

Our Lady of Prompt Succor Nursing Facility

COVID-19 Virus Policy

09/20/21

Core Principles of COVID-19 Infection Prevention

All staff and visitors will follow the core principles of infection prevention

1. Screening of all who enter the facility for signs and symptoms of COVID-19, and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
 - a. All visitors and employees will be screened at the main entrance for signs and symptoms of COVID-19 and for recent contact with someone with the COVID-19 infection. EMS will be allowed entrance at any location without screening.
2. Hand Hygiene
3. Face covering or mask (covering the mouth and nose) and social distancing at least 6 feet between persons.
4. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices.
5. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
6. Appropriate staff use of PPE
7. Effective cohorting of residents
8. Resident and staff testing conducted as required by state and federal guidelines.

Reporting signs and symptoms of COVID-19 for Employees

Employees are to notify the supervisor on duty if they are positive for COVID-19, are suspected to have COVID-19, are experiencing certain symptoms of COVID-19, or have been in close contact with a COVID-19 positive person. Employees are to notify the supervisor on duty if they have symptoms of COVID-19 including fever of 100.4 degrees Fahrenheit or greater, unexplained cough associated with shortness of breath, and recent loss of taste and/or smell with no other explanations. Employees are to undergo COVID-19 PCR testing when symptoms begin to rule out COVID-19.

COVID-19 Return to Work Policy

If a symptomatic employee has a laboratory-confirmed COVID-19 test, the employee will be excluded from work until

1. At least 10 days have passed since symptoms first appeared.
2. At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**

If an asymptomatic employee has a laboratory-confirmed COVID-19 test the employee will be excluded from work until

1. 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
2. If the employee were to become symptomatic, the 10-day furlough would start over from that time.

If an employee had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenzas)

1. The criteria for return to work should be based on that diagnosis and decision will be made by their medical provider.

Admissions

The facility is currently admitting residents. Admission of any resident will be dependent on staffing, availability of PPE, and guidance from LDH and/or CMS.

We are monitoring guidance from State and Federal authorities daily and will adjust our policy as needed to ensure we are in compliance with these guidelines.

Prior to admission, the staff must insure:

1. Availability of a private room.
2. Ability to meet the needs of the potential resident.

Visitation

1. Visitation should be person-centered, consider the resident's physical, mental, and psychosocial well-being, and support their quality of life.
2. Visitation will be conducted with an adequate degree of privacy.
3. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit and will be asked to leave.
4. All visits are requested to be scheduled to facilitate the staff in maintaining the core principles of infection prevention.
5. If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor.
6. Visitors should physically distance from other residents and staff in the facility.
7. Outdoor Visitation
 - a. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated.
8. Indoor Visitation
 - a. Indoor visitation is always allowed for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to high risk of COVID-19 transmission. These scenarios include limiting indoor visitation for:
 - i. Unvaccinated residents, if the nursing home's COVID-19 county positive rate is >10% and <70% of residents in the facility are fully vaccinated.
 - ii. Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or
 - iii. Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria from release of quarantine.

Indoor Visitation during Outbreak

When a new case of COVID-19 among residents or staff is identified, the facility will immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria. Outbreak testing is discontinued when testing identifies no new cases of COVID-19 infection among staff or residents for at least 14 days since the most recent positive result.

1. If the first round of testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in other areas with no COVID-19 cases. Areas on the affected unit will have visitation suspended until the facility meets the criteria to discontinue outbreak testing.
2. If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas, then visitation will be suspended for all residents (vaccinated and unvaccinated) until the facility meets the criteria to discontinue outbreak testing.

Compassionate Care Visits and Visits required under the Federal Disability Rights Law

1. Compassionate care visits and visits required under the federal disability rights law will be always allowed, for any resident (vaccinated or unvaccinated) regardless of any scenarios.
2. Compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay person offering religious and spiritual support.
3. Visits should be conducted using social distancing, however, if during a compassionate care visit, a visitor and the facility identify a way to allow for personal contact, it should be done following appropriate infection prevention guidelines, and for a limited amount of time.
4. If the resident is fully vaccinated, they can choose to have close contact with the visitor while wearing a face mask and performing hand hygiene before and after.

