# PHE UPDATES, INFO, AND RESOURCES

**SUE SHUMATE AND SHARI KIST**
**QIPMO/ICAR WEBINAR**
**MAY 24, 2023**

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# IMPORTANT – CEU INFORMATION

### TODAY'S WEBINAR HAS BEEN APPROVED FOR 1-2 A/PC CEU HOUR(S)

## IN ORDER FOR MO LNHAS TO GET CREDIT:

- **It is REQUIRED that you complete a brief survey/evaluation via:**
  - ✓ A pop-up at the end of this webinar, *or*
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# LEARNING OBJECTIVES

1. Summarize current infection prevention and control guidelines from CDC, CMS, and DHSS.
2. Apply current guidance to revise and/or develop processes and policies for your facility.
3. Apply quality improvement processes to infection related Quality Measures (QMs).

News Today
**WHAT'S NEXT?**

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# CHANGE, CHANGE, CHANGE...

"We cannot direct the wind, but we can adjust the sails."

– Dolly Parton

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# MOVING TO POST-PANDEMIC

The **DHSS PPE Warehouse will end distribution of PPE items from the state cache on June 30, 2023.**

This change comes as the federal public health emergency comes to end today, May 11, the supply chain has stabilized resulting in adequate stock at suppliers, and COVID cases/outbreaks trend downward. The State of Missouri plans to maintain a PPE cache for future public health emergencies and enhance overall healthcare preparedness. Facilities should prepare for June 30th by working with multiple vendors to procure supplies and maintain adequate stock that accounts for potential order or allocation delays.

DHSS will continue to ship COVID antigen test kits and COVID/FLU antigen test kits as requested. For questions related to the end of PPE shipping, please reach out to sns@health.mo.gov.

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# RECENT CMS UPDATES

**QSO-23-10** **- NH Strengthened Enhanced Enforcement for Infection Control Deficiencies and Quality Improvement Activities in Nursing Homes**

– Concurrent Citations-F880 Infection Prevention and Control and F887 Vaccine Immunization Requirements for Residents Staff

– F880 Infection Prevention and Control-Actual Harm

– F880 Infection Prevention and Control-Immediate Jeopardy

– QIO Support

– And in Missouri----

      You always have QIPMO and ICAR too of course!

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# CMS- NEW

**QSO-23-13-ALL** **– Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)**

This memorandum outlines the expiration of the emergency waivers issued during the PHE related to the minimum health and safety requirements for Long Term Care (LTC) and Acute and Continuing Care (ACC) providers. Some include:

• 3-Day prior Hospitalization

• Alcohol-based Hand-Rub (ABHR) Dispensers (Life Safety)

• Preadmission Screening and Annual Resident Review (PASARR)

• Requirement for COVID-19 testing

• Focused Infection Control Surveys

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# CMS--Expired

**QSO-20-38-NH Testing Expired** - **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements**

- Effective 05/11/2023, this memo is no longer in effect.
- Testing for COVID-19 should be conducted by following accepted national standards, such as CDC recommendations.
- Noncompliance related to COVID-19 testing will be cited at F-tag 880.
- More information on the requirements regarding the identification of infections and communicable diseases can be found in Appendix PP of the State Operations Manual, F880 (42 CFR §483.80(a)(1) and §483.80(a)(2)(i).

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# CMS- Revised

**QSO-20-39-NH Visitation REVISED** - **Nursing Home Visitation - COVID-19 (Revised 5/8/23)**

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention and Control (IPC)

• Facilities should provide guidance (e.g., posted signs at entrances) about 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 (use of alcohol-based hand rub is preferred)

• Face covering or mask (covering mouth and nose) in accordance with CDC guidance

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# CMS- REVISED

**QSO-20-39-NH Visitation (cont.)**

• Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) These alerts should include instructions about current IPC recommendations (e.g., when to use source control). Cleaning and disinfecting of frequently touched surfaces in the facility often, and designated visitation areas after each visit

• Appropriate staff use of Personal Protective Equipment (PPE)

• Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)

• Resident and staff testing conducted following nationally accepted standards, such as CDC recommendations.

