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COVID-19 and LTC

July 9, 2020

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

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
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
Cheryl Rand, BSN, RN-BC	crand@nebraskamed.com
Morgan Shradar, RN, BSN	mshradar@nebraskamed.com

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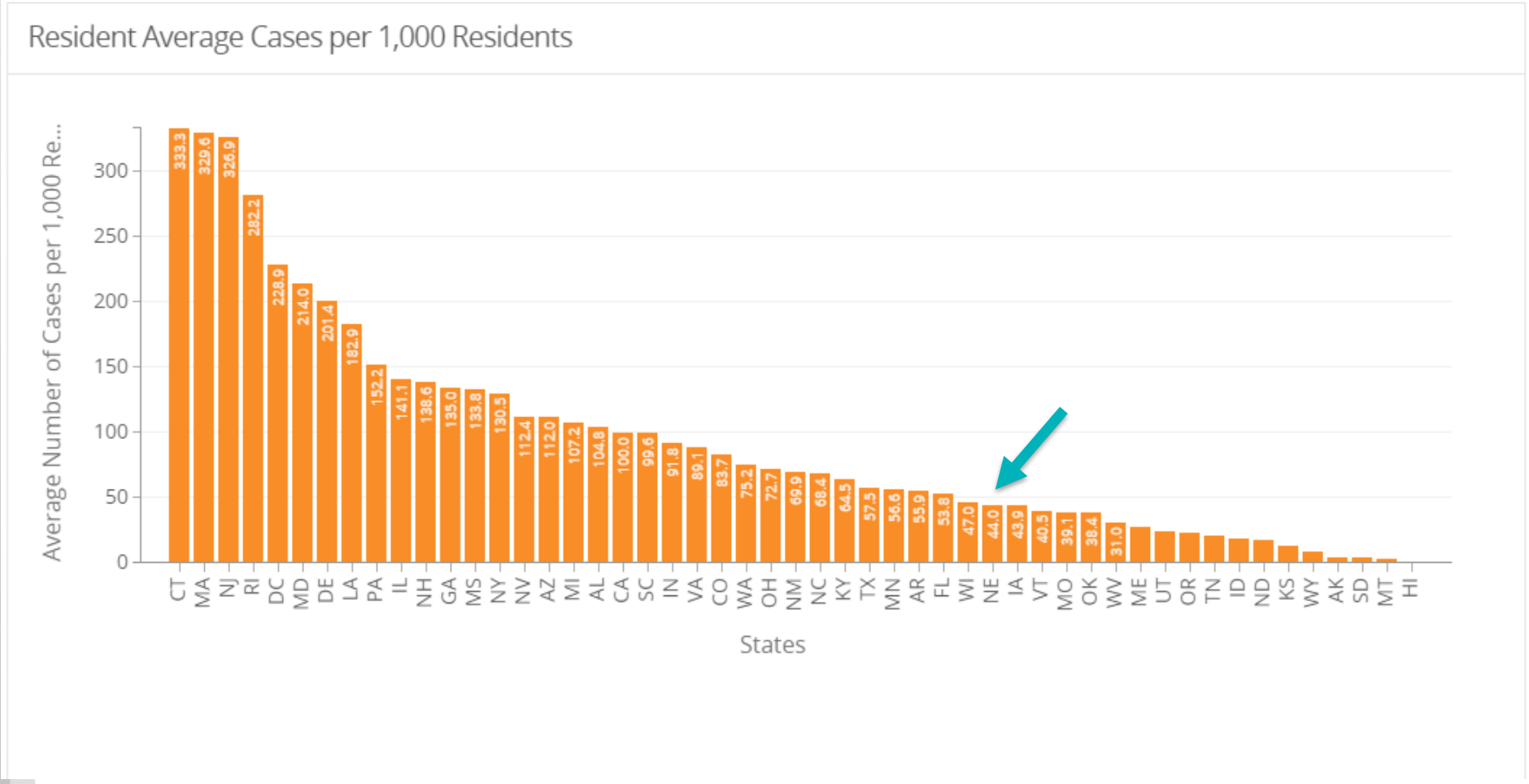
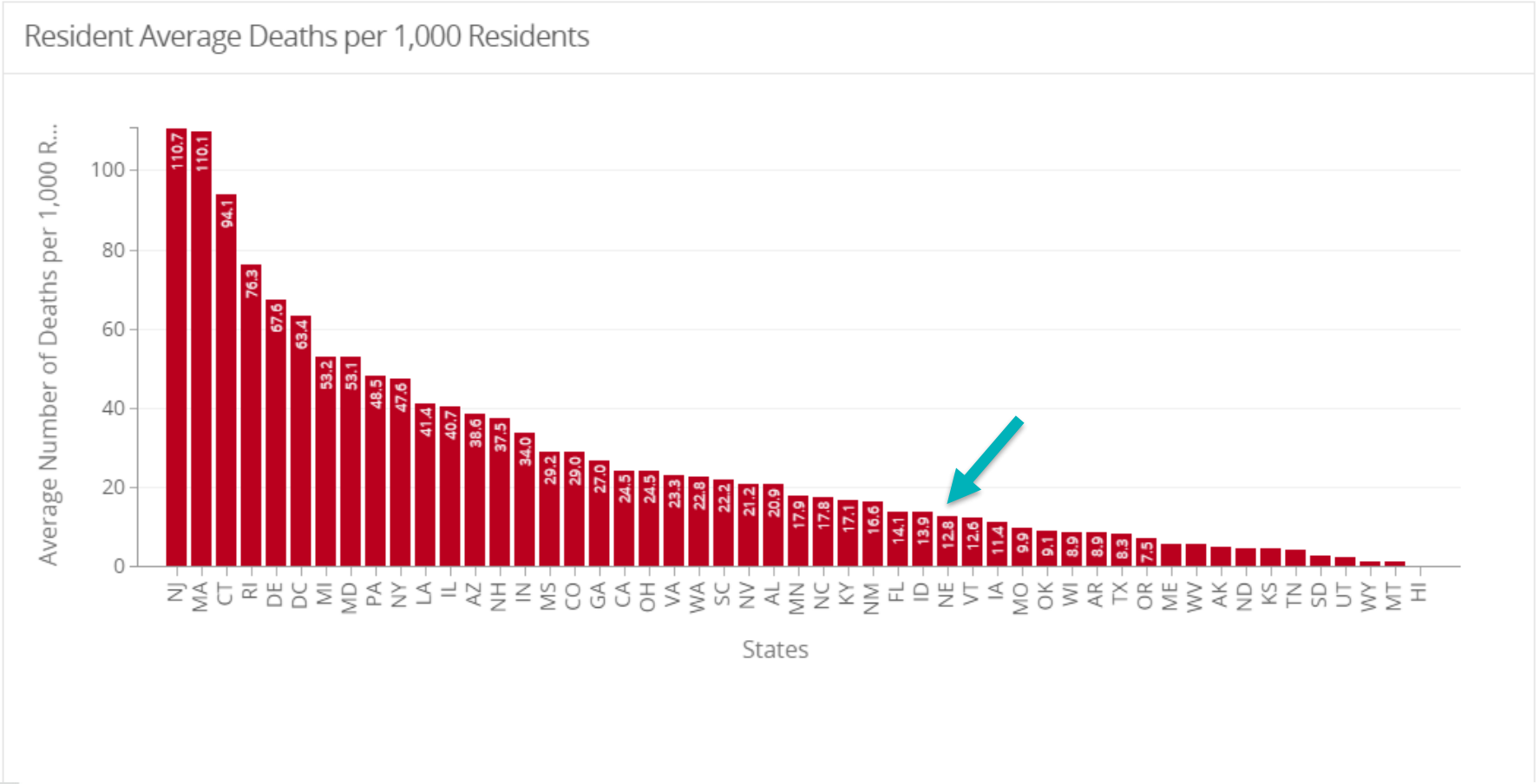
ICAP

Resident Cases and Deaths per 1,000 Residents



Source: Data.CMS.gov COVID-19 Nursing Home Data
Submitted data as of week ending 6/21/2020
https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/

Resident Average Deaths per 1,000 Residents



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Update:
New Gown from NE DHHS

- Reusable
- Durable plastic
- Label says the gown can be washed in cool water
- No drying in a dryer
  - Must be hung to dry
- Tie at the neck and tie at the waist

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Personal Protective Equipment Demonstration

Cheryl Rand, BSN, RN-BC
Clinical Operations Coordinator

Morgan Shradar RN, BSN
Clinical Coordinator

Nebraska Biocontainment Unit

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PPE Demonstration: Tools

Nebraska Medicine PPE for COVID-19 infographic
https://www.nebraskamed.com/sites/default/files/documents/covid-19/PPE_infographic.pdf?date=04142020

COVID-19 PPE: Donning step-by-step (4/10/2020)
https://www.nebraskamed.com/sites/default/files/documents/covid-19/donning_stepbystep_03062020.pdf

COVID-19 PPE Doffing step-by-step (4/10/2020)
https://www.nebraskamed.com/sites/default/files/documents/covid-19/covid-19-personal-protective-equipment-doffing-step-by-step.pdf

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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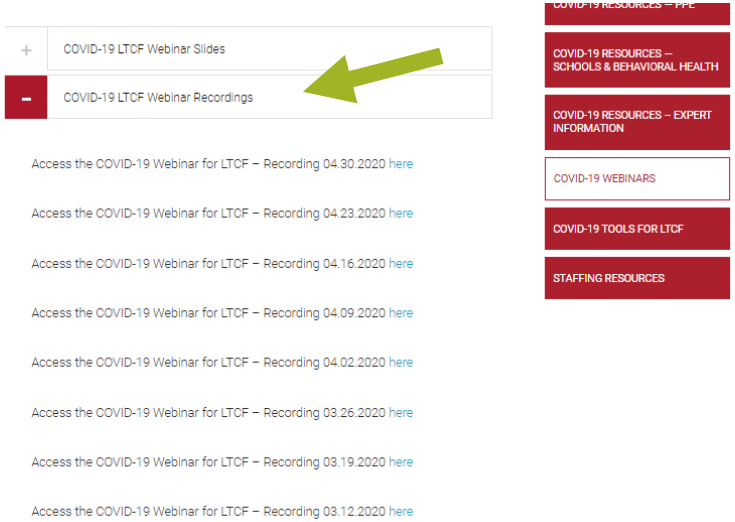
Kate Tyner, RN, BSN, CIC
Margaret Drake, MT(ASCP),CIC
Teri Fitzgerald, RN, BSN, CIC

Guest Panelists:
Cheryl Rand, BSN, RN-BC
Morgan Shradar, RN, BSN

Moderated by Mounica Soma, MHA

Supported by Sue Beach



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

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Nebraska DHHS HAI-AR and Nebraska ICAP
Long-term Care Facility Webinar on COVID-19 7/9/2020

1. **On the 6/19 webinar Dr Anthone said that work was in progress in getting contracts signed by hospitals to assist with testing and over 50% of these contracts are already signed. Can you tell me where we are at with this because I cannot find anyone to assist with baseline testing?**
   As far as Dr. Ashraf, knows, those contracts were in the process of being signed, but we don't know if they are functional yet. Dr. Ashraf needs to check with the state, but also thinks there may be a DHHS call scheduled as early as Friday, July 10 to address testing issues. This issue may come up on this call. The call's focus will be to go over testing issues one more time, since the baseline testing has started. Dr. Ashraf does not know the time for that call, but ICAP will try to send out an email via its distribution list if we receive a copy of the call invitation.

2. **Is there anyone considering a move to full PPE for ALL LTC/congregate living health care workers going forward until a vaccine is developed? It seems LTC will be moving in and out of quarantine repeatedly as COVID is more prevalent in the community and staff/families bring risk and/or reintroduce COVID repeatedly. Donning full PPE for the high-risk population in long-term care, much like is worn in ICUs and COVID units would minimize risk with highest PPE use across the board. What are your thoughts?**
   If we have an unlimited supply of PPE, maybe that could be considered for high-risk counties. But since we don't have that large PPE supply, I don't think this can be the standard. There are communities where there are low numbers of COVID and low rates of transmission, so the full PPE might not be practical there. It is a good thought, but it can't be quickly implemented. Also staff can get into PPE fatigue from wearing it all the time, so getting breaks are important. So even if you have to go back and forth into quarantine, having a break from PPE can still be helpful to comply more when isolation and PPE are actually needed. We don't know of a standard answer, but since there are still PPE shortages, it isn't an option right now.

3. **In our facility we do not have an anteroom and not able to maintain 6 feet from resident to door. Where do you recommend we Doff our PPE? Inside or out**
   Without an anteroom, you should doff while still inside the room, but as close to the door as possible. The 6 foot space is for respiratory source control, but you would still have your mask and eye protection on while doffing the other PPE. The 6 feet refers to social distancing and the need to wear a mask while out in public. While doffing PPE, if you are moving close to the door, you should be at least 6 feet away from the resident by that point. The doffing you do will be of your gown and gloves, and those would be disposed of inside the room before going out the door. The rule to remember is that you never don your gowns and glove inside the room and you never doff your gown and gloves outside the room. And then you do hand hygiene, always. The only exception is would be for staff working inside a red (COVID-positive) unit, where you are going from patient to patient with the gowns on because all are COVID positive. In that case you would then just doff the gown before exiting the red zone.

4. **Could you please clarify how you would address staff who refuse COVID testing, both direct patient care staff and non-direct patient care staff. Do they all need to wear full PPE?**
   You will need to look to state guidance http://dhhs.ne.gov/Pages/COVID-19-Testing.aspx "Staff and residents declining testing should be treated as having a positive COVID-19 test result," on this question. It also matters if the staff member was known to be exposed to COVID 19 or not, or symptomatic. If a staff member is completely asymptomatic, not known to be exposed and then is refusing to test for COVID 19, they will be wearing PPE based on the activity they are doing with the residents and the situation with the patient they are helping at the time. If they are working with a patient who has a known MDRO, for example, or patients in an isolation zone, the regular rules for wearing PPE apply. At a minimum that staff member should be wearing a mask at all times, and probably eye protection as well. The need for the gowns and gloves depend on the type of activity being performed. Follow the standard, transmission-based precautions. But ICAP stresses that the state document says that if staff or residents refuse to test, they should be treated as positive and the staff will have to be off work for 14 days. That is especially true if they are symptomatic. The confusing point is where someone is asymptomatic and not exposed.
   A comment provided later by a webinar viewer:
   The phasing guidelines state that Asymptomatic and no exposure staff who refuse baseline testing are not treated as if they are positive. They have to wear "appropriate" PPE for the situation.
   Dr. Ashraf said he completely agrees with that information. Appropriate PPE should be used as it is always done – no additional PPE requirement beyond the new COVID guidance that universal masking is required in facilities.

5. **In the ICAP guidance, it identifies recommendations for yellow zone PPE for people who are 'taking care of residents'. Would these individuals be identified as our clinical team- C.N.A./LPN/RN?**
   Yes, anyone who is going to interact with the residents are going to wear PPE. Housekeeping staff, however, is also included as providing care because they also enter the patient's environment to take care of their needs. If they happen to meet and interact in the hallways, which shouldn't happen often (transfer, etc.), then that staff also needs to be in PPE.

6. **Will the cool water be warm enough to kill bacteria and viruses?**
   Most facilities are using detergent to disinfect laundry; so if that is what the facility is doing, they need to verify with the detergent vendor that this is the load type (laundry cycle) that should be used with that detergent to make it effective for disinfecting laundry. If using a hot water method to disinfect (only a few Nebraska facilities still use this method, which requires daily temperature testing and verification), then this process would not be okay to disinfect the gowns.

7. **We were advised on our CDC national call approximately a month ago to fold our mask in half prior to putting into bag so clean is to clean, is this no longer the recommendation? If we are labeling front and back, do we need a clean bag each time?**

That is not how the biocontainment staff does it, but it may not be wrong, so long as you are folding it clean into clean, which is another technique the CDC is recommending. ICAP thinks it will be difficult to fold and N95 mask and Margaret Drake fears that handling the mask in this way by folding adds more risk of contaminating it. The biocontainment unit staff agrees that the CDC is not wrong in its direction to fold your mask in half. But Nebraska Medicine does not use that process so the biocontainment unit staff did not demonstrate that today. Also, if you label your mask and always put it in the paper bag the same way each time, you don't have to use a clean bag every time. The biocontainment unit staff does not know of any specific recommendation on how long a bag can be used. Staff should inspect the bag and can use it as long as it looks good. You just want to be sure you are putting the mask into the bag exactly the same way every time.

8. **Why would she not put gown on first?**
   They were demonstrating extended use of the N95 during that part of their presentation, which is why they did not put the gown on first that time. In most places, staff will be already wearing their N95 masks, but in the demonstration, they were also showing the use of face shields, which is not currently being done by every facility.

9. **In recent guidance it is noted for each instance of resident care, a new/clean gown and new/clean gloves should be donned. What do you consider 'resident care'? Personal cares? What about entering a room to support with a remote control or TV, blanket, water, etc.?**
   It depends on what zone the person is working in. If you are caring for a resident in the COVID unit or "red" zone, then anytime you enter the room, you have to be wearing a clean gown. However, if it is a COVID unit where all the residents are COVID positive and the staff is dedicated to that unit and only working there, then those staff can go to room to room in the same gown. But except for that, anytime you go in a room where a gown is needed, each person entering the room needs a clean gown to enter. Even in the "red" zone, you always change the gloves. It is only the gown that could be kept on from room to room, and that is ONLY if you have a unit where all the residents are positive, cared for by staff members working only in that unit. In the yellow zone, where you are quarantining people, if you don't have enough gowns, we have said you can prioritize using the gowns only for high-contact activities. You may not need to don a gown to go into yellow zone (exposed residents) rooms – if you are not doing high contact activities. The low contact activities described in the question could be done by staff not wearing a gown if you don't have a supply of enough gowns. You should not reuse a disposable or reusable gown (unless it has been laundered in-between). To clarify, when the NETEC team has visited long-term care facilities on site, they really advocate for using gowns in the yellow zone. If there are enough gowns, the rule should be that a fresh gown should be used for any room entry in a yellow zone room. Only as a crisis-type strategy are you allowed to not enter a yellow zone room without a gown. NETEC has noted some confusion in sites they visited between recommendations. The safest thing is always to wear a gown. The only situation allowable for conserving gown use only for high-contact activities is when there is limited supply of gowns. It would be even higher risk for facilities to be reusing gowns. The biocontainment unit staff offered the idea that in the case of a shortage of gowns, facilities need to look into every available option. For example, if there are not enough disposable gowns, a

facility could contact a supplier of reusable patient cloth gowns and see if those could be obtained for use as isolation gowns for staff. NETEC is concerned that if the decision is left up to staff to make on what are high-contact activities, etc., the staff might not make the right choice, or try to conserve the gowns in the interest of saving costs for their facility. That is what NETEC has seen on site; when there is confusion on when to wear a gown in patient care in the yellow zone, staff will choose not to wear a gown. Dr. Ashraf agreed, that this option offered is only when there is true crisis-level shortages of gowns, and not as a loophole to avoid using gowns for cost savings or other reasons.

10. **Is it necessary for facilities complete fit testing for N95's or is it acceptable to just do seal checks because we are still having trouble finding someone to help with fit testing?**
    The biocontainment unit staff advises that as long as you are doing the seal check properly, that is a good control measure. Recent OSHA guidance is that facilities should be making a good faith effort to get fit testing done. In the absence of a true fit test, a good seal check is a workable alternative, but facilities need to continue to explore the option of getting true fit testing for N95. The end of COVID is not on the horizon, so facilities need to continue to pursue getting staff fit-tested. Here is the OSHA link on the subject: https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95.

11. **When a caregiver is caring for green zone residents and gray zone residents, can they continue to wear the same N95 mask with all residents?**
    ICAP and the biocontainment staff agree that you can use the same N95 mask. The face shield should be protected with a face shield. Hand hygiene needs to be done anytime touching the N95 mask because it is always considered dirty. If staff can't be dedicated to one zone, they need to remember to clean the face shield one more time moving to another zone, but that is not mandated.

12. **Wearing one gown from room to room with positive COVID residents is ok, correct? Of course changing of gloves would be done after every room.**
    If you have set up a COVID unit (red zone) set up, this would be fine. The biocontainment staff agreed.