



**Executive Office of Elder Affairs**  
RESPECT INDEPENDENCE INCLUSION



## EOEA and DPH Infection Control Webinar for Assisted Living Residences

1 December 2021  
12:00 to 1:00 PM



This meeting is intended for Assisted Living Executive Directors and/or their designees and is closed to the press.



**150 YEARS**  
OF ADVANCING  
**PUBLIC**  
**HEALTH**

# Massachusetts Department of Public Health

## **COVID-19 Preparation and Infection Control for Assisted Living Residences December 1, 2021**

# Highlights

- We are now two years into the COVID-19 pandemic
- Currently seeing 1500-3000 new cases daily in MA.
  - *Expect* to see cases in your facilities
- ALRs are part of our communities and are home to many of our most vulnerable residents.
- We have new tools-reliable rapid tests (BinaxNOW tests), vaccination (including boosters) and monoclonal antibodies.
- We have a shared responsibility to protect residents.
  - To prevent COVID-19 introduction into your facility
  - To prevent transmission to others within your facility
  - To use all available tools
  - To follow best practices for care and treatment



### Navigation

#### Today's Overview

Overview Trends

COVID-19 Cases

COVID-19 Testing

Hospitalizations

COVID-19 Deaths

Higher Ed & LTCF

Patient Breakdown

City & Town Data

Resources

Data Archive

For data on COVID-19 variants, click here (CDC website)

### Cases

#### Confirmed Cases

Today there were **5,497** new, confirmed cases reported bringing the total to **852,527** total confirmed cases.

#### Probable Cases

Today, there were **293** new, probable cases reported bringing the total to **62,968** total probable cases.

### Testing

#### Tests Reported

There were **103,125** new COVID-19 molecular tests reported, bringing the cumulative total to **33,378,488** tests.

#### Percent Positivity

The 7-day average of percent positivity is **3.72%**.

### Hospitalizations

#### Hospitalizations

There are **839** patients hospitalized for COVID-19.

#### ICU & Intubated Patients

There are **178** patients in Intensive Care Units (ICU) and **102** patients are intubated.

### Deaths

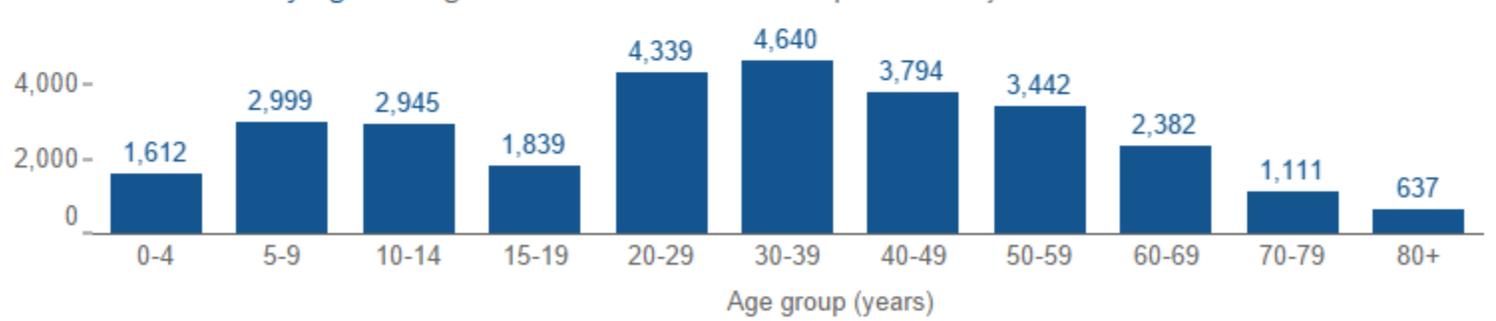
#### Confirmed Deaths

There were **21** new, confirmed deaths reported. There have been **18,960** confirmed deaths in total.

#### Probable Deaths

There were **1** new, probable deaths reported. There have been **413** probable deaths in total.

Confirmed cases by age during the last two weeks \*Data updated weekly



#### Average Age of Deaths

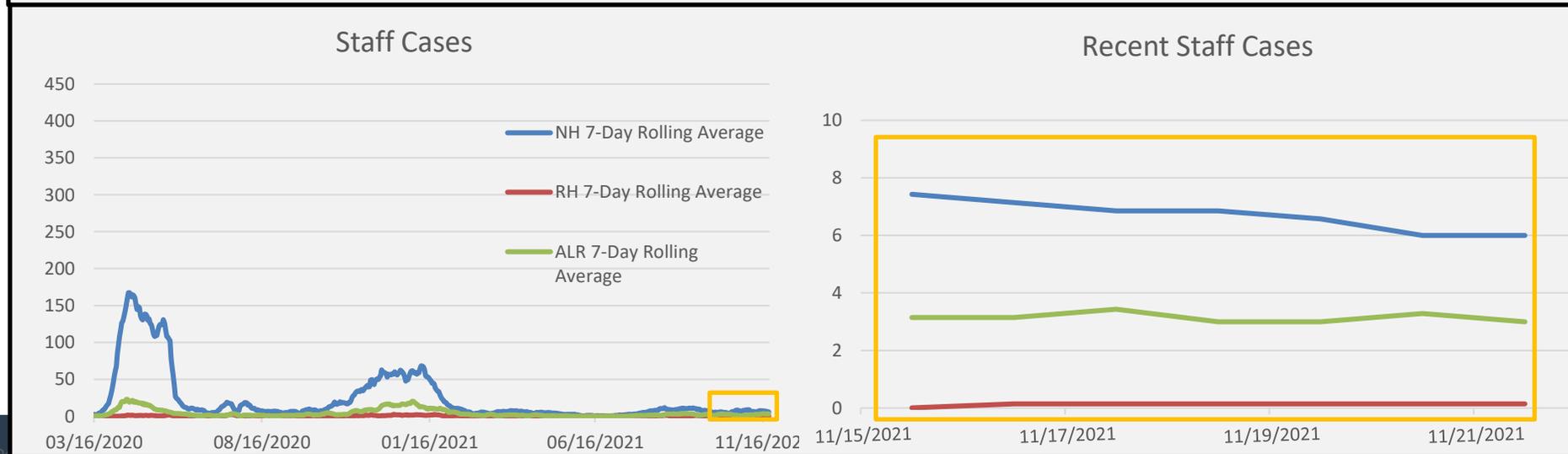
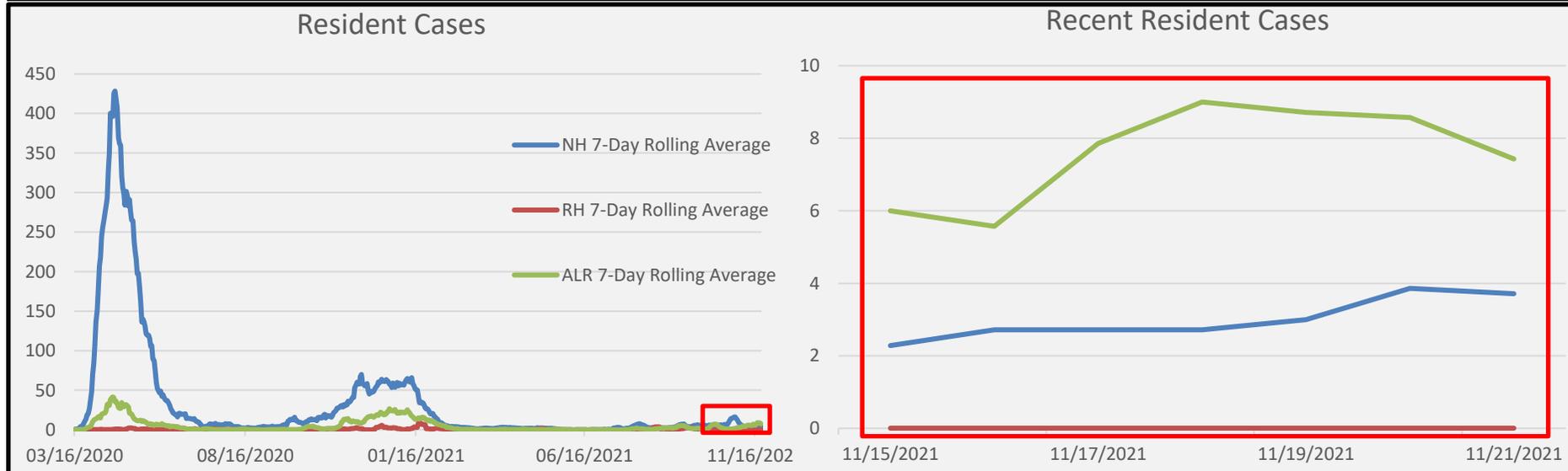
The average age of patients who died of COVID-19 was **76** years old.

For details on the definitions of each indicator hover over the box or graph. All data included in this dashboard are preliminary and subject to change. Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; COVID-19 Hospitalization Data provided by the MDPH survey of hospitals (hospital survey data are self-reported); Created by the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Division of Surveillance, Analytics and Informatics.

# Key Metrics: COVID-19 Cases in LTCFs and ALRs

Data Source: Chapter 93 (REDCap), 11/23/2021; Data is self-reported.

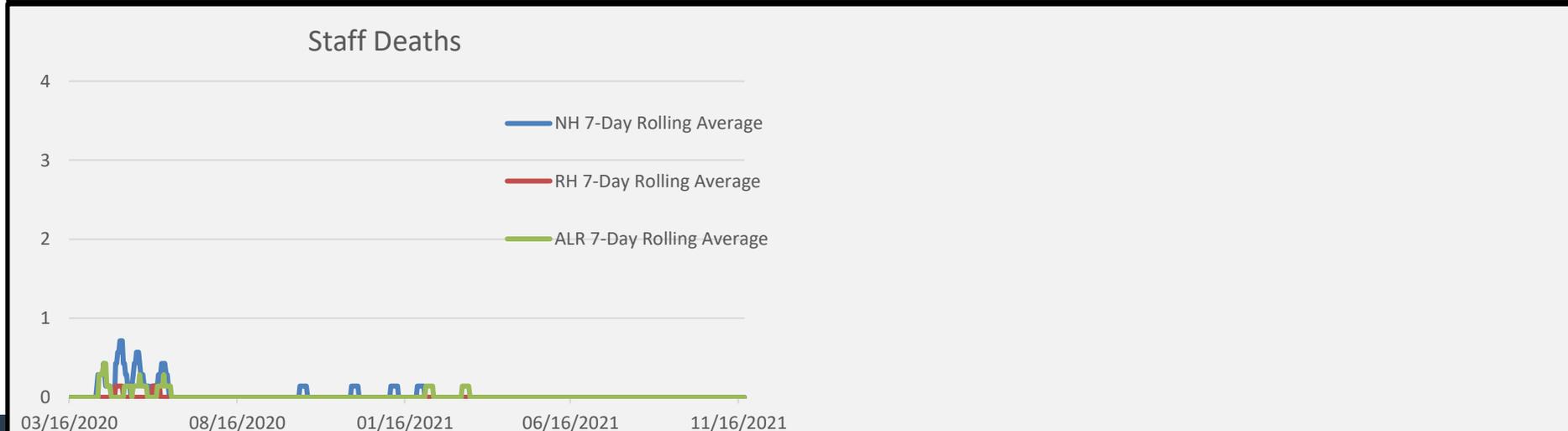
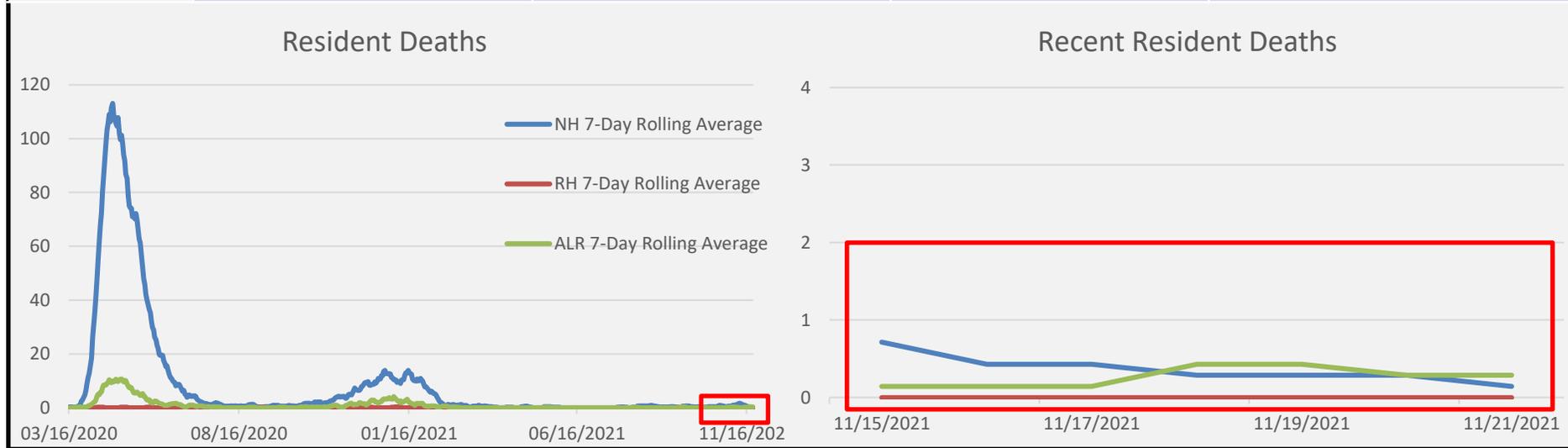
	Total confirmed resident cases	7 day average residents (number)	Total confirmed staff cases	7 day average staff cases (number)
<b>SNFs</b>	20,894	3.7 (26)	14,572	6.0 (42)
<b>RHs</b>	346	0.0 (0)	272	0.1 (1)
<b>ALRs</b>	3,281	7.4 (52)	2,576	3.0 (21)



# Key Metrics: COVID-19 Deaths in LTCFs and ALRs

Data Source: Chapter 93 (REDCap), 11/23/2021; Data is self-reported.

	Total confirmed resident deaths	7 day average residents (number)	Total confirmed staff deaths*	7 day average staff deaths (number)
<b>SNFs</b>	5,638	0.1 (1)	22	0 (0)
<b>RHs</b>	13	0 (0)	2	0 (0)
<b>ALRs</b>	613	0.3 (2)	10	0 (0)



# COVID-19 Prevention

- Screen all individuals entering the residence
  - Ask about COVID-19 symptoms
    - Fever, chills, SOB or difficulty breathing, fatigue, myalgia, nausea, vomiting, diarrhea, sore throat, headache or loss of taste or smell
  - Ask about diagnosis of SARS CoV-2 in the last 10 days
  - Confirm no exposure to others with SARS CoV-2 in the last 14 days (Visitors)
- Anyone with COVID-19 symptoms or a positive response to recent diagnosis or exposure should not be allowed in the building
- You may offer BinaxNOW testing for anyone entering the residence
- Ensure all entering are wearing a facemask while in the residence
- Educate visitors about physical distancing and hand hygiene using alcohol-based hand sanitizer that contains at least 60% alcohol
- Encourage all staff, residents, and visitors to be vaccinated (and boosted!)

# COVID-19 Response – Testing

- Mitigate transmission when COVID-19 is identified in the facility by testing promptly
  - Treat even ONE case as an outbreak
  - Use BinaxNOW tests to identify any additional cases in staff and residents immediately; do not wait for PCR results before taking steps to mitigate spread
- It is *critical* to have testing availability in place BEFORE you need it.
  - Find a laboratory able to test your staff and residents by molecular testing (i.e. PCR) with a short turn-around time (24-48 hours).
  - BinaxNOW, need approved CLIA certificate of waiver:  
<https://www.mass.gov/doc/binaxnow-rapid-point-of-care-covid-19-testing-for-long-term-care-facilities-0/download>

# COVID-19 Response – Isolation & Quarantine

- Isolate and quarantine individuals appropriately
  - Isolation is for **positive** staff and residents (release on Day 11)
  - Quarantine is for exposed residents – in large outbreak settings, best if quarantined residents can stay in their apartments. May use test-shortened strict quarantine period, test on Day 5 or later and if negative, release on Day 8 (Recommend also test on day 7).
    - Exposure = within 6 feet for 15 minutes or more during a 24-hour period
  - Exposed residents and staff should be monitored for signs and symptoms for 14 days and tested frequently (best practice is every 3 days until 7 days with no new positives)

# COVID-19 Response – Cohorting Staff

- Dedicate different staff to care for positive and negative residents (single stream staffing)
  - Do not float direct care staff between resident cohorts and between ALRs
  - Meals and packages for positive residents should be delivered by aides caring for those positive residents
  - Consistent staffing teams help detect changes in health status
  - Fully vaccinated *and* recovered staff is best option for care of positive residents
- Ensure appropriate personal protective equipment (PPE) is available for positive and quarantined residents, must change between each resident

# COVID-19 Response – Infection Control

- Vaccinate staff and residents, booster doses are recommended
- Residents should wear face masks when with unvaccinated residents
- Encourage masks during visitation regardless of vaccination status
- Staff must wear appropriate PPE
  - Face mask upon entry to the facility
  - Eye protection (face shield or goggles) when providing direct care
  - **Fit-tested** N95 mask for positive or quarantined residents
  - Gowns and gloves for positive or quarantined residents and when appropriate for transmission-based precautions
- Ensure alcohol-based hand sanitizer that contains at least 60% alcohol is accessible throughout the facility and in and/or outside residents' rooms or apartments

# COVID-19 Response – Infection Control

- Ensure competency in PPE use, donning and doffing:
  - <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- Perform audits throughout the facility
  - PPE donning, doffing and hand hygiene:  
<https://www.mass.gov/doc/hand-hygiene-and-ppe-observations/download>
- Ensure proper use of signage
  - <https://www.mass.gov/doc/caution-signs-for-isolated-individuals-in-long-term-care-facilities/download>
  - <https://www.mass.gov/doc/caution-signs-for-quarantined-individuals-in-long-term-care-facilities/download>



# PERSONAL PROTECTIVE EQUIPMENT (PPE)

Resident Type	Recommended PPE	Recommended Sign for Resident Room/Apartment
COVID-19-Positive Residents	<p>Full PPE upon room/apartment entry to include fit-tested N95 respirator, Face Shield/Goggles, Gown and Gloves. Gown and gloves must be changed between residents.</p> <p>Perform hand hygiene immediately after removing PPE</p> <p>Appropriate PPE disposal – Covered trash can inside unit</p>	Isolation Sign
Quarantined (i.e., Exposed to a confirmed COVID-19 case)	<p>Full PPE upon room entry to include fit-tested N95 respirator, Face Shield/Goggles, Gown and Gloves. Gown and gloves must be changed between residents.</p> <p>Perform hand hygiene immediately after removing PPE</p> <p>Appropriate PPE disposal – Covered trash can inside unit</p>	Quarantine Sign

# COVID-19 Response – Visitation, Dining and Activities

- While not recommended, individuals in isolation or quarantine are allowed visitors
  - Visitor and resident should wear face mask
  - Visitor should perform hand hygiene upon arrival and before leaving the resident's room or apartment
  - Visitors should be informed of the risks associated with visiting residents in isolation or quarantine
- In large outbreaks it is best to deliver meals to quarantined residents; isolated residents should eat in their room or apartment
- Residents in isolation or quarantine should not participate in group activities

# Monoclonal Antibody Therapy

- Monoclonal antibody therapeutics (mAb) are authorized for the treatment of mild to moderate COVID-19 in adult and pediatric patients with positive SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40 kg and who are at high risk for progressing to severe COVID-19 and/or hospitalization.
- mAb should be administered as early as within 72 hours of a positive SARS-CoV-2-specimen collection date and no later than 10 days after symptom onset in accordance with the U.S. Federal Drug Administration emergency use authorization (EUA).
- These products are not authorized for use in patients requiring hospitalization due to COVID-19 or who require supplemental oxygen (or increase in supplemental oxygen for those requiring chronic oxygen therapy) due to COVID-19.
- **Two products, are also approved under EUA for post-exposure prophylaxis.**
  - Regeneron product and bamlanivimab and etesevimab (Lilly)
- **One product is approved under EUA for subcutaneous administration.**
  - Regeneron product

# Monoclonal Antibody Therapy

- Has proven beneficial in controlling symptom escalation in individuals recently diagnosed with COVID-19.
- Has proven beneficial in controlling symptomatic COVID-19 after exposure through close contact with individual who has tested COVID-19 positive.
- Administered either intravenously (IV) or via 4 subcutaneous (SC) injections (simultaneous)
- DPH has mobile units that are located throughout the Commonwealth to assist with dissemination of monoclonal antibodies when there are large outbreaks in an ALR.
- Submit requests when needed to: [dph.bhcsq@mass.gov](mailto:dph.bhcsq@mass.gov)

# Monoclonal Antibody Therapy-Preparation

- Obtain resident consents in advance and keep on file
- Obtain standing orders in advance and keep on file
- Know where you will obtain administration supplies from
  - Syringes and sharps container
  - Needles (transfer and SC administration)
  - Alcohol wipes
  - Supplies to manage potential adverse events (Rescue medication kits)

# IMPORTANT RESOURCES

- [Coronavirus Disease 2019 \(COVID-19\) | CDC](#)
- [COVID-19 Updates and Information | Mass.gov](#)

Note: These sites are frequently updated

**QUESTIONS?**

# EOEA is recommending and urging every ALR to:

1. Ensure residents and all staff receive a COVID-19 vaccine booster as soon as they become eligible. **All ALRs must report the percentage of booster eligible residents and staff who have received their booster by December 15, 2021.**
2. Conduct an infection control audit and address gaps in infection prevention and control within the next two weeks. **Every ALR is required to report by December 15, 2021 whether they have conducted an on-site infection control audit** using this tool CDC Infection Control Audit Tool LTCF.

**Report the status of COVID-19 vaccine boosters for residents and staff and infection control audits using the following link**

**<https://app.keysurvey.com/f/41598195/47d3/>**

# EOEA is recommending and urging every ALR to:

3. Develop a process for administering monoclonal antibodies; process steps include securing:
  - resident consent, medical provider orders, and infusion or injection capability for outbreaks of different sizes.
4. Develop a staffing escalation plan
5. Develop strategic and targeted approaches for dining and activities