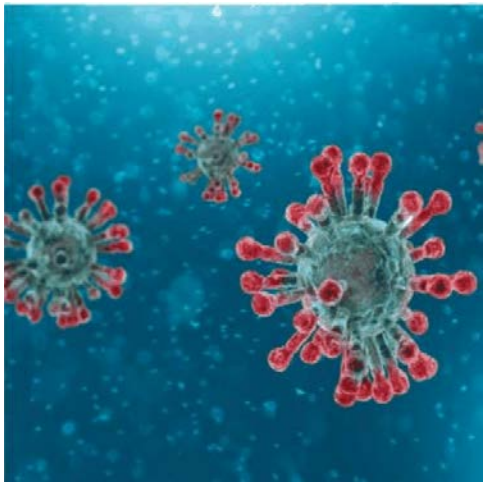
Preventing Coronavirus Transmission in Nursing Care Centers



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Intended Audience

This webinar is being presented to provide information that may be helpful to nursing care centers.

Topics covered:

- Epidemiology and symptoms of Coronavirus
- Prevention strategies for nursing care centers

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Acknowledgement

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Coronavirus

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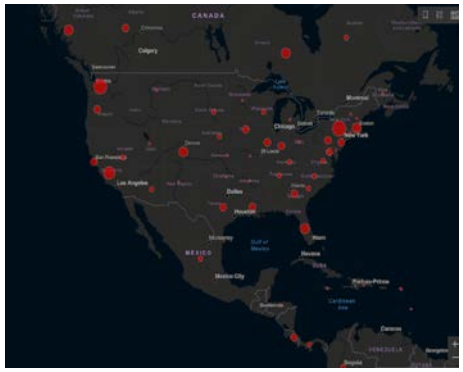
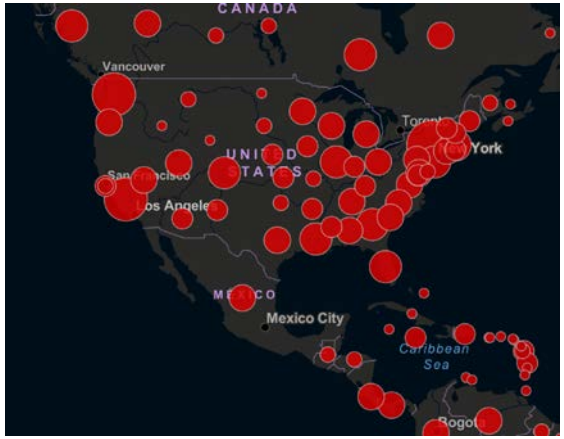
Progression of Cases

3/11/2020



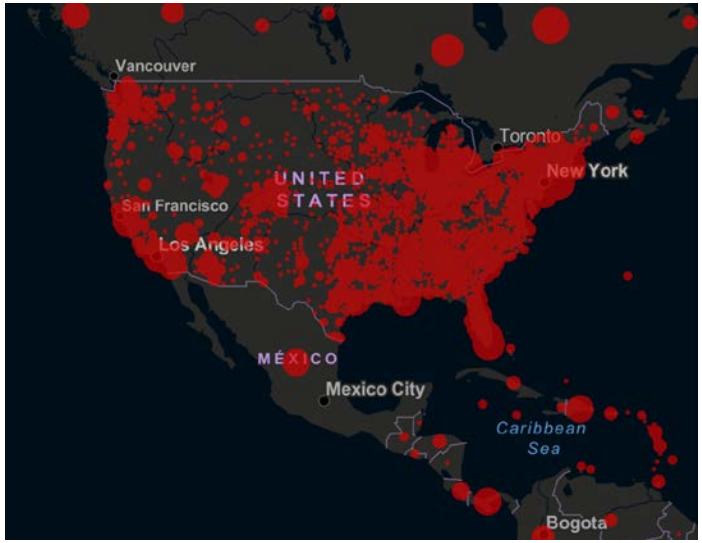
Total 126,136 Cases
US 1312 Cases

3/19/2020



Total 230,055 Cases
US 10,755 Cases

3/30/2020



Total 785,709 Cases
US 164,274 Cases

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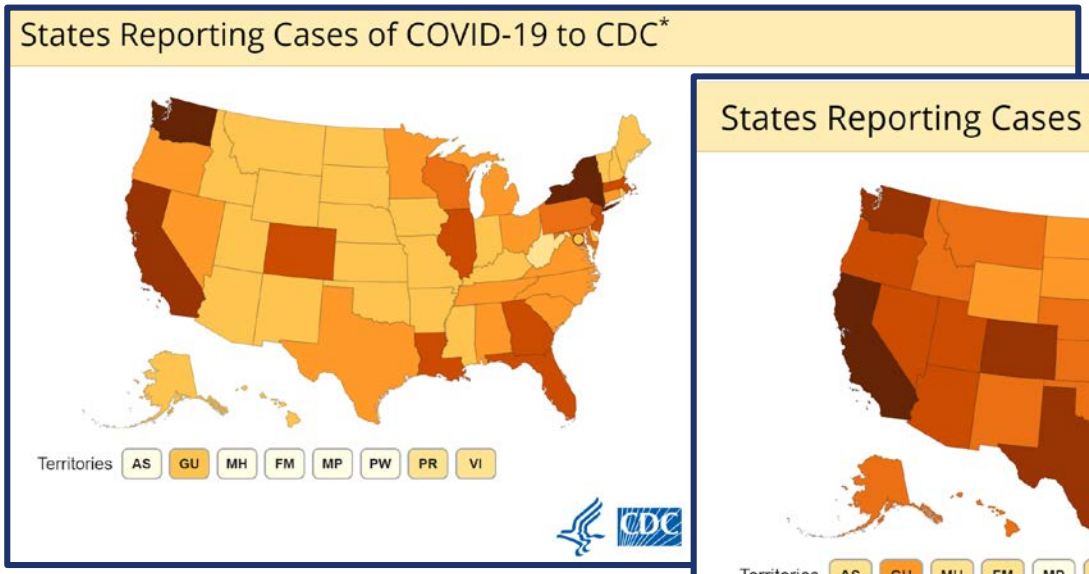
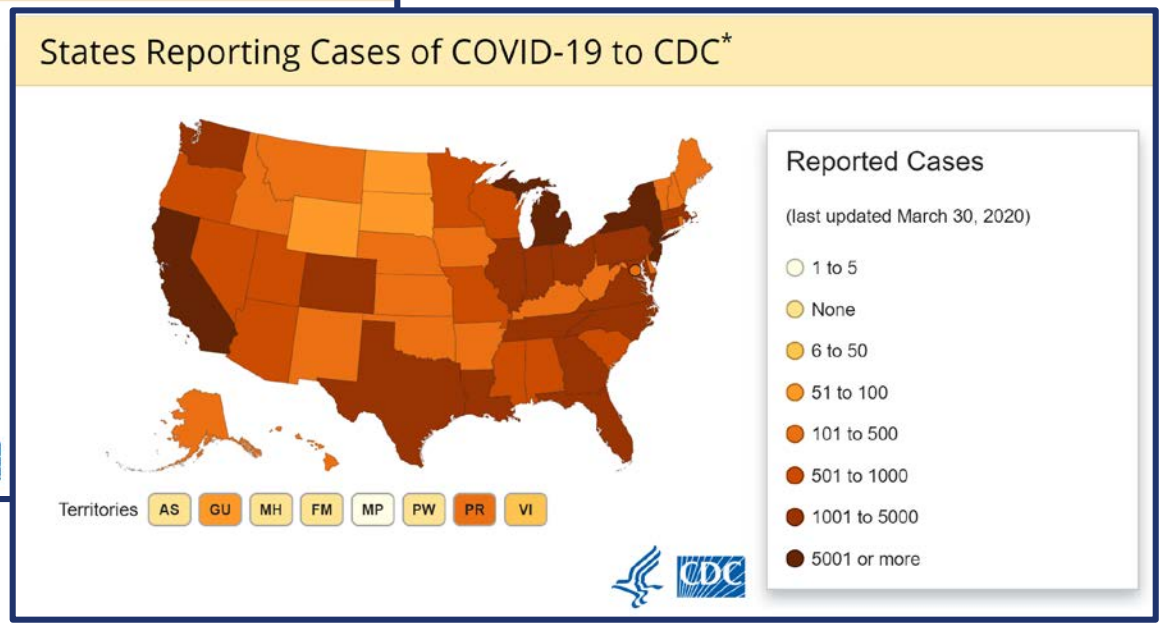
https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

