Comprehensive National Nursing Home Training

4:00 – 5:00 PM ET

July 14, 2020

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Introduction and Welcome

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Acting Director
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iQuality Improvement & Innovation Group (iQIIG)
Center for Clinical Standard and Quality (CCSQ)
Centers for Medicare & Medicaid Services

Meet Your Speakers

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Infection Preventionist
Health Services Advisory Group (HSAG)

Deb Smith, MLT (ASCP), BSN, CIC, CPHQ
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Health Quality Innovators (HQI)

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Establishing an Infection Prevention Program and Conducting Ongoing Infection Surveillance in the Nursing Home

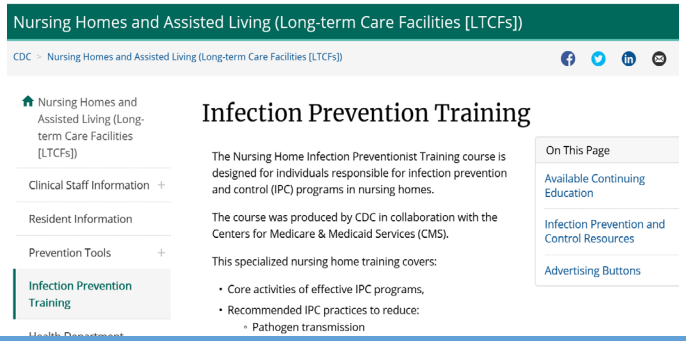
Eli K. DeLille, MSN, RN, CIC, FAPIC
Infection Preventionist
Health Services Advisory Group (HSAG)

Key Elements of IP

- Develop a system for preventing, identifying, reporting, investigating, and controlling infection and communicable diseases for all residents, staff members, and visitors.
- Establish goals and priorities for the program.
- Plan and implement strategies to achieve goals, monitor compliance, and respond to identified issues.

Step 1—CDC* IP Training

- Designated IP lead should complete the CDC IP Training
- Self-paced training designed for working staff
- Continuing education credit is earned upon completion of training

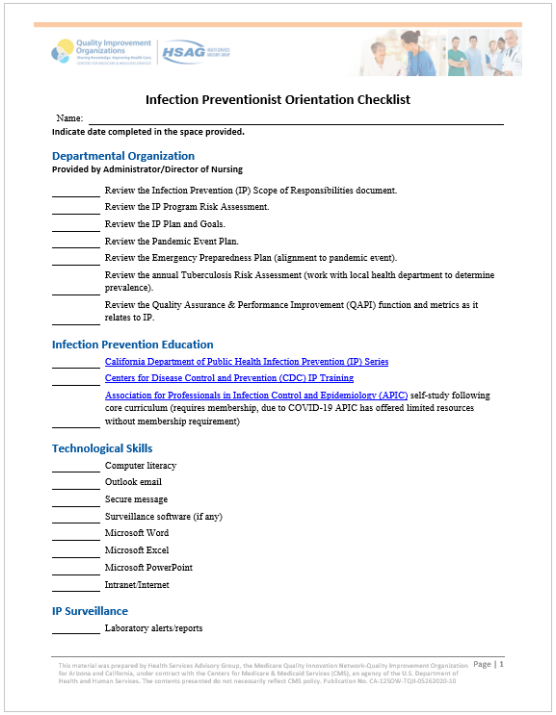


https://www.cdc.gov/longtermcare/training.html

*CDC=Centers for Disease Control and Prevention

Step 2—QIO*-Developed Nursing Home Checklist

- Standardizes essential components of an IP Program
- Ensures consistency of training across staff members
- Defined criteria
- Simple format



Infection Preventionist Orientation Checklist

Name: _____

Indicate date completed in the space provided.

Departmental Organization

Provided by Administrator/Director of Nursing

_____ Review the Infection Prevention (IP) Scope of Responsibilities document.
_____ Review the IP Program Risk Assessment.
_____ Review the IP Plan and Goals.
_____ Review the Pandemic Event Plan.
_____ Review the Emergency Preparedness Plan (alignment to pandemic event).
_____ Review the annual Tuberculosis Risk Assessment (work with local health department to determine prevalence).
_____ Review the Quality Assurance & Performance Improvement (QAPI) function and metrics as it relates to IP.

