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CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

Nursing Home Leadership COVID-19 Roundtable and Office Hours

Dr. Buffy Lloyd-Krejci, DRPH, CIC

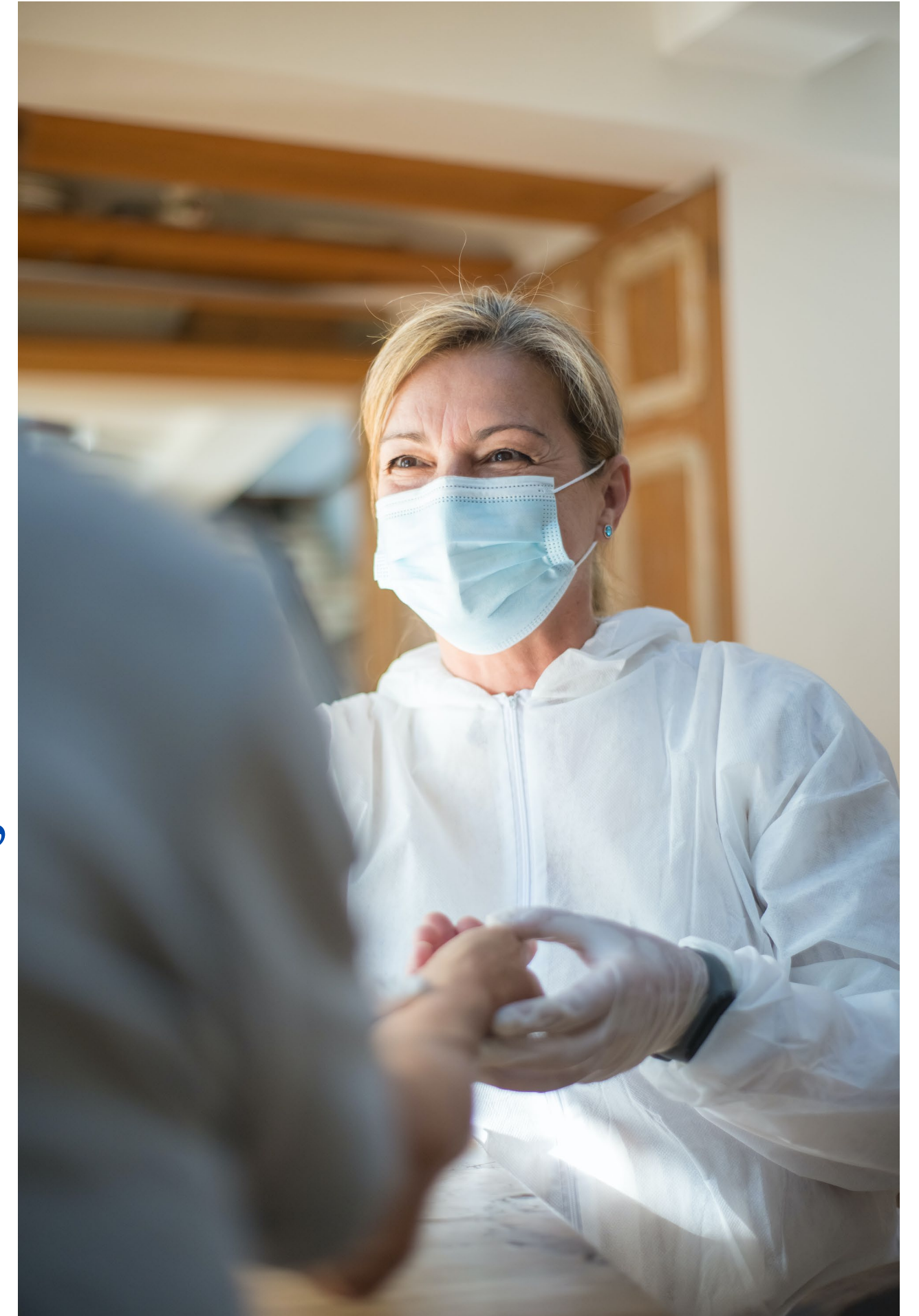
September 14, 2022



IPCWELL

COVID-19 Prevention, Containment, and Mitigation Strategies

DR. BUFFY LLOYD-KREJCI, DRPH, CIC



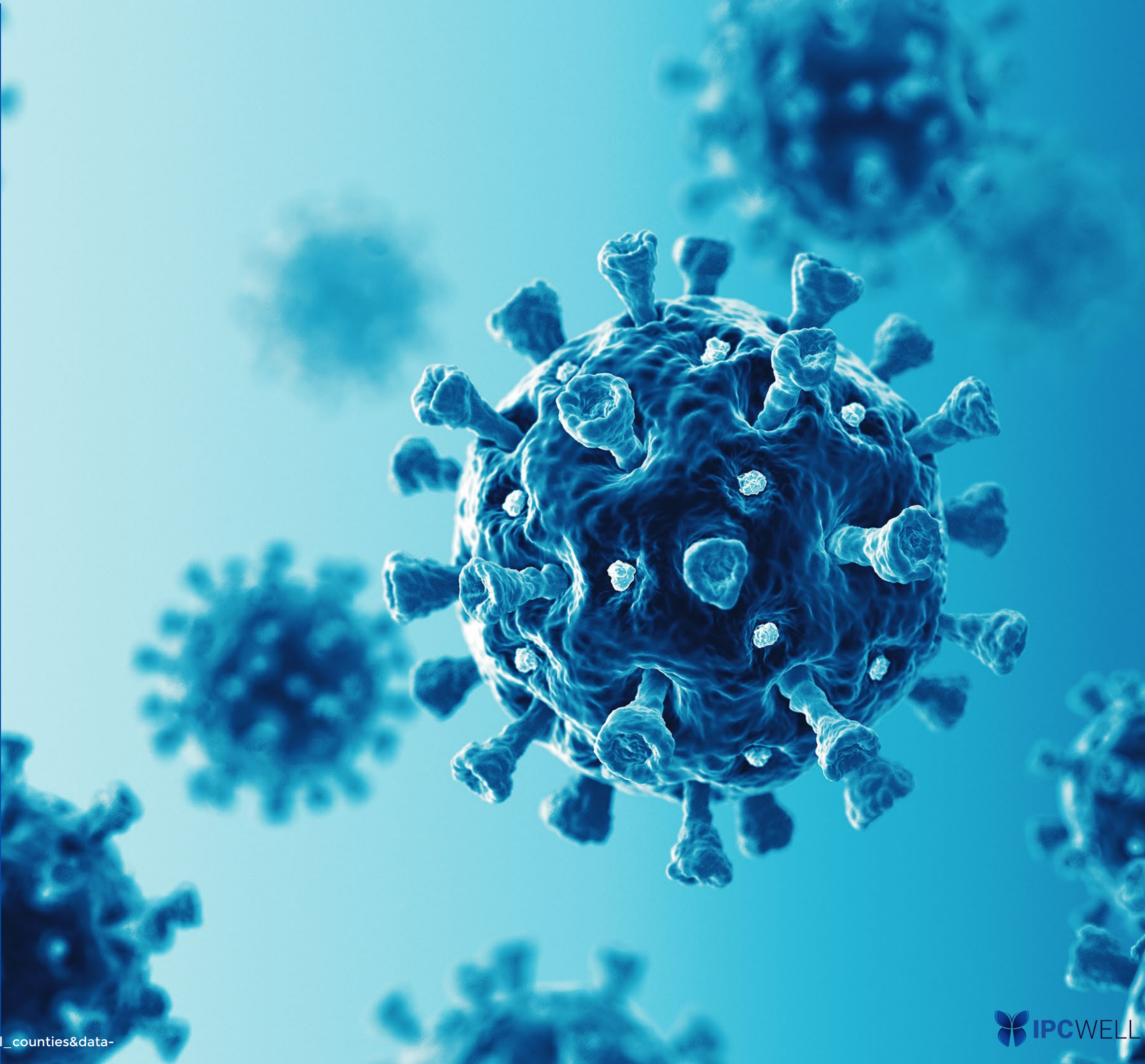
Objectives

- **Update on COVID-19 Community Transmission**
- **Review COVID-19 Quarantine and Isolation Guidance**
- **Explore the F880 Infection Control Revisions**
- **Discuss the new CDC Enhanced Barrier Precautions Recommendations**

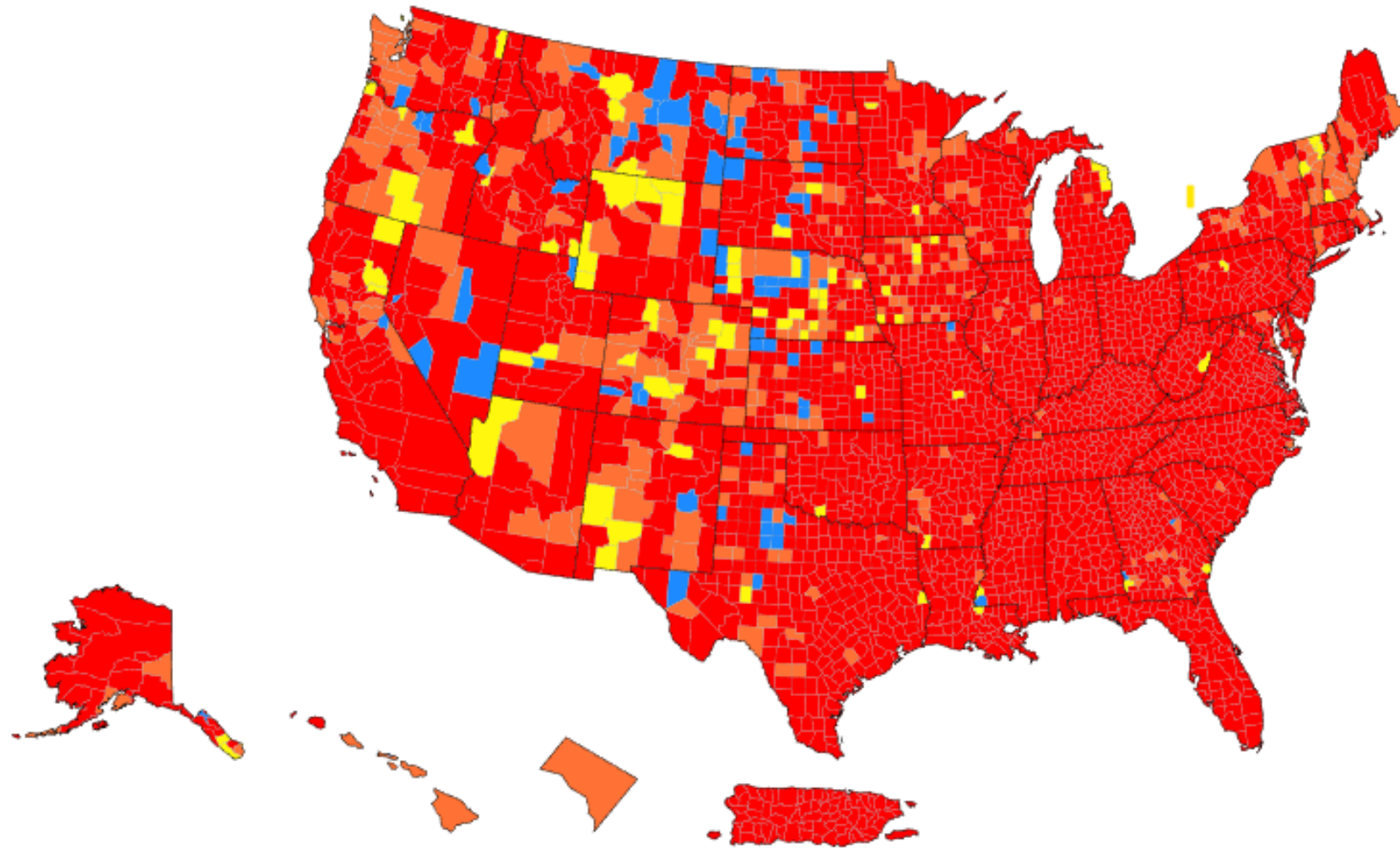
COVID-19 Community Transmission Rates

If the LTCF's COVID-19 community transmission level is substantial to high in their county, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance at all times.

In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are not up to date with all recommended COVID-19 vaccine doses.



US COVID Transmission



Community Transmission in US by County

	Total	Percent	% Change
High	2750	85.35%	- 3.72%
Substantial	310	9.62%	2.73%
Moderate	83	2.58%	0.4%
Low	79	2.45%	0.59%

[How is community transmission calculated?](#)

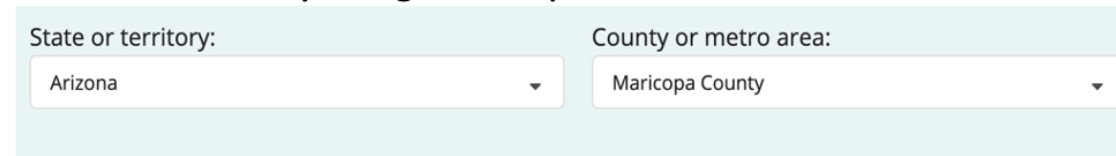
Thursday, September 8, 2022

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

How to find the Community Transmission Levels on the CDC?

