Understanding the Cohorting and PPE Requirements of the Massachusetts Nursing Facility Infection Control Competency Checklist
Thank you for everything you are doing!
Goals for Today

- Cohorting Core Competency
- PPE Core Competency

➢ Competency Itself
➢ Implementation Tips

- Answers to FAQs last week included in presentation today
- Gray remains
- Daily list to Mass Health
- Making the most of our 60 minutes together
- Please, use chat, we gather and follow up
Today’s Speakers

- Dr. Larissa J Lucas, MD FACP
  Medical Director, North Shore Physicians Group
  Medical Director, Alliance at Rosewood, Alliance at Devereux House

- Matthew Salmon, PT, MHP, MBA
  Chief Executive Officer
  SALMON Health and Retirement
Core Competency Cohorting

**CORE COMPETENCY:**

Residents who are confirmed by testing to be infected with COVID-19 or who are recovering from COVID-19 have been separated from residents who are not infected and have unknown status (i.e., in dedicated wings/units or in separate rooms). The following must be true:

a. All residents who are confirmed positive for or recovering from COVID-19 are either in completely dedicated COVID-19 positive wings; or, if unavailable, residents are cohorted appropriately, either in a room alone or cohorted into a room with other confirmed cases.

b. All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases.
Cohorting

Resident **cohorting** is re-evaluated by infection control lead and clinical staff and implemented each day based on results of any of the following: surveillance testing (if available), temperature checks, and symptom screening in accordance with the CDC’s recommendations.

The nursing facility has implemented a staffing plan to limit transmission, including:

a. Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive.

b. Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day.

c. An established policy to minimize the number of staff interacting with each resident.
Implementation Tips

- Meaningful Separation
- Frequent Assessment
- Floor Plans
- Overflow
Active Floor Plan
All congregate spaces have been closed and all group events involving close proximity ceased.

There is no communal dining, or, in accordance with CMS guidance, eating in dining areas with appropriate social distancing is only used as a last resort; i.e., only allowed for residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID-19, and with cognitive needs that warrant such accommodation. The facility must perform terminal cleaning at the end of each meal.
Core Competency PPE

**CORE COMPETENCY:**

Staff have been trained on selecting, donning, and doffing appropriate PPE and demonstrate competency of such skills during resident care.

Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with DPH guidance.

Individuals serving as PPE coaches, who are responsible for providing just-in-time education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies.
Implementation Tips

For asymptomatic or covid negative units (when COVID is in the building) we must conserve gowns

- Team Huddle to determine what care each patient needs and go in as a team to be efficient and provide as much care all at once. Anyone in the room addresses as many needs of the patient as possible.

- “Gown conservation in time of shortage”

- Coveralls should not be used on COVID negative units b/c the donning and doffing between patients is more complicated and time consuming.
Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents, or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided.

Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents.
CORE COMPETENCY:

If there are COVID-19 cases identified in the facility, health care professionals are wearing recommended PPE for care of all residents, in line with the most recent DPH PPE guidance.

Residents are wearing a facemask (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the nursing facility for essential medical appointments.

All nursing facility personnel are wearing a facemask while in the facility.
Implementation Tips

❖ Simplicity
❖ Space
❖ Training
❖ Systems that reinforce training
❖ It’s either clean or dirty, there is no in between
❖ Gown conservation” in time of shortage”
❖ Dr. Eric Dickson, CEO UMass
❖ https://youtu.be/oBXckLuAGfE
Different Equipment – Different Workflow
PPE Donning and Doffing Station

- This is a set up for reusable jumpsuits
- Staff should have bags to store their reusable shield or eye protection
Safe Staff are a Happy Staff
Simple and Organized
Exit and Doffing
Off the Neighborhood
Simple Reminders

- As availability is limited right now, please utilise until torn/soiled.
- Staff should have only 3 bags/box.
  1. One labeled bag for surgical mask (to be worn when not in the neighborhood)
  2. One labeled bag for face shield/goggles
  3. One labeled bag/box for N95
- Please DOFF on the floor you DONNED on. That way you will end up where you placed your bag/box.

S.S.D.

Don’t forget to label your bag/box:
Storage
Tools and Resources

Infection Prevention and Control Manual Interim Policy for Optimizing the Supply of Facemasks - COVID-19 Pandemic

Optimizing the Supply of Facemasks During COVID-19 - Pandemic

Purpose

To provide strategies and options for the facility to optimize supplies of facemasks when the facility is experiencing limited supply.

Steps to be taken include:

1. **Implementing additional policies and procedures** to reduce the use of PPE, including
   - Reducing the number of patients going to the emergency department
   - Reducing the number of patients being transferred to the ICU
   - Reducing the number of patients being admitted to the hospital
   - Reducing the number of patients being discharged from the hospital
   - Reducing the number of patients being transferred to other hospitals

2. **Implementing alternative strategies** to optimize the use of PPE, including
   - Developing alternative approaches to patient care
   - Implementing alternative approaches to testing
   - Implementing alternative approaches to monitoring
   - Implementing alternative approaches to isolation
   - Implementing alternative approaches to infection control

The following contingency and relief strategies are based upon these assumptions:

- Facilities understand the inventory and supply chain
- Facilities understand their inventory and supply chain
- Facilities are in communication with local healthcare providers, federal, state, and local public health partners
- Facilities are able to maintain a stable and secure supply of PPE
- Facilities are able to maintain a stable and secure supply of other medical supplies
- Facilities are able to maintain a stable and secure supply of critically needed medical supplies

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Use Personal Protective Equipment (PPE) correctly for COVID-19

CDC COVID-19 Prevention Messages for Frontline Long-term Care Staff

Questions and Next Steps
HEROES

THANK YOU!