

## COVID-19 - Screening, Prevention and Care

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### PURPOSE:

To direct staff in the screening, prevention and care of residents with suspected or confirmed infection with Novel Coronavirus (COVID-19).

### DEFINITIONS:

- A. Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the resident; or sitting within 6 feet of the resident in a healthcare common area or room); or b) having unprotected direct contact with infectious secretions or excretions of the resident (e.g., being coughed on, touching used tissues with a bare hand).
- B. Cohorting is the practice of grouping residents infected with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents. During outbreaks, healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission.
- C. Droplet precautions refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.
- D. Healthcare Personnel (HCP): For the purposes of this document HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to residents or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.
- E. Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease.
- F. Personal protective equipment (PPE) are protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission. This includes but is not limited to gloves, gowns, goggles, facemasks, or respirators. If the associate has cuts or wounds on their hands, double gloving is recommended.
- G. Standard precautions are infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions are based on the principle that all

blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents.

- H. Transmission based precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.'

### STAFF RESPONSIBLE

1. All Staff

### SUPPLIES NEEDED

1. PPE
  - A. Gowns
  - B. Gloves
  - C. Facemask (with shield) or eye protection

### PROCEDURE

- A. The primary goal is to prevent COVID-19 from being introduced within the campus. Prevention efforts include
  1. Providing training and communication for associates, residents, resident representatives and other campus visitors on COVID-19 which may include:
    - a. Signs and symptoms
    - b. Avoiding touching eyes, nose, and mouth with unwashed hands
    - c. Avoiding close contact with people who are sick
    - d. Maintaining social distances, when possible, of 6 feet or greater
    - e. Complying with Standard Precautions which include:
      1. Hand hygiene
      2. Use of PPE when there is an expectation of possible exposure to infectious material
      3. Respiratory hygiene and cough etiquette
      4. Proper handling and cleaning of the environment, linens and resident care equipment
    - f. Frequent environmental cleaning and disinfection of high-touch surfaces and shared resident care equipment

2. Following the direction of the CDC, CMS and state and local authorities regarding:
  - a. Restrictions of:
    1. Nonessential healthcare personnel (including consultant personnel) and volunteers from entering the building
    2. Vendor deliveries/visits
    3. Group activities, including communal dining
    4. Restricting resident visitation except for end of life and those determined essential by the Interdisciplinary Team (IDT).
      - a. Any requirements for use of PPE will also be implemented.
      - b. Visitors will be limited to the resident's room or other location designated by the Administrator or Infection Preventionist.
3. Posting of signs at entrances advising that no visitors may enter.
4. Developing contingency plans for potential staffing shortages.
5. Screening HCP:
  - a. Any HCP experiencing fever and/or respiratory symptoms shall inform their supervisor and self-isolate at home.
  - b. All HCP will be actively screened at least prior to the start of their shift using screening tool, including temperature.
  - c. If a HCP develop symptoms while at work, they will immediately don a facemask, informs the Administrator/designee and leave the campus.
  - d. Healthcare personnel who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
6. Screening residents:
  - a. Prior to admission, residents will be screened to determine if in the last 14 days they have:
    1. Experienced fever, cough, shortness of breath or sore throat;
    2. Been in close contact with someone with laboratory-confirmed or being investigated for COVID-19;
    3. Traveled internationally to countries with widespread sustained community transmission as identified by the CDC or traveled on a cruise ship.

4. If a resident is positive for any of the above criteria, call the local Health Department and follow direction regarding accepting resident for admission.
  - b. Newly admitted residents or readmitted residents will be restricted to their room for 14 days to monitor for signs/symptoms of respiratory infection.
    1. Attempts will be made to cohort admissions or re-admissions to the same area or block of rooms for the first 14 days.
  - c. Resident will be monitored for development of:
    1. Fever, cough, difficulty breathing, or sore throat:
      - a. Document if resident has:
        - i. Been in close contact with someone with laboratory-confirmed or being investigated for COVID-19;
        - ii. Traveled internationally to countries with widespread sustained community transmission as identified by the CDC or traveled on a cruise ship.
      - b. Monitor temperature at least daily
      - c. If fever develops, notify physician and local health department.
      - d. Move resident to private room, if possible and implement Contact and Droplet Transmission-based Precautions.
      - e. Screen roommate as above and implement Contact and Droplet Transmission-based precautions pending direction from physician and local health department.
        - i. Decrease face-to-face interactions.
        - ii. Designate staff to care for resident.
        - iii. Notify resident representative.
        - iv. If resident is transferred, notify transportation company and receiving facility of symptoms
    2. If resident develops a fever without other respiratory symptoms
      - a. Contact physician and discuss clinical status of resident.
      - b. Monitor for respiratory symptoms.
- B. Preventing the spread of COVID-19 if detected within the campus
1. Continue all preventive measures defined above.

2. Restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms.
3. All Staff to wear facemasks, if available, while they are in the building until isolation precautions have been discontinued. Facemasks should be changed routinely and if they become soiled/wet.
4. If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in the break rooms or common areas.
5. Consider implementing Contact and Droplet Transmission-based Precautions for all residents.
6. Discontinuation of isolation precautions will be determined on a case-by-case basis, following current CDC recommendations in conjunction with physician and local health department.
7. In addition to limiting the number of care givers, a log of all persons who enter the resident room/care area will be maintained.

