Top 11 List: Strategies for Effective COVID-19 Outbreak Containment in Long-Term Care Facilities

1. Implement a plan to conduct targeted or facility-wide testing of residents and staff
   - Base plans on county positivity rate, symptoms, and outbreak status.
   - Select testing methods that allow for rapid turnaround of results and include both Point-of-Care (POC) antigen testing and laboratory processed specimens.
   - Testing is most effective in stopping transmission when results are available within 24 to 48 hours.
   - Early detection of newly infected asymptomatic, presymptomatic and symptomatic residents with COVID-19 allows for proper cohorting.

2. Establish and maintain designated spaces (cohorts per PA-HAN 530) based on a resident’s COVID-19 exposure or infection status
   - Cohorting mitigates risk for ongoing exposure to others and prevents further transmission.
   - Separating a negative resident away from their positive roommate immediately removes the ongoing risk of further exposure and acquisition of COVID-19. This move can save lives.
   - Whenever possible, staff should be designated to treat only COVID-19 positive residents, COVID-19 exposed residents, or only COVID-19 negative residents.
   - Best practice is to give staff who are working in red zones separate entrances, separate PPE donning and doffing areas, and separate restrooms and break rooms.
<table>
<thead>
<tr>
<th>Exposure Risk</th>
<th>Cohorting Recommendations</th>
<th>Zone</th>
<th>Required Personal Protective Equipment (PPE)</th>
</tr>
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<tbody>
<tr>
<td>No known Exposure</td>
<td>Maintain in current Location</td>
<td>Green Zone</td>
<td>Surgical Facemask and eye protection N95 for aerosol generating procedures Use protection from splashes &amp; sprays per Standard Precautions</td>
</tr>
</tbody>
</table>
| Residents with known exposure to infectious residents, staff, or other contacts New Admissions to facility with possible exposure | Relocate to a designated quarantine cohort for a full 14-day quarantine, regardless of negative test results during that period. 14-day quarantine for New Admits | Yellow Zone | • N95  
• Eye protection  
• Gown  
• Gloves  
• Standard Precautions |
| New symptomatic resident with pending test results | Relocation may be necessary while waiting for testing and results. Decision is based on current living situation: private (PVT) room, shared room, or bathroom (BR) | Red Zone - with dedicated equipment and staff who work only in the red zone | • N95  
• Eye protection  
• Gown  
• Gloves  
• Standard Precautions |
| Resident with new positive result | Move to established location (hall/unit/building) housing only those testing positive | | |
| Resident who no longer requires Transmission Based Precautions per PA-HAN 517 | Move back to location housing non-exposed non-infectious residents. | Green Zone | Surgical Facemask and eye protection N95 for aerosol generating procedures Use protection from splashes & sprays per Standard Precautions |
3. Do not go astray with your PPE – what is used in the care zone must stay in the care zone

- Gown and gloves to be removed (doffed) as leaving resident room or immediate care area
- **Except for mask and face/eye protection**, during extended use, PPE
  - stays inside
  - off elevators
  - out of nurse’s station
  - out of lounges
  - removed for breaks
4. Scrub or rub prior to putting on gloves and immediately upon removal of gloves every time!

- Gloves do not replace hand hygiene! Hand hygiene is key to preventing infections and is an important strategy in the response to COVID-19. Unless hands are visibly soiled, alcohol-based hand rub is preferred over soap and water.
- Provide workers easy access to alcohol-based hand rub (ABHR) so dispensers are always available and close to point of care. Examples might include: just inside or just outside the resident rooms, throughout corridors, in common areas, and in lounges.
- Read and share the Department’s Alcohol-based Hand Rub Memo to promote ABHR use and dispel myths.
- Personal protective equipment is effective when used along with proper hand hygiene!

5. Aim for conventional use of isolation gowns: One gown, one patient, one time—it’s best practice!

- Reinforce no hanging, no re-use, and no sharing. Trash it or wash it!
- PPE supply stream has improved and inventory and emergency stockpiles in many facilities have been restored. The extended use and re-use of isolation gowns are contingency or crisis capacity strategies (called optimization strategies) and are not acceptable when supplies are available. If needed, extended use is safer than re-use.
- Facilities should discuss PPE supply in their emergency response plan (ERP) utilizing CDC guidance on Optimizing Supply of PPE and Other Equipment during Shortages and PA DOH guidance.
- Your ERP should include a clear action plan for procurement of PPE when supply chain is stressed. This must include how workers will be informed when optimization strategies become necessary. Workers must be told which PPE is in short supply and when, where, and how practices are to be changed. Keep in mind:
  - Optimization strategies are not a shortcut. They should not be used in place of having a clear process and strategies for obtaining and maintaining PPE inventory.
  - Optimization strategies may increase risk of transmission for residents and staff and are not permitted just for financial reasons.
  - Optimization strategies should be considered temporary with a prompt return to best practice standards when inventory replenished.
  - Crisis and contingency capacity strategies do not align with current U.S. standards of care. Only implement these strategies after attempting, and documenting, all available options to procure additional supply per your ERP.
6. Monitor and replenish PPE supply; it is the facility’s responsibility to be PPE self-sufficient

- Assign a person to monitor and maintain inventory to maintain an adequate PPE inventory.
- Supply team should be aware of the COVID-19 burden in the facility to anticipate any change to the PPE daily burn rate (amount of PPE needed for 24 hours).
- Supply team should be aware of their county COVID-19 positivity rate. Plan inventory knowing there is the potential for an outbreak at any time; especially when there is high positivity and ongoing community transmission.
- Identify all potential supply chains and explore new vendors.
- Facilities within a larger system structure may have access to “corporate” PPE inventory; find out.
- Have a contingency plan for when inventory runs low.
- Facilities must make and document all efforts to procure PPE.
- PA facilities experiencing PPE supply shortages may request emergency supply by submitting an electronic PPE Request Form.
- Be aware of the Pennsylvania COVID-19 PPE & Supplies Business-2-Business (B2B) interchange directory. This site is a directory “gathered in good faith as a means of connecting PA businesses and organizations seeking PPE and other supplies (i.e. ABHR) to respond to COVID-19”.

7. Maintain physical distancing with peers while at work

- Physical distancing (at least 6 feet between persons) is an important strategy to prevent transmission.
- Post CDC and Department signs and posters in hallways and break rooms to remind workers of recommendations for social distancing.
- Limit the number of people in the break room by limiting the number of chairs.
- At breaks, sit at least 6 feet apart from others; place tape on floor as visual reminder.
- Establish outdoor spaces for breaks that promote distancing with visual prompts
- If carpooling with others, wear masks, limit number of passengers and consider opening windows to encourage air flow.
8. Protect and maintain your work force

- Screen workers daily on arrival to work for exposures and signs and symptoms of COVID-19. Use the most up to date CDC list of symptoms.
- Reinforce that if workers feel ill prior to coming to work, they must stay home. If they become symptomatic at work they must immediately report to their supervisor, regardless of how early or late in the shift, be tested and sent home to isolate. Post reminder signs in break rooms and bathrooms.
- Maintain a line listing of excluded staff with anticipated return to work dates and check-in points to encourage prompt return to the work force following the symptom-based strategy per PA HAN 516.

9. Clearly identify persons responsible for cleaning and disinfecting each piece of equipment and surface

- Reinforce routine cleaning and disinfection processes/procedures with environmental services and nursing teams.
- Nursing and support staff should share the responsibility for enhanced cleaning necessary to stop the transmission of COVID-19.
- Remember this may involve a two-step process: make sure surfaces are clean of visible soilage before applying an EPA-registered disinfectant from the EPA List N of disinfectants effective against SARS-Cov-2 (COVID-19).
- Be sure surfaces stay wet for manufacturer’s prescribed contact time.
- Shared equipment must be cleaned between each resident contact – EVERY TIME.
- Have process/procedures in place to identify clean versus dirty shared items (i.e. bedside commode; IV pumps etc.)
- High touch surfaces in resident rooms and on shared equipment require close attention and may include:
  - Bed rails, over-bed tables, door, and drawer handles
  - Bathrooms, especially if shared
  - Mobile equipment like blood pressure machines and lifts
- Remember the high touch surfaces outside of resident rooms and in support areas such as:
  - Computer screens, keyboards, cell phones and tablets
  - Medication carts
  - Corridor handrails and elevator buttons
  - Workstations, break rooms, and supply rooms
  - Existing water fountains, water stations, and ice machines.
10. Perform frequent audits of adherence to infection prevention and control practices

- Identify auditors for all shifts who will observe and provide immediate feedback when breaches in practice are observed. Check out the DOH Hand Hygiene Audit Toolkit to learn more about monitoring adherence.
- Audits in the following areas are recommended:
  o Hand hygiene
  o Donning and doffing of PPE
    ✓ Educate staff on the risk of self-inoculation if observed adjusting masks and face shields or touching their face when in full PPE and while providing care.
    ✓ Reinforce, except for masks and face shields/eye protection, PPE is not worn outside of the resident’s immediate care area.
  o Universal masking and eye protection
- Create a work culture that provides support from one staff person to another with a “I Got Your Back” approach and philosophy; this allows staff to provide friendly reminders promoting adherence to hand hygiene and PPE use.

11. Use communication and transparency

- Provide education and reminders often.
- Communication and transparency promote staff and resident morale.
- Frequently check in with care staff. How are they holding up?
- Ask for staff input. Ask them what slows them down and creates barriers, issues small or large. Circle back to those who provide input to close the loop or thank them!