Welcome

Shelly Schwedhelm, MSN, RN, NEA-BC

Overview

NETEC

▶ **Welcome**: Shelly Schwedhelm, MSN, RN, NEA-BC

▶ **Considerations for Long Term Care Facilities**:
Kate Boulter, RN, BAN, MPH

▶ **Infection Control for Long Term Care Facilities**:
Trish Tennill, RN, BSN

▶ **Personal Protective Equipment for Long Term Care Facilities**:
Jill Morgan, RN, BSN

▶ **NETEC Resources**: Shelly Schwedhelm, MSN, RN, NEA-BC

▶ **Questions and Answers with NETEC**

National Emerging Special Pathogens Training and Education Center

Mission Statement

To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information

Please visit us at www.netec.org
or email us at info@netec.org

NETEC Overview

Assessment

Empower hospitals to gauge their readiness using **Self-Assessment**

Measure facility and healthcare worker readiness using **Metrics**

Provide direct feedback to hospitals via **On-Site Assessment**

Education

Provide self-paced education through **Online Trainings**

Deliver didactic and hands-on simulation training via **In-Person Courses**

COVID-19 focused **Webinars**

Technical Assistance

Onsite & Remote Guidance

Compile **Online Repository** of tools and resources

Develop customizable **Exercise Templates** based on the HSEEP model

Provide **Emergency On-Call Mobilization**

Research Network

Online Repository Built for rapid implementation of clinical research protocols

Develop Policies, Procedures and Data Capture Tools to facilitate research

Create infrastructure for a **Specimen Biorepository**

Cross-Cutting, Supportive Activities

Considerations for Long Term Care Facilities

Kate Boulter, RN, BAN, MPH

Considerations for Long Term Care Facilities

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COVID-19 Cases and Deaths in Long Term Care

Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES	TOTAL COVID-19 SUSPECTED CASES	TOTAL COVID-19 DEATHS
133,351	83,476	37,213

Data reported as of the week ending: 07/05/2020 https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/

Why Long Term Care Facilities

▶ **Communal living**

▶ **High representation of:**
- **High risk population >65 yrs old**
- **Chronic medical conditions**

▶ **Staffing Model**
- **Agency and staff who work in multiple facilities**

▶ **Transfers from other care areas**

Surveillance

Identify

- Symptom surveillance of residents and everyone entering the facility

Isolate

- Separate from rest of the facility

Inform

- Public health and other stakeholders

CDC Guidance on preparing nursing homes

Preparing for COVID-19 in Nursing Homes

Updated June 25, 2020   Print

Summary of Changes to the Guidance:

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

On This Page

Background

Core Practices

Additional Strategies

Background

Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including multidrug-resistant organisms (e.g., Carbapenemase-producing organisms, *Candida auris*). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).

Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices.

The Centers for Medicare and Medicaid Services (CMS) recently issued Nursing Home Reopening Guidance for State and Local Officials ⤓ ⤤ that outlines criteria that could be used to determine when nursing homes could relax restrictions on visitation and group activities and when such restrictions should be reimplemented. Nursing homes should consider the current situation in their facility and community and refer to that guidance as well as direction from state and local officials when making decisions about relaxing restrictions. When relaxing any restrictions, nursing homes must **remain vigilant for COVID-19 among residents and HCP in order to prevent spread and protect residents and HCP** from severe infections, hospitalizations, and death.

This guidance has been updated and reorganized according to **core IPC practices** that should remain in place even as nursing homes resume normal practices, plus **additional strategies** depending on the stages described in the CMS Reopening Guidance ⤓ ⤤ or at the direction of state and local officials. This guidance is based on currently available information about COVID-19 and will be refined and updated as more information becomes available.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Isolation and Quarantine Strategy

Cohort residents →

Cohort staff →

Residents who attend outpatient appointments →

Red Zone (Isolation Zone)	**COVID-19 Positive residents and symptomatic residents suspected of having COVID-19**
Yellow Zone (Quarantine Zone)	**Symptomatic residents suspected of having COVID-19**
Green Zone (COVID-19 FREE Zone)	**Asymptomatic residents without any exposure to COVID-19**
Gray Zone (Transitional Zone)	**Residents who are being transferred from the hospital/outside facilities** (but have no known exposure to COVID-19)

Challenges for Long Term Care Facilities

- **Facility design:**

    - **Airflow**
    - **Doors**
    - **Poly walls**

- **Floor coverings**

- **Home style decor and personal furnishings and decorations**

Considerations for Long Term Care Facility

Challenges in Long Term Care Facilities

- Resident cohorts

- Shared vs private accommodations

- Visitors and volunteers

- Staffing model

- Resident activities

- Non-essential services

Considerations for Long Term Care Facility

Being Prepared – Two Conditions

Facilities without COVID-19 positive cases

▶ **Implementing measures to prevent COVID-19 from entering the facility**

Facilities with COVID-19 positive cases

▶ **Care for the residents who are infected**

▶ **Implementing measures to protect the residents who are not infected**

Symptom Screening

▶ **Screen everyone:**
- **Staff**
- **Visitors (if allowed)**
- **Vendors**
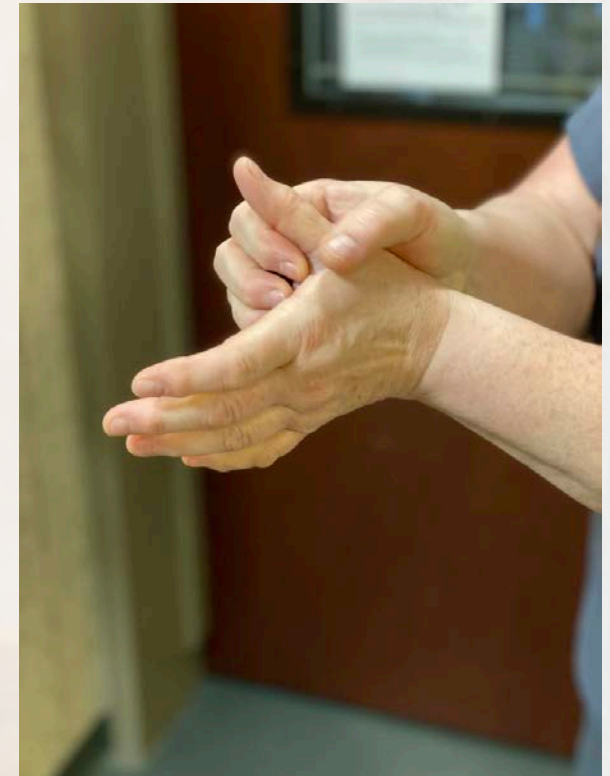
▶ **EMS**

Education

☑ Staff   ☑ Residents   ☑ Visitors

- Hand hygiene
- Visitation policy
- Masking policy
- PPE
- What to do if they become ill

Maintaining Infection Prevention Standards

- **A dedicated infection preventionist**

- **Maintain adequate supplies**

- **Bedside staff**

- **Environmental cleaning**

- **Dietary**

Laundry, Food Service and Waste

➤ **Management of laundry, food service utensils, and medical waste can be performed in accordance with standard procedures**

Where Do We Go From Here?

▶ **Back to the basics**

Cleaning and Disinfecting

Plan, Prepare, and Respond

Updated May 21, 2020   Other Languages ▾   Print Page

Guidance for Cleaning and Disinfecting

https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html

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Cleaning and Disinfection

▶ **Surfaces must be cleaned before they are disinfected**

Cleaning	Disinfection
The removal of visible soil to prepare for disinfection Some organic or inorganic material can interfere with the effectiveness of the disinfectant	The process of destroying pathogenic microorganisms Disinfectants destroy the cell wall of microbes or interfere with their metabolism.

▶ **Use EPA approved disinfectants that are labeled for use against the pathogen**

How to Clean and Disinfect

Cleaning	Disinfection
Use a clean, reusable cloth or disposable wipe Apply friction to remove gross contamination Rinse or wipe with cloth dampened with water to remove cleaning product residue	Read and follow the instructions provided by the disinfectant manufacturer Observe the contact time by ensuring the surface being cleaned stays wet for the time indicated and allowed to air dry

Clean and Disinfect all "high-touch" surfaces daily and as needed - often
Include ALL high-touch surfaces
Create daily and high touch cleaning checklist

Infection Control for Long Term Care Facilities

- **Create a checklist**

- **Determine who is responsible for cleaning and disinfection HCW/ EVS**

- **Educate on technique and contact times**

Name: Date: / /	✓ when complete	Disinfectant Agent to be Used
High-touch Room Surfaces		
Bed rails / controls		
Tray table (both surfaces) (positioning buttons)		Disinfectant Contact time
IV pole/pump control panel		
IV pumps		
Call light and cord		
Telephone		
Television control panel and/or television remote		
O2/Air/Suction controls on headwall		
Bedside storage drawer handles		
Chair (seat and arm rests)		
Horizontal surfaces (window sill/cupboards)		
Room light switch		
Room door knob (inner only)		
Door frame area above/below door handle (inside of door only)		
High touch areas on equipment i.e. ventilator control panel		
Check sharps container (replace per protocol if 2/3 full)		
Computer workstation (exposed surfaces)		
Alcohol gel dispenser		
Thermometer		
Others		
Evaluate the following additional sites for visible soil		
Floor contamination/Wall contamination/Horizontal surface contamination		
Empty/re-bag trash/ Check sharps container		

Infection Control

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

Staff who screen positive

Return to work policies

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

Updated July 17, 2020   Print

Summary of Recent Changes as of July 17, 2020

- Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.

- For HCP with severe to critical illness or who are severely immunocompromised[1], the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised[1] HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).

