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).

Participants from long-term care, regulatory, public health

Nursing Home

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/

⦿ Adult Family Home Council:

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

Panelists

Washington State Department of Health

Public Health Seattle & King County

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Washington State Department of Social & Health Services

WHCA
Washington Health Care Association

LeadingAge Washington

Adult Family Home Council
OF WASHINGTON STATE

Comagine Health

Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday
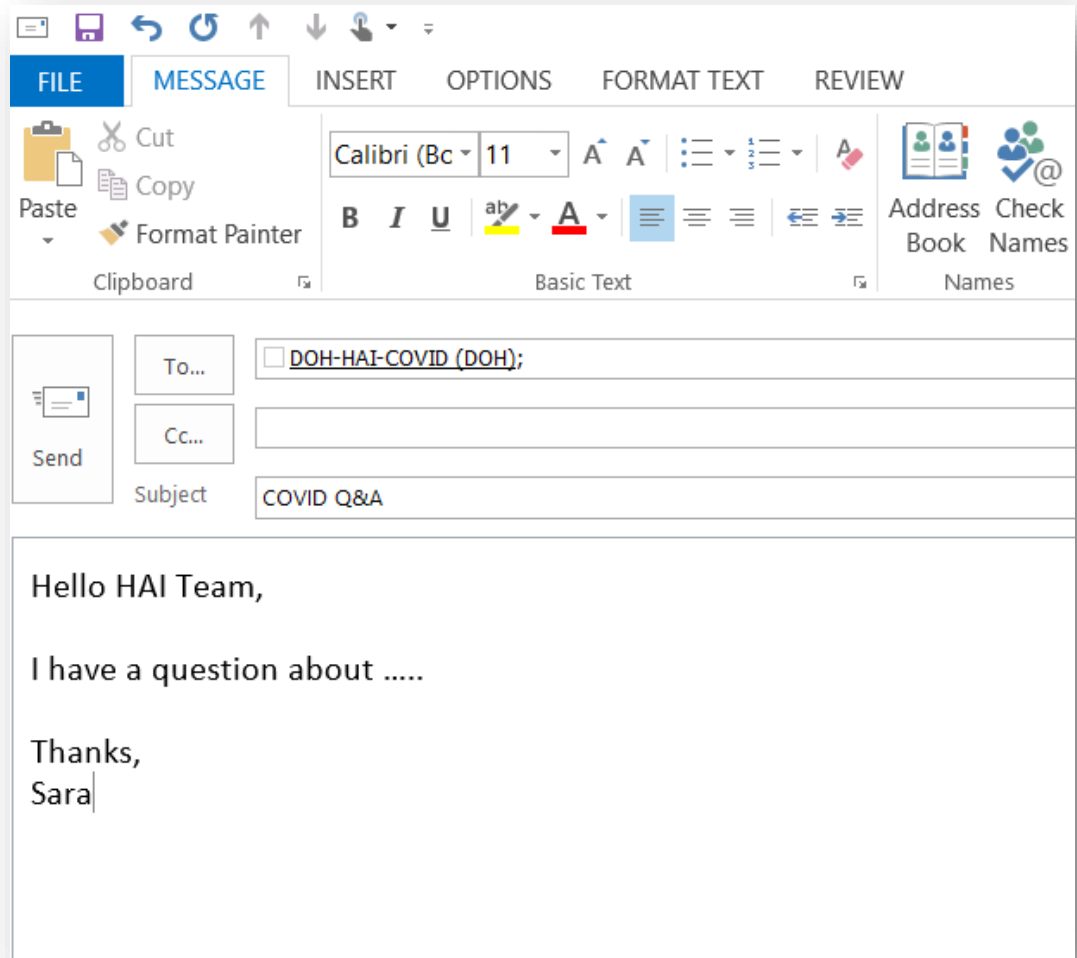
WASHINGTON STATE DEPARTMENT OF HEALTH

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 (General)

Washington State Department of **Health**

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
HAI@doh.wa.gov	General healthcare associated infection questions
HAI-Covid@doh.wa.gov	COVID19-specific healthcare associated infection questions
HAIEpiOutbreakTeam@doh.wa.gov	Epidemiological outbreak assistance and healthcare associated infection questions
HAI-FieldTeam@doh.wa.gov	Schedule an ICAR for your facility
HAI-FITTesting@doh.wa.gov	Schedule a FIT test for your facility
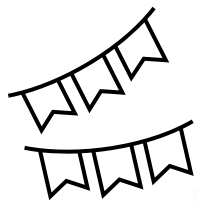
Raffle!

Raffle!

Raffle!

Raffle!

Infection Control Assessment and Response — PARTICIPANT

WASHINGTON STATE DEPARTMENT OF HEALTH

ICAR Program Satisfaction Survey

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

Please complete our ICAR Survey here:
https://redcap.link/ICARSurvey2021
and be entered into our raffle!

Raffle Prizes!
- Association for Professionals in Infection Control
  - Membership
  - Certification Exam Study Bundle
- Infection Prevention Swag

For additional questions:
HAI-FieldTeam@doh.wa.gov

Washington State Department of Health

Long-Term Care COVID-19 Immunization Champion Award

Thank you for participating! This quarter's survey is now closed and awardees will be notified by the third week of December.

- 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

- For questions about the survey, contact LTC-COVID-Vaccination-Survey@doh.wa.gov using subject line: LTC COVID-19 Vaccination Survey

Upcoming LTC Q&A Schedule

Please plan to attend these upcoming sessions!

December 23 – How to make a line list

December 30 – Resources for Burnout and Workplace Resiliency

New series to begin in 2022

Today's DOH Infection Prevention Panelists

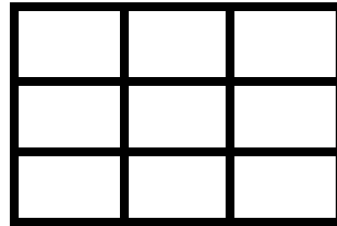- Rhodah Makayoto
- Sydney Record

LINE LIST TO TRACK COVID-19 TRANSMISSION

Healthcare-associated Infections Program
Sandy Lam Ng, MPH

Outline

❑ What is a line list

❑ Purpose of a line list

❑ Epi curve

❑ Line list template and samples

❑ WA DOH line list template
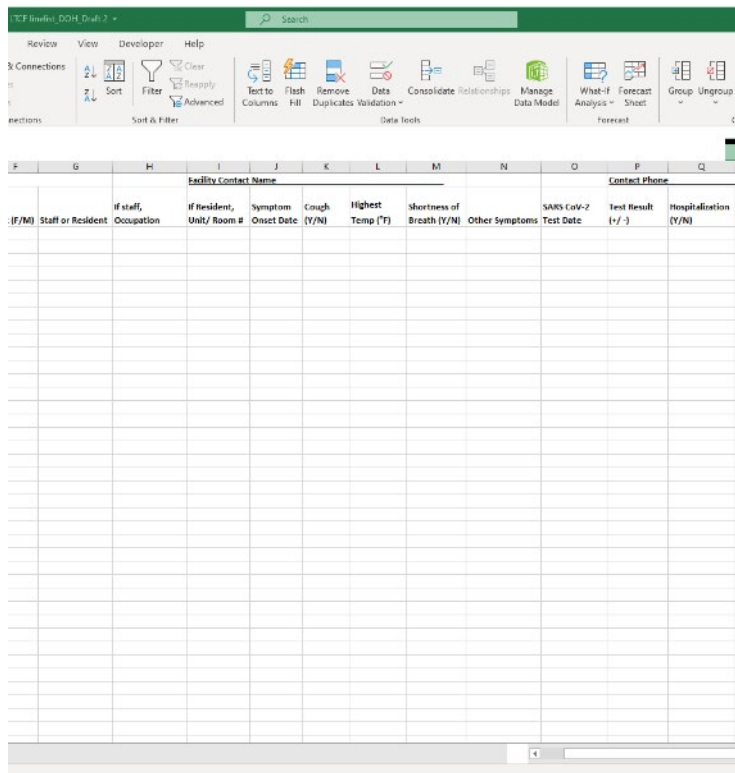
WHAT IS A LINE LIST?

What is a line list?

- 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

Rows go across the page. One patient per line

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

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

1 **IDENTIFY**	**2** **COLLECT**	**3** **REPORT**

Purposes for line list

❑ 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

Epi Curve
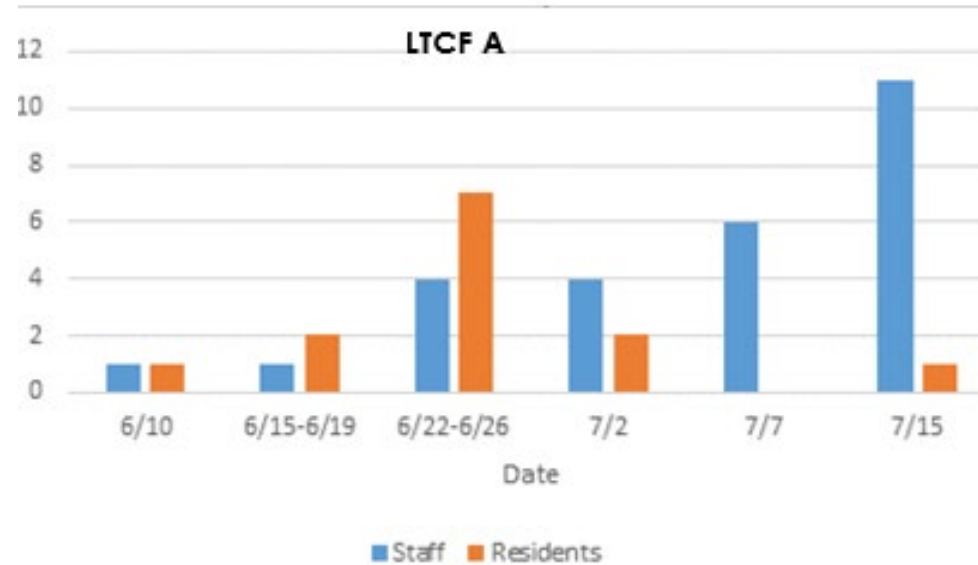
Shows distribution over time

See overall pattern

Likely exposure

Can be done in Excel
using data from line list

LINE LIST TEMPLATES AND SAMPLES

Snohomish Health District

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

Facility Name		Date of Birth	Sex at Birth	Race	Resident or Staff	Facility Address		Reported Symptoms	Symptom Onset Date	Point of Contact at Facility	SARS-CoV-2 Test Date	SARS-CoV-2 test result (POS/NEG) & Test Type	Respiratory Panel Test Result (POS/NEG)	Submission Date	Hospitalization Dates Admission&Discharge	Died? (Yes/No)	Vaccinated? (Yes/No)	Type of Vaccine	Vaccination Dates If Known	Notes: i.e. Last date worke... resident new facility transf...
Last Name	First Name					Unit or Room # (Leave Blank if Staff)	Staff Phone Number			Resident's Chronic Health Conditions* *Facesheets can be submitted				Hospitalized? (Yes/No) & Location						
Doe	John	1/1/1900	Male	Amer Ind/AK Native	Resident	203-A	N/A	Cough, fever (101.4), fatigue, malaise	9/15/2021	Hypertension, COPD, Type 2 Diabetes	8/17/2021	POS Antigen	N/A	Yes/Swedish Edmonds	8/16/21 & 8/19/21	No	Y- Partially Vaccinated	Moderna	7/25/2021	

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												
5												
6												
7												
8												
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:_____

	Name (first and last) Address Phone number	DOB (mm/dd/yyyy)	Sex (M/F)	Staff or Resident (S/R)	Staff Role or Resident Room Number	Symptom Onset Date (mm/dd/yyyy)	Fever ≥100.4 (T max° 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 coryza, H-headache, LST-loss of smell/taste, DN-diarrhea or nausea, ST-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

WA DOH

LINE LIST TEMPLATE

Elements of the Line list

First row: Facility contact info

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

3	First Name*	Middle Name	Last Name*	DOB (MM/DD/YY)*	Sex (F/M)	Staff Resid
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?

- 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 #
▾		
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

Outcome

- Info on patient outcome

- Drop downs for Y/N

- Hospitalization helpful for facility tracking

- Date of death is helpful for matching to death records (if sending to LHJ or DOH)

Vaccine Info

- Info on patient vaccination status

- Drop downs for Y/N

- Fully Vaccinated = 2 primary doses of Pfizer/Moderna OR 1 dose of J&J + 2 weeks

- Not required for DOH

- Helpful info for epidemiology of disease and breakthrough cases

Fully Vaccinated (Y/N)	If Y, Number of Doses
Yes	
No	

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 12/16/2021																				
2	Facility Name____ABC Rehab_____							Facility Contact Name:			Janet Smith					Contact Phone____206-456-1234____				
3	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 Y, Number of Doses
4	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
5	Miranda	Ellen	Smith	06/15/45	F	Resident		304		No	98.5	No	None	12/03/21	PCR	Positive	No	No		Yes	2
6	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	
7	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	
8	Jane	Jo	Doe	03/03/98	F	Staff	RN			No		No	None	12/03/21	PCR	Positive	No	No		Yes	3
9	Michael		Jordan	04/26/69	M	Staff	Janitor		12/05/21	Yes	99.9	No		12/03/21	PCR	Positive	No	No		No	
10	Tim		Stephens	11/26/38	M	Resident		310	12/04/21	Yes	100	Yes	Fatigue	12/03/21	Antigen	Negative	No	No		Yes	3
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					

Contact Information

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?

Washington State Department of Health

Q & A Portion

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