

Guidance and responses were provided based on information known on 4/8/2021 and may become out of date.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

April 8, 2021

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Infection Control Assessment
and Promotion Program

Presentation Information:

Panelists today are:

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Moderated by Marissa Chaney

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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

Using NESIIS – Poll Question



**Infection Control Assessment
and Promotion Program**

Later-Poll Question

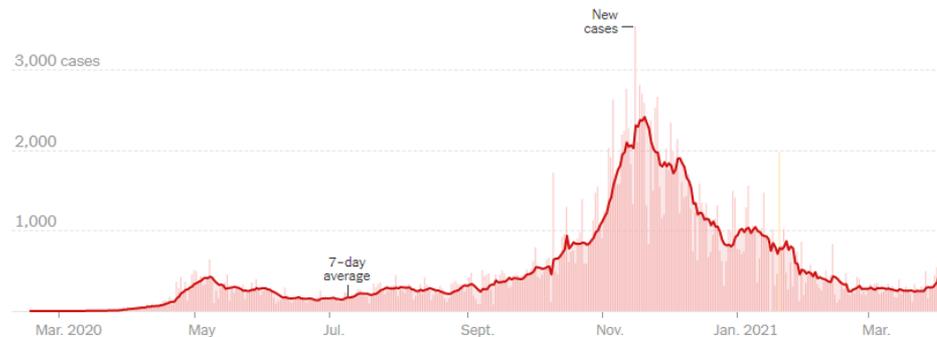
Please let us know

- Do you have a designated staff member entering data into NESIIS for your facility?
- Are you interested in reporting via manual entry into NESIIS directly?
- Are you interested in reporting via a file exchange?
- Are you interested in reporting via a data exchange with your electronic medical records getting IT and NESIIS to exchange data?

Tracking Coronavirus in Nebraska: Latest Map and Case Count 4/8/2021

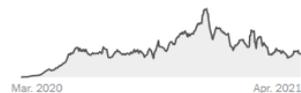
The New York Times

New reported cases

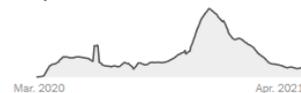


These are days with a reporting anomaly. Read more [here](#).

Tests



Hospitalized



Deaths



	AVG. ON APR. 7	14-DAY CHANGE	TOTAL REPORTED
Cases	436	+75%	212,961
Deaths	1	-80%	2,291
Hospitalized	151	+11%	—
Tests	3,934	+13%	—

[About this data](#)

Vaccinations

[See who is eligible >](#)

Fully vaccinated

22%

At least one dose

34%

[About this data](#)

Restrictions >

Businesses mostly open

Masks not required

Gov. Pete Ricketts, a Republican, announced that the state would move to the "green" phase on the state's color-coded restriction system in late January, removing the few remaining capacity limits on businesses. [More details >](#)

What's open

Retail Retail

Food and drink Restaurant dining; bars

Personal care Salons, barbershops, tattoo parlors, etc.

Understanding the Changes Post- Vaccination



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Post-Vaccination Updates

What has changed for fully vaccinated residents:

- Can have indoor and outdoor visitation that allowed touching while taking all IPC precautions.
- Can have group activities while following IPC precautions. Where necessary fully vaccinated residents can move closer to each other during activities
- Can have communal dining together while following IPC precautions. If space is limited and alternative space is not readily available, fully vaccinated residents may come closer to dine together
- After a known exposure quarantine is only recommended for >15 min contact in a day
- Gray zone quarantine is not required upon admission, readmission or return from community outings. (Should be encouraged to follow basic IPC rules when out)

What fully vaccinated residents still need to do (so that they can do all the relaxed activities and at the same time decrease the risks of widespread outbreaks):

- Universal masking (if tolerated)
- Frequent hand hygiene
- Physical distancing (unless cannot be done given the circumstances)
- Get tested twice weekly for 2 weeks when any case is identified in the building whether or not there was a direct exposure to them
- Quarantine when there is a known exposure of more than 15 minutes with someone who has COVID-19

CDC Travel Recommendations for Vaccinated People

Updated 4/2/2021



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International Travel Recommendations for Fully Vaccinated People

Before you travel

- Make sure you understand and follow all airline and destination requirements related to travel, testing, or quarantine, which may differ from U.S. requirements. If you do not follow your destination's requirements, you may be denied entry and required to return to the United States.
- Check the current [COVID-19 situation in your destination](#).

While you are traveling:

- Wear a mask over your nose and mouth. **Masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
- Wash your hands often or use hand sanitizer (with at least 60% alcohol).



This Photo by Unknown Author is licensed under [CC BY-SA](#)

International Travel Recommendations for Fully Vaccinated People

Before you arrive in the United States:

- All air passengers coming to the United States, **including U.S. citizens and fully vaccinated people, are required** to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States.

After travel:

- Get tested with a viral test 3-5 days after travel.
- Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
- Follow all state and local recommendations or requirements after travel.

CORONAVIRUS DISEASE 2019 (COVID-19)		
International Travel RECOMMENDATIONS AND REQUIREMENTS	Not Vaccinated	Fully Vaccinated
	Get tested 1-3 days before traveling out of the US	✓
Mandatory test required before flying to US	✓	✓
Get tested 3-5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS323515-A 04/02/2021

Domestic Travel Recommendations for Fully Vaccinated People



Before you travel

- Fully vaccinated travelers do not need to get tested before or after travel unless their destination requires it
- Follow all state and local recommendations or requirements

While you are traveling:

- Wear a mask over your nose and mouth. **Masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
- Wash your hands often or use hand sanitizer (with at least 60% alcohol).



Domestic Travel Recommendations for Fully Vaccinated People

Domestic Travel RECOMMENDATIONS AND REQUIREMENTS	Not Vaccinated	Fully Vaccinated
	Get tested 1-3 days before travel	✓
Get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you don't get tested.	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

323515-A

After travel:

- Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
- Follow all [state and local](#) recommendations or requirements after travel.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>



COVID-19 Symptoms vs. Allergies

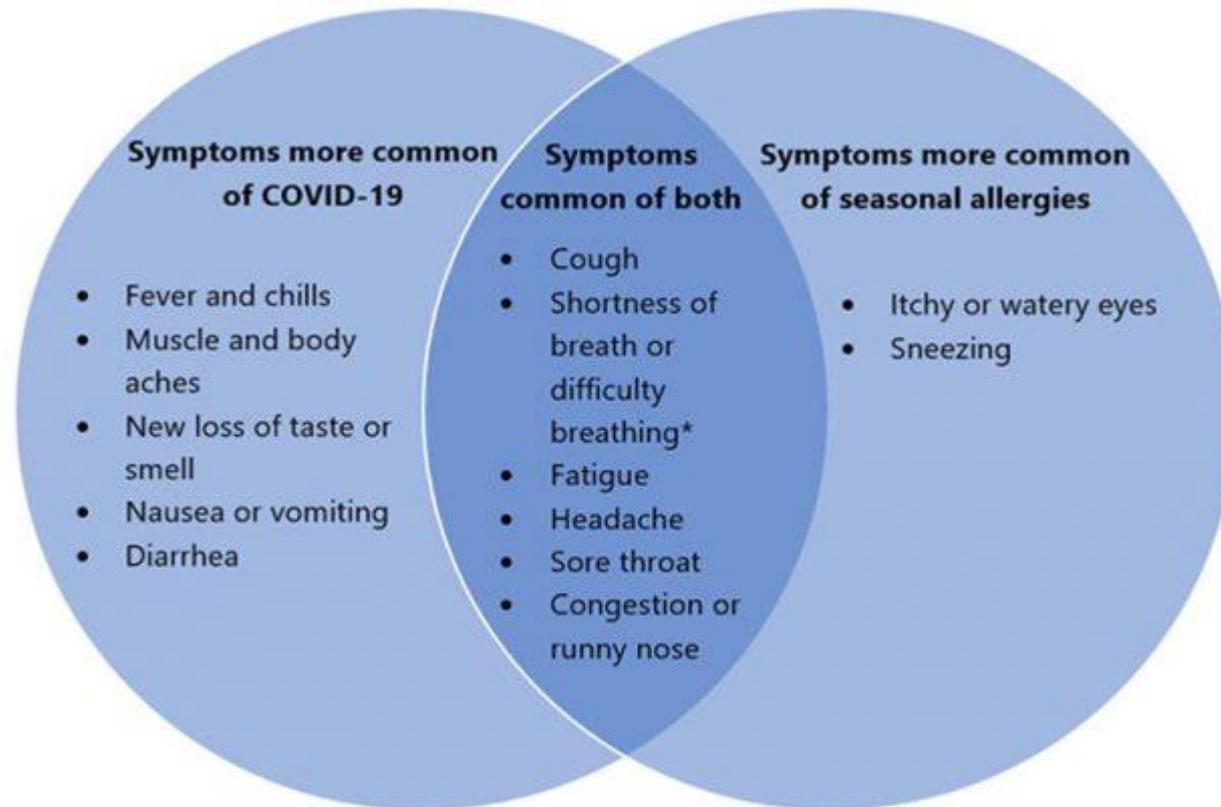


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COVID-19 Symptoms vs. Allergies

- COVID-19 and Seasonal Allergies both cause respiratory symptoms that are similar
- It will be important to understand the differences when screening residents and staff
- Key differences in COVID-19 symptoms:
 - Fever
 - Muscle and body aches
 - Loss of taste and smell
 - Nausea or vomiting
 - Diarrhea
- Shared symptoms
 - Cough
 - Shortness of breath, difficulty breathing
 - Fatigue
 - Headache
 - Sore throat
 - Congestion or runny nose
- Another key difference is COVID-19 symptoms are rapid onset, Seasonal allergy symptoms are most likely chronic and long term

COVID-19 Symptoms vs. Allergies



**Seasonal allergies do not usually cause shortness of breath or difficulty breathing, unless a person has a respiratory condition such as asthma that can be triggered by exposure to pollen.*

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-seasonal-allergies-faqs.html>

Testing Supply Reminder



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Testing Supplies-Reminder

DHHS and local health departments are no longer routinely supplying facilities with testing supplies (such as the BinaxNOW cards).

Facilities are responsible for obtaining testing supplies through their normal supply chains or they can still utilize TestNE for a free resource.

If you have received supplies from the federal government in the past, you may still be receiving shipments.



<https://www.nbcnews.com/health/health-news/abbott-s-5-rapid-covid-19-antigen-test-granted-authorization-n1238409>

CDC Building Ventilation Guidance

Updated 3/23/2021



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Tools to Improve Ventilation

- SARS-CoV-2 viral particles spread between people more readily indoors than outdoors.
- Indoors, the concentration of viral particles is often higher than outdoors, where even a light wind can rapidly reduce concentrations.
- When indoors, ventilation mitigation strategies can help reduce viral particle concentration.
- The lower the concentration, the less likely viral particles can:
 - be inhaled into the lungs (potentially lowering the inhaled dose)
 - contact eyes, nose, and mouth
 - fall out of the air to accumulate on surfaces.
- Protective ventilation practices and interventions can reduce the airborne concentrations and reduce the overall viral dose to occupants.

Tools to Improve Ventilation

CDC recommends a layered approach to reduce exposures to SARS-CoV-2, the virus that causes COVID-19.

- This approach includes using multiple mitigation strategies, including improvements to building ventilation, to reduce the spread of disease and lower the risk of exposure.
- In addition to ventilation improvements, the layered approach includes [physical distancing](#), [wearing face masks](#), [hand hygiene](#), and [vaccination](#).

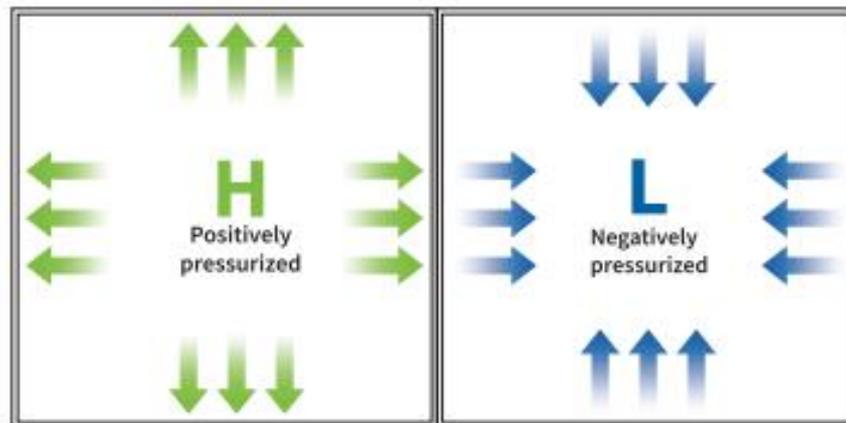
Some of the following interventions are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#).

- Not all interventions will work in all scenarios.
- Use caution in highly polluted areas when increasing outdoor air ventilation.

Work Smart!

Understand negative pressure isolation.
Reduce your exposure risk. Conserve PPE.

To understand how negative pressure isolation works as a means of infection control, you must first understand that air flows from areas with higher pressure into areas with lower pressure.



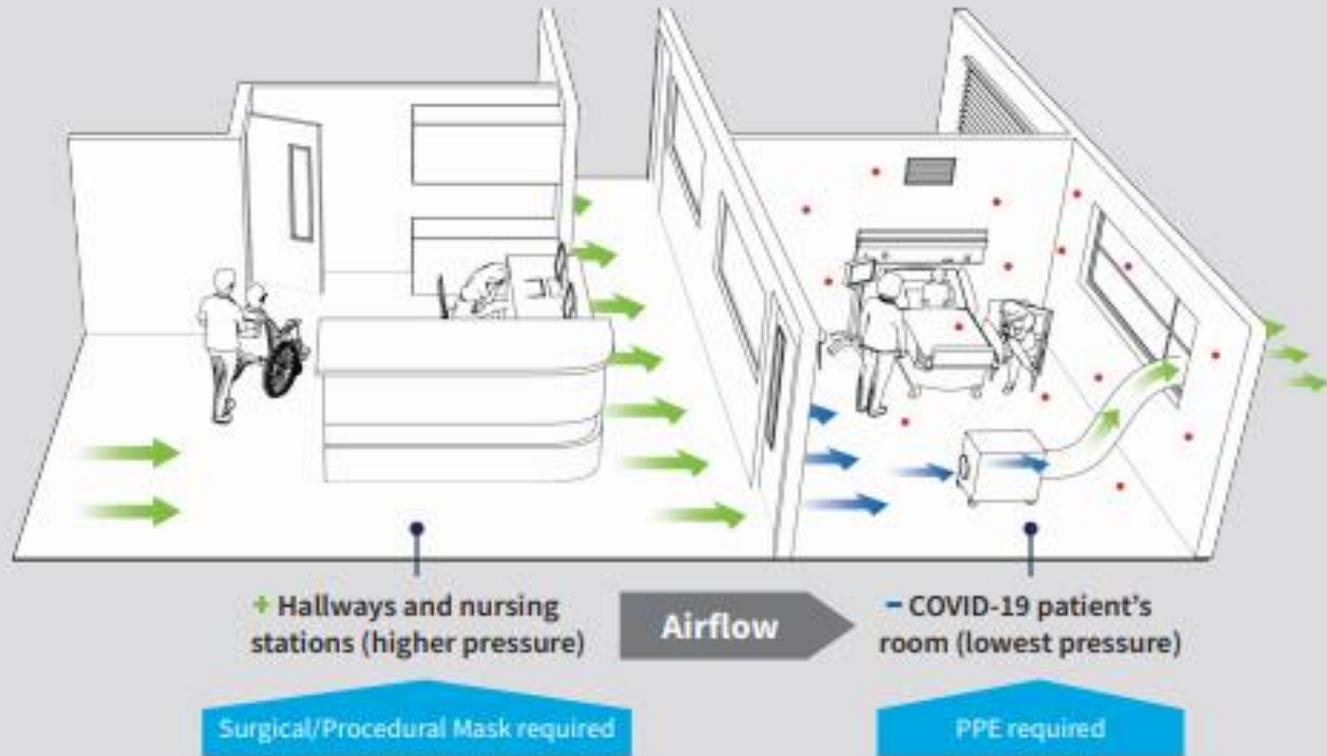
➤ Higher Pressure Area

Airflow

➤ Lower Pressure Area

Next, think about using negative pressure as a means of controlling airflow in a hospital setting. By lowering the air pressure in a COVID-19 patient's room, you can designate areas outside the patient's room as safe zones that may not require PPE.

Next, think about using negative pressure as a means of controlling airflow in a hospital setting. By lowering the air pressure in a COVID-19 patient's room, you can designate areas outside the patient's room as safe zones that may not require PPE.

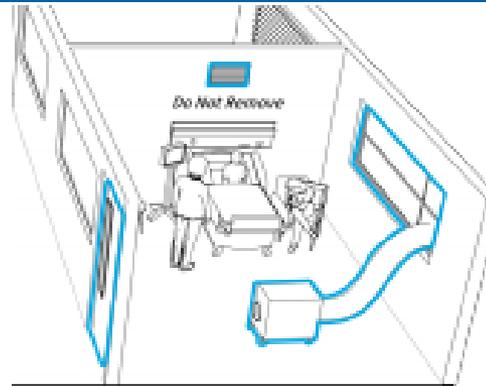


Now, let's look at the best practices for working with negative pressure rooms.

1. Patient's Room

Implementing negative pressure rooms requires controlling the air flow in and out of the patient's room.

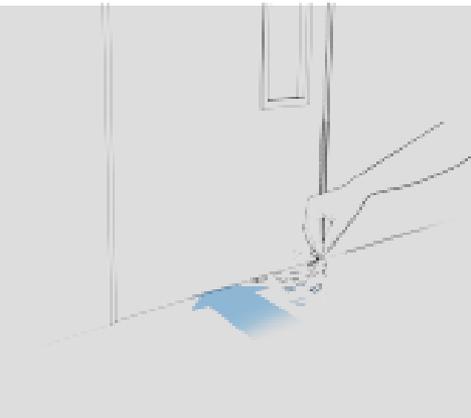
- You must always keep the room's door closed.
- If the room has a return air system that's covered, don't remove the covering.



2. Tissue Test

Know that you can verify the flow of air by using the "tissue test." Use these steps:

- Outside of a negative pressure room, drop small pieces of tissue at the bottom of the door.
- Verify that the pieces of tissue are pulled under the door, which tells you the direction of air movement into the patient's room.



3. PPE

Use these procedures for donning and doffing PPE:

- Don PPE before entering any negatively pressurized rooms.
- When moving between negatively pressurized rooms, keep the N95 respirator and face shield on. Change gown and gloves.
- Doff PPE when returning to work at the nursing station or in non-COVID units.



Emergency Preparedness Update



**Infection Control Assessment
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Update to CMS Memo QSO-21-15-ALL

Expanded Guidance related to Emerging Infectious Diseases (EIDs): CMS is also providing additional guidance based on best practices, lessons learned and general recommendations for planning and preparedness for EID outbreaks.

Additionally, in February 2019, CMS added “emerging infectious diseases” to the definition of all-hazards approach in Appendix Z

- CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program.
- In light of the coronavirus disease 2019 (COVID-19) public health emergency (PHE), CMS is expanding the Emergency Preparedness Interpretive Guidelines to further expand on best practices, lessons learned, and planning considerations for EIDs.

Update to CMS Memo QSO-21-15-ALL

CMS has also updated the guidance to reflect some of the following changes:

- Expanded surveyor guidance to ensure Life Safety Code and health surveyors communicate/collaborate surrounding potential deficiencies for alternate source energy.
- Added new definitions based on Burden Reduction Final Rule expansion of acceptable testing exercises.
- Clarified expectations surrounding documentation of the emergency program.
- Added additional guidance/considerations for EID planning stages, to include personal protective equipment (PPE).
- Added additional guidance on risk assessment considerations, to include EIDs.
- Included planning considerations for surge and staffing.
- Expanded guidance for surge planning- to include recommendations for natural disaster surge planning and EID surge planning.
- Included recommendations during PHE's for facilities to monitor Centers for Disease Control and Prevention (CDC) and other public health agencies which may issue event-specific guidance and recommendations to healthcare workers.
- Clarified existing guidance surrounding use of portable generators and maintaining temperature controls.
- Added additional planning considerations for hospices during EIDs outbreaks.
- Expanded guidance and added clarifications related to alternate care sites and 1135 Waivers.
- Expanded guidance and best practices related to reporting of facility needs, facility's ability to provide assistance and occupancy reporting.
- Revised guidance related to training and testing program as the Burden Reduction Rule extensively changed these requirements, especially for outpatient providers.
- Provided clarifications related to testing exercise exemptions when a provider/supplier experiences an actual emergency event.

Nebraska Local Health Department LTC Vaccination Plan

Updated 4/8/2021



Infection Control Assessment
and Promotion Program



Nebraska Local Health Department LTC Vaccination Plan Updated April 8, 2021



Health Department Name	Counties served/County Seat	Primary Contact for Vaccination: * Pharmacy Contact information on last page	If primary contact unavailable, utilize LHD contact for vaccination	LHD Alternate plan for <u>RESIDENTS</u> of LTC (if primary contact unavailable)	LHD Alternate plan for <u>STAFF</u> of LTC (if primary contact unavailable)
<p>Central District Health Department 1137 South Locust Street Grand Island, NE 68801 308-385-5175</p>	<p>Hall/Grand Island, Hamilton/Aurora, Merrick/Central City</p>	<p>All counties: Community Pharmacy</p>	<p>Kamrie Peterson 308-385-5175 kpeterson@cdhd.ne.gov</p>	<p>LHD will work directly with LTC Facility Staff to schedule and provide on-site vaccinations for residents. Three clinics have been done for new residents and staff.</p>	<p>LTC Facility Staff can go directly to LHD or receive on-site if LHD is at the facility.</p>
<p>Dakota County Health Department</p>	<p>Dakota/Dakota City</p>	<p>Community Pharmacy</p>	<p>Theresa Grove 402-608-7487 HealthDeptDirector@dakotacountyne.org</p>	<p>LHD will go to facility to vaccinate. LHD only has one county.</p>	
<p>Douglas County Health Department 1111 S 41st Street Ste. 205 Omaha, NE 68105</p>	<p>Douglas/Omaha</p>	<p>RELYCARE LTC BELLEVUE & Community Pharmacy</p>	<p>Kerry Kernen (402) 444-1773 kerry.kernen@douglascounty-ne.gov</p>	<p>Contact: Kody Hall Managing Partner RelyCare Bellevue LTC 402-991-7283 (phone) 402-991-7281 (fax)</p>	<p>Call LHD Information Line: (402) 444-3400 for an appointment</p>



Project ECHO – Continuation Phase



**Infection Control Assessment
and Promotion Program**

UNMC ID Project ECHO – Continuation Phase Announcement

- The second phase will also be for 4 months
- In addition to be discussing practical application of quality improvement projects, there will be discussions on various infection control modules including post-vaccination changes and impact on programs in the LTCF
- The sessions will still be of 90 minutes with last 30 minutes optional but highly recommended
- Quality Improvement Certificates will be provided to all those facilities that have met the attendance requirement for both phase 1 and phase 2.
- In order to share ideas during continuation phase, two cohorts will be combined together so for some participants the day of the week will change but the time of the day for the sessions will remain the same
- The good news is that phase 2 is going to be open for Assisted Living Facilities too so if they want to join submit the information through our project link

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

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

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

- unmcidecho@unmc.edu

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[ADDITIONAL RESOURCES](#)



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



COVID-19 Vaccine Wall of Honor Bronze Medal Members

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

❖ Florence Home of Omaha, Omaha NE



46 LTC Facilities for the ICAP COVID-19 Vaccine Wall of Honor through 3/31/2021

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
Kingswood Court
Nebraska PEO Home
Rosewood Court Assisted
Living- Henderson Healthcare
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
Falls City Care Center
Hillcrest Grand Lodge
Hillcrest Shadow Lake
Jefferson Community Health
and Life - Gardenside
Pawnee City AL
The Evergreen AL

Bronze-Level Members

Ambassador health Omaha
Blue Valley Lutheran Homes
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
Prairie Breeze 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
 - Lacey Pavlovsky, RN, MSN, CIC
 - Dan German
-
- Moderated by Marissa Chaney
 - Supported by Margaret Deacy
 - Slide support from Lacey Pavlovsky, RN, MSN, CIC

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

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](#)

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