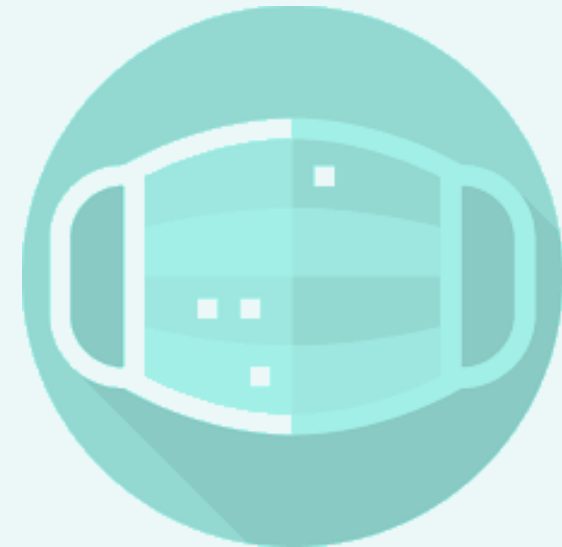
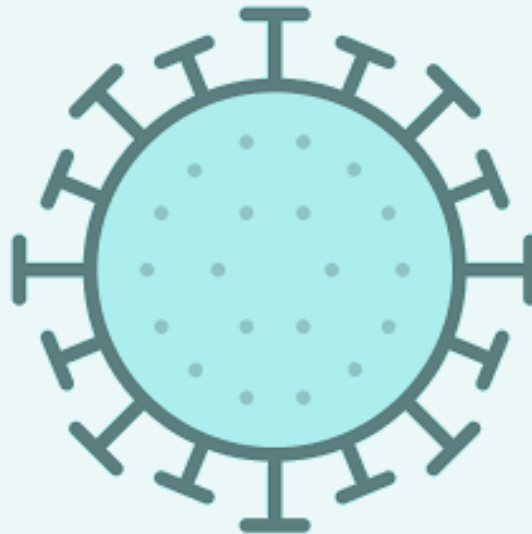


# Novel Coronavirus (COVID-19) Updates for Long-Term Care



Office of Communicable Disease Epidemiology  
Washington State Department of Health (WA DOH)  
March 5, 2020 from 3:00pm-5:00pm

# Housekeeping

Attendees will be in listen only mode to start



This educational webinar will include Q & A



Self-mute your lines when not speaking  
>1000 participants



Participants from nursing homes, hospitals, regulatory and public health

Type questions into the question window



Session is being recorded

*No confidential information presented or discussed*





# Introductions

- **Scott Lindquist, MD, MPH**  
State Communicable Disease Epidemiologist

## Healthcare-Associated Infections (HAI) Team

### Medical Epidemiologist

- Marisa D'Angeli, MD, MPH

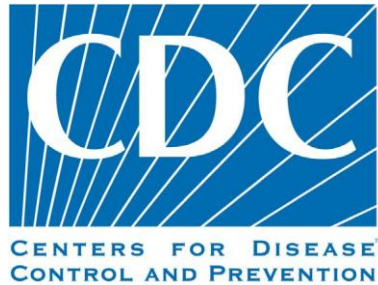
### Nurse Consultants

- Patty Montgomery, RN, MPH, CIC
- Joni Hensley, RN, BSN, CIC
- Sara Podczervinski, RN, MPH, CIC, FAPIC
- Larissa Lewis, RN, BSN, MPHc, CIC

**Health Services Consultant** – Melissa Feskin, BS, CNA



# Experts on the Line

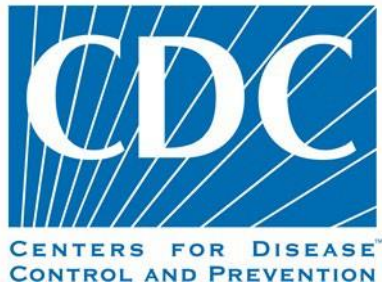


NORTHWEST HEALTHCARE  
**Response Network**®



# Agenda

Topic	Presenter
<b>Expert Resources for Long-Term Care (LTC) Community</b>	Nimalie Stone, MD, MS <i>Centers for Disease Control and Prevention</i> Amy Abbott, LICSW, CDP <i>Washington State Department of Social and Health Services (DSHS)</i>
<b>COVID-19 Epidemiology and Clinical Updates</b>	Marisa D'Angeli, MD, MPH <i>Washington State Department of Health</i>
<b>Infection PREVENTION Recommendations for Long-Term Care</b>	Sara Podczervinski, RN, MPH, CIC Patty Montgomery, RN, MPH, CIC <i>Washington State Department of Health</i>
<b>Personal Protection Equipment (PPE) &amp; Cleaning/Disinfection</b>	Jill Morgan, RN, BSN <i>National Ebola Training &amp; Education Center</i>
<b>Infection CONTROL Recommendations for Long-Term Care</b>	Sara Podczervinski, RN, MPH, CIC Patty Montgomery, RN, MPH, CIC <i>Washington State Department of Health</i>
<b>Healthcare Coalition Updates</b>	Aaron Resnick, MA <i>Northwest Healthcare Response Network</i>
<b>More COVID-19 Resources for LTC</b>	<i>Washington State Department of Health</i>
<b>Q &amp; A</b>	All



# Centers for Disease Control and Prevention (CDC)

---



## **Nimalie Stone, MD, MS**

Medical Epidemiologist Long-term Care  
Division of Healthcare Quality Promotion  
CDC

# Washington State Department of Social & Health Services (DSHS)



*Washington State*  
Department of Social  
& Health Services

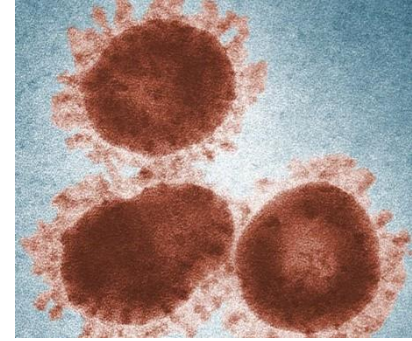
## **Amy Abbott, LICSW, CDP**

Office Chief for Policy, Training, Quality  
Assurance, and Behavioral Health

Email: [Amy.Abbott@dhsh.wa.gov](mailto:Amy.Abbott@dhsh.wa.gov)

# Coronaviruses

---



- Family of viruses that infects many different animals (pigs, birds, bats, rodents, dogs, cats, cattle, humans)
- 7 coronaviruses infect humans
  - Four cause mild cold-like illnesses, identified by respiratory panels
  - Two previously known severe syndromes with person-to-person transmission and healthcare-associated clusters
    - Severe acute respiratory syndrome (SARS) outbreak 2002-2003 associated with live animal market
    - Middle East respiratory syndrome (MERS) outbreak 2012-present
  - SARS-CoV-2 identified as cause of pneumonia outbreak in Wuhan, China



# Pneumonia Outbreak, Wuhan City, Dec 2019

## Coronavirus: A Timeline



# COVID-19 Global Situation (WHO 3/4/20 16:00)

- Infections spreading globally

- > 95,000 cases & > 3200 deaths

- Case Fatality Rate = 3.4%

- Affecting 79 countries so far:

- China > 80,000

- Korea > 5500,

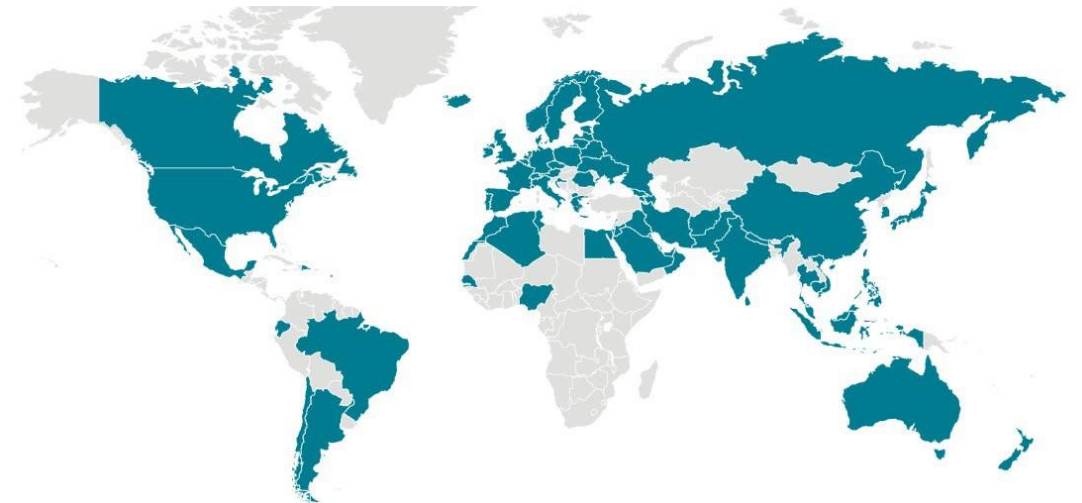
- Italy > 3000

- Iran > 2900

- Japan > 300

- France, Germany, Spain > 200 each

- US, Singapore > 100 each



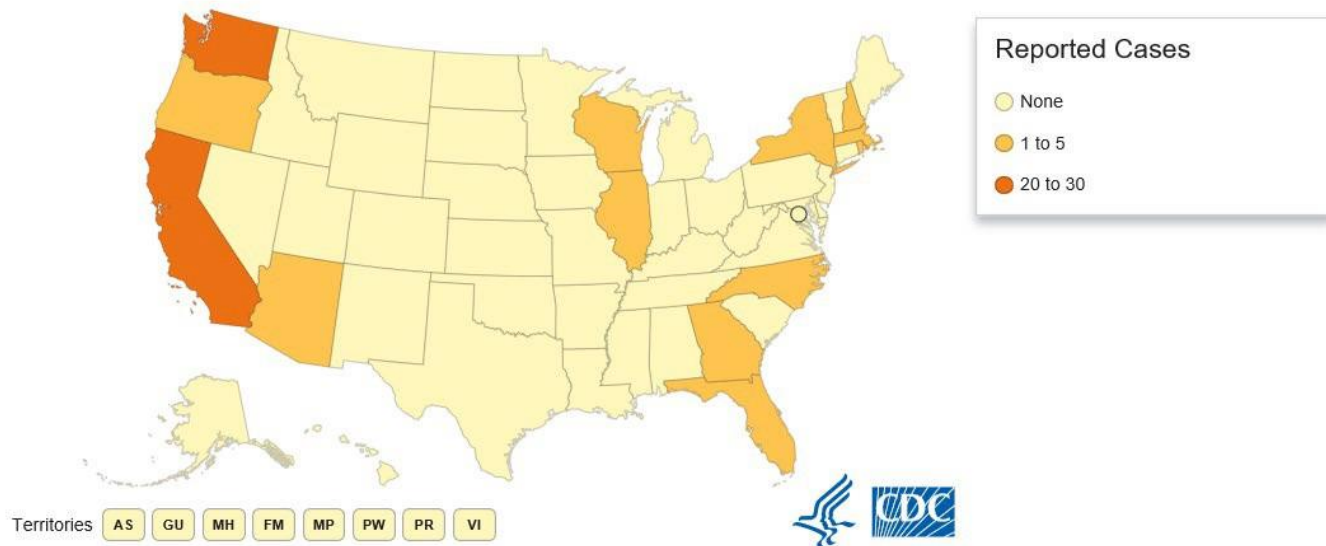
<https://who.maps.arcgis.com/apps/opsdashboard/index.html#/c88e37cfc43b4ed3baf977d77e4a0667>

<https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html>

# COVID-19 US Situation (3/4/2020)

- US first imported case in Washington, 1/20/20
- Additional US cases imported, limited person to person transmission, initially
- 148 cases & 11 deaths (Int'l Business Times 3/4/20)

States Reporting Cases of COVID-19 to CDC\*



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

# COVID-19 Washington Situation

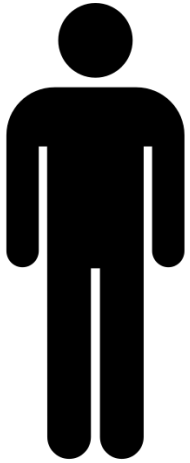
---

- US first imported case in Washington, 1/20/20
- Washington's 2<sup>nd</sup> case, 2/28/20
- As of 3/4/20, cases in 3 counties
- Outbreaks associated with long term care and other healthcare settings
- Cases 70, deaths 10
  - King 51
  - Snohomish 18
  - Grant 1

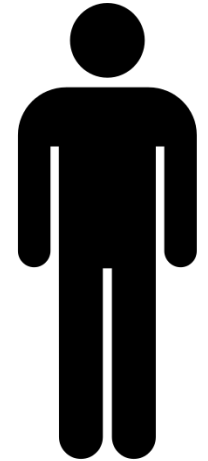
Numbers in flux due to test results coming from UW

