

CORONAVIRUS (COVID-19) PLAN

PHONE TRIAGE

- Patient calls for appointment and states concern for COVID-19 and potential exposure to an infected person or travel history to China, Iran, Italy, Japan or South Korea
 - Transfer call to clinical staff to assess by phone (see criteria below)
 - The patient is short of breath, having difficulty breathing or hospitalization may be indicated, refer the patient to hospital emergency departments. Instruct patient to put on a mask when they arrive at the ED.
 - Call the ED and notify them we have instructed a patient to present to them.
 - Patients who have mild/moderate symptoms should be encouraged to stay home and should be given instructions for worsening symptoms.

REGISTRATION

- All patients who present with cough and fever should be asked to put on a mask, if they do not already have one.
- If patient verbalizes travel history based on sign posted in the registration area and/or exposure to a patient with a confirmed COVID-19 patient.
 - Ensure the patient has a mask on
 - Notify clinical staff immediately.
 - Have the patient wait in the cubicle closest to the Adult Door
 - Clinical staff should immediately identify a room to place the patient.
 - Clinical staff should immediately place the patient in the room and close the door and notify a provider
- Clinical staff should immediately identify a room to place the patient (86, 88, 90)

CLINICAL ASSESSMENT/CARE

- Clinical staff should immediately room the patient, close the door and notify a provider.
 - Place patient in a negative pressure room 86, 88 and 90.
 - Ensure fan is on and room is negative pressure (use tissue test)
 - Take a single ply of tissue approximately 2 inches square and hold it at the bottom of the door. Let go, It should be sucked into the room.
 - Record the results on the log.
 - The tissue test should be done each time the fan is turned on.
 - Ensure the door is closed
- Persons entering the room should be limited to those necessary to assess the patient. Persons entering the room should don the following PPE
 - Mask and face shield
 - Gown
 - Gloves
- Educate the patient to keep their mask on unless instructed by a medical provider to remove it. Encourage patients to cover their cough (provide tissues and a waste can) and to wash their hands.
- Take limited supplies into the room. If COVID-19 is highly suspected, consider using paper for documentation instead of computers. Remove PPE and wash hands prior to leaving the room.
- Assess the patient
 - “Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.

Decisions on which patients should receive testing should be based on local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (ex. cough, difficulty breathing).

- Epidemiologic factors to be considered
 - any persons, including healthcare workers who have had close contact* with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset (* close contact: being within 6 feet of a COVID-19 patient for a prolonged period of time; close contact can occur while caring for, living with, visiting or sharing a healthcare waiting room with a COVID-19 case)
 - a history of travel from the areas listed below in the last 14 days
 - China
 - Iran
 - Italy
 - Japan
 - South Korea
- Source: CDC, COVID-19, Evaluating and Reporting Persons Under Investigation (PUI) 3/4/2020
- Frequently reported signs and symptoms include fever, cough, myalgia or fatigue, and shortness of breath.
 - If patient is short of breath and hospitalization may be appropriate, the patient should be referred to a hospital emergency room.
 - Instruct the patient to keep their mask on. Notify the hospital ED the patient will be coming.
- If COVID-19 is strongly suspected, a physical exam should be conducted.
 - If the patient's mask must be removed for examination or lab test collection, an N95 mask must be used.
 - Notify the Macon County Health Department. Complete the IDPH Interim 2019 novel coronavirus (COVID-19) patient under investigation form
 - Follow instructions/guidance from the MCHD. Collect COVID-19 if directed.
 - If MCHD does not approve testing, testing is available through LabCorp. Any COVID-19 lab test send directly to LabCorp must be approved by the CMO
- If COVID is not strongly suspected, additional assessments/diagnostic testing may be conducted. Patient should remain masked unless physical examination/diagnostic testing requires removing the mask.
 - If influenza testing is ordered, staff should wear a gown, gloves, N95 mask and face shield during specimen collection
 - If patients test negative for influenza A and B, re-evaluate patient for suspicion of COVID-19
- No specific treatment for COVID-19 is currently available. Clinical management includes prompt implementation of recommended infection control measures and supportive management of complications

POST VISIT ACTIONS

- If COVID-19 is suspected, the room should remain empty with the door closed for 2 hours after the patient leaves.
- The room should be thoroughly cleaned with hospital grade disinfectants by personnel with gown, gloves, mask and face shield, ensuring appropriate dwell time. Double bag trash and take directly to the dumpster.

PERSONAL PROTECTIVE EQUIPMENT

- Don PPE in the following order
 - Gown (tie on gown with provided ties)
 - Gloves
 - Mask or Respirator
 - Goggles or Face shield
- Doff (remove) PPE in the following order
 - Gloves
 - Goggles or Face shield
 - Mask or Respirator
 - Gown
- Care should be taken to limit contamination when removing PPE. Wash hands immediately after removing PPE
- All PPE with the exception of the face shield should be discarded after use. See exception for limited reuse of N95 respirator
- Clean face shield with an approved disinfectant after removing.
- Persons using N95 respirators must be fit tested prior to use
- Reuse of N95 respirators should be limited. Once adequate supplies are available, respirators are one time use only.
 - N95 respirators may be re-used under limited situations
 - N95 respirator can be used for multiple patients if it is not removed between patients and a face shield is worn to protect the respirator from droplets.
 - N95 respirator can be reused if it is not contaminated with blood or body fluids AND a face shield was worn during use. It must be placed in a clean, breathable container such as a paper bag with the user's name on it. Hands must be washed and gloves must be donned before putting on or adjusting the mask. Gloves should be removed and hands washed after donning the mask.

MANAGEMENT OF HEALTH CARE WORKERS WITH POTENTIAL EXPOSURE

- Healthcare workers (particularly with symptoms of fever, cough and acute respiratory illness should not report for work until they are fever free for at least 24 hours without fever reducing medication. Workers exhibiting symptoms at work may be sent home.
- Healthcare workers should practice excellent hand hygiene and respiratory etiquette (cover your cough) at all times
- Healthcare workers with potential exposure will be evaluated under the CDC "Interim Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19".

FAQs

- Pregnant women: there is no current information on adverse pregnancy outcomes in pregnant women with COVID-19. Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections including COVID-19. Pregnant women should engage in usual preventive actions to avoid infections like washing hands often and avoiding people who are sick.
- Post-exposure prophylaxis: there is no FDA-approved post exposure prophylaxis

OTHER CROSSING SITES

Plans are in development

SUBSTANCE USE TREATMENT

TRANSITIONS

- Transitions residents will be educated to report any symptoms of COVID-19 (fever, cough and/or difficulty breathing) or contact with any person with or suspected of infection with COVID-19 to staff.
- Resident attendance at outside meetings or passes off campus is suspended until further notice.
 - Exception is one recovery meeting per weekend day the weekend of 3/14.
Attendance must be signed off by the leader
 - Virtual meetings are being investigated
- Staff will work with CRC detoxification staff to arrange a medical evaluation of the resident.
- Residents with suspected or confirmed COVID-19 will be moved to a private room (may be co-horted with other residents with similar symptoms/stage of infection if necessary).
- Patients room will be disinfected.
- Roommate/close associates will be monitored for infection.
- Meals may be delivered to the room.
- If the patient is outside of their room, they should wear a surgical mask.
- Staff entering their room will wear a surgical mask.
- Behavioral health staff will be encouraged to check on patients regularly and offer support and counseling
- Residents who develop breathing difficulties/respiratory distress should be immediately evaluated by medical personnel and may be transferred to a hospital. Call the emergency department of the hospital they are being transferred to and notify them of the patient's condition. See CRC Medical Emergency policy.
- Residents can move back to their original room when released by medical personnel, if desired.
- Transitions residents should be encouraged to wash their hands frequently, cover their cough and to avoid touching their face.

CROSSING RECOVERY CENTER

- Patients presenting for treatment will be screened for travel history and contact with COVID-19 or symptoms of respiratory illness. Patients suspicious for COVID-19 may be deferred for treatment until non-symptomatic or referred to a health care facility at the provider's discretion.
- Crossing Recovery Center residents will be educated to report any symptoms of COVID-19 (fever, cough and/or difficulty breathing) or contact with any person with or suspected of infection with COVID-19 to staff.
- Staff will work with CRC detoxification staff to arrange a medical evaluation of the resident.
- Residents with suspected or confirmed COVID-19 will be moved to a negative pressure room (may be co-horted with other residents with similar symptoms/stage of infection if necessary).
- Patient's current room will be disinfected.
- Roommate/close associates will be monitored for infection.
- Meals may be delivered to the room.
- If the patient is outside of their room, they should wear a surgical mask.
- Staff entering their room will wear a surgical mask.
- Behavioral health staff will be encouraged to check on patients regularly and offer support and counseling

- Residents who develop breathing difficulties/respiratory distress should be immediately evaluated by medical personnel and may be transferred to a hospital. Call the emergency department of the hospital they are being transferred to and notify them of the patient's condition. See CRC Medical Emergency policy.
- Residents can move back to their original room when released by medical personnel, if desired.
- Crossing Recovery Center residents should be encouraged to wash their hands frequently, cover their cough and to avoid touching their face.

VISITORS

- No visitors will be allowed unless deemed necessary by behavioral health staff.
- If visitors are necessary, they will be screened for travel history, contact with someone with COVID-19 or symptoms of respiratory illness by medical staff.
- Visitors and patients will be instructed to wash their hands. After the visit is over, they should wash their hands and the area of the visit will be disinfected.
- FaceTime, additional phone time or other alternatives to onsite visits may be utilized

CENTRAL AVENUE GRILL

- Food service in the Central Avenue Grill side will be closed except for drinks.
- All patients/staff will be served from the food line on the Crossing Recovery Center section.
- Transitions patients and staff will go back to Central Avenue Grill to pay for their food and to eat.
- Schedules for meal times will be updated to accommodate patient flow.

ELEMENTS

- Patients with symptoms of respiratory illness (fever, cough) – or other illness should not attend groups. Patients who present with symptoms will be asked to leave group.
- Patients with concern for COVID-19 infection will be referred to Crossing Healthcare for assessment.
- We will Investigate skype or other options for groups.

REFERENCES:

- CDC Coronavirus Disease 2019 (COVID-19) webpage links,
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- IDPH Coronavirus Disease 2019 (COVID-19) webpage links,
<http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

Orig: 3/5/2020

Revised: 3/13/2020