

COVID-19 Infection Prevention Team Webinar 1: Overview and Staff Safety

Susan Huang, MD MPH
Professor, Division of Infectious Diseases
Medical Director, Epidemiology & Infection Prevention
UC Irvine Health

COVID-19 Nursing Home Prevention Team

- Jointly funded by OCHCA & CalOptima
- Led by UC Irvine faculty & project coordinators
- Distinct from the OCHCA COVID Outbreak and Response Team
- Goals
 - Outfit OC nursing homes to prevent COVID-19 as soon as possible, but especially in time for fall surge
 - Provide expertise on infection prevention for COVID-19/SARS-CoV-2
 - Provide guidance, protocols for preventing spread of COVID
 - Support training on how to stock and use protective gear
 - Develop high compliance processes for protection of staff and residents

Core Leadership

University of California Irvine



Susan Huang, MD MPH
Professor, Infectious Diseases
Med Director, Epidemiology & Infection Prevention

University of California Irvine



Shruti Gohil, MD MPH
Assistant Professor, Infectious Diseases
Associate Director, Epidemiology & Infection Prevention

Coordinating Team



Raveena Singh Senior Field Coordinator



Gabby Gussin Central Office Coordinator



Raheeb Saavedra Field Coordinator



Chase Berman Field Coordinator

Metrics Core



Ken Kleinman, ScD Associate Professor Biostatistics and Epidemiology University of Massachusetts Amherst



Tom Tjoa, MS MPH Sr. Programmer Analyst University of California, Irvine

Stakeholders

Orange County Health Care Agency



Matthew Zahn, MD Medical Director, Epidemiology

CalOptima



Emily Fonda, MD Deputy Chief Medical Officer

COVID-19 Prevention Team: Scope of Work

- Create a practical toolkit for COVID-19 prevention
 - ➤ Signage and posters
 - > Protocols, FAQs, monitoring tools
 - > Publicly posted, downloadable, editable
- Provide webinars and consultative support
- Provide enhanced training to 12 nursing homes



Toolkit and Webinar Sequence

- Stage 1: All About Staff
 - How does COVID spread?
 - How to prevent?
 - What if you test positive?

- Air? Clothing? Hair? Shoes?
- Which symptoms matter? Testing?
- How to protect coworkers & family?

ing procedures?

e-use PPE

- Stage 2: Per
 - Masks, w
 - − Face shi€
 - Gowns a

Additional Special Webinar

on Outbreak Response plus Q&A

from OCHCA COVID Outbreak Response Team

- Stage 3: Environmental Cleaning and Assessment Tools
 - Cleaning protocols

- Picture perfect rooms
- Assessment, validation tools
- Top 10 mistakes



OC Nursing Home COVID Prevention Toolkit

https://www.ucihealth.org/stopcovid



For Orange County nursing homes only - schedule a consultative session with the OC Infection Prevention Team

Introduction – Preventing COVID-19 in Nursing Homes

Roadmap – Key Strategies for Preventing COVID-19 in Nursing (DOC)

FAQs – Overview of COVID-19 (PDF) (DOC)

FAQs for Staff - Concerns About COVID-19 Exposure (PDF) (I

FAQs for Staff - Monitoring Yourself for Infection Symptoms

2. Visitors

COVID-19 Visitor Policy for Nursing Homes (PDF) (DOC)

FAQs - Visitor Policy (PDF) (DOC)

No Visitor Policy –Letter to Family (PDF) (DOC)

3. Social Distancing, Masking, and Shared Activities

Poster - How to Properly Wear a Mask (PDF)

Guidance for Residents - Social Distancing, Masking, Activitic

Guidance for Staff - Social Distancing, Universal Masking, an

FAQs for Staff - Social Distancing, Universal Masking, and Br

Video - Social Distancing (Coming soon)

Video - Universal Masking (Coming soon)

Video – Break Room Etiquette (Coming soon)

4. Universal Symptom and Temperature Screening

Staff Entry Symptom and Temperature Screenin
Resident Symptom and Temperature Screening I
Poster – Health Alert – Know COVID Symptoms
FAQs for Staff – What to Know if You Have COV
FAQs for Staff – Keeping Family Safe if You Have