Cases by State



03/19/2020



03/30/2020

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

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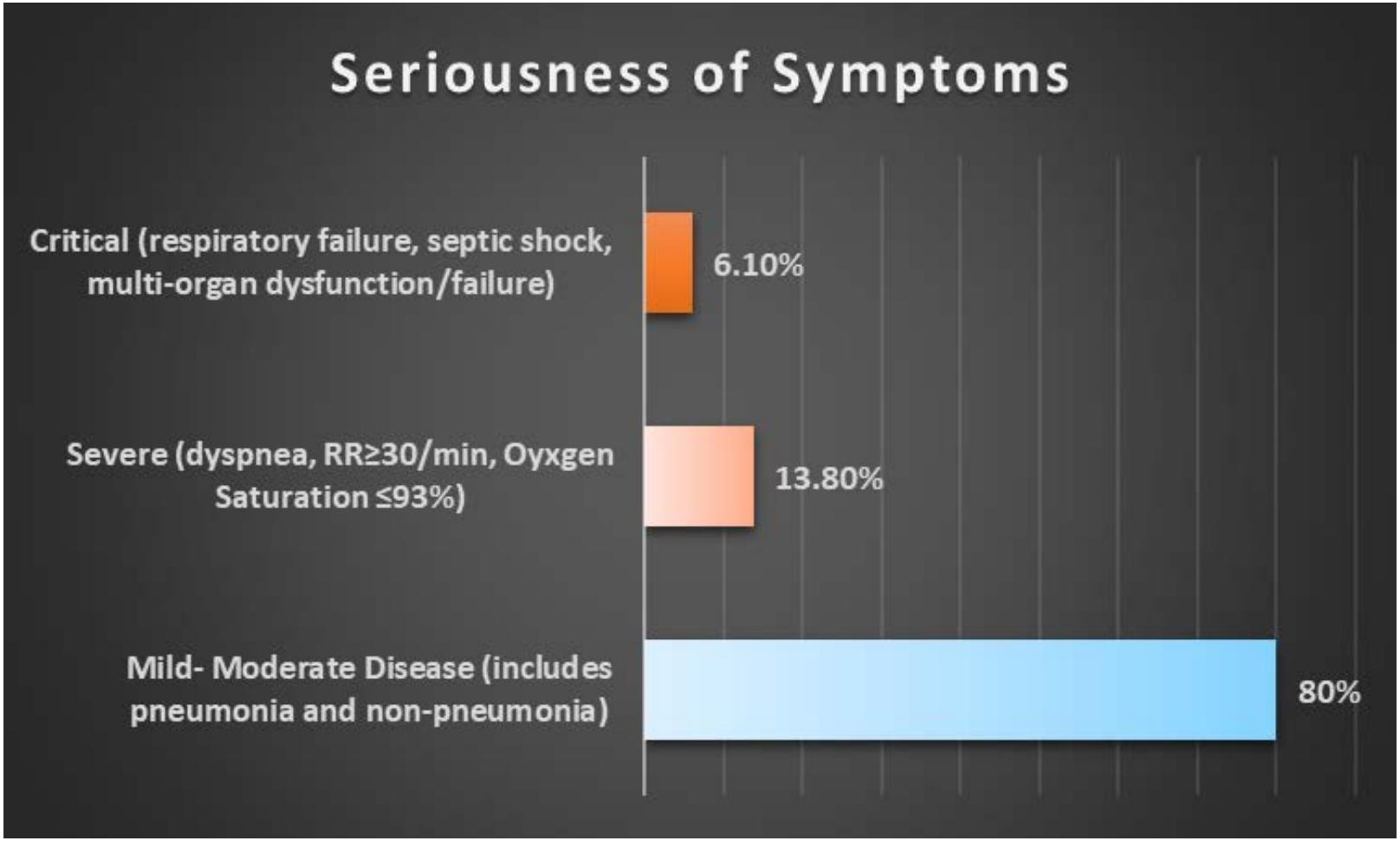
Most Infection Causes Mild-Moderate Disease



Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Based on 55924 Laboratory Confirmed Cases thru Feb 20, 2020 Available at https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf Accessed March 18, 2020.

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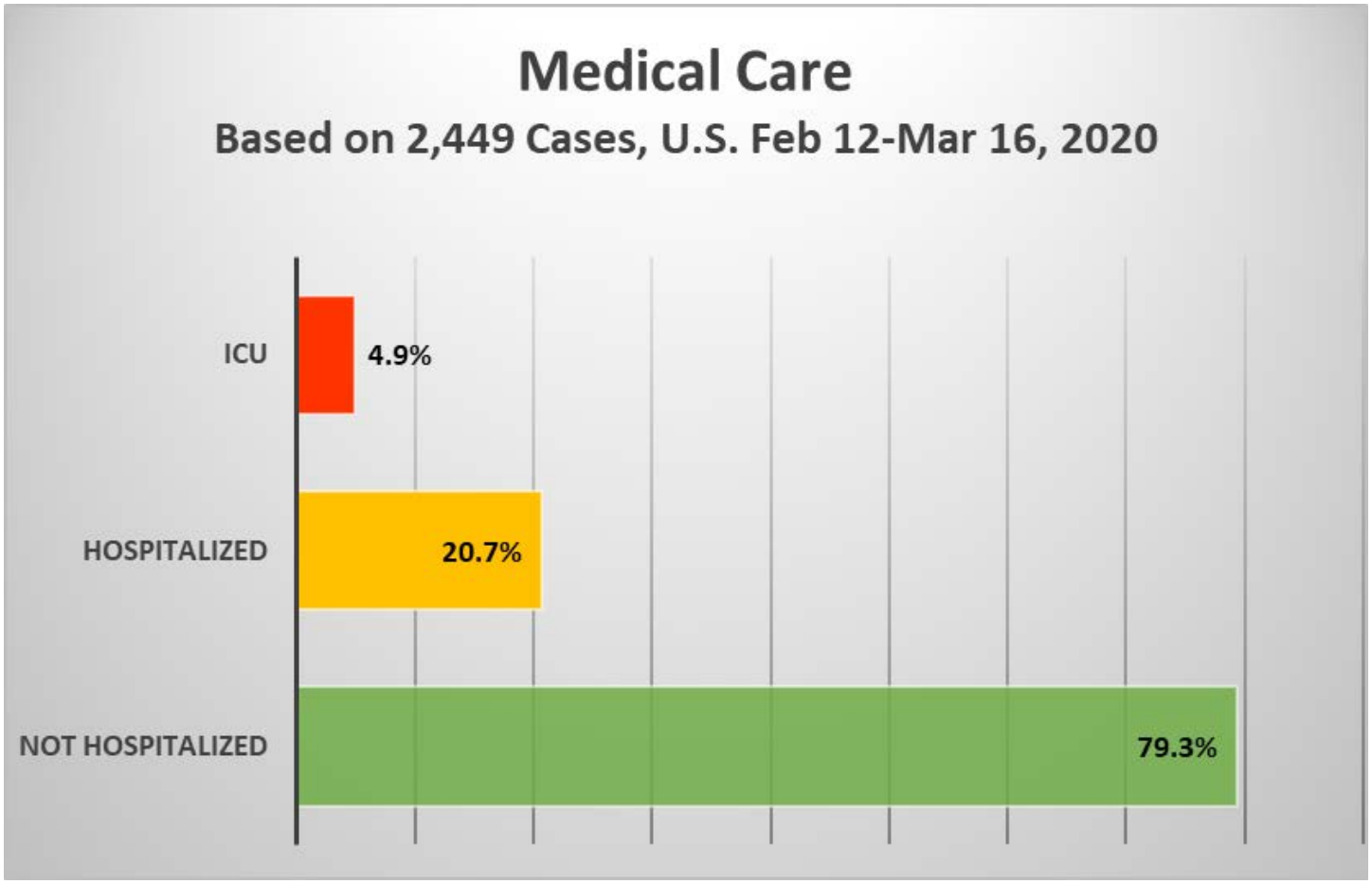
Most Have Not Required Hospitalization



Source: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343-346. DOI: http://dx.doi.org/10.15585/mmwr.mm6912e2 Accessed March 30, 2020.

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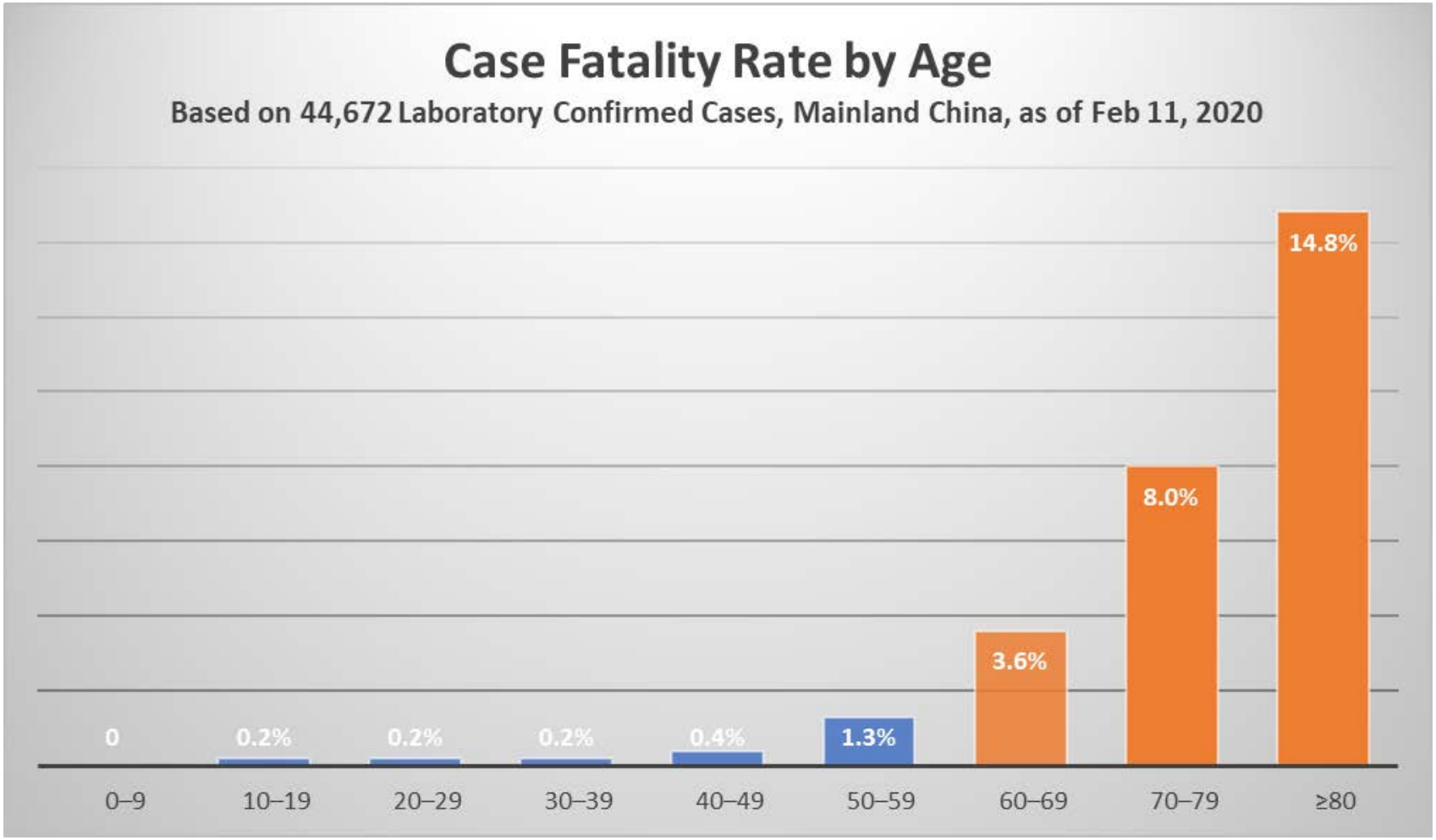
Risk of Mortality Increases with Age



Source: Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. Zhonghua Liu Xing Bing Xue Za Zhi. 2020;41(2):145–151. doi:10.3760/cma.j.issn.0254-6450.2020.02.003 Accessed March 17, 2020.

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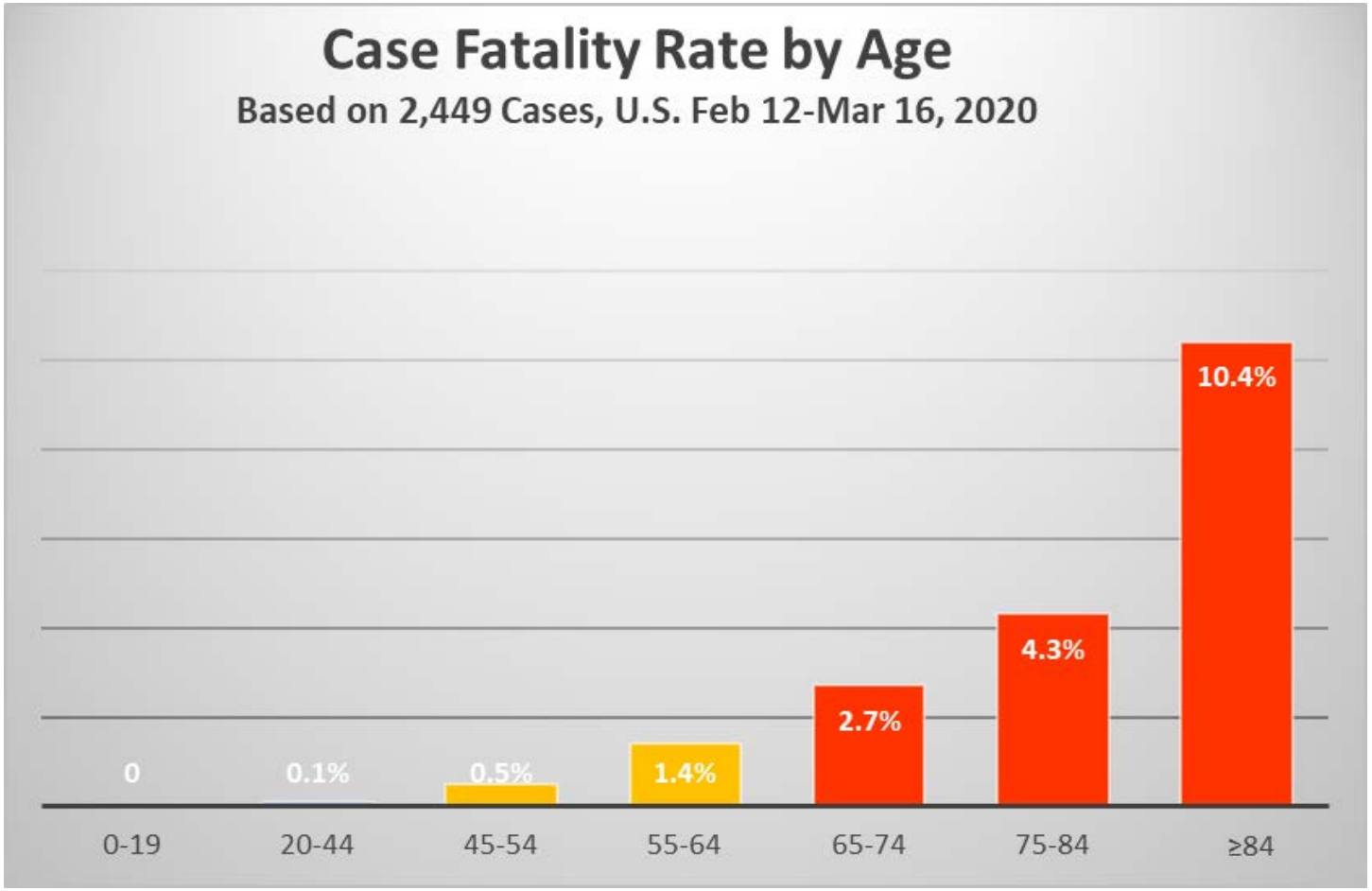
Risk of Mortality Increases with Age



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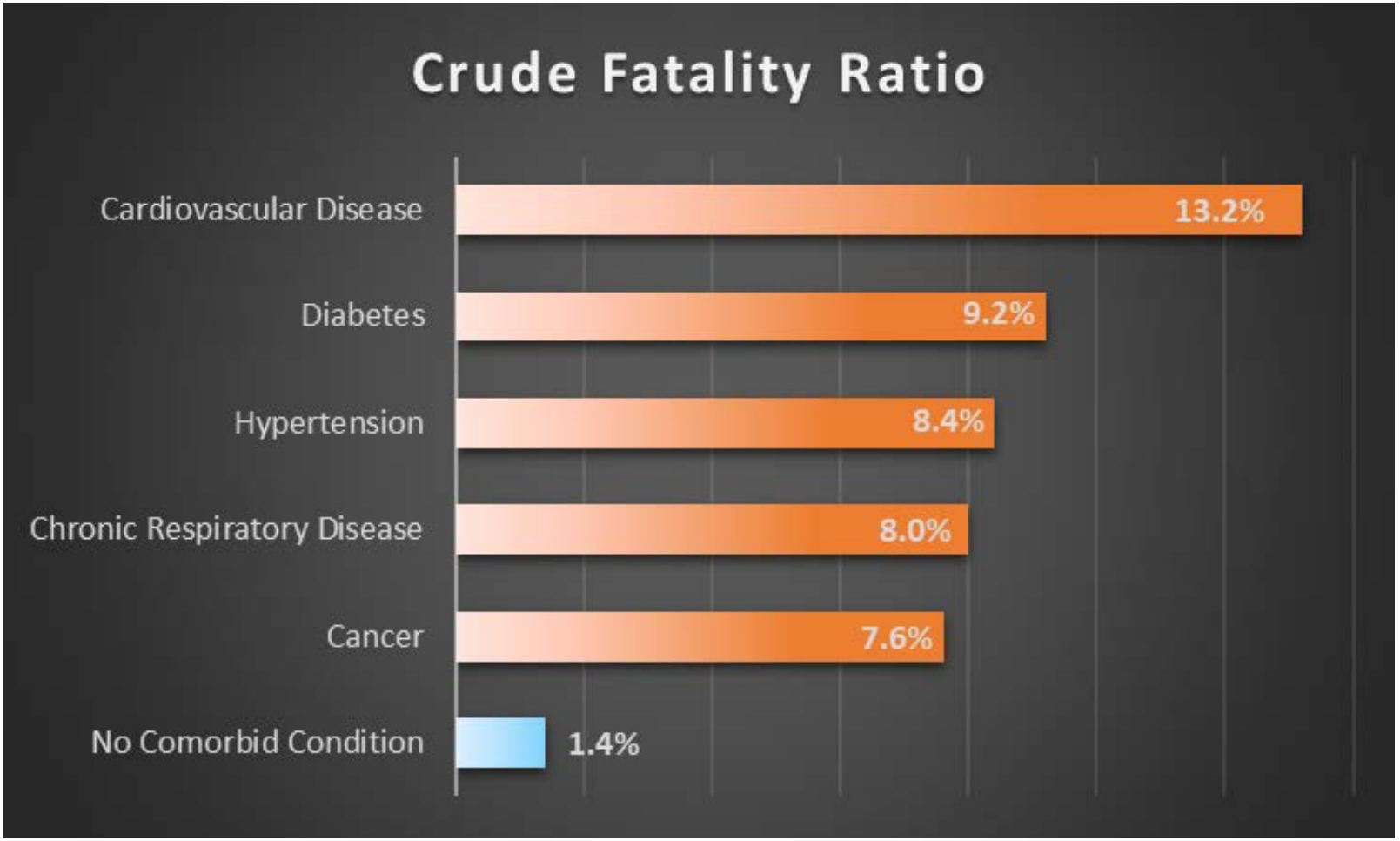
Comorbidities Increase Risk



Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Based on 55924 Laboratory Confirmed Cases thru Feb 20, 2020 Available at https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf Accessed March 18, 2020.

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Experience in Long Term Care

Tested patients, staff and visitors who met clinical case criteria

- 81 residents
- 34 health care personnel
- 14 visitors

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm

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Experience in Long Term Care, King County

- 129 people identified with Coronavirus
- 53 people required hospitalization
  - 46 residents (median age 81 y/o)
  - 5 visitors (median age 62.5 y/o)
  - 2 staff (median age 42.5 y/o)
- 23 people died
  - 22 residents
  - 1 visitor

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm

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Issues Identified

- Delayed recognition of cases
- Staff worked while symptomatic
- Inadequate knowledge and compliance with precautions
- Challenges to implementing infection control practices
- Staff worked at more than one facility

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What caused delayed recognition

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html

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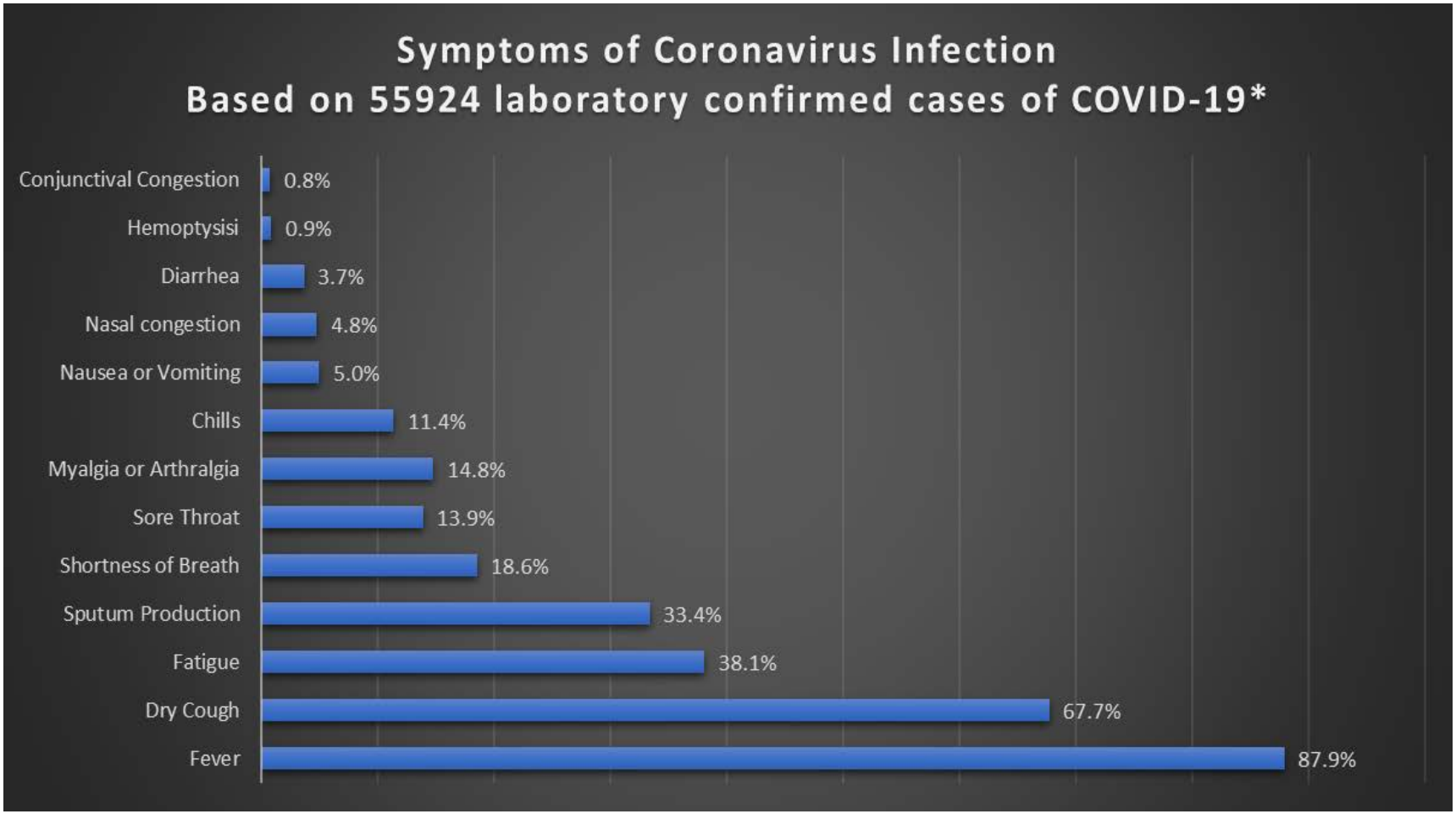
Spectrum of symptoms



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- 23 of 76 (30.3%) surveyed tested positive for coronavirus
  - 10 had symptoms (8 typical; 2 atypical)
  - 13 had no symptoms
    - 10 developed symptoms (mean interval 3 days)
    - 3 did not develop symptoms

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Why is COVID-19 Spreading SO Quickly

Influenza

COVID-19

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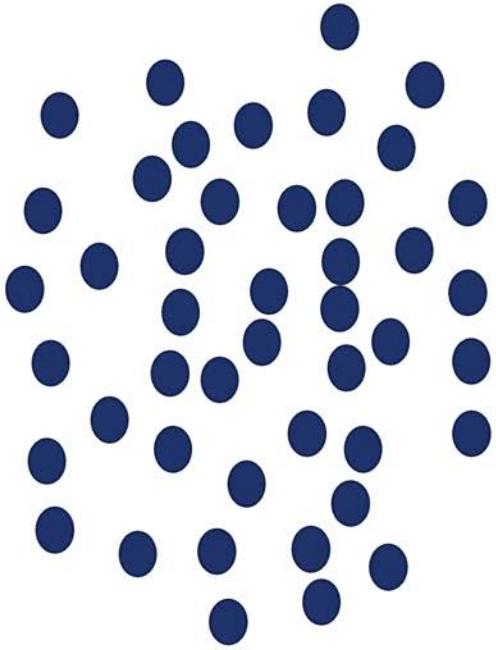
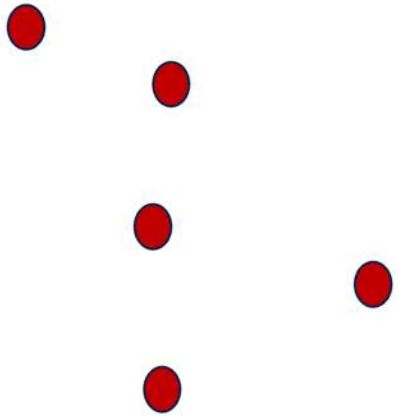


COVID-19



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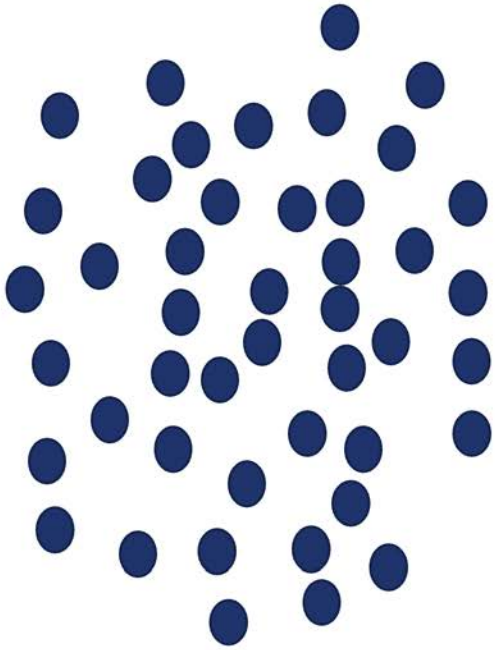
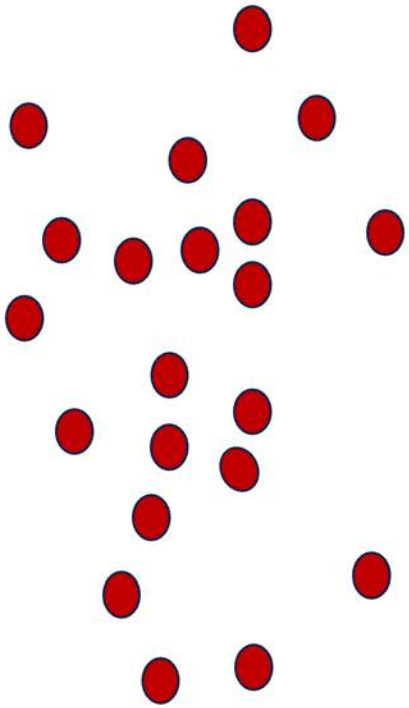
Why is COVID-19 Spreading SO Quickly

