

COVID 19 Infection Control

Assisted Living and Homebased Residential Groups

Please **mute** your phone before the webinar begins

Do not put on hold or we will hear your music~

Thank you for joining us.

The webinar will begin shortly.

Email questions to : ALHAYES@ISDH.IN.GOV

During webinar as we do not have a chat box

March 31, 2020



Indiana State
Department of Health

COVID 19 Infection Control

Assisted Living and Homebased Residential Groups

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Infection Preventionist

Epidemiology Resource Center

March 31, 2020



Indiana State
Department of Health

Sign up for Indiana Health Alert Network

<https://ihan-in.org/>



Indiana State
Department of Health

Higher risk for severe illness



Based on currently available CDC information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

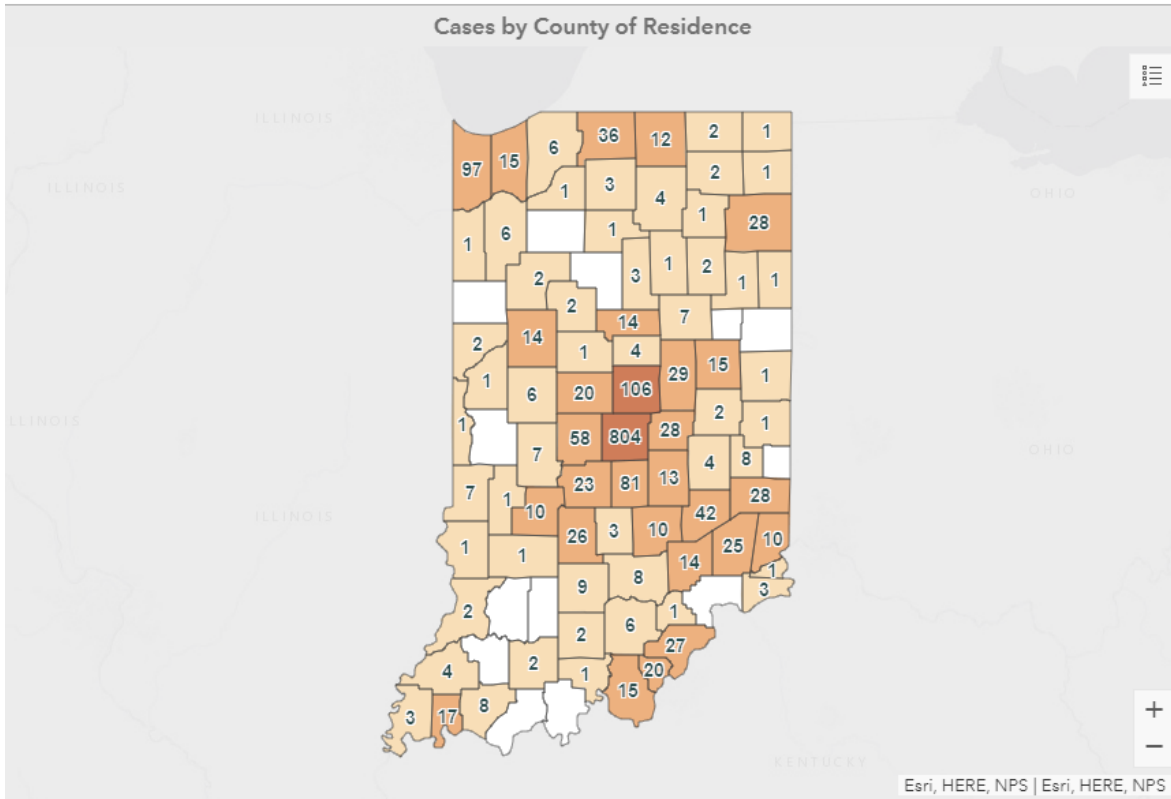
- [People aged 65 years and older](#)
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [BMI] >40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
 - People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

COVID-19 Dashboard

Indiana COVID-19 Data as of March 29th, 11:59PM

Dashboard updated daily at 10AM

Cases by County of Residence



Total Positive Cases

1,786

Positive tests reflect results from ISDH and results submitted by private laboratories

