



# **COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings**

February 3rd<sup>th</sup>, 2023

# 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

- CIMPAN Antimicrobial Stewardship Training
- COVID-19 Q & A
- Open Q & A



# Antibiotic Stewardship Workshop

A complimentary hands-on and in-person seminar to help you implement or perfect an Antibiotic Stewardship Program in your facility.

[Click to Register](#)  
or scan the code

**February 22nd, 2023**  
**9am - 2pm**

**Abraham Lincoln Presidential Library**  
*Lunch will be provided*



- Comprehensive introduction to the CDC's core elements of Antibiotic Stewardship
- Step-by-step policy writing session tailored to your facility
- Deep dive into data and statistics, and using data for Quality Assurance and Performance Improvement (QAPI)



Contact [ASP@CIMPAR.COM](mailto:ASP@CIMPAR.COM) for more information.



# IDPH COVID-19 LTC Q&A Weekly Webinar

**February 3rd, 2023**

Olapeju “Pej” Lawal, RN, BSN  
Infection Control Coordinator

Tom Roome EMT, MPH  
Infection Prevention Specialist

Mike Bierman, RN, CIC  
Infection Control Consultant



# The Public Health Emergency (PHE)

- The President announced his intention to allow the PHE lapse on May 11th, 2023.
- At that time, there *may* be some changes which will affect facilities.
- We are working to determine if/what those changes will be.
- We will present this information at future webinars.



# Do we Still Need to Provide Education for Unvaccinated Staff?

- Each facility shall provide its unvaccinated staff with clear and accurate instruction covering vaccine education, including information about available booster doses, vaccine effectiveness, benefits, risks, common reactions, hesitancy, and misinformation.
- Records of training shall be made available to the Department upon request.

[Illinois Register Vol. 46, Issue 52, Dec. 27, 2022](#)



# Examples of Department Approved Training and Educational Resources

- CDC/HHS:
  - [HHS COVID-19 Vaccine Resources](#)
  - [CDC COVID-19 Vaccine Resources](#)
  - [COVID-19 Vaccine Training Modules](#)
  - [CDC Project Firstline](#)
- Immunization Action:
  - [Key COVID-19 Vaccine Resources](#)





# Bed Management Strategies for COVID-19 Ordered by Available Beds

More Beds



Fewer Beds

1. COVID + residents in private rooms in the general population
2. COVID + residents in private rooms on a COVID-19 unit
3. Cohort COVID + residents in the same room
4. Shelter residents with symptoms or known exposures in place while awaiting results
5. If these strategies insufficient contact LHD



# Can we use Drinking Fountains in LTCFs?

- Yes, facilities may use drinking fountains.
- Units that've been out of use, *may* present hazards due to water contamination
- Consult facility Water Management Plan
- These units should be flushed for a minimum of 5 minutes before use.
- After flushing, clean and disinfect the outside surfaces of the drinking fountain.
  - Especially parts that contacted water while flushing
- If a facility has a history of waterborne pathogens or contaminants; consult your subject matter expert.



# Storing PPE and Medical Supplies that don't have Expiration Dates?

- This depends on what type of PPE, what the PPE is made of, and how it is stored.
- Consult the Instructions For Use (IFU)
- Store PPE as recommended in the IFU and in line with OSHA requirements.
- If you have further questions; call the manufacturer or distributor



