COVID-19 Updates for Skilled Nursing Facilities:

Back to the Basics of Infection Control and Testing Updates from CDPH AFL

September 18, 2020

Dr. Pingting Karen Nie
Dr. Shobita Rajagopalan

Acute Communicable Disease Control Program
Los Angeles County Department of Public Health
Disclosures

There is no commercial support for today’s webinar

Neither the speakers nor planners for today’s webinar have disclosed any financial interests related to the content of the meeting

This webinar is meant for healthcare facilities and is off the record and reporters should log off now.
DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (9/18/20) so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.
Today’s Agenda

• Epidemiology Updates: National, State and Local Trends
• Back to the Basics of Infection Control:
  – Infection Control Do’s and Don’ts
• Updates from Recent CDPH AFL 20-53.3
• Q and A
Epidemiology Updates
Trends in Number of US COVID-19 Cases Reported to CDC, by State/Territory

USA
6,613,331
TOTAL CASES
+41,464 Cases since yesterday
CDC | Updated: Sep 17 2020
12:17PM

USA
196,277
TOTAL DEATHS
+1,224 Deaths since yesterday
CDC | Updated: Sep 17 2020
12:17PM

USA
1,998
Cases per 100,000 People
CDC | Updated: Sep 17 2020
12:17PM

California COVID-19 By The Numbers
September 17, 2020
Numbers as of September 16, 2020

CALIFORNIA COVID-19 SPREAD
766,201 (+3,238)
CASES

Ages of Confirmed Cases
- 0-17: 78,506
- 18-49: 459,903
- 50-64: 144,721
- 65+: 82,148
- Unknown/Missing: 923

Gender of Confirmed Cases
- Female: 386,895
- Male: 372,752
- Unknown/Missing: 6,554

14,721 (+106)
Fatalities

Hospitalizations
Confirmed COVID-19: 2,708/860
Hospitalized/in ICU

Suspected COVID-19: 913/137
Hospitalized/in ICU

For county-level hospital data:
bit.ly/hospitalsca

US Total Cases: 6,571,867

CALIFORNIA CASES
766,201

1 Day Δ 7 Day Δ 14 Day Δ
+3,238 +23,336 +49,024
+0.4% +3.1% +6.8%

7 Day 14 Day Weekly % Change
Avg. Avg.
3,334 3,502 -9.2%

Your actions save lives.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
LA County Daily COVID-19 Data

Data through 8:00pm 09/16/2020

Cases

1,160
New Cases Reported (09/17)*

257,271
Total Cases Reported*

*Including cases reported by Long Beach and Pasadena Health Departments

Testing

Daily Reported Number of COVID-19 Persons Tested with Diagnostic Testing, Past 7 Days Averaged from 7 Days Ago
September 16, 2020

7-Day Daily Average: 9,825
Total Number of People Tested: 2,494,106

Testing Positivity Rate

Daily Reported Percent of COVID-19 Diagnostic Tests that are Positive, Past 7 Days Averaged September 10, 2020

7-Day Daily Average: 3.1%

http://publichealth.lacounty.gov/media/Coronavirus/data/index.htm
Los Angeles County COVID-19 cases

http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/
Hospitalized COVID cases in LA County

http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/
SNF vs total deaths in LA County

Locations & Demographics

Residential Congregate Settings  Skilled Nursing Facility Deaths  Non-Residential Settings  Homeless Service Settings  Educational Settings

09/03 Update
Data through 8:00pm 09/02/2020

http://publichealth.lacounty.gov/media/Coronavirus/data/index.htm
http://publichealth.lacounty.gov/snfdashboard.htm
Back to Basics of Infection Control: Common Do’s and Don’ts

Hand hygiene, Environmental Cleaning
Contact/Droplet Precautions/PPE, and Cohorting
Hand Hygiene Barriers

• Consistency in performing hand hygiene (HH)
  – Prior to entering residents’ rooms
  – Upon leaving residents’ rooms
  – Before/during/after performing tasks
  – Throughout donning and doffing of PPE

• Amount of alcohol-based hand sanitizer (ABHS) dispensers and/or sinks available

• Importance of signage to promote proper HH
HH Recommendations for Improvement

• Conduct HH in-services with staff including return demonstration on the proper technique
• Perform HH audits to increase compliance
• Promote HH by placing signs near sinks
• Add additional alcohol-based hand sanitizer dispensers, as needed to increase adherence

Your 5 Moments for Hand Hygiene

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

Environmental Services (EVS)

• Common barriers include:
  – Cleaning of frequently touched surfaces
  – Emphasis on working from clean-to-contaminated areas
  – Knowledge of contact time for cleaning solutions being used (i.e. when using a disinfectant, staff were unaware of the amount of minutes required for the disinfectant to remain on the surface)
  – Clarification responsibilities between front-line and EVS staff
EVS Recommendations for Improvement

- Encourage EVS supervisor to conduct EVS in-services with staff including return demonstration.

- Educate staff on frequently touched surfaces (i.e. telephones, call lights, chairs, light switches, IV poles, door knobs, sinks, flush handles, bedrails, etc.).

- Consider utilizing supplemental technologies to assess EVS cleaning (i.e. Glo Germ, etc.).

- Perform EVS audits to increase adherence and ensure staff are aware of responsibilities.
Contact Precautions/Personal Protective Equipment (PPE)

- Common barriers include:
  - Incorrect donning/doffing sequence of PPE
  - Contact precaution signage is difficult to understand (i.e. donning sequence is incorrect on signage and contact vs. droplet precautions is unclear)
  - Staff being unaware of the reason residents are on isolation
  - Isolation carts
    - Not fully stocked with adequate PPE
    - Not enough carts placed throughout facility
Contact Precautions/PPE Recommendations for Improvement

- Educate staff on correct donning/doffing sequence
- Perform PPE in-services and audits to increase compliance
- Revise isolation signage to reflect correct donning/doffing sequence and consider different colors and appropriate PPE for each type of isolation (i.e. contact = gown and gloves; droplet = mask)
- Educate staff on the importance of being knowledgeable of the resident’s isolation status
- Revise isolation policies
Contact/Droplet Precautions/Personal Protective Equipment (PPE)

**English**

**Personal Protective Equipment**

For Coronavirus 2019 (COVID-19)

**DONNING**

For respiratory protection use a surgical mask or above.
For eye protection use goggles or a face shield.

**DOFFING**

Teresa cuidado con los procedimientos de generación de aerosoles:
- El personal debe usar protector facial del arnés de respiración (N95), por sus apliques en el tiempo y para la protección respiración.
- Lleve el personal de salud los dispositivos
- Inspección de las precauciones de sotmiento y alta del paciente
- Disponer antojitos cortes de seguridad del labio inferior de los pacientes
- Conduccion con el protocolos del control y de la organización de emergencias 2019-Nuev.

**Spanish**

**Equipo de Protección Personal (EPP)**

Para 2019-Nuevo Coronavirus

**PONERSE**

Para la protección respiratoria use un respirador N95 o superior.
Para la protección de los ojos, use gafas o un protector facial.

**QUITARSE**

Teresa cuidado con los procedimientos de generación de aerosoles:
- El personal debe usar protector facial del arnés de respiración (N95), por sus apliques en el tiempo y para la protección respiración.
- Lleve el personal de salud los dispositivos
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- Conduccion con el protocolos del control y de la organización de emergencias 2019-Nuev.

19
Separation between clean and contaminated

• Clean & contaminated “dirty” areas should be well demarcated and labeled.
• Common areas should be kept free of contamination.
  – Transmission-based precautions per room (ie. Cdiff, CRE, etc) → yellow cohort.
• If common areas are contaminated, there must be some physical barrier/demarcation.
  – Red zone.
What is the problem here?

- Purpose?
- Donning vs doffing?
- If for doffing, need trash bin for PPE.
- Should not be using extended use PPE.
Which one is better?
Which is better?
1. The facility needs to post signs on the plastic barriers that indicate “Tear Down In Case of Emergency.”
2. Staff need to be instructed to tear down the barriers in case of a fire or emergency.
3. When located in a fire-rated corridor, the plastic material shall be flame retardant plastic in accordance with California State Fire Marshal (https://osfm.fire.ca.gov/media/3107/regulations.pdf) and CBC Section 806.7.
4. The plastic barriers shall be placed a minimum (horizontal) distance of 4” from fire sprinklers, similar to a wall. NFPA 8.6.3.3 for pendant and upright spray sprinklers.

