Wisconsin HAI Long-Term Care Education Series

January 27, 2022

Today's Agenda

- ## COVID-19 Infection Prevention Observations from the Field
  - **Anna Marciniak,** Regional Infection Preventionist, HAI Prevention Program
  - **Nikki Mueller,** Regional Infection Preventionist, HAI Prevention Program

- ## COVID-19 Guidance Updates
  - **Ashlie Dowdell,** Director, HAI Prevention Program

Infection Prevention for COVID-19: Observations From the Field

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Objectives

- Review infection prevention best practices in the health care environment to mitigate transmission of COVID-19
- Identify gaps observed during infection control assessment and response (ICAR) calls and site visits to facilities

Self-Evaluate

- Consider your own facility's infection prevention and control practices.
- Challenge yourself to identify at least one improvement you could make in your facility and follow through with implementing change.
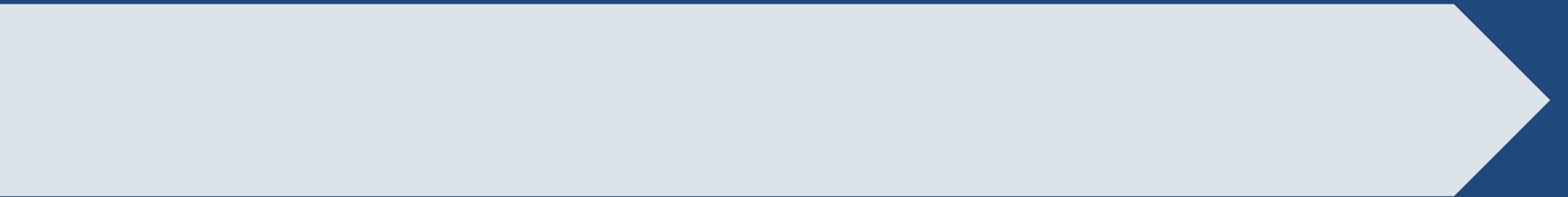
COVID-19 Infection Prevention Core Principles

- **Screening**
- Hand hygiene
- Mask use
- Physical distancing
- Education and signage

- Cleaning and disinfection
- **Personal protective equipment (PPE)**
- Cohorting of residents
- Resident and staff testing

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Screening

Screening

Identify anyone entering the facility who has:

- Positive viral test for SARS-CoV-2.

- [Symptoms of COVID-19.](#)

- Met the criteria for [quarantine](#) or [exclusion from work.](#)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Screening Options

Could include, but is not limited to:

- Screening individuals upon facility arrival
- Implementing an electronic monitoring system so individuals can self-report exclusions before entering the facility

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

COVID-19 Symptoms

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache

- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Screening Results

If screening criteria are met:

- Health care personnel (HCP): must report to occupational health or another point of contact at the facility even if fully vaccinated
- Visitors: should generally be restricted from entry
- Residents: should be managed as suspect or known COVID-19 positive

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Common Screening Gaps

- Lack of oversight (for the screening process and logs)
- Unclear process and follow up
- Incomplete symptom screening
- Lost records (Too much paper! Scan paper into files if possible.)

Common Screening Gaps

- Unreliable temperatures
- Lack of disinfection
  - Thermometers
  - Kiosk station (consider using a stylus)
- Outdated signage (including a date can help people know they reflect current recommendations)
- Lack of **education** for mask use, hand hygiene, physical distancing, and facility-specific instructions

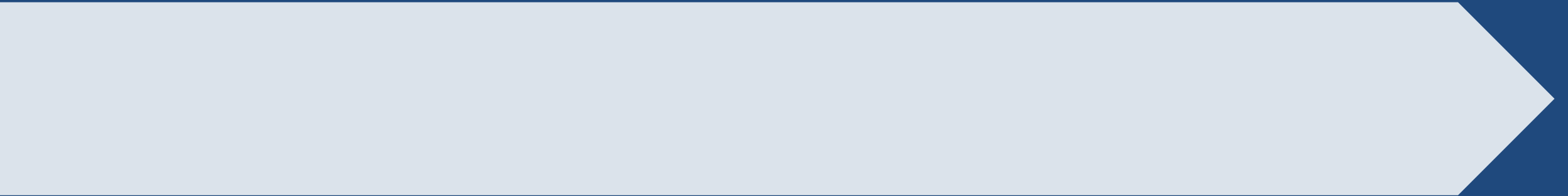# Education
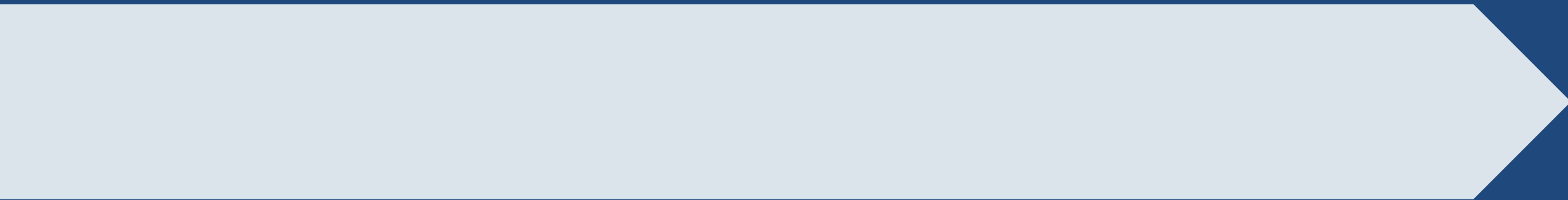
Education

- Educate residents, HCP, and visitors about SARS-CoV-2:
    - Hand hygiene.
    - Physical distancing.
    - Source control.
    - Precautions in the facility.
    - Actions to protect themselves.
- Utilize written materials (signage, letters, websites, email, text).

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Education Process Gaps

- Relaxed mindset
- Missing education
- Outdated education
- Frequent confusion between community and health care guidance

- Keeping residents, family, and staff aware of guidance changes
- Symptomatic staff continuing to work

Personal Protective Equipment

Source Control Versus PPE

PPE
- Protective layer used by HCP to lower transmission risk between those they are caring for and themselves
- Main source of protection for HCP from communicable disease and biological hazards
- Education for use must be provided

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](#)
[Using Personal Protective Equipment (PPE)](#)

Source Control by Role

HCP
- National Institute for Occupational Safety and Health (NIOSH) approved N95, an equivalent, or higher-level respirator
- Well-fitting facemask
- Respirator approved under other standards, for example KN95

Source Control by Role

Residents or Visitor
- Respirators, do not need to be fit-tested or have NIOSH approval ratings
- Well-fitting facemasks
- Cloth masks

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](#)

Source Control Reminder

Source control masks should be:

- Over the mouth and nose.
- Well-fitting.

How NOT to Wear a Mask

Around your neck | On your forehead | Under your nose | Only on your nose

On your chin | Dangling from one ear | On your arm

Your Guide to Masks: How to select, properly wear, clean, and store masks

Source Control Considerations

The following could be considered for **fully vaccinated individuals** in health care facilities located in counties with low to moderate community transmission.

- **HCP:** source control in well-defined areas restricted from patient access (e.g., staff meeting rooms, kitchen
- **Resident visitation:** source control and physical contact
- **Residents:** source control in communal areas of the facility, considerations for residents at increased risk for severe disease

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Source Control Gaps

- Masks are not worn at all or not worn properly.
- Masks are removed around others.
- Masks are not worn by residents when HCP are in their room performing care.
- Signage is used, but effective education is not provided to all that enter the facility.

PPE: Facemasks

- Must be medical-grade
- Should be well-fitting
- Used for source control, standard precautions, and droplet transmission-based precautions (TBPs) (for example, influenza, RSV, respiratory infections) as indicated

PPE: Respirators

NIOSH-approved N95, an equivalent, or higher-level respirator

- Ensure respirator is fit-tested.
- Seal check with every donning.
- Use for airborne transmission-based precautions.

KN95 or respirators that do not meet NIOSH approval

- Do not meet recommendations for use in airborne TBPs
- Is *not* a substitute for a fit-tested N95 or equivalent

Donning and Doffing

- Don means to put on. Doff means to take off.
- Donning and doffing should be done to minimize contamination of self and surrounding areas.
- When doffing, treat the outside of all PPE as contaminated.
- Return Demonstration education should be completed on hire and at least annually.

How do I Don and Doff my PPE?

- Check with your facility for guidance on how to don and doff the PPE currently in stock.
- Consult the [CDC guidance for donning and doffing](#) if your facility does not have guidance.
- Perform hand hygiene before and after removing PPE.

[Personal Protective Equipment: Questions and Answers](#)

Recommended PPE for COVID-19

- HCP who enter the room of a resident with suspected or confirmed COVID-19 should use a fit-tested respirator, gown, gloves, and eye protection.
- When working in counties with substantial or high community transmission levels:
  - Source control and eye protection need to be used for all resident care.
  - Fit-tested N95 respirators need to be used for all aerosol-generating procedures (AGPs), regardless of the resident's COVID-19 status, and should be used and discarded afterward.

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

PPE Gaps

- Respirators are not fit-tested.
- Facemasks are used with COVID-19 suspected residents.
- PPE education is not completed regularly with re-education performed as needed.
- Incorrect PPE doffing processes contaminate HCP.
- Audits are not completed.
- PPE is "modified."

PPE Gaps

- Staff are not wearing universal eye protection.
- HCP are using KN95s in place of N95s.
- HCP bring PPE from home.
- Staff touch face masks without performing hand hygiene afterward.
- Staff and HCP are not storing used and old PPE appropriately.

PPE Optimization Strategies

- Conventional capacity: Follow general IPC plans and use PPE per the manufacturer's instructions for use (IFU).
- Contingency capacity: Use for periods of anticipated PPE shortages.
- Crisis capacity: Use for periods when supplies are not available to meet the facility's current or anticipated PPE utilization rate.

