

COVID-19 Infection Control Plan

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Educational Guidelines for Skilled Nursing and Assisted Living Facilities
Prepared for you by The Denver Hospice
May 6th, 2020



Disclaimer: This information is accurate to the best of our knowledge as of May 6, 2020 based on CDC guidelines. Official guidance and regulations may change over time and we encourage you to monitor CDC.gov and your local/state health department websites for the most current information.

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Objectives

The COVID-19 pandemic requires skilled nursing facilities and assisted living residences to adopt strict isolation plans to protect staff and residents. This presentation will meet the following objectives:



- Review COVID-19 transmission
- Review hand-washing technique
- Review how to put on and remove PPE
- Define social distancing
- Define isolation
- Define quarantine
- Provide practical infection-control strategies for facilities

How does COVID-19 spread?

- The virus is thought to spread mainly from person-to-person.
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.



How does COVID-19 spread?



Can someone spread the virus without being sick?

- People are thought to be most contagious when they are most symptomatic (the sickest)
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads

Can someone spread the virus by contact with contaminated surfaces or objects?

- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads



Hand Hygiene

Per the CDC, follow these five steps every time:

1. Wet your hands with clean, running water, **turn off the tap**, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. (“Happy Birthday” song from beginning to end twice)
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.



You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.



<https://www.cdc.gov/handwashing/when-how-handwashing.html>

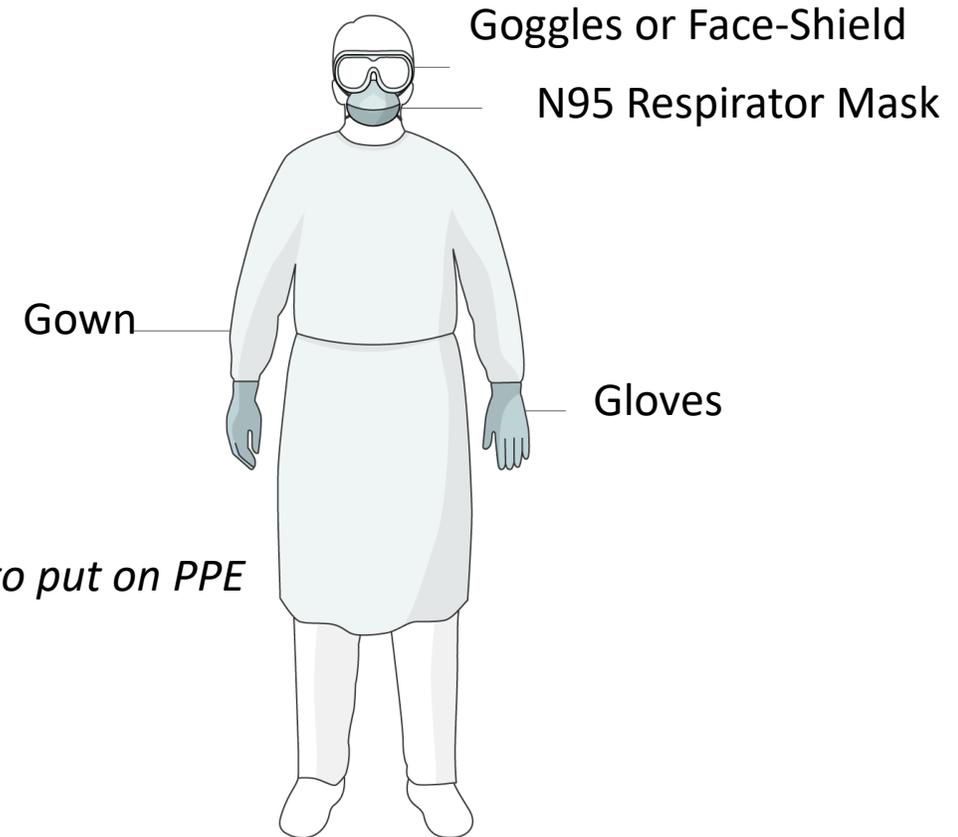
Personal Protective Equipment

1. Gown
2. Mask
3. Goggles
4. Gloves



Follow this poster of instructions from the CDC to put on PPE
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf

NOTE: Extended use (wearing PPE for an entire shift unless needed to be changed) is preferred over reuse to reduce the risk of contact transmission by putting on and taking off PPE

