

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).



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/

- Adult Family Home Council:

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

Panelists

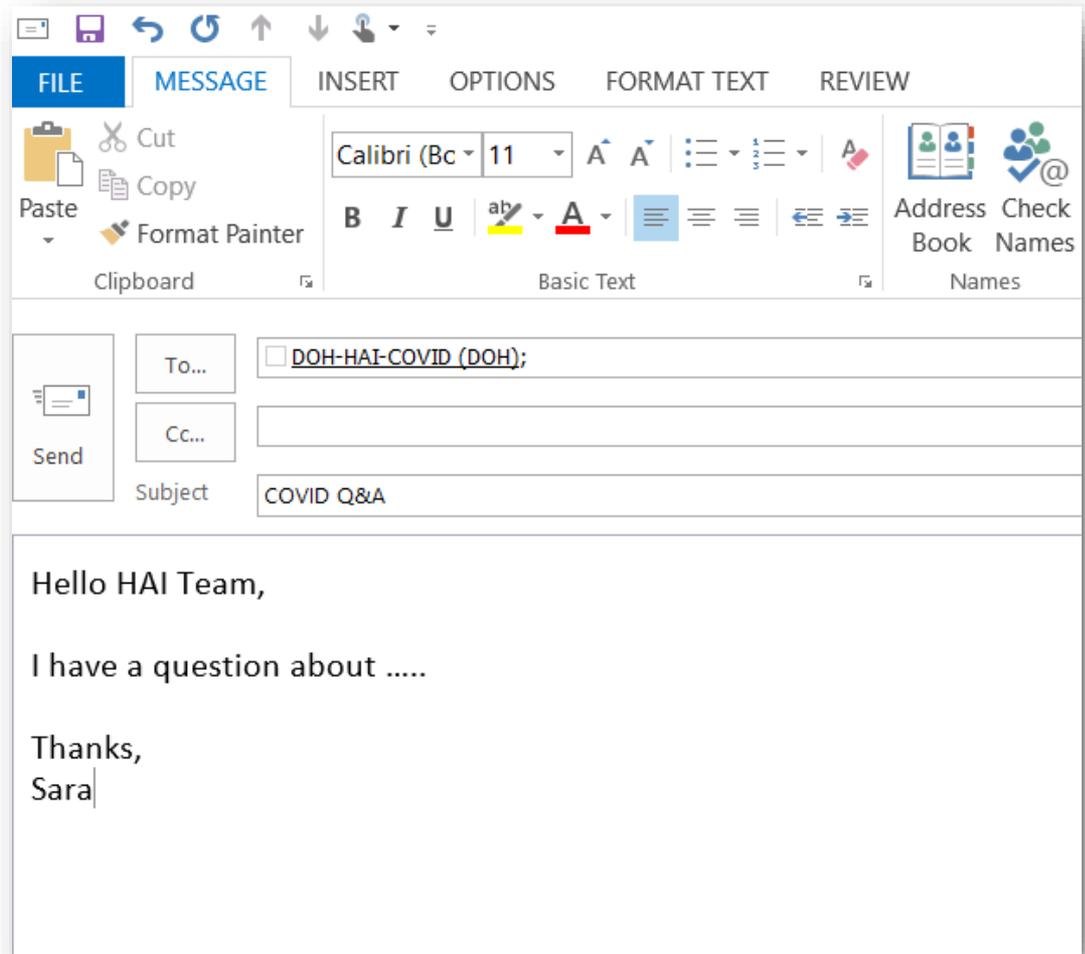


Send Us Your Questions Ahead of Time

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.



12/29/20

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>

Calling All Assisted Living Facilities and Adult Family Homes

- Participate in DOH COVID-19 vaccination survey for LTC: <https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P>
- **Purpose:**
 - to improve support for COVID-19 vaccination when barriers are identified
 - To understand how staffing and resident turnover affects vaccination rate
- Skilled nursing facilities do not have to complete this survey and should report COVID-19 vaccination data to the National Healthcare Safety Network as per [CMS](#) requirement

Annual Fit Testing – Restarting 9/1/2021 (DOSH Directive 11.80, July 7, 2021)

- Requirement for annual fit testing will re-commence on September 1, 2021.
- All workers must be retested within 2 years of their last fit test.

Examples:

1. Last fit test done on December 15, 2019, fit test can be delayed to be done in December 2021.
 2. Last fit test done on August 25, 2019, fit test must be done before September 1, 2021.
 3. Last fit test done on October 16, 2020, fit testing must be done, but can be postponed if other employees have been put on hold due to the pandemic. However, they must be done within the 2 year period.
- DOH recommendation:
 - If your facility received fit testing last Fall:
 - Get the medical evaluations that are due completed before your due date
 - Get the employee annual respirator training completed before your due date
 - Complete your fit testing with the DOH fit test vendor before your due date
 - Costs of using the DOH vendors for the medical evaluation and the fit testing will be covered by DOH until the end of 2021



Photo by: Andrew Polich



QUARANTINE AND ISOLATION

Healthcare Associated Infections and Antimicrobial Resistance Section

Topic: Quarantine and Isolation

Presented by



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Infection Prevention Nurse Consultant

Healthcare Associated Infections and
Antimicrobial Resistance Section

What's the Difference?

Quarantine	Isolation
<ul style="list-style-type: none">• Quarantine is used to keep someone who is known to be exposed or who has a higher risk of have been exposed to COVID-19 away from others.	<ul style="list-style-type: none">• Isolation is used to keep someone who has COVID-19 away from others to prevent transmission to other.
<ul style="list-style-type: none">• Quarantine 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.	<ul style="list-style-type: none">• It takes about 10 days for someone to stop being contagious 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.
<ul style="list-style-type: none">• Quarantine for the purposes of this guidance is placing a resident who has been identified as having been potentially exposed in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19.	<ul style="list-style-type: none">• Isolation in long-term care facilities refers to placing the resident in a single-person room, or cohort with residents who have the same infection.

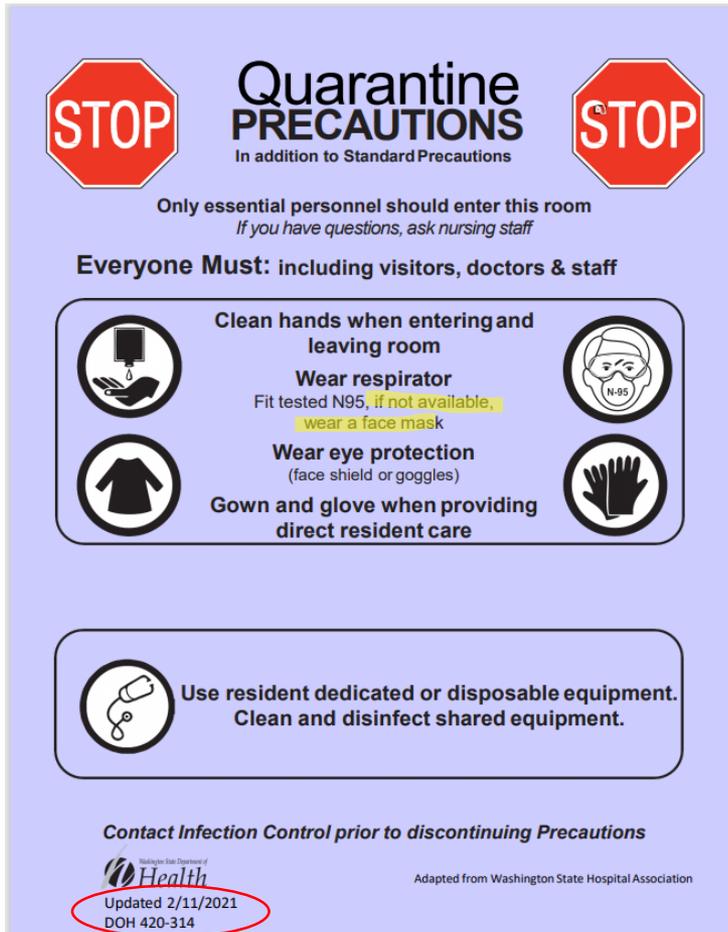
[Reference: Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits \(wa.gov\)](#)

What's the Difference?

Signage	PPE (N95, eye protection, gown, glove)	Days	Rooming	Other
<p>Quarantine</p>  <p>STOP Quarantine PRECAUTIONS STOP</p> <p>Only essential personnel should enter this room. Patients, visitors, and family are not to be admitted to this room.</p> <p>Everyone: WASH hands frequently, thoroughly, and for at least 20 seconds.</p> <p>Clean hands when entering and leaving room.</p> <p>Wear eye protection.</p> <p>Fit-test N95, if not available, use an equivalent respirator.</p> <p>Wear gown and gloves when providing direct patient care.</p> <p>Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.</p> <p>Center for Disease Control and Prevention</p>	 <p>COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel</p>	<p>14 Day Quarantine (example: new admission, <u>exposure</u> to someone with COVID)</p> <p><u>*6ft and cumulative 15 minutes or more in 24 hr period.</u></p>	<ul style="list-style-type: none"> Private Room preferred Can cohort with persons who had same exposure. 	<ul style="list-style-type: none"> Dedicated equipment <u>Visitation</u>-No in person visitation unless end of life <u>Bathing</u>- Bed bath? Private bath? Ventilation? Independent or staff assist? Quarantine Unit vs Quarantine Room(s)? Aerosol generating procedures? CPAP, Nebulizers
<p>Isolation</p>  <p>STOP AEROSOL PRECAUTIONS STOP</p> <p>Only essential personnel should enter this room. Patients, visitors, and family are not to be admitted to this room.</p> <p>Everyone: WASH hands frequently, thoroughly, and for at least 20 seconds.</p> <p>Clean hands when entering and leaving room.</p> <p>Respirator: Use an N95 respirator (or equivalent) or higher-level respiratory protection when providing direct patient care.</p> <p>Wear eye protection.</p> <p>Wear gown and gloves at door.</p> <p>KEEP DOOR CLOSED</p> <p>Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.</p> <p>Center for Disease Control and Prevention</p>	 <p>COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel</p>	<p>10 Day Isolation (example: suspected or confirmed infection)</p>	<ul style="list-style-type: none"> Private Room preferred Can cohort with persons who is also confirmed COVID(+) 	<ul style="list-style-type: none"> Dedicated equipment <u>Visitation</u>-No in person visitation unless end of life <u>Bathing</u>- Bed bath? Private bath? Ventilation? Independent or staff assist? COVID Unit vs COVID Room(s)? Aerosol generating procedures? CPAP, Nebulizers

References: Source Control [Do Interim Guidance for SARS-CoV-2 Source Control in Healthcare Settings \(wa.gov\)](#)
PPE Use: [Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages | CDC](#)
Fully Vaccinated: [When You've Been Fully Vaccinated | CDC](#)
AGP: [COVID-19 Infection Control: Aerosol-Generating Procedures \(wa.gov\)](#)

Quarantine Signage



STOP **Quarantine PRECAUTIONS** **STOP**
 In addition to Standard Precautions

Only essential personnel should enter this room
 If you have questions, ask nursing staff

Everyone Must: including visitors, doctors & staff



Clean hands when entering and leaving room



Wear respirator
 Fit tested N95, if not available, wear a face mask



Wear eye protection
 (face shield or goggles)



Gown and glove when providing direct resident care

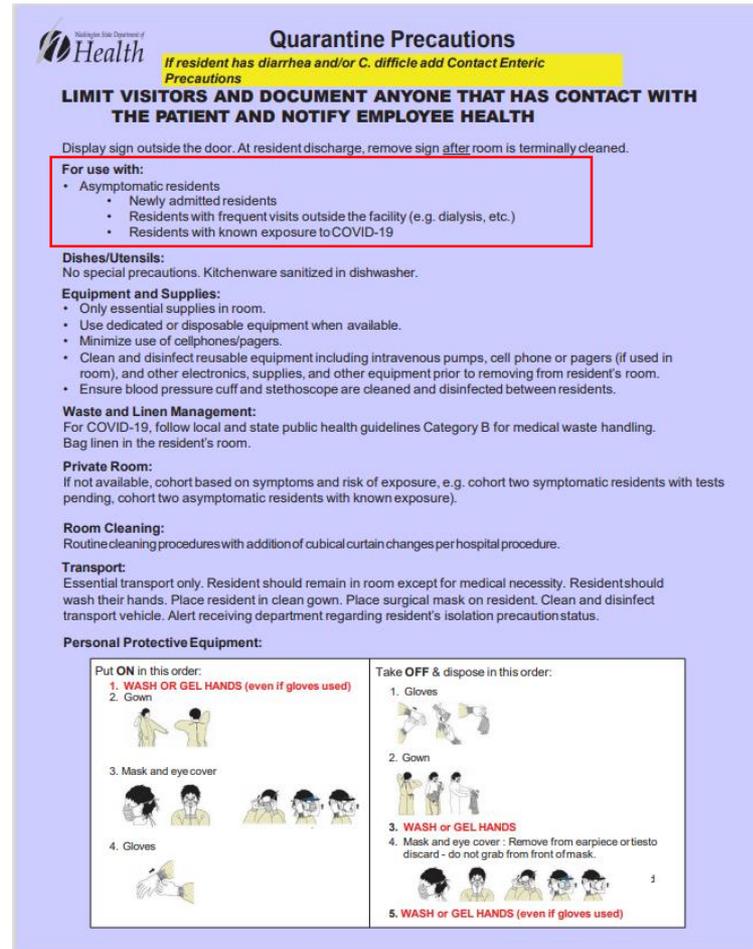


Use resident dedicated or disposable equipment.
 Clean and disinfect shared equipment.

Contact Infection Control prior to discontinuing Precautions

 Updated 2/11/2021
 DOH 420-314

Adapted from Washington State Hospital Association



 **Quarantine Precautions**
 If resident has diarrhea and/or C. difficile add Contact Enteric Precautions

LIMIT VISITORS AND DOCUMENT ANYONE THAT HAS CONTACT WITH THE PATIENT AND NOTIFY EMPLOYEE HEALTH

Display sign outside the door. At resident discharge, remove sign after room is terminally cleaned.

For use with:

- Asymptomatic residents
- Newly admitted residents
- Residents with frequent visits outside the facility (e.g. dialysis, etc.)
- Residents with known exposure to COVID-19

Dishes/Utensils:
 No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:

- Only essential supplies in room.
- Use dedicated or disposable equipment when available.
- Minimize use of cellphones/pagers.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from resident's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between residents.

Waste and Linen Management:
 For COVID-19, follow local and state public health guidelines Category B for medical waste handling. Bag linen in the resident's room.

Private Room:
 If not available, cohort based on symptoms and risk of exposure, e.g. cohort two symptomatic residents with tests pending, cohort two asymptomatic residents with known exposure).

Room Cleaning:
 Routine cleaning procedures with addition of cubical curtain changes per hospital procedure.

Transport:
 Essential transport only. Resident should remain in room except for medical necessity. Residents should wash their hands. Place resident in clean gown. Place surgical mask on resident. Clean and disinfect transport vehicle. Alert receiving department regarding resident's isolation precaution status.

Personal Protective Equipment:

Put ON in this order:

- WASH OR GEL HANDS (even if gloves used)**
- Gown
- Mask and eye cover
- Gloves



Take OFF & dispose in this order:

- Gloves
- Gown
- WASH OR GEL HANDS**
- Mask and eye cover: Remove from earpiece or ties to discard - do not grab from front of mask.
- WASH OR GEL HANDS (even if gloves used)**



Reference: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Quarantinesign.pdf>

COVID-19 Isolation Signage



AEROSOL PRECAUTIONS

In addition to Standard Precautions
Only essential personnel should enter this room
If you have questions ask nursing staff

Everyone Must: including visitors, doctors & staff





Clean hands when entering and leaving room



Respirator
Use a NIOSH-approved N95 or equivalent or higher-level respirator especially during aerosolizing procedures



Mask
Face mask is acceptable if respirator is not available and for visitors.



Wear eye protection
(face shield or goggles)



Gown and glove at door

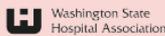


KEEP DOOR CLOSED



Use patient dedicated or disposable equipment
Clean and disinfect shared equipment

Contact Infection Control prior to discontinuing Precautions






HEX F90704
Last revised 9/23/20

Aerosol Precautions

If patient has diarrhea and/or C. difficile add Contact Enteric Precautions

LIMIT VISITORS AND DOCUMENT ANYONE WHO HAS CONTACT WITH THE PATIENT AND NOTIFY EMPLOYEE HEALTH

Display sign outside the door. At patient discharge, remove sign after room is terminally cleaned.

For use with:

- Novel respiratory viruses including COVID-19

Dishes/Utensils:
No special precautions. Kitchenware sanitized in dishwasher.

Equipment and Supplies:

- Only essential supplies in room.
- Use dedicated or disposable equipment when available.
- Minimize use of cellphones/pagers.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

Waste and Linen Management:
For COVID-19, follow local and state public health guidelines Category B for medical waste handling. Bag linen in the patient's room.

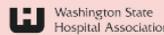
Private Room:
If not available, room with patients that have the same organism but no other infection.

Room Cleaning:
Routine cleaning procedures with addition of cubical curtain changes per hospital procedure.

Transport:
Essential transport only. Patient should remain in room except for medical necessity. Patient should wash their hands. Place patient in clean gown. Place surgical mask on patient. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

Personal Protective Equipment:
Facilities should follow CDC's PPE Optimization Strategies to conserve PPE.

Put ON in this order:	Take OFF & dispose in this order:
1. WASH or GEL HANDS (even if gloves used)	1. Gloves
2. Gown	2. Gown
3. Mask and eye cover	3. WASH or GEL HANDS
4. Gloves	4. Mask and eye cover: Remove from earpiece or ties to discard - do not grab from front of mask.
	5. WASH or GEL HANDS (even if gloves used)






HEX F90704
Last revised 9/23/20

Reference: http://www.wsha.org/wp-content/uploads/Aerosol_Precautions_2020.09.24.pdf

Quarantine and Isolation Calculator

Quarantine-Example

I was **exposed** to COVID-19 (identified as a **close contact**): calculate my quarantine period

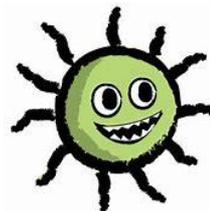
You were in close contact with someone who tested positive for COVID-19, but you do not have any symptoms.

Enter the date you last spent time with the person who tested positive.

Even if you test negative during this time, your last FULL day of Quarantine is: 7/5/2021.

Your quarantine ENDS on: 7/6/2021.

On this date, you can resume your usual activities but should still take steps to reduce your risk (wear a mask, physically distance, wash hands often).



14 days for
Quarantine!

[References: Calculator :: Washington State Department of Health](#)

Quarantine and Isolation Calculator

Isolation-Example

I tested **positive** and have **symptoms**: calculate my isolation period

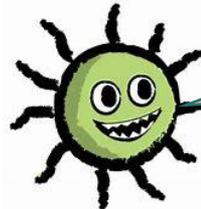
If you have [symptoms](#) and have tested positive for COVID-19, you must isolate for 10 days from the date your symptoms began. You may end isolation when:

- at least 10 days must have passed since your symptoms began **and**
- at least 24 hours must have passed since your fever went away without the use of fever-reducing medicine (such as Tylenol or Ibuprofen) **and**
- your other symptoms have improved.

Enter the date your symptoms began.

6/21/2021

Calculate



10 days for
isolation!

If your symptoms have improved and 24 hours have passed since you had a fever and have used fever-reducing medicine, your last FULL day of isolation is: 7/1/2021.

Your isolation ENDS on: 7/2/2021.

On this date, you can resume your usual activities but should still take steps to reduce the risk of exposing others (wear a mask, physically distance, wash hands often).

References: [Calculator](#) :: [Washington State Department of Health](#)

Isolation Set Up

➤ Sign (post outside door)

In drawers

- Mask
- Gloves
- Gown
- Disinfecting wipes
- Alcohol Based Hand Rub (*if not contraindicated in your facility due to resident risk for ingestion etc.*)
- Trash bag

*When no longer in use clean and disinfect cart. Place cart in clean/secure area.

*Dispose of single use/dedicated items that were used- i.e. stethoscopes, BP cuffs, thermometers.

*Clean room with EPA verified disinfectant for COVID-19. [List N Tool: COVID-19 Disinfectants | US EPA](#)



Additional Considerations

Community Risk Assessment

“**Quarantine** is used to keep someone who is known to be exposed or who has a higher risk of have been exposed to COVID-19 away from others. Quarantine 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. For COVID-19, the quarantine period is 14 days due to the incubation period of the virus, which means that someone can be exposed and not develop symptoms or otherwise test positive for up to 14 days after the date of exposure, but may become infectious in that time

[Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits \(wa.gov\)](#)

Fully Vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period.

Can residents leave long-term care facilities?

- Residents who are fully vaccinated* will no longer be required to quarantine when they leave the facility for medical and recreational reasons **unless** they have prolonged** contact with someone who is COVID+
 - **Fully vaccinated refers to a person who is >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine*
 - ***Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period*
- Residents may visit the community but will be subject to **screening protocol** and may have to quarantine for 14 days afterwards.
- Residents that leave a facility should expect an educational briefing before leaving and symptom screenings for several days after returning. Residents should wear masks, practice social distancing, and frequently wash their hands while away from the facility.

References <https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information>

Key Points

1

Assess

- Quarantine?
- Isolation?

2

Initiate

- Initiate correct process
- Signage
 - PPE
 - Rooming situation

Inform the resident what's going on and why!

3

Education & Notification

- Notify/educate resident and/or representative
- Provider/LHJ
- Consideration for any exposures?
- Who else needs to be contacted?



Photo by: Andrew Polich

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.