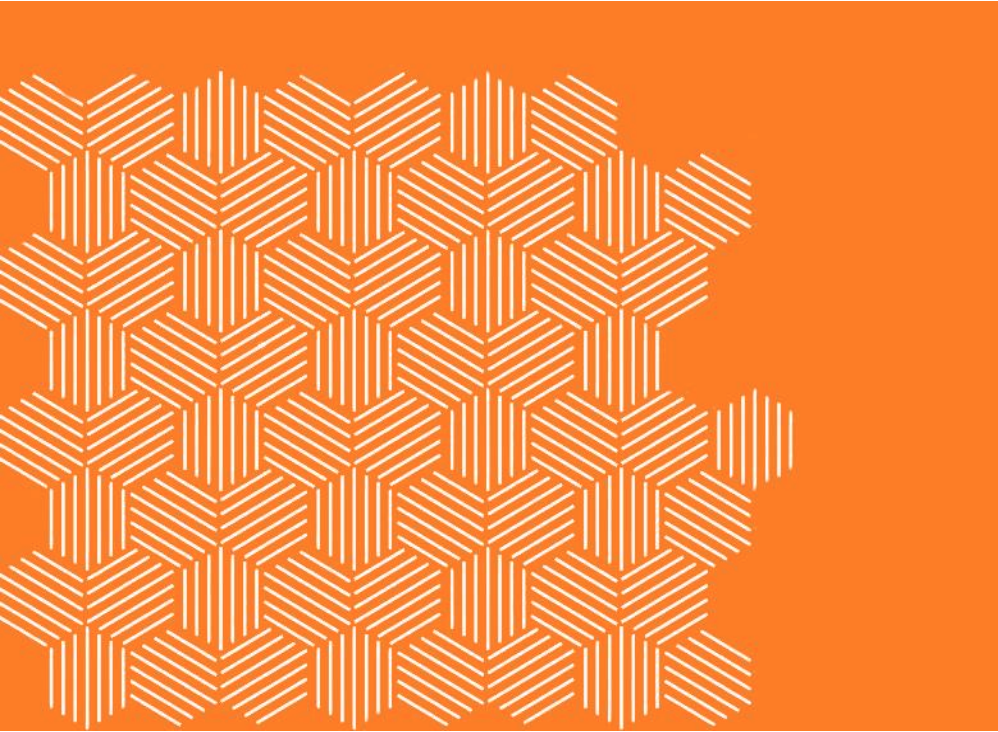


COVID-19 Q&A Hour for Long Term Care: Adult Family Homes



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/

- Adult Family Home Council:

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

Panelists

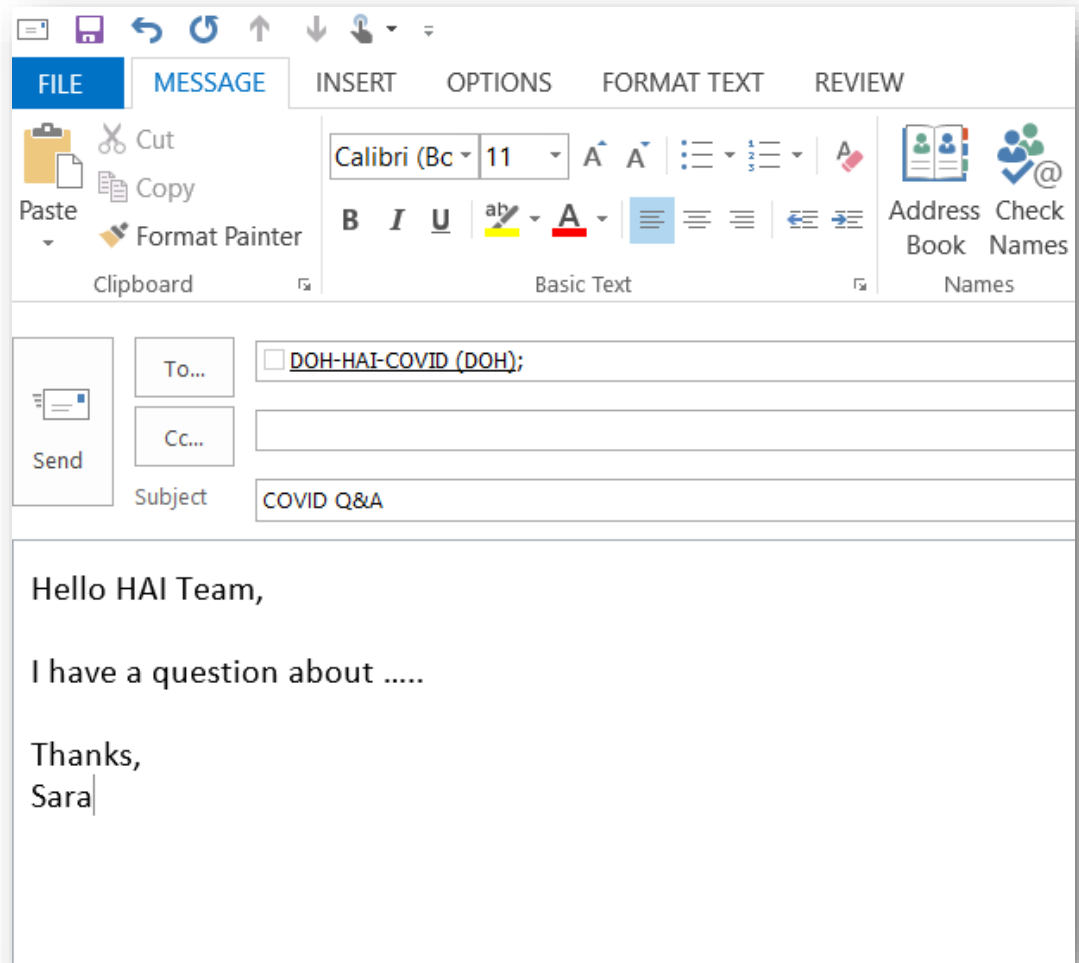


Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



LTC Q&A Call Continues

- Today is last day of this series of LTC calls.
- **Please re-register for the next LTC Q&A session** beginning on Jul 1, 2021 11:00 AM PDT at:
<https://attendee.gotowebinar.com/register/6497444532977872144>
- After registering, you will receive a confirmation email containing information about joining the webinar.
- Please add meetings to your calendar and forward this registration link to others in your facility or organization who would benefit by attending the calls.

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

- 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



COMPETENCY-BASED EDUCATION

June 2021

What is Competency-Based Education?

Competency:

- Competencies are the measurable or observable knowledge, skills, and behaviors that one demonstrates as part of their job performance.
- The goal is that the employee can demonstrate the required skills to deliver safe, quality care.
- This is not a job description.

Why is Competency-Based Education Important?

- In healthcare, our consumers (i.e., patients, residents, clients) rely on the healthcare worker to be competent within their role-specific infection prevention practices.
- Standardizing practices among health care workers is key!
- The facility can validate the process.
- Process is measurable and able to be audited.
 - Did they perform the task or not?
- Ongoing education is part of a Quality Improvement Program

Example of the DOH Hand Hygiene Competency

Hand Hygiene Competency Validation

Soap & Water
Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)

Employee Name: Job Title:

Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels	<input type="checkbox"/>	<input type="checkbox"/>
2. Turns on faucet and regulates water temperature	<input type="checkbox"/>	<input type="checkbox"/>
3. Wets hands and applies enough soap to cover all surfaces of hands	<input type="checkbox"/>	<input type="checkbox"/>
4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists	<input type="checkbox"/>	<input type="checkbox"/>
5. Rinses thoroughly keeping fingertips pointed down	<input type="checkbox"/>	<input type="checkbox"/>
6. Dries hands and wrists thoroughly with paper towels	<input type="checkbox"/>	<input type="checkbox"/>
7. Discards paper towel in wastebasket	<input type="checkbox"/>	<input type="checkbox"/>
8. Uses paper towel to turn off faucet to prevent contamination to clean hands	<input type="checkbox"/>	<input type="checkbox"/>
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands	<input type="checkbox"/>	<input type="checkbox"/>
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry	<input type="checkbox"/>	<input type="checkbox"/>
General Observations		
11. Direct care providers—no artificial nails or enhancements	<input type="checkbox"/>	<input type="checkbox"/>
12. Natural nails are clean, well groomed, and tips less than ¼ inch long	<input type="checkbox"/>	<input type="checkbox"/>
13. Skin is intact without open wounds or rashes	<input type="checkbox"/>	<input type="checkbox"/>
Comments or follow up actions:		

Competency Continued...