Optimizing Personal Protective Equipment (PPE) Supplies

Optimization Strategy Gaps

- Facilities do not return to conventional use of PPE when supply levels become available.
- Facilities are using PPE optimization as a cost savings strategy.
- Staff are not able to speak to the strategy they are using and the capacity it falls under.
- Facilities do not continue to order supplies in anticipation of future events.

Questions?

Additional COVID-19 Guidance Changes for Health Care Settings

CDC Center for Preparedness and Response

Updates to CDC's COVID-19 Quarantine and Isolation Guidelines in Healthcare and Non-healthcare Settings

Clinician Outreach and Communication Activity (COCA) Call

Thursday, January 13, 2022

[COCA Call Archive, January 13, 2022](#)

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test[†], if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1[‡] and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test[†]	No work restriction with negative tests on days 1[‡], 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

CS328856-A | 01/07/2022

cdc.gov/coronavirus

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

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Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

Contingency and Crisis Staffing Capacities

- Mitigation strategy sequence
- Contingency/crisis staffing prioritization
  1. Asymptomatic exposed HCP who are not up-to-date with vaccination
  2. Asymptomatic positive HCP
  3. Mildly symptomatic and recovering positive HCP **who are well enough to work and willing to work**

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

If Staff Return Early

- Continue to monitor for new or worsening symptoms
- Wear a respirator or well-fitting facemask at all times, even in non-resident care areas
- Practice physical distancing whenever possible
- Encourage residents to wear well-fitting source control whenever interacting with these staff

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

Common Questions

- Wearing appropriate PPE
- Ongoing exposure to household contacts
- Bringing back positive staff early
- Differing testing timeframes (exposure, isolation, routine unvaccinated staff)
- Choosing test types

Questions?

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608-267-7711

https://www.dhs.wisconsin.gov/hai/contacts.htm

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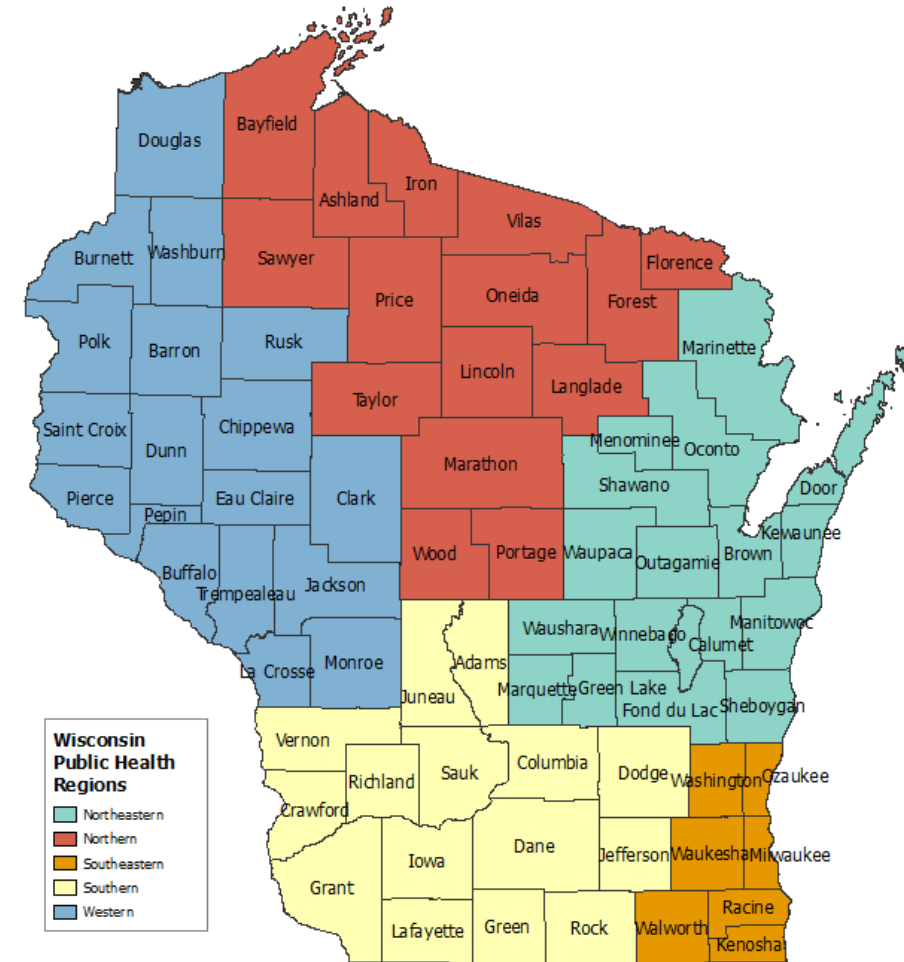
Have a topic idea? Leave it in the chat!

https://www.dhs.wisconsin.gov/hai/ip-education.htm

Upcoming LTC Education Session

Thursday, February 24, 2022
Part Two: COVID-19 Infection Prevention Observations from the Field