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 COVID-19 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 COVID-19 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 COVID-19
  • 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 COVID-19
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

If someone is exposed or symptomatic:

• 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
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

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