



## COVID-19 Policies and Procedures

### **Purpose:**

The purpose of the personal protective equipment policies (PPE) is to protect the employees of Bella Groves from exposure to workplace hazards and the risk of injury through the use of personal protective equipment (PPE). Within this policy is guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure.

### **Policy:**

All members of the healthcare team will follow best practices guidance from the U.S. Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) in the prevention, infection, and exposure of SARS-CoV-2.

### **Bella Groves personal protective equipment policies includes:**

- Responsibilities of supervisors and employees
- PPE selection
- Employee training
- SARS-CoV-2 exposure and infection

### **The PPE user is responsible for following the requirements of the PPE policies. This involves:**

- Properly wearing PPE as required.
- Attending required training sessions.
- Properly caring for, maintaining, and inspecting PPE as required.
- Following Bella Groves PPE policies and rules.
- Informing the supervisor of the need to replace PPE.

### **Procedures:**

#### **Training**

Any worker required to wear PPE will receive training in the proper use and care of PPE before being allowed to perform work requiring the use of PPE. Periodic retraining will be offered to PPE users as needed. The training will include, but not necessarily be limited to, the following subjects:

- When PPE is necessary to be worn
- What PPE is necessary
- How to properly don, doff, adjust, and wear PPE
- The limitations of the PPE
- The proper care, maintenance, useful life, and disposal of the PPE
- After the training, the employees will demonstrate that they understand how to use PPE properly, or they will be retrained.

Training of each employee will be documented using the training in-service sheet (example attached) personal protective equipment training documentation form, certification will be kept on file.

#### **PPE**

- Employees will wear full PPE to include (K95 mask, gown, and gloves) when a suspected Covid-19 case
- Employees are required to complete state approved PPE training prior to 16 hours on the floor training
- Employees will wash their hands before entering the resident, before providing care, and after providing care
- Employees will place clean gloves on clean hands prior to providing care and remove unclean gloves after providing care.
- K95 masks can be worn throughout the shift unless soiled while providing care.
- Employees must wash their hands at least 20 seconds with soap while using friction.
- Employees can use hand sanitizer in between care. Hand sanitizer should never replace proper handwashing.
- The Nursing Team will post isolation precautions in a place that alerts the team of their PPE requirements.

**Testing for SARS-CoV-2 Infection or Exposure:**

- Employees will be tested when they have been in contact with a person who has tested positive , has symptoms of SARS-CoV-2, and/or have tested positive for the purpose of retesting to confirm negative results.
- Residents will be tested when they have been in contact with a person who has tested positive , has symptoms of SARS-CoV-2, and/or have tested positive for the purpose of retesting to confirm negative results.
- In case of (a) positive case residents will be positioned in 3 different zones to assist with monitoring residents that are positive, residents with unknown status, and residents who are negative.
- PPE will be donned and doffed in an identified place within the community.
- **Masking all associates who have symptoms with a negative test is must wear a mask until symptoms subsides. Employees can wear masks or not according to their preferences when no cases are within the community.**

**Postings:**

Bella Grove will post signage at all entrances of the facility reminding individuals not to enter the facility prior to being screened.

**Personal Visitors:**

- Residents can have visitors regardless to COVID status and will be provided a place within the community that allows for social distancing between residents and visitors as indicated in the HHSC updated COVID response plan.
- Visitors and residents are no longer required, by HHSC rule, to wear masks or face coverings or PPE
- Scheduling of visits can be scheduled as long as it's not restrictive to the resident right to have visitors.

**Quarantine: (as per the HHSC update)**

- All other residents who are new admissions, readmissions, or spent one or more nights away from the ALF, must be quarantined per the CDC guidance on when to quarantine. If no symptoms develop during daily monitoring, quarantine can end after day 10 without testing; or after day 7 with a negative COVID-19 test result (test must occur on day 5 or later). Continue to monitor the resident for a total of 14 days after potential exposure

**Care for Residents who have COVID-19 An ALF can provide care to resident(s) with COVID-19 if: (as indicated by the HHSC update)**

- The resident is asymptomatic or has mild to moderate symptoms that do not require hospitalization or a higher level of care than the ALF can provide;
- Bella Groves will isolate the resident in their own separate living space or in a separate, well-ventilated area that provides meaningful separation between the resident and the rest of the facility (a curtain or a moveable screen does not provide meaningful separation)
- Bella Grove can use separate staffing teams for COVID-19- positive residents whenever possible.

**Transferring Residents who have COVID-19 If**

- A resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the facility must, transfer the resident to an alternate facility that has agreed to accept and care for the facility's COVID-19 positive residents until they are fully recovered
- Assist the resident and family members to transfer the resident to the alternate facility
- Isolate the resident in an area that is separate from other residents until the resident is transferred.

**Confirmed Cases of COVID-19 ALFs must report to HHSC:**

- the first confirmed case of COVID-19 in staff or residents as a self- reported incident; and
- the first new case of COVID-19 after a facility has been without cases for 14 days or more as a self-reported incident.

**Notify HHSC of these incidents through TULIP or by calling Complaint and Incident Intake (CII) at 1-800-458-9858 within 24 hours of the positive test.**

**Form 3613-A Provider Investigation Report** should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report may be submitted: • via TULIP • by email at [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us) • by fax at 1-877-438-5827

## PPE Training Certification Form

Employee's name:

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Employee ID No.:

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Job title/work area:

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Employer:

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Trainer's name (person completing this form):

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Date of training:

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Types of PPE employee is being trained to use (List all PPE used):

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**The following information and training on the personal protective equipment (PPE) listed above were covered in the training session:**

\_\_\_ The limitations of personal protective equipment: PPE alone cannot protect the employee from on-the-job exposure to infections.

\_\_\_ What workplace hazards the employee faces, the types of personal protective equipment that the employee must use to be protected from these hazards, and how the PPE will protect the employee while doing his/her tasks.

\_\_\_ When the employee must wear or use the personal protective equipment.

\_\_\_ How to use the personal protective equipment properly on-the-job, including putting it on, taking it off, and wearing and adjusting it (if applicable) for a comfortable and effective fit.

\_\_\_ How to properly care for and maintain the personal protective equipment: look for signs of wear, clean and disinfect, and dispose of PPE.

**Note to employee:** This form will be made a part of your personal file.

Please read and understand its contents before signing.

(Employee) I understand the training I have received, and I can use PPE properly.

Employee's signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**(Trainer must check off)**

\_\_\_ Employee has shown an understanding of the training.

\_\_\_ Employee has shown the ability to use the PPE properly.

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_