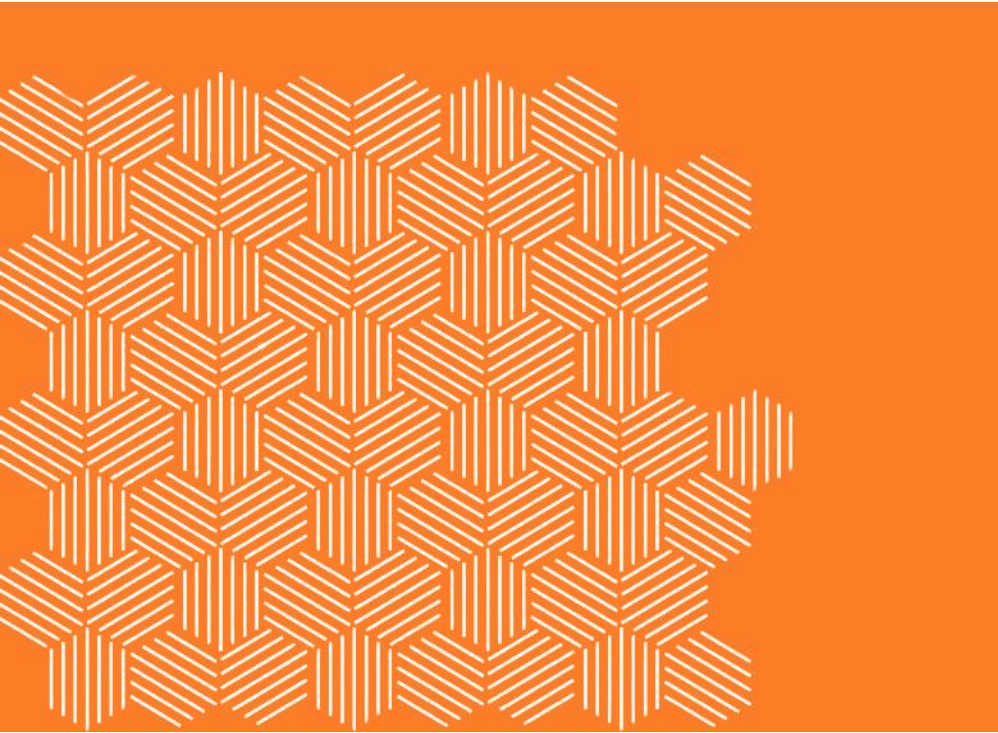


COVID-19 Q&A Hour for Long Term Care: Adult Family Homes



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

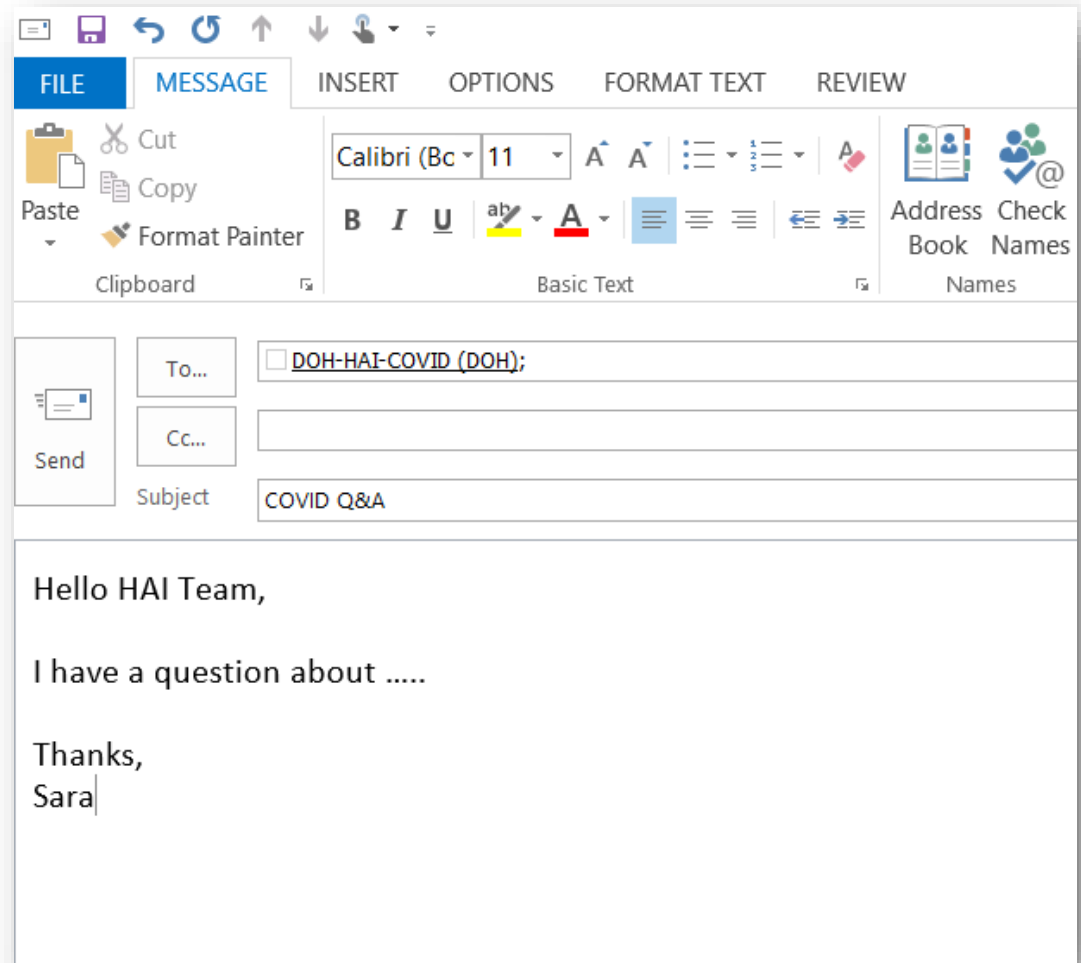


Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



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

NHSN Weekly COVID-19 Vaccination Reporting for Skilled Nursing Facilities

Required reporting due this week! Report **Cumulative** number of all individuals who have ever received COVID-19 vaccine that are in your facility, not just new vaccinations for the week (this applies to both Resident and Staff). There should not be zeros.

For example, for this week's entry, include the number of vaccinated residents or staff from last week's entry and add any additional vaccinated residents or staff.

Cumulative Example:

- Last week: 10 individuals received dose 1 of a COVID-19 vaccine
- This week: 5 more individuals received dose 1 of a COVID-19 vaccine
 - Last Week: Report 10 individuals received dose 1 of a COVID-19 vaccine
 - This Week: Report 15 individuals received dose 1 of a COVID-19 vaccine

NHSN Weekly COVID-19 Vaccination Reporting for Skilled Nursing Facilities

Resources to assist with vaccination data collection and reporting each week:

- Weekly HCP & Resident COVID-19 Vaccination page:
<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
- Data Tracking Worksheet for Resident vaccinations:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-res-covidvax.xlsx>
- Data Tracking Worksheet for Healthcare Personnel vaccinations:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-hcp-covidvax.xlsx>
- For further questions or to schedule a vaccination data entry walkthrough, contact paula.parsons@doh.wa.gov

Showers – The Risk

Showers:

- very close contact
- difficulty keeping the PPE dry
- inability for the resident to wear source control

Showers - Recommendations

Running the fan will increase ventilation

For residents not in quarantine or isolation:

- Staff should wear source control and eye protection
- Staff change face or N95 following the shower
- The room does not need to be closed following the shower

For residents in quarantine or isolation:

- Staff should prioritize for a bed bath otherwise these residents should be done last
- Staff should wear N95 and eye protection.
- Staff will likely need to change N95 following the shower
- The room should stay closed to anyone without N95 and residents without known COVID for 3 hours (or according to ACH if known) following the shower.



CONVENTIONAL USE OF PPE

Healthcare-associated Infections and Antimicrobial
Resistance

PPE Optimization Strategies (CDC)

- Optimization strategies (measures to avoid running out of PPE) should be implemented in this order and only if needed (when your facility is facing a shortage)
- Standard practices should resume as PPE becomes more readily available



CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

PPE supply for your facility

How much PPE should I keep on hand for my staff?

- This planning is an important step to avoid running out of PPE
- CDC tool for calculating how much PPE you would need in an outbreak scenario: [CDC PPE Burn Rate Calculator](#) (version 1)

The image shows a screenshot of the CDC PPE Burn Rate Calculator spreadsheet. The spreadsheet is organized into several sections: **Box A** (Input Data), **Box B** (Total Number of Boxes Used per Day), **Box C** (Number of Boxes Supply Remaining), **Box 1** (Average Consumption of PPE in Boxes (Burn Rate)), and **Box 2** (Average Consumption of PPE in PPE). **Box A** includes columns for days 1 through 13, with a header row for 'How Many COVID-19 Patients are Being Treated at Start of the Day?' and a sub-header for 'How Many Fall Boxes Are Remaining at Start of the Day?'. Below this are rows for different PPE types: Goggles (eye 1, eye 2, eye 3, eye 4), Gloves (nitrile, nitrile large), Respirators, Surgical Mask, Face Shield, and Other (1, 2, 3, 4, 5, 6). **Box B** has columns for days 1 through 13 and a header 'Total Number of Boxes Used per Day (Calculated)'. **Box C** has columns for days 1 through 13 and a header 'Number of Boxes Supply Remaining (Est.)'. **Box 1** and **Box 2** show calculated average consumption rates for each PPE type, with values such as 0.05 for Goggles eye 1 and 0.05 for Goggles eye 2.

If you are experiencing PPE shortage

1. Work through your normal supply chains
- 2. Document efforts to procure PPE**, including:
 - Vendor
 - Date
3. Request PPE through your LHJ (emergency management system)

Extended Use and Limited Reuse Definitions

Extended

Same PPE for repeated close contact encounters with several patients, without removing the respirator between patient encounters.

Limited Reuse

- Same PPE for multiple encounters with patients but removing it after each encounter. Respirator is stored in between encounters to be put on again prior to the next encounter with a patient.
- Restrictions are in place which limit the number of times it's reused.

****Extended use is preferred to reuse as reuse poses greater risk of wearer contamination during re-donning****

CDC/NIOSH: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

CDC PPE Optimization: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Extended Use vs. Limited Reuse

Extended Use	Limited Reuse
<ul style="list-style-type: none"> • Contingency for N95 and facemask 	<ul style="list-style-type: none"> • Crisis for N95 and facemask
<ul style="list-style-type: none"> • Applies to source control only (not PPE for transmission-based precautions) 	<ul style="list-style-type: none"> • Keep in clean, breathable container such as a paper bag between uses. Storage containers should be disposed of or cleaned regularly.
<ul style="list-style-type: none"> • N95 – 8-12 hours max 	
<ul style="list-style-type: none"> • DO NOT wear multiple shifts 	
<ul style="list-style-type: none"> • Discard after removing 	

Always discard:

- If contaminated with blood, respiratory or nasal secretions, or other bodily fluid, including after AGPs or other high-risk procedures
- Following close contact with any patient infected with an infectious disease requiring precautions

*Always clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator or facemask

CDC/NIOSH: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

CDC PPE Optimization: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

N95 Respirators

N95 Respirators

Conventional	Contingency	Crisis
<ul style="list-style-type: none">• Use for one resident encounter and throw away• For AGPs and other high-risk procedures – one encounter and throw away• On COVID unit, extended wear throughout the unit• For universal source control – extend wear throughout the unit	<ul style="list-style-type: none">• <u>Extend the use</u> of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients	<ul style="list-style-type: none">• Implement <u>limited re-use</u> of N95 respirators.

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

CDC: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Eye Protection

Eye Protection		
Conventional	Contingency	Crisis
<ul style="list-style-type: none">• Disposable eye protection – one resident encounter and throw away• Reusable eye protection – one resident encounter and disinfect• On COVID Unit – extend wear throughout the unit• Universal use of eye protection – extend wear throughout the unit	<ul style="list-style-type: none">• Shift eye protection supplies from disposable to re-usable devices• Extend the use of eye protection	<ul style="list-style-type: none">• Prioritize eye protection for activities where splashes and sprays are anticipated or prolonged face-to-face or close contact is unavoidable

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Gowns

Gowns

Conventional	Contingency	Crisis
<ul style="list-style-type: none">• Disposable gown - one resident encounter and throw away• Launderable gown – one resident encounter	<ul style="list-style-type: none">• If using disposable gowns, shift gown use toward launderable cloth isolation gowns• Prioritize gowns for activities where splashes and sprays are anticipated and during high-contact patient care	<ul style="list-style-type: none">• Extend the use of isolation gowns• Re-use isolation gowns

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html#conventional-capacity>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Gloves

Gloves

Conventional	Contingency	Crisis
<ul style="list-style-type: none">• Wear for one task, remove and throw away, perform hand hygiene.• Don new pair of gloves when moving from 'dirty' to 'clean' and between residents	<ul style="list-style-type: none">• Use gloves past their manufacturer-designated shelf life for training activities• Use gloves conforming to other U.S. and international standards	<ul style="list-style-type: none">• Use gloves past their manufacturer-designated shelf life for healthcare delivery• Prioritize the use of non-sterile disposable gloves• Consider non-healthcare glove alternatives• As a last resort, extend the use of disposable medical gloves; disinfect between encounters

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Questions?
