Staff Returning to Work Safely during COVID-19

Cohort 1 Session 8

January 18, 2021

1:00 PM

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Institute for Healthcare Improvement | Massachusetts Senior Care Association

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Today's Agenda

Follow-up from Session 7 – Advance Care Planning

Staff Returning to Work Safely during COVID-19

Discussion

Performance Improvement Discussion

Wrap-up and Poll

Questions & Answers

Joining Us Today

- **Dr. Brian T. Chan**, MD, MPH is an Infectious Diseases physician at Brigham and Women's Hospital (BWH) and an Assistant Professor of Medicine at Harvard Medical School. Dr. Chan is the Medical Director for the BWH Outpatient Parenteral Antimicrobial Therapy (OPAT) program and serves as a core member of the Biothreats team responding to COVID-19 within the BWH system. He is also the Medical Director for Infection Control at Spaulding Hospital Cambridge and has experience as a consultant for the Massachusetts Senior Care Association and the Mass General Brigham SNF Infection Control Working Group supporting their respective efforts to address COVID-19 in Massachusetts skilled nursing facilities.

- **Maria Champa**, Senior Human Resource Director, Legacy Lifecare and its founding affiliates, Chelsea Jewish Lifecare and JGS Lifecare. Ms. Champa oversees all aspects of Human Resources management for more than 1,300 employees. The Human Resources Department is comprised of 9 employees spread across the campuses and embedded in the business units to partner with operations on all HR matters. Maria's HR team is dedicated to collaborating with operations to ensure the best possible outcomes and experiences for the organization and its employees. Maria has worked in Human Resources for over ten years, beginning and developing her career in the non-profit sector. She joined Aviv Centers for Living in 2013, which was acquired by Chelsea Jewish Lifecare in 2014. Since then, she has continued to advance in her career as an HR professional. In 2018, Maria became a SHRM Certified Professional, which has provided her with in-depth expertise, strategies and techniques that can be implemented into the workplace.

Staff Returning to Work Safely during COVID-19

https://www.youtube.com/watch?v=XZghKiuJu6w&feature=youtu.be

MA DPH Return to Work Guidance Considerations

MA DPH does not use testing as criteria for return to work for HCP that are COVID positive with symptoms or COVID positive without symptoms

MA DPH guidance does not delineate between mild/moderate illness and severe to critical illness or immunocompromised staff or HCP who are **severely immunocompromised** but who were **asymptomatic** – recommend follow CDC guidance *and consult with provider, as appropriate*

MA DPH Guidance does not differentiate between an exposure to a confirmed case in the facility related to inappropriate PPE use.

- HCP may work following an occupational, household or community exposure under certain circumstances and only if not experiencing symptoms and have not tested positive for COVID-19

  - Household or Community Exposure: should have **PCR test** and have a negative result before returning to work.

  - Travel: should not be allowed to work during quarantine related to travel. Under these circumstances, employees should be required to meet the requirements set forth in the travel order.

Employers, after consultation with Contact Tracing Collaborative (CTC), Local Public Health or DPH, may consider allowing exposed but asymptomatic critical infrastructure workers to continue to work in select instances when it is necessary to preserve the essential functions of critical infrastructure. This option should be used as a last resort and only in limited circumstances. In such instances:

• provided the HCP remain asymptomatic and have not tested positive.
HCP must always wear a facemask or cloth face covering when at the worksite.
• Additional risk mitigation precautions should be implemented prior to and during the work shift.

https://www.mass.gov/doc/return-to-work-guidance/download

MA DPH Return to Work Guidance – December 7, 2020

Options for Shortened Strict Quarantine Period

Healthcare facilities including long-term care facilities, may have additional risks. Quarantine periods for patients, residents or staff in healthcare facilities should adhere to healthcare-specific guidance and any reductions only be instituted after careful consideration of risks. **These shortened quarantine periods do not apply to LTC residents and new admissions.**

