

## Infection Control COVID-19

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### Policy Statement

Daily Living Centers, Inc. Infection Control Program (ICP), includes policies and procedures to assist in preventing transmission of COVID-19 into the Daily Living Centers, Inc. campus. In the event a transmission occurs, prompt detection and effective triage and isolation of potentially infectious participants are essential to prevent unnecessary exposures among additional participants, employees, and visitors. Daily Living Centers, Inc. recognizes its high-risk population and, as such, the actions listed below will be implemented, and Daily Living Centers, Inc. will further coordinate the ICP and Emergency Preparedness (EP) plans to address COVID-19. These policies and practices are based on Infection Prevention and Control recommendations from the Centers for Disease Control (CDC) and the World Health Organization (WHO) and is based on the currently limited information available about coronavirus disease 2019 (COVID-19) related to disease severity, transmission efficiency, and shedding duration. According to the CDC, their guidance is applicable to all U.S. healthcare settings and subject to change as more information becomes available. Daily Living Centers, Inc. will monitor the CDC website routinely and update this policy as needed.

### Background

Coronavirus disease 2019 (COVID-19) is a respiratory disease first detected in China. Early on, many of the patients in the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside of Hubei and in countries outside China, including the United States (US). To date, imported, person-to-person, and community spread cases have been identified in the US. **Community spread** means some people have been infected and it is not known how or where they became exposed. The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”). Current symptoms reported for patients with COVID-19 have included mild to severe respiratory illness with fever, cough, and difficulty breathing. It has also been determined older adults and individuals with severe chronic medical conditions, such as heart, lung or kidney disease, are higher risk for more serious COVID-19 (Control, 2020).

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission **is currently uncertain**. However, airborne transmission from person-to-person over long distances is unlikely.

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Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas.

## **Definitions**

**Airborne precautions refer to actions taken to prevent or minimize the transmission of infectious agents/organisms that remain infectious over long distances when suspended in the air. These particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents in a room or beyond, to adjacent spaces or areas receiving exhaust air.**

**Close contact** for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the participant; or sitting within 6 feet of the participant in a healthcare common area or room); or b) having unprotected direct contact with infectious secretions or excretions of the participant (e.g., being coughed on, touching used tissues with a bare hand).

***Droplet precautions*** refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

***Essential Staff*** refer to staff needed to ensure the health and safety of all individuals under the care or services of the organization. This should include all staff as any staff can assist critical care staff with non-nursing duties.

***Healthcare Personnel (HCP)***: For the purposes of this document HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to participants or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

**Isolation** means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease.

**Personal protective equipment (PPE)** are protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect participants from cross-transmission. This includes but is not limited to gloves, gowns, goggles, facemasks, or respirators. For Daily Living Centers, this will only include

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gloves and facemasks on a daily basis. Gowns and N95 masks will be used if the situation demands.

**Standard precautions** are infection prevention practices that apply to all participants, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infections agents.

**Transmission based precautions** are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

### **Defining HCP Exposure Risk Categories and Appropriate PPE**

While body fluids other than respiratory secretions have not been clearly implicated in transmission of COVID-19, unprotected contact with other body fluids, including blood, stool, vomit, and urine, might put HCP at risk of COVID-19.

According to CDC guidance, **high-risk** exposures refer to HCP who performed or were present in the room for treatments or procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, nebulizer therapy, sputum induction) on participants with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected. While a respirator is preferred in high-risk exposure situations, and respirators should be prioritized for high-risk treatments and procedures that are likely to generate respiratory aerosols, a facemask is an acceptable alternative and may be used in the event respirator supply is unavailable. *This tier does not apply to Daily Living Centers as we do not perform procedures as listed above.*

**Medium-risk** exposures generally include HCP who had prolonged close contact with participants with COVID-19 where HCP mucous membranes were exposed to material potentially infectious with the virus causing COVID-19. These scenarios involve interactions with symptomatic participants who were not wearing a facemask for source control. Because these exposures do not involve treatments or procedures that generate aerosols, they pose less than that described under *high-risk*. When a Daily Living Centers, Inc. staff member is involved in medium-risk exposure situations, the following PPE will be required: gloves, N95 facemasks, and gowns.

**Low-risk** exposures generally refer to brief interactions with participants with COVID-19 or prolonged close contact with participants who were wearing a facemask for source control while HCP were wearing a facemask. When a Daily Living Centers, Inc. staff member is involved in low-risk exposure situations, the following PPE will be required: gloves and facemask.

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Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with participants infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures HCP should still perform self-monitoring with delegated supervision.

HCP with no direct participant contact and no entry into active participant management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have *no identifiable risk*.)

### **Preventing the Introduction of COVID-19 into our Campus**

- I. The primary goal of Daily Living Centers, Inc. is to prevent COVID-19 from being introduced within our campus. Prevention efforts include:
  - a. Following **Standard Precautions**, which are the minimum infection prevention practices that apply to all participant care, regardless of suspected or confirmed infection status of the participant, in any setting where health care is delivered. These practices are designed to both protect HCP; and prevent HCP from spreading infections among participants. Standard Precautions include —
    - i. Hand hygiene - washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand rub that contains at least 60% alcohol before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
      - Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
      - If hands are visibly soiled, staff will use soap and water before returning to alcohol-based hand rub.
    - ii. Use of personal protective equipment when there is an expectation of possible exposure to infectious material; add additional PPE if possible exposure.
    - iii. Employees to change gloves between contact with each participant and each time when handling cleaning materials.
    - iv. Respiratory hygiene/cough etiquette principles.
    - v. Properly handle and properly clean and disinfect patient care equipment.
    - vi. Clean and disinfect the environment appropriately.
    - vii. Handle textiles and laundry carefully.
  - b. Providing training and education for staff, participants, and visitors on COVID-19 to include prevalence, signs and symptoms, standard

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precautions, and the Daily Living Centers, Inc. Infection Control and Emergency Preparedness plans. Additionally, on:

- i. Avoiding touching eyes, nose, and mouth with unwashed hands.
- ii. Avoiding close contact with people who are sick; and
- iii. Maintaining social distances, when possible, of 6 feet or greater.
- c. Following CMS' recommendations for restricting visitors.
- d. Reminding employees to stay home if they are experiencing fever and respiratory symptoms.
- e. Ongoing communication with participants, employees, and participant representatives/families.
- f. Monitoring participants (current and new admissions) and employees for fever or respiratory symptoms, such as, cough, or shortness of breath.
  - i. If symptoms are identified, move to action steps to prevent the spread of respiratory germs within the Daily Living Centers, Inc. campus to include restricting participants with fever or acute respiratory symptoms from attendance.
  - ii. For temperature monitoring, Daily Living Centers, Inc. will take the temperature of every individual entering the center, both staff and participants. If the temperature is 100.4 degrees or above, the individual will be immediately isolated and then sent home. We will also be testing temperatures again after our lunch period and maintaining a temperature log for each individual.

### **Preventing the Spread of COVID-19 Within our Campus**

- II. In the event COVID-19 is introduced within the Daily Living Centers, Inc. campus, our efforts will transition to preventing the COVID-19 from spreading. Prevention efforts will include:
  - a. Following **Standard Precautions for all participants**, which are the minimum infection prevention practices that apply to all participant care, regardless of suspected or confirmed infection status of the participant, in any setting where health care is delivered. These practices are designed to both protect HCP and prevent HCP from spreading infections among participants. Standard Precautions include —
    - i. Hand hygiene - washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand rub that contains at least 60% alcohol before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
      - Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

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- If hands are visibly soiled, staff will use soap and water before returning to alcohol-based hand rub.
- ii. Use of personal protective equipment (gloves and facemasks) when there is an expectation of possible exposure to infectious material.
- iii. Respiratory hygiene/cough etiquette principles.
- iv. Properly handle and properly clean and disinfect patient care equipment.
- v. Clean and disinfect the environment appropriately.
- vi. Handle textiles and laundry carefully.
- vii. **Daily Living Centers, Inc. will use personal protective equipment (PPE) appropriately.** In the event there is a shortage of PPE, Daily Living Centers, Inc. will contact the OSDH by calling 1-877-215-8336 for assistance and guidance. PPE use will include:
  - Donning clean, non-sterile gloves upon entry into the care area.
  - Changing gloves if they become torn or heavily contaminated.
  - Removing and discarding gloves when leaving the care area, and immediately performing hand hygiene.
  - Donning a facemask before entry into the care area.
  - Disposable facemasks will be removed and discarded after exiting the care area.
  - Performing hand hygiene after discarding the facemask.
  - Donning clean gowns and N95 masks before entering the care area.
- viii. **Daily Living Centers, Inc. will disinfect shared equipment before use on another participant.**
- ix. **Daily Living Centers, Inc. will prioritize cleaning and disinfection** - at least daily focusing on frequently touched surfaces and equipment in the immediate vicinity of the participant.
- x. **Daily Living Centers, Inc. will ensure only essential personnel should enter the center** and will implement staffing policies to minimize the number of HCP who enter the center (dedicated staff assignments).

Daily Living Centers will report suspected or confirmed cases of COVID 19 to [DDS.COVID.Reporting@okdhs.org](mailto:DDS.COVID.Reporting@okdhs.org) and the Oklahoma Department of Health at 405-271-5600.

## References

CDC. (2020, March). Retrieved from CDC.gov: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>