Infection Prevention Challenges in Congregate Residential Settings

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Overview

• Congregate residential settings
• Safety consultations
• Challenges and strengths
• Resources
• Infection prevention and control resources
Congregate Residential Settings

• A facility where individuals reside in close proximity with one another for a limited or extended period of time

• Heterogeneous group of sites with diverse needs

• Many sites were not prepared for a public health emergency
Congregate Residential Settings

• Nursing homes and adult care facilities
  • New York State (NYS) Department of Health

• Residential programs for individuals with developmental disabilities
  • NYS Office for People With Developmental Disabilities (OPWDD)

• Residential substance abuse treatment programs
  • NYS Office of Addiction Services and Supports (OASAS)
Congregate Residential Settings

• Residential programs for individuals with mental health conditions
  • NYS Office of Mental Health (OMH)

• Residential programs for individuals living with HIV/AIDS
  • New York City (NYC) Human Resources Administration (HRA)

• Residential facilities for youth
  • Department of Youth and Community Development
  • Administration for Children’s Services

• Supportive housing (e.g., mental health, substance use treatment centers)
Congregate Residential Settings

• Shelters
  • NYS Department of Homeless Services (DHS)

• Correctional facilities
  • NYC Department of Corrections (DOC)
  • NYS Department of Corrections and Community Supervision (DOCCS)
  • Federal Bureau of Prisons (BOP)

• Religious institutions with on-site residences (e.g. convents, monasteries)
Unique Challenges in Congregate Residential Settings

• Facilities designed for group activities now dealing with limitations on visitation, social activities, medical services, and ancillary services

• Staff with minimal or no medical experience are asked to manage residents with COVID-19 and other complex needs

• Difficulty maintaining staffing levels if high percentage are out sick or quarantined

• Very little infection prevention and control experience, capacity or oversight in non-long term care facilities (LCTF) settings

• Varied capacity for on-site isolation, quarantine or testing
Congregate Settings Investigation and Response Unit (CSIRU)

• Established at the NYC Department of Health and Mental Hygiene (NYC Health Department) in May 2020

• Core Activities:
  • Identify COVID-19 cases and contacts in congregate residential settings
  • Conduct case investigations and assess ongoing transmission
  • Provide facilities and organizations with additional support, resources, and capacity building
    • Safety consultations, on-site testing, vaccine coordination, fit testing training
Safety Consultations

• Provide comprehensive infection prevention and control evaluations, with site-specific recommendations

• Consultations can be either in-person or virtual

• Utilize a team of Infection Prevention and Control (IPC) specialists, subject matter experts (SMEs), educators and evaluators

• Offer non-regulatory, non-punitive assessments of various IPC domains:
  • Infrastructure
  • Screening and testing
  • PPE, staffing, and staff safety
  • Environmental cleaning
  • Supplies and resources
  • Communications and educational strategies
CSIRU Safety Consultations
(Cumulative, n=41)

Data source: NYC Health Department Internal Congregate Settings Infection Prevention Control
Safety Consultations

• 41 safety consultations since May 11, 2020
• 33 in-person
• 8 virtual visits

<table>
<thead>
<tr>
<th>Site Type</th>
<th>Number</th>
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<tr>
<td>Nursing Homes</td>
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<tr>
<td>Adult Care Facilities</td>
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<tr>
<td>OPWDD sites</td>
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<td>Youth Sites</td>
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<td>Substance Use Centers</td>
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<td>Transitional Residences</td>
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<tr>
<td>Drop-In Centers</td>
<td>5</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>41</strong></td>
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</tbody>
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Facility Infrastructure

• Many residences are not designed for health care delivery, isolation or quarantine

• Limited mobility
  • Elevators, staircases, narrow hallways

• Shared or dorm-style sleeping areas

Image source: Getty Images
Facility Infrastructure

- Communal spaces are meant for group activities
  - Often small and do not allow for physical distancing
  - Dining areas, bathrooms, kitchens
- Lack of dedicated areas for isolation and quarantine
  - Bedrooms may not have attached or private bathrooms
- Unclear boundaries between staff and resident care areas
- Shared and densely populated staff areas
- Poor ventilation
PPE

• Overuse and misuse of gloves and isolation gowns
  • Gloves worn all the time or in inappropriate settings
  • Gowns and gloves worn throughout the residence

• Lack of eye protection use
  • Can be difficult to discern which interactions necessitate eye protection in a residential setting

• Limited space for safe and convenient PPE disposal and storage
  • Where to doff and dispose used PPE?
  • Where to store PPE for convenient donning?

