SARS-COV-2 (COVID-19): UPDATED GUIDANCE

SENIOR LIVING ASSOCIATION

Evelyn Cook, RN, CIC
Associate Director SPICE

February 25th, 2021

https://spice.unc.edu/
https://spice.unc.edu/ask-spice/
https://spice.unc.edu/webinar
SPICE EDUCATIONAL ACTIVITIES (CONGREGATE CARE SETTINGS)

- Quarterly Webinar(s):
  - Vaccine Hesitancy in HCP: Is There a Solution? **February 18th: 12 noon-1pm**
  - 2021: May, August, November
  - 2022: February, May and August

- Infection Control in Long Term Care Facilities:
  - March 29-31st, 2021
  - June 7-9th, 2021

- Provide 2-DVD set that includes 6 modules:
  - Antibiotic resistant bacteria, isolation precautions, environmental cleaning, preventing UTIs, preventing *C. difficile* and safe injection

- Infection Control Course:
  - Adult Care Homes and Assisted Living Facilities (12/31)

- Development of tool kits related to infection prevention
<table>
<thead>
<tr>
<th>Provide</th>
<th>Provide an overview of SARS-CoV-2 activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss</td>
<td>Discuss updated CDC guidance/recommendations</td>
</tr>
<tr>
<td>Discuss</td>
<td>Discuss visitation guidance</td>
</tr>
</tbody>
</table>
WHERE ARE WE?

- Total Number of U.S. Cases: 28,065,327
- Total Number of U.S. Deaths: 501,181
- Total Vaccines Administered: 65.5 M

- Total Number of N.C. Cases: 849,630
- Total Number of N.C. Deaths: 11,074
- Total Vaccines Administered: > 2 M

**Congregate Living Settings**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>33,440</td>
<td>3,724</td>
</tr>
<tr>
<td>Residential Care Facility</td>
<td>15,835</td>
<td>1,157</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>12,757</td>
<td>88</td>
</tr>
<tr>
<td>Other</td>
<td>4,234</td>
<td>17</td>
</tr>
<tr>
<td>Not Living/Working in</td>
<td>412,662</td>
<td>3,410</td>
</tr>
<tr>
<td>Congregate Living Settings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OBJECTIVES

- Provide an overview of SARS-CoV-2 activity
- Discuss updated CDC guidance/recommendations
- Discuss visitation guidance
HEALTHCARE PERSONNEL RETURN TO WORK CRITERIA  
(FEB 16TH, 2021)

- A test-based strategy is not recommended
- Symptom based strategy:

| HCP with mild to moderate illness not severely immunocompromised | • At least 10 days have passed since first symptom  
| • At least 24 hours have passed since last fever (off medications  
| • Symptoms (e.g., cough, SOB) have improved |
| HCP who were asymptomatic and not severely immunocompromised | • At least 10 days have passed since first positive viral diagnostic test |
| HCP with severe to critical illness or who were severely immunocompromised | • At least 10 and up to 20 days have passed since first symptom  
| • At least 24 hours have passed since last fever (off medications  
| • Symptoms (e.g., cough, SOB) have improved  
| • Consider consultation with infection control experts |

STRATEGIES TO MITIGATE HCP SHORTAGE

Contingency (shortages are anticipated):
- Hire additional staff, postpone elective time off
- Plans to allow asymptomatic HCP who have high risk unprotected exposure but are not known to be infected to continue to work onsite during the 14-day post-exposure

Crisis: (no longer enough staff to provide safe patient care):
- As a last resort implement criteria to allow HCP confirmed to have COVID-19 who are well enough to work but have not met all return-to-work criteria to work:
  - Restrict from severely immunocompromised patients
  - Perform job duties where they do not interact with other
  - Provide direct care to persons with confirmed COVID-19 preferably cohort setting
  - As a last resort allow HCP to provide direct care for persons without suspected or confirmed COVID-19

DISCONTINUING QUARANTINE

HCP

- Prolonged close contact with a person with confirmed COVID-19
  - Exclude from work for 14 days after last exposure
  - Advise to self-monitor for fever or symptoms consistent with COVID-19
  - If symptoms occur immediately contact occupational health program
  - Test initially and if negative again at 5–7-day interval (should still be excluded if negative)

---

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19¹</td>
<td>• HCP not wearing a respirator or facemask²</td>
<td>• Exclude from work for 14 days after last exposure³⁶</td>
</tr>
<tr>
<td></td>
<td>• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask</td>
<td>• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁷</td>
</tr>
<tr>
<td></td>
<td>• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹</td>
<td>• Any HCP who develop fever or symptoms consistent with COVID-19⁷ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</td>
</tr>
</tbody>
</table>

