Nursing Home ECHO
COVID-19 Action Network

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

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Session 5

Cleaning and Disinfecting

Quality Assurance Performance Improvement - Are Our Processes Reliable?

COVID-19 Vaccine Update

Acknowledgements

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Announcements

Reminder: no sessions Dec 21-30

Session Agenda

- Acknowledgements & Announcements
- Best Practices Briefing
- Case Presentation
  - Hub Team response and recommendations
  - Spoke Sites response and recommendations
  - Facilitator summarizes recommendations
- Quality Assurance and Performance Improvement Booster
- Community Forum - Sharing Successes, Challenges and Solutions

Participation Reminders

- **Attend!** First 60 minutes of each meeting are required (Additional 30 minutes optional)

- **Participate!** Ask questions, share ideas, learn best practices

- **Share a case!** Submit a challenging situation you are working to resolve at your facility that other participants might be able to help with or learn from.

- **Provide feedback!** Complete confidential surveys to evaluate and refine our program.

Interactive → Co-Management of Challenges → Peer-to-Peer Learning → Collaborative Problem Solving

All Teach - All Learn

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Your Hub Team

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Week 5 Learning Objectives

Best Practices Briefing:

- Identify two evidenced-based practices that are part of cleaning and disinfection of facilities

- Identify one evidenced based performance improvement tool.

- Implement effective communication and accountability for cleaning and disinfecting.

Quality Assurance/Performance Improvement:

- Describe the concept of reliability

COVID-19 Vaccine

- Appreciate the scientific underpinning of the COVID-19 vaccines
- Review a "toolkit" to overcome staff concerns re. the vaccine

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Slide content thanks to: Lisa Thomson, BA, LNHA, HSE, CIMT
Chief Strategy and Marketing Officer

Susan LaGrange, RN, BSN, NHA, CDONA, FACDONA, CIMT, IP-BC
Director of Education

Cleaning and Disinfection

First Things First

- Policies and Procedures
- Choice of Cleaning and Disinfectant Products
  - EPA-Registered Disinfectants
- Employee Education Examples
  - Return Demonstration
    - PPE
    - Product Choice and Preparation
    - Cleaning Supplies and Equipment
    - Cleaning and Disinfecting

EPA Guidance

Pesticide Registration

Selected EPA-Registered Disinfectants

This page contains information on certain EPA-registered disinfectants, including links to lists of products registered against common pathogens like hepatitis or norovirus and a list of products registered against *Candida auris*.

On this page:
- Antimicrobial products registered with EPA for claims against common pathogens
- Antimicrobial products registered with EPA for claims against Candida auris
- Information on registration numbers
- Additional information

Antimicrobial Products Registered with EPA for Claims Against Common Pathogens

The following lists of antimicrobial products registered by EPA are effective against common pathogens, as indicated in the list titles. EPA-registered antimicrobial products may not make efficacy claims against these pathogens unless the Agency has reviewed data to support the claim and approved the claim on the label.

Use of the listed EPA-registered products consistent with the product labeling complies with the Occupational Safety and Health Administration's requirements for Occupational Exposure to blood borne Pathogens (29 CFR 1910) as well as proper management of any waste when disposed, which is regulated under the Resource Conservation and Recovery Act (RCRA).

If you would like to review the product label information for any of these products, please visit our product label system. Inclusion on these lists does not constitute an endorsement by EPA.

EPA updates these registered disinfectant lists periodically to reflect label changes, cancellations, and transfers of product registrations. Information in the lists does not constitute a label replacement. Inclusion of products in these lists does not constitute an endorsement of one product over another. Before applying any EPA-registered disinfectant product, users must read the label to determine if the product is approved for the intended-use site or pest.

Information about listed products is current as indicated by the dates on the lists.

- List A: EPA's Registered Antimicrobial Products as Sterilizers
- List B: EPA Registered Tuberculocide Products Effective Against *Mycobacterium tuberculosis*
- **NEW** List C: EPA's Registered Antimicrobial Products Effective Against Human HIV-1 Virus
- List D: EPA's Registered Antimicrobial Products Effective Against Human HIV-1 and Hepatitis B Virus
- List E: EPA's Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis* Human HIV-1 and Hepatitis B Virus
- **NEW** List F: EPA's Registered Antimicrobial Products Effective Against Hepatitis C Virus
- **NEW** List G: EPA's Registered Antimicrobial Products Effective Against Norovirus
- List H: EPA's Registered Antimicrobial Products Effective Against Methicillin Resistant *Staphylococcus aureus (MRSA)* and Vancomycin Resistant *Enterococcus faecalis* or *faecium* (VRE)
- List J: EPA's Registered Antimicrobial Products for Medical Waste Treatment
- List K: EPA's Registered Antimicrobial Products Effective Against Clostridium Difficile Spores
- List L: EPA's Registered Antimicrobial Products That Meet the CDC Criteria for Use Against the Ebola Virus
- List M: Registered Antimicrobial Products with Label Claims for Avian (Bird) Flu Disinfectants
- List N: Disinfectants for Use Against SARS-CoV-2
- List O: Disinfectants for Use Against Rabbit Hemorrhagic Disease Virus (RHDV2)