# Washington COVID-19

---

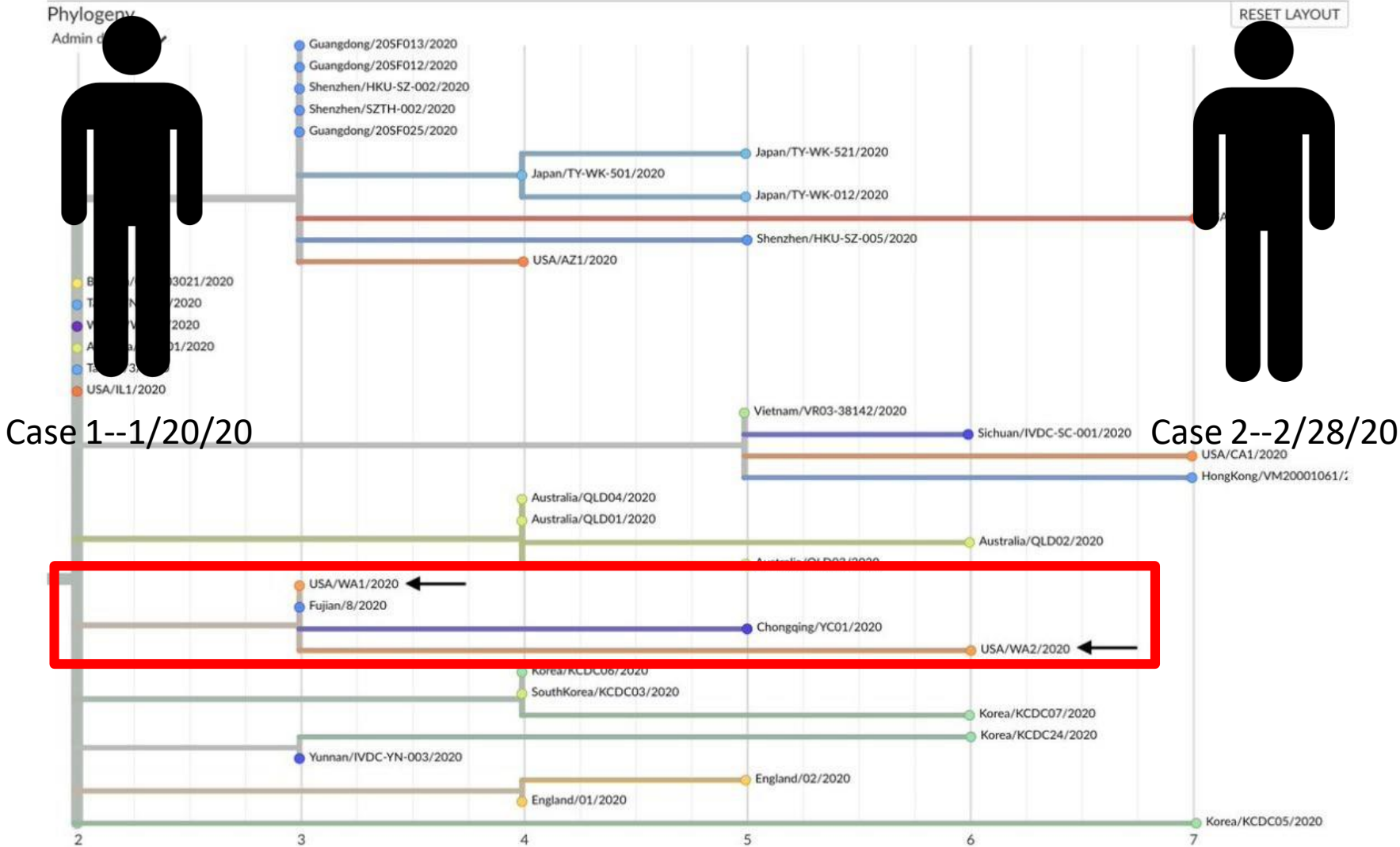


Case 1--1/20/20

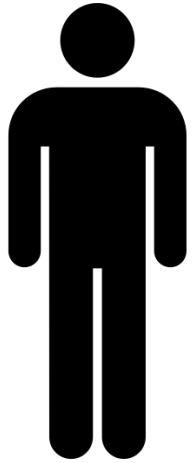


Case 2--2/28/20

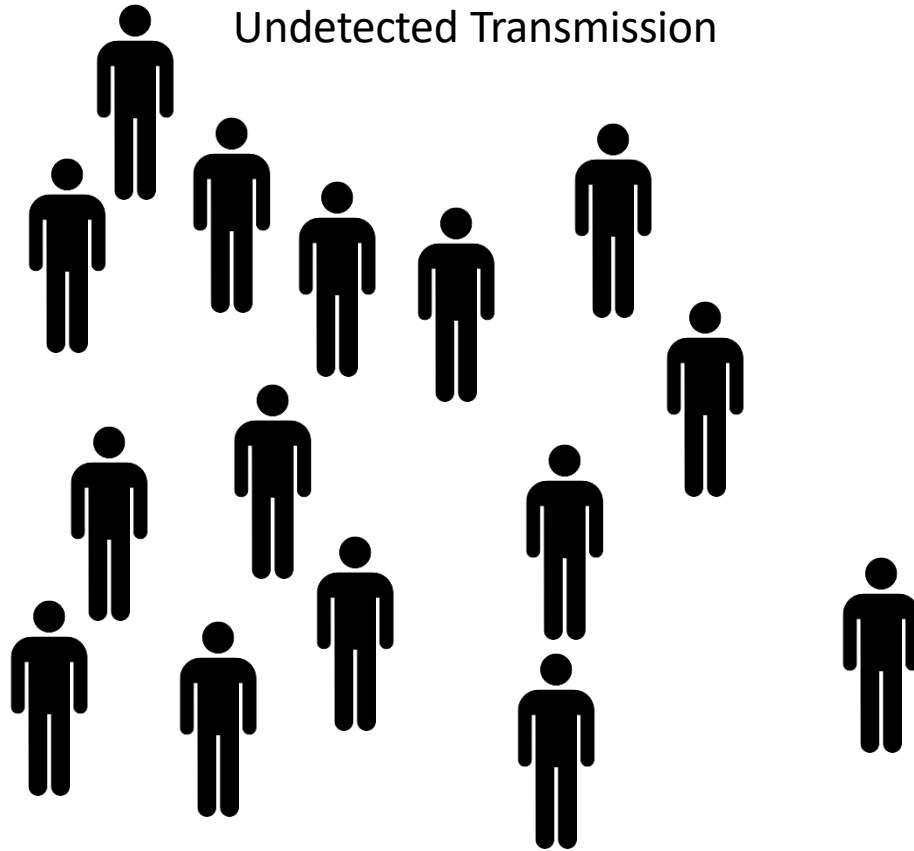
# Washington COVID-19



# Washington COVID-19



Case 1--1/20/20



Case 2--2/28/20

# COVID-19 Epidemiology

---

- Limited epidemiologic data available, likely under-diagnosis and under-reporting of mild cases
- ~80% of cases are mild
- Case fatality rate estimates
  - No higher than 0.9-2.2% overall but higher for hospitalized cases
  - SARS ~11%
  - MERS ~ 35%
- Older age and underlying medical conditions associated with severe disease and death, concern for pregnant women



# Symptoms of COVID-19

---



- Flu-like symptoms
  - Sore throat
  - Myalgia
  - Headache
  - Diarrhea
- Incubation period 2-14 days
- Half of all cases may be asymptomatic
- Transmission may occur despite no symptoms

# Infection **PREVENTION** for COVID-19 in LTC

---



1. Minimize chance for exposures
2. Adherence to Standard, Contact, and Droplet Precautions, including the eye protection
3. Hand hygiene
4. Manage visitor access and movement within the facility
5. Implement engineering controls
6. Monitor and manage ill healthcare personnel
7. Train and educate healthcare personnel
8. Implement environmental infection control
9. Communication with healthcare network and public health

# Infection **PREVENTION** for COVID-19 in LTC



## Minimize chance for exposures

### Before Admission

- Communication, communication, communication – *discharge planners, hospital nurses, EMS*
- Careful chart reviews
- Bed placement decisions (private vs semi private)

### Upon Arrival

- Ensure patient transported directly to room
- Timely nursing assessment for respiratory symptoms
- Accompanying family – educate on prevention
- Update chart with patient's status
- Communicate with staff

### Throughout Admission

- Monitor for symptoms
- Hand hygiene
- Proper use of personal protective equipment (PPE)
- Ill staff stay home
- Shift handoff communication

# Admissions Process –

## Chart Abstraction to Guide Admission Decisions

Last:	Doe	First:	Jane	Age:	79	DOB:	9 / 12 / 1939		
Insurance:	Medicare A/B	#2- BCBS Boeing	#3-						
Admit Date:	5/12/2018	Expected Discharge Date:	5/20/18						
Admission Dx:	Left hip fracture with ORIF (following fall)								
Past Medical Hx:	CAD, CHF, OSA, DM2, Breast Cancer (2018), HTN, OA								
Height:	160	Weight:	5'2"	Smoker:	Former	Drug Use:	N	Homeless:	N
Behaviors:	Anxious	A&O?	X 2	Dementia?	Y	Feeding Tube:	N	PCA:	N
High O2 Needs?	NO	Labs Stable?	Fairly stable, <u>crit</u> improving			NWB?	WBAT LLE		
Surgery during hosp?	Date:	5/13/18	Type Surgery:	ORIF for left hip fracture					
Medication Concerns:	No, finished chemo in remission			Isolation Status	Standard Precautions				
Recent Notes -	PT:	5/15	OT:	5/16	ST:	NO	Nutrition:	NO concerns	
Other:	Patient has history of pneumonia. Most recent 1 month ago for flu-related pneumonia. Pt. hospitalized, treated with Tamiflu, still symptomatic.								
Review Findings:	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Pending.	Reason: _____					
	<input type="checkbox"/> Already discharged or placed elsewhere								

# Admissions Process

Last:	Doe	First:	Jane	Age:	79	DOB:	9 / 12 / 1939
Insurance:	Medicare A/B	#2- BCBS Boeing	#3-				
Admit Date:	5/12/2018	Expected Discharge Date:	5/20/18				

Admission Dx:	Left hip fracture with ORIF (following fall)
Past Medical Hx:	CAD, CHF, OSA, DM2, Breast Cancer (2018), HTN, OA

Height:	160	Weight:	5'2"	Smoker:	Former	Drug Use:	N	Homeless:	N
Behaviors:	Anxious	A&O?	X2	Dementia?	Y	Feeding Tube:	N	PCA:	N
High O2 Needs?	NO	Labs Stable?	Fairly stable, <u>crit</u> improving				NWB?	WBAT LLE	

Surgery during hosp?	Date:	5/13/18	Type Surgery:	ORIF for left hip fracture
Medication Concerns:	No, finished chemo in remission		Isolation Status	Standard Precautions

??

