Urgent Issues for LTCF/ALFs with Cases of COVID-19

April 15, 2020

NH DIVISION OF
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Department of Health and Human Services

Today's Overview

Important Updates from HAN #12

Response to a Facility Cluster/Outbreak

DHHS Public Health Role in a Cluster/Outbreak

Preparedness Trainings & Resources

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Important Updates from HAN #12

DHHS.Health.Alert@dhhs.nh.gov

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HAN12: Testing Before Resident Transfer

▸ CHANGE: All patients being admitted to a LTCF should be tested for COVID-19, even if asymptomatic, per CMS guidance (April 2nd)

▸ UNINTENDED CONSEQUENCES: To ease delays from acute care settings
- The hospital should collect the specimen and submit for testing
  - Discharge may occur before test results are received
- Residents should still be subject to a 14-day quarantine
  - LTCFs should cohort residents coming or returning from the hospital
    - CMS provided supplemental information for transferring residents between facilities
  - Alternatively, patients can be placed in a single room, restricted to their room, and wear a facemask during care activities for 14 days
- All hospitals implementing near patient rapid molecular testing capacity

HAN12: When to Test All Residents

▸ CHANGE: If a resident is COVID-19+ and you suspect transmission may have occurred within your facility, then test all residents in that wing/unit *regardless of symptoms*

　◦ This can reduce pre-symptomatic transmission and facilitate rapid cohorting

　◦ DPHS will coordinate testing with your facility

▸ Ensure screening for and testing of *symptomatic* staff at the facility

HAN12: New Mask Tool

See NH DPHS [new tool](#) clarifying when to use cloth face coverings vs. surgical facemasks at LTCFs and ALFs

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Bureau of Infectious Disease Control

COVID-19 Universal Mask Recommendation for Long-term Care and Assisted Living Facilities
April 14, 2020

Long-term care, assisted living, residential care, and similar facilities providing residential care to elderly or infirm residents maintain a unique role in caring for and protecting some of the most vulnerable populations during the COVID-19 pandemic. As an additional infection prevention and control measure in these settings, the New Hampshire Division of Public Health Services (DPHS) has recommended universal use of facemasks by essential visitors and personnel throughout the facility. This document supports operationalization of this recommendation by facility and mask type, according to whether residents have been identified with confirmed or suspected COVID-19, and also in the context of current mask shortages.

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Using the New Tool

Recommendations for LTCF **WITHOUT** suspect or confirmed COVID-19

Recommendations for ALF **WITHOUT** suspect or confirmed COVID-19

Recommendations for LTCF **WITH** suspect or confirmed COVID-19

Recommendations for ALF **WITH** suspect or confirmed COVID-19

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What To Do During a Facility Cluster or Outbreak of COVID-19

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Immediate Action

1. Notify DPHS when you identify respiratory illness - whether suspect or confirmed COVID-19 - in a resident or staff

   Call: 603-271-4496

   Fax: 603-271-0545

2. Review DHHS COVID-19-specific guidance for "Immediate Response to Residential Institutional Outbreaks"

3. Review CDC Infection Prevention and Control Guidance

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What Should the Facility Do?

▸ Close the affected unit(s) to new admissions
  ◦ If a resident had to leave to receive care, accept them back
▸ Cohort residents with confirmed or suspect COVID-19 and assign dedicated healthcare personnel
  ◦ In response to questions about cohorting, CMS is providing supplemental information for transferring or discharging residents between facilities
▸ Submit specimens for testing at the Public Health Lab
▸ Remind residents and staff of social distancing and hand hygiene practices
▸ Conduct frequent environmental cleaning and disinfection

What Should <u>Staff</u> Do?

▸ Provide surgical masks to every individual entering the facility

▸ Screen all staff at the beginning of their shift

▸ Dedicate staff to each unit and do not float staff

▸ Enable staff to use all recommended PPE for the care of all residents in affected areas (or facility)

What Should <u>Residents</u> Do?

