

Coronavirus-COVID-19

What you need to know & how to prepare and protect

Symptoms *(may be mild to severe)*

- 2-14 days after exposure;
- Fever;
- Dry cough;
- Shortness of breath;
- Nasal congestion;
- Runny nose;
- Sore throat or diarrhea;
- No vaccine or specific treatment for COVID-19 is available; care is supportive.

Transmission

- Person to person by respiratory droplets within 6 feet;
- No evidence spread from surfaces or objects (under investigation as a possible mechanism of transmission);
- Not thought to be spread by airborne such as tuberculosis or measles.

Who Should be Evaluated?

- People returning from places known to have the virus;
- Those who have been in close contact with someone known to have the virus;
- The addition of individuals with febrile severe acute lower respiratory disease requiring hospitalization without known exposure or travel risk factors without alternative explanatory diagnosis (e.g., negative testing results from a respiratory virus panel).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

Recommend healthcare personnel use the CDC definitions to guide whether an individual should be evaluated for COVID-19.

Recommended healthcare personnel regularly monitor the CDC website for updates to the case definition.

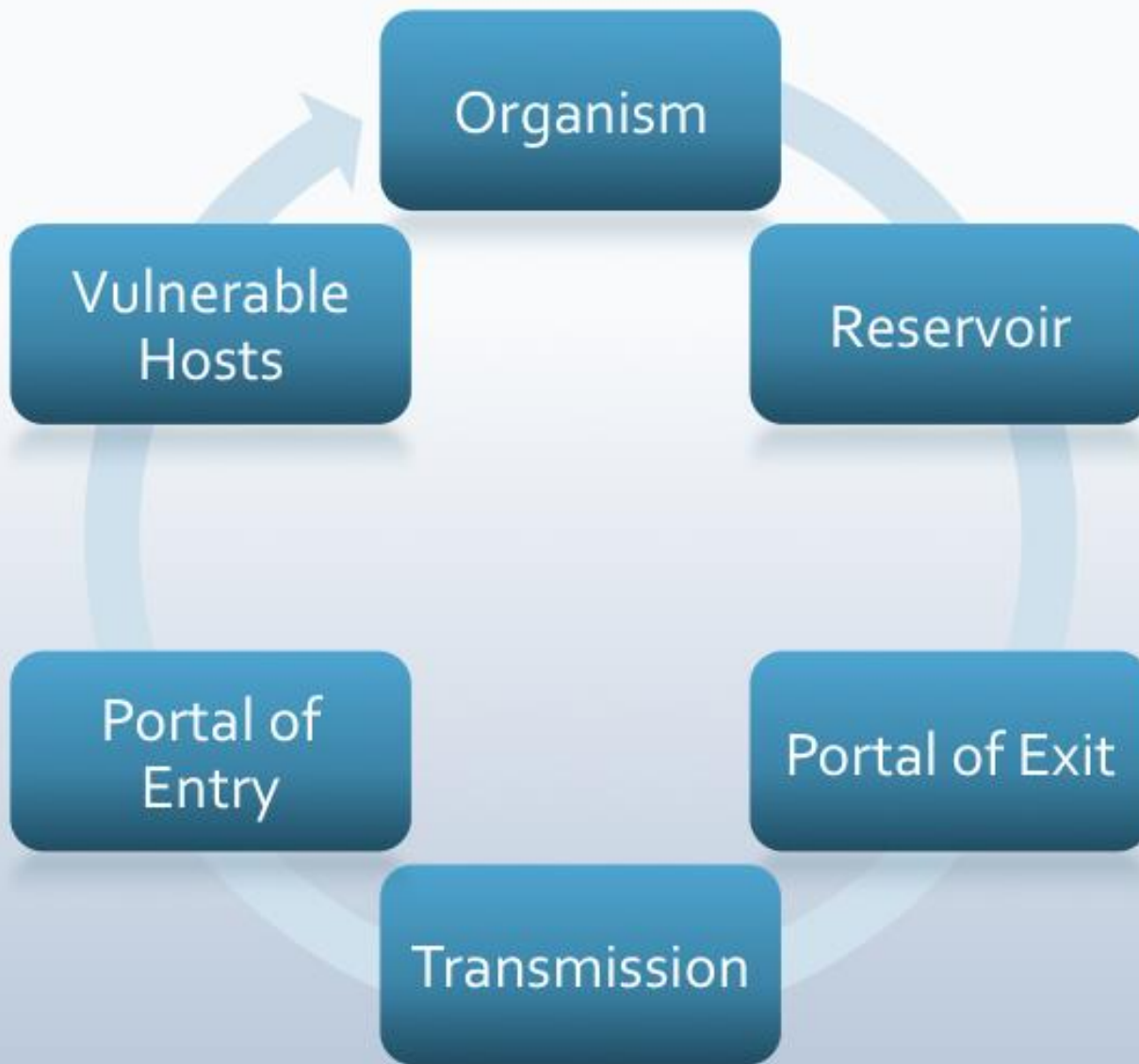
Clinical Features & Epidemiologic

Risk

- Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath).
AND
Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
- Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization.
AND
A history of travel from affected geographic areas (see below) within 14 days of symptom onset.
- Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza).
AND
No source of exposure has been identified.

Testing

- NYSDOH will assist healthcare providers, facilities and LHDs to collect, store, and ship specimens appropriately, including during afterhours or on weekends/holidays.
- Testing for other respiratory pathogens should not delay specimen shipping. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with the LHD or NYSDOH, they may no longer be considered a PUI.



F880 Infection Prevention and Control Program

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;
- Written standards, policies, and procedures for the program, which must include, but are not limited to:
- A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- When and to whom possible incidents of communicable disease or infections should be reported.

Back to the Basics of Infection Control

- Hand hygiene (20 seconds) with soap & water;
- Hand gel preferred method unless hands visibly soiled;
- Respiratory etiquette/avoid touching your eyes, nose and mouth;
- Stay home if sick, encourage visitors & families to do the same;
- Cover open wounds;
- Use of personal protective equipment (PPE);
- Environmental cleaning (EPA registered).

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

- Education & monitoring;
- Appropriate handling of linen, trash and equipment.

Personal Protection Equipment

- Gloves
- Gowns
- Eye shields/face shields
- Masks/N95 respirators

How to Apply PPE (DON)

- **Gown**
 - Fully cover torso from neck to knees, arms to end of wrists;
