

INFECTION CONTROL & COVID-19

LESSONS LEARNT FROM THE FRONTLINE

AHQA WEBINAR

Doctors Without Borders, Michigan July 2020

Presenters:

Heather Pagano - Emergency Coordinator

Buffy Lloyd-Krejci DrPH, MS, CIC - IPC Manager

What We Will Cover in This Webinar:

- Introduction
- Global programs - main findings and lessons learned
- IPC Best Practices



Zoom Housekeeping:

- Questions can be submitted in the chat section and time will be saved at the end.
- If someone wants to speak, you can raise a hand and you will be called on.

Doctors Without Borders / Médecins Sans Frontières

MSF is an “association” of people who come from all over the world. We believe that everyone should have access to life-saving medical care no matter where they live – this is why we are “without borders”.



Added value on COVID-19 response:
in person, on-the-ground, tailored IPC measures and stress management

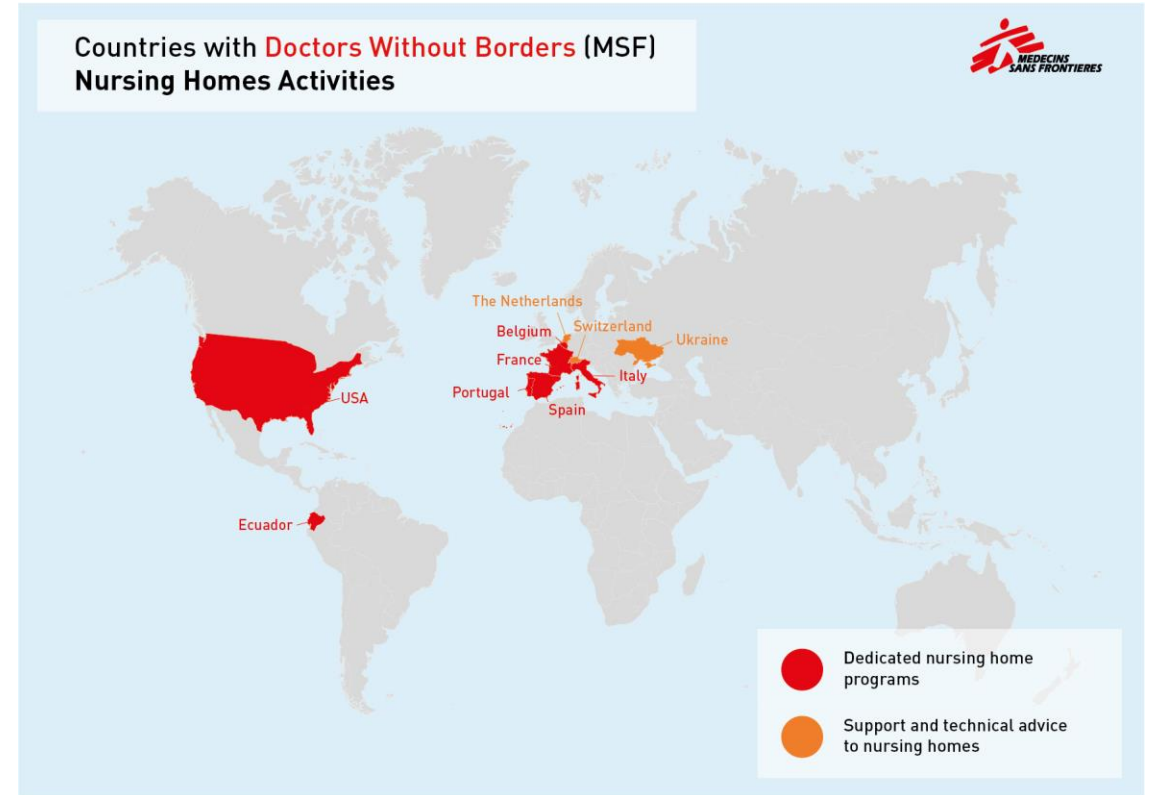


MSF Response to COVID-19

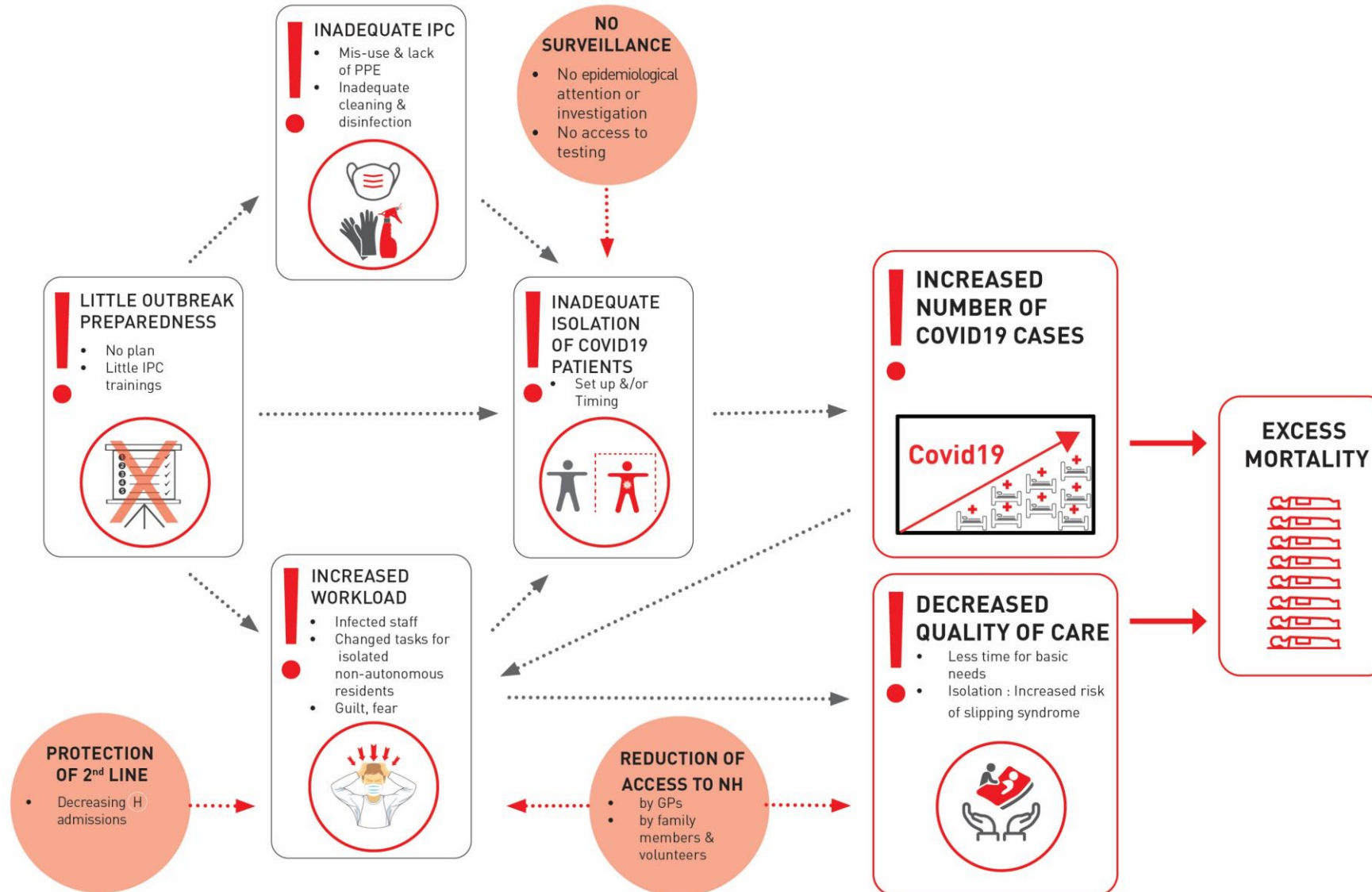
Long-term care facilities

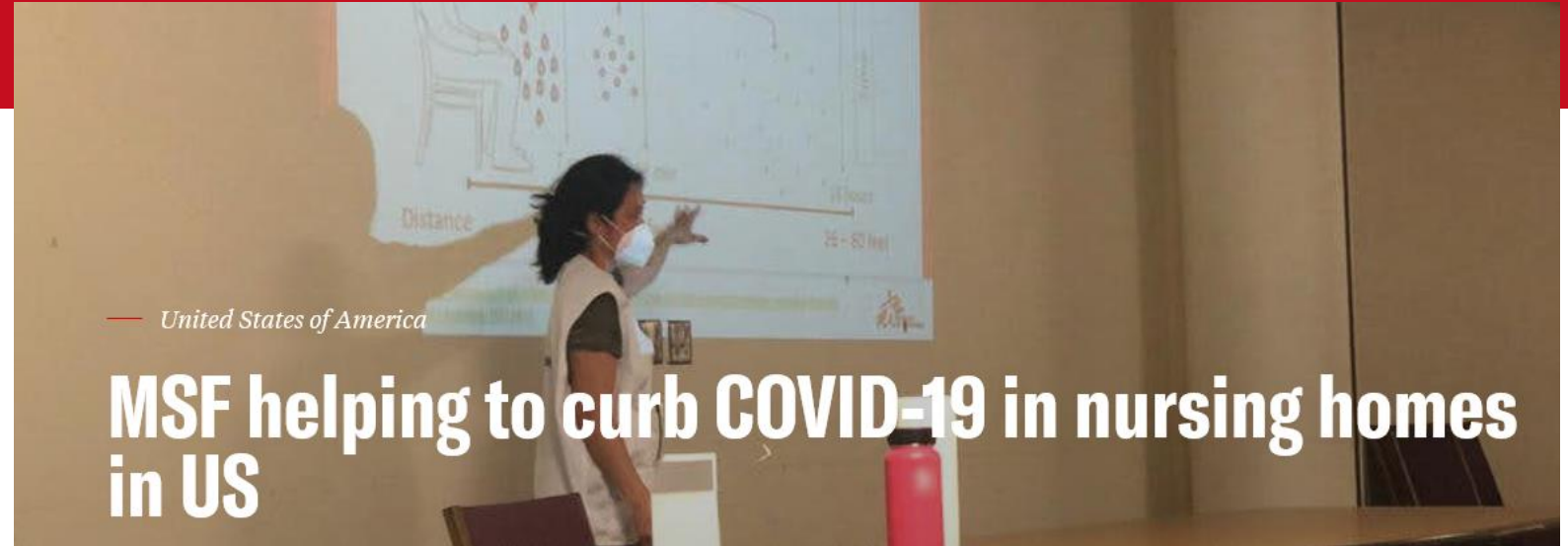


Global MSF Operations



Covid19 in Nursing-Homes - MSF - Needs Analysis





Dr. Buffy “the COVID Slayer” working with
Doctors Without Borders

IPC Facility-Wide Assessment COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>

In Google Search:
“Long term Care COVID ICAR”

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prepare for coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

The items assessed support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness in residents with COVID-19

