

Infection Control In Residential Care Facilities: COVID-19

California Department of Social Services
Community Care Licensing Division

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CDSS

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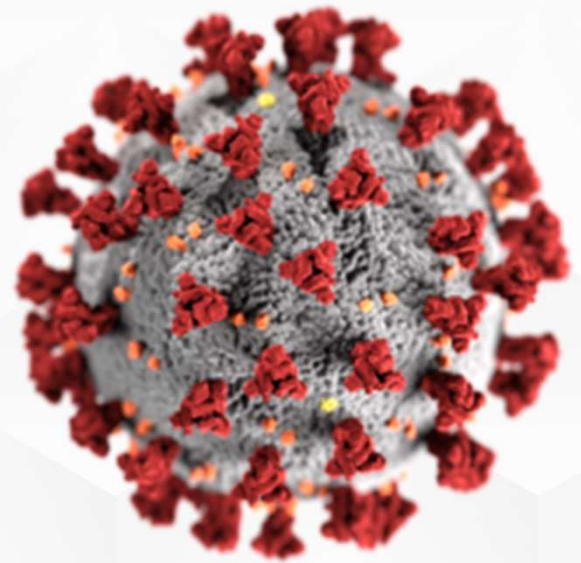
TOPICS

- **What is COVID-19?**
- **Preventing the Spread of COVID-19**
- **Social Distancing**
- **Isolation**
- **Disinfection**

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person.

Coronaviruses have been around for a long time and most often cause the common cold.



HOW COVID-19 SPREADS

- Person-to-person contact
- Respiratory droplets via a cough or sneeze
- Close contact with an infected individual(s) within 6 feet for 10 minutes
- Contact with infected surfaces or objects



HOW TO HELP PREVENT THE SPREAD

- Wash your hands often with soap and running water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if you cannot wash your hands.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Use tissue or paper towel if you have to touch commonly touched surfaces
- Practice 6 feet of “social distancing”
- Ensure your vehicle, work materials, and clothing are cleaned every day.
- Get your recommended vaccines e.g. flu shot.

SOCIAL DISTANCING

- Social distancing is a term applied to certain actions that are taken to stop or slow down the spread of a highly contagious disease.
- Social distancing measures are taken to restrict when and where people can gather to stop or slow the spread of infectious diseases. Social distancing measures include limiting large groups of people coming together, closing buildings and canceling events.



SOCIAL DISTANCING: NEW CDC GUIDELINES

Updated CDC Guidance:

- Restrict all visitation except for certain compassionate care situations, such as end of life situations.
- Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers).
- Cancel all group activities and communal dining
- Implement active screening of residents and HCP for fever and respiratory symptoms.

SOCIAL DISTANCING: Meal Time

- Residents who do not require assistance/ supervision with eating meals should be provided tray service to their rooms.
- Residents who require moderate or more assistance/supervision with eating meals should be placed at dining table with no more than 3 residents. Seat 2 residents at each end of the table and one in the middle.
- Additional residents should be seated in living areas with dinner trays seated at least 6 feet apart.

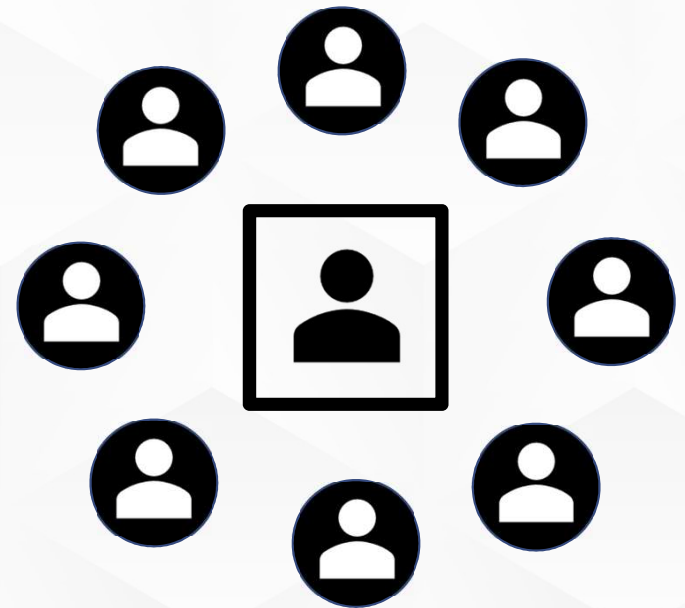
SOCIAL DISTANCING: In the Facility

- Residents should remain in their rooms and provided person centered activities throughout the day.
- Residents who choose to remain in the living room areas of the facility should be allowed if they do not have symptoms of Covid-19. Staff should made adjustments to the seating arrangements e.g. position recliners at least 6 feet apart.

ISOLATION

Isolation separates sick people with a contagious disease from people who are not sick.

Isolation helps protect the public by preventing exposure to people who have or may have a contagious disease.