Total Deaths

35

Total Tested

11,658

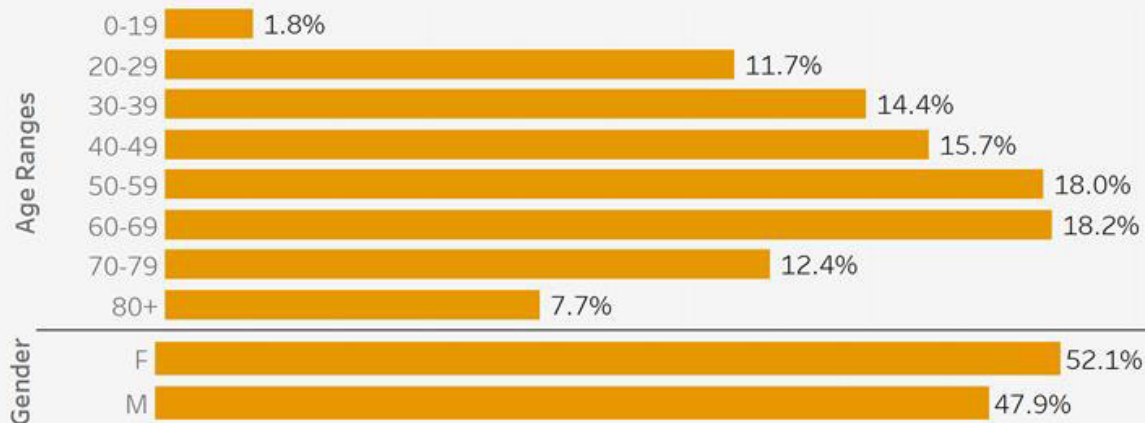
Number of tests is provisional and reflects only those reported to ISDH. Numbers should not be characterized as a comprehensive total.

Updated daily at 10 a.m.

<https://coronavirus.in.gov/2393.htm>

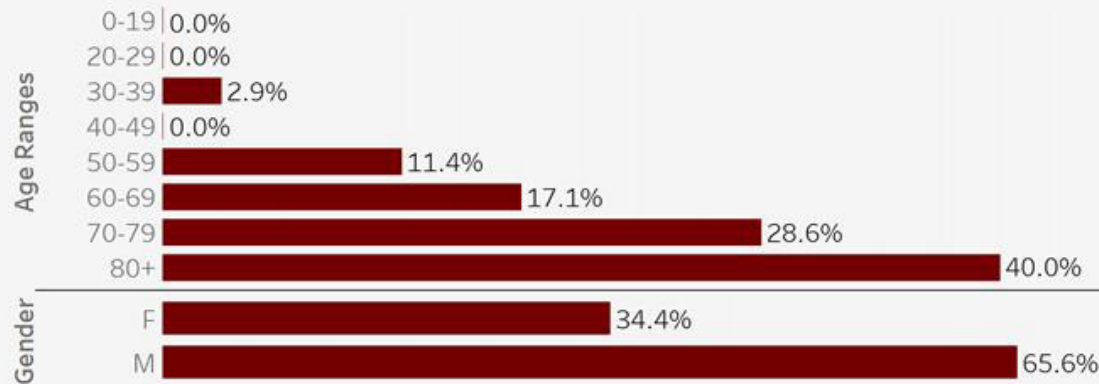
Added Demographics

Positive Case Demographics



28% of positives are > 60 yr. old

Death Demographics



86% of deaths are > 60 yr. old

Early Release of MMWR- March 27, 2020

Summary

What is already known about this topic?

Once SARS-CoV-2 is introduced in a long-term care skilled nursing facility (SNF), rapid transmission can occur.

What is added by this report?

Following identification of a case of coronavirus disease 2019 (COVID-19) in a health care worker, 76 of 82 residents of an SNF were tested for SARS-CoV-2; 23 (30.3%) had positive test results, approximately half of whom were asymptomatic or presymptomatic on the day of testing.

What are the implications for public health practice?

Symptom-based screening of SNF residents might fail to identify all SARS-CoV-2 infections. Asymptomatic and presymptomatic SNF residents might contribute to SARS-CoV-2 transmission. Once a facility has confirmed a COVID-19 case, all residents should be cared for using CDC-recommended personal protective equipment (PPE), with considerations for extended use or reuse of PPE as needed.

[Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020](#)

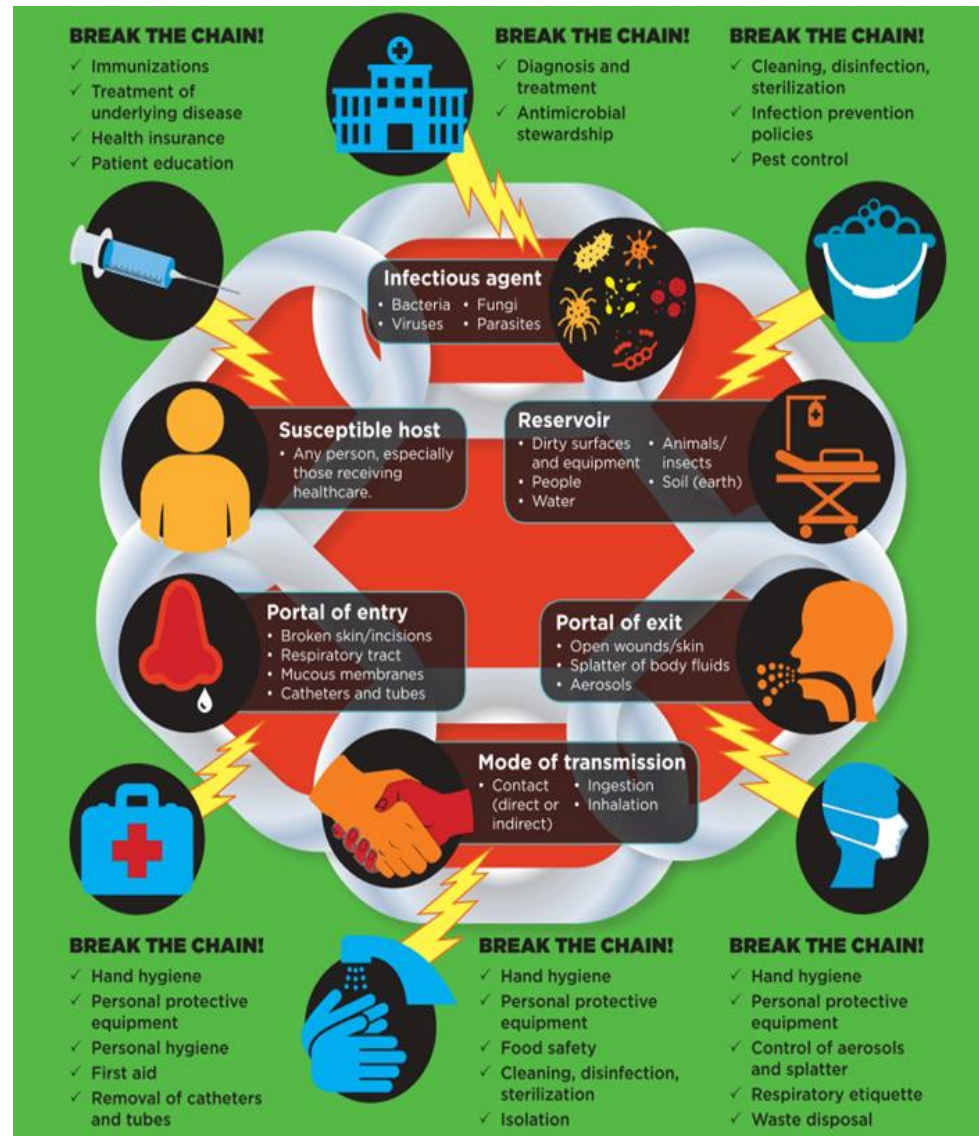
How long is a COVID positive patient infectious for ?

- A recent study based on patients from two hospitals in Wuhan, China, found that surviving COVID-19 patients could be infectious 8 days up to 37 days (median days= 20).
- The study did not look at patients whose illness was mild, so the amount of time they can spread the disease may be different.



