



# VCU

## Nursing Home ECHO COVID-19 Action Network

Virginia Nursing Homes \* VCU Department of Gerontology  
VCU Division of Geriatric Medicine \* Virginia Center on Aging

For educational and quality improvement purposes, we will be recording this video-session. By participating in this ECHO session you are consenting to be recorded. If you have questions or concerns, please email, [nursinghome-echo@vcu.edu](mailto:nursinghome-echo@vcu.edu).

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some teleECHO® 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



Agency for Healthcare  
Research and Quality





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# Post Vaccination Practices: Session 5

## Workforce Considerations

# CE/CME Disclosures and Statements

## Disclosure of Financial Relationships:

The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:

Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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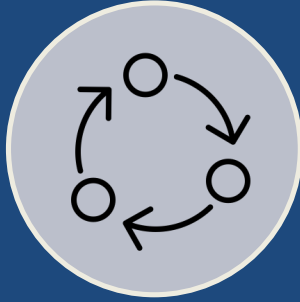
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# ECHO is All Teach, All Learn



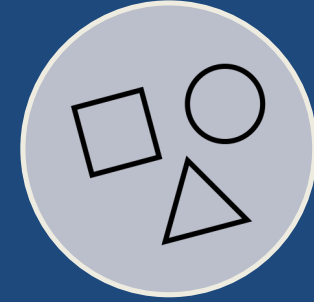
Interactive



Co-  
Management  
of Challenges



Peer-to-Peer  
Learning



Collaborative  
Problem  
Solving



# Agenda

- Introduction
  - Virginia COVID-19 Status (data)
  - Guidance/Regulatory Updates (CDC, CMS)
  - From the Literature
- Circling back: Addressing Concerns raised last week
- Weekly Content with Interactive Quality Improvement
- Wrap up
- Open Discussion
  - COVID-19 Active Issues
  - QI Content, more in-depth conversation
  - Questions for Group Discussion

# Session 5 Learning Objectives

1. Develop strategies for training of new staff with respect to their readiness for change according to Rogers' adopter categories
1. Review post vaccination practices for staff and for return to work post exposure
1. Delineate methods of translating changes and processes into reliable systems for empowering staff around mitigation of COVID-19 risk



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# COVID-19 Updates

- Data
- CDC/CMS
- From the literature

# Data Updates

In this section, we will cover weekly updates regarding data around COVID-19 transmission, variants, and forecasting



# May 28 Data update VA

## VIRGINIA

STATE PROFILE REPORT | 05.28.2021

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	2,531 (30)	-18%	14,927 (48)	146,174 (44)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.6%	-0.8%*	3.0%	2.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	88,895** (1,041**)	-3%**	539,691** (1,749**)	6,258,900** (1,885**)
COVID-19 DEATHS (RATE PER 100,000)	82 (1.0)	-1%	405 (1.3)	3,174 (1.0)

# May 28 Data Update Virginia

SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	4%†	+1%*
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	7%†	+2%*
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%†	+0%*
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,572 (9)	-8% (-8%)
CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	337 (2)	-16% (-16%)

## VIRGINIA STATE SYNOPSIS

RATE OF NEW COVID-19 CASES PER 100,000

VIRAL (RT-PCR) LAB TEST POSITIVITY RATE

NEW CONFIRMED COVID-19 HOSPITAL ADMISSIONS / 100 BEDS

RATE OF NEW COVID-19 DEATHS PER 100,000

COMMUNITY TRANSMISSION LEVEL

LAST WEEK	CHANGE FROM PREVIOUS WEEK
30	-18%
2.6%	-0.8%
2	-16%
1.0	-1%
MODERATE TRANSMISSION	

# June 6 Virginia Vaccine Update



## COVID-19 in Virginia: Vaccine Summary



Dashboard Updated: 6/6/2021

### COVID-19 Vaccinations in Virginia

**Total Doses Administered - 8,340,878**

People Vaccinated  
with at Least One  
Dose\*

**4,748,444**

% of the Population  
Vaccinated with at  
Least One Dose

**55.6%**

People Fully  
Vaccinated^

**3,872,260**

% of the Population  
Fully Vaccinated

**45.4%**

% of the Adult (18+) Population  
Vaccinated with at Least One  
Dose  
**67.8%**

% of the Adult (18+)  
Population Fully Vaccinated  
**56.9%**

\* People vaccinated with one dose of a two-dose vaccine and one dose of a single-dose vaccine, including doses administered through the Federal CDC program.

