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.
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  - 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](https://www.cdc.gov/coronavirus)
- **Visit** [emergency.cdc.gov/coca](http://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
CDC Guidance for preparing nursing homes for COVID-19, updated 5/19

- Core Activities
- Additional strategies based on a facility’s reopening status

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 Cohort: 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?
Responding to Coronavirus (COVID-19) in Nursing Homes

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

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 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 Cohort

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

Related Pages

- Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes
- Testing for Coronavirus (COVID-19) in Nursing Homes
- Considerations for Memory Care Units in Long-term Care Facilities
- Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
- Key Strategies for Long-term Care Facilities

Testing Guidance for Nursing Homes

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

Updated May 19, 2020

Related Pages

- Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes
- Considerations for Memory Care Units in Long-term Care Facilities
- Key Strategies for Long-term Care Facilities
- Responding to Coronavirus (COVID-19) in Nursing Homes
- Testing for Coronavirus (COVID-19) in Nursing Homes
- 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
LTCEF COVID-19 Module

NHSHN 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 NHSHN 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 NHSHN provides healthcare facilities, such as long term care facilities (LTCEF) 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 NHSHN 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 LTCEF consists of four pathways within NHSHN's Long-term Care Facility Component:

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

The Module enables an assessment of the impact of COVID-19 in LTCEF 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; 4) 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 LTCEF requires facilities to be actively enrolled in NHSHN. LTCEF that are currently
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**

<table>
<thead>
<tr>
<th>NHSN Facility ID:</th>
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</thead>
<tbody>
<tr>
<td>CMS Certification Number (CCN):</td>
</tr>
<tr>
<td>Facility Name:</td>
</tr>
</tbody>
</table>

*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 |

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*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?**
  - YES
  - NO

**Staff and Personnel Groups**

- Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
- 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

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Resident Admissions</th>
<th>Resident Confirmed</th>
<th>Resident Suspected</th>
<th>HCP Confirmed</th>
<th>HCP Suspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week of 6/1</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Week of 6/8</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

- 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)

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.
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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
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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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