Recent Notes -	PT:	5/15	OT:	5/16	ST:	NO	Nutrition:	NO concerns
----------------	-----	------	-----	------	-----	----	------------	-------------

Other:	Patient has history of pneumonia. Most recent 1 month ago for flu-related pneumonia. Pt. hospitalized, treated with Tamiflu, still symptomatic.
--------	---

Review Findings:	<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Decline <input type="checkbox"/> Pending. Reason: _____
	<input type="checkbox"/> Already discharged or placed elsewhere

# Infection **PREVENTION** for COVID-19 in LTC



## Minimize chance for exposures

### Before Admission

- Communication, communication, communication – *discharge planners, hospital nurses, EMS*
- Careful chart reviews
- Bed placement decisions (private vs semi private)

### Upon Arrival

- Ensure patient transported directly to room
- Timely nursing assessment for respiratory symptoms
- Accompanying family – educate on prevention
- Update chart with patient's status
- Communicate with staff

### Throughout Admission

- Monitor for symptoms
- Hand hygiene
- Proper use of personal protective equipment (PPE)
- Ill staff stay home
- Shift handoff communication

# Infection **PREVENTION** for COVID-19 in LTC



## Minimize chance for exposures

### Before Admission

- Communication, communication, communication – *discharge planners, hospital nurses, EMS*
- Careful chart reviews
- Bed placement decisions (private vs semi private)

### Upon Arrival

- Ensure patient transported directly to room
- Timely nursing assessment for respiratory symptoms
- Accompanying family – educate on prevention
- Update chart with patient's status
- Communicate with staff

### Throughout Admission

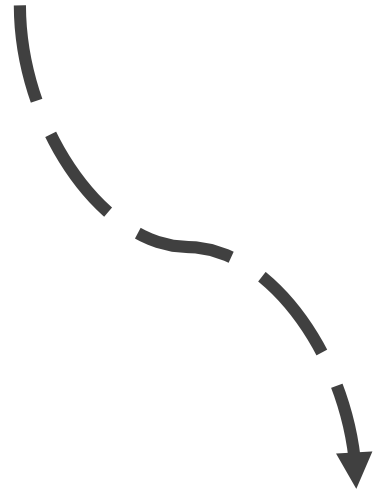
- Monitor for symptoms
- Hand hygiene
- Proper use of personal protective equipment (PPE)
- Ill staff stay home
- Shift handoff communication



**Adherence to Standard, Contact, and Droplet Precautions, including the eye protection**



# TERMINOLOGY



*(care, caution, safeguard, safety measure, protection)*



# STANDARD PRECAUTIONS

*(basic, normal, norm, run-of-the-mill, recognized, general, usual)*

# Concepts of Standard Precautions



**Any Patient**



**Interaction**

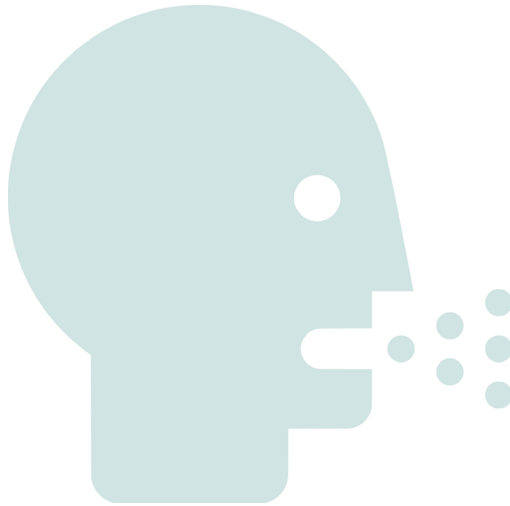


**Steps**

# Transmission-Based Precautions for COVID-19



**Contact**



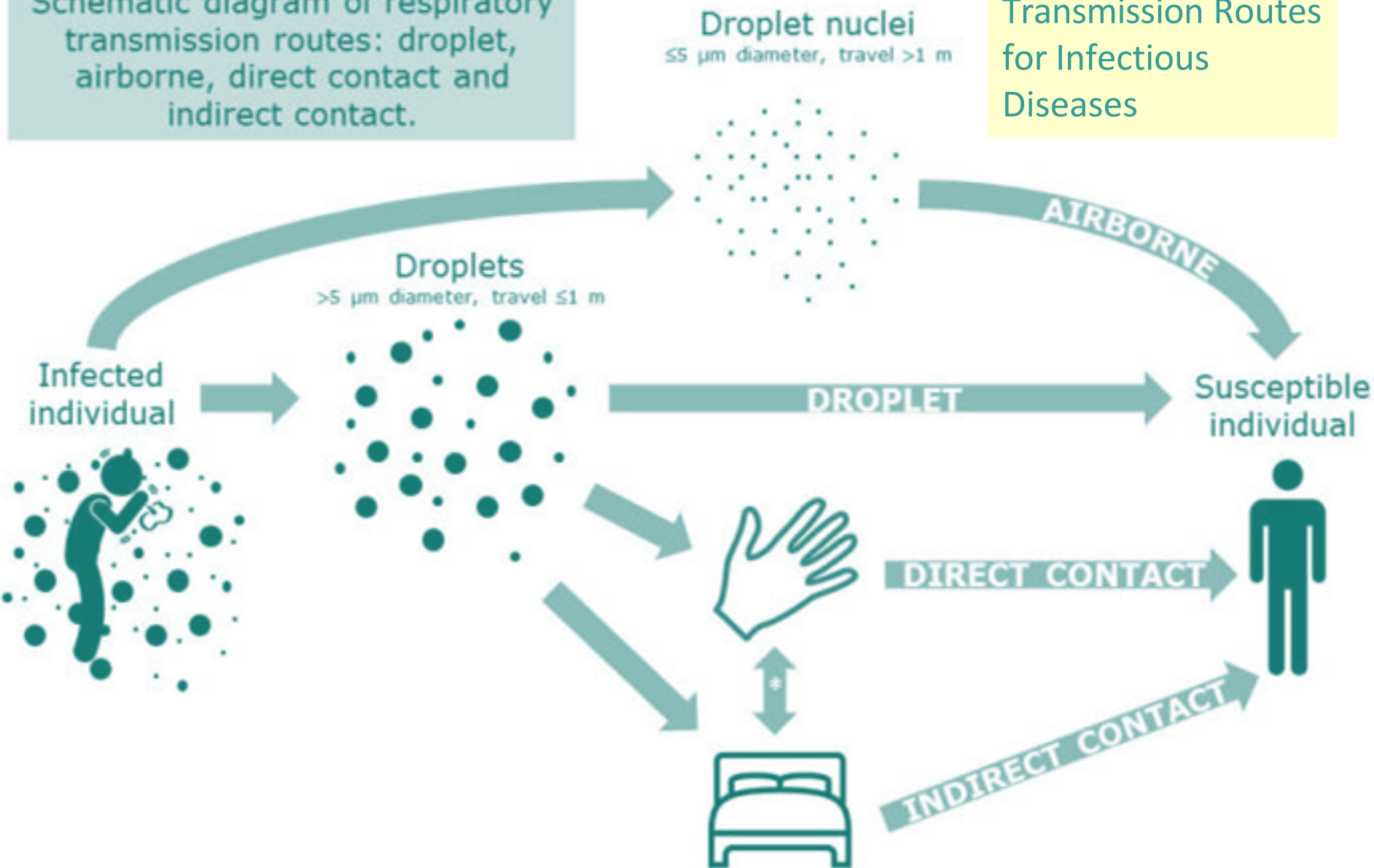
**Droplet**



**Airborne**

Schematic diagram of respiratory transmission routes: droplet, airborne, direct contact and indirect contact.

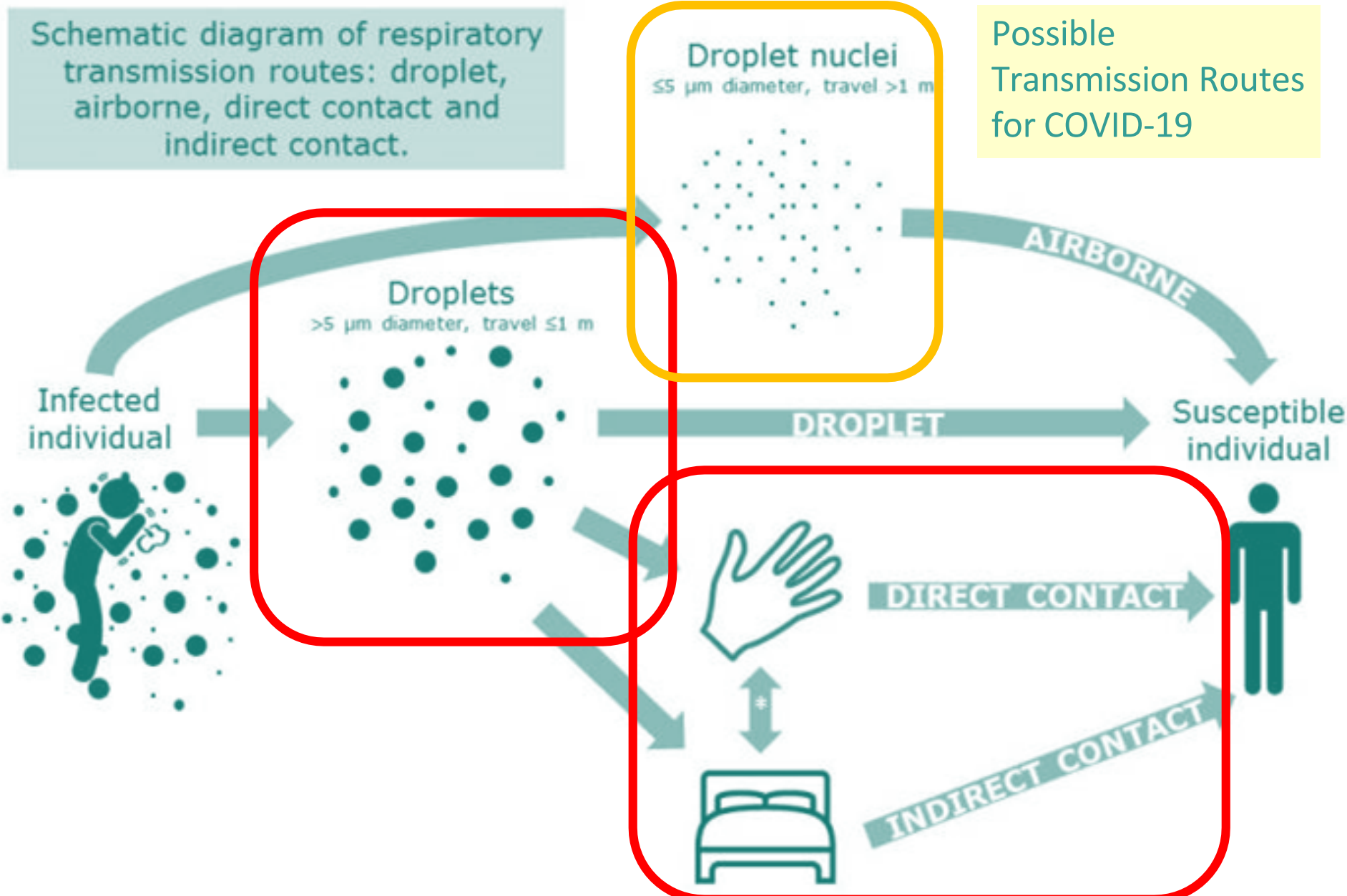
Transmission Routes for Infectious Diseases



\* Transmission routes involving a combination of hand & surface = indirect contact.

Schematic diagram of respiratory transmission routes: droplet, airborne, direct contact and indirect contact.

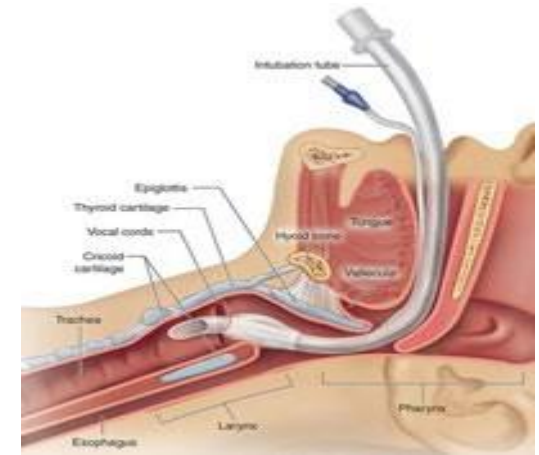
Possible Transmission Routes for COVID-19



\* Transmission routes involving a combination of hand & surface = indirect contact.

# Use Caution When Performing Aerosol-Generating Procedures (AGP)

- Some procedures performed on COVID-19 patients could generate infectious aerosols
- AGP generate higher concentrations of respiratory secretions or aerosols
- Procedures likely to induce coughing
- Examples of AGP:
  - CPR
  - Non-invasive ventilation
  - Bronchoscopy
  - Intubation
  - Suctioning
  - Positive pressure ventilation (BiPAP & CPAP)



# Door Signage

Signage should be in accordance with CMS F Tag 241, section 483.15(a) and adhere to facility policy

The resident name or name of the organism should NOT appear on the sign

**STOP** **SPECIAL DROPLET/CONTACT PRECAUTIONS** **STOP**  
In addition to Standard Precautions  
Only essential personnel should enter this room  
*If you have questions ask nursing staff*  
**Everyone Must:** including visitors, doctors & staff

 Clean hands when entering and leaving room   
**Wear mask**  
Fit tested N-95 or higher required when doing aerosolizing procedures

 **Wear eye protection**  
(face shield or goggles)   
**Gown and glove at door**

 **KEEP DOOR CLOSED**

 **Use patient dedicated or disposable equipment.**  
**Clean and disinfect shared equipment.**

*Contact Infection Control prior to discontinuing Precautions*

 Washington State Hospital Association  Puget Sound Health

Salmon  
HEX F20704  
Last revised 3/03/20



# Door Signage - Front

**SPECIAL DROPLET/CONTACT PRECAUTIONS**

**STOP** In addition to Standard Precautions **STOP**

Only essential personnel should enter this room  
*If you have questions ask nursing staff*

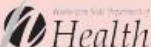
**Everyone Must:** including visitors, doctors & staff

	<b>Clean hands when entering and leaving room</b>	
	<b>Wear mask</b> Fit tested N-95 or higher required when doing aerosolizing procedures	
	<b>Wear eye protection</b> (face shield or goggles)	
	<b>Gown and glove at door</b>	

 **KEEP DOOR CLOSED**

 **Use patient dedicated or disposable equipment.  
Clean and disinfect shared equipment.**

*Contact Infection Control prior to discontinuing Precautions*

 Washington State Hospital Association  Salmon  
HEX PR0704  
Last revised 3/03/20



# Door Signage - Back

## Special Droplet/Contact Precautions

**If patient has diarrhea and/or C. difficile add Contact Enteric Precautions**

### LIMIT VISITORS AND DOCUMENT ANYONE THAT HAS CONTACT WITH THE PATIENT AND NOTIFY EMPLOYEE HEALTH

Display sign outside the door. At patient discharge, remove sign after room is terminally cleaned.

#### For use with:

- Respiratory viruses including COVID-19

#### Dishes/Utensils:

No special precautions. Kitchenware sanitized in dishwasher.

#### Equipment and Supplies:

- Only essential supplies in room.
- Use dedicated or disposable equipment when available.
- Minimize use of cellphones/pagers.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

#### Waste and Linen Management:

For COVID-19, follow local and state public health guidelines Category B for medical waste handling. Bag linen in the patient's room.

#### Private Room:

If not available, room with patients that have the same organism but no other infection.

#### Room Cleaning:

Routine cleaning procedures with addition of cubical curtain changes per hospital procedure.

#### Transport:

**Essential transport only.** Patient should remain in room except for medical necessity. Patient should wash their hands. Place patient in clean gown. Place surgical mask on patient. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

#### Personal Protective Equipment:

<p>Put ON in this order:</p> <ol style="list-style-type: none"><li>1. <b>WASH OR GEL HANDS (even if gloves used)</b></li><li>2. Gown</li></ol>  <ol style="list-style-type: none"><li>3. Mask and eye cover</li></ol>  <ol style="list-style-type: none"><li>4. Gloves</li></ol> 	<p>Take OFF &amp; dispose in this order:</p> <ol style="list-style-type: none"><li>1. Gloves</li></ol>  <ol style="list-style-type: none"><li>2. Gown</li></ol>  <ol style="list-style-type: none"><li>3. <b>WASH or GEL HANDS</b></li><li>4. Mask and eye cover: Remove from earpiece or ties to discard - do not grab from front of mask.</li></ol>  <ol style="list-style-type: none"><li>5. <b>WASH or GEL HANDS (even if gloves used)</b></li></ol>
--	--



# Hand Hygiene from Centers for Medicare & Medicaid (CMS) Memo

- **Alcohol-based hand sanitizer (ABHS) should be used instead of soap and water in all clinical situations**, except when hands are visibly soiled or after caring for a resident with known or suspected *C. difficile* or norovirus infection. In these circumstances, soap and water should be used
- Facilities should ensure adequate access to ABHR because poor access is main reason for inadequate hand hygiene adherence

CMS Memo 11/22/19:

<https://www.cms.gov/files/document/qso-20-03-nh>



# Hand Hygiene – Lots of it!

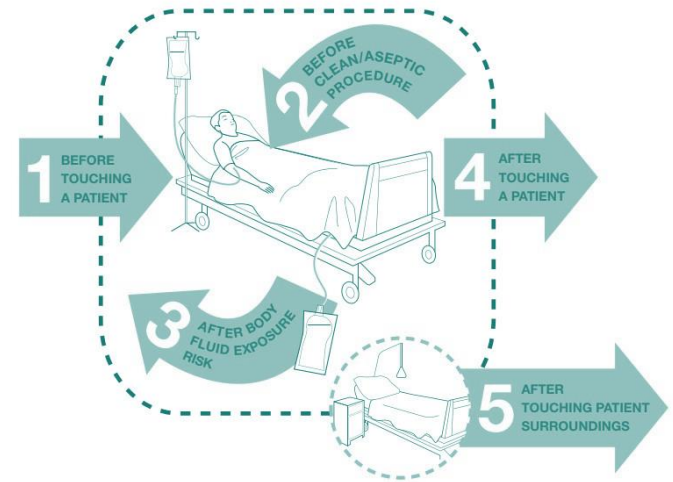
## BEFORE:

- Touching a patient
- Performing an aseptic task (placing an indwelling device or handling invasive medical device)
- Moving from a soiled body site to a clean body site on the same patient
- Putting on gloves

## AFTER:

- Touching a patient or patient's immediate environment
- Contact with blood, body fluids, or contaminated surfaces
- Glove removal

## Your 5 Moments for Hand Hygiene



<https://www.who.int/gpsc/5may/background/5moments/en/>

Help residents clean their hands!



# Alcohol-based Hand Sanitizer (ABHS) versus Soap and Water



ABHS	Soap and Water
Immediately before touching a patient	When hands are visibly soiled
Before performing an aseptic task	After caring for a person with diarrhea
Before moving from soiled body site to clean body site	After known/suspected exposure to norovirus, C-difficile, Hepatitis A
After touching patient or patient's environment	
After contact with blood, body fluids, or contaminated surfaces	
Immediately after glove removal, even if you are putting on new gloves!	

# Now Is The Time to Audit and Train Staff



## Standard Precautions: Observation of Hand Hygiene Provision of Supplies

4

**Instructions:** Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

Standard Precautions: Observation Categories		Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are functioning sinks readily accessible in the patient care area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Are all handwashing supplies, such as soap and paper towels, available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Is the sink area clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Are signs promoting hand hygiene displayed in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Are alcohol dispensers readily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7	Are alcohol dispensers filled and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total YES and TOTAL OBSERVED								

All quick observation tools (QUOT): [https://www.cdc.gov/infectioncontrol/tools/quots.html#anchor\\_1549305516](https://www.cdc.gov/infectioncontrol/tools/quots.html#anchor_1549305516)

Hand hygiene QUOT: <https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Standard-Precautions-Hand-Hygiene-Supplies-P.pdf>

# Visitor Signage



## COVID-19/Coronavirus Announcement

Thank you for coming to visit today. As you may know, the world is experiencing an expanding outbreak of respiratory illness (COVID-19) caused by a new coronavirus. The virus can spread from person-to-person. Older adults and those with underlying medical conditions are especially at risk.

We take our role in protecting the health of our residents very seriously. Before entering our facility, we respectfully ask all visitors confirm:

- You are not currently sick.
- You have not travelled to an area of the world with an active COVID-19 outbreak within the last 14 days.
- You have not be in close proximity with someone who is currently sick with the COVID-19 or any other respiratory illness within the last 14 days.

We are taking extra measures to keep our facility clean. During your time here today, we respectfully ask that you:

- Wash your hands or use provided sanitizer often.
- Disinfect all shared surfaces before and after use.
- Please reach out to a staff member if you have any questions or concerns.

# COVID-19: How should nursing homes monitor or limit visitors?



## Facilities should screen visitors for:

1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. Has had contact with someone with or under investigation for COVID-19.

*If visitors meet the above criteria, facilities may restrict their entry to the facility until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication).*

<https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf>



# COVID-19: How should nursing homes monitor or limit visitors?



- Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4)
- A facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons:

“restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors.”

3/4/20 CMS Memo: <https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf>

CMS Ops Manual for Surveyors: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>



# COVID-19: How should nursing homes monitor or restrict healthcare staff?



Health care providers (HCP) who have signs and symptoms of a respiratory infection **should not report to work**

Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform infection prevention, and include information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps

Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.htm>.

<https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf>





# Communication with healthcare network and public health

Patient admissions  
and discharges

CMS Memo March 4 2020- Considerations for Patient Triage, Placement and Hospital Discharge :  
<https://www.cms.gov/files/document/qso-20-13-hospitalspdf.pdf-2>

# Patient Movement

**New  
Admission**

**Re-  
Admission**

**Discharge**

**Within Facility**

**Home**

**Community**

**Outpatient  
Care**

**Hospitals**

# Infection **PREVENTION** for COVID-19 in LTC



1. Minimize chance for exposures
- 2. Adherence to Standard, Contact, and Droplet Precautions, including the eye protection**
3. Hand hygiene
4. Manage visitor access and movement within the facility
- 5. Implement engineering controls**
6. Monitor and manage Ill healthcare personnel
7. Train and educate healthcare personnel
- 8. Implement environmental infection control**
9. Communication with healthcare network and public health



# Personal Protective Equipment

## COVID 19

# COVID-19 Resources for LTC from DOH

The screenshot shows the Washington State Department of Health website. The header includes the logo and navigation links: Home, Newsroom, Publications, About Us. Below the header are menu categories: You and Your Family, Community and Environment, Licenses, Permits and Certificates, Data and Statistical Reports, Emergencies, and For Public Health and Healthcare Providers. The breadcrumb trail reads: Emergencies > Novel Coronavirus Outbreak 2020 > Long Term Care Facilities. The main content area is titled "Long Term Care Facilities" and "Recommendations for Long Term Care Facilities During COVID-19 Outbreak". It contains a paragraph about the purpose of the webpage and a section titled "What can I do to prevent COVID-19 illnesses at my facility?". A red circle highlights a bullet point: "Develop a plan by following our [Recommendations for Long Term Care Facilities planning document \(PDF\)](#). Also review and update your pandemic influenza preparedness plans. If you do not have a plan, a template can be found here on the CDC website [link](#)." Another bullet point below it discusses encouraging sick employees to stay home.

For LTC:

<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/LongTermCareFacilities>

For healthcare providers:

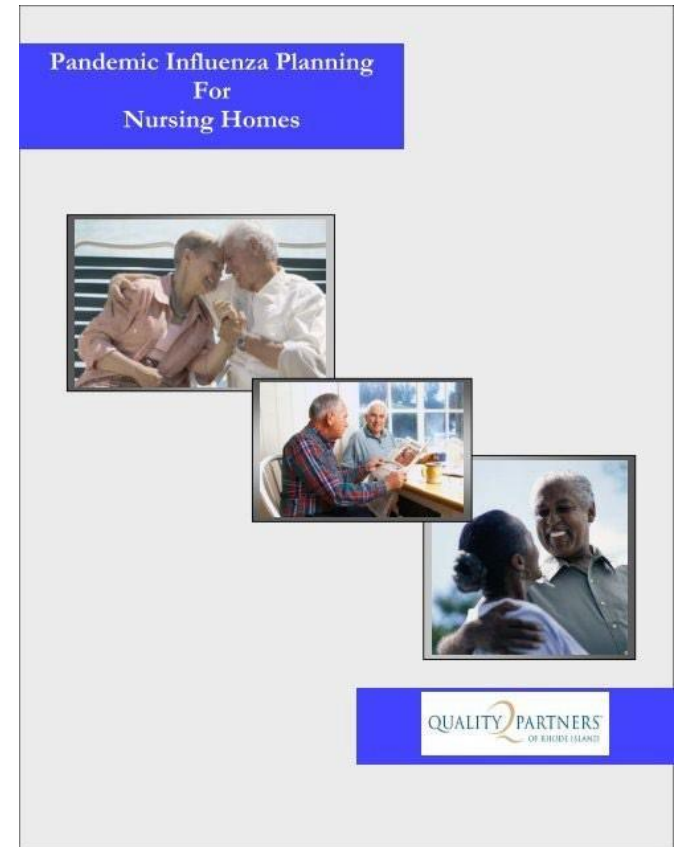
<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthcareProviders>