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# CMS—REVISION COMING

**QSO-23-02-ALL – Revised Guidance for Staff Vaccination Requirements**

• <u>Waiting</u> on revised QSO and DHSS update:
  – Staff COVID-19 vaccinations.
  – Education to be provided to staff, residents and family
  – Vaccination equity (availability to all wanting a vaccination)

**Although,** facilities should continue reporting health care personnel COVID-19 vaccination data through the Weekly COVID-19 Vaccination Module.

• CMS-certified facilities **must continue to report** healthcare personnel COVID-19 vaccination data through the Weekly COVID-19 Vaccination Module even after the PHE is declared over on May 11.

• COVID-19 Vaccination Coverage among Healthcare Personnel is part of CMS Quality Reporting Program.

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# THE BIG QUESTION!!!

To mask or not to mask? That is the question!!!



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# MANAGE THE RISK

As described in CDC's Core IPC Practices, source control remains an important intervention during periods of higher respiratory virus transmission.

*There are times where masks are useful to mitigate increased respiratory risk*

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# SOURCE CONTROL RECOMMENDATION

**Source control is recommended for individuals in healthcare settings who:**

- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or

- Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure

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

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# BROADER SOURCE CONTROL RECOMMENDATION

**Source control is recommended more broadly as described in CDC's Core IPC Practices in the following circumstances:**

- By those residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over (e.g., no new cases of SARS-CoV-2 infection have been identified for 14 days); or

- Facility-wide or, based on a facility risk assessment, targeted toward higher risk…patient populations (e.g., when caring for patients with moderate to severe immunocompromise) during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission

- Have otherwise had source control recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)

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# NEW—COVID DATA TRACKER

COVID Data Tracker will now display hospital admissions, deaths, and emergency department visits data as primary surveillance metrics for COVID-19. After May 11, the National Respiratory and Enteric Virus Surveillance System will become CDC's new source for testing data. County-level hospitalization data will be available at COVID-19 Hospitalizations, Deaths, and Emergency visits by Geographic Area.



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# COVID DATA TRACKER



New COVID-19 hospital admissions per 100,000 population, past week (total)

● Low (<10.0)  ○ Medium (10.0 to 19.9)  ● High (≥20.0)  ⦸ Insufficient data

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-county

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# ADDITIONAL SOURCES FOR METRICS

- Local public health departments—State or County
- Hospital partners
- NCIRD Surveillance (COVID-19, Influenza, RSV)
- ILINET (Influenza-like Illness)
- RESP-NET (Respiratory Virus Hospitalization Surveillance Network
  – Based upon reporting from 13 states

**\*Try to establish consistent masking practices with other agencies/facilities in your area.**

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# "PASSIVE" SCREENING

Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others (includes staff and visitors)

- Post signage at entrances that asks if an individual has:
  - o A positive COVID test, OR
  - o Close contact/higher risk exposure to someone with COVID, OR
  - o Symptoms of COVID-19 (list them out)

*\*May expand to include other respiratory illnesses*

- Other visual alerts about current IPC practices (i.e., hand hygiene, source control)—Date signage and keep fresh!

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# IT'S UP TO ALL OF US!



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# VISITATION IN OUTBREAK

- Outdoor visitation recommended (if resident not in isolation)

- Indoor visitation:
  - Counsel resident and visitor(s) on risk of in-person visit
  - Educate visitors on hand hygiene and PPE/source control
  - Visitors should ideally visit in resident room and limit time spent in other parts of the facility
  - Social distancing

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# Some Thoughts on Testing

Up to facility discretion, <u>but</u>:

- All with symptoms should be tested
- Outbreak Testing – contact tracing or broad-based
- If haven't done PCR testing recently, may need to check that process is still in place

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# Admissions: To Test or Not To Test

- Admission testing is at the discretion of the facility
- Residents who leave the facility for 24 hours or longer should be managed as an admission.

