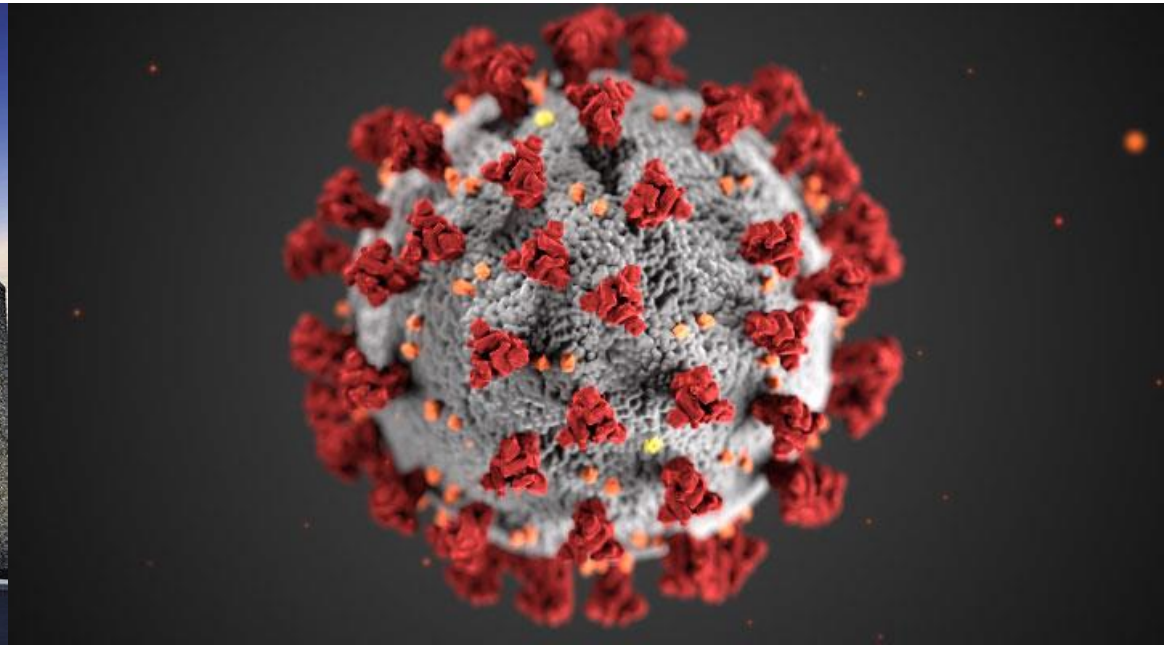


Adult Care Facilities

COVID-19 Train-the-Trainer

Course Overview

- Objectives
- COVID19 Review
- Risks and Challenges of COVID19 in Adult Care Facility Populations
  - CDC Guidance
  - Typical Clinical Course
- Prevention Strategies and Workforce Preparedness
  - CDC Guidance, NYS Health Advisories
- PPE Requirements, Donning and Doffing Procedures

Course Objectives

This course will assist institutional educators within the Adult Care Facility (ACF) environment. Representatives of ACF entities who attend this training will:

- Develop an understanding of COVID19
- Understand the risks associated with COVID19 in the ACF population, as well as the clinical course for those who are infected
- Recognize the critical effort necessary to mitigate mortality associated with infection in ACF populations
- Understand prevention strategies in the ACF setting, including supporting CDC and NYS DOH policy
- Develop an understanding of, and confidence in PPE recommendations for healthcare workers in this environment, including donning and doffing procedures for desired and modified levels of PPE

Review of COVID19

- CoronaVirus Disease 2019 (COVID-19)
  - New strain of the SARS-CoV family of viruses
  - Originated in Hubei Province, China (Wuhan)
  - Currently pandemic, cases reported in all 50 states, endemic environment throughout NYS
  - Active community spread in all populations in our area
- Common symptoms:
  - Fever
  - Cough
  - Body Aches
  - Sore Throat
  - Shortness of Breath

Review of COVID19

- Viral shedding (spread of COVID19) may occur in symptomatic and asymptomatic persons
  - COVID patients may not be evident in all cases
  - Adherence to policy, procedure, and regulatory guidance is critical, especially because COVID patients may not be known

****We cannot make assumptions or cut corners****

Risks of COVID19 in ACF Populations

CDC guidance on those at risk of severe illness from COVID19:

- People 65 years and older
- People who live in an adult care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
  - People with severe obesity (body mass index [BMI] of 40 or higher)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease

Risks of COVID19 in ACF Populations

Summary of typical clinical course for COVID-19:

Phase 1 – Prodrome

- Non-specific viral syndrome/symptoms
- Often with poor oral intake and/or nausea / vomiting
- Do not require admission

Phase 2 – Slow progression with silent hypoxia

- Require between 2 – 10Liters oxygen, but do not feel much shortness of breath subjectively while on oxygen
- Objectively can be tachypneic but otherwise comfortable appearing
- Chest x-ray with the well described diffuse infiltrates, difficulty mobilizing thick secretions
- Often require volume resuscitation, often overdone
- Can last for days before progressing

