

Infection Prevention and Control Tips: Coronavirus Disease 2019 (COVID-19)

Based on direct observations in nursing homes in Michigan, Minnesota and Wisconsin, here are some common recommendations to improve infection prevention and control processes in quarantine and COVID-19 units

Quarantine Unit Transmission Based Precautions

- Utilize [Special Droplet/Contact Precautions](#) signage outside of every resident room.
- Per the Centers for Disease Control and Prevention (CDC), consider adding hand sanitizer dispensers outside of every resident room.
- Check with your current vendor and identify if they can offer free hand sanitizer dispensers.
- CDC Recommendation: Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Unless hands are visibly soiled, an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations.
- Per the CDC and the Centers for Medicare & Medicaid Services (CMS) requirements, ensure the staff offer the residents to conduct hand hygiene before eating meals and after using the restroom.
- For doffing of personal protective equipment (PPE):
 - Place trash receptacle inside resident door to doff PPE.
 - Place PPE bin outside of door for easy access.
 - Add sanitizer to PPE bins for easy access.
- Consider utilizing the CDC's [Infection Prevention and Control Assessment Tool \(ICAR\) for Long-term Care Facilities](#) hand hygiene audit tool to evaluate staff hand hygiene compliance.
- Hang gowns up appropriately and not draped over surfaces.
- Fully stock isolation/PPE bins and make sure someone is responsible for ensuring they are stocked completely during each shift, after hours and weekends.
- Ensure all resident room doors stay closed unless it poses a risk to the resident, for example, a fall risk.
- Continue to remind residents to wear a face covering, if able, while in the hallway.
- Continue reminding staff to wear their masks over their noses and mouths. Many of the staff do not wear their masks appropriately, thereby putting themselves at risk.
- Considering hanging reusable face shields in an area that is out of reach to the residents.
- Consider having only one person utilize a small break room at a time. Or consider having staff utilize the current empty dining room for breaks as there is ample space and ventilation.
- Consider spacing the break times out, limit the number of staff in the break room, to avoid potential exposure due to not wearing a face mask or face shield while eating.

COVID-19 Unit

- Keep the door always closed.

- Be intentional about the storing of reusable gowns:
 - Place hooks on wall to hang gowns and face shields when staff are taking a break. Consider spreading the hooks to prevent cross-contamination from one reusable gown to another.
 - Avoid storing “dirty” gowns in “clean” storage room.
 - Hang up gowns inside out with “dirty” side facing the door to reuse. Avoid pulling over the head as this can contaminate the healthcare worker.
- [CDC recommends](#) limiting the number of donning for an N95 mask to no more than five per device. It may be possible to don some models more than five times. One study reported that fit performance decreased over multiple, consecutive donning and fit varied among the different models examined.
- Follow the manufacturer’s user instructions for donning an N95 mask, including conducting a user seal check.
- Discard any respirators obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so they do not become damaged or deformed.
 - CDC: [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#)
- One strategy to reduce the risk of contact transfer of pathogens from the N95 mask to the wearer during reuse is to issue five N95 masks to each health care staff member who care for patients with suspected or confirmed COVID-19. The health care staff member can wear one N95 each day and store it in a breathable paper bag at the end of each shift with a minimum of five days between each N95 mask use, rotating the use each day between N95s. This will provide some time for pathogens on it to “die off” during storage. This strategy requires a minimum of five N95 masks per staff member.
- As a caution, health care personnel should treat reused N95 masks as though they are contaminated, while preventing contamination prior to donning by following the precautions outlined in the reuse recommendations found here.
- Clean and disinfect Hoyer-lifts between each use. Consider utilizing disinfectant wipes for this process.
- Ensure all linen is organized and covered.
- Face Shield Cleaning Process
Adhere to recommended manufacturer instructions for cleaning and disinfection. When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, and consider this guidance from the [CDC](#):
 - While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
 - Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with United States Environmental Protection Agency (EPA)-registered hospital disinfectant solution.
 - Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
 - Fully dry (air dry or use clean absorbent towels).
 - Remove gloves and perform hand hygiene.

These tips are based on observations during onsite visits. Superior Health Quality Alliance contracted IPCWell to conduct on-site assessments. All data, information and recommendations provided by IPCWell are for informational purposes only. IPCWell makes no representations that the patient safety recommendations will protect the facility from litigation or regulatory action if the recommendations are followed. Nothing contained in the recommendations are intended to be a substitute for professional medical diagnosis or treatment. IPCWell is not liable for any errors, omissions, losses, injuries, or damages arising from the use of these recommendations.