

**VIRTUA**

<b>MANUAL TITLE</b> Long Term Care Infection Control		<b>POLICY NAME</b> LONG TERM CARE OUTBREAK MANAGEMENT PLAN		
<b>MANUAL OWNER</b> Administration <b>Policy Owner</b> Administration Infection Prevention Program Director	<b>DATE OF ISSUE</b> 11/1998	<b>DATE OF LAST REVIEW</b> 5/29/2020	<b>DATE OF REVISION</b> 5/2020, 9/2020	<b>EFFECTIVE DATE</b> 9/2020
<b>REVIEW INTERVAL</b> 36 Months	<b>REVIEWED / APPROVED BY: (Committees)</b> Infection Control Committee, Medical Leadership			
<b><u>THIS POLICY IS APPLICABLE TO:</u></b> Virtua Health and Rehabilitation at Mt. Holly Virtua Health and Rehabilitation Center at Berlin				

**Purpose:** To prevent the transmission of highly infectious novel and/or emerging respiratory agents through the application of a combination of Standard and Transmission Based Precautions.

**Policy:** Standard and Transmission Based Precautions will be utilized for patients suspected of having SARS, MERS-CoV , COVID -19, avian influenza, novel influenza, smallpox, novel coronavirus, and other emerging infections as deemed necessary and if more specific infection control guidance is not immediately available from the CDC. The following guidance may be modified as new CDC guidance is released.

**Notification Process:**

**Person Under Investigation**

- If the risk assessment of the suspect case suggests the case meets criteria for a Person Under Investigation (PUI) per CDC guidance:
  - The nurse, nursing supervisor or unit manager will place the patient/resident in the appropriate transmission based precautions for the suspected organism as outlined by the CDC (i.e. COVID-19 – Quarantine Isolation Precautions)
  - The nurse, nursing supervisor, or unit manager will notify physician / physician designee, , and Infection Prevention Manager.
  - The nurse, nursing supervisor, or unit manager will notify the DON.
  - The DON will notify the administrator.
  - The Infection Prevention Manager will notify the Infection Control Officer, Medical Director, and Clinical Director of Infection Prevention
  - The Infection Prevention Manager will report to the local health department (LHD) and NJ Department of Health (DOH) the presence of the suspected/confirmed outbreak.

**Determining Need for a Declared “Internal Disaster”**

- Administration, Medical Director, Infection Prevention, and Emergency Management will determine if an Internal Disaster must be called based on the following criteria:
  - New Jersey Department of Health determines level of outbreak OR
  - There is an influx of contagious respiratory patients or surge in contagious respiratory, PUI residents within the facility OR
  - There is a surge of LTC employees suspected PUI cases

**For COVID-19 Outbreak Management Plan:** see Appendix A

**PPE in Quarantine Isolation**

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- Staff caring for the patient/resident or entering the patient's/resident's room (including EVS) will wear all PPE according to CDC recommendations.
- Staff will be educated on proper donning and doffing of PPE.

### Patient Transport

- No patient will be allowed outside the room once in quarantine isolation without the Infection Control Officer or Medical Director's consent.
- All X-rays should be performed in the patients'/residents' room.
- If the patient /resident needs to be transported within the facility to another room/unit, the following procedure must be followed:
  - The patient's nurse will transport the patient/ resident with clean wheelchair or stretcher
  - The nurse will wear an N-95, ear loop procedural mask, and protective eyewear. Gowns and gloves may be worn if there will be contact with patient /resident during transfer.
  - The patient/resident will wear an ear loop procedural mask, if able to tolerate mask.
  - If the patient/resident is unable to tolerate wearing a mask, the transporting nurse must wear full PPE (N95, protective eyewear, gowns and gloves).
  - The patient/resident will be escorted directly into a private quarantine isolation room
  - Appropriate paths, segregated from main traffic routes will be utilized for patient/resident transport
  - The hallways will be cleared of patients, residents, and employees, prior to transport

### Specimen Collection

- **No specimen will be collected without the prior approval of the Medical Director/ Infection Prevention Manager.**
- **Collection of all respiratory specimens must occur with staff wearing all appropriate PPE required for Quarantine Isolation.**
- The laboratory will be notified before any specimen from a contagious or suspected contagious respiratory illness patient is sent to them for processing
- Lab specimens of suspected contagious respiratory or r/o contagious respiratory illness will be placed in a plastic bag labeled "Suspected Contagious Respiratory" or other respiratory illness as appropriate, and placed into a second bag and hand carried to the lab as soon as possible.
- Paperwork will be placed in the outside of the outermost bag.

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- In an effort to minimize staff exposure, nurses who have demonstrated competency in obtaining nasopharyngeal, oral pharyngeal, nasal swabs or nasal washes will collect lab specimens.
- At any time, the suspension of certain specimen collections may be necessary to minimize risk to nursing as directed by the Infection Control Officer, Medical Director, and Infection Prevention Manager.

### Patient/ Resident Placement Procedure

- Cohorting patients/residents during an outbreak will be considered only after evaluation of room availability, census and staffing and only with the consent and collaboration of the Infection Control Officer, Medical Director, Nursing Administration, Infection Prevention Manager, and utilizing CMS and CDC guidance.
- Nursing will remove all unnecessary supplies from the room before the patient/resident placement into the private room, i.e. extra linen, or other supplies. Only patient/resident-specific equipment may be in room.
- Environmental Services will remove privacy curtains from the room and place trash bags in all trash receptacles
- The receiving unit will notify the Nursing Supervisor when the room is ready for occupancy
- Transferring units will ensure that the receiving location is prepared for the arrival of the contagious respiratory patient / resident **before** transport

### Isolation Precautions

- A Transmission Based Precaution Isolation sign will be placed outside room.
- An isolation cart with PPE supplies and designated medical supplies will be place outside of the patient/resident room
- Isolation trash can will be placed inside the room, at the threshold
- Patient/ resident will be flagged in electronic medical record with appropriate Transmission Based Precaution
- Limit number of staff entering patients/residents rooms
- All staff entering the room are required to adhere to Transmission Based Precautions.

### Personnel and Staffing

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- Nursing, in consultation with Infection Prevention, will determine necessary staffing ratios DAILY while attempting to minimize the number of staff coming in contact with the patient/resident. Only staff fit tested for N-95 respirators will be permitted to care for these patients
- Employees taking care of contagious respiratory patients/residents will receive education on transmission, spread, and symptoms of the disease from Infection Prevention
- Employees who come in direct contact with contagious respiratory patients, will be educated on monitoring themselves for symptoms when not at work.
- All employees will have their temperature monitored at the beginning and end of their shifts. During this monitoring, staff will be evaluated for any sign & symptoms of illness associated with the organism, as defined by the CDC. Any employee with a temperature of 100.0 F or greater will be sent home and directed to call the Virtua employee hotline 609-444-2828 for evaluation, guidance and possible testing.
- Employees will notify their Manager, Nursing Supervisor, or staffing coordinator immediately of any signs and symptoms of illness associated with the organism as outlined by the CDC. The employee will not be allowed to work until further evaluation. The employee will be directed to call the Virtua employee hotline 609-444-2828 for evaluation, guidance and possible testing. The Infection Prevention Manager will then be notified.

### High Risk Procedures

- High risk procedures are any procedures with the potential to generate respiratory droplets, including but not limited to nebulized therapy, and non-invasive ventilation (CPAP, BiPAP).
- At any time, the suspension of certain high risk procedures may be necessary to minimize risk to nursing as directed by and in collaboration with the Infection Control Officer, Medical Director, and Infection Prevention Manager
- Nebulized therapy may be substituted with MDI(Metered dose inhaler), if appropriate under the direction of the Medical Director.
- Staff will utilize proper PPE for quarantine isolation and high risk procedures.
- HEPA units, if available, will be placed in the rooms for those patients/residents requiring CPAP, BiPAP.
- Oxygen should be delivered DRY, avoiding nebulized humidity.

### Nurse STAT

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- Crash carts on units with contagious respiratory patients/residents should be left outside of the room. Only necessary equipment and supplies will enter the room.
- All staff will wear full PPE required for Quarantine before entering the room.
- If resuscitation is successful, a team member will remain with the patient/resident until transfer to the hospital, if necessary.

### Patient Transport to Hospital

- Call ahead to 911 or transport to inform of the patient/resident status, Quarantine Isolation precautions and identification of organism involved.
- An ear loop mask will be placed on the patient/ resident if tolerated and appropriate.
- **When transferring the patient/ resident to the stretcher:**
  - Place clean sheet or blanket on the stretcher
  - Place a clean sheet or blanket over patient. **DO NOT USE CONTAMINATED BED LINENS FROM THE BED**

### Visitors/Visitation

- During times of outbreak, it may be necessary to limit and or restrict visitors.
- All visitors must be approved by the Infection Control Officer, Medical Director, Administrator, Director of Nursing, or Infection Prevention Manager.
- Visitation exceptions may include end of life visitation.
- All visitors are screened for contagious respiratory symptoms or epidemiologic risks, i.e. fever and cough prior to being allowed to visit the patient/resident.
- The nurse caring for the patient/resident will ensure that all staff and visitors entering the room are educated on QuarantineIsolation precautions.
- Visitors shall wear all appropriate PPE required in Quarantine Isolation. The nurse will instruct all visitors on how to perform a proper fit check for the N-95 respirator.

### Infection Prevention Responsibilities

- The Infection Prevention Manager (IPM) with direction of the Infection Control Officer, Medical Director will ensure the implementation of appropriate infection control measures
- The IPM or designee will be the facility resource person providing daily communication to administration, public relations and other IPMS at the direction of the Infection Control Officer
- IPM or designee will report all cases to the appropriate health officials

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- IPM or designee will assess the need for supplies with Corporate Purchasing

### **Environmental Precautions**

- The Environmental Services staff will act under direction of the Infection Control Officer for guidance as to cleaning schedules. To limit movement, EVS may have restricted entry into patient/resident rooms under Quarantine Isolation Precautions.
- Nursing personnel may be responsible for cleaning inside a patient/resident room during outbreaks requiring Quarantine Isolation precautions.
- Disinfectant sprays will NOT be used for cleaning. Only hospital approved disinfectant wipes or water buckets with hospital approved disinfectant and disposable cloths will be utilized.

### **Laundry and Linens**

- Clean linens will NOT be stored in the patient's room
- Personnel wearing appropriate PPE for Quarantine Isolation should be worn to handle soiled linens.
- The soiled linen bag will be placed in a clean linen bag when removed from the room using a two-man transfer. Biohazard labels are not needed on linen bags. The facility will follow Virtua protocols and maintain communication with its linen vendor to ensure safe handling and processing of contaminated linen and follow the vendor's protocols.
- Residents personal laundry processed in house will be washed in hot water with standard quantities of laundry detergent and dried according to routine procedures

### **Waste Handling and Disposal**

- Medical waste should be discarded according to local and public health authorities
- Medical waste related to the care of contagious respiratory patients should be handled as potentially infectious material. Personnel should wear all appropriate PPE required in a Quarantine Isolation room, when handling medical waste. Used patient/resident care supplies will be discarded as routine medical waste..
- Used sharp items such as needles should be placed in a leak-proof sharps containers and disposed as per policy.

### **After Patient Discharge**

**All quarantine rooms will remain closed for one hour after discharge, if available place HEPA filter in room.**

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- Nursing personnel will discard all supplies left in the room
- Environmental Services staff will clean/disinfect with a hospital-approved disinfectant all surfaces that were in direct contact with the patient or may have been splashed with respiratory secretions including, but not limited to, floor, bedrails, bedside table, adjacent walls, lavatory surfaces, equipment surfaces, and telephones
- Mattresses, bed frames, footboards and headboards should be wiped down with a hospital-approved disinfectant
- Ceilings and distant walls do not require special treatment unless visibly soiled.