C. In the event a resident with suspected or confirmed COVID-19 expires while at the campus:

1. The Administrator, Infection Preventionist or designee will notify the resident's physician, representative and Health Department. The Health Department will provide recommendations for care.
2. The same PPE will be worn during post-mortem care as required prior to death.
  - a. The transferring associate will inform the mortuary of the resident's suspected or confirmed COVID-19 status and provide the mortuary with the contact information of the State Department to allow the mortuary to seek guidance.
  - b. Mortuary staff will be met at the entrance to screen for potential COVID-19, ensure they perform hand hygiene and to provide them with necessary PPE.

D. In the event of a shortage of PPE, the Health Department, FEMA and local disaster agencies will be contacted and recommendations followed

1. If there are shortages of gowns, they will be prioritized for:
  - a. Aerosol-generating procedures
  - b. Care activities where splashes and sprays are anticipated
  - c. High-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
  - d. Dressing
  - e. Bathing/showering
  - f. Transferring

- g. Providing hygiene
  - h. Changing linens
  - i. Changing briefs or assisting with toileting
  - j. Device care or use
  - k. Wound care
2. If there are shortages of N95 respirators, the Health Department may approve the use of basic facemasks.

### COVID-19: Screening Checklist for Visitors, Vendors and Employees

Name: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Indicate which resident you are here to visit: \_\_\_\_\_

All individuals (employees, family, visitors, government officials, etc.) entering the building must answer the following questions:

1. Have you washed your hands or used alcohol-based hand rub (ABHR) on entry?

Yes  No -- please ask them to do so

2. Are you experiencing any of the following symptoms?

Yes  No - Fever/Chills

Yes  No - Fatigue

Yes  No - Diarrhea

Yes  No - Congestion or runny nose

Yes  No - Nausea/Vomiting

Yes  No - Headache\*

Sore Throat  Yes  No

New/worsening cough  Yes  No

Muscle/Body Aches  Yes  No

New loss of taste or smell  Yes  No

Shortness of breath/difficulty breathing  Yes  No

\*New or unusual onset. Not related to caffeine, dietary reasons (hunger), or history of migraines, cluster, or tension headaches, or HA typical for the individual.

Any temp / fever (may be self-reported) over 99.9 degrees exclude from building.

If yes to any, restrict them from entering the building.

If no to all, proceed to question #3

3. Have you ever been or are you now considered COVID +?  Yes  No

• If yes, has it been longer than 10 days since tested positive?  Yes  No

If no, then exclude from building.

4. Have you had prolonged (15 minutes or more) close contact (within 6 feet) with a person with COVID-19 while not using appropriate PPE during the prior 14 days?  Yes  No

• If staff, contact administrator or designee for next step.

• If visitor, exclude from building.

5. (Staff only) Have you worked in other facilities or locations with recognized COVID-19 cases in the last 14 days?

Yes  No

• If yes, administrator or DON should be consulted before being allowed to work.

• If allowed to work, require them to wear PPE including mask, gloves, gown before any contact with residents

#### Education -

- You must wash your hands or use ABHR throughout your time in the building
- You must wear a mask at all times while in the building
- If unvaccinated, you may not shake hands with, touch or hug individuals during the visit
- It is safer for visitors not to enter the facility during an outbreak investigation; however you may choose to visit at any time. If you do choose to visit the facility during an outbreak investigation, you must wear the designated PPE needed for the area you are visiting.
- While not recommended residents on transmission-based precautions can still receive visitors.

By signing below you agree that you understand the risks associated with visiting facility during an outbreak.

If you develop symptoms of COVID-19 within 3 days after visiting, you MUST notify the facility

Phone: \_\_\_\_\_ Visitor Email: \_\_\_\_\_

Visitor Address: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_





POLICY NO: 1.66 (IL)  
AREA: Administration  
SUBJECT: COVID-19

Adopted: 5/27/20  
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Revised: 01/19/22  
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### Policy:

The Infection Control Program (ICP) at this facility recognizes Novel Coronavirus (COVID-19) as a highly contagious virus and has a focus to reduce the risk of unnecessary exposures among residents, staff, and visitors. Measures are based on guidance from the Centers for Disease Control (CDC), Center for Medicare and Medicaid Services (CMS) and state and local authorities. Interventions focus on prevention of exposure, early detection of symptoms, effective triage and isolation of potentially infectious residents.

### Purpose:

The purpose of this policy is to prevent/minimize the risk of COVID-19 from being introduced into the facility and provide care for resident suspected or confirmed to have COVID-19.

### Procedure:

#### Screening:

1. All people upon entering the facility must self-screen at designated area for signs and symptoms of COVID-19 based on the most current recommendations of CMS, CDC, and State Department of Public Health, temperature may be included as one of the COVID-19 symptoms but can be self-reported and does not need to be taken by facility.
  - a. Documented screening forms will be kept for at least 30 days.
2. Anyone determined to be at risk related to the approved screening shall not be allowed entry into the facility. This includes employees, vendors, and/or visitors.
3. Facility may post signage on doors instructing visitors not to visit if ill or exhibiting any signs or symptoms of COVID-19.