Influenza



COVID-19



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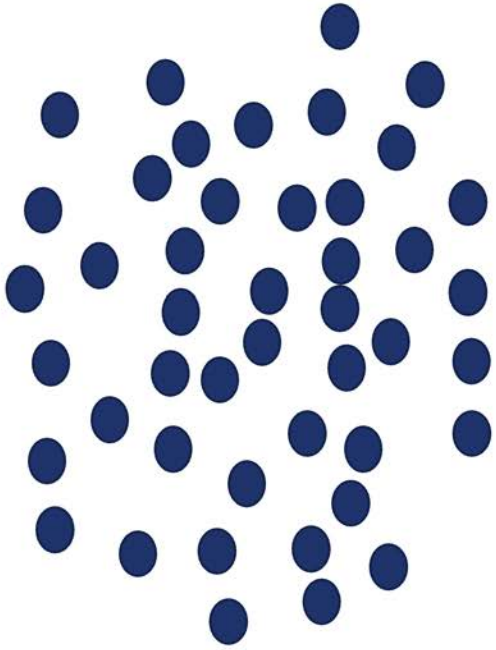
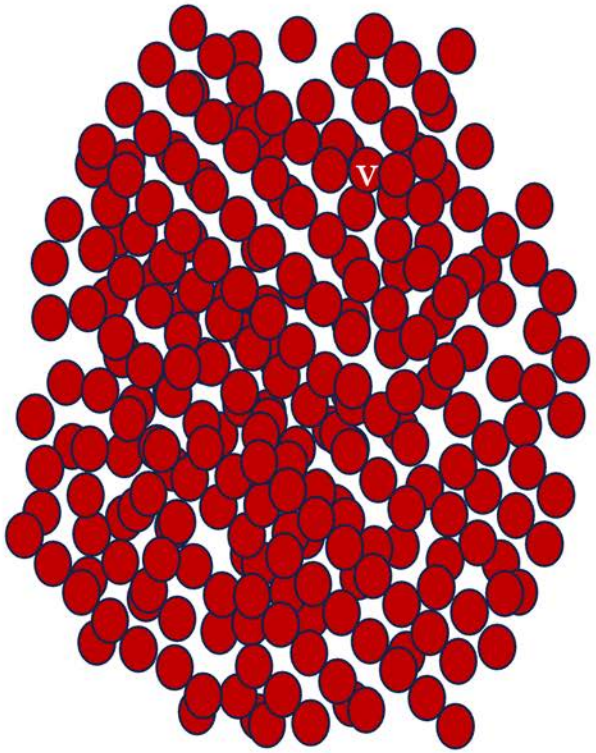


1 Individual Infects
average of 1.3 people

COVID-19



1 Individual Infects
average of 2-4 people

After 5 Transmission Cycles

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Remember How Transmission Occurs

Source: CDC\Brian Judd
https://phil.cdc.gov/details.aspx?pid=11161

- Person to person via droplets (6 feet)
- Airborne transmission (aerosol generating procedures)
- Transmission via surfaces
  - viable for hours to days on surfaces

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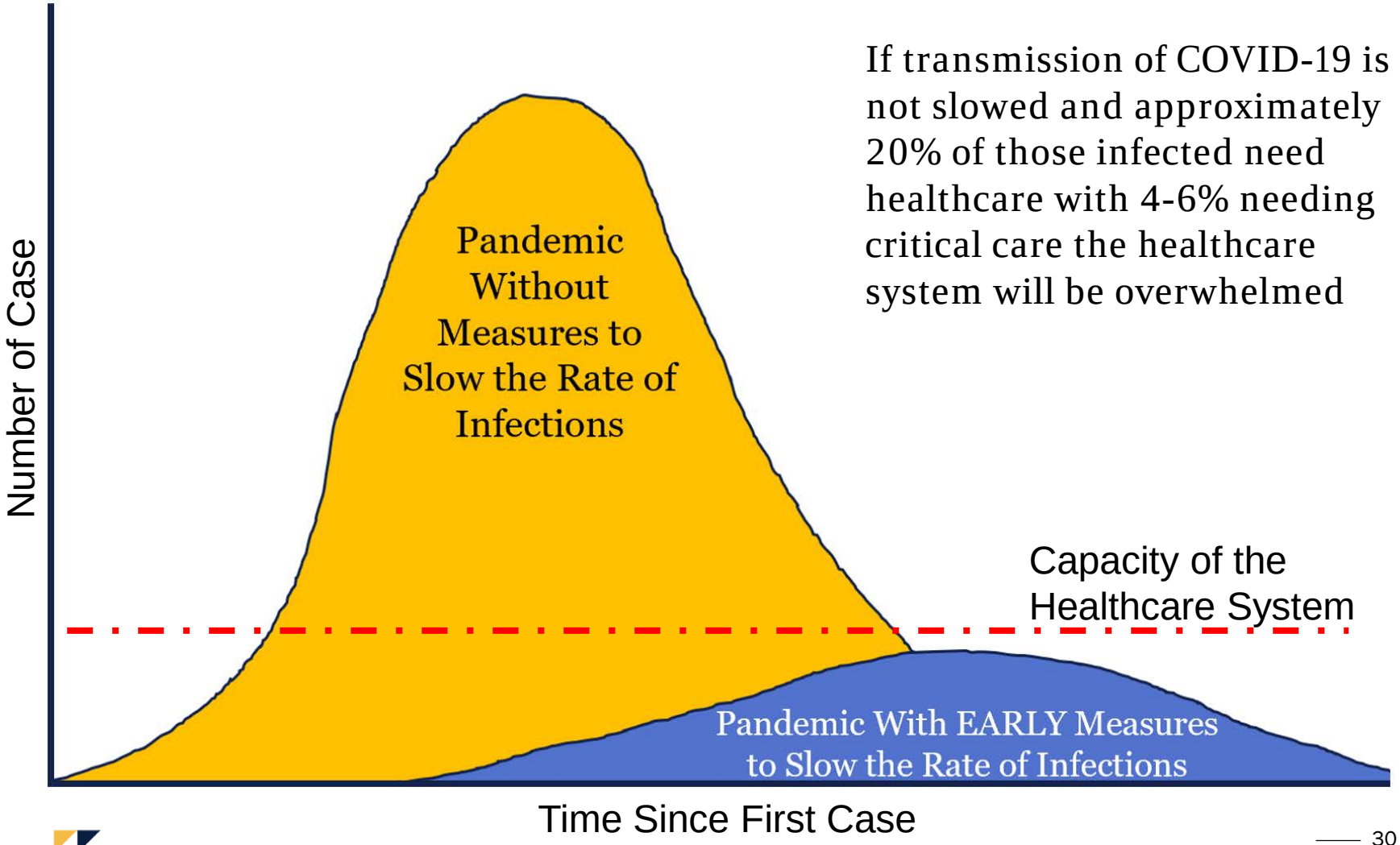
Why is Slowing Spread Important?



If transmission of COVID-19 is not slowed and approximately 20% of those infected need healthcare with 4-6% needing critical care the healthcare system will be overwhelmed

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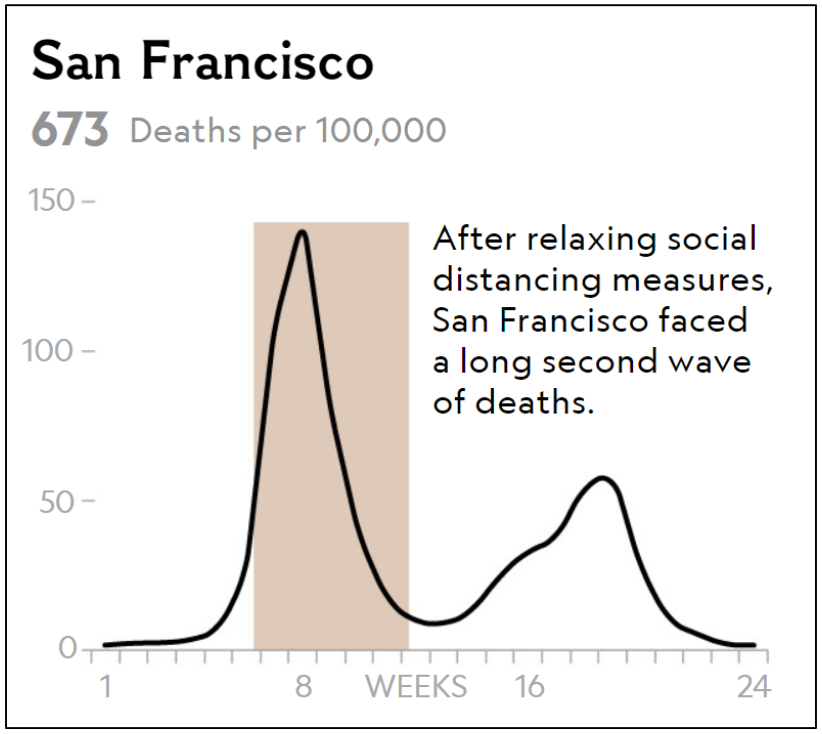
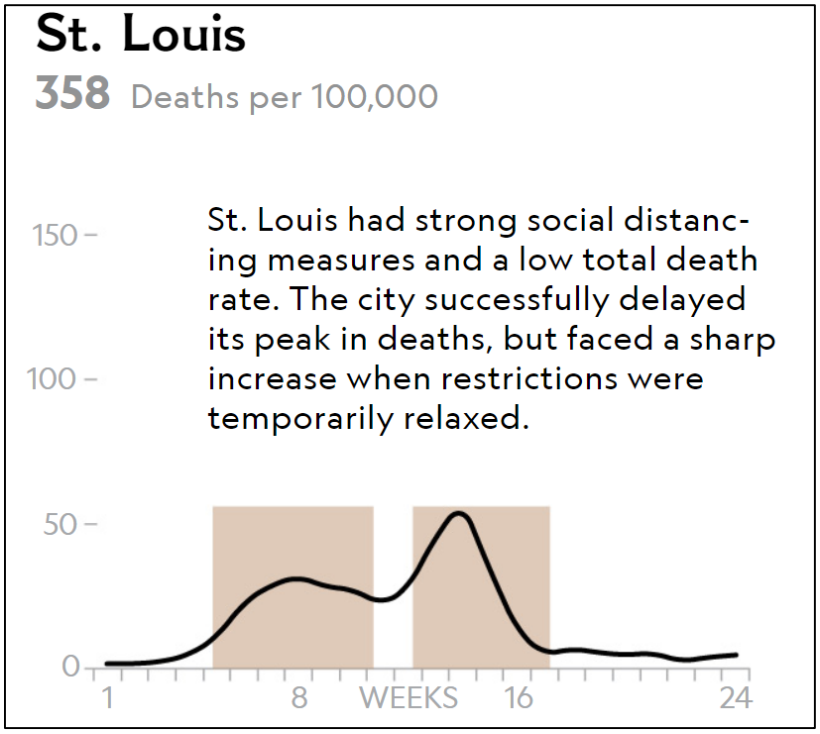
Example in 1918 Pandemic