Policies and Procedures

Housekeeping Policies and Procedures will provide direction to staff for:

- Horizontal Surfaces
- Carpeted Surfaces
- Other Surfaces (i.e. doorknobs, handrails, etc.)
- Terminal Cleaning
- Schedules
- Cleaning Tools
- Trash Removal
- Handwashing Facilities

- Isolation Rooms
- Chemical Handling
- Safety
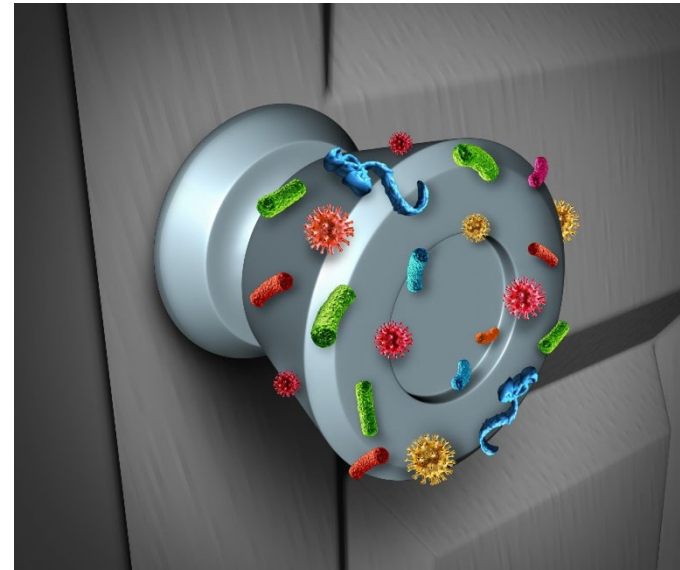- Medical Equipment Cleaning

Use of Chemicals

- Is the EPA List N against COVID-19 used?

- Do you know how to use?

- Do you know how to dilute?

- Are you labeling correctly?

- Can the disinfectant be used on ALL surfaces/items?

- Are you aware of safety with disinfectant use?

- Cleaning and disinfecting solutions should not be mixed

- Must follow equipment manufacturer's recommendations for cleaning

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Environmental Management

- Increase the frequency of routine environmental cleaning including bathrooms and around the resident's living space
- Particular attention should be given to cleaning objects that are frequently touched such as:
  - Faucets
  - Door handles
  - Light switches
  - Bedside tables
  - Toilets
  - Sink areas

Assignments - Who is Cleaning What?

- Dedicated staff

- Housekeeping vs. Nursing vs. Central Supply vs. ?

- Assignment List
  - Equipment - for residents and staff
  - Resident Rooms
  - High touch areas
  - Common Use Areas-Nurses Stations, Dining, Activities, Storage
  - Break Rooms, repurposed rooms
  - Where are other areas of concern?

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EPA One Page Signage

- Support for non-English speakers and non-readers

- Supply chain changes equipment and cleaners

- Contact time concerns

  https://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf

Resident Rooms or Areas

Strategies for Cleaning AND Disinfection:

- Start with the surfaces that are the cleanest

- Top to bottom approach

- Cleaning cloths should only be used in one room

- Never put soiled cleaning cloth back into a cleaning bucket

- Mop heads should be changed after each room

- Use caution to prevent gown from touching any

- resident care or personal items

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CDC Recommendations

- Use dedicated medical equipment whenever possible
  - If not possible, clean AND disinfect prior to use with another resident
- Always follow facility policies and procedures for cleaning and disinfection
- Remember to first clean and then disinfect with EPA List N disinfectant
- Laundry, Food Service Utensils and Medical Waste can all be managed using routine procedures

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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NEXT UP – PERFORMANCE IMPROVEMENT

Are Our Processes Reliable?

Reflections: Practice Rounding

- Walk through one unit to observe all areas:

  - Use a tool/checklist to guide your observations

  - Take pictures of both problem areas and bright spots

  - Ask staff what they have noticed, in the past week, that looked unsafe to them in the physical environment

  - Ask for their ideas, give thanks, avoid blame

- Share what came up that was surprising or what new ideas emerged from problem solving.

BUT FIRST THIS

You enter the drive-thru of your favorite fast-food restaurant and order a cheeseburger. When you open the box/wrapper, what toppings do you expect to see on it?

To Produce the Same Results Time After Time

How do we know if a process is reliable?

- Ask 5 staff
  - WHO does it
  - WHEN should it be done
  - WHERE is it done
  - HOW is it done
  - WHAT is needed to do it

Ask 5

- If all staff can provide consistent answers, there is a high likelihood your process is reliable

What if it is not reliable?

Common Failures in a System

Infrequent Failures in a System

An Example From the Field

Which processes/procedures do you have in place related to COVID where you think common failures might exist?

What do we do if it isn't?

If you have a process that does NOT work so well...