• Lack of standard PPE training for staff
Staffing

• Staff-to-resident ratios can interfere with physical distancing
  • Communal areas become overcrowded
  • Additional spaces go unused due to lack of staffing to supervise residents
• Staffing shortages limit the ability to safely isolate or quarantine
• Staff work in multiple sites
• Contracted staff are common, may not be familiar with facility COVID-19 prevention measures
• Lack of infection prevention or clinical staff
Education and Communication

• Signage is often limited in order to maintain residential appearance of the facility

• Signage is not standardized and may be too complex or difficult to comprehend

• Lack of educational materials tailored to specific communities or audiences
Supplies and Equipment

• Lack of proper hand hygiene supplies
  • Difficult to place conveniently located hand sanitizer dispensers
  • Lack of automatic dispensers
  • Hard to source refills for soaps and sanitizers

• Disinfectants have long contact times (i.e., 10 minutes)

• No-touch thermometers give inaccurate readings
Resident Factors

• Residents are independent and may leave the facility without notification
  • Difficult to discern risk while residents are offsite and limited ability to identify possible sources of infection

• Many settings serve transient communities, particularly shelters and drop-in centers

• Underlying conditions may make it difficult to adhere to infection prevention recommendations

• Vaccine confidence is low in certain populations
Identified Strengths

• Many self-initiated positive efforts
• Utilizing existing infrastructure in creative ways
• Offering incentives for staff for regular testing
• Staff and residents involved in environmental cleaning initiatives
• Organizations centralizing and standardizing messaging and communications
• Amending work-exclusion policies and use of “COVID time” – paid leave to be used if diagnosed or exposed to COVID-19
• Expanding virtual visits and telehealth
IPC Recommendations

• Infrastructure
  • Increase ventilation by opening windows
  • Post placards or floor stickers to encourage physical distancing
  • Arrange staff spaces so physical distancing is possible
  • Create physical barriers when distancing is not possible
  • Use common spaces creatively (storage, flow)
  • Develop isolation and quarantine plans, including use of hotels
  • Block off stalls in shared bathrooms
  • Stagger meal times
IPC Recommendations

• **PPE**
  - Routinely educate staff on proper PPE use
  - Reinforce hand hygiene rather than inappropriate glove use
  - Use movable drawers to store PPE outside of resident rooms
  - If PPE cannot be doffed inside the resident’s room, place garbage cans directly outside of the room for safe disposal of used PPE

• **Staffing**
  - Identify a point-person for IPC monitoring
  - Encourage staying home when sick or exposed
IPC Recommendations

• **Communications**
  • Use signage that is easy to ready with simple images and text
  • Include residents in IPC process
  • Empower residents to be engaged in COVID-19 prevention by becoming IPC champions

• **Supplies and Equipment**
  • Evaluate cleaning products for virucidal activity and contact time
  • Install automatic soap and paper towel dispensers
Resources

• Offsite isolation or quarantine
  • Health and Hospitals (H+H) Take Care Hotels
    • Facility completes and emails the Hospitals and Congregate Providers
      Isolation Hotel Referral Form and HIPAA Form to H+H.

• NYC Department of Homeless Services (DHS) Isolation and Quarantine Hotels
  are available to residents of DHS shelters and of NYC Human Resources
  Administration (HRA) facilities.
    • DHS shelters contact DHS’s Serious Incident Unit and HRA facilities contact
      their assigned HRA representative to procure hotel rooms for their
      residents.
Resources

• NYC PPE Service Center through Medline
  • Developed to allow organizations to order from an emergency PPE stockpile. To check for eligibility and register, facilities should email PPEsupport@health.nyc.gov.

• Take Care Packages
  • A facility can request packages through its point of contact at NYC Health Department or by emailing CSIRU@health.nyc.gov.

• Mental health resources for staff and community members

• Hiring assistance for businesses
Resources

• Distillation and dissemination of guidance documents from various agencies
  • COVID-19 guidance documents for congregate and residential facilities
• On-demand IPC technical assistance
  • A facility can request a safety consultation through its point of contact at NYC Health Department or by emailing CSIRU@health.nyc.gov.
• On-site testing
  • If multiple COVID-19 cases are identified in a facility and there is a concern about intra-facility transmission, the facility can request testing by emailing covidtestingcsiru@health.nyc.gov.
Actions

• Vaccination coordination
  • Lead Vaccine 101 webinars to share information about the vaccine, build vaccine confidence and address common questions
  • Telephone outreach to nursing homes and adult care facilities with lower than average number of staff and residents vaccinated to identify barriers and provide resources
  • Conduct tracking and surveillance to monitor vaccination uptake and inform additional efforts

• Respiratory protection training and testing program

• Advocate for responsible policies
  • Paid sick leave
Summary

• Congregate residential settings have many unique characteristics and challenges that can make COVID-19 transmission difficult to control
• Early identification and intervention is effective strategy for containment and control
• Focus on infection prevention and control fundamentals and adapt to setting type
• Provide a comprehensive strategy that includes testing, effective isolation and quarantine and PPE use
• Encourage vaccine confidence!
Thank You