Preparing for COVID-19 in Congregate/Communal Settings

Housing for Health's Interim Housing and Enriched Residential Care Programs

Monday March 9, 2020 at 10 AM
Dr. Emily Thomas and Dr. Heidi Behforouz
Coronavirus
Webinar Agenda

1. COVID-19 Overview (15 minutes)
   1. LAC DPH Updates for Los Angeles County (5 minutes)

2. Review and update your infection control plan (30 minutes)
   1. Preventing spread of COVID-19 in your facility
   2. Training and preparing staff
   3. Developing “shelter in place” procedures in your facility
   4. Infection control checklist

3. Questions (15 minutes)

4. Updates from Community Care Licensing to RCFE and ARFs (15 minutes)
What is coronavirus disease 2019 (COVID-19)?

• Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person.
• Caused by a new type of coronavirus, SARS-CoV-2
• First identified during an investigation into an outbreak in Wuhan, China.
• Coronaviruses have been around for a long time and most often cause the common cold.
• There have been other severe Coronaviruses: MERS and SARS
What are the symptoms of COVID-19?

• Symptoms may appear **2-14 days after exposure**

• Patients with COVID-19 have had mild to severe respiratory illness:
  • fever
  • cough
  • shortness of breath

• 80% of people get a mild to moderate illness (like the flu).

• 20% get a more severe illness (like pneumonia) and may need hospital-level care to get better

• The mortality rate is unknown but might be as high as 3.4/100; most deaths are due to severe pneumonia.

• People at highest risk of getting very sick and dying tend to be older and have underlying medical conditions (like COPD) or weakened immune systems
How is COVID-19 SPREAD?

• The virus is thought to spread mainly from person-to-person.

• Through respiratory droplets produced when an infected person coughs or sneezes.

• Requires that you be in close contact with someone that is infected (within about 6 feet for at least 10 minutes).

• Possibly from contact with infected surfaces or objects
Can people still be infectious even if they are not sick?

• We think that fewer than 1% of people can be a carrier of the virus (in other words, give the virus to someone else but never get sick themselves)

• However...some people can be infected with the virus for up to two weeks before they themselves become sick (this is the “incubation period”)

• SO...EVEN THOUGH SOMEONE LOOKS OK, THEY CAN STILL BE INFECTIOUS
Who is at highest risk?

- **Elderly**

- **People with lung disease** (chronic smokers, frequent respiratory tract infections, people with COPD)

- **People with weakened immune systems** (HIV/AIDS, malnourished, end stage liver disease patients, people on prednisone and other immunosuppressants, diabetes)

- Many of our patients in Interim Housing sites and licensed care facilities are high risk. These patients should:
  - Engage in aggressive hygiene practices including hand-washing, maintaining the 6 foot rule with contacts, regularly sanitize surfaces.
  - Get all recommended vaccinations including flu and pneumonia
  - Call their medical providers if they experience moderate cold/flu symptoms
Prevention is Critical!

- Wash your hands often with soap and running water for at least 20 seconds
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if you cannot wash your hands
- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Use tissue or paper towel if you have to touch commonly touched surfaces (door handles, counters, toilet handles)
- Practice 6 feet of ‘social distancing’ with colleagues, friends, and clients
- Get your recommended vaccines, like the flu shot
- Ensure your vehicle, work materials, and clothing are cleaned every day
Face masks: Do I need to wear one?

• There are no recommendations for the general public to wear a mask
• Regular surgical facemasks can be used by people who have respiratory infections to help prevent the spread of the disease to others
• N95 masks are only recommended for healthcare and safety personnel that have been fit tested
What if I’m sick with a cough and fever?

• Stay home.

• Help other people stay healthy:
  • Cover your cough or sneeze with a tissue, then throw the tissue in the trash
  • If you must go out, wear a regular surgical mask Frequently sanitize high touch surfaces so other people in your home don’t get sick

• Don’t go back to work until your fever has been gone for 24 hours.

• If you want medical advice about your symptoms, call your doctor. Do not go to your medical provider.

• If you develop worsening problems with breathing or cough or fever, go to the emergency room right away.
Is there a test for COVID-19?

• Yes, Los Angeles County Department of Public Health, LabCorps, and Quest diagnostics (later today) have a test for COVID-19.

• Most people with mild to moderate symptoms do not need to get tested for COVID-19.

• However people who have traveled to countries with lots of COVID-19 cases (like China, South Korea, Japan, and Italy), who have had direct contact with a person who has confirmed COVID-19, or are healthcare providers should contact their healthcare provider if they have a fever and respiratory symptoms.
Are there medicines to treat Coronavirus?

• Not at the present time
• Scientists are working to identify medications that might be effective against the virus, SAR-CoV-2, that causes Covid-19.
Is there a Coronavirus vaccine?

- Not yet
- Scientists around the world are working on a vaccine
- However, it will likely not become widely available for another year
Where has coronavirus spread?
Transmission of COVID-19 in Los Angeles County?

• Los Angeles DPH will provide an update.
What is happening in Los Angeles to prevent the spread of COVID-19?

• Los Angeles DPH will provide update on their guidance and state of emergency.
WHAT SHOULD I DO IN MY FACILITY TO PREVENT THE SPREAD OF COVID-19?
1. Review and Update your “Emergency Plan” and Infection Control Practices

a) Designate a staff member to prepare and implement an Infection Control plan for your facility

Consider how your facility is set-up and what your team would do in different scenarios. Examples:

• Can you create isolation areas/bedrooms/bathrooms for residents with cold/flu symptoms to “shelter in place”?
• Should you also isolate ‘roommates’ or close contacts of symptomatic residents?
• How can you minimize movement of symptomatic residents in common areas?

Resource: The Nursing Home Infection Preventionist Training — which includes resources checklists for facilities and employees to use.  https://www.cdc.gov/longtermcare/training.html
1. Review and Update your “Emergency Plan” and Infection Control Practices Continued

b) Have a plan to communicate with your staff and volunteers

Identify and address potential language, cultural and disability barrier associated with communicating COVID-10 information to workers and those you serve.
1. Review and Update your “Emergency Plan” and Infection Control Practices Continued

c) Stay informed with reliable information from trusted sources.
   Frequently refer to LA County’s Public Health website to learn more about:

   ✓ Recommendations for congregate living facilities and isolation policies
   ✓ Testing/Reporting around COVID-19
   ✓ Indications for Medical clearance for sick staff and residents
   ✓ Distribution of infection control supplies like surgical masks
2. Implement Heightened Infection Control Practices

a) Visitors to Facility

- Place signage at entry points notifying visitors to tell staff if they have cold/flu symptoms.
  - Educate visitors about infection control practices in your facility
  - Sick visitors should try to reschedule visits and avoid contact with high-risk residents (i.e. elderly, immunocompromised, chronic cardiopulmonary conditions).
  - If visitor has symptoms and visit is essential, consider a telephone visit instead.
  - And counsel visitor to wear mask with eye protection and to follow infection control practices.
Notice to People Visiting Patients

If you have fever, a cold, or flu-like symptoms, please postpone your visit.
2. Implement Heightened Infection Control Practices
Continued

b) Prepare an environmental infection control policies.
   • Order infection control supplies for your facility, including alcohol based hand
     sanitizer, soap, tissues, waste bins and trash bags, surgical masks, N95 respirators,
     gloves, gowns.
   • Implement regular protocols to clean and disinfect common areas, high touch
     surfaces (like door knobs and light switches), and designated isolation areas.
   • Safely and quickly dispose of waste and cleaning supplies in secure container.

N95 Respirator Shortage: http://publichealth.lacounty.gov/acd/docs/N95Guidance.pdf

Resource: The Nursing Home Infection Preventionist Training — which includes resources checklists for
facilities and employees to use. https://www.cdc.gov/longtermcare/training.html
CLEANING AND DISINFECTING

Taking these precautions enable a caregiver (i.e., parent, family member, nanny, etc.) or worker (i.e., housekeeping staff, etc.) to perform proper clean-up and disinfection. Using a professional cleaning service is optional, not required.

1. Gather tools & supplies:
   a. Protective clothing
      i. Chemical goggles (splash-proof)
      ii. Face shield (optional)
      iii. Single-use apron, coverall (optional)
      iv. Shoe cover
      v. Gloves (dishwashing, nitrile, or other waterproof gloves)
      vi. Sign
      vii. Tape
   b. Soap or detergent
   c. Warm water
   d. Bucket
   e. Towel
   f. Disinfectant
   g. Plastic Trash Bags

