



COVID-19 in Nursing Homes

A Guide for USW Local Unions

Nursing home residents and staff are especially vulnerable to the new coronavirus. Some of the first U.S. cases occurred at a long-term care skilled nursing facility in Washington State. To date, 129 people were infected there, including 81 out of approximately 130 residents, 34 out of 170 staff and 14 visitors; 23 residents and visitors have died as of March 18. (A detailed description of this tragedy by the Centers for Disease Control and Prevention is at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm?s_cid=mm6912e1_w)

Nursing homes are more susceptible to coronavirus outbreaks and deaths than most other health care facilities. This is true because patients tend to be elderly, with serious health issues like heart and lung disease, diabetes and compromised immune systems. Some health care workers have jobs at more than one facility, and providers of food and other services may visit several in the course of a day, increasing the risk of transmission. In addition, the Washington State facility initially thought it was dealing with the flu, so they were slow to take adequate precautions. In its report the CDC described in general terms what every nursing home must do to protect residents and staff: “Long-term care facilities should take proactive steps to protect the health of residents and preserve the health care workforce by identifying and excluding potentially infected staff members, restricting visitation except in compassionate care situations, ensuring early recognition of potentially infected patients, and implementing appropriate infection control measures.”

What is your nursing home doing to prepare for and control the virus? What are they doing to protect residents and staff? Here are a few simple questions you should ask.

Does your facility have an infection control plan? Such plans are required by federal law. That law, designated as 42 CFR 483.30, can be found by going to www.ecfr.gov and browsing first on Title 42, and then on Part 434.

More information is available at
WWW.USW.ORG/COVID19



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Has the plan been updated for COVID-19?

Was the union involved in developing the plan or the update?

**Have union members been trained in the plan?
Is the facility following it?**

Does the plan include protections for everyone, including not only medical personnel, but dietary, laundry, building maintenance, environmental services, and those who might visit briefly to provide therapy, do repairs or make deliveries?

Has the facility been cited in the past few years by federal or state authorities? Have they corrected those violations?

Are they frequently checking residents and staff for symptoms?
Coughing and fever are the most common symptoms. Many patients also have shortness of breath. However, it appears that people can become infected, and infect others, several days before they show symptoms.

Do they have a supply of COVID-19 test kits?

Do they immediately test residents and staff with symptoms of coronavirus, or who have been exposed to someone who has coronavirus without proper protective gear?

Do they isolate residents, and send staff home, until the results come back?

What's the policy for visitors? Many facilities are excluding all visitors, except family where the resident is critically ill. Anyone allowed to enter the facility should be checked for symptoms.

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What happens when someone tests positive? Positive cases should be medically evaluated at the facility or at a nearby hospital. Staff can be isolated at home if their symptoms are minor – unless they live with someone they might infect. Residents should normally be sent to a hospital, unless the facility has the required negative pressure rooms and equipment to care for them. Few facilities do. However in crisis situations, some patients may have to stay at the facility. The CDC has guidelines for doing this as safely as possible as part of their overall guidance for long-term care facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Have staff been trained in the proper procedures for testing, isolating and treating COVID-19 patients, and for protecting themselves? Was the union involved in developing the procedures?

Is there an adequate supply of N95 respirators? N95 or better respirators should be used around coronavirus patients. Surgical masks aren't good enough! In addition, N95s require training and fit-testing, and cannot be used with facial hair under the seal. It is okay to use better respirators, like N99s and powered air-purifying types.

Does the facility have a contingency plan if N95s begin to run short? Normally, N95s should be discarded after each use. But they can be reused in some circumstances. The National Institute for Occupational Safety and Health (NIOSH) has published an extensive guide to N95s, including in crises like this one, at: https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/?deliveryName=USCDC_170-DM22692

Is there an adequate supply of other protective gear, including gloves, gowns, booties, hoods and face shields? Except for face shields, these should only be used once.

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Is there a good system for safely disposing of potentially contaminated protective gear, and safely cleaning equipment?

Are staff with known risk factors excluded from direct contact with COVID-19 patients? Risk factors include cardiac disease, pulmonary disease, diabetes, a compromised immune system, and age over 60.

If a staff member is sent home, are their pay and benefits protected? Ideally, workers sent home because of known or suspected coronavirus infection should receive full pay and benefits, and should not have to use sick days (if sick days are limited), vacation, or personal days. This is not the law; it will have to be negotiated.

For more information:

For more information about the USW Health Care Workers Council:
<https://www.facebook.com/groups/USWHealthCareWorkers>

Visit the USW Coronavirus Resource Page: [USW.ORG/COVID19](https://www.usw.org/covid19)

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