



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

February 10<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 Webinars
- Prism Health Labs: Presenting the LTC STATeam
- CIMPAN Covid-19 Support
- Answered Questions
- Open Q & A

# Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, February 17 <sup>th</sup>	COVID Q&A	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=ec14b4a52f72b74819060ae262d4bf8b8">https://illinois.webex.com/illinois/onstage/g.php?MTID=ec14b4a52f72b74819060ae262d4bf8b8</a>
Friday, February 24 <sup>th</sup>	COVID Q&A	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=ee579379913781c752510e95fbae8f306">https://illinois.webex.com/illinois/onstage/g.php?MTID=ee579379913781c752510e95fbae8f306</a>



# IDPH COVID-19 LTC Q&A Weekly Webinar

**February 10, 2023**

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

Tom Roome EMT, MPH  
Infection Prevention Specialist

Mike Bierman, RN, CIC  
Infection Control Consultant



# PRISM

## HEALTH LAB

**Presenting the Long-Term Care STATeam**



# Prism STATeam Services



**Testing: Nasal and Saliva Multiplex (COVID-19 & Flu) PCR testing for Covid-19 and Influenza with expedited results**



**Vaccinations: Administration of COVID-19 and Flu vaccinations**



**Treatments: Prescription and administration of COVID-19 (Paxlovid, Lagevrio, etc.) and Flu therapeutics**

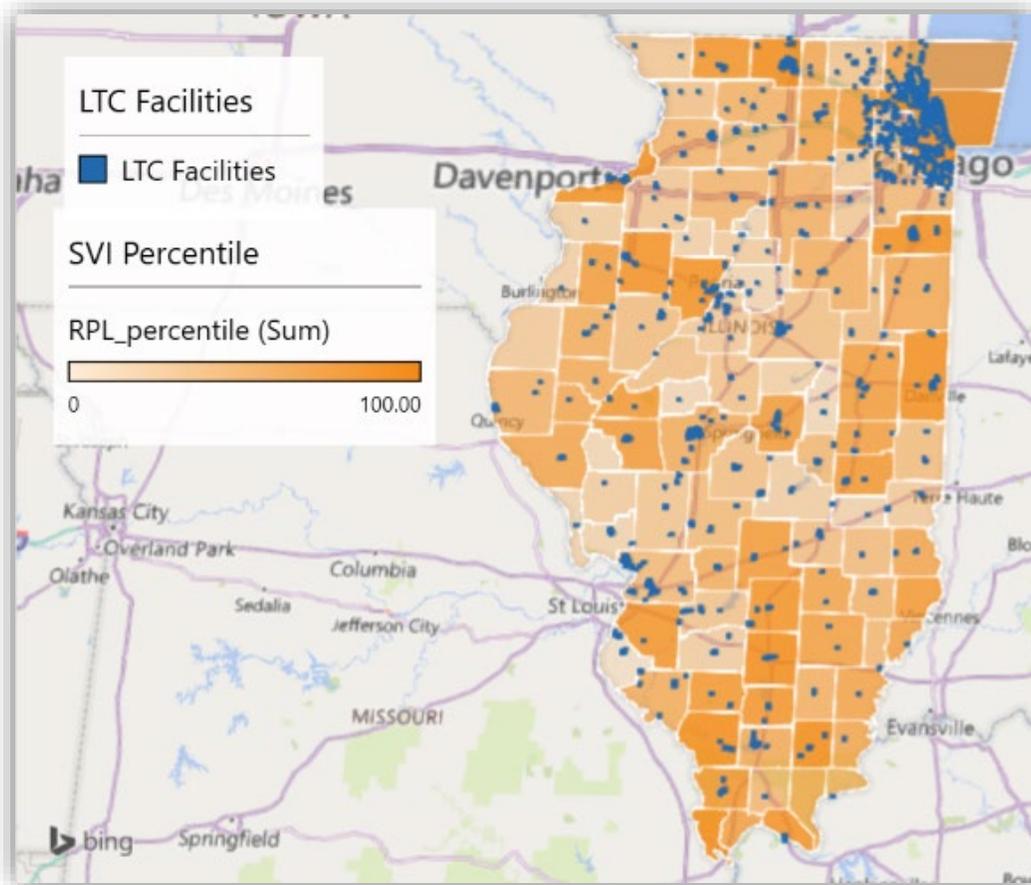


**Consultation: Team available to assist with meeting HHS and IDPH Long Term Care Guidelines on Infection Prevention and Control**

