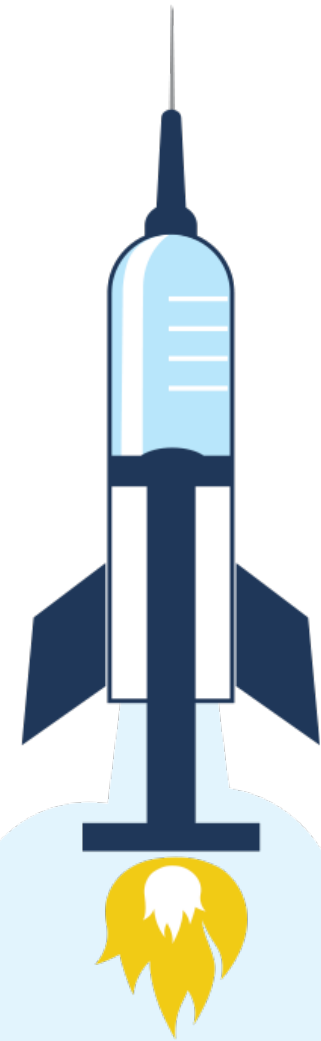


BOOST Office Hours: Infection Prevention

March 10, 2022

Presented by: Amy Ward MS, BSN, RN, CIC



 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Making Health Care Better *Together*



About Alliant Health Solutions

Amy Ward, MS, BSN, RN, CIC

INFECTION PREVENTION SPECIALIST

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths and assisting them in reducing health care-associated infections across the continuum of care.

Amy enjoys spending time with family. She loves all the time she can get outdoors camping, bicycling and running.

Contact: Amy.Ward@AlliantHealth.org



NHSN Updates

A new COVID-19 therapeutic approved by the Food and Drug Administration (FDA) was added to the COVID-19 Module Therapeutics Pathway on February 25, 2022.

- [NHSN COVID-19 Module](#)
- [SVH Event Reporting Tool](#)

Add COVID-19 Data

Date for which counts are reported: 03/01/2022 Facility CCN: Facility Type: LTC-SKILLNURS

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies and Personal Protective Equipment **Therapeutics**

Date Created:

Report total counts for the below questions only one calendar day during the reporting week and include only new counts since the previously reported counts. If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.

For each therapeutic listed, enter number of residents who received the therapeutic at this facility or elsewhere during the reporting week:

Therapeutic	How many residents were treated from stock stored at this facility?	How many residents were treated from stock that was stored at another facility, such as an infusion center?
Monoclonal Antibody Therapy		
Casirivimab/imdevimab (Regeneron)	<input type="text"/>	<input type="text"/>
Bamlanivimab/etesevimab (Lilly)	<input type="text"/>	<input type="text"/>
Sotrovimab (GlaxoSmithKline)	<input type="text"/>	<input type="text"/>
Evusheld (AstraZeneca)	<input type="text"/>	<input type="text"/>
Bebtelovimab (Lilly)	<input type="text"/>	<input type="text"/>
Antiviral Therapy		
Paxlovid (Pfizer)	<input type="text"/>	<input type="text"/>
Molnupiravir (Merck)	<input type="text"/>	<input type="text"/>

Mandatory fields marked with *

Save

Vaccine Dose Recommendations – Immunocompromised People


[COVID-19 Vaccination Clinical and Professional Resources | CDC](#)

Primary series vaccine	Age group	Number of doses in primary series	Booster timing
Pfizer	18+ years old	3 doses <ul style="list-style-type: none">• 2nd dose given 21 days after 1st dose• 3rd dose at least 28 days after 2nd dose	1 booster <ul style="list-style-type: none">• Given at least 3 months after 3rd dose
Moderna	18+ years old	3 doses <ul style="list-style-type: none">• 2nd dose given 28 days after 1st dose• 3rd dose at least 28 days after 2nd dose	1 booster <ul style="list-style-type: none">• Given at least 3 months after 3rd dose
J&J	18+ years old	2 doses <ul style="list-style-type: none">• 1st dose J&J/Janssen• 2nd dose Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) given at least 4 weeks (28 days) after 1st dose	1 booster, either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations <ul style="list-style-type: none">• given at least 2 months after 2nd dose

Summary of Interim Clinical Considerations for Use of COVID-19 Vaccines

Four-page document includes:

- Vaccine recommendations by age group
- Vaccine type (mRNA/adenovirus)
- Dose and dose volume
- Primary series doses
- Additional dose count for immunocompromised
- Booster dose count
- Pre-vaccination counseling
- Interchangeability
- Co-administration with other vaccines
- Contraindications
- Precautions
- Considerations

	Pfizer-BioNTech	Moderna	Janssen
Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States			
Preferential recommendation	mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna) are preferred over Janssen COVID-19 Vaccine for the primary series and booster doses.		
Age groups	5 through 11 years of age	12 years of age and older	18 years of age and older
Vaccine type	mRNA	mRNA	Replication-incompetent adenovirus type 26 vector
Dose	10 µg (orange cap)	<ul style="list-style-type: none"> • 30 µg (purple cap) • 30 µg (gray cap) 	<ul style="list-style-type: none"> • 100 µg (primary series and additional primary dose) • 50 µg (booster dose)
Dosage (volume)	0.2 mL	0.3 mL	<ul style="list-style-type: none"> • 0.5 mL (primary series and additional dose for moderately or severely immunocompromised persons) • 0.25 mL (booster dose)
Primary series doses	2	2	2
Additional doses for moderately or severely immunocompromised persons	1	1	1
Booster doses	n/a	1	1
COVID-19 vaccination schedule	COVID-19 Vaccine Interim COVID-19 Immunization Schedule for Ages 5 Years and Older (cdc.gov) https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-5yrs-older.pdf		
All currently authorized or approved COVID-19 vaccines			
Pre-vaccination counseling	<ul style="list-style-type: none"> ■ Prior to vaccination: ■ Provide the vaccine-specific Fact Sheet for Recipients and Caregivers Pfizer-BioNTech (https://www.fda.gov/media/144413/download), Moderna (https://www.fda.gov/media/144637/download), Janssen (https://www.fda.gov/media/146304/download). ■ Inform vaccine recipients mRNA vaccines are preferred over Janssen COVID-19 Vaccine. ■ Counsel COVID-19 vaccine recipients, parents, or guardians about expected reactions post-vaccination (e.g., pain and swelling at the injection site, fever, fatigue, headaches). ■ Inform persons receiving mRNA COVID-19 vaccines, especially males ages 12-39 years, of the rare risk of myocarditis and/or pericarditis following receipt of mRNA COVID-19 vaccines and the benefit of COVID-19 vaccination in reducing the risk of severe outcomes from COVID-19.* Counseling should also include the need to seek care if symptoms of myocarditis or pericarditis occur after vaccination, particularly in the week following vaccination. ■ Inform persons interested in or receiving Janssen COVID-19 Vaccine of the risk and symptoms of thrombosis with thrombocytopenia syndrome (TTS), as well as the need to seek immediate medical care should symptoms develop after receiving Janssen vaccine. 		
<small>* A 3-week (Pfizer-BioNTech) or 4-week (Moderna) interval between the first and second dose continues to be the recommended interval for people who are moderately or severely immunocompromised, persons ages 65 years and older, and others who need rapid protection due to increased concern about community transmission. The small risk of myocarditis associated with mRNA COVID-19 vaccines, particularly in males ages 12-39 years, might be reduced and peak antibody responses and vaccine effectiveness may be increased with a longer interval; up to 8 weeks between doses.</small>			

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/Considerations-for-Interpretation-of-SARS-CoV-2-Antigen-Tests-in-Long-Term-Care-Facilities.pdf>

RESIDENTS

	Up to Date on Vaccination	Recovered from COVID-19 infection in previous 90 days	NOT Up to date
Admission/readmission	No quarantine/isolation needed, test on admission and between days 5-7	No quarantine/isolation needed, test on admission and between days 5-7	Quarantine using full PPE for 14 days regardless of test results, test on admission and between days 5-7
Out of facility <24 hours	Remind resident and transporter/family to maintain HH, masking, distancing	Remind resident and transporter/family to maintain HH, masking, distancing	Remind resident and transporter/family to maintain HH, masking, distancing
Testing	Test per facility testing plan using Ag or NAAT test	Test per facility testing plan using Ag test	Test per facility testing plan using Ag or NAAT test
Exposure	Quarantine not necessary if exposed to COVID-19 case, should wear source control mask and be tested within 24 hours of exposure and at day 5-7	Quarantine not necessary if exposed to COVID-19 case, should wear source control mask and be tested within 24 hours of exposure and at day 5-7	Quarantine to single occupancy room with private bathroom under full transmission based precautions for at least 10 day (date of exposure = day 0). Patients can be removed from transmission based precautions after day 7 following the exposure if they do not develop symptoms if a viral test is negative. Negative test required before removal of precautions within the 48 hours prior to planned discontinuation of transmission based precautions.
Isolation	Isolate to single occupancy room with private bathroom under full transmission based precautions for at least 10 days since symptom onset or first positive test. Symptoms must be resolving and fever free for at least 24 hours with no fever reducing medications. For immunocompromised residents, at least 10 and up to 20 days under isolation, recommended consultation with ID physician prior to removal of precautions.	Isolate to single occupancy room with private bathroom under full transmission based precautions for at least 10 days since symptom onset or first positive test. Symptoms must be resolving and fever free for at least 24 hours with no fever reducing medications. For immunocompromised residents, at least 10 and up to 20 days under isolation, recommended consultation with ID physician prior to removal of precautions.	Isolate to single occupancy room with private bathroom under full transmission based precautions for at least 10 days since symptom onset or first positive test. Symptoms must be resolving and fever free for at least 24 hours with no fever reducing medications. For immunocompromised residents, at least 10 and up to 20 days under isolation, recommended consultation with ID physician prior to removal of precautions.

New resource available: [Resident and Staff Infection Prevention Guidelines - NQIC \(allianthealth.org\)](https://www.allianthealth.org/resources/resident-and-staff-infection-prevention-guidelines-nqic)

STAFF

	Up to Date on Vaccination or Recovered from COVID-19 Infection In previous 90 days	NOT Up to date
Testing if exposed to COVID-19 or displaying s/s of COVID-19	<p>Test all with even mild symptoms, a second test may be performed at the discretion of evaluating clinician, particularly when a high level of suspicion for COVID-19 exists (e.g. negative antigen test in a person with symptoms of COVID-19).</p> <p>Infectious disease expert consultation should be sought to resolve discrepant results.</p> <p>Test per facility testing plan. Antigen testing is preferred if testing asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.</p>	<p>Test all with even mild symptoms, a second test may be performed at the discretion of evaluating clinician, particularly when a high level of suspicion for COVID-19 exists (e.g. negative antigen test in a person with symptoms of COVID-19).</p> <p>Infectious disease expert consultation should be sought to resolve discrepant results.</p>
Quarantine if Exposed to COVID-19 (conventional)	<p>No work restrictions, with negative test on days 1 (within 48 hours of return to work) and days 5-7.</p> <p>Test per facility testing plan. Antigen testing is preferred if testing asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.</p>	<p>10 days or 7 days with negative test (within 48 hours of return to work)</p>
Return to work if positive for COVID-19 (conventional)	<p>10 days, or 7 days with negative test if asymptomatic or mild to moderate illness with improving symptoms.</p> <p>Test per facility testing plan. Antigen testing is preferred if testing asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.</p>	<p>10 days, or 7 days with negative test if asymptomatic or mild to moderate illness with improving symptoms</p>

DEFINITIONS:

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

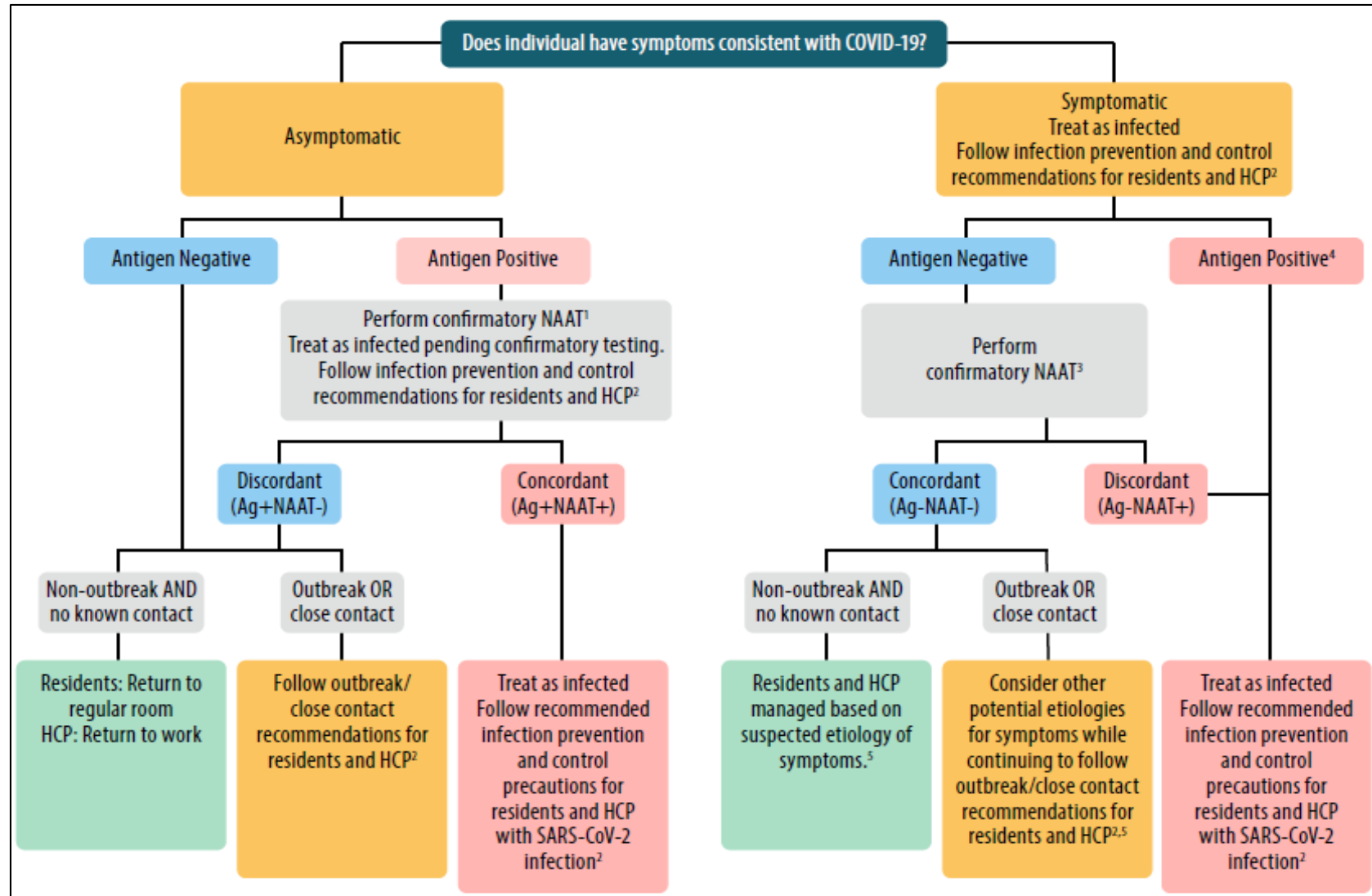
Fully vaccinated means a person has received their primary series of COVID-19 vaccines.

NOT up to date means not vaccinated and/or not boosted within time frame recommended by CDC

New resource available:
[Resident and Staff Infection Prevention Guidelines - NQIIC](#)
allianthealth.org

Testing Guidance

SARS-CoV-2 Antigen Testing in Long Term Care Facilities | CDC



Contact Information



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Questions?



References

Centers for Disease Control and Prevention. (2022, February 2). *Interim infection prevention and control recommendations to prevent SARS-COV-2 spread in nursing homes*. Centers for Disease Control and Prevention. Retrieved February 4, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

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Centers for Disease Control and Prevention. (2022, January 21). *STRATEGIES TO MITIGATE HEALTHCARE personnel staffing shortages*. Centers for Disease Control and Prevention. Retrieved February 2, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>



CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

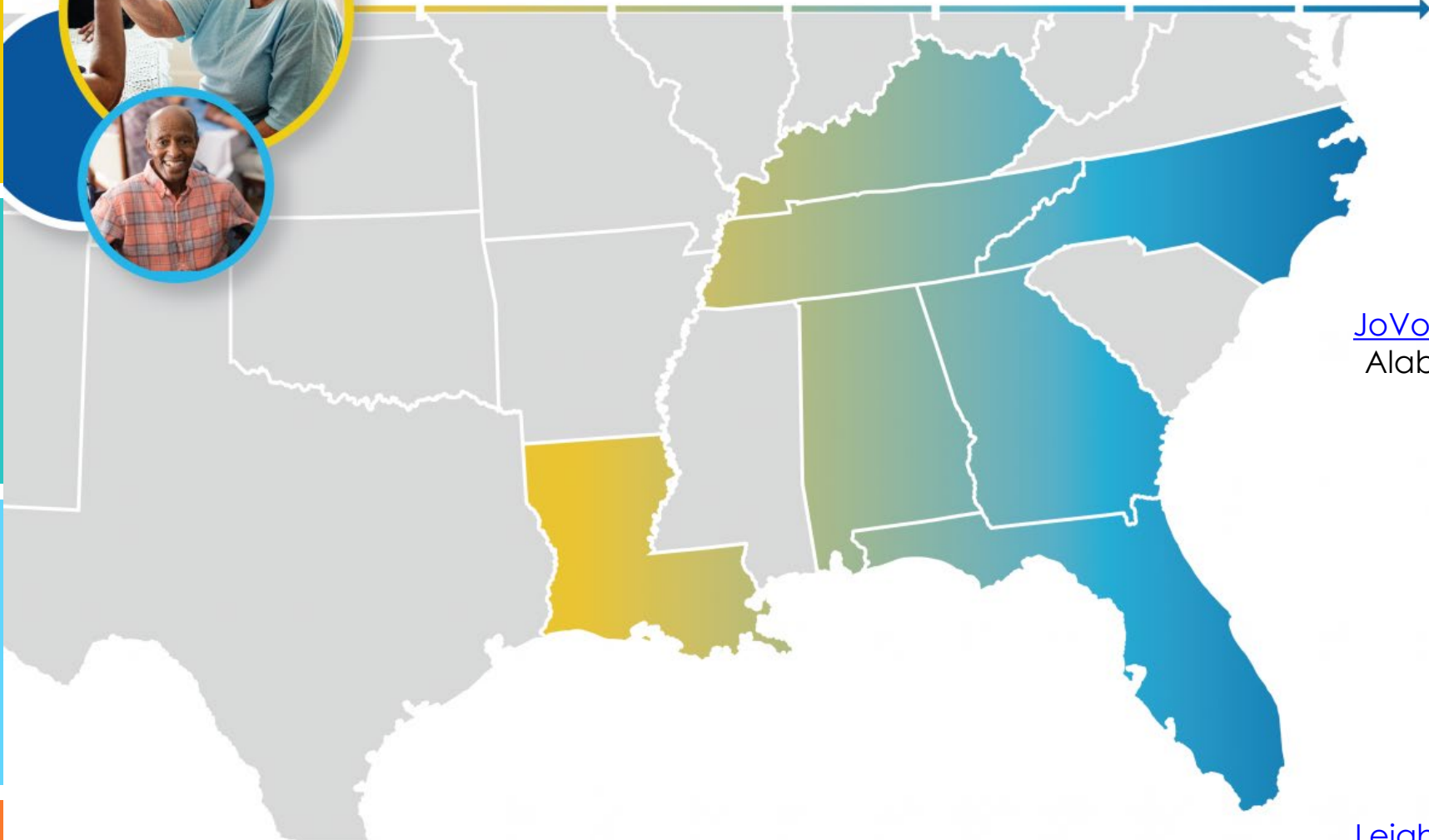
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*



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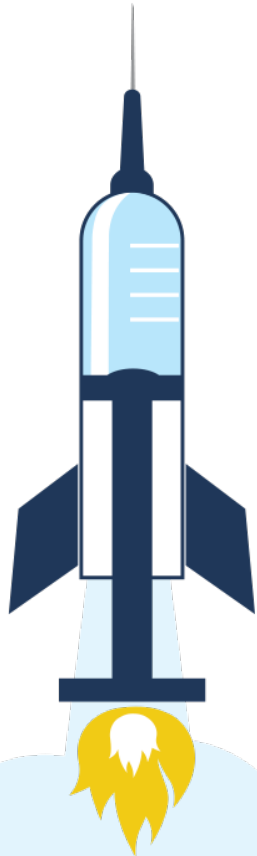


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