RECOMMENDATIONS FOR INFECTION CONTROL, INFECTION PREVENTION AND ISOLATION OF COVID-19 IN FACILITIES SERVING ADULTS

Last updated 4/22/2020

DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES

OBJECTIVES

Review General Guidelines related to:

➢ Visiting Personnel, Patient Care, Employees, Health Care Workers, and Facility Guidelines

➢ Review Hand Hygiene

➢ Review PPE Usage (Video, Doffing, and Surgical Mask Recommendations/Use)

➢ Review of Isolation Precautions

➢ Review of Testing and Sample Collection

➢ Recommendations related to Patient Transfers and Discharges

➢ Provide SHOC and DHSS Resources

➢ Notify potential visitors to defer resident visitation until further notice

➢ **Restrict visitation** of all visitors and non-essential personnel.
  ○ **Perform active screening on all persons for fever or respiratory symptoms**
    • Any persons with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) are not permitted at any time.

  ○ Limit facility access to those performing essential services or functions (such as contractors, delivery personnel etc.).
  ○ Require personnel to frequently perform hand hygiene and use PPE such as facemasks based on facility risk assessment and whether or not there is direct contact with patient care areas
  ○ Essential personnel are not to be in any area other than those required for the services they are providing in the facility

VISITATION

- ➢ Disinfect rooms after each resident-visitor meeting

- ➢ Advise visiting essential personnel or any other individuals entering the facility (hospice staff) to monitor for signs and symptoms of respiratory infection for 14 days after leaving the facility
  - o They need to notify facility - if symptoms occur – individual should report date they were at the facility, individuals they were in contact with and locations in the facility they visited.
  - o Facilities should immediately screen all individuals who were in contact with individual

VISITATION

In lieu of visits:

➤ Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).

➤ Create/increase listserv communication to update families.

➤ Assign staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.

➤ Offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

Communicate through multiple means to inform individuals and non essential healthcare personnel of the visitation restrictions, such as through signage at the entrance/exits, letters, emails, phone calls, and recorded messages for receiving calls.

GENERAL GUIDANCE

ALL EMPLOYEES

➤ Screen all staff - on each shift, for fever and respiratory symptoms.

- o Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat.

- o If ill, have them put on a facemask and return home to self-isolate.

➤ Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques **must** be restricted from entry.

➤ Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.). Actively screen and restrict them appropriately to ensure they do not place others at the facility at risk for COVID-19.

➤ Employees without direct care or resident contact should wear a non-medical mask.

➤ Dedicate staff and mobile equipment exclusively to a unit/wing to minimize exposures and transmission throughout the facility and in-between facilities

- o Limit staff working between wing/units as much as possible

REGARDLESS OF EMPLOYEE ROLE
Practice Social Distancing and perform frequent hand hygiene!

PATIENT CARE

- ➢ **Actively screen** residents and staff for fever and respiratory symptoms. **Screen residents during each shift.**

- ➢ If a resident has symptoms, collect a specimen and call the DPH Office of Epidemiology for instructions on where to take the specimen for testing (this information may be different for COVID outbreak facilities)

- ➢ **No communal dining** or group activities

- ➢ **Practice social distancing** and perform frequent hand hygiene.

- ➢ Work to segregate residents to provide staff continuity between those at high risk and those at lower risk.

- ➢ Cluster care tasks (and medication delivery if possible) to decrease cross contamination risk and frequent entry/exit into resident rooms.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among residents or healthcare personnel should immediately contact the DPH Office of Epidemiology for further guidance.

GENERAL GUIDANCE HEALTH CARE WORKERS

➤ Follow CDC guidelines for limiting transmission of COVID-19 among healthcare workers found at
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
   o This applies to health care workers such as hospice workers, EMS personnel, or dialysis technicians that provide care to residents
   o Health care workers should be allowed into the facility as long as they meet the CDC guidelines for health care workers
   o Frequently review the CDC website dedicated to COVID-19 for health care professionals
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
   o Do not restrict EMS personnel in an emergency situation

➤ Surveyors are constantly evaluated by DHCQ to ensure they don't pose a transmission risk when entering the facility. They should be screened by the facility the same as any individual entering the facility

GENERAL GUIDANCE HEALTH CARE WORKERS

KEY POINTS

- Any staff providing direct care or contact should don appropriate PPE before entering the room.

