



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

March 17<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

- Upcoming Events & Webinars
- LTCF COVID-19 Antigen Test Shipments
- Interim COVID-19 Guidelines for Assisted Living and other High-Risk Community Congregate Living Settings
- Open Q & A

# Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, March 24 <sup>th</sup>	<i>*Environmental Cleaning, Disinfection, and Monitoring*</i>	<a href="https://illinois.webex.com/weblink/register/r363b3ee451c9dc28707be592d7a0738c">https://illinois.webex.com/weblink/register/r363b3ee451c9dc28707be592d7a0738c</a>
Friday, April 7 <sup>th</sup>	Facility Assessment and Infection Risk Assessment in Long Term Care Part 2	<a href="https://illinois.webex.com/weblink/register/rd3375f93a8113687c7031b1df1e349ed">https://illinois.webex.com/weblink/register/rd3375f93a8113687c7031b1df1e349ed</a>
Friday, April 21 <sup>st</sup>	How to Perform a Root Cause Analysis (RCA) and other QAPI Elements	<a href="https://illinois.webex.com/weblink/register/r480287a8c263834a0588c77991ebb18d">https://illinois.webex.com/weblink/register/r480287a8c263834a0588c77991ebb18d</a>

*\*We highly recommend facilities encourage anyone involved in environmental services to attend this presentation\**

# GREAT NEWS



- Illinois long term care facilities are eligible for a FREE one-time bulk shipment of rapid COVID - 19 antigen tests.
- Eligibility criteria
  - A CLIA waiver that allows for the administration of antigen testing.
  - A provider order for antigen testing that has been approved and signed by a medical professional.
  - Registered to report all positive antigen test results to the State of Illinois.
- Tests may only be administered onsite for diagnostic or screening purposes.
- Request form: <https://redcap.dph.illinois.gov/surveys/?s=T78A4HAKFTPKWAA>
- Deadline: March 31<sup>st</sup>



# IDPH Interim COVID-19 Guidelines for Assisted Living, and other High-Risk Community Congregate Living Settings



LTC state-wide webinar  
March 17, 2023

# Applies to Facilities Providing 'Non-Skilled' Care

## CDC definition of 'non-skilled' personal care:

- Consists of non-medical care that can reasonably and safely be provided by non-licensed caregivers:
  - Help with daily activities like bathing and dressing
  - Reminders for health-related care that most people do themselves, like taking oral medications
- In some cases where care is received at home or a residential setting, care can also include help with household duties such as cooking and laundry

# Facility Types: Licensed-Only, not CMS-Certified

- Assisted Living
- Supportive Living
- Shared Housing
- Sheltered Care
- Specialized Mental Health Rehabilitation Facilities



# Health Care Personnel (HCP)

HCP providing health care to one or more residents in ‘non-skilled’ facilities (e.g., hospice care, memory support, physical therapy, wound care, intravenous injections, or catheter care) **should still follow:**

- [IDPH Updated Interim Guidance for Nursing Homes and other Licensed LTCFs](#)
- [CDC Infection Prevention and Control Recommendations for Healthcare Personnel](#)

# Risk Assessment for COVID-19 Vulnerability

- Will help guide decisions about when to apply specific COVID-19 prevention actions.
  - These actions are divided into two tiers “Everyday Strategies” and “Enhanced Strategies”
- Assess the following facility-specific risks:
  - [CDC COVID-19 Community Levels](#)
  - Structural and Operational Characteristics
  - Risk of poor outcomes/severe disease
  - COVID-19 transmission occurring within the facility

# CDC COVID-19 Community Levels

- Whereas healthcare facilities need to follow Community TRANSMISSION.
- Community Congregate Living Settings should follow Community LEVELS.
  - When community **LEVELS** are 'HIGH' facilities should consider employing Enhanced Strategies.

# Community Congregate Settings Should use Community LEVELS

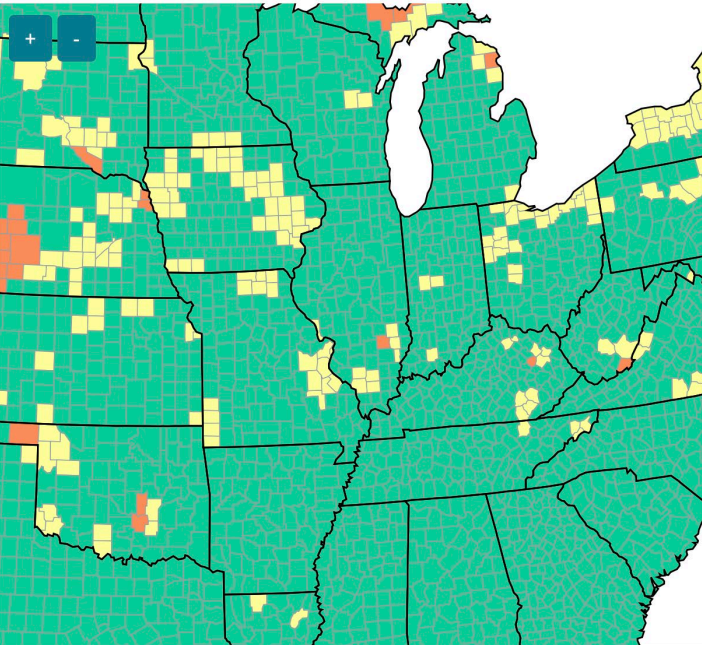
## COVID-19 Community Level

Data Type: COVID-19 Community Levels

Map Metric: COVID-19 Community Levels

All Counties

[Download Image](#)



COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	27	0.84%	- 1.06%
Medium	295	9.16%	- 3.89%
Low	2898	90%	4.94%

[How are COVID-19 Community Levels calculated?](#)

Low Medium High No Data

## COVID-19 Community Transmission

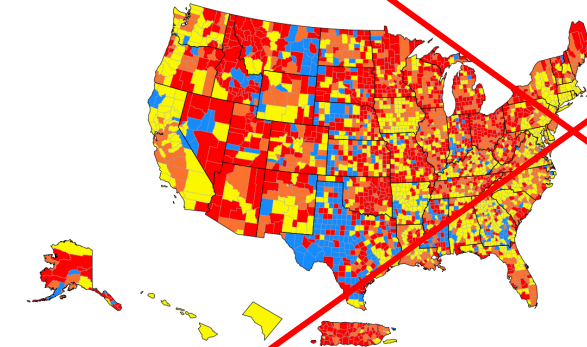
Data Type: Community Transmission

Map Metric: Community Transmission

All Counties

[View a Time Lapse](#)

[Download Image](#)



Community Transmission in US by County

	Total	Percent	% Change
High	1129	35.04%	- 5.87%
Substantial	726	22.53%	- 3.79%
Moderate	986	30.6%	4.87%
Low	381	11.82%	4.78%

[How is community transmission calculated?](#)

High Substantial Moderate Low No Data

# Facility Structural or Operational Considerations

- Assess whether facility characteristics or operations [contribute to COVID-19 spread.](#)
- Facilities may have a higher risk of transmission if:
  - They have frequent resident or staff turnover
  - A high volume of outside visitors
  - Poor ventilation
  - Areas where many people sleep close together

# Risk of Poor Outcomes/Severe Disease

- Look at the proportion of residents who are at increased risk of contracting COVID-19 and developing severe disease.
  - For example, due to underlying health conditions, lack of COVID-19 vaccination, older age, pregnancy, or poor access to medical care.
  - More information on these factors and conditions can be found here:  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

# COVID-19 Transmission Occurring Within the Facility

- When a facility is in outbreak, enhanced strategies may need to be added in order to interrupt COVID-19 transmission within the facility.
- COVID-19 transmission can be assessed using [diagnostic testing](#) of people with COVID-19 symptoms and their close contacts
- More information can be found in CDC's "Post-Exposure Guidance" (p.5) and at this link  
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html>



# COVID-19 Prevention Strategy Tiers

## Two strategy tiers

- **Strategies for Everyday Operations** – should always be employed
  - **Enhanced Strategies** – should be layered on top of strategies for everyday operations by facilities whose risk assessments indicate higher risks, facilities in outbreak, or when [CDC COVID-19 Community Levels](#) are high.
- **When adding enhanced strategies, facility operators should balance the need for COVID-19 prevention with the impact of reducing access to services and programming.**