Some facilities have a perception that the plastic sheeting is a requirement from LA County PH.
Plastic sheeting have been observed in front of patient rooms in the red zone, instead of just closing the doors.
LA County PH strongly recommend against the plastic sheeting in front of the doors for infection control reasons.
PPE problems: re-use vs extended use

• Re-use vs. Extended Use
  – Extended use is the use of PPE for more than 1 patient.
    • Extended use of gowns is allowed ONLY in COVID+ zones when all patients are negative for MDROs. NOT YELLOW ZONE!
    • Facilities may store gowns or N95s for yellow zone—but this is tricky....
  – Re-use is the use of PPE on multiple days.
    • Only if there is critical shortage of PPE (Cal/OSHA), then should have a written risk assessment document.
    • Storage is critical
What’s wrong with this picture?

- Gowns touching each other.
- Difficult to tell inside from outside.
- Not labeled for individual.
- Signage obscured.
What’s wrong with this picture?

- Storage of potentially contaminated PPE in common areas.
N95 reuse

- CDC low tech 5 bag system
- Disinfection (UV, Battelle, etc)
- Cal/OSHA now against re-use
PPE for Each Cohort

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>Green Cohort (Non-COVID Area)</th>
<th>Yellow Cohort (Mixed)</th>
<th>Red Cohort (Isolation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission-based Precautions</td>
<td>Surgical masks may be worn for duration of shift and doffed when contaminated.</td>
<td>Contact/Droplet + eye protection*</td>
<td>Contact/N95 + eye protection</td>
</tr>
<tr>
<td>N95 respirators may be worn for duration of shift and doffed when contaminated.</td>
<td>Goggles/face shields when providing care within 6 feet of resident.</td>
<td>Goggles should be worn with only single patient.</td>
<td>Shortage: gowns may be worn with multiple patients, if no other MDRO.</td>
</tr>
<tr>
<td>Gowns should be used when needed (Standard Precautions).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Goggles/face shields
Cohorting confusion

- **Yellow cohort**
  - Functional barrier
    - Physical barriers or physical zone(s) are not necessary
    - Exposed residents should stay in the same room/unit/wing pending testing results*
    - Close contacts, e.g., room mates should be prioritized for single occupancy rooms*
  - Standard, contact, and droplet precautions (with no extended PPE use) is key
  - Hand hygiene between each patient encounter (even in same room)

- **Red cohort**
  - Antigen testing for ASYMPTOMATIC → requires PCR confirmation prior to transfer to red cohort.
  - Antigen testing for SYMPTOMATIC → red cohort.
  - Exit/entrance should be dedicated to red zone, not shared with other zones

*https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
Green Cohort (Non-COVID Area)
- Recovered COVID
- Completed quarantine x 14 day
- Never had symptoms
- Asymptomatic

Yellow Cohort (Mixed)
- New admission or readmission
- Exposure to COVID
- Residents who leave facility for dialysis
- PUI (single room)
- Indeterminate test result (single room)

Red Cohort (Isolation)
(+ COVID test)

COVID Exposure → COVID (+) Test
COVID Symptoms → 14 days after quarantine & a COVID (-) test
20 days after (+) for symptomatic and 14 days after (+) for asymptomatic
Common question: doors closed vs. open

- Competing safety issues weighing risks and benefits
  - Falls, self-harm
  - Decrease exposure to COVID
New SNF Health Officer Order and Updated Guidance – for release soon

Interfacility Transfer Rules during COVID-19 Pandemic
Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities
September 12, 2020

TO: Skilled Nursing Facilities

SUBJECT: Coronavirus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF)
(This AFL supersedes AFL 20-53.2)

All Facilities Letter (AFL) Summary

- This AFL provides recommendations from the California Department of Public Health (CDPH) for SNFs developing COVID-19 Mitigation Plans. This includes recommendations for baseline, screening, and response-driven testing of SNF residents and HCP to prevent spread of infection in the facility.
- This revision updates and clarifies testing guidelines to align with the Centers for Medicare and Medicaid Services (CMS) interim final rule on facility and resident COVID-19 testing and terminology from new Centers for Disease Control and Prevention (CDC) testing guidance, and includes the use of point of care (POC) antigen test instruments.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
Updates from Recent CDPH AFL 20-53.3
Updates from CDPH AFL 20-53.3

- Yellow cohort now includes residents in the same unit/wing as a positive case
- Routine testing of all staff and essential ancillary professionals now required to be once weekly testing at minimum
  - POC Antigen Testing Guidance is being updated
  - Only FDA EUA-approved POC Ag tests should be used
    - Quidel Sofia SARS Antigen FIA assay
    - BD Veritor System for Rapid Detection of SARS-CoV-2
    - LumiraDx SARS-CoV-2 Antigen Test
    - Abbott BinaxNOW COVID-19 Ag CARD
Changes to frequency of routine staff testing

- Relabeling “surveillance” testing → **routine testing**
- Frequency of routine testing for all (100%) of staff is based on LA county COVID-19 positivity rate in the community in the prior week per [data.cms.gov](http://data.cms.gov)
- At minimum, 100% of staff should be tested once weekly

<table>
<thead>
<tr>
<th>Community COVID-19 Activity</th>
<th>County Positivity Rate in the Past Week*</th>
<th>Minimum Testing Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>&lt;10%</td>
<td>Once a week</td>
</tr>
<tr>
<td>High</td>
<td>≥10%</td>
<td>Twice a week</td>
</tr>
</tbody>
</table>
COVID-19 Testing

CMS' COVID-19 Nursing Home Data:
<table>
<thead>
<tr>
<th>County</th>
<th>FIPS</th>
<th>State</th>
<th>FEMA Region</th>
<th>Population</th>
<th>NCHS Urban Rural Classification</th>
<th>Tests in prior 14 days</th>
<th>14-day test rate per 100,000 population</th>
<th>Percent Positivity in prior 14 days</th>
<th>Test Positivity Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County, CA</td>
<td>6037</td>
<td>CA</td>
<td>9</td>
<td>10,035,107</td>
<td>Large central metro</td>
<td>483161</td>
<td>4898</td>
<td>3.4%</td>
<td>Green</td>
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<tr>
<td>Haines Borough, AK</td>
<td>2100</td>
<td>AK</td>
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<td>North Slope Borough, AK</td>
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<td>Northwest Arctic Borough, AK</td>
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<td>Petersburg Borough, AK</td>
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Routine staff testing

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Updated Testing Strategy for Nursing Homes

**Baseline**
All SNFs (outbreak or not) should test all HCP and residents one time prior to starting routine.

**Symptomatic**
- Actively screen all HCP each day. Test if symptomatic.
- Test residents who develop symptoms.

**Response**
Perform response testing of facility (HCP & residents) after any HCP or resident tests positive.

**Routine**
- Test 10% residents every week
- Staff testing frequency depends on county positivity rates, at minimum 100% of staff weekly

- No cases identified in baseline testing
- One or more positive residents or HCP
- Positive cases identified from testing
- No positive tests after 2 rounds of testing
Influenza Vaccination
Influenza Vaccination of HCP in SNFs

• Unvaccinated HCP can transmit the flu to other HCP which can lead to decreased productivity and increased absenteeism.
• HCP can also transmit influenza to patients.
• Studies suggest up to 25% of HCP are infected with influenza each season.
• As many as 1 in 2 infected people never show classic flu symptoms, but can shed virus for 5-10 days and can still spread influenza unknowingly.
• Studies in SNF settings show that staff influenza vaccination has been associated with reductions in all-cause mortality, influenza-like illness (ILI), and hospitalizations with ILI among patients.
Influenza Information for Providers

General Information

- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019-20 Influenza Season
- Healthcare Personnel Vaccination Recommendations
- Requirement for General Acute Care Hospitals to Report Influenza Vaccination/Declination of Employees and Healthcare Personnel
- Deaths Averted by Influenza Vaccination in the U.S

Educational Materials and Toolkits

- Click HERE for downloadable educational materials
- Click HERE for the Skilled Nursing Facilities toolkit which provides content to assist with complying with the Health Officer Order

LAC DPH Resources:

http://publichealth.lacounty.gov/ip/influenza_providers.htm

http://www.ph.lacounty.gov/acd/SNFToolKit.htm
Key Resources
Skilled Nursing Facilities Resources

http://publichealth.lacounty.gov/acd/SNF.htm
COVID-19 Resources & Webinars
References & Resources

- CDPH AFL 20-53.3 (COVID-19 Mitigation Plan Recommendations for Testing of HCP and Residents at Skilled Nursing Facilities) [https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)
- LAC DPH ACDC SNF website: [http://publichealth.lacounty.gov/acd/SNF.htm](http://publichealth.lacounty.gov/acd/SNF.htm)

Additional Resources

- http://publichealth.lacounty.gov/media/coronavirus/
Questions ?