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| **POLICY/PROCEDURE TITLE: Prevention Methods for Prevention of COVID-19 Transmission During a Pandemic and While Caring for Patients on Novel Respiratory Infection (NRI) Precautions** | |
| **ENTITY:  CMHC  CMMC  CMMG**  **BRIDGTON HOSPITAL  RUMFORD HOSPITAL**  **BOLSTER HEIGHTS  RUMFORD COMMUNITY HOME**  **ELSEMORE DIXFIELD  SWIFT RIVER FAMILY MEDICINE**  **FAMILY MEDICINE** | |
| **CATEGORY:**  Administrative | **ORIGINATION DATE:** 1/7/2021 |
| **OWNER GROUP:**  **Infection Control** | **PUBLICATION DATE: 3/3/2021** |

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| **SCOPE** |
| This policy applies to all Central Maine Healthcare Corporation facilities, practices, entities, and services (“CMHC”) and all CMHC team members where NRI precautions are instituted. |
| **PURPOSE** |
| To provide infection prevention and control guidelines for team members to prevent the overall transmission of SARS-CoV-2 in a healthcare setting. This includes, but isn’t limited to, protocols involved with the use of Novel Respiratory Infection (NRI) Precautions. |
| **STATEMENT OF POLICY** |
| SARS-CoV-2 is a newly identified viral strain causing a global pandemic, with yet, evolving science, EUA *(Emergency Use Authorization)* diagnostics and treatments, in which herd immunity has not been developed.  Categories shall be provided in all methods of Infection Prevention & Control in order to provide the best manner of patient care without compromise of transmission to team members, patients, and visitors.  NRI Precautions shall be initiated for the care and maintenance of SARS-CoV-2, or COVID-19, patients which requires the use of a combination of Airborne, Droplet, and Contact Precautions. |
| **DEFINITIONS** |
| **Novel Respiratory Precautions (NRI)** are those instituted for diseases or infections which may have unresolved epidemiological components where more stringent precautions are necessary above the CDC’s current Transmission Based Precaution categories (Contact, Droplet, or Airborne). |
| **PROCEDURE/PROCESS**   1. **Signage** 2. Place **NRI Precautions (Novel Respiratory Infection**) signage on the outside of the door in the available plastic holders or in a manner where it is plainly visible to all who enter. 3. NRI is a combination of Airborne, Droplet, Contact Transmission Based Precautions, with negative pressure rooms prioritized for COVID-19 patients, as available, and required for COVID-19 patients who are symptomatic or undergoing an Aerosol Generating Procedure (AGP). 4. Patients who are “Persons Under Investigation” for COVID-19, PUI’s, require NRI Precautions to remain in place until diagnostic test results are completed. |
| 1. **Personal Protective Equipment (PPE) & universal masking** 2. All HCP are expected to universally wear procedural masks at this time and eye protection during any contact with patients or visitors. 3. Patients are expected to wear procedural masks while outside of their room and during examination or care by HCP. Properly fitting cloth masks may be worn if they have issues with procedural masks or if supply challenges occur. If a mask can’t be tolerated, tissues may be used to cover their mouth and nose while out of the room. 4. Entrance to an NRI Precaution room, requires the following to be worn:  * N95 respirator or PAPR/CPAR (Must be PAPR/CAPR trained) * Safety eye protection, full face shield preferred, if N95 is worn * Precaution Gown * Gloves * Donning and Doffing “buddies” are recommended to ensure proper process occurs and cross contamination is limited  1. Gown and gloves are disposed of between patients. Face protection may be worn between patients using “re-use & extended use” processes outlined in *Standard Work(s) and guidance documents,* available on the COVID-19 team member site on the portal. 2. Training for PPE usage and donning & doffing to be performed prior to care of a COVID-19 patient and ongoing through education, safety, and peer support. 3. **Hand Hygiene** 4. Hand hygiene, using ABHS with 60-95% alcohol or soap and water for at least 15-20 seconds should be performed according to current policies. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. 5. **Transport** 6. Transport and movement of a patient with suspected or confirmed COVID-19 infection outside of their room should be limited to medically essential purposes only. 7. Discussion with the healthcare personnel (HCP) in the receiving area should be performed in advance of transporting the patient in order to determine the best time, if possible, and necessary precautionary measures that may need to be instituted prior to their arrival. 8. The patient should wear a procedure mask to contain secretions and be covered with a clean sheet. 9. If transporting in the bed or stretcher from the patient’s room, side rails and head/foot boards should be disinfected prior to transport. 