COVID-19 Update
March 3, 2020

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Background COVID-19

- Coronavirus Disease 2019 (COVID-19) is caused by a new coronavirus that has not previously been identified
  - First detected in China and has now been detected in 60 locations internationally, including the United States
  - Within the U.S. cases have been detected in 10 states, including at a SNF in WA
- Spread: mainly person-to-person through respiratory droplets between people in close contact (within six feet)
- Symptoms are
  - Fever, cough, sore throat, aches (much like influenza), and shortness of breath
- Risk for severe illness is greatest in
  - Elderly
  - Chronic diseases
  - Immunocompromised (i.e. chronic steroids & chemotherapy)
- Treatment
  - Clinical management includes prompt implementation of recommended infection prevention and control measures and supportive care
  - NO vaccine or antiviral medication yet
Update on WA SNF COVID Infections
(Robin Dale, WHCA President/CEO)

- SNF in Kirkland WA (as of Monday 3-2-20)
  - Multiple staff and multiple residents have symptoms
  - Initially, COVID + tests in
    - 4 residents hospitalized, 3 have died
    - 1 health care worker who is stable
  - Restricted all visitors
  - Closed to new admissions
  - Working closely with local health department
  - CDC on site conducting investigation
COVID-19 Questions Covered Today

- What steps do I need to prevent spread?
- Should we be screening new admissions?
- Who should we test for COVID-19?
- Should we restrict visitors?
- What about staff who have symptoms or have traveled?
- Where can we order supplies?
- Do we need any special cleaning of the resident rooms or environment?
- Should we send all COVID+ residents to the hospital?
- Where can I find out more information and keep up to date as recommendations keep changing?
Steps to Take Now to Prepare for COVID-19

• Stay informed about COVID-19 by monitoring
  o CDC COVID-19 website
  o Your state/local health department
• Communicate with residents, family, staff, suppliers and hospitals (see next slide)
• Monitor residents and healthcare personnel (HCP) for fever or respiratory symptoms
• Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and HCP
  o Ensure HCP clean their hands before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE)
  o Clean hands with alcohol-based hand rub or with soap and water
  o Ensure access to alcohol-based hand rub (ideally both inside and outside of the room)
  o Restrict visitors and staff with respiratory illnesses
• Ensure you have access to recommended PPE
• Review your facility’s emergency plan
Communicate with

• Residents
  o Visitation restrictions on people with symptoms of respiratory infection
  o Ok to remind staff to clean their hands
  o Steps you are taking to prevent spread

• Families
  o Not to visit if respiratory illness symptoms or fever
  o Facility is following CDC guidance on prevention steps to take and in contact with local/state health department

• Staff
  o In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis); If COVID-19 is suspected use Standard, Contact, and Airborne Precautions with eye protection
  o Not to work if symptoms of respiratory illness

• Local Hospital
  o Communicate at time of transfer if residents with fever or respiratory illness or confirmed or suspected COVID-19 and need hospital care

• Local/State Health Department
  o Report any possible COVID-19 illness in residents or HCP to local/state health department, including your state HAI/AR coordinator
  o Assess supplies and report possible or expected shortages to local/state health department and local/state healthcare coalition (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx)
Should we screen new admissions?

- Admissions should be screened for risk factors and symptoms of respiratory infection BUT testing of asymptomatic residents is not recommended
  - Fever, cough, sore throat, aches, shortness of breath, history of exposure
  - Notify health department if concern for possible COVID-19
    - Place individual in single room and in Standard, Contact and Airborne Precautions with eye protection until further direction from health department
    - If do not have fit-tested HCP or N-95 or higher-level respirators then you should limit contact with the resident and use Standard, Contact, and Droplet Precautions with eye protection if contact must occur while arranging for transfer
- Should we stop admissions if COVID-19 is found in our facility?
  - This decision needs to be guided by your local health department.
Who needs to be tested for COVID-19?

- Referral for testing symptomatic patients
  - Follow CDC guidance, contact local health department for testing guidance for those with symptoms
  - Guidance for Evaluating and Reporting Persons Under Investigation:
Should I restrict visitors?

• Visitors who have fever or symptoms of respiratory infection or who have traveled to restricted countries should not visit.
  - Guidance on visitors (see recommendation #3):
  - Travel & restricted countries:
  - Decisions on restricting all visitors should be made based on the situation in your facility and community. This should be informed by updates provided by your local health department about COVID-19 in the community.
What about staff who have symptoms or have traveled?

• Restrict workers (HCP) who have fever or symptoms of respiratory infection
  o Follow CDC guidance sick employees staying home
  o Ensure sick leave policies allow HCP to stay home when ill
  o Staff who become sick while at work (i.e., fever, cough, or sore throat) should immediately self isolate, put on a facemask and go home
  o Decisions about when ill HCP may return to work should be made in consultation with the facility's infection preventionist; CDC is developing guidance on criteria that can be used to inform this decision
  o If exposed to COVID-19, follow the local health department recommendations
Where can we order supplies?

• Accessing and ordering supplies
  o Many routine supplies are manufactured in China or other countries with COVID-19 outbreaks affecting supplies
  o We are aware some suppliers have long back orders
  o Assess your supplies
    ▪ Contact your local/state health department and local/state healthcare coalition if supplies are running low (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx)
  o US government working to increase production and distribution
  o Prioritize use of existing supplies
Do I need to do any special cleaning?

Environmental Cleaning and Disinfection

• Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2\(^1\) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

• EPA-registered hospital-grade disinfectants with an emerging viral pathogens claims are recommended for use against SARS-CoV-2.
  
  o If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.

• Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

• CDC has created FAQs about PPE that should be worn by EVS personnel and recommendations for terminal cleaning: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html

\(^1\)Note: SARS-CoV-2 is the coronavirus name for COVID-19
When should I send residents to the hospital?

• If you suspect a resident has COVID-19, you should contact the health department. The resident should be transferred if:
  o They require a higher-level of care OR
  o You are not capable of implementing Contact and Airborne Precautions with eye protection
Review Cohorting Policy

• Cohorting residents
  o The health department should help inform decisions about cohorting residents
  o If you have multiple cases, implement your infection control program for outbreaks including moving and cohorting ill residents.
  o What to do with roommates of person who tests positive?
    ▪ Asymptomatic roommates are likely already exposed, so either move to single room or stay in place, as moving in with another resident may increase spread in the facility.
Resources

- CDC website
- AHCA/NCAL website
  https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx
- ahcancalED COVID-19 Course (open to everyone)
  http://educate.ahcancal.org/p/COVID19
- AMDA website:
  https://paltc.org/COVID-19
- LeadingAge website:
  https://leadingage.org/covid19
- ASHA website:
  https://www.seniorshousing.org/2020/03/02/coronavirus-preparedness-response-for-
  senior-living-communities/
- Argentum website:
  https://www.argentum.org/coronavirustoolkit/
CDC Specific Resources 1 of 3

- CDC COVID-19 IPC Guidance for Healthcare Settings

- Resources for LTCF

- Strategies to Prevent COVID-19 Spread in LTCF
• How COVID-19 Spreads

• COVID-19 Symptoms

• Prevention & Treatment

• COVID-19 Testing

• COVID-19 FAQs
• CDC’s Crisis and Emergency Risk Communication (CERC)