The Montana Health Care Coalitions Newsletter is a publication of the Montana Hospital Association published on Thursdays.

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New & Noteworthy

HPP & Health Care Coalitions Update

As you may have noticed the Health Care Coalition Newsletter has been absent the past couple of weeks. The HPP Team and Health Care Coalition Coordinators have been very busy so we wanted to provide you a brief update as to what we've been up to.

On September 13 and 14, our Field Project Officer (FPO) from ASPR conducted a site visit with the state HPP leadership. The FPO was updated on trainings that were hosted last year such as ABLS, ADLS, and Family Reunification as well as the upcoming opportunities like CHEC, CBRNE, AVERT and the SIM-MT collaboration. He was pleased with what the Coalitions have been doing and requested additional information to be shared within the ASPR community on a couple of the projects.

The Health Care Coalitions also hosted our very first vendor booth at the Rocky Mountain Rural Trauma Symposium in Helena on September 15 and 16. We appreciated all those that stopped by to visit with us about the Coalitions and how we could assist.

Last week was the MHA/MPCA Montana Healthcare Conference in Billings. Sessions included Statewide Collaborations to Improve Trauma Care, Cyber Security, Rural Health Clinic Survey Readiness, Interactive Security Incident Response Tabletop Exercise, Using Mr. Potato Head to Teach Rapid-Cycle Improvement taught by our very own Casey Driscoll.

We will return to our regular cadence of newsletters throughout the month of October and are excited to share some upcoming projects and trainings that are in the works.

EMResource API Kick-off Webinar 10/3

The Juvare EMResource Application Programming Interface (API) Kick-Off webinar is scheduled for **Monday, October 3 from 10:30 to 11:30 am** via Zoom. This webinar will describe the API and provide time for a Q & A session. Participation by facility IT staff is highly encouraged.

The API is a web service that facilities can use to enhance interoperability by updating status data in EMResource. This process will utilize JSON or XML and is similar to processes used for insurance reimbursement. The intent is to pull data directly from each facility's EHR to populate the required HHS fields in EMResource to eliminate duplicate data reporting.

Please share this information with your CEO, IT, and Healthcare Informatics team as buy in from all of these individuals will be paramount to a successful implementation. View flyer. Please share the Partner Interoperability Guide which will provide a better idea of what the interface entails.

Please reach out Casey Driscoll, EMResource API Specialist, at 406.457.8045 or casey.driscoll@mtha.org with questions.

Updated Infection Control COVID Guidance

Please note that CMS has released an updated QSO 20-38 testing memo.

New CDC Guidance updated 9/23/22:

1. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
2. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
3. QSO 20-38 Revised

There are significant changes to recommendations and guidance in these documents. This summary covers the major revisions but does not address all the changes. Please read the accompanying guidance very carefully and ensure compliance with all applicable state and federal regulations at a minimum.

- Source Control
    - When SARS-CoV-2 level of Community Transmission is **high**, universal source control is recommended. When SARS-CoV-2 Community Transmission levels are **not high**, healthcare facilities could choose not to require universal source control.
    - Source control is still recommended in outbreak settings, for people with known COVID-19 exposure, and for symptomatic individuals. Staff and patients may choose to wear a mask at any time. Facilities may choose to implement more stringent requirements.

- Testing
    - Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility. CMS has updated the Nursing Home testing memo, QS0-20-38.
    - Asymptomatic patients (and staff after a high-risk exposure) with close contact with someone with SARS-CoV-2 infection *should* have a series of three viral tests for SARS-CoV-2 infection.
        - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
        - In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days; testing should be considered for those who have recovered in the prior 31-90 days however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.

- Quarantine after exposure
    - Quarantine and/or work restriction for asymptomatic patients/residents or HCP is no longer recommended, regardless of vaccination status. Serial testing and the use of source control for 10 days *are* recommended (see above).
    - Empiric use of Transmission-Based Precautions is generally not necessary for admissions or for nursing home residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings).

- New Admissions
    - New admissions in counties where Community Transmission levels are **high** should be tested upon admission, according to the above guidance; admission testing at lower levels of Community Transmission is at the discretion of the facility.
        - Newly admitted residents should be advised to wear source control for the 10 days following their admission.

The following has NOT changed:

- Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.
    - Place patients on transmission-based precautions (isolation) and restrict ill staff members from work.
- Duration of isolation for patients, residents, and staff who test positive for COVID-19 is still 10 days for people with mild/moderate illness and are not immunocompromised. 10 days also applies to visitors to healthcare settings.

- See the guidance for isolation time frames for severely ill patients and immunocompromised individuals.

- During an outbreak, universal or contact tracing based testing must be repeated every 3-7 days until there have been 14 days with no new positives.
- Personal protective equipment (PPE) for the care of a patient with confirmed or suspected COVID-19 remains the same: respirator, eye protection, gown, and gloves.

Assisted Living Facilities:

- Assisted Living facilities whose staff provide non-skilled personal care, may follow community prevention strategies based on COVID-19 Community Levels, similar to independent living, retirement communities or other non-healthcare congregate settings.
- Staff who are providing healthcare to one or more residents should follow the healthcare IPC guidance.
- In addition, if staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection, they should be familiar with recommended IPC practices to protect themselves and others from potential exposures including the hand hygiene, personal protective equipment and cleaning and disinfection practices.

Please read the new guidance carefully, since this is not a comprehensive review.

Monkeypox Virus Resources

COCA Now: Recommendations to Prevent Occupationally-acquired Monkeypox Infection in Healthcare Personnel – Currently, there are more than 61,000 reported cases of monkeypox infection worldwide. Reports of occupationally-acquired monkeypox infection in healthcare personnel (HCP) remain rare in this outbreak, with most reports involving HCP sustaining a sharps injury during specimen collection or not using recommended personal protective equipment (PPE).

The Centers for Disease Control and Prevention (CDC) recommends HCP adhere to all recommended infection prevention and control measures including recommended PPE to reduce the risk of monkeypox virus transmission in healthcare settings.

Infection Prevention and Control

- Establish a process to screen patients for signs and symptoms of monkeypox at or before arrival so that they can be identified promptly in healthcare facilities (e.g., urgent care clinics, emergency departments, clinics providing evaluation for sexually transmitted infections) that are most likely to provide initial evaluation of patients with monkeypox.
- Dedicate adequate resources to support infection prevention practices, including access to all recommended PPE, particularly in outpatient settings, where monkeypox patients are frequently initially evaluated.

- Review infection prevention and control practices including carefully putting on and taking off PPE to ensure HCP are properly trained and provided the opportunity to ask questions and practice their technique.

Cleaning and Disinfection

- Review cleaning and disinfection practices to ensure they are being completed effectively. Cleaning and disinfecting rooms and equipment between patients is important to prevent transmission to others.

Safe Specimen Collection

- Use methods to safely collect monkeypox specimens. Unroofing or aspiration of lesions during specimen collection or using sharp instruments for monkeypox lesion testing is not necessary or recommended due to the risk for sharps injury.

Healthcare Provider Exposures

- Know the signs and symptoms of monkeypox.
- Do not report to work if any signs or symptoms develop, even in the absence of recognized exposure.
- Leave work if signs or symptoms develop while at work, and notify supervisor or other appropriate group (e.g., occupational health services) for further evaluation.
- Healthcare facilities should provide flexible, non-punitive sick leave policies to allow HCP to take leave when indicated.

Additional Resources

- Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC
- Health Care Personnel Exposures to Subsequently Laboratory-Confirmed Monkeypox Patients — Colorado, 2022 | MMWR (cdc.gov)

COVID-19 Update

The MT DPHHS ICP/HAI and MT DPHHS Immunization sections have been receiving quite a few questions related to the bivalent vaccination for COVID-19. Here are some key points to consider:

1. CDC has not yet updated the "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" guidance. Please continue implementing infection control measures according to the CDC guidance. Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

2. The definition for up to date has not changed. Individuals are considered up to date if they've completed a COVID-19 vaccine primary series and received the **most recent booster dose that they are eligible for**. The bivalent booster dose has been authorized as a single booster dose administered at least **2 months after either**:
    1. Completion of primary vaccination with any authorized or approved monovalent COVID-19 vaccine -OR-
    2. Receipt of the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine. Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC
3. For people ages 12 years and older, the only authorized mRNA booster is the **updated (bivalent) booster.** People ages 12 years and older can no longer get the original (monovalent) mRNA booster. Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC
4. Facilities should use their usual vaccine providers to access the new Covid-19 boosters and consider also offering seasonal influenza vaccine during the same visit.
5. Isolation and quarantine guidance for HCWs: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC
6. See below for guidance related to exposed residents in a **long term care setting**:
    1. Residents who are **not up to date** with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
        1. Residents can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
        2. Residents can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
    2. Residents who **are up to date** with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing section. In general, these residents do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health

   authority. Quarantine might also be considered if the resident is moderately to severely immunocompromised.
3. Guidance addressing quarantine and testing during an outbreak is described in Section: Respond to a Newly Identified SARS-CoV-2-infected Healthcare Personnel or Resident.