2. Wear Protective Clothing

3. Begin cleaning:
   a. Isolate the area; keep people away (i.e., post signs, use caution tape, or close door, etc.)
   b. Follow labeled instructions on all containers
   c. Mix soap into bucket of warm water
   d. Dip towel into soap solution
   e. Wring towel and wipe affected area until all visible debris and stains are removed
   f. Rinse surface with clean water and wipe with clean towel
   g. Disinfect the surface, follow label instructions. Make sure the surface stays wet for at least 10 minutes, so it effectively kills the virus. This limits the risk of the virus lingering on the surface and potentially causing an infection
   h. Rinse with water
   i. Allow surface to air dry
   j. Bag porous surface items (i.e., bedding, laundry, towels, etc.) and launder using hot water and dry on a high heat setting
   k. Remove protective clothing
   l. Place protective clothing in a trash bag and discard
   m. Wash hands after removing gloves and handling any contaminated material,
2. Implement Heightened Infection Control Practices
Continued

• **Hold trainings** with staff and residents about infection control practices and post signs throughout the facility.
  • Conduct routine screening of all residents and staff. Advise them to notify staff/manager if they experience cold or flu symptoms.
  • Advise staff and residents to
    • Engage in regular handwashing (20 seconds or longer) or cleaning with alcohol-based sanitizer, avoid touching high-contact surfaces, or rubbing eyes, nose, or mouth.
    • Cover their cough or sneeze with a tissue and throw it away after using it.
    • Get recommended vaccines, including influenza and pneumonia.
    • Avoid close contact with anyone that has respiratory symptoms.
    • Stay home if you have mild or moderate cold or flu symptoms, call medical provider and request guidance. Do not present to clinic or ER unless advised otherwise.
    • Develop signage to notify residents and guests about these infection control best practices.
    • Routinely clean and disinfect common areas and frequently touched surfaces and objects.
What can I do to protect myself and others from respiratory infections like novel coronavirus?

- Stay home when you are sick.
- Limit close contact with people who are sick.
- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean and disinfect frequently touched objects and surfaces.

- Avoid touching your eyes, nose, and mouth.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. If you do not have a tissue, use your sleeve (not your hands).
- Use facemasks only if you are sick or have been instructed to do so by your health care provider.
- Get a flu shot to prevent influenza if you have not done so this season.

http://www.publichealth.lacounty.gov/media/Coronavirus/CoronavirusInfographicEnglish.pdf
Infection Control Supplies Checklist

- Thermometers with disposable probe covers
- Surgical masks with eye protection
- N95 masks
- Gowns
- Gloves
- Trash bins and bags
- Alcohol based hand sanitizer
- Tissues
- Soap
- Lysol or other disinfectant (like bleach or detergent) for surfaces
3. Inform staff about sick leave policies.

• **Provide training on “sick leave policies”**
  • Screen staff prior to entering facility and notify staff that they should call their supervisor and stay at home if they develop symptoms.
  • Staff may return to work 24 hours after their fever and respiratory symptoms have resolved without the use of fever-reducing medicines. Do not require doctor’s clearance to return to work.
  • Develop a policy for home isolation, if staff have traveled to high risk areas or have known contacts with COVID-19.
    • **Source:** https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html

• **Create an “Alternate Staffing plan”** in preparation for possible staffing shortages. Plan for ways to continue essential services if on-site operations are reduced temporarily.
4. Develop “shelter in place” procedures for residents with cold and flu symptoms.

• Conduct regular client screenings.
  • Do you have fevers (Temp > 100.4) AND new cough or shortness of breath?
    • If yes, ask the resident to wear a surgical mask in all common areas.
    • If resident has severe symptoms, call 911.
    • If resident has mild to moderate symptoms,
      • Advise client to remain in isolation area until fever has resolved for greater 24 hours.
      • Consider contacting a medical provider to assist with triage (usually over the phone) and testing.
Which residents should be tested for COVID-19?

Guidance for Medical Directors:

• Residents with specific exposures (i.e. travel and high risk contacts) should be reported to Los Angeles Department of Public Health to consider COVID-19 screening.
  • This guidance is changing rapidly and should be updated frequently.
    • Your medical providers may contact Los Angeles DPH and an on-call physician will advise on the next steps (including screening and isolation practices).
      • Monday to Friday 8 AM to 5 PM: (213) 240-7941 (On Call Physician)
      • After Hours: (213) 974-1234 (Emergency Operator)
Person Under Investigation (PUI) for COVID-19

