



A HIGHER LEVEL OF CARE

INFECTION PREVENTION

COVID REMINDERS



Infection Prevention- Guidelines for COVID

- Have signage at entrances of each facility, that direct patients, visitors and colleagues on what to do if they are symptomatic prior to entering the building.
- Have masks and hand sanitizer accessible for patients with respiratory symptoms to use or for use by those who would prefer to wear a mask in the absence of symptoms.



COVID-19 SCREENING FOR PATIENTS, VISITORS, AND COLLEAGUES

Please read each question carefully

- 1** Have you experienced any of the symptoms in the list below in the past 48 hours?
 - Fever or chills
 - New or unexplained onset of cough, shortness of breath, difficulty breathing, headache, sore throat, congestion or runny nose, nausea or vomiting or diarrhea
 - New or unexplained loss of taste or smell
 - New or unexplained muscle aches
- 2** Are you isolating because you tested positive for COVID-19 or are sick and suspect that you have COVID-19 but do not yet have test results?
- 3** Have you had unprotected close contact exposure* to an individual with COVID-19 in the last 10 days?

If you answered YES to any of the questions

COLLEAGUES

Contact the Employee Health Office for further instructions.

PATIENTS & SUPPORT PERSONS

Proceed with hand hygiene and masking, please notify your care team of your symptoms.

NON-PATIENTS, VISITORS, ETC.

Do not enter at this time. Please return when you are free from symptoms.

* Unprotected close contact exposure means prolonged, unprotected close contact (i.e., within 6 feet for 15 cumulative minutes or longer over a 24 hr period) with a patient with confirmed SARS-CoV-2 infection. For healthcare personnel unprotected close contact means being within 6 feet for 15 cumulative minutes over a 24 hr period where required PPE was not worn.



- [Source control](#) refers to use of respirators or well-fitting facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.
- Source control is **REQUIRED** for any colleague who has had an exposure to COVID in the past 10 days OR if a unit, office or facility is experiencing an outbreak.
- We will continue to monitor COVID levels in the community, hospitalizations and staff absenteeism to determine the need for broader masking requirements.
 - In facilities and circumstances where source control is optional, any colleague who wishes to wear a mask or N95 is welcome to do so.
 - Some facilities are already requiring masking for all colleagues. Please follow your local infection prevention requirements.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

https://covid.cdc.gov/covid-data-tracker/#maps_new-admissions-rate-county



PPE for COVID PUI or Positive Patients



 ST. JOSEPH'S
HEALTH
A Member of Trinity Health

**CONTACT &
ENHANCED
AIRBORNE
PRECAUTIONS**

KEEP DOOR CLOSED
CHECK WITH NURSE BEFORE ENTERING

 **WASH HANDS**
Use alcohol gel or soap and water before, wash hands with soap and water after

 **WEAR MASK**
ANYONE ENTERING ROOM must put on N-95 or PAPR

 **WEAR A GOWN AND GLOVES WHEN ENTERING ROOM**

 **USE GOGGLES OR FACE SHIELD WHILE IN ROOM**

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- N95 or equivalent
- Gown
- Gloves
- Eye-protection (goggles/face shield)
- Eyeglasses do NOT offer sufficient protection

Fit-testing

- Fit-testing is required annually OR if you experience substantial weight-loss, weight-gain or structural changes to your face.
- Self-scheduling is available on the SJH Health Office Intranet Page.

<https://mytrinityhealth.sharepoint.com/sites/SJH-HealthOffice/SitePages/Fit-Testing.aspx>



A HIGHER LEVEL OF CARE

SJH Departments Resources Work Tools Life & Career Locations



Health Office

Site External Sharing Enabled

site contents

Employee Health Office

Hours Monday thru Friday 7am-330pm

Phone 315-448-5581

Fax 315-448-5742

health.office@sjhsyr.org

Annual Health Assessment

COVID-19 Informational Page

Drug and Alcohol Testing

Spring Health Information

Exposure to Transmissible...

Fit Testing

Forms

Frequently Asked Questions



ST. JOSEPH'S HEALTH

Exposure and return to work guidance

- All colleagues with an exposure or test positive for Covid-19 must contact [Employee Health Office](#) and their Manager.
- Colleagues are required to follow the Employee Health Office Algorithm for Exposure Testing and Symptomatic Testing
 - Follow the Algorithm to properly submit all Home Antigen Tests with work ID or NYS driver's license to EHO.

