

# COVID-19 Region 7 Webinar for Critical Access Hospitals and Outpatient Facilities

Presented by Nebraska Medicine and the University of Nebraska Medical Center in collaboration with the Centers for Disease Control (CDC) through NICS (National Infection Control Strengthening for Small and Rural Hospitals)

University of Nebraska  
Medical Center



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# Today's topic:

*Guidance and responses were provided based on information known on 10/20/2020 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and jurisdictional guidance for updates.*

Margaret Deacy, Moderator

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# Acknowledgement:

Today's presentation is produced in cooperation with Nebraska ICAP (Infection Control Assessment and Promotion Program)



# Identifying and Investigating HCW COVID-19 Clusters

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# Healthcare Providers and COVID-19

- Healthcare Providers (HCPs) are essential workers and unique in their exposures to novel pathogens
- HCPs are at significant risk for developing infection during outbreaks of any novel disease
- Current CDC recommendation for HCP who enter the room of a patient with known or suspected COVID-19 is to adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection



# Healthcare Providers and COVID-19

- HCPs are essential workers given their vital roles. Significant staffing issues exist even without HCPs on furlough so maintaining a healthy, stable work force is critical
- Exposures encountered by HCP are unlike those that might occur the community, and trained HCP generally use personal protective equipment (PPE) to reduce the risk of transmission
- HCPs often have extensive and close contact with both COVID positive or suspected positive patients along with other vulnerable individuals



# Healthcare Providers and COVID-19

- Universal masking of healthcare workers and patients dramatically reduces the risk of exposures to both parties.
- Proper hand hygiene and the brief period of most clinical exposures will further mitigate the risk to any possible exposed patients or colleagues



# Healthcare Providers and COVID-19

- HCPs should be prioritized for ongoing evaluation for infection with self-monitoring at least daily and ready access to testing as indicated
- All HCPs are asked to monitor for symptoms daily including fever, shortness of breath and cough but also other symptoms now known to be associated with COVID-19 infection
- Masks should be made available at entrances and HCPs are expected to wear them on arrival and until leaving facility while in any public location with few exceptions (eating, individual offices, etc.)



# Healthcare Providers and COVID-19

- Eye protection should be made available for all HCPs as well and should be worn with any patient contact
- Recommend testing for infection in all HCP who has symptoms of possible COVID-19 infection. Symptomatic HCP are off work until results of testing return
- Monitoring HCPs requires significant allocation of other personnel and resources
  - Employee/occupation health team, Infection Prevention team, specimen collections, lab resources, etc.



# Healthcare Providers and COVID-19

- PPE offers significant protection for HCPs while in facility
- However, HCPs are also members of the community and face risks of exposure outside of healthcare setting like everyone else
- Transmission risk in healthcare settings may be different than risk in the community and this can significantly impact healthcare facility transmission of COVID-19 and staffing



# Definition of Exposure

- **Definition of Exposure:** Contact with any individual that has tested positive for COVID-19 during the shedding period (10 days from onset of their symptoms) of that individual where that contact is:
  - Within 6 feet
  - Longer than 15 minutes
  - No use of mask
- If yes to possible colleague exposure, EH will try to determine by history what colleagues may have been exposed and obtain list of names/work schedule from manager



# Investigation Questions to Determine Extent of Exposure

- Questions for Investigating Source/Exposure for Employee that Tests Positive for COVID-19
- In the past 14 days prior to symptom development...
  - Did you or any household member have any contact with any patient, colleague, friend, or family member that was symptomatic or positive for COVID-19?
  - Did you work on any COVID-19 units? Care for any patient with COVID-19?
  - Did you have any breach in PPE?
  - Have you attended any outings or social gatherings?
  - Do you wear a mask when completing essential functions such as grocery shopping?
  - Have you done any travel?
  - Have you eaten inside restaurant or been inside a bar?
  - Have you had prior COVID-19 testing?



# Investigation Questions to Determine Extent of Exposure

- Questions for Investigating Source/Exposure for HCP that tests Positive for COVID-19
- Starting 48 hours prior to symptom development
  - Were you with any colleague where you were within 6 feet for longer than 15 minutes without the use of a mask?
  - What days did you work?
- Seeing significant amount of this related to unmasked exposures in break rooms and meeting rooms, shared offices, outside social settings, etc.



# Process at Nebraska Medicine

“What if I develop a fever and/or respiratory symptoms?”

- Colleagues who have a fever and/or respiratory symptoms must NOT report to work and should contact Employee Health. If you develop a fever and/or respiratory symptoms while at work, notify your manager and promptly remove yourself from the building and self-isolate. Once you are isolated, please call Employee Health.



# Process at Nebraska Medicine

- Monday through Friday
  - All calls regarding COVID-19 guidance, testing, isolation or quarantine should be directed to Employee Health (402.552.XXXX) during clinic hours (Monday through Friday, 7 am. To 4:30 p.m.)
  - Follow the prompts and if your call is not answered, leave a message. Messages will be checked by Employee Health staff. Staff will return calls that leave a message. Messages left after 1600 will be returned the following
- Weekends and Holidays
  - All calls regarding COVID-19 guidance, testing, isolation or quarantine should be directed to Employee Health (402.552.XXXX) between the hours of 8 a.m. and 2 p.m.
  - Follow the prompts and leave a message. Messages will be checked by on-call Employee Health staff. Staff will return calls that leave a message. Messages left after 2 p.m. will be returned the following day



# Process at Nebraska Medicine

- EH arranges and orders testing with appointment made for exposures to colleagues or exposures to patients involved in AGP or inappropriate PPE (i.e. no masks)
- In efforts to keep possible COVID cases off campus, an external swab location at UNO is currently used
- Testing is performed in lab at NMC
- TAT is usually 24 hrs or less



# Process at Nebraska Medicine

- Employee Health does intake on all HCP calls. Performs interviews, gathers information and enters data using tool on any HCP who reports symptoms and has COVID-19 test
- EH looks for links in testing HCP who report symptoms as well to see if could be developing any issue with sick colleagues



# Process at Nebraska Medicine

- If concern for exposure noted all involved employees are asked to continue to follow closely for any symptoms along with rigorous following of social distancing, masking when distancing is not able, hand hygiene, etc.
- Any with symptoms are offered COVID-19 PCR testing via NP swab
- Exposed are considered for testing based on circumstances of exposure (hard to have rules in every exposure paradigm)
  - The ideal testing interval for detection of infection is unknown, but nearly all patients who will develop symptoms do so by day 12-14. Knowing the average incubation period is around 5 days, a reasonable strategy would be to perform a first test at day 5-7. If this test is negative, this does not mean that a person can exit home isolation as viral shedding and symptoms may develop after this time. Repeat testing is considered in some cases



# Process at Nebraska Medicine

- Infection Prevention looks into positive cases involving patients to determine if community acquired and if any possible exposure risks to HCPs noted
  - Healthcare workers spending >15 minutes within 6 feet of a person with known COVID-19 while not wearing a procedure or N-95 mask (or higher level of protection)
  - Participation in an aerosol generating procedure (any duration) while not wearing appropriate PPE (N-95 or PPAR)
- Employee Health investigates every positive case in HCP and attempts to determine in any potential acquisition through work vs other sources
- Extensive communication between IP/EH departments
- All cases are evaluated for linkage to other cases and more than 1 case with possible linkage is evaluated for possible outbreak



# Process at Nebraska Medicine

- EH reports out data to leadership
  - Daily report:
    - On 10/14, we tested # individuals - waiting for those results plus # others tested outside of EH
    - We had # positives: # community related, # unknown - work vs. community (works with COVID patients, no breach in PPE)
    - Quarantined # employees for living with positive household members
    - Returned # employees to work from either isolation or quarantine
  - Running scoreboard of daily per week
    - Tests
    - Positives
    - Quarantines for household contact with COVID-19 positive individual



# Process at Nebraska Medicine

- EH reports out data to leadership
  - Weekly:
    - Data on positives and likely acquisition location
      - Community vs home vs work vs unknown
    - Number of tests
    - Percent positive tests
    - Running results of positives, tests and % positive
    - Weekly average by month of tests and positives



# Risk of Transmission to Patients

- Risk of transmission to patients
  - Our experience has been that with UMP, HCP to patient transmission is very low (maybe one case)
  - <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1269/5898497>
    - “We characterized the risk of COVID-19 amongst 226 patients exposed to healthcare workers with confirmed COVID-19; one patient may have been infected, suggesting that the risk of COVID-19 transmission from healthcare workers to patients is generally low.”



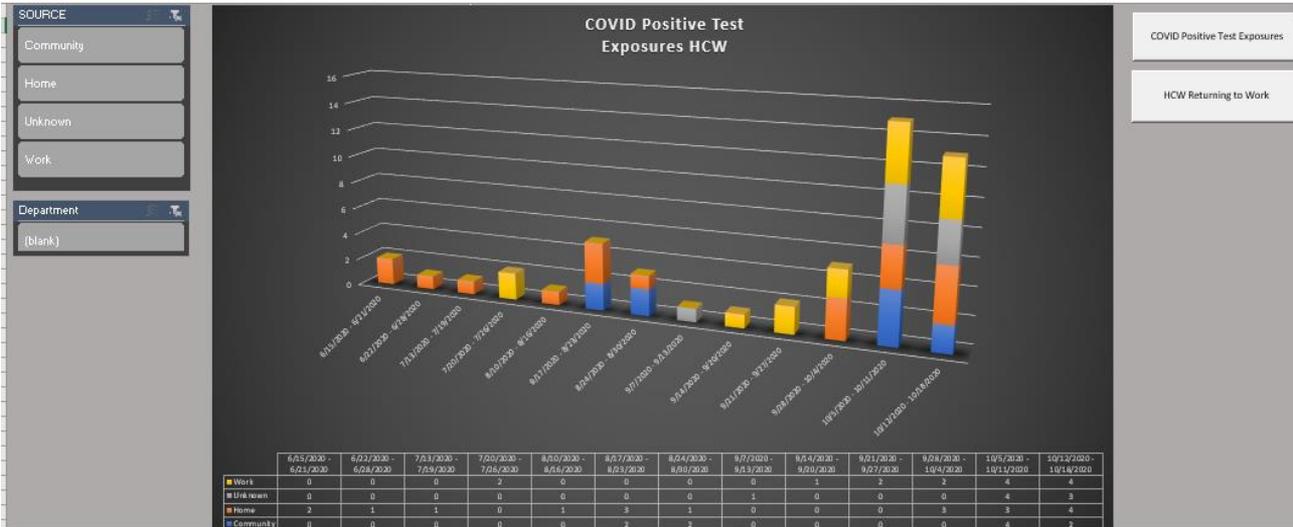
# Risk of Transmission to Patients

- Risk of transmission to patients
  - Early on we were notifying performing contact tracing and notifications of potential exposures
  - We have not identified a definite HCP to patient transmission since UMP instituted (maybe one case)
  - Our approach based on our data has supported a transition to notification of patients only if COVID-19 positive HCP was not in mask or if we see evidence that could signify nosocomial transmission
  - Keep in mind, exposure notifications to patients are not benign
    - Exposed outpatients are asked to self-isolate, to obtain testing, and if hospitalized during the incubation period, are placed on precautions



# Employee Health Tracking Tools

Employer	Department	Position	Exposure/comments	Date of Symptom Onset	Date Positive Test	Estimated Date to return to work (atleast 10 days from positive test)	Estimated time	SOURCE	Notify PINS team?	Reported on daily briefing



# Example Employee/Department Communication

- [Negative letter template](#)
- [Isolation letter template](#)
- [Quarantine letter template](#)
- [Return-to-work isolation template](#)
- [Return-to-work quarantine template](#)



# Poll Question

Do you want us to contact you when tools/templates are posted on NE ICAP website?

A. Yes

B. No



# Resources

- [Contact Tracing for COVID-19](#)
- [Case Investigation and Contact Tracing : Part of a Multipronged Approach to Fight the COVID-19 Pandemic](#)



# Tele-ICAR- COVID-19

- Infection Control Assessment and Response Program (ICAR)
  - Voluntary program for acute care facilities in Nebraska (outpatient option coming soon!)
  - Assesses facility response to and preparation for different elements related to COVID-19
  - Performed Remotely via Zoom: approximately 90-120 minutes
  - Feedback/recommendations will be provided in narrative form and through a follow-up meeting
  - Tentative start date: November 16th, 2020
  - Contact: [NebraskaICAP@nebraskamed.com](mailto:NebraskaICAP@nebraskamed.com) to schedule an assessment
    - Participants understand and agree that project findings will be shared with the CDC and others in a de-identified and aggregate format



# Question 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

## COVID-19 WEBINARS

Home / COVID-19 Webinars

Nebraska DHHS in association with the Nebraska ICAP team is hosting webinars on COVID-19 to address situation updates and essential information on COVID-19.

+	<a href="#">COVID-19 LTCF Webinar Slides</a>
+	<a href="#">COVID-19 LTCF Webinar Recordings</a>
+	<a href="#">COVID-19 Outpatient Webinar Slides</a>
+	<a href="#">COVID-19 Outpatient Webinar Recordings</a>
+	<a href="#">COVID-19 Update for Outpatient and Small &amp; Rural Hospitals Webinar Slides</a>
+	<a href="#">COVID-19 Update for Outpatient and Small &amp; Rural Hospitals Webinar Recordings</a>

[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](#)



# Acknowledgements:

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# 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



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