

Utah Infection Prevention Collaborative

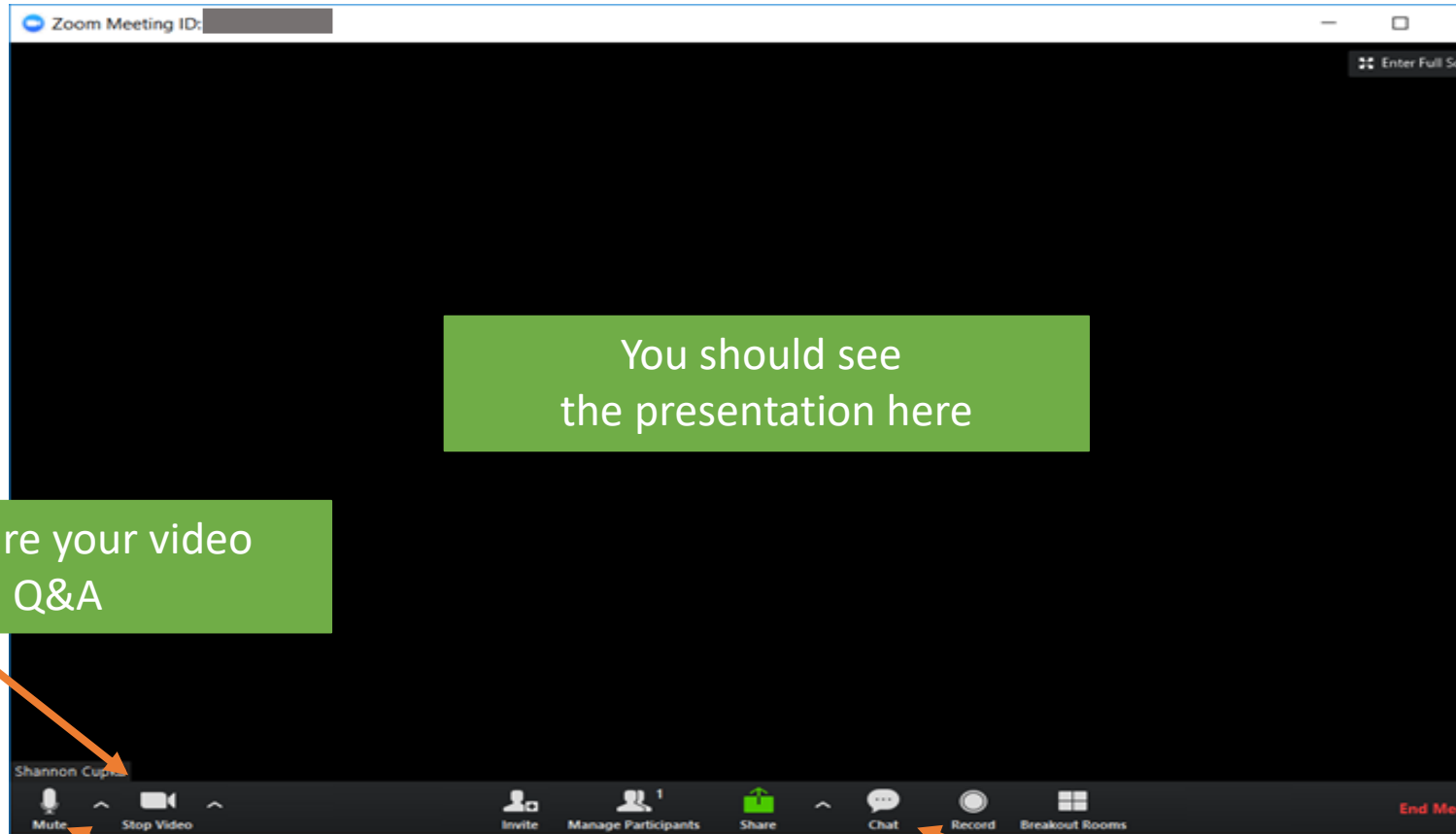
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Comagine Health

