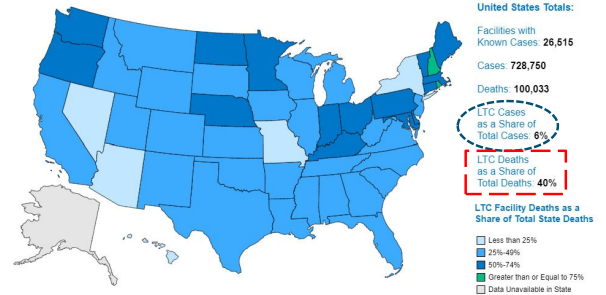


OVERVIEW: IMPACT OF SARS-COV-2 (COVID-19)

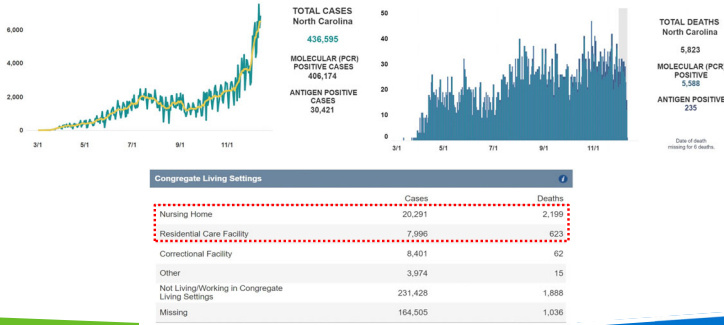
Evelyn Cook, RN, CIC
Associate Director SPICE
December 14th, 2020

LONG-TERM CARE: COVID-19



<https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#long-term-care-cases-deaths>

HOW ARE WE DOING? AS OF 12/14/20



NEW-UPDATED GUIDANCE DOCUMENTS SINCE SEPTEMBER

- ▶ [Strategies for Optimizing the Supply of Isolation Gowns \(10/9\)](#)
 - ▶ If supplies return to normal resume conventional practices-changing between each resident
 - ▶ If in crisis capacity strategies:
 - ▶ Consider extended use of gown-can only be considered on the designated COVID-19 + unit
 - ▶ Prioritize gowns based on care activities where splashes or sprays are anticipated, aerosol generating procedures and high-contact patient care activities
 - ▶ Disposable gowns generally should NOT be re-used and reusable gowns should NOT be reused before laundering
- ▶ [Testing Guidelines for Nursing Homes \(10/16\)](#)
 - ▶ Test symptomatic residents
 - ▶ Test asymptomatic residents with known exposure or if outbreak in facility
 - ▶ Baseline testing as part of the reopening process
 - ▶ If in outbreak mode, repeat testing every 3-7 days (previously negative residents) until on new cases among residents or HCP for a period of at least 14 days since the most recent positive result.

NEW-UPDATED GUIDANCE DOCUMENTS SINCE SEPTEMBER

- ▶ [Duration of Isolation and Precautions for Adults with COVID-19 \(10/19\)](#)
 - ▶ Persons previously diagnosed with symptomatic SARS-CoV-2, who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
 - ▶ For person who never developed symptoms, the date of first positive test should be used.
 - ▶ If *symptomatic* and evaluation fails to identify a diagnosis other than COVID-19 then the person may warrant evaluation for SARS-CoV-2 reinfection
- ▶ [Strategies for Optimizing the Supply of Eye Protection \(10/27\)](#)
 - ▶ If supplies return to normal resume conventional practices-changing between each resident
 - ▶ If in contingency capacity strategies:
 - ▶ Implement extended wear
 - ▶ If in crisis capacity strategies:
 - ▶ Prioritize eye protection for selected activities where splashes or sprays are anticipated, aerosol generating procedures and where prolonged face-to-face close contact is unavoidable

NEW-UPDATED GUIDANCE DOCUMENTS SINCE SEPTEMBER

- ▶ [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(11/4\)](#)
 - ▶ Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.
- ▶ [Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 \(11/20\)](#)
 - ▶ Added guidance on testing
 - ▶ Increased emphasis on PPE use and handling

NEW-UPDATED GUIDANCE DOCUMENTS SINCE SEPTEMBER

- ▶ [Preparing for COVID-19 in Nursing Homes \(11/20\)](#)
 - ▶ Assign at least one full time individual with training in infection control to provide on-site management (facilities with more than 100 residents)
 - ▶ Added new resources
- ▶ [Strategies for Optimizing Supply of N95 Respirators \(11/23\)](#)
 - ▶ If supplies return to normal resume conventional practices-changing between each resident
 - ▶ If in contingency capacity strategies:
 - ▶ Implement extended wear, ideally discarded after extended use (end of shift)
 - ▶ If in crisis capacity strategies:
 - ▶ Limited re-use-limited the number of reuses to no more than five uses (five donning's) per device by the same HCP.

SPICED

NEW-UPDATED GUIDANCE DOCUMENTS SINCE SEPTEMBER

- ▶ [Strategies for Optimizing the Supply of Facemasks \(11/23\)](#)
 - ▶ If supplies return to normal resume conventional practices:
 - ▶ If used for source control used until soiled, damaged, or hard to breathe through and discard after removal
 - ▶ If used as PPE (caring for residents on precautions) remove and discard after each resident encounter
 - ▶ If in contingency capacity strategies:
 - ▶ Implement extended wear, discard when removed and always at the end of each day.
 - ▶ If in crisis capacity strategies:
 - ▶ Limited re-use-not known a maximum number of uses.
 - ▶ Not all can be reused
- ▶ [Holiday Celebrations](#)

SPICED

NEW-UPDATED GUIDANCE DOCUMENTS SINCE SEPTEMBER

- ▶ [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes \(12/10\)](#)
 - ▶ Testing of symptomatic residents and HCP-
 - ▶ antigen test is positive- NO confirmatory test is necessary
 - ▶ Antigen test is negative-perform PCR immediately (48 hours), keep residents on precautions until results return
 - ▶ Testing of asymptomatic residents and HCP in facilities as part of an COVID-19 outbreak response-
 - ▶ Antigen test is positive, no confirmatory test needed
 - ▶ Testing of asymptomatic HCP in facilities without an outbreak as required by CMS recommendations.
 - ▶ Antigen test is positive-perform confirmatory PCR test with 48 hours
 - ▶ If the PCR is positive exclude HCP from work and initiate an outbreak
 - ▶ If the PCR is negative, discuss with LHD

SPICED