



Prevention and Response to COVID-19 in an Acute Care Facility

Hospitals are at an increased risk of exposures to and outbreaks of COVID-19. Hospitals must maintain vigilance in infection prevention and control in order to reduce the risk of staff and patient exposures to COVID-19 and to prevent and control outbreaks of COVID-19 in their facility. The following recommendations from Maryland Department of Health (MDH) supplement CDC's general [infection prevention and control recommendations for COVID-19](#) and are meant to guide acute care facilities in their response to cases and outbreaks of COVID-19.

COVID-19 Description: Typical symptoms include fever, cough, and shortness of breath. Additional symptoms might include sore throat, fatigue/malaise, or diarrhea. From limited published reports, signs and symptoms among children with COVID-19 may be more mild than adults, with most pediatric patients presenting with fever, cough, congestion, and rhinorrhea.

Case Definitions

Undiagnosed respiratory illness: Cough, shortness of breath, pneumonia, or fever in an inpatient or an employee without a known cause.

- No known contact with a COVID-19 case within 14 days.
- Influenza testing, respiratory panel and COVID-19 testing is not done or pending.
- Sputum culture, *Legionella* urinary antigen and *Streptococcus pneumoniae* urinary antigen testing for pneumonia cases is not done or pending.

Suspect COVID-19 case: Clinical illness as above in an individual **AND:**

- Has known contact with a COVID-19 case **OR** resides or works at a facility with confirmed cases within the past 14 days; **OR** Does not have known contact with a COVID-19 case and does not reside or work at a facility with confirmed cases within the past 14 days **AND** clinician has strong clinical suspicion for COVID-19

Confirmed COVID-19 case: an individual with a positive SARS-CoV-2 test regardless of signs and symptoms

Testing/Laboratory Diagnosis:

COVID-19 testing:

- Facilities should evaluate their capacity to safely collect specimens for COVID-19 testing.
- Facilities should assess supplies of testing kits and the potential for acquiring additional specimen collection kits.
- Facilities should develop a protocol for specimen collection.
- Facilities should identify a laboratory where approved testing may be performed. Facilities are encouraged to use a private or hospital laboratory. If no private lab testing is available, contact your LHD.

COVID-19 Testing Prioritization: Per the secretary's order and in accordance with guidance issued by MDH and posted on its website at <http://coronavirus.maryland.gov>, health care providers should prioritize COVID-19 test orders to the following groups:

- Hospitalized patients, who should be tested by the most expeditious means available (either a hospital lab, private lab, or the State Laboratory);
- Symptomatic Emergency Medical Service Personnel, healthcare workers, and law enforcement personnel (should be tested by available means);
- Symptomatic patients in nursing homes, long-term care facilities, or in congregate living facilities housing individuals who are medically fragile; **OR**
- Symptomatic high-risk unstable patients whose care would be altered by a diagnosis of COVID-19.

All inpatients with undiagnosed respiratory illness:

- Test for influenza and other agents utilizing the following tests.
 - Rapid flu and respiratory viral panel
 - COVID-19

Pneumonia cases:

In addition to the above tests, run the following tests simultaneously:

- Sputum culture, including for *Legionella*
- *Legionella* and *Streptococcus pneumoniae* urinary antigen tests

Testing for staff: Facilities should make arrangements/encourage symptomatic staff to be evaluated and have testing as above for patients. Facilities should encourage ill staff to seek medical advice from their own healthcare providers or from occupational health. (See below for recommendations on return to work for ill staff members).

Outbreak definitions:

COVID-19 outbreak:

- Confirmed COVID-19 case in a patient who has been admitted for >14 days; **OR**
- Two or more confirmed COVID-19 cases in staff members on the same unit within 14 days

What to report - the following scenarios must be reported to LHD:

- Immediate reporting
 - COVID-19 outbreak as defined above
 - Identification of multiple patients presenting from single long-term care facility or other healthcare establishment
- Within one day
 - Respiratory outbreaks as defined in the respiratory outbreak guidelines
 - Healthcare worker positive cases

Who to notify - the following scenarios should be reported to the appropriate LHD

- COVID-19 outbreak
 - Report immediately to the county LHD where the facility is located.
- Healthcare worker positive cases
 - Report within one day to the county where the healthcare worker resides

Preparing for case(s) of COVID-19

Share the [latest information about COVID-19](#) with staff, residents, and families

Educate and train Healthcare Personnel (HCP)

- Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE).
- Have HCP demonstrate competency with putting on and removing PPE.
- Ensure staff are familiar with CDC, MDH, and facility infection prevention and control Recommendations for the Care of Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)
- Continue a system for monitoring of hand hygiene and PPE practices.

Reinforce sick leave policies

- **Staff should not report to work ill.** Signs and symptoms of COVID-19 can be very mild, so even mild signs of respiratory illness should result in HCP exclusion.
- Sick leave policies should be non-punitive and allow for flexibility for new staff who may not have enough leave accumulated
- Staff should be actively monitored for signs and symptoms of respiratory illness. At the start of each shift, HCP should be required to check their temperature and report whether they are experiencing any signs and symptoms of respiratory illness.
- Active monitoring should repeat every 8 hours and as needed.
- Any staff that develop signs and symptoms of respiratory illness while working should promptly don a face mask and be sent home.
- Staff may return to work after at least 7 days since symptoms first appeared **AND** at least 3 days (72 hours) since recovery, defined as resolution of fever without the use of fever-reducing meds **AND** improvement in respiratory symptoms.
- If staffing shortages are experienced, facilities should work with occupational health, infection control, and local health departments, as needed, to determine whether any staff may return to work earlier than recommended to address the need for staffing.
- Consider testing of HCP with symptoms to better determine duration of work exclusion and need for facility exposure investigations.