- Determine if it is a COMMON or INFREQUENT failure.
- Observation of ONE PERSON does not mean it is a common failure.
- Fix ONE Attribute at a time using an improvement process

Process/Procedure Attributes to Consider

- Donning/doffing masks

- Donning/doffing gloves

- Logging symptoms of staff

- Documenting testing of residents

- Tracking quarantine status of staff

- Transporting patients between zones

- Sharing updated COVID-related policies/procedures with staff

- Storing N95s

- Using an auditing/surveillance tool for environmental rounds

- Cleaning/disinfecting staff workstations

- Sharing COVID status updates with families
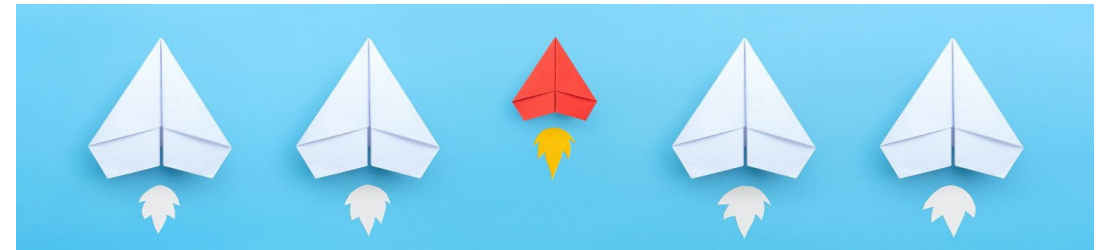
Core questions

- How do we know if our process is reliable?

- What do we do if it is not?

PROCESS IMPROVEMENT

HOW TO MAKE CHANGE STICK
- Focus initially on KEY PROCESS rather than on benchmarked outcomes.
- Evaluate if staff KNOW the process.
- KEEP it SIMPLE!
- Commit to be a LEARNING ORGANIZATION.

REASSESS THE GOAL
- The goal is 95% performance.
- WHY? 95% or better means it is likely to be SUSTAINABLE over time.

95%

KEEP IT SIMPLE
- It is more important that the process be STANDARD than it be perfect.
- When you design for perfection - you often get overly complex protocols, planning for every contingency.
- A policy and procedure make look great on paper, but it if is too complicated it likely won't be remembered or followed.
- Shift away from RESOURCE INTENSIVE meetings to MINIMAL RESOURCE approach. Smaller is better. Play around with improvements and pilot test.

FOCUS ON PROCESS

If you think a PROCESS works pretty well, test the FIVE ATTRIBUTES

5
- WHO does it
- WHEN should it be done
- WHERE is it done
- HOW is it done
- WHAT is needed to do it

- Ask **5 staff** to describe the 5 attributes.
- If 5 direct care staff can describe the work with the 5 attributes, you have a good chance to achieve 95% performance and SUSTAIN the performance over time.
- If they can't, determine which attribute they can't describe and develop a simple process for improvement.

5

If you have a process that does NOT work so well
- Determine if it is a COMMON or INFREQUENT failure.
- Observation of ONE PERSON does not mean it is a common failure.
- Fix ONE Attribute *(who, when, where, how, what)* at a time.

COMMON
- Don't rely too heavily on education as THE FIX.
- Get CURIOUS to determine WHY this is occurring.
- Inform staff on the **WHY**:
  - WHY is this process important.
  - WHY do we do it this way.
- Get CURIOUS   WHY are they NOT following the process.
- Develop a plan to fix ONE process, test and refine.
- Keep it SIMPLE!

INFREQUENT
- Infrequent does NOT mean you have a bad process.
- Don't try to make it perfect - you will use up too many precious resources.
- Talk to that one person to reeducate or determine WHY it is occurring.
- Accept defeat & MOVE ON to focus on another process.

REMEMBER - HOW DO YOU EAT AN ELEPHANT? ONE BITE AT A TIME!
PERFECTION IS THE ENEMY OF RELIABLE DESIGN!

Process Improvement by Roger Resar and Frank Federico, IHI, Marla DeVries, THE GREEN HOUSE® Project, and Arkansas COVID-19 Action Network

Leave in Action

- Choose one process or procedure in your facility's COVID-19 response that you are unsure of its reliability

- Ask 5 staff
  - WHO does it
  - WHEN should it be done
  - WHERE is it done
  - HOW is it done
  - WHAT is needed to do it

- Observe if the responses are correct and consistent

Don't Forget Your Staff…

https://my.clevelandclinic.org/-/scassets/files/org/locations/hillcrest-hospital/spiritual-services/code-lavender.ashx?la=en

Leewood Healthcare Center

Share Your Videos and Images!

COVID-19 Vaccine

Vaccine Poll

COVID-19 Vaccine Hesitation is real

Specific LTC staff concerns

- "being first", "being a Guinea pig"
- Vaccine "being rushed"
- Safety (side effects)
- Not being represented in the vaccine trials

Other important factors

- How protective is the vaccine?
- How long does protection last?
- What is EUA (Emergency Use Authorization)?

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Why should I get vaccinated?

- Protect myself and my family

- Keep my residents safe

- Help stop spread in the community

- Set the example for others, including residents, families, co-workers, and the community-at-large

Common Questions

- How do we know the vaccine is effective and safe?

