



Spring Grove Hospital Center's Core Strategic Plan for Outbreak Management

Updated 11/30/23

Maryland Department of Health

Spring Grove Hospital Center

"Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States. We are proud of our rich history and our long tradition of meeting the mental health treatment needs of the citizens of Maryland."

"Fully Joint Commission accredited and CMS certified, Spring Grove has an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools, including the University of Maryland."

Spring Grove Hospital Center

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Acknowledgments



Wes Moore, Governor • Aruna Miller, Lt. Governor • Laura Herrera Scott, M.D., M.P.H., Secretary

Spring Grove Hospital Center
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November 30, 2023

Spring Grove Hospital Center

RE: Letter of Acknowledgement

When the COVID pandemic hit in 2020, I personally witnessed the hard work and sacrifices that kept the hospital running safely through the most challenging times. When little was initially known about the new virus, the Spring Grove team came together, developed solid protocols, and helped protect staff and patients.

Thank you to everyone who contributed to the creation, development, and updates of this manual, as well as to all the staff for the implementation and feedback in its continuous development.

Great work, Team Grovel

Sincerely,

A handwritten signature in dark ink, appearing to read "Marie Rose Alam".

Marie Rose Alam, M.D., FAPA, CEO

Mission

To provide quality mental health services to the citizens of Maryland in a progressive and responsible manner, consistent with recognized standards of care.

Vision

Spring Grove Hospital Center (SGHC) should be recognized as a national leader for excellence in psychiatric care, research, and education.

Guiding Principles

- Safe Environments
- Best Practices of Clinical Care and Treatment
- Professional Competency and the Highest Ethical Standards
- Promotion of Patient Rights and Responsibilities
- Communication, Collaboration and Teamwork
- Efficient and Environmentally Sound Use of Resources
- An Environment that is free of Coercion
- Research and Innovation
- Diversity
- Education and Training
- Empowerment

Definitions

Close Contact

Being within 6 feet of a person for a cumulative total of 15 minutes, or more, over a 24-hour period during the person's potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, 2 days before testing positive) until the time the person is isolated. Having close contact with a sick person causes exposure to illness.

Coronavirus

An infectious disease that can present without symptoms or a wide range of symptoms such as cough, fever, congestion, headache, fatigue, new loss of taste or smell, nausea, vomiting, diarrhea and in more severe cases, difficulty breathing and even death. Also referred to as COVID-19.

Epidemic

The spread of a disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

Fully Vaccinated	This designation refers to those who have completed a primary COVID vaccination recommended by the CDC. A person is not fully vaccinated if they only completed one dose of a multi-dose series. Note that a person can be “fully vaccinated” and not have completed all recommended vaccine doses, which is called being “up to date”.
Isolation	Separation of a sick person with a contagious disease from people who are not sick. In our setting, we sometimes refer to this as medical isolation. This is not the same as seclusion for psychiatric purposes. It simply refers to the medical precautions taken to prevent the spread of disease.
Outbreak	The sudden rise in the incidence of a disease.
Pandemic	The spread of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population.
PCR Test	Also known as a nucleic acid amplification test (NAAT). This test detects viral RNA and results can take up to several days. Once positive, should not be repeated within 90 days because people may continue to have detectable RNA after the risk of transmission has passed.
Quarantine	Separation of a person who was exposed to a contagious disease to see if he/she becomes sick.
Rapid (Ag) COVID Test	Also referred to as an Antigen test, this test uses an immunoassay to detect the presence of viral antigen, which implies current viral infection. The one performed at Spring Grove is done via nasal swab. Results are processed on site and are done in about 15 minutes. This test is less sensitive than the PCR test and so the chance of a false negative result is higher, especially in a person without COVID symptoms. Test results may need PCR confirmation.
RESP-NET	Refers to the National R espiratory Virus Hospitalization Surveillance N etwork, which comprises three platforms that conduct population-based surveillance for laboratory-confirmed hospitalizations associated with COVID-19, Influenza, and Respiratory Syncytial Virus (RSV) among children and adults. RESP-NET became the CDC’s new source for testing data as of May 12, 2023, replacing the COVID Data Tracker which reported COVID-19 Community Transmission Levels and other metrics. RESP-NET data for Maryland are updated weekly on Fridays and are available here: https://health.maryland.gov/phpa/Pages/resp-virus-metric.aspx .
Source Control	Use of respirators or other well-fitting surgical grade facemasks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.
Standard Precautions	Standard Precautions are the basic practices that apply to all patient care, regardless of the patient’s suspected or confirmed infectious state, and apply to all settings where care is delivered. These practices protect healthcare personnel and prevent healthcare personnel or the environment from transmitting infections to other patients. Standard Precautions include: hand hygiene, environmental cleaning and disinfection, injection and medication safety, risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed, minimizing potential exposures (e.g., respiratory hygiene and cough etiquette), and reprocessing of reusable medical equipment between each patient and when soiled.

**Transmission-Based
Precautions**

This refers to implementing additional precautions (i.e., Contact, Droplet, and/or Airborne Precautions) for patients with documented or suspected diagnoses where contact with the patient, their body fluids, or their environment presents a substantial transmission risk despite adherence to Standard Precautions.

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Attachment III: Patient Community Meeting Education

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Attachment VI: Miscellaneous Educational Flyers for Patients and Staff

Section I. Outbreak Plan Policy

Spring Grove Hospital Center

OUTBREAK PLAN POLICY

Policy & Procedure SGHC100520

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Purpose

To ensure the implementation and enforcement of interventions taken during an epidemic, pandemic, or disease outbreak, that may conflict with pre-existing hospital policy.

Scope

All SGHC employees and contractors.

Definitions

Pandemic: The spread of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population.

Epidemic: The spread of a disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

Outbreak: The sudden rise in the incidence of a disease.

Policy

The Spring Grove Core Strategic Plan for Outbreak Management ("Plan") is a document developed to be the hospital's guideline for disease outbreak management. There may be components of the Plan that when invoked during an outbreak, may conflict with certain pre-existing hospital policies. (i.e., Cohorting staff to minimize the risk or spread of a disease to multiple units may conflict with certain staffing policies that enable the movement of employees across units for coverage, restricting family visitation, etc.). The Plan's provisions take the effect of interim or temporary policy as appropriate.

Some of the interventions contained in the Plan may, for a temporary period of time, supersede pre-existing hospital policies only to the extent that such interventions are deemed necessary by the Chief Executive Officer (CEO) or designee for the safety, health and/or preservation of life of hospital patients and staff.

Additionally, there may be interventions incorporated into the Plan that do not currently exist in Spring Grove policy. Such provisions will take the effect of temporary policy to the extent they are

deemed necessary by the CEO or designee for the safety, health and/or preservation of life of hospital patients and staff.

Procedure

The Plan is incorporated into this policy as it currently exists and as it may be updated, amended, or revised in the future. The specific interventions are only invoked as needed and not all provisions may be necessary or even apply depending on the outbreak at issue. The CEO or designee may invoke some parts of the Plan and not others as is necessary to minimize the spread of disease on campus.

The Plan only becomes effective when invoked during an epidemic, pandemic, or disease outbreak of some kind regardless of whether it is ultimately defined as a pandemic or epidemic by external authorities.

Approved by



Monica Chawla, M.D., FAPA,
Chief Medical Officer

11/30/23
Date



Marle Rose Alam, M.D., FAPA,
Chief Executive Officer

11/30/23
Date

DS/lg

Reviewed: 11/23

Section II. Spring Grove Hospital Center Staff General Requirements

1. Standard Precautions are always required of Spring Grove Hospital Center (SGHC) staff while providing patient care. To further prevent the spread of common respiratory viruses (including SARS-CoV-2), all staff who are not fully vaccinated to COVID-19 are strongly encouraged to wear medical grade or higher face masks. All fully vaccinated staff working in areas where they could encounter patients are encouraged to wear medical grade or higher face masks, in accordance with May 2023 guidance from the Maryland Department of Health (MDH).
2. In accordance with guidance from MDH (May 2023), all staff working in areas where they could encounter patients **MUST** wear face masks when the statewide combined weekly respiratory virus-associated hospitalization rate (as calculated by CDC) meets or exceeds 10 hospitalizations per 100,000 residents. No cloth masks are permitted unless worn with a medical grade mask. Staff working in patient care areas must also comply with any Transmission-Based Precautions instituted during periods of increased risk for respiratory virus transmission. Broad hospital-wide source control (i.e., a mandate that face masks be worn in all patient care areas and patient-facing areas) can be discontinued once the combined weekly respiratory virus-associated hospitalization rate has been below 10 hospitalizations per 100,000 residents for two consecutive weeks. Decisions to discontinue broad hospital-wide source control will comply with MDH guidelines and will be made at the discretion of the Chief Executive Officer (CEO).
3. All staff must use their Maryland.gov email to receive information related to infectious disease outbreaks as well as any new policy directives or instructions from this administration, MDH, DBM or the Governor's office.

Section III. Disease Transmission

Coronavirus disease (COVID-19) spreads primarily through contact with an infected person, most often when unmasked persons are in close contact. It may also spread when a person touches a surface or object that has the virus on it, then touches their eyes, nose, or mouth.

Section IV. Hospital Entrance

Providing a safe environment for patients and staff is a guiding principle of SGHC. Based on guidance from the Baltimore County Health Department (BCHD), Maryland Department of Health (MDH), and/or the Centers for Disease Control and Prevention (CDC), the CEO may direct outbreak-mitigation strategies including but not limited to:

- A. Limiting entry to hospital grounds to the Valley Road entrance.
- B. Establishing checkpoint staff monitors to verbally surveille all entrants at the hospital entrance checkpoint and/or take temperatures with a no-touch thermometer device.
- C. Directing each SGHC staff to complete the ***Self-Monitoring Form*** (Attachment I).
- D. Patient Visitors
 1. Patients are permitted to have visitors in compliance with the hospital visitation policy.
 2. If a patient is on isolation or quarantine for the anticipated visit, the visitor and patient will be offered the option of having a virtual visit. Visitors and patients who choose to proceed with an in-person visit will be provided with appropriate PPE and source control.

Section V. Employee Testing

Employee testing is performed using the guidelines below, regardless of the employee's vaccination status.

A. Symptomatic staff:

Any staff member having symptoms (fever, chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell, congestion or runny nose, fatigue, sore throat, or other cold, flu, COVID-19 or unusual allergy symptoms) shall not report for duty and shall execute usual call-out protocols to notify his/her supervisor. COVID-19 testing is mandatory for employees exhibiting symptoms. Employees may get tested in the community or at SGHC by appointment only. During normal business hours: Employees with symptoms will also call the IC hotline 443-902-4711 for further guidance. Outside of normal business hours: Employees exhibiting symptoms shall notify their supervisor immediately and their supervisor may assist with arranging testing through the Nursing Administrative Office (NAO). For individuals who have recovered from coronavirus infection in the prior 90 days, an antigen test instead of a PCR test is recommended. This is because some people may remain PCR positive but not be infectious during this period.

B. Post-travel, symptomatic staff:

All symptomatic staff must be tested for COVID-19, as described in Section V, (A) above.

C. Post-travel, asymptomatic staff:

Asymptomatic staff returning from domestic or foreign travel are not required to be Covid tested or quarantined upon return, unless such practices are instituted at the discretion of the CEO in order for Spring Grove's COVID testing protocols to conform to directives from MDH, BCHD, and/or CDC.

D. Asymptomatic staff with no known COVID-19 exposures:

See also Section VII (N). The frequency of staff and new employee screening for COVID-19 will be at the discretion of the Chief Executive Officer or her designee and will be based on (1) Guidance from MDH and/or BCHD and on (2) the SGHC facility's internal COVID-19 data.

E. Staff with a Direct Exposure to or Close Contact with an Individual Testing Positive for COVID-19:

Testing is required, as detailed in Sections XIII and XIV of this manual.

