CDPH HAI Program
Infection Prevention Assessments in Preparation and Response to COVID-19 in Skilled Nursing Facilities
Objectives

• Discuss process, challenges and recommendations for COVID-19 assessments in skilled nursing facilities
• Discuss importance of engaging administration and the SNF Medical Director
• Review outbreak cohorting strategies
• Describe personal protective equipment used for Covid-19
• Review importance of hand hygiene and healthcare personnel (HCP) screening
• Discuss the role of effective environmental cleaning
• Discuss when to remove transmission-based precautions and return to work guidance
HAI Program Infection Preventionists

• HAI Program established in 2010  
• Expert infection preventionists (10) all certified in infection prevention (CIC)
• Provide infection prevention consultation and recommendations to SNF, acute care hospitals, dialysis centers, clinics, prisons, shelters
• Non-regulatory
• Assess SNF in preparation and mitigation of COVID-19
Situation Update - Overview

• Community transmission of COVID-19 is widespread in California
• COVID-19 infected healthcare personnel (HCP) and visitors can introduce the virus to long-term care facilities, where residents are at increased risk of complications
• Acute care hospitals cannot accommodate all COVID-19 infected patients not requiring a higher level of care
• Long-term care facilities must prepare to prevent COVID-19 introduction and transmission, and to receive and provide care for individuals with COVID-19 infection safely
COVID-19 SNF Assessment Elements

- Situation Update
- Strategies
- Space
- Staff
- Supplies
Situation Update - 1

• COVID-19 testing status
  • Number of residents with lab-confirmed COVID-19
  • Number of residents with tests pending
  • Number of HCP or staff with lab-confirmed COVID-19
  • Number of HCP or staff with tests pending

• Facility information
  • Census, capacity
  • Ventilator unit, memory care, dialysis residents
  • Corporate ownership or management
Situation Update - 2

• Is there a full-time infection preventionist (IP) available on a daily basis?
  • The most effective responses we have seen are in facilities with a strong IP who is involved in the COVID-19 response, and a strong administrative structure

• Ensure the SNF Medical Director is involved in COVID-19 prevention planning for a more robust program
Situation Update -3

Challenge:

- Very often the IP was previously the Director of Staff Development (DSD) and is new to the IP role
- Medical Directors not always involved

Recommendation:

- The IP must be full-time and complete an infection preventionist training course

Infection Prevention Recs & Incorporation into the QAS) Program, [CDPH AFL 20-84](www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-84.aspx)

[CDPH Infection Preventionist Training Course for SNF](www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/2DayBasicsIP_Course.aspx)

[CDC Nursing Home Infection Prevention Training Course](www.train.org/cdctrain/training_plan/3814)
Strategy- Screen HCP prior to starting shift

Challenge:

• Some SNF are using a sign in sheet or attestation at the entrance; many HCP have come to work with symptoms
• Screener not asking appropriate screening questions

Recommendation:

• Must “actively take temperature and document absence of symptoms for COVID-19”
• Perform hand hygiene and mask at the door
• Educate staff not to come to work sick
• Report any symptoms to supervisor immediately

CDC Preparing for COVID-19 in Nursing Homes and LTCFs (6/25/20)
Know the symptoms of COVID-19, which can include the following:

- Cough, shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches
- Vomiting or diarrhea
- New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

Strategy- All HCP wear facemask, social distancing at all times while in SNF

Challenge:

• Staff like to congregate at breaks; policy is in place, but evidence of “pot luck” events
• Often the outbreak begins with multiple HCP before any residents test positive

Recommendation:

• Convert unused dining areas to staff break area with socially distanced tables
• Stagger break times
• Educate on social distancing at work and in community
Strategy - Limit resident movement outside room

Challenge:

• Observed residents mingling outside room without face mask – even during an outbreak!

Recommendation:

• Frequent reminders to stay in room
• Must wear face mask when outside room
• Engage MD in discussion with resident
• Suspend group activities
• Create ways to engage with social distancing and masking
• Implement additional strategies for memory care units

CDC Considerations for Memory Care Units in LTCFs (5/12/2020) (www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html)
Background
Many COVID-19 prevention and mitigation strategies are difficult to implement in the memory care setting. Consult with the HAI Program as needed.

Managing Memory Care Residents with Behavioral Techniques
- Use white boards, signs, reminders for why it is important to wear a mask
- Activities to reduce wandering, for example exercises in room or walking in hallway or outside
- Important to anticipate behaviors and plan proactively rather than responding reactively; disruption in routine sets the residents off
- Do not overmedicate residents
- Promote culture change of staff; various leaders within their own work community can be champions

individually assess by trained psychologist
- Important to identify the triggers and time of day when undesirable behaviors occur
- Know the person: each person may need individualized interventions
  - Put yourself in the person’s shoes
  - Try to understand their surroundings from their perspective
  - How would you feel?
- Contact family members who are supportive to explain to the resident the reason for mask wearing, if the resident refuses to wear their mask; a virtual visit or phone call, if visitation is not possible, could be arranged
- Contact their therapist or counselor for ideas to help the resident cope and accept mask wearing; a video conference or telephone call may also be helpful

CDPH COVID-19 and Memory Care Units Reference Sheet (PDF)
California Department of Public Health
COVID-19 and Memory Care Units
Reference Sheet

Background
Many COVID-19 prevention and mitigation strategies are difficult to implement in the memory care setting. Consult with the HAI Program as needed.

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CDPH COVID-19 and Memory Care Units Reference Sheet (PDF)
Strategy – Restrict Non-essential visitors

Challenge:

- Screen essential visitors at the entrance
- Resident loneliness and depression
- Family concerns for loved one’s well being
- End of life concerns

Recommendation:

- Must have screener at the entrance – masks and hand hygiene!
- Remote communications with video calls or tablets
- Facilities with large windows and patios have been able to develop safe socially distanced visiting
- Place hospice residents in rooms near entrance to decrease visitors in the building

Refer to the most recent version of AFL 20-22 for updated visitor requirements
Surveillance

• Daily (or more frequent) monitoring for fever, cough, shortness of breath for all residents

• Monitor vital signs, **including pulse oximetry** every shift for all residents, and **every 4 hours for COVID-19** positive residents

• Track all suspected and confirmed respiratory infections using a line list
Surveillance

Challenge:

• SNF not familiar with the importance of a line list in managing an outbreak
• Not just a list of COVID-19 positive residents
• Not your list of respiratory infections

Recommendation:

• Create a line list with 1st round of testing
• Establishes a baseline and ability to track spread in the facility
Sample Line List Template – Resident

To obtain line list template contact: HAIProgram@cdph.ca.gov
### Sample Line List Template – Staff

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Date of Summary</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cumulative Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline or initial case(s) leading to Response Testing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Response Test #1</td>
<td>Response Test #2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th># HCP Tested</th>
<th># HCP POSITIVE</th>
<th># HCP NEGATIVE</th>
<th># HCP PENDING</th>
<th># HCP REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Last name, first name | Job Title | Baseline or initial case(s) leading to Response testing | Result: Positive or Negative | Pending | Symptomatic / asymptomatic at time of test | Response Test #1 Date | Result: Pos or Neg | Pending | Symptomatic / asymptomatic at time of test | Rm/ Bed location when tested | Response Test #2 Date | Result: Pos or Neg | Pending |
|-----------------------|-----------|------------------------------------------------------|------------------|---------|--------------------------------------------|--------------------|-----------------|---------|--------------------------------------------|--------------------------|-------------------|----------|
|                       |           |                                                      |                  |         |                                           |                    |                 |         |                                           |                         |                   |           |

To obtain line list template contact: [HAIProgram@cdph.ca.gov](mailto:HAIProgram@cdph.ca.gov)
What can a line list tell us?

SNF A

<table>
<thead>
<tr>
<th>Date Range</th>
<th>No. New Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/20-5/26</td>
<td>1</td>
</tr>
<tr>
<td>5/27-6/3</td>
<td>5</td>
</tr>
<tr>
<td>6/4-6/11</td>
<td>5</td>
</tr>
<tr>
<td>6/12-6/19</td>
<td>25</td>
</tr>
<tr>
<td>6/20-6/27</td>
<td>10</td>
</tr>
</tbody>
</table>

- **HCP**
- **Residents**
What does this graph from a SNF line list tell us?

SNF B

No. Cases

Date

6/10 6/15-6/19 6/22-6/26 7/2 7/7 7/15

Staff Residents
Surveillance

- Have a procedure for notifying other facilities prior to transferring a COVID-19 suspected or positive resident
- Notify Local Public Health

CDPH Interfacility Transfer Form
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx)
Space

Designated areas (rooms, wing, unit) for

1. COVID-19 positive residents
2. Persons with known exposure to COVID-19
3. COVID-19 negative, unexposed, or recovered residents
4. Observation unit/rooms for new admissions
Space – COVID Positive Cohort (Red Zone)

- Private rooms if possible with door closed if safe to do so
- Cohort in same room with same diagnosis(es)
  - Example: don’t place a resident with C. difficile (CDI) with a non-CDI resident, even if both have COVID-19
  - Do not share a shower with other non-COVID-19 residents
- Cohort designated staff to care for COVID-19 positive residents only
  - Staff should have their own entrance/exit
  - Cohorted restroom and breakroom
  - No comingling with other non-cohorted staff
Space – COVID-19 Exposed Residents (Yellow Zone)

- Private room if possible
- If in a shared room:
  - Keep privacy curtain between beds closed
  - Maintain 6 feet distance between beds
  - Universal masking of residents if possible
- Cohort in same room with same diagnosis(es)
  - For example don’t place a resident with CDI with a non-CDI resident even if both are COVID-19 exposed
- Cohort designated staff to care for COVID-19 exposed residents only – if possible
Space – COVID-19 Negative, Unexposed Residents, or Recovered Residents **(Green Zone)**

- Universal masking
- Enhanced Standard precautions
- Staff should not be caring for COVID positive or exposed residents

**CDPH Enhanced Standard Precautions, 2019** (PDF)
(www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf)
Space – Observation Unit (OBS)

- Unknown exposure – new admissions
- Test prior to admission
- Private room if possible, if sharing a room:
  - Keep privacy curtain between beds closed
  - Maintain 6 feet distance between beds
  - Universal masking of residents if possible
- Remain in observation for 14 days from the date of last potential exposure (COVID-19 incubation time)
- Re-test at 14 days
- Keep in unit until test results return
  - If negative – go to the COVID-19 negative area
  - If positive – go to the COVID-19 positive cohort
Space

Challenge

- Lack of understanding the rationale for cohort
  - Staff co-mingling
  - Residents wandering
  - Staff assigned to COVID-19 positive and negative areas
- Not enough staff to create all 3 cohorts and OBS unit

Recommendations:

- Always cohort COVID-19 positive residents & staff
- Always cohort COVID-19 negative residents & staff
- If short staffed, consider same staff for COVID exposed and the Observation area, if necessary
  - Must be hypervigilant in donning/doffing PPE and hand hygiene
Maps are helpful to determine cohorts

Cohorting plan should be flexible and allow for surge capacity
Cleaning and Disinfection

- Use an EPA registered, healthcare grade disinfectant with label claims against COVID-19*
- Clean high-touch surfaces frequently
  - Residents’ rooms, break rooms, work areas
- Clean shared resident equipment between resident use
  - Disinfectant bottles labeled with wet contact time
- Cleaning staff don and doff PPE appropriately
- Dedicated cleaning staff for COVID-19 cohort area
- Cleaning proceeds from “clean” to “dirty”

*EPA List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)
(www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19)
Cleaning and Disinfection

Challenge:

- Cleaning staff are not donning/doffing correctly
- Not adhering to contact wet time on surfaces when cleaning
- Cleaning staff going from COVID-19 positive area to other resident areas

Recommendations:

- PPE training with return demonstration
- Educate on the rationale for contact (kill) time
- Cohort cleaning staff to designated areas
  - If cleaning staff limited – clean non-COVID-19 areas first, and COVID-19 positive areas last (clean to dirty areas)
  - Adherence monitoring with feedback – frequently, all shifts

CDPH HAI Program Adherence Monitoring Tools
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)
Supplies

- SNF need to be aware of PPE supplies
  - Face masks
  - Eye protection
  - N-95 respirators
  - Gowns
  - Gloves
  - Alcohol-based hand rub (ABHR)
Supplies

Challenge:

- SNF not always aware of PPE usage, and don’t anticipate the increase in usage with COVID-19 suspected or positive resident
- End up in PPE shortage crisis

Recommendations:

- Use CDC PPE Burn Rate Calculator
- For extreme shortages contact LPH or the Medical Health Operational Area Coordination (MHOAC) for your area
- Review AFL-20-39 for optimizing the use of PPE
- Review AFL-20-26.3 Guidance for Decontamination and Reuse of N95 Filtering Facepiece Respirators

Now Prohibited by Cal/OSHA
# CDC PPE Burn Rate Calculator

[Image of the CDC PPE Burn Rate Calculator]

## Personal Protective Equipment

<table>
<thead>
<tr>
<th><strong>COVID-19 Positive</strong></th>
<th><strong>COVID-19 Negative, Unexposed, or Recovered</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• N95 respirator</td>
<td>• Universal masking</td>
</tr>
<tr>
<td>• Eye protection</td>
<td>• Eye protection*</td>
</tr>
<tr>
<td>– goggles or face shield</td>
<td>• Enhanced Standard precautions</td>
</tr>
<tr>
<td>• Gown</td>
<td></td>
</tr>
<tr>
<td>• Gloves</td>
<td></td>
</tr>
</tbody>
</table>

Perform hand hygiene before and after donning/doffing PPE

* [AFL 20-74 Attachment 01](https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-74-Attachment-01.pdf) (PDF)
### Personal Protective Equipment - 2

<table>
<thead>
<tr>
<th>COVID-19 Exposed</th>
<th>Observation, Unknown Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• N95 respirator</td>
<td>• N95 respirator</td>
</tr>
<tr>
<td>• Eye protection</td>
<td>• Eye protection</td>
</tr>
<tr>
<td>– goggles or face shield</td>
<td>– goggles or face shield</td>
</tr>
<tr>
<td>• Gown</td>
<td>• Gown</td>
</tr>
<tr>
<td>• Gloves</td>
<td>• Gloves</td>
</tr>
</tbody>
</table>

Perform hand hygiene before and after donning/doffing PPE.
Personal Protective Equipment

Challenge:

- Staff frequently donning and doffing PPE incorrectly

Recommendations:

- Educate staff upon hire, annually and during routine rounding.
- Just in time teaching
- Adherence monitoring and feedback
- CDC educational tools for training
PPE Education Resources

COVID-19 Educational Materials Include:

- **How to Safely Put On PPE Video**
  (youtu.be/H4jQUBAlBrI)

- **How To Safely Take Off PPE Video**
  (youtu.be/PQxOc13DxvQ)

- **How to Put On and Take Off PPE Fact Sheet**

- **How to Put On and Take Off PPE Poster**

- **PPE Illustrations**

Staff caring for COVID-19 Suspected or positive residents must be **fit tested for N95 respirators**

[Cal/OSHA ATD Standards and Local Health Departments](https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/CDPH%20Document%20Library/ATD-Guidance.pdf)
Respiratory Protection Program

- All facilities in California, including SNF are required to care for patients/residents with transmissible infections which includes having a **respiratory protection program**

- Review SNF respiratory protection program and ensure designated HCP have been fit tested within the past year and the N95 respirators for which they were fit tested are available in the SNF

- If SNF does not have a respiratory protection program, develop one immediately
How To Get Staff Fit Tested -1

• Contact manufacturer of your N95 respirator
• Purchase fit testing kit for your facility
  • Do testing in house [recommend inquiry to your medical equipment provider (i.e., Medline, McKesson), the producer of your N-95 masks, or 3M to purchase a kit]
    • 3M Overview of the Fit Testing Process
      (www.3m.com/3M/en_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/)
    • N-95 respirators used for COVID-19 would require a Qualitative testing process
  • Contact your local public health department for guidance
  • Contact the acute care hospitals you interact with most
    • They may be able to fit test your staff over time
N95 Respirator Seal Check

• Perform N95 seal check every time donning N95 respirator
• This must be done even if fit testing was completed
• If not sealing well, adjust straps

[Image of person performing seal check]

CDC Instructions for seal check
(www.cdc.gov/niosh/docs/2018-130/)
Cal/OSHA Interim Guidance on N95 Respirator

- Respirator extended use should be up to 8-12 hours
- During an extended use, a respirator should not be donned/doffed more than 5 times
- A respirator should be stored in a breathable container (i.e.; paper bag) while staff have removed them for their break
- Used respirators can be stored and labelled for use only in a crisis where all reusable and new disposable N95 are available

