

LTC Webinar

April 12, 2021

IOWA DEPARTMENT OF PUBLIC HEALTH

Protecting and Improving the Health of Iowans



Thank you joining us today

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

The registration for today's webinar is a repeating invitation, when you register you are registered for the remaining scheduled webinars through February

Agenda

Updated CDC guidance

Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing homes (updated 3/29/21)

Updated PPE burn rate calculator

Strategies for optimizing the Supply of N95s

Panelists today:

- Nancy Wilde, IDPH

Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (3/29/21)

Two prior guidance documents, “Responding to COVID-19 in Nursing Homes” and “Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes” were merged with this guidance

Visitation and physical distancing measures were updated.

Added proper use and handling of personal protective equipment (PPE).

Added universal PPE use to align with the [interim infection prevention and control guidance for HCP](#).

Added addressing circumstances when quarantine is recommended for residents who leave the facility.

Added responding to a newly identified SARS-CoV-2-infected HCP or resident.

Added addressing quarantine and work exclusion considerations for asymptomatic residents and HCP who are within 90 days of resolved infection.

Create a Plan for Residents that Leave Facility

In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.

- Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.

Infection Prevention Training for LTC

A strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).

Even as nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and **remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP** from severe infections, hospitalizations, and death

CDC has created an [online training course external icon](#) that can orient individuals to this role in nursing homes

https://www.train.org/cdctrain/training_plan/3814

Frequently asked questions document

<https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/Vaccinations%2C%20Visitations%2C%20%26%20Other%20Topics%20Q%26A%20%281%29.pdf>

Topics include

- Dining
- Visitor PPE
- Isolating and Quarantining Residents
- Quarantining staff
- Screening for COVID-19
- New Admissions
- Visitation

Testing question

Do we need to continue testing fully vaccinated residents for COVID-19 if they show any symptoms that could be consistent with COVID-19 (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, and/or diarrhea)?

A: Yes. Any resident that is showing any symptoms that could be consistent with COVID-19 should be tested, regardless of the resident's COVID-19 vaccination status.

Link to guidance: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>

New Admissions

If a new admission is fully vaccinated, do they need to quarantine upon being admitted from a hospital or home?

A: Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days.

Link to guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

For specific guidance on new admissions, review the document titled “Discharge to LTC” on the IDPH COVID-19 Long-Term Care webpage

[<https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus/Long-Term-Care>].

Updated Burn Use Calculator

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

Two versions now available

Version 2 provides additional options for users to enter and view PPE data. Additional capacity for large facilities

Version 1 remains available and may be used, may be preferred for smaller facilities

Strategies for Optimizing the Supply of N95 Respirators

- Acknowledged that the supply and availability of NIOSH-approved respirators have increased significantly over the last several months
- For conventional capacity strategies
 - Added language on extended use of N95 respirators as source control
 - Added language on use of respirators with exhalation valves
- For contingency capacity strategies
 - Added a strategy to prioritize respirators for HCP who are using them as PPE over those HCP who are only using them for source control
 - For extended use of N95 respirators as PPE, clarified that N95 respirators should be discarded immediately after being removed
- For crisis capacity strategies
 - Removed the strategy of using non-NIOSH approved respirators developed by manufacturers who are not NIOSH-approval holders
 - Highlighted that the number of reuses should be limited to no more than five uses (five donnings) per device by the same HCP to ensure an adequate respirator performance
 - Removed decontamination of respirators as a strategy with limited re-use
 - Emphasized that facemasks for caring for a patient with suspected or confirmed SARS-CoV-2 infection should only be used for certain scenarios as a last resort if respirators are severely limited
 - Removed the table “Suggested well-fitting facemask or respirator use, based upon distance from a patient with suspected or confirmed SARS-CoV-2 infection and use of source control”

FDA issues letter regarding disposable respirators

[letters-health-care-providers/fda-recommends-transition-use-decontaminated-disposable-respirators-letter-health-care-personnel](#)

FDA recommends:

Limit decontamination of disposable respirators. Decontaminated respirators and respirators that have undergone bioburden reduction should be used only when there are insufficient supplies of new FFRs or if you are unable to obtain any new respirators.

Transition away from a [crisis capacity strategy](#) for respirators, such as decontamination of N95 and other FFRs.

Increase inventory of available [NIOSH-approved respirators](#)—including N95s and other FFRs, elastomeric respirators, including new elastomeric respirators without an exhalation valve that can be used in the operating room, and powered air-purifying respirators (PAPRs). Even if you are unable to obtain the respirator model that you would prefer, the FDA recommends that you obtain and use a new respirator before decontaminating or bioburden reducing a preferred disposable respirator.

CDC Travel Information

Fully vaccinated travelers are less likely to get and spread COVID-19.

People who are fully vaccinated with an FDA-authorized vaccine can travel safely within the United States:

- Fully vaccinated travelers do not need to get tested before or after travel unless their destination requires it
- Fully vaccinated travelers do not need to self-quarantine

Fully vaccinated travelers should still follow CDC's recommendations for traveling safely including:

- Wear a mask over your nose and mouth
- Stay 6 feet from others and avoid crowds
- Wash your hands often or use hand sanitizer
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

Vaccine Town Halls – Informational Sessions

IDPH working with U of I College of Public Health, ISU, and ISU Extension to present a series of three discussions to talk about the vaccine:

April 17 - 10 a.m.

April 19 - 6 p.m.

April 24 - 10 a.m. (presented in Spanish)

Dr. Pedati will participate in each of the sessions and will be joined by:

Dr. Pat Winokur, MD, Executive Dean, Carver College of Medicine; Co-Director, Institute for Clinical and Translational Science (ICTS); Professor of Internal Medicine – Infectious Disease on April 17 and 19

Dr. Alejandro Comellas, MD, Director, Clinical Research Support, ICTS; Clinical Professor of Internal Medicine - Pulmonary, Critical Care and Occupational Medicine, on April 24

ISU Extension will facilitate the sessions, with a short presentation by the docs, and then a Q&A

No fee or registration, just visit <https://www.iowacovidinfo.org>- the sessions are open to anyone

Thank you for joining us today

Submit questions using through the question and answer box

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The next webinar is April 26, 2021