Consider factors that might indicate testing: COVID admissions, length of hospitalization, comorbidities (admission and general population), etc.

If testing is performed, it should not be based on vaccination status of the individual. If using an antigen test, a series of 3 tests 48 hours apart should be administered.

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# DURATION OF TRANSMISSION BASED PRECAUTIONS

Duration of transmission-based precautions for residents and return to work for staff are now in alignment:

- At least 10 days since date of first positive test, or
- 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

Test-based strategy:

- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT

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# RETURN TO WORK

Depends upon staffing strategy of **conventional**, **contingency** or **crisis** according to your policies.

Conventional Staffing:
- At least 7 days since the first positive viral test if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).
   - At least 7 days since symptoms first appeared with a negative test 48 hours prior to retuning to work (or 10 days if testing is not performed or if test is positive on day 5 – 7) 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.

Test-based Strategy:
- Either NAAT or antigen test should be used. If an antigen test is used, the HCP should have a negative test on day 5 and 48 hours later.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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# RETURN TO WORK

Contingency Staffing:

- Staff may return to work after at least **5 days** since positive test or first symptom. Keep in mind:
  - o The day of the positive test is considered Day Zero.
  - o Ensure that there is documented evidence to support the need for contingency capacity.
  - o Self-monitoring of symptoms should continue.
  - o Either a facemask or N95 should be worn at all times, even non-resident care areas.
  - o If source control is to be removed, such as for eating and drinking, they should be in an area away from uninfected staff.
  - o Physical distancing should be used as much as possible.
  - o Residents (if tolerated) should wear source control when interacting with infected staff member.

Suggestions for limiting the need for contingency staffing and related information can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

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# RETURN TO WORK

Crisis Staffing:

- Should be avoided if possible—last resort
- Assignments for infected staff should be considered to minimize transmission risk
- Staff working during this time should:
  - o Self-monitor of symptoms and report worsening of symptoms
  - o Either a facemask or N95 should be worn at all times, even non-resident care areas.
  - o If source control is to be removed, such as for eating and drinking, they should be in an area away from uninfected staff.
  - o Physical distancing should be used as much as possible.
  - o Residents (if tolerated) should wear source control when interacting with infected staff member.

  Guidance on prioritizing assignments can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

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# GUIDANCE REVISIONS IN ACTION



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# USE FACILITY SELF-ASSESSMENT

- Resident Characteristics – broad categories
    - Acuity (ADL/lifts vs complex wounds, vents, etc.)
- Services and Types of Care Available
    - ADLs, mobility, elimination, meds, psychosocial support, IPC, disease management
- Facility Resources Needed to Carry Out Care to your population
    - Staff, Providers, and outside resources  – skill set throughout building
    - Staffing plan and individual staff assignments
    - Training and competencies – comprehensive (psychosocial, IPC, person centered care
    - Policy and procedures
    - Physical plant
- Lab services – especially microbiology, processes for
- Antibiotic stewardship
- Water management plan
- Utilizing EMR and other reporting sources
    - https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf
    - https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf

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# USING EMR TO INFORM DECISIONS

- Who is at risk?
- 24-hour report
- Admission/Transfers
- Condition Change
- New orders

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# HAVE A PLAN……
# AND A BACK UP PLAN

- What if someone tests positive?
  - Carts, masks, notifications

- Space
  - Think through cohorting situations

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# STANDARD PRECAUTIONS

- Hand hygiene
- Environmental cleaning and disinfection
- Injection and medication safety
- PPE based on risk assessment of activities being performed
- Minimizing potential exposure (respiratory hygiene, cough etiquette, etc.)
- Reprocessing reusable medical equipment between each resident or when soiled

https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhicpac%2Frecommendations%2Fcore-practices.html

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# DEVELOPING IPC THINKING

- Where should PPE supplies be kept? Near where they will be used.

- Need a process to ensure supplies are restocked.

- Assist staff to consider how to apply guidance using real-life scenarios.

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# QAPI AND IPC



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# IPC TOPICS FOR QAPI

- Quality Measures
  - Urinary Tract Infections
  - Catheter Left in Bladder
  - Incontinence
  - Pressure ulcers
  - ED visits and hospitalizations
  - Vaccines (influenza, pneumonia, COVID)
- Compliance with Standards
  - PPE use – masking, selection of PPE, donning and doffing
  - Hand hygiene – ABHS and soap and water
  - Injection safety
  - Process for antibiotic stewardship
  - Cleaning shared equipment
  - Resident room cleaning (daily, deep cleaning, terminal)



Meaningful, documented audits can guide the process.

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# PDSA MODEL



**Aim:** What are you trying to accomplish? (RCA to clarify issue)

**Change:** What change can we make that will improve the situation?

**Measure:** How will you know that a change has occurred?

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# IMPLEMENTING 'THE CHANGE'

- May be an introduction of either a new device or process.
- Or may be 'reintroducing' existing practices.
- No matter the case, staff will need to be educated in an effective manner.
- Active learning strategies improve retention.
  - Hands on practice
  - Computer assisted learning
  - Scenarios



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# USING SHORT SCENARIOS TO DEVELOP IPC THINKING

- Preparing to enter a room to complete wound care. What, if any, PPE should be worn?

- A resident asks you to rinse her dentures. What do you do?

- Where would you find disposable gowns and eye protection when preparing to irrigate a large wound?

- What PPE should be worn to empty a catheter bag?

- During you shift you develop sneezing and sniffles. What do you do?

- Demonstrate how to clean glucometer, hoyer lift, etc.

- A resident refuses to go to the sink and wash her hands after using the restroom. What would you do? What would you say?

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# COMPETENCY DEMONSTRATIONS

- At hire and at least annually
- Includes everyone
- Multiple ways to achieve
  Skills fair, monthly, departmental

Competency Forms

https://spice.unc.edu/wp-content/uploads/2017/03/Hand-Hygiene-Competency-SPICE.pdf

https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf

https://apic.org/resources/topic-specific-infection-prevention/environmental-services/

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# ONGOING DOCUMENTED AUDITS

- Ongoing documented audits
- Sample of staff – not everyone
- Integrate into short scenarios to improve retention
- Consider involving other staff
- Guided by QA plan

**Audit Forms**

- https://nursinghomehelp.org/wp-content/uploads/2021/10/LTC-Hand_Hygiene_Observation_Tool.pdf

- https://www.cdc.gov/infectioncontrol/pdf/strive/HH102-508.pdf

- https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf

- https://www.cdc.gov/hai/toolkits/appendices-evaluating-environ-cleaning.html

- https://apic.org/resources/topic-specific-infection-prevention/environmental-services/

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# SUMMARY

- Use current guidance and community factors to implement processes that will maximize resident safety while respecting their personness.
- Continue to be flexible as situations evolve.
- Integrate the QAPI process into your post pandemic preparedness.

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# Updated ICAR Assessment

https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html
- ICAR Section 1 | Demographics
- ICAR Section 2 | Facilitator Guide Assessment Modules
  - Module 1 – Training, Audits, Feedback
  - Module 2 – Hand Hygiene
  - Module 3 – Transmission-Based Precautions (TBP)
  - Module 4 – Environmental Services (EVS)
  - Module 5 – High-level Disinfection and Sterilization
  - Module 6 – Injection Safety
  - Module 7 – Point of Care (POC) Blood Testing
  - Module 8 – Wound Care
  - Module 9 – Healthcare Laundry
  - Module 10 – Antibiotic Stewardship
- ICAR Section 3 | Observation Forms

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# QUESTIONS



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