

# **COVID-19 Infection Control Guidance for Nursing Homes and Adult Care Facilities**

March 26, 2020

The information on the PowerPoint is current only as of the date of the presentation (unless otherwise noted). The COVID-19 pandemic is rapidly evolving and for the latest numbers and/or guidance, please reference the links within the presentation.



### **Standard Precautions**

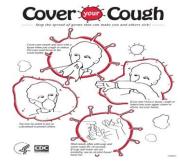
#### Every resident, every day



hand hygiene



personal protective equipment based on your task



respiratory hygiene/cough etiquette



#### **CDC Infection Prevention and Control**



- Intended for all U.S. healthcare settings
- Updated frequently

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html Guidance current as of 12pm 3/13/2020



### **Environmental Cleaning**

- Increase frequency of high touch surface cleaning
- Routine cleaning and disinfection procedures are appropriate
  - Including resident-care areas where aerosol-generating procedures are performed.
- CDC
  - Considerations for air changes before a terminal clean



#### **Key NYSDOH Guidance**

- March 13, 2020:
  - Health advisory sent to Nursing Homes and Adult Care Facilities
- March 16, 2020:
  - Conditions for healthcare providers to work after exposures if facility operations are impacted by furlough
- Key guidance documents can be located at guidance documents inurl:coronavirus.health.ny.gov





ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

**DATE:** March 13, 2020

TO: Nursing Homes (NHs) and Adult Care Facilities (ACFs)

FROM: NYSDOH Bureau of Healthcare Associated Infections (BHAI)

Health Advisory: COVID-19 Cases in Nursing Homes and Adult Care Facilities

#### Please distribute immediately to:

Administrators, Infection Preventionists, Medical Directors, Physicians, Physician Assistants, Nurse Practitioners, Nursing Staff, Risk Managers, and Public Affairs.





#### **Preventing Introduction**

- Suspend visitation
  - Plan how to accommodate medically necessary visitors
- Health Checks/Screening for NH and ACF staff
  - Community transmission is occurring
  - At start of every shift
  - Strictly enforce illness policies
  - Return to work per policy
    - Not until complete recovery
    - If COVID-19 +, local health department involved
- Facemasks within 6 feet of residents
  - Extended wear is allowed





#### When you suspect COVID-19

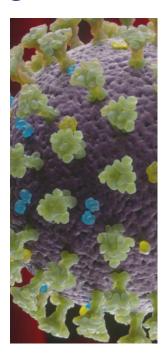
- Place a procedure mask on resident
- Isolate the resident in a separate room with door closed
- Contact and droplet precautions for all care
  - Gloves, gown, facemask, eye protection
- Immediately contact NYSDOH Regional Epidemiology team
- Transfer decisions should be based on medical need, not suspicion of COVID-19 alone





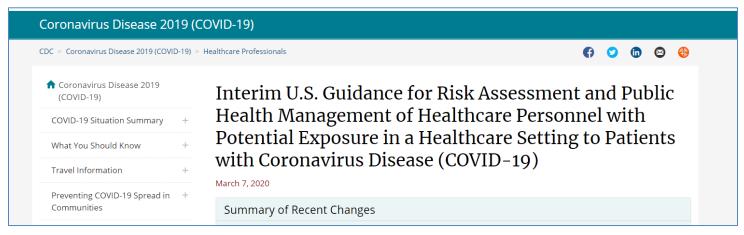
#### When a resident is a confirmed case

- Notify NYSDOH Regional Epi Contact
- Actively monitor residents on affected unit(s)
- Residents remain in their rooms
- Cancel group activities and communal dining
- Residents to wear a face mask (if tolerated) in their rooms when staff are present
- Staff: No floating, cohort staff caring for residents
- Contact and Droplet precautions while caring for all residents on affected unit(s)





#### Risk Assessment for Staff Exposures



- Streamlined table from earlier versions
- Identify and assess risk if exposure occurs
- Identify risk categories by source control and provider PPE
- Includes recommendations for furlough based on risk at time of exposure



#### Confirmed COVID-19 in NH and ACF Staff

- Identify date of onset of illness
- Assess the most recent date worked
- If provider staff worked while ill:
  - Identify residents or units for quarantine
- If provider staff did not work while ill:
  - Maintain base activities and heightened awareness
- Work with local health department to understand any quarantine or isolation orders before allowing return to work



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#### **Consider Strategies to Conserve PPE**

- Bundle care and minimize facility staff entering room
- Consider dedicated units
  - Cohorting residents known to have COVID-19 to a single unit
  - Cohorting or dedicating providers to care only for COVID-19 residents
- Extended wear of facemasks and eye protection
  - Remove only gloves and gowns between caring for residents
  - Perform hand hygiene between residents
  - Continuing to wear the same eye protection and respirator or facemask (i.e., extended use)

Risk of transmission from eye protection and facemasks during extended use is expected to be very low.



