



# **COVID-19 in Long-Term Care Facilities: US CDC Perspective**

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Division of Healthcare Quality and Promotion

Covid-19 deaths in  
long-term care facilities

All other Covid-19  
deaths in the U.S.

35%



# One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers

By [Karen Yourish](#), [K.K. Rebecca Lai](#), [Danielle Ivory](#) and [Mitch Smith](#) Updated May 11, 2020

At least 28,100 residents and workers have died from the coronavirus at nursing homes and other long-term care facilities for older adults in the United States, according to a New York Times database. The virus so far has infected more than 153,000 at some 7,700 facilities.

## COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020

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- First reported outbreak in a long-term care facility in the U.S.
- Number of cases = 129
  - 81 of 130 residents
  - 34 of 170 staff
  - 14 visitors
  - 23 people died

# Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19

Interim guidance  
21 March 2020



## Background

On 30 January 2020, WHO announced that the COVID-19 outbreak was a Public Health Emergency of International Concern. Initially, most cases were reported from China and among individuals with travel history to China. Please refer to the latest [situation reports for COVID-19](#).

COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2, called COVID-19 virus), which causes higher mortality in people aged  $\geq 60$  years and in people with underlying medical conditions such as cardiovascular disease, chronic respiratory disease, diabetes and cancer.

## System and service coordination to provide long-term care

- Coordinate with relevant authorities (e.g. Ministry of Health, Ministry of Social Welfare, Ministry of Social Justice, etc.) should be in place to provide continuous care in LTCFs.
- Activate the local health and social care network to facilitate continuous care (clinic, acute-care hospital, day-care center, volunteer group, etc.).
- Facilitate additional support (resources, health care providers) if any older person in LTCFs is confirmed with COVID19.

[https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC\\_long\\_term\\_care-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf)



# BACKGROUND

780-bed skilled nursing facility and rehab

- Residents with variety of medical and social needs

>1500 full-time employees

- Nurses, nurse assistants
- Physicians
- Patient care attendants
- Physical Therapy, Occupational Therapy
- Pharmacy
- Environmental Services

March 22: **First** symptomatic healthcare worker (nurse; Unit A) tests +

March 25: **Four** more staff test positive via targeted contact tracing and symptom-based testing  
(two on Unit A; two on epi-linked Unit B)




# IPC Focal Point

- Person identified in advance to handle outbreak management and IPC at the facility
- Coordinated early, rapid intervention, such as:
  - Case investigation
  - Identifying exposed staff
  - Testing of staff and patients
  - PPE supply
  - Training
  - Communications
  - Policy documents

**This person will need help!**

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 **Tool to Identify Contacts of COVID-19 Confirmed Healthcare Personnel in a Healthcare Setting**

CONFIRMED CASE ID: \_\_\_\_\_

### I. INTERVIEW INFORMATION

Confirmed case name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Sex: Male/ Female Date of birth: MM / DD / YYYY

Date of interview: MM / DD / YYYY

Interviewer name Last: \_\_\_\_\_ First: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Who is providing information for this form?

☐ Confirmed case

☐ Other, specify person (Last, First): \_\_\_\_\_ Relationship to confirmed case: \_\_\_\_\_

### II. GENERAL INFORMATION

Healthcare personnel role (check all that apply):

<input type="checkbox"/> Environmental services worker	<input type="checkbox"/> Nurse practitioner	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Radiology technician
<input type="checkbox"/> Facilities/maintenance worker	<input type="checkbox"/> Nursing assistant	<input type="checkbox"/> Physical therapist	<input type="checkbox"/> Registered nurse
<input type="checkbox"/> Food services worker	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Physician assistant	<input type="checkbox"/> Respiratory therapist
<input type="checkbox"/> Laboratory worker	<input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Physician (intern/resident)	<input type="checkbox"/> Speech therapist
<input type="checkbox"/> Licensed practical nurse	<input type="checkbox"/> Ward clerk	<input type="checkbox"/> Physician (fellow)	<input type="checkbox"/> Student
<input type="checkbox"/> Medical technician	<input type="checkbox"/> Pharmacy worker	<input type="checkbox"/> Physician (attending)	<input type="checkbox"/> Other _____

