Guidance and responses were provided based on information known on 04.11.24 and may become out of date. Guidance is being updated rapidly; 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

April 11, 2024

NE ICAP

NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

Presentation Information:

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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 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

NE ICAP

TMF Health Quality Institute
Centers for Medicare & Medicaid Services (CMS)
Quality Innovation Network – Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA

Quality Improvement Specialist

National Healthcare Safety Network (NHSN) COVID-19 Vaccination Reporting

- Beginning April 1, 2024, individuals ages **65 years and older** are up to date when they have received **two doses of the updated 2023-2024 COVID-19 vaccine or** received **one dose of the updated 2023-2024 COVID-19 vaccine in the past four months**.
- There is **no change** to the up to date definition for individuals **younger than 65 years**. Therefore, individuals younger than 65 years are up to date when they have received one dose of the updated 2023-2024 COVID-19 vaccine (any time since it was approved in September 2023).

NHSN COVID-19 Vaccination Reporting

- The up-to-date definition changed for individuals ages 65 years and older at the start of Quarter 2 of 2024 (week of April 1-7, 2024)
- The up-to-date definition applies to the Resident Impact and Facility Capacity (RFIC) Pathway

See the NHSN instructions: Up To Date Guidance Quarter 2 of 2024

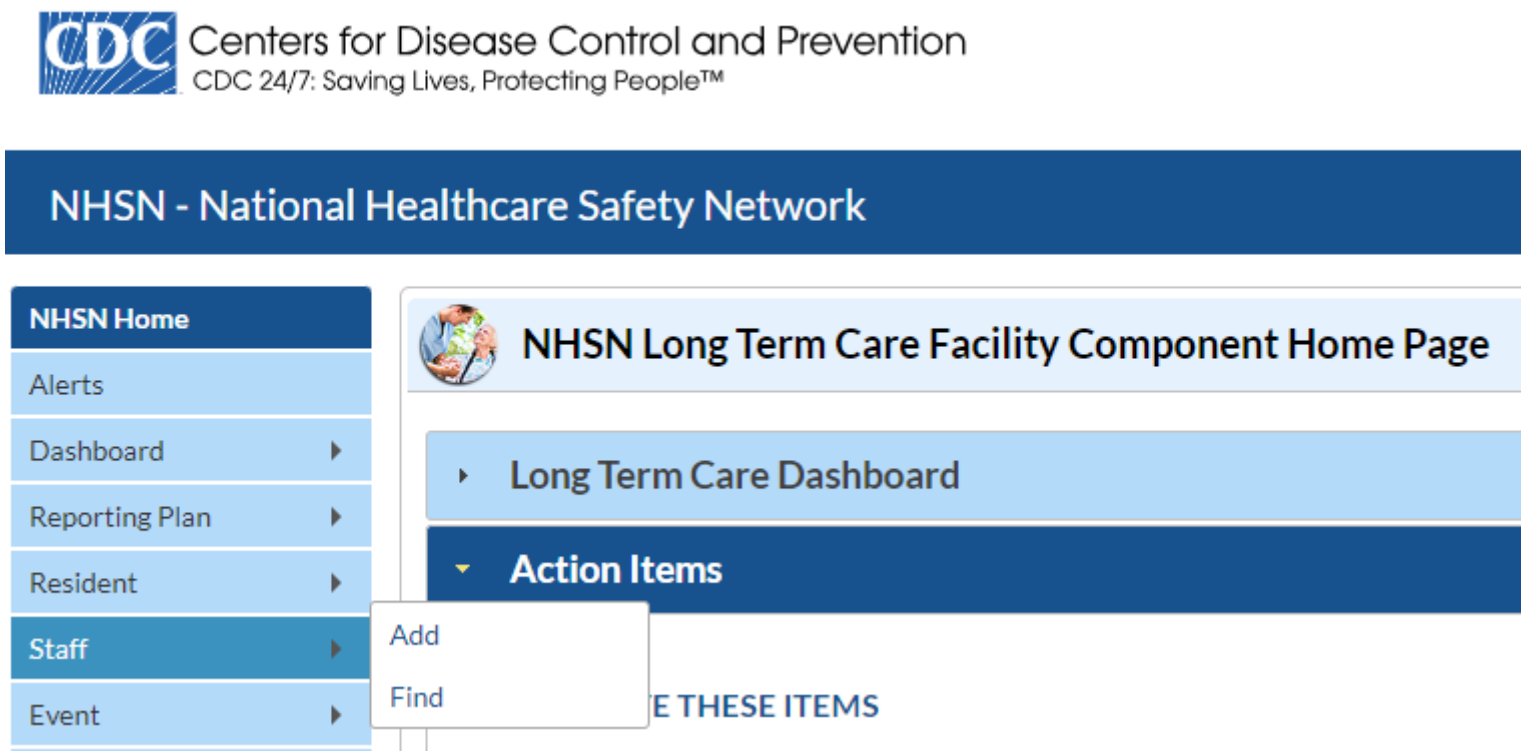
NHSN Enhancements

Updates to long-term care (LTC) person-level vaccination forms:

- Additional columns for doses 8-10 have been added to the LTC resident person-level vaccination form
- These new columns are only available to document 2023-2024 updated COVID-19 vaccines
- Facilities using the LTC person-level vaccination forms for both residents and health care personnel (HCP) now have the ability to click a "hide all" button, which will hide all discharged residents or HCPs with end dates

NHSN Enhancements

New! Staff tab

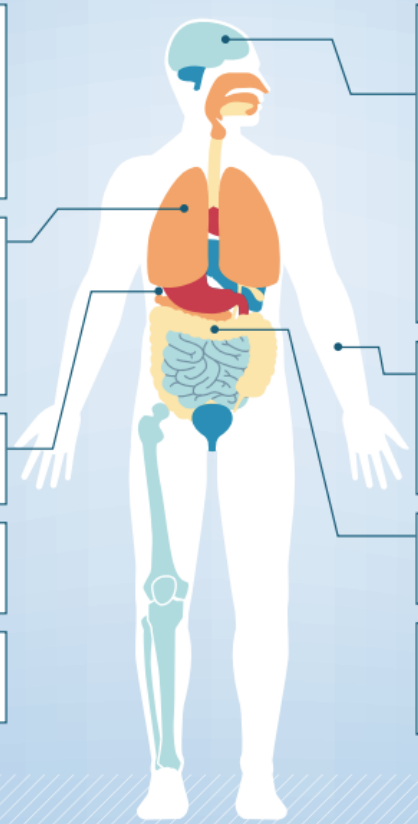


NHSN Enhancements

Point of Care (POC) Test Reporting Tool

- Added additional POC devices to the NHSN system
- Now have 25 devices by model name in the drop-down menu
- Please ensure you choose the correct device when reporting

Long-term Effects of COVID-19



General
(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")

Respiratory and Cardiovascular Systems
- Difficulty breathing or shortness of breath
- Cough
- Chest pain
- Fast-beating or pounding heart

Urinary Tract
- Kidney injury
- Chronic kidney disease

Endocrine System
- Diabetes
- Hyperglycemia

Other
- Joint or muscle pain
- Changes in menstrual cycle

Neurological System
- Difficulty thinking or concentrating
- Headache
- Sleep problems
- Dizziness when you stand up
- Pins-and-needles feeling
- Change in smell or taste
- Depression or anxiety
- Vision problems, such as blurry vision, sensitivity to light, floaters, flashing lights, or difficulty reading or focusing eyes

Integumentary System
- Skin color changes (for instance, skin that is red, white or purple)
- Skin rash
- Hair loss

Digestive System
- Diarrhea
- Stomach pain

Psychiatric/Mental Health
- Insomnia
- Post-traumatic stress disorder (PTSD)

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.

Long-term Effects of COVID-19

Protect yourself and others from the current COVID-19 strain by getting the 2023–2024 vaccine. It is now recommended that people over 65 get an additional dose. Ask a nurse if you are up to date!

COVID-19 Spring Flyer 2024; U.S. Spanish; Spanish for Puerto Rico

New TMF resource to post and share with residents, responsible parties and staff

TMF Quality Innovation Network

Updated CDC Guidance for COVID-19 Vaccination

The Centers for Disease Control and Prevention (CDC) recommends using the 2023–2024 formulations of the Moderna or Pfizer-BioNTech COVID-19 vaccines, which are monovalent vaccines based on the Omicron variant of SARS-CoV-2.

- **Individuals who are not immunocompromised:**
  - Everyone ages 5 years and older is recommended to receive 1 dose of the 2023–2024 Moderna or Pfizer-BioNTech COVID-19 vaccine.
  - Adults ages 65 years and older who are not immunocompromised should receive a **second** 2023–2024 vaccination 4 months after their first dose, and may receive additional doses based on the clinical judgment of their health care provider.
  - For specific information about children younger than 12, please refer to the CDC website for updated COVID-19 guidance for vaccinations.
- **Adults ages 65 years and older and people who are immunocompromised:**
  - As of March 1, 2024, adults age 65 years and older — and others — who are immunocompromised should receive a **second** 2023–2024 COVID-19 vaccination 2 months after the first dose, and may receive additional doses based on the clinical judgment of their health care provider, personal preference and other circumstances. Each additional dose should be received at 2-month intervals.
- **People ages 12 years and older** who previously received 1 or more doses of **Novavax** or **Janssen** COVID-19 vaccines, including those who also received any mRNA vaccine dose(s), are recommended to receive 1 dose of the 2023–2024 Moderna or Pfizer-BioNTech COVID-19 vaccine.

Ages 12 years and older

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine[3]	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) doses indicated	Dosage (mL/ug)	Vaccine vial cap and label colors[4]	Interval between doses
Unvaccinated	Moderna	1	0.5 mL/50 ug	Dark blue cap; blue label	—
	OR				
	Novavax	2	0.5 mL/5 ug rS protein and 50 ug Matrix-M adjuvant	Blue cap; blue label	Dose 1 and Dose 2: 3–8 weeks[4]
	OR				
	Pfizer-BioNTech	1	0.3 mL/30 ug	Gray cap; gray label	—
1 or more doses any mRNA; 1 or more doses Novavax or Janssen, including in combination with any Original monovalent or bivalent COVID-19 vaccine doses	Moderna	1	0.5 mL/50 ug	Dark blue cap; blue label	At least 8 weeks after last dose
	OR				
	Novavax	1	0.5 mL/5 ug rS protein and 50 ug Matrix-M adjuvant	Blue cap; blue label	At least 8 weeks after last dose
	OR				
	Pfizer-BioNTech	1	0.3 mL/30 ug	Gray cap; gray label	At least 8 weeks after last dose

People ages 65 years and older should receive 1 additional dose of any updated (2023–2024 Formula) COVID-19 vaccine (i.e., Moderna, Novavax, Pfizer-BioNTech) at least 4 months following the previous dose of updated (2023–2024 Formula) COVID-19 vaccine. For initial vaccination with Novavax COVID-19 Vaccine, the 2-dose series should be completed before administration of the additional dose. If Moderna is used, administer 0.5 mL/50 ug; if Novavax is used, administer 0.5 mL/5 ug rS protein and 50 ug Matrix-M adjuvant; if Pfizer-BioNTech is used, administer 0.3 mL/30 ug.

For More Information

For questions, please contact a TMF Quality Innovation Network-Quality Improvement Organization (QIN-QIO) specialist at NHconnect@tmf.org.

