

COVID-19 in Residential Care Facilities for the Elderly (RCFEs)

It's Not a Matter of If, But When...

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Facility Types/Numbers in Orange County

- Acute Care Hospitals (ACH): **25-30**
 - Have their own infection control practitioners and can test for COVID easily
- Skilled Nursing Facilities (SNFs): about **73**
 - Infection control and testing resources available, but not as robust as ACH
- Residential Care Facilities for the Elderly (RCFEs): **over 900**
 - Includes Board and Cares, Assisted Living Facilities (ALF), Memory Care Units (MCU), and combinations thereof
 - Range in size from small (< 6 beds) to large (> 100)
 - Limited infection control resources and testing capacity
- Public Health Communicable Disease Control Division: **1**
 - Have to track **ALL** cases of COVID in the County
 - Respond to outbreaks in facilities, correctional institutions, businesses, etc.
 - **We cannot possibly do everything for everybody!**

OC RCFE COVID Outbreaks with 5 or More Cases

- Mortality rate of COVID-19 in residents of Skilled Nursing Facilities 15-25%
- First Board and Care outbreak had 4 deaths (80%), first ALF had 3 (16%)
- Too early to tell what it will be in most RCFEs, but of the longest running outbreaks, case fatality rate 7-15%

Facility	Residents	# infected (%)
Board and Care	6	5 (83%)
ALF	68	19 (28%)
MCU (Stand Alone)	36	17 (47%)
MCU (Stand Alone)	54	35 (65%)
MCU in ALF	43	9 (21%)
ALF	43	14 (32%)
MCU (Stand Alone)	46	2 (4%)
MCU (Stand Alone)	61	4 (6.5%)
MCU (Stand Alone)	57	6 (10%)
MCU in ALF	53	7 (13%)
MCU (Stand Alone)	31	13 (42%)
MCU (Stand Alone)	27	7 (26%)
MCU in ALF	27	10 (27%)
Board and Care	6	6 (100%)

Methods to Prevent Spread of COVID

1. Symptom screening (more on this next slide)
2. Limitation of visitors
3. Cancellation of group activities/congregate meals
4. Social distancing (at last 6 feet away)
5. Masking
6. Cough and respiratory hygiene
7. Hand hygiene
8. Environmental cleaning/disinfection

Numbers 3-7 difficult to enforce with many patients!

Symptom Screening

- All have been checking temperatures and screening for respiratory symptoms
- **NOT GOOD ENOUGH!!!**
 - Virus appears to be efficiently transmitted WITHOUT symptoms
 - Many older patients may not have the classic fever and cough, but can present with less classic symptoms:
 - Cold/flu symptoms: more mild fever (99.2 – 99.3), sore throat, headache and/or muscle aches
 - Gastrointestinal symptoms: nausea, vomiting or diarrhea
 - Lack of appetite, weakness, falls
 - Loss of sense of taste or smell
 - **Confusion, altered mental status**
 - Neurologic symptoms (stroke)
 - **Behavioral changes: increased agitation, sudden sadness, reduced activity**
 - Be vigilant for **any** change in status, and if change noted, test early and if you have high suspicion, don't believe a single negative test
 - Many occasions of initial test negative, then retest 3-7 days later positive

COVID....It's Not a Matter of If, But When...

What to Do with a Resident with COVID Symptoms

Person Under Investigation (PUI)

- Isolate the patient in a single room (ideally) and test as soon as possible
 - Call us at 714-834-8180 to facilitate testing (you'll need to collect sample) or send to commercial lab; do not send to commercial lab if long turn around time (5-7 days)
 - Use full personal protective equipment (PPE) including gown, gloves, face shield and mask, when dealing with patient
 - Doors closed to room
- **DO NOT** let patient out of room to mingle with other residents (even if symptoms resolve) before test result back
- If initial test negative, but high suspicion for COVID, keep isolated and retest in 2-3 days

What to Do with a Staff Member with COVID Symptoms (PUI)

- Remove from work immediately (or instruct them not to come to work) and test as soon as possible
 - Call us at 714-834-8180 to arrange quick testing, if desired
- **DO NOT** let staff member back to work before test result back, even if symptoms improve
- If initial test negative, but high suspicion for COVID, keep off of work for at least 10 days, and/or consider retest in 2-3 days
- If confirmed COVID+, staff may return to work when they met the CDC time-based or symptom-based clearance:
 - If no symptoms, 10 days off of work (time-based)
 - If symptoms, at least 14 days, but should have no fever x 3 days and symptoms should be improving substantially (symptom-based)
 - Do not advise test-based clearance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

What to Do if You Have a Resident with COVID

- No specific treatment; Plaquenil not recommended
- Review end-of-life wishes; would patient want to go to the hospital?
- **The following are suggested for monitoring of COVID+ patients:**
 - At least 4 times per day (6 times per day ideal), do the following:
 - Check temperature, blood pressure, pulse, respirations and oxygen saturation (pulse oximeter)
 - Review for the symptoms listed on slide 5
 - Review alertness and activity level of patient
 - Assess oral intake and bowel habits
- Best to have licensed medical personnel on site, if possible, to triage for hospital transfer as needed

When Does a Resident with COVID Need Further Evaluation?

The following signs or symptoms are concerning for progression of COVID and would necessitate immediate medical evaluation (transfer to ER or call 911 if life-threatening change):

- Fast breathing/shortness of breath or oxygen saturation below 95%
- Fast pulse rate (>100-110)
- Significantly decreased oral intake (skipped two meals or not drinking sufficient fluids)
- Systolic blood pressure that is below 110 or is much lower than their normal
- Change in mental status/confusion, neurologic symptoms
- Prolonged high fevers
- Moderate to severe weakness or a fall
- Diarrhea that is moderate to severe, or vomiting
- Chest pain

When to Stop Isolation in a COVID+ Patient

- For clearance from isolation, OCHCA **does NOT recommend** the test-based strategy (two consecutive negative PCR tests)
 - Can take 4-6 weeks to get two negatives
 - Positive PCR test in a convalescing patient does not necessarily indicate infectious virus; impossible to know the exact end of infectious period in older adults
- **OCHCA recommends a more conservative approach for release from isolation than does the CDC:**
 - **Advise 3-4 weeks separated from COVID-negative patients**
 - Symptoms should be gone or significantly improved before being removed from isolation
- Reasons for this conservative approach are:
 - Viral shedding thought to be more prolonged in older adults
 - Patients with cognitive impairment may not be able to practice respiratory hygiene, hand hygiene or social distancing
 - Have seen some asymptomatic COVID+ patients develop symptoms 17-19 days after positive test, and others have recurrent symptoms after improvement
 - High risk nature of population (high attack rates, high mortality)

What to Do with Other Residents Who Have Been Exposed to COVID

- “Close contacts” mean within 6 feet for 15 minutes or longer
- Roommates have highest risk of developing COVID (> 50% risk), but it may take 7 or 14 days to show up on a test
- Other high risk are those who shared bathroom
- Quarantine roommates and other close contacts (ideally in a room by themselves, door closed, HCW in full PPE), and test at day 7 and 14 after last contact; release if negative at 14 day test
 - **Quarantine means they stay in their room, no interaction with other residents**

Testing After Detection of a COVID Case

- Generally, multiple weekly rounds of testing done, dictated by number of new cases found and ongoing exposures
- New recommendations for RCFES (PIN 20-23; 6/26/20):
 - After detection of a single case in either resident or staff, testing of all residents and staff every 14 days until two sequential negative rounds of testing
- Not frequent enough if an outbreak!
 - More frequent testing indicated in an outbreak, especially in high risk setting
 - Would test all negative residents every 7 days, and staff every 7-14 days, and test any symptomatic staff or residents immediately (even if tested negative a day ago)

Surveillance Testing in RCFEs

- New recommendations for RCFES (PIN 20-23; 6/26/20):
 - Test 10% of staff every 14 days
 - Test all new staff and new/returning (from hospital) residents once
- What does OCHCA recommend for RCFEs?
 - **Recommend to test new admissions at baseline and after 14 days:** separate from or minimize contact with rest of residents, if possible, until 14 day result negative
 - In addition, **would strongly consider regular testing of high risk residents,** such as those who are on dialysis or who leave the facility on a regular basis
 - **Recommend testing new staff not only at baseline, but also after 14 days**
 - **Consider doing more staff testing** than recommended in PIN

Testing Tips

- Contract with a lab that:
 - Can handle both patients and staff
 - Maximizes third-party (insurance) billing for patients and staff and bills HRSA for uninsured patients and staff (**a lab that has a comprehensive billing department will eliminate nearly all charges to the facility**).
 - Utilizes CalREDIE for electronic reporting of results to Public Health.
 - Has a turn-around time for results no longer than 3 days, and ideally within 48 hours.

Lab	Contact	Email & Phone	Details
Alcala Testing and Analysis Services	Pete Ramdin	peteramdin@alcalalabs.com (619) 846-1574	Bills 3 rd party for patients and employees, including HRSA. No Kaiser billing. Turnaround Time 48-72 hours. San Diego
Avellino Labs	Liz Puwal	Liz.puwal@avellino.com (832) 859-8666	Bills 3 rd parties for patients and employees, including Kaiser and HRSA. Menlo Park
Biocept	Liz Maruca	lmaruca@biocept.com (773) 510-5161	Bills 3 rd party for patients and employees, including HRSA. Turnaround time 2-5 days, currently 24 hours, but do not run samples over the weekend so those run longer. San Diego
Exceltox Lab	Jonathan Pittman	jonathan@exceltox.com (216) 373-1360	Can bill most major insurances and HRSA. Current capacity limited, will have more capacity starting late next week (7/17/2020). Turnaround time 24-48 hours. Irvine
Fulgent Genetics	Rachel Blake	rblake@fulgentgenetics.com (626) 350-0537	Bills 3 rd parties for patients and employees, including Kaiser and HRSA. Public Health has some lab kits available locally. City of Industry
Innovative Bioanalysis	Kevin Noble	kevin.noble@innovativebioanalysis.com (949)338-8325	Bills 3 rd parties for patients and employees. Check limits of billing. Cypress
Quest Diagnostics	Kate Ezra	kate.j.ezra@questdiagnostics.com (818) 737-6330	Bills 3 rd parties for patients and employees including HRSA, not Kaiser. Capacity limited - Significant delays in July. Orange County
UCI Lab	Doug Grudt	dgrudt@hs.uci.edu (714) 981-4673	Bills 3 rd party for patients and employees, including Kaiser and HRSA. Capacity limited but growing. Orange
WestPac Labs	Emily Griffin	egriffin@westpaclab.com (949) 275-8230	Bills 3 rd party. Call for details. Orange County.

Community Testing Resources for Staff

CVS Minute Clinics	
Who Can Get Tested (Eligibility)	Free testing to California residents meeting California Department of Public Health (CDPH) priority criteria. Insurance will be utilized for people that have coverage, but no copayments are required.
Contact Information	To register, visit the website https://www.cvs.com/minuteclinic/covid-19-testing or call 1-866-389-2727.
Locations	Anaheim Costa Mesa Fullerton Huntington Beach Irvine La Habra Los Alamitos Seal Beach San Clemente Stanton Tustin Yorba Linda

OptumServe (State) Test Sites	
Who Can Get Tested (Eligibility)	Free testing to California residents meeting California Department of Public Health (CDPH) priority criteria. People without symptoms (asymptomatic) are prioritized. Insurance will be utilized for people that have coverage, but no copayments are required.
Contact Information	To register, visit the website https://lhi.care/covidtesting or call 1-888-634-1123.
Locations	Buena Park Orange Santa Ana San Juan Capistrano

Preventive Actions for RCFEs

- **Dedicate personnel to work only in one location** when possible (staff sharing spreads virus)
- Limit the number of residents in common areas and space residents at least 6 feet apart; gently redirect residents who are ambulatory and are in close proximity to other residents or personnel.
- Try to enforce masking and regular hand hygiene (both residents and staff!)
- Implement expanded symptom screening for COVID in both residents and staff
- Clean frequently-touched surfaces often, especially in hallways and common areas where residents and staff spend a lot of time

Prepare Now!

- In preparation for need for testing, get standing order from providers for COVID testing, and signed consent from family
- Contract with commercial lab for:
 - Regular staff testing
 - Testing of residents as needed for contact investigation/outbreaks and when symptomatic
- Review residents' end of life wishes
- Ensure adequate supply of PPE, do training on donning and doffing
 - Develop culture of infection prevention
- Plan for what you will do with COVID+ residents
 - Transfer out, or keep onsite?
 - If the former, transfer where?
 - If the latter, where will you keep them and who will take care of them?

How Will OCHCA Help RCFEs Going Forward?

- Continue to help with outbreak response/advice, but will not be able to handle all of the testing at PHL
 - Some resident testing may be offered if needed and if capacity exists
- PHL will always be available to test PUIs (residents or staff) using Gene Xpert rapid PCR test
 - Call 714-834-8180 to schedule testing of symptomatic staff or for specimen pick up from symptomatic residents
- Expert Stewardship Infection Prevention (IP) consultants available for questions, advice and training
 - Facilities with active outbreaks will be prioritized for in-person services
 - Questions via hotline 714-545-6113 or e-mail ochca@expertstewardship.com welcome from all

When Can Facilities Restart Activities and Reopen to Visitors?

- Certainly would not advise it yet; timing is unclear at this point
 - Community transmission increasing because of reopening
 - Facilities with group activities had very high rates of transmission (>90%)
 - Substantial attack rates (about 30%) and case fatality rates (about 7-15% average, but can be higher) seen in outbreaks in OC RCFEs so far
- Continue to restrict non-essential visitors
- For facilities with no known COVID cases, monitored visitation can be considered **outside**, with following safeguards:
 - Number of visitors limited, by appointment only, and time limited (e.g. 15 – 30 min)
 - Prescreening of all visitors for fever and symptoms of COVID-19
 - Visitors should not enter the facility if possible; best to escort them to the outside visitation area without having to traverse the facility
 - Face coverings should be worn by both the resident and their visitors, if possible
 - Facility staff should monitor to assure that social distancing is enforced (at least 6 feet apart if masked, and if either resident or family member unable to wear a mask, at least 8 feet)