<table>
<thead>
<tr>
<th>Clinical Features</th>
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<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</td>
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<tr>
<td>Fever and signs/symptoms of a community-acquired lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from affected geographic areas (see below) within 14 days of symptom onset</td>
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<td>Fever with severe acute community acquired lower respiratory illness (e.g., pneumonia, ARDS) requiring ICU care without alternative explanatory diagnosis. (Must have negative rapid, influenza/ RSV tests; and a negative molecular respiratory panel if this testing is available at the facility)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
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http://publichealth.lacounty.gov/acd/docs/nCoVChecklist.pdf
High Risk Areas with Ongoing Community Transmission [Level 2 or higher on CDC]

CDC Travel Advisories

• Check the CDC website for the most up-to-date guidance:

• Most cases in the US have occurred in patients with travel-exposure to high risk areas or with exposure to contacts with a travel-exposure

• However the US has started to identify cases of “community transmission” meaning that people have gotten COVID-19 without a known exposure.
4. Develop “shelter in place” procedures for residents with cold and flu symptoms.

• If resident has mild to moderate symptoms,
  • Move residents to separate area with separate bathroom, if possible. If not, move to a more isolated corner with 6 feet of space around the individual or place beds head-to-toe with 3 feet of distance.
  • All symptomatic residents should be advised to remain in designated “isolation” bedrooms or areas and to wear a facemask when entering common areas.
  • Caregivers interacting with symptomatic residents should follow “standard” precautions. Place signage outside all isolation rooms.
  • Facility staff should conduct visits, deliver meals, and deliver medications to residents in isolation bedroom or areas.
  • Call resident’s medical provider to get advice about symptomatic treatment, assessment, and further testing for COVID-19.
  • Perform regular monitoring on all symptomatic residents and more frequent monitoring on high-risk residents. If a resident develops severe symptoms, call 911.
  • Residents should only be removed from isolation 24 hours after last fever (if not a COVID-19 suspect).
• Report all suspected COVID-19 cases to LA DPH, CCL (if applicable), and the residents’ authorized representative (if applicable).
Staff Training on PPE:

If staff are entering an isolation room/area to visit a resident or clean the area, staff should consider wearing:

- **Wearing gloves** if hand contact with blood, body fluids, respiratory secretions or potentially contaminated surfaces is expected.
- **Wearing a disposable gown** if clothes might become soiled with blood, body fluids or respiratory secretions.
- **Wearing a mask and eye protection** if respiratory secretions are expected to contact mouth and nose.

- Make sure you wash your hands well before putting on your PPE.
- All PPE must be taken off (without touching them with your bare hands or other skin) and thrown away (in a sealed garbage bag) after single use.
- Wash your hands thoroughly after you remove your PPE.
CONTACT PRECAUTIONS (if contact with contaminated surface or bodily fluids)

- Put on gloves before room entry. Discard gloves before room exit.
- Put on gown before room entry. Discard gown before room exit.
  - Do not wear the same gown and gloves for the care of more than one person.
- Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf
Droplet Precautions (if respiratory secretions)

Make sure their eyes, nose and mouth are fully covered before room entry.

or

https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf
Extended Use of N95 Respirator in Healthcare Settings

• Reuse N95 respirators for multiple encounters with same patient by storing it in client’s room or isolation area (hang the respirator on a hook)

• Use face shield or surgical mask over the respirator to reduce contamination of the N95 respirator.

• Discard N95 respirator if used in aerosol generating procedures; contaminated with blood, respiratory secretions, or bodily fluids; or is obviously damaged or ill fitting

• Clean hands and use clean gloves prior to putting on the respirator. Clean hands prior to removing the respirator. Do no touch the inside of the respirator.

http://publichealth.lacounty.gov/acd/docs/N95Guidance.pdf
Coordinate/Plan for COVID-19 with the Health Departments

• Guidance will change on an almost daily basis. Check CDC, LA DPH, and CDPH for most up-to-date recommendations.

• Purchase ample infection control supplies in preparation for outbreak

• Notify DPH with all Patients Under Investigation (PUI) in Incident Report

• Notify 911 when transferring patient with acute respiratory illness.

• Contact your Housing for Health PM and Clinical Team if you have questions that cannot be resolved with national/local public health guidance.

• **Note:** There are no current recommendations for quarantine in Los Angeles County. All patients with cold/flu symptoms should “shelter in place.”
Question?

On this phone call:
LA Department of Public Health (LAC DPH)
Community Care Licensing (CCL)
Department of Mental Health (DMH)
Office of Diversion and Re-entry (ODR)
Housing for Health (DHS)
Updates from Community Care Licensing

https://cdss.ca.gov/Portals/9/CCLD/PINs/PIN_20-04-CCLD_CoronavirusEO.pdf