#### Prevention:

1. All residents will be assessed for new onset of symptoms of COVID-19 at a frequency based on most current recommendations of CMS, CDC, and State Department of Public Health, but at least daily.
  - a. Symptoms may include but are not limited to new onset of cough, fever of 100.0 or greater, sore throat, and shortness of breath.

2. All new or returning residents that are unvaccinated will need to quarantine for 14 days following admission or readmission to the facility for development of symptoms and complete testing as outlined, except for those within three months of being positive for SARS-CoV-2 infection. These residents do not require 14 day quarantine upon admission, unless symptomatic or have had close contact with someone with COVID-19 in the prior 14 days.
3. New admissions or readmissions that are fully vaccinated do not need to quarantine as long as they remain asymptomatic but must complete testing.
4. When community transmission levels are substantial or high, asymptomatic new admissions and readmissions, regardless of vaccination status, must be tested on admission if not tested in the past 72 hours. If negative, test again 5 - 7 days after admission.
  - a. If community transmission levels are low-to-moderate, asymptomatic new admissions and readmissions do not need to be tested on admission.
5. Facility will allow group activities and communal dining based on most current recommendations of CMS, CDC, and State and Local Department of Public Health.
6. All employees must wear a well-fitted face mask while present in resident care areas. Other PPE may be required.
  - a. Everyone else that enters the facility over the age of two and able to medically tolerate a face covering, must use a face covering regardless of vaccination status.
7. Everyone entering the building must perform hand hygiene.
8. Facility will use the CDC COVID-19 Data Tracker Website to carefully monitor the color-coding, which depicts county community transmission levels.
9. Visitors must follow the quarantine and isolation guidance for LTC residents (10 days of isolation after positive test, 14 days of quarantine following close contact with someone with COVID regardless of vaccination status); the shortened CDC time periods for the general public do not apply.

Suspected or Confirmed COVID-19 Residents or is an Unvaccinated Close Contact:

1. Any residents that are determined to have new onset of symptoms will have the following initiated:

- a. Will be moved to a private room in which the door may remain closed, only if safe to do so. If no private room is available, cohorting with another resident with the same potential illness is permitted.
- b. Resident will be restricted to their room until determined that they can be removed from isolation precautions.
- c. Contact/Droplet precautions (N95 respirator) with eye protection will be initiated.
- d. Primary physician will be notified of change in condition to obtain orders for further testing.
- e. Local health department and Department of Public Health will be notified if COVID-19 is diagnosed.
- f. Facility will minimize the number of staff who cares for/access the room while resident is on isolation precautions.

For those residents identified to be a close contact and vaccinated, employees must wear PPE according to community transmission levels.

For those residents not suspected to have COVID-19, employees should use community transmission levels to determine appropriate PPE to wear.

- When community transmission levels are substantial or high, employees must wear a well-fitted face mask and eye protection.
  - Employees working in non-patient care areas are not required to wear eye protection, except when entering care areas.
- When community transmission levels are low-to-moderate, employees must wear a well-fitted face mask.

Guidance for CPAP/BIPAP for asymptomatic residents, who are not suspected to have COVID-19 (regardless of vaccination status).

- In areas with substantial-to-high community transmission levels, employees must wear N95 respirator and eye protection.
- In areas with moderate-to-low community transmission levels, employees must wear a well-fitted face mask.

Discontinuation of Transmission-based Precautions:

1. Test-based (not recommended in the majority of cases)
  - a. Patients who are symptomatic:
    - i. Resolution of fever without the use of fever-reducing medications **and**
    - ii. Symptoms (e.g., cough, shortness of breath) have improved, **and**
    - iii. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.
  - b. Patients who are not symptomatic:

- i. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.
      - c. A test-based strategy is no longer recommended in most cases. In most cases, the test-based strategy results in prolonged isolation of residents who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. A test-based strategy could be considered for some residents (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days. In all other circumstances, the symptom-based strategy should be used to determine when to discontinue Transmission-Based Precautions.
2. Symptom-based strategy
  - a. Residents with mild to moderate illness who are not severely immunocompromised:
    - i. At least 10 days have passed since symptoms first appeared **and**
    - ii. At least 24 hours have passed since last fever without the use of fever reducing medications **and**
    - iii. Symptoms have improved
  - b. Residents with severe to critical illness or who are severely immunocompromised:
    - i. At least 20 days have passed since symptoms first appeared **and**
    - ii. At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
    - iii. Symptoms have improved
  - c. 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.
  - d. For severely immunocompromised-residents who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.
3. Asymptomatic residents with a higher-risk exposure with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. Testing is recommended immediately and 5-7 days after exposure.

