

LDH NURSING HOME FACILITY TOOLKIT



GUIDANCE FOR:

- PPE & Infection Control
- Staffing
- Testing Recommendations



INTRODUCTION

Since the start of COVID-19 in Louisiana, the Louisiana Department of Health has been working closely with nursing home facilities to minimize infection, increase testing and prevent the spread of the virus.

To provide even more intensive support at the individual facility level, the Office of Public Health has devised a Regional Nursing Home Plan focusing on assessment, testing and technical assistance. OPH's Infectious Disease Epidemiology section trained regional staff to conduct Infection Control Assessment Reports (ICAR) in



late March and the regional teams have since conducted telephonic ICAR sessions with nursing homes in all regions. The ICAR provides valuable information, which requires nursing

homes to assess their infection control practices and identify areas for improvement to mitigate the spread of infection within facilities. Regional teams offer ongoing telephonic support as needed and ID Epi conducts daily surveillance of nursing homes.

In April, Regional Medical Directors partnered with LDH EOC to coordinate the receipt and distribution of Personal Protective Equipment (PPE) orders for nursing homes throughout most regions. And, as the plan to provide ongoing targeted support to nursing homes continued to evolve, regions have developed strike teams to conduct or facilitate testing at nursing homes, for both residents and staff, and to provide in-person site assessments and technical assistance. Again in partnership with ID Epi, regional teams have received training and support from the Healthcare-associated Infection Control team (HAI).

As part of this larger effort, this Nursing Home Facility Toolkit aims to be a first-stop resource for nursing home facilities that desire to learn more about staffing, PPE and infection control, testing and reporting.

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QUICK RESOURCES

PPE

State Supply Hotline:
225-325-5900

Battelle Critical Care

Decontamination System:

Enroll: <http://battelle.org/decon>

FAQs: <http://battelle.org/N95>

INFECTION CONTROL

Louisiana Infection Control Inquiries:

[http://ldh.la.gov/index.cfm/](http://ldh.la.gov/index.cfm/page/1045)

[page/1045](http://ldh.la.gov/index.cfm/page/1045)

Notify the Department of Health of a COVID-19 Reportable Condition:

<https://laredcap.oph.dhh.la.gov/surveys/?s=NYW8TYETNF>

24-Hour Line for Louisiana Providers:

1-800-256-2748

STAFFING

Louisiana Health Work Connect:

<https://healthworkconnect.la.gov>

TESTING

Regional Medical Directors:

- Region 1: Dr. Joe Kanter
504-616-1456
- Region 2: Dr. Dawn Marcelle
225-342-6933
- Region 3: Dr. Chip Riggins
985-447-0916 ext. 340
- Region 4: Dr. Tina Stefanski
337-262-5311
- Region 5: Dr. Lacey Cavanaugh
337-475-3203
- Region 6: Dr. David Holcombe
318-487-5262
- Region 7: Dr. Martha Whyte
318-676-7489
- Region 8: Administrator Jeff Toms
318-361-7227
- Region 9: Dr. Gina Lagarde
985-543-4886

PPE & INFECTION CONTROL

PPE & HANDWASHING

PPE Guidance

Use PPE when caring for patients with confirmed or suspected COVID-19. The most commonly used PPE are disposable gloves and face masks, but parts of your facility may also be using face shields and/or goggles and disposable gowns.

Follow your facility's training and procedures. When in doubt, refer to guidance provided by the [CDC](https://www.cdc.gov).

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance and disposal of PPE.
- Demonstrate competency in performing appropriate infection control practices and procedures.

Remember:

- **Face masks must be donned correctly and worn at all times while working at the nursing home.** Some people can spread the coronavirus that causes COVID-19 without having symptoms. By wearing a face mask you prevent spreading your germs, which protects residents and healthcare personnel. Masks also help to protect you from the germs other healthcare personnel or residents may be carrying.
- PPE must be donned correctly before entering the resident area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., adjusting face mask) during resident care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and resident care.

Donning and Doffing

More than one donning or doffing method may be acceptable. Training and practice using your healthcare facility's procedures is critical. Following are examples of donning and doffing



a face mask and gloves.

Donning (putting on the gear):

1. Identify and gather the proper PPE to don.
2. Perform hand hygiene using hand sanitizer.
3. Put on face mask. Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears. If the mask has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Face mask should be extended under chin. Both your mouth and nose should be protected. Do not wear face mask under your chin or store in scrubs pocket between patients.*
4. Perform hand hygiene before putting on gloves. Gloves should cover the wrist.
5. Healthcare personnel may now enter resident's room.

Doffing (taking off the gear):

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Perform hand hygiene.
3. Healthcare personnel may now exit patient room.
4. Perform hand hygiene.
5. See [Page 4](#) for guidance on reusing and decontaminating PPE.

PPE & INFECTION CONTROL

Receiving and Requesting PPE

The federal government is providing shipments of PPE directly to nursing homes. For state assistance, call the [State Supply Hotline at 225-325-5900](#) seven days a week from 8 a.m. to 5 p.m. CST.

VIDEO RESOURCES

[PPE Lessons](#)

Learn what PPE should be used in long-term care facilities and nursing homes, when and how to use it correctly to help protect yourself and residents from COVID-19.

[Demonstration of Donning PPE](#)

This video is intended for healthcare personnel caring for patients with suspected or confirmed COVID-19. It demonstrates one method described in CDC's infection control guidance for putting on PPE in healthcare settings.

[Demonstration of Doffing PPE](#)

Intended for healthcare personnel caring for patients with suspected or confirmed COVID-19, this video demonstrates one method described in CDC's infection control guidance for taking off PPE in healthcare settings.

PPE Extended Use and Decontamination Guidance

[Optimizing the Supply of PPE and Equipment:](#)

PPE shortages are currently posing a tremendous challenge to the U.S. healthcare system because of the COVID-19 pandemic. Healthcare facilities are having difficulty accessing the needed PPE and are having to identify alternate ways to

provide patient care. CDC's optimization strategies for PPE offer options for use when PPE supplies are stressed, running low or absent. Learn more [here](#).

[Battelle N95 Decontamination System:](#)

The Battelle Critical Care Decontamination System is available to healthcare providers to facilitate the safe reuse of contaminated N95 masks. Each Battelle system can decontaminate thousands of N95 masks per cycle using vaporized hydrogen peroxide effective against both viral and bacterial agents. Each mask can be reused up to 20 times via the Battelle system.



Non-N95 masks (KN95, surgical or other types) or masks that are soiled with **makeup**, blood or bodily fluids may be discarded.

Battelle's collection process ensures each facility receives its own masks back after decontamination. This process system is detailed upon [enrollment with Battelle](#), but it works like this:

- All masks must be labeled with a 3-digit facility-specific code (received upon enrollment). Magic marker can be used.
- Your facility will designate a bagged container for mask disposal (no other PPE should be discarded in it).
- Once filled, sealed and double-bagged, the masks will be sent in a shipping box labeled with the 3-digit code and a biohazard sticker.
- The box will be shipped to the Battelle system's location, where the masks will be disinfected and returned within 5-7 days.

Learn more about the Battelle system [here](#).



PPE & INFECTION CONTROL

What happens when you sign up with the Battelle Critical Care Decontamination System? Here is a step-by-step look at how to send your N95 masks off for decontamination.



Potential cost savings of using the Battelle system:

(*based on 85% mask return rate)

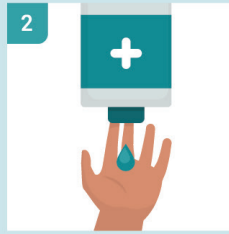
	Small Healthcare Facility	Medium Healthcare Facility	Large Healthcare Facility
N95 Weekly Burn Rate	250	500	1,500
Potential Monthly Cost Savings*	\$3,250	\$6,500	\$19,500

PPE & INFECTION CONTROL

Handwashing: Protect Yourself and Others Against Infections



WET HANDS



APPLY SOAP



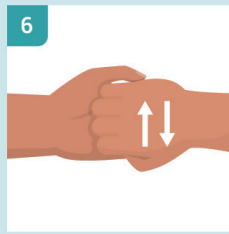
RUB HANDS
PALM TO PALM



LATHER THE BACKS
OF YOUR HANDS



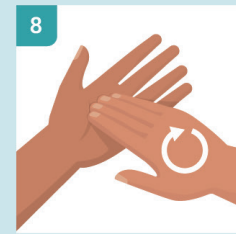
SCRUB
BETWEEN YOUR FINGERS



RUB THE BACKS
OF FINGERS ON
THE OPPOSING PALMS



CLEAN THUMBS



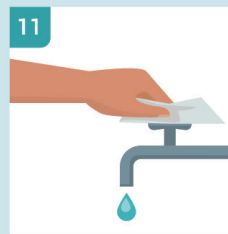
WASH FINGERNAILS
AND FINGERTIPS



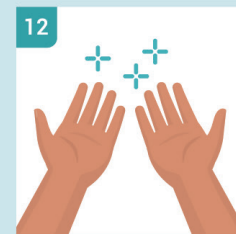
RINSE HANDS



DRY WITH
A SINGLE USE TOWEL



USE THE TOWEL
TO TURN OFF THE FAUCET



YOUR HANDS ARE CLEAN

APPLICATION OF HAND SANITIZER



APPLY THE PRODUCT ON
THE PALM OF ONE HAND



RUB HANDS TOGETHER



COVER ALL SURFACES
UNTIL HANDS FEEL DRY
(20 SEC)

VIDEO RESOURCES

[CDC Clean Hands](#) / [JHU WHO Hand Washing Technique](#)

INFECTION CONTROL & PREVENTION

CDC and LDH Guidance

[This guidance](#) is intended to assist nursing homes and public health authorities with response and cohorting decisions in nursing homes. This guidance supplements but does not replace recommendations included in the [Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#).

All facilities should adhere to current CDC infection prevention and control recommendations, including universal source control measures; visitor restrictions; screening of residents and healthcare personnel (HCP); and [promptly notifying the Louisiana Department of Health](#) about any of the following:

- Resident or HCP with suspected or confirmed COVID-19,
- Resident with severe respiratory infection resulting in hospitalization or death, or
- ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.

These situations should prompt further investigation and testing for SARS-CoV-2, the virus that causes COVID-19.

Find a contact for infection control inquiries in your region [here](#), or call the [24-hour line for Louisiana healthcare providers at 1-800-256-2748](#). COVID-19 quick resources from the Louisiana Department of Health are available [here](#).

Visitation Restrictions

The Louisiana Department of Health is committed to taking critical steps to ensure residents and clients in nursing facilities are protected from communicable diseases, including the coronavirus that causes COVID-19. For this reason, the State Health Officer has mandated and directed that all nursing facilities licensed in Louisiana restrict all visitors. Read the full memo [here](#). As of May 15, 2020 this order has been [extended indefinitely](#).

Isolation and Cohorting Practices

Isolation:

Residents suspected or confirmed with COVID-19 should be isolated immediately. If isolation involves patient transport through the facility, a mask should be placed on the resident prior to resident movement. Isolation strategies include placing the patients in a separate area.

Ideally, isolation occurs in a private, well-ventilated room with a door that can be closed. Private bathrooms should be

VIDEO RESOURCES

[Closely Monitor Residents for COVID-19](#)

Learn the importance of recognizing new or worsening infections quickly in nursing homes. The earlier sick residents can be identified, the faster COVID-19 can be prevented from spreading throughout the building. Monitoring sick residents can help catch serious illness early.

[Keep COVID-19 Out!](#)

Learn what staff, vendors and consultants should do to protect residents and keep COVID-19 out of your building. Understand the importance of wearing face masks, using them in the right way, checking for symptoms daily and staying out of the building when sick.

[Sparkling Surfaces](#)

Keep nursing home residents healthy by knowing how and when to clean and disinfect environmental and equipment surfaces. These surfaces create an opportunity for viruses and bacteria to survive. Proper cleaning and disinfection are important ways to keep surface pathogen levels low and prevent infections from spreading to other residents.

used when possible. For shared rooms where there are no other isolation options, a physical barrier, such as a privacy curtain, should be used while finding alternative isolation solutions.

To maintain a robust isolation response, facilities should maintain a dedicated isolation space to cohort confirmed COVID-19 cases.

[Cohorting:](#)

For nursing home management companies that have the capacity, it is encouraged that a nursing home facility is identified for the management of all COVID-19 nursing home cases in the region. However, where this is not possible, facilities may instead cohort residents.

Establish a designated unit for residents with confirmed COVID-19, which ideally should be physically separated from other facility residents and units. Examples included a dedicated floor, wing or cluster of rooms, depending on facility capacity. Designated areas allow for the residents to isolate as a cohort.

Benefits of cohorting include increasing isolation capacity, minimizing staffing needs and reducing PPE burn rates. Dedicated healthcare providers are assigned to the COVID-19 units.

Resident and Staff Isolation Guidance

The following isolation strategies should be implemented:

- Residents and staff should be monitored daily for signs of respiratory illness. Residents who become symptomatic should be isolated immediately and tested for COVID-19. Staff who become symptomatic should don PPE and leave the facility to isolate at home while waiting for test results.
- Staff who work across multiple facilities should be designated to a single nursing home facility. Where possible, health-care staff should continue to work on their unit or wing. If possible, healthcare staff working in dedicated COVID-19 areas should not work in areas where presumed COVID-19 negative patients are placed.
- Follow LDH guidance on recovering residents and return-to-work policies. There are test-based, symptom-based and time-based strategies for end of isolation and return to work. CDC's guidance does not indicate a preference for test-based over symptom or time-based. However, Louisiana's guidance is more stringent (for congregate settings only) in the following ways:
 1. In Louisiana, the test-based strategy is preferred for residents of congregate settings. No preference for the test-based strategy is indicated for staff at these facilities.
 2. For both the symptom and time-based strategies, Louisiana has extended the recommended time since onset of symptoms and first positive test, respectively, from 10 to 14 days.

Please see below for detailed guidance for each strategy:

Test-based strategy:

- Resolution of fever without the use of fever-reducing medications, and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

Symptom-based strategy:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications, and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and

- At least 14 days have passed since symptoms first appeared.

Time-based strategy:

- At least 14 days have passed since the date of the individual's first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the test-based strategy or symptom-based should be used.

Guidance for Memory Care Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units where numerous residents with cognitive impairment reside together. Healthcare personnel working in memory care units should follow the infection prevention and control recommendations for those specific settings. When residents on a memory care unit are suspected or confirmed to have COVID-19:

- [Implement universal use of eye protection and N95 or other respirators](#) (or face masks if respirators are not available) for all personnel when on the unit to address potential encounters with wandering residents who might have COVID-19.
- Consider potential risks and benefits of moving residents out of the memory care unit to [a designated COVID-19 care unit](#).
- Facilities may determine that it is safer to maintain care of residents with COVID-19 on the memory unit with dedicated personnel.

- Consider that by the time a COVID-19 case has been identified, other residents and personnel on the unit may have already been exposed or infected. Therefore, [additional testing may be needed](#).

Shared Equipment and Storage

- Non-invasive, shared equipment and storage spaces should be disinfected between each use, after any bodily fluid or visible contaminants are splashed on the equipment, and at regular pre-defined intervals.
- Ensure that hands are washed and clean PPE is donned before the disinfection process begins.
- Ensure that the storage space remains clean before and after returning the equipment.



Cleaning products on [this list](#) meet the Environmental Protection Agency's criteria for use against SARS-CoV-2

STAFFING



In response to the COVID-19 outbreak, the Louisiana Department of Health has launched an initiative, **Louisiana Health Work Connect**, to help facilities fill healthcare staffing shortages with candidates looking for work.

This program recruits available care providers through targeted outreach and matches them to opportunities at participating facilities based on skill-sets and individual preferences.

Sign up for Louisiana Health Work Connect to receive lists of candidates looking for work — all you need to do is complete a few simple steps

1

Enroll your facility by completing the registration form at <https://airtable.com/shr2K9CGevKIAjE8X>. LDH will verify your registration upon submission.

2

Once approved, you will receive an email from louisiana.healthworkconnect@usdigitalresponse.org or an la.gov email address with more information on how to submit your staffing needs.

3

LDH then provides a daily list of matched candidates looking for work in your region. If there is a candidate you would like to bring on, you can reach out and initiate the normal certification checks, interviews and hiring processes.

Health Work Connect is an effort to streamline and accelerate the recruitment process in response to Louisiana's healthcare needs. Because we can only match the available talent supply with demand, the program is best used to fill ongoing or medium-term needs rather than emergent demands.

For questions or suggestions of ways this program can better meet your needs, please contact the Health Work Connect team at Healthwork.Connect@la.gov.



For more information about the Louisiana Health Work Connect initiative, please visit healthworkconnect.la.gov



EMERGENT OR SHORT-TERM NEEDS

Should a facility have emergent questions or concerns, it should contact its Regional Nursing Home Strike Team.

RELAXED CNA REQUIREMENTS

Under a proclamation by Governor John Bel Edwards, the Louisiana Department of Health's Health Standards Section (HSS) has allowed certified nursing assistants/students (CNAs) to work in nursing homes for up to four months with supervision before being tested.

HSS has also allowed CNA students to finish their curriculums virtually in order to get them into the workforce at nursing homes. Additionally, HSS sent an approved test for both written and skills competency to certain schools that were able to accommodate the testing, so that all testing could be completed within the four months that the CNA students were able to work in the nursing homes. This enabled the CNA students to receive proper certification and placement on the State Registry.

Community colleges will begin summer sessions virtually for

the Nurse Assistant Training Program (NATP) as they are able to arrange the on-site contracts with nursing so students may obtain the required clinical training.

HSS will provide the appropriate testing materials to these facilities at the completion of the program. The program must currently be enrolled with HSS as a certified program and follow the established guidelines. This arrangement is for the summer 2020 session only.

DIRECT SERVICE WORKERS

HHS has allowed the use of direct service workers (DSWs) in nursing homes.

DSWs are usually not allowed in nursing homes unless they are a certified nursing assistant as well, but received permission to work provided:

- The DSW took the online training and tests, and
- The nursing home determined the DSW's competency to perform the direct care tasks he/she was performing, and
- The DSW performed direct care tasks with supervision.

TESTING RECOMMENDATIONS

COMPREHENSIVE TESTING

LDH issued formal guidance on May 8, 2020 encouraging comprehensive testing of residents and staff in congregate settings, including nursing homes. Read the full HAN [here](#).

Testing resources are being allocated to each region to ensure access to sufficient collection kits and lab capacity to test nursing residents and staff. Should a facility have questions or concerns, it should contact its Regional Medical Director.



REPORTING REQUIREMENTS

Nursing homes are required to [report positive COVID-19 cases](#) to the Department of Health. The Department is working with each individual facility to increase testing of residents with and without symptoms, to minimize infection and to prevent the spread of COVID-19.

The greatest risk for nursing homes is COVID-19 spreading within facilities and among vulnerable residents. A nursing home with residents who have tested positive for the illness is not a threat to the general public.

The Department is [following](#) recent [CMS requirements](#) to make certain data available publicly, including to residents, their representatives, and families of those residing in nursing facilities. Weekly reports are available [here](#).

OFFICE OF PUBLIC HEALTH'S REGIONAL MEDICAL DIRECTORS



Region 1

Dr. Joe Kanter
504-616-1456

Region 2

Dr. Dawn Marcelle
225-328-8832

Region 3

Dr. Chip Riggins
985-447-0916 ext. 340

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Dr. Tina Stefanski
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Region 8

Regional Administrator
Jeff Toms
318-361-7227

Region 9

Dr. Gina Lagarde
985-543-4886

*to be confirmed



Are you looking for more information on testing for COVID-19 in nursing homes? Refer to [this guidance](#) from CDC

