

October 9, 2024, 3:00 PM – 4:00 PM

# LTC Provider Call

**Assisted Living / Residential  
Care / Adult Day Care**



All lines are muted. Lines will be muted throughout the program.

Submit questions to [LTC@health.ok.gov](mailto:LTC@health.ok.gov).

(Questions in the online Q&A chat will be answered in the FAQ document, not on the call.)

# Bat Rabies Prevention

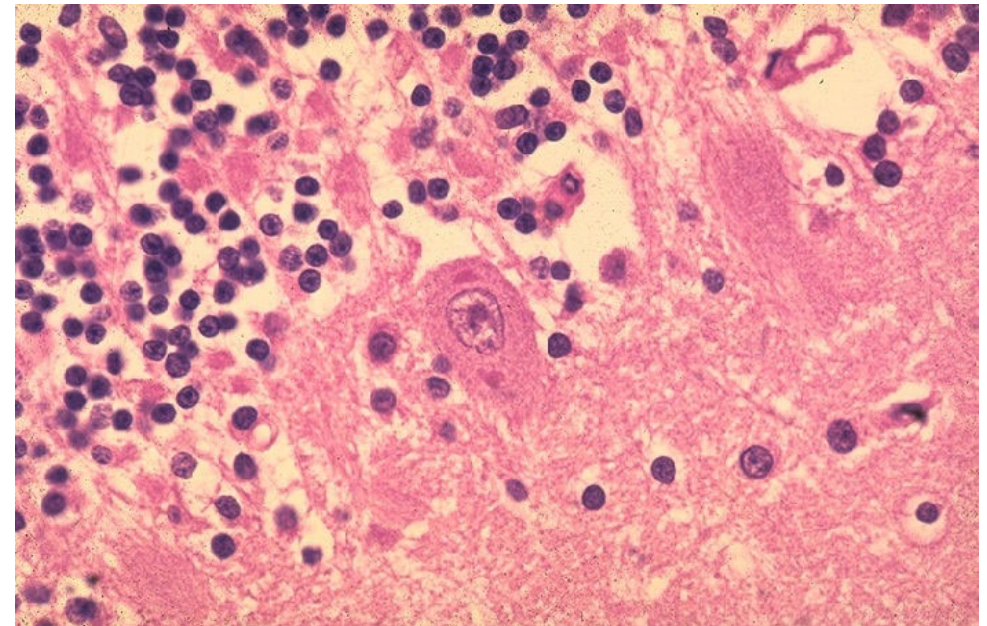
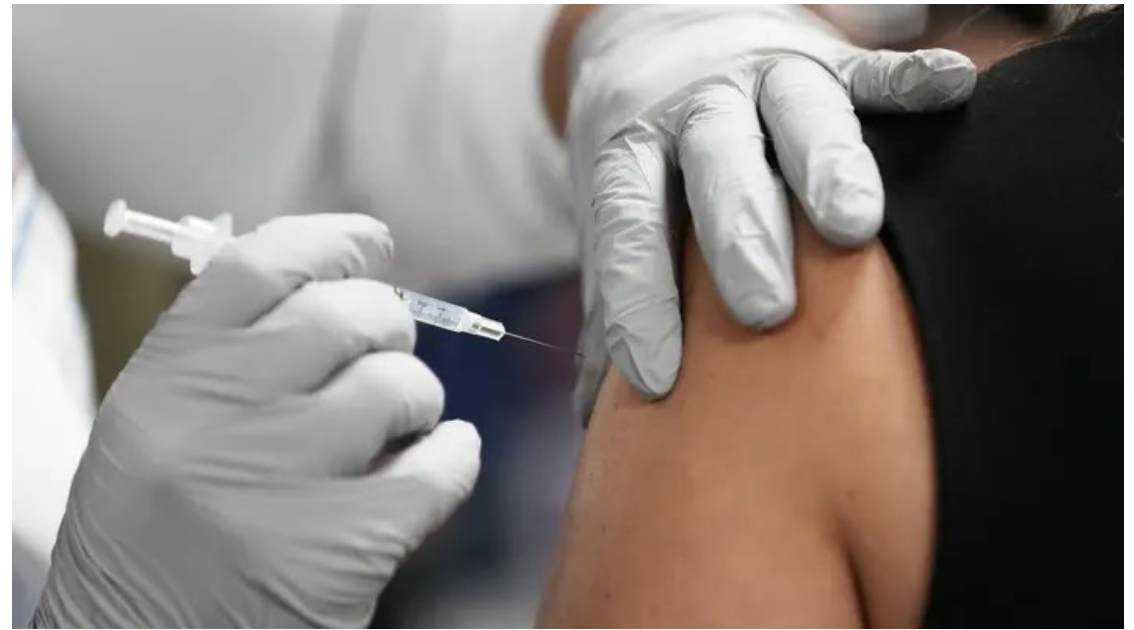
Wednesday, October 9, 2024

