

Telligen's COVID-19 Prevention and Preparedness in Long Term Care Webinar March 19, 2020

Questions and Answers

Disclaimers:

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 - CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
 - Colorado: <https://www.colorado.gov/cdphe>
 - Iowa: <https://idph.iowa.gov/>
 - Illinois: <http://www.dph.illinois.gov/>
 - Oklahoma: <https://www.ok.gov/health/>
- Questions answered during the webinar presentation are given in the recording, please refer to the recording for this detail
- Telligen excluded responses the following questions that we were not able to answer based on current COVID-19 guidance and/or available evidence-based resources.

ENVIRONMENTAL CLEANING

Q: "Is there a source that you can reference of how long the virus lives on surfaces? How long can the virus live on a surface, on cloths, etc.?"

A: <https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>

Q: "Water pitchers in the rooms, is this ok since plastics have been said to be a surface that the virus can last on?"

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A: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html> - See Environmental Cleaning and Disinfection

Q: “What cleaning solutions can be used in shortages, 10:1 water to Clorox?”

A: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

<https://www.epa.gov/pesticide-registration/frequently-asked-questions-about-list-n-disinfectants-use-against-sars-cov-2>

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-your-home.html>

Q: “We are using Ecolab’s multi quat sanitizer in the kitchen. Is there something else we should be using?”

A: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Q: “What works to kill the virus on a surface? Lysol? Bleach? Purell? All of the above? How about Windex?”

A: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Q: “Does a certain heat temperature kill it such as microwave or dryer or boiling?”

A: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Q: “Do they [staff] need to leave the mask on for the entire 4-8 hrs. or can they remove it and if they [staff] can remove the mask how do you store in between?”

Please note that the CDC guidance below differs from the guidance provided by the presenter during the webinar.

A: The CDC defines **Crisis Capacity** strategies as those strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known facemask shortages.

One of the Crisis capacity strategies is to implement limited re-use of facemasks.

“...Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that

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HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
 - Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
 - Facemasks with elastic ear hooks may be more suitable for re-use.
- **HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container...**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Q: “If folks take their mask off and touch the inner side, touch a table and then place the mask on their face again, are they at risk?”

A: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Q: “Should mask be worn during direct patient care?”

A: See guidance under Additional Measures: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Q: “If we can take the mask off and on, how long does it [COVID-19] stay on the mask?”

A: <https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>

Q: “Does fabric work for a homemade mask? If so, should it be more than one layer? Is there a certain cotton thread count it would need to be?”

A: The Telligen team will forward this question to each of our four states’ departments of health for guidance. In the meantime, see the CDC’s guidance re: HCP use of homemade masks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

RESIDENT CARE

Q: “One of the primary benefits of living in independent or assisted living facilities is the ability to socialize with fellow residents and staff. With the CDC recommendation to suspend communal dining and activities, how are facilities responding and, for those who have suspended communal dining and activities, how are they dealing with the mental health of the residents?”

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A:

- Telligen welcomes our nursing home partners to share ideas about creative ways to keep residents active and engaged during this pandemic.
- AHCA/NCAL provides the following, "Tips for Keeping Residents Engaged:
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Keeping-Residents-Engaged.pdf
- See #8 in the below link: "In lieu of visits, facilities should consider:"
<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

Q: "For our daily monitoring of well residents do you recommend pulse ox? We monitor symptoms and temp."

A: The addition of pulse oximetry to the vital signs is recommended in this recent CDC webinar:
https://emergency.cdc.gov/coca/calls/2020/callinfo_031720.asp

Implement active screening of residents and staff for fever and respiratory symptoms per CMS Memo:
<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

In the link below, see "Evaluate and Manage Residents with Symptoms of Respiratory Infection:"

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Q: "Resident returning from hospital where the COVID-19 has been confirmed (not in the resident returning) but in city where they were hospitalized? Guidelines?"

A: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#facilities-should-do>

HEALTHCARE PERSONNEL

Q: "What is considered a fever for employees, 100 or 99.6? What temperature would be considered to send home employee 100?"

A: CDC: "For Health Care Personnel (HCP): Fever is either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures ($< 100.0^{\circ}\text{F}$) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities."

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

For Residents: Note that **FEVER MAY NOT BE PRESENT**.

