

COVID-19 Infection Control Assessment Response (ICAR) Summary Veteran's Home in Tilton, NH March 12, 2021

The NH DHHS Healthcare Associated Infections Program and the Congregate Settings Investigation Unit compiled these observations and recommendations after performing an onsite infection control assessment at your facility using the CDC's [ICAR Tool](#). These observations and recommendations are non-punitive and are intended to guide your facility in appropriate COVID-19 infection control and response measures. Sections 1 will review facility demographic information, sections 2-7 cover personal protective equipment (PPE), hand hygiene, environmental cleaning, general IPC practices, resident-specific practices, and SARS-CoV-2 testing. The final sections 8-14 cover observations made during visit to facility.

Discussion Sections 1-14 Policy Review

Section 1: Facility Demographics and Critical Infrastructure

Observations:

The New Hampshire Veteran Affairs Home (VH) is a 250 bed nursing home located in Belknap County, New Hampshire. The current census of the facility was reported as 92 residents. There are a total of 5 units within this facility comprised of 121 single rooms and 52 semi-private rooms. There is one Infection Control Practitioner (ICP) trained at this facility. This staff member helps educate HCP (Healthcare Personnel) staff with infection control policy and assurance. Based on NH surveillance, Belknap County has minimal transmission rate of COVID-19. The COVID-19 county-level positivity rate at the time of this assessment was <5 %, though may be slightly higher due to delays in reporting and patient testing. This facility has had a previous virtual VA (Veterans Affairs) infection control consultation and assessment on 12/3/2020. The current PPE (Personal Protective Equipment) supply for staff and residents is reported as a > 4 week supply at this time. There is policy setup for contingency should the facility need additional resources, but at this time they have adequate PPE. Environment services staff are using products listed on the [EPA List-N Disinfectants](#) for Use against SARS-CoV-2 and are aware of appropriate contact times. There are adequate supplies to clean and disinfect the facility multiple times throughout the day, including increased frequency during the outbreak within the facility. Current staffing, PPE supply, and testing capabilities are adequate to handle an outbreak in the facility, should one occur.

Section 2: Personal Protective Equipment

Observations:

Personal protective equipment (PPE) stock is sufficient at this time. PPE is stored in unlocked carts outside of resident rooms, stored in a locked storage room *on* each care unit and medication room. Staff are using an N95 respirator with surgical mask covering throughout shift, the surgical masks are changed after an encounter with a resident on precautions, end of shift, and after breaks. The respirator is used for multiple days/shift and discarded after one work week. Staff stored N95 masks in labeled, brown paper bags which were stored in a staff break room, with an area in the same room to clean eye protection with the available wipes. Eye protection is non disposable and cleaned and disinfected prior to shift, if soiled, and disinfection at end of shift. Staff have been observed by ICP storing eye protection by resting item on top of head or clipped to clothing, eye protection is not worn out of facility. Facility did not have a designated area where eye protection was stored.

Transmission based precaution supplies are used with residents that have known or confirmed COVID-19 infection. Gloves and gowns are disposable and are donned prior to entering a resident room. Proper use of PPE was explained during various situations with residents that outlines the facilities response to different situations within the facility (e.g. residents who are not currently COVID-19 positive versus known COVID-19 patients). Currently, there is a universal source control policy when inside of the building. Staff members are required to wear a surgical facemask while in the facility. Facility implemented a new respiratory hygiene program in April 2020. Most staff are now fit-tested. Only fit tested staff can assist with nebulizer treatments or other aerosol generating procedures. Staff awaiting fit testing perform a seal check, the seal check is a procedure conducted by the respirator wearer to determine if the respirator is being properly worn and does not take the place of proper fit testing. Facility is working to ensure that all staff are fit tested.

The facility had difficulties ordering N95 masks from suppliers, and have been able to order via the state Emergency Service Unit when necessary. When gowns were hard to come by, gowns were reused. Re-using gowns can lead to the spread of other infectious agents such as *Clostridioides difficile* and antimicrobial resistant organisms. To prevent transmission of other agents while re-using gowns, the facility took all the necessary actions. When gowns were unable to be purchased, the facility hung gowns in patient room. Each healthcare worker had their own gown for each patient. Multiple staff members did not use the same gown. During the COVID-19 outbreak gowns were worn for the care of more than one patient in the isolation unit according to CDC [crisis capacity](#) stating gowns may be worn when caring for different residents who have confirmed COVID-19 and are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., *Clostridioides difficile*). This were important steps to prevent the spread of other infectious agents.

Recommendations:

- It is important to consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model. If no manufacturer guidance is

available, **data suggest limiting the number of reuses to no more than five uses per device** to ensure an adequate safety margin. [CDC Strategies for Optimizing the Supply of N95 Respirators](#)

- After cleaning and disinfecting eye protection, staff should store it in a designated clean area within the facility. It should **not** be stored in the same breathable containers housing used respirators or facemasks. Recommend providing a separate bag to store clean eye protection when not worn.

