

COVID-19 and SNFs in OC

Orange County Health Care Agency (OCHCA)

June 4, 2020

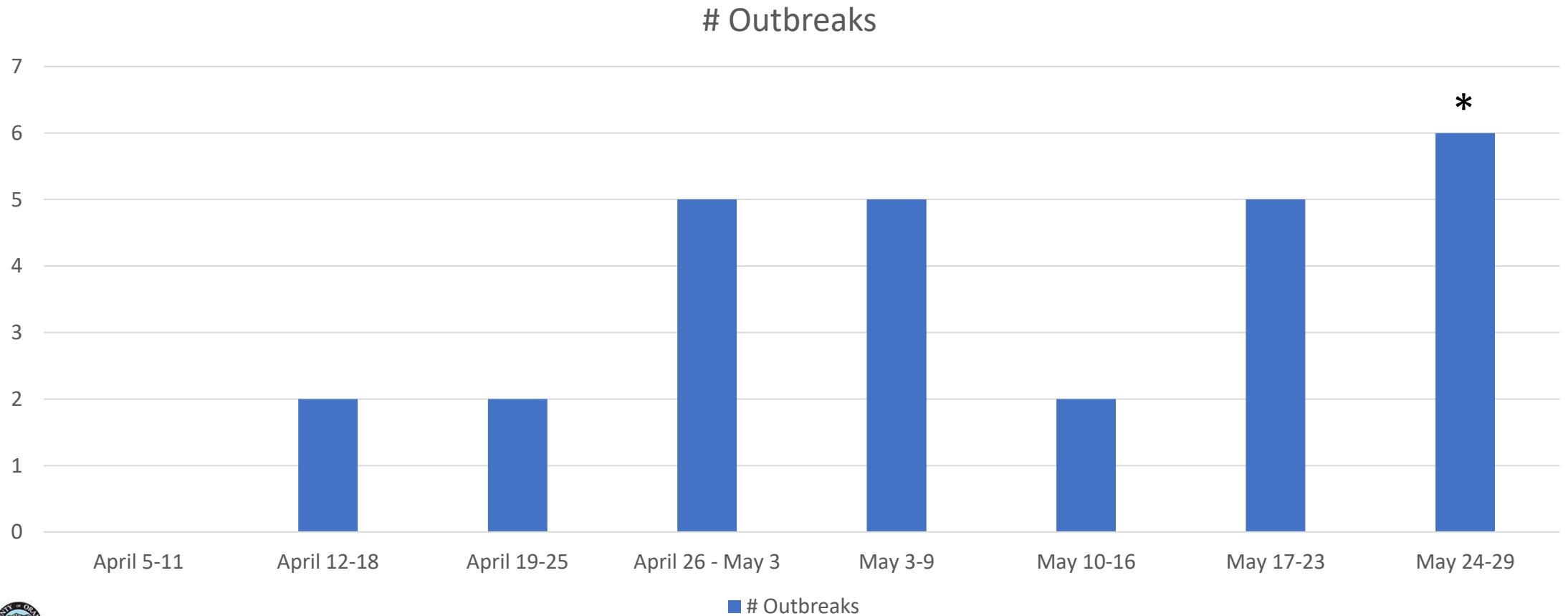
Presenters

- Matthew Zahn, MD, Medical Director, Communicable Disease Control Division, Orange County Health Care Agency
- Helene Calvet, MD, Deputy Medical Director, Communicable Disease Control Division, Orange County Health Care Agency
- Donna Fleming DPA, Former Chief of Operations, Public Health Services, Orange County Health Care Agency