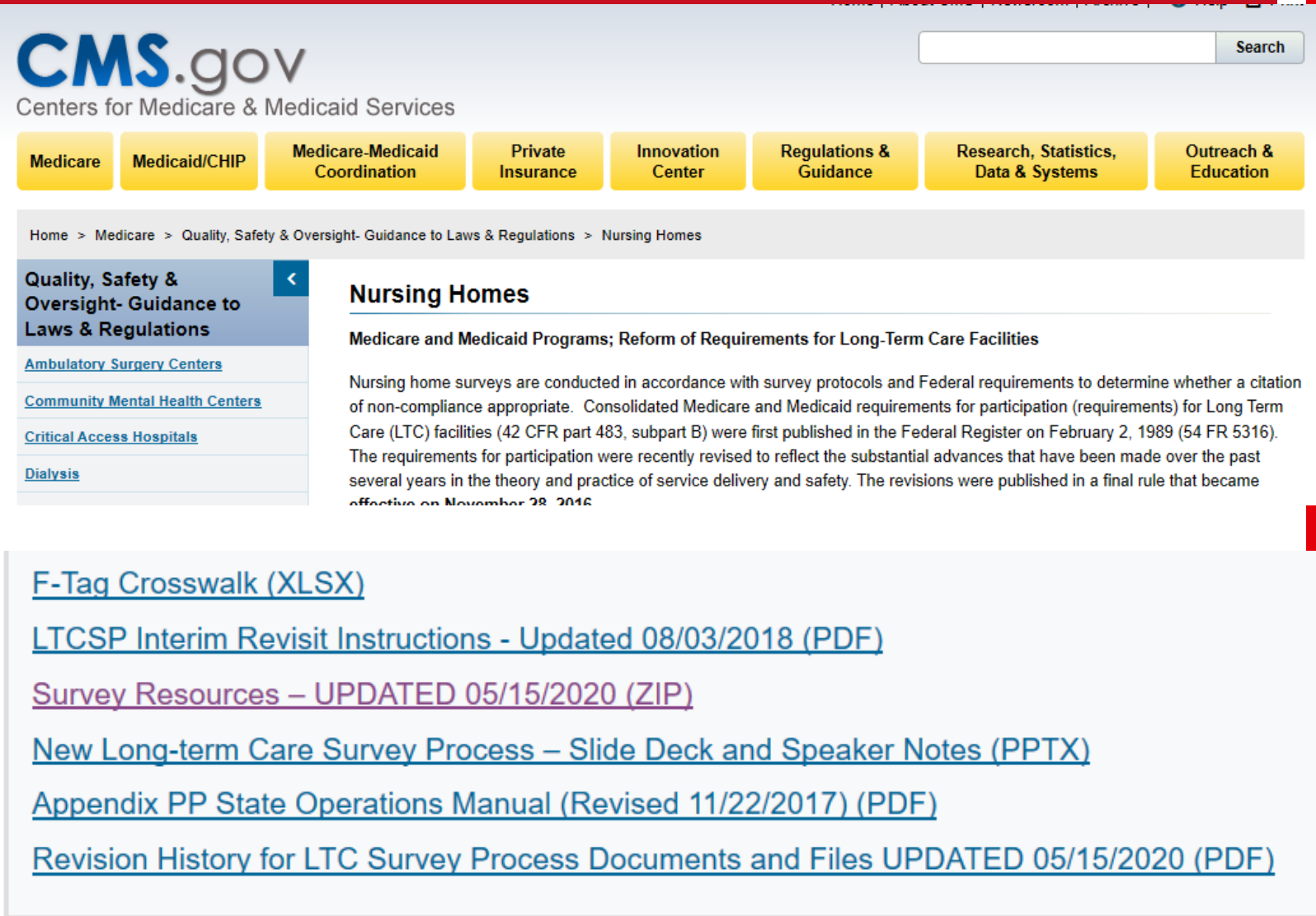
The areas assessed include:

- Visitor restriction
- Education, monitoring, and screening of healthcare personnel¹ (HCP)
- Education, monitoring, and screening of residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices
- Communicating with the health department and other healthcare facilities

CMS Survey Resources

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

In Google Search:
“Long term Care Survey Resources”



CMS.gov
Centers for Medicare & Medicaid Services

Home > Medicare > Quality, Safety & Oversight- Guidance to Laws & Regulations > Nursing Homes

Quality, Safety & Oversight- Guidance to Laws & Regulations

- [Ambulatory Surgery Centers](#)
- [Community Mental Health Centers](#)
- [Critical Access Hospitals](#)
- [Dialysis](#)

Nursing Homes

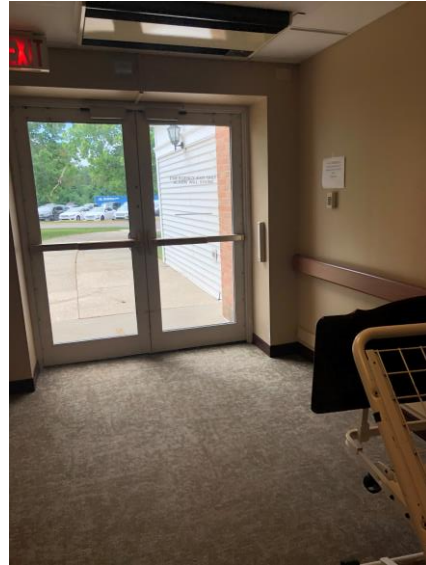
Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became effective on November 28, 2016.

