CDPH HAI Program
Infection Prevention Assessments in Preparation and Response to COVID-19 in Skilled Nursing Facilities

Infection Preventionist Training for Skilled Nursing Facilities
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

Objectives

- Discuss process, challenges and recommendations for COVID-19 assessments in skilled nursing facilities

- Discuss importance of engaging administration and the SNF Medical Director

- Review outbreak cohorting strategies

- Describe personal protective equipment used for Covid-19

- Review importance of hand hygiene and healthcare personnel (HCP) screening

- Discuss the role of effective environmental cleaning

- Discuss when to remove transmission-based precautions and return to work guidance

HAI Program Infection Preventionists

- HAI Program established in 2010

- Expert infection preventionists (10) all certified in infection prevention (CIC)

- Provide infection prevention consultation and recommendations to SNF, acute care hospitals, dialysis centers, clinics, prisons, shelters

- Non-regulatory

- Assess SNF in preparation and mitigation of COVID-19

Situation Update - Overview

- Community transmission of COVID-19 is widespread in California

- COVID-19 infected healthcare personnel (HCP) and visitors can introduce the virus to long-term care facilities, where residents are at increased risk of complications

- Acute care hospitals cannot accommodate all COVID-19 infected patients not requiring a higher level of care

- Long-term care facilities must prepare to prevent COVID-19 introduction and transmission, and to receive and provide care for individuals with COVID-19 infection safely

COVID-19 SNF Assessment Elements

- Situation Update
- Strategies
- Space
- Staff
- Supplies

Situation Update - 1

- 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
- Facility information
  - Census, capacity
  - Ventilator unit, memory care, dialysis residents
  - Corporate ownership or management

Situation Update - 2

- **Is there a full-time infection preventionist (IP) available on a daily basis?**
  - The most effective responses we have seen are in facilities with a strong IP who is involved in the COVID-19 response, and a **strong administrative structure**
- **Ensure the SNF Medical Director is involved in COVID-19 prevention planning for a more robust program**

Situation Update -3

Challenge:

- Very often the IP was previously the Director of Staff Development (DSD) and is new to the IP role
- Medical Directors not always involved

Recommendation:

- The IP must be full-time and complete an infection preventionist training course

Infection Prevention Recs & Incorporation into the QAS) Program, CDPH AFL 20-84
(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-84.aspx)
CDPH Infection Preventionist Training Course for SNF
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/2DayBasicsIP_Course.aspx)
CDC Nursing Home Infection Prevention Training Course
(www.train.org/cdctrain/training_plan/3814)

Strategy- Screen HCP prior to starting shift

Challenge:

- Some SNF are using a sign in sheet or attestation at the entrance; many HCP have come to work with symptoms

- Screener not asking appropriate screening questions

Recommendation:

- Must "actively take temperature and document absence of symptoms for COVID-19"

- 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 LTCFs (6/25/20)
(www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html)

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.

Symptoms of Coronavirus (PDF)
(www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-24x36-en.pdf)

Strategy- All HCP wear facemask, social distancing at all times while in SNF

Challenge:

- Staff like to congregate at breaks; policy is in place, but evidence of "pot luck" events
- Often the outbreak begins with multiple HCP before any residents test positive

Recommendation:

- Convert unused dining areas to staff break area with socially distanced tables
- Stagger break times
- Educate on social distancing at work and in community

Strategy- Limit resident movement outside room

Challenge:

- Observed residents mingling outside room without face mask – even during an outbreak!

Recommendation:

- Frequent reminders to stay in room

- Must wear face mask when outside room

- Engage MD in discussion with resident

- Suspend group activities

- Create ways to engage with social distancing and masking

- Implement additional strategies for memory care units

CDC Considerations for Memory Care Units in LTCFs (5/12/2020)

(www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html)

California Department of Public Health
COVID-19 and Memory Care Units
Reference Sheet

Background
Many COVID-19 prevention and mitigation strategies are difficult to implement in the memory care setting. Consult with the HAI Program as needed.

