

Guidance and responses were provided based on information known on 7/8/2021 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

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

# COVID-19 and LTC

July 8, 2021



**Infection Control Assessment  
and Promotion Program**

# Presentation Information:

Panelists today are:

Dr. Salman Ashraf

[salman.ashraf@unmc.edu](mailto:salman.ashraf@unmc.edu)

Kate Tyner, RN, BSN, CIC

[ltyners@nebraskamed.com](mailto:ltyners@nebraskamed.com)

Margaret Drake, MT(ASCP),CIC

[Margaret.Drake@Nebraska.gov](mailto:Margaret.Drake@Nebraska.gov)

Lacey Pavlovsky, RN, MSN, CIC

[lpavlovsky@nebraskamed.com](mailto:lpavlovsky@nebraskamed.com)

Sarah Stream, MPH, CDA, FADAA

[sstream@nebraskamed.com](mailto:sstream@nebraskamed.com)

Rebecca Martinez, BSN, BA, RN, CIC

[remartinez@nebraskamed.com](mailto:remartinez@nebraskamed.com)

Dan German

[dgerman@nebraskamed.com](mailto:dgerman@nebraskamed.com)

Melody Malone, PT, CPHQ, MHA, CDP, CADDCT

[melody.malone@tmf.org](mailto:melody.malone@tmf.org)

Moderated by Marissa Chaney

[Machaney@nebraskamed.com](mailto:Machaney@nebraskamed.com)

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.

# Additional Q&A Support:

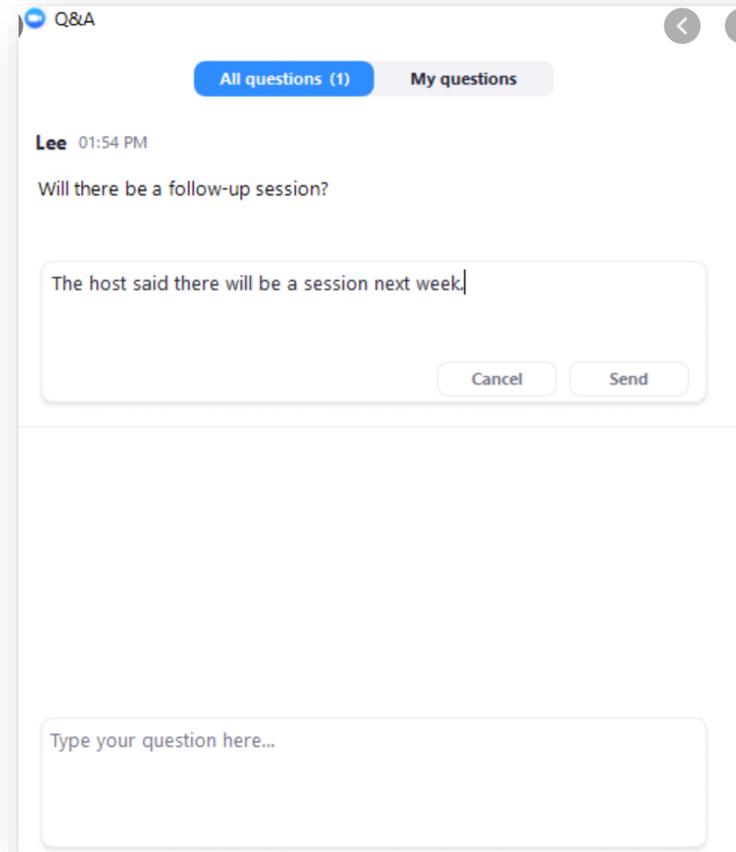
In attempt to answer even more questions, ICAP Infection Preventionists and guest panelists are standing by!

Some questions may be answered before the live discussion Q&A session!

Please review the "Answered" tab for already-answered questions.

We appreciate your understanding that all written answers provided during this webinar are based on information known on 7/01/2021 and may become out of date.

Please continue to review questions for up voting.