- [F-Tag Crosswalk \(XLSX\)](#)
- [LTCSP Interim Revisit Instructions - Updated 08/03/2018 \(PDF\)](#)
- [Survey Resources – UPDATED 05/15/2020 \(ZIP\)](#)
- [New Long-term Care Survey Process – Slide Deck and Speaker Notes \(PPTX\)](#)
- [Appendix PP State Operations Manual \(Revised 11/22/2017\) \(PDF\)](#)
- [Revision History for LTC Survey Process Documents and Files UPDATED 05/15/2020 \(PDF\)](#)

COVID Cohorting

- COVID Positive
- PUI
- Admissions/Readmissions/Medical Appointments
- Residents refusing testing



Hand Hygiene

- Hand sanitizer is the preferred method for washing hands in most situations
- Consider having hand sanitizer outside of every resident room

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the handwash (steps 2-7): 15-20 seconds
⌚ Duration of the entire procedure: 40-60 seconds

0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;

10 Use towel to turn off faucet;

11 Your hands are now safe.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds

1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b Rub hands palm to palm;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

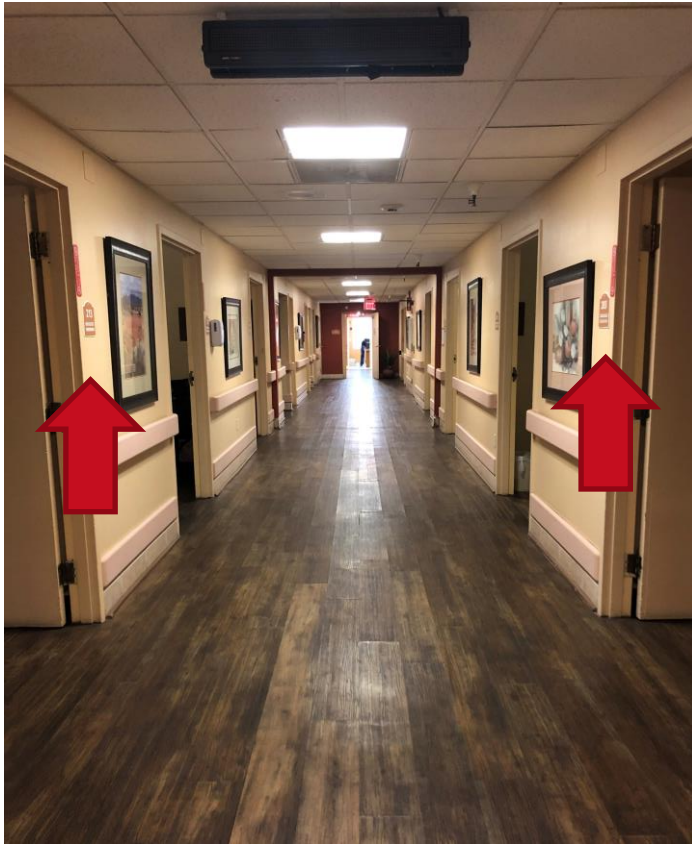
6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

Hand Hygiene: Implementation



Hand Hygiene Audit Tool

Hand Hygiene and Contact Precautions Observations				
Staff type*	Type of opportunity	HH performed?	Gown or glove indicated?	
Click here to enter text.	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before resident contact <input type="radio"/> After resident contact <input type="radio"/> Before glove <input type="radio"/> After glove <input type="radio"/> Other: Click here to enter text.	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand Wash <input type="radio"/> No HH done	<input type="radio"/> Gown only <input type="radio"/> Glove only <input type="radio"/> Both <input type="radio"/> No	<p>Infection Prevention and Control Assessment Tool for Long-term Care Facilities</p> <p>Intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the use of this tool, all departments are encouraged to share this tool with facilities in advance of their visit.</p> <p>View</p> <p>Section 1 Facility Demographics</p> <p>Section 2 Infection Control Program and Infrastructure</p> <p>Section 3 Direct Observation of Facility Practices (optional)</p> <p>Section 4 Infection Control Guidelines and Other Resources</p> <p><input type="radio"/> <u>Infection Control Domains for Gap Assessment</u></p> <p><input type="radio"/> I. Infection Control Program and Infrastructure</p> <p><input type="radio"/> II. Healthcare Personnel and Resident Safety</p> <p><input type="radio"/> III. Surveillance and Disease Reporting</p> <p><input type="radio"/> IV. Hand Hygiene</p> <p><input type="radio"/> V. Personal Protective Equipment (PPE)</p> <p><input type="radio"/> VI. Respiratory/ Cough Etiquette</p> <p><input type="radio"/> VII. Antibiotic Stewardship</p> <p><input type="radio"/> VIII. Injection safety and Point of Care Testing</p> <p><input type="radio"/> Both</p> <p><input type="radio"/> Neither</p>
Click here to enter text.	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before resident contact <input type="radio"/> After resident contact <input type="radio"/> Before glove <input type="radio"/> After glove <input type="radio"/> Other: Click here to enter text.	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand Wash <input type="radio"/> No HH done	<input type="radio"/> Gown only <input type="radio"/> Glove only <input type="radio"/> Both <input type="radio"/> No	
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<https://www.cdc.gov/infectioncontrol/pdf/icar/lctf.pdf>


COVID Signage


STOP SPECIAL DROPLET/CONTACT PRECAUTIONS STOP

In addition to Standard Precautions
Only essential personnel should enter this room
If you have questions ask nursing staff

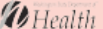
Everyone Must: including visitors, doctors & staff

-  **Clean hands when entering and leaving room**
-  **Wear mask**
Fit tested N-95 or higher required when doing aerosolizing procedures
-  **Wear eye protection**
(face shield or goggles)
-  **Gown and glove at door**

 **KEEP DOOR CLOSED**

 **Use patient dedicated or disposable equipment.**
Clean and disinfect shared equipment.









Contact Infection Control prior to discontinuing Precautions


Washington State Hospital Association  Julianne HEEZ, PHD, MD, CAHCP, CAHID, CPHQ, CPHQ-AB

STOP SPECIAL PRECAUTIONS STOP

VISITORS: CHECK IN AT NURSE'S STATION FOR INSTRUCTIONS.

