Guidance and responses were provided based on information known on 06.16.2022 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

June 16, 2022

ICAP

Infection Control Assessment and Promotion Program

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

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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

Upcoming TMF QIN-QIO Training

June 16, 2022 **LTC Connect: Up to Speed…NHSN Updates**

1:30 p.m. CT

Register

June 21, 2022 **Office Hours: Competency Check Versus Observational Audit for Infection Control**

10:30 a.m. CT

Register

Upcoming TMF QIN-QIO Training

June 28, 2022 **Office Hours:** COVID-19 Vaccinations and Health Equity

10:30 a.m. CT

Register

July 21, 2022 **LTC Connect**

Save the Date!

1:30 p.m. CT

NHSN New Resources

- **New!** NHSN Event-Level Vaccination Forms: Office Hours and FAQs YouTube Link [Video – 54 min] – April 2022

- **New!** NHSN Event-Level COVID-19 Vaccination Forms YouTube Link [Video – 29 min] – April 2022

Known NHSN Reporting Issue

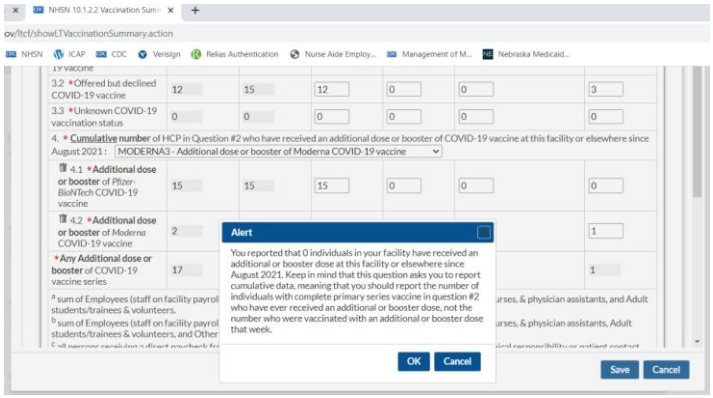
- Event-Level Vaccination Forms save and submit function may not work properly
- Submit data on time via the Summary Form
- NHSN will notify all users when the system update is complete to correct the problem
- Notify CMS and CDC if you can not report on-time **BEFORE** the reporting deadline time

To Report An Issue With NHSN

- **Email:** nhsn@cdc.gov
- **Put in the subject line of your email something direct about the problem and the module/pathway: Error Message in the HCW Vaccination module**
- **Add in the body of the email:**
  - Any screenshots and details.
  - Include: your name & role, phone number
  - Facility name/address
  - Facility NHSN Org ID and Facility CCN

Email Subject line: Error Message in the HCW Vaccination module

On 3/28/22 I received an error message when finishing the HCW vaccination module. It states that a Zero is being placed in to booster section, which is invalid. See screenshot and What should I do?



Facility NHSN Org ID: 12345 Facility CCN: 987654

Your Name, Title

Facility Name, Address , NE, Zip code, Phone Number

To Avoid NHSN Related Fines

- **If the problem persists and you are at the deadline to report for any pathway or module report to all three entities:**
- **Email:** nhsn@cdc.gov, DNH_TriageTeam@cms.hhs.gov, DNH_Enforcement@cms.hhs.gov
- Follow the email guidance on the prior slides.

NHSN Training – Register now

- Up to Date Vaccination Status: Surveillance Definition Change for COVID-19 Vaccination Modules
- **Thursday, June 23rd from 2:00 – 3:00 p.m. ET**

- **Changes begin during the reporting week of June 27, 2022 – July 3, 2022**

NHSN Report Function Disabled….

….For now.

- NHSN Users will be notified when it comes up, via email.
- TMF Resources:
  - How to Pull NHSN Reports document
  - How to Pull NHSN Reports video

TIP: Pull reports often so you are prepared for survey, QAPI & board reports and to post in your lobby to celebrate your success!

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

TMF QIN-QIO Resources

New Video:

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.

This material was prepared by TMF Health Quality Institute, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-QINQIO-NH-22-45-5/10/2022

Nebraska Statistics

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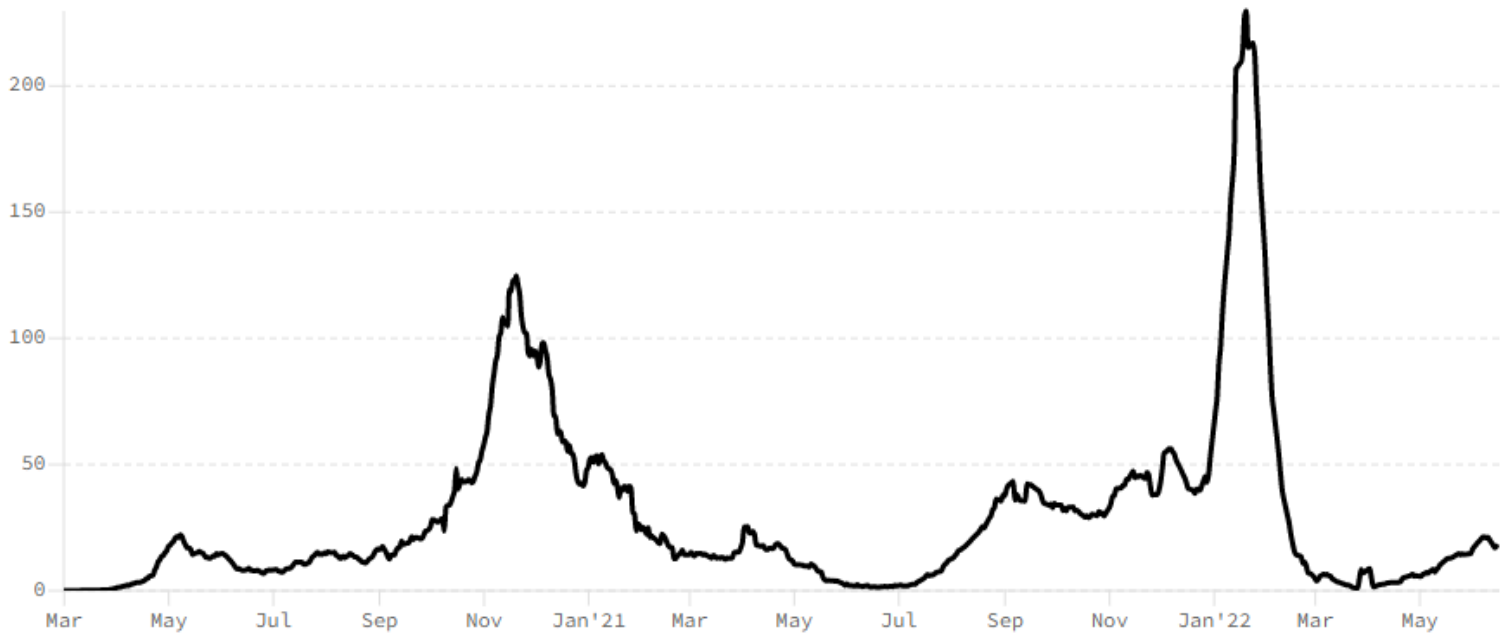
Nebraska Statistics

