



RID GUIDELINES

FOR REDUCING THE RISK OF COVID-19 IN SKILLED NURSING FACILITIES AND ITS SPREAD TO ACUTE CARE HOSPITALS



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Coronavirus has caused an outbreak at a skilled nursing facility near Seattle.

The danger is that this virus, which until has been brought into the U.S. largely by travelers, will suddenly switch from a travel disease to a nosocomial infection.

When SARS, another coronavirus, struck Ontario, Canada in 2003, a staggering 77% of the people who contracted it there caught it in an Ontario hospital. They were either patients, or healthcare workers, or hospital visitors. Lax infection control was to blame.

The Ontario outbreak began when a man whose mother had recently visited China went to an emergency room feeling ill. He waited 16 hours there, infecting others waiting nearby as well as healthcare workers.

As we face another coronavirus challenge, it's time to apply the lessons learned from SARS. The following guidelines should reduce risk for both patients and healthcare workers on the front lines.

Finally, though this virus is challenging and puts the elderly at severe risk, it is not as deadly as the nosocomial infections threatening patients in hospitals and nursing homes daily. For example, ten times as many people die each year in the U.S. from *Clostridium difficile* than have died worldwide from COVID-19.

Many of the principles below should be applied to commonplace infections such as MRSA, VRE and *C. diff.*, not just to COVID-19.

1. REGIONAL COOPERATION IS ESSENTIAL. COVID-19 in a nursing facility will quickly spread to the acute care hospitals that treat nursing home residents intermittently. Therefore, communication is essential, with patient charts clearly marked and advance notice provided when any resident who has been exposed to COVID-19 needs to be hospitalized for any reason. Most nursing homes do not have negative pressure rooms, and are relatively unprepared to admit patients recovering from COVID-19. Do not accept a patient without consulting with your local public health department and reviewing resources first.
2. In usual times, infection control in nursing homes is lax. But due to the COVID-19 threat, nursing facilities must commit to rigorously following CONTACT AND DROPLET PRECAUTIONS for any patient diagnosed with COVID-19 or exposed to it. Consult [cdc.gov](https://www.cdc.gov), as well as [shea.org](https://www.shea.org) and [apic.org](https://www.apic.org) for specifics.
3. Plan ahead to identify space that would be needed to isolate or cohort patients infected with COVID-19.

4. Healthcare personnel at skilled nursing facilities may be less trained and practiced in the use of gowns, gloves, masks and eye goggles than at hospitals. Every facility should hold a boot camp training session before COVID-19 reaches their region.
5. Plans should be made now, before a crisis, on how to avoid sharing medical equipment such as wheelchairs, gurneys, blood pressure cuffs, pulse oximeters and other equipment that serve as vectors of transmission. Check inventory now, set up a clean room where reusable equipment can be cleaned efficiently and be readily available.
6. Draft a policy now for limiting visitors in the event of a COVID-19 case, and keeping them out of common areas of the facility. Skype, phone calls, and e mails should be considered as alternatives until the COVID-19 threat passes.
7. To ensure that healthcare workers do not expose their families to COVID-19, encourage them to leave their uniforms at work to be laundered commercially, rather than wearing them home. The risk is they'll pick up their children and expose them to the virus, or put their contaminated clothing in the wash with the family laundry. Also alert them to remove their shoes before entering their homes. Require ill healthcare workers to stay home.
8. In the event of suspected cases in your facility, notify state and local health officials.
9. Improve frequency and thoroughness of environmental cleaning Like the flu, COVID -19 is spread largely in droplets emitted when a person coughs or sneezes, but those droplets generally reach no more than 6 feet. A secondary, but serious means of transmission is on environmental surfaces, where the virus can live for hours to infect anyone who touches that contaminated surface. Think hallway railings, door knobs, bedrails, keyboards and other high-touch surfaces.
10. Innovative technologies now make possible continuous disinfection of rooms and common areas. These technologies, such as dry hydrogen peroxide, inactivate viruses in the air and reduce surface contamination. Consult the Committee to Reduce Infection Deaths for more information.

Other helpful suggestions can be found at:

<https://paltc.org/sites/default/files/COVID-19-guidance.pdf>

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID%2019%20-%20Update%202.pdf

For further information and updates, visit [hospitalinfection.org](https://www.hospitalinfection.org) or contact RID's Chairman, Betsy McCaughey, Ph.D.

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