Staff Returning to Work Safely during COVID-19

Cohort 6 Session 8

January 21, 2021

1:00 PM

Please note, Project ECHO collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.

AHRQ ECHO National Nursing Home COVID-19 Action Network

HEALTH SCIENCES Project ECHO

AHRQ Agency for Healthcare Research and Quality

Institute for Healthcare Improvement

Massachusetts Senior Care Association

Hebrew SeniorLife | Harvard Medical School Affiliate

Today's Agenda

Follow-up from Session 7 – Advance Care Planning (8 min.)

Staff Returning to Work Safely during COVID-19 (30 min.)

Performance Improvement Discussion (20 min.)

Wrap-up and Poll (2 min.)

Questions & Answers (30 min.)

Ice Breaker!

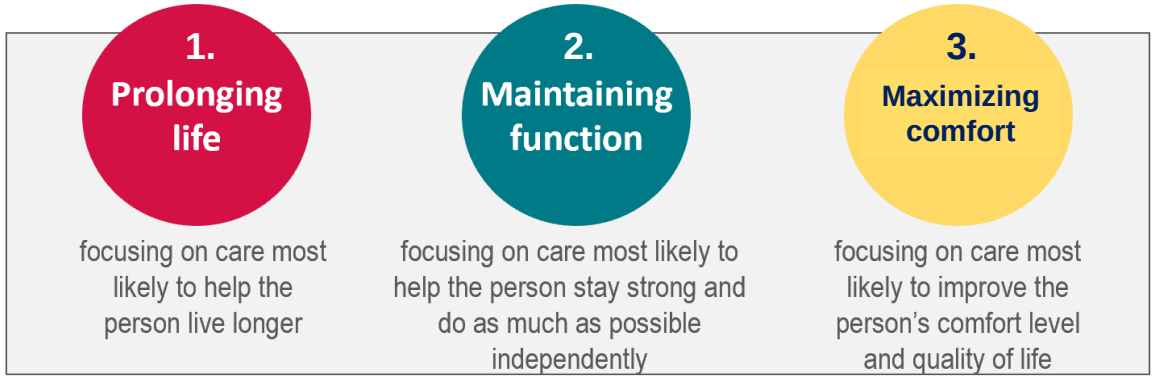
Amy Baughman, MD

Eric Sheehan, JD

Session 7 Follow Up: Advance Care Planning

Some Key Take Aways

- Advanced Care Planning is critically important during COVID-19 but may not be easy to do
- Key to Person-centered care because it starts with understanding **What Matters Most** to the resident
- PROACTIVE rather than reactive
- Shared a Goals of Care conversation framework



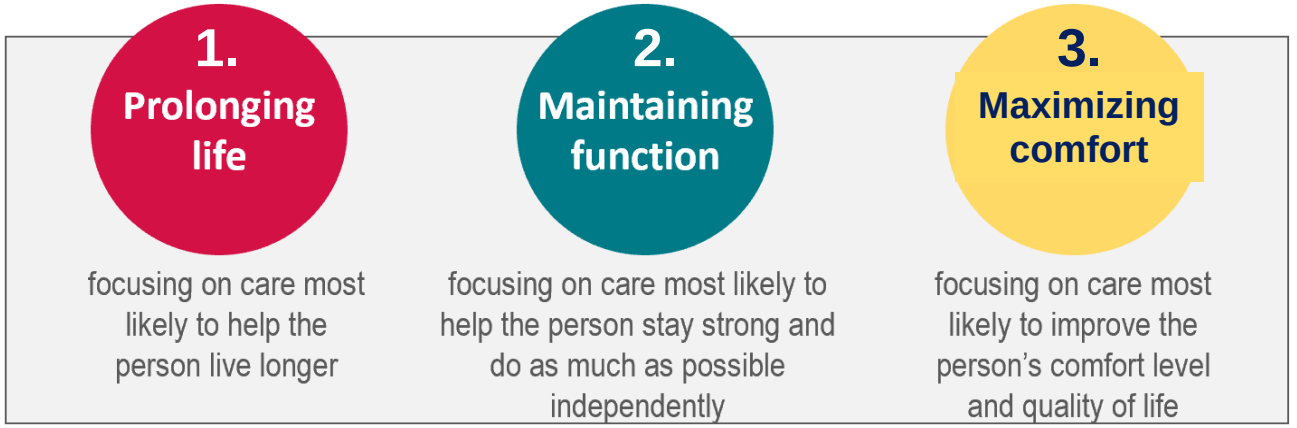
- Reviewed some ACP tools
  - MOLST, Health Care Proxy and Serious Illness Care (SIC)
- TEAM effort that can bring comfort, peace and better outcomes for everyone

Please unmute and share.

What can we say to residents and families?

- “You know this virus is going around and it’s been a scary time. Have you thought about what it means for you?”
- I’m hoping we can talk now about this together – is that OK?”
- “What’s your understanding now of where things are with this infection?
- “Looking to the future, what are your **hopes** about your health? What are your **worries**?”
- “I wish we didn’t have to worry bout this. Despite everything we’re doing to keep you safe, if you were to get the infection and your health situation worsens, **what matters most** to you? What is **most important** to you?”
- How much do your family or friends know about your wishes?
- It sounds like _____ is very important to you. Given what’s important to you, I recommend….

Questions



- Which does **CPR 'Full code'** make sense because it aligns with ***what matters most*** to them?
  - **A. Mrs. K** - main wish is to be able to see her great grandchild due later this year.
  - **B. Mr. T** - main goal is to be comfortable and not suffer in pain
  - **C. Mrs. V** - main goal is to be able to continue playing internet videogames with her granddaughter

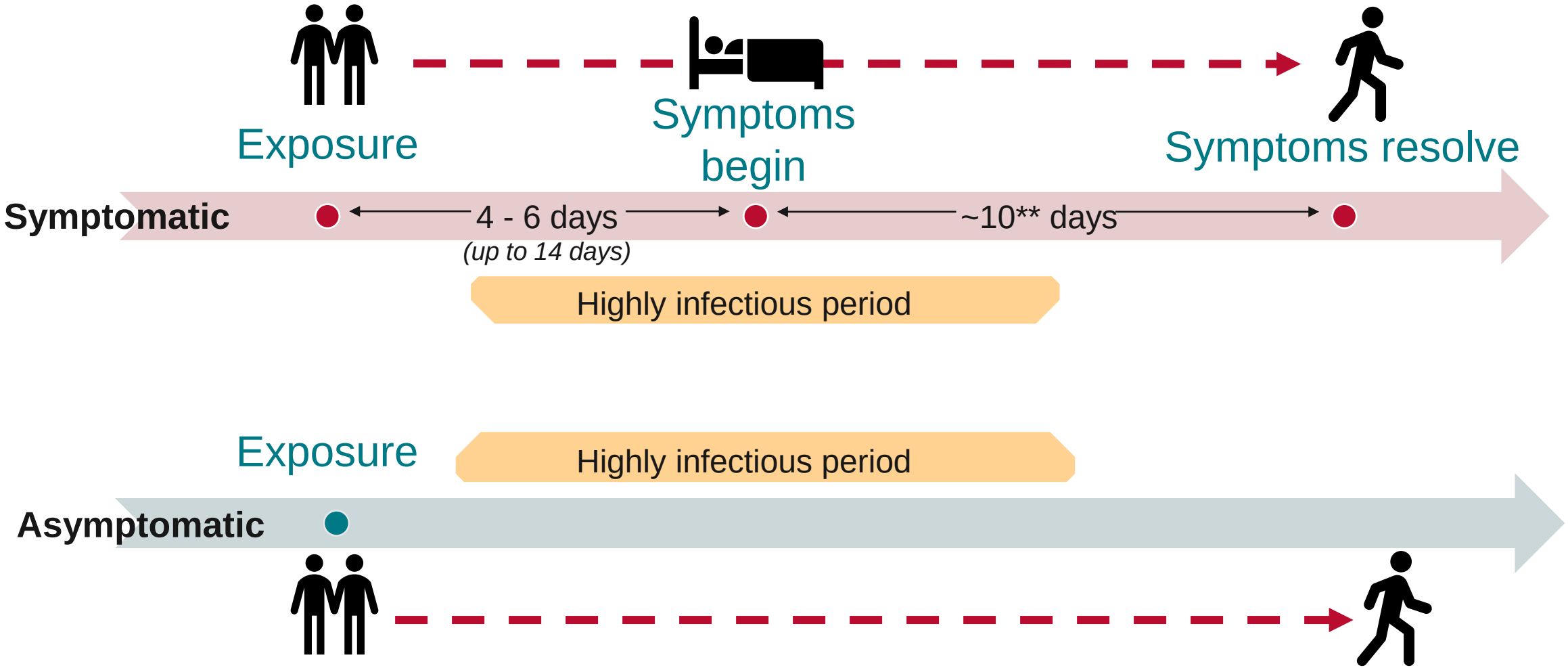
- Which does **Do Not Hospitalize (DNH)** make sense because it aligns with what matters?
  - **A. Mr. B** - main goal is to attend his great granddaughter's wedding this fall.
  - **B. Mrs. G** - main goal is to spend as many days as possible amongst her friends and community
  - **C. Mr. Y** - main goal is stay as strong and independent as possible.

Nursing Home Staff Returning to Work Safely during COVID-19

Objectives

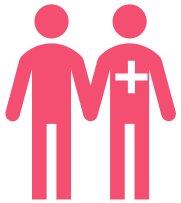
- Review regulations and processes for return to work following COVID-19 infection and exposures
- Share strategies to reduce potential staff shortages
- Discuss impact of COVID-19 vaccines on return to work policies

Natural history of COVID-19 infection



Return to Work Safely Scenarios

1. Return to Work after Symptomatic Infection
2. Return to Work after Asymptomatic Infection
3. Return to Work after Confirmed Exposure
    A. At Work
    B. Not at Work i.e. home
4. Return to Work in the context of Vaccination



1 & 2 Return to work after Infection – Symptomatic/Asymptomatic

When to Quarantine: Return to work (CDC)

- Out of abundance of caution to protect residents, follow CDC's endorsed quarantine of ***14 days** and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus.

Who Should Quarantine	Time Frame	Critical Criteria
COVID Positive *symptomatic* Infection (mild to moderate illness)	*14 days have passed since symptoms first appeared	▪ 24 hours since last fever without the use of fever-reducing medications, AND ▪ Symptoms improved
COVID Positive *symptomatic* Infection (severe to critical illness OR immunocompromised)	*14 days (possible up to 20 days, but consult epidemiology for guidance) have passed since symptoms first appeared	
COVID Positive asymptomatic infection	*14 days	

- NOTE: MA DPH guidance does not delineate between mild/moderate illness and severe to critical illness or immunocompromised staff.

1 & 2 Return to work after Infection – DPH December 7, 2020

Options for Shortened Strict Quarantine Period. **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 & Must Know

DPH:

- Does not use testing as criteria for return to work for HCP that are COVID positive with symptoms.
- Supportive of time-based strategy for return to work versus testing-based strategy.
- Maximum risk reduction is to follow **14-day** quarantine as a general rule

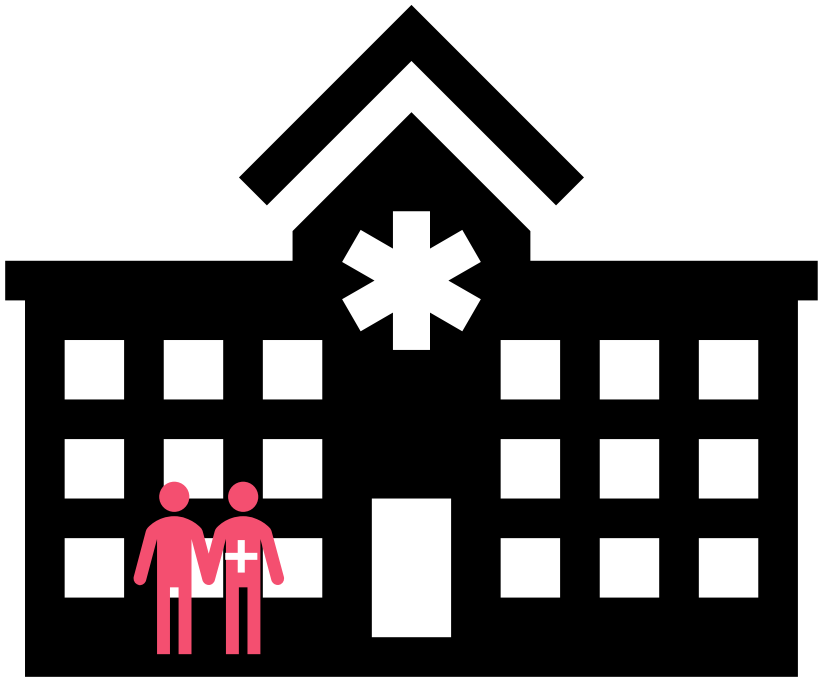
CDC:

- CDC no longer recommends a test-based strategy for return to work
- However, CDC does provide guidance for using a test-based strategy but should be used as an exception vs. a rule.
- Endorsed **14-day** quarantine as a recommendation

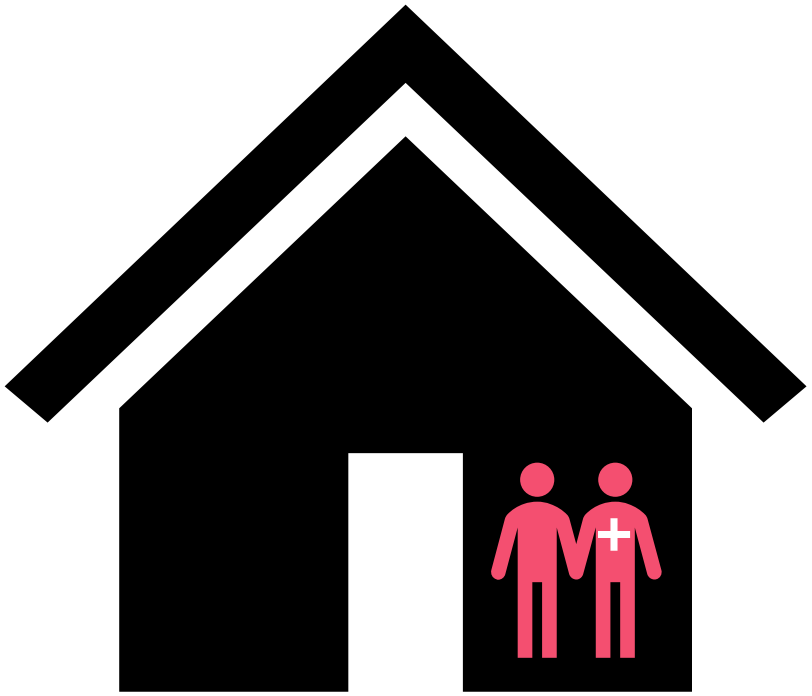
3A. Return to work after Confirmed exposure - WORK

Definition: Staff who has had an exposure at work to an another individual (resident or staff) with confirmed Covid-19 during their infectious period

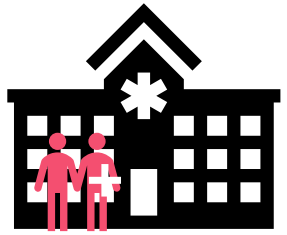
Work



Home



What counts as an Exposure? (CDC)

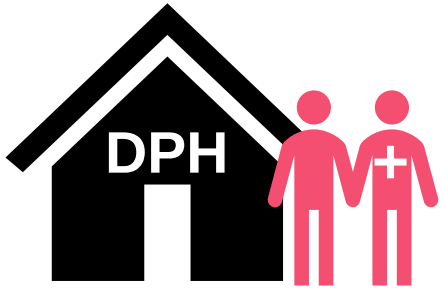


Contact	PPE gap	Work Restrictions
Staff member had: ❑ prolonged (15 min) **and** ❑ close contact (< 6ft) **and** ❑ with a patient, visitor, or other staff member with confirmed COVID-19 **and…**	❑ Staff not wearing a respirator or facemask **or** ❑ Staff not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask **or** ❑ Staff not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	Exclude from work for **14 days** after last exposure Advise staff member to monitor themselves for fever or symptoms consistent with COVID Staff should contact facility if they develop symptoms
Staff member had any other exposure		No work restrictions Continue routine symptom monitoring and routine testing

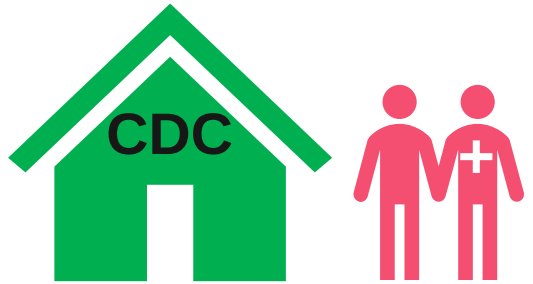
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

3B. Return to Work After Confirmed Exposure - HOME

Definition: Staff who is living in the same household with a person with confirmed Covid-19 during their infectious period.



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



- Quarantine for 14 days.
- If symptoms arise, transition to return-to-work guidelines for symptomatic cases.

Return to Work Guidance Following Exposures (DPH)

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

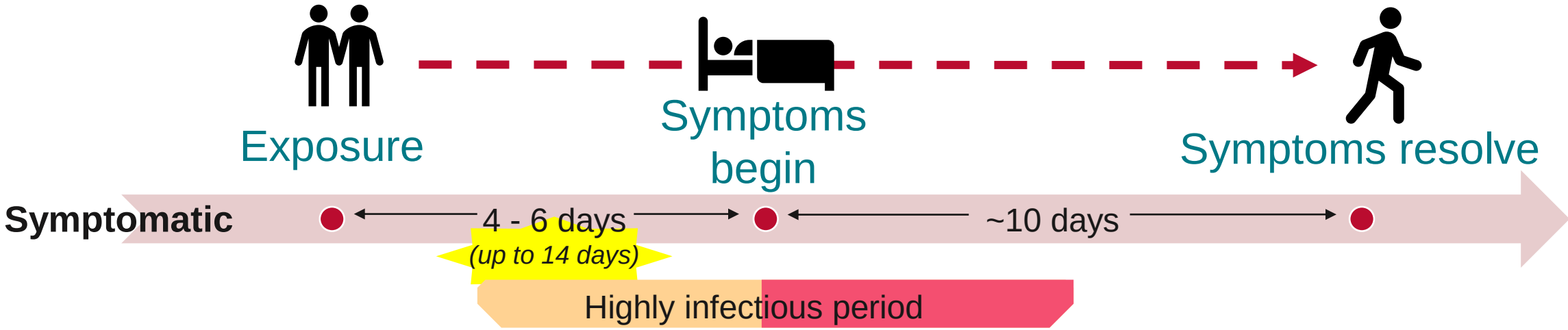
HCP may work following an occupational, household or community exposure under certain circumstances and only if not experiencing symptoms and have not tested positive for COVID-19

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

Travel: employees should not be allowed to work during quarantine related to travel. Employees should be required to meet the requirements set forth in the travel order.

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

Testing post-exposure



Positive test – may persist for days (or even weeks) after symptoms resolve

Case # 1 – Staff exposure

A member of your staff Chuck is informed that a resident he was taking care of 4 days ago tested positive for Covid-19 yesterday during surveillance testing. What is the most appropriate next step to take with Chuck?

A. Ask Chuck if he's been vaccinated

B. Make sure Chuck is scheduled for vaccination at the next vaccination clinic

C. Exclude Chuck from work for the next 10 days

D. Determine course of action based on whether Chuck has had a true work place exposure

E. Get Chuck tested

Mitigating Staffing Shortages Compare

DPH:

When…	..and HCP
1. May allow **exposed** but asymptomatic critical infrastructure workers to continue to work in select instances	1. Remains asymptomatic and have **not** tested positive.
2. Preserve the essential functions of critical infrastructure	2. Must always wear a facemask when at the worksite.
3. Used as last resort and only in limited circumstances	3. Could have additional risk mitigation precautions

CDC:

When…	…and HCP
1. In response to escalating staffing	1. "Exposed" may work until test results return, & asymptomatic
2. After other measures have failed	2. W/suspected or confirmed cases may work doing tasks that do not interact with other staff or residents
3. And patients and families should be notified of these policy adjustments as they are made	3. Confirmed & asymptomatic infection may care for cohorted residents who are also infected
4. Last resort	4. Staff with confirmed infections who are asymptomatic may care for patients who are uninfected

Staffing Key Take Aways & Must Know

- ✓ Staff up early – Do not wait to bring on agency staff
- ✓ Identify Key Staffing Dashboard metrics
  - ✓ Call out rates by shift
  - ✓ Patient Per Day Levels (i.e. HPPD falls below 3.58)
- ✓ Do not forget about support staff (i.e. housekeeping, dietary, supply, administrative, etc.)
- ✓ Infection Control Protocols
  - ✓ Surveillance Testing Policy
  - ✓ Contact Tracing
  - ✓ Return to work policy
  - ✓ Screening Employees
- ✓ Communicate it is okay to call out sick

Key Take Aways

- Up to 35% of people with COVID-19 are asymptomatic
- Infected staff are one of the primary ways that COVID-19 is spread
- Adapt non-punitive sick leave policies
- 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 critical
- 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 #2: Managing return to work policies during vaccinations

- Your facility is schedule for its second vaccination next week. You have heard that symptoms following the second vaccination can be much worse.

- How are you modifying your return to work policies following vaccinations?
- In terms of mitigating staff shortages, what considerations will you need to make?

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

Nizar Wehbi, MD, MPH, MBA

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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 28, 2021**

Topics:

- Session 9: Effective Leadership & Communication

Send in your facility's best practices/challenges by Monday, January 25 to Marina Renton, mrenton@maseniorcare.org

Wrap Up and Poll

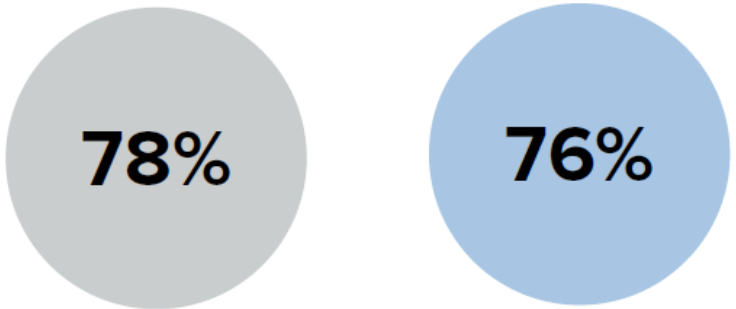
- Please watch your screen and respond to our 2 poll questions as they launch

Questions?

APPENDIX

For both Black and Latinx Americans, confidence in vaccine safety and effectiveness are the number one predictors of vaccine intention, making trust building on these fronts vital.

Safety and Intention

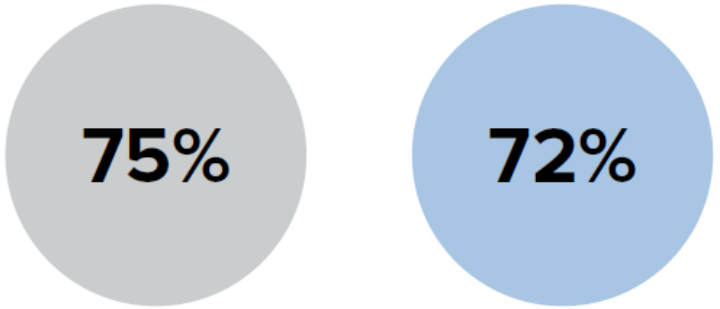


of **Black** Americans

of **Latinx** Americans

*Say **confidence in the vaccine's safety** is extremely or very important to decision to get vaccinated*

Effectiveness and Intention



of **Black** Americans

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*Say **confidence in the vaccine's effectiveness** is extremely or very important to decision to get vaccinated*

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While vaccination is a vital strategy for stopping the virus, a significant majority mistrust the safety and efficacy of a COVID-19 vaccine, particularly among Black Americans.

Trust in Vaccine Safety

of **Black** Americans

of **Latinx** Americans

Mostly or completely trust that a vaccine will be safe

Trust in Vaccine Effectiveness

of **Black** Americans

of **Latinx** Americans

Mostly or completely trust that a vaccine will be effective

Trust in Culturally Specific Testing and Safety

of **Black** Americans

of **Latinx** Americans

Are confident that a vaccine will be tested specifically for safety in their racial/ethnic group

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Trust building efforts must focus on helping minority communities build confidence in the people and institutions responsible for developing and delivering a vaccine.

Three-Quarters of Both Black and Latinx Americans

Would be less likely to get vaccine approved on Emergency Use Basis by the FDA

Trust in Various People and Institutions

	Among Black Americans	Among Latinx Americans
Dr. Fauci	53%	50%
The FDA	29%	41%
Pharmacies/Clinics	27%	35%
Drug Companies	19%	27%
The Trump Administration	4%	18%

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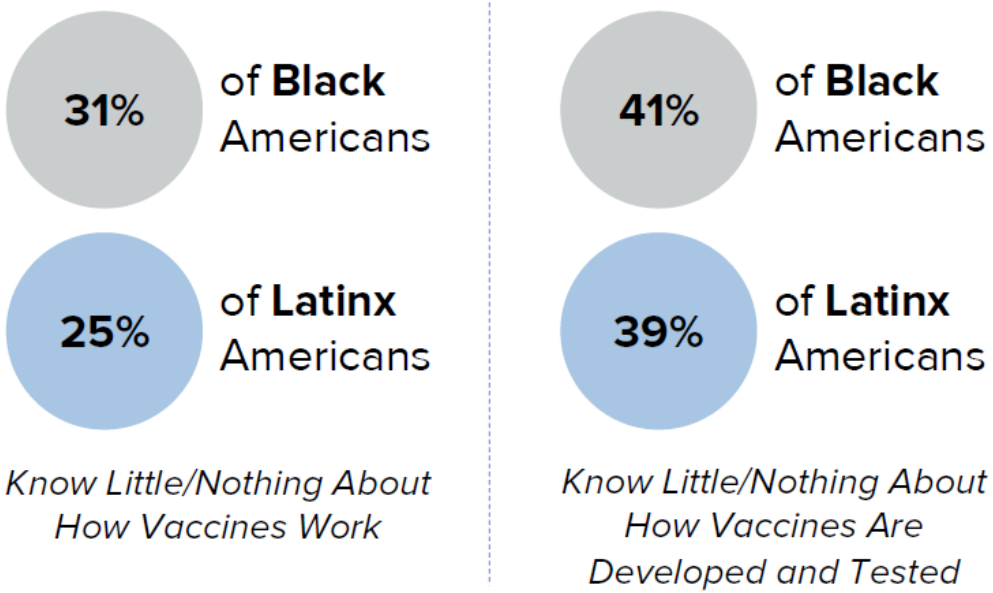
These efforts must also work to demystify the process itself—ensuring that communities have access to quality information that help build their understanding of the science.

Knowledge of the Science and Process of Vaccination and Vaccine Development



Among Black Americans who Follow COVID-19 News Very Closely vs. Those Who Don't

- More likely to trust Dr. Fauci (70% among those who follow the news vs. 18% for those who don't, **a 52-point difference)**
- More likely to trust scientists, the FDA, drug companies, clinics and pharmacies by **a 21- to 26-point difference**

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Health Care Provider Evaluation & Management of Post-Vaccine Signs & Symptoms (PVSS) guidance

Clinical judgement should determine the likelihood of infection vs PVSS

For the Health Care Provider (HCP) with in question, has the HCP received COVID-19 vaccination within the prior 3 days (day of vaccine is day 1) AND has no known COVID-19 exposure in the past 14 days?

Yes

Does the HCP have ANY of the following signs & symptoms (NOT typical for PVSS)?

- ❑ cough,
- ❑ SOB,
- ❑ runny nose,
- ❑ sore throat,
- ❑ loss of taste or smell)

NO

Likely PVSS
- if no temp 100 or more and feels up to it
-Reassess if symptoms last over 48 hours
-Consider SARS COV-2 testing

Yes

Likely NOT PVSS - Consider excluding from work pending formal diagnostic evaluation

https://emergency.cdc.gov/coca/calls/2020/callinfo_121420.asp