Long Term Care Facilities
COVID-19 Train-the-Trainer
Course Overview

• Objectives
• COVID19 Review
• Risks of COVID19 in Long Term 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 Long Term Care Facility (LTC) environment. Representatives of NH and ACF entities who attend this training will:

• Develop an understanding of COVID19
• Understand the risks associated with COVID19 in the LTC population, as well as the clinical course for those who are infected
• Recognize the critical effort necessary to mitigate mortality associated with infection in the LTC populations
• Understand prevention strategies in the LTC 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 LTC Population

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

• People 65 years and older
• People who live in a nursing home or long-term 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
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 COVID-19 in LTC Population

Summary of typical clinical course for COVID-19:

Phase 3 – Decompensation
- Oxygen requirements start to get into 10-15 liter 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 LTC Population

Discussion Points:

• LTC residents are an at-risk population
  • Significant risk if resident population is exposed
    • Uncontrollable community transmission
  • Risk to healthcare workers
    • Workforce safety, sustainability

• Clinical course is statistically sub-acute for most patients
  • At-risk populations are experiencing higher-acuity illness

• LTC 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 for the LTC environment

CDC, NYS DOH Health Advisories for Classroom Review

• Advisory dated 13 March 2020:
  • Guidance specific to mitigating or delaying community spread of COVID19 within LTC 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
Prevention Strategies and Workforce Preparedness Guidelines

Mitigation strategies for the LTC environment

• LTC COVID-19 IPC Checklist
  • Identifies Long-Term 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 care, 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

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

Donning PPE on the go:

1. Identity and gather the proper PPE to don. (Refer to choice of gown size to ensure proper fit and sizing)
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown: To all of the way to the wrist. Gown must be fastened by rubber band.
4. Put on N95 respirator mask if the face mask or surgical mask is not adequate. If the respirator mask is uncomfortable, a face mask with an exhalation valve or respirator mask should be considered. Fit-tested (N95) or higher if respirator is not available.
5. Perform hand hygiene before removing the surgical mask and gown. If N95 is not available, a fitted face mask should be used in its place. This mask should be disposable or can be washed and disinfected as per facility policy.
6. Perform hand hygiene before putting on gloves. Gloves should cover the entire hand.
7. Use PPE 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 an example of doffing.

1. Remove gloves. Remove gloves method does not cause additional contamination of hands. Gloves can be removed using gloves than one technique (e.g., gloves to gloves or back hands).
2. Remove gown. Start with the outermost (first) gown. One gown must be removed under another (inside-out). Do not perform removal using a tourniquet. Push up the sides and carefully pull gown down and away from the body. Holding the gown from the shoulders up, do not re-tape it. Place in waste receptacle.
3. PPE may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grasping the strap and pulling upwards and away from face. Do not reach the front of the face shield to remove.
6. Remove and discard mask or face mask if used instead of respirator. Do not reach the front of the respirator or face mask.
7. Perform hand hygiene after removing the respirator/face mask and before putting it on again if your workplace is permitting.

When implementing new or enhanced use of PPE you will need to adjust your donning and doffing procedures to accommodate these new practices.
Summary

• The COVID19 pandemic is impacting our area
• Residents in the LTC 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
• LTC 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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