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

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

whca
Washington Health Care Association

Public Health
Seattle & King County

LeadingAge Washington

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Adult Family Home Council
OF WASHINGTON STATE

Washington State
Department of Social
& Health Services

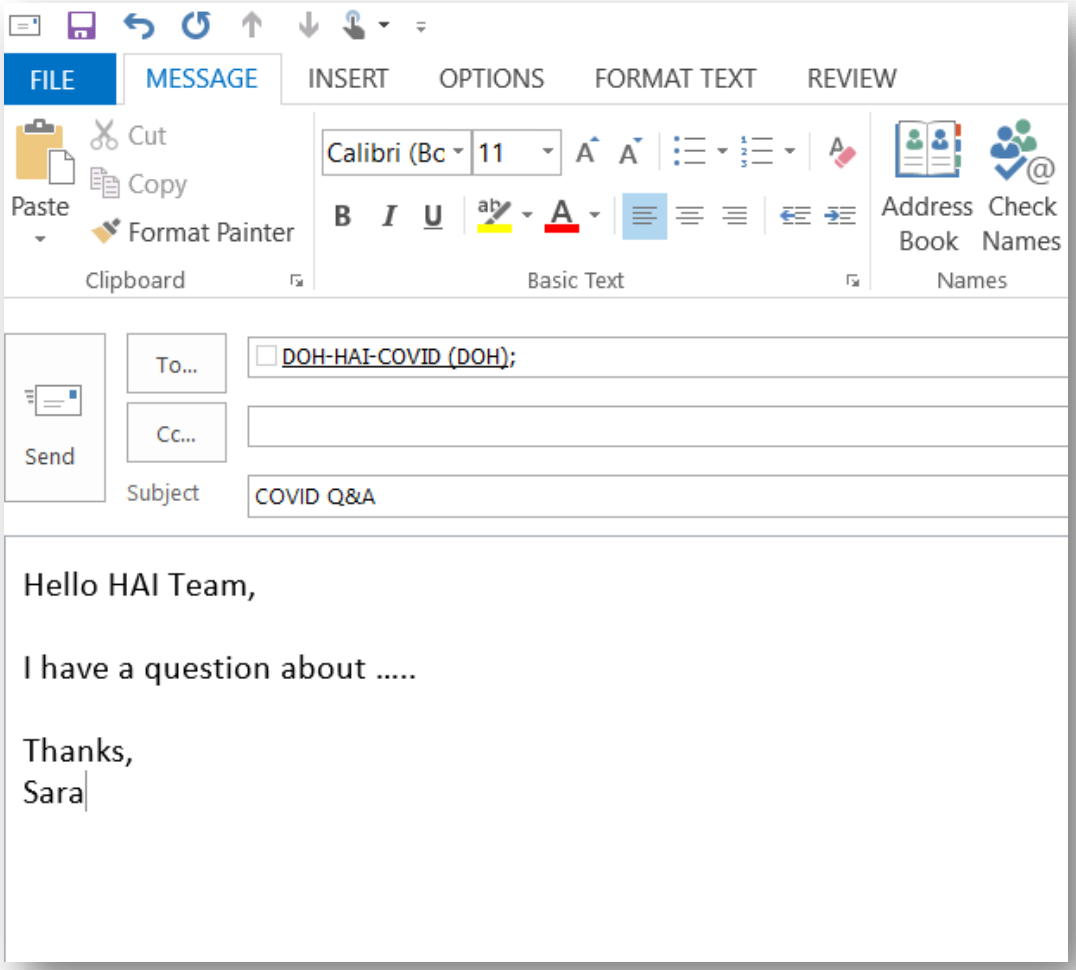
Comagine Health

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

Long-Term Care COVID-19 Immunization Champion Award

Please apply for next quarterly award!

Deadline: December 1

- 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!