# General Guidelines for Storing PPE?

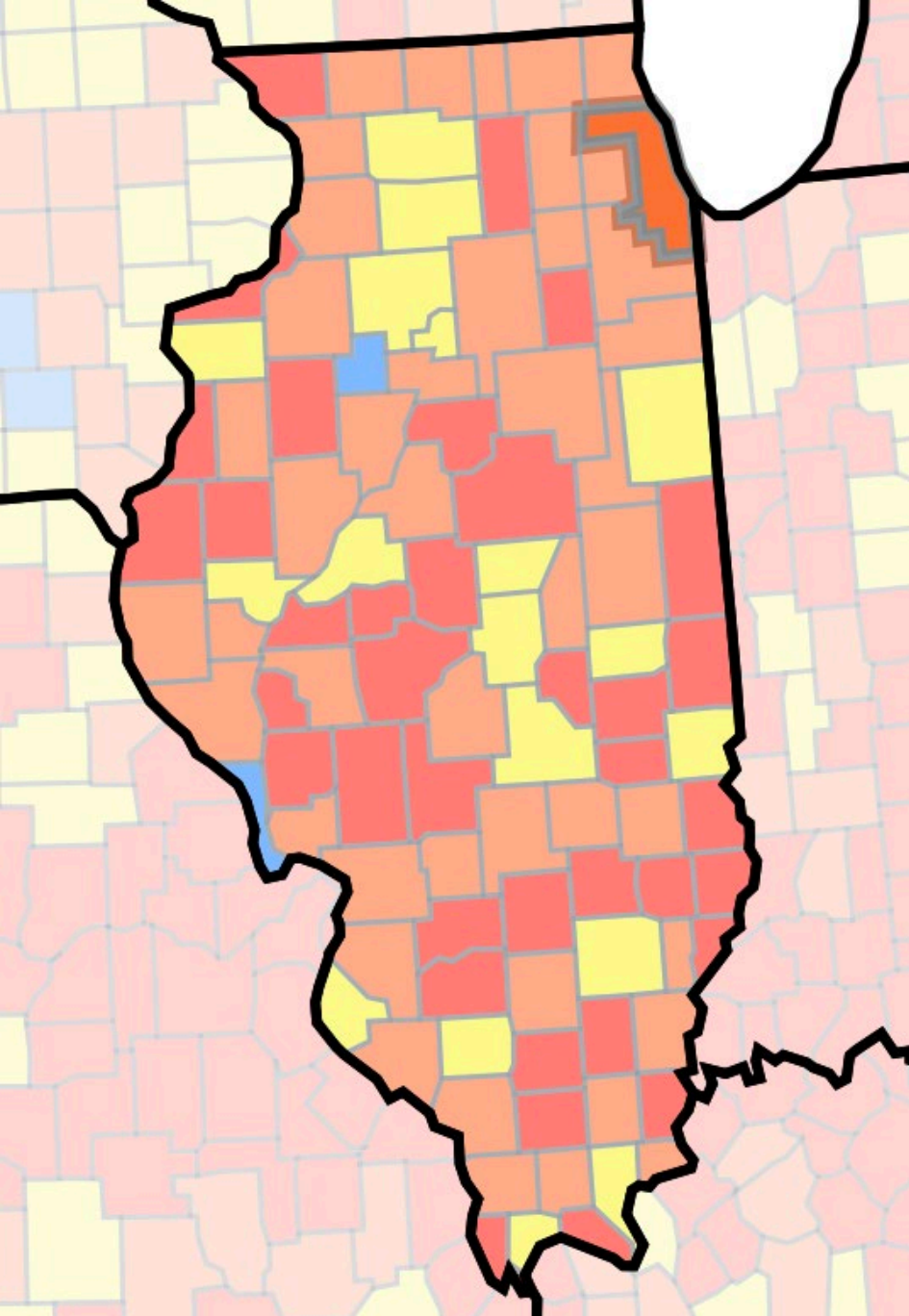
- Store in the original packaging.
- Store in a clean, dry area.
- Should NOT be stored in direct sunlight.
- Ensure items can't be crushed, misshaped or damaged while stored.
  - Especially N95s
- Store in a climate-controlled setting.
  - (i.e., temp/humidity within IFU limits)



# What are the Masking Guidelines for Visitors to Healthcare Facilities?

- When Community Transmission is HIGH, source control is recommended for everyone in areas of a facility where they could encounter residents.
- Facilities should notify visitors of the Community Transmission levels and the masking recommendation via signs at entrances and/or during check-in.

# Community Transmission



- Transmission is coming down, but portions of the state are still HIGH.
- Remember to check transmission every Monday.
- If transmission falls; wait two weeks to make changes.
- If transmission goes up a level, it's recommended to make those changes immediately.

● High   ● Substantial   ● Moderate   ● Low   ▨ No Data

# Managing new Admissions and Residents who Leave the Facility

<b>Table 1: New Admission/Readmissions and Residents who Leave the Facility</b>			
<b>Resident vaccination status is no longer used to inform recommendations</b>	<b>Is quarantine of resident necessary?</b>	<b>Is Testing of the Resident Necessary?</b>	
		<b>High Community Transmission</b>	<b>Not high (Substantial, moderate, or low) Community Transmission</b>
Residents out for <b>less than 24 hours</b>	No	No	No
Residents out for <b>24 hours or more</b>	No	<p>Yes</p> <p>Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test.**</p> <p>This will typically be at day 0, day 3, and day 5 unless the new admission has recovered from COVID-19 in prior 30 days. Testing is required if resident has recovered prior 31-90 days.</p>	No

\*\*Due to challenges in interpreting the result, an antigen test is recommended instead of a nucleic acid amplification test (NAAT). This is because some people may remain NAAT positive but not be infectious during this period.

