EATON COUNTY HEALTH & REHABILITATION SERVICES POLICY & PROCEDURE

C-01: NOVEL CORONAVIRUS PREVENTION AND

RESPONSE POLICY

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It is the policy of Eaton County Health & Rehabilitation Services to respond promptly to suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of illness in our residents, patients, family members, and staff.

Coronavirus is a virus that causes mild to severe respiratory illness. COVID-19 is a new respiratory disease caused by a novel or new coronavirus first identified during investigation into an outbreak in Wuhan, China. Because this is a new, there is much still to be learned about the virus. It is currently known that it is spread person-to-person, mainly between people within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes.

PROCEDURE

1. The Infection Preventionist or designee will assess facility risk associated with COVID-19 through surveillance activities of emerging diseases in the community and illnesses present in the facility. The current risk will determine which Capacity level strategy the facility is functioning in.
   1. No current risk – the facility will implement conventional interventions for prevention and prepare for a potential outbreak.
   2. Threat detected – the facility will respond promptly and implement contingency or crisis procedures as indicated. See sections for process for each of the Capacity Strategies.
2. Staff shall be alert to signs of COVID-19 in residents/patients. The nurse will complete focused COVID-19 assessments and vital signs daily and more frequently as needed and will monitor specifically for the following symptoms as per the Active Screening of Residents workflow:
   1. Fever
   2. Cough
   3. Shortness of breath
   4. Change in mental status
   5. Muscle aches
   6. Chest pain
   7. Sore throat, runny nose
   8. Diarrhea, nausea, and vomiting
   9. Loss of taste or smell
   10. Chills, shaking with chills
3. Interventions to prevent the introduction of respiratory germs into the facility:
   1. Facility may be closed to visitors as directed by CMS, state/federal government, or at direction of the local health department.
   2. Increase distancing between office employees by spreading out workstations and restricting non-essential common spaces, such as break room and providing visual cues.
   3. Turn off water fountains.
   4. Provide disinfecting supplies and remind employees to clean their workstations.
   5. Post signs about the importance of personal hygiene.
   6. Enforce sick leave policies that allow employees to stay home if they have symptoms of respiratory infection. Employees are not discharged, disciplined or otherwise retaliated against if they stay home or leave work when they are at risk of infecting others with COVID-19.
   7. Regularly assess residents for symptoms of respiratory infection including upon admission and implement infection prevention practices for incoming symptomatic residents.
   8. Ensure COVID-19 vaccine requirements for HCP and encourage booster, as recommended by CDC, or ensure exemptions are approved for those not vaccinated.
   9. Understand normal staffing needs and the minimum number of staff needed to provide a safe work environment and safe patient care under normal circumstances.
   10. Understand the local epidemiology of COVID-19 related indicators.
   11. Communicate with local healthcare coalitions and federal, state, and local public health partners to identify additional HCP when needed.
4. Interventions to prevent the spread of respiratory germs within the facility:
   1. Keep residents and employees informed by answering questions and explaining what they can do to protect themselves and their fellow residents (i.e. hand washing, spatial separation, respiratory hygiene/cough etiquette).
   2. Increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces such as shared equipment. Supplies are available in the supply area, offices, screening area, and break room.
   3. Monitor residents and employees for fever or respiratory symptoms.
   4. Support hand hygiene and respiratory/cough etiquette by residents, visitors, and employees by making sure tissues, soap, paper towels, and alcohol-based hand rubs are available.
      1. Residents/patients to be encouraged by staff to complete hand hygiene after toileting and before melas. Any residents/patients not able to complete on their own will have staff assistance.
   5. Educate staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection. Staff are also educated on how to report unsafe working conditions.
   6. Promote easy and correct use of personal protective equipment (PPE) by:
      1. Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
      2. Make PPE, including facemask/N95, eye protection, gowns, and gloves readily available.
      3. Position a trash can inside any resident room to make it easy to discard PPE.
   7. In addition to encouraging social distancing, non-boosted residents/patients will be provided with facemasks and encouraged to wear when interacting with staff and others. When in high community transmission rate, all residents will be encouraged to wear face masks.
   8. Considering the safety of the geriatric population that is served, units/residents that go into isolation based on potential exposure, residents will have the doors to the rooms left open. This is to mitigate risks for those residents/patients that are fall risk and to facilitate staff rounding on the unit. Leaving doors open will also decrease any risk for psychosocial harm from isolation that may occur as the isolation may be for an indeterminate amount of time.
   9. A risk assessment will be completed on any residents who leave the facility for any reason, or who attend regular medical appointments to remind them to follow IPC practices, along with persons accompanying them. Communication regarding potential exposure during the outing should be communicated to the facility prior to the resident’s return.
5. Environmental infection control:
   1. Immediately disinfect items soiled with blood and other body fluids.
   2. Environmental Services staff shall adhere to transmission-based precautions.
   3. Perform routine and terminal cleaning using disinfectants known to be effective against emerging viral pathogens or novel coronavirus SARS-CoV-2 (EPA List N agent).
   4. A response plan for dealing with a confirmed infection in the workplace is implemented, including protocols for sending employees home and for temporary closure of part or all of the facility to allow for deep cleaning. Staff are educated to notify their supervisor or housekeeping to implement the terminal cleaning process.
