



Strategic Action Framework for Supporting Long-Term Care Facilities

June 13, 2020

This document is congruent with Alexandria Health Department's (AHD) [Strategic Action Framework](#) and is one of a series of frameworks outlining AHD's COVID-19 Pandemic Response

MISSION

Save lives and improve quality of life for residents, their families, and staff of Long-Term Care Facilities

OBJECTIVES

- Reduce and eliminate deaths, hospitalizations, and infections due to COVID-19 in facilities' residents and staff
- Support Alexandria's long-term care facilities (LTCFs) in infection control and outbreak prevention and response
- Improve quality of workplace support for facilities' workers

STRATEGY/ TACTICS

1. Guidance, training, and coaching on day-to-day HCW infection prevention and control practices
2. Personal Protective Equipment (PPE) management
3. Contact tracing
4. Serial point prevalence survey (PPS) testing
5. Continuous quality improvement plans
6. Business practices to support a healthy workforce and living environment
7. Maintain communications with partners

KEY CONTEXT

This is a living document and changes will be made based on updates in public health's understanding of COVID-19, updated CDC and VDH guidance, and AHD resources and prioritizations.



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The owners for each task are AHD staff with multiple responsibilities. Target dates for each task are subject to change based on COVID-19 circumstances and priorities.

SWOT Analysis

<p><u>Strengths:</u></p> <p>Motivated AHD workforce</p> <p>MRC volunteers</p>	<p><u>Weaknesses:</u></p> <p>LTCFs may not want our assistance (e.g. REDACTED traditionally refuses help)</p> <p>Currently only two epidemiology positions filled; only one with familiarity with Alexandria LTCFs</p> <p>Still training AHD staff</p> <p>Due to LTCF staffing shortages, exposed staff members are still allowed to work even when they should be on a 14-day quarantine</p>
<p><u>Opportunities:</u></p> <p>Training LTCF & Assisted staff</p> <p>Training both MRC and AHD staff</p> <p>VDH support from regional epidemiologist and laboratory for point prevalence surveys</p>	<p><u>Threats:</u></p> <p>No vaccine</p> <p>Lack of PPE and training</p> <p>Asymptomatic and pre-symptomatic transmission</p> <p>Information dissemination: Difficult to ensure that information from AHD is shared with the employees that need the information</p>





STRATEGY/TACTIC 1

Guidance, training, and coaching on day-to-day infection prevention and control practices

TASK	OWNER(S)	STATUS/ UPDATES
Conduct Infection Control Assessment and Response (ICAR) Program surveys	CBC	8 of 9 Alexandria LTCFs completed by 4/29 (1 refused)
Advocate to Virginia COVID-19 LTCF Task Force that VDSS allow ALFs leniency pertaining to staff orientation and training, direct care staff training NOT be advanced as proposed	SH	4/16/2020
Identify MRC volunteers with appropriate KSAs and interest to draft training and coaching plans with LTCFs	CBC JJ	5/1/2020
Conduct fit-testing and provide PPE	JJ	Fit-testing 3/23/2020 PPE provision: ongoing
Engage LTCFs and determine those interested in pursuing training and coaching of staff	CBC JJ SN	5/1/2020 Iterative weekly as of 6/8
Implement HCW infection prevention and control practices training and coaching on-site – LTCFs	MRC Lead CBC oversight SN 6/1	Completed Iterative, ongoing
Implement HCW infection prevention and control practices training and coaching – non-LTCF facilities	MRC Lead (KXL oversight)	Start 6/8 Target end 6/29
Provide advice based on PPS and community results	CBC SN	Iterative, ongoing





STRATEGY/TACTIC 2 PPE Management

TASK	OWNER(S)	STATUS/ UPDATES
Conduct surveys of facilities to determine PPE status	KXL JJ	Started 3/16/2020 Iterative, weekly
Analyze and report AHD's inventory	KXL JJ	Started 3/16/2020 Iterative, weekly
Order PPE from VDH	JJ	Started 5/1/2020 Iterative, weekly
Provide fit-testing kits and training	JJ	Completed 5/8/2020
Training on donning and doffing	JJ IL	Completed 5/8/2020 Iterative, as needed
Deliver PPE to LTCFs	JJ	Started 3/30 Iterative, weekly
Coalesce into singular document interim guidance for LTCFs to obtain PPE	SH	Completed 5/8/2020