Visitation for residents on Transmission Based Precautions

Residents who are on transmission-based precautions for COVID-19 will only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions.

Visitation Policy and Procedures – Amendment

Clergy, Immediate Family Members and Other Designated Persons

Effective September 20, 2021, the facility's policies and procedures for visitation are amended to incorporate the following:

Department of Health, Bureau of Health Services Financing

Nursing Facilities – Licensing Standards

LAC 48: I.9769 and 9771

Louisiana Register Vol. 47, No. 9 September 20, 2021 **(Attached)**

Specifically, the facility policy and procedure on visitation is amended to include **9769**; Visitation by Members of the Clergy During Declared Public Health Emergency, and **9771**; Visitation by Immediate Family Members and Other Designated Persons during a Declared Public Health Emergency.

This amendment will be shared with all residents, staff and family members or other designated persons via email and facility website at www.promptsuccor.com.

Copies are available when requested.

signs or symptoms of an infectious agent or infectious disease, or if such close family member or other designated person tests positive for an infectious agent or infectious disease:

d. that a close family member or other designated person not be allowed to visit an ICF/DD resident if the close family member and other designated person refuses to comply with the provisions of the ICF/DD's policy and procedure or refuses to comply with the ICF/DD's reasonable time, place, and manner restrictions;

e. that close family members and other designated persons be required to wear personal protective equipment as determined appropriate by the ICF/DD, considering the resident's medical condition or clinical considerations;

i. at the ICF/DD's discretion, personal protective equipment may be made available by the ICF/DD to close family members and other designated persons;

f. that an ICF/DD's policy and procedure include provisions for compliance with a Louisiana state health officer (SHO) order or emergency notice or governor's executive order or proclamation limiting visitation during a declared PHE;

g. that an ICF/DD's policy and procedure include provisions for compliance with any federal law, regulations, requirements, orders, or guidelines issued by any federal government agency regarding visitation in ICF/DDs during a declared PHE; and

h. that includes provisions for off-site visitation, allowing a close family member to visit an ICF/DD resident away from the facility campus; the policy and procedure shall include requirements for allowing the resident to return to the facility upon certain conditions, such as meeting testing and isolation requirements recommended by the CDC, the Centers for Medicare and Medicaid Services (CMS), a Louisiana SHO order or emergency notice, or a governor's executive order or proclamation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180-2180.5.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1308 (September 2021).

Dr. Courtney N. Phillips
Secretary

2109#057

RULE

Department of Health Bureau of Health Services Financing

Nursing Facilities Licensing Standards (LAC 48:I.9769 and 9771)

The Department of Health, Bureau of Health Services Financing has adopted LAC 48:I.9769 and 9771 as authorized by R.S. 36:254 and 40:2009.1-2116. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the date of promulgation.

Title 48 PUBLIC HEALTH—GENERAL Part I. General Administration Subpart 3. Licensing

Chapter 97. Nursing Facilities

Subchapter B. Organization and General Services

§9769. Visitation by Members of the Clergy During a Declared Public Health Emergency

A. For purposes of §9769 and §9771, a public health emergency (PHE) is a declaration made pursuant to the Louisiana Health Emergency Powers Act, R.S. 29:760 et seq.

B. For purposes of §9769 and §9771, clergy shall be defined as follows:

1. a minister, priest, preacher, rabbi, imam, Christian Science practitioner; or
2. other similar functionary of a religious organization; or
3. an individual reasonably believed by a resident to be such a clergy member.

