



Recommendations from the Strike Teams

CMS sent strike teams out to 18 different nursing homes across 6 states in July 2020. The strike teams included clinicians and public health service officials from CMS, CDC, and the Office of the Assistant Secretary for Health (OASH), and focused on nursing home efforts in 4 key areas:

- Keeping COVID-19 out of the nursing home,
- Identifying COVID-19 within the nursing home,
- Preventing transmission of COVID-19 within the nursing home, and
- Managing staffing challenges during the COVID-19 pandemic.

On August 13, CMS held a special national nursing homes call hosted by Administrator Seema Verma, Chief Medical Officer and Director of the Center for Clinical Standards and Quality (CCSQ) Lee Fleisher, and Deputy Chief Medical Officer Shari Ling to review findings from these strike team visits. Their recommendations are neither new nor ground-breaking, and missed the opportunity to provide more robust insight and deeper learning.

Nevertheless, what follows below is a summary of recommendations, along with tips, links, and resources that LeadingAge members will find helpful in continued efforts to stem the tide of this pandemic.

Hand hygiene is critical in preventing the spread of infection.

We know that hand hygiene is essential. CDC and CMS recommend the use of alcohol-based hand rubs over handwashing during care unless hands are visibly soiled or other specific circumstances, such as when c-diff is present. Check out this [CDC resource](#) for more specifics.

Staff must maintain social distancing too.

We know that we need to assist residents in maintaining social distances, but we must ensure staff are doing the same. Staff should maintain social distances whenever possible, including on breaks, during meals, and when charting. CMS notes that the most successful nursing homes stagger breaks and mealtimes. It is likely that most nursing homes already stagger breaks and mealtimes to avoid clearing the floor of staff, but be sure you are providing ample space in break rooms and charting areas, including designating new space as needed, to allow for social distancing and avoid over-crowding.

This social distancing also refers to meetings, such as change-of-shift report or team meetings. Shift to virtual meetings when possible. When a virtual meeting is not possible, limit the number of staff attending and hold meetings in a location that will allow for social distancing of attendees.

Everyone must wear a mask.

Remember that every single individual in the nursing home needs to be wearing a mask or face-covering of some kind. Staff who are providing care or are in contact with residents must wear medical masks when N95 masks are not indicated. Staff who are not in contact with residents and not providing care to residents must wear at least a cloth face covering. Residents who are COVID-positive or who show signs and symptoms consistent with COVID-19 should wear medical masks as well. Residents who are COVID-negative and showing no signs or symptoms of COVID-19 must wear cloth face coverings any time they leave their rooms or when staff enter their rooms.

Any visitors to the nursing home, including visiting health care workers or other contractors, must wear a face covering consistent with recommendations for the purpose of the visit. Those who will be around residents must wear a medical mask or N95 (depending on the status of the resident) and those who will not be around residents or resident areas must wear a cloth face covering.

Don it right the first time.

Ensure that all staff, not just nursing staff, know procedures for properly donning and doffing PPE, including masks. Readjusting a mask will potentially contaminate the mask, requiring staff to go through doffing and re-donning procedures, including hand hygiene. This wastes time and valuable resources including PPE and hand hygiene supplies. Get it right the first time so there is no need to readjust. This [CDC guidance](#) provides information on PPE, including printable posters and a video.

Empower staff to correct each other.

Infection control is not solely the responsibility of the infection preventionist or nursing home leadership. Empower staff at all levels to monitor and correct one another if they observe a coworker breaching infection control practices. This includes monitoring for proper hand hygiene and proper donning and doffing of PPE. Give staff the knowledge they need to spot right and wrong procedures, and the language to speak up in a constructive way. We don't need hall monitors. We need team-mates working together toward a common goal.

Temperature checks and screening are essential.

We know that nursing homes are required to conduct temperature checks and symptom screening on all residents daily and on all staff prior to beginning each shift. Be sure staff know

what symptoms to look for. Check this [CDC guidance](#) regularly for the most up-to-date information on symptoms.

Empower staff to speak up when things seem off. Staff who are feeling ill or showing symptoms should not be coming to work and putting others at risk. Similarly, staff at all levels and across all departments should feel comfortable alerting the nurse when a resident seems “a little off.” Fostering a culture of open communication will go a long way in ensuring everyone takes responsibility for making the nursing home safe.

Don't wait for test results to act.

As we know from CMS and [CDC guidance](#), isolation and transmission-based precautions should be immediately implemented as soon as a resident begins to show symptoms. Similarly, staff should be restricted from work immediately upon identification of symptoms. Do not wait for a positive test result to isolate and implement precautions. Waiting puts everyone at risk.

Recall that while you must immediately implement isolation and transmission-based precautions, CDC urges nursing homes not to move residents into a COVID-positive unit with a positive test result. Doing so could cause unnecessary exposure. Instead, isolate the resident in a private room on their current unit if possible while you await confirmatory test results.

Additional Tips:

Administrator Verma urged all nursing home providers to take advantage of the [CMS-CDC Fundamentals of COVID-19 Prevention for Nursing Home Management](#), presented by the QIN/QIO program. We also remind providers of the CMS Head-to-Toe Infection Prevention toolkit developed for “bed-side” staff, including certified nurse aides and licensed nurses (available in the Downloads section of the [CMS CMP Reinvestment Program page](#)).

Administrator Verma cautioned nursing home providers to remain vigilant and, in the absence of COVID-19 in your building, run drills to ensure that your emergency preparedness and infection prevention and control plans are up to the challenge of managing this pandemic.

Lastly, work your relationships. Coordinate with hospitals and other nursing homes in your area to share best practices or discuss emerging threats. We are all in this together.