



12/3/2020

## GOAL: Implement a Range of Practices to Prevent the Spread Of COVID-19



### PLAY STRATEGY

A communicable disease poses grave challenges to congregate living facilities, especially in the case of COVID-19, a new disease that is still only partially understood. Preventing the spread of infection is crucial to protecting the health and safety of residents, staff, and their families. How can congregate living facilities limit the spread of COVID-19 within the facility? What supports do care teams need to enable them to consistently use infection prevention techniques? How can the role of the infection preventionist be leveraged to best effect?



### HOW TO RUN THE PLAY

- A. All congregate care facility staff consistently use infection prevention techniques in each shift, including appropriate use of personal protective equipment (PPE), physical distancing from coworkers, and adherence to cohort-based care team designation (i.e., staff in each zone provide care only in that zone, with some fluidity permitted between yellow and green zones given proper use of PPE).**
- All leaders and supervisors ensure that the purpose of infection prevention practices is consistently communicated: “We are keeping each other and our families safe.”
  - Leaders ask staff to elect colleagues to audit adherence to infection prevention protocols.
  - Shift supervisor and elected colleagues monitor PPE use, hand hygiene, and social distancing of the staff team in each shift, including in break rooms and staff-only spaces.
  - Shift supervisor coaches staff team in key infection control practices (including proper use of PPE, hand hygiene, social distancing) in daily huddles and in real time when observing mistakes.
  - Supervisors provide ongoing supervision around the proper use of PPE, with particular attention to common challenges, including guidance on when and where masks can be removed, on eliminating the mistaken behavior of removing and replacing an N95 mask



throughout the day, and on the importance of the annual N95 fit test (to ensure that all staff wear correctly sized masks).

**B. Senior leaders ensure that all facility staff (including certified nursing assistants, bath aides, kitchen, facility manager, custodial staff) are trained and receive ongoing supervision in infection control practices.**

- Training in basic preparedness in infection control includes HOW to implement infection control practices (PPE with specifics on donning, doffing, and disposing or disinfecting used items; implementing patient care zones (see Play 8); cleaning practices (see Play 5)) and WHY all staff must implement these practices (facts on virus pathways and limiting spread, safety of all staff and their families). Offer levity and humor, especially in reviewing ways that infection prevention practices collapse, and encourage staff to identify other pitfalls and suggest solutions.
- Training is offered in all languages used by staff.
- Colorful posters illustrating infection prevention practices and habits are posted in break rooms and gathering spaces to promote continuance of infection control measures in staff-only spaces.

**C. Leadership ensures that infection prevention methods are easy for staff to implement.**

- Leadership introduces and implements a simple cue system to prompt all workers to participate in site-wide cleaning at intervals throughout shifts. See Play 5: *Cleaning and disinfecting practices*.
- Leaders designate infection preventionist to surveil physical placement of infection control and care materials (see D).
- Leadership tracks and maintains adequate PPE supplies and requests back-up supplies from county health department when needed.
- Leadership develops a contingency plan for PPE use in the event that adequate PPE is unavailable, as well as related communication plans to share this information with staff, residents, families, and care partners.

**D. Leadership identifies, trains, and supervises at least one full-time registered nurse as the *designated infection preventionist*.**

- Infection preventionist ensures strategic physical placement of infection control and care materials to support staff's ability to develop the required infection control practices as habits — e.g., entering patient room only once with all necessary items. The infection preventionist takes responsibility for the following activities:
  - Place a large garbage receptacle in each patient room for staff to doff gown and PPE before exiting room.



- Place isolation cart in front of patient room, or alternatively, a few per hallway in highly visible locations.
- Position hand sanitizer inside and outside patient rooms.
- Ensure that windows are open in all shared spaces, weather permitting.

**E. Infection preventionist monitors cleaning and specifies cleaning protocols to be completed by all staff, assigning additional cleaning or monitoring as appropriate. The following measures can facilitate this work:**

- Check that staff participate in site-wide cleaning when auditory cue sounds.
- Post colorful signs with fun print about PPE and infection control precautions in languages that staff are comfortable using (e.g., Tagalog, Mandarin, Spanish).

**F. Leadership clearly communicates and implements policy around isolation and quarantine for exposed staff.**

- Care team staff immediately inform supervisor about any contacts they have had with COVID+ people outside of work and of contacts with residents outside of their assigned zone.
- All staff working in any role stay home if they have COVID symptoms, and report their symptoms to supervisor.
- Supervisor elevates information about a patient under investigation (PUI) or symptomatic staff to infection preventionist and leadership.
- Leadership ensures that all patients that had been working with any staff member who tested COVID+ are assigned or reassigned to the yellow zone.
- Leadership ensures that staff are reassigned to administrative duties during 14-day quarantine period; if administrative work is unavailable, leaders will ensure that staff sick time policy allows staff to quarantine at home.
- Leadership determines patient assignment tracking method, such as a sign-in sheet on each resident's door or a shift-wide sign-in sheet listing patient assignments for each staff member.
- Shift supervisor ensures that all staff document patient assignments in each shift.
- Leadership maintains and shares with staff information about various resources to support them during the pandemic, including information about leave of absence rights, hotel accommodation for health care workers, and mental health support lines.



