Guidance and responses were provided based on information known on 12/31/2020 and may become out of date.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

December 31, 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.

Slides and a recording of this presentation will be available on the ICAP website:

https://icap.nebraskamed.com/coronavirus/
https://icap.nebraskamed.com/covid-19-webinars/

Panelists today are:

Dr. Salman Ashraf	salman.ashraf@unmc.edu
Dr. Nada Fadul	nada.fadul@unmc.edu
Kate Tyner, RN, BSN, CIC	ltyner@nebraskamed.com
Margaret Drake, MT(ASCP),CIC	Margaret.Drake@Nebraska.gov
Sarah Stream, MPH, CDA, FADAA	sstream@nebraskamed.com
Karen Amsberry, MSN, RN	kamsberry@nebraskamed.com
Lacey Pavlovsky, RN, MSN, CIC	lpavlovsky@nebraskamed.com
Jenifer Acierno, LeadingAge	jenifer.acierno@leadingagene.org
Cindy Kadavy, NHCA	cindyk@nehca.org

Moderated by Marissa Chaney

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

Covid-19 and LTC Disclosures

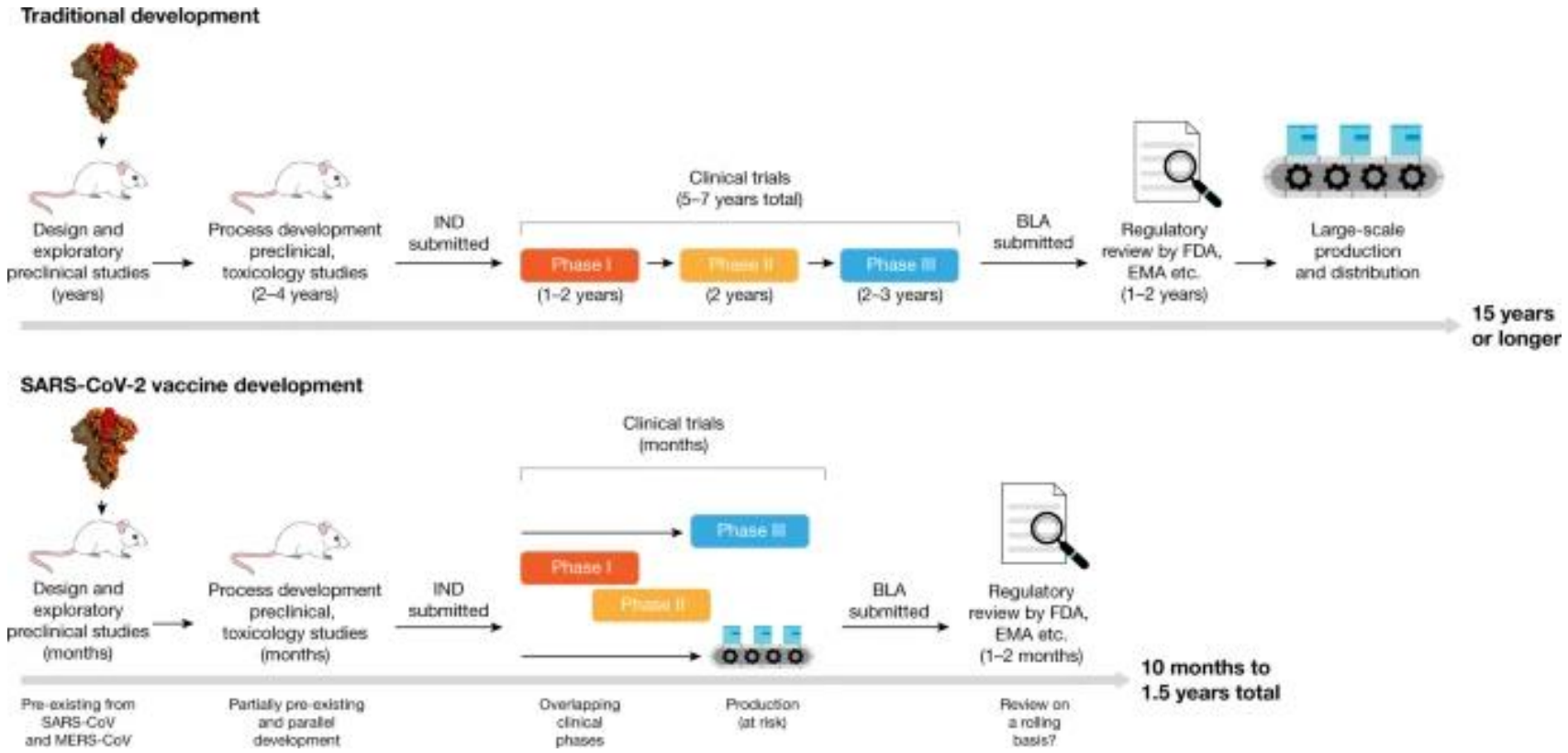
- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar, complete the attendance poll and post webinar survey
- No conflicts of interest were identified for any member of the planning committee, 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

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

COVID-19 Vaccines: Development

Nada Fadul, MD, FIDSA
Associate Professor
UNMC

ICAP
Infection Control Assessment and Promotion Program


Traditional development
Design and exploratory preclinical studies (years)
Process development preclinical, toxicology studies (2–4 years)
IND submitted
Clinical trials (5–7 years total)
Phase I
(1–2 years)
Phase II
(2 years)
Phase III
(2–3 years)
BLA submitted
Regulatory review by FDA, EMA etc. (1–2 years)
Large-scale production and distribution
15 years or longer
SARS-CoV-2 vaccine development
Design and exploratory preclinical studies (months)
Process development preclinical, toxicology studies (months)
IND submitted
Clinical trials (months)
Phase III
Phase I
Phase II
BLA submitted
Regulatory review by FDA, EMA etc. (1–2 months)
10 months to 1.5 years total
Pre-existing from SARS-CoV and MERS-CoV
Partially pre-existing and parallel development
Overlapping clinical phases
Production (at risk)
Review on a rolling basis?

Operation Warp Speed

Goal:

- To produce and deliver **300 million doses** of safe and effective vaccines with the initial doses available by January 2021, as part of a broader strategy to accelerate the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics (collectively known as countermeasures).

How:

- By **investing in and coordinating** countermeasure development, OWS will allow countermeasures such as a vaccine to be delivered to patients more rapidly while adhering to standards for safety and efficacy.
- Congress has directed almost **$10 billion** to this effort through supplemental funding, including the CARES Act

ICAP

Who:

- OWS is a partnership among components of the Department of Health and Human Services (HHS),
  - Centers for Disease Control and Prevention (CDC)
  - National Institutes of Health (NIH)
  - Biomedical Advanced Research and Development Authority (BARDA)
  - Department of Defense (DoD).
- Private firms and other federal agencies, including the Department of Veterans Affairs.
- It will coordinate existing HHS-wide efforts, including the NIH's Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) partnership, NIH's Rapid Acceleration of Diagnostics (RADx) initiative, and work by BARDA.

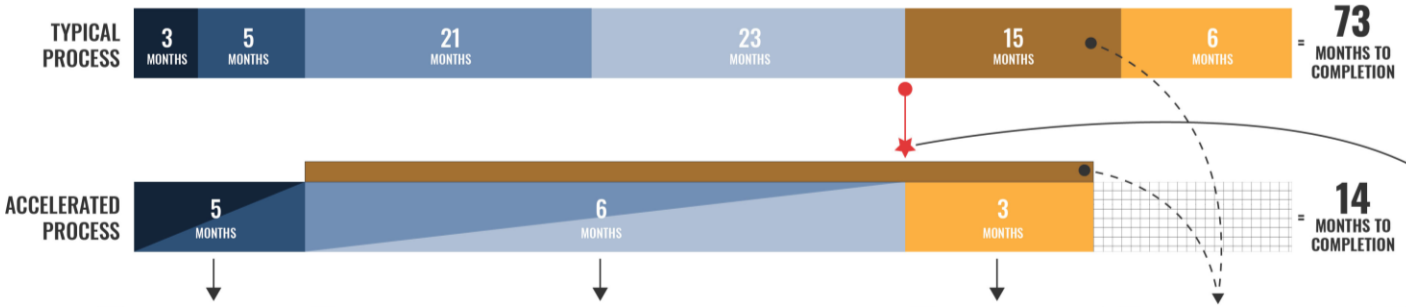
What:

- Development
- Manufacturing
- Distribution

The six vaccines include Moderna's mRNA1273, AstraZeneca and Oxford University's AZD1222, a candidate from Johnson & Johnson; a Merck vaccine; Pfizer and BioNTech's BNT162; Novavax's vaccine candidate; Sanofi and GSK investigational adjuvanted vaccine

OPERATION WARP SPEED
ACCELERATED VACCINE PROCESS

MISSION: Deliver 300 million doses of safe and effective vaccine by 1 January 2021.



1

A typical 8-month process is accelerated by:

- Creating vaccine candidates immediately after viral genome sequence is available.
- Using vaccine platforms developed for other diseases.

2

A typical 42-month process is accelerated by:

- Large scale Phase III clinical trials of 30,000 volunteers allowing for rapid collection and earlier analysis of safety and efficacy data of demographically diverse populations by the FDA, reducing the typical 12-month approval process to three months.
- Two promising candidates began Phase III clinical trials in July, with others to follow quickly in coming months. Before beginning Phase III, candidates must show safety data from animal and human studies.
- The U.S. Government funding at-risk, large-scale manufacturing of the most promising vaccine candidates during Phase III clinical trials to ensure any vaccine proven to be safe and effective is available immediately upon FDA Emergency Use Authorization (EUA) approval or licensure.

4

A typical 6-month process is accelerated by:

- A tiered approach based on CDC recommended allocation methodology used as part of pandemic flu planning and the COVID-19 response will be used to determine vaccine distribution.

3

A typical 15-month process is accelerated by:

- Planning for infrastructure and distribution before the vaccines are approved or authorized.
- CDC leading distribution planning with DoD augmentation.

5

A typical 12-month FDA review for EUA approval or licensure is accelerated by:

- Providing continuous safety and efficacy data collected in large Phase III clinical trials.

R&D + Preclinical Trials Vaccine Candidate/s Identified
Phase I Clinical Trials
Phase II Clinical Trials
Phase III Clinical Trials
Manufacturing
Distribution

ICAP

OPERATION WARP SPEED
VACCINE DELIVERY MILESTONES

AUTHORIZATION ▪ APPROVAL

Phase 3 Trials

Randomized, double-blind, placebo-controlled studies with more than 30k participants each, including diverse populations, providing rapid data collection

Data Safety Monitoring Board

Independent board evaluates data from ongoing Phase 3 trial, advises manufacturer whether pre-specified success criteria is met

Emergency Use Authorization (EUA)

Granted by the FDA following a recommendation by the Vaccines and Related Biological Products Advisory Committee and an independent analysis of drug manufacturing facilities, processes and drug product data

Biologics Licensure Application (BLA)

Includes safety and efficacy data along with product, manufacturing and clinical studies information to consider full approval, potentially following six months of additional monitoring

PRIORITIZATION ▪ ALLOCATION

National Academies of Science, Engineering and Medicine

Informs the CDC Advisory Committee on Immunization Practices (ACIP) on which populations receive priority for vaccines

Vaccine Priority

ACIP recommends vaccine priority to the CDC director, who reviews and recommends to the HHS Secretary

HHS Secretary

Endorses recommendation and staffs policy for approval to National Security Council

Allocation

Distribution based on census data for prioritized groups; drives the delivery of available doses to states, tribes, territories, localities and federal agencies

Jurisdictions/Federal Agencies

Execute federal priority guidance to identify points for vaccine delivery and administration

Delivery

Begins 24 hours after EUA, first doses available within 96 hours

DISTRIBUTION ▪ ADMINISTRATION

Initial dose administered at various locations:

MANUFACTURERS
Produce products

SUPPLIES
Needles, syringes, alcohol swabs, etc.

KITTING
Preassembles and packages in ready-to-ship kits

DISTRIBUTOR
Delivers vaccine and supplies to administration sites

Administration sites

- Pharmacy
- Public health clinic
- Long term care facility
- Hospital
- Federally qualified health center
- Healthcare provider (doctors' office)
- Mass vaccination site
- Indian Health Service
- Home health
- Mobile site
- Other federal sites

Data IT/Systems

Jurisdictions provide dosing information to CDC data clearing house through immunization information systems and partner systems; patient data is de-identified with no personal identifying or health information

Second Dose Tracking

As most vaccines require two doses – 21 to 28 days apart from the same manufacturer, second dose reminders will be generated through existing IT systems

Pharmacovigilance

Post-vaccination monitoring continues for 24 months to detect, assess, understand, and prevent adverse effects; coordinated with vaccine companies, the CDC and FDA through multiple vaccine safety systems and V-SAFE

OPERATION WARP SPEED
VACCINE DISTRIBUTION PROCESS

IN SUPPORTING THE DISTRIBUTION & ADMINISTRATION OF COVID-19 VACCINES, OWS HAS FOUR KEY GOALS, TENETS, AND ARCHITECTURE

- Ensure safety and effectiveness of COVID-19 vaccines
- Reduce morbidity and mortality of COVID-19 disease through effective and efficient distribution of COVID-19 vaccines
- Support rapid vaccine distribution based on CDC guidance for states immunizations services
- Assist with the return to pre-pandemic quality of life

DISTRIBUTION AND ADMINISTRATION OF A COVID-19 VACCINE
FOUR KEY TENETS

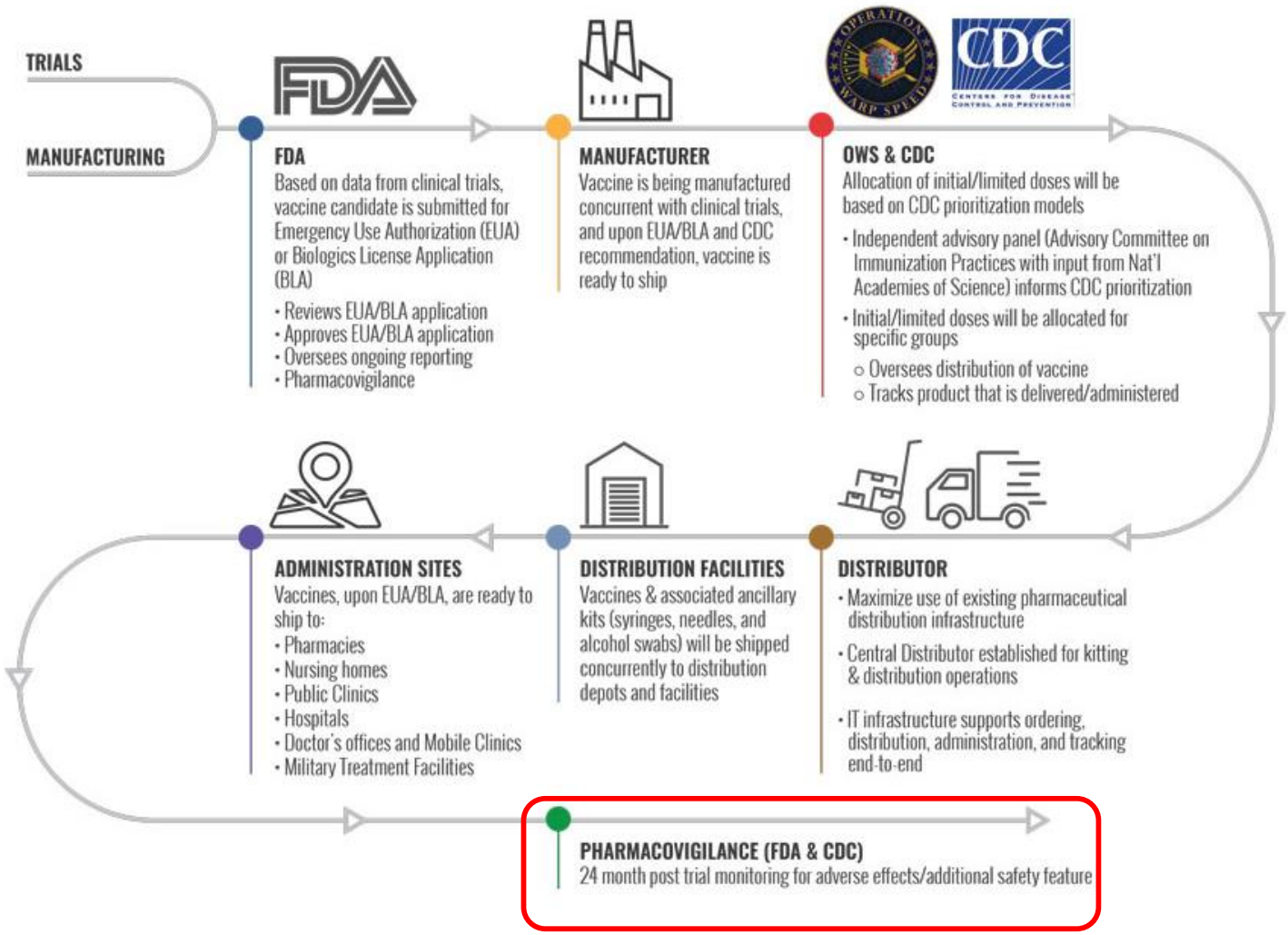
CONTROL/VISIBILITY
Where vaccines and secondary item kits are at all times in the process of distribution and ensuring the vaccines go to prioritized groups as determined by policy

COVERAGE
Deliver vaccines beyond the normal brick and mortar facilities, including potential mobile or on-site delivery of vaccine to long-term healthcare facilities and other hard to reach populations

UPTAKE
How many vaccines were administered per location per day to match supply with demand

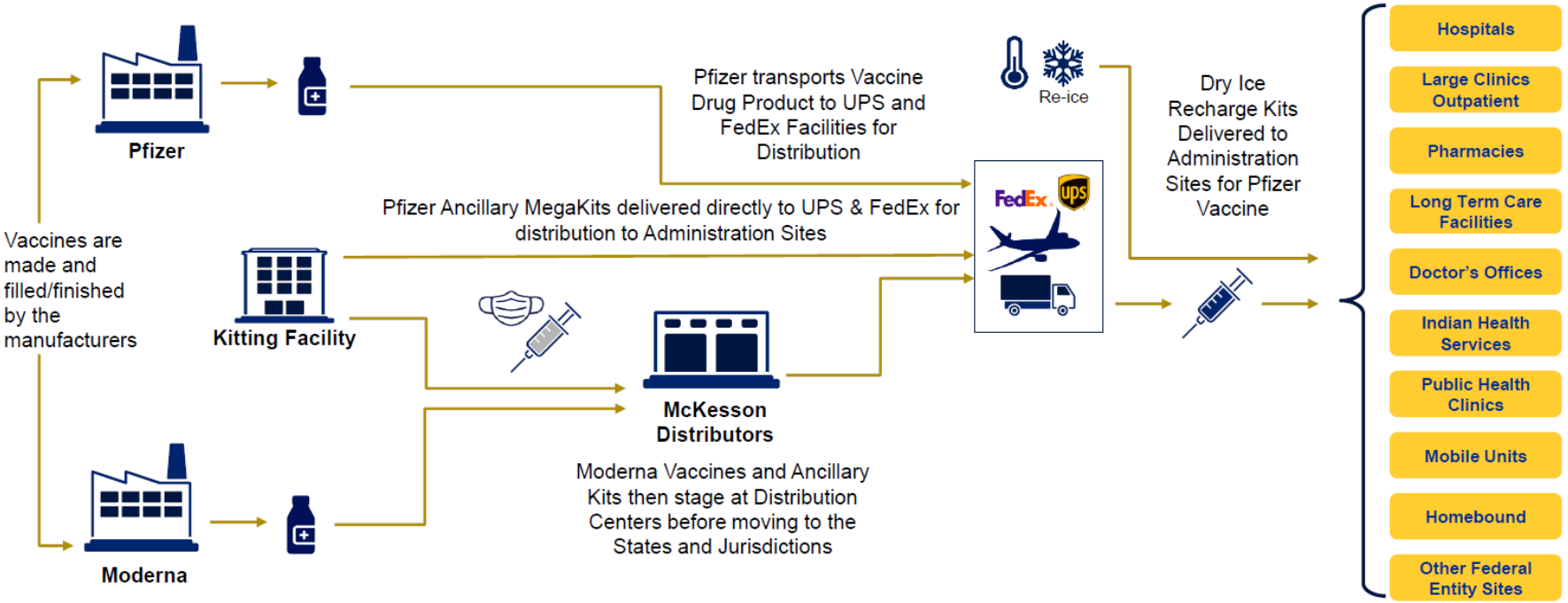
TRACEABILITY
Confirm which of the approved vaccines were administered:
- Regardless of location (private/public)
- Reminder to return for second dose
- Administer the correct second dose

ICAP


TRIALS
MANUFACTURING
FDA
Based on data from clinical trials, vaccine candidate is submitted for Emergency Use Authorization (EUA) or Biologics License Application (BLA)
• Reviews EUA/BLA application
• Approves EUA/BLA application
• Oversees ongoing reporting
• Pharmacovigilance
MANUFACTURER
Vaccine is being manufactured concurrent with clinical trials, and upon EUA/BLA and CDC recommendation, vaccine is ready to ship
OWS & CDC
Allocation of initial/limited doses will be based on CDC prioritization models
• Independent advisory panel (Advisory Committee on Immunization Practices with input from Nat'l Academies of Science) informs CDC prioritization
• Initial/limited doses will be allocated for specific groups
o Oversees distribution of vaccine
o Tracks product that is delivered/administered
DISTRIBUTOR
• Maximize use of existing pharmaceutical distribution infrastructure
• Central Distributor established for kitting & distribution operations
• IT infrastructure supports ordering, distribution, administration, and tracking end-to-end
DISTRIBUTION FACILITIES
Vaccines & associated ancillary kits (syringes, needles, and alcohol swabs) will be shipped concurrently to distribution depots and facilities
ADMINISTRATION SITES
Vaccines, upon EUA/BLA, are ready to ship to:
• Pharmacies
• Nursing homes
• Public Clinics
• Hospitals
• Doctor's offices and Mobile Clinics
• Military Treatment Facilities
PHARMACOVIGILANCE (FDA & CDC)
24 month post trial monitoring for adverse effects/additional safety feature

OPERATION WARP SPEED

Vaccine Distribution Process



Leveraging Existing Networks, Processes and Partnerships

Summary

OWS was a “talent show” ~Anthony Fauci

It was a demonstration of how money and political will can greatly expedite scientific development

Private, public, and military partnership were essential in speeding all aspects of vaccine development, manufacturing and distribution

There is still a lot of time remaining before we are able to reach the majority of public

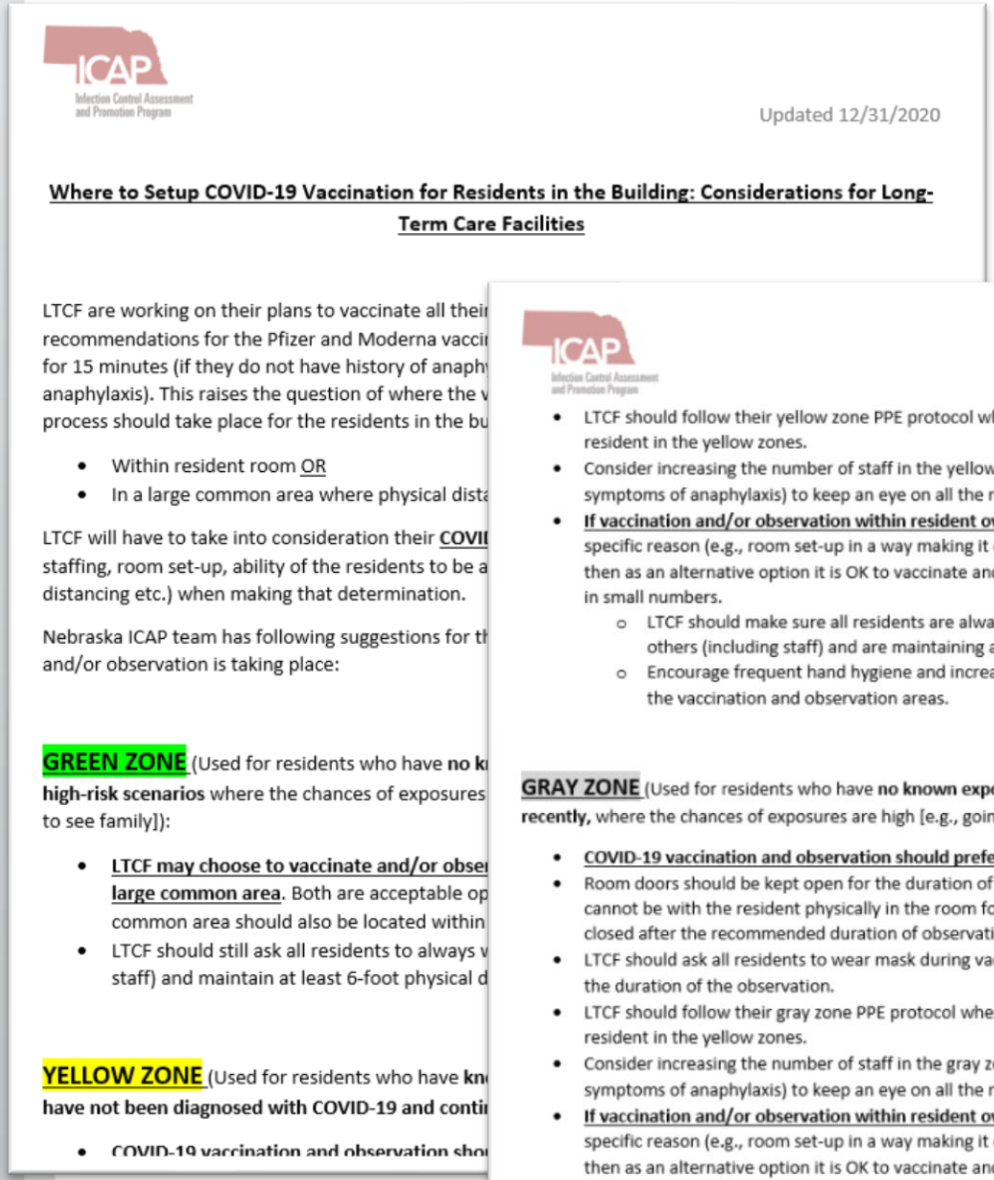
Until then practice your **3 Ws** and avoid the **3 Cs**

Where to Setup COVID-19 Vaccination for Residents in the Building

Considerations for Long-Term Care Facilities

ICAP

Infection Control Assessment and Promotion Program



Updated 12/31/2020

Where to Setup COVID-19 Vaccination for Residents in the Building: Considerations for Long-Term Care Facilities

LTCF are working on their plans to vaccinate all their
recommendations for the Pfizer and Moderna vaccin
for 15 minutes (if they do not have history of anaphy
anaphylaxis). This raises the question of where the v
process should take place for the residents in the bu

- Within resident room OR
- In a large common area where physical dista

LTCF will have to take into consideration their COVI
staffing, room set-up, ability of the residents to be a
distancing etc.) when making that determination.

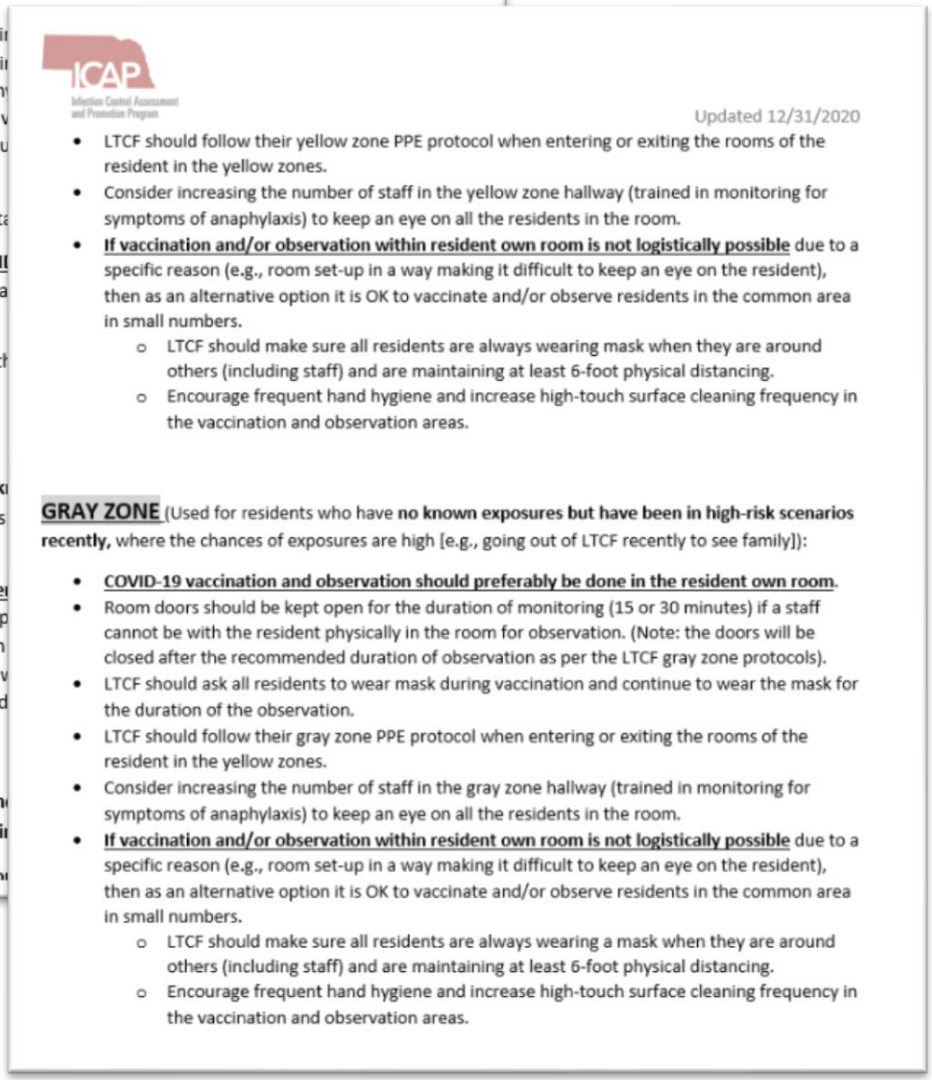
Nebraska ICAP team has following suggestions for th
and/or observation is taking place:

GREEN ZONE (Used for residents who have **no k**
high-risk scenarios where the chances of exposures
to see family]):

- **LTCF may choose to vaccinate and/or obse**
large common area. Both are acceptable op
common area should also be located within
- LTCF should still ask all residents to always v
staff) and maintain at least 6-foot physical d

YELLOW ZONE (Used for residents who have **kn**
have not been diagnosed with COVID-19 and conti

- **COVID-19 vaccination and observation sho**



Updated 12/31/2020

- LTCF should follow their yellow zone PPE protocol when entering or exiting the rooms of the resident in the yellow zones.
- Consider increasing the number of staff in the yellow zone hallway (trained in monitoring for symptoms of anaphylaxis) to keep an eye on all the residents in the room.
- **If vaccination and/or observation within resident own room is not logistically possible** due to a specific reason (e.g., room set-up in a way making it difficult to keep an eye on the resident), then as an alternative option it is OK to vaccinate and/or observe residents in the common area in small numbers.
  - LTCF should make sure all residents are always wearing mask when they are around others (including staff) and are maintaining at least 6-foot physical distancing.
  - Encourage frequent hand hygiene and increase high-touch surface cleaning frequency in the vaccination and observation areas.

GRAY ZONE (Used for residents who have **no known exposures but have been in high-risk scenarios recently,** where the chances of exposures are high [e.g., going out of LTCF recently to see family]):

- **COVID-19 vaccination and observation should preferably be done in the resident own room.**
- Room doors should be kept open for the duration of monitoring (15 or 30 minutes) if a staff cannot be with the resident physically in the room for observation. (Note: the doors will be closed after the recommended duration of observation as per the LTCF gray zone protocols).
- LTCF should ask all residents to wear mask during vaccination and continue to wear the mask for the duration of the observation.
- LTCF should follow their gray zone PPE protocol when entering or exiting the rooms of the resident in the yellow zones.
- Consider increasing the number of staff in the gray zone hallway (trained in monitoring for symptoms of anaphylaxis) to keep an eye on all the residents in the room.
- **If vaccination and/or observation within resident own room is not logistically possible** due to a specific reason (e.g., room set-up in a way making it difficult to keep an eye on the resident), then as an alternative option it is OK to vaccinate and/or observe residents in the common area in small numbers.
  - LTCF should make sure all residents are always wearing a mask when they are around others (including staff) and are maintaining at least 6-foot physical distancing.
  - Encourage frequent hand hygiene and increase high-touch surface cleaning frequency in the vaccination and observation areas.

"**Where to Setup COVID-19 Vaccination for Residents in the Building: Considerations for Long-Term Care Facilities"** is now available on the ICAP website at https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/12/Where-to-Setup-COVID-19-vaccination-1.pdf

Space and Zoning

COVID-19 Unit/Ward	Dark Red	Residents with Positive COVID-19 Test	Isolation/COVID-19 PPE
Quarantine Zone	Light Red	Symptomatic residents suspected of having COVID-19	Isolation in Private Room Only/COVID-19 PPE
	Yellow Zone	Asymptomatic residents who may have been exposed to COVID-19	Quarantine/COVID-19 PPE
COVID-19 Free Zone	Green Zone	Asymptomatic residents without any exposure to COVID-19	Standard Precautions/Universal Mask and Eye Protection
Transitional Zone	Gray Zone	Residents who have unknown exposure risk to COVID-19 (out of facility appointment, visit, hospitalization). Usually kept in this zone from 14 days	Quarantine in Private Room Only /COVID-19 PPE

Vaccination things to consider...

Situation	Consider
Vaccinations are given to residents in LTCF	Residents must be monitored for 15 (if no history of anaphylaxis) or 30 minutes (if history of anaphylaxis) post-vaccination
Vaccinations are given to staff in LTCF	Staff may be staggered to prevent symptoms from vaccine affecting staffing. They should also be monitored for 15- or 30-minutes post-vaccination.
If a person has had and recovered from COVID-19	Defer vaccination until the isolation is discontinued
If a person has had the Bamlanivimab Treatment	Wait 90 days from the date of infusion
If a person has had, or is getting another vaccination (e.g., influenza)	No other vaccine should be administered 14 days before & after COVID-19 vaccine

Post Vaccination Considerations

Residents	Staff
S/S LIKELY to be related to the vaccine: fever, fatigue, chills, myalgia, arthralgia • Continue use of transmission-based precautions and monitor symptomatic residents for 2 days • Consider COVID-19 testing if S/S don't resolve within 2 days	S/S LIKELY to be related to the vaccine: fever, fatigue, chills, myalgia, arthralgia • Monitor for S/S to resolve in 2 days, if they don't resolve, consider testing • May be able to return to work if they are feeling well enough and **AFEBRILE** • **FEBRILE** employees should not work until 24 hours fever free (see CDC guidance for exception in crisis level staffing)
S/S UNLIKELY to be related to the vaccine: cough, shortness of breath, runny nose, sore throat, loss of taste and smell • Consider testing for COVID-19 or other infections • Place residents in Light Red Zone (i.e., private room in the same unit they currently are residing) pending test results. Do not transfer to COVID unit (dark red zone) unless COVID-19 confirmed.	S/S UNLIKELY to be related to the vaccine: cough, shortness of breath, runny nose, sore throat, loss of taste and smell • Exclude from work and consider testing for COVID-19 or other infections • Do not allow to return to work until they meet the CDC return to work guidelines

HCP Signs and Symptoms	Suggested approach	Additional notes
Signs and symptoms *unlikely* to be from COVID-19 vaccination: Presence of ANY systemic signs and symptoms consistent with SARS-CoV-2 infection (e.g., cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell) or another infectious etiology (e.g., influenza) that are not typical for post-vaccination signs and symptoms.	Exclude from work pending evaluation for possible etiologies, including SARS-CoV-2 infection, as appropriate. Criteria for return to work depends on the suspected or confirmed diagnosis. Information on return to work for HCP with SARS-CoV-2 infection is available here.	If performed, a negative SARS-CoV-2 antigen test in HCP who have signs and symptoms that are not typical for post-vaccination signs and symptoms should be confirmed by SARS-CoV-2 nucleic acid amplification test (NAAT). Further information on testing is available here: https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html
Signs and symptoms *that may be* from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection: Presence of ANY systemic signs and symptoms (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) that are consistent with post-vaccination signs and symptoms, SARS-CoV-2 infection or another infectious etiology (e.g., influenza). **Fever in healthcare settings is defined as a measured temperature of 100.0°F (37.8°C) or higher.**	Evaluate the HCP. HCP who meet the following criteria may be considered for return to work without viral testing for SARS-CoV-2: Feel well enough and are willing to work and Are afebrile* and Systemic signs and symptoms are limited only to those observed following COVID-19 vaccination (i.e., do **not** have other signs and symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste). If symptomatic HCP return to work, they should be advised to contact occupational health services (or another designated	If performed, a negative SARS-CoV-2 antigen test in HCP who have symptoms that are limited only to those observed following COVID-19 vaccination (i.e., do not have cough, shortness of breath, sore throat, or change in smell or taste) may not require confirmatory SARS-CoV-2 NAAT testing. Additional information is available here: https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html

Here is the new CDC guidance for how to approach staff post vaccination. (See screen shot).
You can find the full guidance on the following link:
CDC Post Vaccine Considerations for Healthcare Personnel https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html

Other CDC resources:
CDC Post Vaccine Considerations for Residents
https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html
CDC COVID-19 Vaccination
https://www.cdc.gov/vaccines/covid-19/index.html

ICAP

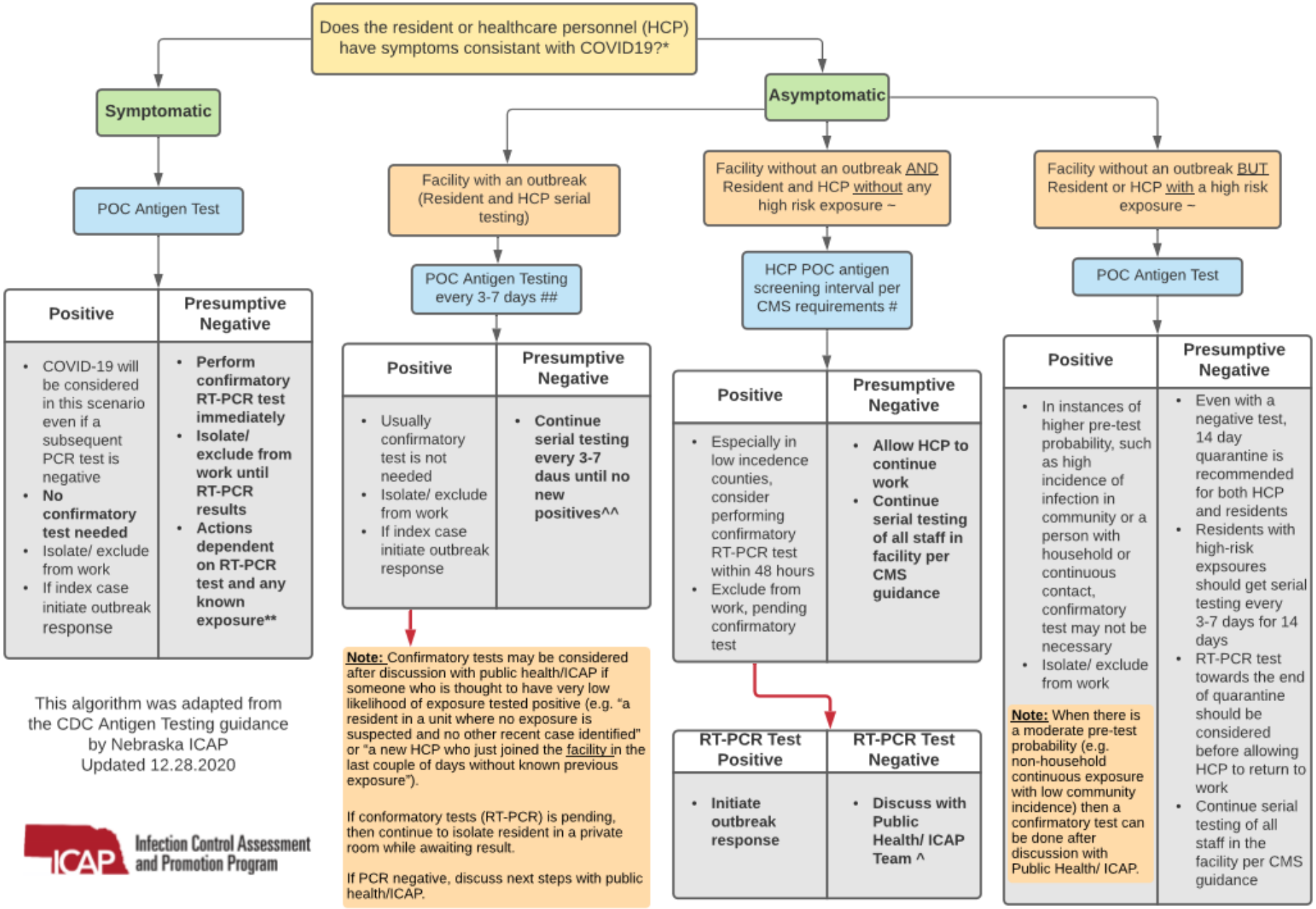
CONSIDERATIONS FOR INTERPRETING ANTIGEN RESULTS IN LTCF

Updated 12/28/2020

ICAP

Infection Control Assessment and Promotion Program

CONSIDERATIONS FOR INTERPRETING ANTIGEN RESULTS IN LTCF



This algorithm was adapted from the CDC Antigen Testing guidance by Nebraska ICAP
Updated 12.28.2020

ICAP Infection Control Assessment and Promotion Program

https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/12/12.28.20-ICAP-Adapted-CDC-POC-Testing-Algorithm.pdf

Pre-Submitted Questions

ICAP
Infection Control Assessment and Promotion Program

Topic: Visitation

Question:

Is ICAP encouraging the option of essential caregiver instead limited visitation (or visitation other than compassionate care)?

Answer:

ICAP encourages facilities to choose whichever path fits their situation best. Here are good resources to consider:

CMS guidance at https://www.cms.gov/files/document/qso-20-39-nh.pdf

Essential Caregiver Program:

- DHHS Guidance
    - http://dhhs.ne.gov/Documents/COVID-19-Long-Term-Care-Essential-Caregiver-Guidance.pdf#search=essential%20caregiver
- Leading Age Toolkit, menu at right of screen on
    - https://leadingagene.org/

Topic: Vaccination and Visitation

Questions:

- When can the facilities expect to alleviate the visitation restrictions for residents/families?
- Will we be able to open our doors once we have vaccinated the residents?
- Now that many of us have had the vaccine given to our teams and our residents when will we be able to open the facilities back up to visitors?

Answer:

ICAP will defer to CMS for future visitation guidance.

- The most current CMS memo regarding visitation is the following memo: https://www.cms.gov/files/document/qso-20-39-nh.pdf

Topic: Vaccination

Question:

Will staff who did not get vaccinated be required to be tested and wear PPE when providing cares for residents who were vaccinated?

Answer:

Specific to the vaccine, no additional PPE vaccine would be required.

PPE related to zoning, such as yellow zone PPE should continue, regardless of vaccine statue.

Universal mask and universal eye protection should continue for HCW, even for vaccinated employees [until community rates are much lower, and as guided by CMS].

Question:

After vaccination, will we be able to have 100% of residents out of their rooms to eat their meals each day and socialize with each other?

Answer:

ICAP will await direction from CMS and DHHS for this guidance on when 100% communal dining can be begin.

Topic: Vaccination

Question:

Do we see an end in sight regarding all the restrictions related to COVID 19 and nursing facilities? When can we expect to hear about these changes?

Answer:

We hope so! As soon as we hear any changes, we will communicate them with you!

Question:

Is there a better timeline as to when facilities will be getting vaccinated by CVS/Walgreens?

Answer:

NHCA would be the best source of information regarding the vaccination plan.

Topic: Vaccination and Testing

Questions:

- Do we know if facilities will still have to test after they have received the vaccine?
- After staff and residents get the 2nd vaccine, do they still need to COVID test with the facility schedule?

Answer:

ICAP will continue to recommend testing per CMS requirements for skilled nursing per the CMS memo QSO-20-38-NH until these requirements are updated

- https://www.cms.gov/files/document/qso-20-38-nh.pdf

Topic: Vaccination and Therapy Animals

Question:
After the first vaccination of residents and staff can dogs be allowed back in for therapy with our residents?

Answer:
Facilities that normally use therapy animals may not allow them at this time because people in many of these settings are at higher risk for serious illness with COVID-19.

Follow local guidance and facility protocols for social distancing, masks, and other ways to prevent COVID-19 from spreading.

If therapy animals are invited to a facility or other setting, follow the steps below.

- Therapy animal visits require some level of contact between clients and the therapy animal team.
    - When possible, keep animals at least 6 feet away from people and animals not participating in the visit.
    - Handlers and participants should wear a mask during the visit.
- Do not take therapy animals to visits if the animals are sick or have tested positive for the virus that causes COVID-19.
- People with symptoms of COVID-19 should not touch, be close to, or interact with therapy animals.
    - If someone was sick with COVID-19, they should wait until they recover to interact with therapy animals.
- Before and after every contact, the handler and anyone petting or having contact with the animal should wash their hands.
- Do not use items that multiple people handle, particularly if items are brought to multiple facilities between therapy visits (for example, leashes, harnesses, toys, or blankets).
    - If items like leashes must be brought between facilities, disinfect them after each use or facility.
- Do not let other people handle items that go into the animal's mouth, such as toys and treats.
- Disinfect items such as toys, collars, leashes, harnesses, therapy vests and scarves, and food/water bowls frequently.
- Do not allow therapy animals to lick or give "kisses".
- Do not wipe or bathe your therapy animal with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners.
    - There is no evidence that the virus can spread to people from the skin, fur, or hair of animals.
- Do not put masks on therapy animals.
    - Covering an animal's face could harm the animal.

https://www.cdc.gov/coronavirus/2019-ncov/animals/service-therapy-animals.html

Topic: COVID Vaccine Refusal

Question:

We are looking for guidance on residents that have opted out of receiving the vaccination.

Families have asked if there will be restrictions on their loved ones due to not receiving the vaccination. What stance is ICAP taking on this?

Answer:

Currently, restrictions are going to stay the same for all residents. When we know more information, we will communicate the changes.

Question:

We have been having a lot of staff refuse the vaccine as they see it as why get it if we still must wear PPE. Or they think they will get it down the road after the "see how the first round goes." How can we better educate?

Answer:

ICAP has updated our website with many resources for staff education and guidance.

Topic: COVID- Recovered Staff

Question:

When staff return to work after having Covid - how do we categorize their exposure risk? We are documenting it daily with health screen.

Answer:

Staff could be ill with another illness (such as influenza, rhinovirus, Norovirus, etc.) that could be harmful to residents and other staff. Therefore, continue to screen staff daily.

However, testing of staff is not recommended for those who are COVID-recovered for 90 days after COVID-onset (unless they develop new symptoms).

Topic: Retesting Within 3 Months of COVID Infection

Question:

Should facilities consider retesting within the first 3 months for new symptoms consistent with COVID-19 if alternative etiologies for the illness cannot be identified?

Answer:

Yes, re-infection within the first 90 days is very rare, but possible. We recommend a RT-PCR test (such as TestNE). Call ICAP if this occurs, as a re-infection investigation will likely need to start.

Topic: PCR Testing for Gray Zone

Question:

Is PCR recommended before moving a resident out of any quarantine, not just gray zone?

In one of the Thursday calls it was recommended that a PCR be obtained before moving a resident from gray quarantine. Is PCR required or would POC antigen testing be acceptable?

Answer:

(This was addressed on the 12/10/2020 webinar, slide 18 on the Transition [Gray Zone] CDC Information slide).

CDC: Considerations for new admissions or readmissions to the facility

- New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission).
    - Testing at the end of this period could be considered to increase certainty.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Topic: PPE

Question:

Why are some facilities required to change their N95 mask every time they leave a red zone residents' room?

Answer:

N95 extended use is determined by the supply of PPE that a facility has. If the facility has enough N95 respirators to accommodate conventional use they should practice this.

Question:

After receiving the COVID vaccination, will staff still need to wear full- COVID PPE?

Answer:

Immunity is not immediate; staff should continue to wear PPE based on the facility status and zones until after the second dose and more information becomes available.

Topic: CLIA License

Question:

What do you do if a facility would like to receive BinaxNOW cards from their health department, but their CLIA license expired on 8/31/20?

Answer:

Testing with the BinaxNOW cards should not be completed. Therefore, the CLIA license would need to be renewed before the facility can do any testing.

Here is guidance on How to Obtain a Certificate of Waiver

https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/HowObtainCertificateofWaiver.pdf

Other Topics:

Question:

This question is indirectly related to COVID--curious if facilities have created some type of form or consent for residents to sign for live-video (i.e., Zoom) medical appointments--necessary or not? Thank you!

Answer:

This is a great question! ICAP doesn't have a recommendation on this but it would be a good topic to bring up in the ECHO forum on our calls or on the private ECHO Facebook group for discussion with other facilities.

Updates

ICAP

Infection Control Assessment and Promotion Program

Tele ICAR Acute Care Response

Nebraska Medicine

Nebraska ICAP Acute Care Support and Services

Infection Preventionists can be reached at **(402)552-2881**
During the hours of 8 AM – 10 AM and 2 PM- 4 PM, Monday – Friday
Infection Preventionists can also be reached via email at
nebraskaicap@nebraskamed.com

ICAP
Infection Control Assessment and Promotion Program

The Nebraska ICAP (Infection Control and Assessment Promotion) Program is a grant funded team that works through a CDC grant for Biopreparedness. The ICAP Team is proud to announce they have Infection Prevention and Control support for acute care facilities in Nebraska.

The Nebraska ICAP Team is composed of Infectious Disease Physicians and Infection Preventionists that have a background in the acute care setting. They are committed to helping facilities review and identify infection control needs and help to provide support and resources as needed to those facilities.

While Nebraska ICAP works closely with CDC, Nebraska DHHS and other State Agencies, they are not a regulatory reporting agency. Nebraska ICAP is meant to be a resource to assist facilities with their infection control and prevention questions and will keep any facility information confidential to the ICAP Team. Any information used for presentation of grant deliverables or other data will be de-identified before use.

General Infection Prevention and Control Office Hours

Call with questions regarding general Infection Prevention and Control

- PPE
- Hand Hygiene
- Sharps Safety
- Waterline Maintenance
- Environmental Cleaning
- Hazardous Waste Management
- Sterilization and Disinfection
- Respiratory Hygiene / Cough Etiquette

Prevention and Control Facility Review COVID-19 Infection

Call to schedule a time with an Infection Preventionist for a virtual infection control facility review and interview with your team. Plan 90 minutes for assessment and a separate 30 minute virtual meeting to discuss operationalizing the feedback.
Acute Care Infection Preventionists:
Karen Amsberry
kamsberry@nebraskamed.com
Jody Scebold
jscebold@nebraskamed.com

Limited availability
Due to COVID-19, this review will be completed through a phone or Zoom interview until further notice

COVID-19 Response

Call with specific questions regarding COVID-19 response in the dental setting

- COVID-19 safety for Staff and Patients
- Testing
- Contact tracing
- Isolation and Discontinuation of Isolation Guidelines

COVID-19 Infection Prevention and Control

Call with questions regarding COVID-19 specific Infection Prevention and Control

- PPE
- Hand Hygiene
- Respiratory Protection
- Respiratory Hygiene / Cough Etiquette

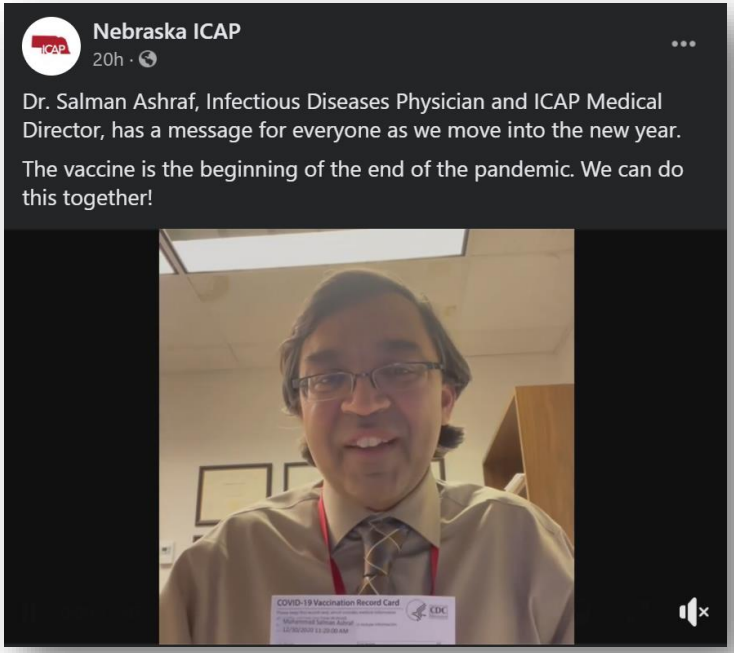
https://icap.nebraskamed.com/covid-19-tools-for-acute-care/

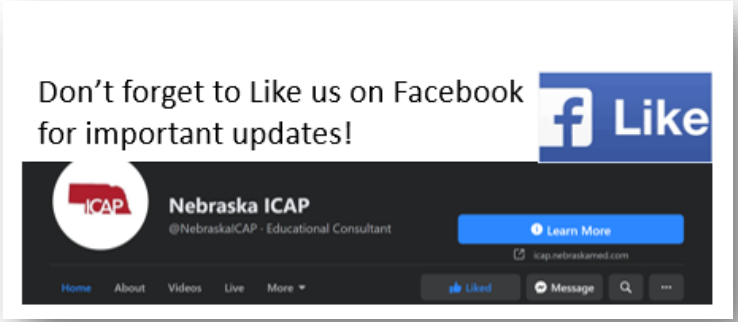
ICAP

Announcements

- Don't forget to follow our Facebook page (@NebraskaICAP) for Infection control updates, educational opportunities and inspirational messages from the team. Make sure you go watch a special message from Dr. Ashraf on the Facebook page!

- We are getting ready to launch a Train-the-Trainer course for Local Health Department staff to be able to provide more collaborative support to LTCF





Webinar CE Offerings

ICAP

Infection Control Assessment and Promotion Program

Webinar CE Process

1 Nursing Contact Hour Contact Hour is offered for attending this LIVE webinar

1. A survey will open upon completion of the webinar, **you must complete the survey to get your CE credits.** Please note: Your web browser makes a difference. Google Chrome is the suggested browser.
2. 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)
3. Nursing Certificates will be emailed to you by the 15th of the following month
4. You must have a NAB account to claim credit with them
5. You must provide your NAB number for us to submit attendance to the NAB system

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

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

ICAP

Infection Prevention and Control: Office and On-Call Hours

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 10:00 AM Central Time

2:00 PM - 4:00 PM Central Time

On-Call Hours are

Monday – Friday 4:00 PM – 8:00 PM and

8:00 AM – 8:00 PM Weekends and Holidays

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

ICAP