



Maryland Situation Update on Coronavirus disease (COVID-19) for Long Term Care

Maryland Department of Health

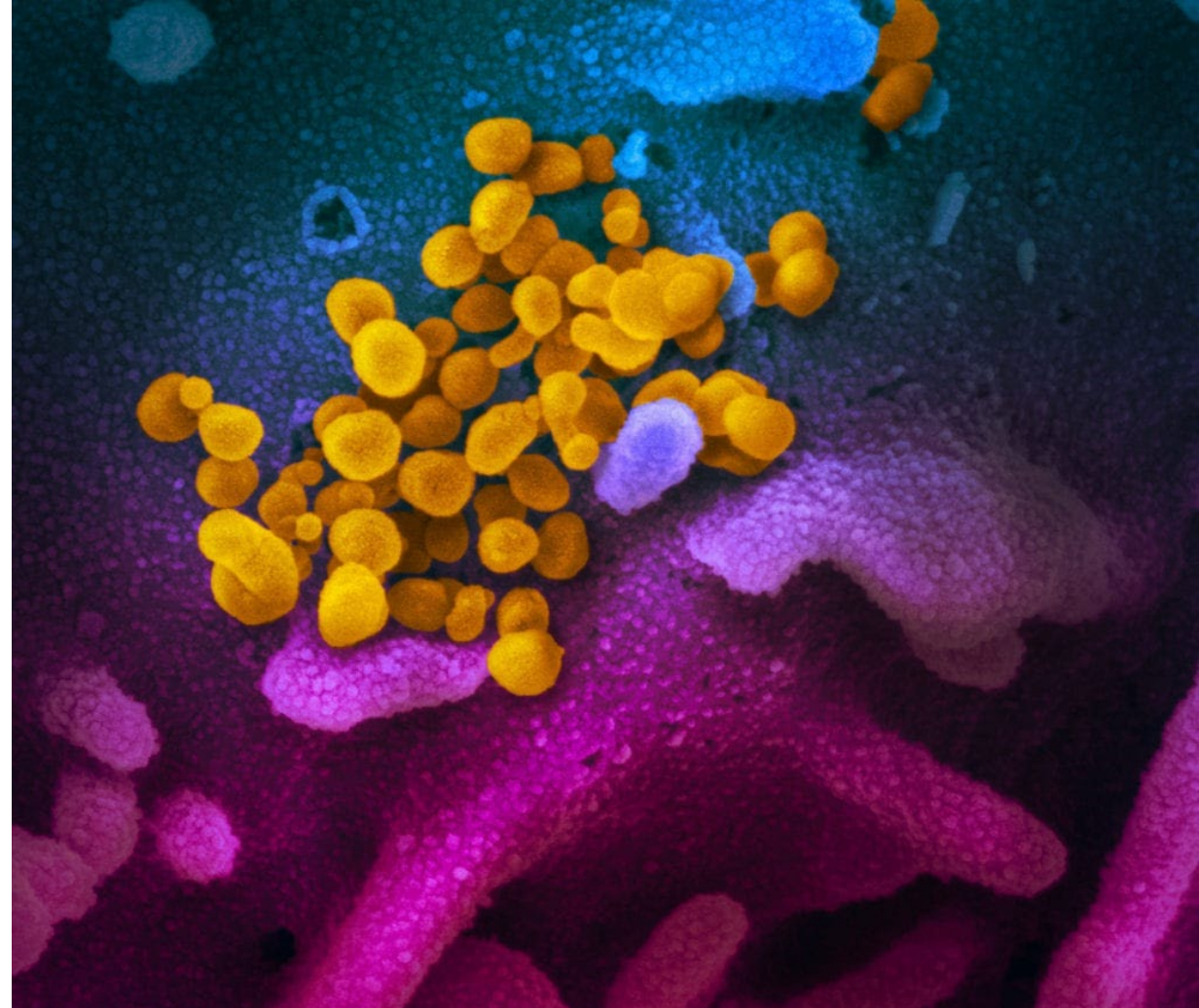
Infectious Disease Epidemiology and Outbreak Response Bureau