### **Discontinuing Quarantine Isolation**

Quarantine Isolation Precautions will be discontinued **ONLY** after consultation with the Infection Control Officer or designee and the local public health authorities.

### **References:**

CDC, Interim Guidance for Infection Control within Healthcare Settings when Caring for Confirmed Cases, Probable Cases, and Cases under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease. <https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>, page last reviewed January 23, 2014.

CDC, Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus (MERS-CoV), <https://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>, page last reviewed September 14, 2017.

CDC, Public Health Guidance for Community-Level Preparedness and Response to SARS, version 2/3, Supplement 1: Infection Control in Healthcare, Home, and Community Settings, <https://www.cdc.gov/sars/guidance/i-infection/index.html>, page last reviewed May 3, 2005.

CDC, Interim Healthcare Infection Prevention and Control Recommendations for Patients under Investigation for 2019 Novel Coronavirus, <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>, page last reviewed February 10, 2020.

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New Jersey Department of Health, Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel, available at [https://nj.gov/health/cd/documents/topics/NCOV I Guidance for COVID 19 Diagnosed and or Exposed HCP.pdf](https://nj.gov/health/cd/documents/topics/NCOV_I_Guidance_for_COVID_19_Diagnosed_and_or_Exposed_HCP.pdf)

CDC, Testing for Coronavirus (COVID-19) in Nursing Homes, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>



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**APPENDIX A:**

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As per NJ DOH EXECUTIVE DIRECTIVE No. 20-013:

1. On May 19, 2020, Virtua long-term care facilities at Berlin and Mt. Holly, as defined in N.J.S.A. 26:2H-12.871 supplemented /amended our current disease outbreak plan to include a COVID-19 testing plan (Plan) for all staff and patients/residents. "Staff" to be tested pursuant to this Directive include all direct care workers and nondirective care workers within the LTC (such as administrative, janitorial and kitchen staff).
2. Testing line listings will be maintained with all required information and are available upon request.
3. Testing in the facility for residents in Mt. Holly began on 4/5/20 and will be ongoing. Testing in the facility for residents in Berlin began on 4/13/20 and will be ongoing.
4. Baseline testing of all LTC employees will be completed by May 30, 2020 in both Virtua LTC facilities. Second tests will be completed within 3-7 days of baseline testing. Employee testing results will be monitored by the LNHA and/or DON. Timing of additional followup testing will be based on the community prevalence or as indicated by the Virtua Infection Prevention Officer or designee in collaboration with the LTC Medical Director
5. All COVID positive patients/residents are assigned placement to the designated COVID unit(s). All negative patients/residents that have been exposed to a positive patient/ resident or staff member are placed in designated Exposed/PUI cohort group, all negative patients/residents that have not been exposed are placed in a negative cohort group.
6. The testing of all patients/residents and staff will be done through Virtua lab or Virtua contracted lab.
7. All results will be provided to Infection Prevention Manager, Nursing Administration, and facility Administrator.
8. Virtua Health has determined that LTC testing of staff as required by the NJ DOH EXECUTIVE DIRECTIVE No. 20-013, is now a condition of employment in any Virtua Long Term Care Facility.
9. Per HR, EH & S, and the Infection Control Officer, in collaboration with the LTC Medical Director, utilizing the CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus

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Disease 2019 (COVID-19), exclusions from work, refusal of testing, and initiating employee return to work after testing positive are being addressed on an ongoing basis.

