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| TITLE: Community Based Care: Pandemic Emergency Plan (i.e. COVID, Influenza or other Novel Viruses) | POLICY NUMBER: CBC-ADM-032 | PAGE # 1 of 12 |
| RESPONSIBLE DEPARTMENT: Infection Control, Administration | POLICY LEVEL: Community Based Care/LTC | EFFECTIVE DATE: 9/1/20 |
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PURPOSE:

The purpose of this policy is to reduce the risk of spread of Pandemic infection (i.e. Influenza, SARS, COVID-19) transmission to health care workers, patients/residents, volunteers, and other affiliates and to ensure appropriate communication with affected parties.

APPLIES TO: All Community Based Care/LTC associates, volunteers, students and providers.

POLICY:

The primary goal is early detection, isolation and treatment of persons with a probable or suspect viral respiratory infection and communication to affected parties. The plan will be periodically updated based on changes from regulatory agencies.

WHAT IS A PANDEMIC?

A pandemic is a global outbreak that results from the emergence of a new (novel) virus (not a common seasonal virus) that can cause serious illness in humans, and spreads easily from person to person. Seasonal viral outbreaks such as influenza are caused by small changes in the common influenza viruses. Even though these viruses may change slightly from one flu season to another, many people have developed some immunity.

Control measures will be instituted based on the case definition of the viral respiratory illness as identified by epidemiologic criteria from the CENTER FOR DISEASE CONTROL and/or NEW YORK STATE DEPARTMENT OF HEALTH.

SURVEILLANCE AND TRIAGE:

1. Health Care Workers should have a high level of suspicion when approaching a patient/resident with respiratory symptoms and ask the appropriate triage questions.
2. All patients/residents who present with respiratory symptoms should immediately be given a surgical/isolation mask and be triaged for influenza or viral respiratory illness.
3. If the patient/resident screening is questionable for any viral respiratory infection, the triaging personnel should don an isolation/surgical KN95 or N95 mask, as the situation warrants, as well as other personal protective equipment, while completing the screening.
4. Patient/resident should immediately be placed in a private room with Droplet and Standard Precautions initiated and appropriate signage. Provide teaching to patient/resident regarding Respiratory Hygiene/Cough Etiquette (CBC-ADM-030 F1).
5. Patient/resident shall be kept in their room with the door closed. Do not permit them to wander throughout the facility.
6. Perform contact investigation. Look beyond the patient/resident; contacts may be infectious too. Assess whether roommate or other patients/residents with close contact are ill with similar symptoms. Institute appropriate control measures.
7. If patient/resident care areas become overcrowded, alternate areas may need to be used for patient/resident placement (refer to Policy CBC-COVID-001 – “Admission Screening and Response to Suspected or Positive COVID-19”). When placing patients/residents in alternate areas of the facility, they

need to be segregated (at least 6 feet) from other patients/residents and the area properly identified through Precaution Type signage.

CONTROL MEASURES: (CBC-ADM-030 F2)

Until a specific Pandemic viral respiratory illness has been ruled out, Droplet Precautions will remain in place. Standard precautions always apply.

1. **Standard Precautions** are designed to reduce the risk of transmission of micro-organisms for both recognized and unrecognized sources of infection. Standard precautions apply to all contact with blood, all body fluids, secretions and excretions regardless of whether or not they contain visible blood, non-intact skin and mucous membranes. Standard precautions apply to all patients/residents at all times.
2. **Droplet Precautions** are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism.
 - a. Standard Precautions always apply.
 - b. Private room
 - c. Surgical or higher level masks are worn for close to patient/resident contact (within 6 feet of the patient/resident)
 - d. Do not transport the patient/resident unless it is essential. The patient/resident wears a surgical mask during transport if tolerated.
 - e. Instruct patient/resident to wear a surgical mask and follow respiratory hygiene /cough etiquette during transport.
 - f. Precaution Type signage must be placed at the room entrance, along with isolation cart.
 - g. Hand hygiene is essential.
3. **Airborne Isolation Precautions may be required for Aerosol-Generating Medical Procedures** as they could increase the potential for generation of small aerosols in the immediate vicinity of the patient/resident.
 - a. The procedure should be conducted in a private room with the door closed.
 - b. N-95 respirator or higher must be worn by the associates. All participating associates must be properly fit-tested.
 - c. Limit personnel in room to the necessary staff.
 - d. Eye protection (i.e. goggles), gown and gloves must be worn during aerosol generating procedures.