C. For purposes of §9769 and §9771, immediate family member shall mean the following of a resident in a nursing facility:

1. spouse;
2. natural or adoptive parent, child, or sibling;
3. stepparent, stepchild, stepbrother, or stepsister;
4. father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law or sister-in-law;
5. grandparent or grandchild;
6. spouse of a grandparent or grandchild; or
7. legal or designated representative of the resident.

D. For purposes of §9769 and §9771, resident shall mean a resident of a licensed nursing facility in Louisiana or the legal or designated representative of the resident.

E. A licensed nursing facility shall comply with any federal law, regulation, requirement, order, or guideline regarding visitation in nursing facilities issued by any federal government agency during a declared public health emergency. The provisions of the licensing rules in §9769.F-I shall be preempted by any federal statute, regulation, requirement, order, or guideline from a federal government agency that requires a nursing facility to restrict resident visitation in a manner that is more restrictive than the rules.

F. Nursing facilities shall comply with any Louisiana state health officer (SHO) order or emergency notice regarding visitation in nursing facilities during a declared PHE.

G. Nursing facilities shall comply with any executive order or proclamation issued by the governor of the state of Louisiana regarding visitation in a nursing facility during a declared PHE.

H. The provisions of this Section regarding visitation by members of the clergy shall apply to all nursing facilities licensed by the Department of Health.

I. Subject to the requirements of §9769.E-G, each nursing facility shall allow members of the clergy to visit residents of the nursing facility during a declared public health emergency (PHE) when a resident, or his legal or designated representative, requests a visit with a member of

the clergy, subject to the following conditions and requirements:

1. Each nursing facility shall have a written policy and procedure addressing visitation by members of the clergy. A copy of the written policy and procedure shall be available, without cost, to the resident and his legal or designated representative, upon request. The nursing facility shall provide a link to an electronic copy of the policy and procedure to a member of the clergy, upon request.

2. A nursing facility's policy and procedure regarding clergy visitation may adopt reasonable time, place, and manner restrictions, provided that such restrictions are implemented by the nursing facility, in consultation with appropriate medical personnel, for the purpose of mitigating the possibility of transmission of any infectious agent or infectious disease or for the purpose of addressing the medical condition or clinical considerations of an individual resident.

3. A nursing facility's policy and procedure on clergy visitation shall, at a minimum, require the following:

a. that the nursing facility give special consideration and priority for clergy visitation to residents receiving end-of-life care;

b. that a clergy member will be screened for infectious agents or infectious diseases, utilizing at least the current screening or testing methods and protocols recommended by the Centers for Disease Control and Prevention, as applicable; if there is a current Louisiana SHO order or emergency notice that requires more rigorous screening or testing methods and protocols, then the nursing facility shall utilize those methods and protocols;

c. that a clergy member not be allowed to visit a nursing facility resident if such clergy member has obvious signs or symptoms of an infectious agent or infectious disease, or if such clergy member tests positive for an infectious agent or infectious disease;

d. that a clergy member not be allowed to visit a nursing facility resident if the clergy member refuses to comply with the provisions of the nursing facility's policy and procedure or refuses to comply with the nursing facility's reasonable time, place, and manner restrictions; and

e. that a clergy member be required to wear personal protective equipment as determined appropriate by the nursing facility, considering the resident's medical condition or clinical considerations; at the nursing facility's discretion, personal protective equipment may be made available by the nursing facility to clergy members.

f. that a nursing facility's policy and procedure include provisions for compliance with any Louisiana SHO order or emergency notice and with any governor's executive order or proclamation limiting visitation during a declared PHE; and

g. that a nursing facility's policy and procedure include provisions for compliance with any federal law, regulations, requirements, orders, or guidelines regarding visitation in nursing facilities issued by any federal government agency during a declared public health emergency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009, 1-2116.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1309 (September 2021).

