Infection Control Is In Your Hands: What Have We Learned?

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CAHF Summer 2022, Monterey, California

Disclosures

- NewGen Health
- Infection Prevention & Control Resources
- Expert Stewardship
- Renew Healthcare
- Trident

Objectives

- Discuss COVID-19 and how we got to this point in time
- Review COVID-19 practices for nursing homes
- Emphasize Core Principles of Infection Prevention & Control
- Describe how to prepare for the future in infection prevention and control

What have we learned so far?

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- COVID-19 is not over!
- When we throw caution out the door, infections recur
- Core principles of infection control continue to be necessary to follow
- Stay current with guidance from public health
- Infection Control management in skilled nursing homes has changed, we may need to make changes as well!

COVID-19 Cases

May 17, 2022

- Globally: 523,633,468 confirmed
  - Deaths: 6,291,814
- United States: 84,377,216 confirmed cases
  - Deaths: 1,026,962
- California: 9,357,671 confirmed
  - Deaths: 91,091

June 17, 2022

- Globally: 543,316,589
  - Deaths: 6,338,474
- United States:87,861,132
  - Deaths:1,037,928
- California: 9,858,437
  - Deaths:92,057

Statistics retrieved May 17, 2022 from WHO dashboard at https://www.worldometers.info/coronavirus

COVID-19 in 2019

- Respiratory infections of unknown origin were seen in China in the last quarter of 2019
  - China reported this to WHO on December 31, 2019
  - First known death in China reported January 11, 2020
  - First known death in US reported in January 21, 2020 in Washington State
- The SARS-CoV-2 virus was identified to cause these respiratory infections now known as COVID-19
- Japan, South Korea, and the U.S. confirmed their first case of COVID approximately 3 weeks after the reported outbreak in China

COVID-19 in 2020

- March 11, 2020 –World Health Organization declared COVID-19 as a pandemic.
- By mid-year, there was talk of treatment with hydroxychloroquine, chloroquine, and remdesivir
- By early November, 2020 Pfizer submitted to FDA for approval of their vaccine, which was given EUA approval in December, 2020
- The FDA issued an EUA for Eli Lilly's bamlanivimab, a monoclonal antibody treatment that mimics the immune system's response to infection with SARS-CoV-2 and appears to protect high-risk patients with COVID-19 from progressing to more severe forms of the disease (November 9, 2020)
- One week after Pfizer approval, Moderna received their EUA approval

https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020

COVID-19 in 2021

- 2021 started off with mass offering of Emergency Use Authorized (EUA) vaccines
- COVID-19 virus mutated and gave us Alpha, Beta, and Delta variants causing millions of people to die
- By April 2021, 1 billion doses of COVID-19 vaccine were administered
- The end of the year brought us the Omicron variant, first identified in South Africa

https://www.news-medical.net/health/History-of-COVID-19.aspx

COVID-19 in 2022

- Omicron spread with a vengeance at the beginning of the year
- Omicron variant has mutated to many sub-variants
- The one we are currently dealing with is Omicron BA. 2.12.1
- The BA.2 and BA.2.12.1 together accounted for an estimated 93% of new COVID-19 cases in mid April, 2022
- It has been reported (by NBC) that this latest variant(BA.2.12.1) is 23-27% more transmissible than BA.2
  - No data to suggest that it causes more severe disease

https://www.ndtv.com/world-news-ba-2-12-1-all-you-need-to-know-about-new-omicron-ba-2-sub-variant-2904303]=47

COVID-19 in 2022

- Now on the horizon is BA 4 and BA 5 variants.
  - First seen in South Africa (69% of these variants seen worldwide comes from South Africa)
  - Many European countries have detected these variants as well as the U.S.
  - As we continue to see, with each new iteration of variants, it seems to be more transmissible
  - We are always concerned that these new variants may escape the effectiveness of the vaccines

Geddes, L. (May 12, 2022) Five things we've learned about the BA.4 and BA.5 Omicron variants. Retrieved from https://www.gavi.org/vaccineswork/five-things-weve-learned-about-ba4-and-ba5-omicron-variants)

Core Principles of Infection Prevention and Control

- Screening of staff and visitors
  - This includes routine testing and response testing when indicated
- Hand hygiene
- Physical distancing
- Appropriate PPE use
  - Know when N95s are needed
  - Ensure that goggles/eye protection are used when indicated
- **Monitoring the practices of the staff**
- Environmental cleaning and disinfection
- Vaccination for staff and residents
  - Continue to provide education on COVID-19 vaccination (F Tag 887) and provide vaccination when accepted by residents and staff (F Tag 888)

The Future of Infection Control in Long-Term Care Facilities

- According to AFL 20-85, dated November 9, 2020 (in compliance with AB 2644):
  - ALL skilled nursing facilities (SNFs) must have a FULL-TIME dedicated Infection Preventionist nurse in the facility.
    - This means 40 hours per week
    - If you are using 2 nurses to cover this position, both need to have IP certificates
    - If you promote a nurse from within to IP position the person has 30 days to get certified, if new hire the IP has 90 days to get IP certified

The Future of Infection Control in Long-Term Care Facilities (continued)

- Must have a plan for infection prevention quality control, and annual training in infection prevention and control for all health care personnel (HCP)
- AB 2644 also requires SNFs to report communicable disease data to the California Department of Public Health (CDPH) during a declared emergency related to the communicable disease, including data on each disease-related death that must be reported within 24 hours
  - Facilities must notify residents and their representatives and family members about cases of the communicable disease within the facility

IP Training Classes Available

- CDC-online course at www.train.org
- Infection Prevention & Control Resources-in person website www.InfectionPreventionResources.com
- CDPH-online course at www.cdph.ca.gov/Programs/CHCQ?HAI/Pages/IP_TrainingforSNFs_OnlineCourse.aspx

Training for IP Topics

- Topics in the IP training to include:
  - The Role of the Infection Preventionist
  - Core Infection Prevention Practices
  - Standard, Enhanced Standard, and Transmission-Based Precaution
  - Introduction to microbiology
  - Common infectious diseases i.e., scabies, norovirus, influenza, legionella
  - MDROs and Clostridioides difficile management
  - Antibiotic Stewardship
  - Outbreak management
  - Infection Prevention Assessments of your Infection Control Program
  - Regulatory requirements
  - Employee Health and prevention of infections
  - Aerosol Transmissible Disease Program & Bloodborne Pathogens

What Have we Learned from COVID-19?

- Allow for adequate time for infection preventionist to do her work
- Your IP may likely need a back-up person who is certified in Infection Prevention and Control.
- Do not take your eye off the ball! COVID-19 is still with us!
- Continue to monitor your staff's infection control practices
- Continue with routine screening of staff
  - CDPH strongly recommends twice a week COVID-19 testing (AFL 20-53.6) for all staff regardless of vaccination status

Moving Forward

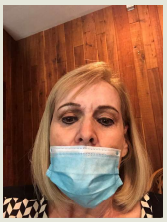
- At this point, all healthcare workers (HCW) should be up-to-date with their vaccines or have submitted an acceptable and approved medical or religious exemption
- Those with an acceptable exemption require twice a week COVID-19 testing.
  - These health HCWs must wear an N95 respirator throughout the facility (red, yellow and green zones)
  - Those with exemptions from vaccination are NOT exempt from wearing an N95 respirator
- Ensure you have an N95 fit testing program, and that you are tracking which respirators your staff has been tested for.
  - If the N95 model runs out of stock, you will need to do fit testing for your staff for the new available model

Reminder for N95s and other Face Protection

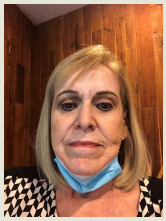
- N95s must be worn in red and yellow zones and when facilities are in substantial to high transmission areas (according to CDC) and must be worn in green zones
  - Once in moderate transmission, green zone can go to wearing face masks, except the unvaccinated and un-boosted must still wear N95s
- When making rounds in facility ensure that all who wear an N95 are wearing them correctly
  - Proper seal
  - No facial hair when wearing an N95 respirator
- All face protection, be it N95 or face masks must be worn to cover nose and mouth!

Observe your Staff

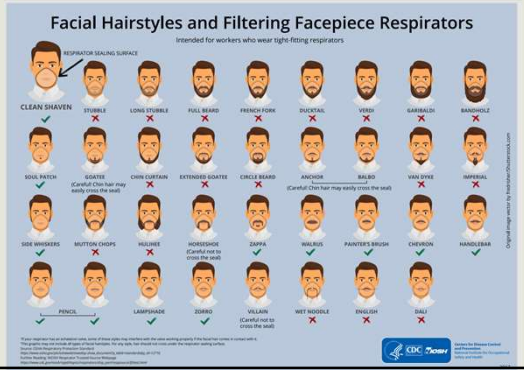
Correct Way



Wrong Way



Very Wrong Way



Testing and Quarantine (AFL 22-13, June 9, 2022)

- Newly admitted residents and those who have left the facility for >24 hours, **regardless of vaccination status**, should have a series of 2 viral tests for SARS-CoV-2 infection, immediately upon admission and, if negative on the first test, again 5-7 days after their admission
- Quarantine is not required for newly admitted or readmitted residents who are boosted or have recovered from COVID-19 infection within the past 90 days
- New admissions or readmissions of residents who have left the facility for >24 hours and **ARE UNVACCINATED** or have not gotten their booster and are eligible for the booster, should be quarantined in a single room or separate observation area for at least 7 days from admission or last potential exposure until results are available from COVID-19 testing obtained within 5-7 days from their admission.

Definition of Boosted or Up-to-Date Vaccinated

- At this time, up-to-date vaccinated, according to health experts means:
  - Have received the full series (2 doses of Pfizer or Moderna or one J&J vaccine) AND
  - Have received ALL **recommended** booster doses
    - For our residents this means 2 booster doses
  - Those who are not booster eligible for their booster can still be considered up-to-date
    - They have 15 days from when they might be due to get their booster.

Isolation of Residents

- Residents who test positive should be placed in a separate unit (red zone) with a separate entrance/exit, separate break room, and separate nursing station and bathroom.
  - Dedicate staff to this zone
- They should be isolated for 10 days
  - If they are isolated in the acute for some of those 10 days, the facility should complete the 10 days, not start over
- For residents that are considered moderately to severely immunocompromised they may have a longer infectious period and require 20 days of isolation
  - Consult with infectious disease specialist or use a test-based strategy

Moderate to Severely Immunocompromised (CDC)

- People are considered to be moderately or severely immunocomprom
  weakened immune system) due to several types of con
  treatments. Examples include:
  - Been receiving active cancer treatment for tumors or cancers of the blood
  - Received an organ transplant and are taking medicine to suppress the immune system
  - Received chimeric antigen receptor (CAR)-T-cell therapy (a treatment to help your immune system attach to and kill cancer cells) or received a stem cell transplant (within the last 2 years)
  - Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
  - Advanced or untreated HIV infection
  - Active treatment with high-dose corticosteroids or other drugs that may suppress their immune response

Isolation of Healthcare Workers

- People who are infected, and have symptoms, isolation can end at least 5 days after the start of symptoms (if you are in a staffing crisis)
  - If asymptomatic but test positive, they isolate at least 5 days from day specimen is collected
  - After the 5th day (on day 6) HCW can work, but should wear a N95 or other well fitted mask around others for an additional 5 days
  - If after 5 days symptoms develop, they need to start their 10 isolation period over (starting from day symptoms appeared)
- Up-to-date with vaccinations (meaning initial series and then boosted) staff who have had an exposure to a positive case, **do not** need to quarantine unless they are symptomatic and test positive.

CDC.Ending isolation and precautions for people with COVID-19: Interim Gidance (Updated January 14, 2022.) Retrieved May 9, 2022 https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

Response Testing

- All HCWs who have had a higher-risk exposure and residents who have had close contact with a positive SARS CoV-2 person, regardless of vaccination status, should be tested (no sooner than 2 days after exposure) and if negative, test again 5-7 days after exposure.
  - Up-to-date vaccinated residents who are close contacts with a positive case should wear source control but do not need to be quarantined
  - In a facility that has ≥90% of residents and staff fully vaccinated, restriction from work or quarantine, is not recommended for people who have had COVID-19 infection in the last 90 days if they remain asymptomatic
- If the health department or facility determines contract tracing is not feasible, serial retesting of all residents and staff (regardless of vaccination status) who have tested negative on prior testing rounds, should be performed every 3-7 days until no new cases are identified over 14 days of testing

CDPH AFL 20-53.6 dated December 27, 2022

Clarification on COVID-19 Tests

- PCR-polymerase chain reaction
  - The more sensitive test that detects SARS-CoV-2 RNA
  - Can detect the RNA even after infection has resolved, for at least 90 days or more
  - Should not repeat this type of test for at least 90 days after infection
- POC –point-of-care, rapid antigen test
  - This test has high sensitivity to detect active infection (proteinaceous material of actual virus)
  - Can be used to test for infectiousness of a person
  - Can be used within the 90 days after COVID-19 infection

COVID-19 Vaccination

- Continue to offer and teach the risks versus benefits of COVID-19 vaccination (F Tag 887)
- Continue to impress upon your residents and staff that a second booster after 4 months since their first booster provides added protection
  - As time passes from last booster, immunity wanes
- Important message to convey: Boosters can prevent Long COVID-19!
- Share this with residents, families, and staff

Work Closely with your Public Health Partners

- Each facility should have a relationship with their public health partners
- It is always advisable to check with them to see what they recommend on how to manage cases of COVID-19
- When reporting an outbreak (one or more new cases of COVID-19 in either staff or resident) DO NOT ASK IF YOU SHOULD STOP ADMISSIONS! They will tell you if it is needed!
- They may open an "outbreak" but not require you to stop admissions
- Be sure to get any directions from them in writing

Visitation

- According to CMS and CDPH, all residents should be permitted to have visitors at all times (CMS QSO -20-39, revised March 10, 2022)
- In compliance with the Public Health Order issued February 7, 2022, SNFs must verify and document visitors are either:
  - Fully vaccinated or
  - Have provided evidence of a negative SARS CoV-2 test within one day of visitation by antigen tests, or within 2 days of visitation with PCR tests **for indoor visitation**
- Without proof of vaccination or negative SARS CoV-2 test, only outdoor visitation will be permitted.

CDPH AFL 22-07 issued February 7, 2022

Visitation

- Residents need visitation for their psycho-social well-being
- Work with the families, but assure them you are open for visitation
- There is no specific time limit for visitation
- Visitors should not be told they have to make appointments
- Even though we are mandated to have open visitation, facilities have to ensure safety for all residents
- Reinforce physical distancing and masking

How to Prepare for the Future

- Consider having more than one person certified in infection control
  - The position is a 40 hour a week position
- Provide adequate support and time for your IP to do the job
- Review your practices and update your mitigation plans accordingly
- Continue to educate on the importance of vaccinations and provide them to staff and residents when there is interest.

Survey Readiness

Slide provided with permission from Infection Prevention & Control Resources Boot Camp

COVID-19 Becoming Part of the New Norm

- During this fall-to-winter period, 3 factors may come together to place the U.S. at risk of COVID-19 infection (especially for those not up-to-date with their vaccines)
  - Waning immunity from prior vaccine or prior infection
  - Further mutation of SARS-CoV-2 virus
  - Seasonality of respiratory virus infections (when people usually move activities to indoors)
- "Society is moving toward a new normal that may include annual COVID-19 vaccination alongside of seasonal influenza vaccination".

Marks, P., Woodcock, J., Califf, R. (May 2, 2022). COVID-19 vaccination—Becoming part of the new Normal. JAMA, published online May 2, 2022. Retrieved May 9, 2022 from https://jamanetwork.com/journals/jama/fullarticle/2792030?

In Summary……..

- COVID-19 is not over!
- Stay vigilant with your core infection control practices
- Continue screening practices on staff and visitors
- Remember not to do PCR testing on anyone who has had COVID-19 infection in past 90 days
- Continue educating staff and residents on importance of staying up-to-date with COVID-19 vaccines and boosters
- Allow visitation for all residents-you may have to be creative in how you accomplish this!

Questions???????