When swabbing is required for employees, the department head is responsible for ensuring designated employees are tested in a timely manner. Employee testing is conducted using the following protocol:

A. Physical Operation

1. All staff assigned to units shall get tested on their unit.
2. Staff not assigned to units shall coordinate testing through their supervisor and IP&C. If needed, standard weekly testing locations and times are determined by IP&C and the Smith Medical Clinic.
3. Cold packs and storage lidded insulated containers for transporting of specimens from the testing site to the Laboratory are available for use.
4. The specimen chain of custody is to be maintained as follows:
 - a. Specimens are placed in the storage lidded insulated container with cold packs, or in another appropriate container provided by the laboratory supervisor.
 - b. The container is transported to SGHC's laboratory and placed in the area designated by the lab supervisor (either the refrigerator or large cooler).
 - c. The specimens are transported to the Maryland Department of Health (MDH) laboratory or the CIAN laboratory per MDH protocol.
5. Access to the MDH Laboratory Web Portal and CIAN web portal is granted to designated personnel/clinical leadership.

6. The ordering physician is the Director of Somatic Services or designee.

B. Documentation Requirements

1. MDH Lab requisition forms shall be printed and given to the point of contact person for that group of employees. Collection date needs to be changed on the requisition form at the time the specimen is obtained. CIAN Lab requisitions are provided by CIAN and filled out by the employee and the swabber.
2. Labels are handwritten at the time of specimen collection or pre-printed if possible. If pre-printed, the date and collection time must accurately reflect when the specimen was obtained. The label on the tube MUST be legible and match the requisitions exactly. CIAN specimen labels should be affixed lengthwise, so that the barcode can be properly scanned.

C. Staff Needed for Testing Process

1. Requisition form generation – designated staff are trained to generate requisitions for the State Lab. Requisitions for CIAN Lab can be obtained from the lab.
2. Swabbers – designated staff are trained and documentation of completed training is maintained in the Department of Learning Resources (DLR).
3. Results checker point person/back up person – designated personnel
 - a. Shall check the online laboratory portal multiple times daily, as necessary, to check incoming results.
 - b. Maintains a spreadsheet of tests that are positive for data reporting to executive leadership.
4. Results notification
 - a. Staff that have a positive or indeterminate result will be notified by a member of IP&C. Notification should include instruction regarding self-care, family care, and education for self-isolation and recovery.
 - b. A member of IP&C, as to ensure the appropriate coding of leave is applied while staff is out, will make notification to Human Resources that the employee is out for “IP&C reasons” and give HR the return for duty date.
 - c. Staff can request a copy of their MDH lab test result from a member of IP&C. Individual CIAN lab results can be viewed directly by the staff member through the CIAN portal.
5. Staff training should be done by DLR to ensure professional competence.
 - a. Training for rapid and PCR testing should include all above procedures, nasopharyngeal (NP), and oropharyngeal (OP) swabbing procedures.
 - b. Training should include reverse demonstration.
 - c. Documentation of training received should be maintained by DLR.

Section VI. Staff Call Out Protocol

- A. Non-nursing Staff should call out to their assigned department head. Nursing staff should call out to the Nursing Administration Office (NAO).
- B. NAO staff will ask each employee who calls out if the absence is infection control-related. If the answer is “yes” the NAO staff will complete the ***Infection Surveillance Questionnaire and Screening form*** with attached Matrix for their reference (Attachment II).
- C. The department head and NAO should complete the ***Infection Surveillance Questionnaire and Screening form*** with attached Matrix for their reference (Attachment II) if the employee is having symptoms of COVID-19.
- D. The department head or NAO staff who completes the questionnaire will either email the completed form to DOROTHY.STEINHICE@MARYLAND.GOV, ROXANN.WILLOUGHBY@MARYLAND.GOV, OR STACIE.LEAK1@MARYLAND.GOV, or fax to IP&C (410) 402-7359 immediately for tracking purposes.

- E. At the time of the call-out, department heads or NAO staff will direct the employee to call the IC Hotline 443-902-4711. If it is not during normal business hours, the employee should be instructed to leave a message on the IC Hotline and informed that IC will contact them the next business day.
- F. If the employee fails to call the IC Hotline, IP&C staff will contact all employees after receiving any ***Infection Surveillance Questionnaires and Screening Matrix*** forms.

Section VII. Promoting Patient and Staff Wellness

- A. Educational materials were developed and distributed during Patient Community Meetings (Attachment III-Sample).
- B. Masks are available to every patient, and staff should encourage patients to wear masks when a unit is in outbreak status. Clear masks are available for hearing impaired patients and staff. Educational material was developed to provide guidance to staff in successfully redirecting a non-compliant patient with mask usage (Attachment IV-Sample; relevant to periods when mask wearing is mandated). Enhancement or other evolution of masking requirements is at the discretion of the CEO and will be driven by MDH directives or CDC guidelines as applicable.
- C. Nursing to reinforce education on increased distancing from isolated patients and to educate patients on proper care and application of masks. Other disciplines shall also redirect patients to maintain current IP&C protocols.
- D. Staff shall encourage patients to maintain adequate nutrition and hydration.
- E. During a unit outbreak, staff shall encourage peers and patients not to eat or drink in meetings or shared spaces unless authorized by the Incident Command Team or the Chief Executive Officer. Currently, patient group dining is permitted. However, this is subject to change based on hospital and individual unit outbreak status.
- F. All patients and staff are encouraged to hand wash frequently and use proper hand hygiene technique. Staff to offer hand sanitizer/hand washing to each patient before and after each meal and after using the restroom.
- G. Staff shall educate patients as well as peers in the practice of respiratory and cough etiquette.
- H. Safe handling of contaminated clothing and items in the room.
 - 1. Don gloves before handling any soiled linens or clothing. A face shield and gown may also be donned at the staff's discretion.
 - 2. Roll up soiled linen to prevent contamination of other areas.
 - 3. Patient clothing must be washed in hot water twice and dried on a "high" setting.
 - 4. Doff and throw away gloves (and gown if worn). Wash face shield with soap/water, allow to dry and store in a plastic bag for future use. After washing with soap/water, wiping with alcohol swab may help reduce cloudiness.
 - 5. Wash hands per proper hand hygiene protocol.
- I. Enhanced education on the use of PPE.
 - 1. Wash hands (or sanitize) prior to donning gloves, masks, gown, goggles, or face shields.
 - 2. Wash hands (or sanitize) after removing gloves and other PPE equipment.
 - 3. Wear gown, gloves, mask (N95 or KN95 for staff), and face shield or goggles upon entering the positive patient's room.
 - 4. Full PPE for staff consists of wearing an N95 or KN95 mask, gown, and goggles or face shields. All masks must cover the nose and mouth at all times. Face shields and goggles must be clear so staff faces can be seen at all times. Gloves shall be donned while providing patient care, but changed frequently between patients, between tasks and/or when visibly soiled. Constant glove wearing is not permitted due to the risk of cross contamination.
 - 5. For units not on quarantine, but have patients under investigation for COVID-19 or who are isolated, staff will don full PPE prior to entering the isolated patient's room. Gowns and gloves shall be removed prior to entering the common area(s) of the unit. Ensure that a non-ligature bag or PPE doffing trash can is readily available for doffing PPE immediately after exiting the patient's room. Once the PPE is

doffed, ensure that the non-ligature bag or PPE doffing trash can is locked in a non-patient area to prevent patient access.

6. For quarantined units, all staff entering or working in patient care areas must don full PPE prior to entering the unit and wear full PPE at all times while on the unit except in any designated clean areas.
 7. For non-quarantined areas, use of a face mask is encouraged but is not currently required (see Section II)
 8. Watch the video created by DLR on appropriate donning and doffing of PPE.
- J. Practice mask wearing among patients and staff. During an outbreak, other measures such as cohorting and social distancing can also help prevent coronavirus transmission.
- K. During an outbreak, cohorting all staff to reduce the spread of pathogens should be applied to the best of our abilities. Panic callouts may make this process difficult to maintain consistently. Cohort groupings for scheduling purposes are as follows:
1. Dayhoff A, B, C, D
 2. White B, C, D
 3. Red Brick Cottages 1, 2, 3, 4
 4. Noyes, Tawes A and B, Smith East
 5. SCU, Smith West
- L. Enhanced education materials for staff were posted in public areas; a member of IP&C when needed completes small group education. Topics included "Keeping Your Child Safe" and other ways to prevent the spread of infection among family members.
- M. COVID-19 vaccination is offered to SGHC patients and is mandatory for SGHC staff(see SGHC Policy SGHC012722, COVID-19 Vaccination Policy for Employees). . SGHC Employees vaccinated outside of Spring Grove must show proof of vaccination to the Infection Prevention and Control department. Per Occupational Safety and Health Administration (OSHA) guidelines, submission of false vaccination documents is prohibited and subject to criminal penalty and imprisonment {29CFR 1910.501(j)(4)}.
- N. Staff screening COVID-19 testing: The frequency of staff screening for COVID-19 will be at the discretion of the Chief Executive Officer or her designee, based on (1) RESP-NET data for the State of Maryland and on (2) the SGHC facility's internal COVID-19 data. The Director of Somatic Services or her designee will review Maryland's RESP-NET data weekly on Fridays and will update the Incident Command team and/or CEO and CMO whenever the threshold for mandatory mask-wearing is reached (i.e., when the statewide combined weekly respiratory virus-associated hospitalization rate meets or exceeds 10 hospitalizations per 100,000 residents).

Section VIII. Enhanced Infection Control Practices throughout the Hospital

- A. Clorox bleach wipes on all high touch, hard surfaces at least once each shift and wear gloves to do this (safety rails, day room and other hard surfaces, chairs, phones, remote controls, doorknobs, toilets, sinks, faucets, etc.). Frequently touched surfaces are disinfected at least once per shift and more often if necessary. Clorox Germicidal Bleach wipes are EPA approved for hospitals, have a broad microbial kill rate that includes human coronavirus and are effective in 30 seconds to 5 minutes.
1. Do not wipe down one surface and throw the wipe away.
 2. Use one Clorox wipe for multiple surfaces. One Clorox wipe should be used if it is moist.
 3. To allow for repeated use of the wipe until it is no longer moist, Clorox wipes may be kept in a plastic bag or glove.
- B. Clorox Germicidal Bleach for Healthcare-EPA approved for hospitals, premixed 1:10 solution for floors is to be used to wash the floors. Disposable mops are to be used and discarded after every three rooms or more often if necessary.
- C. Unit cleanliness is a housekeeping and nursing partnership. Housekeeping and nursing staff shall wear appropriate PPE when cleaning the room of any patient suspected or confirmed to have COVID.
- D. To the extent possible, dedicate disposable medical equipment to patients with fever or signs/symptoms of respiratory illness.

- E. All non-dedicated, non-disposable medical equipment used for patient care shall be cleaned and disinfected according to manufacturer's instructions and facility policies, i.e., clean and disinfect medical equipment with Clorox Germicidal Bleach wipes after each use and in between patients.
- F. HEPA air scrubber/filters shall be used on units when/if available. Open doors to courtyards to promote fresh airflow when safe to do so.
- G. PPE use and re-use is dictated by hospital supply. Gloves must never be re-used. As of August 2021, the expectation is for daily changing of masks (staff/patients). Masks are expected to be changed at least daily and as needed when wet, soiled, or damaged.