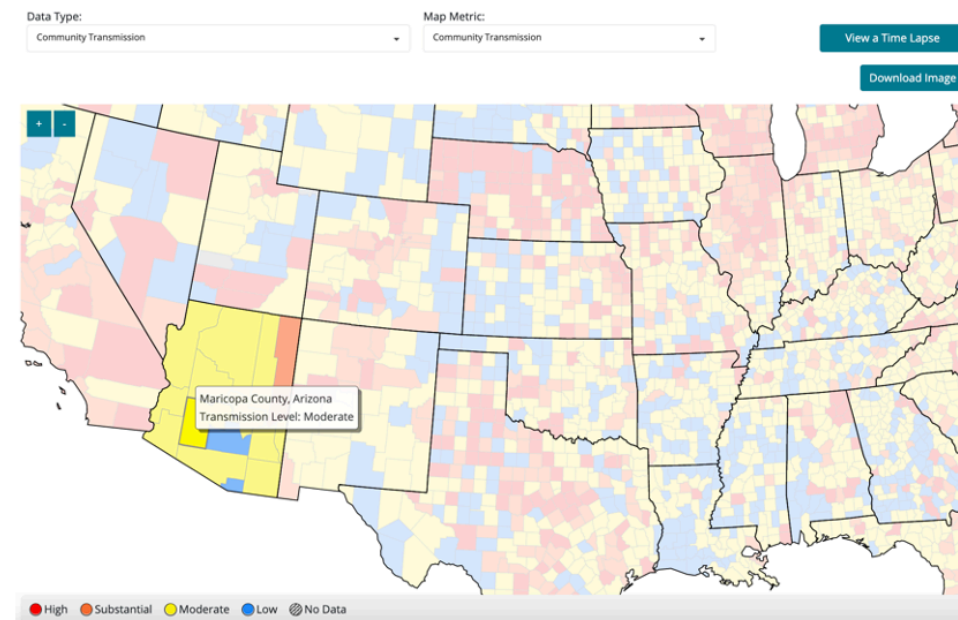
Finding Community Transmission Levels

1. Go to the [County View](#) tab of CDC's Data Tracker website.
2. Select a state and county using the dropdown selections:



State or territory: Arizona
County or metro area: Maricopa County

3. Scroll down to the map. Verify the "Community Transmission" data type is selected (select from the dropdown if this is not already selected). Hover over the county in the map to display the Community Transmission Level:



4. **Past community transmission levels:** Scroll down to "County Level Timeseries Data for [State]" and click it to expand the list and view previous community transmission levels. To download past community transmission levels, [Click](#) on "Download Data." This will download all timeseries data for the selected county.

COVID-19 Vaccination Updates

When Are You Up to Date?

- You are **up to date** with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.
- Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose.
- People who are moderately or severely immunocompromised have [different recommendations for COVID-19 vaccines](#).
- FDA advised COVID-19 vaccine manufacturers to update their COVID-19 vaccines with an Omicron-specific component. These new “bivalent” vaccines will more effectively fight the Omicron strains of COVID-19.
- The bivalent COVID-19 vaccine will be administered as a single booster dose to those who previously completed a primary vaccine series.
- The bivalent booster replaces existing booster formulas, meaning individuals will not have a choice in which booster to select.
- The recommendations also confirmed that co-administration of the bivalent and influenza vaccine are allowed without contraindications.

[Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#)
[CDC Fall Vaccination Operational Planning Guide - Information for the Fall Vaccine Campaign](#)

COVID-19 Vaccination Questions?

COVID-19

- Home
- Your Health
- Vaccines**
- Cases & Data
- Work & School
- Healthcare Workers
- Health Depts
- Science
- More

Vaccines

- Your Vaccination +
- Possible Side Effects
- Children & Teens +
- Stay Up to Date with Vaccines +
- Safety & Monitoring +
- COVID-19 Vaccines are Effective +
- Myths & Facts
- Frequently Asked Questions**
- About COVID-19 Vaccines +
- Communication Resources

Frequently Asked Questions about COVID-19 Vaccination

Updated July 20, 2022 [Español](#) | [Other Languages](#) [Print](#)

CDC is reviewing this page to align with updated guidance.

Below are answers to commonly asked questions about COVID-19 vaccination.

Have more questions? Visit [How to Protect Yourself and Others](#).

Boosters

Do I need a COVID-19 vaccine booster? ▼

If we need a booster, are the vaccines working? ▲

Yes. [COVID-19 vaccines are working well](#) to prevent severe illness, hospitalization, and death. However, public health experts are seeing [reduced protection over time](#) 📉 against mild and moderate disease, especially among certain populations.

Do boosters use the same ingredients as existing vaccines? ▲

Yes. COVID-19 boosters are the same ingredients (formulation) as the current COVID-19 vaccines.

Get Email Updates

To receive email updates about COVID-19, enter your email address:

COVID-19 Containment Strategies



According to the CDC, COVID-19 outbreak indicates potentially extensive transmission within a setting or organization.

When there is one healthcare worker or even a resident that is positive for COVID-19, this is considered an outbreak per CMS.

