



LONG-TERM CARE RESPIRATORY VIRUS SEASON PREPAREDNESS WEBINAR

September 22nd, 2025

Agenda

Welcome & Introductions	Carolyn Ham, DOH
Introduction to Influenza	Anna Unutzer, DOH
Introduction to RSV	Elyse Bevers, DOH
Fall Vaccinations	Chas DeBolt, DOH
Cohorting & Infection Control/PPE	Elaina Mills, DOH
Influenza Outbreak Prevention and Control in Long- term Care Facilities	Jen Morgan, Public Health – Seattle & King County
Regulatory Perspective	Jamie Ford, DSHS
Preparedness Considerations - Bridging Epi and Policy	Dr. Vicki Sakata, Northwest Healthcare Response Network
Q&A	All

Welcome and Reminders:

We are so glad that you joined us today!

- Copies of all presenter slides will be sent to everyone who registered for the webinar
- This webinar is being recorded and will be available for viewing
- *No CE is being provided for this activity*

Please remember that:

- Presenters are here to support your efforts to keep residents safe
- You can contact your local health jurisdiction for local guidance

Questions During Today's Presentations

- Please place your questions in the Q&A box
- Panelists will answer them during the call as time allows
- We have time for questions at the end of the presentations
- Please remain respectful during Q&A



Additional Opportunities

- Additional opportunities for Q&A will be provided at our **Long-Term Care Q&A Call on Monday, September 29th at 12pm**

Register:

https://us02web.zoom.us/webinar/register/WN_usKeuNZrQnOPd3ihRA-72w

- **Long-Term Care Infection Prevention Empower Hour** for SNFs and Nursing Homes through DOH and Puget Sound APIC. Next call October 1st.
- Register:

<https://us02web.zoom.us/meeting/register/hMFxPfMxRViRVF4tcK-Ydg#/registration>

Additional Opportunities Continued

- **Individualized infection prevention assessments (ICAR)** are available:
 - <https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/infection-prevention-and-control-support-services>
- **Respiratory Protection Resources:** <https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools/respiratory-protection-program>
 - *NEW this month!* **Fit Tester Training Module:**
<https://waportal.org/partners/qualitative-fit-tester-training>
- **Project Firstline Resources** including training modules, podcast and resources:
<https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools/project-firstline>

Donning & Doffing PPE with Source Control

WA Project Firstline job aid to guide staff and visitors how to properly don/doff PPE.

www.doh.wa.gov/ProjectFirstline

[420-380 Donning and Doffing PPE](#)

Putting PPE ON

Gown, N95

*The PPE needed will vary based on the required isolation precautions. Change the PPE and order of steps to fit the level of precaution.

- Sanitize hands.**
- Put on gown.**
 - Open-end **faces** your back.
 - Tie the back of the gown.
- Remove mask and discard.**
- Sanitize hands.**
- Put on N95, ensuring proper seal.**
 - Ensure straps are not crossing.

N95 Seal Check

- Follow manufacturer's instructions for performing seal check.**
 - DO NOT** Enter the room if you do not achieve a proper respirator seal.

Eye Protection, Gloves, Entry

- Put on eye protection.**
- Put on gloves over the cuffs of the gown.**
 - You may need to pull gown cuffs down toward hand for gloves to cover gown cuff and wrists.
- ENTER ROOM**
- DO NOT** touch your face. **DO** Perform hand hygiene before and after touching or adjusting eye protection. Leave the room to adjust your N95.

Taking PPE OFF

Gown, Gloves

*The PPE needed will vary based on the required isolation precautions. Change the PPE and order of steps to fit the level of precaution.

- Inside the room, stand near the exit door.**
 - Cross arms and **grip** gown on shoulders.
 - Remove gown in controlled fashion.
- Roll the gown towards your hands.**
 - Remove the gloves with the gown.
 - Dispose of the gloves and gown.
- Sanitize hands. Exit patient room.**

Eye Protection, N95 Respirator

- Disposable Eye Protection**
 - Remove eye protection and discard. **DO NOT** touch face.
- Reusable Eye Protection**
 - Place wipe on table.
 - Remove eye protection and place on wipe. **DO NOT** touch face.
- Sanitize hands.**
- Pinch bottom strap and pull far over head.** **DO NOT** let straps touch your face.
- Pinch top strap pull far over head and discard.** **DO NOT** do not touch front of respirator when removing N95.
- Sanitize hands.**
- Put on mask.**

Sanitize Reusable Eye Protection

- Wipe eye protection. Sanitize in the following order:**
 - Put on clean gloves.
 - Inside of shield.
 - Head band.
 - Outside of shield.
- Allow eye protection to dry and store for re-use**
- Wipe table.**
- Remove gloves.**
- Wash hands with soap and water or sanitize hands.**



INFLUENZA EPIDEMIOLOGY

Anna Unutzer, MPH
Influenza Epidemiologist
WA Department of Health

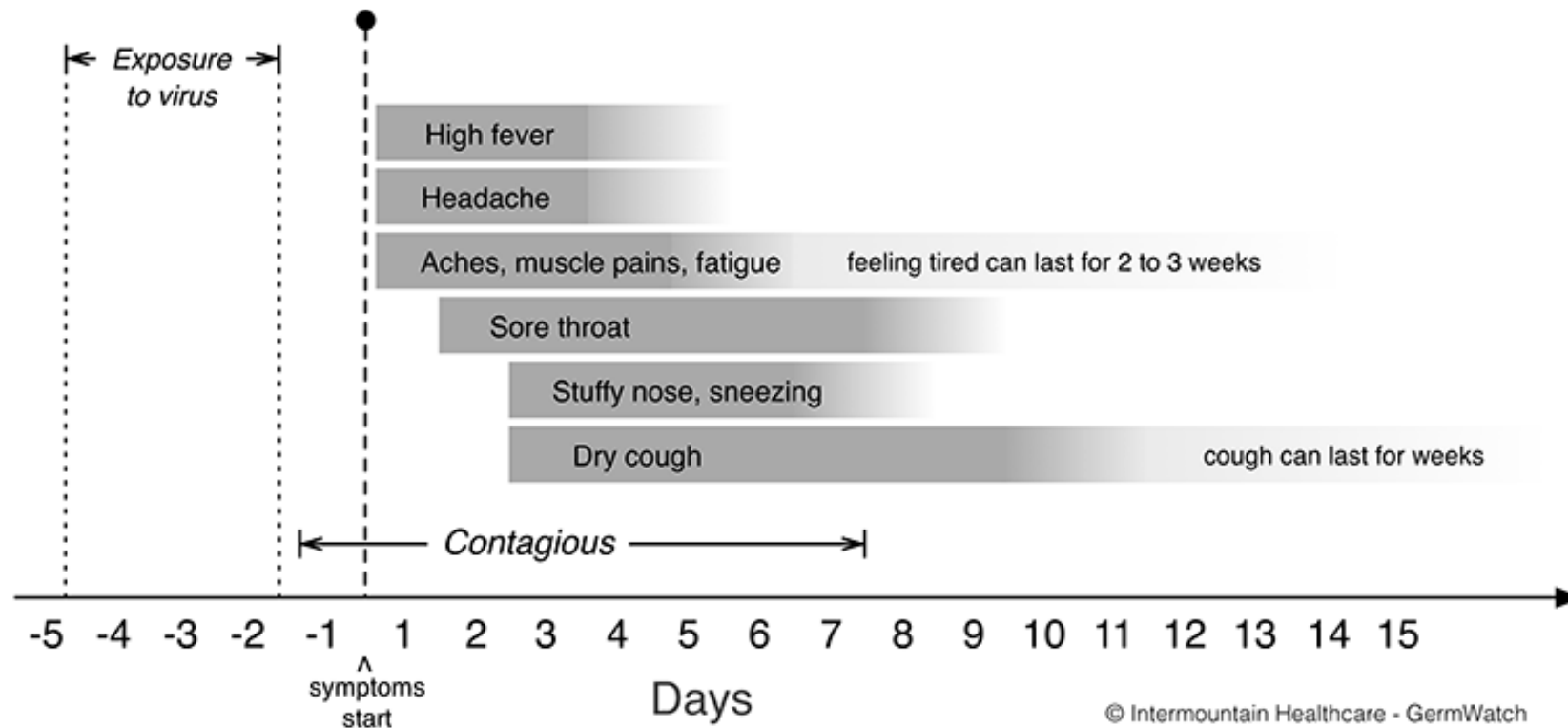


Common Terms

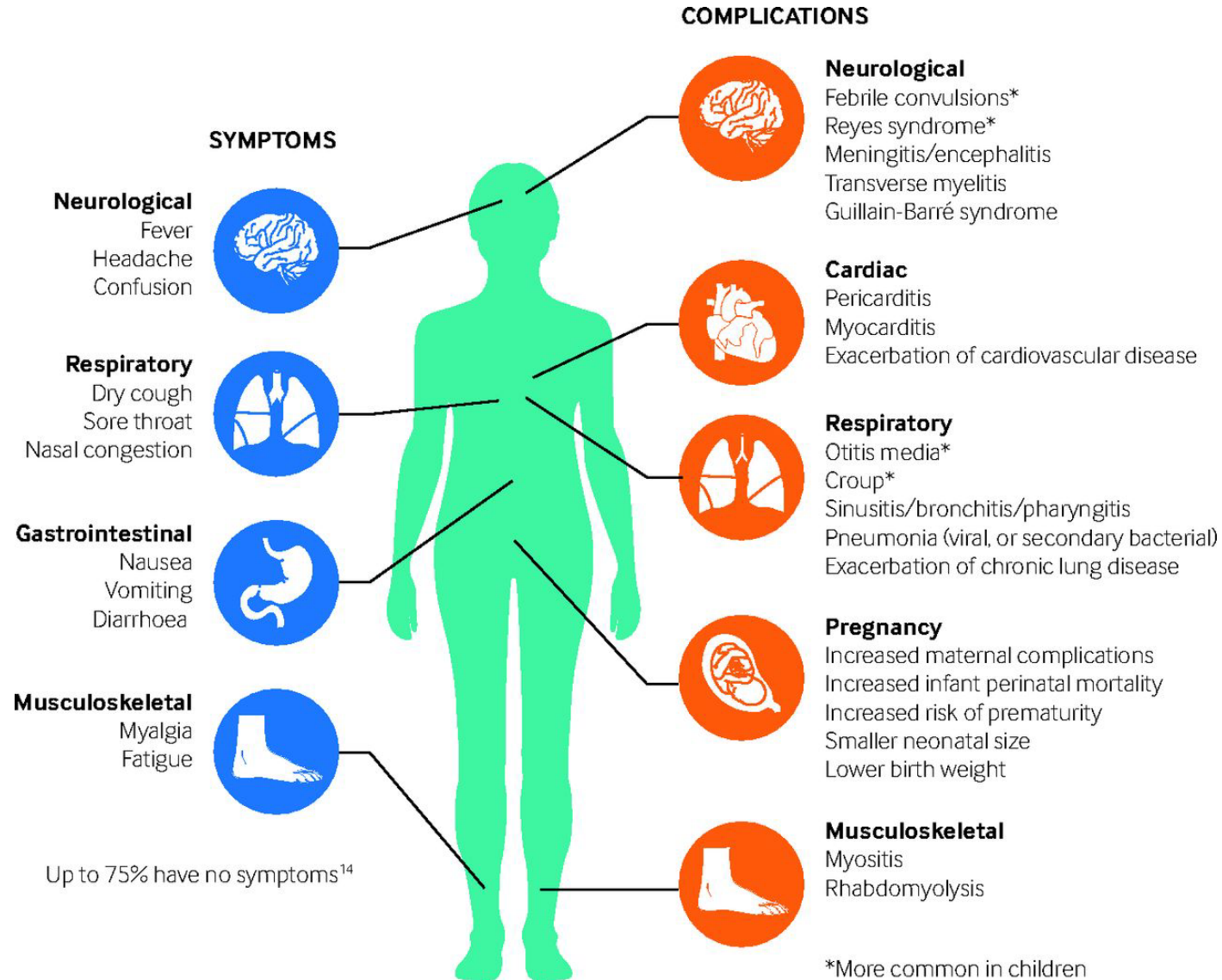
- **Influenza = Flu**
 - Infection with influenza virus (A or B)
 - Causes respiratory flu symptoms
 - Not “stomach flu”
- **Influenza-like Illness (ILI) = Flu-like symptoms**
 - An individual with symptoms that might be flu
- **Chemoprophylaxis or prophylaxis = prevention medication**
 - Antiviral medication given to a healthy person to prevent them from becoming sick
 - After exposure to an ill person or during an outbreak

