Long Term Care Facility COVID-19 Q&A Webinar

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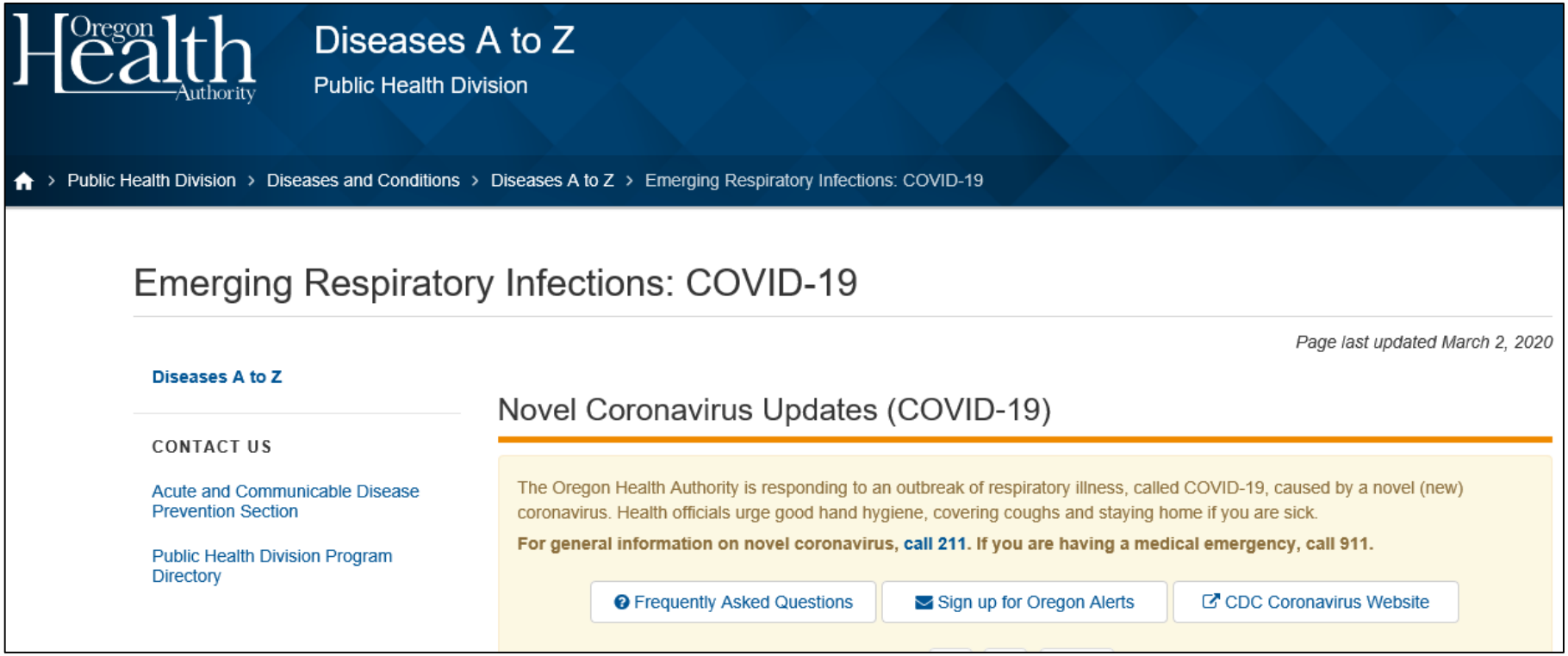
March 13, 2020

Oregon Health Authority

DHS/OHA COVID-19 Website

- Healthoregon.org/coronavirus



Overview

- Regulatory review
- Diagnostic testing for COVID-19
- Infection prevention & control recommendations
  - PPE, employee exposures, visitor restrictions
- Epidemiology

LTCF Infection Control Audits

- **By end of Friday March 13, 2020, Safety and Oversight and Quality Department visited 678 facilities which included nursing home and community based care facilities**
  - Conducted infection control audits to ensure policies and procedures were implemented including observing practices
  - Discussed training and reviewed plans for pandemic response
- **Results of audits will be analyzed next week**

OAR 411-054-0025(6) NOTIFICATION

(6) The facility must notify the Department's Central Office immediately by telephone, fax, or email, (if telephone communication is used the facility must follow-up within 72 hours by written or electronic confirmation) of the following:

(a) Any change of the administrator of record.

