Guidance and responses were provided based on information known on 5/14/2020 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

May 14, 2020

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ICAP
Infection Control Assessment and Promotion Program

Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator
If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our IPs

A transcript of the discussion will be made available on the ICAP website
https://icap.nebraskamed.com/coronavirus/
https://icap.nebraskamed.com/covid-19-webinars/

Panelists today are:

Dr. Salman Ashraf, MBBS	salman.ashraf@unmc.edu
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Margaret Drake, MT(ASCP),CIC	Margaret.Drake@Nebraska.gov
Teri Fitzgerald RN, BSN, CIC	tfitzgerald@nebraskamed.com
Dr. Tom Safranek	tom.safranek@Nebraska.gov

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McKnight's
LONG-TERM CARE NEWS

May 11, 2020

White House: Test all nursing home residents, staff for COVID-19 over next 2 weeks

Danielle Brown

https://www.mcknights.com/news/white-house-test-all-nursing-home-residents-staff-for-covid-19-over-next-2-weeks/

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CDC: Testing for Coronavirus (COVID-19) in Nursing Homes

1. Testing should not supersede existing infection prevention and control (IPC) interventions.
2. Testing should be used when results will lead to specific IPC actions.
3. The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility.
   - If testing capacity allows, **facility-wide PPS of all residents** should be considered in facilities with suspected or confirmed cases of COVID-19
4. Repeat testing may be warranted in certain circumstances.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

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Review of Zones and PPE

Red Zone (Isolation zone)	**Dark Red**	**Residents with Positive COVID-19 test**	**Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)**
	Light Red	**Symptomatic residents suspected of having COVID-19**	**Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)**
Yellow Zone (Quarantine zone)		Asymptomatic residents who may have been exposed to COVID-19	Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)
Green Zone (COVID-19 free zone)		Asymptomatic residents without any exposure to COVID-19	Surgical mask and PPE per standard precautions
Gray Zone (Transitional zone)		Residents who are being transferred from the hospital/outside facilities (but have no known exposure to COVID-19) are usually kept in this zone for 14 days and if remains asymptomatic at the end of 14 day will be moved to Green zone	Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)

Review of Zones

- If no empty rooms to create zones for transition/ yellow/red, then resident room or apartment becomes the zone. Post signage to indicate PPE to use in room.
- If roommate, call us before deciding to move residents around.
- Green zone can transport residents to bathing room in facility (as long as it is in the green zone). Other zones would require you bathe the resident in their room.
- Dedicating staff to each zone is recommended. If you can only dedicate for one zone, dedicate for Red zone.
- PPE for the dark red zone can be extended wear of the gown, respirator, and face shield. Hand hygiene is performed and gloves are changed between each room, and resident, plus additional as needed (e.g., when soiled)
- Bundle activities to decrease number and times staff have to enter the rooms. (consider high-touch surface cleaning performed by CNAs or Med aids – train first)

Monitoring residents and staff

- Use extended list of signs and symptoms for screening/monitoring of residents.
- Even one new symptom, such as loss of taste or smell, would be a trigger to test the resident for COVID.
- Have a low threshold for testing. If a fever spike, test. We have heard that facilities are not sure when to test, so we are telling you, at first sign, test.
- You can report to local health department with your first suspicious resident with symptom; they can help you coordinate getting test kits.
- NE ICAP can answer other questions – you do not have to guess, so please call. We always get back to all callers with our best recommendations.

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Resources

What to do when you have a COVID resident?
https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Actions-needed-to-be-taken-upon-identification-of-a-COVID-19-case.pdf.
Cohorting – zone document
https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf.
PPE document for zones
https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/PPE-use-when-a-LTCF-has-a-COVID-19-infection-ICAP-guidance-4.16.2020.pdf.
Signs and symptoms for screening/monitoring residents and staff
https://paltc.org/sites/default/files/Active%20Screening%20apr%2028_revised.pdf
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

Resources, continued

How to use ABHR correctly – pocket cards
https://www.cdc.gov/handhygiene/pdfs/ABHS-PocketCards-P.pdf.
High-touch cleaning and contact time for disinfectant
https://www.youtube.com/watch?v=bmR2nglFncQ&feature=youtu.be.
COVID Resources for Staff Working in Long Term Care
http://dhhs.ne.gov/Documents/COVID-19-Resources-for-Staff-Currently-Working-in-Long-Term-Care.pdf#search=covid%2019%20resources%20for%20working%20in%20long%20term%20care
CDC: Testing for Coronavirus (COVID-19) in Nursing Homes
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

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Staff training – environmental cleaning

Here are the links to the Environmental Cleaning Videos. These are available in 4 languages.
https://icap.nebraskamed.com/practice-tools/educational-and-training-videos/draft-environmental-cleaning-in-healthcare

CDC Environmental Checklist for Monitoring Terminal Cleaning[1]

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional):[2]	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces[3]	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			

https://www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf

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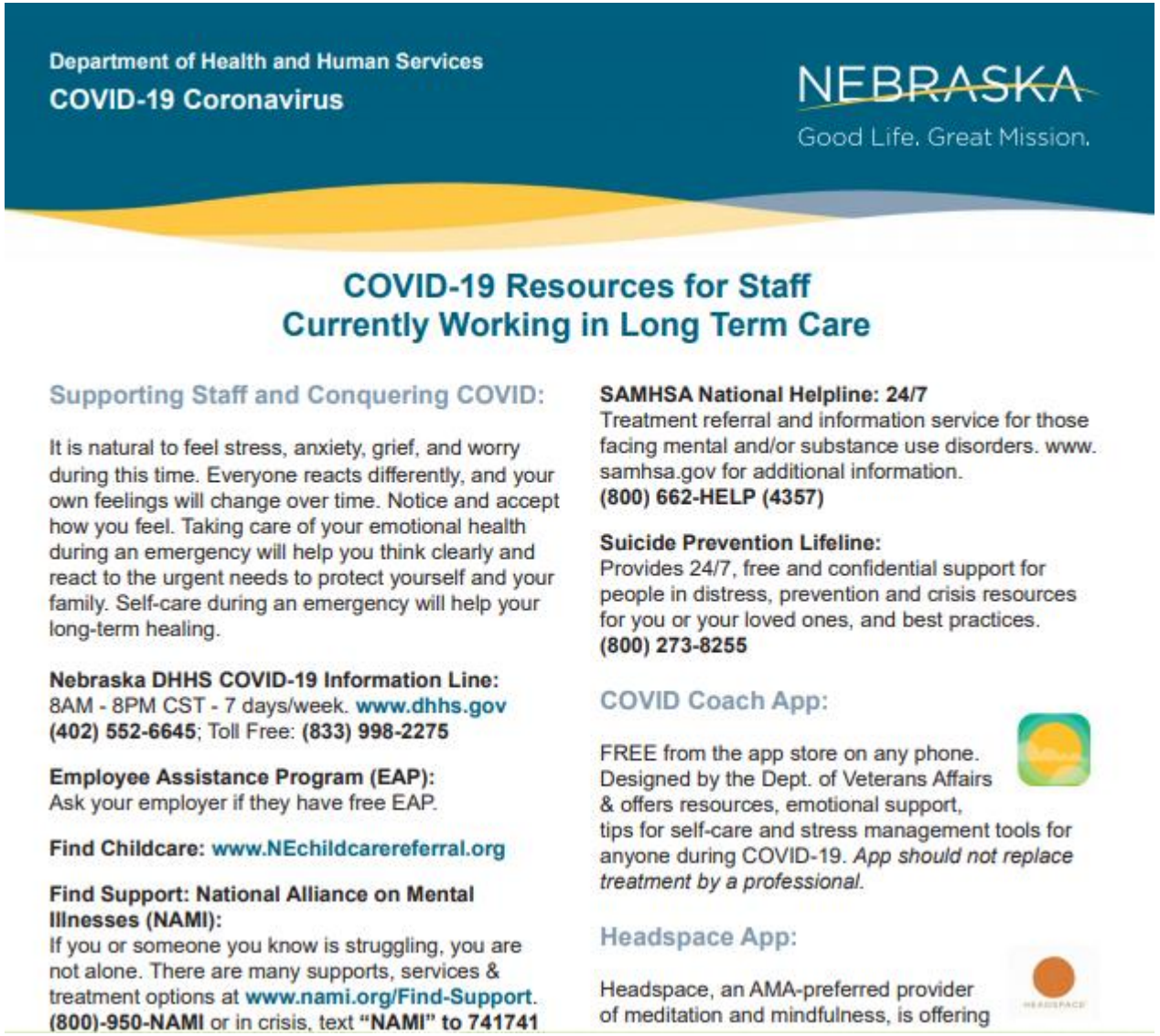

Department of Health and Human Services
COVID-19 Coronavirus

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COVID-19 Resources for Staff Currently Working in Long Term Care

Supporting Staff and Conquering COVID:

It is natural to feel stress, anxiety, grief, and worry during this time. Everyone reacts differently, and your own feelings will change over time. Notice and accept how you feel. Taking care of your emotional health during an emergency will help you think clearly and react to the urgent needs to protect yourself and your family. Self-care during an emergency will help your long-term healing.

Nebraska DHHS COVID-19 Information Line:
8AM - 8PM CST - 7 days/week. **www.dhhs.gov**
(402) 552-6645; Toll Free: **(833) 998-2275**

Employee Assistance Program (EAP):
Ask your employer if they have free EAP.

Find Childcare: www.NEchildcarereferral.org

Find Support: National Alliance on Mental Illnesses (NAMI):
If you or someone you know is struggling, you are not alone. There are many supports, services & treatment options at **www.nami.org/Find-Support**.
(800)-950-NAMI or in crisis, text **"NAMI" to 741741**

SAMHSA National Helpline: 24/7
Treatment referral and information service for those facing mental and/or substance use disorders. www.samhsa.gov for additional information.
(800) 662-HELP (4357)

Suicide Prevention Lifeline:
Provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices.
(800) 273-8255

COVID Coach App:

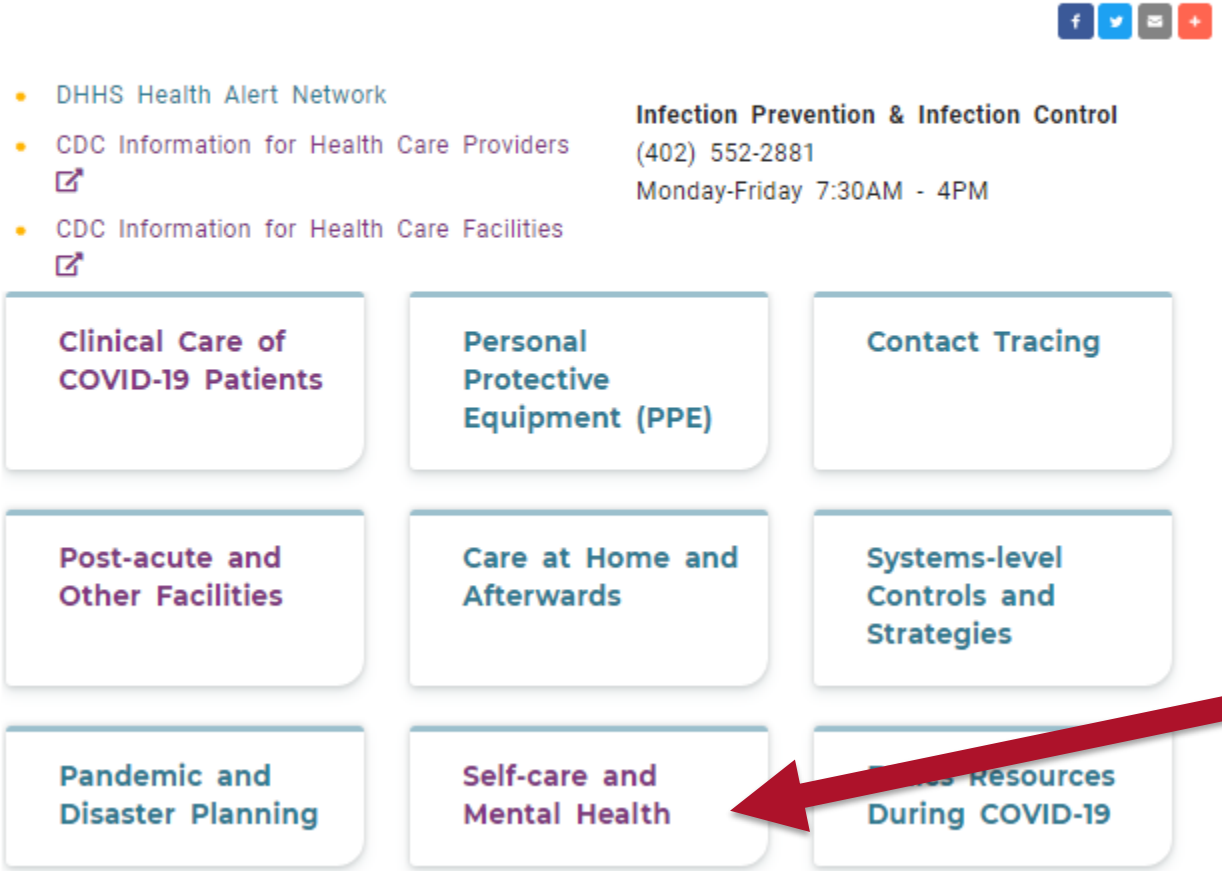
FREE from the app store on any phone. Designed by the Dept. of Veterans Affairs & offers resources, emotional support, tips for self-care and stress management tools for anyone during COVID-19. *App should not replace treatment by a professional.*

Headspace App:

Headspace, an AMA-preferred provider of meditation and mindfulness, is offering

http://dhhs.ne.gov/Documents/COVID-19-Resources-for-Staff-Currently-Working-in-Long-Term-Care.pdf#search=covid%2019%20resources%20for%20working%20in%20long%20term%20care

COVID-19 Resources For Health Care Providers And Related Audiences



http://dhhs.ne.gov/Pages/COVID-19-Resources-for-Health-Care-Providers.aspx

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Resident Mental Well-being Brainstorming

How are you involving residents in no-contact activities in their rooms?

Have you implemented any sort of 1:1 exercise or engagement with individual residents?

We want to facilitate sharing of ideas!,

Email SuBeach@nebraskamed.com with your name, phone number, and the name of the facility where you work.

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Weekly COVID-19 LTC Webinars

DHHS in association with ICAP will continue to host weekly webinars specific to LTCF in the state of Nebraska. The webinars will continue to address situation updates and essential information on COVID-19.

Link to weekly COVID-19 LTC webinar invite

https://icap.nebraskamed.com/covid-19-webinar-invite-ltcf/

Link to past webinars and recordings

https://icap.nebraskamed.com/covid-19-webinars/

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Infection Prevention and Control Office Hours

Monday – Friday
7:30 AM – 9:30 AM Central Time
2:00 PM -4:00 PM Central Time
Call 402-552-2881

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Questions and Answer Session

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A transcript of the discussion will be made available on the ICAP website

Panelists:
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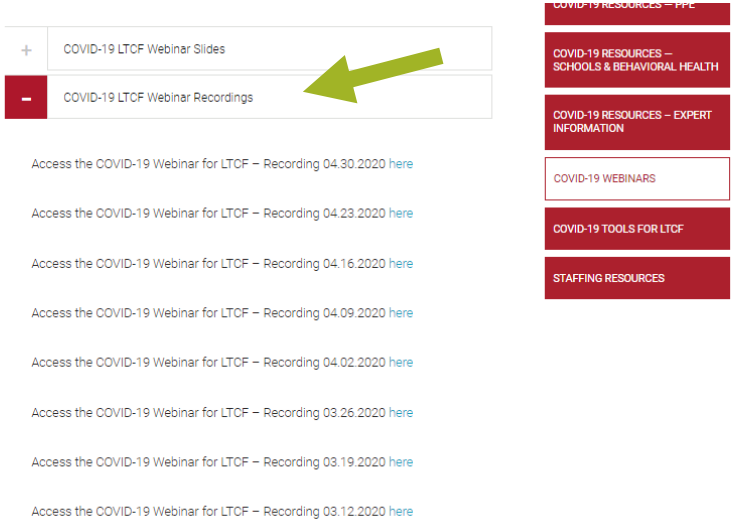
Margaret Drake, MT(ASCP),CIC
Teri Fitzgerald RN, BSN, CIC
Dr. Tom Safranek, NE DHHS

Moderated by Mounica Soma, MHA



https://icap.nebraskamed.com/resources/

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Nebraska DHHS HAI-AR and Nebraska ICAP
Long-term Care Facility Webinar on COVID-19 5/14/2020

1. **I oversee four assisted living facilities. The struggle we are having are residents returning to the gray zone. Any resident who goes out for dialysis, a doctor's appointment, an ER visit, rehab stay for issues not related to COVID are going in to a gray zone, which is the resident's own apartment, where we are assigning staff to care for only residents who are in the gray zone. Since this is assisted living these residents may only need help with bathing or dressing or even less than that. We are running out of staff to take care of residents in the gray zone. We encourage telehealth but sometimes this isn't appropriate based on the reason for the visit. I would like guidance on the necessity of admitting residents to the gray zone solely for going to a doctor's appointment. For residents coming back from inpatient stay at the hospital or rehab, we can request a COVID test before discharge, but that only shows they are not positive on that day and isn't a guarantee. How are we to keep up with this?**
   You don't have to dedicate staff to each patient in a gray zone *(see discussion and slides earlier in the presentation)*. You just need to be sure they don and doff PPE and do proper hand hygiene before leaving that area. One staff member could take care of all the gray zone patients, even if they are in different places in the facility. There could be a different risk in each of these circumstances, but there is some amount of risk each time a resident leaves the facility and comes back. Risk of community transmission can depend on whether there is COVID-19 in the county. Those things can also determine the risk of getting COVID 19 in your facility. The gray zone in your facility is not a mandate by CMS or CDC, but it is a strong recommendation. We recommend that you use the gray zone for anyone who has left the facility. If your choice is between not having a gray zone because of lack of staffing or having one person staff all the different gray zone rooms, then we recommend having the one staff member take care of all the gray zone rooms, using appropriate hand hygiene, proper PPE, donning and doffing, etc.

2. **What is the zone suggestion for a positive resident who was transferred to the hospital is tested at the hospital and results negative? What zone do we bring them back in?**
   Once someone is positive, you need to know when they can come out of the red zone in long term care. The CDC prefers test basis strategy, although they now allow symptom-based strategy. But you still get the sense in the documents that for highly vulnerable individuals, they do prefer either extended duration for symptom-based strategy or a test-basis strategy. A resident who has tested positive, and then are asymptomatic for 3-5 days, then they can be tested to see if they are negative or not (usually it is recommended to retest 10 days after the positive test, if they have been asymptomatic for 3-5 days). If they get a negative test then, you can retest in 24 hours apart, and get another negative, then they can come out of red zone isolation. However, if you don't get a negative at that point, you will have to retest until you get the 2 negatives before bringing them out of the red zone. This person, who was positive, went to the hospital, they might be still be having symptoms and that is what caused the hospitalization, so they shouldn't be tested until 3-5 days after symptoms are over. If the

person who had a positive first had symptoms resolved, actually was hospitalized for something different like a fall, then one test by itself still doesn't get them out of isolation. It still takes 2 tests to do that.

3. **What is the best method to transfer a symptomatic resident into the red and light red zone areas to protect the yellow and green zones?**
   Transmission based precautions are needed. The resident should wear a mask. The resident should be clean and contained. Wipe down a wheelchair (including wheels), put a clean blanket on the resident. The person moving the resident should remove their dirty PPE before leaving the resident room. They should doff their gear, put on clean materials for transport or they could hand off to a clean person new PPE to move the patients. This is the same as you would have done before for C Diff, etc.

4. **Are you recommending N95s for all encounters in Red and Yellow zones, or just for aerosol-generating procedures?**
   If you have N95s, we prefer using them. The CDC guidance does not require them, but it does prefer N95s. If you don't have enough N95 masks, then surgical masks are fine. But for aerosol-generating procedures, you should use N95s. These are preferred in the red and yellow zones all the time if you have enough of them. Nebraska DHHS has improved its supply line in the last 2 months and it is worth long-term care facilities trying again to use the online form and request them. There are also now reprocessing facilities available across the state for N95 masks (here is the ICAP website link: https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/UV-Light-box-locations-in-Nebraska.pdf

5. **Is it acceptable to isolate a hospital return in private room with private bathroom versus a dedicated gray zone? If you only have a couple grey zone residents and can't dedicate 2-3 staff members to care for only two residents, do you have any recommendations outside of good handwashing and PPE practices?**
   If there is a transition zone set up without private bathrooms in their rooms, but if there is an alternative of a private room with a private bathroom, you need to remember that the transition has to be a single person room (single bathroom preferred). Even if you have a two-bed room, you consider just using the one bed in the transition zone. If you can't do this in the transition zone, then the next best option is to go ahead and use the patient's own private room with private bath and make that a transition zone room for 14 days with dedicated staff for that patient (ones who work with other transition zone patients only).
   We just recommend the good hand hygiene and PPE practices that you mentioned. The only other suggestion is to plan to do as many different tasks in the room (batching them) as you can

6. **Do you recommend closing resident room door when administering an aerosol treatment in a COVID free facility? Do you have any thoughts on how to handle a roommate that resides in same room?**
   In a COVID-free facility, you will follow the same guidance you do under normal circumstances. You don the PPE, wear facemasks and eye protection and be sure to pull the curtain between that patient and the other patient in the room. The best practice, because nebulizers do

generate some aerosolization, you want to keep the door closed if possible. Even in the absence of COVID, it is good to close the doors because there is always the chance of spreading influenza, etc. This isn't an urgent issue right now, but when things improve (a year from now?) you might want to put something like this in policy then. But remember the best practice is always to close the doors during these procedures when you can.

7. **We are a skilled facility attached to a critical access hospital. If we have a resident who is hospitalized for a non-COVID reason and the hospital does not have any COVID patients and the resident is in the hospital for 14 days and the resident does not have any signs and symptoms of COVID-19, do we have to put him in the gray zone when he is readmitted to our facility?**
   If the patient was in the hospital for 14 days and there has been no exposures, then that counts as the quarantine time. These kind of situations need to be considered case-by-case basis.

8. **What are your recommendations for a resident with dementia who wanders who is going for outpatient surgery tomorrow? Results will come back to us and guided to the gray zone. We will do our best to keep this resident isolated, but this lady literally paces the halls all day long, and is not competent enough to understand isolation. We have no positive cases or suspected cases in our facility, and we have no confirmed cases in our county. She will be going right next door for the surgery. Can you share any guidance in this circumstance?**
   We understand this will be a difficult patient to isolation. Try to minimize as much exposure to others as you can. This situation is not unusual for memory care units, whether or not there is COVID present in the county. Do your best.

9. **So you have developed these zones for our residents who go out to appointments, so how is this any different for our staff who go to Walmart and out and about outside of facility, and come to work and go into and out of resident rooms?**
   When a resident goes out to a healthcare appointment, into hospitals and clinics, that resident will be entering a higher-risk area, with more chances of exposure, because there are higher chances of encountering sick people there. Healthcare workers have the responsibility to be extra careful to avoid exposure for the safety of our patients, especially for this very vulnerable population in the nursing homes. If we come into contact with COVID-19, it might also be the residents of our nursing homes who pay the consequences. Remember that and be extra careful in going out, maintaining social distancing, doing hand hygiene, using masks and PPE, etc. Our healthcare professionals have more knowledge about the risks, and do even better than our residents might do when they leave the facility.

10. **How should therapy services be handled for a Medicare Part A resident (no COVID diagnosis previously) who has been admitted from the hospital and in a transitional gray zone room?**
    If it possible that the person can get therapy in their own room, it is best. If that is not possible, maybe they can get therapy last on the day's schedule to clean well afterwards and not risk infecting other residents. DHHS says to remain on Medicare Part A, they have to meet their therapy goals to continue to be qualified. She agreed that in-room therapy is the best option,

with the second option of placing them at the schedule for therapy the end of the day if they have to go out to a therapy room; surfaces would be thoroughly cleaned afterwards.

11. **Question from Chat Box: What is CMS saying about current rules for residents leaving rooms for activities?**
    Connie Vogt of DHHS clarified that if there is no COVID-19 in a facility (staff or residents) and no people with respiratory infections; residents can do communal dining staying 6 feet apart (maintaining good infection control processes and social distancing) in the dining rooms. Restrictions have not been lifted for activities because these are usually high-touch things like bingo, cards, etc. To be creative, you could try listening to music or have a sing along while they are out for dining, things that are not high touch activities. There is no word from CMS when regulations on residents leaving room will be relaxed. It may be hard for some dining rooms to accommodate this because of close quarters.

12. **Where are the slides posted after the call?**
    https://icap.nebraskamed.com/covid-19-webinars/