Risks of COVID19 in ACF Populations

Summary of typical clinical course for COVID-19:

Phase 3 – Decompensation

- Oxygen requirements start to get into 10-15Liter range via nasal cannula
- Coughing requires increasing effort, secretions worse
- More anxiety and subjective shortness of breath, chest x-ray with progressive consolidation, infiltrates and edema
- Can last from hours to days

Phase 4 – Respiratory Collapse

- Requires non-rebreather, high-flow nasal cannula, non-invasive positive pressure ventilation or Intubation to maintain saturation
- Duration seems dependent on initial mode of therapy
- Typical intubation time 4-5 days

- **Phase 5 – Rapid Death or Steady Resolution**
- Rapid progression to multi-organ system failure (MOSF) and death
- *OR* resolution over several days to extubation with rapid return to near baseline

Risks of COVID19 in ACF Populations

Discussion Points:

- ACF residents are an at-risk population
  - Significant risk if resident population is exposed
    - Uncontrollable community transmission and outbreak possible without prevention
  - Risk to healthcare workers
    - Workforce safety, sustainability
- Clinical course is statistically sub-acute for most patients
  - At-risk populations are experiencing higher-acuity illness
- ACF organizations have an obligation to provide for the safety of residents and workforce

Prevention Strategies and Workforce Preparedness Guidelines

Mitigation strategies for community spread

‘Flatten the curve’

- Reduce acute community transmission of this disease
- Mitigate overwhelming demand for healthcare services
  - Social distancing, restricted gatherings
  - Shuttering non-essential sectors of our economy
  - Universal face covering

Prevention Strategies and Workforce Preparedness Guidelines

Mitigation Strategies, CDC and NYS DOH Health Advisories for Review

- Advisory dated 13 March 2020:
  - Guidance specific to mitigating or delaying community spread of COVID19 within Adult Care environments, recognizing high risk of outbreak
- Advisory dated 31 March 2020:
  - Protocols for healthcare personnel in direct care settings regarding return to work after COVID19 exposure or infection
- Advisory dated 17 April 2020;
  - Control Measures for Adult Care Facilities, including guidance for staff, resident, and facilities management

Prevention Strategies and Workforce Preparedness Guidelines

Mitigation strategies for NH and ACF environment

- ACF COVID-19 IPC Checklist (v.4/17/2020)
  - Identifies Adult Care Facilities as a vulnerable place for spread of COVID19
  - Adapts CDC Infection Control guidance to
    - Promote facility and staff preparedness
    - Promote resident education and preparedness
    - Identify hygiene, disinfection, and source control methods
    - Manage care of residents with suspected or confirmed COVID19

Prevention Strategies and Workforce Preparedness Guidelines

Key Points:

- Suspend Visitation
- Health checks for healthcare providers and facility staff
- Healthcare provider source control (wearing face masks)
- Bundled services, minimum-necessary care staff, PPE reuse
- Patient source control reduces risk, creates opportunities for efficiency
- Properly source PPE, track burn-rates, reuse whenever possible, restock supply as needed
- Dispose of waste properly
- Regular cleaning and disinfection of all work and living areas is essential for safety of residents and staff

Prevention Strategies and Workforce Preparedness Guidelines

Workforce Preparedness:

- Be flexible, adaptable
- Safety is important, use reasonable judgement
- Know the environment, limitations and expectations, PPE requirements

Requesting Assistance:

- Know who your supervisor / manager is
- Know how to report special situations and ask for assistance

Prevention Strategies and Workforce Preparedness Guidelines

<u>If someone is exposed or symptomatic:</u>

- Exposure, but not sick and asymptomatic:
  - May be allowed to work with self-monitoring. Seek guidance from your management, do not assume
- Sick or COVID-like symptoms:
  - Do not report to work! Contact your management. Ask for guidance on self-quarantine, care, testing, and return-to-work practices