(b) Severe interruption of physical plant services where the health or safety of residents is endangered, such as the provision of heat, light, power, water, or food.

c) Occurrence of epidemic disease in the facility. The facility must also notify the Local Public Health Authority as applicable.

(d) Facility fire or any catastrophic event that requires residents to be evacuated from the facility.

(e) Unusual resident death or suicide.

(f) A resident who has eloped from the facility and has not been found within 24 hours.

OAR 411-0564-0093
EMERGENCY AND DISASTER PLANNING

(1) The facility must prepare and maintain a written emergency preparedness plan in accordance with the OFC.

(2) The emergency preparedness plan must:

(a) Include analysis and response to potential emergency hazards, including, but not limited to:

(A) Evacuation of a facility;

(B) Fire, smoke, bomb threat, and explosion;

(C) Prolonged power failure, water, and sewer loss;

(D) Structural damage;

(E) Hurricane, tornado, tsunami, volcanic eruption, flood, and earthquake;

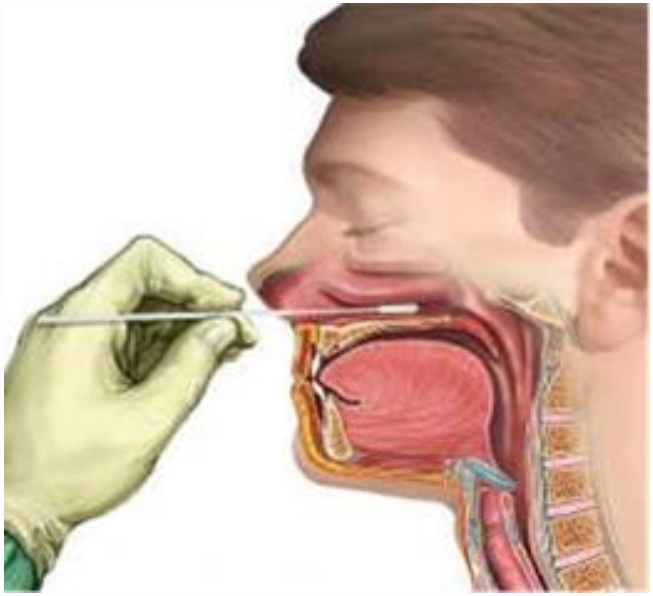
(F) Chemical spill or leak; and

(G) Pandemic.

Diagnosing COVID-19 Infection

Preferred Sample

- Nasopharyngeal (NP) swab



Test Name

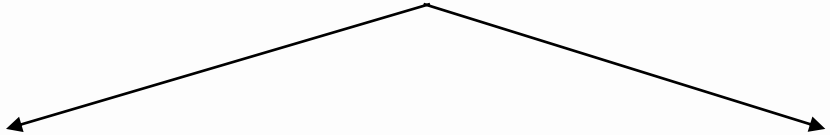
- “COVID-19 PCR”
- Detects SARS-CoV-2 viral RNA in sample

Turnaround

- Results available 3-4 days from the time of specimen pickup; however, timing may be impacted by high demand.

COVID-19 Diagnostic Testing Options

TWO OPTIONS



1. Oregon State Public Health Lab (OSPHL)

- Currently, Oregon has limited supply (80 tests/day)
- Due to limited number, patient must meet specific criteria to be tested

2. Commercial Labs*

- Quest Diagnostics
- LabCorp
- University of WA (Seattle)

*More labs will have this test up and running over the upcoming weeks

COVID-19 Diagnostic Testing: #1: OR State Public Health Lab

- Patients who meet all 3 of the following criteria will be approved for testing:
  1. Clinical need for admission to an inpatient facility; *and*
  2. Evidence of viral lower respiratory infection; *and*
  3. Tested negative for influenza
- You **do not** need to call your local public health authority or Oregon Health Authority for approval.
- https://epiweb.oha.state.or.us/fmi/webd/Memento%20Morbi?homeurl=http://healthoregon.org/howtoreport

