**STATEMENT & TALKING POINTS FOR FACILITIES**

**WITHOUT CORONAVIRUS**

**Infection Prevention and Control in Nursing Homes and Assisted Living Communities**

**Updated: March 9, 2020**

**[TAILOR FOR YOUR USE]**

**Press statement:**

“We are acting now and have reviewed our infection prevention and control policies and procedures, as this is key to preventing coronavirus and other common viruses. We are ensuring that our staff and residents are practicing proper hand hygiene, **[FOR SNFs and ALs WITH PREVENTIONIST: and we have a trained infection preventionist who is taking the lead on facility risk assessment for this and other infections]**. It’s critical that we remind all employees who are sick to stay home and ask all family members and volunteers to avoid visiting our **[center/community]** for the time being. We are in very close communication with local and state health officials to ensure we are taking the appropriate steps.”

**talking points:**

* Resident safety is a top priority for **[FACILITY NAME]**. Every resident and family should have a clean, safe living environment. We agree that the spread of this novel virus is a critical issue that requires attention. Our goal is to try and keep the virus out and if it is found in the center, to minimize the spread to anyone else.
* **[FACILITY NAME]** is in close contact with our local and state health departments, as well as the CDC, to stay up to date on the information to prevent and manage the spread of Coronavirus.
* We rely on local, state and federal resources to help prevent the spread of this virus, and we appreciate everything they’re doing at this time.
* We have reviewed and updated our infection prevention and control plans and our emergency communication plan.
* We have reinforced to our staff that anyone who is sick should stay home.
* We are following the same infection prevention procedures used during flu season: handwashing, using alcohol-based hand sanitizers, covering coughs, and disinfecting the environment.
* We are asking non-essential visitors, including family members, contractors, and volunteers to avoid visiting our facility for the time being. Loved ones can communicate with residents by using video chat, calling, texting, or checking in on social media.
* We need to make sure family members have given us the most current emergency contact information, so we can continue to keep them informed should there be any new developments.

**COMMON MEDIA QUESTIONS:**

*Should families who are worried move their loved ones out of skilled nursing centers or assisted living communities?*

* + No. Moving the elderly or frail is risky and often can cause other complications that have long-lasting impacts. Research around moving residents out of buildings because of natural disasters and other emergency events has proven this over time. CDC does not currently recommend transferring residents either home or to the hospital.
* *How concerned are you for skilled nursing center or assisted living residents?*
	+ We know that the frail and elderly are very susceptible to this virus. That’s why we are limiting visitors, asking employees to stay home when ill, and in close communication with our local health department, CDC and CMS to ensure we have the latest information and resources available.
* *Are you having trouble getting supplies like masks and gowns?*
	+ We have heard that some long term care providers are having some of the same difficulties as other health care providers getting masks and gowns. In our facility, we **[PROVIDE INFO ON YOUR SUPPLIES]**. We are reaching out to the state and local health departments and area hospitals when we are unable to place orders for equipment we need.
	+ It’s important to remind the public that the CDC does not recommend masks for the general public at this point, so we can prioritize this equipment for health care workers.

