COVID—Refresher and Reminders

PRESENTED BY

ICAR TEAM

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Post-Pandemic Note

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

This change comes as the federal public health emergency ended on May 11, 2023, the supply chain stabilized resulting in adequate stock at suppliers, and COVID cases/outbreaks trended downward. The State of Missouri plans to maintain a PPE cache for future public health emergencies and enhance overall healthcare preparedness. Facilities are advised to work with vendors to procure supplies and maintain adequate stock.

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.

"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:
  - A positive COVID test, OR
  - Close contact/higher risk exposure to someone with COVID, OR
  - 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!

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*

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

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…resident populations (e.g., when caring for residents 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)

Get Ready

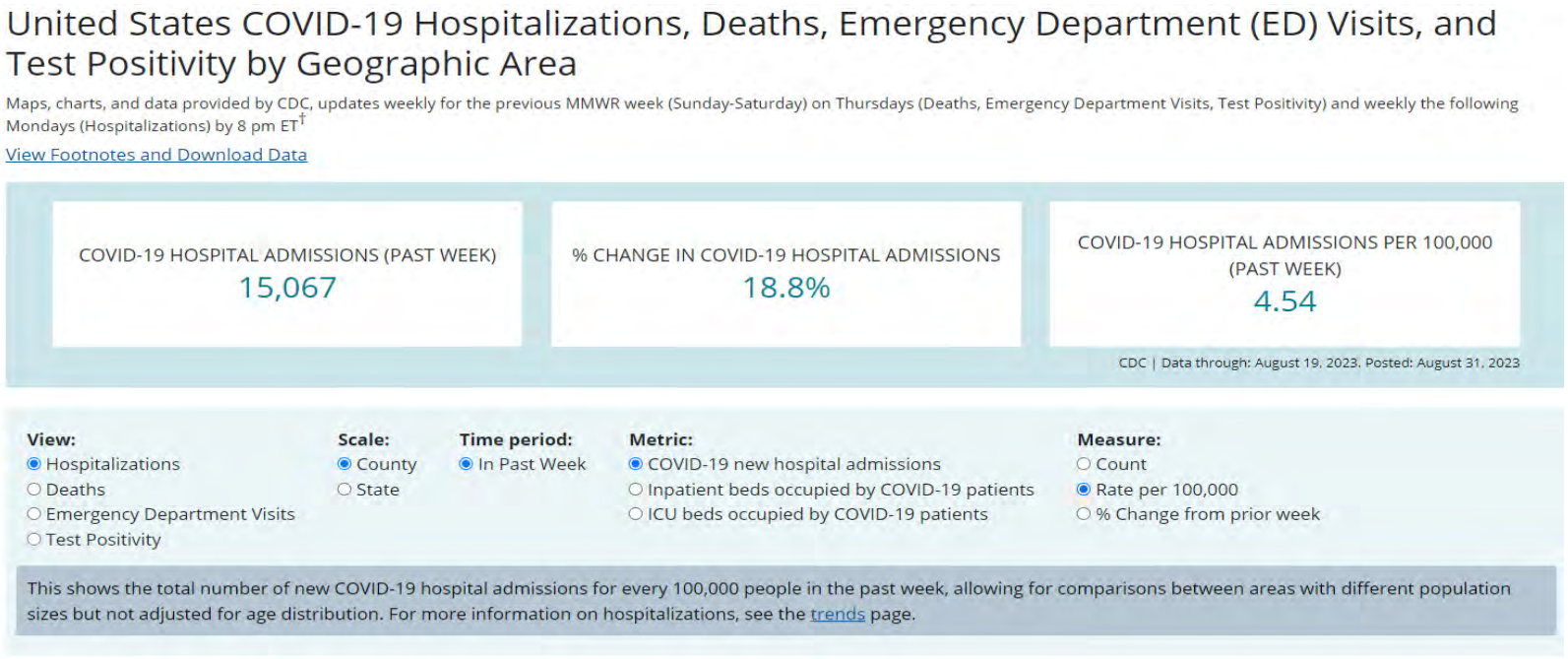
- Take inventory of PPE Isolation carts/storage units. Do they have:
  - N95 respirators
  - Gloves
  - Gowns
  - Eye protection
    - Cleaning products if eye protection is reused
    - Paper bags if stored until reuse
  - ABHS (alcohol-based hand sanitizer)
  - Trash receptacles (preferably inside the resident room and outside)

  *Now is the time to review PPE policies of donning, doffing, reusing or extending so staff compliance is consistent. Isolation supplies need to be available and accessible 24/7.