- After care/contact is completed, the gloves should be removed and effective hand hygiene be performed.

- It is recommended to keep your mask on during the shift, and change as needed depending upon soiling. DO NOT touch the front of the face mask when doffing.

GENERAL GUIDANCE FACILITY OPERATIONS

➢ Review and revise how you interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, have supply vendors drop off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

➢ Increase availability and accessibility of alcohol-based hand rubs (AHRs)
➢ Reinforce strong hand-hygiene practices, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
➢ Ensure AHRs are accessible in all resident-care areas including inside and outside resident rooms

FACILITY OPERATIONS

GENERAL GUIDANCE

➢ Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette

➢ Provide additional work supplies to avoid sharing (e.g. pens, pads) and disinfect workplace areas (nurse stations, phones, internal radios, etc.

Review or develop staff contingency plans to mitigate anticipated shortages.

Handwashing: Resident and Staff APIC Video
"Look At Me"
A hand washing video.

https://www.youtube.com/watch?v=8WEUoPo8EjE

HAND HYGIENE

Must Watch Video

PERSONAL PROTECTIVE EQUIPMENT

A disposable facemask can be worn throughout your shift <u>IF</u>:

- ✓ NOT visibly soiled
- ✓ NOT torn or saturated
- ✓ NOT touched while delivering patient care

➤ Employees providing direct resident contact should wear procedural/surgical masks **at all times during their shift.**

➤ Employees who do not have direct resident contact may not need to wear a medical mask in performing their normal duties, but are recommended to wear a cloth mask at all times during their shift.

➤ Consistent with aerosol precautions, employees should wear an N95 respirator while performing an aerosolizing procedure for presumed/known COVID-19 patient.

PERSONAL PROTECTIVE EQUIPMENT

➢ Consistent with contact (gowns and gloves) and droplet (procedure/surgical mask, face shield/goggles) precautions, all other direct contact with residents who are presumed/known COVID-19 infected should not require an N95 respirator.

➢ Hand hygiene should be performed immediately after and before contact.

Discard damaged, visibly soiled, torn or saturated masks.

We recognize this is a departure from standard infection prevention; however, we find ourselves in *extraordinary times* and given current circumstances, we believe this deviation from standard policy is warranted.

Proper use of PPE/ Donning & Doffing PPE

https://www.youtube.com/watch?v=84CydmuHXD8

PERSONAL PROTECTIVE EQUIPMENT   *Must Watch Video*

PERSONAL PROTECTIVE EQUIPMENT
SURGICAL MASK USE AND RE-USE

To Doff facemask with intent to reuse:

1. Perform hand hygiene

2. Remove mask
  Remove procedure mask by holding the ear loops. The front is contaminated, so remove slowly and carefully.
  Remove surgical mask by untying lower ties FIRST. Untie upper ties last. The front is   contaminated, so remove slowly and carefully.

3. After removing facemask, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the mask should be discarded.

4. If the facemask is NOT visibly soiled, torn, or saturated, facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

5. Perform hand hygiene.

PERSONAL PROTECTIVE EQUIPMENT
SURGICAL MASK USE AND RE-USE

To Re-Don Mask:

1. Perform hand hygiene.

2. Grasp mask – DO NOT touch the front of the mask.

  Pinch procedure mask at the ear loops or

  Grasp upper ties on surgical mask.

3. Place over face.

  For procedure mask: Secure ear loops behind the ears. Secure mask.

  For surgical mask: Secure upper ties first, behind head. End by securing lower ties behind head.

4. Perform hand hygiene.

A disposable facemask can be worn throughout your shift if not visibly soiled, torn or saturated, and NOT touched while delivering patient care.

Donning

Doffing

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
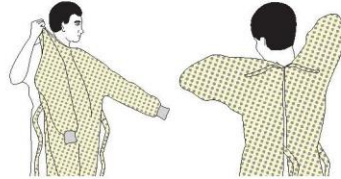
2. MASK OR RESPIRATOR
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD
- Place over face and eyes and adjust to fit

4. GLOVES
- Extend to cover wrist of isolation gown
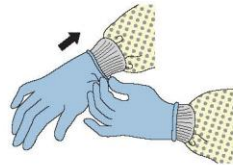
USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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

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
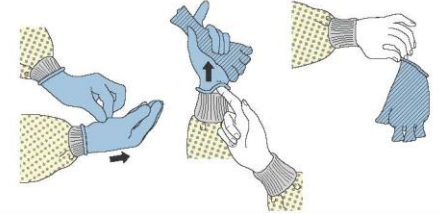
2. GOGGLES OR FACE SHIELD
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- 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
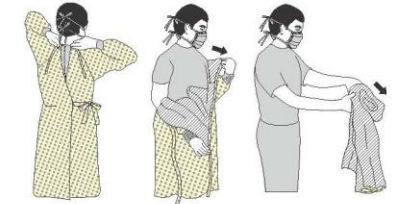
4. MASK OR RESPIRATOR
- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container
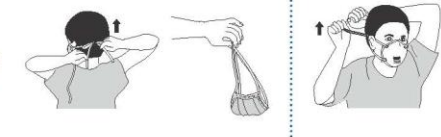
5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

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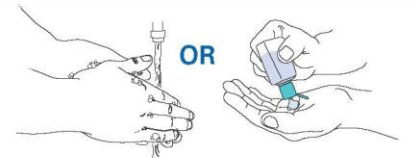
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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PERSONAL PROTECTIVE EQUIPMENT
CDC MASK RECOMMENDATIONS

ISOLATION PRECAUTIONS AND PPE USE (by staff role)

Personnel	Patient type	Procedure	Mask	PPE	Isolation (Y/N)
Direct care staff ***Should be wearing a medical/surgical mask at all times during the shift**	Asymptomatic or screened negative	Routine patient care tasks or routine patient contact	Medical/surgical mask	Gloves and mask	NO - Not on isolation
	Symptomatic or pending test results and Confirmed COVID-19	Routine patient care tasks	Medical/surgical mask	Gloves, gown, medical/surgical mask, eye protection	YES - Place on isolation precautions
		Performance of aerosol inducing procedures	N-95 mask	Gloves, gown, N95 mask, eye protection	YES - Place on isolation precautions
All other staff / employees ***Should be wearing a non-medical cloth mask at all times during the shift**	With no patient contact *if staff has patient contact - use direct care staff recommendations above	n/a	Non-medical cloth	Cloth mask and gloves as needed depending on task.	n/a

ISOLATION SET UP AND CONSIDERATIONS

ISOLATION PRECAUTIONS AND PPE USE

If the patient is placed in isolation:

- Patient doors should be closed if possible, but can be left open if needed as long as isolation is maintained.

- Precaution signs must be posted on the door.

- Isolation carts with supplies and patient care items should be placed in the hall at each patient doorway.

- If possible, staff assigned to these patients should not be assigned to patients who are not in isolation.

- Patient care/contact should be minimized by: clustering tasks and medication administration, bringing all necessary supplies into the room to limit frequent entering and exiting.

KEY POINTS TO REMEMBER:

- Hand hygiene must be performed before and after any patient contact.

- Hand hygiene must be performed before and after glove or any other PPE use.

- PPE should be donned before entering a patient room and doffed immediately upon exit.

SETTING UP AN ISOLATION AREA

- Isolation areas can vary depending upon facility capabilities.

