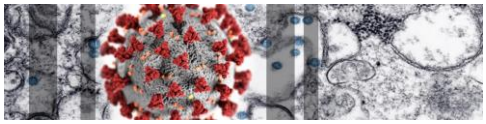
Community Support Network, Inc.

THE ASSOCIATION FOR NEW HAMPSHIRE'S TEN AREA AGENCIES



Protocol #2 Responding to Exposure

Suspected Cases of COVID-19

Any staffed program serving an Individual with suspected COVID-19 should immediately contact [INSERT POSITION TITLE] and implement appropriate control measures. The [INSERT POSITION TITLE] will also notify the [INSERT POSITION TITLE] and [INSERT POSITION TITLE].

These control measures include the following:

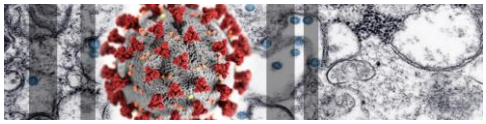
- Place a medical/surgical face mask on the Individual exhibiting symptoms of COVID-19.
- Isolate the Individual in a private room with the door closed. Patient should have access to a private bathroom.
    - Considerations may be necessary in order to provide effective communication access for individuals with disabilities.
- If you are in the same room as the Individual, wear a surgical/medical face mask and stand at least 6 feet away. If you have access to other PPE, you should also wear gloves, gown, and eye protection (goggles or face shield).
- Ask the Individual about symptoms of COVID-19 from a distance. Symptoms can include: fever (subjective or documented) respiratory illness (including cough, sore throat, runny nose, shortness of breath), flu-like illness (fatigue, headache, muscle aches), and loss of taste and smell.
- The person's healthcare provider should be immediately contacted to help assess the individual by phone..
- If the Individual requires immediate medical care, call 911 for an ambulance and inform EMS of the Individual's symptoms and concern for COVID-19.

Confirmed Cases of COVID-19

Any staffed program serving an Individual with a confirmed case of COVID-19 should immediately contact [INSERT POSITION TITLE], who will contact the Division of Public Health Services in Concord, 271-4496 (am) or 271-5300 (pm) to review the situation and control measures. Notification should also be made to the [INSERT POSITION TITLE] and [INSERT POSITION TITLE].

These control measures include the following:

- The individual needs to be kept in their room at all times, and should have access to a private bathroom.
- Anybody who enters the person's room should use appropriate PPE (surgical/medical facemask, gloves, gown, and eye protection).
- Frequently wash your hands for 20 seconds with soap and water, or use a hand sanitizer if soap and water are not available.
- Provide hand over hand assist to all individuals when it comes time for them to wash their own hands.
- Staff and individuals' hands should be washed upon entering a building, before and after eating, before and after toileting, after someone has touched their face, after coughing or sneezing, after glove removal and mask removal (if delegated to wear one).
- Close off all areas used by the ill person. If the exposed area(s) can be isolated, the remainder of the home may remain open.
- If a shared bathroom is necessary, once the confirmed person has used the bathroom, the door should be closed (open window if able) for at least two hours before any staff go in to clean and disinfect. Bathrooms need to be disinfected after each use. Staff will wear full PPE (mask, goggles or face shield, gloves and gown) when cleaning.



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- Frequent cleaning and disinfection should occur of the individual's environment. Please be sure to read the back of all disinfectants and cleaning products as the length of time to be left on surfaces varies from one product to another.
- If the individual needs to come out of his/her room at any time, they should wear a medical/surgical face mask. All food and drinks or other items need to be brought to the individual's room, before entering the individual needs to have a mask on and staff should wear appropriate PPE.
- If staff are providing either bed baths or showers the individual needs to have a mask on and staff should wear appropriate PPE.
- If staff need to empty commodes or urinals they will need to wear full PPE to dispose of waste material.
- Schedule a deep clean of impacted areas.
- Nursing will continue to instruct and direct care to all individuals who have COVID-19, reminder the best place for the individuals to be is in their homes. Confirmed Covid-19 cases are well managed at home with less risk of secondary infections. Following and maintaining infection control measures will decrease risk of transmission of Covid-19.
- Persons with COVID-19 must stay in isolation until all of the following conditions are met:
    - At least 7 days have passed since symptoms first appeared.

    AND
    - At least 3 days (72 hours) have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications, and improvement in other symptoms

Close Contact with a Confirmed Case of COVID-19

An employee or Individual may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

"Close contact" is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for >10 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, **while that person was symptomatic or within 48 hours of becoming symptomatic.**

<u>Close contact which occurred **prior** to 48 hours before the development of symptoms is **not** considered to be an exposure</u>. Decisions about who had close contact to a confirmed case of COVID-19 and implementation of legal quarantine are made by DPHS.

- The employee or individual should self-quarantine for 14 days and stay home from work.
- Monitor for symptoms of COVID-19 and take and record daily temperatures.
- Those in self-quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus may return to the home once the 14-day quarantine period has ended.
- The home does not need to be closed.
- The home does not need to be deep cleaned at this time.
- If the exposed employee or Individual subsequently develops symptoms and tests positive for COVID-19, follow the guidelines under *Confirmed Cases.*

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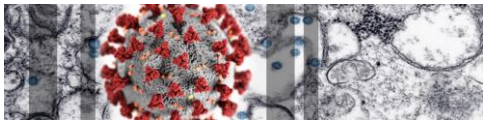

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Any person who is a close contact with a person confirmed with COVID-19 should be provided the NH DPHS Self-quarantine guide: https://www.nh.gov/covid19/resources-guidance/documents/self-quarantine-covid.pdf.

