

Guidance and responses were provided based on information known on 10/22/2020 and may become out of date.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

October 22, 2020

NEBRASKA

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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:

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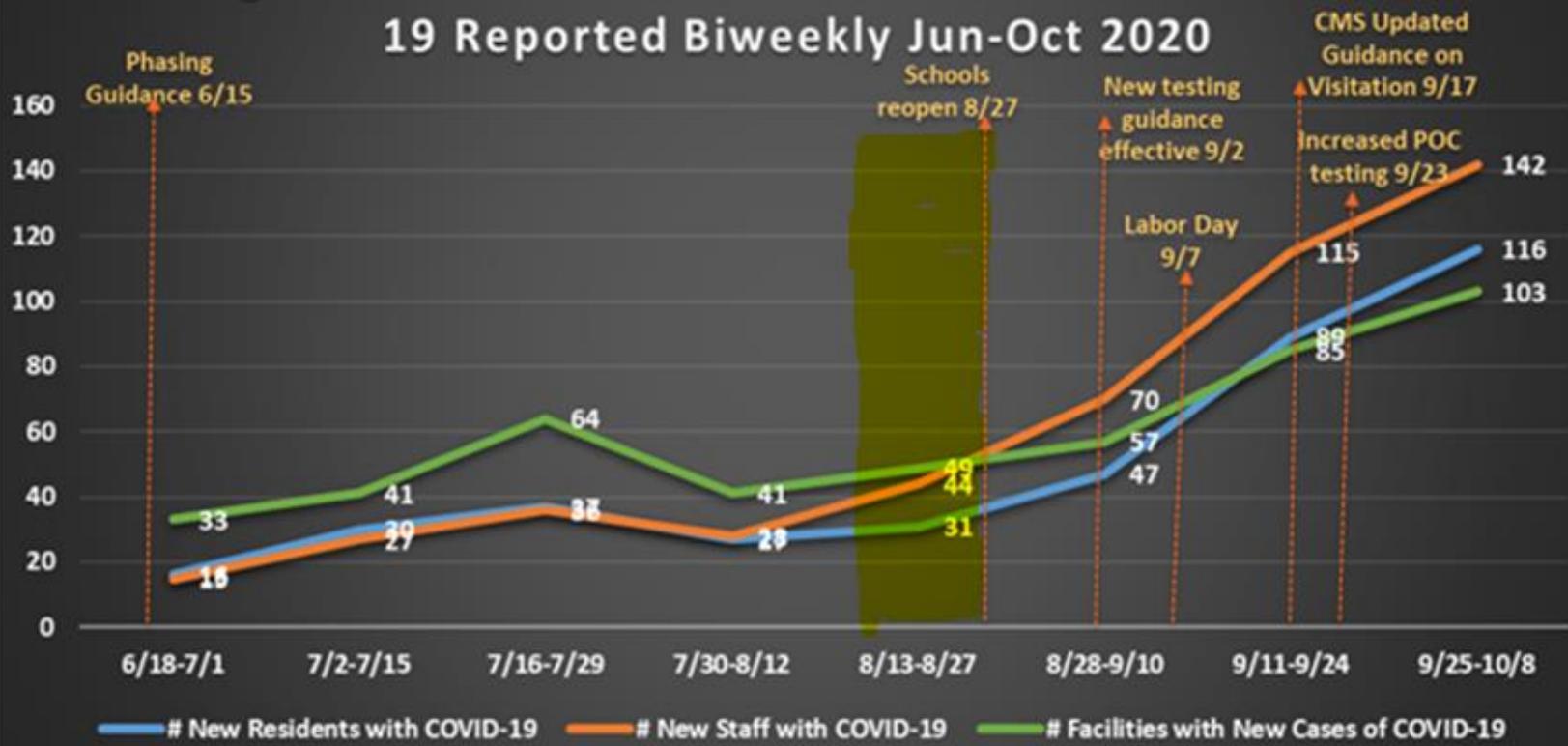
sstream@nebraskamed.com

Moderated by Marissa Chaney

Covid-19 and LTC Disclosures

- 1.0 Nursing Contact Hours Awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar, complete the attendance poll and post webinar survey
- No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content
- This CE is hosted Nebraska Medicine along with Nebraska ICAP and Nebraska DHHS
- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation

Number of Newly Diagnosed Residents, Newly Diagnosed Staff & Facilities with New Cases of COVID-19 Reported Biweekly Jun-Oct 2020



Updated: 10/8/2020 9 PM CST

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

Rapid Testing Update



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NPHL Challenge Study: Results help focus the use of BinaxNOW in Nebraska

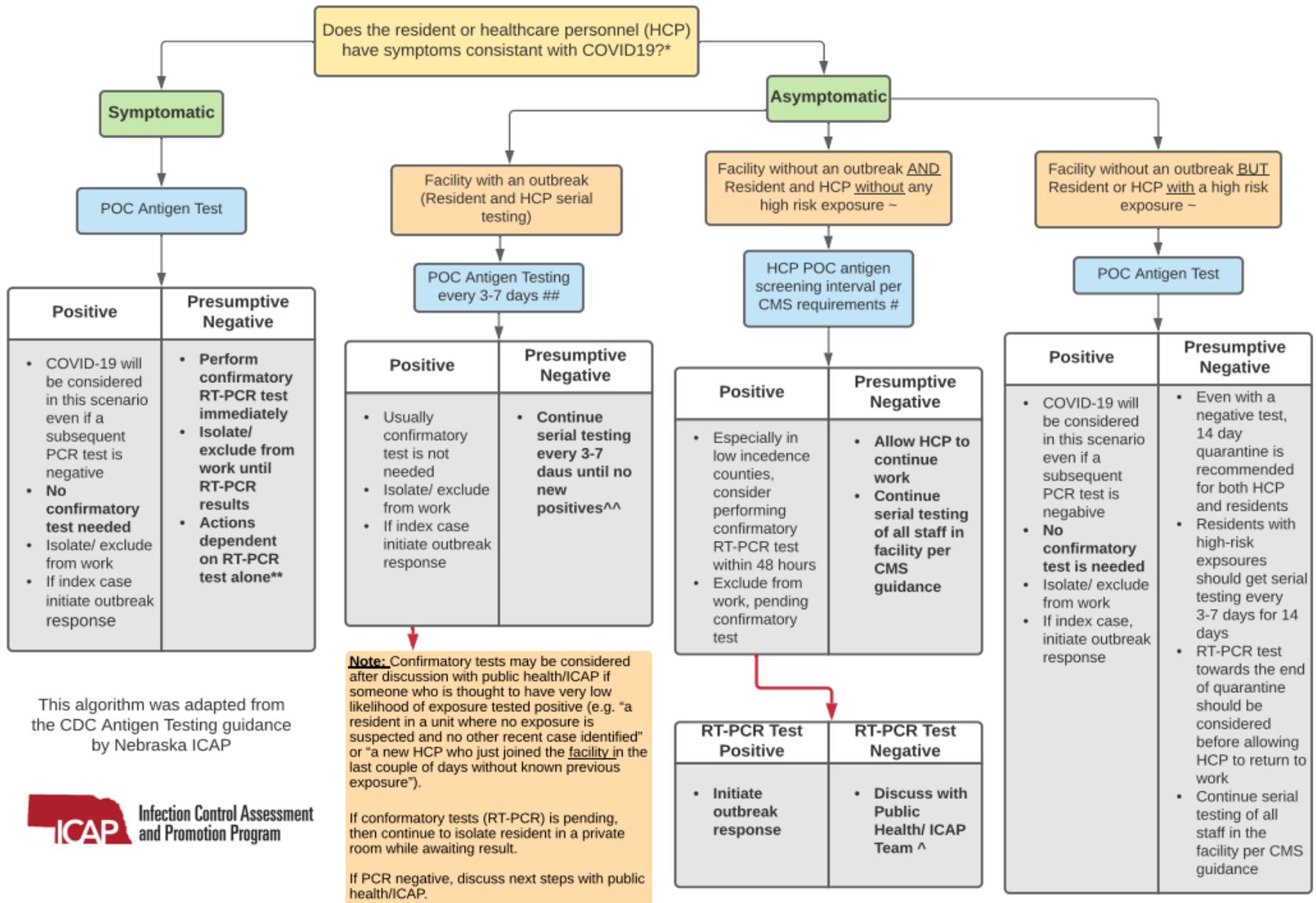
- BinaxNOW should be used specifically in persons who are symptomatic within 7 days of onset (per the FDA's Emergency Use Authorization, for whom we have observed the sensitivity to be ~80%)
- Symptomatic individuals within 7 days of onset who test negative should be treated as “presumptive negatives” and follow-up confirmatory PCR testing should be pursued.
 - Symptomatic HCW that are AG test negative should not work until result is validated by PCR. If PCR negative, additional evaluation may be required to establish the etiology for the symptoms which may include repeating PCR test.
- Given 100% specificity across both NPHL challenge studies, positives can be considered true positives in symptomatic individuals or those asymptomatic individuals who had significant recent exposures (such as being exposed in an outbreak or exposed to a household member or other CDC-defined high-risk exposures).
- Confirmatory test (PCR) should be done when an asymptomatic individual who had no significant exposure test positive on routine screening. However, the individual should be considered presumed positive and will need to be placed in isolation pending PCR confirmation
- Do not use this test as a diagnostic test in asymptomatic individuals; it might result in false negatives and false reassurance