Ensure adequate supplies for infection prevention and control practices

- Assess supply of personal protective equipment and initiate measures to [optimize current supply](#).
- Work with local health departments to address shortages of personal protective equipment.
- Alcohol-based hand sanitizer should be available inside and outside of every patient room and other patient care and common areas.
- Sinks should be kept well stocked with soap and paper towels for handwashing.
- Alcohol based hand rub should be provided throughout the facility where sinks are not available

Reinforce Systems for Identifying Infections early

- Ensure front line triage staff and admission nurses are trained to quickly identify suspected COVID-19 cases.
- Actively screen all patients, at minimum, every shift for fever and respiratory symptoms; immediately isolate anyone suspected for COVID-19.

- Maintain awareness of ongoing transmission in the community and active cases in your facility, and screen patients on admission for high risk exposures and/or community contacts.

Admissions and Readmissions

- Create a dedicated unit for the care of suspected and confirmed COVID-19 patients. If feasible, work with engineering to make the unit negative pressure.
- Ensure systems are in place that encourage strong communication between transport personnel and other healthcare facilities (i.e. nursing homes).
- Train nurses to provide verbal reports that include information about infection and isolation status.

Visitor & Movement Restrictions

- Actively monitor all visitors for signs and symptoms of respiratory illness. Only those not showing signs and symptoms of respiratory illness should be permitted entrance.
- Limit visiting hours and the number of visitors allowed per patient.
- Patients with suspected or confirmed COVID-19 should remain in their room, except for medically necessary procedures.

Communication

- Prepare facility internal and external communications in the event of a COVID-19 case being identified in your facility.
- Brief leadership team on priority activities in the event of a suspected or confirmed case (e.g. ensuring vigilant infection control).
- Have an updated phone tree with public health communicable disease contacts and leadership contacts readily accessible, including after-hours/ emergency numbers.

When you have an employee with confirmed COVID-19:

Please note: Activities implemented before a suspected/confirmed case still apply

Response priorities:

When an employee is diagnosed with COVID-19:

1. Promptly exclude the employee from work and provide guidance about when the employee will be allowed to return
2. Identify whether the employee worked with patients while symptomatic
3. Identify whether any patients or employees on the unit are currently showing signs and symptoms of COVID-19
4. Ensure that symptomatic employees are excluded from work and symptomatic patients are in a private room on the appropriate transmission based precautions
5. Consider placing exposed inpatients on COVID-19 transmission-based precautions for 14 days following any exposure or at minimum have these patients wear a mask when transported through the facility.
6. Ensure PPE is adequately stocked and readily available outside patients' rooms
7. Ensure vigilant adherence to infection prevention and control (hand hygiene, PPE, and environmental cleaning)
8. Determine whether situation meets the definition of an inpatient COVID-19 outbreak
9. Notify the local health department where the employee resides. If an outbreak is identified, notify your local health department
10. Quickly identify and test symptomatic inpatients for COVID-19.

11. Provide guidance to symptomatic employees on the need for COVID-19 testing and when they are able to return to work
12. Reinforce sick leave policy with staff member
13. Communicate with staff to provide reassurance and answer questions
14. Communicate with public health as needed

When you have an admitted COVID-19 case(s):

Please note: Activities implemented before a suspected/confirmed case still apply

Response priorities:

When a COVID-19 case(s) is confirmed:

1. Ensure that the patient is on appropriate transmission-based precautions per hospital policy
2. Determine appropriate patient placement/cohorting. Providers should assess the clinical status of the patient to determine the need for transport to a higher level of care
3. Identify whether any patients or employees are currently showing signs and symptoms of COVID-19
4. Ensure that symptomatic employees have been excluded from work and symptomatic patients are in a private room on the appropriate transmission based precautions
5. Ensure PPE is adequately stocked and readily available outside patients' rooms
6. Determine whether situation meets the definition of an inpatient COVID-19 outbreak
7. Report outbreaks to LHD or consult Public Health as needed
8. Identify possible [patient](#) or [HCP exposures](#) during any time that the patient was not on appropriate transmission based precautions
9. Determine the need for HCP exclusions based on CDC guidance and hospital policy
10. Consider placing exposed inpatients on COVID-19 transmission-based precautions for 14 days following any exposure
11. Consider universal precautions or universal masking for units having outbreaks and encourage all patients to stay in their rooms unless medically necessary
12. Quickly identify and test symptomatic inpatients for COVID-19
13. Ensure vigilant adherence to infection prevention and control (i.e. hand hygiene, PPE, and environmental cleaning)
14. Ensure compliance with HCP monitoring and visitor restrictions/monitoring
15. Discuss the need for unit closure in an outbreak situation with public health
16. Coordinate any needed internal communications with an internal multi-disciplinary team
17. Begin leadership rounds with staff on the unit
18. Determine need for increasing visitation restrictions
19. Check on facility PPE supply chain to determine need for additional resources
20. Perform root cause analysis with unit staff, infection control, and hospital leadership to determine opportunities for improvement in prevention against COVID-19.