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.

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

COVID-19 Q&A Call Expectations

- Be present
- Assume positive intent
- Focus on solutions
- Speak and chat respectfully
- Give constructive feedback
- Express disagreements professionally and tactfully

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/ltcrpp

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. 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

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

May micro learning topics -

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

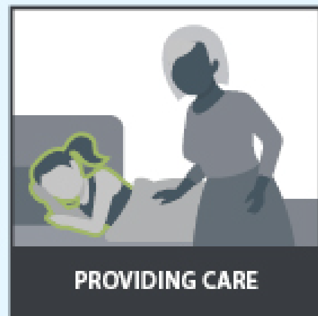
- Nausea
- Vomiting
- Diarrhea
- Stomach cramping

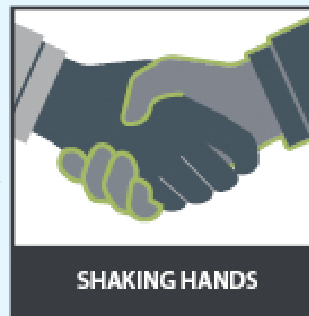
Other Symptoms

- Fever
- Headache
- Body aches

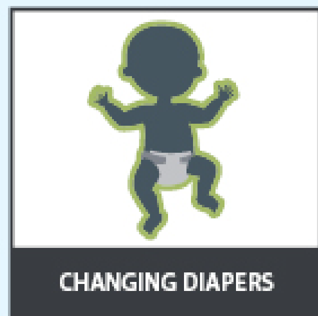
How You Get Norovirus From People or Surfaces

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


PROVIDING CARE


SHAKING HANDS

TOUCHING YOUR MOUTH


CHANGING DIAPERS

TOUCHING CONTAMINATED SURFACES

YOU BECOME ILL WITH NOROVIRUS

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

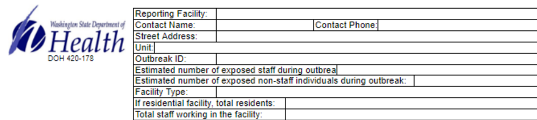
Waste Disposal

Cleaning and Disinfection

Disinfectant	Isolation/Co-horted Area	During Outbreak
Now there are other products available…Not just bleach. EPA: Disinfectants Effective Against Norovirus Use a chorine bleach solution with a concentration of 1000-5000 ppm (2-25 tablespoons of household bleach per gallon of water) Follow Manufacturer recommendation	Routine cleaning and disinfection of high touch areas: • Environmental surfaces • Equipment in isolation area • High-traffic clinical areas	Increase cleaning frequency to **twice (2 times) daily** of patient care areas Increase frequency of high touch areas to **three (3) times daily** Change privacy curtains when they are visibly soiled and upon patient discharge or transfer

Norovirus Outbreak

1. Initiate Transmission-based Precautions
2. Norovirus Outbreak Response Toolkit for Local Health Jurisdictions | Washington State Department of Health
3. Notify your Local Health Jurisdiction (LHJ)
   a. The LHJ will work with WA PHL on the need for sample collection if indicated.
4. Initiate Case Report/Line List Worksheet (Excel)



Reporting Facility:
Contact Name: Contact Phone:
Street Address:
Unit:
Outbreak ID:
Estimated number of exposed staff during outbrea
Estimated number of exposed non-staff individuals during outbreak:
Facility Type:
If residential facility, total residents:
Total staff working in the facility:

Case Demographics					Symptoms						Outcome		Diagnostics				Exposures							
Name	Unique ID	Staff	Age	Sex	Symptom onset date	Vomiting	Diarrhea	Bloody stools	Fever	Abdominal cramps	First symptom free date	Died	Specimen collected	Date specimen collected	Lab results	Location of stool specimen testing	Activities at facility 3 days before onset	Activities at facility 2 days before onset	Activities at facility 1 day before onset	Activities at facility day of onset	Foods eaten at facility 3 days before onset	Foods eaten at facility 2 days before onset	Foods eaten at facility 1 day before onset

Helpful Links

- [420-174-NoroLHJ-ChecklistHC-LTC.docx (live.com)]
- [420-170-NoroFacilityChecklistHC-LTC.docx (live.com)]

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

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

Norovirus Checklist

DOH 420-170

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.	☐	__/__/__
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.	☐	__/__/__
b. Ensure the facility administration and infection control team are aware of the possible outbreak.[11]	☐	__/__/__
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.*	☐	__/__/__
d. Ensure staff, visitors, and patients/residents are educated about the importance of following outbreak control activities: • 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]	☐	__/__/__
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.*	☐	__/__/__
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: • 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] • 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.	☐	__/__/__
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]	☐	__/__/__
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]	☐	__/__/__
b. Ensure that handwashing stations have soap, paper towels and hands-free trash bins.	☐	__/__/__
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]	☐	__/__/__
d. Provide personal protective equipment (PPE) (gowns, gloves, and masks) to staff.[4]	☐	__/__/__
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]	☐	__/__/__
f. Direct personnel to practice proper handwashing technique and to wear gloves and masks when cleaning areas grossly contaminated by feces or vomit.	☐	__/__/__
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]	☐	__/__/__
b. Exclude non-essential staff, volunteers, etc. from working in areas experiencing norovirus outbreaks.[8]	☐	__/__/__
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]	☐	__/__/__

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 Call Structure

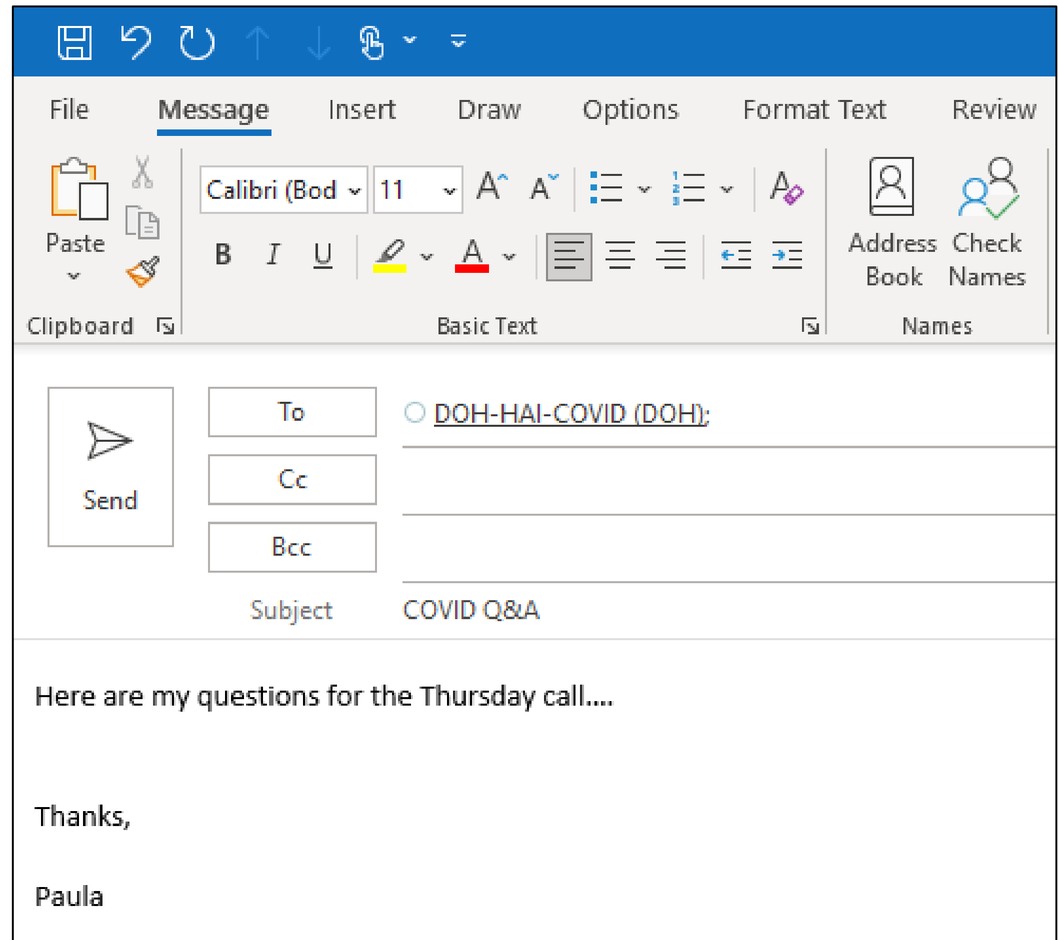
- **Submit questions by 5pm on Monday each week before the Thursday call**
- Submitted questions and answers will be presented during the call and sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new topics will be answered live as time allows
- Any 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

What are King County's outbreak recommendations as it relates to group activities and dining?

- When a positive case is identified, **King County** recommends the facilities consider pausing group activities and communal dining until two rounds of outbreak testing are complete (outbreak testing includes testing all those on affected unit(s) immediately and on day 5-7 after the last exposure). The facility may choose to continue group activities and dining if they have deemed the risk to others as low through contact tracing and transmission based precaution implementation. However, if the facility identifies unexpected cases (without known exposure), or contact tracing was unsuccessful, pausing group activities and dining would be the safest option until outbreak testing is. During outbreak testing, if additional cases are found, king county recommends pausing group activities and dining until 14 days pass with no new positives.

Is it ok to use KN95 in an LTCF with no outbreak?

Answer: **YES**.

- **Source control options for HCP include:** a NIOSH-approved N95 or equivalent or higher-level respirator or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators, or a well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face). **When acting solely as source control, any options listed above could be used.** https://doh.wa.gov/sites/default/files/2022-02/631-100-SourceControlHealthcare.pdf

During an outbreak in an LTCF, is an N95 only required in COVID -19 positive residents' rooms?

Answer: **NO**.

- **NIOSH-approved N95 or equivalent or higher-level respirator** is recommended for HCP working with residents on **TBP (on Isolation and Quarantine) as well as** other situations where additional risk factors for transmission are present.
- **They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place**.
- LTCF in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient care encounters [Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC]

Should LCTFs screen visitors actively or should they rely on other self-reported methods?

- CDC recommends that LTCF establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:
  - 1) a positive viral test for SARS-CoV-2,
  - 2) symptoms of COVID-19, or
  - 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP).
- Options of implementing the above could include (but are not limited to): **individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility**. Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

Are there any considerations to allowing family members to join AL residents during mealtimes? Especially with Mother's Day coming up?

Answer: **YES.**

- There may be circumstances in which a provider will be able to offer allowances for meals within the facility. The facility will still want to assure all infection prevention and control conditions can be followed, including physical distancing.
- If the facility dining area can allow for some visitors to participate in dining while still allowing for distancing this could be okay provided visitors are wearing masks when not eating and drinking.
- The facility could also allow for dining in resident rooms or use other spaces throughout the facility to assure physical distancing can occur while allowing for visitors to participate in a meal.
- Dining in shifts could also be an option.

Do you have any suggestions and or resources that LHJs can share with the AFHs if they need help with the MTS certificate/ CLIA waiver application cost?

Answer: **No**.

- Currently, there are no programs that assist with the cost of CLIA waiver application. The fees are set as listed in the DOH WAC. If sites have further questions, kindly reach out to LQA@doh.wa.gov.

Can a LTCF limit visitation?

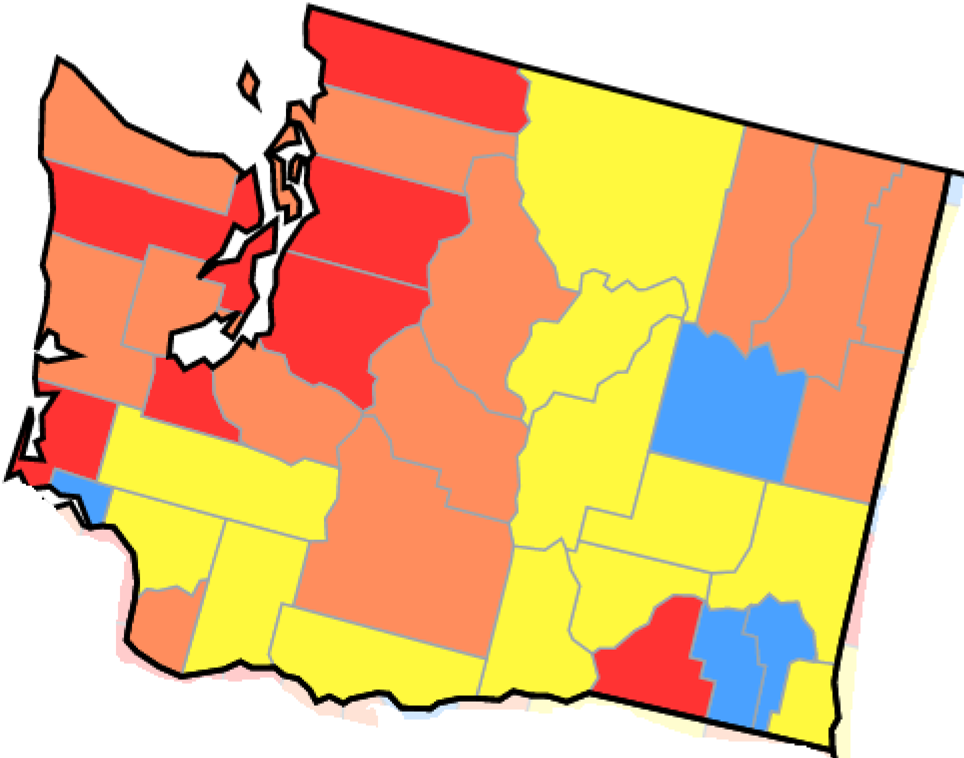
- Facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
- Visits should be conducted in a manner that adheres to the **core principles of COVID-19 infection prevention** and does not increase risk to other residents.
- 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).

Today's COVID-19 Community Transmission rates



- Key

High | Substantial | Moderate | Low | No Data

CDC COVID Data Tracker: County View

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.