Infection Prevention Education

_____ California Department of Public Health Infection Prevention (IP) Series
_____ Centers for Disease Control and Prevention (CDC) IP Training
_____ Association for Professionals in Infection Control and Epidemiology (APIC) self-study following core curriculum (requires membership, due to COVID-19 APIC has offered limited resources without membership requirement)

Technological Skills

_____ Computer literacy
_____ Outlook email
_____ Secure message
_____ Surveillance software (if any)
_____ Microsoft Word
_____ Microsoft Excel
_____ Microsoft PowerPoint
_____ Intranet/Internet

IP Surveillance

_____ Laboratory alerts/reports

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*QIO=Quality Improvement Organization
https://www.hsag.com/globalassets/qii/ipsorientationchecklistfinal.docx

Step 3—ICAR* COVID-19 Self Assessment

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

*ICAR=Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf

Step 4—Develop a Customized Action Plan

Infection Prevention and Control Post-Acute Plan Prioritized Risks, Goals, Strategies, and Implementation

Pandemic Event (COVID-19 Preparation)

Nursing Home Name: _____ CCN*: _____ Date: _____

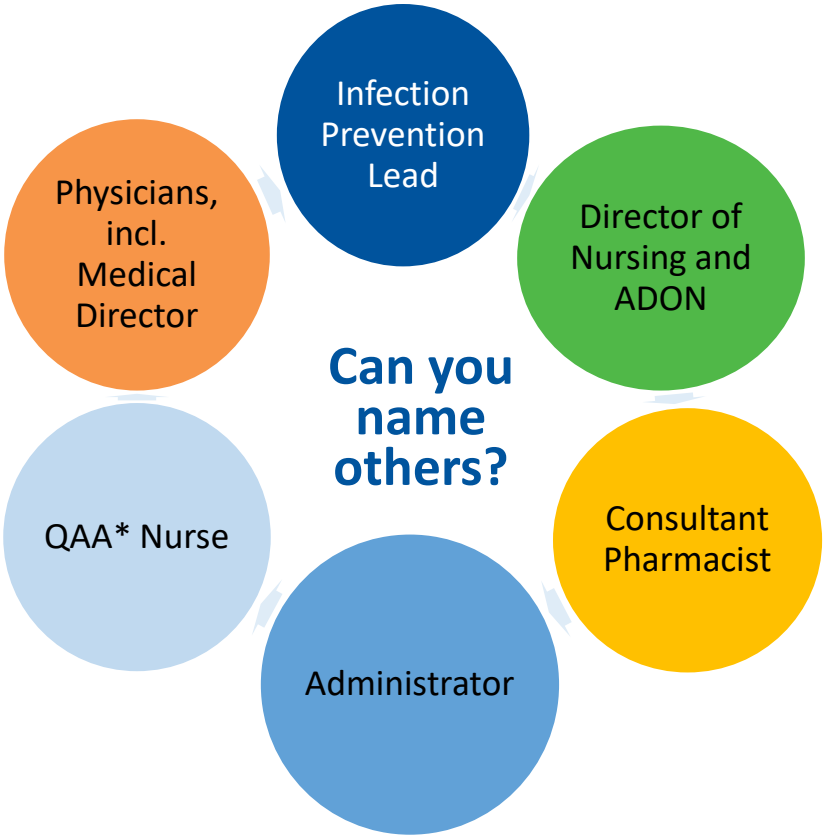
Strategies, best practices, and metrics selected to address the infection prevention concern identified below are intended to be an initial guide only. A nursing home should perform an infection prevention analysis and risk assessment to customize a plan that will best meet the needs of their residents, staff members, and providers.

For each prioritized area of concern, identify goals, strategies, responsible person(s), timeframe, and evaluation of effectiveness.

Topic	Root Cause	Strategies	Implementation		Internal Nursing Home Goals
Area of Concern	**Survey Findings**	**Best Practices by Area of Concern**	**Responsible Person(s)**	**Action**	**Evaluation of Effectiveness via Surveillance**
Pandemic Event (COVID-19 Preparation)		1. Implement the Centers for Disease Control and Prevention (CDC) COVID-19 control and mitigation strategies. ▪ Educate annually, at hire, and when guidelines change regarding expectations of care. ▪ Monitor compliance with screening residents/visitors/staff for symptoms. ▪ Reinforce hand hygiene, transmission-based precautions, cohorting, and other best-practice interventions. ▪ Ensure necessary care products are available to staff (personal protective equipment [PPE], cleaning supplies, hand hygiene products, etc.). ▪ Reinforce strategies listed throughout this plan. 2. Stay informed on current national and international COVID-19 literature and practice. 3. See additional detail in COVID-19 mitigation plan. Available at: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-52-Attachment-01.pdf	Infection preventionists (IPs) Managers Staff	Implement plan strategies by [date]. Monitor and improve processes as needed. Implement fully and accept as standard culture.	Maintain zero new confirmed COVID-19 cases in 2020 as reported to the CDC National Healthcare Safety Network (NHSN). Ongoing compliance with COVID-19 mitigation strategies. Report monthly progress to Quality Assurance & Performance Improvement (QAPI) Committee and HSAG.