Managing Memory Care Residents with Behavioral Techniques
- Use white boards, signs, reminders for *why* it is important to wear a mask
- Activities to reduce wandering, for example exercises in room or walking in hallway or outside
- Important to anticipate behaviors and plan proactively rather than responding reactively; disruption in routine sets the residents off
- Do not overmedicate residents
- Promote culture change of staff; various leaders within their own work community can be champions

individual assessment by trained psychologist
- Important to identify the triggers and time of day when undesirable behaviors occur
- Know the person: each person may need individualized interventions
  - Put yourself in the person's shoes
  - Try to understand their surroundings from their perspective
  - How would you feel?
- Contact family members who are supportive to explain to the resident the reason for mask wearing, if the resident refuses to wear their mask; a virtual visit or phone call, if visitation is not possible, could be arranged
- Contact their therapist or counselor for ideas to help the resident cope and accept mask wearing; a video conference or telephone call may also be helpful

CDPH COVID-19 and Memory Care Units Reference Sheet (PDF)
(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/
ReferenceSheet_COVIDandMemoryCareFINAL_Oct2020.pdf)

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[CDPH COVID-19 and Memory Care Units Reference Sheet](#) (PDF)
(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ReferenceSheet_COVID andMemoryCareFINAL_Oct2020.pdf)

Strategy – Restrict Non-essential visitors

Challenge:

- Screen essential visitors at the entrance
- Resident loneliness and depression
- Family concerns for loved one's well being
- End of life concerns

Recommendation:

- Must have screener at the entrance – masks and hand hygiene!
- Remote communications with video calls or tablets
- Facilities with large windows and patios have been able to develop safe socially distanced visiting
- Place hospice residents in rooms near entrance to decrease visitors in the building

Refer to the most recent version of AFL 20-22 for updated visitor requirements

California Department of
PublicHealth

Surveillance

- Daily (or more frequent) monitoring for fever, cough, shortness of breath for all residents

- Monitor vital signs, **including pulse oximetry** every shift for all residents, and **every 4 hours for COVID-19** positive residents

- Track all suspected and confirmed respiratory infections using a line list

Surveillance

Challenge:

- SNF not familiar with the importance of a line list in managing an outbreak

- Not just a list of COVID-19 positive residents

- Not your list of respiratory infections

Recommendation:

- Create a line list with 1st round of testing

- Establishes a baseline and ability to track spread in the facility

Sample Line List Template – Resident

To obtain line list template contact: HAIProgram@cdph.ca.gov

Sample Line List Template – Staff

To obtain line list template contact: HAIProgram@cdph.ca.gov

What can a line list tell us?

