



Stay Calm
Stay Prepared
Stay Informed
CALTCM.org

Webinar Series
COVID-19: CALTCM Weekly Rounds

April 20, 2020



Webinar Faculty & Moderator

Michael Wasserman, MD, CMD
Geriatrician, President, CALTCM,
Medical Director, Eisenberg Village,
Los Angeles Jewish Home



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Webinar Faculty

Noah Marco, MD
Chief Medical Officer, Los Angeles Jewish
Home; Executive Director, Brandman
Research Institute; Medical Director, IPA LAJH
Medical Associates



April 20, 2020



Webinar Faculty

Elaine Healy, MD, FACP, CMD
Acting President, New York Medical Directors
Association; Medical Director, United Hebrew,
New Rochelle, New York



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Webinar Faculty

Jay Luxenberg, MD
Chief Medical Officer, On Lok
CALTCM, Wave Editor-in-Chief



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Webinar Faculty

Dolly Greene RN, BSN[®], CIC
Infection Prevention & Control Resources
Expert Stewardship



April 20, 2020



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Non-Profit Status
 The California Association of Long Term Care Medicine (CALTCM) is currently exempt under section 501(c)(3) of the Internal Revenue Code. Contributions or charitable donations made to our non-profit organization are tax-deductible under section 170 of the Code.
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**CALTCM
 Triple Aim:
 PPE, Testing,
 and Training**

Background

- Congregate living centers across the country have potential to create **high risk** for COVID-19 infection
- **Growing number** of examples across the US of rapid spread of COVID-19 in senior congregate living settings
- **PPE shortage** exacerbating infection control in high density senior housing/ care centers
- **Lack of available testing** of staff and suspected cases in residents create uncertainty

Long Term Care Quadruple Aim for COVID-19 Response

- Readily available testing of staff and residents
- Sufficient and properly used PPE
- Stellar Infection Prevention
- Emergency Preparedness/Incident Command Mode

**Testing
 PPE
 Infection
 Prevention
 Emergency
 Preparedness
 Plan**

- Staff are primary vector
- We don't know what we don't know
- Readily Available Testing
- Opportunity to act

**Testing
 PPE
 Infection
 Prevention
 Emergency
 Preparedness
 Plan**

- Sufficient PPE necessary
- Staff must properly use PPE
- Opportunity to contain and mitigate

Testing
 PPE
Infection Prevention
 Emergency Preparedness Plan

- Stellar Infection Prevention
- Great hand hygiene
- Check staff temperatures
- Physical distancing
- Full-time IP

Testing
 PPE
 Infection Prevention
Emergency Preparedness Plan

- Staff must be focused
- Not business as usual
- Time to use emergency preparedness plan



Update from a New York Metropolitan Area Nursing Home:

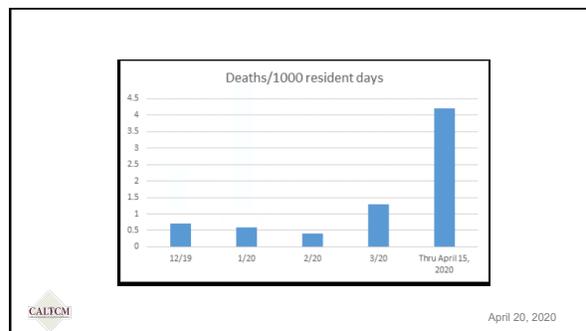
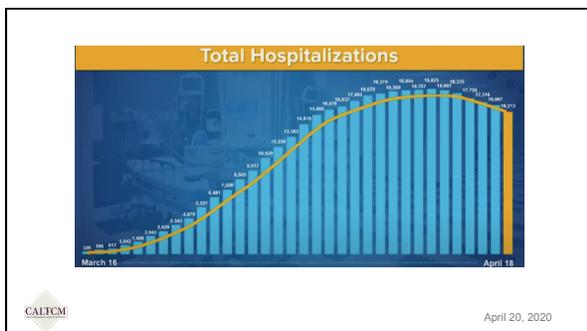
- COVID-19 Testing
- N-95 Mask Use
- Public Relations, Media Scrutiny and the DOH Circus

Elaine Healy MD, FACP, CMD
 Acting President,
 New York Medical Directors Association.
 Medical Director,
 United Hebrew
 New Rochelle, New York.

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Selected County Case and Mortality Rates, 4/18/20
 Source: Johns Hopkins Coronavirus Resource Center

County	Confirmed Cases	Total Deaths	Fatality Rate
Westchester, NY (Pop: 960,000)	23,179	688	2.88%
Bronx, NY (Pop: 1,400,000)	28,016	1,917	6.84%
Los Angeles, Ca (Pop: 10,000,000)	12,021	576	4.79%



COVID-19 Testing, New York Metro Area

These supplies can be reused:

 N95 Masks Up to 7 days with proper storage	 Face Shield/Goggles Up to a week with proper storage	 Surgical Masks Until the end of a shift
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Do NOT reuse surgical masks with attached face shields after use for patient care

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CONTINUOUS mask wear is **OK** unless the mask *integrity is compromised*

The mask is compromised if:

- Damaged
- Dirty/soiled
- Damp from prolonged wear

PPE Use in COVID-19 Cohort Rooms

1. If multiple patients in one room, or continuous care on COVID units
2. Only change gloves and clean hands between patients
3. If gown soiled or compromised, also change gown
4. When leaving room, change all PPE except for unsoiled masks, shields, and goggles. Gowns and gloves should NOT be worn at nurses stations or common areas

Montefiore DOING MORE '20, 2020

N95 User Seal Check

When putting on your respirator, make sure it:

- Fits properly on the chin
- Fits across the nose-bridge
- Is comfortable in spanning the distance from the nose to the chin
- Has adequate strap tension, not overly tight; top strap rests high on the back of your head and the second positioned around your neck, below your ears
- Always perform a "user seal check" before each use

Performing User Seal Check

- Perform hand hygiene prior to touching the respirator
- Place both hands completely over the respirator, being careful not to disturb the position
- Exhale sharply
- If air leaks around your nose, adjust the nosepiece:
 - Using both hands, mold the nosepiece to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece
 - Pinching may result in improper fit!
- If air leaks at the respirator edges, adjust the straps back along the sides of your head
- Perform user seal check again if adjustment is made
- Perform hand hygiene after adjusting respirator fit
- **If proper seal still cannot be achieved escalate to your supervisor**

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N-95 Respirator User Seal Check

Check the Seal of Your Filtering Facepiece Respirator Each Time You Don the Respirator.

Positive Pressure User Seal Check
 For Non-Valved Respirators
 Place both hands completely over the respirator and exhale. The respirator should bulge slightly. If air leaks between the face and faceseal of the respirator, reposition it and readjust the nose clip for a more secure seal. If you cannot achieve a proper seal, do not enter the contaminated area. See your supervisor.

Negative Pressure User Seal Check
 For Valved Respirators
 Place both hands over the respirator and inhale sharply. The respirator should collapse slightly. If air leaks between the face and faceseal of the respirator, reposition it and readjust the nose clip for a more secure seal. If you cannot achieve a proper seal, do not enter the contaminated area.

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Removing Mask/Face Shield for Re-use During Shift
While in Room

A

B

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Removing Mask/Face Shield for Re-use During Shift

C

D

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NYS DOH Health Electronic Response Data System (HERDS) Daily Questions Pertaining to NH Deaths

- Through April 13: Since your last report, how many confirmed COVID-19 patients from your facility have died in a hospital?
- On April 22: "Since your last report, how many confirmed or presumed COVID-19 patients died in your facility?"
- On April 24: One-time adjustment to report to account for patients from March 1 through April 24 who died and were not already listed.

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Data as of 4/19

Deaths: Individual Nursing Homes

Name	County	Resident Deaths in the Nursing Home
BronxCare Special Care Center	Bronx	7
Spitt Rock Rehabilitation and Health Care Center	Bronx	8
East Haven Nursing & Rehabilitation Center	Bronx	12
St Vincent Depaul Residence	Bronx	13
Bronx Gardens Rehabilitation and Nursing Center	Bronx	17
St Patrick's Home	Bronx	16
Bronx Center for Rehabilitation & Health Care	Bronx	18
The Plaza Rehab and Nursing Center	Bronx	35
Kings Harbor Multicare Center	Bronx	45
Fencoff Nursing Home Co Inc	Dutchess	8
Buffalo Center for Rehabilitation and Nursing	Erie	6
Father Baker Manor	Erie	9
Harris Hill Nursing Facility, LLC	Erie	9
Garden Gate Health Care Facility	Erie	12
Downtown Brooklyn Nursing & Rehabilitation Center	Kings	6
Haym Solomon Home for the Aged	Kings	6
Oxford Nursing Home	Kings	7
Seagate Rehabilitation and Nursing Center	Kings	7
Sea Crest Nursing and Rehabilitation Center	Kings	8
Shore View Nursing & Rehabilitation Center	Kings	14

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NEW YORK STATE
 Department of Health

ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D. Commissioner SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

April 19, 2020

DAL: C20-01
 SUBJECT: Guidance for Resident and Family Communication in Adult Care Facilities and Nursing Homes

Governor Cuomo recently signed two Executive Orders in relation to communication with family members. Executive Order 202.18 provides that any skilled nursing facility, nursing home, or adult care facility licensed and regulated by the Commissioner of Health shall notify family members or next of kin for all residents if any resident tests positive for COVID-19, or if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death. Financial penalties may be assessed for violations, pursuant to Executive Order 202.19.

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 CALTCM Triple Aim: PPE, Testing &
 Training

4/20/20

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop C2-21-16
 Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-26-NH

DATE: April 19, 2020
TO: State Survey Agency Directors
FROM: Director
 Quality, Safety & Oversight Group
SUBJECT: Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes

"At a minimum, once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours"



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Q & A

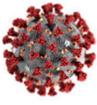


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Check the CALTCM Website regularly for updates.
<https://www.caltcm.org/covid-19>



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