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Infection Control in ADHC

What have we learned from COVID-19 & how do we utilize it in our practice?

Residents VS Registrants
Difference in Challenges with IC

Residents

- Live in the facility-it is their home.
- Needs are met by facility staff-some have family assistance.
- Staff keeps residents, families and representatives informed of changes.
- All care is regimented by facility policy.

Registrants

- Come to the facility and then return to their homes in the community.
- Needs are met by facility staff and their families.
- Staff & families need to keep in constant communication.
- Care is regimented by facility policy when in the facility.
- Home is ????????

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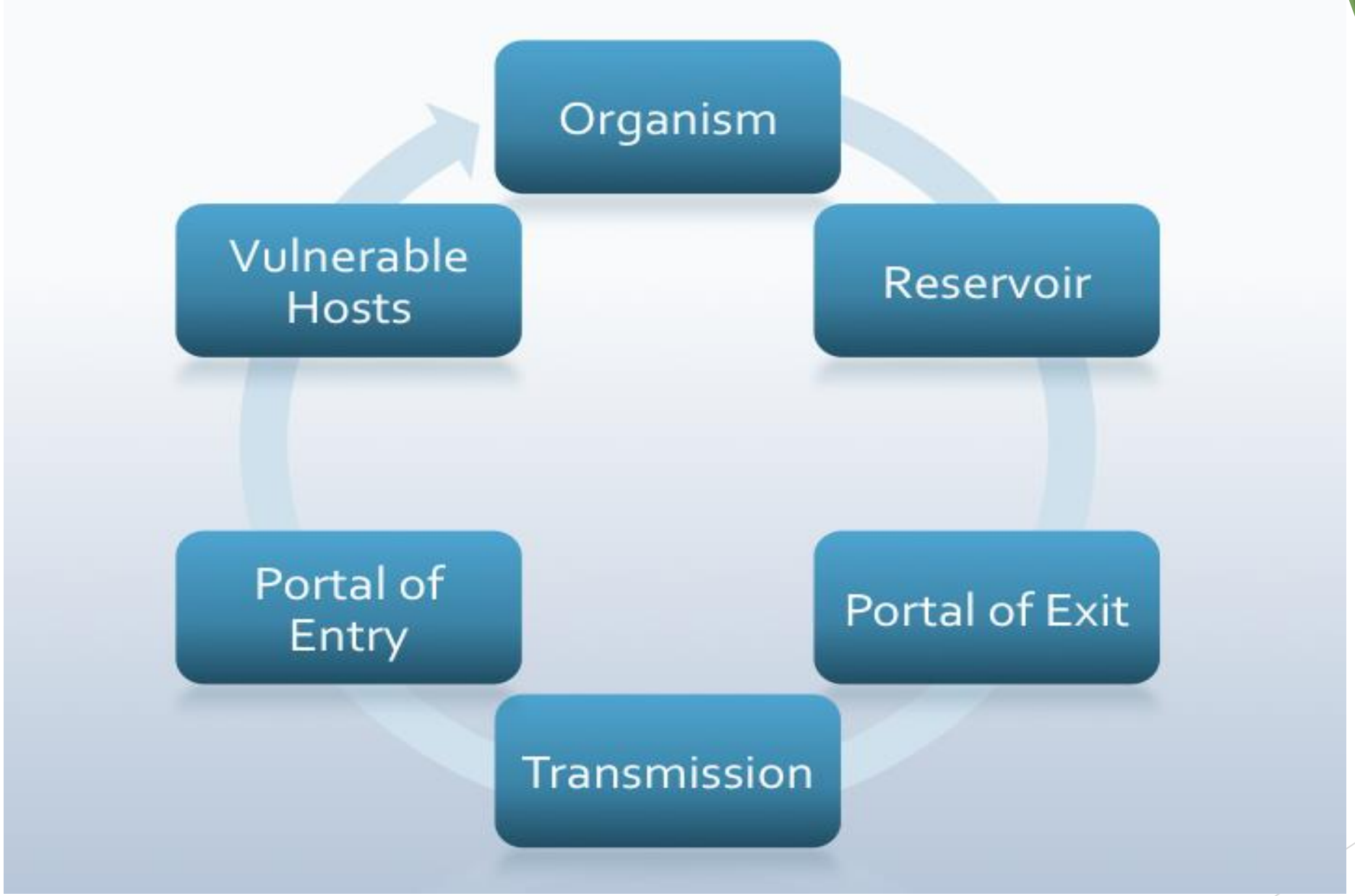

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425.4 General Requirements for Operation

(Policies and procedures for service delivery. The operator must:

