



Applying COVID-19 Infection Prevention and Control Strategies in Nursing Homes

Clinician Outreach and Communication Activity (COCA) Webinar

Tuesday, June 16, 2020

Continuing Education

Continuing Education is not offered for this COCA Call.

To Ask a Question

- Using the Webinar System
 - Click the Q&A button.
 - Type your question in the Q&A box.
 - Submit your question.
- If we are unable to get to your question during the call, you may also email your question to coca@cdc.gov.
- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to media@cdc.gov.

For More Clinical Care Information on COVID-19

- **Call** CDC's COVID-19 Clinical Call Center at 770-488-7100 (24 hours/day).
- **Refer** patients to state and local health departments for COVID-19 testing and test results.
 - Clinicians should NOT refer patients to CDC to find out where or how to get tested for COVID-19, OR to get test results.
- **Visit** CDC's Coronavirus (COVID-19) website:
<https://www.cdc.gov/coronavirus>
- **Visit** emergency.cdc.gov/coca over the next several days to learn about future COCA Calls.

Today's Presenters

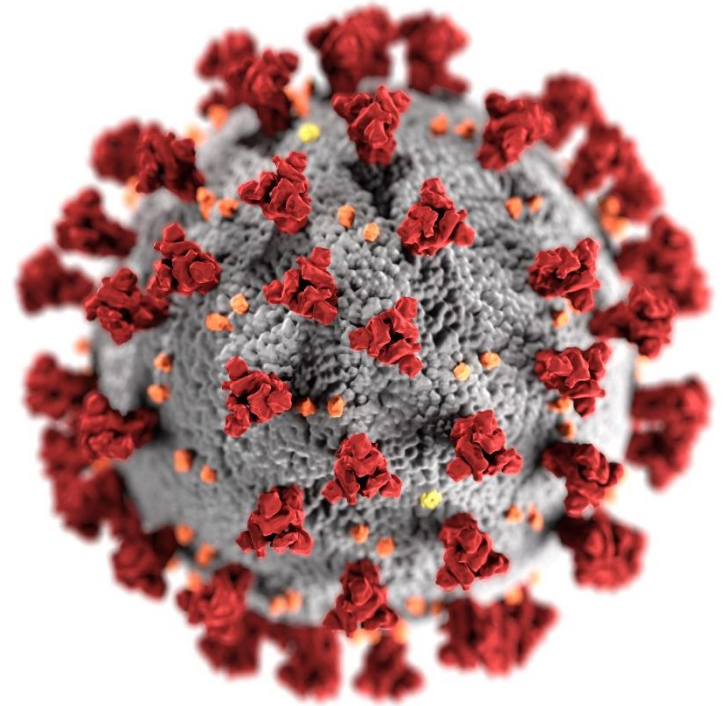
- **LCDR Kara M. Jacobs Slifka, MD, MPH (USPHS)**
Infection Prevention and Control Team
COVID-19 Response
Centers for Disease Control and Prevention

- **Nimalie D. Stone, MD**
Infection Prevention Control Team
COVID-19 Response
Centers for Disease Control and Prevention

Applying Prevention and Response Strategies for COVID-19 in Nursing Homes

COCA Call

Centers for Disease Control and Prevention



For more information: www.cdc.gov/COVID19



Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals > Infection Control

Coronavirus Disease 2019 (COVID-19)

Symptoms

Testing

Prevent Getting Sick

If You Are Sick

Daily Life & Coping

People Who Need Extra
Precautions

Pets & Other Animals

Travel

Frequently Asked Questions

Cases, Data & Surveillance

Communities, Schools &
Workplaces

Healthcare Professionals

Evaluation & Testing

Preparing for COVID-19 in Nursing Homes

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Updated May 19, 2020

Related Pages

Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes

Responding to Coronavirus (COVID-19) in Nursing Homes

Considerations for Memory Care Units in Long-term Care Facilities

Testing for Coronavirus (COVID-19) in Nursing Homes

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

Key Strategies for Long-term Care Facilities

Summary of Changes to the Guidance:

