Infection Prevention Office Hours

6/9/2023

LONG TERM CARE RESOURCE COLLABORATIVE | SOUTH CENTRAL LTC RISE

AGENDA

- **Overview of PA HAN 694**
  - Recommended Routine IPC Practices
  - Recommended IPC Practices for Exposed or COVID + Residents
  - Additional Considerations for LTC
- **Examples of Facility Practices**
- **New PA-HANs: Snapshots of 700 and 701**
- **Discussion and Questions**

The PHE Ended…but that doesn't mean the Pandemic has!

- COVID has not gone away just because the public health emergency has
- There may be higher amounts of transmission if a case is detected due to the easing of previous pandemic measures such as: universal source control, admission testing, etc.
- Facilities should have plans in place to address COVID response going forward
    - In meetings with the Rise partners, PA DOH has stressed that facilities establish *their own* policies/procedures based off of CDC recs **and follow them**
- PA HANs are based off of the CDC recommendations; facilities can use these to guide plans/policies/protocols
- This PP is meant to highlight the most current Infection Control recommendations from PA HAN 694; there have not been many changes from the prior recommendations but there are a few areas to note:
    - Cessation of previously reported CDC community transmission data
    - The need to identify which metrics will guide response efforts going forward
    - Updated implementing source control recs based on risk, including an appendix for broad use
    - Updated admission testing recommendations; now at the discretion of facility

PA-HAN 694 - Recommended Routine IPC Practices

General	• Encourage standard precautions with all healthcare delivery • Identify local metrics to gauge community transmission and guide response measures • Post visual alerts about current IPC practices/situations • Facilities with COVID outbreaks should notify and follow the recommendations of public health authorities • Assign one or more individuals with training in IPC to provide on-site management of the IPC program
Vaccination	• Encourage HCP, residents and visitors to remain up to date with vaccine doses • Offer education and resources for vaccination (such as holding clinics)

COVID-19 Screening	• Establish a process to identify individuals with COVID
	• Provide guidance (signage, educational flyers, etc.)to assure HCP, residents and visitors take the appropriate actions if they have any of the following:
	  ○ Positive COVID test
	  ○ Symptoms of COVID
	  ○ Close contact or high risk COVID exposure
	• Instruct HCP to report COVID s/s to Occupational Health for testing
	• Recommend deferring in person visitation if visitors have had high risk exposures, confirmed COVID or s/s of COVID

Source Control/ Universal PPE	• Allow use of source control based on personal preference if it is not being required by facility
	• HCP and healthcare facilities may consider using source control when caring for residents who are moderately to severely immunocompromised OR seasonally such as during the respiratory viral season
	• Source control is recommended for the following in healthcare settings:
	  ○ Suspected or confirmed COVID or respiratory infection
	  ○ For 10 days post a close contact COVID exposure
	  ○ When working on a unit with an active COVID or other respiratory pathogen outbreak
	  ○ If recommended by public health agencies
	• Healthcare facilities should consider implementing broader use of respirators and eye protection by HCP for resident care during times of increased community transmission

PA-HAN 694 - Recommended Routine IPC Practices - continued

Indoor air quality/ engineering controls	• Explore options to improve ventilation delivery and indoor air quality in all shared spaces • Consider physical barriers as needed to eliminate or reduce exposures for HCP
General COVID testing	• Test anyone with symptoms of COVID-19 • Asymptomatic individuals identified as a close contact of someone with COVID should have a series of three tests on days 1,3,5 • Testing is not necessary for asymptomatic individuals with COVID infection in the prior 30 days • Testing should be considered for those who had COVID in the prior 31-90 days; an antigen test should be used over a NAAT
General COVID exposure/outbreak response	• Facilities should have a plan for how COVID exposures will be investigated/managed and how contact tracing will be performed • A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated as an outbreak to determine if others in the facility could have been exposed; this may be via contact tracing or a broad-based approach. • Anyone with prolonged close contact should be considered potentially exposed; regardless of PPE/source control used • Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status • If facility transmission is suspected/identified or ongoing, consider expanded outbreak testing of HCP and residents as determined by the distribution/number of cases and ability to identify close contacts • If possible, outbreak testing should be repeated every 3-7 days until no new cases are identified for at least 14 days

PA-HAN 694 - Recommended IPC Practices for Exposed or COVID + Residents

General	• COVID quarantine residents and those with suspected infection should NOT be cohorted with residents with confirmed COVID infection unless they are ALSO confirmed to have COVID through testing