Vital Sign Criteria for fever according to “McGeer Criteria 2012 for Surveillance*”

- Single oral temperature >37.8 °C (100 °F)
- Repeated oral temperatures >37.2 °C (99 °F) or rectal temperatures >37.5 °C (99.5 °F)
- Single temperature >1.1 °C (2 °F) over baseline from any site (oral, tympanic, axillary)

*Stone ND, Ashraf MS, Calder J, et al. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infection Control & Hospital Epidemiology. 2012;33(10):965-977. doi:10.1086/667743.

Q: “If we are screening staff before they enter the facility, how would you suggest an aid wearing a mask with them in short supply?”

A: See Contingency and Crisis Strategies for supply issues:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Review “Evaluate and Manage HCP with Symptoms of Respiratory Illness:”

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html> -

Q: “If a staff has all the respiratory symptoms for 5 days but no fever, what would you recommend?”

A: Note that fever may be intermittent or may not be present in some patients.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Q: “If a staff person is sent home from work with potential respiratory symptoms, should they be cleared to come back to work after fever free for 72 hrs. and cleared by PCP?”

A: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Q: “Is there any guidance or suggestions about having employees working at LTC facilities that have auto immune deficiencies or are pregnant etc....?”

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

Q: “Is there any information on quarantining staff of long-term care facilities within the facility?”

A: See “Evaluate and Manage HCP with Symptoms of Respiratory Illness:”

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

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Q: “Once staff is screened how often is that needed i.e. smoke breaks, and getting food?”

A: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Q: “Just wondering if there have been any updated screening requirements for staff that leave the state? With so many on Spring break and returning it would be good to know.”

A: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

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

DINING

Q: “Can we please have some suggestions on how to operationalize no communal dining when there are residents at risk for choking or who require assistance/cuing with eating? I am not sure one to one is going to work.”

A: AHCA/NCAL provides the following Communal Dining Guidance:

https://www.ahcanal.org/facility_operations/disaster_planning/Documents/Communal-Dining-Approaches.pdf

Q: “Will you go over the dining requirement again?”

A: “Nursing homes should assume COVID-19 is already in their community and move to restrict all visitors and unnecessary HCP from the facility; *cancel group activities and communal dining*; and implement active screening of residents and HCP for fever and respiratory symptoms.”

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Q: “Should facilities allow food from outside be delivered to residents?” and Q: What is the recommendation for families bringing items and/food to the resident - they are not allowed to visit but they leave it outside and staff brings it in?”

A: Telligen will forward question 27 to each of our four states’ departments of health for their consideration. The following link references spread from contact with contaminated surfaces or objects:

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html>

Q: “Does it live and replicate on fruits/veggies such as sitting on the counter?”

A: <https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>

MISCELLANEOUS

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Q: “Are there any special precautions to take with the body of a deceased resident?”

A: Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

Q: “If you get the virus can you get it again?”

A: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html> - See Q: Can people who recover from COVID-19 be infected again?

Q: “The hospitals are overwhelmed and discourage sending residents. So, if a SNF physician orders a COVID screening, are SNFs going to be offered testing kits?”

A: The Telligen team will forward this question to each of our four states’ departments of health for their consideration. In the meantime, please continue to check your state department of health website for information about testing availability.

Q: “For possible post-mortem care what alternatives does LTC can have?”

A: For suggestions, see page 8, Postmortem Care:

https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf -

Q: “Can SNFs "refuse" to accept a COVID-19 resident or one that's been exposed to another with presumptive? Any guidance?”

A: CMS provides the following guidance (page 4): <https://www.cms.gov/files/document/gso-20-14-nh-revised.pdf>

See “Evaluate and Manage Residents with Symptoms of Respiratory Infection:”

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#facilities-should-do>

Q: “Is there any guidance for screening of new admissions in a SNF setting?”

A: Under “Evaluate and Manage Residents with Symptoms of Respiratory Infection”:

“Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).”

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#facilities-should-do>

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This recent webinar by the CDC recommends adding pulse oximetry to the vital signs you are monitoring: https://emergency.cdc.gov/coca/calls/2020/callinfo_031720.asp

Q: “I am curious as to why, if we know what the COVID-19 looks like...why can't we swab and look under a microscope? Why does it have to be such a big deal to "test"?”

A: A special microscope, called an electron microscope, is required to “see” the coronavirus. Common light microscopes do not have the required magnification.

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

Q: “Do physicians have to have a specific service for tele med visits, or can we just use an IPAD?”

A: The Centers for Medicare & Medicaid Services (CMS) released a comprehensive toolkit on telehealth that is specific to general practitioners.

<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

CMS Press Release:

<https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>

Q: “So, how long is it [respiratory specimen/swab] good in the refrigerator?”

A: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

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