# COVID-19 Question and Answer Session
# for Long-Term Care and Congregate Residential Settings

February 4th, 2022

# Housekeeping

- All attendees in listen-only mode

- Submit questions via Q&A pod to **All Panelists**

- Slides and recording will be made available later

# Agenda

- Upcoming Webinars
- Project Firstline
- Testing Updates & Reminders
- LTC Guidance Updates
- Open Q & A

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# IDPH webinars

## Upcoming Friday Brief Updates and Open Q&A
## 1:00 pm - 2:00 pm

| Friday, February 18th | https://illinois.webex.com/illinois/onstage/g.php?MTID=e61a9e21c53f9d2aa91f55a0cdc5a2019 |
|---|---|
| Friday, February 25th | https://illinois.webex.com/illinois/onstage/g.php?MTID=e710feef877cc5d88ec538aa612fcc984 |

## Previously recorded webinars can be viewed on the IDPH Portal

**Slides and recordings will be made available after the sessions.**

# Project Firstline

- 30-minute infection control training
  - Nurses & CNAs

- If interested, please complete this two-minute survey:
  - Availability
  - Topics of interest

https://forms.gle/QdggsQctj9mVmErn7

# Testing updates and reminders

# TESTING RESOURCES

- **Midwest Coordination Center (MCC):**
  - Can provide free, lab-based PCR testing for LTC facilities in Illinois
  - Visit www.testedandprotected.org to learn more about the program, or email info@testedandprotected.org or call 833.754.2176.
  - 12/10/21 Q & A webinar presentation link

- Other private laboratory options for LTCFs: https://dph.illinois.gov/covid19/community-guidance/long-term-care/ltc-private-laboratory-testing-options.html

- Rapid antigen tests: IDPH sends **limited quantities** of tests (e.g., BinaxNOW) to local health departments (LHDs) to distribute at their discretion. LTC facilities in need of tests can consider reaching out to their LHDs for assistance. **Please note that due to shortages, not all LHDs may have tests available.**

# ANTIGEN POC TESTING

- With the shortage of BinaxNOW, facilities may wish to explore procuring other POC tests.

- FDA has granted some antigen tests emergency use authorization (EUA) for multiple settings (e.g., at home and in settings such as LTCFs that are operating under a CLIA waiver).

    - Although some over-the-counter tests can be used in CLIA-waived settings, **LTCFs should purchase test kits directly from the manufacturer**.

    - When deciding which tests to use, facilities should ensure it has an EUA from the FDA and consider the test characteristics (e.g., sensitivity and specificity).

    - When performed by a setting operating under a CLIA waiver, **the tests are subject to CLIA regulations (e.g., provider order, reporting results to public health).**

- CMS and CLIA FAQ: https://www.cms.gov/files/document/over-counter-otc-home-testing-and-clia-applicability.pdf

# WHAT POC TESTS HAVE AN EUA?

**FDA website:**

**In Vitro Diagnostics EUAs - Antigen Diagnostic Tests for SARS-CoV-2**

| Date EUA Issued or Last Updated | Entity | Diagnostic (Most Recent Letter of Authorization) and Date EUA Originally Issued | Attributes | Authorized Setting(s)[1] | Authorization Documents[2] |
|---|---|---|---|---|---|
| ⊕ 12/22/2021 | iHealth Labs, Inc. | iHealth COVID-19 Antigen Rapid Test 11/05/2021 | Lateral Flow, Visual Read, Over the Counter (OTC) Home Testing, Serial Screening, Single Target | Home, H, M, W | HCP, IFU, IFU (Home Test) |
| ⊕ 11/23/2021 | Becton, Dickinson and Company (BD) | BD Veritor At-Home COVID-19 Test 8/24/2021 | Lateral Flow, Digital Read, Over the Counter (OTC) Home Testing, Serial Screening, Single Target | Home, H, M, W | HCP, Individuals, IFU, IFU (Home Test) |
| ⊕ 10/21/2021 | Celltrion USA, Inc. | Celltrion DiaTrust COVID-19 Ag Home Test 10/21/2021 | Lateral Flow, Visual Read, Over the Counter (OTC) Home Testing, Serial Screening, Multiple Targets | Home, H, M, W | HCP, IFU, IFU (Home Test) |
| ⊕ 10/21/2021 | Quidel Corporation | QuickVue At-Home OTC COVID-19 Test 03/31/2021 | Lateral Flow, Visual Read, Over the Counter (OTC) Home Testing, Serial Screening, Single Target | Home, H, M, W | HCP, Individuals, IFU, IFU (Home Test) |
| ⊕ 10/19/2021 | ACON Laboratories, Inc | Flowflex COVID-19 Antigen Home Test 10/04/2021 | Lateral Flow, Visual Read, Over the Counter (OTC) Home Testing, Screening, Single Target | Home, H, M, W | HCP, IFU, IFU (Home Test) |
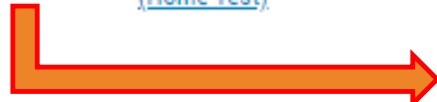
W = Patient care settings operating under a CLIA Certificate of Waiver.

