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

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

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


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

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
Accessed March 25, 2020
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
New York State Department of Health

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Executive Deputy Commissioner

DATE: March 13, 2020
TO: Nursing Homes (NHs) and Adult Care Facilities (ACFs)
FROM: NYSDOH Bureau of Healthcare Associated Infections (BHA)

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.

Accessed 3/25/2020
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

Guidance current as of 12pm 3/13/2020
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
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
Governor Cuomo has put NY State on PAUSE: All non-essential workers are directed to work from home, and everyone is required to maintain a 6-foot distance from others in public.
Information for Healthcare Professionals

Current Interim Guidance

- Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUI) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings
- Interim Guidance for Collection and Submission of Postmortem Specimens from Decedent Persons Under Investigation (PUI) for COVID-19, February 2020
- Evaluating and Reporting Persons Under Investigation (PUI)

Resources for Healthcare Professionals Caring for COVID-19 Patients
- What Healthcare Providers Should Know
- Frequently Asked Questions for Healthcare Providers

Persons Under Investigation (PUI)

Clinical Care
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