Mike Mannell, MPH  
Assistant Director  
Infectious Disease Prevention and Response



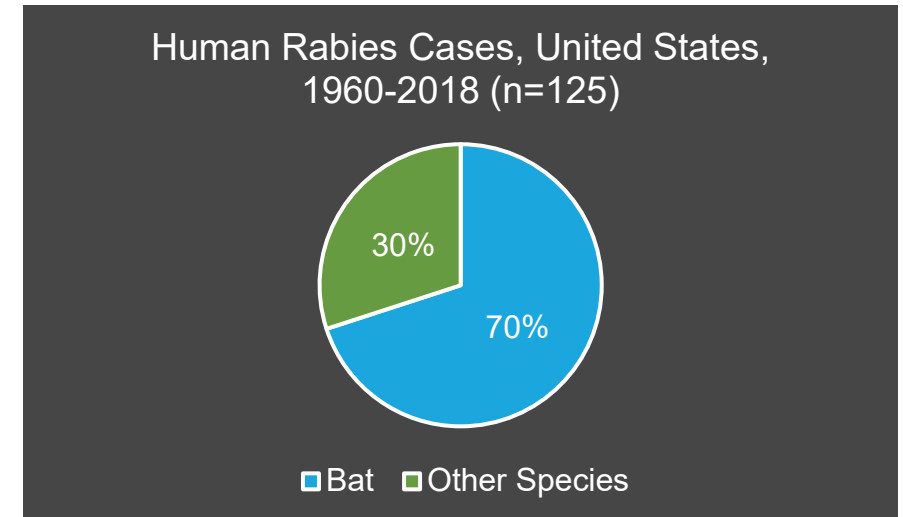
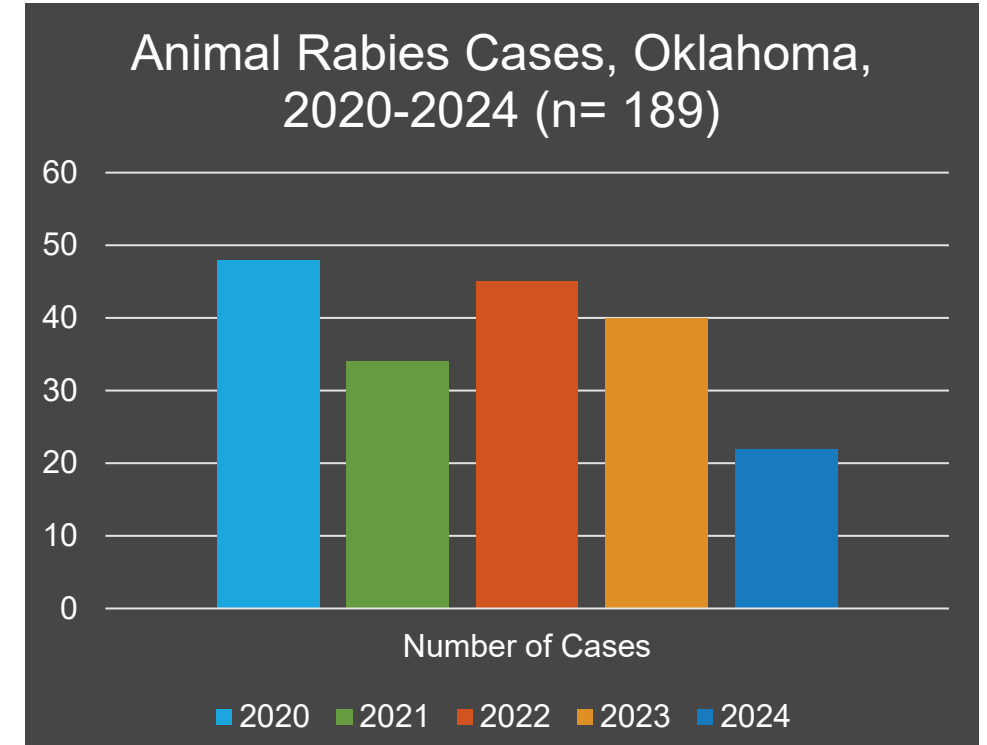
# Background: Rabies