November 18: How to do a Risk Assessment

November 25: closed for Thanksgiving Day – no Q&A call

December 2 – Care Connect WA

December 9 – Care Connect WA

December 16 & 23 – How to make a line list

December 30 – LTCF Success Stories

New series to begin in 2022

Other Announcements

- Visitation QSO Memo - RCS

Washington State Department of Health

RISK ASSESSMENT-EXPLAINED

Healthcare Associated Infections and Antimicrobial Program

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Nurse Consultant

Healthcare Associated Infections and
Antimicrobial Program

DEFINITION

Risk assessment is

- the process of evaluating the **probability** and **consequences of injury or an event** arising from exposure to identified risk or hazard
- utilizes the best available **scientific information**, as well as **professional judgement** and **policy**, to estimate risks, and the public make informed decisions about preventing and reducing hazards
- **establishes whether a risk is present and, if so, the range or magnitude of that risk**

WHY IS RISK ASSESSMENT IMPORTANT?

- Creates awareness of risks and hazards
- Identifies individuals who may be at risk (vulnerable/highly susceptible
- Identifies and informs on what control programs/interventions are required and subsequent organizational policies
- Determines/evaluates the effectiveness of existing control program
- Prevents injury, illness and outbreaks
- Prioritizes hazards and control measures
- Complies with both LHJ, State and Federal regulations

WHEN SHOULD RISK ASSESSMENT BE CONDUCTED
Before new processes or activities are introduced
Before changes are introduced to existing processes or activities, including when products, machinery, tools, equipment change or new information concerning harm becomes available
When hazards are identified, and exposure suspected and or reported
When you have limited knowledge on a hazard

HOW TO PLAN FOR A RISK ASSESSMENT

Determine what the scope/subject of you risk assessment will be(be specific about the subject and or type of hazards)

Determine the resources needed (e.g., train a team of individuals to carry out the assessment, the types of information sources, etc.)

Determine the type of risk analysis measures will be used (e.g., how exact the scale or parameters need to be in order to provide the most relevant evaluation)

Determine the stakeholders involved (e.g., managers, supervisors, workers, workers representatives, suppliers, etc.)

Determine the relevant laws, regulations, codes or standards that may apply in your jurisdiction, as well as organizational policies and procedures

HOW IS THE IS RISK ASSESSMENT CONDUCTED?

Assessments should be conducted by **competent person** or a **team of individuals** who have **a good working knowledge of the situation being studied**. (Supervisors and staff who work with the process under review as these individuals are the most familiar with the operation).

In general, risk assessments can be broken down into five steps. The risk assessment should include considerations about the hazards (e.g., biological agent), the specific processes and procedures, existing control measures, the facility and testing environment, and the competency of staff.

HOW IS THE IS RISK ASSESSMENT CONDUCTED?

Step 1**: Identify Hazard**: The over goal is to find and record all possible aspect of a hazard. Look at: incident records, filed reports, foreseeable unusual conditions, determine whether a product, machine or equipment can be intentionally or unintentionally changed/malfunction – w/chairs, mechanical lifts, etc. Consider level of staff expertise and challenges that new inexperienced staff may encounter.

HOW IS THE IS RISK ASSESSMENT CONDUCTED?

Step 2: **Determine the probability (likelihood) of harm, and its severity.** How do you know that an activity or product posses harm? **RESEARCH THE HAZARD** – manufacture's instruction, product information, past experiences, documented information, regulation and legislated requirements, direct observation of tasks, professional expertise. **Remember to include factors that contribute to the level of risks such as: frequency of an activity – exposure, skills and knowledge of staff conducting the activity, the work environment, the way the source may cause harm, the physical and mental state of the patients, etc.**

HOW IS THE IS RISK ASSESSMENT CONDUCTED?

Step 3: Ranking and Prioritizing Risks. This is one way to help determine which risk is the most serious and thus which to control first. Priority is usually established by considering exposure and the potential for incident, injury or illness. By assigning a priority to the risks, you are creating a ranking or an action list.

There is no one simple or single way to determine the level of risk. Nor will a single technique apply in all situations. The organization should determine which technique will work best for each situation.

Ranking hazards requires the knowledge of the workplace activities, urgency of situations, and most importantly, objective judgement – Example – use the hierarchy of needs: physiological needs first, followed by safety needs, love and belonging needs, ABCD of Nursing Patient Care.

