COVID-19 in Long-term and Residential Care Settings
Kansas – April 29, 2020
COVID-19 in Long-term and Residential Care Settings

Healthcare-Associated Infections & Antimicrobial Resistance Program

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COVID-19 Caused by SARS-CoV-2, a type of virus called a “coronavirus”

- “CO” stands for “corona”
- “VI” stands for “virus”
- “D” stands for “disease”
- “19” refers to 2019
- Person-to-person is the main way the virus spreads
- Contact with infected surfaces or objects
- COVID-19 is a new disease and we are still learning how it spreads
COVID-19 in Long-term and Residential Care Settings

Older Adults at Risk for COVID-19

10-27% in persons aged 85 years or older

Close to 3 out of 10 adults 85 years or older may die from COVID-19

COVID-19 Spreads Easily in Long-term Care Facilities

Aggressive Action Needed to Protect Residents
COVID-19 in Long-term and Residential Care Settings

<table>
<thead>
<tr>
<th>Facility</th>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
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</tr>
<tr>
<td>Totals</td>
<td>450</td>
<td>119</td>
<td>69</td>
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</tbody>
</table>

Outbreaks

LTCFs = 18

Residential Care = 2

Counties involved =
Barton, Butler, Clay, Coffey, Crawford, Greenwood, Jefferson, Jewell, Johnson, Labette, Leavenworth, Lyon, McPherson, Osage, Sedgwick, Shawnee, Woodson, Wyandotte

To protect and improve the health and environment of all Kansans
**COVID-19 in Long-term and Residential Care Settings**

<table>
<thead>
<tr>
<th>LTC/Group Living</th>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
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<tbody>
<tr>
<td>Totals</td>
<td>450</td>
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**Outbreaks**

- LTCFs = 18
- Residential Care = 2

**KS Coronavirus Disease 2019 (COVID-19) Case Summary**

<table>
<thead>
<tr>
<th>Cases*</th>
<th>Hospitalizations</th>
<th>Statewide Deaths</th>
<th>Negative Tests</th>
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<td>3,491</td>
<td>504</td>
<td>124</td>
<td>24,599</td>
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*A case is defined as a person who tested positive by molecular testing for the novel coronavirus (SARS-CoV-2), which causes Coronavirus Disease 2019 (COVID-19). Case counts are preliminary and subject to verification. Last updated: 04/18/2020 at 11:00 AM*

- 450/3491 = 13%
- 119/504 = 24%
- 69/124 = 56%
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COVID-19 in Long-term and Residential Care Settings

Reportable diseases are those considered to be of great public health importance

Local, state, and national agencies require that such diseases be reported

Allows identification of trends in disease occurrence and outbreaks

Prevent

Identify

Evaluate

Monitor

Kansas Disease Surveillance
COVID-19 in Long-term and Residential Care Settings

Physicians and Physician’s Assistants

Nurses

Social Worker

Dentists

Administrator – Hospitals or LTCF

Teacher or School Administrator

K.S.A. 65-118
COVID-19 in Long-term and Residential Care Settings

https://www.kdheks.gov/epi/disease_reporting.html

https://www.kdheks.gov/epi/ regulations.htm
4 hours by telephone for suspect and confirmed:

- Anthrax
- Botulism
- Cholera
- Diphtheria
- Novel Influenza A infection
- Measles
- Meningococcal disease
- Mumps
- Plague
- Poliovirus
- Human Rabies
- Rubella
- SARS-CoV
- Smallpox
- Tetanus

...and...

- Active Tuberculosis
- Vaccinia
- Viral Hemorrhagic Fevers
- Clusters, Outbreaks, Epidemics
- Unusual occurrence of any disease
- Exotic or newly recognized disease

Due to large call volume being experienced during this pandemic, we are requesting reports of suspect and confirmed COVID-19 via fax to the KDHE Epidemiology Hotline 877-427-7318.
COVID-19 in Long-term and Residential Care Settings

Watch the COVID-19 Weekday Press Conferences — Want to know the latest news about COVID-19? Lee Norman, M.D. joins Governor Laura Kelly’s weekday press conferences at 2 pm (CST) on Monday, (subject to change). Watch it live on Facebook or later on Vimeo. Read on...

Long-Term Care Facilities

https://www.coronavirus.kdheks.gov/237/Long-Term-Care
To protect and improve the health and environment of all Kansans

COVID-19 in Long-term and Residential Care Settings

Coronavirus Disease 2019 (COVID-19)
Infection Prevention and Control Preparation Guide for Long-Term Care and Other Residential Facilities in Kansas
April 27, 2020

Coronavirus Disease 2019 (COVID-19)
Response and Containment Guide for Long-Term Care and Other Residential Facilities in Kansas
April 28, 2020
COVID-19 in Long-term and Residential Care Settings

Other resources:
Recorded webinars and training videos – created by CDC
Preparedness tele-ICARs – offered by CDC
Webinar/Q&A session – offered by CDC

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1. Keep COVID-19 from entering your facility

- Restrict all visitors except for compassionate care situations (e.g., end of life).
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser).
- Implement universal use of source control for everyone in the facility.
- Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home.
- Cancel all field trips outside of the facility.
Universal facemask use =
Use a facemask at work ALL the time

- People can spread the virus causing COVID-19 without having symptoms

- Source control = wearing a facemask to prevent spreading your germs, which protects residents and staff

- People who work in long-term care facilities can spread germs to residents, patients, and staff

- Facemasks can also protect you!
Use Your Facemask the Correct Way

**DO:**
- Clean your hands before you put on and take off facemask
- Make sure facemask covers your mouth and nose
- Remove facemask touching only the straps, store in paper bag

**DON’T:**
- Do not touch your facemask or face
- Do not wear your mask:
  - On the top of your head
  - Around your neck
  - Under your nose
- Do not store your mask on your arm or in your pocket

Check yourself – do NOT work when sick

- Check your temperature and report any symptoms at the start of your shift:
  - Cough
  - Sore throat
  - Shortness of breath
  - Muscle aches
- If you have a fever (more than 100 degrees F) or get sick at work, go home immediately and self-isolate!
  - Headache
  - Change in smell or taste
  - Chills
Educate Healthcare Personnel

- Provide information about COVID-19
- Emphasize:
  - Not working when sick, wearing facemask
  - Hand hygiene
  - Monitoring residents
  - Cleaning and disinfecting the environment
  - Selection and use of personal protective equipment (PPE) to keep yourself safe
- Education should be provide to direct care, ancillary services (e.g. environmental services) and external providers (e.g., wound care, laboratory services)
- Inform healthcare personnel if an individual in the facility tests positive for COVID-19

2. Identify infections early

- You should take the residents’ temperature daily
  - WARNING temperature = more than 100 degrees F
- Ask residents to report symptoms AND monitor for symptoms*:
  - New or different cough
  - Sore throat
  - Shortness of breath
  - Muscle aches
  - New or worsening discomfort or tiredness
  - Change in sense of smell or taste
  - Diarrhea
  - Chills
  - Headache
  - New dizziness
  - Confusion

*Older adults may not show typical symptoms
Notify the Health Department

- Notify the health department about residents with severe respiratory infection and clusters (per local protocol or 3 or more residents or HCP with symptoms within 72 hours) of respiratory infection.

- Notify the health department if, based on evaluation of the resident or prevalence in the community, COVID-19 is suspected.

- Know your local and state health department point of contacts:
  - Contact information for the healthcare-associated infections program in each state health department is available here: https://www.cdc.gov/hai/state-based/index.html
3. Prevent Spread of COVID-19

- Enforce social distancing among residents (stay 6 feet apart)
- Cancel all group activities and communal dining
- Residents should wear a cloth face covering when they leave their room or are around others, if tolerated
- Ensure HCP wear a facemask at all times in the building (or cloth face covering if not within 6 feet of residents)
- Long-term care staff should also practice social distancing, including in breakrooms or other common areas
If COVID-19 is identified in the facility:

- Immediately restrict all residents to their rooms
- Have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms* in the affected unit (or facility-wide)

- Notify staff, residents and families that an individual in the facility tested positive for COVID-19.

- Notify public health to help inform decisions about testing additional staff or residents on the unit and in the facility.

*Implement PPE preserving strategies
WHAT Does all recommended PPE mean?

Preferred PPE – Use N95 or Higher Respirator

Acceptable Alternative PPE – Use Facemask

Click here to learn more:
Provide PPE and Cleaning Products

- **Hand hygiene supplies:**
  - Put alcohol-based hand sanitizer (ABHS) with 60-95% alcohol inside and outside every resident room.
  - Put ABHS in other resident care and common areas (e.g., outside dining hall, in therapy gym).
  - Make sure that sinks are well-stocked with soap and paper towels for handwashing.

- **Environmental cleaning and disinfection:**
  - Make sure HCPs have access to EPA-registered, hospital-grade disinfectants* to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
  - Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces

*Refer to the EPA-website for a list of Disinfectants (List N) for Use Against SARS-CoV-2: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
4. Assess Supply of Personal Protective Equipment (PPE) and optimize supply

- How many days supply does the facility have of each type of PPE and alcohol-based hand sanitizer (ABHS)?

- Report PPE Shortages:
  - If your facility is concerned about a potential or imminent shortage of PPE, alert your state/local health department who can engage your local healthcare coalition, as they are best positioned to help facilities troubleshoot through temporary shortages.
  - Link to identifying your state HAI coordinator: https://www.cdc.gov/hai/state-based/index.html
  - Link to healthcare coalition/preparedness: https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx
Ways to Conserve PPE to Avoid Running Out

- **Gloves**: should be worn for any contact with the resident or their environment
- **Gowns**: should be prioritized for activities where splashes and sprays are anticipated or high-contact resident-care activities
  - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care
- **“Extended Use” of eye protection, N95 respirator, and facemask**: extended use means these items are worn for the care of multiple patients without removing them
  - Prioritize N95 during shortages for high-risk activities (like aerosol-generating procedures)
- Personnel who do not interact with residents (do not come within 6 feet of them) or who do not clean patient environments or equipment, do not need to wear PPE except as part of universal masking
5. Identify and Manage Severe Illness

- Maintain a list of all ill residents
- Facility performs appropriate monitoring of ill residents (including documentation of oxygen saturation via pulse oximetry) at least 3 times daily to quickly identify residents who require a higher level of care.
- Should a resident require a higher level of care, the receiving facility, EMS and transport service personnel, and the health department should be notified.
- Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents
Dedicate Space in the Facility to Monitor and Care for Residents with COVID-19

- Dedicate a space in the facility to care for residents with confirmed COVID-19:
  - This could be a floor, unit, or wing in the facility or a group of rooms at the end of a unit
  - Assign dedicated HCP to work only in this area of the facility
  - Create a plan for how residents who develop COVID-19 will be handled
  - Closely monitor roommates who may have been exposed – avoid placing unexposed residents into a share space with exposed residents

- Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown (observation area)

- All recommended PPE should be worn during care of residents under observation
Preparing for COVID-19: Long-term Care Facilities, Nursing Homes

Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs)

COVID-19 cases have been reported in all 50 states, the District of Columbia, and multiple U.S. territories; many having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. Strategies include recommendations to:


Additional Resources

- Recorded webinar, Preparing Nursing Homes and Assisted Living Facilities for COVID-19
- Long-term Care Facility Letter
- COVID-19 Hospital Preparedness Checklist, including long-term acute care hospitals
- Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings
- Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities
- CMS Emergency Preparedness & Response Operations

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Vaccine and Infectious Disease Preparedness and Response.
COVID-19: Resources

KDHE COVID-19 Resource Center
https://www.coronavirus.kdheks.gov/
https://www.coronavirus.kdheks.gov/170/Healthcare-Providers
https://www.coronavirus.kdheks.gov/237/Long-Term-Care

CDC COVID-19
THANK YOU.
Frontline healthcare workers for keeping Kansas going in these uncertain times.
Contact Information

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