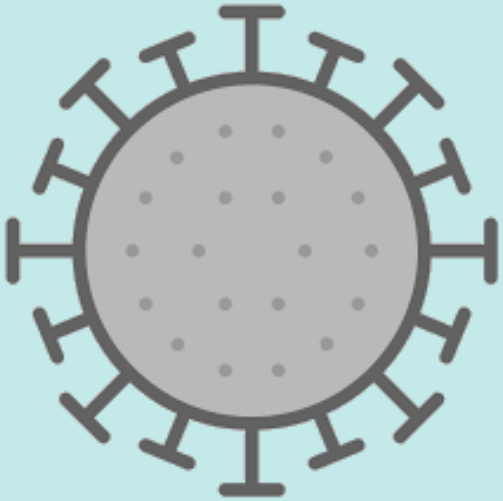
COVID 19 Q&A for Long Term Care (AKA Comagine Call)



Washington State Department of Health

Office of Communicable Disease Epidemiology
Washington State Department of Health (WA DOH)

Housekeeping

Attendees will be in listen only mode

Educational webinar

Self-mute your lines when not speaking

Participants from long-term care, regulatory and public health

Type questions into the question window. *Tell us where you are from (e.g., AFH, NH)*

No confidential information presented or discussed

Introductions

Healthcare-Associated Infections (HAI) Team

Consultants/Epidemiologists

- Marisa D'Angeli, MD, MPH
- Larissa Lewis, RN, MPH, CIC
- Sara Podczervinski, RN, MPH, CIC, FAPIC
- Mary Catlin, BSN, MPH, CIC
- Beverly Burt, RN, BSN, CIC
- Lisa Hannah, RN, BSN, CIC
- Audrey Brezak, MPH
- Paula Parsons

Experts on the Line

Shauna Clark, RN
Personal Health Services Supervisor-LTC

Claire Brostrom-Smith, RN, MSN, CIC
Personal Health Services Supervisor-Acute Care And Outpatient

Public Health
Seattle & King County

James Lewis, MD, MPH
COVID-19 Healthcare System Support Co-Lead

Charissa Fotinos, MD
Deputy chief medical officer

Washington State Health Care Authority

Experts on the Line

John Ficker
Executive Director
Adult Family Home Council

Karen Cordero
Director of Education & Support
Adult Family Home Council

Adult Family Home Council
OF WASHINGTON STATE

Amy Abbott, LICSW, CDP
Office Chief for Policy, Training, Quality Assurance, and Behavioral Health

Candace Goehring, RN, MN
Director
Residential Care Services

Washington State
Department of Social & Health Services

Experts on the Line

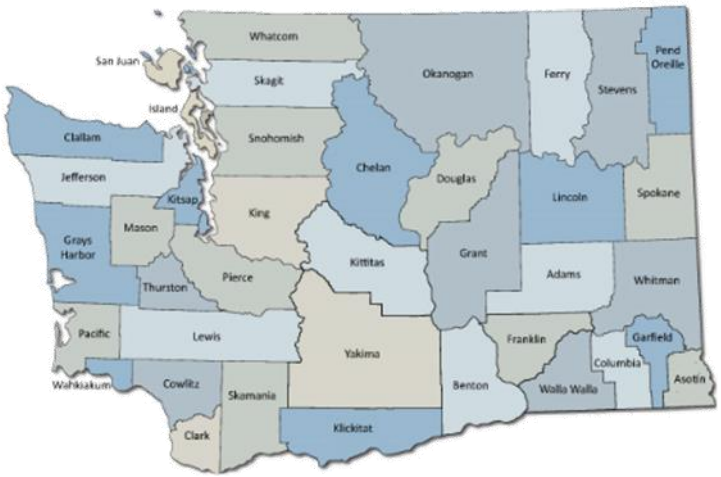
Elena Madrid, RN, BSN
Executive Vice President for Regulatory Affairs

Laura Hofmann, MSN, RN
Director of Clinical and Nursing Facility
Regulatory Services

Donna S Thorson, MS, CPHQ, CPPS
Senior Improvement Advisor
Comagine Health

The purpose of this meeting

- To provide infection prevention advice and regulatory advice according to national and local guidelines and recommendations
- This does not constitute legal advice
- Please note - Always check with your local health jurisdiction. If LHJ requirements are more stringent, follow that guidance: https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions



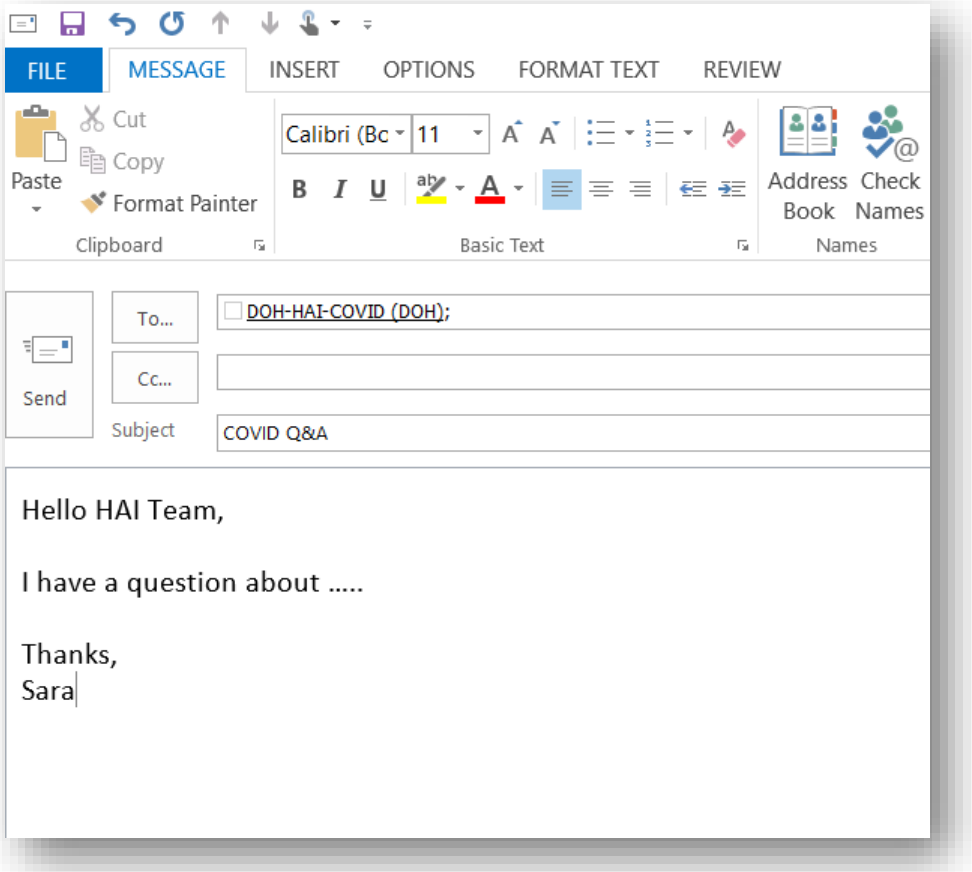
Q&A Every Thursday:

Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



Safe Start for Long-Term Care Facilities

Washington State Department of Health and Department of Social and Health Services

November 15, 2020 – January 4, 2021

COVID-19 has had a disproportionate effect on Washingtonians who live in long-term care facilities or receive care from Supported Living agencies in their homes. This phased approach to reopening is designed to keep them healthy and safe. The LTC phase that a facility or agency is in will vary by county and mirror Governor Inslee's Safe Start Washington Plan. **Additionally, a facility or agency must meet certain criteria before entering a new LTC phase, including going 28 days without a resident/client or staff member testing positive for COVID-19 and having at least a 14-day supply of Personal Protective Equipment (PPE) on hand.** Until the COVID-19 public health threat has ended, facilities and agencies will practice social distancing, universal masking, screen all staff and residents entering for symptoms, maintain access to testing and follow all local and federal PPE guidelines. This document is a summary of the detailed Safe Start Recommendations and Requirements documents for each facility or agency type. More detail for each phase and topic is available in the full Safe Start plan.

	1 LTC Phase 1	2 LTC Phase 2	3 LTC Phase 3	4 LTC Phase 4
Visitation *Remote visits, window visits, and outdoor visits are allowed in all phases. Facilities should have policies in place for remote visitation, including access to technology that allows residents to communicate with family, friends or their spiritual community regardless of phase.*	• Indoor visits: - End of life visits: - or, if a resident is unable to participate in outdoor or remote visits an essential support person is allowed to visit once daily and only for a compassionate care reason. • Outdoor visits limited to two visitors each day. • All visitors must wear a cloth face coverings or facemasks during visits.	• Indoor visits: - End of life visits: - or, if a resident is unable to participate in outdoor or remote visits an essential support person is allowed to visit once daily and only for a compassionate care reason. • Outdoor visits limited up to 5 people for an outdoor visit including the resident. • All visitors must wear a cloth face coverings or facemasks during visits.	• Indoor visits: - End of life visits: - or, if a resident is unable to participate in outdoor or remote visits an essential support person is allowed to visit once daily and only for a compassionate care reason. • Outdoor visits limited up to 5 people for an outdoor visit including the resident. • All visitors must wear a cloth face coverings or facemasks during visits.	• Indoor visits: - End of life visits: - or, if a resident is unable to participate in outdoor or remote visits an essential support person is allowed to visit once daily and only for a compassionate care reason. • Outdoor visits limited up to 5 people for an outdoor visit including the resident. • All visitors must wear a cloth face coverings or facemasks during visits.
Testing and screening	• The facility must maintain access to testing for all residents and staff. • Testing will occur based on federal, Department of Health and Local Health Jurisdiction guidance. • Residents and staff, as well as any essential health care personnel entering the building, must be screened for symptoms daily. • Compassionate care and outdoor visitors must be screened.	• LTC Phase 1 testing and screening mandates are still required in Phase 2. • Non-essential personnel must be screened. • Compassionate care and outdoor visitors, as well as essential support persons, must be screened.	• Remains the same as earlier phases.	• Facilities should follow current federal, Department of Health and Local Health Jurisdiction guidance for testing. • Continue to screen all residents, staff and persons entering the facility for symptoms.
Personal Protective Equipment (PPE)	• All staff must wear a cloth face covering or face mask while in the facility. • All staff and essential health care personnel must wear appropriate PPE when interacting with residents. • Facilities must follow federal PPE optimization strategies.	• LTC Phase 1 PPE mandates are still required in LTC Phase 2.	• Remains the same as earlier phases.	• Follow federal, Department of Health and Local Health Jurisdiction guidance for PPE.
Group activities	• Communal dining is not recommended. If it occurs, residents must be seated at least six feet apart. • Restrict group activities as much as possible. • Facilities and agencies should have procedures in place that allow residents to use technology to participate virtually in activities that improve their quality of life.	• Onsite group activities are permitted, but limited to no more than 10 people. • Outdoor activities require masking, social distancing and monitoring of residents or clients. • Residents or clients may eat in the same room while practicing social distancing.	• Group activities remain limited to no more than 10 people. • Visiting family members may participate in group activities, but must practice social distancing and wear a mask. • Communal dining with six foot social distancing is permitted.	• Regular group activities resume.

https://www.dshs.wa.gov/sites/default/files/ALTSA/covid-19/Long-term%20Care%20Phases%201.4.21.jpg

What is allowed for Long-Term Care Facilities Visitation

Washington State Department of Health and Department of Social and Health Services

November 15, 2020 – January 4, 2021

A facility or agency must meet certain criteria before entering a new phase, including going 28 days without a resident or staff member testing positive for COVID-19 and having at least a 14-day supply of Personal Protective Equipment (PPE) on hand. Until the COVID-19 public health threat has ended, facilities and agencies will practice social distancing, universal masking, screen all staff and residents entering for symptoms, maintain access to testing and follow all local and federal PPE guidelines.

	1 LTC Phase 1	2 LTC Phase 2	3 LTC Phase 3	4 LTC Phase 4
Window visits	✔	✔	✔	✔
Remote visits	✔	✔	✔	✔
Outdoor visits	✔*	✔***	✔	✔
Limited indoor visits	✔**	✔**	✔	✔
Normal visitation				✔

*Limited to two visitors each day.

**End of life visits:
or, if a resident is unable to participate in outdoor or remote visits an essential support person is allowed to visit once daily and only for a compassionate care reason.

***Limited up to 5 people for an outdoor visit including the resident.

https://www.dshs.wa.gov/sites/default/files/ALTSA/covid-19/What%20is%20Allowed%20Long-Term%20Care%201.4.21.jpg

Holiday Pledge

Comagine Health resource for a Holiday Pledge for health care facilities to share with staff to gain commitment to proper safety protocols over the holidays.

My Holiday Pledge

Name: _____ Date: _____

I pledge to protect myself, my family, my co-workers and my residents from exposure to COVID-19 by choosing to do the following:

While at work:

- Wear the designated PPE appropriately (mask covering my nose and mouth)
- Perform hand hygiene with alcohol-based hand sanitizer in between resident care or interaction (or with soap and water for at least 20 seconds if my hands are soiled)
- Maintain a distance of at least 6 feet from staff and residents except when I am providing direct care to residents
- Support my co-workers to do the same

While outside of work:

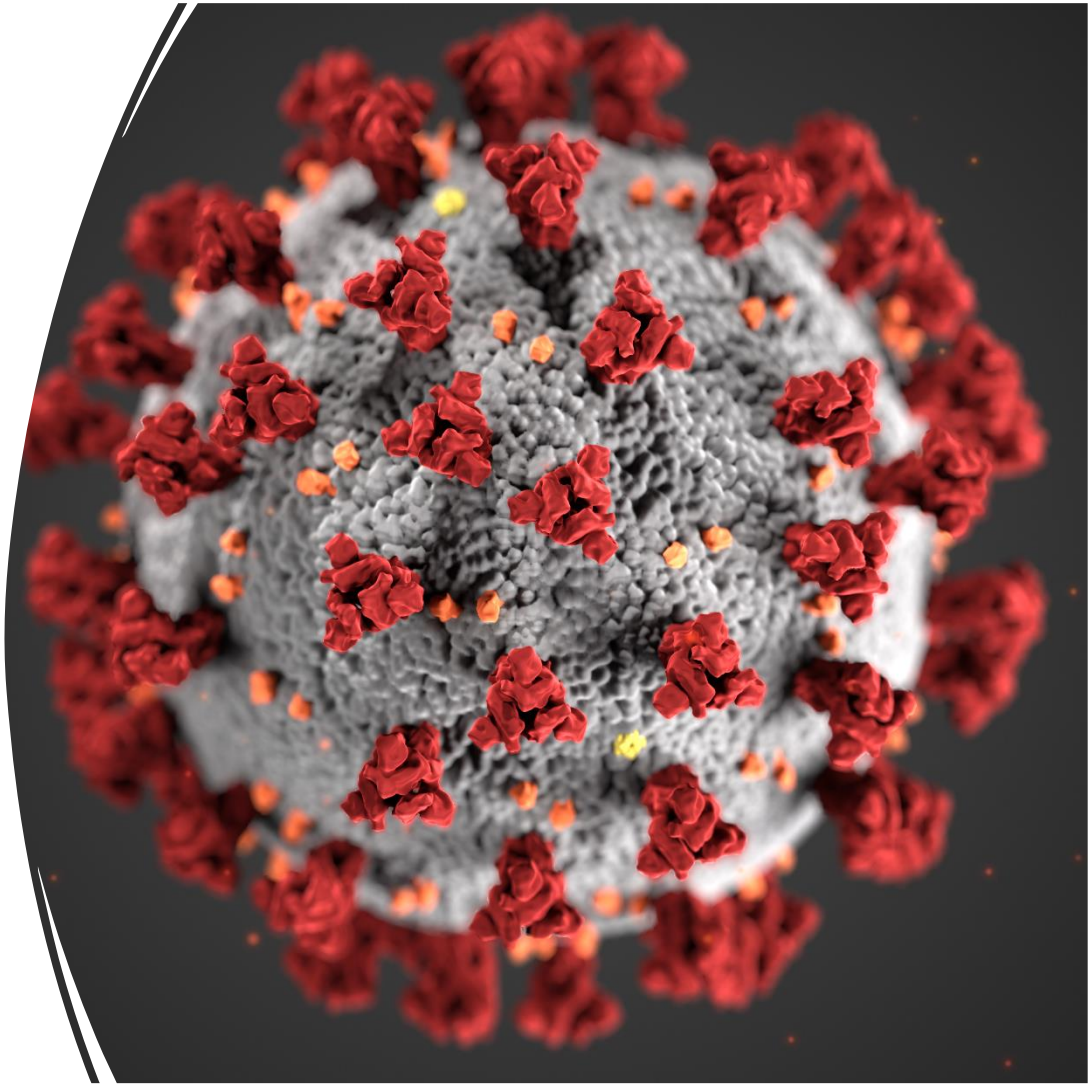
https://comagine.org/resource/1177

Announcements

1. Today is last Q&A call for 2020 – registration information will be sent within next two weeks for 2021
2. DOH website link for recent LTCF Safe Start guidance:
   - Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
   - Outdoor Visitation for LTC
   - Risk Assessment template after community visits https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/LongTermCareFacilities
3. Kathy Bay, Office of Immunizations - DOH COVID Vaccine mailbox: COVID.Vaccine@doh.wa.gov
4. Larissa Lewis – Right sizing PPE

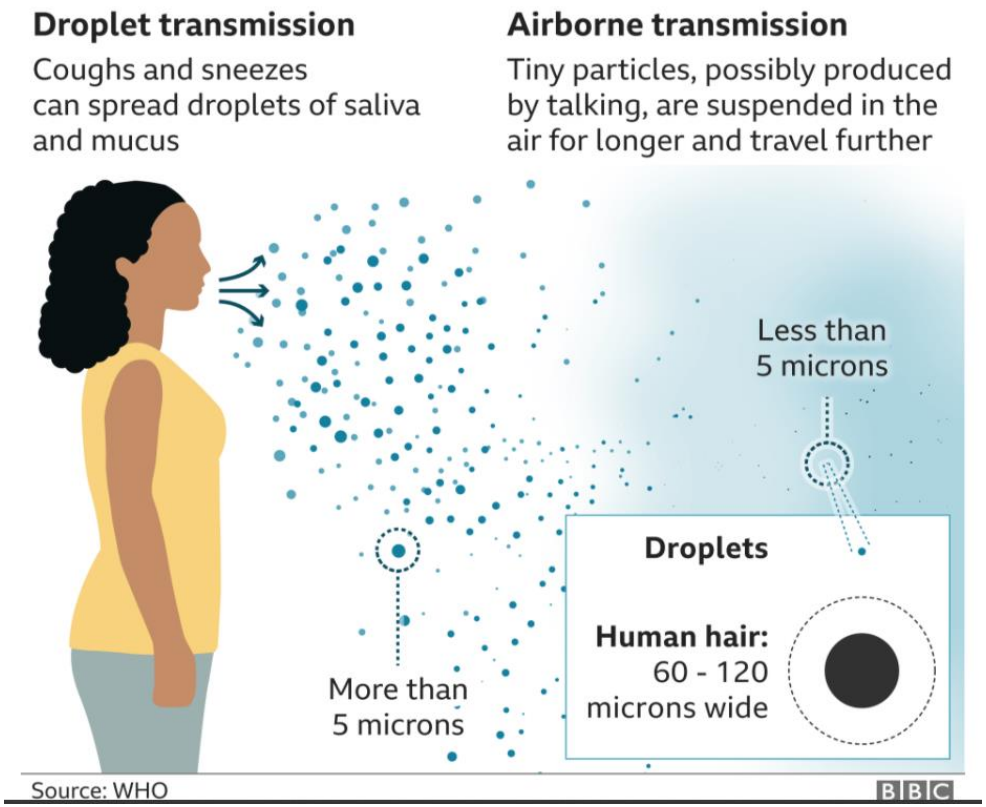
Right sizing PPE – Planning ahead

- PPE should be based on:
  - Mode of transmission of anticipated pathogen
    - Larger droplets
    - Direct or indirect contact
    - Smaller droplets (aerosols)
  - Anticipated exposure
    - Contact with blood
    - Contact with body fluids
    - Contact with respiratory secretions



COVID-19 transmission

- Primarily through cough, sneeze, sing, talk, or breathe they produce **respiratory droplets**.
- Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth**.**
- Some infections can be spread by exposure to virus in small droplets and particles that can linger in the air for minutes to hours.



COVID-19 transmission

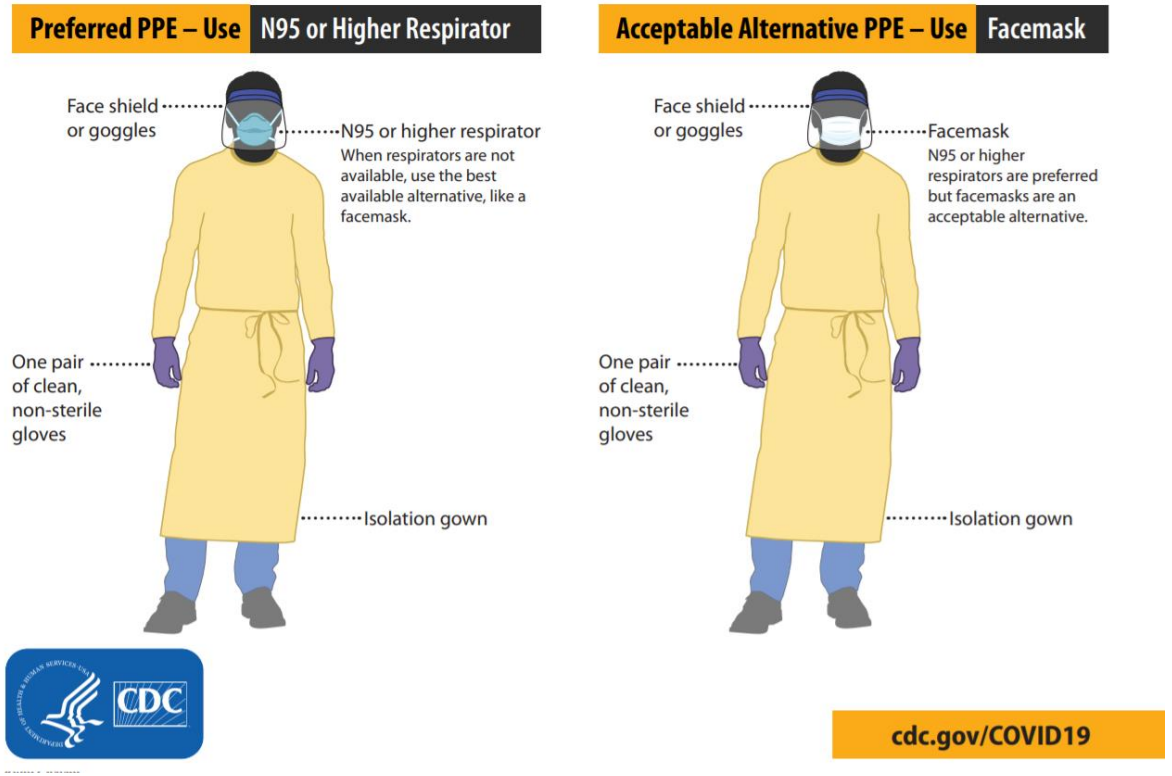
- Less commonly through contact respiratory droplets can also land on surfaces and objects and can be spread by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.

- Spread from touching surfaces is not thought to be a common way that COVID-19 spreads

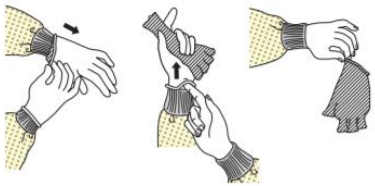
Right sized for Ebola

Right sized for COVID

https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html



Safe removal is KEY



Remove gloves

Remove gown
Healthcare personnel may now exit patient room.
Perform hand hygiene

Remove face shield or goggles

Remove and discard respirator
Perform hand hygiene after removing the respirator/facemask

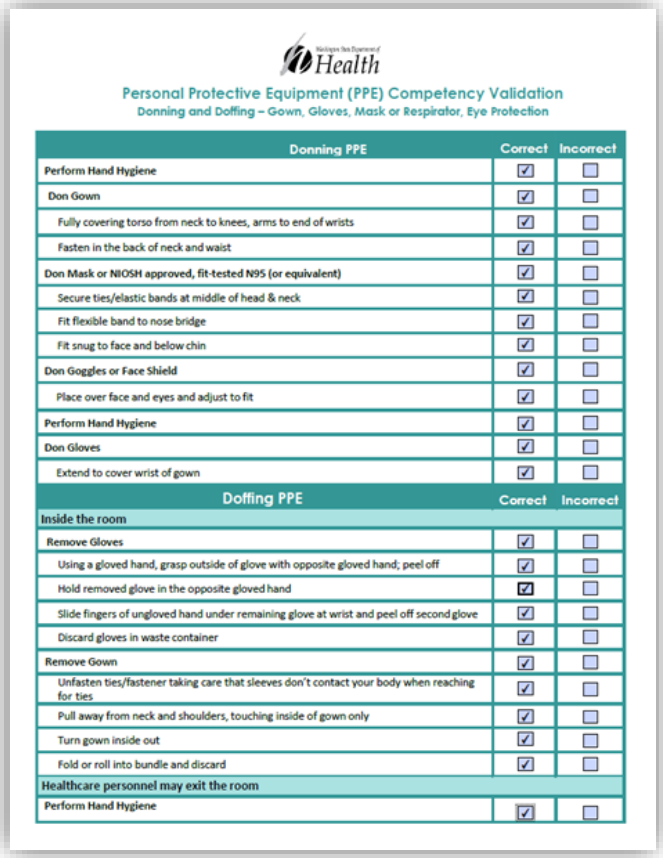
https://www.cdc.gov/hai/pdfs/ppe/ppeposter148.pdf

Too much and layered PPE is hard to take off

- Avoid double gloving
- Avoid double gowning
- Wear PPE you are familiar with

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Practice, Practice, Practice

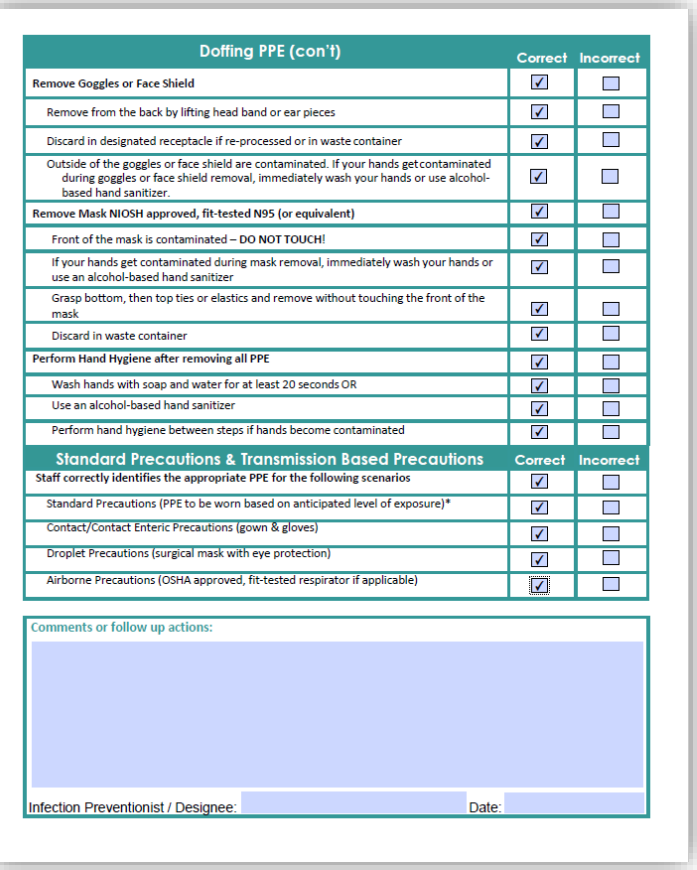


Health

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing – Gown, Gloves, Mask or Respirator, Eye Protection

Donning PPE	Correct	Incorrect
Perform Hand Hygiene	☑	☐
Don Gown	☑	☐
Fully covering torso from neck to knees, arms to end of wrists	☑	☐
Fasten in the back of neck and waist	☑	☐
Don Mask or NIOSH approved, fit-tested N95 (or equivalent)	☑	☐
Secure ties/elastic bands at middle of head & neck	☑	☐
Fit flexible band to nose bridge	☑	☐
Fit snug to face and below chin	☑	☐
Don Goggles or Face Shield	☑	☐
Place over face and eyes and adjust to fit	☑	☐
Perform Hand Hygiene	☑	☐
Don Gloves	☑	☐
Extend to cover wrist of gown	☑	☐
Doffing PPE	**Correct**	**Incorrect**
Inside the room		
Remove Gloves	☑	☐
Using a gloved hand, grasp outside of glove with opposite gloved hand; peel off	☑	☐
Hold removed glove in the opposite gloved hand	☑	☐
Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove	☑	☐
Discard gloves in waste container	☑	☐
Remove Gown	☑	☐
Unfasten ties/fastener taking care that sleeves don't contact your body when reaching for ties	☑	☐
Pull away from neck and shoulders, touching inside of gown only	☑	☐
Turn gown inside out	☑	☐
Fold or roll into bundle and discard	☑	☐
Healthcare personnel may exit the room		
Perform Hand Hygiene	☑	☐



Doffing PPE (con't)	Correct	Incorrect
Remove Goggles or Face Shield	☑	☐
Remove from the back by lifting head band or ear pieces	☑	☐
Discard in designated receptacle if re-processed or in waste container	☑	☐
Outside of the goggles or face shield are contaminated. If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use alcohol-based hand sanitizer.	☑	☐
Remove Mask NIOSH approved, fit-tested N95 (or equivalent)	☑	☐
Front of the mask is contaminated – **DO NOT TOUCH!**	☑	☐
If your hands get contaminated during mask removal, immediately wash your hands or use an alcohol-based hand sanitizer	☑	☐
Grasp bottom, then top ties or elastics and remove without touching the front of the mask	☑	☐
Discard in waste container	☑	☐
Perform Hand Hygiene after removing all PPE	☑	☐
Wash hands with soap and water for at least 20 seconds OR	☑	☐
Use an alcohol-based hand sanitizer	☑	☐
Perform hand hygiene between steps if hands become contaminated	☑	☐
Standard Precautions & Transmission Based Precautions	**Correct**	**Incorrect**
Staff correctly identifies the appropriate PPE for the following scenarios	☑	☐
Standard Precautions (PPE to be worn based on anticipated level of exposure)*	☑	☐
Contact/Contact Enteric Precautions (gown & gloves)	☑	☐
Droplet Precautions (surgical mask with eye protection)	☑	☐
Airborne Precautions (OSHA approved, fit-tested respirator if applicable)	☑	☐

Comments or follow up actions:

Infection Preventionist / Designee: Date: