

DSS' 2021 Infection Control Guidelines

Infection Control

1. Mitigation Plan, LIC808, in place.
2. One central entry point has been designated for universal entry screening.
3. Routine symptom screening (+/- temperature and symptom check) has been initiated at entry for all staff, residents, and visitors.
4. For staff and residents, monitoring increased e.g., to twice a day, when there has been a case of COVID-19 in the community in the last 14 days.
5. Facility documents daily temperature and COVID-19 symptom checks, and any change in condition for staff and residents in order to track spread and why facility took certain steps to prevent and mitigate spread in the facility.
6. Facility increases monitoring e.g., to every 4 hours, for residents in isolation or quarantine to monitor for deterioration in condition or need for medical attention.
7. A sign-in policy has been enacted with all visitors to ensure compliance with central entry point for symptom screening and to record contact information (for reporting requirements to public health officer and contact tracing).
8. Signs have been posted at facility entrance with updates to visitor policy to notify of policies and procedures necessary to protect residents from infection during pandemic, in accordance with personal rights requirements.
9. Signs are posted throughout facility to promote handwashing, cough/sneeze etiquette, and physical distancing.
10. Each staff and visitor shall wear a face covering, unless an individual's exemption applies, while in the facility.
11. Each resident wears a face covering, unless an individual's exemption applies, when they leave the facility and as much as practicably possible while in the facility e.g., moving between bedroom and a common area; in common areas where 6 feet physical distancing is not possible; during visits, etc.).
12. Facility has a designated visitation area.
13. Handwashing and/or hand sanitizer use on entry is requested for all staff, residents, and visitors. Individuals should wash their hands for at least 20 seconds and should dry their hands thoroughly. The use of automatic air dryers should be discouraged to reduce the risk of virus contamination and spread.
14. Remind all individuals to use cough etiquette and to wash their hands and/or use hand sanitizer if they cough, sneeze, touch their face, or come in contact with bodily fluids.
15. Residents have been notified about facility infection control policies.
16. Signs are posted throughout facility to encourage residents to report acute respiratory illness to staff.
17. Facility has procedures for when to test staff, and residents to monitor the spread of the virus and mitigate outbreaks.
18. Facility test staff during hiring process and residents before admission for COVID-19.
19. Facilities with COVID-19 cases retest all staff and residents in accordance with Community Care Licensing guidance, until no new cases are identified in two sequential rounds of testing.
20. Facility has specific procedures for testing, isolation, and quarantine of residents in accordance with Community Care Licensing Division and public health guidance.
21. Procedures have been developed to screen, isolate, test, and accept back residents following discharge from hospital.
22. If possible, a facility is able to designate a dedicated COVID-19 positive unit/wing. If this is not possible, residents with active COVID-19 should be isolated, if this cannot take place in either the resident's individual room, or other designated facility isolation room, residents with active COVID-19 may be cohorted together.

23. Facility is able to designate a single-person room with a closed door to isolate symptomatic and/or asymptomatic exposed residents. If this is not possible, the facility should have a plan to isolate individuals who test positive, and for "persons under investigation" for infection until they are cleared to be released from isolation within time limits.
24. Residents with symptoms of COVID-19 and awaiting test results are isolated.
25. Signs are posted outside of isolation rooms to indicate appropriate contact and respiratory droplet precautions.
26. Appropriate PPE is located outside of isolation room instead of inside isolation room to prevent contamination with the virus.
27. Trash bins with a lid should be located inside of the isolation room for disposable PPE such as gowns and gloves, that will be removed prior to exiting the room. Trash bins and handwashing stations should also be located outside of the isolation room for disposable PPE that is removed immediately upon leaving the room, such as face masks or N95 respirators. Face masks should be placed in a separate sealed bag prior to their disposal. If using reusable PPE such as, goggles or face shields, a separate bin should be designated for reusable PPE.
28. Facility is able to serve all meals and deliver medications to residents in isolation.
29. Plan has been developed to ensure appropriate cleaning of isolation rooms.
30. Staff should wear PPE (gloves, N95 respirator, gown, eye protection) when working with individuals who have tested positive or are under investigation for infection after potential exposure.
31. Licensee has provided all staff who are working with COVID-19 positive residents with fit testing for N95 respirators.
32. Staff who test positive for COVID-19 but are asymptomatic may be allowed to return to work but are ONLY allowed to work in a designated COVID-19 unit.
33. When possible, staff should be cohorted, and staff interactions should be limited to staff assigned to the same cohort. If possible separate break rooms should be designated for each cohort.
34. Facility has a staffing plan to limit transmission, including when possible, dedicated, consistent staffing teams assigned in the COVID-19 unit or wing, if applicable. If possible, staff working with COVID-19 residents should not cross into areas of the facility without COVID-19, and, if possible, should have a separate break room assigned. Staff that must cross out of the designated COVID-19 area must be fully trained on appropriate PPE and donning and doffing between areas.
35. Facility has designated staff person(s) to coordinate preparedness planning and integrate local Department of Public Health, California Department of Public Health and Center for Disease Control guidance.
36. Facility has designated staff person(s) to be the designated infection control lead who will provide education to staff, residents and visitors on infection prevention including proper donning and doffing of Personal Protective Equipment (PPE). Lead will also monitor staff on a regular basis to ensure they are adhering to infection prevention and control guidelines.
37. Facility infection control lead person(s) maintains a list of all residents and staff who are suspected or confirmed to have COVID-19.
38. Facility has conducted staff training on infection prevention, symptoms, transmission, and PPE use by an individual trained in infection control.
39. Facility has provided staff with information on sick leave policies and leave available for COVID-19.
40. Sick leave policies have been created that are non-punitive, flexible, and consistent with public health policies that allow ill personnel to stay home.
41. Staff have been notified to avoid work if they have acute respiratory illness, or other symptoms of possible COVID-19 infection and to contact their medical provider to consider testing for infection.
42. Staff have been notified when they may return to work after illness.
43. Facility provides ongoing updates about infection control to residents and staff. Facility has notified residents that CDSS PINs and CDSS PIN summaries for residents are available in an easily accessible location.

44. Facility has developed policies for screening residents after they return from an outing.
45. Internal group activities have been modified to foster physical distancing practices i.e., set up games that can be played by phone or PA system, or from hallways, set up an outdoor space for physically distanced games, 6 feet of space between residents in common areas, etc.).
46. Beds have been moved at least 6 feet apart or 3 feet apart with head-to-toe orientation.
47. Licensees allow and assist residents with alternative communication methods such as phone calls, video calls, and online communications to stay in contact with family, medical providers etc.
48. All residents have at least a 30-day supply of medications and incontinence supplies.
49. Residents not on isolation precautions or quarantine may eat in the same dining room (including at the same table) as long as physical distancing, appropriate hand hygiene, and face coverings are used (except when eating or drinking). Residents who are under isolation precautions or quarantine should have meals served in their rooms.
50. Facility has a specific plan to ensure proper cleaning and disinfection of environmental surfaces and laundry.
51. High traffic common areas, and high touch surfaces are cleaned and disinfected at least once a day.
52. Handwashing stations or alcohol-based hand sanitizer are available in every resident room. Hand sanitizer does not need to be in the room with a resident who lacks hazard awareness and impulse control.
53. Sinks are well stocked with liquid soap for handwashing and paper towels for hand drying.
54. Facility has an adequate 30-day supply of PPE (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) and a list including items on hand or indicating where such items will be acquired (such as CCL Regional Office) and when.
55. PPE is stored in a location that is readily accessible to staff.
56. Facility has a contingency plan to address PPE supply shortages, including extended use and reuse in accordance with CDC guidelines.
57. Facilities should check supplies often, at least daily, to make sure that all resident rooms and common areas have tissues and hand sanitizer, and all sinks have liquid soap, and paper towels. Hand sanitizer should not be placed in the rooms of residents who lack hazard awareness and impulse control.
58. Facility has a contingency plan for backup staffing including plans to expedite hiring, utilize temporary staffing agencies and other resources and has developed an alternate staffing plan to account for shortages.
59. Facility has plans for when to notify resident's Primary Care Provider (PCP), and authorized representative.
60. All emergency contact information for all residents have been updated.
61. Facility will call 911 for residents with severe respiratory symptoms or illness, such as severe shortness of breath with decreased oxygen saturation of less than 92% for at least 2 readings.
62. Plan has been developed to notify Department of Public Health if any residents or staff develop symptoms or have exposure to infections.