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

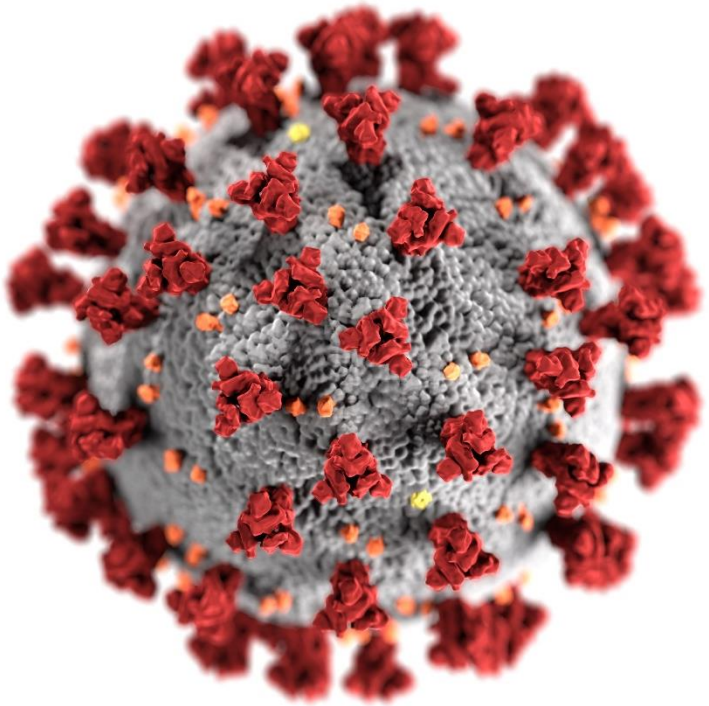
- **Call** CDC's COVID-19 Clinical Call Center at 770-488-7100 (24 hours/day).
- **Refer** patients to state and local health departments for COVID-19 testing and test results.
  - Clinicians should NOT refer patients to CDC to find out where or how to get tested for COVID-19, OR to get test results.
- **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



