

Staffing in the time of COVID-19

Considerations and Challenges

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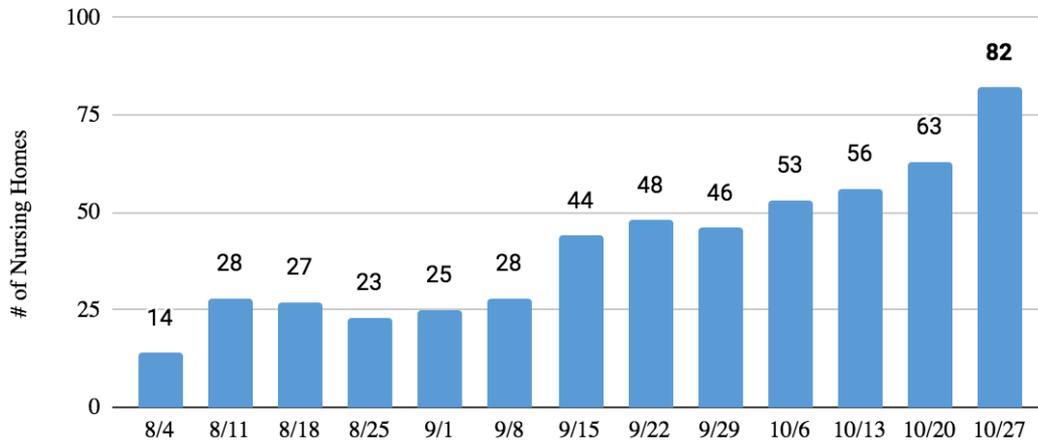
Connecticut Department of Public Health
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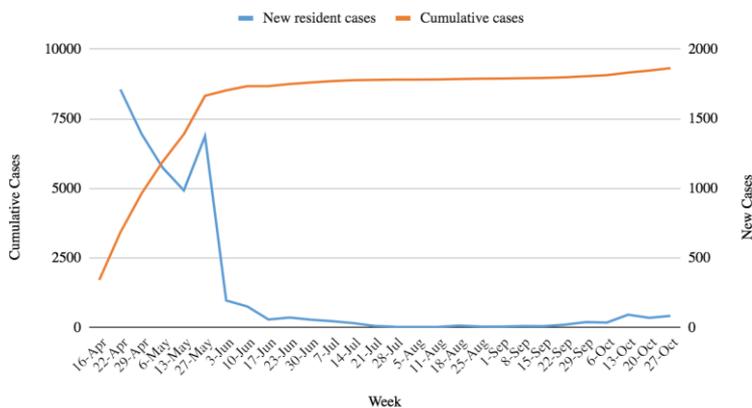
- NHSN data review
- Staffing the Infection Prevention & Control (IPC) Program
 - New responsibilities and activities
- Staffing management for outbreak prevention
- Staffing management during outbreak response

Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



Nursing Home Resident Incidence, statewide April 16 – October 27, 2020

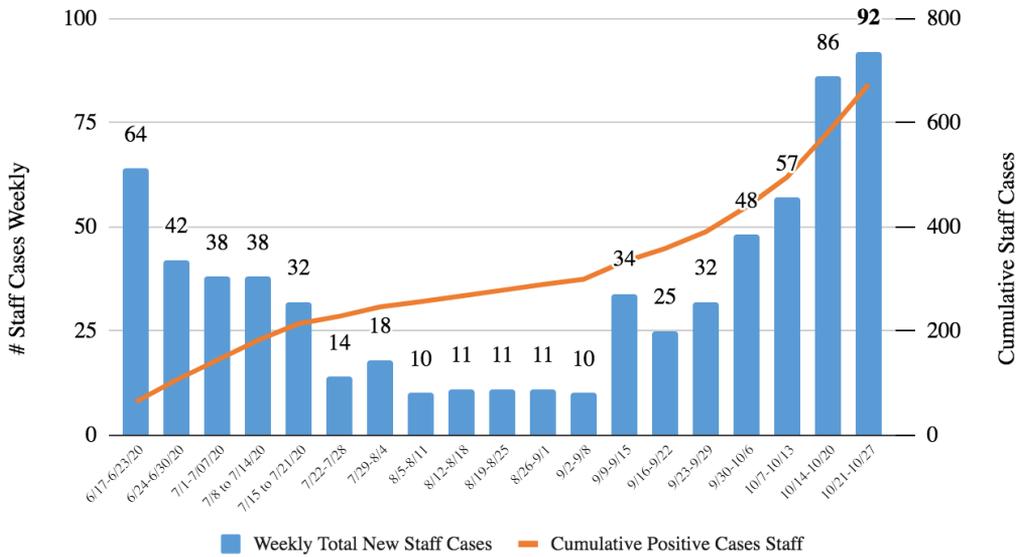
Nursing Home Resident Cases - Connecticut, April 16-October 27, 2020