Transmission metrics

DAILY NEW CASES PER 100K	INFECTION RATE	POSITIVE TEST RATE
17.6	1.09	18.5%



Over the last week, Nebraska has averaged 340 new confirmed cases per day (**17.6** for every 100,000 residents). About this data

Share

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

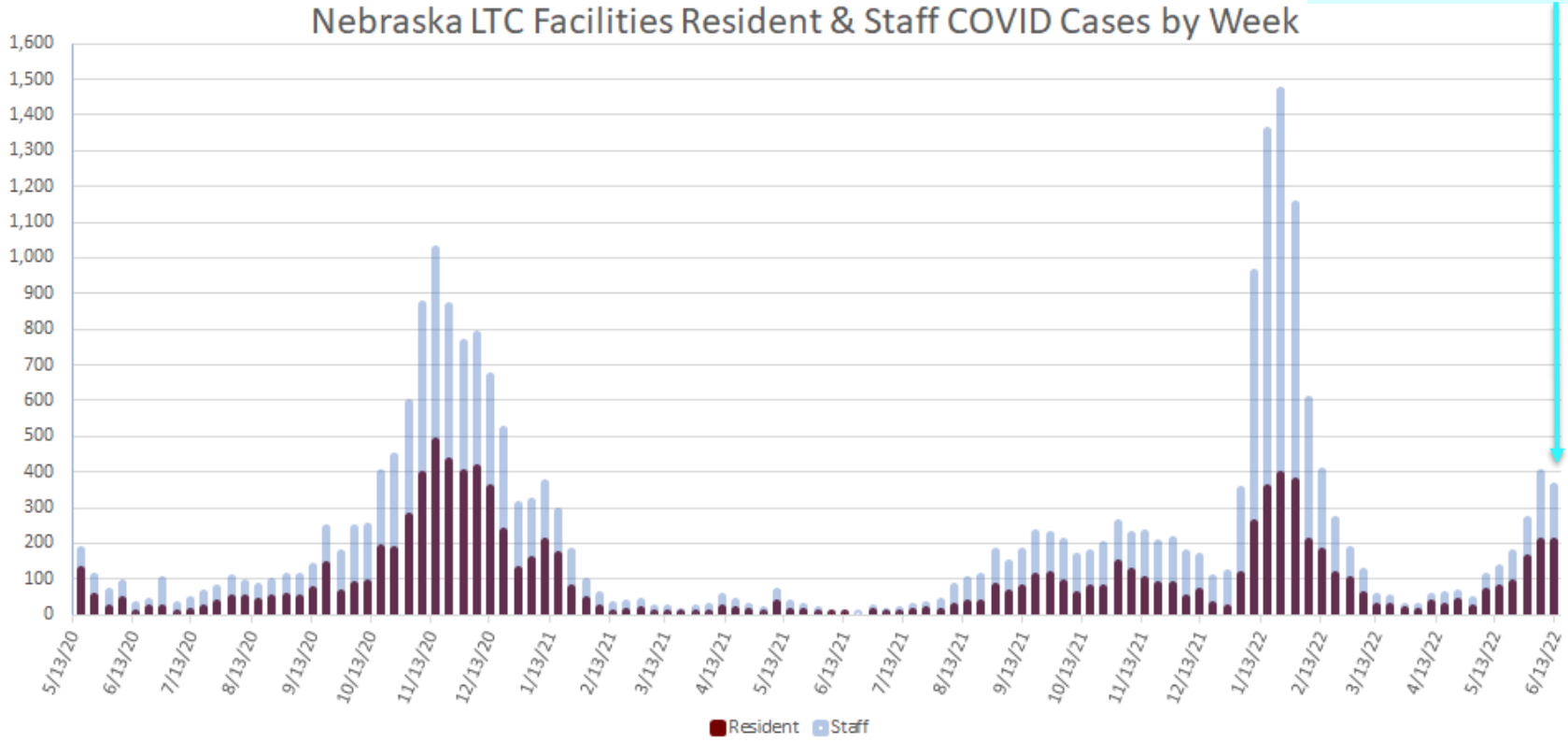
Nebraska Statistics

Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	ICU Capacity Used	Vaccinated 1+	Vaccinated + Booster
02/24/2022	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%**
6/2/2022	**14.7**	**1.16**	**15.1%**	**68%**	**70.5%**	**32.5%**
6/9/22	**21.3**	**1.20**	**18.5%**	**69%**	**70.6%**	**32.8%**
6/16/22	**17.6**	**1.09**	**18.5%**	**71%**	**70.7%**	**32.9%**

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

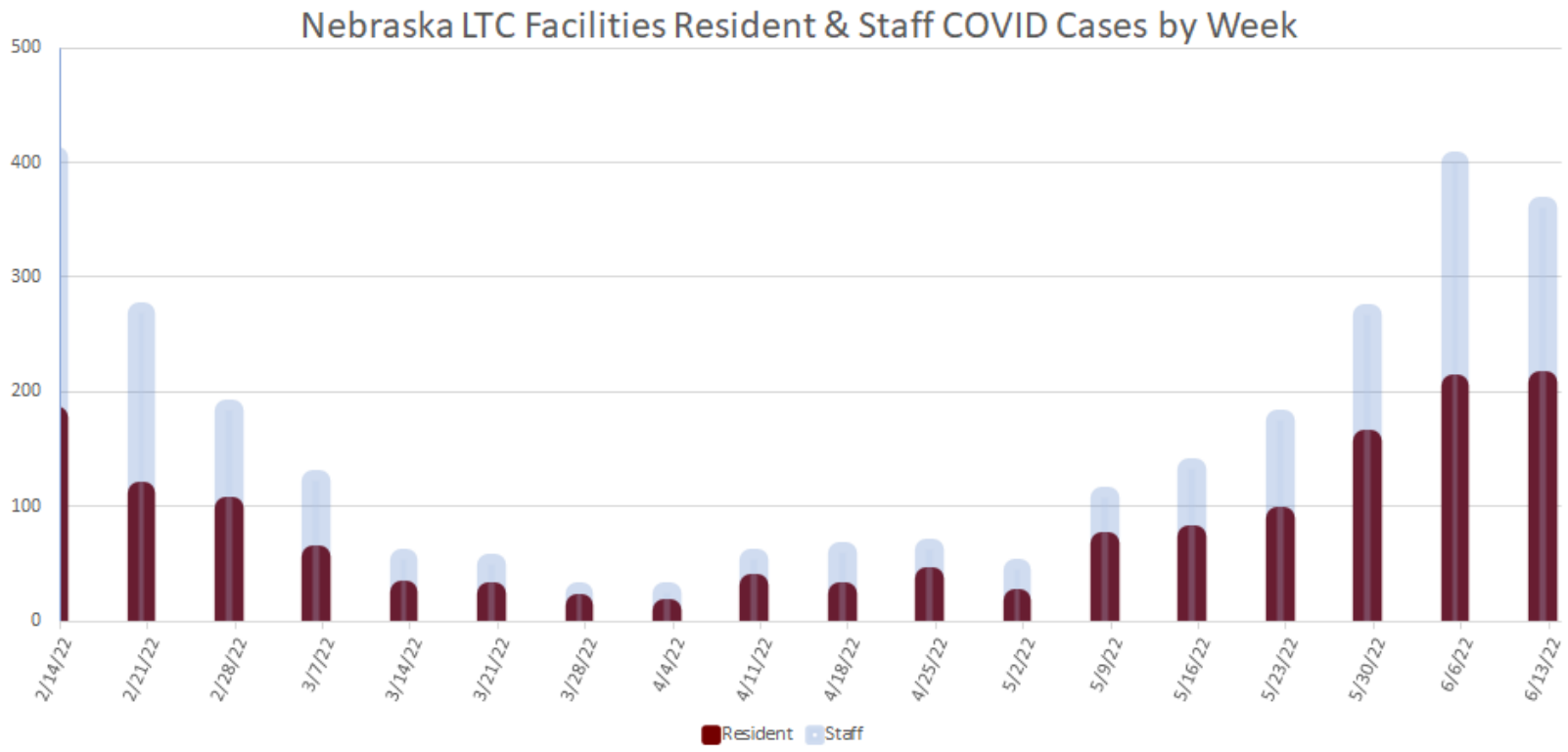
Nebraska LTC Facility COVID-19 Cases

361 total cases
209 Residents
152 Staff



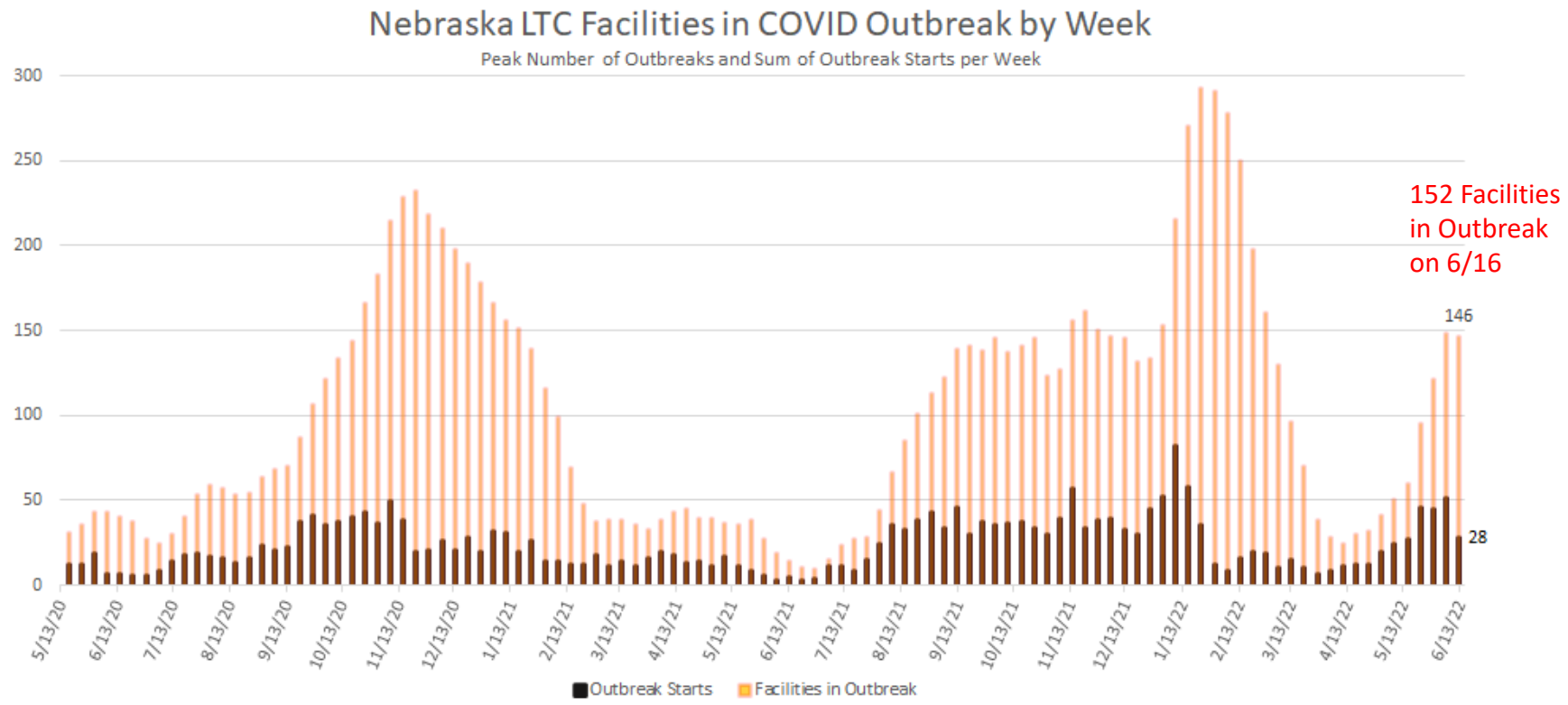
**Updated: 6/13/2022
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly

Nebraska LTC Facility COVID-19 Cases



**Updated: 6/13/2022
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly

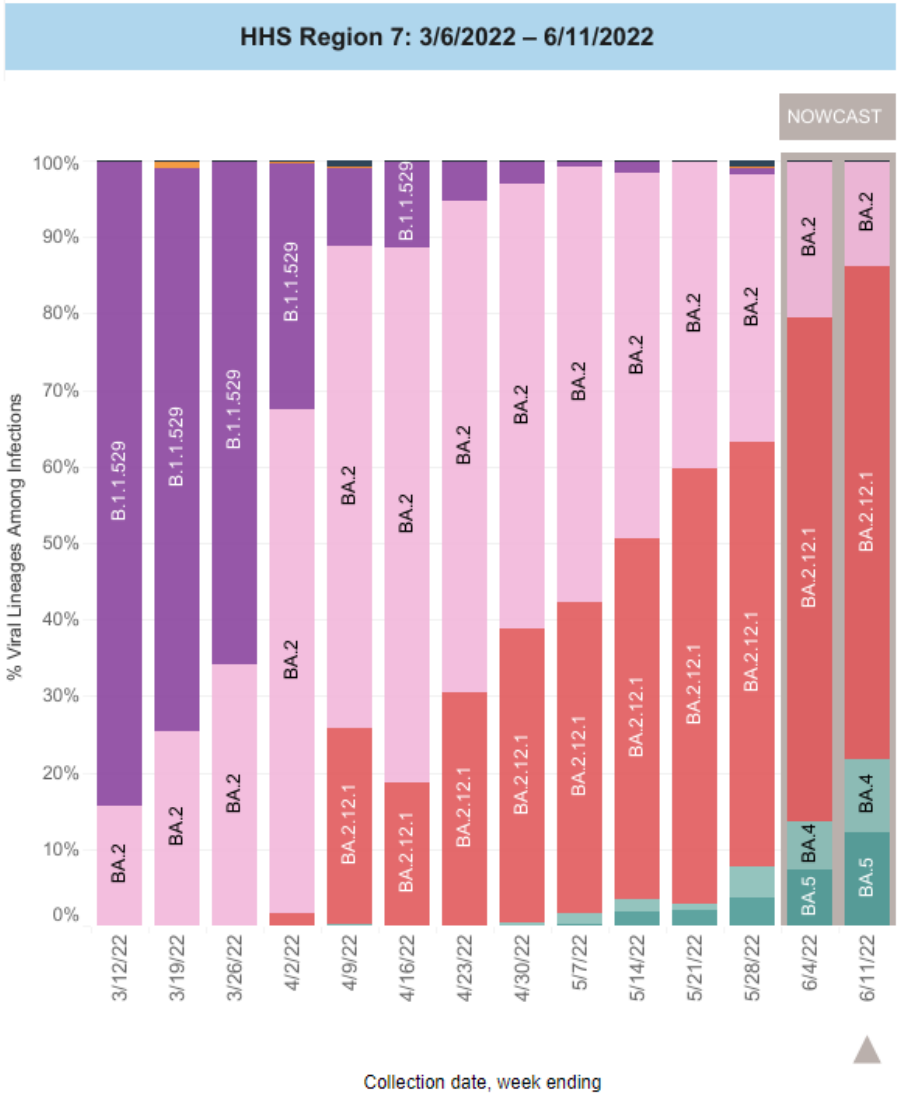
Nebraska LTC Facility COVID-19 Cases

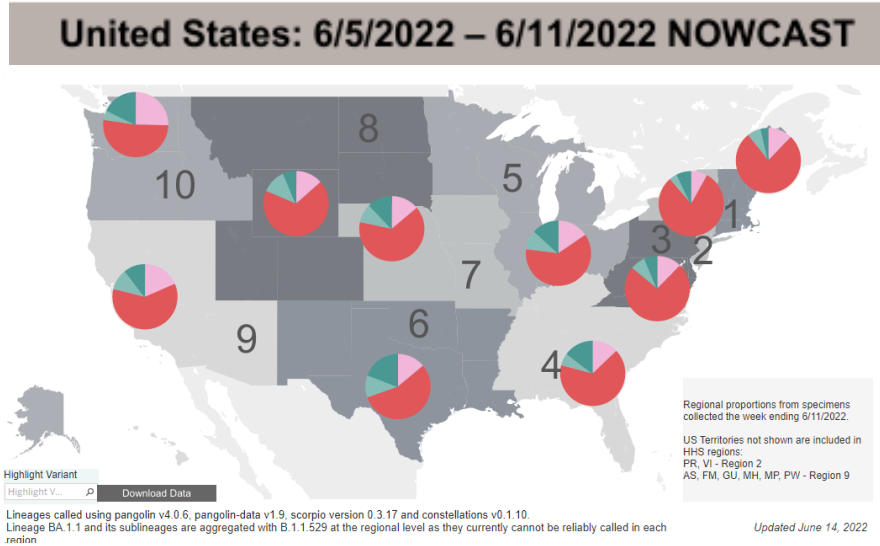


**Updated: 6/13/2022

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.

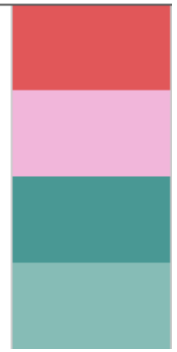
What's happening with variants?





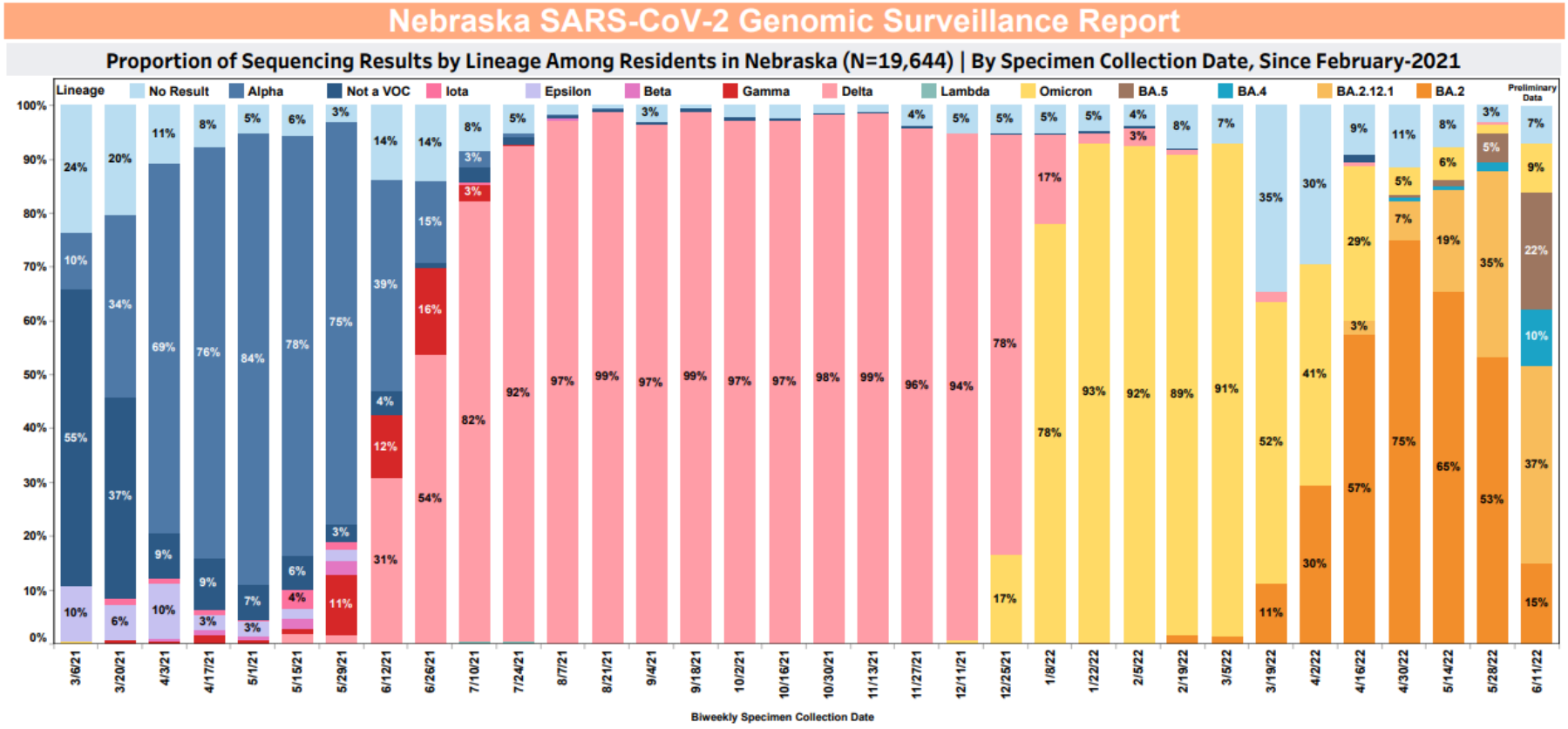
Region 7 - Iowa, Kansas, Missouri, and Nebraska

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2.12.1	VOC	64.5%	56.0-72.2%
	BA.2	VOC	13.8%	10.8-17.5%
	BA.5	VOC	12.1%	5.9-22.6%
	BA.4	VOC	9.6%	7.2-12.6%



[CDC COVID Data Tracker: Variant Proportions]

NE Genomic Surveillance



Data Source: COVID-19 Whole Genome Sequencing Lab Reports, Nebraska Electronic Disease Surveillance System (NEDSS)

Note:
1. Each bar in the graph represents a two week period that ends on Saturday. The date label above is the last day in that two week period.

2. "No Result" means there is an insufficient level or quality of sequence specimen to detect a lineage sucessfully.

3. Results are continuously updated as DHHS receives additional sequences for partner laboratories. All results should be considered preliminary as we frequently receive sequences that are months old from external partners. The most recent bar is marked as preliminary in the graph because that bar is expected to change the most as more sequences are received in upcoming weeks.

[COVID-19-Genomics-Data.pdf (ne.gov)]

Reminder to Keep Collecting and Sending PCRs for Sequencing

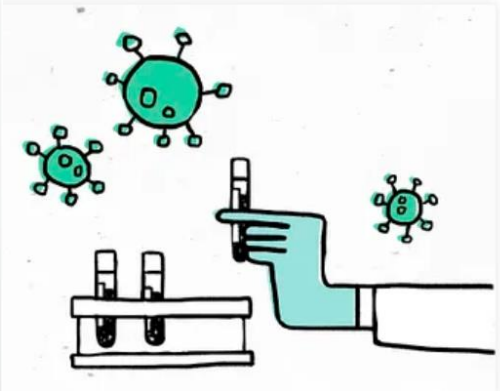


Image Courtesy rawpixel.com

- 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.

Environmental Cleaning and Disinfection

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Cleaning vs. Disinfection

•Cleaning removes visible dirt, dust, spills, smears, and grime, including organic material like blood, as well as some germs, from surfaces.

- •It's important to clean before disinfecting because dirt and grime can make disinfectants not work as well.

•Disinfecting kills germs on surfaces or objects.

CDC Project Firstline Cleaning? Disinfection? What is the Difference?

Considerations When Choosing Product

Multi-disciplinary teams should be involved in selection of disinfectant products.

Common disinfectants that can be used for environmental surfaces in healthcare include:

- quaternary ammonium compounds
- alcohol (ethyl or isopropyl)
- chlorine releasing agents (e.g., bleach)
- accelerated hydrogen peroxide

CDC Guideline for Disinfection and Sterilization in Healthcare Facilities

EPA Approval

Select EPA approved products that

EPA-registered antimicrobial produ ese
pathogens unless the Agency has re roved the
claim on the label.

US EPA Product and Label System

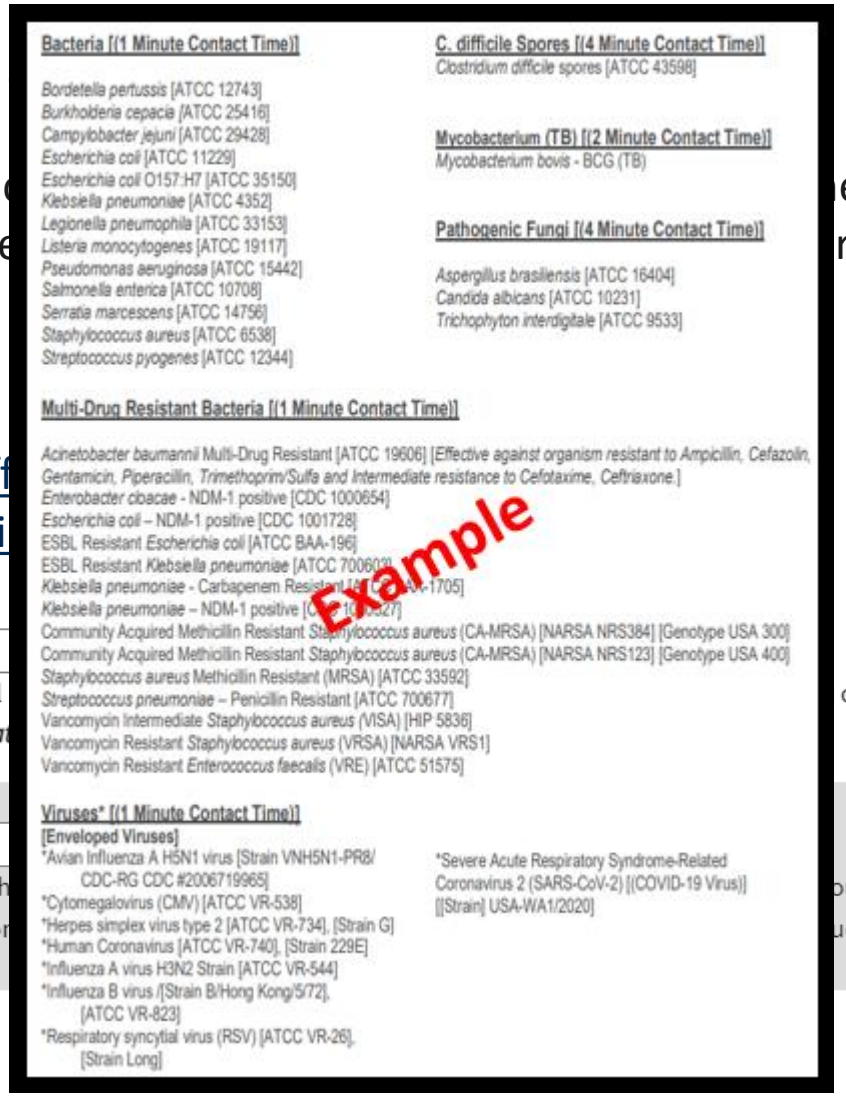
- List K: Antimicrobial Products Eff
- List N: Disinfectants for use Agai

Product or Alternative Brand Name:

Enter the name of the product. As you type, options will don't
find the product you are looking for, try the ***EPA Registra***

Company Name:

Enter the name of the company. Some companies may h ou can
select among these divisions using the drop-down list o ucts
associated with all the divisions.



Bacteria [(1 Minute Contact Time)]

Bordetella pertussis [ATCC 12743]
Burkholderia cepacia [ATCC 25416]
Campylobacter jejuni [ATCC 29428]
Escherichia coli [ATCC 11229]
Escherichia coli O157:H7 [ATCC 35150]
Klebsiella pneumoniae [ATCC 4352]
Legionella pneumophila [ATCC 33153]
Listeria monocytogenes [ATCC 19117]
Pseudomonas aeruginosa [ATCC 15442]
Salmonella enterica [ATCC 10708]
Serratia marcescens [ATCC 14756]
Staphylococcus aureus [ATCC 6538]
Streptococcus pyogenes [ATCC 12344]

C. difficile Spores [(4 Minute Contact Time)]

Clostridium difficile spores [ATCC 43598]

Mycobacterium (TB) [(2 Minute Contact Time)]

Mycobacterium bovis - BCG (TB)

Pathogenic Fungi [(4 Minute Contact Time)]

Aspergillus brasiliensis [ATCC 16404]
Candida albicans [ATCC 10231]
Trichophyton interdigitale [ATCC 9533]

Multi-Drug Resistant Bacteria [(1 Minute Contact Time)]

Acinetobacter baumannii Multi-Drug Resistant [ATCC 19606] [*Effective against organism resistant to Ampicillin, Cefazolin, Gentamicin, Piperacillin, Trimethoprim/Sulfa and Intermediate resistance to Cefotaxime, Ceftriaxone.*]
Enterobacter cloacae - NDM-1 positive [CDC 1000654]
Escherichia coli – NDM-1 positive [CDC 1001728]
ESBL Resistant *Escherichia coli* [ATCC BAA-196]
ESBL Resistant *Klebsiella pneumoniae* [ATCC 700603]
Klebsiella pneumoniae - Carbapenem Resistant [ATCC BAA-1705]
Klebsiella pneumoniae – NDM-1 positive [CDC 1001327]
Community Acquired Methicillin Resistant *Staphylococcus aureus* (CA-MRSA) [NARSA NRS384] [Genotype USA 300]
Community Acquired Methicillin Resistant *Staphylococcus aureus* (CA-MRSA) [NARSA NRS123] [Genotype USA 400]
Staphylococcus aureus Methicillin Resistant (MRSA) [ATCC 33592]
Streptococcus pneumoniae – Penicillin Resistant [ATCC 700677]
Vancomycin Intermediate *Staphylococcus aureus* (VISA) [HIP 5836]
Vancomycin Resistant *Staphylococcus aureus* (VRSA) [NARSA VRS1]
Vancomycin Resistant *Enterococcus faecalis* (VRE) [ATCC 51575]

Viruses* [(1 Minute Contact Time)]

[Enveloped Viruses]
*Avian Influenza A H5N1 virus [Strain VNH5N1-PR8/ CDC-RG CDC #2006719965]
*Cytomegalovirus (CMV) [ATCC VR-538]
*Herpes simplex virus type 2 [ATCC VR-734], [Strain G]
*Human Coronavirus [ATCC VR-740], [Strain 229E]
*Influenza A virus H3N2 Strain [ATCC VR-544]
*Influenza B virus /[Strain B/Hong Kong/5/72], [ATCC VR-823]
*Respiratory syncytial virus (RSV) [ATCC VR-26], [Strain Long]
*Severe Acute Respiratory Syndrome-Related Coronavirus 2 (SARS-CoV-2) [(COVID-19 Virus)] [[Strain] USA-WA1/2020]

Contact Time

The amount of time a disinfectant needs to sit on a surface without being wiped away or disturbed, to effectively kill germs.

- Follow manufacturer specific instructions, for example, “Repeated use of the product may be required to ensure that the surface remains visibly wet.”

The longest contact time listed for a particular disinfectant must be followed, as there is no way of knowing what specific microorganisms are present on surfaces.

Follow the disinfectant label:

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Other Considerations

- **Ease of use**
  - Mixing requirements
  - Stability
  - Method of delivery
- **Safety**
  - Toxicity
  - Flammability
  - Avoid sprays
- **Surface compatibility**
  - Safe for use on specific medical equipment
  - Residue on surfaces

- **Other Considerations**
  - Odor
  - Cost

[Environmental Cleaning 101 (cdc.gov)]

Sample Disinfectant Compatibility Tool

- Identify the equipment located in your unit/department that you are responsible for disinfecting.
- Determine the disinfectants approved for use in the instructions for use (IFUs) that your organization has approved/provides, and list them across the top of this tool with the contact time.
- Identify the equipment manufacturer and obtain the manufacturer's IFUs.
- Place a check mark in the corresponding box under each approved disinfectant for each piece of equipment.
- Once completed, determine the disinfectant that is compatible with the majority of your equipment, with the goal of stocking and using as few different disinfectants as possible (ideally, bleach plus one additional disinfectant) and with the shortest contact time.

Assessment Date: _____

Participants: _____

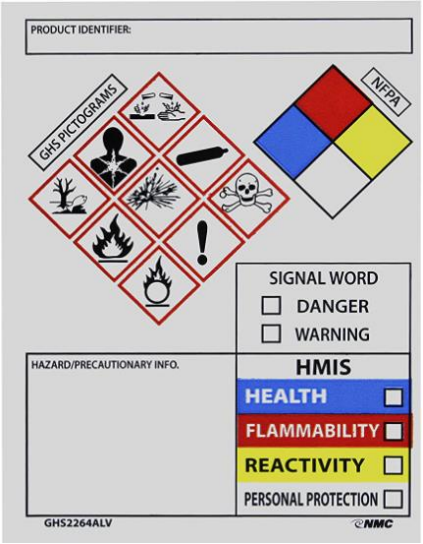
Equipment/Surface	Manufacturer	Disinfectant #1 (e.g. quaternary ammonia)	Disinfectant #2 (e.g. quaternary ammonia)	Disinfectant #3 (e.g. alcohol-free quat)	Bleach	Hydrogen peroxide	Comments
Contact Time (minutes)		3	2	10	1	1	
Example: Vitals machine		✔	✔		✔		
Example: Blood pressure cuff		✔	✔	✔	✔	✔	

nexclean_environinfectionprevention_(002).pdf (jcrinc.com)

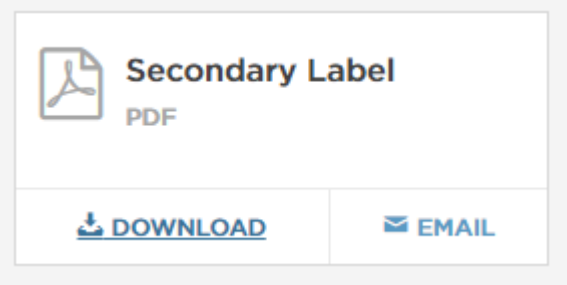
Disinfectants Requiring Dilution

Dilution requires additional training:

- Provide staff training related to mixing and dilution instructions
- Preference for use of chemical mixing dispenser to avoid staff exposure
- Labeling requirements for secondary containers
- Track beyond use date for diluted products

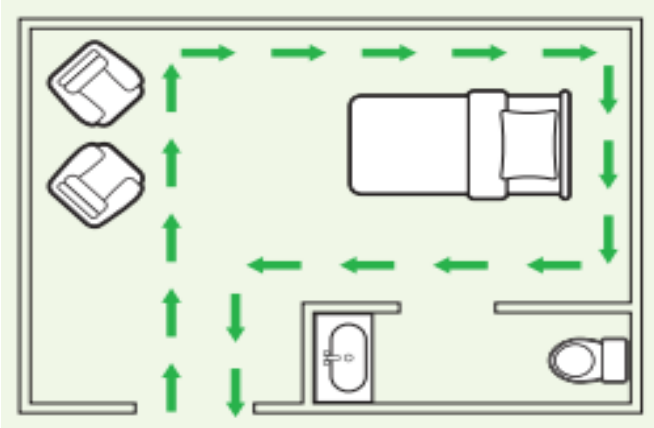


Secondary label can be printed on manufacturer website.



Staff Training

ALL staff should receive education upon hire, annually, and as needed when processes, equipment, or chemicals change.



Training should include:

- Introduction to principles of infection control
- PPE requirements
- Review of specific cleaning/disinfection tasks staff member is responsible for
- Frequency schedule for cleaning specific equipment or surfaces
- Process for cleaning specific equipment or surfaces, including knowledge of contact time
  - Use of easy-to-use visual reminders
  - Use of checklists to ensure cleaning is thorough and effective
- Instructions for safe preparation of chemical, if dilution is required

CDC Best Practices for Environmental Cleaning in Healthcare Facilities

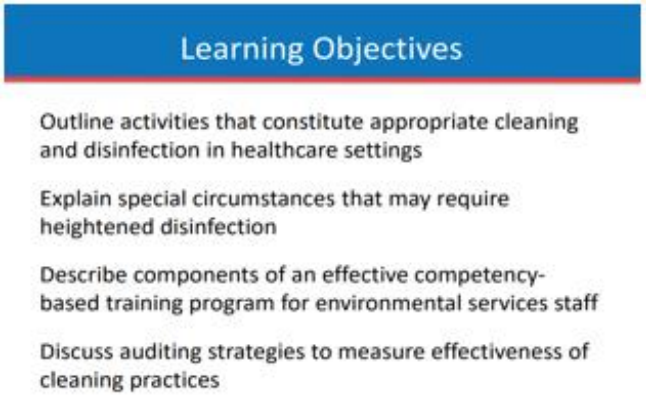
Training Resources

ICAP - Environmental Cleaning in Healthcare Video Series (with translations)

- Training videos in English, Spanish, Arabic, and French

CDC STRIVE Infection Control Training Environmental Cleaning

- Individual modules can be used for new employee, annual, or periodic training



Sample Disinfection Schedule

- All equipment and furniture should be routinely evaluated for intact surfaces that can be appropriately disinfected.
- Any damaged surfaces should either be repaired or replaced (for example, patch mattresses; repair chipped laminate; replace equipment with cracked plastic; remove rust).
- Equipment should be kept in good working order, with preventive maintenance performed on a routine basis and per manufacturers' instructions.

Department: _____

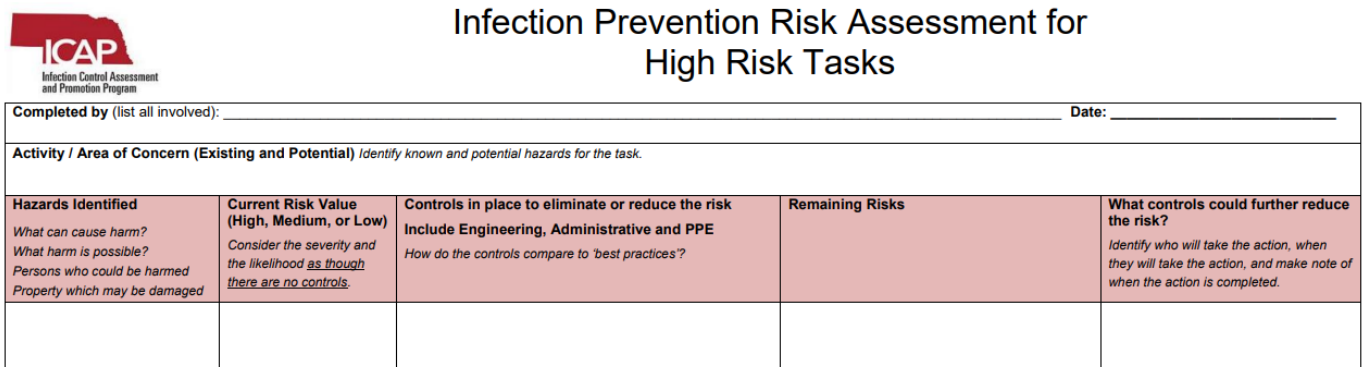
Date last reviewed/updated: _____

Equipment	Spaulding Classification	Clearning/ Disinfection Frequency	Person/ Department responsible	Approved Disinfectant/ Cleaner
Example: Intravenous pump	Non-critical	Daily, when visibly soiled and between patients	Environmental Services	Facility-approved disinfectant (list brand name of disinfectant)
Example: Microwave oven	Non-critical	Daily	Food and Nutrition Services	Facility-approved bleach disinfectant
Example: Wheelchair	Non-critical	Daily and when visibly soiled	Unit staff	Facility-approved disinfectant
Example: Ice and water dispenser	Non-critical	Daily and when visibly soiled	Food and Nutrition Services	Facility-approved bleach disinfectant
Example: Thermometer	Non-critical	Between each patient use	Unit staff	Facility-approved disinfectant
Example: Glucometer	Non-critical	Between each patient use	Unit staff	Facility-approved disinfectant

nexclean_environinfectionprevention_(002).pdf (jcrinc.com)

Barriers

- Lack of availability or easy access to necessary products
  - Risk Assessment - balance safe storage of chemicals with ease of use for staff



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Infection Control Assessment and Promotion Program

Infection Prevention Risk Assessment for High Risk Tasks

Completed by (list all involved): _____ **Date:** _____

Activity / Area of Concern (Existing and Potential) *Identify known and potential hazards for the task.*

Hazards Identified *What can cause harm? What harm is possible? Persons who could be harmed Property which may be damaged*	**Current Risk Value (High, Medium, or Low)** *Consider the severity and the likelihood as though there are no controls.*	**Controls in place to eliminate or reduce the risk** **Include Engineering, Administrative and PPE** *How do the controls compare to 'best practices'?*	**Remaining Risks**	**What controls could further reduce the risk?** *Identify who will take the action, when they will take the action, and make note of when the action is completed.*

- Facility culture
  - Highlight the important role environment disinfection plays in preventing disease transmission.
  - Include EVS and frontline staff when making decisions related to process or product changes.

ICAP Infection-Prevention-Risk-Assessment-for-High-Risk-Tasks

ICAP Updates and Information

ICAP

Infection Control Assessment and Promotion Program

SCAN ME

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 <u>emergencies only</u>
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.

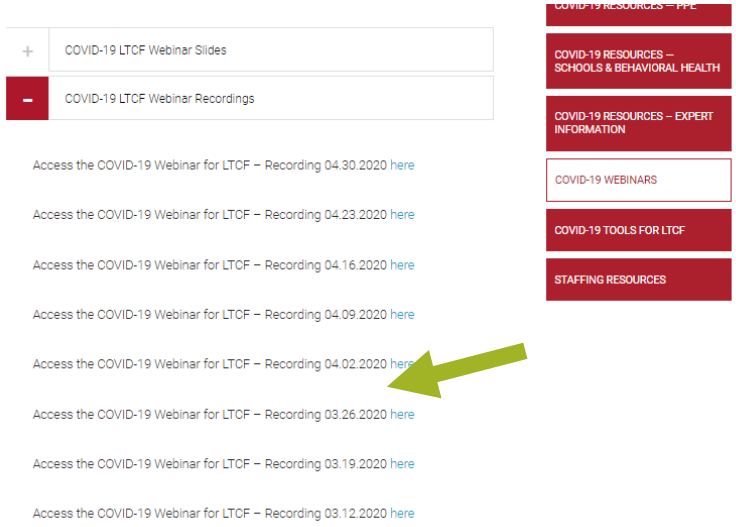
Questions and Answer Session

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 Webinars - CDC Nebraska Infection Control Assessment & Promotion Program (nebraskamed.com)]

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