

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)

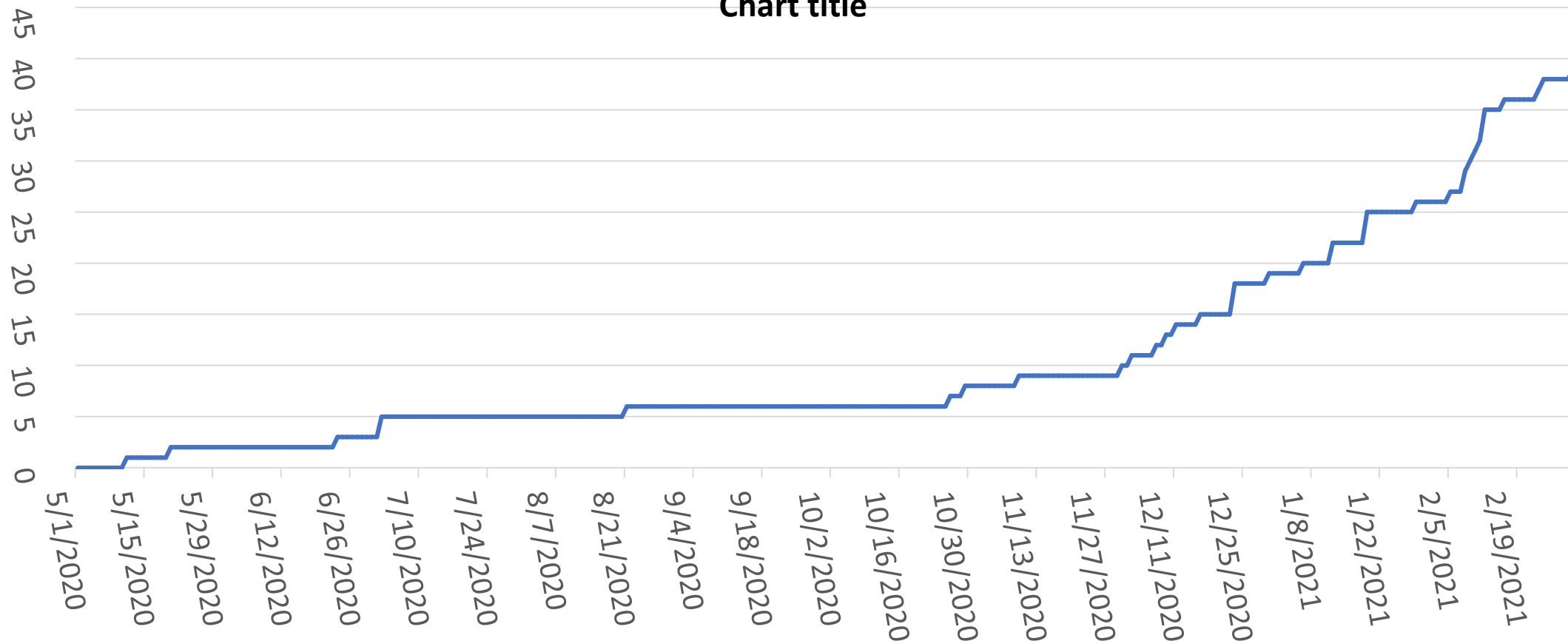
- Established at the NYC Department of Health and Mental Hygiene (NYC Health Department) in May 2020
- **Core Activities:**
 - Identify COVID-19 cases and contacts in congregate residential settings
 - Conduct case investigations and assess ongoing transmission
 - Provide facilities and organizations 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)

Chart title



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

Site Type	Number
Nursing Homes	1
Adult Care Facilities	7
OPWDD sites	6
Supportive Housing	7
Youth Sites	3
Substance Use Centers	2
Transitional Residences	4
Homeless Shelters	6
Drop-In Centers	5
Total	41

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 read 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