

# AHRQ ECHO National Nursing Home COVID-19 Action Network

*Pre-Launch Webinar: Strategies to Prevent the Spread of COVID-19*

October 23, 2020

**AHRQ ECHO National Nursing Home COVID-19 Action Network**



# Today's Speakers



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# Objectives

- Identify key strategies leaders can take to mitigate the spread of COVID-19 in the long-term care facility
- Describe 2 examples of process surveillance audits that can be used to identify employee compliance with procedures
- Verbalize where to find guidance on PPE optimization for direction on use when supplies are running low

## Segment 1

# Prevention Strategies

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# It's Up to YOU.....and Your Team





# 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 personnel<sup>1</sup> (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

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

## Additional Information for Personnel Conducting Assessments:

- The assessment includes a combination of staff interviews and direct observation of practices in the facility and can be conducted in-person or remotely (e.g., Tele-ICAR via phone or video conferencing). Provide a copy of the tool to the facility before completing the Tele-ICAR and encourage nursing home staff to take their own notes as you conduct the assessment.
- Background information in the light green boxes above each section being assessed provides context for the ICAR user. You should not read this aloud during the assessment process but can refer to it as additional information.
- Keep in mind that the goal of the assessment is to convey key messages to nursing homes and identify their COVID-19-specific preparedness needs. Note any IPC questions and concerns and address them after the ICAR is completed. If you need additional support and technical assistance during an assessment, know that you can engage state HD healthcare-associated infections/antibiotic resistance (HAI/AR) Program leads for support.
- Assessment activities provide an opportunity for dialogue and information sharing.

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

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# Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings



Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at [www.cdc.gov/COVID-19](http://www.cdc.gov/COVID-19). Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

**A preparedness checklist for hospitals, including long-term acute care hospitals is available.**

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>

**Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:**

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):**

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

## 1. Structure for planning and decision making

	Completed	In Progress	Not Started
<ul style="list-style-type: none"> <li>• COVID-19 has been incorporated into emergency management planning for the facility.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)



# Policies and Procedures - Examples

- Screening
- PPE
  - Universal Source Control
- Social Distancing
- Hand Hygiene
- Equipment and Supplies
- Communication
- Visitation
- Testing
- Education
- Cleaning and Disinfection
- Employee Scheduling
  - Dedicated Staff
  - Essential Staff
  - Employee Sick Leave





# Education

- How often?
  - Orientation
  - Initial
  - Ongoing-frequently
- What topics?
- How are we verifying competency?



# Active Screening



# Personal Protective Equipment

- Gloves
- Gowns
- Eye Protection
- Face Masks
- N95 Respirators
- Other



# Resident Placement

- Admissions and Readmissions
  - Quarantine
  - COVID-19 Positive
- \*Dedicated and Essential Workers



# Hand Hygiene

- Alcohol-Based Hand Rub (ABHR)
- Hand Washing-Soap and Water





# Cleaning and Disinfection

- Cleaning
- Disinfecting
- Products
  - EPA Registered List N against SARS-CoV-2 (COVID-19)



<https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>

# Testing

- Diagnostic Testing
- Screening Testing

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html#table1>



# Process Surveillance



Process Surveillance is a system that will review employee practices to determine if they are following policies and procedures.

- Audits
- Observations

# Ongoing Monitoring

- Screening Logs
- Signage
- PPE donning and doffing
- Hand Hygiene
- Employee Schedules
- Line Lists
- New Admissions
- Audit Reviews





# Summary



## Segment 2

# Personal Protective Equipment (PPE)



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# Guidance - CDC

- Inventory Management
- Identification of Sources for PPE Acquisition
- Monitor Use
- Designation of Staff to Replenish Supply
- Placing trash container near room exit
- Strategies to Optimize
- And more!





# Guidance from CMS

## COVID-19 Focused Survey for Nursing Homes

- For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
- For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>

# Planning



# Inventory

Burn Rate

Monitor -  
Who

Replenish

Monitor  
Usage

Personal Protective Equipment (PPE) Burn Rate  
Calculator-CDC

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



# Policies and Procedures

- Types of PPE
- When Used
- Donning and Doffing
- Signage





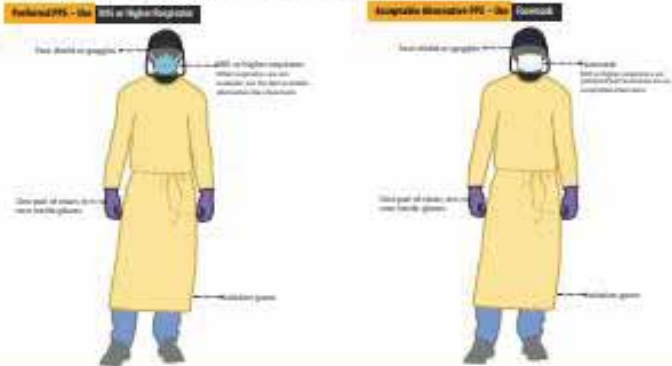
## Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

### Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on and put off) PPE, limitations of PPE, and proper use, maintenance, and disposal of PPE.
- Demonstrate competency in performing appropriate infection control practices and procedures.

### Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., tugging gloves, adjusting respirator face mask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.



### Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Follow the correct order of donning.

1. Identify and gather the proper PPE to don. Remove gloves if you have come across blood or body fluids.
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (see a facemask if a respirator is not available).
  - If the respirator has a exhalation valve, it should be fitted to the nose with both hands and tested as needed. Do not touch the exhalation valve or face. Exhalation should be restricted under strain. Both your mouth and nose should be protected. Do not use respirator/breath device your face or nose to avoid possible airborne particles.
  - Respirator: Respirator straps should be placed over crown of head (top) and back of each shoulder strap. Perform a seal check each time you put on the respirator.
  - Facemask: Mask ties should be secured around or behind ears and back of neck (bottom tie). If mask has large, leaky vents, appropriately secured your ears.
5. Put on face shield or goggles. Before attaching an N95 respirator or full facemask, adjust your eye protection to ensure that the eye protection does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shield should fully, but not completely, overlap the respirator. Goggles also provide excellent protection for eyes, but fogging is common.
6. Put on gloves. Gloves should cover the full length of your arms.
7. HCP may use one patient room.

### Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Follow the correct order of doffing.

1. Remove gloves. Remove gloves without touching external surfaces of gloves. Clean use for removal using more than one technique (e.g., glove to glove or back to back).
2. Remove gown. Tuck all ties (or break up all ties). Gown ties can be broken without being untied. Do not touch the front of the gown. Break up ties and away from the body. Roll the gown down to an acceptable approach. Dispose in trash receptacle.
3. HCP may use one patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.
  - Respirator: Remove the bottom strap by reaching only the strap and bring it quickly under head. Strap drops away and bring it quickly over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - Facemask: Carefully untie (or unhook from straps) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator (or facemask) and before putting it on again if you need to be practicing more.



Facilities implementing use or extended use of PPE will need to adjust their donning and doffing procedures to accommodate these practices.

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

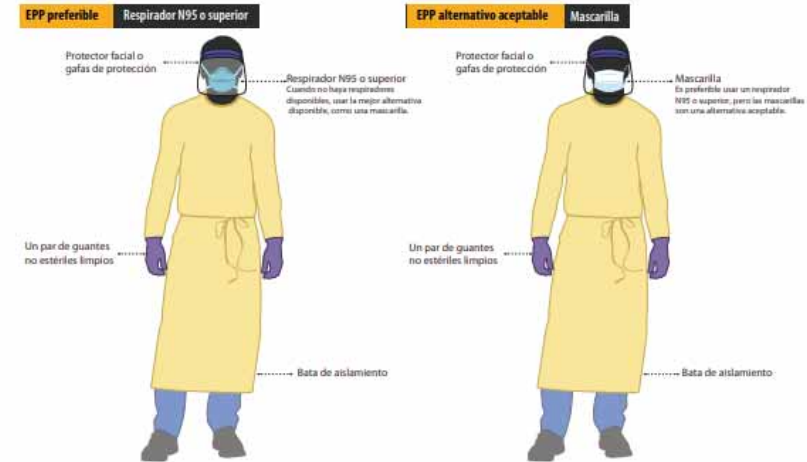
## Use equipo de protección personal (EPP) cuando atiende a pacientes con COVID-19 confirmado o presunto

### Antes de atender a pacientes con COVID-19 confirmado o presunto, el personal de atención médica debe:

- Recibir capacitación integral sobre cuándo se necesita EPP, qué tipo, cómo ponerse y quitárselo, sus limitaciones y sobre su cuidado, mantenimiento y desecho adecuados.
- Demostrar competencia en la ejecución de las prácticas y los procedimientos de control de infecciones adecuados.

### Recuerde:

- Se debe tener el EPP correctamente puesto antes de entrar al área de pacientes (p. ej., sala de aislamiento o unidad de aislamiento en caso de cohorte).
- Se debe dejar el EPP puesto y usar de la manera correcta durante todo el tiempo que se esté trabajando en áreas potencialmente contaminadas. No se debe reajustar el EPP durante la atención del paciente (p. ej., volver a atar la bata, ajustar el respirador o mascarilla).
- El EPP se debe quitar lenta y deliberadamente en una secuencia que prevenga la autocontaminación. Se debe crear un proceso paso a paso y practicarse durante la capacitación y atención del paciente.