SNF A
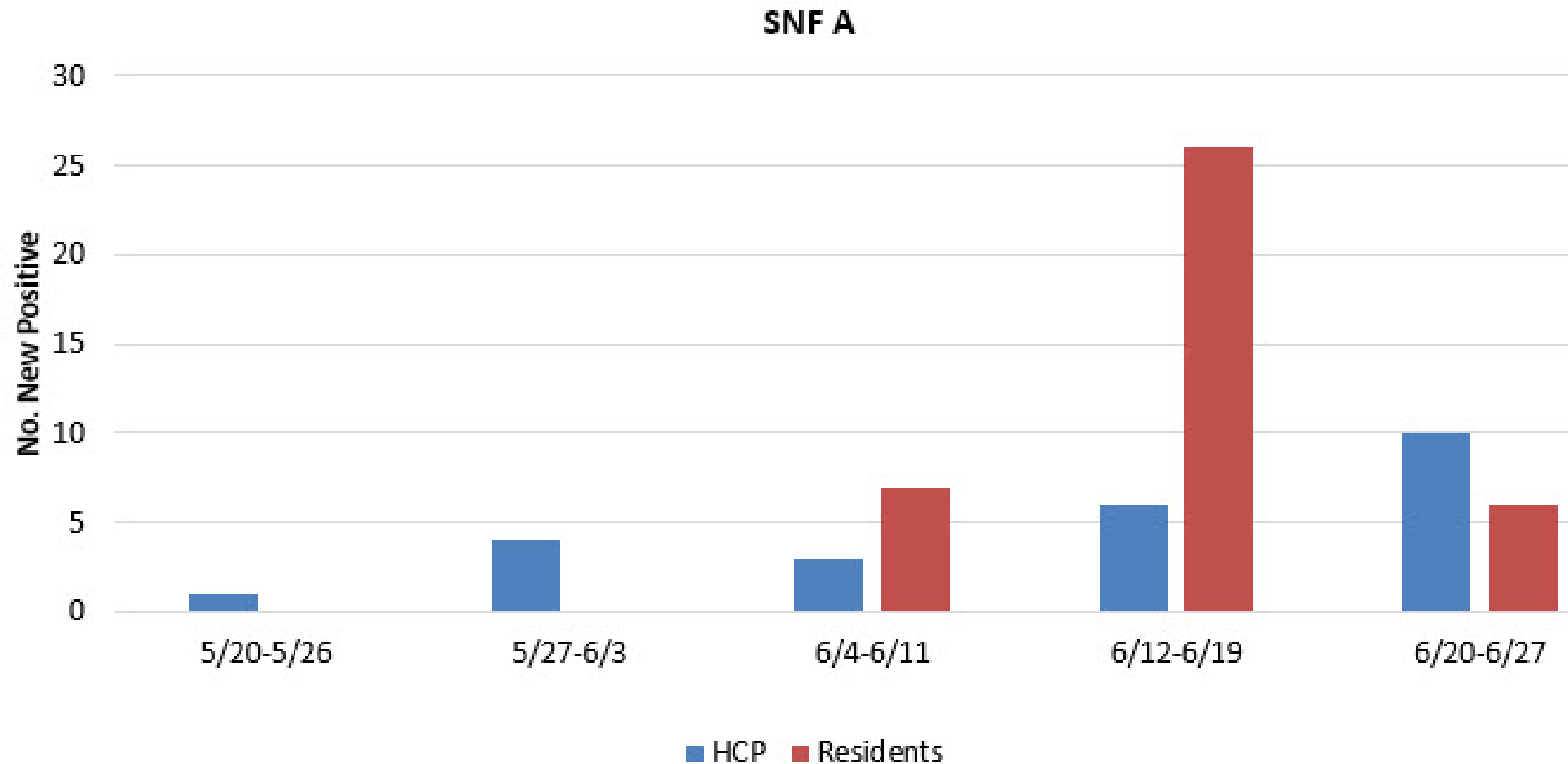
What does this graph from a SNF line list tell us?
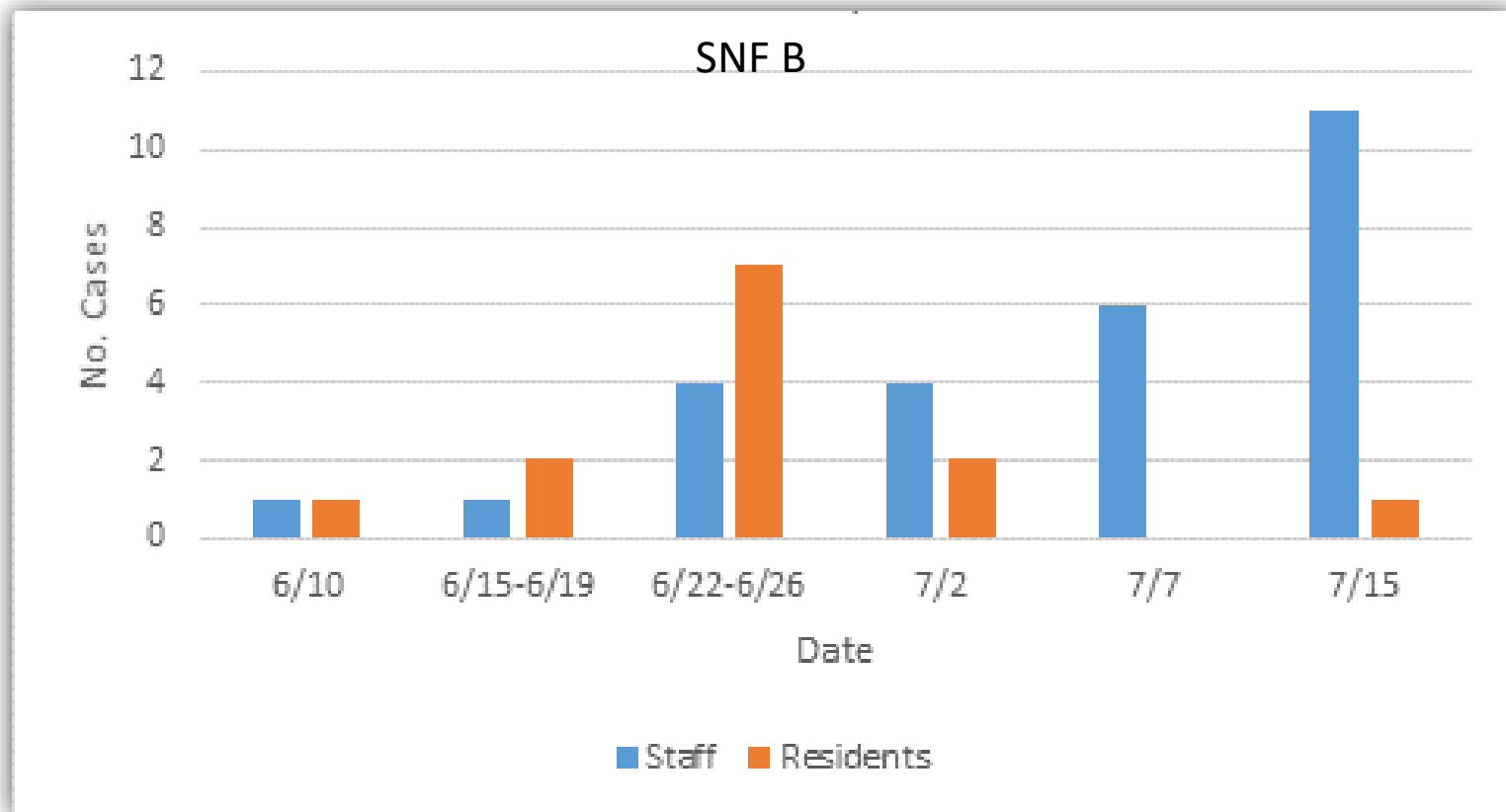
Surveillance

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?
☐ Yes   ☐ No

If yes, check all that apply:
☐ Contact precautions
☐ Droplet precautions
☐ Airborne precautions

Personal Protective equipment (PPE) to consider at receiving facility:

☐ Gloves   ☐ Gowns   ☐ Masks

ORGANISMS

Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation?

- Have a procedure for notifying other facilities prior to transferring a COVID-19 suspected or positive resident

- Notify Local Public Health

CDPH Interfacility Transfer Form
(www.cdph.ca.gov/ Programs/CHCQ/ HAI/Pages/ InterfacilityCommuni cation.aspx)

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Space

Designated areas (rooms, wing, unit) for

1. COVID-19 **positive** residents

2. Persons with **known exposure** to COVID-19

3. COVID-19 **negative, unexposed, or recovered** residents

4. **Observation** unit/rooms for new admissions

Space – COVID Positive Cohort (Red Zone)

- Private rooms if possible with door closed if safe to do so
- Cohort in same room with same diagnosis(es)
  - Example: don't place a resident with C. *difficile* (CDI) with a non-CDI resident, even if both have COVID-19
  - Do not share a shower with other non-COVID-19 residents
- Cohort designated staff to care for COVID-19 positive residents only
  - Staff should have their own entrance/exit
  - Cohorted restroom and breakroom
  - No comingling with other non-cohorted staff

Space – COVID-19 Exposed Residents (Yellow Zone)

- Private room if possible

- If in a shared room:

  - Keep privacy curtain between beds closed

  - Maintain 6 feet distance between beds

  - Universal masking of residents if possible

- Cohort in same room with same diagnosis(es)

  - For example don't place a resident with CDI with a non-CDI resident even if both are COVID-19 exposed

- Cohort designated staff to care for COVID-19 exposed residents only – if possible

Space – COVID-19 Negative, Unexposed Residents, or Recovered Residents (Green Zone)

- Universal masking

- Enhanced Standard precautions

- Staff should not be caring for COVID positive or exposed residents

CDPH Enhanced Standard Precautions, 2019 (PDF)
(www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf)

Space – Observation Unit (OBS)

- Unknown exposure – new admissions
- Test prior to admission
- Private room if possible, if sharing a room:
  - Keep privacy curtain between beds closed
  - Maintain 6 feet distance between beds
  - Universal masking of residents if possible
- Remain in observation for 14 days from the date of last potential exposure (COVID-19 incubation time)
- Re-test at 14 days
- Keep in unit until test results return
  - If negative – go to the COVID-19 negative area
  - If positive – go to the COVID-19 positive cohort

Space

Challenge

- Lack of understanding the rationale for cohort
  - Staff co-mingling
  - Residents wandering
  - Staff assigned to COVID-19 positive and negative areas
- Not enough staff to create all 3 cohorts and OBS unit

Recommendations:

- Always cohort COVID-19 positive residents & staff
- Always cohort COVID-19 negative residents & staff
- If short staffed, consider same staff for COVID exposed and the Observation area, if necessary
  - Must be hypervigilant in donning/doffing PPE and hand hygiene

Maps are helpful to determine cohorts
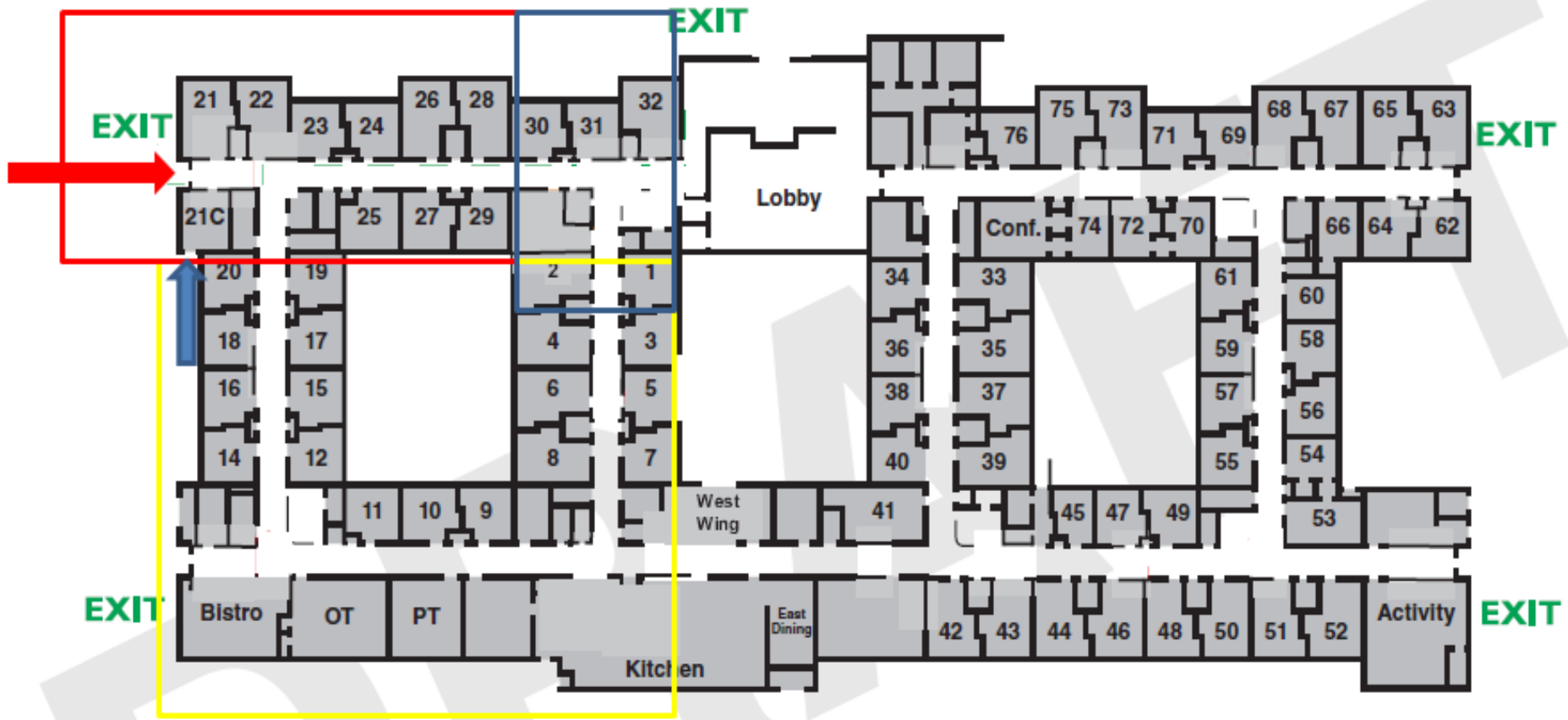
Cohorting plan should be flexible and allow for surge capacity

Cleaning and Disinfection

- Use an EPA registered, healthcare grade disinfectant with label claims against COVID-19*

- Clean high-touch surfaces frequently

  - Residents' rooms, break rooms, work areas

- Clean shared resident equipment between resident use

  - Disinfectant bottles labeled with wet contact time

- Cleaning staff don and doff PPE appropriately

- Dedicated cleaning staff for COVID-19 cohort area

- Cleaning proceeds from "clean" to "dirty"

*EPA List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)
(www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19)

Cleaning and Disinfection

Challenge:

- Cleaning staff are not donning/doffing correctly
- Not adhering to contact wet time on surfaces when cleaning
- Cleaning staff going from COVID-19 positive area to other resident areas

Recommendations:

- PPE training with return demonstration
- Educate on the rationale for contact (kill) time
- Cohort cleaning staff to designated areas
  - If cleaning staff limited – clean non-COVID-19 areas first, and COVID-19 positive areas last (clean to dirty areas)
- Adherence monitoring with feedback – frequently, all shifts

CDPH HAI Program Adherence Monitoring Tools
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/
MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)

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Supplies

- SNF need to be aware of PPE supplies

  - Face masks

  - Eye protection

  - N-95 respirators

  - Gowns

  - Gloves

  - Alcohol-based hand rub (ABHR)

Supplies

Challenge:

- SNF not always aware of PPE usage, and don't anticipate the increase in usage with COVID-19 suspected or positive resident
- End up in PPE shortage crisis

Recommendations:

- Use CDC PPE Burn Rate Calculator
- For extreme shortages contact LPH or the Medical Health Operational Area Coordination (MHOAC) for your area
- Review AFL-20-39 for optimizing the use of PPE
- Review AFL 20-26.3 Guidance for Decontamination and Reuse of N95 Filtering Face piece Respirators

Now Prohibited by Cal/OSHA

CDC PPE Burn Rate Calculator

Calculator		Graphs		Instructions								
Box A		XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/20
		How Many COVID-19 Patients are Being Treated at Start of the Day? Enter Below.								
Number of Suspected and Confirmed COVID-19 Patients		20	20	20	25	35	35	40	40	
PPE	**d**	How Many Full Boxes Are Remaining at Start of the Day? Enter Below.								
Gowns	Size 1	500	475	400	350					
	Size 2									
	Size 3									
Gloves	small									
	medium									
	large									
	extra large									
Respirators										
Surgical Mask										
Face Shields										

[CDC – PPE Burn Rate Calculator](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)

(www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)

Personal Protective Equipment

COVID-19 Positive	COVID-19 Negative, Unexposed, or Recovered
• N95 respirator • Eye protection – goggles or face shield • Gown • Gloves	• Universal masking • Eye protection* • Enhanced Standard precautions

Perform hand hygiene before and after donning/doffing PPE

*[AFL 20-74 Attachment 01](#) (PDF)
(www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-74-Attachment-01.pdf)

Personal Protective Equipment -2

COVID-19 Exposed	Observation, Unknown Exposure

• N95 respirator
• Eye protection
   – goggles or face shield
• Gown
• Gloves
	• N95 respirator
	• Eye protection
	   – goggles or face shield
	• Gown
	• Gloves

Perform hand hygiene before and after donning/doffing PPE

Personal Protective Equipment

Challenge:

- Staff frequently donning and doffing PPE incorrectly

Recommendations:

- Educate staff upon hire, annually and during routine rounding.

- Just in time teaching

- Adherence monitoring and feedback

- CDC educational tools for training

PPE Education Resources

COVID-19 Educational Materials Include:

- How to Safely Put On PPE Video
  (youtu.be/H4jQUBAlBrI)

- How To Safely Take Off PPE Video
  (youtu.be/PQxOc13DxvQ)

- How to Put On and Take Off PPE Fact Sheet PDF
  (www.cdc.gov/coronavirus/2019-
  ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

- How to Put On and Take Off PPE Poster (PDF)
  (www.cdc.gov/coronavirus/2019-
  ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf)

- PPE Illustrations (PDF)
  (www.cdc.gov/coronavirus/2019-ncov/downloads/
  COVID-19_PPE_illustrations-p.pdf)

CDC- Using Personal Protective Equipment
(www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)

Staff caring for COVID-19 Suspected or positive residents must be **fit tested for N95 respirators**

[Cal/OSHA ATD Standards and Local Health Departments](#) (PDF)

(https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/CDPH%20Document%20Library/ATD-Guidance.pdf)

Cal/OSHA's Aerosol Transmissible Disease Standards and Local Health Departments

CDPH

Occupational Health Branch

California Department of Public Health

January 2018

Respiratory Protection Program

❑ All facilities in California, including SNF are required to care for patients/residents with transmissible infections which includes having a **respiratory protection program**

❑ Review SNF respiratory protection program and ensure designated HCP have been fit tested within the past year and the N95 respirators for which they were fit tested are available in the SNF

❑ **If SNF does not have a respiratory protection program, develop one immediately**

How To Get Staff Fit Tested -1

- Contact manufacturer of your N95 respirator

- Purchase fit testing kit for your facility

  - Do testing in house [recommend inquiry to your medical equipment provider (i.e., Medline, McKesson), the producer of your N-95 masks, or 3M to purchase a kit]

    - [3M Overview of the Fit Testing Process](www.3m.com/3M/en_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/) (www.3m.com/3M/en_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/)

    - N-95 respirators used for COVID-19 would require a **Qualitative** testing process

- Contact your local public health department for guidance

- Contact the acute care hospitals you interact with most

  - They may be able to fit test your staff over time

N95 Respirator Seal Check

- Perform N95 seal check every time donning N95 respirator
- This must be done even if fit testing was completed
- If not sealing well, adjust straps

CDC Instructions for seal check

(www.cdc.gov/niosh/docs/2018-130/)

Cal/OSHA Interim Guidance on N95 Respirator

- Respirator extended use should be up to 8-12 hours

- During an extended use, a respirator should not be donned/doffed more than 5 times

- A respirator should be stored in a breathable container (i.e.; paper bag) while staff have removed them for their break

- Used respirators can be stored and labelled for use **only in a crisis** where all reusable and new disposable N95 are available

[CalOSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Shortages](www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf) (8/6/2020)

(www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf)

PPE Usage

Challenge:

- Improper implementation of PPE conservation strategies, especially extended use of gowns

- Residents with discordant MDRO status

- Wearing gowns in hallways and clean areas

Recommendation:

- Preferred gown conservation strategy in the exposed and observation areas is to reserve gown use for high-contact care activities (as per Enhanced Standard precautions (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf)

- Residents with different MDRO must be isolated separately

- Gowns should only be worn in the resident rooms

Discontinuation of Transmission-based Precautions: Symptom Based Strategy (Preferred) -1

NOTE: test-based strategy <u>no longer recommended </u>for most individuals

COVID-19 positive patients with <u>mild to moderate illness </u>not severely immunocompromised:

- At lease 10 days passed from onset of symptoms **and**
- At least 24 hours since last fever without use of fever-reducing medication **and**
- Symptoms have improved

AFL 20-53.2

(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)

CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings

(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

Symptom Based Strategy (Preferred) -2

COVID-19 positive patients, but <u>asymptomatic</u>:

- At lease 10 days passed from positive test date
- If symptoms develop during the 10 days:
    - Switch to symptom based strategy

[AFL 20-53.2](#)
(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)

[CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings](#)

(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

Symptom Based Strategy (Preferred) - 3

COVID-19 positive patients with <u>severe critical</u> illness or <u>severely</u> immunocompromised:

- At least **10 days and up to 20 days** after symptom onset, **and**

- At least 24 hours since last fever without use of fever-reducing medication, **and**

- Symptoms have improved

- Recommendation to consider consultation with infection control expert

AFL 20-53.2

(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)

CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings

(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

Return to Work: Symptom-based Strategy -1

NOTE: **test-based strategy <u>no longer recommended</u> for most individuals**

COVID-19 positive HCP with <u>mild to moderate illness</u> who are not severely immunocompromised

- At least 10 days have passed since symptoms first appeared **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms have improved

HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the **<u>date of their first positive viral diagnostic test</u>**

[Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)](www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

Return to Work- Symptom-based Strategy- 2

COVID-19 positive HCP with <u>severe to critical illness</u> or who are <u>severely</u> immunocompromised:

- At least 10 days up to 20 days have passed since symptoms first appeared **and**

- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**

- Symptoms have improved

- Recommendation to consider consultation with infection control expert

Note: HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days up to 20 days have passed since the date of their first positive viral diagnostic test

[Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)](#)

(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

Positive HCP returning to work

- As a crisis strategy to mitigate staffing shortages, asymptomatic COVID-19 positive HCP may continue to work before meeting return-to-work criteria, as long as they:

  - Only care for residents with confirmed COVID-19, preferably in a cohort setting

  - Maintain separation from other HCP (breakroom, restroom)

  - May not care for residents who have not tested COVID-19 positive until at least 10 days after their own positive test

AFL 20-53.2

(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)

Return to work after HCP COVID-19 <u>Exposure 1</u>

Exposure definition: Close contact within 6 feet of an infected person for a cumulative total of ≥15 minutes over 24 hours

- Asymptomatic HCP may discontinue quarantine after Day 10 from the date of last exposure with or without testing

- During **critical staffing shortages** when there are not enough staff to provide safe patient care, exposed HCP are not prohibited from returning after Day 7 from date of last exposure if they received a **Negative PCR test** result from a specimen **collected after Day 5**

[CDPH COVID-19 Quarantine Guidance (12/14/20)](www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Quarantine.aspx)
(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Quarantine.aspx)

[CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

Return to work after HCP COVID-19 <u>Exposure 2</u>

- During an outbreak in a SNF, all HCP are considered potentially exposed and are allowed to continue working as long as they remain asymptomatic and are being serially tested as part of facility-wide outbreak response testing

- Surgical mask and eye protection for HCP risk assessment is "low risk"

[CDPH COVID-19 Quarantine Guidance (12/14/20)](www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Quarantine.aspx)

(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Quarantine.aspx)

[CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

Summary

- An strong IP presence, engaged administrator, and involved Medical Director will ensure better outcomes

- HCP screening prior to entering the building and adherence to facemask use for source control are necessary to keep COVID-19 out of the building

- Strict cohorting of residents and staff reduces COVID-19 transmission

- Proper selection and use of PPE protects both residents and staff

- Knowing when to discontinue transmission-based precautions and return to work guidance improves morale and staffing

Questions?

For more information,
please contact

HAIProgram@cdph.ca.gov

Include "SNF IP Training Class"
in the subject line

Post Test

Now that you have completed this module,

Click on the "Post Test" link when it pops up

To Return to

Learning Stream

and take the post test

If the Post Test link does not pop up, you will be sent a link via e-mail

California Department of
PublicHealth