Managing residents with symptoms of COVID	• Place resident on COVID transmission based precautions (TBP) and test
	• If positive – continue TBP and follow recommended duration for confirmed positive residents
	• If negative -
	  ○ TBP may be discontinued if negative test was a NAAT unless COVID is clinically suspected (may want to keep on TBP and retest in 24-48 hrs)
	  ○ If negative was an antigen test, confirm result with a NAAT immediately OR another antigen test 48 hrs after first

Managing asymptomatic residents with close contact exposures	• In general, empiric TBP not indicated while being evaluated for COVID after close contact exposure but should wear source control x 10 days from exposure date
	• Residents should be tested on day 1, 3 and 5 post exposure (with exposure day being day 0)
	• If exposure date is unknown, test immediately (as day 1), day 3 and day 5
	• TBP should be considered in the following situations:
	  ○ Resident can't wear source control
	  ○ Resident is moderately to severely immunocompromised or residing on a unit with such residents
	  ○ Resident is housed on a unit with ongoing, uncontrolled outbreak
	  ○ For residents that met criteria for empiric TBP:
	  ▪ May be removed after day 7 if asymptomatic and all testing is negative OR after day 10 with NO testing

Placement of Resident	• Single person room, with dedicated bathroom for residents with suspected or confirmed COVID; close door as able • If cohorting is necessary, only residents with same pathogen should be cohorted (consider history of other MDROs also) • Consider designating COVID units/zones when number of COVID residents is high • If limited single rooms are available, or if numerous residents are simultaneously identified to have known COVID exposures or symptoms concerning for COVID-19, residents should remain in their current location

PA-HAN 694 - Recommended IPC Practices for Exposed or COVID + Residents - cont.

PPE	• COVID PPE includes N95, gown, gloves and eye protection • PPE used for residents with suspected or confirmed COVID should not be reused unless PPE conservation strategies are needed for dwindling supply

Visitation	• For the safety of the visitor, in general, residents should be encouraged to limit in-person visitation while they are infectious.
	• Visitation guidance for nursing homes is available from CMS.
	  ○ Counsel residents and their visitor(s) about the risks of an in-person visit.
	  ○ Encourage use of alternative visitor interactions such as video-call applications
	• Visitors should be instructed to only visit the resident's room

Duration of TBP for CONFIRMED COVID residents	• Residents that are not immunocompromised
	  ○ Mild to moderate cases = 10 days since s/s onset *(with improving symptoms and > 24 hrs since last fever without meds)*
	  ○ Mod to severe cases = 10-20 days since s/s onset *(with improving symptoms and > 24 hrs since last fever without meds)*
	  ○ Asymptomatic cases = 10 days since date of positive test
	• Residents that are moderately to severely immunocompromised
	  ○ Use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when TBP can be d/c.
	  ○ The criteria for the test-based strategy:
	  ▪ Residents who are symptomatic - Resolution of fever without the use of medications, s/s improvement and two negative respiratory specimens collected ≥ 48 hours apart
	  ▪ Residents who are asymptomatic - two negative respiratory specimens collected ≥ 48 hours apart

PA-HAN 694 - Additional Considerations for LTC

Reporting Considerations	• Stay connected with the healthcare-associated infection program in your state health department, as well as your local health department, and their notification requirements • When applicable, report SARS-CoV-2 infection data to National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module. See Centers for Medicare & Medicaid Services (CMS) COVID-19 reporting requirements.
Managing admissions	• Admission testing is at the discretion of the facility and based on data available to guide response • Residents who leave the facility for 24 hours or longer should generally be managed as a new admission
Ongoing outbreaks	• In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to Empiric use of Transmission-Based Precautions (quarantine) for residents and work restriction of HCP with higher-risk exposures • Facilities should always defer to the recommendations of the jurisdiction's public health authority • Visitation during ongoing outbreaks o If indoor visitation is occurring in areas of the facility experiencing an outbreak, it should ideally occur in the resident's room. o The resident and their visitors should wear well-fitting source control and physically distance during the visit. o Facilities should follow guidance from CMS about visitation. o Visitors should be counseled about their potential to be exposed to SARSCoV-2 in the facility
Considerations for implementing broader use of masking in healthcare	• Use of well-fitting masks in healthcare settings is an important strategy to prevent the spread of respiratory viruses • The overall benefit of broader masking is likely to be the greatest for residents at higher risk for severe outcomes from respiratory virus infection and during periods of high respiratory virus transmission in the community • Facilities should consider several factors when determining how and when to implement broader mask use including o For residents that may be at risk for severe infection o During periods of outbreak or increased facility incidence of respiratory illness o For all AGPs o Having only visitors and HCP mask in facilities where residents continually reside (to protect residents) o Based on other like facility's plans o If they have access to reliable community transmission data o Facilities could follow national data on trends of respiratory viruses o Some facilities might consider recommending masking during the typical respiratory virus season (approximately October-April)

