

Date

Name

Title

Name of Facility

Street Address

City, State, Zip Code

Dear **XXXXX**,

Thank you for inviting us to talk with you about **Facility Name** on **Date of Visit**. As you know COVID-19 mainly spreads person to person via respiratory droplets. Respiratory droplets can also land on surfaces and objects, and it is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. Adhering to basic infection prevention recommendations like hand hygiene, proper use of personal protective equipment, environmental cleaning, and keeping ill people from visiting our fragile elderly resident can help prevent transmission of this virus. The purpose of the call was to review your infection prevention and control practice and offer recommendations. We are (**glad/sorry**) that you currently (**do not**) have any cases of COVID-19 at your facility. We appreciate your initiative, dedication and commitment to preparation and implementing strict controls for your residents and staff. In addition, please note the following findings and recommendations:

- **Source Control:** Healthcare personnel (HCP) should always wear a well-fitting source control while they are in the healthcare facility, including breakrooms or other spaces where they might encounter co-workers. We recommend that HCP wear a medical facemask and not cloth masks since they offer more protection. Facemask should not be worn for more than one shift and when supplies allow, we recommend that HCP don a new face mask after meals. If HCP is wearing their mask all shift, before meals they can place their facemask in a paper bag (breathable), labeled with their name.
- **Eye Protection:** In areas of moderate to substantial community transmission, the CDC recommends that HCP wear eye protection (i.e., goggles or a face shield that covers the front and sides of the face) be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions. Moderate transmission is occurring if the county's incidence rate is greater than 25 per 100,000 newly diagnosed COVID-19 cases in the prior two weeks. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
  - Guidelines: [CDC Infection Prevention & Control For HCP](#).
- **Screening:** Continue to screen all employees and vendors as they enter your facility and maintain a log. As you know, when COVID-19 is spreading in the community, maintaining this screening may help prevent spread within your facility. Be sure to update the screening log for any new [symptoms of COVID-19](#).

- **Visitation:** A sign should be posted at the entrance of your facility to inform visitors of the facility's visitation policy, for example, [COVID-19 Announcement for Visitors](#). The facility can allow visitors inside the facility if either the visitor or resident has been fully vaccinated. Compassionate care visits are permitted, regardless of vaccination status. (All the residents and staff have been vaccinated with the COVID-19 vaccine. They are also allowing scheduled, supervised outside visits.) Visitors should be screened and logged with their name and contact information. [Here is a sample visitor screening tool, log, and letter to visitor that you may use.](#) Both the visitor and resident should wear a facemask during the entire visit, maintain socially distancing and perform hand hygiene before and after the visit. We recommend that you post a sign outlining the prevention measures, which will help remind both the staff and residents. Here are some [outdoor visitation guidance](#) that may assist you with planning.
- **County's Incidence Rate/Safe Start Plan:** Periodically, review your [county's COVID-19 case rate/100,00](#). [Here are the safe start plans](#) that provides you guidance on visitation, screening, group activities, communal dining, etc.
- **Hand Hygiene:** Hand sanitizer should be readily available for staff use immediately before entering and after exiting resident rooms.
  - Make sure personnel perform hand hygiene before touching a resident or their belongings, between residents, frequently during care and after resident care. Staff may carry individual small size dispensers to provide access to alcohol-based hand sanitizer in areas where there are no dispensers. Personnel need to be able to clean their hands immediately before putting on personal protective equipment (PPE) and after removal of PPE. Assess areas and consider installing more dispensers if needed so it will be readily available to the staff when needed.
  - In order to make sure personnel are performing appropriate hand hygiene, we recommend that you perform a competency check off on each staff and perform routine audits (e.g., weekly, monthly). A sample hand hygiene competency tool is attached to the email. CDC recommendations on hand hygiene are found at [CDC hand hygiene guidelines](#).
- **Resident Dining:** We recommend that the staff continue to encourage residents to wear cloth masks/face covering when out of their room and physical separation of at least six feet away; and during outbreak period, we recommend that resident shelter in their room. However, fully vaccinated residents can participate in communal dining without use of source control or physical distancing. If unvaccinated residents are dining in a communal area (e.g., dining room) all residents should use source control when not eating and unvaccinated residents should continue to remain at least 6 feet from others. If unvaccinated staff assist with dining, all residents and staff in the dining room will wear source control. Facilities/homes may host separate dining based on vaccination status.
- **Resident Group Activities:** During group activities, residents should be encouraged to perform hand hygiene before and after group activity, wear a mask, maintain social distancing and staff should disinfect items used. However, if all residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity. If unvaccinated residents are present, then all participants in the group activity should wear source control and unvaccinated residents should physically distance from others. Facilities/homes may host separate activities based on vaccination status.

