

Guidance and responses were provided based on information known on 05.26.2022 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.



Infection Control Assessment
and Promotion Program

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

COVID-19 and LTC

May 26, 2022

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

TMF Health Quality Institute CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

Pending NHSN Changes

- Module changes to update on Monday, May 30
- Adding **New** vaccination questions in the **Surveillance Pathways**
- **Dropping** several questions in the **Surveillance Pathways**
- No new changes (at this time) in the Vaccination Pathways

NHSN Surveillance Pathways Changes – Scheduled for May 30

Purpose of these changes:

- Simplification of reporting by dropping some questions
- Improving the ability to identify the vaccination(s) **having been received before** someone has a positive lab test
- This will let the CDC continue to determine the benefit/efficacy of the vaccination(s)
- Vaccination status of infection cases is distinct from vaccination coverage of residents

NHSN Reminders

- Watch for **New** drop down items which will happen based on the question's answer. For example, in the Staff and Personnel Impact Pathway:
 - ❖ Question: Does your organization have a shortage of staff and/or personnel?
 - › Answer **No** to the question: Nothing more to do – move on.
 - › Answer **Yes** to the question: More answers needed.

NHSN Reminders

Surveillance Pathways – report the resident ONCE when they have a new positive COVID lab test

- › Counts reported last week are not reported this week.
 - › Prior week's data can be modified at any time
-
- Check the NHSN [LTCF COVID-19 Module](#) Website for **updated** forms, tools and training resources; to be posted, soon.

NHSN Reminders

- Report **weekly** into **both** the Surveillance Pathways and the two Vaccination Modules
- Do not leave questions blank. Enter a zero, if appropriate
- **Save** each Pathway as it is completed
- Use the NHSN Tables of Instructions for definitions.
 - › Find these on the 2 NHSN websites

NHSN Reminders

Vaccination Modules

- Prior week's data can be modified at any time
- ALWAYS report Cumulative data – which means the TOTAL of the staff and residents who are vaccinated and boosted or have had an additional dose of the COVID vaccine
 - › If the individual was there last week and this week – they are counted in both weeks

Vaccination Modules

- **New!** NHSN Event-Level Vaccination Forms: Office Hours and FAQs – April 2022 [Slideset](#)
- Check the NHSN Website for forms, tools and training resources: [Weekly HCP & Resident COVID-19 Vaccination](#)

CDC NHSN Training

- LTCF COVID-19 Module Surveillance Pathways webinar repeated on **Today, May 26 at 2 p.m. CT**
Register: <https://tinyurl.com/4da4zybe>
- Remember, slides and training video will take several weeks to be posted! Please attend.

Increase Access to Level 3

- Go to: [Increasing LTCF SAMS Level Access to NHSN](#)
All facilities are strongly encouraged to have **at least two** registered users with Level 3 access.
- See the [SAMS Identity Verification Documents](#) (cdc.gov) **first**.
- Email nhsn@cdc.gov with **“SAMS LEVEL 3 ACCESS”** **in the subject line** for assistance with any questions related to this process.

CMS-Targeted COVID-19 Training

For frontline nursing home staff and management learning

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training steps – English](#)
- [QSEP Group Training steps – Spanish](#)

Upcoming TMF QIN-QIO Training

May 31, 2022

Office Hours: Q&A

10:30 a.m. CT

[Register](#)

June 7, 2022

Office Hours: Is It Allergies, Cold, Flu or COVID-19?

10:30 a.m. CT

[Register](#)

[Flyer: Is It Allergies or Something Else?](#)

Upcoming TMF QIN-QIO Training

June 14, 2022

Office Hours: Preparing for the Next Pandemic

10:30 a.m. CT

[Register](#)

June 21, 2022

**Office Hours: Competency Check Versus
Observational Audit for Infection Control**

10:30 a.m. CT

[Register](#)

New TMF Video & Resources

- [Video: LTC Connect: Being Mindful of Medications in Acute Illness and COVID-19](#)
 - › [TRANSCRIPT: LTC Connect: Being Mindful of Medications in Acute Illness and COVID-19](#)
- Speaker: Amie Taggart Blaszczyk, PharmD, BCGP, BCPS, FASCP, professor and division head of Geriatrics & Pediatrics with Texas Tech University Health Sciences Center

New TMF Video & Resources

Dr. Russell Kohl, TMF's Chief Medical Officer & Dr. Clifford Moy, TMF's Behavioral Health Medical Director

- [Podcast: The Science Behind Vaccines and Immunity](#) (7:11 minutes)
- [Podcast: The Science Behind Vaccines and Why We Vaccinate](#) (10:46 minutes)
- [Podcast: The Science Behind Vaccines and Herd Immunity](#) (4:21 minutes)

TMF QIN-QIO Resources

[TMF Events Calendar](#)

[How to Create an Account on the TMF Network](#)

Website: tmfnetworks.org

Need Assistance?

Email nhnetwork@tmf.org.

Submit requests for help with NHSN and/or quality improvement assistance.

Nebraska Statistics



Nebraska Statistics

Transmission metrics

DAILY NEW CASES PER 100K

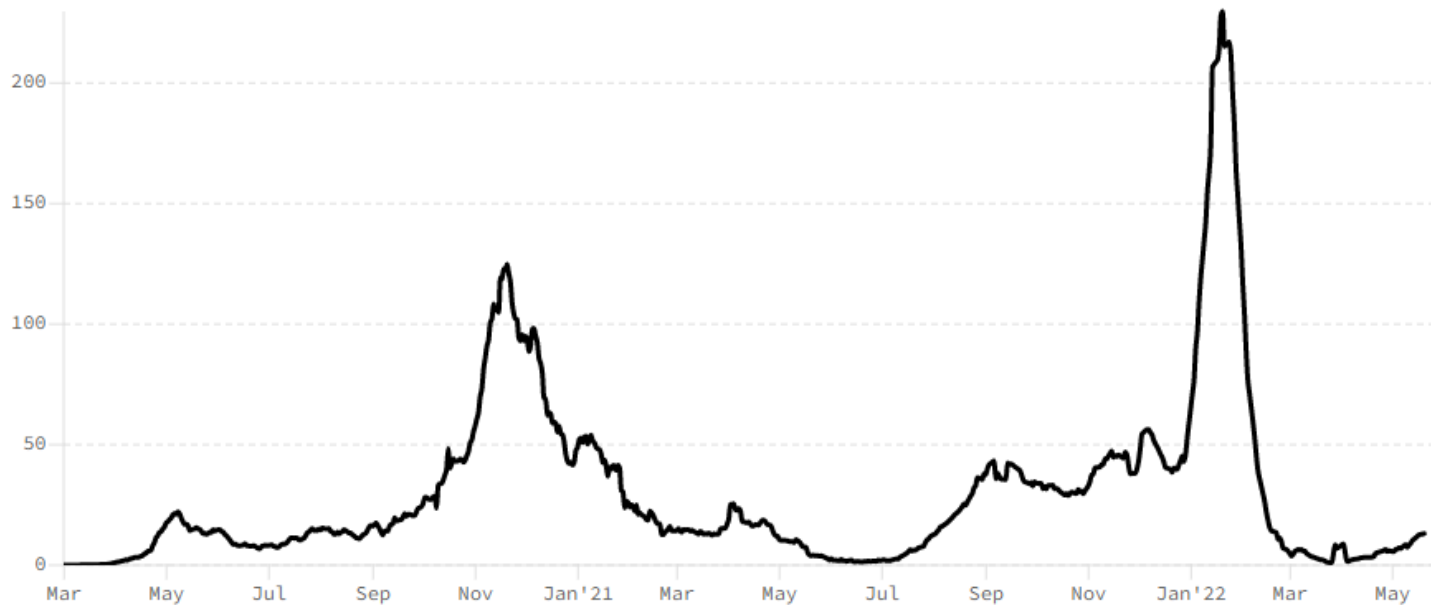
13.1

INFECTION RATE

1.29

POSITIVE TEST RATE

14.0%



Over the last week, Nebraska has averaged 253 new confirmed cases per day (13.1 for every 100,000 residents). [About this data](#)

Share 

<https://covidactnow.org/?s=22441170>



Nebraska Statistics

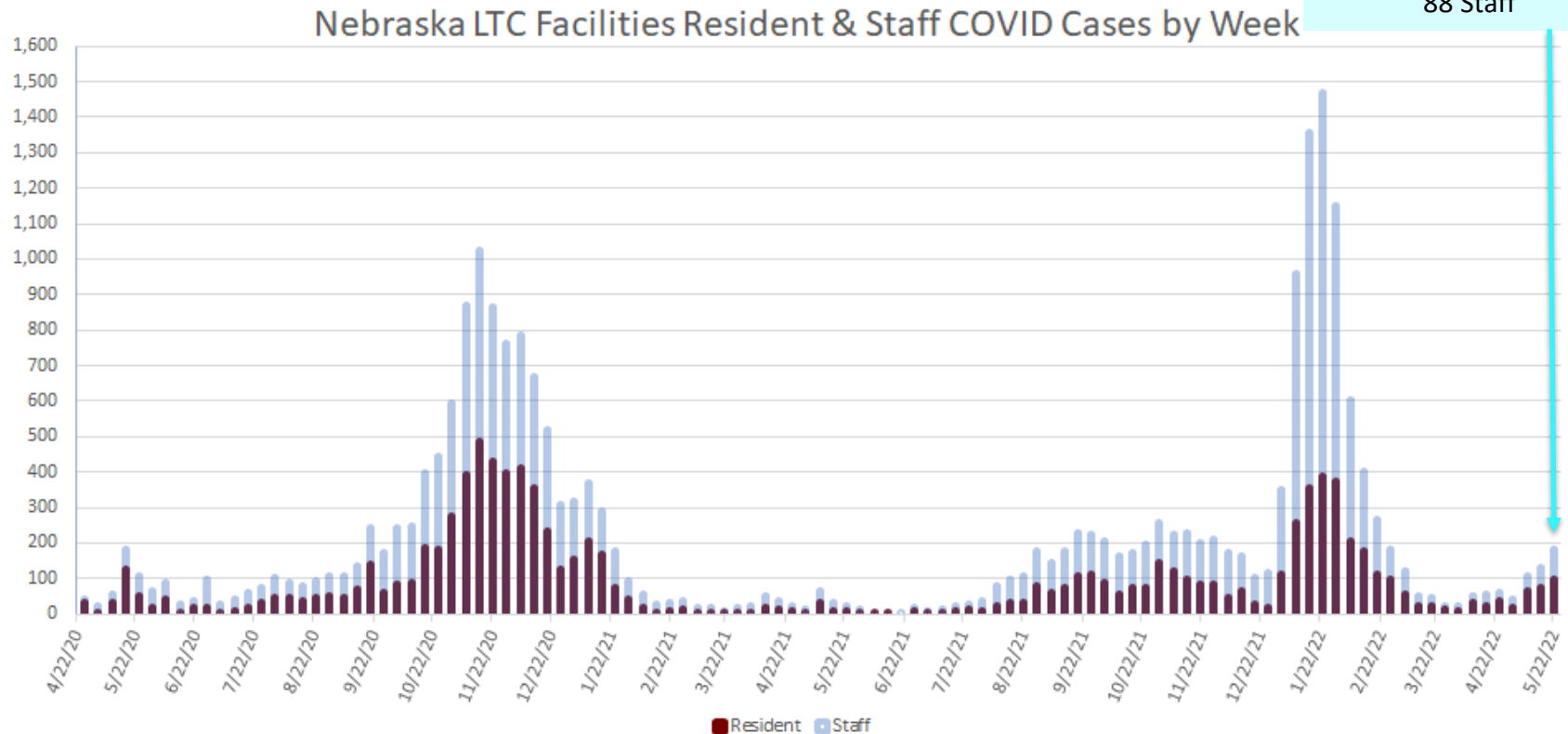
| Week | Daily New Cases/ 100K | Infection Rate | Positive Test Rate | ICU Capacity Used | Vaccinated 1+ | Vaccinated + Booster |
|------------|--------------------------|----------------|--------------------|-------------------|---------------|----------------------|
| 02/03/2022 | 104.8 | 0.80 | 30.8% | 79% | 68.7% | |
| 02/10/2022 | 53.6 | 0.57 | 28.4% | 84% | 68.9% | |
| 02/17/2022 | 22.2 | 0.42 | 14.8% | 80% | 69.1% | |
| 02/24/2022 | 10.7 | 0.37 | 11.6% | 73% | 69.2% | 29.9% |
| 03/03/2022 | 3.8 | 0.43 | 8.1% | 73% | 69.4% | 30.2% |
| 03/10/2022 | 6.5 | 0.64 | 7.3% | 71% | 69.5% | 30.3% |
| 3/24/2022 | 2.1 | 0.63 | 4.5% | 71% | 69.7% | 30.7% |
| 4/7/2022 | 1.3 | 1.06 | 3.7% | 71% | 70.0% | 31.7% |
| 4/14/2022 | 3.0 | 0.81 | 4.5% | 71% | 70.0% | 31.7% |
| 4/21/2022 | 3.4 | 0.95 | 5.1% | 67.0% | 70.1% | 31.9% |
| 4/28/2022 | 6.1 | 1.21 | 5.6% | 65% | 70.2% | 32.1% |
| 5/5/2022 | 6.5 | 1.17 | 7.7% | 70% | 70.3% | 32.2% |
| 5/12/2022 | 7.4 | 1.12 | 9.9% | 63% | 70.4% | 32.3% |
| 5/19/2022 | 12.6 | 1.25 | 12.8% | 67% | 70.4% | 32.4% |
| 5/26/2022 | 13.1 | 1.29 | 14.0% | 70% | 70.5% | 32.4% |

<https://covidactnow.org/?s=22441170>



Nebraska LTC Facility COVID-19 Cases

185 total cases
97 Residents
88 Staff

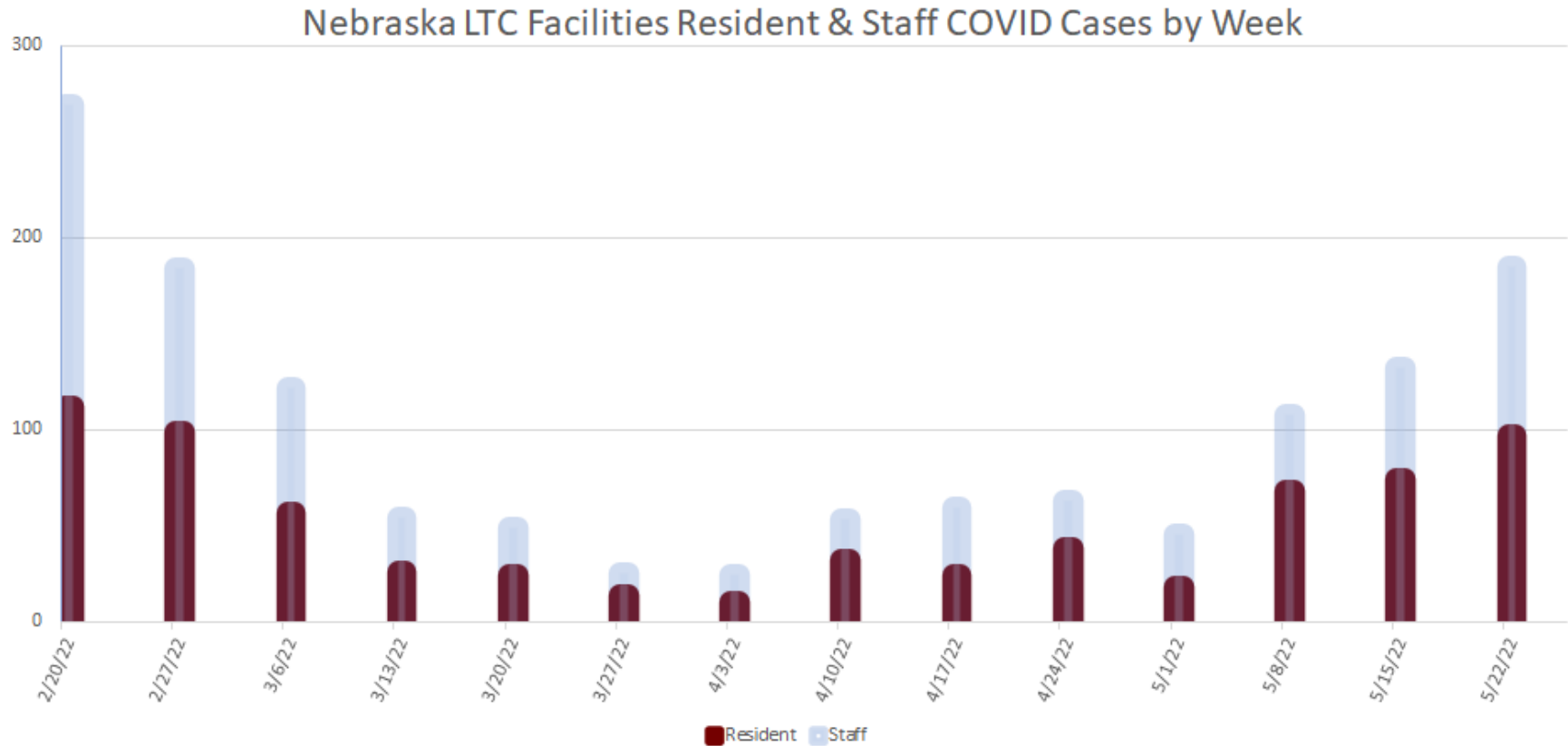


**Updated: 5/23/2022

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly



Nebraska LTC Facility COVID-19 Cases



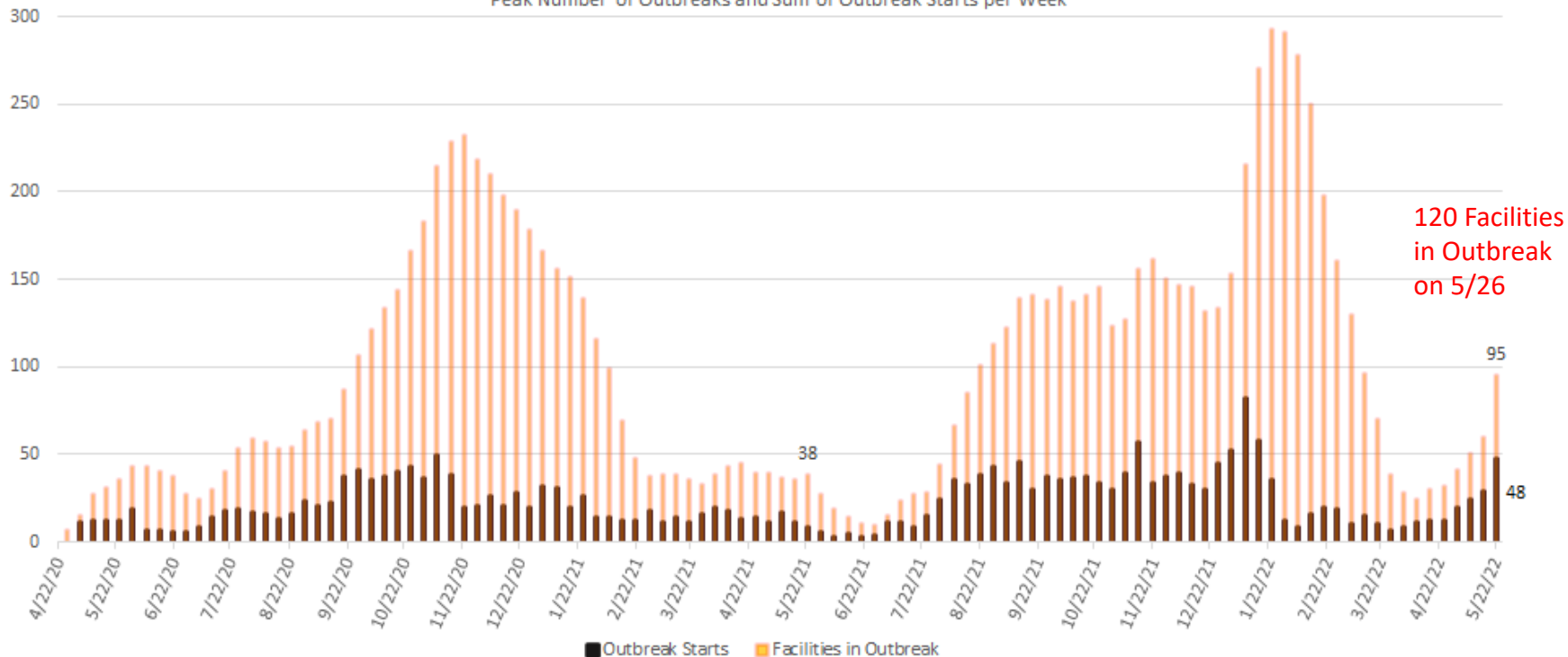
**Updated: 5/23/2022

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly

Nebraska LTC Facility COVID-19 Cases

Nebraska LTC Facilities in COVID Outbreak by Week

Peak Number of Outbreaks and Sum of Outbreak Starts per Week



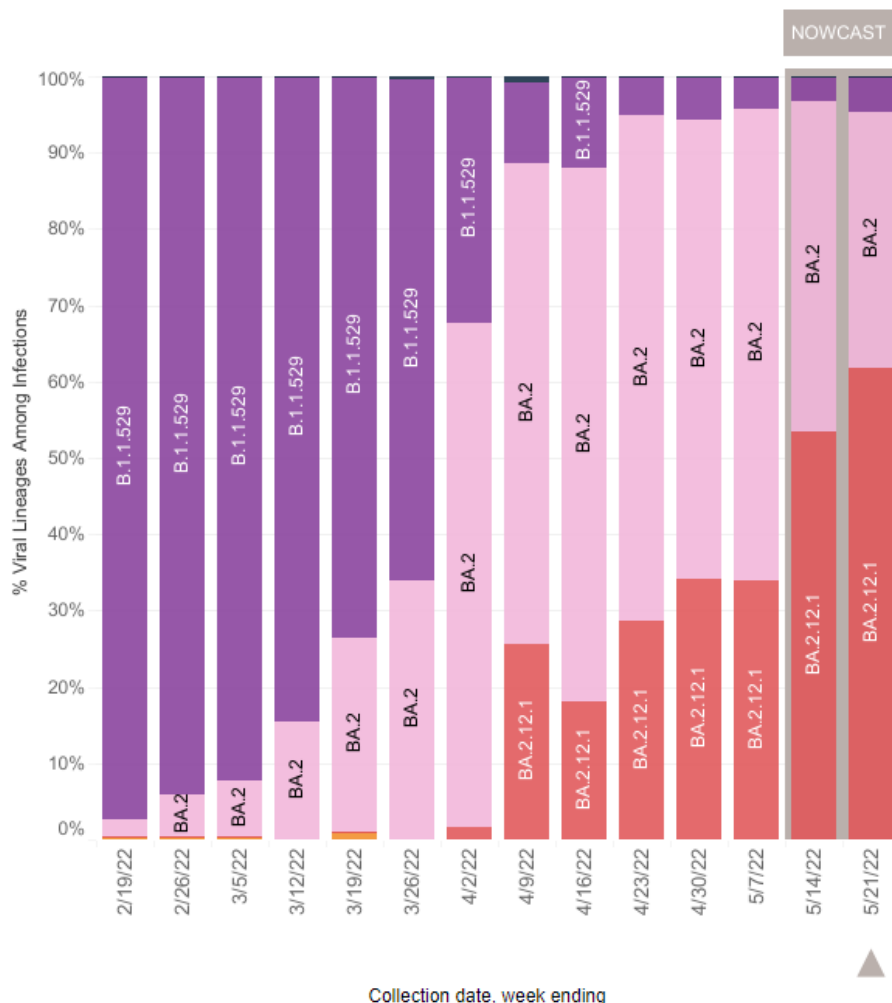
**Updated: 5/23/2022

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.

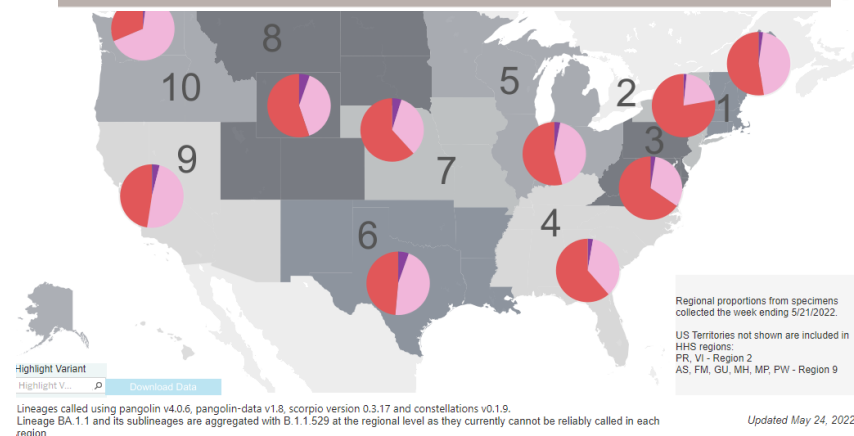


What's happening with variants?

HHS Region 7: 2/13/2022 – 5/21/2022



United States: 5/15/2022 – 5/21/2022 NOWCAST



Region 7 - Iowa, Kansas, Missouri, and Nebraska

| WHO label | Lineage # | US Class | %Total | 95%PI |
|-----------|-----------|----------|--------|------------|
| Omicron | BA.2.12.1 | VOC | 61.8% | 51.5-71.1% |
| | BA.2 | VOC | 33.5% | 24.8-43.4% |
| | B.1.1.529 | VOC | 4.6% | 2.1-9.7% |

Reminder to Keep Collecting and Sending PCRs for Sequencing

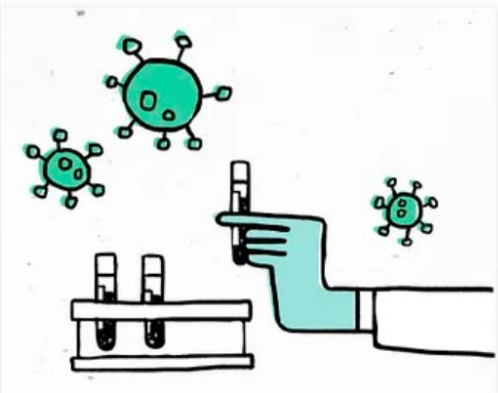
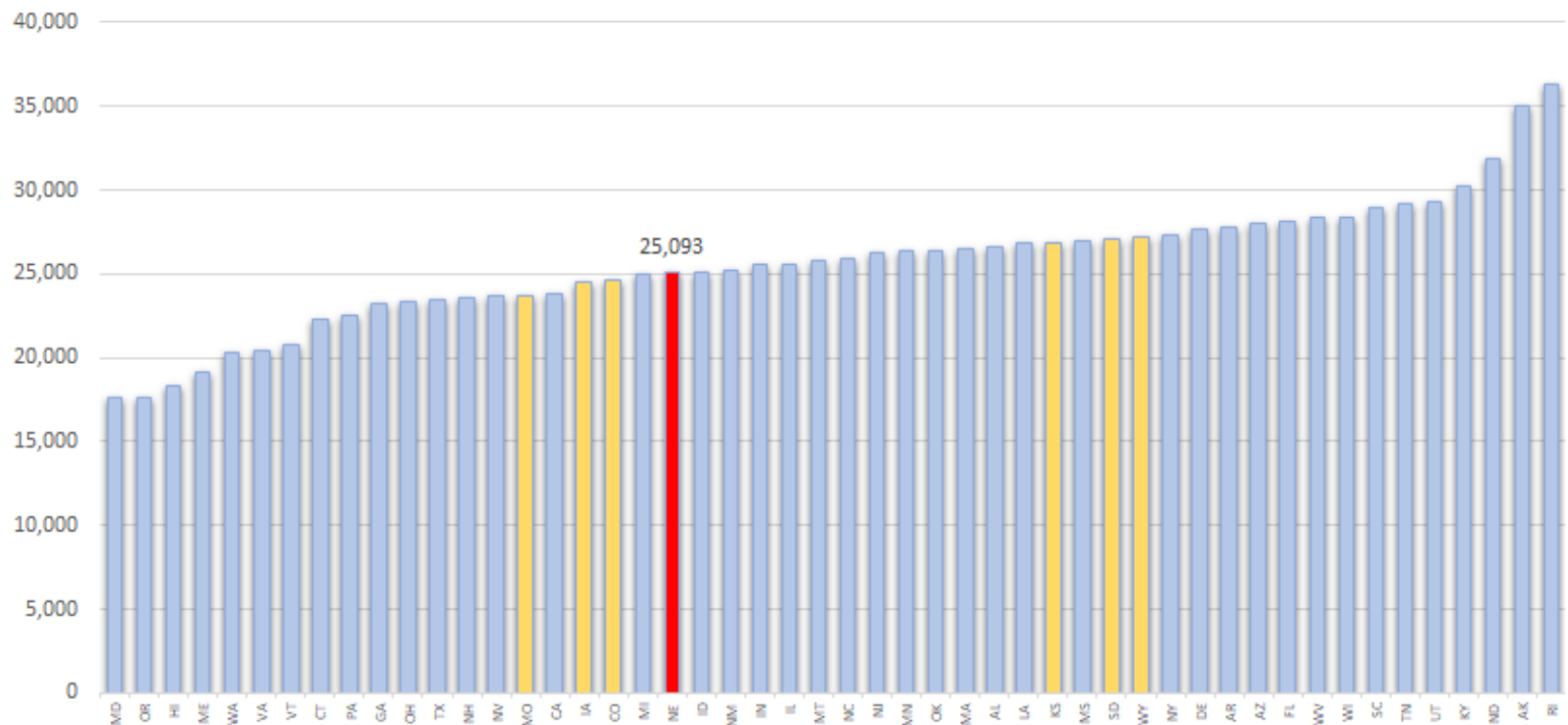


Image Courtesy rawpixel.com

- As COVID-19 case counts and hospitalizations decline throughout the state, the risk of new (variant of concern) VOC introductions remains.
- LTC facilities entering outbreak should send nasopharyngeal specimens to NPHL on initial positive cases
- Obtaining genotypes from residents with COVID-19 will help facilitate earlier detection of a VOC possibly associated with more severe outcomes, if one emerges.

Nebraska Compared to the U.S. (Total Population)

COVID Cases per 100k Population by State
Since the beginning of COVID to May 19, 2022 (Source: NY Times)
Nebraska Rank: 20th

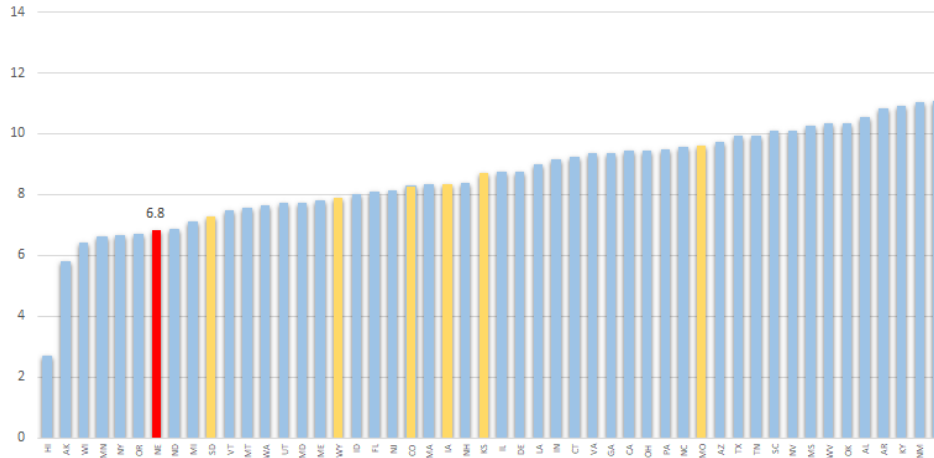


Nebraska Compared to the U.S.

LTCF Resident COVID Cases per 1,000 Occupied Beds

CMS Data through May 8, 2022

Total Resident COVID Cases / Total Occupied Beds * 1,000



CDC Health Advisory Paxlovid



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COVID-19 Rebound After Paxlovid Treatment

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
May 24, 2022, 9:00 AM ET
CDCHAN-0467

- Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease.
 - Paxlovid treatment helps prevent hospitalization and death due to COVID-19
- COVID-19 rebound has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative.
 - Persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease.

FDA Updates on Paxlovid for HCP

- Non-hospitalized patients at high risk of progression to severe disease, treatment with Paxlovid reduced the risk of hospitalization or death by 88%.
- In the Paxlovid clinical trial, some patients (range 1-2%) had one or more positive SARS-CoV-2 PCR tests after testing negative, or an increase in the amount of SARS-CoV-2 detected by PCR, after completing their treatment course.
 - This finding was observed in patients treated with the drug as well as patients who received placebo, so it is unclear at this point that this is related to drug treatment.

COVID-19 Rebound After Paxlovid Treatment

Recommendations for Healthcare Providers for Patients with COVID-19 Rebound

- There is currently no evidence that additional treatment for COVID-19 is needed for COVID-19 rebound.
- Patients should re-isolate (call ICAP for further guidance)
- Consider clinical evaluation of patients who have COVID-19 rebound and symptoms that persist or worsen.
- Healthcare providers are encouraged to report cases of COVID-19 rebound to Pfizer after Paxlovid treatment using the following online tool: [Pfizer Safety Reporting](#) to FDA MedWatch. Complete and submit a [MedWatch Form](#), or complete and submit FDA Form 3500 (health professional) by fax (1-800-FDA-0178). Call 1-800-FDA-1088 for questions.

Vaccine Update



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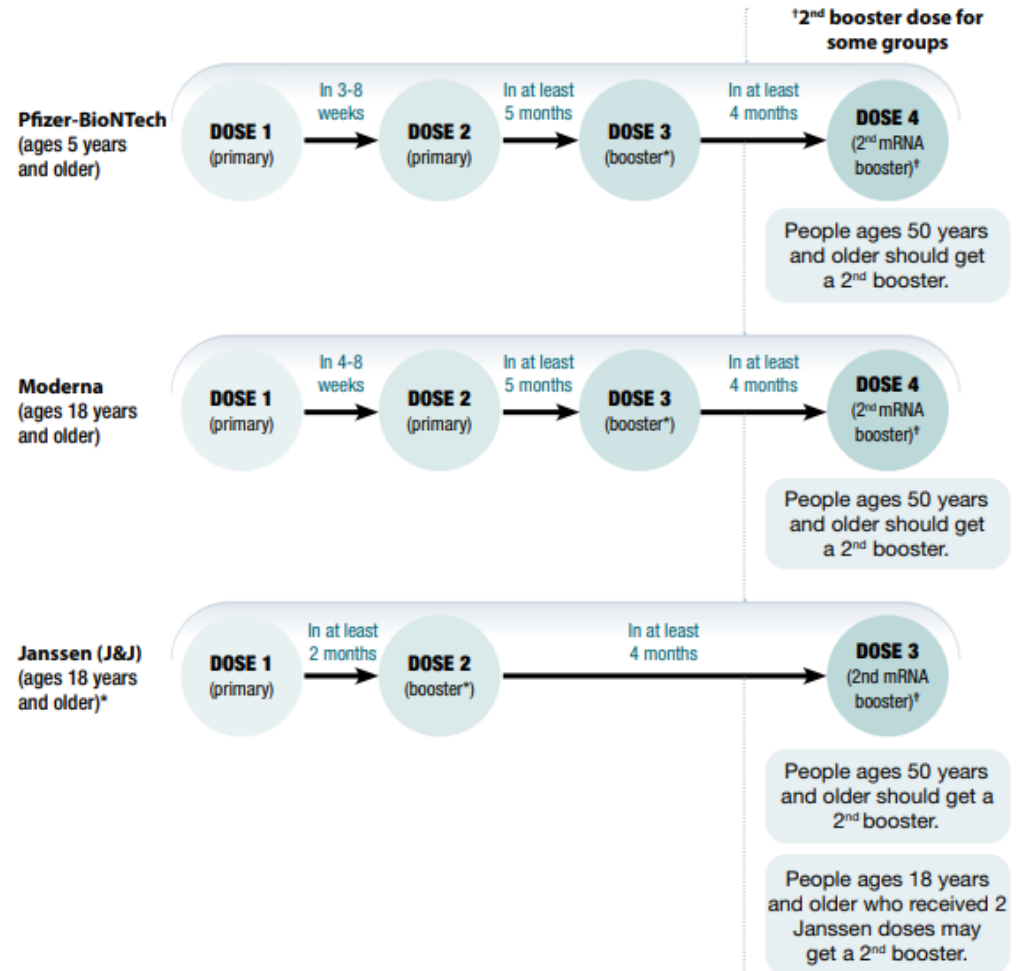
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Have second booster shots been administered?



Number and intervals of COVID-19 vaccine doses



Recommended 2 Boosters

- Adults ages 50 years and older
- People ages 12 years and older who are [moderately or severely immunocompromised](#)

[ICAP Where-to-Setup-COVID-19-vaccination-1.pdf](#)
[At-A-Glance COVID-19 Vaccination Schedules \(cdc.gov\)](#)

Up to Date Vaccine Status

Updated Apr. 2, 2022

Languages ▾

Print

Get Vaccinated and Stay Up to Date

A person is **fully vaccinated** two weeks after receiving all recommended doses in the primary series of their COVID-19 vaccination.

A person is **up to date** with their COVID-19 vaccination if they have received all recommended doses in the primary series and one booster when eligible. Getting a second booster is not necessary to be considered up to date at this time.

Stay Up to Date with Your COVID-19 Vaccines

Updated May 24, 2022

Languages ▾

Print

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

Outbreak Reminders



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Prevention – Continued Screening

- Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:
 - 1) a positive viral test for SARS-CoV-2,
 - 2) [symptoms of COVID-19](#), or
 - 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a [higher-risk exposure \(for healthcare personnel \(HCP\)\)](#).
- Even if they have met community criteria to discontinue isolation or quarantine, visitors **should not visit** if they have not met the same criteria used to discontinue isolation and quarantine for residents.
- HCP should report any of the 3 above criteria to occupational health or another point of contact designated by the facility.
- Actively monitor all staff every shift and residents at least daily for fever (temperature $\geq 100.0^{\circ}\text{F}$) and symptoms consistent with COVID-19.

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
[QSO-20-14-NH \(cms.gov\)](#)



Isolate COVID-19 Positive Resident – Red Zone

Red Zone

Residents with a positive COVID-19 test.

COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves

- Gowns and gloves are doffed and hand hygiene performed between residents.
- Respirator and eye protection may be used according to extended use guidance [if they are not touched]

Designated zone with designated staffing is ideal; Room door closed; Communal activity and dining are restricted; and therapy or bathing are preferably performed in the resident room [unless spa is located in the COVID-19 unit]

Initiate Outbreak Testing

Perform contact tracing to identify any HCP or residents who may have had contact with the individual with SARS-CoV-2 infection.

- Initiate outbreak testing on staff and residents with exposure, regardless of the duration or nearness of exposure.
- Outbreak testing should be started immediately (but generally not earlier than 24 hours after the exposure, if known), then repeat twice weekly until 7 days have passed since last positive test.

A facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

- For ongoing transmission, outbreak testing should be extended until 14 days have passed since last positive test for more significant outbreaks.


*Note: In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days.

Initiate Quarantine –Yellow Zone


| Traditional Yellow Zone/ Quarantine Zone | Modified Yellow Zone/ Modified Quarantine Zone |
|--|---|
| Asymptomatic residents who have been exposed to COVID-19 and are <u>not</u> up to date on vaccination. | Asymptomatic residents who have been exposed to COVID-19 and are up to date on vaccination. |
| COVID-19 full PPE | Healthcare personnel wear respirator and eye protection when in the resident room |
| Room door closed; Communal activity and dining are restricted; and therapy or bathing may be performed in the designated gym or bathhouse if additional precautions are put in place | Resident room door closed when unmasked in their room. Resident should mask in communal areas, when possible. If the resident cannot mask, additional accommodations should be put in place to reduce risk. |

Staff Education

- Maintain staff awareness of policies and procedures.
- Use posters and signs to serve as reminders and “cues to action.”




COVID-19 PPE: Donning and Doffing



Items Required


- Gown – standard isolation
- N95 Respirator
- Eye protection - Face shield or goggles
- Gloves

Hand Hygiene



Donning Order

1. Hand Hygiene
2. Gown
3. Respirator
4. Eye Protection
5. Gloves



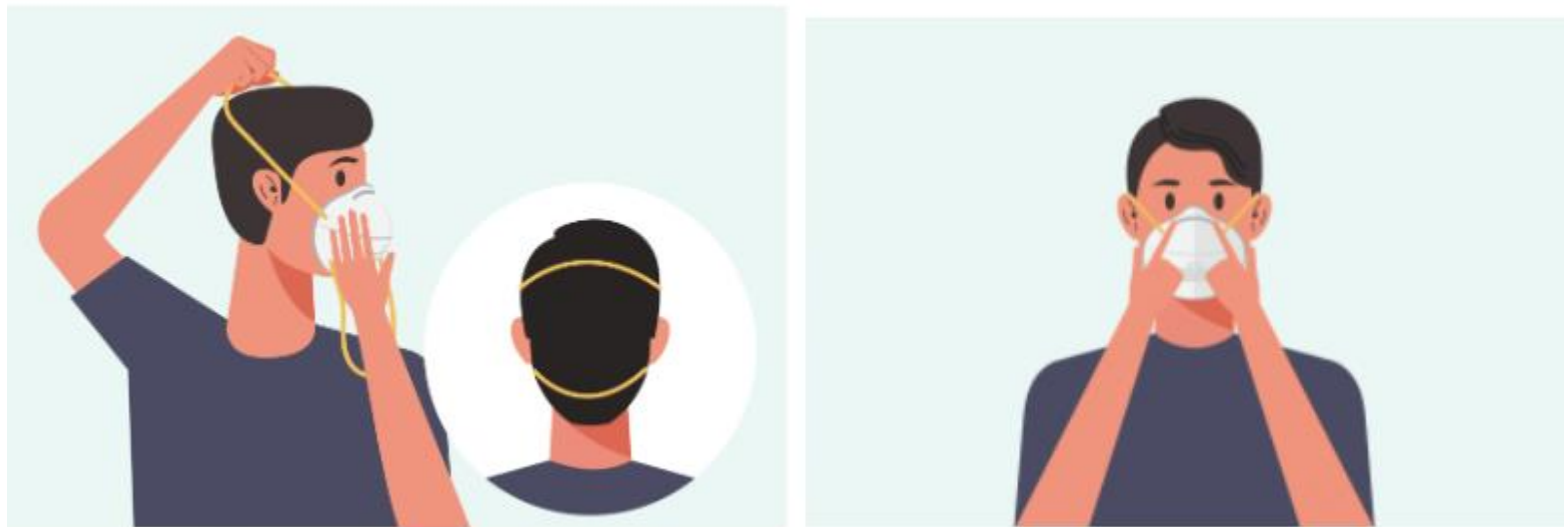
Doffing Order 1

1. Hand Hygiene
2. Gown with Gloves
3. Hand Hygiene
4. Eye Protection
5. Hand Hygiene
6. N95
7. Hand Hygiene

Doffing Order 2

1. Hand Hygiene
2. Gown
3. Gloves
4. Hand Hygiene
5. Eye Protection
6. Hand Hygiene
7. N95
8. Hand Hygiene

Ensure N95 is donned correctly



CDC How to Use your N95 Respirator

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/use-n95-respirator.html>



Communal Dining and Activities

When COVID outbreak is noted to be spreading within the resident population, temporarily suspend communal dining and group activities for 7 days.

- After 7 days, re-evaluate the status of the outbreak and resume food service in dining room and group activities once deemed safe.



Therapeutic Treatment



We currently offer Paxlovid (nirmatrelvir; ritonavir) as the recommended first-line agent. When Paxlovid is not feasible due to contraindications and/or major drug interactions, we also offer oral molnupiravir or IV monoclonal antibody. For monoclonal antibody therapy, we will now only be using bebtelovimab due to its continued activity against the Omicron BA.2 subvariant.

[Click here](#) to access the LTCF COVID-19 Treatment Order Survey Link

ICAP Updates and Information





Infection Control Training For Your Facility

- Project Firstline is Infection Control (IC) training for your frontline healthcare workers
- Why is it important? Infection Control:
 - Works! The right practices can stop germs from spreading in healthcare facilities.
 - Is a Team Effort! Infection control is most effective when all team members use it consistently.
 - Matters! Infection control is a critical part of safe healthcare delivery in all healthcare settings.
- To find out more or to schedule a training for your facility, scan the QR code or visit: icap.nebraskamed.com/project-firstline/

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****



Webinar CE Process

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

Individual surveys must be completed for each attendee.

Questions? Contact Marissa at:

Machaney@nebraskamed.com 402-552-2881

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
- Due to NAB changes, attendance will be submitted quarterly. ICAP will send an email stating when 2022 credits are ready for retrieval.



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
 - Margaret Drake, MT(ASCP),CIC
 - Sarah Stream, MPH, CDA, FADAA
 - Josette McConville, BSN, RN, CIC
 - Rebecca Martinez, BA, BSN, RN, CIC
 - Jody Scebold, EdD, MSN, RN
 - Chris Cashatt RN, BSN, CIC
 - Daniel Taylor, DHHS
 - Becky Wisell, DHHS
 - Cindy Kadavy, NHCA
 - Kierstin Reed, LeadingAge
 - Melody Malone, PT, CPHQ, MHA
 - Debi Majo, BSN, RN
-
- Moderated by Marissa Chaney
 - Supported by Margaret Deacy
 - Slide support from Josette McConville

| | |
|---|----------------------------------|
| + | 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](#)

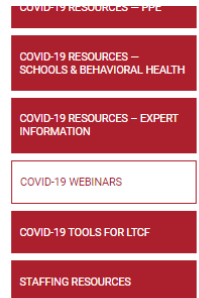
Access the COVID-19 Webinar for LTCF – Recording 04.09.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.02.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.26.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.19.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.12.2020 [here](#)



[COVID-19 Webinars - CDC Nebraska Infection Control Assessment & Promotion Program \(nebraskamed.com\)](#)

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