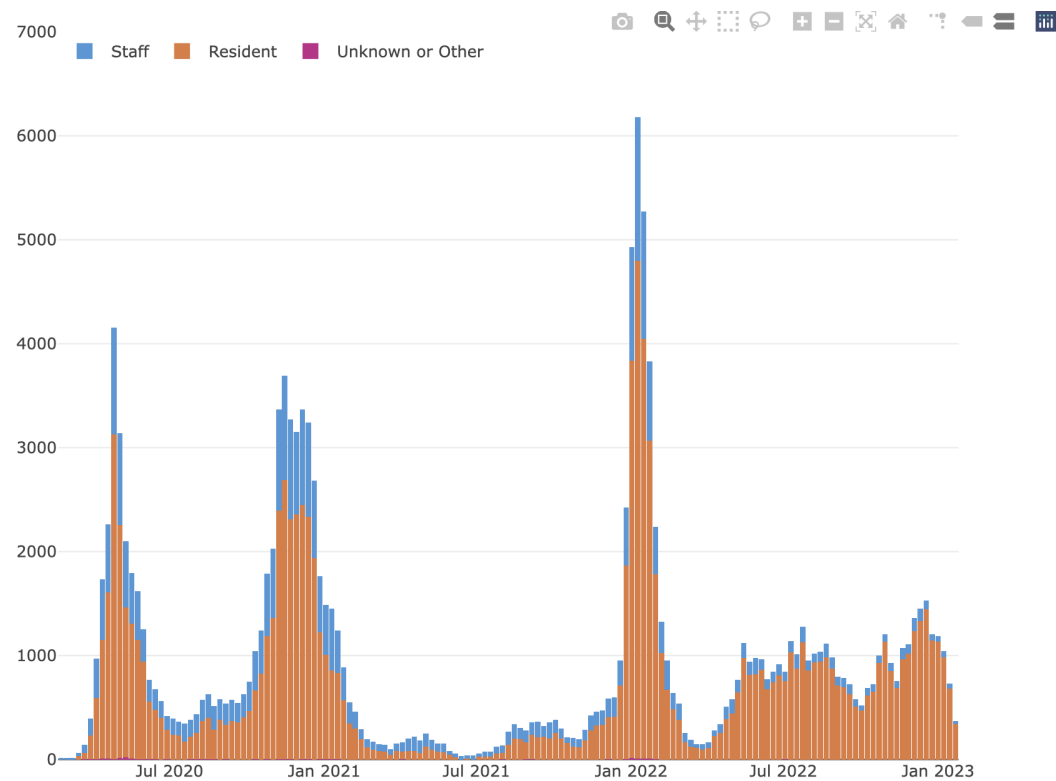
Information Reported	Facility Type	Reporting Location
<b>Aggregate</b> COVID-19 cases, deaths, staff and resident vaccinations	CMS-certified facilities (SNFs, ICF-DD, IDVA, SODC )	NHSN <a href="https://www.cdc.gov/nhsn/sams/about-sams.html">https://www.cdc.gov/nhsn/sams/about-sams.html</a>
	Licensed-only facilities (ALFs, SLFs, SMHRFs, etc.)	IDPH Smartsheet: <a href="#">COVID-19 Smartsheet Reporting Form</a>
<b>Individual</b> positive POC COVID-19 test results done <i>at</i> the facility	CMS-certified	NHSN (need SAMS-level-3 access) OR- Simple Report
	Licensed-only	Simple Report <a href="#">Simple Report RedCap Registration</a>
Outbreaks (A single case in staff or residents requires additional investigation by a facility)	All Facility Types	Local health department (single case, outbreaks)
		Office of Healthcare Regulation (Within 24 hours) <a href="#">OHCR LTC Incident Reporting Form</a> (Outbreaks)