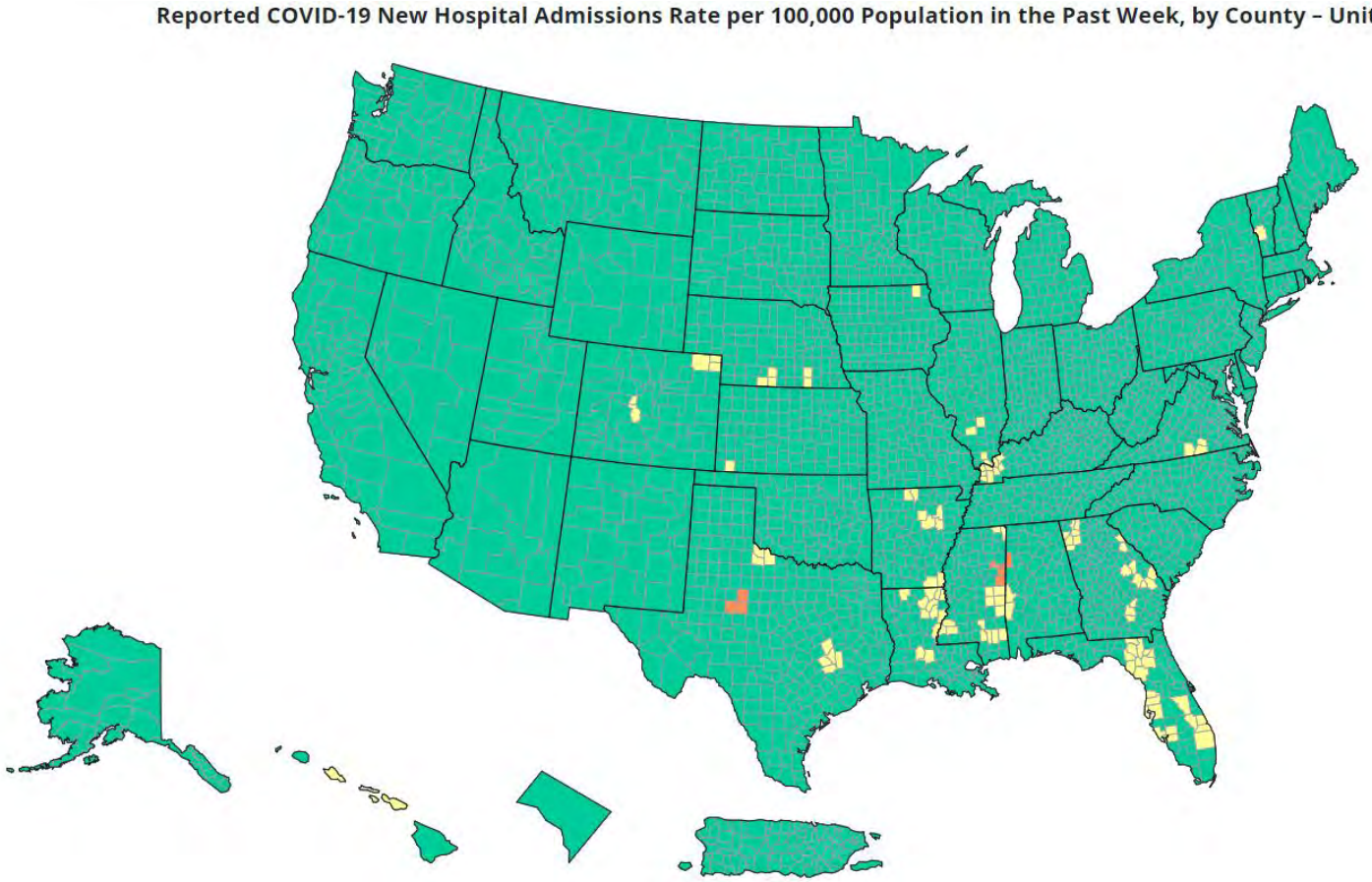
  ppe-sequence.pdf (cdc.gov)