Universal COVID PCR Screening

Protocol – Universal COVID PCR Screening (Com Protocol – When You Have COVID-19 in Your Nu FAQs for Staff – Universal COVID PCR Screening FAQs for Staff – What to Know if You Have COV FAQs for Staff – Keeping Family Safe if You Have

6. Hand Hygiene

Protocol - Hand Hygiene (PDF) (DOC)

FAQs - Hand Hygiene (PDF) (DOC)

Video – Hand Hygiene (Coming soon)

7. Personal Protective Equipment (PPE) (Coming soon)

PPE Supply Assessment

PPE Prioritization

Protocol - PPE Use

Protocol – PPE Re-Use & Extended Use

FAQs – PPE Use

FAQs - PPE Re-Use & Extended Use

PPE Training - Dos & Don'ts

Video – PPE Use

Video - PPE Re-Use & Extended Use

Video – PPE Dos and Don'ts

8. Cohorting (Coming soon)

Protocol – Cohorting

9. Environmental Cleaning (Coming soon)

Protocol - Environmental Cleaning

FAQs - Environmental Cleaning

Cleaning Cart Guide

Cleaning Training – Dos and Don'ts

Video – Environmental Cleaning

10. Skills Assessment Tools (Coming soon)

11. Observation Tools (Coming soon)

12. Feedback Tools (Coming soon)

Webinar #1 Staff Safety: Protecting Each Other

COVID-19: Addressing Fear

- How does it get into nursing homes?
- How does it spread? Air? Droplets? Clothing? No symptoms?

The Pearls of Prevention

- Do not work sick
- Social distancing
- Breakroom etiquette

- How to wear a mask
- Speaking up
- Protecting each other

What to Expect

- COVID-19 summer rising and fall surge
- Important to practice COVID prevention now

What is COVID-19?

New cold virus called SARS-CoV-2

- Everyone at risk, no immunity
- Antibiotics don't work
- Spreads by infectious droplets and close contact

Produces disease called COVID-19

- Wide range of symptoms, starts mild
- Risk for hospitalization often seen in the second week of illness
- Often stuttering course: get better, then worse again

Severe Disease

- Pneumonia, clotting, severe inflammation and shock
- High risk: elderly, medical conditions (e.g. hypertension, diabetes)

How does COVID-19 spread?

- How does the COVID-19 virus get into nursing homes?
 - No visitors, and residents not interacting with the community
 - Staff are the main way of bringing in COVID-19
- Getting COVID Method 1 of 2
 - Infectious person talks, coughs, sneezes, or shouts infected droplets into the eyes, nose, or mouth of another person
 - SOLUTION: universal masking prevents droplets from reaching others
- Getting COVID Method 2 of 2
 - Infected person touches object

 another person touches object within next many hours, even up to 1-2 days and then rubs eyes, nose, mouth or eats without cleaning hands beforehand
 - SOLUTION: Use hand sanitizer every time before touching face

Key Prevention Strategies

- Universal Masking
- Hand Hygiene
- Social Distancing
- Daily Symptom and Temperature Screening
- Routine COVID Testing
- Staying home when ill



ACTIVE ERRORS

COVID Prevention Activities



Universal Masking

- Prevents infected droplets from reaching face
 - If both persons masked, not considered exposed even if one is ill
- Important to wear mask correctly
 - Must cover nose and mouth
 - Use hand sanitizer to adjust/touch
 - Do not "store" on forehead or under chin
 - Store in clean bag
- Try to mask residents
 - They are high risk for infection
 - Encourage repeatedly to get them used to it

HOW TO PROPERLY WEAR A MASK







INCORRECT: MASK DOES NOT COVER THE NOSE



INCORRECT:
MASK IS HANGING
ON THE EAR AND DOES
NOT COVER THE MOUTH
OR NOSE



INCORRECT:
MASK IS ON CHIN
ND DOES NOT COVER
THE MOUTH OR NOSE



INCORRECT:
MASK IS ON FOREHEAD
AND DOES NOT COVER
THE MOUTH OR NOSE



INCORRECT:
HANDS ARE ON FACE
AND CONTAMINATE
THE MASK

Which Mask When?