§9771. Visitation by Immediate Family Members and Other Designated Persons during a Declared Public Health Emergency

A. A licensed nursing facility shall comply with any federal law, regulation, requirement, order, or guideline regarding visitation in nursing facilities issued by any federal government agency during a declared public health emergency. The provisions of the licensing rules in §9771.B-E shall be preempted by any federal statute, regulation, requirement, order, or guideline from a federal government agency that requires a nursing facility to restrict resident visitation in a manner that is more restrictive than the rules.

B. Nursing facilities shall comply with any Louisiana state health officer (SHO) order or emergency notice regarding visitation in nursing facilities during a declared PHE.

C. Nursing facilities shall comply with any executive order or proclamation issued by the governor of the state of Louisiana regarding visitation in a nursing facility during a declared PHE.

D. The provisions of this Section regarding visitation by immediate family members of the resident and other designated persons shall apply to all nursing facilities licensed by the Department of Health.

E. Subject to the requirements of §9771.A-C, each nursing facility shall allow immediate family members and other designated persons to visit a resident of the nursing facility during a declared public health emergency (PHE) when a resident, or his legal or designated representative, requests a visit with immediate family members and other designated persons, subject to the following conditions and requirements.

1. Each nursing facility shall have a written policy and procedure addressing visitation by immediate family members and other designated persons. A copy of the written policy and procedure shall be available, without cost, to the resident and his legal or designated representative, upon request. The nursing facility shall provide a link to an electronic copy of the policy and procedure to immediate family members and other designated persons, upon request.

2. A nursing facility's policy and procedure regarding visitation by immediate family members and other designated persons may adopt reasonable time, place, and manner restrictions, provided that such restrictions are implemented by the nursing facility, in consultation with appropriate medical personnel, for the purpose of mitigating the possibility of transmission of any infectious agent or infectious disease or for the purpose of addressing the medical condition or clinical considerations of an individual resident.

3. A nursing facility's policy and procedure on visitation by immediate family members and other designated persons shall, at a minimum, require the following:

a. that the nursing facility give special consideration and priority for visitation by immediate family members and other designated persons to residents receiving end-of-life care;

b. that visitation by immediate family members of the residents and other designated persons will be screened for infectious agents or infectious diseases and will pass such screening prior to each visitation, utilizing at least the current screening or testing methods and protocols recommended by the Centers for Disease Control and Prevention, as applicable; if there is a current Louisiana SHO order or emergency notice that requires more rigorous screening or testing methods and protocols, then the nursing facility shall utilize those methods and protocols;

c. that an immediate family member or other designated person not be allowed to visit a nursing facility resident if such immediate family member or other designated person has obvious signs or symptoms of an infectious agent or infectious disease, or if such immediate family member or other designated person tests positive for an infectious agent or infectious disease;

d. that an immediate family member or other designated person not be allowed to visit a nursing facility resident if the immediate family member or other designated person refuses to comply with the provisions of the nursing facility's policy and procedure or refuses to comply with the nursing facility's reasonable time, place, and manner restrictions;

e. that immediate family members and other designated persons be required to wear personal protective equipment as determined appropriate by the nursing facility, considering the resident's medical condition or clinical considerations; at the nursing facility's discretion, personal protective equipment may be made available by the nursing facility to immediate family members and other designated persons;

f. that a nursing facility's policy and procedure include provisions for compliance with any Louisiana SHO order or emergency notice and with any governor's executive order or proclamation limiting visitation during a declared PHE;

g. that a nursing facility's policy and procedure include provisions for compliance with any federal law, regulations, requirements, orders, or guidelines regarding visitation in nursing facilities issued by any federal government agency during a declared public health emergency; and

h. that includes provisions for off-site visitation, allowing an immediate family member or other designated person to visit a nursing facility resident away from the facility campus.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.1-2116.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1310 (September 2021).

