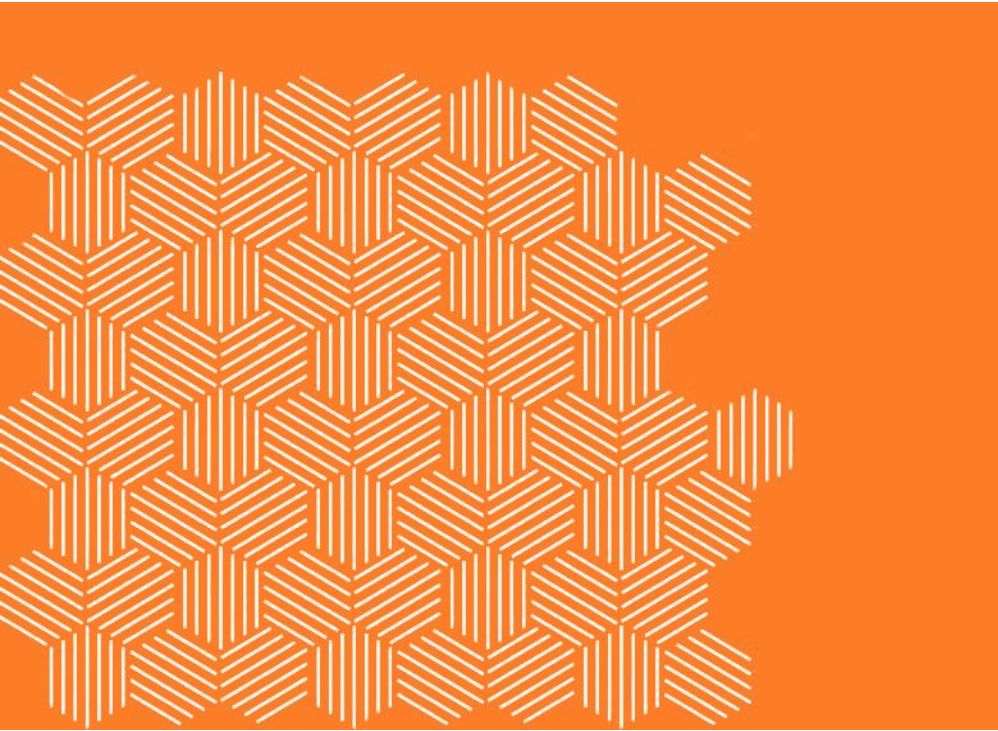


COVID-19 Q&A Hour for Long Term Care: Adult Family Homes



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/

- Adult Family Home Council:

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

Panelists

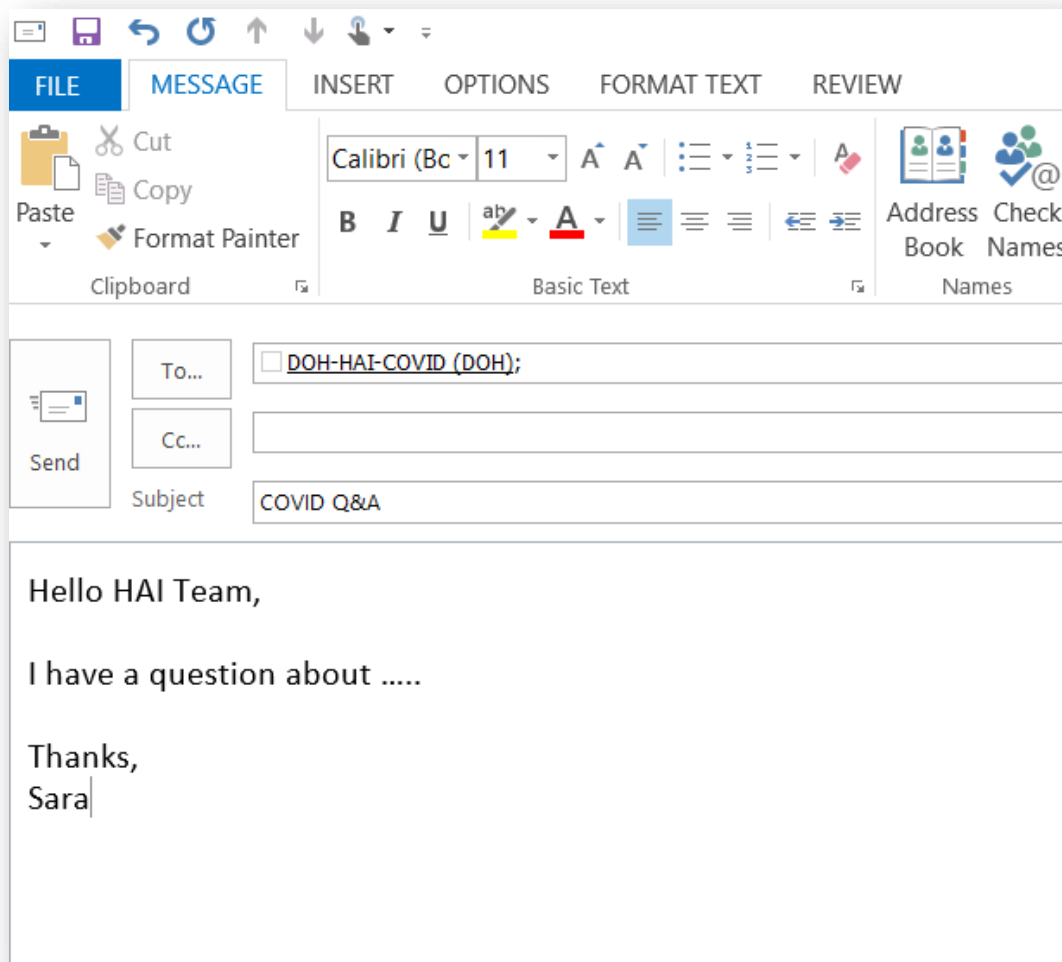


Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



Infection Control Assessment & Response (ICAR) Program

Free, non-regulatory ICARs are a great opportunity for skilled nursing facilities, adult family homes, and assisted living facilities to:

- Ask a Department of Health infection prevention expert questions.
- Get help finding gaps in your infection control protocols.
- Receive personalized advice and recommendations for your facility.

There are multiple ways to schedule an ICAR:

- Visit <https://fortress.wa.gov/doh/opinio/s?s=ICARconsultation>
- Email Maria Capella-Morales maria.capella-morales@doh.wa.gov
- Email Melissa Feskin Melissa.Feskin@doh.wa.gov

In partnership with:

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



LONG-TERM CARE FACILITY STAFF:

Reasons to Get Vaccinated Against COVID-19 Today

- 1** You are on the front lines and risk being exposed to people with COVID-19 each day on the job.
- 2** Protecting you also helps protect your residents and your family, especially those who may be at higher risk for severe illness from COVID-19.
- 3** You matter to us and play an essential role in keeping your community healthy.



Lead the way!

Encourage your coworkers, residents, family, and friends to get vaccinated.



11/20/20

www.cdc.gov/coronavirus/vaccines

Videos:

Long-Term Care Community

Champions: Voices From the Front Line

**Nursing home staff
are on the **FRONT LINES**
with their residents every day**

**Protected staff means
PROTECTED RESIDENTS
and a protected community**

<https://www.youtube.com/watch?v=k0WbAhveyDY>

Vaccine Resources in multiple languages:

Resources and Recommendations ::

Washington State Department of Health

**1-833-VAX-HELP for
vaccine information**

<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-LTCF-staff-poster-reasons-to-vaccinate-today.pdf>

Long-Term Care COVID-19 Immunization Champion Award

Continue to increase your LTCF staff vaccinations to qualify for next quarterly award!



Vaccine Type	1 st dose received by:	2 nd dose received by:
Pfizer	September 13, 2021	October 4, 2021
Moderna	September 6, 2021	October 4, 2021
J&J	October 4, 2021	One and Done

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/LongTermCareFacilities/LongTermCareCOVID19ImmunizationChampionAward>

Long-Term Care COVID-19 Immunization Champion Award

Be recognized for your work and accomplishments to protect against COVID-19 in your facility!

It's simple to apply by responding to a 5-question survey!

Next deadline to be announced later.

- Any Long-Term Care facilities can participate <https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P>
 - Skilled Nursing Facilities use NHSN to report staff rates
- For questions about the awards, contact flufighter@doh.wa.gov
- For questions about the survey, contact LTC-COVID-Vaccination-Survey@doh.wa.gov using subject line: LTC COVID-19 Vaccination Survey.

NHSN Questions for Skilled Nursing COVID-19 Vaccination Reporting

Two new required vaccination questions on additional and booster doses for residents and staff data:

1. Report cumulative number of individuals **eligible** to receive an additional dose or booster of vaccine.
 2. Report cumulative number of individuals who **received** an additional dose or booster of vaccine by manufacturer type (only Pfizer & Moderna are approved for additional doses)
- Facilities should refer to the CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) to determine which individuals are eligible to receive additional or booster doses. **According to the current guidance, an additional mRNA COVID-19 vaccine dose is recommended for moderately to severely immunocompromised people after they completed an initial 2-dose mRNA vaccine series.**



STRATEGIES TO MITIGATE STAFFING SHORTAGES

Office of Communicable Disease Epidemiology
Healthcare-Associated Infections



Staffing Capacity Strategies

- Conventional
- Contingency
- Crisis

These strategies should be implemented sequentially. For example, implement contingency strategies before crisis strategies. Facility should communicate staffing needs with the local health jurisdiction (LHJ).

***Crisis capacity strategy should be implemented only with collaboration and approval from your LHJ.**

Conventional Staffing Strategies

- ❑ Facility has adequate staff to provide a safe environment for healthcare personnel (HCP) and residents.

- ❑ Healthcare facility should:
 - Prepare for staffing shortages
 - Have plans and processes in place to mitigate shortages
 - Provide resources to assist HCP with [anxiety and stress](#)

Conventional Staffing Strategies (Cont.)

- ❑ Facility should do the following to keep staff healthy:
 - Have adequate PPE supplies
 - Training on donning/doffing of PPE/routine audits/feedback
 - [PPE-Competency-Tool](#)
 - Hand hygiene education/routine audits/feedback
 - [Hand-Hygiene-Competency-Tool](#)
 - Ensure staff are wearing a well-fitted medical face mask
 - Ensure staff are wearing eye protection
 - Fit test staff with the N95 respirator (OSHA/L&I required)
 - [DOH Fit Testing Resources](#)
 - Educate staff to do a seal check when donning N95
 - Encourage staff to be fully vaccinated with one of COVID-19 vaccines
 - Routine cleaning/disinfection of facility and equipment

Contingency Capacity Strategies

- ❑ Adjust staff schedules
- ❑ Hire additional HCP
- ❑ Rotate HCP to positions to provide support for patient care activities
 - HCP should receive orientation and training
- ❑ Assess and address social factors that prevent HCP coming to work
 - E.g., transportation, housing
- ❑ Cancel all non-essential procedures and visits
- ❑ Develop regional plans to identify healthcare facilities or alternate care sites to care for residents with SARS-CoV-2 (the virus that causes COVID-19), if available
- ❑ *What is your facility doing to mitigate staffing shortages?*

Contingency Capacity Strategies (Cont.)

- Allow asymptomatic HCP who had a **higher-risk exposure** to SARS-CoV-2 but are not known to be infected, to shorten their duration of work restrictions. (discussed in more detail on slide 8 & 9)
 - Higher-risk exposure generally involves exposure of HCP's eyes, nose, or mouth to COVID-19, particularly if HCP were present in the room during an aerosol-generating procedure.
 - Work restriction is not required if HCP is:
 - Asymptomatic and has recovered from SARS-CoV-2 in the prior 3 months
 - Asymptomatic and is fully vaccinated

HCP Exposure Risk/Work Restrictions

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged (≥ 15 minutes) close contact (within 6 feet) with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection</p>	<ul style="list-style-type: none"> HCP not wearing a respirator or facemask HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing and aerosol-generating procedure 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure <ul style="list-style-type: none"> Don't exclude HCP if asymptomatic and: <ul style="list-style-type: none"> Has recovered from SARS-CoV-2 in prior 3 months Is fully vaccinated Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
<p>HCP other than those with exposure risk described above</p>	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No work restrictions Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

HCP with [travel](#) or [community](#) exposures should inform their occupational health program for guidance on need for work restrictions. HCP who should follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler. HCP with community exposures should be restricted from work if they have a community exposure for which quarantine is recommended.

Contingency Capacity Strategies (Cont.)

- ❑ Facility should understand the following when shortening the duration of work restriction:
 - Facility should understand transmission risks
 - HCP should report temperature and absence of symptoms each day before work
 - If HCP develop even mild symptoms consistent with SARS-CoV-2, they should either not report to work or stop working and notify their supervisor prior to leaving work (prioritize for testing)
 - If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all [Return to Work Criteria](#)

Contingency Capacity Strategies (Cont.)

❑ Shortening quarantine (CDC recommends 14 days) per CDC's two acceptable alternatives:

1. Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.

- Transmission risk is about 1% - 10%

2. *When diagnostic testing resources are sufficient and available*, then quarantine can end after Day 7 **if** a diagnostic specimen tests negative **and** if no symptoms were reported during daily monitoring.

- Transmission risk is about 5% - 12%

○ In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met.

Crisis Capacity Strategies

- When there are no longer enough staff to provide safe patient care implement crisis capacity strategies (in collaboration with your **LHJ***, human resources and occupational health):
 - Implement regional plans to transfer patients with COVID-19 to [designated healthcare facilities](#), or [alternate care sites](#) with adequate staffing, if available
 - Allow asymptomatic HCP who are not fully vaccinated and have had a [higher-risk exposure](#) to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.
 - If permitted to work, these HCP should be monitored for symptoms

*Crisis strategy should be implemented only with collaboration and approval from your LHJ.

Crisis Capacity Strategies (Cont.)*

- If shortages continue despite other mitigation strategies, as a last resort consider allowing HCP with suspected or confirmed SARS-CoV-2 infection who are **asymptomatic** and willing to work but have not met all [Return to Work Criteria](#) to work.
 - Considerations for determining which HCP could be allowed to work include:
 - The type of HCP shortages that need to be addressed.
 - Where individual HCP are in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness).
 - Their degree of interaction with patients and other HCP in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
 - The type of patients they care for (e.g., immunocompromised patients or only patients with SARS-CoV-2 infection).

*If you allow HCP with suspected or confirmed SARS-CoV-2 to work, you should have exhausted all other options first and this should only be implemented with consultation and approval from your LHJ.

Crisis Capacity Strategies (Cont.)*

- If **asymptomatic** HCP with suspected/confirmed SARS-CoV-2 are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider ***prioritizing their duties in the following order:***
 - Allow HCP with suspected or confirmed SARS-CoV-2 infection to perform job duties where they do not interact with others (e.g., residents or other HCP), such as in telemedicine services.
 - Allow HCP with confirmed SARS-CoV-2 infection to provide direct care only for patients with confirmed SARS-CoV-2 infection, preferably in a cohort setting.
 - Allow HCP with confirmed SARS-CoV-2 infection to provide direct care for patients with suspected SARS-CoV-2 infection.

*This strategy should be implemented only with collaboration and approval from your LHJ.

Crisis Capacity Strategies (Cont.)

- ❑ If HCP are permitted to return to work before meeting all [Return-to-Work Criteria](#), they should still adhere to all [Return-to-Work Practices and Work Restrictions](#) recommendations described in that guidance.
 - HCP should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
 - A respirator or well-fitting facemask should be worn even when they are in non-patient care areas such as breakrooms.
 - They should always practice social distancing from coworkers.
 - If they must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others.
 - They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.
 - Residents should wear [well-fitting source control](#) if tolerated while interacting with these HCP.

Crisis Capacity Strategies (Cont.)

- When crisis capacity is implemented the healthcare facility (in collaboration with risk management) should inform residents and HCP:
 - When the facility is operating under crisis standards
 - What changes in practice should be expected
 - What actions will be taken to protect them from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are allowed to work.

Rapid Response Short-Term Staffing

□ Rapid Response Staffing Team has been reinstated 9/2/21:

- Rapid Response Team 2 Management will screen requests based on three priorities:
 - **Priority 1** is patient admissions from acute care hospitals to offload discharges and supporting providers participating in the ALTSA incentive program.
 - **Priority 2** is staffing homes with a certain % of COVID-19 cases.
 - **Priority 3** is for other urgent staffing needs to meet resident care and service delivery.Screening will be in order of prioritization.

- Request short term staffing support by completing a Rapid Response Request form (DSHS 02-716) and submitting to **rapidresponse@dshs.wa.gov**.

https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/multiple/021-09-02-1.pdf?utm_medium=email&utm_source=govdelivery

Three Key Points

- ❑ Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including communicating with HCP about actions the facility is taking to address shortages and maintain patient and HCP safety and providing resources to assist HCP with [anxiety and stress](#).
- ❑ Crisis capacity strategy should be implemented only with collaboration and approval from your LHJ.
- ❑ If you allow an asymptomatic HCP with suspected or confirmed SARS-CoV-2 to work, you should have exhausted all other options first and this should only be implemented with consultation and approval from your LHJ.

Bibliography

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
- https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscientific-brief-options-to-reduce-quarantine.html
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