POLICY AND PROCEDURE SAMPLE: SARS-COV-2

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Facility:	Standards of Reference: cdc.gov/coronavirus/2019-ncov
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The information contained herein is designed to serve as a guide. The material is not intended to be exhaustive and is subject to change. The information is correct to the best knowledge of the developers. It is the responsibility of the health care professionals to use their professional judgement for safe and effective drug therapy and compliance with government regulations and agency guidelines.

INTRODUCTION

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with the new virus named, SARS-CoV-2.

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from patients in the United States are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, the Centers for Disease Control and Prevention (CDC) always recommends everyday actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.

- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Currently, there is not a specific antiviral treatment or vaccine recommended for COVID-19. People with COVID-19 should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

People who think they may have been exposed to COVID-19 should contact their healthcare provider immediately.

TRANSMISSION

Current understanding on how COVID-19 is spread is largely based on what is known about similar coronaviruses. COVID-19 is a new disease and there is more to learn about how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

The virus is thought to spread mainly from person-to-person, typically between people who are in close contact with one another[1].

Much like other respiratory transmissions, droplets produced when an infected person coughs or sneezes can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

SYMPTOMS

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases

Symptoms may appear 2-14 days after exposure*:

- Fever[2]
- Cough

- Shortness of breath

*This is based on what has been seen previously as the incubation period of MERS-CoV viruses.

RECOMMENDATIONS FOR REPORTING, TESTING, AND SPECIMEN COLLECTION

Clinicians should immediately implement recommended infection prevention and control practices if a patient is suspected of having COVID-19.[3] They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI (person under investigation) for COVID-19. State health departments that have identified a PUI or a laboratory-confirmed case should complete a PUI and Case Report form through the processes identified on CDC's Coronavirus Disease 2019 website. State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays. Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC.[4] Testing for other respiratory pathogens should not delay specimen testing for COVID-19.

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs.

PREVENTION AND CONTROL MEASURES

The general strategies CDC recommends to prevent the spread of COVID-19 in long-term care facilities are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.[5]

PREVENT THE INTRODUCTION OF RESPIRATORY GERMS <u>INTO</u> YOUR FACILITY

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess resident's symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

PREVENT THE SPREAD OF RESPIRATORY GERMS <u>WITHIN</u> YOUR FACILITY

- Keep residents and employees informed.
- Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow residents.
- Monitor residents and employees for fever or respiratory symptoms.
- Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).[6]
- In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- Healthcare personnel should monitor their local and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, facilities should also consult with public health authorities for additional guidance.

- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.

- Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE), including gloves.

- Put alcohol-based (60% or > alcohol content) hand rub in every resident room (ideally both inside and outside of the room).

- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.

- Identify dedicated employees to care for COVID-19 patients and provide infection control training.

- Guidance on implementing recommended infection prevention practices is available in CDC's free online course — [The Nursing Home and Assisted Living Infection Preventionist Training](#) — which includes resources checklists for facilities and employees to use.

- Provide the right supplies to ensure easy and correct use of PPE.

- Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.

- Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room.

- Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.

PREVENT THE SPREAD OF RESPIRATORY GERMS BETWEEN FACILITIES

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

- Report any possible COVID-19 illness in residents and employees to the local health department, including your state Healthcare Associated Infections / Antimicrobial Resistance (HAI/AR) coordinator.

FOOTNOTES

[1]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

[2]Fever may be subjective or confirmed

[3]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices.

[6]Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.