# Support Staff to stay Up to Date with COVID-19 Vaccines

- Encourage and enable staff, volunteers, and residents to stay up to date on COVID-19 vaccination.
- Where possible, offer vaccine on-site, and support peer promotion of vaccination.
- Resources are available for onsite COVID-19 vaccinations, through long-term care pharmacies and mobile response teams.
  - Please contact your local health department for additional information.
- In accordance with [Emergency Rules](#), non-CMS-Certified/licensed-only facilities must report aggregate COVID-19 vaccinations, cases, and deaths weekly for staff and residents here:

[COVID-19 Smartsheet Reporting Form](#)

# Definition of Up to Date

- **Up to date:** An individual has received the primary series of COVID-19 vaccine (either two doses or one dose, depending on the vaccine), and has received all additional and booster doses for which they are eligible as recommended by the CDC.
- [CDC up to date recommendations for COVID-19 vaccines](#)

# Improve Ventilation

- Ensure HVAC systems operate properly and provide acceptable indoor air quality.
- **Enhanced strategy:** Where possible, consider holding group activities outdoors.
- **Enhanced strategy:** Increase and improve ventilation as much as possible. Identify, obtain, and test enhanced ventilation options in advance of higher risk periods to be ready to deploy when needed.
- Short-term and long-term tools to improve ventilation in buildings can be found on the [CDC website](#), and in the [IDPH Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities](#).

# Wear Masks, N95 Respirators, and other PPE as Appropriate

- Maintain a stock of personal protective equipment (PPE) for staff.
- Offer high-quality masks to all residents.
- Provide appropriate PPE for staff based on risk.
- **Enhanced strategy:** Require universal indoor masking in communal areas.

# Indications for PPE/Masks and Respirators

- **Residents or staff may choose to wear well-fitted masks or respirators, based on their personal preference**, when in the common areas of the facility, especially if attending a large gathering and to and from the dining room or activities.
- **Residents and staff who have been exposed to someone with SARS-CoV-2 infection**, should wear a well-fitted mask for 10 days after their exposure, when around others.
- **Residents who have COVID-19 or are suspected of having COVID-19**, should wear a well-fitted mask or respirator for 10 days, whenever they are around others.
- **Staff who will have close contact with residents who are in isolation precautions, including during transport**, should wear full PPE (N95, eye protection, gowns, & gloves.)

# Ensure IPC Measures are Implemented

- Institute standard infection prevention and control measures:
  - Employ signage regarding self-screening for symptoms, appropriate PPE and cough etiquette for staff and visitors.
  - Institute cleaning and disinfection at least daily in common areas.
  - Maintain supplies for hand hygiene.
  - Monitor hand hygiene, PPE use, cleaning and disinfection, and train staff at least annually.
- **Enhanced strategy:** Apply [enhanced cleaning and disinfection](#) recommendations.

# Increase Distance

- Routine physical distancing is no longer emphasized, unless the facility is experiencing an outbreak or when community levels are high.
- When respiratory illnesses are circulating it is best practice for higher risk facilities to limit crowding in communal spaces and encourage physical distancing at large gatherings, such as parties or events.
- **Enhanced strategy:** Create physical distance of 6 feet or more in common areas when COVID-19 community levels are high, or the facility is experiencing an outbreak.
- **Enhanced strategy:** Reduce movement and contact between different parts of the facility when the facility is experiencing an outbreak.

# Testing for COVID-19

- Test residents and staff who either have symptoms of COVID-19 or have had a moderate-risk or higher-risk exposure.
- Facilities that perform point-of-care (POC) antigen testing must comply with regulations and must report all positive tests. Instructions are located at:  
<https://dph.illinois.gov/covid19/community-guidance/long-term-care/antigen-testing.html>
- **Enhanced strategy:** Consult with your local health department about implementing screening testing of residents and/or staff if there are concerns about the population being at especially high risk for severe illness from COVID-19. This can be helpful for early identification of infections for treatment purposes.



# Identifying Exposures

- A person with COVID-19 can spread the virus beginning two days prior to the onset of any symptoms (or two days prior to a positive test if they do not have symptoms).
- Persons with COVID-19 are considered infectious for 10 days although that time period may be shortened to 7 days with a negative test.
- People who have been exposed (close contacts) to someone when they are infectious with COVID-19 can be identified through contact tracing, this guidance provides two approaches.