STRATEGY/TACTIC 3 Contact Tracing

TASK	OWNER(S)	STATUS/ UPDATES
Interviewing exposed HCWs to determine risk level and positive HCWs to identify close contacts	CBC	Jan-April
Supporting facilities to conduct contact tracing	CBC SN	April – current
Develop 3 teams of Public Health Nurses dedicated to specific LTCFs	DB DD	Completed May
Assure initiation of contact tracing within 24 hours of notification of positive case in facilities	CBC SN KXL	Ongoing
Re-evaluate current contact tracing strategy (of facilities conducting)	SN CBC	6/22 or Phase 2





STRATEGY/TACTIC 4 Serial PPS Testing (See Appendix A)

TASK	OWNER(S)	STATUS/ UPDATES
Preparations prior to serial testing planning		
Complete ICARs	CBC	See Strategy/Tactic 1 All 8 engaged LTCFs completed
Complete Facility Wide Testing	CBC	See Appendix A All 8 engaged LTCFs to complete by 6/3
Serial Testing Plan		
Develop Prioritization Criteria for Serial Testing	KXL CBC SN	Reference Appendix A Completed 6/3
Assure LTCF Contingency Plan is established	CBC	Completed by 8 of 9 5/15/2020
Plan for specimen collection and data management – for initial PPS	CBC SN JJ MR	6/3/2020
Coordinate ordering of tests kits – for initial PPS	CBC	Completed 6/3/2020
Coordinate reporting of test results	CBC	Completed 6/3/2020
Discuss possible collaboration with Neighborhood Health in collection of HCW specimens	SH	5/30/2020
Provide guidance and technical assistance and analyze test results – for serial testing	SN CBC SH KXL	Iterative
Explore methods of, and avenues of funding for, serial testing (resident and HCW)	SH SN CBC	6/3/2020 6/8-10 – SH requested support from VDHC; NVHA (via regional planner); VA Secretary HHR
Develop Appendix B into recommendation/ guidelines for facilities	SN CBC SH	6/3/2020





STRATEGY/TACTIC 5 Continuous quality improvement plans

TASK	OWNER(S)	STATUS/ UPDATES
Identify MRC volunteers with appropriate KSAs and interest to initiate CQI plans with LTCFs	CBC IL	Completed 5/15/2020
Engage LTCFs and determine those interested in pursuing CQI planning	SN	Target date: 7/15/2020
Initiate CQI planning with engaged facilities	MRC Lead (SN and KXL oversight)	Target date: 7/31/2020

STRATEGY/TACTIC 6 Business practices to support a healthy workforce and living environment (See Appendix B)

Business practices that promote a healthy workforce and living environment include:

- A. Livable wage
- B. Sick leave benefits
- C. Full-time positions / Require healthcare facility employment at only one site
- D. Telework
- E. Modification of duties
- F. Redundant and expanded workforce

TASK	OWNER(S)	STATUS/ UPDATES
Advocate to LTCFs that they adopt business models supportive of this strategy (components A, B, C)	SH	Emailed LTCF administrators: 3/31/20 4/9/20
Advocate to Virginia COVID-19 LTCF Task Force that additional proposed Medicaid funding stipulate increase wages for HCWs	SH	4/16/2020
Develop comprehensive plan to advocate for adoption of strategy 6 among LTCFs	NT SH	Target date: 7/15/2020





STRATEGY/TACTIC 7

Maintain communications with partners

TASK	OWNER(S)	STATUS/ UPDATES
Email notification to LTCFs of COVID-19 in other facilities	SH	Multiple dates March 2020 April 2020
Email notification to LTCFs of COVID-19 in other facilities (Authorized by Commissioner of Health and in collaboration with NoVA region epidemiologist)	CBC	5/6/2020 5/12/2020 5/19/2020
Update Mayor and City Council on AHD activities supporting LTCFs	SH	Multiple dates via emails and phone discussions March 2020 April 2020 City Council Meetings: 4/14; 4/28; 5/12; 5/26 Phone discussion with Mayor Wilson 5/28
Provide "Advice Line" to facility staff to obtain rapid advice and technical assistance	CBC NT	Target date: 6/5/2020
Conduct periodic conference calls to determine facilities' challenges, problem-solve and provide updated information and guidance	SN CBC KXL SH	6/10
Develop comprehensive communications strategy	NT SH	7/15/2020





Appendix A: Serial COVID-19 Testing Plan

(Adapted from CDC's Testing Guidance for Nursing Homes <https://www.cdc.gov/coronavirus/2019-ncov/hcw/nursing-homes-testing.html>)

Preparations prior to serial testing planning

Serial testing is recommended after performing infection control assessments and facility-wide testing to facilitate cohorting and identify new transmission events early.

Completing Infection Control Assessments

AHD has conducted ICAR's in:

- 8 of 9 of Alexandria Long-Term Care Facilities.
 - One has declined/refused multiple outreach attempts

Completing Facility-Wide Testing

AHD has facilitated or conducted Point Prevalence Surveys in:

- 8 of 9 of Alexandria Long-Term Care Facilities
 - REDACTED (5/6)
 - REDACTED (5/19)
 - REDACTED (5/21)
 - REDACTED (5/28)
 - REDACTED (6/1)
 - REDACTED (conducted their own 5/20-24)
 - REDACTED – (conducted their own 5/20-24)
 - REDACTED (6/3)
 - REDACTED (declined assistance despite multiple attempts)



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Facility Bed and Staff Status

Census (full capacity)

Facility Type & Name	Number of Beds	Number of Staff (Est)	Notes
Skilled Nursing Facilities			
REDACTED	REDACTED	REDACTED	
REDACTED	REDACTED	REDACTED	
REDACTED	REDACTED	REDACTED	
REDACTED	REDACTED	REDACTED	
REDACTED	REDACTED	REDACTED	
Assisted Living Facilities			
REDACTED	REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED	REDACTED

Serial Testing Planning

Prioritizing Facilities for Serial Testing

- AHD can schedule public health testing for facilities that are unable to conduct their own testing. Serial testing prioritizations shall be based on:
 - Skilled Nursing Facilities over Assisted Living Facilities
 - Memory Care over other Assisted Living Facilities
 - Other: number of cases in the facility, community prevalence, size of facility (including potential burden for hospitalization), number of residents with recent exposures, residential areas with resident with greater co-morbidities and/or other risk factors, ability of facility to cohort
 - Serial testing will begin with weekly testing of LTCF staff and residents, with subsequent [periodicity](#) adjusted according to community and facility infection status
 - If testing is limited, serial testing will be done for only LTCF staff and testing residents who were in close contact with the new case.





Contingency Planning

- Facilities shall submit plans to respond to results of serial testing prior to initiating series, including:
 - Cohorting plan for COVID-19 cases
 - Overflow plan when unable to cohort (e.g. using alternative facilities)
 - Excluding positive HCW from work
 - Establish policies to [mitigate possible HCW staff shortages](#) as a result of testing
 - Determine how testing might be used to inform discontinuation of [Transmission-Based Precautions](#) for residents and when positive HCW will be allowed to [return to work](#)
- AHD shall ensure the above and provide consultation
- AHD shall ensure the facility has adequate personal protective equipment (PPE) supplies needed for serial facility-wide specimen collection.

Planning for specimen collection and data management

- Facility shall identify staff responsible for performing specimen collection from residents & HCW
 - AHD shall provide training support to staff collecting specimens to ensure proper PPE use, specimen collection, handling, and packaging
- AHD and facility shall establish a process for specimen collection and transport.
 - Ensure all staff (among all shifts and PRN) can be tested, considering
 - Number of testing opportunities (e.g. weekday and weekend)
 - Testing locations (e.g. onsite and/or offsite)
 - Testing method (e.g. drive-through, supervised self-swab)
 - Process for capturing which staff were tested or unable to be tested (e.g. SARA Alert, punch card, etc...)
 - Identify a clinician who will order testing
 - Identify funding source for testing of:
 - Staff
 - Residents



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- AHD capture test results by VEDSS (Outbreak Number) and using line list

Coordinating ordering of tests kits and reporting of test results

- AHD shall advise to select a laboratory that can quickly process large numbers of tests with rapid reporting of results (e.g. within 48 hours)
 - Only Emergency Use Authorization (EUA) or Food and Drug Administration (FDA) approved viral tests shall be ordered to collect the approved specimen (e.g., nasopharyngeal, anterior nares)
 - For facilities that require public health resources for testing, AHD shall ensure availability of the required number of specimen collection kits from designated laboratory
- If the designated laboratory sends results directly to the facility, facilities shall ensure that all lab reports are provided to AHD within 24 hours of receiving the report
 - If the facility is notified by AHD that their laboratory of choice does not report directly to the Virginia Department of Health (VDH), the facility shall transmit the lab reports to AHD within 24 hours of receipt by a secure method (fax or encrypted email).
 - Facility will ensure authorizations for exchange of information are obtained from staff and residents as applicable and in accordance with the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).
 - AHD will ensure results are shared with facilities, even if multiple laboratories perform testing (e.g., state lab performs testing for residents and commercial laboratory performs testing for HCW).
- AHD shall use the Virginia Electronic Surveillance System (VEDSS) to receive testing results from laboratories, LTCFs, and assisted living facilities, ensuring the results include date of testing, facility name, and the role of the individual tested (i.e., resident, HCW).
- Facilities shall maintain records of HCW and residents who have positive tests
 - For nursing homes, those records can facilitate reporting aggregate data into the National Healthcare Safety Network (NHSN) COVID-19 Module for LTCF.
- Data collection tools, which may include baseline epidemiologic information, provided by AHD, should continue to be maintained by the LTCF. The facility point of contact have been advised on how to collect and submit such data to ensure consistency across LTCFs.
 - AHD has provided line list templates with facilities and are working in conjunction with all facilities to track COVID-19 among staff and residents.
- Federal regulations require informing patients, staff, and families of the number of cases in the facility; facilities must have plans for meeting these regulations.





Appendix B: Procedural Recommendations for Conducting Swabbing

(Adapted from CDC's Testing Guidance for Nursing Homes <https://www.cdc.gov/coronavirus/2019-ncov/hcw/nursing-homes-testing.html>)

General considerations

- Follow CDC's Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)
- The number of people present during specimen collection should be limited to only those essential for care and procedure support.
 - Visitors or other bystanders should not be present for specimen collection.
- Swabbing of multiple individuals should not be performed in the same room at the same time, unless appropriate separation between swabbing stations can be maintained (see below).

Consider if self-collection is appropriate

- PPE use can be minimized through self-collection while HCW remain at least 6 feet away of the individual being swabbed.
- The individual must be able to correctly self-swab and place the swab in transport media or sterile transport device and seal.
 - If the individual needs assistance, assistance can be provided by placing the swab into transport media or a sterile transport device and sealing it for them.
- If bulk-packaged swabs are used for sample collection, care must be exercised to avoid contamination of any of the swabs in the bulk-packaged container.

Location of specimen collection for nursing home residents

- Specimen collection should be performed one at a time in each resident's room with the door closed. An airborne infection isolation room is not required. Ideally for rooms with multiple residents, specimen collection should be performed with only one individual at a time in a room, when possible, with the door closed.

Location of specimen collection for HCW

- Ideally, specimen collection should be performed one individual at a time in a room with the door closed and no other individuals present. If individual rooms are not available, other options include:
 - Large spaces (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart).
 - An outdoor location, weather permitting, where other individuals will not come near the specimen collection activity.
- Considerations for multiple HCW being swabbed in succession in a single room:





- Consider the use of portable HEPA filters to increase air exchanges and to expedite removing infectious particles.
- Minimize the amount of time the HCW will spend in the room. HCW awaiting swabbing should not wait in the room where swabbing is being done. Those swabbed should have a facemask or cloth cover in place for source control throughout the process, only removing it during swabbing.
- Minimize the equipment kept in the specimen collection area. Consider having each person bring their own prefilled specimen bag containing a swab and labeled sterile viral transport media container into the testing area from the check-in area.

PPE for swabbing

- HCW in the room or specimen collection area should wear an N95 or higher-level respirator (or facemask if a respirator is not available) and eye protection. A single pair of gloves and a gown should also be worn for specimen collection or if contact with contaminated surfaces is anticipated.
 - If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting nasopharyngeal specimens.
- Extended use of respirators (or facemasks) and eye protection is permitted. However, care must be taken to avoid touching the necessary face and eye protection. If extended use equipment becomes damaged, soiled, or hard to breathe or see through, it should be replaced. Hand hygiene should be performed before and after manipulating PPE.
- Gloves should be changed and hand hygiene performed between each person being swabbed.
- Gowns should be changed when there is more than minimal contact with the person or their environment. The same gown may be worn for swabbing more than one person provided the HCW collecting the test minimizes contact with the person being swabbed. Gowns should be changed if they become soiled.
- Consider having an observer who does not engage in specimen collection but monitors for breaches in PPE use throughout the specimen collection process.
- HCW who are handling specimens, but are not directly involved in collection (e.g., self-collection) and not working within 6 feet of the individual being tested, should follow Standard Precautions; gloves are recommended, as well as a facemask for source control.

Cleaning and disinfection between individuals

- Surfaces within 6 feet of where specimen collection was performed should be cleaned and disinfected using an Environmental Protection Agency-registered disinfectant from List N
- If visibly soiled and at least hourly.
- Terminal cleaning and disinfection of all surfaces and equipment in the specimen collection area should take place at the end of each day. Resident rooms should be cleaned and disinfected in



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accordance with Implementing Environmental Infection Control in the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