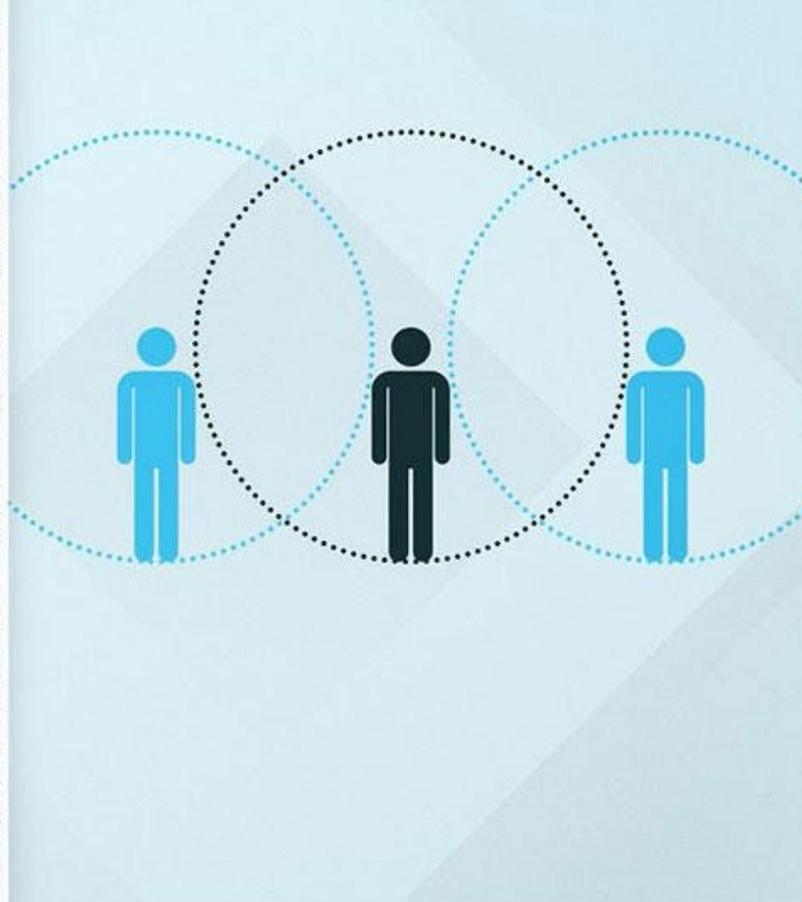


Social Distancing

SOCIAL DISTANCING

SOURCE: CDC

remaining out of
congregate settings,
avoiding **mass gatherings**
and maintaining distance
(approximately **6 feet**)
from others when possible



Isolation

Individuals who have, or are presumed to have, COVID-19 should remain **isolated** until:

- 10 days from symptom onset, AND
- Symptoms have improved, AND
- Have been fever-free for 3 days without the use of fever reducing medications

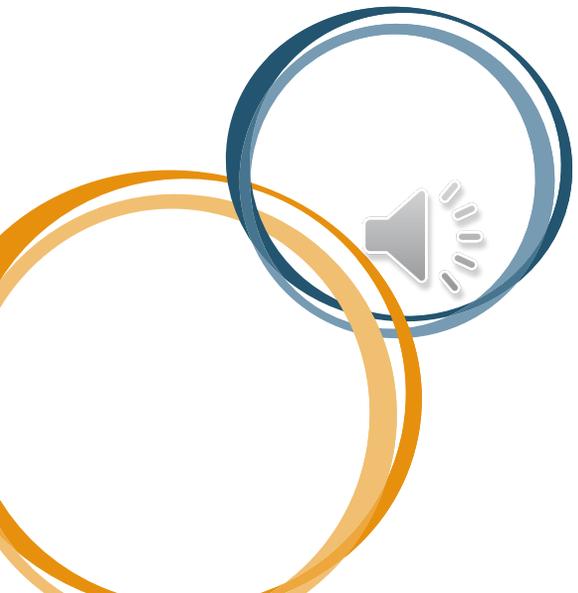
OR

- Until 2 tests return negative 24 hours apart



Other Isolation Considerations

- All healthcare providers entering room must adhere to airborne, droplet, and contact precautions **wearing full PPE**
- Resident should stay in room with door closed
- Cohort COVID-19 positive and presumed positive residents together on the same wing or ward; separate from other residents
- Do not have them share a bathroom or other common areas with patients who do not have COVID-19
- Restrict visitors



Staff Isolation

Staff who have, or are presumed to have, COVID-19 should remain **isolated and not return to work** until:

- 10 days from symptom onset, AND
- Symptoms have improved, AND
- Have been fever-free for 3 days without the use of fever reducing medications

