

The SJH Infection Prevention and Control COVID mitigation plan was developed in collaboration with various SJH leaders, clinical and non clinical departments. Throughout the development, planning and execution of this plan, the Infection Prevention and Control department has been (and continues to be) in close collaboration with the Emergency Preparedness Department's Pandemic and Surge planning.

The following guidelines/ processes are interim, and as such, subject to changes. Furthermore, recognizing the continuously evolving nature of this crisis, the entire plan may be replaced altogether by more current guidelines/ procedures developed through the Command Center in response to the prevailing situation, guided or as mandated by current regulatory agencies, state and or local health departments.

#### Communications

1. All communications will be centralized and coordinated through the Command Center.
  - a. Infection Prevention and Control recommendations will be discussed, and reviewed with the infection preventionist, chair of Infection Prevention and Control (ID MD), lead COVID MD (Peds ID), the Executive Nursing Director and the Chief Nursing Officer/ VP Patient Care Services. Additional input from other specialty leaders/ staff will be solicited as needed.
  - b. Communication will be forwarded to the Command Center for final review and dissemination.
  - c. Workflows, processes developed will be communicated to the healthcare system through appropriate methods.
  - d. Huddle Helpers, reviewed by the Command Center, will be developed in collaboration with the Centers for Education and may take the place of policies or sections of the plan depending on the prevailing circumstances.
2. The SJH internal website will be utilized for providing just in time education, up to date information public health advisories through links to the CDC and NJ DOH, and as a hub for internal communications.
3. There is an Infection Preventionist who can be reached through a dedicated COVID phone and pager 24 hrs daily.

#### Source Control

1. All patients, visitors and staff are required to wear a face mask when entering the facility.
2. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow.
  - a. Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.
  - b. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
3. Healthcare workers should wear a facemask at all times while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-workers.**
  - a. When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - b. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed.
  - c. To reduce the number of times healthcare workers must touch their face and potential risk for self-contamination, healthcare workers should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering.
  - d. Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape.
  - e. HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.

#### Screening

1. Assigned staff will conduct temperature/ screening checks at patient and visitor entry points, applying the current screening questions.

2. Patients with minimal symptoms will be advised to stay at home until well (resolution of fever, improvement in cough, etc.). Evaluation by phone or video visit will be encouraged. Patients will be advised to home isolate and work restrict until well.
3. Sick employees must stay home.

#### Visitor Restrictions

1. SJH will follow the most updated Visitor Guidelines.
2. Potential visitors will be screened at the hospital entrances. Once a visitor is approved, they will undergo a temperature screening. Anyone approved to visit will be required to wear a mask at all times and will be given other personal protective equipment as indicated. They will need to provide their contact information in the event that tracing becomes necessary. Any visitor with an elevated temperature and/or respiratory symptoms will not be allowed to visit. Phone and video calls to patients are welcome and encouraged.
3. The above recommendations will be reviewed depending upon the prevailing circumstances or when new guidance becomes available from NJDOH.

#### Elective Procedures / Ambulatory Services

1. SJH will comply with NJ DOH directives related to closing and reopening of ambulatory services/ procedures
2. Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.
3. Implement alternative methods for patient consultation such as Telemedicine.

#### Physical/ Social Distancing

Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.

#### Physical Barriers

Wherever possible, install clear dividers such as a glass or plastic window or partition that can serve to protect the healthcare workers' face and mucous membranes from respiratory droplets that may be produced if the patient is being interviewed.

#### Infection Prevention and Control

##### **Hand Hygiene:**

1. HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
2. HCP should perform hand hygiene by using ABHS with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to Alcohol Based Hand Sanitizer.

##### **Personal Protective Equipment (PPE)**

1. PPE Supply Crisis: Due to the ongoing PPE shortage supply, SJH will adopt measures to conserve and optimize PPE as recommended by the CDC, NJ DHO and OSHA. These will include the following:
  - a. Extended Use and Reuse – N95, face shields, goggles (when applicable)
  - b. Extended Use of Isolation of Isolation gowns and use of laundered reusable isolation gowns:
    - i. Isolation gowns must not be reused once removed/ doffed. The isolation gown must be DISCARDED in the appropriate bin (waste bin for disposable and designated bin for reusable isolation gowns).
  - c. Reprocessing of the appropriate N95 models based on CDC/ manufacturer's guidelines
  - d. Adopting OSHA's Relaxation of the N95 annual fit testing
  - e. Adopting NJ DOH recommendations: Personal Protective Equipment (PPE) for the Care of Patients with Multi-drug Resistant Organisms (MDROs) in COVID-19 (SARS-CoV-2) Pandemic when needed.
2. There will be regular communication between the following departments on the stock inventory of key PPE supplies: clinical, Materials Management, Emergency Preparedness, Infection Prevention and Control and other departments when necessary.
3. The stock of N95 respirators in the inpatient nursing units will be monitored and centralized to the inpatient nursing directors' offices and/ or the Nursing Staffing office.
4. Maintain close coordination with Emergency Preparedness, Materials Management and the Command Center with regards actions/ recommendations.

##### **PPE for Non COVID Suspect Patients by History and Symptoms:**

1. Healthcare staff and the patient must wear a face mask and a face shield/ eye protector for all patient facing areas/ encounters.
2. Extended use of eye protection can be applied to disposable and reusable devices.
3. Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
  - i. Aerosol generating procedures and
  - ii. Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract).
4. *Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures, as unfiltered exhaled breath would compromise the sterile field. If used during surgical procedures, this must be covered by a face mask.*

**PPE for Suspected or Known COVID Positive Patients:**

1. In healthcare settings, airborne + contact precautions should be used. An N95 is the preferred respiratory protection, in addition, gowns, gloves, face shields/ goggles. The same will apply to patients on quarantine following exposure to known COVID case.
2. However, in situations where the N95 is not available, a face mask may be used when patient exposure is anticipated for **non aerosol generating** procedures (see table- "Suggested Facemask or Respirator Use Based upon Distance from a Patient with Suspected or Known Covid and Use of Source Control).
3. An N95 must be worn during potentially aerosol generating procedures. Commonly performed medical procedures that are often considered Aerosol Generating Procedures (AGP), or that create uncontrolled respiratory secretions, include:
  - i. open suctioning of airways
  - ii. sputum induction
  - iii. cardiopulmonary resuscitation
  - iv. endotracheal intubation and extubation
  - v. non-invasive ventilation (e.g., BiPAP, CPAP)
  - vi. bronchoscopy
  - vii. manual ventilation

Suggested facemask or respirator use, based upon distance from a patient with suspected or known COVID-19 and use of source control\*

HCP planned proximity to the case patient during encounter	Facemask or respirator determination	
	Patient masked for entire encounter (i.e., with source control)	Unmasked patient or mask needs to be removed for any period of time during the patient encounter
HCP will remain at greater than 6 feet from symptomatic patient	If HCP must enter the patient care area: no facemask or respirator. However, HCP should consider not entering the patient care area.	If HCP must enter the patient care area: no facemask or respirator. However, HCP should consider not entering the patient care area.
HCP will be within 6 feet of symptomatic patient, including providing direct patient care	Facemask	Any NIOSH-approved N95 respirator/ elastomeric /PAPR, based on availability or facemask if respirator unavailable
HCP will be present in the room during aerosol generating procedures performed on symptomatic persons	Any NIOSH-approved N95 respirator/ elastomeric /PAPR, based on availability	Any NIOSH-approved N95 respirator/ elastomeric /PAPR, based on availability
*Based on availability, organizations may require and/or individuals may voluntarily choose to utilize higher levels of protection		

**Placement / Isolation of Suspect or Confirmed COVID 19 Patients:**

1. Asymptomatic/Minimally Symptomatic: For patients with mild cold or minimal symptoms, they will be advised to stay at home (in home isolation) until well (resolution of fever, improvement in cough, etc.). For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual’s situation allows.
2. In the ambulatory setting, where a negative air pressure room is not available, place the patient in a room and close the door.
3. If admitted, place suspected or confirmed COVID 19 patients in an airborne isolation room (preferred). However, in case airborne isolation rooms are not available, the patient may be placed inside a private room with the door closed. In this case,

as an added precaution, a HEPA filter may be placed inside the patient's room. Airborne isolation rooms are required for patients who will be undergoing aerosol generating procedures.