- Why should we trust the vaccine?

- Is there new technology being used and is that dangerous to me?

- What is an EUA and what does that mean for me?

- When and how long will I be protected?

- Will I still need to wear a mask?

- What are the expected side effects?

- What if I've already had COVID-19?

- Where should I look to get accurate information?

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Vaccine Development

- Phase 1, 2, and 3 of clinical trials

- FDA only approves vaccines if 2 criteria are met:
  - Safe and effective
  - Benefits outweigh risks

Vaccine Manufacturing

- All vaccines are made in batches

- All batches are tested to make sure they are safe, pure and potent

- FDA regularly inspects manufacturing facilities to ensure highest quality and safety

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Vaccine Safety

- FDA, CDC closely monitor vaccine safety after public begins to receive vaccine

- Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Post-Licensure Rapid Immunization Safety Monitoring (PRISM)
  - Clinical Immunization Safety Assessment Project (CISA)

V-SAFE APP
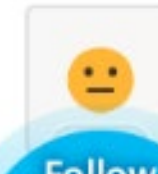
Vaccine Technology

Three types of coronavirus vaccines in development
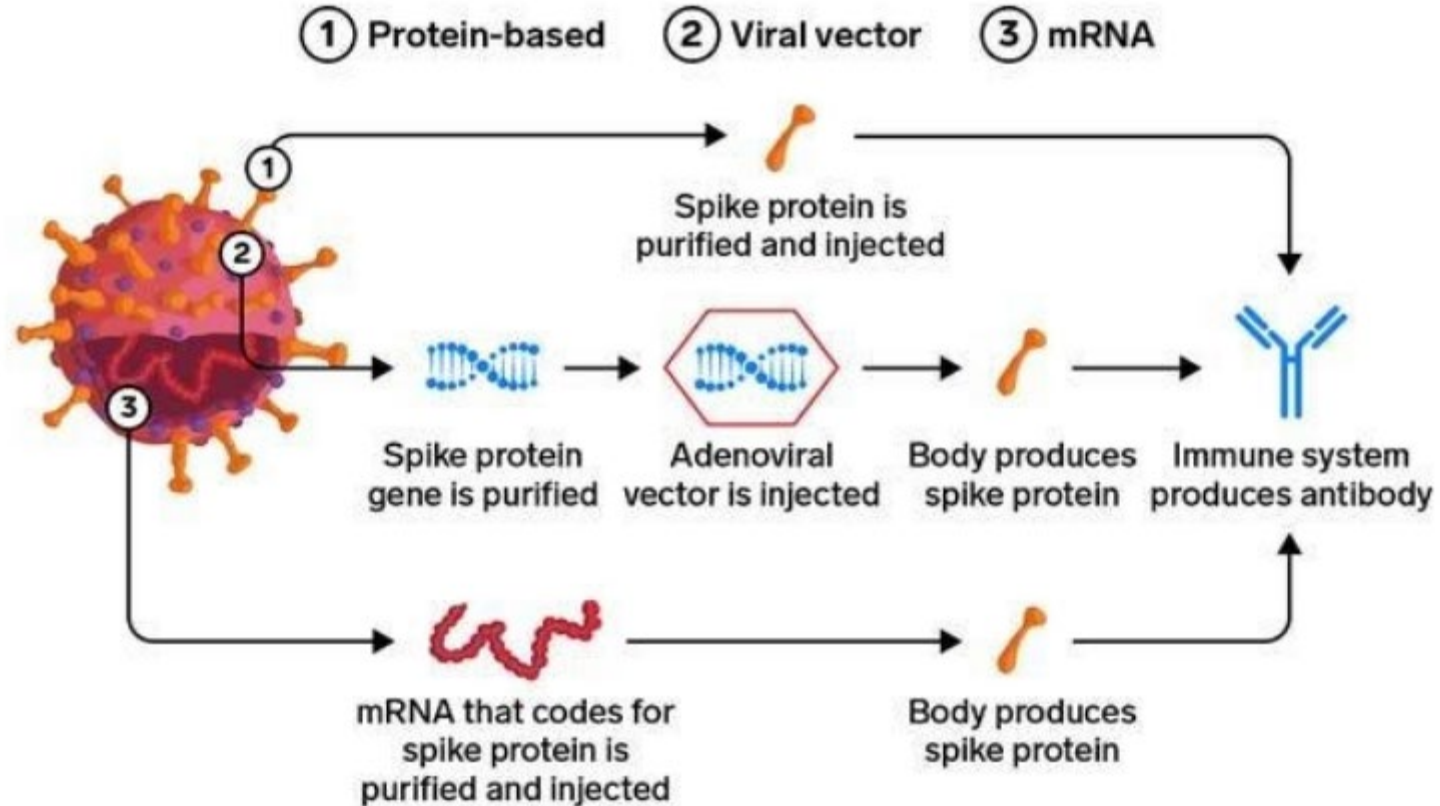
① Protein-based   ② Viral vector   ③ mRNA

① Spike protein is purified and injected

② Spike protein gene is purified → Adenoviral vector is injected → Body produces spike protein → Immune system produces antibody

③ mRNA that codes for spike protein is purified and injected → Body produces spike protein

INSIDER

NEJM Quick Take Video

https://www.facebook.com/TheNewEnglandJournalofMedicine/videos/484318175882760/

Pfizer Vaccine: Severe Adverse Events

- No deaths considered by investigators to be related to vaccine or placebo.

- No Covid-19–associated deaths observed.

- 4 related serious adverse events were reported among vaccine recipients

  - shoulder injury related to vaccine administration,

  - right axillary lymphadenopathy,

  - paroxysmal ventricular arrhythmia,

  - right leg paresthesia).

- Deaths:

  - 2 vaccine recipients died (1-arteriosclerosis, 1-cardiac arrest),

  - 4 placebo recipients (2-unknown causes, 1-hemorrhagic stroke, 1-MI)

A word on the Moderna Vaccine

	Pfizer (BNT162b2)	Moderna (mRNA-1273)
Number of people enrolled	**Over 40,000**	**Over 25,000**
Race and ethnicity of participants	Total 30% racially diverse 10% black, 13% Hispanic	37% racially diverse 10% black, 20% Hispanic/Latino
Older adults	45% were 56-85 years	23% were >65 years

	Pfizer (BNT162b2)	Moderna (mRNA-1273)
Efficacy Overall	95% protection from having an infection	94.1% protection from having an infection

Similar efficacy with different race, ethnicity and age

mRNA Vaccine Also
Completed phase 3 trial
Review moving forward, possible EUA near term

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Questions?

- Special groups:
  - Immunocompromised, pregnant/lactating women, children under 16, prior severe allergic reaction, prior mAb
- Efficacy data
- Safety data
- Does vaccine prevent asymptomatic transmission
- Vaccine hesitancy

Vaccine Poll

Your Thoughts?

- What challenges do you foresee rolling out the vaccines to residents & staff?
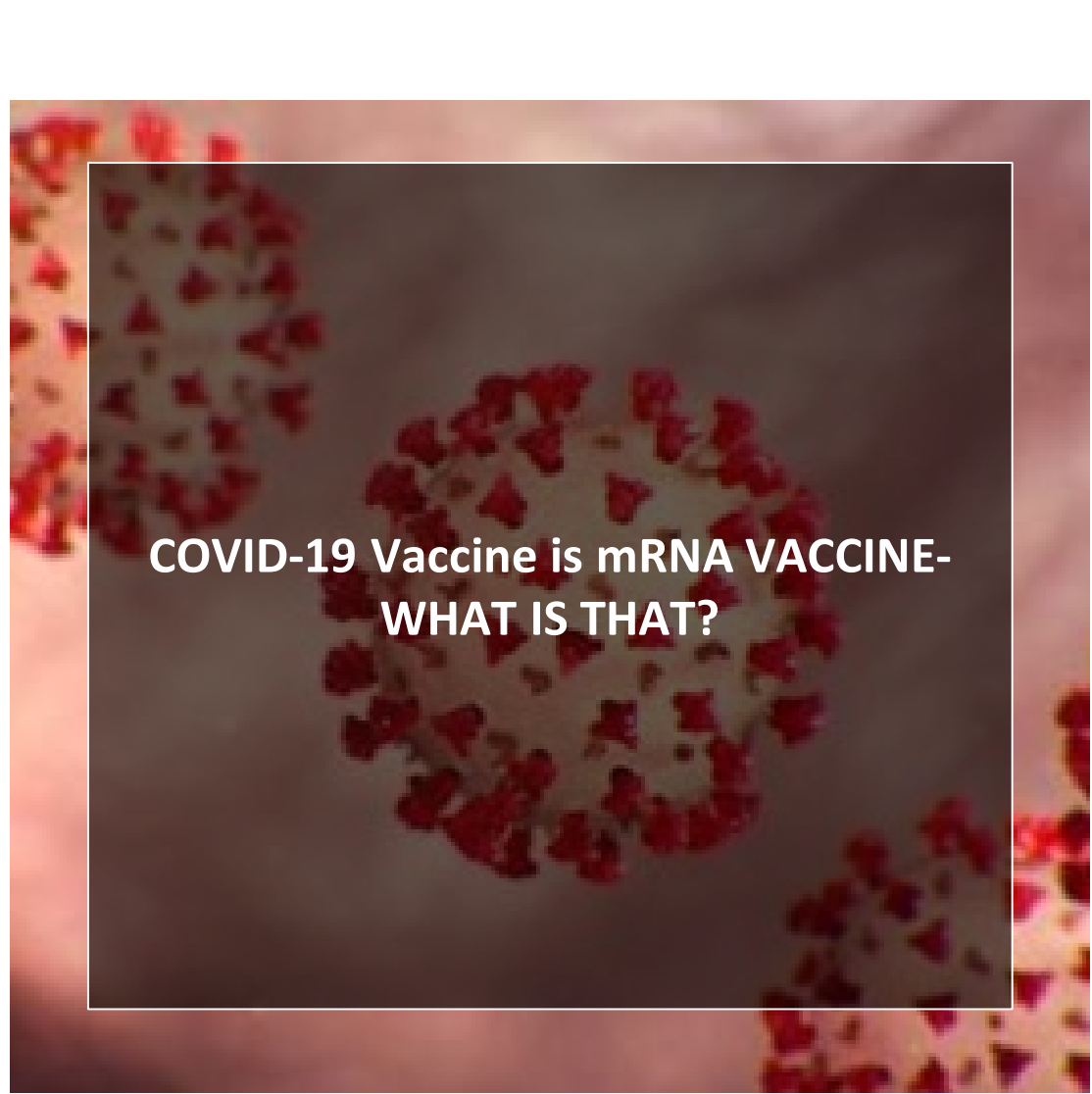- Open mic replies please

