COVID-19

Infection Control Toolkit

For Long-Term Care Facilities

A Resource Guide

Workers' Compensation
trust ®

June 2020

Long-Term Care Facilities need to take a proactive approach in order to eliminate the spread of COVID-19. This guide is provided to Trust Members to assist employers and employees with strategies to create and maintain safe and healthy workplaces in Long-Term Care Facilities during the COVID-19 pandemic by reducing the risk of spreading the disease.

This document and resource list was created to summarize the current recommendations to eliminate the spread of COVID-19 in Long Term Care Facilities and protect employees, patients, residents and visitors. Every effort has been made to highlight current relevant recommendations; however, as this situation has been evolving and guidance has been updated almost daily the Trust urges you to follow all State and local regulation and recommendations.

Reliable resources should be reviewed frequently as there can be frequent changes:

- Centers for Disease Control (CDC): www.cdc.gov
- Centers for Medicare and Medicaid Services: www.cms.gov
- Occupational Safety and Health Administration (OSHA): www.osha.gov
- State of Connecticut: https://portal.ct.gov/Coronavirus
- World Health Organization (WHO): https://www.who.int/

An Overview of Mandates and Best Practices

- **Assess the facility.** Use CDC's assessment tool to determine measures that need to be taken. See page 3 for the link.

- **Infection Control Manager.** The CDC recommends that facilities assign an individual to manage the facility's infection control program.

- **Report Cases.** As required by CMS report cases weekly to the National Healthcare Safety Network at least every seven days. The link to report cases is located in the resource document.

- **Reduce facility risk.** Eliminate visitors, screen employees daily, eliminate non-essential vendor visits and use source control for everyone entering the facility, regardless of symptoms. Promote social distancing, provide alternate areas for employees to eat meals.

- **Testing employees, patients and residents.** Mandatory testing for COVID-19 of the staff of private and municipal nursing home facilities, managed residential communities, and assisted living services agencies. Facilities must test staff weekly for the duration of the public health and civil preparedness emergency.

- **Isolate symptomatic residents as soon as possible.** Set up separate a separate area/wing/floor, to place patients and residents with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (if possible).

- **Sanitize.** Sanitize surfaces that are used frequently. When possible, use separate medical equipment for residents with COVID-19.

- **Hand hygiene.** Promote hand hygiene by providing alcohol based hand sanitizer stations where hand washing is not readily available.

- **Personal Protective Equipment.** Emphasize proper use of personal protective equipment (PPE) and ensure employees have the proper PPE to perform their job safely.

- **Training.** Train employees on infection control and procedures for PPE and hand hygiene. Ensure non-healthcare personnel receive appropriate training as well.

Assess the Facility

Conducting assessments and reviewing infection control programs are a critical component to any safety program for Long Term Care. The infection control assessment and response tool, which may be accessed here: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf, developed by the CDC, can be used to assess the key strategies in order to:

- o Keep COVID-19 out of the facility
- o Identify infections as early as possible
- o Prevent the spread of COVID-19 in the facility
- o Assess and optimize personal protective equipment (PPE) supplies
- o Identify and manage severe illness in residents with COVID-19

The areas assessed include:

- o Visitor restriction
- o Education, monitoring, and screening of healthcare personnel[1] (HCP)
- o Education, monitoring, and screening of residents
- o Ensuring availability of PPE and other supplies
- o Ensuring adherence to recommended infection prevention and control (IPC) practices
- o Communicating with the health department and other healthcare facilities

Findings from the assessment can be used to target specific IPC preparedness activities to immediately focus on while continuing to keep their residents and HCP safe.

Assign an Infection Control Manager

Based upon the most recent CDC guidelines, facilities should assign one or more individuals with training in infection control to provide on-site management of the Infection Prevention and Control (IPC) Program.

- This should be a full-time role for at least one person in facilities that have more than 100 residents or that provide on-site ventilator or hemodialysis services.

- Smaller facilities should consider staffing the IPC program based on the resident population and facility service needs identified in the facility risk assessment.

- CDC has created an online training that can be used to orient individuals to this role in nursing homes. This training is located here: https://www.train.org/cdctrain/training_plan/3814.

Report Cases

Based upon new the CMS MANDATE: report COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly.

- CDC's NHSN provides long-term care facilities with a customized system to track infections and prevention process measures in a systematic way. Nursing homes can report into the four pathways of the LTCF COVID-19 Module including:

  - o Resident impact and facility capacity
  - o Staff and personnel impact
  - o Supplies and personal protective equipment
  - o Ventilator capacity and supplies

- According to the CDC, weekly data submission to NHSN will meet the CMS COVID-19 reporting requirements.

- Learn more about reporting requirements at CDC's National Healthcare Safety Network (NHSN) located here: https://www.cdc.gov/nhsn/ltc/covid19/index.html.
- Enroll in reporting here: https://www.cdc.gov/nhsn/ltc/covid19/enroll.html.

Reduce Facility Risk

The greatest COVID-19 risk comes from the movement of persons into and out of your facility. Anyone who leaves and returns can bring COVID-19 into your facility.

Restrict visitors
- **Restrict all visitors from entry into the facility.** This includes spouses, immediate family, and nonessential health care workers. The only exception is for compassionate care situations (e.g., end of life).
- When a resident spends time with a visitor for a compassionate visit, even if outdoors on facility grounds, they must remain at least six feet apart.
- Restrict all volunteers and nonessential health care personnel (HCP), including consultant services (e.g., barber).
- Develop processes to help residents and family members remain connected, including facilitating resident access to virtual visits by phone and other electronic devices.
- Assist families with placement of electronic monitoring devices if requested.
- Make a plan to ensure regular communication with families and residents.
- When visitors are allowed require all visitors to wear masks, sanitize, and take their temperature.

Actively Screen Staff
Actively screen all staff for fever and symptoms of illness before starting each shift. In addition to facility staff, conduct health screening for other essential health care personnel entering the building including therapy personnel, hospice, home care, dialysis, ombudsman, state surveyors, chaplain at end of life, mortician, etc.

Active screening means that a trained person should physically monitor the temperature of staff entering the building and ask questions regarding other COVID-related symptoms.

Conduct active assessment for fever (measured temperature >100.0ºF) or subjective fever (chills, feeling feverish).
- Use a thermometer to check employees prior to entering the building.
- Ask about new symptoms of illness (e.g., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or new loss of taste or smell).
- Consider further evaluation for fever <100.0ºF, or symptoms not attributable to another diagnosis, including, nausea, vomiting, diarrhea, abdominal pain, runny nose, and fatigue.
- Keep a confidential log indicating information on daily employee assessments.

Staff should not work while sick. If illness develops while at work, staff must immediately separate themselves from others, alert their supervisor, and leave the workplace.

All staff should wear a mask at all times when in the facility and practice strict hand hygiene.
- Employees participating in universal masking initiatives will wear different facemasks depending on their potential exposure to residents and their job responsibilities.
- Medical grade surgical masks should be prioritized for direct-care personnel if they are in short supply.
- Institute use of eye protection (e.g., face shield, goggles, safety glasses with side shields) during all resident care encounters, when personal protective equipment (PPE) supplies allow.

Social Distancing
Reconfigure employee break and eating areas and establish rules for bringing in food
All staff should practice social distancing (≥6 feet from others) when in break areas or common areas. There have been clusters of staff illness in healthcare settings associated with the lack of social distancing in non-resident care areas.

- Employees should not place food in shared refrigerators.
- Employees should not share food.
- If possible, outside food should not be brought into the facility.
- Employees should take meal breaks in areas where social distancing is possible.
- Break rooms and dining areas should be cleaned after each use.
- Shared refrigerators should be discontinued.

Mandatory COVID-19 Testing for Staff
Pursuant to Connecticut's Mandatory EXECUTIVE ORDER NO. 7UU, there shall be a program of mandatory testing for COVID-19 of the staff of private and municipal nursing home facilities, managed residential communities, and assisted living services agencies as detailed below. The link to the Executive Order can be found here: https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7UU.pdf

Important Dates:
- Mandatory COVID-19 Testing of Nursing Home Facility Staff. Section 19a-522 of the Connecticut General Statutes is hereby modified to require that a private or municipal nursing home facility beginning not later than the week starting **June 14, 2020**, shall weekly test all members of the nursing home facility staff for COVID-19 and shall continue such weekly testing for the duration of the public health and civil preparedness emergency.
- Mandatory COVID-19 Testing of Private Managed Residential Community Staff. Section 19a-694 of the Connecticut General Statutes is hereby modified to require that a private or municipal managed residential community, beginning not later than the week starting **June 28, 2020**, shall weekly test all members of the managed residential community staff for COVID-19 and shall continue such weekly testing for the duration of the public health and civil preparedness emergency.
- Mandatory COVID-19 Testing of Assisted Living Services Agency Staff. Section 19a-699(b) of the Connecticut General Statutes is hereby modified to require that an assisted living services agency, beginning not later than the week starting **June 28, 2020,** shall weekly test all members of the assisted living services agency staff for COVID-19, and shall continue such weekly testing for the duration of the public health and civil preparedness emergency.
- **Definition of Staff**. For the purposes of this order, staff shall be defined as all personnel working in a private or municipal nursing home facility, managed residential community or assisted living services agency, including, but not limited to, administrators, medical staff, employees, per diem staff, contractors with a regular presence in the facility, private duty patient or resident contracted individuals, dietary, laundry, housekeeping personnel, and volunteers.
- Orders for Testing. The medical order for any such testing shall be obtained for all staff by such private or municipal nursing home facility, managed residential community or assisted living services agency from an appropriately licensed practitioner capable of issuing such orders within his or her scope of practice or permitted to do so by law, including any executive order.