Zoom Attendee Controls



For phone participants:
*6 to mute/un-mute

1. Click "Join Audio"
2. Identify Participant ID
3. On the phone keypad, dial:
#[Participant ID]#

Example: #49#

Please share your video
during the Q&A

You should see
the presentation here

Mute here unless you want to speak

For comments or questions use Chat

About Comagine Health

- Comagine Health is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
 - *Idaho, Nevada, New Mexico, Oregon, Utah, Washington*
- We work with providers across the spectrum to develop and apply strategies for delivering better care, and promote better health at a reduced cost
 - Physician offices/OP clinics, hospitals, home health, hospice, inpatient psychiatric facilities, nursing homes, community coalitions
 - Partnership to Advance Tribal Health



Learning Collaborative Purpose

To provide needed training and materials on essential infection prevention and effective, appropriate PPE use tailored to the needs of Assisted Living and Intermediate Care Facilities

To assist providers in strategies for COVID-19 pandemic preparedness and management, and address gaps/needs in your building.

Our ask of you

- Actively participate!
 - Attend sessions
 - Use Chat to ask questions
 - Ask live questions
 - Share your challenges and experiences
 - Participate in a mid-series check-in
 - Make your best effort to do weekly recommended assignments

Announcements

- Next week's session - **NEW TIME!!!**
- Part of the UT HCA conference - **Wed, Aug 19** at **9:00** am
- Topic – Personal Protective Equipment
- Zoom link will be sent to you

Session schedule

- July 29: Kickoff – COVID-19 IP program - recorded
- August 5: Basics of controlling respiratory outbreaks
- August 12: Management of individuals with suspected or confirmed COVID-19
- August 19: Personal protective equipment (PPE)
- August 26: Mitigating exposure risks: visits and trips out
- September 2: Role of public health in outbreak investigations
- September 9:
- September 16: Communicating with clients, residents and visitors about COVID-19
- September 23: Employee health
- September 30: Hand hygiene and environmental cleaning

Session 3 – Management of individuals with suspected or confirmed COVID-19

August 12, 2020

Martha Jaworski MS, RN, CIC, Sr. Improvement Advisor

Session 3 Agenda

- Check-in from last week
- Managing suspected or confirmed COVID-19
 - First steps with new cases
 - Transferring, cohorting and COVID-19 units
 - Communication
 - Admissions

Last week

- What concerns do you have about transmission-based precautions?
- What are you working on related to infection prevention?

CHAT IN!

Definitions

- **Confirmed or suspected case:** Any resident or staff member that has tested positive for COVID-19 disease (confirmed) or has symptoms consistent with COVID-19 disease (suspected)
- **Observation or quarantine:** resident that has been exposed or potentially exposed to COVID-19
 - Readmitted after a recent hospital admission
 - Exposure to staff or other resident with COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

When you have any of the following

- If COVID-19 is suspected or confirmed among residents or facility personnel
- If a resident develops severe respiratory infection resulting in hospitalization
- If 3 or more residents or facility personnel develop new-onset respiratory symptoms within 72 hours of each other

Notify public health

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Notify public health

- Contact local health department officials at HAI@utah.gov
- Local health department will assist with
 - Determining the appropriate course of action for risk assessment
 - Arranging or directing you to testing for COVID-19 if needed
 - Local health department contact information (Utah Assisted Living Assn):
<https://ualhd.org/>

ACTION ITEM: Keep your contact information on hand for reporting cases and for your local health jurisdiction

Immediately isolate and confirm current practices

- **Isolate** known positive and suspected cases – transmission-based precautions
- Confirm or introduce universal **source control** (in case others are infectious)
- **Cancel** congregate activities
- **Suspend visits** (follow state visitation policy)¹

¹ [https://coronavirus-download.utah.gov/Health/COVID-19 Guidance for Visitors in Assisted Living.pdf](https://coronavirus-download.utah.gov/Health/COVID-19%20Guidance%20for%20Visitors%20in%20Assisted%20Living.pdf) (6/22/20)

