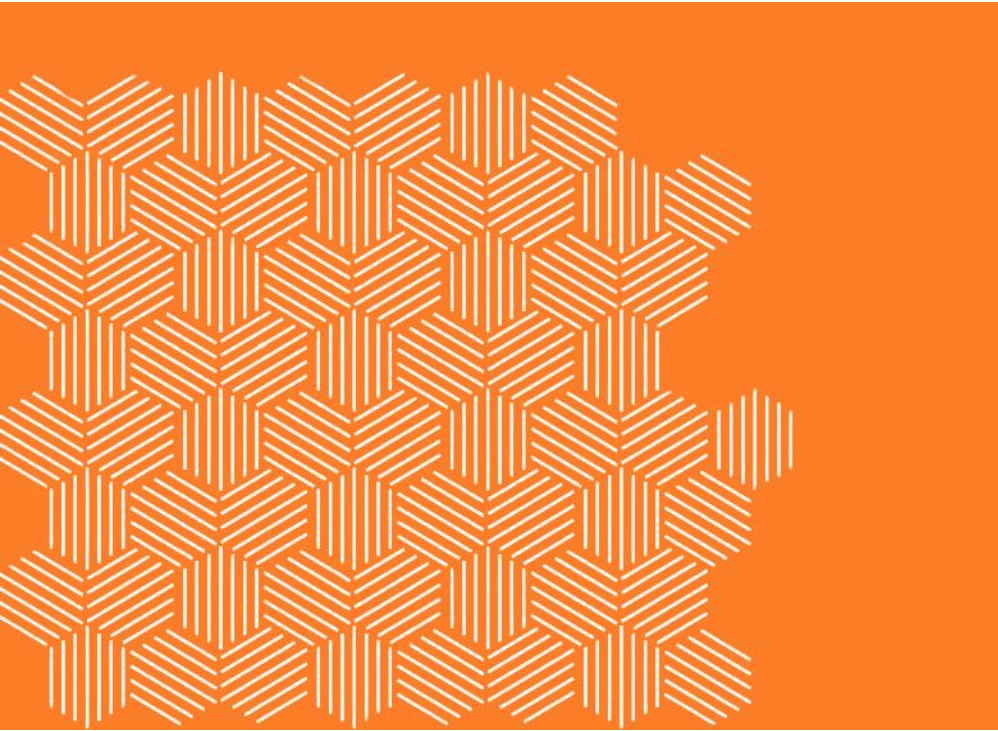


# COVID-19 Q&A Hour for Long Term Care: Adult Family Homes



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>

# Welcome to 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

---

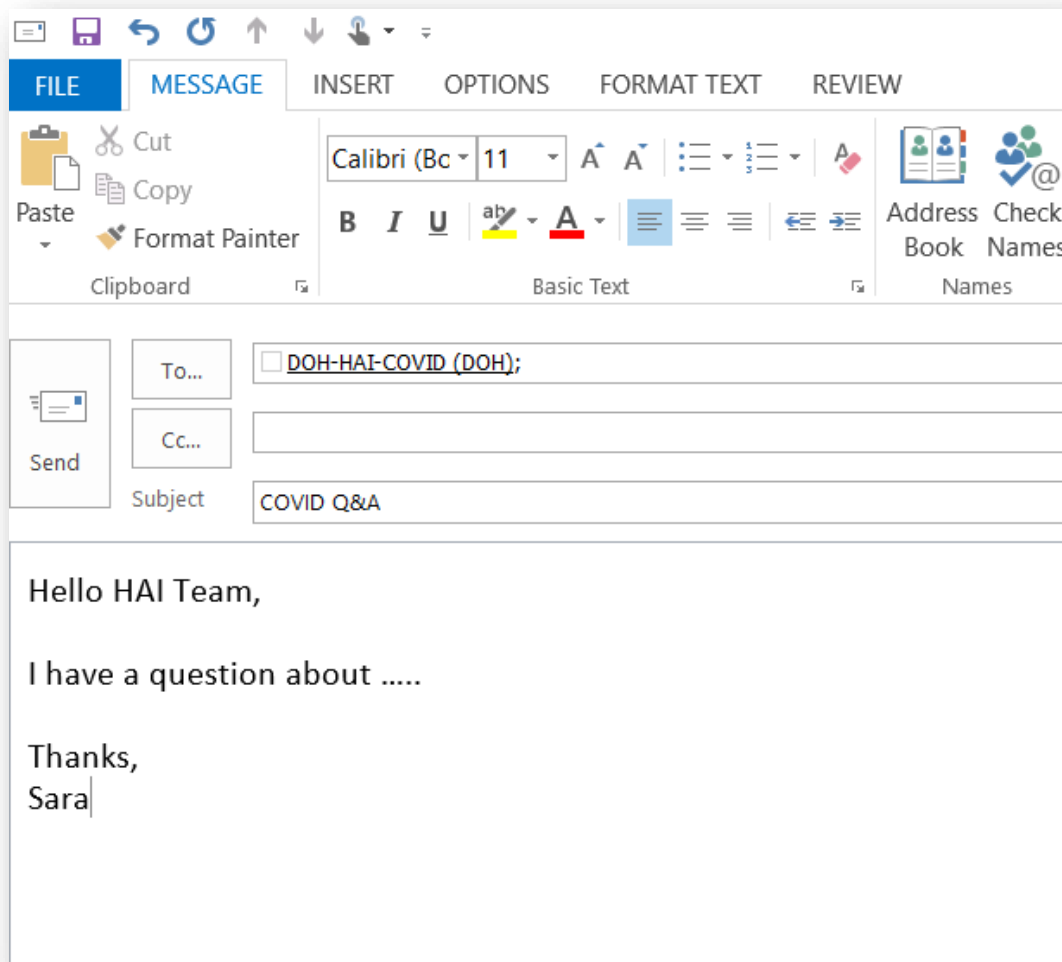


# Send Us Your Questions Ahead of Time

**Subject Line:**  
COVID Q&A

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

**Due by:** COB Tuesday



# 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](mailto:maria.capella-morales@doh.wa.gov)
- Email Melissa Feskin [Melissa.Feskin@doh.wa.gov](mailto: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](http://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

---

**Your staff's vaccinations may qualify you for an award based on June/July/Aug 2021 LTCF staff vaccination rates!**

## Long Term Care COVID-19 Immunization Champion Award

The Department of Health, in cooperation with the Department of Social and Health Services, the Adult Family Home Council, the Washington Health Care Association, LeadingAge Washington, the Community Residential Services Association, and the Washington Long Term Care Advisory Committee is proud to announce a new immunization recognition program.

The *Long Term Care COVID-19 Immunization Champion Award* program recognizes long term care facilities, nursing homes and agencies in Washington who obtain COVID-19 vaccination rates of at least 70% among their employees.

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

# Long-Term Care COVID-19 Immunization Champion Award

**Accept your recognition responding to a 5 question survey!**

- Any Long-Term Care facilities can participate  
<https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P>
- For questions, contact [LTC-COVID-Vaccination-Survey@doh.wa.gov](mailto:LTC-COVID-Vaccination-Survey@doh.wa.gov) using subject line: LTC COVID-19 Vaccination Survey.

# COVID-19 Vaccination Requirement (Proclamation 21-14) for health care providers, workers and settings



## COVID-19 Vaccination Requirement (Proclamation 21-14) for health care providers, workers and settings

Link to proclamation: [21-14 - COVID-19 Vax Washington](#)