<https://mytrinityhealth.sharepoint.com/sites/SJH-HealthOffice/SitePages/COVID-19-Informational-Page.aspx>

SJH Departments Resources Work Tools Life & Career Locations

ST. JOSEPH'S HEALTH A Member of Trinity Health

Health Office Site External Sharing Enabled

Send to

COVID-19 Informational Page

COVID-19 Declination

COVID-19 Policy Update 2023

exposure testing with home antigen test April 2023

Symptomatic home antigen testing algorithm April 2023



Exposure Management: Colleagues with Close Contact or High-Risk Exposure



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	Symptomatic	No Symptoms	Testing	Action
Not Immunocompromised	X		<ul style="list-style-type: none"> • PCR or Home Test (antigen) 	<ul style="list-style-type: none"> • Restrict from work
		X	<ul style="list-style-type: none"> • Test on day 1, 3 and 5 	<ul style="list-style-type: none"> • Colleague can work • Must always wear a well-fitting mask. • Restrict from work if symptoms develop <u>OR</u> if there is a positive test.
Immunocompromised**	X		<ul style="list-style-type: none"> • PCR or Home Test (antigen) 	<ul style="list-style-type: none"> • Restrict from work
		X	<ul style="list-style-type: none"> • Test on day 1, 3 and 5 	<ul style="list-style-type: none"> • Restrict from work • If all tests are negative, RTW on Day 7.

Day of Exposure is Day 0

•HIGH-RISK EXPOSURE defined as:

- prolonged close contact with person with acute COVID-19 without wearing PPE (e.g., outside of work) for 15 minutes or more cumulative over a 24-hour period,
- HCP did not wear a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask) or HCP was not wearing eye protection and person with SARS-CoV-2 infection was not wearing a cloth mask or facemask or HCP not wearing all required PPE during an AGP

•If this is an **UNPROTECTED WORK-RELATED EXPOSURE**: Submit a work-related incident through the Trinity Health Employee Incident Reporting (THEIR) application

•For colleagues with ongoing close contact exposure, e.g., household member has COVID-19, consider use of a series of tests to assess if transmission has occurred from household exposure

•Vaccination status is no longer considered when determining return to work status and/or associated actions.

**For definition of moderate to severely immunocompromised refer to Description of Moderate and Severe Immunocompromising Conditions and Treatment in [Clinical Guidance for COVID-19 | CDC](#)

***It is highly recommended that severely immunocompromised colleagues wear an N95 at all times.





Managing Colleagues Who Test Positive or Meet Clinical Criteria for COVID-19 (CONTINGENCY STAFFING)

	Symptoms	No Symptoms	Disease Severity	Actions
Not Immunocompromised	X		Mild / Moderate	<p>Permitted to work after:</p> <ul style="list-style-type: none"> At least 5 days have passed since symptoms first appeared (day 0), 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. <p>Consider assigning only to PUI or in isolation for SARS-CoV-2 infection. Avoid, assign to moderate/severe immunocompromised.</p>
		X	Mild / Moderate	<p>Permitted to work after:</p> <ul style="list-style-type: none"> At least 5 days have passed since first positive viral test (day 0). <p>Consider assigning only to PUI or in isolation for SARS-CoV-2 infection. Avoid, assign to moderate/severe immunocompromised.</p>
	X		Severe / Critical (Hospitalized)	<p>Return to Work after:</p> <ul style="list-style-type: none"> Beginning day 10 after onset of symptoms (may be longer because of underlying immunocompromised condition) AND <ul style="list-style-type: none"> Resolution of fever without the use of fever-reducing medications, AND Improvement in symptoms (e.g., cough, shortness of breath), AND Results are NEGATIVE from at least two (2) consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test. (Testing can be done starting on day 8).
Immunocompromised	X	X	Any	<ul style="list-style-type: none"> Use of a test-based strategy (see row above) and consultation with an infectious disease specialist or other expert and an Employee / occupational health specialist is recommended to determine when these HCP may return to work. At a minimum return to work will need to be 10 days after initial positive test AND: <ul style="list-style-type: none"> after results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test.

Definitions for severe Immunocompromised



- Active treatment for solid tumor and hematologic malignancies
- Hematologic malignancies associated with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia)
- Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