# Infection **Control** for COVID-19 in LTC – Outbreak Management

---

*In addition to infection **prevention** steps*

- Review and update pandemic flu plans
- Identify contacts for emergency preparedness, local hospitals, communicable disease coordinators
  - If a resident is referred to a hospital, coordinate transport to ensure safe transport of resident
  - Opening bed capacity in hospitals is important as outbreak spreads



# Infection **Control** for COVID-19 in LTC – Outbreak Management

*In addition to infection **prevention** steps*

- Perform **surveillance** to detect respiratory infections including COVID-19
- **Track** suspect and confirmed respiratory infections in a line list
- **Immediately** contact local public health if resident meets exposure & symptom criteria

Type of Infection: \_\_\_\_\_

LTC Respiratory Tract Infection Worksheet <small>(McGeer Criteria 2012)</small>			
Resident Name	MR#	Date of Admission	Resident Location (hall/room #)
Relevant findings (culture date/organism(s), chest x-ray, blood work, vital signs, etc.)		Date of ONSET of S&S	<input type="checkbox"/> ≤ 2 calendar days = Community Acquired <input type="checkbox"/> > 2 calendar days after admit = Facility Acquired
<input type="checkbox"/> MDRO? Date of Infection		Person completing form	

Type of Infection	Signs and Symptoms	Comments
<input type="checkbox"/> Common cold syndrome or pharyngitis	_____ <b>MUST HAVE at least 2 of the following:</b> <input type="checkbox"/> Runny nose or sneezing <input type="checkbox"/> Stuffy nose (i.e., congestion) <input type="checkbox"/> Sore throat or hoarseness or difficulty swallowing <input type="checkbox"/> Dry cough <input type="checkbox"/> Swollen or tender glands in neck (cervical lymphadenopathy)	Fever may or may not be present. Symptoms must be new and not attributable to allergies.
<input type="checkbox"/> Influenza – like illness (ILI)	_____ <b>MUST HAVE fever*</b> _____ <b>MUST HAVE at least 3 of the following:</b> <input type="checkbox"/> Chills <input type="checkbox"/> New headache or eye pain <input type="checkbox"/> Myalgias or body aches <input type="checkbox"/> Malaise or loss of appetite <input type="checkbox"/> Sore throat <input type="checkbox"/> New or increased dry cough	If criteria for influenza-like illness and another upper or lower respiratory tract infection (RTI) are met at the same time, <b>ONLY</b> the diagnosis of influenza-like illness should be recorded. Because of increasing uncertainty surrounding the timing of the start of influenza season, the peak of influenza activity, and the length of the season, "seasonality" is no longer a criterion to define influenza-like illness.

Resident Information				Classification					
Unit Name	Resident Name	Room #	Admit Date	Existing Infection from Previous Month(s)? Y/N	Infection type	Body System of Infection	Surveillance definition met? Y/N	Symptom(s)	Onset Date

Minnesota:  
<https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/apxl.xls>

University of North Carolina LTC Respiratory Tract Infection Worksheet:  
<https://spice.unc.edu/wp-content/uploads/2017/03/Respiratory-Tract-Infection-Worksheet-McGeer-SPICE.pdf>  
 Prevention and Control of Influenza Outbreaks in Long-Term Care:  
<https://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf>



# Infection **Control** for COVID-19 in LTC – Outbreak Management

*In addition to infection **prevention** steps*

- Develop criteria for **closing units or facility** to new admissions
  - Cohort patients with COVID-19 to single unit/location
  - Inform discharge planners
  - Talking points to inform new residents of COVID-19
- Develop **contingency staffing** and patient placement plans
- **Prioritize** critical and non-essential services
- Establish **memoranda of agreement with local hospitals** to facilitate utilization of acute care resources for more seriously ill patients
- Contact **healthcare coalition** on altered standards of care in case residents need acute care and hospital beds are not available

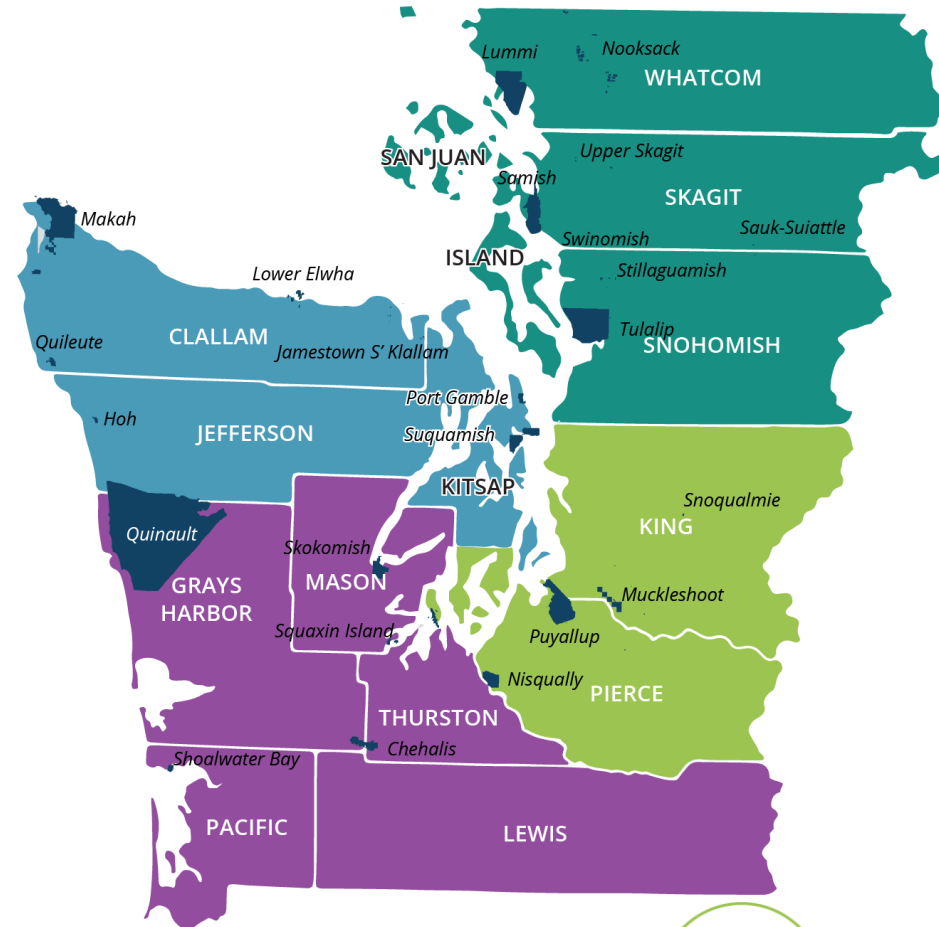
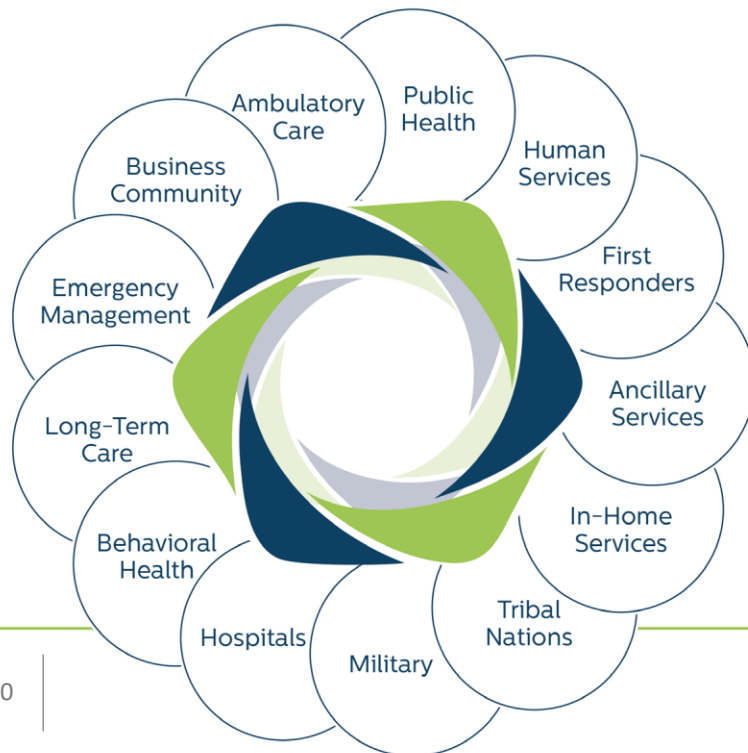
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/RecommendationsForLTC-COVID19.pdf>

CMS FAQs and Considerations for Patient Triage, Placement and Hospital Discharge (3/4/20):

<https://www.cms.gov/files/document/qso-20-13-hospitalspdf.pdf-2>

# Northwest Healthcare Response Network

We lead regional healthcare collaboration to effectively respond to and recover from emergencies and disasters.