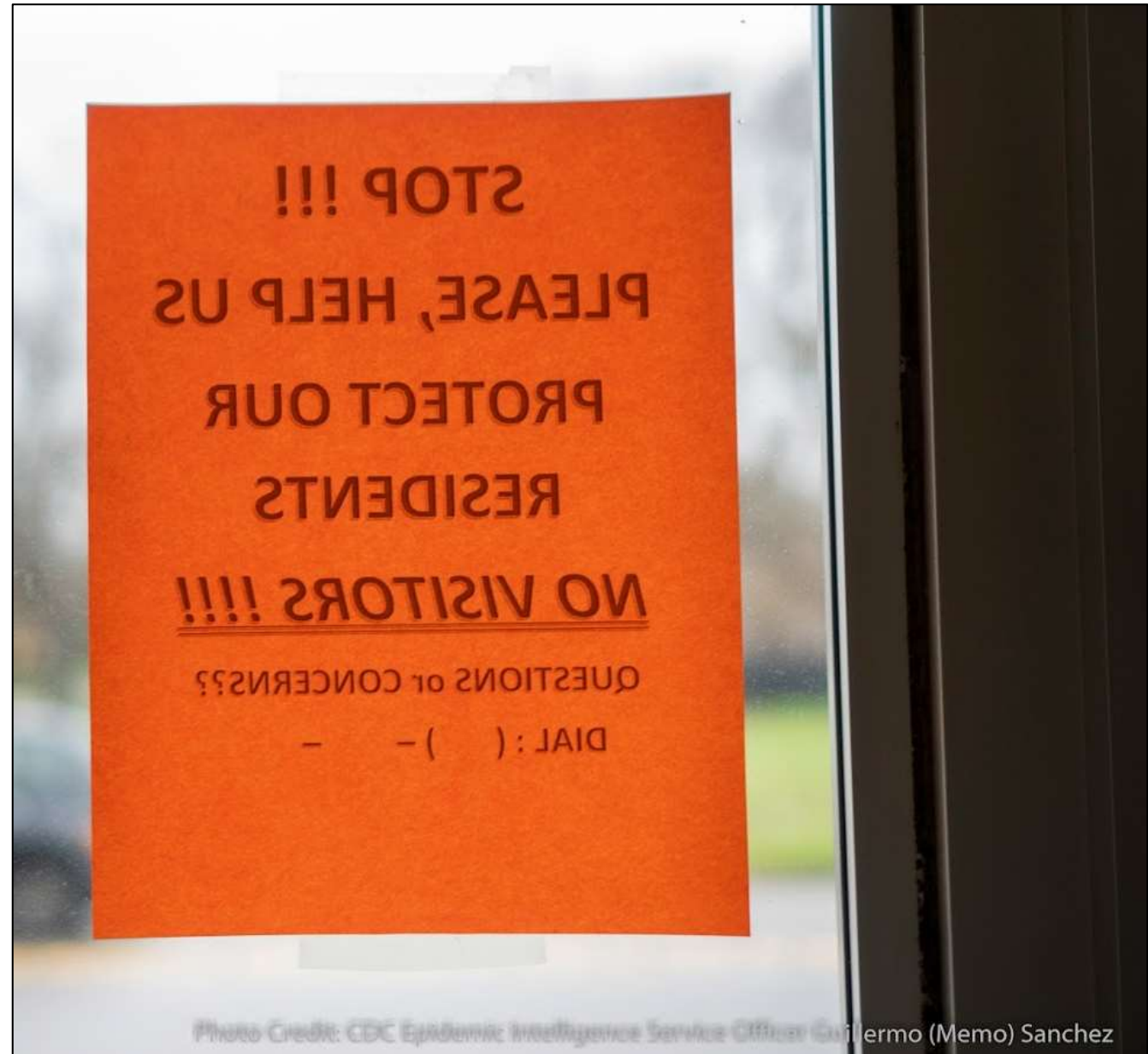
Date of first symptom onset (e.g., fever, cough, shortness of breath, sore throat): \_\_\_\_\_

Describe the course of symptoms since onset:

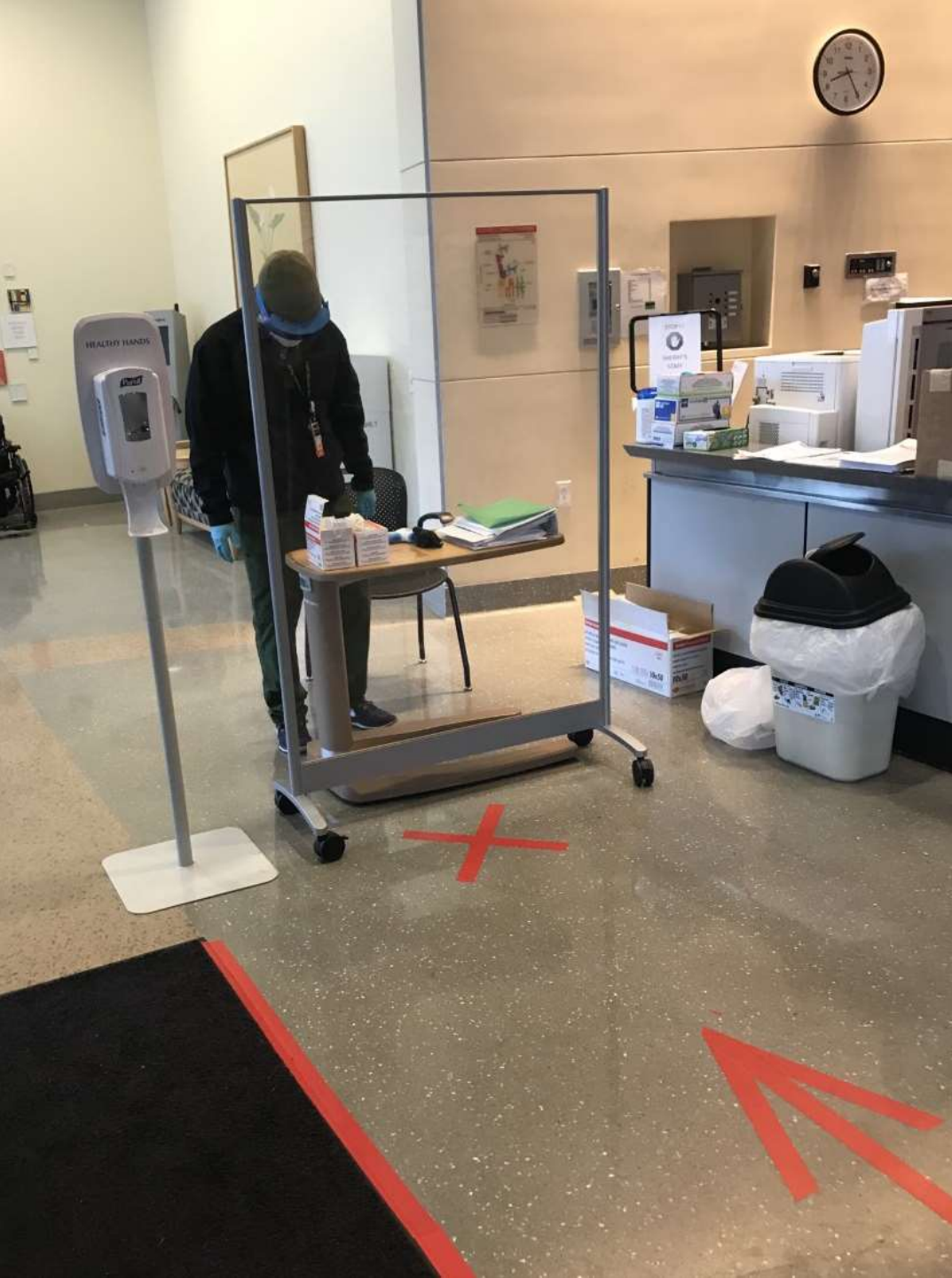
Did you seek care at any healthcare facility while symptomatic? \_\_\_\_\_

