

Overview

It is the policy of Trilogy Health Services that each resident receives the necessary care and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being, in accordance with each resident's comprehensive assessment and plan of care.

Each campus is responsible for their Emergency Preparedness Plan. COVID-19 preparedness should be a part of this plan. A committee that includes administration, the medical director, nursing, reception, plant ops, environmental, and any other pertinent staff members should be formed. This committee should meet weekly to review and evaluate the plan.

Campus staff should regularly monitor the CDC website for updated information and contact the local health department with questions about COVID-19. Per the CDC, prompt detection, triage and isolation of potentially infectious residents is essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors. Campuses should continue to be vigilant in identifying any possible infected individuals through frequent monitoring for potential symptoms of respiratory infection.

Take steps to ensure all residents with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) adhere to instructions regarding respiratory hygiene, cough etiquette and hand hygiene. Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how to perform proper hand hygiene.

Precautionary measures taken in all campuses:

- ED and DHS are responsible for establishing and maintaining open and necessary communication with residents, staff, families, resident representatives, volunteers, and providers on COVID-19 information as it becomes available.
- Post signage and provide educational materials (respiratory hygiene/cough etiquette, hand hygiene, visitor sign at entrance) throughout the campus.
- DHS to coordinate in-service for all staff on COVID-19 Preparedness (*Resources in Red e App and Trilogy U, and COVID-19 SOP*).
- DHS to coordinate in-service for staff and educate residents and visitors on infection control procedures and precautions (e.g., respiratory hygiene/cough etiquette, frequent hand hygiene / hand washing for 20 seconds, and PPE utilization).
- Campus to designate one main entrance, limit deliveries to service door and place signage on all doors.
- Complete infection control education and screening questionnaires for all employees, visitors, outpatients, and contractors who attempt to enter the campus. The screening will include temperature monitoring.

- Have designated campus employee at main entrance providing education and screening from 8am to 6pm.
- Implement restricted visitation plan in accordance with company guidelines and/or governmental guidance. Permitted visitors will be escorted to and from the resident's room.
- Limit pet visits in accordance with company guidelines and/or governmental guidance.
- Ensure PPE, including N95 respirators, are available for campus employees and visitors as needed and as campus supplies allow.
- Ensure N95 respirator fit testing hood and solutions are available.
- Implement respiratory hygiene and cough etiquette.
- Cancelling or limiting group activities and outings.
- Hand and hygiene stations should be readily available for residents, outpatients, contractors, staff, and visitors.
- Ensure that EPA registered, hospital-grade disinfectant is available for frequent cleaning of high touch surfaces and resident care equipment.
- Perform enhanced environmental cleaning per CDC recommendations for the entire campus. This includes, but is not limited to, walls, surfaces, breakrooms, bathrooms, medical equipment, doorknobs, handrails, etc.
- Rooms should be cleaned and disinfected daily.
- Encourage usage of alternative visitation with family via, Skype, FaceTime, etc.

GUIDELINES

1. Evaluate and Manage Residents with Symptoms of Respiratory Infection
 - a. Follow current CDC, CMS, and/or state screening recommendations:
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
 - b. Ask residents to report if they feel feverish or have symptoms of respiratory infection.
 - c. Promptly assess residents for fever and symptoms and signs of respiratory infection upon admission and throughout their stay in the facility.
 - d. Implement appropriate infection prevention practices for symptomatic residents.
 - e. Isolation precautions should be made on a case-by-case basis and in consultation with public health officials.
 - f. Begin active monitoring of all residents and employees in the facility for signs and symptoms.
 - g. If more than 3 residents on a wing begin to show signs and symptoms of a respiratory infection, move them to a designated area of campus.

- h. All residents in the campus should have a completed Trilogy- Potential Respiratory Observation in resident's electronic health record (EHR), which includes a baseline temperature.
 - i. All residents on Health Center need to have an open-ended order entered with associated task for temperatures twice per day.
 - j. All residents on Assisted Living need to have an open-ended order entered with associated task for temperatures once per day.
 - k. Update provider on resident condition and request Influenza POC testing.
 - l. When social distancing is not possible, encourage resident(s) to wear face mask.
 - m. Continue to communicate resident condition and request further direction from provider
 - n. Notify the health department regarding residents with respiratory infection and follow provided guidance. See State-Based Prevention Activities for contact information for the healthcare-associated infections program in each state health department.
 - o. Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available and keep provider informed of changes in resident condition.
 - p. If resident receives visitors, they will be escorted to and from resident room.
2. If COVID-19 is suspected for resident in campus based on evaluation of the resident
- a. Residents in a private room with suspected COVID-19 should remain isolated. If residents are in a semi-private room, one resident will be moved to a private room, if available.
 - b. Room sharing might be necessary if there are multiple residents with suspected COVID-19 in the facility.
 - c. Ensure that PPE is readily accessible and in close proximity to the resident's room.
 - d. Attempt to assign same care givers to provide care to suspected resident.
 - e. Appropriate PPE should be used by healthcare personnel when interacting with the resident.
 - f. For each resident with suspected exposure, review visitor logs for up to 14 days prior to the onset of symptoms and communicate accordingly.
 - g. Suspend communal dining and implement in-room meal service.
 - h. If resident receiving therapy, provide in room therapy or is the only person in therapy gym and cleaning completed after session using EPA registered, or hospital grade disinfectant.
 - i. Encourage resident room cleaning/disinfecting daily.
 - j. If symptoms persist, and etiology unable to be identified, obtain order to send to acute care setting for COVID-19 testing.
 - k. Notify receiving acute care facility and notify EMS of resident condition.

3. COVID-19 Suspected and Resident Transfer to an Acute Setting to Rule Out
 - a. While awaiting transfer, symptomatic residents should wear a facemask, N95 respirator, or other clinically appropriate protectant, as tolerated. If any of the foregoing are not available, or resident cannot tolerate, place tissue over nose and mouth.
 - b. Symptomatic residents awaiting transfer should be separated from others (e.g., kept in their room with the door closed).
 - c. All employees should complete the Trilogy Health Services Visitor Screening Questionnaire which includes a baseline temperature.
 - d. The DVP and ED should arrange for a deep cleaning of the entire campus. This includes but not limited to walls, surfaces, breakrooms, bathrooms, medical equipment, door knobs, handrails, etc.
 - e. In-services should occur on hand-washing and infection control measures.
 - f. Inventory of all isolation supplies should be provided to ensure adequate supplies on hand.
 - g. Gather potential sources of exposure by gathering a report from home office of all voyagers, support staff and home office personnel that have visited the resident. Also review the visitor log at front entrance which were visitors of the specific resident during the incubation period. (Two weeks prior to the initial signs of symptoms).
4. Campus Notification of Confirmed COVID-19 Case with campus exposure
 - a. Follow all steps outlined in COVID-19 Decision to Transfer a Resident to an Acute Setting.
 - b. All residents and employees will be required to have daily temperature monitoring until exposure period has ended.
 1. If an employee experiences any signs or symptoms, they will be placed on quarantine
 - c. Complete observation in resident's electronic health record (EHR), "Trilogy-Infection Event"
 - d. Confine all residents with exposure to one location in the campus.
 - e. Restrict all in house gatherings including dining room meal service and activities.
 - f. Continue daily disinfection procedures of campus including rooms and common areas.
 - g. Request further direction from Covid-19 committee, CDC if applicable and/or Health Dept.

Additional Measures for Any Scenario Noted Above

- Develop a plan for isolation and/or grouping of affected residents. including dedicating employee to work only on affected units. Discuss with Clinical Support team if facility will group residents displaying similar symptoms to one area within the campus.
- Evaluate and manage healthcare personnel with symptoms of respiratory illness.

- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home.
- As part of routine practice, ask staff (including support personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.
- Ask staff to develop alternative child care plans for school closings.
- Remind staff to stay home when they are ill and report any respiratory symptoms to their supervisor
- If staff develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.
- Consult healthcare provider on decisions about further evaluation and return to work.
- Call compliance hotline with questions - 800-908-8618.
- Review/Complete the Emergency Numbers and Contacts List.
- Review/Prepare updated employee contact list.
- Maintain a list for patients' regular clinic, physician, or dialysis appointments in order to cancel non-essential appointments.
- Confirm emergency meals are available, if normal food service is disrupted.

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