

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

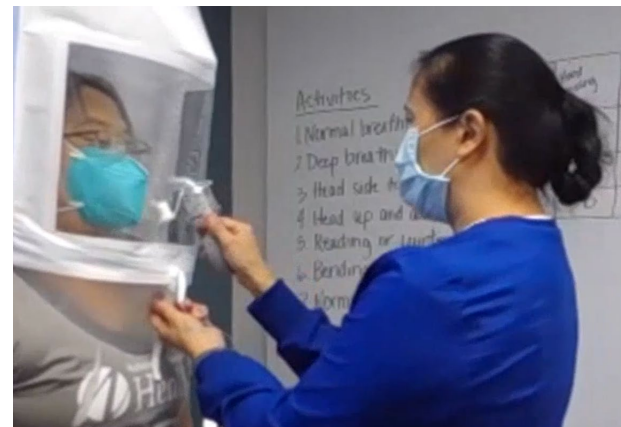
Fit Test Training

- Learn to conduct your own N95 fit test for your staff
 - Visit our website: [Fit Testing Training | Washington State Department of Health \(www.doh.wa.gov/Itcrpp\)](https://www.doh.wa.gov/Itcrpp)
 - Step 1 – Pre-training education
 - Step 2 – Sign up for a Virtual Fit Test Training webinar
 - Step 3 – Hands-on training with our Fit Test Vendors

Note: Each participant will need to register individually.

Email questions to:

HAI-FitTest@doh.wa.gov



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](#)



Comagine Health Events

Webinar Every Tuesday on
Topics related to COVID
Vaccine and Boosters 11am
PST [Link to Register](#)

Open Office Hours with Q&A
Every Friday 11am PST [Link to Register](#)

Special Webinar June 7 Topic:
Ventilation and Airborne
Infections Webinar [Link to Register](#)

**Driving Clinical Excellence in
Unstable Times: Big Impact,
Small Effort** *An interactive
and collaborative learning
series*

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 Jun. 2, 2022 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!*

LTC Q&A Call Structure

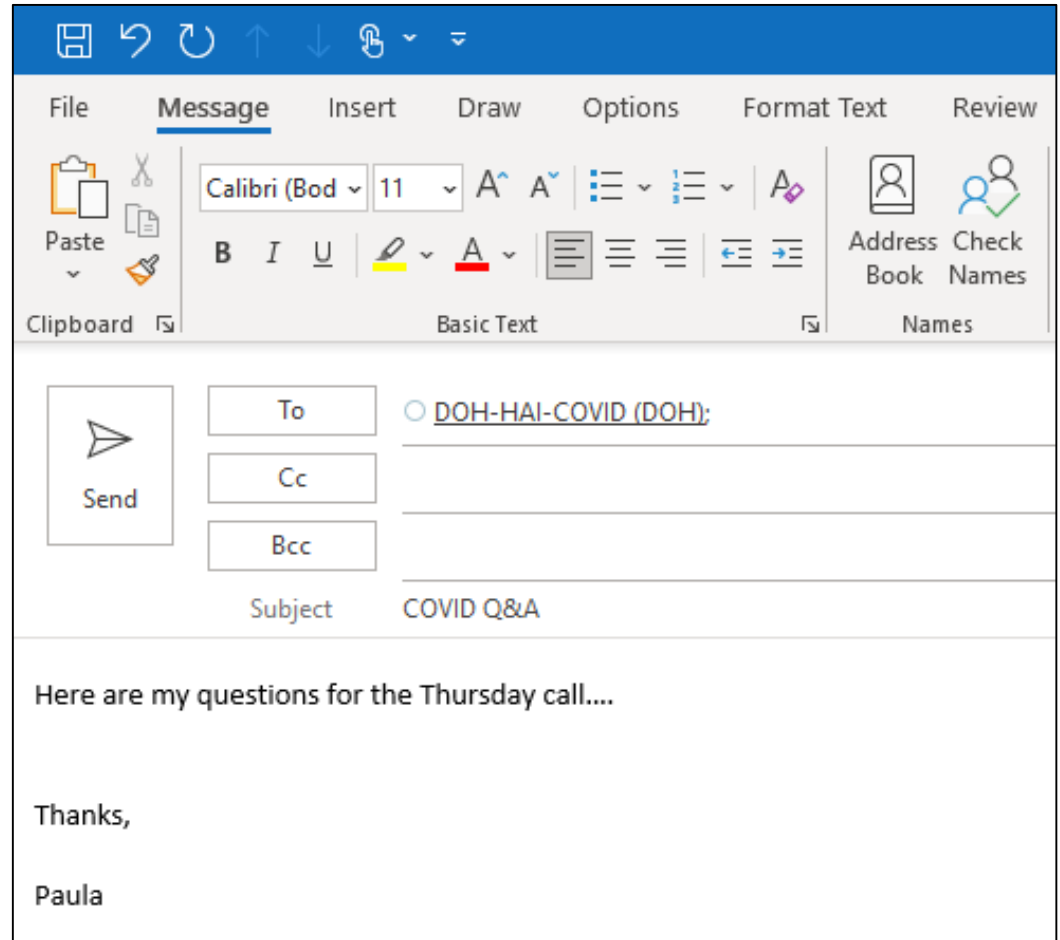
- **Submit questions by 5pm on Monday each week before the Thursday call**
- Submitted questions and answers will be presented during the call and sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new topics will be answered live as time allows
- Any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



Upcoming LTC Q&A Schedule

Please plan to attend these upcoming micro learning sessions!

Today's discussion:

COVID Immunizations Update

June 2 – Q&A Call Cancelled – please delete from your calendar

June 9 & 16 – Alternatives to Barriers for COVID Units

It's Polling Time!

COVID-19 Vaccine Administration Planning:

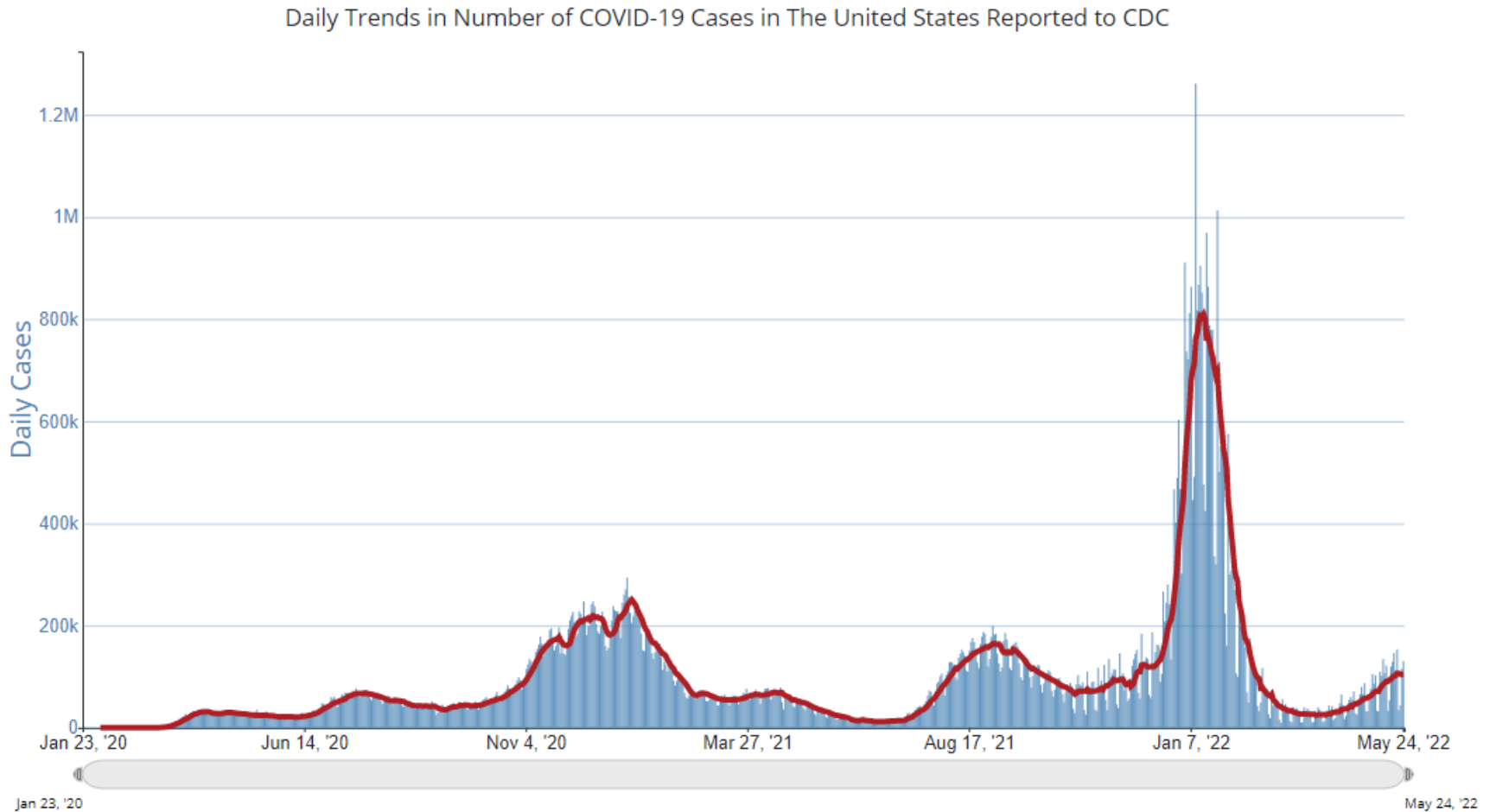
1. Type of Facility
2. Current vaccine administration
3. Plans for administering vaccine over the next year
4. Knowing where to obtain information or training materials