#### Return to Work Criteria for Staff with Confirmed or Suspected COVID-19:

1. Conventional Staffing
  - a. Staff who are not moderately to severely immunocompromised:
    - i. Return to work after 10 days or;
    - ii. May return to work after 7 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24

- hours. Must have one negative test completed within 48 hours before work shift begins or rapid antigen test prior to shift.
- b. Staff with severe to critical illness who are not moderately to severely immunocompromised:
    - i. In general, when 20 days have passed since symptoms first appeared; and
    - ii. At least 24 hours have passed since last fever without the use of fever-reducing medications; and
    - iii. Symptoms (e.g., cough, shortness of breath) have improved.
  - c. Staff who are moderately to severely immunocompromised, may shed beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.
    - i. Use of a test-based strategy (2 negative tests 24 hours apart after symptom resolution) and consultation with an infectious disease specialist or other expert such as occupational health specialist is recommended to determine when these staff may return to work.

For Contingency or Crisis Staffing please see Table 4 attached below. Facility will notify the local health department and the IDPH Office of Health Care Regulation if they moving to crisis staffing. Facility may report in the same manner used to report serious incidents or accidents.

1. Test-based strategy. Exclude from work until:
  - a. Staff who are symptomatic:
    - i. Resolution of fever without the use of fever-reducing medications **and**
    - ii. Improvement in symptoms, **and**
    - iii. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.
  - b. Staff who are not symptomatic:
    - i. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.
2. A test-based strategy is no longer recommended (except as noted above for immunocompromised staff) because, in the majority of cases, it results in excluding from work staff that continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.
3. Staff who are suspected of having COVID-19 and have it ruled out, with at least one negative test and the following evaluation another diagnosis is suspected, then return to work decisions should be based on their other suspected or confirmed diagnoses.

Return to Work Criteria Following Exposure:

Conventional Staffing:

After Exposure:

1. Staff who have received all COVID-19 vaccine doses, including booster dose, as recommended by CDC; allow to work with testing and must be asymptomatic:
  - a. They must test as soon as possible after 24 hours from exposure and 5-7 days after exposure, unless within 90 days of COVID-19 infection.
  - b. Screen for symptoms twice per shift.
2. Staff who are either fully vaccinated but without a booster or are unvaccinated, should be excluded from work for 10 days (ideal) following the exposure;
  - a. If excluded from work for 10 days, no testing is required to return to work or;
  - b. May return after 7 days with one negative test.
    - i. Negative test result must be within 48 hours of returning to work.
    - ii. Antigen testing is preferred because a NAAT test may remain positive for some time following infection.

Staff with prolonged continued exposure in the home, are allowed to work with negative test completed on days 1 and 5 - 7 post exposure, unless within 90 days of COVID-19 infection, must additionally test weekly for two weeks after the last exposure date.

Asymptomatic exposed staff must complete required testing listed above and should be included in the facility's routine testing for unvaccinated staff and outbreak testing every 3 - 7 days until there are no more positive results for 14 days.

For Contingency and Crisis staffing please refer to Table 5 attached below.

Exposure Definition:

- Exposure is defined as:
  - Being within 6 feet of a person with confirmed COVID-19 infection;  
OR
  - Having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19 infection.

Notifications:

1. Inform residents, their representatives, and families of those residing in facilities by 5PM the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff

with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must:

- a. Not include personally identifiable information;
  - b. Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
  - c. Include any cumulative updates for residents, their representatives, and families at least weekly or by 5PM the next calendar day following the subsequent occurrence of either:
    - i. Each time a confirmed infection of COVID-19 is identified.
    - ii. Whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.
2. This notification may be done through email, website postings, written notification and/or recorded telephone messages.
  3. Local health department will be notified if COVID-19 is diagnosed in either residents or staff.

#### Definitions:

**Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.

**Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunctions.

#### **Severely Immunocompromised:**

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Fully vaccinated: Equal to or greater than two weeks following receipt of the second dose in a 2-dose series, or equal to or greater than 2 weeks following receipt of one dose of a single-dose vaccine.

APPENDIX A: SUMMARY TABLES

Testing Trigger	Staff (MCP)	Residents
Symptomatic individual identified.	All staff with signs or symptoms must be tested, regardless of vaccination status.	All residents with signs or symptoms must be tested, regardless of vaccination status.
Higher-risk exposure or close contact with an individual who tested positive for COVID-19 that occurs within the facility.	Follow testing requirements listed in <b>Table 5: Work Exclusions &amp; Restrictions for Asymptomatic HCP with Exposures</b>	Asymptomatic residents with prolonged close contact with someone with COVID-19, regardless of vaccination status, must have a series of two tests (PCR or POC antigen), unless within 90 days of COVID-19 infection.  Test immediately, but not earlier than 24 hours post-exposure. If negative, test again between day 5-7 post-exposure or may incorporate into the unit-based or broad-based testing schedule.
Higher risk exposure or close contact with individual positive with COVID-19 that occurs outside the facility	Follow testing requirements listed in <b>Table 5: Work Exclusions &amp; Restrictions for Asymptomatic HCP with Exposures</b>	Asymptomatic residents with prolonged close contact with someone with COVID-19, regardless of vaccination status, must have a series of two tests (PCR or POC antigen), unless within 90 days of COVID-19 infection.  Test immediately, but not earlier than 24 hours post-exposure. If negative, test again between day 5-7 post-exposure.
New admissions, readmissions, or those out of the facility for more than 24 hours.  Testing is not required for individuals who are within 90 days of a COVID-19 infection.		If community transmission levels are substantial or high, regardless of vaccination status, must be tested on admission if not tested in the past 72 hours. If negative, test again 5 – 7 days after admission. PCR testing is preferred.  If community transmission levels are low-to-moderate, do not need to be tested on admission.



**Table 4: Work Exclusions & Restrictions for HCP with COVID-19 Infection - New**

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR) <sup>2</sup>	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
Boosted, Vaccinated and Unvaccinated	10 days off (ideal)	No testing required to return to work	5 days off	May return after 5 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours. Must have one negative test <sup>1</sup> completed within 48 hours before work shift begins or rapid antigen test prior to shift.	Allowed to work except, should have duties prioritized	No additional testing required to work
	OR	7 days off	May return to work after 7 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours. Must have one negative test <sup>1</sup> completed within 48 hours before work shift begins or rapid antigen test prior to shift			

<sup>1</sup>Either an antigen test or NAAT can be used as a clearance test to return to work; however, antigen testing is preferred because a NAAT test may remain positive for some time following infection.

<sup>2</sup>LHD – Local Health Department, OHCR = IDPH Office of Health Care Regulation

**Table 5: Work Exclusions & Restrictions for Asymptomatic HCP with Exposures - New**

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR)	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
Boosted HCP have received all COVID-19 vaccine doses including booster dose(s)  Screen for symptoms twice per shift	Allowed to work with testing  Must be asymptomatic	Allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection  Note: HCP with <i>prolonged, continued exposure in the home</i> , must additionally test weekly for two weeks after the last exposure date.	Allowed to work  Must be asymptomatic	No additional testing required to work but include HCP in outbreak testing completed every 3-7 days, unless within 90 days of COVID-19 infection	Allowed to work  Must be asymptomatic	No additional testing required to work but include HCP in outbreak testing completed every 3-7 days, unless within 90 days of COVID-19 infection
Vaccinated or Unvaccinated  Vaccinated HCP have received all primary COVID-19 vaccine doses but not the booster  Unvaccinated HCP have NOT received all primary COVID-19 vaccine dose.  Screen for symptoms twice per shift	10 days off (ideal)  OR  7 days off  Must be asymptomatic	If excluded from work for 10 days, no testing is required to return to work  Note: HCP with <i>prolonged, continued exposure in the home</i> , are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection, must additionally test weekly for two weeks after the last exposure date.  May return after 7 days with one negative test <sup>2</sup>  Note: HCP with <i>prolonged, continued exposure in the home</i> , are allowed to work following testing cadence noted above under 10 days off.	Allowed to work with negative testing <sup>2</sup>  Must be asymptomatic	Allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection  Note: HCP with <i>prolonged, continued exposure in the home</i> , are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection, must additionally test weekly for two weeks after the last exposure date.	Allowed to work with negative testing <sup>2</sup>  Must be asymptomatic	Allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection  Note: HCP with <i>prolonged, continued exposure in the home</i> , are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 for two weeks after the last exposure date.

NOTE: Asymptomatic Exposed HCP must complete required testing listed above and should be included in the facility's routine testing for unvaccinated HCP and outbreak testing every 3-7 days until there are no more positive results for 14 days.

<sup>1</sup> Negative test result must be within 48 hours of returning to work. Either an antigen test or NAAT can be used, as a clearance test to return to work; however, antigen testing is preferred because a NAAT test may remain positive for some time following infection.

<sup>2</sup> For calculating day of test

1) for infection consider day of symptomatic onset or first positive test if asymptomatic. a. day 0

2) for exposure consider day of exposure as day 0

POLICY NO: 1.69

Adopted: 8/21/20

AREA: Administration

SUBJECT: Point of Care (POC) COVID-19 Antigen Testing

### Policy:

Facility will utilize Point-of-Care testing as a necessary tool to quickly evaluate and identify COVID-19 cases when appropriate.

### Purpose:

The purpose of this policy is to provide rapid point-of-care testing for COVID-19 when necessary.

### Staff Responsible:

1. Administrator
2. DON
3. Infection Preventionist
4. Medical Director
5. Licensed Staff

### Procedure:

#### Prior to Testing:

1. Facility will ensure compliance with all state and federal requirements for use of POC rapid antigen testing.
2. Facility will train and ensure competency with each staff member that will be utilizing the machine prior to use.
3. Facility will comply with all appropriate state and local reporting requirements, as required by the CARES Act, for POC tests completed in the facility.
4. Facility will determine appropriate time to use POC testing. These instances may include:
  - a. Before transitioning a resident out of transmission based precautions after admission/readmission.
  - b. Any newly symptomatic resident.
  - c. Any newly symptomatic staff.
  - d. Any exposed resident or staff to a positive resident.

- e. Any asymptomatic employee, vendor, consultant or volunteer, that needs to enter building but hasn't been tested with current facility cycle.

### Testing:

1. Test procedure will be based on the manufacturer's direction for the specific POC Antigen testing in facility.
  - a. Procedure for specific test will be followed and based on training provided for specific test.
2. Results will be recorded in the resident's medical record.
3. Results for staff will be documented and placed in separate file COVID-19 file.
4. Results will be evaluated for proper intervention.
5. Any symptomatic employee or resident that tests negative with POC Test will be further evaluated for need of follow-up PCR Testing.

### Infection Control:

POC Testing onsite, training & competency, reporting requirements and evaluating results will be incorporated into facility's existing infection prevention and control program, as well as into the Facility Assessment.

## COVID-19 Specimen Collection

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### General Considerations:

1. Limit the number of people present during collection to only those essential for care.
  - a. No visitors or bystanders.
2. Swabbing of multiple individuals should not be performed in the same room at the same time, unless separate swabbing stations can be maintained.

### Self-Collection:

1. Consider if self-collection is appropriate.
  - a. If so, the employee should remain 6 feet away from the individual being swabbed.
  - b. The individual should be able to correctly self-swab and place the swab in transport media.
    - i. If the individual needs assistance, assistance can be provided by placing the swab into the transport media or sterile transport device.

### Location of Specimen Collection for Residents:

1. Specimen collection should be performed one at a time in each resident's room with the door closed.
2. Specimen collection for rooms with multiple residents should be performed one resident at a time in the room, if possible with the door closed and no other individuals present.
  - a. If both residents must stay in the room at the same time, both privacy curtains must be pulled while performing the collection.

### Location of Specimen Collection for Staff:

1. Specimen collection should be performed one individual at a time in a room with door closed and no other individuals present. If individual rooms are not available:
  - a. Large spaces may be used where sufficient space can be maintained between swabbing stations - greater than 6 feet apart.
  - b. Outdoor locations, weather permitting, where individuals will not come near the specimen collection activity.
2. Minimize the amount of time the employee will spend in the room.

- a. Other employees should not wait in the room where swabbing is done.
  - b. Those being swabbed should have a face mask or cloth cover in place for source control throughout the process, only removing during swabbing.
3. Minimize the equipment kept in specimen collection area.
    - a. Each person should bring in their own prefilled specimen bag containing swab and labeled viral transport media container into the testing area from the check-in area.

#### PPE used for Swabbing:

1. Staff doing the swabbing in the room or specimen collection area should wear an N95, if available or facemask, and eye protection.
  - a. N95 masks should be prioritized for aerosol generating procedures if in limited supply.
2. Gloves and a gown should also be worn for specimen collection.
  - a. Gloves should be changed and hand hygiene performed between each person being swabbed.
  - b. The same gown may be worn for swabbing more than one person.
    - i. Gowns should be changed when there is more than minimal contact with the person being swabbed or their environment.
3. Extended use of facemasks and eye protection is permitted.
  - a. If extended use equipment becomes damaged, soiled or hard to breathe or see through, it should be replaced.
  - b. Hand hygiene should be performed before and after manipulating PPE.
4. Staff that are handling specimens but not directly involved with collection and are not working within 6 feet of the individual being tested should follow Standard Precautions.
  - a. This would include gloves and facemask for source control.

#### Cleaning and Disinfecting between Individuals:

1. Surfaces within 6 feet of where specimen collection was performed should be cleaned and disinfected if visibly soiled and at least hourly if collections continue.
2. Terminal cleaning and disinfection of all surfaces and equipment in the specimen collection area should take place at the end of each day when specimen collection is ended.
3. Resident rooms should continue to be cleaned and disinfected as usual.

POLICY NO: 1.22  
AREA: Administration  
SUBJECT: Missing Resident

Adopted: 01/99  
Revised: 09/18  
Revised: 02/25/19  
Page 1 of 2

### Policy:

The facility shall provide a plan of action in the event that a resident is missing.

### Purpose:

To provide 24-hour supervision of the resident's safety.

### Staff Responsible:

1. Administrator
2. Maintenance
3. Director of Nursing
4. All Staff

Missing Resident: the following criteria shall be met prior to determining whether or not a resident is missing:

- The resident is not within eye sight of the facility property
- Facility staff has identified the resident as missing for more than 30 minutes
- The resident is not capable of making safe decisions regarding their safety and welfare and they are unattended

### Procedure:

1. All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device.
2. Residents at risk for wandering shall be assessed and addressed on the care plan.
3. Immediately following the alarm signal, staff shall check the alarm panel and respond to the door indicated.
4. The resident shall be assisted back into the building or a staff member shall remain with the resident for supervision.
5. If a resident is found to be missing and unable to be located, a thorough search of the facility and immediate grounds shall be initiated by facility staff, a head count shall be conducted if necessary and the Administrator notified.



6. If the resident is found to be missing and unable to be located for over 30 minutes, the local police department shall be contacted, at the direction of the Administrator, and notified of a missing person.
7. The facility shall notify the resident's physician and the legal representative or family member.
8. If the incident meets the three criteria for definition of a missing person, and did or could have resulted in harm to the resident, the Administrator shall notify the proper parties and begin an internal investigation.





## Missing Resident Protocol

### Prevention

- Check and test door alarms regularly
- Train staff during orientation and on an on-going basis - explain different alarm systems
- Test and supervise staff response to alarms
- Identify and monitor residents at risk

### Response to Alarms

- Check the alarm panel and respond to the door indicated
- If there is not evidence of anyone exiting the building or outside the immediate area, the alarm should then be reset.

