



Clean Up Your Infection Control Practices in ACF/AL

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

*This program has been funded by a
generous grant from the
Mother Cabrini Health Foundation.*



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Regulatory Framework

There is little in the ACF regulations regarding infection control and prevention.

Infection control practices are addressed in your aide training.

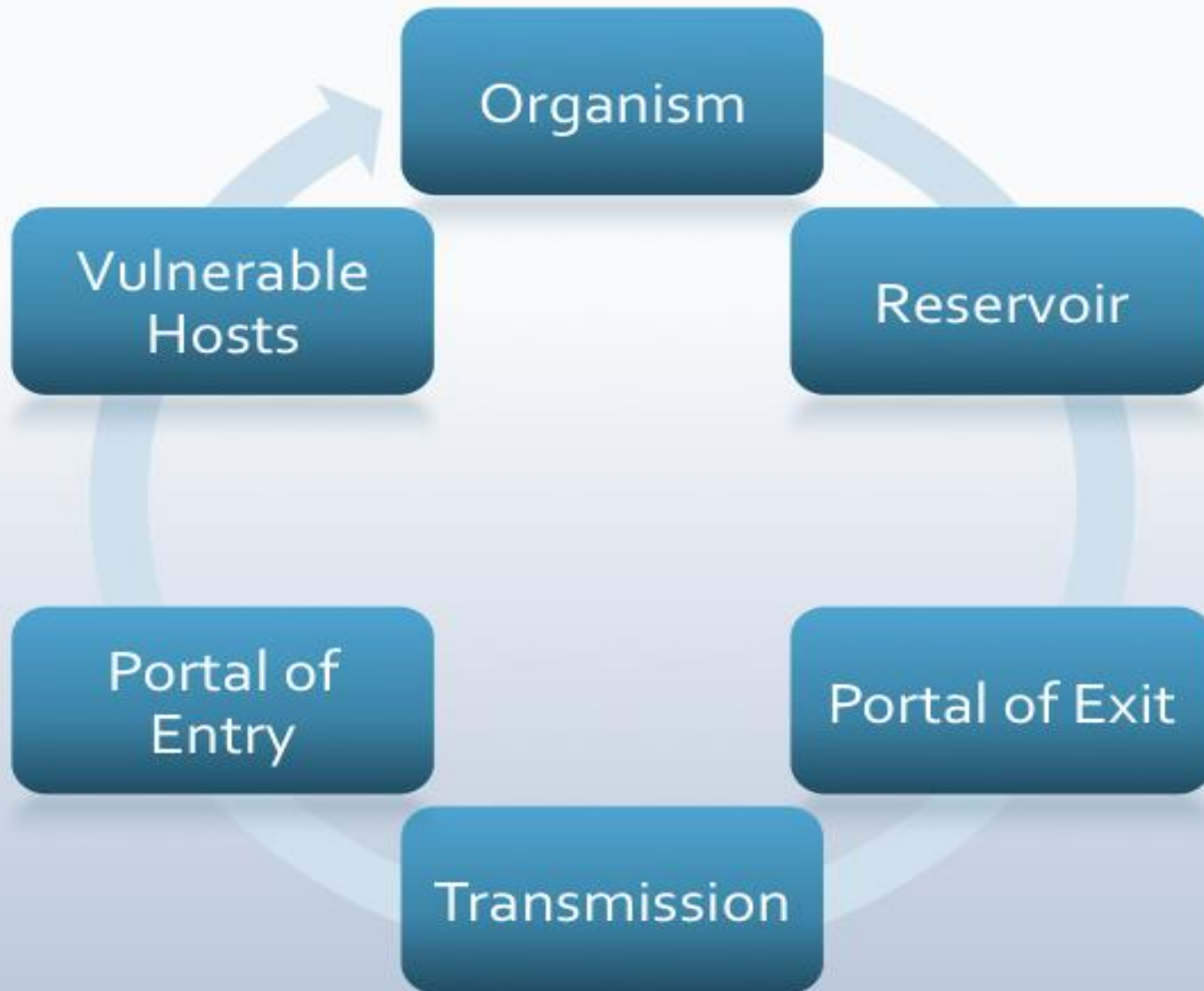
DOH's Infection Control Surveys are looking to see that you are incorporating guidance, including but not limited to:

- ▶ Adult Care Facility COVID-19 Infection Prevention Control Checklist:
<https://www.leadingagency.org/linkservid/CBE09E0D-B8E7-A42F-C0BAB097D26023E9/showMeta/0/>
- ▶ COVID-19 Control Measures for ACFs
<https://www.leadingagency.org/linkservid/CBFCA347-CED5-F658-9B42FE09163F7B73/showMeta/0/>

Infection Prevention & Control Program

A good infection prevention and control program should include, at a minimum, the following elements:

- ▶ Written standards, policies, and procedures for the program
- ▶ A mechanism to ensure they are communicated to all relevant parties
- ▶ Proper training of staff
- ▶ Policies and procedures are updated as things change
- ▶ When and to whom to report communicable diseases and potential outbreaks (e.g., list of communicable diseases which are reportable to local/state public health authorities).
- ▶ Documentation!
- ▶ Quality Assurance-how do you ensure the policies and procedures are followed on any given day, at any time?



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

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!

Personal Protection Equipment

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

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.

Protect Yourself When Using PPE

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

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;
- 1. Discard gloves in waste container.

GOGGLES OR FACE SHIELD: Outside of goggles or face shield are contaminated!