1) Establish and implement written policies and procedures, consistent with the approved application for operation of the adult day health care program, concerning the rights and responsibilities of registrants, the program of services provided to registrants, use of physical structures and equipment, and the number and qualifications of staff members and their job classifications and descriptions;
2) Ensure that written policies and procedures, consistent with current professional standards of practice, are developed and implemented for each service and are reviewed and revised as necessary;
3) Develop protocols for each involved professional discipline to indicate when the service of such discipline should be included in the registrant assessment;
4) Ensure that professional personnel are fully informed of, and encouraged to refer registrants to, other health and social community resources that may be needed to maintain the registrant in the community; provided, however, with respect to registrants referred to the adult day health care program by a managed long term care plan or care coordination model, such referrals shall be the responsibility of the managed long term care plan or care coordination model;
5) Establish and implement written policies for the storage, cleaning and disinfection of medical supplies, equipment and appliances; ….

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F880 Infection Prevention & Control Program

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;
- Written standards, policies, and procedures for the program, which must include, but are not limited to:
- A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- When and to whom possible incidents of communicable disease or infections should be reported.

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Back to the Basics of Infection Control

- Hand hygiene (20 seconds) with soap & water
- Hand gel preferred method unless hands visibly soiled
- Respiratory etiquette/avoid touching your eyes, nose and mouth
- Stay home if sick, encourage visitors & families to do the same
- Cover open wounds
- Use of personal protective equipment (PPE)
- Environmental cleaning (EPA registered)
- Education & monitoring
- Appropriate handling of linen, trash and equipment

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Environment

- Bacteria/virus can live on surfaces for long periods of time depending on the type
- Cleaning is essential
- Avoid touch contamination as much as possible
- High touch areas are critical
- No sharing
- Limit floating of staff as much as possible
- Think outside the box!

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Personal Protection Equipment

- Gloves
- Gowns
- Eye shields/face shields
- Masks/N95 respirators

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How to Apply PPE (DON)

- **Gown**
  - Fully cover torso from neck to knees, arms to end of wrists;
  - Wrap around the back, tie in back at neck & waist.
- **Mask or respirator**
  - Secure ties or elastic bands at middle of head and neck;
  - Fit flexible band to nose bridge;
  - Fit snug to face and below chin;
  - Fit-check respirator.
- **Goggles or face shield**
  - Place over face and eyes and adjust to fit.
- **Gloves**
  - Extend to cover wrist of isolation gown.

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Protect Yourself When Using PPE

- Keep hands away from face;
- Limit surfaces touched;
- Change gloves when torn or heavily contaminated;
- Perform hand hygiene.

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How to Remove PPE (DOFF)

- **Gloves:** Outside of gloves is contaminated!
  - Grasp outside of glove with opposite gloved hand, peel off;
  - Hold removed glove in gloved hand;
  - Slide fingers of ungloved hand under remaining glove at wrist;
  - Peel glove off over first glove;
  - Discard gloves in waste container.
- **Goggles/face shield:** Gown front and sleeves are contaminated!
  - Unfasten ties;
  - Pull away from neck and shoulders, touching inside of gown only;
  - Turn gown inside out;
  - Fold or roll into a bundle and discard.
- **Mask/Respirator:** Front of mask/respirator is contaminated!

  DO NOT TOUCH!
  - Grasp bottom, then top ties or elastics and remove;
  - Discard in waste container.

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https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

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Protocol for Optimizing the Supply of Facemasks

- Extended Use of facemasks (defined as wearing the same facemask for repeated close contact with several residents without removing the facemask between residents)
- Facemasks will be reserved for use by employees, rather than residents. Instruct symptomatic residents to use tissue or other barriers to cover mouth and nose
- Use the facemasks beyond manufacturer's designated shelf life
- Employee should leave the resident care area when the facemask needs to be removed. Remove mask carefully, folding so the outer surface is held inward and against itself reducing contact with the outer surface during storage. Store between uses in a clean, sealable paper bag or breathable container.

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Protocol for Optimizing the Supply of Eye Protection

- Use eye protection devices beyond the manufacturer-designated shelf life during resident care
- If eye protection is not available, consider using safety glasses with side extensions

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Optimizing the Supply of Isolation Gowns During COVID-19 - Pandemic

- Use isolation gown alternatives that can offer equivalent or higher protection (fluid-resistant and impermeable).
- Shift gown use to cloth isolation gowns if possible (reusable, washable gowns made of polyester or polyester cotton fabrics).
- Use gowns expired beyond the manufacturer-designated shelf life.
- Gowns or coveralls that conform to international standards can be considered.
- Same gown is worn by same employee when caring for more than one resident known to be infected with same infection in same location unless a resident has a co-infectious diagnosis transmitted by contact.