Immunizations Update
Kris Barnes MSN MN RN
Office of Immunization

26 May 2022

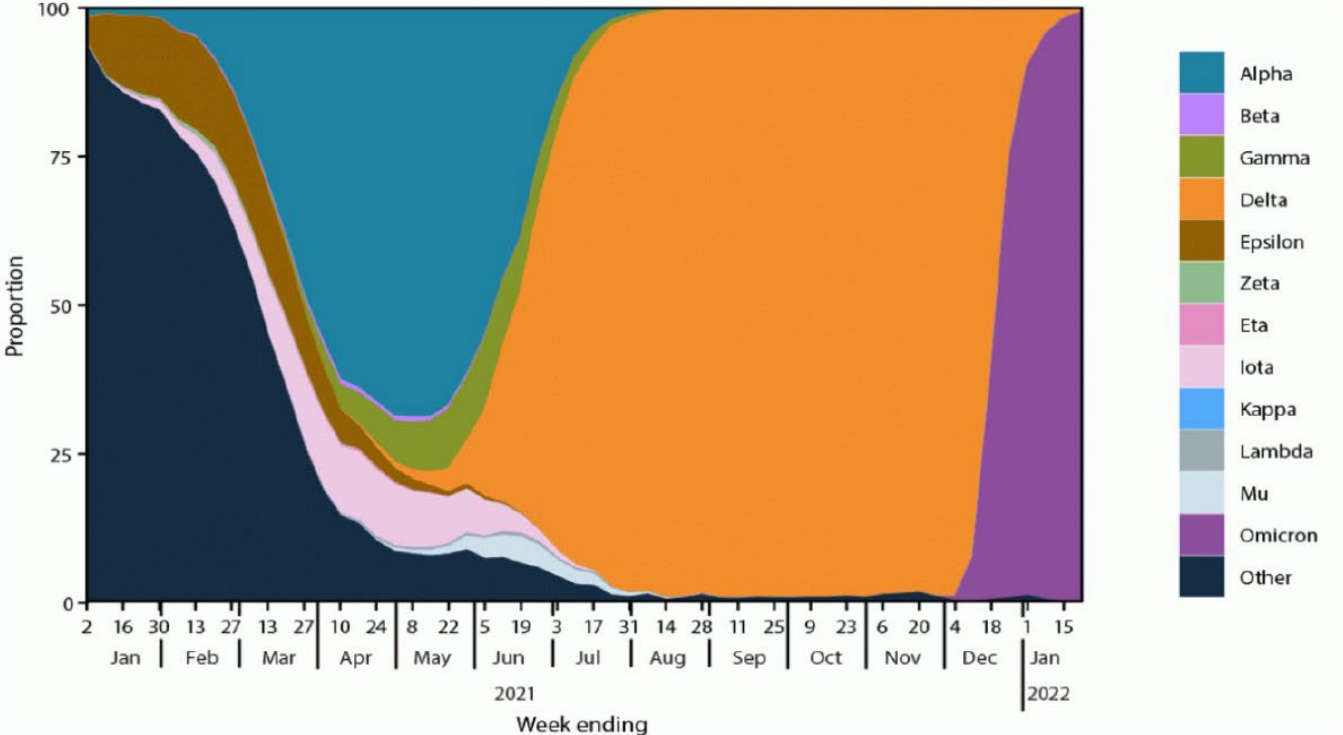
Daily trends in number of COVID-19 cases, United States



Source: [CDC COVID Data Tracker: Daily and Total Trends](#); accessed 05-25-2022

Changing landscape of circulating variants

FIGURE 1. National weekly proportion estimates* of SARS-CoV-2 variants† — United States, January 2, 2021–January 22, 2022



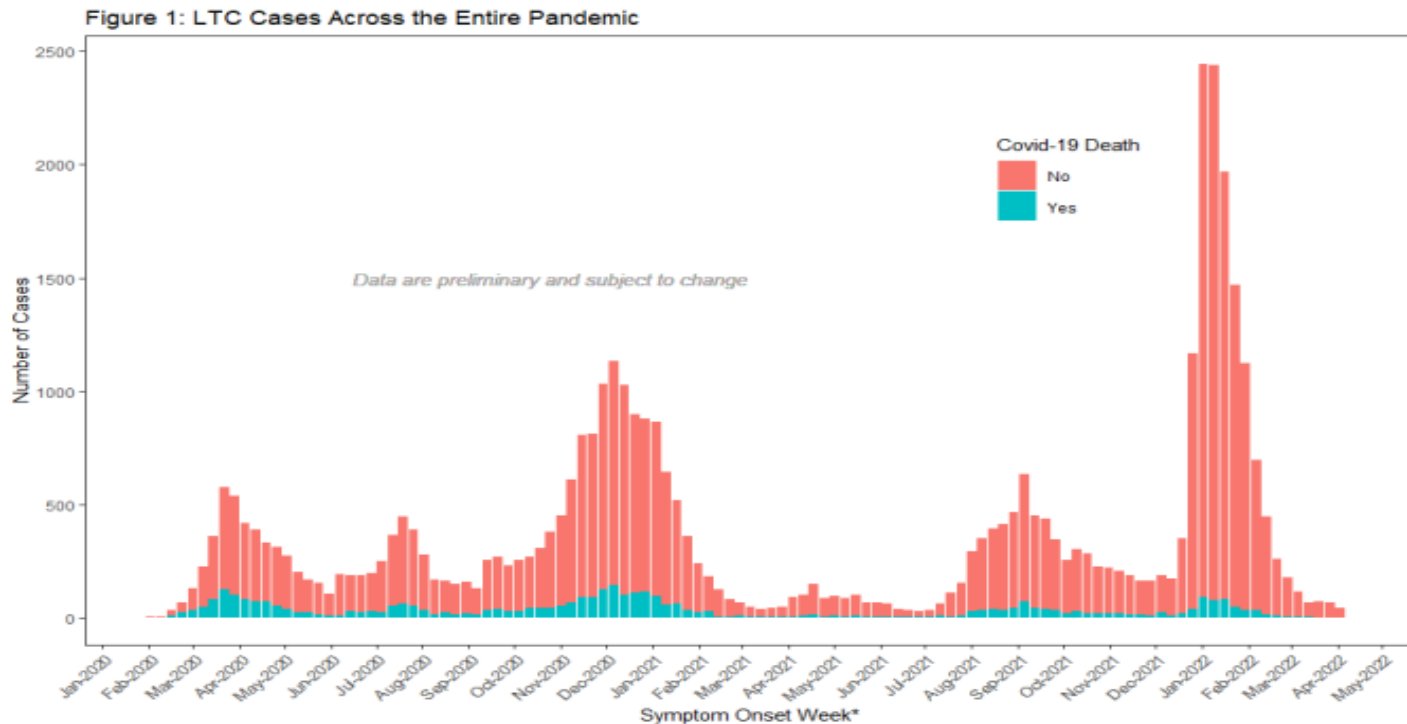
Lambrou et al. Genomic Surveillance for SARS-CoV-2 Variants: Predominance of the Delta (B.1.617.2) and Omicron (B.1.1.529) Variants — United States, June 2021–January 2022 <https://www.cdc.gov/mmwr/volumes/71/wr/mm7106a4.htm>

Source: S. Oliver MD Advisory Committee on Immunization Practices presentation; 04-20-2022 meeting. Available at [ACIP April 20, 2022 Presentation Slides | Immunization Practices | CDC](#)

Washington Long-Term Care Report

LTC-Associated Cases and Deaths by Illness Onset Date*

The following two epidemiologic curves show the number of LTC-associated cases and deaths by week of onset, over the entire pandemic and in 2022.