COVID and the State of SNFs in OC

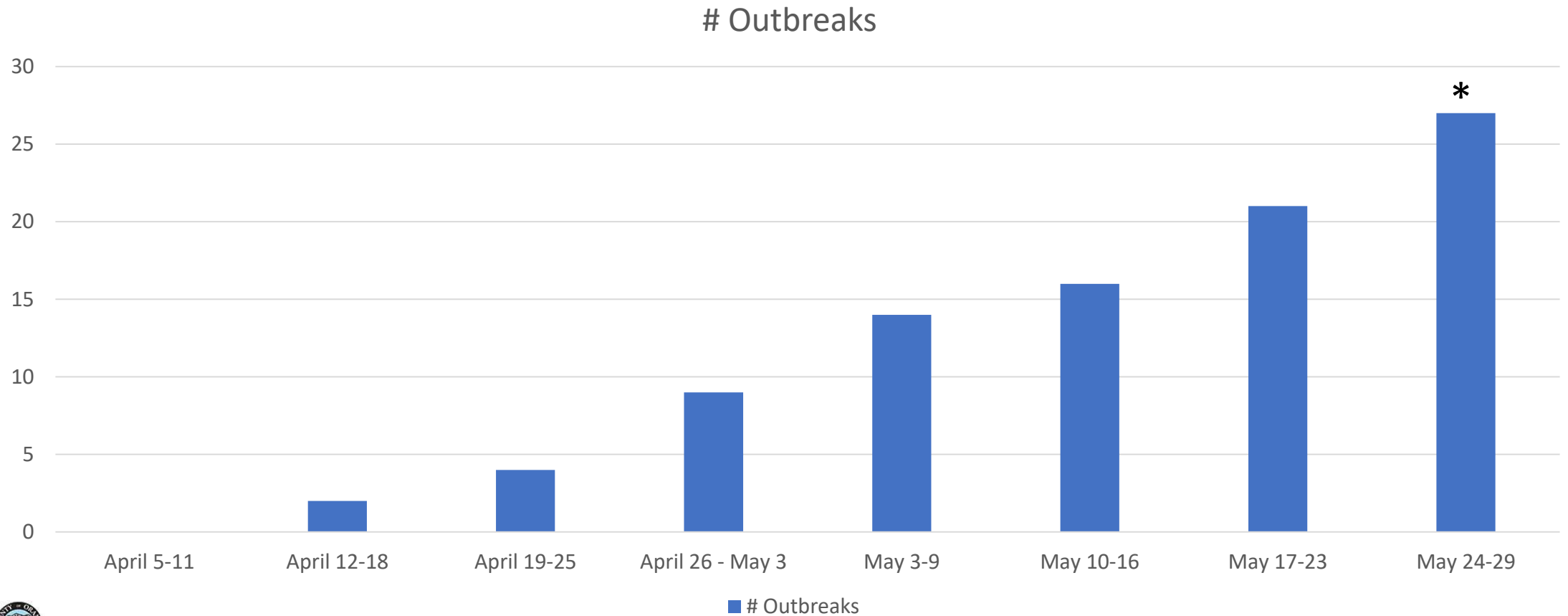
- 73 facilities in Orange County
- For first 5 weeks of pandemic, only occasional cases in staff of SNFs
- April 14: two SNFs identified with outbreaks
- Response:
 - Site visit
 - Testing of all residents at facility done at Public Health Lab (PHL)
 - Advising on set up of COVID (red) and quarantine (yellow) units
 - Repeated weekly rounds of testing (most of these performed at the PHL) at each facility to detect and isolate new cases

SNF Outbreaks per Week



*Another 5 facilities under investigation for outbreak

Cumulative SNF Outbreaks



*Another 5 facilities under investigation for outbreak

Outbreak Outcomes (as of 6/4 at 2:55 PM)

Time Period of Outbreak	Total Residents	Total positive Residents	Attack Rate	Deaths	Mortality Rate
4/14-5/22	180	52	29%	6	12%
4/14-5/22	121	75	62%	11	15%
4/20-	157	83	53%	15	18%
4/16-	113	65	58%	13	20%
4/22-	153	93	61%	16	17%
4/22-	96	51	53%	5	10%
4/27-	90	11	12%	0	0%
4/25-6/3	138	5	4%	2	40%
4/27-5/27	75	5	7%	0	0%
5/1-	188	84	45%	18	21%
5/5-	111	54	49%	5	9%
5/6-	33	30	91%	1	3%
5/4-	94	60	64%	6	10%
5/4-5/28	75	5	7%	0	0%
5/8-	117	9	8%	1	11%
5/13-	97	28	29%	1	4%
5/51-	136	42	31%	4	10%
5/13-	66	35	53%	4	11%
5/19-	81	4	5%	0	0%
5/20-	100	4	4%	0	0%
5/24-	179	42	23%	0	0%
5/19-	74	3	4%	0	0%
5/28-	79	2	3%	0	0%
5/28-	96	3	3%	0	0%
5/28-	79	5	6%	0	0%
Total	2728	850	31%	108	13%

Ramping Up Response

- After 3rd outbreak, created a team of Public Health Nurses (PHNs) to serve as liaisons to facilities
- Specimen collection teams have assisted with training on specimen collection
- Contracted with Expert Stewardship, a group of IP specialists, to help outbreak facilities with IP issues/training (hotline 714-545-6113, e-mail ochca@expertstewardship.com)
- Rapidity of new outbreaks (4 in one day) extremely challenging; had to expand team and PHL capacity
- Very large volume of tests (1700 specimens received Wed – Friday of last week) due to number of facilities needing repeat screening
- Our approach to COVID in SNFs, as well as recommendations of state and national authorities, has evolved rapidly over the last 7 weeks

Testing After Detection of a COVID Case

- Initially, was recommended based on the situation
 - At first, a more focused approach (test patients/staff in the same area where a single COVID+ patient was), or test patients cared for by COVID+ staff
 - Now more liberal and recommending testing of all staff and all patients when one patient identified (if infected in the facility)
- Generally, multiple rounds of testing done, dictated by number of new cases found
- New recommendations:
 - CDPH guidance of 5-22 (AFL 20-53): test all residents and staff if case identified in either, and repeat weekly in both until two sequential negative rounds of testing.
 - If capacity for serial testing of HCW not sufficient, test all HCW on the unit with COVID+ resident or who are known to work at multiple facilities
 - Surveillance testing, which starts after outbreak is over, to be discussed later

When Is Your Facility Closed to Admissions?

