Infection Control in LTC

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Objectives

1. Discuss risk factors placing the LTC resident at higher risk for infection, with focus on COVID-19

2. Review infection control guidelines and best practices, including Personal Protective Equipment (PPE’s)

3. Discuss considerations and recommendations for LTC facilities and staff regarding approaches to effective infection control
Infection Control: “Stop The Spread”

Protect Residents

Protect Staff

Protect Yourself

Protect Others
LTC Residents:

Vulnerable to infections > Multiple medical conditions, < immune system, body systems change with age

Functional impairment > Physical and mental

Physical environment > Social distancing may be challenging

Health care needs > Different needs require different levels of care
Overview of COVID-19

Novel Coronavirus, 2019-nCoV is now officially called COVID-19

CO - Corona
VI - Virus
D - Disease

World Health Organization
WHO: COVID-19

Know what to look for

Symptoms may differ

May be spread asymptptomatically staff>resident>resident

Report immediately

Common symptoms:
- Fever
- Dry cough
- Fatigue

Uncommon symptoms:
- Headache
- Nasal congestion
- Sore throat
- Coughing up sputum
- Shortness of breath
- Pain in muscles or joints
- Chills
- Nausea and/or vomiting
- Diarrhoea

In severe disease:
- High fever
- Coughing up blood
- Decreased white blood cells
- Kidney failure
• Implement CMS and CDC Infection Control Guidance
• Symptom screening for all
• ALL staff must use appropriate PPE’s
• Maintain awareness of supplies and needs for LTC
• Policies and procedures to separate COVID-19 positive residents, including staffing assignments

Hand Hygiene

- Soap/Water - **20 seconds** for all surfaces of hands/nails, rinse, dry
- Alcohol based hand sanitizer
- Before & after resident contact or any type of care
- Any contact with blood, bodily fluids, secretions, visibly contaminated areas, items in resident’s room, door handles, equipment or materials outside room
  - Before/After feeding
  - After removal of PPE’s
  - Personal - toileting, breaks, etc.

[Hand Hygiene Image]

[Hand Hygiene Image]

Clean Hands

Saves Lives

www.cdc.gov/coronavirus/2019-ncov/infection-control
Different situations require different types of PPE’s

- Masks and respirators - covering nose and mouth
  - “fit testing” - performed by trained personnel to determine appropriate N95 mask size/fit

- Gloves

- Gown - for droplet precautions as available

- Eye protection, face shields < exposure risk when providing direct care

- Do not share PPE’s

- Do not use gowns and gloves for more than one resident

- Know how to safely don, remove, discard, clean/disinfect

Face Masks

• Use FDA regulated masks for protection
  (cloth masks are not considered medical grade PPE)
• Any type mask must cover nose and mouth
• Know how to don and remove safely
• Take care not to touch mask after donning
• If touching or adjusting mask, immediately follow with hand hygiene
• Remove & discard if soiled, damp, damaged, or difficult to breathe through
• Not all masks can, or should be re-used

www.CDC.gov/coronavirus/2019-ncov/infection-control
Assisted Living Facilities Can Prevent Spread:

- Visitor, non-essential staff or employee entrance/exit restrictions
- Restriction signs visibly posted
- Entrance surveillance - temperature/symptom checks - screen everyone
- Cancel field trips, group activities/gatherings, communal meals
- PPE’s - policy/guidelines
- Screening for fever/respiratory symptoms - staff before start/end shifts
- Adhere to guidelines if becoming symptomatic/ill at work
- Adhere to guidelines if developing symptoms off work, including reporting and stay-at-home

Identify symptoms and manage infections in residents early
Know what to look for: each individual is unique
Twice per shift assess and document:
  - Vital signs
  - Pulse ox with residents who are ill
Always screen for: fever, cough, sob, change in status
  - Atypical symptoms: new or worsening malaise, new dizziness or diarrhea
Identify those who may need transfer or relocation
Immediately isolate anyone with symptoms
Separate others from actively infected residents

Healthcare workers and staff must know policies regarding:

- Clean and soiled linens - Laundering
- Food - feeding/eating not in common areas - ? plastic/paper products
- Storage of items
- Disposal, including hazardous objects/materilas
- EPA-registered disinfectants
- Environmental cleaning and maintenance of all areas
- Environmental disinfecting - areas, objects, equipment
- Housekeeping and other personnel should use appropriate PPE’s

COVID-19 Control Measures for LTC: Interim Guidance (subject to change). 03/20/2020
Direct Patient Contact

If it touches the patient, consider contaminated
Health Care Equipment and Supplies

Not everything is one time use and/or disposable
Equipment and Supplies

Prevent cross-contamination
Infection Control Considerations

- Infection Control may utilize more equipment and supplies.
- Don’t litter hallways or floor with red bags or trash.
- Large receptacles that transport items to rooms and/or areas are concerning in an active outbreak/pandemic.
- Quarantine areas must self contain everything.
- Always wash/cleanse hands in-between whatever you do from resident to resident, room to room, area to area.
- Don’t rush - mistakes and “breaks” in proper technique may occur.
Considerations (cont.)

- Consider controlling the environment, not the resident
- Minimum distancing is “six feet”, not four or five, but six....
- Containment may further agitate and/or confuse residents
- Medications that sedate or act as a chemical restraint not recommended - side effect profile, drug-drug interactions, etc.
- ADL’s must continue, but must be adjusted
- Utilize same staff within special population units to maximize continuity of care while decreasing potential exposures
Recommendations

• Maintain clean & clutter free areas, including rooms & hallways
• Avoid use of large carts in hallways, ie. dinner, linens
• Consider disposable dinnerware, utensils, etc. if known or suspected cases of COVID-19 (or other infectious agents) to prevent cross-contamination or exposure
• Use approved disinfectants and supplies

• Provide ALL staff support and education - document training
• Required in-service education with time for active interaction to facilitate learning and outcomes - not punitive
• Must include proper PPE usage, conservation, & disposal
• Staff to leave personal items in designated safe & secure area
• Personal phones do not belong in pocket of scrubs
• Communicate with the LTC and healthcare community to stay abreast of health issues and standards of care
LTC Healthcare: Team Approach

* Know how and when to report:
  If you feel ill
  If you are uncertain
  If you feel unsafe

* Don’t hesitate to stop and ask questions or seek assistance
Encourage a pro-active not reactive approach to infection control.

Recognize infection control requires a 24/7 approach throughout the entire facility with all levels of healthcare workers and staff to be effective.

Thank You!
References - Resources


Centers for Medicare & Medicaid Services. Ref:QSO-20-14-NH


IMT. Florida Department of Health.


www.worldhealthorganization