

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



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/ltrcpp

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](#)



Congratulations
to all 297
Winter 2022
Awardees!



[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



- **Weekly Webinar Series for LTPAC facilities**

Join us for a 30-minute webinar series focused on improving vaccine and booster rates in your facilities. Each week we will present best practices and resources that are actionable for your facility leaders and staff.

- **May 17: NHSN Updates**

Every Tuesday through May 24

11 a.m. PT / noon MT (30 minutes)

[Link to Register](#)

- **Weekly Open Office Hours for LTPAC facilities**

Join Comagine Health for 30 minutes every Friday for an open conversation about raising your COVID-19 primary vaccine series and booster rates for residents and staff. Join us to learn about new resources and best practices, to ask questions and to hear and learn from a small group of your peers.

- **May 20: NHSN Updates**

Every Friday through May 27

11 a.m. PT / noon MT (30 minutes)

[Link to Register](#)



Driving Clinical Excellence in Unstable Times: Big Impact, Small Effort

An interactive and collaborative learning series

How do you take a limited time frame, a burnt-out workforce, ever-changing leadership and little appetite to try “one new thing,” and turn it into a successful, high-functioning team?

This series combines interactive education, small-group consultation, peer-sharing and microlearning opportunities on effective clinical and change concepts. In just an hour a month, you will learn:

- Practical and time-savvy strategies to reimagine quality improvement
- Methods to sharpen your clinical skills
- Steps to engage your team and strengthen your system from within
- Approaches to become a resilient organization able to thrive in a changing environment

Every first Thursday of the month through Nov. 2, 2023

11 a.m. PT / noon MT (1 hour)

[Link to Register](#)

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!*

It's Polling Time!

COVID-19 Vaccine Administration Planning:

1. Type of Facility
2. Current vaccine administration
3. Plans for administering vaccine over the next year
4. Knowing where to obtain information or training materials

Upcoming LTC Q&A Schedule

Please plan to attend these upcoming micro learning sessions!

Today's discussion:

Hand Hygiene basics

May micro learning topics -

May 19 & 26 – Staying Up to Date on COVID Vaccinations



HAND HYGIENE BASICS

Healthcare-Associated Infection and Antimicrobial
Resistance Section



Hand Hygiene Is Key for Prevention

Hands are the most common mode of spreading illness



Why Is Hand Hygiene Important?

- Reduces harmful microorganisms on the hands
- Prevents healthcare-associated infections
- Protects your residents from becoming ill



When to Use Hand Hygiene

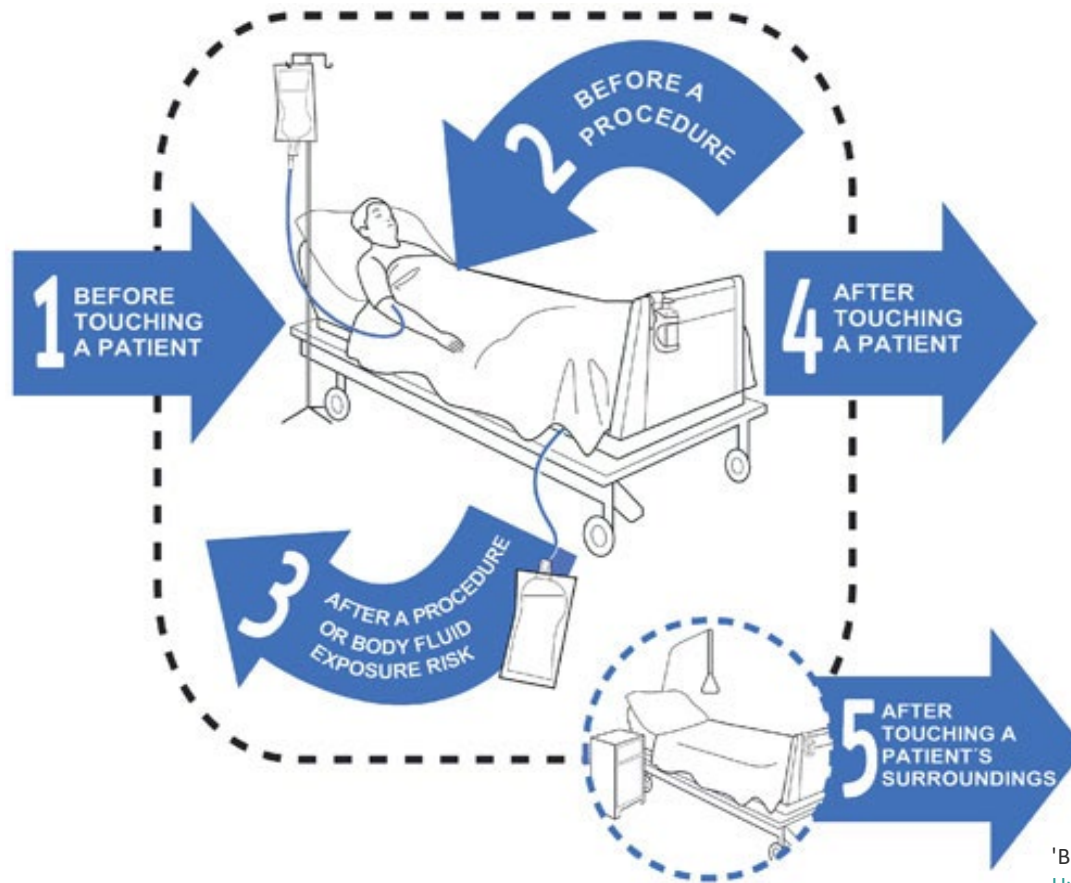
BEFORE:

- Touching a patient
- Touching the patient's environment
- Putting on gloves
- Beginning a procedure
- Handling invasive medical devices
- Moving from a soiled body part to a clean body part
- Eating

AFTER:

- Touching a patient
- Touching the patient's environment
- Contact with blood or body fluids
- Contact with contaminated surfaces
- Hands are visibly soiled
- Removing gloves and other PPE
- Using the restroom

When to Use Hand Hygiene



'Based on the ['My 5 moments for Hand Hygiene'](#) External link' © World Health Organization 2009. All rights reserved.'

Soap and Water

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;



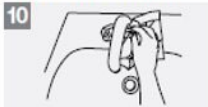
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Use soap and water when hands are visibly soiled (e.g., blood, body fluids)



CDC Public Health Matters Blog

Alcohol-Based Hand Sanitizer

HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all 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;



Once dry, your hands are safe.

If hands are not visibly soiled, an alcohol-based hand sanitizer may be used



CDC, FAQ Hand Hygiene

Alcohol-Based Hand Sanitizer

➡ Benefits

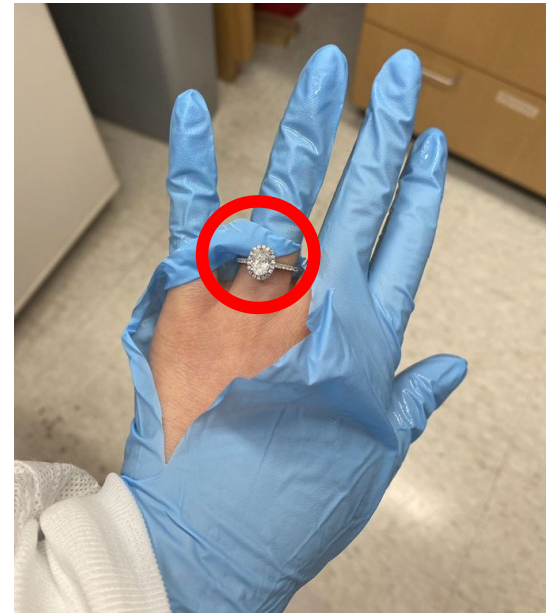
- Rapid and effective antimicrobial action
- Improved skin condition
- More accessible than sinks

➡ Limitations

- Cannot be used if hands are visibly soiled
- Must be stored away from high temperatures or flames
- Not effective against infectious diarrhea 🍌 like Norovirus, C. diff, etc.

Special Hand Hygiene Considerations

- Use facility-approved hand lotions
 - Mineral oils and petroleum bases may cause gloves to break down
 - Outside hand lotion may be contaminated
- Keep fingernails short (< 1/4 inch)
- Avoid artificial nails
- Avoid hand jewelry that may tear gloves



Source: Melanie Gil

Glove Use

- Wear gloves for anticipated contact with:

- Blood
- Mucous membranes
- Non-intact skin
- Potentially contaminated skin
- Potentially contaminated equipment
- Other potentially infectious materials



Nurses Zone

- Do not wash, disinfect, or sterilize medical gloves for reuse
- Gloves do not replace the need for hand hygiene

When to Wear Gloves



Examples

- Assisting a resident in the restroom or changing a brief
- Emptying a commode
- Wound care
- Medication preparation when indicated
- Entering a transmission-based precaution room, like a COVID isolation room

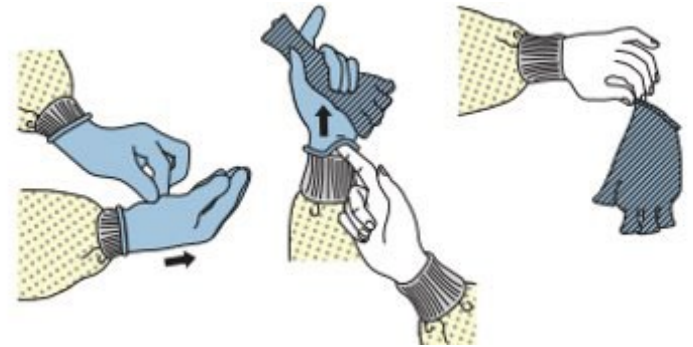
Examples

- Emptying or touching a catheter
- Taking a used tissue from a resident
- Oral care
- Cleaning the resident's environment
- Using cleaning/disinfection products

When Do I Change or Discard My Gloves?

- Per CDC, change gloves and perform hand hygiene during patient care, if:
 - Gloves become damaged
 - Gloves become visibly soiled with blood or body fluids
 - Moving from a soiled body part to a clean body part

- Discard gloves and perform hand hygiene:
 - Before exiting the patient room
 - Before caring for a new patient
 - If gloves are torn, cut, or punctured



CDC: Sequence for Removing PPE

Common Mistakes

- Storing gloves in pockets
- Wearing gloves outside the patient's room or care area
- Wearing the wrong size glove
- Double gloving
- Providing dining assistance or helping a resident eat with gloves unless indicated
- Donning new gloves and touching your own face or hair then proceeding to patient care

Gloves too loose



Gloves too tight



Correct fit



Why is Glove Misuse/Overuse a Problem?

- More use does not always mean more protection
- More use than needed can create a false sense of security
- Gloves worn when not needed may result in forgetting to change gloves and perform hand hygiene between touching objects or surfaces
- Since gloves cannot safely or effectively be cleaned, wearing gloves for tasks that do not require gloves creates more risk of spreading harmful germs to high touch surfaces, residents, and yourself
- Using gloves when not indicated or not appropriate can increase facility PPE costs



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:

Resources

<https://www.cdc.gov/handhygiene/campaign/index.html>

<https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

<https://www.cdc.gov/handhygiene/providers/guideline.html>

https://www.who.int/gpsc/tools/Five_moments/en/

<https://apic.org/resources/topic-specific-infection-prevention/>

[Healthcare Providers | Hand Hygiene | CDC](#)

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

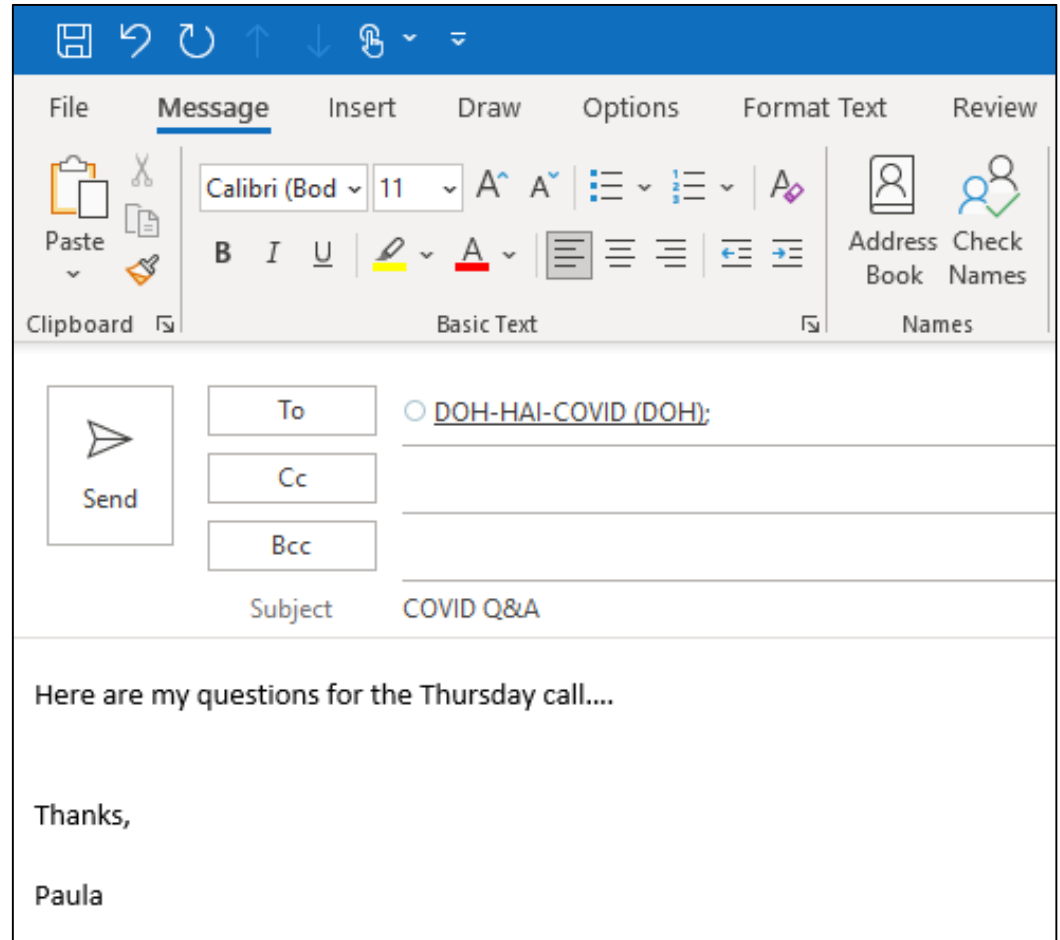
- **Submit questions by 5pm on Monday each week before the Thursday call**
- Submitted questions and answers will be presented during the call and sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new topics will be answered live as time allows
- Any 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 the recommendations for "assisting residents with meals" We are told to glove/mask up and wear eye protection anytime our staff are within 6 feet for longer than 15 min in 24 hours?

- **While assisting a resident with a meal the HCP should wear a mask and eye protection**
- **Gloves are NOT necessary while assisting with meals unless the resident is presumed or COVID +**
- **In general, staff should wash their hands before and after resident contact**
- **If providing personal care where there is likely contact with body fluids, then gloves should be worn**

Does my staff need to wear gloves when moving laundry to the machines?

Best practices for personal protective equipment (PPE) for laundry staff:

- Practice hand hygiene before application and after removal of PPE.
- Wear tear-resistant reusable rubber gloves when handling and laundering soiled linens.
- If there is risk of splashing, for example, if laundry is washed by hand, laundry staff should always wear gowns or aprons and face protection (e.g., face shield, goggles) when laundering soiled linens.
- [Appendix D: Linen and Laundry Management | Environmental Cleaning in RLS | HAI | CDC](#)

Can you clarify the updated definition of an outbreak?

- >1 facility-acquired** COVID-19 case in a resident
 - ****Facility-acquired COVID-19 infection in a long-term care resident is defined as a confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring.**
- Further questions about reporting outbreaks can be directed to the EPI/surveillance team at DOH (HAIEpiOutbreakTeam@doh.wa.gov)
- ⑩ CSTE Definition: [HC-Outbreak-Definition.pdf \(cste.org\)](https://www.cste.org/HC-Outbreak-Definition.pdf)

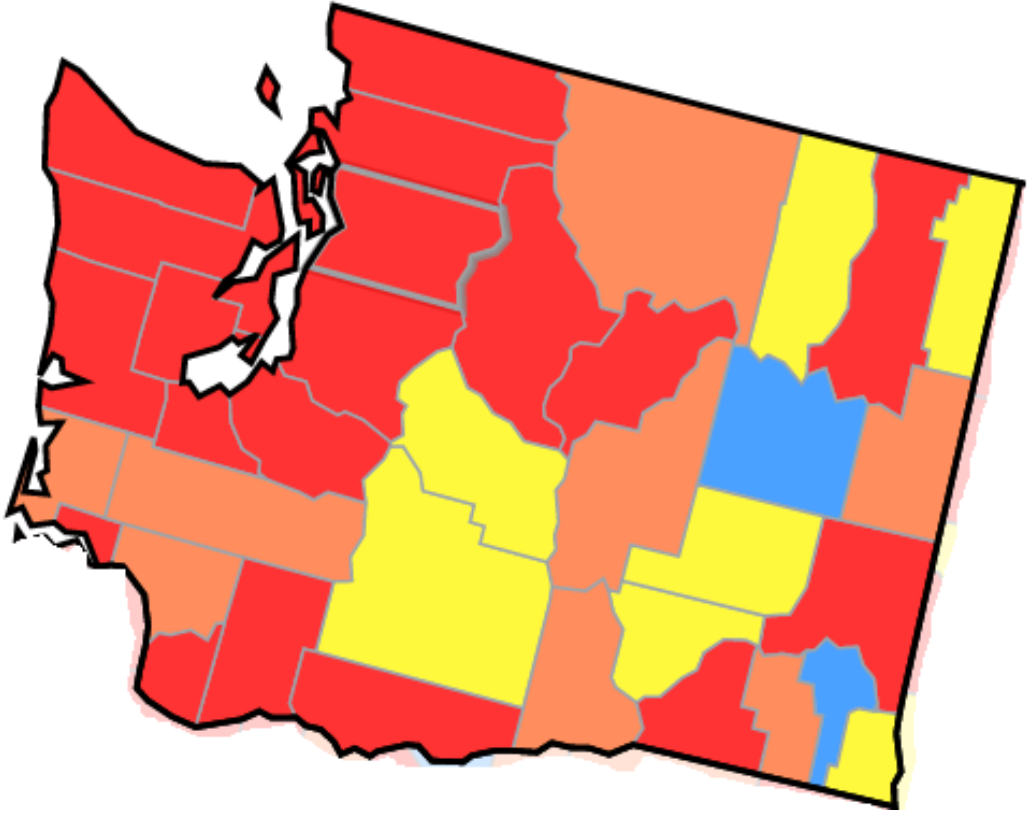
Do we still need to do daily screening for residents?

- **Yes you should actively monitor all residents upon admission and at least daily for fever (temperature $\geq 100.0^{\circ}\text{F}$) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry.**

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](#)

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.