



COVID-19 Impact: The Next Wave of Challenges

This meeting will be recorded and will be available at www.fmda.org/journalclub.php



FMDA Journal Club

September 23, 2020

Muhammad Salman Ashraf, MBBS – Special Guest

Diane Sanders-Cepeda, DO, CMD – Host

Agenda

- COVID-19 State of the State
- Next Wave of Challenges
- Open Discussion



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)



Global Cases

6,897,661

Cases by Country/Region/Sovereignty

6,897,661 US

5,646,010 India

4,591,364 Brazil

1,117,487 Russia

777,537 Colombia

768,895 Peru

705,263 Mexico

682,267 Spain

663,282 South Africa

652,174 Argentina

507,150 France

448,523 Chile

432,798 Iran

406,060 United Kingdom

Admin0 Admin1 Admin2

Last Updated at (M/D/YYYY)

9/23/2020, 8:23 AM



Cumulative Cases Active Cases Incidence Rate Case-Fatality Ratio Testing Rate

188

countries/regions

Lancet Inf Dis Article: Here. Mobile Version: Here. Data sources; Full list. Downloadable database: GitHub, Feature Layer.

Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack, Github and AWS.

Global Deaths

200,818

200,818 deaths US

US State Level Deaths, Recovered

33,090 deaths, 76,246 recovered

New York US

16,076 deaths, 34,697 recovered

New Jersey US

15,229 deaths, 613,896 recovered

Texas US

15,210 deaths, recovered

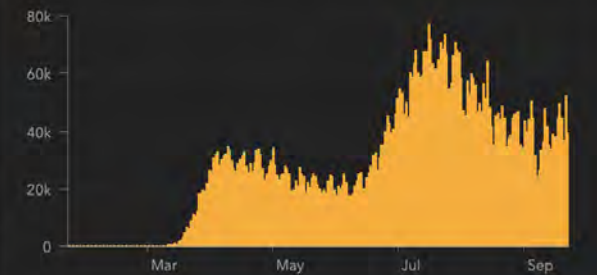
California US

13,416 deaths, recovered

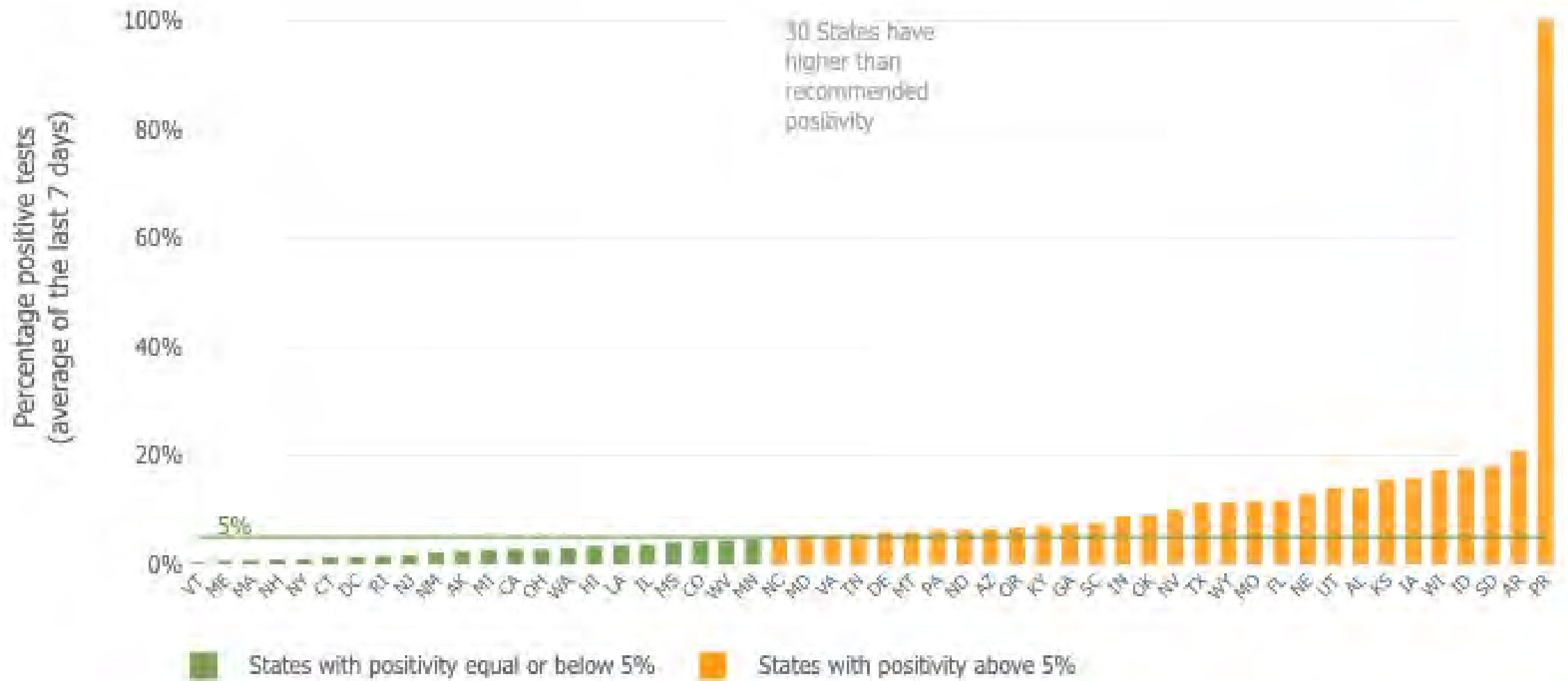
Florida US

Global Deaths

US Deaths, Recovered



Daily Cases



Total Cases
690,499

Cumulative Data for Florida Residents:

Positive Residents
682,370

Resident Hospitalizations
42,941

Florida Resident Deaths	Non-Resident Deaths
13,618	164

CASE DATA FOR ORANGE

Total Cases: 39,412
 Residents: 38,970
 Residents Not in Florida: 1
 Non-Residents: 441

Conditions and Care
 Deaths: 438
 Hospitalizations*
 Residents: 1,304
 Non-Residents: 42