### Response to Resident Leaving the Building

- Assist resident back to building
- If resident is non-compliant, staff should wait for additional assistance
- If resident is found lying on the ground, a nurse should be called to complete an assessment
- If no apparent injury, resident should be assisted back to facility, utilizing a wheelchair, if necessary
- When resident returns to facility, a thorough exam should be completed, to assess for injuries
- If injury is noted, Physician should be contacted for orders
- If determination is made that resident is to be transported to hospital, ambulance, is contacted and resident is transported
- Family or responsible party will be contacted
- If it has been determined that the resident has injuries that require hospitalization, a judgment decision must be made by the Administrator whether to report to Public Health

### Response to Missing Resident

- Conduct a thorough search of facility, focusing on areas such as showers, closets, storage rooms, etc and immediate grounds
- While staff are searching outside, other staff will conduct a head count of all identified at risk residents
- If that count is correct, head count of the entire facility will be conducted
- If it is determined that the resident is missing, the Administrator or designated in charge person will be contacted
- If resident is located they will be returned to the facility



If the resident is not located within 30 minutes, the local police department will be contacted, at the direction of the Administrator or designated in-charge person

Give police all necessary information e.g. description, clothing, picture, etc. of the person

Additional staff will also conduct neighborhood search

The facility shall notify the resident's physician and the legal representative or family member

Once the resident is found, an internal investigation will be conducted by the Administrator

Upon completion of the internal investigation, the Director of Operations will be contacted

After a complete review, a determination shall be made whether the incident requires notification to the Illinois Department of Public Health.

In conducting the search for a missing person, considerations should be given to the cognitive abilities of that person e.g., has ability to go for a walk or out to dinner with family, etc



POLICY NO: 1.68 (IL)  
AREA: Administration  
SUBJECT: Infection Control -  
Communicable Disease Testing

Adopted: 06/08/20  
Revised: 01/24/22  
Revised: 03/15/22

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### Policy:

The Facility shall conduct testing of residents and staff for the control or detection of communicable disease in the following situations:

1. The facility is experiencing an outbreak; or
2. The facility is directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, pandemics or epidemics.

### Staff Responsible:

#### Infection Control Committee Members

1. Administrator
2. Director of Nursing
3. Infection Preventionist - designated coordinator of the Infection Prevention and Control Program
4. Medical Director
5. Licensed Nurses as designated

### General:

1. The facility will make arrangements with a testing laboratory to process any specimens collected and ensure that complete information is submitted with each specimen including: Name, Address, Date of Birth, Sex, Race and Ethnicity.
2. The facility will report to the Department or certified local health department the number of residents and staff tested, and the number of positive, negative and indeterminate cases as directed by the Department or certified local health department.
3. Testing conducted at nursing homes should be implemented in addition to recommended infection control measures and not supersede them.

#### COVID-19 Testing:

1. Facility will partner with a lab that has rapid turn-around times for test results.

- a. Name of lab utilized by this facility: \_\_\_\_\_
  - b. Facility should reference the testing instructions provided with the testing supplies by the designated lab and ensure that licensed staff obtaining the test is competent in the specific test provided.
  - c. Facility may utilize Rapid Point of Care Tests if available and appropriate.
2. Consent forms will be obtained for all residents and staff prior to testing.
    - a. Verbal consent may be used for residents and will be documented in medical record. This consent will remain in place until testing is no longer required or until the resident or POA formally rescinds the consent.
    - b. Staff consent will include sharing test results with facility.
  3. Trained licensed staff will be utilized to obtain the tests.
    - a. Staff must wear N95 respirator, eye protection, gown and gloves for specimen collection.
  4. Facility will work with their Medical Director to obtain orders for all residents and staff for testing.
  5. Baseline or initial testing will be conducted on all residents, who have not been previously diagnosed with COVID-19, and all staff, who have not been previously diagnosed with COVID-19, in coordination with local health department.
    - a. If any staff refuses baseline testing they will be considered positive and excluded from work without pay for 10 days.
  6. If baseline or initial testing shows no positive staff or residents, then follow-up testing for residents and/or staff will be conducted upon guidance from state and local officials based on the prevalence of virus in the community.
    - a. Once baseline or initial testing is completed, all new hires will be tested before starting employment.
  7. Routine testing for unvaccinated facility staff only will be based on the extent of the virus in the community using the level of community transmission in the past week.
    - a. Low (blue) - minimum once a week testing\*
    - b. Moderate (yellow) - minimum once a week testing\*
    - c. Substantial (orange) - minimum of twice a week testing\*
    - d. High (red) - minimum of twice a week testing\*
- \* - These frequencies presume availability of Point of Care testing on-site or where off-site testing turnaround time is <48 hours.

