LTC Webinar
November 2, 2020

IOWA DEPARTMENT OF PUBLIC HEALTH

Protecting and Improving the Health of Iowans

IDPH
IOWA Department of PUBLIC HEALTH

All participants will be in listen only mode

Please enter questions using the Q & A box

A link to the recording will be sent to all registered participants after the call

Agenda

COVID vaccination update- Rebecca Curtiss

Memory care Unit mitigation measures

Outbreak checklist

Respiratory illness during influenza season Andy Weigel

NHSN reporting

MMWR

Update on COVID vaccination – Rebecca Curtiss

Memory care Unit Mitigation Measures

Consider the use of a face mask

Consider a supervised hand hygiene schedule

Encourage covering coughs and sneezes

Encourage social distancing

Cleaning and disinfection

Develop a schedule for increased routine cleaning and disinfection.

◦ Clean and disinfect frequently touched surfaces (e.g., door handles, doorknobs, and other handles, such as handles for wheelchairs, walkers or other mobility equipment, side rails, over-bed tables, nightstands, call lights, remote control devices, computer keyboards, telephones, toilets, sinks, and other bathroom fixtures).

◦ Ensure safe and correct use of cleaners and disinfectants. Use the appropriate contact times as indicated on the product's label. Refer to Disinfectants for Use Against SARS-CoV-2 (COVID-19) N list: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

Dedicate medical equipment. All non-dedicated, non-disposable medical equipment used for resident care should be cleaned and disinfected according to manufacturer's instructions and facility policies.

Ensure environmental cleaning and disinfection procedures are followed regularly. Guidelines for Environmental Infection Control in Health-Care Facilities: https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf?fbclid=IwAR2pFN9R0k_Mi1hBtJ3V38CGz5PGrGxaUC6fY7XPG1tPaVlCMwTQhhzyAl4

PPE

Consider using all recommended COVID-19 PPE for **all** resident encounters on the memory care unit, which includes face mask, eye protection, gloves, and gown. A fit-test N95 respirator or equivalent should be used when performing aerosol-generating procedures, which include things like endotracheal intubation and nebulizer treatment.

Follow CDC Optimizing Supply of PPE during shortages: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Ensure PPE is used correctly. Using Personal Protective Equipment (PPE): https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Cohorting

Consider potential risks and benefits of moving residents out of the memory care unit to a designated COVID-19 care unit. Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of residents and HCP; however, moving residents with cognitive impairment to new locations within the facility may cause disorientation, anger, and agitation as well as increase risks for other safety concerns such as falls or wandering. Facilities may determine that it is safer to maintain care of residents with COVID-19 on the memory unit with dedicated personnel.

◦ Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility, or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19.

◦ Identify HCP who will be assigned to work with COVID-19 residents.

Testing

Develop a testing plan in compliance with CMS guidelines.

Outbreak check list

Screen all employees for fever and symptoms of COVID-19. Ill staff should be sent home immediately.

Isolate all symptomatic residents in single rooms.

Cohort staff so that dedicated staff are working with ill residents and not with healthy residents.

Employees should use face masks and eye protection ALL times for ALL resident care.

Implement use of Transmission-Based Precautions. Follow Strategies for Optimizing the Supply of PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Visitation is generally prohibited. Refer to the CMS guidance for visitation recommendations during an outbreak situation.

Screen all residents for fever and symptoms of COVID-19 every shift.

Coordinate with local public health, EMS, and hospitals to plan for higher care needs (when and where to transfer and how to communicate COVID-19 risk to the transport team and accepting facility). Understand that the residents' illness may worsen on day 7 to 8 of symptoms.

Develop a testing plan in compliance with CMS guidelines.

Identify other healthcare facilities where staff work. Staff should not work in other facilities if possible, or should use a face mask with eye protection for all patient care in any healthcare setting.

Establish a plan for communication with staff, residents and families, public health, and the public.
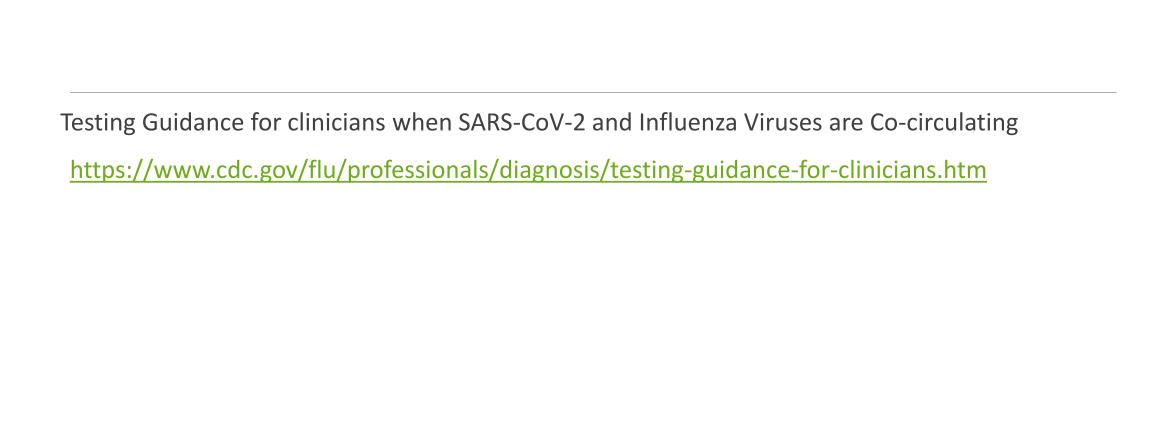
Develop a staffing contingency plan. Refer to CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Use an EPA-registered disinfectant from List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19

Bundle care activities to minimize the number of HCP entries into a room.

Ensure HCP receives training and competency validation on hand hygiene, PPE, and environmental cleaning and disinfection.

Respiratory illness during influenza season

Testing Guidance for clinicians when SARS-CoV-2 and Influenza Viruses are Co-circulating

https://www.cdc.gov/flu/professionals/diagnosis/testing-guidance-for-clinicians.htm

NHSN training for Covid point of care result testing

https://www.cdc.gov/nhsn/ltc/covid19/index.html

Recording to be posted soon

Two new times added,

Thursday 11/5   11:30- 12:30

Friday 10:30 – 11:30

MMWR SARS-CoV-2 Exposure and Infection Among Health Care Personnel

https://mail.google.com/mail/u/0/#inbox/WhctKJWJBVrRzkFrzpcjBHQMFgsjTzMxRwHkhkHpNZKTWQFnrMXXpgPWFGmrNVLKmFZfjkq

HCW should be aware of the risk of exposure outside of patient care

Proper use of PPE

Testing of staff and residents

Flexible medical leave

Staffing planning

Develop emergency staffing plan prior to need

Activate Emergency staffing plan as warrants

Engage local partners (local hospitals, emergency management, local public health, other LTC

Reach out to professional organizations

Questions

Thank you for joining us today

Submit questions using through the question and answer box

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