Preventing Coronavirus Transmission in Nursing Care Centers

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Intended Audience

This webinar is being presented to provide information that may be helpful to nursing care centers.

Topics covered:

- Epidemiology and symptoms of Coronavirus
- Prevention strategies for nursing care centers

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Acknowledgement

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Coronavirus

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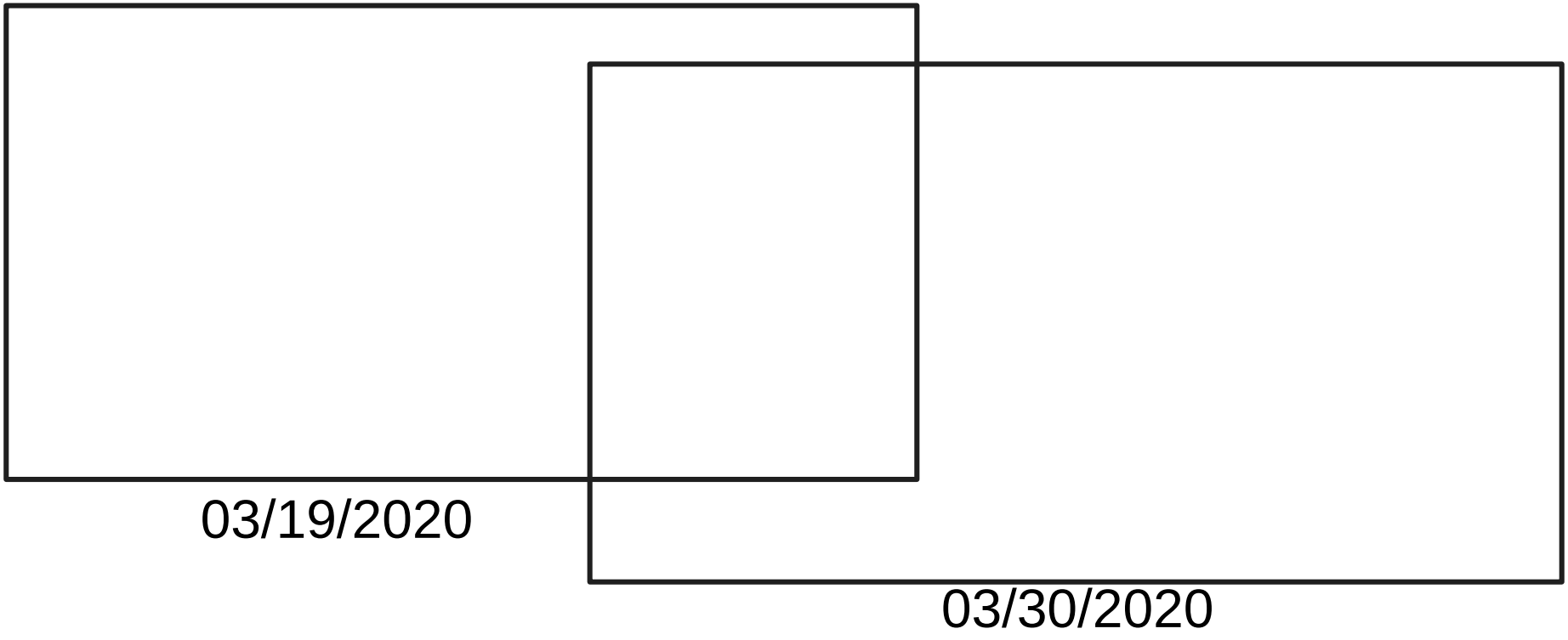
Cases by State



https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

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Most Infection Causes Mild- Moderate Disease

Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Based on 55924 Laboratory Confirmed Cases thru Feb 20, 2020 Available at https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf Accessed March 18, 2020.

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Most Have Not Required Hospitalization

Source: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343-346. DOI: http://dx.doi.org/10.15585/mmwr.mm6912e2 Accessed March 30, 2020.

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Risk of Mortality Increases with Age

Source: Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. Zhonghua Liu Xing Bing Xue Za Zhi. 2020;41(2):145–151. doi:10.3760/cma.j.issn.0254-6450.2020.02.003 Accessed March 17, 2020.

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Comorbidities Increase Risk

Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Based on 55924 Laboratory Confirmed Cases thru Feb 20, 2020 Available at https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf Accessed March 18, 2020.

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Experience in Long Term Care

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Experience in Long Term Care, King County

- 129 people identified with Coronavirus
- 53 people required hospitalization
  - 46 residents (median age 81 y/o)
  - 5 visitors (median age 62.5 y/o)
  - 2 staff (median age 42.5 y/o)
- 23 people died
  - 22 residents
  - 1 visitor

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm

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Issues Identified

- Delayed recognition of cases
- Staff worked while symptomatic
- Inadequate knowledge and compliance with precautions
- Challenges to implementing infection control practices
- Staff worked at more than one facility

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What caused delayed recognition

https://www.cdc.gov/coronavirus/2019 -ncov/symptoms - testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html

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Spectrum of symptoms

Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Available at https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf Accessed March 18, 2020.

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- 23 of 76 (30.3%) surveyed tested positive for coronavirus
  - 10 had symptoms (8 typical; 2 atypical)
  - 13 had no symptoms
    - 10 developed symptoms (mean interval 3 days)
    - 3 did not develop symptoms

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After 5 Transmission Cycles

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Why is Slowing Spread Important?

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Example in 1918 Pandemic

Cities that order social distancing later and for shorter periods had higher death rates than those who ordered it earlier and longer

https://www.nationalgeographic.com/history/2020/03/how-cities-flattened

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How Can YOU Slow the SPREAD

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CDC: STEPS TO TAKE NOW

- Restrict all visitation
  - except for certain compassionate care situations (end of life situations)
- Restrict all volunteers and non-essential personnel
- Cancel all group activities and communal dining
- Active screening of residents and HCP for fever and respiratory symptoms

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Social Distancing

- Family and friends
  - Rationale for restrictions
  - Entrances
  - Written instructions or tools

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Social Distancing

- Resident room set-up
- Meals
  - Spread out to maintain distance
  - Increase “meal shifts”
  - Hallway dining
  - Brown bag lunches
  - Use outside spaces

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Social Distancing

- Activities
  - Hallway BINGO
  - Crafts and puzzles
  - Doorway exercises
  - Make masks to wear in hallways
  - Increased separation for “group” activities
- Visual Cues
  - Tape
  - Stickers
  - Coronavirus “valentines”
  - Physical barriers

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Memory Care Unit Challenges

- Encourage use of masks
- Make costumes or jewelry that include a “mask”
- Make sanitizing and hand hygiene an activity
- Have residents wear gloves outside of their rooms
- Limit small\highly touched items in communal areas
- Remove items that cannot be cleaned
- Increase cleaning frequency
- Limit patients who wander to a smaller space

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End of Life

- Social distancing and visitor restrictions may need to be modified
- Early, clear communication with families is essential
  - Require masks in any common area and when within 6 ft of others
  - Hand hygiene whenever exiting resident room

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End of Life

- Hospice providers
  - NOT VISITORS
  - Key care team members
  - Hospice determines essential visits
  - Alternatives for non-essential visits (e.g., telehealth)

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Case at Facility or Sustained Transmission in Community

- Implement universal use of facemask for residents when not in their room
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, facemask [N95 for aerosol generating procedure]) for the care of all residents, regardless of presence of symptoms.
- Implement protocols for extended use of eye protection and facemasks.

Glasses must have solid sides to be considered PPE

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Housekeeping

Surfaces

- If dirty, clean with a detergent or soap and water prior to disinfection.
- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Do not mix products unless instructed by manufacturer
- More is not better!

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Housekeeping

- Disinfect hard surfaces with
  - EPA-registered, hospital-grade disinfectant (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
  - Common EPA-registered household disinfectants if hospital grade products are not available (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

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Resident Laundry

Linens, Clothing, and Other Items That Go in the Laundry

- Do not shake dirty laundry and wear PPE
- Wash items in accordance with the manufacturer's instructions using the warmest water setting for the items and dry items completely
- Dirty laundry that has been in contact with an ill person can be washed with other people's items
- Clean and disinfect laundry room surfaces, washers, hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

From: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

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Contract Service

- Housekeeping
- Laundry
- Food Services
- Radiology
- Lab
- Pharmacy

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Contract Services

- Will they have staff to provide services or care as community cases increase?
- Have they had basic infection control training?
- Do they know how Coronavirus is spread and their role in preventing spread?
- Are they competent to implement the knowledge and training?

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Meals

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Dialysis

- Perform in-room if possible
- Maintain 6 ft distance and have residents wear mask if in centralized location
- Provider should wear a mask at all times
- All other aspects are routine

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Capacity for Care

- Need to plan now for admissions, transfers and discharges
- Department of Health may be involved in coordination of transfers to\from acute care
- Order supplies to handle influx\ acuity of infected patients
  - PPE
  - IV supplies for hydration
  - Wound care
- Staffing plans

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Supply Management

- Determine management/ Par levels for each essential item
- Plan for shortages – what are the alternatives
  - Extended use versus reuse of masks
  - Washable gowns
  - Alternate eye protection with side shields
  - Decontamination of gloves if used for care of same resident (not recommended for vinyl gloves)
  - Receipt/management of donations

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Provide Reassurance and Reducing Stigma

- https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html

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General Instructions for People Who Do Get Sick

- Reinforce sick leave rules and safe practices
  - Treat fever, maintain hydration, and get rest
  - Seek medical treatment for worsening symptoms and emergency warning signs (e.g., difficulty breathing, shortness of breath, chest pain, new confusion)
- If not tested, recommendation* is for staff to stay home until
  - no fever for at least 72 hours without the use medicine that reduces fevers
    AND
  - other symptoms have improved
    AND
  - at least 7 days have passed since their symptoms first appeared
- If tested, follow local public health instructions

* Guidance may be modified please visit https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html#monitor and https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

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Educate and Train Healthcare Workers, Staff, and Contractors

- Coronavirus
- Updated facility policy and procedures
- Personal protective equipment
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COVID-19 Transmission Can Be Prevented

- Staff to support visitor

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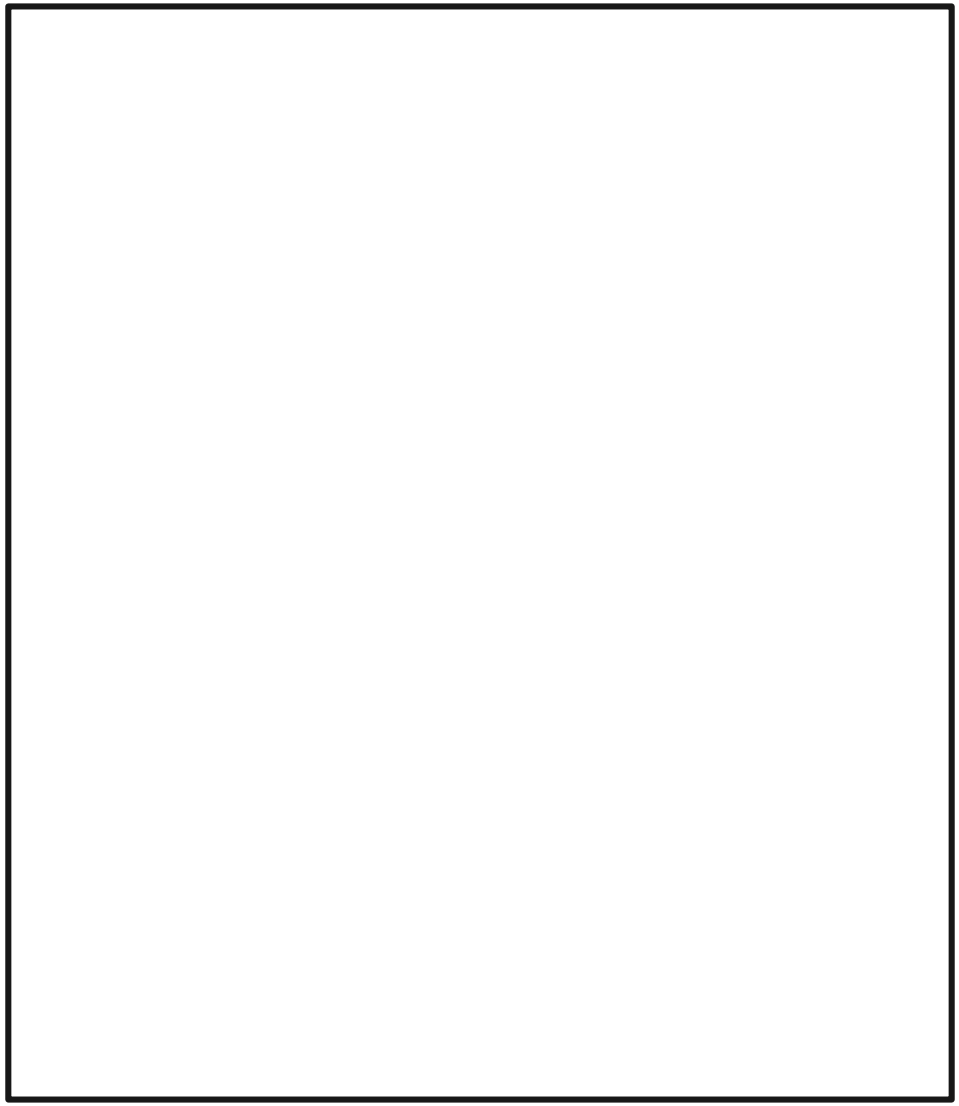
Resources: CMS Guidance



Available at:
https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf or

Search by topic
https://www.cms.gov/Medicare/Provider-Enrollment -and-Certification/SurveyCertificationGenInfo

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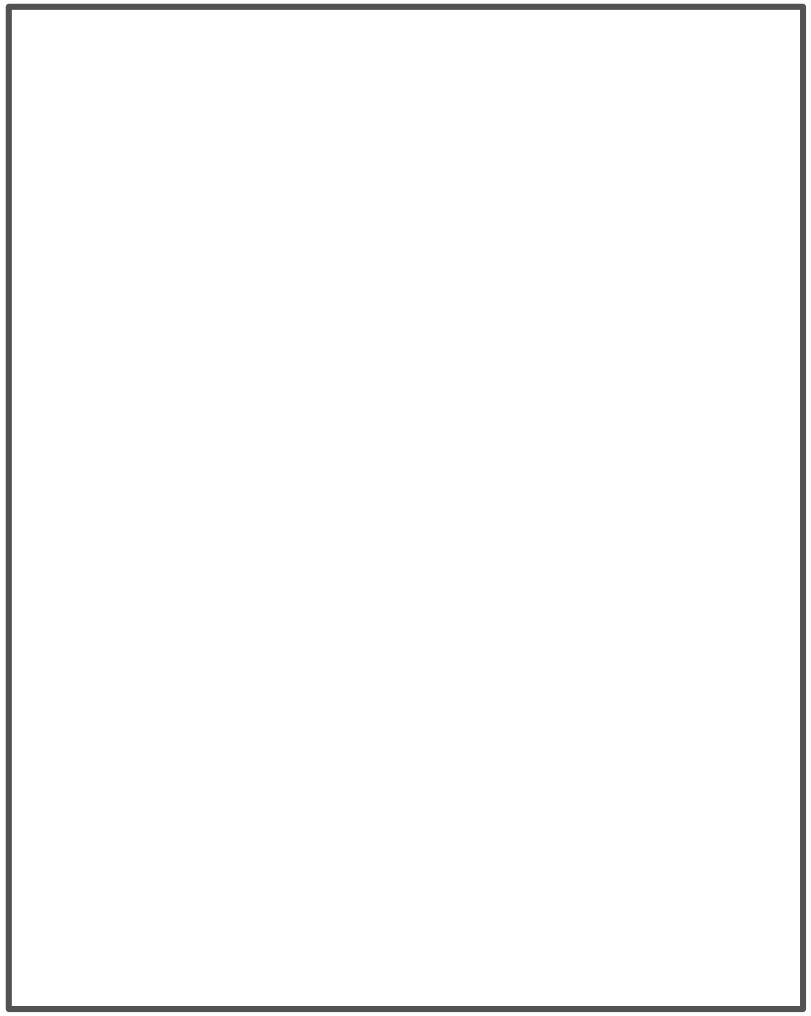
Resources: CDC Checklist



- Rapid identification and management of ill residents
- Considerations for visitors and consultant staff
- Supplies and resources
- Sick leave policies and other occupational health considerations
- Education and training
- Surge capacity for staffing, equipment and supplies, and postmortem care

https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

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Resources

- The Joint Commission
  - https://www.jointcommission.org/en/covid-19/
- AHCA\NCAL
  - https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx

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Thank you for all you do to keep EVERYONE safe and healthy!

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