Facility Examples of IPC Interventions

- **General IPC Practices/Education**
  - Increased IPC education through huddles and IPC auditing
  - Additional HCP training on standard precautions
  - Signage around expected IPC facility practices at entrance
  - Admission pamphlet education on facility COVID practices
  - Establishing IPC champs on units to help educate/audit
  - Establishing an IPC committee for information sharing; identify who is monitoring HANs
- **Vaccination**
  - Huddles to discuss vaccines
  - Vaccine clinics on site
  - Patient and family education bulletins/pamphlets
- **COVID screening**
  - Electronic screening machines
  - Signage at entrance
  - Paper questionnaires
- **Source Control/ Universal PPE**
  - Use widely during outbreaks
  - Require universal N95 on units of outbreaks
  - Use surgical masks if you may have been exposed
  - Discussion around using from Oct-March (during respiratory season)
  - Checking burn rate and establishing foundational knowledge of conservation strategies
  - Post visual steps for PPE don/doff
- **Indoor air quality/engineering controls**
  - Poly barriers at reception desks
  - Air scrubbing machines
  - Considering enhanced disinfection technology such as UV lights
  - Increase air filtration with dedicated portable air filtration systems, open windows, fans with directional flow to remove pathogens in building to open air if possible
- **General COVID testing**
  - Continue admission testing
  - Stocking up on testing supplies
  - Obtaining a CLIA waiver for in house testing
  - Consider outsourcing of testing if affecting daily operations
- **Outbreak response**
  - Crafting outbreak policies with clearly defined roles
  - Crafting a communication list with DOH contacts for reporting
  - Opting to go straight to unit-based testing when a positive is identified
  - Suspending communal activities when positives are identified
  - Increased high touch surface cleaning during times of outbreak
  - Practice IPC outbreaks/ tabletop drills
  - Designate visitation to resident rooms only or outdoors if able
  - Implement isolation and quarantine zones
  - Limiting admissions during times of large outbreaks
  - Consider empiric TBP/isolation during times of high outbreaks
  - Consider use of flexible scheduling or cross trained staff to fill in vacancies

PA-HAN-700 - Updated Reporting Requirements for COVID-19 following the end of the PHE (released 6/5/23)

- This guidance is intended to replace HAN 633 and HAN 635, and serve as an update to HAN 680

- COVID is no longer a mandated reportable condition in PA with the end of the PHE in almost all counties
  - Reporting of suspected or confirmed communicable diseases is currently mandated under PA state law
  - PA DOH requests that labs and other reporters continue to voluntarily report in PA-NEDSS
  - Labs /other reporters should stop reporting negative COVID results
  - COVID-19 remains a reportable condition in the following counties: Philadelphia, Montgomery ad Allegheny
  - Outbreak reporting remains a requirement

- The following reporting requirements continue:
  - Completing the Report of Death for COVID-19 in the Electronic Death Registration System (EDRS)
  - Mandatory reporting of COVID-19 vaccination data into the Commonwealth's immunizations information systems (PhilaVax for Philadelphia, PA-SIIS for the remainder of the Commonwealth)

- CMS certified long-term care facilities (LTCF) are required to report to the LTCF COVID-19 Module Surveillance Pathways (Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) on a weekly basis.

PA-HAN-701 - Outbreak Identification and Reporting (released 6/5/23)

- The recommendations for outbreak identification and reporting are designed to supplement general IPC recommendations in PA-HAN-694 and case reporting guidance in PA-HAN-700. This advisory replaces PA-HAN-540
- Outbreaks of COVID-19 in healthcare settings are reportable to the DOH Bureau of Epidemiology
- COVID-19 surveillance procedures should be outlined in a written policy and implemented to identify clusters; policy should include the following:
  - Identifying/ Tracking exposures to COVID-19 in pts and staff
  - Identifying/ Tracking COVID s/s in pts/staff
  - Identifying/ Tracking confirmed and probable cases
  - Alerting the facility's IPC program of outbreaks
- Outbreak definitions
  - HAN gives a table with facility-specific outbreak definitions **(see next slide for table)**
  - HAN confirms outbreaks can close when no additional cases have been identified after 14 days from previous case.
- Outbreak Reporting
  - Report COVID-19 outbreaks in healthcare settings by calling your local health jurisdiction or PA DOH at 1-877-PA-HEALTH (1-877-724-3258)
  - Facilities are not required to report every new case of COVID-19 once an outbreak is identified. Only an initial report of a new outbreak.
  - This Outbreak reporting does not replace other required or voluntary reporting such as COVID cases, admissions or capacity data as required by state and federal agencies
  - This Outbreak reporting does not replace the electronic reporting of COVID results in NEDSS

