Guidance and responses were provided based on information known on 09.14.2023 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

ICAP
Infection Control Assessment and Promotion Program

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

COVID-19 and LTC
September 14, 2023

Presentation Information:

Panelists are:

Dr. Salman Ashraf, MBBS	salman.ashraf@nebraska.gov
Kate Tyner, RN, BSN, CIC	ltyner@nebraskamed.com
Josette McConville, RN, CIC	jmcconville@nebraskamed.com
Lacey Pavlovsky, RN, MSN, CIC, LTC-CIP	lacey.pavlovsky@nebraska.gov
Ishrat Kamal-Ahmed, M.Sc., Ph D.	ishrat.kamal-ahmed@nebraska.gov
Sarah Stream, MPH, CDA, FADAA	sstream@nebraskamed.com
Jody Scebold, EdD, MSN, RN	jodscebold@nebraskamed.com
Rebecca Martinez, RN, BSN, CIC	remartinez@nebraskamed.com
Jenna Preusker, PharmD, BCPS	jepreusker@nebraskamed.com
Daniel Taylor, DHHS	daniel.taylor@nebraska.gov
Deanna Novak, DHHS	deanna.novak@nebraska.gov
Becky Wisell, DHHS	becky.wisell@nebraska.gov
Cindy Kadavy, NHCA	cindyk@nehca.org
Kierstin Reed, LeadingAge	kierstin.reed@leadingagene.org
Melody Malone, PT, CPHQ, MHA	melody.malone@tmf.org
Debi Majo, BSN, RN	deborah.majo@tmf.org
Carla Smith, RN, CDP, IP-BC, AS-BC	carla.smith@tmf.org
Monika Maxwell, RN	monika.maxwell@tmf.org
Moderated by Marissa Chaney	machaney@nebraskamed.com

Slides and a recording of this presentation will be available on the ICAP website:
https://icap.nebraskamed.com/events/webinar-archive/

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.

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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 by 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 Innovation Network-Quality Improvement Organization (QIN-QIO)

Monika Maxwell, RN, TeamSTEPPS Master Trainer

Quality Improvement Specialist

National Healthcare Safety Network (NHSN) Reporting and Tips

- Continue reporting weekly to both the Pathways and Vaccination modules for residents and staff.

- See: [FAQs on Reporting COVID-19 Vaccination Data](#) updated in July 2023.

- Follow: [Up To Date Guidance Quarter 3 of 2023](#) – quarter ends on Sept. 24, 2023, so expect an update the following week.

- Reassign the NHSN Facility Administrator (FA) when needed: [NHSN FA Change Request Form](#)

NHSN Reporting and Tips

Update the **Facility Information** section with changes to the NHSN FA and Contacts information

Adding NHSN Users

1. Go to [SAMS NHSN User FAQs](#) and [How to Add a User](#).

   › All facilities are strongly encouraged to have at least two registered users with Level 3 access.

   Note: Experian ID verification process is recommended.

2. See the [About SAMS](#) website.

3. Email nhsn@cdc.gov with SAMS LEVEL 3 ACCESS in the subject line for assistance with any questions related to this process.

4. View TMF's tool: [How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer](#).

2023-24 Flu Season: Important Reminders

Flu season begins Oct. 1, 2023, and runs through the end of March 2024.

- Prioritize tracking employees receiving the vaccine
- Prepare for NHSN long-term care flu data tracking

Resources:

- [HCP Flu Vaccination | HPS | NHSN | CDC](#)
- [Prevention Strategies for Seasonal Influenza in Health Care Settings | CDC](#)

NHSN: Hospitalizations

Hospitalizations with a positive COVID-19 test:

Indicate the number of residents who have been hospitalized and have had a positive COVID-19 test in the **10 days prior** to the hospitalization.

- [Table of Instructions for the Resident Impact and Facility Capacity Pathway](#)

- See pages 7 – 9.

- Examples begin on page 8.

NHSN – Hospitalizations, cont.

During this reporting week...

Has the Resident been admitted to the hospital since the last date data were reported to NHSN?

— **NO** →

DO NOT Include in *Hospitalizations with a positive COVID-19 Test*

↓ **YES**

Did the resident have a positive COVID-19 test 10 days or less prior to the hospitalization?

— **NO** → **DO NOT Include in** *Hospitalizations with a positive COVID-19 Test*

↓ **YES**

Include in *Hospitalizations with a positive COVID-19 Test* **count**

Table of Instructions for the Resident Impact and Facility Capacity Pathway

NHSN: Hospitalizations and Up to Date

Hospitalizations with a positive COVID-19 test and up to date:

