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Applicability UNC Medical Center

COVID-19 Control Plan

I. Description

Describes the policies for reducing the risk of exposure of SARS-CoV2 (the virus that causes COVID-19) to patients, visitors, and healthcare personnel (HCP) in the workplace (UNC Medical Center, including Hillsborough Hospital and Wakebrook).

II. Policy

A. Responsibility

1. UNCMC Infection Prevention will maintain and update the COVID Control Plan as needed.
2. Changes to core COVID-19 infection prevention strategies (e.g., masking, screening, HCP return to work, vaccination, etc.) must be approved by Infection Prevention and hospital leadership.
3. The COVID-19 Control Plan updates will be approved by the Hospital Infection Control Committee (HICC).

B. Patient, Visitor, and HCP Protection

1. The University of North Carolina Medical Center (UNCMC) follows the [COVID-19 Operational Algorithm](#) (available on the [Infection Prevention intranet site](#)) to make masking decisions based on community transmission metrics.
 - UNCMC requires that all patient and visitors wear a mask when inside any facility (Chapel Hill, Hillsborough, and Wakebrook hospital/clinics and UNC

Faculty Physicians Clinic) at all times.

C. Patient and Visitors Screening

1. Visual signage will be placed at the entrances used by patients and visitors alerting them to the symptoms of COVID-19 and advising them not to enter if they have any symptoms or are actively infected with COVID-19.
2. In ED and clinic settings, the patient will be screened at the point of contact (e.g., at registration).
3. Patient waiting rooms will allow for physical distancing when feasible and when it does not impede the provision of care.

D. HCP Wellness Screening

1. All HCP reporting to the workplace will self-screen for signs and symptoms of COVID-19:
 - a. Fever or chills
 - b. New loss of taste or smell
 - c. Cough
 - d. Sore throat
 - e. Shortness of breath or difficulty breathing
 - f. Vomiting
 - g. Diarrhea
2. If HCP have these signs or symptoms of COVID-19 they must not report to work, or if they are in the workplace they must leave immediately and call the OHS COVID Hotline (984-215-5668) to report symptoms. HCP can also use an online portal instead of the hotline for symptomatic COVID test scheduling or reporting of positive home tests. HCP of other entities will contact their respective OHS Department or Campus Health per their entity COVID-19 Plan.
 - a. HCP who test positive for COVID-19 will be removed from the workplace immediately.
 - b. HCP who have been told they are suspected to have COVID-19 will be removed from the workplace immediately.
 - c. HCP will work with OHS to determine a return to work date.
3. If HCP have a close exposure to COVID-19, they will call the OHS COVID Hotline to report the exposure and receive instructions for returning to work.

E. Employer Notification to HCP of COVID-19 Exposure in the Workplace

- If a HCP has a concern regarding a breach in PPE when caring for a COVID-19 patient, they should contact their OHS to discuss this breach in PPE and any concerns for exposure to COVID-19. HCP with a breach in PPE should enter a SAFE report.

F. Return to Work Criteria

1. Asymptomatic, unvaccinated HCP who were removed from the workplace due to an exposure to COVID-19 can return to work after 7 days (or longer in case of household contact) and a negative COVID-19 PCR test.
2. Asymptomatic, fully vaccinated HCP are permitted to work as long as they remain asymptomatic, but they are tested for COVID using PCR tests several times post-exposure.
3. Symptomatic HCP without an exposure can return to work as soon as they fulfill three criteria: 1) negative COVID-19 PCR test; 2) at least 24 hours fever-free without antipyretics; and 3) at least 48 hours without vomiting and diarrhea. The last two criteria are not COVID-19 specific but rather reflect other UNCMC Infection Prevention policies.
4. Symptomatic, unvaccinated employees with an exposure are required to obtain a COVID-19 PCR test when symptoms appear. A negative COVID-19 PCR test at that time does not shorten their quarantine, however.
5. COVID-19 positive HCP, regardless of symptoms or vaccination status, are kept out of work for a minimum of 7 days from onset of symptoms, or if asymptomatic, from date of first positive test. A COVID-19 positive employee may return to work when all five criteria are fulfilled: 1) 7 days have passed from onset of symptoms or, if asymptomatic, from date of first positive test; 2) fever-free without antipyretics for at least 24 hours; 3) symptoms overall improving; 4) HCP is not known to be immunocompromised or have been hospitalized for COVID; and 5) HCP is fully vaccinated with at least a full primary COVID-19 series (HCP not fully vaccinated can return to work after 10 days if fever-free, symptoms overall improving and not known to be immunocompromised or hospitalized for COVID).

G. Recordkeeping

- Occupational Health tracks all required information about COVID-19 positive HCP. Occupational Health works with Infection Prevention when any potential occupational clusters begin to appear in order to mitigate the risk of further COVID-19 spread.

H. Isolation Guidelines

1. All patients will be managed using Standard Precautions as laid out in the Infection Prevention policy: [Isolation Precautions](#) in PolicyStat. In addition, Transmission-Based Precautions may be used as recommended by CDC and per Infection Prevention policy: [Isolation Precautions](#).
2. All patients with known or suspected COVID-19 will be managed on Special Airborne Contact Precautions. PPE for Special Airborne Contact Precautions is as follows:
 - a. N95 plus eye protection or PAPR
 - b. Gown
 - c. Gloves
3. HCP are trained in the process for donning and doffing PPE in the correct order. Videos demonstrating donning and doffing are located on the UNCMC Intranet, PPE Monitor training is available in LMS to assist HCP in monitoring others to don and doff PPE.

I. Personal Protective Equipment

PPE will be provided to each HCP during their shift.