# Visitor Restrictions

- Restricted all visitors except for compassionate (e.g., end-of-life) care
- Establish screening for when visitors are allowed to enter







# Entry Screening Stations

- Hand sanitizer
- Medical masks available
- Symptom check
- No-contact temperature probe
- Protective screen

\*Ideally, entrance screening finds no cases – healthcare workers self-monitor



# Challenges

- Needed to increase number of entrances due to volume
- Symptoms screened for sometimes varied
- Poor performing no-contact temperature probes

## COMMON SYMPTOMS OF COVID-19

WE ALL HAVE A ROLE TO PLAY TO KEEP OURSELVES AND RESIDENTS HEALTHY



**Are you experiencing any of these symptoms?**

**Fever**

**Chills or Shakes**

**Cough**

**Shortness of breath**

**Sore throat**

**Headache**

**Muscle pain**

**New loss of taste or smell**

# Resident Surveillance

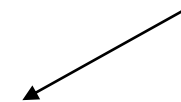


Photo Credit: CDC Epidemic Intelligence Service Officer Guillermo (Memo) Sanchez

## Intensive symptom screening criteria for all residents

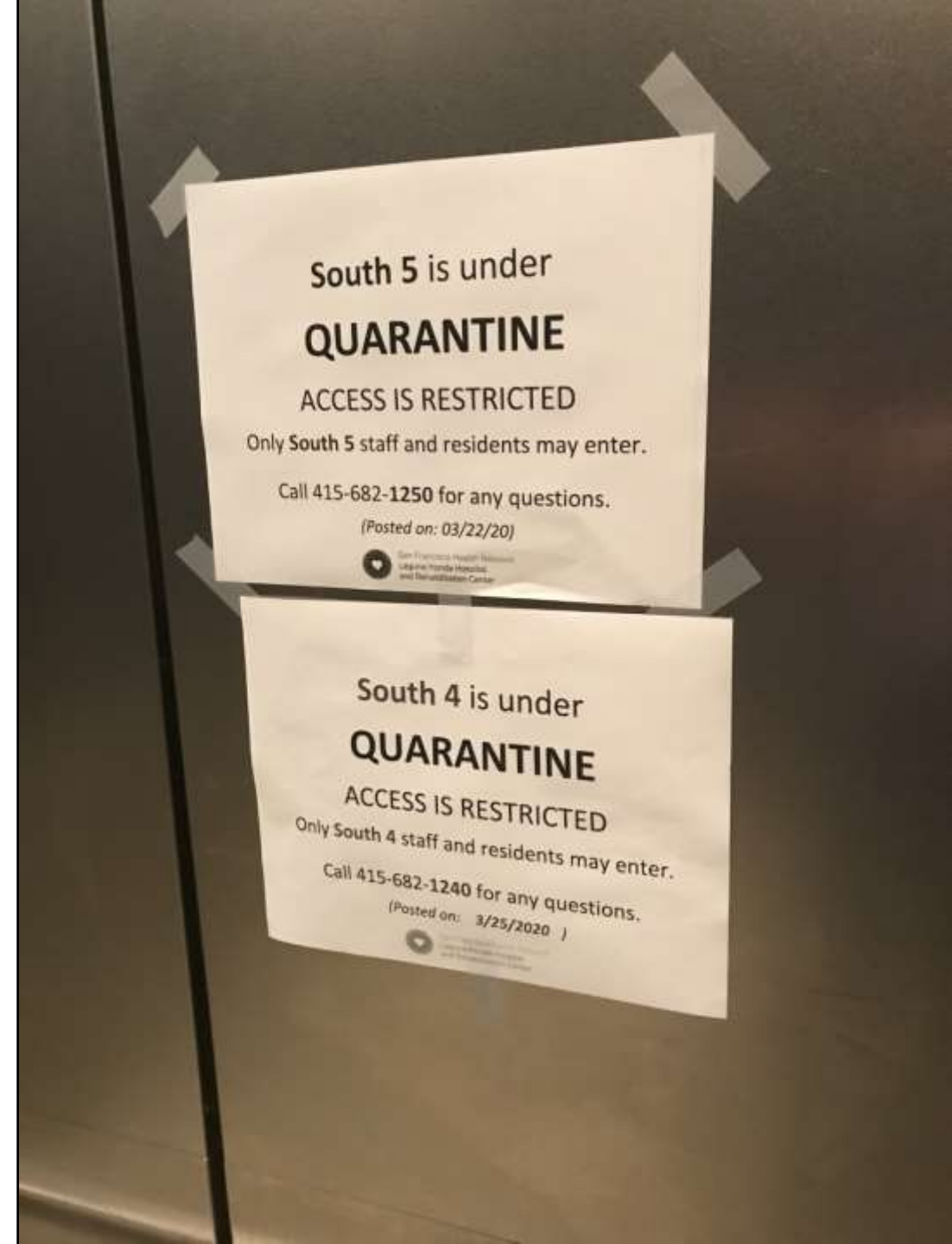
- Fever and respiratory symptoms
- Any change from baseline
- **Every 8 hours** for residents on Quarantine Unit & “Observation List”