- e. If the level of community transmission increases to a higher level of activity, the facility should begin testing staff at the increased level as soon as the level is met.
  - f. If the level of community transmission decreases to a lower threshold, the facility should continue testing at the higher frequency level until the level of community transmission has remained at the lower level for at least two weeks before reducing testing frequency.
  - g. Facility staff will include employees, consultants, contractors, volunteers and caregivers who provide care and services to residents. Facility will prioritize those individuals who are in the facility on a weekly basis.
  - h. If a staff member is unable to test on the test day, then they should be tested on the next available day or at least within 72 hours of their next scheduled shift.
  - i. Fully vaccinated staff may be exempt from routine testing. This does not include if fully vaccinated staff is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.
8. Residents and staff will be screened for COVID-19 symptoms, regardless of testing.
  9. Any resident who exhibits fever or COVID-19 symptoms will be tested for COVID-19.
    - a. This will include any resident who has tested positive previously, but has since recovered and begins to exhibit symptoms again.
  10. Any staff that has a fever or exhibit symptoms will be tested. If staff refuses testing they will be considered positive and excluded from work without pay for at least 10 days past symptoms.
    - a. This will include any employee who has tested positive previously, but has since recovered and begins to exhibit symptoms again.
  11. Asymptomatic employee with a higher-risk exposure and residents with close contact with someone with COVID-19, regardless of vaccination status, should have a series two viral tests for COVID-19.
    - a. In these situations, testing is recommended immediately (but not earlier than 24 hours after the exposure and, if negative, again 3 -7 days after the exposure.
  12. If there is a new or confirmed case of COVID-19 in the building, testing should begin immediately. Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (facility-wide) testing. This testing should be completed immediately, but not



earlier than 24 hours of identifying a new case of COVID-19 in the building.

- If the facility has the ability to identify close contacts of the individual with COVID-19, it may choose to conduct focused testing based on known contacts.
  - If not able to identify all close contacts or are too numerous or when contact tracing fails to halt transmission, the facility should investigate the outbreak at a facility-wide or group-level such as unit, floor or other specific area(s) of the facility.
13. After testing is completed with either of the two approaches in response to a new case, follow-up testing to ensure transmission has been terminated will be done as follows:
    - a. Testing of any resident or staff that develops fever or COVID-19 symptoms.
    - b. Repeat testing of all previously negative residents weekly (every 3 - 7 days) until the testing identifies no new cases among residents or staff for at least 14 days since the most recent positive result.
    - b. Repeat testing of all previously negative staff weekly (every 3 - 7 days) until the testing identifies no new cases of COVID-19 among residents or staff for at least 14 days since the most recent positive result.
  14. Residents who refuse any testing will be considered positive and placed on contact/droplet precautions with eye protection for at least 14 days or until weekly testing reveals no new cases.
  15. Any staff member that refuses any testing being conducted will be excluded from work without pay for at least 10 days after facility test day each time they refuse.
  17. Once baseline or initial testing is completed in a building any outside vendor or HCP (Pharmacist, Registered Dietician, Hospice staff, Physician, NP/PA, student or trainee, volunteer, Consultant, etc.) that comes into the building will be screened upon entry and will also need to provide proof of negative COVID-19 dated on or after facility's baseline or initial test. This requirement would not apply to those vendors, who are not directly involved in care and not exposed to infectious agents (delivery drivers, building maintenance workers, etc.) as determined by the Infection Control Committee.
  18. Any employee who isn't fully vaccinated must be tested at least weekly for COVID-19.
    - a. Beginning March 15, 2022, any employee not up-to-date on COVID-19 vaccinations will be tested twice weekly with tests

administered at least three days apart. Any employee not tested in accordance with this requirement will not be permitted to work at the facility.

b. An employee is “up-to-date” on COVID-19 vaccinations” when they have received all CDC-recommended COVID-19 vaccines, including any booster dose(s) when eligible.

19. Testing is not required of any employee or resident within 90 days of a prior COVID-19 infection, if the staff member remains asymptomatic.

New Admissions or Readmissions - See Table 2 below:

1. When community transmission levels are substantial or high, asymptomatic new admissions and readmissions, regardless of vaccination status, must be tested on admission if not tested in the past 72 hours.

a. If negative, test again 5 - 7 days after admission.

2. If community transmission levels are low-to-moderate, asymptomatic new admissions and readmissions do not need to be tested on admission.

<i>Table 2: New Admission/Readmissions and Residents who Leave the Facility</i>			
Resident vaccination status	Is quarantine of resident necessary?	Is testing of the resident necessary?	
		Low-to-moderate community transmission	Substantial-to-high community transmission
Unvaccinated resident out for less than 24 hours	No	No	No
Unvaccinated resident out for 24 hours or more	Yes	No	Yes, test as readmission
Vaccinated resident out for less than 24 hours	No	No	No
Vaccinated resident out for 24 hours or more	No	No	Yes, test as readmission

Testing to Determine Resolution of Infection:

A test-based strategy is no longer recommended in most cases. In most cases, the test-based strategy results in prolonged isolation of residents who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. A test-based strategy could be considered for some residents (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days. In all

other circumstances, the symptom-based strategy should be used to determine when to discontinue Transmission-Based Precautions.

Definitions:

**Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.

**Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunctions.

**Severely Immunocompromised:**

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

*Liberty Village Peoria  
Inservices Signature Sheet  
Bird In The Hand Staffing  
Covid 19 Prevention*

*Covid 19 Policy*

*Covid 19 Specimen*

*Infection Control*

*Missing Resident*

*Covid 19 Point of Care*

*Date of Completion* \_\_\_\_\_

*Name Print* \_\_\_\_\_

*Signature* \_\_\_\_\_