



# Nursing Home Provider Update

November 30, 2020



## Today's Agenda



Donning and Doffing of Personal Protective Equipment (PPE)

Hand Hygiene and Environmental Cleaning

Daily HERDS Survey

PPE Storage Requirements

Pandemic Emergency Response Plans (PEP)

- Point of Care Testing Devices
- Q & A



## Proper Donning and Doffing of PPE

The type of PPE used will vary depending on the type of precautions required

Standard precautions should be used for all resident care and common sense practices should be maintained to prevent the spread of infection

- Proper hand-hygiene should always take place prior to donning PPE and immediately following the removal of any PPE



## Donning and Doffing PPE

- Providers must ensure that PPE is worn anytime contact with blood or other body fluid is anticipated
- Providers must ensure that PPE is:
  - Clean and/or disposable
  - Removed after contact with a resident or surrounding environment
  - Used one time only (i.e. gloves cannot be washed for re-use) or cleaned consistent with requirements as outlined by the manufacturer or the Department



## Donning and Doffing PPE

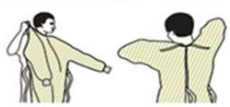
- The Centers for Disease Control and Prevention (CDC) issued guidance related to the donning and doffing of PPE which includes proper sequencing related to the donning and doffing of gowns, masks or respirators, goggles or face shields and gloves
- More information and sequencing posters to be used in resident care areas or any area where staff and/or visitors may be donning or doffing PPE can be found here:  
<https://www.cdc.gov/hai/pdfs/8/ppe/ppe-sequence.pdf>

**SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

**1. GOWN**


- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



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**2. 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



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**3. GOGGLES OR FACE SHIELD**


- Place over face and eyes and adjust to fit



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**4. GLOVES**

- Extend to cover wrist of isolation gown




**USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION**

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

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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

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There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE



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## Hand Hygiene

- Hand hygiene plays an important role in preventing infection and spreading infection to others
- Providers should inventory their hand hygiene supplies in the same manner they would inventory PPE
- When hand-washing is not possible, hand sanitizer that has at least 60% alcohol should be used and made available to visitors and staff



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## Environmental Cleaning

- Providers should ensure that environmental services personnel perform thorough **daily cleaning**, and **more frequent cleaning** of high-touch surfaces, specifically in resident rooms and common areas throughout the facility



## Environmental Cleaning

- Providers must ensure that disinfectants used are EPA-registered, hospital grade disinfectants
- A list of disinfectants can be found here:  
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>



## HERDS Daily Reporting

- Providers continue to be required to submit their facility's daily survey every day by **1pm, 7 days a week.**
- Beginning October 1st, facilities will no longer receive reminder calls and citations will be issued to facilities who fail to provide timely submissions.



## HERDS Daily Reporting

- Currently, greater than 98% of providers are in compliance with the daily reporting requirement
- Additional questions to capture information in regard to PPE usage and burn rates are being considered for incorporation into the daily HERDS survey



## PPE Reserve Requirements

- 10 NYCRR 415.19 (f) sets forth the requirement that all nursing homes must **possess** a 60-day supply of PPE by no later than September 30<sup>th</sup>.
- All inventory (onsite and offsite) must be accounted for on the Daily HERDS survey.
- 60-day supplies should be equal to the average daily rate of PPE that was used between April 19 and April 27, 2020



## PPE Reserve Requirements

- Facilities may store PPE in separate storage areas provided that:
  - The facility has the right to access the storage area as needed
  - The facility has a sufficient supply of PPE to cover resident needs until the off-site location can be accessed
  - The off-site storage location is in New York State



## PPE Reserve Requirements

- Facilities that use a network/corporate central supply location, should factor in sufficient time to cover request processing and approval as well as delivery and loading/unloading of supplies
- Facilities should maintain documentation (e.g. receipts) to demonstrate access to the 60-day supply of PPE
- Supplies should be continually re-evaluated and replenished



## Pandemic Emergency Response Plans

- Chapter 114 of the Laws of 2020 amended section 2803 of the Public Health Law requiring residential health care facilities, by no later than September 15, to prepare and make **available on the facility's public website** and immediately upon request, a Pandemic Emergency Plan (PEP)
- Failure to comply with the PEP is a violation of § 2803(12) and may subject the facility to penalties pursuant to PHL § 12 and § 12-b and other enforcements





## Pandemic Emergency Response Plans

- The PEP must include:
  - A **communication plan** that:
    - Updates authorized family members and guardians of residents with COVID-19 at least once a day and upon a change in condition
    - Updates all residents and their authorized family members and guardians regardless of COVID-19 status at least once per week

## Pandemic Emergency Response Plans

- A communication plan that provides daily access, at no cost, to all residents via videoconferencing or other methods
- Requires that communication be made electronically or by other method specified by the designated representative



## Pandemic Emergency Response Plans

- An **Infection Plan** for staff, residents and families that include:
  - Plans for readmission to the facility following a hospitalization for an infectious disease
    - Plans must comply with all applicable State and federal laws and regulations, included in 10 NYCRR 415.19, 415.3(i)(3)(iii) and 416.26(i), 42 CFR 483.15(e), and 42 CFR 483.80.