Influenza Background and Transmission

Influenza Virus Infection Timeline



Common Symptoms of Influenza





NATIONAL INFLUENZA SURVEILLANCE

2024-2025 SEASON

All data presented through
August 30, 2025

Burden of Influenza

Preliminary 2024–2025 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2024, CDC estimates there have been between:

47 Million -
82 Million



**Flu
Illnesses**

21 Million -
37 Million



**Flu
Medical Visits**

610,000 -
1.3 Million



**Flu
Hospitalizations**

27,000 -
130,000



**Flu
Deaths**

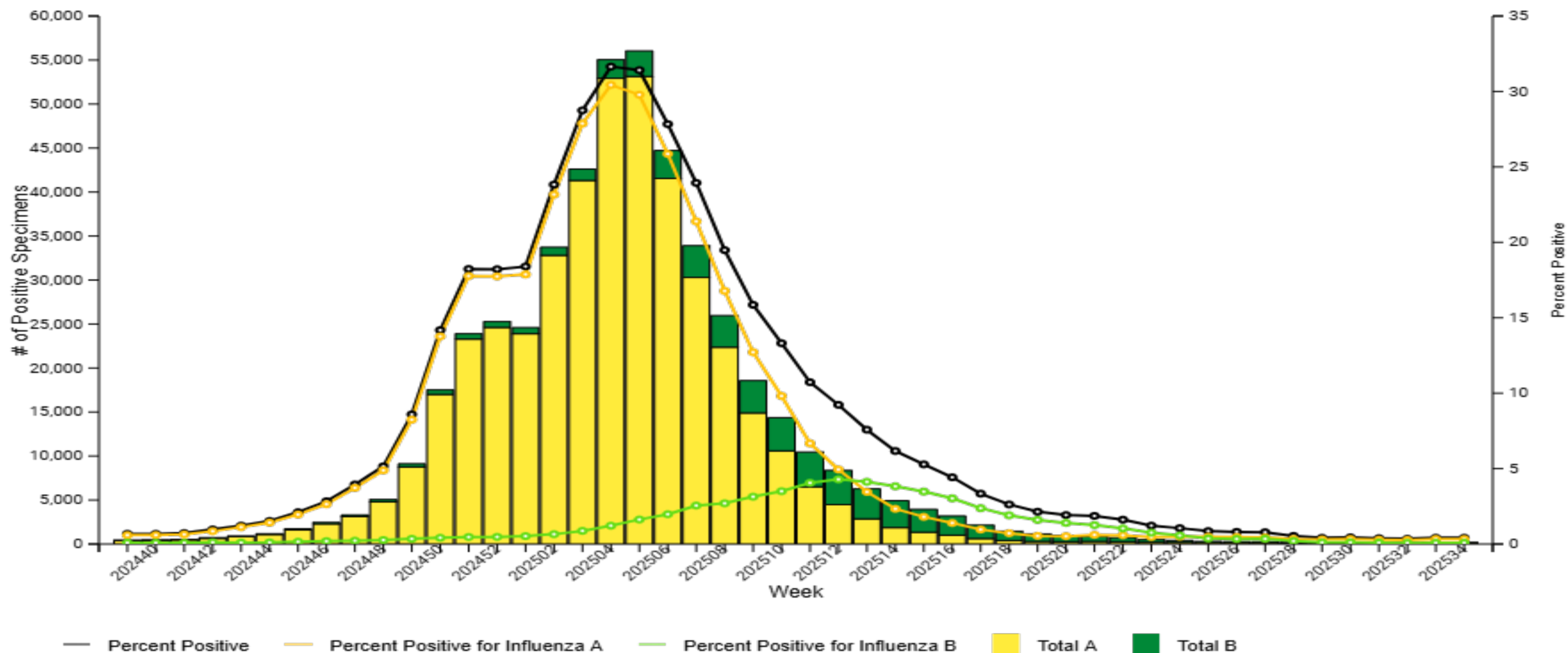
Based on data from October 1, 2024, through May 17, 2025

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.

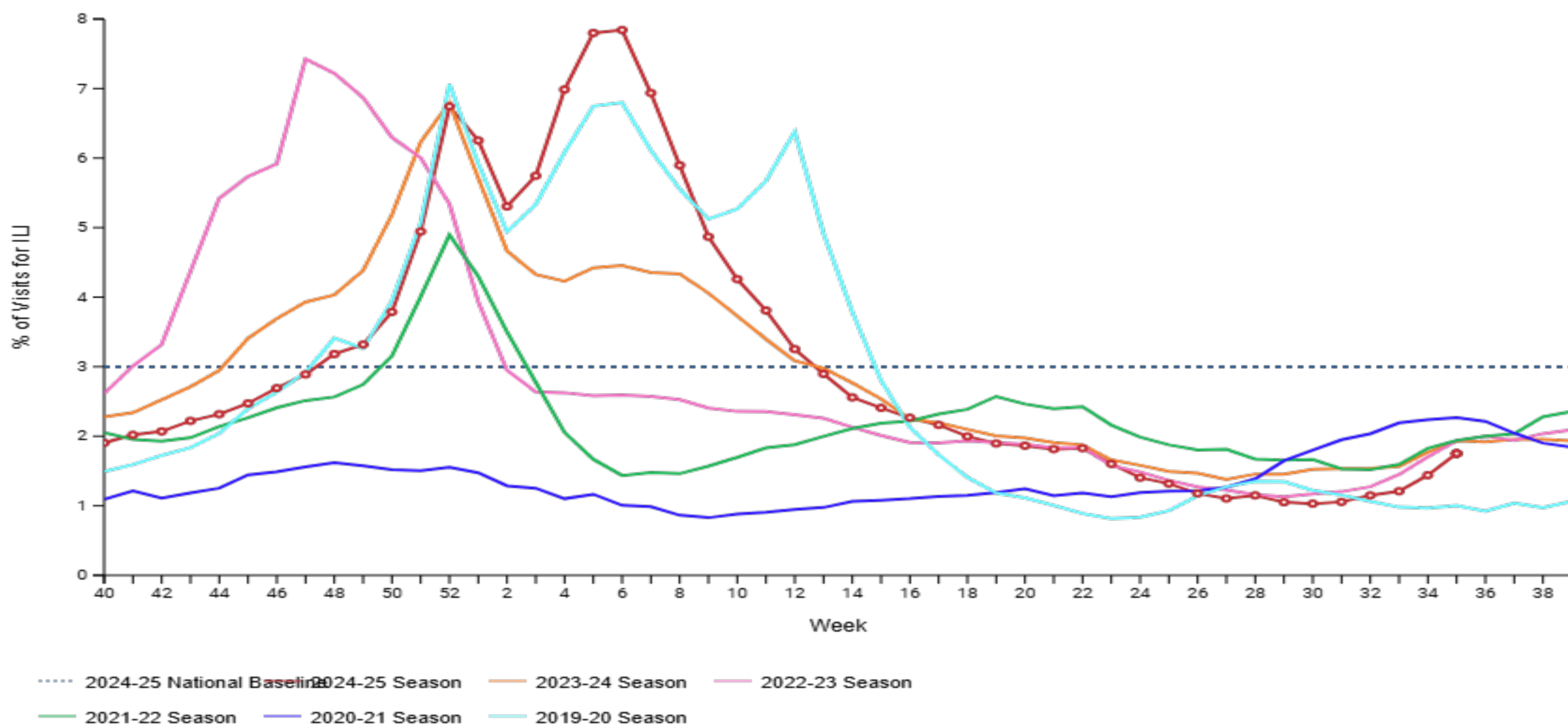
FluVIEW



Influenza Positive Tests Reported to CDC by Clinical Laboratories, National Summary, 2024-25 Season, week ending Aug 30, 2025



Percentage of Outpatient Visits for Respiratory Illness Reported by
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2024-25 Season and Selected Previous Seasons





2025-2026 Influenza Season

- Timing and Severity of Flu Season: Unknown
 - Influenza activity levels cannot be predicted from year to year.
- Best Preparation:
 - Vaccination
- [2025–2026 Flu Season | Influenza \(Flu\) | CDC](#)

Flu Resources

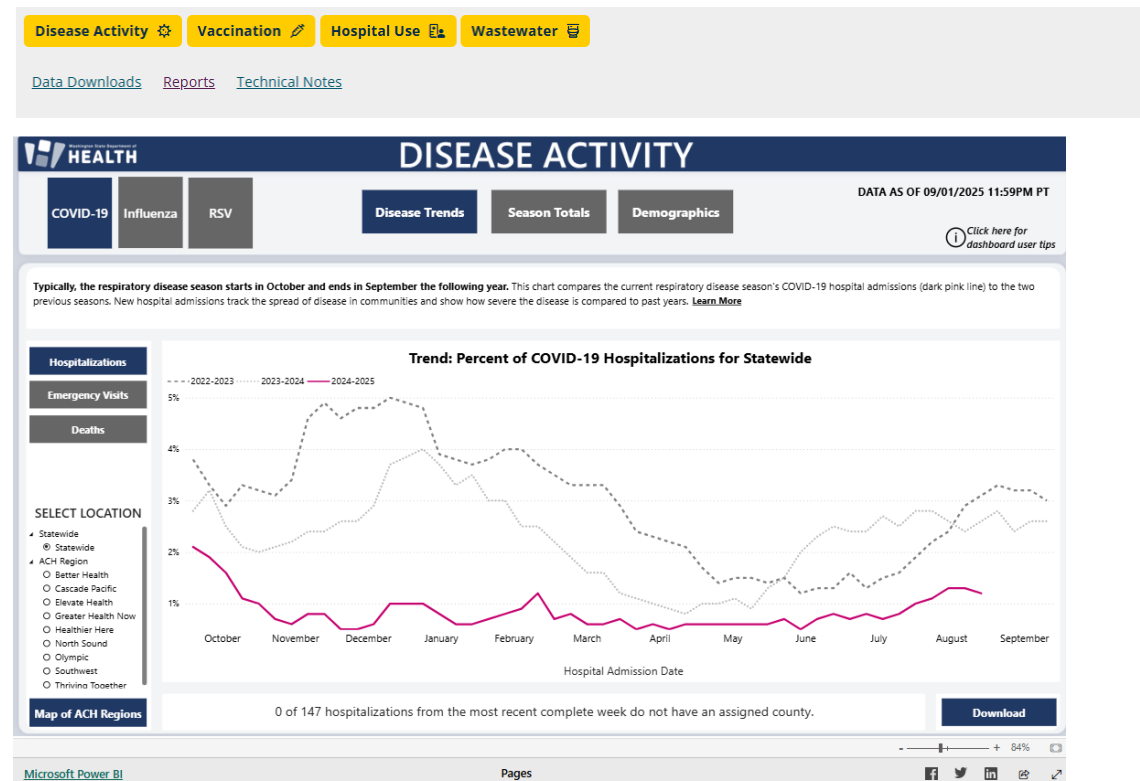
- Washington State Flu Report:
 - <https://doh.wa.gov/sites/default/files/2023-05/420-100-FluUpdate.pdf>
- CDC Weekly Flu Report:
 - <https://www.cdc.gov/fluview/>
- Washington Respiratory Illness Data Dashboard:
 - <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard>
- DOH Resources for Public Health and Healthcare Providers:
 - <https://doh.wa.gov/public-health-provider-resources/public-health-system-resources-and-services/immunization/influenza-flu-information>
- Communications Toolkit:
 - [Flu Free Washington Partner Toolkit | Washington State Department of Health](#)

Washington State Respiratory Illness Data Dashboard

Contains information on:

- Hospitalizations
- ED visits
- Deaths
- Vaccinations
- Hospital Use
- Wastewater

Respiratory Illness Data Dashboard



[Respiratory Illness Data Dashboard](#)