EVERYONE MUST:

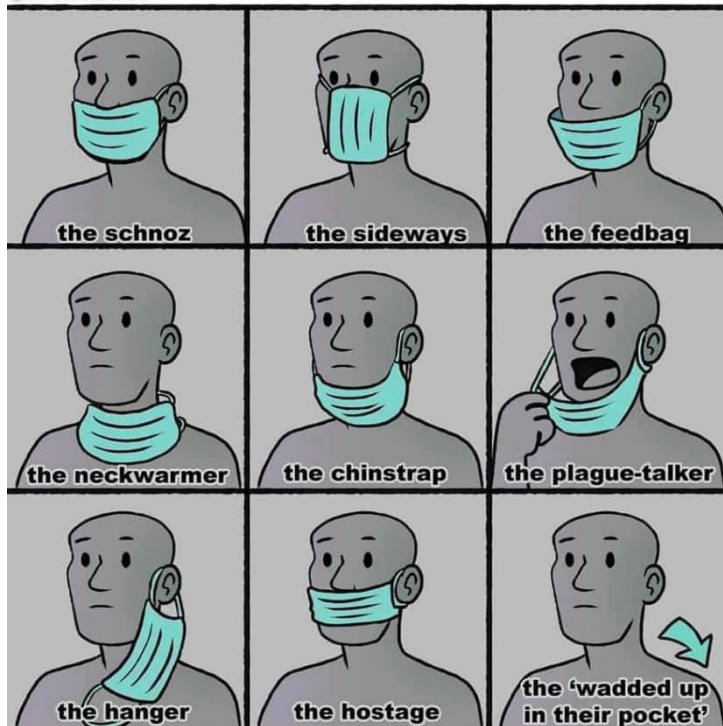
-  **Clean their hands, including before entering and when leaving the room.**
OR SOAP & WATER
-  **Put on gloves before room entry. Discard gloves before room exit.**
-  **Put on gown before room entry. Discard gown before room exit.**
Do not wear the same gown and gloves for the care of more than one person.
-  **Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.**
- Make sure their eyes, nose and mouth are fully covered before room entry.**
 **or**

Remove face protection before room exit.
-  **Fit tested N-95 required for aerosol-generating procedures and respiratory specimen collection. Remove before room exit.**
-  **Door to room must remain closed.**

Holzer  U.S. Department of Health and Human Services, Office for Disease Control and Prevention

FaceMask Do's and Don'ts

Ineffective Face Mask Bingo

@skidarstudios



<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf>

Facemask Do's and Don'ts

For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the top at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO have the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away, and clean your hands again.

*If implementing limited reuse: 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. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

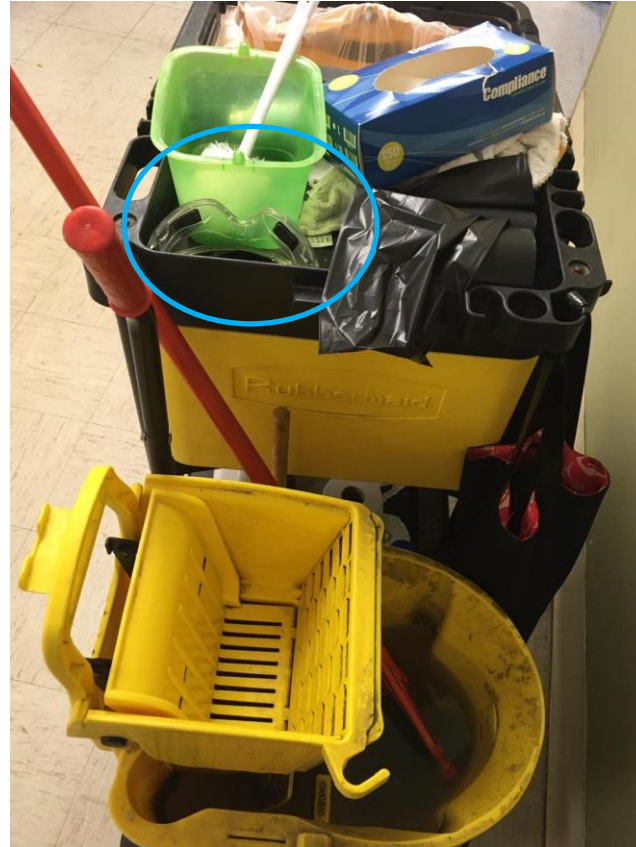
Transmission-Based Precautions



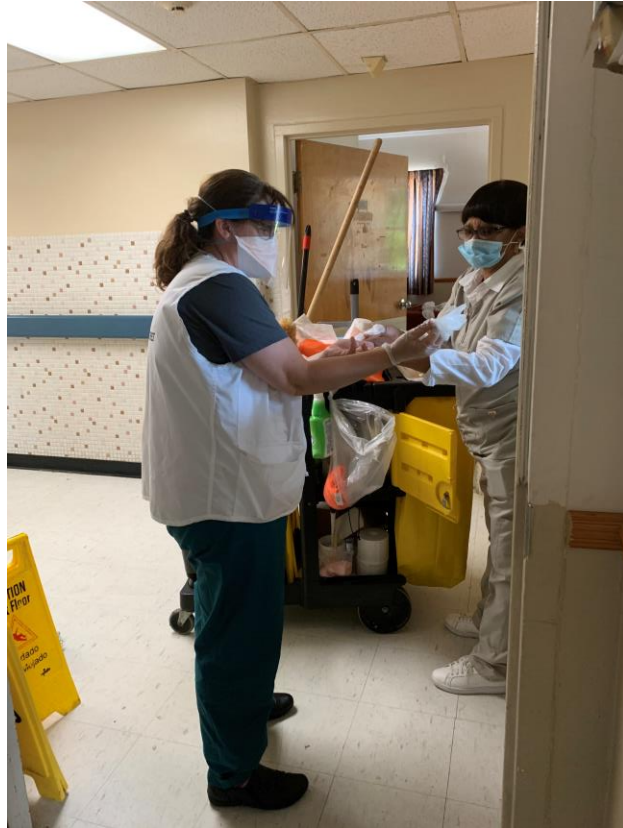
- PPE, including gowns and gloves, should be available immediately outside of resident room
- Plan for restocking
- Position a trash can inside resident room and near exit for discarding PPE

Environmental Services

- Appropriate PPE
- Contaminating the environment
- IPC training
- Cleaning and disinfectant products
- Supplies (hand towels, hand sanitizer)

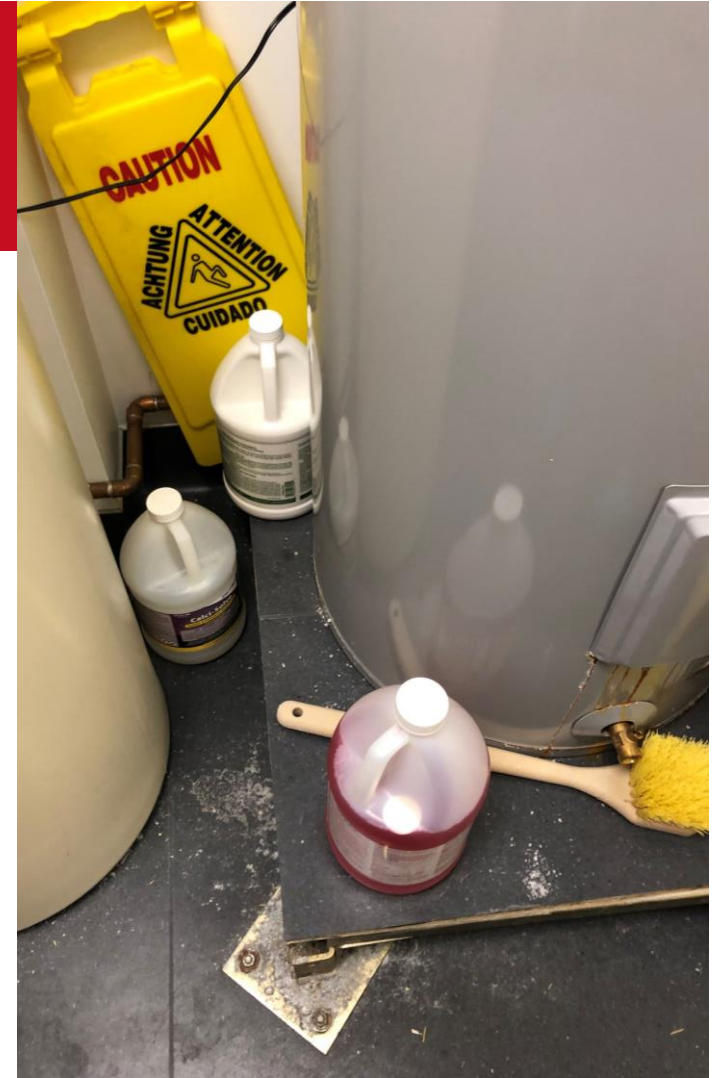
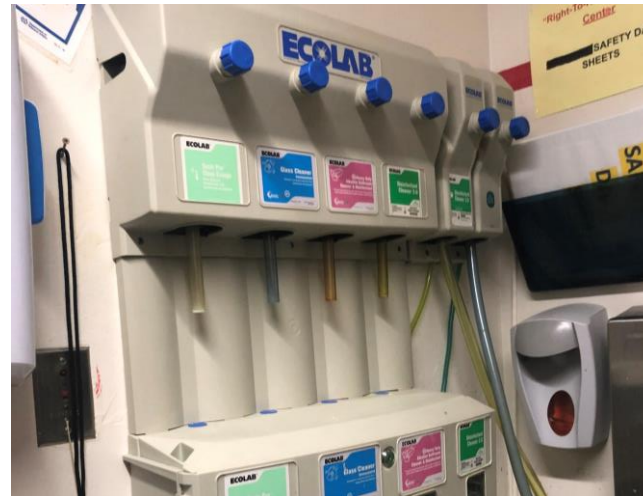


Train the Trainer: PPE in EVS



Supplies

Cleaning, disinfection, and storing equipment and supplies is vital to preventing the spread of infections!!



Cleaning vs Disinfection



- Cleaning is the physical removal of dirt, body fluids, and other organic matter
- Disinfection destroys potential pathogens on a surface
- What is your “kill time”?

EVS implementation

Cleaning Rooms

Order matters: Clean to Dirty, High to Low, in a clockwise or counterclockwise manner