COVID-19 Outbreak

Steps to Take During an Outbreak

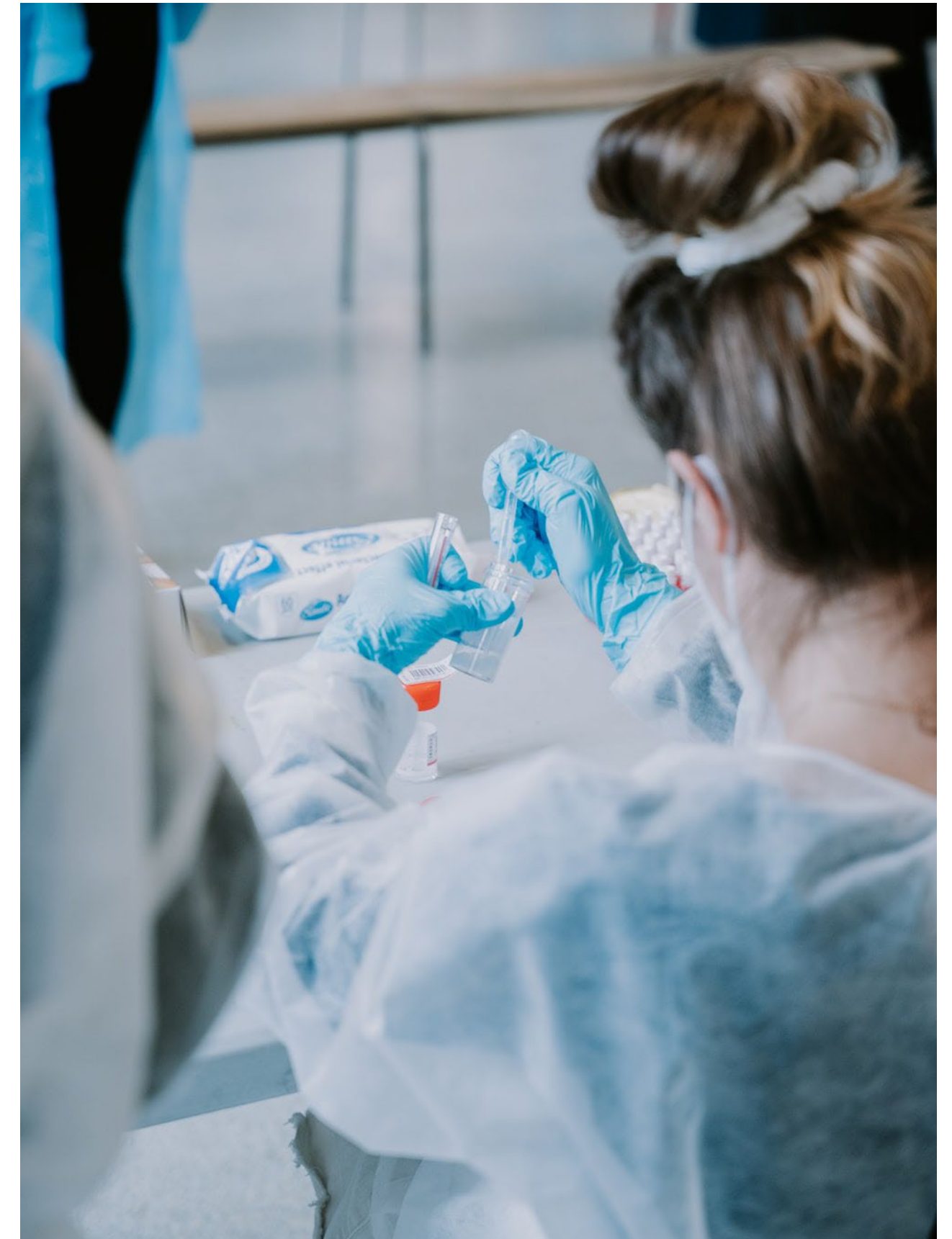
- In the event of an outbreak, the first step is to contact one's county health department to partner with them; the CDC has a page with contacts for public health officials in the facility's area including senior health officials, state, local, and territorial health departments, and tribes and Indian organizations.
- The second step is to commence and/or expand COVID-19 testing which includes contact tracing or broad-based testing depending on the circumstances of the outbreak.
- The third step (in conjunction with testing) is to place the residents in quarantine to mitigate the spread of this infection.
- Increase of monitoring of residents with suspected or confirmed SARS-CoV-2 should be done including assessment of symptoms, vital signs, oxygen saturation and a respiratory exam.

Testing Considerations

- Routine testing of staff, who are **not** up to date, should be based on the extent of the virus in the community.
- Staff, who are **up to date**, **do not** have to be routinely tested.
- Facilities should use their community transmission level as the trigger for staff testing frequency.
- The facility should test all staff, who are **not** up to date, at the frequency prescribed in the Routine Testing table based on the level of community transmission reported in the past week.

CDC recommends the following practices when performing tests in point-of-care settings:

- ***Disinfect** surfaces within 6 feet of the specimen collection and handling area at these times:*
 - *Before testing begins each day*
 - *Between each specimen collection*
 - *At least hourly during testing*
 - *When visibly soiled*
 - *In the event of a specimen spill or splash*
 - *At the end of every testing day*
- *Use a new pair of gloves each time a specimen is collected from a different person. If specimens are tested in batches, also change gloves before putting a new specimen into a testing device. Doing so will help to avoid cross-contamination.*



Manage Residents with **Suspected or Confirmed SARS-CoV-2 Infection**

- HCP caring for residents with suspected or confirmed SARS-CoV-2 infection should use full PPE (**gowns, gloves, eye protection, and a NIOSH-approved N95 or equivalent or higher-level respirator**).
- Ideally, a resident with suspected SARS-CoV-2 infection should be moved to a single-person room with a **private bathroom** while test results are pending.
- In general, it is recommended that the **door to the room remain closed** to reduce transmission of SARS-CoV-2.
- This is especially important for residents with suspected or confirmed SARS-CoV-2 infection being cared for **outside** of the COVID-19 care unit.
- In some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open.
- If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.

Manage Residents with **Suspected or Confirmed** SARS-CoV-2 Infection


- If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location pending return of test results.
- Residents should only be placed in a COVID-19 care unit if they have confirmed SARS-CoV-2 infection.
- Roommates of residents with SARS-CoV-2 infection should be managed as described in Section: Manage Residents who have had Close Contact with Someone with SARS-CoV-2 Infection.
- Increase monitoring of residents with suspected or confirmed SARS-CoV-2 infection, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to identify and quickly manage serious infection.

STOP AEROSOL CONTACT PRECAUTIONS STOP


In addition to Standard Precautions
Only essential personnel should enter this room
If you have questions ask nursing staff


Everyone Must: including visitors, doctors & staff

Clean hands when entering and leaving room




Respirator
Use a NIOSH-approved N95 or equivalent or higher-level respirator especially during aerosolizing procedures*






Wear eye protection
(face shield or goggles)




Gown and glove at door

*Facilities should follow CDC's PPE Optimization Strategies to conserve PPE.

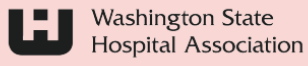



KEEP DOOR CLOSED



Use patient dedicated or disposable equipment
Clean and disinfect shared equipment

Contact Infection Control prior to discontinuing Precautions





Salmon
HEX F9D7D4
Last revised 2/18/22


STOP SPECIAL DROPLET/CONTACT PRECAUTIONS STOP


In addition to Standard Precautions
Only essential personnel should enter this room
If you have questions ask nursing staff

Everyone Must: including visitors, doctors, and staff





Clean hands when entering and leaving the room






Wear mask
(Fit tested N-95 or higher required when performing aerosol-generating procedures)







Wear eye protection
(face shield or goggles)



Gown and glove at the door



KEEP DOOR CLOSED



Use patient dedicated or disposable equipment.
Clean and disinfect shared equipment.