Aerosol-generating procedures are procedures that induce coughing which can increase the likelihood of droplet nuclei being expelled into the air. These potentially aerosol-generating procedures include:

- a. aerosolized medication treatments (e.g., albuterol)
 - b. diagnostic sputum induction
 - c. bronchoscopy
 - d. airway suctioning
 - e. endotracheal intubation
 - f. extubation
4. **Airborne Infection Isolation (All)** includes: Based on surveillance data.
 - a. Respiratory protective devices with a filter efficiency of greater than or equal to 95%.
 - b. Private room with door closed. .
 - c. Keep door closed and the patient/resident in the room.
 - d. Respiratory protection: Associates **must** wear an N-95 respiratory mask. Any permitted visitors **must** also be instructed to wear an N95 respirator or isolation mask.
 - e. Do not transport the patient/resident, unless it is essential. The patient/resident wears an isolation mask during transport. Do not place an N-95 respirator on the patient/resident.

- f. Precaution Type sign should be placed at the room entrance with isolation cart.
 - g. Hand hygiene is essential.
5. **Contact Precautions include:**
- a. The use of gowns and gloves for everyone entering the room.
 - b. The equipment should be dedicated to the patient/resident in precautions.
 - c. Disposable thermometers are used.
 - d. Do not transport the patient/resident, unless it is essential.
 - e. The precaution type sign should be placed at the room entrance along with isolation cart.
 - f. Hand hygiene is essential.
6. The Administrator, Director of Nursing and ADON/Infection Preventionist of the facility should be notified immediately if a suspect or probable influenza or other viral respiratory infection is identified. The Infection Preventionist should also notify the Local and State Health Departments.
7. Reassignment for high-risk personnel (if known) such as pregnant and immunocompromised associates to low risk duties will be determined on a case by case basis in conjunction with Associate Health and Patient/Resident Care Services.
8. When leaving the isolation room, use care when removing the PPE to avoid contamination. Remove the PPE in the anteroom, if available. If an anteroom is not available remove the PPE at the door, away from the patient/resident, just before exiting and perform hand hygiene.
9. Order of PPE Removal: (CBC-ADM-030 F3).
- a. Gloves
 - b. Goggles or Face Shield
 - c. Gown (if used)
 - d. Mask or Respirator
 - e. Hand Hygiene immediately after removal of PPE.

ALTERNATE CARE LOCATION

In the event of an outbreak of COVID-19, patients/residents will be transferred to St. Joseph Post-Acute Center, a COVID only skilled nursing facility. Any patient or resident transferred to the alternate care location shall have their bed reserved for their return when they are able to be removed from isolation. (See: Protocol for Transfers to St. Joseph Post-Acute Center CBC-ADM-030 F4).

SUPPLIES

Catholic Health Community Based Care/LTC Facilities shall ensure that adequate supplies of personal protective equipment are available and readily accessible to staff at all times when needed. Each facility shall stock no less than a fourteen (14) day supply of respirator mask, surgical masks, goggles or face shields, isolation gowns, gloves and sanitizer on site, and additional amounts of these items shall be maintained in Catholic Health's Central Stores at Mercy Hospital to ensure at least a 60 day supply for each facility is available at all times.

CLEANING:

Personnel involved in cleaning and disinfection activities should wear protective attire as is required for Standard Precautions gloves plus a gown (if soiling of attire is anticipated) and Droplet Precautions (isolation mask). For aerosol generating procedures, N95 respirator or higher must be worn plus gloves and gown. Once the patient/resident has left the room and sixty (60) minutes has elapsed, a N95 respirator mask is not needed.

Patient/Resident rooms should be cleaned and disinfected daily and at the time of patient/resident transfer or discharge.

1. Surfaces to be cleaned daily include:
 - a. Horizontal surfaces (e.g., over-bed table, night stand)
 - b. Frequently touched surfaces (e.g., bed rails, phone)

- c. Lavatory facilities
2. Terminal cleaning and disinfection following transfer or discharge:
 - a. Surfaces described above
 - b. Obviously soiled vertical surfaces
 - c. Frequently touched surfaces such as light cords, switches and door knobs
 - d. Curtain dividers do not need to be changed unless visibly soiled
3. Cleaning and disinfectant solutions should be adjusted as necessary beyond hospital approved disinfectant based on CENTER FOR DISEASE CONTROL (CDC) recommendations.