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

On This Page

Background

Core Practices

Additional Strategies

Notes Display Settings

- CDC Guidance for preparing nursing homes for COVID-19, updated 5/19
 - Core Activities
 - Additional strategies based on a facility's reopening status

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>



Core Activities: Maintaining COVID-19 Readiness

- Assign one or more individuals with [specialized training](#) in infection prevention and control (IPC) to provide on-site management of the IPC program
- Report into the [National Healthcare Safety Network \(NHSN\) Long-term Care Facility \(LTCF\) COVID-19 Module](#) weekly
- Educate residents, healthcare personnel (HCP), and visitors about COVID-19
- Implement source control measures, (e.g., universal facemask use)
- Have a plan for visitor restrictions
- Create a plan for testing residents and HCP for SARS-CoV-2
- Evaluate and manage HCP
- Evaluate and manage residents with symptoms of COVID-19



Core Activities: Maintaining Supplies to Implement IPC

- **Access to hand hygiene** – using alcohol-based hand sanitizer to make it easier to incorporate hand hygiene into workflow and during high risk activities (e.g., PPE doffing)
- **Use of appropriate products for cleaning and disinfection** of shared equipment and environmental surfaces
- **Personal protective equipment (PPE)**
 - Continuing to monitor PPE use (burn-rate) and maintain supplies
 - Ensure ongoing familiarity with PPE equipment selection and handling, especially if supplies change
- **Implement a respiratory protection program**
 - Including medical evaluations, training, and fit testing



Resident Cohorting: Creating a Dedicated COVID-19 Unit



Doesn't resident cohorting become complicated?



COVID
"negative"
(unknown)



COVID exposed

COVID
suspected
(symptomatic)



COVID
confirmed



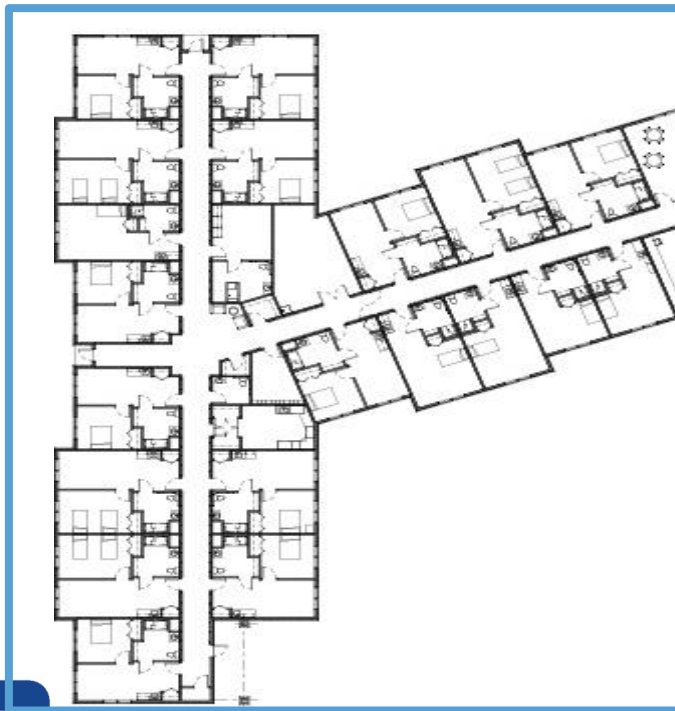
Prioritize a separate area for COVID-19 Care

- Space designated for COVID care only
 - Physically separated from other rooms or units (e.g., separate entry/exit)
 - Space for staff (e.g. charting, break area and restrooms)
 - Clean areas for PPE donning
 - Space for PPE doffing and decontamination
- Staffing
 - Dedicate team to the COVID care unit (at least direct care nursing staff)
 - Bundling care tasks to conserve PPE and limit number of entries
 - Provide supports for team (e.g., uniform laundering, meals, work incentives)

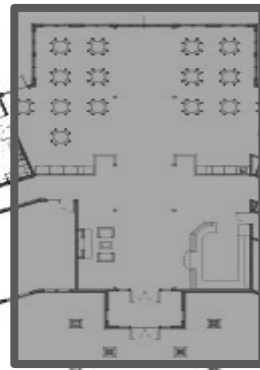


Using Facility Layout for Cohorting

Asymptomatic, COVID
negative (presumed)



