

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



Nebraska
Medicine

Today's topic: Pre-Submitted Questions

Guidance and responses were provided based on information known on 2/16/2021 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and jurisdictional guidance for updates.

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



Question

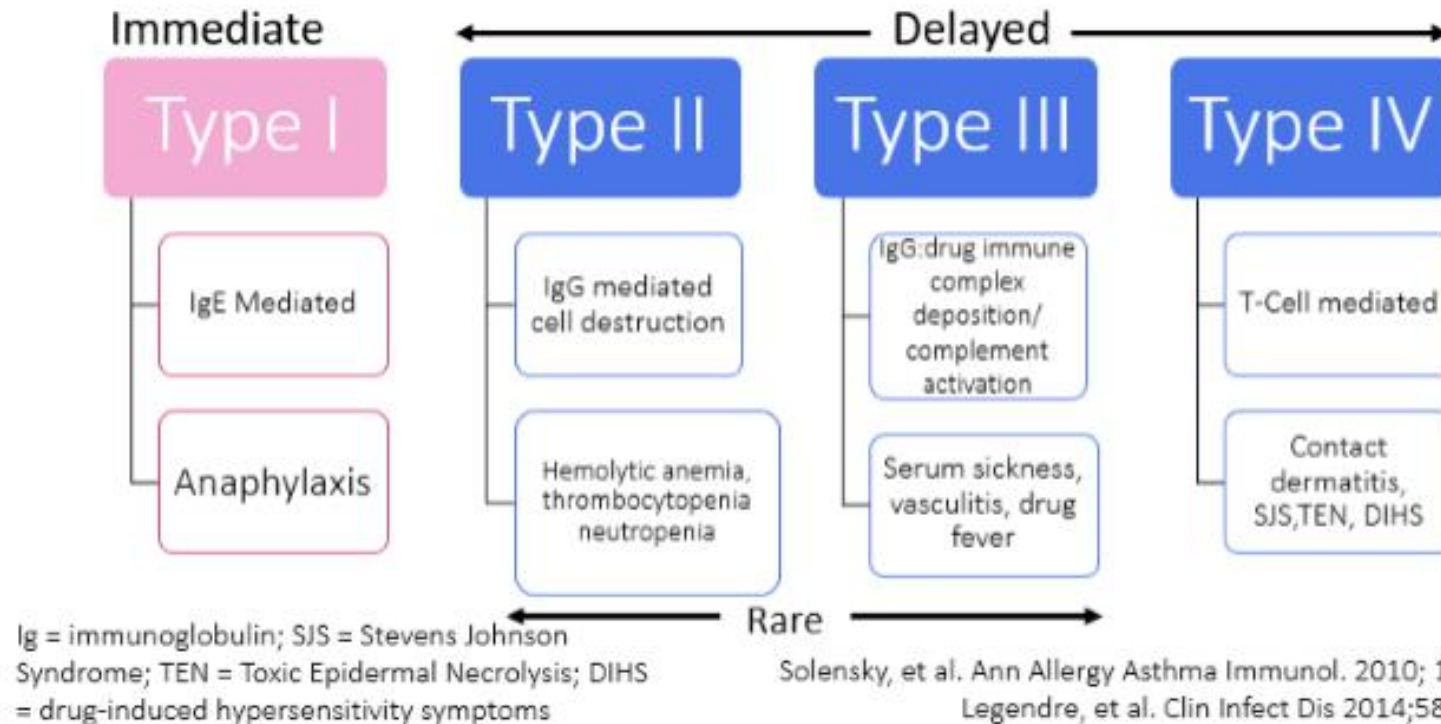
What is the appropriate recommendation when patients have history of moderate/severe IgE-mediated (full body hives, anaphylaxis) penicillin allergy when cefazolin is the first-line antibiotic for surgical prophylaxis?

- We have some providers who want to give cefazolin in this situation. But some nurses and pharmacists are uncomfortable with the contraindication/allergy alert in the EHR in these scenarios.
- Would like to create a guideline in this situation to standardize practice more.



Beta-lactam Allergy Tip Sheet

Hypersensitivity Type, Mechanism, and Clinical Manifestations



Cross-reactivity amongst Beta-lactams

(+) Known cross-reactive (X) Similar or same side chain	Penicillin	Amoxicillin	Ampicillin	Cephalexin	Cefazolin	Cefuroxime	Cefoxitin	Ceftriaxone	Cefotaxime	Ceftazidime	Cefepime	Cefiderocol	Aztreonam
Penicillin		+	+	+									
Amoxicillin	+		+	+									
Ampicillin	+	+		X									
Cephalexin	+	+	X										
Cefazolin													
Cefuroxime							X	X	X		X		
Cefoxitin						X							
Ceftriaxone						X			X		X		
Cefotaxime						X		X			X		
Ceftazidime												X	X
Cefepime						X		X	X				
Cefiderocol										X			X
Aztreonam										X		X	



References

1. Romano A, Valluzzi RL, Caruso C, Maggioletti M, Quaratino D, Gaeta F. Cross-Reactivity and Tolerability of Cephalosporins in Patients with IgE-Mediated Hypersensitivity to Penicillins. J Allergy Clin Immunol Pract 2018; 6(5): 1662-72.
2. Romano A, Gaeta F, Valluzzi RL, Maggioletti M, Caruso C, Quaratino D. Cross-reactivity and tolerability of aztreonam and cephalosporins in subjects with a T cell-mediated hypersensitivity to penicillins. J Allergy Clin Immunol 2016; 138(1): 179-86.
3. Gaeta F, Valluzzi RL, Alonzi C, Maggioletti M, Caruso C, Romano A. Tolerability of aztreonam and carbapenems in patients with IgE-mediated hypersensitivity to penicillins. J Allergy Clin Immunol 2015; 135(4): 972-6.
4. Romano A, Gaeta F, Valluzzi RL, et al. Absence of cross-reactivity to carbapenems in patients with delayed hypersensitivity to penicillins. Allergy 2013; 68(12): 1618-21.

Courtesy of: Meghan Jeffres, et al. University of Colorado



Question:

What are other facilities doing for pre-operative COVID testing for planned procedures?

Ongoing discussion across the state

- Factors in pre-surgical COVID-19 testing include:
 - Limitations of testing:
 - PCR TAT- in-house laboratory capacity or use of external lab
 - pre-testing patient “no-shows”
 - Require quarantine until day of procedure
 - Antigen reliability (false positives/false negative)
 - Cancellations and impact on surgery schedule

Other considerations:

Are facilities taking into consideration patient vaccination status (if applicable)?



Add reference for post-vaccination pre-procedural COVID testing



Nebraska Medicine (current as of 2/16/2021)

Perioperative and procedural

Principles for scheduling surgeries

- [Operative principles for procedures summary](#)

Pre-procedural guidance

- [Pre-procedural testing for non-metro patients](#)
- [FAQ for providers – pre-procedural](#)
- [FAQ for patients – pre-procedural](#)

Perioperative and procedural guidance

- [Summary guidance document – Perioperative/Procedural](#)
- [Addendum A – Procedure Flowsheet and Scenarios](#)



Question



- How do we combat vaccine information coming from our own staff?
- How do we fight the urge to declare “COVID is over”?
 - This seems to be happening in many places especially with the decline in cases and removal of restrictions at the state level.
- How can we help messaging to local community/public?
 - Reliable resources and information
 - How much information is too much?
 - How often should the information be shared?



Preparing Staff for COVID-19 Vaccination

Encourage Open Communication Among All Staff






- Staff may have lots of questions or concerns about vaccine safety and side effects.
- Being available for open, honest discussions about the vaccine across job areas in your facility can help address staff questions and concerns.
- These discussions can also help you gather input on how to best build vaccine confidence within your facility.
- Understandably, you may not have answers to all their questions, but creating a feedback mechanism to provide answers in the future can be helpful.





**LANGUAGE THAT WORKS
TO IMPROVE VACCINE ACCEPTANCE**

Communications Cheat Sheet

TIPS

-  **TAILOR YOUR MESSAGE FOR YOUR AUDIENCE.** Americans' perceptions about vaccines and their safety differ by political party, race, age, and geography.
-  **EXPLAIN THE BENEFITS OF GETTING VACCINATED, NOT JUST THE CONSEQUENCES OF NOT DOING IT.** Say, "Getting the vaccine will keep you and your family safe," rather than calling it "the right thing to do." Focus on the need to return to normal and reopen the economy.
-  **TALK ABOUT THE PEOPLE BEHIND THE VACCINE.** Refer to the scientists, the health and medical experts, and the researchers – not the science, health, and pharmaceutical companies.
-  **AVOID JUDGMENTAL LANGUAGE WHEN TALKING ABOUT OR TO PEOPLE WHO ARE CONCERNED.** Acknowledge their concern or skepticism and offer to answer their questions.
-  **USE (AND REPEAT) THE WORD "EVERY" TO EXPLAIN THE VACCINE DEVELOPMENT PROCESS.** For example: "Every study, every phase, and every trial was reviewed by the FDA and a safety board."

Use These Words MORE:	Use These Words LESS:
The benefits of taking it	The consequences of not taking it
Getting the vaccine will keep you safe	Getting the vaccine is the right thing to do
A return to normal	Predictability/certainty
Your family	Your community
Medical experts	Scientists/health experts
Research	Discover/create/invent
Medical researchers	Drug companies
Damage from lockdowns	Inability to travel easily and safely
A transparent, rigorous process	The dollars spent; number of participants
Safety	Security
Pharmaceutical companies	Drug companies
Advanced/groundbreaking	Historic
Vaccination	Injection/inoculation
America's leading experts	The world's leading experts
Skeptical/concerned about the vaccine	Misled/confused about the vaccine



www.changingthecovidconversation.org

<https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/prepare-staff.html>

https://debeaumont.org/covid-vaccine-poll/?fbclid=IwAR2mj7GAPZJX9Y_H6YalzJjC-dzsgPEDeTDga6JRzRELhaC0M9RKR6WUn8

Information and Media Literacy

Project Firstline



Background

- Many media outlets are reporting on the COVID-19 pandemic, the vaccine, and associated policies and politics. Some of these outlets promote drastically different points of view on these topics
- Social media platforms have also allowed both experts and non-experts to share their personal opinions on these topics worldwide
- It can be hard to differentiate between what information being shared via traditional and social media is trustworthy and accurate



Information and Media Literacy (IML)

- It is your right to be an informed citizen with access to accurate information
- Includes all types of information sharing:
 - Interpersonal communications
 - Traditional media (print, radio, and TV news)
 - Digital & social media
- IML consists of the knowledge and attitudes surrounding:
 - How to obtain reliable information
 - How to evaluate the information critically
 - How to share and use information in an ethical and responsible way

<https://library.redlands.edu/iml>



Critical Thinking

When looking at a media message consider the following critical thinking questions:

Who created the content?

- Are they a subject matter expert?
- Does this person or institution have a financial or other conflict of interest?

Why did they create the content?

- Who is the intended audience?
- What do the authors want to persuade you to believe or do?

What concrete information supports the message?

- Are reputable sources being cited?
- Does the author invoke anecdotes or high-quality data? Are they reporting first-hand or second-second experiences?
- Is the information being presented in a difficult to understand or misleading way? Were any details left out? Why?



Reputable Sources

How can you tell if information is coming from a reputable source?

- Has the author supplied references? Do references include scholarly sources?
- Is the information provided verifiable by an external source?
- Does the information contain statistics that can be verified?
- Is the language or tone opinion based?

What to avoid:

- Information with no reference list or verifiable information (do some fact checking)
- Information solely from non-expert sources (it is easy for anyone to post their opinion only)
- Information solely from sources with a history of presenting inaccurate or misleading presented data

<https://libanswers.snhu.edu/faq/104710>



Reputable Sources

- Subject matter experts: credible experts who are readily able to cite their source material and background on a topic
- Federal/ State/ Local Agencies:
 - Department of Health and Human Services (DHHS)
 - Centers for Disease Control and Prevention (CDC)
 - Food and Drug Administration (FDA)
 - Centers for Medicare and Medicaid Services (CMS)
- Major Professional Organizations (AMA, AAP, etc.)
- Large academic and health institutions (e.g., UNMC and ICAP!)



Quality of information:

Most reliable

Consensus statements and guidelines backed by high-quality scientific data and endorsed by major expert organizations (e.g., NIH guidelines on treatment of COVID-19)

Well-designed studies from major scientific journals that are being promoted by trusted experts (e.g., New England Journal of Medicine articles on COVID-19 vaccine trials)

News reporting from credible sources that cites verifiable information and includes views from multiple subject matter experts; opinions from individual trusted subject matter experts who cite relevant data

Opinions from non-experts, especially when backed solely by anecdotes, second-hand accounts, or 'common sense' (e.g., "My friend on Facebook said that when she got the vaccine...")

Least reliable



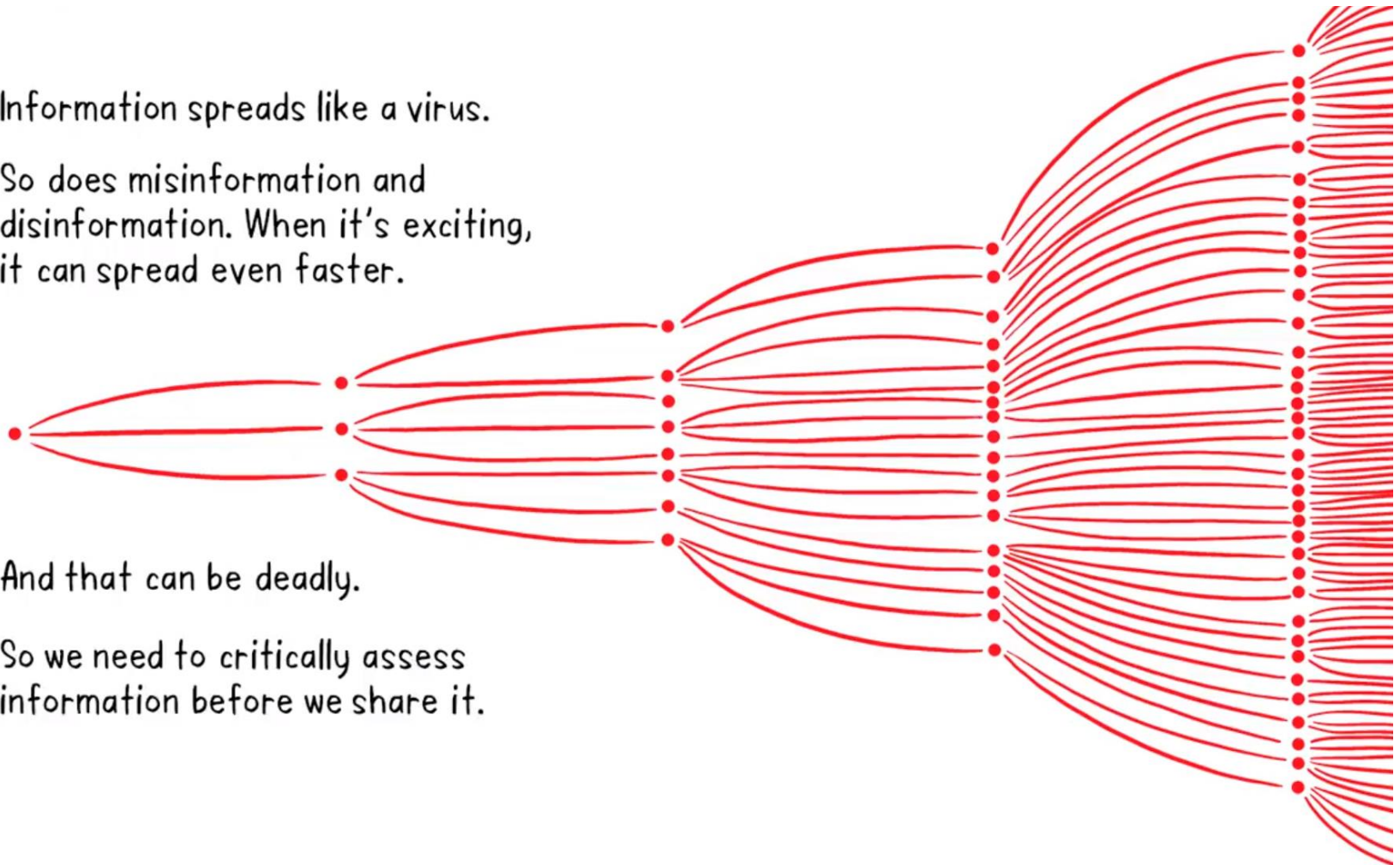
What can you do?

- Be aware that about 1 in 5 Americans get their news from social media
- You have a responsibility to help limit the spread of misinformation
- Before sharing something, you should
 - Determine if the source is a well-known media outlet
 - Check the date, often things are outdated and there is more current information available
 - Read the entire article or watch the entire video, don't blindly post/share
 - Determine the context of the information; are all facts presented?
 - Assess credibility of the author/publisher
 - Assess sources used for the creation of the media; are they reliable?
 - Check any links to see where they send you
- If you find false information, don't repost or share it. Once someone sees it, in any context, it is hard to correct their understanding of the information



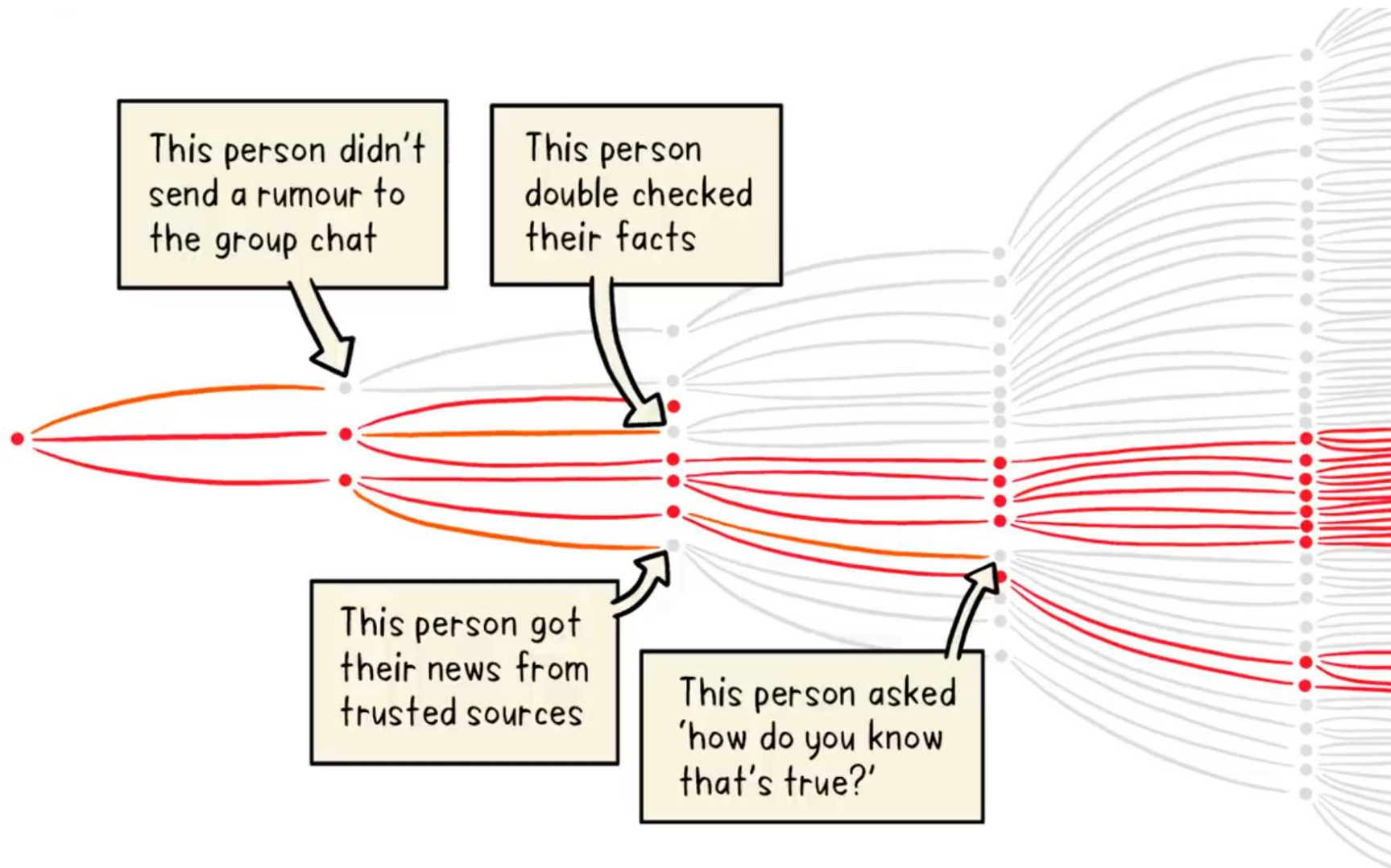
Information spreads like a virus.

So does misinformation and disinformation. When it's exciting, it can spread even faster.



And that can be deadly.

So we need to critically assess information before we share it.



CDC COVID-19 Information

Things to Know about the COVID-19 Pandemic

Key Things to Know About COVID-19 Vaccines

Benefits of Getting a COVID-19 Vaccine

Prevent Getting Sick

Daily Activities and Going Out



CDC Travel Guidelines (as of 2/2/21)

New Travel Requirements:

All air passengers coming to the United States, including U.S. citizens, are **required** to have a negative COVID-19 test result **or** documentation of recovery from COVID-19 before they board a flight to the United States.

- [FAQ](#) for more information

Check Travel Restrictions

State, local, and territorial governments may have travel restrictions in place, including testing requirements, stay-at-home orders, and [quarantine](#) requirements upon arrival. For up-to-date information and travel guidance, check the [state or territorial and local](#) health department where you are, along your route, and where you are going.

[CDC COVID-19 Travel Planner](#) (domestic)

[CDC COVID-19 Travel \(International\)](#)



Maximizing Fit for Cloth and Medical Procedure Masks

https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm?s_cid=mm7007e1_w



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.

+	COVID-19 LTCF Webinar Slides
+	COVID-19 LTCF Webinar Recordings
+	COVID-19 Outpatient Webinar Slides
+	COVID-19 Outpatient Webinar Recordings
+	COVID-19 Update for Outpatient and Small & Rural Hospitals Webinar Slides
+	COVID-19 Update for Outpatient and Small & Rural Hospitals Webinar Recordings

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



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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