

# COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

# Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH).



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

# This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



# Where Can I Find the Q & A Document?

Posted every Wednesday

- Washington Health Care Association:

<https://www.whca.org/washington-department-of-health-covid-19-qa-session/>

- Washington LeadingAge:

[https://www.leadingagewa.org/ill\\_pubs\\_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/](https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/)

- Adult Family Home Council:

<https://adultfamilyhomecouncil.org/department-of-health-qa-webinars/>

# Panelists

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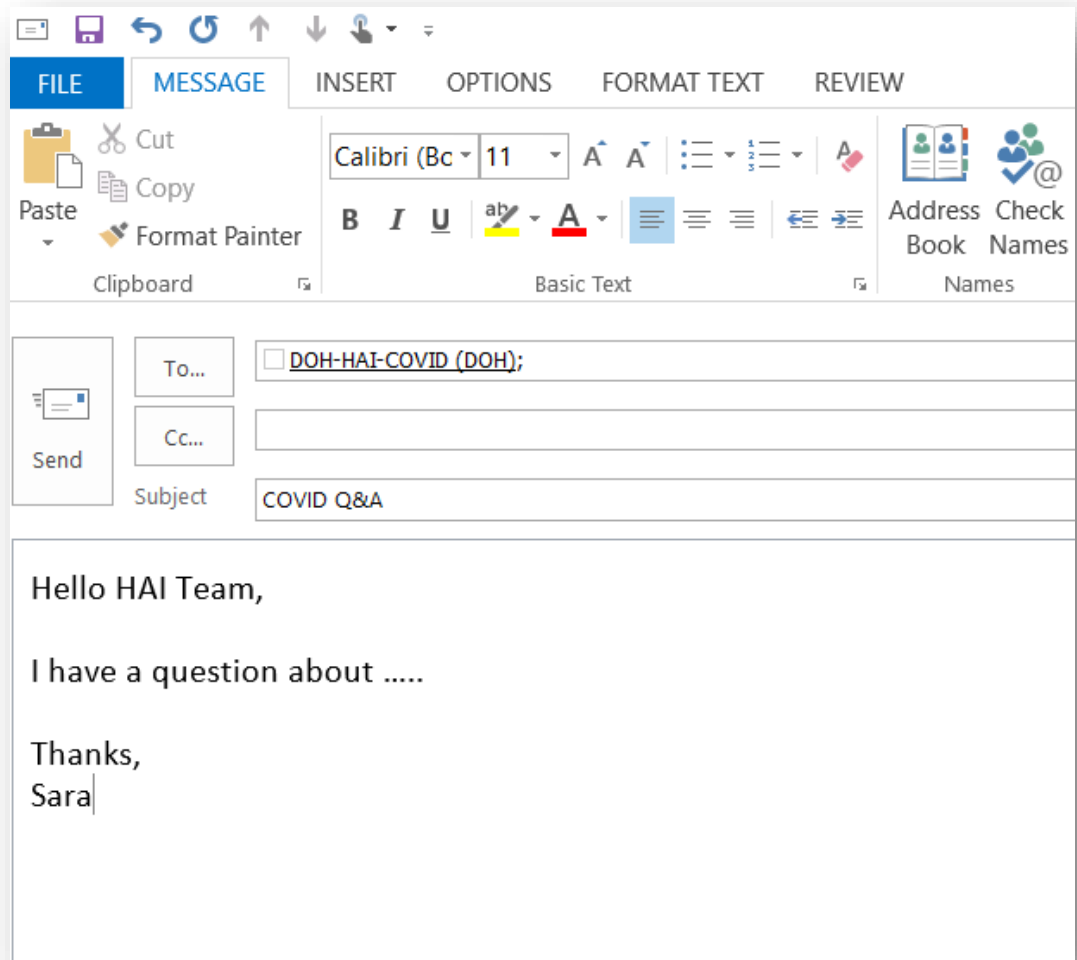


# Send Us Your Questions Ahead of Time

**Subject Line:**  
COVID Q&A

**Email:**  
[HAI-COVID@doh.wa.gov](mailto:HAI-COVID@doh.wa.gov)

**Due by:** COB Tuesday





# WASHINGTON STATE DEPARTMENT OF HEALTH

## ICAR PROGRAM DETAILS

*Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.*

### What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

### Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

### To Learn More or Schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

### Contact Us:

[HAI-FieldTeam@doh.wa.gov](mailto:HAI-FieldTeam@doh.wa.gov) (General)



### In Partnership With

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



## WASHINGTON STATE DEPARTMENT OF HEALTH

### HAI-AR SECTION EMAIL ADDRESSES

*Please refer to the table below to find the email most appropriate for your needs*

Email Path	Description
<a href="mailto:HAI@doh.wa.gov">HAI@doh.wa.gov</a>	General healthcare associated infection questions
<a href="mailto:HAI-Covid@doh.wa.gov">HAI-Covid@doh.wa.gov</a>	COVID19-specific healthcare associated infection questions
<a href="mailto:HAIepiOutbreakTeam@doh.wa.gov">HAIepiOutbreakTeam@doh.wa.gov</a>	Epidemiological outbreak assistance and healthcare associated infection questions
<a href="mailto:HAI-FieldTeam@doh.wa.gov">HAI-FieldTeam@doh.wa.gov</a>	Schedule an ICAR for your facility
<a href="mailto:HAI-FITTesting@doh.wa.gov">HAI-FITTesting@doh.wa.gov</a>	Schedule a FIT test for your facility



# Long-Term Care COVID-19 Immunization Champion Award

**About 260 facilities participated this quarter. Notification is expected next week – congratulations to all!**



- More information: [Long Term Care COVID-19 Immunization Champion Award :: Washington State Department of Health](#)
- Any Long-Term Care facilities can participate (SNFs use NHSN to report) <https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P>
- For questions about the awards, contact [covid.vaccine@doh.wa.gov](mailto:covid.vaccine@doh.wa.gov)
- For questions about the survey, contact [LTC-COVID-Vaccination-Survey@doh.wa.gov](mailto:LTC-COVID-Vaccination-Survey@doh.wa.gov) using subject line: LTC COVID-19 Vaccination Survey

# Boosters and Vaccinations

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Per the Department of Health Office of Immunizations, support for vaccinations is available if needed:

1. Contact your long-term care pharmacy for on-site support
2. Contact your local health jurisdiction (LHJ) to find out if they are already working with local partners for on-site vaccinations. Find your LHJ here: <https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>
3. If you're not sure about resources and do not currently have a plan for ongoing vaccinations, please take this short survey to let us know: [www.surveymonkey.com/r/DQ5K9WV](http://www.surveymonkey.com/r/DQ5K9WV)
4. Contact the Department of Health by email at [COVID-Vaccine@doh.wa.gov](mailto:COVID-Vaccine@doh.wa.gov) for other questions.



WA Department of Health's

# Project Firstline

# PODCAST!

**LIVE on  
SoundCloud!**

*Scan to listen*



or search:

"WA Dept. Health Project Firstline"

**May need to download the SoundCloud App by opening the iOS or Google Play App  
Store on your iPhone or Android device.**

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

Pub #: 420-379

Learn about  
Infection Prevention  
& Public Health  
practices!

Listen as we talk to guests  
about the importance and  
impact these practices  
bring to our lives and the  
lives of our community!

# Upcoming LTC Q&A Schedule

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Please plan to attend these upcoming sessions!

**December 30** – Resources for Burnout and Workplace Resiliency

New series to begin in 2022 – registration link will be sent to all current registrants:

[https://us02web.zoom.us/webinar/register/WN\\_nOtpmAYwT SKBxbnYnyP2jg](https://us02web.zoom.us/webinar/register/WN_nOtpmAYwT SKBxbnYnyP2jg)

# Today's DOH Infection Prevention Panelists

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- Peggy Douglas
- Amanda Reilly

# Quarantine Guidance Reminder

	Quarantine	Isolation
Days	<p><b>14 Day Quarantine</b> for:</p> <ul style="list-style-type: none"> <li>•Asymptomatic residents who are NOT fully vaccinated and have had exposure to someone with COVID-19</li> <li>•Residents newly admitted and NOT fully vaccinated</li> <li>•Residents with high-risk activity in the community and NOT fully vaccinated</li> </ul> <p><b>Facility may use the <a href="#">DOH risk assessment tool</a> to guide decisions</b></p> <p><b>7 Day Quarantine</b> for:</p> <ul style="list-style-type: none"> <li>•Asymptomatic residents who are fully vaccinated and have had exposure to someone with COVID-19</li> </ul>	<p><b>Isolation</b> ends for residents who are not severely immunocompromised when:</p> <ul style="list-style-type: none"> <li>•At least 10 days have passed since symptoms first appeared</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>•At least 24 hours have passed since last fever without the use of fever reducing medications</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>•Symptoms (for example cough, shortness of breath) have improved</li> </ul>
Reason for TBP	<p>The time from exposure to COVID-19 to symptom onset, or incubation period, is thought to be 2-14 days. Practicing quarantine for the full 14 days helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. Residents who are fully vaccinated are at lower risk of acquiring and transmitting COVID-19. Residents who are fully vaccinated do not need to quarantine for 14 days and may quarantine for 7 days with negative <a href="#">post-exposure testing</a> results.</p>	<p>It takes about 10 days for someone to stop being infectious after they become ill with COVID-19, which is why it is recommended that someone who tests positive for COVID-19 isolates for 10 days.</p>

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/420-368-LTCFCohorting.pdf>



# LINE LIST TO TRACK COVID-19 TRANSMISSION

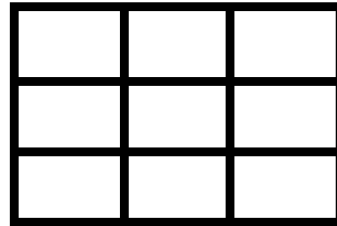
Healthcare-associated Infections Program  
Sandy Lam Ng, MPH

# Outline

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- ❑ What is a line list
- ❑ Purpose of a line list
- ❑ Epi curve
- ❑ Line list template and samples
- ❑ WA DOH line list template





WHAT IS A LINE LIST?

# What is a line list?

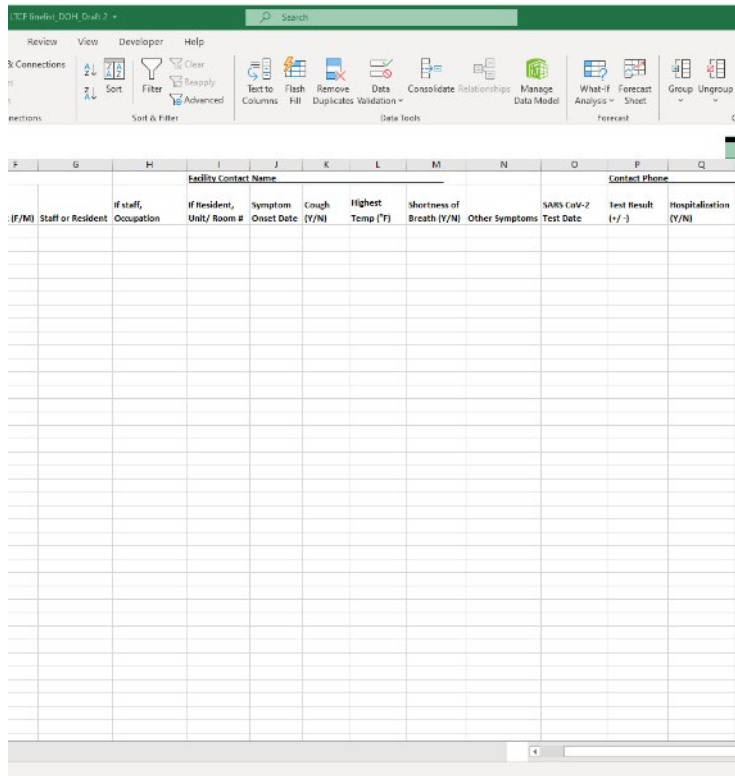
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- A table that organizes and summarizes key information about people that may be associated with an outbreak
  - Rows = individual records or observations
    - One person per line per outbreak
  - Columns = any info or characteristic that changes from person to person, such as height, weight, name, etc. (variables)
    - Contains a characteristic of the individual
    - Demographic, clinical, or epidemiologic info
      - ◆ Name
      - ◆ Date of birth
      - ◆ Unit or Room number
      - ◆ Temperature

	B	C	D	E	F	G	H	I	J	K	L	M
1	Facility Name							Facility Contact Name				
2	First Name*	Middle Name	Last Name*	DOB (MM/DD/YY)*	Sex (F/M)	Staff or Resident	If staff, Occupation	If Resident, Unit/ Room #	Symptom Onset Date	Cough (Y/N)	Highest Temp (°F)	Shortness of Breath (Y/N)
3												
4												
5												
6												
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30												
31												

Rows go across the page. One patient per line

Columns go down the page. Has one specific information about the patient



Name (Last, First)	DOB	Unit OR Room OR Staff	Onset Date	Cough (Y/N)	Highest Temp (F)	Shortness of Breath (Y/N)	Other Symptoms	SARS CoV-2 Test result (+/-) & Date	Respiratory Panel Result (+/-) & Date	Hospitalized (Y/N)	Died (Y/N) and Date
1											
2											
3											
4											
5											
6											

Can be completed on paper or in a computer program such as Microsoft Excel or Forms. \*Check with your LHJ to verify what they use or prefer




PURPOSES FOR LINE LIST

## Purposes for line list



# Purposes for line list

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- ❑ Managing an outbreak
- ❑ Tracks time, person, and place
- ❑ Able to track the spread within a unit or facility
- ❑ Provide overall picture of an outbreak
- ❑ Can create an epi curve using line list
- ❑ Guide prompt outbreak response
- ❑ Accurately completed line list for reporting

# Definition of Covid-19 Outbreak in LTCF

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1 or more facility-acquired RESIDENT

OR

2 or more STAFF who were on-site in the LTCF during their infectious or exposure period has no other known or more likely exposure source

End of Outbreak:

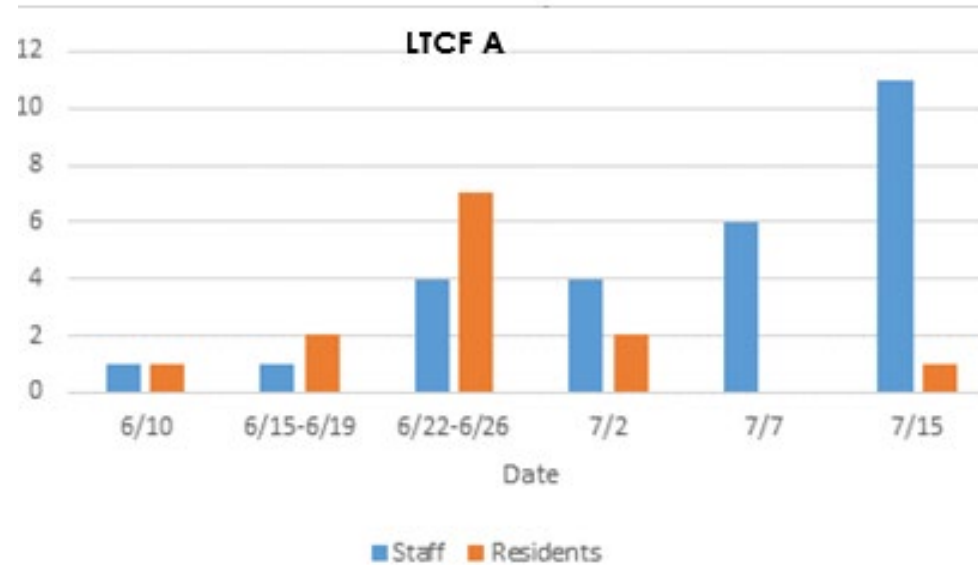
28 days from the date of the last onset of symptoms

OR

From the last positive test of an asymptomatic person, whichever is longer



# Epi Curve



Shows  
distribution  
over time

See overall  
pattern

Likely  
exposure

Can be done in Excel  
using data from line list




# LINE LIST TEMPLATES AND SAMPLES





## Line List for COVID-19 Outbreaks in Long Term Care Facilities

*\*Public Health Seattle & King County is defining a COVID-19 outbreak in a long term care facility as  
1 confirmed case OR 2 or more individuals with COVID-19 like symptoms in a 14 day period*

**Please list all residents AND staff members ill with COVID symptoms.**

Name (Last, First)	DOB	Unit OR Room OR Staff	Onset Date	Cough (Y/N)	Highest Temp (°F)	Shortness of Breath (Y/N)	Other Symptoms	SARS CoV-2 test result (+/-) & Date	Respiratory Panel Result (+/-) & Date	Hospitalized (Y/N)	Died (Y/N) and Date	Notes (where hospitalized, ED visits-where)
1												
2												
3												
4												
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9												
10												
11												
12												
13												
14												

# Clark County Public Health

## COVID-19 Line List Template

TODAYS' DATE \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Total Staff: \_\_\_\_\_

Total Residents: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Clark County Public Health  
Infectious Disease  
Phone: (564) 397-8182 Fax: (564) 397-8080

Name (first and last) Address Phone number		DOB (mm/dd/yyyy)	Sex (M/F)	Staff or Resident (SR)	Staff Role or Resident Room Number	Symptom Onset Date (mm/dd/yyyy)	Fever ✓/No A (T max ° F)(N/U)	Cough (Y/N/U)	Myalgia (Y/N/U)	Fatigue (Y/N/U)	Shortness of breath (Y/N/U)	Additional symptoms: (select all that apply) C-congestion or conza, H-wheezing or LST-itch of anal/haem, DM-ulceration or rashes/a, SIT-sore throat, O-other	First symptom-free date (mm/dd/yyyy)	Hospitalized (Y/N/U)	Death (date)(N/U)	Specimen Collection Date (mm/dd/yyyy)	Testing Facility/Org	Result	Notes
Demographics		Role and Location			Symptoms							Outcome		COVID-19 Testing		Notes			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

# WA DOH Line List Template in Excel

1	Facility Name			Facility Contact Name										Contact Phone						
2	First Name*	Middle Name	Last Name*	DOB (MM/DD/YY)*	Sex (F/M)	Staff or Resident	If staff, Occupation	If Resident, Unit/ Room #	Symptom Onset Date	Cough (Y/N)	Highest Temp (°F)	Shortness of Breath (Y/N)	Other Symptoms	SARS CoV-2 Test Date	Test Result (+/-)	Hospitalized (Y/N)	Died (Y/N)	If Y, Date of Death	Fully Vaccinated (Y/N)	If Y, Number of Doses
3																				
4																				
5																				
6																				
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33																				
34																				
35																				
36																				

WA DOH



LINE LIST TEMPLATE

# Elements of the Line list

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First row: Facility contact info

B	C	D	E	
<b>Facility Name</b>				
I	J	K	L	M
<b>Facility Contact Name</b>				
F	G	H	J	
<b>Contact Phone</b>				

This info is helpful if this line list is sent to the LHJ and/or WA DOH. This ensures that we have a contact person at the facility.



# Case Demographics

	First Name*	Middle Name	Last Name*	DOB (MM/DD/YY)*	Sex (F/M)	Staff Resi
3						
4						
5					M	
6					F	
7						
8						
9						
10						
11						
12						
13						

Minimum required elements for submitting line list

1. First Name

2. Last Name

3. Date of Birth

# Resident or Staff?

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- Drop down to choose ‘Staff’ or ‘Resident’
- Occupation of staff
  - Mobility of staff in facility
- Location of resident

Staff or Resident	If staff, Occupation	If Resident, Unit/ Room #
<input type="text" value=""/>		
Staff		
Resident		

# Clinical Info

- Symptom onset date is important!
  - If case did not have symptoms, then 'test date' would be used
- Drop Downs for Y/N and +/- test result, PCR/Antigen test type
- Symptom tracking is important for epidemiology of the disease
  - Epidemiology= study of occurrence (incidence) and movement (distribution) of a disease in a population
  - Info used to plan prevention and control strategies

Symptom Onset Date	Cough (Y/N)	Highest Temp (°F)	Shortness of Breath (Y/N)	Other Symptoms
	Yes No		Yes No	

SARS CoV-2 Test Date	Test Type (PCR/Antigen)	Test Result (+/-)
	PCR Antigen	Negative Positive





# Sample Line List

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	TODAYS' DATE <u>12/16/2021</u>																				
2	Facility Name <u>ABC Rehab</u>						Facility Contact Name: <u>Janet Smith</u>						Contact Phone <u>206-456-1234</u>								
	First Name*	Middle Name	Last Name*	DOB (MM/DD/YY)*	Sex (F/M)	Staff or Resident	If staff, Occupation	If Resident, Unit/ Room #	Symptom Onset Date	Cough (Y/N)	Highest Temp (°F)	Shortness of Breath (Y/N)	Other Symptoms	SARS CoV-2 Test Date	Test Type (PCR/Antigen)	Test Result (+/-)	Hospitalized (Y/N)	Died (Y/N)	if Y, Date of Death	Fully Vaccinated (Y/N)	If, Number of Doses
3	Joe		Black	01/12/36	M	Resident		301	12/01/21	Yes	102.1	No	Fatigue	12/02/21	PCR	Positive	No	No		Yes	2
4	Miranda	Ellen	Smith	06/15/45	F	Resident		304		No	98.5	No	None	12/03/21	PCR	Positive	No	No		Yes	2
5	Dirk	Robert	Ellington	09/25/34	M	Resident		303	12/04/21	Yes	101.9	Yes	Fatigue, Headache	12/03/21	PCR	Positive	Yes	No		No	
6	Bob	Fred	George	10/10/29	M	Resident		307	12/03/21	Yes	102.3	Yes		12/03/21	PCR	Positive	Yes	Yes	12/12/21	No	
7	Jane	Jo	Doe	03/03/98	F	Staff	RN			No		No	None	12/03/21	PCR	Positive	No	No		Yes	3
8	Michael		Jordan	04/26/69	M	Staff	Janitor		12/05/21	Yes	99.9	No		12/03/21	PCR	Positive	No	No		No	
9	Tim		Stephens	11/26/38	M	Resident		310	12/04/21	Yes	100	Yes	Fatigue	12/03/21	Antigen	Negative	No	No		Yes	3
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					

# Contact Information

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**Sandy Lam Ng, MPH**

*HAI & Covid Epidemiologist 2*

Healthcare-associated Infections  
Program



sandy.ng@doh.wa.gov



206-514-4902



HAIEpiOutbreakTeam@doh.wa.gov



@WADeptHealth

Questions?

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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

# Q & A Portion

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Please type your questions into the question window and tell us what type of facility you are from (e.g., ALF, SNF, AFH) and what county you are in