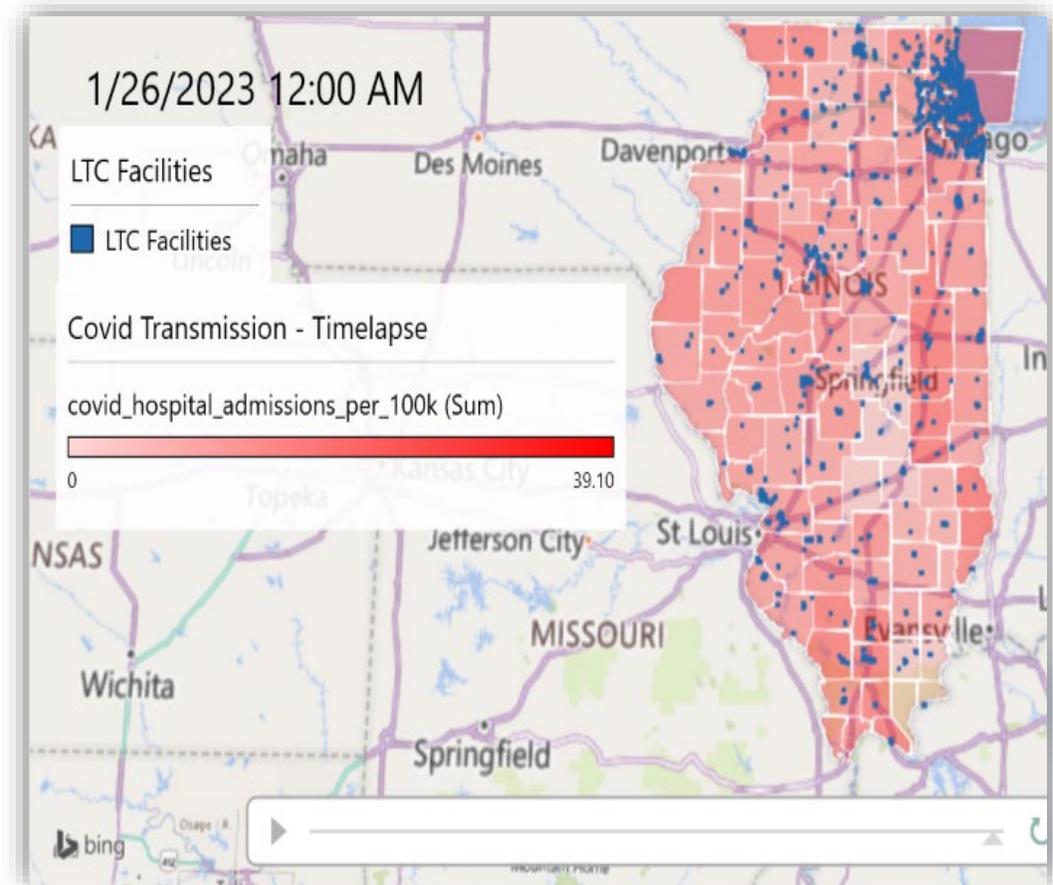
# Health-Equity Prioritization



## The SVI Index Map



## Community Transmission



# Outbreak Testing



- **Serial testing support for LTCs (COVID-19 & Flu)**
  - **Contact Tracing (test all close contacts or high risk exposures)**
  - **Broad Based Approach (testing every 3-7 days on unit until no new cases identified for 14 days)**



- **As cases identified, Prism will plug patients into appropriate treatment arm**

# Vaccinations



- **Administration of Pfizer, Moderna, or Janssen primary series and bivalent boosters.**
- **Administration of seasonal Flu vaccinations.**



