

# COVID-19: WHAT NURSING HOMES NEED TO KNOW!

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## Objectives

- Understand the risks from COVID-19
- Explain the measures needed to protect residents and employees
- Review basic infection prevention and control measures
- Discuss the roles of the IP, NHA, DON and Medical Director



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## Key Recommendations

- Staff and Visitors need to stay home if they are sick
- Hand hygiene
- Empower and support the IP



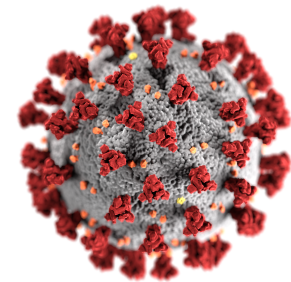
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## Background

- Coronaviruses are a large family of viruses common among animals and humans
- Causes illness ranging from common cold to more severe diseases like Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS)
- SARS CoV-2 is a new strain not previously seen in humans causing COVID-19
- Outbreak of pneumonia caused by the SARS-CoV-2 (COVID-19) started in Wuhan China in December 2019
- According to CDPH, source of virus is not yet known



<https://www.cdph.ca.gov/COVID19>

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## Background



- According to World Health Organization (WHO) Situation Report (#49), as of March 9, 2020 there have been 109,578 cases identified globally with 3,809 deaths
  - China has reported 80,904 confirmed cases with 3,123 deaths
  - Outside of China 28,674 confirmed cases with 686 deaths
  - 104 countries have been affected



<https://www.who.int/emergencies/disease/novel-coronavirus-2019>

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## Background

- COVID-19 may have a high transmission rate, mortality rate not fully known;
- According to international data, those who have tested positive, 80% do not exhibit symptoms that would require hospitalization;
- As of March 8, 2020, there have been 114 positive cases in California
  - 24 cases from repatriation flights
  - 37 travel related
  - 23 due to person to person exposure
  - 14 community acquired
  - 16 from unknown sources
- As of March 9, 2020, there have been two deaths in California



<https://www.cdph.ca.gov/COVID19>

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## Risk for Serious Disease

- **Age groups:**
  - 60-69 years old 4%
  - 70-79 years old 8%
  - **80-89 years old 15%**
- Individuals with underlying disease and co-morbidities
  - 10% risk for serious disease



These statistics come from CDC webinar March 5, 2020

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## Nursing Home Residents are at High Risk!

- Residents in Long-Term Care Facilities (LTCF) are at heightened risk because of age and underlying health conditions
- Virus is thought to be transmitted through droplet route
- Coughing and sneezing can transmit the virus
- Close personal contact can spread the virus
- Touching environmental surfaces that have been contaminated by the virus can spread the virus



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## Symptoms



- Fever
  - Not all patients have a fever
- Cough
- Difficulty breathing (SOB)
- Sore throat
- Myalgia
- Runny nose

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## Miscellaneous

- Most common complication- pneumonia
- Second week of illness can be more severe
- 20% of cases reported have been serious or critical



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## Treatment

- For mild cases-stay at home until 24 hours after resolution of symptoms
  - Self isolate
- More severe cases get in touch with your healthcare provider
- Avoid corticosteroids, if possible
- Supportive measures
- Currently no vaccine available

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## Key Nursing Home Recommendations

- Employees **MUST** stay home if sick!
  - Review your sick policy
  - Recognize that staying home might be an economic hardship
  - We **MUST** do the right thing!
- **POST LARGE SIGNS** on entrances **TELLING** visitors and staff **NOT TO ENTER** if they are experiencing signs of an infection such as fever, cough, sneezing, sore throat.
- Indicate on signage “if you have **RECENTLY** visited China, South Korea, Iran, Italy or Japan, or have had exposure to a positive case of COVID-19, **DO NOT VISIT!**”



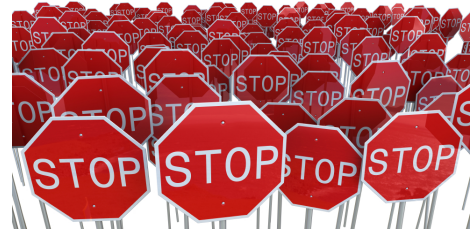
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## Key Nursing Home Recommendations



- Have STAFF AND VISITORS check in at front desk and sign in
  - Ask staff and visitors if they are sick
  - Take temperature near entrance to facility!
- STAFF EDUCATION: STAY HOME AND SAVE A LIFE!!
- Post hand hygiene and cough etiquette signs EVERYWHERE!!
- Provide alcohol-based hand rub stations throughout the facility



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## Key Staff Education And Training



- Educate staff to adhere to hand hygiene policies and encourage them to perform hand hygiene frequently
- Educate staff to keep their hands away from their eyes, nose, mouth and face in general
- Enhance environmental cleaning and disinfecting
  - Ensure frequently touched surfaces are disinfected often
  - Ensure disinfectant is effective against COVID-19 (category N)
- Place residents who manifest respiratory symptoms on droplet and contact precautions, (in addition to Standard Precautions)



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## Key Nursing Home Recommendations

- Have employees take their temperature before work each day
- Fit test a select group of staff for N95 respirators - NOW IS THE TIME!
- Train employees on proper use of PPE
  - Conserve PPE for when they are truly needed
  - Audit for inappropriate use of masks
- If staff NEEDS a mask for illness, THEY SHOULDN'T BE AT WORK!

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## Leadership Recommendations

- EMPOWER YOUR INFECTION PREVENTIONIST (IP)
  - One person MUST be designated to be the IP!
  - Full-time IP for a 99 bed facility (anything less is inadequate)
- IP RESPONSIBILITIES
  - MONITORING Staff and Visitors
  - Hand hygiene training and audits
  - Regular rounds throughout facility promoting hand hygiene
  - Assure Large Signage everywhere
  - Evaluate residents with Change of Condition



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## Leadership Recommendations

- ENGAGE THE MEDICAL DIRECTOR
  - Medical Director should strongly support the IP and their role and responsibilities
  - Regular rounds through the facility promoting hand hygiene
  - Evaluate highly complex admissions and any resident with possible COVID-19 infection



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## Leadership Recommendations

- NURSING HOME ADMINISTRATOR (NHA) SHOULD FOCUS ON:
  - STRONGLY SUPPORTING IP and their specific role!
  - IDENTIFYING WAYS to support staff who need to be quarantined.
  - Regular rounds throughout facility promoting hand hygiene
  - Reviewing Disaster Planning Policy



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## Leadership Recommendations

- DIRECTOR OF NURSING (DON) SHOULD FOCUS ON:
  - STRONGLY SUPPORTING IP and their *specific* role!
  - IDENTIFYING WAYS to support staff who need to be quarantined.
  - Regular rounds throughout facility promoting hand hygiene
  - Reviewing Disaster Planning Policy



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## Additional Measures


- Facilities should review their emergency preparedness policies
- Facilities should contact public health if they are unable to obtain needed PPE supplies



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## Clarification on Mask Use

- Healthcare worker(HCW) to use masks as Standard Precautions
  - E.g., if direct contact with coughing resident
  - Not meant for use in hallway
- N95 respirator to be used if performing aerosol generating procedures
  - E.g., suctioning
  - Not meant for resident to wear
  - Medical clearance needed before fit testing a select few of your staff
- Per Cal OSHA, N95 respirator to be used if caring for any COVID-19 Patient


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## What if you Develop Respiratory Symptoms?

If you have a fever, cough, and shortness of breath and reason to believe you have been exposed to a case of COVID-19

**CALL YOUR HEALTHCARE PROVIDER OR LOCAL PUBLIC HEALTH DEPARTMENT BEFORE SEEKING CARE!**



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SAVE A LIFE!**

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the CALTCM Wave, for updates.



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