Washington State Influenza Report

Contains information on:

- Lab testing
- Outpatient Illness
- Emergency Department Visits
- Long-term Care Outbreaks
- Deaths
- Other Respiratory Pathogens

[Washington State Influenza Update](#)





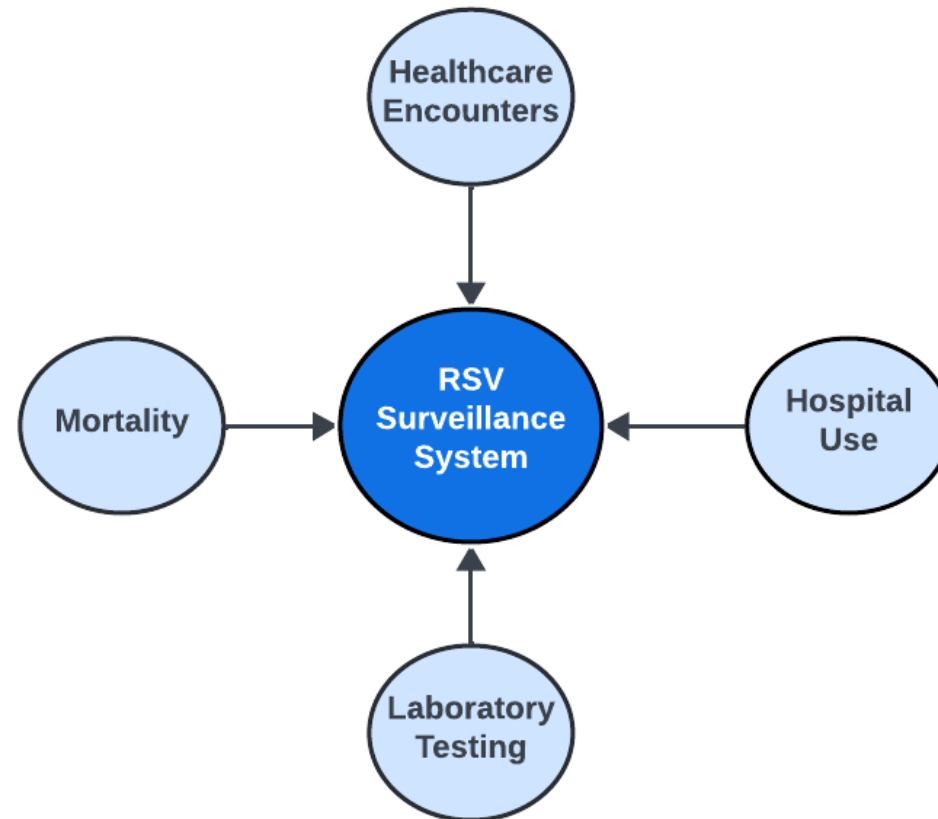
RSV SURVEILLANCE



Respiratory Syncytial Virus (RSV) Infection

- RSV is a common respiratory virus that infects the nose, throat, and lungs
- Often focus on impact among infants
- RSV can be dangerous for older adults and adults who have certain medical conditions or live in a nursing home

RSV is Not a Notifiable Condition

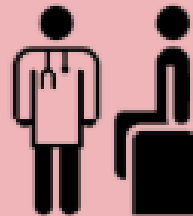




RSV Burden Estimates 2024-2025, US

CDC estimates* that, from October 1, 2024 through May 3, 2025, there have been:

3.6 million-
6.5 million



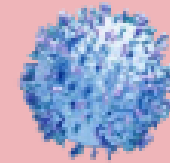
RSV
Outpatient Visits

190,000-
350,000



RSV
Hospitalizations

10,000-
23,000



RSV
Deaths

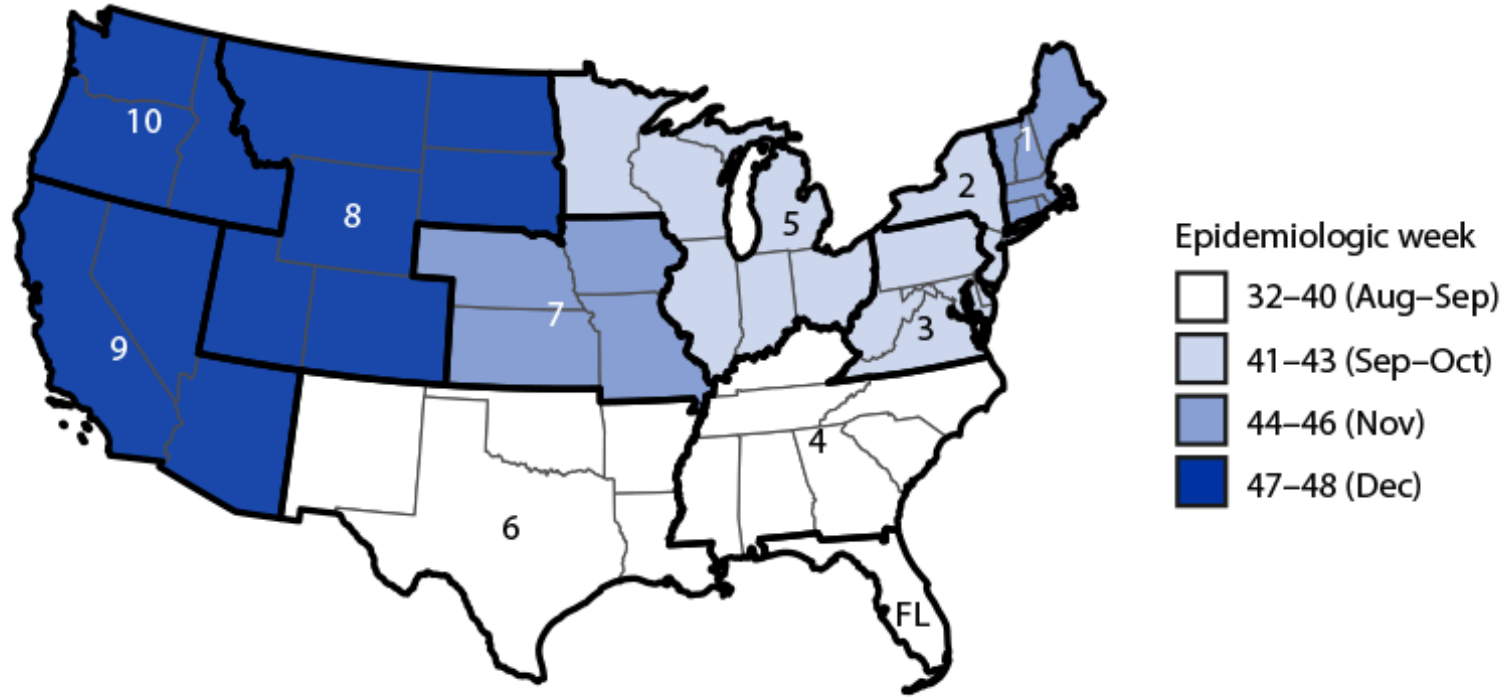
*Based on data from September 29, 2024 through May 3, 2025.

[Download Data](#)



