COVID-19 Updates for Skilled Nursing Facilities

N-95 Respirator Use and Guidance Updates

October 2, 2020

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Disclosures

There is no commercial support for today’s webinar

Neither the speakers nor planners for today’s webinar have disclosed any financial interests related to the content of the meeting

This webinar is meant for healthcare facilities and is off the record and reporters should log off now.
DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (10/2/20) so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.
Today’s Agenda

• Basics: Cal/OSHA Aerosol Transmissible Disease Standard
  – N-95 Respirators
  – Fit testing
    • Dos and don’ts
• PPE Guidance Updates
  – Cal-OSHA & CDPH
• Influenza Vaccination
• Q and A
Basics: Cal/OSHA Aerosol Transmissible Diseases Standard
Cal/OSHA Aerosol Transmissible Disease Standard

• The Cal/OSHA Aerosol Transmissible Diseases (ATD) standard was adopted in 2009
  • to protect employees who are at increased risk of contracting certain airborne infections due to their work activities.
  • The standard is codified in title 8 of the California Code of Regulations, section 5199.
• This California workplace safety law requires certain employers with employees exposed to aerosol transmissible diseases (ATD) to have effective written safety plans, provide protective equipment as needed, and train employees on safety procedures.
• Scope and Application: Applies to high-risk settings--acute care hospitals, clinics, SNFs, CCFs, corrections, homeless shelters, laboratories and more
• https://www.dir.ca.gov/title8/5199.html
What Is An Aerosol Transmissible Disease?

- A disease transmitted by aerosols (a gaseous suspension of fine solid or liquid particles)
Modes of Person to Person Transmission of Infectious Agents

There are three main modes of transmission of infectious agents:

- **Airborne**
  - Small particles that are inhaled (smaller than ~0.3 μm)
  - Examples: tuberculosis, measles, varicella

- **Droplet**
  - Large droplets (greater than ~0.3 μm) that hit mucous membranes
  - Examples: COVID-19, pertussis, meningococcal infections

- **Contact**
  -- Direct contact with infectious particles
  -- Examples: Methicillin resistant *Staphylococcus aureus*
### Airborne Precautions

- All suspect or confirmed cases should be placed in Airborne Infection Isolation Room
- N95 respirator should be used for potentially infectious patients, and PAPRs should be used for high risk procedures such as surgeries, autopsies or bronchoscopies
- Careful attention to proper donning & doffing of respirators, including seal check and hand hygiene before & after
- Face mask for pt. during transport
- Alert others if need to transfer

### Droplet Precautions

- No special air handling or facility ventilation required
- HCWs wear surgical or procedure mask if within 6 ft of patient
- Single room preferred
- Mask patient if transport necessary (if tolerated), follow respiratory hygiene/cough etiquette
- Eye protection (face shield/goggles) if splashing, spraying anticipated

Administrative, Engineering Controls and Personal Protective Equipment are required
Characteristics of an Airborne Isolation Room (AIIR)

• Negative pressure causes air to flow from the corridors into the AIIR room.
• Air from the room is exhausted directly to the outdoors or passed through a special high efficiency particulate air (HEPA) filter that removes most (99.97%) of the droplet nuclei before it is returned to the general circulation.
• If a HEPA filter is not used, the air should be exhausted directly to the outside away from air-intake vents, persons, and animals, in accordance with applicable federal, state, and local regulations on environmental discharges.
• All rooms should have airflow of six or more air changes per hour (ACH). In new or renovated health-care settings, AIIR rooms should have airflow of at least 12 ACH.
• Using air-cleaning methods: room-air recirculation units containing HEPA filters or ultraviolet germicidal irradiation (UVGI) systems that increase the equivalent ACH.
<table>
<thead>
<tr>
<th>ACH</th>
<th>99%</th>
<th>99.9%</th>
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<tbody>
<tr>
<td>2</td>
<td>138</td>
<td>207</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
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<tr>
<td>6</td>
<td>46</td>
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<td>20</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>50</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>400</td>
<td>&lt;1</td>
<td>1</td>
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Source: CDC
Nonpowered Air-Purifying Respirators