- Viral disease that infects the nervous system of humans and warm-blooded mammals
- Human rabies is rare in the United States, but considered 100% fatal if left untreated.
- The treatment for rabies is post-exposure prophylaxis (PEP); a series of shots over 14 days.
- PEP is considered highly effective following an exposure with proper administration.
- Once symptoms of human rabies develop, there is no effective treatment.



# Background: The Risk

- Bats are one of the most reported rabid animals in Oklahoma
- There were 5 deaths due to human rabies in US in 2021. Four of these deaths were linked to bat exposure
- Bats can transmit the rabies virus to humans via exposure to saliva, brain tissue, or CSF
- Bats can gain entry to a space through openings as small as 1/4 inch
- Bats have a strong homing mechanism and will return to their maternal roost if entry is available
- High risk categories:
  - Sleeping
  - Heavily medicated or intoxicated
  - Non-verbal or mentally incapacitated
- Cases of human rabies linked to bats have documented incubation periods as long as 6 months



# When Bats are Found – Steps for Action

## DO NOT RELEASE THE BAT

- Bats that have had direct contact with a person or pet, or found in the room of someone who may have had contact should be captured for rabies testing.
- Consult the IDPR epidemiologist-on-call to determine if testing is appropriate.
- The situation may require a more extensive assessment of the building to determine the extent of the bat activity.
- Environmental assessment can help determine how to assess the workers/residents inside the building.
- Prompt assessment and action regarding PEP is important to reduce human risk of rabies.

## Infographic on Bat Capture Safety



### How to Safely Capture Bats for Rabies Testing

Only capture bats that have had direct contact with a person or pet, or if the bat was found in the room of someone who may have had contact with the bat.

Rabies virus can be transmitted from bats to people when an infected bat bites or scratches a person, or comes into contact with a person's mucous membranes (mouth, eyes, etc.). Bat bites may not be noticed because bat teeth are very small. Any direct contact with a bat, including situations where direct contact cannot be ruled out, should be considered possible rabies exposure.

Bats may need to be tested if found in the room of someone who might have had contact with it (including people who were sleeping while the bat was in the room, young children or incapacitated persons who may not be able to reliably say whether or not they had contact). If you find a bat (dead or alive) in your home, call 405-426-8710 and ask for the epidemiologist-on-call. They can help you determine if the bat needs to be tested for rabies. Testing the bat may be important to decide whether the exposed person(s) will require treatment to prevent rabies.



**Never handle a bat with bare hands.**  
Wear leather or thick rubber work gloves.

If the bat is still flying, try gently striking it with a broom or tennis racket in order to knock it down. You can also try to capture it with a net. The net needs to be in good condition for testing, so do not smash the bat's head.

Wait until the bat has landed, then place an empty can, small box, or food storage dish over the bat. Slide cardboard under the container to contain the bat.

If the bat is dead or injured and not flying, pick it up with a shovel or dust pan and place it in a container.

Carefully replace the cardboard with the container's lid to securely keep the bat contained, or tape the cardboard over the top. Make sure the top is firmly attached to the container so the bat will not escape.

Place the container in a quiet area away from heavy human or animal activity.

Call 405-426-8710 and ask for the epidemiologist-on-call, or animal control. You will be asked about contact between the bat and people or pets.

**Always keep the bat in the container** until the epidemiologist-on-call decides if the bat needs to be tested for rabies.

**If the bat needs to be tested for rabies, the epidemiologist-on-call is available 24/7/365 to review the exposure and talk about next steps.**

If the epidemiologist-on-call determines there is no need to test the bat, then the bat may be carefully released outdoors.

**Questions? Call us 24/7 at 405-426-8710. Ask for the epidemiologist-on-call.**



**!**  
If you think direct contact between a bat and a person or pet may have occurred, do not release the bat or throw out a dead bat, unless the epidemiologist-on-call has told you that it will not be necessary to test the bat.

OSDH is not responsible for any injuries that occur while trying to contain a live bat. This publication was prepared by the Oklahoma State Department of Health (OSDH) as an equal opportunity employee and provider. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries in compliance with section 5-114 of Title 55 of the Oklahoma Statutes and is available for download at: www.ocrdl.org | Issued October 2022





# **OSDH Epidemiologist- on-Call**

**Available 24/7/365: (405)-426-8710**

October 9, 2024

# Updates from the Healthcare-Associated Infections/Antibiotic Resistance Prevention Program

Jeneene Kitz BSN, RN, CIC  
HAI/AR Program Manager  
Infectious Disease Prevention and Response

Rhonda McComas, BSN, RN  
Lead Long-Term Care Infection Preventionist  
Infectious Disease Prevention and Response



# OSDH Viral View

<https://oklahoma.gov/health/health-education/acute-disease-service/viral-view.html>

- Viral view provides up to date surveillance data for Influenza, COVID, and RSV.
  - Activity level, test positivity rates, hospitalizations, variant testing results, and wastewater.
- Flu, COVID-19, and RSV have the potential to co-circulate
  - Double check and don't forget there may be need to test for both.

## OK ViralView: Respiratory Virus Surveillance Summary

 [Get Email Updates:](#)

Provided on this webpage are summaries of influenza, RSV, and COVID-19 surveillance data obtained from the Oklahoma State Department of Health (OSDH) respiratory surveillance system which includes sentinel surveillance data (outpatient influenza-like illness and influenza, RSV, and COVID-19 laboratory testing percent positivity); severity of illness data (influenza-associated hospitalizations and deaths and COVID-19-associated hospitalizations); and OSDH Public Health Laboratory (PHL) testing data.

Weekly reports will be published by 10:00 am every Thursday throughout the influenza season. Weekly reporting resumes on October 12, 2023, for the 2023-2024 season.

 <p>Influenza (Plateau)</p> <p><a href="#">Data Dashboard</a></p> <ul style="list-style-type: none"><li>• <a href="#">Weekly National Statistics (CDC)</a></li><li>• <a href="#">United States Influenza Activity Map (CDC)</a></li></ul>	 <p>COVID (Decreasing)</p> <p><a href="#">Data Dashboard</a></p> <ul style="list-style-type: none"><li>• <a href="#">COVID Data Tracker (CDC)</a></li></ul>	 <p>RSV (Plateau)</p> <p><a href="#">Data Dashboard</a></p> <ul style="list-style-type: none"><li>• <a href="#">RESP-NET Interactive Dashboard   CDC</a></li><li>• <a href="#">National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus   CDC</a></li></ul>
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# Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Page was archived and will no longer be updated.

## Definition has not changed

- ONE POSITIVE COVID-19 resident or staff member begins your facility's outbreak response.

## Source Control

- Recommended for everyone to mitigate spread due to ongoing exposure

## Infection Control Guidance: SARS-CoV-2

<https://www.cdc.gov/covid/hcp/infection-control/index.html>



# Outbreak Testing Process

## Contact Tracing

Identified small group

## Broad-Based Testing

Unit based or full facility

Test on days 1, 3, and 5 with continued masking through day 10

**UNLESS there is a positive result.....then-**

Move to testing every 3-7 days (once or twice a week) until you reach a total of 14 days without identifying any new positive results.

It is not appropriate to complete outbreak testing based only upon someone developing symptoms.

*\*Testing is not generally recommended for asymptomatic residents who have recovered in the last 30 days.*

*\*Use of antigen testing is recommended to test those who have recovered in the 31-90 day timeframe.*



# Duration of Isolation:

<p><b>Residents</b> May be removed from TBP after:</p>	<p><b>Staff</b> may return to work (RTW) after:</p>
<p>Minimum of 10 days must pass</p>	<p>Minimum of 7 days have passed since symptom onset or positive test in asymptomatic individuals  <b>AND</b>  you receive <b>2 negative antigen tests</b> on day 5 &amp; 7 (or <b>1 negative PCR</b> 48 hrs prior to return).</p>
	<p><b>10 days must pass if testing not completed or a positive result is obtained at day 5 or 7.</b></p>
<p style="text-align: center;"><b>For symptomatic individuals</b></p>	
<p style="text-align: center;">Symptoms improving</p>	
<p style="text-align: center;">No fever in the most recent 24 hrs w/o fever reducing medications</p>	
<p style="text-align: center;">Return to normal practices on day 11</p>	