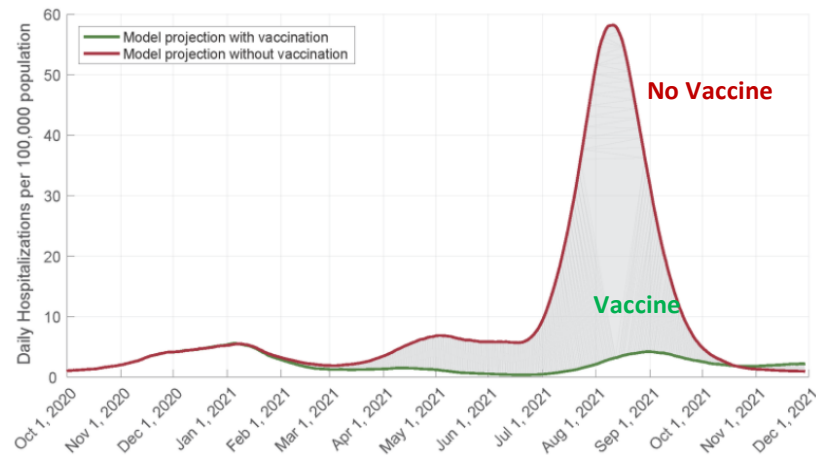
Source: [COVID-19 Long Term Care Monthly Report \(wa.gov\)](https://www.wa.gov/COVID-19-Long-Term-Care-Monthly-Report); accessed 05-17-2022

Impact of U.S. Vaccination Program

The Commonwealth Fund Report: Improving Health Care Quality:

- Estimated U.S. vaccination program prevented more than 10.3 million additional COVID-19 cases
- A 4.9 times higher than occurred during 2021

Projected U.S. Seven-Day Rolling Average of Daily Hospitalizations per 100,000 Population With and Without Vaccination



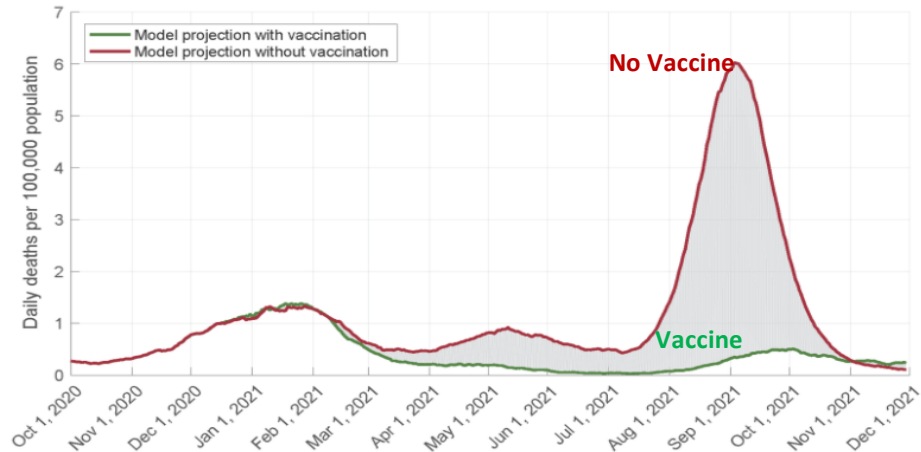
Source: Eric C. Schneider et al., *The U.S. COVID-19 Vaccination Program at One Year: How Many Deaths and Hospitalizations Were Averted?* (Commonwealth Fund, December 2021). <https://doi.org/10.26099/3542-5n54>

Impact of U.S. Vaccination Program

The Commonwealth Fund Report: Improving Health Care Quality:

- Estimated U.S. vaccination program prevented 1.1 million additional COVID-19 deaths by November 2021
- Without vaccinations, daily deaths could have:
 - Jumped as high as 21,000 per day
 - Nearly 5.2 times the level of record peak in January 2021
- Overall been 3.2 times higher

Projected U.S. Seven-Day Rolling Average of Daily Deaths per 100,000 Population, With and Without Vaccination



Source: Eric C. Schneider et al., *The U.S. COVID-19 Vaccination Program at One Year: How Many Deaths and Hospitalizations Were Averted?* (Commonwealth Fund, December 2021). <https://doi.org/10.26099/3542-5n54>

Ongoing Impact of Vaccinations

The Commonwealth Fund Estimates of COVID-19 Attributable Deaths, Hospitalizations, Infections, and Health Care Costs Averted by the U.S. Vaccination Program December 12, 2020, and March 31, 2022

Deaths	2,265,222	2,051,041 to 2,467,683
Hospitalizations	17,003,960	15,680,556 to 18,250,413
Infections	66,159,093	58,774,953 to 73,787,291
Health care costs	\$899.4 billion	\$825.3 billion to \$978.5 billion

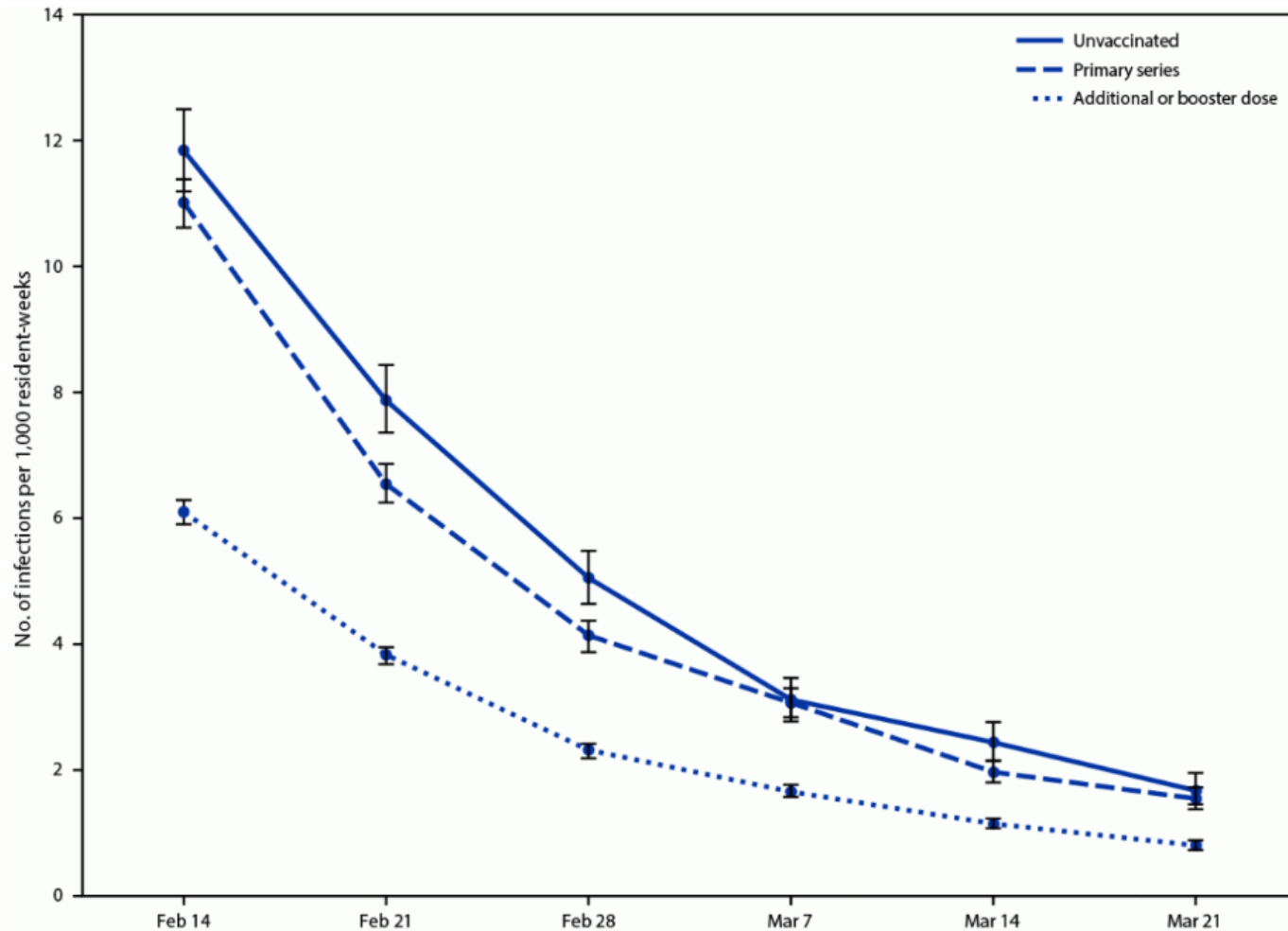
* Credible intervals reflect the range of normal uncertainty associated with estimates.

Data: Authors' analysis

Source: Eric C. Schneider et al., "Impact of U.S. COVID-19 Vaccination Efforts: An Update on Averted Deaths, Hospitalizations, and Health Care Costs Through March 2022," *To the Point* (blog), Commonwealth Fund, Apr. 8, 2022. <https://doi.org/10.26099/d3dm-fa91>

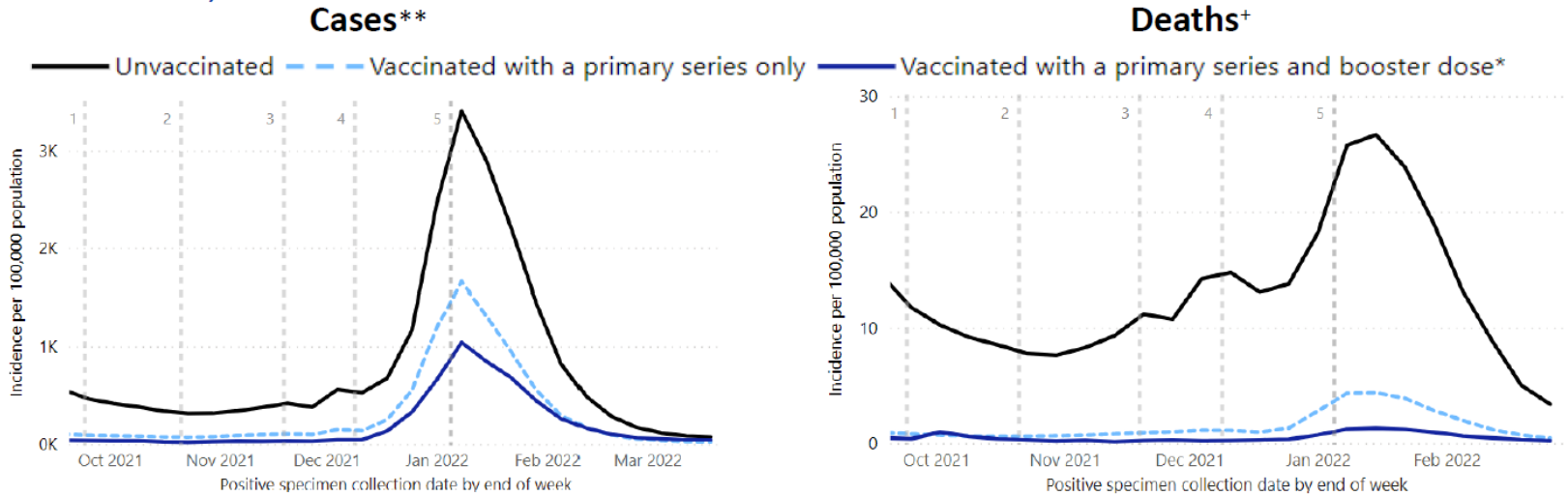
Source: [Impact COVID Vaccination Efforts: Update Through March 2022 | Commonwealth Fund](#)

FIGURE. Crude weekly rates of reported confirmed SARS-CoV-2 infection among skilled nursing facility residents,* by vaccination status† and resident-week[§] — National Healthcare Safety Network, United States, February 14–March 27, 2022



Source: [MMWR](#)

Age-adjusted rates of COVID-19 cases & deaths by vaccination status and receipt of booster dose,*



Unvaccinated people aged 12 years and older had:

3.1X

Risk of Testing Positive for COVID-19

AND

20X

Risk of Dying from COVID-19

in February, and

2.0X

Risk of Testing Positive for COVID-19

in March, compared to people vaccinated with a primary series and a booster dose.

*This includes people who received booster doses and people who received additional doses.

** Data from September 19, 2021 – March 19, 2022 (24 U.S. jurisdictions)

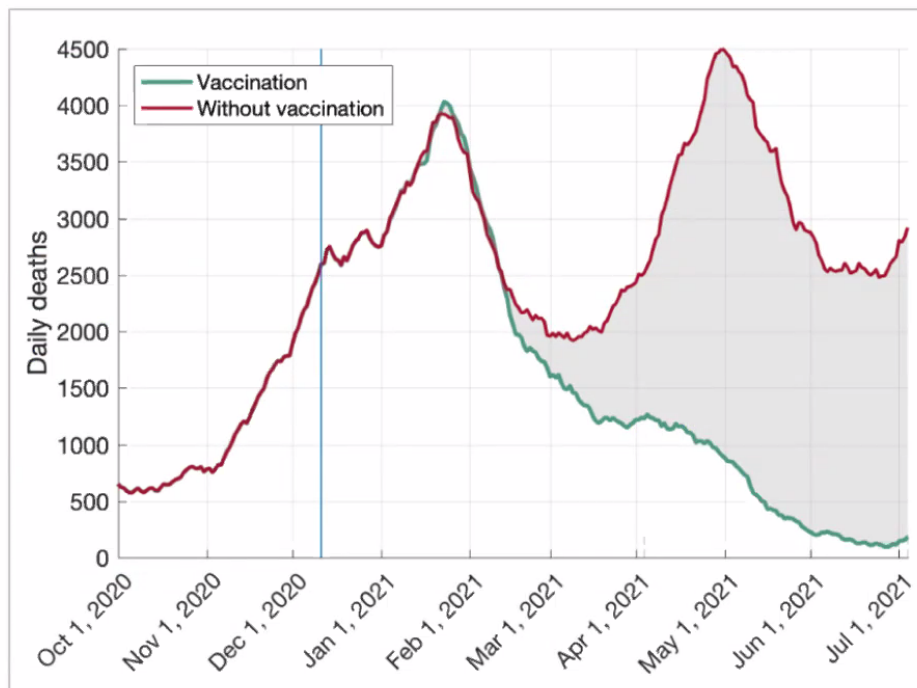
+ Data from September 19, 2021 – February 26, 2022 (23 U.S. jurisdictions)

CDC COVID Data Tracker. <https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status> Accessed April 19, 2022

Source: S. Oliver MD Advisory Committee on Immunization Practices presentation; 04-20-2022 meeting. Available at [ACIP April 20, 2022 Presentation Slides | Immunization Practices | CDC](#)

The rapid COVID-19 vaccination rollout and collective efforts of CDC and partners *saved many lives*

Estimated U.S. seven-day rolling average of daily deaths with and without vaccination

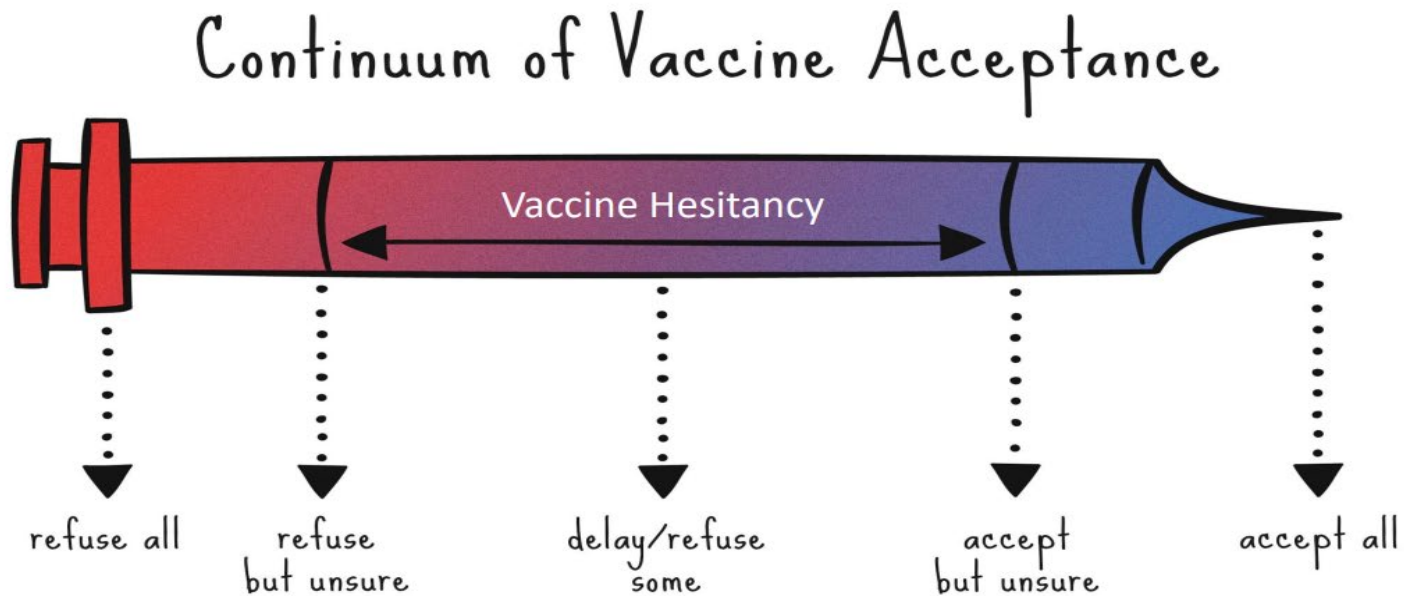


Data as of July 2021 suggest there had been **no COVID-19 vaccination program, daily deaths from COVID-19 would have created a second “2021 spring surge”— of nearly 4,500 deaths per day—**potentially larger than the first wave of the year, which peaked at 4,000 deaths per day in January 2021.



Source: [Deaths & Hospitalizations Averted by Rapid US Vaccination Rollout](#) | Commonwealth Fund

Approach to Vaccination



Make no assumptions about vaccination status with staff or residents

Source: LaSalle, G. presentation: Helping Providers webinar posted [Helping Providers have Conversations with Families about COVID-19 Vaccine Webinar - December 13, 2021 \(wa.gov\)](#)

Your Vaccine Recommendations Matter

- **How to approach**
 - Listen with empathy
 - Ask open ended questions to explore their concerns
 - Ask permission to share information
 - Help them find their own reason to get vaccinated
 - Make their vaccination happen by removing barriers
- **Important points**
 - Increased safety to resume regular activities
 - The vaccine is safe and effective
 - Technology used to create the COVID vaccine has been studied for decades
 - The vaccines may not prevent all illness, but have been shown to reduce hospitalization and death

Congratulations to all
297 Winner 2022
Awardees!



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

VACCINATIONS

Where and when are vaccinations being given?

How many people are getting vaccinated?

Who is getting vaccinated?

Sex

Age

Race/Ethnicity



COVID-19 IN WASHINGTON STATE Age

DATA AS OF 5/14/2022 11:59:00 PM PT

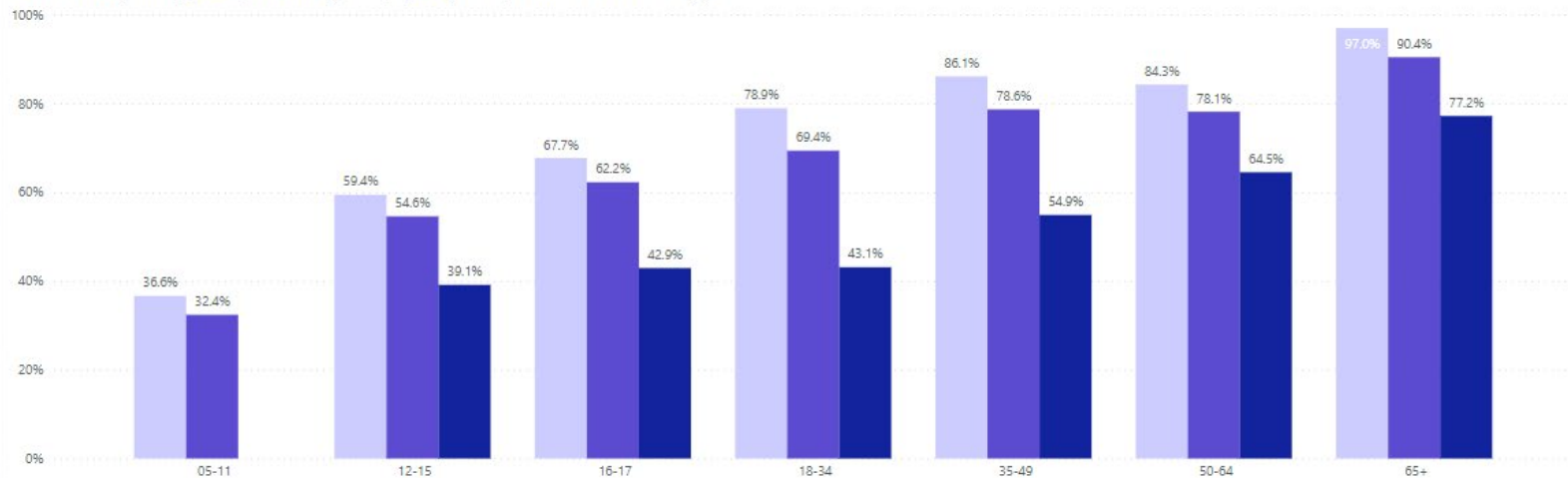
This chart shows the percentage of individuals who have been vaccinated within each age group. [Learn More](#)

State Level

County Level

PERCENT VACCINATED, WITHIN AGE GROUP

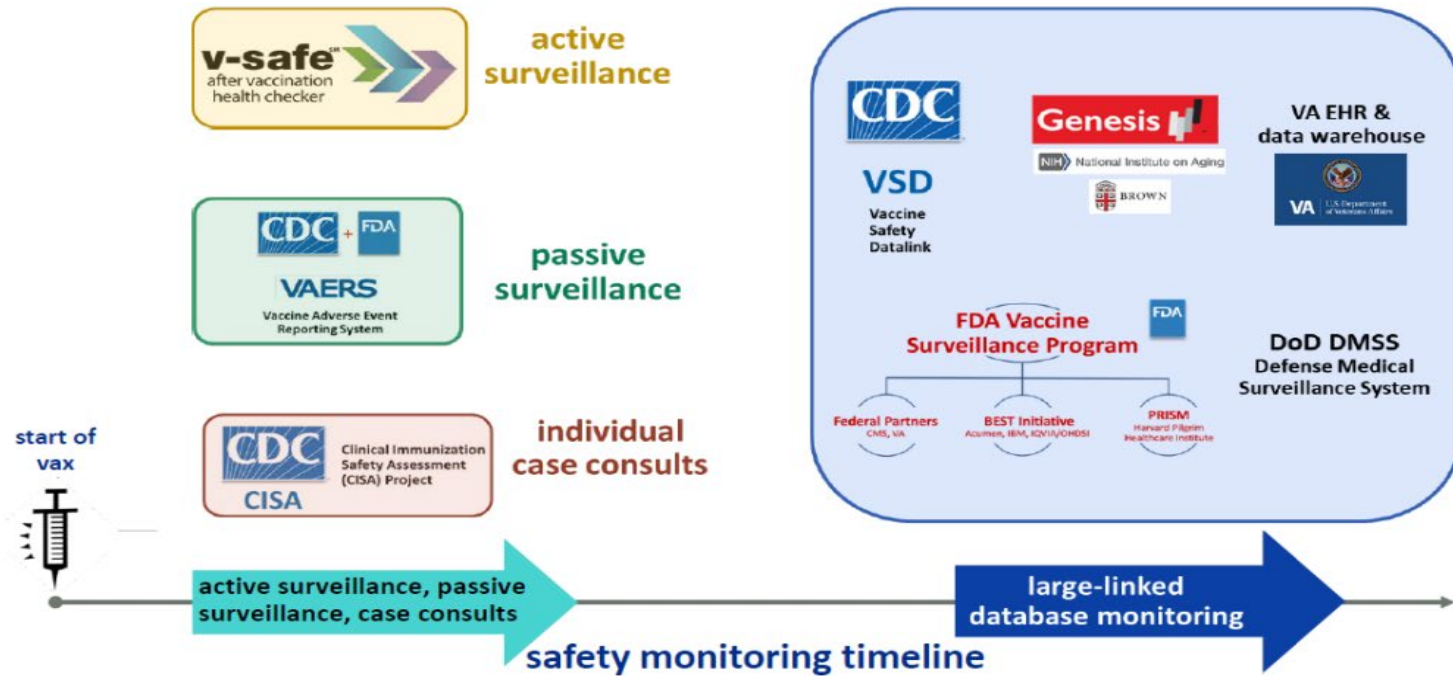
Initiated Primary Series (%) Completed Primary Series (%) Eligible People Who Received a Booster (%)



County-level information can be found on Local Health Jurisdiction (LHJ) websites.

Source: [COVID-19 Data Dashboard | Washington State Department of Health](#); accessed 05-17-2022.

Vaccine Safety Monitoring Systems



Source: N. Klein MD Advisory Committee on Immunization Practices presentation; 04-20-2022 meeting. Available at [ACIP April 20, 2022 Presentation Slides | Immunization Practices | CDC](#)

VAERS is the nation's early warning system for vaccine safety



VAERS

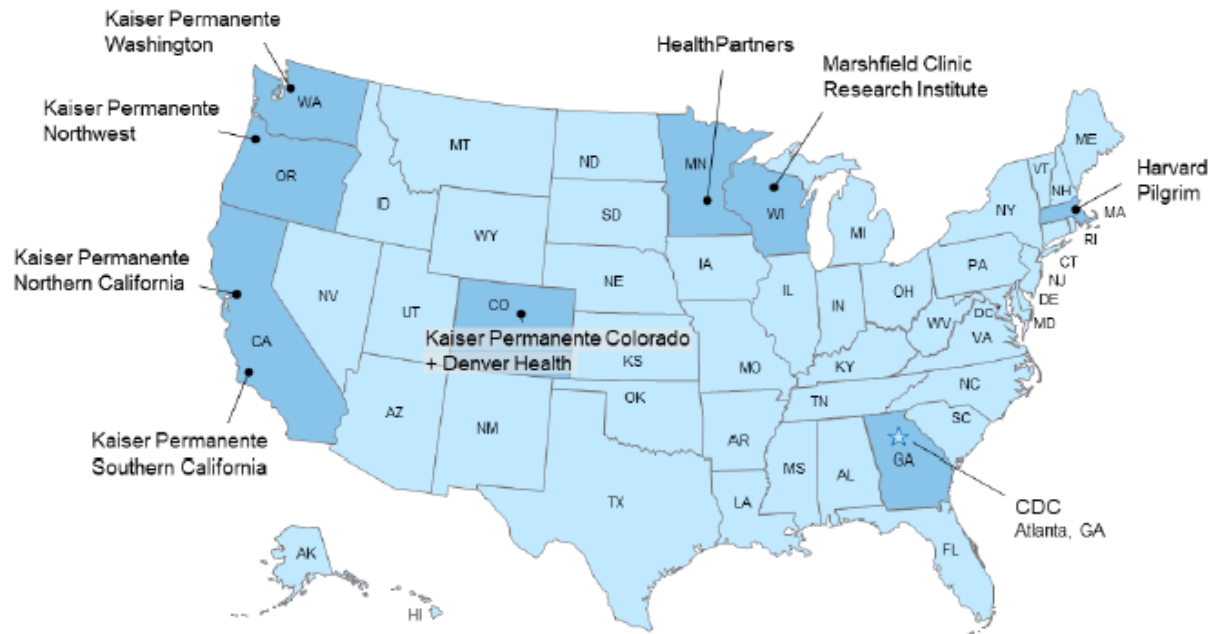
Vaccine Adverse Event Reporting System

<http://vaers.hhs.gov>



Source: T Shimabukuro, Advisory Committee on Immunization Practices presentation; 04-20-2022 meeting. Available at [ACIP April 20, 2022 Presentation Slides | Immunization Practices | CDC](#)

Vaccine Safety Datalink (VSD)



- Established in 1990
- Collaborative project between CDC and 9 integrated healthcare organizations
- Includes ~ 12 million individuals across all sites

Source: N. Klein MD Advisory Committee on Immunization Practices presentation; 04-20-2022 meeting. Available at [ACIP April 20, 2022 Presentation Slides | Immunization Practices | CDC](#)

Signals for Pre-specified Outcomes in 21-day Risk Interval Through 4/12/22

<i>Primary series with</i>	<i>Pfizer - Pfizer OR Moderna - Moderna</i>	<i>Pfizer - Pfizer</i>	<i>Moderna - Moderna</i>	<i>Janssen</i>		
Signal after 1st Booster	Pfizer OR Moderna	Pfizer	Moderna	Pfizer	Moderna	Janssen
Outcome Event	Signal?					
Acute myocardial infarction	No	No	No	No	No	No
Appendicitis	No	No	No	No	No	No
Bell's palsy	No	No	No	No	No	No
Cerebral venous sinus thrombosis	No	No	No	-	-	No
Disseminated intravascular coagulation	No	No	No	No	-	No
Encephalitis / myelitis / encephalomyelitis	No	No	No	-	-	-
Guillain-Barre syndrome	No	No	No	No	-	No
Stroke, hemorrhagic	No	No	No	No	No	No
Stroke, ischemic	No	No	No	No	No	No
Immune thrombocytopenia	No	No	No	No	No	-
Myocarditis / pericarditis	Yes	No	No	No	No	No
Seizures	No	No	No	No	No	No
Transverse myelitis	No	No	No	-	-	-
Thrombotic thrombocytopenic purpura	No	No	No	-	-	No
Thrombosis with thrombocytopenia syndrome	No	No	No	-	No	-
Venous thromboembolism	No	No	No	No	No	No
Pulmonary embolism	No	No	No	No	No	No

"-" indicates that analyses are not yet possible.

8

Source: N. Klein MD Advisory Committee on Immunization Practices presentation; 04-20-2022 meeting. Available at [ACIP April 20, 2022 Presentation Slides | Immunization Practices | CDC](#)

Reporting of vaccine adverse events

- Adverse events in COVID-19 vaccine recipients are required to be reported to VAERS.*
- FDA's COVID-19 vaccine EUAs and EUA/BLA require vaccination providers to report
 - Vaccine administration errors
 - Serious adverse events
 - Cases of multisystem inflammatory syndrome
 - Cases of COVID-19 that result in hospitalization or death

Reporting is encouraged for all other clinically significant adverse events, even those not clearly attributable to vaccination.

*Instructions for submitting a report to VAERS is available at <https://vaers.hhs.govexternal> or by calling 1-800-822-7967.

Fully Vaccinated, Up to Date, Boosters

- Fully vaccinated:

Completed the initial series of the vaccine

[Proclamation 21-14: Information about the COVID-19 Vaccination Requirement for health care providers, workers and settings | Washington State Department of Health](#)

- Up to Date:

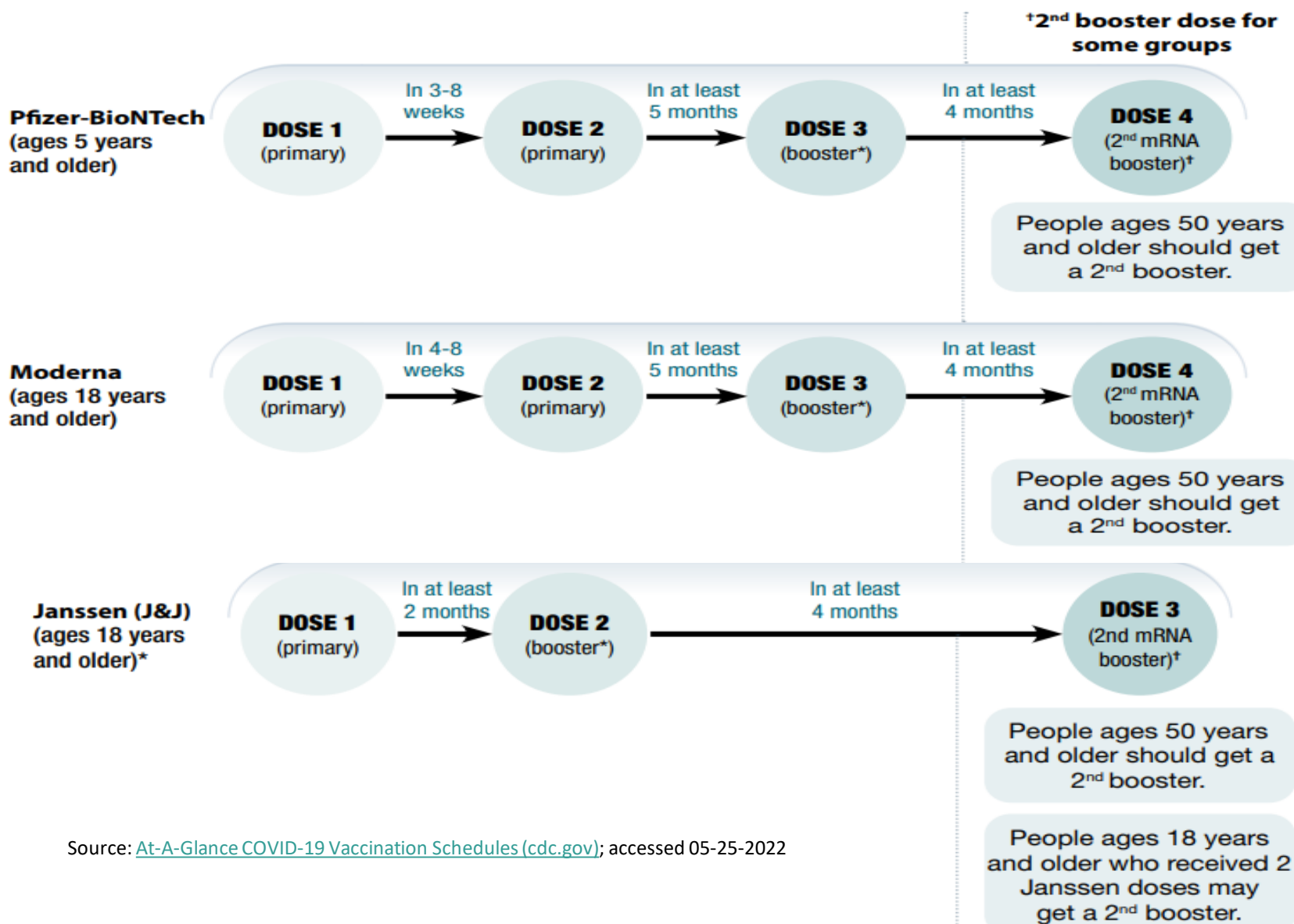
*You are **up to date** with your COVID-19 vaccines when you have received all doses in the primary series and any booster dose(s) when eligible:*

The recommendations will be different depending on your age, your health status, what vaccine you first received, and when you first got vaccinated.

Source: [Stay Up to Date with Your COVID-19 Vaccines | CDC](#)

COVID-19 Vaccination Schedule for Most People

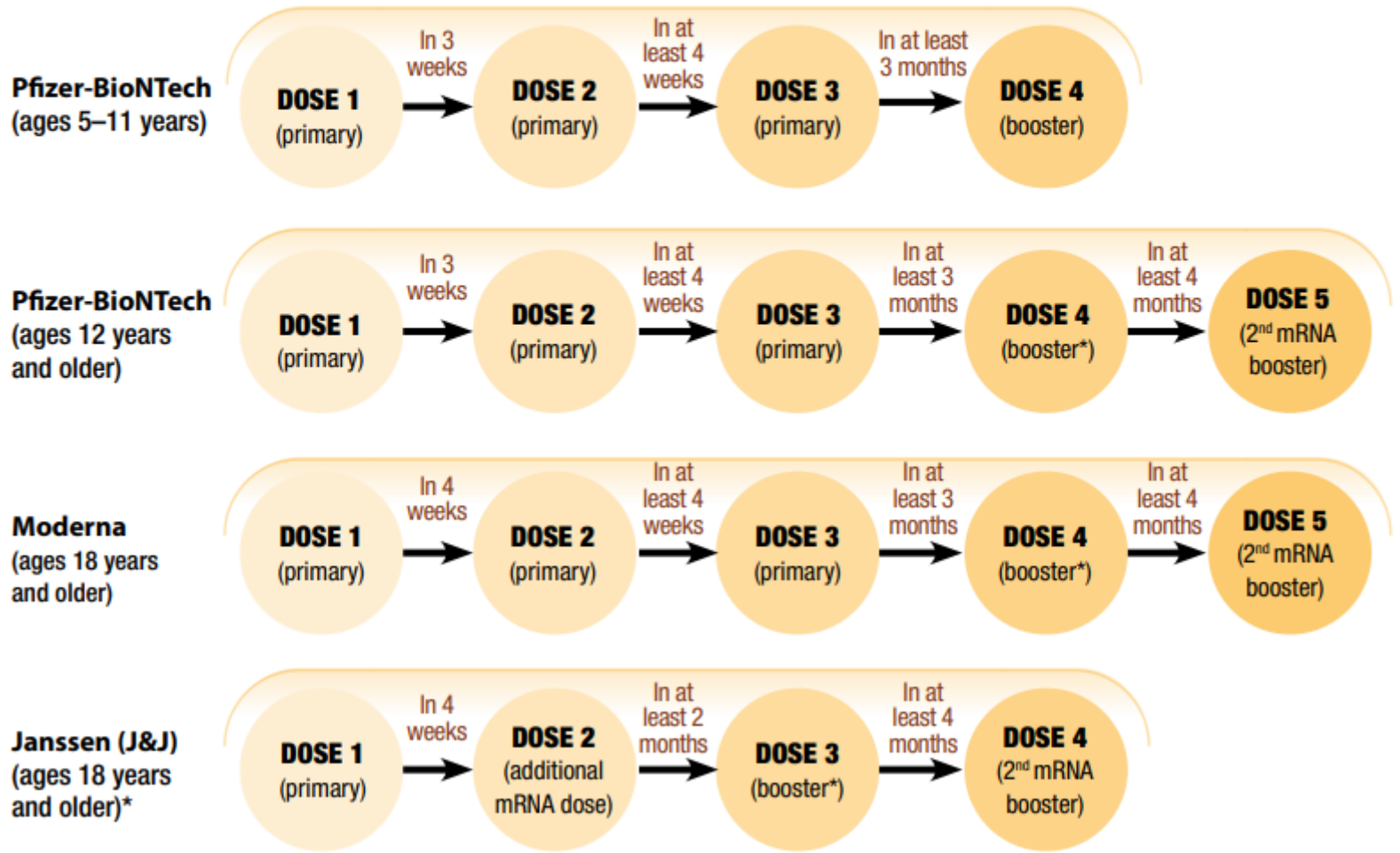
Number and intervals of COVID-19 vaccine doses



Source: [At-A-Glance COVID-19 Vaccination Schedules \(cdc.gov\)](https://www.cdc.gov/ncidod/diseases/covid19/vaccines-schedules); accessed 05-25-2022

COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Number and intervals of COVID-19 vaccine doses



Source: [At-A-Glance COVID-19 Vaccination Schedules \(cdc.gov\)](https://www.cdc.gov/vaccines/imz/downloads/pdf/19-covid-19/); accessed 05-25-2022

COVID-19 Vaccine

Interim COVID-19 Immunization Schedule
for Ages 5 Years and Older



Table 2. COVID-19 Vaccine Products Summary

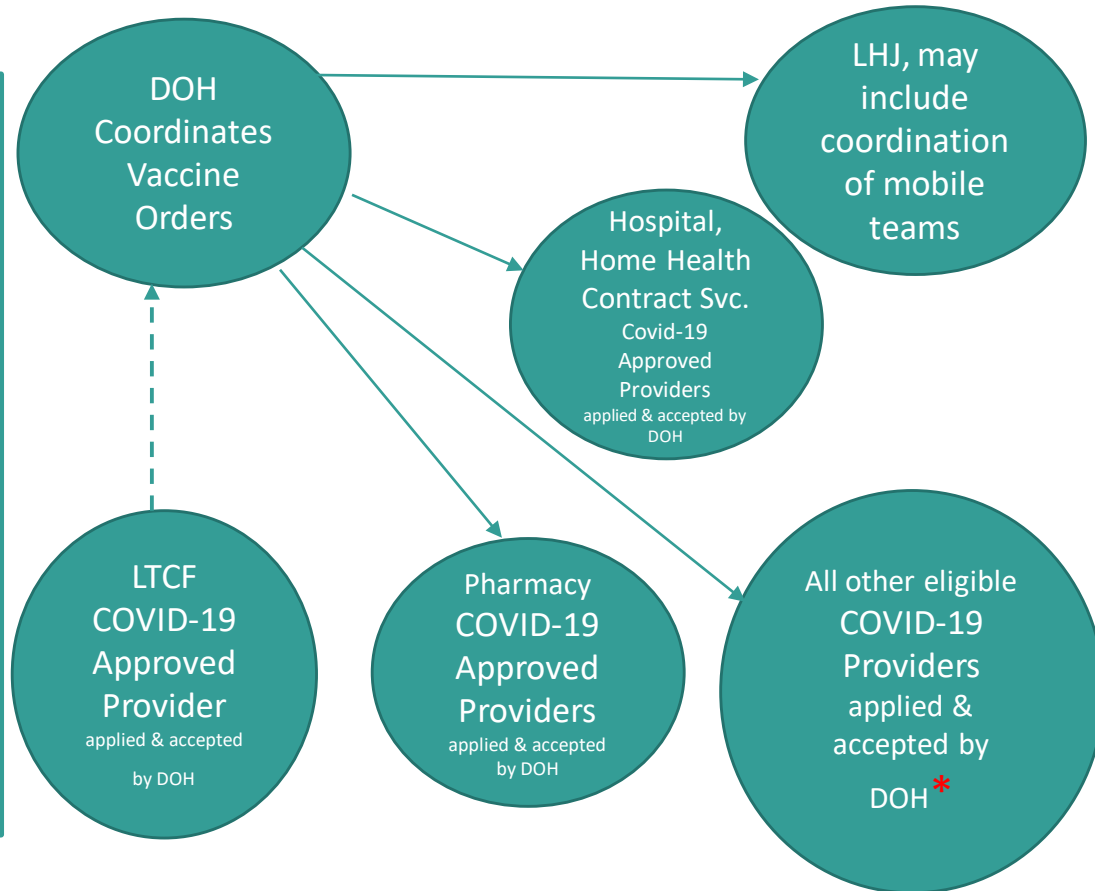
Product	Age Indications	Diluent	Dosage (amount injected)	
Type: mRNA vaccine				
Pfizer-BioNTech Orange cap and bordered label	5 - 11 years	1.3 mL 0.9% sodium chloride (normal saline, preservative-free)	Doses 1 and 2	0.2 mL
			Dose 3*	0.2 mL
			Booster dose	Not recommended
Pfizer-BioNTech Gray cap and bordered label	12 years and older	NONE	Doses 1 and 2	0.3 mL
			Dose 3*	0.3 mL
			Booster dose†	0.3 mL
Pfizer-BioNTech Purple cap	12 years and older	1.8 mL 0.9% sodium chloride (normal saline, preservative-free)	Doses 1 and 2	0.3 mL
			Dose 3*	0.3 mL
			Booster dose†	0.3 mL
Moderna Red cap	18 years and older	NONE	Doses 1 and 2	0.5 mL
			Dose 3*	0.5 mL
			Booster dose†	0.25 mL
Product	Age Indications	Diluent	Dosage (amount injected)	
Type: Viral Vector Vaccine				
Janssen[‡] Blue Cap	18 years and older	NONE	Dose 1	0.5 mL
			Dose 2*	Dose 2 Administer mRNA vaccine only ⁵
			Booster dose†	0.5 mL

Source: CDC Interim Guidance on Use of COVID vaccines; [COVID-19 Vaccine Interim COVID-19 Immunization Schedule for Ages 5 Years and Older \(cdc.gov\)](https://www.cdc.gov/media/releases/2022/s0505-covid19-immunization-schedule.html). Accessed 05/05/2022.

COVID-19 Vaccine Distribution Pathway

Long-Term Care Facility Options:

1. Get vaccine from a pharmacy who is a COVID-19 Vaccine Provider
 - Recommend a contract with the pharmacy to ensure awareness of responsibilities
 - [List of Providers Authorized to Administer Vaccines \(wa.gov\)](#)
2. Become a COVID-19 Vaccine Provider
COVID-19 Vaccine*
 - Providers must apply w/ DOH to become a vaccine provider.
 - Able to get vaccine directly from LHJ/DOH
 - Must have someone sign with authority to prescribe to become a provider
3. Use an alternative: hospital, home health agency, visiting RN service or vaccine contractor



Health Care Provider Tools and Education

SKILL	IMPORTANCE Why is this necessary?	RESOURCE
How to prepare vaccines	Vaccines need to be prepared correctly to ensure the safety of all patients.	<ul style="list-style-type: none"> COVID-19 Vaccine Training Modules (CDC)
Vaccine Administration	All COVID-19 vaccines are given as an intramuscular injection.	<ul style="list-style-type: none"> COVID-19 Vaccine Administration (DOH)
Vaccine storage and Handling	Proper storage and handling sustain vaccines effectiveness.	<ul style="list-style-type: none"> Vaccine Storage and Handling Toolkit (CDC)
Vaccine Documentation	Medical records and immunizations are vital when it comes to patient treatment. As well as required as part of the COVID-19 vaccination program.	<ul style="list-style-type: none"> MyiMobile WA Verify (DOH)
Vaccine Safety and Monitoring	Accurate reporting of adverse effects means quicker recognition of safety problems.	<ul style="list-style-type: none"> Vaccine Adverse Event Reporting System (VAERS) (HHS) COVID-19 Vaccine Safety and Effectiveness (DOH)
Preventing Vaccine Administration Errors	Discrepancies when it comes to vaccine storage, preparation, and administration result in errors and reduced effectiveness.	<ul style="list-style-type: none"> Vaccine Administration Errors (DOH) Do Your Part to Prevent COVID-19
Program Requirements	The CO Program requires providers	
Health Education & Promotion	Health care providers provide individual care for	

- There is an option to become a vaccine provider if you have a prescribing authority for vaccinations
- In facilities that are unable to become providers, but still administer vaccines, it is important for staff to complete training on the vaccines being administered, preparation, and administration to ensure safety and effectiveness is maintained
- [COVID-19 Vaccine Information for Healthcare Providers | Washington State Department of Health](https://www.wa.gov/health/COVID-19-vaccine-information-for-healthcare-providers)

[COVID-19 Vaccination Provider Training \(wa.gov\)](https://www.wa.gov/health/COVID-19-vaccine-information-for-healthcare-providers)



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.

More Polling!

COVID Treatment Program:

1. Type of Facility
2. Treatment Program in place
3. Plan for resident treatment
4. Families develop plan for treatment access
5. Willing to implement if no options in place
6. If willing to implement, which option

Facility treatment plan options

[Therapeutics Clinical Implementation Guide - Outpatient Administration Guide for Healthcare Providers \(hhs.gov\)](#)

This Clinical Implementation Guide summarizes key information on COVID-19 outpatient therapeutics and aims to support healthcare providers' understanding of these therapies and how to implement their administration.

Module 1 COVID-19 Outpatient Therapeutics Overview

Module 2 Product Information

Module 3 Reimbursement

Module 4 Monoclonal Antibody Administration

Module 5 Oral Therapeutic Administration

Module 6 Additional Resources

Test to Treat Program

Requirements for Participating T2T sites:

Provide/offer comprehensive end-to-end test and treat services to support a seamless patient experience, including:

- Rapid COVID-19 testing on-site (or evaluation of at-home testing)
- Provide services to all individuals, regardless of insurance status
- Accept new patients for priority same-day or next-day visit for COVID-19 services

Provider resource:

[PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers \(fda.gov\)](#)

Patient plan options for LTC

Retail pharmacies with oral antivirals available free of charge

[Safeway](#) / [Albertsons](#) / [Rite Aid](#) / [Walgreens](#) / [CVS](#) / [Walmart](#) / Kroger

And many more pharmacies found here: [COVID-19 Therapeutics Locator](#)

Free Telemedicine [Covid-19 Care – Bird's Eye Medical](#)
(www.test2treatwa.com)

Treat and prevent
COVID-19 outbreaks in
your long-term
care facility.



Let's Talk! (360) 688-7044

**Help is available NOW at no cost to
your organization!**

Bird's Eye Medical is available to provide prompt COVID-19 treatment and prevention services to high-risk patients.

What we can provide:

- Virtual provider visits and prescribing
- Antiviral medication dispensing
- Onsite monoclonal antibody administration
- Staffing to support these services
- All necessary supplies including medications

Resources

[COVID-19 Therapeutics | Washington State Department of Health](#)

[Therapeutics Information for Health Care Providers](#) – EUA fact sheets, guidance documents, FAQs, ect...

[Resources and Toolkits](#) – Patient handouts, educational videos, multilingual resources

[COVID-19 Therapeutics | HHS/ASPR](#)

[Test To Treat initiative](#)

[COVID-19 Test to Treat Locator](#)

[CombatCovid.hhs.gov: How to join the fight against COVID-19](#)

Resources and information about C19 therapeutic options for the public and providers

DOH Guidance Updates



What is new?

- DOH has consolidated COVID-19 guidance into One Document called [Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings](#)
- Eye protection updates
- Risk assessment updates

Eye Protection

Previous:

- Healthcare workers should wear eye protection for all patient encounters

Update:

- Healthcare workers should wear eye protection for all patient encounters when working in areas with substantial to high community transmission. (pg. 42)



Risk Assessment

- Previous
 - Complete a risk assessment upon returning to the LTC facility
- Update
 - Nursing home residents who are not up to date with COVID-19 vaccines should be placed in quarantine on returning to the nursing home if out of the nursing home for more than 24 hours.
 - No recommendation for quarantine of residents in non-nursing home LTCFs on admission or returning to the facility following a visit in the community.(pg. 56)

MAILBOX QUESTION AND ANSWER

If both the visitor and resident are unvaccinated, is the visitor allowed to visit inside the AFH?

While we strongly encourage everyone to be up-to-date with all recommended COVID-19 vaccine doses, the facility must permit visitation regardless of visitor's (or resident's) vaccination status if:

- the visitor(s) has not had a positive viral test
- does not report COVID-19 symptoms or
- meet the criteria for quarantine.

There are ways facilities can and should take extra precautions (next slide)

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Ways facilities can and should take extra precautions

- Hosting the visit outdoors, if possible
- Creating dedicated visitation space indoors
- Permitting in-room visits when the resident's roommate is not present
- The resident and visitor should wear a well-fitting mask (preferably those with better protection, such as surgical masks or KN95)
- Perform frequent hand hygiene and practice physical distancing
- Cleaning and sanitizing visitation area after each visit
- Visitor testing could be offered, but this is not required if they refuse

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Are there any recommendations for ending TBP for COVID-19 positive residents if they have a negative test before the 10 days in isolation?

Answer: **NO.**

- **Patients with mild to moderate illness who are *not* moderately to severely immunocompromised:**
 - At least 10 days have passed *since symptoms first appeared* **and**
 - At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved

- **Patients who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:**
 - At least 10 days have passed since the date of their first positive viral test.

- **Patients with severe to critical illness and who are *not* moderately to severely immunocompromised:**
 - At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
 - At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved
 - The test-based strategy as described for moderately to severely immunocompromised patients can be used to inform the duration of isolation. ([Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#))

Criteria for Discontinuing Transmission- Based Precautions

Patients who are moderately to severely immunocompromised:

- Use of test-based strategy and consultation with ID physician (if available) is recommended.
 - Patients who are symptomatic:
 - Resolution of fever without the use of fever-reducing medications and
 - Symptoms (e.g., cough, shortness of breath) have improved, and
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.
 - Patients who are not symptomatic:
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.
- Please consult your local health jurisdiction for guidance as needed.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

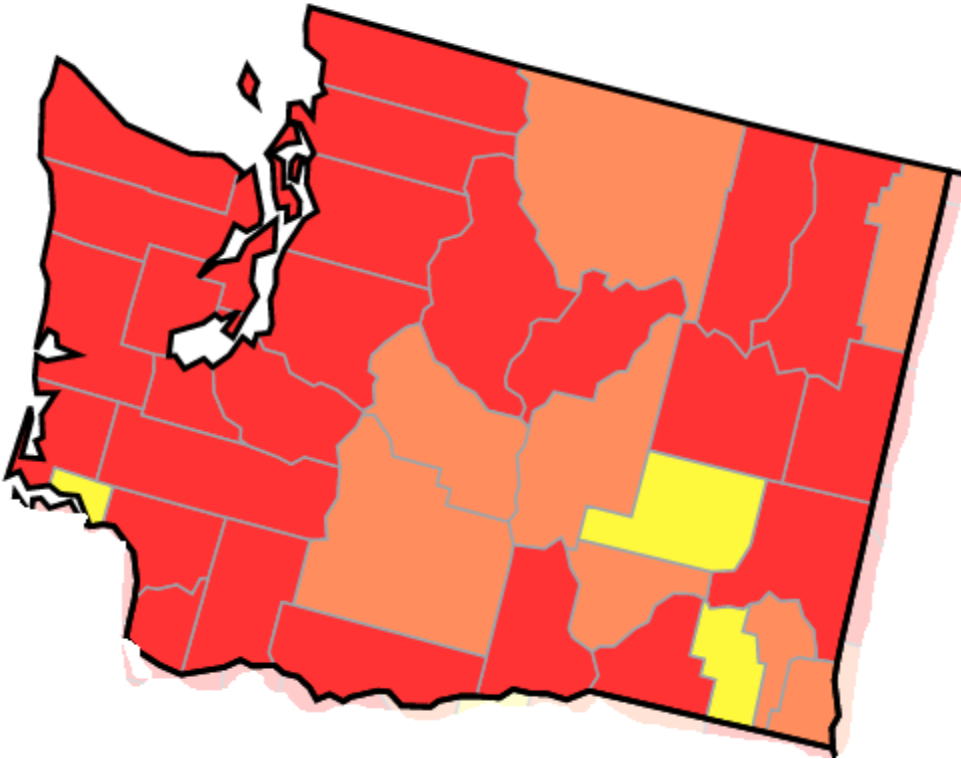
What is the Quarantine recommendation in LTCF?

Patients placed in empiric **Transmission-Based Precautions for Quarantine** based on close contact with someone with SARS-CoV-2 infection should be maintained in Transmission-Based Precautions for the following time periods:

- Patients can be removed from Quarantine Precautions **after day 10 following the exposure (day 0) if they do not develop symptoms.** Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
- Patients can be removed from Quarantine Precautions **after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms.** The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.

In general, asymptomatic patients who are up to date with all recommended COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days do not require empiric use of [Transmission-Based Precautions](#) (quarantine) for SARS-CoV-2 following [close contact](#) with someone with SARS-CoV-2 infection. However, these patients should still be tested as described in the testing section. ([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
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[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.