Cloth Masks

- Comfortable and washable
- Spares medical mask supply
- For non-medical care staff, residents

Standard Medical Mask

- Prevents droplet spread
- Safe reuse if not wet, soiled, damaged

N95 Respirator

- Use for aerosol generating procedures
- Safe reuse possible with CDC guidance











Hand Hygiene

- Soap and water vs hand sanitizer
 - Hand sanitizer more convenient, individual bottles can be in pocket
 - Hand sanitizer less drying
- Proper Technique: Hand sanitizer
 - Front of hands
 - Back of hands
 - Between the fingers

- Both thumbs
- Wrists
- Tips of fingers





Clean tips of fingers



Clean both thumbs

- Proper Technique: Soap and water
 - Necessary for visibly soiled hands
 - Rub with soap for 20 seconds, then rinse

Hair, Clothing, & Shoes

Hair

- The COVID virus does not go through hair to infect you
- Hair nets are for catching hair strands. They do not add COVID protection.

Clothing

- The COVID
- Recommen
- Laundry de
- Can wash w

REMEMBER: Always clean your hands before you touch your face, eyes, nose or mouth or before eating

you e home from work re

ling soiled laundry.

Shoes

- The COVID virus does not go through shoes to infect you
- No need to bleach soles

Social Distancing: Breakroom Etiquette

- HIGH RISK moment: removing masks to eat
- Without masks, must have other protection from COVID
 - Signs to clean hands, social distance
 - Hand sanitizer bottles on tables
 - Chairs 6+ feet apart

- Clean bags for mask storage
- Disinfectant spray for tables
- Paper towels if wipes not available

- The Pearls of Prevention
 - Minimize time masks are off
 - Encourage eating outside in open air place chairs, sun shade
 - Even outside ensure 6 feet of distance

Daily Symptom & Temperature Screening

- COVID-19 often begins with mild symptoms
 - Daily symptom screen
 - Emphasize importance
- ANY symptom, even if mild
 - Staff may not consider 99F a fever
 - Staff often work ill without complaining
 - Often underinsured for healthcare
 - Often very few sick days allotted
 - Leaders need to take mild symptoms seriously, else could infect more staff



HEALTH ALERT

Inform your supervisor immediately if you have any of these symptoms at any time during your shift:

- Fever (≥99 F) or chills
- Cough
- Shortness of breath
- Muscle aches
- Unexpected fatigue
- Sore throat

- Loss of taste or smell
- Headache
- Diarrhea, vomiting, or nausea
- Other cold symptoms

For poster clings, email name, title, facility address and # desired posters to COVIDTeamOC@gmail.com

Encourage Speaking Up

Working while ill

 Others not masking not distancing

Why staff are silent

Fear job risk
Coworkers cover work
Underinsured
Ignorance is bliss
Symptoms mild

Coworkers insulted

Why staff should speak

Be tested
Rest at home
Medical attention
Protect family
Most infectious early on

Coworkers protected



Feeling off? Mask before you cough



Be bold, mention if you have a cold



When you greet, keep 6 feet



How to cope? Use hand rub or soap

Routine Testing for COVID-19

COVID PCR testing

- CMS guidance: weekly testing of staff
- CDPH guidance: test 25% staff per week = monthly staff screening

Why test staff?

- Staff afraid to speak up
- Staff working sick
- Clean environment

- Send home → prevent further spread
- Encourage ill staff member to take care
- Screen residents

How to test?

- OCHCA testing sites limited, uses staff insurance
- Partner with other labs (commercial, UCI Health)

COVID Trends: Why Prepare Now?

Summer cases rising

- OC reopening
- Many not masking or social distancing
- Many working while ill

Why worse in fall?

- Schools reopening
- If virus seasonal, worse when temperature, humidity drops
- Anticipate fall second wave

What to expect

- Need to assess PPE supplies and prepare for possible second wave
- Practice makes perfect: masking, social distancing, speaking up, testing

Your Role: Nursing Home Leadership

Educate, address fear

- Correct errors in masking, hand hygiene, or social distancing
- Care about mild symptoms
- Remind them of coverage for COVID sick days

Lead by example

- Praise those who speak up
- Encourage others to correct your behavior, show how to respond well
- Show how to socially distance, clean hands before touching mask

Next steps

- Email <u>COVIDTeamOC@gmail.com</u> for symptom poster clings
- Review <u>www.ucihealth.org/stopcovid</u> materials and email for consultation

Questions?



(949) 824-7806 or COVIDTeamOC@gmail.com