New Admissions and Residents who Leave the Facility

Create a Plan for Managing New Admissions and Readmissions

- Residents with **confirmed SARS-CoV-2 infection** who have **not met** criteria to discontinue Transmission-Based Precautions should be placed in the designated COVID-19 care unit, regardless of vaccination status.
- In general, all residents who are **not up to date** with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission, and should be tested as described in the testing section above; COVID-19 vaccination should also be offered.
    - Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.
- In general, residents who are up to date with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days do not need to be placed in quarantine but should be tested as described in the testing section above. Quarantine might be considered if the resident is moderately to severely immunocompromised.

Data & Situational Awareness

Update on Transition from TeleTracking to NHSN

On December 31, 2022, the TeleTracking contract will expire and reporting will transition to NHSN. Please check out the transition webpage and resources for questions. Transition preparation will be ongoing with webinars, standing meetings and frequent webpage updates. **Reporting activities will not change until mid-December and facilities using EMResource to report should see no changes to daily reporting process.** There will be no impact or changes to reporting for the LTCF, Dialysis and Healthcare Personnel Vaccination COVID-19 modules in NHSN. There will be no significant changes to the reporting questions as a result of the transition.

Facilities who do not currently have an NHSN OrgID are strongly encouraged to begin the process of acquiring one as quickly as possible.

Missed Data in TeleTracking

If a facility misses a day reporting into EMResource and TeleTracking, there is a process for doing a manual entry backdate. Users must log into the TeleTracking then click on Add New Entry. There is now a dropdown where you can choose the date to submit data for. This process is much simpler than uploading the template for missed data. Ensure that **ALL** fields are entered or the data will not be counted for compliance. We still encourage hospitals to enter data into EMResource *daily* by 1200.

Upcoming Events

Meetings

Health Care Coalition Executive Committee Meetings
Western Region - October 17, 2022, 09:00 - 13:00 at Logan Health - Kalispell
Southern Region - October 25, 2022, 13:00 - 15:00 in Bozeman
Eastern Region - November 1, 2022, time TBD
Central Region - November 17, 2022, 09:00 - 11:00

Webinars

Juvare EMResource API Kick-off Webinar
October 3, 10:30 - 11:30 MT
View Flyer
Zoom Link

K-1301 Continuity of Operations Planners Workshop (Virtual)
October 4 - 7, 8:00 - 12:00 each day
Register

K8515 Virtual Cyber Security Symposium
October 19-20 and October 26-27
To obtain full credit, students must participate in all 4 days
Register
POC: Christopher Yambor

CISA Active Shooter Preparedness Webinar
October 25, 1000 - 1200 MT
Register

CISA 2022 National Summit on K-12 School Safety and Security
November 1 & 2, 2022
Additional Information

HHS IEA Weekly Monkeypox Briefing
Thursdays, 12:00 MT
Register here

First Responder Resilience TeleECHO Program
Every other Monday, 14:00 - 15:00 MDT
Register

EOC Virtual Classes hosted by EMI
View the full Course Catalog here

Montana Health Network Course Catalog

In-Person Trainings

Crisis and Emergency Risk Communications (CERC) Operations Course
October 4 and 5, 0800 - 1700 each day
123 S. 27th St., Billings
Course has 4 hours of video lecture before attending in person
POC to register: Ray Ezell, ray.eze@riverstonehealth.org, 406-651-6541

ICS 300 & 400 - Out of State
October 3 - 5, 2022
Deadwood, South Dakota
Register

G205 Recovery from Disaster - Out of State
October 19 and 20, 0830 - 1700 each day
Lovell, WY or virtual
Register
POC: LaRae Dobbs, emc@bhcounty.com

Save the Dates

PER404: Logistics and Supply Chain Resilience in Disasters
November 7 - 10, 0800 - 12:00 daily
Registration Deadline: October 24
Register

Assisting Individuals in Group and Individual Crisis Intervention
(CISM Basic Group and Individual Peer Support)
November 15 - 17, 2022, 08:00 - 17:00
Glacier Conference Center, 1375 US 93, Kalispell
View Flyer and Registration

K0428 Community Emergency Response Team (CERT) Train-the-Trainer (Virtual)
Multiple dates beginning December 2022
View Flyer

| Engagement & Other News

CISA Cyber Update

Click here to view the most recent CISA Cyber Update.

No-Cost Cybersecurity Courses Available

Course Name: Cybersecurity for Everyone
Course Name: Detecting and Responding to a Cyber Attack

Questions?

We are committed to supporting you and answering questions as quickly as possible. Please send any questions or comments to hppcoordinators@mtha.org.

Visit the Montana Regional Health Care Coalitions website for additional information and resources.

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