Cogdell	**HOSPITAL DISTRICT DOCUMENTS** ***1.org.PE.SEC 1050***
SECTION: **Security/Dietary** Approved: **Board of directors**	SUBJECT: Feeding TDCJ correctional officers

Purpose:

When TDCJ officers transport offenders to Cogdell Hospital and the offender is admitted the officers cannot leave offender at any time therefore for the officers to be able to eat and drink during a 12 hour shift Cogdell hospital dietary department will provide meals to the TDCJ officers.

Policy:

To insure TDCJ officers receive meals from Cogdell's dietary department when guarding a TDCJ offender

Procedure

In the event TDCJ officers transport a TDCJ offender to Cogdell hospital and the offender is admitted to the hospital Cogdell dietary department will ensure the transporting officers will receive meals while on 12 hour shifts.

Originated:	*Effective: 04/13/2021*
Reviewed with Changes	*Reviewed without Changes*

I. Title

COVID-19 Plan

II. Purpose

Infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility.

III. A. Minimize Chance for Exposure

1. Before Arrival:

- When scheduling appointments, instruct patients and persons who accompany them to call ahead or inform healthcare personnel (HCP) upon arrival if they have symptoms of COVID-19 and to take appropriate preventive actions, such as wearing a facemask while in the facility.
- If a suspected of confirmed COVID-19 patient is arriving via transport by emergency medical services (EMS), the service should notify the emergency department (ED) prior to arrival, when possible, and otherwise, immediately upon arrival.

2. Upon Arrival and During the Visit

- Take steps to ensure all persons with symptoms of suspected COVID-19 or who have had close, extended contact with a person with COVID-19, adhere to respiratory hygiene and cough etiquette and hand hygiene, which includes wearing a mask.
- Ensure that patients with symptoms of COVID-19 are not allowed to wait in close proximity to others seeking care. Maintain environmental controls whenever possible (separate chairs, provide physical barriers, etc.).
- Ensure rapid triage and isolation of patients with symptoms of COVID-19.
- Identify patients at risk for having COVID-19 before or immediately upon their arrival to the healthcare facility.
- Screen all staff, patients and visitors for COVID-19 symptoms or recent close, extended contact with someone who is positive, upon arrival to the facility.
- Require all who enter the facility to wear a facemask.

B. Patient Placement

- When possible, place a patient with known or suspected COVID-19 in a negative pressure room. When a negative pressure room is not available, the door to the patient room should be kept closed at all times.
- If a patient does not require hospitalization they can be discharged home if deemed appropriate. Home instructions are available on the www.dshs.texas.gov/coronavirus website.
- Limit transport and movement around the facility to medically-essential purposes. Ensure the patient is wearing a mask.
- Personnel entering any patient room should use the appropriate PPE as described in *Required PPE for Clinical Staff.*

- Only essential personnel should enter the room of a COVID-19 positive patient. Minimize the number of HCP who enter the room. When possible, use dedicated HCP to minimize the risk of transmission and exposure to other patients and HCP.
- Use dedicated or disposable noncritical patient-care equipment when possible (stethoscopes, blood pressure cuffs). If equipment is used for more than one patient, clean and disinfect such equipment before use on another patient, according to manufacturer's instructions.
- When a patient vacates a room, personnel should wait at least 30 minutes (if negative pressure room) or 60 minutes (if not negative-pressure) before they enter the room (for example, to clean the room).
- All rooms will undergo appropriate cleaning prior to being returned to use.

C. Hand Hygiene

- HCP should perform hand hygiene using alcohol foam before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene can also be performed by washing with soap and water for at least 20 seconds.
- Hand hygiene supplies will be readily available in every patient care area.

D. Personal Protective Equipment

- PPE should be used in a manner to prevent self-contamination. All clinical staff and those who have close, extended contact with patients will be taught how to properly don, doff and dispose of PPE.
- Clinical staff will follow the requirements found in *Required PPE for Clinical Staff.*
- Any and all staff responding to a Code Blue or a trauma activation situation will don all of the following PPE PRIOR to entering the patient room: Gloves, gown, N95 mask and eye protection.
- PPE will be changed as needed and disposed of properly.
- When sized N95 masks are not available, all staff must perform a fit check with their N95 mask to ensure a safe fit. All staff are encouraged to wear a face shield over the mask to add an extra layer of protection to the mask.

***E.* Specimen Collection**

Collecting diagnostic respiratory specimens (nasopharyngeal swab) will be done by staff who have a documented skills competency.

F. Discontinuation of Isolation Precautions for suspected or confirmed COVID-19 patients

- Discontinuation of isolation precautions should be based on current CDC guidelines, in conjunction with local, state, and federal guidelines.
- Generally, isolation precautions may be discontinued 10 days after symptom onset or a positive COVID-19 test. Up to 20 days may be required if patient is immunocompromised or was severely ill with COVID-19.

G. Manage Visitor Access and Movement Within the Facility

- Visitors should be restricted from entering the room of known or suspected COVID-19 patients. Alternate mechanisms for patient/visitor interactions will be encouraged. Staff are to help facilitate video visits via the Martti language assistance iPad, when possible. Exceptions may be considered based on end-of-life situations or when a visitor is essential for the patient's well-being and care.
- All visitors are required to wear a face mask while in the facility.
- Visitation for all patients may be limited or restricted, based on local, state, and federal guidelines and current state of transmission within the community or region. Refer to the *COVID-19 Prohibition of Visitors* for the current guidelines.
- Visitors should not be present during aerosol-generating procedures.

H. Management of Exposed or Ill Healthcare Personnel

- Decisions regarding work restrictions for any HCP who is ill or who has been exposed to COVID-19 will be made collaboratively between Employee Health staff and public health authorities. Refer *to Interim Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)* for additional information. https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
- If an employee tested positive more than 90 days ago and becomes ill or has close, extended contact with a positive case, they must start over with the current return to work criteria.
- Refer to *Routine, Contingency and Crisis Staffing Plan* when normal staffing patterns are interrupted due to COVID-19.

I. Implement Environmental Infection Control

- All environmental cleaning and disinfection procedures will be followed consistently and correctly.
- After discharge of a COVID patient, the UVDI-360 Room Sanitizer will be used prior to cleaning a room, and following the regular terminal clean.
- Routine cleaning and disinfection procedures (i.e. applying an EPA-registered, hospital grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogen claims are recommended for use against COVID-19.
- Bleach has demonstrated effectiveness against viruses similar to COVID-19 on hard noon-porous surfaces. Therefore, this product can be used in accordance with the directions for hard, non-porous surfaces. Specific claims for "COVID-19" will not appear on the product or master label.
- Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

J. Patient Testing

- **Admissions:** All patients who will be admitted to the facility should be tested prior to being sent to the unit using a rapid test, such as the Abbott ID Now. If the test is positive, admission should be to the COVID Unit (CVU). If the test is negative but a presumptive positive, the admission should also be to the CVU, PCR testing considered. If an admission has tested positive previously, and "recovered" according to the CDC guidelines, the physician may decide to forgo additional testing.
- **Transfers:** All patients who will be transferred to another facility for a higher level of care should be tested prior to transfer. Test results should be communicated to the transport team and to the receiving facility.
- **Surgical Patients:** All patients scheduled for surgery should be tested several days prior to surgery. In the case of an emergent case, patient should be tested prior to induction, as possible.
- If a patient has previously tested positive and considered "recovered" by the CDC guidelines within the previous 90 days, and is not experiencing COVID-19 symptoms, the physician may choose not to test the patient. This patient will be treated as negative for COVID-19.
- Testing should be performed utilizing rapid testing, such as the Abbott ID Now, when possible, to ensure quick results turnaround.

K. Establish Reporting within Healthcare Facilities and to Public Health Authorities

A mechanism will be in place that promptly alerts key facility staff of pertinent information including:

Infection Prevention & Control

Kristen Perez, LVN

Dr. Bid Cooper, Medical Director for Employee Health and Infection Control

Chief Nursing Officer

Kathy Goodwin, RN

Facility Leadership, Hospital Administrator on Call
Clinical Laboratory
Bill Dickinson
House Supervisor
Frontline Staff if admitting patient with known or suspected COVID-19
Scurry County Health Unit
Dana Hartman, LVN

L. Postmortem

The following factors should be considered when determining if an autopsy will be performed for a deceased person under investigation (PUI): medico legal jurisdiction, facility environmental controls, availability of recommended PPE and family and cultural wishes.