NEW—COVID DATA TRACKER-LEVEL

COVID Data Tracker will now display hospital admissions, deaths, and emergency department visits data as primary surveillance metrics for COVID-19. County-level hospitalization data will be available at [COVID-19 Hospitalizations, Deaths, and Emergency visits by Geographic Area]. Use this information to guide masking policies.



NEW—COVID DATA TRACKER



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

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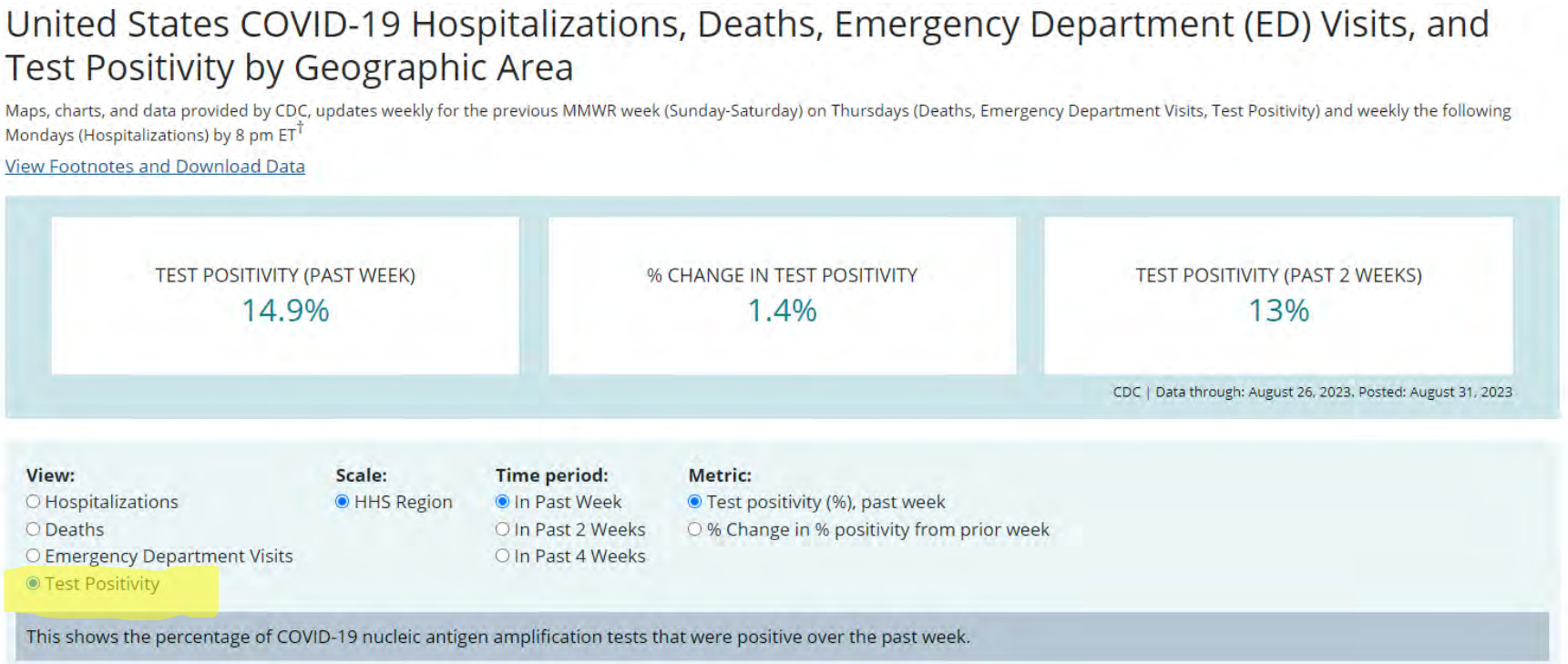
NEW—COVID DATA TRACKER-TRANSMISSION

After May 11, the **National Respiratory and Enteric Virus Surveillance System (NREVSS)** will become CDC's new source for testing data.



