COVID-19 Q&A Hour for Long Term Care: Nursing Homes and Assisted Living Facilities

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).

Participants from long-term care, regulatory, public health

No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.

Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):
https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

Welcome to the LTC COVID-19 Q&A Hour!

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

Where Can I Find the Q & A Document?

- Posted every Wednesday

- Washington Health Care Association:

https://www.whca.org/washington-department-of-health-covid-19-qa-session/

- Washington LeadingAge:

https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/

- Adult Family Home Council:

https://adultfamilyhomecouncil.org/department-of-health-qa-webinars/

Panelists

Washington State Department of Health

whca
Washington Health Care Association

Public Health
Seattle & King County

LeadingAge Washington

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Adult Family Home Council
OF WASHINGTON STATE

Washington State
Department of Social
& Health Services

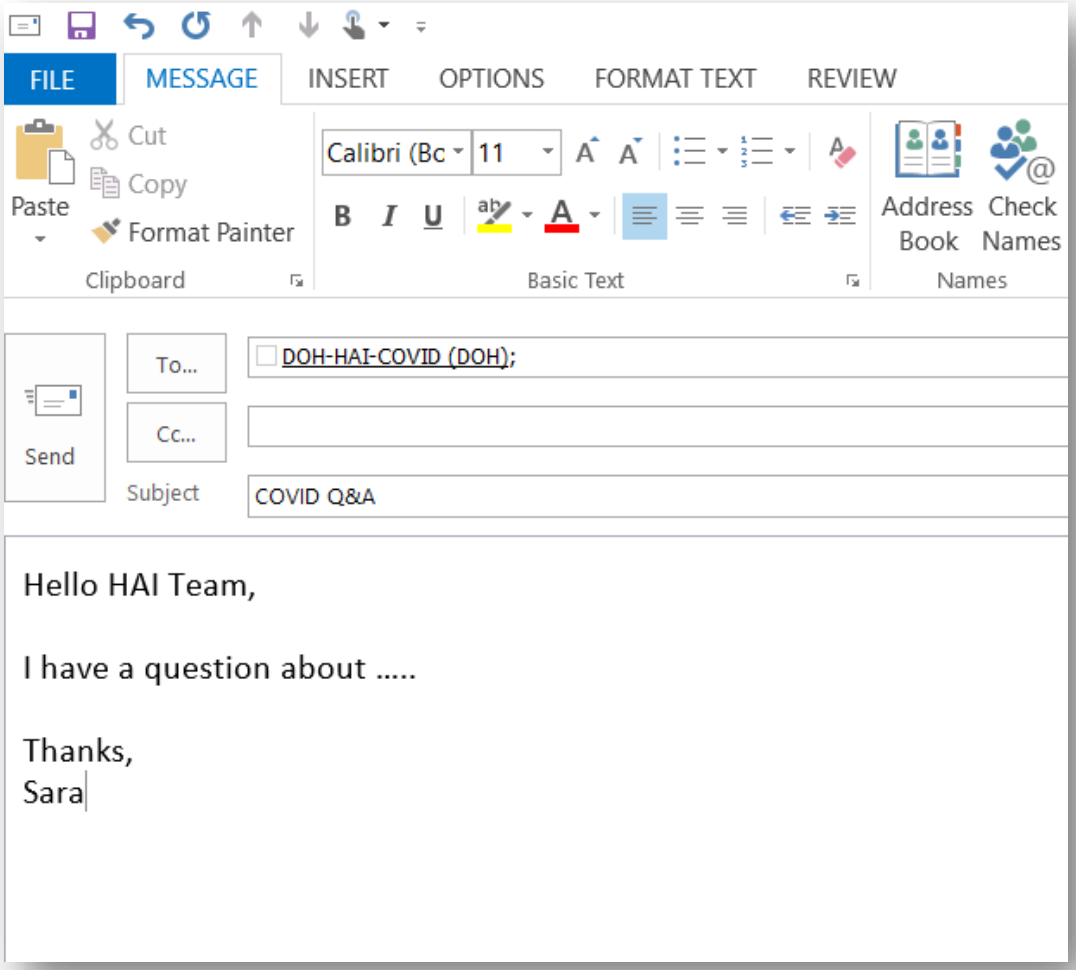
Comagine Health

Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



Infection Control Assessment & Response (ICAR) Program

Free, non-regulatory ICARs are a great opportunity for skilled nursing facilities, adult family homes, and assisted living facilities to:

- Ask a Department of Health infection prevention expert questions.
- Get help finding gaps in your infection control protocols.
- Receive personalized advice and recommendations for your facility.