Dr. Courtney N. Phillips
Secretary

2109#05X

RULE

Department of Health Bureau of Health Services Financing

Reimbursement for Coronavirus Disease 2019 (COVID-19) Laboratory Testing (LAC 50:V.117 and XI.7503)

The Department of Health, Bureau of Health Services Financing has adopted LAC 50:V.117 and amended LAC 50:XI.7503 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 1. Inpatient Hospitals Services

Chapter 1. General Provisions

§117. Laboratory Testing for Coronavirus Disease 2019 (COVID-19)

A. Effective for dates of service on or after September 20, 2021, the Medicaid Program shall provide reimbursement to acute care hospitals for COVID-19 laboratory testing provided to inpatients.

B. Reimbursement. Hospitals shall be reimbursed for such testing in addition to the hospital per diem payment for the inpatient hospital stay.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1311 (September 2021).

Part XI. Clinic Services

Subpart 11. Ambulatory Surgical Centers

Chapter 75. Reimbursement

§7503. Reimbursement Methodology

A. - A.2. ...

3. Effective for dates of service on or after September 20, 2021, the Medicaid Program shall provide reimbursement for COVID-19 laboratory testing in addition to the ambulatory surgical center flat fee reimbursement amount.

B. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1889 (September 2009), amended LR 36:2278 (October 2010), LR 37:1572 (June 2011), LR 39:317 (February 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 47:1311 (September 2021).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of

Entry of Healthcare Workers and other Providers of Services

Health care workers who are not employees of the facility but provide direct care to the facility's residents are permitted to come into the facility if they are not subject to work exclusion due to exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened.

Emergency Medical Personnel do not need to be screened, so they can attend to an emergency without delay.

Communal Activities and Dining

1. While adhering to the core principles of COVID-19 infection and prevention, communal activities and dining may occur.
 - a. Residents who are fully vaccinated may dine and participate in activities while maintaining social distancing if all participating residents are fully vaccinated. Residents that can tolerate face coverings will wear masks.
 - b. If an unvaccinated resident is present during communal dining or activities the unvaccinated residents will be physically distant from others.

COVID-19 Testing

Routine Testing of Staff

Routine testing of unvaccinated staff will be based on the extent of the virus in the community. Fully vaccinated staff do not have to be routinely tested. The facility will use our *community transmission level* as the trigger for staff testing frequency.

- Reports of COVID-19 *level of community transmission* are available on the CDC COVID-19 Integrated County View site: <https://covid.cdc.gov/covid-data-tracker/#county-view>.

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Unvaccinated Staff
Low (Blue)	Not Recommended
Moderate (Yellow)	Once a week
Substantial (Orange)	Twice a week
High (Red)	Twice a week

The facility will test all unvaccinated staff at the frequency prescribed in the Routine Testing table based on the *level of community transmission* reported in the past week. The facility will monitor their *level of community transmission* every other week and adjust the frequency of performing staff testing according to the table above.

- If the *level of community transmission* increases to a higher level of activity, the facility will begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity *level* are met.

- If the *level of community transmission* decreases to a lower level of activity, the facility will continue testing staff at the higher frequency level until the *level of community transmission* has remained at the lower activity level for at least two weeks before reducing testing frequency.

Testing of Staff and Residents with COVID-19 Symptoms or Signs

- a. Staff with symptoms or signs of COVID-19, *vaccinated or not vaccinated*, must be tested *immediately* and are expected to be restricted from the facility pending the results of COVID-19 testing. If COVID-19 is confirmed, staff should follow Centers for Disease Control and Prevention (CDC) guidelines "Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection." Staff who do not test positive for COVID-19 but have symptoms should follow facility policies to determine when they can return to work.
- b. Residents who have signs or symptoms of COVID-19, *vaccinated, or not vaccinated*, must be tested *immediately*. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance. Once test results are obtained, the facility must take the appropriate actions based on the results.

2. Testing of Staff and Residents in Response to an Outbreak

- a. An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident.
- b. Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents, *regardless of vaccination status*, should be tested *immediately*, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

3. Refusal of Testing by Staff

- a. COVID-19 testing is mandatory condition for employment. Staff that refuse testing will be restricted from the facility.