- Other symptom-based criteria were modified as follows:
  - Changed from "at least 72 hours" to "at least 24 hours" have passed *since last* fever without the use of fever-reducing medications
  - Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19

- A summary of current evidence and rationale for these changes is described in a Decision Memo.

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Personal Protective Equipment
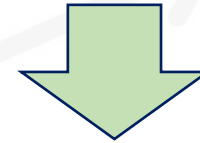# For Long Term Care Facilities

Jill Morgan, RN, BSN

Risk and Respiratory Protection

- ✓ N95's all shifts, all staff, fit-tested, seal check done
- ✓ Private Rooms
- ✓ Negative Pressure AIIR
- ✓ Disposable single-use gowns
- ✓ Clients in masks
- ✓ ABHR throughout
- ✓ Staff space >6' separation
- ✓ Staff able to self-quarantine
- ✓ Staff have no familial/home risks
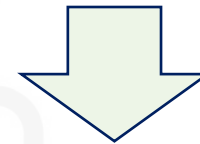- ✓ Supplies and equipment cleaned or isolated

N95 with fit-testing and user seal check (or reusable equivalent FFR)

⬇

KN95, R95, P95

⬇

FDA approved Surgical Or procedure mask

⬇

Cloth mask

Respiratory Protection

WHAT you wear may be less important than HOW you wear it

? Can you wear w/o touching, manipulating, repositioning? **?**

? Can you wear for the entire time you are near others or in a confined space? **?**

? Can you perform hand hygiene immediately
if you do have to touch your mask or respirator? **?**

? N95's - Can you get a good seal?
Do you always perform a user seal check? **?**

Evidence shows that a poorly fitting N95 provides about the same protection as a conventional surgical or procedure mask

Source Control and PPE

▶ **Cloth masks serve as Source Control protecting others**

☑ **Reduce small exhaled particles**

☑ **Reduce larger wet droplets that could contaminate surfaces, others**

☑ **Keeps our hands off our noses and mouths**

▶ **Surgical masks or N95-type respirators serve as PPE for Personal Protection**

☑ **Reduce small exhaled and inhaled particles**

☑ **Reduce and repel larger wet droplets**

☑ **Keep our hands off our noses and mouths**

PPE Fundamentals

➤ **COVER your nose and mouth when you are performing patient care, do not touch the PPE once on, perform hand hygiene if you must touch or adjust PPE**

➤ **Protect your eyes with goggles, safety glasses or a face shield**
   - **Corrective lenses do not count**

➤ **Use gloves as normal but pay close attention to what you are touching, perform hand hygiene or gloved-hand hygiene. Be thorough and rub until dry**

➤ **Have a safe, clean space like a paper gift bag to store your PPE in between uses**

➤ **Re-use PPE only when safe to do so – still protective, not grossly contaminated**

➤ **Do not attempt to clean or sanitize your PPE yourself**
   - **Do not microwave, wipe or soak**

Personal Protective Equipment

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Your Health ⌄   Community, Work & School ⌄   Healthcare Workers & Labs ⌄   Health Depts ⌄   Cases & Data ⌄   More ⌄

🏠 Healthcare Workers

Testing   +

Clinical Care   +

HEALTHCARE WORKERS

Preparing for COVID-19 in Nursing Homes

Updated June 25, 2020   Print

▶ Residents with **known or suspected COVID-19** should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. **Cloth face coverings are not considered PPE and should not be worn when PPE is indicated.**

▶ Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Personal Protective Equipment

☑ **Trash can outside room to receive discarded PPE**

☑ **Convenient placement of ABHR, portable stand, or on staff work cart**

☑ **A location and procedure for cleaning PPE and storing for re-use – goggles, face shields, masks, respirators, gowns**

☑ **Bundle care tasks**

☑ **Replace PPE mask or respirator with cloth mask when outside of resident care environment**

☑ **Prioritize gowns to patients with concurrent infections – like C. Diff, wet procedures, or when staff will be on close physical contact with residents**

PPE Re-use

How can you make the re-use of PPE safe and effective?

➤ **Stations, tables or carts outside rooms, in the hallways**

➤ **Cleaning and storage supplies**

➤ **Small trash can**

➤ **Alcohol-based hand rub (ABHR)**

Personal Protective Equipment Resources

Know Your PPE:

https://repository.netecweb.org/files/original/8a4e0ca69136f087ca297dafa15d1760.pdf

PPE Safety:

https://repository.netecweb.org/files/original/f227e6c708549b770225b9883e686403.pdf

ASHRAE.ORG COVID-19 Resources:

https://www.ashrae.org/technical-resources/healthcare#disinfection [ashrae.org]

NETEC is Here to Help

NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners

Ask for help!

➤ Send questions to **info@netec.org** - they will be answered by NETEC SMEs

➤ Submit a Technical Assistance request at **NETEC.org**

Questions and Answers

Contact

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NETEC eLearning Center

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NETEC Skill videos

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