HOW IS THE IS RISK ASSESSMENT CONDUCTED?

For simple or less complex situations, an assessment can literally be a discussion or brainstorming session based on knowledge and experience. In some cases, checklists or a probability matrix can be helpful. For more complex situations, a team of knowledgeable personnel who are familiar with the work is usually necessary.

Table 1: Risk matrix

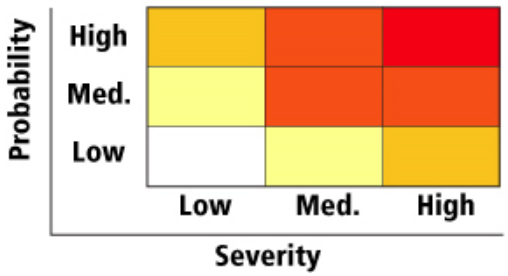
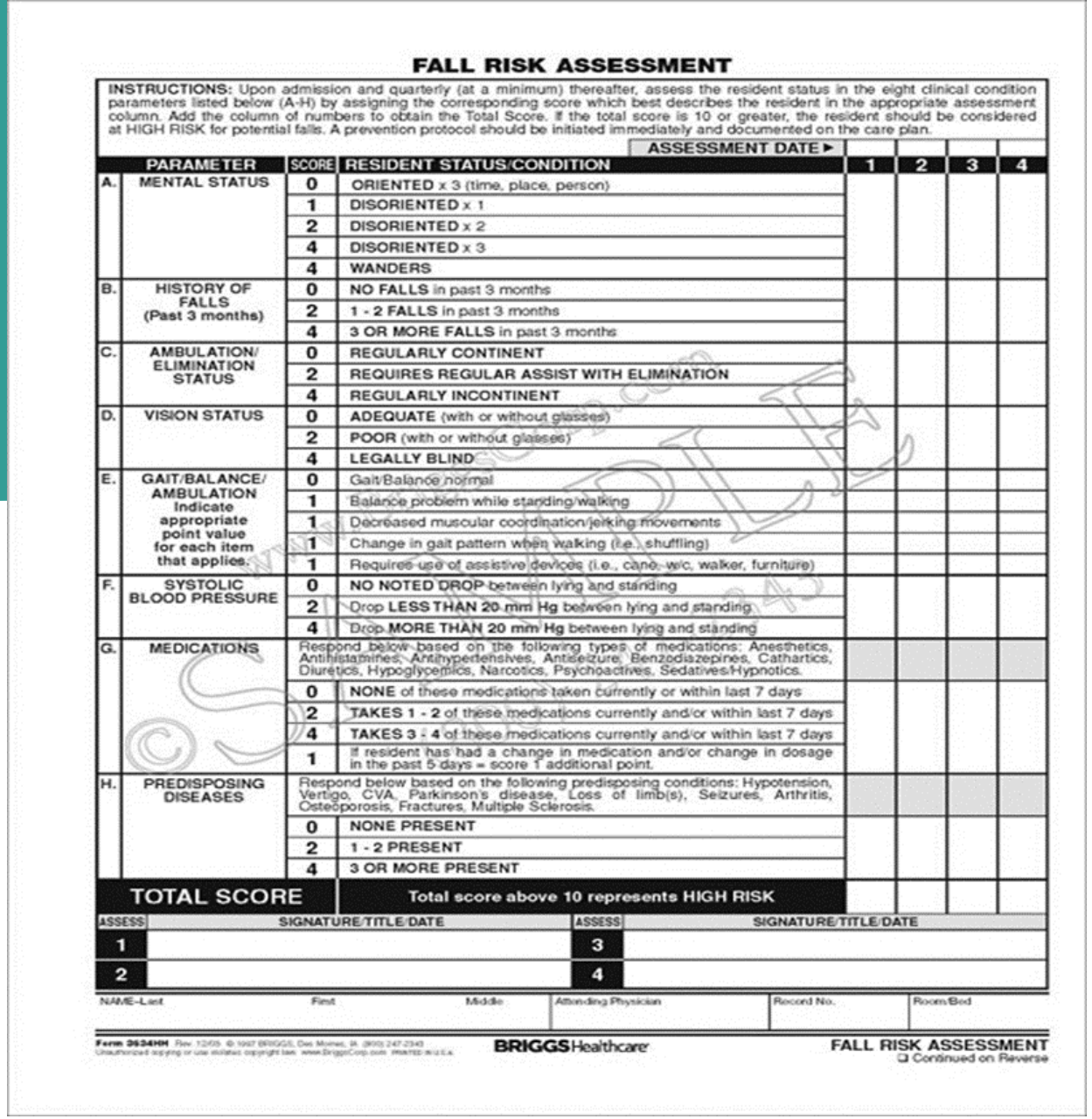