OPTIONS	CRITERIA	ACTIVE MONITORING	RESIDUAL RISK
7 days of strict quarantine	Release on Day 8 after last exposure IF: • A test (either PCR or antigen) taken on Day 5 or later is negative; AND • The individual has not experienced any symptoms up to that point; AND • The individual conducts active monitoring through Day 14	Individual must actively monitor symptoms and take temperature once daily. IF even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, contact the public health authority overseeing their quarantine and get tested.	Approximately 5% residual risk of disease development
10 days of strict quarantine	Release on Day 11 after last exposure IF: • The individual has not experienced any symptoms up to that point; AND • The individual conducts active monitoring through Day 14. • No test is necessary under this option		Approximately 1% residual risk of disease development
14 days of strict quarantine	Release on Day 15 after last exposure IF: • The individual has experienced ANY symptoms during the quarantine period EVEN if they have a negative COVID-19 test; OR • The individual indicates they are unwilling or unable to conduct active monitoring.	No additional active monitoring required	Maximal risk reduction

Key Take-Aways

- According to the CDC, up to 35% of people with COVID-19 are asymptomatic.
- One of the primary ways that COVID-19 is transmitted or spread in nursing homes is through infected staff.
- Education of all nursing home team members (not just clinical staff) and visitors about how COVID-19 may be spread is essential to reduce the risk of contagious individuals returning to work or entering the nursing home.
- Frequent communication on return-to-work policies and procedures for staff who have tested positive for COVID-19 or have experienced signs or symptoms is an important component of each nursing home's IPCP/COVID-19 plan.
- Having leaders visible on the units and supporting staff training on proper return to work protocols promotes accountability for identifying and managing risks related to COVID-19.

Case Study

Pamela, a certified nursing assistant (CNA) contracted a moderate to severe case of COVID-19 and was hospitalized for three days. Upon returning home, she remained weak and short of breath for a few more weeks. She gradually returned to her previous level of function, walking 1-2 miles a day. She also slowly regained her appetite and her energy level. She is anxious to return to work.

- Under what conditions may Pamela return to work (does she need to have two documented negative COVID-19 test results, or may she return to work based on resolution of all symptoms and 14 or 20 days of isolation)?
- May Pamela work with any/all residents, or must she work with COVID-19 positive residents (work on the COVID unit)? If so, for how long?
- Does Pamela need to wear full PPE based on her previous (recent) COVID-19 positive status, or does her use of PPE depend on the status of the residents in her care, using the same protocols as other staff members?

Taking it to the Next Level

Integrate return to work protocols into overall infection prevention and management plan	Are return to work protocols for staff members, including non-essential workers or contractors/vendors detailed in the Infection Prevention and Control Program (IPCP)? Are there written communication materials to inform everyone about required screening protocols and staff safe return to work policies?
Documenting and Reporting Number of Staff COVID Cases	Is there a process in place for documenting and reporting staff COVID positive cases (de-identified to protect staff privacy)? Are numbers of cases compiled and reported to leadership, as well as to required NHSN and/or state agencies?
Follow-Up Plan (monitoring over time)	Is there a COVID-19 Team or Task Force that reviews numbers of cases, actions taken, documentation on a regular basis? Are updates/changes to processes and systems made in a timely manner and shared with relevant stakeholders?
Improvement Concepts	Is the IP or designee in regular communication with local (e.g., municipal or board of health) officials to learn about any updates to community transmission/case rates? Does the IP ask staff members (particularly direct care workers) and visitors for feedback on what would improve the safe return to work processes?

Check in on Staff Hesitancy and Improvements for Round 2 Clinics

Martha Hayward, IHI

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Breakout rooms

- We will break into 3 groups for 10 minutes
- One person offer to take notes and report back
- Address both questions
- You will automatically return to this room

Questions for breakout discussion:

- What improvements will you make to your processes for the second round of vaccines?
- What changes will you make to your strategy to address staff hesitancy?

What to expect next…

Next Session: **January 25, 2021**

Topics:

- Session 9: Effective Leadership & Communication

Send in your facility's best practices/challenges by Thursday, January 21st to Melissa Leccese at mleccese@maseniorcare.org

Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch

Questions?