Section IX. Symptomatic Patient(s) (Unconfirmed COVID-19 Diagnosis)

- A. Ensure the patient is wearing a surgical mask. Staff shall make every reasonable effort to encourage those patients who routinely refuse to wear a mask, to comply with masking rules but in no instance should staff subject him or herself to injury or assault by any patient who may become violent over being required to wear a mask.
- B. When the patient is in a single room, isolate the patient alone in his/her room, with the door closed (if otherwise appropriate) but not locked.
- C. When the patient shares a room with others, relocate the symptomatic patient to a private room (if available) or in the quiet room and close, but do not lock, the door.
 - 1. Disinfect the patient's bed and place it in the quiet room if an empty bedroom is unavailable. If the bed cannot be moved for any reason, contact the Maintenance Director or designee, who should obtain another new bed and have it moved into the quiet room.
 - 2. The room is disinfected immediately per IP&C Outbreak Housekeeping and Cleaning and Disinfection protocols.
 - 3. Obtain a Physician's order for contact and droplet precautions from the somatic physician on duty.
 - 4. Place the patient on 1:1 status (one dedicated staff member may also directly observe a group of positive patients, if they are being cohorted together in one room), while on contact and droplet precautions, if needed to enhance monitoring and aid the patient. The physician ordering the precautions should also order the 1:1 if deemed necessary. The staff should stay outside of the room unless the patient requires assistance.
 - 5. Limit the number of staff that monitor or have contact with the patient.
 - 6. The staff assigned to monitor and assist the patient should not be assigned to any other patients or units.
 - 7. Place PPE outside of the room, including N95 masks, face shields and/or goggles, gowns, and gloves.
 - 8. Place a hazardous materials bin inside the patient's room.
- D. Charge nurses shall notify somatic medicine on duty physician and the IP&C director via the IC hotline 443-902-4711 immediately or via the operator to initiate necessary quarantine protocols. Charge nurses shall also notify the NAO for all changes in staffing needs. In coordination with the somatic provider, nurses may also perform Covid testing using rapid and PCR tests. Such testing must be performed with appropriate PPE (N95 mask and face shield or goggles).
- E. Patients should be assessed by a somatic physician who must wear the appropriate PPE. A physician's assistant may be assigned to any aspect of this protocol as determined by the Director of Somatic Services.
 - 1. If the patient does not need to go to an outside hospital, and COVID-19 testing has not yet been done, the somatic on duty physician should perform testing with appropriate PPE (N95 mask and face shield or goggles). The physician on duty should perform any other necessary tests.
 - 2. If the patient needs to go to an outside hospital for medical care, Emergency Medical Services (EMS) should be notified of the situation prior to transportation. The patient must be encouraged to wear a surgical mask while being transported (unless contraindicated under the circumstances). Testing should

not be done on patients who need to be immediately transported to an outside hospital if it will delay the administration of emergency medical services.

3. If the patient needs to go to an outside provider for medical care, but the care is non-emergent, patients may be transported via SGHC transportation (or SGHC police if legal status warrants police transport). The patient must be encouraged to wear a surgical mask while being transported (unless contraindicated under the circumstances), and staff must wear appropriate PPE. COVID-positive patients who are significantly symptomatic should be transported via ICare or equivalent contracted ambulance service (to be coordinated through the NAO).

F. Temperature and vital signs including pulse oximetry shall be monitored at least every shift as a nursing measure or as ordered by the somatic physician.

1. When possible, nursing staff should assign a disposable stethoscope and blood pressure cuff or a specific blood pressure device and thermometer that can only be used on the patient for the duration of quarantine/isolation.
2. All medical equipment must be wiped down with alcohol pads, bleach wipe or other hospital-approved disinfectant wipe after every use and when visibly soiled.
3. A disposable stethoscope and blood pressure cuff shall be discarded when quarantine/isolation is discontinued.

G. Enhance communication between staff and symptomatic patients.

1. Discuss the symptoms with the patient and explain the necessary precautions.
2. Use verbal interactions to reassure the patient; teach healthy day-to-day personal practices such as hand hygiene, masking, cough etiquette, and adequate fluid/food intake.
3. Enlist Recreational Therapy staff to help with individualized patient activity.
4. Provide reading material that can be thrown away after use.
5. Engage the patient in meaningful conversation so the patient does not feel abandoned by staff.
6. Ready Bath available for patients in the event staffing and scheduling of showers becoming limited.
7. Staff providing direct care to COVID positive patients should wear full PPE.
 - a. Assure masks (N95 or KN95 and surgical), gloves, face shields, goggles, masks with shields, bouffant hair covers and foot covers (if patients have a productive cough or are vomiting) are available for unit staff. PPE head covers and foot covers are optional.
 - b. Assure adequate PPE for physicians and other members of the treatment team or support staff (housekeeping, maintenance, security, etc.) as necessary (call IP&C if more are needed). In addition, nursing staff shall be responsible to provide full PPE to any staff that enters the unit on each shift. The Head Nurse and/or Charge Nurse or designee will be responsible for storing PPE in the medication room on each unit, distributing and counting unit PPE, ordering PPE and ensuring that PPE is available at all times.
 - c. Staff interacting with the patient suspected to have COVID-19 must wear at a minimum: N95 mask (KN95 mask if unable to tolerate an N95 mask), face shield or goggles, gloves, and gown. A fresh mask, gown and gloves must be provided to the staff any time s/he has to enter the room and the PPE must be discarded before the staff exits the room.
 - d. To prevent contamination of other areas, never exit the room wearing full PPE. Staff must perform hand hygiene before entering and before exiting the room (after removing PPE).

H. Cell Phone Protocol: Staff may provide a temporary hospital-issued cell phone that can only be used by the patient for the duration of the patient's quarantine or isolation period. The phone must be visually monitored any time the patient is using it and the phone wiped down with a hospital approved disinfectant cloth after each use. The

patient should not be allowed to hold on to the phone while in quarantine or isolation. The patient must relinquish the phone for disinfecting and safekeeping by staff.

- I. Patients on quarantine precautions due to suspected (but not diagnosed) COVID-19 may have precautions discontinued when the test result is negative, and he/she does not have a known exposure to a COVID-19 positive individual. If clinically indicated, the patient may continue quarantine and be retested. Based on the clinical situation, such as known exposure to a COVID-19 individual, the patient may need to quarantine for 10 days, whether or not he/she has symptoms. Duration of patient quarantine is determined by the somatic physician, in consultation with the Director of Somatic Services.

Section X. Confirmed Positive COVID-19 Patient(s)

- A. The unit is immediately placed on quarantine.
- B. Isolate the patient on the unit. If possible, the patient will be transferred to a COVID positive designated area/unit. If a COVID positive patient refuses to follow isolation procedures and stay in their room until they can be transported to a COVID positive area, then they may require seclusion. Quiet rooms can be locked for seclusion episodes.
 1. Anytime that a patient must be forced to remain in the quiet room, the Assistant Director of Nursing (ADON) or Chief Nursing Officer (CNO), the unit director, and the somatic physician on duty must be notified by the charge nurse immediately.
 2. A very specific order shall be written clearly describing the reason for seclusion/restraint.
 3. A detailed nursing note must be written describing the patient's high-risk behavior that necessitated the seclusion (Danger to others) as well as efforts to help the patient comply willingly and/or keep others safe from the patient.
 4. The time of forced isolations should be the minimum required to achieve safety (for example, clearing a hallway of other patients/staff)
 5. This is only a measure of last resort. All efforts must be first made to have the patient willingly comply with medical isolation. Alternatives, such as keeping others away from the patient, must also be attempted before forcing a patient against his/her will into seclusion.
 6. A physician face to face assessment must occur within one hour of initiation of seclusion per hospital seclusion protocols and all hospital seclusion procedures must be followed.
 7. COVID-19 can cause delirium, which can make someone uncooperative. Consider delirium and need to transfer to a general hospital whenever a patient with COVID-19 is uncooperative.
- C. All patients with COVID-19 that are stable without serious underlying medical conditions should be placed on medical isolation until recovered.
 1. If transfer to a designated COVID-19 positive unit is unavailable, the patients should be placed in a single room. If a single room is not available, then the patient will be placed in the unit quiet room. Red Brick and Noyes buildings should place the patient(s) on the 1st floor. If single rooms are not available, patients who are COVID-19 positive can be roomed together. Additional unit space (dayroom, dining room, activity room) may be used as isolation or quarantine space as determined by the unit treatment team with consultation from the Somatic Director and IP&C as needed.
 2. Talk with patients - educate them about infection control measures, PPE, mask use, medication/treatment compliance.
 3. Patient Care
 - a. Nursing will monitor/document patient's vital signs and pulse oximetry each shift throughout the patient's isolation and report any abnormal results to the provider immediately.

- b. Encourage good personal hygiene. Nursing shall make provisions for patients to attend to personal hygiene each shift. This includes (but is not limited to) bed baths, dental hygiene, hand/nail hygiene for patients who are isolated.
- c. The somatic provider will confer with the Director of Somatic Services and with Pharmacy staff as needed, to determine whether the COVID positive patient meets criteria for outpatient treatment with antiviral medication.

4. Medical Equipment

- a. Use designated stethoscopes and blood pressure cuffs for COVID-19 positive patients only. Use individual blood pressure cuffs and stethoscopes for each patient when available.
- b. Clean all medical equipment with alcohol pads, bleach wipes, or other hospital-approved disinfectant wipes after each use, between patients, and as needed when visibly soiled. This includes (but not limited to) glucometer (per manufacturer's guidelines – do not get moisture in the port), VS machine and temperature probe, pulse oximeter, stethoscope, blood pressure cuffs. All medical equipment must be wiped down with a bleach wipe or other hospital-approved disinfectant wipe after every use and when visibly soiled.

5. Emergency/911

- a. Grounds Security/Police should direct EMS to come to the front lobby of the building.
- b. Grounds Security/Police should greet EMS and unlock the doors so EMS can enter the building and unit.
- c. Grounds Security/Police should NOT enter the COVID area/unit without first donning full PPE. Grounds Security/Police must carry a full PPE kit with them, so they have it if needed. Donning and doffing as specified above.
- d. Security should be present and in proximity to EMS while EMS is present on the unit. Security should assist with all patient behavior needs.
- e. Security should walk EMS to the door that leads to the lobby and unlock the door to let EMS out of the unit. Security should not leave the unit without first doffing/donning PPE as indicated above.

D. Smith West

- 1. Purpose: Smith West was a temporary sub-unit with the capacity of 10 patients that was created so the COVID-19 positive patients with serious underlying medical conditions could be separated from the Smith East patients who are COVID-19 negative. This was done as an infection control/prevention measure for patients who all need specialized medical care, but who cannot be housed in proximity to each other.
- 2. Entering and Exiting Smith West
 - a. All staff should don full PPE in the donning area before entering the unit including performing hand hygiene and then putting on an N95 mask, face shield, gown, and gloves before entering the unit.
 - b. Exit with full PPE donned.
 - c. Use a doffing station and the designated trashcans to dispose of the used PPE.
- 3. Staff- 1 RN, 1 LPN, 2 DCAs are required to be on the unit at any given time. Extra staff will be assigned for essential trips (i.e. - dialysis).
- 4. Temperature and vital signs including pulse oximetry should be monitored at least every shift or as ordered by the somatic physician.
- 5. Report any changes in patient condition immediately to the Charge Nurse. The Charge Nurse needs to fully assess the patient and contact the physician after assessing the patient.