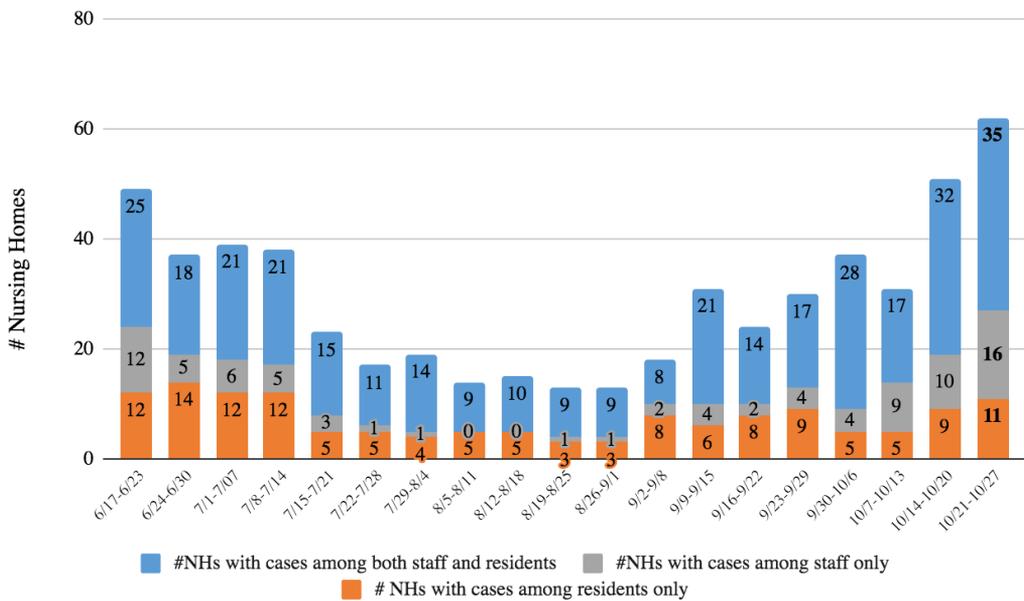
Date Reported	New Resident Cases (diagnosed that week)
28-Jul	6
4-Aug	5
11-Aug	5
18-Aug	15
25-Aug	8
1-Sep	7
8-Sep	12
15-Sep	11
22-Sep	22
29-Sep	40
6-Oct	37
13-Oct	93
20-Oct	71
27-Oct	85

35 NHs with new resident cases in last 2 weeks

New Staff Cases in CT Nursing Homes June 17–October 27, 2020



Nursing Homes with Positive Staff or Residents June 17–October 27, 2020



Infection Prevention and Control (IPC) Program

“Assign One or More Individuals with Training in Infection Control to Provide On-Site Management of the IPC Program.”

- This should be a **full-time** role for **at least one person** in facilities that have more than 100 residents or that provide on-site ventilator or hemodialysis services. Smaller facilities should consider staffing the IPC program based on the resident population and facility service needs identified in the [facility risk assessment](#).
- CDC has created an [online training course](#) that can be used to orient individuals to this role in nursing homes.”

CDC. “Preparing for COVID-19 in Nursing Homes” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

IPC Activities and Responsibilities

“Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities

because of the breadth of activities for which an IPC program is responsible, including:

- **Developing IPC policies and procedures** – visitation, testing, isolation/quarantine, environmental cleaning, social distancing of staff
- **Performing infection surveillance** – data submission to DPH/NHSN/LTC-MAP, maintaining bedboard, line lists with infectious/quarantine periods
- **Providing competency-based training of HCP** – return demonstration
- **Auditing adherence to recommended IPC practices”** – 3 W’s

CDC. “Preparing for COVID-19 in Nursing Homes” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Staffing management for outbreak prevention

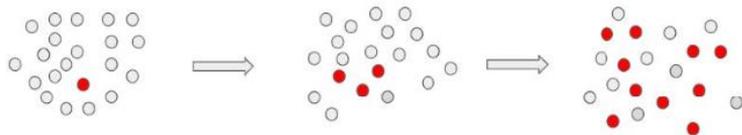
- **Sick leave policies** should be *non-punitive, flexible, and encourage staff to stay home when ill.*
- **Know who is essential.** Consider limiting non-essential services
- **Ask staff to self-monitor** for fever and [symptoms consistent with COVID-19](#)
 - Remind staff to stay home when ill
 - Encourage evaluation by a healthcare provider if symptomatic
- **Screen all staff upon entry**
 - Active temperature monitoring, check facemask use
 - Document absence of symptoms consistent with COVID-19
- **Remind staff about being safe outside the facility**

CDC. "Preparing for COVID-19 in Nursing Homes" <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Cohorting is...