PA-HAN-701 - Outbreak Identification and Reporting (continued)

How do I know if it's considered an outbreak ??

TABLE: Definition of an COVID-19 outbreak within healthcare settings

Facility Type	COVID-19 Case	
	Patients or Residents	Healthcare Personnel
Hospital	≥2 cases of probable* or confirmed COVID-19 in a patient 4 or more days after admission for a non-COVID condition, with epi-linkage¶	≥3 cases of probable* or confirmed COVID-19 in HCP with epi-linkage§ AND no other more likely sources of exposure for at least 2 of the cases
Long-term Care Facilities	≥1 facility-acquired¶¶ probable* or confirmed COVID-19 case in a resident	≥1 probable* or confirmed COVID-19 case in HCP who was working in the facility while infectious
Outpatient Healthcare Settings	≥3 cases of probable* or confirmed COVID-19 cases in patients with epi-linkage¶ AND no other more likely sources of exposure for at least 2 of the cases	≥3 cases of probable* or confirmed case in HCP with epi-linkage§, AND no other more likely sources of exposure for at least 2 of the cases

*__Probable case__ is defined as a person meeting presumptive laboratory evidence. Presumptive laboratory evidence includes the detection of SARS-CoV-2 specific antigen in a clinical or post-mortem specimen using a diagnostic test performed by a CLIA-certified provider.

¶__Epi-linkage among patients__ is defined as overlap on the same unit or ward, or other patient care location (e.g., radiology suite), or having the potential to have been cared for by common HCP within a 7-day time period of each other.

Determining epi-linkages requires judgment and may include weighing evidence whether patients had a common source of exposure.

§__Epi-linkage among HCP__ is defined as having the potential to have been within 6 ft for 15 minutes or longer while working in the facility during the 7 days prior to the onset of symptoms; for example, worked on the same unit during the same shift, and no more likely sources of exposure identified outside the facility. Determining epi-linkages requires judgment and may include weighing evidence whether or not transmission took place in the facility, accounting for likely sources of exposure outside the facility

¶¶__Facility-acquired__ COVID-19 infection in a long-term care resident refers to SARS-CoV-2 infections that originated in the nursing home. It does not refer to the following:

- Residents who were known to have SARS-CoV-2 infection on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions (quarantine) on admission and developed SARS-CoV-2 infection while in quarantine.

Available COVID-19 Data Sources *(plus one non-COVID data source ☺)*

- **Respiratory Virus Hospitalization Surveillance Network (RESP-NET)**

https://www.cdc.gov/surveillance/resp-net/dashboard.html

- **Respiratory Virus Laboratory Emergency Department Network Surveillance (RESP-LENS)**
  https://www.cdc.gov/surveillance/resp-lens/dashboard.html

- **CDC COVID Data Tracker**

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

- **NON-COVID: National Respiratory and Enteric Virus Surveillance System (NREVSS)**

https://www.cdc.gov/surveillance/nrevss/index.html

Let's Discuss!

Remember - The Best Learning We Do is from Each Other!

- **What are your Questions?**
- **What are your Successes?**
- **What are your Challenges?**
- **Do you have any Topic Suggestions?**

- **We want to hear what your IPC needs/interests are for LTC Rise 2.0! Please take our survey!** https://www.surveymonkey.com/r/RKW7DRG

References and Helpful Resources

- **PAHAN 694 -** https://www.health.pa.gov/topics/Documents/HAN/2023-694-5-11-UPD-IPC%20for%20Healthcare.pdf
- **CMS End of PHE -** QS0-23-13-ALL (cms.gov)
- **CDC IPC Core Practices -** https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhicpac%2Frecommendations%2Fcore-practices.html
- **CDC LTC Site -** https://www.cdc.gov/longtermcare/index.html
- **NETEC LTC Resources -** https://netec.org/education-training/covid-19-educational-resources-training/long-term-care/
- **CMS CLIA Waiver Guidance -** https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf