020

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