April 16, 2020

Call Agenda

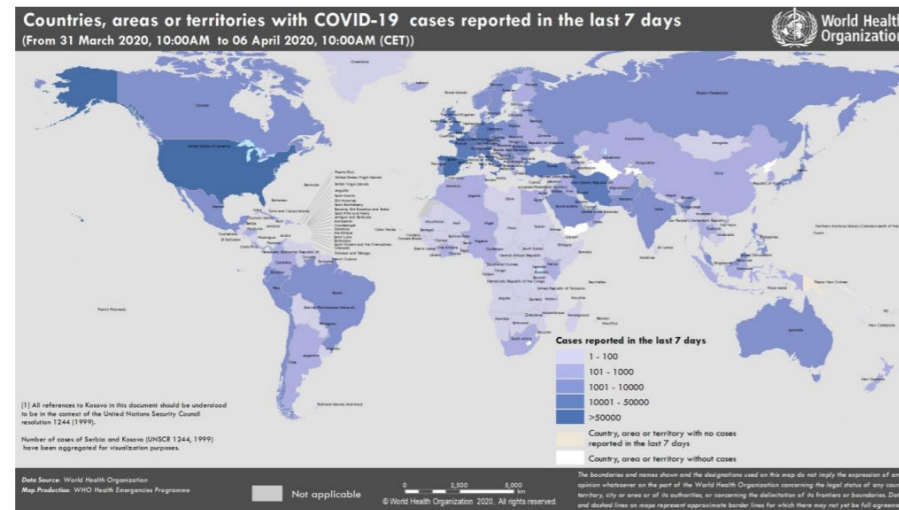
- Review current situation of COVID-19
- State & Federal Updates
- Revised directive
- Why we use PPE
- How we use PPE

Picture Courtesy of NIAID-RML



Worldwide: Confirmed COVID-19 Cases

- Cases
 - Total: 1,954,724 cases
 - Past 24 hrs: 69,728
- Deaths
 - Total: 126,140
 - Past 24 hrs: 5,909

