

# COVID-19 Pandemic: It's not over!

## Where the SNF IP should focus NOW

**Presented to:**  
**California Weekly SNF Webinar**  
**August 4, 2021**

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Healthcare-Associated Infections Program  
Center for Health Care Quality  
California Department of Public Health

# Objective

- Review the Five “S’s to keep COVID-19 out of your building
- Discuss daily infection Preventionist activities SNF administrator must not diminish- IPs are still needed full time

# COVID-19 SNF Assessment Elements

- **Besides the day to day infection prevention activities, the IP must be aware of the 5 S's for COVID prevention**
  - Situation Update – upload public health surveys
  - Strategies – attend and follow CDPH, CDC updates
  - Surveillance – ongoing performance monitoring, education new and old staff
  - Space – Maintain red, yellow, green zone readiness
  - Supplies – update PPE supplies and run rate

# Situation Update - 1

- **SNF are required to have a full-time infection preventionist (IP) available on a daily basis**
  - **Now is NOT the time to cut back or dilute the duties performed by the IP**
  - **California is seeing an increase in resistant pathogens**
    - **C. auris, CRE, CRAB, CRPA**

[AFL 20-84](#)

Infection Prevention Recommendations and Incorporation into the Quality and Accountability Supplemental Payment (QASP) Program

[CDPH Infection Preventionist Training Course for SNF](#)

<https://www.Cdph.ca.gov/hai>

[CDC Nursing Home Infection Prevention Training Course](#)

[https://www.train.org/cdctrain/training\\_plan/3814](https://www.train.org/cdctrain/training_plan/3814)



# Situation: Know your SNF daily data

- COVID-19 testing status
  - Number of residents with lab-confirmed COVID-19
  - Number of residents with tests pending
  - Number of HCP or staff with lab-confirmed COVID-19
  - Number of HCP or staff with tests pending
- Vaccination status
  - Staff and residents
  - Ongoing education to ensure existing staff/residents and new admissions are vaccinated

# Strategy- Screen HCP prior to starting shift

- **As we enter into another surge with higher rates of community COVID-19 transmission, this is as important as ever**
  - Actively screen all HCP prior to entering the building, regardless of vaccination status
  - Perform hand hygiene and mask at the door
  - Educate staff not to come to work sick
  - Report any symptoms to supervisor immediately

[CDC Preparing for COVID-19 in Nursing Homes and Long Term Care Facilities](#)  
[\(6/25/20\)](#)

# Know the symptoms of COVID-19, which can include the following:



**Cough, shortness of breath or difficulty breathing**



**Fever or chills**



**Muscle or body aches**



**Vomiting or diarrhea**



**New loss of taste or smell**

**Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.**

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-24x36-en.pdf>



# Strategy- IP must stay up to date on State and Local COVID-19 information

- **All Facilities Letters**  
(ca.gov/Programs/CHCQ/LCP/Pages/All-Facilities-Letters)
- **Tuesday** All Facility Call 8am – 9am
  - Dial-in: 1-844-721-7239
  - Access Code: 7993227
- **Wednesday** SNF Webinar
  - <https://www.hsag.com/cdph-ip-webinars>
- **Thursday** weekly Q&A 12:00pm – 1:00pm
  - Dial-in: 1-877-226-8163
  - Access Code: 513711



# Surveillance

- Actively monitor **all residents** upon admission and **at least daily** for fever ( $\geq 100.0^{\circ}\text{F}$ ) and COVID-19 symptoms to include pulse oximetry
- For residents with **suspected or confirmed** COVID-19:
  - Increase vital signs, respiratory assessment, and pulse oximetry to at least **3 times daily**
- Track all suspected and confirmed respiratory infections using a line list

# Surveillance

- Perform **adherence monitoring** to ensure hand hygiene, donning/doffing PPE, and transmission based precautions are done correctly
- Perform adherence monitoring to ensure **environmental cleaning/disinfections** is done properly
- **Provide feedback** to frontline staff and leadership to encourage behavior change and sufficient resources for education

# Surveillance




## HEALTHCARE FACILITY TRANSFER FORM (COMPREHENSIVE)

Use this form for all transfers to an admitting healthcare facility.

Affix patient labels here.

Patient Name (Last, First):		
Date of Birth:	MRN:	Transfer Date:
Receiving Facility Name:		
Sending Facility Name:		
Contact Name:	Contact Phone:	

### ISOLATION PRECAUTIONS

Patient currently on isolation precautions?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Protective equipment (PPE) to consider at receiving facility:		
If yes, check all that apply:		
<input type="checkbox"/> Contact precautions	<input type="checkbox"/> Gloves	<input type="checkbox"/> Gowns
<input type="checkbox"/> Droplet precautions		
<input type="checkbox"/> Airborne precautions		<input type="checkbox"/> Masks

### ORGANISMS

Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation?
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- Have a procedure for notifying other facilities prior to transferring a COVID-19 suspected or positive resident
- May need to notify Local Public Health

[CDPH Interfacility Transfer Form](#)

# Space

- **Have a plan in place to rapidly accommodate confirmed or suspected COVID-19 residents**
- **Designated areas (rooms, wing, unit) for**
  1. COVID-19 **positive** residents (**Red**)
  2. Persons with **known exposure** to COVID-19 (**Yellow**)
  3. COVID-19 **negative, unexposed, or recovered** residents (**Green**)
  4. **Observation** unit/rooms for new admissions

# Supplies

- SNF need to be aware of PPE supplies
  - Face masks
  - Eye protection
  - N-95 respirators
  - Gowns
  - Gloves
  - Alcohol-based hand rub (ABHR)
- **There is currently no shortage of supplies, but there are still reports of some SNF reusing PPE!**

# Beyond COVID-19

- Infection Prevention duties
  - Annual risk assessment – living document
  - Annual plan – changes as risks change
  - Staff/ resident IPC education
  - Track line lists (daily) for infections
  - Report surveillance and communicable disease data
  - Daily review of lab reports
  - Review status of new residents for potential transmission precautions
  - **This is just the beginning of the list.....**

# Summary

- SNF must not consider moving the IP to “other duties”
  - This is a full time job!
- A strong IP presence, engaged administrator, and involved Medical Director will ensure better outcomes
- Attention to the 5 S’s are essential to keeping residents and staff safe.
- California must have astute full time IPs in SNF to prevent and mitigate COVID-19 and emerging MDROs in their buildings