Enhanced Barrier Precautions

F880 Infection Control Revisions

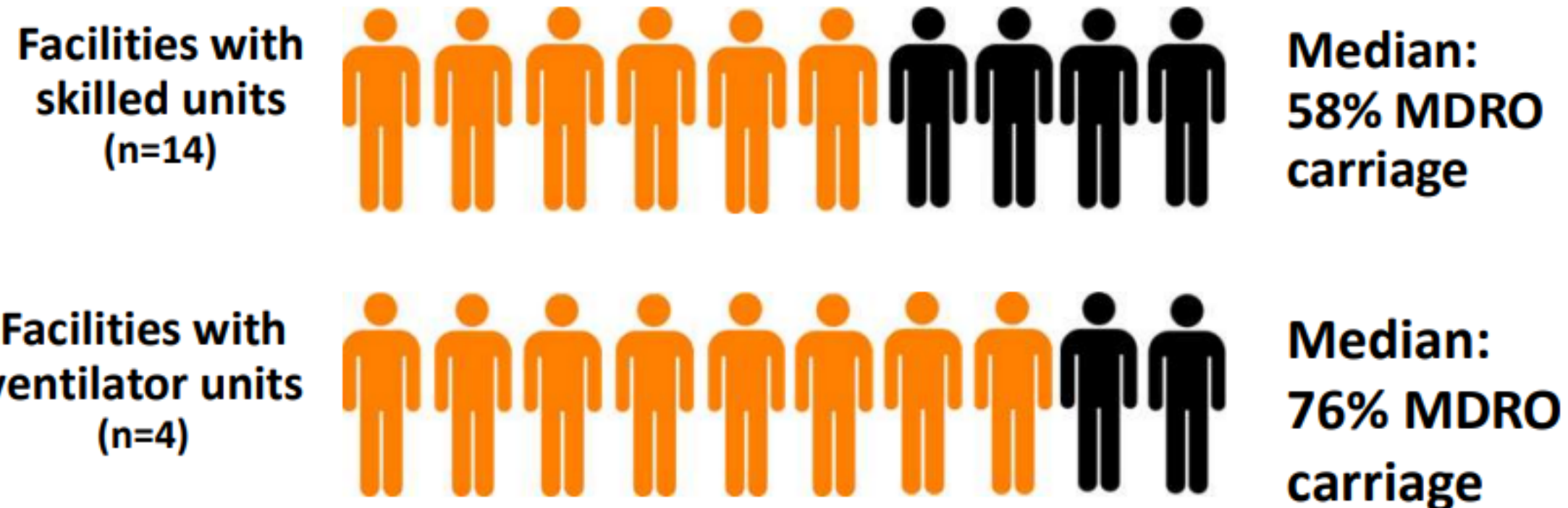
- CMS revised/updated guidance for infection control it now includes a definition:
- “Multidrug-resistant organisms (MDROs)” refer to microorganisms, predominantly bacteria that are resistant to one or more classes of antimicrobial agents.
- Although the names of certain MDROs describe resistance to only one agent, these pathogens are frequently resistant to most available antimicrobial agents.
- MDRO Colonization and Infection Contact precautions are used for residents infected or colonized with MDROs in the following situations:
 - When a resident has wounds, secretions, or excretions that are unable to be covered or contained; and
 - On units or in facilities where, despite attempts to control the spread of the MDRO, ongoing transmission is occurring.
- Staff can use **gloves and gowns** in order to prevent contamination of hands and clothing while performing high-contact resident care activities that pose the highest risk for MDRO transmission.
- “Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)” at <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>.

Definitions of Common Terms and Abbreviations

- Multidrug-resistant Organism (MDRO): bacteria or fungi resistant to multiple antimicrobials
- Colonization: germ is found on or in the body but is not causing infection

Enhanced Barrier Precautions

Snapshot of Multidrug-Resistant Organism (MDRO) Carriage in Nursing Homes



- Frequent pathogens: Methicillin-resistant *S. aureus* (25-60%) and Extended-spectrum Beta-lactamase producing gram negatives (~30%)
- Median Carbapenem resistance prevalence: 10% in NHs with vents

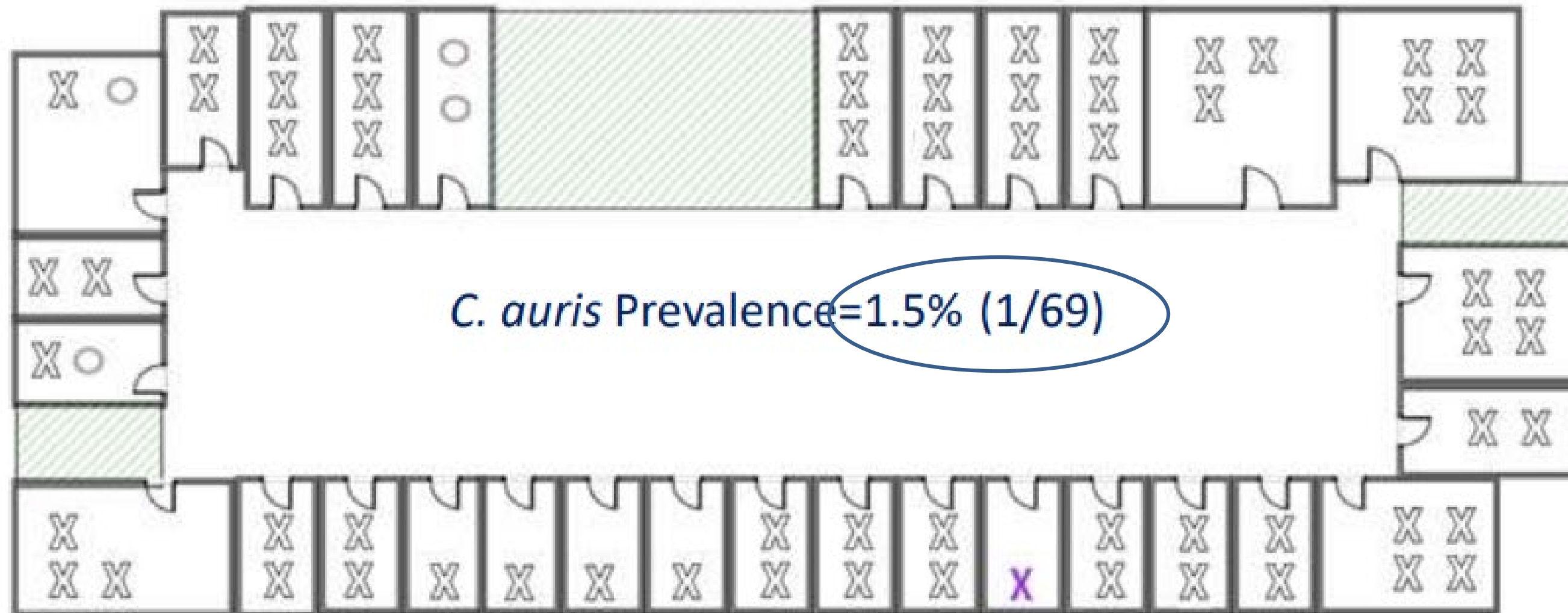
McKinnell JA et al. Clin Infect Dis. 2019. 69(9):1566-1573

Candida auris

- Emerging fungal pathogen
- Tends to be drug-resistant
- Colonized individuals have risk of invasive infection
 - 5-10% develop *C. auris* bloodstream infection within a year
- Yeast that spreads easily in healthcare settings, similar to resistant bacteria