CDC Resources

- COVID-19 Vaccine Effectiveness
- COVID-19 Vaccine Information Statement (PDF)

Updated CDC Guidance for COVID-19 Vaccination; U.S. Spanish; Spanish for Puerto Rico

Upcoming NHSN Event

NHSN Training for Health Care Personnel (HCP) Influenza Vaccination Data Reporting

Thursday, April 25, 2024

1 p.m. CT – webinar replay

Register

NHSN HCP Influenza Vaccination Data Reporting

- NHSN HCP Flu Vaccination webpage
- NHSN slides:
  - Healthcare Personnel Safety (HPS) Component
    Healthcare Personnel Vaccination Module
    Influenza Vaccination Summary
    Long-Term Care Facilities
- Component:
  - Enrollment Level 3 Access and HPS Component Activation

    This document provides instructions on how LTC facilities can activate the HPS

****Do not re-enroll your facility in NHSN****

Count Down to Flu Reporting

- Due no later than May 15
- Can be reported for a final count after March 31
- Must add HCP component to the facility's account, if not already added

See the following TMF recordings and tools:

- LTC Connect: New Year, New NHSN Refresher
- How to Use the NHSN Annual Flu Vaccine for HCPs Tracker
- Annual Flu Vaccine Reporting for HCPs Tracker

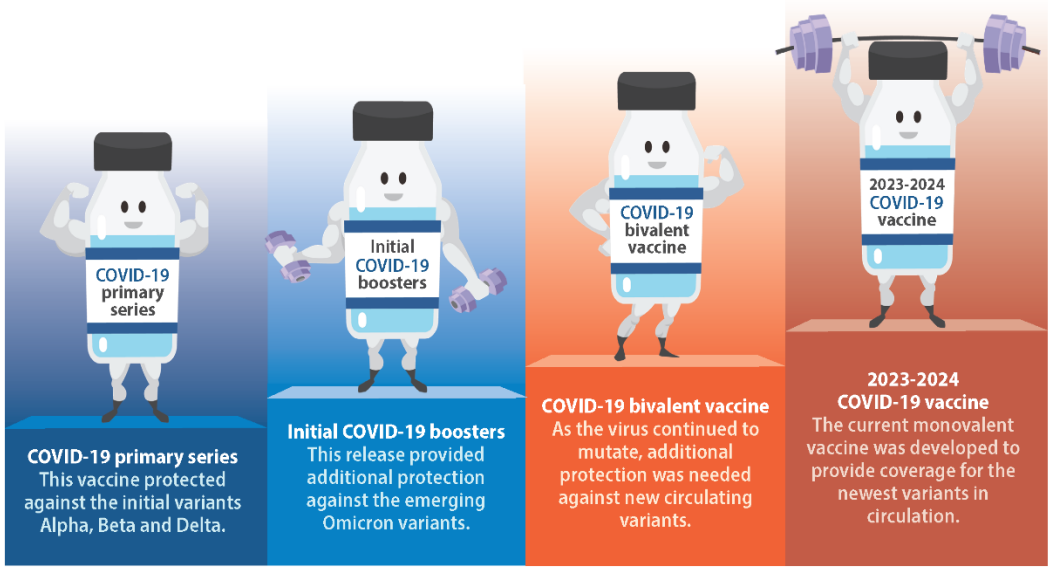
Flu Season

Oct. 1 – March 31 each season

- Calculated once each year
- Calculated about 45 days after the close of the first quarter
- Shows up on Care Compare, usually in the July update
- Submit staff flu data to NHSN on or before May 15 each year

TIP: Report staff flu data on April 1

EVOLUTION of COVID-19 Vaccines



COVID-19 primary series
This vaccine protected against the initial variants Alpha, Beta and Delta.

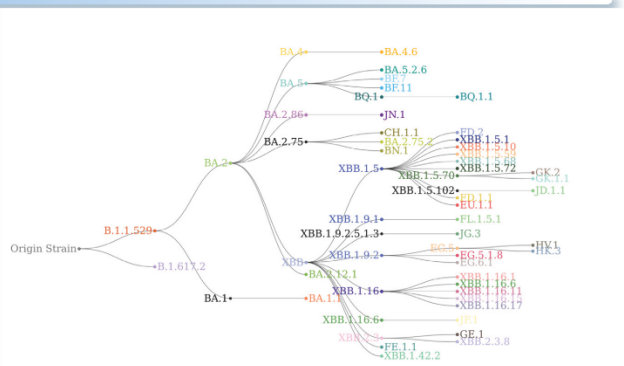
Initial COVID-19 boosters
This release provided additional protection against the emerging Omicron variants.

COVID-19 bivalent vaccine
As the virus continued to mutate, additional protection was needed against new circulating variants.

2023-2024 COVID-19 vaccine
The current monovalent vaccine was developed to provide coverage for the newest variants in circulation.

Why so much change?

Vaccines have to keep up with the ***COVID-19 Family Tree*** as shown here, starting from the initial variants to the current variants in circulation.

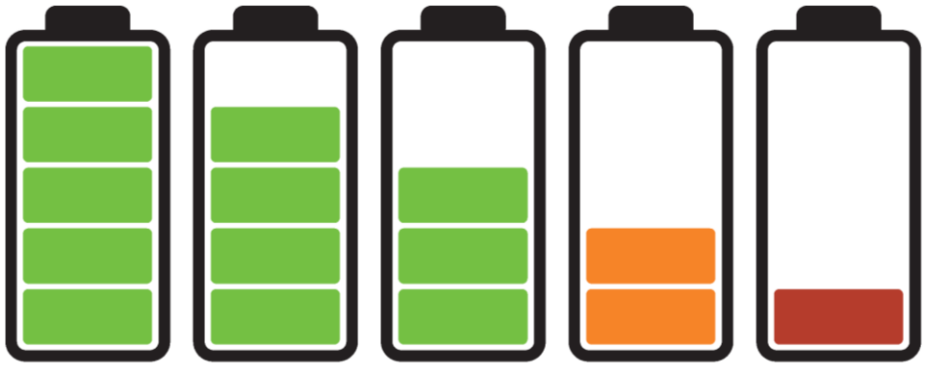


*NOTE: The COVID-19 virus mutates and changes, causing new variants. The current lineage can be found on the CDC's COVID Data Tracker.

Evolution of COVID-19 Vaccines

GET RECHARGED NOW

COVID vaccines lose power like batteries.



Recharge your protection.

Vaccine guidance is changing.
Ask a nurse today if you are due for your 2023-2024 COVID-19 vaccination.

Get Recharged Now Poster; U.S. Spanish; Spanish for Puerto Rico

COVID-19 Isolation Guidelines for Skilled Nursing Facilities

UPDATED

While you may have heard that the Centers for Disease Control and Prevention (CDC) updated isolation guidelines for COVID-19 in March 2024, the updates **DO NOT APPLY TO HEALTH CARE SETTINGS.**

Here is what nursing home staff and residents need to know when testing positive for COVID-19:

Residents

Residents with mild to moderate illness who are not moderately to severely immunocompromised will remain in isolation:

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

Residents who were asymptomatic throughout their infection and are not moderately to severely immunocompromised will remain in isolation:

- At least 10 days since the date of their first positive viral test.

Health Care Personnel (HCP)

HCP who are symptomatic with mild to moderate illness could return to work after the following criteria are met:

- At least 7 days have passed since symptoms first appeared and results are negative from at least 2 consecutive respiratory specimens collected 48 hours apart (total of 2 negative specimens), tested using an antigen test or NAAT. (Note: If testing is not performed, HCP should wait 10 days since symptoms first appeared); **and**
- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath)

HCP who are not symptomatic could return to work after the following criteria are met:

- At least 7 days have passed since their first positive test and results are negative from at least 2 consecutive respiratory specimens collected 48 hours apart (total of 2 negative specimens), tested using an antigen test or NAAT.

Visitors

Visitors with confirmed COVID-19 infection or symptoms should defer non-urgent in-person visitation until they meet the CDC or facility's criteria to end isolation.

Please report any symptoms to this facility and consider testing before planning a visit.

SOURCES:

- *CDC Updates and Simplifies Respiratory Virus Recommendations.* CDC. March 1, 2024, www.cdc.gov/media/releases/2024/p0301-respiratory-virus.html
- *Recommended Infection Prevention and Control (IPC) Practices When Caring for a Patient with Suspected or Confirmed SARS-CoV-2 Infection.* CDC. Accessed March 26, 2024, www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#create
- *Interim Guidance for Managing Health Care Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.* CDC. Sept. 23, 2022, https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- *Nursing Home Visitation: COVID-19 – Revised QSO-20-39-NH.* Centers for Medicare & Medicaid Services (CMS). May 8, 2023, https://www.cms.gov/files/document/qso-20-39-nh-revised.p

COVID-19 Isolation Guidelines for Skilled Nursing Facilities

CMS-Targeted COVID-19 Training

Frontline nursing home staff and management **learning module test-out 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 Instructions – English (PDF)
- QSEP Group Training Instructions – Spanish (PDF)

Continuing Education for Physicians and Certified Medical Directors

Enhancing Care and Safety:
Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians

Start Monthly Training Series

Sign up now: https//learn.tmf.org

SPEAKERS:

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director
Northeast Georgia Health System
Associate Chief Medical Officer
Rainmakers

Karl E. Steinberg, MD, CMD, HMDC, HEC-C
Chief Medical Officer
Beecan Health, Mariner Healthcare Central

Mamata Yanamadala, MBBS, MS
Associate Professor
Duke University School of Medicine

TMF Health Quality Institute's **Enhancing Care and Safety: Post-Pandemic Best Practices for Nursing Facility Leadership and Physicians** is an on-demand monthly training series to help nursing home medical directors shape the ethos and operational excellence of the facilities they oversee.

- **March:** Employee Health and Safety – *available now*
- **April 15:** Infection Control
- **May 15:** Committees
- **June 15:** Influencing Employee Behavior
- **July 15:** Transitions of Care
- **Aug. 15:** Quality Management
- **Sept. 15:** Integration of Problem Solving and Systems Theory
- **Oct. 15:** Risk Management
- **Nov. 15:** Working with Families

April Nursing Home Connect Events

Thursdays, 1:30 – 2:30 p.m. CT

April 11
Sepsis 101

April 18
Nursing Home Tips for Success

April 25
Special Office Hours with CDC Specialists

An open Q&A session follows each presentation. To submit a question in advance, email NHConnect@tmf.org and it will be addressed during the webinar.

Register once for multiple TMF QIN-QIO events.

TMF QIN-QIO Resources

Website: tmfnetworks.org

- How to Create an Account on the TMF Networks.org
- Calendar of Events
- Nursing Home Resources
- Quality Measures Video Series and Resources
- Quality Assurance Performance Improvement Video Series
- Nursing Home Recorded Events

Questions? Suggestions? Thoughts?

