


MEMORANDUM

TO: Mayor and Council Members

FROM: Stephanie Hayden, Director 

DATE: May 21, 2020

SUBJECT: Staff Response to Resolution 20200507-59

On May 7, 2020, Council approved Resolution #20200507-59, directing the City Manager to plan and collaborate with outside entities, develop, fund, and implement programs, and report status updates to Council regarding efforts to prevent and mitigate the spread of COVID-19 among the residents and staff of nursing homes and other long-term care facilities, and other vulnerable persons. This memorandum serves as an update on the progress by Austin Public Health (APH).

Austin Public Health (APH) has developed a process to respond to this resolution. This process will be executed in phases and expect to be completed by July 3, 2020. On-going testing will occur as needed based on the testing recommendations from the Nursing Home Taskforce (See attachment A) and APH staff to mitigate further spread of disease. APH has partnered with the University of Texas Dell Medical Center through the Design Institute for Health to complete a study of long-term care facilities. This study will be completed by September 30, 2020. An initial report will be provided in June 2020.

Timeline

Phase 1: Investigation of A-M facilities

Phase 2: Investigation of other locations that have clusters (those added after the A-M facilities)

Phase 3: Investigation of remaining facilities – nursing and assistive living

Testing at Clusters

Austin Public Health is actively investigating clusters of cases at long-term care facilities in Austin-Travis County.

- All Long-Term Care (LTC) facilities within A-M clusters noted in the resolution were completed May 20, 2020. Two of the facilities listed on the A-M cluster list were excluded because they were either a state-run facility or they do not fit the definition of nursing home or assisted living facility. Staff have reached out to these each of the facility to inform them about the available assistance with testing and technical assistance such as surveillance for health and safety guidelines.



- APH has distributed and processed approximately 2408 tests kits.

State Update for Testing

On May 11, 2020, Governor Greg Abbott mandated testing for all nursing homes staff and residents by May 27, 2020. To comply with this mandate:

- APH and the LTC Incident Management Team (IMT) have taken the lead on this effort.
- APH conducted two virtual Personal Protective Equipment (PPE) and COVID-19 swabbing trainings for LTC facility staff. More than 36 facilities were in attendance.
- In cooperation with Austin Fire Department, IMT LTC trained firefighters on PPE and proper COVID-19 swabbing on May 13th and May 14th. These firefighters will become part of the Mobile Testing Team.

To date, of the 32 nursing homes:

- 13 facilities have completed all resident and staff testing (with 12 facilitated by APH)
- 7 facilities will complete the testing **without** APH assistance
- 12 facilities will complete the testing **with** APH assistance (kits or people)

Strike Teams

APH assembled an LTC “Strike Team” of additional personnel and equipment to assist facilities.

Through the LTC IMT:

- Over 50 agency staff have completed a half-day LTC facility orientation.
- Over 80 agency staff have been fit tested on N-95 masks.
- 100% of LTC facilities experiencing clusters as of May 18, 2020 have been assessed for need of a strike team.
- Strike teams have been deployed in six LTC facilities and one isolation facility. One additional strike team will be deployed on May 21, 2020. Strike teams are composed of Registered Nurses, Licensed Vocation Nurses, Certified Nursing Assistants and Emergency Medical Technicians.
- The LTC IMT is now utilizing a Quick Reaction Force. This is a strike team that is ready to deploy in the event of an outbreak.
- Six facilities declined strike team support and one facility did not respond. Staff provided additional surveillance and will continue to monitor those facilities.
- With the onset of testing at all nursing homes, additional strike teams may be necessary as new clusters emerge. Strike teams can be trained and deployed within 48 to 72 hours of identified need and the Quick Reaction Force is available immediately.



Personal Protective Equipment

All LTC facilities have a standard process to order their own PPE. The LTC IMT has provided additional PPE supplies to supplement as follows:

- Six facilities experiencing clusters and the nursing home isolation facility receive a weekly supply of PPE to help manage their outbreak.
- By May 25, 2020, all LTC facilities will receive additional a onetime supplemental PPE pack to be prepared in case of an outbreak at their facility.

Communication and Guidance

- The LTC IMT is providing timely responses to LTC facility inquiries and testing requests through nursinghomeinfo@austintexas.gov.
- On May 12, 2020, the LTC IMT initiated a weekly call with LTC facility providers in which over 80 people participated.

Isolation Facility

There is currently one nursing home isolation facility that services Austin/Travis County; however, is not funded by Austin/Travis County. The LTC IMT has previously supported this facility with a strike team and continues to support with PPE. APH has also assisted with the transportation needs to dialysis centers.

Retention and Hiring Incentive Programs

A small team of long-term care and APH staff will meet to develop recommendations for the retention and hiring incentives. Staff were informed some facilities have implemented incentives such as additional hourly pay, gift card distribution and providing lunch. Staff will provide recommendations by July 3, 2020.

If you have any questions, or require additional information, please contact me at (512) 972-5010 or via email at Stephanie.Hayden@austintexas.gov.

Cc: Spencer Cronk, City Manager
Nuria Rivera-Vandermyde, Deputy City Manager
Chris Shorter, Assistant City Manager
Dr. Mark Escott, Interim Health Authority

Attachment

Testing Recommendations to Eradicate COVID-19 Infections Long-Term Care Task Force

Objective of Testing¹:

The primary purpose of testing is to reduce mortality and morbidity from COVID-19 (coronavirus disease 2019) infections caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) among nursing home (NH) residents and staff and reduce clusters through aggressive contact tracing. In addition, testing can be used to:

1. Cohort residents that are SARS-CoV-2 positive from those who are SARS-CoV-2 negative
2. Discontinue transmission-based precautions for residents diagnosed with SARS-CoV-2
3. Identify HCPs (healthcare providers) with SARS-CoV-2 infection for work exclusion
4. Determine the SARS-CoV-2 burden across different units or facilities and allocate resources

- *This guidance applies to staff and residents in Assisted Living facilities, Skilled Nursing facilities and Long-term Care facilities. It excludes Long-term Acute Care hospitals, Acute Rehab Hospitals and Acute Care Hospitals.*
- *Testing will refer only to nasopharyngeal or nasal swabs for RT-PCR testing. At this time, CDC does not recommend use of antibody testing for diagnosis of new infection, recent infection or immunity.*
- *Test results will be expected within 48 hours for optimum actions to prevent spread.*
- *If someone has tested positive for SARS-CoV-2, that person will be excluded from future periodic surveillance testing.*
- *To avoid any delay in diagnosis and resultant spread of disease, point-of-care PCR testing is highly recommended and may be shared between facilities.*
- *Definition of an outbreak: One or more cases in the facility, either in staff or resident.*

Testing Recommendations for Facilities with Known Outbreaks

Given the limitation of testing available, it is recommended that testing be prioritized as follows. While awaiting test results, all symptomatic staff and residents should be presumed positive until testing comes back and appropriately isolated per CDC guidelines.

- 1. Symptomatic Staff and Residents** - Test all symptomatic staff and residents at the onset of the first symptom. Symptoms could be any one of: fever, cough, shortness of breath, chills, muscle pain, sore throat or less common symptoms like new loss of taste or smell, nausea, vomiting, or diarrhea. Repeat test in 24 hours unless SARS-CoV-2 test is positive or alternate diagnosis is established. Keep staff off work until second test is negative and all [CDC criteria](#) for HCP return to work is satisfied. While awaiting test results, keep residents under COVID-19 precautions cohorted on isolation, but ensure that they are not cohorted with SARS-CoV-2-positive patients.

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2. **Staff with High-Risk Household or Community Exposure and No Symptoms** (see [definitions](#) for low, medium and high-risk exposure.)- If any staff has household exposure to SARS-CoV-2 infection and are without symptoms, it is ideal to keep them home for a minimum of 10 days. If [staff shortages](#) exist, staff can be utilized for administrative purposes without any resident contact for a minimum of 10 days. If unable, routine asymptomatic testing can be utilized at Day 7. SARS-CoV-2-positive household contact should be self-isolated, and the last day of exposure without self-isolation is the first day when the count starts. If any one of the COVID-19 symptoms develop, the staff should be taken off work and tested promptly.
3. **All Staff and Residents** - Test all staff and residents with one test and ensure results are available within 48 hours.
 - a. If the initial test results are negative, recommend repeating the test in 3-5 days to address the possibility of false negatives and newly infected residents and staff.
 - b. Notify staff, residents and families (who are entitled to the information) of their test results.
 - c. After this period, recommend point prevalence tests every 7-10 days whenever able.

Testing Recommendations for Facilities Without Known Outbreaks

1. **All Staff and Residents** - Test all staff and residents with one test and ensure test results are available within 48 hours.
 - a. Individual facilities may consider WEEKLY testing on all staff and residents or either groups. Previously confirmed SARS-CoV-2-positive residents and staff should be excluded. Based on testing capacity, consider sampling 50% of residents and staff from the facility every 7-10 days. Alternatively, preferential testing of all staff or sampling of staff in a facility can be performed, as staff are more likely to have community exposure, and therefore, more likely to spread infection into the nursing homes. If choosing to sample residents, focus on residents who are at high risk for complications (e.g., diabetes mellitus, cancer patients, chronic lung disease and patients unable to communicate their symptoms).
 - b. Notify staff, residents and family members (who are entitled to the information) of their test results
 - c. If one positive case is identified in either staff or resident, consider this an outbreak and follow guidance as above for testing recommendations.
 - d. Continue surveillance testing until an effective vaccine is available and residents and staff are vaccinated, or COVID-19 disease becomes nonexistent per CDC recommendations.

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Testing Recommendation for Transfer of Patients from Hospital

- a. Obtain at least one negative SARS-CoV-2 test in the last 48 hours before admission to a facility that does not routinely house SARS-CoV-2-positive residents

Testing Recommendation for Transfer of Residents from Facility to Home or between Facilities without any Known Case by Surveillance

- a. Obtain at least one negative SARS-CoV-2 test in the last 48 hours before transfer to another facility
- b. Residents going home can be cleared by symptom-based strategy as per [NY state guidance](#) with symptom resolution and 14 days after symptom onset.
- c. In the setting of immunocompromised residents with risk of prolonged shedding, discuss with health officials when, and if, testing is warranted

Prioritized Testing Recommendations for Staff if Limited Testing Available

- a. Symptomatic staff.
- b. Staff with close patient contact.
- c. Staff in NH with one or more positive cases of COVID-19 infection.

Prioritized Testing Recommendations for Residents if Limited Testing Available

- a. Symptomatic residents.
- b. Residents in contact with known COVID-19 source (resident or staff).
- c. Residents in NH with single case or more of positive cases of COVID-19 infection.
- d. Residents with immunocompromising conditions.
- e. Residents who are unable to communicate symptoms.

Testing Recommendations for Discontinuation of Isolation Precautions of COVID-positive Residents

- a. [Symptom-based strategy](#) is recommended over test-based strategy based on CDC guidance. To utilize the symptom-based strategy, follow [NY state guidance](#) with symptom resolution and 14 days after symptom onset. Exception: immunocompromised patients.
- b. In the setting of immunocompromised patients with risk of prolonged shedding, discuss with health officials when, and if, testing is warranted.



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Testing Recommendations for Return to Work for COVID-positive staff

- a. Complete resolution of fever and symptoms.
- b. Symptom-based strategy. Follow [CDC guidance](#) on symptom resolution and return to work 10 days after symptom onset.
- c. In the setting of immunocompromised staff with risk of prolonged shedding, discuss with health officials when, and if, testing is warranted.

References

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
5. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
6. https://oasas.ny.gov/system/files/documents/2020/04/doh_covid19_discontinuingisolationhos_pitalcongregatesetting.pdf
7. <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