Table 2: Risk Ratings

Description	Colour Code
Immediately Dangerous	
High Risk	
Medium Risk	
Low Risk	
Very Low Risk	

HOW IS THE IS RISK ASSESSMENT CONDUCTED?



FALL RISK ASSESSMENT

INSTRUCTIONS: Upon admission and quarterly (at a minimum) thereafter, assess the resident status in the eight clinical condition parameters listed below (A-H) by assigning the corresponding score which best describes the resident in the appropriate assessment column. Add the column of numbers to obtain the Total Score. If the total score is 10 or greater, the resident should be considered at HIGH RISK for potential falls. A prevention protocol should be initiated immediately and documented on the care plan.

	PARAMETER	SCORE	RESIDENT STATUS/CONDITION	ASSESSMENT DATE ► 1	2	3	4
A.	MENTAL STATUS	0	ORIENTED x 3 (time, place, person)				
		1	DISORIENTED x 1				
		2	DISORIENTED x 2				
		4	DISORIENTED x 3				
		4	WANDERS				
B.	HISTORY OF FALLS (Past 3 months)	0	NO FALLS in past 3 months				
		2	1 - 2 FALLS in past 3 months				
		4	3 OR MORE FALLS in past 3 months				
C.	AMBULATION/ ELIMINATION STATUS	0	REGULARLY CONTINENT				
		2	REQUIRES REGULAR ASSIST WITH ELIMINATION				
		4	REGULARLY INCONTINENT				
D.	VISION STATUS	0	ADEQUATE (with or without glasses)				
		2	POOR (with or without glasses)				
		4	LEGALLY BLIND				
E.	GAIT/BALANCE/ AMBULATION Indicate appropriate point value for each item that applies.	0	Gait/Balance normal				
		1	Balance problem while standing/walking				
		1	Decreased muscular coordination/jerking movements				
		1	Change in gait pattern when walking (i.e., shuffling)				
		1	Requires use of assistive devices (i.e., cane, w/c, walker, furniture)				
F.	SYSTOLIC BLOOD PRESSURE	0	NO NOTED DROP between lying and standing				
		2	Drop LESS THAN 20 mm Hg between lying and standing				
		4	Drop MORE THAN 20 mm Hg between lying and standing				
G.	MEDICATIONS		Respond below based on the following types of medications: Anesthetics, Antihistamines, Antihypertensives, Antiseizure, Benzodiazepines, Cathartics, Diuretics, Hypoglycemics, Narcotics, Psychoactives, Sedatives/Hypnotics.				
		0	NONE of these medications taken currently or within last 7 days				
		2	TAKES 1 - 2 of these medications currently and/or within last 7 days				
		4	TAKES 3 - 4 of these medications currently and/or within last 7 days				
		1	If resident has had a change in medication and/or change in dosage in the past 5 days = score 1 additional point.				
H.	PREDISPOSING DISEASES		Respond below based on the following predisposing conditions: Hypotension, Vertigo, CVA, Parkinson's disease, Loss of limb(s), Seizures, Arthritis, Osteoporosis, Fractures, Multiple Sclerosis.				
		0	NONE PRESENT				
		2	1 - 2 PRESENT				
		4	3 OR MORE PRESENT				
	TOTAL SCORE		Total score above 10 represents HIGH RISK				

ASSESS	SIGNATURE/TITLE/DATE	ASSESS	SIGNATURE/TITLE/DATE
1		3	
2		4	

NAME–Last | First | Middle | Attending Physician | Record No. | Room/Bed

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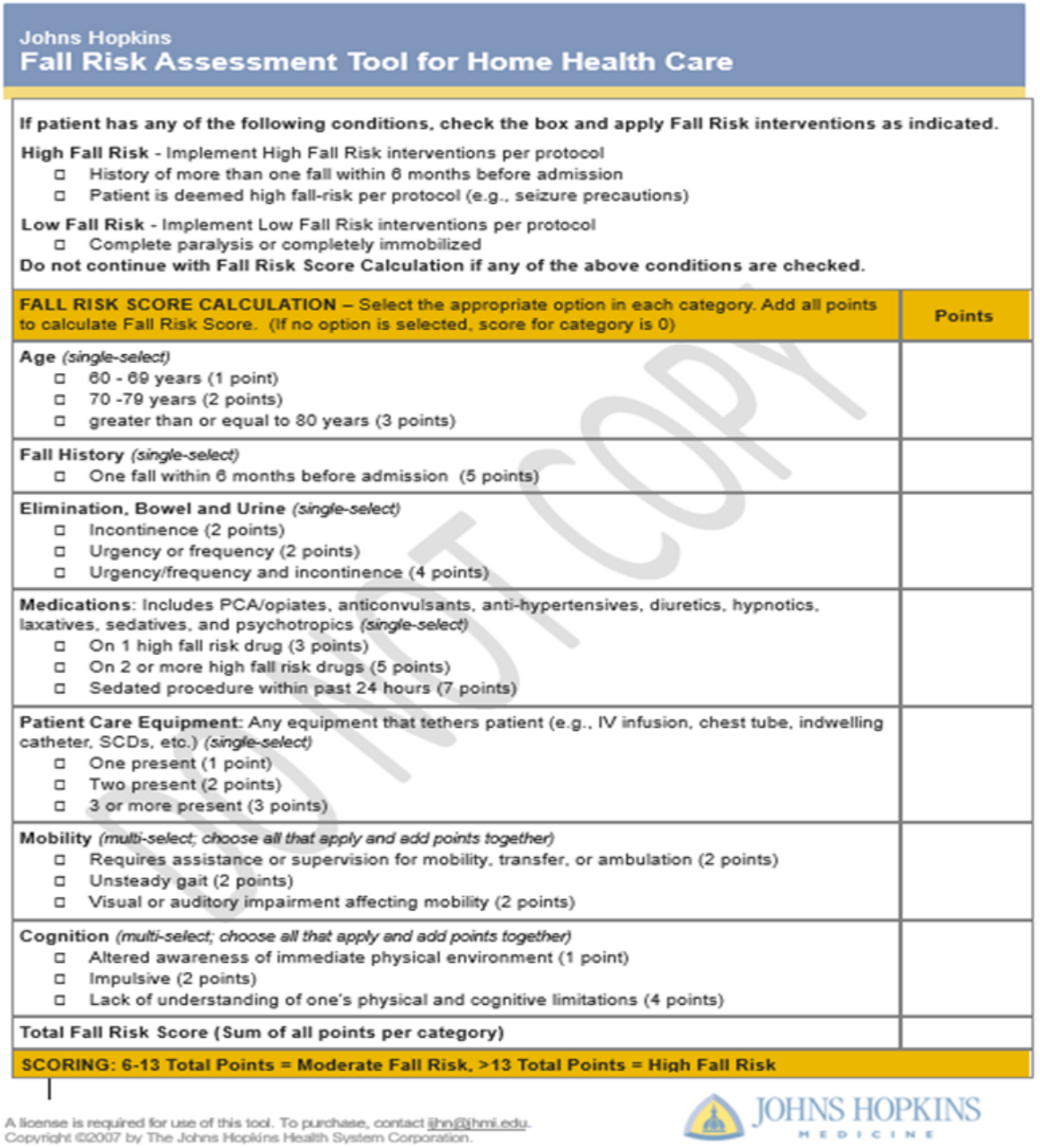
BRIGGS Healthcare

FALL RISK ASSESSMENT

❑ Continued on Reverse

HOW IS THE IS RISK ASSESSMENT CONDUCTED?



Johns Hopkins
Fall Risk Assessment Tool for Home Health Care

If patient has any of the following conditions, check the box and apply Fall Risk interventions as indicated.

High Fall Risk - Implement High Fall Risk interventions per protocol
- ☐ History of more than one fall within 6 months before admission
- ☐ Patient is deemed high fall-risk per protocol (e.g., seizure precautions)

Low Fall Risk - Implement Low Fall Risk interventions per protocol
- ☐ Complete paralysis or completely immobilized

Do not continue with Fall Risk Score Calculation if any of the above conditions are checked.

FALL RISK SCORE CALCULATION – Select the appropriate option in each category. Add all points to calculate Fall Risk Score. (If no option is selected, score for category is 0)	**Points**
Age *(single-select)* ☐ 60 - 69 years (1 point) ☐ 70 -79 years (2 points) ☐ greater than or equal to 80 years (3 points)	
Fall History *(single-select)* ☐ One fall within 6 months before admission (5 points)	
Elimination, Bowel and Urine *(single-select)* ☐ Incontinence (2 points) ☐ Urgency or frequency (2 points) ☐ Urgency/frequency and incontinence (4 points)	
Medications: Includes PCA/opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics *(single-select)* ☐ On 1 high fall risk drug (3 points) ☐ On 2 or more high fall risk drugs (5 points) ☐ Sedated procedure within past 24 hours (7 points)	
Patient Care Equipment: Any equipment that tethers patient (e.g., IV infusion, chest tube, indwelling catheter, SCDs, etc.) *(single-select)* ☐ One present (1 point) ☐ Two present (2 points) ☐ 3 or more present (3 points)	
Mobility *(multi-select; choose all that apply and add points together)* ☐ Requires assistance or supervision for mobility, transfer, or ambulation (2 points) ☐ Unsteady gait (2 points) ☐ Visual or auditory impairment affecting mobility (2 points)	
Cognition *(multi-select; choose all that apply and add points together)* ☐ Altered awareness of immediate physical environment (1 point) ☐ Impulsive (2 points) ☐ Lack of understanding of one's physical and cognitive limitations (4 points)	
Total Fall Risk Score (Sum of all points per category)	
SCORING: 6-13 Total Points = Moderate Fall Risk, >13 Total Points = High Fall Risk	

JOHNS HOPKINS MEDICINE

RISK ASSESSMENT TEMPLATE

For all residents, regardless of vaccination status; example of a simple risk assessment

Non-Medical/Medical Community Activities	Score
Prolonged contact with a person who has COVID-19	• If “yes”, consider higher-risk • If “no”, and fully vaccinated, assess as lower-risk and the risk assessment is complete. If unvaccinated or not fully vaccinated, proceed to the risk assessment

RISK ASSESSMENT TEMPLATE-UNVACCINATED/NOT FULLY VACCINATED RESIDENTS

Non-Medical Community Activities	Score
Indoor Activity	1
Unable to maintain social distance	1
> 5 at an activity	1
Duration of an activity	1
Duration of activity >1 hour	1
Unable to wear a mask during the entirety of the outing	1
TOTAL	**6**

Medical Community Activities(dialysis, outpatient clinic, etc.)	Score
Unable to maintain social distancing from other patients and Visitors at appointment	1
>5 people in common area	1
Duration of appointment >1 hour	1
Infection control measures (hand hygiene, masking, etc.) not in place at medical site	1
No screening of patients in place at appointment site	1
TOTAL	**5**

RISK ASSESSMENT TEMPLATE- UNVACCINATED/NOT FULLY VACCINATED RESIDENTS

0-2 = lower-risk activity (ex: walk in an uncrowded park)

3-5 = higher-risk activity (ex: eating in a crowded restaurant)

Lower-risk: educate on infection prevention, hand hygiene, and respiratory/cough etiquette. Actively screen residents daily for symptoms, before leaving, and after returning.

Higher-risk: all in lower risk and place in quarantine for 14 days since most recent exposure.

HOW IS THE IS RISK ASSESSMENT CONDUCTED?

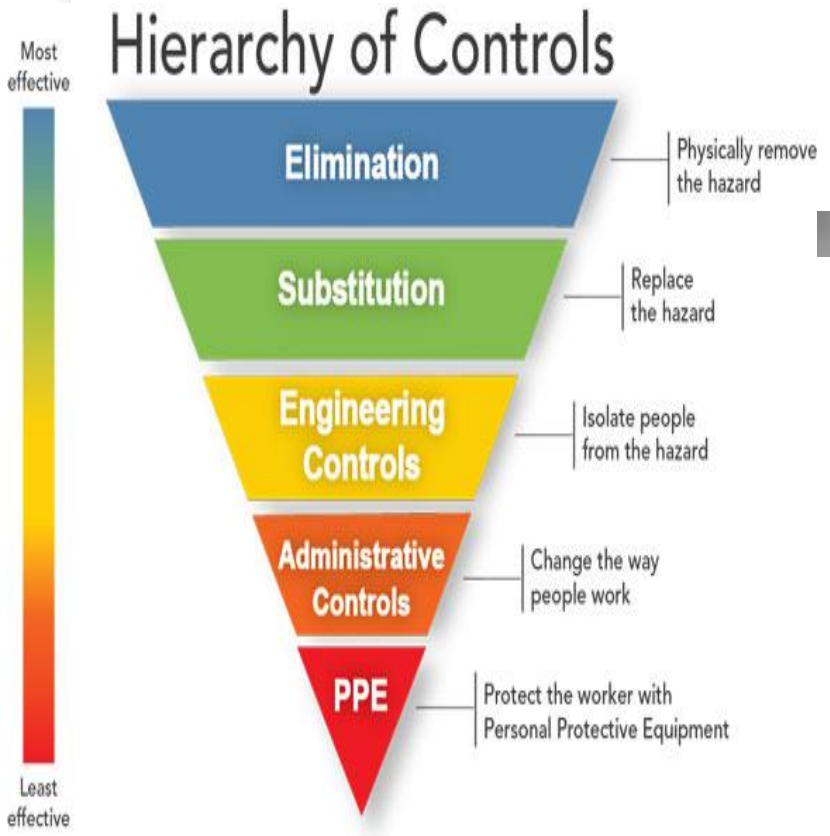
Elimination (including substitution): remove the hazard from the workplace, or substitute (replace) hazardous materials or machines with less hazardous ones.

Engineering Controls: includes designs or modifications to plants, equipment, ventilation systems, and processes that reduce the source of exposure.

Administrative Controls: controls that alter the way the work is done, including timing of work, policies and other rules, and **work practices** such as standards and operating procedures, job rotation (including training, housekeeping, and equipment maintenance, and personal hygiene practices).

Personal Protective Equipment: equipment worn by individuals to reduce exposure such as contact with chemicals or exposure to noise.

Step 4: Hazard Control/Interventions: Once you have established the priorities, facilities can decide on ways to control each specific hazard.



HOW IS THE IS RISK ASSESSMENT CONDUCTED?

Use the nursing process to develop and institute evidence-based nursing intervention.

Where the risk identified is equivalent to the Nursing Dx, control is equivalent to intervention and Evaluation equivalent to review.

Do not forget to document all your findings, new interventions, reassessments and reviews.

HOW IS THE IS RISK ASSESSMENT CONDUCTED?

Step 5: Monitoring &Reviewing Control Programs

It is important to monitor both the hazard and the control methods to ensure that the control is working effectively and that exposure to the hazard is reduced or eliminated.

This can be done through; **physical inspection, exposure assessment, observations, injury and illness tracking, accident/incident investigations reports, employee feedback/input, occupational health assessment and other methods.**

Be sure to answer the following questions:

- Have the controls solved the problem?
- Are new hazards appropriately controlled?
- Are monitoring processes adequate?
- Have workers been adequately informed about the situation?
- Have orientation and training programs been modified to deal with the new situation?
- Are any other measures required?
- Has the effectiveness of hazard controls been documented in your committee minutes?

Questions?

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.