If it is determined that a postmortem specimen is needed, follow the guidance for specimen collection found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html#autopsy

IV. REFERENCES

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html Retrieved 11/10/2020

V. DATES AMENDED/APPROVED

Include origination date, dates of major or minor revisions and dates reviewed without changes.

Originated: 12/2020	*Effective: 12/2020*
Reviewed with Changes	*Reviewed without Changes*
04/2021	

VI. CONTACT INFORMATION

Infection Control Nurse
Chief Nursing Officer

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1. Annual Evaluation of the Effectiveness of the Emergency Preparedness Plan
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Originated: 04/26/2021	*Effective:*
Reviewed with Changes	*Reviewed without Changes*

Contact Information: CFC Administrator

REQUIRED CERTIFICATIONS

	BLS*	ACLS	PALS	NRP	STABLE	TNCC	ENPC	ATLS	B. EFM	Int. EFM	Other
	Prior to first shift unless has	Within 60 days	Within 6 months	Within 90 days	Within 90 days	Within 6 months	Within 12 months	Prior to first shift	Within 30 days	Within 12 months	
MEDICAL STAFF											
Clinic	X										
Med-Surg	X	X	X								
OB	X	X		X*	~~X~~						
ER***	X	X*	X*	X				X*			9 HRS Trauma CME/YR
OR	X										
CRNA	X	X*	X*	X							
NURSING STAFF											
Clinic	X										
Med-Surg	X	X**	X**								
OB	X	X**		X**	X				X**	X	
ER	X	X*	X*	X		X	X				
OR	X	X	X	X							
House Supervisor	X	X*	X*	X	X	X	X		X		
NURSE AIDE/TECH/MEDICAL ASSISTANT/SURGICAL TECH											
Clinic	X										
Med-Surg	X										
OB	X										
ER	X										
OR	X										
RESPIRATORY THERAPY											
Therapist	X	X	X	X	X						
ALL OTHER STAFF WHO HAVE CONTACT WITH PATIENTS											
ALL	X										

*MUST have certification prior to working indenpendently on the unit, unless ACLS is current

** Charge nurses MUST have certification prior to working in that role, other staff within required time frame listed at top of page

***ABEM or AOBEM-certified physicians only need proof of successful completon of an ATLS course (once),current NRP and 9 Trauma HRS/YR

Revised 4/28/2021

Cogdell MEMORIAL HOSPITAL	HOSPITAL DISCTRICT DOCUMENTS ~~*ANNUAL*~~ *TUBERCULOSIS TESTING* 1.ORG.EH.108
SECTION: **ORGANIZATION**	SUBJECT: **EMPLOYEE HEALTH**

I. Title

~~*Annual*~~ *Tuberculosis Testing and Screening*

II. Policy

- All paid Cogdell Memorial Hospital staff will have a lab test, blood drawn for QuantiFERON TB Gold Plus, upon hire. With a positive result, a chest x-ray will be ordered to rule out TB. Newly positive employees will be referred to the Scurry County Health Department for follow-up and treatment. ~~Instead of participating in serial testing, healthcare workers shall receive a symptom screening annually. This screening should be accomplished by educating the healthcare worker about symptoms of TB disease and instructing the healthcare worker to report any such symptoms immediately to the Employee Health Nurse. After an evaluation of the completed screening form by the Employee Health Nurse, any employees needing additional testing including QuantiFERON Gold, TB Skin Test or Chest X-ray will be reviewed by the Chairman of P&T Committee to determine which testing should be conducted.~~

- If an employee feels there has been an exposure to an active TB patient, they need to notify the Employee Health Nurse immediately. The local health department will be notified for guidance for when the employee should be tested for TB. A QuantiFERON TB Gold Plus test will be ordered and performed to rule out TB, and a repeat test will be performed 8-10 weeks post exposure, as per the local health department guidelines. ~~can request a TB screening~~ annually. This will be evaluated on a case by case basis to determine which testing will be conducted.