*Collaborate with medical director/providers, local public health agency, and hospitals for information on case numbers and masking practices.

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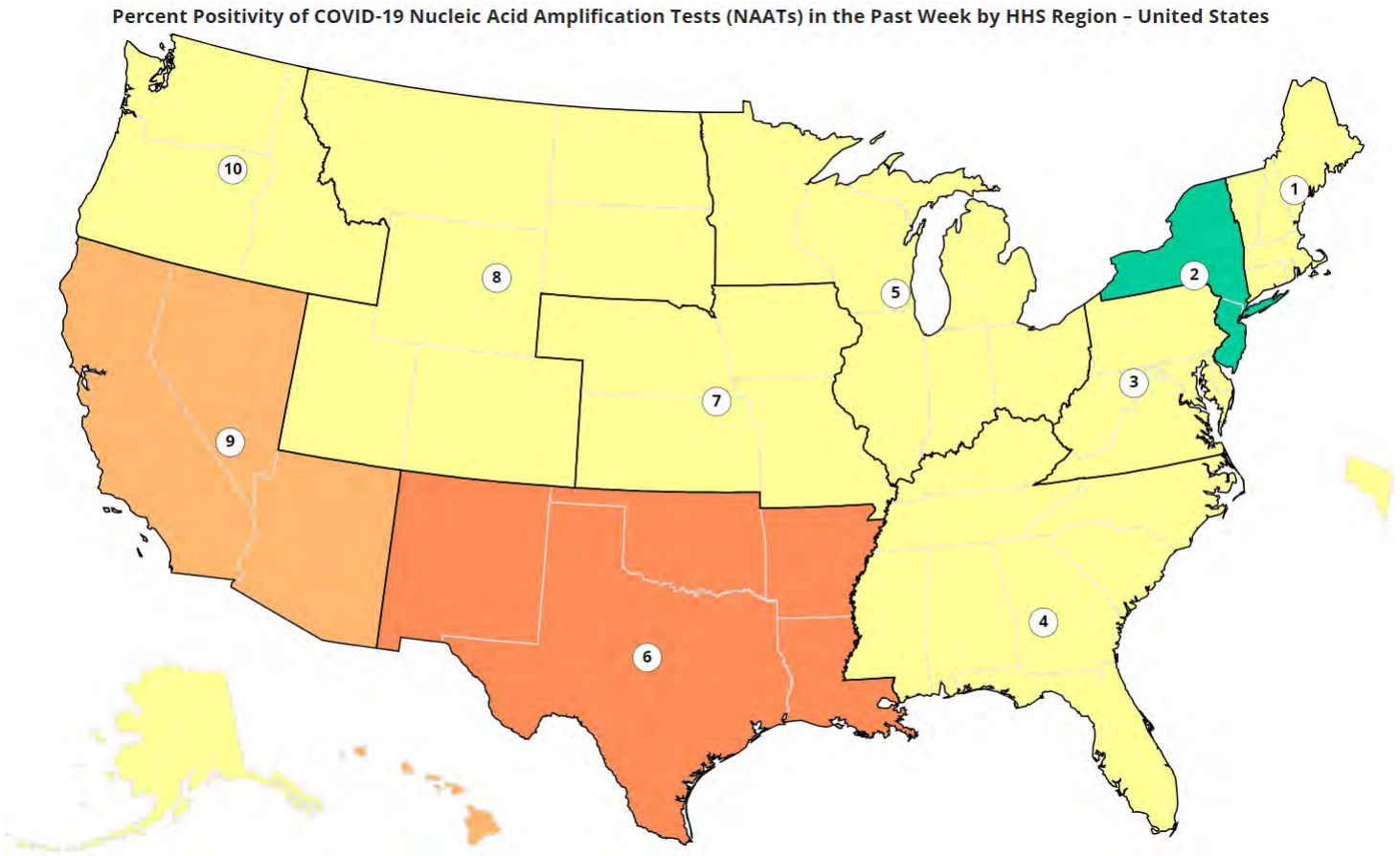
NEW—COVID DATA TRACKER



https://covid.cdc.gov/covid-data-tracker/#maps_positivity-week

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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

