

Guidance and responses were provided based on information known on 6/25/2020 and may become out of date.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

## June 25, 2020

**NEBRASKA**  
Good Life. Great Mission.  
DEPT. OF HEALTH AND HUMAN SERVICES



**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

Kate Tyner, RN, BSN, CIC

Margaret Drake, MT(ASCP),CIC

[salman.ashraf@unmc.edu](mailto:salman.ashraf@unmc.edu)

[ltynern@nebraskamed.com](mailto:ltynern@nebraskamed.com)

[Margaret.Drake@Nebraska.gov](mailto:Margaret.Drake@Nebraska.gov)

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



# Map showing Counties Categorized by Days Last Tested Positive Cases



Updated: 6/25/2020 8:00AM CST

Source: Unofficial Counts Compiled by Nebraska ICAP based on date reported by facilities; Actual Numbers may vary slightly

# Testing Considerations

# Test Responsibly

- PPE for tester
  - Full COVID-19 PPE
  - Respirator must seal-check
  - This video shows the proper way to do the N95 seal check  
<https://www.youtube.com/watch?v=pGXiUyAoEd8>
  - Eye protection
- Manage the residents
  - Consider appointments, not lines (even with social distancing and masks)
- Manage the specimens
  - Plan for specimen pick-up or delivery to lab
  - How and where will specimens be stored?
  - Who is accountable for packaging?

# Prepare For Results

- There may be positive results in either staff, residents, or both
  - Staffing Plans
  - Containment plan is ready (Red and Yellow)
    - PPE staged
    - Staff are competent

- Pull the plan

<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Actions-needed-to-be-taken-upon-identification-of-a-COVID-19-case.pdf>



## **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.
  - 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
  - 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)

<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Actions-needed-to-be-taken-upon-identification-of-a-COVID-19-case.pdf>

# Popular Questions at ICAP this week...

*Image: [Pixabay](#)*

Should we be re-using  
surgical/ procedure  
style masks for several  
shifts?



# Limit use of procedure/surgical masks to 1 shift.

## Safe Extended Mask Use Requires:

- Meticulous adherence to hand hygiene
- Proper mask use and hygiene including wearing the mask as directed to cover the mouth and nose and
- Strict avoidance of manipulation/touching the mask or eye protection to reduce the risk of contamination and self-inoculation

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



<https://www.nebraskamed.com/sites/default/files/documents/covid-19/COVID-Extended-Use-Reuse-of-PPE-and-N95.pdf?date03212020>



## COVID-19 RESOURCES – PPE

Home / COVID-19 Resources – PPE

### **New information: KN95 respirator masks (from China) CANNOT be disinfected**

3M cannot recommend decontamination of FFRs, because FFRs are not designed to be decontaminated, and doing so voids the regulatory approval

### **If you receive a KN90 mask in your facility, these can only be considered a face mask**

Therefore, it is recommended that the use of KN90 respirators be considered a Crisis Capacity Strategy and that they be used where masks would otherwise be used

3M resource with pictures on different respirators imported during the Pandemic: 3M Filtering Facepiece Respirators Imported to U.S. from Asia by FEMA

Quick Reference: Review of Isolation Zones and PPE 2020

UV Light box locations in Nebraska

FEMA FACT SHEET Coronavirus Pandemic Response: PPE Packages for Nursing Homes

Cloth Mask Information

COVID-19 RESOURCES – HEALTHCARE FACILITIES

COVID-19 RESOURCES – PPE

COVID-19 RESOURCES – SCHOOLS & BEHAVIORAL HEALTH

COVID-19 RESOURCES – EXPERT INFORMATION

COVID-19 WEBINARS

COVID-19 TOOLS FOR LTCF

STAFFING RESOURCES

## Type of Respirator

## Looks like...

## Action

KN95



Use for Airborne precautions, part of COVID-19 PPE. Do not send for disinfection. Discard after use.

Only appropriate for airborne precautions if wearer can get a seal check.

KN90



Use for Droplet Precautions, similar to how a surgical or procedure mask can be worn. Do not send for disinfection. Discard after use.

Respirator with exhalation valve



Do not use in healthcare.

Can I extend the use of a respirator between gray zone and green zone?



Image: [Pixabay](#)

# What does CDC say on this?

- Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters.
- Extended use is well suited to situations wherein multiple patients with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., housed on the same hospital unit).

# Remember that cohorting staff and residents is still an essential control strategy

<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf>



## **Cohorting Plan For LTCF (to be implemented when a COVID-19 infection is suspected or identified)**

All LTCF should implement a cohorting plan when a case of COVID-infected is suspected or identified in the facility.

The facilities should plan to identify red, yellow and green zones where the residents can be cohorted based on their symptoms and exposure risks to COVID-19. Facilities are also recommended to establish a transitional zone (gray zone) for asymptomatic patients who are being transferred from other healthcare facility. The residents will be placed in different zones based on meeting certain criteria as follows:

# So can I extend the use of the respirator b/w zones?

- It is better to work from lowest risk zone to highest (e.g., therapy practitioners or providers).
- If you must work between zones, then a face shield should be worn to protect the N95
  - Surgical masks + N95 are difficult to breathe through
  - Surgical masks + N95 burns an extra PPE item
  - Face shield should be cleaned between zones

This poster shows cleaning the face shield after terminal doffing

<https://med.emory.edu/departments/medicine/divisions/infectious-diseases/serious-communicable-diseases-program/pdf/v12-terminal-off-ace-reusable-gown-outside-room.pdf>

# TERMINAL DOFFING

Next patient: **NOT** COVID+

## Gloves, setup

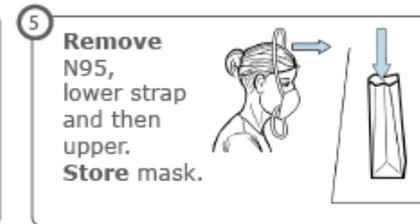
After outer glove removal in the patient room, exit and...



[Link Here](#)



## N95



## Face Shield



# Opening for visitation

There are facilities in Nebraska where visitation will be very appropriate

- Many counties have not had cases in the past 14 days
- Prioritize facilitation of visits for resident with highest need for visitors (e.g., significant decline)
- Even in counties still seeing cases, compassionate care visits should be considered
- Outdoor visitation should be considered
  - Position chairs 10 feet apart
  - Visiting booths appear promising
  - Set visits by appointment

# Gray Zone and Reopening

- Quarantine (14 days) for new admissions is included in both Phase 1 and Phase 2
- Phase 3 language
  - Plan to manage new admissions and readmissions who have an unknown COVID-19 status.
  - Plan to manage residents who routinely attend outside medically necessary appointments (e.g., dialysis).
  - Observe and monitor for 14 days upon return. (following medically necessary trips)

# Gray Zone and Reopening

- Consider quarantine may still be necessary for admissions from “hot-spots”
- Many hospitals are opening visitation, so risks may be different in acute care vs. LTC
- Cohorting staff to a single unit or hallway will remain important.

# Best Practices in Bathing

COVID-19 and the 'new normal'

# Here is some practical guidance for bathing residents:

- Asymptomatic, non-exposed residents may use the bath house. Mask these residents for transfer to the bath house/ tub room.
- Symptomatic, COVID -19 + should have baths in their room
- Transitional Zone/ Grey Zone residents should have baths in their room
- Yellow Zone/ COVID-19 exposed/quarantine residents should have baths in their room
  - Consider scheduling long-term gray zone or any yellow zone residents at the end of the bath schedule (e.g., wound care and dialysis)

# 175 NAC 12 12-007.04D1 for windowless toilets, baths, laundry HSP at least 10 ACH

Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency \*

ACH § ¶	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
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

Guideline	Notes	
<p><b>Staff member should don full set of clean PPE</b></p>	<p>Because the resident will be removing their mask in the tub, it is necessary to mitigate all risks</p>	
<p><b>Transfer the resident to and from the spa with a mask on</b></p>	<p>Cloth mask worn correctly is acceptable</p>	<p>Ensure mask is placed on a clean surface for reuse after the bath. Alternatively, have a clean mask for the resident to wear after the bath</p>
<p><b>Spa must be within the zone the resident resides in</b></p>	<p>Do not take a resident from a green zone to a spa in i.e. the yellow zone. Also don't take a resident from a yellow zone to a spa in the green zone</p>	
<p><b>Prepare the resident as much as possible in their room</b></p>	<p>To avoid having the resident's worn clothing placed on counters or other surfaces, transfer them in a robe</p>	<p>Alternatively, place clothing into a laundry hamper/ bag as soon as it's removed</p>
<p><b>Follow the tub manufacturer's guidance on products that can be used in the tub</b></p>	<p>If able to use other products use a disposable container to take only the amount required into the spa room</p>	<p>Do not share products between residents</p>

Guideline	Notes	
<b>Declutter the room</b>	Make shelves and other surfaces easy to disinfect by removing all objects from them. If needed, items can be placed in containers with lids	
<b>Any special ointments/ creams/ lotions should be kept in a locked cabinet</b>	Do not share products between residents	
<b>Disinfect after use and allow time between residents</b>	Depending on air exchanges in the spa, let the room rest between residents.	Make sure staff understand how the room is to be disinfected including what the disinfectant contact time is, and how to apply it
<b>Follow the tub manufacturer's instructions for tub disinfection between every resident</b>	No exceptions	
<b>Do not bring towel racks or carts into the spa room</b>	Only take the towels that will be required for the resident into the room	After the bath, all laundry including towels should be bagged and sent to the laundry
<b>Waste</b>	Contain and remove waste between residents	Waste can be managed according to standard procedures

# 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

# Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator, in the order they are received

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

## Panelists:

Dr. Salman Ashraf, MBBS  
Kate Tyner, RN, BSN, CIC  
Margaret Drake, MT(ASCP),CIC

Moderated by Mounica Soma, MHA

Supported by Sue Beach



Access the COVID-19 Webinar for LTCF – Recording 04.30.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.23.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.16.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.09.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.02.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.26.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.19.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.12.2020 [here](#)



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

Responses were provided based on information known on 6/25/2020 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

**Nebraska DHHS HAI-AR and Nebraska ICAP  
Long-term Care Facility Webinar on COVID-19 6/25/2020**

- 1. Appendix A Testing guidance for a staff member who refuses testing but does NOT have symptoms and was NOT exposed says that this staff member should wear PPE in accordance with the following CDC guidelines but it does not say how long this person is to be wearing. Is it for fourteen days? Fourteen days from when?**

Based on Dr. Ashraf's understanding, if there has been no exposure and the staff member is asymptomatic, for PPE the staff member needs to do universal masking (surgical masks), based on facility policy. Wearing PPE will depend on the situation. For example, a staff member taking care of a patient with C Difficile infection will need to follow contact precautions. Always follow Standard precautions and transmission-based precautions, and you should consider wearing some eye protection. That is why the CDC guidelines didn't set a number of days, because you never stop using the right PPE based on these precautions all the time.

- 2. Can we have confirmation that we use a new mask each shift and not reuse the mask (previously using it for 5 shifts)? Also, we do not need a new mask for a grey zone resident (please clarify)?**

Remember that a surgical style mask is not the same as a respirator. Surgical (procedure-style) masks should not be worn more than one day. You can wear a surgical mask for one day if you are working in the green zone (unless it is soiled; then you get a new one). The N95 masks (work in the red, grey and yellow zones) don't need to be changed while working in those zones unless they are soiled, contaminated or damaged. But if you are moving between the zones (i.e. from grey or yellow to green zones, (if not wearing goggles or face shield) as an extra precaution, you could consider changing your N95 mask. But if you were wearing a face shield, that should have protected the N95 mask from splashes, so in that situation, you can continue to wear the same N95 mask that day, even if you are going from a grey zone to a green zone. But we recommend, that at least the face shield should be cleaned between the grey and green zones, just to ensure that you didn't accidentally touch the face shield.

- 3. If KN95s can be reused after 72 hours, why don't the same rules apply to the N95s? Why do they have to be UV disinfected?**

The CDC suggested the method of bagging the KN95 or regular N95 for 72 hours, which should provide enough time that the COVID virus dies off. Kate's opinion on this is that it is preferable to disinfect the N95 mask when you can because there could be other pathogens carried on the respirators from the environment or wearer, such as staph and strep. It is more hygienic to send them away for disinfection, which might also combat some of the other things we have hear of such as rashes from wearing the respirators for a long time. It is not a requirement to disinfect the respirators after every use, but it is preferable. Staff may prefer to wear a disinfected mask rather than one that sat in a bag for several days.

- 4. The 4th of July is soon. Our assisted living will be in Phase 2 on that date. Can our resident go outside, line the sidewalk wearing masks and social distance and watch fireworks? There would be more than 10 residents.**

We need to review the Phase 2 guidance; this is a regulatory issue and you need regulatory guidance on this. However, here is some infection control guidance on this issue: In terms of infection control, if you are going to have a resident come out and watch fireworks (assuming you are taking them out somewhere close to the facility (backyard, etc.), you need to plan ahead. The 6 foot distance is a good guidance on paper, but you will need to be very careful on how you manage keeping residents at a good distance from each other during the fireworks. If you have too many people, it may be hard to control that size of crowd. Fewer people might be manageable, possibly by setting out chairs at a distance for the viewing. There may be ways to do it safely, but you need to plan ahead for how much space you have available, how you are moving residents to that space, and if you have staff to make sure the residents are compliant with keeping social distancing. Having a resident in quarantine in your facility would be a barrier to planning an event like this. Again, this is still a regulatory issue and would need to be reviewed by the DHHS; if they approve (Connie Vogt at DHHS) then you can take steps to plan to do it safely.

- 5. We are using cloth masks for residents when they are out of their room. What is the guidance for storing those cloth masks in resident rooms when not in use? Can they be worn for one day and then laundered, or do they need a new mask every time they exit and reenter their room?**

ICAP has seen an article written by Dr. Allison Freifeld of UNMC on this issue; she talks about a limit of about 4 hours for wearing a cloth mask. <https://www.nebraskamed.com/COVID/fabric-masks-useful-but-not-a-cure-all> before it needs to be laundered and dried at hot temperatures. Consider that cloth masks left hanging for a long time in a room could be contaminated there. If residents are out and about they would want to wear them out for an hour or two and when they return to their room it is laundered.

- 6. In the terminal doffing poster, it says "after outer glove removal". When are we wearing two gloves?**

None of the ICAP team has advocated for two glove use. It requires a lot of practice to work in two pairs of gloves. That is a PPE strategy more suited to a containment unit. If you are wearing an outer glove there is a glove inside. If you have a one glove method, you remove the gloves off and then sanitize your hands. There are a lot of good techniques shown in the terminal doffing poster, which gives us good methods to clean the face coverings, but it is something that you need to apply some of your own culture and PPE teachings on.

- 7. If our facility is all yellow right now, can we take residents from the same unit to the bathhouse? For example, Station 1 bath on Monday, Station 2 on Tuesday? Are your bathing recommendations to be followed at all times (even if there are no COVID cases in facility)?**

One of our slides today was on this topic. Remember that different people in the yellow zone have different levels of exposure risk. You might only have one or two of the residents become positive, but you have to protect all the residents in the yellow zone from each other, too. You still need to clean the bathhouse air between residents so you don't unintentionally expose one

yellow zone resident to another yellow zone resident. Dr. Ashraf noted that people in the yellow zone will only be there for 14 days, unless you have another exposure going forward, then the yellow zone can be extended longer than the 14-28 days planned. During that 14-28 day time if they can tolerate it, you should do bed baths in the room. But if there are some residents who really need the bath during their time in the yellow zone, you may consider a strategy so you can provide baths. Avoiding baths is preferred, but if they really need it, you could plan to bathe one of those residents in the bath house at the end of a bathing day. If you want all the yellow zone people bathed, then you need to use the formula where the bath area has at least 10 air exchanges (41 minutes) before the next resident can safely come in the room without the mask to be bathed. The healthcare worker, wearing the proper mask, can come into the room during those 41 minutes and clean it, but to be safe for the second resident, you need to have the air exchanges. Confirm with your facilities department (maintenance supervisors) to know how many air exchanges are happening in the bath house per hour. (Fewer air exchanges require longer rest periods between baths). Maintenance supervisors will be aware of the workings of the facility's heating and air conditioning systems and help with the number of air exchanges per hour. This is an item on regulatory surveys. At Nebraska Medicine the facilities staff could verify the air exchanges, especially for negative pressure rooms. You can contract with services to come in and measure this for you.

- 8. A new admission from a low or no incidence hospital coming into our facility, which is also a no-incidence facility. We place resident in a grey zone, can staff wear only an N-95 mask and no other PPE for routine cares? We are observing and monitoring the resident.**

An important clarification to remember: If you are not planning to use all the recommended PPE for a grey zone, DO NOT call it a grey zone. Call it an observation area, a monitoring area, but not a transitional zone. If you call it a grey zone but are not following all the PPE recommended, your facility could be cited for this by surveyors. If you are taking in a new admission from a high risk area and want to do a 14-day quarantine, follow the exact PPE requirement that is there for the grey zone. You have the right to NOT have a grey zone (transitional zone) and observe and monitor residents, but do that with your own policy in place about how you are going to do this observation, and what PPE you will use in your facility for this observation. You can make those kind of informed decisions on your own but then it cannot be called a transitional zone. For Phase 3, though, Dr. Ashraf recommends looking at your community incidence of COVID (in hospitals, etc.), you probably still want to have a grey zone and used full PPE as recommended. You could get an exposed resident from another county or hospital with COVID transferred into your facility, even though you are not seeing COVID 19 patients in your own county or local hospital. If you call that unit a grey zone, though, you must use full PPE.

- 9. For 41 minutes of resting air for baths: how do we give 40 residents a bath twice a week if we need to do 41 minutes of rest between each resident? That is essentially 55 hours of rest each week. Can you please clarify?**

The idea if you have people who require COVID precautions (yellow, red, grey zones) those are the people you need to do the air exchanges for in the bath house. If your facility houses mostly yellow zone people right now, you will need to plan for bed baths. You could do a combination

of bed baths and using the bathhouse with rest in-between residents. This doesn't mean you have to do this on every single resident, but rather just for those residents in yellow, red or grey zone precautions. If you don't have a yellow and red zone in your facility, the only restriction you have in your facility should be for grey zone residents, and that should only be for a 14-day period. The green zone residents can use the bathhouse as usual, as long as the bath house is not located inside your gray zone. There is an issue only when you have residents in yellow, red or grey zones. In those cases, the first option is bed baths. Sometimes that won't work for those residents in those zones and for those people you need to apply the formula for letting the bathhouse rest between baths for the required air exchange periods.

**10. Is there written guidance anywhere that we could refer to that specifically states what PPE you should be wearing in each zone?**

Here is the link:

<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/06/Review-of-Isolation-Zones-and-PPE-2020.pdf>