- a. When available, suspected or known positive COVID 19 patients will be admitted to designated COVID units/ floors.
  - b. Only known COVID 19 cases may be cohorted with each other, provided there are no other conditions, which require additional isolation precautions (ex. C. difficile).
4. To the extent possible, patients with suspected or confirmed SARS-CoV-2 infection should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).
  5. To the extent possible, do not cohort patients whose COVID status has not been ruled out.
  6. Staff entering the room will be limited to only the essential staff to minimize exposure and conserve PPE.
  7. Alternative ways of communicating and monitoring the patient that minimize direct contact will be explored and implemented whenever feasible.
  8. Limit transport and movement of the patient outside of the room to medically essential purposes.
  9. If available, perform high risk procedure in a negative pressure room; otherwise, a private room with closed door is adequate. Once the patient has been discharged or transferred, the healthcare worker, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on clearance rates under differing ventilation conditions is available). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

#### **Cohorting of Patients on Isolation for Conditions other than COVID 19 During High Census**

The Infection Preventionist will risk stratify and assess the possibility of cohorting patients who require contact isolation even if patients did not have the same organism requiring isolation. This would be based on patients' underlying factors such but not limited to: being immunocompromised, presence of invasive devices; organism, history of infection vs active infection.

#### **Covid-19 De-Escalation Policy For Respiratory Isolation**

1. The discontinuance of respiratory isolation for COVID -19 in house patients may be considered once the following criteria has been met:
  - a. At least 10 days since onset of symptoms
  - b. No fever for 24 hours without use of antipyretics
  - c. Improvement of symptoms have occurred
2. Order for de-isolation will be generated by infectious disease consultant (as per policy the ID consult should be consulting on case).
3. For patients on long term mechanical ventilation the above criteria should be met and the pulmonary consultant has agreed that improvement has occurred. Pulmonary consultant will generate order.
4. Immunologic deficient patients who have COVID-19 infections may be considered for de-escalation, only in consultation with oncology and infectious disease (consensus agreement).
5. Patients who have been deisolated:
  - a. May be cohorted with similar COVID + patients who have been deisolated, provided there are no other conditions requiring isolation.
  - b. Standard precautions apply: face mask + face shield as part of universal face mask and face shield for direct patient care/ contact.

#### **Patient Supplies**

1. Dedicate reusable supplies or equipment for patients suspected or confirmed to have COVID-19. When available, use disposable supplies. Reusable equipment must be cleaned routinely with hospital-approved disinfectant.
2. Disposition of unused supplies will be evaluated on based on storage location, risk for transmission and or available guidance from CDC, NJDOH.

#### **Healthcare Workers (HCWs):**

1. Workplace Exposure to Suspect or Confirmed COVID-19 Patient: As per guidelines for exposure to other contagious diseases, the employee will perform delegated self-monitoring for fever, cough, and other symptoms related to COVID 19. SJH will adopt the most recent guidelines for sick staff and exposed staff.

2. Sick staff will remain off work until cleared by Employee Health, following the most recent NJ DOH guidelines on discontinuation of transmission based precautions and following clearance from Employee Health.
3. In some cases, additional clearance maybe required from the local board of health officer. Such cases will be addressed on a case by case basis.
4. Specific testing for COVID-19 would be done for sick staff.
5. Employee Health and Human Resources will review and adopt the most current recommendations on managing employees, from the NJ DOH in developing policies/ guidelines.

Patient Transport:

1. To the extent possible, patients with suspected or confirmed SARS-CoV-2 infection should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).
2. Limit transport and movement of the patient outside of the room to medically essential purposes.
  - a. Whenever possible, perform procedures/tests in the patient’s room.
  - b. Consider providing portable x-ray equipment in patient cohort areas to reduce the need for patient transport.
3. Take the following measures when evaluating a patient for travel related respiratory virus who meets the above criteria:
  - a. Place a surgical mask on the patient immediately (patient must wear surgical mask during transport)
  - b. Notify charge nurse and place patient on airborne and contact precautions
  - c. PPE for staff when transferring the patient to wheelchair or gurney:
    - i. N95
    - ii. Gowns and gloves
    - iii. Face shield/ goggles
  - d. Strict hand hygiene as per policy.
  - e. PPE for staff transporting patient- prior to leaving the room and during transport:
    - i. Remove gown, gloves and perform hand hygiene
    - ii. Wear face mask and face shield
  - f. Staff must wear full PPE if in direct contact (touching or providing care) with patient during transport.
    - 1.

N95 Use and Additional Equipment:

Emergency Preparedness Department & Respiratory Specialist will provide guidance on alternative PPE use.

Radiological Procedures

1. No wait time for room to be closed following the use of a COVID + or PUI if:
  - a. Patient is masked during the entire procedure and
  - b. Procedure is not a potentially aerosolizing procedure
2. The surfaces, which came in contact with the patient during the procedure and any equipment used on the patient, will need to be disinfected.

Environmental Cleaning

1. Daily room cleaning will be limited to only essential cleaning as much as possible to minimize exposure.
2. Only approved hospital disinfectants will be used. In case of supply shortage, only disinfectants approved for disinfecting COVID 19 may be used. The list can be found on <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. The Infection Prevention and Control Dept. must review alternative disinfectants prior to use.
3. Once the patient has been discharged or transferred, the healthcare worker, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on clearance rates under differing ventilation conditions is available). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use, see table below. However, if the space/ room is urgently needed, EVS staff will need to don an N95 as a respiratory protection in addition to their PPE

**Number of Minutes Required to Keep a Room Closed After Vacated by a Patient on Airborne Isolation**

Room	Number Air Exchanges	Number of Minutes with Hepa Filter	Number of Minutes <b>without</b> Hepa Filter
Exam/ Treatment Rooms	<b>6</b>	<b>46</b>	<b>69</b>
Triage Rooms	<b>12</b>	<b>23</b>	<b>35</b>
Negative Pressure Rooms	<b>12</b>	<b>23</b>	<b>35</b>
Standard Patient Rooms	<b>6</b>	<b>46</b>	<b>69</b>
Labor and Delivery Rooms	<b>6</b>	<b>46</b>	<b>69</b>
Radiology (Chest CT, X ray)	<b>6</b>	<b>46</b>	<b>69</b>
OR/ Cath Labs	<b>15</b>	<b>18</b>	<b>28</b>

1. For suspect or confirmed COVID cases in Exam/ Treatment or Radiology rooms, no waiting time will be required if patient has been wearing a mask during the entire duration of their stay.
2. It is preferred to have vacated rooms terminally cleaned by EVS after the required number of minutes have elapsed. However, when urgently needed, EVS may proceed with terminal cleaning.
3. EVS must wear an N 95 or equivalent respirator, gowns, gloves and face shield when entering these rooms regardless of whether or not the required time has been met.
4. A Hepa filter may be placed inside a non negative air room when available.

PPE for room cleaning will include:

1. Respiratory protection (N95)
2. Gowns
3. Gloves
4. Face shield or goggles
5. Soiled linen will be handled in accordance with routine procedures.

Waste Disposal

1. SJH will implement recommendations from CDC/ NJ DOH/ EPA on waste management.
2. Any waste contaminated with blood, excretion, exudates, or secretions from humans who have COVID-19 is considered regulated medical waste and must be handled, packaged and disposed pursuant to the requirements of N.J.A.C. 7:26-3A.
3. PPE and cleaning materials (e.g., wipes, rags) contaminated with blood, excretion, exudates, or secretions from humans who have COVID-19 are considered regulated medical waste.
4. All other wastes, including PPE and cleaning materials (e.g., wipes, rags), that are not contaminated with blood, excretion, exudates, or secretions from humans who have COVID-19, and those who have tested negative, is not considered regulated medical waste and can be disposed as ordinary solid waste.

Reporting/ Contact Tracing

1. Infection Prevention and Control will comply with NJ BOH reporting requirements through the CDRSS. Healthcare associated exposures will be investigated and reported to the appropriate departments as needed. The department will also review / adopt other regulatory reporting requirements/ waivers.
2. The feasibility and utility of performing contact tracing to identify exposed HCP and application of work restrictions depends upon the degree of community transmission of SARS-CoV-2 and the resources available for contact tracing. For areas with:
  - a. Minimal to no community transmission of SARS-CoV-2, sufficient resources for contact tracing, and no staffing shortages, risk assessment of exposed HCP and application of work restrictions may be feasible and effective.
  - b. Moderate to substantial community transmission of SARS-CoV-2, insufficient resources for contact tracing, or staffing shortages, risk assessment of exposed HCP and application of work restrictions may not be possible. (*Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel NJ DOH Aug 11, 2020: [https://nj.gov/health/cd/documents/topics/NCOV/Guidance\\_for\\_COVID19\\_Diagnosed\\_andor\\_Exposed\\_HCP.pdf](https://nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf)*)
3. Identification should begin at 48 hours prior to symptom onset, or specimen collection for asymptomatic cases. NJDOH considers close contact to be over 10 minutes. (*REVISED NJDOH Healthcare Personnel (HCP) ^ EXPOSURE to Confirmed COVID-19 Case Risk Algorithm, June 12, 2020*)

### Information and Technology (IT)

Infection Prevention and Control will collaborate with IT to develop necessary reports such as exposure tracking, state reporting requirements, set up devices to allow to work from home.

### Road Forward

1. SJH will implement NJ DOH / state guidelines on reopening services.
2. The infection Prevention and Control department will collaborate with SJH departments to review and assist in developing their respective reopening plans in accordance with NJ DOH guidelines.