Section 3: Hand Hygiene

Observations:

The screening station at the entrance to the facility had hand sanitizer and encourages people to use it upon entry into the facility. There is adequate signage to encourage hand hygiene. The facility does encourage the use of alcohol-based hand sanitizer (ABHS). The ABHS does contain at least 60% alcohol and is adequate for sanitizing hands. All medication carts and nursing stations had alcohol based sanitizer available. Approximately three wall mounted units of alcohol based sanitizer per resident hallway. Access to hand sanitizer was not an issue and adequate for the facility. In situations of visibly soiled hands, the facility does encourage using soap and water to wash hands. After resident care encounters there is a sink for hand washing in each resident care room, as well as in the medication room.

Recommendations:

- NH DHHS recommends considering a GloGerm activity as part of education for staff members and residents in the facility as a visual tool to assess proper hand washing technique. GloGerm can be [purchased](#) directly off their website.

Section 4: Environmental Services

Observations:

Environmental services (EVS) was able to explain their cleaning and disinfection process adequately. The environmental services manager was able to distinguish between cleaning and disinfection. Contact time of the product was discussed and adequate knowledge was demonstrated in regards to length of wet time for disinfection. The facility does use a bleach solution requiring mixing prior to use, this mixture is made following directions from manufacturer and discarded after 24 hours. Training has been provided by EVS supervisor for all personnel that are given the responsibility to prepare cleaning chemicals. The facility also uses Ecolab premixed cleaner and Sani-Cloth plus Germicidal disposable wipes.

Environmental services were able to explain what high touch surfaces were and how often cleaning them was performed. Resident rooms and common areas are cleaned once a day, shared, non-

disposable equipment cleaned and disinfected after each resident. The EVS was able to explain proper terminal cleaning procedures and when to apply them. Overall environmental practice in this facility is adequate.

Recommendations:

- Frequent and thorough cleaning of environmental surfaces is a core infection prevention activity. Consider increasing the cleaning frequency of high touched surfaces in the resident care environment and common areas. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

Section 5: General Infection Prevention and Control (IPC) Policies

Observations:

There is at least one staff member trained in infection prevention and control. The Infection Preventionist has completed the CDC Nursing Home Infection Preventionist Training Course. The Infection Preventionist is responsible for training staff on infection control and prevention. The infection Preventionist is studying for Certification Board of Infection Control and Epidemiology. The Infection Preventionist is sometimes called upon to assist in resident care if necessary.

Influenza vaccination rates are reported as >90% among residents, and <50% for staff. Flu vaccine is offered at no charge to employees. The rates of vaccination for COVID-19 at the time of this assessment were 96 % in residents, staff rate is <50 % at time of this assessment.

Recommendations:

- Support Infection Preventionist to receive Board of Infection Control and Epidemiology Certification.

Section 6: Resident-related Infection Prevention and Control Policies

Observations:

It was reported that all residents are encouraged to wear facemasks when leaving their room as well as when HCP enter their room regardless of the unit they are on. Asymptomatic residents are monitored for signs and symptoms of COVID-19 at least daily. Vitals are taken on each shift, those individuals who are being monitored for exposure to COVID-19 have increased screening questions in addition to their daily vitals. Symptomatic residents awaiting test results remain in assigned room, and moved to COVID-19 unit if test positive. New admission or readmission without known infection are roomed in a private room until the end of 14 quarantine period. The facility has a separate unit dedicated to housing positive COVID-19 residents with separate entrance and exit.

The COVID-19 unit was not currently in use as there was no active outbreak, last positive test in a resident at this facility was 12/21/2020. However, the staff members were able to adequately describe the process if the unit were to be activated. It is a secure unit so entry is controlled. There is a dedicated

exit room, limiting in and out traffic intersecting. When the unit is active the PPE storage carts are outside of the resident rooms. The unit has dedicated equipment and staff.

Section 7: SARS-CoV-2 Testing (COVID-19)

Observations:

This facility is able to perform the routine testing per CMS guidelines. Specimen collection occurs within each patient room with the door closed. This facility has not experienced difficulty getting testing supplies, recently the facility has experience a delay in pickup of specimens by state currier resulting in a 24 hours delay in test results. This facility does use antigen testing. If the facility gets a negative antigen test result, it will be reflexed to perform a RT-PCR within 48 hours. This facility performs testing on all symptomatic residents and recommends that all HCP get tested if they experience symptoms. Case by case consideration is placed on HCP experiencing specific symptoms at the discretion of the Director of Nursing. During an outbreak, this facility is able to conduct viral testing of all residents in the nursing home and increases its viral testing of previously negative resident to every 3 to 7 days until testing has identified no new cases for at least 14 days.

Observations Sections 8-14

Section 8: Screening Stations Observations

Observations:

There is an active screening station all individuals that enter are screened per CDC guidelines for COVID-19. Staff who do not use main entrance (e.g. laundry, kitchen staff, maintenance, etc.) are screened by their department managers. When the facility experienced an outbreak, they appropriately followed recommendations to suspend visitation and non-essential personnel except for in compassionate care circumstances.

At the time of the assessment, visitors were greeted by staff member. All staff and visitors are required to participate in the screening process upon entry into the building. A screening station was setup at the front entrance. The screening station had facemasks and hand sanitizer available for guests and staff. A dedicated staff member was assigned to work the screening station. The staff member administers the screening questions and takes the visitor's and staff's temperature with a no touch thermometer. The staff member administering the screening is wearing a facemask and eye protection during the screening process.

Screening questions assess the following:

1. Chills
2. New or worsening cough or sneezing

3. Shortness of breath
4. Muscle aches, shaking with chills
5. Chest congestion
6. New onset loss of appetite, taste or smell
7. Fatigue
8. Sore throat
9. Runny nose
10. GI symptoms such as nausea, vomiting, or diarrhea
11. If you had self-quarantined due to exposure to COVID-19
12. Travel history in the previous 14 days

Recommendations:

DHHS recommends to occasionally ask screening questions in random order for staff who may have become accustomed to answering “No” out of habit.

Section 9: Hand Hygiene Observations

Observations:

Hand hygiene was observed among staff members, the hand washing was demonstrated to be appropriate. There was hand sanitizer dispensers that were shown to be in good working order and functional. There was observed hand sanitizer on medication carts and nursing stations. Approximately 3 wall mounted units of alcohol based sanitizer per resident hallway.

Section 10: PPE Use Observations

Observations:

LNA III described to this observer the doffing process, there were important steps missing as well as discrepancies regarding the disposal of contaminated PPE.

Recommendations:

- Additional competency based training for proper PPE donning and doffing for all staff. Empower staff in all departments to observe and be able to teach proper technique to staff that may need reminders of how to properly perform tasks.
- Refer to CDC guidance regarding proper [donning and doffing of PPE](#)

Section 11: Frontline HCP Interview Observations

Observations:

DHHS staff member interviewed frontline staff members who were able to adequately describe when hand hygiene should be performed. The staff member reported before touching a resident, after touching a resident, before clean aseptic procedures, after bodily fluid exposure, and after touching resident surroundings. The staff member reported using ABHS in most clinical situations as it is more efficient than washing hands with soap and water, and more easily accessible, unless hands were visibly soiled. The staff member was able to adequately report hand washing with soap in water in the following situations; when hands are visibly soiled, before eating and drinking, after using the restroom, during an outbreak of *Clostridioides difficile* or *norovirus*.

Section 12: Environmental Services Observations

Observations:

The EVS staff interviewed was very articulate regarding the process and order of daily cleaning of residents rooms. Very detailed oriented in acknowledging the high touch surfaces.

Recommendations:

- DHHS recommends the use of a product such as GloGerm to periodically assess proper cleaning technique, especially on high touch surfaces in resident rooms and common areas.

Section 13: Social Distancing/Breakrooms Observations

Observations:

Breakroom was observed during on-site visitation. The facility did a very good job at assigning seats every 6 feet with visible cues marked off on chairs and tables. So staff would know where it was safe to sit with the appropriate social distance.

Visitors for compassionate care situations do receive PPE usage training when they come to visit along with assessment of social distancing.

Recommendations:

- NH DHHS recommends placing cleaning supplies in the break room (e.g. Clorox wipes) so staff can clean the area they utilized during break.

Section 14: Designated COVID-19 Care Area Observations

Observations:

Unit was not currently in use, no active outbreak. However, the staff was able to adequately describe the process if the unit were to be activated. It is a secure unit so entry is controlled. There is a dedicated exit, limiting in and out traffic intersecting. When the unit is active the PPE storage carts are outside of the resident rooms. The unit has dedicated equipment and staff.

Section 15: Summary

The Veteran Affairs Nursing Home has the critical infrastructure to support infection prevention and control activities. The facility has all the necessary infection prevention and control policies and protocols. During our site visit, DHHS staff observed facility staff and residents adhering to the recommendations, including but not limited to COVID-19 screening, personal protective equipment, hand hygiene, environmental services, resident care, testing and vaccinations. The facility works with the NH DHHS Congregate Setting Investigation Unit when implementing new infection control recommendations. The facility's supply of personal protective equipment and cleaning supplies are sufficient at this time. The facility does order supplies through their vendor and State Emergency Services Unit when necessary. Overall, the Veteran Affairs Nursing Home has all the essentials to control COVID-19 within their organization.