If your question was not answered in this session, please email us at: NHConnect@tmf.org

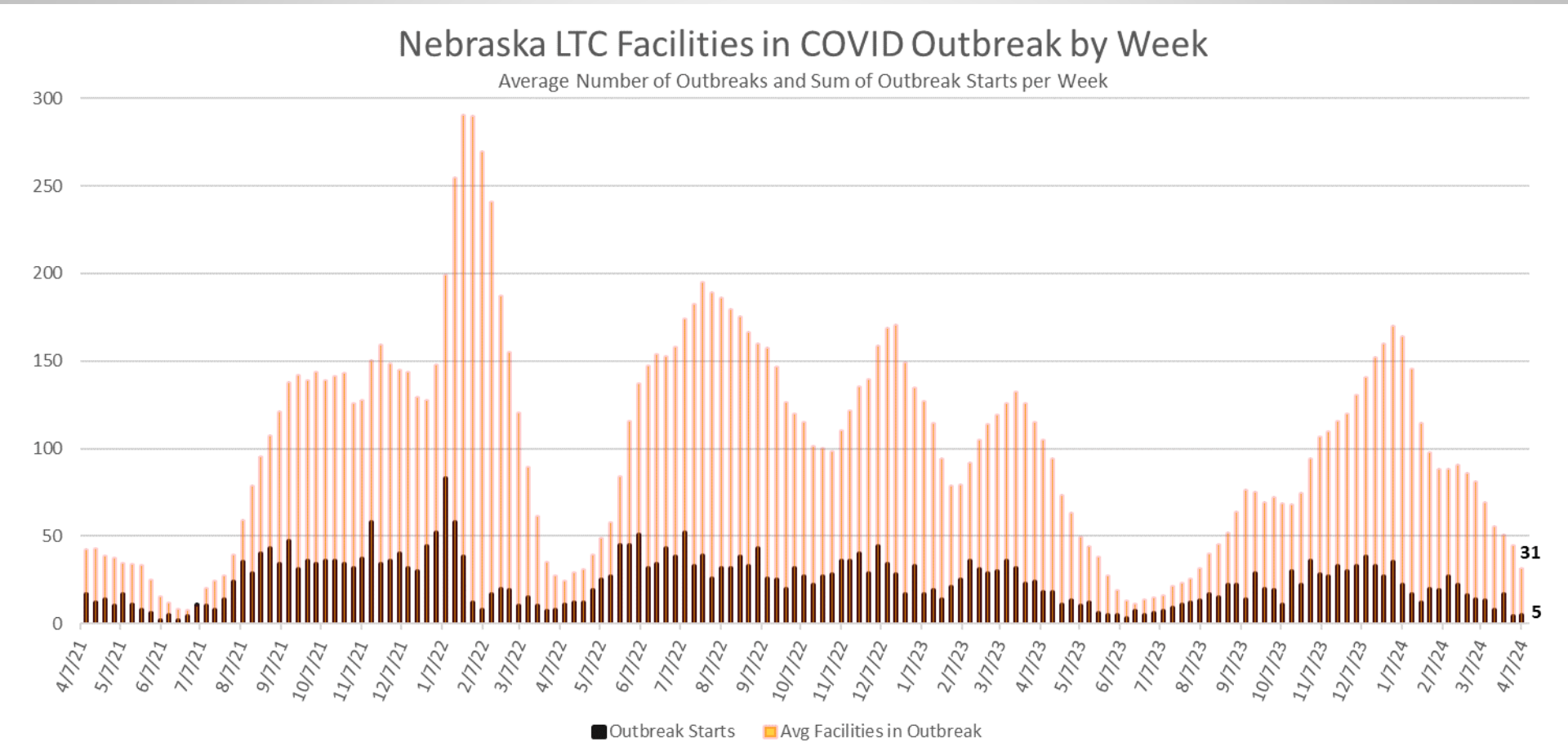
Connect with us on Facebook:

TMF QIN Nursing Home Quality Improvement

Nebraska Statistics

NE ICAP

Nebraska LTC Facility COVID-19 Outbreaks



**Updated: 4/8/2024

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

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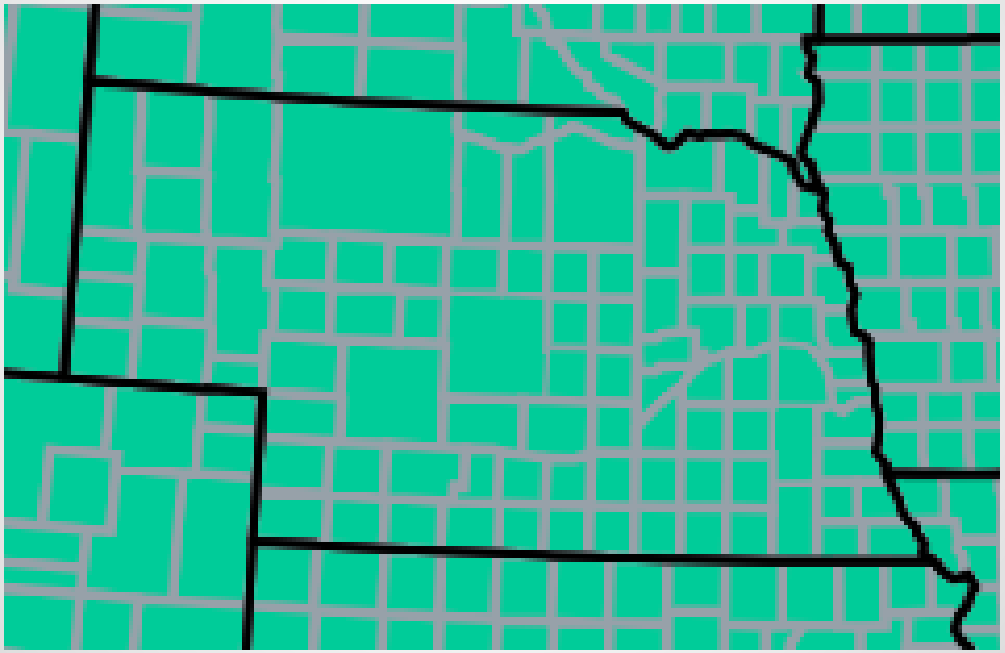
CDC COVID-19 Data Tracker

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 March 30, 2024.



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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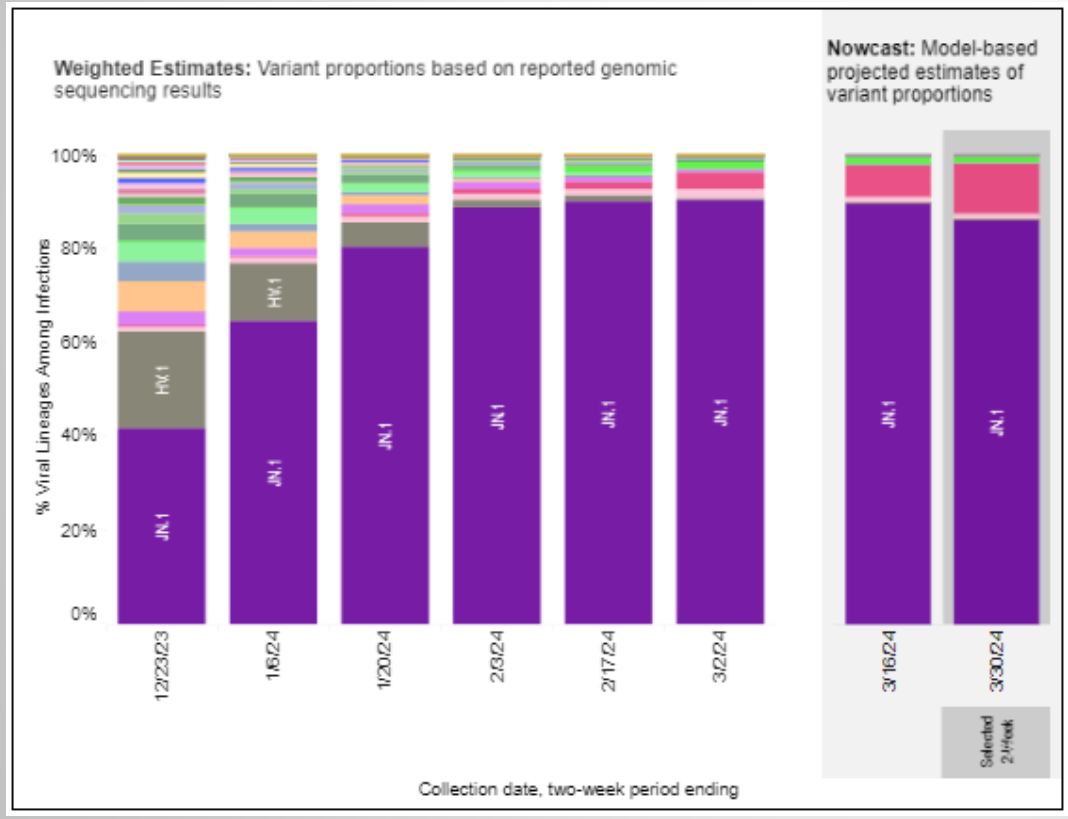
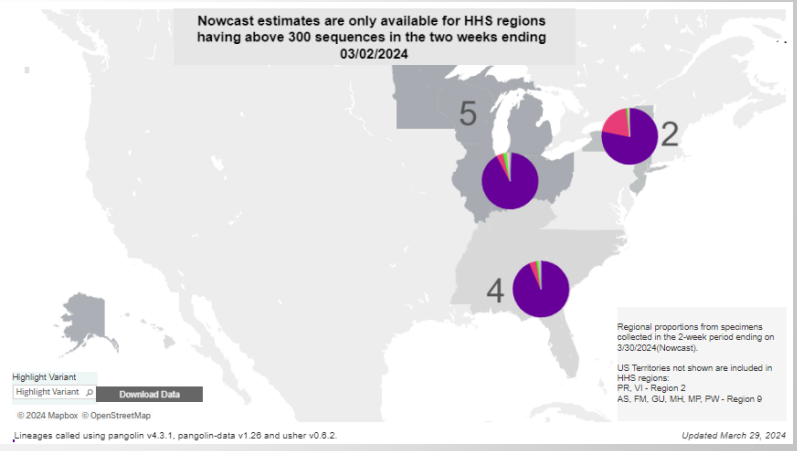
What's happening with variants?

Weighted and Nowcast Estimates in United States for 2-Week Periods in 12/10/2023 – 3/30/2024



Weighted and Nowcast Estimates for two-week period 3/17/24 – 3/30/24



[CDC COVID Data Tracker: Variant Proportions]

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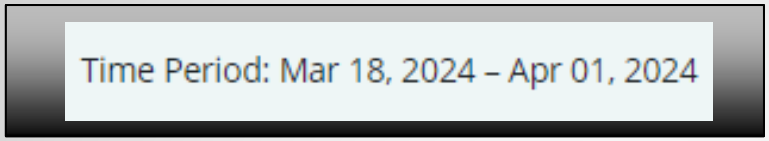
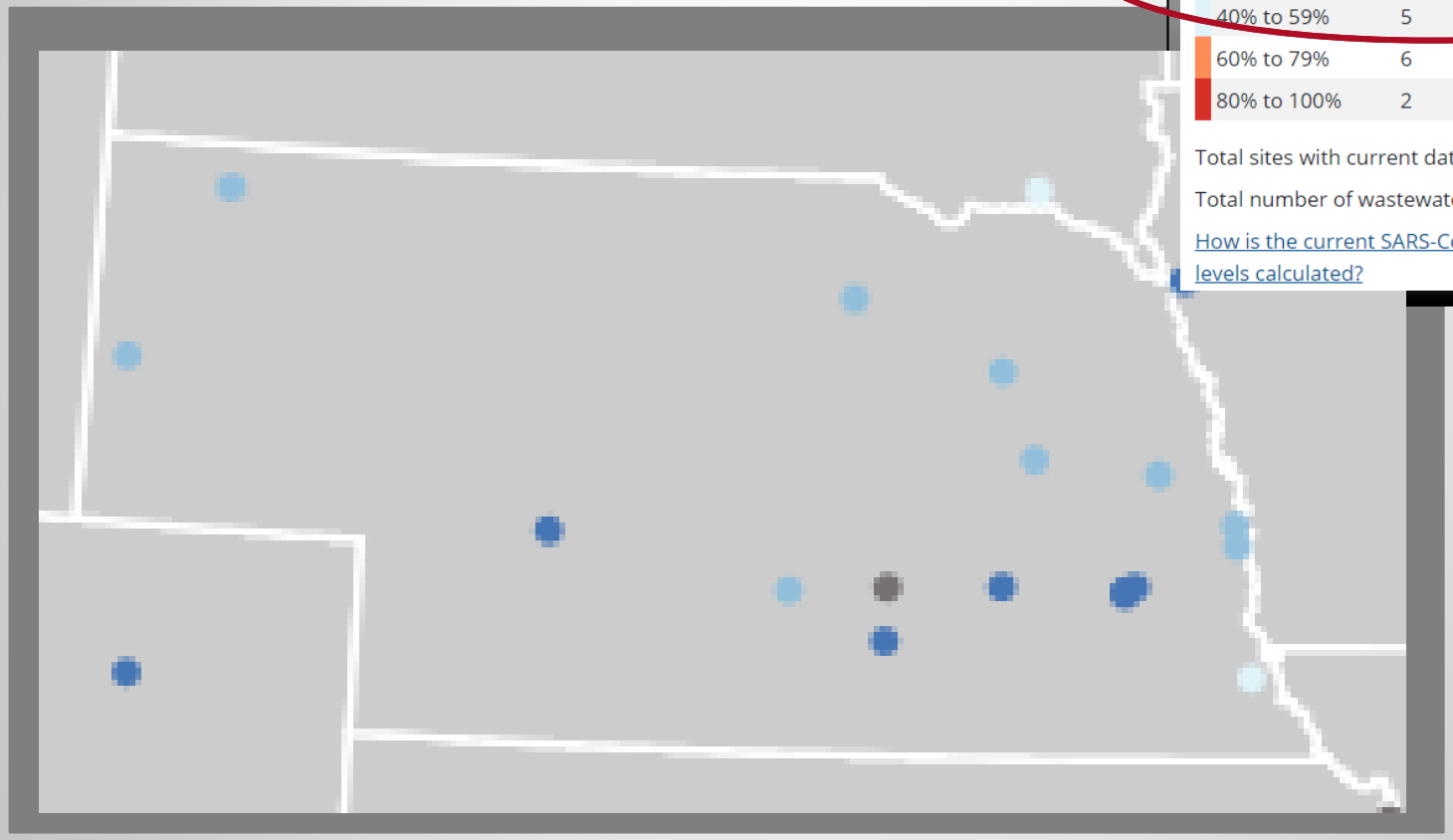
Wastewater Surveillance





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?

[CDC COVID Data Tracker: Wastewater Surveillance]

NE ICAP

Nebraska Flu Activity and Data

Nebraska Influenza & Other Respiratory Disease Surveillance Report, 2023-24 Influenza Season, Week 13

(DATA THROUGH WEEK ENDING 3/30). All data are preliminary and may change as more reports are received.

INFLUENZA LABORATORY SURVEILLANCE

Positive Influenza A & B Tests, Percent Positive, and Change from Last Week

Week Ending Date	Influenza A Positives	Change from Last Week	Influenza B Positives	Change from Last Week	Overall Percent Positive	% Change from Last Week
3/30/24	548	▼ 37	400	▼ 114	22.2%	▼ 2.8%
Grand Total	**10,364**		**8,655**			

Cumulative Influenza Positive Tests by Subtype and Age Group

	0-4	5-17	18-24	25-49	50-64	65+	Season Total
Flu A: H1	176	153	33	175	147	229	**913**
Flu A: H3	80	64	46	96	51	102	**439**
Flu B: Victoria	15	46	*	19	*	*	**90**

LONG-TERM CARE FACILITY OUTBREAK SURVEILLANCE

27 influenza-associated outbreaks have been reported for the surveillance season

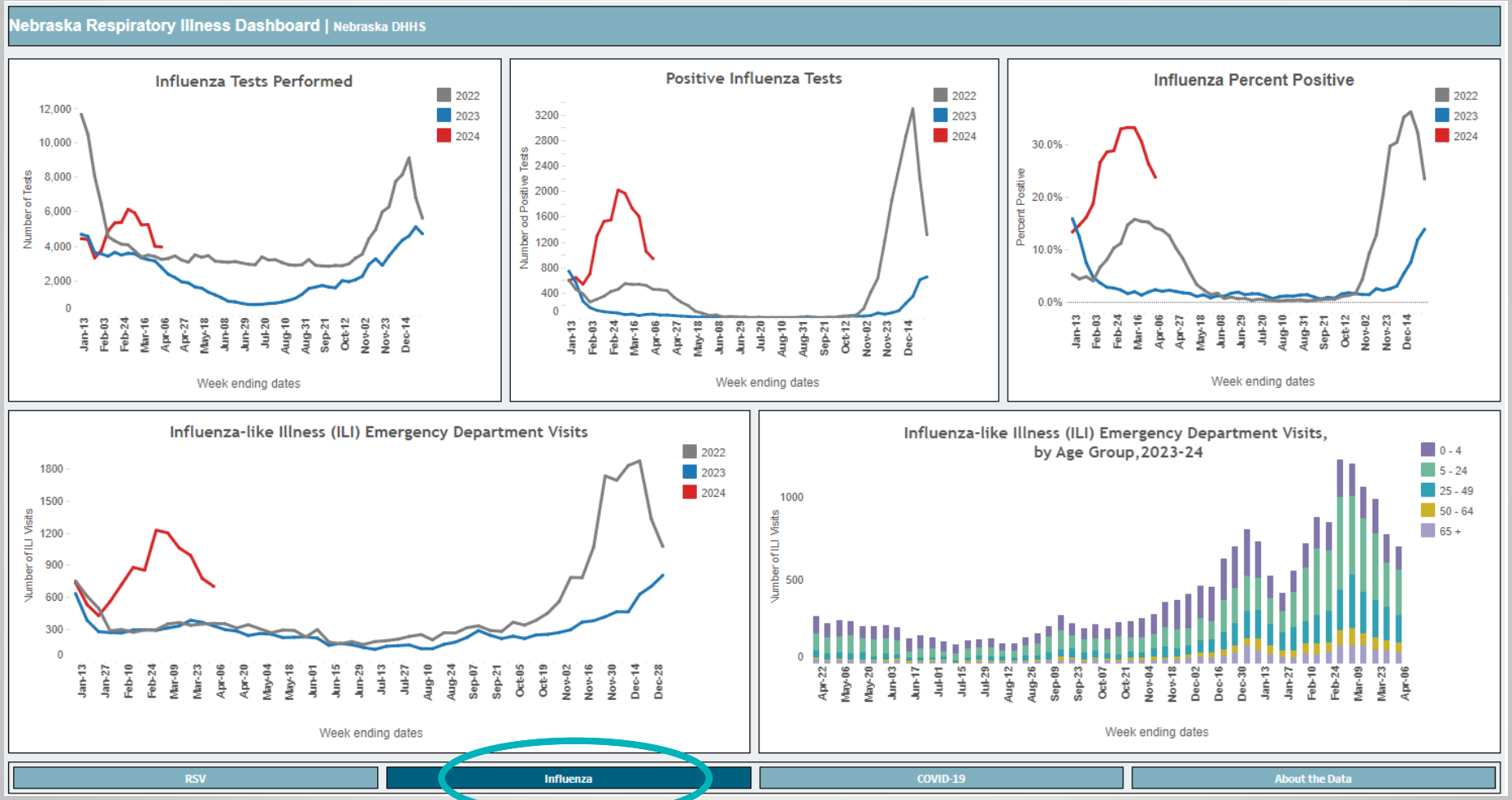
MORTALITY SURVEILLANCE

41 influenza-associated deaths have been reported for the surveillance season, including <6 pediatric deaths

Flu Activity And Data (ne.gov)

NE ICAP

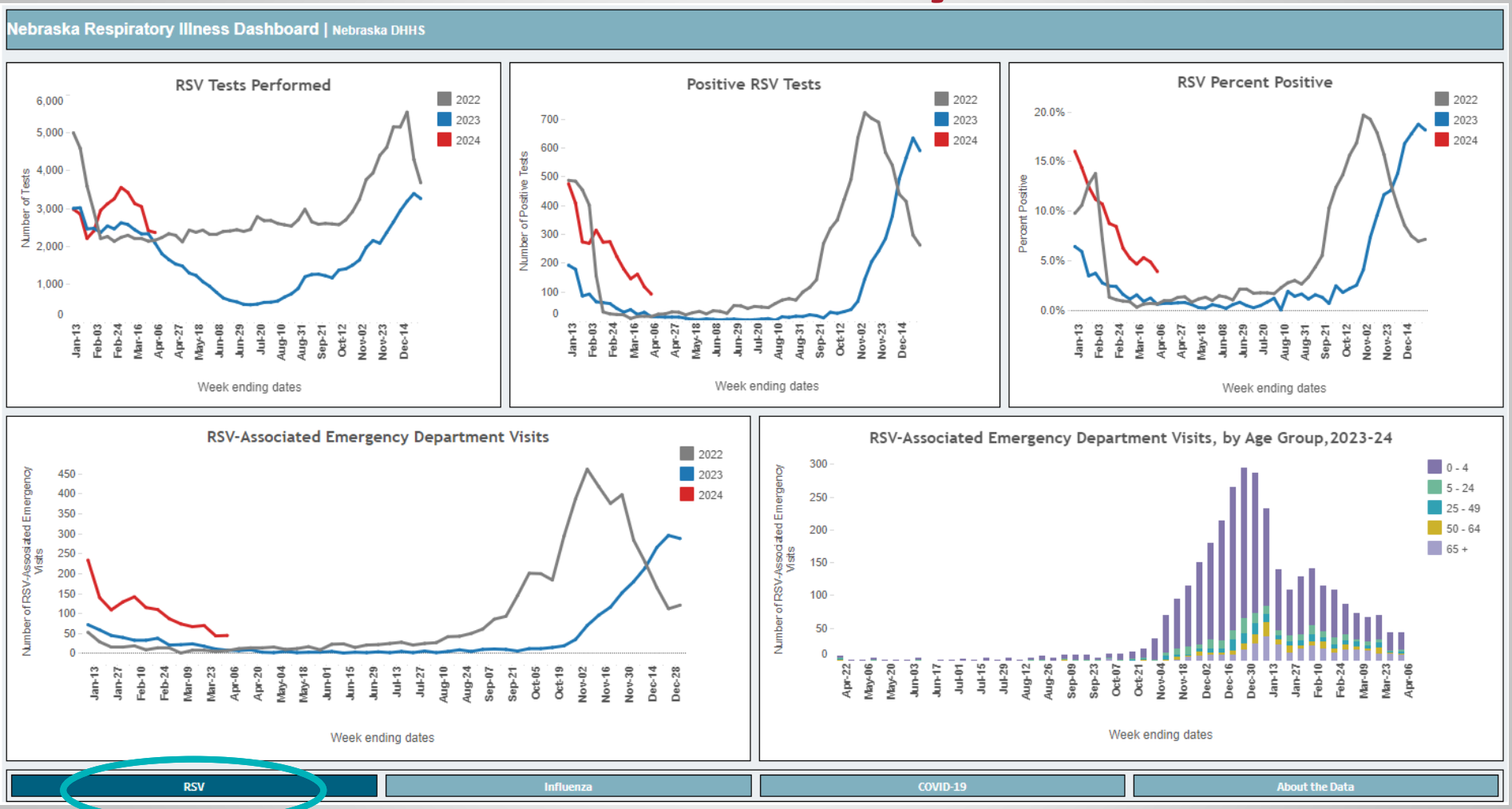
Nebraska Flu Activity and Data



[Respiratory Illness Dashboard - Atlas Public Health Visualizations]