#### **Ordering Supplies**

Use existing vendor agreements and procurement plans to place orders for quantities needed by type and size of PPE.

- Activate existing Mutual Aid Agreements to obtain available support from those partners.
- Notify County Office of Emergency Management (OEM) when all existing agreements are exhausted and supply needs exceed those available from these sources.
- Coordinate with County OEM to identify and utilize other existing county resources
- Notify the respective Department's Regional Office of ongoing need.
- If all local resources have been exhausted, submit a request, via your County OEM, to the NYS OEM. The request should include as much detail as available, but include at a minimum the following elements:
  - Type and Quantity of PPE by size
  - Point of Contact at the requesting facility or system
  - Delivery location
  - Date request is needed to be filled by
  - Record of pending orders



#### **Key Points**

- Maintain awareness for febrile (fever) or influenza-like illness among residents
- Identify how you will get residents tested for COVID-19
  - Low threshold for getting residents tested in areas where sustained community transmission is not yet happening
- Make PPE readily available, but preserve supplies
  - Balance to provide appropriate PPE for safe care and prevent loss
- Use clinical judgement and medical needs of residents when deciding to transfer
  - Residents with COVID-19 may be cared for with proper PPE and processes
- NHs and ACFs must regularly monitor for signs and symptoms of illness when caring for residents known to have COVID-19 and must continue to screen staff consistent with previously issued guidance



#### **Additional Key Points**

- Prioritize private room for COVID-19+ residents, including private bathroom
- Cohorting residents with confirmed COVID-19 is acceptable
- Cohorting suspected cases is should be considered on a case by case basis
- Consider dedicated units to care for residents know to have COVID-19
  - Staff would be dedicated for duration of shift
- If residents must be in a semi-private room:
  - Physically separate as far as possible
  - Use curtains to separate whenever possible
  - Ensure PPE is changed and hand hygiene occurs between residents

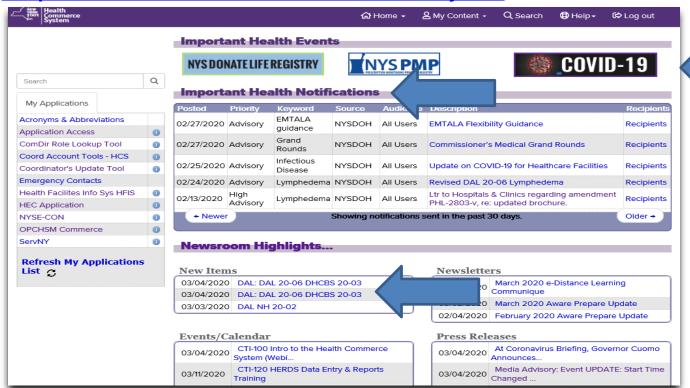


## COVID-19 Resources



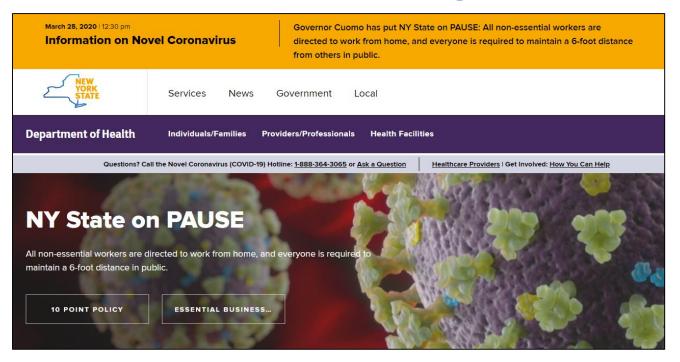
#### **NYS Health Commerce System**

https://commerce.health.state.ny.us





#### **NYSDOH COVID-19 Webpage**





#### **CDC Coronavirus Webpage**

www.cdc.gov/coronavirus/2019-ncov/index.html





#### **Contacting NYSDOH**

Non-urgent or Policy Related Issues:

covidadultcareinfo@health.ny.gov

covidnursinghomeinfo@health.ny.gov

These mailboxes are monitored daily and used to develop guidance!

Confirmed or suspected cases NYSDOH Regional Epidemiologist:

https://www.health.ny.gov/professionals/diseases/reporting/communicable/infecti

on/regional epi staff.htm