▸ Restrict residents to their own rooms

▸ Screen residents for fever and symptoms at least twice daily (or possibly on every shift)

▸ Maintain a line list of all residents and staff who are ill, illness onset dates, and symptoms

▸ Place ill residents in a private room if possible

▸ Consider roommates of COVID-19 patients potentially infected

▸ If an ill resident must leave the facility, notify transport personnel

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Special Consideration for Memory Care Units

▸ Maintain regular routine as much as possible

▸ Use memory aids and reminders about washing hands and reason for masks and infection control measures

▸ Schedule regular periods outside for the resident, especially where this is part of their usual routine

▸ Provide other activities such as coloring, magazines, folding, sock matching, movies, talking books

resource from Dementia Australia

Moving a Resident on Memory Care Units

- Carefully weigh the risks and benefits of moving a resident to another ward (an area for COVID-19 + individuals or a private room) because this may be challenging to the resident with the risk of exposing others
- Give the resident some choices and control of their situation to make moving an easier process
- If moving rooms is necessary, familiar objects such as decorations or pictures can help make the resident feel more comfortable in their new surroundings
  - Have everything in place before introducing to the new space

Missouri resource

Communication and Connection

- Maintain open communication with residents and families
- Communicate with families about infection prevention and control measures at your facility and where they can go to find more information
- Try to arrange other means of communication for residents– iPad, Facetime, skype, google nest, phone calls, social media
- Consider creating a buddy system between residents or between residents and staff to strengthen support networks
- Provide creative ways for residents to feel socially connected
  - Ex: Use the overhead speakers to play interactive games like bingo

Disease Investigation

- As soon as you notify DHHS, the DHHS investigation team will begin a contact investigation
- The facility ICP or Director of Nursing will work closely with the investigation team
  - Fax updated line lists of affected staff and residents daily
  - Send a facility map or floor plan, with infected rooms marked
- DHHS will provide useful tools and specific recommendations for infection control and prevention
  - Consider a virtual infection control assessment
- DHHS will determine when an outbreak is closed

Line Lists

Send separate line lists of affected staff and residents daily

A. Case Demographics					B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics					E. Outcome During Outbreak[A]		
Name	DOB	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (select all codes that apply) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____	Chest x-ray (Y/N)	Type of specimen collected (select all codes that apply) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify_____	Date of collection: (mm/dd)	Type of test ordered (Select all codes that apply) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify_____	Pathogen Detected (Select all codes that apply) 0 – Negative results Bacterial: 1 – S. pneumoniae, 2 – Legionella, 3 – Mycoplasma Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																					

Facility Letter

▶ The investigation team will send a letter of recommendations for infection control practices

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF INFECTIOUS DISEASE CONTROL

Lori A. Shibinette
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Date: Monday, April 13, 2020
To: Organization
From: Bureau of Infectious Disease Control (BIDC)

Thank you for notifying the Bureau of Infectious Disease Control about the cluster of respiratory illness at your facility. In order to prevent further transmission of illness, please promptly implement the following recommendations:

State-wide recommendations:

- The New Hampshire Division of Public Health Services (DPHS) recommends adherence to CMS COVID-19 Long-Term Care Facility Guidance (updated April 2nd). This updated guidance expands upon previous guidelines from March 13th.
- Facilities should abide by the Governor's Executive Order 2020-04 from March 15th which implemented a general **prohibition of visitors** to all assisted living, long-term care, residential care, and similar facilities providing residential care to elderly or infirm patients.
- For the duration of the state of emergency in New Hampshire, all long-term care facility personnel should wear a facemask while they are in the facility. (See NH DHPS Universal Mask Recommendation for more detail).
- Facilities should immediately implement **active screening** for all. Every individual entering the building (including healthcare personnel, staff, visitors, and vendors) should be screened upon entry for symptoms of COVID-19 and must have their temperature checked. Residents should be actively screened using vital signs and pulse oximetry every day.
- Cancel communal dining and all group activities, such as internal and external group activities.

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Virtual Infection Control Assessment

A member of the investigation team may walk you through this virtual
CDC COVID-19 Infection Control Assessment Tool

Infection Prevention and Control Practices		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
HCP perform hand hygiene in the following situations: • Before resident contact, even if PPE is worn • After contact with the resident • After contact with blood, body fluids or contaminated surfaces or equipment • Before performing sterile procedure • After removing PPE		
HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis): • Gloves • Isolation gown • Facemask • Eye protection (e.g., goggles or face shield) If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.		
PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted below.		

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Supplemental Tools

- Infection control
  - CMS Focused Survey for Nursing Homes
    - This self assessment tool takes broad overview of infection control practices
  - HAI Infection Control Assessment Tool
    - This tool is more detailed and lengthy. The HAI team uses this tool for general Infection Control Assessments
- Before and when a case is identified in the facility, provide just-in-time training for staff in the following subject areas:
  - Hand hygiene
  - Donning and doffing PPE
  - Cleaning and disinfecting

Hand Hygiene Training

▸ Provide training on hand hygiene and observe staff practices using this [observation template](#).
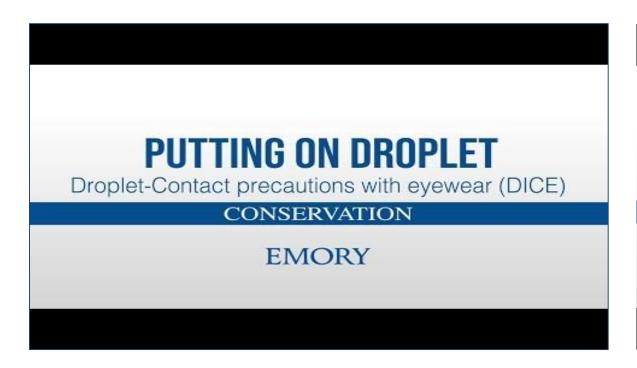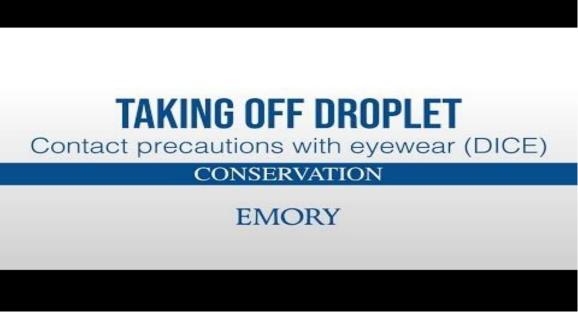

Training Using Soap and Water

Training Using Alcohol Based Hand Rub

Donning and Doffing PPE

▸ Proving training on donning and doffing and display flyers as staff reminders

Environmental Cleaning Training

▸ APIC trainings on environmental cleaning are available in Spanish and English.

▸ Utilize a checklist for daily and terminal cleaning. (Spanish version here).

▸ Monitor adherence to environmental cleaning procedures using this observation template.

  ◦ Consider a GlowGerm or flourescent marker assessment.

DAILY CLEANING INSPECTION FORM

Place a "Y" for all areas that meet the inspection standard.
Comment on areas that do not meet the standard.

Date Completed_____
Completed by_____

PATIENT ROOM #_____	If Yes = Y If No = N and comment	COMMENT
Hand wash sink clean		
Soap, alcohol rinse dispensers are clean/stocked/not expired		
Ceiling tiles, air vents, sprinklers clean		
Sharps container checked, garbage cans emptied		
Equipment- i.e., IV and/or tube feeding pole and base, clean		

DISCHARGE/TERMINAL CLEANING INSPECTION FORM

Place a "Y" for all areas that meet the inspection standard.
Comment on areas that do not meet the standard.

Date Completed_____
Completed by_____

PATIENT ROOM #_____	If Yes = Y If No = N and Comment	COMMENT
Room looks and smells clean upon entering		
Soap, towel, alcohol rinse dispensers are clean/stocked not expired		
Ceiling tiles/air vents/sprinklers clean		
Sharps container has been checked and changed if needed, garbage cans emptied and wiped clean		
Hand wash sink is clean		

Resources for Infection Preventionists

▸ Anyone can access the free APIC chapter on Outbreak Preparedness and Response.

Home > Resources > The APIC Text Online > Outbreak Preparedness And Response

Outbreak Preparedness and Response

An APIC Text Chapter Collection

Now complimentary from APIC in response to COVID-19

These two key chapters from the APIC Text provide vital information on how to prepare for and respond to a variety of events involving infectious diseases, including outbreaks of emerging infectious diseases, bioterrorism, pandemics, and natural disasters. They address the principles of successful emergency management—mitigation, preparedness, response, and recovery—and the pivotal role of the infection preventionist in coordinating multidepartment and multiagency efforts.*

Questions? New Webinar Topics?

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