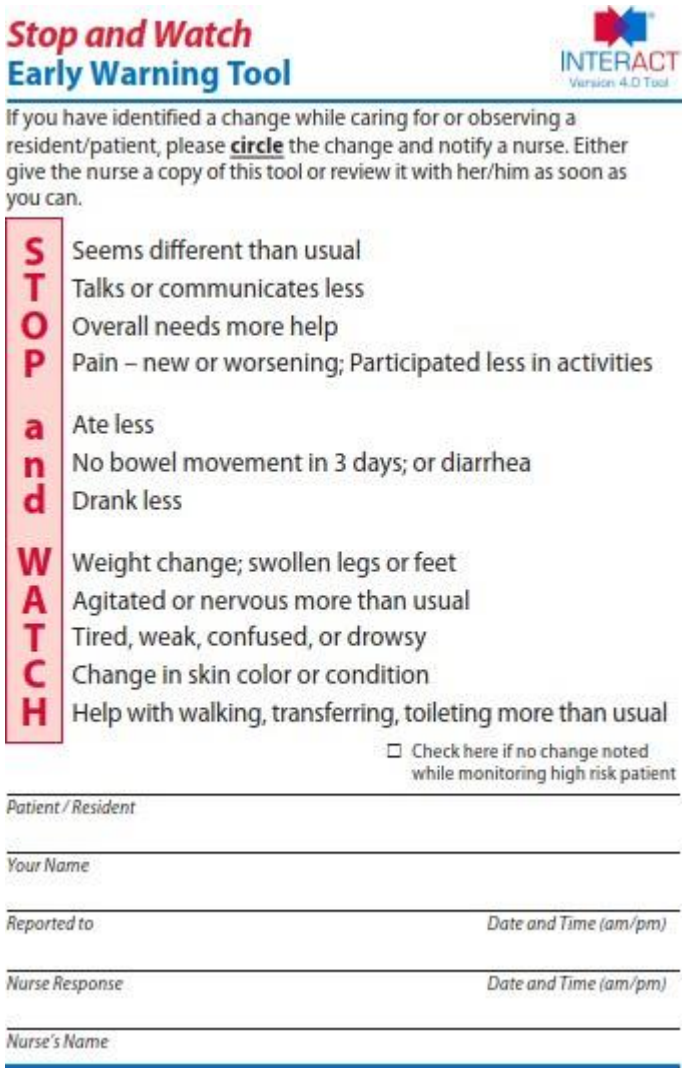
COVID-19

ROCHESTER REGIONAL HEALTH

COVID-19 Clinical Workflows for Nursing Homes

A. All Staff:

In the elderly, initial symptoms of acute infections are often non-specific. All staff should continue to use the Stop and Watch tool and notify the nurse of any changes in a resident. Additionally, all staff observing a resident with specific symptoms of respiratory infection (runny nose, sneeze, cough, sore throat, trouble breathing, fever) will notify the nurse immediately. The nurse should also be notified of any residents who do not have symptoms but report being in contact with someone who has developed a respiratory illness or fever.



Stop and Watch
Early Warning Tool

INTERACT
Version 4.0 Tool

If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

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Seems different than usual
Talks or communicates less
Overall needs more help
Pain – new or worsening; Participated less in activities

Ate less
No bowel movement in 3 days; or diarrhea
Drank less

Weight change; swollen legs or feet
Agitated or nervous more than usual
Tired, weak, confused, or drowsy
Change in skin color or condition
Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to *Date and Time (am/pm)*

Nurse Response *Date and Time (am/pm)*

Nurse's Name

COVID-19 Clinical Workflows for Nursing Homes

B. Clinical Staff:

A nurse will observe all residents for respiratory symptoms and obtain each resident's body temperature once each day and as needed. If possible, measurement of oxygen saturation should also be obtained.