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EXTRA COVID-19 VACCINE CONTENT

The First two COVID-19 Vaccines

Both are mRNA vaccines
- Pfizer (BNT162b2)
- Moderna (mRNA-1273)

They Do <u>NOT</u> contain COVID-19 virus

COVID-19 Vaccine is mRNA VACCINE-WHAT IS THAT?

mRNA COVID-19 Vaccines

- mRNA technology is new in vaccine production but is already being used in cancer treatment. It has been studied for more than ten years.

- COVID-19 mRNA vaccines give instructions for our cells to make **a harmless piece** that looks like the "spike protein." The spike protein is found on the surface of the COVID-19 virus.

- Our bodies recognize that this protein should not be there, so they build antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future.

Can mRNA vaccine give me COVID-19? NO
Can mRNA vaccine change my DNA?   NO

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Who was included in the COVID-19 Vaccine Trials?

	Pfizer (BNT162b2)	Moderna (mRNA-1273)
Number of people enrolled	**Over 40,000**	**Over 25,000**
Race and ethnicity of participants	Total 30% racially diverse 10% black, 13% Hispanic	37% racially diverse 10% black, 20% Hispanic/Latino
Older adults	45% were 56-85 years	23% were >65 years

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How Effective are the COVID-19 Vaccines?

	Pfizer (BNT162b2)	Moderna (mRNA-1273)
Efficacy Overall	95% protection from having an infection	94.1% protection from having an infection
Similar efficacy with different race, ethnicity and age		

What should I Expect when I get the vaccine?

THE VACCINE CANNOT GIVE YOU COVID-19!

- You can expect to have short-term discomfort: fatigue, headache, muscle pain, chills, fever and pain at injection site after vaccination

- These reactions will last for 24-48 hours and are typically more pronounced after the second dose

- Side effects mean your body is doing its job and making antibodies (IT IS A GOOD THING)

- These side effects are normal, common and expected

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What should I expect when I get the vaccine?

- **YOU MUST GET THE SECOND DOSE** because the vaccine will not protect you if only get one dose

- **It is important to get the SAME VACCINE as the first dose**

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Are the COVID-19 Vaccines Safe?

- Safety is the most important priority in vaccine approval

- Most side effects occur within 6 weeks of vaccination. To be more cautious, the FDA (Food and Drug Administration) requires 8 weeks of safety monitoring of the COVID-19 vaccines

- Monitoring for safety will continue as the vaccine is distributed to the public

- To assess safety FDA typically advises that a minimum of 3,000 participants are included in the trial. The current COVID-19 vaccine trials include 30,000 to 50,000 participants

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Why should we trust the COVID-19 Vaccine?

- The FDA is using the same strict standards that it has for decades

- No steps are "skipped"

- Two **independent advisory committees** are reviewing the results. Members and experts of these committees have no conflict of interest and are not associated with any vaccine manufacturers

   1. The Vaccine and Related Biological Products Advisory Committee (VRBPAC) that advises the FDA

   2. The Advisory Committee on Immunization Practices (ACIP) that advises the CDC

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- **An Emergency Use Authorization (EUA)** for a vaccine is based on the need to use a vaccine quickly to save lives during a public health emergency

- EUA is a shorter process **but no steps are skipped in the safety evaluation process**

- The FDA will assess if the vaccine known and potential benefits outweigh the known and potential risks

- Two separate advisory boards (VRBPAC and ACIP) will also review the data and make recommendations

- **An EUA does NOT imply that the authorization was done too quickly or that the vaccine is not safe**

What is an EUA and what does that mean for me?

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How was the vaccine developed so quickly?

Major reasons we were able to get these vaccines developed more quickly than usual include :

- Global effort with the world's leading scientists focused on a single task
- Nearly unlimited resources (money, knowledge, manpower, technology)
- A large pool of diverse adult volunteer trial participants

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When and how long will I be protected by the COVID-19 Vaccine?

- Most of the vaccines are **2 doses**, 3-4 weeks apart

- Protection occurs **1-2 weeks after the second dose**

- We will most likely not know how long the vaccine will be protective once we receive it. We will know more as more time passes in the current research

- May need to have vaccine shots for COVID-19 on a regular basis (like the flu shot)

Will I still need to wear a mask?

