COVID-19: What Assisted Living Facilities, PACE Sites, Adult Day Centers and Group Homes Need to Know

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COVID-19 OUTBREAK IN CHINA

Findings Published by the World Health Organization

Submitted February 28, 2020

COVID-19 Signs and Symptoms among Confirmed Cases Reported in China

<table>
<thead>
<tr>
<th>Sign or symptom*</th>
<th>%</th>
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<tbody>
<tr>
<td>Fever</td>
<td>87.9</td>
</tr>
<tr>
<td>Dry Cough</td>
<td>67.7</td>
</tr>
<tr>
<td>Fatigue</td>
<td>38.1</td>
</tr>
<tr>
<td>Sputum</td>
<td>33.4</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>18.6</td>
</tr>
<tr>
<td>Myalgia or arthralgia</td>
<td>14.8</td>
</tr>
<tr>
<td>Sore throat</td>
<td>13.9</td>
</tr>
<tr>
<td>Headache</td>
<td>13.6</td>
</tr>
<tr>
<td>Chills</td>
<td>11.4</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>5.0</td>
</tr>
<tr>
<td>Nasal congestion</td>
<td>4.8</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3.7</td>
</tr>
</tbody>
</table>

*Among 55,924 confirmed cases
Key Findings from the WHO-China Report (as of 2/20/20)

**Age**
- Median Age: 51 years
- Range: 2 days - 100 years
- 30-69 years: 77.8%
- <19 years: 2.4%

**Sex**
- Male: 51.1%
- Female: 48.9%

**Spectrum of Disease**
- Mild: 80%
- Severe: 13.8%
- Critical: 6.1%
Key Findings from the WHO-China Report (as of 2/20/20)

Duration of Illness
- Mild Disease: ~2 Weeks
- Severe or Critical Disease: 3-6 Weeks
- Onset to Severe Disease: 1 Week
- Onset to Death: 2-8 Weeks

Severe Disease or Death
- Increased with Age
- Case-fatality Rate >80 Years: 21.9%
- Case-fatality Rate in Males: 4.7%
- Case-fatality Rate in Females: 2.8%
- Severe Disease <19 Years: 2.5%
- Critical Disease <19 Years: 0.2%

Case-fatality Rate by Comorbidity
- No Comorbidity: 1.4%
- Cardiovascular Disease: 13%
- Diabetes: 9.2%
- Hypertension: 8.4%
- Chronic Respiratory Disease: 8.0%
- Cancer: 7.6%
Key Findings from the WHO-China Report (as of 2/20/20)

Pregnant Women (n=147)
- 64 Confirmed Cases
- Severe Disease: 8%
- Critical: 1%

Healthcare Personnel
- 2,055 Confirmed Cases
- 476 Hospitals across China
- 88% from Hubei Province
Epidemic Curve of COVID-19 Cases by Date and WHO Region

As of March 19, 2020

www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
Distribution of COVID-19 cases as of 19 March 2020

Number of Confirmed cases*
- 1 - 10
- 11 - 100
- 101 - 1000
- 1001 - 5000
- 5001 - 10000
- 10001 - 30000
- > 30000

*Confirmed cases reported between 13 and 19 February 2020 include both laboratory-confirmed and clinically diagnosed (only applicable to Hubei province); for all other dates, only laboratory-confirmed cases are shown.

712 cases are identified on a cruise ship currently in Japanese territorial waters.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

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www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
As of 3/19/20, Total U.S. Cases = 10,442; Total U.S. Deaths = 150
COVID-19 Cases in Virginia

As of 3/20/20, Virginia has 114 cases of COVID-19

Cases* by Locality
Click a locality to highlight case information in the chart below. Click anywhere on the map to reset it.

Color Range
- 0
- 1-5
- 6-15
- 16-25

Guidance for Assisted Living Facilities and other Adult Group Settings
Infection Control

• Review and update your infection control and preparedness plans
• Minimize chance for exposures
• Adherence to Standard, Contact Precautions, and Droplet Precautions as appropriate, including the use of eye protection
• Manage visitor access and movement within the facility/community
• Monitor and manage ill and exposed healthcare personnel and other staff
• Train and educate healthcare personnel and staff
• Implement environmental infection control

Environmental Cleaning

- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19

- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE)

Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2

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


CMS Guidance

• Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED March 9, 2020)
  • Can be adopted by assisted living and other group home settings
  • Questions and answers for transfers and admissions
Virginia Guidance

- VHCA/VCAL COVID-19 Screening Toolkit  
  - Includes resources from America Health Care Association/National Center for Assisted Living  
  - Screening logs  
  - Healthcare Coalition contacts
Actions to Take Now - Facility Wide