1. Masks

- HCP will follow the [COVID-19 Operational Algorithm](#) when determining masking requirements.

2. Eye Protection

- a. Eye protection should be worn in compliance with the COVID-19 policy: [COVID 19 Workflow - Universal Pandemic Precautions](#). Additionally, HCP may choose to wear eye protection at any other time as they deem appropriate. Eye protection is to be worn when caring for any patient with known or suspected COVID-19 and when performing AGPs.
- b. Clean eye protection will be available to HCP in the form of face shields, goggles or safety glasses through the Lawson ordering system.
- c. Eye protection must be cleaned daily and when visibly soiled.

3. Gowns and Gloves

- Gowns and gloves will be worn as outlined in the Infection Prevention policy: [Isolation Precautions](#). In addition to a respirator and eye protection, gowns and gloves must be worn when caring for any patient with known or suspected COVID-19.

4. Respirators

- For HCP with exposure to patients with known or suspected COVID-19 a respirator will be provided, in addition to other required PPE (eye protection, gown and gloves). Respirators are defined as N95s or Powered Air Purifying Respirators (PAPR). UNCMC will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134) and the Mini Respiratory Program required by 29 CFR 1910.504.

J. Aerosol Generating Procedures (AGP)

1. List for aerosol generating procedures is located [here](#). This list includes CDC/OSHA stated AGPs and UNCMC additions for AGP.
2. HCP that perform or assist in performing an AGP on a patient with suspected or confirmed COVID-19 will wear a NIOSH approved respirator, eye protection, gown and gloves. In addition, HCP may also wear a respirator when performing an AGP on other patients not known or suspected to have COVID-19.
3. Number of HCP in the room should be limited during an AGP. After the AGP the environmental surfaces and equipment will be disinfected using an EPA-registered disinfectant (List N).

K. Physical Distancing

- When feasible, HCP and patients will maintain a distance of 6 feet from others. Where distancing is not possible, UNCMC will ensure HCP are as far apart from other people as possible. Physical distancing is a part of a multi-layered approach for infection control against COVID-19 transmission in the workplace.

L. Cleaning and Disinfection

1. UNCMC has developed and implemented cleaning and disinfection policies and procedures consistent with CDC's "[COVID-19 Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic](#)". General cleaning and disinfection practices are laid out in the Infection prevention policy: [Environmental Services](#). Protocols specific to cleaning and disinfection of areas with known or confirmed COVID-19 are in the COVID-19 policy: [COVID 19 Workflow: Infection Prevention Guiding Principles for the Care of the Patient with COVID-19](#).
2. In non-patient care areas, high touch surfaces should be cleaned and disinfected at least once a day with an EPA-registered disinfectant. All non-dedicated, non-disposable medical equipment should be cleaned and disinfected after each use.
3. An EPA-registered disinfectant that has qualified under EPA's emerging viral pathogens program and included on List N will be utilized:

- <https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>

M. Hand Hygiene

- The Infection Prevention policy: [Hand Hygiene and Use of Antiseptics for Skin Preparation](#) is the policy for UNCMC and developed by the infection prevention program. It is implemented as a key measure in reducing the risk of transmission of infectious organisms, including COVID-19.

N. Ventilation

- UNC Hospitals (101 Manning Drive, Chapel Hill, NC) and Hillsborough Hospital (460 Waterstone Drive, Hillsborough, NC) operate and maintain heating, ventilation, and air conditioning (HVAC) systems to ensure that:
 - a. HVAC systems are operated in manners compatible with their design specifications and are maintained in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance program based on accepted standards of practice.
 - b. HVAC systems provide outside air ventilation rates and air change rates which meet or exceed state building code and applicable hospital licensure codes. Note: Introducing higher outside air ventilation rates incompatible with the HVAC system design specifications would not be appropriate as it would introduce risks associated with exceeding HVAC system heating/cooling capacities and reducing control of temperature and humidity in the occupied space.
 - c. HVAC systems provide air filtration efficiencies which meet or exceed state building code and applicable hospital licensure codes, with minimum MERV 13 filtration throughout the hospital except in limited locations where small HVAC systems serving non-clinical administrative areas were designed for MERV 8 filtration. Note: Introducing higher filtration efficiencies incompatible with the HVAC system design specifications would not be appropriate as it would introduce risks associated with reducing air change rates and reducing control of temperature and humidity in the occupied space.
 - d. Air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC systems.
 - e. Airflow from outside air intakes is pre-filtered to ensure that the airflow entering the coils and fans of HVAC systems is cleared of any debris that may affect the function and performance of the HVAC systems.
 - f. Airborne Infectious Isolation Rooms (AIIR) are maintained and operated to

provide proper negative pressure and exhaust air-change rates.

III. References

Occupational Health and Safety Administration. COVID-19 Healthcare Emergency Temporary Standard (86 FR 32560). 06/21/2021. <https://www.osha.gov/coronavirus/ets>

CDC's COVID-19 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (2021), downloaded from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> on 6/25/2021.

IV. Related Policies

[COVID 19 Workflow - Universal Pandemic Precautions](#)

[COVID-19: COVID 19 Workflow - Infection Prevention Guiding Principles for the Care of the Patient with COVID-19](#)

[Infection Prevention Policy: Environmental Services](#)

[Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation](#)

[Infection Prevention Policy: High Consequence Pathogens - Preparedness and Response Plan](#)

[Infection Prevention Policy: Isolation Precautions](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	11/2022
	Thomas Ivester: CMO/VP Medical Affairs	11/2022
	Emily Vavalle: Dir Epidemiology	11/2022
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