Ventilator Floor **March 2017** *C. auris* Prevalence



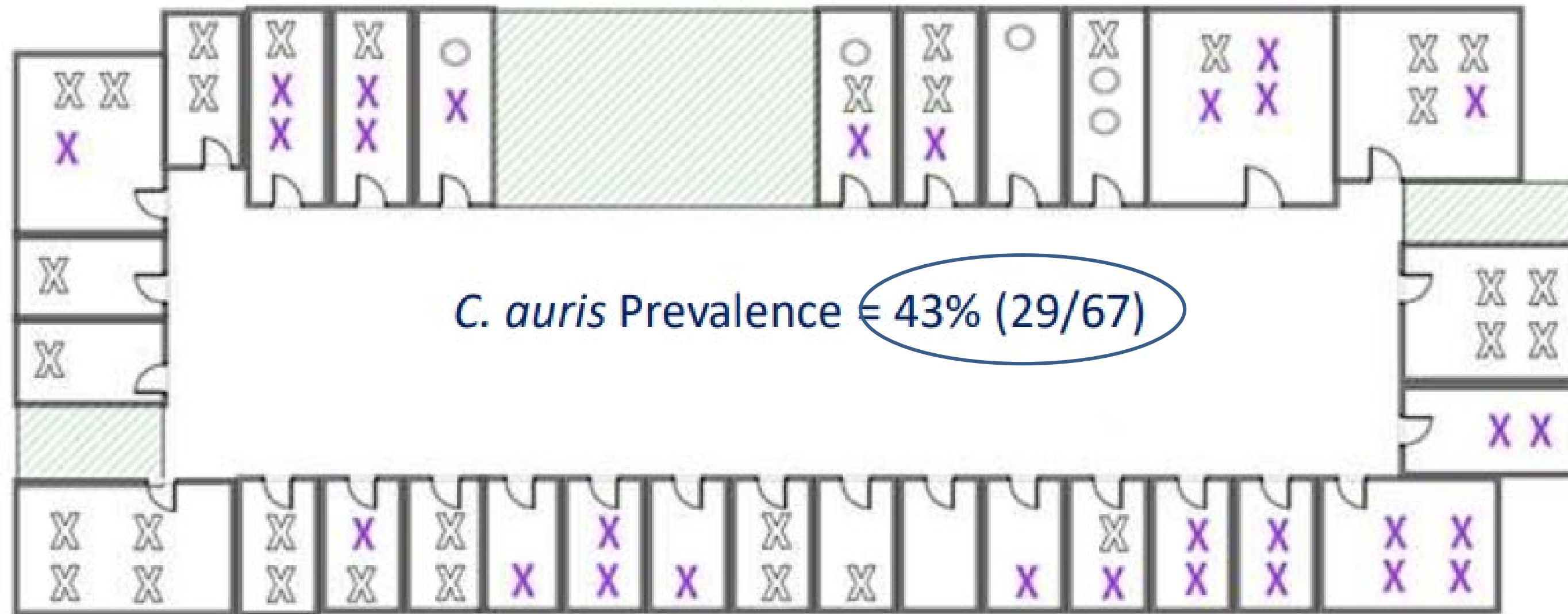
X *C. auris* positive (1)

X Screened negative for *C. auris* (64)

○ Not tested for *C. auris* (refused or not in room) (4)

Slide courtesy of Chicago Department of Public Health.

Ventilator Floor **January 2018** *C. auris* Prevalence



X *C. auris* positive (29)

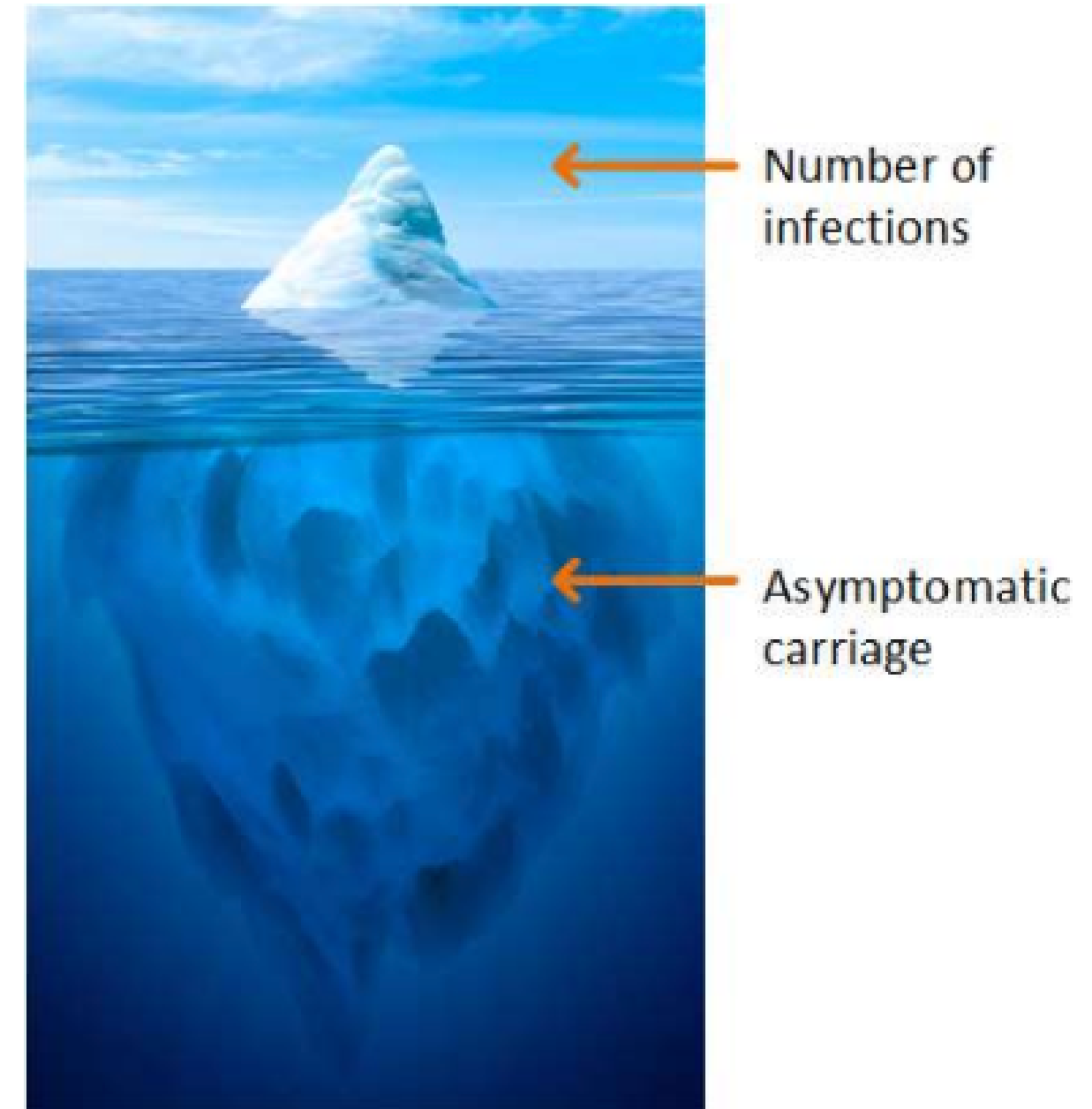
X Screened negative for *C. auris* (33)