- Evidence-based infection prevention practices are taught
 - CDC
 - APIC
- Who conducts competency assessments?
 - Staff development
 - Infection preventionist
 - Unit manager/supervisor
 - Delegated staff member
- How often to verify competency?
 - Upon hire- initial competency assessment
 - Annually
 - Ongoing competency assessment as necessary
- Documentation of competencies in employee file

Competency Continued...

- Agency/Travel Staff
 - Must meet the same requirements as staff
 - Must validate their skills
- IP Skills to be Observed/Validated:
 - Hand hygiene
 - PPE donning and doffing
 - Safe injection practices
 - Foley catheter insertion and care
 - Cleaning and disinfection

Example: Soap and Water Hand Washing Technique

- Wet hands with water, apply soap, and rub hands together for at least 20 seconds.
 - Scrub all the areas of hands (not just palms)
- Rinse hands and dry with a disposable towel.
- Use towel to turn off faucet.



HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

🕒 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



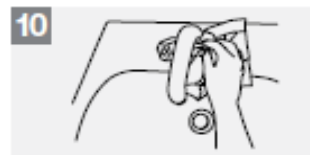
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Reminders in the Workplace



- Reminders can be used to prompt staff about the importance of hand hygiene.
- Reminders do not replace education.



SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious material. There is one exception: **Remove all PPE before exiting the patient room or care area.**

Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GLOVES**
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a griped hand, grasp the outer area of the other gloved hand and peel off the glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove into first glove
 - Discard gloves in a waste container
- 2. GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the face is exposed, place in designated container for reprocessing. Otherwise, discard in a waste container
- 3. GOWN**
 - Outer front and sleeves are contaminated!
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that ties/does not contact your body while reaching the floor
 - Roll gown away from neck and shoulders, touching inside of gown only
 - Use gown inside out
 - Roll or stuff in a bundle and discard in a waste container
- 4. MASK OR RESPIRATOR**
 - Head of mask/respirator is contaminated – DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Hold the bottom edge of the mask/respirator. Slide the strap or the top, and release without touching the front
 - Discard in a waste container
- 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE.**

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

PATIENTS AND VISITORS

**ASK FOR SAFE CARE
ASK FOR CLEAN HANDS**

CLEAN HANDS COUNT

Germs that can cause serious infections are in every healthcare facility. They can be on your healthcare providers' hands and also your own.

It's OK to ask for clean hands. It could save your life. Make sure everyone around you has clean hands to protect against infection.

SPEAK UP FOR CLEAN HANDS.



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.



WA HEALTH PLATFORM

June 24, 2021

WA HEALTH

WA HEALTH Goal – Deliver a technology platform that collects key hospital and health care data and provides the data in a seamless way to help support leaders across the state make timely and informed decisions in response to public health threats.

*Washington Health care Emergency and Logistics Tracking Hub (WA HEALTH)

Vision

A seamless exchange of health care system data:

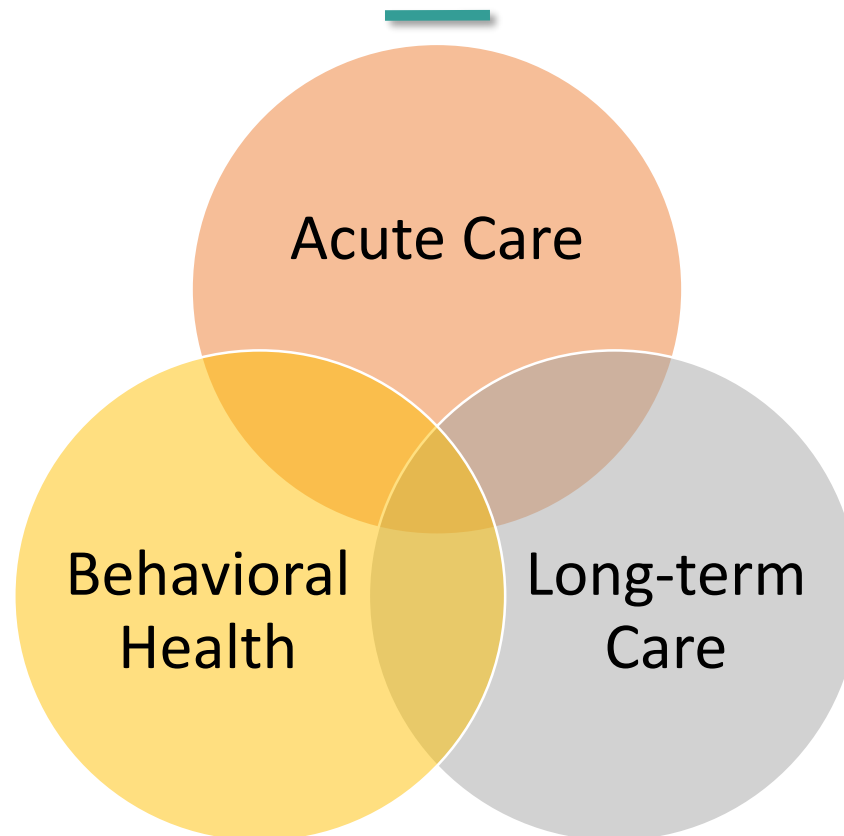
- To ensure health system readiness
- Support policy decisions
- Address health care inequities
- Aid in patient transport

To achieve this:

- Expand partnerships (LTCF & behavioral health)
- Improve data collection (reduce reporting burden)
- Deliver value

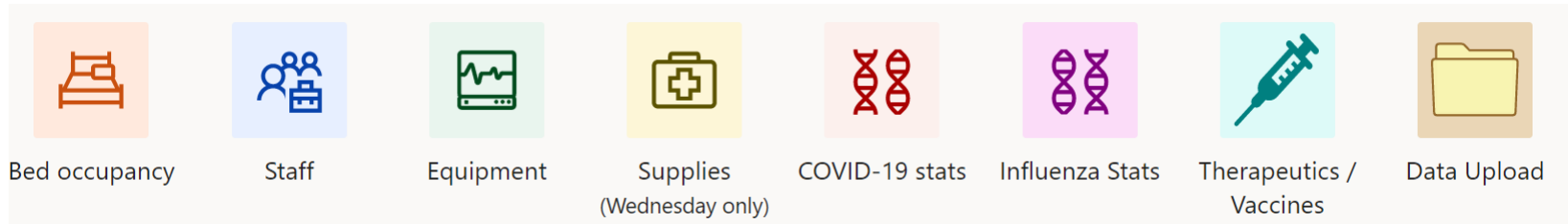
Expanding WA HEALTH Partnerships

DATA COLLECTION FOR SNF, ASSISTED LIVING AND ADULT FAMILY HOMES



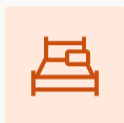
WA HEALTH Overview

- Developed in response to COVID-19 pandemic
- Supports health system readiness, state/local decision making and patient transport
- Collects data from acute care hospitals (daily)



- Front end user interface
- Bulk data upload capability
- Backend dashboard/reports
- Reporting to HHS on behalf of hospitals

WA HEALTH User Interface



Bed occupancy



Staff



Equipment



Supplies
(Wednesday only)



COVID-19 stats



Influenza Stats



Therapeutics /
Vaccines



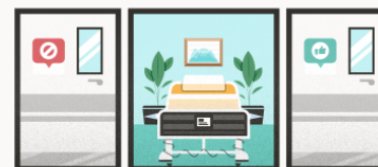
Data Upload

Bed occupancy

Last submitted **11:09 AM, 06/22/2021** by **Donna Bybee**

Staffed Inpatient ICU and Acute Care Bed Occupancy ?

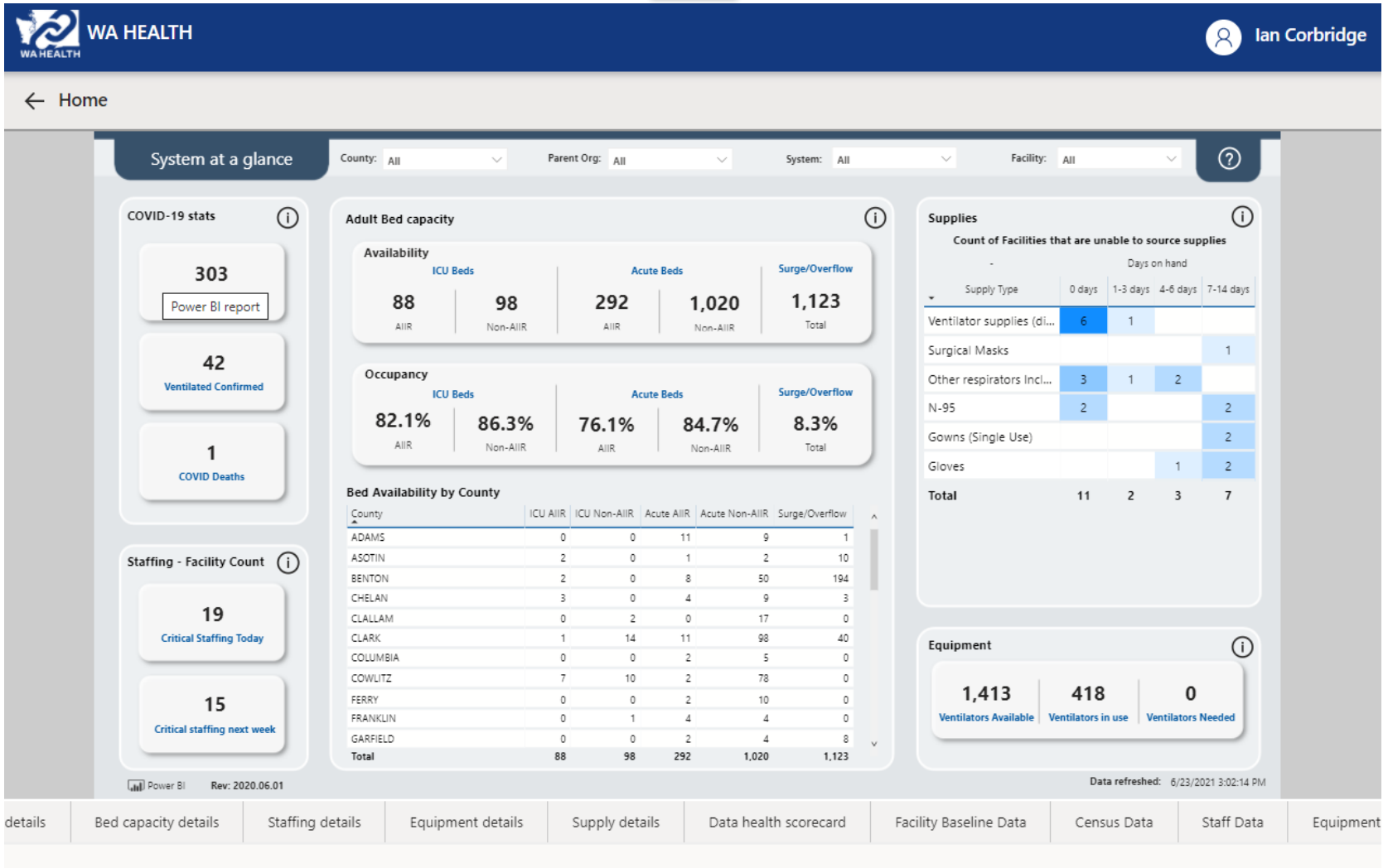
Bed type		Current Occupancy	Staffed Bed Capacity ?
ICU beds (AIIR Room)*	Adult	<input type="text"/>	<input type="text" value="30"/>
	Pediatric ?	<input type="text"/>	<input type="text" value="1"/>
ICU beds (non-AIIR Room)*	Adult	<input type="text"/>	<input type="text" value="10"/>



Quick tips

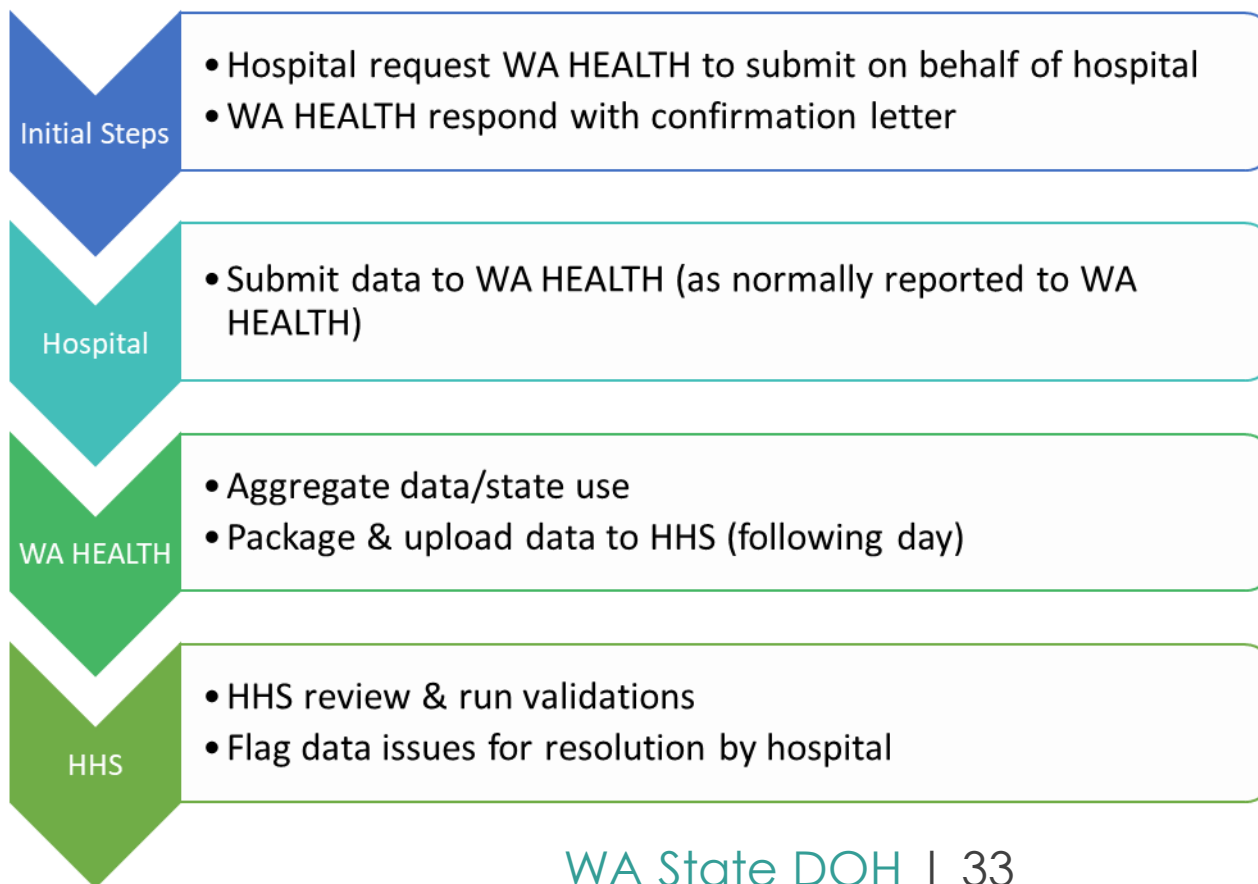
Pediatric beds are not a dedicated bed type for many hospitals, and your facility set up may not reflect your current pediatric census. PLEASE check your facility set up for pediatric beds to ensure that you are not double counting beds or "over" counting beds used for pediatric patients. Each bed should be counted just once; your current pediatric census should not exceed your baseline pediatric capacity in your facility set up. This could

WA HEALTH Dashboard



Reporting to HHS

- WA HEALTH reports to HHS on behalf of WA hospitals
 - This reduced facility reporting burden



Expanding WA HEALTH Partnerships

DATA COLLECTION FOR SNF, ASSISTED LIVING
AND ADULT FAMILY HOMES

Expanded Partnerships

- WA HEALTH is well positioned to incorporate SNF, assisted living facilities and adult family homes into the platform
 - Replace current reporting interface with WA HEALTH platform
 - Collect data DSHS is collecting and report on facilities behalf to NHSN
 - Collect the DSHS survey data and generate appropriate reports
- This expanded partnership will provide:
 - Improved health system readiness capabilities
 - Increase situational awareness
 - Identify pinch points between acute care and LTC
 - Aid in policy decisions
 - Support patient transport

wahealth@doh.wa.gov

THANK YOU!

Remember Why We Report