6. Patient Care
 - a. Encourage medically challenged patients to drink fluids throughout the shift, to help prevent dehydration.
 - b. Encourage good personal hygiene.
7. Medical Equipment
 - a. Use designated stethoscopes and blood pressure cuffs for COVID-19 positive patients only. Use individual blood pressure cuffs and stethoscopes for each patient when available.
 - b. Clean all medical equipment with alcohol pads or Clorox wipes between patients. This includes (but not limited to) glucometer (per manufacturer's guidelines – do not get moisture in the port), VS machine and temperature probe, pulse oximeter, stethoscope, blood pressure cuffs.
8. Patient Meals
 - a. Communicate with the Central Kitchen to ensure regular and consistent delivery of meals and snacks.
 - b. During periods of high risk for COVID transmission, as determined by the Incident Command Team or the Chief Executive Officer, all meals and snacks will be served to patients in their rooms until restrictions are discontinued or modified by the incident command team, the Chief Executive Officer, or her designee.
- E. Test patients who become symptomatic of COVID-19, using both rapid antigen and PCR testing. If a patient is found to be COVID positive, test all staff and patients on that unit and anyone else who has had close contact with the patient (such as transportation staff, clinic staff, or any other staff), per specific instructions from IP&C staff and Somatic Department leaders. PCR and/or rapid antigen testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Due to challenges in interpreting the result, PCR testing is generally not recommended for asymptomatic people who have recovered from COVID-19 in the prior 30 days. Testing will be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of PCR is recommended. This is because some people may remain PCR positive but not be infectious during this period.
- F. Medication Administration - The medication nurse must put on gloves, gown, mask, and goggles or face shield prior to administering medications to the infected patient.
- G. Code Response
 1. If a patient on contact and droplet precautions requires a code green (Aggressive or violent patient), blue (Life Threatening Medical Emergency), or Rapid Response (Patient condition declining), or if the unit in need of assistance is on restricted/quarantine status for infection control purposes, please tell the operator to call a "SPECIAL" code green or blue to the unit.
 2. Refer to **Updated Directive for Responding to Code Blue or Code Green in a Suspected or Confirmed Coronavirus Patient** (See Attachment V).
- H. For a COVID positive patient returning from an outside hospitalization who still requires isolation, the patient should be placed in a private room or in a quiet room with a bed if a private room is not available or if patients cannot be rearranged to create a private room. All other protocols for a COVID positive patient should be followed, including keeping door closed, contact and droplet precautions, and a dedicated/assigned staff. Discontinuation of isolation should be based upon the described discontinuation procedure in this document or by any method approved by MDH. Regardless of the method used to determine discontinuation of isolation and precautions, it requires the approval of the Director of Somatic Services or the Chief Medical Officer or their designee in every case.

- I. Discontinuation of isolation should occur: At least ten days from symptoms onset and when there are 24 hours without fever (in absence of fever reducing medication) and improvement in symptoms. The isolation time frame may change based on the most up to date information related to COVID-19. Patients who are immunocompromised or have more severe illness may need a longer period of isolation.
 1. Discontinuation of isolation may not occur without the expressed direction and approval of the somatic services director, her designee, or the chief medical officer.
 2. Patients who test positive for COVID cannot be around immunocompromised patients for 10 days from symptom onset or from the date of their positive test result if asymptomatic.

Section XI. Quarantined Unit Guidelines

- A. Nursing staff monitor patients daily with temperature checks and encourage patients to report new symptoms as soon as possible.
- B. Admissions and transfers to the unit may proceed unless halted by the CEO or CMO.
- C. No transfer of patients from the affected unit to other units unless cleared by CEO or CMO.
- D. Discharges and transfers to other facilities/agencies/home from the affected unit may occur but the patient should be offered COVID testing prior to the discharge/transfer. Recommendations for continued quarantine should depend on the clinical situation of the individual patient.
- E. Patients, including those who are COVID positive, may go to medically necessary appointments off campus, e.g., hemodialysis, with facemask. Outside locations must be notified in advance to prepare for the patient. Transport staff must wear full PPE (gowns, N95 mask, goggles, or face shield) when transporting an infected patient.
- F. Group activities may occur with cohorts of uninfected roommates (each room of roommates is a cohort), including patients who have recently recovered from COVID-19 and completed their isolation period. Staff are encouraged to discuss activities with the CMO and/or Director of Somatic Services in order to safely continue as much activity as possible on the unit.
- G. Patients are cohorted with their uninfected roommates as much as possible and are encouraged to maintain social distancing (6 feet apart) from other rooms' occupants when out to use the bathroom, participate in a unit activity, or go to medically necessary appointments. Uninfected patients who do not have roommates may be cohorted with other uninfected patients in order to continue some small group therapeutic activities on the unit or in the courtyard.
- H. Dietary - Patients eat with their roommates or other appropriate cohort based on transmission risk. Each cohort may eat in their bedrooms or taking turns in other designated locations on the unit (such as the dayroom, activity room, or dining room); use disposable trays; offer hand sanitizer before meals (staff to dispense from pump bottle); encourage hand washing often with soap and water. The CEO, CMO, or Director of Somatic Services may modify this protocol based on the level of transmission risk on the unit. Patients may be assigned to cohorts at the unit level by any physician, NP, PA, or RN. Staff needing assistance with assigning cohorts may contact Somatic Services for assistance.
- I. Assure masks (N95 and KN95), gloves, face shields, goggles, bouffant hair covers and foot covers (if patients have a productive cough or are vomiting) are available for unit staff. PPE head covers and foot covers are optional and may not be always present on the unit.
- J. Assure adequate PPE for all staff. Nursing staff should be responsible to provide full PPE to any interdisciplinary staff that needs to enter the unit.
- K. Serial testing by PCR of all staff and patients, regardless of vaccine status, as directed by IP&C staff and Somatic supervisors until no new cases are identified for 10 days. Rapid (Ag) testing may be used in addition to the PCR tests at the discretion of the Director of Somatic Services and/or the Chief Medical Officer or their designee.

- L. Notification that a unit is being placed on Quarantine will be disseminated by IP&C via Google form to supervisors. It is the responsibility of supervisors to inform their affected staff in a timely manner regarding the status of the unit or area being placed on quarantine precautions.

Section XII. Admissions

A. Patients

1. Currently, all patients are offered COVID testing on the day of admission using the screening and testing procedure coordinated by the MDH Centralized Admissions Office (CAO). Patients who have tested positive for COVID should follow isolation procedures for a COVID positive patient outlined in this manual, unless they have recently recovered from COVID-19 and a new infection is not clinically suspected.
2. All patients being admitted to SGHC who are experiencing symptoms of COVID-19 that started within the prior 7 days are offered a rapid COVID test on arrival. If the results from the rapid COVID test are negative, the patient should enter the admissions suite or unit where the admissions process should occur. These patients will be placed on quarantine pending PCR test results (see protocol in #7 below).
3. All patients who test positive for COVID will be placed on medical isolation and follow protocols for a COVID positive patient outlined in this manual, unless they have recently recovered from COVID-19 and a new infection is not clinically suspected.
4. Newly admitted patients who had a known COVID exposure in the prior 10 days or anyone admitted during a period of mandated hospital-wide source control (i.e., when the statewide burden of respiratory viruses necessitates mandatory mask-wearing; see Section II) will be placed in quarantine, per the protocol detailed in #7 below. These patients are also offered a rapid COVID test on arrival.
5. Newly admitted patients who did not have a known COVID exposure in the prior 10 days and who did not arrive during a time of mandatory hospital-wide masking will not be placed in quarantine, though they will be instructed to wear a face mask for 10 days. This protocol may change at the discretion of the CEO, CMO, or their designee based on hospital and community epidemiologic data.
6. All patients admitted to SGHC are offered COVID rapid antigen testing one day, three days, and five days after admission. This protocol is in accordance with MDH guidelines and is also subject to the discretion of the CEO, CMO, or their designee based on hospital and community epidemiologic data.
7. COVID testing protocol for newly admitted patients who are quarantined (see #2 and #4 above):
 - a. Asymptomatic patients should have a COVID-19 rapid antigen test on the day of admission if the pre-admission test is not performed on the day of transport to SGHC. Additional rapid antigen tests are performed one day, three days, and five days after admission.
 - b. If the Day 3 rapid antigen test result is negative, the patient's quarantine should be lifted. Staff should continue to monitor the patient the same way other patients are monitored, and the patient should be able to join the milieu.
 - c. Patients refusing COVID-19 testing should quarantine for 10 days and be monitored for symptoms. After the 10 days of quarantine, if the patient is asymptomatic, they can then join the milieu. Note that the day of admission is considered to be Day 0 (zero).
 - d. If a test is positive, all infection control procedures should be initiated including continuing to isolate the patient, monitoring for symptoms (including taking vital signs and pulse oximetry at least once per shift), providing treatment as ordered and providing patient care as needed. A patient with a positive COVID result should be placed in medical isolation as detailed in Section X(C) above.

- e. Quarantine admissions should be limited to the Dayhoff units (A, B, C, and D), where patients can be quarantined in single rooms to assess their COVID status. Once cleared from quarantine, they may be transferred to dorm rooms locally or in other units throughout the hospital. Patients requiring specialized medical care upon admission may be admitted to the Smith unit into a single room with dedicated staff following the same screening and quarantine procedures as the Dayhoff units.

B. Staff

1. All staff should encourage quarantined patients to remain in their rooms as much as possible, and to properly wear a facemask when in the milieu.
2. Staff should only enter a quarantined patient's room when necessary for patient care and wearing the appropriate PPE. Only staff who are caring for the patient in quarantine should wear full PPE. Staff who do not provide direct care to the patient in quarantine do not need to wear full PPE. All staff should be educated about proper use of masks and face shields as well as expectations for compliance with PPE. The use of medical grade masks with at least daily changing is required.

Use designated donning/doffing areas each time PPE is donned or doffed. Discard PPE in designated trash cans.

Section XIII. Staff with a Direct Exposure to an Individual Testing Positive for COVID-19

- A. Higher-risk exposures are classified as staff who had close contact with an unmasked patient, visitor, or healthcare provider with confirmed COVID-19 and:
 1. The staff was not wearing a respirator.
 2. The staff was not wearing eye protection.
- B. Staff in this situation must promptly contact the Infection Control Department, which should provide clear guidance and expectations based on CDC recommendations, as well as updates to Human Resources. Currently, following a higher-risk exposure, staff should have a series of 3 Covid tests:
 1. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
 2. Due to challenges in interpreting the result, PCR testing is generally not recommended for asymptomatic people who have recovered from COVID-19 in the prior 30 days. Testing will be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of PCR is recommended. This is because some people may remain PCR positive but not be infectious during this period.
- C. Any staff who develop fever or other symptoms consistent with COVID-19 should immediately self-isolate and contact IP&C for further instructions.
- D. Work restriction is not necessary for most asymptomatic staff following a higher-risk exposure, regardless of vaccination status. Please contact IP&C to arrange Covid testing as detailed above.

Section XIV. Staff Testing Positive for COVID-19

- A. Staff testing positive are required to execute normal call-out procedures immediately; call IP&C immediately via the IC hotline 443-902-4711, leave a message if there is no answer. Calls to the IP&C Hotline will be returned during normal business hours. Self-isolate at home for the duration recommended by the most current MDH guidelines, with his/her unit/work area placed on enhanced surveillance.

- B. Units or work areas with 3 or more positive staff members within a 10-day period are deemed to be in outbreak status and may be quarantined for 10 days, or longer if additional positive staff or patients are identified.
- C. Once a staff member is identified as positive, the unit patients and staff are surge tested at the discretion of the Director of Somatic Services or her designee. Asymptomatic close contacts need to be tested on day 1, 3, and 5 following exposure. There are no other restrictions, pending negative test results. Symptomatic close contacts need to test immediately. They should stay away from others and mask until symptoms subside, regardless of test results. All staff and patients who were in contact with the positive staff member in the 48 hours prior to the time of the positive test result or the onset of symptoms, whichever came first, but are on another unit at the time of the discovery of the positive staff, should be surge tested as well.

Section XV. Staffing Changes

- A. Cohort staff:
 - 1. Float pull staff should consistently work on the same unit whenever possible.
 - 2. Staff working on overtime should only work on the same unit whenever possible.
 - 3. If cohorting through the restricted period is not possible due to staff shortage, then staff need to be cohorted per day, meaning a staff cannot work a restricted unit and a non-restricted unit in continuous shifts or work out of the cohort unit groups in continuous shifts.
- B. Assess the patient care unit's acuity and implement weekend staffing schedules if needed.
- C. Identify staff that can be temporarily assigned to the "RESTRICTED UNIT" until regular staff are cleared to return to work.
- D. "ALL HANDS-ON DECK" if we are in a staffing crisis. Nursing Administration (Head Nurses, ADONs, Nurse Managers, Social Workers, Psychologists, Psychiatrists, Somatic Physicians, Activity Therapists, Security officers, QAPI Nurses and DLR Nurses) should be utilized if a staffing crisis emerges.
- E. In the event of a staffing crisis, decreases in the isolation periods of positive staff who are asymptomatic, and able/willing to work, may be authorized at the sole discretion of the CEO, in consultation with MDH.