DISCONTINUING ISOLATION

1. If novel influenza (pandemic flu) positive by culture or RT-PCR
 - a. Continue Droplet Precautions for the duration of illness (a minimum of 5 days after symptom onset)
 - b. Continue antivirals if applicable
 - c. Do not cohort with seasonal influenza patients/residents
 - d. Treat complications, such as secondary bacterial pneumonia as indicated
 - e. Infection Control to provide clinical updates to health department and obtain further guidance regarding treatment and discontinuation of isolation guidelines
2. If seasonal influenza positive by culture or RT-PCR
 - a. Continue Droplet Precautions
 - b. Continue antivirals if applicable
 - c. Do not cohort with Novel/Pandemic flu patient/residents
 - d. Treat complications, such as secondary bacterial pneumonia, as indicated
3. All influenza testing negative
 - a. Continue infection control precautions as clinically appropriate
 - b. Treat complications, such as secondary bacterial pneumonia, as indicated
 - c. Consider discontinuing antivirals, if considered appropriate
4. COVID-19
 - a. Isolation may be discontinued for Patients/Residents with mild to moderate illness
 1. Who are not severely immunocompromised
 2. At least 10 days have passed since symptoms first appeared and
 3. At least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved Note: For patients/residents who are not severely immunocompromised and were asymptomatic throughout their infection, Isolation Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.
 - b. For Patients/Residents with severe to critical illness or who are severely immunocompromised, isolation may be discontinued if;
 - At least 20 days have passed since symptoms first appeared and
 - At least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved
 - Note: For patients/residents who are severely immunocompromised and were asymptomatic throughout their infection, Isolation Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

TRANSPORTING THE PATIENT/RESIDENT:

Care should be taken when transporting the patient/resident from their Room or to any department. Notify the department receiving the patient/resident. The patient/resident should wear a surgical mask during transport. The patient/resident should be transferred with the minimal number of HEALTH CARE WORKERS. Elevators and hallways should be cleared of other people (patient/residents, visitors, employees). The patient/resident should not be placed in waiting rooms or corridors.

DISCHARGING PANDEMIC PATIENT/RESIDENT

The patient/resident with probable Pandemic conditions can be discharged if appropriate Infection Control measures can be put into place at home. Patients/Residents should be advised to use appropriate infection control prevention measures. Consult with the NYS Health Department as necessary.

LABORATORY SPECIMEN COLLECTION AND HANDLING:

Refer to laboratory policies and procedures and LTC COVID Handbook. Any questions contact the Microbiology Department (716) 862-1275.

EDUCATION:

Upon hire, all new staff are provided with mandatory education regarding seasonal and pandemic viral conditions as well other required infection control principles at General Orientation. All current staff are required to complete an annual mandatory inservice to include information regarding seasonal and pandemic viral conditions as well as other required infection control principles.

This initial and annual training includes:

- a. Prevention and control of Influenza
- b. Implications of Pandemic Influenza
- c. Benefits of annual Influenza vaccination
- d. Infection control strategies for the control of Influenza.
- e. COVID-19 infection control policies and procedures found in the LTC COVID-19 Manual

Additional educational materials are available on the Infection Control Intranet Web Page (Click on the Bug). The information is listed under "IC Topics". There is a section on Seasonal Influenza and Pandemic Influenza. These facts sheets can be printed for both employee education as well as patient/resident/family education. Further information can be readily accessed at the following website- www.pandemicflu.gov, www.cdc.gov or by contacting the Infection Preventionist at each facility.

COMMUNICATION

During a declared Pandemic or other emergency, the facility shall provide regular communication to all patients/residents and their authorized families or responsible parties in the format they prefer. This shall be accomplished using the Everbridge program. Catholic Health Community Based Care/LTC facilities shall maintain current contact information including cell phone, home phone and/or email address, depending on the preferred mode of contact (i.e., text message, telephone call or email.)

Should the facility have active cases of the identified viral pandemic condition, they shall communicate with patients/residents affected and authorized family members/responsible parties on a daily basis, and more frequently should their loved one experience a change in condition. The daily notification shall include an update on any newly diagnosed cases among patients/residents or staff, or deaths related to the pandemic condition. The facility shall communicate with all patients/residents, families & responsible parties on a weekly basis to indicated current status in the facility. Each facility shall designate one or more persons responsible for sending out this messaging.

Should a facility have no active cases of the viral condition noted in the Pandemic, this information should likewise be shared with patients/residents, families or responsible parties. They may note the status on the facility's website or disseminate the information using the identified preferred method of communication using Everbridge.

All patients/residents will have daily access to telecommunication or other means of visitation as permitted by regulatory agencies during the declared pandemic. These methods include videoconferencing, telephone calls, window or other acceptable visitation that complies with physical distancing requirements and shall be at no cost to the patient, resident or family.