COVID-19 Diagnostic Testing: OR State Public Health Lab

- Patients may also be considered for testing if they meet any of the following:
  1. Fever or symptoms of lower respiratory illness (e.g., cough, shortness of breath), **and** close contact with a laboratory-confirmed COVID-19 patient in the 14 days before symptom onset; *or*
  2. Fever and symptoms of lower respiratory illness (e.g., cough, shortness of breath), **and** history of travel from affected geographic areas with widespread COVID-19 transmission in the 14 days before symptom onset

COVID-19 Diagnostic Testing #2: Commercial Laboratory (situation as of 3/13/2020)

1. Provider (e.g., physician) & facility must have an established account with the commercial lab in order to place the test order
2. Provider orders lab test
3. Patient sample is collected
   - Healthcare personnel should wear appropriate PPE during collection
4. Sample is sent to the laboratory
   - Currently all commercial labs are outside of Oregon state
5. Test result will be reported back to ordering provider
   - If the test is COVID-19+, the result will also be automatically sent to public health as a “reportable disease”

More information on commercial labs and how to set up account:

- Quest Diagnostics
- https://www.questdiagnostics.com/home/Covid-19/HCP/

- LabCorp
- https://www.labcorp.com/information-labcorp-about-coronavirus-disease-2019-covid-19

- University of Washington (Seattle) Laboratory
- https://testguide.labmed.uw.edu/public/view/NCVQLT

Items needed to collect pt specimen

- Suggested components of a collection kit for COVID-19 and flu:
- One Universal Transport Media for viruses, 3 mL vial (Viral Transport Media is also accepted)
- One Flex Swab, flocked, for nasopharyngeal (NP) sample collection
- Biohazard bag with absorbent square for transport.

Supplies for collecting pt specimens

- For each, there are many different styles and suppliers. CDC's general guidance about the swabs for COVID-19:
- "Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens may be kept in separate vials or combined at collection into a single vial."

Personal Protective Equipment (PPE) Recommendations

- Meticulous standard precautions and hand hygiene required for any patient care.
- Source control:
  - **Mask** the symptomatic patient!
  - Place patients with respiratory illness in airborne infection room, if available. Otherwise an appropriately ventilated private room with door closed.
- Minimum PPE necessary to evaluate patients with respiratory illness, suspected COVID-19, or confirmed COVID-19:
  - **Face mask (i.e., surgical or procedural mask)**
  - **Eye protection (face shield or goggles)**
  - **Gown**
  - **Gloves**
- Some procedures warrant a higher level of protection (e.g., “aerosol-generating procedures”)

Proper PPE use is KEY in protecting your staff!

- Choosing correct PPE to prevent exposures
- Correct PPE donning and doffing “skills”
- Reminders and education
  - Hand washing
  - Environmental cleaning and disinfection
  - Do not touch your face!