Cities that order social distancing later and for shorter periods had higher death rates than those who ordered it earlier and longer

https://www.nationalgeographic.com/history/2020/03/how-cities-flattened-curve-1918-spanish-flu-pandemic-coronavirus/#close

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How Can YOU Slow the SPREAD

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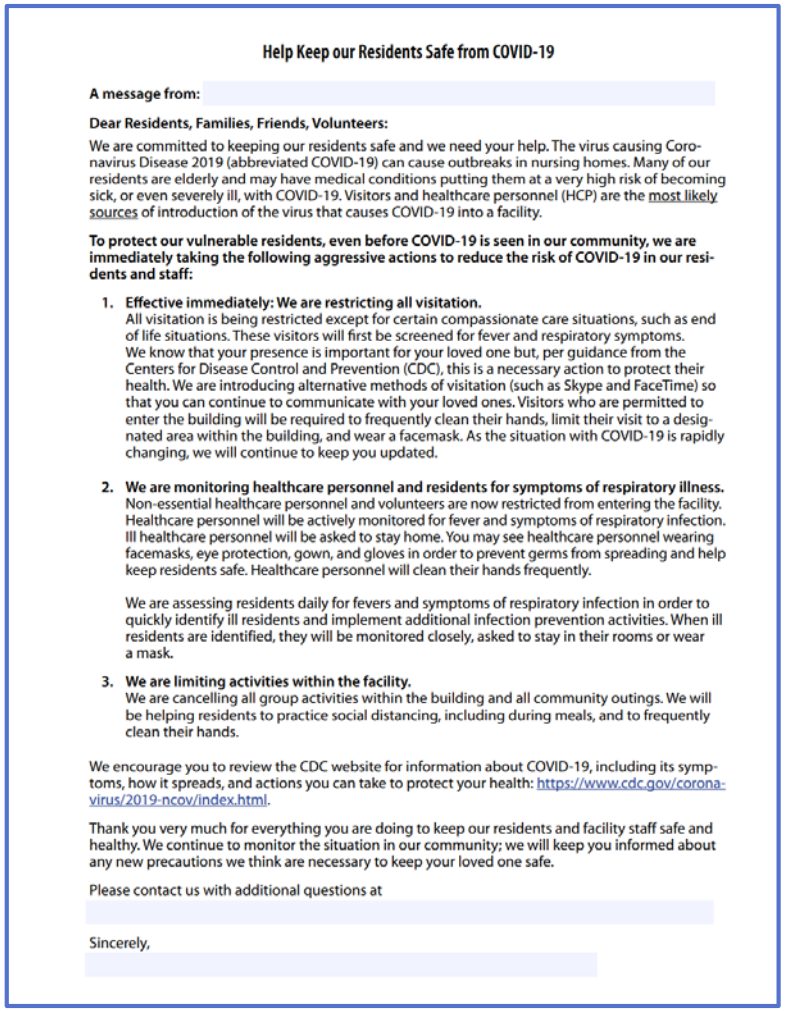
CDC: STEPS TO TAKE **NOW**

- Restrict all visitation
  - except for certain compassionate care situations (end of life situations)
- Restrict all volunteers and non-essential personnel
- Cancel all group activities and communal dining
- Active screening of residents and HCP for fever and respiratory symptoms



Help Keep our Residents Safe from COVID-19

A message from:

Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many of our residents are elderly and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. Visitors and healthcare personnel (HCP) are the most likely sources of introduction of the virus that causes COVID-19 into a facility.

To protect our vulnerable residents, even before COVID-19 is seen in our community, we are immediately taking the following aggressive actions to reduce the risk of COVID-19 in our residents and staff:

1. **Effective immediately: We are restricting all visitation.**
   All visitation is being restricted except for certain compassionate care situations, such as end of life situations. These visitors will first be screened for fever and respiratory symptoms. We know that your presence is important for your loved one but, per guidance from the Centers for Disease Control and Prevention (CDC), this is a necessary action to protect their health. We are introducing alternative methods of visitation (such as Skype and FaceTime) so that you can continue to communicate with your loved ones. Visitors who are permitted to enter the building will be required to frequently clean their hands, limit their visit to a designated area within the building, and wear a facemask. As the situation with COVID-19 is rapidly changing, we will continue to keep you updated.

2. **We are monitoring healthcare personnel and residents for symptoms of respiratory illness.**
   Non-essential healthcare personnel and volunteers are now restricted from entering the facility. Healthcare personnel will be actively monitored for fever and symptoms of respiratory infection. Ill healthcare personnel will be asked to stay home. You may see healthcare personnel wearing facemasks, eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

   We are assessing residents daily for fevers and symptoms of respiratory infection in order to quickly identify ill residents and implement additional infection prevention activities. When ill residents are identified, they will be monitored closely, asked to stay in their rooms or wear a mask.

3. **We are limiting activities within the facility.**
   We are cancelling all group activities within the building and all community outings. We will be helping residents to practice social distancing, including during meals, and to frequently clean their hands.

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe.

Please contact us with additional questions at

Sincerely,

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#checklist

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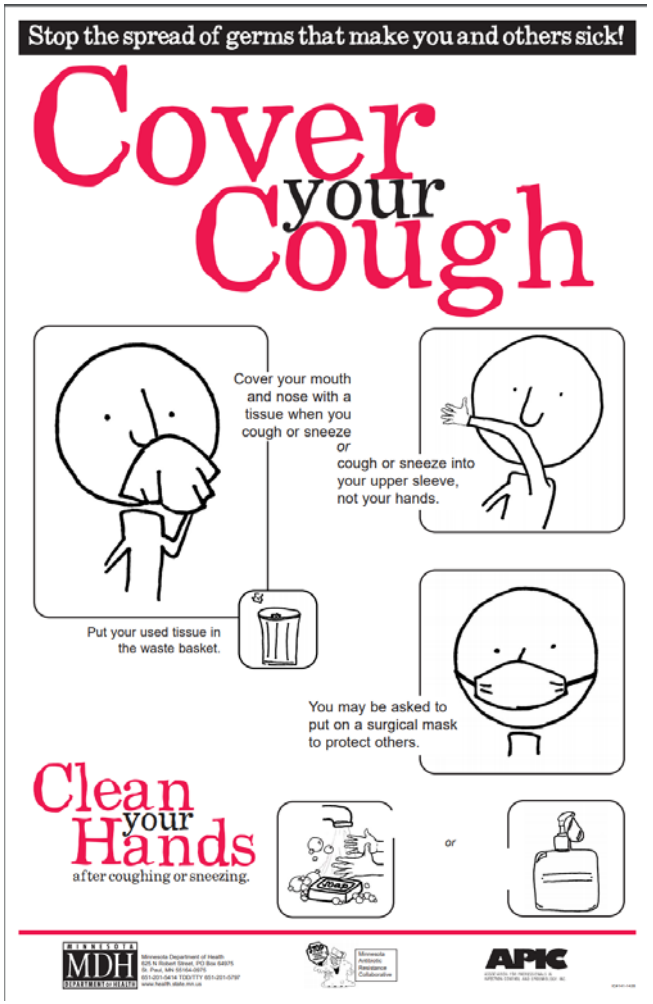
Key Topics to Cover to Stop Transmission

- Social Distancing
- Respiratory Etiquette
- Hand Hygiene
- Clean and disinfect surfaces



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Social Distancing

- **Does not mean social isolation**
- Need to
  - maintain safe interaction
  - stimulation and social engagement
  - maintain contact

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Social Distancing

- Family and friends
  - Rationale for restrictions
  - Entrances
  - Written instructions or tools
  - Be Consistent
  - Scheduled contact

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Social Distancing

- Resident room set-up
- Meals
  - Spread out to maintain distance
  - Increase “meal shifts”
  - Hallway dining
  - Brown bag lunches
  - Use outside spaces

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Social Distancing

- Activities
  - Hallway BINGO
  - Crafts and puzzles
  - Doorway exercises
  - Make masks to wear in hallways
  - Increased separation for “group” activities
- Visual Cues
  - Tape
  - Stickers
  - Coronavirus “valentines”
  - Physical barriers

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Memory Care Unit Challenges

- Encourage use of masks
- Make costumes or jewelry that include a “mask”
- Make sanitizing and hand hygiene an activity
- Have residents wear gloves outside of their rooms
- Limit small\highly touched items in communal areas
- Remove items that cannot be cleaned
- Increase cleaning frequency
- Limit patients who wander to a smaller space

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End of Life

- Social distancing and visitor restrictions may need to be modified
- Early, clear communication with families is essential
  - Require masks in any common area and when within 6 ft of others
  - Hand hygiene whenever exiting resident room

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End of Life

- Hospice providers
  - NOT VISITORS
  - Key care team members
  - Hospice determines essential visits
  - Alternatives for non-essential visits (e.g., telehealth)

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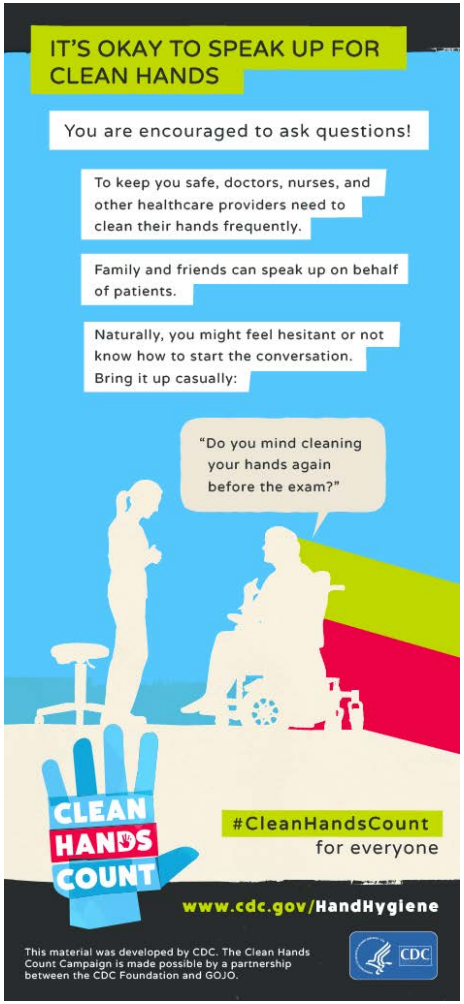
Respiratory Etiquette and Hand Hygiene

- CDC recommends
  - Universal masking by staff if there are cases in the community
  - Alcohol based hand rub inside and outside of resident rooms



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Case at Facility or Sustained Transmission in Community

Glasses must have solid sides to be considered PPE

- Implement universal use of facemask for residents when not in their room
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, facemask [N95 for aerosol generating procedure]) for the care of all residents, regardless of presence of symptoms.
- Implement protocols for ***extended*** use of eye protection and facemasks.

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Housekeeping

Surfaces

- If dirty, clean with a detergent or soap and water prior to disinfection.
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Do not mix products unless instructed by manufacturer
- More is not better!

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Housekeeping

- Disinfect **hard surfaces** with
  - EPA-registered, hospital-grade disinfectant (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
  - Common EPA-registered household disinfectants if hospital grade products are not available (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
  - Diluted household bleach solutions
    - 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water

From: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#infection_control and https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

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Resident Laundry

Linens, Clothing, and Other Items That Go in the Laundry

- Do not shake dirty laundry and wear PPE
- Wash items in accordance with the manufacturer's instructions using the warmest water setting for the items and dry items completely
- Dirty laundry that has been in contact with an ill person can be washed with other people's items
- Clean and disinfect laundry room surfaces, washers, hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

From: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

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Soft Surfaces

- Clean soft (porous) surfaces (carpets, rugs)
  - Removing visible contamination, if present
  - Clean with appropriate cleaners indicated for use on these surfaces
- Disinfect **soft** surfaces:
  - If able to launder do so in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely
  - Otherwise, use products with the EPA-approved emerging viral pathogens claims (https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf) that are suitable for porous surfaces

From: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

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Contract Service

- Housekeeping
- Laundry
- Food Services
- Radiology
- Lab
- Pharmacy
- Dialysis
- Respiratory Therapy
- Physical and Occupational Therapy
- Hospice
- Wound Care
- Podiatry
- Dental

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Contract Services

- Will they have staff to provide services or care as community cases increase?
- Have they had basic infection control training?
- Do they know how Coronavirus is spread and their role in preventing spread?
- Are they *competent* to implement the knowledge and training?
- How will you educate them on your facility policies?
- What do you do if staff are sick or non-compliant?

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Meals

- Routine food services sanitation procedures should be adequate for surfaces and utensils (https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/FoodWorkers)
- Avoid food distribution to employees in settings where people might gather in a group or crowd
  - Grab and go
  - Pre-packaged meals
  - Staggered breaks and lunches

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Dialysis

- Perform in-room if possible
- Maintain 6 ft distance and have residents wear mask if in centralized location
- Provider should wear a mask at all times
- All other aspects are routine

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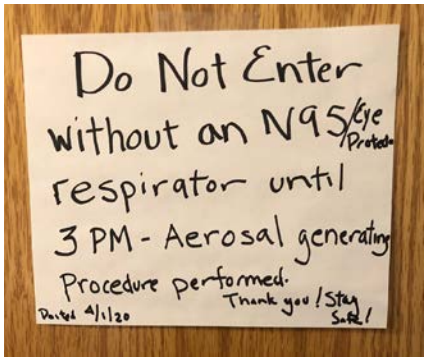
Aerosol Generating Procedures

- Identify those that occur in NCC and how to minimize exposure
  - Nebulizer treatment
  - Chest PT
  - Suctioning
  - Swallowing studies
- Private room, door closed
- N95 respirator, eye protection, gowns and gloves



PLUS Eye Protection, Gowns and Gloves

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Capacity for Care

- Need to plan now for admissions, transfers and discharges
- Department of Health may be involved in coordination of transfers to\from acute care
- Order supplies to handle influx\ acuity of infected patients
  - PPE
  - IV supplies for hydration
  - Wound care
- Staffing plans

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Supply Management

- Determine management/ Par levels for each essential item
- Plan for shortages – what are the alternatives
  - Extended use versus reuse of masks
  - Washable gowns
  - Alternate eye protection with side shields
  - Decontamination of gloves if used for care of same resident (not recommended for vinyl gloves)
  - Receipt/management of donations

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Supply Management

- Hand hygiene products
  - Alcohol based hand rubs
  - Paper towels and soap
- Tissues and masks
- Personal protective equipment
  - Routine Care
  - Aerosol generating procedures
    - Nebulizer treatments
    - Oral suctioning

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Planning for a Case of Coronavirus

- Location
- Cohorting cases, exposed and not exposed
- Staffing and supply considerations
- Room-mate management

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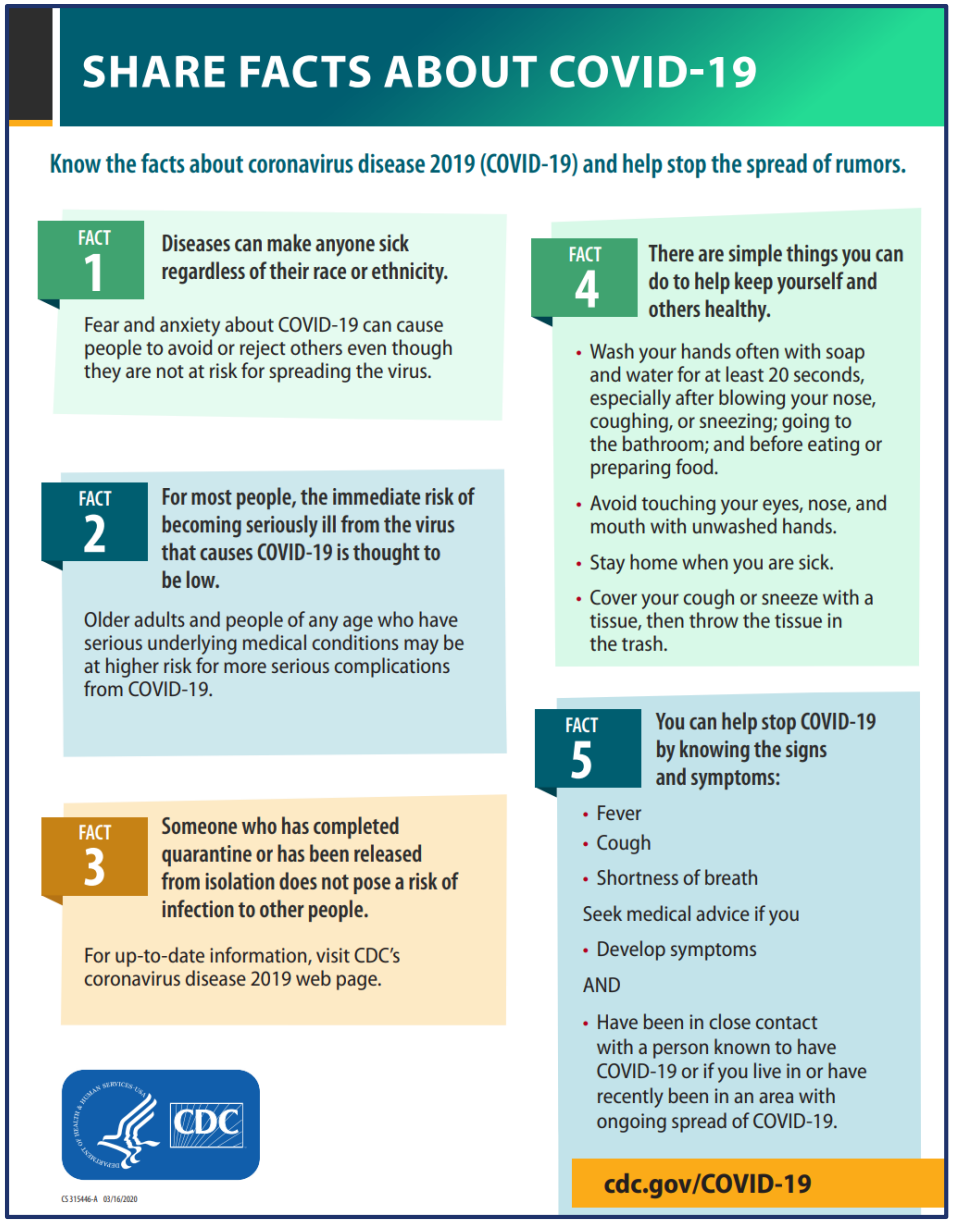
Provide Reassurance and Reducing Stigma

- https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html



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General Instructions for People Who Do Get Sick