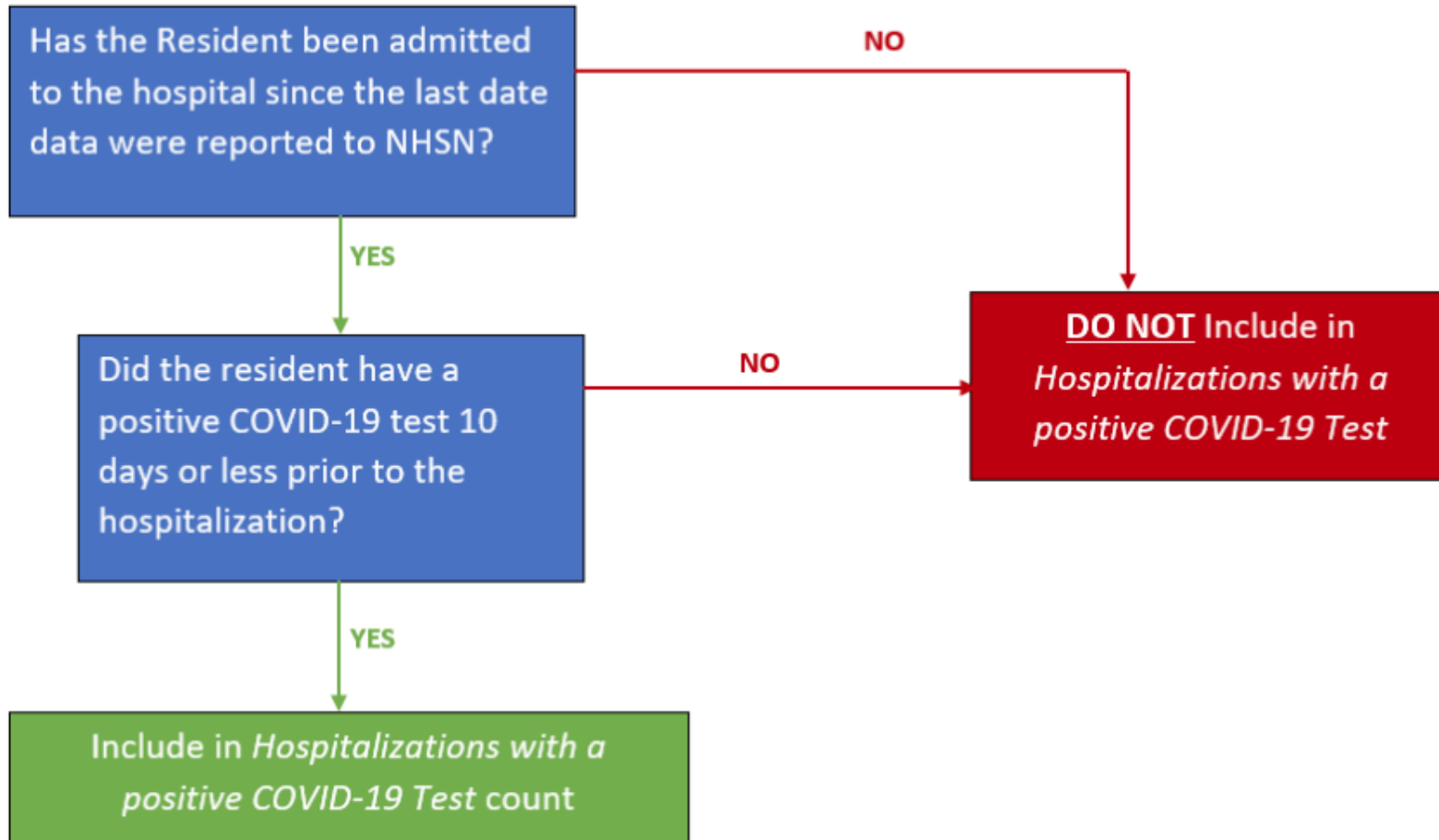Based on the number reported for "Hospitalizations with a positive COVID-19 Test," indicate the number of residents who were hospitalized with a positive COVID-19 test and also up to date with COVID-19 vaccinations **at the time** of the positive COVID-19 test.

Note: This count must be **less than or equal to** the count entered for Hospitalizations with a positive COVID-19 test.

NHSN: Hospitalizations and Up to Date, cont.

- Please review the current NHSN surveillance definition of [Up To Date Guidance](#) to determine if the resident should be included in this count.

- **Count if:** It has been 14 days or more between the time of the up-to-date vaccine and the positive COVID-19 test.

- See pages 9 – 10.

- Examples begin on page 10.

- [Table of Instructions for the Resident Impact and Facility Capacity Pathway](#)

NHSN: Hospitalizations and Up to Date, cont.

During this reporting week...

Was the resident included in the *Hospitalizations with a positive COVID-19 Test* count?
→ NO → **DO NOT** Include in *Hospitalizations with a positive COVID-19 Test and Up to Date* count

↓ YES

Is the resident considered up to date per the NHSN Surveillance definition?
→ NO → **DO NOT** Include in *Hospitalizations with a positive COVID-19 Test and Up to Date* count

↓ YES

Did the resident receive the COVID-19 dose qualifying them as up to date (per the NHSN Surveillance definition) 14 days or more before the positive COVID-19 test?
→ NO → **DO NOT** Include in *Hospitalizations with a positive COVID-19 Test and Up to Date* count

↓ YES

Include in *Hospitalizations with a positive COVID-19 Test and Up to Date* count

Table of Instructions for the Resident Impact and Facility Capacity Pathway

Long COVID-19

Long COVID, or Post-COVID Conditions (PCC), is broadly defined as signs, symptoms and conditions that continue or develop after the initial COVID-19 infection.

Also known as: Post-COVID Conditions, long-haul COVID, post-acute COVID-19, long-term effects of COVID, post-acute sequelae of SARS-CoV-2 (PASC) and chronic COVID.

SYMPTOMS OF LONG COVID:

General Symptoms *(Not a Comprehensive List)*
- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort (also known as "post-exertional malaise")

Neurological Symptoms
- Difficulty thinking or concentrating (sometimes referred to as "brain fog")
- Headache
- Sleep problems
- Dizziness when you stand up (lightheadedness)
- Pins-and-needles feelings
- Change in smell or taste
- Depression or anxiety

Respiratory and Heart Symptoms
- Difficulty breathing or shortness of breath
- Cough
- Chest pain
- Fast-beating or pounding heart (also known as heart palpitations)

Digestive Symptoms
- Diarrhea
- Stomach pain
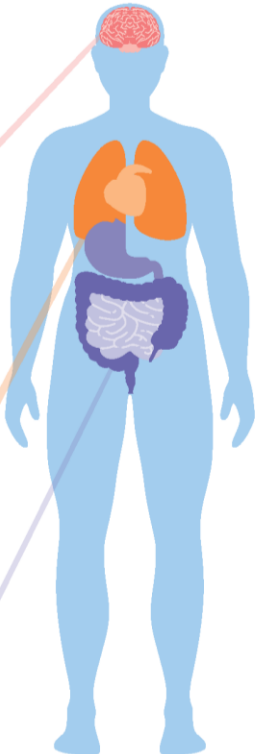
Other Symptoms
- Joint or muscle pain
- Rash
- Changes in menstrual cycle

Who is at risk:
Some people may be more at risk for developing Long COVID
- People who have experienced severe COVID-19 illness, especially those who were hospitalized or needed intensive care
- People who have underlying health conditions, such as diabetes, asthma, autoimmune diseases or obesity
- People who are unvaccinated
- People who experience multisystem inflammatory syndrome (MIS) during or after COVID-19 illness

Other factors that may be important include the following:
- Female
- Older age
- Immune response to initial infection
- The SARS-CoV-2 variant that caused the initial infection

Hypotheses for Long COVID (From: Long COVID > Fact Sheets > Yale Medicine)
- **Residual organ damage**: Caused by the body's own immune response to SARS-CoV-2 infection.
- **Remaining virus**: After the immune system eliminates the virus, some remnants of it survive in one or more organs, and it continues to stimulate an immune response.
- **Exaggerated immune response**: In some people, COVID-19 sparks an exaggerated immune response; the immune system then remains in an overexcited state, resulting in various symptoms.

Preventing Long COVID:
- Prevent one from getting infected by practicing good infection prevention and control protocols.
- Stay up to date with COVID-19 vaccine recommendations.
- Get tested and timely therapeutics when needed.

Treatment:
Patient-centered approach: Holistic approach is beneficial. There is no test for Long COVID. Together with your health care provider, you can create a personal care plan to manage your symptoms and improve your quality of life.

Source: **Nearly 1 in 5 American Adults Who Have Had COVID-19 Still Have "Long COVID,"** Centers for Disease Control and Prevention (CDC)

Long COVID-19 Infographic

Upcoming TMF QIN-QIO Training

LTC Connect

**Improving Immunization Rates
for Influenza and
Pneumonia Vaccination**
Thursday, Sept. 21, 2023
1:30 – 2 p.m. CT

Reducing Antipsychotics
Thursday, Oct. 19, 2023
1:30 – 2 p.m. CT

*An open Q&A session will follow
each 30-minute LTC Connect presentation.*

Nursing Home Office Hours

Keeping Up with COVID-19 Variants
Tuesday, Sept. 26, 2023
1:30 – 2:30 p.m. CT

Register once for multiple TMF QIN-QIO events

TMF QIN-QIO Resources

Website: tmfnetworks.org

- How to Create an Account on the TMF Network (PDF)

- Calendar of Events

- Nursing Home Resources

- Quality Measures Video Series and Resources

- Quality Assurance Performance Improvement Video Series

Need Assistance?

Connect With Us!

Email

nhnetwork@tmf.org

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

Follow Us on Facebook

[TMF QIN Nursing Home Quality Improvement Facebook](#)

Nebraska Statistics

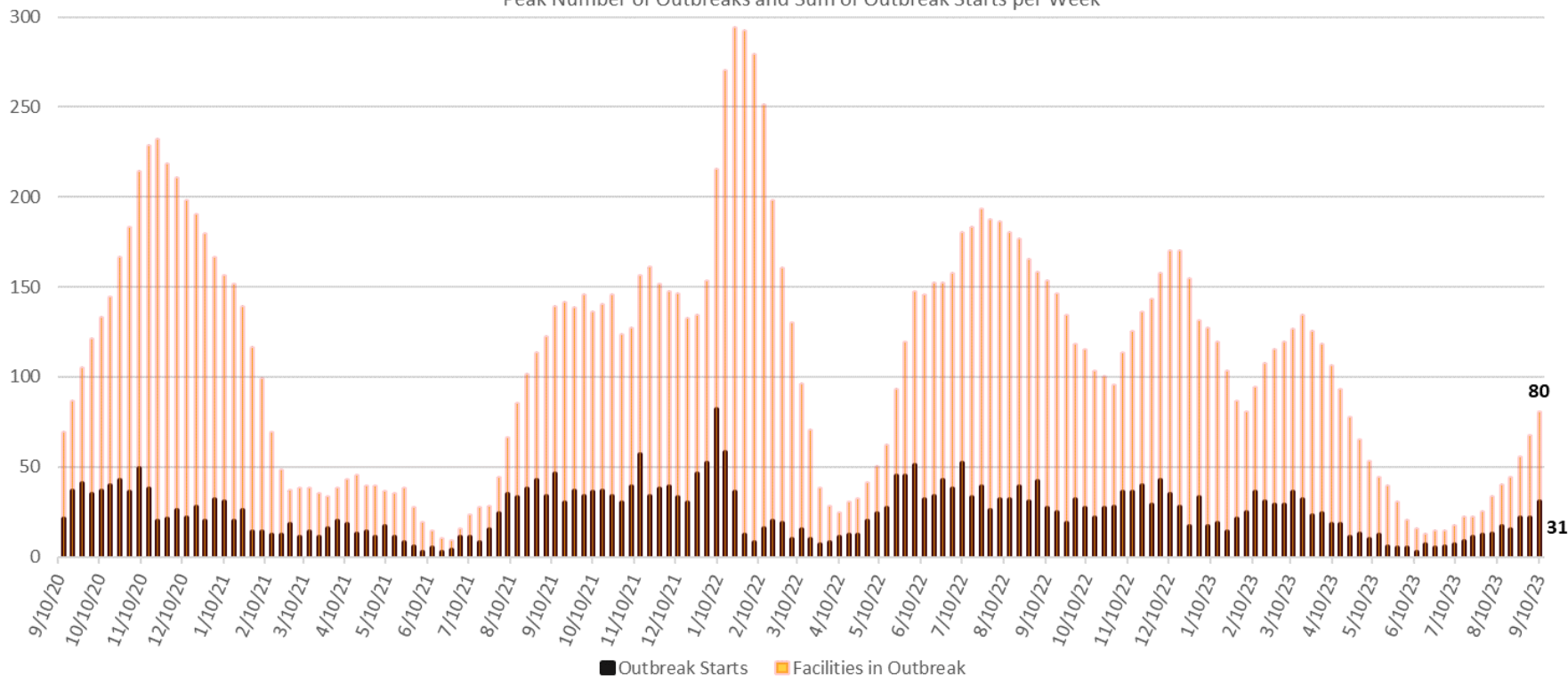# Nebraska LTC Facility COVID-19 Outbreaks

Nebraska LTC Facilities in COVID Outbreak by Week

Peak Number of Outbreaks and Sum of Outbreak Starts per Week

■ Outbreak Starts   ■ Facilities in Outbreak

**Updated: 9/11/2023
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.

CDC COVID-19 Data Tracker

US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending September 2, 2023.
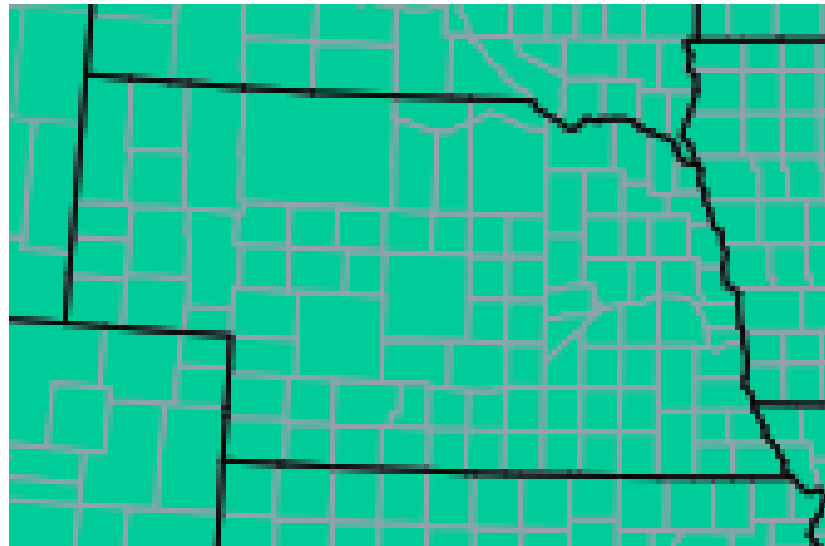
⬤ Low (<10.0)   ◯ Medium (10.0 to 19.9)   ⬤ High (≥20.0)   ▨ Insufficient data

CDC COVID Data Tracker: Maps by Geographic Area

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CDC COVID-19 Data Tracker

COVID-19 New Hospital Admissions and Percentage of Emergency Department (ED) Visits Diagnosed as COVID-19, by Week, in Nebraska, Reported to CDC

Nebraska

Weekly COVID-19 New Hospital Admissions: N/A
Weekly % of ED Visits: 0.0%
Date: March 7, 2020

CDC COVID Data Tracker: Trends by Geographic Area
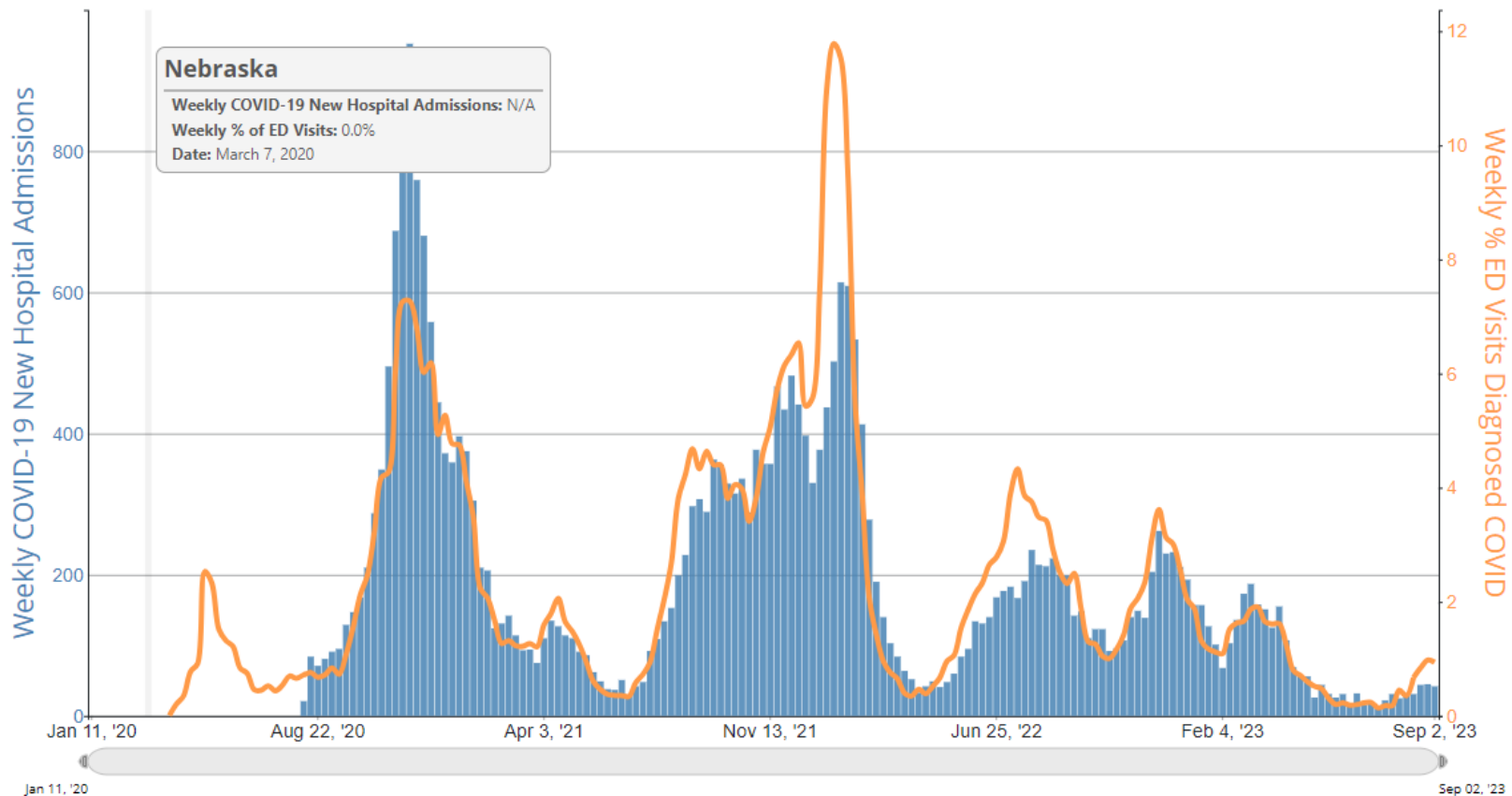
What's happening with variants?

