

**CNRC**  
**COVID-19 QAPI PLAN**  
**February 15, 2022**  
**Submitted to QAA Review February 2022 Date 2/15/2022**

**PLAN AND GUIDANCE:**

The QAPI Committee will continue to focus on the Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19). The COVID 19 PREVENTION PLAN AND GUIDANCE developed by the QAA Committee 3/3/20 is an on-going Process Improvement Plan impacting staff and residents of Claremont Nursing and Rehabilitation Center. As information continues to evolve, the facility plan will change as Guidance and Recommendations become available. Resources from the 3/3/20 Plan may be referenced when not found in updates or revisions. The facility continues to recognize the grave danger that SARS-CoV-2 exposure presents to residents, staff, and visitors within the facility.

- Monitor CDC website, CMS website, PA-HANs, & DOH message board website for updates.
- Review information received from the Health Care Coalition and Provider Resources as needed
- Contact Local Health Department (717-243-5151)/State Health Department (1-877-PAHEALTH) if questions or suspect a staff member or resident of the nursing home has COVID-19
- Contact Local Health Department (717-243-5151) and State Health Department (1-877-PAHEALTH) immediately when increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel exist for further guidance.
- Surveillance and monitoring of residents/staff to identify potential respiratory infection/COVID-19 exposures
- On-going education of staff as needed on Infection Control Prevention/Practices and Use of PPE (Personal Protective Equipment)
- Maintain Resident Center Approach and communicate effectively with Resident Council
- Communicate with residents, resident representatives, and/or their family to gain understanding of their individual needs and goals of care through care planning process

**Designated Safety Coordinators for COVID-19 QAPI Plan**

The designated Safety Coordinators (Core COVID Team) for Claremont Nursing and Rehabilitation Center include: NHA, DON, ADON, Facility Maintenance Manager, Facility Assigned Infection Preventionist, Human Resources Manager, and Medical Director. The safety coordinators have the authority to ensure compliance with all aspects of the COVID-19 plan.

The plan's revisions will be based on current guidance and workplace-specific hazard assessments under direction and recommendation of the Quality Assurance Assessment Committee. (QAPI). At any time, as guidance continues to change, the facility may defer from the plan to implement current CDC guidance or recommendations.

**The Current Plan and monthly updates as reported to the Board of Commissioners will continue as needed. The COVID Pandemic PIP will remain in place through the course of the Pandemic.**

**The facility will continue to adhere to the established Core Principles of Covid-19 Infection Prevention and best practices in accordance with CMS/CDC/DOH guidance/PA-HAN's.**

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**ENTRANCE**

The facility is utilizing the following entrances Main, Administrative, Transitions, and Heritage Harbor for visitors and staff. Staff and Visitors are requested to enter the building using the assigned entrance to their work area or reason in the facility.

Signage posted for screening and restrictions is placed at entrances along with signage for proper use of facemasks and hand hygiene. Entrances will be clearly marked to not enter the facility if anyone is experiencing any symptoms of COVID-19 or infection.

The In-House TV's will be utilized to alert visitors of new procedures/restrictions/visitor instructions related to COVID-19. Visitor Instructions are also available in hard copy format.

**SCREENING**

Anyone entering the building will (with the exception of EMS personnel responding to 911 calls):

- Perform hand hygiene and don face mask at entrance (Children under 2 years of age are exempt)
- Participate in Temperature checks and Covid-19 Screening. Visitors with signs and symptoms or those who have had close contact with someone with COVID-19 in the last 14days will be denied entry.
- Visitor instructions are available re: Core Infection Control Principles including current visitation guidelines, mask use, face shield use, hand hygiene, touching of surfaces, limiting movement within the facility, and to contact the facility if become symptomatic within 10-14 days of visiting the facility.

**HAND HYGIENE** (use of alcohol-based hand rub is preferred; at least 60% alcohol)

- Staff washes hands with soap and water when visibly soiled.
- Staff performs hand hygiene before and after contact with resident; after contact with blood, body fluids or visibly contaminated surfaces; after contact with objects and surfaces in the resident's environment, after removing PPE; before performing aseptic tasks (catheters/IVs, dressings)
- Staff assist residents with hand hygiene after toileting and before meals

**SOURCE CONTROL**

Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.

- Source control with well-fitting masking upon entry for staff and visitors—refer to Screening section

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- Residents will be encouraged to wear a well-fitting form of source control (cloth mask/facemask) upon arrival and throughout their stay in the facility. Residents may remove their source control when in their rooms but should put it back on when around others (e.g., Staff or visitors enter the room) and whenever they leave their room, including when in common areas or when outside of the facility. Residents unable or refusing to wear face mask will be identified on the Nursing Care Profile. Refer to Dining/Activities section for exceptions r/t vaccination status
- Staff will wear approved facemask as source control at all times in the facility including breakrooms or other spaces where they might encounter co-workers or residents. Exceptions include: alone in a room, while eating and drinking providing each staff is at least 6 feet away from others or separated from others by physical barrier. Refer to vaccination section for additional exceptions.
- When mask is used as source control, Staff may wear the same mask through-out work shift.
- Staff will mask when occupying a vehicle with other people for work purposes.
- Masks as source control will be changed at least once per day, whenever soiled or damaged and more frequently as necessary in relation to resident care
- In the event that is important to see a person's mouth for communicating, the staff member may wear a face shield without a mask, if conditions permit. This would be indicated on the Resident's Nursing Care Profile.

**PHYSICAL DISTANCING**

- Social Distancing of at least 6 feet between persons will be encouraged when possible

**ENGINEERING CONTROLS**

Air System and exchange: HVAC's will be used in accordance with manufacturer's instructions and design specification, and air filters will be rated Minimum Efficiency Reporting Value (MERV) 13 if system allows. Air filters will be maintained and replaced as necessary to ensure proper function and performance of the systems. Intake ports that provide outside air to the HVAC system will be cleaned, maintained and cleared of any debris.

Physical Plastic Barriers have been placed throughout building in break rooms, dining rooms, and at the nursing stations to aid in reducing or eliminating exposures.

**ENVIRONMENTAL**

The facility will follow standard practices for cleaning and disinfection of surface and equipment in accordance with CDC's COVID-19 Infection Prevention and Control Recommendation and CDC's Guidelines for Environmental Infection Control.

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Daily schedules for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas are in place using EPA-registered disinfection from List N: disinfectants for coronavirus.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The facility will supply and staff will follow current guidance from CDC & PA-HAN in use of PPE for Standard and Transmission based precautions as indicated considering community transmission rates and supply inventories. The facility will monitor supplies and inventory via CDC/NIOSH burn rate calculator on an as needed basis. If PPE shortages are anticipated or exist, the facility will implement CDC Strategies for Optimizing the Supply of PPE during Shortages. The facility will also monitor county positivity rates and use of PPE as source control which will be re-evaluated per CDC guidance when rates exceed 5% for community transmission.

In accordance with the Secretary of Health Order, the facility has developed a PPE Procurement and Distribution Policy. The policy will be revised as necessary as guidance changes.

The facility has established a Respiratory Protection Program that is compliant with the OSHA respiratory protection standard that includes medical evaluations, training, and fit testing. Through DOH and FEMA, the facility has been notified 6/16/21 it will be receiving 5 PAPR's. Once needed for PPE supply shortages, these will be incorporated into the facility Respiratory Protection Program.

**EMPLOYEE HEALTH SCREENING AND MEDICAL MANAGEMENT.**

Employees will participate in screening for COVID symptoms/exposure each workday prior to their shift. Each employee will be expected to promptly notify the facility when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing COVID-19 symptoms. The facility will follow current guidance for the removal of the employee from the facility when suspected or COVID + and will follow current CDC/PA-HAN Return to Work Criteria. Medical Removal benefits in accordance with the standard to workers who must isolate or quarantine will be managed by Human Resource policy and procedure.

Employees will receive reasonable time and paid leave for vaccinations and vaccine side effects.

Employees will be informed of rights to the protections provided by the OSHA Subpart U—COVID-19 Healthcare (Emergency Temporary Standard) ETS for exercising their rights and against retaliation, discrimination, or discharge or for engaging in actions required by the standard. Requirements of the ETS will be implemented at no cost to employees.

Employee COVID-19 logs will be maintained of employees with instances of COVID+ symptoms, exposures, and positive results without regard to occupational exposure.

Notification will occur within 24 hours to individual employees in the event there has been a work-place exposure to include that the employee had close contact with someone with COVID-19 along with date that contact occurred. The exposed employee who requires quarantine due to their exposure will have a rapid COVID test and be removed from work for 10 days per current CDC/PA-HAN guidance. If the test

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results on a follow-up rapid test are negative, the employee may return to work after 7 days following exposure. If positive, the employee will be managed by CDC/PA-HAN guidance for Return to Work for Healthcare Providers. Exceptions to work place removal after exposure include exposed employee is up to date on all recommended COVID vaccine, facility staffing falls under crisis guidelines, or the healthcare provider has had COVID-19 and recovered in past 3 months.

All other employees who had the potential for exposure will be notified of the dates in which of the transmission period (2 days before the individual felt sick or 2 days prior to specimen collection).

### **VACCINATIONS**

COVID Vaccines and booster shots will be offered to residents and staff of Claremont. COVID Vaccination information will be maintained for both residents and staff to include dates of vaccinations, if series is complete, declination date if applicable for residents, any medical or religious exemptions, and if there is a temporary delay in vaccination.

The facility will educate residents, resident representatives, and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offer the vaccine unless the resident/RP refuses, there is a medical contraindication for COVID vaccine for residents, or a staff member has an approved medical or religious exemption on file with facility.

Vaccine status and education will be provided during the facility admission process for residents and/or New Hire orientation. Existing staff will receive on-going paper education or via Healthcare Academy. The resident and/or resident representative have the opportunity to accept or refuse a COVID-19 vaccine, and change their decision. The staff are required to comply with the facility COVID Vaccination Mandate Policy as a condition of employment.

The facility recognizes fully vaccinated means a person must be “up to date” with all recommended COVID-19 Vaccines & Booster Shots.

### **RESIDENT SURVEILLANCE**

- Vital Signs (temp & SPO2) will be taken daily on each resident.
- If experiencing symptoms r/t COVID-19, the resident will be placed on Transmission-based Precautions (N-95, Gown, Gloves, and Face Shield) and VS will be taken q Shift until resolved.
- Physician notification, and POC testing/PCR testing per current guidance
- Physician will evaluate for Undiagnosed Respiratory Infection/Suspected COVID, or an alternate diagnosis.
- In conjunction with the Medical Director, a Case review will occur as necessary to determine on-going need for Precautions
- In absence of alternative diagnosis, the resident will remain on Transmission-based Precautions per the current CDC/PA-HAN guidance.
- Resident can be removed from Transmission-based Precautions only per CDC/PA-HAN guidance or through alternative diagnosis approach with facility medical providers/medical director.

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**VISITATION**

The facility recognizes that it may not restrict visitation as per the current CMS guidance for unrestricted LTCF visitation. The facility will continue to follow CMS guidance related to visitation even during outbreak responses.

**Key Points:**

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. The facility will conduct screening of all who enter for COVID-19 status, signs/symptoms of COVID-19, & exposure status.
- Hand hygiene, using an alcohol-based hand rub, will be performed by the resident and the visitors before and after contact
- Face Coverings or Masks that cover mouth and nose will be used in accordance with CDC guidance. Physical distancing of at least SIX ft. between people will take place in accordance with CDC guidance.
- Visitors will be educated about their potential risks related to COVID-19 in the facility and complete informed consent prior to visit.
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices will be conducted.
- Cleaning and disinfection of highly touched surfaces in the facility will occur often and will also occur in designated visitation areas after each visit.
- Staff will adhere to the appropriate use of personal protective equipment (PPE).
- The facility will utilize effective strategies of co-horting residents with a separate area being dedicated to COVID-19 care, if applicable.
- The facility will conduct resident and staff testing as per current CMS guidance.
- Physical barriers (clear Plexiglas dividers and/or room curtains) will be used to ensure privacy and reduced risk of transmission during in-person visits.
- Visitors who are unable to adhere to these principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave the facility.
- Visitors will be advised to monitor for signs and symptoms of respiratory illness and/or COVID-19 and report to the facility if symptoms or a positive COVID-19 viral test occurs within 14 days of their visit to the facility.
- The facility recognizes Compassionate Care visits may occur at all times regardless of resident vaccination status, county's COVID-19 positivity rate, or outbreak status.

The facility will facilitate visitation and Compassionate Care Situations as below:

**OUTDOOR VISITATION**

**Outdoor visitation will be conducted in a manner that is person-centered with the approach to reduce the risk of COVID-19 transmission through the core principles of COVID-19 infection prevention. Outdoor visitation is the preferred method when the resident and/or visitor are not fully vaccinated against COVID-19.**

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- Visits will be held outdoors whenever practicable and will be facilitated routinely when residents and/or visitors are not fully vaccinated barring weather conditions, a resident's health status, and/or a resident's quarantine status.
- Residents (if tolerated) and visitors should wear well-fitting source control, maintain physical distancing from others, and not remove their source control during visit.
- The facility will have an accessible and safe outdoor designated space which to conduct outdoor visitation. The outdoor designated space will be based upon the unit location of the resident receiving the outside visit.

**INDOOR VISITATION**

**Indoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission based on the following guidelines:**

- The facility will allow indoor visitation at all times and for all residents (regardless of vaccination status). All indoor visitations will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and that does not increase risk to other residents. There is no limit on the number of visitors a resident can have and there will be no time limit of the visits.
- Physical distancing should be maintained during all indoor visitations, including visitation during peak times of the day (meal times, therapy times, and after business hours).
- Facility will avoid large gatherings (parties and/or events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
- During indoor visitation, the visitor should limit their movement within the facility. Visitors should go directly to/from the resident's room or designated visitation area and should not walk around different areas of the building or stop in other resident rooms.
- Residents (regardless of vaccination status) should follow source control and physical distancing recommendations in relation to community level of transmission.
- Visitors (regardless of vaccination status) should wear source control and physically distance from the resident, other residents, staff, and other visitors that are not part of their group in the facility.
- If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccinated status) visits should not be conducted in the resident's room, if possible. If there is a roommate in this circumstance, the facility will attempt to enable in-room visitation while adhering to the core principles of infection prevention.
- If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings/masks and physically distance at all times during the visit.
- If the nursing home's county COVID-19 community level of transmission is low to moderate, the safest practice is for residents and visitors to wear face coverings/masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated.
- If a resident and all of their visitors are fully vaccinated and the resident is not moderately or severely immunocompromised they may choose not to wear face coverings/masks and to have physical contact while inside a resident's room or private visiting area.
- Residents who are on TBP or quarantine can still receive visitors. In these cases, visits should occur only in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Informed consent will be completed prior to visit. Visitors should adhere to the core principles of infection prevention. Facility may offer well-fitting facemasks or other appropriate PPE if available for this visit. However, facility is not required to provide PPE for visitors.

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**OUTBREAK VISITATION**

**When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin outbreak response and follow guidance from local, state and federal health authorities on visitation:**

- Visitors must still be allowed in the facility during an outbreak investigation
- Visitors will be made aware of the potential risks of visiting during an outbreak investigation and need to adhere to the core principles of infection prevention.
- If residents or their representatives would like to have a visit during an outbreak investigation, they should wear face coverings/mask during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.

**COMPASSIONATE CARE SITUATIONS**

- The interdisciplinary team will identify and prioritize residents who potentially qualify for a Compassionate Care Situations
  - Compassionate Caregivers will be tested by the facility prior to initial visit and will agree to test in accordance with required staff testing
  - The facility will instruct Compassionate Caregivers on required PPE when providing direct care
  - The facility will keep documentation of Caregivers who enter the facility to include their contact information in the event contact tracing is necessary.

**DINING/ACTIVITIES**

The facility recognizes that in group settings when all residents fully vaccinated they may dine and participate in activities without face coverings and social distancing.

- Main Dining Room services for lunch meal as able to have dining room open. Maximum occupancy is 22 or under to encourage social distancing.
- Hand hygiene will be encourage before meals
- Face Shields and gowns for staff feeding individual residents identified at high risk for coughing/choking per the care plan.
- Hand hygiene will be performed with hand sanitizer when switching assistance between residents when assisting more than one resident at same time.

Group activities are occurring per outbreak response guidance and in communal spaces that have the potential to involve individuals who have not been fully vaccinated. Residents will be encouraged to practice physical distancing, wear source control (if tolerated), and perform frequent hand hygiene.

**RELIGIOUS EXPRESSIONS**

The facility recognizes residents have the rights to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States which includes freedom of religious expression.

The facility recognizes that per the United States Conference of Catholic Bishops, "Holy Communion may not be distributed with gloves, nor may not be received in the hand if a member of the faithful is



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wearing gloves.” Per the Diocese of Harrisburg, “Gloves may not be used either for the distribution or the reception of Holy Communion.”

Upon review, with the Medical Director, Holy Communion will be administered with hand hygiene before and after administration of the “host.”

Claremont Community Church is a community of faith comprised of long-term care residents who reside at Claremont Nursing and Rehabilitation Center. Worship Services take place at designated locations in the Center. The CDC guidance entitled *Considerations for Communities of Faith* acknowledges that believers “embrace worship as an essential part of life” and that “gathering together for worship is at the very heart of what it means to be a community of faith” (CDC update, 2.19.2021). Furthermore, “Religious worship has particularly profound significance to communities and individuals, including as a right protected by the First Amendment.” **Congregational singing is a fundamental expression of religious worship.** According to the CDC *Choosing Safer Activities* guidance, **fully vaccinated people are safe to “attend a full-capacity worship service” and “sing in an indoor chorus” without a mask.** Therefore, **with regard to singing during worship services and “in accordance with the First Amendment,** no faith community should be asked to adopt any mitigation strategies that are **more stringent** than the mitigation strategies asked of similarly situated entities or activities” (<https://www.cdc.gov/coronavirus/2019-ncov/community/faith-based.html>).

#### **SOCIAL EXCURSIONS OUTSIDE THE FACILITY**

The facility recognizes resident rights and emphasizes person-centered care with regard to leaving the facility. In most circumstances, quarantine is not recommended for residents who are up to date with all recommended COVID vaccinations who leave the facility for less than 24 hours and **do not** have close contact with someone with SARS-CoV-2 infection. The facility might consider quarantine for a resident who leaves the facility if, based on an assessment of risk and review with the Medical Director, uncertainty exists about their adherence or the adherence of those around them to recommended Infection Prevention measures. The facility will remain alert for notification of any known exposures. If an exposure occurs, the facility will notify the Medical Director for guidance, test the resident, begin contact tracing, quarantine, and provide any necessary medical care as indicated.

Residents who leave the facility will be reminded to practice source control, physical distancing and hand hygiene, and to encourage those around them to do the same. Individuals accompanying residents will also receive guidance on these practices and will encourage assisting the resident with adherence.

#### **MEDICAL APPOINTMENTS**

For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) will be facilitated to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.

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**LEAVE OF ABSENCES**

Residents, who leave the facility for 24 hours or longer, will be managed per the guidance found under **Admission/Readmissions**.

**ADMISSIONS/READMISSIONS**

Residents with **confirmed SARS-CoV-2 infection will not be admitted or readmitted** until criteria for discontinuation of Transmission-Based precautions has been met. The facility currently does have the ability to create and staff a dedicated, designated COVID-19 care unit. Refer to Resident Surveillance section. Refer to Transitions Red Zone COVID-19 Plan.

In general, new admissions and readmissions will be placed quarantine per current PA-HAN guidance, even if they have a negative test upon admission with the following exceptions:

- Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral test for SARS-COV-2 infection (immediately prior to admission and then again 5-7 days after their admission.
- In general, testing is not necessary for asymptomatic people who have recovered from SARS-COV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen tested instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- In general, residents who are up to date with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-COV-2 infection in the prior 90 days do not need to be placed in quarantine but should be tested as described above. Quarantine might be considered if the resident is moderately to severely immunocompromised.
- Residents who are NOT up to date with all recommended COVID-19 vaccine doses and are new admissions or readmissions should be placed in quarantine, even if they have a negative test for admission; COVID-19 vaccination should also be offered. New admission quarantine would ideally occur when able in a separate area from the quarantine for residents with known COVID-19 exposure.

**TESTING**

Refer to resident surveillance section for resident testing.

The facility will require routine testing of unvaccinated staff based on County Positivity Rates as below per CMS guidelines:

<b>Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission</b>	<b>Minimum Testing Frequency of Unvaccinated Staff+</b>
<b>Level of COVID-19 Community Transmission</b>	
<b>Low (blue)</b>	<i>Not recommended</i>
<b>Moderate (yellow)</b>	<i>Once a week*</i>
<b>Substantial (orange)</b>	<i>Twice a week*</i>
<b>High (red)</b>	<i>Twice a week*</i>

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Symptomatic Employees will be tested using the POC antigen and/or PCR testing depending on the circumstances per CDC algorithm.

In the event of an outbreak, both residents and staff will be tested upon recommendations of Health Department and CDC/PA-HAN guidance regardless of vaccination states, and current outbreak guidance will be followed under direction of the Medical Director.

**Return to Work Criteria**

- Utilize symptom based strategy supported with testing per current CDC/PA-HAN guidance: HCP with symptoms of COVID-19 will be POC tested; if negative, a PCR will be obtained.
- For HCP who were suspected of having COVID-19 and had it ruled out based on PCR, return to work decisions should be based on their alternative diagnosis per current CDC/PA-HAN guidance.
- The facility will follow current symptom based strategy for return to work dates per current CDC/PA-HAN healthcare provider guidance if the HCP is COVID positive.

**REPORTING/NOTIFICATION**

The facility will adhere to reporting requirements as below:

- Local/State Health Department notification 1 or more resident or HCP with suspected or confirmed SARS-COV-2 infection; resident with severe respiratory infection resulting in hospitalization or death or 3 or more residents/HCP with acute illness compatible with COVID-19 with onset within a 72 hour period
- DOH ERS of any COVID positive case (resident or staff)
- NHSN weekly--Mondays
- DAVE with any death
- NHSN POC results within 24 hours of any POC Antigen testing
- Website
- In-house TV
- Notification to residents, staff, and responsible parties within 12 hours of an identified COVID-+ staff member or resident
- OSHA--Effective 6/21/21—Report work-related COVID 19 fatalities within 8 hours and in-patient COVID hospitalizations within 24 hours of receiving the information

**COHORTING/MITIGATION PLAN**

The COVID team and Medical Director will review individual circumstances to determine the best and safest options for cohorting based on current CDC, PA-HAN, and DOH guidance if an outbreak occurs. This would include exploring use of closed units for co-horting and the ability to dedicate staff.

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**HOSPITAL STAYS**

Hospitals treating inpatients that will be discharged to the facility must test the patient for COVID-19 prior to discharging the patient, with the following exceptions:

- Patients who are not currently exhibiting symptoms of COVID-19 and who tested positive for COVID-19 within the last 90 days do not need to be tested prior to discharge.
- If a patient tested positive for COVID-19 in the last 90 days prior to admission to the hospital, the hospital does not need to test the patient again.

**TRAININGS**

Staff will receive on-going training as needed on COVID-19 transmission, tasks, and situations in the workplace that could result in infection and relevant policies and procedures related to COVID-19 to include:

- How the disease is transmitted (pre-symptomatic and asymptomatic transmission)
- Hand Hygiene
- Ways to reduce the risk of spreading COVID-19 through proper covering of nose and mouth
- Signs and Symptoms of the disease, risk factors for severe illness, and when to see medical attention
- Resident screening, surveillance and management
- Tasks and situations that could result in COVID-19 infections
- Standard and Transmission-based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures
- Use of common areas and shared equipment
- PPE: required for COVID-19; limitations, how to don/doff, care for, store, clean and disposal
- Cleaning and disinfection
- Health Screening and Medical Management
- Sick-leave policies and any COVID-19 benefits
- Identity of the Safety Coordinators
- How to obtain copies of specific policies including the written COVID-19 plan

Additional trainings will occur when employee's risk of contracting COVID-19 change, policies or procedures are changed, or there is an indication the employee has not retained the necessary understanding or skill.