10. Contingency plans/ alternate staffing plans have been developed to address staffing shortages and are available upon request.
11. The facility administrator or authorized designee shall submit to the DOH the attestation stating that the LTC has developed a plan in compliance with NJ DOH EXECUTIVE DIRECTIVE No. 20-013, by May 19, 2020.
12. By May 30, 2020, the facility administrator or authorized designee shall submit to the DOH an attestation that the facility has implemented a plan in compliance with NJ DOH EXECUTIVE DIRECTIVE No. 20-013.
13. All attestations regarding the plan will be submitted by email to LTC.Disease  
OutbreakPlan@doh.nj.gov.

**Infection Prevention and Control COVID-19 Outbreak Plan**

**Visitor Restrictions and Non-essential Personnel Restrictions:**

- Facility will restrict all visitation except for certain compassionate care situations, such as end of life
- Decisions about visitation will be made on a case-by-case basis
- All potential visitors will be screened prior to entry for fever or symptoms of COVID-19. Those with symptoms are not permitted to enter the facility (e.g., fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, diarrhea, and new loss of taste or smell)
- Visitors that are permitted inside, must wear a face mask while in the facility and their visit will be restricted to a designated location within the facility. They will be reminded to perform frequent hand hygiene, especially when entering and exiting the room
- Non-essential personnel including volunteers and non-medical service providers are restricted from entering the building

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- Facility will send communication to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life, and that alternate methods for visitation such as video conferencing will be made by the facility
- Facility will post signs at entrances to the facility advising that no visitors may enter the facility

For Outdoor/Indoor visitation please refer to the Visitor Guidelines During Limited Visitation Policy

### **Education, Monitoring, and Screening of Health Care Personnel(HCP):**

- Facility will provide education and refresher training to HCP about COVID-19, signs and symptoms and how it is transmitted, sick leave policies and importance of not reporting to or remaining at work when ill, new policies for source control while in the facility
- Facility will monitor HCP adherence to recommended IPC practices, including hand hygiene, selection and use of PPE,(have HCP demonstrate competency with donning and doffing PPE, cleaning and disinfecting environmental surfaces and resident care equipment
- Facility will assess staffing needs and has a plan in the event of staffing shortages
- Facility will implement the universal use of facemasks, respirators for HCP while in the facility
- Facility will provide staff with education on how to use facemask, respirator
- All HCP will be reminded to practice social distancing when in break rooms and common areas
- All HCP (including ancillary staff such as dietary and housekeeping and consultant personnel) are screened at the beginning and end of their shift for fever and symptoms of COVID-19
- Any HCP that is ill are instructed to keep their facemask, respirator on and leave the facility. HCP will notify their Manager, Nursing Supervisor, or staffing coordinator immediately of any signs and symptoms of illness associated with the organism as outlined by the CDC. HCP will not be allowed to work until further evaluation. HCP will be directed to call the Virtua employee hotline 609-444-2828 for evaluation, guidance and possible testing. The Infection Prevention Manager will then be notified
- Facility will keep a line list of symptomatic HCP

### **Education, Monitoring, and Screening, and Cohorting of Residents:**

- Facility provides education to residents about the following: COVID-19, the importance of immediately informing HCP if they feel feverish or ill, actions they can take to protect themselves (e.g. hand hygiene, respiratory etiquette, social distancing, and actions the facility is taking to keep them safe (e.g. visitor restrictions, changes in PPE use, cancelling of group activities and communal dining)

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- Facility assesses residents for fever and symptoms of COVID-19 upon admission and at least daily throughout their stay in the facility
- Residents with suspected COVID-19 are immediately placed in appropriate Transmission Based Precautions.
- Facility keeps a line list of symptomatic residents
- Facility suspends all group activities inside and outside of the facility
- Facility suspends all communal dining
- Residents are encouraged to remain in their rooms. If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes
- If residents leave their rooms, they should wear a facemask (if tolerated). Perform hand hygiene, limit the movement in the facility, and perform social distancing
- Facility monitors ill residents at least 3 times daily, including evaluating symptoms, vital signs, and oxygen saturation via pulse oximetry to identify and quickly manage clinical deterioration
- Facility has a designated space to care for /cohort residents confirmed with COVID-19
- Facility has a designated team of primary HCP staff to work only in this area of the facility
- Facility has a plan for how residents in the facility who develop COVID-19 will be handled (transfer to the COVID-19 designated space if positive)
- Facility closely monitors roommates and other residents who may have been exposed to an individual with COVID-19
- Facility has a plan for managing new admissions and readmissions whose COVID-19 status is unknown
- Facility will take additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (e.g. COVID-19 testing of all HCP, facility wide use of all CDC recommended PPE)