   5. For office and orientation employees and the screening station, the terminal cleaning process is applied to work area of infected employee, including the use of sign to designate that area should not be used until cleaned.
6. All new admissions/readmission will be screened prior to entering facility to determine appropriate room placement due to the COVID-19 pandemic to mitigate the risk of an outbreak within the facility.
   1. The medical record will reflect the type of isolation that the discharging facility had the patient in prior to admission to ECHRS. This information and whether the COVID-19 status is known or unknown, will be used to guide admission decisions.
   2. In general, decision regarding testing and duration/location of quarantine will be determined based on CDC, MDHHS, and CMS guidelines.
   3. Prior to admission, the admissions team will determine date of last COVID-19 test, prior COVID-19 infection status, and vaccination status. This information will be documented for review by admission nurse for determination of the need for testing at facility and any quarantine/isolation needed.
   4. If it is determined that the patient/resident is “up to date” with COVID-19 vaccines then no quarantine is needed on admission. (“Up to date” refers to having completed the primary series as well as the booster).
      1. Proof of vaccination must be obtained by either hospital records, vaccination card, or MCIR documentation. If documentation is not able to be obtained prior to time of admission the new admit will be placed in isolation until documentation can be obtained and reviewed by facility.
   5. If new admission is within 90 days of recovery from COVID-19 no quarantine is needed on admission.
   6. A full 10 day quarantine period (or 7 days with a negative test obtained and tested within 48 hours of removal) under droplet/airborne precautions will be initiated when:
      1. The new admit has had known exposure or is symptomatic for COVID-19.
      2. The new admit is not “up to date” at the time of arrival to facility.
      3. For those admission requiring quarantine, they will quarantine in their rooms on their units.
   7. New admissions will be tested for COVID-19 on admit unless they are in the 90 day window after previous COVID-19 infection.
   8. For any readmissions to the facility who have been out of the building for longer than 24 hours if they are up to date with COVID vaccines or recovered from COVID-19 in the last 90 days no quarantine period is required. If they are not boosted, then the 10 day quarantine is needed. Any other LOA will have risk assessment completed prior to returning to make determination on quarantine.
   9. For any residents/patients who are gone from facility for less than 24 hours (medical appointments, dialysis, hospital stay, etc.) they will have no quarantine or testing requirements on return regardless of vaccination status or previous COVID-19 infection unless there is known exposure to COVID-19 or symptoms present.
7. Anyone who enters the building other than ECHRS staff or individuals classified under special consideration, must be screened for COVID-19. See visitation policy for more details.
8. Staff will be screened prior to starting work. Screening to include:
   1. Fever of greater than 100.4 in the last 24 hours.
   2. Exposure to someone inside/outside of household who tested positive for COVID-19 in the last 14 days.
   3. In the past 24 hours, any new or worsening symptoms not related to a chronic condition. Symptoms include new or worsening cough, congestion, SOB, diarrhea, nausea, vomiting, repeated shaking with chills, muscle pain, loss of taste or smell, sore throat or headache.
   4. If staff report symptoms they will be instructed to leave the building and contact their supervisor. Screening attendant will then notify Human Resources and the Infection Preventionist of sending staff home.
   5. Staff temperature will be obtained upon entrance, if greater than 100.4 degrees Fahrenheit staff will not be allowed to work.
   6. Staff who mark “yes” to any of the questions will be contacted regarding testing requirements.
   7. Staff will not be allowed to return to work until cleared by IP and/or HR
   8. Staff will be issued a facemask or respirator (dependent upon vaccination status) that will be worn for the duration of their shift.
   9. Dependent on status of community transmission of COVID-19 universal use of eye protection may be warranted as determined by county positivity rates and guidance from the local health department.
      1. In times of moderate/substantial community transmission HCP will wear face masks as well as eye protection for entire shift.
      2. In times of minimal/no community transmission of COVID-19 staff will adhere to standard and transmission-based precautions based on anticipated exposures and suspected/confirmed diagnosis.
         * + Staff working with residents/patients who require quarantine for suspected/exposure or confirmed COVID-19 will wear full PPE for droplet/airborne transmission. Gown, gloves, N95 respirator, and face shield.
   10. If staff develop signs and symptoms of a respiratory infection while on-the-job, they should:
       1. Stop work, inform their supervisor, gather their personal belongings, and exit the building. They will then proceed to the testing clinic immediately if during open clinic hours, or contact IP for further instructions on testing for COVID-19 if the clinic is not open.
       2. Include information on individuals and locations the person came in close contact with during their shift.
   11. All new hire staff will receive testing for COVID-19 72 hours prior to starting orientation.
9. All staff will be tested for COVID-19 per direction from the State of Michigan, CMS, and the CDC. The facility will monitor positivity rates, vaccination status of employees, and outbreak status to ensure proper testing schedule is maintained. Note: Routine testing of asymptomatic residents is not recommended unless prompted by change in circumstance, such as a confirmed COVID-19 case in the facility.
   1. Routine Testing of Staff will occur in non-boosted staff and should be based on the extent of transmission in the community. “Up to date” staff do not have to be routinely tested. Reports of COVID-19 level of community transmission will be obtained from the CDC COVID-19 Integrated County data which will be checked every week. Testing frequency will be completed based on the below table.

