Guidance and responses were provided based on information known on 7/2/2020 and may become out of date.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:

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- Margaret Drake, MT(ASCP),CIC
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Map showing Counties Categorized by Days Last Tested Positive Cases

Updated: 7/2/2020 8:00AM CST
Source: Unofficial Counts Compiled by Nebraska ICAP based on date reported by facilities; Actual Numbers may vary slightly
Best Practices in Bathing

COVID-19 and the ‘new normal’
Practical guidance for bathing residents, Updated:
Wherever it is possible, residents should get a bath.

- Asymptomatic, non-exposed residents may use the bath house. Mask these residents for transfer to the bath house/ tub room.
- Green zone residents can bathe in green zone spa
- If there is only 1 spa in the building, avoid taking red zone residents for bath in spa within the green zone
- Residents with COVID -19 should have baths in their room unless there is a dedicated bath house in the red zone itself.
- Consider scheduling any gray zone or yellow zone residents at the end of the bath schedule if they have to be moved to a green zone to get a bath.
- Gray zone or yellow zone resident should be able to go to the bathhouse any time during the day as long as:
  - the bath house is located in the same zone,
  - proper infection control measures are being taken between baths and during transfers
  - recommended air exchanges are being allowed between residents to clear the air in the bath house.
Since resident will be without mask during the bath, even briefly, we must consider the air changes of the spa room

- Residents that are asymptomatic but exposed, should be regarded carefully.
  - Yellow Zone
  - Recent admission, transitional zone residents.
- PPE for the healthcare worker is essential
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 *

<table>
<thead>
<tr>
<th>ACH (s/ft²)</th>
<th>Time (mins.) required for removal 99% efficiency</th>
<th>Time (mins.) required for removal 99.9% efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>138</td>
<td>207</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>104</td>
</tr>
<tr>
<td>6</td>
<td>46</td>
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<td>8</td>
<td>35</td>
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<td>10</td>
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<td>12</td>
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<td>20</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>50</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Guideline</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Staff member should don full set of clean PPE</td>
<td>Because the resident will be removing their mask in the tub, it is necessary to mitigate all risks</td>
<td></td>
</tr>
<tr>
<td>Transfer the resident to and from the spa with a mask on</td>
<td>Cloth mask worn correctly is acceptable</td>
<td></td>
</tr>
<tr>
<td>Spa must be within the zone the resident resides in</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Prepare the resident as much as possible in their room</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Follow the tub manufacturer’s guidance on products that can be used in</td>
<td>To avoid having the resident’s worn clothing placed on counters or other surfaces, transfer them in a robe</td>
<td></td>
</tr>
<tr>
<td>the tub</td>
<td>Alternatively, place clothing into a laundry hamper/ bag as soon as it’s removed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If able to use other products use a disposable container to take only the amount required into the spa room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not share products between residents</td>
<td></td>
</tr>
<tr>
<td>Guideline</td>
<td>Notes</td>
<td></td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Declutter the room</td>
<td>Make shelves and other surfaces easy to disinfect by removing all objects from them. If needed, items can be placed in containers with lids.</td>
<td></td>
</tr>
<tr>
<td>Any special ointments/ creams/ lotions should be kept in a locked cabinet</td>
<td>Do not share products between residents</td>
<td></td>
</tr>
<tr>
<td>Disinfect after use and allow time between residents</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Follow the tub manufacturer's instructions for tub disinfection between every resident</td>
<td>No exceptions</td>
<td></td>
</tr>
<tr>
<td>Do not bring towel racks or carts into the spa room</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Waste</td>
<td>Contain and remove waste between residents. Waste can be managed according to standard procedures.</td>
<td></td>
</tr>
</tbody>
</table>
We were cited for our employee screening process. Not sure what we did wrong.
Screening basics

Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.


People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Is temperature screening required?

Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19.

**Actively take their temperature*** and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.

*Fever is either measured temperature >100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations.

HCP who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID-19 cases.

COVID-19: Screening Checklist – for Visitors and Staff

On March 13, 2020, CMS and CDC updated guidance on restricting all SNF visitors and non-essential healthcare personnel, except for certain compassionate care situations. ALL individuals (staff, other health care workers, family, visitors, government officials, etc.) entering the building must be asked the following questions:

1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?
   - Yes  □  No – please ask them to do so

2. Ask the individual if they have any of the following respiratory symptoms?
   - Cough  □  OR at least TWO of these symptoms
   - Shortness of breath  □  Fever  □
   - Repeated shaking with chills  □  Headache  □
   - Muscle pain  □  Sore throat  □
   - New loss of taste or smell  □  Diarrhea  □

- If YES to any, restrict them from entering the building.
- If NO to all, proceed to question #3 for staff and question #4 for all others.

3. For Staff & Health Care Providers (HCP) (e.g. agency staff, regional or corporate staff, health care workers such as hospice, EMS, dialysis technicians that provide care to residents):
   3A. Check temperature and document results: ________  □  Fever present?
       - If YES, restrict from entering the building
       - If NO, proceed to step 3B.
   3B. Ask if they have worked in facilities or locations with recognized COVID-19 cases?
      - If YES, ask if they worked with a person(s) with confirmed COVID-19?
      - If YES, require them to wear PPE including mask, gloves, gown before any contact with residents & proceed to step 4.
      - If NO, proceed to step 4.

4. Allow entry to building and remind the individual to:
   - Wash their hands or use ABHR throughout their time in the building.
   - Not shake hands with, touch or hug individuals during their visit.