ISOLATION: Symptomatic Residents

If a resident exhibits symptoms of a respiratory virus but is otherwise normal (alert, no shortness of breath, etc.), the resident should be isolated from other residents.

The facility should have the resident isolated:

- In a single-person room
- With the door closed
- With their own bathroom
- With signage

Staff should:

- Wear gloves, disposable gown, facemask, and eye protection when entering the room
- Contact their health provider immediately

ISOLATION: Residents with confirmed COVID-19

Residents with confirmed COVID-19 should remain in isolation, either at your facility or in a healthcare facility as determined by clinical status, until they are determined by state or local public health authorities in coordination with CDC to no longer be infectious.

Universal Precautions

Applied universally in caring for all patients

- Hand washing
- Decontamination of equipment and devices
- Use and disposal of needles and sharps safely (no recapping)
- Wearing protective items
- Prompt cleaning up of blood and body fluid spills
- Systems for safe collection of waste and disposal



FOLLOW STANDARD PRECAUTIONS

- WASH HANDS
- WEAR GLOVES
- WEAR MASK
- WEAR GOWN

For all staff

Droplet Precautions

in addition to Standard Precautions

Before entering room



1 Perform hand hygiene



2 Put on a surgical mask

On leaving room



1 Dispose of mask



2 Perform hand hygiene

Standard Precautions

And always follow these standard precautions

- Perform hand hygiene before and after every patient contact
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely
- Use PPE when risk of body fluid exposure
- Clean and reprocess shared patient equipment

Take the Following Precautions!

ISOLATION: Symptomatic Individuals

Individuals with cold or flu like symptoms are not allowed into the facility.

Visitors: Should not be allowed except for special circumstances like end-of-life visits. Visitors who have symptoms must not be allowed into the facility.

Staff: Any staff who have symptoms should not come to work.

- Staff who are sick or have any of symptoms (fever, cough, sore throat, shortness of breath) should not be at work for at least 24 hours after a flu-related fever is gone without the use of fever-reducing medicines.
- Providers are recommended to check and monitor their staff prior to and during work shift for symptoms of a cough, runny nose or fever.

DISINFECTION

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can lower the risk of spreading infection.

Frequently touched areas, including but not limited to, doorknobs, hand & bed railings, remote controls, faucets, toilets, playing cards, etc., should be disinfected at least once every shift.



DISINFECTION: Guidelines on how to disinfect

Use diluted household bleach solutions if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water or;
- 4 teaspoons bleach per quart of water

DISINFECTION: Guidelines on how to disinfect cont.

Alcohol solutions with at least 70% alcohol.

Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend:

- Keeping the surface wet for several minutes to ensure germs are killed.
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Most [EPA-registered household disinfectant](#) should be effective.

DISINFECTION: Surfaces

Wear disposable gloves when cleaning and disinfecting surfaces.

- Gloves should be discarded after each cleaning
- If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes
- Consult the manufacturer's instructions for cleaning and disinfection products used
- Clean hands immediately after gloves are removed

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

DISINFECTION: Surfaces cont.

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

After cleaning:

- Launder items as appropriate in accordance with the manufacturer's instructions
- If possible, launder items using the warmest appropriate water setting for the items and dry items completely, or
- Use products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces

PPE DEMAND ESTIMATOR

FOLLOW ALL CDC AND HEALTH DEPARTMENT GUIDELINES REGARDING PPE USE

PPE Demand Estimator

FTEs PER DAY		ASSUMPTIONS		
ED	1	These calculations assume the Community is following CDC contingency and crisis capacity guidelines to optimize PPE supply: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html		
Department Heads	5			
Caregivers	10			
Nurses/Med Techs	5			
Ancillary (housekeeping, maintenance, etc)	3			
Other	2			
Total FTEs Per Day	26			
ANTICIPATED USE		PPE	Use	Suggested
Anticipated total days of isolation	14	Masks	Extended use	1 per day
Number of residents receiving care	50	Eye Protection	Extended use/re-usable	1 per FTE
Estimated daily CARE intercatations	3	Gowns Cloth	Extended use/re-usable	4 per FTE
Anticipated daily total resident care interactions	150	Gowns Isolation	Disposable	Varies
		Gloves	Disposable	Varies
ESTIMATED PPE REQUIREMENTS				
Masks (extended use)	364			
Eye Protection (extended use)	26			
Gowns Cloth (extended use)	104			
Gowns Isolation (disposable)	2100			
Gloves (disposable)	2100			

PPE EXTENDED USE GUIDELINES

- Refer to CDC guidelines
- Only use if no other options
- Facemasks – extended use, storage, N95
- Gowns – cloth and other options
- Eye protection – safety glasses

Immediately contact the following agencies if residents or staff exhibits symptoms or tested positive for COVID-19:

- Local health department
- Local Adult and Senior Care Regional Office
- Resident's authorized representative, if any





QUESTIONS?