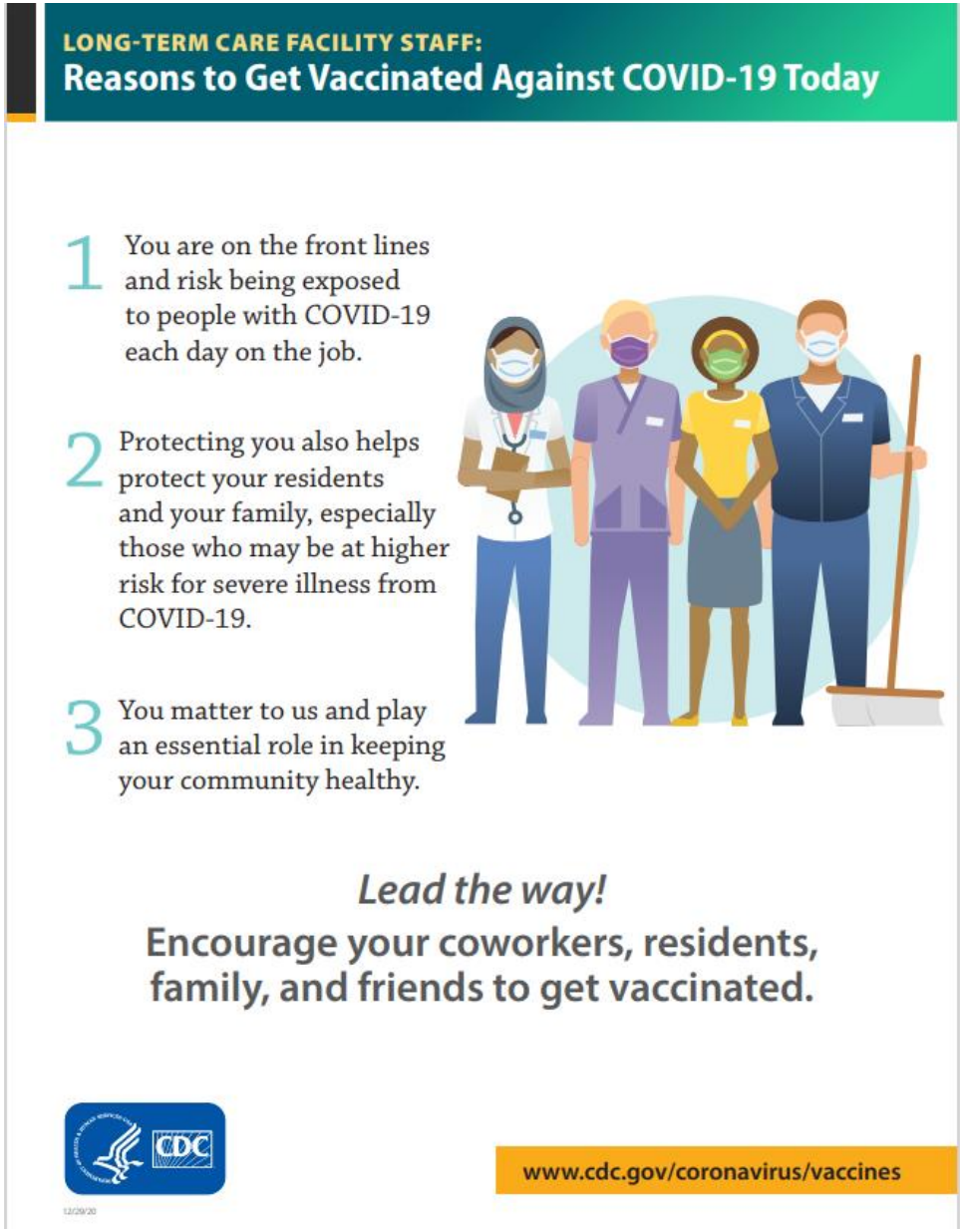
There are multiple ways to schedule an ICAR:

- Visit https://fortress.wa.gov/doh/opinio/s?s=ICARconsultation
- Email Maria Capella-Morales maria.capella-morales@doh.wa.gov
- Email Melissa Feskin Melissa.Feskin@doh.wa.gov

In partnership with:

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association

Washington State Department of Health



Videos:

Long-Term Care Community Champions: Voices From the Front Line

https://www.youtube.com/watch?v=k0WbAhveyDY

Vaccine Resources in multiple languages: Resources and Recommendations :: Washington State Department of Health

1-833-VAX-HELP for vaccine information

https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-LTCF-staff-poster-reasons-to-vaccinate-today.pdf

Long-Term Care COVID-19 Immunization Champion Award

Your staff vaccinations may qualify you for an award based on June-August 2021 LTCF staff vaccination rates!

Long Term Care COVID-19 Immunization Champion Award

The Department of Health, in cooperation with the Department of Social and Health Services, the Adult Family Home Council, the Washington Health Care Association, LeadingAge Washington, the Community Residential Services Association, and the Washington Long Term Care Advisory Committee is proud to announce a new immunization recognition program.

The *Long Term Care COVID-19 Immunization Champion Award* program recognizes long term care facilities, nursing homes and agencies in Washington who obtain COVID-19 vaccination rates of at least 70% among their employees.

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/LongTermCareFacilities/LongTermCareCOVID19ImmunizationChampionAward

Long-Term Care COVID-19 Immunization Champion Award

Be recognized for your work and accomplishments to protect against COVID-19 in your facility!

It's simple to apply by responding to a 5-question survey!

Deadline to apply: Sept. 3, 2021

- Any Long-Term Care facilities can participate https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P
  - Skilled Nursing Facilities use NHSN to report staff rates
- For questions about the awards, contact flufighter@doh.wa.gov
- For questions about the survey, contact LTC-COVID-Vaccination-Survey@doh.wa.gov using subject line: LTC COVID-19 Vaccination Survey.

New NHSN Questions for Skilled Nursing COVID-19 Vaccination Reporting

Two new required vaccination questions on additional and booster doses for residents and staff data:

1. Report cumulative number of individuals **eligible** to receive an additional dose or booster of vaccine.
2. Report cumulative number of individuals who **received** an additional dose or booster of vaccine by manufacturer type (only Pfizer & Moderna are approved for additional doses)

- Cannot leave blank; can enter zero for eligibility and vaccine manufacturer type
- "Eligibility" refers to additional doses for moderately to severely immuno-compromised residents and staff as per current CDC recommendations: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-additional-dose

Washington State Department of Health

STRATEGIES TO MITIGATE STAFFING SHORTAGES

Office of Communicable Disease Epidemiology

Healthcare-Associated Infections

Staffing Capacity Strategies

- Conventional
- Contingency
- Crisis

These strategies should be implemented sequentially. For example, implement contingency strategies before crisis strategies. Facility should communicate staffing needs with the local health jurisdiction (LHJ).

*Crisis capacity strategy should be implemented only with collaboration and approval from your LHJ.

Conventional Staffing Strategies

- Facility has adequate staff to provide a safe environment for healthcare personnel (HCP) and residents.

- Healthcare facility should:
  - Prepare for staffing shortages
  - Have plans and processes in place to mitigate shortages
  - Provide resources to assist HCP with anxiety and stress

Conventional Staffing Strategies (Cont.)

- Facility should do the following to keep staff healthy:
  - Have adequate PPE supplies
  - Training on donning/doffing of PPE/routine audits/feedback
    - PPE-Competency-Tool
  - Hand hygiene education/routine audits/feedback
    - Hand-Hygiene-Competency-Tool
  - Ensure staff are wearing a well-fitted medical face mask
  - Ensure staff are wearing eye protection
  - Fit test staff with the N95 respirator (OSHA/L&I required)
    - DOH Fit Testing Resources
    - Educate staff to do a seal check when donning N95
  - Encourage staff to be fully vaccinated with one of COVID-19 vaccines
  - Routine cleaning/disinfection of facility and equipment

Contingency Capacity Strategies

- Adjust staff schedules
- Hire additional HCP
- Rotate HCP to positions to provide support for patient care activities
  - HCP should receive orientation and training
- Assess and address social factors that prevent HCP coming to work
  - E.g., transportation, housing
- Cancel all non-essential procedures and visits
- Develop regional plans to identify healthcare facilities or alternate care sites to care for residents with SARS-CoV-2 (the virus that causes COVID-19), if available
- *What is your facility doing to mitigate staffing shortages?*

Contingency Capacity Strategies (Cont.)

- Allow asymptomatic HCP who had a **higher-risk exposure** to SARS-CoV-2 but are not known to be infected, to shorten their duration of work restrictions. (discussed in more detail on slide 8 & 9)
  - Higher-risk exposure generally involves exposure of HCP's eyes, nose, or mouth to COVID-19, particularly if HCP were present in the room during an aerosol-generating procedure.
  - Work restriction is not required if HCP is:
    - Asymptomatic and has recovered from SARS-CoV-2 in the prior 3 months
    - Asymptomatic and is fully vaccinated

HCP Exposure Risk/Work Restrictions

Exposure	Personal Protective Equipment Used	Work Restrictions

HCP who had prolonged (≥ 15 minutes) close contact (within 6 feet) with a patient, visitor, or HCP with confirmed SARS-COV-2 infection	• HCP not wearing a respirator or facemask
	• HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
	• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing and aerosol-generating procedure
		• Exclude from work for 14 days after last exposure
		  • Don't exclude HCP if **asymptomatic** and:
		  • Has recovered from SARS-CoV-2 in prior 3 months
		  • Is fully vaccinated
		• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19
		• Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

HCP other than those with exposure risk described above	• N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions. HCP who should follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler. HCP with community exposures should be restricted from work if they have a community exposure for which quarantine is recommended.		

Contingency Capacity Strategies (Cont.)

- Facility should understand the following when shortening the duration of work restriction:
  - Facility should understand transmission risks
  - HCP should report temperature and absence of symptoms each day before work
  - If HCP develop even mild symptoms consistent with SARS-CoV-2, they should either not report to work or stop working and notify their supervisor prior to leaving work (prioritize for testing)
  - If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria

Contingency Capacity Strategies (Cont.)

- Shortening quarantine (CDC recommends 14 days) per CDC's two acceptable alternatives:

  1. Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
     - Transmission risk is about 1% - 10%

  2. When diagnostic testing resources are sufficient and available, then quarantine can end after Day 7 **if** a diagnostic specimen tests negative **and** if no symptoms were reported during daily monitoring.
     - Transmission risk is about 5% - 12%

  - In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met.

Crisis Capacity Strategies

- When there are no longer enough staff to provide safe patient care implement crisis capacity strategies (in collaboration with your **LHJ***, human resources and occupational health):
  - Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or alternate care sites with adequate staffing, if available
  - Allow asymptomatic HCP who are not fully vaccinated and have had a higher-risk exposure to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.
    - If permitted to work, these HCP should be monitored for symptoms

*Crisis strategy should be implemented only with collaboration and approval from your LHJ.

Crisis Capacity Strategies (Cont.)*

- If shortages continue despite other mitigation strategies, as a last resort consider allowing HCP with suspected or confirmed SARS-CoV-2 infection who are **asymptomatic** and willing to work but have not met all Return to Work Criteria to work.
  - Considerations for determining which HCP could be allowed to work include:
    - The type of HCP shortages that need to be addressed.
    - Where individual HCP are in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness).
    - Their degree of interaction with patients and other HCP in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
    - The type of patients they care for (e.g., immunocompromised patients or only patients with SARS-CoV-2 infection).

*If you allow HCP with suspected or confirmed SARS-CoV-2 to work, you should have exhausted all other options first and this should only be implemented with consultation and approval from your LHJ.

Crisis Capacity Strategies (Cont.)*

- If **asymptomatic** HCP with suspected/confirmed SARS-CoV-2 are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider ***prioritizing their duties in the following order***:
  - Allow HCP with suspected or confirmed SARS-CoV-2 infection to perform job duties where they do not interact with others (e.g., residents or other HCP), such as in telemedicine services.
  - Allow HCP with confirmed SARS-CoV-2 infection to provide direct care only for patients with confirmed SARS-CoV-2 infection, preferably in a cohort setting.
  - Allow HCP with confirmed SARS-CoV-2 infection to provide direct care for patients with suspected SARS-CoV-2 infection.
  - As a last resort, allow HCP with confirmed SARS-CoV-2 infection to provide direct care for patients *without* suspected or confirmed SARS-CoV-2 infection. If this is being considered, this should be used only as a bridge to longer term strategies that do involve care of uninfected patients by potentially infectious HCP and strict adherence to all other recommended infection prevention and control measures (e.g., use of respirator or well-fitting facemask for source control) is essential.

*This strategy should be implemented only with collaboration and approval from your LHJ.

Crisis Capacity Strategies (Cont.)

- If HCP are permitted to return to work before meeting all Return-to-Work Criteria, they should still adhere to all Return-to-Work Practices and Work Restrictions recommendations described in that guidance.
  - HCP should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
    - A respirator or well-fitting facemask should be worn even when they are in non-patient care areas such as breakrooms.
    - They should always practice social distancing from coworkers.
    - If they must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others.
    - They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.
  - Residents should wear well-fitting source control if tolerated while interacting with these HCP.

Crisis Capacity Strategies (Cont.)

- When crisis capacity is implemented the healthcare facility (in collaboration with risk management) should inform residents and HCP:
  - When the facility is operating under crisis standards
  - What changes in practice should be expected
  - What actions will be taken to protect them from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are allowed to work.

Rapid Response Short-Term Staffing

- Rapid Response Staffing Team is in the process of being reinstated
  - Will be defined more narrowly, for example:
    - Available to facilities accepting hospital admissions to open hospital beds up

Three Key Points

- Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including communicating with HCP about actions the facility is taking to address shortages and maintain patient and HCP safety and providing resources to assist HCP with anxiety and stress.

- Crisis capacity strategy should be implemented only with collaboration and approval from your LHJ.

- If you allow an asymptomatic HCP with suspected or confirmed SARS-CoV-2 to work, you should have exhausted all other options first and this should only be implemented with consultation and approval from your LHJ.

Bibliography

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscientific-brief-options-to-reduce-quarantine.html