**BACKGROUND:**

* To decrease the risk of viral outbreaks in long term care centers, two processes need to be in place.
	+ First, efforts should focus on how to decrease the introduction of viruses into a facility.
	+ Second, steps to decrease the spread of a virus between residents need to be in place and followed consistently.
	+ Even then, outbreaks may still occur. Facilities should have a process to limit the spread of a virus and also treat individuals with an infection to decrease the risk of illness exacerbation, hospitalization, and in severe cases, death.
* Steps to help prevent the introduction of a virus into long term care centers (or any health care facility) include:
	+ Limiting all non-essential visitors from entering the facility, including family, volunteers and contractors.
	+ Requiring individuals visiting a facility to wear a mask when viral infections are at increased levels in the community (e.g., influenza). [Note: as of March 2 this is not recommended by the CDC]
	+ Encouraging frequent hand hygiene by making alcohol-based hand sanitizer dispensers readily available, in locations such as in or near each resident’s room as well as in the entry area and common areas.
	+ Immunization of health care workers (e.g. influenza, measles, diphtheria, pertussis, chicken pox) or limiting health care workers physical interaction with residents when not immunized or using masks when such viral infections are found at increased levels in the community.
* Steps to help decrease the risk of viral spread within a facility include:
	+ Ongoing hand hygiene at high levels. This can be achieved with: Readily available alcohol-based hand sanitizers in locations such as in or near each resident’s room, entry ways, common areas, etc.
	+ Regular and frequent internal monitoring systems of hand hygiene with regular feedback to staff.
	+ Visual reminders that hand hygiene helps residents stay healthy.
	+ Early identification of viral infections that cause upper respiratory illness (e.g., “colds”, “flu”, or “winter crud”) that lead to steps that prevent viral spread. Preventative measures include: Early contact isolation and droplet protection for individuals with flu-like symptoms before a definitive diagnosis is made. This includes: Keeping ill individuals away from healthy individuals (e.g., ideally by cohorting ill residents together, though cohorting may not be possible given the physical space and structure of facilities).
	+ Use of masks on residents with symptoms if they need to leave their rooms, which should be severely restricted.
	+ Use of personal protective equipment by staff and visitors for droplet protection.
	+ Use of appropriate cleaning products on surfaces that are cytotoxic for common viral infections and changing these cleaning products when the harder to kill infectious agents are identified and requires special cleaning products, such as C. diff, norovirus and adenovirus, which should be readily available to the facility staff.
* CMS issued infection control regulations for nursing homes in November 2016. These regulations were designed to help decrease the risk of infectious outbreaks in nursing centers and require each nursing center to have an infection control plan that must describe:
	+ An infection prevention and control program. The facility must establish an infection *prevention and* control program that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist;
	+ A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
	+ When and to whom possible incidents of communicable disease or infections should be reported;
	+ Standard and transmission-based precautions to be followed to prevent spread of infections;
	+ When and how isolation should be used for a resident; including but not limited to: The type and duration of the isolation, depending upon the infectious agent or organism involved, and;
	+ A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
	+ The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
	+ The hand hygiene procedures to be followed by staff involved in direct resident contact.
* The CMS regulations also require each nursing center to designate at least one employee to serve as an Infection Preventionist, who is both a clinician (e.g. nurse) and has received additional training and certification in infection control.
	+ There are three training programs available including one designed by AHCA/NCAL. They all require approximately 20 to 25 hours of training.
* Assisted living communities should refer to their state regulations on infection control requirements, but AHCA/NCAL is encouraging all assisted living communities to review guidance put forth by the CDC and AHCA/NCAL, as well as consult their local/state health department for COVID-19.
* AHCA/NCAL has recommended several steps to help decrease the risk of future viral outbreaks in long term care facilities:
	+ AHCA/NCAL has offered to provide our certificate course for free to those centers who provide care to high risk individuals (e.g. pediatrics, ventilators, HIV, transplants, and ESRD).
	+ State health departments should ensure each nursing center has alcohol-based hand sanitizers that are readily available to each room and at entry to the facility as well as in common areas for staff and visitors.
	+ State health departments should ensure all health care workers receive the influenza vaccine. If a worker chooses to decline the vaccine, during periods of time when the there is an increase in influenza virus in the community, that individual should be required to wear a mask. If they are unable to wear a mask, they should not provide direct patient care. Several states and hospitals have adopted this type of approaches.
	+ State health departments should assure health care facilities use appropriate cleaning supplies that are cytotoxic to common viruses and pathogens (per CDC and EPA labeling for claims against common viruses and pathogens). All health care facilities should have a supply of additional cleaning agents for hard to kill pathogens when such pathogens are identified or suspected (e.g. C. diff, adenovirus, norovirus).