Isolate Symptomatic Residents

Isolate symptomatic patients as soon as possible. Set up separate places patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (if possible).

Residents with COVID-19
- Identify space in the facility that can be dedicated to care for residents with confirmed COVID-19.
- The dedicated space can be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19.
- Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use.
- Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, implement use of Transmission-Based Precautions, prioritize for testing, transfer to COVID-19 unit if positive).
- Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them).

Residents with Symptoms of COVID-19
Evaluate and Manage Residents with Symptoms of COVID-19.
- Ask residents to report if they feel feverish or have symptoms consistent with COVID-19.
- Actively monitor all residents upon admission and at least daily for fever (T≥100.0°F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry.
- If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below:
  - Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell.
  - Additionally, more than two temperatures >99.0°F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
- The health department should be notified about residents or HCP with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.
- If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community, follow the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. This guidance should be implemented immediately once COVID-19 is suspected.

Sanitize: Environmental Cleaning and Disinfection
All Areas

The following steps are crucial:
- Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas.
- Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

- Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2. (List N: Disinfectants for Use Against SARS-CoV-2). The list is located here: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19.
- Develop a cleaning schedule for all departments. Document the area has been cleaned.

Clean and disinfect frequently touched surfaces.
- Routine cleaning is the everyday cleaning practices that businesses and communities normally use to maintain a healthy environment.
- Areas that are used frequently such as public rest rooms and employees should be cleaned and sanitized hourly and a checklist should be utilized.
- Surfaces frequently touched by multiple people, such as door handles, bathroom surfaces, and handrails, should be cleaned with soap and water or another detergent at least daily.
- More frequent cleaning and disinfection may be required based on area and level of use.
- Cleaning removes dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it reduces the number of germs on a surface.
- Disinfect surfaces with an EPA-registered disinfectant with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- High-touch surfaces include but are not limited to: door handles, railings, light switches, remotes, phones, call buttons, medical equipment (lifts, thermometers, pulse oximeter), etc.
- Soft (Porous) Surfaces: For soft (porous) surfaces such as carpeted floor, rugs, drapes, and furniture, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- After Cleaning: If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

Patient and Resident Rooms and Physical Therapy Rooms
Implement Environmental Infection Control:
- Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the (Healthcare Infection Prevention and Control FAQs for COVID19).

Implement environmental infection control measures for all departments
Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

Hand Hygiene

Hand Hygiene Supplies

- Position hand sanitizer stations at each entrance and where hand washing is not readily available.
- Unless hands are visibly soiled, an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations.
- Make sure that sinks are well-stocked with soap and paper towels for handwashing.
- Use touchless dispensers and hand dryer, whenever possible.

Respiratory Hygiene and Cough Etiquette

- Provide adequate supplies in order to reduce the spread of COVID-19 from sneezing and coughing.
- Make tissues and trash cans available in common areas and resident rooms for respiratory hygiene, cough etiquette and source control.

Personal Protective Equipment

Acquiring PPE

With regard to acquiring PPE the National Governors Association developed a group of resources on their site that includes testing, PPE and Community Resources. According to the National Governors Association: "the National Governors Association and the nation's governors are working together to provide an online hub for businesses and other organizations with supplies or services to connect with states officials regarding critical needs. We will be updating this page daily." This resources is located here: https://www.nga.org/coronavirus-resources/#ppe.

Know what PPE is needed and how much is available

- PPE is a cornerstone of efforts to prevent transmission of COVID-19 within a Long Term Care facility. Classify the level of exposure to employees for COVID-19 using OSHA's Guidance on Preparing Workplaces for COVID-19 located here: https://www.osha.gov/Publications/OSHA3990.pdf
- Perform a PPE assessment to determine which employee positions need PPE and the types of PPE that they need. A sample PPE assessment form can be downloaded here.
- If you aren't sure what PPE you need or who needs to wear it conduct a PPE assessment for each employee position at your facility.
- Cloth/alternative masks are not PPE and should not be worn by healthcare professionals when PPE is indicated.
- Track amount of PPE supplies on hand and update daily. Use the CDC: Personal Protective Equipment (PPE) Burn Rate Calculator located here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html) to assess PPE supply.
- Follow CDC's "Strategies to Optimize the Supply of PPE and Equipment" if adequate supplies of PPE are not available. Connecticut has a Battelle Decontamination System located in New Haven. Instructions for utilizing this system are: https://www.battelle.org/inb/battelle-ccds-for-covid19-satellite-locations.
- Post visual references like CDC's donning and doffing instruction sheets where they can be seen by staff. CDC: Using Personal Protective Equipment (PPE) Posters here: https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc.
- Use signs for resident doors to remind staff when COVID-19 precautions are needed. MDH: Enhanced Respiratory Precautions Essential Personnel Only - Keep Door Closed
- Use of appropriate PPE can reduce staff exposures that might occur before detection of a
- COVID-19 case (e.g., when working with infected but asymptomatic resident) that might lead to exclusion from work.

N95 Respirators

Facilities must implement a formal Respiratory Protection Program. The Trust can supply you with a Sample Respiratory Protection Program and assist you with implementing this program. All employees using N95 Respirators must have a fit test, medical surveillance and training prior to using a respirator. Contact your Senior Loss Control Consultant or losscontrol@wctrust.com for assistance with this program.

Train and Empower Staff Members

Train and empower staff members

- Place supplies in locations that support adherence to recommended IPC practices.
- Consider gathering feedback from staff to identify barriers and facilitators to implementing best practices.

Conduct COVID-19 specific training for staff

- Provide employees with written programs and ensure competencies during training.
- Practice strict hand hygiene and social distancing.
- Appropriately put on (don), take off (doff), and care for facemasks, eye protection, and other PPE.
- Implement Transmission-based Precautions, including training, demonstration, and observation of donning and doffing. Audit staff IPC practices, including hand hygiene and use of facemasks and other PPE. Training is available from the CDC website here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.
- Provide situational awareness and empower employees to make good choices.
- Develop a plan for regular communication with staff, including communication of COVID-19 cases in the facility and expectations of employees.
- Educate staff and residents about COVID-19, actions the facility is taking to protect them, and why they are important.
- Include review of visitor restrictions, with clear instructions regarding admission of essential health care service providers.
- Emphasize the importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette, and universal use of face coverings.
- Discuss the possible implications of staff working at multiple locations. Spread of COVID-19 has been documented via staff who have worked at a positive COVID-19 facility, and who have then worked at another facility either while ill or before developing symptoms.
- Educate residents and families on topics including information about COVID-19, actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control.
- Have a plan and mechanism to regularly communicate with residents, families and HCP, including if cases of COVID-19 are identified among residents or HCP.

If you would like assistance with your program please contact:

Your Trust Senior Loss Control Consultant or losscontrol@wctrust.com. Other available Trust Resources are available on our website at www.wctrust.com, including:

- COVID-19 Resource Page
- Member Education Live and Taped Webinars
- Members Only webpage: Sample Programs
- Trust University

Future Considerations

- Consider adding more outside seating for visitors during warm months.
- Spread out seating for employees in breakrooms.
- Add more areas for employees to take breaks.
- Keep six foot distance seating in nursing areas.
- Provide touchless hand dryers and automatic door openings. Continue to evaluate the use of touchless equipment on an ongoing basis.
- Encourage social distancing.

We will continue provide more information as information is released

Long-Term Care Resources during the COVID-19 Pandemic

CDC
CDC has recently updated its' guidelines for Long Term Care facilities
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.
Print Resources and Posters:
https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Page=2

Centers for Medicare and Medicaid, CMS.gov
Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes
https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf

National Governors Association
Coronavirus Resources: https://www.nga.org/coronavirus-resources/#ppe

National Institute for Occupational Safety and Health
Information on Personal Protective Equipment (PPE): https://www.cdc.gov/niosh/

OSHA
Classifying worker exposure: https://www.osha.gov/Publications/OSHA3993.pdf
COVID-19 Videos: https://www.osha.gov/video/index.html
Guidance on Preparing Workers for COVID-19: https://www.osha.gov/Publications/OSHA3990.pdf

National Safety Council: Safer

State of Connecticut
Guidelines for business types:
https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Sector-Rules-for-May-20-Reopen
Safe Workplace Rules for Essential Employers
https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Safe-Workplace-Rules-for-Essential-Employers