Is Your Nursing Home Ready to Handle the Demands of the COVID-19 Pandemic? Assessing Readiness: Advice from the CDC

4:00 – 5:00 PM ET

July 23, 2020
Introduction and Welcome!

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Meet Your Speaker

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Medical Epidemiologist for Long-term Care
Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention
Is Your Nursing Home Ready to Handle the Demands of the COVID-19 Pandemic: Assessing Readiness

National CMS/CDC Nursing Home COVID-19 Training
Nimalie D. Stone, MD,
Lead for LTC
COVID-19 Healthcare IPC Team

For more information: www.cdc.gov/COVID19
Thanks to you and your teams for supporting our residents and families!
Preparing for COVID-19 in Nursing Homes

Updated June 25, 2020

Summary of Changes to the Guidance:

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

Background

Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including multidrug-resistant organisms (e.g., Carbapenemase-producing organisms, Candida auris). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).

Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices.

The Centers for Medicare and Medicaid Services (CMS) recently issued Nursing Home Reopening Guidance for State and Local Officials that outlines criteria that could be used to determine when nursing homes could relax restrictions on

Core Activities: Maintaining COVID-19 Readiness

- Assign one or more individuals with specialized training in infection prevention and control (IPC) to provide on-site management of the IPC program.
- Educate residents, healthcare personnel (HCP), and visitors about COVID-19.
- Implement source control measures, (e.g., universal facemask use).
- Have a plan for visitor restrictions.
- Create a plan for testing residents and HCP for SARS-CoV-2.
- Evaluate and manage HCP.
- Evaluate and manage residents with symptoms of COVID-19.
Core Activities: Maintaining Supplies to Implement IPC

- **Access to hand hygiene** – using alcohol-based hand sanitizer to make it easier to incorporate hand hygiene into workflow and during high risk activities (e.g., PPE doffing)
- **Use of appropriate products for cleaning and disinfection** of shared equipment and environmental surfaces
- **Personal protective equipment (PPE)**
  - Continuing to monitor PPE use (burn-rate) and maintain supplies
  - Ensure ongoing familiarity with PPE equipment selection and handling, especially if supplies change
- **Implement a respiratory protection program**
  - Including medical evaluations, training, and fit testing
IPC Assessment Tool for Nursing Homes
Preparing for COVID-19
Used by CDC, QIN-QIOs and State/local health departments to provide on-site or remote (“tele-ICAR”) support to nursing homes

CDC tele-ICAR team has conducted 752 assessments in nursing homes, supporting 22 different jurisdictions
COVID Prevention/Response Activities

- **Keep COVID out**
  - Strict visitor restrictions
  - Screening of visitors and HCP
  - Education and maintaining communication for families

- **Early detection/management**
  - Regular clinical monitoring of residents (most q shift)
    - Lower thresholds for testing
  - Increasing use of COVID testing for residents and HCP

- **Access to IPC Supplies**
  - Access to HH infrastructure
  - Access and use of PPE

- **Implementing IPC practices to Prevent Spread**
  - Access to HH infrastructure
  - Access and use of PPE
  - Knowledge of appropriate disinfection supplies and cleaning processes

- **Communication and Care Capacity**
  - Systems for regular updates/notifications to residents, staff and families
  - Public health reporting
  - Anticipating and addressing staffing needs
  - Setting up COVID care areas
Most facilities have been doing these activities since March

In addition to visitation restriction/screening, discusses
  - Outreach and education to families
  - Maintaining resident communication through remote technology

Now some centers are considering re-opening and loosening restrictions
Restrictions, education and visits
Most facilities have been doing these activities since March

Important aspects of HCP section include:

- Ongoing education and updates
- Reviewing sick leave policies to support staff
- Assessing HCP competency and ongoing auditing/coaching of IPC practices
- Reinforcing face mask use and social distancing (even on breaks)
- Evaluating staff needs and planning for shortages