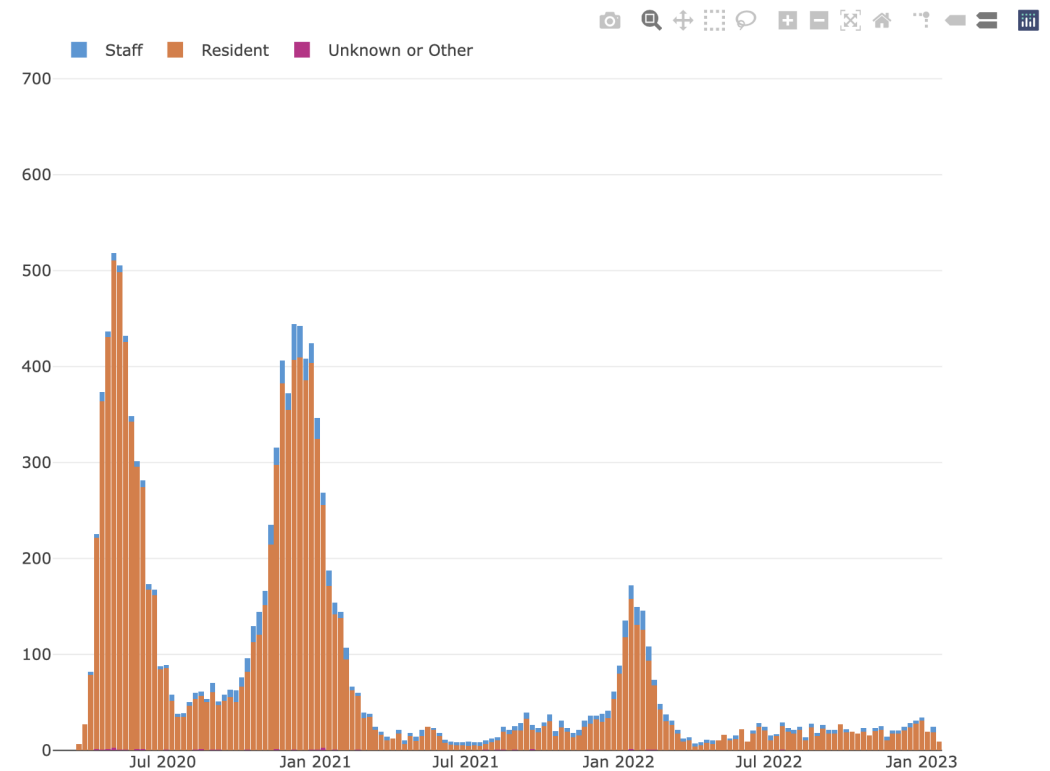
# IDPH COVID-19 Long-Term Care Data

- Continue to see decline in cases
- Deaths remain low
- Up-to-Date vaccinations, infection prevention measures, and therapeutics are key to limiting spread and serious illness

## LTC Facility COVID-19 Cases



## LTC Facility COVID-19 Deaths





# Molnupiravir (LAGEVRIO™) EUA Now Allows for Dissolving Capsules

## February 2023

- FDA Modified EUA
- Authorizes dissolving LAGEVRIO in water to give through a feeding tube.
- Dissolve contents of 4 capsules in 40 mL of room temperature water in a container with a lid.
- Shake for 3 minutes. Using a syringe, give all the mixture through the feeding tube right away.
- If any capsule contents remain, repeat process with 10 mL of water.
- Full instructions for patients and caregivers:
- <https://www.fda.gov/media/155055/download>



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## IDPH Laboratory Supports Influenza Outbreak Investigations in Health Care Facilities

ATTN: Long-Term Care Facilities  
Correctional Facilities  
Local Health Departments  
Federally Qualified Health Centers

Facilities experiencing influenza outbreaks, after primary diagnostic testing of symptomatic patients is performed by a laboratory provider\*, should contact their local health department (LHD) to determine whether further testing at a state laboratory is warranted. If approved, an outbreak investigation number will be issued and IDPH laboratories will test a subset of symptomatic patients to determine the pathogen driving transmission. Testing will include Influenza/SARS-CoV-2, a multiplex RT-PCR assay to differentiate influenza A, influenza B, and SARS-CoV-2. Additional testing may include influenza subtyping and/or a respiratory pathogen panel to screen for a more-comprehensive array of upper respiratory pathogens. Note that influenza subtyping is for surveillance purposes only and individual results will not be shared with providers.



# Submitting Specimens for Influenza Subtyping to the IDPH labs

- IDPH requests that LTC facilities experiencing influenza outbreaks consider submitting samples from a subset of patients for subtyping for surveillance purposes.
- The specimens must be collected using an NP swab in viral transport media.
- Contact your local health department to coordinate sample submission.
- Instructions for LHDs are on the IDPH web portal.

# Background on the switch to 14 days without a case to close an outbreak

No formal CDC/CSTE Guidance on when to consider an outbreak over.

Current CDC/CMS guidance requires no further outbreak response by LTCFs once 14 days have elapsed without an additional case.

Currently circulating SARS-CoV-2 variants have shorter incubation periods, typically 5 – 6 days.

Prior IDPH guidance of 28 days (two 14-day incubation periods), has often made closing facility outbreaks difficult with isolated cases occurring periodically for months.

# 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**