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

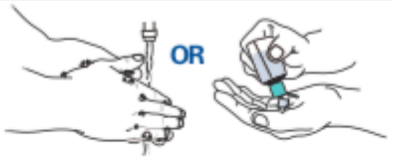
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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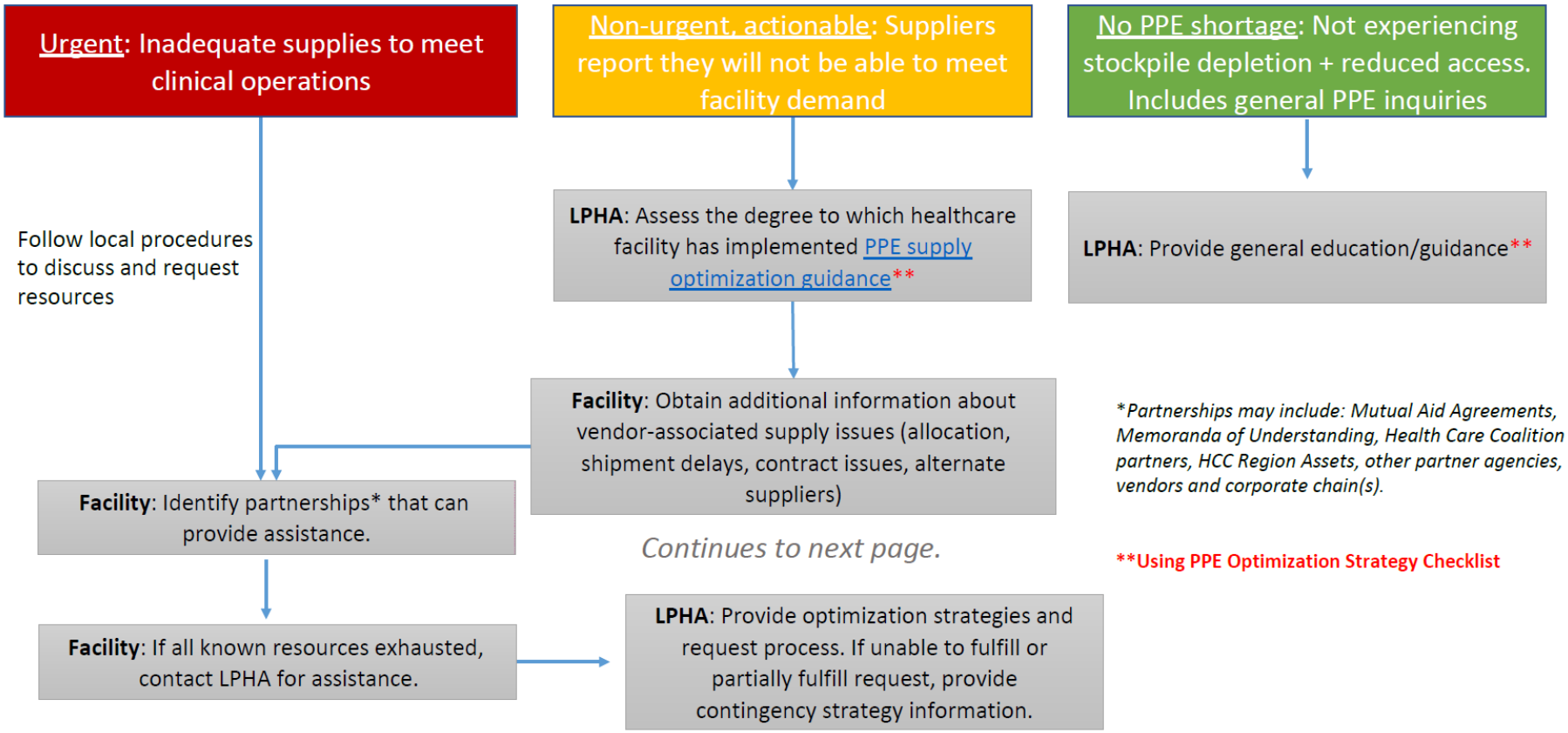
Managing PPE Supply Issues

- Monitor supply levels and ensure communication ongoing between infection control and facility managers
- Should a potential PPE shortage be identified, the following steps should be taken:
  - Define severity of the shortage. Note when interruptions in clinical operations would occur if the shortage were to persist.
  - Review CDC guidance on PPE supply optimization, and implement conservation strategies as appropriate.
  - Determine whether other PPE vendors can be utilized and review current contract specifications.
  - Leverage mutual-aid agreements and memoranda of understanding (MOUs) to obtain PPE supply from healthcare partners.
  - If all internal and partner-based options to obtain sufficient PPE supply have been exhausted, contact your local public health authority.

Assessing PPE Supply Issues

LPHA decides level of supplies, urgent, non-urgent and actionable or no PPE shortage.
Healthcare Facilities and Local Public Health Authorities will collaborate to assess supply issues using the following algorithms.



Partnerships may include: Mutual Aid Agreements, Memoranda of Understanding, Health Care Coalition partners, HCC Region Assets, other partner agencies, vendors and corporate chain(s).