Top 10 Strategies for Breaking the Chain for COVID-19 transmission

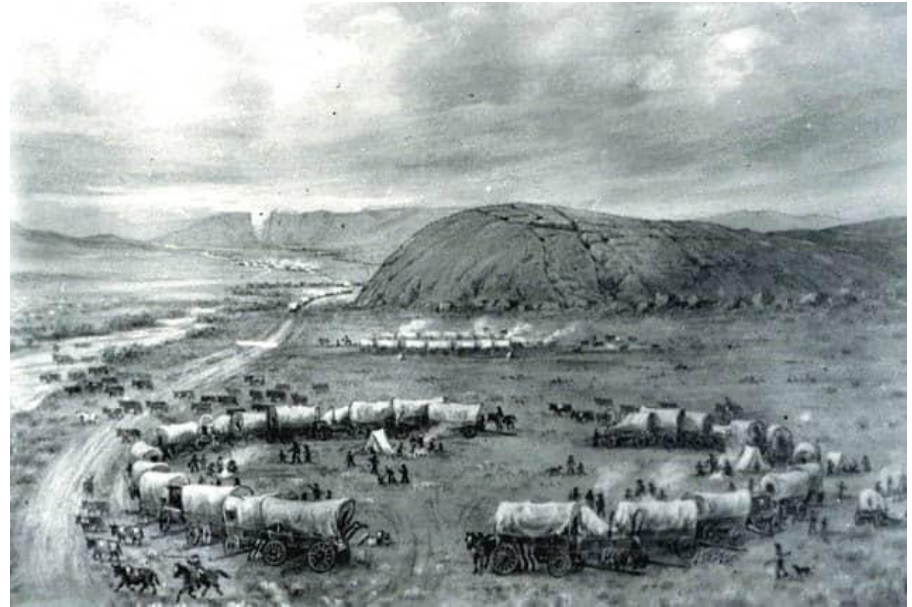
1. Visitor and HCW daily monitoring at entrances, symptoms and temps
2. Hand Hygiene at point of care- ABHR and frequent hand washing
3. Enhanced environmental cleaning and disinfection with appropriate agents
4. Standard Precautions- Universal masking for direct care HCW
5. Contact-Droplet Precautions for resident symptomatic or COVID positive
6. PPE Guidance- prepare for reuse
7. Resident placement in the facility
 - Cohorting symptomatic or COVID positive resident
 - Cohort residential, LTC and memory care if possible
 - Cohorting staff and equipment for symptomatic or COVID positive resident
8. Health Care Worker protection and guidance
9. Supplies and Food Safety
10. Transfer Communication to Acute Care



#1

Circle the Wagons

- **Visitor Restrictions-** visitors and healthcare workers (HCW) are the most likely sources of introduction of COVID-19 into a facility.
- CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill HCW as COVID-19 is identified in a community or facility.
- **Mask** all HCW that are ill and remove from duty immediately.
- Screen HCW and visitors that must come to the building for symptoms and temps daily.



Look for protection, get **defensive**, get ready for an attack; from the old west where the **pioneers** would circle their **wagons** for protection.



#2

Hand Hygiene (HH)



CDC Recommendations

- Preferred method of hygiene is ABHR
- Use HW if hands feel tacky after multiple uses of hand sanitizer use soap and water.
- ABHR should be greater than 60% ethanol or 70% of isopropanol as preferred form of HH.

Evidence Based Strategies



Use Handwashing when:

- Hands are visibly soiled
- After providing resident care for toileting
- After using the restroom
- Before and after eating
- After coughing or sneezing
- All other times use ABHR



**Hand hygiene includes glove hygiene;
means NOT wearing gloves everywhere
when they are contaminated!**

Gloves

Glove Hygiene: Perform HH before donning gloves.

- Use non-sterile gloves upon entry into the resident room for direct care area.
 - Change gloves if they become torn or heavily contaminated.
 - Remove and discard gloves when leaving the resident room or care area.
- Immediately perform hand hygiene after removal of gloves.

#3

Environmental Cleaning



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Cleaning is not the same as Disinfection

Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Wear disposable gloves to clean and disinfect and use HH after removal of gloves!

- Increase **Environmental cleaning on all high touch surfaces** in building with approved disinfectants
- Use approved Cleaning agents from List N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- For shortage of approved disinfecting solutions: Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon.