UT COVID-19 Guidance for Visitors in Assisted Living

- “Guidance for Visitation Facilities This policy is limited to Assisted Living facilities, Types I and II. Facilities must follow all infection control guidance from previous policies. Facilities must be free of COVID-19 infections with residents and staff to allow visitation from outside parties. Any facilities that have residents with COVID-19 infections are excluded from this visitation policy until the Healthcare-Associated Infections and Antibiotic Resistance (HAI/AR) Program from the Utah Department of Health clears the facility. Access to adequate testing must also be available to consider visitation for residents. Facilities that do not have adequate personal protective equipment (PPE) and those that have not been able to implement facility-wide PPE use for their staff should not attempt to open to visitors until those issues have been resolved.”

PPE for confirmed/suspected cases of COVID-19

- Gloves
- Gown
- eye protection
- face mask or N-95 respirator

Chat in: What PPE supplies do you have problems obtaining?

Newly identified COVID-19 positive/suspected resident

- Identify if resident's needs can be addressed and can remain in facility
- If possible, COVID-19 positive regardless of symptoms, should be transferred to COVID-19 care unit
- **Full PPE** for staff; **source control** for resident (if possible)
- **Single room** if possible
- Use **Caution with cohorting**:
 - Cohorting based on symptoms alone could result in mixing of infected and non-infected
 - If cohorting symptomatic residents, maintain infection prevention between roommates (ie change PPE)
- Consider temporarily **halting admissions** to the facility, at least until the extent of transmission can be clarified and interventions can be implemented

What about roommates of positive residents?

- Roommates of residents with COVID-19 should be considered exposed and should be quarantined for 14 days
- Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room

Newly identified COVID-19 positive resident – Management of all residents on the unit

- Increase **monitoring** to at least q shift (VS, respiratory exam, O2 saturation)
- Counsel all residents to **restrict themselves to their room** to the extent possible
- Use PPE for **transmission-based precautions** for all residents on the effected unit until there are no new cases for 14 days
- **Notify** HCP, residents, and families
- **Reinforce and monitor** basic infection control practices within the facility (e.g., hand hygiene, PPE use, environmental cleaning).
- **Test** if available

Response to newly identified COVID-19 positive staff

If COVID-19 positive staff worked with symptoms or 48 hours prior to symptom onset

- Test symptomatic staff - Exclude staff with confirmed or suspected COVID-19 from work until they have met all return to work criteria¹
- Identify residents exposed (ie received direct care) to COVID-19 positive staff and place on observation (full PPE)
- Identify other staff exposed to COVID-19 positive staff and assess for risk and need for work exclusion^{2,3}

1. https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

2. https://coronavirus-download.utah.gov/Health/COVID-19_Healthcare_Exposure_Risk_Assessment_071320.pdf

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

More on testing

- *If testing is available*
 - Consider testing asymptomatic residents and staff who were exposed to staff with COVID-19
 - If additional cases are identified, further evaluation for infections among residents and HCP exposed to those individuals should be performed

Notification of cases

- Promptly (within 12 hours) notify HCP, residents, and families about identification of COVID-19 in the facility
- Provide educational sessions or handouts for HCP, residents, and families
- Maintain ongoing, frequent communication with residents, families, and HCP with updates on the situation and facility actions

COVID-19 Transmission: Sample Notification Letter to Residents and Family Members

[Date]

Dear Residents, Families, and Friends:

We want to inform you that at **[FACILITY NAME]**, we have identified **[#]** confirmed cases of COVID-19 among residents and staff.

The safety of our residents and staff is our top priority. To our residents, if you are diagnosed with COVID-19, we will notify you directly and contact loved ones or a representative with whom you have given us permission to communicate. To reduce the spread and impact of COVID-19, we continue to follow guidance from the Centers for Disease Control and Prevention (CDC) and the Center for Medicare & Medicaid Services (CMS).

We are staying in close communication with local and state health officials to ensure we are taking the appropriate steps under the current circumstances, including:

- Enhanced infection control precautions, such as wearing personal protective equipment (PPE) when we

ACTION ITEM: Have communication to residents, families and staff ready in advance of having COVID-19 in your facility

CDC template (additional resources, word document): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Information for staff

- Ask them to notify other work locations of positive cases in your facility (unless you have another communication system in place)
- Be explicit about additional PPE requirements and any plans to move residents
- Inform staff of any testing expectations*

* consider policy on managing test refusal by staff and residents

COVID-19 positive residents: Stay in place

- A resident with COVID-19 might be able to remain in the facility if the resident:
 - Is able to perform their own activities of daily living
 - Can isolate in their room for the duration of their illness
 - Can have meals delivered
 - Can be regularly checked on by staff (e.g., checking in by phone during each shift visits by home health agency personnel who wear all recommended PPE)
 - Is able to request assistance if needed

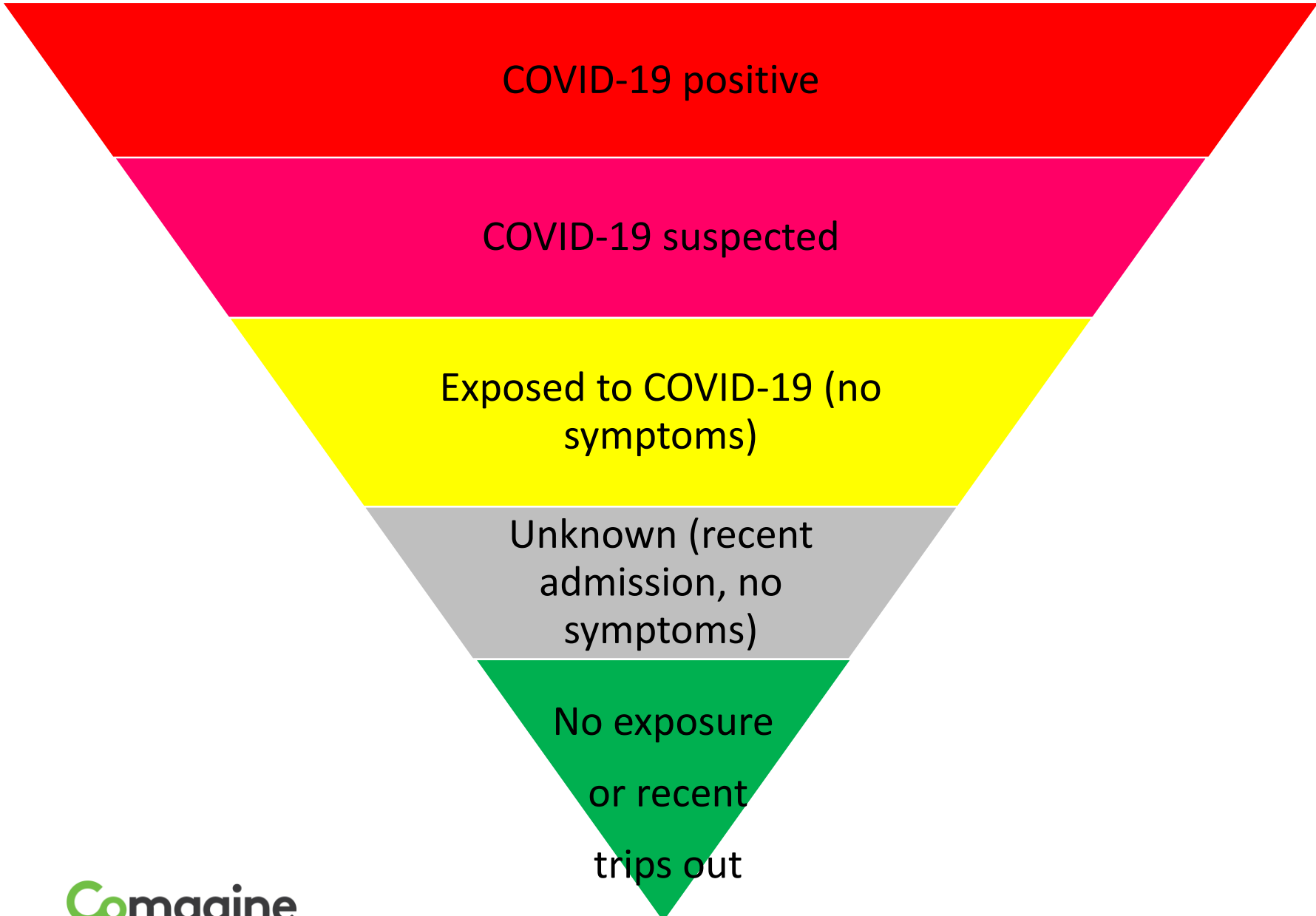
ALF - COVID-19 positive residents: Stay in place

It might also be possible for residents with COVID-19 who require more assistance to remain in the facility if they can

- 1) remain isolated in their room
- 2) on-site or consultant personnel can provide the level of care needed
- 3) HCP have access to all recommended PPE and training on proper selection and use

COVID-19 units in an assisted living facility

- Identify a location (use floor plan)
- Develop a staffing plan
- NOTE: Advanced planning will allow time for residents to be relocated to create space for the unit and to identify HCP to work on this unit.
- If you have cases: Work to create a COVID-19 unit (depending on volume of positive residents)
- Considerations? What if you have
 - 2 cases
 - 10 cases
 - 20 cases



PLACEMENT

COVID-19 unit

COVID-19 unit (separate from known positives)

Separate from red (Observation/quarantine)

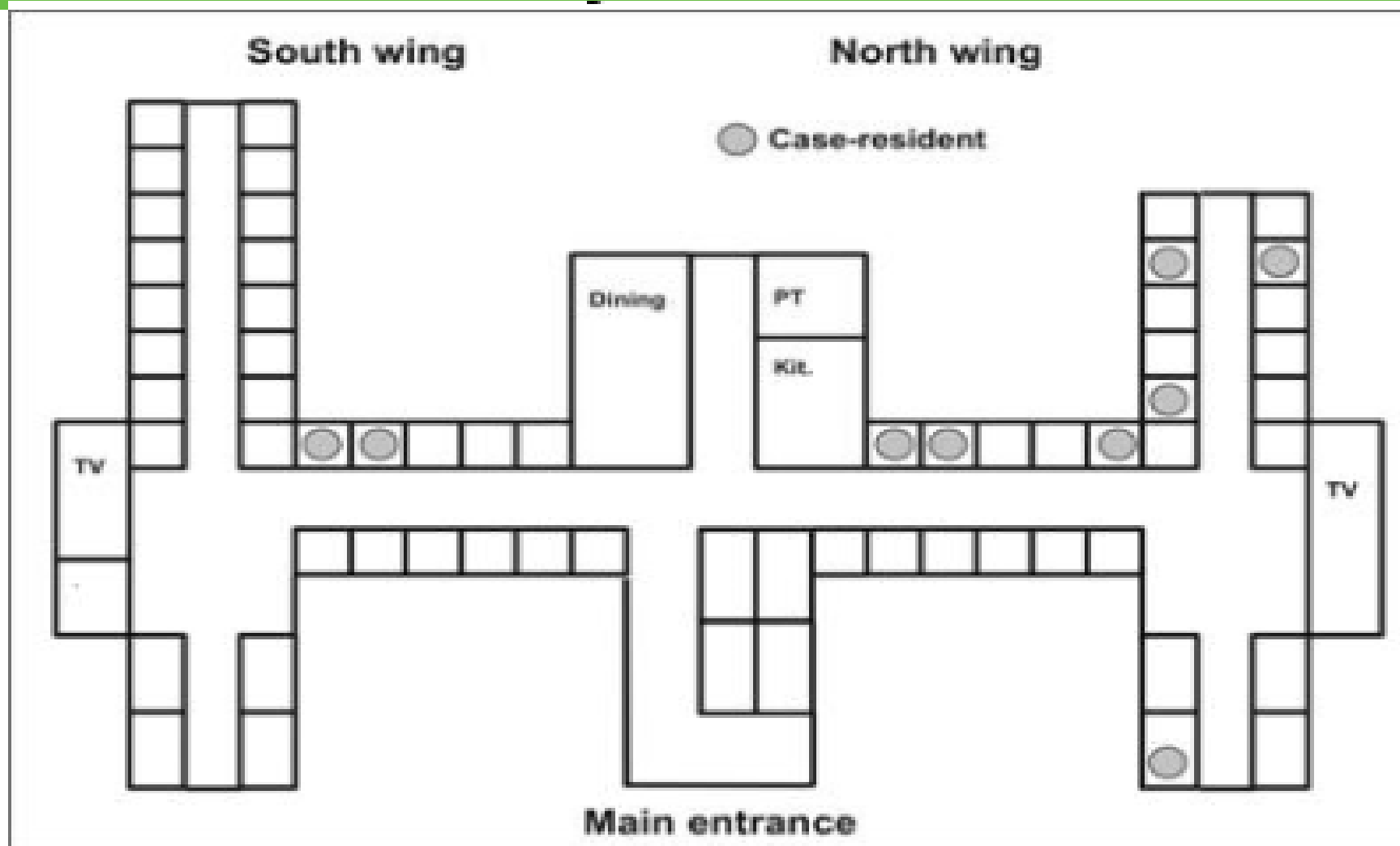
Separate from red (Observation/quarantine)

“normal” unit (universal masking, gloving and possibly eye protection)

Establishing a COVID-19 unit: Space

- **Separate** from other rooms (separate floor, wing, or cluster of rooms)
- **Designate a separate work area, restroom and break room** for the unit; restrict access of ancillary personnel (e.g., dietary) as much as possible
- **Evaluate airflow** in the area (ensure these rooms do not exhaust into a non-COVID-19 area)
- **Signage** at the entrance to the COVID-19 care unit with PPE requirements

“HCP must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms”



Adapted from: Tan C. A preventable outbreak of pneumococcal pneumonia among unvaccinated nursing home residents in New Jersey during 2001. Infect Control Hosp Epidemiol 2003;24:848-52.

ACTION ITEM: Obtain a floorplan of your facility

<https://www.cdc.gov/csels/dsepd/ss1978/lesson6/section2.html#step1>

Establishing a COVID-19 unit: Staff

- **Assign dedicated staff** (CNAs, nurses, EVS staff) to work only on the COVID-19 care unit
- **Train** HCP on personal protective equipment (PPE) use and other infection prevention measures
- **Bundle care** activities to minimize the number of HCP entries into a room

Establishing a COVID-19 unit – Environmental cleaning and disinfection

- Ensure that **high-touch surfaces** in common areas (staff break rooms and work areas) are frequently cleaned and disinfected (e.g., at least each shift)
- **Dedicate equipment** to COVID-19 unit (e.g., vitals machine): Clean and disinfection per policy (between residents)
- **Consider in-room high touch surface disinfection by nursing staff** (with training)

Alternative sites

- Have you communicated with COVID-19 facilities?
- Are there symptom/severity criteria that must be met (ie need for ADL assistance, skilled nursing assistance)?

CDC Alternate Care Sites <https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html>

UT Facility Transfer Form: http://health.utah.gov/epi/diseases/HAI/resources/Interfacility_Transfer_Form.pdf

Use of Testing to Inform the Response to COVID-19 in long-term care

- Limited testing
 - Test symptomatic HCP and symptomatic¹ residents as priority
 - If unit-wide or facility-wide testing is not available, use caution in moving any residents other than those confirmed to have COVID-19; in those situations, **all recommended COVID-19 PPE should be used** during care of all residents on the affected unit or facility.
- Adequate testing capacity
 - Do facility-wide testing to identify asymptomatic or pre-symptomatic residents with COVID-19 and guide movement into COVID-19 designated spaces.
- Testing info for Utah: https://health.utah.gov/wp-content/uploads/2019-nCoV-Specimen-Collection_020420.pdf