- Employee screening will be performed every other year, by having employees fill out a tuberculosis questionnaire.

- ~~Newly positive employees will be referred to the Scurry County Health Department for follow-up and treatment.~~

III. Reference

National Integrated Accreditation for Healthcare Organizations (NIAHO), Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals, Revision 20-1. IC.1.SR.4b

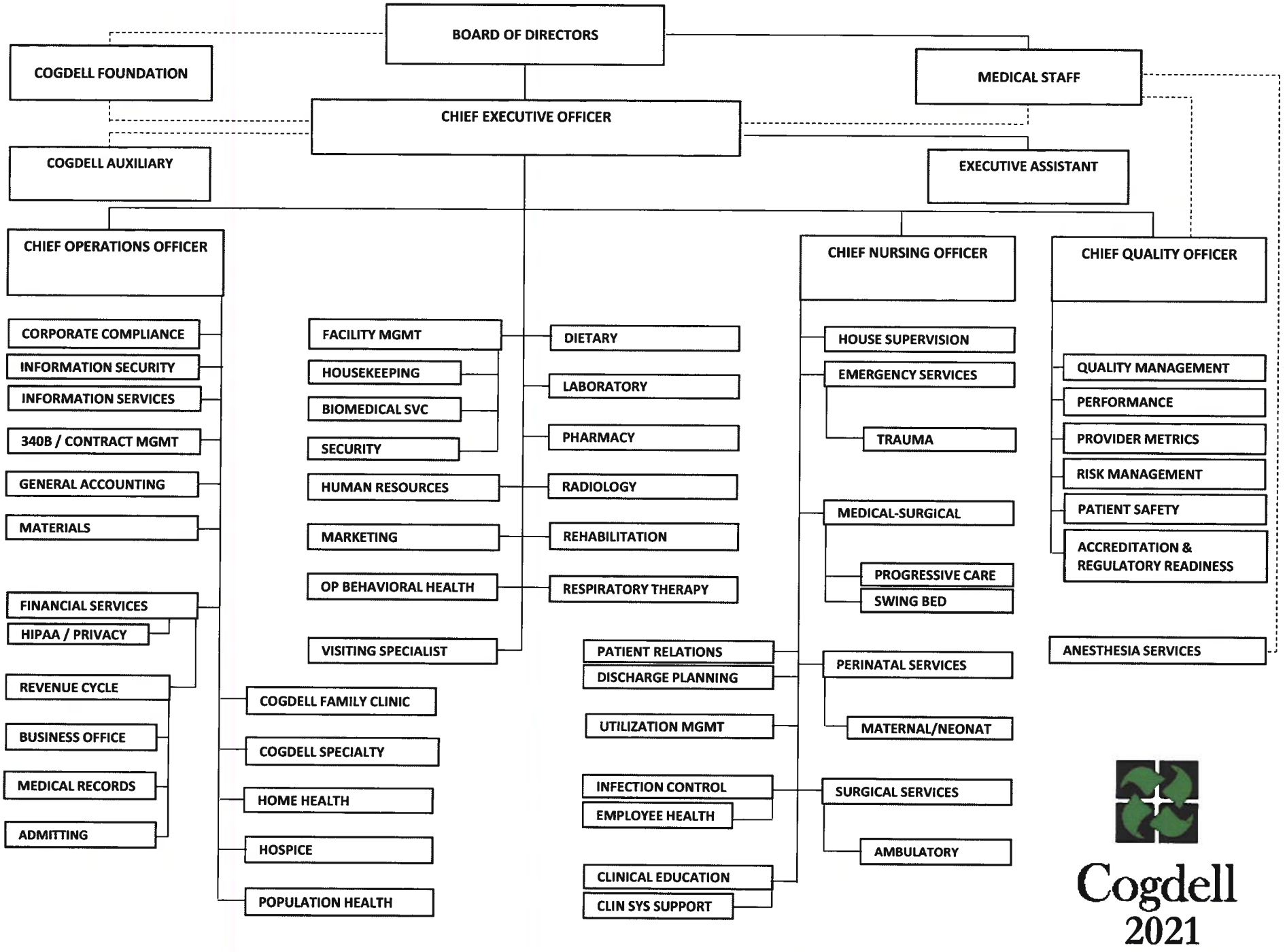
Certification in Infection Prevention (CIP) Requirements, Revision 21-0, SD.13.

