

Guidance and responses were provided based on information known on 4/29/2021 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

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

COVID-19 and LTC

April 29, 2021



**Infection Control Assessment
and Promotion Program**

Presentation Information:

Panelists today are:

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

<https://icap.nebraskamed.com/covid-19-webinars/>

Use the Q&A 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.

Continuing Education Disclosures

- 1.0 Nursing Contact Hour and 1 NAB 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 and complete the 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

COVID Updates from CDC and CMS

Updated on 4/27/2021



**Infection Control Assessment
and Promotion Program**

Update Guidance 4/27/2021

Interim Final Rule (IFC), CMS-3401-IFC,
Additional Policy and Regulatory
Revisions in Response to the COVID-19
Public Health Emergency related to
Long-Term Care (LTC) Facility Testing
Requirements and Revised COVID19
Focused Survey Tool

[QSO-20-38-NH REVISED \(cms.gov\)](#)

Nursing Home Visitation - COVID-19
[QSO-20-39-NH REVISED \(cms.gov\)](#)

[Updated Healthcare Infection
Prevention and Control
Recommendations in Response to
COVID-19 Vaccination | CDC](#)

What has not changed?

Use of Personal Protective Equipment (PPE)

- Recommendations for [use of personal protective equipment by HCP](#) remain unchanged.

Source Control

- In general, fully vaccinated HCP should continue to wear source control while at work.
- Universal use of a well-fitting facemask for source control is recommended for HCP if not otherwise wearing a respirator.

Eye Protection

No changes in the recommendations for the use of **eye protection**:

- HCP working in facilities located in areas with **moderate to substantial community** transmission
 - Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions.
- HCP working in areas with **minimal to no** community transmission
 - Continue to adhere to Standard and Transmission-Based Precautions based on anticipated exposures and suspected or confirmed diagnoses.
 - This might include use of **eye protection**, an N95 or equivalent or higher-level respirator, as well as other PPE

What has been updated?

- Updated visitation guidance to describe circumstances when source control and physical distancing are not required during visitation
- Added guidance for communal activities and dining in healthcare settings
- Updated SARS-CoV-2 testing recommendations

Visitation

Physical distancing and source control recommendations when **both** the patient/resident and all of their visitors are **fully vaccinated**:

- While alone in the patient/resident's room or the designated visitation room, patients/residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.
- Visitors should wear source control and physically distance from other healthcare personnel and other patients/residents/visitors that are not part of their group at all other times while in the facility.

Physical distancing and source control recommendations when **either** the patient/resident or any of their visitors are **not fully vaccinated**:

- The safest approach is for everyone to maintain physical distancing and to wear source control.
- However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.



Can I ask a visitor for proof of vaccination if they want to visit without source control?

Best Practices for visitation if visitor and resident choose to interact without social distancing and source control

- **Confirm visitor vaccination status**, such as by seeing the COVID-19 vaccination card
 - Screening for symptoms and exposure
 - Ensure the visitor is fully vaccinated according to doses and dates
 - “Fully vaccinated” refers to a person who is
 - ≥ 2 weeks following receipt of the second dose in a 2-dose series, or
 - ≥ 2 weeks following receipt of one dose of a single-dose vaccine.
- Visit occurs in a private room or designated visitation room
- Visitor should keep mask on during check in and throughout the facility until they reach the location of the visit. Only then is ok to remove the mask.
- If resident or any of the visitors are not fully vaccinated, then visitation without source control (i.e masking) **is not recommended**

Communal Activities Within a Healthcare Setting

For Healthcare Personnel

In general, fully vaccinated HCP should continue to wear source control while at work.

Fully vaccinated HCP could dine and socialize together in **break rooms** and **conduct in-person meetings without source control or physical distancing.**

If **unvaccinated HCP** are present, everyone should wear source control and unvaccinated HCP should physically distance from others.

Communal Activities Within a Healthcare Setting

For Patients/Residents

Group activities:

- If all patients/residents participating in the activity **are fully vaccinated**, then they may choose to have close contact and to not wear source control during the activity.
- If **unvaccinated patients/residents are present**, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others.

Communal dining:

- **Fully vaccinated patients/residents** can participate in communal dining without use of source control or physical distancing.
- If **unvaccinated patients/residents are dining in a communal area** (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others.

Communal Activities Within a Healthcare Setting

Community Outings Reminders:

- Patients/residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to **avoid crowds** and **poorly ventilated spaces**.
 - They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including **source control, physical distancing, and hand hygiene**.
 - If they are visiting friends or family in their homes, they should follow the **source control and physical distancing** recommendations for visiting with others in private settings as described in the [Interim Public Health Recommendations for Fully Vaccinated People](#).

Choosing Safer Activities

		Unvaccinated People	Your Activity	Fully Vaccinated People
			Outdoor	
Safest			Walk, run, roll, or bike outdoors with members of your household	
			Attend a small, outdoor gathering with fully vaccinated family and friends	
			Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	
Less Safe			Dine at an outdoor restaurant with friends from multiple households	
Least Safe			Attend a crowded, outdoor event, like a live performance, parade, or sports event	

Choosing Safer Activities

		Unvaccinated People	Indoor	Fully Vaccinated People		
Less Safe			Visit a barber or hair salon		Safest	
			Go to an uncrowded, indoor shopping center or museum			
			Ride public transport with limited occupancy			
			Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households			
Least Safe			Go to an indoor movie theater			
			Attend a full-capacity worship service			
			Sing in an indoor chorus			
			Eat at an indoor restaurant or bar			
			Participate in an indoor, high intensity exercise class			

Should we still test when fully vaccinated residents return from community outings?

- Routine testing of asymptomatic residents should not be done.
- However, testing is allowed for special circumstances.
- ICAP suggests that if residents were involved in those activities which required masking during community outing, facilities should still plan to test them twice weekly for two weeks upon return especially if there is no way to be sure that recommended infection prevention and control measures including masking and physical distancing were adhered to during the visit.
- Fully vaccinated residents do not need to be quarantined upon return from community outing unless have a exposure to someone known to have COVID-19
- Unvaccinated residents may still need to be quarantine upon return from community outing

Testing

Expanded screening testing of asymptomatic HCP should be as follows:

- **Fully vaccinated HCP** may be **exempt** from expanded screening testing.
 - However, per recommendations above, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.
- In nursing homes, **unvaccinated HCP** should continue expanded screening testing as previously recommended

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency of Unvaccinated Staff
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*Vaccinated staff do not need be routinely tested.

*This frequency presumes a community of staff or on-site testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Testing

Anyone with symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test immediately.

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested	Residents, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*	Test all residents, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

Testing

Asymptomatic HCP with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.

- People with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact.

Example:

Staff member who lives at home with her husband who is COVID positive.

Test the staff member immediately after notification of the exposure, as well as 5-7 days after the exposure.

Testing

In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients (**regardless of vaccination status**) remain unchanged.

- In nursing homes with an outbreak of SARS-CoV-2, HCP and residents, **regardless of vaccination status**, should have a viral test every 3-7 days until no new cases are identified for 14 days.

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested	Residents, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*	Test all residents, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

Project ECHO – Continuation Phase



**Infection Control Assessment
and Promotion Program**

UNMC ID Project ECHO – Continuation Phase Announcement

Total 19 Weeks of Learning.

Topics for first 5 Week:

- Explain post-vaccination practices needed in nursing homes. (Already discussed last week)
- **Prepare visitation policies that align with updated guidance including the impact of COVID-19 vaccination**
- Apply strategies for risk mitigation and adherence to core principles of COVID-19 infection prevention.
- Summarize Personal Protective Equipment (PPE) protocols for post vaccination practice
- Modify workforce considerations post vaccination.

UNMC ID Project ECHO – For reserving your spot in continuation phase please fill out the following survey

- <https://redcap.nebraskamed.com/surveys/?s=HTKXRLTKAC>

ABOUT US PRACTICE TOOLS INITIATIVES CORONAVIRUS WALL OF HONOR CONTACT US

ADDITIONAL RESOURCES 

- For any additional questions email UNMC ID ECHO Team at:

- unmcidecho@unmc.edu



UNMC ID Nursing Home Project ECHO Continuation Phase: [Click to enroll](#)

NOTE: PARTICIPANTS WILL HAVE TO REGISTER THEMSELVES INDIVIDUALLY USING THE LINK TO GET REGULAR UPDATES FROM THE ECHO ON THE SESSIONS



COVID-19 Vaccine Wall of Honor Bronze Medal Members

Bronze Medal
Member by
reaching 70%
staff COVID-
19 vaccination
rate

❖ Brookside Rehab Center,
Lincoln, NE



COVID-19 Vaccine Wall of Honor

Silver Medal Members

Silver Medal
Member by
reaching 80%
staff COVID-
19 vaccination
rate

❖ Douglas County Health Center,
Omaha, NE



54 LTC Facilities for the ICAP COVID-19 Vaccine Wall of Honor through 4/22/2021

Gold- Level Members

Azria Gretna
Central Ne Veteran's Home
Good Sam Beatrice
Good Shepherd's Village AL
Greeley Care Home and AL
Havelock Manor
Hillcrest Mable Rose
Hillcrest Millard
Hillcrest Silver Ridge
House of Hope AL and Memory Care
Kingswood Court
Nebraska PEO Home
Rosewood Court Assisted Living-
Henderson Healthcare
Royale Oaks AL
Southview Heights
Tabitha in Crete
The Village at Regional West
The Waterford at Miracle Hills
The Willows AL
Valley View
Wakefield Care Centers

Silver- Level Members

Arbor Care Centers
Valhaven
Arbor Care Hartington
Cedarwood AL
Douglas County
Health Center
Falls City Care Center
Hillcrest Grand Lodge
Hillcrest Shadow Lake
Jefferson Community
Health and Life -
Gardenside
Pawnee City AL
The Evergreen AL
The Meriwether

Bronze-Level Members

Ambassador health Omaha
Blue Valley Lutheran Homes
Brookside Rehab Center,
Christian Homes
Clarkson Comm Care Center
Dunklau Gardens
Eastern Ne Veteran's Home
Florence Home of Omaha
Good Shepherd Lutheran Community
Heritage Care Center Fairbury
Hillcrest Firethorn
Legacy Square LTC Facility- Henderson
Healthcare
Louisville Care Community AL
Louisville Care Community LTC
Mid-Ne Lutheran home
Mitchell Care Center
New Cassel Retirement
Nye Pointe Health & Rehab
Prairie Breeze AL
Tabitha at the Landing
Tri Valley Assisted AL
Well-Life Papillion

COVID-19 Tele-ICAP Reviews

- ICAP is offering COVID-19 focused virtual ICAR reviews to LTC, outpatient and acute care facilities
- The review will assess the status of COVID-19 policies and procedures and offer a summary of recommendations from ICAP
- Home Health Agencies fall under the outpatient umbrella and ICAP has developed a HH focused review to support our HH partners
- Contact NE ICAP at 402.552.2881 to be connected with the IP responsible for the facility

Webinar CE Process

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

A separate survey must be completed for each attendee.

Nursing Contact Hours:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued monthly for all webinars attended
- Certificate comes directly from ICAP via email
- Certificate is mailed by/on the 15th of the next month

NAB:

- ∅ Completion of survey is required.
 - ∅ The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- ∅ You must have a NAB membership
- ∅ Credit is retrieved by you
- ∅ Any issues or questions regarding your credit must be directed to NAB customer service.
 - ∅ ICAP can verify survey completion and check the roster list

Contact Marissa with questions:

Machaney@nebraskamed.com

402-552-2881



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**

Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

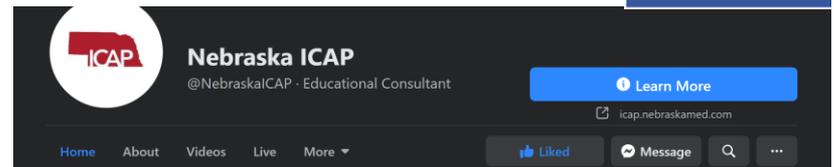
Panelists:

- Dr. Salman Ashraf
 - Kate Tyner, RN, BSN, CIC
 - Margaret Drake, MT(ASCP),CIC
 - Jenifer Acierno
 - Becky Wisell
 - Dan Taylor
-
- Moderated by Marissa Chaney
 - Supported by Margaret Deacy
 - Slide support from Lacey Pavlovsky, RN, MSN, CIC

The screenshot shows a list of COVID-19 LTCF Webinar Slides and Recordings. A green arrow points to the recording link for the webinar on 04.02.2020. On the right side, there is a vertical menu with several resource categories: COVID-19 RESOURCES - PPE, COVID-19 RESOURCES - SCHOOLS & BEHAVIORAL HEALTH, COVID-19 RESOURCES - EXPERT INFORMATION, COVID-19 WEBINARS, COVID-19 TOOLS FOR LTCF, and STAFFING RESOURCES.

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

Don't forget to Like us on Facebook for important updates!



Quality Measure: High-Risk Residents with Pressure Ulcers/Injuries

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist
TMF Quality Innovation Network

TMF Health Quality Institute CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist
TMF Quality Innovation Network

NHSN Vaccine Reporting Modules

1. Weekly Influenza Vaccination Data Reporting

Master website link for this module: <https://www.cdc.gov/nhsn/ltc/vaccination/index.html>

2. Weekly COVID-19 Vaccination Reporting

- Master website link for this module: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
- *Please send any questions via e-mail to: nhsn@cdc.gov with ‘**Weekly COVID-19 Vaccination**’ in the subject line.*

Weekly reporting is currently optional for both modules however, CMS is looking for you to start reporting,

NHSN RESOURCES

- **TMF NHSN resources:** [NHSN Resources](#)
- **CDC NHSN COVID19 Module:**
<https://www.cdc.gov/nhsn/ltc/covid19/index.html>
- **Details on SAMS Level 3:** [SAMS Level Three Access](#)
 - › *Having backup Users is crucial to staying in compliance with reporting!*
 - › **This process can take up to four weeks to be completed, but you will not lose access to NHSN at any time during the process.**

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#).
- *Can be completed on a cell phone*
- **Frontline nursing home staff modules:**

Module 1: Hand Hygiene and PPE

Module 2: Screening and Surveillance

Module 3: Cleaning the Nursing Home

Module 4: Cohorting

Module 5: Caring for Residents with Dementia in a Pandemic

- **3 hours total training time**

- **Management staff modules:**

Module 1: Hand Hygiene and PPE

Module 2: Screening and Surveillance

Module 3: Cleaning the Nursing Home

Module 4: Cohorting

Module 5: Caring for Residents with Dementia in a Pandemic

Module 6: Basic Infection Control

Module 7: Emergency Preparedness and Surge Capacity

Module 8: Addressing Emotional Health of Residents and Staff

Module 9: Telehealth for Nursing Homes

Module 10: Getting Your Vaccine Delivery System Ready

- **4 hours total training time**

TMF LTC Connect – 30 minute sessions

- **May 20 – Hit the Easy Button on NHSN COVID Data**
- Register: [May 20 - NHSN COVID Data Webinar](#)

- **June 10 – Hit the Easy Button on NHSN COVID Data *Part 2***

- Sessions start at 1:30 pm

Reach out to us at:
nhnetwork@tmf.org
to submit requests for
assistance with
**NHSN reporting problems
or quality improvement
assistance.**