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As a Last Resort (These cannot be considered as Personal Protective Equipment - preferably with long sleeves and able to be fastened and secured):

- Reusable and washable resident gowns;
- Reusable and washable laboratory coats;
- Disposable aprons;
- Clothing combinations - Long sleeve aprons with long sleeve resident gowns or lab coats;
- Open back gowns with long sleeve resident gowns or lab coats;
- Sleeve covers in combination with aprons and long sleeve resident gowns or lab coats; **AND**
- Disposable laboratory coats.

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Types of Precautions

- **Standard Precautions** – assume that anyone or anything has the potential to be infectious – common sense.
- **Contact Precautions** – contact with an infected person or their immediate environment usually in conjunction with a room restriction.
- **Enhanced Barrier Precautions** – necessary PPE for those who have or have had MDROS.
- **Droplet Precautions** – respiratory infections with potential to expand up to 6 ft.
- **Airborne Precautions** – goes in the air and stays and circulates there (specific protocols – negative pressure room/N95 respirator).

Coronavirus – recommended use Standard, Contact & Airborne Precautions and eye protection (gown, gloves, face mask, googles or face shield)

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Surveillance Regulations

The facility's surveillance system must include a data collection tool and the use of nationally-recognized surveillance criteria such as but not limited to CDC's National Healthcare Safety Network (NHSN) Long Term Care Criteria to define infections or updated McGeer criteria. Furthermore, the facility must know when and to whom to report communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks (e.g., list of communicable diseases which are reportable to local/state public health authorities). The facility must document follow-up activity in response to important surveillance findings (e.g., outbreaks)

Surveillance Tracking

- *Long Term Care Respiratory Surveillance Line List (accessed 2/28/20) https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf
- Parent site for the above pdf: https://www.cdc.gov/longtermcare/training.htm

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COVID Symptoms *(may be mild to severe)*

- Onset 2-14 days after exposure;
- Fever or chills;
- Cough;
- Shortness of breath or difficulty breathing;
- Fatigue;
- Muscle or body aches;
- Headache;
- New loss of taste or smell;
- Sore throat;
- Congestion or runny nose;
- Nausea or vomiting;
- Diarrhea.

No vaccine or specific treatment for COVID-19 is available; care is supportive.

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How COVID-19 Spreads

Person-to-person spread

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into their lungs.
- COVID-19 may be spread by people who are not showing symptoms.
- 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. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

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Spread Between Animals and People

- At this time, the risk of COVID-19 spreading **from animals to people** is considered to be low.
- It appears that the virus that causes COVID-19 can spread **from people to animals** in some situations. CDC is aware of a small number of pets worldwide, including cats and dogs, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19.

COVID-19 and pets and other animals

Learn what you should do if you have pets

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When to Seek Emergency Medical Attention

Look for **emergency warning signs*** of COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

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Memorandum from CMS to State Survey Directors and Infection Control Survey Guidance

- CMS Department of Health and Human Services sent out a memorandum summary March 23, 2020 to State Survey Directors regarding survey prioritization with focus on Infection Control to ensure facilities follow infection control regulations and requirements to mitigate the spread of COVID-19. CMS and CDC have developed and are disseminating their infection control survey so facilities can educate themselves on the latest practices and expectations. They expect facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19.
- https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0

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Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings U.S. Department of Health and Human Services Centers for Disease Control and Prevention

https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

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Employees

- Avoid working while ill.
- Allow and account for potential absenteeism.
- All staff must be screened before entry into the facility.

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Confirmed COVID-19 in NH Staff

- Identify date of onset of illness.
- Assess the most recent date worked.
- <u>If provider staff worked while ill:</u>

  Identify residents or units for quarantine.
- <u>If provider staff did not work while ill:</u>

  Maintain base activities and heightened awareness
  Work with local health department to understand any quarantine or isolation orders before allowing return to work.

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020

1) Who must be tested?
   - All employees, contract staff, per diem staff, medical staff, operators, administrators, and volunteers must be tested.
   - Staff who are working from home, on leave, or otherwise not at the same site as residents, do not need to be tested so long as they remain offsite.