Nowcast Estimates in United States

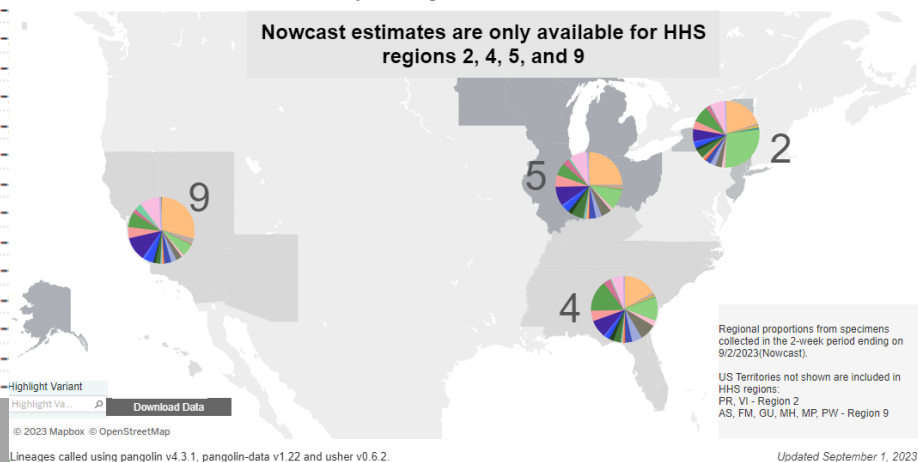| WHO label	Lineage #	%Total	95%PI	
Omicron	EG.5	21.5%	19.0-24.3%	
	FL.1.5.1	14.5%	10.5-19.6%	
	XBB.1.16.6	9.2%	7.6-11.0%	
	XBB.1.16	8.9%	7.8-10.3%	
	XBB.2.3	8.1%	7.0-9.2%	
	HV.1	5.1%	3.3-7.9%	
	XBB.1.16.1	5.0%	4.2-6.0%	
	XBB.1.5.70	3.5%	2.6-4.7%	
	XBB	3.3%	2.7-4.1%	
	XBB.1.5	3.1%	2.6-3.7%	
	XBB.1.9.1	3.0%	2.5-3.5%	
	XBB.1.16.11	2.8%	1.8-	
	EG.6.1	1.8%	1.2-	
	GE.1	1.6%	1.1-	
	XBB.1.5.72	1.6%	1.2-	
	XBB.1.42.2	1.3%	0.7-	
	XBB.1.9.2	1.1%	0.9-	
	XBB.1.5.10	0.9%	0.7-	
	XBB.1.5.68	0.8%	0.5-	
	XBB.2.3.8	0.7%	0.4-	
	FD.1.1	0.6%	0.4-	
	FE.1.1	0.5%	0.3-	
	XBB.1.5.59	0.4%	0.3-	
	CH.1.1	0.4%	0.3-	
	EU.1.1	0.1%	0.1-	

Weighted and Nowcast Estimates for two-week period 8/20/23 – 9/2/23

Nowcast Estimates for 8/20/2023 – 9/2/2023 by HHS Region

Nowcast estimates are only available for HHS regions 2, 4, 5, and 9

Regional proportions from specimens collected in the 2-week period ending on 9/2/2023(Nowcast).

US Territories not shown are included in HHS regions:
PR, VI - Region 2
AS, FM, GU, MH, MP, PW - Region 9

Highlight Variant

Download Data

© 2023 Mapbox © OpenStreetMap

Lineages called using pangolin v4.3.1, pangolin-data v1.22 and usher v0.6.2.

Updated September 1, 2023

[CDC COVID Data Tracker: Variant Proportions](#)

# Wastewater Surveillance

Time Period: Aug 21, 2023 – Sep 04, 2023

Current SARS-CoV-2 virus levels by site, Nebraska

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	1	7	0%
0% to 19%	0	0	N/A**
20% to 39%	1	7	0%
40% to 59%	5	33	0%
60% to 79%	6	40	– 14%
80% to 100%	2	13	100%

Total sites with current data: 15

Total number of wastewater sampling sites: 18

How is the current SARS-CoV-2 level compared to past levels calculated?
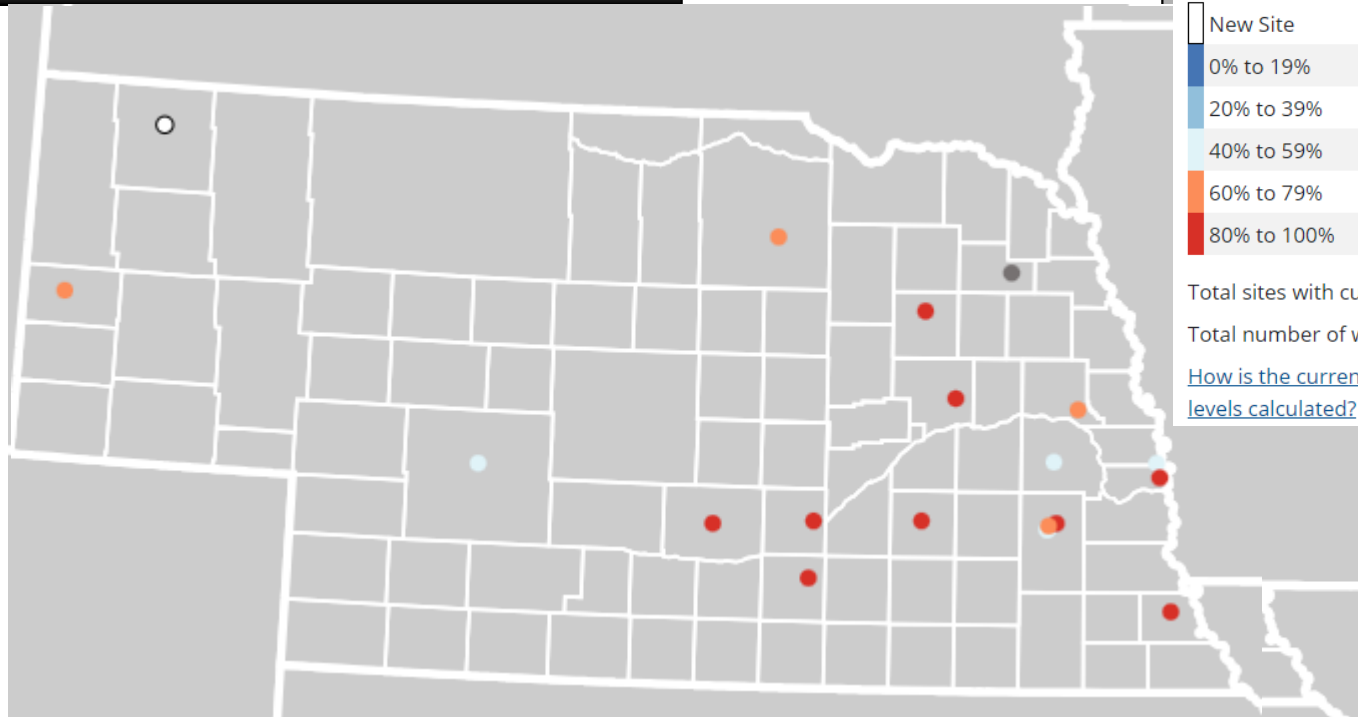
Legend: ○ New site ● 0% to 19% ● 20% to 39% ● 40% to 59% ● 60% to 79% ● 80% to 100% ● No recent data

CDC COVID Data Tracker: Wastewater Surveillance

Vaccine Update

CDC Recommends Updated COVID-19 Vaccine, 9/12/23

- CDC recommends everyone 6 months and older get an updated COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 illness this fall and winter.

- The updated boosters made by Pfizer-BioNTech and Moderna, were formulated to target variants that are currently circulating which are related to XBB, an offshoot of the omicron variant.

- Receiving an updated COVID-19 vaccine can restore protection and provide enhanced protection against the variants currently responsible for most infections and hospitalizations in the United States.

FDA Takes Action on Updated mRNA COVID-19 Vaccines to Better Protect Against Currently Circulating Variants | FDA

CDC Recommends Updated COVID-19 Vaccine for Fall/Winter Season

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CDC COCA Call Immunizations

Upcoming COCA Calls/Webinars

Title: [Preparing for the Upcoming Respiratory Virus Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults](#)

Date: Tuesday, September 19, 2023

Time: 1:00–2:00 P.M. CST

Image by rawpixel.com

Overview

The Centers for Disease Control and Prevention (CDC) is preparing for co-circulating influenza virus, SARS-CoV-2, and respiratory syncytial virus (RSV) this fall and winter. Vaccines can provide life-saving protection against all three viral respiratory diseases. CDC recommends these vaccines for older adults, who are at a higher risk of severe illness from these diseases. Clinicians play a vital role in ensuring that older adults protect themselves by encouraging them to stay up to date on influenza, COVID-19, and RSV vaccinations.

During this COCA Call, CDC presenters will provide updates about the latest recommendations and clinical considerations for administering influenza, COVID-19, and RSV vaccines to adults 60 years and older and discuss resources and communication strategies that may help facilitate older adult vaccination.

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Reminders: Prevention COVID-19 Outbreak

Infection Control Assessment and Promotion Program

Are you prepared for the next outbreak?

- Post visual alerts (e.g., signs, posters) at the entrance to alert of instructions about current IPC recommendations (e.g., when to use source control).
    - Recommendations for source control in accordance with CDC guidance.
    - Recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.

- Hand hygiene resources and masks available

- Maintain engineering control and indoor air quality measures in place

- Test supplies available

- PPE supplies available
    - Have staff requiring use of N95 respirator completed fit-testing?
    - Assistance is available to obtain fit testing supplies and training for fit-testing through the Nursing Home Strike Team.
        - Healthcare Associated Infections (ne.gov), see "Long Term Care Strike Team Reimbursement Guidelines"
        - Nebraska DHHS LTCF Strike Team Project Survey https://epi-dhhs.ne.gov/redcap/surveys/?s=NRAF4YRRE9KEYCFR

ICAP

Source Control Risk Assessment

Use of well-fitting masks in healthcare settings are an important strategy to prevent the spread of respiratory viruses.

- Source control should be recommended facility-wide, <u>based on a facility risk assessment</u>, following the Core Practices of Infection Control.

- During periods of higher levels of community respiratory virus transmission, facilities should consider having everyone mask upon entry to the facility to ensure better adherence to respiratory hygiene and cough etiquette for those who might be infectious.

Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | Infection Control | CDC

Examples of Metrics for Risk Calculation

This template is **not** required for use. It is provided by ICAP as a sample tool only.

Date _____

Examples of Available Metrics for Risk Calculation of Respiratory Illness

The following data sources will be monitored _____ (Note interval, e.g., weekly, every Thursday, biweekly, etc.) to determine risk level of respiratory illness necessitating mask use, when facility is not in outbreak.

Local Trends

- ☐ **Employee sick calls related to respiratory illness**
  - ☐ Decreasing   ☐ Stable   ☐ Increasing

- ☐ **Local hospitalizations related to respiratory illness**
  - ☐ Decreasing   ☐ Stable   ☐ Increasing

- ☐ _____ (other metric defined) **per local health department**
  - ☐ Decreasing   ☐ Stable   ☐ Increasing

- ☐ **Community event or activity planned, staff likely to have high-risk exposure.**
  - ☐ Low (outdoor)   ☐ Moderate   ☐ High **(Indoor with poor ventilation)**

County and State Level Trends

- ☐ **Wastewater Surveillance COVID-19**
  https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance
  Wastewater Treatment Participating Site _____
  Current Virus Level: ☐ 0%-19% ☐ 20%-39% ☐ 40%-59% ☐ 60%-79% ☐ 80%-100%
  AND
  % Change: ☐-100% ☐-99% to -10% ☐-9% to 0% ☐1% to 9% ☐10% to 99% ☐100% to 999% ☐1000%

- ☐ **Hospital Admission Rate per 100,000, by County**
  When COVID-19 hospital admission level is high, CDC recommends individuals wear a high-quality mask or respirator.
  https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county
  - ☐ Low (<10.0)   ☐ Medium (10.0 to 19.9)   ☐ High (>20.0)

- ☐ **Nebraska Respiratory Illness Dashboard**
  https://atlas-dhhs.ne.gov/Atlas/Respiratory_Illness
  COVID-like Illness Emergency Department Visits
  - ☐ Decreasing   ☐ Stable   ☐ Increasing
  Influenza-like Illness Emergency Department Visits
  - ☐ Decreasing   ☐ Stable   ☐ Increasing
  RSV-associated Emergency Department Visits
  - ☐ Decreasing   ☐ Stable   ☐ Increasing

- ☐ **ILINet**
  https://www.cdc.gov/flu/weekly/usmap.htm
  Influenza-like Illness Activity Level for State of Nebraska
  - ☐ Minimal to low   ☐ Moderate   ☐ High to Very High

National Trends

- ☐ **Weekly rates of COVID-19 Associated Hospitalization**
  https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html
  Data is from 10 Emerging Infections Program (EIP) states and four Influenza Hospitalization Surveillance Project (IHSP) states. Data is not specific to Nebraska.
  - ☐ Decreasing   ☐ Stable   ☐ Increasing

- ☐ **Weekly rates of Respiratory Virus-Associated Hospitalizations**
  https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html
  Data is from 10 Emerging Infections Program (EIP) states and four Influenza Hospitalization Surveillance Project (IHSP) states. Data is not specific to Nebraska.
  - ☐ Decreasing   ☐ Stable   ☐ Increasing

Additional considerations when determining mask recommendations include:

- Stakeholder support from residents and families for broad use of source control
  - ☐ Low   ☐ Moderate   ☐ High
- Consider coordinated approach with other facilities in the jurisdiction.

Plan for Source Control:

When _____ (Define value, e.g., one, two, all, etc.) of the above selections are noted to be increasing or high, then:

- ☐ Masks are recommended for all individuals.

- ☐ Masks are recommended for all staff and visitors. Residents will be encouraged to mask.

- ☐ Incident command (or define other leadership group) will meet to determine masking recommendations.

- ☐ _____ (Define another plan)

When mask use is recommended, decreasing trends should be monitored for _____ (Define value, e.g., one week, two weeks, etc.) to suggest stability before mask recommendation is stopped.

Instructions for use: Choose trends that will be monitored on a routine basis, determine the interval that trends will be monitored, and set a threshold for action when specific trends are high or increasing. Threshold for implementing source control should be lower when increasing or high numbers are seen locally. National trends may help predict future spread of COVID-19 locally but may not influence immediate decision to implement broad use of source control.

Note: This sample document is **not** intended to be used in its entirety. It should be edited to meet the needs of the individual facility. Data on the exact metric thresholds that correspond with a higher risk of transmission are lacking.

ICAP Sample Document

05.25.23 ICAP LTC Webinar Recording

Reminders: Managing COVID-19 Outbreak

ICAP
Infection Control Assessment
and Promotion Program

Resources

CDC Recommendations:

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

ICAP Resources:

- Summary-of-Recommendations-for-COVID-19-in-a-Long-Term-Care-Facility-5.11.23.pdf (nebraskamed.com)

- Zones-PPE-and-Testing-5.24.2023.pdf (nebraskamed.com)

Source Control During Outbreak

- **Source control** should be recommended for all staff, visitors, and residents until no new cases have been identified for 14 days.

  - Consider facility policy requiring universal use of N95 respirators and protective eyewear for all staff during an outbreak.

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Outbreak Testing

Contact Tracing (use for limited exposure, such as resident exposure to family member)

Broad-based testing (i.e., unit, floor, or entire building) is <u>preferred</u> if all potential contacts cannot be identified or managed with contact tracing. Also use broad-based testing when multiple positive cases have been identified in building.

Initial Testing
- Perform a series of three tests, 48 hours apart. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5
- If no additional cases are identified, outbreak testing ends. If additional cases are identified, initiate broad-based testing.

Follow-up Testing (when outbreak testing has identified additional infections
- Testing is recommended every 3 days (twice weekly) until 14 days have passed since last known positive test.

Note: Testing is generally not recommended for asymptomatic individuals who have recovered in the **prior 30 days**.

Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

Isolation Duration - Resident

- At least **10 days** have passed *since symptoms first appeared,* **and** at least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and** symptoms (e.g., cough, shortness of breath) have improved.

- Residents that are moderately to severely immunocompromised or who are identified to have a severe or critical infection, may require up to 20 days of isolation. Consider use of a test-based strategy to discontinue isolation.

Isolation Duration - Staff

Staff diagnosed with COVID-19 need to be restricted from work until at least 7 days have passed since symptoms first appeared (or from the date of positive test if asymptomatic), <u>AND</u> they have resolution of fever and an improvement of symptoms, <u>AND</u> negative viral testing.

- If using an antigen test, staff member should have a negative test obtained on day 5 and again 48 hours later.

- If the staff member tests positive on day 5 - 7 or testing is not performed between day 5-7 then restriction will need to be extended for at least 10 days.

Room Placement

Ideally, residents should be placed in a single-person room.

- If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location.

- Facilities will need to follow all relevant regulations that apply to changing resident rooms, including securing consent from resident/families.

_____

If unable to move roommates, consider other measures to prevent further exposure:

- Maintain physical distancing as much as possible.
- Separate residents with privacy curtain.
- Staff ensure PPE is doffed appropriately and perform hand hygiene between resident cares.
- Mask resident, as able, if crossing into separate areas of room (i.e., bathroom visit).
- Increase disinfection of surfaces in room and bathroom

Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

Isolation – PPE Use

Staff entering the room of a resident with COVID-19 should adhere to standard precautions and COVID-19 isolation, with use of respirator (N95), gown, gloves, and eye protection.

- **Standardize isolation signs** to include required PPE. Recommend signage to indicate donning and doffing techniques.

- **Audits** - Conduct frequent audits for PPE donning and doffing practices and provide real time feedback for improvement.

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Therapeutics

COVID-19 treatment can reduce the risk of severe illness, hospitalization, or dying.

Treatment should be started as soon as possible after diagnosis to be effective.

ASAP — Nebraska Antimicrobial Stewardship Assessment and Promotion Program

Nebraska ASAP can help determine eligibility for treatment using this link:

- [Survey for New COVID-19 Cases Eligible to Receive COVID-19 Treatment (nebraskamed.com)](nebraskamed.com).

Yellow Zone

Yellow Zone Transmission-Based Precaution measures should be implemented in the event of ongoing COVID-19 transmission within the facility that is not controlled with initial interventions.

Shift to Yellow Zone Phases instead of Tan Zones when there are concerns related to outbreak containment (e.g., large number of resident cases or ongoing transmission, such as new RESIDENT cases being identified COVID-19 positive in rounds of testing 7 days or more after the first residents(s) identified COVID-19 positive).

Yellow Zone does **not** need to be considered if facility has only staff positive cases identified during outbreak testing.

Yellow Zone (Uncontrolled COVID-19 outbreak)	Yellow Zone Phase	Staff PPE Use	Additional Transmission-Based Precautions Recommended
	Phase 1	Staff universal use of N95 and eye protection. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Resident wear source control when outside of room. Restrict communal dining. Small group activities can continue with source control and physical distancing.
	Phase 2	Staff universal use of N95 and eye protection. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Resident wear source control when outside of room. Restrict dining and group activities.
	Phase 3	COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Residents mostly limited to their rooms. Keep resident doors closed. Restrict dining and group activities. Facility can devise a plan for a small number of residents to be outside of their room at any given time with mask use. Facility should ensure physical distancing and could prioritize outdoor visits, dependent on weather.

Note: Facility can choose to initiate yellow zone precautions with any of the three phases listed above depending on their assessment of outbreak (e.g., nature of exposure, ability of residents to follow instructions, ventilation in the building, number of staff and resident cases etc.). However, if facility continues to see resident cases 7 days after implementing a lower-level phase, then proceed to a higher-level phase. If already on phase 3 and still seeing new cases 7 days later, reassess infection control practices and consider reaching out to Nebraska ICAP to discuss additional infection control measures.

Zones-PPE-and-Testing-5.24.2023.pdf (nebraskamed.com)

Visitors During Outbreak

Visitation is allowed for all residents at all times.

If residents or their representative would like to have a visit during an outbreak investigation:

- The visit should ideally occur in the resident's room

- The resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit.

- Facility should limit visitor movement in the facility.
  - For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area

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Outbreak Reporting Requirements

State of Nebraska requires reporting of clusters and outbreaks. Nebraska DHHS Title 173 Chapter-01.pdf (nebraska.gov), p.

- Long-term care facilities that are CMS certified are required to report to NHSN. NHSN reporting satisfies the requirement to report outbreak to the state

- Assisted living facilities can meet the requirement to report outbreak through completion of spreadsheet submitted to the state.

    - Information and links can be found on the ICAP website
        - Long-Term Care Facility Resources - ICAP (nebraskamed.com), click on "NE DHHS ALF Reporting Tools"

- Note: Also inform local health department of outbreak, depending on specific local health department expectation.

Education Opportunity

ICAP — Infection Control Assessment and Promotion Program

Nebraska Infection Control Network

NEBRASKA METHODIST COLLEGE
THE JOSIE HARPER CAMPUS
PROFESSIONAL DEVELOPMENT

Primary Infection Prevention - Two Tracks!
Track 1: Prevention for All Health Care Settings, Acute Care Hospital, Ambulatory Care & Surgical Centers
Track 2: Prevention for All Health Care Settings and Long-Term Care and Assisted Living Facilities

We are on the road this time in Kearney, Nebraska!
Join our "Road Show!"

Program Details:
The Nebraska Infection Control Network (NICN) Primary Infection Prevention course offers a combination of lectures, discussions, and educational activities on the prevention and control of infections in various healthcare settings. We welcome nurses and any other healthcare providers interested in learning more about the core components of infection prevention and control in healthcare settings. The first day will focus on infection and prevention for all healthcare settings, and all attendees will be together for this day. Day two will focus on Acute Care Hospital, Ambulatory Care & Surgical Centers, or Long-Term Care and Assisted Living Facilities.

Registration Options:
These options will be available to purchase along with your registration (some options are included for scholarship recipients, and event planners/presenters. Please see each registration page for details):
- Printed copy of the presenter slides
- "Road Show" unisex t-shirt
- Admission to a Networking Open House Event at the end of the first day. This networking event is a great opportunity to mingle with the NICN faculty, board members, the NICN/ICAP teams, and other conference attendees. You'll have the chance to ask questions, make new connections, and even learn about some additional resources that could be helpful. The location is yet to be determined and will be emailed directly to registrants.

When you register, the handouts, t-shirt, and networking open house options will be available to purchase.

Location: All events are at the Younes Conference Center South, 416 W Talmadge Rd, Kearney, NE 68845.

[Click HERE to Register](#)

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ICAP Updates and Information

Infection Control Assessment and Promotion Program

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 quarterly for all webinars attended
➢ Certificate comes directly from ICAP via email
➢ Certificate is electronically mailed 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 credits are ready for retrieval.

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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

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https://www.facebook.com/NebraskaICAP/

Follow us on Twitter at @dirty_drinks and @Mouthy_IP

Listen to Dirty Drinks and The Mouthy IP wherever you listen to podcasts!

Find resources for all facility types at our website:
https://icap.nebraskamed.com/

Instagram Follow **NebraskaICAP** for the latest news and IPC tips!

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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, MBBS
- Kate Tyner, RN, BSN, CIC
- Josette McConville, RN, BSN, CIC
- Lacey Pavlovsky, RN, MSN, CIC
- Rebecca Martinez, BA, BSN, RN, CIC
- Jody Scebold, EdD, MSN, RN
- Sarah Stream, MPH, CDA, FADAA
- Daniel Taylor, DHHS
- Deanna Novak, DHHS
- Becky Wisell, DHHS
- Cindy Kadavy, NHCA
- Kierstin Reed, LeadingAge
- Melody Malone, PT, CPHQ, MHA
- Debi Majo, BSN, RN
- Carla Smith, RN, CDP, IP-BC, AS-BC
- Monika Maxwell, RN

Moderated by Marissa Chaney
Supported by Margaret Deacy

Webinar Archive

Long Term Care Facility Webinars

Long Term Care Webinars
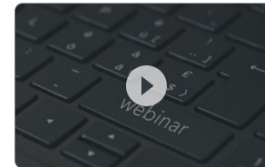07.28.22 LTCF – CMS Survey Updates and FAQs
Slide deck

Long Term Care Webinars
07.14.22 LTCF – CMS Survey Updates, Enhanced Barrier Precautions and Antibiotic Timeout
Slide deck
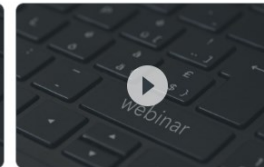
Long Term Care Webinars
07.07.22 LTCF – Prevention of Urinary Tract Infection
Slide deck

Long Term Care Webinars
06.30.22 LTCF – COVID Resources and Updates
Slide deck

Long Term Care Webinars
06.23.22 LTCF – Antibiotic Stewardship
Slide deck

Long Term Care Webinars
06.16.22 LTCF – Environmental Cleaning and Disinfection
Slide deck

[Webinar Videos and Slide decks](#)

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