OR

- Until 2 tests return negative 24 hours apart



Staff Quarantine

Staff who were potentially exposed to COVID-19 without wearing appropriate PPE should begin **quarantine for 14 days at home**

If symptoms develop, begin **isolation**



Practical Strategies for Facilities

1. Universal Source Control

- Severely limit all visitors entering facility
- At the door: symptom check and screen all employees, vendors, and visitors for fever before entering facility
- Everyone entering facility must wear cloth face covering
- Healthcare providers should wear appropriate mask at all times
- Post visual alerts and instructional posters about hand hygiene
- Provide supply stations for respiratory hygiene and cough etiquette including tissues, masks, hand sanitizer, and no-touch waste containers
- Maintain social distancing practices & limit movement within the facility
- Frequently clean high-touch surfaces with an EPA-registered disinfectant



Practical Strategies for Facilities

2. Adhere to Standard and Transmission-Based Precautions

- Perform hand hygiene regularly, before and after all patient contact, any contact with infectious material, and before and after putting on PPE, including gloves
- Train staff how to properly put on, use, take off, and dispose of PPE in a manner to prevent self-contamination
- When caring for a patient with known or suspected COVID-19, wear an **N95 respirator, gown, face-shield or goggles, and gloves**
- Work with health department and local partners to address PPE shortages
- Post clear signage and communication about infection status outside the patient's room and in the patient's medical record



Practical Strategies for Facilities

3. Patient Placement

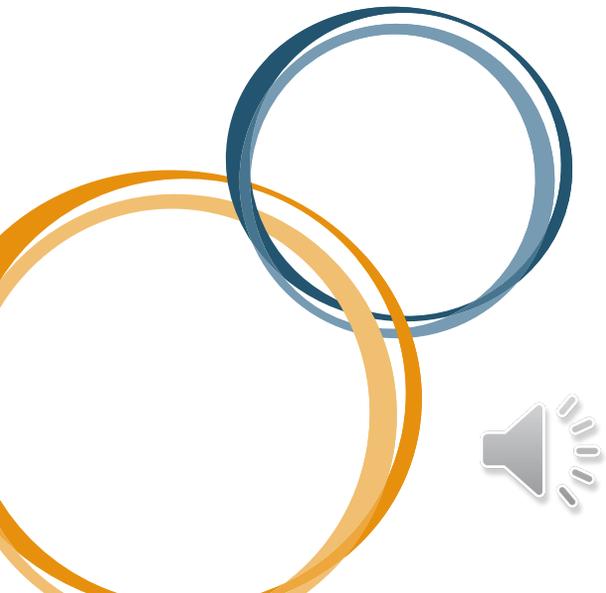
- Home care is preferable to hospitalization if the situation allows
- Place patients in single-patient room with dedicated bathroom
- Designate entire unit or wing of facility to care for COVID-19 patients; cohort COVID-19 patients away from other patients
- Limit transport and movement of patients
- Whenever possible, perform procedures and tests in the room
- After the patient has been discharged or transferred, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use



Practical Strategies for Facilities

4. Take precautions when performing aerosol generating procedures

- Aerosol generating procedures (nebulizer treatments) should be performed cautiously and avoided if possible
- Patients should be placed in a negative-air flow room if possible
- Limit healthcare providers in the room unless absolutely essential; and visitors should not be in the room
- Healthcare providers in the room should wear N95 or higher level respirator along with other appropriate PPE as indicated
- Clean and disinfect room surfaces promptly



Practical Strategies for Facilities

5. Manage visitor access and movement within facility

- Limit visitors to those **essential** for the patient's physical or emotional well being and care (such as care partners) or for compassionate situations (end-of-life)
- Encourage use of alternative interaction such as video call apps on phones or tablets
- Assess all visitors for symptoms and fever prior to entering the facility
- All visitors should receive instruction about appropriate PPE use, hand hygiene, and limiting surfaces touched per current facility visitor policy
- Visitors should restrict their movement to only visiting the patient's room and not go elsewhere in facility
- Visitors should not be present during aerosol-generating procedures



Practical Strategies for Facilities

6. Implement Engineering Controls

- Design and install engineering controls to reduce or eliminate exposures
 - Physical barriers to restrict movement or block off areas
 - Curtains between patients in shared areas
 - Air-handling systems with appropriate directionality
 - Food and supply delivery coordinated via designated drop off location/time to minimize direct person to person contact