Environmental Cleaning and Disinfection Recommendations



- It is recommended to **close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection** to minimize potential for exposure to respiratory droplets. **Open outside doors and windows to increase air circulation in the area.** If possible, wait up to 24 hours before beginning cleaning and disinfection.
- In areas where ill persons are being housed in isolation, follow [Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019.](#)
- This includes **focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons, but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as needed.**
- In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

Surfaces

- Two recent studies have investigated how long coronaviruses survive on different surfaces. The research looked at a number of different viruses including SARS-CoV-2 – the coronavirus that has caused COVID-19. And it found that the survival times varied according to the type of surfaces.
- The virus survived for longest on stainless steel and plastic – for up to nine days. The shortest survival times of one day was for paper and cardboard.
 - Air 3 hours- So by opening the window, you can remove and disperse the droplets and reduce the amount of virus in the air – which will reduce the risk of infection for others.
 - Cardboard 24 hours
 - Plastic > 72 hours
 - Stainless Steel 48 hours



Resources:

- https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763473?resultClick=1&utm_source=TrendMD&utm_medium=cpc&utm_campaign=JAMA_Network_Open_TrendMD_1
- file:///K:/Outbreak/AR-HAI%20folder/Infection%20Prevention_JKS/COVID-19%20IP%20Tools/Disinfectants%20and%20Cleaning/surfaces%20virus%20lives%20on%20NEJM.pdf

Cleaning Products homebased



- For shortage of approved disinfecting solutions: Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon
- Soap and Water- first line of defense
- Bleach- The active ingredient in bleach – sodium hypochlorite – is very effective at killing the virus. Make sure you leave the bleach to work for 10-15 minutes then give the surface a wipe with a clean cloth.
- Alcohol- ethanol- 70% kills in as little as 30 seconds.

Coronavirus on clothing

- It is not yet clear how long the virus can survive on clothing:
 - So far, there aren't scientific findings on how long the virus can live on fabric. But fabrics are generally porous — as is cardboard, which *has* been tested. And a recent study did find that the virus can live on cardboard for up to 24 hours.
 - We do recommend HCW to change their scrubs and clothing at work and take them home in a bag to put in the washer and dryer.



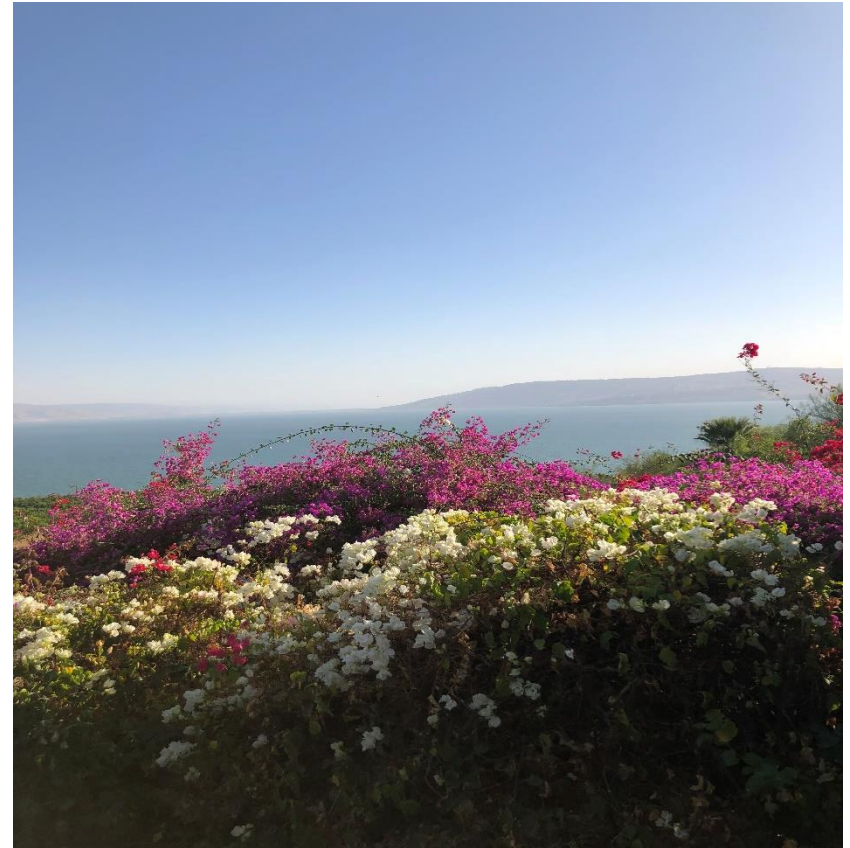
Laundry

For clothing, towels, linens and other items of COVID resident:

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people's items.**
- Clean and **disinfect clothes hampers** according to guidance above for surfaces

The Bottom line

- Keep washing your hands!
- Use 60% or higher hand sanitizer
- Do not touch your T zone- nose, face, mouth
- Dust off the bleach wipes
- Open a window to let in the spring air.



