



The COVID Infection Prevention Plan for SNFs

As skilled nursing facilities grapple with the ongoing impact of COVID-19 infection and mortality rates in patient care settings, SNFs may want to consider developing data-driven infection prevention plans that help reduce the spread and limit patient and staff risk.

By The Numbers

There is **more than 11.6 million COVID-19 cases** across the United States (as of November 2020).¹



Just over 5% of all COVID-19 tests are currently returning positive results.²

Nursing homes account for **40% of all U.S. COVID-19 deaths**.⁵



Hospitalization rates:

8x higher for patients 75-84 years old, **13x higher** for those 85 and older.³

Mortality rates:

220x higher for patients 75-84 years old, **630x higher** for those 85 and older.⁴



Condition comorbidities increase COVID-19 mortality rates.⁷

The incidence rate for COVID-19 death was **13x higher in SNFs** than community-living adults 69 years or older.⁶

Specific SNF Risk Factors



Healthcare workers are at risk of becoming infection sources for patients.⁸



Skilled nursing facilities are at higher risk of multi-drug resistant organism infections.⁹



Symptoms may take longer to appear in older adults and may differ from younger patients.¹⁰

What This Means For SNFs



Age has a significant impact on both hospitalization and mortality rates.¹¹



Exposure to other potential infections can increase COVID-19 mortality rates.¹²



The rate of COVID-related death is significantly higher in SNFs than the community at large.¹³

The Six-Step SNF Infection Prevention Plan*



Step 1: Improve basic hygiene practices

Recent research found that just 1 in 5 nurses "had correct knowledge of practical implementation of hygiene training contents."¹⁴ As a result, it's critical for nursing facilities to develop, implement and enforce strict hygiene policies for all staff members.

Step 2: Educate residents, staff and visitors

Educate all staff, residents and visitors about current infection control measures — such as mandatory face coverings, regular hand washing and visitor limitations — to ensure greater compliance and reduce total infection risk.¹⁵



Step 3: Assign dedicated infection prevention staff

Consider designating at least one staff member — but ideally several — to complete the CDC's online infection prevention and control (IPC) program to help identify current needs and potential shortfalls. In addition, SNFs may want to assign specific staff members with on-site management roles to ensure consistent development and deployment of infection prevention plans.

Step 4: Create comprehensive testing frameworks

Develop a robust testing framework. Testing frameworks must include specific triggers — such as consistent COVID-19 symptoms or in-unit exposure to an infected patient or visitor — and must also leverage polymerase chain reaction (PCR) or similar tests rather than antibody detection options to improve testing confidence.¹⁶



Step 5: Ensure robust data collection

Deploy [data collection and reporting tools](#) capable of capturing COVID-19 assessment, testing and outcome data from multiple sources to help develop and refine infection prevention plans over time.

Step 6: Assess ongoing plan impact

Just as the pandemic itself changes in response to human action, SNFs should continually assess and adapt their infection prevention plans to maximize patient safety and minimize operational disruption.

As the COVID-19 pandemic continues to evolve, SNFs remain on the front line of patient protection and infection defense. With the risks of both hospitalization and death significantly higher in patient populations 75 and older who live full-time in skilled care settings, robust SNF infection prevention plans are now needed to both control case totals and minimize overall mortality.

**Our tips are based on CDC, CMS, and other industry guidance.*

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1. CDC, "United States COVID-19 Cases and Deaths by State," ongoing updates since January 21, 2020.
2. CDC, "A Weekly Surveillance Summary of U.S. COVID-19 Activity," October 16, 2020.

3. CDC, "COVID-19 Hospitalization and Death by Age," August 18, 2020.

4. CDC, "COVID-19 Hospitalization and Death by Age," August 18, 2020.

5. CIDRAP, "Nursing homes site of 40% of US COVID-19 deaths," June 2, 2020.

6. Jama Network Open, "Risk Factors Associated With Mortality Among Residents With Coronavirus Disease 2019 (COVID-19) in Long-term Care Facilities in Ontario, Canada," July 22, 2020.

7. NCBI, "Comorbidity and its Impact on Patients with COVID-19," June 25, 2020.

8. ISID, "Guide to infection control in the healthcare setting," April 2018.

9. CDC, "Preparing for COVID-19 in Nursing Homes," June 25, 2020.

10. CDC, "People Who Live in a Nursing Home or Long-Term Care Facility," September 11, 2020.

11. CDC, "COVID-19 Hospitalization and Death by Age," August 18, 2020.

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13. Jama Network Open, "Risk Factors Associated With Mortality Among Residents With Coronavirus Disease 2019 (COVID-19) in Long-term Care Facilities in Ontario, Canada," July 22, 2020.

14. NCBI, "Nurses' knowledge, behaviour and compliance concerning hand hygiene in nursing homes: a cross-sectional mixed-methods study," August 5, 2020.

15. CDC, "Preparing for COVID-19 in Nursing Homes," June 25, 2020.

16. CDC, "Testing Guidelines for Nursing Homes," October 16, 2020.