Covid-19 Webinar for Critical Access Hospitals and Outpatient

Presented in collaboration with Nebraska ICAP, Nebraska DHHS HAI Team, Nebraska Medicine, and The University of Nebraska Medical Center

Moderated by Mounica Soma

Panelists:
Dr. Salman Ashraf
Kate Tyner, RN, BSN, CIC
Margaret Drake, MT(ASCP),CIC
Teri Fitzgerald RN, BSN, CIC
Dr. Ishrat Kamal-Ahmed

Guest Panelist:
Alisha Dorn, BSN, RN, CIC Nebraska Medicine

Guidance and responses were provided based on information known on 6/16/2020 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and jurisdictional guidance for updates.

Basic CDC Guidance on Re-opening Still Holds

Before expanding to provide elective services, healthcare systems must operate without crisis standards of care.

- Ensure adequate
- HCP staffing
- bed capacity
- availability of personal protective equipment and other supplies

https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html

Importance of local COVID-19 transmission data

- **Substantial community transmission**: Large-scale community transmission, including within communal settings (e.g., schools, workplaces)
- **Minimal to moderate community transmission**: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- **No to minimal community transmission**: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

From broad guidance to the local level

- Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic

  “Facilities should use available testing to protect staff and patient safety whenever possible and should implement a policy addressing requirements and frequency for patient and staff testing.”

https://www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19

Non-operative and Ambulatory Pre-Procedure Testing for COVID-19

Testing is not mandatory for procedures in which the risk of airway compromise is considered low (local anesthetic, mild sedation or select moderate sedation cases) IF:

- Patients who are asymptomatic and can wear a procedure mask at all times
- Patients who are asymptomatic and mask cannot be worn for a short period (<15 minutes) during the procedure but all staff wear procedure masks

https://www.nebraskamed.com/sites/default/files/documents/covid-19/procedural-guidance-for-low-risk-procedures05112020.pdf

Non-operative and Ambulatory Pre-Procedure Testing for COVID-19

Non-operative and Ambulatory Pre-Procedure Testing Guidance

- High-risk aerosol-generating procedures(AGPs) are defined within the perioperative guidance and include
  - surgery anywhere within the upper respiratory tract
  - flexible bronchoscopy
  - Rhinoscopy
  - laryngoscopy (including intubation)
  - GI endoscopy procedures with need for sedation or spinal anesthetic that have a high likelihood of requiring manual (bag valve mask) ventilation or intubation (such as TEE, ECT, cardioversion, C-section)
  - ENT/OMFS/Dental procedures utilizing cautery, laser, drill or saw within the airway or oral cavity.

https://www.nebraskamed.com/sites/default/files/documents/covid-19/procedural-guidance-for-low-risk-procedures05112020.pdf

When COVID-19 Testing for patients should be done:

- COVID19 pre-procedural testing is mandatory for elective procedures requiring deep sedation/analgesia and anesthesia.
- Patient has any symptoms concerning for COVID19; Symptomatic patients must be evaluated, and procedures should be deferred until acute illness has resolved (per other guidance). If COVID19+, will need to defer procedure if possible. If urgent, COVID19 level precautions should be taken.
- In cases where Infection Control has approved specific guidance unique to a specialty, such as Dentistry, Interventional Radiology, ECT*

https://www.nebraskamed.com/sites/default/files/documents/covid-19/procedural-guidance-for-low-risk-procedures05112020.pdf

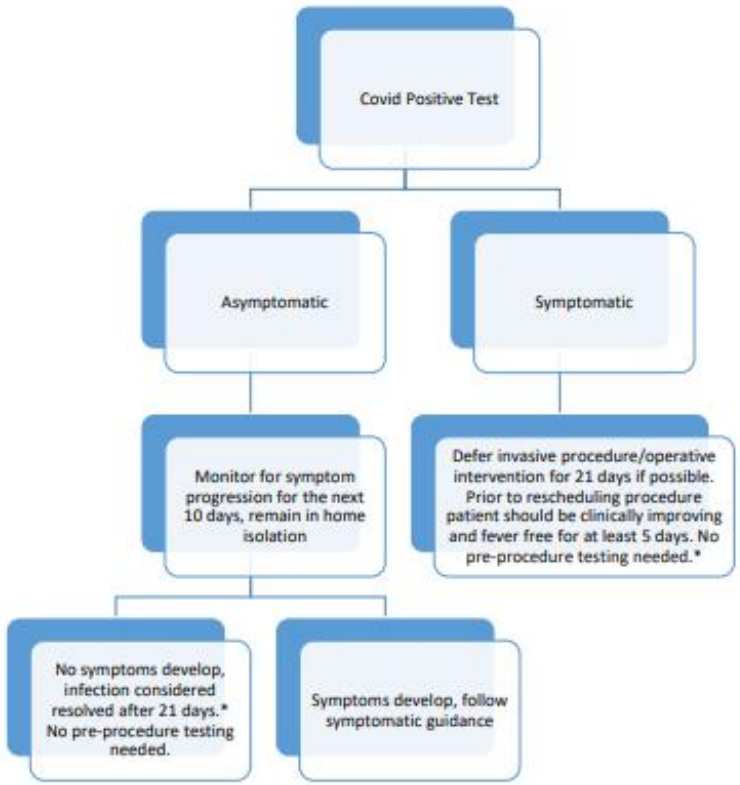
Perioperative Testing Guidance

- Complex and multi-factorial
- Advise looking at all of the resources:

https://www.nebraskamed.com/for-providers/covid19/operating-room-procedures

Pre-procedural Testing Algorithm for COVID-19 Positive Patients
(Updated 06/02/2022)

UNMC Nebraska Medicine



*Any procedure done within 21 days of a positive test would require COVID PPE or confirmation of 2 negative tests to document viral clearance.
No repeat PCR testing should occur pre-procedure for 3 months after the initial positive test.

https://www.nebraskamed.com/sites/default/files/documents/covid-19/preprocedural-testing-algorithm-for-covid-positive-patients.pdf

Pre-procedure testing

AORN https://www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19

Facilities should use available testing to protect staff and patient safety whenever possible

CHI https://www.chihealth.com/en/patients-visitors/coronavirus-covid-19/covid-19-elective-surgery-precautions.html

“Requiring COVID-19 testing for patients prior to certain procedures to provide appropriate care and to reduce the risk of infection for caregivers.”

Frequently Asked Questions

Should we see nursing home patients in our clinics? Aren't they really high risk for bringing COVID-19 into the facility?

Image: Pixabay

Yes!

- Long-term care facilities have had stringent infection control processes since March.
- Recommend use of a procedure mask for the resident:
  - Plus procedure mask for HCW for non-COVID-19 visits
  - Plus N95 respirator, gown, gloves, eye protection for COVID-19 visits

Is there a tool to help me plan for or quantify a potential surge in COVID-19 cases?

Image: Pixabay

Yes!

Here is a CDC tool for calculating a surge in your community

https://www.cdc.gov/coronavirus/2019-ncov/hcp/COVIDSurge.html [cdc.gov]

Do we really need to keep 6 feet of distance between our coworkers in the break room?

Image: Pixabay

Yes!

- Maintain at least 6 feet distance from others, especially when mask use is not feasible (such as during eating or drinking)
- Decrease the number of employees in break areas
  - Eat in shifts
  - Go outside to eat
  - Open up additional space for breaks

https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html for additional tips

IP Office Hours

Monday – Friday

7:30 AM – 9:30 AM Central Time

2:00 PM -4:00 PM Central Time

Call 402-552-2881

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:

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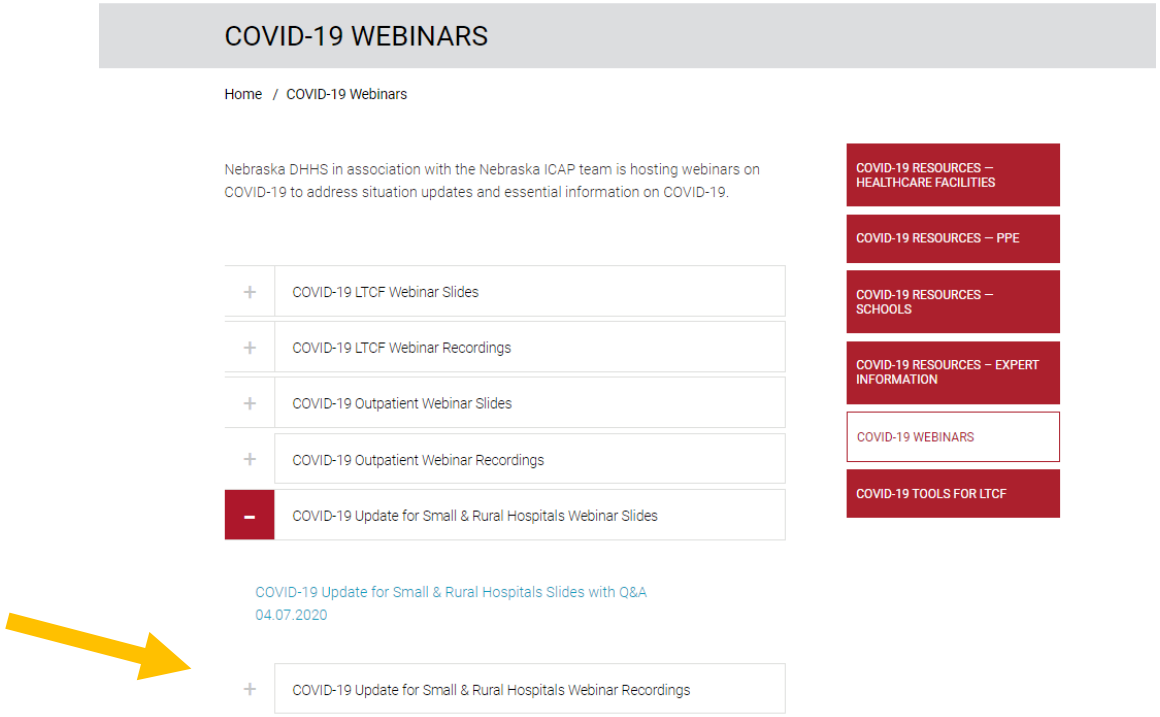

https://icap.nebraskamed.com/resources/

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NETEC – NICS/Nebraska DHHS HAI-AR/Nebraska ICAP

Small and Critical Access Hospitals-Outpatient Region VII Webinar on COVID-19 6/16/2020

1. **Do you see recommendation for masks or face coverings going away anytime soon?**
   We don't seeing the recommendation changing because we are still seeing community transmission of COVID-19. As long as there is community transmission, the use of masks or face coverings will be recommended. That is especially true because we see spread that is pre-symptomatic or asymptomatic. We expect the universal mask recommendation to continue, at least until an effective vaccine is developed.

2. **Do you have any guidance for hospitals in making the decision when it is appropriate to relax visitor restrictions & stop temperature checks on everyone? Am I safe to assume mandatory mask wear in a hospital setting will continue through this year and into next year?**
   Visitor restrictions are being loosened in some hospitals, allowing one visitor per one patient. Nebraska Medicine has not done this yet. Decisions on this will depend on which hospital (and what is going on inside that hospital) plus things like community transmission, what region you are in. The issue is that we are seeing community transmission and sometimes transmission is happening from people who have minimal symptoms; they don't feel ill and don't recognize that they have COVID-19. We are still seeing people identified when they come to our hospitals who have fevers and don't even realize that when they try to enter. I think the temperature checks will continue for as long as we have universal masking. We will probably see loosening of visitor restrictions as we go forward, if the case counts continue to go down. Nebraska Medicine has continued to identity people who have symptoms and temperatures during the screening process at the entries. Another issue Nebraska Medicine has seen in its hospital and clinic waiting rooms is to be able to adhere to social distancing if you allow each patient to bring along a visitor. With some of the seats marked off to stay empty, Nebraska Medicine's clinic waiting rooms are already at capacity just with the patients. There are logistical issues when you increase the number of people coming into the clinics and hospitals. That is something you need to consider in your facility's planning.

3. **In regards to eye protection. If a person has a prescription safety glasses, are those okay for use? Does the eye protection need to be cleaned when going in and out of patient rooms? Do they need to clean after each patient (non-COVID), if glasses didn't visible become soiled?**
   The prescription safety glasses could be allowed if they are OSHA-approved and we knew where they were acquired. For going in and out of patient rooms, Nebraska Medicine treats the eye protection like other extended use PPE. The staff member does not touch the eye protection, and if they do, then they do remove them and clean them with disinfectant wipes. That also applies if the eye protection becomes visibly soiled; they are taken off and disinfected. Otherwise, staff is allowed to continue to keep the eye protection on and wear them for an extended period of time.

4. **What is the logic for mass testing long-term care staff prior to Phase II? What real benefit is a "snap shot" in time test result when you are in a situation that staff come and go between**

multiple facilities? Can go out in the community without restrictions, no accountability to mask and/or social distance? The reality is you can't control what staff do in the community.
We agree that it is important to know that you cannot control what staff does out in the community, but we can educate staff to follow social distancing and masking in the community. Baseline testing does give you an idea what is going on in your facility at the time when you are considering opening up or relaxing some of the restrictions. It gives you a basic idea of your facility situation. If you do a staff testing and that day the entire staff is negative, you know your risk is lower in your facility and you can start reopening with more confidence. If you do find a number of staff positive when you test, it is a sign that you may need to wait to relax restrictions. It is also a sign that there could be residents who are COVID-19 positive that you do not know about who are asymptomatically or pre-symptomatically positive. If you were to open up at that time, there may be increased transmission within the home. That's because when you go from Phase I to Phase 2 to Phase 3, you would be increasing activities and resident to resident interaction in the nursing home. Staff testing also gives you an idea of what is going on with the residents, because if all the staff are negative, chances are that all the residents would be negative as well. The residents are only getting from the staff at this time, so if the staff is all negative it shows they probably are doing the right thing out in the community, or that there is not much COVID-19 in their community right now.

5. **Since long-term care facilities are being required to test as a baseline, will hospital staff also need to be tested for a baseline?**
   Nursing home residents are a unique population because they are living in a congregate community. Long term care staff are being tested first because it also gives us approximate measures of what may be going on in the resident population. We know that when restrictions are being lifted, the residents will start interacting with each other again and we want to identify any positive residents before that happens to avoid transmission. Those decisions are being made by the state and we provide guidance, but the state's decision are ultimately made by them. The hospitals don't have the same situation, where patients are interacting with each other, so that risk factor for transmission of COVID-19 isn't present. Hospital staff still needs to be screened and vigilant and everyone has to wear surgical masks for source control and personal protection. But the situations of care are different, so that is why long term care staff is being tested on a baseline and not hospital staff is being tested on a baseline.

6. **Is all cautery in surgery a risk or just cautery when it involves the nasal or laryngeal areas?**
   Not all cautery in surgery is the same risk. Abdominal cautery would not carry the same risk as nasal or laryngeal cautery, which involves the respiratory system. Nebraska Medicine follows this same idea, where there isn't risk involved in cautery on legs, arms, etc.

7. **Have long-term care facilities been advised by ICAP to not allow admissions into their facilities until no one (employee or patients) tests positive?**
   The only time that a facility is not going to have admission is if they cannot take care of the patient they are admitting (the CMS rule refers to not having the capacity, the staff expertise or the PPE to care for patients). A facility that does not have a way to cohort any existing COVID-19 positive patients or have room to take more patients safely is the only time we would tell a

facility not to admit patients. There is guidance about admitting a COVID positive patients – if they are within the 28-day time period, they should have a two-test negative before they are admitted, especially if they are going into a facility that has not had a COVID-19 case before because they won't have a red zone in place. If a facility has already had a COVID-19 positive case and have a red zone in place (separated from the rest of the facility and they have room there for another positive patient) that is fine. There are a lot of case-by-case decisions to be made.

8. **Is there anything guidance I could share with staff not to double their masks...wearing a N-95 with a surgical mask over top? There is concern to conserve their PPE if wearing goggles that this helps, but concern about compromising the fit, as well as comfort.**
   This is an issue of how much PPE you have during this time of inventory shortages. You still want PPE worn correctly, so the staff can be directed on the correct way. You probably need to talk to the staff to find out reasons for their concern in not following the protocol for wearing PPE – concern over not having enough N95 masks to wear, etc. Those should be addressed. You can let ICAP know if you are short of PPE so we can try to help with acquisition of PPE, reprocessing, etc. Keep control over inventory so they aren't taking PPE that they don't need. Someone on your staff can work with others on their PPE use. In general, we don't recommend wearing a surgical mask over an N95. A face shield is a different strategy that can be used over an N95. We still want to limit the use of N95 to one shift per mask. Nebraska Medicine has seen the use migrate to using an N95 mask (down from using face shields, extra procedure masks), etc. and they have not seen COVID transmission or increased burn rates for N95 masks.

9. **For Alisha, in OR when wearing goggles over a face shield, do you just have reprocess after that wear?**
   No, you just need to wipe them with disinfectant wipes once you take them off. They are not reprocessed.