- Requirements:
  - An area outside the resident's room where staff can donn and doff PPE
  - Set up an isolation cart
  - Apply accurate signage for all persons entering / exiting room

SETTING UP AN ISOLATION AREA

- Located outside room
  - Can be a taped off area at patient door; or in the alternative - an entire patient care area (wing) where staff are designated to care for only those patients in that area
- Top shelf of isolation cart should contain items for rapid response
- Linen cart for soiled items
- Trash can for used PPE
- Signage for all who enter

# TYPES OF ISOLATION CARTS (samples of what could be used)

SETTING UP AN ISOLATION CART

- The isolation cart (ideally) should be located directly outside the individual's room, with a trash can and linen cart near doorway.

- Each drawer/shelf should have standardized items. For example if using a cart with drawers:

  - On top: gloves, hand sanitizer, other facility specific items

  - Top drawer – masks, patient care supplies

  - Second drawer – gowns, care packets

- If using a cart with just shelves:

  - Top shelf – gloves, hand sanitizer

  - Bottom shelf – gowns, care packets.

SAMPLE SET UP OF AN ISOLATION CART – contents/supplies
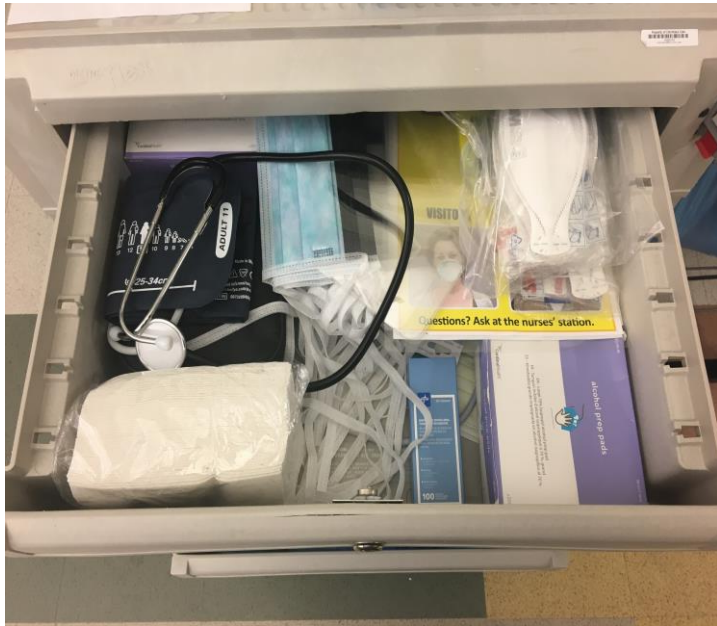
ISOLATION PRECAUTIONS AND PPE USE DEMONSTRATION

The following video demonstrates appropriate isolation precautions and PPE donning and doffing.

- **IMPORTANT NOTE** – the activity demonstrated in this video is the same procedure for all activity for any patient in isolation - regardless of whether or not a medical or N95 mask is used.

https://youtu.be/syh5UnC6G2k

Current Testing Option: Nasopharyngeal Swab Obtaining a Specimen

https://youtu.be/DVJNWefmHjE

Rapid Point of Care Test: How to Collect a Specimen

https://www.youtube.com/watch?v=s9W5LHy4sW8

RAPID POINT OF CARE TEST INTERPRETATION

- Negative result: to be interpreted in the correct clinical scenario by the ordering provider.

- A negative result **does not rule out infection with COVID-19**

- IgM result (regardless of symptoms or presence of IgG): Acute infection with COVID-19

- IgG result (in the presence of IgM OR symptoms): Acute infection with COVID-19

- IgG result (in the ABSENCE of IgM OR symptoms): presence of an immune response to COVID-19

When specimens are obtained, call the Office of Epidemiology (302) 744-4990 for guidance. Some specimens from a long term care facility may to be tested at the Division of Public Health Lab.

TRANSFER FROM POST ACUTE CARE FACILITY TO HOSPITAL

Facilities should not be sending residents to the Emergency Departments solely for COVID-19 testing.

Emergency transfers should be limited to those residents that are in distress or in need of emergent care.

Transfer of Residents with Suspected/Confirmed Infection

➢ Remember, every time you transfer a resident, transfer trauma occurs.