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| **Table 2: Routine Testing Intervals by *County COVID-19 Level of Community Transmission Level of COVID-19* Community *Transmission*** | **Minimum Testing Frequency of Non-Boosted Staff+** |
| **Low** *(blue)* | ***Not recommended*** |
| ***Moderate*** *(yellow)* | ***Once a week\**** |
| ***Substantial*** *(orange)* | ***Twice* a week\*** |
| **High** *(red)* | **Twice a week\*** |

* 1. If the level of community transmission increased to a higher level, the facility will test staff at that frequency as soon as the criterial for the higher activity level is met. If the level decreased to a lower level of activity the facility should continue to test staff at the higher frequency until the level has remained at the lower level for at least two weeks before reducing testing frequency.
  2. If not-“up to date” pool staff work infrequently, they should be tested within 3 days before their shift, including the day of the shift by rapid test.
  3. If staff are on vacation, they will be exempt for that week’s testing.
  4. Due to concerns about increased transmissibility of SARS-CoV-2 variants and the risk for staffing shortage based on illness, guidelines are established by the CDC based on the facility’s current staffing needs. The current staffing capacity strategies the facility is implementing will be shared with the facility staff, as well as posted in the building for visitors to be aware. See section 18 for process for testing and return to work in each strategy.

1. Procedure when COVID-19 is suspected as per Active Screening of Residents workflow:
   1. Notify physician, Director of Nursing, IP, Administrator for further orders. Inform family change in resident condition and need for isolation.
   2. Resident will remain in place and be placed in standard, contact and droplet/airborne isolation.
      1. If resident resides in a shared room their roommate will also be placed in isolation in place.
   3. Employees should use standard/contact/droplet/airborne precautions when working with resident/patient.
      1. Resident will remain in transmission-based precautions until it can be determined that the resident does not have COVID-19 or another acute respiratory illness as determined by completing a Rapid and PCR COVID test, flu swab and any other testing indicated, and stay on their unit.
   4. Limit the number of people who enter the residents (roommate) room, and bundle care as able.
   5. Residents with suspected or confirmed COVID-19 who are not medically stable will be transferred to the hospital for evaluation, except in the case where the resident has an advanced directive instructing otherwise.
      1. Inform staff at transfer location of suspicion of COVID-19 as well as EMS personnel if transfer is required.
   6. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care between uses with EPA registered disinfectant on list N per manufactures’ guidelines.
   7. Avoid aerosol-generating procedures (i.e., suctioning, neb txs) as possible. If necessary full PPE to be worn. PPE includes gown, gloves, N95, and eye protection. Door must remain closed unless determined to be unsafe based on resident’s care plan.
2. Managing a positive COVID-19 case in a resident/patient or staff member:
   1. Upon receival of either a positive COVID-19 antigen or PCR, resident will be placed in standard/contact/droplet/airborne isolation and moved to COVID unit on HCA. Roommate (if applicable) will shelter in place and will be under standard/contact/droplet/airborne isolation related to exposure. Family will be contacted regarding positive status, room change, and possible hospital transfer (pending severity of symptoms present). Health department will be notified of positive.
   2. Remaining residents on the hallway will be in droplet/airborne isolation, (regardless of vaccination status) for 10 days past exposure (or 7 if a negative test is obtained within 48 hours of isolation removal).
   3. Transporting to COVID unit instructions:
      1. Notify HCA Nurse (ext. 2810/2811) of transfer.
      2. Nurse on current unit will collect patient’s medications and prepare report for HCA Nurse.
      3. Staff will don appropriate clean PPE to transport patient/resident. Once donned, staff will enter room to place disposable surgical mask and clean sheet on patient/resident. Gather medically necessary supplies (i.e., hearing aids, denture, BiPap, glasses, personal hygiene items) for transport. All other personal items will be left in room until housekeeping can sanitize.
      4. Staff will ensure special equipment needed are placed in room prior to transfer (i.e. recliner chair, bariatric bed, etc).
      5. Door to current resident’s room must remain shut until terminally cleaned by housekeeping.