# Healthcare Response

- Healthcare Emergency Coordination Center (HECC)

- The Network's HECC serves as a **single point of contact for coordination** of the healthcare system's response to an emergency or disaster in our 15-county and 25 tribal nation service area.



# COVID-19: Network Overview

- Jan. 21: Activated Healthcare Emergency Coordination Center
- Have had at least one staffer assigned to DOH since Jan. 24; staff also assigned to Public Health – Seattle & King County
- We have and continue to respond to partner resource requests from our long-term care and hospital partners
- Supporting response activities assisting Life Care Center of Kirkland
- Holding partner coordination calls



NORTHWEST HEALTHCARE  
Response Network.

Duty Officer (24/7): 425-988-2897  
HECC Email: [hecc@nwhrn.org](mailto:hecc@nwhrn.org)  
Twitter: @TheNetworkNWHRN

## Snapshot Report #2

HEALTHCARE EMERGENCY COORDINATION CENTER (HECC)

DATE: 03/04/2020

TIME: 1630hrs

*Distributed to: Healthcare, Public Health, State, and Sovereign Tribal partners throughout the W. WA Coalition service area.*

### COVID-19 Response

#### SITUATION UPDATE

The Northwest Healthcare Response Network (NWHRN) Healthcare Emergency Coordination Center (HECC) has carried out the following activities to support the healthcare coalition and state DOH-IMT COVID-19 mitigation and response efforts:

If you have questions about what is happening in Washington State, how the virus is spread, and what to do if you have symptoms, please call 1-800-525-0127 and press #.

- In collaboration with the WA State Department of Health (DOH) Incident Management Team (IMT)DOH-IMT, developed and distributed a Healthcare Capability Survey to all healthcare coalition partners.
- Incorporated resource links regarding COVID-19 into the [NWHRN website](#).
- For resource requests, NWHRN is following WA State DOH guidance and prioritizing resource requests for facilities with active COVID-19 cases. We will continue to process other resource requests to appropriate Local Health Jurisdictions (LHJs) for appropriate handling. Visit webpage to [download the WA State 213RR](#) and email to our Logistics Section Resource Unit Lead at [LogsRUL.HECC@nwhrn.org](mailto:LogsRUL.HECC@nwhrn.org).
- NWHRN is in the process of Hosting district partner calls with information shared by Public Health.
- CDC COCA Call Coronavirus Disease 2019 (COVID-19) Update—What Clinicians Need to Know to Prepare for COVID-19 in the United States ([https://emergency.cdc.gov/coca/calls/2020/callinfo\\_030520.asp](https://emergency.cdc.gov/coca/calls/2020/callinfo_030520.asp))
- On behalf of Bloodworks NW, we encourage our healthcare partners to participate and forward this information in support of public health to emphasize that donating blood is a safe activity which has real impact. Information is available on Bloodworks NW [website](#) and they are available to answer questions or concerns people may have about donating blood.



# COVID-19: Long-term Care Considerations

- See something, say something; everyone is an infection preventionist
- Implement mitigation strategies to reduce risk save resources
- PPE resources extremely limited
- Seek guidance, ask questions, be pro-active and plan for what's next; the calvary may not be immediately available
- LTC vigilance helps mitigate outbreaks and minimize healthcare system burdens

The Coronavirus Outbreak | **LIVE** Latest Updates Maps Common Questions How to Prepare Stay Informed

## *Nursing Homes Are Starkly Vulnerable to Coronavirus*

The outbreak at Life Care in Kirkland, Wash., has left 7 people dead so far. Now the government is focusing all inspections at nursing homes on infection prevention.



# Thank You!

## CONTACT US:



[www.nwhrn.org](http://www.nwhrn.org)



@TheNetworkNWHRN

Aaron Resnick

425.988.2898

[Aaron.Resnick@nwhrn.org](mailto:Aaron.Resnick@nwhrn.org)

**PREPARE. RESPOND. RECOVER.**



# Resources

---

- DOH landing page:

<https://www.doh.wa.gov/Emergencies/Coronavirus>

also see LHJ and healthcare resources:

<https://www.doh.wa.gov/Emergencies/Coronavirus/Resources>

- CDC landing page:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

also see healthcare resources:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>

# COVID-19 (Coronavirus) Recommendations for LTC:

DOH Long-Term Care COVID-19 webpage -

<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/LongTermCareFacilities>

- *DOH Recommendations for LTC During COVID-19 Outbreak (PDF document)-*

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/RecommendationsForLTC-COVID19.pdf>

DOH Senior Center Recommendations

<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/SeniorCenterRecommendationsandResources>

CDC Pandemic Flu Planning-

<https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>

CDC Symptoms list for COVID-19-

<https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

Surveillance and Tracking – tool from University of North Carolina-

<https://spice.unc.edu/wp-content/uploads/2017/03/Respiratory-Tract-InfectionWorksheet-McGeer-SPICE.pdf>

Personal Protective Equipment Do's and Don'ts from Association for Professionals in Infection Control and Epidemiology (APIC)-

<https://professionals.site.apic.org/infographic/ppe-dos-and-donts/>



# COVID-19 (Coronavirus) Recommendations for LTC:

CDC Nursing Home Infection Preventionist Training Course

[https://www.train.org/cdctrain/training\\_plan/3814](https://www.train.org/cdctrain/training_plan/3814)

CDC Infection Prevention and Control Assessment Tool for LTC:

<https://www.cdc.gov/infectioncontrol/pdf/icar/lpcf.pdf>

DOH Infection Control Assessment and Response (ICAR) Program:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/HealthcareAssociatedInfections/InfectionControlAssessmentandResponse>

CMS Actions to Address Spread of Coronavirus (**3/4/20**):

<https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus>

## **Educate Staff and Visitors:**

- DOH Visitor Sign:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-CoronavirusAnnouncementforVisitors.pdf>

- [CDC Sign \(Stay home if you're sick\)- https://www.cdc.gov/nonpharmaceutical-interventions/pdf/stay-home-youre-sick-item5.pdf](https://www.cdc.gov/nonpharmaceutical-interventions/pdf/stay-home-youre-sick-item5.pdf)

- Signage (Cover your Cough)-

<https://www.doh.wa.gov/Portals/1/Documents/1400/CoverYourCoughSmPoster.pdf>

# COVID-19 (Coronavirus) Recommendations for LTC:



## **CMS Memos (published March 4th)**

<https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus>

1. [Suspension of Survey Activities: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities)
2. Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-covid-19-faqs-and>
3. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes>

# Thank You for All You Do!

- ◉ Slides, recording, and other resources will be sent to attendees
- ◉ Local Health Departments List-  
<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>
- ◉ List of Washington State Hospitals-  
<https://www.wsha.org/ourmembers/member-listing/>
- ◉ Washington DSHS – Amy Abbott - [Amy.Abbott@dhsh.wa.gov](mailto:Amy.Abbott@dhsh.wa.gov)
- ◉ Healthcare Coalitions  
<https://www.doh.wa.gov/AboutUs/ProgramsandServices/EmergencyPreparednessandResponse/EmergencyPreparednessRegions/RegionalHealthcareCoalitionLeads>
- ◉ DOH Healthcare-Associated Infections:  
[HAI@doh.wa.gov](mailto:HAI@doh.wa.gov) (206) 418-5500