### General Proclamation Questions

#### **What does Proclamation 21-14 do?**

Proclamation 21-14, issued by Gov. Jay Inslee on August 9, 2021, requires health care providers, which is defined broadly to include not only licensed health care providers but also all employees, contractors, volunteers, and providers of goods and services who work in a health care setting, to be fully vaccinated against COVID-19 by October 18, 2021. It also requires operators of health care settings to verify the vaccination status of

- a) Every employee, volunteer, and contractor who works in the health care setting, whether or not they are licensed or providing health care services, and
- b) Every employee, volunteer, and contractor who provides health care services for the health care setting operator.

#### **On what legal grounds can this be imposed?**

In response to the emerging COVID-19 threat, Inslee declared a state of emergency on February 29, 2020, using his broad emergency authority under chapter 43.06 RCW. More specifically, under RCW 43.06.220, after a state of emergency has been declared, the governor may prohibit any activity that they believe should be prohibited to help preserve and maintain life, health,

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/505-160-VaccinationRequirementFAQs.pdf>

# Routine Testing

Routine Testing for ALL STAFF			
Facility Type	Required/recommended	County Positivity**	Minimum Frequency*
SNF	Required by <a href="#">CMS QSO-20-38-NH***</a>	<5%	Once a month
		5-10%	Once a week
		>10%	Twice a week
All other licensed LTCFs	Follow LHJ direction, otherwise, optional if resources are available.	<5%	Once a month
		>5%	Once a week

For county positivity - <https://data.cms.gov/covid-19/covid-19-nursing-home-data>

**\*\*\*YOU CAN TEST MORE FREQUENTLY\*\*\***

- <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/420-334-TestingLongTermCareFacilities.pdf>



## Management of COVID-19 Positive Residents in Long Term Care



August 19, 2021

# COVID Outbreak in Long Term Care

## Outbreak Definition:

- $\geq 1$  facility- or agency-acquired COVID-19 infection in a resident

**or**

- $\geq 2$  COVID-19 infections in staff who were on-site in the facility at any time during their infectious period OR during their exposure period (with no other known or more likely exposure source).

## **Please note:**

- If a single case of COVID-19 (staff or resident) in a facility is identified, all staff and residents need to be tested as soon as possible. Every case of COVID-19 diagnosed in a facility should be reported to local public health.
- Any increase in respiratory illness over the normal background rate in a long-term care facility should be reported to local public health, even before testing is completed.

# How to Manage Outbreaks in Long Term Care

Outbreaks should be managed in **collaboration with local public health** who will help guide actions and determine the extent of the outbreak

While experiencing an outbreak, LTCF should meet minimum standards when determining if it is safe to resume admissions\* including:

- Infection prevention policies must be in place and infection prevention expertise available (through IP staff if SNF and/or local health dept.)
- Ample supply of all PPE and COVID-19 testing capacity to safely care for residents;
- A designated COVID area, or plans in place for a designated COVID area that can be quickly implemented

**\*If facility is in outbreak, decisions regarding admission status must be made with local health department**

# COVID Areas: How to Plan

- **Quick** isolation precautions for positive residents and quarantine precautions for exposed residents to decrease risk of transmission
- **PPE available** at or very close to each resident room and safe PPE doffing areas
- **Effective and safe cohorting** of residents and resident care staff
- **At least one round** of facility-wide testing complete, with all results reported



# Quarantine vs. Isolation

- **QUARANTINE**  
**Precautions:** for residents who have been exposed to others with COVID-19, prevents spread of disease between residents and to staff
- **ISOLATION Precautions:** for residents who are suspected or confirmed to have COVID-19, prevents spread of disease between residents and to staff

	Quarantine	Isolation
Length of time	<p><b>14 Day Quarantine for:</b></p> <ul style="list-style-type: none"> <li>• New or current resident, regardless of vaccination status, with exposure* to someone with COVID-19 and <b>not symptomatic**</b></li> <li>• Resident is newly admitted and not fully vaccinated</li> </ul> <p>*exposure = within 6 ft and cumulative 15 minutes or more in 24-hr period</p> <p>** if quarantined resident starts experiencing any COVID-19 symptoms, change to Isolation Precautions and test resident ASAP</p>	<p>Isolation ends* 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> <p>* if the resident is severely immunocompromised or because severely ill with COVID-19, increase time to 20 days and meet other criteria</p>
Reason for TBP	<p>The time from exposure to COVID-19 to symptom onset, or incubation period, is 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</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>

# What is Cohorting?

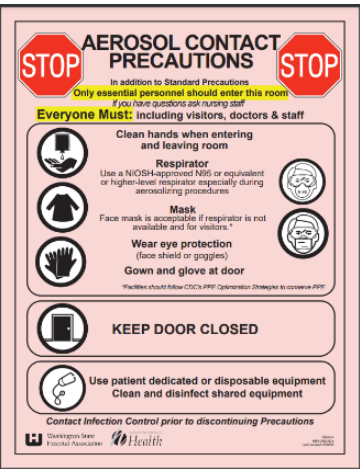
Cohorting is an infection prevention measure that creates a separation of residents who are ill and others who are not

- Sometimes referred to as **red**, **yellow**, and **green** areas (**Red**=COVID positive, **Yellow**= quarantined, **Green** = negative, no symptoms)

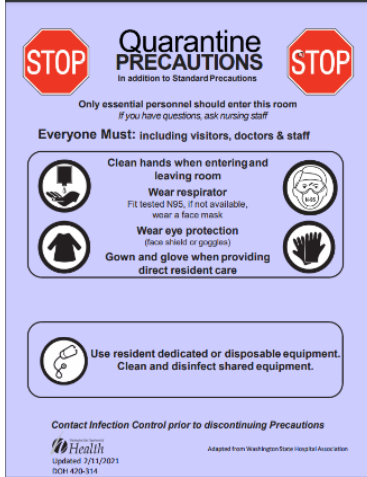
Benefits of Cohorting residents with known or suspected COVID-19:

- Decreases risk of spreading COVID-19 by dedicating staff to care for only COVID-19 positive residents
- Works well with memory care/dementia and other resident populations that are difficult to keep from other residents
- Allows for extended use of respirators, preserving supply

# Strategies for COVID areas

Resident Room Signs	Patient Criteria	Cohort	Staffing	PPE required
 <p>The sign is titled "AEROSOL CONTACT PRECAUTIONS" and features two red octagonal "STOP" signs at the top corners. Below the title, it states "In addition to Standard Precautions Only essential personnel should enter this room" and "If you have questions ask nursing staff". A yellow box highlights "Everyone Must: including visitors, doctors &amp; staff". The sign lists several requirements: "Clean hands when entering and leaving room", "Respirator" (NIOSH-approved N95 or equivalent), "Mask" (face mask acceptable if respirator is not available), "Wear eye protection" (face shield or goggles), and "Gown and glove at door". It also includes a "KEEP DOOR CLOSED" section with a door icon and a "Use patient dedicated or disposable equipment" section. At the bottom, it says "Contact Infection Control prior to discontinuing Precautions" and lists logos for Washington State Hospital Association and Health.</p>	<ul style="list-style-type: none"> <li>Laboratory-confirmed COVID-19 (positive test)</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable if no other reasons for isolation precautions (e.g., MDROS, C-diff, Influenza, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated staff</li> <li>Reduce number of staff interacting with patient environment</li> <li>Dedicated EVS staff, if possible</li> <li>If dedicated staff not possible, EVS should start in Standard unit and move to COVID unit (avoid back and forth)</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Fit tested N95 and eye protection is always worn anywhere on the unit</li> <li>Gowns and gloves when entering resident rooms</li> <li>Must change gowns and gloves between residents</li> </ul> <p><b>Residents</b></p> <ul style="list-style-type: none"> <li>Source control on residents upon leaving their room or within 6 feet of others</li> </ul>

# Strategies for Quarantine Areas

Resident room signs	Resident Criteria	Cohort	Staffing	PPE required
 <p><b>Quarantine PRECAUTIONS</b> In addition to Standard Precautions</p> <p>Only essential personnel should enter this room If you have questions, ask nursing staff</p> <p><b>Everyone Must:</b> including visitors, doctors &amp; staff</p> <ul style="list-style-type: none"> <li>Clean hands when entering and leaving room</li> <li>Wear respirator Fit tested N95, if not available, wear a face mask</li> <li>Wear eye protection (face shield or goggles)</li> <li>Gown and glove when providing direct resident care</li> </ul> <p>Use resident dedicated or disposable equipment. Clean and disinfect shared equipment.</p> <p>Contact Infection Control prior to discontinuing Precautions</p> <p><small>Adapted from Washington State Hospital Association Updated 3/13/2021 ID# 400-314</small></p>	<p><b>All residents are asymptomatic but at risk for being positive</b></p> <ul style="list-style-type: none"> <li>Newly admitted residents who are not fully vaccinated</li> <li>Residents (regardless of vaccination status) with known exposure to people who have COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Single rooms with private bath, if possible</li> <li>If room sharing is necessary, consider risk of exposure and vulnerability of roommate</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated staff, if possible</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Fit-tested N95 and eye protection is always worn anywhere on the unit</li> <li>Gowns and gloves when entering resident rooms</li> <li>Must change N95, gowns and gloves between residents</li> </ul> <p><b>Residents</b></p> <ul style="list-style-type: none"> <li>Source control on residents upon leaving their room or within 6 feet of others</li> </ul>

# LTC Facility-Wide Testing During Outbreak

**\*\*Facility-wide testing (all staff, all residents) and report to local health dept. needs to begin with even one positive staff or resident\*\***

Testing ALL STAFF and ALL RESIDENTS if one staff or facility-onset case* is identified			
Facility Type	Required/recommended	Frequency	Duration
SNF	Required by <a href="#">CMS QSO-20-38-NH</a>	Every 3-7 days	Until no positives are identified 14 days from most recent positive
All other licensed LTCFs	Recommended, in coordination with the LHJ		

- Work with your local health department for testing guidance and supplies
- Report all new staff and resident positives to local health dept and DSHS (and NHSN if SNF)
- If local health dept does not have testing supplies, fill out request form: [COVID-19 Testing Supply Request Portal \(smartsheet.com\)](#)

# Other things to consider

## PPE supply

- In an outbreak, LTCFs go through PPE very quickly
- Utilize PPE burn rate calculator **before outbreak** to guide you on how much to keep in stock (this will differ from one facility to another depending on number of staff and residents): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- Do not make decisions to extend use or reuse any PPE before checking in with local health department

## Staff reminders

- Break room/area: hand hygiene, space, and cleaning
- Accommodate spaced breaks if possible (conference or other unused rooms)
- Avoid sitting in cars together without masks (smoking, eating, etc. High risk, very little ventilation)
- Do not come to work with any new symptoms- test ASAP if experiencing symptoms (drive-up preferred)

## Cleaning, air movement

- High-touch surface cleaning
- Increase air flow in rooms where people gather

Questions?



Thank you!!