Long-term Care Settings and COVID-19

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Presenting To
HAI Long Term Care Subcommittee
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Key Strategies to Prepare for COVID-19

1. Keep COVID-19 from entering your facility

2. Identify infection early

3. Prevent spread of COVID-19

4. Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply

5. Identify and manage severe illness
Aggressive Action Needed to Protect Residents

• Long-term care facilities are at the highest risk of being affected by COVID-19.

• If infected, residents are at very high risk of serious illness.
COVID-19 Spreads Easily in Long-term Care Facilities

• Spread easily between:
  • Residents
  • Healthcare personnel
  • Visitors

• Ill and COVID-19 infected visitors and healthcare personnel (HCP) are the most likely sources of introduction of COVID-19 into the facility.

• For this reason, early implementation of visitor restrictions and enforcement of sick leave policies for ill HCP are recommended.
COVID-19 Signs and Symptoms

• It takes between 2-14 days for symptoms to start (median is ~4 days).

• Common symptoms include:
  • fever, cough, sore throat, shortness of breath, muscle aches, fatigue

• Less common symptoms:
  • sputum production, headache, diarrhea

• In older adults, initial symptoms might be mild and fever might be absent.
Older Adults at Risk for COVID-19

• The risk for severe illness of the virus may be greatest among:
  • older adults
  • those with co-morbid conditions, including diabetes, hypertension, and heart disease
  • immunocompromised
COVID-19 Clinical Course and Management

• Clinical course varies from asymptomatic to mild to severe or fatal illness.

• Mortality rate varies by age. Mortality rates among confirmed COVID-19 patients in one report:
  • 0.2% for patients
  • 8% for patients 70-79 years
  • 14.8% for patients at least 80 years

• No specific treatment for COVID-19 is currently available.

• Clinical management includes prompt infection prevention and control measures and supportive management of complications.
Restrict Visitors to Keep Residents Safe

- Restrict all visitors except for compassionate care situations (e.g., end of life).

- Restrict all volunteers and non-essential healthcare personnel, including consultant services (e.g., barber).

- Cancel all field trips outside of the facility.

- Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.
Visitor Restriction Sign for LTCF

Help us STOP the spread of respiratory illnesses.

To protect our patients, we’re asking that you Do not enter if you are experiencing:

- Fever
- Cough
- Sore throat
- Runny nose
- Shortness of breath

Visitor Screening Questionnaire

Example screening:

Name of Visitor: ___________________________ Date of visit: ________________

Who they are Visiting:

Access to this facility is limited to staff and visitors that do not have signs and symptoms of possible COVID.

Check all that apply below:

☐ You do not have a cough (note: a cough is defined as new onset of cough within the previous 14 days)
☐ You do not have a fever over 100.4° F. Temperature on entry: ______
☐ You are not experiencing any shortness of breath
☐ You have not had contact with someone with suspected or confirmed COVID within the past 14 days.

Help us practice good infection prevention to keep residents, visitors and staff safe. During your visit you agree to:

☐ Stay in designated area for the duration of your visit
☐ Practice good hand hygiene
☐ Limit touching of surfaces to only what is necessary
☐ Limit physical contact and practice good hygiene before/after
☐ Reach out to a staff member if you have any questions or concerns
☐ Contact us at _________________ if you are diagnosed with COVID-19 within 14 days after your visit.
Communicate with your staff

• Current information regarding COVID-19

• Provide information on infection prevention and control measures

• Inform healthcare personnel if an individual in the facility tests positive for COVID-19

• Sick leave policies
Communicate with Residents and Visitors

• Describe what actions the facility is taking to protect them

• Explain what they can do to protect themselves and their fellow residents

• Provide updates about changes in policies that would affect them

• Visitation policies

• Inform residents and families if an individual in the facility tests positive for COVID-19
Screen Healthcare Personnel

• Actively screen all HCP, including any visiting or consultant HCP, for fever and respiratory symptoms before starting each shift (HCP should monitor themselves, even when not working)
  • Take temperature
  • Assess and report if HCP have any of the following symptoms:
    • Fever, shortness of breath, new or changed cough, sore throat

• If staff become ill while working, they should immediately stop working, put on a facemask, notify their facility supervisor, and go home

• Emphasize the importance of not reporting to work when ill
Exposure Guidance for HCPs

• If healthcare personnel have a known or suspected exposure to COVID-19, considerations include:
  • Healthcare workers should be screened for symptoms prior to working and can continue to work while asymptomatic.
  • If there is enough personal equipment supply, consider wearing a facemask while at work for 14 days after the exposure.

• If healthcare personnel develop symptoms consistent with COVID-19 (e.g., fever or respiratory symptoms), they must:
  • Cease patient care activities.
  • Put on a facemask immediately (if not already wearing).
  • Notify their supervisor or occupational health services prior to leaving work.
Exclusion from work if symptomatic with respiratory illness

If tested positive for COVID-19
• Home isolation precautions for 7 days from specimen collection OR until 72 hours after fever is gone and symptoms of acute infection resolve, whichever is longer.

If tested negative for COVID 19 + presence of compatible symptoms
• Stay home and away from others until 72 hours after fever is gone and symptoms of acute infection resolve.

If not tested for COVID-19 + presence of other non-compatible symptoms
• Stay home until 24 hours after all symptoms are gone without the use of medicine.

If not tested for COVID 19 + presence of compatible symptoms
• Stay home and away from others until 72 hours after fever is gone and symptoms of acute infection resolve.
Identify Infection Early

• Actively screen all residents at least daily, and at time of admission, for fever and respiratory symptoms

• Take resident’s temperature

• Ask residents to report and assess for symptoms:
  • New cough or change in cough • sore throat • difficulty breathing • feeling feverish

• Older adults may not show typical symptoms, fever may be absent.

• Less common symptoms include: new or worsening malaise, new dizziness, diarrhea.
Notify the Health Department

- Notify the health department if, based on evaluation of the resident, COVID-19 is suspected.

- Know your local and state health department point of contacts
  - Local Public Health Department Contact List
### Criteria to Guide Evaluation of Persons Under Investigation (PUI)

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>Plus</th>
<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever(^1) OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization</td>
<td>AND</td>
<td>Any person, including healthcare workers(^2), who has had close contact(^3) with a laboratory-confirmed(^4) COVID-19 patient within 14 days of symptom onset</td>
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<tr>
<td>Fever(^1) AND signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization in a person with a critical infrastructure occupation(^*) OR who lives in a congregate setting(^\dagger)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
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<td>Fever(^1) AND severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization, radiographic confirmation of pneumonia of unknown etiology</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
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Identify and Manage Severe Illness

• Maintain a list of all ill residents

• Facility performs appropriate monitoring of ill residents (including documentation of oxygen saturation via pulse oximetry) at least 3 times daily to quickly identify residents who require a higher level of care.

• Should a resident require a higher level of care, the receiving facility, EMS and transport service personnel, and the health department should be notified.
Prevent the spread of respiratory germs BETWEEN facilities

• Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
Prevent Spread of COVID-19

• Enforce social distancing among residents (stay 6 feet apart)

• Cancel all group activities and communal dining

• When COVID-19 is reported in the community:
  • Begin universal facemask use by all HCP when they enter the facility
  • If facemasks are in short supply, they should be prioritized for direct care personnel
  • All HCP should be reminded to practice social distancing when in break rooms or common areas.
Prevent Spread of COVID-19

• If COVID-19 is identified in the facility:
  • Immediately restrict all residents to their rooms
  • Have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms*
  • Notify staff, residents and families that an individual in the facility tested positive for COVID-19.
  • Notify public health to help inform decisions about testing staff or residents on the unit and in the facility
Additional Measures to Prevent Spread

• Develop criteria for closing units or the entire facility to new admissions.

• Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.
PPE for respiratory infections, including suspect or confirmed COVID-19:

• Restrict resident to their room; resident should wear facemask if leaving room for medically necessary purposes

• PPE for HCP:
  • Facemask, Isolation gown, Gloves, Eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face)
  • Personal eyeglasses and contact lenses are not considered adequate eye protection.

• *Airborne Infection Isolation Rooms (AIIRs) are not required
Provide PPE and Cleaning Products

- Make PPE accessible outside of the resident room and in other resident care areas
- Make sure HCPs have access to EPA-registered, hospital-grade disinfectants* to allow for frequent cleaning of high-touch surfaces and shared resident care equipment

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-againstsars-cov-2
Provide Supplies for Infection Control

- Put alcohol-based hand sanitizer (ABHS) with 60-95% alcohol inside and outside every resident room

- Make tissues and facemasks available
Additional Tools for Infection Control

- CDC Infection Prevention and Control Assessment Tool (ICAR)

- CMS Infection Control Survey Tool
Preserving PPE Supply in Times of Shortages: Gowns

• Prioritize gowns for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities
  • Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting
  • Device care or use
  • Wound care

Extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities:

Strategies to Optimize the Supply of PPE and Equipment
Preserving PPE Supply in Times of Shortage: Eye and Face protection

- Start extended use of eye and face protection (respirator or facemask).
- HCP removes only gloves and gown (if used) and performs hand hygiene between patients while continuing to wear the same eye protection and respirator or facemask.
- HCP must not touch their eye protection and respirator or facemask.
- Remove eye protection and the respirator or facemask and perform hand hygiene if they become damaged or soiled, and when leaving the unit.

Strategies to Optimize the Supply of PPE and Equipment
Reporting PPE Shortages

• If your facility is concerned about a potential or imminent shortage of PPE, alert your local health department
  • Local Public Health Department Contact List
Resource Request Procedure

1. Enter the detailed information on the attached State Public Health Resource Request Form outlining your request and contact information and submit to your local public health department.

2. If the local public health department does not have the resources requested available, they will submit the request to local emergency management.

3. Local emergency manager will fill the request if possible with local resources, or complete 213RR entry in WebEOC and attach the form then route to DEMA LOG ORDER DESK for processing.

4. Arizona Department of Emergency and Military Affairs will review all requests and coordinate with the local emergency manager on fulfillment or for questions.
If you have any questions about COVID-19, please contact your local health department.

azhealth.gov/localhealth
Additional Resources

- ADHS COVID-19 Website
- CDC COVID-19 Website
- Disinfectants for Use Against SARS-CoV-2 - EPA
- Interim Infection Prevention and Control Recommendations - CDC
- Long-term Care COVID-19 Guidance - ADHS
- Long-term Care Fact Sheet - ADHS
- Long-term Care Resident and Family Notification Letter - ADHS
- Long-term Care Staff Notification Letter - ADHS
- Long-Term Care (LTC) Respiratory Surveillance Line List - CDC
- Non-Pharmaceutical Intervention Plan - ADHS
- Non-Pharmaceutical Intervention Plan - CDC
- Pandemic Influenza Response Plan - ADHS
- PPE Burn Rate Calculator - CDC
- Preparedness Checklist for Nursing Homes and other Long-Term Care Settings – CDC
- Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities - CDC
- Visitor Restriction Sign for LTCF - ADHS
- What Healthcare Personnel Should Know - CDC
QUESTIONS?