Empty the
Trash

Horizontal
Surfaces

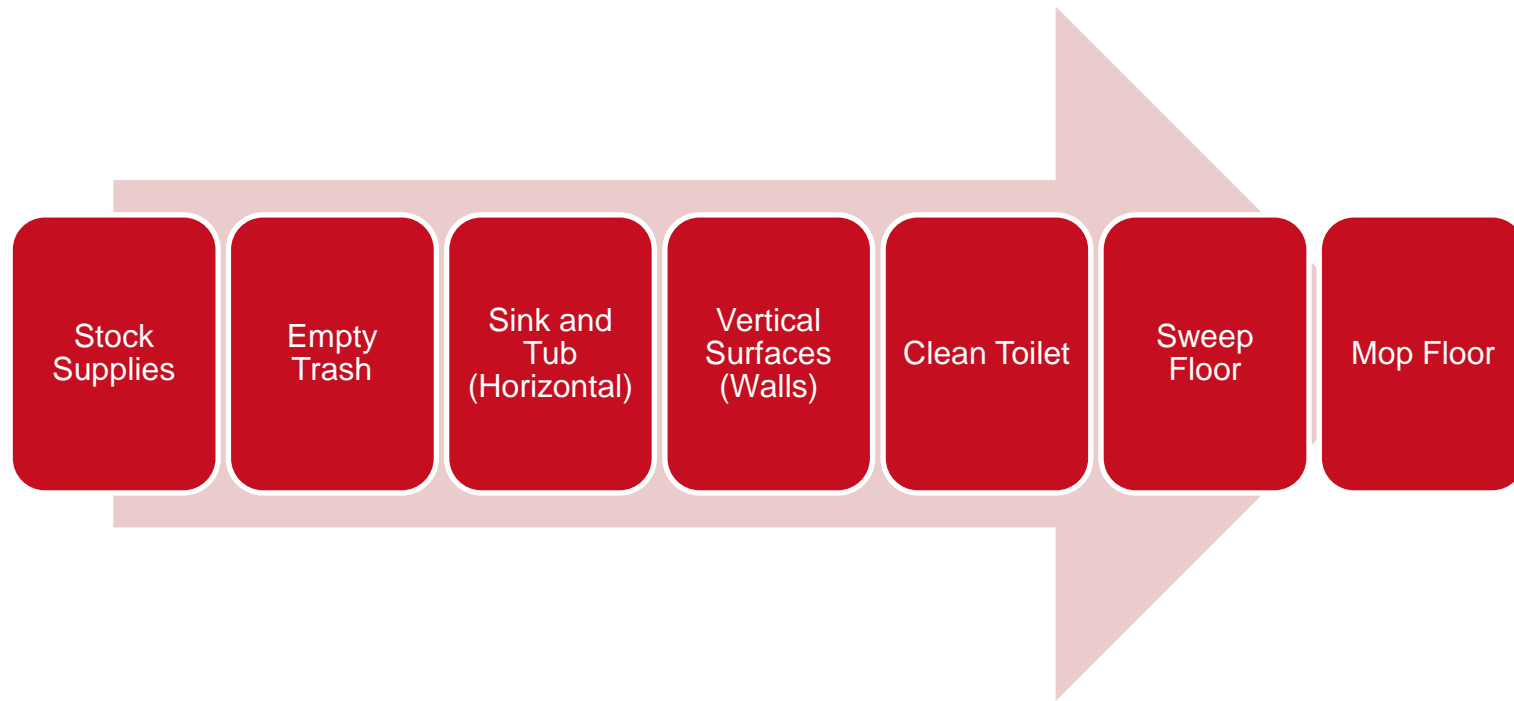
Vertical
Surfaces

Sweep
Floor

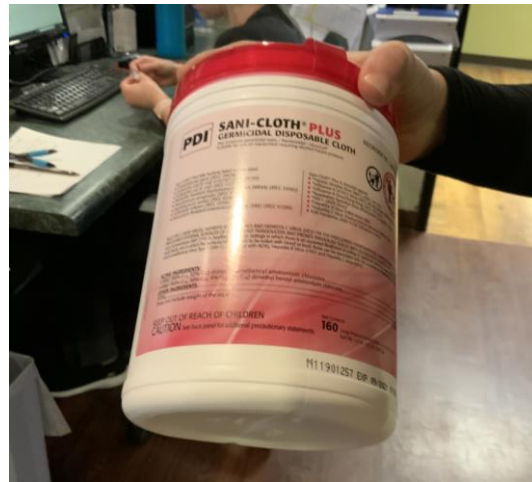
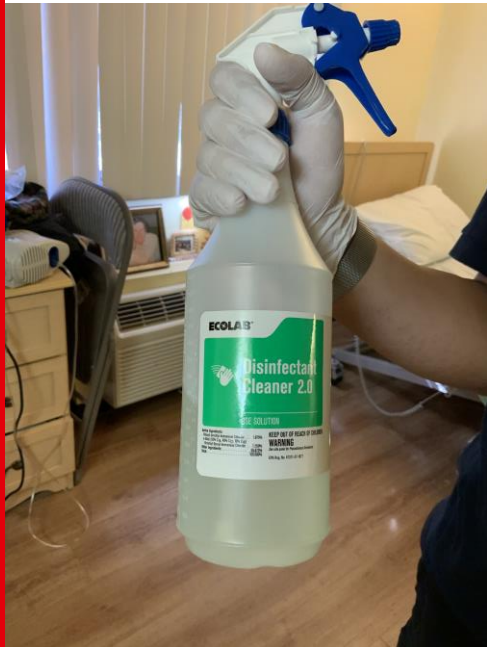
Mop Floor



Restrooms



Cleaning and Disinfecting Products



EPA N-List



Search EPA.gov



Environmental Topics

Laws & Regulations

About EPA

Pesticide Registration

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Pesticide Registration Home

About Pesticide Registration

Electronic Submission of Applications

Pesticide Registration Manual

Fees and Waivers

Registration Information by Type of Pesticide

— Antimicrobial Registration

List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

All products on this list meet [EPA's criteria](#) for use against SARS-CoV-2, the virus that causes COVID-19.

Finding a Product

To find a product, enter **the first two sets** of its **EPA registration number** into the search bar below. You can find this number by looking for the EPA Reg. No. on the product label.

For example, if EPA Reg. No. 12345-12 is on List N, you can buy EPA

View List N's information in our new tool

EPA Registration Number
Active Ingredient
Use Site
Contact Time

Cleaning Checklists

[Facility Name]

Environmental Services Checklist for Daily Cleaning of Resident Room

Date:			
Unit:			
Room Number(s):			
Initial of EVS staff (optional)			

Evaluate the following priority sites for each resident room:

Cleaning Task	Cleaned	Not cleaned	Not present in room
High dusting performed			
Use high duster/mop head: wipe ledges (shoulder high and above			
Vents			
Lights (do not high dust over the resident)			
Dust TV: rotate and dust screen and wires			
Damp dust: Cloths and spray bottle of disinfectant for damp wipe			
Ledges (shoulder high)			
Door handles			
Room furniture (bureaus, chairs,			

CDC Environmental Checklist for Monitoring Terminal Cleaning¹

Date:			
Unit:			
Room Number:			
Initials of ES staff (optional):²			

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
TV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

- Direct observation Fluorescent gel
 Swab cultures ATP system Agar slide cultures

¹Selection of detergents and disinfectants should be according to institutional policies and procedures

²Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.

