Guidance and responses were provided based on information known on 6/18/2020 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.
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/

Panelists today are:

Dr. Salman Ashraf, MBBS  salman.ashraf@unmc.edu
Kate Tyner, RN, BSN, CIC  ltyner@nebraskamed.com
Margaret Drake, MT(ASCP),CIC  Margaret.Drake@Nebraska.gov
Teri Fitzgerald RN, BSN, CIC  tfitzgerald@nebraskamed.com
Dr. Tom Safranek  tom.safranek@Nebraska.gov
Resident Cases per 1,000 Residents

Resident Deaths per 1,000 residents

Source: Unofficial Counts Compiled by Nebraska ICAP; Actual Numbers may vary slightly
New LTCFs with COVID-19 Positive Resident/Staff By Week in Nebraska

Source: Unofficial Counts Compiled by Nebraska ICAP; Actual Numbers may vary slightly
Considerations for post baseline testing: How to be prepared for results ...
“Tip for testing”

• Do not test any staff or resident who was previously tested and was positive (unless you are doing the testing to take someone out of isolation.)
How to prepare for results

- Consider the fact there may be positive results in either staff or residents, or both
- If staff identified as positive, may present staffing issues
- Consider exploring alternative staffing options ahead of testing
- Ensure your plan for red zone, yellow zone is ready
Actions to take if positive results - ICAP

Actions needed to be taken upon identification of a COVID-19 case at a facility

Notification:

☐ Inform Local Health Department of Positive COVID-19 case
☐ Inform Licensure (LTC-CMS Survey team)
☐ Notify facility leadership and activate Incident Command System if it has not already been activated.
☐ Identify a point person (IP, DON, ADON etc.) who will subsequently get in touch with Nebraska ICAP team for reviewing infection control measures on an ongoing basis in coming days.
  o ICAP will assist long-term care (including skilled nursing) and assisted living facilities with implementation of infection prevention strategies and may advise on testing, isolation, staff cohorting, PPE use and other infection control related issues
  o The introductory call will preferably include facility leadership, local health department and ICAP team, when possible and will be arranged by the local health department.

Isolation and quarantine:

If a resident is identified to have COVID-19:

☐ Isolate the resident (either in a designated isolation area if already established or in the resident own room if no isolation area is yet established)

☐ Identify any other ill residents or staff by evaluating them for presence of any symptoms for COVID-19. Isolate and test those with COVID-19 symptoms.

☐ Review the exposures and movements of COVID resident with COVID-19 illness in the

If a staff member is identified to have COVID-19:

- Notify leadership, Local HD, Licensure, and ICAP.

- Make sure the staff member is not working and is isolated and local health department is aware.

- Identify any other ill staff or residents by evaluating them for presence of any symptoms for COVID-19. Isolate and test those with COVID-19 symptoms.

- Determine who else in the building (staff members and residents) may have been exposed to COVID-19 infection.

- Send ill staff home for isolation and quarantine exposed asymptomatic staff members who had medium or high-risk exposures.

- Continue to screen other staff who tested negative for S & S of COVID.
If a resident is identified to have COVID-19:

• Notify leadership, Local HD, Licensure, and ICAP.

• Isolate the resident (either in a designated isolation area if already established or in the resident own room if no isolation area is yet established)

• Identify any other ill residents or staff by evaluating them for presence of any symptoms for COVID-19. Isolate and test those with COVID-19 symptoms.

• Review the exposures and movements of COVID resident with COVID-19 illness in the past 14 days in order to establish how they may have been exposed to the infection

• Determine who else (staff members and residents) in the building may have been exposed to COVID-19.

• Set up red, yellow and green zones (as applicable) using DHHS/Nebraska ICAP cohorting guidance for LTCF to isolate symptomatic residents and quarantine asymptomatic exposed residents.

• If the resident with COVID-19 illness is being isolated in their own room then move the roommate to a private (single-bed) room within the yellow zone.
If you are not sure about isolation, you can put whole facility into yellow zone, until you can determine (with ICAP) who all may have been exposed.
## Review of Zones and PPE

<table>
<thead>
<tr>
<th>Red Zone (Isolation zone)</th>
<th>Dark Red</th>
<th>Residents with Positive COVID-19 test</th>
<th>Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Light Red</td>
<td>Symptomatic residents suspected of having COVID-19</td>
<td>Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)</td>
</tr>
<tr>
<td>Yellow Zone (Quarantine zone)</td>
<td></td>
<td>Asymptomatic residents who may have been exposed to COVID-19</td>
<td>Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)</td>
</tr>
<tr>
<td>Green Zone (COVID-19 free zone)</td>
<td></td>
<td>Asymptomatic residents without any exposure to COVID-19</td>
<td>Surgical mask and PPE per standard precautions</td>
</tr>
<tr>
<td>Gray Zone (Transitional zone)</td>
<td></td>
<td>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</td>
<td>Gown, Gloves, Eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield)</td>
</tr>
</tbody>
</table>

PPE Updates
Challenge- Gowns with neck loops and extended use of eye protection and mask/respirator

Don’t try to drag the gown on/don over the head!
Don’t try to doff by pulling over the head!

Do tear and tie to don

https://www.youtube.com/watch?v=2zN6oyvvaHU&feature=youtu.be


Tear and bundle to doff
KN95 Respirators from China cannot be disinfected

3M cannot recommend decontamination of filtering facepiece respirators (a.k.a. FFRs),

- FFRs are not designed to be decontaminated
- Doing so voids the regulatory approval

https://multimedia.3m.com/mws/media/1824869O/decontamination-methods-for-3m-filtering-facepiece-respirators-technical-bulletin.pdf
KN90 respirators function like a mask. Don’t use them where an N95 is needed.

Look for 9001 or 9002 on the front

Remember that no respirators with exhalation valves are appropriate for healthcare.
# Keeping it all straight…

<table>
<thead>
<tr>
<th>Image</th>
<th>1860</th>
<th>1860S</th>
<th>8205J</th>
<th>8210</th>
<th>8511</th>
<th>8822K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Number</td>
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<td>1860S</td>
<td>8205J</td>
<td>8210</td>
<td>8511</td>
<td>8822K</td>
</tr>
<tr>
<td>N95 Comparable</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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</tr>
<tr>
<td>Fluid Resistance</td>
<td>x</td>
<td>x</td>
<td></td>
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<tr>
<td>Certification</td>
<td>NIOSH N95</td>
<td>NIOSH N95</td>
<td>DS2 (Japan)</td>
<td>NIOSH N95</td>
<td>NIOSH N95</td>
<td>KMOEL P2 (Korea) AS/NZS P1 (Aus/NZ)</td>
</tr>
<tr>
<td>NIOSH Approval / EUA</td>
<td>TC-84-0006</td>
<td>TC-84-0008</td>
<td>March 28 FDA EUA Exhibit 1</td>
<td>TC-84-0007</td>
<td>TC-84-1299</td>
<td>March 28 FDA EUA Exhibit 1</td>
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<tr>
<td>Instructional Video</td>
<td>Non-Valved Cup FFR</td>
<td>Non-Valved Cup FFR</td>
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<tr>
<td>Poster</td>
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<td>1860S Poster</td>
<td>Cup Poster</td>
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<tr>
<td>User Instructions</td>
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[https://multimedia.3m.com/mws/media/1832150O/3m-filtering-facepiece-respirators-imported-to-u-s-from-asia-by-fema.pdf](https://multimedia.3m.com/mws/media/1832150O/3m-filtering-facepiece-respirators-imported-to-u-s-from-asia-by-fema.pdf)
<table>
<thead>
<tr>
<th>Type of Respirator</th>
<th>Looks like...</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>KN95</td>
<td></td>
<td>Use for Airborne precautions, part of COVID-19 PPE. Do not send for disinfection. Discard after use.</td>
</tr>
<tr>
<td>KN90</td>
<td></td>
<td>Use for Droplet Precautions, similar to how a surgical or procedure mask can be worn. Do not send for disinfection. Discard after use.</td>
</tr>
<tr>
<td>Respirator with exhalation valve</td>
<td></td>
<td>Do not use in healthcare.</td>
</tr>
</tbody>
</table>
Common Questions this week:
Is a face-shield required when doing extended use of N95 respirators?

No.

Here is what is required:

Eye protection is required as part of standard precautions, in the yellow zone and in the red zone. That should be any OSHA and ANSI approved eye protection. 
https://www.osha.gov/laws-regs/regulations/standardnumber/1917/1917.91
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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Moderated by Mounica Soma, MHA

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Nebraska DHHS HAI-AR and Nebraska ICAP
Long-term Care Facility Webinar on COVID-19 6/18/2020

1. For KN95 respirator use, do you have to be able to get a face seal? We have seen problems with these and sealing.
Anytime you are wearing a filtering face piece respirator, you do have to do a seal check. Here is the N95 mask seal check video link: https://www.youtube.com/watch?v=pGXiUyAoEd8. The seal check consists of holding the mask tight to your face and making sure you don’t have air billow out around your face or suck in around the respirator. If you can’t get a seal check, then you don’t have respiratory protection. If you can’t get a seal check, then the respirator is only acting like a procedure mask. Some healthcare workers have difficulty getting a seal, but if you can’t get that seal, then you should not wear the mask for airborne precautions.

2. Can the K95 respirator be re-used utilizing the CDC recommendations of placing them in a paper bag?
Yes, they can be reused. CDC states that when you put it into the brown bag for reuse, the CDC wants that respirator to sit by itself for 72 hours. That is the length of time the CDC has found it needs to be alone and then any virus on the mask is dead. You need to have enough masks to cycle them through and have them sitting alone for 72 hours.
Here is the CDC Language:
“...One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for SARS-CoV2 (the virus that caused COVID-19).3 HCP should still treat the respirator as though it is still contaminated and follow the precautions outlined in CDC’s re-use recommendations.”

3. If all newly admitted residents or readmitted residents in the grey zone are required to test negative before we admit them to our facility, do staff have to use N95's in grey zone or just use surgical masks with face shields instead?
They do have to use N95s. The [COVID-19] test [residents] have before they are admitted is just a single date in time. It means they were negative that day but it doesn’t mean they might not have been exposed, possibly by an asymptomatic healthcare worker at another facility. That is why for the 14-day period in the grey zone in your facility, healthcare workers should wear eye protection and an N95 mask. If you cannot get N95 masks, you first want to contact the state of Nebraska, because we have been told they have a good supply of PPE (including N95 masks) right now.
Use this form: https://form.jotform.com/NebraskaDHHS/PPERequestForm
If you were at a crisis point in your facility where you could not get N95 masks, you could use a surgical mask and a face shield, but ICAP prefers the N95 masks for protecting your staff. That test is not a guarantee that the patient is negative, just that they were negative at that single point in time. If you have worked with the state and local health department and still cannot get the N95 masks you need, please let ICAP know so that we can escalate this concern.

4. If we have our driver transporting a resident with symptoms, the resident is sitting in the back. Should just the air conditioning be on or windows down? Which is safer? You need to consider your resident’s safety and run the air conditioning on low fan speed in the heat. Anyone transporting a symptomatic resident needs to take precautions, so the driver needs to be wearing a mask. Vehicles might not provide for 6 feet of separation between the front and back, so you need the driver in full COVID PPE, including N95 respirator, gown and gloves. Make sure you are also alerting the staff at the destination you are going to, so they can protect themselves and be prepared for the situation. Remember to make that communication by a phone call, not an email or fax that could be overlooked.

5. Do you have guidance on how to help memory residents in ALF facilities to comply with masking to participate in the group activities? We are trying to remind them, but it is a constant struggle with some of the more advanced dementia residents. ICAP understands what a difficult challenge this is, as you may not realistically be able to get everyone to comply with masking. You might find some of the residents who might think it is fun if you present them with a fancy printed mask and ask them to wear it. You could try giving them their favorite mask pattern. It will be difficult, and if that is a requirement for getting people together in a group, we’re going to have some issues in that area. We don’t have anything to offer right now. The CDC does have guidelines for memory support residents and facilities [https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html), so we recommend you really look through these guidelines for assisted living [https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html), regulatory guidance affecting assisted living, or the guidance given out by other regulatory groups. You could try a group list to find information and ideas from other facilities facing the same challenges. Try to use all those avenues to gain some insight on how we can better help memory residents with the task of how to keep a mask on.

Even with phasing and reopening, if you are in a community where there is a fair amount of COVID, it might not be time yet to do group activities. That might be a point where you have to pull back to having residents stay in their room. You aren’t required to go along with everyone else in reopening if it doesn’t make sense in your own community and facility to do that yet. There is a lot of accountability on facilities to be aware of what is going on and how you can keep these residents safe.

6. We have a staff member who tested positive and was symptomatic. She was quarantined for 14 days. She was tested again per facility policy. Again, she tested positive but this time was asymptomatic. Her baseline is a cough (is a long time smoker) and is taking antibiotics. With viral shedding impacting test results, at what point can we bring her back if she tests positive again?
If her symptoms are gone, it could be okay to let her come back to work. Your facility is not required to follow the test-based strategy (for your staff) and can choose instead to follow symptom-based strategy. We recommend at 14 days, even if they test positive if they have been asymptomatic for 5 days. If they show resolution of their symptoms, return to baseline, resolution of fever. They do have to wear their masks at all facilities.

7. **The baseline testing guidelines are different depending on who is giving guidance. DHHS said test 100% of staff, it looks like you recommend not testing previously positive staff.**
   Testing 100% of the staff is right, but you can include those past positive staff tests in your total testing. You can guarantee what you will find that previously positive staff will be immune; a test on them might come back negative or positive, but that doesn’t make anything. Recovered staff could test positive for a long time. You already know what the results are, that you wouldn’t quarantine someone who is recovered because they have recovered. You do need to retest all the staff who previously tested negative or unknown.

8. **Do we have to change reusable gowns in the grey zones or can the staff use the same gown?**
   In the grey zone, you will change the gowns after each use. If it is a washable gown, after each use, when you take it off it goes to the laundry.

9. **The facility has a new admission in the grey zones - low contact - can the staff go with just facemask and hand hygiene and gloves?**
   The preferred PPE in the grey zone is glove, gowns, N95 masks and eye protection. If the gown supply is limited, we have allowed that facilities can reserve using gowns for high contact activities (like yellow zones).

10. **How long do staff have to wear N95 after completing an aerosolized treatment?**
    In the grey zone, yellow zone and red zone, staff should already be wearing an N95 respirator, so this question can only apply to aerosolized treatment of residents in the green zone. In the green zone and you don’t usually wear an N95 masks for treatment, you need to remain in your respiratory protection until the particles are effectively circulated out of the room, which depends on the number of air exchanges in the room. Because you don’t suspect anyone in the green zone is exposed or has symptoms, you don’t need to worry about these procedures. But when you go into a yellow, grey or red zone, if you are wearing an N95 mask, just keep wearing it as you always do, for the whole shift. But if you do want to take it off, it depends on the air exchanges in a room. It is estimated that in many cases that is about an hour after the procedure is done.

Here is the link and table for Airborne Contaminant Removal from the CDC Environmental Infection Control in Healthcare Facilities (2003) Guideline
11. If I have multiple units in my facility, do you recommend that each unit has its own zone?
   If you have one unit, you are unlikely to have all three – red, yellow and green. Most likely you will have red zones and yellow zones. It is always best to plan to have a dedicated red zone with dedicated staff and little traffic in the area. The yellow zone is where the exposure was and where you are moving the symptomatic people out. If space constraints make you have to have the red and yellow zones in the same unit, you can do it, but it is not the best strategy if you have alternatives available.

12. How many times can a N95 mask be worn individually before UV light sanitizer needs to be used. Then how many times can it be UV sanitized before you disposal of it?
   We are aware of the problems of shortages, but we really want people to just wear an N95 mask for one shift; at the end of that shift it can either be brown-bagged or go in for UV light disinfection. One shift is our goal, and if we drive that usage down farther that is even better. Pre-COVID the general practice was use [an N95] one time and dispose of it, but if you don’t have enough PPE for that now, we want to you to inventory your supply and request enough PPE for that to happen. In Nebraska the UV disinfection stations mark the masks as they are disinfected and throw them away after 5 disinfections. Even if you haven’t cycled them 5 times through UV disinfection, if you get a mask back and you can no longer seal check it and get a seal, you need to throw that mask away.

13. How do you handle staff who won’t test for COVID, especially if you have up to 50% of staff who refuse?
   This is an issue of following the state guidance. In the state guidance document, it is outlined about how you handle declination of the staff. This is a licensure issue. They have clear procedures to how to handle this situation. Dr. Ashraf would try to educate the staff about how important it is to test for reopening. If there is COVID in the community, there will be more
chances of exposure and the staff needs to know about the importance of providing safe care to their residents. Education may help the staff to understand the need for testing.

14. In phase 3 of nursing home reopening, are the grey zones eliminated for new admission and readmissions?
Grey zones are not mandated, but if your community is seeing high number of cases of COVID; if your hospital and outpatient clinics are still seeing cases; based on your risk assessment, you may decide to continue to have a grey zone as a precautionary measure. You would want to document your reasons for continuing to have a grey zone. If you are not seeing COVID-19 in other healthcare settings or the community in general, you may opt not to have a grey zone.

15. Can a previously-positive person be re-infected with COVID-19 again? Are they assumed to be immune?
If someone was previously positive and is recovered (14 days have passed; the person is asymptomatic for at least 5 days) that person is considered to be immune for now, but we don’t know right now how long they are immune. Dr. Ashraf has not heard of any reliable data that shows that a person can get COVID-19 again, but we don’t have an “expiration date” on that. No one knows.

16. Do you have to use a different N95 mask to go into different grey zone rooms?
No, you do not. Extended use of eye protection and respirators are encouraged. There is no data that shows that viral particles can fall off the mask and infect someone else. You should be careful to always clean your hands after putting a mask on or off or adjusting your mask because you can contaminate yourself or the environment with touch contamination. For residents in all different color zones, you can extend the use of respirator between rooms and leave it on until it is time for you to take a break. National guidance says this is safer to the healthcare worker because you still often touch your face, so cleaning hands often is very important. See Extended use of N95 respirators at https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

17. Do staff need to be wearing face shields and goggles when performing aerosol generating procedures if you have no COVID-19 in the facility and residents have no signs and symptoms?
No, that is not a requirement in the green zone because people in that zone are assumed to not be exposed.

18. Please give guidance again as to what PPE needs to be worn when in contact with dialysis patients in the grey zone. Does staff need to wear an N95 mask or a procedure mask, gown (only for close personal contact), eye wear and gloves?
This is an often-asked question. In the grey zone, you want to assume the resident could become positive, so you want to wear full COVID-19 PPE (N95 masks, gowns, eye protection and gloves) for all resident contact in the grey zone. We understand the difficulties of obtaining enough PPE, and if you are a crisis level, you can prioritize your use of a gown and gloves in working with those residents, and only use the full PPE for high-contact care. But if you have enough PPE, you should use it for all care of residents in the grey zone. The only thing you
might relax on is the gown use in low-contact care; otherwise, you have to wear all the PPE all the time. This is the simple rule to follow for care of residents in all these zones: red, yellow and grey. This is the preferred way. In the red zone, even for low-contact procedures you must wear full PPE, including gowns.

19. How are facilities doing the fit testing for the N95 respirators if they don't have a staff member authorized to do the official fitting?
Because of the pandemic, there have been waivers issued for use of N95 masks without fit testing (OSHA News Release https://www.osha.gov/news/newsreleases/national/03142020). Most facilities are not requiring true fit testing for use of N95s. Normal fit testing can take about an hour in normal times and can include either qualitative or quantitative measuring the amount of particles that escape around an N95 respirator when it is in use. It can also include a medical evaluation if it is safe for the person being tested to wear the mask. In the absence of having a respiratory protection program and having someone certified to do the fit testing, you can do a seal check. There are educational videos available through OSHA and NETEC to train staff on how to do a seal check. Following the video, you take a respirator and cup it to your face, checking so air does not billow out around the mask. Respirator seal check video: https://www.youtube.com/watch?v=pGXiUyAoEd8

20. In Assisted Living facilities with apartments for each resident, how you are suggesting we set up a red zone, a grey zone and a yellow zone? Any advice would be helpful.
Assisted living can make it difficult to set up zones because you cannot move whole apartments. In those situations, we have recommended you make that whole room a red zone. You cannot cohort residents, so instead you want to cohort staff to a zone. One staff member would only take care of the red zone patients, other staff members only care for yellow zone patients and others only to green zone patients. Dedicated staff is used to set up these zones and we have seen this implemented successfully.