Prevention and Response to COVID-19 Outbreaks in Nursing Homes
(Adapted from CDC recommendations as of 11-11-2020) For Use with Project ECHO 16-week Curriculum

Please consult your state department of public health, local boards of health, CDC and CMS websites for updated information. Recommendations change frequently during a pandemic.

CORE PRACTICES

Responding to an Outbreak and Minimizing Spread

CDC defines a facility outbreak as a single new case of SARS-CoV-2 in any healthcare worker or any nursing home-onset SARS-CoV-2 infection in a resident (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html). This should trigger outbreak management processes and procedures, including establishing decision-making authority among nursing home team members.

1. **Form an internal COVID-19 Task Force including the DON, Administrator, Medical Director, infection preventionist (IP) and others to oversee and respond to COVID-19 specific issues and take immediate action in response to an outbreak. Outbreak response should include a pre-existing written plan on how to address the following:**

   a. Immediate reporting/notification to local/state department of public health.
   b. Communicating updates to residents and health care agents on COVID-related issues, including numbers of cases.
   c. Placing residents with confirmed COVID-19 in private rooms and on Transmission-Based Precautions, ideally on a designated COVID-19 care unit
      i. If two residents with confirmed COVID-19 do not have other infections, they may be able to share a room and bathroom if needed.
      ii. If separate units are unavailable, then private rooms with the door closed may be an acceptable alternative.
   d. Having physical separation with different entry/exit points for designated COVID-19 units, observation units, and other resident care areas, so that staff working with known or potential COVID-19 cases do not enter a non-COVID space.
   e. Developing a cohorting strategy for placement of residents based on COVID-19 exposure categories

      i.   Prioritize the separation of residents with confirmed COVID-19 into a designated COVID-19 care area or unit.

      ii.   A separate observation unit may be used for newly admitted or re-admitted residents during a 14-day quarantine period during which they are closely monitored and placed in full Transmission-Based Precautions.

      iii. Residents with pending COVID tests (COVID exposed or with new symptoms) should be placed in private rooms with their own bathroom as much as possible and placed on Transmission-Based Precautions.

            1. If a private room is not available, these residents should stay in their current room pending test results; any other residents in that room should also be cared for with Transmission-Based Precautions.

      iv. COVID-recovered residents may remain in the COVID-19 designated care unit or return to their previous room; in some states/regions, cohorting decisions must be made in conjunction with local boards of health.

f. Implementing consistent assignment of employees (dedicate staff to either COVID-19 positive or COVID-19 negative units or cases).

g. Restricting non-essential staff from entering COVID-19 positive areas/units.

h. Making admission decisions in consultation with internal (nursing home) COVID-19 Task Force.

i. Conducting an inventory of PPE and other supplies and ordering needed supplies based on numbers of cases (e.g., use PPE burn rate calculator) and in anticipation of future cases.

j. Adjusting staff and resident testing protocols based on CDC and CMS guidance and guidance from local/state departments of public health.

2. Develop plans for potential staffing shortages, surge capacity and surge capabilities, communication with stakeholders, data tracking and reporting. Establish partnership with an external consultant (e.g., infectious disease specialist or infection preventionist consultant) to respond to current or future pandemic-related questions that leaders may not be able to answer entirely on their own.

3. **Immediately report new COVID-19 cases to the Department of Public Health or designated state or local public health agency. Report COVID-19 cases, facility staffing, and supply information to the** National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module **weekly or as directed by the CDC.**

4. **Have an accessible list of state and federal contacts (email and telephone numbers) and emergency help lines in order to obtain information or supplies quickly during a crisis/urgent situation**. This should include the state

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Department of Public Health, State Survey Agency, local boards of health, state FEMA regional contacts, Regional Advisory Council/EMS, public safety (police, fire), State Epidemiology Website, County COVID-19 positivity case rates website, and the CMS regional office. Include a link to or a current PDF of the state's comprehensive emergency management plan including recommendations for COVID-19 outbreaks in nursing homes. (See sample list of contacts for the State of Florida – each state should have its own list).

5. **Identify and assign one or more individuals with training in infection prevention and control to provide on-site management and 24/7 coverage of the Infection Prevention and Control Program (IPCP).** This includes designating appropriately trained staff who may serve in this capacity if the full-time infection preventionist (IP) is unavailable. All days/times/shifts must have on-site or telephonic coverage. IPCP should include education and training, risk assessment and action planning, ongoing surveillance and monitoring of processes and outcomes, engagement of staff members, providers, visitors and residents. Consider using the CDC's ICAR to assess the nursing home's preparedness. https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf.