Prevention Strategies and Workforce Preparedness Guidelines

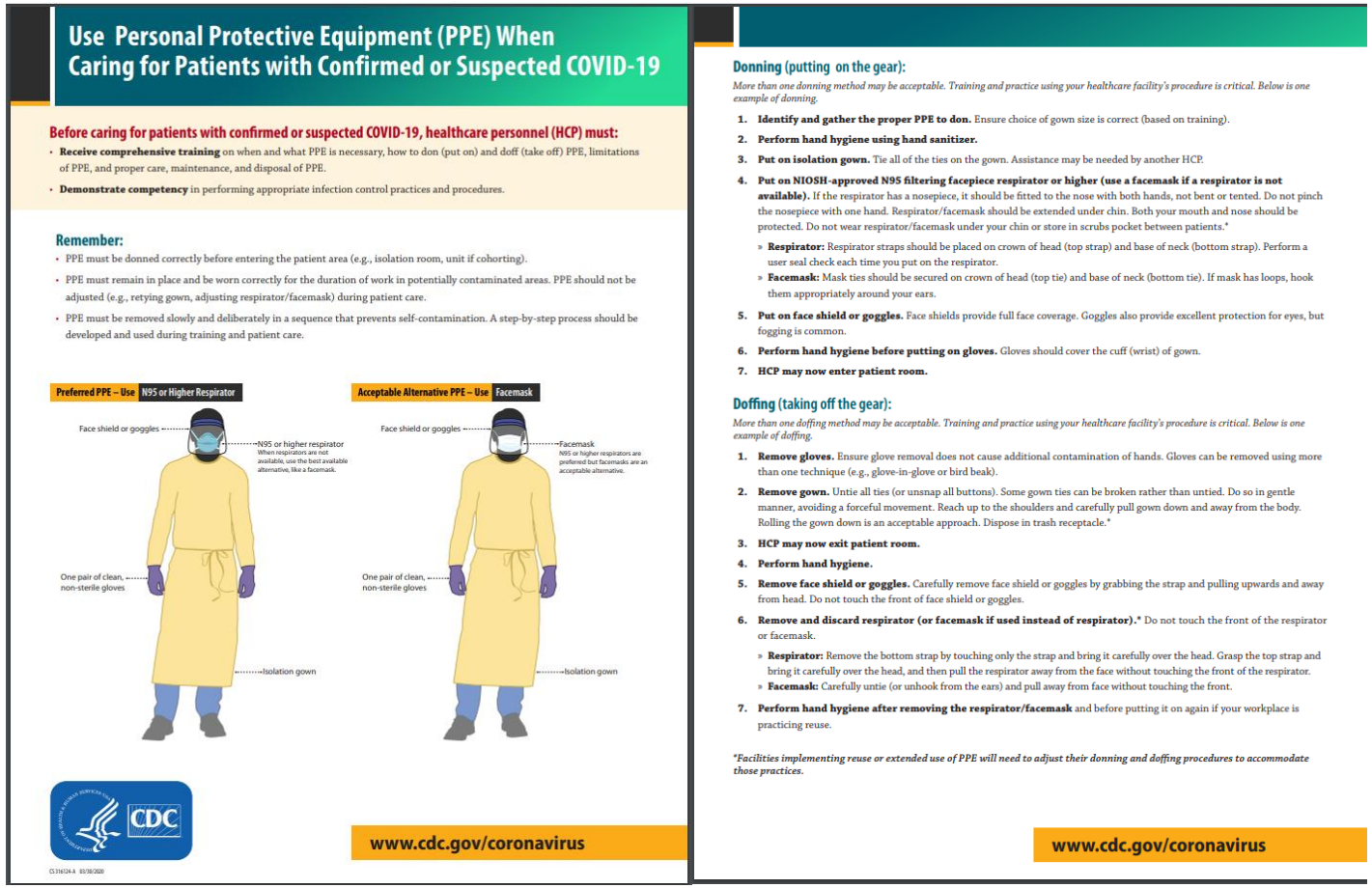
Facility Preparedness and Resiliency:

- Anticipate requirements for equipping and training personnel
- Contingency and Continuity Planning is essential
  - Redundant sourcing may be necessary
  - Track burn rates of equipment under normal operating conditions
  - Train personnel for all equipment they are expected to use or operate
  - Develop a reasonable reserve of equipment and materials for unexpected events
  - Each facility has a responsibility to be reasonably prepared
- CDC Readiness Resource:
  - https://www.cdc.gov/cpr/readiness/healthcare/longtermcare.htm

PPE Requirements, Donning and Doffing Procedures

- NYS DOH Health Advisory dated 2 April 2020
- CDC infographic on PPE donning and doffing
- Coveralls vs. Gowns
  - Coveralls should only be worn as “extended use” if the facility is cohorting positive residents and separating them from COVID-unknown residents. The coveralls should be removed and discarded, not decontaminated, after caring for residents with COVID-19 before they leave the cohorted unit. They should also be removed and discarded after care of residents on other “quarantined” units that exhibit symptoms and are being evaluated or tested.
- PPE Procedural Video

PPE Requirements, Donning and Doffing Procedures



Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator

Face shield or goggles
N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.
One pair of clean, non-sterile gloves
Isolation gown

Acceptable Alternative PPE – Use Facemask

Face shield or goggles
Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.
One pair of clean, non-sterile gloves
Isolation gown

CDC

CS 316124-A 03/30/2020

www.cdc.gov/coronavirus

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
   - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).*** Do not touch the front of the respirator or facemask.
   - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

**Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

www.cdc.gov/coronavirus

Summary

- The COVID19 pandemic is impacting our area
- Residents in the ACF population are at risk
  - Healthcare providers and facility staff work in an endemic environment
- COVID patients may not be evident in all cases
  - Adherence to policy, procedure, and regulatory guidance is critical, especially because COVID patients may not be known
- ACF organizations have an obligation to provide for the safety of residents and workforce
  - Be flexible, adaptable
  - Safety is important, use reasonable judgement
  - Know the environment, limitations and expectations, PPE requirements

****We cannot make assumptions or cut corners****