

COVID-19 Q&A Hour for Long Term Care



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) and indicate your county.



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>

This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



Panelists





WASHINGTON STATE DEPARTMENT OF HEALTH

ICAR PROGRAM DETAILS

Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.

What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

To Learn More or Schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

Contact Us:

HAI-FieldTeam@doh.wa.gov (General)



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

HAI-AR SECTION EMAIL ADDRESSES

Please refer to the table below to find the email most appropriate for your needs

Email Path	Description
HAI@doh.wa.gov	General healthcare associated infection questions
HAI-Covid@doh.wa.gov	COVID19-specific healthcare associated infection questions
HAIEpiOutbreakTeam@doh.wa.gov	Epidemiological outbreak assistance and healthcare associated infection questions
HAI-FieldTeam@doh.wa.gov	Schedule an ICAR for your facility
HAI-FITTesting@doh.wa.gov	Respiratory Protection related questions www.doh.wa.gov/ltrcpp

Fit Test Reminder

Contact the DOH Occupational Health Team if you:

- Have been waiting for your initial fit testing since 2021
- Have questions about learning how to conduct your own fit testing
- Want access to the 3M online medical evaluation (free of charge to you for a limited time)

HAI-FitTest@doh.wa.gov

Fit testing for requests made in 2021 will conclude at the end of April 2022.

Project Firstline Podcast



Episodes

1. Introduction and HAIs
2. PPE
3. Hand Hygiene
4. MDROs
5. ALFs and SNFs
6. Hospital Settings
7. *Candida auris*
8. Coming soon:
Respiratory Protection



Purpose

- Discuss and identify the importance and impact of infection prevention on our lives and the lives of our community
- [Project Firstline | Washington State Department of Health](#)



Long-Term
Care COVID-19
Immunization
Champion
Award



[Long-Term Care COVID-19 Immunization Champion Award | Washington State Department of Health](#)

Long Term Care Facility Booster

- There is support for onsite vaccinations for residents and staff
 - Long Term Care Pharmacy
 - Local Health Jurisdiction
 - Department of Health survey to request help:
 - <https://www.surveymonkey.com/r/DQ5K9WV>
 - Contact COVID.Vaccine@doh.wa.gov
- Onsite support may encourage staff to get vaccinated because of the ease of access

COVID-19 Reporting Update



The Bi-weekly COVID-19 Facility Survey reporting is not necessary, effective immediately.

- The Facility Survey reporting link will no longer be active or accessible on 04/30/2022.
- Please enter data directly into National Health and Safety Network (NHSN) or establish active NHSN user accounts for direct reporting.

Facilities Must Continue Complaint Resolution Unit (CRU) Reporting

- Reporting of COVID-19 outbreaks to CRU is required for ALF, AFH, NH and ESF.
- Reporting of COVID-19 staff and resident cases to CRU is strongly requested for all long-term care settings

Clinical Laboratory Improvement Amendments (CLIA) waived certificate

Federal regulations require a CLIA certificate when performing or acting on simple or over-the-counter (OTC) medical tests.

Examples:

- Uses rapid COVID-19 tests for residents.
- Tests blood glucose for a resident.
- Dips test sticks in urine to test for ketones.
- Reports a test result to a medical provider who may adjust a resident's treatment in response to a test result.

Medical Test Site Waiver (MTSW) License

In Washington state, a MTSW license meets both federal and state requirements.

When people talk about having a CLIA waiver, in Washington State, this means the MTSW license.

Applicants receive both the state license number and a CLIA number.



Transforming Lives

MTSW Resources for LTC Providers

An informational webinar explaining MTSW requirements and COVID-19 Point of Care Reporting Requirements was recorded on 4/18/2022.

The recorded webinar and related materials are posted on the ALTSA Adult Family Home Provider webpage. [Information for Adult Family Home Providers | DSHS \(wa.gov\)](#)



Transforming Lives

MTSW Resources for LTC Providers

Presentation materials are posted on the DSHS ALTSA Provider webpage: [Information for Adult Family Home Providers | DSHS \(wa.gov\)](#)

Questions about presentation content:

- Medical Test Site Licensing: LQA@doh.wa.gov
- COVID-19 Reporting: DOH-Surv@doh.wa.gov

DSHS policy questions:

- Residential Care Services: RCSpolicy@dshs.wa.gov



Transforming Lives

We want to hear from you!

- Micro learning topics – what do you want to learn more about that will help with your facility infection control practices?
- Input your ideas into Question window noting “Topics: ...”
- Or send to HAI-COVID@doh.wa.gov
- *Thank you!*

Upcoming LTC Q&A Schedule

Please plan to attend these upcoming micro learning sessions!

Today's discussion:

Norovirus

April micro learning topics -

- Apr 28 – Norovirus



NOROVIRUS

Healthcare-Associated Infections and
Antimicrobial Resistance Section
Office of communicable Disease Epidemiology

Norovirus

A highly contagious virus that causes severe and sudden inflammation of the lining of the stomach and intestines.

Both healthy and compromised persons can be affected

Transmission: Person-to-person, foodborne, waterborne

Associated Symptoms



Common Symptoms

- Nausea
- Vomiting
- Diarrhea
- Stomach cramping



Other Symptoms

- Fever
- Headache
- Body aches

How You Get Norovirus From People or Surfaces



Norovirus spreads when a person gets poop or vomit from an infected person in their mouth.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

For more information, visit www.cdc.gov/norovirus

CS287713-A

Prevent Norovirus From Spreading

- Practice proper hand hygiene
- Wash fruits and vegetables thoroughly
- Cook seafood thoroughly
- Remove all shared or communal food items
- When you are sick, do not prepare food for others
- Clean and disinfect contaminated surfaces
- Wash laundry thoroughly
- Isolate symptomatic persons

Hand Hygiene

- Soap and water are the most effective at removing norovirus particles.
- Wash your hands thoroughly for at least 20 seconds.
- Can use sanitizers in addition to but **should not** use hand sanitizer as a substitute for washing hands with soap and water.
- [Handwashing: Clean Hands Save Lives](#)

Isolation Precautions



Contact Precautions

Gloves

Gown



Standard Precautions

Hand Hygiene

PPE

Cleaning & Disinfection

Waste Disposal

Cleaning and Disinfection

Disinfectant	Isolation/Co-horted Area	During Outbreak
<p>Now there are other products available...Not just bleach.</p> <p>EPA: Disinfectants Effective Against Norovirus</p> <p>Use a chorine bleach solution with a concentration of 1000-5000 ppm (2-25 tablespoons of household bleach per gallon of water)</p> <p>Follow Manufacturer recommendation</p>	<p>Routine cleaning and disinfection of high touch areas:</p> <ul style="list-style-type: none"> • Environmental surfaces • Equipment in isolation area • High-traffic clinical areas 	<p>Increase cleaning frequency to twice (2 times) daily of patient care areas</p> <p>Increase frequency of high touch areas to three (3) times daily</p> <p>Change privacy curtains when they are visibly soiled and upon patient discharge or transfer</p>

Norovirus Checklist



Norovirus Outbreak Control Checklist for Facilities: Health and Long Term Care Facilities

The following checklist is intended to help guide health and long term care facilities responding to potential norovirus outbreaks. These steps are recommendations, not requirements, and should be executed in consultation with the local health jurisdiction (LHJ).

Norovirus Outbreak Interventions:	N/A	Date Completed
1. Determine if norovirus is the cause of gastroenteritis outbreak. See Norovirus Background for a description of norovirus.		
a. Provide information requested by the LHJ (e.g., case count and symptoms, microbiology test results, etc.) to enable the LHJ to determine if norovirus is the cause of the gastroenteritis outbreak.	<input type="checkbox"/>	___/___/___
2. Communication. See sample communication framework.		
a. Report suspected or confirmed outbreak to the LHJ immediately and to any other applicable regulatory authority, such as the Department of Social and Health Services for long term care facilities.	<input type="checkbox"/>	___/___/___
b. Ensure the facility administration and infection control team are aware of the possible outbreak. ¹¹	<input type="checkbox"/>	___/___/___
c. Ensure patients/residents, relatives, and visitors are aware of the outbreak, such as through signs at entry/exit and email notifications. ¹¹ See sample notification alert .	<input type="checkbox"/>	___/___/___
d. Ensure staff, visitors, and patients/residents are educated about the importance of following outbreak control activities: <ul style="list-style-type: none"> Provide periodic briefings to staff and residents outlining the status of the outbreak and outbreak control activities being implemented. Provide information about the transmission of viral gastroenteritis and infection control procedures.⁴ Provide clear guidelines on how to report new ill patients, new ill staff, public vomiting/fecal accidents, handwashing sinks that need to be stocked, etc.⁴ 	<input type="checkbox"/>	___/___/___
3. Monitor the outbreak.		
a. Consult with the LHJ to determine the most appropriate method of case reporting. If determined necessary by the LHJ, prepare a line list of infected individuals (including staff) with such information as their location, date/time of onset, events attended, etc. at time intervals requested by the LHJ. See case report worksheet .	<input type="checkbox"/>	___/___/___
4. Identify and eliminate common sources of transmission.		
a. Follow LHJ direction as to which foods that may have been contaminated need to be removed from service for holding, testing, or discarding, which may include items such as: <ul style="list-style-type: none"> leftover food from meals implicated in a point-source outbreak (an outbreak where several people who shared the same meal become ill in a short period of time);⁴ 	<input type="checkbox"/>	___/___/___

Norovirus Outbreak Control Checklist for Facilities: Health and Long Term Care

<ul style="list-style-type: none"> open packages and open boxes of food that might be served without thorough cooking; prepared food and ingredients that may be served without thorough cooking; condiments that have been out for food worker or customer use including breading, salt, pepper, hot sauce, ketchup, etc.; condiment bottles that are refilled, if they cannot be thoroughly cleaned and sanitized; open cases of single service articles including to-go boxes, wax paper, napkins, etc.; ice and other beverage ingredients. 	<input type="checkbox"/>	___/___/___
b. Follow LHJ direction as to whether to discontinue family-style or self-serve buffet meal service and instead designate food service employees to serve visitors/residents until the outbreak is under control. ⁴	<input type="checkbox"/>	___/___/___
5. Prevent personnel from becoming infected.		
a. Review proper handwashing technique with employees. Use soap and water for at least 20 seconds for hand hygiene after providing care or having contact with individuals suspected or confirmed with norovirus. ^{2,8}	<input type="checkbox"/>	___/___/___
b. Ensure that handwashing stations have soap, paper towels and hands-free trash bins.	<input type="checkbox"/>	___/___/___
c. Provide alcohol-based hand sanitizers with at least 60%-95% ethanol ¹² (not as effective as handwashing). Educate staff to use sanitizers as an adjunct between handwashings and only when hands are not visibly soiled. ⁴	<input type="checkbox"/>	___/___/___
d. Provide personal protective equipment (PPE) (gowns, gloves, and masks) to staff. ⁴	<input type="checkbox"/>	___/___/___
e. Direct personnel coming into direct contact with ill persons to wear disposable gloves and to wear water proof gowns when contamination with fecal material or vomitus is possible. ⁴	<input type="checkbox"/>	___/___/___
f. Direct personnel to practice proper handwashing technique and to wear gloves and masks when cleaning areas grossly contaminated by feces or vomit.	<input type="checkbox"/>	___/___/___
6. Prevent employee transmission of illness.		
a. Staff members with symptoms of gastroenteritis should wait at least 48 hours after resolution of symptoms before returning to work. ^{4,8}	<input type="checkbox"/>	___/___/___
b. Exclude non-essential staff, volunteers, etc. from working in areas experiencing norovirus outbreaks. ⁸	<input type="checkbox"/>	___/___/___
c. Work with the LHJ to establish and follow protocols for staff cohorting in the event of a norovirus outbreak. Staff should care for one patient/resident cohort on their ward and not move between patient cohorts (e.g., cohorts may include symptomatic, asymptomatic exposed, or asymptomatic unexposed patient/resident groups). ^{4,8} Staff who have been exposed to or recently recovered from suspected norovirus may best be suited to care for symptomatic patients/residents until the outbreak resolves. ⁸	<input type="checkbox"/>	___/___/___

When can isolation precautions for residents be discontinued?

- Residents should continue with isolation precautions until at least 48 hours after resolution of symptoms.
- Either use single occupancy rooms or cohort ill residents together and separate from asymptomatic residents.
- Wait until 48 hours after exposure before transferring exposed, asymptomatic persons to unaffected areas.

When can a healthcare worker return to work?

- Staff should not report to work at any facility until **at least 48 hours after** resolution of symptoms.
- Exclude non-essential staff, volunteers, etc. from working in areas experiencing an outbreak.

Additional Resources



Educational

- [CDC Norovirus Illness Key Facts \(PDF\)](#)
- [CDC Norovirus Facts for Food Handlers \(PDF\)](#)
- [CDC Norovirus: What Healthcare Providers Should Know \(PDF\)](#)
- [Dehydration When Sick Fact Sheet \(Word\)](#)



Environmental Cleaning

- [EPA: Disinfectants Effective Against Norovirus](#)
- [Posters by Disinfect for Health](#): Several poster options in different sizes and languages

Additional tools



Surveillance Tools

- [Case Report/Line List Worksheet \(Excel\)](#)
- [Spokane Regional Health District Long-Term Care Facility Gastrointestinal Point Source Outbreak Investigation Forms \(Excel\)](#)



Communication

- Template: [Outbreak Communication Framework \(Excel\)](#)
- Template: [Notification Alert \(Word\)](#)

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.

REVISED STRUCTURE FOR Q&A CALL

A Modified Approach to the Q&A Call

Benefits to you:

- Ensure reliable answers to questions **prepared ahead of time** and presented on the slides during the call, including guidance source
- Reduce inconsistencies in responses
- Receive a copy of the slides with questions and answers soon after the call **instead of an FAQ spreadsheet**

Revised Call Structure

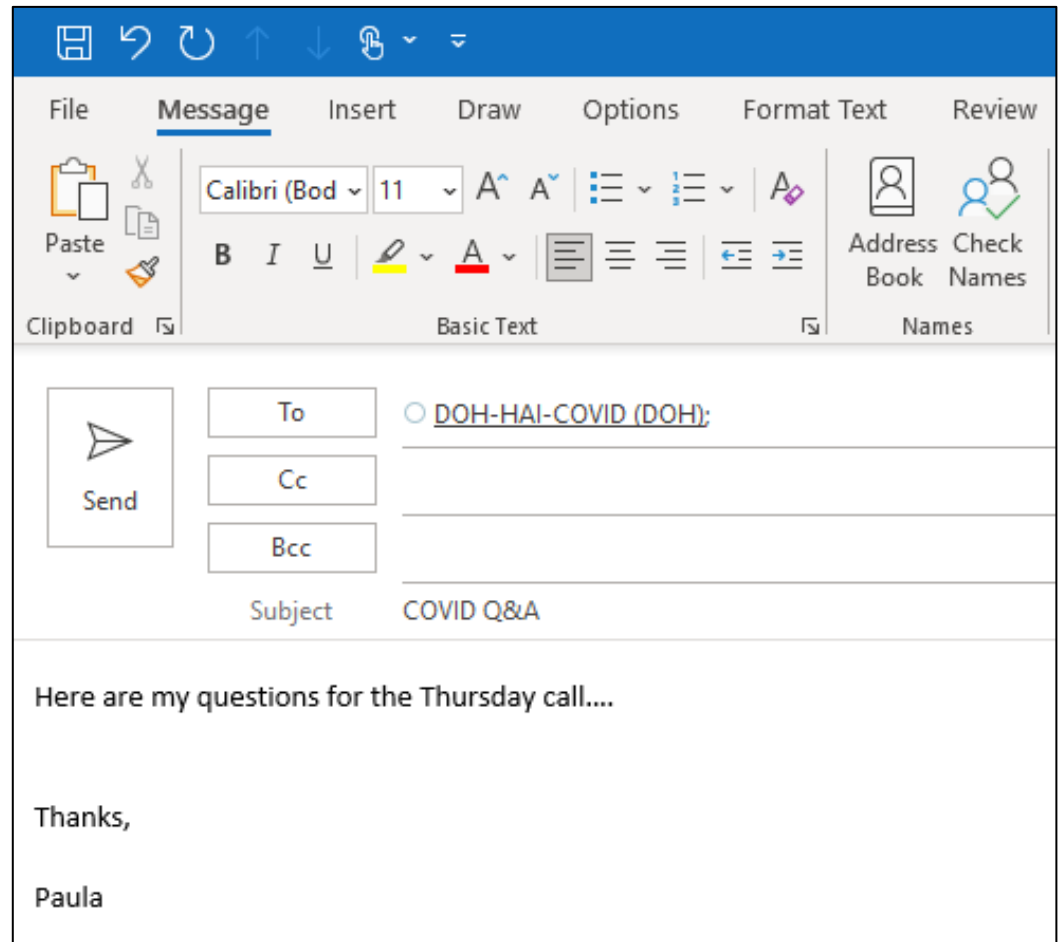
- **Submit questions by 5pm on Monday each week before the Thursday call**
- Submitted questions and answers will be presented during the call and sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new topics will be answered live as time allows
- Any unanswered questions will be consolidated by topic and roll over to the following week's slides along with any new mailbox questions
- Complex questions specific to your facility are best sent to HAI-COVID@doh.wa.gov to be answered individually

How to Submit Your Questions

Subject Line:
COVID Q&A Call

Email:
HAI-COVID@doh.wa.gov

Due by: COB Monday



MAILBOX QUESTION AND ANSWER



Question

We are having trouble obtaining testing supplies. Where can we obtain additional testing supplies, both antigen and PCR?

Answer

- First check with your LHJ for testing supplies and if they are unable to help you, email covidtestingsupport@doh.wa.gov

Question

When was the most recent update to the Safe Start Plan?

Answer

- The Long-Term Care COVID Response Plan (formerly the Safe Start for Long-Term Care Plan) was last updated February 23, 2022.

[Long-Term Care COVID Response Plan \(formerly the Safe Start for Long-Term Care Plan\) | DSHS \(wa.gov\)](#)

Question

If residents have received the original Pfizer/Moderna series and have the first booster but have yet to receive the second booster:

1. Does this mean they are just "fully vaccinated" and not "up-to-date" anymore?

Answer

- Everyone ages 12 years and older is considered up to date until the time they are eligible for their first booster — which is 5 months after the second dose for Pfizer-BioNTech and Moderna vaccines, or two months after the J&J/Janssen vaccine.
- After this time period, they need to get 1 booster to be considered up to date.
- Getting a second booster is not necessary to be considered up to date at this time.

Question

If residents have received the original Pfizer/Moderna series and have the first booster but have yet to receive the second booster:

2. Does this apply to all staff members that are above 50 years old as well?

Answer

Yes, getting a second booster is not necessary to be considered up to date at this time.

Question

3. Please explain the ramification of being "fully vaccinated" versus "up-to-date" vaccinated?

Answer

- Data suggest the COVID-19 vaccine effectiveness at preventing infection or severe illness wanes over time, especially in people ages 65 years and older.
- The emergence of the variants further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

- Work restrictions for asymptomatic HCP with SARS-CoV-2 exposure have decreased work restrictions if HCP is up to date on vaccination (see next slide)

Answer

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 ² and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test ¹	No work restriction with negative tests on days 1 ² , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

¹ Negative test results within 48 hours before returning to work

² For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Question

Can a LTCF limit visitation?

Answer

- Facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
- Visits should be conducted in a manner that adheres to the **core principles of COVID-19 infection prevention** and does not increase risk to other residents.
- Facilities should ensure that physical distancing can still be maintained
- Facilities should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
- During indoor visitation, facilities should limit visitor movement in the facility.

[QSO-20-39-NH REVISED \(cms.gov\)](#)

Core Principles of COVID-19 Prevention

- Facilities should screen all who enter for these visitation exclusions.
 - Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for residents to (quarantine).
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Physical distancing at least six feet between people
- Frequent cleaning & disinfecting high-frequency touch surfaces
- Appropriate staff use of PPE
- Effective cohorting of residents
- Resident and staff testing conducted as required [QSO-20-38-NH REVISED \(cms.gov\)](#).

Question

Please review how to use the
CDC Data Tracker.
I thought our county was in low
transmission

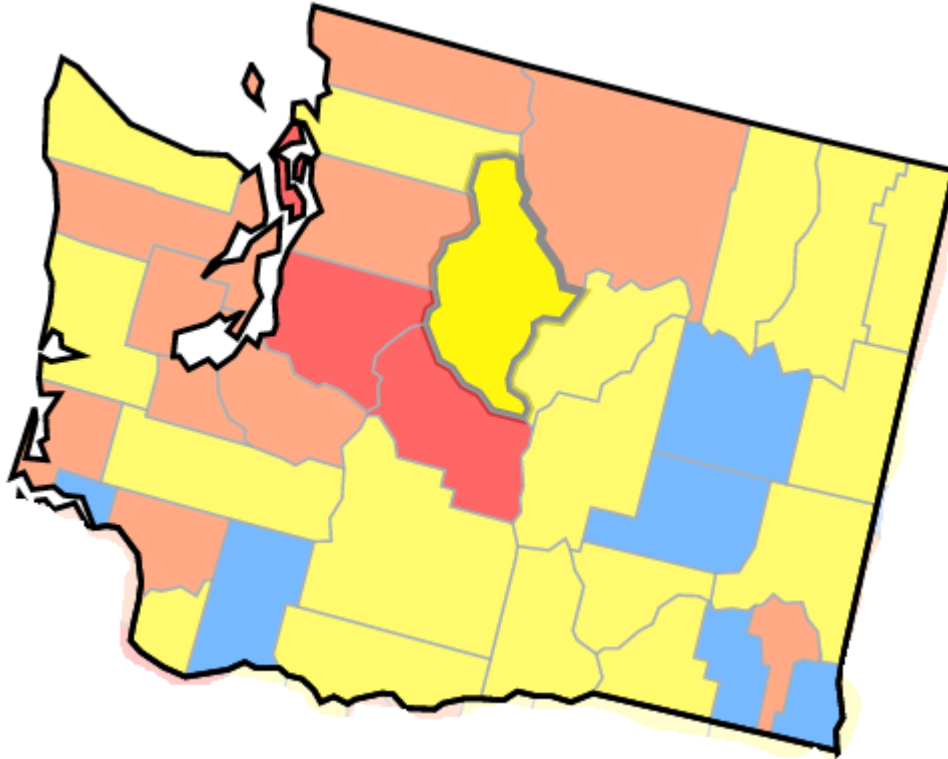
Answer

- For current data, use the CDC Data Tracker Community Transmission rate (not the COVID-19 Community Level) [CDC COVID Data Tracker: County View](#)
- Select the state, county and select Community Transmission from drop down under Data type.
- CDC updates data daily and the rates can change from day to day, especially in smaller counties.
- Recommend checking Data Tracker weekly:
 - If level of community transmission increases to a higher level, you should begin testing staff at the higher frequency recommended.
 - If level of community transmission decreases to a lower level, continue testing at the higher frequency until the level of community transmission has remained lower for at least two weeks before reducing testing frequency.

[QSO-20-38-NH REVISED \(cms.gov\)](#)

Answer

- Today's Community Transmission rates for Washington:



Q & A Section

Please type your questions into the question window and tell us what type of facility you are from (e.g., ALF, SNF, AFH) and what county you are in.