2) How frequently should staff be tested?
   Executive Order No. 202.30 requires all personnel of nursing homes and adult care facilities, including all adult homes, enriched housing programs, and assisted living residences, be tested twice a week. Staff who work at a facility three days per week or less only need to be tested once a week

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

3) Are staff who have had a positive diagnostic test for COVID-19 or a reactive serologic test for IgG against SARS-CoV-2 in the past included in the requirement to be tested twice per week?
   - Yes. At this time, staff who have had a positive diagnostic test for COVID-19 or a reactive serologic test for IgG against SARS-CoV-2 are still required to be tested to meet this requirement. However, this requirement may be reconsidered at a later time for previously COVID-19 positive individuals as more is learned about immunity following COVID-19.

4) What is the minimum time interval between the required twice weekly tests?
   - The required tests should be conducted at least two days apart.

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

5) How should testing be conducted for staff who work at multiple facilities?
   - Staff working at multiple facilities need to be tested twice per week. Those results may be used to meet the testing requirements at any facility, as long as documentation of the test result is provided to each facility. Each facility must maintain appropriate documentation of the test results.

6) Do staff who are on vacation need to be tested twice per week?
   - No. Staff who are on vacation do not need to be tested during the time period when they are on leave or otherwise not present in the same building as residents, provided that they are promptly tested upon their return to the facility.

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

7) Is antibody testing acceptable to fulfill the requirements of the twice weekly testing?
   - No, the testing must be diagnostic to detect the SARS-CoV-2 virus (e.g. molecular such as a PCR test, or an antigen test). However, as stated above, this policy may be reconsidered for previously COVID-19 positive individuals as more is learned about immunity following COVID-19.

8) Can staff work while waiting for test results?
   - Yes, if the staff member is asymptomatic and being tested solely for the purpose of meeting the requirements of Executive Order No. 202.30, they may continue work while waiting for test results.

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

9) If a staff member has a positive test, should the individual be re-tested at the end of the furlough before returning to work?
   - Staff must test negative before returning to work. However, as stated above, this policy may be reconsidered for previously COVID-19 positive individuals as more is learned about immunity following COVID-19.

10) Can a staff member be compelled to undergo testing?
   - No, however, a staff member that refuses testing is considered to have an outdated or incomplete health assessment and shall be prohibited from working for the nursing home or adult care facility until they complete testing.

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

15) Can nurses in adult care facilities be used to collect specimens for testing?

- Executive Order 202 and subsequent amendments to such order made changes to the scope of practice laws concerning the collection of throat or nasopharyngeal swab specimens from individuals suspected of being infected by COVID-19, for purposes of testing. Accordingly, during the course of this emergency, nurses employed by an adult care facility are permitted to collect swab specimens for staff, residents, or anyone else who needs to be tested at the nursing home pursuant to the directive contained in EO 202.30. Additionally, other clinical staff who have received appropriate training regarding specimen collection may collect such specimens. More information relating to specimen collection is available on the Department of Health's website at https://coronavirus.health.ny.gov/covid-19-testing.

https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

16) Which laboratory should nursing homes and adult care facilities use to perform testing?
   - Facilities are responsible for establishing relationships with laboratories, including local hospitals or commercial laboratories, to perform the required testing for their employees. The Department of Health has identified a specific lab with capacity for each facility subject to this directive, should the facility choose to take advantage of it, and must make an arrangement with such lab to do effectuate this.

17) How do facilities obtain collection kits and personal protective equipment for required testing?
   - If facilities are unable to obtain supplies needed for the testing requirement through normal distributors, they should request these supplies through their local Office of Emergency Management.

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

18) My facility's staff have complained that swabbing is uncomfortable and distressing. How can we make twice weekly swabbing more acceptable to them?

- Swabbing can take place in a variety of ways, depending on the specimen collection method that is validated by the laboratory performing tests for your facility. A common method is a nasopharyngeal (NP) swab, where a thin, flexible swab is inserted far back into the nose to obtain material for testing. If the procedure causes more than mild discomfort, then the swabbing technique should be reviewed. It's also important to ensure that swabs intended specifically for NP swabbing are used; these swabs are thinner and more flexible than swabs intended for other specimen types. Other specimen types depend on the test and laboratory, and these may include a nasal swab (inserted about an inch into the nose) plus an oropharyngeal (OP, throat) swab or just a nasal swab alone or in combination with a saliva sample. Acceptable specimen types should be discussed with your laboratory, as it depends on their typical testing methodology.

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Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ Update – May 19, 2020 (continued)

19) Are there SARS-CoV-2 diagnostic tests that can be used at the point of care? Can a nursing home perform these tests?
   - At this time, there are three molecular tests and one antigen test that have been approved by the FDA as a waived test and can be used at the point of care. A list of approved tests can be found at https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-useauthorizations.

20) Do tests of nursing home staff outside of the facility meet the testing requirement? For example, a nursing home employee who receives a test from one of the State's drive-thru operations, does that meet the testing requirement?
   - Yes. Diagnostic tests of nursing home staff that are performed outside of the facility meet the testing requirement, so long as the employee has the appropriate documentation to provide to the nursing home administrator, such that the administrator can certify compliance.

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Test Results

- Positive
- Negative
- Indeterminate
- Inconclusive

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Return to work guidance for employees April 29, 2020

- New York State Department of Health's guidance mirrored the CDC's position – however, going forward we will no longer adhere to CDC's standard on this issue, and will instead require that nursing home employees who test positive for COVID-19 but remained asymptomatic are not eligible to return to work for 14 days from first positive test date in any situation and will no longer adhere to the shorter CDC timeframe.
- Symptomatic nursing home employees may not return to work until 14 days after the onset of symptoms, provided at least 3 days (72 hours) have passed since resolution of fever without the use of fever-reducing medications and respiratory symptoms are improving.

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Discontinue Isolation of Residents Guidance

Recent guidance allows for discontinuation of isolation for patients with COVID-19 when they meet the following conditions:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
- At least 7 days have passed since symptoms first appeared.

However, hospitalized patients or older adults may have longer periods of infectivity, and hospitals, nursing homes, adult care facilities, and certain other congregate living facilities, are settings with highly vulnerable patients and residents.

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Discontinue Isolation of Residents Guidance

Therefore, for patients who are admitted to, or remain in, these settings, NYSDOH recommends discontinuation of transmission-based precautions for patients with COVID-19, when they meet the following more stringent conditions:

- Non-test-based strategy: At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (greater than or equal to 100.0) without the use of fever-reducing medications; **AND**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
- At least **14 days** have passed since symptoms attributed to COVID-19 first appeared. * For patients who were asymptomatic at the time of their first positive test and remain asymptomatic, at least 14 days have passed since the first positive test.

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Discontinue Isolation of Residents Guidance

Test-based strategy: If testing is available to a facility through in-house or commercial means, the following test-based strategy may also be considered. Lack of fever (greater than and equal to 100.0), without fever-reducing medications; **AND**

- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA, from at least two consecutive tests conducted on recommended specimens (nasopharyngeal, nasal and oropharyngeal, or nasal and saliva), collected greater than or equal to 24 hours apart.
- For patients who were asymptomatic at the time of their first positive test and remain asymptomatic, testing for release from isolation may begin a minimum of 7 days from the first positive test.

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Discontinue Isolation of Residents Guidance

- These recommendations also apply to persons suspected of having COVID-19. The test-based strategy is strongly preferred for severely immunocompromised patients (e.g. treated with immunosuppressive drugs, stem cell or solid organ transplant recipients, inherited immunodeficiency, or poorly controlled HIV). If the test strategy is not used for individuals severely immunocompromised, the case should be discussed with the local health department or with NYSDOH.

Admissions

- Prompt detection, triage and isolation of potentially infected residents: Ongoing, frequent, active screening of residents for fever and respiratory symptoms contact physician and public health authorities for COVID-19 testing consistent with current CDC and State Public Health recommendations.
- For suspected cases of COVID-19, contact the State or local health department for directions and testing. https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf
- Notifications and communication:
  1. Contact and inform resident's physician; **AND**
  2. Contact and inform resident representative; **AND**
  3. Contact and inform the facility Medical Director.
- For identified increase in the number of respiratory illnesses regardless of suspected etiology for residents and/or employees, immediately contact the local or State health department for further guidance.

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Special Considerations

- Refusal of testing
- Policy and Procedure updates-communication
- Emergency Preparedness Plan
- Staffing shortages

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Social Distancing

- 6 feet apart
- Masks within 6 feet of others
- Meals
- Activities
- Visitors
- Entertainers
- Clergy
- Pharmacy consultants
- Transport drivers
- Hair salon

Does everyone follow the rule?

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Very Special Considerations

- Residents/Registrants with dementia, memory loss, mental disabilities
- Multiple co-morbidities
- Hearing loss

Trauma Informed Care!

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Dementia Tips on Re-opening

- Try to keep their environment and routines as consistent as possible.
- Remind and assist with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated).
- When possible, try to keep staffing consistent.
- Provide structured activities that maintain social distancing.
- Take them for walks outside.
- Provide frequent cleaning of the environment.

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Prediction

- It is probable that the COVID virus will not be over when flu season comes.
- It is possible a second wave of the virus will come during flu season/the fall.
- Symptoms of the flu and COVID are similar but there is are differences.

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Stay safe & healthy by practicing above & beyond Infection Control practices

Questions?

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THANK YOU!