COVID-19 Q&A Hour for Long Term Care: Nursing Homes and Assisted Living Facilities

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

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/

- 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

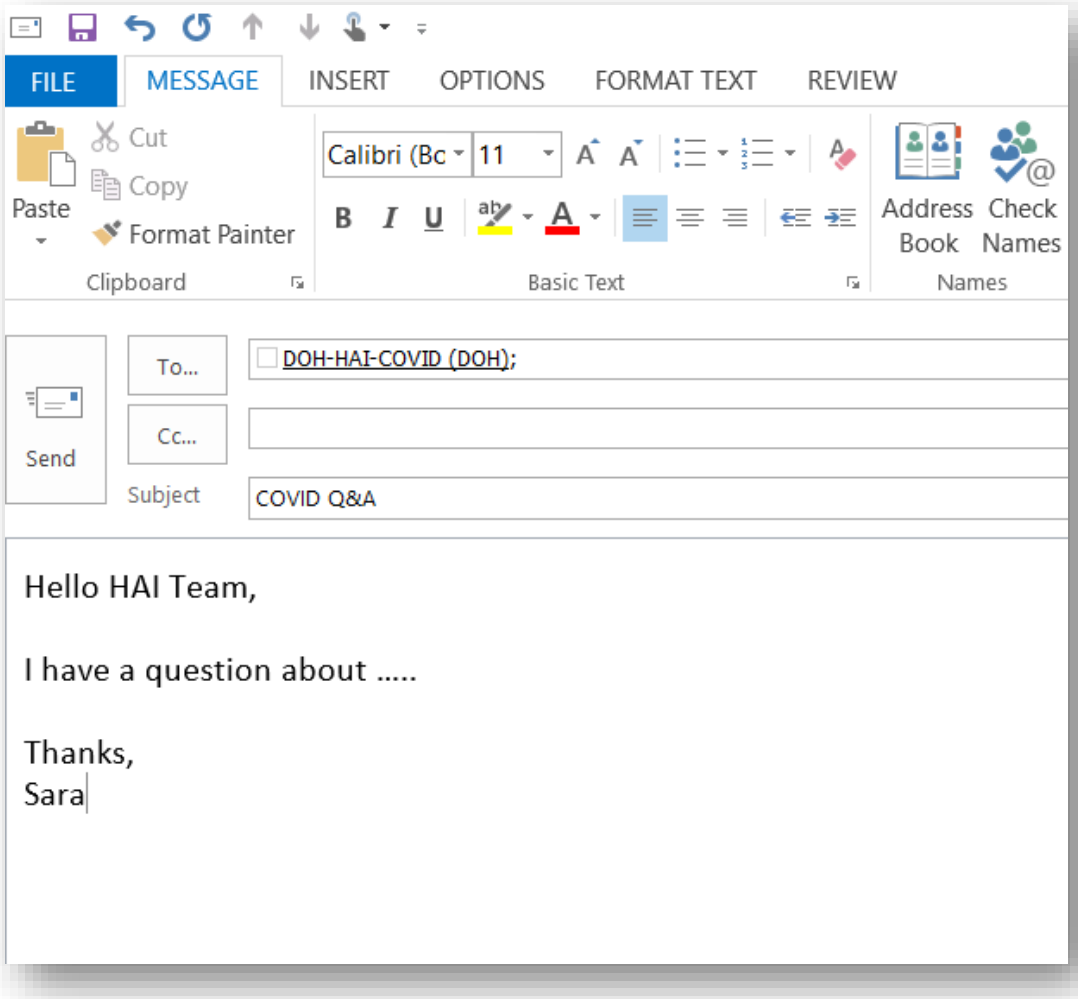
Comagine Health

Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



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.

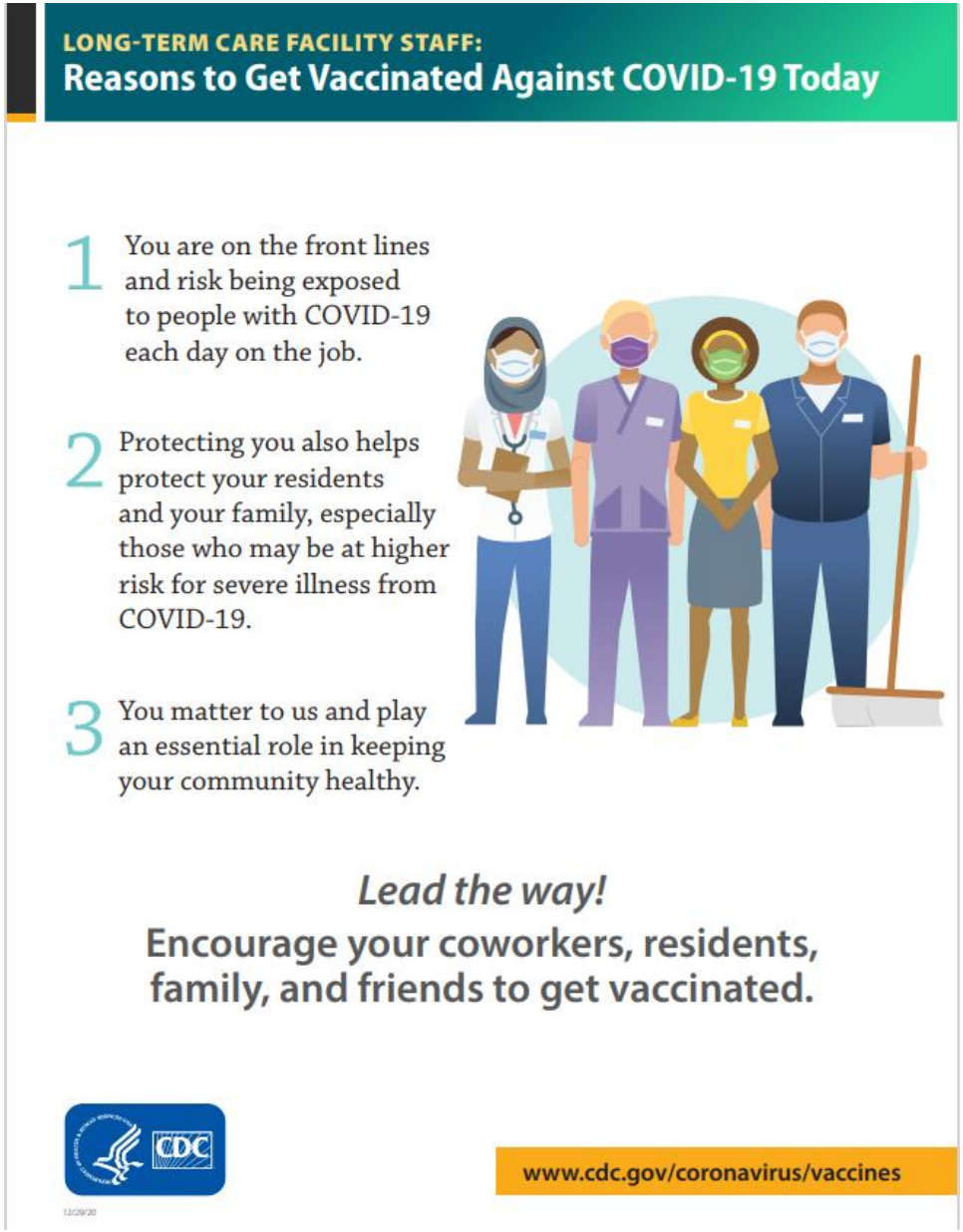
There are multiple ways to schedule an ICAR:

- 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

Washington State Department of Health



Videos:

Long-Term Care Community Champions: Voices From the Front Line

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

Vaccine Resources in multiple languages: Resources and Recommendations :: Washington State Department of Health

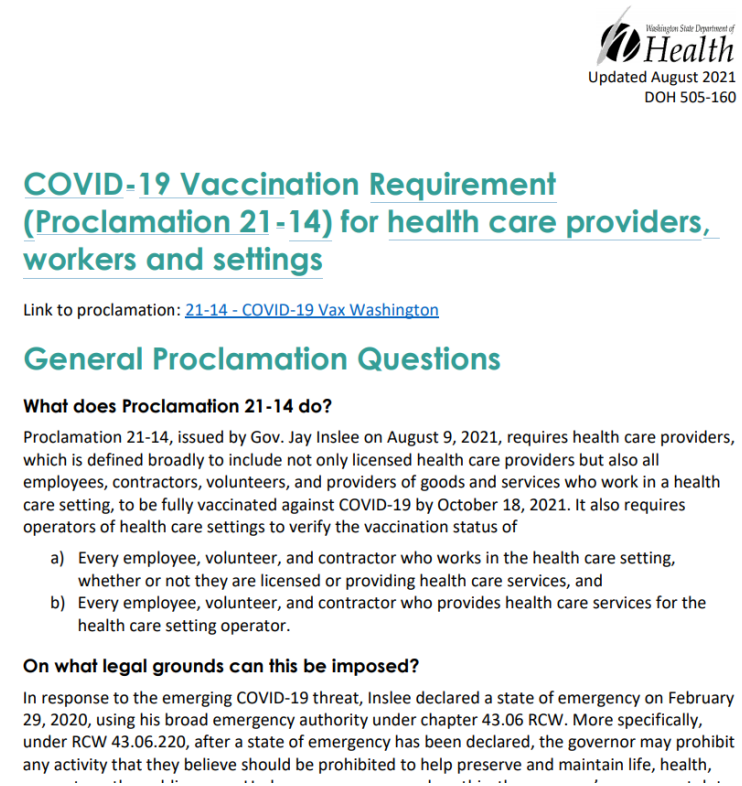
1-833-VAX-HELP for vaccine information

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

Calling All Assisted Living Facilities and Adult Family Homes

- Please participate in Washington Department of Health The COVID-19 Vaccination Survey for assisted living facilities and adult family homes. A short 2-minute monthly survey, the information you provide will be used to understand how vaccination rates fluctuate with staffing and resident movement, and to improve support for COVID-19 vaccination when barriers are identified.
- For questions, contact 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



Washington State Department of Health
Updated August 2021
DOH 505-160

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 CMS QSO-20-38-NH***	<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

Washington State Department of Health

August 19, 2021

COVID Outbreak in Long Term Care

Outbreak Definition:

- ≥ 1 facility- or agency-acquired COVID-19 infection in a resident

- ≥ 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 the LHJ** 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	**14 Day** Quarantine for: • New or current resident, regardless of vaccination status, with exposure* to someone with COVID-19 and **not symptomatic**** • Resident is newly admitted and not fully vaccinated *exposure = within 6 ft and cumulative 15 minutes or more in 24-hr period ** if quarantined resident starts experiencing any COVID-19 symptoms, change to Isolation Precautions and test resident ASAP	Isolation ends* when: • At least 10 days have passed since symptoms first appeared **AND** • At least 24 hours have passed since last fever without the use of fever reducing medications **AND** • symptoms (for example cough, shortness of breath) have improved * if the resident is severely immunocompromised or because severely ill with COVID-19, increase time to 20 days and meet other criteria
Reason for TBP	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	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.

What is Cohorting?

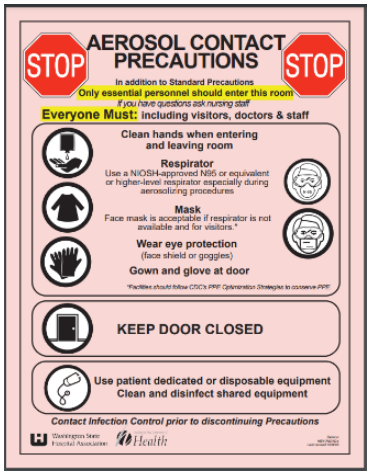
Cohorting is an infection prevention measure that creates a separation of residents who are ill and others who are not

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

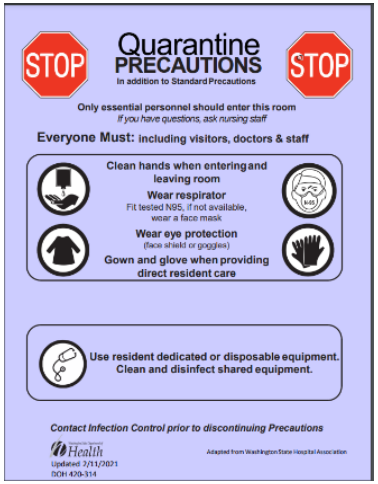
Benefits of Cohorting residents with known or suspected COVID-19:

- 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
	• Laboratory-confirmed COVID-19 (positive test)	• Acceptable if no other reasons for isolation precautions (e.g., MDROS, C-diff, Influenza, etc.)	• Dedicated staff • Reduce number of staff interacting with patient environment • Dedicated EVS staff, if possible • If dedicated staff not possible, EVS should start in Standard unit and move to COVID unit (avoid back and forth)	**Staff** • Fit tested N95 and eye protection is always worn anywhere on the unit • Gowns and gloves when entering resident rooms • Must change gowns and gloves between residents **Residents** • Source control on residents upon leaving their room or within 6 feet of others

Strategies for Quarantine Areas

Resident room signs	Resident Criteria	Cohort	Staffing	PPE required
	**All residents are asymptomatic but at risk for being positive** • Newly admitted residents who are not fully vaccinated • Residents (regardless of vaccination stats) with known exposure to people who have COVID-19	• Single rooms with private bath, if possible • If room sharing is necessary, consider risk of exposure and vulnerability of roomate	• Dedicated staff, if possible	**Staff** • Fit-tested N95 and eye protection is always worn anywhere on the unit • Gowns and gloves when entering resident rooms • Must change N95, gowns and gloves between residents **Residents** • Source control on residents upon leaving their room or within 6 feet of others

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 CMS QSO-20-38-NH	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: 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!!

Mailbox Questions

1. Now that King Co. is 11.1 positivity rate per CMS we are testing staff 2x week in the NF. If an employee is on call and only works 1-2 days a week are we required to test them also 2x week. Any idea on on-call staff requirements?
2. SNF staff need to wear eye protection and surgical face masks. Cloth face masks should not be used?
3. The SNF needs to screen staff who enter the facility, and ask the screening questions including have you had symptoms … and have you traveled outside the country in the last 14 days?
4. The county rate have risen can visitors no longer enter a facility?
5. We've been getting a lot of questions on whether vaccinated HCW in congregate care settings should be quarantining after exposure.

Mailbox Questions

- Question about Admissions.
- There is conflicting guidance/recommendations around when it is okay to resume admissions. For example:
- A facility has two or more positive staff within 14 days making this an outbreak by definition. Facility testing continues and the residents repeatedly produce negative results. There are currently no PUI at this time. Hospitals are asking the facility to take people as they are full and need the beds for new patients. The facility has been able to prove that the spread, thus far, is not within the building.
- The facility continues to adhere to core IP principles and test staff per the CMS guidelines based on the county positivity rate. There is a designated COVID unit/area prepared with a plan in place should the need arise. The facility has an AQU/ designated area for new admissions. This would allow the facility to keep new admissions from the established residents for a period of 2 weeks (14 days). Some residents would require quarantine while others would require monitoring of sx during that time depending on vaccination status. The facility would continue to follow recommendations of facility testing and educate any new admission of the COVID status in the facility. The facility feels they can begin to resume admissions at this time while doing the utmost to ensure the health and safety of both residents and staff.
- Per State DOH guidelines, admissions could resume. Some LHJD are offering guidance that does not align with the State DOH.
- Can you offer some guidance/direction for facilities in this situation. Facilities want to remain in compliance with both the LHJD and State DOH while also supplying safe service/support to the communities where the need is great.

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)