

**Date: 05/23/20, 06/01/2020, 06/08/2020, 06/11/20**

**POLICY STATEMENT:**

*The facility wishes to keep residents and staff as safe as possible against COVID-19 infection.*

**PROCEDURE:**

The facility will test residents and staff either through local public health testing or private labs for a baseline result.

The facilities will use their current lab they are contracted with for COVID 19 testing, if the local health department is unable to assist.

Resident and Staff testing will be completed as followed:

If no cases of COVID 19 the facility will test all residents every 28 days. Staff will be tested every 7 days.

If a facility has an outbreak of 2 or more staff or residents Positive for COVID 19 the facility will test every 7 days (or as directed by the local health department) until all staff and residents are negative and no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive result unless directed differently by the local health department/IDPH.

Prior to Testing at the facility, the following will be obtained:

A Physician order will be obtained for all residents.

Consents to be tested will be obtained for all staff and residents (or their representatives).

Facility also prepares or compiles other supplies needed for specimen collection (e.g., specimen labels, test requisition forms, PPE, etc).

The testing will be completed by the DON/Nurse Managers if the local health department is unable to assist with testing. Training materials are available on the IDPH website for testing.

Any resident that presents with symptoms of COVID-19 infection, *MD/POA will be notified.* Facility will attempt to obtain an order to test the resident for infection.

If any residents' test positive they will *immediately* be placed in droplet isolation precautions with MD and POA notifications. Discontinuing of isolation will be determined by the following or/and based on the local and state health departments guidance:

The positive resident or residents will need *two subsequent negative test results* 24 hours apart with subsidence of symptoms, if any were presented with initially. Alternatively, the resident will be cleared of droplet and isolation precautions after 14 days after testing positive (of which 3 were asymptomatic), and MD and POA notifications are made.

Any staff member that *presents with symptoms of COVID-19 infection*, will be sent home and asked to obtain COVID-19 testing, and will not return to work until the following criteria is met:

**One of the following strategies will be used to determine when HCP may return to work in healthcare settings:**

**Test-based strategy after testing positive for COVID 19 or suspected of COVID 19:  
Exclude from work until:**

- Resolution of fever without the use of fever-reducing medications for 72 hours **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from **at least two consecutive** nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens)

**Non-test-based strategy. Exclude from work until:**

- 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**,
- At least 10 days have passed since symptoms first appeared

**HCP with laboratory-confirmed COVID-19 who have not had any symptoms** (Either strategy is acceptable depending on local circumstances):

- Time-based strategy. Exclude from work until:
  - 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:**
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note for testing related to a precautionary measure: positive staff could possibly be asymptomatic. The staff would continue to work until results were obtained.

Staff that refuse to be tested will be excluded from work until they can produce a negative test.

Residents have a legal right to refuse. It is anticipated that this consent is covered by a blanket consent the facility would have as part of the admission process for clinical issues. If no blanket consent exists, then verbal informed consent is required and should be documented. No written consent is required. If consent is not given, a facility should consider following COVID protocols for the resident

Residents unable to be tested due to end of life or some other unseen reason will be placed on COVID protocols.

PPE:

The Facility will follow their specific policies on PPE (i.e. gowns, gloves, goggles, masks, N95 masks) according to the Infection Control Policy.

The Facility will refer their Infection Control Policies: Standard Precautions CC.8.17 or Transmission Based Precautions CC.8.10 depending what type of resident room they are entering to ensure proper PPE.

The Facility will use IDPH/CDC guidelines on testing and proper PPE.

PPE inventory will be completed minimally each week. Requests will be made to the local health department for needed PPE and also sent to the Director of Purchasing.