

Prevention and Management of COVID-19 in Community residential and in-patient facilities

National AMRIC Team

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First Things First

Standard Precautions (especially hand hygiene)
with all patients
in all settings
all the time

Contact and Droplet Precautions with all patients with clinical features of viral respiratory tract infection



Key Elements of Standard Precautions In This Context

Hand hygiene (five moments & good technique)

Respiratory hygiene and cough etiquette

Environmental /equipment cleaning & appropriate disinfection

Use of task appropriate PPE in contact with blood and body fluids (other than sweat)

Safe disposal of waste and laundry



Safe injection practices





The Names

The disease is COVID-19

The virus is SARS-CoV-2



Some General Points

SARS-CoV-2 is a respiratory virus

It is many respects similar to many other respiratory viruses

Lipid coat with protein spikes

Virus is dispersed in fluids from the respiratory tract of an infected person

Infection is by attachment of protein spikes to the mucosa of the respiratory tract



Some General Points

The lipid coat matters

Alcohol hand rub, soap and detergent can break up the lipid coat



Common Questions and Concerns

Should we treat every resident as if they have COVID-19?

No

Residents with no clinical features to suggest COVID-19

Standard Precautions all patients at all times
(Standard Precautions is not doing nothing)



Common Questions and Concerns

Are there infected patients/residents with no symptoms ?

Yes

JD gets infected on Friday 13 March

Probably most likely to get symptoms around Friday 20 March

Might not get symptoms until Friday 27 March



Common Questions and Concerns

Do infected residents with no symptoms shed the virus ?

Virus has been detected in some who have no symptoms

Does infection spread from infected residents with no symptoms ?

Evidence has been reviewed

The evidence is unclear

Spread is from symptomatic contacts and is the driver of the pandemic and the greatest risk

Common Questions and Concerns

Does infection spread from infected residents with no symptoms ?

My assessment: it would be surprising if spread from asymptomatic patients to close contacts does not happen sometimes in the late incubation period and in the absence of Standard Precautions

Standard Precautions all patients all the time



Common Questions and Concerns

FAQ: Should we test everyone especially if multiple residents have symptoms ?

The test detects virus RNA in respiratory secretions
The main sample used is a swab from the pharynx and nasopharynx
Lower respiratory tract samples are useful in some patients

Two parts to remember

- 1) How good is the lab test at finding virus in the sample ?
- 2) How good is the sample ?



Common Questions and Concerns

Repeat testing of residents who were positive

Not required for residents who have reached the end of their 14 days isolation and have no fever or cough for the final 5/14 days in isolation



FAQ:

Transferring residents to and from acute hospitals. Should they first be swabbed and have a negative result?

Asymptomatic and no known exposure – no need to swab

Asymptomatic contacts of positive cases : no need to swab, may transfer, isolate in single room and monitor for symptoms over 14 days and swab if respiratory symptoms develop

Symptomatic cases – isolate, swab and await result

Communication and co-operation between facilities is important



How does cocooning apply to residents in RCFs

- Remain in own room where practically possible
- Social distancing in communal areas where necessary
- Cessation of visiting by family other than exceptional circumstances such as end of life
- Cessation of group and non essential activities or volunteer services other pastoral care (last rites)



Detection of COVID-19

What we need to identify quickly in our facility

Are staff monitoring and reporting to person in charge:

Residents with symptoms of respiratory tract infection

Typical features: fever, dry cough and shortness of breath- remember not everyone has typical features

Healthcare workers who are symptomatic or close contacts of positive patients

Staff need to know to report symptoms to their service immediately
Are staff being monitored and at start of every shift for symptoms of fever and respiratory symptoms ?

Presenteeism can be as harmful as absenteeism

HCWs should remain off duty and self isolate for 14 days if symptomatic

If a staff member is a close contact the facility will assess whether to self isolate or if derogation to work applies if asymptomatic monitoring

Occupational health guidelines available on www.hpsc.ie



Get the basics right to prepare for dealing with COVID -19

1. HCWs need to be familiar with types of PPE they will need
2. HCWs should be trained on hand hygiene and how to put on and remove PPE
3. PPE should only be used when needed

Guidance on HPSC website



Some relevant examples for RCFs of PPE guidance updated for hpsc.ie

Patients with respiratory symptoms/suspected/confirmed COVID-19 where the tasks being performed are unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing. Low contact activities for example

- Initial clinical assessments
- Taking a respiratory swab
- Recording temperature
- Checking urinary drainage bag
- Inserting a peripheral IV cannula
- Administering IV fluids
- Helping to feed a patient

- Hand hygiene
- Disposable single use nitrile gloves
- Disposable plastic apron
- Surgical facemask
- Eye protection*

*Eye protection is required to be worn as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.

Individual risk assessment must be carried out before providing care.

This assessment will need to include

- Whether patients with possible COVID-19 are coughing.
- The task you are about to perform

Some relevant examples of PPE guidance being updated for hpsc.ie

Patients with respiratory symptoms/suspected/confirmed COVID-19 who do not require an aerosol generating procedure but **do require high contact patient care activities that provide increased risk for transfer of virus and other pathogens to the hands and clothing** of healthcare workers including (but not limited to);

- Close contact for physical examination
/physiotherapy
- Changing incontinence wear
- Assisting with toileting
- Device care or use
- Wound care
- Providing personal hygiene
- Bathing/showering
- Transferring a patient
- Care activities where splashes/sprays are anticipated

- Hand hygiene
- Disposable single use nitrile gloves
- Long sleeved disposable gown
- Surgical facemask
- Eye protection*

*Eye protection is recommended as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes.

Individual risk assessment must be carried out before providing care. This assessment will need to include

- Whether patients with possible COVID-19 are coughing
- The task you are about to perform

Some relevant examples for RCFs of PPE guidance updated for hpsc.ie

Cleaning	
Cleaning where patient is present	<ul style="list-style-type: none">• Hand hygiene• Disposable plastic apron• Surgical facemask• Household or disposable single use nitrile gloves
Cleaning when patient is not present. For example, after the patient has been discharged or the procedure is complete. Ensure adequate time has been left before cleaning, as per guidelines.	<ul style="list-style-type: none">• Hand hygiene• Disposable plastic apron• Household or disposable single use nitrile gloves

The Updated IPC Guidance([@www.hpsc.ie](http://www.hpsc.ie))

Putting on PPE

If you make a mistake fix it –this is safe but it is the correct putting on that is essential to safe taking it off

(Clean hands)

Gown/apron

(hooded suits are new for us)

Mask

Goggles

Gloves

Enter

Useful if possible to have someone to check you did it right
No unnecessary items, no questions - you are doing this one thing



IPC Guidance (@www.hpsc.ie)

Taking off PPE

You are doing this one thing

If you make a mistake at any stage don't panic, clean your hands

Gloves

(Hands)

Goggles

Gown/apron

(Exit)

Mask

(Hands)

Useful to have someone to check you did it right



Common Questions and Concerns

Should we be wearing a facemask mask all the time at work ?

There is no evidence of benefit

There is abundant experience that it leads to poor practice
(mask fidget, masks pulled up and down)

We need to continue to differentiate levels of risk so that people are conscious of when they are really in a high risk situation



Common Questions and Concerns

What differs between droplet and aerosol spread?

Liquid drops from the respiratory tract come in a full range of sizes

Bigger ones fall out of the air quickly (the bigger they are the faster they fall)

Smaller ones can travel on air currents and can fill the room



Common Questions and Concerns

What do we mean about Droplets and Aerosol Transmission

Droplet transmission – experience and evidence is that the infection is overwhelmingly transmitted over short distances (influenza, COVID-19, meningococcal meningitis)

Airborne transmission – experience and evidence is that infection is transmitted over longer distances (measles, chickenpox and tuberculosis)



Common Questions and Concerns : when do airborne apply our facility

Aerosol Generating Procedures (AGP's) generally don't take place in residential settings and should be carried out in a single room of a positive patient

AGPs associated with increased risk of transmission of respiratory virus

Many differences of opinions and limited evidence

Will be updated on website the HPSC assessment of what constitute AGPs associated with increased risk of transmission of respiratory virus

For AGPs airborne precautions are required for otherwise droplet transmitted infections



Examples of AGPS (updated table will be on HPSC website shortly)

Induction of Sputum	Consistently recognised	Hand Hygiene FFP2 RESPIRATOR MASK Eye Protection Gloves Long Sleeved Gown
High Flow Nasal Oxygen (HFNO) including AIRVO	Accepted by many	Hand Hygiene FFP2 RESPIRATOR MASK Eye Protection Gloves Long Sleeved Gown
Non-invasive ventilation – CPAP/BiPAP	Accepted by many	Hand Hygiene FFP2 RESPIRATOR MASK Eye Protection Gloves Long Sleeved Gown

Not considered to be aerosol generating procedures –
updated in HPSC guidelines

<p>Delivery of nebulised medications via simple face mask</p>	<p>Not supported by evidence or plausible hypothesis and not recognised by most national bodies.</p>	<p>Hand Hygiene Surgical Face Mask Gloves Gown OR Plastic Apron* Risk Assessment Re: Eye Protection</p>
<p>Closed suction systems (CSS) enable patients to be suctioned by a suction catheter enclosed within a plastic sleeve, without the need for ventilator disconnection</p>	<p>Not supported by evidence or plausible hypothesis and not recognised by most national bodies.</p>	<p>Hand Hygiene Surgical Face Mask Gloves Gown OR Plastic Apron* Risk Assessment Re: Eye Protection</p>

*Refer to National Guidelines on [PPE @www.hpsc.ie](http://www.hpsc.ie)

Not considered to be aerosol generating procedures- updated in guidelines

Chest physiotherapy in absence of other AGP's	Not supported by evidence or plausible hypothesis and not recognised by most national agencies.	Hand Hygiene Surgical Face Mask Gloves Gown OR Plastic Apron* Risk Assessment Re: Eye Protection
Clinical dysphagia examinations- this examination includes orofacial assessment and administration of food and/or fluids to evaluate swallowing ability	Not supported by evidence or plausible hypothesis and not recognised by most national agencies.	Hand Hygiene Surgical Face Mask Gloves Gown OR Plastic Apron* Risk Assessment Re: Eye Protection

*Refer to National Guidelines on [PPE@www.hpsc.ie](http://www.hpsc.ie)

Patient management options:

Confirmed positive patients

Suspected residents

Isolation in single room with dedicate toilet and bathing facilities

Cohorting of COVID positive residents is the second option



Cohorting

Suspected residents should not be cohorted with confirmed positive residents
A designated cohort area should be separated from non-cohort areas by closed doors

- Staff caring for residents in cohort area for positive COVID residents should not provide care to other residents
- Signage should be well placed to prompt restricted entry to other staff
- Maintain maximum distance between beds as is possible
- Where possible use disposable patient equipment items and keep dedicated equipment in cohort area - Clean and disinfect equipment before moving from cohort area



Key queries asked by CRFs on cleaning frequencies and methods

All environmental surfaces should be thoroughly cleaned daily using disposable cloths and a neutral detergent in a solution of warm water. It is prudent to clean close touch surfaces including door handles phones etc cleaned at least twice daily

Twice daily clean of isolated patient rooms with a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)); or a general purpose neutral detergent, followed by a disinfectant solution of 1,000 ppm

Cease hoovering carpet floors in isolation rooms until patient comes out of isolation and terminal clean may include steam clean of fabrics/carpets



Important COVID-19 Guidance for RCFs

Preliminary Coronavirus Disease (COVID-19) Infection Prevention and Control Guidance include Outbreak Control in Residential Care Facilities (RCF) and Similar Units available at the following HPSC link

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/RCF%20Guidance%20March%2021%202020%20Final%20noag.pdf>



Guidance on the transfer of hospitalised patients from an acute hospital to a residential care facility in the context of the global COVID-19 epidemic

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Guidance%20on%20the%20Transfer%20of%20Hospitalised%20Patients%2019%20March%202020.pdf>



**Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19 .
(Copy and past the attached link into your web browser)**

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf



**Safe and appropriate use of PPE is essential for all healthcare workers
You are encouraged to complete the HSE-land module on Putting on and
Taking Off PPE in the Community Healthcare Setting by logging onto HSE
land on the following link**

<https://www.hseland.ie/dash/Account/Login>

It only takes about 10 minutes to complete and there is certification following self assessment





Stay safe while apart