10. HCP involved in the transfer of the patient on NRI Precautions from bed to wheelchair/stretcher from the patient’s room shall wear all required PPE: Gowns, Gloves, Respirator (N95/PAPR or CAPR), and face shield/eye protection. 11. Gowns and gloves are removed prior to leaving the room and hand hygiene performed 12. HCP involved in the actual transport of the patient shall continue to wear their respiratory protection and face shield/eye protection. Additional PPE should not be required unless there is an anticipated need to provide medical assistance during transport. 13. On arrival, receiving personnel and transport personnel perform hand hygiene and don all recommended PPE for NRI Precautions prior to contact with the patient: gown, gloves, respirator, face shield/eye protection. Transport personnel continuing to use their face protection should use care to avoid self-contamination when donning the remainder of the PPE. 14. Care should be taken to avoid dislodging tubing from vented patients. Masking, if possible, may provide additional protection. The filters used on vented patients provide protection from exhaled air and pose no risk to the transport team. 15. Patients on high flow oxygen, Bipap, or Cpap, should be evaluated for temporary removal or non-aerosolizing alternative prior to transfer. If they are unable to tolerate removal, and test cannot be postponed, additional precautions should be taken to contain escaping aerosols, such as hoods or protective sheaths. 16. **Environmental Cleaning** 17. Cleaning is a shared responsibility between EVS techs and nursing. All cleaning implements will be either dedicated and remain in the room, or cleaned prior to removal to prevent cross contamination. Refer to additional *Standard Work*. 18. Hospital approved disinfectants have all met the EPA claim for novel coronaviruses. 19. **SARS-CoV-2 Testing** 20. Testing exists in multiple format for the screening and diagnostic testing for the virus that causes COVID-19; PCR/NAATs both rapidly performed on-site and “send-out”, as well as antigen testing 21. All inpatients are screened using a rapid PCR test prior to admission in order to identify infection and institute appropriate precautions 22. All inpatients are re-tested prior to cohorting (after Day 3), prior to transfer to SNF, and on Day 5 if coming from an environment that is identified in an outbreak situation (ex. Nursing home with ongoing transmission at the facility). 23. All outpatients patients undergoing operative, or other deemed “high risk” procedures will be scheduled to receive testing no longer than 96 hours prior to their procedure. 24. **Exposure to SARS-CoV-2** 25. Team members identified as having had unprotected exposure to a COVID-19 patient will be evaluated by Infection Prevention using CDC healthcare provider criteria, and if found to be exposed, quarantined in conjunction with Occupational Health. 26. Non-team members, including patients, who have been identified as having unprotected exposure to a COVID-19 patient, will be evaluated by Infection Prevention using non-healthcare provider CDC criteria, and if found to be exposed, notified. Infection Prevention shall notify Providers of any patient exposures. Information of Visitor exposures will be shared with Maine CDC. 27. Criteria used in the determination of exposure shall include duration, distance, procedure, PPE usage, and vaccination status. Hospital Epidemiologist shall be consulted as appropriate. |
| **DISCLAIMER STATEMENTS** |
| Extenuating circumstances may necessitate deviation from the terms of a policy. It is understood that emergent situations may occur, which require immediate resolution. Where applicable, appropriate documentation should be created to support the necessity for such deviations. |
| **CROSS REFERENCES** |
| ***See COVID TEAM MEMBER RESOURCE SITE on the Portal***  *Discontinuation of Novel Respiratory Infection Precautions and Discharge of COVID-19 patients*  *CMH Cohorting Guidance Document*  *Universal Eye Protection for all Patient Facing Team Members*  *PPE Conservation Guidance*  *Standard Work Reuse of Eye Protection & Face Shields*  *Covid PPE Pictoguides*  *Standard Work Reuse of N95 Respirators and Surgical Masks*  *Healthcare Worker Risk Assessment and Work Restrictions*  *Aerosol Generating Procedure Policy & PPE Guidance*  *Covid Testing & Retesting*  *Determination of Quarantine and Work Restrictions for HCP Exposed or COVID positive*  *Utilization of Binax Now Ag Test Card..*  *SBAR Universal Masking* |
| **REFERENCES AND SOURCES OF EVIDENCE** |
| CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Updated February 10, 2021 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> |

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| **REVIEW/APPROVAL SUMMARY** | |
| **SUPERSEDES:** | |
| **REVIEW/REVISION DATES** *(dates in parentheses include review but no revision)***:** | |
| **APPROVAL BODY(IES):** Compliance Council, Policy Review Council, Incident Command | **APPROVAL DATE: 3/3/2021** |