COVID-19 Infection Prevention and Control Toolkit for Skilled Nursing Facilities (SNF)

Preventing the spread of disease in the healthcare setting requires infection control procedures including administrative rules, engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE). This Toolkit is designed to provide guidance is based on the current information available about coronavirus disease 2019 (COVID-19) and SAR-CoV 2, which causes the disease. This recommended approach will be refined and updated as more information becomes available and as response needs change in the United States. Stay informed and up-to-date by monitoring the Centers for Disease Control and Prevention (CDC) COVID-19 webpage at www.cdc.gov/coronavirus/2019-ncov/ and the San Bernardino County Department of Public Health (SBCDPH) website at sbcovid19.com.

This guidance is applicable to all U.S. healthcare settings. **This guidance is not intended for non-healthcare settings (e.g., schools) OR to persons outside of healthcare settings.** For recommendations regarding clinical management, air or ground medical transport, or laboratory settings, refer to the main CDC COVID-19 website.

Complete a COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings, available at CDC Preparedness Checklist. Make it readily available to staff and plan for updates as recommendations may change over time. For more information, see Preparing for COVID-19

Please see **COVID-19 SNF/LTCF Visitor Questionnaire (attached with this guidance)** for evaluating visitors for COVID-19 risks or exposures.

To report a known or suspect case of COVID-19 to the SBCDPH:

- **Contact the SBCDPH Communicable Disease Section at 1-800-722-4794 (8 a.m. -5 p.m., Monday - Friday) or after hours at 909-356-3805 (Duty Officer).**

1. Minimize Chance for Exposures	
Ensure facility policies and practices are in place and up-to-date to minimize exposures to respiratory pathogens including the virus that causes COVID-19. Measures should be implemented:	
Before Arrival:	• If a patient is arriving via emergency medical services (EMS): ○ Driver should contact the receiving healthcare facility and follow previously agreed upon local or regional transport protocols.

Upon Arrival:	• All persons with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) adhere to the following throughout duration of the visit or stay:
	  ○ Triage procedures
	  ○ Respiratory hygiene and cough etiquette:
	  ▪ Cover nose and mouth when coughing or sneezing
	  ▪ How to properly use and dispose of facemasks or tissues
	  ○ Hand hygiene
	  ▪ How and when to perform hand hygiene.
	  ○ Staying/returning home if ill
	• Rapid triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough):
	  ○ Implement respiratory hygiene and cough etiquette
	  ▪ Placing a facemask over the patient's nose and mouth if that has not already been done
	  ▪ Isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available.
	  ○ If AIIR is not available, place patient in a private room with closed door under standard, contact, and droplet precautions.
	  ○ Inform infection prevention and control personnel, other healthcare facility staff as appropriate, and the SBCDPH about the presence of a person under investigation for COVID-19.
	• Provide supplies at healthcare facility entrances, waiting rooms, patient check-ins, etc. for respiratory hygiene and cough etiquette including:
	  ○ 60%-95% alcohol-based hand sanitizer (ABHS)
	  ○ Tissues
	  ○ No touch receptacles for disposal
	  ○ Facemasks
	• Post visible signage at entry to facility with instructions for staff and visitors.

After Arrival:	• Active screening of residents for fever and respiratory symptoms • Cancel all group activities and communal dining • Encourage residents to practice social distancing and frequent hand hygiene • Establish procedures for isolation of patients with symptoms, see additional information below
2. Adherence to Standard, Contact, and Airborne Precautions, Including the Use of Eye Protection	
Elements of Standard Precautions that apply to patients with respiratory infections, including those caused by COVID-19, are summarized below. Ensure proper training on correct use, donning (putting on) and doffing (taking off), and disposal of any PPE. For full description of Standard Precautions, see Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in	

Healthcare Settings. ***All HCP who enter the room of a patient with known or suspected COVID-19 (i.e., PUI) should adhere to Standard, Contact, and Airborne Precautions, including the following:***	
Patient Placement	• Place patient with known or suspected COVID-19 (i.e., PUI) in an AIIR that has been constructed and maintained in accordance with current guidelines. • Once in an AIIR, the patient's facemask may be removed. Limit transport and movement of the patient outside of the AIIR to medically-essential purposes. When not in an AIIR (e.g., during transport or if an AIIR is not available), patients should wear a facemask to contain secretions. • Personnel entering the room should use PPE, including respiratory protection, as described below. • Only essential personnel should enter the room. Implement staffing policies to minimize the number of HCP who enter the room. ○ Facilities should consider caring for these patients with dedicated HCP to minimize risk of transmission and exposure to other patients and other HCP. • Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs). If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.
During Visits	Facilities should keep a log of all persons who care for or enter the rooms or care area of these patients.

After Patient Discharge, Transfer or Location Change	• HCP entering the room soon after a patient vacates the room should use respiratory protection.
	• Standard practice for pathogens spread by the airborne route (e.g., measles, tuberculosis) is to restrict unprotected individuals, including HCP, from entering a vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles:
	  ○ In the interim, it is reasonable to apply a similar time period before entering the room without respiratory protection as used for pathogens spread by the airborne route (e.g., measles, tuberculosis).
	  ○ In addition, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

Hand Hygiene	• HCP should perform hand hygiene using ABHS before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS. • Healthcare facilities should ensure that hand hygiene supplies are readily available in every care location.
Personal Protective Equipment	• Employers should select appropriate PPE and provide it to HCP in accordance with OSHA's PPE standards. • HCP must receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly don, use, and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; and the limitations of PPE.

	• Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
	• Facilities should ensure adequate supply and procedures to have PPE immediately available when needed and avoid theft of PPE.
	• Implement universal use of facemask for HCP while in the facility
	• Consider having HCP wear all recommended PPE for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.
	• Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE:
	  ○ **Gloves**
	  ○ **Gowns**
	  ○ **Respiratory Protection**: Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering face piece.
	  ○ **Eye Protection**
	• Facemasks are an acceptable alternative **IF** the supply of respiratory cannot meet demand, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols. Facilities should return to airborne precautions immediately when the supply chain is restored.

Use Caution When Performing Aerosol-Generating Procedures	• Some procedures performed on COVID-19 patients could generate infectious aerosols. In particular, procedures that are likely to induce coughing should be performed cautiously and avoided if possible.
	• Aerosol Generating Medical Procedures include: Endotracheal intubation & extubation, High frequency oscillatory ventilation, Bag mask ventilation, Bronchoscopy and bronchoalveolar lavage, Laryngoscopy, Positive pressure ventilation (BiPAP & CPAP), Autopsy of lung tissue, Nasopharyngeal washing, aspirate, and scoping, Sputum induction, Airway suctioning, High-flow oxygen (including single and double O2 set ups, Optiflow and Airvo), Breaking closed ventilation system, intentionally (e.g., open suctioning), unintentionally (e.g., patient movement), Cardio-pulmonary resuscitation (CPR), Tracheostomy care, Chest physiotherapy (manual and mechanical cough assist device (MI-E)), Administration of aerosolizing or nebulizing medications o Abscess/wound irrigation (non-respiratory TB) For more information see: http://ipac.vch.ca/Documents/Acute%20Resource%20manual/Aerosol%20Generating%20Medical%20Procedures.pdf
	• If performed, these procedures should take place in an AIIR and personnel should use respiratory protection as described above. In addition:
	  ○ Limit the number of HCP present during the procedure to only those essential for patient care and procedural support.
	  ○ Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Duration of Isolation Precautions for PUIs and confirmed	• Until patient can be transferred to a healthcare facility where an AIIR is available. • Until information is available regarding viral shedding after clinical improvement, discontinuation of isolation precautions should be determined on a case-by-case basis, in coordination with the SBCDPH.

COVID-19 patients	• Factors that should be considered include: presence of symptoms related to COVID-19 infection, date symptoms resolved, other conditions that would require specific precautions (e.g., tuberculosis, *Clostridium difficile),* other laboratory information reflecting clinical status, alternatives to inpatient isolation. • For additional information refer to the Interim Considerations for Disposition of Hospitalized Patients with COVID-19.
Hospital Transfer for PUIs and confirmed COVID-19 patients	• If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. • Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer • While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g. kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident
Transfer Requirements (Interfacililty transfers) for PUIs and confirmed COVID-19 patients	• Two Serial Negative Tests for SARS-COV-2, at least 24 hours apart. **Discontinue Transmission Based Precautions** **OR** • 10 days after admission **AND** No fever x 72 hours without the use of fever reducing medications. **Continue Transmission Based Precautions**

Discharge Recommendations to Home or Non-Congregate, Non-Healthcare Setting for PUIs and confirmed COVID-19 patients	• 7 days since symptom onset AND no fever x 72 hours without the use of fever reducing medications.
	  ○ **No restrictions.** Patient is considered non-infectious for the purpose of discharge
	• Less than 7 days since symptom onset or febrile
	  ○ Notify Public Health
	  ○ Transport home by private conveyance or medical transport (Avoid public transportation, no rideshare/taxi)
	  ○ Provide guidance on self-isolation until end of infectious period
	  ○ Advise any household members that they will need to self-quarantine for at least 14 days after last contact with this patient. Provide home quarantine instructions
	  ○ If the patient lives with others and is not able to adequately self-isolate advise that:
	  ▪ The self-quarantine period of all household members will be extended to 14 days after the end of the patient's isolation period
	  ▪ Every effort should be made to relocate household members at risk for experiencing severe illness if infected (e.g. age>65, pregnant, and/or medical co-morbidities)

3. Manage Visitor Access and Movement Within the Facility	
All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.	
Restrictions	• Restrict all visitation except for certain compassionate care situations, such as end of life • Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored. • Post signs at the entrances to the facility and send letters or emails to families advising that no visitors may enter the facility, except for certain compassionate care situations

Recommendations	• Establish procedures for monitoring, managing and training visitors with a legitimate need for visitation (i.e., compassionate care situations)
	  ○ Post signage at facility entrance instructing visitors to return home if they are ill, hand hygiene, cough etiquette, and appropriate use of PPE.
	  ○ Screen for temperature and respiratory symptoms on arrival
	• Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
	• Visitors should not be present during aerosol-generating procedures.
	• Visitors should be instructed to limit their movement within the facility.
	• Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
	• Facilities should maintain a record (e.g., log book) of all visitors who enter patient rooms.

4. Implement Engineering Controls	
Consider designing and installing engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals.	
Examples	• Physical barriers or partitions to guide patients through triage areas • Curtains between patients in shared areas • Closed suctioning systems for airway suctioning for intubated patients • Appropriate air-handling systems (with appropriate directionality, filtration, exchange rate, etc.) that are installed and properly maintained.
5. Monitor and Manage Ill and Exposed Healthcare Personnel	
• Restrict all volunteers and non-essential healthcare personnel • Screen Healthcare Personnel (HCP) daily for temperature and respiratory symptoms on arrival. • Movement and monitoring decisions for HCP with exposure to COVID-19 should be made in consultation with SBCDPH. Refer to the Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) on the CDC COVID-19 webpage for additional information. • Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance.	

6. Train and Educate Healthcare Personnel

- Provide HCP and facility staff with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
    - Reinforce sick leave policies. Remind HCP not to report to work when ill
    - Reinforce adherence to infection prevention and control measures
- HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of Respiratory Protection Trainings.
- Ensure that HCP and facility staff are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

7. Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

- Use one of the below strategies to determine when HCP may return to work in healthcare settings
    1. Test-based strategy: Exclude from work until
        a. Resolution of fever without the use of fever-reducing medications **AND**
        b. Improvement in respiratory symptoms (e.g. cough, shortness of breath), **AND**
        c. Negative results for an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).
    2. Non-test based strategy: Exclude from work until
        a. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **AND**,
        b. Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,
        c. At least 7 days have passed **since symptoms first appeared**

8. Implement Environmental Infection Control

- Dedicated medical equipment should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures are appropriate for COVID-19 in healthcare settings. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. These products can be identified by the following claim:
    - "[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
    - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites. Specific claims for "COVID-19" will not appear on the product or master label.

- If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.

- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Detailed information on environmental infection control in healthcare settings can be found in CDC's Guidelines for Environmental Infection Control in Health-Care Facilities, Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, and Community Mitigation Strategy.

9. Establish Reporting within Healthcare Facilities and to SBCDPH

- Promptly alert key facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected COVID-19 patients (i.e., PUI).
- Communicate and collaborate with SBCDPH.
  - Promptly notify SBCDPH of patients with known or suspected COVID-19 (i.e., PUI). Facilities should designate specific persons within the healthcare facility who are responsible for communication with public health officials at SBCDPH and dissemination of information to HCP.
- **To report a known or suspect case of COVID-19 to the SBCDPH**
  - **Complete a 2019 Novel Coronavirus (COVID-19) Patient Under Investigation (PUI) Form**
  - **Contact the SBCDPH Communicable Disease Section at 1-800-722-4794 (8 a.m. - 5 p.m., Monday - Friday) or after hours at 909-356-3805 (Duty Officer).**