



Best Practices for Infection Prevention in Post-Acute Care Facilities

Post-acute care facilities (PACFs) are an extremely high-risk setting for COVID-19 outbreaks. Members of the Division of Public Health's Infection Prevention team held focused meetings with a subset of PACFs that have not had any COVID-19 cases among their residents as of November 1, 2020 to discuss the infection prevention (IP) practices that have helped these facilities protect their residents so far into the pandemic. This document summarizes the key infection prevention recommendations from these discussions.

1. Prioritize infection prevention activities.

- Dedicate a full-time staff position to IP and education. If resources are limited, work with existing staff to divide the responsibilities of this role. Use the IP Staffing Worksheet to ensure that all key duties have been assigned.
- Infection prevention during a pandemic requires a significant time commitment. Leadership support is critical to ensure that sufficient time and resources are dedicated to IP.

2. Engage all staff, residents, and families in IP activities.

- Collaborate with all staff, residents, and families to keep everyone in the facility safe. Make sure everyone knows what the facility is doing to protect them and what they are expected to do to protect themselves and others.
- Empower everyone, including residents and non-clinical staff, to gently correct IP issues if they notice them. Everyone in the facility should help each other stay accountable.
- Make it real: have candid conversations with staff about how their behavior impacts the health of their own families in addition to their residents and coworkers.
- Have open conversations with staff about the importance of following public health recommendations outside of work, such as avoiding large gatherings.

3. Incorporate IP education into your facility's regular routine.

- IP education should be frequent, consistent, and supportive instead of punitive.
- Use existing practices like facility-wide meetings or staff testing to provide education to everyone at the facility, including residents and non-clinical staff.
- Teach concepts repeatedly and in different ways to ensure that everyone understands and implements IP practices.
- Check learning after education sessions using quizzes, return demonstrations, or other methods.

- Audit IP practices among staff frequently to ensure that these key practices are being followed. Infection prevention staff should round on units frequently to offer timely correction, personalized reinforcement, and individual education.
- Share new information across all staff levels through methods such as call systems, email message systems, and daily huddles.
- Set up education stations at a central location or throughout the facility so staff can easily review guidance and ensure they are using appropriate precautions.

4. Have consistent staff working at the facility.

- Communicate with staff about their needs and concerns to help provide a healthy and safe working environment.
- Consider increasing compensation to improve staff retention.
- If temporary staff are needed, try to hire the same temporary staff each time so they can become familiar with your facility.
- PACF staff should ideally work at only one facility. If a staff member has multiple jobs, work with them to determine how they can work at your facility full time.

5. Create an environment of safe, open communication for everyone in the facility.

- Keep residents and families informed about the COVID-19 situation in the local community and the actions the facility is taking to protect them.
- Identify someone who residents should go to in order to answer questions, address concerns, and advocate for the resident. Having this type of contact in place can reassure both residents and their family.
- Consider having a weekly newsletter or call to provide updated information to all staff, residents, and families.

6. Follow CDC guidance for appropriate selection and use of personal protective equipment (PPE).

- Careful adherence to hand hygiene is critical before putting on and after removing PPE.
- If eye protection is removed, it should be disinfected before it is worn again. Unless in crisis standards of care, gowns should not be removed and put back on.
- Limit use of N95 respirators to a single shift if possible. CDC recommends limiting the number of uses to no more than 5 donnings per device by the same health care worker. If respirators must be used for more than one shift, store them in a paper bag labeled with the staff member's name between shifts.

7. Modify facility layouts and procedures to support social distancing.

- Safely modify facility layout as needed so the easiest choice is also the safest choice.
- If the residents' dining room is still closed, consider using this space as a staff break room to allow more space for social distancing.

NC DHHS would like to thank the following facilities for participating in our discussion and sharing their excellent infection prevention practices with us:

Brian Center Health & Rehabilitation Wallace, Duplin County
Compass Healthcare & Rehab, Alamance County
Covenant Village, Gaston County
Galloway Ridge at Fearington, Chatham County
Gardens of Taylor Glen Retirement Community, Cabarrus County
Lexington Health Care Center, Davidson County
Lumberton Health & Rehabilitation Center, Robeson County
Stewart Health Center at The Cypress of Charlotte, Mecklenburg County
Trinity Oaks, Forsyth County



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