ALF - COVID-19 positive residents: Transfer to alternate site

- If the resident with COVID-19 requires more assistance than can be safely provided by on-site or consultant personnel (e.g., home health agency)
 - Transfer (in consultation with public health) to another location (e.g., alternate care site, hospital) that is equipped to adhere to recommended infection prevention and control practices.
 - Notify transport personnel and the receiving facility should be notified of the suspected diagnosis prior to transfer
 - While awaiting transfer, residents should be separated from others (e.g., remain in their room with the door closed)
 - Resident should wear a cloth face covering or facemask (if tolerated) when others are in the room and during transport
 - Appropriate PPE (as described above) should be used by personnel when coming in contact with the resident.

INFECTION CONTROL TRANSFER FORM

This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix any patient labels here

Demographics		
Patient/Resident (Last Name, First Name):		
Date of Birth:	MRN:	Transfer Date:
Sending Facility Name:		
Contact Name:	Contact Phone:	
Receiving Facility Name:		
⚠️ Currently in Isolation Precautions? <input type="checkbox"/> Yes If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other:		<input type="checkbox"/> No isolation precautions
Organisms		
Did or does have (send documentation, e.g. culture and antimicrobial test results with applicable dates):	Current (or previous infection or colonization, or ruling out*)	<input type="checkbox"/> No known MDRO or communicable diseases
<i>Acinetobacter</i> resistant to carbapenem antibiotics (CRA)	<input type="checkbox"/>	
<i>E. coli</i> , <i>Klebsiella</i> or <i>Enterobacter</i> resistant to carbapenem antibiotics (CRE)	<input type="checkbox"/>	
<i>Pseudomonas aeruginosa</i> resistant to carbapenem antibiotics (CRPA)	<input type="checkbox"/>	
Carbapenemase production in any of the above organisms (CP +)	<input type="checkbox"/>	
MRSA	<input type="checkbox"/>	
VRE	<input type="checkbox"/>	
<i>E. coli</i> , <i>Klebsiella</i> resistant to expanded-spectrum cephalosporins (ESBL)	<input type="checkbox"/>	
<i>C. difficile</i>	<input type="checkbox"/>	<input type="checkbox"/> (current or ruling out*)
Other^:		
^e.g. <i>C. auris</i> , <i>C. haemulonii</i> , lice, scabies, disseminated shingles, norovirus, influenza, TB, etc.		
*Additional information if known:		
Symptoms		
Check yes to any that currently apply**: <input type="checkbox"/> Cough/uncontrolled respiratory secretions <input type="checkbox"/> Incontinent of urine <input type="checkbox"/> Vomiting		<input type="checkbox"/> No Symptoms / PPE not required as "contained"
<input type="checkbox"/> Concerning rash (e.g.; vesicular) <input type="checkbox"/> Acute diarrhea or incontinent stool <input type="checkbox"/> Draining wounds <input type="checkbox"/> Other uncontained bodily fluid/drainage		
**NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained.		
PPE		
PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS		
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY		
ANY YES <input type="checkbox"/> Answers to sections above ALL NO <input type="checkbox"/>		
Person completing form: Role: _____ Date: _____		

New admissions or readmissions

- Testing residents upon admission (not a requirement)
 - Positive admission test – place on COVID-19 unit or in single room isolation if unit is not available
 - Negative admission test – Proceed with observation for 14 days after admission, using appropriate COVID-19 PPE
- After 14 days since last potential exposure (ie admit date) and resident remains asymptomatic:
 - Can transfer to semi-private room or out of observation area
 - Testing at the end of this period could be considered to increase certainty, as asymptomatic cases can occur

UT category designations – accepting residents from the hospital

- Category 1 Patients with no clinical concern for COVID-19
 - Observation/quarantine for 14 days, private room if possible
- Category 2 Patients investigated for possible COVID-19 but with a negative test
 - Retest if symptoms continue; Continue with transmission-based precautions until they can be discontinued*
- Category 3 Patients under investigation with test result pending
 - Should not transfer until test results are available
- Category 4 Patients with positive COVID-19 test
 - Admit to COVID-19 unit or equivalent
 - Remain in unit on transmission-based precautions until they can be discontinued*