      6. If patient/resident is bedbound and unable to be transferred via wheelchair, a transport cart will be used. The transport cart will be stored in the inpatient therapy gym. When transfer is complete, cart must be wiped down with bleach wipes and placed back into the inpatient therapy gym.
      7. Upon arrival to HCA, staff transporting patient will hand off patient/resident to HCA staff. HCA nurse to receive report and medications from transferring nurse. Transferring staff will then doff PPE in designated doffing station behind the visqueen.
3. PROCEDURE FOR RECEIVING UNIT
   1. Enter a progress note that patient was received and include family and Dr. notification. Email staff admissions of patient’s time of arrival and new room number. After hours notify nurse on call to update room number in PCC.
   2. Med records will print ID bracelet and nurse to place. After hours or weekend transfers: use blank ID bracelet and hand write patient name, DOB, and code status.
   3. Appropriate don/doffing stations will be indicated (separately). Staff should be donning the gown, N-95 mask, face shield, and gloves when entering the positive resident’s room. All care will be clustered to minimize entering/exiting of resident’s room (as necessary, while still providing appropriate care) and limiting the number of people who are entering/exiting the resident’s room.
   4. Rapid test team will be activated by incident command to test per State of Michigan, CMS, and CDC guidelines.
   5. Contact tracing will occur, and testing will occur in those staff and residents, regardless of vaccination status, that had a higher-risk exposure or close contact (as defined by CDC) with the COVID-19 positive individual.
      1. If the positive staff or resident cannot identify close contacts then all staff and residents will be tested, regardless of vaccination status, who were assigned to or reside in the unit/location where the positive individual was located.
   6. Testing for close contacts both residents and staff, will occur immediately, and then again as designated by IP and administrator.
   7. Any other positive residents/patients identified by antigen testing will also be placed in COVID+ isolation.
   8. Any positive staff members will be sent home and will be contacted by IP or designee for return-to-work protocol and to complete positive staff member questionnaire/contact tracing.
   9. Residents may decline COVID-19 testing however if residents present with COVID-19 like symptoms and decline testing they will be placed on transmission-based precautions until the criteria for discontinuing is met.
4. If asymptomatic residents refuse the facility will implement increased monitoring every shift, ensure they maintain social distancing, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.
5. Managing a resident who has been successfully treated for COVID-19 illness:
   1. The infection Preventionist or designee will determine the quarantine has been completed, and notify necessary personnel of the transfer out of COVID isolation.
   2. Factors to be considered when determining the duration of transmission-based precautions include:
      1. Presence of symptoms related to COVID-19 infection.
      2. Date symptoms resolved.
      3. Other conditions that would require specific precautions (e.g., TB, c. difficile).
      4. Other laboratory information reflecting clinical status.
   3. Transporting resident out of COVID + isolation:
      1. Bring only necessary belongings with the resident after they have been sanitized.
      2. Resident will wear a cloth hospital gown for transport, and a mask. Mask will be immediately discarded upon exit of the COVID + unit, and once in the room the gown will immediately be bagged.
      3. Items will be left in the room until housekeeping is able to sanitize and then return to resident outside of COVID + Unit.
      4. Resident/patient may wear a hospital gown until his belongings are sanitized or may receive clothing from laundry in the meantime.
      5. Housekeeping (or floor staff if after hours) will need to follow resident with mop as described above while they are transported to their new room.
   4. Once resident has moved out of COVID+ room and returned to their unit, housekeeping will immediately terminally clean the room and set it up for a future occupant.
   5. Positive residents/patients will not retest again until 90 days have passed since the positive test date per CDC guidance, unless new/worsening symptoms of COVID-19 develop.