# Contact HAI-AR Prevention Program

Email: [HA1@health.ok.gov](mailto:HA1@health.ok.gov)

Phone: 405-426-8710



# Form 283 Reminders & Other Updates

Wednesday, October 9, 2024

Philip Miller, MHA  
Director  
Long Term Care Service



# Form 283 Reminders

- **Continuum of Care Facilities-** document correct Facility ID (example: CC1234 vs CC1234AL)
- **Correct Facility ID, especially with facilities with similar names, or facilities that are part of the same company (example Cottage #1 has ID: NH1234, Cottage #2 has ID: NH1235).**
- **Document resident name(s) and staff name(s) if applicable**
- **Include relative history, resident physical and/or psychosocial outcomes, and protective measures on initial incident report.**
- **Obtain ODH Form 283 at OSDH website:**  
*Health Department > Licensing & Inspections > Long Term Care > Long Term Care Forms*







Oklahoma State Department of Health  
**Long Term Care**  
 123 Robert S Kerr Ave, Suite 1702  
 Oklahoma City, OK 73012-6406  
 p. (405) 426-8200

**INCIDENT REPORT FORM:**  Initial  Combined Initial and Final  Follow up Info.  Final  
 Please check only one box above.

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to toll free fax number **1-866-239-7553**.

**Part A**

Facility ID  Name of Facility

Address      
Street City State Zip

Point of Contact Email

Incident Date  Incident Location

**Resident(s)/Client(s)/  
Staff Involved**

**Incident Type** (For allegations against nurse-aides or nontechnical services workers, please include ODH Form 718)

- Certain Injuries (OAC 310:675-7-5.1(i))
- Storm Damage
- Utility Failure (more than 8 hours)
- Fire

**Notifications Made** (Check all that apply)

- Physician
- Family
- Resident's Legal representative



contacted in the 'Notifications Made' box at the right.

<input type="checkbox"/> Attorney General
<input type="checkbox"/> Other _____

**Part B**

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (500 characters max) If additional pages are needed, see the optional page below.

Relevant Resident History. Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (500 characters max) If additional pages are needed, see the optional page below.

**Part C**

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. (500 characters max) If additional pages are needed, see the optional page below.

**Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to determine if acceptable measures are being taken to protect residents.**

*Person Completing Form*



# Assisted Living COVID Guidance

**Guidance for Assisted Living comes from CDC guidance and is considered the standard of care related to infection control for COVID-19.**

**The guidance is designed using the CDC Core Infection Prevention and Control Practices (IPC).**

**Consider what is happening in your facility and in the community. Monitor the COVID Hospital Admissions of your county on the CDC COVID Data Tracker.**

**The CDC has been the standard of care over the last four years for COVID-19, and assisted living facilities are expected to follow the standards.**

**If you are following another standard, you need to be able to show what that standard is, what the resource documentation is and how you meet those standards.**

# Community Prevention Strategies

The guidance is designed using the CDC Core Infection Prevention and Control Practices (IPC).

Guidance is for Preventing Respiratory Viruses including COVID, flu and respiratory syncytial virus (RSV).

Facilities should base decisions to follow using COVID-19 hospital admission levels.

Still recommends:

- Stay up to date with immunizations
- Practice good hygiene (practices that improve cleanliness)
- Take steps for cleaner air
- Masks
- Physical distancing
- Testing



# General Comments

Wednesday, October 9, 2024

Philip Miller, MHA  
Director  
Long Term Care Service



# General Comments

Wednesday, October 9, 2024

Latrina Frazier, Ph.D., MHA, RN  
Deputy Commissioner  
Quality Assurance & Regulatory





# The Q&A Session has begun



Please submit questions to [LTC@health.ok.gov](mailto:LTC@health.ok.gov)

Questions in the online Q&A chat will be answered in the FAQ document, not on the call.

# Closing Comments

