

JEFFERSON HEALTH CARE CENTER

POLICY: INFECTIOUS OUTBREAKS	POLICY #:IC1108.4	PAGE: 1 of 2
MANUAL: INFECTION CONTROL	AUTHOR: Infection Control Committee	
EFFECTIVE DATE: 1/13/20	LAST REVIEW/ REVISE DATE: 5/18/20, 9/30/20,11/2020, 12/2020,1/2021	

PURPOSE: To provide guidelines for managing infectious outbreaks in the facility

Population Served: All residents and employees in the facility

SCOPE:

- Order Requirement: None
- Consent Requirement: None

Responsibility:

- All Jefferson healthcare center employees

Definition of Terms:

Outbreak: When the number of cases exceeds the normal baseline

POLICY:

The Facility will surveil residents and staff members for signs and symptoms of contagious infectious disease. The facility will isolate residents with communicable infectious diseases to prevent spreading. The facility will discourage employees with communicable infectious disease from reporting to work.

PROCEDURE:

STEPS	KEY POINTS
1: The infection preventionist will monitor resident’s signs and symptoms to identify patterns that might indicate an outbreak	1: Data will be collected from review of nurse’s notes, 24 hour reports and morning meeting.
2:The infection preventionist will monitor employee call off log for trends and patterns	2: The staffing coordinator will maintain the call off log and provide to Infection preventionist for review during staffing meeting.

<p>3: In the event that an employee has a contagious infectious disease, the facility will restrict employee from working until cleared by a medical practitioner.</p>	<p>3: Employees who need laboratory testing and/ or treatment will be referred to employee health.</p>
<p>4: In the event of an outbreak, the facility will:</p> <ul style="list-style-type: none"> a) Consult facility’s infectious disease doctor for recommendations b) Assign private rooms to affected person whenever possible. If private rooms are not available, facility will cohort residents with same infection in one room. Facility will isolate infected residents to their rooms until infection has resolved. 	<p>4: The facility will limit or restrict group activities on affected units. Facility will also limit resident congregation until symptoms clear.</p> <ul style="list-style-type: none"> (a) Dining room, activity room and dayrooms will be closed. (b) Facility will limit direct care staff sharing between affected and non-affected units. (c) Visitation will be prohibited except for end-of-life or compassionate care situations.
<p>5: The Environmental service department will increase frequency of cleaning and sanitize high touch areas on affected units with dispatch</p>	<p>5: High touch surfaces include door handles, hand rails, bed controls, call bells, Bedside tables</p>
<p>6: The facility will notify residents and family members of infectious outbreaks in the facility once confirmed.</p>	<p>6: Facility will discourage visitation from family members and guests until infectious outbreak has resolved</p> <ul style="list-style-type: none"> (a) Facility will post signs announcing an outbreak and discouraging visitation for the duration of outbreak (b) Masks and hand sanitizers will be available at the front entrance on the building (c) Facility will notify Resident/patient Family by 5pm the following day via email communication and phone call communication

7: The infection preventionist will keep a line listing of the outbreak.	7: Line listing will include patient identifiers, location, symptoms, date of symptom onset, duration of illness
8: The infection preventionist will notify the department of health of reportable contagious infectious outbreaks in facility.	8: The facility will follow direction from the department of health to combat the outbreak
9: Once the outbreak has been cleared, the facility will lift visiting restrictions and notify family members.	9: Facility will contact patient representatives and inform them that restrictions have been lifted
10: The findings of the outbreak will be brought to the Quality Assurance Performance Improvement committee for review	

For COVID-19

1: Enhanced respiratory precautions will be initiated. <ul style="list-style-type: none"> • Patients door will remain closed at all times • Nurse and CNA entering room will wear gown, gloves, Mask and eye protection. 	1: Enhanced respiratory precautions will be initiated. <ul style="list-style-type: none"> • Patients door will remain closed at all times • Nurse and CNA entering room will wear gown, gloves, Mask and eye protection.
2: Patients/Residents who exhibit symptoms of COVID-19, will be tested for the virus.	2: Patient/Resident will be considered a PUI until results come back
3: Exposed Employees will be instructed to call the Jefferson healthcare hotline and follow their directives.	3: Current Hot line #: 1-215-503-7623
4: All Residents/Patients and Staff members will be tested empirically to identify and prevent spread of COVID-19.	4: All testing will be completed by 5/26/20. Employees will have a molecular baseline testing prior to 5/26/20 and all negative employees will be retested in 3-7 days <ul style="list-style-type: none"> a) Confirmed COVID-19 patients will be placed in the designated COVID-19 wing and placed on Enhanced respiratory precautions b) Confirmed positive employees will be excluded from work and asked to

	<p>quarantine/self-isolate per CDC recommendations</p> <p>c) The facility will follow the attached Occupational health FAQ while evaluating employees for return to work</p>
<p>5: In the Event of an outbreak, Facility will group residents into 4 categories</p> <ol style="list-style-type: none"> 1. Patients/residents who have tested positive for COVID-19 (Red Zone) 2. Patients/residents who have been exposed to someone who has tested positive for COVID-19 or has shown symptoms of COVID-19 (Yellow Zone) 3. Patients/residents who are not ill and have not been exposed (Green Zone) 4. Patients who are admitted from the hospital (Yellow Zone) 	<ol style="list-style-type: none"> 1. The red zone is a COVID positive unit. All staff need to wear N95, face shield, gown, and gloves when entering the unit. Gloves are patient specific for the red zone but gowns can be worn from room to room. 2. The yellow zone is the presumed positive unit. All staff need to wear N95 and face shield when entering the unit. Staff entering resident rooms need to wear N95, face shield, gown, and gloves. Gowns and gloves are one time use and patient specific for the yellow zone. 3. The green zone is where the residents have not had any exposure. Staff need to wear standard facemask and face shield. 4. The yellow zone is the presumed positive unit. All staff need to wear N95 and face shield when entering the unit. Staff entering resident rooms need to wear N95, face shield, gown, and gloves. Gowns and gloves are one time use and patient specific for the yellow zone.
<p>6: Weekly staff testing will be conducted through Jefferson occupational health network and or Point of care testing at the center depending on supply availability.</p> <p>6a: If the center experiences an outbreak, all residents will be tested weekly through Jefferson Lab.</p>	<p>6: Results will be made available to the Employee Managers and Human Resources business partners</p> <ol style="list-style-type: none"> a) Staff members who refuse testing and or refuse to disclose testing results will be placed on an administrative suspension <p>6a: any resident/patient, who refuses to be tested, will be treated as a person under investigation (PUI).</p>
<p>7: In the event of an emergency, the facility will review current staff competencies and licenses to identify what duties/task they can accomplish</p>	<p>7: In case of an emergency, Unit managers, ADON, Staff educator, MDS nurses will be used for direct patient care</p>

	<p>7a: Unit clerks identified with a CNA background will be used for patient care</p> <p>7B: Current (05/2020) EVS employee with CNA license will be used for patient care</p> <p>7c: Current (05/2020) activities employee who is a HHA will be used for patient care</p> <p>7d: Facility will contact staffing agency for block scheduling of employees</p> <p>7e: Rehab staff licensed to do so, will be utilized for assisting with patient care.</p> <p>7f: New admissions will be restricted based on staffing in the center.</p>

REFERENCES:

Smith, P. W., Bennett, G., Bradley, S., Drinka, P., Lautenbach, E., Marx, J., ... APIC (2008). SHEA/APIC guideline: infection prevention and control in the long-term care facility, July 2008. *Infection control and hospital epidemiology*, 29(9), 785–814. doi:10.1086/592416

Makimoto, K., Quroshi, N., Utsumi, M., et al. (2010, May). Types of infections outbreaks and their impact in elderly care facilities: A review of the literature. *Age Aging*, 39(3), 299-305.

LIST OF REVISION DATES AND APPROVALS:

5/18/20

Occupational Health FAQs for Clinicians
Return to work post COVID-19 Infection/Exposure (05-06-20)

New to this document:

The April 30, 2020 CDC update increases the time out of work from at least 7 days to at least 10 days postsymptom onset for the symptom-based return to work guidelines.

What are the return to work guidelines for Jefferson Health and Jefferson University employees who have laboratory-confirmed COVID-19 or who have been exposed to a household contact with laboratory-confirmed COVID-19?

All employees who have tested positive will follow the symptom-based (formerly known as the time-based) strategies detailed in the CDC guidance updated 4/30/2020:

Symptomatic laboratory-confirmed COVID-19 employees

- Cleared in person at the local JOHN office by appointment.
- Criteria include:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath); and, o At least 10 days have passed *since symptoms first appeared*.
- May not work with severely immunocompromised patients (e.g. transplant, hematology-oncology) for at last 14 days from the onset of symptoms.

Asymptomatic laboratory-confirmed COVID-19 employees

- Cleared in person at the local JOHN office by appointment.
- Must be out of work for 10 days, day one being the date of the COVID + test as long as they have had NO SYMPTOMS since the test date.
- May not work with severely immunocompromised patients (e.g. transplant, hematology-oncology) from at least 14 days from the date of the test.

Employee is a household contact of a laboratory-confirmed COVID-19 patient

- Return to work is determined by the date of separation, i.e. when was the last contact with the COVID19 infected household contact. If the employee is able to move out of the household, the return date is 14 days from that date. If the employee is unable to

separate, the return date is 14 days from the date that the ill household member is no longer infectious. The household member would be considered noninfectious if it's been at least 10 days from onset of illness AND at least 3 days of resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms.

Do clinicians need to provide documentation to their patients for clearance to return to work?

The CDC website states, “Employers should not require a positive COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.” However, it is expected that Jefferson clinicians will receive patient requests for clearance to return to their workplaces post COVID-19 infection or exposure.

What guidelines should a clinician use to determine if a laboratory-confirmed COVID-19 patient is able to return to work?

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances. As of April 30, 2020, the CDC provides two strategies:

- *Symptom-based strategy.* Exclude from work until:
 - o At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - o At least 10 days have passed *since symptoms first appeared*
- *Test-based strategy.* Exclude from work until:
 - o Resolution of fever without the use of fever-reducing medications and o Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - o Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

What guidelines pertain to patients without symptoms but who have tested laboratory-confirmed COVID-19?

There are 2 options as of the April 30, 2020 CDC update.

- *Time-based strategy.* Exclude from work until:

- o 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- *Test-based strategy*. Exclude from work until:
 - o Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

When can I clear my asymptomatic patient who has a family member with laboratory confirmed COVID-19?

The New Jersey and the Pennsylvania Departments of Health guidance has been consistent with the CDC guidance. Return to work is determined by the date of separation, i.e. when was the last contact with the COVID-19 infected household contact. If the employee is able to move out of the household, the return date is 14 days from that date. If the employee is unable to separate, the return date is 14 days from the date that the ill household member is no longer infectious. The household member would be considered non-infectious if it's been at least 10 days from onset of illness AND at least 3 days of resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms.

Does the patient's employer determine the clearance process?

Yes, some employers may have specific requirements and the patient should provide these requirements to assist with clearance process.

Resources:

Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Pennsylvania Department of Health:

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>

Philadelphia Department of Public Health

<https://hip.phila.gov/EmergentHealthTopics/2019-nCoV>

Montgomery County

<https://www.montcopa.org/513/Public-Health>

New Jersey Department of Public Health:

https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

SIGNATURES:

ADMINISTRATOR:

NAME:

SIG:

DATE:

DIRECTOR OF NURSING:

NAME:

SIG:

DATE:

ASSISTANT DIRECTOR OF NURSING:

NAME:

SIG:

DATE: