POLICY/PROCEDURE TITLE: 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 FAMILY MEDICINE** ☐ **SWIFT RIVER FAMILY MEDICINE**	
CATEGORY: Administrative	**ORIGINATION DATE:** 3/2/2022
OWNER GROUP: **Infection Control**	**PUBLICATION DATE: 3/2/2022**

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 novel 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, based on CDC Interim Infection Control Guidelines updated February 2, 2022, 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

NRI- Novel Respiratory Infection

NRI Precautions 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).
HCP- Healthcare personnel
PPE- Personal Protective Equipment

PROCEDURE/PROCESS

A. Routine Infection & Control Practices

1. Signage shall be posted at entrances to CMHC facilities and in strategic places with instructions about current Infection Prevention expectations
2. A screening process shall be in place for everyone entering the facility to identify those with a recent positive viral test for SARS-CoV-2, experiencing symptoms of COVID-19, or exposures requiring quarantine.
    - HCP report screening failures to Occupational Health
    - Visitors shall not be permitted entry unless they have met the same criteria to discontinue Precautions as the hospitalized patient population.
3. Source control, such as the use of well-fitting facemasks to prevent spread of respiratory secretions, shall be required upon entry and within any CMHC facility by all HCP, visitors, contractors, etc.
4. Additional precautions shall be instituted based upon the level of community transmission risk present. These include, but are not limited to:
    - Use of eye protection in all patient care encounters
    - Respirator use for all aerosol-generating procedures, surgical procedures posing a higher risk for transmission, patient care areas deemed to be in outbreak status, at higher risk for SARS-CoV-2 transmission, or in the care of patients unable to reliably source control.
5. Physical distancing shall be encouraged and layout of common areas arranged to support spatial separation and maximum occupancy standards.
6. Expectations of adherence to a higher level of Infection Prevention precautions, ex. PPE, shall be based on an assessment of community & facility prevalence and transmission risk, and not on vaccination status. As overall infection rates decline and Infection Prevention precautions become less restrictive, those team members who are medically exempt from vaccination shall continue to adhere to source control guidelines while on any CMHC campus. Additional precautions, including but not limited to, intensified symptom screening, will be evaluated based on evolving data regarding transmission of the SARS-CoV-2 virus and current guidance. " See Appendix 1

B. Precaution Signage

1. Place **NRI Precautions** 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.

2. 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).
3. Patients who are "Persons Under Investigation" for COVID-19, PUI's, require NRI Precautions to remain in place until diagnostic test results are completed. If patient has had a positive test in the previous 90 days and is undergoing antigen test screening, they shall remain on Contact/Droplet Precautions instead of NRI.

C. PPE & universal masking

1. All HCP are expected to universally wear procedural masks at this time and eye protection during any contact with patients or visitors.
2. Patients are expected to wear procedural masks while outside of their room and during examination or care by HCP. If a mask can't be tolerated, tissues may be used to cover their mouth and nose while out of the room.
3. 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
4. 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. Face protection is changed between all precaution patients.
5. 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.

D. Hand Hygiene

1. 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.

E. Transport

1. 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.
2. Discussion with the HCP in the receiving area must 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. Patients on NRI Precautions cannot be left in public waiting areas or hallways, due to the potential risk they present for ongoing transmission.

3. The patient shall wear a procedure mask over their nose and mouth, unless medically contraindicated, to contain secretions and be covered with a clean sheet.
4. If transporting in the bed or stretcher from the patient's room, side rails and head/foot boards should be disinfected prior to transport.
5. Essential HCP involved in the care patient on NRI Precautions shall be responsible for the transfer of the patient from bed to wheelchair/stretcher from the patient's room and shall wear all required PPE: Gowns, Gloves, Respirator (N95/PAPR or CAPR), and face shield/eye protection. Transport team members are not to be involved in the direct transference of the NRI patient.
6. Gowns and gloves are removed prior to leaving the room and hand hygiene performed
7. HCP involved in the actual transport of the patient may 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. It is acceptable for those HCP assisting only with the active transport of NRI patients to wear a procedure mask and eye protection unless the patient is intubated.
8. 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. HCP continuing to use their face protection should use care to avoid self-contamination when donning the remainder of the PPE. Transport team members are not to be involved in the direct transference of the NRI patient.
9. 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.
10. 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. Transport team members are not to enter any patient's room where an aerosol generating procedure is taking place, until appropriate time for the filtration of aerosols has expired.

F. Environmental Cleaning

1. 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*.
2. Hospital approved disinfectants have all met the EPA claim for novel coronaviruses.

G. SARS-CoV-2 Testing

1. 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
2. All inpatients are screened using a rapid PCR test prior to admission in order to identify infection and institute appropriate precautions. Serial antigen testing may be used for those having tested positive in the previous 90 days to determine active infection.
3. All inpatients are re-tested prior to cohorting (after Day 3), prior to transfer to SNF, and once weekly while remaining hospitalized.
4. 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.
5. Specimens may be sent to the lab using the pneumatic tube system, using care to make sure that all identifying information is present and containers are tightly sealed to prevent contamination.

H. Exposure to SARS-CoV-2

1. 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.
2. 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.
3. Criteria used in the determination of exposure shall include duration, distance, procedure, PPE usage, vaccination status, and current CDC staffing mitigation strategy in place, per Incident Command. Hospital Epidemiologist shall be consulted as appropriate.
4. All outbreaks shall be reported to the Maine Department of Health and Human Services and recommended processes for containment implemented.

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
Aerosol Generating Procedure Policy & PPE Guidance
Covid Testing & Retesting
Determination of Quarantine and Work Restrictions for HCP Exposed to or positive for COVID-19; Conventional Strategies
Utilization of Binax Now Ag Test Card..
SBAR Universal Masking
Mitigation Strategies for Exposed or COVID-19 Positive Healthcare Personnel During Staffing Shortages
Patient Testing for SARS-Co-V-2

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 2, 2022 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- *CMS Omnibus COVID-19 Health Care Staff Vaccination: Hospital Attachment D-Hospital QSO-22-07-ALL* Federal Register / Vol. 86, No. 212 / Friday, November 5, 2021 / Rules and Regulations; 2021-23831.pdf (govinfo.gov)

REVIEW/APPROVAL SUMMARY

SUPERSEDES: Prevention Methods for Prevention of COVID-19 Transmission During a Pandemic and While Caring for Patients on Novel Respiratory Infection (NRI) Precautions	
REVIEW/REVISION DATES *(dates in parentheses include review but no revision)***:**	
APPROVAL BODY(IES): Incident Command	**APPROVAL DATE: 3/1/2022**

Appendix 1	**High, Substantial, and Moderate** Community Transmission	**Low Community Transmission**
Up to date with all vaccination recommendations	• Screening upon entry to facility for all HCP and referral to Occupational Health for those with a failed screen and testing availability. • Universal masking • Physical distancing in patient and non-patient care areas • Eye protection with all patients • Respirator use in areas of high risk of transmission or outbreak status • Respirators for use with AGP, high risk surgical procedures • **Exposures – under "Conventional" strategy, testing at Day 1 and Day 5-7 after exposure, no quarantine required.** • **Exposures – under "Contingency" strategy, no testing, no quarantine.**	• Relaxation of Universal masking in well-defined areas that are restricted from patient access (ex. staff meeting rooms, kitchen) based on Incident Command determination. • Relaxation of eye protection with all patients or public facing positions based on Incident Command determination. • All other requirements continue to apply
Vaccinated with primary series	• Same requirements apply, except: • **Exposures – under "Conventional" strategy, HCP with high risk exposures to exclude from work until 7 days after the exposure if asymptomatic and PCR test is negative or until Day 10 without a test.** • **Exposures – under "Contingency" strategy, HCP with high risk exposures to test at Day 1 and Day 5-7 after exposure, no quarantine required.**	• Relaxation of Universal masking in well-defined areas that are restricted from patient access (ex. staff meeting rooms, kitchen) based on Incident Command determination. • Relaxation of eye protection with all patients or public facing positions based on Incident Command determination. • All other requirements continue to apply, per current CDC guidance.
Unvaccinated or partially vaccinated	• Same requirements apply, except: • **Exposures – under "<u>Conventional</u>" strategy, HCP with high risk exposures to exclude from work**	**All** requirements continue to apply, per current CDC guidance. • Universal Masking • Physical Distancing

	until 7 days after the exposure if asymptomatic and PCR test is negative or until Day 10 without a test. • **Exposures – under <u>"Contingency"</u> strategy, HCP with high risk exposures to test at Day 1 and Day 5-7 after exposure, no quarantine required.**	• Eye Protection

Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC, updated 2/2/2022