TITLE: Pandemic Emergency Plan (i.e. COVID, Influenza or other Novel Viruses)

POLICY #: CBC-ADM-032

Page 6 of 12

CBC-ADM-030 F1: Respiratory Hygiene/Cough Etiquette
 CBC-ADM-030 F2: Summary of Infection Control Recommendations for Care of Patients/Residents with Pandemic Influenza
 CBC-ADM-030 F3: Sequence for Removing PPE
 CBC-ADM-030 F4: Protocol for Transfers to St. Joseph Post-Acute Center
 Refer to Policy CBC-COVID-001 Admission Screening and Response to Suspected or Positive COVID-19

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| ORIGINATION DATE: 8/2020 | | | | | | | | | | |
| REPLACES: | | | | | | | | | | |
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| CSC/OPC APPROVED | | | | | | | | | | |
| CSC/OPC APPROVALS: | | | | | | | | | | |
| REFERENCES: FEDERAL LAW: NYS LAW: NEW YORK STATE DEPARTMENT OF HEALTH U.S. Department of Health and Human Services. HHS Pandemic Plan. November 2005. www.pandemicflu.gov www. https://www.cdc.gov/coronavirus/2019-nCoV/index.html | | | | | | | | | | |

Respiratory Hygiene/Cough Etiquette

To contain respiratory secretions, all persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should be instructed to:

- Cover the nose/mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest waste receptacle after use.
- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to respiratory hygiene/cough etiquette in waiting areas for patient/residents and visitors:

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub.
- Provide soap and disposable towels for handwashing where sinks are available.

Masking and separation of persons with symptoms of respiratory infection

During periods of increased respiratory infection in the community, persons who are coughing should be offered either a procedure mask (i.e., with ear loops) or a surgical mask (i.e., with ties) to contain respiratory secretions. Coughing persons should be encouraged to sit as far away as possible (3-at least 6 feet) from others in common waiting areas. Some facilities may wish to institute this recommendation year-round.

Summary of Infection Control Recommendations for Care of Patient/residents
with Pandemic Influenza

| Component | Recommendations |
|---|---|
| Standard Precautions | See www.Center for Disease Control.gov/ncidod/hip/ISOLAT/std_prec_excerpt.htm |
| Hand hygiene | Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items; after removing gloves; and between patient/resident contacts. Hand hygiene includes both handwashing with either plain or antimicrobial soap and water or use of alcohol-based products (gels, rinses, foams) that contain an emollient and do not require the use of water. If hands are visibly soiled or contaminated with respiratory secretions, they should be washed with soap (either non-antimicrobial or antimicrobial) and water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbicidal activity, reduced drying of the skin, and convenience. |
| Personal protective equipment (PPE) | <ul style="list-style-type: none"> • For touching blood, body fluids, secretions, excretions, and contaminated items; for touching mucous membranes and non-intact skin • During procedures and patient/resident-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated • During procedures and patient/resident care activities likely to generate splash or spray of blood, body fluids, secretions, excretions |
| Safe work practices | Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces with contaminated gloves and other PPE that are not directly related to patient/resident care (e.g., door knobs, keys, light switches). |
| Patient/resident resuscitation | Use mouthpiece, resuscitation bag, or other ventilation devices to prevent contact with mouth and oral secretions. |
| Soiled patient/resident care equipment | Handle in a manner that prevents transfer of microorganisms to oneself, others, and environmental surfaces; wear gloves if visibly contaminated; perform hand hygiene after handling equipment. |

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| Soiled linen and laundry | Handle in a manner that prevents transfer of microorganisms to oneself, others, and to environmental surfaces; wear gloves (gown if necessary) when handling and transporting soiled linen and laundry; and perform hand hygiene. |
| Needles and other sharps | Use devices with safety features when available; do not recap, bend, break or hand-manipulate used needles; if recapping is necessary, use a one-handed scoop technique; place used sharps in a puncture-resistant container. |
| Environmental cleaning and disinfection | Use EPA-registered hospital detergent-disinfectant; follow standard facility procedures for cleaning and disinfection of environmental surfaces; emphasize cleaning/disinfection of frequently touched surfaces (e.g., bed rails, phones, lavatory surfaces). |
| Disposal of solid waste | Contain and dispose of solid waste (medical and non-medical) in accordance with facility procedures and/or local or state regulations; wear gloves when handling waste; wear gloves when handling waste containers; perform hand hygiene. |
| Respiratory hygiene/cough etiquette Source control measures for persons with symptoms of a respiratory infection; implement at first point of encounter (e.g., triage/reception areas) within a healthcare setting. | Cover the mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacles; perform hand hygiene after contact with respiratory secretions; wear a mask (procedure or surgical) if tolerated; sit or stand as far away as possible (at least 6 feet) from persons who are not ill. |
| Droplet Precautions | www.Center for Disease Control.gov/ncidod/hip/ISOLAT/droplet_prec_excerpt.htm |
| Patient/resident placement | Place patients/residents with influenza in a private room or cohort with other patients/residents with influenza.* Keep door closed or slightly ajar; maintain room assignments of patients/residents in nursing homes and other residential settings; and apply droplet precautions to all persons in the room. *During the early stages of a pandemic, infection with influenza should be laboratory-confirmed, if possible. Personal protective equipment Wear a surgical or procedure mask for entry into patient/resident room; wear other PPE as recommended for standard precautions. |
| Patient/resident transport | Limit patient/resident movement outside of room to medically necessary purposes; have patient/resident wear a procedure or surgical mask when outside the room. |
| Other | Follow standard precautions and facility procedures for handling linen and laundry and dishes and eating utensils, and for cleaning/disinfection |