4. Refusal of Testing by Residents

- a. Residents (or resident representative) may exercise their right to decline COVID-19 testing in accordance with the requirements from state and federal agencies.
 - i. If the resident is symptomatic of COVID-19 and refuse testing, they will be placed in transmission-based precautions until the criteria for discontinuing transmission-based precautions has been met.
 - ii. If the resident is asymptomatic for COVID-19 and we are in outbreak testing, the facility will be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

5. Other Testing Considerations

- a. Staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 3 months after symptom onset.

- b. For residents or staff who test positive, state and local entities will be contacted to make aware of COVID-19 outbreak.
- c. During specimen collection, staff will maintain proper infection control and use recommended PPE, which includes an N95 or higher-level respiratory (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- d. Antigen tests may be used for symptomatic residents and staff. However, all negative tests from symptomatic residents and staff should be confirmed by PCR.
- e. All testing of asymptomatic residents should be performed by PCR. Per CMS testing requirements, laboratories that can quickly process tests with rapid reporting of results (e.g., within 48 hours) should be utilized.
- f. Antigen tests may be used for asymptomatic staff/HCP without the need to confirm a negative result by PCR. However, asymptomatic staff/HCP that test positive by antigen test should be confirmed by PCR.

6. Reporting of COVID-19 Testing

- a. COVID-19 antigen test and PCR test will be reported to the state level and the NHSN within 24 hours after testing occurred.

Resident Quarantine Policy

Fully vaccinated is defined as a person ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine

Exposure is defined as direct contact or exposure within 6 feet for 15 minutes or more over a 24-hour period with anyone that has COVID-19.

1. Fully vaccinated, partially vaccinated, and unvaccinated residents who have an exposure to COVID-19 will require a 14-day quarantine after the exposure. During this time, these residents will require contact and droplet isolation.
2. Fully vaccinated residents who do not have a known exposure to COVID-19 will not require a 14-day quarantine if they are out of the facility.
3. Partially vaccinated and unvaccinated residents who do not have a known exposure to COVID-19 will not require a 14-day quarantine if they are out of the facility for less than 24 hours.
4. Partially and Unvaccinated residents require a 14-day quarantine upon admission, return from a hospital admission, or anytime they leave the facility for greater than 24 hours.

Resident COVID-19 Isolation Policy

1. All residents who test positive for COVID-19 will be transferred to the "COVID" Unit on St Joseph Hall.
2. The resident will remain on this unit for 10 days minimum in both contact and droplet precautions.
3. If the resident were to become symptomatic during this time they will need to remain on isolation. The resident will need to be in recovery at least 24 hours which is defined as resolution of fever without the use of fever-reducing medications **and** improvement

in respiratory symptoms (e.g., cough, shortness of breath) before being transferred off the COVID unit.

4. Residents in the "COVID" unit may cohort in a semi-private room if a private room is not available.

5. End of Transmission Based Isolation

- a. When a resident meets end of transmission-based isolation, they will return to their original room.
- b. Residents who have tested positive for COVID-19 are able to cohort with residents who have never tested positive for COVID-19 after the positive resident has met the discontinuation of transmission-based precaution criteria.
- c. The previously positive COVID-19 resident is no longer contagious and would pose no threat to others.

Cohorting

1. Residents who have tested positive for COVID-19 are able to cohort with residents who have never tested positive for COVID-19 after the positive resident has met the discontinuation of transmission-based precaution criteria.
2. The previously positive COVID-19 resident is no longer contagious and would pose no threat to others.

COVID-19 PPE Policy

1. All staff members will be issued a surgical mask or N95 masks to wear while performing their duties in the facility.
2. **PPE use by staff in caring for residents who do not have COVID-19 symptoms**
 - a. Staff are to wear a surgical mask or N95 mask.
 - b. Gloves are to be worn when provided care to the resident.
3. **PPE use for residents that are suspected to have COVID-19 and/or positive for COVID-19**
 - a. For direct care to the resident, the following PPE are to be worn: Surgical mask or N95 mask, eye protection, gown and gloves.
4. If an outbreak of COVID-19 was to occur, all staff will be required to wear eye protection until the outbreak has resolved.

COVID-19 Vaccinations

1. Covid-19 Vaccination Education

- a. Newly admitted resident and resident's representatives will be provided education at the time of admit regarding the benefits and potential side effects associated with the COVID-19 vaccination. The newly admitted resident will be offered the vaccine unless its medically contraindicated or the resident has already been immunized.
- b. Newly hired staff will be provided education at the time of orientation regarding the benefits and potential side effects associated with the COVID-19 vaccination. The newly hired staff will be offered the vaccine unless its medically contraindicated or the resident has already been immunized.
- c. Administration will maintain appropriate documentation to reflect that the required COVID-19 vaccination education was provided to both newly admitted residents and newly hired staff.

2. COVID-19 Vaccination

- a. All staff, residents and responsible parties will be educated regarding the benefits and potential side effects associated with the COVID-19 vaccine. Education will be offered in a manner that the resident, staff and responsible party will be able to understand. The staff and residents will also receive the FDA COVID-19 EUA Fact Sheet before being offered the vaccine.
- b. In the situation where the COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member will be provided with current information regarding those additional doses, including any changes in the benefits or risk and potential side effects, associated with the COVID-19 vaccine before request of consent or administration of any additional doses.
- c. After education is provided, all staff and residents will be offered the COVID-19 vaccines unless it is medically contraindicated, or the resident or staff member has already been immunized.
- d. The resident, resident representative and staff member have the right to refuse a COVID-19 vaccine and change their decision regarding vaccination.
- e. COVID-19 vaccine status of residents and staff, each dose of vaccine received, COVID-19 vaccination adverse events and therapeutics administer to resident for treatment of Covid-19 will be reported to state and federal entities.
- f. Documentation of education, each dose of the vaccine administered, or refusal and contraindications will be documented in the resident's medical record.
- g. Documentation of education, each dose of the vaccine administered, or refusal and contraindications will be maintained for all staff.
- h. COVID-19 Vaccination status of the facility will be reported to the NHSN and State weekly.

Communication with Staff, Board Members, Physicians, Vendors, Residents and Responsible Parties

1. The following means of communication are being utilized for communication with staff, board members, physicians, vendors, residents, and responsible parties:
 - a. Regular postings on the website
 - b. Personal phone calls
 - c. Email
 - d. Email to text
 - e. Letters sent to responsible parties
 - f. Newsletter
 - g. News admissions / intake
 - h. New hire orientation
2. PSNH administration will notify responsible parties and family members immediately of any changes on visitation and the alternate means of communication with their loved ones.

COVID-19/ Respiratory Symptom Notification

1. Residents, responsible parties, and staff will be notified of COVID-19 positive cases by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.

COVID-19 Training and In-service

1. Training and in-services will be done as guidance is received from state and federal agencies
2. These in-services will be individual, small group, and larger groups as appropriate.

Environmental Cleaning

1. The Facility is cleaned and disinfected daily and as needed with approved N-list Products.

Staffing

To the extent practicable, staffing patterns remain unchanged during the COVID-19 pandemic.

Certain situations may require adjustments to staffing patterns in specific departments, shifts, areas of the facility and/or facility wide.

Due to the fluid nature of the pandemic, leadership personnel in all departments will monitor staffing in their respective departments to ensure adequate staff members are available to care for our resident population.

Internal communication regarding staffing is shared daily through meetings and internal emails communications.

To the extent possible, agency staff will be utilized only when necessary.

If agency staff is utilized, to the extent possible, we request consistent personnel assignment from our agency contacts when requesting coverage.