- ▶ If your hands get contaminated during goggle or face shield removal,
- ▶ Remove goggles or face shield from the back by lifting head band or earpieces
- ▶ If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container;

How to Remove PPE (DOFF)

Gown: 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.

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

Guidance When PPE is in Short Supply

- ▶ DOH has provided standards for optimizing PPE when there are shortages
- ▶ While PPE supply has improved significantly since the Spring, providers should be prepared for any disruptions in supply in the future

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.

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

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.

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.

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, goggles or face shield)

Extended Precaution Signs

- ▶ <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>

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.

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.

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

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.

Infection Control Surveys

- ▶ DOH is conducting Infection Control surveys to ensure facilities follow infection control requirements to mitigate the spread of COVID-19. DOH provided the below resources to help providers implement good infection control practices for COVID-19. Reviewing them will help prepare you for survey as well.
 - ▶ Adult Care Facility COVID-19 Infection Prevention Control Checklist:
<https://www.leadingagency.org/linkservid/CBE09E0D-B8E7-A42F-C0BAB097D26023E9/showMeta/0/>
 - ▶ COVID-19 Control Measures for ACFs
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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

Screening Tools

- ▶ **Basic:**
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID19-Screening-Checklist-SNF-Visitors.pdf
- ▶ **In-depth:** <https://www.vhca.org/files/2020/03/VHCA-VCAL-COVID-19-Screening-Toolkit.pdf>
- ▶ https://www.aapacn.org/wp-content/uploads/2020/03/AADNS_COVID-19-Healthcare-Professional-Screening-Form_FIN_V.1.2.pdf?_cldee=amltLmJlcmtsYW5AbWNrbmlnaHRzLmNvbQ%3d%3d&recipientid=contact-97e8d6e7c895e011ac48005056834d9b-6df399ef97714013bbcd7bad5f279460&esid=e860278d-a372-ea11-80e3-000d3a0dce1c

Confirmed COVID-19 in ACF Staff

- ▶ Identify date of onset of illness.
- ▶ Assess the most recent date worked.
- ▶ If provider staff worked while ill:
Identify residents or units for quarantine.
- ▶ If provider staff did not work while ill:
Maintain base activities and heightened awareness
Work with local health department to understand any quarantine or isolation orders before allowing return to work.

Staff Testing

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

<https://www.leadingagency.org/linkservid/FBBC36D5-DE80-4C64-0F675F341B6F54E3/showMeta/0/>

- ▶ Executive Order 202.30 - Nursing Home and Adult Care Facility Staff Testing Requirement FAQ #1 - May 12, 2020

<https://www.leadingagency.org/linkservid/7A73AF17-B416-BF2D-D514EC611BE522EE/showMeta/0/>

- ▶ Required COVID Testing for All NH and ACF Personnel - May 11, 2020

<https://www.leadingagency.org/linkservid/450261D1-E30C-B6AF-3BBC45C80787721B/showMeta/0/>

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>

Test Results

- ▶ Positive
- ▶ Negative
- ▶ Indeterminate
- ▶ Inconclusive

Return to work guidance for employees

- ▶ DOH Guidance July 24th: Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection
<https://www.leadingageny.org/linkservid/CD8182DF-9C1C-80A6-9C6CB6FCC84E3B2C/showMeta/0/>

Discontinue Isolation of Residents Guidance

April 19th, 2020 NH & Adult Care Homes

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.

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.

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 residents 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.

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.

<https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh-covid-19-discontinuing-isolation-hospital-congregate-setting.pdf>

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

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.

Special Considerations

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

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?

Very Special Considerations

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

Tips for Working With People With Dementia

- ▶ 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.

Visitation and Infection Control

DOH Guidance Issued July 10th: Visitation in ACFs:

<https://www.leadingagency.org/linkservid/46720B72-A69A-F542-24369790E0A36534/showMeta/0/>

Best Practices and Considerations for After Resident Returns from Appointment, Outing, Hospitalization

- ✓ Consider the potential for exposure while out of the facility
- ✓ Where did they go?
- ✓ Remove PPE before re-entering the facility and immediately perform hand hygiene

Policies and Procedures Checklist

You should have a policy and procedure on:

- Infection Control to prevent COVID-19 for both residents & staff
 - Isolation
 - Procedure if a resident is suspect or confirmed COVID-19
 - Communal dining
-
- ▶ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
 - ▶ https://shnny.org/images/uploads/DOH_COVID19_DiscontinuingIsolationHospitalCongregateSetting_0419201.pdf

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.

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

Questions?

LeadingAge NY has created a site for all coronavirus guidance, directives, resources here:

<https://www.leadingageny.org/topics/coronavirus/>

Optimizing Care in the Context of COVID-19: Strategies for Long-Term Care and Aging Services Providers

FREE Webinar Series

August 6, 13, 20, 27, 2020

FLTC

Foundation for Long Term Care

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from the Mother Cabrini Health Foundation*

✓ 8 hours NAB credit
✓ 6 hours of Social Work credit
✓ 6 hours of ACF credit



THURSDAYS
from 1-3 pm

Aug 6

**Clean Up Your Infection Control
Practices in ACF/Assisted Living**

Aug 13

**It's Not Just the Virus: Managing the
Pandemic of Trauma, Grief and Loss**

Aug 20

**Will Your COVID Documentation
Stand Up to Scrutiny?**

Aug 27

**Using Telehealth to Improve Access
and Outcomes During COVID-19**

To register, email: edu@leadingageny.org or call: 518.867.8383



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THANK YOU!