

Detection Dash

Cohorting Strategies

Viral Respiratory Diseases Detection, Containment, and Response in
Long-term Care Settings

October 22, 2020

11:45 a.m.



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The speaker does not have a financial or non-financial relationship with a commercial interest that would create a conflict of interest with this presentation. ”

Disclosure Statement

Objectives and Outline

By the end of this presentation, attendees will be able to apply Epidemiologic principles to facilitate rapid control measures in outbreak situations

- ▶ Understand CDC testing guidance and actions needed based on positive results.
- ▶ Navigate simulated outbreak investigations.
- ▶ Summarize outbreak principles applied to case studies.



Poll Question #1

Does your facility have a plan for cohorting COVID-19 suspected and/or confirmed residents?

▶ Yes.

▶ No.

Polls are not anonymous. You must select an answer to participate fully in this activity!

CDC Testing Guidance

For nursing homes and LTCFs:

Generally, nursing homes are recommended to test:

- ▶ Residents and healthcare workers (HCW) with signs or symptoms of COVID-19
- ▶ Residents and HCW who are asymptomatic in response to an outbreak in the facility
 - A single new case in any HCW or a nursing home-onset in a resident should be considered an outbreak
- ▶ All residents and HCW once and serially test HCW who are asymptomatic in facilities without an outbreak as required by CMS

CDC Testing Guidance

Discontinuation of Transmission Based Precautions

► Symptom-Based Strategy for Discontinuing Transmission-Based Precautions is preferred

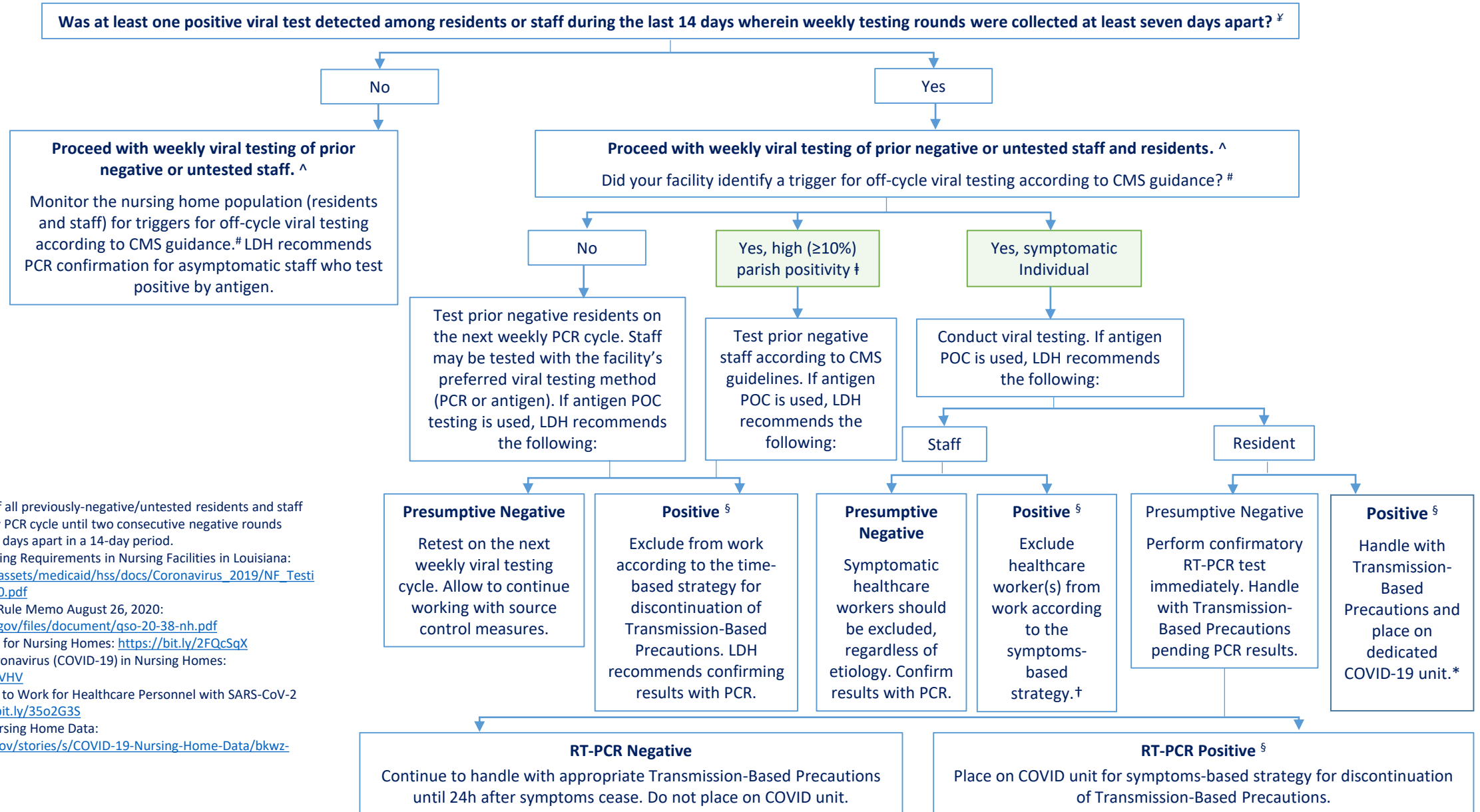
Patients with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

► Time-Based Strategy

- At least 10 days have passed since the date of their first positive test assuming they have not subsequently developed symptoms since their positive test.
- If they develop symptoms, then the symptom based strategy should be used.

Louisiana-specific Guidance for COVID-19 Viral Testing in Nursing Homes



§ Continue testing of all previously-negative/untested residents and staff on the next weekly PCR cycle until two consecutive negative rounds collected at least 7 days apart in a 14-day period.

^ COVID-19 PCR Testing Requirements in Nursing Facilities in Louisiana: https://ldh.la.gov/assets/medicaid/hss/docs/Coronavirus_2019/NF_TestingLetter_06172020.pdf

CMS Interim Final Rule Memo August 26, 2020: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>

‡ Testing Guidelines for Nursing Homes: <https://bit.ly/2FQcSqX>

* Responding to Coronavirus (COVID-19) in Nursing Homes: <https://bit.ly/2FnSVHV>

† Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection: <https://bit.ly/35o2G3S>

‡ CMS COVID-19 Nursing Home Data: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

Responding to COVID-19 in LTCF

Considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19

- ▶ Ideally the unit should be physically separated from other rooms or units.
- ▶ Assign dedicated HCW to work only on the COVID-19 care unit.
- ▶ Ensure that high-touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected.
- ▶ Ensure HCW practice source control measures and social distancing in the break room and other common areas.

Responding to COVID-19 in LTCF

Considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19

- ▶ Place signage at the entrance to the COVID-19 care unit that instruct proper PPE.
- ▶ Ensure that HCW have been trained on infection prevention measures, including the use of and steps to properly don and doff recommended PPE, hand hygiene, and environmental cleaning.
- ▶ If PPE is running low, [optimize PPE](#).
- ▶ Assign dedicated resident care equipment to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit.

Responding to COVID-19 in LTCF

Considerations for new admissions or readmissions to the facility

- ▶ Newly admitted and readmitted residents with COVID-19 who:
 - **have not** met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit.
 - **have met** criteria for discontinuation of Transmission-Based Precautions can go to a regular unit.
- ▶ Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown.
- ▶ New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure

Responding to COVID-19 in LTCF

Resident with new-onset suspected or confirmed COVID-19

- ▶ Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results.
- ▶ If the resident is confirmed, regardless of symptoms, they should be transferred to the designated COVID-19 care unit.
- ▶ Roommates of residents with COVID-19 should be considered exposed and potentially infected



Responding to COVID-19 in LTCF

Resident with new-onset suspected or confirmed COVID-19

- ▶ Consider temporarily halting admissions to the facility
- ▶ Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least **3 times daily**
- ▶ Counsel all residents to restrict themselves to their room to the extent possible.

Simulation 1: Outbreak Investigation

Nursing Home 1



Selecting and Purposing COVID Units



Scenario assumptions:

- ❖ Halls A, B, and C are semi-private
- ❖ Hall D consists of only private rooms
- ❖ Rooms on Hall C have Jack and Jill bathrooms
- ❖ Hall A houses skilled residents
- ❖ Hall D houses ambulatory patients

Questions:

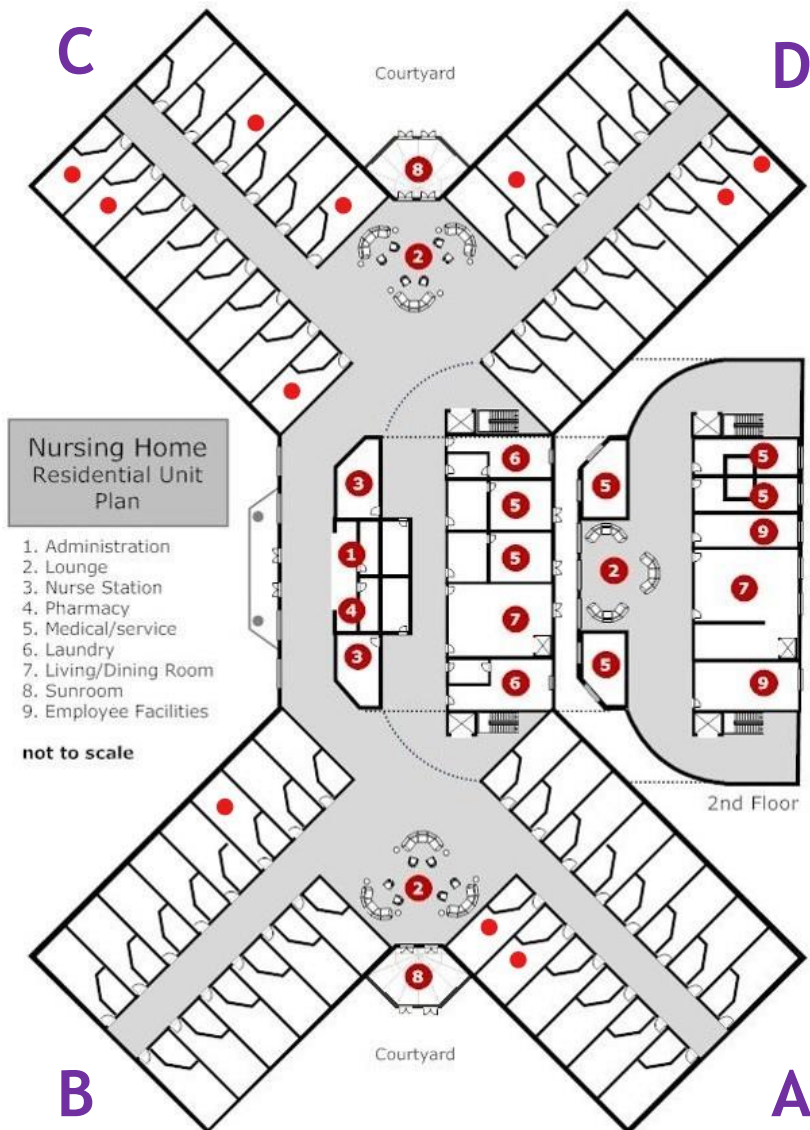
- ❖ If COVID is introduced into your facility, which unit(s) would make good candidates for housing only COVID patients? **Either B or A**

- ❖ Which units would you consider to be at greatest risk for transmission? Why? **Units C and D**

- ❖ If you were to purpose a step-down unit, how would you go about creating it? **COVID patients on symptoms-based obs.**

- ❖ If COVID+ patients return from the hospital without two negative tests, where should they be placed? **Depends on symptoms**

Outbreak in Nursing Home 1



Scenario assumptions:

- ❖ Halls A, B, and C are semi-private
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- ❖ Rooms on Hall C have Jack and Jill bathrooms
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Questions:

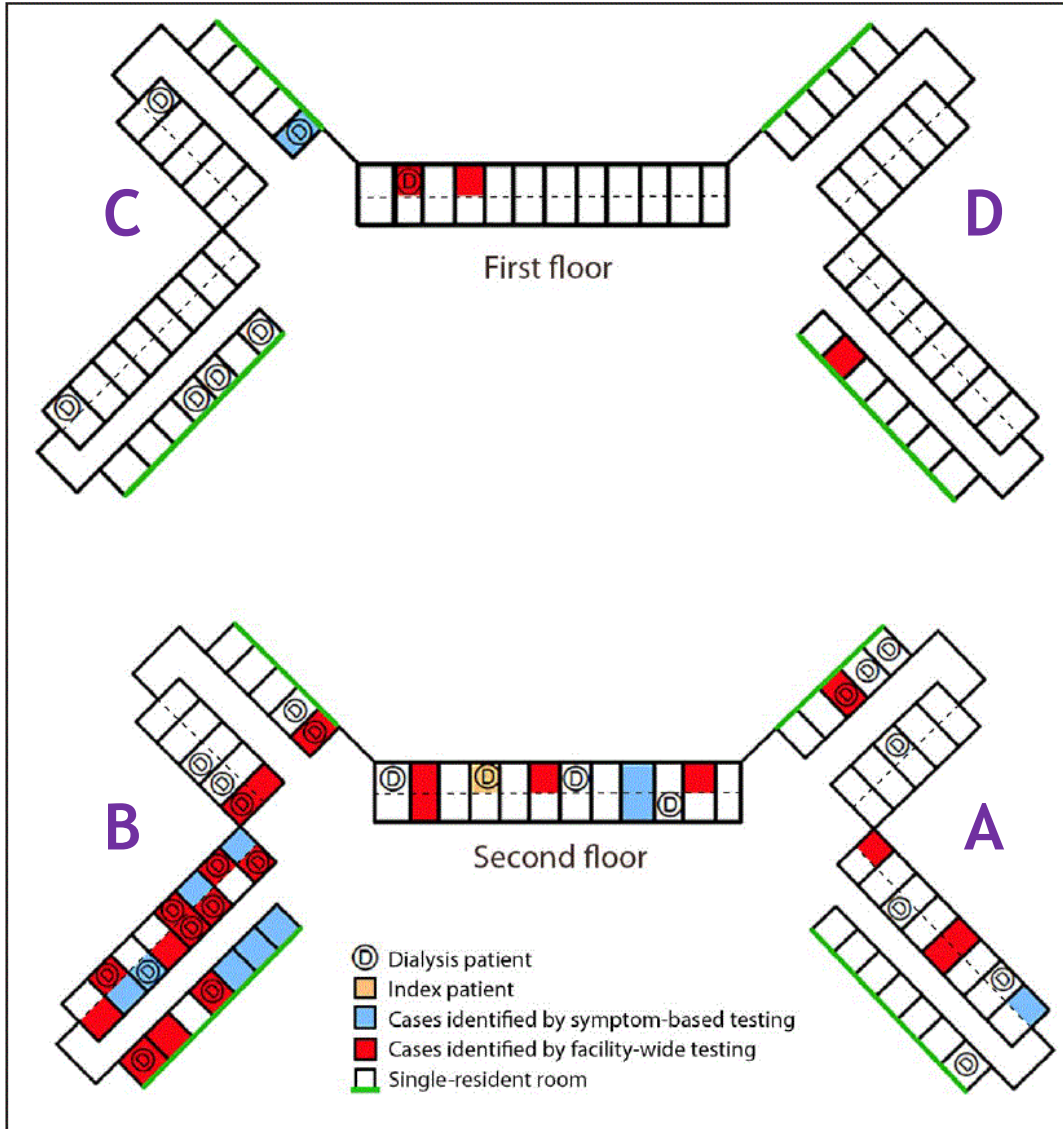
- ❖ What do we do with the positives? **Move to COVID19 unit if sxs**
- ❖ What do we do with their roommates? **Obs/Private Rooms**
- ❖ Should the resident who had +Ab test be tested as part of facility wide testing? **Yes**
- ❖ A resident tested positive in facility wide testing, but does not have any symptoms. What do we do with the resident? **Move to COVID or Stepdown unit; roommate in private room or obs**

Simulation 2: Outbreak Investigation

Residents Receiving Dialysis in Nursing Home 2



Simulation 2: Outbreak Investigation in Nursing Home 2



Scenario assumptions:

- ❖ 75% capacity
- ❖ Mostly semi-private rooms with shared bathrooms
- ❖ 32 residents are receiving dialysis
- ❖ Initiated facility-wide testing after there were 3 confirmed residents

Questions:

- ❖ How should we cohort this facility? **Cohort residents who receive similar care**
- ❖ Where do we move the positives? What do we do with their roommates? **COVID unit; observation unit/private rooms**
- ❖ A HCW tested positive but returned to work once she was cleared, where should she be cohorted? **COVID Unit**
- ❖ A dialysis patient from another nursing home was receiving dialysis at the same time as residents from Nursing Home 2 and has now tested positive.

Observation/Single rooms



COVID Crush



COVID+ HCW recovered,
and returned to work with
symptoms-based strategy.



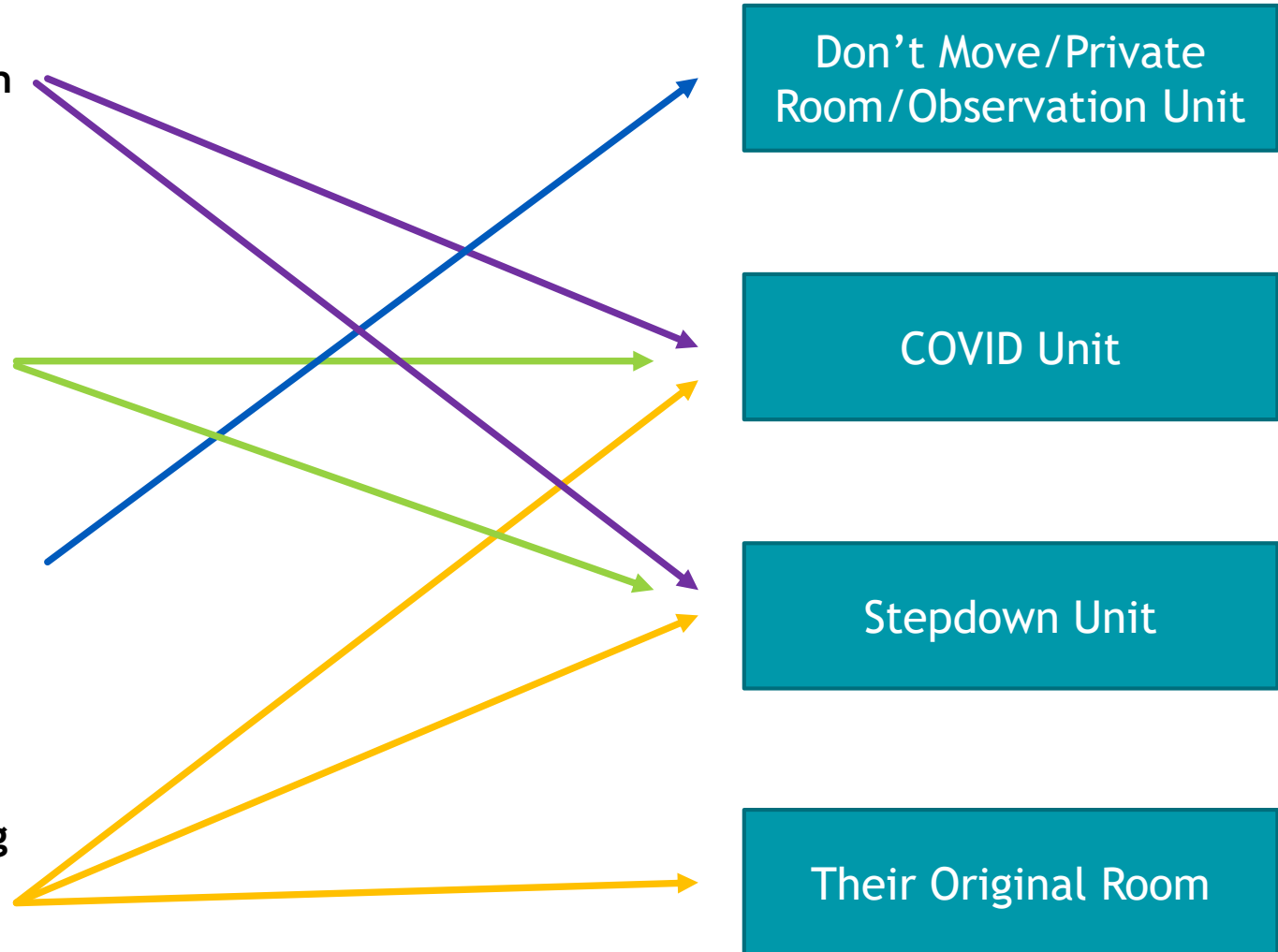
COVID+ LTC patient.



Roommate of COVID+ LTC
resident.



COVID+ resident returning
from the hospital with
symptoms-based strategy.



Keeping Up With the Literature



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

- ❖ Symptom-based screening of SNF residents might fail to identify all SARS-CoV-2 infections.
- ❖ Asymptomatic and presymptomatic SNF residents might contribute to SARS-CoV-2 transmission.



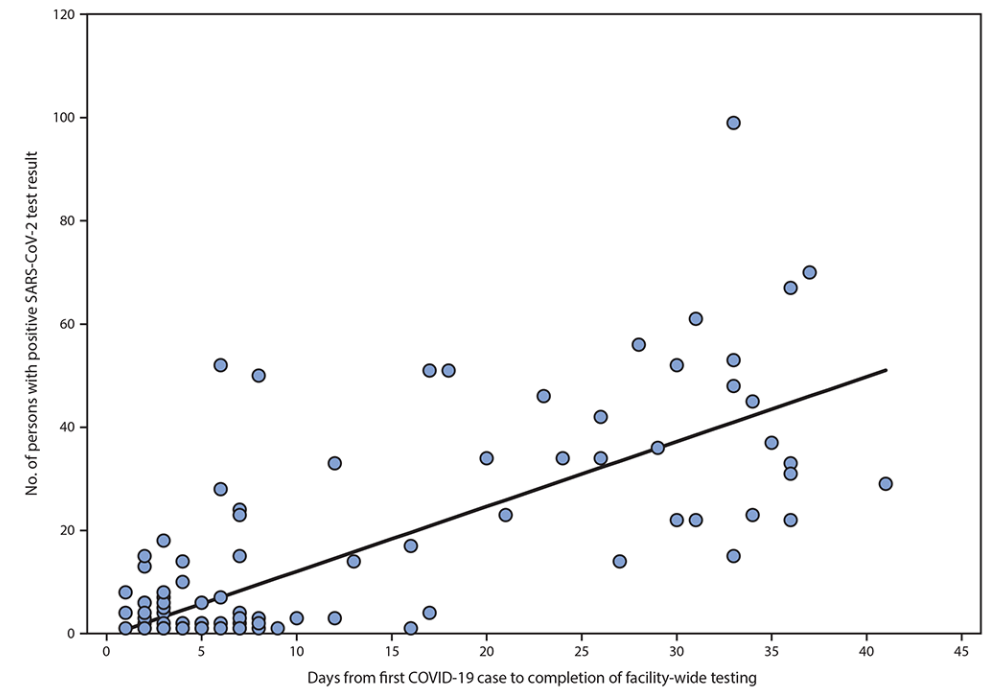
How to operationalize:

1. Implement test-based strategies in conjunction with infection control measures.
2. Cohort patients and staff with the same status.



Facility-Wide Testing for SARS-CoV-2 in Nursing Homes — Seven U.S. Jurisdictions, March–June 2020

- ▶ Previously undetected cases can be identified; these data indicate that 79% of testing events performed in response to a known case identified unrecognized cases.
- ▶ Testing as soon as possible after identifying an initial case was associated with identification of fewer cases and might improve the feasibility and effectiveness of Cohorting.

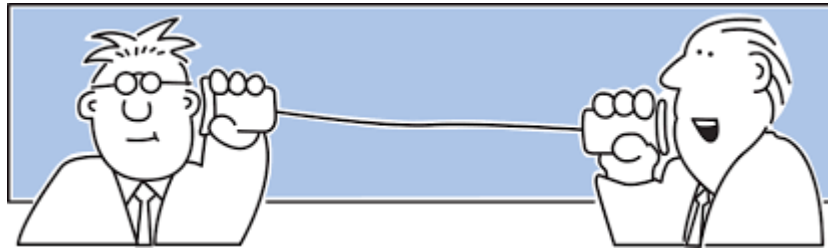


How to operationalize:

1. Conduct facility-wide testing as soon as a case is identified.
2. Exclusion of infected HCP from the workplace through nonpunitive sick-leave policies.

Transmission of SARS-CoV-2 Involving Residents Receiving Dialysis in a Nursing Home — Maryland, April 2020

- ▶ Disease prevalence was significantly higher among residents receiving dialysis and among residents on the second floor compared with those not receiving dialysis and those on the first floor.
- ▶ Residents leaving their rooms for dialysis could be a potential source of SARS-CoV-2 introduction into the nursing home and might pose an underrecognized source of transmission, both in the dialysis center and in the nursing home.



How to operationalize:

1. Effective and continual communication between dialysis centers and nursing homes.
2. Cohort residents who receive similar care.

Poll Question #2

Does cohorting residents who are suspected and/or confirmed cases seem feasible for your facility?

- ▶ Yes, we already have a COVID-19 unit!
- ▶ Yes, this is something we can plan to do.
- ▶ No, we do not have enough space or enough HCP to cohort to specific units.
- ▶ No, I don't see the purpose.

Polls are not anonymous. You must select an answer to participate fully in this activity!

Summary

- ▶ A plan for cohorting your facility should be implemented before an outbreak or as soon as a positive case has been identified.
- ▶ Follow a symptoms-based strategy for discontinuation of transmission-based precautions.
- ▶ Effective communication among the facility and other healthcare facilities is essential.
- ▶ Ongoing education on hand hygiene, proper PPE use, and environmental services must be concurrent with any sort of cohorting and testing in the facility.



“We’re here for you!”

Questions and Answers

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