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[www.cdc.gov/coronavirus-es](http://www.cdc.gov/coronavirus-es)

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE\\_11x17.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf)

# Types of PPE

- Gloves
- Gown
- Eye Protection
  - Face Shield
  - Goggles
- N95 or higher Respirator
  - Facemask if N95 not available



# Items that are NOT Considered PPE

- Cloth face coverings
- Bandanas
- Scarfs
- Rain Ponchos
- Disposable or reusable lab coats
- Aprons
- Patient Gowns





# Optimizing PPE

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Coronavirus Disease 2019 (COVID-19)

WEAR A MASK. PROTECT OTHERS.

Your Health | Community, Work & School | Healthcare Workers & Labs | Health Depts | Cases & Data | More

Healthcare Workers

Testing +  
Vaccination  
Clinical Care +  
Infection Control +  
**Optimizing PPE Supplies -**

Summary Optimization Strategies  
General Optimization Strategies  
PPE FAQs  
PPE Burn Rate Calculator  
N95 & Other Respirators +  
Facemasks  
Eye Protection  
Gowns  
Gloves  
Ventilators  
Potential Exposure at Work +  
First Responder Guidance  
Healthcare Facility Tools +  
Veterinary Clinics  
Pandemic Planning Scenarios

HEALTHCARE WORKERS

## Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages

Updated July 16, 2020 | Español | Print

This quick reference summarizes CDC's strategies to optimize personal protective equipment (PPE) supplies in healthcare settings and provides links to CDC's full guidance documents on optimizing supplies. These strategies offer a continuum of options using the framework of surge capacity when PPE supplies are stressed, running low, or absent. When using these strategies, healthcare facilities should:

- Consider these options and implement them sequentially
- Understand their current PPE inventory, supply chain, and utilization rate
- Train healthcare personnel on PPE use and have them demonstrate competency with donning and doffing any PPE ensemble that is used to perform job responsibilities
- As PPE availability returns to normal, promptly resume standard practices

**Conventional Capacity**  
strategies that should already be in place as part of general infection prevention and control plans in healthcare settings

**Contingency Capacity**  
strategies that can be used during periods of anticipated PPE shortages

**Crisis Capacity\***  
strategies that can be used when supplies cannot meet the facility's current or anticipated PPE utilization rate  
\*Not commensurate with U.S. standards of care

PPE Type	Conventional	Contingency	Crisis
All PPE	<ul style="list-style-type: none"> <li>Use physical barriers and other engineering controls</li> <li>Limit number of patients going to hospital or outpatient settings</li> <li>Use telemedicine whenever possible</li> <li>Exclude all HCP not directly involved in patient care</li> <li>Limit face-to-face HCP encounters with patients</li> </ul>	<ul style="list-style-type: none"> <li>Selectively cancel elective and non-urgent procedures and appointments for which PPE is typically used by HCP</li> <li>Decrease length of hospital stay for medically stable patients with COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Cancel all elective and non-urgent procedures and appointments for which PPE is typically used by HCP</li> </ul>

# Education

- Education
- Verification
- All Departments





# Process Surveillance

## PPE Audits

- Choosing
- When
- Donning and Doffing
- Do's and Don'ts
- Discarding
- Optimizing



# Special Considerations with PPE



# Summary



# Thank You

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# References and Resources

- Centers for Disease Control and Prevention. Preparing for COVID-19 in Nursing Homes. June 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Centers for Disease Control and Prevention. Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19. May 8, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>
- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Optimizing Personal Protective Equipment (PPE) Supplies, July 16, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>



# References and Resources

- Centers for Disease Control and Prevention. Information for Healthcare Professionals about Coronavirus (COVID-19). August 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- Centers for Medicare & Medicaid Services. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool. August 26, 2020: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- Centers for Medicare & Medicaid Services (CMS). COVID-19 Long-Term Care Facility Guidance. April 2, 2020: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

# References and Resources

- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings: [https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)
- Centers for Medicare & Medicaid Services. State Operations Manual. Appendix PP – Guidance to Surveyors for Long Term Care Facilities: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)
- Centers for Medicare & Medicaid Services. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) In Nursing Homes (*REVISED*). March 13, 2020: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

# Resources and Next Steps

- Centers for Disease Control and Prevention. Using Personal Protective Equipment (PPE). August 19, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Learn more and sign up at <https://hsc.unm.edu/echo/nursing-home>

# Thank You

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