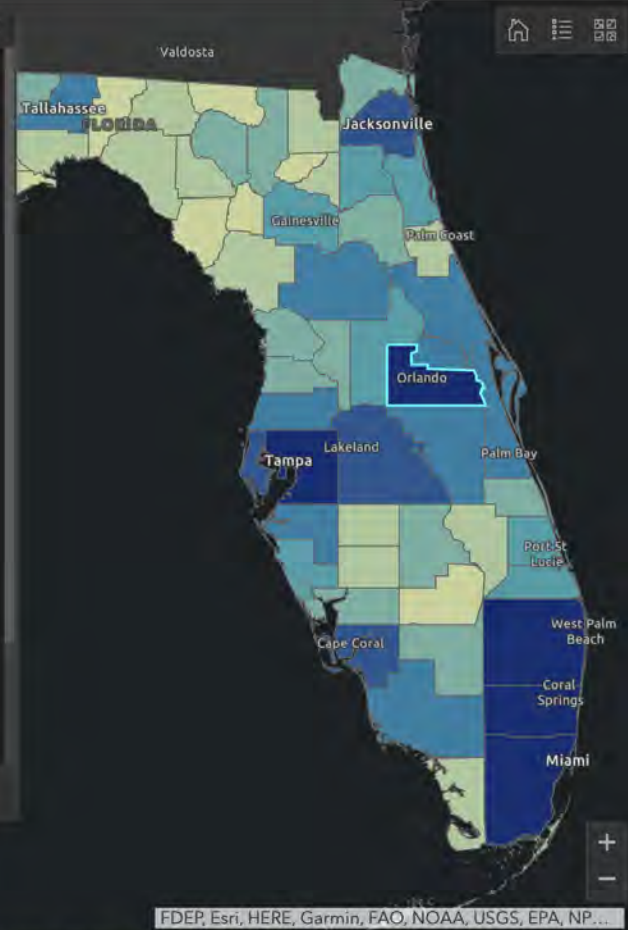
Demographics of Cases

Age:
 Age Range: 0 to 106
 Median Age: 36

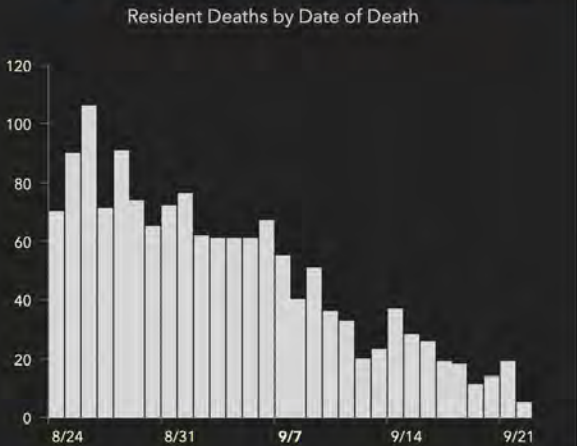
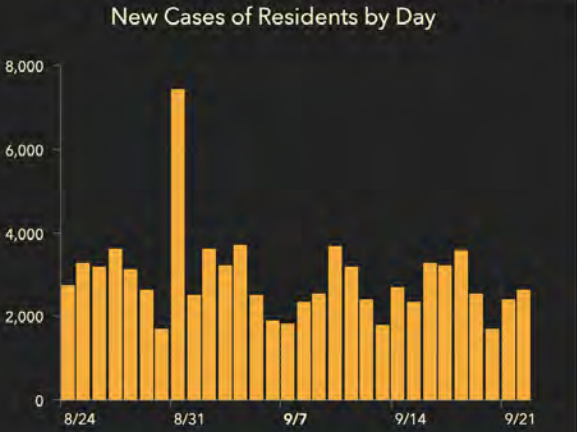
Gender:
 Male: 18,675 (48%)
 Female: 19,821 (51%)
 Unknown/No data: 475 (<1%)

Race:
 Black: 5,966 (15%)
 White: 11,608 (30%)
 Other: 7,714 (20%)
 Unknown/No Data: 13,683 (35%)

Ethnicity:
 Hispanic: 9,549 (25%)
 Not-Hispanic: 11,825 (30%)



Recent Data for Florida Residents (Last 30 Days):



Comparison of counties is not possible because case data are not adjusted by population.

Data is updated every day at approximately 11 A.M. ET.
[Click here to access and download data](#)

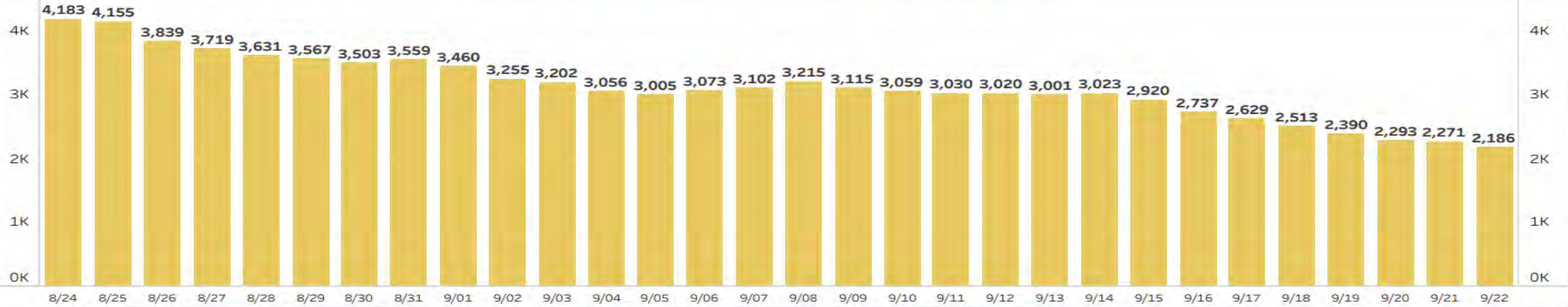
The Deaths by Day chart shows the total number of Florida residents with confirmed COVID-19 that died on each calendar day (12:00 AM - 11:59 PM). Death data often has significant delays in reporting, so data within the past two weeks will be updated