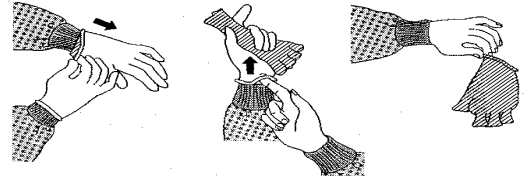
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| | of environmental surfaces and patient/resident care equipment, disposal of solid waste, and postmortem care. |
| Aerosol-Generating Procedures | During procedures that may generate small particles of respiratory secretions (e.g., endotracheal intubation, bronchoscopy, nebulizer treatment, suctioning), healthcare personnel should wear gloves, gown, face/eye protection, and a fit-tested N95 respirator or other appropriate particulate respirator. |

(Source: HHS Pandemic Influenza Plan, Part 2-Public Health Guidance Supplements, Supplement 4)

Sequence for Removing PPE

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container



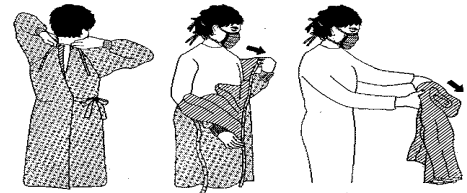
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

**PROTOCOL FOR
TRANSFERS TO ST. JOSEPH POST-ACUTE CENTER**

In the event a patient/resident tests positive for COVID-19, they will be transferred to the St. Joseph Post-Acute Center for the duration of their COVID positive condition. Their bed will be held until they meet the requirements for discontinuation of isolation established by the CDC. (See policy CBC-COVID-001 Admission Screening and Response to Suspected or Positive COVID-19)

The following steps shall be followed to facilitate a smooth transition for the patient/resident:

1. Notify Administrator and Director of Nursing of positive COVID test.
2. Administrator shall notify VP LTC Operations of pending transfer, who will then notify NYSDOH of transfer via email, as well as Sr. VP, H&CBC and Medical Director.
3. Obtain MD/NP order for transfer to St. Joseph Post- Acute Center (SJPAC).
4. Notify patient/resident and their responsible party of positive COVID test and the need for transfer to our COVID treatment facility. Notify family that the bed will be held at no charge until the patient/resident can be safely returned.
5. Notify SJPAC Supervisor of pending transfer – Supervisor’s cell phone is 716-253-0996.
6. Contact Aries Transport to arrange for transfer (716-362-9701). Aries will need the patient/resident name, date of birth and weight, along with the address of the destination (4659 Duerr Road, Orchard Park, NY 14127).
7. RN to conduct and document respiratory assessment to determine need for oxygen during transfer; if needed, obtain MD/NP order for oxygen during transport. Further document patient/resident condition upon discharge.
8. Fax copy of transfer paperwork to SJPAC – fax # 716-961-2717
 - a. Face Sheet
 - b. MOLST/Advance Directives/ HCP
 - c. Last History & Physical
 - d. Last labs, including COVID positive test result – needed for insurance auth.
 - e. MARs & TARs
 - f. Care Plan
 - g. Kardex
 - h. BIMs score – located in Section C of the MDS
 - i. PHQ9 score- located in Section D of the MDS
9. Send the hardcopy of this paperwork and medications, except for narcotics, in a sealed envelope with the patient/resident.
10. Do not send patient/clothing or valuables. Do send assistive devices patient/resident uses such as glasses, hearing aids, dentures.

* Note: no patient/resident is to be transferred to SJPAC any later than 10 pm. Should a COVID positive diagnosis be received late in the evening precluding transfer, patient/resident shall be placed in their own room and Transmission Based precautions started and in place until transfer first thing the next morning.