Practical Strategies for Facilities

7. Monitor and Manage Healthcare Personnel

- Remind staff to stay home when they are ill
- Implement sick leave policies that are non-punitive, flexible and consistent with public health guidance
- Screen all employees at the beginning of their shift
- Healthcare providers should be prioritized for testing
- Prepare for potential staffing shortages due to exposure, illness, or healthcare providers needing to care for family members at home
- Provide resources for staff to help manage stress and anxiety



Practical Strategies for Facilities

8. Train and Educate Healthcare Personnel

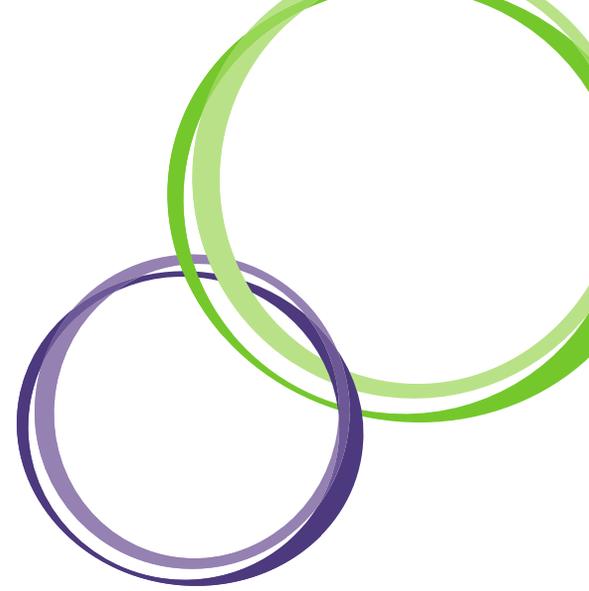
- Provide healthcare providers with education on preventing transmission of infectious disease
- Ensure that healthcare providers are educated, trained, and have demonstrated the proper use of PPE prior to caring for a patient, especially focusing on prevention of contamination of clothing, skin, and the environment of removing PPE



Practical Strategies for Facilities

9. Implement Environmental Infection Control

- Dedicated medical equipment should be used for caring with patients with known or suspected COVID
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly on all patient areas
- Use a hospital-grade EPA disinfectant on all frequently touched surfaces
- Follow procedures for managing laundry, food service, and medical waste
- Appropriately train all housekeeping staff on the use of PPE for the terminal cleaning of a COVID room after discharge or transfer of the patient



Practical Strategies for Facilities

10. Establish reporting within and between healthcare facilities and to public health authorities



- Implement mechanisms to effective internal communication for facility staff to promote situational awareness
- Designate certain person(s) within the facility who are responsible for communication and collaboration with public health authorities
- Communicate information about patients with known or suspected COVID-19 to care partners or other healthcare facilities prior to transferring patient



Resources



- CDC Information for Healthcare Professionals about Coronavirus (COVID-19)
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- CDPHE COVID-19 Resources for Healthcare Providers
<https://covid19.colorado.gov/covid-19-resources-for-health-care-providers-and-local-public-health-agencies>
- Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (5/6/2020)
<https://www.cms.gov/files/document/qso-20-29-nh.pdf>

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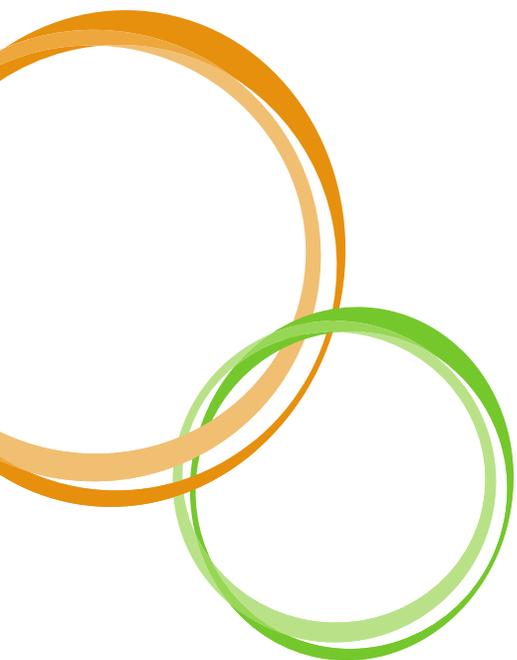


Thank you for watching our presentation on Infection Control

If you have any questions or are interested in other educational offerings, please contact your Community Liaison from The Denver Hospice or call us at 303-321-2828.



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