<table>
<thead>
<tr>
<th>Resistance to efficiency filter degradation</th>
<th>Filter Efficiencies</th>
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<tr>
<td></td>
<td>95 (95%)*</td>
</tr>
<tr>
<td></td>
<td>99 (99%)*</td>
</tr>
<tr>
<td></td>
<td>100 (99.97%)*</td>
</tr>
<tr>
<td>N (not resistant to oil)</td>
<td>N95</td>
</tr>
<tr>
<td></td>
<td>N99</td>
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<tr>
<td></td>
<td>N100</td>
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<tr>
<td>R (resistant to oil)</td>
<td>R95</td>
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<td></td>
<td>R99</td>
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<td></td>
<td>R100</td>
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<tr>
<td>P (oil proof)</td>
<td>P95</td>
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<td>P99</td>
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<td></td>
<td>P100</td>
</tr>
</tbody>
</table>

* The percentages in parentheses indicate the minimum allowable laboratory filter efficiency value when challenged with 0.3 μm particles.
N-95 Respirator Fit Testing
FIT Testing

- To obtain adequate respiratory protection, a proper fit must exist between the respirator and the user
- Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual
- Fit testing provides an opportunity to check for problems with the respirator use
- Recognize the medical signs and the symptoms that may limit or prevent an employee’s use of a respirator

- CCR5144: Respiratory Protection Program provides guidance on what needs to be done prior to fit testing, during fit testing, Respiratory Protection training, and recordkeeping: https://www.dir.ca.gov/title8/5144.html
Resources for FIT Testing

- YouTube qualitative video tapes on manual fit testing as examples
  - https://www.youtube.com/watch?v=xI4qX6qEYXU
  - https://www.youtube.com/watch?v=wulG-l2KiFo
- YouTube quantitative video tape on PortaCount
  - https://www.youtube.com/watch?v=SeqgFwB16FE
  - https://www.youtube.com/watch?v=FtRQCvBO5zU
  - https://www.youtube.com/watch?v=-zRD2GKUkBs&list=PLslI66ipjlt6pvzHxVnBHYCai10v7O60L&index=5
  - https://www.youtube.com/watch?v=sVXQyPkivN8&list=PLslI66ipjlt6pvzHxVnBHYCai10v7O60L&index=4

Saccharin Qualitative Fit Test kit found here:
https://www.grainger.com/product/3M-Fit-Testing-Kit-1CD80

Onsite fit testing services also available
N-95 Respirator Do’s & Don’ts
Do

✓ Check to make sure the N95 respirator has no defects such as holes or torn straps.
✓ Wear for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
✓ Follow manufacturer’s instructions for donning and doffing of N95 respirator.
✓ Ensure proper fit—making sure nose and mouth are completely covered. The N95 respirator must have a complete seal all around. Complete face seal check after donning the respirator.
✓ Mold the respirator over the bridge of your nose when putting it on to help keep the N95 respirator on and fitting properly. It is also helpful to press all around the face seal to be sure it is tightly in place.
✓ Tilt head forward and remove the N95 respirator by pulling bottom strap over back of head, followed by the top strap without touching the front of mask. Keep straps tight during the removal process.
✓ Discard an N95 respirator by touching straps only. Perform hand hygiene before and after use of an N95 respirator or any type of personal protective equipment, such as your gloves and gown.
✓ Remove the N95 respirator when no longer in clinical space and the patient intervention is complete.

Don’t

✗ DON’T wear if wet or soiled; get a new N95 respirator.
✗ DON’T reuse; toss it after wearing once.
✗ DON’T let patients or visitors wear N95 respirators unless they’ve been fit tested to wear them.
✗ DON’T wear an N95 respirator that hasn’t been properly fit tested. Proper fit is essential.
✗ DON’T use the N95 respirator if air leaks around the respirator edges.
✗ DON’T touch the front of the N95 respirator as it is contaminated after use. DON’T snap the straps, as that may spread germs.
✗ DON’T share your N95 respirator with others; germs can spread that way.
✗ DON’T leave an N95 respirator hanging around your neck.
PPE Guidance Updates: Cal-OSHA & CDPH AFL 20-74

LAC DPH’s Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities
September 22, 2020

TO: Skilled Nursing Facilities

SUBJECT: Coronavirus Disease 2019 (COVID-19) Recommendations for Personal Protective Equipment (PPE), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities

All Facilities Letter (AFL) Summary

This AFL provides recommendations for PPE, resident placement/movement, and staffing based on the residents’ COVID-19 status.

Facilities should first ensure confirmed COVID-19 positive residents are placed on the dedicated COVID-19 positive unit ("red" area) and then evaluate exposure status of other residents in the facility. Facilities should group residents into three separate cohorts, accordingly:

- COVID-19 positive for the duration of the resident’s isolation period: "red" area

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx
Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages

Note: This Interim Guidance is Subject to Change as the Situation Evolves

August 06, 2020

Summary

This guidance is for healthcare and other employers covered by Cal/OSHA’s Aerosol Transmissible Diseases (ATD) Standard (title 8 section 5199). It discusses respirator requirements for covered employers who care for suspected or confirmed COVID-19 patients when there are severe respirator shortages. This guidance replaces previous guidance of June 12, 2020, regarding respirator use during severe respirator supply shortages. While supply chains for obtaining respirators are not fully restored, the supply of respirators for hospitals and other employers involved in patient care has improved to a point that prioritization of respirators for high hazard procedures and some other optimization strategies are not currently necessary. This guidance also contains new optimization strategies to reduce the use and destruction of respirators during the fit testing process. This guidance is subject to change as circumstances evolve.

PPE Updates to SNF COVID-19 Guidance

• **N-95 respirators**
  – Should be used for all yellow cohorts
  – Fit testing required
  – Re-use is no longer allowed, but extended use is still allowed

• **Gowns**: no re-use, no extended use
  – Extended use in the Red Cohort is allowed only when facility is experiencing shortage and if no MDRO.
  – Extended use in the Red Cohort should not be the norm/default
PPE Re-use vs Extended use

• Re-use vs. Extended Use
  – Extended use is the use of PPE for more than 1 patient
    • N95 respirator extended use is still allowed, max 8-12 hour shift.
  – Re-use is the use of PPE on multiple days
    • N95 respirator re-use is no longer allowed per Cal-OSHA as of 8/6/20
PPE Shortage

• If shortage:
  – Facilities should make documented efforts to acquire more supply including communication with Public Health (DPHPPECoordinator@ph.lacounty.gov)
  – If, despite all these efforts, there is still N95 respirator shortage, then facilities can consider re-use and must document reasoning in a written risk assessment.
  – Please also accurately report PPE shortage (considering no N95 respirator re-use and no gown re-use/extended use) on weekly CDPH surveys
N-95 Respirator Re-use Not Allowed

- CDC’s low tech rotating 5 bag system
- Cal-OSHA now against re-use
Disinfection for future shortages

• Storing of disinfected N-95 respirators in case of future shortages is allowed per Cal-OSHA


• Example: Battelle

• Ethylene oxide cannot be used
# PPE for Each Cohort - Updated

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>Green Cohort (Non-COVID Area)</th>
<th>Yellow Cohort (Mixed)</th>
<th>Red Cohort (Isolation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission-based Precautions</td>
<td><strong>Standard</strong> + mask + eye protection</td>
<td><strong>Contact/Droplet/N95</strong> + eye protection</td>
<td><strong>Contact/Droplet/N95</strong> + eye protection</td>
</tr>
<tr>
<td>Surgical masks or N95 respirators may be worn.</td>
<td>Goggles/face shields when providing care within 6 feet of resident.</td>
<td>N95 respirators should be worn for duration of shift and doffed when contaminated. Do not re-use.</td>
<td>Goggles/face shields worn for duration of shift</td>
</tr>
<tr>
<td>Gowns should be used when needed. No re-use. No extended use.</td>
<td>Gowns should be worn. No re-use. No extended use.</td>
<td>Gowns should be worn. No re-use. No extended use.*</td>
<td>*Extended use allowed during shortage if no MDRG.</td>
</tr>
<tr>
<td>Recommendation</td>
<td>COVID Positive Residents (Red Area)</td>
<td>Symptomatic, Suspected COVID, Awaiting Test Results (Yellow PUI, Single Room if Available)**</td>
<td>COVID Exposed Residents (Yellow – Exposed) ***</td>
</tr>
<tr>
<td>----------------</td>
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<td>-------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>N95 respirator *</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Facemask *</td>
<td>Only in crisis if N95 not available</td>
<td>Only in crisis if N95 not available</td>
<td>Only in crisis if N95 not available</td>
</tr>
<tr>
<td>Eye Protection *</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gowns</td>
<td>Yes – Extended use** permitted in supply crisis, except for</td>
<td>Yes – Extended use** NOT recommended.</td>
<td>Yes – Extended use** NOT recommended.</td>
</tr>
</tbody>
</table>

Influenza Vaccination
September 18, 2020

TO: Licensed Acute Care Hospitals, Skilled Nursing Facilities, Intermediate Care Facilities, and Emergency Medical Services Provider Agencies in Los Angeles County

FROM: Muntu Davis, M.D., M.P.H.
County Health Officer

SUBJECT: HEALTH OFFICER ORDER FOR ANNUAL INFLUENZA IMMUNIZATION PROGRAMS FOR HEALTHCARE PERSONNEL OR MASKING OF HEALTHCARE PERSONNEL DURING THE INFLUENZA SEASON

Continued (Increased) Need for HCP Influenza Vaccination in SNFs

• Protects employees, their families, and their patients from getting influenza
• Reduced work absences
  – Reduced need to hire outside staff
  – Can contribute to better patient care
• Reduced morbidity and mortality among SNF residents
  – Fewer deaths and hospitalizations
• **Despite universal masking for COVID-19, all HCP should get vaccinated for influenza this season**
Best Practices to Increase HCP Influenza Vaccination Rates

• Support from leadership: CEO, Facility Administrator, DON, Infection Preventionist, Medical Director and/or Employee Health
• Policy: Removal of the personal beliefs exemption and only allow medical contraindications
• Culture and processes in place to hold staff accountable
• Inform staff on vaccination benefits/risk
• Offer vaccinations in the workplace at convenient locations & times
• Provide vaccinations to staff at no cost
• Offer incentives for vaccinating
• Track/monitor HCP vaccination: Establish protocols for gathering documentation of vaccination and declination of vaccination from staff (mandated by HOO)
Influenza Information for Providers

General Information
- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20 Influenza Season
- Healthcare Personnel Vaccination Recommendations
- Requirement for General Acute Care Hospitals to Report Influenza Vaccination/Declination of Employees and Healthcare Personnel
- Deaths Averted by Influenza Vaccination in the U.S

Educational Materials and Toolkits
- Click HERE for downloadable educational materials
- Click HERE for the Skilled Nursing Facilities toolkit which provides contents to assist with complying with the Health Officer Order

LAC DPH Resources:
http://publichealth.lacounty.gov/ip/influenza_providers.htm
http://www.ph.lacounty.gov/acad/SNFToolKit.htm

Upcoming dedicated Influenza Webinar for SNFs in October
Key Resources
Skilled Nursing Facilities Resources

http://publichealth.lacounty.gov/acd/SNF.htm
COVID-19 Resources & Webinars

COVID-19 Resources

Guidance and Resources
- LAC DPH
  - Information for Health Facilities
  - Facility-Based Testing Strategies for SNFs
  - Implementing the Active Surveillance Requirement in SNF's Guidance Letter (5-13-20)
  - Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities
  - COVID-19 Information for Health Providers (Updated Often)

CDC
- Responding to COVID-19 in Skilled Nursing Facilities
- Testing for COVID-19 in Skilled Nursing Facilities

LAC DPH COVID-19 Webinars
- Guidance on the Use of COVID-19 Antigen Testing in Skilled Nursing Facilities (8-7-20) [recording]
- COVID-19 Clinical Update for Skilled Nursing Facilities (7-31-20) [slides]

News and Updates
- CDC Nursing Home Infection Preventionist Training Course
- California Department of Public Health All Facility Letter 19-22 Letter

2019 Skilled Nursing Facilities Symposium
- Registration Archive (Call Recording/Slides)
• CCR5144: Respiratory Protection Program provides guidance on what needs to be done prior to fit testing, during fit testing, Respiratory Protection training, and recordkeeping: https://www.dir.ca.gov/title8/5144.html

• Fact sheet from Cal/OSHA on Respiratory Protection: https://www.dir.ca.gov/dosh/dosh_publications/respiratory-protection-fs.pdf

• On Site FIT Testing Resource: http://www.onsitefittesting.com/?gclid=EAIaIQobChMI-YON6eeM7AIIVmR-tBh2ypQ4sEAAYAyAAEgJzUvD_BwE

• Qualitative FIT Testing: https://www.youtube.com/watch?v=xI4qX6qEYXU

• https://www.youtube.com/watch?v=wulG-l2KiFo

• Donning, doffing & seal check: https://www.youtube.com/watch?v=Tzpz5fko-fg
Additional Resources

- https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
- http://publichealth.lacounty.gov/acd/SNF.htm
- http://publichealth.lacounty.gov/media/coronavirus/
Questions and Answers