# CDC/CMS Updates

In this section, we will cover weekly updates from CDC, CMS, VDH, or novel research findings that impact nursing homes.

# CDC Updates

no new updates

# CMS Updates

no new updates

# FDA N-95 Mask Updates

May 27, 2021

- Limit decontamination
- Limit use of non-NIOSH masks
- Transition away from Crisis Capacity Standards

# CDC Optimizing PPE Supplies

## Contingency Capacity Strategies (during expected shortages)

Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients without removing the respirator

## Crisis Strategies (during known shortages)

### *When N95 Supplies are Running Low*

Use respirators [approved under standards used in other countries](#) that are similar to NIOSH-approved respirators

Implement limited re-use of N95 respirators and limit to no more than five uses (i.e., five donnings) per device by the same HCP, unless otherwise specified by the manufacturer.



# Refresher - CDC Guidance on N95

HCP working in facilities located in areas **with moderate to substantial community transmission**

- N95 respirators or equivalent or higher-level respirators should be used for
  - 1) aerosol-generating procedures AND
  - 2) All surgical procedures that might pose higher risk for transmission if the patient has COVID-19
- One of the following should be worn by HCP for source control while in the facility and for protection during patient care encounters:
  - An N95 respirator OR
  - A respirator approved under standards used in other countries OR
  - A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; use of a mask fitter; [tying the facemask's ear loops and tucking in the side pleats; fastening the facemask's ear loops behind the wearer's head](#)[external icon](#); use of a cloth mask over the facemask to help it conform to the wearer's face)
- Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions.

# Refresher - CDC Guidance on N95

HCP working in facilities located in areas **with minimal to no community transmission**

- continue to adhere to [Standard](#) and [Transmission-Based Precautions](#) based on anticipated exposures and suspected or confirmed diagnoses. This *might* include use of eye protection, an N95 or equivalent or higher-level respirator, as well as other personal protective equipment (PPE). In addition, universal use of a well-fitting facemask for source control is recommended for HCP if not otherwise wearing a respirator.

# Refresher - Transmission-Based Precautions

- HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to [Standard Precautions](#) and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection.

# From The Literature

Today we will review an article regarding the safety of Covid-19 mRNA vaccines written by the University of Colorado School of Medicine and published May 18, 2021

# The safety of Covid-19 mRNA vaccines: a review

Pratibha Anand & Vincent P. Stahel

- The concept of mRNA vaccines has been scientifically relevant since the early 21st century, however, the development of the Pfizer/BioNTech and Moderna COVID19 vaccines presents the initial, large scale, application of this type of inoculation
- The vaccine provides the cells with a blueprint to construct the protein
- This process allows the host to mount an immune response against the constructed foreign protein
- The immune response elicits the production of antibodies, which allows the body to develop a certain degree of immunity against the specific pathogen
- mRNA vaccines have been designed and developed for years against other pathogens, such as ebola, zika, rabies, influenza, and cytomegalovirus