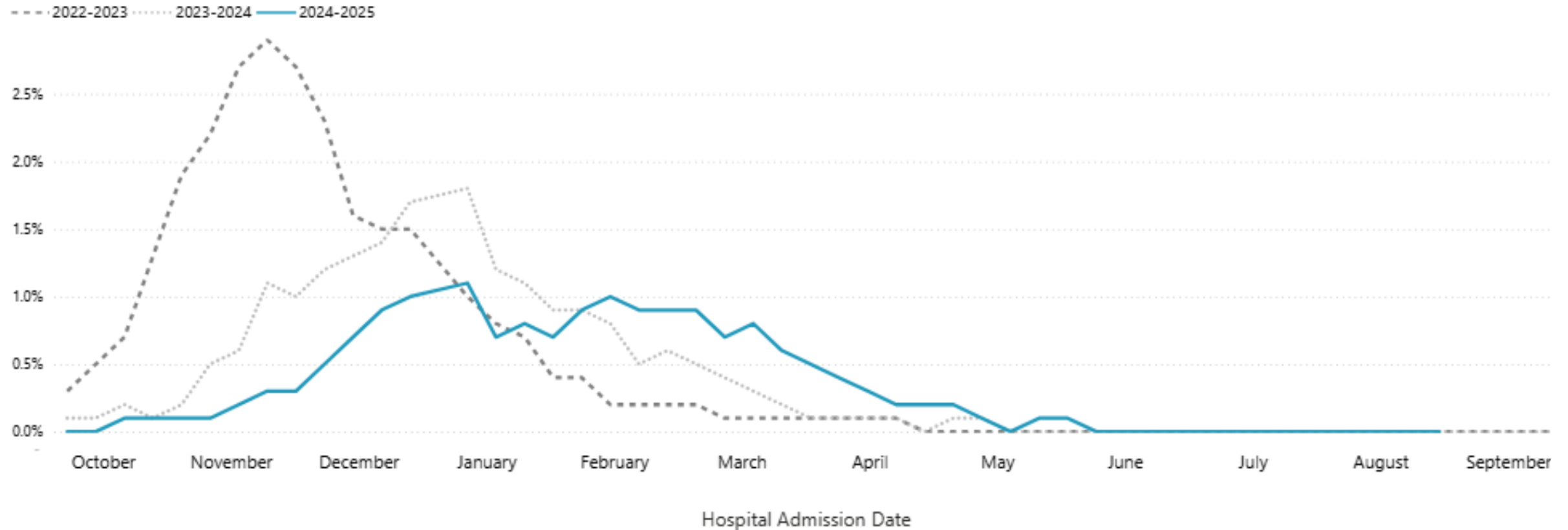
Geographic Variability in RSV Activity

RSV Epidemic Onsets in US by HHS Region and Florida, 2017-2020



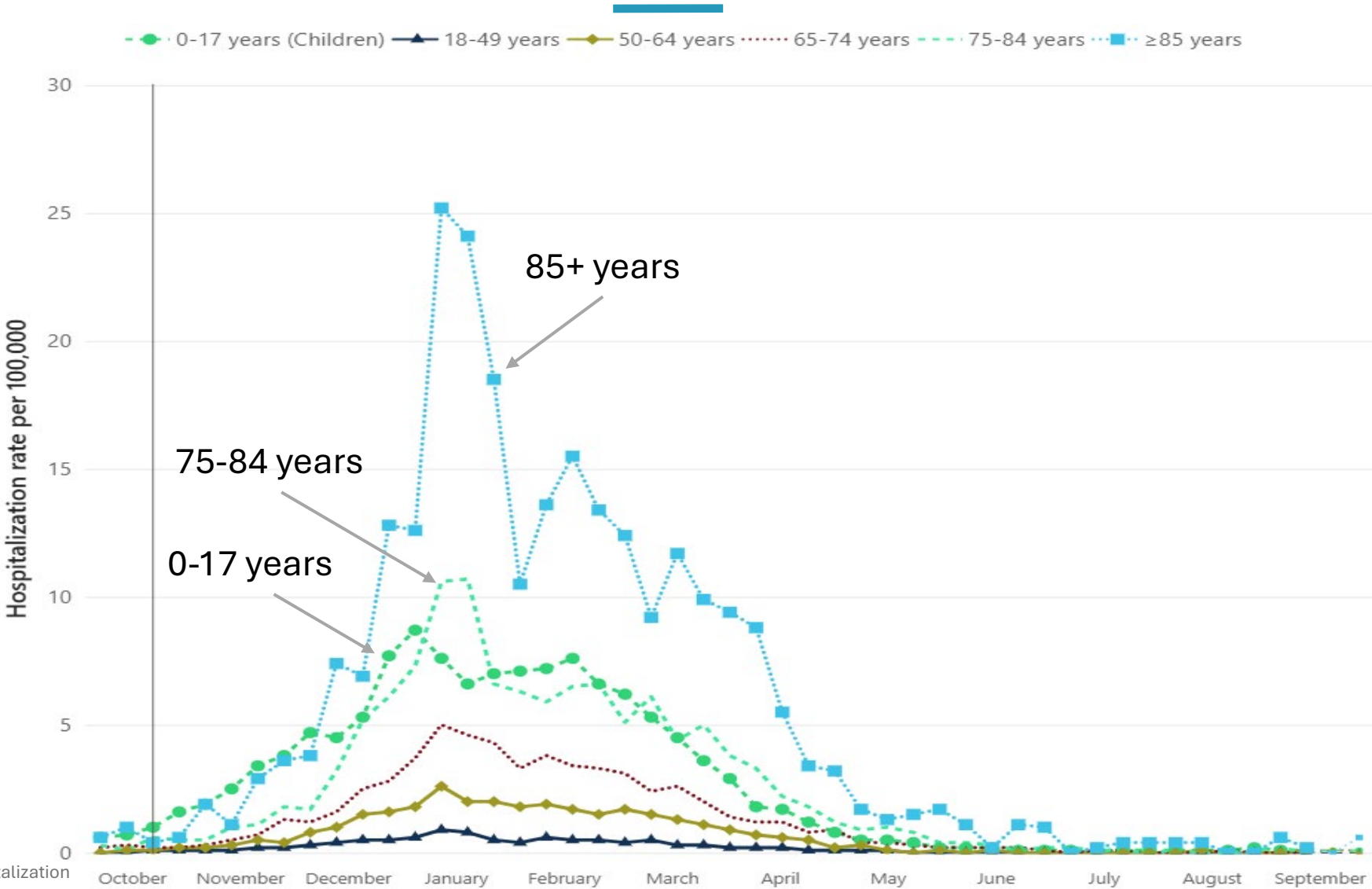


~1% of Hospitalizations Associated with RSV, WA





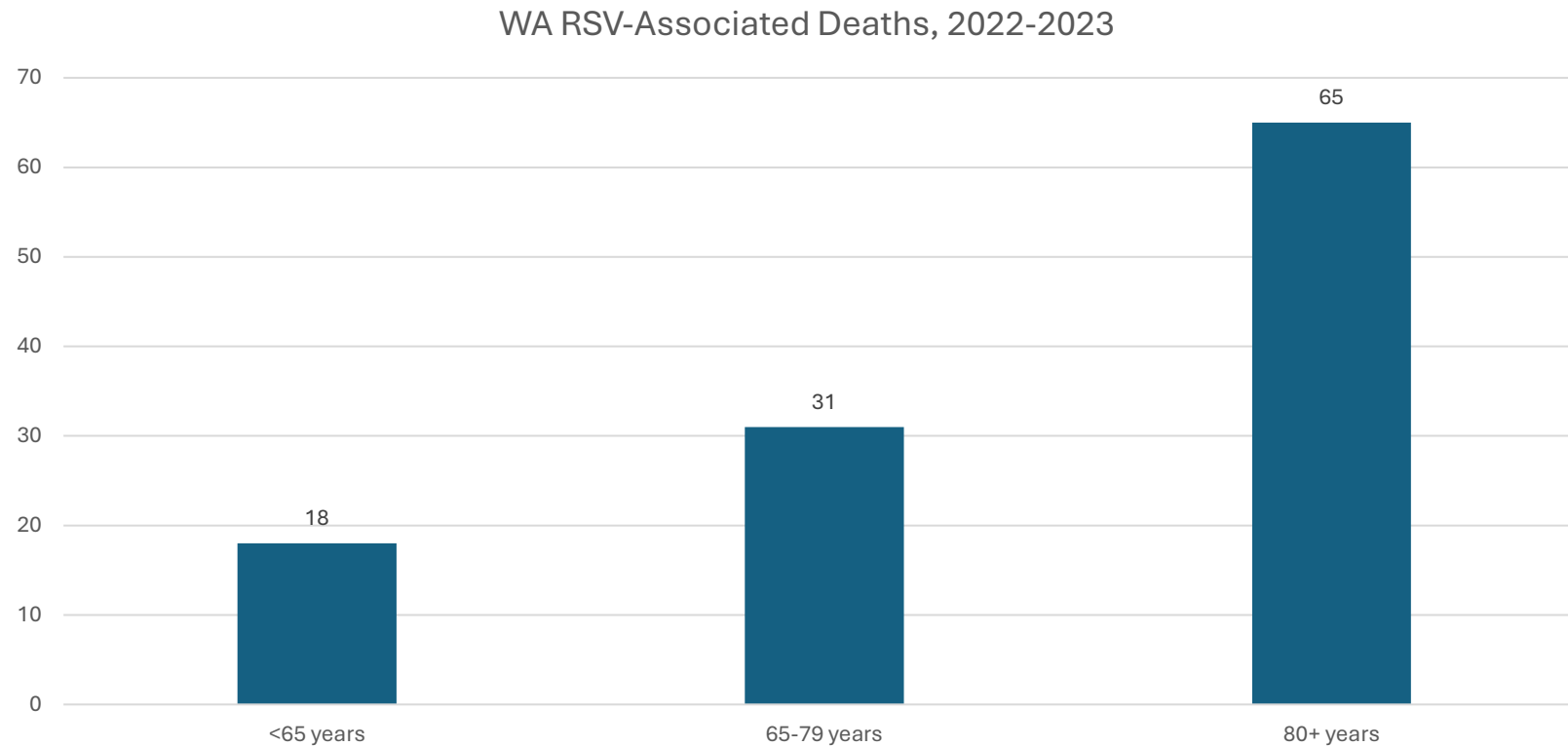
Weekly RSV-Associated Hospitalizations by Age Group, 2024-2025, US



Data Source: RSV-Associated Hospitalization Surveillance Network (RESP NET)



Age of RSV-Associated Deaths





National 2025-2026 RSV Season Outlook

- CDC expects that the 2025-2026 peak weekly hospitalization rate across all age groups due to RSV will be **similar (within 20%) to that of the 2024-2025 season**, with moderate confidence
- The **RSV national peak tends to occur in late December or early January**, but peaks have historically varied by HHS region, with the Southeast U.S. region peaking earlier than North and West U.S. regions.

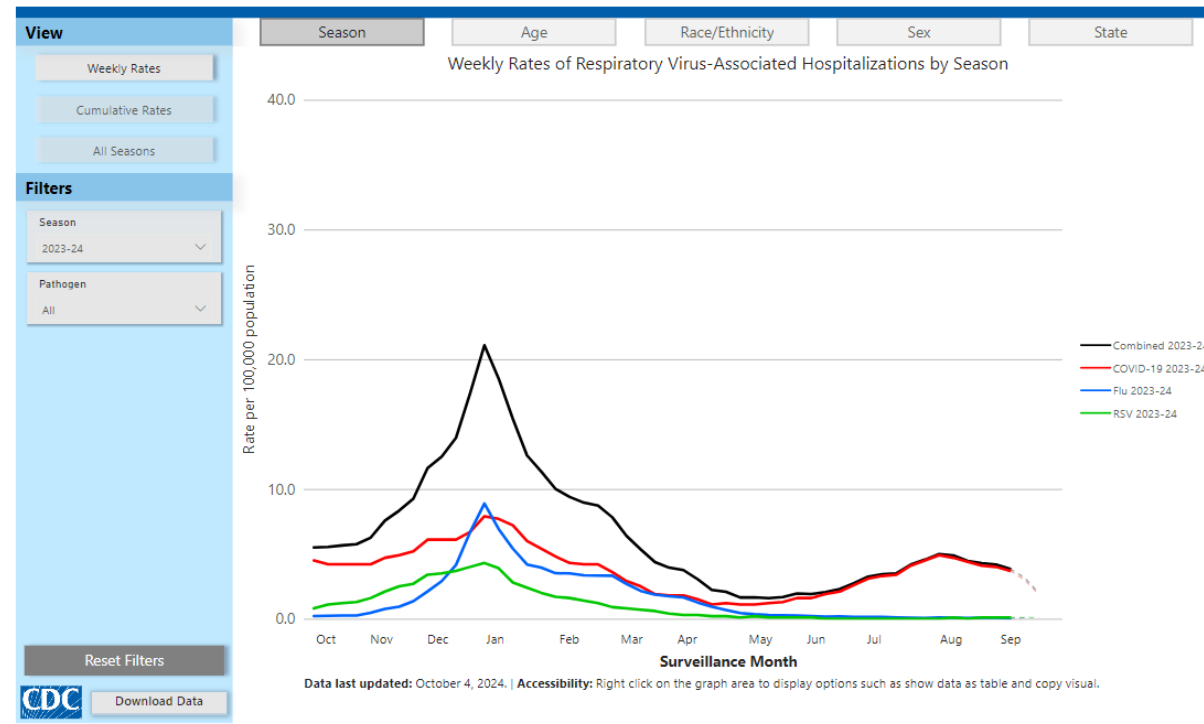
RSV Resources

- Washington State:
 - <https://doh.wa.gov/you-and-your-family/immunization/diseases-and-vaccines/respiratory-syncytial-virus-rsv>
- CDC :
 - <https://www.cdc.gov/rsv/index.html>
- Washington Respiratory Illness Data Dashboard:
 - <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard>

RESP-NET

RESP-NET Interactive Dashboard

- Washington has been selected to participate in the CDC Emerging Infections Program
- RESP-NET
 - COVID-NET
 - RSV-NET
 - FluSurv-NET
- Active, population-based hospitalization surveillance
- 2024-2025 season is a pilot year, data is expected to be available in future seasons



Respiratory Virus Hospitalization Surveillance Network (RESP-NET) |
RESP-NET | CDC



CDC's Respiratory Illnesses Data Channel

www.cdc.gov/respiratory-viruses/data/index.html

Respiratory Illnesses Data Channel

This site is updated on Fridays. *New data will be added throughout the fall.*

WHAT TO KNOW

- As of October 11, 2024, the amount of acute respiratory illness causing people to seek healthcare is low nationally.
- COVID-19 activity is declining in most areas. Seasonal influenza is low nationally.
- Signs of increased RSV activity have been detected in the southeastern United States, including Florida, particularly in young children.





CDC's Respiratory Illnesses Data Channel

Overall respiratory illness activity in **Washington**

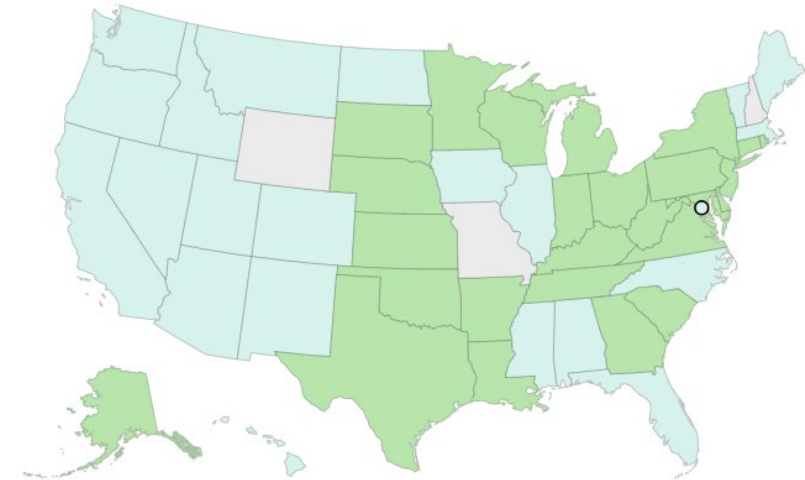
Minimal

What it is: A measure of how frequently a wide variety of respiratory symptoms and conditions are diagnosed by emergency department doctors, ranging from the common cold to COVID-19, flu, and RSV.

Why it matters: Summarizes the total impact of respiratory illnesses, regardless of which diseases are causing people to get sick.

[See more data »](#)

[Learn about this measurement »](#)



AS GU PR VI

Acute Respiratory Illness



CDC's Respiratory Illnesses Data Channel

Emergency department visits in **Washington**

COVID-19

Low
Decreasing ↘

Flu

Minimal
Increasing ↗

RSV

Minimal
No Change

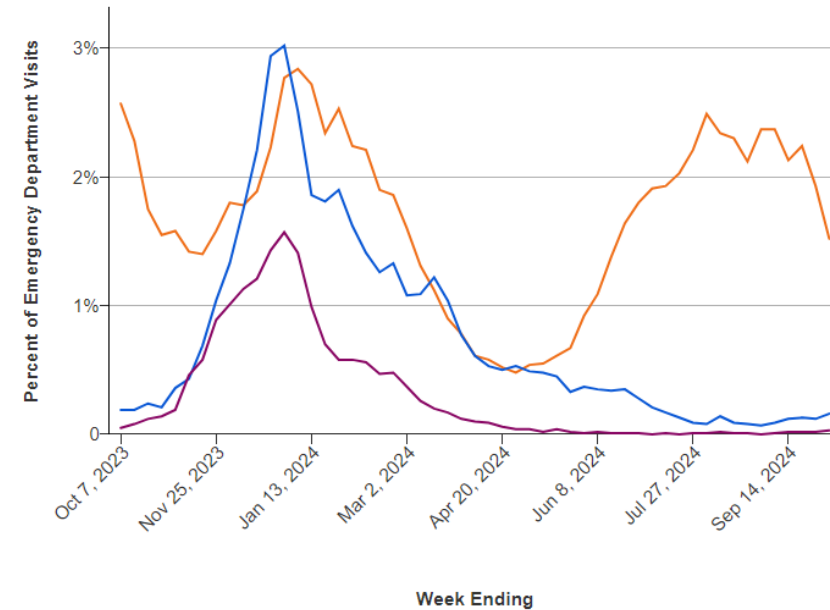
What it is: A measure of how many people are seeking medical care in emergency departments.

Why it matters: When levels are high, it may indicate that infections are making people sick enough to require treatment.

[See more data »](#)

[Learn about this measurement »](#)

[↑ Select another location](#)



Respiratory Virus

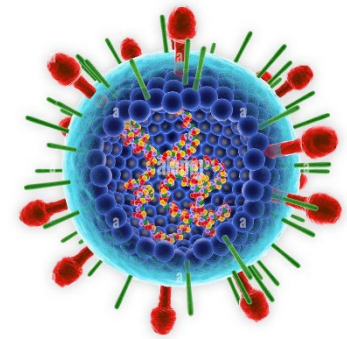
● COVID-19 ● Influenza ● RSV

Data last updated on 10/09/2024 and presented through 10/05/2024. [View this dataset](#) on data.cdc.gov.



2025-26 RESPIRATORY SEASON VACCINE RECOMMENDATIONS

Vaccine Recommendations



Immunization against RSV



Products available to immunize adults against RSV

Arexvy[®], *Abrysvo*[®], and *mResvia*[®]

Recommendation: RSV vaccination in older adults

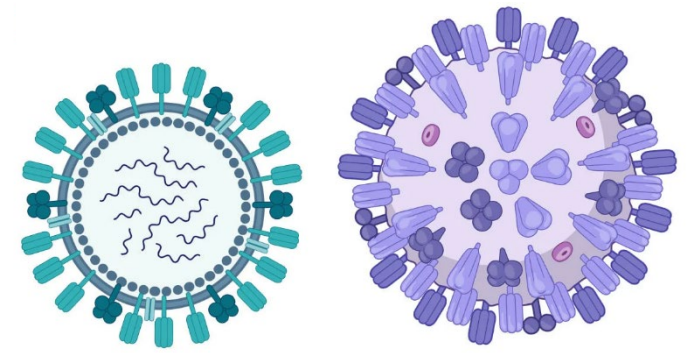
Administer 1 dose of vaccine to

- All adults ≥ 75 yrs
- Adults aged 50-74 yrs at increased risk of severe RSV

Adults who have previously received RSV vaccine should not receive another dose

Administration of RSV vaccine with other adult vaccines at the same visit is acceptable

[RSV Vaccine Guidance for Adults | RSV | CDC](#)



Immunization against Seasonal Influenza

Recommended for all older than age
6 months

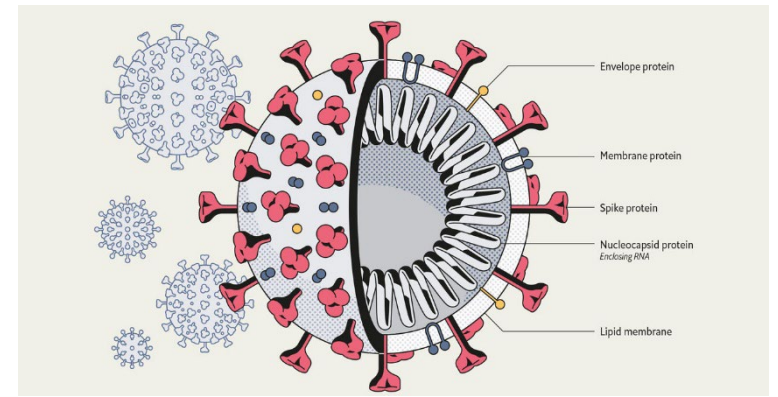
Recommendation: Influenza Vaccination

- Everyone 6 months and older should receive flu vaccines only in single-dose formulations that are free of thimerosal as a preservative
- All eligible persons should receive an age-appropriate influenza vaccine
- Adults ≥ 65 years are preferentially recommended to receive Fluzone HD, Flublok recombinant, and Fluad adjuvanted. If none of these vaccines is available, any other available age-appropriate flu vaccine should be used

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season | MMWR

Flu vaccines are safe

- Many safety monitoring systems
- Common side effects
 - Soreness, redness, swelling
 - Headache, fever, muscle aches, nausea
- Safe to take over-the-counter pain medications
- Flu vaccine doesn't give you the flu
 - You may have side effects from the vaccine
 - Your immune system is working



Immunization against COVID-19

Recommended for all older than age 6 months

WA COVID-19 Vaccine Standing Order

- Authorizes health care providers to administer the most updated versions of COVID-19 vaccine to all persons 6 months and older, including pregnant individuals
- References guidance from national medical organizations
 - Pediatrics (ages 6 months–18 years): American Academy of Pediatrics (AAP)
 - Pregnant Individuals (all ages as applicable): American College of Obstetricians and Gynecologists (ACOG)
 - Adults (ages 19 years and older): American Academy of Family Physicians (AAFP)
- Is intended to for individuals to receive vaccine “off label” when above guidance differs from federal guidance

[Standing Orders | Washington State Department of Health](#)

Why issue a COVID-19 vaccine standing order?

- To ensure all Washington residents have access to COVID-19 vaccine based on the best available science
- To improve access
 - Recent changes have made it more difficult for people to get vaccinated
 - Reports of individuals for whom COVID-19 vaccine is recommended having difficulty accessing the vaccine.
 - In some cases, pharmacies have told patients to get a prescription - the standing order is like a prescription that all Washingtonians can use
- To provide clarity on COVID-19 vaccine recommendations in response to inquiries from health care providers and the public

COVID-19 vaccine standing order

- Does not address other barriers:
 - Insurance or financial barriers
 - Availability at pharmacies - for big chain pharmacies such as CVS and Walgreens, availability differs by state
 - Confusion and mistrust
 - Liability concerns by health care providers and pharmacists

FDA authorization for 2025-26 COVID-19 vaccines

Tradename	Vaccine Type	Approved for use in individuals who are:
COMIRNATY (Pfizer)	mRNA	<ul style="list-style-type: none">• 65 years of age and older, or• 5 years through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.
MNEXSPIKE (Moderna) <small>*approved and available on the private market. It will not be supplied via CVP/AVP</small>	mRNA	<ul style="list-style-type: none">• 65 years of age and older, or• 12 years through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.
NUVAXOVID (Novavax)	Adjuvanted	<ul style="list-style-type: none">• 65 years of age and older, or• 12 years through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.
SPIKEVAX (Moderna)	mRNA	<ul style="list-style-type: none">• 65 years of age and older, or• 6 months through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.

FDA guidance is not in alignment with DOH's 9/4/25 [COVID-19 Vaccine Standing Order](#)

WA DOH COVID-19 Vaccine Standing Order Guidance

Tradename	Vaccine Type	Approved for use in individuals who are:
COMIRNATY (Pfizer)	mRNA	<ul style="list-style-type: none">• Minimum age, 5 years
MNEXSPIKE (Moderna) <small>*is approved and available on the private market. It will not be supplied via CVP/AVP</small>	mRNA	<ul style="list-style-type: none">• Minimum age, 12 years
NUVAXOVID (Novavax)	Adjuvanted	<ul style="list-style-type: none">• Minimum age, 12 years
SPIKEVAX (Moderna)	mRNA	<ul style="list-style-type: none">• Minimum age, 6 months




Recommendation: COVID-19 Vaccination

WA DOH COVID-19 Vaccine Standing Order:

- [COVID-19 Vaccine \(PDF\)](#) | [Russian - Русский \(PDF\)](#) | [Spanish - Español \(PDF\)](#) | [Vietnamese - Tiếng Việt \(PDF\)](#)
- For more details, refer to the [COVID-19 Vaccine Schedule for Health Care Providers \(PDF\)](#)

FAQs:

- [COVID-19 Vaccine Standing Order FAQ for Health Care Providers \(PDF\)](#) | [Russian - Русский \(PDF\)](#) | [Spanish - Español \(PDF\)](#) | [Vietnamese - Tiếng Việt \(PDF\)](#)
- [COVID-19 Vaccine Standing Order FAQ for the Public \(PDF\)](#) | [Russian - Русский \(PDF\)](#) | [Spanish - Español \(PDF\)](#) | [Vietnamese - Tiếng Việt \(PDF\)](#)

Age/Condition	COVID-19	Influenza	RSV
Children 	<ul style="list-style-type: none"> • All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors¹ • All who choose protection¹ 	<ul style="list-style-type: none"> • All 6 months and older 	<ul style="list-style-type: none"> • All younger than 8 months² • All 8-19 months with risk factors
Pregnancy 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • 32-36 weeks gestational age²
Adults 	<ul style="list-style-type: none"> • All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • All 75 years and older • All 50-74 years with risk factors

1. COVID-19 vaccine is available for persons 6 months and older.

2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

Source: West Coast Health Alliance

Resources

- [Communicating With Families About How to Protect Against Fall and Winter Respiratory Viruses](#)
- [RSV Vaccine Guidance for Adults | RSV | CDC](#)
- [Immunizations and Vaccines | Washington State Department of Health](#)

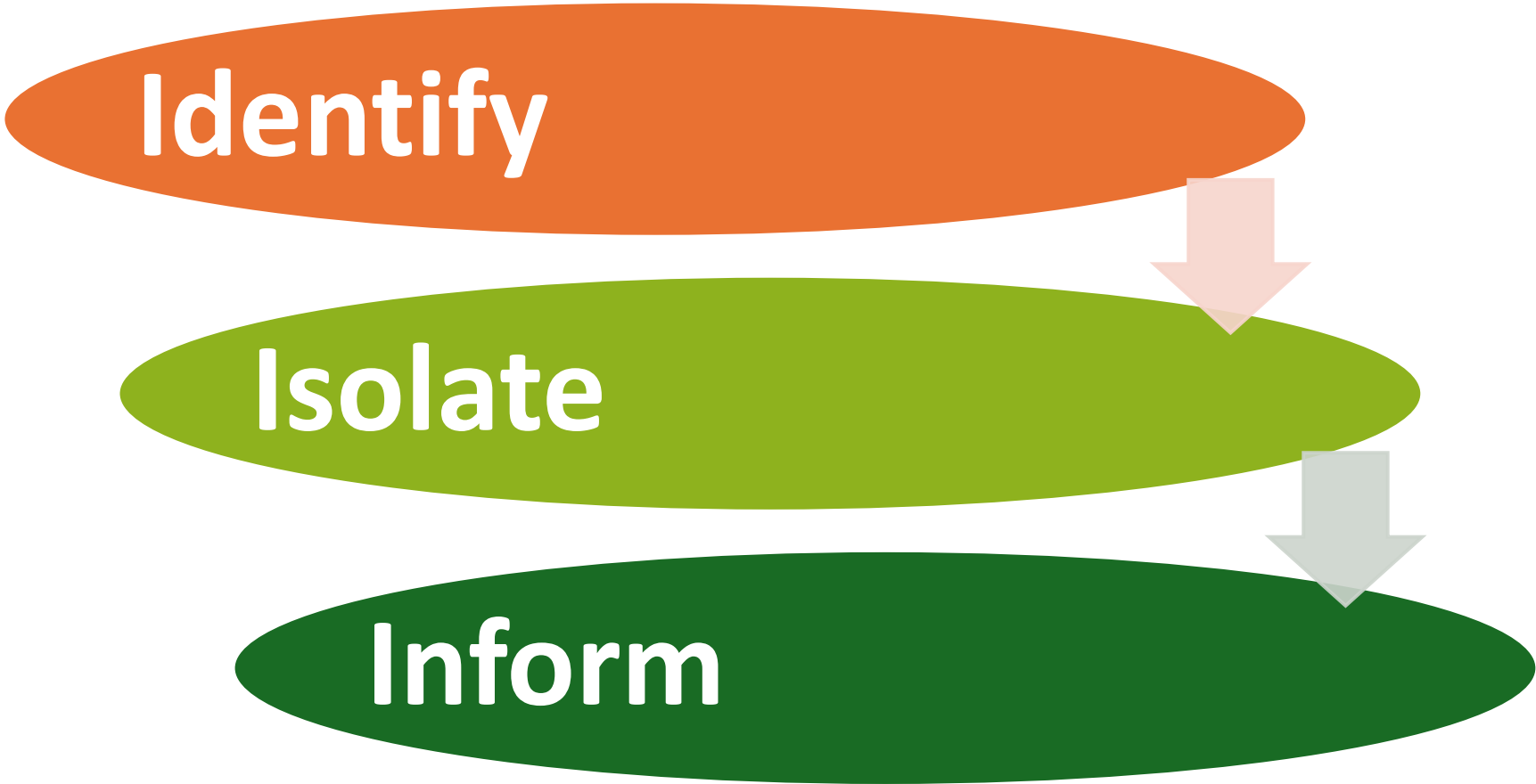
For clinical questions, please send an email to
immunenurses@doh.wa.gov

Isolation, Cohorting, and PPE

Elaina Mills, RN, MSN CIC

Education and Guidance Development Program Manager

DOH-HAI/AR Section





Transmission-Based Precautions for Common Respiratory Illnesses



Contact

- PPE: Gown and Gloves
- indicated for pathogens such as RSV



Droplet and Contact

- PPE: Mask, eye pro, Gown, and Gloves
- indicated for pathogens such as Influenza, Rhinovirus



Airborne, Droplet and Contact

- PPE: Respirator, Eye Pro, Gown and Gloves
- indicated for pathogens such as SARS-CoV-2

Standard Precautions should be used for all residents.

<https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html#P>

STOP DROPLET PRECAUTIONS

Visitors check in with staff before entering.

For source control, ask resident to don mask if tolerated when healthcare workers/visitors are present.

PRIOR TO ENTERING:

Wash or gel hands Wear mask Wear eye protection
Face shield or goggles

OTHER REQUIREMENTS:

Must use resident dedicated or disposable equipment.
Clean and disinfect shared equipment.

If performing an *Aerosol Generating Procedure (AGP)*, consider wearing a higher-level protection mask or respirator and keep door closed. Follow Facility Policy for performing AGPs.

Wear gown and gloves if contact with secretions is likely.

Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.

Washington State Hospital Association 425-455-8171 425-42524 To request this document in another format, call 1-800-635-0237. **HEALTH**

STOP CONTACT PRECAUTIONS

Visitors check in with staff before entering.

PRIOR TO ENTERING:

Wash or gel hands Wear Gown and gloves

OTHER REQUIREMENTS:

Use resident dedicated or disposable equipment.
Clean and disinfect shared equipment.

Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.

Washington State Hospital Association 425-455-8171 425-42524 To request this document in another format, call 1-800-635-0237. **HEALTH**

STOP AEROSOL CONTACT PRECAUTIONS

Visitors check in with staff before entering.

APPROVED VISITORS ONLY

For source control, ask resident to don mask if tolerated when healthcare workers/visitors are present.

PRIOR TO ENTERING:

Wash or gel hands Wear gown and gloves Use a NIOSH respirator (N95/PAPR/CAPR) Wear eye protection face shield or goggles

OTHER REQUIREMENTS:

Use an Airborne-Infection Isolation Room (AIIR) per facility guidelines if available.

Resident's door should remain closed when possible until precautions are discontinued unless it impacts resident's safety (e.g., fall risk). Follow appropriate air exchange times per facility guidelines after Aerosol Generating Procedures (AGP).

Use resident dedicated or disposable equipment.
Clean and disinfect shared equipment per manufacturer instructions.

Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.




Washington State Hospital Association 425-455-8171 425-42524 To request this document in another format, call 1-800-635-0237. **HEALTH**

Transmission-Based Precautions


<https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools>

Putting PPE ON


This PPE checklist was only based on the required isolation precautions. Change the PPE and order of steps to fit the level of precaution.

 Gown
 Fit-tested N95 Respirator
 Eye Protection
 Gloves


Gown, N95

- Sanitize hands.** 
- Put on gown.**
 - Open-end faces your back.
 - Tie the back of the gown.
- Put on N95, ensuring proper seal.**
 - Ensure straps are not crossing.



N95 Seal Check


- Follow manufacturer's instructions for performing seal check. **DO NOT** enter the room if you do not achieve a proper respirator seal. 

Eye Protection, Gloves, Entry

- Put on eye protection.** 
- Put on gloves over the cuffs of the gown.**

You may need to pull gown cuffs down toward hand for gloves to cover gown cuff and wrists.






- ENTER ROOM** 

- DO NOT** touch your face. **DO** Perform hand hygiene before and after touching or adjusting eye protection. Leave the room to adjust your N95. 


DOH 420-518 August 2023
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email ctrl.crl@doh.wa.gov.

Taking PPE OFF


This PPE checklist was only based on the required isolation precautions. Change the PPE and order of steps to fit the level of precaution.




 Gloves
 Gown
 Eye Protection
 Fit-tested N95 Respirator

Gown, Gloves





- Inside the room, stand near the exit door.**
 - Cross arms and grip gown on shoulders.
 - Remove gown in controlled fashion. (Do not swing, twist, or shake gown away from clothing or face or PPE.)
- Roll the gown towards your hands.**
 - Remove the gloves with the gown.
 - Dispose of the gloves and gown.
- Sanitize hands. Exit patient room.** 

Eye Protection, N95 Respirator

- Disposable Eye Protection**
 - Remove eye protection and discard. **DO NOT** touch face.
- Reusable Eye Protection**
 - Place wipe on table. Remove eye protection and place on wipe. **DO NOT** touch face.
- Sanitize hands.** 

- Pinch bottom strap and pull far over head.** **DO NOT** let straps touch your face. 
- Pinch top strap pull far over head and discard.** **DO NOT** do not touch front of respirator when removing N95. 
- Sanitize hands.** 

Sanitize Reusable Eye Protection

- Wipe eye protection. Sanitize in the following order:**
 - Put on clean gloves.
 - Inside of shield.
 - Head band.
 - Outside of shield.
- Allow eye protection to dry and store for re-use.** 
- Wipe table.** 
- Remove gloves.** 
- Wash hands with soap and water or sanitize hands.** 

DOH 420-518 August 2023
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email ctrl.crl@doh.wa.gov.

<https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools/project-firstline/education-and-training>

Visitor PPE

<https://doh.wa.gov/sites/default/files/2022-03/150-160-PPEVisitorsLongTermCare.pdf>

Visiting Someone in Isolation or Quarantine Use of Personal Protection Equipment (PPE)



During Your Visit

- Use **PPE properly** to increase your protection against COVID-19.
- Check with your loved one's caregiver for **help with PPE**.
- Check with your own health care provider to be sure **it is safe to use the N95**. The N95 provides better protection, however it is harder to breathe through.
- **Sanitize your hands** after you touch your face.

Before ENTERING the Room

- 1 Sanitize hands.
- 2 Put on a gown.
- 3 Remove face covering.
- 4 Sanitize hands.
- 5 Put on the N95.
- 6 Put on the eye protection, if available.
- 7 Sanitize hands.
- 8 Put on a gloves.
- 9 Enter the room.

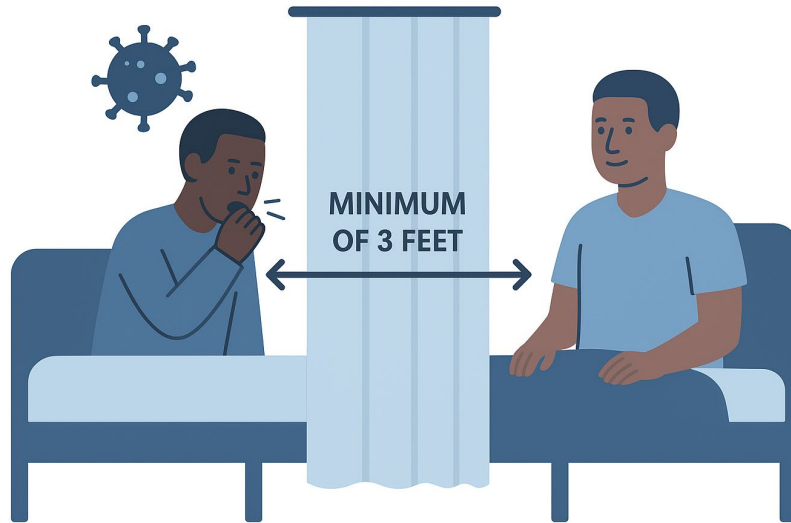
Before EXITING the Room

- 1 Remove gown and gloves at the same time.
- 2 Leave the room.
- 3 Sanitize hands.
- 4 Remove eye protection.
- 5 Remove N95.
- 6 Sanitize hands.
- 7 Put on face covering.



DOH 150-160 March 2022
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Cohorting



Private room is preferred

Cohort by pathogen

If only one ill resident and can't have a private room:

- at least 3 feet separation
- a curtain or partition between the residents

Roommates already exposed should not be placed with new roommates.

- Use source control around others



Thank you!





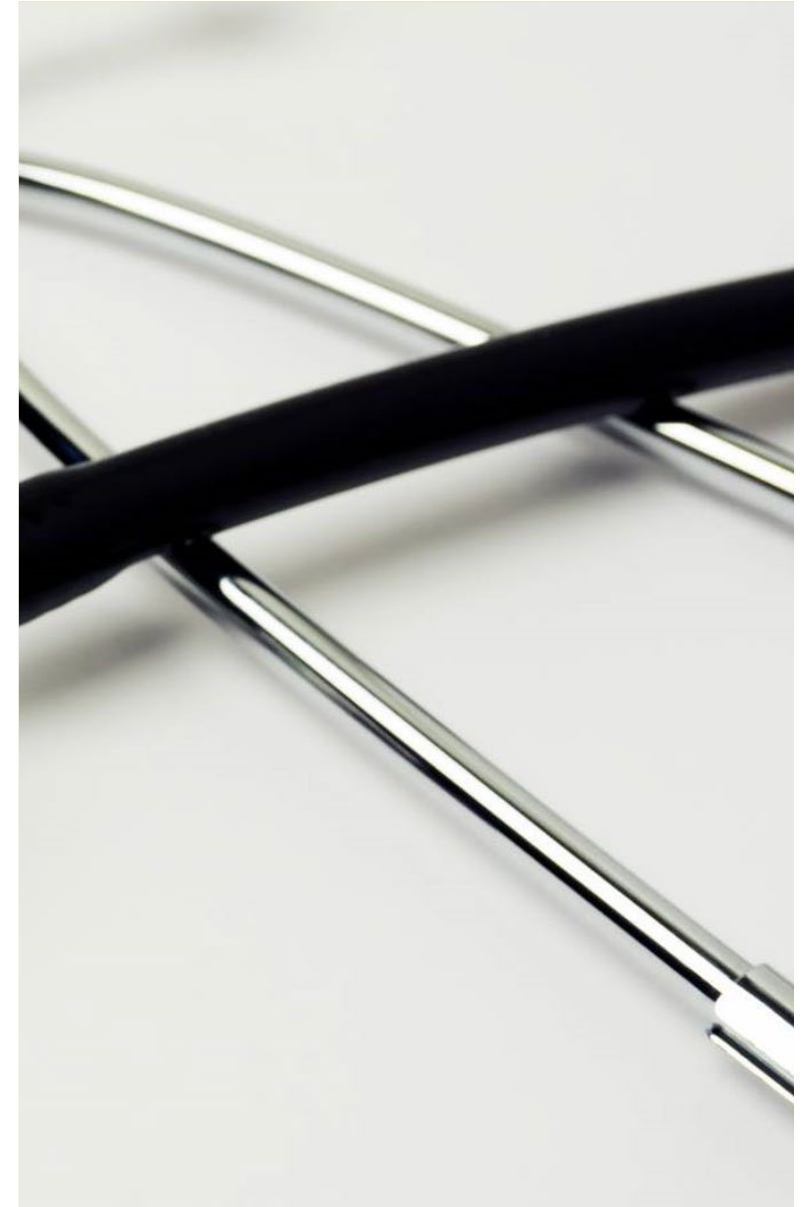
RESPIRATORY
VIRUS
OUTBREAK
PREVENTION
AND CONTROL
IN LONG TERM
CARE FACILITIES



AGENDA

We will review the steps to take:

- Before an outbreak
- During an outbreak
- After an outbreak

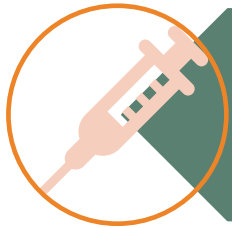




BEFORE AN OUTBREAK



PREVENTION OF RESPIRATORY VIRUSES



Vaccinate



Educate



Demonstrate



PREPARATION FOR AN OUTBREAK

Audit

- Audit infection control practices on each unit
- Return demonstration of infection control practices

Supply

- Enough PPE for the season
- Testing supplies

Medication

- Develop a plan for treatment
- Educate staff on treatment vs. prophylaxis



DURING AN OUTBREAK



HOW TO DEFINE AN OUTBREAK

COVID-19

≥2 cases of probable or confirmed resident cases **OR**
≥2 cases of suspect, probable or confirmed COVID-19 among HCP AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage, AND no other more likely sources of exposure for at least 1 of the cases

FLU or RSV

≥ 1 or more confirmed resident cases **OR**
a sudden increase in acute febrile respiratory illness over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other)



COMMUNICATION



Notify leadership, staff, & residents



Report to your regulatory body (DSHS)



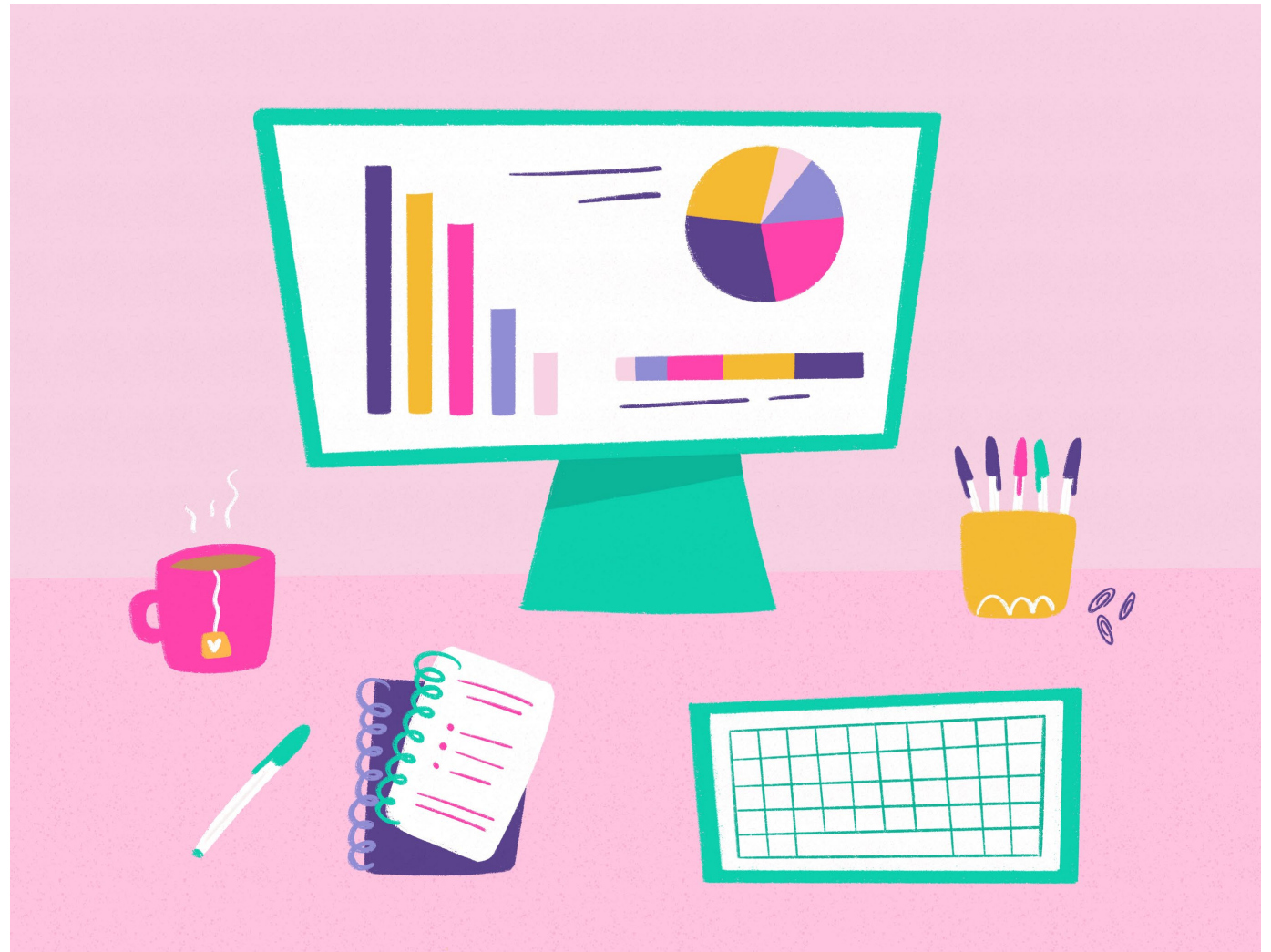
Report to your local health jurisdiction



Influenza deaths & COVID-19 are immediately notifiable conditions

SURVEILLANCE & TESTING

- Daily symptom screening
 - Staff once daily
 - Residents twice daily
- Testing
 - Test for COVID-19, Influenza, RSV if symptomatic
 - PCR or Antigen testing
- Keep an illness and testing log (line list)





TREATMENT VERSUS PROPHYLAXIS FOR FLU

TREATMENT

- All **ill** residents with influenza symptoms or confirmed flu test
- Start within **48 hours** of onset
- Don't wait for laboratory confirmation
- Treatment duration: typically for **5 days**
- Work with resident's PCP on prescription and dosing

PROPHYLAXIS

- Offer to all **non-ill** residents
- Minimum of **2 weeks**, and at least **7 days** after last known case
- Work with residents' PCP on prescription and dosing




ADDITIONAL CONTROL MEASURES

Prophylaxis for unvaccinated staff (flu)


Vaccinate the unvaccinated (any respiratory illness)






DROPLET PRECAUTIONS


(In addition to Standard Precautions)
(If you have questions ask nursing staff)



Everyone Must:






Clean hands when entering and leaving room



Wear mask

Doctors and Staff Must:

Wear eye protection with respiratory symptoms and standard precautions if contact with secretions likely.



■ ■ ■ Washington State

INFECTION CONTROL MEASURES

- Initiate transmission-based precautions
 - Flu/RSV: standard + droplet precautions
 - COVID: standard + aerosol contact precautions
- Assign staff to outbreak unit
- Cohort residents with same illness
- Consider pausing group activities and communal dining
- Post outbreak notices

CLEANING AND DISINFECTION

- Increase environmental cleaning
 - Shared equipment and high touch areas
 - EPA registered disinfectant
 - Manufacturers' instructions
 - Including contact time



AFTER AN
OUTBREAK

Now
What?



WHEN IS AN OUTBREAK OVER?

COVID

- 14 days with no new cases

FLU

- 7 days with no new cases

RSV

- 7 days with no new cases



COMMUNICATIONS AND NEXT STEPS

- Communications
 - Notify leadership, staff and residents
 - Notify Public Health
- Next steps
 - Remove outbreak signage
 - Resume group activities and communal dining
 - Conduct a debrief with staff
 - Continue all prevention and planning strategies



RESOURCES

- DSHS report line: 1-800-562-6078
- King County reporting tool
- Washington State Hospital Association TBP signage
- King County respiratory virus toolkit
- WA DOH Long-Term Care Guidance
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>



THANK YOU

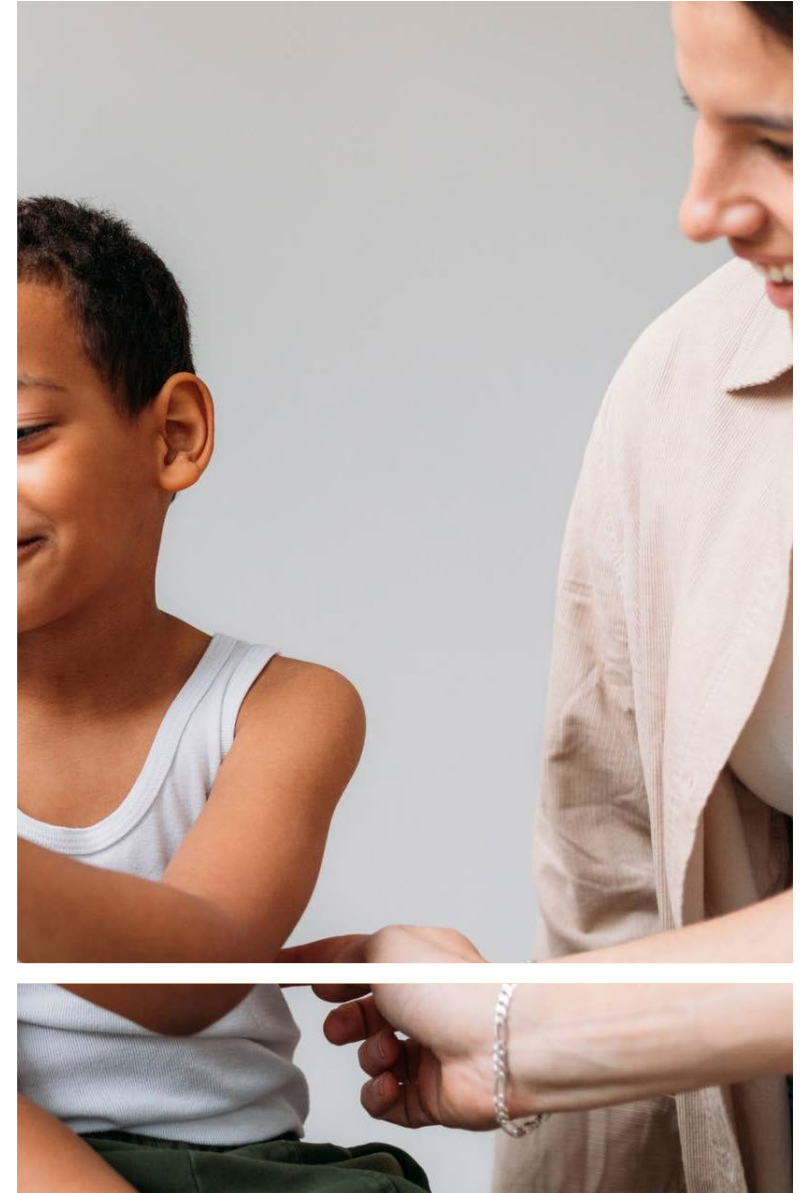
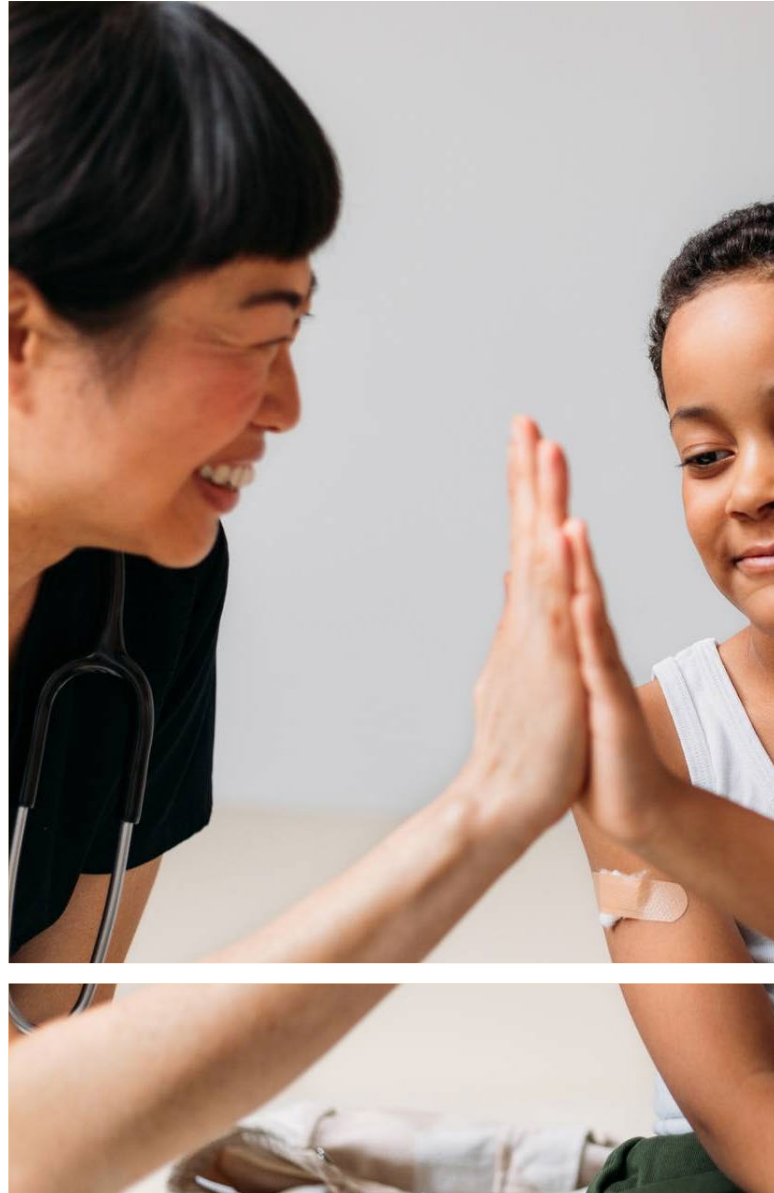
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RCS's Role in Preventing & Containing Respiratory Illness

Department of Social and Health Services (DSHS)

Aging and Long-Term Support Administration (AL TSA)

Residential Care Services (RCS)

DSHS

Residential Care Services (RCS)



RCS Role: Responsible for the licensing and oversight of long-term care (LTC) settings.



Methods:

Annual Inspections (every 9 to 18 months).

Complaint investigation in response to reports to the Complaint Resolution Unit (CRU).



Outcomes:

Findings of regulatory compliance **OR**

Written Statement of Deficiency for failure to meet regulatory requirement.

Regulatory Authority

RCS 74.39A.060:

- Establish a complaint hotline
 - *Adopt rules for complaint investigation protocols
- Complaints involving imminent danger to the health safety, or well-being of a resident must be responded to **within two days**.

***Each program** has regulatory requirements related to infection prevention and control (IPC).

***Some** programs have additional disease reporting requirements and other state or federal rules.

Each LTC Setting Program Regulation Requires a system to prevent and limit the spread of infection

Program	Regulation
AFH	WAC 388-76-10255 Infection control : The adult family home must develop and implement an infection control system that: (1) Uses nationally recognized infection control standards; (2) Emphasizes frequent hand washing and other means of limiting the spread of infection; WAC 388-76-10400 Care and services : (3) The care and services in a manner and in an environment that: (b) Actively supports the safety of each resident;
ALF	WAC 388-78A-2610 Infection control : (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections. (2) The assisted living facility must: (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;
NH	§ 483.80 Infection control F880 : The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.
ESF	WAC 388-107-0440 Infection control system : (1) The enhanced services facility must: (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection;
ICF/IID	§483.470(l) Standard: Infection Control W454 : (1) The facility must provide a sanitary environment to avoid sources and transmission of infections Guidance §483.470(l)(1) The facility is clean and staff have eliminated opportunities for cross-contamination of infections.
CCRSS	WAC 388-101D-0170 Physical and safety requirements . (2) The service provider must ensure that the following home safety requirements are met for each client unless otherwise specified in the client's individual support plan: (a) A safe and healthy environment; WAC 388-101D-0125 Client rights . (5) The right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, abandonment, and financial exploitation; WAC 388-101D-0145 Client services . Service providers must provide each client instruction and/or support to the degree the individual support plan identifies the service provider as responsible. Instruction and/or support to the client may include but are not limited to the following categories: (4) Health and safety activities;

RCS IPC Complaint Investigation Focus

Determine that the provider met regulatory requirements:

Following nationally accepted IPC standards (e.g., Standard Precautions/Transmission-Based Precautions)

Following their own infection control policy and/or procedures

Following other applicable state or federal rules (e.g., reporting requirements, respiratory protection program, LHJ/DOH guidance)

Ensuring the IPC system/practices meet minimum IPC standards to limit the impact on resident/client health & safety and identify, prevent, and control the spread of communicable disease

Resources

DOH Recommendations for Prevention and Control of Influenza Outbreaks in Long-Term Care Facilities: <https://doh.wa.gov/sites/default/files/legacy/Documents/5100//fluoutbrk-LTCF.pdf>

CDC Standard Precautions for All Patient Care: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>

Washington State Communicable Disease Reporting Requirements/WAC 246-101: <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-101>

Washington State Labor & Industries/Respiratory Protection Program Rules/WAC 296-842: <https://apps.leg.wa.gov/WAC/default.aspx?cite=296-842>

LTC Respiratory Virus Season Preparedness

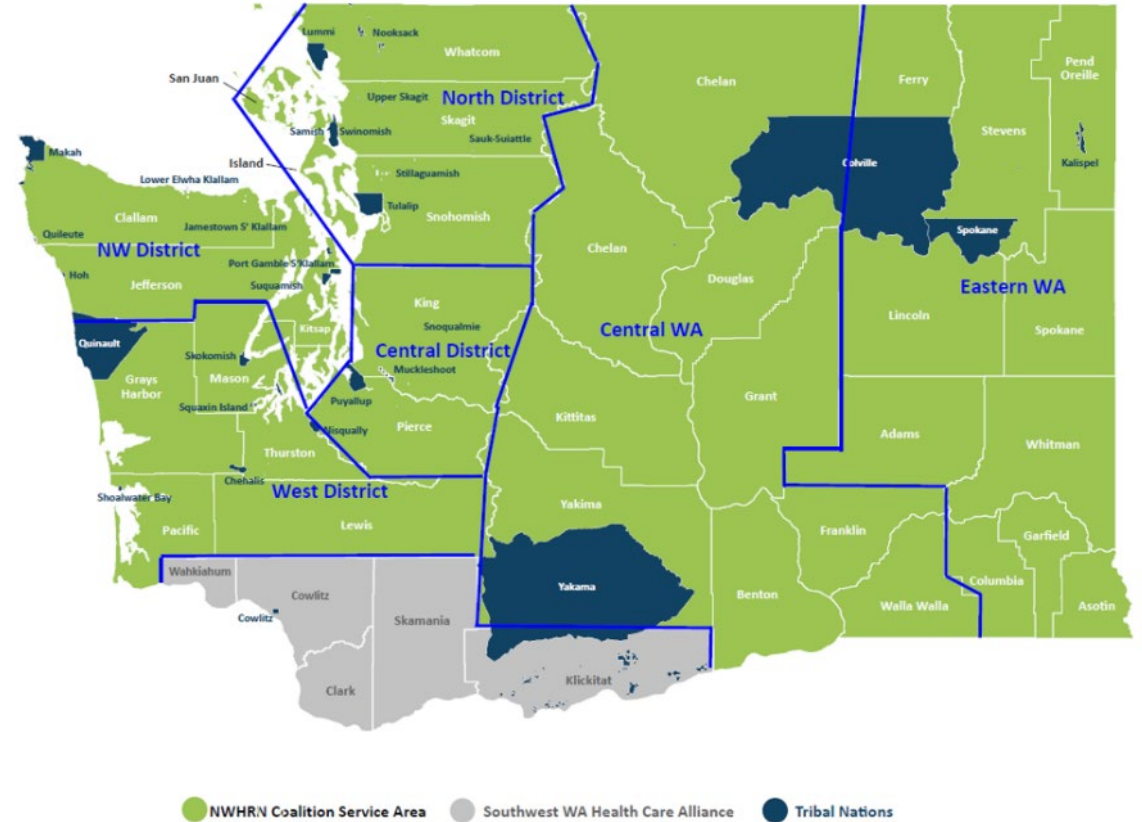
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Senior Medical Advisor, NWHRN
Clinical Professor, University of Washington
WA-1 DMAT CMO*



About the Northwest Healthcare Response Network

Mission: We lead cross-sector, solution-oriented coordination to build healthcare ecosystem resilience in order to face emergencies, disasters, disease outbreaks, and other disruptive events.

Vision: We envision a future with a resilient healthcare ecosystem that, through collective effort, provides effective and equitable care to all.



Epidemic Preparedness - Checklist

1. Infection Prevention and Control
2. Surveillance and Early Detection
3. Staffing and Surge Capacity
4. Facilities and Environment
5. Communication and Coordination

LTCF Epidemic Preparedness Considerations

1. Infection Prevention & Control (IPC)

Item	In Place	Needs Improvement	Not in place
Designated infection prevention lead or trained staff member			
Adequate PPE stockpile (masks, gloves, gowns, eye protection)			
Routine staff training on standard and transmission-based precautions			
Hand hygiene stations accessible in all care areas			

2. Surveillance & Early Detection

Item			
Daily symptom/temperature screening for residents and staff			
Syndromic surveillance system (tracking respiratory, GI, febrile illness)			
Protocol for rapid testing and reporting to public health			
Clear criteria for outbreak declaration and response activation			

3. Staffing & Surge Capacity

Item			
<u>Cross-training</u> plan (staff trained for multiple critical roles)			
Agreements with staffing agencies/regional partners for surge needs			
<u>Cohorting</u> strategy (<u>assign</u> staff to specific units to limit spread)			
Sick leave and back-up staffing policies in place			

4. Communication & Coordination

Item			
Updated contact list for staff, families, public health, and hospitals			
Communication plan for families (phone, text, email updates)			
Internal emergency chain of command defined			
Participation in local/regional health preparedness networks			

5. Facility & Environment

Item			
Ventilation systems inspected/upgraded (air exchanges, filtration)			
Dedicated isolation/ <u>cohorting</u> rooms identified and equipped			
Enhanced cleaning/disinfection schedule for high-touch areas			
Clear signage and traffic flow plans for outbreak scenarios			



Resources

- [ASPR-TRACIE: Outbreak Considerations for LTC](#)
- [LeadingAge – Pandemic Playbook](#)
- [Lessons Learned from COVID-19 Pandemic in Nursing Homes: A systematic Review](#)
- [Beyond Compliance: A More Integrated PH Approach to Outbreaks](#)
- [Vital Talk](#)



September 20, 2022: Hurricane Ian

Fort Meyers - 20 miles - Babcock Ranch



“NPR: One Florida built to weather hurricanes endured Ian with barely a scratch”



Thank you.

info@nwhrn.org

www.nwhrn.org

24/7 Duty Officer: 425-988-2897



Q&A Time

Please place your questions in the Q&A box
Panelists will answer them during the call as time allows
Please remain respectful during Q&A



Thank You!

- Copies of all presenter slides will be sent to everyone who registered for the webinar within the next day
- This webinar was being recorded and will be available for viewing
- Email hai@doh.wa.gov with follow up or questions
- *No CE was provided for this activity*
- You can contact your local health jurisdiction for local guidance

Have more questions? Join us for a full hour of Q&A next Monday at the **Long-Term Care Q&A Call.**

Register here:

https://us02web.zoom.us/webinar/register/WN_usKeuNZrQnOPd3ihRA-72w



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