6. **Evaluate and manage residents with symptoms of COVID-19.** Frequent clinical assessment may range from every 4 hours to every shift or as indicated based on the resident's signs and symptoms. Clinical assessment and decisions by clinical teams should follow standardized protocols and may include:
    a. whether or not a resident may be treated in the nursing home or may require hospital transfer
    b. testing (frequency may change based on county or nursing home data)
    c. cohorting
    d. use of full PPE
    e. activities on and off the resident's unit
    f. goal setting, care planning, advance care planning
    g. communicating with outside healthcare settings and personnel
    h. communicating with designated care partners or family members (with a resident's approval).

Infection Prevention—Early Detection and Preventing Spread

7. **Create, Implement and regularly Review an Emergency Preparedness Plan (EPP) based on the most current CMS requirements in the State Operations Manual (SOM) Appendix Z:** https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf. Include content on COVID-19 unless the nursing home has a separate COVID-19 emergency preparedness plan.

8. **Educate residents, healthcare personnel, and visitors about COVID-19 prevention.** Include: current precautions being taken in the nursing home to limit

spread such as screening, testing, cohorting, use of masks, personal protective equipment (PPE), social distancing, limiting the types and size of group activities such as communal dining based on local community and nursing home Covid-19 prevalence. Provide information on actions and protocols each person should take and follow to protect themselves and others.

9. **Implement Source Control Measures.** CDC defines source control as use of approved masks or medical facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing or coughing. Cloth masks do NOT qualify as PPE and do not provide adequate protection in the nursing home setting; consult nursing home and/or state policies regarding approved types of masks in specific situations. Residents should practice source control measures when outside of their rooms and staff should practice source control at all times. In areas with moderate to substantial community transmission, universal eye protection may also be recommended.

10. **Have a Plan for Visitor Screening and Restrictions Consistent with State Department of Public Health, CDC, and CMS guidance.** Provide and monitor training of any/all staff that will be conducting screening procedures and actions to be taken. Ensure that all screeners have current (updated) information on visitor use of masks, social distancing, hand hygiene, and use of PPE. Address special circumstances such as holidays and visitors who have come from another state or country (see Week 12 Take-Away document on Visitation during Holiday Seasons).

11. **Create a written plan for testing residents and healthcare personnel for SARS-CoV-2 and update as needed based on community transmission rates and positive cases within the nursing home.** This should include the types(s) of diagnostic tests to be used and their frequency (based on community positivity rates and cases within the nursing home), testing for healthcare personnel, and response to an outbreak (a single new case in staff or nursing home-onset case in a resident). This guidance changes frequently, and the IP or designee should check CDC, CMS, and state Department of Public Health published information at least weekly and more often as needed

12. **Evaluate and manage healthcare personnel, including symptomatic and asymptomatic staff members.** Each staff member should be able to state the symptoms of COVID-19 and what actions should be taken if a healthcare worker has symptoms (e.g., staff person must don a mask if not already wearing one, return home and seek care from his/her healthcare provider). Staff person must consult supervisor and IP regarding when to discontinue Transmission-Based Precautions they are following at home, and when he/she may return to work. All staff must follow nursing home policies on the use of masks, proper hand hygiene, social distancing (particularly in break rooms or common areas), and when to use full PPE.

13. **Provide supplies necessary to adhere to recommended infection prevention and control practices.** Nursing home should have written policies and procedures on how to monitor and obtain supplies such as PPE, cleaning and disinfecting products and equipment before available supplies become critically low. All relevant staff should know how and to whom they should escalate supply and equipment requests in order to prevent shortages.

14. **Identify space in the nursing home for residents who are COVID positive, a separate unit for those who are under investigation/observation or have test results pending, and unit/s for those who are presumed to be COVID negative (cohorting).** If separate units are unavailable, then private rooms with the door closed may be an acceptable alternative. *Written policies should include guidance on how to clean and disinfect resident rooms and bathrooms throughout the nursing home, as well as common areas and high touch surfaces. This should include ensuring availability of alcohol-based hand sanitizer and soap and water for proper hand hygiene.*

15. **Create a plan for managing new admissions and readmissions.** This includes resident location within the nursing home for all new admissions/readmissions. Nursing homes must require all new admissions to quarantine for 14 days, regardless of test status. Any activity restrictions, use of common areas, communal dining limitations and use of shared showers/tubs should be included. It should also include conditions under which the nursing home could refuse to accept a resident (unable to adhere to state and/or federal regulations, unable to meet the person's clinical needs).

References:

CDC reference for Core Principles of COVID-19 prevention and management in nursing homes:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care-checklist.html

LeadingAge Pandemic Playbook:
https://playbook.leadingage.org/

LeadingAge COVID-19 Focused Survey for Nursing Homes:
https://leadingage.org/sites/default/files/COVID-19%20focused%20survey%20tool%20and%20checklist.pdf

AMDA: Society for Post-Acute and Long-Term Care Medicine list of state plans for COVID-19 prevention and management in nursing homes:
https://amda2015.wufoo.com/reports/s184ovcd0i7s3vx

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CMS Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes: https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf

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