



FOCUS POINT NEWSLETTER
SPECIAL FOCUS COVID ALERT July 24, 2020



Return to Work Criteria for HCP with SARS-CoV-2 Infection, July 17, 2020

Symptom-based strategy for determining when HCP can return to work:

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
 - **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
 - **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.

HCP with severe to critical illness or who are severely immunocompromised:

- At least 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

As described in the CDC [Decision Memo](#), an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. Because of their often extensive and close contact with vulnerable individuals in healthcare settings, the more conservative period of 20 days was applied in this guidance. However, because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under [critical staffing shortages](#) might choose to allow HCP to return to work after 10 to 15 days, instead of 20 days.

Test-Based Strategy for Determining when HCP Can Return to Work.

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days. The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. Click [here](#) for additional information.

HCP who are **not** symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. Click [here](#) for additional information.

Return to Work Practices and Restrictions - HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen.

Strategies to Mitigate Healthcare Personnel Staffing Shortages

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to CDC's [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) document for information.



VDH Updates to Nursing Home Reopening Guidance Frequently Asked Questions

The updates found on the Virginia Department of Health website are not dated, however CHC found the following updates when reviewed on 7/24/2020 [See updated FAQs here.](#)

FAQ	Response
New Question- Can KN95 respirators be worn in place of N95 respirators?	No. KN95s are not a NIOSH-approved respirator and cannot be substituted for N95s. FDA has issued Emergency Use Authorizations (EUAs) for some respirators but the EUA for KN95s was revoked. KN95 masks always fail fit-testing and cannot be used as N95 respirators because they lack a tight enough seal. If a facility has KN95 masks, they can be used as facemasks for droplet precautions. FDA maintains a list of PPE EUAs . These authorized respirators should be used in accordance with CDC recommendations .
New Question- Is fit-testing required for a facility to enter Phase I if there are no positive cases in the facility?	<ul style="list-style-type: none">▪ Fit-testing is meant to determine the appropriate size of N95 respirator to obtain the best 'fit' or seal for each individual staff member.▪ If a facility only has surgical masks or one-size-fits-all respirators, then the facility is responsible for a lower level of protection afforded their staff members caring for COVID-19 positive patients.▪ A facility can move to Phase I, but should continue to check with their normal vendors and fit-test staff to the appropriate N95 respirator as soon as possible in preparation for having a COVID-19 positive resident.▪ VDH encourages facilities to take advantage of train-the-trainer sessions being offered free of charge; more information is available here.▪ Prior to entering Phase III,▪ VDH recommends facilities establish a written plan for implementing a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees as per CDC guidance. The program should include medical evaluations, training, and fit-testing.

Phase Progression/Regression	
<p>The guidance states a facility should have access to adequate PPE as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on the Healthcare Coalition or Local Health Department to maintain adequate PPE?</p>	<ul style="list-style-type: none"> ▪ VDH recommends that a facility can progress to the next phase if adequate PPE is available for the next seven days, whether the supplies are received through their normal procurement channels or from the Healthcare Coalition or the LHD. ▪ Answer with Additional Guidance- NHSN provided updated instructions on July 16 to clarify data entry in NHSN. Adequate PPE is defined as having enough supplies and PPE (i.e., N95 masks, surgical masks, eye protection, gowns, gloves, and alcohol-based hand sanitizer) for the next seven days using conventional capacity. ▪ When responding to PPE questions, any item in which the facility does <u>not</u> have any or enough for conventional use should be marked as “No” in the COVID-19 Module - Supplies and Personal Protective Equipment pathway. While the CDC’s contingency and crises optimization strategies for PPE can be implemented when PPE supplies are low or unavailable, the goal is for LTCFs to resume standard practices when possible. CDC’s optimization strategies for PPE, such as contingency and/or crisis level strategies are NOT considered as having “Enough” supply, and therefore, “No” must be selected for each supply item in which contingency or crisis strategies are expected to be used for <u>one week</u> on the date responses are reported. For example, a facility that only has KN95 masks and not N95 masks for one week would answer “No.” Another example, extended use or reuse of a PPE item such as gowns or utilizing a decontamination method for N95 masks would answer “No.” ▪ For phase progression in Virginia, if a facility responds “No” per NHSN PPE instructions, the facility should not progress.



Be Infection Control Survey Ready: Join HQIN’s Office Hours Series - UP NEXT - Infection Prevention Action Plans - July 28, 2020 | 2:00 p.m. ET/1:00 p.m. CT

Upon completion of the RCA process, the next step is to develop a plan of action. During this session, we will share our Infection Prevention Action Plan Templates that complement the Centers for Disease Control and Prevention's Infection Control Assessment tool. A template for the key categories of improvement, i.e., hand hygiene, surveillance, environmental hygiene, etc. will be available. To register for this session and subsequent sessions visit HQIN.org.

Summer Brings Opportunity And Need For Caution

Summer and warm weather brings opportunity for our residents to enjoy the outdoors. Short visits outdoors while social distancing may provide a welcome opportunity for residents who do not have confirmed or presumed COVID-19. While sunshine is clearly recognized as a way to reduce stress and anxiety, it also brings opportunity for caution.



- Offer outdoor visitation in a shaded area
- Limit the amount of time that a resident will be outside [especially during the hottest part of the day]
- Encourage good hydration while outside
- Provide resident with sunscreen to minimize sunburn
- Encourage resident not to over-exert while outside
- Encourage resident to dress in cooler clothing

Summer time often also brings dangerous weather that is often unpredictable and may cause loss of power or utilities or in some cases heavy rain may result in flooding. This is a good time to:

- Ensure that generator checks are being done and there is adequate back-up
- Check the filters in your HVAC systems
- Monitor the temperature in the facility
- Review your emergency plan