- Dialysis
- New admissions
- Readmissions



# Movement Restrictions

- Infected and potentially exposed
- Closed to new admissions
- Residents not permitted to leave unless medically necessary
- Any resident or staff who had resided or worked on the unit could not go to any other unit until restrictions were lifted



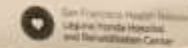
South 5 is under  
**QUARANTINE**

ACCESS IS RESTRICTED

Only South 5 staff and residents may enter.

Call 415-682-1250 for any questions.

(Posted on: 03/22/20)



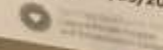
South 4 is under  
**QUARANTINE**

ACCESS IS RESTRICTED

Only South 4 staff and residents may enter.

Call 415-682-1240 for any questions.

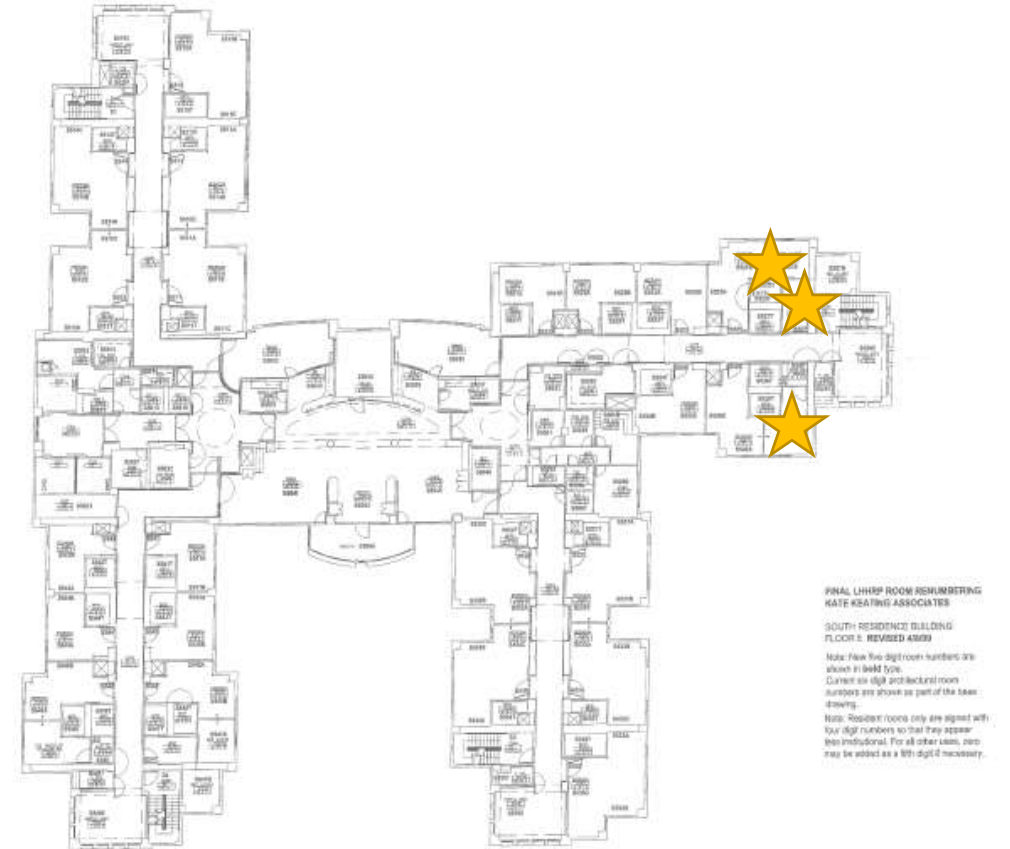
(Posted on: 3/25/2020 )





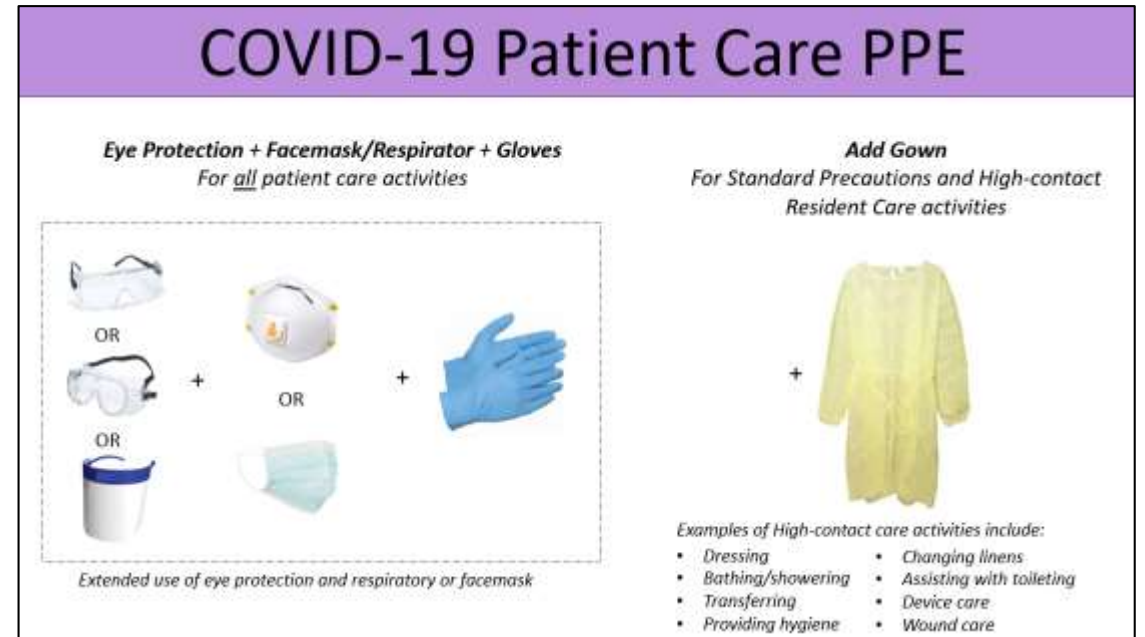
# Cohorting

- Can be very challenging to implement
  - Risks of resident movement
  - Resistance from staff
  - Bed capacity
- Potentially PPE-sparing
- Focus attention to identify and manage severe illness, reduce death



# Personal Protective Equipment

- Ideal use can be severely complicated by PPE shortages
- Educate staff on proper donning and doffing
- Educate staff on COVID-19 transmission – where is the risk?





## PPE COVID-19 Response Plan

Drafted 4/4/20 in collaboration with CDC

Overall plan, stratified:

1. Retest S4 residents. Consider ~~DCing~~ quarantine procedures before 4/22 if all residents test negative.
2. Provide facility dedicated scrubs for LHH staff working in quarantined units
3. Dedicate recovered COVID HCWs to care only for the COVID positive patients, using recommended isolation PPE
4. Crisis alternative: Avoid having "high risk" HCWs in the unit

PPE Item	Immediate plan	Crisis Alternative Plan	Long-term plan
Face Shields	Extend use as long as possible if the item maintains integrity. Discard and replace if: <ul style="list-style-type: none"><li>• Physically damaged</li><li>• Visibly soiled</li><li>• Elastic strap loose</li><li>• Can no longer clean</li></ul>	<ol style="list-style-type: none"><li>1. Extend use of disposable safety glasses and/or provide reusable "surgical" glasses</li><li>2. Makeshift face shields</li></ol>	<ol style="list-style-type: none"><li>1. Order reusable goggles</li><li>2. Order face shields</li></ol>
Gowns	<ol style="list-style-type: none"><li>1. Provide 1 yellow isolation gown/resident/dedicated staff member per shift. Discard and replace if:<ul style="list-style-type: none"><li>• Visibly soiled</li><li>• Physically damaged</li><li>• End of shift</li></ul></li><li>2. Limit gown use to only standard precautions (blood and body fluid exposures) in non-quarantine units</li></ol>	<ol style="list-style-type: none"><li>1. Provide 1 white Tyvek-like or surgical gown/resident/dedicated staff member for multiple shifts in a row. Discard and replace if:<ul style="list-style-type: none"><li>• Visibly soiled</li><li>• Physically damaged</li><li>• End of stretch of shifts</li></ul></li><li>2. Reusable, laundered lab coats and scrubs combined with either:<ul style="list-style-type: none"><li>• Plastic aprons</li><li>• Patient gowns</li></ul></li><li>3. Plastic trashbag over gown and change trashbag between uses</li></ol>	Reusable, laundered hospital or surgical gowns
N95 respirators	<ol style="list-style-type: none"><li>1. Source control – develop process for centralizing distribution and monitoring use</li><li>2. Restrict use of N95 to those staff providing direct patient</li></ol>	<ol style="list-style-type: none"><li>1. Tighten source control</li><li>2. Face shield at all times while wearing extended use and re-use of N95</li></ol>	<ol style="list-style-type: none"><li>1. Identify additional sources for comparable N95s</li><li>2. Pursue reprocessing</li><li>3. Fit test and use donated brands</li></ol>





## Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020

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*On March 27, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).*

Older adults are susceptible to severe coronavirus disease 2019 (COVID-19) outcomes as a consequence of their age and, in some cases, underlying health conditions (1). A COVID-19 outbreak in a long-term care skilled nursing facility (SNF) in King County, Washington that was first identified on February 28, 2020, highlighted the potential for rapid spread among residents of these types of facilities (2). On March 1, a health care provider at a second long-term care skilled nursing facility (facility A) in King County, Washington, had a positive test result for SARS-CoV-2, the novel coronavirus that causes COVID-19, after working while symptomatic

Immediately upon identification of the index case in facility A on March 1, nursing and administrative leadership instituted visitor restrictions, twice-daily assessments of COVID-19 signs and symptoms among residents, and fever screening of all health care personnel at the start of each shift. On March 6, Public Health – Seattle and King County, in collaboration with CDC, recommended infection prevention and control measures, including isolation of all symptomatic residents and use of gowns, gloves, eye protection, facemasks, and hand hygiene for health care personnel entering symptomatic residents' rooms. A data collection tool was developed to ascertain symptom status and underlying medical conditions for all residents.

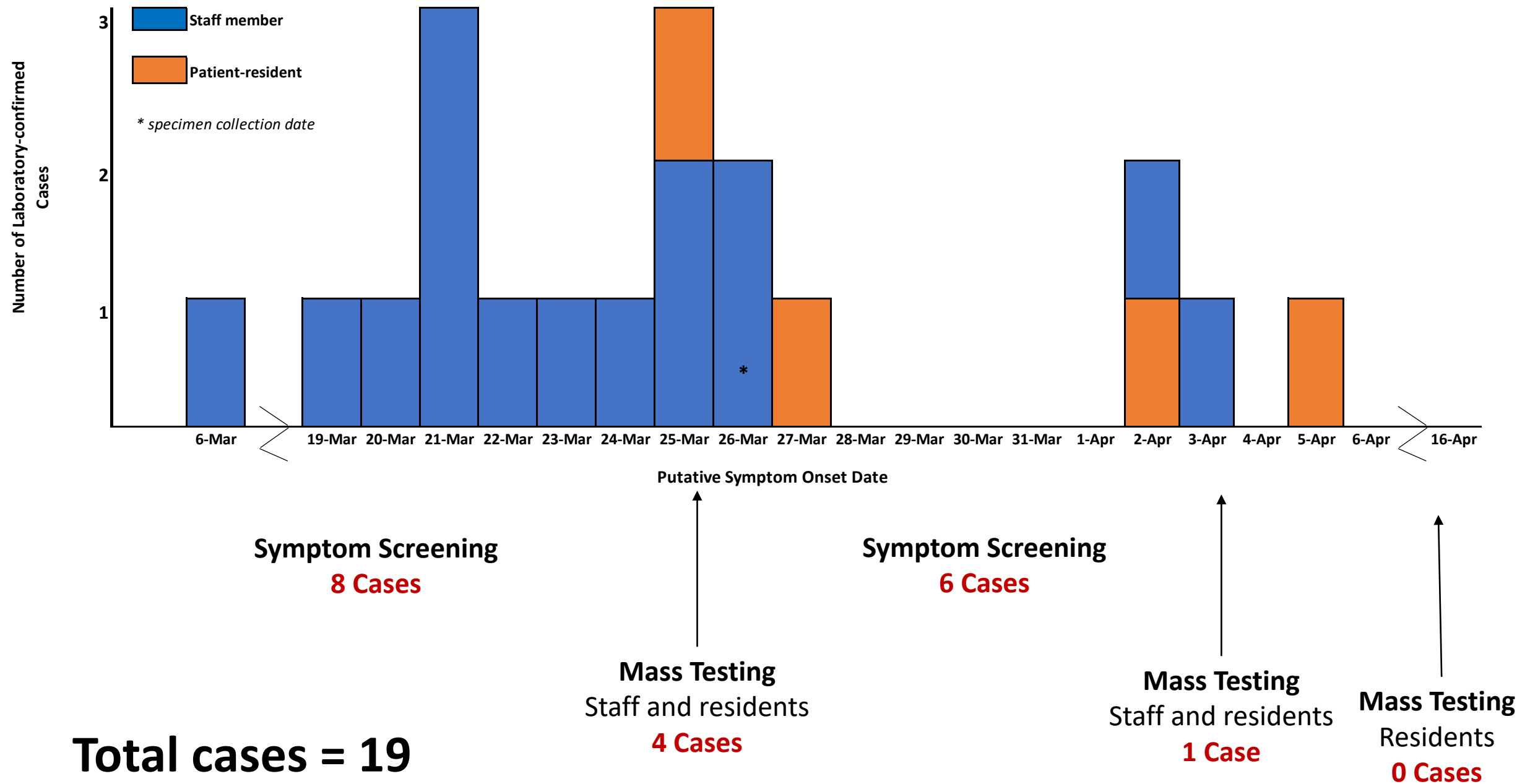
- Mass testing of all residents at the facility
- Over half were asymptomatic or presymptomatic at the time of testing
- Potential need to augment IPC fundamentals and symptom-based screening with testing resources

# Testing of Residents and Staff

- Focused on affected units
- Uncovered additional cases in residents and staff who were not symptomatic at the time of testing
- Allowed for early public health management of new cases
- Serial evaluation for efficacy of IPC interventions and ongoing transmission



**Staff undergoing COVID-19 testing**





**Thank you!**