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<thead>
<tr>
<th>Element to be assessed</th>
<th>Assessment (Y/N)</th>
<th>Notes/Areas for Improvement</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Are you provided any in-service training or education to the staff due to COVID-19? What was included in this training?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Facility has provided education and refresher training to HCP (including consultation personnel) about the following:</td>
<td></td>
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<tr>
<td>- COVID-19 (e.g., symptoms, how it is transmitted)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>- Sick leave policies and importance of not reporting to or remaining at work when ill</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>- New policies for source control while in the facility</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Do you ever wear a mask or perform any procedures like hand hygiene?</td>
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<tr>
<td>Selection and use of PPE</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Does the facility monitor HCP adherence to recommended IPC practices, including:</td>
<td></td>
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<tr>
<td>- Hand hygiene</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>- Selection and use of PPE</td>
<td>Yes</td>
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</table>
Support for HCP: Education, screening, IPC monitoring
Section 3

Most facilities have been doing these activities since March

Guidance is (and is likely to continue) evolving

Important aspects of this section include:

- Regular educational updates for residents
- Designating a space to care for residents with COVID-19
- Developing a plan for SARS-CoV-2 testing
Testing Guidelines for Nursing Homes

Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Health Care Personnel

Updated July 21, 2020

Summary of Changes:

Revisions were made on July 17, 2020, to reflect the following:

- Updated "Testing to determine resolution of infection" to add information about immunocompromised.

Revisions were made on July 1, 2020, to reflect the following:

- Focus on testing recommendations for nursing home residents only.
- Create separate guidance for testing healthcare personnel (HCP), which is available Testing Healthcare Personnel for SARS-CoV-2.

Note: This document is intended to provide guidance on the appropriate use of testing for residents and does not dictate the determination of payment decisions or insurance except as may be otherwise referenced (or prescribed) by another entity or federal government.

Nursing home residents are at high risk for infection, serious illness, and death from a virus that causes COVID-19, in respiratory specimens can detect current infections in residents in nursing homes. Viral testing of residents in nursing homes, with authorization, is an important addition to other infection prevention and control (IPC) recommendations for nursing homes, entering nursing homes, detecting cases quickly, and stopping transmission of COVID-19 and will be refined and updated as more information becomes available.

Testing conducted at nursing homes should be implemented in addition to recommended testing for asymptomatic residents.

Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2

Updated July 17, 2020

Note: This document is intended to provide guidance on the appropriate use of testing among healthcare personnel and does not dictate the determination of payment decisions or insurance coverage of such testing, except as may be otherwise referenced (or prescribed) by another entity or federal government.

This document provides a summary of considerations and current Centers for Disease Control and Prevention (CDC) recommendations regarding testing healthcare personnel (HCP) for SARS-CoV-2. This document does not apply to individuals who do not meet the definition of HCP as defined below. The CDC recommendations for SARS-CoV-2 testing have been developed based on what is currently known about COVID-19 and are subject to change as additional information becomes available.

Testing of HCP can be considered in four situations:

1. Testing HCP who are symptomatic or asymptomatic consistent with COVID-19
2. Testing asymptomatic HCP who have known or suspected exposure to SARS-CoV-2
3. Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 for early identification in special settings (e.g., nursing homes)
4. Testing HCP who have been diagnosed with SARS-CoV-2 infection when they are no longer infectious

Viral tests (nucleic acid or antigen detection assay) are recommended to diagnose acute infection. Testing practices should aim for rapid turnaround times (i.e., less than 24 hours) in order to facilitate effective interventions. Testing the same individual more than once in a 24-hour period is not recommended.