Visitors permitted for compassionate care situation:
   - Must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility.

Staff:
   - When there are cases in the community but none in this facility:
     □ Consider implementing universal use of facemasks for all HCP while in this facility.
   - When there are cases in this facility OR sustained transmission in the community:
     □ Implement universal use of facemask for all HCP while in this facility.
     □ Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection & facemasks.

What went wrong?

An employee reports new cough, on a screening form. No oversight of the process is in place. The employee completes several shifts, without exclusion.

That is a problem.
What is a better process?

An employee reports new cough, on a screening form.

A nurse is able to pull this employee aside and further assess. Document findings and recommendations. Employee is taken off shift today, and recommended for testing. Results are documented.
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.
What do we do with employees with symptom that clearly are attributable to something else?

Runny nose and sore throat, consistent with usual allergy for employee

• Assess and test for COVID-19, document process. Reasonable to keep in place unless significant worsening

• If someone reports symptoms that may be consistent with COVID-19 but they think it is because of allergy, this person then should be referred for an evaluation under employee health program (consider setting up process to discuss the situation with medical director or a representative who can decide whether it is OK to work or not and document rationale.
Talk about safety outside of work

- Avoid exposures outside of work, too.
- Report exposures that occur outside of work

A Virus Walks Into a Bar …

As communities open up, it’s becoming increasingly clear that the indoor bar scene is uniquely suited to transmission of Covid-19.

[Image of people in a bar]

Screening for exposure:

- Have you worked at any facility with COVID-19 cases?
- Have you worked directly with COVID-19 positive residents?
- Have you had unprotected exposure to someone known to have COVID-19?
- Do you spend time with or live with someone with COVID-19?
Important Information About Your Cloth Face Coverings

As COVID-19 continues to spread within the United States, CDC has recommended additional measures to prevent the spread of SARS-CoV-2, the virus that causes COVID-19. In the context of community transmission, CDC recommends that you:

- Stay at home as much as possible
- Practice social distancing (remaining at least 6 feet away from others)
- Clean your hands often

In addition, CDC also recommends that everyone wear cloth face coverings when leaving their homes, regardless of whether they have fever or symptoms of COVID-19. This is because of evidence that people with COVID-19 can spread the disease, even when they don’t have any symptoms. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

How cloth face coverings work

Cloth face coverings may prevent the person wearing the mask from spreading respiratory droplets when talking, sneezing, or coughing. If everyone wears a cloth face covering when out in public, such as going to the grocery store, the risk of exposure to SARS-CoV-2 can be reduced for the community. Since people may spread the virus before symptoms start, or even if people never have symptoms, wearing a cloth face covering may protect others around you. Face coverings worn by others may protect you from getting the virus from people carrying the virus.

General considerations for the use of cloth face coverings

When using a cloth face covering, make sure:

- The mouth and nose are fully covered
- The covering fits snugly against the sides of the face so there are no gaps
- You do not have any difficulty breathing while wearing the cloth face covering
- The cloth face covering can be tied or otherwise secured to prevent slipping

Wash your cloth face covering after each use in the washing machine or by hand using a bleach solution. Allow it to completely dry.

For more information, go to: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-make-cloth-face-covering.html
STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms’ length) from other people.

6 ft

cdc.gov/coronavirus
Regarding healthcare workers returning to work: How long?
Return to Work Criteria for HCP with Suspected or Confirmed COVID-19

Symptomatic HCP with suspected or confirmed COVID-19
(Either strategy is acceptable depending on local circumstances):

**Symptom-based strategy. Exclude from work until:**
- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed *since symptoms first appeared*

**Test-based strategy. Exclude from work until:**
- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms

**Time-based strategy. Exclude from work until:**
- 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

**Test-based strategy. Exclude from work until:**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

CDC also points out:

While this strategy can apply to most recovered persons, CDC recognizes there are circumstances under which there is an especially low tolerance for post-recovery SARS-CoV-2 shedding and risk of transmitting infection. In such circumstances, employers and local public health authorities may choose to apply more stringent recommendations, such as a test-based strategy, if feasible, or a requirement for a longer period of isolation after illness resolution.

Therefore, ICAP team usually suggest long-term care facilities to either use test-based strategy for clearing healthcare workers to return to work or extend the duration to 14 days from time of onset or 5 days from resolution of fever and symptoms improvement (whichever one is longer).

Considerations when restrictions are being relaxed include:

- **Allowing communal dining and group activities** for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate.

- **Allowing for safe, socially distanced outdoor excursions** for residents without COVID-19, including those who have fully recovered. Planning for such excursions should address:
  - Use of cloth face covering for residents and facemask by staff (for source control) while they are outside
  - Potential need for additional PPE by staff accompanying residents
  - Rotating schedule to ensure all residents will have an opportunity if desired, but that does not fully disrupt other resident care activities by staff
  - Defining times for outdoor activities so families could plan around the opportunity to see their loved ones

Considerations for visitation when restrictions are being relaxed include:

- Permit visitation only during select hours and limit the number of visitors per resident (e.g., no more than 2 visitors at one time).
- Schedule visitation in advance to enable continued social distancing.
- Restrict visitation to the resident’s room or another designated location at the facility (e.g., outside).

Tune in next time!

PPE Donning and Doffing with the experts: Frontline welcome!
July 9, 2020
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

Supported by Sue Beach

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