**Using PPE Optimization Strategy Checklist

Toolkit subject to revision at any time due to change in resources (supply, use and demand), clinical considerations and nature of

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Work exclusions

- Generally work exclusions occur when HCP have cared for a confirmed COVID-19 case without the appropriate PPE
- Facilities **could** consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after consultation with your Administrator, but:
  - Risk assessment needed! (HCP's level of exposure, ability to reliably undergo daily active monitoring, and the constraints that HCP furlough would place on the facility's workforce)
  - Consider re-assignment of the HCP to non-patient care duties during the monitoring period should be considered.
  - These HCP should still undergo daily active monitoring prior to starting work.
  - If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor prior to leaving work.

Table 1: Work Exclusion and Monitoring Plan Considerations for HCP Activities by PPE and Source Control Utilization

Sample Activity	Personal Protective Equipment Used by HCP					Source Control	Work Restriction	Follow up and Monitoring Plan
	Respirator[d]	Regular Mask	Goggles or Face Shield	Gown	Gloves	Patient Masked		
HCP walks by patient, but has no direct contact with patient or their secretions	–	–	–	–	–	–/+	None	Standard respiratory illness precautions[a]
Brief check-in interactions or brief entrance into patient room without contact with patient secretions	–	–	–	–	–	–/+	None	HCP self-monitoring for 14 days after last exposure[b]
Patient care with no aerosol-generating procedures[e]	+	–	+	+	+	–/+	None	HCP self-monitoring for 14 days after last exposure[b]
	–	+	+	+	+	–/+	None	HCP self-monitoring for 14 days after last exposure[b]
	–	+	+	–	–	–/+	None	HCP self-monitoring for 14 days after last exposure[b]
	+	–	–	–	–	+	None	HCP self-monitoring for 14 days after last exposure[b]
	–	+	–	–	–	+	None	HCP self-monitoring for 14 days after last exposure[b]
Patient care with aerosol-generating procedures (Appendix I)	+	–	+	+	+	N/A	None	HCP self-monitoring for 14 days after last exposure[b]
Patient care with no aerosol-generating procedures	–	–	–	–	–	–/+	Work exclusion[f]	Active monitoring for 14 days after last exposure[c]
	–	–	+	+	+	–/+	Work exclusion[f]	Active monitoring for 14 days after last exposure[c]
	+	–	–	+	+	–	Work exclusion[f]	Active monitoring for 14 days after last exposure[c]
	–	+	–	+	+	–	Work exclusion[f]	Active monitoring for 14 days after last exposure[c]
Patient care with aerosol-generating procedures (Appendix I)	Any variation that does not include the full recommended PPE (respirator, eye protection, gown, and gloves)					N/A	Work exclusion[f]	Active monitoring for 14 days after last exposure[c]

Green: no identifiable risk; **Yellow**: low-risk exposure; **Red**: exposure that warrants active monitoring/potential work exclusion
+ designated PPE category used throughout the activity, assumes appropriate donning, doffing, and hand hygiene;
– designated PPE category not used;
+/– designated PPE category either used or not used, action steps not contingent on this item.

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Concerns about staffing shortages

- Follow facility protocol. Immediately notify public health and three licensing authority identified the DHS provider alerts.
- Follow your contingency plans for staff storages, in facilities emergency plans.

First Steps in Preparedness:
Educate staff and promote health

- Reinforce sick leave policies. Remind HCP not to report to work when ill.
- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies to allow people to stay home
- Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE.
- Monitor residents and staff daily for respiratory illness or fever

First Steps in Preparedness: *Promote health*

- **Hand hygiene supplies**
  - Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
  - Make sure that sinks are well-stocked with soap and paper towels for handwashing.
- **Respiratory hygiene and cough etiquette**
  - Make tissues and facemasks available for coughing people.
  - Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.

First Steps in Preparedness: *PPE, cont'd*

- Make necessary Personal Protective Equipment (PPE) available in areas where resident care is provided.
- Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room. Facilities should have supplies of:
  - facemasks
  - gowns
  - gloves
  - eye protection (i.e., face shield or goggles)
  - respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP)
- Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

First Steps in Preparedness: *Evaluate & manage ill employees*

- As part of routine practice, ask HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.
  - Remind HCP to stay home when they are ill.
  - If HCP develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.
- When transmission in the community is identified, nursing homes and assisted living facilities may face staffing shortages. Facilities should develop (or review existing) plans to mitigate staffing shortages.

First Steps in Preparedness: *Create visitor restrictions policies*

- Facilities should discourage visitation and begin screening visitors even before COVID-19 is identified in their facility.
  - Send letters or emails to families advising them to consider postponing or using alternative methods for visitation (e.g., video conferencing) during the next several months.
  - Post signs at the entrances to the facility instructing visitors to not enter if they have fever or symptoms of a respiratory infection. Consider having visitors sign visitor logs in case contact tracing becomes necessary.
- When visitor restrictions are implemented, the facility should facilitate remote communication between the resident and visitors (e.g., video-call applications on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations).

First Steps in Preparedness: *Ensure visitors are not sick*

- Ask all visitors about fever or symptoms of respiratory infection. Restrict anyone with:
    - Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath).
    - International travel within the last 14 days to affected countries. Information on high-risk countries is available on CDC's COVID-19 travel website.
    - Contact with an individual with COVID-19.
- When allowed, visitors should be encouraged to frequently perform hand hygiene and limit their movement and interactions with others in the facility (e.g., confine themselves to the resident's room).

What facilities should do when there are cases in their community

Policies and Procedures for Visitor

- Visitation should be limited to only those who are essential for the resident's emotional well-being and care.
- The facility should send communications to families advising the COVID-19 has been identified in the community and re-emphasizing the importance of postponing visitation.
- Ideally, visits should be scheduled in advance during a limited number of hours.
- Any visitors (that are permitted after illness screening) should wear a facemask while in the building and restrict their visit to the resident's room.

HCP Monitoring and Restrictions

- Restrict non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) from entering the building.
- Screen all HCP at the beginning of their shift for fever and respiratory symptoms.
  - HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
- Consider implementing universal use of facemasks for HCP while in the facility.

Resident Monitoring and Restrictions

- Actively monitor all residents (at least daily) for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
  - If positive for fever or symptoms, implement recommended IPC practices
- Cancel group field trips and activities and consider cancelling communal dining.

What facilities should do when there are cases in their community ***and facility***

Visitor Policies and Procedures

- Restrict all visitors to the facility. Exceptions might be considered in limited circumstances (e.g., end of life situations).
- In those circumstances the visitor should wear a facemask and restrict their visit to the resident's room only .

HCP Monitoring and Restrictions

- Implement universal use of facemask for HCP while in the facility.
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available) for the care of all residents, regardless of presence of symptoms.
- Implement protocols for extended use of eye protection and facemasks.

Resident Monitoring and Restrictions

- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
- If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- In addition to cancelling group field trips and activities, cancel communal dining.
- Implement protocols for cohorting ill residents with dedicated HCP.

Ill Residents

- Patients with known or suspected COVID-19 should continue to receive the intervention appropriate for the severity of their illness and overall clinical condition.
- Because some procedures create high risks for transmission (close patient contact during care), precautions include:
  - HCP should wear all recommended PPE,
  - The number of HCP present should be limited to essential personnel, and
  - Any supplies brought into, used, and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines.

Ill Residents Needing Higher Level of Care

- Initially, symptoms may be mild and not require transfer to a hospital as long as the individual can follow the infection prevention and control practices recommended by CDC and clinical stable.
- The patient may develop more severe symptoms and require transfer to a hospital for a higher level of care.
- Prior to transfer, emergency medical services and the receiving hospital must be alerted to the patient's diagnosis, and precautions to be taken including placing a facemask on the patient during transfer.

Other things you should be doing now

- Voluntarily report any undiagnosed acute respiratory illness that requires urgent medical care to local public health
- Create your plan of how an ill resident would be evaluated or tested for COVID-19
  - Public or medical transportation is not ideal for mildly ill resident to seek outpatient medical evaluation
  - Get your staff trained how to safely collect nasal swabs with correct PPE
  - Limited capacity for public health to collect testing specimens for you in a timely manner
- Social distancing
  - Not just for the residents!
  - Includes staff meetings, etc.

www.healthoregon.org/lhddirectory

LOCAL PUBLIC HEALTH AUTHORITY NUMBERS IN OREGON

(updated Feb 2020)

County	General	CD Nurse	CD Fax	Env Health	Animal Bites	After Hours CD
Baker	541-523-8211	General	541-523-8242	General	General	541-523-6415
Benton	541-766-6835	General	541-766-6197	541-766-6841	EH	541-766-6835
Clackamas	503-655-8411	503-655-8411	503-742-5389	503-655-8411	CD	503-655-8411
Clatsop	503-325-8500	General	503-325-8678	General	General	503-791-6646
Columbia	503-397-7247	971-757-4003	503-893-3121	503-397-7247 Env Health & Animal Bite Fax 888-204-8568	EH	503-397-7247
Coos	541-266-6700	541-266-6700	541-888-8726	541-266-6720	541-266-6720	541-266-6700
Crook	541-447-5165	General	541-447-3093	541-447-8155	General	541-447-5165
Curry	541-425-7545	541-373-8118	541-425-5557	541-251-7074	EH	541-425-7545
Deschutes	541-322-7400	541-322-7418	541-322-7618	541-388-6566	EH	541-322-7400
Douglas	541-440-3571	541-440-3684	541-464-3914	541-317-3114	EH	541-440-3571
Gilliam*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Grant	541-575-0429	General	541-575-3604	General	General	541-575-0429
Harney	541-573-2271	541-573-2271	541-573-8388	541-575-0429	EH	541-573-2271
Hood River	541-386-1115	541-387-7110	541-386-9181	541-387-6885	541-387-7110	541-386-1115
Jackson	541-774-8209	General	541-774-7954	541-774-8206	General	541-774-8209
Jefferson	541-475-4456	General	541-475-0132	General	General	541-475-4456
Josephine	541-474-5325	General	541-474-5353	General	General	541-474-5325
Klamath	541-882-8846	541-882-8846	541-850-5392	541-882-8846	General	541-891-2015
Lake	541-947-6045	General	541-947-4563	General	General	541-947-6045
Lane	541-682-4041	General	541-682-2455	541-682-4480	EH	541-682-4041
Lincoln	541-265-4112	General	541-265-4191	541-265-4127	EH	541-265-4112
Linn	541-967-3888	541-967-3888 x2488	541-924-6911	541-967-3821	EH	541-967-3888
Malheur	541-889-7279	541-889-7279	541-889-8468	541-473-5186	EH	541-889-7279
Marion	503-588-5342	503-588-5621	503-566-2920	503-588-5346	EH	503-588-5342
Morrow	541-676-5421	General	541-676-5652	541-278-6394	General	541-676-5421
Multnomah	503-988-3674	503-988-3406	503-988-3407	503-988-3400	CD	503-988-3406
Polk	503-623-8175	General	503-831-3499	503-623-9237 x1442	EH	503-932-4686
Sherman*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Tillamook	503-842-3900	503-842-3912	503-842-3983	503-842-3902	EH	503-842-3900
Umatilla	541-278-5432	General	541-278-5433	General	General	541-314-1634
Union	541-962-8800	541-910-7209	541-963-0520	General	541-910-7209	541-962-8800
Wallowa	971-673-1111	971-673-1111	971-673-1100	971-673-0440	541-426-3131	971-673-1111
Wasco*	541-506-2600	General	541-506-2601	971-673-0440	General	541-506-2600
Washington	503-846-3594	503-846-3594	503-846-3644	503-846-8722	503-846-3594	503-412-2442
Wheeler	541-763-2725	General	541-763-2850	General	General	541-763-2725
Yamhill	503-434-7525	503-434-4715	503-434-7549	General	CD	503-434-7525

operated jointly as North Central Public Health District

Resources:

Oregon Interim Infection Control Guidance

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/emerging-respiratory-infections.aspx

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Live Questions…

OHA COVID-19 Website

- Healthoregon.org/coronavirus