 - Wrap around the back, tie in back at neck & waist.
- **Mask or respirator**
 - Secure ties or elastic bands at middle of head and neck;
 - Fit flexible band to nose bridge;
 - Fit snug to face and below chin;
 - Fit-check respirator.
- **Goggles or face shield**
 - Place over face and eyes and adjust to fit.
- **Gloves**
 - Extend to cover wrist of isolation gown.

Protect Yourself When Using PPE

- Keep hands away from face;
- Limit surfaces touched;
- Change gloves when torn or heavily contaminated;
- Perform hand hygiene.

How to Remove PPE (DOFF)

- **Gloves:** Outside of gloves is contaminated!
 - Grasp outside of glove with opposite gloved hand, peel off;
 - Hold removed glove in gloved hand;
 - Slide fingers of ungloved hand under remaining glove at wrist;
 - Peel glove off over first glove;
 - Discard gloves in waste container.
- **Goggles/face shield:** Gown front and sleeves are contaminated!
 - Unfasten ties;
 - Pull away from neck and shoulders, touching inside of gown only;
 - Turn gown inside out;
 - Fold or roll into a bundle and discard.
- **Mask/Respirator:** Front of mask/respirator is contaminated!
DO NOT TOUCH!
 - Grasp bottom, then top ties or elastics and remove;
 - Discard in waste container.

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Types of Precautions

- **Standard Precautions** – assume that anyone or anything has the potential to be infectious – common sense.
- **Contact Precautions** – contact with an infected person or their immediate environment usually in conjunction with a room restriction.
- **Enhanced Barrier Precautions** – necessary PPE for those who have or have had MDROS.
- **Droplet Precautions** – respiratory infections with potential to expand up to 6 ft.
- **Airborne Precautions** – goes in the air and stays and circulates there (specific protocols – negative pressure room/N95 respirator).

Coronavirus – recommended use Standard, Contact & Airborne Precautions and eye protection (gown, gloves, face mask, goggles or face shield)

Surveillance Regulations

The facility's surveillance system must include a data collection tool and the use of nationally-recognized surveillance criteria such as but not limited to CDC's National Healthcare Safety Network (NHSN) Long Term Care Criteria to define infections or updated McGeer criteria. Furthermore, the facility must know when and to whom to report communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks (e.g., list of communicable diseases which are reportable to local/state public health authorities). The facility must document follow-up activity in response to important surveillance findings (e.g., outbreaks)

Surveillance Tracking

- *Long Term Care Respiratory Surveillance Line List (accessed 2/28/20)
<https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>
- Parent site for the above pdf:
<https://www.cdc.gov/longtermcare/training.htm>
- **Pandemic Influenza Planning Checklist for Long-Term Care and Other Residential Facilities (accessed 2/28/20)
<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwidt6yDtTnAhVQInIEHZS5CWAQFjAAegQIAxAB&url=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fpandemicresources%2Fpdf%2Flongtermcare.pdf&usg=AOvVawop1OLgVLgQVps5lquyRx9K>

Who do you report to?