https://www.hsag.com/globalassets/qii/capaipctoolpandemicfinal.docx

Step 5/6—Solicit Feedback/Keys to Implementation



- Educate staff regarding expectations of care.
- Empower staff to speak up if they identify a concern.
- Engage staff, providers, and residents in IP practices.
- Modify the plan as necessary.

Losben N. Delivering an Antimicrobial Stewardship Program to Your Facility: How to Lead and Where to Go. 2016.

*QAA=Quality Assessment and Assurance

Key Tools and Resources

Resources	Link
All Areas of Concern	https://www.hsag.com/globalassets/qii/cacombinedpaipctoolfinal.docx
Antibiotic Stewardship	https://www.hsag.com/globalassets/qii/capaipctoolabxsfinal.docx
Catheter-Associated Urinary Tract Infections (CAUTIs)	https://www.hsag.com/globalassets/qii/capaipctoolcautisfinal.docx
Clean/Disinfect Patient Care Equipment and Clean Patient Environments	https://www.hsag.com/globalassets/qii/capaipctoolcleandisinfectfinal.docx
Clostridioides difficile Infections (CDIs)	https://www.hsag.com/globalassets/qii/capaipctoolcdisfinal.docx
Hand Hygiene Compliance	https://www.hsag.com/globalassets/qii/capaipctoolhandhygienefinal.docx
Isolation and Standard Precautions	https://www.hsag.com/globalassets/qii/capaipctoolstandprecautionsfnl.docx
Pandemic Event (COVID-19 Preparation)	https://www.hsag.com/globalassets/qii/capaipctoolpandemicfinal.docx
Vaccination	https://www.hsag.com/globalassets/qii/capaipctoolvaccinationfinal.docx

Additional Resources	Link
Infection Preventionist Orientation Checklist	https://www.hsag.com/globalassets/qii/ipsorientationchecklistfinal.docx
Infection Prevention Post-Acute Risk Assessment Prioritization Worksheet	https://www.hsag.com/globalassets/qii/ipriskassesprioritizationfinal.docx

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HSAG HEALTH SERVICES ADVISORY GROUP

This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
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Implementation Strategies for COVID-19 Surveillance and Early Detection

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COVID-19 Response
CDC's Three Key Steps

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Qlarant

Three Key Steps:

1. Keep COVID-19 out!
2. Detect cases quickly
3. Stop transmission

Screening
Step 1. Keep COVID Out!

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Tips from Providers:

Manage Staff at the Door

- Wellness checks for all upon entering (checklists are available and spreadsheets for tracking)
  - Document the absence of symptoms (Respiratory symptoms, sense of smell)
  - Checking staff mid-shift* (every 4 hours)
  - Self-assess at end of shift
  - Well trained, non-direct care staff can provide this service
  - Use the opportunity to offer reminders at the door about areas that are in need of greater vigilance
  - Stagger shift start so as not to create traffic jams

Screening
Step 1. Keep COVID Out!

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Tips from Providers:

On an Operational Level:

- Invest in an organizational culture that prioritizes safety and wellness of staff (paid sick leave)
- Consider 12-hour shifts to limit numbers of staff and pad with extra staff from the eliminated third shift
- Know where agency staff have recently worked
- Encourage staff who work in more than one setting to work at only one single building and pick up extra shifts (if not, shower and new clothes)
- Prepare for staffing shortages-universal workers, waiver jobs, non-direct, DLT, volunteers

Screening
Step 1. Keep COVID Out!

