NETEC COVID-19 Webinar Series:

Identifying Hazards and Mitigating Risks for Long Term Care Facilities
Welcome

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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
Welcome

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
Considerations for Long Term Care Facilities

Kate Boulter, RN, BAN, MPH
COVID-19 Cases and Deaths in Long Term Care

Resident Cases and Deaths

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

Data reported as of the week ending: 07/05/2020 https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpqg/
Considerations for Long Term Care Facilities

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

| Cohort residents | 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) |

| Cohort staff | Yellow Zone  
(Quarantine Zone) | Symptomatic residents suspected of having COVID-19 |

| 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 |
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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
Infection Control for Long Term Care Facilities

Trish Tennill, RN BSN
Screen everyone:
- Staff
- Visitors (if allowed)
- Vendors

EMS
Infection Control for Long Term Care Facilities

Education

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

Staff

Residents

Visitors
Maintaining Infection Prevention Standards

- A dedicated infection preventionist
- Maintain adequate supplies
- Bedside staff
- Environmental cleaning
- Dietary
Management of laundry, food service utensils, and medical waste can be performed in accordance with standard procedures.
Infection Control for Long Term Care Facilities

Where Do We Go From Here?

Cleaning and Disinfecting

Plan, Prepare, and Respond

Update May 21, 2020

Guidance for Cleaning and Disinfecting

Cleaning and Disinfection

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

<table>
<thead>
<tr>
<th>Cleaning</th>
<th>Disinfection</th>
</tr>
</thead>
<tbody>
<tr>
<td>The removal of visible soil to prepare for disinfection</td>
<td>The process of destroying pathogenic microorganisms</td>
</tr>
<tr>
<td>Some organic or inorganic material can interfere with the effectiveness of the disinfectant</td>
<td>Disinfectants destroy the cell wall of microbes or interfere with their metabolism.</td>
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</table>

Use EPA approved disinfectants that are labeled for use against the pathogen.
### How to Clean and Disinfect

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

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

- Bed rails / controls
- Tray table (both surfaces) (positioning buttons)
- 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

#### Determine who is responsible for cleaning and disinfection HCW/ EVS

- Evaluate the following additional sites for visible soil:
  - Floor contamination/Wall contamination/Horizontal surface contamination
  - Empty/re-bag trash/ Check sharps container

#### Educate on technique and contact times

- Disinfectant Contact time
- Disinfectant Agent to be Used
Staff who screen positive

Return to work policies

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

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, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised 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.

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**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Can you wear w/o touching, manipulating, repositioning?</td>
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<tr>
<td>Can you wear for the entire time you are near others or in a confined space?</td>
</tr>
<tr>
<td>Can you perform hand hygiene immediately if you do have to touch your mask or respirator?</td>
</tr>
<tr>
<td>N95's - Can you get a good seal? Do you always perform a user seal check?</td>
</tr>
</tbody>
</table>

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.
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.

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
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)
PPE for Long Term Care Facilities

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 Resources

Shelly Schwedhelm, MSN, RN, NEA-BC
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](mailto:info@netec.org) - they will be answered by NETEC SMEs
- Submit a Technical Assistance request at [NETEC.org](http://NETEC.org)
Questions and Answers