- NYSDOH ICP via phone (515-474-1142);
- Local Health Department regional epidemiologist;
- Report must also be submitted via NORA (Nosocomial Outbreak Reporting Application) in HCS.

Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends, and holidays.

https://www.health.ny.gov/contact/contact_information/

Employees

- Avoid working while ill;
- Allow & account for potential absenteeism;
- If there is evidence of community-wide COVID-19 illness, recommend facilities screen staff at entry into the facility for respiratory signs and symptoms and fever.

Visitors

- Consistent with good routine practice, we recommend posting signs requesting that people with acute respiratory illness to refrain from entering the PALTC facility. This applies whether or not there is COVID-19 activity in the community.
- Recommend individuals (regardless of illness presence) who have a known exposure to someone with a COVID-19, or who have recently traveled to areas with COVID-19 transmission, refrain from entering the nursing home.
- If there is community-wide transmission of COVID-19, recommend facilities consider screening visitors at entry to the facility.

Planning

- Call your State and/or Local Health Department (for testing and guidance).
- Social distancing, including suspending group activities including dining and other social events.
- Consistent staff, in which staff are assigned to the same unit or hallway on a consistent basis.
- Daily temperature checks and symptom monitoring for residents and staff.
- Furlough for staff with respiratory symptoms.
- Having a plan to bring in temporary staff, perhaps through an agency, when there is insufficient staffing due to illness or increased burden of care.

To Admit or Not Admit?

- Recommend that nursing homes accept patients recovering from COVID-19 only after consultation with the local and/or state health department and referring facility.
- If limited resources make this impracticable, recommend that nursing homes should accept residents with a known COVID-19 infection when that individual can be placed in a single room with a closed door and when there is sufficient and adequately trained staff to care for that individual.
- Recommend that facilities be familiar with current CDC recommendations regarding cessation of transmission based precautions for individuals with COVID-19.
- Recommend facilities re-educate all staff, clinical and non-clinical on proper use of personal protective equipment (PPE).

<https://iris.wpro.who.int/handle/10665.1/14482>

PPE Shortage Potential

- Compare existing inventories of PPE, such as face shields, gowns, gloves, masks and N95 respirators against the expected rate of use of these items under a surge situation, to determine the quantities needed to be on hand.
- Use existing vendor agreements and procurement plans to place orders for quantities needed by type and size of PPE.
- Activate existing Mutual Aid Agreements to obtain available support from those partners.
- Notify County Office of Emergency Management (OEM) when all existing agreements are exhausted and supply needs exceed those available from these sources.
- Coordinate with County OEM to identify and utilize other existing county resources.

PPE Shortage Potential (continued)

If all local resources have been exhausted, submit a request, via your County OEM, to the NYS OEM. The request should include as much detail as available, but include at a minimum the following elements:

- Type and Quantity of PPE by size;
- Point of Contact at the requesting facility or system;
- Delivery location;
- Date by which request must be filled;
- Record of pending orders.

PPE Shortage Potential (continued)

- Upon receipt of a request submitted to NYS OEM, the Department will be notified and will use the information provided to validate the request and its ability to meet the identified need. Facilities should expect that the identified Point of Contact listed in the request will be contacted by the Department for clarification and coordination. Please note that in order to assure adequate time to process and fill a request (as resources are available), a request should be submitted via your County OEM no later than 10 days before an item is out of stock at the requesting facility.
- It is critical the healthcare facilities work in advance to prepare for anticipated shortages and to proactively work with all available sources of critical resources.
- It is also critical that healthcare facilities put controls in place to safeguard these resources and monitor their usage.

HCP Mandate –

Flu Mask For Anyone Who Did Not Receive Vaccine

The regulation remains unchanged, unless the Commissioner of Health notifies us that the regulation for this has changed.

Communicate!

- Keep everyone aware of your prevention & protection plan.
- Make sure everyone is aware of best Infection Control practices.
- Use posters & flyers.
- Lead in best practice by setting the example.
- Work together/collaborate.

STAY CALM!

For More Information
Go To The LeadingAge New York
Coronavirus Information Page

<https://www.leadingageny.org/topics/coronavirus/>