- **New Admissions:** Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days. Here are the CDC guidelines links:
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions>
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
- **Aerosol Generating Procedures:** One client uses a nebulizer as needed, but rarely. Make sure he/she is in a private room and caregivers wear gowns, gloves, eye protection and N95 respirator if in the room during/immediately after nebulization. The homeowner reports that she leaves the window open, and door closed during the treatment. Please see these guidelines to assist you in the appropriate precautions to take during aerosol generating procedures:
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
- **PPE:**
  - **Education:** Provide competency-based education of staff on proper use and re-use of PPE, and routinely audit for compliance. A sample PPE competency tool and audit form are attached to the email. The following are links to some helpful educational materials regarding donning and doffing PPE from the CDC:
    - [How to Safely Put on PPE Video](#)
    - [How to Safely Take off PPE Video](#)
    - [How to Put on and Take off PPE Fact Sheet](#)
    - [How to Put on and Take off PPE Poster](#)
    - [PPE Illustrations](#)
  - **PPE Crisis Capacity:** When facility is in crisis capacity, there are some guidelines to help you with [Strategies for Optimizing PPE \(CDC\) when supplies are low.](#)
  - **Respiratory Protection Program:** Implement a [respiratory protection program](#) that is compliant with the OSHA respiratory protection standard ([29 CFR 1910.134](#)) for employees if not already in place. The program should include [medical evaluations](#), training, and [fit testing](#). **(The owner reports that the staff have been fit tested with the N95 respirator.)** Be sure that staff have been educated in how to do [seal check](#) each time they put on a respirator. Here you will find free [DOH fit testing resources](#).
- **Evaluate Residents:** Actively monitor all residents upon admission and at least daily for fever (temperature  $\geq 100.0^{\circ}\text{F}$ ) and [symptoms consistent with COVID-19](#). Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in the section: [Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection](#). Increase monitoring of residents with suspected or confirmed SARS-CoV-2 infection, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least three times daily to identify and quickly manage serious infection.
- **Suspected/Confirmed COVID-19:** Any suspected or confirmed COVID-19 resident should be placed in [aerosol precautions](#) in a private room and staff should wear gloves, gown, NIOSH-approved N95 respirator (face mask if N95 not available) and eye protection. **(At this home, there are three residents, 2 private rooms, a shared room and 1 shared bathroom; however,**

most of the residents are incontinent and require bed baths. If a resident is ill in the shared room, they do not have a 2nd private room where they can separate out the roommates; thus, the facility will need to contact the local health jurisdiction for guidance and possible transfer of the resident to a COVID-19 dedicated facility.) Any roommate of the COVID-19 positive resident would need to be placed in [quarantine precautions](#) for 14 days, since exposed. When possible, each resident in isolation precautions should have dedicated equipment (e.g., vital sign equipment). Be sure that staff are disinfecting shared equipment after each use.

- **Testing Guidance:** Here are the CDC COVID-19 Testing Guidelines for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html> and the CMS Long-term Care Facility Testing Requirements & Revised COVID-19 Focus Survey Tool can be found here: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>. At this link under COVID-19 testing, you can look up your county's positivity rate to determine the required frequency of routine testing of staff: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>.
- **Return to Work Criteria for COVID-19 Staff:** For COVID-19 positive staff members, [here](#) are the guidelines for when they can return to work.
- **Staff Precautions:** Continue to encourage social distancing among staff in areas of the facility. Post [maximum occupancy sign](#) to limit how many staff/persons can be in each location. (The facility owner lives in the home on the second floor and the residents live on the first floor). Be sure to educate the staff to decontaminate the dining area after their meal and have disinfectant wipes readily available. Monitor staff to assure they are socially distancing and wearing their mask and eye protection.
- **Community Visits:** For any resident that must leave the facility for medically necessary visits or into the community, we recommend that the resident be educated to perform hand hygiene, wear a mask, and practice social distancing while away from the facility. The resident should be screened upon return, and we recommend that you perform a risk assessment after each visit to determine if a 14-day quarantine is indicated. A [risk assessment for community visits](#) was developed by the Washington State Department of Health (DOH) to help you assist you with this. Be sure to assess the transportation staff/family for compliance with hand hygiene, masking, and disinfection of the vehicle after each transport and that they are screened prior to transporting the resident.
- **Cleaning/Disinfection:** Audit environmental cleaning practices. Verify who cleans all areas and equipment of residents' rooms, agents used, wet time, and how often. We recommend that you use an Environmental Protection Agency (EPA) registered product for use against SARS-CoV-2, which can be found at [EPA N List](#). Consider installing disinfectant wipe brackets/holders in areas to help remind staff to keep wipes stocked and available.
- **Ventilation:** Speak to your heating, ventilation, and air conditioning (HVAC) specialist about your facility's air flow and ventilation. Explore options for preventing or limiting the air from recirculating, due to the nature of potential aerosolization of COVID-19. This [ventilation guidance from CDC](#) may assist you.
- **Other Resource Links:**

- Consider registering for the DOH LTCF Weekly Q&A Webinar, held every Thursday at 11am here: <https://attendee.gotowebinar.com/register/686217713365095438>
- [Washington DOH's Catalog of COVID-19 Infection Prevention Guidelines](#)
- [CDC's COVID-19 Vaccine Tool Kit for Long-term Care](#)
- Resources to help with Vaccine Hesitancy:
  - <https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/FrequentlyAskedQuestions>
  - <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-147-BuildingConfidenceInJohnsonAndJohnsonVaccine.pdf>
  - <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-130-ProviderMRNAVaccinesDiscussionGuide.pdf>
- Training for the role of Infection Preventionist
  - [CDC Nursing Home Infection Preventionist Training](#) (free)
  - [APIC Nursing Home Infection Preventionist Training](#).

Please do not hesitate to contact us if you have questions or concerns. We are here to help.

With Appreciation,

“Name of Infection Preventionist”  
 Infection Prevention Consultant  
 Healthcare Associated Infections Program  
 Public Health – Seattle & King County  
 “Email address”