- Reinforce sick leave rules and safe practices
  - Treat fever, maintain hydration, and get rest
  - Seek medical treatment for worsening symptoms and emergency warning signs (e.g., difficulty breathing, shortness of breath, chest pain, new confusion)
- If not tested, recommendation* is for staff to stay home until
  - no fever for at least 72 hours without the use medicine that reduces fevers
    AND
  - other symptoms have improved

    AND
  - at least 7 days have passed since their symptoms first appeared
- If tested, follow local public health instructions

* Guidance may be modified please visit https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html#monitor and https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

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Educate and Train Healthcare Workers, Staff, and Contractors

- Coronavirus
- Updated facility policy and procedures
- Personal protective equipment
- *COMPETENCY is KEY*

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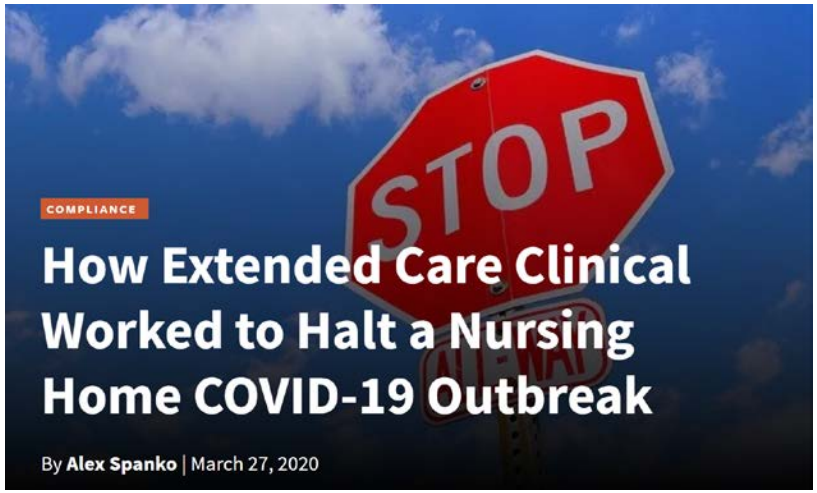
COVID-19 Transmission Can Be Prevented



- Staff to support visitor restrictions and continued communication
- Need to think about the “back-end stuff”
  - Blood draws if lab cannot send someone
  - Supply delivery if they won’t enter the building
  - Allaying staff fears
  - Inability of staff to work because of family concerns

cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

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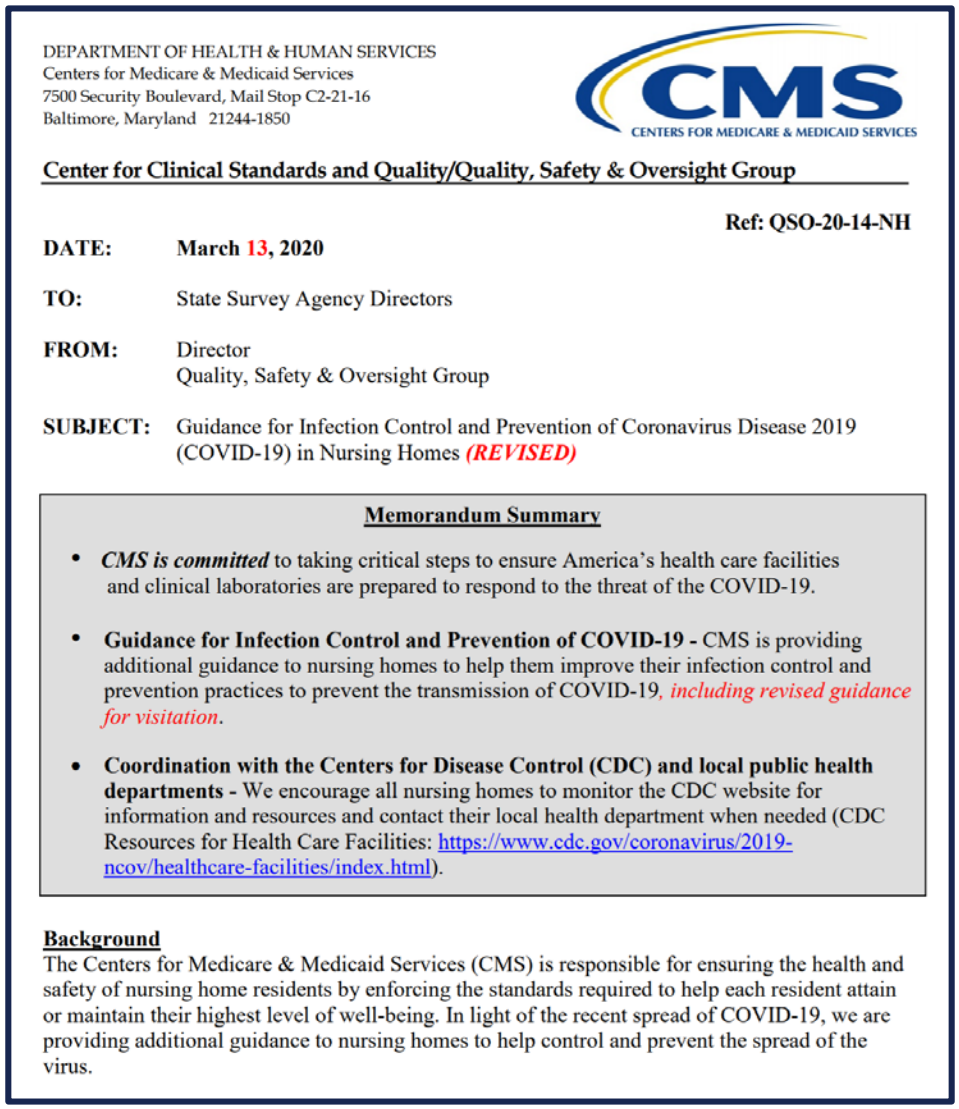
Resources: CMS Guidance



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 13, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19 -** CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation*.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments -** We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Available at: https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf or

Search by topic https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions

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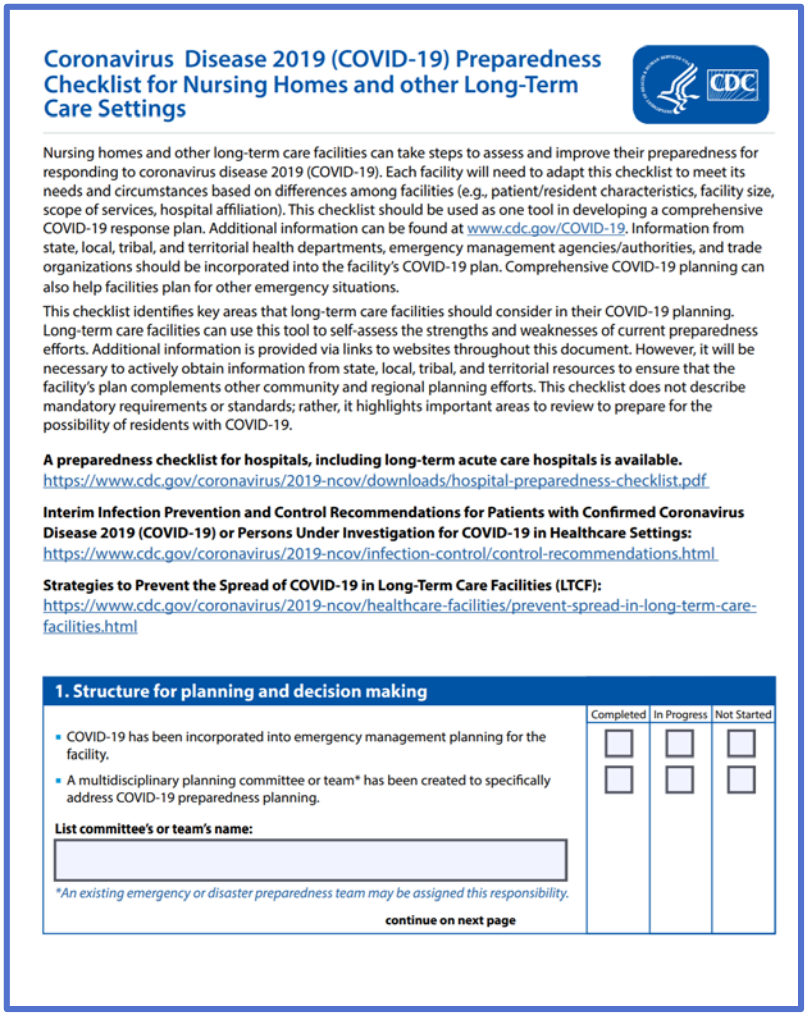
Resources: CDC Checklist



Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at www.cdc.gov/COVID-19. Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

A preparedness checklist for hospitals, including long-term acute care hospitals is available.
https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

1. Structure for planning and decision making

	Completed	In Progress	Not Started
▪ COVID-19 has been incorporated into emergency management planning for the facility.	☐	☐	☐
▪ A multidisciplinary planning committee or team* has been created to specifically address COVID-19 preparedness planning.	☐	☐	☐

List committee's or team's name:

*An existing emergency or disaster preparedness team may be assigned this responsibility.

continue on next page

- Rapid identification and management of ill residents
- Considerations for visitors and consultant staff
- Supplies and resources
- Sick leave policies and other occupational health considerations
- Education and training
- Surge capacity for staffing, equipment and supplies, and postmortem care

https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

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Resources

- The Joint Commission
  - https://www.jointcommission.org/en/covid-19/
- AHCA\NCAL
  - https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx

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Thank you for all you do to keep EVERYONE safe and healthy!

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Communications can you add an email address for questions

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