HCP undergoing testing should receive clear information on:

- the purpose of the test
- the reliability of the test and any limitations associated with the test


Outlines considerations for cohorting and management of new COVID cases:

- Designating a COVID care unit
- Managing new admissions, readmissions or other potential outside exposures
- Responding to new cases among residents or HCP

Designated spaces for COVID care or quarantine
### Section 4 & 5: IPC Supplies and Implementation

#### Availability of PPE and Other Supplies

Major distributors in the United States have reported shortages of PPE. Shortages of alcohol-based hand sanitizers and nitril and certain disinfectants have also been reported. Facilities should assess their current supply of PPE and other critical materials as soon as possible and begin implementing strategies to optimize their current supply of PPE. [Source](https://www.cdc.gov/epo/epo-strategy/planning.html)

**Examples of strategies described in these documents include: extended use of surgical masks and eye protection, which allow the same face mask and eye protection to be worn for the care of more than one resident. Gloves could be grounded for use as written on activities where gloves and aprons are used regularly (including personal care) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of FCP. If a facility anticipates or has a shortage, they should engage their health department and healthcare coalitions for assistance.**

- Link to identifying your state HAE coordinator: [https://www.cdc.gov/epo/epo-strategy/planning.html](https://www.cdc.gov/epo/epo-strategy/planning.html)
- Link to healthcare coalitions preparedness: [https://www.cdc.gov/epo/epo-strategy/planning.html](https://www.cdc.gov/epo/epo-strategy/planning.html)

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<tr>
<td>How is your current supply of handseas and respirators, gloves, gowns, eye protection? Does your facility have enough supply of handseas and respirators (gloves, gowns, etc.) for the next 1-3 weeks?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Facility has accessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, etc.)? <a href="https://www.cdc.gov/epo/epo-strategy/planning.html">https://www.cdc.gov/epo/epo-strategy/planning.html</a></td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>What is your facility doing to try and conserve PPE? Are you following the recommendations to conserve PPE?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>If PPE shortages are identified or anticipated, has your facility engaged their health department and healthcare coalitions for assistance?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>Where is your PPE located? Is it readily available for staff to use?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>PPE is available in resident care areas including outside resident rooms:</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>- PPE basic: gowns, gloves, face masks, N-95 or higher-level respirators if facility has a respiratory protection program and HCP are fit-tested and eye protection (eye, face or goggles).</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>- If there are shortages does your facility have a plan? Do you expect a shortage?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>EPA-registered, hospital-grade disinfectants with an emerging virus that causes SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>Are trash cans accessible throughout the facility? What about waste?</td>
<td>☐ Yes ☐ No</td>
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#### Infection Prevention and Control Practices

Alcohol-based hand sanitizer (ABHS) is the preferred method of hand hygiene; however, sinks should still be stocked with soap and paper towels. Hand hygiene should be performed in the following situations: before resident contact, even if PPE is worn; after contact with the resident; after contact with blood, body fluids, or contaminated surfaces or equipment; before performing an analytic task; and after removing PPE.

**Recommended PPE when caring for residents with suspected or confirmed COVID-19:**

- Gowns, N-95 or higher-level respirator (or facemask if respirators are not available or HCP are not fit-tested), and eye protection (face shield or goggles). PPE should be readily available outside of resident rooms, although the facility should consider assigning a staff member to shepherd supplies and encourage appropriate use.

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<tr>
<td>When, during patient care, is hand hygiene expected?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>If an analytic task is performed, is hand hygiene expected?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>After contact with the resident</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>After contact with blood, body fluids, or contaminated surfaces or equipment</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Before performing an analytic task</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>After removing PPE</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>What does your facility recommend for hand hygiene if there is a preference for soap and water or alcohol-based hand sanitizer?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**When PPE is being used by HCWs caring for anyone with suspected or confirmed COVID-19:**

- Gowns
- Isolation gowns
Accessibility of PPE and other IPC supplies
Section 6

- Reporting to local/state public health programs
  - Now could include NHSN reporting questions
- Outbreak notification to residents, families and staff
- Coordination with EMS and local acute care facilities for inter-facility transfers
Notifications for a suspected COVID-19 outbreak

- Engage public health as soon as COVID-19 is suspected or a cluster of illness is noticed (≥ 3 residents or HCP with new-onset respiratory symptoms)
- Residents, families and staff should also be made aware of potential COVID cases or an outbreak
  - Should be part of the facility’s communication plan
LT CF COVID-19 Module

CDC's NHSN provides healthcare facilities, such as long term care facilities (LT CF) with a customized system to track infections and prevention process measures in a systematic way.