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Tips from Providers:

Keep visitors away while increasing your communication resources

- Echo Show-Drop-in feature / Portal
- Communication chains
- Caring Bridge
- Lots of helping hands

- Limit vendor access
  - Special protocols for deliveries

- Have a clear return to work policy

Testing
Step 2. Detect Cases Quickly in Residents

Tips from Providers

- Daily rounds
  - Checked every day for signs and symptoms
  - AM meeting with Interdisciplinary Team-sharing information about every person
    - Appetite, cough, fall risk, other issues
- Mid-Shift Huddles
- Back to Basics and Good Assessment Skills
  - Watch for subtle signs
  - You are the eyes and ears

Surveillance
Step 3. Stop Transmission

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Tips from Providers:

- Wash resident hands
- Chess board pieces can be deadly if they go from room to room- thoroughly clean anything that will be used by others
- Provide alert residents with wipes and sanitizer (document in Care Plan)
- Hallway Activities
  - Remote control cars
  - Hallway activities viewable by many

Resources

Resources

- **IPRO Monthly Infection and Antibiotic Tracking Worksheet and Instruction Guide**
  https://www.ltcdownloads.com/?autologin_code=UEaWmQnG2bdiPvGGuUm26SbcE75TS8i6 (use Chrome browser to access)
- **Reducing COVID-19 Deaths In Nursing Homes: Call To Action, Health Affairs Blog, May 27, 2020.DOI: 10.1377/hblog20200522.474405**
  https://www.healthaffairs.org/do/10.1377/hblog20200522.474405/full/
- **AHCA Algorithm for Testing**
  https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Algorithm-Testing-Cohorting.pdf
- **CDC Interim Testing Guidance in Response to Suspected or Confirmed COVID-19 in Nursing Home Residents and Healthcare Personnel**
  https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

For More Information

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Cohorting: Effective Management of Residents and Staff

Deb Smith, MLT (ASCP), BSN, CIC, CPHQ
Infection Preventionist
Health Quality Innovators (HQI)

Objectives

1. Understand cohorting as a core intervention of effective infection prevention programs
2. Become familiar with COVID-19 cohorting recommendations

Cohorting

Intensified interventions for an outbreak, novel or resistant pathogen, or highly transmissible disease

Goal: Minimize the risk of non-infected residents interacting with infected or colonized residents and limit exposure to staff

Residents: Confine to one area those infected or colonized with the same infectious agent

Staff: Assign to a specific cohort of residents

Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L., & the Healthcare Infection Control Practices Advisory Committee. (2007). 2007 Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings. https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

Creating a COVID-19 Care Unit

- Standard precautions plus respirator, gown, gloves, eye protection
- Physically separate location if possible
- Dedicated nursing assistants and nurses
- Restrict ancillary staff whenever possible if unable to dedicate them to the COVID unit

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Creating a COVID-19 Care Unit, continued

- Post signage at the entrance, including PPE instructions
- Keep the door closed or create a barrier at the entrance
- Train unit personnel in infection prevention, including PPE use
- Monitor PPE and implement optimization strategies if needed
- Dedicate resident care equipment that does not leave the unit

Staffing the COVID-19 Care Unit

- Assess adequate availability of all personnel
- Assign dedicated staff
  - Should not work in other areas of the nursing home or other facilities
  - Consider assigning dietary and housekeeping duties to nursing
- Enhance staff education
  - PPE use, COVID-19 signs and symptoms
- Limit access to other areas of the facility
  - Provide dedicated break rooms, supplies, separate entrance

https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf

Managing Residents with COVID Symptoms

- Residents with symptoms of COVID-19
  - Place in single room pending test results
  - Symptomatic cohorting only if single room not available
  - Intensified interventions for infection prevention and control
  - If COVID-19 confirmed, transfer to COVID unit or cohort with resident who has confirmed COVID-19

- Roommates of residents with COVID-19
  - Consider exposed and potentially infected
  - Single room preferred
  - Cohort with other exposed residents if single room not available

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Cohorting Admissions and Readmissions

- All residents with confirmed COVID-19 not meeting transmission precaution discontinuation criteria should be cohorted or admitted to the COVID-19 unit
- Residents who meet transmission precaution discontinuation criteria can be admitted to regular units
- Residents with status unknown – Place in single room or observation area and monitor for evidence of COVID-19 for 14 days
  - All COVID-19 recommended PPE should be worn during resident care
  - Consider admission testing* to identify asymptomatic carriers

*Influenced by capacity for testing (access to swabs and PPE)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Discontinuing COVID-19 Cohorting

Continue transmission precautions and cohorting until criteria for discontinuation are met

- Symptomatic resident
  - Symptom-based: 10 days* since onset of symptoms, afebrile 72 hours, respiratory symptom improvement
  - Test-based: Afebrile, respiratory improvement, two negative COVID-19 results collected ≥ 24 hours apart
- Asymptomatic resident
  - Time-based: 10 days* post COVID-19 testing is still asymptomatic
  - Test-based: Two negative COVID-19 results collected ≥ 24 hours apart, is still asymptomatic

*Refer to your state or local regulations if longer

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

Cleaning to Prevent Infection Transmission

The nursing home environment is a reservoir for infectious agents, including COVID-19

- Enhance environmental cleaning during pandemics and outbreaks
- Clean rooms daily and after residents move or are discharged ("terminal" cleaning)
- Clean high-touch areas more frequently
- Use approved disinfectant https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

Thank you!

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Clinical Care

Managing COVID-19-Positive Residents

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Meet your Speaker

Kimberly Rask, MD PhD
Chief Data Officer
Alliant Quality

Initial Symptoms *May Be Mild*

- No symptoms
- Minor symptoms with recovery (fever, respiratory, GI)
- Minor symptoms followed by rapid decline and respiratory/organ failure
  - Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection.
  - Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any new symptoms.

Clinical Presentation in Older Residents is Often *Not Typical*

- "Dwindling" with no typical fever or respiratory symptoms
  - Fatigue, change in alertness, stop eating over several weeks
  - Importance of staff familiarity with residents and good communication
- COVID-19 associated with stroke and blood clots

Advance Care Planning

- Difficult but meaningful conversation
- With COVID it is crucial to have conversation and document in advance given lack of "typical" symptoms in many residents and potentially rapid clinical decline
- Does the resident want to be transferred to hospital if symptoms worsen?
  - Ventilator support available but high mortality rate
  - Ability to stay in familiar environment with comfort measures

Managing Symptoms

- Ensure availability of comfort medications for care in place
- Standing orders
  - Acetaminophen
  - supplemental O2 and proning positions
  - discontinue non-essential medications,
  - change nebulizers to metered dose inhalers
- Quick access to concentrated opioids for shortness of breath
- CDC resources: Evaluate and Manage Residents with Symptoms of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

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Using Personal Protective Equipment

Susan Purcell, RN, BS, CPHQ

Project Director

TMF Quality Innovation Network

Objectives

- Understand why using personal protective equipment (PPE) is necessary for infection prevention
- Describe how to properly use PPE
- Understand where additional resources can be identified

PPE Defined

"Specialized clothing or equipment worn by an employee for protection against infectious materials."

- Occupational Safety and Health Administration

Why use PPE?

- Used by health care professionals to protect themselves, patients, residents and others when providing care
- Protects from infectious patients, residents, lab samples, toxic medications, potentially dangerous substances used in health care

Types of PPE

- Gloves – protect hands
- Gowns – protect skin and/or clothing
- Face masks – protect mouth and nose
- Respirators – protect respiratory tract from airborne infectious agents
- Eye protection – protects the eyes
- Face shields – protect face, mouth, nose and eyes

Who needs PPE?

- Residents with confirmed or possible COVID-19 should wear a face mask
- Health care personnel should adhere to standard- and transmission-based precautions
- Recommended PPE is described in the Infection Control Guidance

Proper Use of PPE

- PPE must be donned correctly
- PPE must remain in place for the duration of work in potentially contaminated areas
- PPE should not be adjusted during resident 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 resident care

How to properly use PPE

- Refer to guidance from the Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Identifying Correct PPE