## Pandemic Emergency Response Plans

- PEPs **must consider how to reduce transmission** in the facility when there are COVID-19 positive residents present in the facility
  - Plans must include:
    - A protocol for cohorting residents and ensuring other residents cannot access the designated area
    - Appropriate signage delineating COVID-19 units, wings, or rooms from non-COVID-19 areas



## Pandemic Emergency Response Plans

- PEPs must include what **steps the facility will take** if the facility is unable to cohort residents or cannot sustain its cohorting efforts, including notification of the regional Department of Health offices and local departments of health
- All facilities must have a **60-day supply of PPE** with a plan to handle worst case scenarios and a list of supplies to be maintained in order to continue providing services and supports



## Pandemic Emergency Response Plans

- Lastly, plans must include a **process for reserving a resident's bed** at the facility, consistent with all applicable State and federal laws and regulations, including, but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e)



## SARS-CoV-2 Point of Care Antigen (POC) Tests

- SARS-CoV-2 antigen tests detect viral proteins and SARS-CoV-2 PCR tests detect the viral RNA (nucleic acid)
- The U.S. Department of Health and Human Services (HHS) is currently distributing the following:
  - Abbott BinaxNOW COVID-19 Ag Card
  - Becton Dickinson (BD) Veritor™ System
  - Quidel Sofia SARS Antigen IFA



## SARS-CoV-2 Point of Care Antigen (POC) Tests

- Nursing homes should have received a Quidel Sofia 2 Instrument or BD Veritor™ Plus System
- Additionally, HHS is distributing the Abbott BinaxNOW COVID-19 Ag Cards to nursing homes, assisted living facilities, home health and hospice agencies



## SARS-CoV-2 Point of Care Antigen (POC) Tests

- HHS has indicated that the PREP Act has been extended to allow use of FDA approved POC COVID-19 tests to screen asymptomatic individuals in nursing homes and assisted living settings
- A facility must be registered as a Limited Service Laboratory (LSL), equivalent to a CLIA certificate of waiver



## SARS-CoV-2 Point of Care Antigen (POC) Tests

- LSL registrations are issued by the Department's Wadsworth Center Clinical Laboratory Evaluation Program (CLEP)  
Application materials can be found at:  
<https://www.wadsworth.org/regulatory/clep/limited-service-lab-certs>



## SARS-CoV-2 Point of Care Antigen (POC) Testing

- All facilities performing antigen testing must report test results to the Commissioner of Health through the Electronic Clinical Laboratory Reporting System (ECLRS) within **24 hours**
- A testing algorithm has been developed which describes how the tests can be used for symptomatic or asymptomatic individuals



## SARS-CoV-2 Point of Care Antigen Testing

- If a symptomatic individual is tested and the antigen test is returned *negative* does a confirmatory test need to be performed?
  - Due to the lower sensitivity of the SARS-CoV-2 POC antigen tests there is an increased likelihood of false negatives
  - A confirmatory laboratory-based SARS-CoV-2 PCR test should immediately be performed in conjunction with testing for other respiratory pathogens
  - Until the PCR results are received, the individual should be placed on isolation



## SARS-CoV-2 Point of Care Antigen Testing

- If the confirmatory test is positive, the individual must remain on isolation and contact tracing should be initiated
- If the confirmatory test is negative, the individual can be removed from isolation and normal activities may be resume
- Regardless of the outcome of the PCR test, both the POC antigen test result and the PCR test results must be reported to ECLRS



## SARS-CoV-2 Point of Care Antigen (POC) Testing

- If a symptomatic individual is tested using a SARS-CoV-2 antigen test and the antigen test result is *positive*, does a confirmatory test need to be performed?
  - No, a positive result does not require a confirmatory test. The results must be reported to ECLRS and the appropriate actions (isolation, contact tracing, etc.) must be taken



## SARS-CoV-2 Point of Care Antigen (POC) Testing

- Additional information on when confirmatory testing is needed and the procedures facilities must follow when performing antigen testing can be found here:

<https://coronavirus.health.ny.gov/system/files/documents/2020/10/sars-cov-2-antigen-tests-faq.pdf>



## Questions

Questions should be sent to  
[nursinghomeinfo@health.ny.gov](mailto:nursinghomeinfo@health.ny.gov)