COVID-19 Disaster Preparation for SNF Facilities
March 5, 2020

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Today's Presenter

Jennifer Leatherbarrow
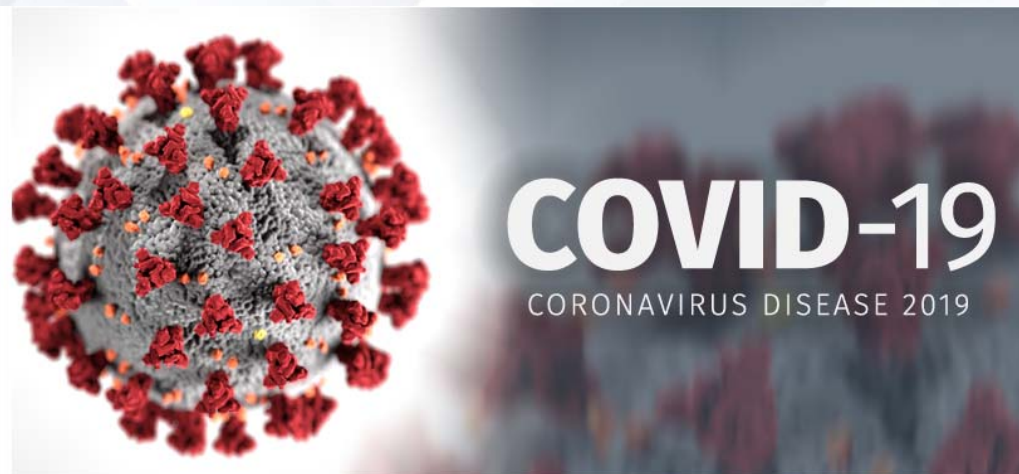RN BSN RAC-CT IPCO QCP CIC
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What is COVID-19?

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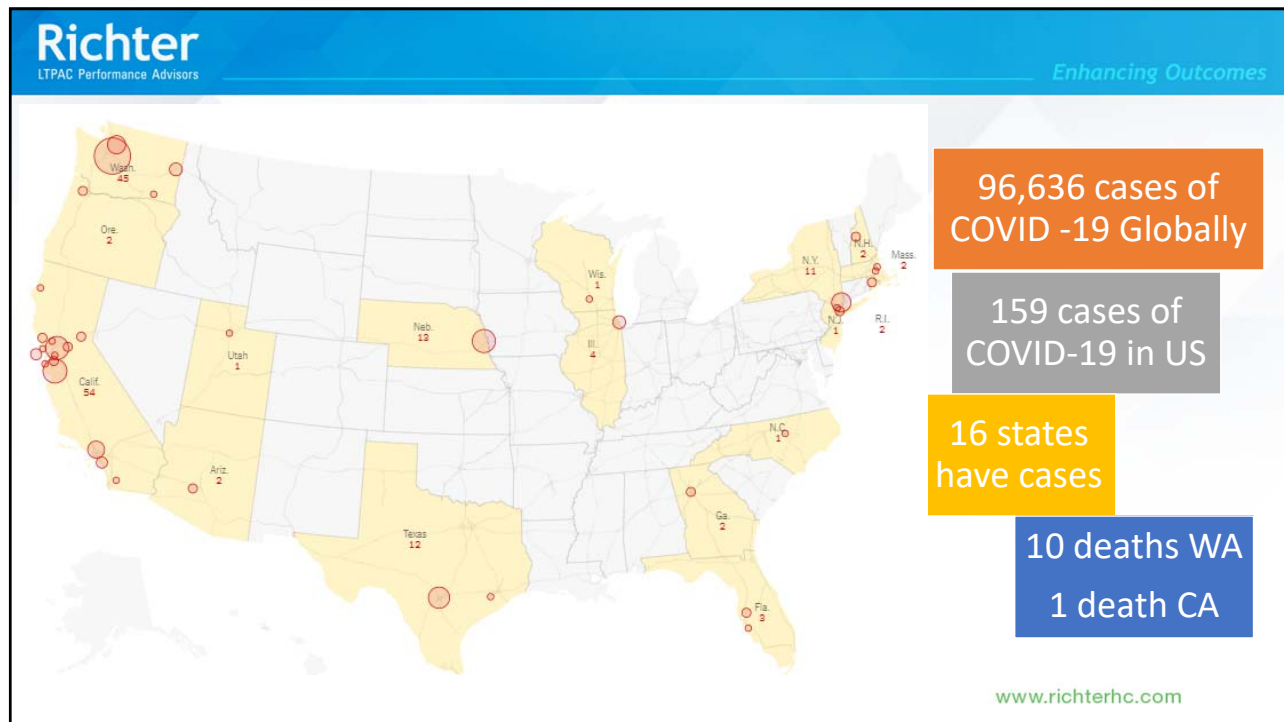LTPAC Performance Advisors

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COVID-19

- Coronaviruses are viruses that circulate among animals, but some of them are known to affect humans (e.g., SARS & MERS). Corona is Latin for crown and this name was used due to the spike-like protrusions on the virus surface.

- In December 2019 a novel (new) coronavirus was identified in China, and this new strain has not been previously seen in humans. It is now know as COVID-19 or SARS-CoV-2 and is spreading globally. There now have been instances of community spread within the United States.

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COVID-19

- CDC recommendations to prevent the spread of COVID-19 in LTPAC facilities are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.
- There is currently no vaccine. The first human vaccine trials will start in April 2020. We are still at least 12 to 18 months away from a vaccine.
- At the end of February, the first cases of COVID-19 were confirmed in a Washington State SNF.

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96,636 cases of COVID -19 Globally

159 cases of COVID-19 in US

16 states have cases

10 deaths WA
1 death CA

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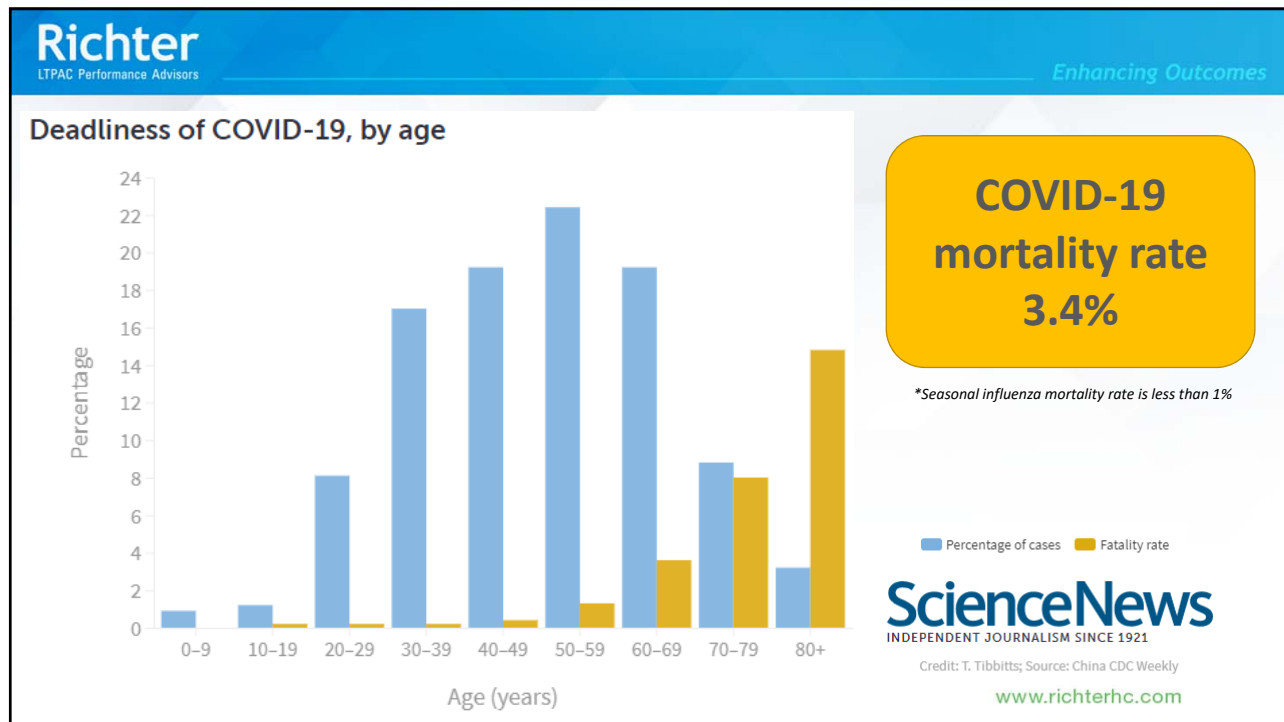
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COVID-19

- Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

- The virus invades the cells of the lungs, and the body's own immune system begins to attack the lung cells causing acute respiratory failure in approximately 20% of those infected. 80% of those infected will have mild symptoms.

4.7%
Critically ill: respiratory failure, septic shock, multiorgan dysfunction or failure

13.8%
Severe: resp frequency 30/min, O2 sat <93%, lung infiltrates >50% within 24-48h

80.9%
Mild: included non-pneumonia and mild pneumonia

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Slide 1

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Deadliness of COVID-19, by age

COVID-19 mortality rate 3.4%

Seasonal influenza mortality rate is less than 1%

■ Percentage of cases ■ Fatality rate

ScienceNews
INDEPENDENT JOURNALISM SINCE 1921

Credit: T. Tibbitts; Source: China CDC Weekly

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Chart axes: Percentage (0–24) vs Age (years): 0–9, 10–19, 20–29, 30–39, 40–49, 50–59, 60–69, 70–79, 80+

Slide 2

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Symptoms
- Fever
- Cough
- SOB
- Muscle Pain
- Fatigue

Incubation Period
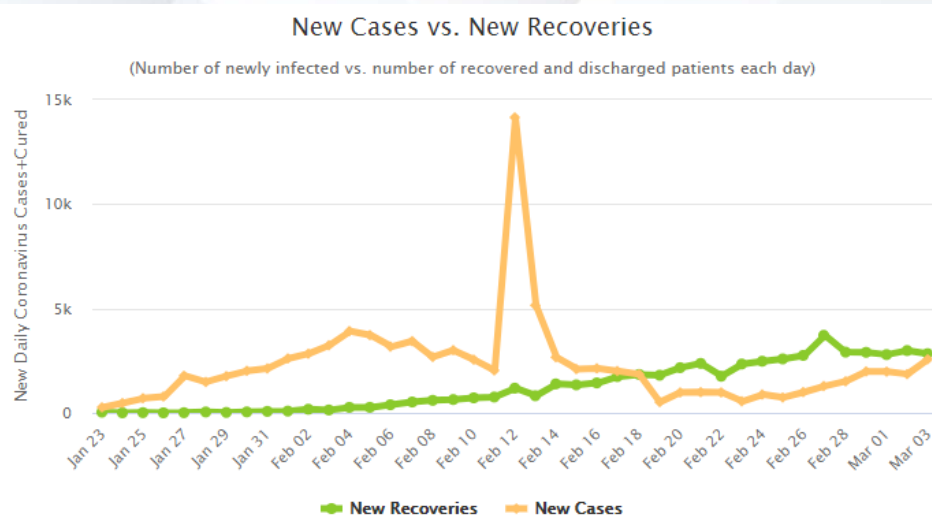2 to 14 Days

Transmission
Via Respiratory Droplets

Prevention
- Avoid contact with sick people
- Wash your hands frequently with soap and water
- If you have a cough, wear a mask

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COVID-19

- A study released yesterday, produced by researchers at Peking University's School of Life Sciences and the Institut Pasteur of Shanghai, found that two types of the coronavirus appeared to exist: a more aggressive one, and a less aggressive one.