³Sites most frequently contaminated and touched by patients and/or healthcare workers



Linen Management

- Linen must be processed in a way that not only kills germs but also does not spread germs from dirty to clean linens (hot water)
- Cart covers should be inspected for any contamination with dirt or debris and removed or replaced as needed (how often are they cleaned)?



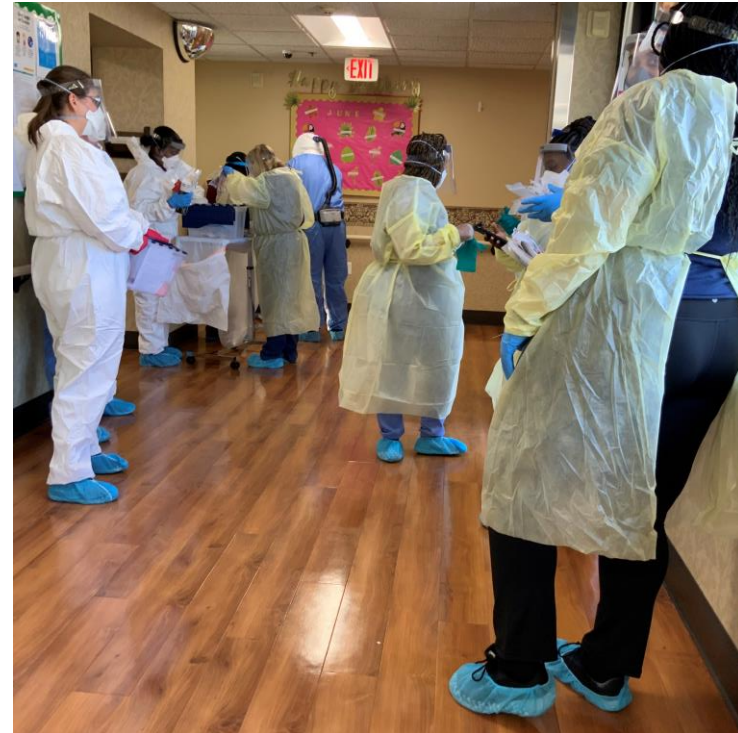
Food Services

- Dietary/food staff can be a source for ongoing transmission of illness from contaminated food
- Masks to be worn by all food service workers covering mouth and nose at all times
- Remind staff not to touch the front of the mask while temporarily removing the mask, preparing food, washing dishes or other activity
- If the mask is soiled, damaged or persons are having trouble breathing throw it away in a closed trash can and replace it with a new mask
- Exclude ill dietary staff from work for 72 hours after diarrhea/vomiting have stopped
- Clean and sanitize all kitchen and dining area surfaces with an EPA approved product




Health Education

- Weekly Testing for HCW
- Testing as indicated for residents
- Education to staff
- Persistent positive



Additional Long-term Care IPC Training

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™


SEARCH

CDC A-Z INDEX ▾

Nursing Homes and Assisted Living (Long-term Care Facilities [LTCFs])

CDC > [Nursing Homes and Assisted Living \(Long-term Care Facilities \[LTCFs\]\)](#)


Infection Prevention Training



The Nursing Home Infection Preventionist Training course is designed for healthcare professionals responsible for infection prevention and control (IPC) programs in long-term care facilities. The course was produced by CDC in collaboration with the Centers for Medicare and Medicaid Services (CMS).

This specialized nursing home training covers:

- Core activities of effective IPC programs,
- Recommended IPC practices to reduce:
 - Pathogen transmission
 - Healthcare-associated infections
 - Antibiotic resistance

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Overview Faculty FAQ Contents (34) Participant Reviews


IPCO

Infection Preventionist Specialized Training

Welcome!

You will be taking the course, under their individual login. Do not use another person's login. If you are not sure of your membership, contact your administrator.

The new Infection Preventionist specialized training requirement for Long Term Care Facilities, as well as equipment assisted living facilities, provides specialized training for healthcare professionals who seek to become an Infection Preventionist Specialized Training (IPCO) course, individuals who are currently managing an Infection Prevention and Control Program at their skilled nursing facility. The training includes online lectures, case studies and

 **APIC** *Spreading knowledge. Preventing infection.*
Association for Professionals in Infection Control and Epidemiology

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Consumers Professional Practice Education & Certification Resources Public Policy About

Home > Resources > Topic-specific infection prevention > Long-term care

Long-term care

Long-term care facilities include nursing homes, skilled nursing facilities, and assisted living facilities. Like patients in acute care facilities, long-term care residents are at risk for acquiring healthcare-associated infections. Infection prevention and control programs in long-term care facilities can help prevent the spread of infection to vulnerable residents. This page contains long-term care infection prevention resources and education for both healthcare professionals and consumers.

For healthcare professionals | **For consumers**

The following links are APIC and external resources on long-term care for healthcare professionals.

Implementation guides and tools

- [Long-Term Care \(LTC\)—APIC membership section](#)
- [Infection Connection: Focusing on Long-Term Care](#)
- [Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus \(MRSA\) in the Long-Term Care Facility \(2009\)—Implementation Guide](#)
- [Guide to Preventing Catheter-Associated Urinary Tract Infections—Implementation Guide](#)
- [Infection Preventionist's Guide to Long-Term Care](#)

Questions???



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Please note this presentation is not meant to substitute individual medical advice

Thank you

