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

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

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

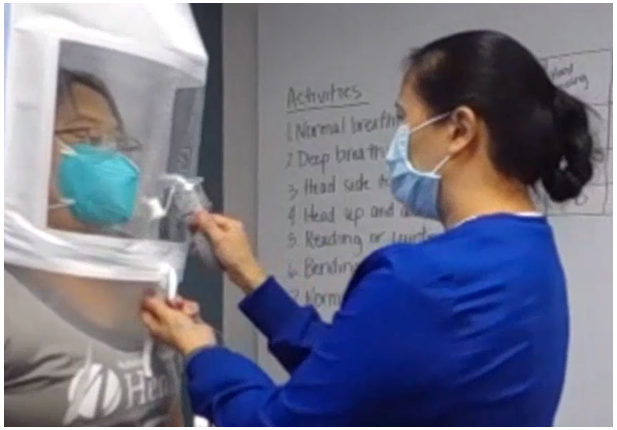
Fit Test Training

- 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/ltcrpp)
    - 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



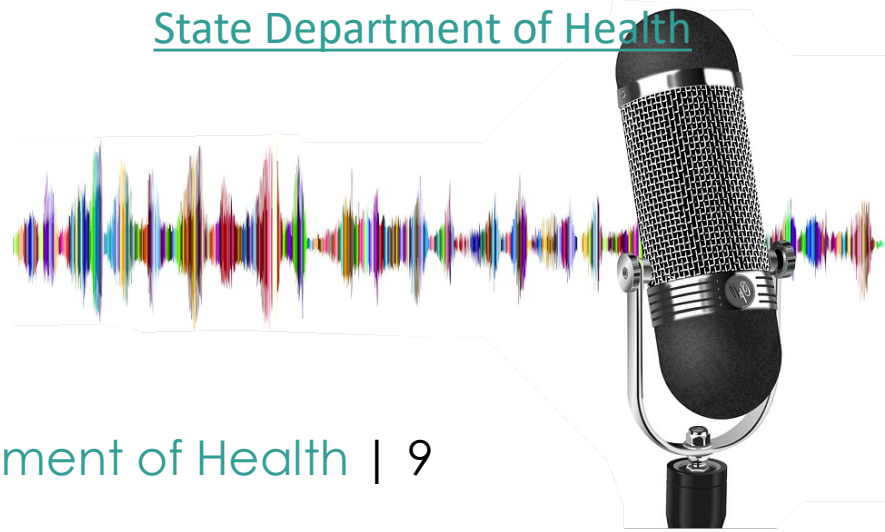
Project Firstline Podcast

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



Congratulations to all 297 Winter 2022 Awardees!

Long-Term Care COVID-19 Immunization Champion Award | 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***