# The safety of Covid-19 mRNA vaccines: a review

Pratibha Anand & Vincent P. Stahel

- The Pfizer/BioNTech vaccine (BNT162b2) trial reported that the vaccine had 95 % efficacy
- The trial enlisted a total of 43,548 adult volunteers, with half of the participants receiving a placebo injection, and the other half receiving the actual vaccine.
- One hundred seventy people contracted COVID-19 in both groups: 8 of these participants were in the vaccine group, and the other 162 participants were in the placebo group.
- The Moderna vaccine (mRNA-1273) trial enrolled 30,420 volunteers, half of the participants received the vaccine, while the other half received the placebo
- Of the 15,210 participants in the placebo group, 185 contracted COVID-19 compared to 11 participants that contracted the virus in the vaccine group.
- These results demonstrated 94.1% efficacy of the Moderna vaccine

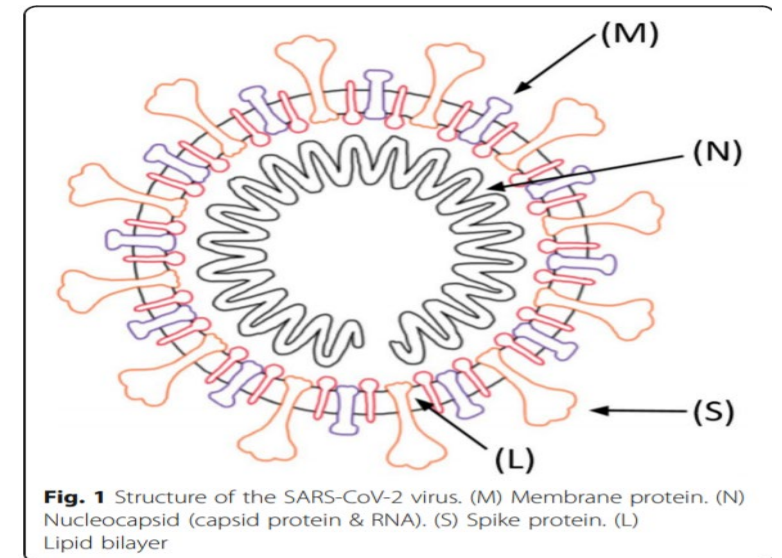
<https://pssjournal.biomedcentral.com/track/pdf/10.1186/s13037-021-00291-9.pdf>

# The safety of Covid-19 mRNA vaccines: a review

Pratibha Anand & Vincent P. Stahel

- As of publication of this review, there have been no serious side effects identified in the ongoing phase 3 clinical trials for both the Moderna and Pfizer/BioNTech mRNA vaccines
- Mild local side effects including heat, pain, redness, and swelling are more common with the vaccines than with the placebo
- Other systemic side effects including fatigue, fever, headache, myalgias, and arthralgias occur more frequently with the vaccine than with placebo, with most occurring within 1 to 2 days following vaccination
- Hypersensitivity adverse side effects were equivalently reported in both the placebo and vaccine groups in both trials
- Two vaccine recipients died (one from arteriosclerosis, one from cardiac arrest) compared to four fatalities in the placebo group (one from hemorrhagic stroke, one from myocardial infarction, and two from unknown causes)
- None of the deaths were found by the investigators to be connected to the vaccine or placebo.

<https://pssjournal.biomedcentral.com/track/pdf/10.1186/s13037-021-00291-9.pdf>



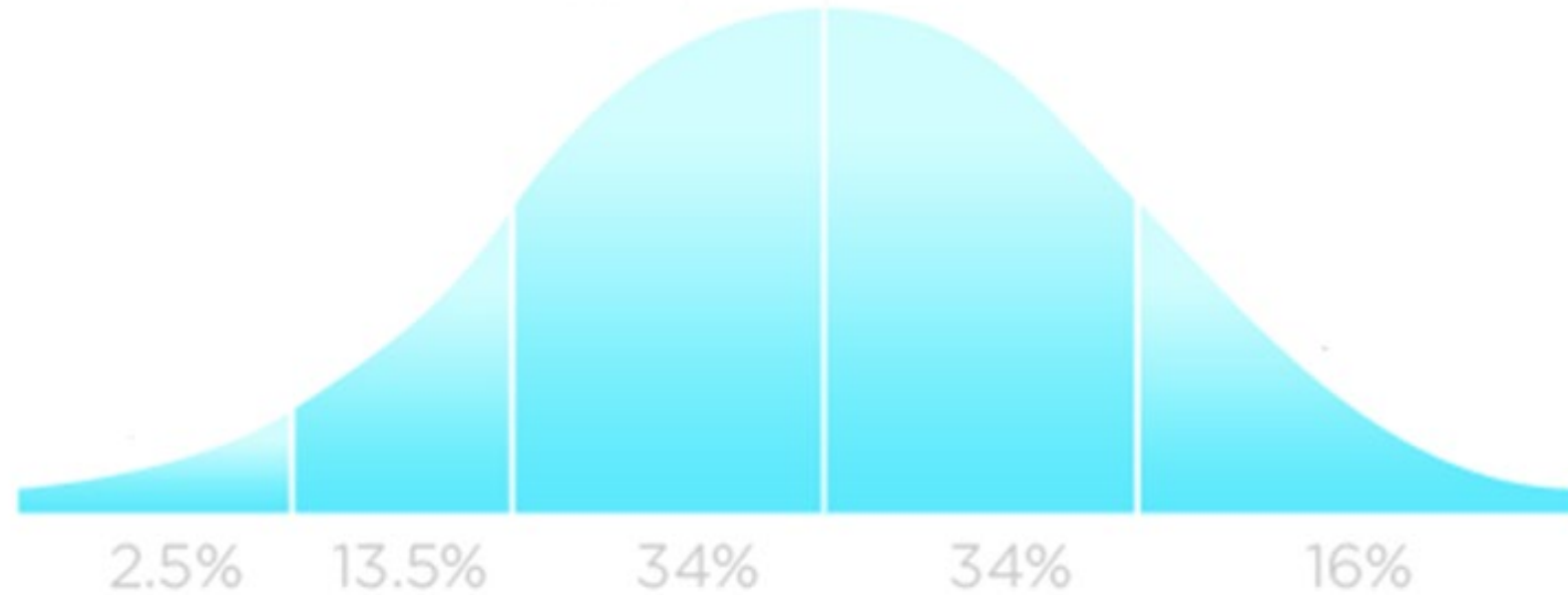
# Address of Concerns raised last week

Question raised on what is recommended for screening of vaccinated employees

Question arose on possibility of vaccinated employees not wearing a mask



# Diffusion of Innovation: Roger's Adopter Categories



**INNOVATION ADOPTION LIFECYCLE**

Rogers, E. M. (2003). Diffusion of innovations. New York, Free Press.

# Matching activities to Key Adopter Categories

## Early adopters

- Search for successful sites (“Found Pilots”)
- Create pull through communication
- Change agents need a plan for sites that come forward
- Focus on influencers as messengers
- Invest resources initially with the early adopters
- Make the work of early adopters observable

## Early majority

- Allow for peer-to-peer contact with early adopters
- Communicate local successes

## Late majority

- Peer pressure is necessary
- Communicate that adoption of the changes is inevitable

## New Questions

- What is top of the mind for you?
- Do you have questions that we should cover this week?
- What has been challenging this week that we can assist you with?

## Worry List

### **What keeps you up at night?**

- Vaccine Hesitancy?
- Staff turnover

### **What are you most proud of in your workplace?**

**Please unmute or chat in**



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# **Post Vaccination Practices**

Workforce Considerations

# Post Vaccination Considerations for Health Care Staff

## Policies and Procedure Updates

- Systemic signs and symptoms post vaccination
- Impact to staffing
- Prevention strategies in place
- Return to Work updates (vaccinated and nonvaccinated staff)

## Communication

## Education

## Surveillance



# Post Vaccination Signs and Symptoms

## Signs and Symptoms

- Fever
- Fatigue
- Headache
- Chills
- Myalgia
- Arthralgia

Strategies to manage signs & symptoms  
and limit restrictions

Documentation



# Post Vaccination Considerations for Staff

## Considerations:

- Stagger employee vaccinations so everyone on the same unit or department are not vaccinated on the same day
- Educate staff on the short-term signs and symptoms
- Timely assessment of employees and test as indicated for COVID-19

<https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html>

# Post Vaccination Consideration for Staff

- Employees with a fever following vaccination should stay home pending evaluation
- Consider COVID-19 testing
- Employee should be educated on reporting to the facility administrator of the vaccine program possible side effects to Vaccine Adverse Event Reporting System (VAERS)
- Assist employees enrolling in “v-safe”



<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

<https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>



# Minimize Impact to Staffing

- Vaccination Schedule
  - 1st dose
  - 2nd dose
- Communicate with staff
- Timely assessment of staff
- Options



# COVID-19 Exposure-Work Restriction Consideration

Exposure	Staff Vaccination Status	Work Restrictions
High risk exposure	Unvaccinated	<ul style="list-style-type: none"><li>● exclude from work for 14 days</li><li>● monitor for symptoms</li><li>● contact employer at onset of symptoms</li></ul>
High risk exposure	Unvaccinated or vaccinated - Recovered from Covid-19 in past 3 months	no work restriction but review with public health
High risk exposure	Vaccinated	no work restriction
High risk exposure	Vaccinated but with underlying immunocompromised conditions	<ul style="list-style-type: none"><li>● may have poor vaccine response</li><li>● consider work restrictions</li><li>● review with public health for guidance</li></ul>
Travel (see next slide)	Vaccinated	Domestic - no quarantine International - must quarantine

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

**High risk exposure** = Health Care Provider was not wearing a face mask, eye protection or appropriate PPE during prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection.

# Domestic Travel

## CORONAVIRUS DISEASE 2019 (COVID-19)

### Domestic Travel

RECOMMENDATIONS AND REQUIREMENTS

Not Vaccinated

Fully Vaccinated

Get tested 1-3 days before travel



Get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you don't get tested.



Self-monitor for symptoms



Wear a mask and take other precautions during travel



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS323515-A 04/02/2021

# International Travel

## CORONAVIRUS DISEASE 2019 (COVID-19)

International Travel RECOMMENDATIONS AND REQUIREMENTS		
	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before traveling out of the US	✓	
Mandatory test required before flying to US	✓	✓
Get tested 3-5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS323515-A 04/02/2021

# Symptom Based Strategy: Return to Work

## Mild to Moderate Illness

(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

## Asymptomatic throughout their infection and are not severely immunocompromised

- At least 10 days have passed since the date of their first positive viral diagnostic test.

## Severe to critical illness and severely immunocompromised

- At least 10 days and up to 20 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
- Consider consultation with infection control experts, local department of public health

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

# Benefits of Getting Vaccinated for COVID-19

## 1. No quarantine after domestic travel.

The updated CDC guidelines (April 27, 2021) state “people who are fully vaccinated ... can travel safely within the United States. [They] do NOT need to get tested or self-quarantine.” If you are unvaccinated, you need to get tested 1-3 days before your trip, wear a mask, and upon return need to quarantine and get tested 3-5 days after travel. The quarantine period may be a full 7 days.

## 2. No more routine COVID-19 testing.

Based on the most recent CMS testing requirements for staff working in nursing homes (CMS QSO-20-38-NH, revised 4/27/2021), “fully vaccinated staff do not have to be routinely tested.” Please note that this does not apply in an outbreak or if the staff member develops symptoms of COVID-19.

## 3. No mask in the community.

According to the latest CDC guidelines (May 13, 2021), fully vaccinated people no longer “need to wear a mask or physically distance” in the community.



# Education

- Adherence to core COVID-19 infection prevention practices
- Post-Vaccination Facility Policies
  - Visitation
  - Return to Work
  - Other



# Translation of Ideas into Reliable Practice

- Standardization
- Decision aids and reminders
- Take advantage of pre-existing habits and patterns
- Make the desired action the default rather than the exception
- Create redundancy
- Bundle improvements
- Encourage teamwork, learning through feedback and training
  - Resilience

Elegert Family Practice Management, 2005



# Let's Translate!

Standardization

How can you use standardization to address reporting of Adverse Events from vaccination?

Decision Aids

How can decision aids help staff know when to return to work?

Bundle Improvements

What services can be bundled to ensure residents are fully cared for when you are short staffed?

Take Advantage of a Habitat or Pattern

How patterns can you use to ensure testing happens at the right place and time?

# 4 Steps to Mitigate Threats (during COVID and beyond)

1. Make risk visible
  - a. **Use your data: Track your outcomes**
  - b. **Know when things go wrong**
  - c. **Highlight opportunities where things could go wrong**
2. Honor existing procedures/protocols and adopt new ones as needed
3. Double down on efforts that address psychological safety and the added stress
4. Be transparent and account for the current environment
  - a. **Ensure everyone in your facilities and larger community (families, consultants, etc.) KNOW the current state**

Martin, Berry, Mate. How to Safely Restart Elective Surgeries After a COVID Spike. Harvard Business Review, November 19, 2020.

# References and Resources

- The Centers for Disease Control and Prevention. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- The Centers for Disease Control and Prevention. Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- The Centers for Disease Control and Prevention. Clinical Questions about COVID-19: Questions and Answers. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#anchor-handling>

# References and Resources

- Centers for Disease Control and Prevention. Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility: <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html>
- Centers for Disease Control and Prevention. V-safe After Vaccination Health Checker. Updated Apr. 1, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

# References and Resources

- The Centers for Disease Control and Prevention. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
- Centers for Medicare & Medicaid Services. Nursing Home Visitation-COVID-19 (Revised). QSO-20-39-NH, September 17, 2020, Revised 03/10/2021: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>
- Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2021) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 16 (4):  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222external%20iconexternal%20iconexternal%20icon>

# Resources

Anand, P & Stahel, V (2021).The safety of covid-19 mRNA vaccines: a review.

*Patient Safety and Surgery.*

***<https://pssjournal.biomedcentral.com/track/pdf/10.1186/s13037-021-00291-9.pdf>***

# Just for your information




Three Virginia-based organizations are leading a new initiative to address the health care workforce shortage by creating an opportunity for certified nurse aides (C.N.A.) to become leaders in the aging services field. Funded by a grant applied for and won by [LeadingAge Virginia](#), the association of nonprofit providers of aging services, the new educational program consists of classroom and clinical coursework developed by LeadingAge Virginia and executed in partnership with [Blue Ridge Community College](#) (BRCC) and [Sunnyside Retirement Community](#). Students who complete the required coursework will be eligible to receive certification through the [Virginia Board of Nursing](#) as Advanced Certified Nurse Aides.

An "Advanced Nurse Aide" is certification provided by the Virginia Board of Nursing upon successful completion of the approved course through BRCC. Thirty students will receive scholarships to take the course – Ten students over three semesters.

[Advanced CNA | Home - LeadingAge Virginia](#)

# Resources - our website

<https://www.vcuhealth.org/NursingHomeEcho>



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Education

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## Curriculum

Take the opportunity to submit and discuss your de-identified case study for feedback from team c early childhood specialists. To submit a case for presentation during an ECHO clinic, please email . [jhmathews@vcu.edu](mailto:jhmathews@vcu.edu).

## Upcoming Sessions

### 16-Week Curriculum Topics

Session 1: Program Introduction: Preventing and Limiting the Spread of COVID-19 in Nursing Home

- [Session 1 Summary](#)
- [Slide Presentation](#)

Session 2: Infection Prevention Management: Guidance and Practical Approaches for Use of Perso (PPE) during COVID-19