IV. Dates Approved or Amended

Originated:	*Effective: 10/2017*
Reviewed with Changes	*Reviewed without Changes*
10/2017, 05/2021	11/2019, 12/2020

V. Contact Information

Employee Health Nurse


BOARD OF DIRECTORS
COGDELL FOUNDATION
MEDICAL STAFF
CHIEF EXECUTIVE OFFICER
COGDELL AUXILIARY
EXECUTIVE ASSISTANT
CHIEF OPERATIONS OFFICER
CHIEF NURSING OFFICER
CHIEF QUALITY OFFICER
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FACILITY MGMT
HOUSEKEEPING
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HUMAN RESOURCES
MARKETING
OP BEHAVIORAL HEALTH
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DIETARY
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PHARMACY
RADIOLOGY
REHABILITATION
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COGDELL FAMILY CLINIC
COGDELL SPECIALTY
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HOSPICE
POPULATION HEALTH
PATIENT RELATIONS
DISCHARGE PLANNING
UTILIZATION MGMT
INFECTION CONTROL
EMPLOYEE HEALTH
CLINICAL EDUCATION
CLIN SYS SUPPORT
HOUSE SUPERVISION
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TRAUMA
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SURGICAL SERVICES
AMBULATORY
QUALITY MANAGEMENT
PERFORMANCE
PROVIDER METRICS
RISK MANAGEMENT
PATIENT SAFETY
ACCREDITATION & REGULATORY READINESS
ANESTHESIA SERVICES
Cogdell
2021

Management Info:

Status:	Trust		
Best Process:	Sold	Best Process Type:	
Progress:	pending entity approval - christa posey 4/22		

Property Info:

City:	Snyder				
Cad Property Id:	11659	CAD Value:	3,000		
Site Description:	711 N Avenue V, Snyder, TX 79549, USA				
Owner Info:					
Legal Description:	Lot One (1) and Two (2), in Block Twenty-three (23), of the Boothland West Addition to the City of Snyder, Scurry County, Texas (R11659)				
Homestead:	No	Site Structure:	No	Non Affixed Material:	No

Litigation Info:

Case Number:	25577		
Judgement Date:	06/05/2019	Sale Date:	09/03/2019
Sheriff's Deed Date:	09/10/2019	Redemption Date:	03/18/2020
Court:	132ND DC		
Style Plaintiff:	Scurry County, et al.		
Style Defendant:	Carl A Durrett, et al.		
Sheriff's Deed Volume:	VOL 964 PG 358		
Tax Due:	No		
Delinquent:	Yes	Litigation:	No

Management Info:

Status:	Trust		
Best Process:	Sold	Best Process Type:	
Progress:	pending entity approval - esmeralda urias 4/13		

Property Info:

City:	Snyder				
Cad Property Id:	11610	CAD Value:	1,750		
Site Description:	N OF PEYTON AVE BETWEEN N AVE V AND N AVE U, Snyder, TX 79549, USA				
Owner Info:	CITY OF SNYDER IN TRUST				
Legal Description:	Lot Thirteen (13), in Block Fourteen (14), of the Boothland Subdivision, to the City of Snyder, Scurry County, Texas (R11610)				
Homestead:	No	Site Structure:	No	Non Affixed Material:	No

Litigation Info:

Case Number:	26521		
Judgement Date:	03/01/2019	Sale Date:	04/02/2019
Sheriff's Deed Date:	04/16/2019	Redemption Date:	10/23/2019
Court:	132ND DC		
Style Plaintiff:	City of Snyder		
Style Defendant:	Owners of Various properties located within the City Limits of Snyder, Scurry County, Texas		
Sheriff's Deed Volume:	VOL 954 PG 93		
Tax Due:	No		
Delinquent:	Yes	Litigation:	No