

Coronavirus Disease 2019 (COVID-19)

Prevention & Control for Nursing Homes & Senior Care

As of April 2020

A novel (new) coronavirus (COVID-19) was first identified in Wuhan, China in December 2019 and subsequently spread to other nations including the USA and Canada. The situation presents a public health emergency with the potential for pandemic with significant implications for communities and workplaces. Public health agencies in both countries continue to closely monitor the situation and issue frequent updates and guidance.

Background

The first cases of (COVID-19) in a nursing home were reported on 29 February, 2020 in the state of Oregon, USA. This is an additional alarm that nursing home and senior care operations need to prepare their staff and communities to prevent the spread of this virus. It is also evidence of community spread now occurring in the USA as has been happening in recent days in other countries around the world.

Hand washing or use of alcohol-based hand sanitizers, covering your cough, and staying home when you are sick are some of the most important things staff and facility residents can do to prevent further transmission of the virus.

Education toward resident families and visitors on signs and symptoms of respiratory illness should be conducted and encourage them to visit with residents via alternative means when they are ill, such as by telephone, Skype, or minimally by wearing a mask and disposable gloves during visits.

There is evidence that the disease is particularly hard on the elderly and those with underlying medical conditions. It is imperative that the senior care industry be prepared – both to prevent the spread into your facility and to mitigate the effects should it occur.

General information on the virus, disease and the current situation can be found at [CDC COVID-19](#) and at [Public Health Agency of Canada](#).

Prepare Your Staff and Your Community

“Hope for the best, but plan for the worst.”

Basic infection prevention and control policies and procedures for droplet precautions among residents and staff should be reviewed and reemphasized to staff.

Emergency preparedness plans and operations should prepare for cases to occur in their communities. “Hope for the best, and plan for the worst.”

Planning tools and guidance specific to healthcare can be found at: [Guidance for Healthcare Professionals](#).

Guidance specific to long-term care facilities can be found at: [Resources for Healthcare Facilities](#). Information includes “Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities” such as how to:

- Prevent the introduction of respiratory germs INTO your facility.
- Prevent the spread of respiratory germs WITHIN your facility.
- Prevent the spread of respiratory germs BETWEEN facilities.

Training Your Staff

Training Resources Available from CMS/CDC and WHO

Basic infection prevention and control policies and procedures for droplet precautions among residents and staff should be reviewed and reemphasized with appropriate training for staff commensurate with their responsibilities and potential exposure. There is a free 22 module on-line training program from a CMS/CDC effort directed at nursing homes as well as a 4 module infection control program from the WHO. Both are online and free though you do have to register for them.

Nursing Home Infection Preventionist Training (CDC/CMS)

The Nursing Home Infection Preventionist Training course is designed for individuals responsible for infection prevention and control (IPC) programs in nursing homes. The course was produced by CDC in collaboration with the Centers for Medicare & Medicaid Services (CMS). One can complete the entire 22 modules to obtain a certificate as Infection Preventionist, or take just those modules that, for the case of the current COVID-19 outbreak, pertinent to the prevention and control of respiratory disease. This specialized nursing home training covers:

1. Core activities of effective IPC programs
2. Recommended IPC practices to reduce: Pathogen transmission,
3. Healthcare-associated infections, and
4. Antibiotic resistance.

Information on this CMS/CDC program can be found at: [Infection Prevention Training](#), and at [Nursing Home Infection Preventionist Training Course](#).

Coronavirus Disease (COVID-19) Training: Online Training (WHO)

The World Health Organization (WHO) has developed 4 programs which might be useful to help address training needs in your facility. The programs are as follows and are each composed of multiple modules:

1. Infection Prevention and Control (IPC) for novel coronavirus (COVID-19)
2. Introduction to emerging respiratory viruses, including novel coronavirus
3. Critical Care Severe Acute Respiratory Infection
4. Health and safety briefing for respiratory diseases – ePROTECT

Information on these WHO programs can be found at: [WHO Online Training](#).

Other Training Considerations

Training and retraining against your current policies and procedures is prudent at this time so that your facility and staff will be prepared. Following on pages 4-5 of this bulletin is an example in-service training outline for consideration. It was developed for a specific nursing home operation and may be useful to you as well.

Don't Forget the Front Desk and Your Security Team

Consider signage at the entrance with CDC recommendations in English, Spanish, simple Chinese, or relevant language for your facility. Front desk staff or security can direct visitors and vendors to review the signage. Have staff be on the lookout for visitors and family members showing symptoms of illness, and notify site administration.

Summary

Diligence, Prevention, & Mitigation are Key

Following recognized practices to avoid exposures common to any respiratory virus will help to keep this threat in check. Proper planning can help protect both your employees, residents and your business.

Get the latest information, guidance and resources on Coronavirus (COVID-19) to help you protect what matters most at hubinternational.com/coronavirus. For additional support, please reach out to your local HUB office.

Example In-Service Outline

Hazard Recognition -- How does the 2019-n-CoV spread?

1. Initially the outbreak resulted from people being exposed to infected animals
2. It can now be spread between people via respiratory secretions – including coughs and sneezes – especially between close contact caring for or living with infected persons.
3. Contact transmission can be direct person-to-person while indirect contact transmission can occur through transfer of infectious materials or virus particles to an object or surface that a susceptible individual touches.
4. Airborne transmission results from inhalation of infectious particles.

CDC Recommended Strategies for Minimizing Workplace Exposure

1. Encourage sick employees to stay home – if employees are showing acute respiratory symptoms, they should stay home until free of symptoms for at least 24 hours.
2. Separate sick employees who appear to have acute respiratory illness symptoms – eg: cough, shortness of breath – upon arrival to work or become sick during the day should be separated from other employees and sent home immediately.
3. Emphasize sanitary work practices such as hand washing, sneezing and coughing techniques and use of no-touch hands trash containers. Wash hands with soap and water as frequently as is feasible and use of hand sanitizers are recommended.
4. Housekeeping staff should increase routine cleaning of frequently touched surfaces such as doorknobs, desks, phones, keyboards, remotes, tec. Use of disposable wipes is encouraged.
5. Isolation is the course of action for those potentially infected individuals in the case of suspected cases in the facility. Restrictions should be placed on persons entering isolation areas, and use of engineering and administrative controls, safe work practices and personal protective equipment (PPE) should be mandated.

Engineering Controls

1. First line of defense is to consider physical barriers or partitions in triage areas, to separate residents and, if applicable, use of rooms with air exhausts directly to the outside. If air exhausts are not possible, residents should be placed in private rooms with the door closed.
2. Employees should follow normal infection control practices along with the appropriate PPEs when cleaning surfaces – contaminated or otherwise. PPE provided to employees must conform to the standards pursuant to OSHA's Bloodborne Pathogens & Hazcom Standards.
3. Employees are not to use compressed air or water sprays to clean potentially contaminated surfaces as these techniques may aerosolize infectious material.

Administrative Controls

1. As indicated above, isolate suspected cases to prevent transmission.
2. Restrict the number of personnel entering the room of a resident with a suspected or confirmed case of COVID-19. For housekeeping employees, appropriate use of PPE is required and for dietary employees, PPE is also required.
3. Suspected/confirmed cases must have their doors appropriately signed as such and transmission-based precautions must be in place.
4. At the moment, the CDC advises the use of EPA-registered chemical germicides that provide low or intermediate level disinfection that was used for SARS during general use because these products inactivate related viruses with similar physical and biochemical properties. (EPA has recently approved a disinfectant against SARS CoV2).

Work Practices Controls

1. Employees should perform as many tasks as possible in areas away from a resident with a suspected or confirmed case of COVID-19.
2. Work from clean to dirty and limit opportunities for touch contamination with suspected or confirmed COVID-19.
3. Prevent touch contamination by avoiding unnecessary touching of environmental surfaces with contaminated gloves.
4. Use caution when handling needles or other sharps and dispose of in appropriate containers.

Personal Protective Equipment (PPE)

1. Employees **MUST** wear and properly use PPE when exposed to a resident with suspected/confirmed COVID-19.
2. CDC and OSHA recommend that employees wear: gowns, gloves, NIOSH-certified, disposable N95 or better respirators and eye/face protection – eg: goggles or face shields.
3. When doffing potentially contaminated PPE, do not touch the outside of the gear without wearing gloves.
4. After removing PPE, always wash hands with soap and water. Ensure that hand hygiene facilities are readily available at the point of use, or use alcohol-based hand rub.

Worker Training

1. Train all employees with reasonably anticipated occupational exposure to COVID-19 about the sources of exposure to the virus, the hazards associated with that

exposure and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure.

2. Training must include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases and how to report possible cases.
3. Training must be offered during work hours.
4. Employees required to use PPEs must be trained on when to use the PPEs, what PPE is necessary, how to properly don and doff PPE, how to properly dispose or disinfect, inspect for damage and maintain PPE and the limitations of PPE.
5. When the potential exists for exposure to human blood, certain body fluids or OPIM, EEs must be trained on the Bloodborne Pathogen standard including information about how to recognize tasks that may involve exposure and the methods to reduce exposure.