YES!

Similar to other vaccines, a large number of people in the community will need to get vaccinated before transmission drops enough to stop the use of masks

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- It is safe to get the COVID-19 vaccine even if you have had COVID-19

- Even if you have had COVID-19, it is important to get vaccinated. It could give you longer or better protection against the disease

- Even if you have positive antibodies, you should get the COVID-19 vaccine

Special circumstance

What if I already had covid-19?

Vaccines Are the only way to control the COVID-19 Pandemic

- Everyone has to do their part and get vaccinated to get back to a normal life

Specific questions

- 2 injections, both necessary?
- Yes, 2 doses, 21 days apart for Pfizer

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Specific questions

- What if I already <u>had</u> COVID?
- ACIP recommends:

Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection

Specific questions

- What about if I currently <u>have</u> COVID-19?
- ACIP recommends:

Vaccination should be deferred until recovery from acute illness (if person had symptoms) and criteria have been met to discontinue isolation

Specific questions

- What about if I received antibody therapy (Eli Lily or Regeneron)?
- ACIP recommends:

Vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses

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Specific questions

- Persons with underlying medical conditions?
- *ACIP recommends:*

Vaccine may be administered to persons with underlying medical conditions who have no contraindications to vaccination

Specific questions

Persons with immunocompromised conditions (hiv, steroids, etc.)?

ACIP recommends:

- Data not currently available to establish safety and efficacy of vaccine in these groups
    - These individuals may still receive COVID-19 vaccine unless otherwise contraindicated
    - Individuals should be counseled about:
        - Unknown vaccine safety and efficacy profiles in immunocompromised persons
        - Potential for reduced immune responses
        - Need to continue to follow all current guidance to protect themselves against COVID-19

Specific questions

Pregnant women? *ACIP recommends:*

- There are no data on the safety of COVID-19 vaccines in pregnant women
  - Animal developmental and reproductive toxicity (DART) studies are ongoing
  - Studies in humans are ongoing and more planned
- mRNA vaccines and pregnancy
  - Not live vaccines
  - They are degraded quickly by normal cellular processes and don't enter the nucleus of the cell
- COVID-19 and pregnancy
  - Increased risk of severe illness (ICU admission, mechanical ventilation and death)
  - Might be an increased risk of adverse pregnancy outcomes, such as preterm birth
- If a pregnant woman is part of a group of, healthcare personnel who is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated. A discussion with her healthcare provider can help her make an informed decision.

Specific questions

Advice for pregnant women:

- Considerations for vaccination:

  - level of COVID-19 community transmission, (risk of acquisition)

  - her personal risk of contracting COVID-19, (by occupation or other activities)

  - the risks of COVID-19 to her and potential risks to the fetus

  - the efficacy of the vaccine

  - the known side effects of the vaccine

  - the lack of data about the vaccine during pregnancy

- Pregnant women who experience fever following vaccination should be counseled to take acetaminophen as fever has been associated with adverse pregnancy outcomes

- Routine testing for pregnancy prior to receipt of a COVID-19 vaccine is not recommended.

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Specific questions

Breastfeeding/Lactating women?

ACIP recommends:

- There are no data on the safety of COVID-19 vaccines in lactating women or the effects of mRNA vaccines on the breastfed infant or milk production/excretion

- mRNA vaccines are not considered live virus vaccines and are not thought to be a risk to the breastfeeding infant

- If a lactating woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated

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Contraindications and precautions

- Package insert:
  - Severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 vaccine is a contraindication to vaccination
  - Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of the vaccine

- Because of reports of anaphylactic reactions vaccinated outside of clinical trials, the additional following guidance is proposed:
  - Persons who have had a severe allergic reaction to any vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) should not receive the Pfizer-BioNTech vaccine at this time
  - Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
    - Persons with a history of anaphylaxis: 30 minutes
    - All other persons: 15 mins

Where should I look to get accurate information?

