



WEEK OF APRIL 13, 2020

Hello Fellow IPs,

Hats off to all of you as you work hard to keep residents and staff safe during this difficult time. My heart goes out to those of you battling COVID-19 in your facility. One of the biggest challenges is that asymptomatic people can infect others but at this point, all staff should be masked to help decrease this risk.

Here is some guidance from AMDA, the Society for Post-Acute and Long- Term Care Medicine:

SCREENING OF RESIDENTS: Per CMS all residents should be screened for symptoms and temperature daily.

Active Screening of Residents
Evaluate residents for the following every 12 hours
Common Signs and Symptoms
Fever $\geq 37.2^{\circ}\text{C}$ (99.0°F)
Cough
Shortness of breath. <i>Increased oxygen requirements or increased frequency of nebulizer treatments may be surrogate symptoms of shortness of breath</i>
Less Common Signs and Symptoms
Confusion or change in mental status. <i>If noted, check pulse oximetry to determine if increased oxygen requirements</i>
Muscle aches, headache
Sore throat, runny nose
Chest pain
Diarrhea, nausea and vomiting
Probable case: any two of the common signs/symptoms <i>Initiate contact and droplet precautions</i> <i>Check a room air pulse-oximetry</i> <i>Increase frequency of vital signs, including pulse oximetry to every 8 hours</i> <i>Screen for influenza. If negative, screen for COVID-19 (in areas of community outbreak may consider concomitant testing based on clinicians assessment)</i>
Possible case: any one of the common signs/symptoms and ≥ 1 of the less common signs/symptoms <i>Initiate contact and droplet precautions</i> <i>Check a room air pulse-oximetry</i>

CPR:

CPR Guidance During the COVID-19 Pandemic

All clinicians should be aware that the efficacy of CPR is generally low in the nursing home population. CPR creates significant additional risk of contracting coronavirus due to viral aerosolization. Therefore, additional precautions are required when performing CPR during this pandemic. Effective immediately, please follow these steps if CPR is necessary for any person who is suspected or diagnosed with COVID-19:

1. **Don PPE including an N95 respirator mask, gown, and face shield BEFORE initiating CPR.** Initiate CPR only after PPE is donned.
2. **Spread a clear plastic sheet over the patient, including the patient's head.**
3. **Ensure that only the minimum number of essential healthcare professionals with appropriate PPE are present in the room while CPR is being administered.**
4. **If ventilation is to be conducted, utilize a bag-valve mask UNDER the plastic sheet, and ensure that everyone in the room is wearing an N95.** If N95 respirator masks are unavailable, perform hands-only CPR without ventilation until EMS arrives.
5. **Close the door to the resident room before performing CPR.** Move other residents away from the area, e.g., hallways and transportation routes out of the facility.

Please also consider each patient's goals of care, long before the need for CPR might arise. Early discussion of advance directives*, as well as code status, can help ensure that residents' goals are met, without creating unnecessary risk and exposure to staff during CPR.

LESSONS LEARNED

Federal surveyors went into the Life Care Center facility in Kirkland, Washington that was the epicenter of COVID-19 and identified 3 immediate jeopardies.

1. Failure to rapidly identify and manage ill residents
2. Notify the Department of Health of the increasing rate of respiratory infections
3. Failure to possess a sufficient back up plan following the absence of the primary clinician who fell ill

CMS GUIDANCE 4/2/20

<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

Key Points:

- Anyone entering the facility must be screened for symptoms and have their temperature taken. The exception to this rule is EMS responding to an emergency,
- Residents should be screened for symptoms and fever daily,
- Patients/residents entering the facility should be screened by testing if available,

- Staff must wear facemasks at all times in the facility,
- Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE,
- If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms,
- Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms,
- When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19 positive
- To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability,
- Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status,
- When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients

LISTEN TO THEM!

Keeping staff informed is an important way to help reduce anxiety during this difficult time. Daily huddles with the staff that include the latest information as well as encouraging concerns and questions is a way of honoring them for their dedication.

ESSENTIAL STAFF

Healthcare workers are considered essential unless deemed otherwise by their organization. Ideally anyone who was in close contact with a positive COVID case should be quarantined for two weeks but that is impossible to do in healthcare. Staff should take extra precautions when leaving work to protect others. Uniforms should be washed daily but what about someone who doesn't have access to a washer and dryer at home? Is it possible for the facility to do their laundry? Perhaps it would be worthwhile for infection control and morale to set up washing machines and dryers for staff to use while at work?

1. Wash hands properly before leaving and assess for any symptoms,
2. Encourage them to bring a change of clothes and shoes to work and bag their work clothes to take home to launder and bag the shoes to leave in their vehicle,
3. Leave shoes outside of the home if unable to bring another pair of shoes to work,
4. Shower as soon as arrive home before hugging family,
5. Washed workclothes should be dried as the heat will help reduce any contamination on the clothing,

CDC COCA CALL: CLINICAL INFO FOR LTC 3/23/20

<https://www.youtube.com/watch?v=wW9HrbSNTBs>

Stay well...stay informed...stay strong!!