# Person-Based Contact Tracing

- See CDC recommendations for [Investigating a COVID-19 Case](#) for additional guidance to help identify close contacts.
- Use the Table 1 on pg. 5 (slide below) to help with determining the likelihood that someone has had sufficient exposure ("exposure risk") to have been infected with COVID-19.
- Case investigations should [prioritize](#) identification of close contacts who are [more likely to get very sick from COVID-19](#), so that they can be referred to a healthcare provider to determine eligibility for [treatment](#) if they test positive for COVID-19.

# Location-Based Contact Tracing

- Location-based contact tracing is preferable when identifying close contacts is difficult due to resident and staff movements in and out of the facility.
- Location-based contact tracing identifies potential exposures based on where a person with COVID-19 spent time while infectious.
  - **For residents, this could include their housing unit, transport bus, dining area, and any programmatic activities; for staff and volunteers, this could include their duty station/unit, break room, carpool, and areas where they interacted with residents.**
- For areas of a facility identified in location-based contact tracing, consider conducting testing of those who were present based on their exposure risk (see **Table 1**, below).
- **If any additional cases are identified, facilities should consider adding [enhanced prevention strategies](#)**
- **All cases of COVID-19 must be reported to the local health department.**

# Understanding Exposure Risk

- The table at the right (p.5) can be used to assess and score exposure risks.
- **Lower-Risk:** Short/momentary duration, little to no physical exertion involved, asymptomatic infected person, both individuals masked, distance of 6' or more.
- **Moderate risk:** Moderate duration (but <15 min), some exertion, one individual was masked, area well ventilated), moderately close contact ( ≤3')
- **Higher risk:** ≥15min duration, coughing, sneezing, or exertion, symptomatic infection, no masks worn, in a poorly ventilated indoor setting, close contact.

**Table 1: Evaluating Exposure Risks of Residents and Healthcare Staff**  
(Based on the CDC's [Understanding Your Exposure Risk](#))

Evaluate an exposure for each criterion and write the level of risk in the last column

Criteria	Lower Risk	Moderate Risk	Higher Risk	Evaluate Exposure (write low, moderate, or high in the box for each criterion evaluated)
<b>Exposure Time</b>	Short duration (Very brief time, e.g., passing in hall, store, etc.)	Moderate duration (Less than 15 minutes, e.g., working out in a gym, sitting in group setting together)	Longer duration (15 minutes or more, e.g., worked together all day, live together)	
<b>Activities that may involve exertion</b>	Little to no exertion (e.g., sitting watching tv, meditation, yoga, quiet activity)	Some exertion: (e.g., sitting together and talking to each other)	Exertion: Coughing, singing, shouting, or breathing heavily	
<b>Symptomatic</b>	Asymptomatic-infected person did not display any symptoms	Not applicable	Symptomatic-infected person coughing, etc.	
<b>Mask wearing*</b>	Both persons were masked	One person was masked	No masks were worn by either person	
<b>Ventilation</b>	Encounter with infected person was outdoors	Well ventilated indoor setting (fans going, air filters, windows open, etc)	Poorly ventilated indoor setting	
<b>Distance</b>	Distance of 6 feet or more between the infected person and exposed person	Moderately close, (within 3 feet) to the infected person	Very close or touching the infected person	
<b>Scoring Exposure Risk &amp; Required Action Steps</b>				
If all 6 criteria are evaluated as <b>lower-risk</b> --no further action is required by the facility, resident, or staff				
If 1 or more criteria are evaluated as a <b>moderate-risk</b> or <b>higher-risk</b> follow the guidance below.				
*Staff who were wearing an N95 respirator and eye protection are not considered exposed, even if the person with COVID-19 was not wearing a mask.				

# Residents with Moderate- or Higher-Risk Exposures

- Residents do not need to be restricted to their apartments or rooms following a COVID-19 exposure (i.e. quarantine), unless they develop symptoms or test positive.
- Residents who have been exposed should be monitored for the development of symptoms, to ensure prompt treatment to prevent severe illness or hospitalization.
- Testing following exposure:
  - Count day of exposure as day 0
  - Test residents 5 full days after exposure, even if they do not develop symptoms
  - If residents develop symptoms, test immediately
  - No testing required if residents had COVID-19 within the last 30 days, as risk of reinfection is low
- Residents should wear a mask for 10 days post-exposure
- [CDC Post-Exposure Guidance](#)

# Managing Staff with Moderate-Risk or Higher-Risk Exposure for COVID-19

- Work restriction is not required for staff following a moderate-risk or higher-risk exposure unless they develop symptoms or test positive.
- **Healthcare Personnel** should follow the recommendations from the [IDPH Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities](#)
- **Non-Healthcare Staff (identical to approach with residents)**
  - [Testing following exposure](#)
    - Test staff 5 full days after exposure, even if they do not develop symptoms
    - Count day of exposure as day 0
    - If staff develop symptoms, test immediately
    - No testing required if staff had COVID-19 in last 30 days, as the risk of reinfection is low
- Staff should wear a well-fitted mask for 10 days post-exposure
- [CDC Post-Exposure Guidance](#)

# Implement Isolation Guidance for Residents and Non-healthcare Staff who Test Positive for SARS-CoV-2

- Isolate staff, volunteers, and residents who test positive away from other residents or away from the facility, as applicable, for **10 days** since symptoms first appeared or from the date of sample collection for the positive test (if asymptomatic).
- If the individual has a negative viral test\*, isolation can be shortened to 7 days, as long as symptoms are improving and the individual has been fever-free for 24 hours (without the use of fever-reducing medications), the individual was not hospitalized, and the individual does not have a weakened immune system.

\* Either a NAAT test, such as a PCR test, typically performed in a laboratory, or an onsite antigen test may be used to determine if isolation can be shortened to 7 days. If using a NAAT, a single test is acceptable and must be obtained no sooner than day 5 of isolation. If using an antigen test, two negative tests must be obtained, one no sooner than day 5 and the second 48 hours later. Because NAAT tests can remain positive for some time, antigen testing may be preferred.



# Implement Isolation Guidance for Residents and Non-healthcare Staff who Test Positive for SARS-CoV-2 (cont.)

- **Note that the isolation period for higher risk community congregate living settings is longer than the duration recommended for the general public, because of the risk of widespread transmission and the high prevalence of underlying medical conditions associated with severe COVID-19.**
  - If multiple residents have tested positive, they can isolate together in the same area.
  - Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.
  - During crisis-level operations, such as severe shortages of staffing or space, facilities should consult with their local health department for additional guidance and support.



# Health Care Staff with confirmed COVID-19

- **Healthcare personnel** should follow the IDPH [Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities](#) for work exclusions while ill, testing requirements, and return to work criteria.

# Support Timely Access to Treatment

- [Effective treatments](#) are now widely available and must be started within a few days after symptoms develop. Treatment has been shown to reduce the risk of severe COVID-19 disease and hospitalization, especially in the elderly and those with underlying health conditions. **As soon as a resident is diagnosed with COVID-19, contact the resident's medical provider to assess whether treatment is indicated.**
- **Treatment Information is available at:**
  - [National Institutes of Health \(NIH\) COVID-19 treatment guidelines.](#)
  - [A clinical decision tree](#) is also available to help clinicians determine if a resident is eligible for COVID-19 treatment and the right choice of treatment.
- On-site COVID-19 treatment is available through LTC Pharmacies and mobile response teams.
- **Contact the local health department right away if you have trouble securing treatment for residents with COVID-19.**

# Reporting COVID-19 Infections to the IDPH Office of Health Care Regulation

- Assisted Living facilities and other high risk congregate settings shall notify the Office of Health Care Regulation of reportable communicable disease, including COVID-19 affected residents and/or staff.
- Assisted Living facilities report via this link:  
<https://app.smartsheet.com/b/form/b37e5c2618424df1b7539e69da6baa7c>
- All other congregate community settings report via this form to their designated OHCR Regional Office  
<https://dph.illinois.gov/content/dam/soi/en/web/idph/forms/topics-services/health-care-regulation/complaints/LTC-incident-reporting-form-7.2022.pdf>

# Thank you!



We'll Now Move to the Live Q&A  
Portion of the Webinar.....

Please Type your Questions in  
the Q&A.

If We're Unable to Answer your Question,  
Please Send it to [DPH.COVIDHAI@Illinois.gov](mailto:DPH.COVIDHAI@Illinois.gov)

# 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**