Tracking this information allows facilities to identify problems, improve care, and determine progress toward facility and national healthcare-associated infection goals.

The NHSN Long-term Care Facility Component is supporting the nation's COVID-19 response by introducing a new COVID-19 Module for Long Term Care Facilities. Facilities eligible to report into the COVID-19 Module include nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living facilities.

The COVID-19 Module for LT CFs consists of four pathways within NHSN's Long-term Care Facility Component:

- Resident Impact and Facility Capacity
- Staff and Personnel Impact
- Supplies and Personal Protective Equipment
- Ventilator Capacity and Supplies

The Module enables an assessment of the impact of COVID-19 in LT CFs through facility reported information, including: 1) counts of residents and facility personnel with suspected and laboratory positive COVID-19; 2) counts of suspected and laboratory positive COVID-19 related deaths among residents and facility personnel; 3) staffing shortages; 4) status of personal protective equipment (PPE) supplies; and 5) ventilator capacity and supplies for facilities with ventilator dependent units. The Module does not collect staff or resident-level information.

Participation in the COVID-19 Module for LT CFs requires facilities to be actively enrolled in NHSN. LT CFs that are currently
Help Keep Our Residents Safe from COVID-19

A message from:

Dear Residents, Families, Friends, Volunteers,

We are committed to keeping our residents safe and we need your help. We are aware that COVID-19 (coronavirus) can cause outbreaks in facilities where residents are elderly and may have medical conditions putting them at risk, or even severely ill, with COVID-19. To protect our vulnerable residents, we are immediately taking the following aggressive actions to reduce the risk of spread of COVID-19.

To protect our vulnerable residents, even before COVID-19 is seen in the facility itself:

1. Effective immediately: We are restricting all visitors.

Access to our facility will be limited to the staff in the building and the immediate family members of residents. We are taking all necessary precautions to prevent the spread of COVID-19.

We are monitoring healthcare personnel and residents for symptoms of COVID-19. Healthcare personnel will be monitored daily for fever and respiratory symptoms (even if asymptomatic) and will be excluded from work until they are symptom-free and have tested negative for COVID-19.

2. We are monitoring our residents for symptoms.

We are monitoring our residents for fever and respiratory symptoms. We are taking all necessary precautions to prevent the spread of COVID-19.

3. We are limiting activities within the facility.

We are limiting activities within the facility to ensure the safety of all residents and staff. We are encouraging residents to practice social distancing, and we are limiting group activities.

We are also providing additional resources for facilities to support them in managing COVID-19.

Additional resources for facilities:

CORONAVIRUS DISEASE 2019 (COVID-19):
Supporting Your Loved One in a Long-Term Care Facility

We recognize the hardship that our residents and families are experiencing right now due to COVID-19, and we want to help. We are working with our partners at the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) to provide support and resources to facilities.

Due to the high risk of spread once COVID-19 is present, we must continue these protections. We will continue to provide facilities with regular updates regarding COVID-19 status, such as new tests and guidance.

We encourage you to review the CDC website for information about COVID-19, including how it spreads, and actions you can take to protect your health [https://www.cdc.gov/coronavirus/2019-ncov/index.html].

Thank you for following the guidance provided by the CDC and for helping protect our residents from COVID-19.
Thank you to all the providers who shared your experiences!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Open Discussion and Questions
Join Us!

Join us for the next National CMS/CDC Nursing Home COVID-19 Training on Thursday, July 30, 2020 from 4:00 - 5:00 pm ET

COVID-19 Knowledge for the Front-Line Staff

Registration is required: https://zoom.us/webinar/register/WN_w16sb6o8TBA-PR7oAFNg2g
Thank You!

Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/07_23_20

We will use the information you provide to improve future events.