

**Brothers of Mercy Nursing & Rehabilitation Center**  
**Directive & Procedure Manual**

<b>Function:</b> Care & Treatment of Residents		<b>Policy Reference:</b> 1.11	<b>Approved By:</b> Teresa Dillsworth, Administrator Dr. Stacy Gugino, Medical Director
<b>Directive Number:</b> 04.298	<b>Number of Pages:</b> 3	<b>Effective Date:</b> 5/25/2023	<b>Developed By:</b> April Fischer RN, BSN, ADON/IP
<b>Subject:</b> Masking, COVID-19 testing, Infection Prevention		<b>Revised Date(s):</b> 11/13/2023	<b>Dept. Head</b> Shari Kersch, RN, DON

**Directive:**

The IP nurse, DON and administrator will evaluate the need for universal masking in the building for residents/patients, staff members and visitors and implement masking when needed based on CDC guidance/epidemiology recommendations and facility/community levels of respiratory infections such as influenza, COVID-19 and RSV.

**Procedure:**

**Resident/Patient masking/unmasking plan**

1. Nursing staff will assess resident/patient's ability to wear a mask on admission and charge nurse/Nurse Manager will document findings in PCC progress note.
2. The nurse manager will complete the charting in PCC, Template: COVID masking/face covering evaluation and discuss results with the IDT.
3. The comprehensive care plan will be updated with appropriate information regarding masking/IDT decision and the information will appear on the Kardex/closet care plan so staff members are aware if the res/pt is able to tolerate a mask when needed.
4. Residents/patients newly admitted need to wear a mask for 10 days following admission when leaving their room and during care (if it is determined they can tolerate a mask) if they have been exposed to COVID prior to admission or if there is strong suspicion they have COVID upon admission. If a resident/patient is gone from the facility for 24 hours or longer, we will treat them as a new admission as far as masking and testing is concerned. New admissions that cannot tolerate a mask will be encouraged to isolate and potentially put on precautions is needed.
5. Residents/patients may be required to wear a mask if they have been exposed to a COVID positive staff member or another resident/patient positive for COVID (this will be determined during contact tracing), the situation will be evaluated by the IP nurse and guidance will be sent out to the nurse manager/nursing supervisors to update staff and masking plan will be followed. It will be required for the exposed res/pt to wear a mask if they can tolerate it until exposure testing is completed (on days 1, 3 and 5). If the res/pt cannot tolerate a mask, they will be encouraged to isolate and potentially placed on precautions until exposure testing is completed and negative.
6. COVID positive res/pts will be required to wear a paper mask and face shield if they need to leave their room or during transportation to a new room if a room change is needed (they should not leave their room during their 10 day or longer if needed quarantine). If symptoms have not improved or fever is still present, quarantine may need to be extended; symptoms/fever occurrence will be discussed between the nurse manager and IP nurse to determine quarantine extension. Residents/patients that are COVID positive can wear a mask if they can tolerate it when staff enters airborne precautions room. Staff members will be wearing full PPE and will be protected if the res/pt with COVID cannot tolerate a mask.
  - a. Social distancing is required in a large group setting per the CDC guidance. The IP nurse, DON and the administrator may decide to increase measures such as social distancing during a COVID outbreak or per epidemiology recommendations.
  - b. If able to tolerate a mask, residents/patients may still wear a mask if they wish to wear one when leaving their room or in situations like receiving hands on care that make it impossible to social distance for additional protection.

## Visitor/staff masking/unmasking plan

1. CDC metrics to determine levels of COVID in the community cannot be high for staff/visitors to unmask in the building. When COVID hospitalization levels, COVID related deaths, COVID related ED visits and Erie County positivity test rates of COVID increase, masks need to be worn by staff members and encouraged for visitors while they are in the building due to risk of spreading or contacting COVID. Levels will be checked weekly by IP nurse on CDC website (Updated every Thursday evening) to keep the facility up to date on appropriate PPE practices. When changes in PPE need to occur, signs at the front entrance will be update to reflect changes and an email update with changes will be sent out to the nursing home.
  - a. During influenza season staff unvaccinated for influenza will need to wear a mask when in the building until the DOH determines influenza season has ended (not prevalent). The IP nurse, DON and administrator may decide to implement universal masking during influenza season or at any time when an increased number of respiratory infections are seen throughout the building for additional infection protection or if infection rates increase throughout the building/in the community and vaccination rates are low for staff, residents or patients.
  - b. Signs will be placed at main entrance and front desk to alert visitors and staff of PPE requirements in the building. Visitors will be encouraged to mask or may be required to mask if respiratory infection rates are have increased in the building or community or per CDC/epidemiology recommendations.
  - c. Any staff members or visitors that have respiratory symptoms should wear a mask covering their nose and mouth if the facility is unmasking.
2. Units and/or departments with staff members that test positive for COVID and/or units with positive residents will need to wear a mask until there have been no new positive cases of COVID in those areas for 14 days. PPE will be decided by the IP nurse after completing contact tracing and determining if there is an outbreak present or just an isolated case on a unit. IP nurse will follow up with epidemiology and implement more infection prevention measures if/when needed.
3. Staff members that have been exposed to anyone with COVID must wear a mask (if the facility is unmasking) while completing exposure testing (day 1- within 24 hours of exposure, day 3- 48 hours after the first test and day 5- 48 hours after the last test).
4. Staff members with signs and symptoms of COVID (fever with respiratory symptoms such as shortness of breath, coughing) should not enter the building and should call in for their shift and schedule a time to be tested by the nursing supervisor or employee health nurse, staff should drive up to be tested and should not enter the building with suspected COVID. Staff members are not permitted to perform COVID testing on themselves on the units or in the building. If staff members develop fever and respiratory symptoms during their shift, they should put on a mask (if we are unmasking) and immediately contact the nursing supervisor or employee health nurse for instructions. If it is unable to be determined if a staff member should be tested by the nursing supervisor, the on call ADON/DON should be contacted for guidance. Staff members should provide a positive test in order to be paid for COVID pay. Staff members may work with a negative COVID test but should test on day 1, 3 and 5 and wear a mask until exposure testing is completed and tests are all negative.
5. Visitors should not enter the building with fever and respiratory symptoms or if they have had a close contact exposure for an extended amount of time to a person positive for COVID. Visitors are instructed to contact the nursing supervisor or IP nurse for instructions for symptoms of COVID or an exposure to COVID before entering the building. Visitors can be provided with COVID home testing kits at the front desk. When the facility is able to unmask, visitors with any respiratory symptoms or lingering common cold or allergy symptoms should mask during their visit. Visitors that have had a recent COVID positive test should not come for a visit unless 10 days have passed since the positive result per CDC guidance. Special arrangements may be made by administration/IDT if a visit is needed and it has not been 10 days since the COVID positive test result. Compassionate care visitation template documentation should be completed.
6. If entering an airborne precaution room, staff must wear a fit tested N95, gown, gloves and eye protection (goggles or face shield, glasses do not count). Visitors entering an airborne precaution room should wear a surgical mask, a face shield, gown and gloves. Visitors should be educated of the risks of entering an airborne precaution room and should be educated of the importance of PPE. PPE that was worn in a precaution room should not be worn in the hallways or in a room that is not on precautions.

## **COVID outbreak**

1. Contact tracing will occur to determine the extent of the outbreak. If many cases of COVID are seen throughout the building and contact tracing is no longer recommended by epidemiology, broad based testing may be used to determine the extent of an outbreak. When there is not an outbreak of COVID in the building and residents/patients have symptoms of COVID (fever and respiratory symptoms), the medical provider may decide to order testing to rule out COVID.
2. Measures may be put into place to control spread of COVID (PPE increase, rooms or units put on precautions, social distancing and additional COVID testing).
3. IP nurse will contact epidemiology with plan and for further instructions to control outbreak.
4. Staff, visitors and residents will be made aware of the outbreak and measures in place to control the outbreak and staff will be made aware when the outbreak is completed and extra infection control measures have been discontinued.