NE ICAP

Nebraska RSV Activity and Data



Respiratory Illness Dashboard - Atlas Public Health Visualizations

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Enhanced Barrier Precautions (EBP)

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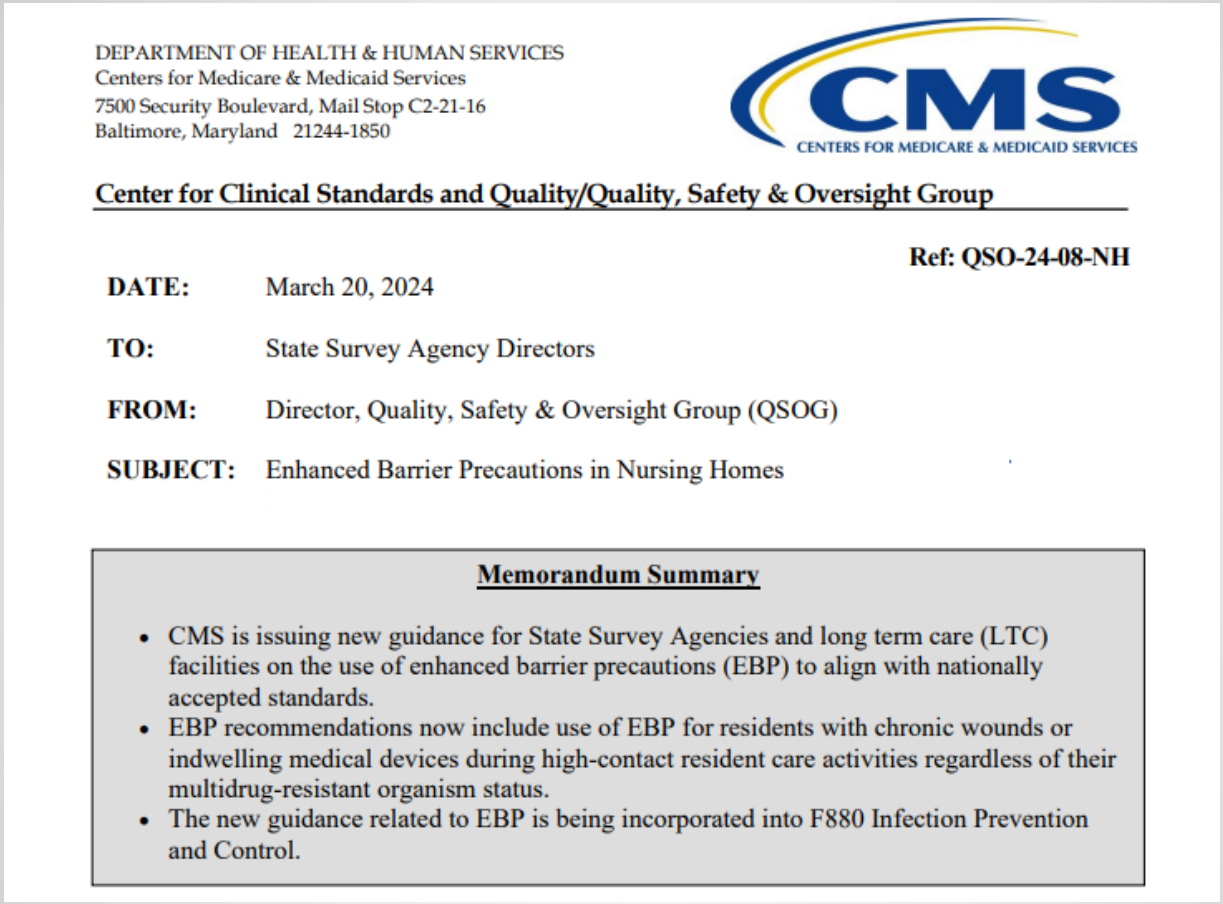
Enhanced Barrier Precautions in Nursing Homes



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

https://www.cms.gov/files/document/qso-24-08-nh.pdf

Nebraska DHHS Health Alert

Nebraska Department of Health and Human Services

Health Alert Network

ALERT

March 26, 2024

Candida auris in Nebraska

Candida auris is an emerging antimicrobial-resistant yeast that was first identified in 2009 in Asia and began spreading in the United States in 2015. It can cause severe infections and spreads easily between hospitalized patients and nursing home residents. *C. auris* is often multidrug-resistant and some strains are resistant to all three major classes of antifungal medications. In 2019, CDC declared *C. auris* as one of the urgent (highest level) antibiotic resistance threats in the United States. It is still rare in the US, but cases have been increasing nationwide with 8,131 *C. auris* cases (clinical and screening cases) detected in the US in 2022 as compared to 323 in 2018. Nebraska is considered a low incidence state and transmission of *C. auris* was not detected before this year. However, to-date, 5 cases (clinical and screening cases) of *C. auris* have been identified in Nebraska in 2024. Therefore, it is important for all healthcare personnel in Nebraska to be aware of transmission dynamics, risk factors, diagnostic challenges, and treatment recommendations for *C. auris*.

***Candida auris* transmission and clinical risk factors:** *C. auris* can spread easily in healthcare facilities through contact with contaminated surfaces (e.g., bedrails, bedside tables), shared mobile medical equipment (e.g., glucometers, ultrasound machines) or the hands or clothing of healthcare personnel. It can also persist on patients and surfaces for long periods of time and since many commonly used hospital grade disinfectants are not effective against it, *C. auris* can spread easily among patients and cause outbreaks in healthcare settings. However, most people who get *C. auris* infections already have underlying clinical risk factors such as weakened immune system, being on mechanical ventilation, presence of indwelling medical devices, receiving complex or high acuity medical care, frequent or long-healthcare stays and/or colonization or infection with other multidrug resistant organisms. Healthy people usually do not get *C. auris* infections.

https://dhhs.ne.gov/han%20Documents/ALERT03262024.pdf

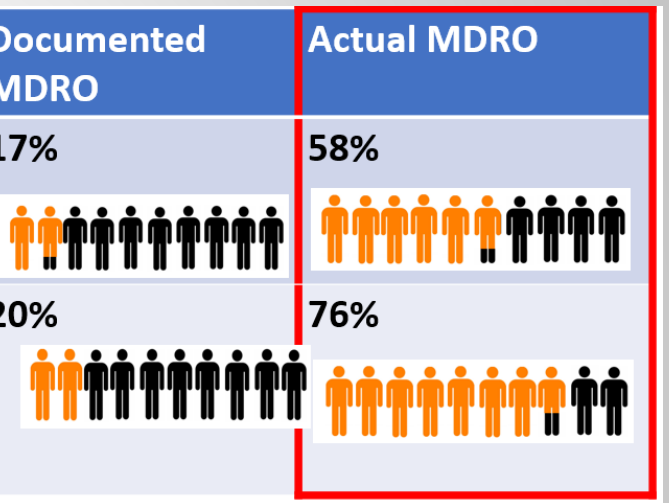
NE ICAP

Why is there a need for Enhanced Barrier Precautions?

High burden of MDRO colonization in nursing home residents

- Many facilities do not know which residents are colonized
- Residents with complex medical needs are at higher risk for acquiring MDROs
- Allows for a more effective response to serious antibiotic resistant threats

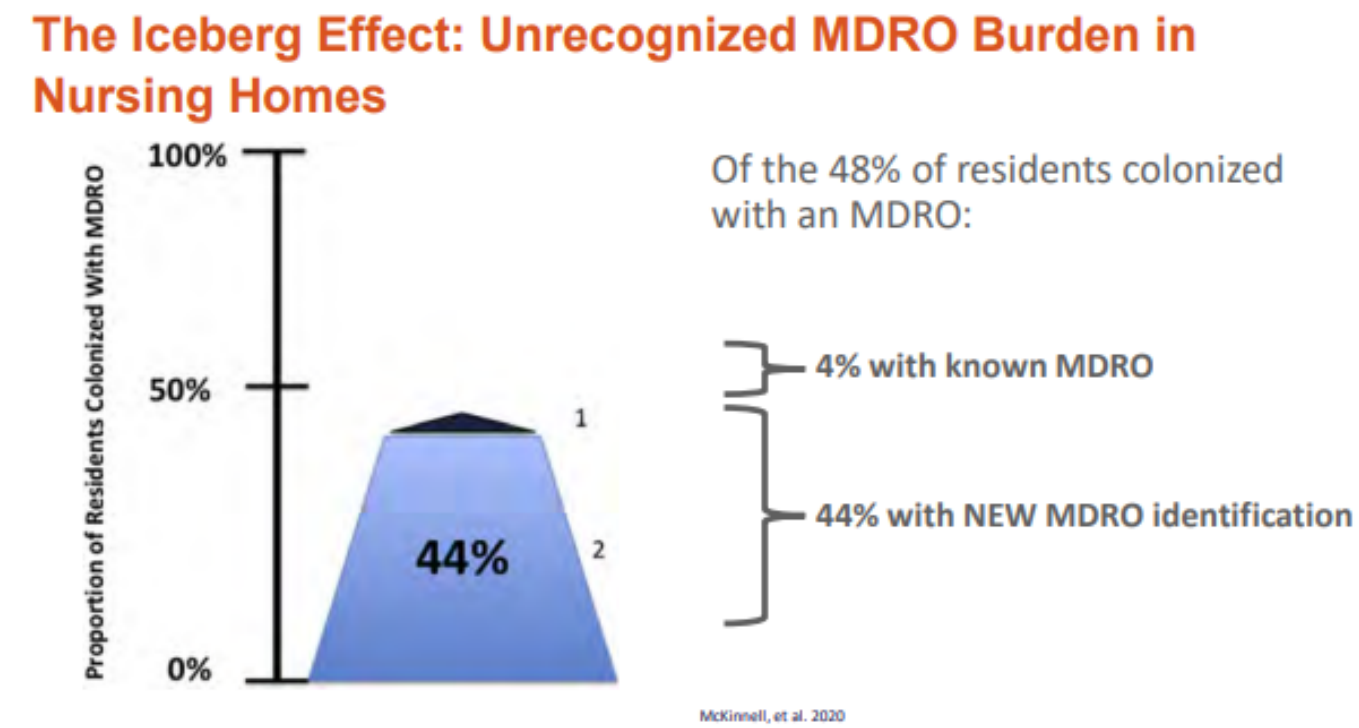
Facility Type	Documented MDRO	Actual MDRO
Nursing Homes (n = 14)	17%	58%
Ventilator-Capable Nursing Homes (n = 4)	20%	76%



McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573

[EBP-Presentation-July2022.pptx (live.com)]
[The SHIELD Orange County Project: Multidrug-resistant Organism Prevalence in 21 Nursing Homes and Long-term Acute Care Facilities in Southern California - PMC (nih.gov)]

Under-Recognized MDROs in Nursing Homes



EBP-Presentation-July2022.pptx (live.com)
High Prevalence of Multidrug-Resistant Organism Colonization in 28 Nursing Homes: An "Iceberg Effect" - PMC (nih.gov)

Contact Precautions

- Used to prevent spread of germs via contact from individual with known or suspected infection
- Gown and gloves must be used for all room entries and care activities
- Room placement:
  - Single-person room is ideal
  - Room restriction except for medically necessary care
- Intended to be time-limited to reduce transmission during limited infectious period

[Transmission-Based Precautions | Basics | Infection Control | CDC]

Enhanced Barrier Precautions (EBP)

"Enhanced Barrier Precautions" (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.

EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

EBP are indicated for residents with any of the following:

- Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
- Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.

Which Residents Meet the Criteria for EBP?

Residents with any of the following:

- Wounds, regardless of known MDRO colonization status
  - Generally defined as the care of any skin opening requiring a dressing
  - Intent of Enhanced Barrier Precautions is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. Examples: pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcer
    - Short-lasting wounds, such as a skin tear, may not apply

- Indwelling medical devices, regardless of known MDRO colonization status

  - Examples: central line, hemodialysis catheters, indwelling urinary catheter, feeding tube, tracheostomy, ventilator
  - Devices fully embedded in the body, such as a pacemaker, are **not** included.

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC

Which Residents Meet the Criteria for EBP?

Residents with any of the following:

- Infection or colonization with an MDRO when Contact Precautions do not apply
  - For the purposes of this guidance, the MDROs for which the use of EBP applies are based on local epidemiology.
  - At a minimum, they should include resistant organisms targeted by CDC, but can also include other epidemiologically important MDROs.

Examples of MDROs Targeted by CDC include:

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
- *Candida auris*

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus (MRSA)*,
- ESBL-producing Enterobacterales,
- Vancomycin-resistant *Enterococci (VRE)*,
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) (cdc.gov)

MDRO Tiers for Nebraska

Tier	Definition of Included Organisms and Mechanisms	Examples (not all inclusive) of organisms/mechanisms for Nebraska	Transmission-Based Precautions Recommendations
Tier 1	Never (or very rarely) been identified in the United States and for which experience is extremely limited	Novel Carbapenemases	Contact precautions until otherwise recommended by HAI/AR team
Tier 2	Primarily associated with healthcare settings and are not commonly identified in the region (i.e., not been previously identified in the region or have been limited to sporadic cases or small outbreaks), corresponding to "not detected" or "limited to moderate spread" epidemiologic stages. No current treatment options exist (pan not-susceptible) and potential to spread more widely.	Pan-resistant organisms *C. auris* Carbapenemases (e.g., KPC, NDM, OXA-48, VIM, IMP) producing organisms (CPO) • Enterobacterales • *Pseudomonas aeruginosa* • *Acinetobacter Baumannii*	Enhanced barrier precautions recommended (*Contact precautions for acute/active infections or uncontained drainage/secretions).
Tier 3	Include MDROs targeted by the facility or region for epidemiologic importance that have been identified frequently across a region, indicating advanced spread, but are not considered endemic	ESBL CRE CRPA CRAB	Enhanced barrier should be strongly considered*
Tier 4	Endemic in a region and have been targeted by public health for their clinical significance and potential to spread rapidly	MRSA VRE	Enhanced Barrier Precautions based on facility risk assessment*

*Contact precautions for acute/active infections or uncontained drainage/secretions

CRE Carbapenem-resistant Enterobacterales

An Urgent Public Health Threat

Information for Facilities

Carbapenem-Resistant Enterobacterales (CRE)

Enterobacterales is an order of gram-negative bacteria that includes some organisms commonly identified in clinical microbiology laboratories, like *Escherichia coli* and *Klebsiella pneumoniae*.

Carbapenems are last-line antibiotics used to treat serious multidrug-resistant infections. In the United States, about 2-3% of Enterobacterales associated with healthcare-associated infections are resistant to carbapenems.

CRE infections **don't respond to common antibiotics** and invasive infections are associated with high mortality rates. Some CRE are resistant to all available antibiotics.

COMMON ENTEROBACTERALES SPECIES:

- *Escherichia coli*
- *Klebsiella pneumoniae*
- *Enterobacter cloacae*
- *Citrobacter freundii*
- *Serratia marcescens*

Carbapenemase-Producing CRE

A subset of CRE, called **carbapenemase-producing CRE, are primarily responsible for the rapid global spread of CRE,** including in U.S. healthcare settings. Carbapenemases are enzymes that inactivate carbapenems and other β-lactam antibiotics. Carbapenemase-producing CRE can share the genetic code for carbapenemases with other bacteria, rapidly spreading resistance.

CARBAPENEMASES MOST COMMONLY IDENTIFIED U.S. CRE

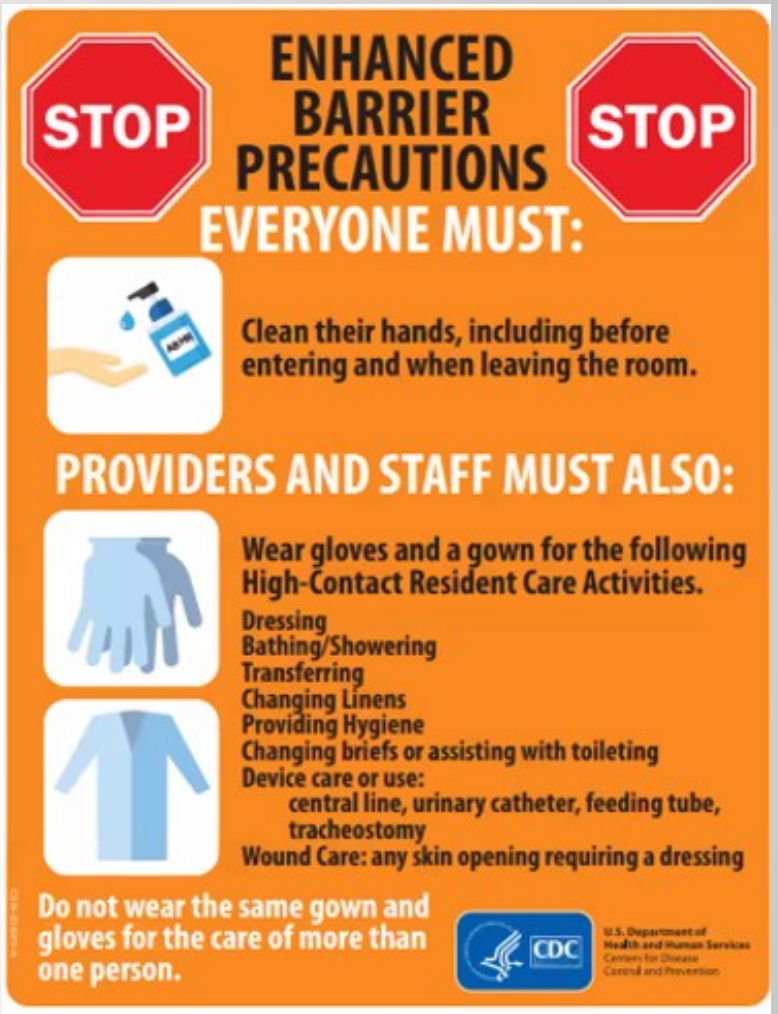
- KPC
- NDM
- VIM
- OXA-48-type
- IMP

https://www.cdc.gov/hai/pdfs/cre/CRE-handout-V7-508.pdf

Enhanced Barrier Precautions (EBP)

Use EBP when performing high-contact resident care activities for residents who meet the criteria for the use of EBP

- Includes the use of gown and gloves
- Resident does not need a private room
- Resident may participate in communal activities and dining and is not restricted to their room
- Intended to be used for the resident's entire length of stay in the facility, or until wound is healed or invasive device is removed



[CDC Enhanced Barrier Precautions - Example Sign]

Use of PPE in Communal Area

PPE is generally **not** used in common areas of the facility (e.g., dining room, hallway, activity room), with less likelihood to be up close and personal contaminating the HCP clothing.

Implementation of EBP

□ Provide education to staff, residents and visitors

□ Post clear signage indicating the type of Precautions and required PPE (e.g., gown and gloves)

- For Enhanced Barrier Precautions, signage should indicate the high-contact resident care activities that require the use of gown and gloves

□ Make PPE, gowns and gloves, immediately available

□ Ensure access to alcohol-based hand rub (ideally both inside and outside of the room)

□ Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room

□ Incorporate periodic monitoring and assessment of adherence to recommended infection prevention practices, such as hand hygiene and PPE use, to determine the need for additional training and education

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) (cdc.gov)

Resident Placement on EBP

Residents on EBP may share rooms with other residents.

- Facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization may choose to do so.

When residents are placed in shared rooms, strategies to help minimize transmission of pathogens between roommates including:

- Maintaining spatial separation of at least 3 feet between beds
- Use of privacy curtains to limit direct contact,
- Cleaning and disinfecting any shared reusable equipment,
- Cleaning and disinfecting environmental surfaces on a frequent schedule, and
- Changing personal protective equipment (if worn) and performing hand hygiene when switching care from one roommate to another.

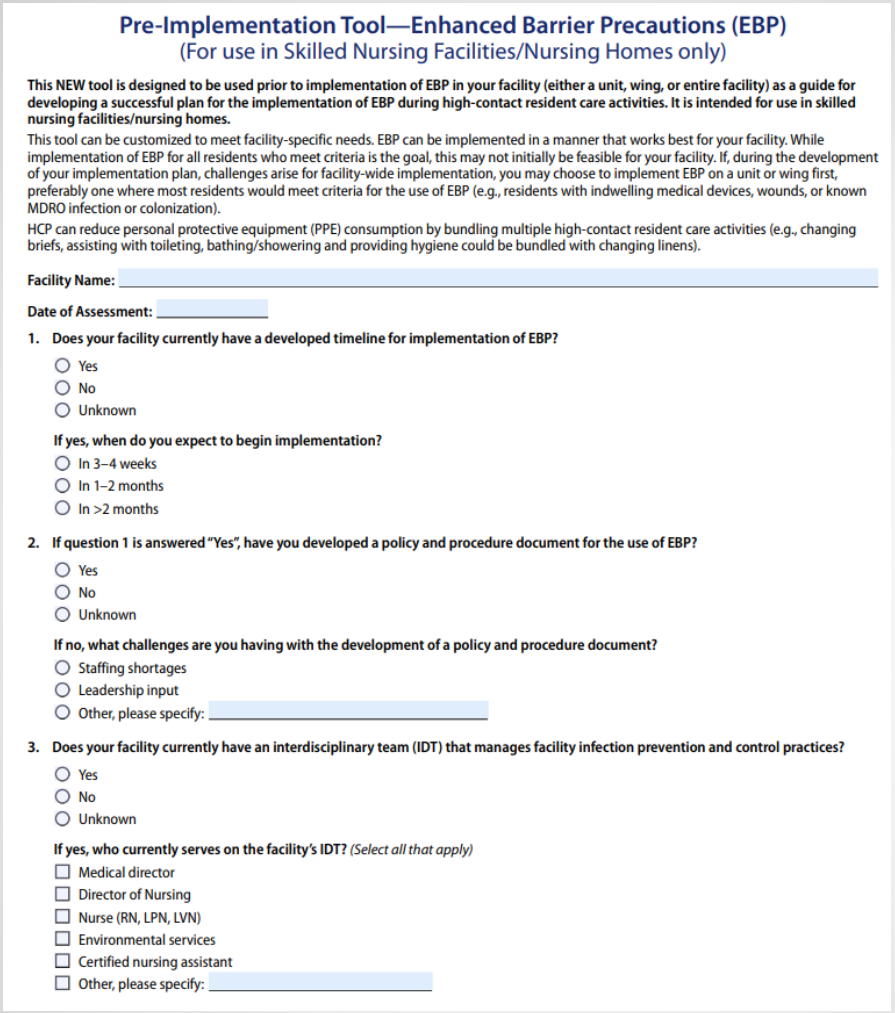
Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC

Resident Placement Specific Recommendation for Tier 2 Organisms

- When admitting new residents who do not have an active infection but are known to be colonized with a Tier 2 organisms (e.g., *C. auris*), ICAP recommends keeping that patient in **enhanced barrier precautions in a private room.**

- However, if it is not possible to place the new residents with colonization history with Tier 2 organisms in a private room and shared room appear to be the only option, then contact ICAP to discuss possible options on how it can be done in a safe manner.

Pre-Implementation Tool



Pre-Implementation Tool—Enhanced Barrier Precautions (EBP)

(For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool is designed to be used prior to implementation of EBP in your facility (either a unit, wing, or entire facility) as a guide for developing a successful plan for the implementation of EBP during high-contact resident care activities. It is intended for use in skilled nursing facilities/nursing homes.

This tool can be customized to meet facility-specific needs. EBP can be implemented in a manner that works best for your facility. While implementation of EBP for all residents who meet criteria is the goal, this may not initially be feasible for your facility. If, during the development of your implementation plan, challenges arise for facility-wide implementation, you may choose to implement EBP on a unit or wing first, preferably one where most residents would meet criteria for the use of EBP (e.g., residents with indwelling medical devices, wounds, or known MDRO infection or colonization).

HCP can reduce personal protective equipment (PPE) consumption by bundling multiple high-contact resident care activities (e.g., changing briefs, assisting with toileting, bathing/showering and providing hygiene could be bundled with changing linens).

Facility Name: _____

Date of Assessment: _____

1. **Does your facility currently have a developed timeline for implementation of EBP?**
   - ○ Yes
   - ○ No
   - ○ Unknown

   If yes, when do you expect to begin implementation?
   - ○ In 3–4 weeks
   - ○ In 1–2 months
   - ○ In >2 months

2. **If question 1 is answered "Yes", have you developed a policy and procedure document for the use of EBP?**
   - ○ Yes
   - ○ No
   - ○ Unknown

   If no, what challenges are you having with the development of a policy and procedure document?
   - ○ Staffing shortages
   - ○ Leadership input
   - ○ Other, please specify: _____

3. **Does your facility currently have an interdisciplinary team (IDT) that manages facility infection prevention and control practices?**
   - ○ Yes
   - ○ No
   - ○ Unknown

   If yes, who currently serves on the facility's IDT? *(Select all that apply)*
   - ☐ Medical director
   - ☐ Director of Nursing
   - ☐ Nurse (RN, LPN, LVN)
   - ☐ Environmental services
   - ☐ Certified nursing assistant
   - ☐ Other, please specify: _____

Pre-Implementation Tool—Enhanced Barrier Precautions (EBP) (cdc.gov)

Staff Training Resources

A message from:

Dear Valued Staff:

You will soon see an increase in the circumstances when we are asking you to wear a gown and gloves while caring for residents. This is based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from multidrug-resistant organisms (MDROs), which can cause serious infections and are hard to treat. These new recommendations are called Enhanced Barrier Precautions, or EBP.

WHY are we implementing Enhanced Barrier Precautions at this facility?

Studies have shown that more than 50% of nursing home residents have MDROs on or in their body, especially in wounds or medical devices like urinary catheters. Most of the time people never know they are carrying these germs, but under certain conditions they can cause serious infections.

These germs can be transferred from one resident to another on staff hands, if they aren't cleaned between caring for residents, and on staff clothing during activities involving a lot of physical contact with the resident. A gown and gloves can keep these germs from getting on staff clothing and, in combination with cleaning hands with alcohol-based hand sanitizer, can prevent transfer to other residents.

This approach focuses our efforts on the residents and activities that pose highest risk for spread of MDROs.

WHAT are Enhanced Barrier Precautions?

Enhanced Barrier Precautions require staff to wear a gown and gloves while performing high-contact care activities with all residents who are at higher risk of acquiring or spreading an MDRO.

These include the following residents:

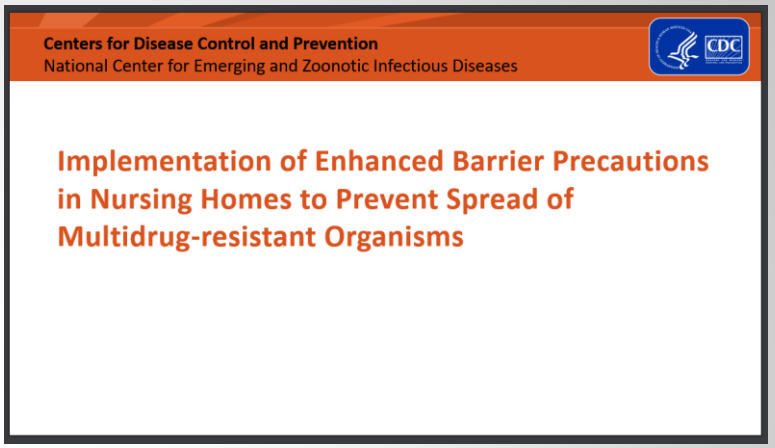
- Residents known to be infected or colonized with an MDRO;
- Residents with an indwelling medical device including central venous catheter, urinary catheter, feeding tube (PEG tube, G-tube), tracheostomy/ventilator regardless of their MDRO status;
- Residents with a wound, regardless of their MDRO status

High-contact resident care activities where a gown and gloves should be used, which are often bundled together as part of morning or evening care, include:

- Bathing/showering,
- Transferring residents from one position to another (for example, from the bed to wheelchair),
- Providing hygiene,
- Changing bed linens,
- Changing briefs or assisting with toileting,
- Caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care),
- Performing wound care (for example, any skin opening requiring a dressing)

Unlike the residents who are on Contact Precautions, such as for acute diarrhea, residents on Enhanced Barrier Precautions do not require placement in a private room, they can continue to participate in group activities, and they will remain on Enhanced Barrier Precautions for the duration of their stay in the facility.

Please NOTE: *The gown and gloves used for each resident during high-contact resident care activities should be removed and discarded after each resident care encounter. Hand hygiene should be performed and new gown and gloves should be donned before caring for a different resident.*

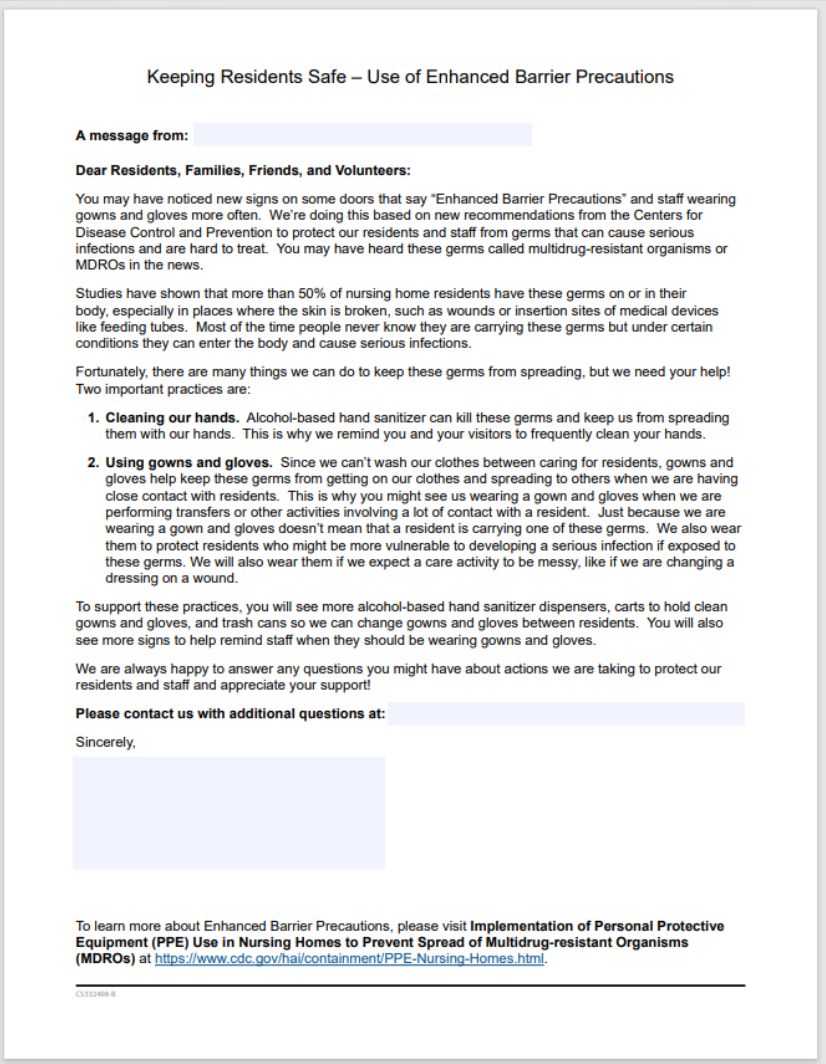


CDC - Implementation of EBP Slide Set

CDC - Implementation of EBP Recording

CDC - Implementation of EBP - Communication to Staff

Communication to Residents and Families



Keeping Residents Safe – Use of Enhanced Barrier Precautions

A message from:

Dear Residents, Families, Friends, and Volunteers:

You may have noticed new signs on some doors that say "Enhanced Barrier Precautions" and staff wearing gowns and gloves more often. We're doing this based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from germs that can cause serious infections and are hard to treat. You may have heard these germs called multidrug-resistant organisms or MDROs in the news.

Studies have shown that more than 50% of nursing home residents have these germs on or in their body, especially in places where the skin is broken, such as wounds or insertion sites of medical devices like feeding tubes. Most of the time people never know they are carrying these germs but under certain conditions they can enter the body and cause serious infections.