Visitation must be permitted. Communicate with families to understand their perspective and provide education about Core Principles of COVID IPC

Nursing Home Visitation -COVID-19 (REVISED) QSO-20-39-NH REVISED 05/08/2023 (cms.gov)

Some thoughts on Testing

Up to facility discretion, but:

- All with symptoms should be tested (residents, staff and visitors)
- Outbreak Testing – contact tracing or broad-based
  - Set of 3 tests for close contacts: 24 hours post-exposure (Day 1), Day 3, Day 5
  - Testing not recommended for those recovered from COVID within the past 30 days. Antigen tests should be used if testing if recovered between day 31-90.
  - If additional cases are identified, strong consideration should be given to shifting to the broad-based approach if not already being performed and implementing quarantine for residents in affected areas of the facility. As part of the broad-based approach, testing should continue on affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days.
- If PCR testing has not been performed recently, check with your lab provider on the current process.

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 antigen test, a series of 3 tests 48 hours apart should be administered.

Don't forget to Report

Report Positive Cases!

Facilities performing their own COVID-19 testing (antigen testing) must report positive results through one of the following portals:

1. Missouri Disease Reporting Online Portal (MODROP)
2. In bulk via HL7 or CSV file using the DHSS- Electronic Lab Reporting process
3. National Healthcare Safety Network (NHSN) or the Association of Public Health Laboratories (APHL) Informatics Messaging Services (AIMS) Platform.

Facilities using an external laboratory (PCR testing) must enter positive case information into Missouri Disease Reporting Online Portal (MODROP).
MODROP can be accessed directly from https://modrop.health.mo.gov/ or by using the existing ECD-1 link at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/case-reporting.php and selecting the MODROP button.

COHORTING

- Place a patient with suspected or confirmed COVID in a **single-person room**. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom or consider a bedside commode.
    - If cohorting, only residents with the **same respiratory pathogen should be housed in the same room**. (MDRO colonization status and/or presence of other communicable disease should also be taken into consideration during the cohorting process.)
- Consider a COVID unit if positive cases are high, and space is available. Would require dedicated staff.

*Remember, plastic barriers are no longer permitted.

*Contact your local health department or DHSS representative if there are issues with cohorting as stated above.

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

*Longer isolation periods may be necessary depending on severity of infection

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

Return to Work

Contingency Staffing:

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

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:
  - Self-monitor of symptoms and report worsening of symptoms
  - Either a facemask or N95 should be worn at all times, even non-resident care areas.
  - If source control is to be removed, such as for eating and drinking, they should be in an area away from uninfected staff.
  - Physical distancing should be used as much as possible.
  - 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

In Summary

- Review PPE and TBP with staff
- Update families on IPC practices
- Follow isolation/cohort guidance to avoid tags
- Remember to report cases
- EVS protocols
- And remember to educate on Hand Hygiene!

Contact ICAR Team

- Have a COVID or other infection prevention and control question?
- Need assistance with respirator fit test training?
- Looking for a helping hand with staff education/in-service?
- Been a while since your facility has had an infection control assessment?

We are here to help!

musonicarproject@missouri.edu

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Coming events

Webinar September 18th at 1:00pm cst

Vaccination and IPC Prep for Respiratory Illness Season — What You Need to Know

- *Presenters/Facilitators*: Sue Shumate; Danielle Chamness, Pharm.D., BCPS, BCGP, Director of Clinical Services, Corum Health Services

https://nursinghomehelp.org/events-webinars/ (to register)

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Resources

IPC Recommendation for Healthcare (updated 5/8/2023)