- Review and update your infection control and preparedness plans
- Educate Residents/Families, Healthcare Personnel (HCP), Staff and Visitors
  - Share the latest information on COVID-19
  - Post signage to assist with education and to encourage appropriate hygiene and prevention measures
- Educate and train HCP including facility based personnel, consultants, and volunteers
Actions to Take Now - Facility Wide

- **Restrict all visitors** (except for compassionate care situations, e.g., end of life)
- Enforce social distancing measures
  - Cancel large gatherings (e.g., including group social events with 10 or more people)
  - Cancel all group activities and close communal dining facilities
  - Cancel all field trips outside the facility
  - Prepare alternative options for meal delivery and assistance
  - Alter schedules to reduce mixing and reduce group size (e.g., staggering of meal times)
- Consider suspension of accepting new residents/participants
- **Restrict all volunteers and programs with external staff** (e.g., barber)
Nonpharmaceutical Interventions
Actions to Take Now - Facility Wide

• Provide and actively monitor supplies for recommended infection prevention and control practices
  • Ensure all sinks are well stocked with soap and paper towels
  • Add alcohol-based hand sanitizer with 60-95% alcohol in every resident room
  • Have respiratory hygiene and cough etiquette supplies available
  • Consider designating staff to steward these supplies and encourage appropriate use

• Ensure appropriate environmental cleaning and disinfection products are available to allow for frequent cleaning of high touch surfaces and shared equipment
  • Refer to List N [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) on the EPA website for the registered list that qualify under EPA’s emerging viral pathogens program for use against SARS-CoV-2
Actions to Take Now

• Have necessary personal Protective Equipment (PPE) available in resident care areas

• Supplies of PPE needed include:
  • Facemasks
  • Respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit tested HCP)
  • Gowns
  • Gloves
  • Eye protection (i.e., face shield or goggles)

• Plan to optimize your facility’s supply of PPE and EPA-registered hospital grade disinfectants due to ongoing shortages
  • Report any facility supply chain issues to the Regional Healthcare Coalition [https://vhass.org/regional-info/](https://vhass.org/regional-info/)
Minimum PPE Requirements for Suspected or Confirmed COVID-19

Providers in Close Contact

- Hand Hygiene
- Goggles or Face Shield
- Gown
- Gloves

or

- N95 Respirator
- Facemask

Patients

- Hand Hygiene
- Facemask
PPE Prioritization

Prioritize PPE if supply chain disruption:

• **N95 respirators** - aerosol-generating procedures

• **Gowns** - aerosol-generating procedures, activities where splashes and sprays are anticipated, high-contact patient activities

• **Facemasks** - direct care personnel

Actions to Take Now: Staff/Administration

• Actively screen all HCP for fever and respiratory symptoms before starting each shift
  • Send them home if they are ill
• Actively monitor HCP/staff absenteeism and respiratory illness
• Develop non-punitive sick leave policies that allow and encourage staff to stay home when ill
• Develop or review existing plans to mitigate staffing shortages
Actions to Take Now: Residents/Participants

- Consider having residents stay in facility and limit exposure to the general community
  - If residents must leave facility for medically necessary purposes (e.g., hemodialysis), have them wear a facemask
- Actively screen all residents/participants at least daily for fever and respiratory symptoms
- Encourage rescheduling of elective and non-essential healthcare procedures
- Improve access and encourage use of remote/electronic enrichment activities and communication routes
- Encourage residents/participants to self-report possible signs/symptoms of COVID-19
PUBLIC HEALTH SYSTEM RESPONSE
Travel Notices and Restrictions (as of 3/18/20)

• CDC recommends travelers, particularly those with underlying health issues, defer all cruise ship travel

• Entry of foreign nationals from many destinations has been suspended
Public Information

Virginia Reporting Requirements

<table>
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<th>COVID-19 is a reportable condition</th>
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<td>Healthcare providers are legally required to report all suspected cases and confirmed cases to the local health department immediately</td>
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Locate your Local Health Department

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

HEALTH DEPARTMENT LOCATOR

Enter Your Address or Zip Code

Search

Results

Search

Richmond City Health Department
400 East Cary St.
Richmond Virginia 23219

Phone: 804-205-3500
Fax: 804-371-2207

Directions

Richmond City Health Department - WIC Community Hospital
1510 North 28th St.
Suite 208
Richmond Virginia 23223

Phone: 804-706-2201
Fax: 804-225-7359

Directions

www.vdh.virginia.gov/health-department-locator/
## COVID-19 Testing Availability

### Virginia Public Health Lab (DCLS)
- Testing specimens as of February 29, 2020
- VDH approval required - specimens should not be sent without approval
- Specimen collection guidance available on [DCLS website](#)