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

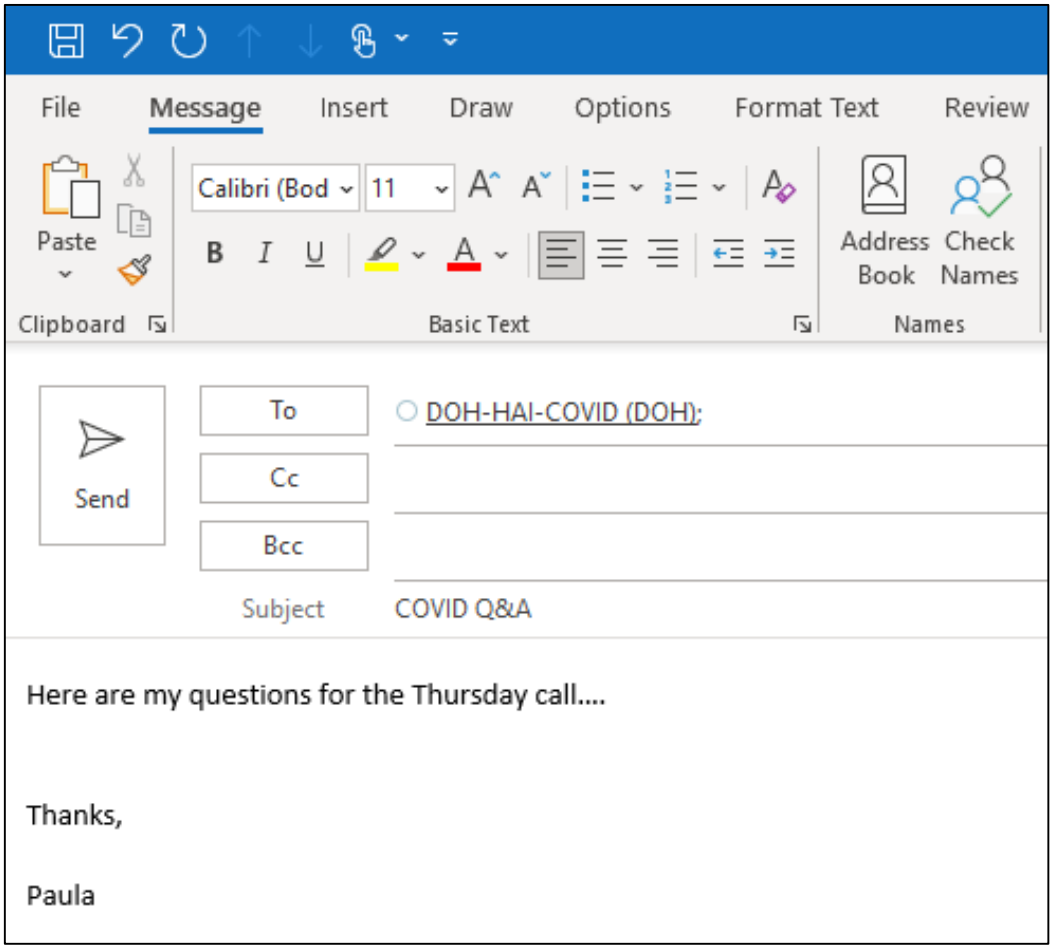
- **Submit questions by 5pm on Monday each week before the Thursday call**
- Submitted questions and answers will be presented during the call and sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new topics will be answered live as time allows
- Any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



Next LTC Q&A Call Series

- Current Q&A call series ends 6/30
- New LTC Q&A call series begins July 7 through Oct 27. Registration link: https://us02web.zoom.us/webinar/register/WN_k9_L5yrRQPezKaYkejk5mA
- When confirmation received, add new schedule to calendar
- Summer Plans: There will be two Q&A calls in July and two in August

Upcoming LTC Q&A Presentations

Please plan to attend these upcoming micro learning sessions!

Today's presentation:

Alternatives to Barrier Separation for COVID Units

June 23 - Promoting Virtual Training - Fit Test

June 30 & July 7 – Demo WA IIS

July 14 & July 28 – **NO Q&A call scheduled**

July 21 – Hands on Training – Fit Test

ALTERNATIVES TO

Barrier Separation for COVID-19 Units

BACKGROUND

- Blanket Waivers were issued by the Centers for Medicare and Medicaid Services (CMS) during the COVID-19 Public Health Emergency
- Temporary barriers across hallways were allowed to separate dedicated COVID Units from other Units
- Blanket Waiver allowing temporary barriers expires June 7, 2022
- Providers must continue to implement actions to reduce the likelihood of COVID-19 transmission

Department of Health Guidance

If the COVID-19 unit is not in a standalone building

- the facility should separate the COVID-19 treatment area from other areas where care is provided to patients without a COVID-19 positive diagnosis *if feasible* given facility factors (for example, physical layout, census, etc.).
  - Example: an air barrier (for example, a physical barrier)

Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings

State Fire Marshal Stance

- Temporary barriers violate the Life Safety Code.
- After June 7th, any facility found using temporary barriers (ie. Zippered walls) to separate COVID-19 units from other areas of the facility will be cited

Actions to Reduce COVID-19 Transmission

- Clearly Identify Clean to Dirty Process Flow between units
  - Signage
  - Donning/doffing station between Units
    - Ensure PPE is stocked and available
    - Hand Hygiene means available
  - Monitor your process flow (clean to dirty)
  - Train Staff
- Barriers do not equate to being infection free or eliminating transmission risk

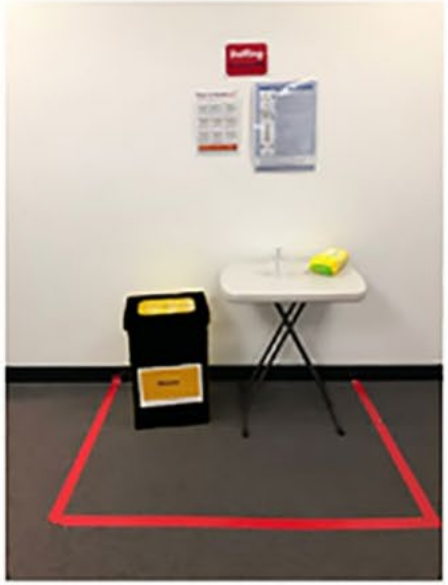
Donning / Doffing Station Example

CLEAN/DONNING

Clearly designated
and
separate areas with
Colour distinction

GREEN – Clean

RED - Dirty



DIRTY/DOFFING

Donning / Doffing Station Considerations

Defined space to reduce risky behaviors among HCWs

- The floor demarcation indicates the contaminated areas and clean areas.
- Designated location of key items such as the trash can and chemical mat.
- The size of the doffing area should ensure that all items are always within arm's reach of the healthcare worker (HCW).
- Sink and alcohol-based hand rub dispenser must be at a good working level of HCWs to prevent self-contamination during hand hygiene.

Donning / Doffing Station Considerations

- Visual cues to enhance provider safety.
  Examples:
  - Each step of the doffing put up as a poster on the wall in a unidirectional flow.
  - Visual prompts on the floor.
  - Label all bins meant to collect used N95 masks and gowns

Donning / Doffing Station Considerations

- The HCW is adequately trained regarding:
  - Proper location and orientation when doffing (using defined designated space).
  - Available personal protective equipment in advance before donning in practice.

- Build Success with a Sustain Plan
  - Include reinforcement of activities and proactive supervision
  - Monitor system to ensure PPE / station supplies are always stocked & available

Regulatory Response

- Use of barriers (ie zippered walls) to separate COVID-19 units is a Life Safety Code (LSC) violation
- If see RCS staff see a barrier in use, surveyor / licensor will refer the facility to the State Fire Marshal
- If the facility does not use a barrier to separate COVID-19 from non-COVID-19 units, this is not a violation
- RCS staff will focus on clean to dirty process flow between units

Questions?

BARRIER USE TO PREVENT COVID-19 TRANSMISSION IN LTC SETTINGS

Cohorting

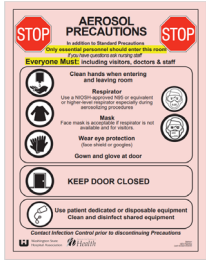
Isolation Versus Quarantine

QUARANTINE: The TBP used to keep someone who might have been exposed to COVID-19, away from all others to prevent potential transmission of COVID-19.

ISOLATION: The TBP used to keep someone who has confirmed COVID-19, away from others to prevent transmission to others.

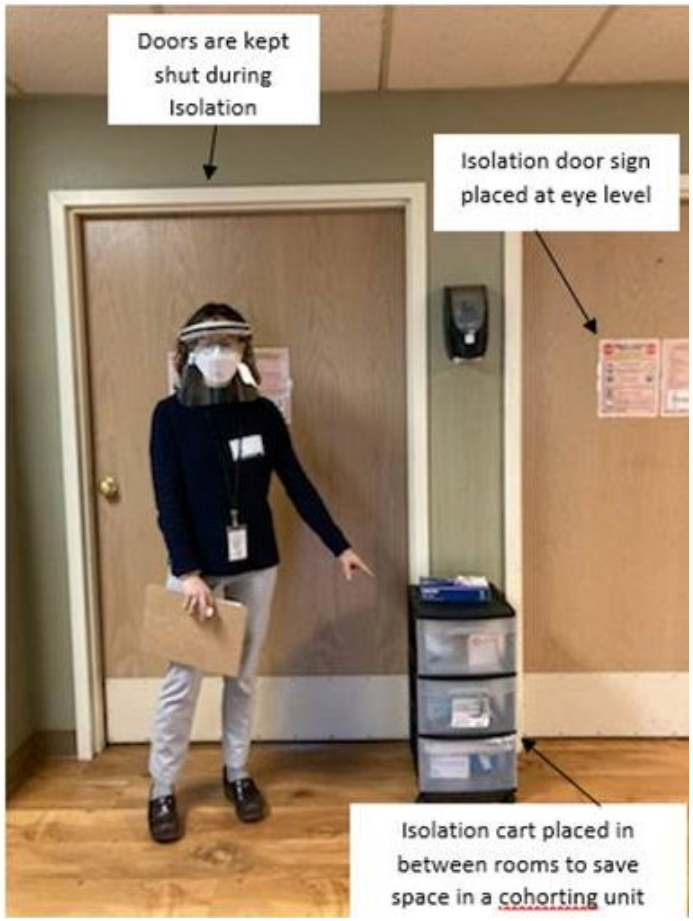
Table 4: Summary of SARS-CoV-2 Isolation and Quarantine

	Quarantine	Isolation
Days	**10 Day Quarantine or 7-day Quarantine with a negative test with a specimen collection date within 48 hours for:** • Asymptomatic patients who are NOT up to date with COVID-19 vaccines and have had exposure to someone with COVID-19 • Skilled nursing facility (SNF) resident who is newly admitted resident or has left the facility >24 hours and is NOT up to date with COVID-19 vaccines • Residents who are up to date with COVID-19 vaccines do not need to quarantine	**Isolation** ends for patients who are not severely immunocompromised when: • 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 (for example cough, shortness of breath) have improved
Reason for TBP	The incubation period for COVID-19 is thought to extend to 14 days, with a median of 4-5 days from exposure to symptom onset. Most people with COVID-19 who have symptoms will do so within about 11 days of SARS-CoV-2 infection. Patients who are up to date on vaccinations are at lower risk of acquiring and transmitting COVID-19. Patients who are up to date on vaccine do not need to quarantine. If exposed to COVID-19, perform post-exposure testing.	It takes about 10 days for someone to stop being infectious after they become ill with COVID-19, which is why it is recommended that someone who tests positive for COVID-19 isolates for 10 days.



One Document: https://doh.wa.gov/sites/default/files/2022-05/420-391-HealthcareIPCCOVID.pdf Pg. 22

ISOLATION/QUARANTINE SIGNAGE and Set Up



Photos: Courtesy of Sonia Mercado and Andrea Stratford, Julie Chardi

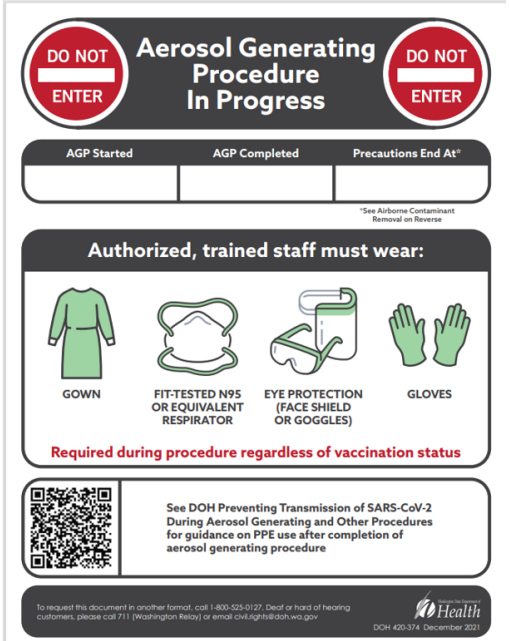
Additional Considerations

Aerosol Generating Procedure (AGP Precautions)

AGP Sign

Full PPE to include N95, 3 hrs unless you meet exception

List of AGPs



DO NOT ENTER

Aerosol Generating Procedure In Progress

DO NOT ENTER

AGP Started	AGP Completed	Precautions End At*

*See Airborne Contaminant Removal on Reverse

Authorized, trained staff must wear:

GOWN

FIT-TESTED N95 OR EQUIVALENT RESPIRATOR

EYE PROTECTION (FACE SHIELD OR GOGGLES)

GLOVES

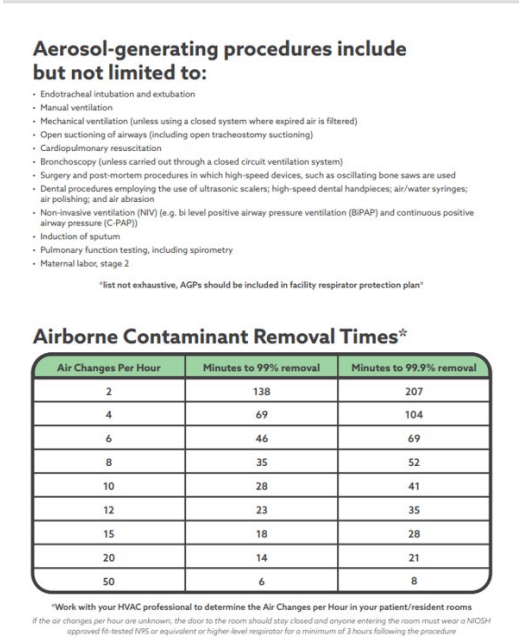
Required during procedure regardless of vaccination status

See DOH Preventing Transmission of SARS-CoV-2 During Aerosol Generating and Other Procedures for guidance on PPE use after completion of aerosol generating procedure

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 civilrights@doh.wa.gov

Washington State Department of Health

DOH 420-374 December 2021



Aerosol-generating procedures include but not limited to:

- Endotracheal intubation and extubation
- Manual ventilation
- Mechanical ventilation (unless using a closed system where expired air is filtered)
- Open suctioning of airways (including open tracheostomy suctioning)
- Cardiopulmonary resuscitation
- Bronchoscopy (unless carried out through a closed circuit ventilation system)
- Surgery and post-mortem procedures in which high-speed devices, such as oscillating bone saws are used
- Dental procedures employing the use of ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion
- Non-invasive ventilation (NIV) (e.g. bi level positive airway pressure ventilation (BiPAP) and continuous positive airway pressure (C-PAP))
- Induction of sputum
- Pulmonary function testing, including spirometry
- Maternal labor, stage 2

list not exhaustive, AGPs should be included in facility respirator protection plan

Airborne Contaminant Removal Times*

Air Changes Per Hour	Minutes to 99% removal	Minutes to 99.9% removal
2	138	207
4	69	104
6	46	69
8	35	52
10	28	41
12	23	35
15	18	28
20	14	21
50	6	8

*Work with your HVAC professional to determine the Air Changes per Hour in your patient/resident rooms

If the air changes per hour are unknown, the door to the room should stay closed and anyone entering the room must wear a NIOSH approved fit-tested N95 or equivalent or higher-level respirator for a minimum of 3 hours following the procedure

Aerosol Generating Procedure Door Sign (wa.gov)

Resources

- Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings COVID-19 Accessible Guidance Template (wa.gov)
- QSO-22-15-NH & NLTC & LSC Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers (cms.gov)
- Coronavirus waivers & flexibilities https://www.cms.gov/coronavirus-waivers
- ALTSA: NH #2022-028 CMS QSO-22-15-NH & NLTC & LSC ANNOUNCING DISCONTINUATION OF SEVERAL WAIVERS IN 30 AND 60 DAYS https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/nh/022-028.pdf
- Donning and doffing station example Government of Western Australia https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-RACF-donning-doffing-station-examples.pdf
- How to rapidly design and operationalize PPE donning and doffing areas for a COVID-19 care facility: quality improvement initiative https://bmjopenquality.bmj.com/content/9/3/e001022

MAILBOX
QUESTION AND ANSWER

Q/A #1

Question:

Can you clarify, has the definition for " Up to Date" changed to include a 2nd Booster now?

Answer:

Yes, you are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

Q/A #2

Question:

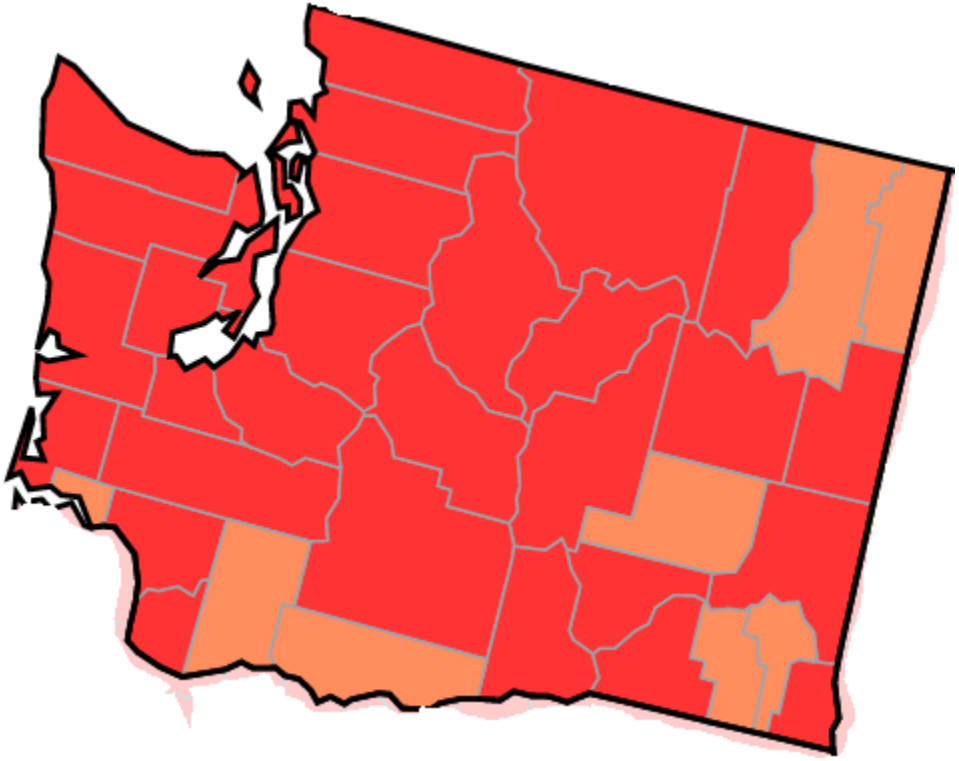
SNF – In relation to "cohorting", is the waiver still in place to move residents within the facility to cohort COVID-19 exposures?

Answer:

The CMS waivers allowing facilities to move residents without need for written notice or giving a current resident notification on a new roommate has lapsed; however, this does not mean facilities can't cohort. It just means they do need to give a resident notification and ask the resident if he/she is okay with moving immediately for health and safety reasons. If a resident refuses, then the facility will need to work out a way for the person to isolate or quarantine in place.

QSO-21-17-NH (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.