SJU COVID PROTOCOLS – ALL COMMUNITIES

SJU "Core Principles" = Screening, Hand Hygiene, Face Coverings and Social Distancing for ALL engagements.

KIOSK DAILY CHECK-IN

- **ALL STAFF, Visitors, and Vendors of Skilled Nursing areas are required to check in at the Kiosk upon entering the building, and prior to clocking in for staff.**
  - **We have a no exceptions rule to this policy and procedure. Any intentional disregard for the policy and procedure will be followed up with disciplinary action.**
  - If you answer "Yes" to any of the kiosk questions, a name tag sticker will **NOT** print out. There is a message on the screen that tells you someone will be calling you. You must wait to enter past the kiosk until you talk to either the kiosk alert on call person or your supervisor about your symptom/question/temp.
    - If you do not get a phone call, please call your supervisor and let them know about your symptom and ask for direction from there.

    Do not start work while you wait for the phone call. You are **NOT to clock in, or enter the building past the kiosk. If you have symptoms and others are around you, you should exit the building and wait for direction.*

IF THE KIOSK IS HAVING TECHNICAL ISSUES

- Please reach out to your supervisor if you are having issues and you do not know what to do. If stickers are out and need replacing, please send a helpdesk or reach out to your supervisor/nurse to send a helpdesk. Report to your supervisor that the stickers are out, so they at least know you've checked in. We also have the ability to see online if you've checked in, and so if for some reason you don't have a sticker, we can always get record of it from the software.

MITIGATION STRATEGIES *for those not Fully Vaccinated*

For Nursing Home Staff Only:

	Outbreak		Freedom	
	Fully Vaccinated	**Not Fully Vaccinated**	**Fully Vaccinated**	**Not Fully Vaccinated**
Mask Use: *(In residential areas)*	KN95	KN95	Surgical Mask	KN95
Testing:	Once a Week	Once a Week	Not Required	Once a Week

When Are You FULLY VACCINATED? CDC counts people as being "fully vaccinated" if they received one dose of a single-dose vaccine or two doses on different days (regardless of time interval) of either an mRNA or a protein-based series.

Am I still considered "**fully vaccinated**" if I don't get a booster? Yes, the definition of fully vaccinated does not include a booster. Everyone, except those who are moderately or severely immunocompromised, is still considered fully vaccinated two weeks after their second dose in a two-dose series, such as the Pfizer-BioNTech and Moderna vaccines, or two weeks after the single-dose J&J/Janssen vaccine. Fully vaccinated, however, is not the same as having the best protection. People are best protected when they stay up to date with COVID-19 vaccinations, **which includes getting boosters when eligible**.

PPE USAGE

IC may make masking level changes, as well as other PPE usage changes, between primary Protocol updates due to Community Transmission Level, Mitigation Strategies, information provided by the Local Health Dept., or own internal changes to the spread of illness to include COVID-19, Influenza, Noro-Virus, etc. These will be sent out to affected staff via e-mail and through direct manager communication.

- All staff working with clients, residents or patients will wear at a minimum of a surgical mask when working in/on any resident care floor
  - When directed by CMS/CDC/or Local Health guidelines use of a KN95 or N95 will be directed by the Incident Command and Nurse Admin to the affected work area(s)
- Staff who have active Cold/COVID like symptoms but do not present with a fever and have been tested as COVID19 neg. will be required to wear a KN95 to prevent unnecessary illness spread
- *DIRECT CARE* staff
  - HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

    For N95 masks: They are used **daily**, stored in labeled, folded brown paper bags located outside of COVID positive rooms.
  - **Eye Protection** must be worn with resident encounters while a unit is on Outbreak

- **KN95** masks are to be used for *non COVID* residents while on Outbreak.
- New **disposable gown** for each COVID positive encounter

❖ While on Outbreak, non-direct staff (ex: nutrition services dropping off food trays, activities, staff passing through unit) must wear a KN95 mask.

❖ Mask use is optional in all areas that are not considered or housed within resident care such as;

- Independent Living and Assisted Living – Resident councils (IL) or management may opt to allow staff to go without masks as long as they are not in the middle of a facility outbreak.
- East Entry, Business Offices, Pharmacy area, Lillis Center, Maintenance shops, Pastoral Care & Forefront Office hall, etc.
- Non-Laboratory sections of the Gainan's Commons building,
- Primary Kitchens (back of house areas only), Laundry and other service areas
    - Dietary Service staff are still required to wear masks when working on a resident care floor and serving resident meals to include while working the serving lines

❖ SJU will keep staff apprised of changes of required wear of PPE level as needed due to outbreak status internal to our community as well as external to our community.

- Please see COVID Phases of Hypervigilance.

❖ Home Health & Hospice will wear at a minimum of a surgical mask while conducting cares at patients personal homes, at SJU facilities, or while at other care facilities

    - If you are experiencing any cold or other illness symptoms you will be required to wear a mask

- Staff should be cognizant of the outbreak status of the facilities they are visiting and shall have a supply of higher level PPE in case needed to conduct cares in that environment

❖ Mask wear for residents is still highly encouraged and the benefits of wearing one should be communicated as often as possible, however in Independent Living and Assisted Living Communities with near 100% resident vaccination, resident wear and compliance may be relaxed when not in outbreak status.

CENTER FOR GENERATIONS

Center for Generations has provided quality care for children and families for over 20 years. We will continue to go above and beyond all of the regulations that we must follow, as we have for previous years.

❖ CFG will have COVID19 Guidance Posted to the entry points of the CFG and make copies of their guidance available upon request.

❖ SJU CFG will take guidance from the SD2 guidelines for Covid19 response and tracing practices.

VISITATION:

Per CMS guidance, visitation for all residents is permitted. Resident health and safety being at the highest of our priorities, we request visitors and residents follow all core principles during visits.

❖ SJU and Missions United reserves the right to enforce visitation to resident rooms in the event of an outbreak on a floor or in a building so that we can manage the outbreak within the affected area per federal guidelines. As well as require persons to sign in to have information to do contact tracing and notification of outbreaks, if needed.

- Indoor visitation in other public areas will be allowed as long as social distancing guidance may be followed
- Visitors and Vendors to Skilled Nursing areas must screen at entry, are highly encouraged to be vaccinated, and must wear a mask in all public areas.
- Please do not visit if you have been sick or exposed within the last 2 weeks.

❖ In the Independent Living setting only – IC has approved overnight stay for family.

- Overnight stay only allowed during Freedom Phase (i.e. no outbreaks in the building)
- Visitors are highly encouraged to be vaccinated.

❖ Visitors to IL areas may use communal areas such as dining areas, coffee shops, etc., as allowed per resident council's approval.

- We request that visitors remain masked in these public areas unless actively eating or drinking at a table or other stationary location.

❖ While not required, SJU ***encourages*** all visitors who are not vaccinated to receive COVID-19 testing.

❖ Per CMS guidelines, during visits in Skilled Nursing areas during a unit outbreak we ask that visitors wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit. Visitation is asked to be held in private rooms and apartments or a designated visiting area.

- Visitation number per resident is capped only to allow for social distancing guidelines
    - Due to room size we request that no more than 3 visitor be present in a resident room
    - Other areas designated for visitation will have occupancies posted

- Visitors with confirmed SARS-CoV-2 infection or compatible symptoms should defer non-urgent in-person visitation until they have met the healthcare criteria to end isolation; this time period is longer than what is recommended in the community. For visitors who have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at higher risk for

transmission, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet any of the criteria described in Mitigation Strategies Section (e.g., cannot wear source control).

In the event of an Outbreak, visitation for the unaffected areas will not be changed, however we will actively discourage visitation for the directly affected areas and make families aware of the outbreak as well as anyone wishing to visit. This happens if there is any facility acquired COVID-19 diagnosed resident, any staff member of a facility is diagnosed with COVID-19, or if any resident is diagnosed with Influenza or Norovirus. We will actively discourage visitation with the exception of compassionate visits until area has been deemed cleared of its outbreak status.

ADMISSIONS:

Admissions will follow Core Principles.

- Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test.
  - In general, admissions in counties where Community Transmission levels are HIGH should be tested upon admission; admission testing at lower levels of Community Transmission is at the discretion of the facility.
- They should also be advised to wear source control (KN95) for the 10 days following their admission.
- Residents who **leave the facility** for 24 hours or longer (i.e. hospitalization, leave of absence) should generally be managed as an admission.
  - Any symptomatic residents will require staff to be in Full PPE dedicated PPE during cares. Residents will be tested per facility policy.
- All new residents and patients will be offered vaccinations per CDC recommendations.

Internal Activities and Gatherings:

May be held in groups of less than the designated precautionary occupancy for that gathering area and will follow the additional protocols:

- AL and IL Resident Dining
  - No resident dining table occupancy restrictions.
- Staff Dining on main campus
  - SJU Staff, except those working in outbreak areas, may enter and order from the MR Dining room
  - This is dependent on continued adherence to applicable required testing of staff in work areas.
- Resident, CFG and Staff gatherings are allowed with the following:
  - Management approval for special use required. This is dependent on county positivity rate as well as SJU community illness.

OUTDOOR GATHERINGS & OTHER GROUP PERFORMANCES:

- Outdoor gatherings are open to staff, residents and visitors.
- Core principles are to be followed.
- Events that are open to public beyond resident visitors will be reviewed by the Incident Command Team.
- Masks are not required at outdoor gatherings, however social distancing to the greatest extent possible is still advised.

DURING OUTBREAKS:

- Responding to a newly identified SARS-CoV-2-infected HCP or resident
  - Perform testing for **all residents** and **HCP** identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.
    - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
    - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (PCR) is recommended. This is because some people may remain PCR positive but not be infectious during this period.

- Empiric use of Transmission-Based Precautions for residents and work restriction for HCP are not generally necessary unless residents meet the criteria described in Mitigation Strategies Section or HCP meet criteria in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, respectively. However, source control (KN95) should be worn by all individuals being tested.
    - In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of Empiric use of Transmission-Based Precautions for residents and work restriction of HCP with higher-risk exposures. In addition, there might be other circumstances for which the jurisdiction's public authority recommends these and additional precautions.
    - If no additional cases are identified during contact tracing or the broad-based testing, no further testing is indicated. Empiric use of Transmission-Based Precautions for residents and work restriction for HCP who met criteria can be discontinued as described in Mitigation Strategies Section and the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, respectively.
    - If additional cases are identified, strong consideration should be given to shifting to the broad-based approach if not already being performed and implementing quarantine for residents in affected areas of the facility. As part of the broad-based approach, testing should continue on affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days.
        - If antigen testing is used, more frequent testing (every 3 days), should be considered.

RESIDENTS - COVID19 SYMPTOMS, EXPOSURE and POSITIVE – Refer to CDC/CMS Guidelines

SYMPTOMS:

Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible

Duration of Empiric Transmission-Based Precautions for Symptomatic Patients being Evaluated for SARS-CoV-2 infection

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current SARS-CoV-2 infection for a patient with symptoms of COVID-19 can be made based upon having negative results from at least one viral test.

- If using PCR (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and confirming with a second negative PCR.
- If using an antigen test, a negative result should be confirmed by either a negative PCR (molecular) or second negative antigen test taken 48 hours after the first negative test.

If a patient suspected of having SARS-CoV-2 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made based on time from symptom onset as described in the Isolation section below. Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

EXPOSURE:

In general, asymptomatic patients do not require empiric use of Transmission-Based Precautions while being evaluated for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection. These patients should still wear source control and those who have not recovered from SARS-CoV-2 infection in the prior 30 days should be tested as described in the testing section. Refer to CDC for further guidance on duration of Transmission Based Precautions, if required.

Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.

- Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (PCR) is recommended. This is because some people may remain PCR positive but not be infectious during this period.

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POSITVE:

The following are criteria to determine when Transmission-Based Precautions could be discontinued for patients with SARS-CoV-2 infection and are influenced by severity of symptoms and presence of immunocompromising conditions. Patients should self-monitor and seek re-evaluation if symptoms recur or worsen. If symptoms recur (e.g., rebound), these patients should be placed back into isolation until they again meet the healthcare criteria below to discontinue Transmission-Based Precautions for SARS-CoV-2 infection unless an alternative diagnosis is identified.

In general, patients who are hospitalized for SARS-CoV-2 infection should be maintained in Transmission-Based Precautions for the time period described for patients with severe to critical illness.

In general, patients should continue to wear source control until symptoms resolve or, for those who never developed symptoms, until they meet the criteria to end isolation below. Then they should revert to usual facility source control policies for patients.

Patients with mild to moderate illness who are *not* moderately to severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Patients who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:

- At least 10 days have passed since the date of their first positive viral test.

Patients with severe to critical illness and who are *not* moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- The test-based strategy as described for moderately to severely immunocompromised patients below can be used to inform the duration of isolation.

STAFF – COVID19 SYMPTOMS, EXPOSURE and POSITIVE - Return to Work Protocol – Refer to CDC/CMS Guidelines

The following are criteria to determine when HCP with SARS-CoV-2 infection could return to work and are influenced by severity of symptoms and presence of immunocompromising conditions. After returning to work, HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen. If symptoms recur (e.g., rebound) these HCP should be restricted from work and follow recommended practices to prevent transmission to others (e.g., use of well-fitting source control) until they again meet the healthcare criteria below to return to work unless an alternative diagnosis is identified.

Staff may return to work when: (You may be required to provide a medical provider's release)

SYMPTOMS:

Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible. HCP with even mild symptoms of COVID-19 should be prioritized for viral testing with nucleic acid or antigen detection assays.

When testing a person with symptoms of COVID-19, negative results from at least one viral test indicate that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected.

- If using PCR, a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining work restrictions and confirming with a second negative PCR.
- If using an antigen test, a negative result should be confirmed by either a negative PCR (molecular) or second negative antigen test taken 48 hours after the first negative test.

For HCP who were initially suspected of having COVID-19 but, following evaluation, another diagnosis is suspected or confirmed, return-to-work decisions should be based on their other suspected or confirmed diagnoses.

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EXPOSURE:

For the purposes of this guidance, higher-risk exposures are classified as HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection and:

- HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)
- HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
- HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure

Following a higher-risk exposure, HCP should:

- Have a series of three viral tests for SARS-CoV-2 infection.
    - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
    - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of PCR is recommended. This is because some people may remain PCR positive but not be infectious during this period.
- Follow all recommended infection prevention and control practices, including wearing well-fitting source control (KN95), monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Work restriction is not necessary for most asymptomatic HCP following a higher-risk exposure, regardless of vaccination status. Examples of when work restriction may be considered include:

- HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure;
- HCP is moderately to severely immunocompromised;
- HCP cares for or works on a unit with patients who are moderately to severely immunocompromised;
- HCP works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions;

If work restriction is recommended, HCP could return to work after either of the following time periods:

- HCP can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic HCP following a higher-risk exposure is negative.
- If viral testing is not performed, HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.

POSITVE:

HCP with mild to moderate illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed *since symptoms first appeared* if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.

*Either a PCR (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

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*Either a PCR (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP with severe to critical illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 10 days and up to 20 days have passed *since symptoms first appeared,* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

After returning to work staff need to:

- ❖ Wear a KN95 or procedure mask, as directed by the Health Director, at all times while in the facility until all symptoms are completely resolved or until 10 days after illness onset, whichever is longer.
- ❖ Adhere to hand hygiene, respiratory hygiene, and cough etiquette.
- ❖ Self-monitor for symptoms, and seek re-evaluation if respiratory symptoms recur or worsen.
- ❖ All other restrictions, PPE usage, Travel, etc., shall still apply.

STAFF and RESIDENT - COVID19 TRAVEL PRECAUTIONS

AFTER ALL TRAVEL: Self-monitor for COVID-19 symptoms; isolate and get tested **if you develop symptoms**. Follow all state and local recommendations or requirements after travel.

INTERNATIONAL TRAVEL:

After you travel:

- ○ If asymptomatic, test with an antigen at least 48 hours prior to next scheduled shift.

***** In the event of an internal community outbreak, or rising external community positivity rates we revert back to the stricter version of the protocols. These relaxed standards are allowed thanks to our present Freedom Phase.***

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