Essential personnel/employees who have been in close contact with a confirmed case of COVID-19 can be allowed back to work with certain precautions: https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html.

Confirmed Employee Case Outside the Staffed Program

If an employee tests positive for COVID-19 but has **not** been to the staffed program while they were symptomatic or within 48 hours of becoming symptomatic, no deep cleaning is required.

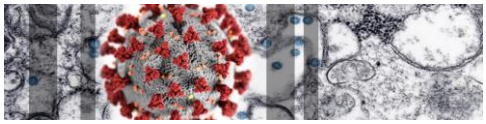
Follow the CDC Return to work guidelines to determine when an employee may safely return to the facilities.

Providing Care to staffed programs

Individual programs face unique considerations when an Individual is confirmed to have COVID-19 or has had close contact with an ill person.

Determine Location of Care

- The [INSERT POSITION TITLE] will consult the individual's healthcare provider to review the risk assessment and assess whether the individual setting is appropriate for home care or an alternative appropriate place to ensure the safety of the Individual. CDC guidance on home care can be found at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html.
    - This includes whether the Individual is stable enough to receive care at home, appropriate staff is available, and there is a separate bedroom that the Individual can recover in without sharing immediate space with others.
    - The Individual and other household members must have access to appropriate, recommended personal protective equipment – at minimum, gloves and facemask – and must be capable of adhering to precautions such as hand hygiene.
    - If other household members are at increased risk of complications from COVID-19 infection (such as people >65 years old or who are immunocompromised), home care may not be appropriate.



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On-site Care

If the Individual will be cared for within the home:

Limiting Further Spread

- Other household members should say in another room or be separated from the Individual as much as possible.
- When there is a need to care for the individual, staff will need to encourage the person to wear a mask, and wash their hands before you can assist them. Staff should wear full PPE at all times when in the presence of the individual.
- Other household members should use a separate bedroom and bathroom, if available. If not available, others should not use the bathroom until it has been disinfected. Refer back to section above titled "Confirmed Cases of COVID-19."
- Prohibit any visitors who do not have an essential need to be in the home.
- Clean all "high-touch" surfaces within the home every day. Remember to read the back of cleaning and disinfects as the instructions for disinfecting vary.

Individual Care

- Make sure any assigned staff understand and can help the individual follow their healthcare provider's instructions for medications and care. Update nursing with any changes in health.
- Help the Individual with basic needs and provide support, as needed, for getting groceries, prescriptions, and other personal needs.
- The Individual should wear a facemask around other people. If the Individual is not able to wear a facemask (for example, because it causes trouble breathing), the staff should wear a mask when in the same room as the Individual. Individual should wash their hands before and after wearing a face mask.
- Avoid sharing household items with the Individual. After the Individual uses items, wash them thoroughly.
- Follow the guidelines in the ***Deep Cleaning*** section of this guidance regarding cleaning procedures of an Individual's space.

Deep Cleaning

A deep clean of a home may be required if an employee or Individual is confirmed to have COVID-19 and was present in the home while they were symptomatic. Refer to CDC guidance on home cleaning found at https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

Definitions

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

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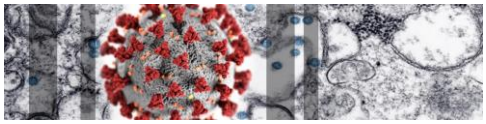

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Timing of deep clean procedures

- Close off the areas used by ill persons.
- Open outside doors and windows to increase air circulation in the area and wait as long as practical before beginning cleaning and disinfection to minimize potential exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.

Personal Protective Equipment

When performing cleaning of any area:

- **Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
- After cleaning a room or area occupied by ill persons, remove gloves and immediately clean hands.
- Cleaning staff and others should clean hand often – including after removing gloves and any contact with a sick person – by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

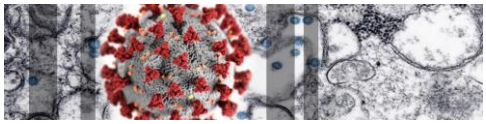
Programs are encouraged to re-educate personnel on proper use of personal protective equipment (PPE) and when to use different types of PPE.

Cleaning Surfaces

- Clean dirty surfaces with detergent or soap and water prior to disinfection.
- Cleaning staff should clean and disinfect all areas – such as offices, bathrooms, and common areas – that have been used by the ill persons. Focus especially on frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Cleaning Agents

- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or other cleanser.
- A bleach solution can be prepared by mixing 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.
- Products with EPA-approved emerging viral pathogens icon are expected to be effective against COVID-19 based on data for harder to kill viruses.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
    - If the items can be laundered, launder items. Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at this link) that are suitable for porous surfaces



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Linens, Clothing, and Laundry Items

- Do not shake dirty laundry – this prevents the possibility of dispersing the virus through the air.
- Dirty laundry that has been in contact with an ill person **can** be washed with other people's items.
- Wash items as appropriate in accordance with the manufacturer's instructions, using the warmest appropriate water setting, and then dry items completely.
- Clean and disinfect hampers or other carts for transporting laundry according to above guidance on cleaning hard or soft surfaces.

Cleaning while an Individual is receiving care

There are additional deep clean considerations when an Individual with a confirmed or presumed positive case of COVID-19 is being cared for within the home.

- In an Individual home where an ill person is being housed in isolation, focus on cleaning and disinfecting common areas where staff and any other person providing services may come into contact with ill persons.
- Reduce cleaning and disinfection of bedrooms and bathrooms used by the ill persons to an **as needed** level to reduce contact.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- In areas where ill persons have visited or used, continue cleaning and disinfection as provided in this guidance.