### **Availability of PPE and Other Supplies:**

- Facility assesses current supply of PPE and other critical materials
- If PPE shortages are identified or anticipated, facility will engage their health department and/or healthcare system for assistance
- Facility has implemented measures to optimize current PPE supply
- PPE is available in resident care areas including outside resident rooms
- EPA registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment

**VIRTUA**

<b>MANUAL TITLE</b> Long Term Care Infection Control		<b>POLICY NAME</b> LONG TERM CARE OUTBREAK MANAGEMENT PLAN		
<b>MANUAL OWNER</b> Administration <b>Policy Owner</b> Administration Infection Prevention Program Director	<b>DATE OF ISSUE</b> 11/1998	<b>DATE OF LAST REVIEW</b> 5/29/2020	<b>DATE OF REVISION</b> 5/2020, 9/2020	<b>EFFECTIVE DATE</b> 9/2020
<b>REVIEW INTERVAL</b> 36 Months	<b>REVIEWED / APPROVED BY: (Committees)</b> Infection Control Committee, Medical Leadership			
<b><u>THIS POLICY IS APPLICABLE TO:</u></b> Virtua Health and Rehabilitation at Mt. Holly Virtua Health and Rehabilitation Center at Berlin				

- Tissues and trash cans are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control

**Infection Prevention and Control Practices:**

- HCP perform hand hygiene before resident contact, even if gloves will be worn, after resident contact, after contact with blood, bodily fluids, or contaminated surfaces or equipment, before performing an aseptic task, after removing PPE
- Facility encourages both the use of alcohol based hand sanitizer and use of soap and water
- HCP wear the following PPE when caring for residents with suspected or confirmed COVID-19: gloves, gown, N-95 or higher level respirator(or facemask if a respirator is not available), eye protection (goggles or face shield)
- PPE is removed in a manner to prevent self contamination and hand hygiene is performed immediately after removal
- Hand hygiene supplies are available in all resident care areas
- Hand Hygiene and PPE compliance are audited
- Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use
- EPA-registered, hospital grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high touch surfaces and shared resident equipment
- Facility is aware of the contact time for the EPA-registered disinfectants and HCP are educated on the contact times
- EPA registered disinfectants are prepared and used in accordance with lable instructions

**Communication to LHD/DOH:**

- Facility notifies the health department about any of the following: COVID-19 is suspected or confirmed in a resident or HCP, a resident has severe respiratory infection resulting in hospitalization or death, a HCP has severe respiratory infection resulting in hospitalization or death, a cluster of new-onset respiratory symptoms among residnets or HCP ( ≥3 cases over 72 hours)
- Facility communicates information about known or suspected residents with COVID-19 to appropriate personnel before transferring them to healthcare facilities such as dialysis centers and acute care facilities

Lessons Learned:

**VIRTUA**

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- As we prepared for COVID-19, we educated staff per the CDC guidance on signs & symptoms of COVID, fever cough and shortness of breath. In reality, a majority of our residents did not have these signs and symptoms at all. About 22% didn't have any symptoms at all. Some just had a runny nose, or just a sore throat. We know now that the elderly population may not present with typical signs & symptoms like the community.
- Our LTC facility has never required our staff to wear N95 masks. We have never had a need before this pandemic. We have always had a supply of personal protective equipment to care for residents needing contact or droplet isolation. We have never had to use Quarantine Isolation in LTC before. This required our facility to create new stockpiles of needed supplies. We now know to have those on hand within our facility at all times.