- The researchers analyzed 103 publicly available genomes from infected persons, and found 70% were the more aggressive type, while the less aggressive type comprised the other 30%.

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New Cases vs. New Recoveries
(Number of newly infected vs. number of recovered and discharged patients each day)

2,572 new cases on March 3

New Recoveries   New Cases

(idea by Rudi Roth)

Source: Worldometer - www.worldometers.info   www.richterhc.com

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CMS Update - COVID-19

- Effective immediately, CMS is suspending non-emergency inspections across the country, allowing inspectors to turn their focus on the most serious health and safety threats like infectious diseases and abuse. This shift in approach will also allow inspectors to focus on addressing the spread of the coronavirus disease 2019 (COVID-19).

- This shift in approach, first announced yesterday by Vice President Pence, will allow inspectors to focus their energies on addressing the spread of COVID-19.

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CMS Update - COVID-19

- Effective immediately, survey activity is limited to the following (in Priority Order):
  - All immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect
  - Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses

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CMS Update - COVID-19

- Statutorily required recertification surveys (Nursing Home, Home Health, Hospice, and ICF/IID facilities)
- Any re-visits necessary to resolve current enforcement actions
- Initial certifications
- Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years;
- Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.

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I. Protocols for Coordination and Investigation of Facilities with Actual or Suspected COVID-19 Cases

When a COVID-19 confirmed case or presumptive positive case (e.g., positive local test but pending confirmatory test), is identified in a Medicare/Medicaid certified provider or supplier, State Survey Agencies and Accrediting Organizations (AO) are requested to do the following:

- Notify the appropriate CMS Regional Office (if they are not already aware) of the facility and date of patient/resident COVID-19 or presumptive respiratory illness or confirmed status;

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I. Protocols for Coordination and Investigation of Facilities with Actual or Suspected COVID-19 Cases

- Notify the appropriate CMS Regional Office (if they are not already aware) of the facility and date of patient/resident COVID-19 or presumptive respiratory illness or confirmed status;
- Coordinate on initiating any Federal complaint or recertification survey of the impacted facility until CDC (and any other relevant Federal/State/Local response agencies) have cleared the facility for survey. The CMS Regional Office will then authorize a survey, if necessary;

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I. Protocols for Coordination and Investigation of Facilities with Actual or Suspected COVID-19 Cases

- Ensure surveyors have all necessary Personal Protective Equipment (PPE) appropriate to allow a survey of the facility; Refer to CDC Infection Control resources for the most up to date guidance.
- Suspend any Federal enforcement action for any deficiencies identified until reviewed and approved by the CMS Regional Office to ensure consistent and appropriate action

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II. Focused Surveying – Prioritizing Threats

- In all cases, concerns of Immediate Jeopardy (IJ) (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and cases of abuse and neglect allegations from complaints will continue to receive high priority for survey.
- Non-emergency surveys will be suspended.

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III. Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Infection

- When a COVID-19 confirmed case or presumptive positive case (e.g., positive local test but pending confirmatory test), is identified in a Medicare/Medicaid certified provider or supplier, State Survey Agencies and Accrediting Organizations must notify the appropriate CMS Regional location (if they are not already aware) of the facility and date of patient/resident COVID-19 presumptive or confirmed status.

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III. Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Infection

- Before initiating any Federal complaint or recertification survey of the impacted facility, CMS will coordinate with the CDC to approve the facility for survey.
- The CMS Regional locations will authorize an on-site survey if reported conditions at the facility are triaged at immediate jeopardy. CMS Regional locations will also authorize on-site surveys where the complaint or facility reported incident involves infection control concerns in the facility.

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III. Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Infection

- If conditions at such facilities do not rise to the immediate jeopardy level, then desk audits will be performed, and on-site investigations may be authorized once all active or suspected cases of COVID-19 have been cleared from the facility.

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Onsite Survey Activities

- Upon entry, the surveyors will notify the facility administrator of the limited nature of the planned survey. Surveyors will coordinate with the facility staff a plan and timeline for conducting the needed observations. They will plan to conduct as many observations on the entry day. If by the end of the first day, the surveyors were not able to completed necessary observations, coordinate with the facility when the observations may be completed by the next day.

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Onsite Survey Activities

- Unless there are extenuating circumstances, plan to complete all onsite observations and corresponding interviews within two days.
- When possible during observations, if symptomatic patients/residents are able to tolerate wearing face masks, this will reduce the need for surveyors to wear respirator masks.

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Onsite Survey Activities

- Coordinate with the facility on how to gather medical record information, with the goal to conduct as much record review offsite as possible.
- If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time.
- If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.

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Onsite Survey Activities

During onsite observation and investigation, focus on concerns with:
- Improper transmission precautions procedures
- Lack of staff knowledge of transmission precautions
- Improper staff use of PPE and/or inadequate hand hygiene
- High-risk, significant environmental cleaning issues
- Ineffective and/or improper laundering of linens
- Possible IC surveillance program issues - also consider how influenza & pneumococcal programs are managed

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Complete Survey Offsite

- Except for interviews that should be conducted concurrently with observations, conduct other interviews offsite with staff by telephone.
- If any patient/resident interviews could not be conducted while onsite, then attempt to conduct those by telephone.
- Request facility policies and procedures for review offsite.

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Complete Survey Offsite

- In addition, consider investigating Governing Body and Quality Assurance Performance Improvement requirements that may relate to infection control or care issues offsite through telephone interviews and additional record review.
- After completing all investigative procedures, determine compliance status and conduct any survey exit discussion with the facility by telephone. Draft the CMS-2567 offsite.

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Enforcement Activities

- Surveys resulting in deficiencies will have the imposition of some type of enforcement action ranging from request for corrective action plans to termination depending on the circumstances surrounding deficiencies.

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CMS Update - COVID-19

Due to the dynamic nature of this situation, CMS will be posting updated FAQs in real-time at the following website:

https://www.cms.gov/medicare/quality-safety-oversight-generalinformation/coronavirus

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Facility Disaster Plan Updates for COVID-19 or Similar Pathogens

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Disaster Planning

- As part of a facility's regular risk assessment, LTPAC facilities should develop plans to prepare for and respond to potential outbreaks and/or pandemics.

- Plans developed for pandemic influenza are reasonable models to use in addressing the prevention and management of COVID-19.

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1. Structure for planning and decision making

- Develop a COVID-19 planning committee.
- Incorporated COVID-19 into emergency management planning and exercises for the facility.
- A multidisciplinary planning committee should be created to specifically address pandemic COVID-19 preparedness.
- Assign a specific person responsible for coordinating preparedness planning, referred to as the "*pandemic COVID-19 response coordinator.*"

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2. Development of a written pandemic COVID-19 plan

- Copies have been obtained of relevant sections of the HHS Pandemic COVID-19/Influenza Plan (available at www.hhs.gov/pandemicflu/plan/) and available state, regional or local plans are reviewed for incorporation into the facility's plan.
- The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.

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WD1 Bullets #2 and #4 seem the same to me. Are they, or if not, should one or the other be reworded for clarity?

Wasserstrom, David, 3/4/2020

WD2 I made minor adjustments to bullet #3 for readability; please review and confirm it's accurate as stated.

Wasserstrom, David, 3/4/2020

3. Elements of an COVID-19 pandemic plan

- A plan is in place for surveillance and detection of the presence of the pandemic in residents and staff.

- A facility communication plan has been developed.

- A plan is in place to provide education and training to ensure that all personnel, residents and family members of residents understand the implications of, and basic prevention and control measures for, pandemic COVID-19.

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3. Elements of an COVID-19 pandemic plan

- An infection control plan is in place for managing residents and visitors with pandemic COVID-19.

- An occupational health plan for addressing staff absences and other related occupational issues has been developed.

- A vaccine and antiviral use plan has been developed (vaccine not applicable at this time).

- Issues related to surge capacity during a pandemic have been addressed.

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WD3   Bullet #2 is incomplete - needs the information promised.
Wasserstrom, David, 3/4/2020

Identify Disaster Supplies Needed

- Food
- Water
- Medications
- Personal protective equipment
- Adult briefs
- Treatment/medical supplies

- Oxygen
- Cleaning and laundry supplies
- Soap and towels
- Paper towels/toilet paper
- Alcohol-based hand rub (ABHR)

WD4

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Review Infection Prevention and Control Policies and Procedures

WD4 ABHR was listed twice, so I removed the second reference. Please advise if it needs to be added back in.

Wasserstrom, David, 3/4/2020

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Disaster Planning

Review and update infection prevention and control policies and procedures for COVID-19

- Hand hygiene
- Respiratory hygiene/cough etiquette
- Personal protective equipment (PPE)
- Sick leave policies and procedures
- Staff exposure policy
- Cleaning/disinfection
- Laundry

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Surveillance Practices

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Surveillance

Active monitoring and surveillance are important to early detection and recognition of potential outbreaks of all infectious illnesses in long-term care settings. Facilities should already have an active surveillance program in place capable of identifying cases, clusters and outbreaks of disease.

- Facilities should **immediately** reassess their surveillance program and take any necessary steps to optimize its performance.

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Surveillance

- Healthcare personnel should monitor their local and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness.

- If there is transmission of COVID-19 in your community, in addition to implementing the precautions described above for residents with acute respiratory infection, facilities should also consult with public health authorities for additional guidance.

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Surveillance

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

- Report any possible COVID-19 illness in residents and employees to the local health department, including your state HAI/AR coordinator.

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Surveillance

Follow CDC's recommendations for using a face mask.

- CDC does not recommend that people who are well wear a face mask to protect themselves from respiratory diseases, including COVID-19.

- Face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of face masks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a healthcare facility).

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Surveillance

- CDC has developed a new laboratory test kit for use in testing patient specimens for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19.

- The test kit is called the "Centers for Disease Control and Prevention (CDC) 2019-Novel Coronavirus (2019-nCoV) Real-Time Reverse Transcriptase (RT)-PCR Diagnostic Panel." It is intended for use with the Applied Biosystems 7500 Fast DX Real-Time PCR Instrument with SDS 1.4 software.

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How to Prevent the Spread of COVID-19 - Residents

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Residents

- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

- Monitor residents and employees for fever or respiratory symptoms.

- Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a face mask (if tolerated).

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Residents

- In general, for care of residents with undiagnosed respiratory infection, use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).

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How to Prevent the Spread of COVID-19 - Employees

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Employees

- Because healthcare personnel reside in the community and work in facilities, they have the potential to introduce infections into LTPAC populations. As with all situations, healthcare personnel who are ill should stay home and seek healthcare advice through their regular provider.

- Those with mild symptoms are encouraged to call, rather than going in person, for medical advice.

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Employees

- Healthcare providers should avoid working while ill.
- Healthcare facilities should **immediately** develop staff policies to allow and account for potential absenteeism during community-wide outbreaks.
- If there is evidence of community-wide COVID-19 illness, facilities should screen staff at entry into the facility for respiratory signs and symptoms and fever.

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How to Prevent the Spread of COVID-19 - Visitors

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Visitors

- Like healthcare personnel, visitors may also inadvertently foster the spread of infections in the PALTC setting. Given the unique nature of the PALTC setting, it will not likely be possible to prohibit all visitors in the event of community-wide COVID-19 illness. For example, individuals on hospice should be able to visit with family members who are not ill.

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Visitors

- Consistent with good routine practice, we recommend posting signs requesting that people with acute respiratory illness refrain from entering the PALTC facility. This applies whether or not there is COVID-19 activity in the community.

- We recommend individuals (regardless of illness presence) who have a known exposure to someone with COVID-19, or who have recently traveled to areas with COVID-19 transmission, refrain from entering the nursing home.

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Slide 53

WD5 Just confimring that the two instances of PALTC are correct (I'm familiar with LTPAC, but not PALTC).
Wasserstrom, David, 3/4/2020

Slide 54

WD6 Same question.
Wasserstrom, David, 3/4/2020

Visitors

- If there is community-wide transmission of COVID-19, we recommend facilities consider screening visitors at entry to the facility.

- Review the visitor policy and make adjustments as needed.

- Facilities should post signs requesting that people with acute respiratory illness refrain from entering the facility. This applies whether or not there is COVID-19 activity in the community.

WD7

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How to Manage Suspected Cases of COVID-19 in the Facility

WD7 Bullet #3 is basically saying the same thing as bullet #1 in the previous slide.

Wasserstrom, David, 3/4/2020

Suspected COVID-19 Cases [WD8]

- Identify dedicated employees to care for COVID-19 patients and provide infection control training.

- Guidance on implementing recommended infection prevention practices is available in CDC's free online course, "The Nursing Home Infection Preventionist Training," which includes resources and checklists for facilities and employees to use.

Suspected COVID-19 Cases [WD9]

- Provide the right supplies to ensure easy and correct use of personal protective equipment (PPE).

- Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.

- Make PPE, including face masks, eye protection, gowns and gloves, available immediately outside of the resident room.

- Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.

Slide 57

WD8 Should this be COVID-19?
Wasserstrom, David, 3/4/2020

Slide 58

WD9 Same question - COVID-19?
Wasserstrom, David, 3/4/2020

Hand and Respiratory Hygiene

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Hand and Respiratory Hygiene

- Support hand and respiratory hygiene.

- Encourage cough etiquette by residents, visitors, and employees. WD10

- Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing PPE.

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WD10 This needs a verb to stay consistent stylistically with the other bullets (example: Encourage cough etiquette…).

Wasserstrom, David, 3/4/2020

Hand and Respiratory Hygiene

- Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.

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Education/Free Resources

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Education/Free Resources

Centers for Disease Control and Prevention (CDC):
https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf

Pandemic Influenza Planning Checklist for Long-Term Care and Other
Residential Facilities:
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved
=2ahUKEwidt6yDt_TnAhVQlnIEHZS5CWAQFjAAegQIAxAB&url=https%3A%2F%2Fwww.cdc.
gov%2Fflu%2Fpandemic-
resources%2Fpdf%2Flongtermcare.pdf&usg=AOvVaw0p1OLgVLgQVps5lquyRx9K

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Education/Free Resources

Centers for Disease Control and Prevention. Coronavirus Disease
2019 (COVID-19) Strategies for Optimizing the Supply of N95
Respirators. February 16, 2020:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html

Centers for Disease Control and Prevention. Caring for Patients with
Confirmed or Possible COVID-19:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients-H.pdf

Occupational Safety and Health Administration. COVID-19 Control and
Prevention:
https://www.osha.gov/SLTC/covid-19/controlprevention.html

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Education/Free Resources

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Coronavirus Disease 2019 (COVID-19) Situation Summary:
https://www.cdc.gov/coronavirus/2019-nCoV/summary.html

Occupational Safety and Health Administration. COVID-19 Control and Prevention:
https://www.osha.gov/SLTC/covid-19/controlprevention.html

CMS Rule Toolkit for Long-Term Care Facilities: (Infection Control)
https://azdhs.gov/documents/preparedness/epidemiology-disease-control/healthcare-associated-infection/advisory-committee/long-term-care/cms-rule-toolkit.pdf

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Questions?

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