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 staff in the workplace.

II. Policy
A. Responsibility
1. UNC Hospitals Infection Prevention will maintain and update the COVID-19 Control Plan as needed.

2. Changes to core COVID-19 infection prevention strategies (e.g., masking, screening, staff 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).

4. Updates to specific prevention measures will be messaged to teammates through News for Employees, News for Leaders, and Vital Signs.

B. Patient, Visitor, and Staff Protection
UNC Hospitals follows the COVID-19 Operational Algorithm (available on the Infection Prevention intranet site) to make masking decisions.
C. Patient and Visitors Screening

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.

D. Staff Wellness Screening

1. All staff 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 staff 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 use the online portal for symptomatic COVID-19 test scheduling or reporting of positive home tests. Staff of other entities will contact their respective Occupational Health Services (OHS) Department or Campus Health per their entity COVID-19 Plan.
   a. Staff who test positive for COVID-19 will be removed from the workplace immediately.
   b. Staff who have been told they are suspected to have COVID-19 will be removed from the workplace immediately.
   c. Staff will work with OHS to determine a return-to-work date.

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

If staff has a concern regarding a breech in personal protective equipment (PPE) when caring for a COVID-19 patient, they should contact their OHS to discuss this breech in PPE and any concerns for exposure to COVID-19. Staff with a breech in PPE should enter a SAFE report.
F. Return to Work Criteria

1. Asymptomatic staff who are exposed to COVID-19 are permitted to work as long as they remain asymptomatic.

2. Symptomatic staff 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 UNC Hospitals Infection Prevention policies.

3. COVID-19 positive staff, regardless of symptoms or vaccination status, are kept out of work for a minimum of 5 days from onset of symptoms, or if asymptomatic, from date of first positive test. A COVID-19 positive staff member may return to work when the following criteria are fulfilled: 1) 5-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; and 4) staff member is not known to be immunocompromised or have been hospitalized for COVID-19.

G. Record Keeping

Occupational Health tracks all required information about COVID-19 positive staff. 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. Staff are trained in the process for donning and doffing PPE in the correct order. Videos demonstrating donning and doffing are located on the UNC Hospitals Intranet, PPE Monitor training is available in LMS to assist staff in monitoring others to don and doff PPE.
I. Personal Protective Equipment

PPE will be provided to each staff member during their shift.

1. Masks
   - Staff 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, Staff 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 on a COVID-19 patient.
   b. Clean eye protection will be available to staff 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 staff 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). UNC Hospitals 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 UNC Hospitals additions for AGP.

2. Staff 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, staff may also wear a respirator when performing an AGP on other patients not known or suspected to have COVID-19.
3. Number of staff 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. Cleaning and Disinfection**

1. UNC Hospitals 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: Disinfectants for COVID-19 will be utilized:

**L. Hand Hygiene**

The Infection Prevention policy: Hand Hygiene and Use of Antiseptics for Skin Preparation is the policy for UNC Hospitals 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.

**M. 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:

1. 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.

2. 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.

3. 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.

4. Air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC systems.

5. 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.

6. Airborne Infectious Isolation Rooms (AIIR) are maintained and operated to provide proper negative pressure and exhaust air-change rates.

III. References


IV. Related Policies

COVID-19: COVID 19 Workflow - Infection Prevention Guiding Principles for the Care of the Patient with COVID-19

COVID-19: COVID 19 Workflow - Universal Pandemic Precautions

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

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<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<tr>
<td>Policy Stat Administrator</td>
<td>Kimberly Novak-Jones: Nurse Educator</td>
<td>02/2024</td>
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<tr>
<td></td>
<td>Thomas Ivester: CMO/VP Medical Affairs</td>
<td>02/2024</td>
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<tr>
<td></td>
<td>Emily Vavalle: Dir Epidemiology</td>
<td>11/2023</td>
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<tr>
<td></td>
<td>Sherie Goldbach: Project Coordinator</td>
<td>11/2023</td>
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## Applicability

UNC Medical Center