Section XVI. PPE Distribution Plan

- A. PPE ordering will be the same for quarantine and non-quarantined units.
 - 1. Each unit should use one general requisition for supplies and one general requisition for PPE.
 - 2. Each unit should follow their weekly order schedule. See below:
 - Red Bricks, Noyes and Dayhoffs** should submit all orders on Thursdays for delivery on the following Monday.
 - Dayhoffs** should submit all orders on Fridays for delivery on the following Tuesday.
 - Smith, Tawes A & B** should submit all orders on Mondays for delivery on Wednesday.
 - Whites (including SCU)** should submit all orders on Tuesdays for delivery on Thursday.
 - 3. Requisitions must include enough supplies for Social Workers, Psychologists, Rehab staff, Physicians, Housekeeping, and pull-in staff.
- B. All Head Nurses or Charge Nurses are responsible for placing the next shift's PPE in the PPE cabinet within 30 minutes prior to the start of the next shift to ensure that the next shift has supplies available to don before entering the unit.
 - 1. All staff must don the appropriate PPE prior to entering a quarantined unit.
 - 2. If staff arrive at a unit at times other than usual change of shift times (7:00am-3pm-11:15pm), the staff is responsible for calling the unit a few minutes in advance of their arrival to notify the unit of their upcoming

arrival. Unit staff is responsible for meeting the arriving staff at the door in a timely manner to give them proper PPE.

Section XVII. Communications

- A. Chief Executive Officer- May provide periodic campus status updates to all employees via email. The content of the information will be at the Chief Executive Officer's discretion.
- B. Chief Nursing Officer- Provides information and updates via weekly morning huddle in person. When necessary, this meeting may be held via teleconference. Such meetings may occur with more frequency as the situation demands.
- C. Incident Command – When necessary, the Incident Management Team meets via teleconference to ensure consistency of all information/instruction communicated. The frequency of this meeting, if required, will vary depending on situational requirements. Changes to levels of restrictions may be discussed by the incident command team.
- D. Conference lines are in use for each unit treatment team to meet and comply with social distancing. Their use is not required but available if there is an outbreak on the unit.
- E. Cell Phones- Distributed for various communication needs because of COVID-19 preventative measures.
 - 1. Disability Rights of Maryland (DRM) - Cell phones were issued to social workers on each unit to provide patients video calling with DRM Representatives.
 - 2. Units were issued Cell Phones for patient use. Each unit received guidelines to clean after each patient's use and instruction to watch patients vigilantly while in use.
- F. Video Conferencing- Provides court evaluations/hearings for patients.
 - 1. The Department of Forensic Services is responsible for coordinating/scheduling.
 - 2. Each unit is issued a laptop or Webcam and a MiFi (wireless internet connection).
- G. A designated cellular phone line (Infection Control Hotline) was established at the beginning of the pandemic and is currently still available for staff members to call with questions or concerns about COVID-19. This phone is staffed by IP&C during business hours. Voicemail is available 24/7.
- H. A prerecorded message is available for visitation updates via the Spring Grove Information line at (410) 402-8736. Visitation updates are also available via the website

<https://health.maryland.gov/springgrove/>

Section XVIII. Department Specific Interventions

All staff across all departments are to adhere to frequent hand washing or sanitizing requirements at all times, as well as to face mask use and other enhanced prevention methods including cohorting and social distancing when instructed to do so (see Section II).

A. Administration

- 1. Will restrict the size of in-person meetings and visits to the administration floor when hospital-wide face mask use is mandated (see Section II). During such times, conference calls and virtual meetings will be the primary means for maintaining communications within hospital operations.
- 2. Will also conform to any masking and social distancing requirements applicable across campus. The only exception will be if the employee is working alone in his or her office. Sanitizing and hand-washing should continue as frequently as necessary.

B. Admissions

1. Will conform to any masking requirements. Sanitizing and hand-washing should continue as frequently as necessary.
2. Will administer COVID testing as needed for newly admitted patients, as described in Section XII of this manual.
3. Will coordinate admissions to an appropriate unit, as described in Section XII of this manual.

C. Café Department

1. Limited to takeout orders only when deemed appropriate by hospital administration. Once the order is placed, the café should notify the customer of his or her wait time to pick up the order.

D. Chief Medical Officer's Administrative Department

1. Will restrict in-person meetings and visits to the Chief Medical Officer's staff when deemed appropriate based on hospital outbreak status and statewide burden of respiratory viruses. During such times, conference calls and virtual meetings will be the primary means for maintaining communications within hospital operations.
2. Will also conform to any masking and social distancing requirements applicable across campus. The only exception will be if the employee is working alone in his or her office. Sanitizing and hand-washing should continue as frequently as necessary.
3. Will limit or restrict entry to the Chief Medical Officer's administrative staff area as needed to ensure the safest working conditions for employees on all floors in administration.

- E. Citizens Advisory Board** – Shall hold all meetings virtually when deemed appropriate based on hospital outbreak status and statewide burden of respiratory viruses.

F. Clinic Operations

1. All clinics (Ambulatory Care, Dental Clinic, Physical Therapy and Radiology) closed and re-opened gradually in 2020, following public health guidelines to prevent transmission of infection among patients, staff, and the units, including: temperature checks, social distancing, mask compliance, gloving, hand hygiene, PPE, respiratory etiquette, and cleaning and disinfecting of equipment between patients.
2. Only patients with acute medical needs should be scheduled during a unit outbreak. Routine visits should be scheduled when a unit is not under quarantine and the patient is not under quarantine or isolation. One exception is that asymptomatic patients from quarantined units who are recovered from COVID-19 within the prior 90 days and have completed their isolation periods are eligible for routine clinic appointments even if the unit is on quarantine. Unit staff shall call the clinic to receive the most up to date clinic offerings.
3. Patients in a quarantined unit who have scheduled appointments for ambulatory care, dental clinic, physical therapy, and radiology can still go to the appointments if they are asymptomatic and have a negative rapid covid test on the day of the appointment.
4. During periods when hospital-wide face mask use is mandated (see Section II), clinic appointments should be scheduled to permit maintenance of social distancing for patients and the nursing and security staff who accompany them. All clinics should work closely with transportation and the nursing units to permit time efficient patient scheduling.
5. During periods when hospital-wide face mask use is mandated (see Section II), adequate time should be allowed for clinic staff to perform heightened cleaning and disinfection between patients.
6. General Guidelines

- a. The clinic manager or designee is responsible for planning how to schedule patients so that social distancing can be maintained, if it is indicated to do so for infection control purposes. This may include furniture reconfiguration, or temporary removal of some chairs to prevent users from sitting too close to each other while waiting to be seen in the clinic.
- b. Although each patient should be accompanied by a nursing staff, some may also have a security officer or hospital police present, depending on the patient's legal status. This must be considered when scheduling patients, as waiting room capacity is less due to social distancing requirements.
- c. Some clinics that are adjacent to each other, e.g., the ambulatory care and dental clinics, may collaborate on sharing waiting room space if one clinic is closed, so that social distancing can be maintained, and patients more efficiently processed.

7. Temperature Check

- a. At the discretion of the clinic manager, clinic staff may check the patient's temperature before the patient is allowed into the clinic.
- b. Any patient with a temperature of 99.6 F (if 60 or older), or 100 F or above for those less than 60 years of age, cannot be seen in the clinic, and should be transported back to the unit and unit staff informed.

8. Surgical Mask Use

- a. Both patients and staff must adhere to campus policy regarding face mask use.
- b. If hospital-wide mask use is mandated, providers will be encouraged to wear a higher-grade mask and wear eye protection while seeing any patients who are not mask compliant.

9. Respiratory/Cough Etiquette

- a. Coughing patients should be reminded to cough in their elbow/sleeve.
- b. Staff are expected to adhere to respiratory etiquette.

10. PPE requirements may vary by clinic, healthcare provider and services provided.

11. Cleaning and Disinfection

- a. Chairs and examination tables used by the patient are wiped down between patients.

12. Specific Guidelines, Dental Clinic

- a. At least one week prior to reopening, dental unit waterlines must be prepared for patient treatment, per the flushing, shocking and testing procedures recommended by the Centers for Disease Control (CDC). The water lines inside the dental unit must be tested at least 3 days before reopening and all the preceding documented appropriately.
- b. The Director of the Dental Clinic is responsible for assuring that reopening requirements are met.
- c. The Dental Clinic is currently open after a period of closure in 2020.

13. Specific Guidelines, Radiology

All patients must adhere to campus policy regarding face mask use. The mask may be temporarily removed if directed by the x-ray technician.

G. **Communications Department** is responsible for announcing **Special Code Green/Special Code Blue**. Operators must also sanitize the working area between shifts and as needed within the shift when workspace or high touch equipment is shared or visibly dirty.

H. **Department of Learning Resources (DLR)**

- 1. All in-person training shall follow and maintain PPE Guidelines for all participants and also encourage social distancing, if indicated by campus-wide policy.

2. To maintain social distancing if indicated by campus-wide policy, all trainings with more than 6-25 participants will be held at the Rice Auditorium. If necessary, multiple sessions will be offered.
3. Chairs, tables, and training equipment are wiped down and disinfected in between each session.
4. Staff in a quarantined unit or department will be advised to reschedule and register after the quarantine has been lifted in their unit or department. In the case of time sensitive trainings or prolonged quarantines, special accommodations may be made via the Chief Resources Officer.
5. Based on statewide or hospital outbreak conditions, entry to DLR may be limited to ensure the safest working area for all employees. Phone calls and emails will be the primary source of communication to DLR during those periods.

I. Dietary Department

1. The Food Service Worker (FSW) is responsible for delivering patient food to their assigned unit, but should not serve the trays. Carts are left in a designated location for the nursing staff depending on the building configuration. The location for leaving and collecting carts could be in the building dining room or just outside of the unit doors. Dietary staff will not enter patient areas to deliver food. Nursing staff will retrieve the food carts and remove the trays to serve the patients in the unit specific designated area. After meal service, nursing staff will discard any remaining food or disposables from the tray and then place the soiled trays back into the transport cart(s) and return to the designated area for retrieval by the dietary staff. The cart must be wiped/sanitized by the dietary staff before returning it to the Central Kitchen.
2. Disposable food trays will be utilized for quarantined units and/or infected patients to limit the exposure during transportation to and ware washing in the central kitchen.
3. All trash and uneaten food will be disposed of by the unit staff at the unit to limit cross contamination.
4. Mealtimes will be adjusted based on staffing to allow staff to process trays/carts in multiple buildings if necessary. Bulk/bag meals will be instituted if staffing levels are too low to provide staff to operate retherm units in all buildings.
5. Emergency menus will be utilized as required to meet patient needs with minimal staffing or to address deviations in the food supply chain.

- J. Disability Rights of Maryland and Consumer Quality Team** - May perform client interviews via phone/virtual calls if deemed necessary for infection control purposes. Will be provided appropriate PPE for in person visits, if needed.

- K. Environmental Services** is responsible for enhanced cleaning of high touch surfaces.

1. Will deep clean any area that a known positive staff has worked.
2. Will deep clean a unit once that unit is no longer on quarantine.
3. Will assist with keeping the red trash cans in the doffing areas free from over-flowing.

L. Finance Department

1. Finance staff continue to be on site and perform critical functions such as timekeeping, storeroom deliveries and other support service functions.
2. Patient withdrawal of funds may be limited when restrictions preclude the ability to purchase non-dietary prepared foods and drinks.

M. Forensic Services

1. For Patients who are COVID-19 Positive or who are symptomatic and suspected to have COVID-19:
 - The Department of Forensics should avoid conducting the evaluation in-person.
 - If possible, the evaluation should be conducted via tele-conference or videoconference, employing Google Meets, or other services approved by the Maryland Department of Health.
 - If an evaluation is not possible, for various reasons, the Department should request an extension for evaluation due date with the courts.
 - There are no restrictions on in-person evaluations of patients in quarantined units. All staff entering quarantined units are required to wear full PPE.
2. Coordinating with Courts
 - The Forensics Department may request that a hearing for a COVID positive/ill individual be postponed until infection control precautions are lifted and the patient is well enough to participate.
 - If the patient is on quarantine for COVID exposure and is not ill, or has COVID but feels well enough to participate in a hearing, and it is acceptable to the court, the patient may join remotely via telephone or videoconference (using cell phone or laptop designated to the quarantine/isolation area).

N. Health Information Management (HIM) Department

1. HIM staff shall perform duties as normal and while on patient care units will abide by any mask mandates in effect. All staff entering quarantined units are required to wear full PPE.

O. Human Resources

1. HR Contact will be limited to emails, faxes and phone contact during periods of disease burden high enough to trigger a hospital-wide mask mandate.
2. Critical work that cannot be performed remotely ("critical" being anything required to keep operations running smoothly) should be performed in appropriate PPE, if indicated.
3. Non-critical work may be performed remotely as approved by the HR director and/or the regional HR director. Non-critical work that cannot be performed remotely or in an isolated area will be placed on hold during an outbreak or related staff shortage.
4. If the mail or HR department is in outbreak status, Mail Couriers who are responsible for delivering mail to the mailroom should wait outside the building door to hand off to the mail clerk. This same process should apply when receiving mail is to be sent to the post office.

P. Infection Prevention

1. Provide hospital-wide communication via COVID-19 Notification Form emails.
2. Act as a liaison between Baltimore County Health Department and SGHC.
3. Maintain and update line list (as needed).
4. Monitor/round on quarantine units.
5. Monitor/distribute PPE as needed.
6. Assess and screen employees with COVID-19 symptoms and make off work/return to work determinations as appropriate.
7. With other members of the IC team, assess and determine unit quarantine status, discontinuation of unit quarantine.
8. Create and update educational material related to IC protocols.

9. COVID-19 swabs and vaccinations.
10. IC Hotline for SGHC IP&C resource. The hotline is available 24/7 to leave voice messages or text messages. IP&C will respond to messages during normal business hours.
11. Provide staff education about IP&C protocols, COVID-19 vaccines.
12. Collaborate with all disciplines and departments regarding IP&C issues, protocols, quarantines, etc.
13. Provide HHS portal entries and MDH reporting, as dictated by HHS/MDH mandates.
14. Monitor compliance of IP&C protocols campus-wide.
15. Collaborate with Pharmacy and Somatic Services to plan and coordinate vaccine clinics.

Q. Information Technology (IT) Department

1. During periods of high disease burden, non-critical work should be performed remotely where possible, and we should place non-critical work that cannot be performed remotely or in an isolated area on hold.
2. Critical work that cannot be performed remotely ("critical" being anything required to keep operations running smoothly) should be performed in appropriate PPE, if indicated.
3. COVID+ wards should not be visited for any reason that does not affect staff or patient safety.

R. Lab Department- responsible for continuously monitoring COVID testing kit supplies (Antigen and PCR) and ordering any needed testing supplies based on anticipated testing needs of the hospital. Lab staff will wear all necessary personal protective equipment when performing lab draws on patients in quarantine or in COVID-19 isolation.

S. Mail Couriers are responsible for delivering mail in brown paper bags to their assigned unit but should wait outside the unit door to handoff to nursing staff if the unit is on quarantine. This same process should apply when receiving mail to be sent to the post office.

T. Maintenance/Multi-Service Department

1. The Maintenance/Multi-Service staff have taken the following measures:
 - a. Cohorting Maintenance/Multi-Service staff to quarantined units to reduce the spread of COVID-19.
 - b. Except in the case of an emergency, staff who are cohorted to an affected unit may not work other units until the quarantine period has expired.

U. Nursing Administration Office (NAO)

1. To reduce traffic during periods when face mask use is mandated hospital-wide or when the NAO is in quarantine, only individuals essential to the job functions and duties of NAO, including all staff who have mailboxes in NAO, are permitted entry.
2. Will assist with the posting and monitoring of: proper signage outside quarantine units, assuring that proper donning and doffing areas are in place once a unit is placed on quarantine, swabbing of staff on their assigned units when indicated, assuring that their units have enough PPE, and staff maintaining proper PPE protocol.
3. Will coordinate, schedule, and perform after-hours testing.
4. Will ensure compliance with IC protocols.
5. Will ensure timely communication with unit staff, hospital administration and physicians regarding urgent/emergency situations.
6. Will coordinate ambulance services.

- V. **Office of the Public Defender-** May perform client interviews in person or via phone/conference calls. Will be provided appropriate PPE for in person visits.
- W. **Pastoral Services-** There are no restrictions for pastoral services. They may provide in person services with appropriate PPE. Services may be provided virtually during a unit outbreak.
- X. **Pharmacy Department** is essential to the mission of SGHC and staff are required to report for duty. Under special circumstances, some staff may be assigned to telework at the discretion of the Director of Pharmacy or designee.
1. Review drug availability for anticipated shortages due to pandemic.
 2. Review after-hours and floor stock supplies for anticipated pandemic needs.
 3. Increase pharmacy supplies of medication as required for an outbreak.
 4. Minimize foot traffic to the patient care areas experiencing an outbreak; utilize the facsimile machine for transmitting all documents (e.g., floor stock, controlled drug requisitions).
 5. Initiate delivery only of medication to the quarantine unit(s) at the entrance.
 6. Exchange medication cassettes on units with COVID-19 positive patient(s):
 - Each unit is issued a cart with cassettes.
 - On the cassette exchange day, the nurse should decontaminate, clean the medication cart, and wheel it to the designated location (loading dock/entrance door) for cassette exchange by the pharmacy driver. Once the exchange is complete, the cart is wheeled back to the medication room.
 - Cassettes removed from the unit are returned to the pharmacy, sanitized with alcohol.
 7. Provide a new, sealed cassette containing medication for transfer patients if the patient's cassette was not moved with them.
 8. Implement an extension of renewal and new orders, including increased supply of discharge medications, upon approval of the CMO.
 9. Utilize conference calls for meetings during outbreaks or when otherwise deemed necessary for infection control purposes.
 10. Eliminate entry into the Pharmacy by meeting staff at the door for essential pick-ups.
- Y. **Police (MDH)**
1. Infection Control Efforts, Officers shall:
 - Wear appropriate PPE gear while interacting with/ transporting Covid+ patients or quarantined patients.
 - Wipe down physical restraints and radios with disinfecting/sanitizing agents after each use.
 - Wipe down the interior of their assigned vehicles with disinfecting/sanitizing agents, after each patient transport.
 - The officers at the beginning, middle, and end of each shift should clean workspaces.
 - If instituted as campus-wide policy during periods of high disease burden, occupancy limits will be established and enforced in shared offices and workspaces.
 - Officers and or their supervisors should report any officer/employee that contracts the virus/contagion to SGHC Infection Control Office. Officers shall wear PPE as directed by Infection Control and Hospital Administration.
 2. Officers should follow the protocols recommended by Infection Control for Judicial Hearings.
 3. Patients should only be transported to Central Booking for intake and confinement after they have been medically cleared for transport.

Z. Psychology Department

1. May participate in morning rounds and ITP development via conference call when the unit is on quarantine, if not usual group meetings. If participating in in-person group meetings, appropriate PPE should be utilized if indicated.
2. Should provide psychological assessment and testing as indicated and warranted, (e.g.: suicide risk; forensic issues, etc.), utilizing primarily interviewing processes. If testing procedures require the manipulation of various object (e.g., block design), appropriate disinfecting procedures should be utilized pre and post the administration of that measure as well as respecting appropriate PPE such as masking.
3. Groups should always be conducted with proper PPE and social distancing, if indicated by hospital-wide policy which is based on the extent of disease burden locally and statewide.
4. For patients unable to participate in groups because of medical isolation or other infection control guidelines, psychologist should continue, if possible, to provide services to the patient on a 1 to 1 basis, (e.g.: restoration to competency; trauma group; coping skills; anger management, etc.), while respecting appropriate social distancing and PPE utilization.
5. Psychology should continue to provide 1 to 1 therapy following ITP interventions, utilizing appropriate PPE if indicated. If the hospital is in outbreak status and therapy patients are housed on a different unit than the psychologist's base/home unit, utilization of tele-therapy is encouraged. In person, 1 to 1 with a cohort is acceptable. Possible exceptions for other areas should be reviewed, always following any required PPE, area disinfecting and frequent hand washing.
6. Should provide support and debriefing to patients on a 1 to 1 basis as needed, warranted, and requested.
7. Should provide to all staff Psychological First Aid on an ongoing basis.
8. Should provide restoration to competency services on a 1 to 1 basis following appropriate PPE and any other infection control guidelines and requirements.
9. Should provide suicide or brief aggression risk assessment as warranted or needed.
10. Should provide functional behavior assessment as required, needed, or warranted.
11. Should provide milieu and nursing staff support and assistance with such things as patient fresh air breaks, serving of meals, monitoring patients, brief 1 to 1 relief if nursing staffing is short due to an outbreak.
12. Should assist with patient masking/PPE compliance utilizing motivational interventions and incentive techniques.
13. Should provide general psychological consultation on milieu and patient management including structuring, scheduling, incentive systems.
14. Should support all disciplines with their psychological knowledge and skill to provide for as safe and therapeutic milieu as possible during these challenging COVID-19 times.
15. Psychology has developed a coping skills handbook and manual to be used during this time with our patients, which includes interactive suggestions and guidelines and worksheets. This is available upon request.
16. Addictions Services should continue to provide assessment and providing 1 to 1 to those patients who are unable to participate in groups.
17. Spiritual Services should suspend in person groups when a unit is on quarantine but should be available for phone consultation to quarantined units and to patients who are on medical isolation. Chaplain's office should be available to all staff for psychological first aid by phone. Chaplains may choose to see isolated or quarantined patients while wearing appropriate PPE.
18. Will continue to encourage vaccination (motivational techniques), and mask wearing when indicated. Will continue to help, particularly with outside breaks, during an outbreak.

19. Minimize outbreak disruptions to normal activities whenever possible.

AA. Quality Assurance Performance Improvement (QAPI)

1. Management Variance Reports (MVRs)
 - All units should put the MVRs in the designated black boxes, in accordance with MVR policy.
2. Code Documentation
 - Debriefing forms – Should be faxed to ext. 7324, QAPI Department.
 - Chart documents – QAPI staff pick up copies, wearing appropriate PPE as indicated. QAPI staff may choose to request documents be faxed to ext. 7324 in a high disease burden outbreak.
3. Other - On a case-by-case basis, staff should fax a document to this department upon a specific request for said document.

BB. Rehabilitation Services

If needed based on the extent of disease burden, Rehab should adopt the contingency system for service delivery for unit Therapeutic Activity Therapy used on the Holidays. This consists of "Activity Boxes" on each unit and access to general leisure resources in either closets or the activity areas, which could be used in cases where limited staff or unit restriction situations exist. Rehab staff should design an individually tailored activity program for the isolated or quarantined patient if possible.

1. Activity Shop and Gym Procedures
 - Maintain the 5:1 rehab staff-to-patient ratio for therapeutic activities in the gymnasiums and respect any restrictions on room capacity if instituted by the incident command team.
 - Individual activity stations can be set up in the activity shop.
 - When a patient finishes with any individual activity or at a station, equipment is wiped down by staff immediately and prior to any other patient use, with gloves and the hospital approved bleach germicidal wipes. All equipment should be allowed to air dry before reuse.
 - Staff utilizing the activity shop for patient activity should supervise patients closely and ensure that equipment/materials are wiped down after each patient use/group activity, utilizing gloves and hospital approved bleach germicidal wipes.
 - Staff utilizing the activity shop should complete the Rehabilitation Services Department Infection Control Log after each activity, ensuring that all equipment is cleaned and returned to the locked storage area.
2. Barber Services Procedure
 - A separate area should be provided for use by the barber, which allows for social distancing from other unit functions, if indicated by the presence of high disease burden.
 - The area must be cleaned after each patient use to include wiping all surfaces with the hospital approved bleach germicidal wipes, sweeping hair from the floor and placing in a closed bag and discarding any disposable items used (neck sani-strips/capes/combs) in a closed bag.
 - Barber services should consist of haircuts and shaves.
 - Patients must wash/sanitize their hands before service.
 - Barber must wash and sanitize hands before and after each patient. Gloves should be used for each patient. When discarding the gloves, the barber can use hospital approved hand sanitizer (at least 60% alcohol) between patients as well as soap and water when hands are visibly soiled or feel sticky after repetitive hand sanitizer use.
 - Clippers and trimmers, which cannot be immersed in disinfectant, should be cleaned, and sprayed with a hospital approved EPA-registered antimicrobial spray after each use.

- Barbers are permitted on non-quarantined units without prior approval and on quarantined units with IP&C/hospital administration approval.

3. Beauty Shop Services Procedure

- Beauty Shop is in the Jamison Building, ext. 7649. Patients can make appointments through their unit's designated rehab staff.
- The Beauty operator will provide services on the units as well as by appointment in Jamison, based on client need. When on the units, the beautician will follow the same protocols as the barbers.
- Only one patient may be scheduled at a time.
- Escorts must always remain with patients in the salon.
- Disposable items should be utilized and discarded in a closed bag after each patient use to include capes, combs, neck Sani-stripes
- The salon area and workstation should be cleaned after each patient use to include wiping all surfaces with hospital approved bleach germicidal wipes, sweeping hair from floor, and placing in a closed bag and discarding any disposable items
- All tools and any products used and touched should be cleaned after each use, utilizing hospital approved, EPA registered products and strictly following manufacturer's instructions.

CC. **Resident Grievance System** – May perform abuse/neglect investigations via phone/conference calls during outbreaks. They may also complete their investigations in person with appropriate PPE, as indicated.

DD. Rotating Students/Residents

1. All staff protocols apply to students and trainees such as fellows, residents, interns, and externs. All trainees must receive a copy of the Outbreak Management Plan as part of their orientation.

EE. Security Department

1. When needed, the Security Staff is responsible for managing the flow of people coming through a checkpoint at the Valley Road entrance and patrolling the closed areas.
2. Security staff will continue to respond to codes as necessary, with appropriate PPE, as indicated.
3. Designated Security Staff assist with set up and monitoring of virtual court hearings.
4. The security staff manages and monitors patient visits.

FF. **Segue Services**- May perform client interviews via phone/virtual calls during periods of high disease burden. There are no restrictions on Segue coming to the campus for interviews.

GG. Social Work Department

1. Social Workers may participate in morning rounds and ITP development via conference call if the group is not meeting in person due to an outbreak. If the group is meeting in person, Social Workers should utilize appropriate PPE per current hospital guidelines.
2. Social Workers should help ensure that patients have remote access to participate in court hearings, phone calls with their attorneys, and placement interviews for discharge. Social Work should work with the Department of Forensic Services to prioritize hearings if needed.
3. Groups should be conducted with appropriate distancing and PPE per current hospital guidelines. If a patient cannot participate in groups, Social Workers should offer services to individuals according to their Individual Treatment Plan (ITP).
4. Individual Clinical Treatment should be provided according to the ITP.

5. Social Workers should communicate regularly with families with whom they have signed Release of Information.
6. Social workers are responsible for notifying referral sources of updates to current facility pandemic issues (e.g., unit on quarantine, outbreak status, etc.) and accommodate requests for virtual interviews.
7. Documentation (Progress Notes and Group Notes) as usual. Annuals, etc. as per policy.
8. Social Workers should proceed with discharge planning as appropriate to the patient's clinical and legal status, including discharging patients in accordance with current health guidelines.
9. Should a crisis situation occur, Social Work staff should assist other disciplines as assigned by the Social Work Manager or by a member of the SGHC Executive Team.

HH. Somatic Services

1. All somatic staff will follow campus-wide guidelines for masking and hand sanitizing and will also utilize appropriate PPE in situations involving contact with patients positive for COVID-19 and with patients under investigation (PUI) and patients in quarantined units.
2. Somatic staff will encourage vaccination of inpatients and will work with colleagues in Psychiatry, Pharmacy, and Administration to increase our vaccination rates at SGHC.
3. Somatic staff will also partner with Nursing to help coordinate and perform mass COVID testing of patients, as directed by the Director of Somatic Services, the CMO, or their designee.

II. Transportation Department

1. The staff utilizes a handheld electrostatic sprayer to disinfect vehicles. Lysol disinfectant spray and Clorox Bleach wipes are also used on surfaces (steering wheel, door handles, vinyl seats, etc.) before departure/returning to campus.

JJ. Volunteer Services- Will conform to any masking and any social distancing requirements applicable across campus. Sanitizing and hand-washing should continue as frequently as necessary.

Section XIX. Baltimore County Health Department Notifications

All COVID positive results are reported during normal business hours to the Baltimore County Health Department (BCHD). If SGHC meets BCHD criteria for outbreak protocols to be initiated, the following is required:

- A. One staff member should be designated to complete the reporting to the Baltimore County Health Department (BCHD) daily and maintain all documents related to an outbreak.
- B. The BCHD representative, if indicated, should send an Excel Workbook to SGHC's designated representative. The workbook is completed daily and emailed to the BCHD representative prior to 1:30pm. This document is encrypted for the privacy of patients and staff. This document is a continuous document and is to be used throughout the course of an outbreak.

When required by BCHD, this document is emailed to the BCHD every weekday afternoon. This document contains numbers only and no personal, identifying information is used. Repeat tests are not counted. If the outbreak extends beyond 1 month, a staff member's weekly test is not counted a second time. The information on the spreadsheet includes:

1. Number of staff tests performed.
2. Numbers of staff tested negative.
3. Number of staff tested positive.
4. Number of staff with rejected tests.

5. Number of staff with pending results.
 6. Number of patient tests performed.
 7. Number of patients tested negative.
 8. Number of patients tested positive.
 9. Number of patients with rejected tests.
 10. Number of patients with pending results.
- C. Any patient death is to be reported immediately to the BCHD and include the following information:
1. Patient Name
 2. Patient Date of Birth
 3. Patient Race
 4. Patient Date of Death
 5. Patient Next of Kin Contact Information and Relation
 6. Patient's Underlying Medical Conditions
 7. The Date the COVID Specimen was Collected
 8. The Role COVID Played in the Death
 9. Was the Patient Ill Prior to COVID

Section XX. Reporting on the U.S. Healthcare COVID-19 Portal

- A. Designated staff members should have access to input data into the portal, if this portal remains in use.
- B. Historically, the following information has been collected:
1. Number of COVID positive and suspected patients hospitalized, utilizing a ventilator, in the ICU, or in the Emergency Room (ER).
 2. Previous day's ER visits and if the visit was COVID related.
 3. Previous day's COVID related deaths.
 4. Previous days COVID confirmed and suspected admissions – these are broken down into age categories.
 5. SGHC's overall bed capacity (includes number of beds reserved for COVID patients) and current number of inpatient occupied beds.
 6. Number of ventilators that SGHC is currently using.
 7. SGHC's ability to obtain a 3-day supply of PPE, nasopharyngeal swabs, and viral transport media.
 8. SGHC's current staffing shortage or anticipated staffing shortages for the week.

Section XXI. Questions

Any infection control questions can be directed to the IP&C at 410-402-7475 or Nursing Management.

Attachments

Attachment I

Spring Grove Hospital Center
Employee COVID-19 Symptoms/Exposure
Self-Monitoring Form

I, _____, will report any of the below information that applies to me to the Infection Control and Prevention Department Hotline (443-902-4711) any time that I am working at Spring Grove Hospital Center, all days of the week and all shifts that I am assigned to work, prior to coming to work, or as soon as possible if symptoms appear at work:

1. If I have any of the following symptoms on the day I'm assigned to work or in the 10 days prior:
 - a. Fever
 - b. Cough
 - c. Shortness of breath
 - d. Unexplained gastrointestinal symptoms (nausea/vomiting/diarrhea)
 - e. Sore throat
 - f. Loss of taste and/or smell
2. If I have been told by a licensed healthcare provider that I am suspected to have COVID-19.
3. If I have an outside COVID-19 test pending and the date and result of the test when it becomes available.
4. If I have any of the above, I will also report if I am taking any medication for fever or pain.
5. If I have been in contact with someone who has/had cough or flu like symptoms.
6. If I have been in close contact with anyone diagnosed with COVID-19 or who has been quarantined for COVID-19.
7. If I have traveled out of the state or country in the previous 14 days and the location of the travel.
 - a. If I have any of the above symptoms, I will also report if I have had exposure to anyone else who has been out of the state or country in the previous 14 days.

I understand that failure to follow this procedure may result in disciplinary action.

Staff Name (printed): _____

Staff Signature: _____

Date: _____

Attachment II

**SPRING GROVE HOSPITAL CENTER
INFECTION SURVEILLANCE QUESTIONNAIRE**

Purpose: To promote overall employee and patient wellness. This form applies to all employees calling out sick or at work with symptoms.

Name of Individual: _____ **Unit (if applicable):** _____

For infection control purposes, please answer the following questions:

	YES	NO
Have you had any symptoms of cold, flu or COVID-19 in the last five days? (If "NO", do not complete the remainder of this form.)		
If so, have you had a cough?		
Have you had shortness of breath?		
Have you had a sore throat, hoarse voice or scratchy throat?		
Have you had gastrointestinal symptoms like nausea, vomiting or diarrhea?		
Have you had a loss of taste and/or smell?		
Have you been taking medication for fever or pain?		
Have you been told by a licensed health care provider that you are either suspected or been diagnosed with COVID-19?		
Have you been in contact with anyone who has been diagnosed with COVID-19 or who has had symptoms of cold, flu or COVID-19?		
If you have been diagnosed or have tested positive for COVID-19, when did you test positive? _____ (date) Rapid or PCR?		

Please ensure that all employees with symptoms are directed to call the IC hotline 443-902-4711 and a member of the IP&C team will return the call during normal business hours. Supervisors who have employees reporting symptoms can send employees off duty and complete this form.

Please email this form to Dorothy.steinhice@maryland.gov, Roxann.willoughby@maryland.gov, and Stacie.leak1@maryland.gov or fax this form to 410-402-7359.