Key Take-Aways

HCW that have symptoms should be treated very cautiously: they should not work until the symptoms are sorted out!

The first resident positive in a facility should be confirmed, but don't delay infection prevention intervention.

CONSIDERATIONS FOR INTERPRETING ANTIGEN RESULTS IN LTCF



This algorithm was adapted from the CDC Antigen Testing guidance by Nebraska ICAP



Staffing in Crisis Capacity



**Infection Control Assessment
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Crisis Capacity Strategies

Strategies to Mitigate HCP Staffing Shortages

Crisis capacity (known staffing shortages)

1. Consider plans for asymptomatic HCP with unprotected exposure but are not known to be infectious to continue to work (practicing universal source control and appropriate PPE use)
2. Consider allowing HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all Return-to-Work Criteria to work.

Prioritize duties in the order below (in addition to universal source control and not providing care for severely immunocompromised patients):

1. Job duties where do not interact with others (e.g., telemedicine)
2. Direct care for only confirmed COVID-19 patients, preferably in cohort setting (i.e. COVID-unit/ Dark Red Zone)

ICAP is advising facilities against assigning COVID-19 positive asymptomatic staff to work in the yellow or green zones due to the concerns of potential transmission

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>



Crisis Staffing Measures: Additional Precautions

- ONLY TO BE implemented in accordance/under the approval of the local health department. In addition notify licensure also.
- HCP with confirmed COVID-19 shall only care for Red Zone/ Confirmed COVID-19 residents
- Cleaning and Disinfection protocols for resident rooms and common areas must be strongly practiced, at least once daily in rooms and communal areas but may be more frequently in areas where people congregate or work.
- If allowing asymptomatic or mildly symptomatic COVID-19 positive staff to work in the red zone, facilities should ensure to protect the staff and residents who does not have COVID-19. Things to consider include:
 - Trying to staff the red zone with all positive staff (who meets the criteria to work) in all shift to avoid any exposures to the staff without COVID-illness
 - Identifying separate break and restroom areas and nursing stations for those who have COVID-19 versus those who do not
 - Focusing on cleaning and disinfection efforts between shifts in all common areas used by the staff

LTC FAQs



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If I've already been infected with COVID-19, do I still have to wear full COVID-19 PPE?

Yes, definitely.

- Still very little data on COVID-19 and immunity
- Cases of re-infection have been identified
- Standard procedures are important for operational success. It is important for staff and residents see consistent behavior and practice

I've heard the media refer to the "twindemic." What does this mean?

"Twindemic" (double pandemic) is a new word that describes a nightmare scenario: raging COVID-19 cases combined with a severe influenza season.

- Such a scenario would further tax health systems; compromising the ability to give and receive care

<https://www.nytimes.com/2020/08/16/health/coronavirus-flu-vaccine-twindemic.html>

Can someone get both Influenza and COVID-19 at the same time?

Yes, definitely. It is called co-infection.

- Influenza vaccination is more important than ever this year!
 - Now is the time to begin including Influenza in your differential diagnosis
 - Vaccination campaigns should be in progress.
 - CDC Vaccine Finder
<https://www.cdc.gov/flu/freeresources/flu-finder-widget.html>

Example:

VaccineFinder Home **Find Vaccine** FAQ

Find Vaccines Near You

VACCINES

Flu Shot (65+) ✕ +

NEAR THIS LOCATION **SEARCH AREA**

Alliance, Nebraska 69301, United States 10 miles ▼

SEARCH FOR VACCINE

[Clear all search fields](#)



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We found 2 Providers

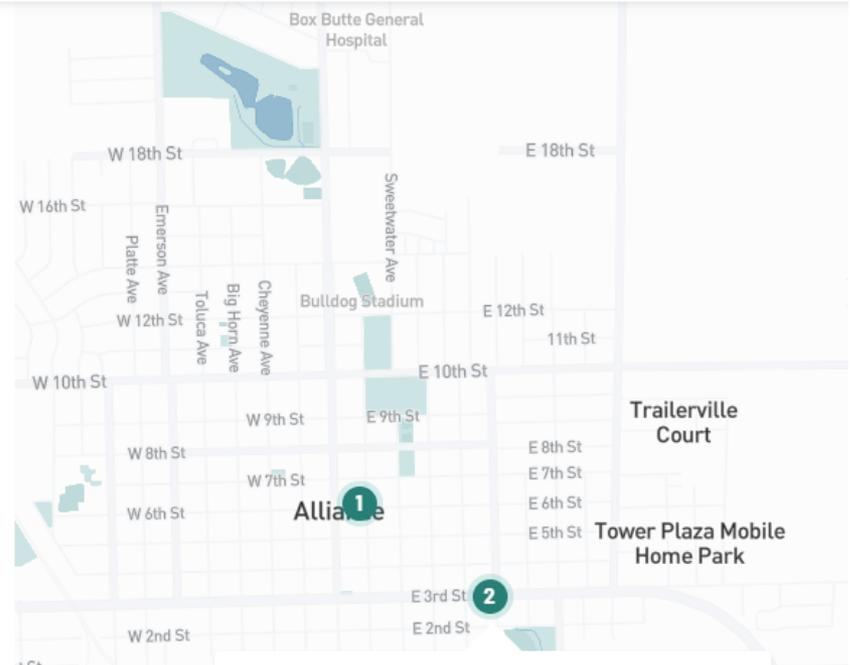
☰ EDIT SEARCH

Showing results for **Flu Shot (65+)** near **Alliance, Nebraska 69301, United States** within **10 miles**

Vaccine availability is subject to change. We recommend calling ahead to confirm availability.

At this time, some locations may show no flu vaccine available - even when supplies are in place. Please call a location to confirm availability.

- 1. **Western Community Health Resources Alliance Center** 0.79 miles →
619 Box Butte Avenue • Alliance, NE 69301 (308) 762-3696
- 2. **SAFEWAY** 1.15 miles →
500 East Third Street • Alliance, NE 69301 (308) 762-1258



Are tests picking up a regular strain of the Coronavirus instead of COVID-19?

The specificity of rapid antigen tests is generally as high as RT-PCR – the first antigen tests that have received FDA EUAs have reported specificity of 100% – which means that false positive results are unlikely.

CDC Performance of Rapid Antigen Tests for SARS-Co 2

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

Tips from the **RED ZONE**



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Be proactive: plan for additional rooms

- Due to surge in cases, there are a greater number of facilities with many residents that require COVID-19 isolation, known as red zone
 - How will your facility add space to a designated red zone?
 - Cohort residents?
 - Pause admissions?

Identify space for staff respite without PPE

- It is not ok for HCW to remove respirator or mask for eating or drinking in a patient care area
- Take note of “shared air spaces.” Air in this space is shared by residents and HCW
 - for example: hallway in red zone when room doors are open
 - Resident room, even near the door
- HCW need a place where it is safe to eat and drink
- HCW need downtime to remove PPE and rest

Your Words Segment



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Your Words Results

We are trying to monitor visitation alongside our regular duties, how are others juggling the issue of monitoring residents and families during their visits?

Scheduled outdoor or out of room visitation requires an employee escort and some periodic visual oversight to ensure compliance. In room compassionate care visits are less monitored, staff are in and out of the room on a frequent basis to do cares and monitor visitation compliance.

The concierge was reassigned to manage the visits. Visits are by appointment only and mirror her schedule. Visits are kept to 30 minutes and slots are opened hourly.

We have a sign-up sheet, and take turns monitoring visits.

Your Words Results

This is a very difficult challenge. We are using an "all hands-on deck" approach which usually means leadership takes turns monitoring visits.

We have staff monitor our visits to ensure all directed health measures are being followed. We ask our staff to sign up for a time slot and we have had no issues with covering the visitation times. We post the visitation calendar weeks in advance to ensure we have the visits covered.

It's very difficult to monitor everyone. We are having staff (nurse aides and nurses) help screen families and visitors. It's very difficult on how we track this, we have tons of paper copies of everything

We have the visitor sign a "promise" before starting their visit - it has made things so much better. Set the expectation!

ALL visits are outside where staff can see if weather is appropriate or indoor in open area easy to monitor.

Your Words Results

We are a small 16 bed home, our visits are limited during Monday thru Friday and when the Administrator and or Clinical Coordinator are in the building, we have stayed later to make some accommodations to families. Immediate family only, NO grand kids, visits are limited to 40 minutes, with the cooler weather we have them either do a door visit and then family calls the facility phone and we assist resident with call if need be, we have done porch visits during nice weather, social distance and masks. our families are so understanding and have been very patient through all of this.

Your Words Results

Visitation in designated areas inside our community. Visitation area Roped off to other residents, visitors are screened and monitored during visit.

*** Only hospice visitors will be allowed room visitation

*** Please do not leave your designated areas during your visit, try to make bathroom trips prior to your arrival as we want to limit unnecessary traffic in the building.

*** Have your loved one press their pendant if you need any assistance during your visit.

*** Maximum number of visitors will be two per visit and must be from the same household

*** No children under the age of 16

*** Outdoor visitation will still be facilitated for larger groups with minor children weather permitting

*** We will continue to facilitate virtual visitation upon request.

*** Must call 24 hrs in advance to schedule visitation

*** Visitation area will be sprayed down and cleaned before next visit, allowing 1/2 between visits to clean

Your Words

ICAP would like to hear from YOU!

Each week we will highlight a question and you have an opportunity to share your experience and best practices.

This week's Question:

How do you we go about prioritizing ALL the requirements? There is too much to do and not time to do it!

ICAP would also like to know...

Estimate the percentage of staff and residents vaccinated for influenza, as of today.

What is your facility's usual method to test residents for influenza?

Please go to <https://forms.gle/whWKmy38xYLzczoDA> and fill out the short Google form to submit your completely anonymous answer.

We will discuss the results on next week's webinar.

Your ideas matter, you may help another facility that is struggling with this topic.

Webinar CE Offerings



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Webinar CE Process

1 Nursing Contact Hours is offered for attending this LIVE webinar

1. A poll will be put out during the Q&A to collect attendance for your participation in the live webinar, **you must verify your attendance with this poll to receive CE**
2. A survey will open upon completion of the webinar, **you must complete the survey to get your CE credits**
3. **BOTH** the attendance poll and post webinar survey must be completed to receive Nursing Credit hours (No exceptions will be granted)
4. Nursing Credit hours will include the entire month of verified CE on one certificate (Ex: You attended 2 webinars during the month of November, your certificate will reflect the 2 webinar dates and 2 credit hours earned)
5. Certificates will be emailed to you by the 15th of the following month

Direct any CE questions to Sarah Stream, MPH, CDA at
sstream@nebraskamed.com

Nursing Home Project ECHO

- For more information on UNMC ID Project ECHO, go to our website <https://icap.nebraskamed.com/project-echo/>

PROJECT ECHO

Home / Project ECHO



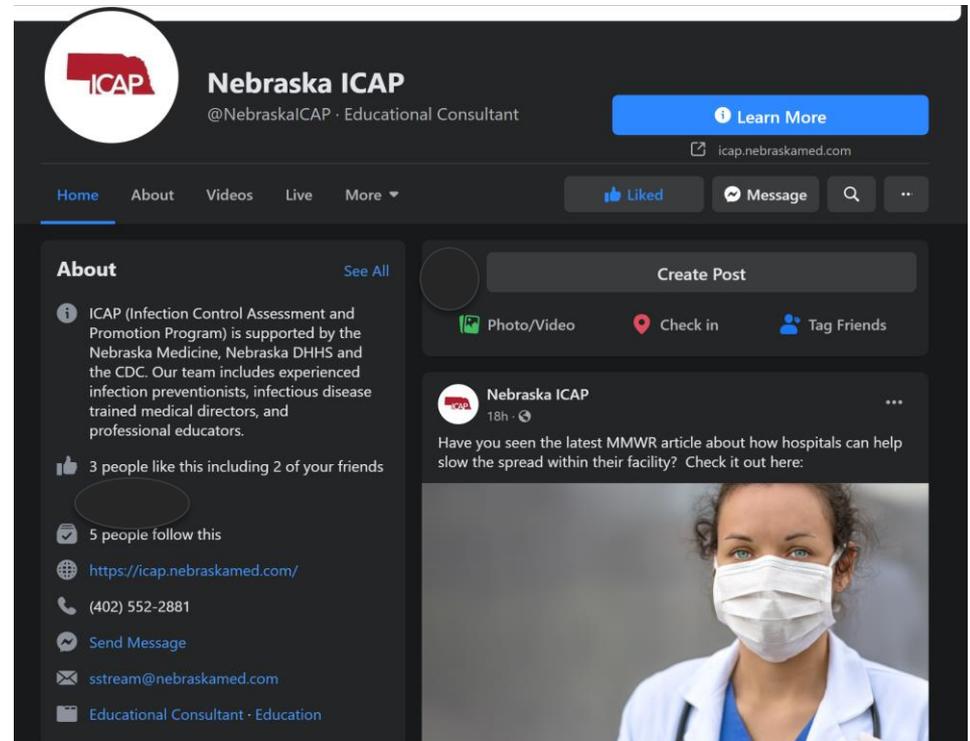
In order for us to reserve a spot for your nursing home on this project, please fill out the following information. We will process the information and send you a confirmation through email. [Nursing Home Project ECHO Registration Form](#)

Nursing Homes that have registered in Project ECHO are required to complete the following survey to nominate your ECHO project team members. The details will be used to distribute information about upcoming launch and scheduled sessions.

[Nursing Home Project ECHO–Application to Register Facility Participants](#)

Project Firstline is coming soon!

- Follow us on FB for updates and launch information
- Project Firstline is Infection Prevention and Control (IPC) training for ALL healthcare providers
- Share information with your entire staff for these training opportunities from ICAP



Infection Prevention and Control Office Hours

Monday – Friday

8:00 AM – 10:00 AM Central Time

2:00 PM -4:00 PM Central Time

Call 402-552-2881

After Hours Protocol

After hours phone protocol

- Call State HAI Epidemiologist on-call phone number at: 531-207-4053
 - Call between 8 am and 8 pm
- Also work with the Local Health Department regarding new outbreaks

What constitutes an after-hours emergency?

- New suspected or confirmed COVID-19 outbreak
- Facility needing to request resident transfer to COVID-19 unit because of inability to isolate properly
- Need to move residents between units due to isolation and/or zoning

Office Hours review

- General contact tracing questions (email ok)
- General infection control questions (email ok)
- General PPE questions (email ok)
- Review or updates of existing cases (email ok)

Questions and Answer Session

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

Panelists:

- Dr. Salman Ashraf, MBBS
 - Kate Tyner, RN, BSN, CIC
 - Teri Fitzgerald, RN, BSN, CIC
 - Margaret Drake MT (ASCP), CIC
 - Sarah Stream, MPH, CDA
-
- Moderated by Marissa Chaney
 - Supported by Margaret Deacy
 - Slide support from Kate Tyner, RN, BSN, CIC

The screenshot shows a list of COVID-19 webinar recordings. The recordings are listed in descending order of date. A green arrow points to the recording from 04.02.2020. The recordings are:

- COVID-19 LTCF Webinar Slides
- COVID-19 LTCF Webinar Recordings
- 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](#) (indicated by a green arrow)
- 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](#)

On the right side of the screenshot, there is a vertical menu with the following items:

- 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

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

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