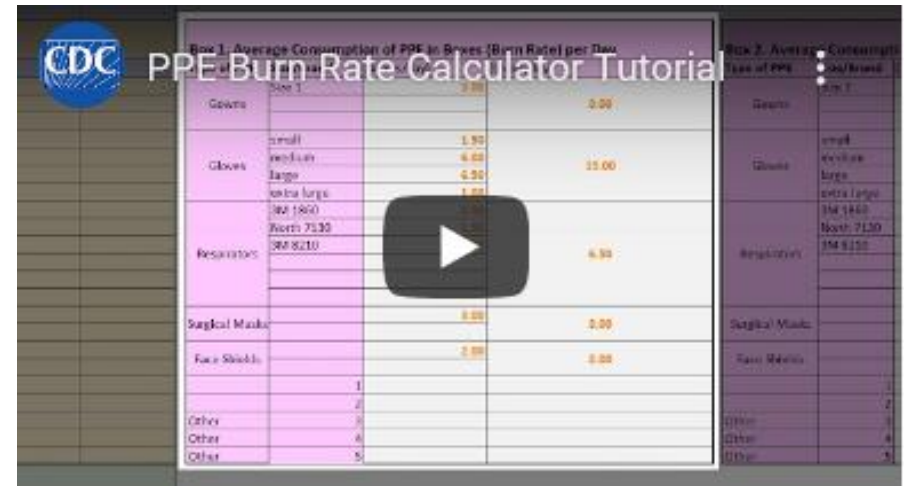
* Note changes to transmission-based precaution removal from CDC

<https://coronavirus.utah.gov/wp-content/uploads/Utah-Hospital-Discharge-Skilled-Long-Term-Care-Transfer-Protocol.pdf>

Monitoring PPE use

- Enter number of boxes of PPE type each day
 - Gloves
 - Gowns
 - Eye protection (if disposable)
 - Face masks
 - N-95 respirators
- Enter the number of suspected or confirmed COVID-19 residents (residents requiring full PPE)
- Burn rate is calculated

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>



PPE shortages

- If PPE shortages exist, implement strategies to optimize PPE supply on the unit, such as:
 - Consider **extended use** of respirators (or facemasks if respirators are not available), eye protection, and gowns. Limited reuse of PPE may also be considered.
 - Consider prioritizing gown use for high-contact resident care activities and activities where splash or spray exposures are anticipated
- Local health contacts for PPE: <https://drive.google.com/file/d/1mOEoXDhdM9hLOU1Xwi3na100-r-4nViU/view>

Resources

- PPE monitoring form (attachment)
- Larger PPE don/doff posters <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-resources.html>
- NETEC (National Emerging Special Pathogens Training and Education Center) webinar series <https://repository.netecweb.org/exhibits/show/ppe-cons/covidwebinars>
- UT Infection control transfer form http://health.utah.gov/epi/diseases/HAI/resources/Interfacility_Transfer_Form.pdf
- UT Assisted Living guidance: https://coronavirus.utah.gov/wp-content/uploads/COVID-19-Assisted-Living-Guidance_032720-1.pdf
- UT Assisted Living visitation policy: https://coronavirus-download.utah.gov/Health/COVID-19_Guidance_for_Visitors_in_Assisted_Living.pdf
- CDC Communication template (additional resources, word document): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Local health contacts for PPE: <https://drive.google.com/file/d/1mOEoXDhdM9hLOU1Xwi3na100-r-4nViU/view>

Next Steps

- Have contact information for reporting a positive case and for your local health jurisdiction contact readily available
- Modify or develop communication to residents, families and staff that can be sent immediately following case identification
- Have a plan to move and/or transfer residents if you have a positive test
 - Use your floor plan
 - Identify alternate care sites

**Questions?
Thank you!**

For more information: scupka@comagine.org