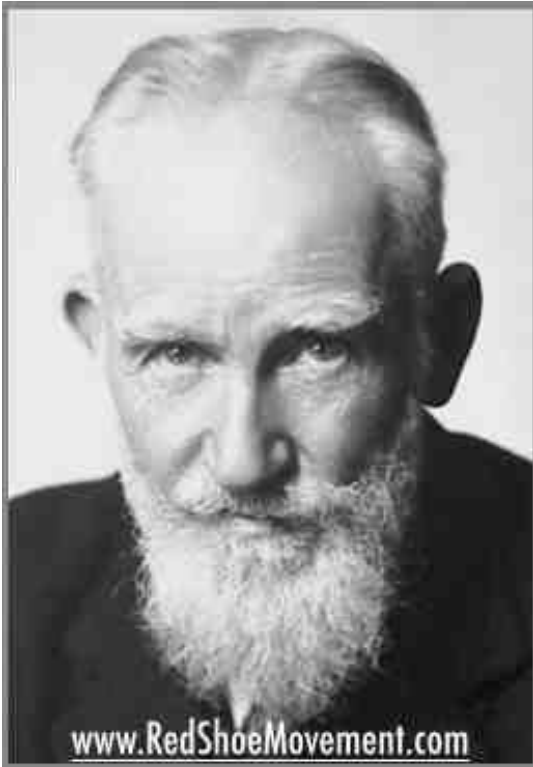




COVID-19 Communication

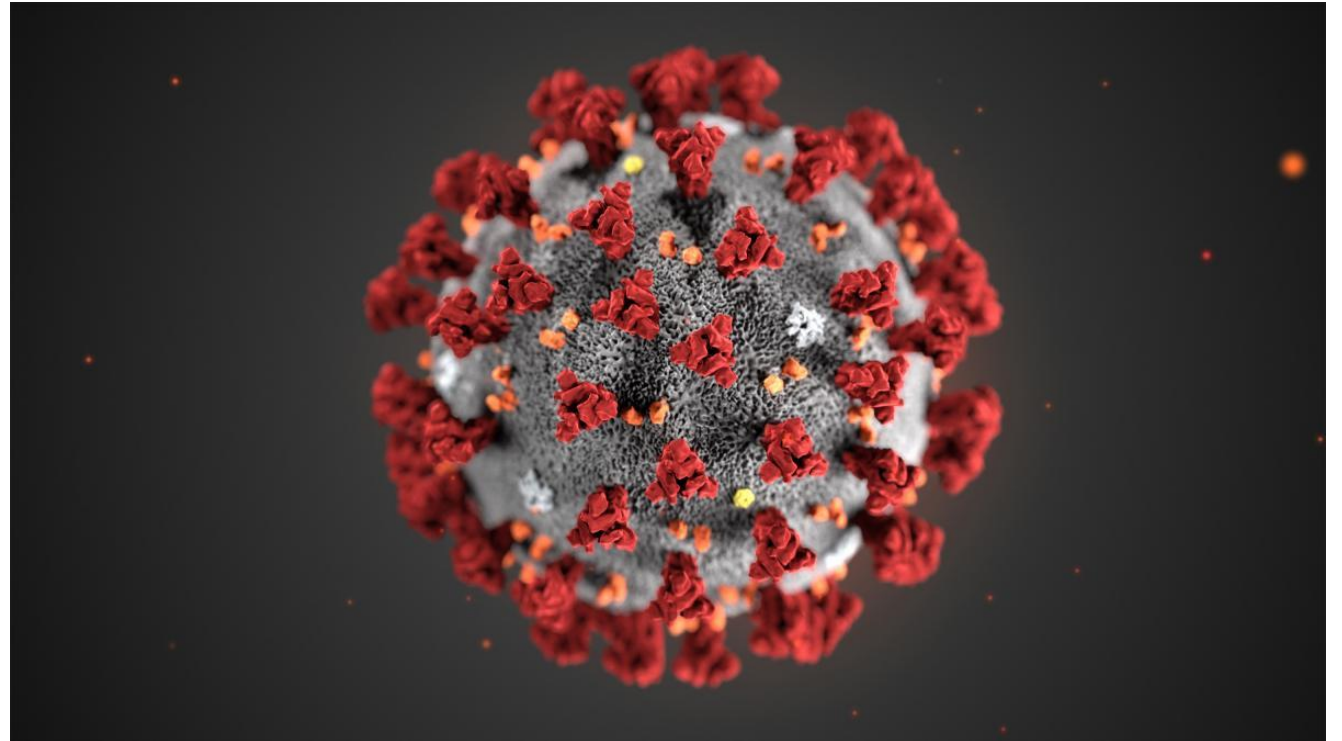
Skip Margot RN,MS NEA-BC
Vice President of Clinical Excellence
3 March 2020

The Coronavirus COVID-19



“The single biggest problem with communication is the illusion that it has taken place.”

George Bernard Shaw



COVID-19 Facts

- The Coronavirus-what is it and where did it originate?
- Global Presence
- Signs & Symptoms
- How does COVID-19 spread
- Prevention and Treatment
- Next steps for LTC Communities
- Asbury Communities Approach thus far

COVID-19 What is it and where did it originate?

- A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.
- On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".
- Coronaviruses are a large family of viruses. Some cause illness in people, and others, such as canine and feline coronaviruses, only infect animals. Rarely, animal coronaviruses that infect animals have emerged to infect people and can spread between people. This is suspected to have occurred for the virus that causes COVID-19.

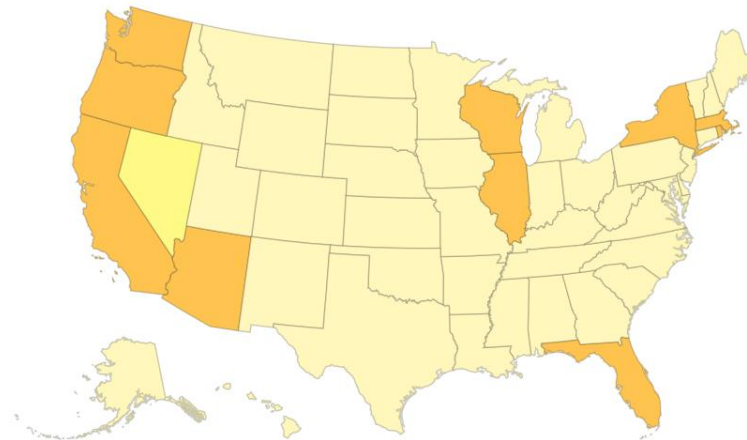
Global Presence of COVID-19

- Currently the virus has been identified positively in 74 countries * These data will change as other cases emerge
- The World Health Organization (WHO) provides regular updates:
 - See link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

- Presence of COVID-19 in the United States: * These data will change as other cases emerge

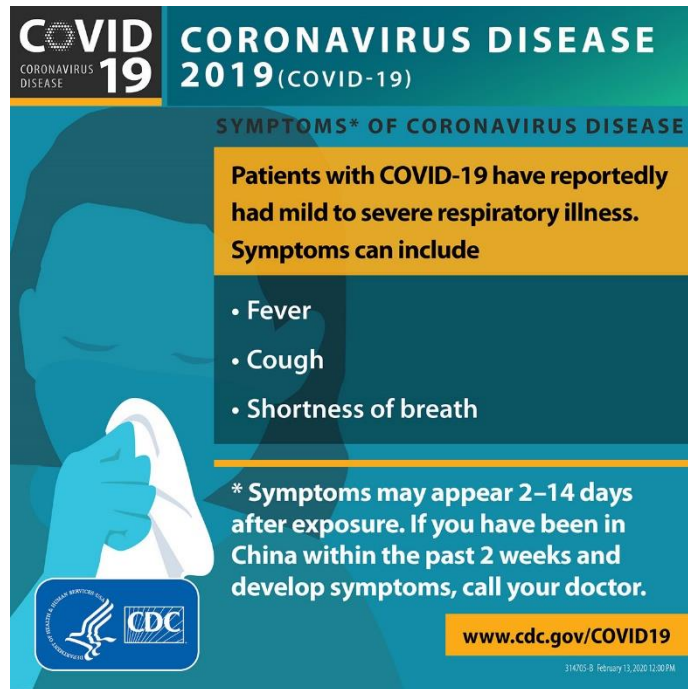
- Currently identified in the following states:
 - Arizona, California, Florida, Illinois, New York, Massachusetts, Oregon, Rhode Island, Washington, Wisconsin

- Total hospitalized: 17
- Total deaths: 6
- Total cases: 60
- States reporting cases: 10
- Repatriated Cases: 45



Signs and Symptoms of COVID-19

- Symptoms may appear **2-14 days after exposure***:
- Fever
- Cough
- Shortness of breath



COVID 19
CORONAVIRUS DISEASE

CORONAVIRUS DISEASE 2019 (COVID-19)

SYMPTOMS* OF CORONAVIRUS DISEASE

Patients with COVID-19 have reportedly had mild to severe respiratory illness. Symptoms can include

- Fever
- Cough
- Shortness of breath

* Symptoms may appear 2–14 days after exposure. If you have been in China within the past 2 weeks and develop symptoms, call your doctor.

www.cdc.gov/COVID19

314205 © February 13, 2020 12:00 PM

The infographic features a stylized illustration of a person coughing into their elbow. It includes the CDC logo and a URL for more information.

How does COVID-19 spread

- This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus is now spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum.
- The virus that causes COVID-19 is spreading from person-to-person. Someone who is actively sick with COVID-19 can spread the illness to others. That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others.
- How long someone is actively sick can vary so the decision on when to release someone from isolation is made on a case-by-case basis in consultation with doctors, infection prevention and control experts, and public health officials and involves considering specifics of each situation including disease severity, illness signs and symptoms, and results of laboratory testing for that patient.
- Current CDC guidance for when it is OK to release someone from isolation is made on a case by case basis and includes meeting all of the following requirements:
 - The patient is free from fever without the use of fever-reducing medications.
 - The patient is no longer showing symptoms, including cough.
 - The patient has tested negative on at least two consecutive respiratory specimens collected at least 24 hours apart.
 - Someone who has been released from isolation is not considered to pose a risk of infection to others.

Prevention and Treatment

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:
 - Avoid close contact with people who are sick.
 - Avoid touching your eyes, nose, and mouth.
 - Stay home when you are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
 - Follow CDC's recommendations for using a facemask.
 - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Next Steps for LTC Communities

- Establish a solid team of stakeholders both Operational and Clinical to drive communication.
- Engage your **Infection Preventionist** as one of the primary sources for education around prevention and treatment.
- Review HR policies around sick leave, emergency staffing, etc.
- Clinical leaders should be selected for regular gathering of updates from the CDC, local and state healthcare departments and communicating the information across the LTC environment
- Identify your primary transfer (referral) source and options for admission of residents to hospital setting for treatment.
- Calibrate your anticipated census volume against current par levels of PPE (significant backorders are in play for masks in particular) Closely align clinical care givers with your housekeeping teams.
- Over communicate the basics around **Hand Hygiene**, early detection, isolation, testing procedures (when available).
- Establish clear guidelines around surveillance for new admissions and transfers to and from hospital environments
- Provide Residents and Associates educational material; post CDC flyers outlining prevention.

Asbury Communities Approach to COVID-19 and all Communicable Diseases

- We leveraged the Phase III requirement to identify Infection Preventionists early in the 3rd quarter last year. Each community has an RN IP identified and engaged.
- Our Director for Clinical Education launched an Infection Control Committee which meets regularly and reports out at the Director of Nursing Practice Council.
- We developed a step by step algorithm for addressing communicable diseases in any of our communities last Fall in response to a Norovirus outbreak. The educational material we developed have served us well in preparing for this novel virus.
- We are ready to publish a revised Communicable Outbreak Policy that will also include the additional components of dealing with a Pandemic Event.
- We have been closely aligned with our ancillary provider (Sodexo) around housekeeping, food and other services outside of direct clinical care.
- Our Supply Chain Manager has been working closely with community leaders and the Clinical Team to calibrate the right resource allocation for a broader respiratory event.
- Currently, we are pulling together an educational module for ancillary associates in English and Spanish focusing on preventing transmission among the workforce team and residents safety.
- The Clinical Team has been providing daily updates from the CDC to community leadership across our system.