COVID-19 Rest Home Management and Response Guide

Preventing and Managing COVID-19 Transmission

DPH has developed an outbreak prevention and management checklist as a tool for long-term care facilities to use to prevent COVID-19 cases and ensure the health and safety of long-term care residents and staff. This checklist can be found in Appendix A and is also included in the DPH Guidance, Update to Caring for Long-Term Care Residents during the COVID-19 Emergency.

Rest Home leadership should utilize this checklist as a tool to both prevent COVID-19 from entering their facility as well as to mitigate transmission when a new staff or resident case is identified. This includes proper infection control measures, PPE use and surveillance testing protocols.

COVID-19 Leadership and Administrative Response:

In addition to utilizing the above referenced checklist, Rest Home administrators and leadership should be prepared to implement a COVID-19 action plan when a new case is identified.

While action plans may look different depending upon unique facility needs, strong leadership, an organized process and a clear line of communication and authority are vital to a successful plan and response.

Administrators and Leadership should consider the following when responding to new COVID-19 staff or resident cases within their facility. For facilities without any cases, it is strongly encouraged that you remain vigilant and refer to the following, to develop a proactive plan of action.

Leadership and Management Responsibilities and Contingency plans:

- Clearly identify who is in charge and has authority to make decisions.
- Determine a backup plan if the Administrator or DON becomes ill or unavailable.
    - o If you are an affiliate of a larger organization or health system, determine who could step in to provide on-site leadership.
    - o If you are not part of an affiliate, identify other in-house support such as other licensed administrators, clinical leadership or personnel that could immediately assume a leadership role.
- Implement a non-clinical rotation of onsite leadership during off hours. These leaders can address issues, audit practices, and be a resource for staff questions and concerns.
- Identify a point of contact to assist leadership in communicating with community, regional and state agencies or organizations to coordinate response and procure any additional resources. Appendix B includes a list of state reporting requirements, available resources and other relevant information.
- Identify a point of contact to ensure continual monitoring of regulatory changes and responsible for making modifications to internal facility policies and procedures (testing, visitation, group activities, etc.).
- Ensure contract resources such as housekeeping, dietary, nursing, etc. are in place and will continue if an outbreak occurs.

Staff, Resident and Family Communications:

- Establish a clear communication plan/process to communicate with staff, residents, families and the local board of health.
- Educate staff and residents on recommended infection prevention practices such as social distancing, hand hygiene, avoiding touching their face, and wearing appropriate face covering or mask for source control.
- Identify a point of contact for family members to reach out to with questions and concerns.
- Encourage regular virtual communication between residents and loved ones and ensure the necessary technology is available.

Caring for COVID-19 Individuals:

- Residents who have dementia and/or behavioral health conditions may find changes in resident routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar staff lead to fear, anxiety and behavioral changes.
- When room changes are required or care will be provided by unfamiliar staff, be sure personnel are informed about the resident's habits and schedule and try to keep routines as consistent as possible.
- Ensure staff is available to monitor and assist ambulatory residents, particularly those who may attempt to leave the premises.
- For individuals who smoke, create a smoking break schedule and designate a smoking area for COVID-19 individuals and those who are COVID-19 negative to mitigate transmission.

Infection Control:

- It is important now more than ever to strictly follow and adhere to all infection prevention and control practices recommended by DPH and CDC. As stated in the guidance, effective monitoring, adequate staffing levels, and adherence to infection control standards are essential to preventing and containing COVID-19 in long-term care facilities.
- Ensure and document that all staff are appropriately trained, and all steps have been implemented according to the following guidance documents:
    - DPH Guidance: Update to Caring for Long-Term Care Residents during the COVID-19 Emergency
    - CDC Guidance for Nursing Homes and Long-Term Residences
- Use signs for resident doors to remind staff when COVID-19 precautions are needed.
    - Caution Signs for Isolated Individuals in Long-Term Care Facilities
    - Caution Signs for Quarantined Individuals in Long-Term Care Facilities
    - Caution Sign – General PPE Precautions
- Identify designated and appropriate areas for staff to use for doffing and donning of PPE to ensure that resident rooms, common spaces, break rooms and other areas remain 'clean'.

Cohorting and Dedicated COVID-19 Space:

- Transfers of COVID-19 positive residents to a hospital should only be conducted when medically necessary. Instead, establish a dedicated space to care for residents with COVID-19. Per DPH LTC guidance, facilities must separate residents who are COVID-19 positive from residents who do not have COVID-19 or who have an unknown COVID-19 status.
- Develop an action plan for how your facility can utilize available space to establish a dedicated COVID-19 wing, unit or separate area.
- While the layout of each facility may be different, suggested strategies for proper cohorting are as follows:
    - Residents who are reported to be COVID-19 positive should be housed in a separate area of the rest home in a private room if possible, with a separate bathroom and cared for by dedicated staff that does not provide care for other residents.

- If more than one resident is COVID-19 positive, these individuals may be cohorted together in rooms as bed space allows.
- Have staff practice donning and doffing and performing hand hygiene appropriately between residents and units to ensure they are familiar with the concepts prior to having a positive COVID-19 case.

Staffing Strategies:

- Implement and strictly follow DPH staffing recommendations to mitigate the risk of transmission within the facility.
- Ensure enough staff is available to maintain both social distancing between residents and proper cohorting within the facility.
- Ensure staff maintain social distancing while working and during breaks.
- Educate staff on ways to minimize the risk of COVID-19 acquisition *outside* of the workplace and promote a team approach to keep residents safe.
- Develop a plan to mitigate staffing shortages and establish plans for contingency staffing.
    - Consider what supports can be provided for staff that have childcare or other issues, including the need for flexible schedules and temporary housing.
    - Establish contracts with nearby staffing agencies.
    - Identify minimum staffing needs and prioritize critical services over nonessential ones. Consider health status of residents, functional limitations, disabilities, and essential facility operations.
- Addressing staffing shortages:
    - If you are an affiliate of a broader organization or healthcare system, consider partnering to deploy additional staff to fill vacancies due to call-outs and staff shortages.
    - Contact nearby staffing agencies.
    - Register staffing needs in the Commonwealth's Long-Term Care Portal.

Personal Protective Equipment and other Supplies:

- Ensure all staff are using appropriate PPE when they are interacting with residents and in alignment with DPH and CDC guidance. Ensure adequate amounts of PPE and proper training of all staff.
- Educate staff providing direct care, including contractors, on PPE donning and doffing:
    - What to wear and when, for residents on Transmission-based Precautions (gowns, facemask, eye protection, gloves).
    - Have references on PPE and COVID-19 (i.e., CDC donning/doffing instruction sheet) readily available:
        - Caution Signs for Isolated Individuals in Long-Term Care Facilities
        - Caution Signs for Quarantined Individuals in Long-Term Care Facilities
        - Caution Sign – General PPE Precautions
    - Share with staff the Betsey Lehman Center's informational video on donning and doffing PPE.
- Maintain daily inventory of available PPE, training supplies, testing supplies, additional resident linens or other medical supplies.
    - Use the CDC's Personal Protective Equipment (PPE) Burn Rate Calculator to assess PPE supply.
    - Facilities should account for the fact that duplicate resources will be needed when there are COVID-19 residents to ensure that supplies and equipment are dedicated to COVID-19 residents and residents not known to be infected.
- Facilities should continue to work with their PPE vendors to obtain PPE. When supplies are critically low, Rest Homes that are not able to obtain PPE through their usual supply chain resources may request from DPH gowns and N95 respirators as a one-time bridge until the facility orders and receives sufficient supply. organizations increase their ordering and receipt

- A facility that has an insufficient supply should fill out and download the PPE request form and submit it via email to Covid19.resource.request@mass.gov. The form may be found on DPH's website: https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19

Appendix A

Long-Term Care Facility Outbreak Prevention and Management Checklist

Purpose: DPH has developed this outbreak prevention and management checklist as a tool for long-term care facilities to use to prevent COVID-19 cases and, if any cases are confirmed, to mitigate the spread of COVID-19 within the facility and ensure the health and safety of long-term care residents and staff.

COVID-19 Prevention Checklist: Facilities that do not have a COVID-19 positive staff member or a resident with a facility-acquired COVID-19 infection within the past 14 days are urged to maintain vigilance and to review and implement the checklist below:

Facility Assessment:

❑ Conduct an *Infection Prevention and Control Assessment* using the CDC tool at least once per week. The tool may be found at the following link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html.
   o Review findings with the facility's leadership team and staff and make an actionable plan to address any improvement areas that includes a leader responsible for each area identified.

❑ Identify additional alternate spaces for staff break rooms and limit break room areas to one staff person at a time
   o Post signage in break rooms and consider implementing scheduled breaks.
   o Ensure environmental services is cleaning the room frequently throughout the day.

Testing:

❑ Weekly surveillance testing of 100% of all staff. *See DPH Surveillance Testing Guidance.*

❑ In addition to the surveillance testing outlined above, the facility should immediately test any symptomatic resident or staff member. The facility may use the BinaxNOW test kits to perform such testing. *See DPH BinaxNOW Guidance.*

Personal Protective Equipment (PPE) and Hand Hygiene:

❑ Perform PPE and hand hygiene audits using a tool, document the findings, review with the facility's leadership team and provide feedback to frontline staff.
   o Perform hand hygiene audit once per shift on all units with a minimum of 10 observations.
   o Perform PPE audit once per shift on all units with a minimum of 10 observations.

❑ Ensure that alcohol-based hand-rub (ABHR) stations are available throughout the facility.
   o ABHR stations should be available outside of every resident room and accessible to staff unless otherwise contraindicated.

❑ All facility personnel are wearing a facemask while in the facility and eye protection when in resident care areas.

❑ Residents, as they are able to tolerate, should wear a facemask anytime a staff member enters their room and whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments or other reasons.

COVID-19 Outbreak Checklist: If the facility identifies one new resident or staff case then the facility should take the following steps to mitigate any further transmission:

Facility Assessment:
- ❑ Conduct an Infection Prevention and Control Assessment using the CDC tool within 24 hours of a new case to identify potential vulnerabilities or deficiencies; conduct an assessment no less than once per week thereafter.
  - o Review findings with the facility's leadership team and make an actionable plan to address any improvement areas that includes a leader responsible for each area identified.

- ❑ Consider having an assessment conducted by a peer or external organization with quality assurance and performance improvement experience, or as otherwise required by DPH.

Testing:
- ❑ Once a new case is identified, the facility should initiate outbreak testing. Outbreak testing should include:
  - o Testing all staff and all residents as soon as possible and no later than 48 hours after identification of the positive using laboratory PCR testing.
  - o Once the facility has completed the requisite outbreak testing described above, the facility should test all staff and residents every three days until the facility goes seven days without a new case or their assigned epidemiologist directs otherwise. The facility may use BinaxNOW test kits to perform this testing.

- ❑ Contact the DPH epidemiologist assigned to their home and Local Board of Health once a positive case is identified.

- ❑ Asymptomatic recovered staff and residents can be excluded from outbreak testing unless there is an exposure, or they become symptomatic. Facilities should follow the *Recovered Resident guidance*.

- ❑ Continue to conduct surveillance testing of 100% of all staff weekly. *See DPH Surveillance Testing Guidance*.

- ❑ In addition to outbreak testing outlined above, the facility should immediately test any symptomatic resident or staff member or newly exposed resident or staff member. The facility may use the BinaxNOW test kits to perform such testing. *See DPH BinaxNOW Guidance*.

Staffing:

- ❑ Limit direct care staff to working on one unit for the duration of the outbreak. If staff need to be assigned to work on a different unit then test the staff member using the BinaxNOW test kit prior to the beginning of the shift on the alternate unit.

- ❑ Environmental services, therapy and dietary staff should be limited to working on one unit to the extent possible. If it is not possible then they should first complete any tasks or resident care in the COVID-19 negative area before transitioning to tasks or resident care in the COVID-19 positive area. Staff should not return to the COVID-19 negative area for the remainder of their shift.

Personal Protective Equipment (PPE) and Hand Hygiene:

❑ Use gowns and gloves in addition to facemasks and eye protection for high contact care activities for COVID-19 negative residents until 14 days with no new COVID-19 positive residents and/or staff.

❑ Ensure PPE and Hand Hygiene Compliance.

❑ Designate a PPE coach or coaches for each shift who are responsible for performing PPE and hand hygiene audits as well as performing just-in-time education to staff on PPE use.

❑ Perform PPE and hand hygiene audits using a tool, document the findings, share with facility's leadership team at least daily and provide feedback to frontline staff
   o Perform hand hygiene audits three times per shift on all units with a minimum of 10 observations
   o Perform PPE audits three times per shift on all units with a minimum of 10 observations
   o Establish adherence goals for hand hygiene and PPE audits; if the facility's performance falls below the goal then identify plan to address any causal factors for non-adherence

❑ Ensure that alcohol-based hand-rub (ABHR) stations are available throughout the facility.
   o ABHR stations should be available outside and inside of every resident room and accessible to staff unless otherwise contraindicated.

❑ Residents, as they are able to tolerate, should wear a face mask when a staff member enters their room and whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments or other reasons.

❑ Post precaution signs immediately outside of resident rooms indicating appropriate infection control and prevention precautions. *See DPH Precautions Signs.*

Appendix B

<p style="text-align:center"><u>**Additional Resources for Rest Homes**</u></p>

State Reporting Requirements:

How to request BinaxNOW kits from the state stockpile

LTC facilities that currently meet all requirements outlined in the [BinaxNOW Rapid Point of Care COVID-19 Testing for Long-Term Care Facilities](#) guidance may request BinaxNOW test kits through the DPH resource request process. In order to preserve supply and ensure BinaxNOW test kits are used appropriately, a LTC facility may request BinaxNOW test kits on a monthly basis.

Additional information and the request form can be found in the above referenced guidance.

How to request PPE from the stockpile

Facilities should continue to work with their PPE vendors to obtain PPE. When supplies are critically low, Rest Homes that are not able to obtain PPE through their usual supply chain resources may request one-time support from DPH as a bridge until the facility increases their ordering and receipt of gowns and N95 respirators.

A facility that has an insufficient supply should fill out and download the PPE request form and submit it via email to Covid19.resource.request@mass.gov. The form may be found on DPH's website: https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19

How to use the LTC Portal

Rest Homes are encouraged to register their staffing needs on the state's Long Term Care Facility Staffing Portal, where qualified candidates are regularly matched with facilities in need of staffing assistance. The portal can be accessed at [https://covid19ltc.umassmed.edu/.](https://covid19ltc.umassmed.edu/) The website includes an FAQ and informational videos on the process.