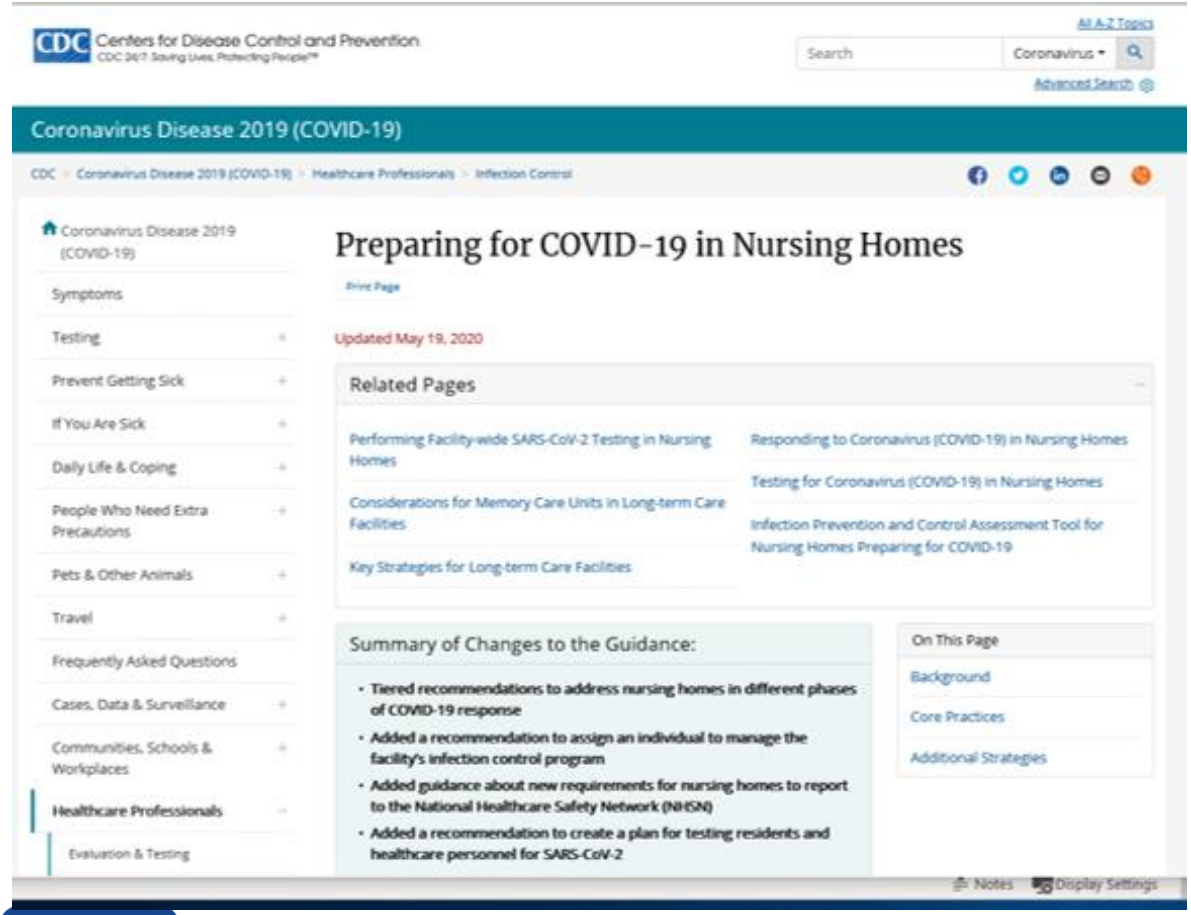
COCA Call

Centers for Disease Control and Prevention

For more information: **www.cdc.gov/COVID19**

HEROES WORK HERE
Thank you caregivers! You make a difference!

WE
OUR RESIDENTS
HEROES
WORK HERE



- 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

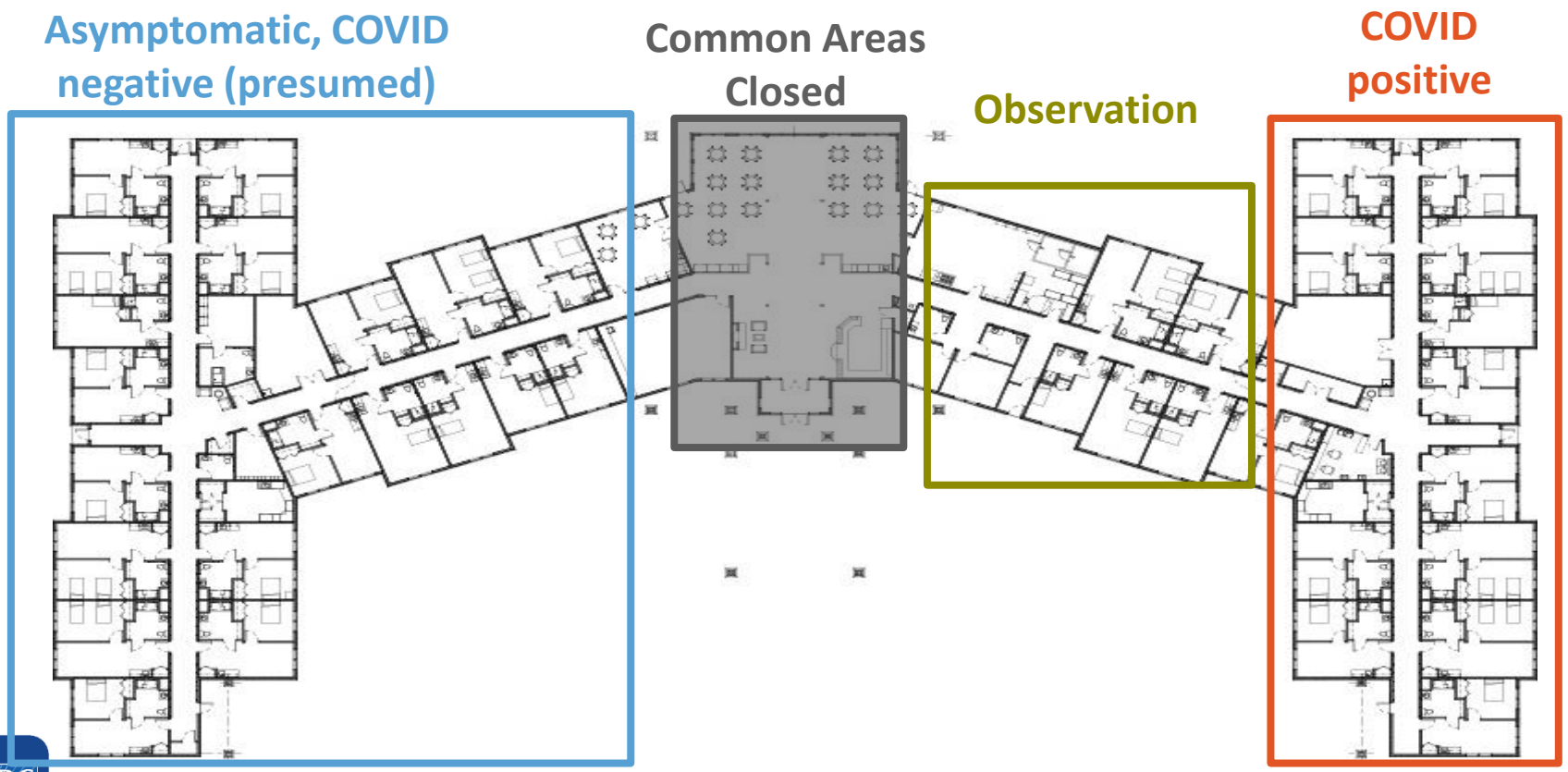
COVID suspected (symptomatic)

COVID confirmed

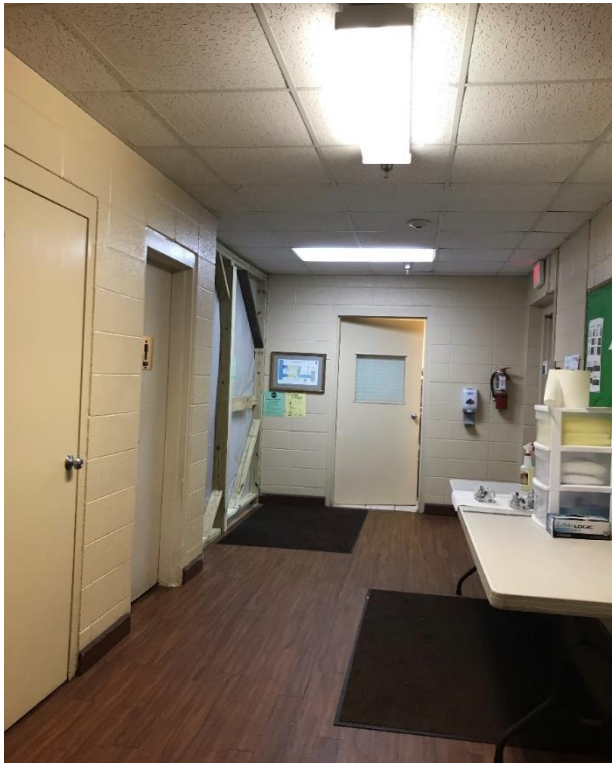
Prioritize a separate area for COVID-19 Care

- 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



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

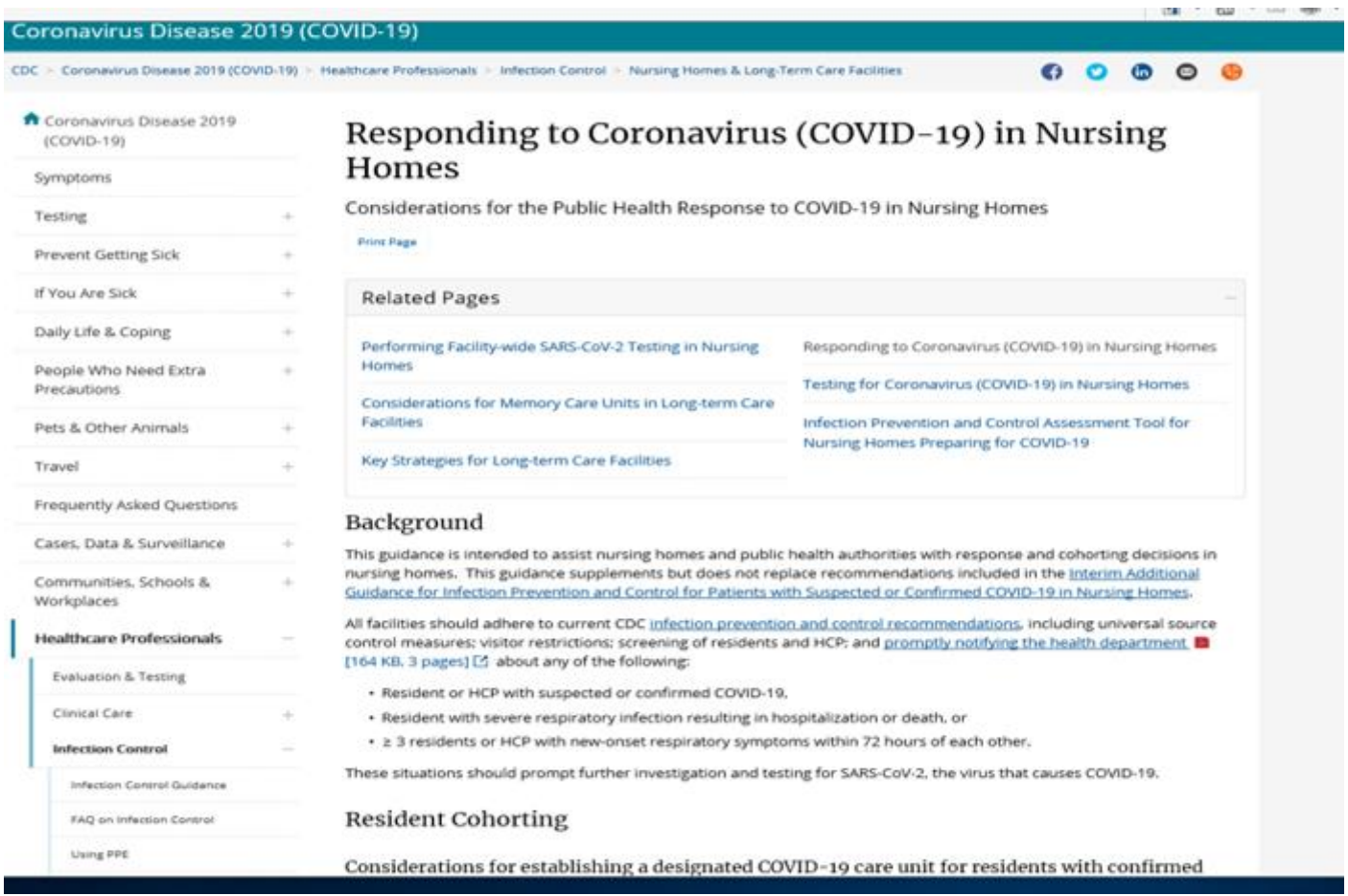
- Mr. Smith is a 78 year old long-stay resident with a history of type 2 diabetes and hypertension
- Yesterday, he felt fatigued with loss of appetite, and overnight had a temperature of 99.2º F.
- This morning, his temperature was 99.9º F and had a slightly lower oxygen saturation than his previous 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?

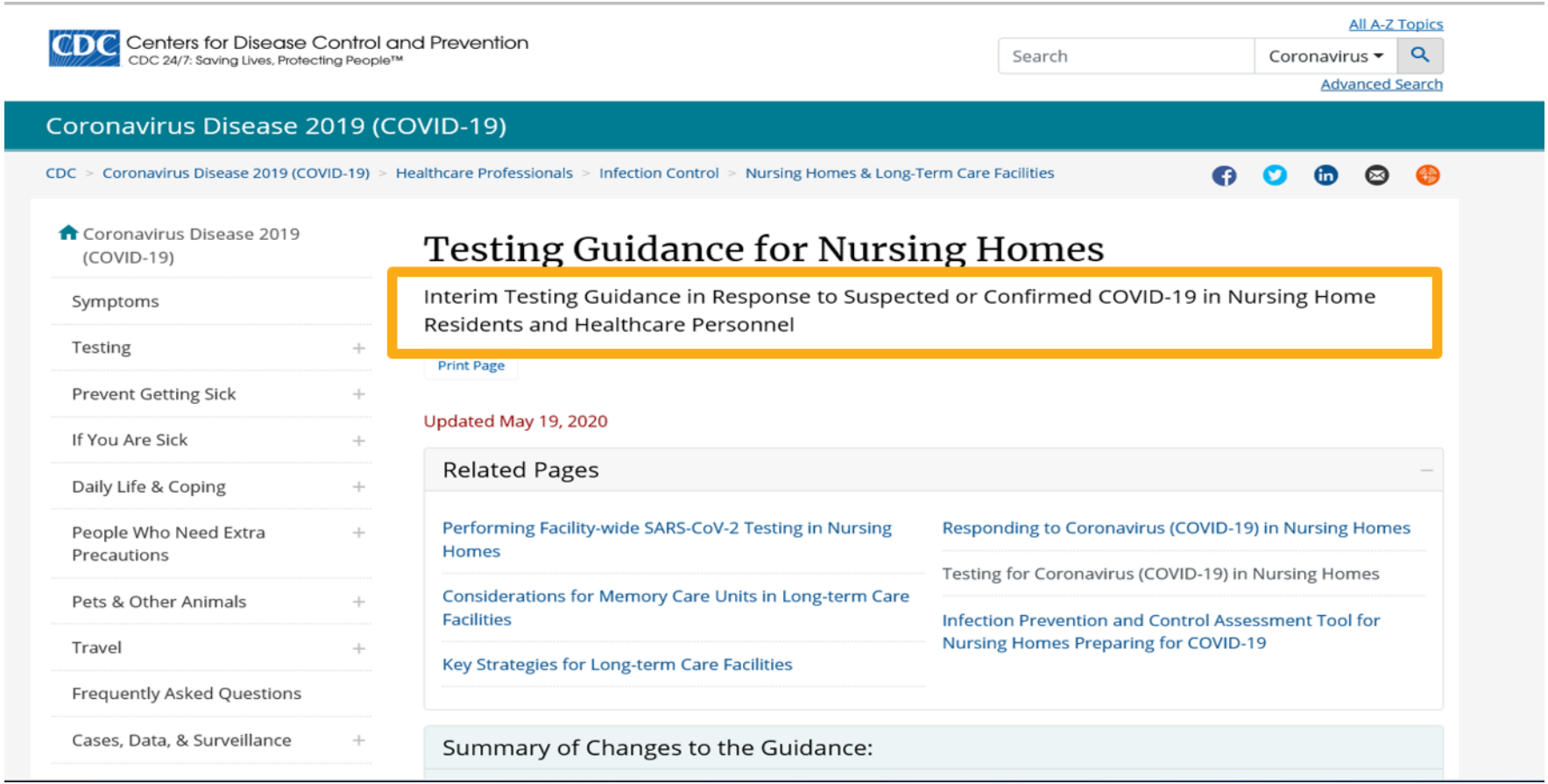
Suspecting COVID-19: Initial actions

- 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?



https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html



https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

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)

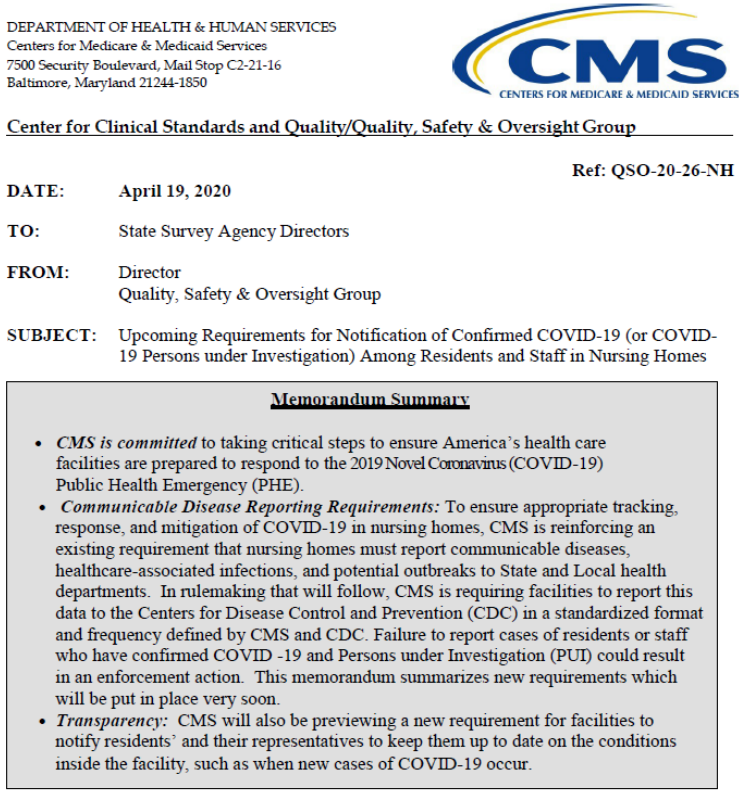
- One week after the confirmation of Mr. Smith's infection, the center offers another round of testing
  - The residents and healthcare personnel on Mr. Smith's unit were tested first (because testing kits were running low and needed to be ordered)
- During this week:
  - *One of the 3 residents with 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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Ref: QSO-20-26-NH

DATE: April 19, 2020

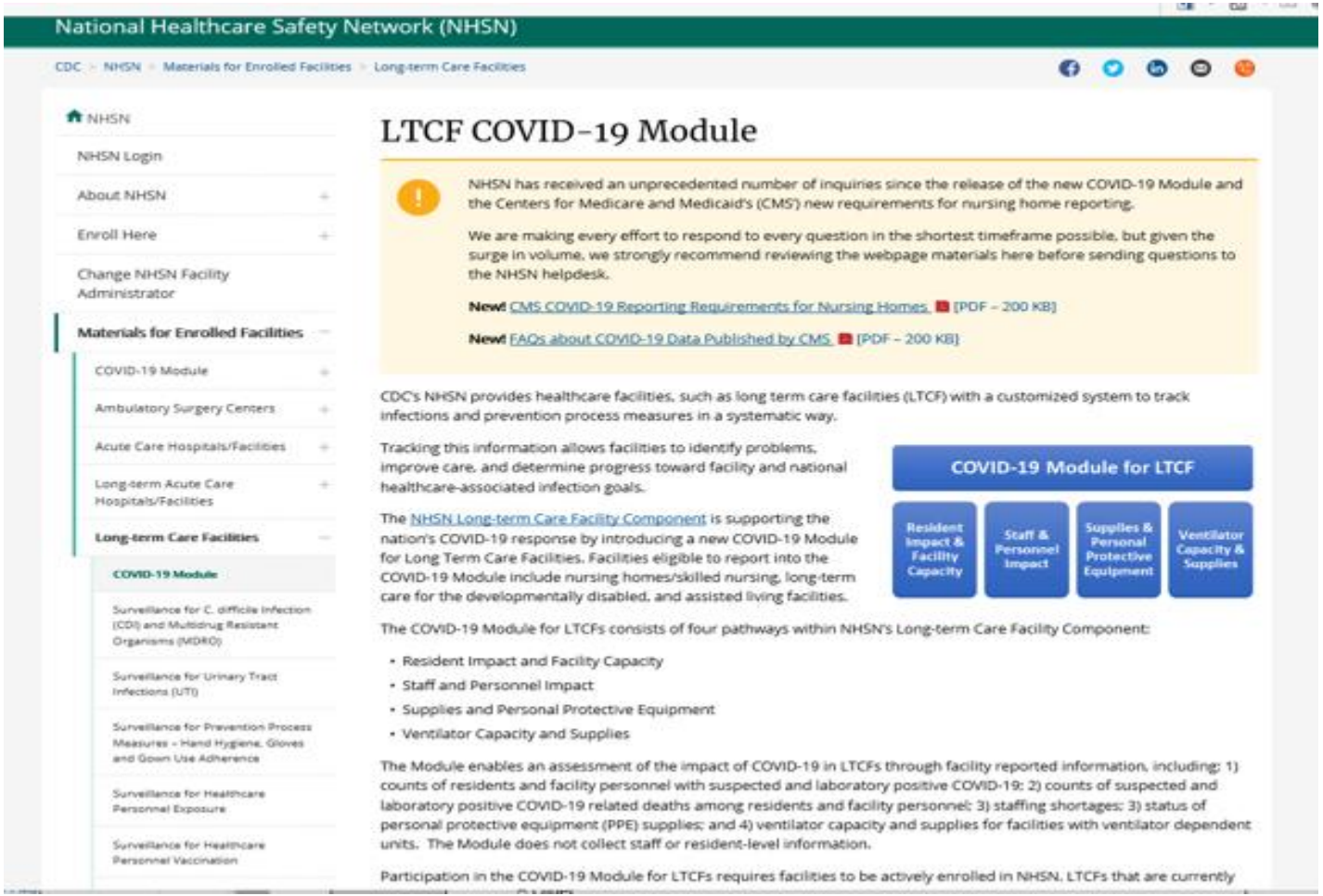
TO: State Survey Agency Directors

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.



https://www.cdc.gov/nhsn/ltc/covid19/index.html

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

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

OMB Approved
OMB No. 0920-1290
Exp. Date 09/30/2020
www.cdc.gov/nhsn

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

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

OMB Approved
OMB No. 0920-1290
Exp. Date 09/30/2020
www.cdc.gov/nhsn

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
▫ YES ▫ NO	**Nursing Staff:** registered nurse, licensed practical nurse, vocational nurse
▫ YES ▫ 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

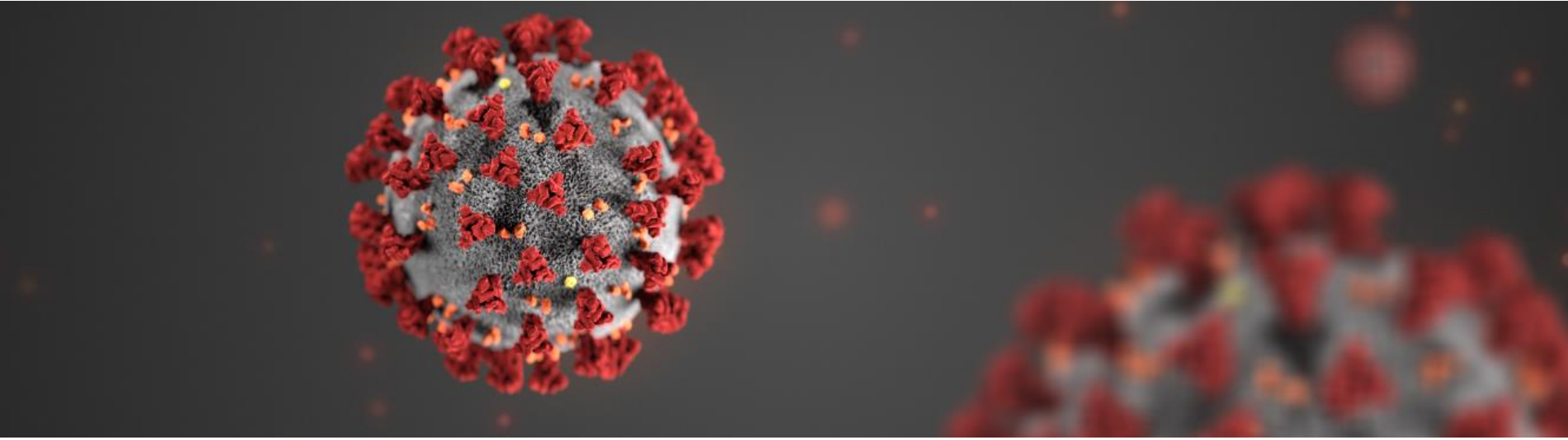
NHSN COVID-19 Weekly Case Reporting

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.
  - Type your question in the **Q&A** box.
  - Submit your question.
  - You may also email your question to coca@cdc.gov.
- For media questions, please contact CDC Media Relations at 404-639-3286 or email media@cdc.gov.
- **For more Clinical Care information on COVID-19**
  - **Call** 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.

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

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

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

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

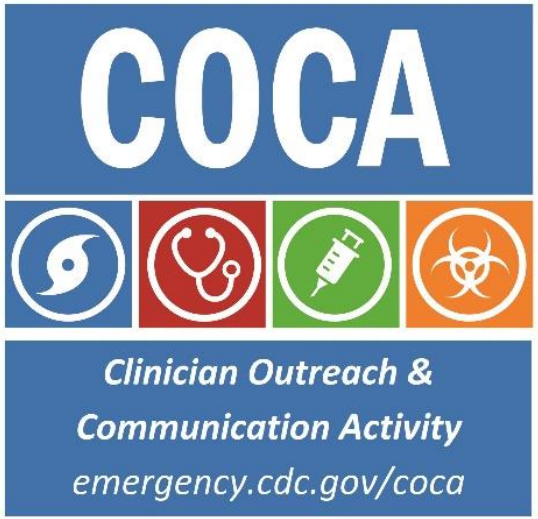
Monthly newsletter providing updates on emergency preparedness and response topics, emerging public health threat literature, resources for health professionals, and additional information important during public health emergencies and disasters.

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.

Join COCA's Mailing List

- **Receive information about:**
  - Upcoming COCA Calls
  - Health Alert Network (HAN) messages
  - CDC emergency response activations
  - Emerging public health threats
  - Emergency preparedness and response conferences and training opportunities



emergency.cdc.gov/coca

Join Us on Facebook

Thank you for joining us today!

emergency.cdc.gov/coca