It is important to get information from <u>reliable sources</u> (CDC, AMDA, medical directors, providers) **Social media is full of misinformation and opinions based on that misinformation**
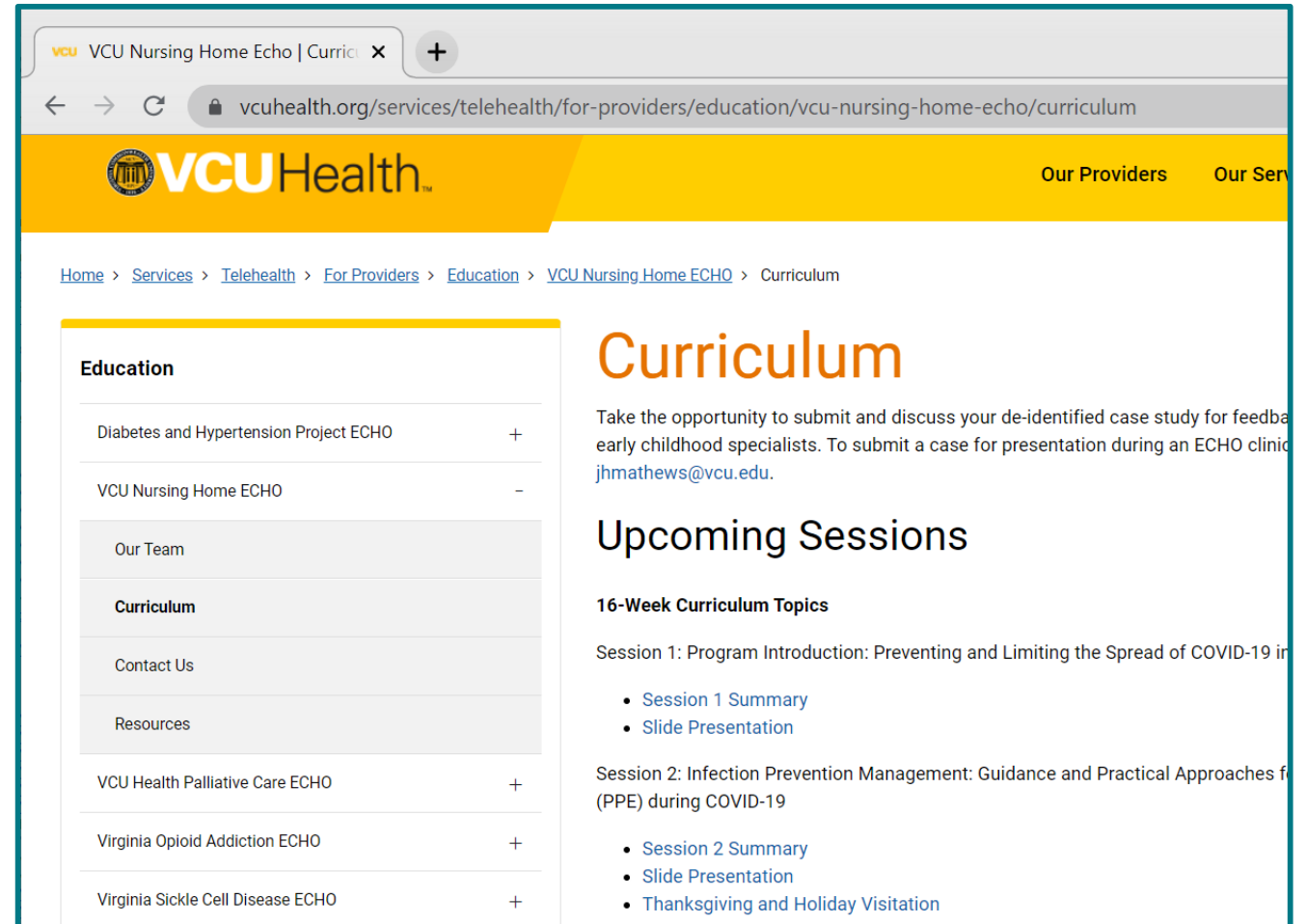
- CDC: Answering Patients' Questions https://www.cdc.gov/vaccines/hcp/covid-conversations/answering-questions.html

- CDC: About COVID-19 vaccines: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines.html

- CDC: Provider Resources for COVID-19 Vaccine Conversations with Patients and Answering Patients' Questions: https://www.cdc.gov/vaccines/hcp/covid-conversations/

VCU

NEXT UP –
WRAP-UP & RESOURCES

VCU

Our Website

https://www.vcuhealth.org/NursingHomeEcho

- Hub Team & Contact Info

- Upcoming & past topics

- Presentation Slides

- Session Summary "1-Pager"

- General & Session Topic

   Resources

Resources

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- https://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf
- List N: Disinfectants for Coronavirus (COVID-19) | Pesticide Registration | US EPA
- Centers for Disease Control and Prevention. Coronavirus (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/index.html

- Centers for Disease Control and Prevention. Using Personal Protective Equipment (PPE): https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

- Centers for Disease Control and Prevention. Strategies to Optimize the Supply of PPE and Equipment: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

- Centers for Disease Control and Prevention: Cleaning: https://www.cdc.gov/infectioncontrol/guidelines/disinfection/cleaning.html

- Centers for Disease Control and Prevention: Guideline for Disinfection and Sterilization in Healthcare Facilities: https://www.cdc.gov/infectioncontrol/guidelines/disinfection/introduction.html

- Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html
- https://www.cdc.gov/vaccines/covid-19/index.html
- https://www.vdh.virginia.gov/covid-19-vaccine/

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Curriculum Content

1. Preventing and Limiting the Spread of COVID-19 in Nursing Homes

2. Guidance and Practical Approaches for use of Personal Protective Equipment (PPE) During COVID-19

3. Approaches to Cohorting during COVID-19

4. Promoting Solutions for Making the Built Environment Safe During COVID-19

5. Guidance for Cleaning and Disinfecting During COVID-19

6. **COVID-19 Testing for Nursing Homes**

7. COVID-19 Community Transmission and Nursing Home Screening Strategies

8. Staff Returning to Work Safely During COVID-19

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