➢ Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality.

o *Mild symptoms* do not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.

o More severe symptoms may require transfer to a hospital for a higher level of care.

➢ Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a non-medical facemask on the resident during transfer.

➢ In addition, the resident's DNR status must be considered.

TRANSFER FROM POST ACUTE CARE FACILITY TO HOSPITAL

NOTE: This guidance is to be used for non-emergency transfer indications only. Emergency transfers should be undertaken per existing facility protocols.

➢ DPH is working with DHCFA, eBrightHealth ACO, and facility medical directors to develop standardized indications for non-emergency hospital transfer.

➢ This guidance is designed to support facilities in their efforts to limit strain on the hospital infrastructure and provide best care for residents within their facility.

Indications for possible hospital transfer of PUI/COVID 19

o Due consideration should be given for alternative diagnoses and interventions undertaken as appropriate.

o DNR/DNH/DNI directives should be revisited frequently and resident goals of care addressed.

o Decision for transfer should only be made after evaluation by an independently-licensed practitioner.

o Nothing in this guidance should be interpreted as to override the clinical judgment of the independently licensed practitioner responsible for the patient.

o Indications for transfer will include a clinician's evaluation of vitals and clinical presentation, labs and studies (if performed), resident needs compared to facility capabilities, and the extent to which facilities have implemented and exhausted all appropriate care measures

Discharge from Hospital to Post Acute Care Facility

To create a common language surrounding infection control, we are working on creating categories of patients. This is designed to limit confusion surrounding patient/facility needs and capabilities when transferring patients from hospitals to post acute care facilities

Category 1: Non-COVID Patient, no isolation needed
Category 2: Recovered COVID patient, >7 days since symptom resolution, no isolation needed
Category 3: Active or recovering COVID patient, isolation needed
Category 4: PUI requiring isolation awaiting results
Category 5: Exposed and Asymptomatic patients requiring quarantine..

Patients **post-hospitalization** should be isolated for 14 days. If the facility has the ability to set aside a resident care area or unit for this, they should.

You **may accept** a resident who was diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can **follow CDC guidance for Transmission-Based Precautions.**

FACILITIES SHOULD NOT DENY ACCEPTANCE SOLEY BASED ON COVID-19 STATUS

STATE HEALTH OPERATIONS CENTER (SHOC)
POST ACUTE CARE TEAM

All Questions related to Post Acute Care Facilities should be directed to the **SHOC Post Acute Care Team**.

The Team can be reached by:
➢ Calling the Division of Public Health Call Center at **1-866-408-1899 and press option 2**
➢ Emailing the Post Acute Care Team at **DPH_PAC@Delaware.gov**

STATE HEALTH OPERATIONS CENTER (SHOC) RESOURCES

- **SHOC Resource Request Form** should be used to replenish facility supplies if needed after having asked normal PPE supplier. To request this form please email: OEMS@delaware.gov

- **For non-PPE items only:** complete the resource request form and email it to SHOC_OPS@DELAWARE.GOV

- **For PPE:** please also provide the following information:
  - Documentation from your normal PPE supplier stating that they are unable to fulfill PPE supply requests.
  - Signed N95 acceptance letter returned should you be requesting N95 respirators (2nd page of policy)
  - Has your agency been fit tested for N95 respirators in the past? If so, please specify which model. If not, and you are requesting 3M N95 respirators, please identify the model number: 1860 or 1870?
  - What is your average weekly patient census?

  All requests must be sent to OEMS@delaware.gov

The Invisible Challenge:
The Spread of Bacteria in Health Care Settings

https://www.youtube.com/watch?v=9R8fHo6WfzY&feature=youtu.be

SPREAD OF BACTERIA   *Must Watch Video*

ADDITIONAL RESOURCES

Train/educate staff who will be conducting screening into the building
➤ Screen staff prior to facility entry: https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/03/Essential-Services-Screening-Policy_3.22.20.pdf

Facility Signage
➤ Recommend posting COVID-19 signage: https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/03/COVID-Business-Sign-1.pdf

Personal Protective Equipment
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html;
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html.