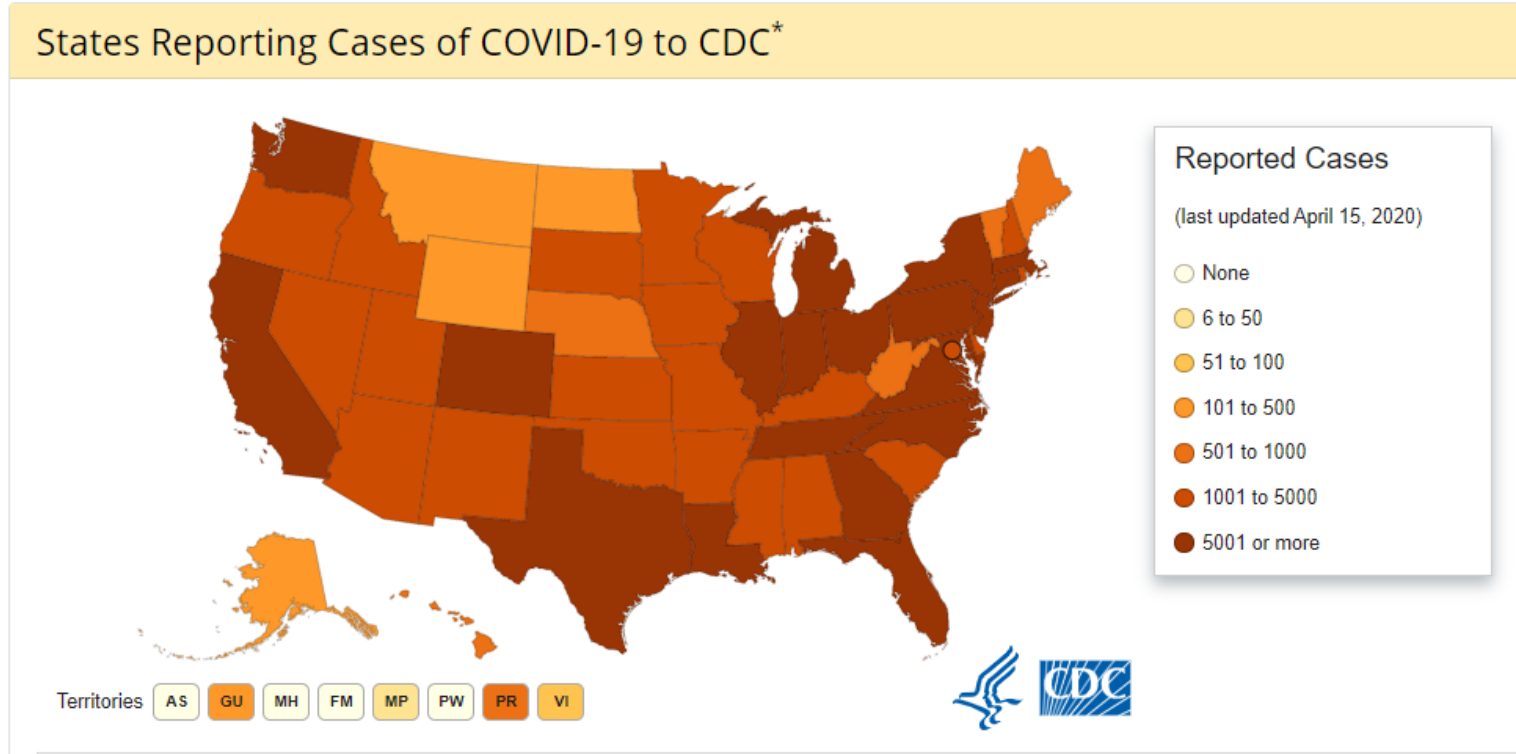


Data current as of April 15, 2020

Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> accessed April 16, 2020

United States: Confirmed COVID-19 Cases

- Total Cases: 605,390
 - Travel related: 6,814
 - Close contact: 14,728
 - “Under investigation”: 583,848
- Total deaths 24,582

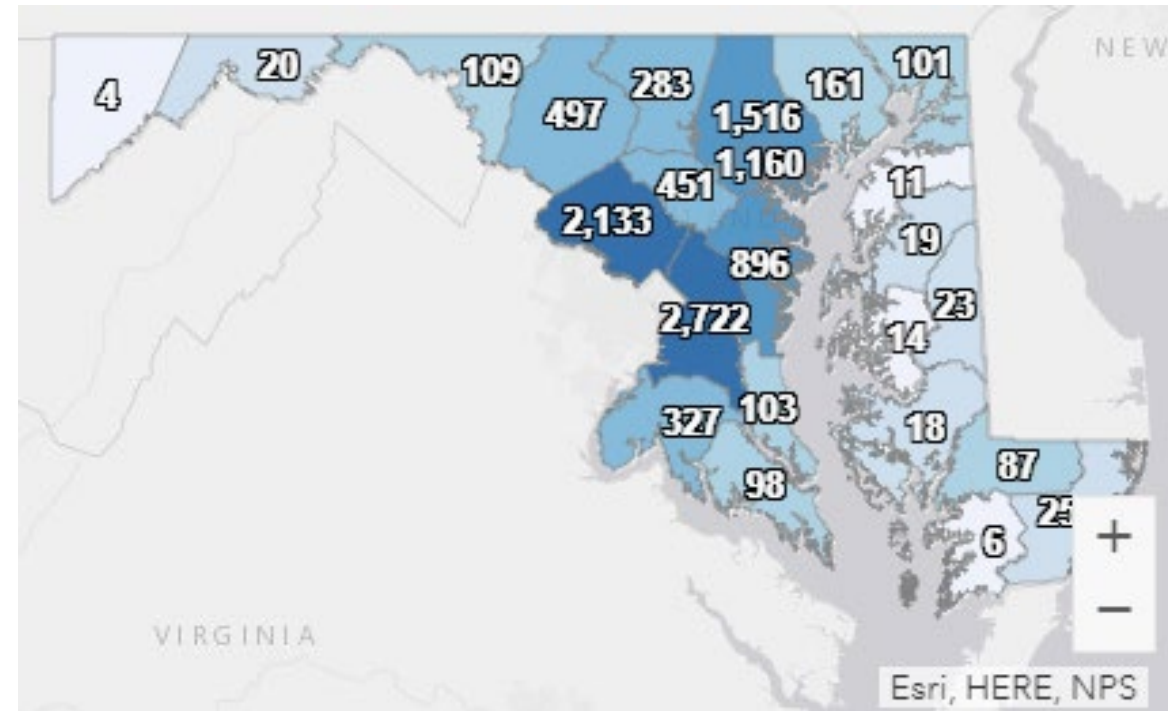


Data current as of 4/15

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> accessed 4/16

Maryland: Confirmed COVID-19 Cases

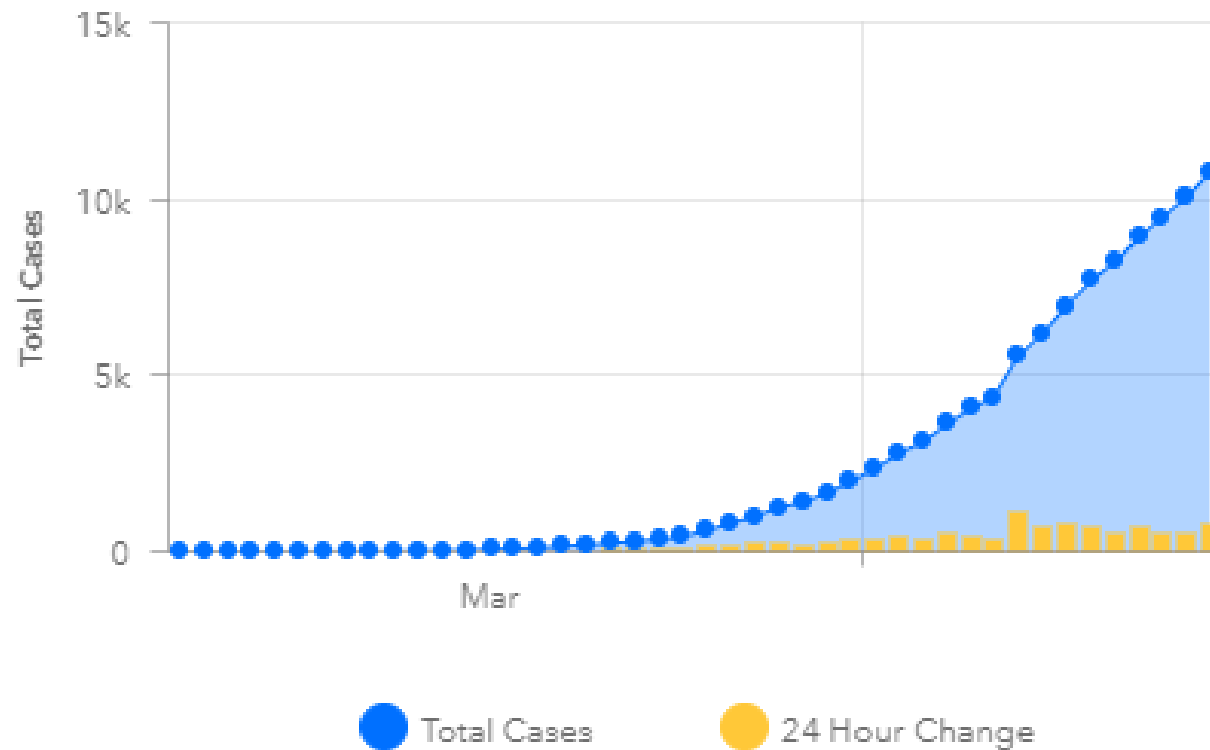
- Confirmed cases: 10,784 (752)
- Negative test results: 48,059 (2,328)
- Deaths: 392 (43)
- Hospitalized: 2,451 (220)



Source: <https://coronavirus.maryland.gov/>, accessed April 16, 2020

Maryland: Confirmed COVID-19 Cases

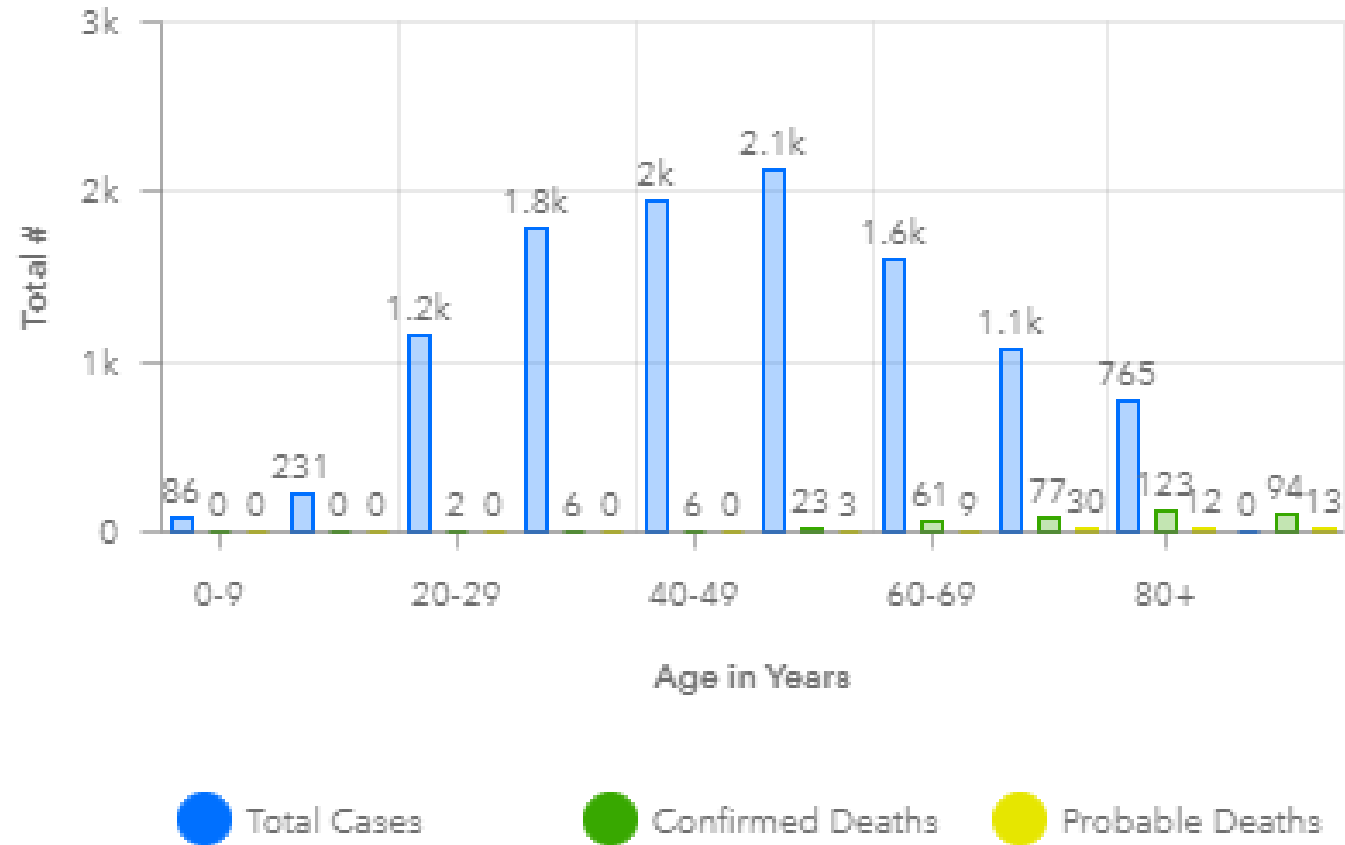
Confirmed Cases, Total over Time



Source: <https://coronavirus.maryland.gov/>, accessed April 16, 2020

Maryland: Confirmed COVID-19 Cases

Cases and Deaths, by Age



Source: <https://coronavirus.maryland.gov/>, accessed April 16, 2020

New Guidance for LTC settings

- HCP preferably use a test based strategy for return to work
 - Resolution of symptoms and 2 negative tests 24 hours apart
- If test based strategy is not feasible may use symptom based strategy
 - 7 days (or more) after onset and 3 days fever free with improving symptoms
- Asymptomatic HCP who have positive COVID-19 test are excluded for 10 days after first positive test
- Test based strategy also recommended to discontinue TBP for residents
 - May use symptom based strategy if testing is not feasible

New Guidance for LTC settings

- Symptoms of COVID-19 in nursing home populations may look different than the general population, may not report fever
- Facilities should have a low threshold for testing symptomatic staff and residents preferably at the state lab, or other lab with a <48 hr turn around
- Influenza and other respiratory virus testing may be run at the clinician's discretion, but is not required prior to COVID-19 testing
- Inform residents (and family if designated decision maker) and staff, of confirmed case with prepared communication material

Outbreaks and New Admissions

- Facilities are not closed to new admissions if COVID-19 cases are reported
 - Continue to accept admissions from hospitals unless specifically told otherwise by the state and local health departments
 - Facilities that have been closed previously are being re-assessed on a case by case basis
- Considerations
 - Ability to implement recommended infection control measures
 - Extent of transmission
 - Other factors (ie staffing, supplies)

Revised MDH Secretary's Order

- All personnel who are in close contact with residents of nursing homes shall use appropriate personal protective equipment, such as masks, face shields, gloves, and gowns, based on the procedures being performed and the availability of specific forms of PPE. Facilities shall use good faith efforts to maintain adequate supplies of all types of PPE. The appropriate PPE should be worn at all times while providing care to residents in the facility, and personnel should follow CDC guidance for using personal protective equipment

Why do we use Personal Protective Equipment

- 1. To protect ourselves:
 - Keep germs away from Healthcare Personnel (HCP)
- 2. To protect our patients:
 - Keep HCP away from patients
 - Keep patient's germs away from other patients
- 3. To protect our families
 - Don't bring your work home with you

Where do the germs come from??

- HCP
- Patients
- Environment and surfaces
- The outside of PPE!

Universal Masking for HCP

- First: Source Control
 - Keeps germs that the HCP are exhaling from getting onto surfaces
 - Keeps the droplets (which may carry germs) of sneezes, coughs, speaking, and breathing out of the air
 - Prevents asymptomatic HCP from spreading germs to patients and to the environment
- Second: to protect the HCP from the patient's germs
- Not designed to prevent germs from moving from Patient A to Patient B

How to use Universal Masking

- Don a mask when you enter the facility
- Mask must cover nose and mouth
- Do not touch the outside of the mask- assume there are germs on the outside of the mask
 - If you need to adjust your mask, wash your hands before and after touching mask

All About Gowns

Why do we use isolation gowns?

- Protect HCP from patient's germs
- Protect HCP from germs in the environment
- Protect Patient A from germs from Patient B

WHY you're using the gown determines HOW you use the gown

How to Use Gowns

- Assume that when you wear a gown to have contact with a patient, that patient's germs get on the outside of that gown
- Do not touch the outside of your gown and then touch other things
- Do not wear the same gown to have contact with different patients
- Gowns must be changed between patient to protect patients
- Gowns may be reused for one HCP caring for one patient
- Do not wear a gown when not providing patient care to protect HCP from patient and environment germs

Strategies for Conserving Gowns

- **Engineering and Administrative Controls** (Reducing direct contact, Reducing number of HCP contacts, maximizing telemedicine)
- Consider **extended use** of gowns for a single healthcare provider without changing between patients with confirmed COVID who are maintained in a confined area.
 - Do not wear the gown outside of this unit!
- Consider **re-use** of cloth isolation gowns without laundering in between for the same patient or patients with the same infectious disease and no additional co-infection.
- **Prioritize** gowns for high-contact activities such as bathing, transferring, and dressing

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

Eye protection

- Keeps droplets containing germs out of HCP eyes
- To use whenever HCP is in close contact with a patient
- Goggles or face shield
- Can be cleaned and re-used
- Wash your hands if you touch the outside of your face shield

What about gloves?

- Gloves do not replace hand hygiene
- Every time you take your gloves off, wash your hands
 - Soap and water or alcohol based hand sanitizer
- Assume the outside of the gloves are contained
- Don't touch your face OR YOUR MASK with your gloved hands
- Change your gloves in between contact with patients
- Do not wear gloves outside of patient care areas
- If your gloves are soiled, change them (and wash your hands)

How to take your PPE off

- Remember the outside of your gown, gloves and mask might be covered in germs
- **Remove PPE CAREFULLY**
- Have a buddy watch to make sure you take things off in the right order and don't contaminate yourself
- Wash your hands when you are done
- Use the CDC's [guidance and instruction](#) sheets as an aide

Doffing technique 1

- Remove PPE in the following order:
 - Gloves
 - Turn the gloves inside out as they are removed- don't touch the outside of the gloves
 - Remove eye protection
 - Only touch the back elastic or strap
 - Gown
 - Turn gown inside out, taking care to not touch the outside.
 - Mask
 - Only touch the elastic strap or ties
- Wash your hands

Doffing 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER



Doffing technique 2

- Remove PPE in the Following Order
 - Gown and gloves together
 - Do not touch the outside of the gown
 - Roll the gown over onto itself
 - Goggles or face shield
 - Remove from the back
 - Mask
 - Remove from the ties or elastic, not the front of the mask
- Wash your hands

Doffing

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



Lessons Learned

- Universal masking is designed to protect the patient from the HCP- masks do not need to be changed between patients
- Gowns and gloves are designed to protect patients from each other's germs- these must be changed between patients (especially patients with different infections)
- To protect HCP, do not wear gowns and gloves to lunch, to the bathroom, on break, or outside of the patient care space
- Wash your hands!

Town Hall Questions

- What barriers does your facility face to accept new residents?
- How do you train staff to use PPE?
 - How do you monitor compliance?
- Have you had staffing shortage troubles?
 - How do you try to keep your staff coming to work and feeling safe?

Resources

- MDH Novel Coronavirus: <http://health.maryland.gov/coronavirus>
- MDH Laboratory Coronavirus: <https://health.maryland.gov/laboratories/Pages/Novel-Coronavirus.aspx>
- COVID-19 People at risk <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- CDC Coronavirus Prevention & Response in Long-term Care <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- CMS Coronavirus/LTC: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- CDC Guidance for Infection Control <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>

Questions?

Email questions to MDH.IPCOVID@Maryland.gov