

COVID-19 Community Transmission & Nursing Home Screening Strategies

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Today's Speaker



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Learning Objectives

- Develop one method of disseminating up-to-date information on COVID-19 community activity to staff members.
- Identify challenges related to COVID-19 fatigue in staff members.
- Discuss relationship between COVID-19 community activity and screening practices within the nursing home.

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A Balancing Act

- CMS guidelines
- CDC guidelines
- State guidelines
- Innovative strategies
- Stewardship of resources



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Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes

November 2020 Version 1.3
Including recent information and guidance on vaccinations to prevent infection with influenza virus, pneumococcus, and SARS-CoV-2, the virus that causes COVID-19



CMS Toolkit

- November 5, 2020
- State level guidance for COVID-19 management & response
 - Screening guidance
 - Visitation recommendations & guidelines
- Check CMS website often for updates

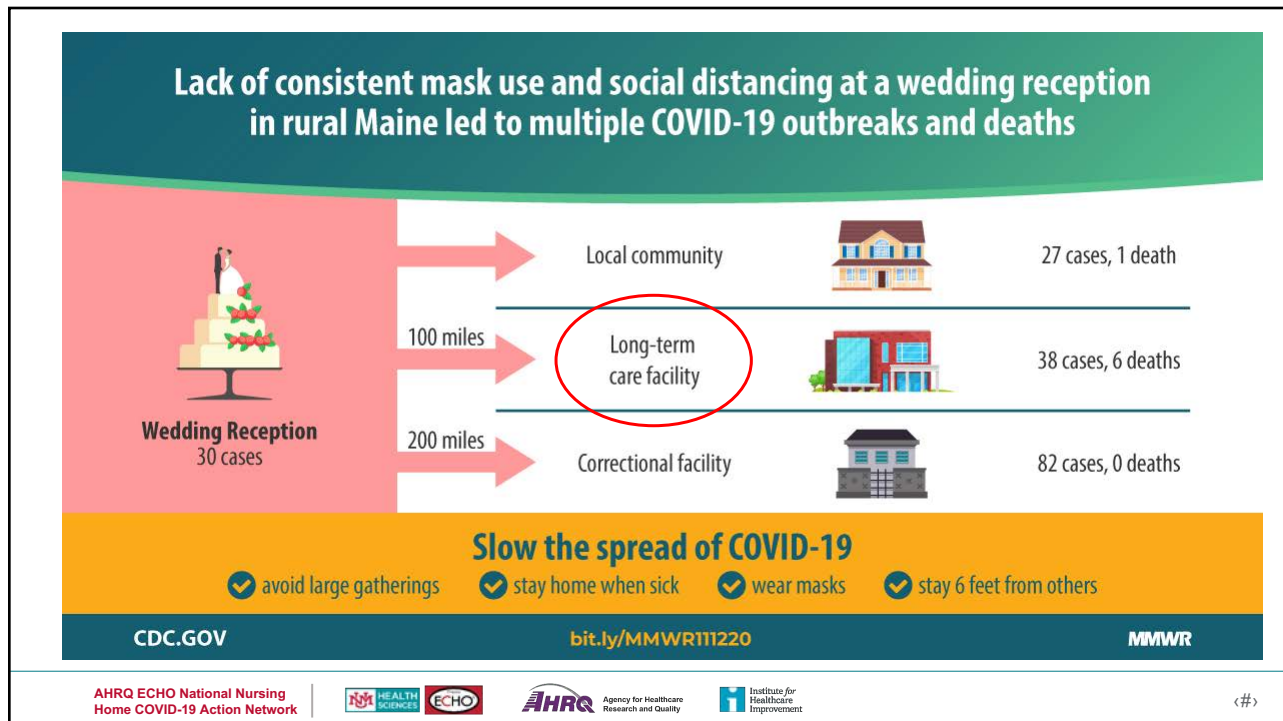
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Community Outbreaks & The Nursing Home



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Community Transmission- CDC Definitions

- **No-to-minimal community transmission:** Evidence of isolated cases or limited community transmission; case investigations under way; no evidence of exposure in large communal setting.
- **Minimal-to-moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.
- **Substantial community transmission:** Large-scale community transmission, including in communal settings (e.g., schools, workplaces).

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COVID-19 Screening In The Nursing Home

Testing-Based Screening

- Viral (swab)
 - Rapid, point-of-care
 - Combination (flu + COVID-19)
- Limitations
 - Labor-intensive
 - Costly

Symptom-Based Screening

- Self-report
 - COVID-19 symptoms
 - Temperature check
- Limitations
 - Assumes full disclosure
 - Asymptomatic carriers

Testing-Based Screening

- Proactive vs. reactive use
- Use yields fewer overall infections than symptom-based screening
- Early awareness of infection helps prevent outbreaks
 - Prioritizes infection prevention
 - Facilities adhere more strictly to infection prevention & control.

Testing-Based Screening

- CMS Guidance (August 26, 2020)
 - County positivity rate is < 5%: Monthly testing
 - County positivity rate is 5-10%: Weekly testing
 - County positivity rate >10%: Twice weekly testing

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Nursing Home Screening- 3 Cases



Washington



Georgia



France

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LTC Screening Case #1- King County, Washington

- COVID-19 positive LTC staff member
- CDC did symptom assessments and viral testing of residents
- Residents categorized as asymptomatic or symptomatic
- Among the 30% of residents with positive tests
 - 43% had symptoms day of testing
 - 57% asymptomatic

Take Home Message: Symptom-based screening may fail to identify those with COVID.

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LTC Screening Case #2- Fulton County, Georgia

- **Facility-wide testing in response to positive COVID-19 case (N=15)**
 - High prevalence of additional cases in residents (28.0%) and staff (7.4%) found at initial testing
 - Prevalence also high during follow up testing in residents (42.4%) and staff (11.8%)
- **Facilities testing as preventive strategy before case identified (N=13)**
 - Low prevalence of residents (0.5%) and staff (1.0%) initially and overall after follow up (1.5% and 1.7%, respectively)

Take Home Message: Preventive screening more effective in preventing COVID-19 infections in LTC facilities.

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Screening Case #3- Maine-et-Loire, France

- 5-week retrospective observational study
- Objective: Describe COVID-19 symptoms in residents & staff
- COVID-19 positive: 47% residents and 24% staff
- Findings:
 - Residents had general & respiratory signs WITH geriatric syndromes (falls, confusion).
 - Older residents (> age 90) fewer and more non-specific symptoms
 - 41% staff members asymptomatic

Take Home Message: Findings support importance of preventive mass screenings in nursing homes.

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Symptom-Based Screening

- Despite limitations, its use is recommended
- Wide variance of implementation & management

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Screening- Facility A



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Screening- Facility B



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Screening- Facility C



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- All individuals coming in facility



Triage with DON

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Screening Staff Members

- Who is checking symptom logs?
- Staff member compliance with logs
- Improving disclosure of symptoms
 - Contingency work plans?
 - Creating a culture of trust

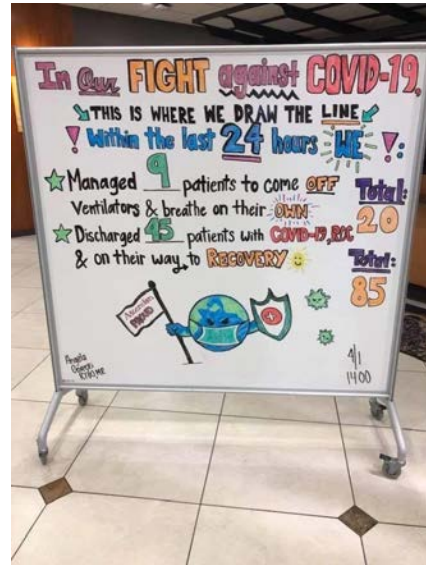


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Keeping Staff & Families Updated

- Engage MD & APRN leadership
- Weekly conference calls
- Social media



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Addressing COVID-19 Caution Fatigue

- Break the cycle
 - Boost staff morale
 - Recognition
 - Holiday decorations & music
 - Food
 - Highlight residents/staff who have recovered
 - Leadership must lead by example



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