### Private Labs
- Select private labs are able to perform testing as of March 6, 2020
- VDH approval is not necessary
- Contact your lab provider to determine testing availability
Clinical Management

- Currently no specific antiviral treatment
- Prompt infection prevention and control and supportive management of complications is recommended
- Patients with mild illness might not initially require hospitalization
- Signs and symptoms might worsen in 2nd week of illness
- Decision to monitor patient in an inpatient or outpatient setting is made on case-by-case basis
- Avoid corticosteroids unless indicated for other reasons

List of treatments and vaccines in development
www.clinicaltrialsarena.com/analysis/coronavirus-mers-cov-drugs/
Transporting Suspected COVID-19 Patients

If a patient with suspected or confirmed COVID-19 needs transported:

- Provide patient with a facemask
- Call ahead to receiving facility regarding symptoms and risk factors
- Keep the patient separated from other people as much as possible
  - Family members and other contacts of patients should **not** ride in the transport vehicle, if possible
- If riding in transport vehicle, a facemask should be worn
- Contact your [local health department](#) to report suspected COVID-19 case
- Keep a log of all clinicians and other persons and their level of patient contact
Guidance on Assessment and Monitoring of Healthcare Contacts

- If COVID-19 is identified, healthcare personnel are assessed and classified as high-, medium-, or low-risk depending on multiple factors
  - Exposure duration, patient symptoms, if patient was wearing facemask, aerosol-generating procedures, and type of PPE used by healthcare personnel
- Recommendations for monitoring for COVID-19 and work restrictions depend on exposure risk classification
- LHD will work with each facility to outline roles and responsibilities

VDH Healthcare Personnel Risk Assessment Tool

Guidance on Home Care of People Not Requiring Hospitalization for COVID-19

• Ensure residential setting is suitable for home care
  • Patient is stable
    • Perform monitoring of ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care
  • Setting is supportive (caregiver available, food available, ideally private bedroom/bathroom, no high-risk contacts in the household)

• Patient activities
  • Stay home except to seek medical care until cleared by your provider or the health department
  • Adhere to hand hygiene and respiratory etiquette
  • Avoid sharing personal household items
  • Call your doctor ahead of time if you plan to present for care
Note about symptoms

• Residents/participants may not show typical symptoms such as fever or respiratory symptoms
• Atypical symptoms may include:
  • New or worsening malaise, new dizziness, diarrhea, or sore throat
  • Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community

• Could have influenza too (have seen co-infections)
Build on Pandemic Influenza Preparedness

• COVID-19 seems to be spreading much like flu
• Pan flu preparedness ongoing since 2004
  • 2019 - Cardinal Resolve exercise involving over 400 stakeholders from across Virginia
• VDH reviewing pan flu plans and guidance to inform COVID-19 preparedness
• VDH actively encouraging partners in all sectors to review their pandemic flu plans and adapt them to this situation
Knowledge Gaps

• Source of infection
• Pathogenesis and virulence evolution of the virus
• Transmission dynamics
  • Role of aerosol transmission in non-healthcare settings
  • Role of fecal-oral transmission
• Viral shedding
• Risk factors for infection
  • Asymptomatic infection
• Seasonality
Key Reminders

• All personnel should avoid touching their face while working
• Perform hand hygiene after removing PPE
• Staff should be alert for fever or respiratory symptoms (e.g. cough, shortness of breath, sore throat)
  • If symptoms develop, self-isolate and notify occupational health services and/or LHD to arrange for appropriate evaluation
• Immediately report suspect or confirmed COVID-19 cases to your local health department
Take Home Messages

• Keep COVID-19 from entering your facility
• Identify infections early
• Prevent spread of COVID-19
• Assess supply of PPE and initiate measures to optimize current supply
• Identify and manage serve illness
Resources for Assisted Living and Other Adult Group Settings


CDC Patient Resources

COVID-19 Factsheet

Steps to Prevent the Spread of COVID-19
• https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html

Travelers: Frequently Asked Questions and Answers

People at Higher Risk and Special Populations

Preventing the Spread of COVID-19 in Communities
General COVID-19 Resources

Virginia Department of Health (VDH)
- 35 Local Health Districts
- www.vdh.virginia.gov/coronavirus

Centers for Disease Control and Prevention (CDC)
- COVID-19 Website: www.cdc.gov/coronavirus/2019-nCoV

World Health Organization (WHO)
- www.who.int/emergencies/diseases/novel-coronavirus-2019
Nonpharmaceutical Interventions: Resources


• CDC Community Mitigation Guidelines to Prevent Pandemic Influenza—United States, 2017: www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm#suggestedcitation
Thank you!

Please send questions to:

respiratory@vdh.virginia.gov