

INFECTION PREVENTION: Fostering A Robust Framework In Facilities

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ADULT AND SENIOR CARE PROGRAM
THURSDAY, AUGUST 20, 2020 @ 1-3 PM



CDSS

KIM JOHNSON
DIRECTOR



Panel of Speakers



Pam Dickfoss, MPAA
Deputy Director
Community Care Licensing

Ley Arquisola, RN, MSN
Assistant Deputy Director
Community Care Licensing

Vicki Smith, PhD.
Program Administrator
Community Care Licensing

Sharon Evangelista, RN, PHN
Registered Nurse
Pasadena Public Health Department

Josh Allen, RN
Principal
Allen Flores Consulting Group

Helene Calvet, MD
Deputy Medical Director
Orange County Health Care Agency

Ying-Ying Goh, MD
Director and Health Officer
Pasadena Public Health Department

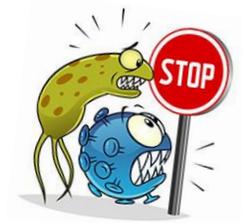
Michael Wasserman, MD
Geriatrician, Director
California Association of Long Term Care Medicine

Introduction



- ❖ With COVID-19 cases increasing in the U.S., it's important to protect the most vulnerable, and we may not yet know everything about COVID-19, but one thing is certain: **residents are at risk.**
- ❖ As the Department continues to monitor the progression of COVID-19, our top priority is the health and safety of the facilities we serve.
- ❖ Licensees and facility staff have a major role in reducing the exposure of COVID-19 in facilities.
- ❖ This means it is important our facilities are informed of any updates and guidance from the Centers for Disease Control ([CDC](#)), as well as state and local authorities, to stay informed on best health and safety practices.

The Role of Facility Disinfection



- Licensees and facility staff have a major role in making sure our facilities are clean and safe.
- Reducing the exposure of COVID-19 in facilities strongly rely on **public health strategies**, including prevention, such as **screening staff and visitors**, frequently **washing your hands**, **wearing masks and social distancing**; early detection through increased testing of people for the virus, and response measures such as isolation and contact tracing of infected people.
- Implementation of daily cleaning and disinfection measures will reduce the likelihood of spread of COVID-19 if an infected person is in the facility.
- EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes.
 - Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

Cleaning

Wear gloves to clean and disinfect.

Clean surfaces using soap and water or household cleaner, then use disinfectant.

Cleaning reduces number of germs, dirt and impurities on the surface; disinfecting kills the remaining germs on surfaces. **Dirty surfaces CANNOT be adequately disinfected!**

Practice routine cleaning/disinfection of frequently touched surfaces.

- More frequent cleaning and disinfection may be required based on level of use.
- Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.

High touch surfaces include:

- Tables, doorknobs, light switches, handrails, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfecting



Recommend use of EPA-registered household disinfectant.

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

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Always read and follow the directions on the label to ensure safe and effective use.

- Wear skin protection and consider eye protection for potential splash hazards
- Ensure adequate ventilation
- Use no more than the amount recommended on the label
- Use water at room temperature for dilution (unless stated otherwise on the label)
- Avoid mixing chemical products
- Label diluted cleaning solutions

List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

- For use on surfaces, not humans
- Common products: quaternary ammonium, sodium hypochlorite (bleach), ethyl or isopropyl alcohol, phenols or combinations thereof
- **Contact time:** the amount of time the treated surface should remain wet to be effective against COVID-19; the surface should be visibly wet for the full duration of the contact time.
- Train housekeeping staff on contact time, and write it in large letters on the product bottle

List N: Products with Emerging Viral Pathogens AND Human Coronavirus claims for use against SARS-CoV-2

EPA Registration Number	Active Ingredient(s)	Product Name	Company	Contact Time (in minutes)
6836-340	Quaternary ammonium	Lonza Disinfectant Wipes Plus 2	Lonza LLC	4
6836-442	Hydrogen peroxide	DS6835	Lonza LLC	1
3862-188	Phenolic	Disinfectant Spray 2	ABC Compounding Co Inc	3
3862-194	Phenolic	Pheno Tek 128	ABC Compounding Co Inc	10

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

Making a Bleach Solution



Bleach kills many microorganisms that can cause disease.

Diluted household bleach solutions may also be used if appropriate for the surface.

- Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6% (some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection)
- 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.
- **Leave solution** on the surface for **at least 1 minute (contact time)**.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water
OR
- 4 teaspoons bleach per quart of room temperature water

Bleach solutions will be effective for disinfection up to 24 hours; **label with date and time!**



If A Resident is Sick in the Facility

Close off areas used by the person who is sick.

Open outside doors and windows to increase air circulation in the area.

Reduce normal housekeeping in the room/apartment of a resident who has COVID-19. Limit to only what is absolutely necessary.

Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, and remote controls.

Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.

- Do not vacuum a room or space that has people in it, wait until the room or space is empty.
- Wear disposable gloves to clean and disinfect.

Handling of the Deceased

Staff or families should consider not touching the body of someone who has died of **COVID-19**. Gloves and good hand hygiene practices should be used when handling the deceased or their belongings.

Preventing transmission in these circumstances is achieved by “contact precautions,” which includes wearing a gown, mask and gloves and hand-washing after removing these barriers.

Given that breathing has stopped, the risk of transmission from mouth secretions may no longer be a concern, but contact with surfaces that the patient could have previously contaminated remains. It is known that the virus can stay viable on surfaces for days, so all nearby surfaces should be considered infectious. Family members should thoroughly clean surfaces and bedding, wearing gloves and a washable or disposable cover up, if available.

This type of guidance is fairly standard for handling the deceased who is potentially infectious, given the risk of indirect contact of the patient with surrounding medical equipment, bedding and furniture.

Opening an area for use

- Once area has been **appropriately disinfected**, it can be opened for use.
- **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

*Special considerations should be made for people with asthma and they should not be present when cleaning and disinfecting is happening as this can trigger asthma exacerbations.

Cleaning Reminders

Clean and Disinfect	<p>Housekeeping staff can clean and disinfect community spaces. Ensure they are trained on appropriate use of cleaning and disinfection chemicals.</p>
Wear	<p>Wear disposable mask, gloves and gowns for ALL tasks in the cleaning process, including trash. Additional personal protective equipment (PPE) might be required based on the Cleaning or disinfectant products being used as there is a risk of splash Gloves and gowns should be removed carefully to avoid contamination</p>
Wash	<p>Wash your hands often with soap and water for 20 seconds. Wash immediately after removing gloves and after contact with a person who is sick. Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.</p>
Read and follow	<p>Always read and follow the directions on the label to ensure safe and effective use. Keep hand sanitizers away from fire or flame.</p>

Non-emergency Transport Vehicles



When transporting a known confirmed positive passenger, it is recommended:

- The drivers wear an N95 respirator *(or facemask if a respirator is not available)* and eye protection such as a face shield or goggles *(as long as they do not create a driving hazard)*
- Occupants of these vehicles should avoid or limit close contact (within 6 feet) with others. The use of larger vehicles such as vans is recommended when feasible to allow greater social (physical) distance between vehicle occupants.
- Drivers should practice regular hand hygiene, avoid touching their nose, mouth, or eyes, and avoid picking up multiple passengers who would not otherwise be riding together on the same route.

CDC recommends that the passenger should wear a facemask or cloth face covering.

REMEMBER: Cloth face coverings should not be placed on anyone who has trouble breathing or is otherwise unable to remove the mask without assistance.

Guidelines for Cleaning and Disinfecting Transportation Vehicles

1. At a minimum, clean and disinfect commonly touched surfaces in the vehicle at the beginning and end of each shift and between transporting passengers who are visibly sick.
2. Ensure that cleaning and disinfection procedures are followed consistently and correctly, including the provision of adequate ventilation when chemicals are in use. Doors and windows should remain open when cleaning the vehicle.
3. When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used as well as any other PPE required. Use of a disposable mask and gown is also recommended, if available.
4. For hard non-porous surfaces within the interior of the vehicle such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application.

Cleaning and Disinfecting Outdoor Areas



Outdoor areas, like patios and parks generally require **normal routine cleaning**, but **do not require disinfection**. It is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public. You do not need to disinfect sidewalks, groundcover, etc.

However, high touch outdoor surfaces made of plastic or metal (grab bars, railings, furniture, etc.) should be cleaned and disinfected routinely.

Outdoor areas being used for approved visits should be cleaned and disinfected after every visit.

Soft (Porous) Surfaces



For soft (porous) surfaces such as carpeted floors or rugs:

- Clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile's label.
- After cleaning, disinfect with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV-2.

Soft and porous materials, like carpet, are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials on **List N**.

Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.

Handling Laundry

If a disposable gown was not worn, work uniforms/clothes worn during cleaning and disinfecting should be laundered afterwards using the warmest appropriate water setting and dry items completely. Wash hands after handling laundry.

For clothing, towels, linens and other items

Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.



- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

Considerations for Employers

Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.

Provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.

Develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks.

- Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.

Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200external icon](#)).

Comply with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030external icon](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132external icon](#)).

Additional Workplace Safety

Licensees must think about employee safety and ways to address prevention in the workplace.

- Ensure ventilation and water systems operate.
- Alter workspaces to maintain social distancing, as well as planning for contingencies that may arise in the face of quarantines.
- Monitor state and local public health communications about COVID-19.
- Encourage sick workers to report symptoms, stay home, and follow CDC guidance.
- Develop strategies to manage worker concerns and to communicate with workers such as:
 - Letters
 - Small Group Meetings
 - Wall Postings

Handling Food, Mail & Other Deliveries

In general, the more closely you interact with others and the longer that interaction, the higher the risk of COVID-19 spread.

- ❖ Try to order groceries and other items online for home delivery or curbside pickup to **limit in person contact** (if possible).
- ❖ Pay online or on the phone when you order (if possible).
- ❖ Accept deliveries without in-person contact whenever possible. Otherwise, stay at least 6 feet away from the delivery person.
- ❖ **Wash your hands or use hand sanitizer after accepting deliveries, unpacking groceries or collecting mail.** If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- ❖ After collecting mail from a post office or home mailbox, wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol.



Communication

Employers need to inform employees about COVID-19 prevention measures, policies, and procedures.

- Communicate messages via multiple methods to increase workers' understanding of information and recommendations. Begin and/or expand COVID-19 communications with workers and third-party contractors as quickly as possible.
- Communicate in employees' preferred languages and at their reading levels.
- Use materials and messages that have low to moderate reading levels (i.e., sixth grade level or below) so as many workers as possible can understand them. Use alternative, verbal communication approaches (e.g., announcements, small group meetings/huddles, etc.) for employees who cannot read.
- As part of an effective COVID-19 communication plan, it is important for employers to provide opportunities for employee feedback and questions.
- Remind employees of established communication mechanisms and how to provide feedback to supervisors and management. (Example: Email account specific for COVID-19 questions and issues.)

Developing Your Plan

1. Monitor your state and local health departments for additional information and recommendations.
2. Prepare your employees. Staff needs to be informed and prepared. Your review should include:
 - Infection control policies including hand hygiene, cough etiquette
 - Personal protective equipment
 - Staying home when sick
 - Focus on facts from verified resources, such as the CDC and the WHO
3. Gather supplies – You will want to have supplies on hand in the event your community is directly impacted by the outbreak.
4. Review infection control protocols, with a focus on hand hygiene, droplet/respiratory precautions, and personal protective equipment.
5. Develop a communication plan – Give clear and direct communication to your staff, residents, and families. Be prepared to communicate with the media should you be approached. Focus on letting everyone know you are following CDC and health department guidelines.

CALTCM's Long Term Care Quadruple Aim for COVID-19 Response



- Sufficient Amount of PPE
- Readily Available Testing
- Stellar Infection Control and Prevention
- Emergency Preparedness/Incident Command Mode

BACKGROUND:

- Congregate living centers are a **high risk** community (and post-discharge) for COVID-19
- Growing number of examples across the US of rapid spread of COVID-19 in senior congregate living settings
- PPE shortage exacerbating infection control in high density senior housing/care centers
- Testing of staff and suspected cases in residents critical to isolation response

Early Days of COVID



- Uncertainty
- Lack of resources
- Fear

Be Prepared!

- Have a sufficient amount of PPE
- Use the PPE properly and effectively
- Don't run out!

Sufficient PPE

- Everyone should be wearing a Mask
- N95's ideally around COVID-19 Positive residents
- Can not run out

Stellar Infection Prevention

IDENTIFY AN INFECTION PREVENTION LEADER!

One person MUST be designated to be in charge of Infection Prevention

This should be a FULL-TIME role during this pandemic!

Should NOT be distracted by other responsibilities

KEY IP RESPONSIBILITIES

HAND HYGIENE training and audits

REGULAR ROUNDS in facility promoting hand hygiene

EFFECTIVE USE OF PPE

MONITORING Staff and Visitors

Evaluate residents with ANY Change of Condition

Readily Available Testing

- Test All Staff
- Test All Residents
- Retest every 1-2 weeks based on community prevalence

Emergency Preparedness Mode

- Key to operationalizing everything else!
- Proxy for excellent leadership & management

Additional Resources

Centers For Disease Control (CDC):

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/communication-plan.html>

CA Dept of Social Services (CDSS) Home Page:

<https://www.cdss.ca.gov/inforesources/community-care-licensing>

- Current information on COVID-19.
- Current Adult and Senior Care Provider Informational Notices (PINs)
 - To sign-up, visit cald.ca.gov and click on “receive important updates.”

CA Dept of Public Health (CDPH):

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>

The word "QUESTIONS" is written in a large, white, 3D-style sans-serif font. It is centered and surrounded by a cluster of overlapping squares in various shades of blue and green. The squares vary in size and opacity, creating a dynamic, abstract background for the text.

QUESTIONS