**G. Leaders implement policies that limit non-essential entry to facility by professionals seeking to visit the facility on business.**

- Leadership ensures that non-essential professional visits are disallowed until further notice, designating an outdoor space to receive deliveries and requiring virtual vendor visits.
- Infection preventionist ensures that allowed visitors (e.g., ombudsman, legal counsel) are screened for COVID-19 (see Additional Resources for screening items handout) and made aware of required infection prevention practices, including sanitizing hands upon building entry and exit, mask-wearing at all times, and use of appropriate PPE.
- Infection preventionist ensures that colorful signs are placed at all entries, near elevators, and throughout site about PPE and infection control precautions.

**H. Leaders ensure that families and care partners are screened for COVID-19 and made aware of infection prevention practices. For details, see Play 6: *Develop a robust visitation plan for families and care partners.***

**I. Leaders maintain use of red/yellow/green patient care zones and ensure that staff work within a single zone in each shift. For details, see Play 8: *Implement care zones to group residents by COVID infection status.***

**J. Leadership ensures that effective testing and cleaning practices are followed. For details, see Play 4: *Testing practices* and Play 5: *Cleaning and disinfecting practices.***



## TIPS AND TRICKS

- Institute a buddy system to doff large gown (to reduce the risk of, for example, touching the face while doffing).
- Place mirrors in staff room to check for correct PPE placement.
- Ensure that staff are aware of protecting their airway by removing mask last.
- Use a PPE [“burn rate” calculator](https://bit.ly/3fTI8Vi) (bit.ly/3fTI8Vi) to calculate needed PPE supplies, and document the contingency plan if PPE supplies are not available.
- Consider partnering with community groups to develop culturally grounded messages about infection prevention for inclusion in training modules, posters, and printed materials supporting infection prevention practices.
- Leaders and care teams consider how the facility can reconfigure shared spaces to physically prompt social distancing (e.g., great distance between chairs).





## SPECIAL CONSIDERATIONS FOR PEOPLE WITH DEMENTIA AND/OR IN MEMORY CARE UNITS

- Staff recognize that people with dementia and/or in memory care units may not be able to process, understand, or retain information around wearing masks, physical distancing, refraining from wandering, and other safety measures.
- The facilities should work to develop customized strategies that work for each resident and keep others safe. For example, a person with dementia may not be able to wear (or continue wearing) a mask without becoming agitated. The facility can work to keep others safe by ensuring that others engage in infection prevention behaviors (mask-wearing, physical distancing, etc.) as the resident moves throughout the facility.
- Staff should check to see if individual residents can hear, understand, and retain this information. In cases where the resident cannot understand or retain this information, the care team should develop a customized plan to provide appropriate care to the resident while keeping other residents and staff safe.



## ADDITIONAL RESOURCES

- [CDC recommendations for infection prevention and control for healthcare workers](https://bit.ly/3lr0M72) (bit.ly/3lr0M72)
- [CMS guidance for visitation](https://go.cms.gov/2Vn8fZY) (go.cms.gov/2Vn8fZY)
- [CMS guidance on duration of isolation for adults with COVID](https://bit.ly/3oe2j1R) (bit.ly/3oe2j1R)
- [CDC guidance on using PPE](https://bit.ly/39tSAR3) (bit.ly/39tSAR3)
- [CDC "PPE lessons" mini-webinar \(scroll to the bottom of the page\)](https://bit.ly/3oiOH5H) (bit.ly/3oiOH5H)
- [CDC "hand washing" mini-webinar \(scroll to the bottom of the page\)](https://bit.ly/37wjx46) (bit.ly/37wjx46)
- [CDC PPE burn rate calculator](https://bit.ly/3fTI8Vi) (bit.ly/3fTI8Vi)
- [Contra Costa Health Services outbreak checklist](https://bit.ly/37rzQ20) (bit.ly/37rzQ20)
- [Contra Costa Health Services Instructions to healthcare workers who are close contacts to a COVID-19 case](https://bit.ly/3qtIIXY) (bit.ly/3qtIIXY)



## PLAY 3.A - COVID-19 SCREENING CHECKLIST

All visitors should go through a COVID-19 screening, including temperature checks and responding to the questions below. A temperature above 100 degrees (Fahrenheit) and/or a “yes” answer to any of these questions will preclude a prospective visitor from entering the facility. They will be asked to leave, and the area where they were asked these questions will be thoroughly cleaned and disinfected.

1. Do you have any of these symptoms that are not caused by another condition?
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - Recent loss of taste or smell
  - Sore throat
  - Congestion
  - Nausea
  - Vomiting
  - Diarrhea
2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact entails being within 6 feet (2 meters) or closer for more than 15 minutes of a person, or having direct contact with fluids from a person (for example, being coughed or sneezed on).
3. Have you had a positive COVID-19 test for active virus in the past 10 days?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

*This playbook, available at [cchealth.org/covid19/clf](https://cchealth.org/covid19/clf), was developed by the Institute for Healthcare Improvement (IHI), Contra Costa Health Services and the Contra Costa County COVID-19 Congregate Care Team, with generous support from the Contra Costa Regional Health Foundation and the Silicon Valley Community Foundation.*

