Finalizing Webinar Preparations
Thank You for Your Patience

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Positive Case Identified:
What to Expect
May 14, 2020

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Today’s Moderator:
Debbie Franklin
Sr. Director of Quality Affairs
You can minimize your control panel using this arrow icon.

To maintain sound quality, we encourage use of the computer speakers instead of the regular phone line.

You can type your questions here for the organizer/presenters.

Attendees are MUTED. Please use the question box to send in your questions.

Technical problems? Call FHCA at 1-800-771-3422.

Webinar Archive

Handouts are available on the FHCA website and a recording of the webinar will be posted soon.

Access via this link:
https://www.fhca.org/events/COVID19_Containment_Webinar_Series

Pharmscript:
Your Key to Pharmacy Solutions

www.pharmscript.com
Objectives

1. Discuss the potential situations facilities may experience (single case, staff or resident, outbreak definitions)
2. Review the current CDC guidelines facilities must be aware of and follow
3. Describe the elements of the COVID-19 Focused Infection Control Survey
4. Describe the notification process and DOH actions
Potential Situations

Some of the potential situations’ facilities may experience:
- Single suspected case in a resident
- Suspected case in staff or staff who seek outside testing
- Asymptomatic tests positive
- Full staff and resident testing with DOH

In any situation, quick action is vital
Objectives

1. To identify who needs to be notified when a nursing home has a positive case of COVID-19.
2. To describe CDC’s healthcare worker exposure risk categories and appropriate response actions for healthcare worker (HCW) exposures.
3. To identify key strategies for containing COVID: use of personal protective equipment, cohorting of residents and staff, and testing.

Early Identification

- Monitor residents daily, preferably twice daily
  - Symptoms of COVID – Fever, new or change in cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell
  - Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea
  - Vital signs, oxygen saturation via pulse oximetry, respiratory exam
  - If resident suspected of COVID then increase monitoring of asymptomatic residents to every 8 hours

Notifications

- AHCA requirement
  - Notify local health department within 12 hours of residents or staff suspected or confirmed to have COVID-19
- CMS requirement
  - Notify health department about residents or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other

CMS, Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes Memo QSO-20-26-NH, April 19, 2020
Notifications Per CMS

Notifications to residents and their representatives
- Notify within 12 hours of confirmed COVID infection
- Notify if three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours
- Weekly updates or each subsequent time of either of the above events
  - Mitigation actions implemented
  - Changes in nursing home operations
  - Maintain privacy per regulations and statute

When COVID Strikes

When a resident is suspect or confirmed positive, implement COVID precautions for all residents on unit
- Consider precautions facility wide
- Identify staff who had close contact to resident beginning 48 hours prior to symptom onset, exclude based on CDC guidance
- Move resident to designated isolation room
  - Roommate considered exposed and no other residents can be placed with exposed resident for 14 days

When COVID Strikes

If staff is positive (or suspected), identify residents they had close contact with beginning 48 hours prior to symptom onset and consider placing on COVID precautions
- Determine based on PPE worn, resident covering, and type of interaction
- Consider testing residents and staff
- Consult and follow local public health department guidance
When COVID Strikes

- Reinforce core prevention strategies
  - Hand hygiene
  - Cleaning and disinfection
- Provide coaches for donning and doffing PPE
  - Just-in-time training/retraining
  - Observe practice and provide immediate feedback
  - Provide assistance
  - Steward of supplies

COVID Precautions

- Standard, contact, and droplet with eye protection
  - Gowns, gloves, mask, and eye protection
  - N95 preferred, if available; otherwise, use facemask
    - N95 needed for aerosol generating procedures
  - Eye protection with face shield (i.e. preferred) or goggles or any eye protection that covers all the way around the eyes
    - Prescription glasses do not provide sufficient protection
  - Applied presumptively!

CDC Healthcare Worker Exclusion

- Identify staff in close contact with positive resident
  - Close contact – greater than a few minutes within 6 feet, consider type of interaction and symptoms of resident
  - Close contact beginning 48 hours prior to symptom onset
- Identify risk category of exposure
  - Low, medium, or high
**CDC Exposure Risk Categories**

Risk category based on:
- Resident status and actions
  - Did the resident have on mask or use cloth covering to contain secretions? (i.e. Was there source control?)
  - Did the resident cough in face of healthcare worker (HCW)?
- Personal Protective Equipment (PPE) worn by HCW
  - Did the worker have on mask? Eye protection? Gown?
  - Was an aerosol generating procedure performed?

### Resident Wearing Mask/Cloth Covering

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Exposure Category</th>
<th>Work Restrictions for Asymptomatic Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCW – No PPE</td>
<td>Medium</td>
<td>Exclude 14 days after last exposure</td>
</tr>
<tr>
<td>HCW – No mask or respirator</td>
<td>Medium</td>
<td>Exclude 14 days after last exposure</td>
</tr>
<tr>
<td>HCW – No eye protection</td>
<td>Low</td>
<td>No exclusion</td>
</tr>
<tr>
<td>HCW – Wearing all PPE (either facemask or respirator)</td>
<td>Low</td>
<td>No exclusion</td>
</tr>
</tbody>
</table>

Close contact with resident with COVID-19 beginning 48 hours before symptom onset who was wearing a mask or cloth face covering.

### Resident Not Wearing Mask/Cloth Covering

<table>
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<tr>
<td>HCW – No mask or respirator</td>
<td>High</td>
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</tr>
<tr>
<td>HCW – No eye protection</td>
<td>Medium</td>
<td>Exclude 14 days after last exposure</td>
</tr>
<tr>
<td>HCW – No gown or no gloves</td>
<td>Low</td>
<td>No exclusion</td>
</tr>
</tbody>
</table>

Close contact with resident with COVID-19 beginning 48 hours before symptom onset who was not wearing a mask or cloth face covering.
Aerosol Generating Procedures

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<td>High</td>
<td>Exclude 14 days after last exposure</td>
</tr>
<tr>
<td>HCW – All recommended PPE, except facemask instead of respirator</td>
<td>Medium</td>
<td>Exclude 14 days after last exposure</td>
</tr>
<tr>
<td>HCW – No gown or gloves</td>
<td>Medium</td>
<td>Exclude 14 days after last exposure</td>
</tr>
</tbody>
</table>

CDC Exposure Risk Categories

- If resident has face covering and HCW has on mask and eye protection but no gown or gloves and has extensive contact with a resident, then risk category increases from low to medium.
- HCW who walks by a resident room or who has no direct contact with the resident or their secretions and no entry into the resident’s room is considered to have no identifiable risk.

CDC Staffing Contingency and Crisis Operations

- Allows for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program and public health
- Staff must wear masks at all times
- Staff must stop working and leave building if they develop symptoms
- Ensure proper notifications
  *Follow local public health guidance
Monitoring of Healthcare Workers

- All exposure categories require some type of monitoring
  - Self monitoring, reporting to occupational health, and or reporting to public health
  - Facility policy to specify when and to whom to report
  - Staff screened prior to the start of each shift
  - Fever, cough, shortness of breath, sore throat, muscle aches, chills, new loss of taste or smell

CDC HCW Return to Work Criteria

Test-based strategy - Exclude from work until
- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

Symptom-based strategy - Exclude from work until
- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared
### Asymptomatic HCW Exclusion

#### Time-based Strategy
- Excluded from work for 10 days since the date of their first positive COVID-19 diagnostic test as long as they have not subsequently developed symptoms since their positive test.

#### Test-based Strategy
- 2 negative tests collected at least 24 hours apart.

### Designated Area/Units

- **14-day Observation unit**
  - Full PPE
  - Testing at the end of 14-day period could be considered to increase certainty that the resident is not infected.
- **Persons under investigation (PUI)**
  - Place to move residents who become symptomatic.
  - Room by themselves and close door.
  - Full PPE

### Designated Area/Unit

- **COVID positive residents – Full PPE**
- **Non-COVID – Ensure compliance with universal mask use**
- **To discontinue precautions test-based strategy criteria:**
  - Resolution of fever without the use of fever-reducing medications and
  - Improvement in respiratory symptoms (e.g. cough, shortness of breath), and
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
Moving Residents to Designated Units

- Ensure mask worn outside of room and when transported to isolation room
- Room cleaning
  - Changing and laundering of curtains
- Roommates of positive residents are considered exposed
  - Place on COVID precautions
  - Do not place another resident in the room with the exposed resident until after completion of 14 days, if they remain asymptomatic

THANK YOU

WE HAVE A POSITIVE, WHAT’S NEXT?
MAY 14, 2020

A.C. Burke, MA, CIC, VP of Healthcare Quality
RB Health Partners, Inc.
COVID-19 Focused Infection Control Survey
Michelle Dillehay RN-BC
Agency for Health Care Administration Health Quality Assurance

Objectives
- Discuss AHCA role under declared Public Health Emergency.
- Describe the elements of the COVID-19 Focused Infection Control Survey.
- Provide resources from CDC and CMS.

CMS Quality, Safety, & Oversight (QSO) Memo 20-12
- Ensure America's health care facilities are prepared to respond to the threat of the 2019 Novel Coronavirus (COVID-19).
- Focus on the most serious health and safety threats - infectious diseases.
- Complaints for infection control, COVID-19 confirmed case, or presumptive positive case.
CMS QSO Memo 20-12 (Cont.)
- 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.

CMS QSO Memo 20-14
Additional guidance:
- Improve infection control and prevention practices to prevent the transmission of COVID-19.
- Monitor the CDC website for information and resources.
- Contact local health department for questions or suspect a resident of a nursing home has COVID-19.

CMS QSO Memo 20-20
- Prioritization of Survey Activities
- Conduct Targeted Infection Control surveys.
- Ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.
CMS QSO Memo 20-20 (Cont.)

- Infection Control Checklist for voluntary self-assessment of Infection Control plan and protections to prevent transmission.
- COVID-19 Focused Infection Control survey developed by CMS and CDC.
- Nursing homes should share the results of this assessment with their state or local health department.

COVID-19 Focused Survey for Nursing Homes

- Investigate compliance at F880.
- Determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections.

COVID-19 Focused Survey for Nursing Homes - 7 Elements

- Standard and Transmission-Based Precautions.
- Quality of resident care practices, including those with COVID-19.
- Overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures.
- Infection Surveillance plan.
**COVID-19 Focused Survey for Nursing Homes 7 Elements (Cont.)**

- Visitor entry and facility screening practices.
- Education, monitoring, and screening practices of staff.
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19.

**CMS QSO Memo 20-29**

- Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes.
- Updated the COVID-19 Focused Survey for Nursing Homes.
- **COVID-19 Tags**: F884 and F885
- CMS will begin posting data from the CDC National Healthcare Safety Network (NHSN).

**COVID-19 Focused Survey for Nursing Homes**

- Two new elements:
  - How the facility informs residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility.
  - Reporting to the Centers for Disease Control and Prevention (CDC) – Performed Offsite by CMS. (For consideration by CMS Federal Surveyors only).
CDC Resources

- Key Strategies for Long-term Care Facilities
- Responding to Coronavirus (COVID-19) in Nursing Homes
- Testing for Coronavirus (COVID-19) in Nursing Homes
- Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

CMS Resources


Shay Chapman, Chief
Bureau of Family Health Services
Florida Department of Health
Initial Reporting
Resident Suspect Case

1) Isolate resident, provide mask
2) Notify your County Health Department (CHD) and Agency for Health Care Administration (AHCA) during regular call

Protocols for Responding

1) The County Health Department and AHCA will review data daily
2) An onsite visit may be scheduled when:
   a. A laboratory confirmed case of COVID-19 in a staff member who worked, or a resident of the facility
   b. Any cluster of 2 or more residents/staff identified within a 96-hour period with influenza-like illness (ILI) and severe respiratory illness
   c. Any deaths among residents/staff due to respiratory illness.

Onsite Visit for Assessment

- Long-Term care facility check list
  - Infection control review and training
- The CHD will send completed checklist and any additional recommendations via email to the facility management and AHCA
- Continued follow up to assess compliance and provide additional recommendations
Request for ESF8
Incident Management Team

- The CHD Health Officer submits through WebEOC
- The team provides staff support and assesses immediate needs
- The team includes an infection preventionist, a registered nurse, and an advance life support ambulance team
- May be on-site within 12 to 24 hours
- Can remain on-scene for two to four days

FHCA COVID-19 Webinar Series

COVID-19 Containment in Nursing Homes and Assisted Living Facilities – Strategies for Success

- Transfer and Admissions: Keys to a Strong Hospital-Nursing Home Partnership For Nursing Homes Tuesday, May 19, at 11:00 a.m. EST
- Cohorting: Steps to Setting Up Your Facility’s COVID-19 Unit For Nursing Homes Thursday, May 21, at 11:00 a.m. EST

Webinar Archive

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- Today’s Webinar Recording/Handouts
- County Health Contacts (for Providers Reporting Diseases and Conditions)
- DOH Clinical Screening Tool for Identifying Persons Under Investigation for COVID-19 (5/11/20)
- DOH COVID-19 Case Description
- CDC Clinician on Call Center
- CDC Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

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Thank you again for joining us today!