Common Areas
Closed



Observation



COVID
positive



Examples of COVID care areas



Prioritize a separate area for COVID-19 Care

- IPC/PPE supplies
 - Ensure team has IPC training, including PPE use, prior to beginning COVID care
 - If supply shortages occur, implement PPE optimization strategies
 - Plans to maintain adequate supply
- Medical care capacity
 - Increased access to clinical providers (onsite or through tele-health)
 - Oxygen supplies
 - Dedicated equipment and monitoring supplies
 - Coordination with EMS and referral hospital for transfer if indicated



Early recognition and response to COVID-19



Clinical scenario

- Mr. Smith is a 78 year old long-stay resident with a history of type 2 diabetes and hypertension
- Yesterday, he felt fatigued with loss of appetite, and overnight had a temperature of 99.2° F.
- This morning, his temperature was 99.9° F and had a slightly lower oxygen saturation than his previous measurements during the week
- His roommate has no complaints, normal vitals and a negative symptom screen

Could this be COVID-19? What steps should be taken before the diagnosis? Should Mr. Smith be moved to the designated COVID care area for testing? Should his roommate be moved also?



Suspecting COVID-19: Initial actions

- Implement Transmission-Based Precautions while evaluating a symptomatic resident
 - Increase clinical monitoring of symptomatic residents (e.g., q shift)
 - Prioritize SARS-CoV-2 testing (viral detection)
- If available, could move to a private room while awaiting testing
 - Do not move residents into a COVID-19 unit based on symptoms alone
- Leave roommate in current bed while awaiting additional information
- Notify local health department about suspected case

What are additional actions would you take if Mr. Smith's test confirms COVID-19?



Coronavirus Disease 2019 (COVID-19)

Symptoms

Testing +

Prevent Getting Sick +

If You Are Sick +

Daily Life & Coping +

People Who Need Extra Precautions +

Pets & Other Animals +

Travel +

Frequently Asked Questions

Cases, Data & Surveillance +

Communities, Schools & Workplaces +

Healthcare Professionals -

Evaluation & Testing

Clinical Care +

Infection Control -

Infection Control Guidance

FAQ on Infection Control

Using PPE

Responding to Coronavirus (COVID-19) in Nursing Homes

Considerations for the Public Health Response to COVID-19 in Nursing Homes

[Print Page](#)

Related Pages

[Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes](#)

[Responding to Coronavirus \(COVID-19\) in Nursing Homes](#)

[Considerations for Memory Care Units in Long-term Care Facilities](#)

[Testing for Coronavirus \(COVID-19\) in Nursing Homes](#)

[Key Strategies for Long-term Care Facilities](#)

[Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19](#)

Background

This guidance is intended to assist nursing homes and public health authorities with response and cohorting decisions in nursing homes. This guidance supplements but does not replace recommendations included in the [Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#).

All facilities should adhere to current CDC [infection prevention and control recommendations](#), including universal source control measures; visitor restrictions; screening of residents and HCP; and [promptly notifying the health department](#). [164 KB, 3 pages] [📄](#) about any of the following:

- Resident or HCP with suspected or confirmed COVID-19,
- Resident with severe respiratory infection resulting in hospitalization or death, or
- ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.

These situations should prompt further investigation and testing for SARS-CoV-2, the virus that causes COVID-19.

Resident Cohorting

Considerations for establishing a designated COVID-19 care unit for residents with confirmed



Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals > Infection Control > Nursing Homes & Long-Term Care Facilities



Coronavirus Disease 2019 (COVID-19)

Symptoms

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Frequently Asked Questions

Cases, Data, & Surveillance +

Testing Guidance for Nursing Homes

Interim Testing Guidance in Response to Suspected or Confirmed COVID-19 in Nursing Home Residents and Healthcare Personnel

[Print Page](#)

Updated May 19, 2020

Related Pages

[Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes](#)

[Responding to Coronavirus \(COVID-19\) in Nursing Homes](#)

[Considerations for Memory Care Units in Long-term Care Facilities](#)

[Testing for Coronavirus \(COVID-19\) in Nursing Homes](#)

[Key Strategies for Long-term Care Facilities](#)

[Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19](#)

Summary of Changes to the Guidance:

Approaches to SARS-CoV-2 Testing in Response to a Case

- Broaden testing to all residents and healthcare personnel (if supplies and capacity are available)
 - If testing capacity is limited, perform unit-based testing or testing other high-risk residents (e.g., roommates of COVID-19 infected residents)
 - At a minimum, test all symptomatic residents and healthcare personnel
- Perform repeat testing of all previously negative residents and HCP
 - Testing should be performed every 3-7 days until no new positive results are found for at least 14 days since last positive test result
 - If testing capacity is limited, test residents who leave and return to facility, have known exposures, and on affected units



Clinical scenario (continued)

- After laboratory confirmation that Mr. Smith was COVID-19 positive, all the residents and healthcare personnel were offered SARS-CoV-2 testing
- On the initial round of testing, 3 additional residents, including his roommate, and 2 healthcare workers on the same unit were positive
 - Only 1 resident and 1 worker were noted to have mild symptoms at the time of testing
- Over the course of the next 7 days, another 3 residents on Mr. Smith's unit developed fever and symptoms consistent with COVID-19; tests were obtained and the team was awaiting results

Should these three residents be moved to the COVID care unit?



Clinical scenario (continued)

- One week after the confirmation of Mr. Smith's infection, the center offers another round of testing
 - The residents and healthcare personnel on Mr. Smith's unit were tested first (because testing kits were running low and needed to be ordered)
- During this week:
 - *One of the 3 residents with symptoms* and tests pending last week is confirmed with COVID-19
 - An additional 2 asymptomatic residents are identified with COVID-19 from the unit testing
 - Over the next 7 days, 2 healthcare workers called out with illness

What if a center runs out of rooms in the dedicated COVID-19 care area?



Reporting a COVID-19 outbreak



Notifications for a suspected COVID-19 outbreak

- Engage public health as soon as COVID-19 is suspected or a cluster of illness is noticed (≥ 3 residents or HCP with new-onset respiratory symptoms)
- Residents, families and staff should also be made aware of potential COVID cases or an outbreak
 - Should be part of the facility's communication plan

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



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

Ref: QSO-20-26-NH

DATE: April 19, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes

Memorandum Summary

- *CMS is committed* to taking critical steps to ensure America's health care facilities are prepared to respond to the 2019 Novel Coronavirus (COVID-19) Public Health Emergency (PHE).
- *Communicable Disease Reporting Requirements:* To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments. In rulemaking that will follow, CMS is requiring facilities to report this data to the Centers for Disease Control and Prevention (CDC) in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID -19 and Persons under Investigation (PUI) could result in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon.
- *Transparency:* CMS will also be previewing a new requirement for facilities to notify residents' and their representatives to keep them up to date on the conditions inside the facility, such as when new cases of COVID-19 occur.



NHSN

NHSN Login

About NHSN +

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Change NHSN Facility Administrator

Materials for Enrolled Facilities -

COVID-19 Module +

Ambulatory Surgery Centers +

Acute Care Hospitals/Facilities +

Long-term Acute Care Hospitals/Facilities +

Long-term Care Facilities -

COVID-19 Module

Surveillance for *C. difficile* Infection (CDI) and Multidrug Resistant Organisms (MDRO)

Surveillance for Urinary Tract Infections (UTI)

Surveillance for Prevention Process Measures - Hand Hygiene, Gloves and Gown Use Adherence

Surveillance for Healthcare Personnel Exposure

Surveillance for Healthcare Personnel Vaccination

LTCF COVID-19 Module



NHSN has received an unprecedented number of inquiries since the release of the new COVID-19 Module and the Centers for Medicare and Medicaid's (CMS) new requirements for nursing home reporting.

We are making every effort to respond to every question in the shortest timeframe possible, but given the surge in volume, we strongly recommend reviewing the webpage materials here before sending questions to the NHSN helpdesk.

New! [CMS COVID-19 Reporting Requirements for Nursing Homes](#). [PDF - 200 KB]

New! [FAQs about COVID-19 Data Published by CMS](#). [PDF - 200 KB]

CDC's NHSN provides healthcare facilities, such as long term care facilities (LTCF) with a customized system to track infections and prevention process measures in a systematic way.

Tracking this information allows facilities to identify problems, improve care, and determine progress toward facility and national healthcare-associated infection goals.

The [NHSN Long-term Care Facility Component](#) is supporting the nation's COVID-19 response by introducing a new COVID-19 Module for Long Term Care Facilities. Facilities eligible to report into the COVID-19 Module include nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living facilities.

The COVID-19 Module for LTCFs consists of four pathways within NHSN's Long-term Care Facility Component:

- Resident Impact and Facility Capacity
- Staff and Personnel Impact
- Supplies and Personal Protective Equipment
- Ventilator Capacity and Supplies

The Module enables an assessment of the impact of COVID-19 in LTCFs through facility reported information, including: 1) counts of residents and facility personnel with suspected and laboratory positive COVID-19; 2) counts of suspected and laboratory positive COVID-19 related deaths among residents and facility personnel; 3) staffing shortages; 3) status of personal protective equipment (PPE) supplies; and 4) ventilator capacity and supplies for facilities with ventilator dependent units. The Module does not collect staff or resident-level information.

Participation in the COVID-19 Module for LTCFs requires facilities to be actively enrolled in NHSN. LTCFs that are currently

COVID-19 Module for LTCF

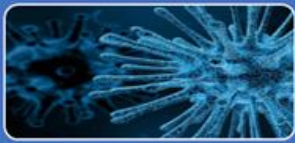
Resident Impact & Facility Capacity

Staff & Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies





Four Pathways for Reporting



Resident Impact and Facility Capacity



Staff and Personnel Impact



Supplies and Personal Protective Equipment



Ventilator Capacity and Supplies

Data elements for each Pathway include: COUNT and/or “YES” or “NO” responses

COVID-19 Module

Long Term Care Facility: Resident Impact and Facility Capacity

NHSN Facility ID:
CMS Certification Number (CCN):
Facility Name:
*Date for which responses are reported: ____/____/____

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

_____	ADMISSIONS: Residents admitted or readmitted who were previously hospitalized and treated for COVID-19
_____	CONFIRMED: Residents with new laboratory positive COVID-19
_____	SUSPECTED: Residents with new suspected COVID-19
_____	TOTAL DEATHS: Residents who have died in the facility or another location
_____	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

COVID-19 Module

Long Term Care Facility: Staff and Personnel Impact

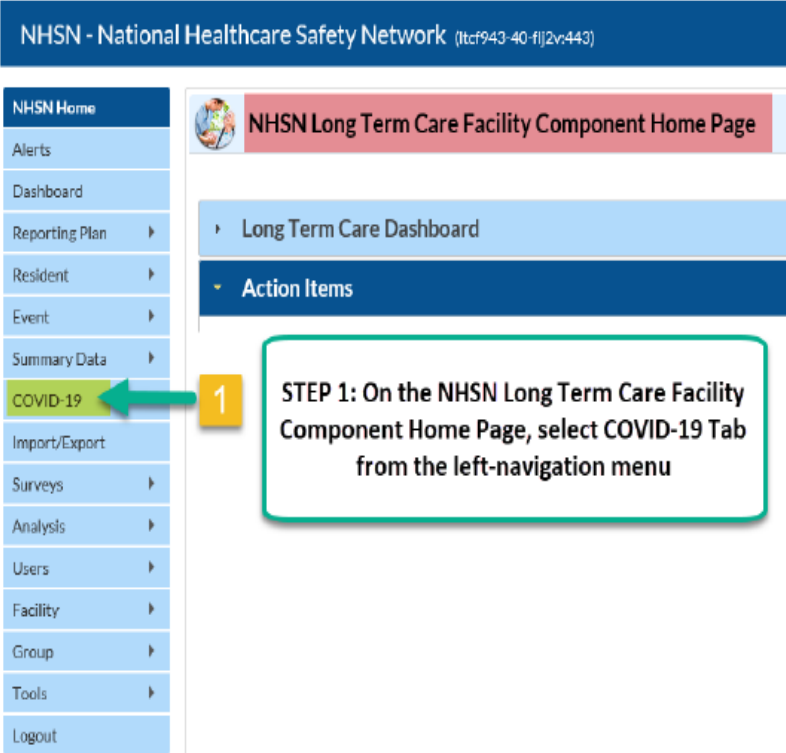
NHSN Facility ID:
CMS Certification Number (CCN):
Facility Name:
*Date for which responses are reported: ____/____/____

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

_____	CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19
_____	SUSPECTED: Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it
_____	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died
Does your organization have a shortage of staff and/or personnel?	
Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/> YES <input type="checkbox"/> NO	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> YES <input type="checkbox"/> NO	Clinical Staff: physician, physician assistant, advanced practice nurse

NHSN COVID-19 Reporting

- Summarize and report the COVID experience at least weekly
- Outbreak recap
 - Week #1: 4 residents and 2 HCP with positive COVID-19 test results; 3 residents with symptoms awaiting testing
 - Week #2: 3 residents with positive COVID-19 test results; 2 HCP out with illness from same unit



NHSN - National Healthcare Safety Network (ttcf943-40-fj)2v443)

NHSN Home

- Alerts
- Dashboard
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19** ← 1
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Tools ▶
- Logout

NHSN Long Term Care Facility Component Home Page

- ▶ Long Term Care Dashboard
- Action Items

STEP 1: On the NHSN Long Term Care Facility Component Home Page, select COVID-19 Tab from the left-navigation menu



NHSN COVID-19 Weekly Case Reporting

Date	Resident Admissions	Resident Confirmed	Resident Suspected	HCP Confirmed	HCP Suspected
Week of 6/1	0	4	3	2	0
Week of 6/8	0	3	0	0	2

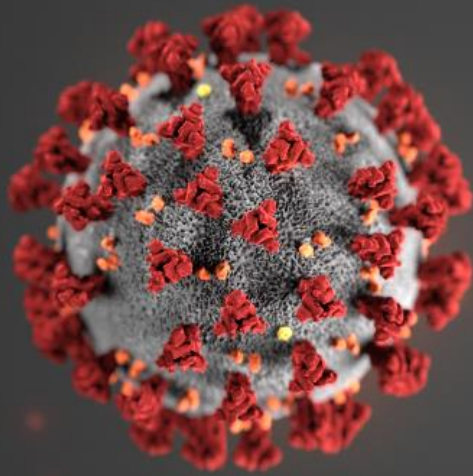
- Although there are 7 total confirmed residents, only report the newly identified cases each week (don't enter the running total)
- 3 residents were suspect in week #1, one of them confirmed the following week. It is correct to count that resident in both weeks as his status changed



Key Points

- Remain vigilant in your efforts to prevent COVID-19 from entering, (or re-entering) your facility
- Maintain screening and clinical surveillance for residents, HCP and visitors;
- Maintain current IPC supplies and PPE inventory; Plan for future needs
- Have a designated space and team planned for COVID-19 care; could be used for other communicable disease outbreaks as well
- Have a plan for testing and managing residents and HCP suspected to have COVID-19
- Summarize and report your weekly COVID experience into NHSN





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



To Ask a Question

- **Using the Webinar System**
 - Click on the **Q&A** button in the Zoom webinar system.
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- For media questions, please contact CDC Media Relations at 404-639-3286 or email media@cdc.gov.
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 - **Visit** CDC's Coronavirus (COVID-19) website: <https://www.cdc.gov/coronavirus>.

Today's COCA Call Will Be Available On-Demand

When: A few hours after the live call

What: Video recording


Where: On the COCA Call webpage at

https://emergency.cdc.gov/coca/calls/2020/callinfo_061620.asp

Upcoming COCA Calls

- **Be sure to visit emergency.cdc.gov/coca** to learn about future COCA Calls.

COCA Products & Services



The logo for COCA Call features a blue horizontal bar with the text "COCA Call" in white. To the left of the bar are four square icons: a white eye in a blue circle, a white stethoscope in a red circle, a white syringe in a green circle, and a white biohazard symbol in an orange circle.

COCA Call
CDC Clinician Outreach
and Communication Activity

COCA Call Announcements contain all information subscribers need to participate in COCA Calls. COCA Calls are held as needed.



The logo for COCA Learn features a green horizontal bar with the text "COCA Learn" in white. To the left of the bar are four square icons: a white eye in a blue circle, a white stethoscope in a red circle, a white syringe in a green circle, and a white biohazard symbol in an orange circle.

COCA Learn
CDC Clinician Outreach
and Communication Activity

Monthly newsletter that provides information on CDC training opportunities, conference and training resources, the COCA Partner Spotlight, and the Clinician Corner.



The logo for Clinical Action features a red horizontal bar with the text "Clinical Action" in white. To the left of the bar are four square icons: a white eye in a blue circle, a white stethoscope in a red circle, a white syringe in a green circle, and a white biohazard symbol in an orange circle.

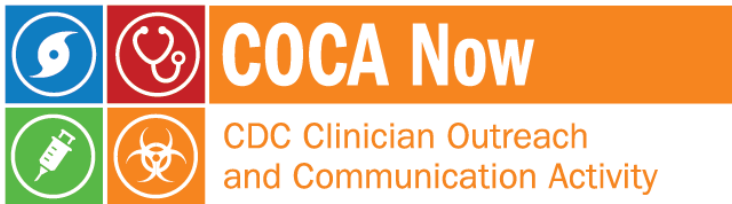
Clinical Action
CDC Clinician Outreach
and Communication Activity

As-needed messages that provide specific, immediate action clinicians should take. Contains comprehensive CDC guidance so clinicians can easily follow recommended actions.

COCA Products & Services



Monthly newsletter providing updates on emergency preparedness and response topics, emerging public health threat literature, resources for health professionals, and additional information important during public health emergencies and disasters.



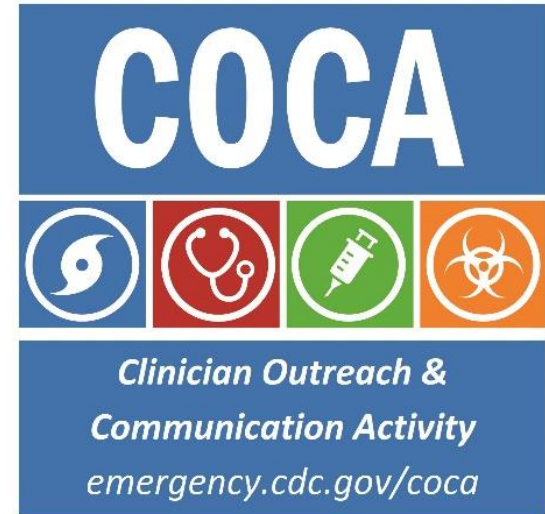
Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.



CDC's primary method of sharing information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

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- **Receive information about:**
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 - CDC emergency response activations
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 - Emergency preparedness and response conferences and training opportunities



emergency.cdc.gov/coca

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The screenshot shows the Facebook profile for COCA (CDC Clinician Outreach and Communication Activity). The profile picture features a diverse group of healthcare professionals. The cover photo shows a group of six people, including nurses and doctors, smiling. The page name is "CDC Clinician Outreach and Communication Activity - COCA" with the handle "@CDCClinicianOutreachAndCommunicationActivity". The page is categorized as a "Government Organization in Atlanta, Georgia". It has 21,420 likes and 21,217 followers. A recent post from October 31, 2017, at 1:18pm, announces a COCA Call on November 7, 2017, at 2:00PM, where clinicians can earn free CE. The address listed is 1600 Clifton Rd NE, Atlanta, Georgia 30333.

COCA

CDC Clinician Outreach and Communication Activity - COCA
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Clinicians, you can earn FREE CE with this COCA Call! Join us for this COCA Call November 7, 2017 at 2:00PM.

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Thank you for joining us today!



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