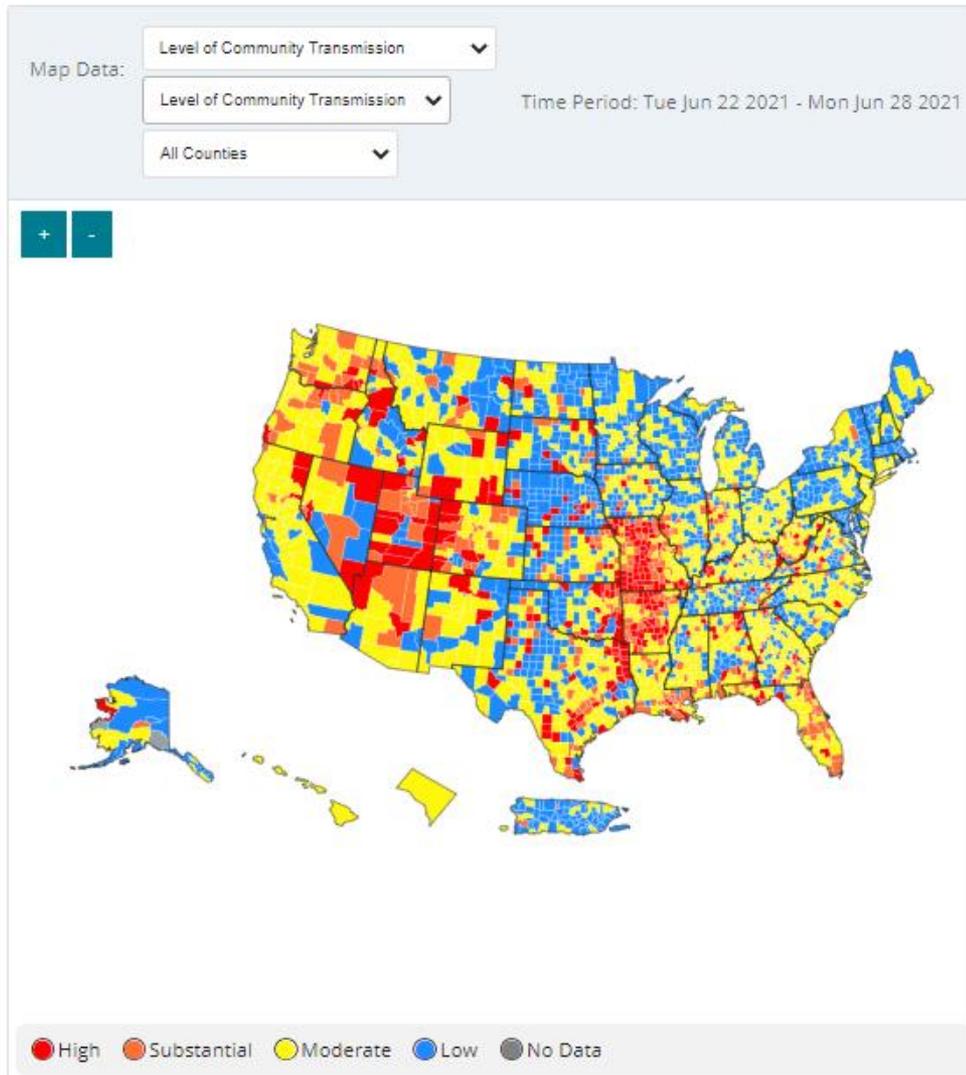


The screenshot displays a Q&A interface. At the top, there is a header with a blue circle icon and the text "Q&A". Below the header, there are two tabs: "All questions (1)" in a blue box and "My questions" in a grey box. A question is shown from a user named "Lee" at "01:54 PM": "Will there be a follow-up session?". Below the question, there is a text input field containing the answer: "The host said there will be a session next week.". To the right of the input field are two buttons: "Cancel" and "Send". At the bottom of the interface, there is a text input field with the placeholder text "Type your question here...".

# 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

# Tracking Coronavirus in Nebraska: Latest Map and Case Count 7/8/2021



<https://covid.cdc.gov/covid-data-tracker/#county-view>

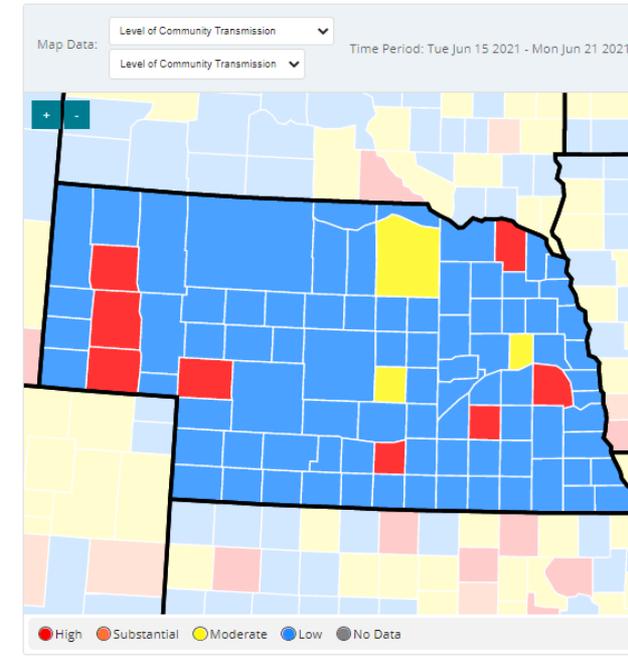
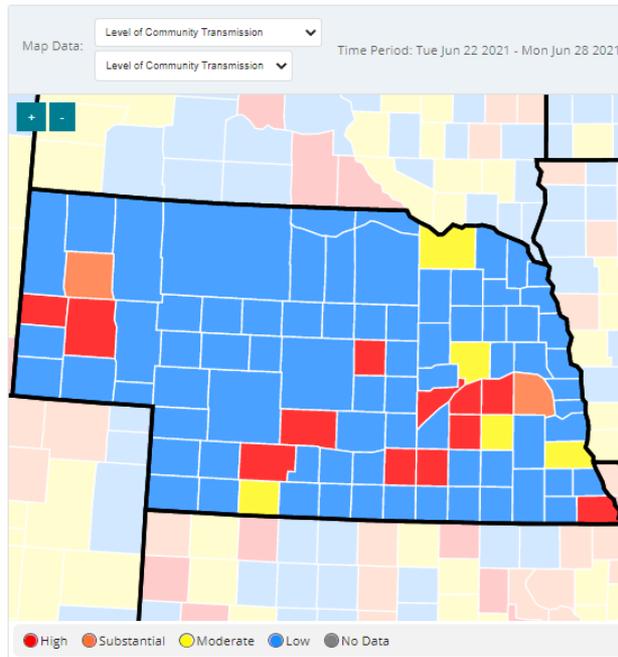
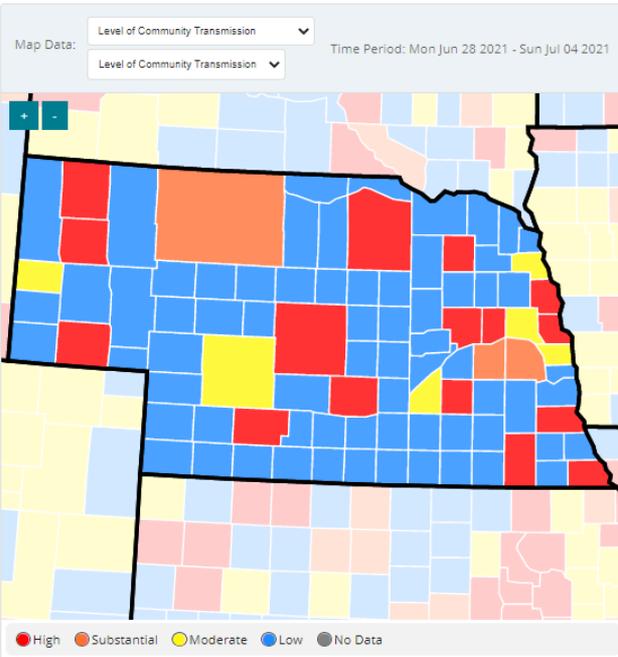