#4

Standard Precautions



Assumes blood and body fluid of ANY resident or patient could be infectious.

Wear gloves, gowns, masks, and eyewear at the right times.

Decisions about PPE use determined by type of clinical interaction with resident or patient.

#5

Transmission-based Precautions



Contact- Droplet Precautions:

Always wear a mask, eye protection, gown and gloves for direct resident care of symptomatic or COVID confirmed

Minimize Transmission

Place a sign on the door indicating **Droplet- Contact Precautions**.

- Single resident room or apartment placement to minimize exposures and adherence to PPE and HH compliance.
 - Residents wear masks if respiratory issues while direct care giver in the room
 - Memory care unit- monitor residents daily for signs and symptoms
 - Dedicated staff for these residents
- Minimize resident's movement around the building- confined to room or as in memory care consider placement in single room with dedicated staff to care for this resident.
- Cohort staff and equipment for COVID-19 residents to minimize transmission in the building

#6

PPE

- Recommend symptomatic residents be immediately given a mask.
- Providers should suspect COVID-19 on all symptomatic residents and wear a mask.
- Direct care givers should use universal mask in group homes, LTC, residential and assisted living, et. al.
 - N95 or equivalent is not necessary unless performing an aerosol producing procedure.

Mask Conservation

All facilities should require those involved in direct patient care to wear a mask during their entire shift if symptomatic or COVID residents are in the home.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Gown Conservation

Gown Conservation: If there are shortages of gowns, they should be prioritized for:

- aerosol-generating procedures
- care activities where splashes and sprays are anticipated
- High-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP
- Examples include:
 - dressing
 - bathing/showering
 - providing hygiene
 - changing briefs or assisting with toileting
 - changing linens
 - wound care
 - transferring
 - device care use

PPE Conservation

- Extended use if limited access to facemasks:
 - Consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask
 - Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
 - Use paper bag or Ziploc to store mask in between use, do not touch front of mask but only by strings or elastic, perform HH after doffing.
 - Can re-use gowns at last resort, but do not wear same gown all over the facility.

Preservation of protective eyewear/goggles or face shield

- Do not touch eye or face protection during use.
- Hand hygiene must be performed before and after donning and doffing eye or face protection.
- HCW should avoid touching the T zone, eyes, nose, mouth during shift without performing hand hygiene first!!

#6

PPE Update

- National shortage of personal protective equipment, specifically facemasks and N95s
 - Follow PPE conservation recommendations and optimize your facility's supply of PPE in the event of shortages
- Those out of supplies and in immediate need email isdhdepl logistics@isdh.in.gov

#7

Resident Placement

- Use the CDC home care guidance for residential apartment, foster care, home based care. Private room is preferred for all symptomatic if available.
 - [Home Care Instructions for Novel Coronavirus \(COVID-19\)](#)
 - Isolate resident to one room or section of the building, apartment to prevent the spread of droplets.
 - Cohort by keeping all sick in one location, Cohort supplies, and staff caring for the sick.
- **ONLY ESSENTIAL staff should go into the room of a confirmed or presumed COVID-19 patient.**
- **Mask all care givers and resident when in direct contact to prevent transmission.**
- Assure all staff have ABHR at point of use.
 - If used in pocket consider that pocket dirty and do not put cellphone or keys in the same pocket

If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community

- Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
- **Recommend moving all COVID-19 residents to one area of building or wing.**
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility.
- **As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario.**
- Depending on your facility lay out and COVID-19 area ISDH is available to discuss your individual needs.
- Facilities should notify the health department immediately and follow
 - [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#) which includes detailed information regarding recommended PPE.

#8

Protect HCW

Limit Risk

Before Work



Remove jewelry
and watch



Wear clean scrubs
into work



Change of scrubs
in washable bag



Lunch in disposable
bag



No nail polish and
wash your hands

Protect Yourself

Limit Risk

During Work



Sanitize phone, badges, glasses,
work station and stethoscope



Hand hygiene before and after each
patient and when touching new surfaces



No hand shakes or high-fives



***THERE IS NO
EMERGENCY
SERIOUS ENOUGH
THAT REQUIRES
YOU TO RUSH
DONNING PPE***

Protect Your Family

Limit Risk

After work



Put scrubs in washable bag and wear clean clothing home



Wipe down work shoes - leave at work if possible



Put clothing/scrubs + bag in washer, keep shoes outside



Sanitize phone, ID, glasses and stethoscope



Shower at work or immediately at home



Put water bottles and tupperware in dishwasher

Keeping it safe! Scrubs

- **HCW scrubs** should be changed into street clothes each day before leaving facility.
 - HCW should perform hand washing upon entry to the building before work and prior to exit after changing into street cloths.
- HCW should refrain from wearing scrubs home or the next day without being laundered, this includes jackets.

Monitor Healthcare Workers

- Ensure HCW are encouraged to stay home if they are ill with respiratory symptoms.
 - Send all HCW home if they report with temp or respiratory symptoms.
- Be aware of recommended work restrictions and monitoring based on staff exposure to COVID-19 patients.
- Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor.

Return to Work Criteria for HCW with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when HCW may return to work in healthcare settings

- *Non-test-based strategy.* Exclude from work until
 - 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*
- *Test-based strategy.* Exclude from work until
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)
 - [\[1\]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\).](#)
- If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

#9

Food and Supplies

- Wash fresh foods as recommended, heating food will reduce risk for possible virus transmission on food
- Separate food from to go containers discarding and putting in your clean
- **Wash dishes and utensils using gloves and hot water:** Handle any non-disposable used food service items with gloves and wash with hot water or in a dishwasher.
- Clean hands after handling used food service items.

Food and Supplies

- Outside shipping boxes should have a staging area.
- Remember to disinfect outer boxes wearing gloves when transferring into the residents home or facility.
- Perform HH
- Surface reminder for COVID transmission
 - Cardboard 24 hours
 - Plastic > 72 hours
 - Stainless Steel 48 hours

Infection Risk During Transitions

#10

- Increase risk of antibiotic resistant organism exposure
- Residents and patients colonized with antibiotic resistant organisms can increase risk



Indiana State Department of Health

Inter-Facility Infection Control Transfer Form

Inter-facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.

Please attach copies of latest culture reports with susceptibilities if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	E-mail
Transferring RN/Unit			
Transferring physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or history (Check if YES)	Active infection on treatment (Check if YES)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Clostridioides difficile</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Acinetobacter</i> , multidrug-resistant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enterobacteriaceae (e.g., <i>E. coli</i> , <i>Klebsiella</i> , <i>Proteus</i>) producing-Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Pseudomonas aeruginosa</i> , multidrug-resistant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Candida auris</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, specify (e.g., lice, scabies, norovirus, influenza):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the person* currently have any of the following? (Check here if none apply)

- | | |
|--|--|
| <input type="checkbox"/> Cough or requires suctioning | <input type="checkbox"/> Central line/PICC (Approx. date inserted <input type="text"/>) |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hemodialysis catheter |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary catheter (Approx. date inserted <input type="text"/>) |
| <input type="checkbox"/> Incontinent of urine or stool | <input type="checkbox"/> Suprapubic catheter |
| <input type="checkbox"/> Open wounds or wounds requiring dressing change | <input type="checkbox"/> Percutaneous gastrostomy tube |
| <input type="checkbox"/> Drainage (source): <input type="text"/> | <input type="checkbox"/> Tracheostomy |

Inter-facility Infection Control Transfer Form

Is the person* currently in Transmission-Based Precautions? NO YES

Type of Precautions (check all that apply) Contact Droplet Airborne

Other:

Reason for Precautions:

Is the person* currently on antibiotics? NO YES (current use)

Antibiotic, dose, route, freq.	Treatment for:	Start date	Anticipated stop date	Date/time last dose

Vaccine	Date administered (if known)	Lot and Brand (if known)	Year administered (if exact date not known)	Does the person* self-report receiving vaccine?
Influenza (seasonal)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PPSV23)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PCV13)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

*Refers to patient or resident depending on transferring facility

Required PPE



Name of staff completing form (print):

Signature:

If information communicated prior to transfer:

Name of individual at receiving facility:

Phone of individual at receiving facility:

**Believe that infection prevention
is everyone's responsibility**



**Basic Infection Control Practices will keep residents
and HCW safe during COVID 19**

Contact Information

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Indiana State
Department of Health



Any Questions?