New CDC Webinar & Guidance for LTC Available

On March 17, the CDC held a clinician outreach and communication activity (COCA) webinar for long-term care facilities including SNF, LTC, and AL related to infection prevention and control guidance, steps facilities should be taking, management and treatment of COVID-19 and available resources. The recording of the call and the webinar slides are available here.

Please see below for notes from the webinar:

Special Considerations Identified

- o   Residents and older visitors have higher mortality rates than the general population.
- o   Be sure to educate staff on signs and symptoms and their critical role in protecting residents.
- o   Not everyone with COVID-19 will have a fever particularly older adults, especially those with significant medical conditions, don't always display typical responses to infection so early symptoms for these residents may be vague such as confusion or malaise.
- o   Ill visitors and healthcare personnel are the most likely sources of infection for residents which is what has led to the guidance to restrict visitation and non-essential healthcare personnel.

Things Should Do

- o   Check on residents more frequently than otherwise would. At least daily (and upon admission), check vital signs and for symptoms of illness and consider adding pulse oximetry to vital sign checks if possible. [Don't forget to sanitize equipment between residents.]
- o   Pay attention to temperature increases even if they don't meet criteria for a fever, heart rate increases, and pulse oximetry declining if reading. If a resident displays mild symptoms, the CDC suggests monitoring more frequently than daily (at least twice daily).
- o   Have discussions with families and residents about goals of care, which is true anytime, and about end-of-life and desire for hospitalization. Be sure these preferences are clearly recorded.

CDC Visitation Recommendations

- o   Restrict all visitation except for compassionate care. In no case, shall any ill person enter.
- o   Restrict all non-essential personnel from entering the building. (Discussed at 22:00 of the webinar)
  - o   Create list of staff, volunteers, consultants, and any other services that enter
  - o   Consider the services that come into the building and determine which services must continue for the necessary medical care of residents, those that can be delayed, and those that should be stopped.
  - o   Create a plan for how to limit or stop any non-essential visits and personnel. The determinations related to non-essential personnel will be a decision that needs to be made locally at the facility-level.
  - o   Create communication chain with staff to rapidly disseminate any messages.

Social Distancing of Residents (Discussed at 23:43 of the webinar)

- o   Cancel group activities and maintain distance of at least 6 feet apart.

- o   Communal dining should be discontinued but residents must be fed safely so resident needs will determine how each facility will handle dining.

Monitoring of Healthcare Personnel (Discussed at 25:08 of the webinar)

- o Staff must have the ability to stay home when ill.
- o Staff should regularly monitor themselves for fever and respiratory infection symptoms, even when not at work.
- o Staff should be screened at start of shift for temperature and respiratory infection symptoms. Ill staff identified throughout the workday should immediately put on face mask, notify facility and then go home.

Ill Residents

- o As soon as a resident is identified as ill, the resident should be restricted to their room.
- o If don't have N95 respirator, HCP should use eye protection, gloves, gown, and face mask for any resident with a respiratory infection including suspected or confirmed COVID-19. Perform frequent hand hygiene, frequently disinfect frequently touched surfaces, and consider the use of universal face masks (which will be very dependent on PPE supply).
- o Report 2+ cases of respiratory illnesses to the department of public health.
- o If suspect resident has COVID-19, the resident should be moved to their room and close the door. Resident should stay in room and be monitored by staff wearing face mask, gloves, gown, and eye protection. Notify health department immediately. If resident must leave room, they should wear a face mask and perform hand hygiene.
- o Decision to hospitalize should be based upon their clinical status and their need for a higher level of care.

PPE (Discussed at 27:24 of the webinar)

- o Assess PPE supply.
- o Identify public health contacts for short supplies
- o Educate staff on how to preserve your PPE supply.
    - o Prioritize use of gown for certain types of procedures and interactions
    - o Extended use of eye and face protection which may mean a HCP uses same eye and face protection for the entire shift with specific precaution taken to preserve the protection during the shift. See CDC guidance for detail.
    - o If running low on alcohol-based hand sanitizer, make sure there is soap, paper towels and a garbage can near your sinks so that hand hygiene can be performed using soap and water.

Airborne Infection Isolation Room

- o Not required for care of residents with suspected or confirmed COVID-19
- o Ideally, resident with COVID-19 is placed in private room with private bath but recognize that is not always possible.
- o Transfer should only be requested if need a higher level of care.