O Not tested for *C. auris* (refused or not in room) (5)

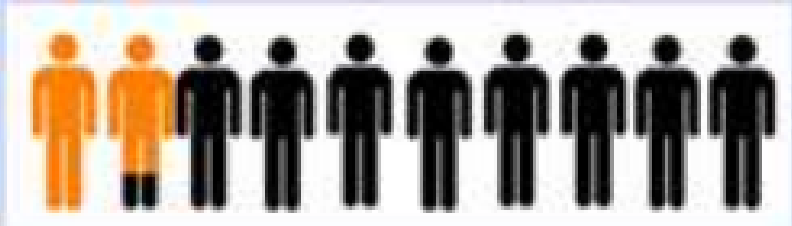
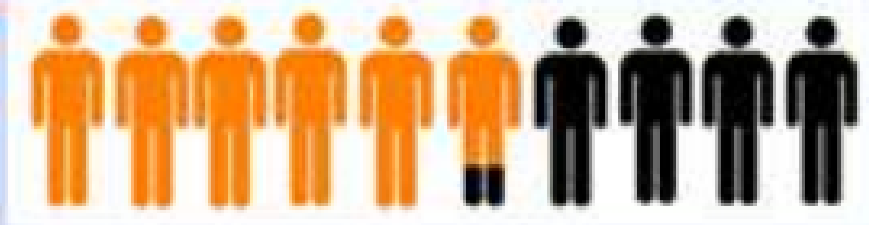
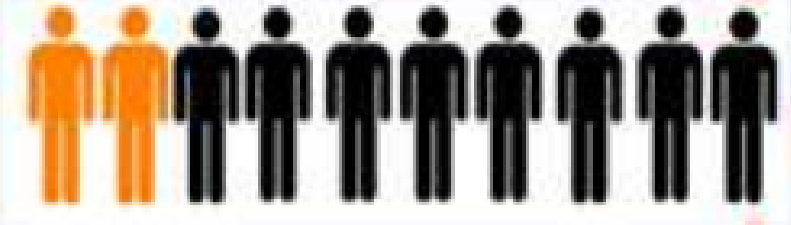
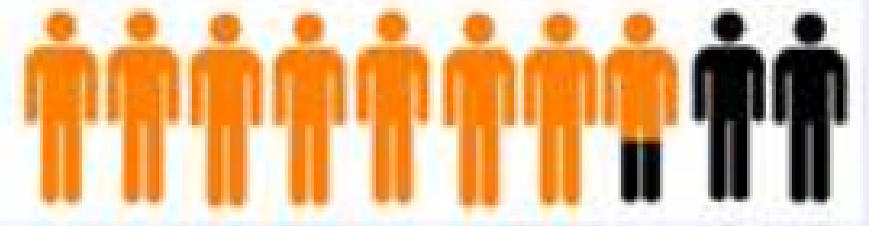
Slide courtesy of Chicago Department of Public Health.

Challenges with Detection of MDROs

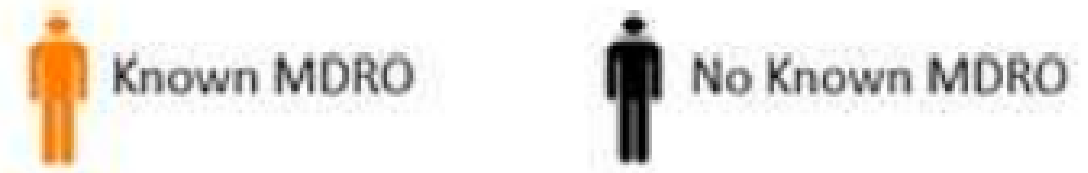
- Clinical cultures underestimate true prevalence of MDROs
- Most centers are not performing active surveillance to identify asymptomatic, colonized residents
 - ***Contribute to the reservoir for transmission***
- Inadequate communication about individual MDRO history or risk factors between healthcare facilities during care transitions



Documented vs. Actual MDRO Colonization

Unit Type	Documented MDRO	Actual MDRO
Long-stay/Skilled (n = 14)	17% 	58% 
Ventilator Units (n = 4)	20% 	76% 

McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573



Need for a New Approach for Use of PPE for MDROs

- Historically, interventions in nursing homes have focused only on residents who are actively infected with an MDRO
- Focusing only on residents with active infection fails to address the **continued risk of transmission from residents with MDRO colonization**
- Need for a broader approach to reduce the spread of MDROs without isolating residents for long periods of time

Accessible version: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)

Updated: July 12, 2022

Summary of Recent Changes:

- Added additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting.
- Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status).
- Expanded MDROs for which EBP applies.
- Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission.

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Indications for Enhanced Barrier Precautions

- EBP are indicated for nursing home residents with any of the following:
 - Infection or colonization with an MDRO when Contact Precautions do not otherwise apply
 - Wounds and/or indwelling medical devices
- EBP is not limited to outbreaks or specific MDROs

High-contact Resident Care Activities

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use of a device: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing



Enhanced Barrier Precautions

- Use of gown and gloves during high-contact resident care activities
- No private room required
- Residents can participate in group activities
- Intended to be used for prolonged period of time (entire length of stay or until risk factors are no longer present)



STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Wear gloves and a gown for the following High-Contact Resident Care Activities.

 Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting
Device care or use:
central line, urinary catheter, feeding tube, tracheostomy
Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Successful Implementation Takes a Program



Hand Hygiene



Environmental
Cleaning and
Disinfection



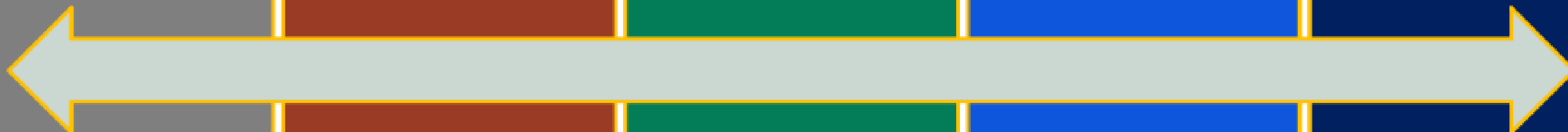
Enhanced
Barrier
Precautions



Auditing



Communication





ENHANCED BARRIER PRECAUTIONS



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PROVIDERS AND STAFF MUST ALSO:



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- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use:



- central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS19-306149-A

Resources for Enhanced Barrier Precautions

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes
<https://www.cdc.gov/hai/containment/faqs.html>

Considerations for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities
<https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html?msclkid=39038417aed311ec8c868e1e03c50297>

Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers
<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends.pdf>

Enhanced Barrier Precautions Letter to Nursing Home Staff
<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff.pdf>



IPC Prevention Strategies

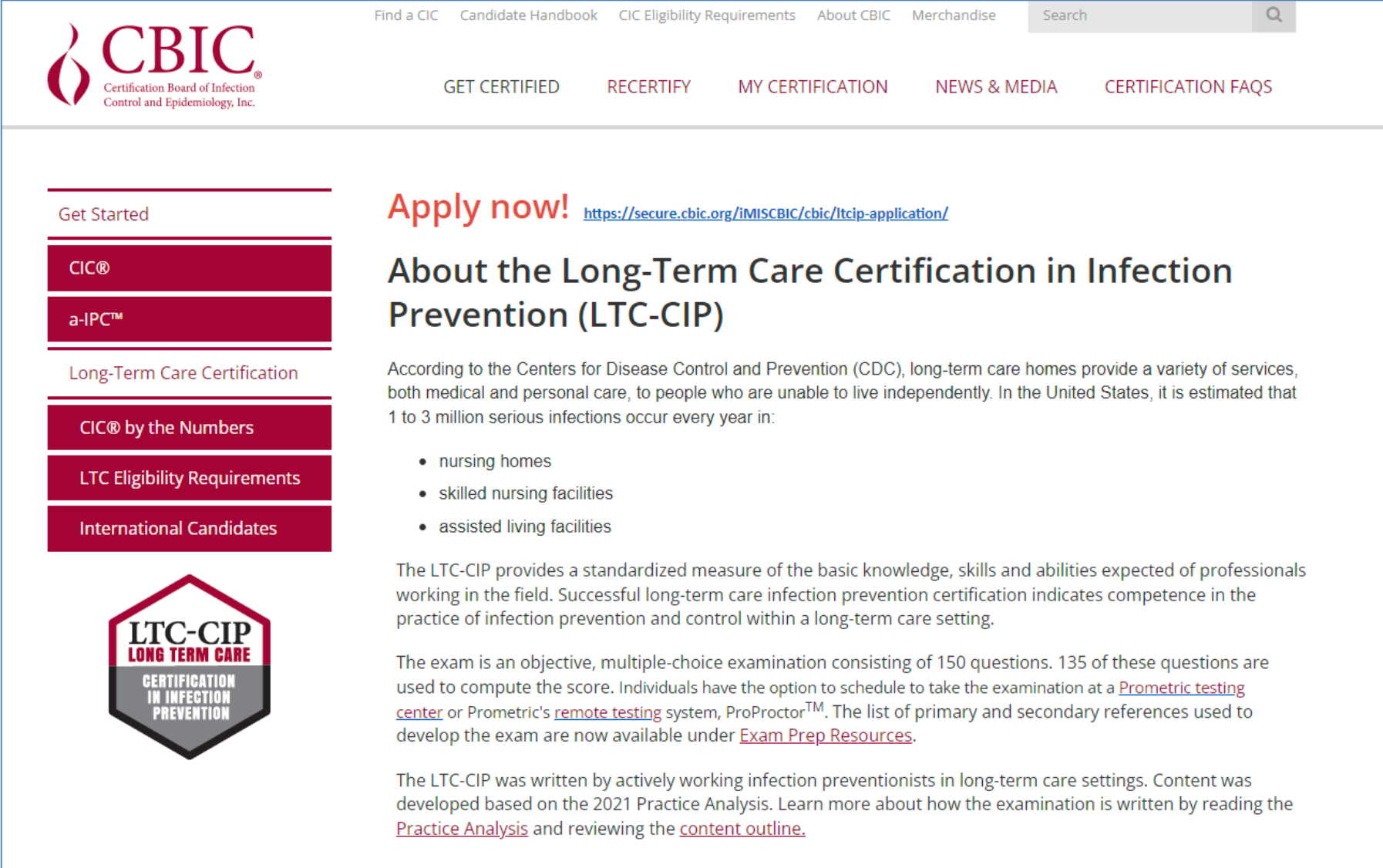
Shifting From Reactive to Proactive Infection Prevention and Control

- 2019 IP requirement
- Training had been inadequate
- CIC needed for Long-term Care



CBIC: Long-term Care

- The application closes October 3, 2022.
- Reduced application fee of \$275.
- Testing period: September 15, 2022-October 15, 2022.
- Results released in early January 2023.
- Exam will re-open for regular testing in early February 2023.
- Available at Prometric testing centers worldwide or can be taken at home through live remote proctoring.



The screenshot shows the CBIC website with the following content:

- Header:** CBIC logo (Certification Board of Infection Control and Epidemiology, Inc.) and navigation links: Find a CIC, Candidate Handbook, CIC Eligibility Requirements, About CBIC, Merchandise, Search, GET CERTIFIED, RECERTIFY, MY CERTIFICATION, NEWS & MEDIA, CERTIFICATION FAQS.
- Get Started:** A vertical list of buttons: CIC®, a-IPC™, Long-Term Care Certification, CIC® by the Numbers, LTC Eligibility Requirements, International Candidates.
- Apply now!** <https://secure.cbic.org/iMISCBIC/cbic/lcipc-application/>
- About the Long-Term Care Certification in Infection Prevention (LTC-CIP)**

According to the Centers for Disease Control and Prevention (CDC), long-term care homes provide a variety of services, both medical and personal care, to people who are unable to live independently. In the United States, it is estimated that 1 to 3 million serious infections occur every year in:

 - nursing homes
 - skilled nursing facilities
 - assisted living facilities

The LTC-CIP provides a standardized measure of the basic knowledge, skills and abilities expected of professionals working in the field. Successful long-term care infection prevention certification indicates competence in the practice of infection prevention and control within a long-term care setting.

The exam is an objective, multiple-choice examination consisting of 150 questions. 135 of these questions are used to compute the score. Individuals have the option to schedule to take the examination at a [Prometric testing center](#) or Prometric's [remote testing](#) system, ProProctor™. The list of primary and secondary references used to develop the exam are now available under [Exam Prep Resources](#).

The LTC-CIP was written by actively working infection preventionists in long-term care settings. Content was developed based on the 2021 Practice Analysis. Learn more about how the examination is written by reading the [Practice Analysis](#) and reviewing the [content outline](#).
- LTC-CIP Logo:** A shield-shaped logo with the text "LTC-CIP LONG TERM CARE CERTIFICATION IN INFECTION PREVENTION".

IPC Learning Library

Email: drbuffy@ipcwell.com

Home

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Animals +

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Antibiotic Stewardship +

Central Venous Catheters +

Construction +

Definitions +

Dialysis +


Environmental Services +

Food Services +

Progress 28 of 125

Home

Welcome to our online learning modules!



In these modules, you will learn all you need to know about **infection prevention and control** in long-term care facilities. We have provided a comprehensive resource list at the end of each module to further your

PURCHASE YOUR COPY TODAY AND LEAVE AN AMAZON REVIEW

<https://geni.us/BuffyLloyd-Krejci>



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SUPERIOR HEALTH

Quality Alliance

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