

# 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) and indicate your county.



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/departments-of-health-qa-webinars/>

# Panelists

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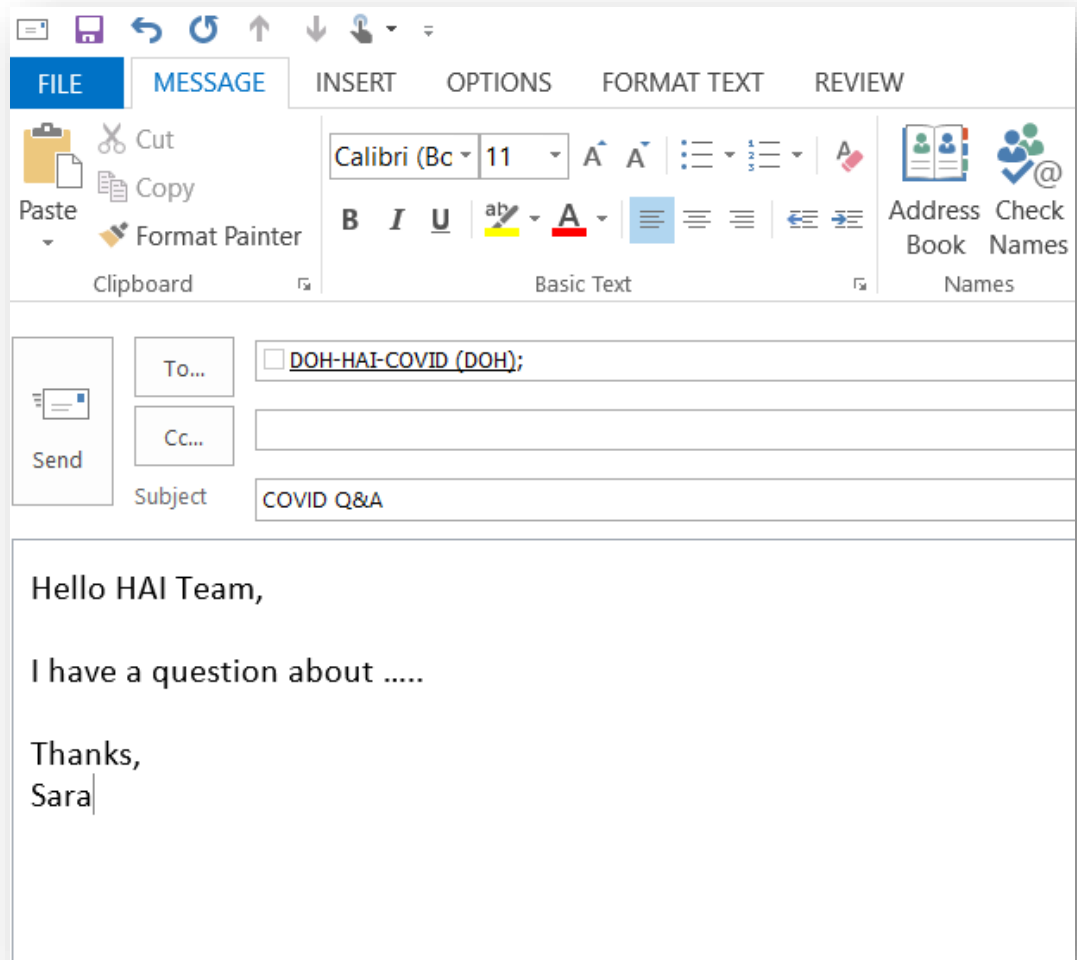


# Send Us Your Questions Ahead of Time

**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



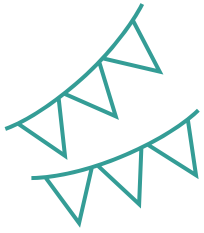
## WASHINGTON STATE DEPARTMENT OF HEALTH

### 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





# Grand Prize Winners!

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Grand Prize Winners for Survey Raffle are:



1<sup>st</sup> Prize winner (Certification Exam Study Bundle)- Merrill Gardens at Tacoma (AL)

2<sup>nd</sup> Prize winner (APIC Membership)- Arcadia Healthcare- University Place (NF)

3<sup>rd</sup> Prize winner (Infection Prevention Swag) –Cataldo Community Residential INC. (AL)



# Long-Term Care COVID-19 Immunization Champion Award

**Approx 260 facilities participated in winter quarter. See notifications and postings on website shortly – congratulations to all!**

**Continue to participate: Next award tentative deadline March 2022**



- 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.

# Flu Resources

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- DOH Resources for Public Health and Healthcare Providers:
  - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>
- Communications Toolkit:
  - [toolkits.knockoutflu.org](http://toolkits.knockoutflu.org)
- Flu Fighter Award for 75%+ staff vaccination
  - [Flu Fighter Facility Award :: Washington State Department of Health](#)
- Washington State Flu Report:
  - [www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf](http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf)
- CDC Weekly Flu Report:
  - [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)



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!

Pending topics in January – to be confirmed:

- Jan 13: LTC Success Story, ICAR survey results
- Monoclonal Antibodies

Other topics TBD

# Today's DOH Infection Prevention Panelists

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- Joy Chibuzo
- Kristin Bass



# HEALTHCARE PERSONNEL EXPOSURE AND EXCLUSION FROM WORK UPDATE



# CDC Updates

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Not updated:

## [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

- Universal masking for HCW and residents
- Isolation for residents
- Universal eye protection for HCW
- PPE use for HCW

## [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)

- Quarantine for residents

# Healthcare Personnel Exposures

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Updates:

## [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)

- Risk assessment based on HCP vaccination status
  1. Vaccinated with booster
  2. Vaccinated without booster and unvaccinated
- High risk exposure and PPE criteria updated

If the patient/resident is not wearing source control and the HCP is not wearing a respirator, it is a high-risk exposure

# Exclusion from Work and Staffing Shortage Mitigation

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## Strategies to Mitigate Healthcare Personnel Staffing Shortages

Implement sequentially:

**Conventional** -> **Contingency** -> **Crisis**

Work Exclusion for HCP	Vaccination Status	Mitigation Strategy		
		Conventional	Contingency	Crisis
Tested positive with SARS-CoV-2 Infection	<ul style="list-style-type: none"> <li>Boosted</li> <li>Fully Vaccinated</li> <li>Unvaccinated</li> </ul>	<p>If asymptomatic or mildly symptomatic with improving symptoms, exclude from work for:</p> <ul style="list-style-type: none"> <li>10 days OR</li> <li>7 days with negative test** within 48 hours before returning to work</li> </ul>	<p>If asymptomatic or mildly symptomatic with improving symptoms, exclude from work* for at least 5 days since symptoms first appeared (day 0) with or without negative test**</p>	<p>No work restriction with prioritization considerations (e.g., asymptomatic should be prioritized for early return to work)*</p>
Asymptomatic with high risk exposure	<ul style="list-style-type: none"> <li>Boosted</li> </ul>	<p>No work restriction with negative test** on post exposures day 2 and 5-7</p>	<p>No work restrictions</p>	<p>No work restrictions</p>
	<ul style="list-style-type: none"> <li>Vaccinated</li> </ul>	<p>Exclude from work for:</p>	<p>No work restriction with negative tests** on post exposure days 1, 2, 3, &amp; 5-7; If testing supplies are limited, testing should be prioritized for 1-2 days after the exposure and, if negative, 5-7 days after exposure</p>	<p>No work restrictions. Test** if possible.</p>
	<ul style="list-style-type: none"> <li>Unvaccinated</li> </ul>	<ul style="list-style-type: none"> <li>10 days OR</li> <li>7 days with negative test** on post exposure day 2 and 5-7</li> </ul>		

\*Healthcare facilities may consider allowing **willing** HCP who are infected with SARS-CoV-2 to return to work earlier than conventional timeframes if implementing contingency or crisis staffing mitigation measures. Mitigation measures should be implemented sequentially (i.e., implementing contingency before crisis)

\*\* Either an antigen test or NAAT can be used when referenced in the criteria above. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for symptomatic HCP and for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.

# Considerations for Shortened Work Restriction

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- Shortening the duration of work restriction might result in additional transmission risks to health care workers and patients/residents
- Health care facilities, in collaboration with risk management, should inform patients and HCP when the facility is operating under crisis standards, specify the changes in practice that should be expected, and describe the actions that will be taken to protect patients and HCP from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are requested to work to fulfill critical staffing needs.

# If allowing to return early - EXPOSED

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- Continue screening for symptoms
  - Should not report to work or stop working if symptomatic
  - Should be prioritized for testing
- Expand post-exposure testing to days 1,2,3 and 5-7
  - All exposed HCP should be tested immediately and day 5-7
- If they test positive:
  - Exclude from work according to staffing shortage mitigation strategy
  - Begin notification of patients, staff, and visitors

## If allowing to return early - INFECTED

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Facilities may consider allowing HCP who are willing to return to work before the end of their indicated isolation period if:

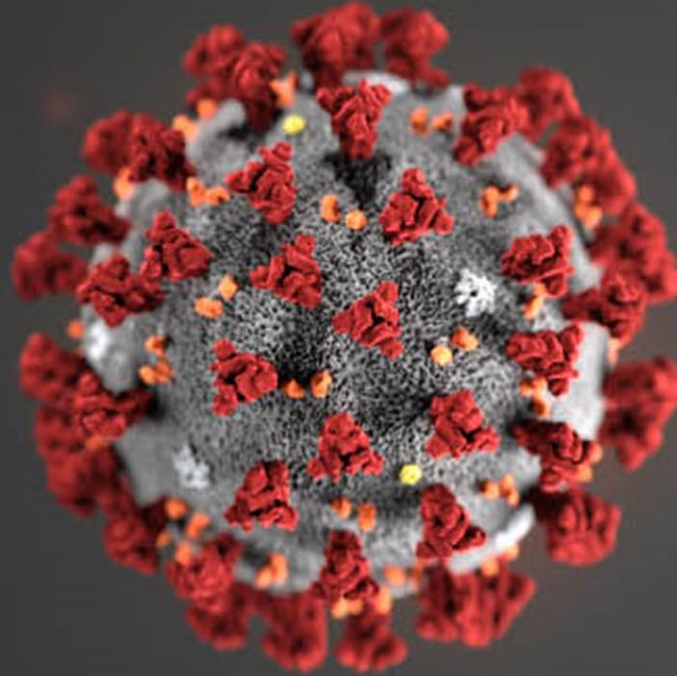
- At least 5 days have passed since symptoms first appeared (day 0), **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

## If allowing to return early – INFECTED, con't

If allowed to return before the end of their isolation period the HCP:

- Should be prioritized for assignment to care for patients with suspected or confirmed COVID-19, preferably in a cohort setting such as a COVID-19 Unit.
- They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.
- Wear respirator or well-fitting facemask at all times while in the facility even when they are in non-patient care areas such as breakrooms.
- Practice physical distancing from coworkers at all times.
- Separate themselves from others if they must remove their respirator or well-fitting facemask, for example, in order to eat or drink.



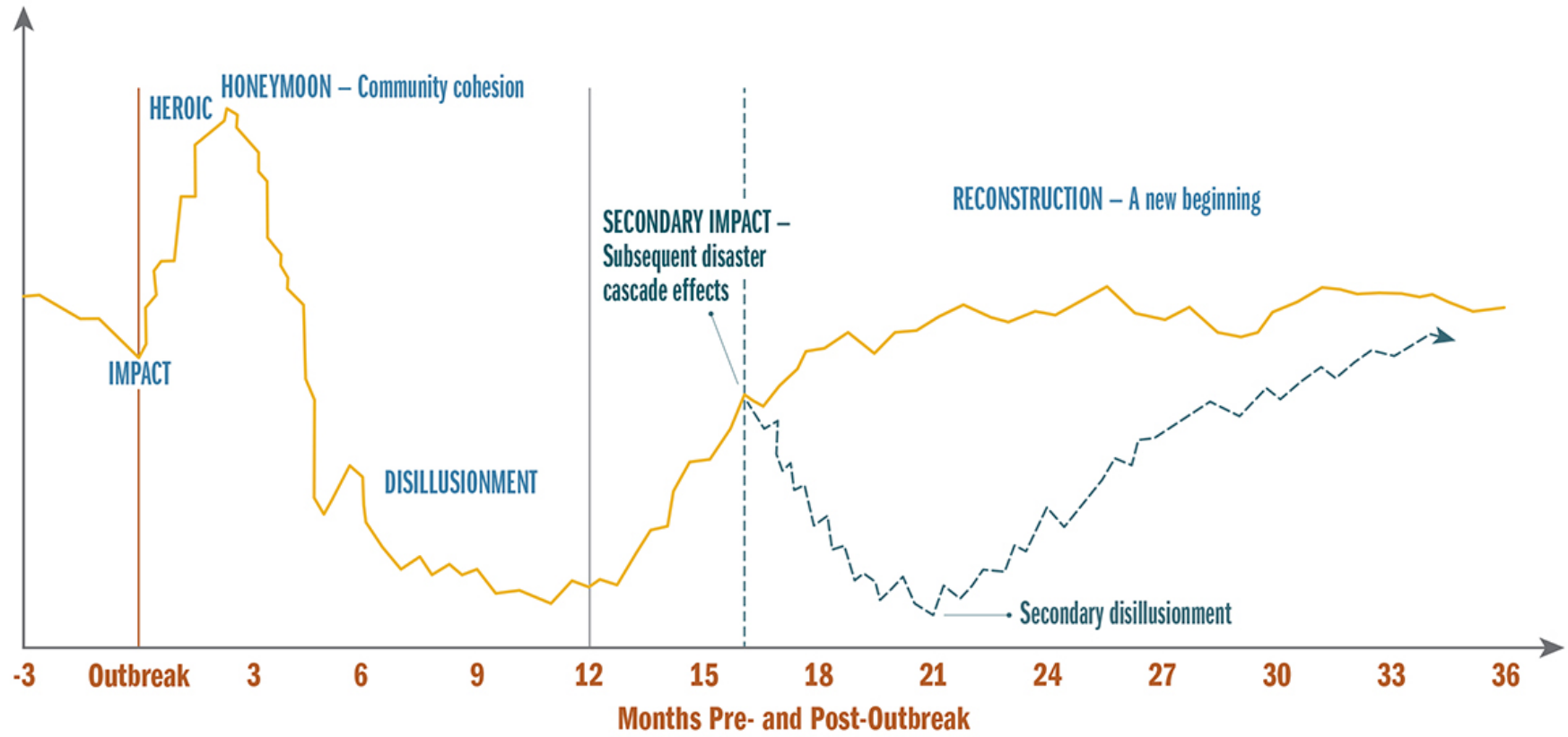


## BEHAVIORAL HEALTH IMPACTS OF COVID-19 RESILIENCY REMINDER

Tona McGuire, Ph.D. Behavioral Health Strike Team

# Reactions and Behavioral Health Symptoms in Disasters

Emotional Response – Lows to Highs



# Disaster Cascade Impacts

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**Delta and Omicron and the impacts of these variants are resulting in the experience of a “disaster cascade” in some form for most people heading into winter.**

- A disaster cascade is defined as the experience of multiple disaster “Impacts” within a 12-18 month time frame (multiple waves of the same disaster, or different types – floods, hurricanes, etc)
- ***Disaster cascades further tax already depleted emotional, physical, social and economic resources.***
- As a function of the cascade effects, risks related to increased behavioral health symptoms go up for many people.

# The Collective Experience of Loss

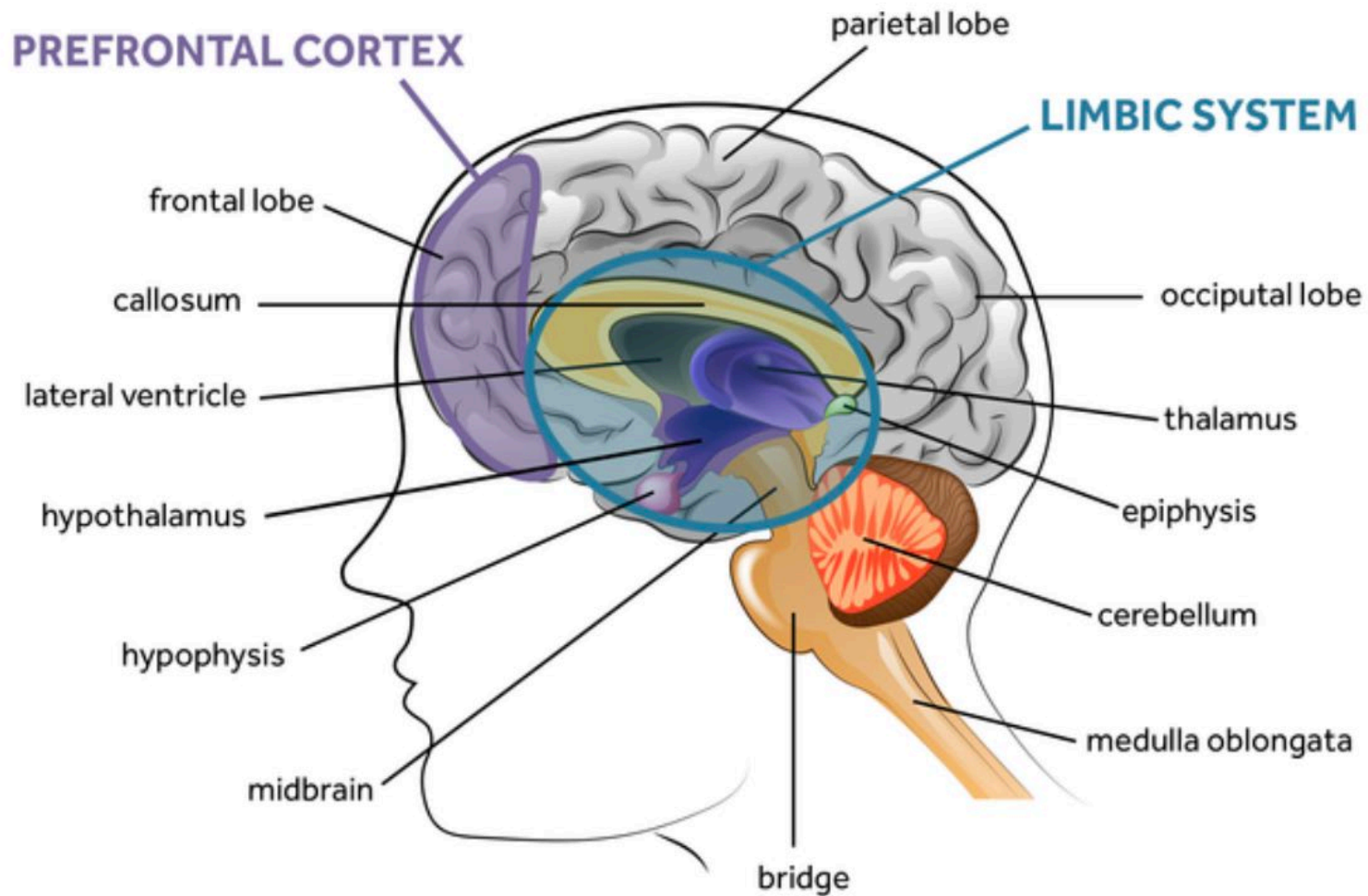
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- Any loss right now is likely to touch on a deep well of loss that we all have experienced to some degree over the last year and a half.
- Emotional reactions and responses may be proportionally stronger to ANY loss right now.
- Emotion regulation is already a challenge when the brain is exhausted
- There is no right or wrong way, or specific timeframe for people to process grief and loss. Increasing resilience and moving forward with recovery will also differ for each person.
- Focus on authentic reactions with the intention to support someone in pain, not to make them “feel better”.

# Secondary Trauma

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- When working with people who have been traumatized, hearing about what happened to them can be traumatizing for the helper
- That risk is often greater among women and among those who are very empathetic
- People with a history of traumatic events themselves are also at greater risk of Secondary Trauma



# How to Manage and Reduce Compassion Fatigue

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## Bottom line up front:

*Compassion rewards* are the antidote for compassion fatigue. Take time to recognize the impact your work is having on others and celebrate victories when possible (even little ones).



## What to DO:

- Offer verbal support for colleagues (active listening is great! – *when you have the capacity!*).
- Call out and attend to the wins, the successes and the “good stuff”.
- Engage with others socially



## What to avoid:

- Unhealthy coping practices (eg drinking too much alcohol)
- Focusing on what “didn’t get done”.

# How to Manage and Reduce Moral Injury

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## **Bottom line up front:**

- Moral injury is triggered by environmental circumstances, not personal failures. If you experience this, try to focus on external causes that can be addressed, not internal blame.



## **What to DO:**

- Create a schedule, try to add just one small thing each day you enjoy doing. Mindfulness practices (e.g., meditation and breathing practices) can be helpful.
- If you have a personal history of trauma, consider professional care services to help process your experiences.



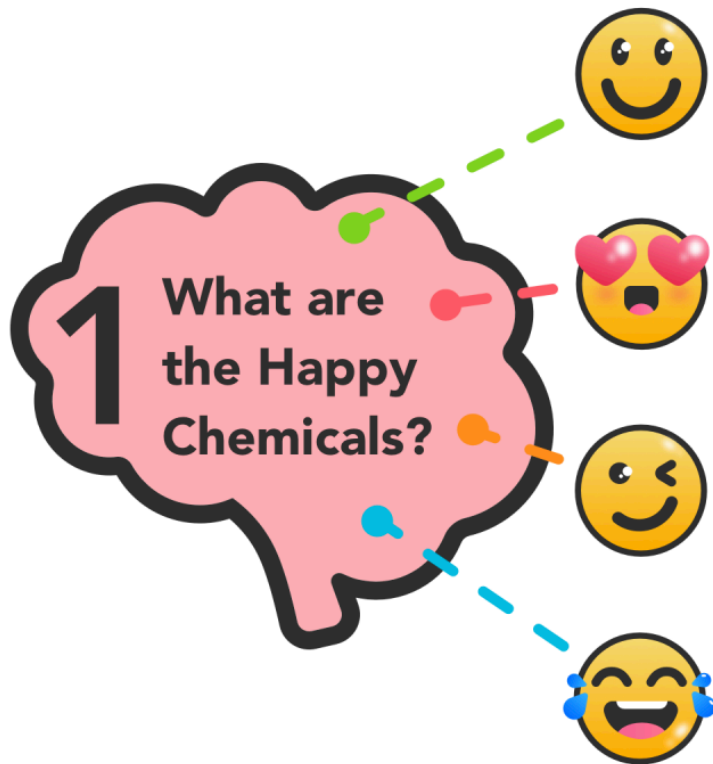
## **What to avoid:**

- Ignoring or not attending to strong emotions related to your work experience.



# GET YOUR DAILY HAPPINESS CHEMICALS

The happy brain chemicals that make you feel good



## DOPAMINE

- Enables motivation, learning, and pleasure
- Gives you determination to accomplish goals, desires, and needs

## OXYTOCIN

- Feeling of trust, motivates you to build and sustain relationships
- Known as "Cuddle or Love Hormone", plays a role in bonding

## SEROTONIN

- Feeling significant or important among peers
- Calm form of accepting yourself with the people around you

## ENDORPHINS

- Releases a brief euphoria to mask physical pain
- Response to pain and stress that alleviates anxiety and depression

# How Deficiency Affects You

- procrastination
- low self-esteem
- lack of motivation
- low energy or fatigue
- inability to focus
- feeling anxious
- feeling hopeless
- mood swings

- feeling lonely
- stressed
- lack of motivation
- low energy or fatigue
- disconnect of relationships
- feeling anxious
- insomnia

- low self-esteem
- overly sensitive
- anxiety/panic attacks
- mood swings
- feeling hopeless
- social phobia
- obsession/compulsion
- insomnia

- anxiety
- depression
- mood swings
- aches and pains
- insomnia
- impulsive behavior

**DOPAMINE**

**OXYTOCIN**

**SEROTONIN**

**ENDORPHINS**

# How to Increase Happiness Levels

- meditate
- daily to-do list
- long term goals
- food rich in L-Tyrosine
- exercise regularly
- create something: writing, music, or art

- physical touch
- socializing
- massage
- acupuncture
- listening to music
- exercise
- cold shower
- meditate

- exercise
- cold showers
- sunlight
- massage

- laughter/crying
- creating music/art
- eat dark chocolate
- eat spicy foods
- exercise/stretching
- massage
- meditate

# Other Active Coping Techniques

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## Anxiety

- Sensory interventions:
  - Frozen orange, ice
  - Music
  - Shower
  - Fuzzy slippers
- Apps
- Breathing = calming



## Exhaustion

- Sleep hygiene
  - Same bed and wake times
  - Alcohol and sugar considerations
  - Notepad (not phone or laptop)
  - Boundaries




## Depression

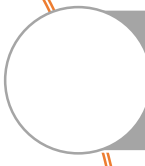
- Behavioral activation: Small steps
- Get a “this makes me feel better” list made on a good day
- Movement of any kind
- Connection and support from others

# THRIVE


with a  
focus on...



**Transparency:** continue to talk about things that bother you, and resilience.




**Health:** Include your behavioral health in your focus on health. What is good for you emotionally and mentally?




**Regulation:** Take time before responding to others. Regulate your responses to avoid impulsive, risky or emotionally charged decision making.



**Integration:** Integrate your thoughts, feelings and behaviors to be as congruent as you can.



**Values and Vision:** Use your core values to help you map out HOW you want to engage with others.



**Effort:** Recognize and celebrate effort (for adults and youth alike) in the context of the limited emotional, cognitive and physical resources many of us have right now.

# Resources

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## Training:

- Health Support Team (including train-the-trainer)
- PsySTART-Responder (frontline healthcare only)

## Resources:

- MEDIC, REST, SAFE, and PEACE Models
- [Behavioral Health Group Impact Reference Guide](#)
  - Healthcare and behavioral health providers, outreach teams, post critical care individuals, etc.
  - Unique challenges and considerations
  - Support strategies (organizational, supervisory, and personal)
- Children and families: [Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic](#); Back to Classroom THINK toolbox for parents, teachers, caregivers and mentors: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-148-BackToClassroomToolbox.pdf>
- Businesses and workers: [COVID-19 Guidance for Building Resilience in the Workplace](#)



Questions?



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# Mailbox Questions

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1. SNF - If a staff member or resident has been positive for COVID-19 within the last 90 days, do we need to test routinely and if the staff member becomes symptomatic? In the past the guidance was DO NOT test within 90 days. I am hearing that this is no longer accurate.
2. How long do we quarantine a resident who is positive for COVID-19? Do we consider their vaccination and boosters status in determining the length of the quarantine. I am hearing that Snohomish County and King County are giving different guidance. Please clarify.
3. From anecdotal reports from SNF- the Antigen tests are not consistently identifying COVID-19 . When an antigen is negative and a PCR is done- the PCR is positive. Is there a problem with the Antigen tests identifying the Omicron Variant?
4. The guidance for return to work ,for HC workers, who have been positive for COVID-19 or with a "high exposure" to COVID-19 are very convoluted and difficult to follow. Any tips on following the guidance? I have been told that different LHJ's are giving guidance that does not follow the CDC HC return to work guidance, do you know if this is true and if we are a SNF that gets guidance that differs from CDC, what should we do?



# 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