



ADIRONDACK HEALTH

DEPARTMENT: INFECTION CONTROL – EXPOSURE CONTROL PLAN 1; ATTACHMENT #7	POLICY TITLE: ECP #1 ATTACHMENT #7: MERCY COVID SURVEILLANCE AND RESPONSE PLAN
PAGE 1 of 3	REPLACES POLICY DATED: NEW
EFFECTIVE DATE: March 2020	POLICY NUMBER:
APPROVED BY: Infection Control Committee on June 18, 2020	PREPARED BY: M. Millar, RN,BSN, CIC; Dr. M. Tagliagambe, Medical Director; M. Byno, RN
SIGNED: _____ DATED: _____	SIGNED: _____ DATED: _____
Diana Christensen, MD Chairperson of Infection Control Committee	Mario Tagliagambe, MD Medical Director, MERCY Living Center
SIGNED: _____ DATED: _____	_____
Dave Mader, BSN, RN, CCRN-K, NE-BC Chief Nursing Officer, Adirondack Health	_____

SCOPE: Adirondack Health Mercy Living Center & Rehabilitation & Sports Medicine at Tupper Lake.
POLICY: Surveillance for COVID 19 Signs and Symptoms will be conducted amongst all staff and Residents.
PROCEDURE: I. Staff Surveillance <ol style="list-style-type: none"> 1. All staff have been informed of the signs and symptoms of COVID 19 and have been instructed not to report to work; instead are asked to call the Employee Health Nurse and the supervisor if any are noted. 2. Exposed and/or symptomatic staff are encouraged to self-isolate at home until it can be determined if COVID 19 is present or not. 3. Mercy is required by New York State health law to notify the county of residence if anyone tests positive for COVID 19. 4. This will be coordinated by Employee Health and /or the Infection Preventionist. 5. DOH will do quarantine and contact notification as per their guidelines. 6. Screening for signs, symptoms and exposure risk for COVID 19 illness will be performed upon entry into the MERCY facility for everyone. (Staff and limited vendors that are permitted, no visitors allowed at present.)

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7. Sign in sheet will ask each person to check if they have known exposure to COVID 19 or any symptoms. A neutral person will assess their temperature and record it on the login sheet that will track by date and AH Employee name..
8. After successful completion of the screening process, the staff member will be given a sticker with the color of the day to prove they participated, and a procedure mask.
9. As per current New York State Executive Order, all personnel will be COVID-19 tested according to the current NYS Guideline/Executive Order:
 - a. *Personnel* includes employees, contract staff, per diem staff, medical staff, operators, administrators, and volunteers.
 - b. Personnel must be tested [frequency dictated per current NYS Guideline/Executive Order.]
 - EO 202.30 - twice per week – ended June 9, 2020
 - E0 202.40 - once per week, began June 10, 2020
 - c. Personnel who work at multiple facilities/sites can be tested once per week (at any of the sites) and supply all other employers with the results.
 - d. Personnel who work at a facility three days per week or less, need only be tested one time per week.
 - e. Personnel will not be excluded from work if they are asymptomatic and being tested solely for the purpose of meeting the above requirements.
10. Mercy performs these tests on assigned days and times in the previous Dialysis Unit. Night staff have this test performed as per the supervisor.
11. Any employee testing positive will be placed on self-quarantine until the county of the employee's residence is contacted by EH or the IP. The nursing supervisor may act on the behalf of the EH and IP with the DOH after notifying at least one of them of the event.

II. Resident Surveillance

1. All residents will be assessed for fever, oxygen saturation and symptoms of COVID 19 at least each shift, more often if need arises.
2. If any resident has an increase in temperature greater than 2 degree &/or O2 sat less than 94%, or greater than 3% decrease from baseline sat **(if baseline is normally under 94%, see chart below for values)**, they will be further assessed by the RN for COVID and any other illness.
3. The RN will complete a head to toe assessment.
4. If signs and symptoms of COVID 19 are present, without convincing evidence that another diagnosis is present (ex: UTI), the resident will be presumed to have COVID 19.
5. Then:
 - i. The resident will be asked to wear a procedure mask
 - ii. The resident will be moved to a private room OR the roommate will be asked /assisted to leave the room until assessment is completed.
6. Notify the Medical Director / covering Physician with SBAR report.
7. Per the physician order, resident may be stable enough to move to Observation Unit or will require further assessment and treatment at the ER.
8. Notify the 911 dispatcher that COVID is suspected so that EMS team will be appropriately prepared.
9. Notify the ER with a full report to include conclusion that COVID 19 is suspected so that they can be prepared.

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10. The roommate will be moved to the observation area until a definitive diagnosis is made.
11. After urgent actions are completed the RN or designated staff person will notify the Administrator on Call and the Infection Control Nurse. Franklin County DOH must be notified, that is something the infection control nurse can assist with.
12. Based on Physician assessment of risk and County DOH recommendations, roommate and all other close contact of the resident suspected of having COVID will be moved to the Observation Unit.
13. All other residents should remain in their rooms during this time.
14. RN will work with administration, Infection Control RN, and DOH to implement interventions to assess all other residents and prevent further spread.

Baseline (less than 94%)	Sat result that Meets action level	
93	90%	Anything below 85% is automatically actionable unless specifically ordered by Physician / Provider.
92	89%	
91	88%	
90	87%	
89	86%	
88	85%	

III Cleaning

1. After the resident and the roommate have been moved, a thorough cleaning of the room will be completed. EVS staff will don full COVID PPE (see P&P).
2. Place the Surficide towers in the room for a minimum of 10 minutes to reduce the amount of contamination prior to cleaning.
3. Clean the room as thoroughly as possible.
4. Place the Surficide towers in the room for a complete calculated cycle.

REFERENCES:

1. DAL NH 20-04 COVID-19 Guidance for Nursing Homes, March 11, 2020 – REVISED
2. DAL #20-14, NH-20-07 Required COVID-19 Testing for all Nursing Home and Adult Care Facility Personnel, May 11,2020.
3. List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19);
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
4. Executive Order 202.30 –
5. **Executive Order 202.40** <https://www.governor.ny.gov/news/no-20240-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>
...regions that have reached Phase Two of reopening, must test or make arrangements for the testing of all personnel, including all employees, contract staff, medical staff, operators and administrators, for COVID-19, once per week. (June 10, 2020)

*Disclaimer: Other circumstances may arise that require the modification of this policy & procedure.
6.21.2020

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