Fortunately, there are many things we can do to keep these germs from spreading, but we need your help! Two important practices are:

1. **Cleaning our hands.** Alcohol-based hand sanitizer can kill these germs and keep us from spreading them with our hands. This is why we remind you and your visitors to frequently clean your hands.
2. **Using gowns and gloves.** Since we can't wash our clothes between caring for residents, gowns and gloves help keep these germs from getting on our clothes and spreading to others when we are having close contact with residents. This is why you might see us wearing a gown and gloves when we are performing transfers or other activities involving a lot of contact with a resident. Just because we are wearing a gown and gloves doesn't mean that a resident is carrying one of these germs. We also wear them to protect residents who might be more vulnerable to developing a serious infection if exposed to these germs. We will also wear them if we expect a care activity to be messy, like if we are changing a dressing on a wound.

To support these practices, you will see more alcohol-based hand sanitizer dispensers, carts to hold clean gowns and gloves, and trash cans so we can change gowns and gloves between residents. You will also see more signs to help remind staff when they should be wearing gowns and gloves.

We are always happy to answer any questions you might have about actions we are taking to protect our residents and staff and appreciate your support!

Please contact us with additional questions at:

Sincerely,

To learn more about Enhanced Barrier Precautions, please visit **Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)** at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html.

CS332498-B

[Keeping Residents Safe – Use of Enhanced Barrier Precautions (cdc.gov)]

Considerations During Shortages of PPE

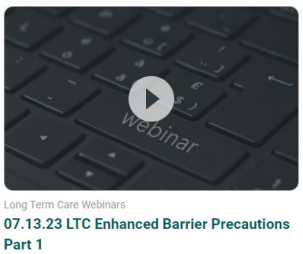
- Neither extended use nor reuse of gowns and gloves is recommended for mitigating shortages in the context of EBP.
- Bundle multiple care activities in the same resident interaction
- Identify situations where PPE overuse is occurring.
- Lastly, when there are not enough gowns and gloves for implementation of EBP as recommended, facilities may temporarily prioritize EBP for residents with wounds over residents with indwelling medical devices alone.
- Also prioritize EBP for novel or targeted MDROs over other MDROs.

Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities (cdc.gov)

CDC References and Resources

- CDC Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities (cdc.gov)
- CDC Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | HAI | CDC
- CDC Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC
- Pre-Implementation Tool EPB Pre-Implementation Tool—Enhanced Barrier Precautions (EBP) (cdc.gov)
- Sample Sign enhanced barrier precautions final rev3 (cdc.gov)
- Sample Letter to Residents and Families Keeping Residents Safe – Use of Enhanced Barrier Precautions (cdc.gov)
- Sample Letter to Staff Help Keep Our Residents Safe - Enhanced Barrier Precautions in Nursing Homes (cdc.gov)
- Staff Training Slides https://www.cdc.gov/hai/pdfs/containment/EBP-Presentation-July2022.pptx
  - Recording of these slides Introduction to Enhanced Barrier Precautions in Nursing Homes – YouTube
- IP Training Slides PowerPoint Presentation (cdc.gov)
  - Recording of these slides Implementation and Use of Enhanced Barrier Precautions in Nursing Homes – YouTube

Links to previous webinars:



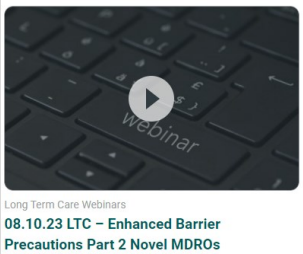
ICAP - EPB Part 1

Slide deck:

- PowerPoint Presentation (nebraskamed.com)

Webinar recording:

- 07.13.23 LTC - Enhanced Barrier Precautions Part 1.mp4 (echo360.org)



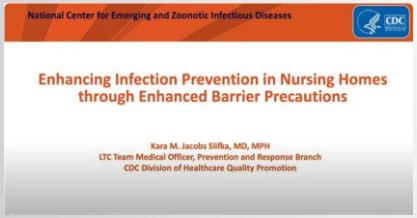
ICAP - EPB Part 2

Slide deck:

- PowerPoint Presentation (nebraskamed.com)

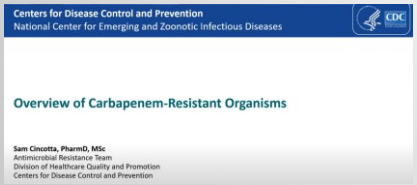
Webinar recording:

- 08.10.23 LTC - Enhanced Barrier Precautions Part 2 Novel MDROs.mp4 (echo360.org)



Kara Jacobs Slifka, MD, MPH (CDC) discusses Enhanced Barrier Precautions (EBP) implementations in SNFs.

- https://youtu.be/Uc1i5z44_es?si=OGgqR8Y75kqvZfXK



Sam Cincotta, PharmD, MSc

- Overview of Carbapenem-Resistant Organisms https://www.youtube.com/watch?v=nS2zU9xdKdA

ICAP Updates and Information

NE ICAP

Nebraska Hospital Association and Nebraska Healthcare Association will be hosting a collaborative zoom call for hospital and long-term care settings.

May 1st at 12:00 pm

C. auris in Nebraska - Safely Transitioning Patients Across the Care Continuum

https://www.nebraskahospitals.org/education/events/events.html/event/2024/05/01/c-auris-in-nebraska-safely-transitioning-patients-across-the-care-continuum/480617 [nebraskahospitals.org]

2024 Nebraska Antimicrobial Stewardship Summit

Smart Antibiotic Choices, Stronger Future

Friday, May 31, 2024 | 7:30 am – 3:30 pm

Embassy Suites LaVista Hotel & Conference Center

Registration open now: 2024 Nebraska Antimicrobial Stewardship Summit: Smart Antibiotic Choices, Stronger Future | Center for Continuing Education (unmc.edu)

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

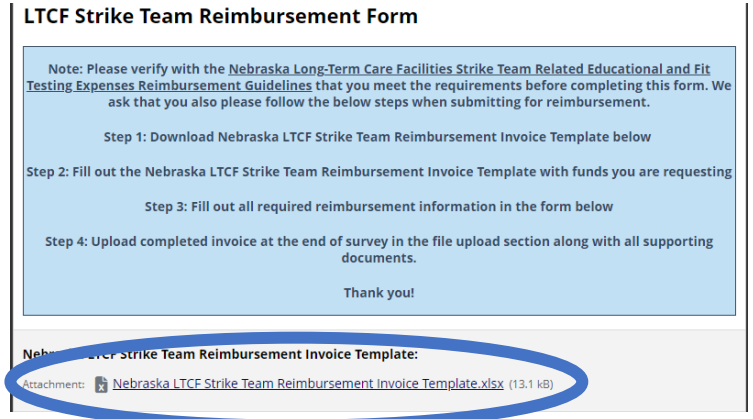
UNMC
Nebraska Medicine

Poster Session - New this year!

Click Here to learn more: Nebraska Antimicrobial Stewardship Summit - ASAP (nebraskamed.com)

NE StrikeTeam Reimbursement: Due April 30th!

Invoice Documentation:



LTCF Strike Team Reimbursement Form

Note: Please verify with the Nebraska Long-Term Care Facilities Strike Team Related Educational and Fit Testing Expenses Reimbursement Guidelines that you meet the requirements before completing this form. We ask that you also please follow the below steps when submitting for reimbursement.

Step 1: Download Nebraska LTCF Strike Team Reimbursement Invoice Template below

Step 2: Fill out the Nebraska LTCF Strike Team Reimbursement Invoice Template with funds you are requesting

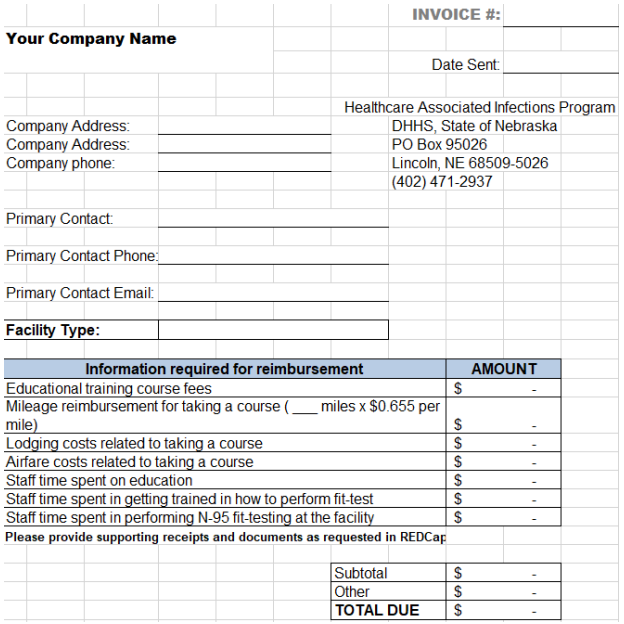
Step 3: Fill out all required reimbursement information in the form below

Step 4: Upload completed invoice at the end of survey in the file upload section along with all supporting documents.

Thank you!

Nebraska LTCF Strike Team Reimbursement Invoice Template:

Attachment: Nebraska LTCF Strike Team Reimbursement Invoice Template.xlsx (13.1 kB)



INVOICE #:

Your Company Name

Date Sent:

Healthcare Associated Infections Program
DHHS, State of Nebraska
PO Box 95026
Lincoln, NE 68509-5026
(402) 471-2937

Company Address:
Company Address:
Company phone:

Primary Contact:

Primary Contact Phone:

Primary Contact Email:

Facility Type:

Information required for reimbursement	AMOUNT
Educational training course fees	$ -
Mileage reimbursement for taking a course (___ miles x $0.655 per mile)	$ -
Lodging costs related to taking a course	$ -
Airfare costs related to taking a course	$ -
Staff time spent on education	$ -
Staff time spent in getting trained in how to perform fit-test	$ -
Staff time spent in performing N-95 fit-testing at the facility	$ -

Please provide supporting receipts and documents as requested in REDCap

Subtotal	$ -
Other	$ -
TOTAL DUE	$ -

USE THIS LINK FOR REIMBURSEMENT: https://epi-dhhs.ne.gov/redcap/surveys/?s=JCMRD8YC9APPNFAE

Katelynn Piper: Katelynn.Piper@nebraska.gov

NEBRASKA
Good Life. Great Mission.

DIVISION OF PUBLIC HEALTH

Needs Assessment & Facility Feedback Survey

The NE ICAP, ASAP, and DHHS HAI AR program want to better support you and your efforts to prevent healthcare associated infections (HAI) and antimicrobial resistance (AR) to protect patients and the spectrum of healthcare personnel (HCP). Thank you for taking the time to help us assess our services and to let us know about your needs. It is anticipated to take less than 15 minutes of your time and your responses will be kept confidential. Thank you again for your participation and feedback that will be used to help plan future interventions.

Multiple professionals from your facility are welcome to respond to this message. With this in mind, feel free to forward this message and link within your facility & program. The survey will be open for 5 weeks, and reminder messages will be provided at that time.

ICAP/ASAP Needs Assessment: All Settings
You may open the survey in your web browser by clicking the link below:
Facility Feedback Survey

If the link above does not work, try copying the link below into your web browser:
https://redcap.nebraskamed.com/surveys/?s=KCA3ADFH9JT7TJY3

NE ICAP

If your question is specific to your facility needs, please contact us directly at 402-552-2881 or nebraskaicap@nebraskamed.com

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

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.

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

NE ICAP

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

*Messages left outside of Office or On-call hours will be answered the next business day.

**Please call the main hotline number to ensure the quickest response.

NE ICAP

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

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