COVID-19 Impact: The Next Wave of Challenges

This meeting will be recorded and will be available at www.fmda.org/journalclub.php
FMDA Journal Club

September 23, 2020
Muhammad Salman Ashraf, MBBS – Special Guest
Diane Sanders-Cepeda, DO, CMD – Host
Agenda

- COVID-19 State of the State
- Next Wave of Challenges
- Open Discussion
COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Global Cases
6,897,661

Cases by Country/Region/Sovereignty

US
5,646,010

India
4,591,364

Brazil
1,117,487

Russia
777,537

Colombia
768,895

Peru
769,563

Mexico
682,267

Spain
663,282

South Africa
652,174

Argentina
507,150

France
448,523

Chile
432,798

Iran
406,660

United Kingdom

188
countries/regions

Last Updated (MM/DD/YYYY)
9/23/2020, 8:23 AM

Global Deaths
200,818

200,818 deaths
US

33,090 deaths, 76,246 recovered
New York US

16,076 deaths, 34,697 recovered
New Jersey US

15,229 deaths, 613,896 recovered
Texas US

15,210 deaths, recovered
California US

13,416 deaths, recovered
Florida US

30 States have higher than recommended positivity.
Total Cases 690,499
Cumulative Data for Florida Residents:
Positive Residents 682,370
Resident Hospitalizations 42,941
Florida Resident Deaths 13,618
Non-Resident Deaths 164

Comparison of counties is not possible because case data are not adjusted by population.

Data is updated every day at approximately 11 A.M. ET.
COVID in LTC

Last Updated: 9/21/2020 5:07:51 PM

COVID Positive Residents (SNF & ALF)

2,186 of 139,455 Total Residents Positive as of September 22 (1.57%)

COVID Positive Staff (SNF & ALF)

2,999 of 192,021 Total Staff Positive as of September 22 (1.56%)

Data from AHCA ESS (Emergency Status System)

COVID positive residents and staff in Intermediate Care Facilities are not included in the bar chart totals. The data presented are reported by individual facilities and reporting errors may occur.
The Next Wave of Challenges
Muhammad Salman Ashraf, MBBS
Associate Professor in the Division of Infectious Diseases, Department of Internal Medicine
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COVID-19 Prevention and Containment in PA/LTC Settings: Nebraska ICAP Experience

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Speaker Disclosures

Dr. Ashraf: Received funding for investigator initiated study from Merck & Co., Inc.,
Nebraska ICAP
Nebraska Infection Control Assessment and Promotion Program

• A joint effort of UNMC, Nebraska Medicine and NE DHHS, supported by the Nebraska DHHS HAI program.

• Established in 2015

• Assess infection prevention and control programs in various healthcare facilities.

• Identify facility specific infection control gaps and make evidence-based recommendations for improvement.

• Analyze collective gaps and design mitigation strategies for improvement throughout the state.
Nebraska ICAP- Pre-COVID Activities

- Assessed over 150 facilities
  - Acute Care Hospitals
  - Long Term Care Facilities
  - Dialysis Centers
  - Ambulatory/Surgical/Outpatient Centers
  - Dental Clinics
  - Ebola Assessment Centers

- Introduced a training program for infection preventionists working in PA/LTC setting with the option to receive “certificate of knowledge validation”. (Similar training programs were updated for acute-care and ambulatory-care settings).

- Initiated a mentorship program for new or inexperienced long-term care infection preventionists

- Assisted healthcare facilities with control of HAI and MDROs outbreak

- Worked with Nebraska ASAP (https://asap.nebraskamed.com/) to support healthcare facilities in strengthening their ASP

- Introduced new training program for dialysis facilities also last year

- A website (https://icap.nebraskamed.com) was developed to share resources, tools and guidance.
Nebraska LTCF COVID-19 Programmatic Elements

- Weekly Educational Webinars with significant time devoted to question and answer
  - Include panelists from various stakeholder organizations
  - Use DHHS inventory of facilities and contacts to distribute call information
  - Post invitation, slides, and transcript from each week

- Daily “Office Hours” staffed by infection preventionists

- Tele-ICAR assessments and feedback

- Coordinating on-site technical support visits conducted by Nebraska Medicine biocontainment team members (as part of NETEC program)

- One-on-one mentoring calls to PA/LTCF with COVID-19 cases (focus on all infection control measures, assistance with contact tracing efforts, testing and cohorting guidance etc)
Nebraska ICAP COVID-19 Cohort Plan for LTCF

- All LTCF should implement a cohorting plan when a case of COVID-infected is suspected or identified in the facility.

- The facilities should plan to identify red, yellow and green zones where the residents can be cohort based on their symptoms and exposure risks to COVID-19.

- Facilities are also recommended to establish a transitional zone (gray zone) for asymptomatic patients who are being transferred from other healthcare facility.

<table>
<thead>
<tr>
<th>Red Zone (Isolation zone)</th>
<th>Dark Red</th>
<th>Residents with Positive COVID-19 test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Light Red</td>
<td>Symptomatic residents suspected of having COVID-19</td>
</tr>
<tr>
<td>Yellow Zone (Quarantine zone)</td>
<td></td>
<td>Asymptomatic residents who may have been exposed to COVID-19</td>
</tr>
<tr>
<td>Green Zone (COVID-19 free zone)</td>
<td></td>
<td>Asymptomatic residents without any exposure to COVID-19</td>
</tr>
<tr>
<td>Gray Zone (Transitional zone)</td>
<td></td>
<td>Residents who are being transferred from the hospital/outside facilities (but have no known exposure to COVID-19) are usually kept in this zone for 14 days and if remains asymptomatic at the end of 14 day will be moved to Green zone</td>
</tr>
</tbody>
</table>

Red (Isolation) Zone

- All residents who have tested positive for COVID-19 (Dark Red Zone)
- All residents who are symptomatic and suspected to have COVID-19 even if the test results are not back (Light Red Zone)
- Cohort confirmed positive (dark red) and suspected positive (light red) separately within the Red Zone
- Dedicate separate healthcare personnel to work in Red Zone and preferably assign separate healthcare personnel to dark and light red zone, if possible
- Healthcare workers should wear full COVID-19 level PPE (Gloves, Gown, Mask and eye protection) when taking care of these patients

Yellow (Quarantine) Zone

All asymptomatic residents who may have been exposed to COVID-19

Several factors have to be taken into consideration in order to determine the risk of exposures. These factors include (but are not limited to):

- Suspected mode of COVID-19 acquisition (for the positive resident)
- Movement of resident with COVID-19 infection within the facility prior to the diagnosis
- Facilities policies on universal masking and visitation
- Compliance of staff with infection control protocols
- Number of residents with suspected or confirmed COVID-19 infection in a unit

Examples of residents who may qualify for being in yellow zones:

- All asymptomatic residents of a single unit/hallway/neighborhood where a few residents are symptomatic, and one has already tested positive for COVID-19
- All asymptomatic residents of a facility where a staff member who tested positive for COVID-19 has worked while having symptoms and multiple residents in various units are now symptomatic
Yellow (Quarantine) Zone: PPE Guidance

- All residents in the yellow zone should be in isolation and healthcare workers should wear COVID-level PPE to take care of these residents.

- When PPE supply is inadequate, facility may follow CDC’s extended use/limited reuse PPE protocols for taking care of all residents in yellow zone.

- If gowns are in short supply, one option to conserve gowns can be to limit its use for following:
  - During care activities where splashes and sprays are anticipated, which typically includes aerosol-generating procedures (such as nebulization, suction etc.)
  - During high-contact patient care activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
Green (COVID-FREE) Zone

All asymptomatic residents who are not considered to be exposed will be in green zone

Examples of residents belonging to green zone:

- All asymptomatic residents residing in a unit/hallway/neighborhood where no symptomatic residents have been identified and which is distinctly separated from those unit/hallway/neighborhood where residents have or suspected to have COVID-19
- All asymptomatic residents in the facility where a COVID-19 case is identified in a resident who was recently admitted from the hospital and has been in quarantine since admission (with staff wearing full COVID-level PPE with all interactions)

If there are symptomatic residents suspected of having COVID-19 in many different units/hallway/neighborhood, then there may not be a green zone in that nursing home (at least at that point in time), as everyone is going to be considered exposed
Gray (Transitional) Zones

All nursing homes should consider establishing a transitional zone for new admissions, returning residents from the hospital or those who are travelling in and out of the nursing home (such as the residents who are on dialysis). Transitional zones/units are established to quarantine those residents who are at somewhat higher risk of getting exposed to COVID-19 but have no known exposure to COVID-19:

- Facilities should also consider dedicating separate staff to take care of residents in transitional (gray) zone/unit.
- Facilities may consider implementing COVID-level precautions for the residents admitted to the transition unit based on individual risk assessment.
- These units should be established even when no COVID-case is identified at the facility and may consist of dedicating a geographically distinct area/unit/rooms to returning residents.
- The residents are usually kept in this zone for 14 days and if remains asymptomatic at the end of 14 day will be moved to the Green zone.
Nebraska ICAP is now on Facebook!

- This platform will be used to disseminate IPC training information to frontline staff.
- The staff will also be able to receive training certificates for participating in those programs when it is launched and announced on the Facebook.
- All healthcare facilities in Nebraska are being contacted by ICAP to forward this information to their staff.
Figure 2. Commission Recommendation Framework
COVID-19 & Flu Preparation
Where are we going?
Questions & Comments

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