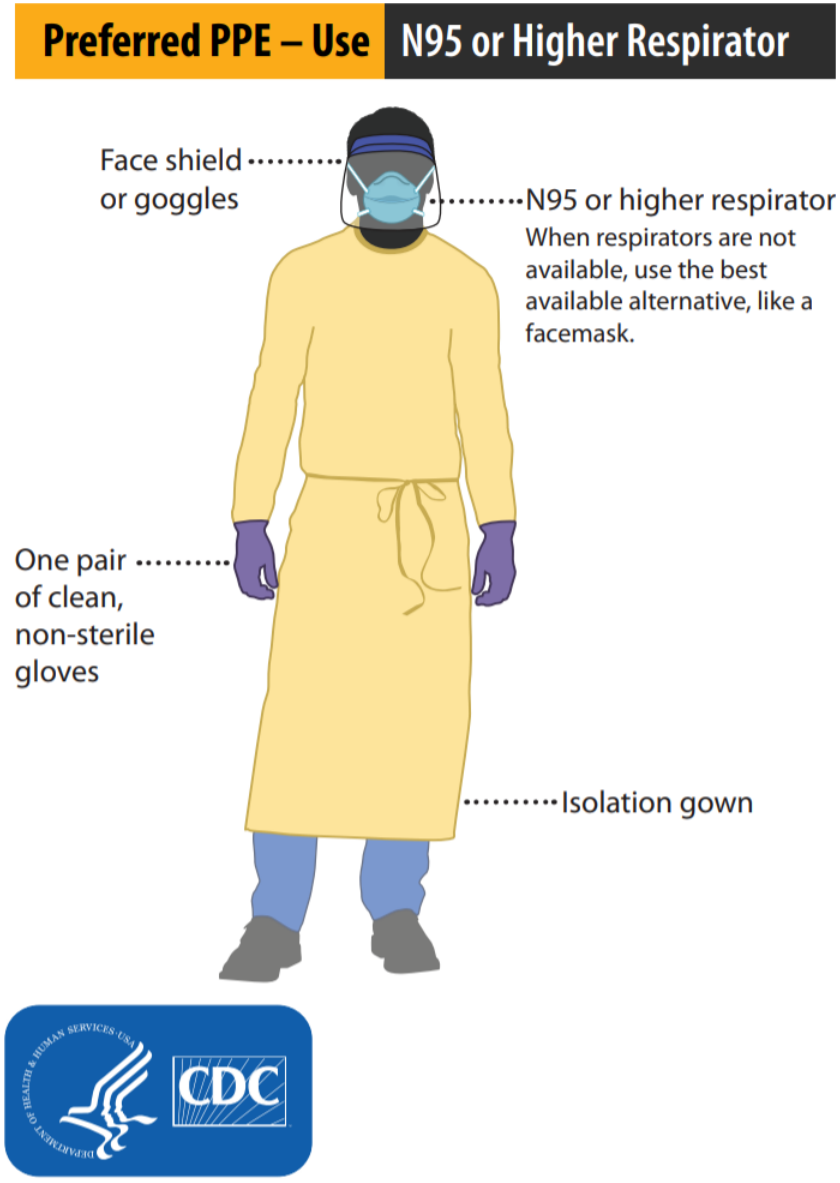
- Standard Precautions for All Patient Care
- Transmission-Based Precautions

https://www.cdc.gov/infectioncontrol/basics/index.html

Donning

1. Identify and gather the proper PPE to don
2. Perform hand hygiene using hand sanitizer
3. Put on isolation gown
4. Put on an N95 filtering face piece respirator or higher that is approved by the National Institute for Occupational Safety and Health. Use a face mask if a respirator is not available
5. Put on face shield or goggles
6. Put on gloves. Gloves should cover the cuff (wrist) of gown

https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html


Preferred PPE – Use
N95 or Higher Respirator
Face shield or goggles
N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.
One pair of clean, non-sterile gloves
Isolation gown
CDC
CS 315838-C 03/23/2020

Doffing

1. Remove gloves
2. Remove gown
3. Health care professional may now exit patient room
4. Perform hand hygiene
5. Remove face shield or goggles
6. Remove and discard respirator (or face mask if used instead of respirator)
7. Perform hand hygiene after removing the respirator/face mask and before putting it on again if your workplace is practicing reuse

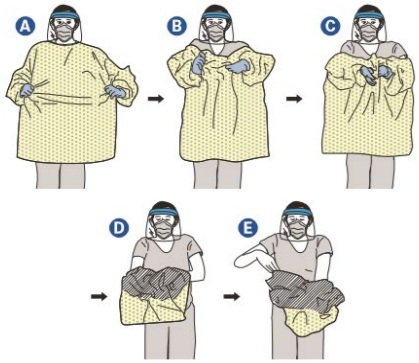
https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **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. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



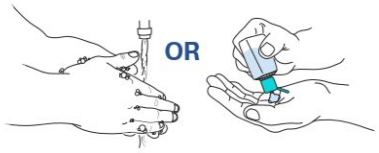
2. GOGGLES OR FACE SHIELD

- 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 and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. 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

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



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

Face mask Do's and Don'ts

- When putting on a face mask:
  - Clean your hands and put on your face mask so it fully covers your mouth and nose
- When wearing a face mask, don't do the following:
  - Don't wear your face mask under your nose or mouth
  - Don't allow a strap to hang down. Don't cross the straps
  - Don't touch or adjust your face mask without cleaning your hands before and after
  - Don't wear your face mask on your head
  - Don't wear your face mask around your neck
  - Don't wear your face mask around your arm

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 ties 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 leave 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

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CDC resources - Information for PPE reuse/supply optimization

- Resources:
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/powered-air-purifying-respirators-strategy.html
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
  - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html

Open Discussion and Questions

Thank You

Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/07_14_20

We will use the information you provide to improve future events.

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