COVID in LTC

Last Updated: 9/21/2020 5:07:51 PM

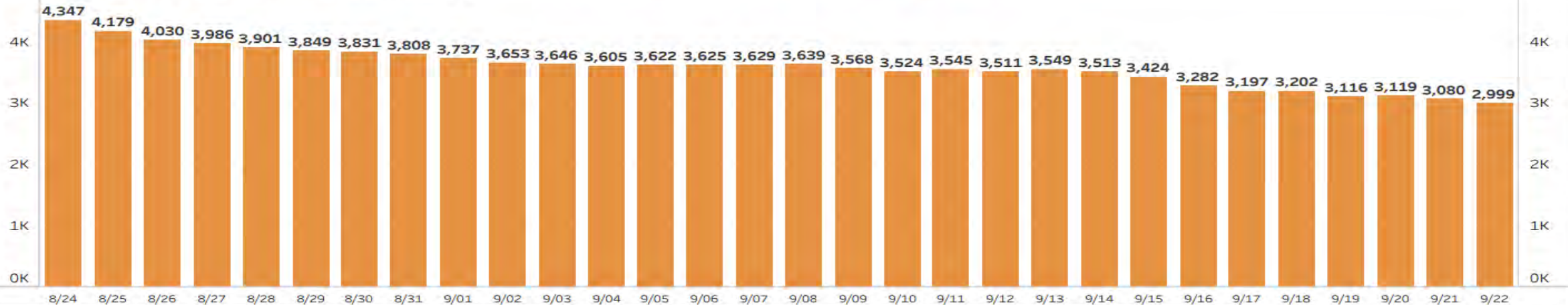
2,186 of 139,455 Total Residents
Positive as of September 22 (1.57%)

COVID Positive Residents (SNF & ALF)



2,999 of 192,021 Total Staff
Positive as of September 22 (1.56%)

COVID Positive Staff (SNF & ALF)



Data from AHCA ESS (Emergency Status System)

COVID positive residents and staff in Intermediate Care Facilities are not included in the bar chart totals. The data presented are reported by individual facilities and reporting errors may occur.



The Next Wave of Challenges

Muhammad Salman Ashraf, MBBS

Associate Professor in the Division of
Infectious Diseases, Department of
Internal Medicine
University of Nebraska Medical Center



COVID-19 Prevention and Containment in PA/LTC Settings: Nebraska ICAP Experience

Muhammad S. Ashraf, MBBS

**Medical Director,
Nebraska Infection Control Assessment and Promotion Program
Associate Professor,
Division of Infectious Diseases
University of Nebraska Medical Center**

Email: salman.ashraf@unmc.edu

Twitter: [@M_Salman_Ashraf](https://twitter.com/M_Salman_Ashraf)



**University of Nebraska
Medical Center**

Speaker Disclosures

Dr. Ashraf: Received funding for investigator initiated study from Merck & Co., Inc.,



Nebraska ICAP

Nebraska Infection Control Assessment and Promotion Program

- A joint effort of UNMC, Nebraska Medicine and NE DHHS, supported by the Nebraska DHHS HAI program.
- Established in 2015
- Assess infection prevention and control programs in various healthcare facilities.
- Identify facility specific infection control gaps and make evidence-based recommendations for improvement.
- Analyze collective gaps and design mitigation strategies for improvement throughout the state.



Nebraska ICAP- Pre-COVID Activities

- Assessed over 150 facilities
 - Acute Care Hospitals
 - Long Term Care Facilities
 - Dialysis Centers
 - Ambulatory/Surgical/Outpatient Centers
 - Dental Clinics
 - Ebola Assessment Centers
- Introduced a training program for infection preventionists working in PA/LTC setting with the option to receive “certificate of knowledge validation”. (Similar training programs were updated for acute-care and ambulatory-care settings).
- Initiated a mentorship program for new or inexperienced long-term care infection preventionists
- Assisted healthcare facilities with control of HAI and MDROs outbreak
- Worked with Nebraska ASAP (<https://asap.nebraskamed.com/>) to support healthcare facilities in strengthening their ASP
- Introduced new training program for dialysis facilities also last year
- A website (<https://icap.nebraskamed.com>) was developed to share resources, tools and guidance.



Prevention and Containment of COVID-19 in Nebraska LTCF

Nebraska LTCF COVID-19 Programmatic Elements

- Weekly Educational Webinars with significant time devoted to question and answer
 - Include panelists from various stakeholder organizations
 - Use DHHS inventory of facilities and contacts to distribute call information
 - Post invitation, slides, and transcript from each week
- Daily “Office Hours” staffed by infection preventionists
- Tele-ICAR assessments and feedback
- Coordinating on-site technical support visits conducted by Nebraska Medicine biocontainment team members (as part of NETEC program)
- One-on-one mentoring calls to PA/LTCF with COVID-19 cases (focus on all infection control measures, assistance with contact tracing efforts, testing and cohorting guidance etc)



Nebraska ICAP COVID-19 Cohorting Guidance to LTCF

- ▶ **All LTCF should implement a cohorting plan when a case of COVID-infected is suspected or identified in the facility**
- ▶ **The facilities should plan to identify red, yellow and green zones where the residents can be cohorted based on their symptoms and exposure risks to COVID-19**
- ▶ **Facilities are also recommended to establish a transitional zone (gray zone) for asymptomatic patients who are being transferred from other healthcare facility**

<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf>



Defining Zones for Cohorting Residents with COVID-19 in LTCF

Red Zone (Isolation zone)	Dark Red	Residents with Positive COVID-19 test
	Light Red	Symptomatic residents suspected of having COVID-19
Yellow Zone (Quarantine zone)		Asymptomatic residents who may have been exposed to COVID-19
Green Zone (COVID-19 free zone)		Asymptomatic residents without any exposure to COVID-19
Gray Zone (Transitional zone)		Residents who are being transferred from the hospital/outside facilities (but have no known exposure to COVID-19) are usually kept in this zone for 14 days and if remains asymptomatic at the end of 14 day will be moved to Green zone

<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf>



Red (Isolation) Zone

- All residents who have tested positive for COVID-19 (Dark Red Zone)
- All residents who are symptomatic and suspected to have COVID-19 even if the test results are not back (Light Red Zone)
- Cohort confirmed positive (dark red) and suspected positive (light red) separately within the Red Zone
- Dedicate separate healthcare personnel to work in Red Zone and preferably assign separate healthcare personnel to dark and light red zone, if possible
- Healthcare workers should wear full COVID-19 level PPE (Gloves, Gown, Mask and eye protection) when taking care of these patients

Refer to the PPE guidance for detail <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/PPE-use-when-a-LTCF-has-a-COVID-19-infection-ICAP-guidance-4.16.2020.pdf>



Yellow (Quarantine) Zone

➤ All asymptomatic residents who may have been exposed to COVID-19

➤ Several factors have to be taken into consideration in order to determine the risk of exposures. These factors include (but are not limited to):

- Suspected mode of COVID-19 acquisition (for the positive resident)
- Movement of resident with COVID-19 infection within the facility prior to the diagnosis
- Facilities policies on universal masking and visitation
- Compliance of staff with infection control protocols
- Number of residents with suspected or confirmed COVID-19 infection in a unit

➤ Examples of residents who may qualify for being in yellow zones:

- All asymptomatic residents of a single unit/hallway/neighborhood where a few residents are symptomatic, and one has already tested positive for COVID-19
- All asymptomatic residents of a facility where a staff member who tested positive for COVID-19 has worked while having symptoms and multiple residents in various units are now symptomatic



Yellow (Quarantine) Zone: PPE Guidance

- ▶ All residents in the yellow zone should be in isolation and healthcare workers should wear COVID-level PPE to take care of these residents.
- ▶ When PPE supply is inadequate, facility may follow CDC's extended use/limited reuse PPE protocols for taking care of all residents in yellow zone.
- ▶ If gowns are in short supply, one option to conserve gowns can be to limit its use for following:
 - During care activities where splashes and sprays are anticipated, which typically includes aerosol-generating procedures (such as nebulization, suction etc.)
 - During high-contact patient care activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

<https://med.emory.edu/departments/medicine/divisions/infectious-diseases/seriouscommunicable-diseases-program/covid-19-resources/conserving-ppe.html>

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



Green (COVID-FREE) Zone

➤ All asymptomatic residents who are not considered to be exposed will be in green zone

➤ Examples of residents belonging to green zone:

- All asymptomatic residents residing in a unit/hallway/neighborhood where no symptomatic residents have been identified and which is distinctly separated from those unit/hallway/neighborhood where residents have or suspected to have COVID-19
- All asymptomatic residents in the facility where a COVID-19 case is identified in a resident who was recently admitted from the hospital and has been in quarantine since admission (with staff wearing full COVID-level PPE with all interactions)

➤ If there are symptomatic residents suspected of having COVID-19 in many different units/hallway/neighborhood, then there may not be a green zone in that nursing home (at least at that point in time), as everyone is going to be considered exposed



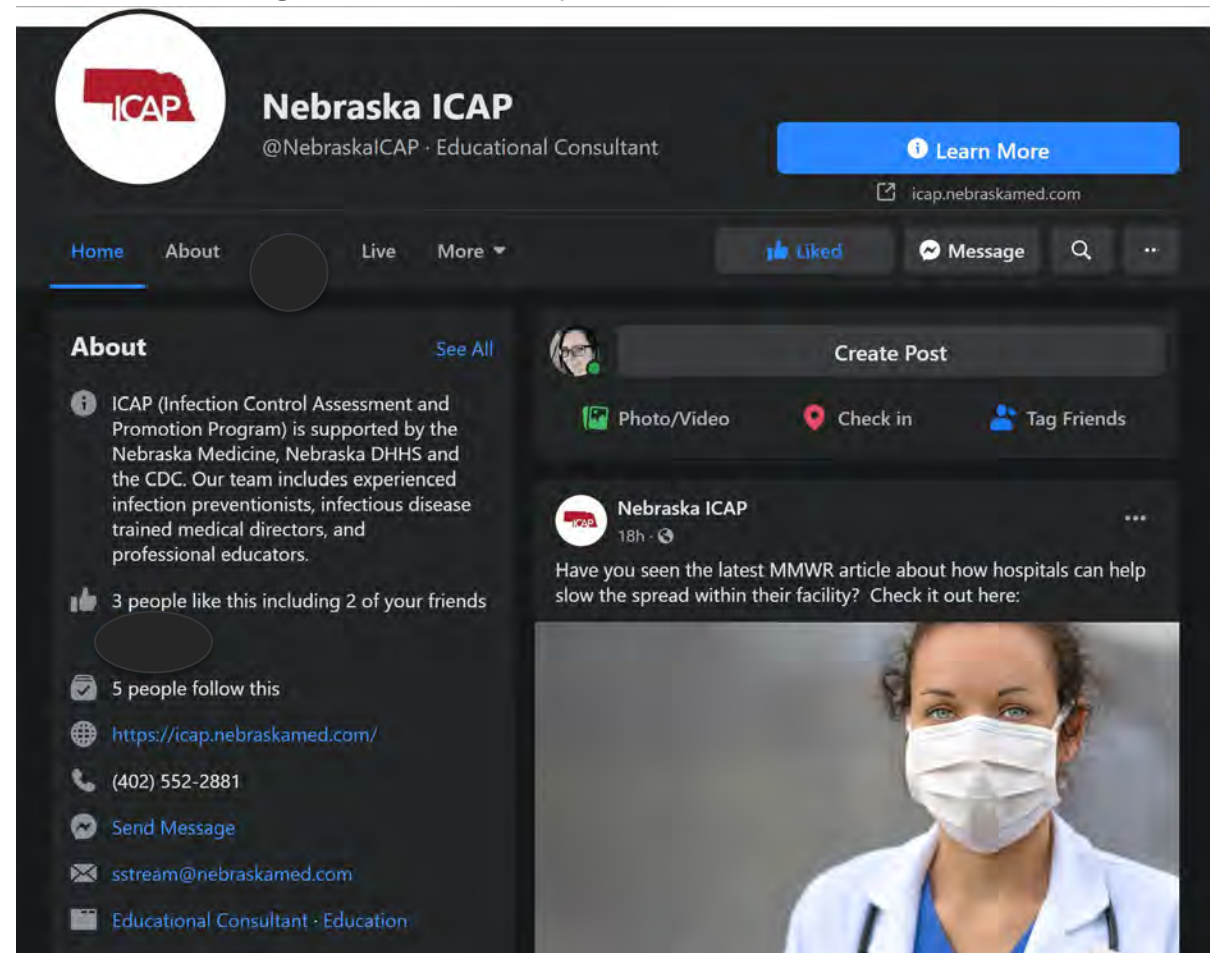
Gray (Transitional) Zones

- All nursing homes should consider establishing a transitional zone for new admissions, returning residents from the hospital or those who are travelling in and out of the nursing home (such as the residents who are on dialysis). Transitional zones/units are established to quarantine those residents who are at somewhat higher risk of getting exposed to COVID-19 but have no known exposure to COVID-19
- Facilities should also consider dedicating separate staff to take care of residents in transitional (gray) zone/unit
 - Facilities may consider implementing COVID-level precautions for the residents admitted to the transition unit based on individual risk assessment
 - These units should be established even when no COVID-case is identified at the facility and may consist of dedicating a geographically distinct area/unit/rooms to returning residents
 - The residents are usually kept in this zone for 14 days and if remains asymptomatic at the end of 14 day will be moved to the Green zone



Nebraska ICAP is now on Facebook!

- This platform will be used to disseminate IPC training information to frontline staff.
- The staff will also be able to receive training certificates for participating in those programs when it is launched and announced on the Facebook.
- All healthcare facilities in Nebraska are being contacted by ICAP to forward this information to their staff.



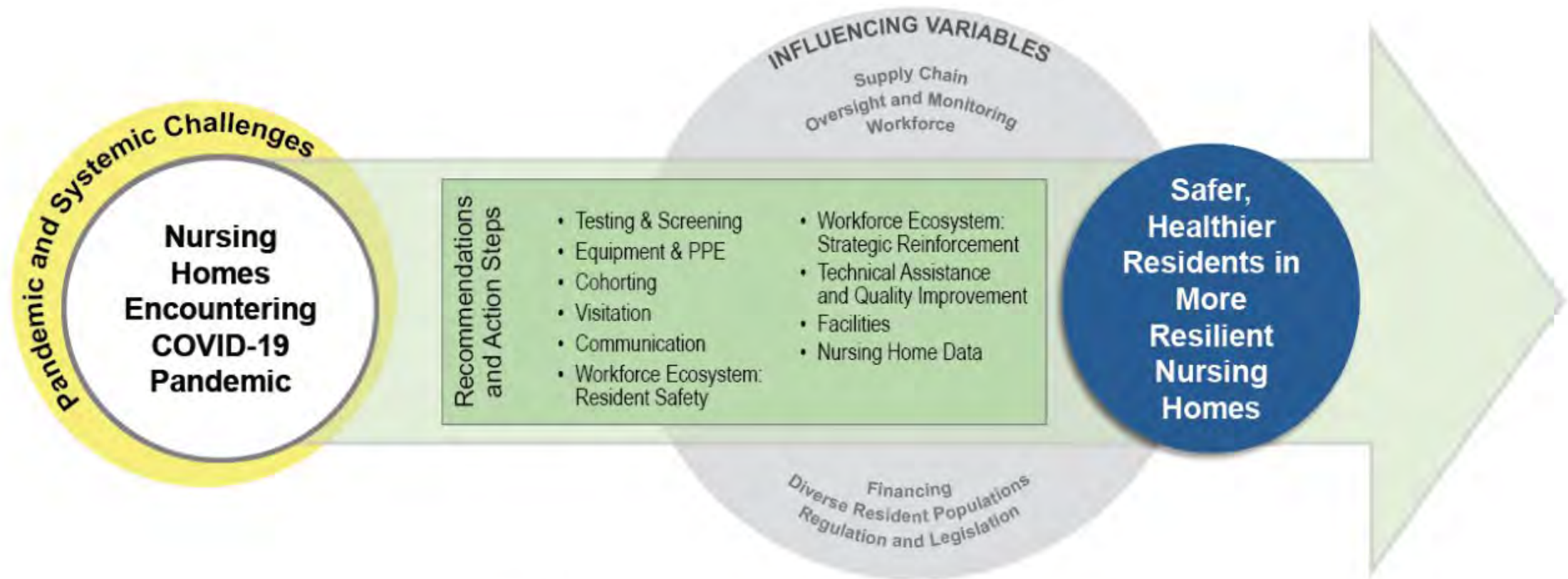



Figure 2. Commission Recommendation Framework



COVID-19 & Flu Preparation





Where are we
going?



A close-up, shallow depth-of-field photograph of a desk. In the foreground, an open notebook with lined pages is visible, with a black pen resting on it. To the right, a white smartphone is partially visible. In the background, a laptop keyboard and a pair of glasses are out of focus. A semi-transparent white circle is overlaid on the right side of the image, containing the text 'Open Discussion' with a horizontal line underneath the word 'Discussion'.

Open Discussion

Questions & Comments

Diane Sanders-Cepeda, DO, CMD
diane_sanders-cepeda@uhc.com



THE FLORIDA SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE

**400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401**

www.fmda.org; www.bestcarepractices.org



This meeting has been recorded and will be available at www.fmda.org/journalclub.php