OPTIONS TO REDUCE QUARANTINE
DECEMBER 2ND, 2020

- Quarantine can end after Day 10:
  - Without testing and if no symptoms have been reported during daily monitoring

- Quarantine can end after Day 7:
  - When diagnostic testing resources are sufficient and available
  - Diagnostic specimen tests negative
  - Specimen collected and tested within 48 hours before time of planned quarantine
  - No symptoms reported during daily monitoring

- Quarantine cannot be discontinued earlier than after Day 7
<table>
<thead>
<tr>
<th>Planned day after which quarantine is completed and can be discontinued</th>
<th>Residual post-quarantine transmission risk (%) with and without diagnostic testing of a specimen within 48 hours before time of planned discontinuation of quarantine</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>No testing</td>
</tr>
<tr>
<td>Median</td>
<td>Range</td>
</tr>
<tr>
<td>10.7</td>
<td>10.3-22.1</td>
</tr>
<tr>
<td>14</td>
<td>0.1-10.6</td>
</tr>
<tr>
<td>14</td>
<td>0.0-3.0</td>
</tr>
</tbody>
</table>
Are the alternatives to the 14-day quarantine recommended for healthcare facilities?

- Given the need for often extensive and close contact between patients and healthcare personnel, a 14-day quarantine period continues to be recommended for patients receiving healthcare and healthcare personnel with exposures to SARS-CoV-2 warranting quarantine or work restrictions, respectively.
- This option maximally reduces post-quarantine transmission risk and is the strategy with the greatest collective experience at present.
- HCF could consider alternatives as a measure to mitigate staffing shortages, space limitations or PPE supply shortage but due to the special nature of healthcare settings, NOT AS A PREFERRED OPTION.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control
AFTER THE VACCINE: WHAT HAPPENS?

- Limited information on how much the vaccine might reduce transmission and how long protection lasts

- CDC continues to recommend vaccinated persons should continue to follow **current guidance** to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, and washing hands often.
  - However, vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet CDC criteria

- Added, as contingency strategies options to allow (2/14)
  - **Asymptomatic fully vaccinated** HCP who have had a higher-risk exposure to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

As an exception to the above guidance “no longer requiring quarantine for fully vaccinated persons”, **vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure** to someone with suspected or confirmed COVID-19; outpatients should be cared for using appropriate [Transmission-Based Precautions](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).
UNIVERSAL SOURCE CONTROL

- Residents/family members wear their own well-fitting form of source control upon arrival and throughout their stay.
- Residents may remove while in their rooms but wear when around others or leaving their room.
- Healthcare personnel should wear well-fitting source control **AT ALL TIMES** while they are in the facility, including breakrooms or other spaces where they might encounter coworkers.

How NOT to wear a mask

- Around your neck
- On your forehead
- Under your nose
- Only on your nose
- On your chin
- Dangling from one ear
- On your arm

UNIVERSAL USE OF PERSONAL PROTECTIVE EQUIPMENT

HCP working in facilities in communities with moderate to substantial transmission:

- N95 used for aerosol generating procedures (AGP)
- Source control
  - N95
  - A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; use of a mask fitter; tying the facemask's ear loops and tucking in the side pleats; fastening the facemask's ear loops behind the wearer's head; external icon; use of a cloth mask over the facemask to help it conform to the wearer's face)
- Eye protection
## Conventional: Normal Supply
(incorporate the anticipated number of persons for whom PPE should be worn by HCP)

- **Face mask**
  - **Source control:** Used until soiled or damaged or hard to breathe through
  - Discard after removal
- **PPE:**
  - Removed and discarded after each person encounter

## Contingency: Temporarily instituted during periods of expected shortage

- **Extended use of facemasks as PPE:**
  - Discard whenever removed and always at the end of the workday

## Crisis: Not commensurate with standard US standards; periods of known shortages

- **Limited re-use with extended use:**
  - No maximum number of uses

## Face mask

- **N95s (respirators)**
  - Resume conventional practices

- **Extended use; ideally discarded after extended use (shift):**
  - Consider use of face shield or facemask during AGPs-splashes and sprays

- **N95s (respirators)**
  - **Extended use; ideally discarded after extended use (shift):**
    - Consider use of face shield or facemask during AGPs-splashes and sprays
During times of increased demand for N95 filtering facepiece respirators (FFRs), hospitals or other medical facilities may want to protect these devices from surface contamination in order to prolong their use.

When protection against surface contamination is needed, CDC recommends wearing a cleanable face shield over an N95 FFR.

Wearing a surgical mask or cloth covering over an FFR, such as an N95, is not approved or recommended by NIOSH because it is not consistent with the conditions of the approval, therefore voiding the certification, however this is a strategy that can be used in a crisis situation, as described in the CDC strategies for Optimizing the Supply of N95 Respirators

https://blogs.cdc.gov/niosh-science-blog/2020/06/16/covering-n95s/
RESPIRATORS

- Healthcare providers who are in close contact with an LTCF resident with suspected or confirmed SARS-CoV-2 infection **must use a NIOSH-approved N95 FFR or equivalent or higher-level respirator** (29 CFR 1910.134).

- Whenever respirators are required, employers must implement a written, worksite-specific respiratory protection program (RPP), including medical evaluation, fit testing, training, and other elements, as specified in OSHA’s Respiratory Protection standard (29 CFR 1910.134).


<table>
<thead>
<tr>
<th></th>
<th>Conventional: Normal Supply (incorporate the anticipated number of persons for whom PPE should be worn by HCP)</th>
<th>Contingency: Temporarily instituted during periods of expected shortage</th>
<th>Crisis: Not commensurate with standard US standards; periods of known shortages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Protection</td>
<td>Resume conventional practices: • Shift from disposable to reusable</td>
<td>Extended use • Removed, cleaned if visible soiled or hard to see through</td>
<td>Prioritize eye protection: • Activities where splash/splatter anticipated • Prolonged face to face close contact</td>
</tr>
<tr>
<td>Gowns</td>
<td>Resume conventional practices: • Reusable (cloth) gowns</td>
<td>Prioritize gowns for higher risk activities: • AGP • Close/prolonged contact</td>
<td>Extended use: • COVID-19 unit only</td>
</tr>
</tbody>
</table>
OBJECTIVES

Provide an overview of SARS-CoV-2 activity

Discuss updated CDC guidance/recommendations

Discuss visitation guidance
VISITATION

CORE PRINCIPLES OF COVID-19: INFECTION PREVENTION

- Screening
- Hand Hygiene
- Face covering
- Social Distancing
- Signage
- Cleaning and disinfecting
- Appropriate staff use of PPE
- Effective cohorting of residents
- Resident and staff testing
PREVENTION RECOMMENDATIONS
VISITATION-OUTDOOR

- Outdoor visitation preferred
- Should be facilitated routinely (aside from weather conditions etc.,)
- Create assessable and safe spaces (courtyards, use of tents)
- Face coverings-universal source control
- Limit number and size of visits
- Reasonable limits on the number of individuals visiting
PREVENTION RECOMMENDATIONS
VISITATION-INDOOR

- No new onset cases in the last 14 days and not currently conducting outbreak testing
- Screening of residents, staff and visitors
- Face coverings-universal source control
- Restrict indoor visitation to resident room or other area designated by facility
- Visitors limit interactions with others
- Availability of alcohol-based hand sanitizer
- Designated area cleaned (EPA registered disinfectant) after each visit
- Allow for privacy
COMPASSIONATE CARE

- Does not exclusively refer to “end of life”
- Other examples:
  - A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
  - A resident who is grieving after a friend or family member recently passed away.
  - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
  - A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- Allowed during outbreak
- Conducted using social distancing, however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.
PREVENTION RECOMMENDATIONS

COMMUNAL DINING
- Ensure 6 feet of space between each individual and each table
- Stagger mealtimes
- Plate food versus family style
- Reduce (eliminate) condiments
- HH before and after
- Area sanitized after each meal

INDOOR/GROUP ACTIVITIES
- Adhere to HH and source control
- Limit group size-social distancing
- Clean and sanitize activity equipment
- Outdoor activities:
  - Ensure appropriate supervision
  - Need for sunscreen, hydration, appropriate clothing

VACCINATION
COVID-19

- The First two Covid-19 Vaccines released by FDA, Emergency Use Authorizations (EUA), both 2 dose vaccines:
  - Pfizer-BioNTec
  - Moderna
# VACCINATION COVID-19

<table>
<thead>
<tr>
<th></th>
<th>Pfizer &amp; BioNTech</th>
<th>Moderna</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td>mRNA (virus genetic code)</td>
<td>mRNA (virus genetic code)</td>
</tr>
<tr>
<td><strong>Antigen</strong></td>
<td>Spike protein, 30 µg</td>
<td>Spike protein, 100 µg</td>
</tr>
<tr>
<td><strong>Doses</strong></td>
<td>Two injections, 21 days apart</td>
<td>Two injections, 28 days apart</td>
</tr>
<tr>
<td><strong>Study participants</strong></td>
<td>~44,000</td>
<td>~30,000</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>≥16 years</td>
<td>≥18 years</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>~95% (~50% after 1 dose)</td>
<td>~95%</td>
</tr>
<tr>
<td><strong>Long-term storage</strong></td>
<td>-75 °C</td>
<td>-20 °C (up to 6 months)</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>Intramuscular (IM)</td>
<td>Intramuscular (IM)</td>
</tr>
<tr>
<td><strong>Stability when mixed</strong></td>
<td>6 hours</td>
<td>6 hours</td>
</tr>
</tbody>
</table>

-75 °C means storage at -75 °C for up to 6 months.
Inform about the potential side effects and that they are normal

Potential Side Effects:

- **Local**: pain, redness, swelling at the injection site
- **Systemic**: fever, muscle or joint aches, malaise

Generally occur within 1-3 days following vaccine and resolve within 1-3 days of onset

May be more pronounced after the second dose

---

**Reactogenicity reported to v-safe**

<table>
<thead>
<tr>
<th>Local and systemic reactions, day 0-7†</th>
<th>All vaccines %</th>
<th>Pfizer-BioNTech dose 1 %</th>
<th>Pfizer-BioNTech dose 2 %</th>
<th>Moderna dose 1 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>70.7</td>
<td>67.7</td>
<td>74.8</td>
<td>70.1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>33.4</td>
<td>28.6</td>
<td>50.0</td>
<td>29.7</td>
</tr>
<tr>
<td>Headache</td>
<td>29.4</td>
<td>25.6</td>
<td>41.9</td>
<td>26.0</td>
</tr>
<tr>
<td>Myalgia</td>
<td>22.8</td>
<td>17.2</td>
<td>41.6</td>
<td>19.6</td>
</tr>
<tr>
<td>Chills</td>
<td>11.5</td>
<td>7.0</td>
<td>26.7</td>
<td>9.3</td>
</tr>
<tr>
<td>Fever</td>
<td>11.4</td>
<td>7.4</td>
<td>25.2</td>
<td>9.1</td>
</tr>
<tr>
<td>Swelling</td>
<td>11.0</td>
<td>6.8</td>
<td>26.7</td>
<td>13.4</td>
</tr>
<tr>
<td>Joint pain</td>
<td>10.4</td>
<td>7.1</td>
<td>21.2</td>
<td>8.6</td>
</tr>
<tr>
<td>Nausea</td>
<td>8.9</td>
<td>7.0</td>
<td>13.9</td>
<td>7.7</td>
</tr>
</tbody>
</table>

† v-safe data lock point 1/14/2021, 5:00 AM ET
† Reported on at least one health check-in completed on days 0-7 after receipt of vaccine
VACCINE HESITANCY IS REAL

- Published February 1st, 2021

- Studied receipt of vaccine in first month of Pharmacy Partnership for LTC Program with data from NHSN and CMS

- 77.8% of residents and 37.5% of staff members per facility received ≥1 dose of vaccine through Pharmacy Partnership for LTC Program
VACCINE HESITANCY

INCREASING CONFIDENCE IN VACCINE, VACCINATOR, AND HEALTH SYSTEM

May have questions, take “wait and see” approach, want more information

Refusal

Passive Acceptance

Demand

https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html#slides
STILL IMPORTANT!

Remember the 3 W’s

WEAR A MASK

WASH YOUR HANDS

WATCH YOUR DISTANCE

cdc.gov/coronavirus
RESOURCES FOR INFECTION PREVENTION RECOMMENDATIONS

- CDC Considerations for Preparing for COVID-19 in Assisted Living Facilities

- CDC Considerations for Memory Care Units in LTCFs

- Considerations for Retirement Communities and Independent Living Facilities

- CDC Preparing for COVID in Nursing Homes

- CDC Responding to COVID in Nursing Homes
RESOURCES FOR INFECTION PREVENTION RECOMMENDATIONS

- Return to Work Criteria for HCP with SARS-CoV-2 Infection-2/16/2021

- Strategies to Mitigate Staffing Shortages-2/16/2021

- NCDHHS Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Setting

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic
Questions??