      1. Residents may test again after 90 days from symptom onset or positive test date if asymptomatic. If resident/patient has a positive test more than 3 months post COVID-19, infection control will determine re-infection on a case-by-case basis. Physician and local health department will be notified. If they have had exposure to other confirmed positive cases and/or any signs/symptoms noted they will be moved to the COVID positive unit. If no symptoms or exposures noted they will be isolated in room, with roommate, until results from 2 rapid tests taken 24 hours apart return negative.
   6. Indicate COVID-19 history on the resident’s plan of care and monitor for recurrent symptoms.
   7. If the resident is transferred or discharged, communicate information related to treatment for COVID-19 to the receiving facility/provider.
6. The Infection Preventionist or designee shall maintain communication with the transfer facility when residents/patients are sent to the hospital to obtain results of the medical evaluation (i.e. COVID-19 is confirmed or ruled out), and shall implement procedures to identify and monitor others who may have been exposed if COVID-19 disease is confirmed.
7. The Infection Preventionist or designee will notify the State or Local Health Department of any of the following:
   1. Any Residents or staff confirmed COVID-19 within 24 hours.
   2. Residents with severe respiratory infection resulting in hospitalization or death.
   3. Greater than 3 or more residents or staff with new-onset respiratory symptoms within 72 hours of each other:
      1. Respiratory symptoms include: shortness of breath, difficulty breathing, new or change in cough, sore throat, or new loss of taste or smell. May also include new sputum production, rhinorrhea, or hemoptysis.
8. The Infection Preventionist or designee will report at least weekly to the Centers for Disease Control and Prevention's National Healthcare Safety Network information regarding COVID-19.
9. The facility will inform all residents, their representatives and families, and staff per CMS guidelines of a confirmed COVID-19 infection, or three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other by 5pm the next calendar day as well as weekly cumulative updates. Communication will include a variety of methods in order to reach all staff/residents and their families.
   1. The incident command team will receive text messages from incident commander to inform of any positive cases in residents or staff. These messages will also include directions for any actions that need to take place.
   2. Email will be sent to the allstaff group informing them of the positive and what steps are being taken. A post will be shared on the employee only Facebook group informing of the positive and what steps are being taken.
   3. The ECHRS website COVID Reporting page will be updated with staff and employee positive cases.
   4. Weekly updates will be provided via automated phone messages and or email depending on family preference.
   5. Residents receive weekly updates and are educated regarding how to access our website for COVID updates and/or they may ask staff for assistance in reviewing.
10. The facility Pandemic policy as outlined in the disaster manual will be implemented at the discretion of the Incident Commander and Pandemic Response Coordinator.
11. Facility Staffing Capacity Strategies are as follows, the strategy followed varies and is dependent on staffing data throughout the week:
    1. CONVENTIONAL CAPACITY STRATEGIES
       1. Return to work criteria for HCP with SARS-CoV-2 infection:
12. HCP with mild to moderate illness who are not moderately to severely immunocompromised may return to work under the following conditions:
    1. 7 days past symptoms onset or positive test, if a negative rapid is obtained within 48 hours of return date. If test is positive on day 5-7 OR no testing is completed, they should not return until day 10.
    2. At least 24 hours have passed since last fever without the use of fever-reducing medications.
    3. Symptoms have improved.
13. If HCP was asymptomatic throughout infection and are not moderately to severely immunocompromised, they may return under the following conditions:
    1. 7 days post positive test, if a negative rapid is obtained within 48 hours of return date. If test is positive on day 5-7 OR no testing is completed, they should not return until day 10.
14. HCP with severe to critical illness and who are not moderately to severely immunocompromised may return under the following conditions:
    1. 20 days past since symptom onset or positive test
    2. At least 24 hours since last fever without the use of fever-reducing medications.
    3. Symptoms have improved.
    4. Test-based strategy may also be used to determine when they can return to work.
       1. Criteria for HCP who were exposed to individuals with confirmed SARS-CoV-2 infection.