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

Return to Work guidance

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

Residential Care and Assisted Living communities may follow county guidelines

https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html

COVID Data Tracker

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

Infection Control Team

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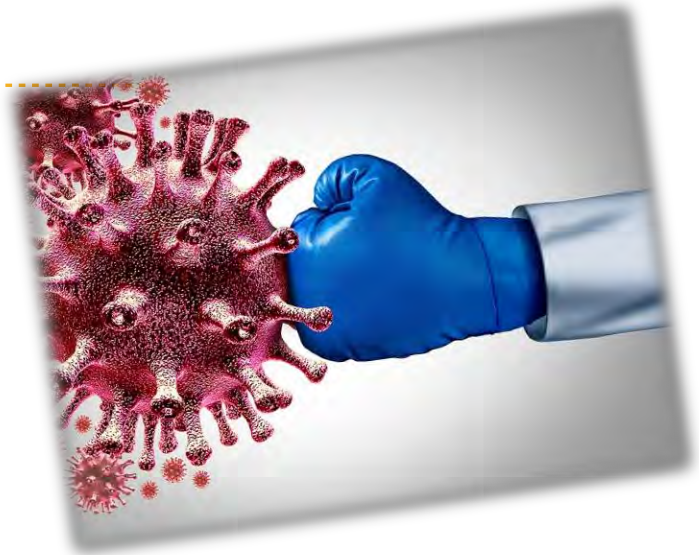

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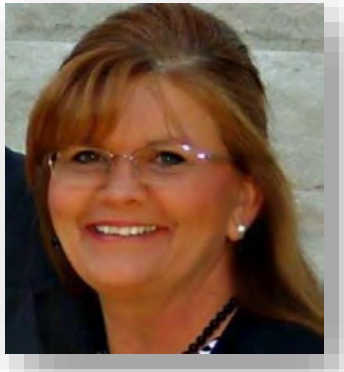

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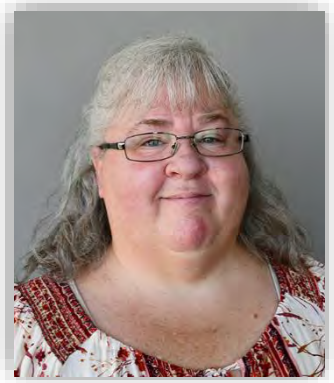

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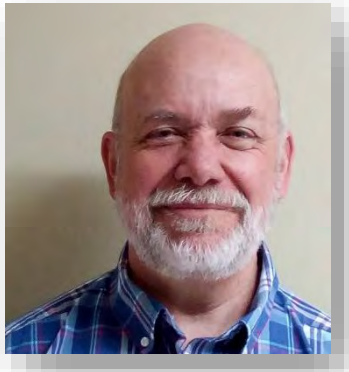

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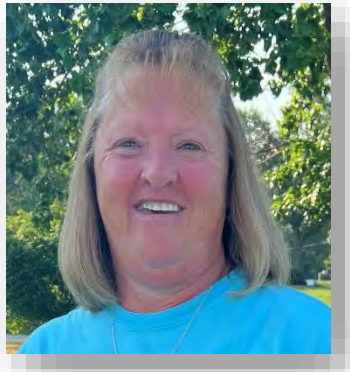

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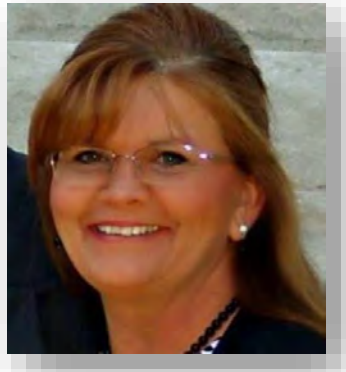

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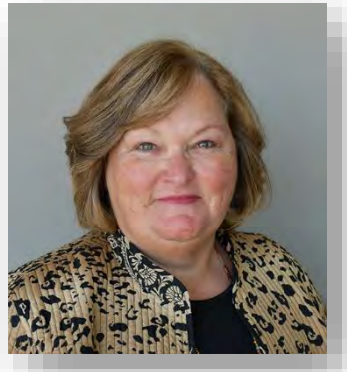

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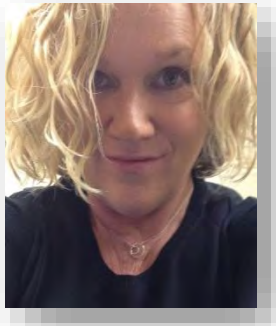

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