

COVID-19 Infection Prevention and Control Program

GOOD SAMARITAN HOME OF QUINCY

CREATED JUNE 10, 2020

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Good Samaritan Home of Quincy

Description

The Good Samaritan Home of Quincy has developed a COVID-19 infection prevention and control program to decrease the risk of residents and staff becoming infected with SARS-CoV-2, the virus that causes COVID-19. Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

Policy

It is the policy of Good Samaritan Home of Quincy to implement COVID-19 infection prevention and control policies and procedures under the recommendation and guidance of the Centers for Disease Control (CDC), Illinois Department of Public Health (IDPH), and the Adams County Health Department (ACHD) to decrease the risk of COVID-19 transmission to our residents. All procedures are subject to change as conditions change within the surrounding community. Residents, staff, and families will continue to be updated by email and the Good Samaritan Home website on a weekly basis, or as necessary, with any changes to the policies and procedures.

Leadership Responsibilities

- A. Administrative Leadership – Responsibilities: to develop, implement, and oversee the facility COVID-19 Infection Prevention and Control policies and procedures, to stay current on changes and updates to any provided guidance from the state and federal governing authorities, to delegate facility departmental tasks to adhere to changes in restrictions and infection control precautions, to communicate with ACHD and governing authorities as needed and requested.
 - a. CEO / Administrator – Chuck Newton
 - b. CFO / Associate Administrator – Dave Stieglitz
 - c. COO / Associate Administrator – Jeannie McLeod
- B. Nursing Leadership – Responsibilities: to oversee and implement the COVID-19 Infection Prevention and Control policies and procedures for all direct care staff, to stay current on changes and updates to any provided guidance from the state and federal governing authorities, to provide training and education to facility staff, to communicate with ACHD as needed and requested, review and store all infection control logs for staff screenings, resident screenings, and infection totals, to ensure an appropriate amount of Personal Protective Equipment (PPE) is available, report infection control information in daily standup meetings, infection and safety meetings, and as necessary.
 - a. Director of Nursing – Tina Kroeger, RN
 - b. Assistant Director of Nursing – Katie Bowen, RN
 - c. Infection Preventionist – Christina Lock, RN

Facility Assessment

A facility assessment was electronically sent to IDPH on March 24, 2020 to demonstrate that Good Samaritan Home is following all state and federal guidance. The facility assessment addressed compliance in regards to restrictions, availability of PPE, education and screening of healthcare

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personnel and residents, facility preparedness for the possibility of confirmed COVID-19 cases amongst residents or staff, infection prevention and control practices, and communication with governing authorities, staff, residents, and families. A copy of this facility assessment will be kept on file.

Testing Plan and Response Strategy

Baseline onsite COVID-19 testing were made available by the ACHD to all staff and residents on June 11, 2020. All baseline testing samples were sent to the IDPH laboratory. All residents had their baseline test administered by GSH Nursing Coordinators who had received training by the ACHD on the proper way to administer COVID-19 testing. All employees had their baseline test administered by the SIU health team via a mobile testing unit. The occurrence and frequency of all future testing will be based upon the results of facility testing, changes in the surrounding community, and the current requirements of state and federal authorities. All future testing will be completed using a contracted testing laboratory and/or point-of-care testing. COVID-19 testing will require a physician's order and a signed or documented verbal consent/declination prior to each testing. The signed and documented verbal consent/declination forms will be kept in resident's chart and employee's medical file.

A. When to Test

- Symptomatic residents and/or staff
- Close contact of a confirmed case of COVID-19
- Facility-wide baseline testing
- Requirement from state or federal authorities
- If a resident or staff member is confirmed positive as a result of individual testing, a facility wide testing must be performed to determine if transmission occurred within the facility.
- If a resident or staff member is confirmed positive as a result of a facility wide testing, all residents and staff found to be negative during the same facility wide testing will need to be retested weekly until no positive cases are identified AND at least 14 days have passed without a new case.
- Previously positive residents and staff will not undergo COVID-19 testing for a period of 3 months after a positive test result. After 3 months, the employee and/or resident will resume routine COVID-19 facility testing.

B. Employee Refusals

- All staff members are required to receive the baseline testing and any future COVID-19 testing as a condition of their employment at Good Samaritan Home to ensure the safety of our residents and employees.

C. Resident Refusals

- A resident reserves the right to refuse the COVID-19 testing. If a resident refuses the testing and they are asymptomatic, they must remain quarantined to their rooms for a period of 14 days. If a resident refuses the testing and they are symptomatic, they must be treated as if they are positive and immediately moved to the designated COVID-19 hall. Please see *Confirmed Positive Tests for Residents* for further guidance.

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D. Negative Baseline tests

- If the baseline testing reveals 100% negative results amongst staff and residents, the occurrence and frequency of future testing will be determined according to the current requirements of state and federal authorities and the current status of the surrounding community.

E. Confirmed Positive tests

- If any baseline or future testing results in positive cases of COVID-19 amongst staff and/or residents, the appropriate protocols will be followed to decrease the spread of illness. All confirmed cases will be reported to ACHD and IDPH.
 - a. Residents
 - Any resident who tests positive or is suspicious for having COVID-19 will be immediately quarantined to our designated COVID-19 unit located on Eber Gardens or unit currently designated as a COVID-19 unit. The resident will be receiving medical care from a dedicated COVID-19 staff or awaiting transfer to Blessing Hospital if their medical needs surpass the facility's capability.
 - The resident who tested positive will need to be isolated for a minimum of 10 days after symptom onset and can be considered recovered after designated quarantine period has been met, the resident is afebrile, symptoms are improved, and the resident is feeling well without fever reducing medication.
 - b. Employees
 - Any employee who tests positive or is suspicious for having COVID-19 will immediately leave the facility and follow the instructions from their medical provider and/or local health department.
 - The employee who tested positive will not be allowed to return to work for a minimum of 10 days after notification of positive results, show improvement of symptoms, AND afebrile for at least 72 hours without fever reducing medication.
- Contact tracing will be completed for any resident and/or staff that tests positive for COVID-19.

F. Facility Design

- The resident rooms located on Eber Gardens and Sunnysdale have been designated for any resident(s) suspicious for or diagnosed with a confirmed case of COVID-19. Designated COVID units are subject to change to accommodate current needs of the residents. Only dedicated staff are allowed on the COVID unit and must enter and exit through exterior entrances/exits. Dedicated staff are not allowed in any other part of the facility while assigned to the COVID unit. Dedicated nursing staff will be scheduled to ONLY care for COVID positive residents and NOT care for negative or asymptomatic residents located in other areas of the facility. If there are no residents with confirmed cases of COVID-19 in the facility, dedicated staff that have cared for a positive resident

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will be allowed to work in other areas of the facility after completing a 14-day quarantine. If the dedicated staff member has previously tested positive with COVID-19 in the previous 90 days, the employee will not have to complete a 14-day quarantine and will be able to resume caring for negative residents after showering and changing clothes.

- All new admissions and re-admissions will be admitted to McReynolds Center, the designated transition unit, and be quarantined to the unit for a minimum of 14 days before a room change to another neighborhood can be given.
- In the event GSH has a resident with a confirmed case of COVID-19 and the resident has recovered from the illness, the resident will transfer from the designated COVID-19 unit to the transition unit and be quarantined to their room for a period of 14 days following recovery date. After 14 days with no incident, the resident will be admitted to their regular neighborhood using normal standard precautions.

Personal Protective Equipment

- The Medical Supply department is responsible for tracking the use of personal protective equipment and obtaining what is necessary to properly care for isolated residents. The Medical Supply department will track the GSH burn rate and stock of the following:
 - Surgical masks
 - Goggles / face shields
 - N95 masks
 - Gowns
 - Hand sanitizer
 - Disposable gloves
- The Medical Supply department will contact administration in the event these supplies are in short supply and unable to obtain from vendors in a timely fashion. Administration will reach out to the ACHD in regards to the need for critical PPE and come up with a solution to obtain the supplies.

Interventions

A. Visitors

- In accordance with federal guidance, Good Samaritan Home has restricted visitation of all visitors until further notice. Exceptions will be made for certain compassionate care situations, such as end-of-life situations, with approval from administration. Careful screening of the visitor will take place prior to the visit using the COVID-19 Visitor Screening log. Those with symptoms of a respiratory infection will not be permitted to enter the facility at any time (even in end-of-life situations). Any visitors permitted to enter the building will be limited to a specific room only. Approved visitors will be required to perform hand hygiene and use Personal Protective Equipment (PPE) and must wear a facemask at all times while in the building.

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B. Dining

- All residents must eat in their neighborhood dining room or individual resident room until further notice. All residents in isolation precautions will need to eat in their rooms while being closely supervised.
- Resident Care Coordinators will be responsible for determining the dining schedule to allow the residents to dine at different times to decrease the number of residents in the dining room together. Only place 1 resident per table to allow for social distancing. Married couples that reside together may sit at the same table.
- Stevenson Manor and Sheltering Grove residents will be the ONLY residents allowed to eat in the main dining room and must ONLY eat on the large side of the dining room.
- Residents should wear masks until it is time to eat. After eating, resident will need to reapply their mask.
- Employees are permitted to eat on both sides of the main dining room between the hours of 10:30 a.m. and 11:30 a.m. to allow for social distancing. After 11:30 a.m., employees are ONLY permitted to sit on the smaller side of the dining room due to resident dining times.

C. Activities

- Residents will still be able to attend activities and devotionals located on their neighborhoods. All residents must wear a mask and be placed at least 6 feet apart to allow for social distancing.

D. Resident Screenings

- All asymptomatic residents will be screened by obtaining a temperature check every 4 hours AND a full set of vitals and pulse oximetry every 8 hours. All symptomatic residents will be screened by obtaining a full set of vitals and pulse oximetry every 4 hours.