* High Risk Exposures
  1. For staff who are Boosted: No work restrictions. Testing will occur immediately, and rapid test prior to every shift on days 1-10. MUST wear an N-95 entire shift and social distance from staff.
  2. For vaccinated, partially vaccinated, or unvaccinated staff: Exclude from work for 7 days with a negative rapid test within 48 hours of return. OR 10 days from exposure without a negative test required to return.
* For Low Risk Exposures

1. For staff who are Boosted AND staff who are fully/partially or unvaccinated AND asymptomatic: No work restrictions or testing are required.

* Exposure risk level will be determined by IP or designated personnel based on interview with the exposed and positive individual (if staff), on a case-by-case basis.
  1. CONTINGENCY CAPACITY STRATEGIES
     1. High risk exposures in asymptomatic healthcare workers who are unvaccinated, partially vaccinated, or are not boosted may work under the following conditions:
* Negative test prior to each shift on days 1-10 after exposure.
* They will wear an N-95 at all times in the facility.
  + 1. HP who have tested positive and are well enough and willing to work may return as follows:
* Mild-moderate illness and NOT mod-severely immunocompromised:
  + At least 5 days since symptoms onset
  + No fever in last 24 hours without the use of fever-reducing medications
  + And Symptoms have improved.
* Asymptomatic and NOT mod-severely immunocompromised:
  + At least 5 days since first positive viral test.
    1. If staff are returned before meeting the criteria for conventional capacity, the following will also be completed:

1. Patients (if tolerated) should wear well-fitting source control while interacting with these HCP.
2. They should adhere to physical distancing from coworkers at all times. This may include charting at a separate location from other staff members.
3. N-95 will be worn at all times. If N-95 needs to be removed at all (i.e. for eating or drinking), these staff members will separate themselves from other staff.
   1. CRISIS CAPACITY STRATEGIES: When Contingency capacity strategies still do not allow for enough staff to provide safe patient care.
      1. Asymptomatic HCP with high risk exposures and are not boosted may work under the following conditions:

* Wear an N-95 respirator at all times while in facility. If need to remove it (i.e. for eating or drinking) staff must do so away from other staff members.
  + 1. HCP who have tested positive and are willing to work prior to meeting criteria to return may return under the following conditions, in this order:
* Will be restricted from contact with moderately to severely immunocompromised patients and will be allowed to perform job duties where they do not interact with others.
* May be allowed to care for patients with confirmed COVID-19 infection, preferably in a cohort setting.
* May be allowed to care for patients with suspected COVID-19 infection.
* As a last resort, may be allowed to provide direct care for patients without suspected or confirmed COVID-19 infection.

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