(www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf)
PPE Usage

Challenge:

• Improper implementation of PPE conservation strategies, especially extended use of gowns
• Residents with discordant MDRO status
• Wearing gowns in hallways and clean areas

Recommendation:

• Preferred gown conservation strategy in the exposed and observation areas is to reserve gown use for high-contact care activities (as per Enhanced Standard precautions (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf)
• Residents with different MDRO must be isolated separately
• Gowns should only be worn in the resident rooms
Discontinuation of Transmission-based Precautions: Symptom Based Strategy (Preferred) -1

**NOTE:** test-based strategy **no longer recommended** for most individuals

COVID-19 positive patients with **mild to moderate illness** not severely immunocompromised:

- At least 10 days passed from onset of symptoms and
- At least 24 hours since last fever without use of fever-reducing medication and
- Symptoms have improved

[AFL 20-53.2](www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)

CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings

Symptom Based Strategy (Preferred) -2

COVID-19 positive patients, but asymptomatic:

- At least 10 days passed from positive test date
- If symptoms develop during the 10 days:
  - Switch to symptom based strategy

AFL 20-53.2
(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)

CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings
Symptom Based Strategy (Preferred) - 3

COVID-19 positive patients with severe critical illness or severely immunocompromised:

• At least **10 days and up to 20 days** after symptom onset, and
• At least 24 hours since last fever without use of fever-reducing medication, and
• Symptoms have improved
• Recommendation to consider consultation with infection control expert

**AFL 20-53.2**
(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)

**CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings**
Return to Work: Symptom-based Strategy -1

**NOTE:** test-based strategy no longer recommended for most individuals

COVID-19 positive HCP with mild to moderate illness who are not severely immunocompromised

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms have improved

HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test

Return to Work- Symptom-based Strategy- 2

COVID-19 positive HCP with severe to critical illness or who are severely immunocompromised:

- At least 10 days up to 20 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms have improved
- Recommendation to consider consultation with infection control expert

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days up to 20 days have passed since the date of their first positive viral diagnostic test

Positive HCP returning to work

• As a crisis strategy to mitigate staffing shortages, asymptomatic COVID-19 positive HCP may continue to work before meeting return-to-work criteria, as long as they:
  • Only care for residents with confirmed COVID-19, preferably in a cohort setting
  • Maintain separation from other HCP (breakroom, restroom)
  • May not care for residents who have not tested COVID-19 positive until at least 10 days after their own positive test

AFL 20-53.2
(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)
Return to work after HCP COVID-19 Exposure 1

Exposure definition: Close contact within 6 feet of an infected person for a cumulative total of ≥15 minutes over 24 hours

• Asymptomatic HCP may discontinue quarantine after Day 10 from the date of last exposure with or without testing

• During critical staffing shortages when there are not enough staff to provide safe patient care, exposed HCP are not prohibited from returning after Day 7 from date of last exposure if they received a Negative PCR test result from a specimen collected after Day 5

CDPH COVID-19 Quarantine Guidance (12/14/20)
(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Quarantine.aspx)

Return to work after HCP COVID-19 Exposure 2

• During an outbreak in a SNF, all HCP are considered potentially exposed and are allowed to continue working as long as they remain asymptomatic and are being serially tested as part of facility-wide outbreak response testing.

• Surgical mask and eye protection for HCP risk assessment is “low risk”

CDPH COVID-19 Quarantine Guidance (12/14/20)
(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Quarantine.aspx)

Summary

• An strong IP presence, engaged administrator, and involved Medical Director will ensure better outcomes
• HCP screening prior to entering the building and adherence to facemask use for source control are necessary to keep COVID-19 out of the building
• Strict cohorting of residents and staff reduces COVID-19 transmission
• Proper selection and use of PPE protects both residents and staff
• Knowing when to discontinue transmission-based precautions and return to work guidance improves morale and staffing
Questions?
For more information, please contact
HAIProgram@cdph.ca.gov
Include “SNF IP Training Class” in the subject line

Post Test
Now that you have completed this module,
Click on the “Post Test” link when it pops up
To Return to Learning Stream and take the post test
If the Post Test link does not pop up, you will be sent a link via e-mail