E. Employee Screenings

- Employees will be screened 2 times per shift with the first screening being at the beginning of shift and the second screening being at their 30-minute break or lunch period.

F. Resident Appointments/Outings

- If resident who has not tested positive for COVID-19 in the previous 90 days leaves the building with family for an appointment/outing without a staff member in attendance, the resident will be quarantined to their room for at least 14 days upon return to the building. The resident will be given a mask to wear while out of the building for any reason.
- If a resident who has previously tested positive for COVID-19 in the previous 90 days and is currently recovered and transitioned leaves the building with family for an appointment/outing without a staff member in attendance, the resident will need to shower and change clothes upon return to avoid a 14-day room quarantine. The clothes that were worn on the outing must also immediately be laundered. The resident will be given a mask to be worn while out of the building. If a resident refuses to shower and launder clothes upon return, the resident will be quarantined to their room for at least 14 days from return date.

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G. Source Control

- All staff are required to wear a mask at all times while on a resident neighborhood. Cloth masks are acceptable except when caring for a resident that is in droplet isolation. Proper infection control technique must be followed at all times with isolation residents when providing direct care and handling contaminated linen from a resident in droplet isolation. Only approved disposable masks along with required PPE can be worn in these situations.
- All staff must wear and be fitted for the approved N95 masks at all times while working on a designated COVID unit. Cloth masks and regular disposable surgical masks are not acceptable. All appropriate PPE must be worn while working on a designated COVID unit.
- For staff that do not work on a resident neighborhood, masks must be properly worn at any time the staff member is within 6 feet from a resident or staff member. Staff are allowed to remove the mask to eat and drink. Staff should not eat or drink within 6 feet of residents.
- All visitors, healthcare personnel, and vendors are required to wear a mask at all times while in the facility.
- All masks must be worn properly covering the nose and mouth at all times.
- Staff are permitted to wear face shields. Any staff member wearing a face shield **MUST** be wearing the appropriate mask under the face shield at all times unless written documentation is provided by a medical physician excusing the employee from wearing a face mask. Any employee unable to wear a face mask as a result of a medical condition must wear a face shield in place of the face mask.
- All residents are required to wear a mask anytime they are outside of their resident room.

Vaccinations

- COVID-19 vaccinations will be offered to all consenting employees and residents as the vaccinations become available.
- Appropriate education regarding COVID-19 vaccinations will be distributed to families, residents, and employees prior to scheduled vaccination clinic.
- Following vaccination clinics, facility COVID-19 restrictions will apply as they are recommended by state and local authorities.

Training

- All GSH employees are educated and/or trained on the following topics:
 - COVID-19 (symptoms, transmission, etc.)
 - Hand hygiene – Random compliance audits are being performed weekly
 - Donning/Doffing of PPE – Random compliance audits are being performed monthly

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- Cleaning and Disinfection – Random compliance audits are being performed monthly
- Specimen collection procedure for licensed nursing staff only (COVID-19 testing)

Communication

- The facility testing plans and results will be communicated to the ACHD, residents, families, representatives, and facility staff.

Facility Reopening

- Good Samaritan Home will follow the local, state, and federal guidance on the phased reopening plan for long term care facilities.

Staffing Shortages

Good Samaritan Home does not support staff working while ill. Mitigation strategies listed below are intended to be used in the order that they appear.

- **Contingency Capacity Strategies to Mitigate Staffing Shortages**
 1. Attempt to hire additional staff; rotate staff; offer overtime; and/or response pay to support patient care activities.
 2. Contact staffing agencies to identify additional health care personnel to work in the facility.
 3. Determine if there are alternate and willing care sites with adequate staffing to care for patients with COVID-19 and arrange transfer of resident(s).
 4. Reach out to Illinois Helps for staffing assistance (<https://illinoishelps.net/>).
 5. As appropriate, request healthcare personnel to postpone elective time off from work.
- **Care Strategies**
 1. Bundle care activities or determine if any tasks could be postponed or offered every other day or on an alternate schedule (e.g., showers could possibly be given less frequent unless necessary to maintain skin integrity). Resume routine care activities as soon as staffing allows.
 2. Rearrange HCP who work in other areas to support patient care activities in the facility. GSH will need to ensure these HCP have received appropriate orientation, appropriate and adequate PPE, and training to work in areas that are new to them.

NOTE: GSH will document all attempts to augment staffing needs (date, time, and effort made)

- **Crisis Capacity Strategies to Mitigate Staffing Shortages**
 1. Implement regional plans to transfer patients with COVID-19 to designated health care facilities, or alternate care sites with adequate staffing.
 2. Implement plans to allow asymptomatic HCP who have had an unprotected exposure to SARS-CoV-2, but are not known to be infected, to continue to work.
 3. If shortages continue despite other mitigation strategies, consider implementing criteria to allow asymptomatic HCP with suspected or confirmed COVID-19 who are

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well enough and willing to work but have not met all return to work criteria, to work.

4. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with healthy residents or other HCP, such as providing direct care only for patients with confirmed or suspected COVID-19 in a cohort setting.

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