Resident Case(s)

- One resident case identified: closed at least until initial screening of all residents complete.
 - Can reopen after initial screening results completed if no additional cases are identified, **but...**
 - Recommend doing serial testing every 7 days until no new cases identified in two sequential rounds of testing (per AFL 20-53)
 - If any further cases identified on subsequent round(s) of testing (or in between rounds), facility is closed until reopening criteria met
 - Test all staff who had contact with infected resident as soon as possible, and all staff within 14 days
- Two or more residents within 14 days: closed until reopening criteria are met.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

When Is Your Facility Closed to Admissions? Staff Case(s)

- Single infected staff member:
 - Not closed to admissions, but *should* perform serial testing of residents and staff every 7 days until no new cases identified in two sequential rounds of testing (per AFL 20-53)
 - At a minimum, test all patients cared for and close staff contacts of COVID+ staff member at baseline and 14 days after last contact
- Facilities **may** be instructed to close if a cluster (2 or more within 7 -14 days) of infected staff identified, especially if those staff have significant patient contact.
 - This closure would continue until at least one round of testing of all residents is completed and no evidence of transmission to residents; also test close staff contacts
 - Second round of testing of all residents and close staff contacts at 14 days after last contact recommended

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

Patient Management/Cohorting

- Developed guidance for isolation and quarantine of patients; distributed in an advisory sent out 5/14, updated recently
- COVID unit (red unit), quarantine (yellow unit) and “clean” area (green unit) very similar to CDPH guidance discussed on call last week
 - Red: COVID+ (acute) patients
 - Yellow: convalescing COVID+, COVID- close contacts (roommates of COVID+) and PUIs
 - Green: COVID- non-exposed patients
- For clearance from isolation, OCHCA **does not recommend** the test-based strategy
- OCHCA **recommends a more conservative approach for release from isolation:**
 - At least 14 days in COVID unit; must have significantly improved symptoms and no fever for at least 3 days before release to yellow unit
 - Stay in yellow unit (cohorted with other recovering COVID patients) for 2 additional weeks (may shorten to one additional week if completely asymptomatic the whole time); during this time, doors closed and no wandering in halls
 - Green: when finally moved to green, ideally cohorted with other recovered COVID patients
- Reasons for this conservative approach are: 1) viral shedding thought to be more prolonged in older adults, 2) some with cognitive or physical impairments may not be able to contain respiratory secretions well, 3) high risk nature of population

Criteria for Reopening

- At least three (baseline, 7 days and 14 days) or more rounds of weekly screening of all COVID-negative residents/patients in the facility have been completed, and last two rounds have identified no new cases.
- It has been at least two weeks since last resident/patient case was identified, and
- Staff have been advised in writing of OCHCA recommendation to be tested for COVID

Surveillance Testing

- Recommended by both CMS (5/18) and CDPH (5/22)
- All agree on a one-time single baseline test of all residents and staff
- Then the differences:
 - CMS: continue to test all staff (including vendors and volunteers) weekly, but no residents on an ongoing basis (except PUIs)
 - CDPH: test 25% of staff weekly, with each staff member being tested at least monthly; test new residents on admission, then after 14 days prior to removing from quarantine
- What does OCHCA say?
 - Agree with testing 25% of staff weekly
 - Agree with testing new admissions at baseline and after 14 days
 - In addition, **would consider testing high risk residents**, such as those who are on dialysis or who leave the facility on a regular basis, and those who are particularly mobile/social, on a regular basis (e.g. every 2-4 weeks)

COVID-19 Testing in SNFs (AFL 20-53)

- Conduct baseline testing for all SNF residents and HCP for any facility that does not currently have a positive case.
- In facilities without any positive COVID-19 cases: implement testing of 25 percent of all HCP every 7 days including staff from multiple shifts and facility locations. The testing plan should ensure that 100 percent of facility staff are tested each month.
- In facilities with any positive COVID-19 case, consult with O.C. Public Health and conduct additional testing per guidance.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

Testing Tips & Support

AFL 20-53 mandates testing without adding resources. To minimize administrative burden and cost consider:

- Conducting in-house testing
 - Have Medical Director create standing order
 - Utilize staff to conduct/observe specimen collection utilizing nasal swabbing
 - Follow a regular schedule of weekly testing with 1-2 lab pick up times per week
- Contracting with a lab that:
 - Maximizes third-party billing for both patients and staff
 - Will bill HRSA for uninsured patients and staff
 - Utilizes CalREDIE and makes results available to you electronically
 - Has <48 hour turnaround of results

Contact Information

- Communicable Disease Control Division (24 hours) 714-834-8180
- Donna Fleming
- Expert Stewardship (Infection Prevention specialists): for IP questions, contact by hotline 714-545-6113, or e-mail ochca@expertstewardship.com

Supporting Documents

- OCHCA Criteria for Closure and Reopening of Facilities
- OCHCA Guidance on Management and Placement of COVID+ and COVID-Exposed Patients in a SNF
- Testing Resources
- Testing Tips