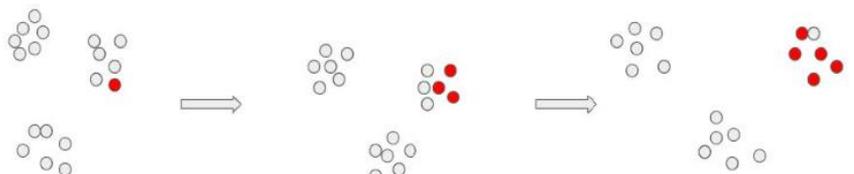
- For both *residents AND staff*
- An outbreak *prevention* strategy AND a *containment* strategy

- Same unit(s) each shift
- Same residents each shift
- Separate break areas



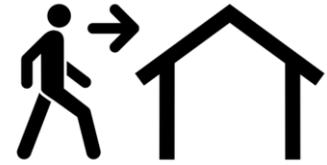
- **Considerations: Staff who...**

- Carpool
- Cohabitate
- Socialize outside work



<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/blog/20200822.aspx>

Staffing management during outbreak response



Have a Plan for:

- How to respond **when staff become sick during their shift**
 - How to respond when staff work while infectious with COVID-19
 - Supporting staff who need to isolate/quarantine at home
- **Communicating with staff** about cases of COVID-19 among residents/staff in the facility and actions to prevent spread.
- **Cohorting staff** to “positive”, “negative/unexposed” and “observation” (exposed/quarantine/unknown) areas

Sick/COVID-positive staff: Isolate at home

Return-to-Work: Symptom-based strategy

- *HCP with [mild to moderate illness](#) who are not severely immunocompromised:*
 - At least **10 days** have passed *since symptoms first appeared* **and**
 - At least **24 hours** have passed *since last fever* without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved
- **Asymptomatic throughout infection:** 10 days since collection of specimen that tested positive for COVID-19
- **Severely immunocompromised:** timeframes increase to “at least 10 days and up to 20 days”

CDC. “Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)”
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Sick/COVID-positive staff: Isolate at home

Return-to-Work: Test-based strategy

- *Staff who are symptomatic:*
 - **Resolution of fever** without the use of fever-reducing medications **and**
 - **Improvement in symptoms** (e.g., cough, shortness of breath), **and**
 - Results are negative **from at least two consecutive** respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized **molecular** viral assay to detect SARS-CoV-2 RNA.
- *Staff who are not symptomatic:*
 - Results are negative from **at least two consecutive** respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized **molecular** viral assay to detect SARS-CoV-2 RNA.

CDC. "Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)"

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Which staff should Quarantine for 14 days?

	Exposure	Personal Protective Equipment Used	Work Restrictions
<ul style="list-style-type: none"> • Prolonged: ≥ 15 min • Close Contact: <ul style="list-style-type: none"> • < 6 feet • Unprotected direct contact with secretions/excretions • Infectious period <ul style="list-style-type: none"> • 2 days before symptom onset • OR 2 days prior to positive specimen collection • UNTIL criteria for discontinuation of isolation met 	HCP who had prolonged ¹ close contact ² with a patient, visitor, or HCP with confirmed COVID-19 ³	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask⁴ • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

CDC. "Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19"

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

If Kevin Bacon tests positive...

- **Staff's child reported to be exposed at school**
 - Child quarantines for 14 days. Staff is “contact of a contact”
 - If child develops symptoms and tests positive:
 - Staff needs to quarantine until 14 days after last exposure to infectious child (consider infectious period)
 - How well can child isolate away from staff during the infectious period?
- **Staff's child returning from college in a “hotspot”**
 - Child quarantines for 14 days. Staff is a “contact of someone who might have been exposed”
 - How well can college student quarantine away from staff?

Mitigation of Staff Shortages: Consult DPH when implementing contingency/crisis capacity strategies

- Try **test-based strategy** for asymptomatic COVID-positive staff
- **Administrative changes**
 - Adjust schedules (longer shifts, overtime), hire temps
 - Cancel non-essential activities; shift work to essential care activities
- Consider
 - **Which staff need help with transport/housing** to mitigate need to quarantine (e.g. roommate/carpool is COVID-positive or quarantining)
 - **Which asymptomatic exposed staff can work with additional control measures** (frequent symptom/temp checks, testing, hand hygiene/mask audits)?
 - **Which staff with suspected/confirmed COVID-19 are well enough/willing to work** before meeting Return-to-Work criteria? Consider for positive cohort.
- **Inform residents/staff** about implementation of crisis standards, what to expect, and how they are protected.

CDC. “Strategies to Mitigate Healthcare Personnel Staffing Shortages” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Reminders for Staff Quarantine and Cohorting

- **People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months** as long as they do not develop symptoms again.
 - Transmission-based precautions still indicated for COVID-positive and quarantine areas, even for staff who might have “interim immunity” during this 3-month period.
- **Keep staffing assignments consistent each shift**
 - Reduce # of contacts for each staff/resident
 - Continuity allows staff to notice changes in resident affect/behavior
 - Easier for staff to remember isolation precautions for other reasons (*c. diff*, MDROs)

CDC. “When to Quarantine” <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Project Firstline

CDC’s National Training Collaborative for
Healthcare Infection Prevention & Control

Core Training

- Accessible videos: easy to understand
- Concise: each ~10 minutes.
- Interactive: to keep you engaged, each video has built-in knowledge checks.

Tools for using infection control principles to protect yourself, your facility, your family and your community.

- Project Firstline is on [Facebook](#) and [Twitter](#).
- [Sign up for email updates](#) to be the first to know when new trainings and tools are released.



The power to stop infections. Together.
#WEAREFIRSTLINE
WWW.CDC.GOV/PROJECTFIRSTLINE

Thank You

<https://portal.ct.gov/DPH/HAI/COVID-19-Healthcare-Guidance>

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