Created 4/2020; revised 7/2/21, 10/20/22, 11/30/23

Attachment II (Continued)

	For Employee Call-Outs	For Employees Currently at Work
For "YES" to any symptoms question or if temperature is 100.4 F (38 C) or greater	Swabbing is mandatory, but employee may choose to get swabbed at SGHC or elsewhere and submit results to IP&C. IP&C must clear employee prior to employee return to work.	Supervisor sends employee home. Supervisor may consult with IP&C during normal business hours and NAO after normal business hours. Swabbing is mandatory. Supervisor and employee may arrange to get a drive by swab by IP&C during normal business hours and NAO after normal business hours. IP&C must clear employee prior to employee return to work.
If "YES" to shortness of breath (SOB)	Supervisor/IP&C will direct employee to call provider or 911 for imminent medical problems. Follow above instructions for non-imminent situations.	RN/somatic provider needs to determine if employee needs immediate medical care. Immediate care will be provided for employees and 911 will be called. If immediate care is not needed, employee's supervisor will send employee off duty and suggest that employee seek medical care.
If "YES" to being told by a healthcare provider that you have been "diagnosed with COVID-19"	IP&C contacts employee during normal business hours. Employee may not return to work until cleared by their physician or IP&C.	Employee's supervisor will send employee off duty and inform IP&C and HR. Supervisor may consult with IP&C during normal business hours and NAO after normal business hours.
If "YES" to having had contact with anyone diagnosed with COVID-19 or under suspicion based on symptoms	Supervisor directs employee to call IC hotline. Asymptomatic employees may be eligible to work. IC will make the determination on PCR testing protocol. Symptomatic employees - Supervisor completes questionnaire and directs employee to call IC hotline. Supervisor faxes or scans/emails completed form to IP&C. IP&C contacts employee during normal business hours. *Swabbing is mandatory, but employee may choose to get swabbed at SGHC or elsewhere and submit results to IP&C. IP&C must clear employee prior to employee return to work.	Supervisor directs employee to call IC hotline. Asymptomatic employees may be eligible to work. IC will make the determination on PCR testing protocol. Symptomatic employees - Supervisor completes questionnaire and directs employee to call IC hotline. Supervisor faxes or scans/emails completed form to IP&C. IP&C contacts employee during normal business hours. *Swabbing is mandatory, but employee may choose to get swabbed at SGHC or elsewhere and submit results to IP&C. IP&C must clear employee prior to employee return to work.

Coronavirus disease 2019 (COVID-19): Patient Community Meeting Education



The indication for this education is to help prevent the spread of Coronavirus at Spring Grove Hospital Center, especially within patient care areas. This information should be disseminated, shared and educated primarily through Head Nurses, Charge Nurses and other members of the treatment team can also provide patient education.

1. What is Coronavirus:

It is a type of virus that causes diseases. A newly identified type has caused a recent outbreak of respiratory illness, now called COVID-19, that started in China and has spread worldwide.

2. How is COVID-19 spread?

Recent information indicates COVID-19 may be spread from person to person and also within communities. COVID-19 has been detected in people throughout China and in over 150 other countries, including the United States. Symptoms are showing up in people within 14 days of exposure to the virus.

SGHC/Nursing/7/13/21

Attachment III (Continued)

3. What are the main symptoms of COVID-19?

- COVID-19 symptoms include:
 - Cough
- Fever
- Shortness of breath
- In rare cases, COVID-19 can lead to severe respiratory problems, kidney failure or death.

If you exhibit any of these symptoms please notify your nurse immediately.

4. Ways to Prevent the Spread of COVID-19?

- Wash your hands frequently (before meals, after using the bathroom, after blowing your nose) and thoroughly for at least 20 seconds, using soap and water or hand sanitizer.
- Cover coughs and sneezes with a tissue, then throw the tissue in the trash and wash your hands. Please use proper cough and sneeze etiquette (sneezing or coughing in your elbow or on your clothing).
- Avoid touching your eyes, nose or mouth with unwashed hands.
- Try to stay six feet away from each person on the unit.
- Refrain from physical contact with anyone on the units.
- Keep away from individuals who are sick.

5. Steps SGHC has taken to minimize the spread of COVID-19

- SGHC has restricted visitation in an attempt to keep both patients and staff safe.
- SGHC has limited entry points to the facility, only allowing one main entrance to screen all individuals coming into the hospital.
- All staff members and approved vendors are being screened for any rise in temperature which is a significant symptom for the COVID-19.
- Patients' temperatures are being taken twice a day for high risk patients and daily for all other patients.
- Staff and patients are encouraged to maintain social distance.
- All staff will be wearing masks throughout the shift for increased staff and patient protection.

If you have any questions about the Covid-19 virus please feel free to ask staff.

Infection Prevention & Control 7/13/21
Staff Education on Patients Wearing Masks

**STAFF EDUCATION ON HOW TO REDIRECT PATIENTS WHO ARE
NON-COMPLIANT WITH WEARING MASKS**

This informational has been created to:

- help educate patients about the importance of wearing a mask for safety and to protect themselves and others from the spread of disease.
- assist staff in redirecting patients and to teach staff how to inform patients of important information related to COVID-19.

If a patient is non-compliant with wearing a mask, staff are expected to:

- Ask to speak with the patient.
- Assess the patient's knowledge by asking, "What have you heard about COVID-19?"
- Listen to the patient.
- Provide the information as shown below. Be calm, clear and therapeutic.
- Ask if the patient has any questions and answer them accordingly.
- Show the patient how to don the mask.
- Redirect the patient to put on the mask. "Now that we have reviewed the importance of wearing a mask, I would like you to please put on your mask now."
- For all patients who comply with wearing a mask, always thank the patients for their compliance.
- For patients who are non-compliant, provide additional and repeated education. This will require you to be patient and calm, and it will require you to repeat yourself.
- If the patient becomes agitated or resistant, stop teaching and try again later. Do not escalate the situation or the patient.
- Document all compliance, non-compliance and education in the patient charts and on shift report.

Attachment IV (Continued)

Infection Prevention & Control 7/13/21
Staff Education on Patients Wearing Masks

What is COVID-19?

COVID-19 is a virus that affects how you breathe and how your body works. It can cause shortness of breath, coughing, diarrhea, aching and fatigue. Some people don't have any symptoms, but can still spread the disease. Most people recover from COVID-19.

Why do we wear masks?

Coronavirus-19 or "COVID-19" is a very serious disease that spreads very easily through the air. When we breathe, talk, cough or sneeze, the virus spreads through the air to other people. To prevent the spread of this disease, we all need to wear masks.

When do we have to wear our masks?

Whenever you come out of your bedroom. Whenever you are close to another person (less than 6 feet from another person).

When can we not wear our masks?

When you are in your own space in your bedroom. When you are in the shower. When you are eating, (everyone should eat in his or her own space). Vaccinated patients may eat in the dining room.

How often do we have to change our masks?

Mask should be changed daily. Ask the nurse for a new mask if you need it.

Where do we throw away our masks?

In the regular trash can. Take it off and throw it away. Do not ball it up. Do not tear it. Just take it off and throw it away. Be sure to sanitize your hands before and after you handle your mask.

Attachment V

Updated Directive for Responding to Code Blue or Code Green in a Suspected or Confirmed Coronavirus Patient or to a Unit on Restricted Status due to Infection Control Protocol

In these cases, the Operator should announce Special Code Green or Special Code Blue. After the code, the responders who must encounter the patient must be given new masks after the physical interaction with the patient. Staff must discard gloves and thoroughly wash or sanitize hands and arms that may have encountered the patient's skin or clothing. Goggles and face shields must be placed in a special bin to be cleaned and disinfected.

Required Responders should be as follows:

For a Special Code in the Dayhoff Building:

1 staff member from each of the other Dayhoff Unit should respond at the direction of the Head Nurse.

For a Special Code in the White Building:

2 staff members from each of the other White building units should respond at the direction of the Head Nurse.

For a Special Code in the Red Brick Buildings:

1 staff member from each of the other Red Brick building units should respond at the direction of the Head Nurse

For a Special Code in the Noyes Unit:

1 staff member from Smith should respond at the direction of the Head Nurse.

2 staff members from Tawes should respond at the direction of the Head Nurse.

For a Special Code on Smith Unit:

1 staff member from Tawes should respond at the direction of the Head Nurse.

2 staff members from Noyes should respond at the direction of the Head Nurse.

For a Special Code on the Tawes Unit:

1 staff member from Smith should respond at the direction of the Head Nurse.

2 staff members from Noyes should respond at the direction of the Head Nurse.

***Any staff member administering CPR or in direct or close contact with the patient shall wear PPE's (gown, gloves, face mask, face shield or goggles). An N95 mask is recommended for any intervention that might generate aerosols.**

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

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INFLUENZA vs. COVID-19

Be Prepared!

⇒ **Influenza (Flu)** is a highly contagious respiratory infection caused by an influenza virus. The flu season in the U.S typically lasts from October through March, but flu is present all year round.

⇒ **COVID-19** is an extremely contagious respiratory illness caused by a type of coronavirus called SARS-CoV-2. Other coronaviruses cause the common cold, but COVID-19 is much more serious and can cause hospitalization, serious complications and death. Some people may not have any symptoms, but are still very contagious!

⇒ **Wear your procedure mask** all of the time! Social distancing is also important! Follow procedures as directed!

⇒ **Don't forget to wash your hands** frequently. Use hand sanitizer when soap/water isn't available.

⇒ **For more info:**
www.cdc.gov

SIGNS & SYMPTOMS

SYMPTOMS	COVID-19	FLU (INFLUENZA)
Loss of taste/smell (with absence of sinus congestion)	Yes	No
Shortness of breath	Yes	No
Fever	Yes	Yes
Muscle aches/body aches	Yes	Yes
Cough	Yes	Yes
Headache	Yes	Yes
Sore throat	Yes	Yes
Diarrhea	Yes	Yes
Loss of appetite	Yes	Yes
Chills/shivering	Yes	Yes
Fatigue/Tiredness	Yes	Yes
Nasal congestion/runny nose	Yes	Yes

What you should do:

- Don't ignore or deny your symptoms. Call your doctor to report any symptoms of illness.
- Do not come to work if you have symptoms—any of them! Call-out per your department's protocol and notify Infection Control (X7475 or X7351).
- Get tested. Your doctor may recommend getting a COVID-19 test, a flu test and/or a strep test. These are all serious and contagious illnesses and need to get diagnosed so appropriate treatment can be started.
- If you have shortness of breath or difficulty breathing, call 911 or go to your local hospital's emergency room right away.

A word about the flu vaccine . . . Influenza is a potentially serious disease that can lead to hospitalization and sometimes even death. This flu season is different because it is occurring during the COVID-19 pandemic which makes this season's illnesses more complicated and potentially deadly. We can't prevent COVID-19, but we can prevent the flu. **GET VACCINATED!**

- SGHC will be offering the flu vaccine starting in October.
- If you choose to get your flu vaccine elsewhere, submit your documentation to Infection Control as soon as you receive it.

Attachment VI (Continued)

The 10 IFs

To prevent the spread of the COVID-19 virus in this hospital, we must **break the chain of transmission of coronavirus**. Therefore, think of it this way:

1. IF you wear your face mask and you are infected, you cannot transmit the virus anywhere but inside your face mask and,
2. IF you wash your hands with soap and water; this kills the virus, so there is no virus to be transmitted to anyone else and,
3. IF you use hand sanitizer, this kills the virus, so there is no virus to be transmitted to anyone else and,
4. IF you insist on others wearing their face masks around you, and that other person happens to be infected, this prevents that person from transmitting the virus to you and,
5. IF you are wearing your face mask, this prevents you from inhaling viral molecules placed in the air by infected persons; therefore, preventing the passive transmission of the virus to you and,
6. IF you regularly sanitize equipment, tabletops, doorknobs, chairs etc., with the appropriate disinfectant, this kills the virus and prevents the passive transmission of the virus to you and,
7. IF you know you are sick with COVID-19 symptoms, and you correctly decide to stay home for the requisite period of time, then it is impossible for you to transmit the virus to your co-workers or patients and,
8. IF you stay at least six 6 feet apart from others, and you are infected with the coronavirus, you can significantly reduce the risks of transmitting the coronavirus to others and,
9. IF you are caring for a COVID+ patient and you are properly wearing your full PPE gear (Face Mask, Face Shield, Gown and Gloves), this will prevent you from contracting the virus from the patient and,
10. IF you apply the above consistently, you will **break the chain of transmission of coronavirus**; therefore, you will substantially reduce your risk of becoming COVID+.