# A CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) WAIVER IS REQUIRED FOR POC TESTING

- According to CMS Rules, in order to conduct POC antigen testing, a facility must first obtain a CLIA Certificate of Waiver. Facilities can find information on how to obtain a CLIA waiver at: https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/HowObtainCertificateofWaiver.pdf.

- More information can be found at the IDPH CLIA program website located at http://www.dph.illinois.gov/topics-services/health-care-regulation/CLIA

- Under CLIA rules, staff who perform POC tests must be appropriately trained to perform the test and must use appropriate personal protective equipment when handling samples. Facility administrators and testing personnel new to CLIA-waived testing will find it useful to complete CDC's online training module (continuing education available) at https://www.cdc.gov/labtraining/training-courses/ready-set-test.html
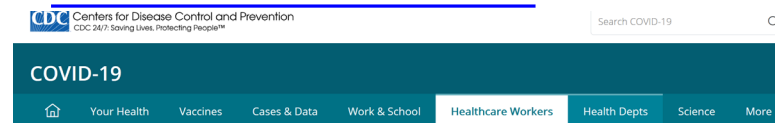
# LTC Reporting Requirements

| LTC facility type | Reporting Requirement | Reporting Location |
|---|---|---|
| CMS-certified skilled nursing | Point-of-Care Test Results | NHSN or SimpleReport |
| | Aggregate case, death, vaccination numbers, etc | NHSN |
| Non-CMS-certified, IDPH licensed | Point-of-Care Test Results | SimpleReport |
| | Aggregate test and vaccination numbers | Smartsheet |

NOTE: Please also remember to notify your local health department if you have cases so that they are aware and can discuss infection control measures as needed.

# A Busy Time for Updates January 21- February 2



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

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf

- Additional updates that will have implications for healthcare facilities were made in the following guidance documents:

- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

- [Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)

- [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](#)

General Vaccine Administration
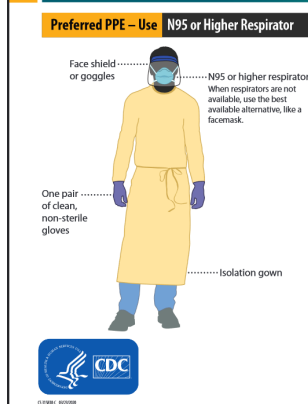
Source Control / PPE

Detection, Isolation/Quarantine

Screening and Surveillance

Hand Hygiene

Surface Cleaning / Disinfecting
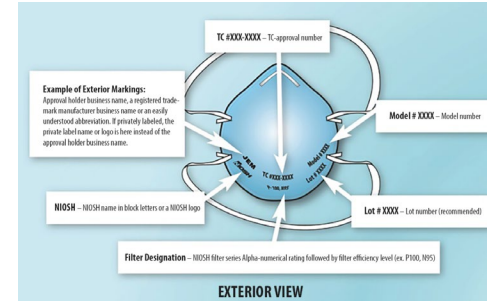
Respiratory Protection / Ventilation

**Core Infection Prevention Practices**

# Up to Date with COVID-19 Vaccines

General Vaccine Administration

**Up To Date =** Received ALL COVID-19 vaccinations the person is eligible for at the time

- **Pfizer/BioNTech (mRNA)**: 2 doses given 3 weeks (21 days) apart plus booster 5 months after second dose

- **Moderna (mRNA):** 2 doses given 4 weeks (28 days) apart plus booster 5 months after second dose

- **Johnson & Johnson (Janssen) (viral vector)** 1 dose plus booster 2 months after primary dose

- Person who has received primary vaccine(s) (e.g. fully vaccinated) **but is not yet eligible for booster is considered up to date**

- Some moderately or severely immunocompromised people should get an **additional primary shot**, then get booster  https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

- A person is considered **"boosted" is up to date** right after getting their booster dose.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

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# Not Up to Date with COVID-19 Vaccines

**Not Up to Date = ** Has NOT received all COVID-19 vaccinations the person is eligible for at the time

**Examples**

- No doses of COVID-19 vaccine

- Received one dose of mRNA vaccine 6 months ago and never got second dose

- Received second mRNA vaccine 10 months ago with no mRNA booster

- Received J&J 3 months ago with no booster

# Is surveillance testing of Not Up to Date staff for high community transmission rates still weekly or has it changed to twice weekly?

- A: Use CDC COVID-19 Data Tracker: Test **Not Up to Date** staff with a medical or religious exemption twice a week  in moderate or high-risk counties.
  https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk

- A: On Page 8 of the current IDPH guidance: Community transmission levels dictate facility testing of those **Not Up to Date**

| Community Transmission Level | Minimum Testing Frequency of Not Up To Date* |
|---|---|
| LOW | Per Illinois COVID-19 Executive Order No. 87 testing is required at a minimum of weekly |
| MODERATE | Once a week |
| SUBSTANTIAL | Twice a week |
| HIGH | Twice a week |

*Up to Date staff do not need to be routinely tested.

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# How do we get to 100% vaccination if people have qualified exemptions?

- People granted qualifying exemptions (medical or religious) are not included in the denominator of all staff

- *Looking at the CMS memo (https://www.cms.gov/files/document/qso-22-07-all.pdf), "Within 30 days after issuance of this memorandum, if a facility demonstrates that...100% of staff have received at least one dose of COVID-19 vaccine,* **or have a pending request for, or have been granted qualifying exemption,** *or identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule."*

- NHSN does record the number of staff who declined and does calculate the percent of staff vaccinated using a denominator that has subtracted those who declined from the initial number of total staff, so that measure would take those exemptions into account when calculating the facility percent of staff vaccination.

# Example of How to Calculate % of Staff Vaccinated:

General Vaccine Administration

- The facility has 200 staff members (including HCP, nursing and CNA students, volunteers, contract staff who work closely with residents)
- Five (5) staff have documented qualifying medical or religious exemptions
- 195 staff members need to be vaccinated to reach 100% vaccination
- number of fully vaccinated staff/195 x100 = % eligible staff fully vaccinated
- 195 vaccinated/195 eligible staff x 100 =100% eligible staff fully vaccinated

## Notification

*Long-term care facilities must provide notification to staff members, residents, residents' family, residents' guardians, conservators, or representatives (collectively "representative"), DPH, and local health departments (LHD) when persons working or residing in the long-term care facility are confirmed with COVID-19 infection. Such notification shall identify whether the individual was a staff member or resident. The facility shall not, however, reveal personally identifying information about the individual, including name, except as necessary to notify the resident's family or representative and to ensure staff members take sufficient safety precautions.*

https://dph.illinois.gov/content/dam/soi/en/web/idph/files/ltc-notification-04-29-20.pdf

# Notifications

- *Notice of confirmed resident or HCP COVID-19 infection shall be posted in a conspicuous place near the main entrance*

- *Updates to residents, their families, their representatives, and staff members shall be provided **weekly, or each subsequent time a confirmed infection of COVID-19 is identified** and/or whenever three or more residents or staff members with new onset of respiratory symptoms occurs within 72 hours.*

- *In these updates, facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered*

- *A written notification shall be provided immediately to DPH and the LHD upon the confirmation of COVID-19 infection of a resident or staff member.*

- *Weekly updates to residents, their families, their representatives, and staff members shall be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff members with new onset of respiratory symptoms occurs within 72 hours. In these updates, facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered*

# Source Control vs. PPE for HCP
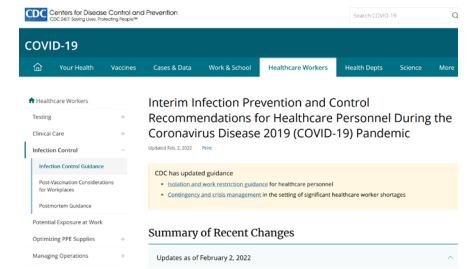
## Source Control: Protecting Others
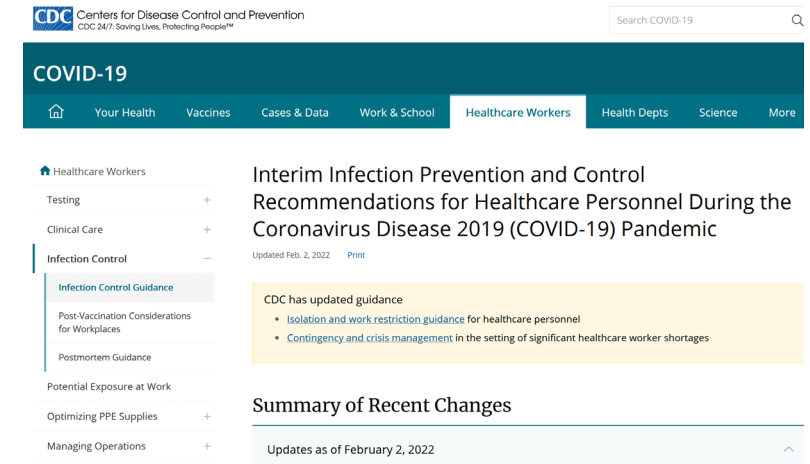
- *A NIOSH-approved N95 or equivalent or higher-level respirator*
- *A respirator approved under standards used in other countries that are similar to NIOSH-approved N95*
- *A well-fitting facemask.*

- ***Any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through.***

## Personal Protective Equipment (PPE) Protecting Wearer

- NIOSH-approved N95 or equivalent or higher-level respirator
- N95 should be removed and discarded after the patient care encounter and a new one should be donned (Conventional Capacity).

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# Included additional examples when N95 universal respirator use could be considered

- Substantial or High transmission
- N95 or higher level respirator
- All aerosol-generating procedures
- Additional transmission risk
- Resident not Up to Date
- Not able or willing to use source control
- Poor ventilation
- *To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.*
- *Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.*

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

# Can unvaccinated staff wear N95 masks with valves when providing direct patient care?

- *Yes, A NIOSH-approved N95 filtering facepiece respirator with an exhalation valve offers the same protection to the wearer as one that does not have a valve.*

- *As source control, findings from NIOSH research suggest that, even without covering the valve, N95 respirators with exhalation valves provide the same or better source control than surgical masks, procedure masks, cloth masks, or fabric coverings.*

- Follow Manufacturer's Instructions for Use

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html

# With the government issuing everyone N95 masks, do we still need to fit test staff if they wear theirs from the government issue?

A: Yes, long term care settings under OSHA require fit testing of employees and a respiratory protection program

# HOW TO USE YOUR N95 RESPIRATOR | COVID-19 |

## Wear your N95 properly so it is effective

N95s must form a seal to the face to work properly. This is especially important for people at increased risk for severe disease. Wearing an N95 can make it harder to breathe. If you have heart or lung problems, talk to your doctor before using an N95.

Some N95s may contain latex in the straps. If you have natural rubber latex allergies, see the manufacturers' website for information about your specific model.

Your N95 may look different than the one in these pictures. As long as your N95 has two head straps (not ear loops), these basic instructions apply.

**① Wash Your Hands**

It is best to put on your N95 with clean, dry hands.

**② Check Your N95**

Always inspect the N95 for damage before use. If it appears damaged, dirty, or damp, do not use it.

**③ Put on the N95**

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/COVID-19_NIOSH_Freemasks_PRINT_F.pdf

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*February 02, 2022*

## Nursing Home Visitation
## Frequently Asked Questions (FAQs)

- **What are ways a facility can improve and or manage air flow during visitation?**
- Portable fan placed close to an open window could enable ventilation.
- A fan facing towards the window (i.e. facing outside) pull the room and exhaust air to the outside;
- A fan facing towards the interior of the room (i.e. facing inside) serves to pull in the outdoor air and push it inside the room.
- Direct the fan discharge towards an unoccupied corner and wall spaces or up above the occupied zone. Activate resident restroom exhaust fans whenever visitors are present.
- Opening windows, even slightly, if practical and will not introduce other hazards. The use of
- Ceiling fans at low velocity and potentially in the reverse-flow direction (so that air is pulled up toward the ceiling), especially when windows are closed.
- Avoid the use of the high-speed settings for any fan.
- For additional information on improving air quality, optimizing air flow and use of barriers, see the Centers for Disease Control and Prevention (CDC) site on Ventilation in Buildings. https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf

**Nursing Home Visitation**
**Frequently Asked Questions (FAQs)**

- **Are there best practices for improving air quality to reduce risks during visitation?**

- A: Yes, a facility may consider options related to air quality such as:

- Avoid having multiple groups of people or multiple visitors for a resident within small rooms or spaces

- Special visitation areas that are outdoors when practical or in designated large-volume spaces with open windows and/or enhanced ventilation.

- Adding portable room air cleaners with high-efficiency particulate air filters to communal areas.

- Ensure proper maintenance of HVAC system to ensure maximum outdoor air intake. For additional information on air cleaning, disinfecting, and UVGI, see CDC's Ventilation FAQs or the American Society of Heating, Refrigerating and Air-Conditioning Engineers site on Filtration and Disinfection. https://www.ashrae.org/technical-resources/filtration-disinfection

https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf

Image: Harper College

## Nursing Home Visitation
## Frequently Asked Questions (FAQs)

- **Is there funding available for environmental changes which reduce transmission of COVID-19?**

- A: Yes, a facility may request the use of Civil Money Penalty (CMP) Reinvestment funds to purchase portable fans and portable room air cleaners with HEPA filters to increase or improve air quality. A maximum use of $3,000 per facility including shipping costs may be requested

https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf
https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e1.htm

# Portable Air Cleaners

- Portable air cleaners work best when they are placed close to the source of exposure. In other words, a sick individual.

-  Avoid portable air cleaners that intentionally produce ozone or other technologies like bipolar ionization. Some of these devices can produce unintended byproducts.

-  More to come from IDPH

# Open Q&A

Submit questions via Q&A pod to **All Panelists**

**Please do not resubmit a single question multiple times**

**Slides and recording will be made available after the session.**

# Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**