Observations & Considerations for patients with a change in condition:

- ☐ If the resident is exhibiting respiratory signs or symptoms, keep the door to the room closed, implement **Contact** & **Droplet** precautions, and place a **medical mask on the resident** unless the resident is unable to tolerate the mask
- ☐ Obtain vital signs
- ☐ Fingerstick glucose (residents with diabetes)
- ☐ General: **Chills, fatigue, loss of appetite, muscle aches**
- ☐ Head: **Runny nose,** sore throat**, headache, changes in the sense of smell or taste**
- ☐ Respiratory: **New cough**, **abnormal lung sounds, Accessory muscle breathing, pursed-lip breathing, Respiratory distress**
- ☐ GI: **Nausea, vomiting, diarrhea, abdominal pain**, constipation, heartburn, abdominal distention or tenderness, rebound tenderness, bowel sounds
- ☐ **Acute mental status change**
- ☐ **Not eating or drinking as much as usual**
- ☐ Fainting, dizziness or lightheadedness when standing up
- ☐ Acute decline in ADL abilities
- ☐ Thirst, signs of dehydration
- ☐ Cardiovascular: Chest pain, new irregular pulse, cyanosis, mottling, edema
- ☐ Neurologic changes: consciousness/alertness, orientation, weakness, gait changes (unsteadiness, loss of coordination or balance)
- ☐ Very low urinary output (<30cc/hr)
- ☐ Skin: sweats (diaphoresis), cold/clammy/pale skin; any new skin condition, i.e., bruising (including potential head trauma), **rash, red fingers or toes**, infection/cellulitis

Nurse to notify provider immediately if the resident is exhibiting the bolded potential COVID-19 symptoms; for other changes in condition, follow the guidance at www.ssesbar.org.

Provider is to determine if findings potentially represent COVID-19 Disease, regardless of vaccination status.

- Assess for symptoms and signs of viral illness as outlined in *UpToDate* or similar reference
- **Notify nursing immediately of any resident suspected to have COVID-19 or diagnosed with COVID-19**
- If available, order rapid antigen or rapid PCR testing. Note: A negative rapid antigen test does not rule out COVID-19.
- Order Nasopharyngeal PCR COVID-19 and any other clinically appropriate viral testing.
    - Before discontinuing precautions, a second consecutive negative nasopharyngeal PCR test collected greater than or equal to 24 hours apart should be obtained when there is a higher level of suspicion for COVID-19
    - For patients with symptoms of COVID-19 and who recovered from COVID-19 in the prior 90 days, order Antigen testing instead of PCR testing.

COVID-19 Clinical Workflows for Nursing Homes

C. Resident Care: Suspected or confirmed COVID-19 (or PUI/possible PUI):

Immediately:

- ☐ Keep the door to the room closed, wear a **fit-tested N95 respirator, gloves**, **gown**, and **eye protection (face shield)** ("Enhanced Isolation Precautions"), and place a **medical mask on the resident** when anyone is in the room, unless the resident is unable to tolerate the mask. In a semi-private room, keep the privacy curtain closed and the residents separated as much as possible until one of the residents can be moved.
- ☐ Notify the resident and the resident's representative of the COVID-19 related illness.

Within 24 Hours (confirmed case or presumed case only):

- ☐ Review the patient's history to determine if the patient may be a "persistent positive" patient.
- ☐ Complete the outbreak investigation & contact tracing and plan to meet testing requirements.
- ☐ Facility leadership to review the case with Infection Prevention ~~& NYSDOH Regional Epidemiologist - (585) 423-8119~~
- ☐ Relocate the resident with confirmed COVID-19 to a room in a designated COVID-19 area if such an area is already in use. If such an area is not available, and the resident's room is located in a high-traffic area, relocate the resident to a private room in a low-traffic area, such as an end of a hallway, preferably on the same unit. If a roommate needs to be relocated, do **not** move the roommate to another semi-private room or a room on another unit unaffected by COVID-19.
- ☐ Offer any available and appropriate testing and treatment for COVID-19 as per UpToDate or https://www.covid19treatmentguidelines.nih.gov/.

Ongoing:

- ☐ Residents with **confirmed** COVID-19 may be cohorted in a room or unit with other residents with **confirmed** COVID-19 as long as no other contraindications to cohorting exist as per usual infection prevention procedures. Avoid cohorting patients with **confirmed** COVID-19 with patients who have **presumed** COVID-19 or **previously recovered** from COVID-19.
- ☐ If there is a confirmed outbreak of COVID-19 on the resident's unit, newly-ill residents should be managed as presumptive-positive COVID-19 cases and have COVID-19 PCR testing.
- ☐ Only staff **fitted** for an N95 respirator will perform aerosol-generating procedures, including suctioning (if not using an inline catheter), nebulizer administration, manipulation of BiPAP/CPAP mask, chest physiotherapy, and CPR. A portable UV/HEPA filtration device should be used in the room during the aerosol-generating procedure.
- ☐ Actively monitor the resident once per shift for at least two weeks
  - ☐ Interview for **new** symptoms, when the resident is able
  - ☐ Measure body temperature and oxygen saturation
  - ☐ Consider measuring vital signs and performing Lung auscultation in residents whose COVID-19 vaccination is not Up To Date.
- ☐ Residents with suspected or confirmed COVID-19 should be cared for by the same clinical staff, dedicated to the care of the COVID-19 patients whenever possible. Minimize the number of persons entering the resident's room, including clinicians performing non-clinical work or work of other clinicians as long as the work is within their scope of practice.
- ☐ The resident should only leave the room for medically-necessary procedures.
  - Resident to perform hand hygiene (with assistance, if needed) & don a medical mask before leaving the room.

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D. Resident Care: Resident with exposure to COVID-19 inside or outside of the facility (includes possible Quarantine):

An **exposure** is defined as being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period to the COVID-19-positive person.

- ☐ Actively monitor the resident once per shift
  - ☐ Interview for **new** symptoms, when the resident is able
  - ☐ Measure body temperature and oxygen saturation
  - ☐ Additional observations to consider: Vital signs, Lung auscultation
- ☐ Offer any appropriate and available antiviral post-exposure prophylaxis.
- ☐ Notify a provider if a resident develops symptoms and follow the workflow in Section (C) above.
- ☐ Perform a COVID-19 PCR test, nasopharyngeal sample, one to two days AND six to seven days after exposure. Avoid testing residents who were positive for COVID-19 in the prior 90 days.
- ☐ The resident should wear a mask when people enter the resident's room, if the resident is able to tolerate a mask.
- ☐ The resident should wear a mask, perform hand hygiene, and maintain social distancing when out of the room.

Quarantine:

Quarantine Residents with an exposure who:

- ☐ Have not had a COVID-19 infection in the last 3 months or have not received all recommended doses of COVID-19 vaccine (vaccination status is "Up To Date").
- ☐ Are unable to tolerate a mask or maintain social distancing.
- ☐ Were exposed to a new resident case in which that resident had received all recommended doses of COVID-19 vaccine (vaccination status is "Up To Date").
- ☐ Are moderately to severely immunocompromised.

Contact the Infection Prevention Nurse for additional review with the NYSDOH Regional Epidemiologist for unusual cases.

For residents who are required to quarantine:

- ☐ Resident to remain in his/her room.
- ☐ Resident is placed in Quarantine on **Quarantine** and **Contact** precautions – staff should wear a **gown**, **gloves**, **eye protection (face shield)**, and **medical mask (N95 required for Aerosol-Generating Procedures)**.
- ☐ The quarantined resident should be placed in a private room. If limited private rooms are available, or if numerous residents are simultaneously identified as having recent exposure, the resident should remain in their current location.
- ☐ Resident must wear a **medical mask** when staff enters the room, unless the resident is unable to tolerate the mask. The resident should also wear a mask, perform hand hygiene, and maintain social distancing when out of the room and when out of the building.
- ☐ Continue precautions for seven (7) days after the exposure. If the resident has remained asymptomatic and the results of both COVID-19 tests were negative, precautions can be discontinued on Day 8 after the exposure.
  - If testing was not performed, precautions may be discontinued in an asymptomatic resident on Day 11 after the exposure.

COVID-19 Clinical Workflows for Nursing Homes

E. Facility exposed by a New case of Confirmed or Presumed COVID-19 in a Current or Previous Resident or Staff Member:

- ☐ Identify staff or residents with similar contacts as the new case (who may have unrecognized infection).
    - Screen the identified staff and residents for symptoms of COVID-19. Residents with symptoms should be managed according to Section (C) above.
    - Test the identified staff and residents once for COVID-19. While PCR testing is preferred, Antigen testing may also be used.
- ☐ Determine which residents or units may have been exposed to the confirmed or presumed COVID-19 resident or staff member. Manage exposed residents as per Section (D) above.
- ☐ Designated facility staff perform the Outbreak Investigation.
- ☐ Facility leadership to notify Infection Prevention ~~& NYSDOH Regional Epidemiologist – (585) 423-8119. The epidemiologist may recommend additional interventions for wider outbreaks.~~
- ☐ Follow workflow (C) above for any resident newly displaying signs and symptoms, even if the resident previously tested negative or has been vaccinated.

COVID-19 Clinical Workflows for Nursing Homes

F. Facility Management of Units housing Patients with COVID-19 Disease

- Confirmed or presumed COVID-19 patients should be cared for using the workflow in section (C) above.
- Staff on affected units should wear a respirator (KN95, N95) at all times until 10 days have passed since the onset of the most recent patient case.
- Staff caring for confirmed or presumed COVID-19 patients should avoid caring for other residents or floating to other units. Follow the additional precautions required when caring for patients in workflows (C), (D) and (E) above.
- Patients with COVID-19 Disease should be cohorted in semi-private rooms or private rooms in the same general area of the unit. If possible, these areas should be sectioned off by physical barriers or visual markers as a reminder to other residents and staff.

G. Discontinuation of precautions for a confirmed or presumed COVID-19 resident

1. At least twenty-four (24) hours have passed since last fever without the use of fever-reducing medications, and
2. Symptoms (if present) have improved, and
3. Ten (10) days to twenty (20) days have passed since symptom onset, depending on the severity of the patient's illness and presence of immunocompromise, as determined by the attending medical provider, and with concurring assessment by the facility infection preventionist. If the patient is asymptomatic throughout his/her infection, the date of the positive test begins the clock for the required isolation time.
    a. Twenty Days AND Two Negative Antigen Tests taken at least 24 hours apart: Moderately-Severely Immunocompromised, such as
        - Being on chemotherapy or radiation therapy for cancer, leukemia, lymphoma,
        - Taking immunosuppressive therapy after an organ transplant
        - Being within two years from receiving a hematopoietic stem cell transplant,
        - HIV infection with CD4 T-lymphocyte count < 200,
        - Combined primary immunodeficiency disorder, or
        - Receipt of prednisone >20 mg/day for > 14 days or other immunosuppressive or immunomodulatory medications.
    b. Twenty Days, OR Ten Days with Two Negative Antigen Tests taken at least 24 hours apart: Individuals who (at their worst) had respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, lung infiltrates >50%, respiratory failure, septic shock, and/or multiple organ dysfunction.
    c. Ten (10) Days: Individuals who remained asymptomatic, or (at their worst) maintained SpO2 ≥94% on room air (or, for patients with chronic hypoxemia, a decrease from baseline of ≤3%).

If the resident redevelops symptoms after discontinuation of precautions, re-implement isolation.

COVID-19 Clinical Workflows for Nursing Homes

H. Admission & Return (>24 hours) of Residents to the Nursing Home:

- If admitting a patient to a unit exposed to a case of COVID-19 in the prior 14 days, notify the prospective resident and the resident's representative of the unit's COVID-19 exposure.
- Determine the resident's COVID-19 vaccination status. Verbal reports of vaccination must be confirmed using NYSIIS or a similar trusted source.
- Testing
    - Series of TWO COVID-19 tests
        - FIRST COVID-19 PCR test in the 48 hours before nursing home admission, unless the person resulted positive for COVID-19 in the last 90 days.
            - If it is not feasible to test the person before admission, perform a COVID-19 PCR test upon admission, and follow contact and droplet precautions until a negative result is obtained.
        - SECOND COVID-19 test 6-7 days after admission. While a PCR test is preferred, an Antigen test may be used.
    - Testing is recommended regardless of vaccination status
    - People who decline COVID-19 testing should be placed on contact and droplet precautions for 14 days after admission
    - Do not test people who had a positive COVID-19 result in the last 90 days.

COVID-19 Clinical Workflows for Nursing Homes

I. Admission Room Placement, Precautions, & Subsequent Testing:

Patient Status, Precautions, and Testing	COVID Negative Unit			COVID Exposed Unit			Unit with Nosocomial Transmission		
	Private Rm	Double Rm, Vaccinated Roommate	Double Rm, Unvaccinated Roommate	Private Rm	Double Rm, Vaccinated Roommate	Double Rm, Unvaccinated Roommate	Private Rm	Double Rm, Vaccinated Roommate	Double Rm, Unvaccinated Roommate
Unexposed, COVID-negative Patient whose vaccination is not "Up To Date" • Follow contact & droplet precautions for 10 days after admission, 7 days if both admission tests were negative.	Admit	Admit	Do Not Admit	Admit	Admit if returning to room, or if no new resident or staff cases 7 days after last exposure	Do Not Admit	Admit if returning to room. Do Not Admit a new person.	Admit if returning to room. Do Not Admit a new person.	Do Not Admit
Exposed, COVID-negative Person, regardless of vaccination status • If they did not receive all recommended doses of COVID-19 vaccine (not "Up To Date"), follow Quarantine & Contact Precautions for 10 days after exposure, 7 days if both admission tests were negative.	Admit	Do Not Admit	Do Not Admit	Admit	Do Not Admit	Do Not Admit	Admit	Do Not Admit	Do Not Admit
COVID-Positive Person who has NOT completed the required duration of transmission-based precautions • Follow Enhanced Contact & Droplet Precautions until cleared	Do Not Admit	Do Not Admit	Do Not Admit	Do Not Admit	Do Not Admit	Do Not Admit	Admit, COVID area only	Admit, COVID-positive roommate only	Admit, COVID-positive roommate only
Person whose vaccination is "Up To Date" or Person recovered from COVID in the last 3 months • Precautions not required.	Admit	Admit	Admit	Admit	Admit	Admit if returning to room. Do Not Admit a new person.	Admit	Do Not Admit	Do Not Admit

COVID-19 Clinical Workflows for Nursing Homes

J. Resident Excursions from the Nursing Home

- Residents do not require precautions after excursions unless the resident was exposed to COVID-19.
- Residents who go outdoors, and do not enter a vehicle or a building do not require testing upon return.
- Residents who leave the facility for 24 hours or longer should be managed as a new admission or re-entry (Section H).
- **Medically Necessary Excursion.** Includes procedures, consultations, and treatments where the benefits outweigh the risks of the excursion. The excursion involves travel to a medical care site, time at that site, and return travel to the facility. Transportation is not provided by the resident's family or friends.
    - No additional COVID-19 testing is needed after return to the facility.
- **Social Excursion.** Includes any excursion from the facility alone or in the company or family and friends for any purpose. It also includes a medically necessary excursion when the transportation is provided by a family member or friend.
    - Educate the resident, resident representative, and involved family/friends about the risks of leaving the facility and alternative communication options available. Remind resident and resident representative to follow all recommended infection prevention and control measures outside the facility, including:
        i. Avoiding large gatherings and keeping gatherings as small as possible.
        ii. Limiting close contact with others (maintaining physical distancing of six feet or more), except vaccinated residents can have close contact when contacts wear a well-fitting mask and perform hand hygiene before and after contact.
        iii. Wear facemasks or cloth face covering to the extent possible.
        iv. Performing frequent hand hygiene
        v. Avoiding sharing of communal food or drinks
    - Residents whose vaccination for COVID-19 is not "Up To Date" should be tested for COVID-19 (nasal sample) 2 days and 7 days after the excursion. Do not test residents who tested positive for COVID-19 in the prior six months

COVID-19 Clinical Workflows for Nursing Homes

Definitions

COVID-19 PUI: a patient who has developed symptoms consistent with COVID-19 Disease, while waiting for results of a COVID-19 PCR or other diagnostic test.

COVID-19 Confirmed Case: a patient who has had a positive COVID-19 or other diagnostic test.

COVID-19 Presumed Case: a patient with a known exposure to COVID-19 and symptoms of COVID-19 Disease, in which a diagnostic test is not performed.

COVID-19 Persistent Positive: a patient who has recovered from COVID-19 and subsequently tests positive for COVID-19, as determined by the NYSDOH epidemiologist.

Fully Vaccinated: a patient who completed COVID-19 vaccination more than two weeks in the past.