# Treatment

- **PreP (If and when new therapeutics available)**
- **Therapeutics**
  - Paxlovid
  - Remdesivir
  - Legevrio
  - New mABs
  - Antiviral therapeutics per CDC guidelines for treatment of Flu



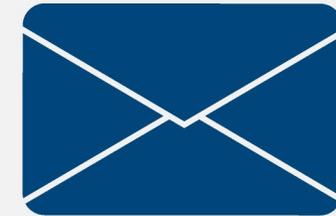
# Contact Us



**Web Form (Pending):**  
**[prism.org/LTCSTAT](https://prism.org/LTCSTAT)**



**Hotline/ Telephone:**  
**+1 (888) 977-4086**



**Email:**  
**[LTCSTAT@prism.org](mailto:LTCSTAT@prism.org)**

**Every minute counts during an outbreak – reach out to us for critical support.**

# Long-Term Care STATeam



IDPH and Prism are proud to announce a new health-equity informed program: the Support, Treatment, and Access Team (STATeam) delivering a comprehensive suite of COVID-19 and Flu outbreak management services to Long Term Care (LTC) Facilities across Illinois.

*Every minute counts during an outbreak - reach out to us for critical support.*

## SERVICES OFFERED



### TESTING

Collection of nasal and saliva multiplex (COVID-19 & Flu) PCR testing with next-day results.



### VACCINES

Administration of COVID-19 and Flu vaccinations.



### TREATMENTS

Prescription and administration of COVID-19 (Paxlovid, Lagevrio, etc.) and Flu therapeutics.



### CONSULTATION

Meet HHS and IDPH LTC compliance requirements.



+1 (888) 977-4086



LTCSTAT@prism.org



<http://prism.org/LTCSTAT>

# TREAT COVID-19

For more information about the TREAT COVID-19 program, contact Christy Zelinski at [christy.zelinski@cityofchicago.org](mailto:christy.zelinski@cityofchicago.org)



The Chicago Department of Public Health (CDPH) in partnership with the Chicago Internal Medicine Practice and Research (CIMPAR S.C.) is announcing **The Rapid Response Evaluation And Treatment of COVID-19 (TREAT COVID-19)** program, funded by CDC.



## Who we serve:

- Residents of Medicare/Medicaid - certified nursing homes who test positive for COVID-19

## What we do:

- On-site or telehealth consultation and drug interaction review with a licensed medical provider
- Medication courier service
- On-site intravenous administration of therapeutics
- Support for control of respiratory pathogen outbreaks

If your facility is experiencing multiple COVID-19 infections among residents, contact [chicago-covid19@cimpar.com](mailto:chicago-covid19@cimpar.com) or call (708) 600-4233 for a consultation with the TREAT COVID-19 program.



(708) 600-4233



[chicago-covid19@cimpar.com](mailto:chicago-covid19@cimpar.com)



# Therapeutics

## Oral antivirals

- Eligibility consultation
- Medication delivery

## Remdesivir

- Long term care facilities
- Oak Park Clinic
- Home



# Covid-19 Support

## Vaccination

- No minimum number of vaccines
- Homebound residents

## Testing

- Test-to-treat model



# Routine Testing:

- Routine serial testing of HCP who are unvaccinated or not up to date is no longer recommended
  - But may still be performed at the discretion of the facility.
- If you choose to perform screening testing, testing should not be based on vaccination status.



# Testing of Symptomatic residents or Health Care Personnel (HCP):

- Symptomatic residents or HCP, even those with mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.



# Testing of asymptomatic residents and HCP with a Close Contact or Higher-Risk Exposure:

- Asymptomatic residents and HCP with a close contact or higher-risk exposure with someone with SARS-CoV-2 infection should have a series of three viral tests unless they have recovered from COVID-19 in the prior 30 days.
- For those who have recovered in the prior 31-90 days, an antigen test instead of a nucleic acid amplification test (NAAT) (e.g., PCR) is recommended. This is because some people may remain NAAT positive, but not be infectious during this period.
- 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.



# Outbreak Testing:

- Facilities can choose to investigate an outbreak using **contact tracing** or a **broad-based** approach.
- If contact tracing is completed, test all residents and HCP identified as close contacts or who had a higher-risk exposure
  - regardless of vaccination status
  - unless they have recovered from COVID-19 in the prior 30 days.
- If you choose to test those who've recovered in the prior 31-90 days, an antigen test instead of a NAAT (e.g., PCR) is recommended.
- Test at day 1, day 3, and day 5



# Outbreak testing (cont.):

- If no additional cases are identified during contact tracing (testing only those residents or staff with a close contact or higher risk exposure) no further testing is indicated.
- If additional cases are identified from testing close contacts or higher-risk exposures, facilities should expand testing to a broad-based approach.



# Outbreak testing (cont.):

- A broad-based approach includes the unit, floor, or other specific area of the facility where the positive COVID-19 case was identified (this could be where the resident resides or where the HCP worked).
- If additional cases are identified after testing a unit, floor, or specific area of the facility, the facility may expand to facility-wide testing.
- If a facility is unable to conduct contact tracing or contacts cannot be identified, the facility should follow a broad-based approach.
- When using the broad-based approach, a facility should continue to test every 3-7 days until there are no more positive cases identified for 14 days.



# Are Hospitals Always Required to Perform COVID Testing on new Admissions, or only if Symptomatic?

- IDPH does not have specific requirements, each hospital establishes their own policy and procedures.
- 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.
- In general, performance of pre-procedure or pre-admission testing is at the discretion of the hospital.
- Hospitals may refer to the CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) for guidance.



For LHD  
clarification: If an  
Employee Tests  
Positive for COVID-  
19 Twice Within a  
90-day Period, will  
this Case Populate  
in INEDSS as a new  
Case or a Duplicate?

- The second lab should populate within the original case if it's within 90 days – if the second lab gets added as a new case, IDPH INEDSS staff work on these and will manually add the second lab to the original case and the second case will be closed as a duplicate.



# What Signage Should Facilities Post at Their Doors?

- *Instead [of active screening], facilities **must establish a process to inform HCP, residents, and visitors of recommended actions to prevent the transmission of COVID-19** by posting visual alerts (e.g., signs, posters) at entrances and other strategic places.*
- *These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene)."*



# What Signage Should Facilities Post at Their Doors?

Source:

IDPH, Updated Interim Guidance for Nursing Homes and other Licensed Long-Term Care Facilities (11/04/2022):

[https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance\\_11.4.2022.pdf](https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf)

- The critical part of that excerpt is that *a process be established* to notify visitors about what is **required** of them during their visit.
- These expectations can be found in the guidance, and include:
  - *What Infection Prevention and Control (IPC) practices they would need to follow*
    - *Hand hygiene*
    - *Masking*
  - *Under what conditions they might want to delay a visit, such as*
    - *If they have symptoms of COVID-19*
    - *A positive COVID-19 test*
    - *If they've recently been exposed*
  - *What symptoms they would need to report.*
- How you do this is up to you.
  - Signage posted at entrances is probably the easiest method, and for that reason it's recommended in the guidance.
  - ***As long as visitors are aware of these expectations.***



# CDC Annual Healthcare Personnel Influenza Vaccination Reporting Requirement for SNF

- Centers for Medicare & Medicaid Services certified skilled nursing facilities are now required to annually report healthcare personnel influenza vaccination into the National Healthcare Safety Network (NHSN).
- Data are entered in the NHSN Healthcare Personnel Safety Component and must be entered by May 15<sup>th</sup>.
- Resources are available at:
  - <https://www.cdc.gov/nhsn/hps/vaccination/index.html>
  - <https://www.cdc.gov/nhsn/faqs/vaccination/fag-influenza-vaccination-summary-reporting.html>
  - [Operational Guidance for Skilled Nursing Facilities to Report Annual Influenza Vaccination Data to CDC's NHSN](#)



# Thank You!

Please Place any Questions in the Q&A

# 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**