

LTC Webinar

February 22, 2021

IOWA DEPARTMENT OF PUBLIC HEALTH

Protecting and Improving the Health of Iowans



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

- PPE Update
 - Masks
 - Respirators
- Updates to Monoclonal antibody requests
- Updated guidance- quarantine

Panelists today:

- Lisa Vitale
- Tyra Goss
- Nancy Wilde

PPE updates

Masks- Tyra Goss

Respirators - Lisa Vitale

When to wear an N95 or higher-level respirator

- Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
 - Aerosol generating ([CDC's Clinical Questions about COVID-19: Questions and Answers](#))
 - Residents with known or suspected SARS-CoV-2 infection
 - Health care personnel should consult their facility policies for further guidance on what type of face mask or respirator to use.



Respiratory Protection Program

- Compliant with the OSHA Respiratory Protection Standard : 1910.134(e)(1) General
 - Medical evaluations
 - Training
 - Fit-testing

Sources:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

<https://www.cdc.gov/niosh/docs/2015-117/default.html>

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS

Contingency Capacity Strategy

- The extended use of respirators is recommended as part of a **contingency capacity strategy** during expected shortages.

“Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different residents, without removing the respirator between resident encounters. Extended use is well suited to situations wherein multiple residents with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., housed on the same unit)...When practicing extended use of N95 respirators, the maximum recommended extended use period is 8–12 hours.”

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

Crisis Capacity Strategy

- The reuse of respirators is recommended as part of a **crisis capacity strategy** during known shortages.

“Re-use refers to the practice of using the same N95 respirator by one HCP for multiple encounters with different residents but removing it (i.e. doffing) after each encounter. This practice is often referred to as “limited reuse” because restrictions are in place to limit the number of times the same respirator is reused.”

“During limited reuse, the respirator is stored in between encounters to be put on again (donned) prior to the next encounter with a resident.”

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

Crisis Capacity Strategy

- HCP should track how many times they put on (i.e., don) the same disposable respirator and dispose of it after the suggested number of reuses.

“To reduce the chances of decreased protection caused by a loss of respirator functionality, respiratory protection program managers should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility. If no manufacturer guidance is available, preliminary data suggests limiting the number of reuses to **no more than five uses per device** to ensure an adequate safety margin...Healthcare facilities should provide staff clearly written procedures to:

- Follow the manufacturer’s user instructions, including conducting a user seal check.
- Follow the employer’s maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed”

Source: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Conventional Capacity Strategies

- Once availability of NIOSH-approved respirators returns to normal, healthcare facilities should promptly resume conventional practices
 - Discard after each resident encounter and after aerosol-generating procedures
 - Discard when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

Transition to Direct Ordering of Monoclonal Antibodies

sites must use the [direct order link](#) to order product directly from AmerisourceBergen.

<https://app.smartsheet.com/b/form/255d164d67834793b4ab549e160941e8>

States will no longer receive biweekly allocations

Work with your pharmacy to complete a request

Additional information may be found at:

[https://www.phe.gov/emergency/events/COVID19/investigation-](https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/Overview%20of%20direct%20order%20process%20Fact%20Sheet-508.pdf)

[MCM/Documents/Overview%20of%20direct%20order%20process%20Fact%20Sheet-508.pdf](https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/Overview%20of%20direct%20order%20process%20Fact%20Sheet-508.pdf)

Updated Guidance

- Return to work criteria for healthcare workers/CDC
 - Updated to clarify that HCP who are severely immunocompromised could remain infectious more than 20 days after symptom onset. Consultation with infectious diseases specialists is recommended; use of a test-based strategy for determining when these HCP may return to work could be considered.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

-
- Discontinuation of Transmission based Precautions and disposition of patients with SARS-CoV
 - Updated to clarify that patients who are severely immunocompromised could remain infectious more than 20 days after symptom onset. Consultation with infectious diseases specialists is recommended; use of a test-based strategy for determining when to discontinue Transmission-Based Precautions could be considered.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

- Strategies to mitigate Healthcare Personnel Staffing Shortages

Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure to someone with suspected or confirmed COVID-19

Due to unknown vaccine effectiveness and higher risk of severe disease and death as well as challenges with social distancing

- Asymptomatic fully vaccinated HCP who have had a higher-risk exposure to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

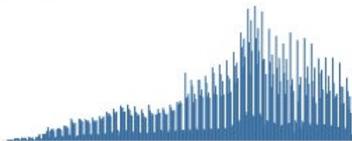
Updated COVID -19 reporting

<https://coronavirus.iowa.gov/pages/case-counts>

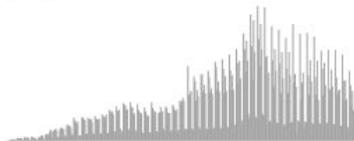
Total

Total Tests 3,957,368	Negative Tests 3,583,420	Positive Tests 359,565	% Positive Tests (Past 14 Days) 4.4%
---------------------------------	------------------------------------	----------------------------------	--

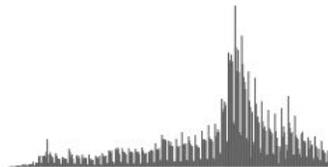
Total Tests by Day



Negative Tests by Day



Positive Tests



% Positive Tests by Day



% Positive Tests 14 Day and 7 Day Average

% Positive Test average is calculated by the sum total of Positive Tests divided by the sum total of Total Tests for the past period of days (14 or 7)

Past 14 Day Average

4.3%

Past 7 Day Average

4.1%

Thank you for joining us today

Submit questions using through the question and answer box

Hai-ar@idph.iowa.gov

The next webinar is March 15, 2021

Please click the link below to register:

https://us02web.zoom.us/webinar/register/WN_PexY3u0YSQidL5tB7rzo0Q

After registering, you will receive a confirmation email containing information about joining the webinar.