# Tracking Coronavirus in Nebraska: COVID-19 Integrated County View

7/8/2021

7/1/2021

6/23/2021



<https://covid.cdc.gov/covid-data-tracker/#county-view>



# TMF Health Quality Institute CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA  
Quality Improvement Specialist

# NHSN release planned for the evening of Thursday July 8, 2021

## Webinar Session:

- Monday, July 12, 2021 from 1:00 – 2:00 PM EST

- **Register in advance for this webinar:**

[https://cdc.zoomgov.com/webinar/register/WN\\_qDCdNpp4SvCIH0Io\\_KK4w](https://cdc.zoomgov.com/webinar/register/WN_qDCdNpp4SvCIH0Io_KK4w)

For NHSN change details, go to:

<https://tmfnetworks.org/Resources/Online-Forums/aft/372>

## NHSN Q&A

**Q:** What if I missed the email for Level 3 access?

**A:** 1. Now as soon as someone is submitted as a new User, they will receive the invitation for Level 3. This expires quickly. **There is no longer a Level 1 access!**

2. Therefore, if you experience problems during enrollment, please email the NHSN user support [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with “Enhancing Data Security” in the subject line.

**TIP:** See: [Increasing LTCF SAMS Level Access to NHSN](#)

# NEW: Nursing Home COVID-19 Vaccination Data Dashboard

- [Nursing Home COVID-19 Vaccination Data Dashboard](#)
- Includes counts of residents and healthcare personnel, or staff, who received any COVID-19 vaccine and data at the national and state level of CMS-certified nursing homes.
- CDC updates this data dashboard weekly on Thursday at 8:00 am Eastern.

# COVID-19 Vaccination Coverage and Reporting among Residents in Nursing Homes, by Week - United States



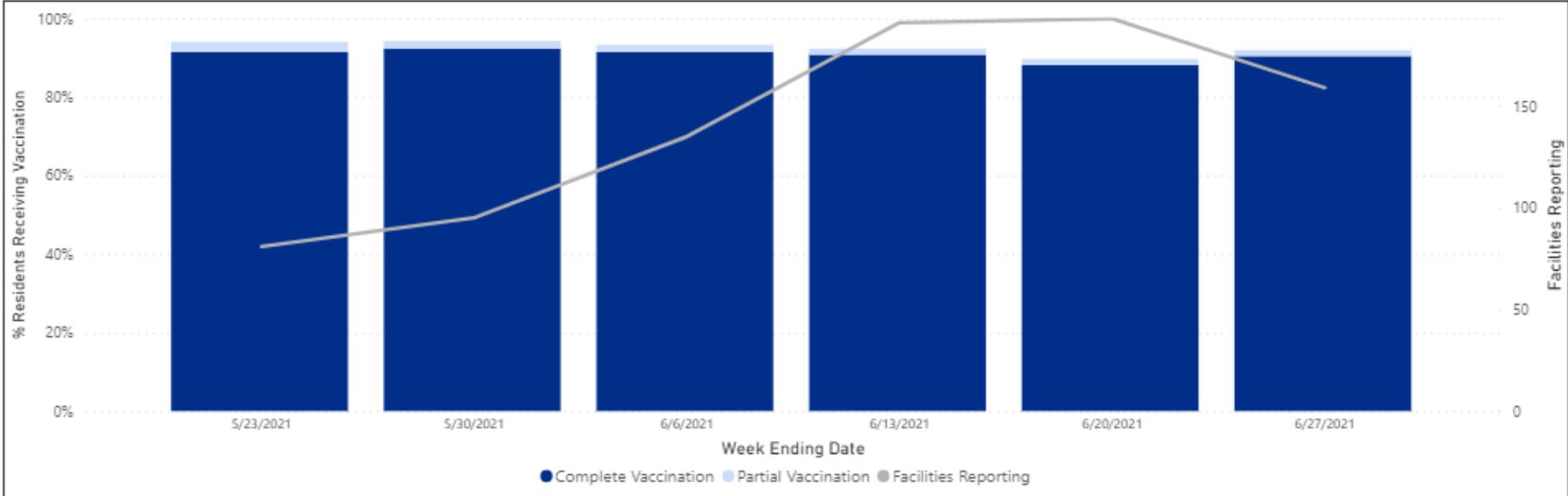
## COVID-19 Vaccination Coverage and Reporting among Residents in Nursing Homes, by week—United States

Data as of 6/28/2021 5:30 AM



Select By State  
 NE

Select By Region  
 All



Data are not displayed if less than 5 facilities reported in a state during the time period of interest. All data can be modified from week-to-week by facilities. **Exclusions:** For best epidemiological understanding, data that appear inconsistent with surveillance protocols are excluded. Vaccination coverage is calculated as the total number of residents vaccinated divided by (the total number of residents minus the number of residents with medical contraindications or exclusions to vaccination) multiplied by 100. Differences in how each facility implements this COVID-19 vaccination data collection, including variation in which staff collect the data, may affect facility reporting patterns. **Definitions:** **Partial vaccination:** 1 dose of vaccination series. **Complete vaccination:** All doses required for vaccination

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network

For more information: <https://www.cdc.gov/nhsn/rtc/weekly-covid-vac/index.html>

Accessibility: [Right click on the graph area to show as table]

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

# SARS-CoV2 Variants



Infection Control Assessment  
and Promotion Program

# Understanding Different Classes of Variants

Variants of Interest

Variants of Concern

Variants of High Consequence

<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>



# Possible Attributes of “Variant of Interest”

- Specific genetic markers that are predicted to affect transmission, diagnostics, therapeutics, or immune escape.
- Evidence that it is the cause of an increased proportion of cases or unique outbreak clusters.
- Limited prevalence or expansion in the US or in other countries.

<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>



# Possible Attributes of “Variant of Concern”

In addition to the possible attributes of a variant of interest

- Evidence of impact on diagnostics, treatments, or vaccines
  - Widespread interference with diagnostic test targets
  - Evidence of substantially decreased susceptibility to one or more class of therapies
  - Evidence of significant decreased neutralization by antibodies generated during previous infection or vaccination
  - Evidence of reduced vaccine-induced protection from severe disease
- Evidence of increased transmissibility
- Evidence of increased disease severity

# Possible attributes of “Variant of High Consequence”

In addition to the possible attributes of a variant of concern:

- Impact on medical countermeasures
  - Demonstrated failure of diagnostics
  - Evidence to suggest a significantly reduction in vaccine effectiveness, a disproportionately high number of vaccine breakthrough cases, or very low vaccine-induced protection against severe disease
  - Significantly reduced susceptibility to multiple Emergency Use Authorization (EUA) or approved therapeutics
  - More severe clinical disease and increased hospitalizations

No “Variant of High Consequence” has been identified at this point

# Variants of Interest

- B.1.427 and B.1.429: “Epsilon” (First identified in California)
- B.1.525 “Eta” (First identified in UK/Nigeria)
- B.1.526: “Iota” (First identified in New York)
- B.1.617.1 “Kappa” (First identified in India)
- B.1.617.3 (First identified in India)
- P.2 “Zeta” (First identified in Brazil)

# Variants of Concern

- B.1.117 “**Alpha**” (First identified in UK)
- B.1.351 “**Beta**” (First identified in South Africa)
- P.1: “**Gamma**” (First identified in Japan/Brazil)
- B.1.617.2 “**Delta**” (First identified in India)

# Delta Variant Update



**Infection Control Assessment  
and Promotion Program**

# Increased Transmissibility

	Household Transmission			
	OR (95% CI)	P value	adjusted OR (95% CI)	P value
<b>VARIANT</b>				
B.1.617.2	1.66(1.28-2.14)	<0.001	1.64(1.26-2.13)	<0.001
B.1.1.7	1.00	-	1.00	-

- UK study (using national database) found a 64% increase in the odds of household transmission associated with SARS-CoV-2 Delta variant compared to Alpha.
- Increased transmissibility explains the success of Delta variant displacing Alpha variant as the dominant strain in the UK and now in the US.

Allen H et al.

<https://khub.net/documents/135939561/405676950/Increased+Household+Transmission+of+COVID-19+Cases+-+national+case+study.pdf/7f7764fb-ecb0-da31-77b3-b1a8ef7be9aa>



# Potential Reduction in Neutralization by Some Monoclonal Antibody Treatment

## bamlanivimab / etesevimab fact sheet

**Table 3: Pseudotyped Virus-Like Particle Neutralization Data for SARS-CoV-2 Variant Substitutions with Bamlanivimab and Etesevimab Together (1:2 Molar Ratio)**

Lineage with Spike Protein Substitution	Key Substitutions Tested <sup>a</sup>	Fold Reduction in Susceptibility
B.1.1.7 (UK origin)	N501Y	no change <sup>b</sup>
B.1.351 (South Africa origin)	K417N + E484K + N501Y	215 <sup>c</sup>
P.1 (Brazil origin)	K417T + E484K + N501Y	>46 <sup>c</sup>
B.1.427/B.1.429 (California origin)	L452R	9 <sup>d</sup>
B.1.526 (New York origin) <sup>e</sup>	E484K	31

## REGEN-COV fact sheet

**Table 6: Pseudotyped Virus-Like Particle Neutralization Data for SARS-CoV-2 Variant Substitutions with Casirivimab and Imdevimab Together**

Lineage with Spike Protein Substitution	Key Substitutions Tested	Fold Reduction in Susceptibility
B.1.1.7 (UK origin)	N501Y <sup>a</sup>	no change <sup>d</sup>
B.1.351 (South Africa origin)	K417N, E484K, N501Y <sup>b</sup>	no change <sup>d</sup>
P.1 (Brazil origin)	K417T + E484K <sup>c</sup>	no change <sup>d</sup>
B.1.427/B.1.429 (California origin)	L452R	no change <sup>d</sup>
B.1.526 (New York origin) <sup>e</sup>	E484K	no change <sup>d</sup>
B.1.617.1/B.1.617.3 (India origin)	L452R+E484Q	no change <sup>d</sup>
B.1.617.2 (India origin)	L452R+K478T	no change <sup>d</sup>

<https://www.fda.gov/media/145802/download>

<https://www.fda.gov/media/145611/download>



# Potentially Can Cause More Severe Illness

## England:

Significantly increased risk of emergency care attendance or hospitalization within 14 days of specimen date (HR 1.45, 95% CI 1.08 – 1.95,  $p=0.015$ )

## Scotland:

Increased risk for hospitalization when infected with Delta variant as compared to Alpha variant (1.85, 95% CI 1.39 to 2.47)

# Potential Reduction in Neutralization by Post-Vaccination Sera

Table 18. Vaccination status and effectiveness for Alpha and Delta variants.

Vaccination status	Vaccine Effectiveness	
	Alpha	Delta
Dose 1	50.2 (46.7 to 53.5)	33.2 (25.8 to 39.9)
Dose 2	88.4 (85.7 to 90.7)	80.8 (76.3 to 84.4)

- A report from UK described 17% absolute reduction in vaccine effectiveness for delta variant after 1 dose as compared to alpha variant but only a modest reduction in vaccine effectiveness after 2 doses.
- Therefore, very important to receive both doses of COVID-19 vaccination for maximum protection.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/993879/Variants\\_of\\_Concern\\_VOC\\_Technical\\_Briefing\\_15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993879/Variants_of_Concern_VOC_Technical_Briefing_15.pdf)



# Vaccine Still Effective in Preventing Hospitalizations

**Table 9. Vaccine effectiveness against hospitalisation for Alpha and Delta variants**

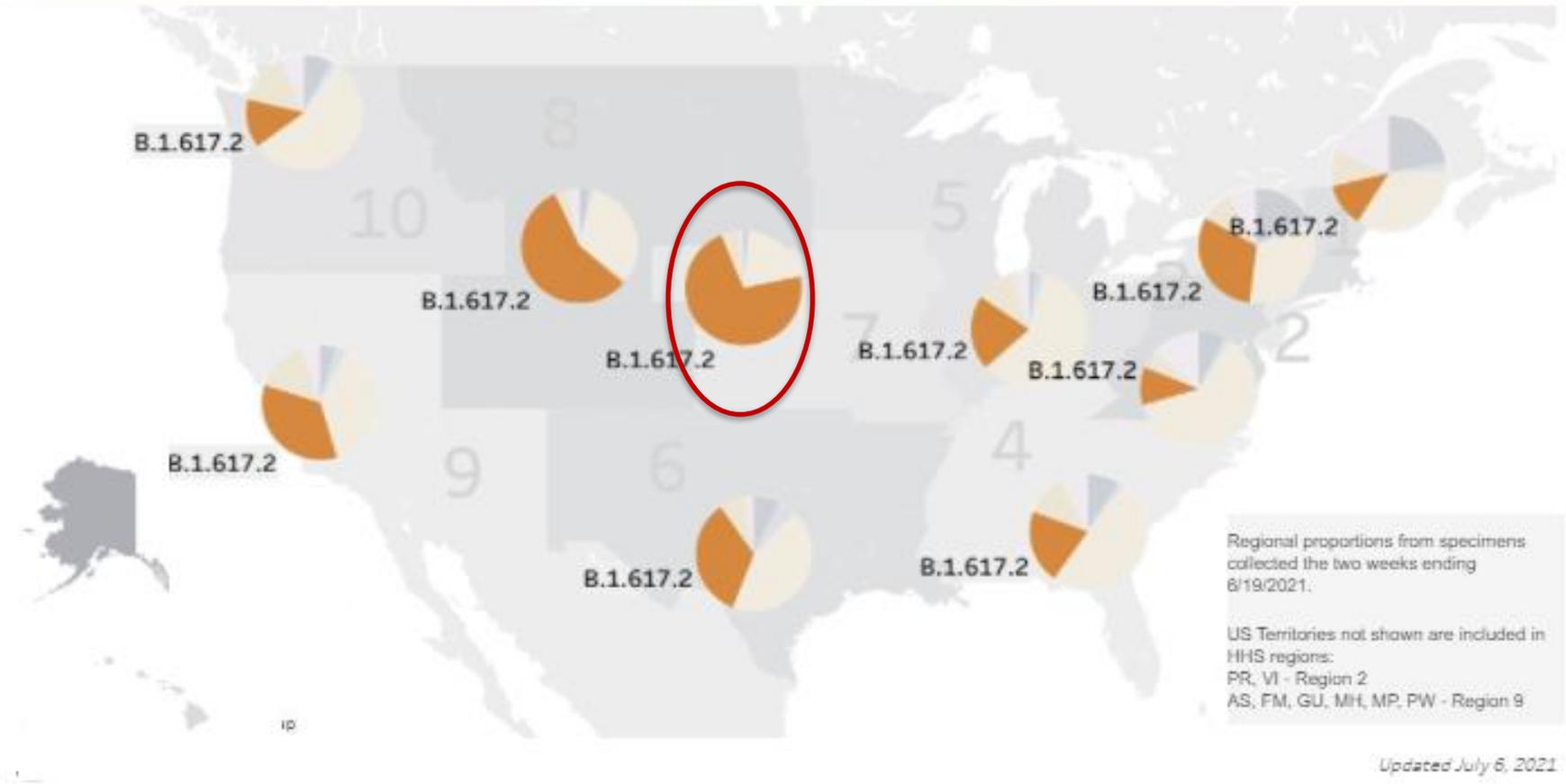
Vaccination status	Vaccine Effectiveness (%)	
	Alpha	Delta
Dose 1	78 (64 to 87)	80 (69 to 88)
Dose 2	93 (80 to 97)	96 (91 to 98)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/993879/Variants\\_of\\_Concern\\_VOC\\_Technical\\_Briefing\\_15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993879/Variants_of_Concern_VOC_Technical_Briefing_15.pdf)



# Proportion of Delta Variant by Region

United States: 6/6/2021 – 6/19/2021



<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



Use the controls to focus on a specific region and/or 2-week interval

HHS Region

Region 7 - Iowa, Kansas, Misso...

○ Nowcast On

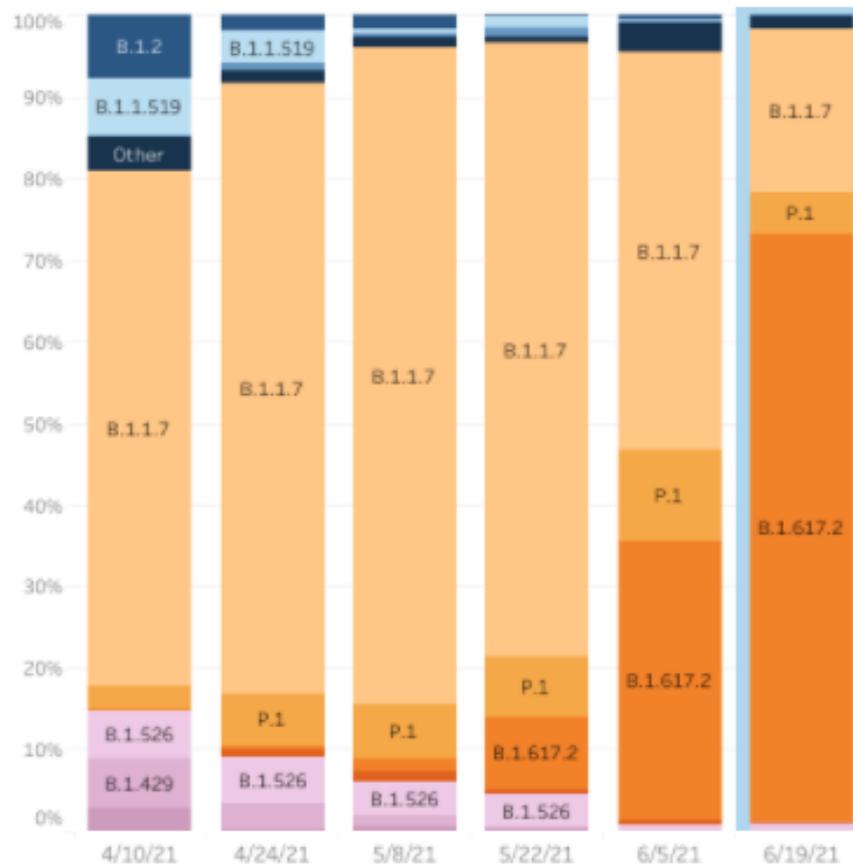
● Nowcast Off

Two weeks ending

6/19/2021

HHS Region 7: 3/28/2021 – 6/19/2021

HHS Region 7: 6/6/2021 – 6/19/2021



Collection date, two weeks ending

Region 7 - Iowa, Kansas, Missouri, and Nebraska

	Lineage	Type	%Total	95%CI
Most common lineages #	B.1.617.2	Delta	VOC	72.0% 33.9-92.8%
	B.1.1.7	Alpha	VOC	20.1% 6.0-49.9%
	P.1	Gamma	VOC	5.1% 0.7-28.5%
	B.1.526	Iota	† VOI	1.2% 0.5-2.8%
	B.1		†	0.1% 0.0-0.6%
Additional VOI/VOC lineages #	B.1.1.519		†	0.0% NA
	B.1.2		†	0.0% NA
	B.1.351	Beta	† VOC	0.0% NA
	B.1.427	Epsilon	† VOI	0.0% NA
	B.1.429	Epsilon	† VOI	0.0% NA
	B.1.525	Eta	† VOI	0.0% NA
	B.1.617.1	Kappa	† VOI	0.0% NA
	B.1.617.3		† VOI	0.0% NA
	P.2	Zeta	† VOI	0.0% NA
	Other*	Other	†	1.5% 0.2-9.3%

\* Other represents >200 additional lineages, which are each circulating at <1% of viruses

† Fewer than 10 observations of this variant during the selected time/location context

# Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion. AY.1 and AY.2 are aggregated with B.1.617.2.

# Preparing for a Delta Variant Surge

---

Things to  
Review/Plan  
for:

Red Zone Plan

---

Employee and Visitor Screening Procedures

---

Hand Hygiene

---

Universal Masking Protocols

---

Community Outings

---

PPE Available

---

Audit and Feedback Processes

---



# Review and Update Red Zone Plan

- Review location and staffing plan
- Consider holding a single occupancy or open room in anticipation of resident movement
- Red zone should be geographically distinct from other areas
  - Separation by fire doors
  - Poly-wall installation
- Consider space for:
  - Staging clean PPE
  - Storing/movement of dirty linen and trash
- PPE Burn rate should be re-calculated based on conventional PPE use strategies

# Employee Screening Procedures

- Establish a process to ensure HCP (including consultant personnel and ancillary staff such as environmental and dietary services) entering the facility are assessed for symptoms of COVID-19 or close contact outside the facility to others with SARS-CoV-2 infection and that they are practicing source control.
- Options could include (but are not limited to):
  - Individual screening on arrival at the facility
  - Implementing an electronic monitoring system in which, prior to arrival at the facility
  - HCP report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days and confirm they have not had close contact with others with SARS-CoV-2 infection during the prior 14 days.
- Fever can be either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever.
  - People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.
- **Employees with symptoms should not work.** PCR testing (not POC testing) negative should direct if the employee may return to work.



Image by [Pixabay](#)

# Visitor Screening Procedures

## [QSO-20-39-NH REVISED \(cms.gov\)](#)

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms)
- **Denial of entry** of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)



Image by [Pixabay](#)

# Universal Masking

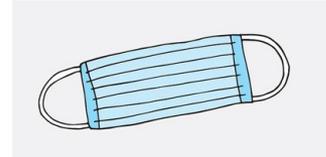


Image by [Pixabay](#)

## **Staff:** [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](#)

- HCP should always wear well-fitting source control while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-workers.**
  - Exceptions for vaccinated HCP here: [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)

## **Residents:** [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](#)

- Residents, if tolerated, should wear a well-fitting form of source control upon arrival and throughout their stay in the facility.
- Residents may remove their source control when in their rooms but should put it back on when around others (e.g., HCP or visitors enter the room) and whenever they leave their room, including when in common areas or when outside of the facility
  - Source control should not be placed on anyone who cannot wear a mask safely, such as someone who has a disability or an underlying medical condition that precludes wearing a mask or who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

## **Visitors:** [QSO-20-39-NH REVISED \(cms.gov\)](#)

- Face covering or mask (covering mouth and nose) and social distancing at least six feet between persons, in accordance with CDC guidance

# ICAP's Suggested Plan for Community Outings-Updated 5/26/2021

## Suggested Plan for Fully Vaccinated Residents:

- Screen for symptoms and exposure upon admission.
  - If symptoms identified - need to admit in light red (isolation in private room but not in COVID-unit unless COVID confirmed)
  - If exposure (prolonged close contact within 6 feet for cumulative total of 15 minutes or more over 24 hour period) is identified with someone with SARS-CoV-2 infection in the prior 14 days then will need to establish yellow zone for admission
- Fully Vaccinated Residents after passing the screen:
  - Admit to their own room or **green zone** for new admissions
  - Test twice weekly for the next 14 days for residents determined to have a **high-risk outing** (Testing would not apply in cases of COVID-19 recovered patients during the 90 period unless symptomatic with no alternative diagnosis).
    - **These high-risk outings include but not limited to:**
      - *Meeting unvaccinated individuals who are not masked and physical distancing not maintained*
      - *Mask-less exposures in community/public (e.g., dining in restaurants)*
      - *Visiting crowded places (e.g., indoor gathering where physical distancing cannot be maintained)*
      - *Attending large gathering (e.g. parties, weddings, funerals, sports events, etc.)*
    - Increase monitoring (2-3 times per day) for signs and symptoms of COVID-19, including temperature and pulse oximetry
- Staff should consider encouraging **fully vaccinated residents** to avoid high risk situations as much as possible when they go out in the community.

Updated Plan can be found at <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2021/05/ICAP-Suggested-Plan-for-Managing-New-Admissions-Readmissions-and-Return-from-Community-Outings.pdf>



# Updated Risk Assessment Template for Community Outings



Updated 5/26/2021

## COVID-19 Resident Outing Risk Assessment

Resident Name:

Date Risk Assessment Completed:

Person Escorting Resident:

Outing Location/ Event:

Outing Date:

---

### Complete the following **before** the outing takes place:

Resident Vaccinated?                      Y        N

If yes, date of series completion?

Was infection prevention and control education provided to resident and family/ friend before outing?

Y        N

Was the resident and family made aware of facility protocols if the resident encounters high-risk situation during their community outing (e.g. need of testing twice weekly for two weeks and frequent monitoring of symptoms during that time period)

Y        N

---

Updated template can be found at:  
<https://icap.nebraskamed.com/wp-content/uploads/sites/2/2021/05/COVID-19-Outing-Risk-Assessment-Template.pdf>



# Calculating PPE Needs

- Facilities should reassess their overall PPE needs
- Use the CDC Burn Rate Calculator to determine needs for Conventional, Contingency and Crisis Capacity (New version available and Mobile App version available)
- This will allow you to make sure you are prepared for any situation you may have within your facility.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	<b>Box A</b>		How Many Units Are Remaining at Start of the Day? Enter in the on hand "OH" column below, by date. Any new stock received enter in the													
2			Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
3			XX/XX/2021		XX/XX/2021		XX/XX/2021		XX/XX/2021		XX/XX/2021		XX/XX/2021		XX/XX/2021	
4	Number of Suspected and Confirmed COVID-19 Patients, if applicable															
5	Type of PPE	Size/Brand	On hand (OH)	Resupply (RS)	OH	RS										
6	Gown	Size 1														
7	Gown	Size 2														
8	Surgical Mask															
9	Gloves	small														
10	Gloves	medium														
11	Gloves	large														
12	Gloves	extra large														
13	Respirator	North 7130														
14	Respirator	3M 8210														
15	Respirator	3M 1860														
16	Face Shield															
17	Other 1															
18	Other 2															
19	Other 3															

# FDA EUA Revocation 6/30/21

FDA IN BRIEF

## FDA In Brief: FDA Revokes Emergency Use Authorizations for Certain Respirators and Decontamination Systems as Access to N95s Increases Nationwide



For Immediate Release: June 30, 2021

- Today's EUA revocations announcement for all non-NIOSH approved disposable FFRs follows earlier actions to limit authorization of [imports of non-NIOSH-approved filtering facepiece respirators](#), [imports of non-NIOSH approved filtering facepiece respirators manufactured in China](#), and [decontamination and bioburden reduction systems for disposable respirators](#).

<https://www.fda.gov/news-events/press-announcements/fda-brief-fda-revokes-emergency-use-authorizations-certain-respirators-and-decontamination-systems>





# PPE Availability

**Answer: There are 2 different things happening here...**

2. Use of KN95 in COVID-19 care unit

1. CDC and FDA have said:

1. The U.S. Food and Drug Administration announced it is revoking EUAs of all non-NIOSH (National Institute of Occupational Safety and Health)-approved disposable respirators, which includes imported disposable respirators such as KN95s, along with revoking EUAs for decontamination and bioburden reduction systems.
2. This is consistent with the [Centers for Disease Control and Prevention's \(CDC\) updated recommendations that health care facilities not use crisis capacity strategies and should promptly return to conventional practices.](#) And the Occupational Safety and Health Administration's (OSHA) recently published [Emergency Temporary Standard \(ETS\)](#) to protect health care workers, which requires health care employers to provide NIOSH-approved or FDA-authorized respirators for workers potentially exposed to COVID-19.

2. KN95s can be used in place of L3 masks

<https://www.fda.gov/news-events/press-announcements/fda-brief-fda-revokes-emergency-use-authorizations-certain-respirators-and-decontamination-systems>



# PPE Availability

**Question:** We have a large stockpile of NIOSH-Approved N95 respirators. Can we give them to visitors that come into our facility? Because they're approved for 95% filtration, they work better for source control, right?

**Answer:**

1. Respirators aren't indicated for source control. As source control, respirators are no more effective than a surgical mask.
2. Visitors to the facility will not have been fit tested to the respirator
  1. If an individual is not been evaluated and fit tested, you can not guarantee fit and it can't be assumed that the respirator is effective at all for that person
  2. There can be some contraindications for respirator use due to conditions that can cause health issues (facility liability)
3. Facilities should be allocating respirators only to employees that are fit tested and in high risk, indicated situations (COVID-19 care) to conserve use.

<https://blogs.cdc.gov/niosh-science-blog/2020/09/08/source-control/>



# ICAP Updates



**Infection Control Assessment  
and Promotion Program**

# 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](mailto:Machaney@nebraskamed.com)

402-552-2881



# Infection Prevention and Control

**Hotline Number:**

**Call 402-552-2881**

**Office Hours** are Monday – Friday

8:00 AM - 4:00 PM Central Time

**On-call hours are available for emergencies only**

Weekends and Holidays from 8:00 AM- 4:00 PM

**\*\*Please call the main hotline number only during on-call hours\*\***

# 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
  - Sarah Stream, MPH, CDA, FADAA
  - Rebecca Martinez, BSN, BA, RN, CIC
  - Dan German
  - Melody Malone, PT, CPHQ, MHA
- 
- Moderated by Marissa Chaney
  - Supported by Margaret Deacy
  - Slide support from Lacey Pavlovsky, RN, MSN, CIC

The screenshot shows a webinar platform interface. At the top, there are two search boxes: one with a plus sign containing 'COVID-19 LTCF Webinar Slides' and another with a minus sign containing 'COVID-19 LTCF Webinar Recordings'. Below these are several links to recordings, each with a date and a 'here' link. A green arrow points to the recording dated 04.02.2020. On the right side, there is a vertical sidebar with several red navigation buttons: '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!



The screenshot shows the Facebook profile for Nebraska ICAP. The profile picture is a red outline of Nebraska with 'ICAP' written inside. The name is 'Nebraska ICAP' and the bio is '@NebraskaICAP · Educational Consultant'. There is a blue 'Learn More' button and a link to 'icap.nebraskamed.com'. The navigation bar at the bottom includes 'Home', 'About', 'Videos', 'Live', 'More', 'Liked', 'Message', and search icons.