



# **COVID-19 Chicago Long Term Care Roundtable**

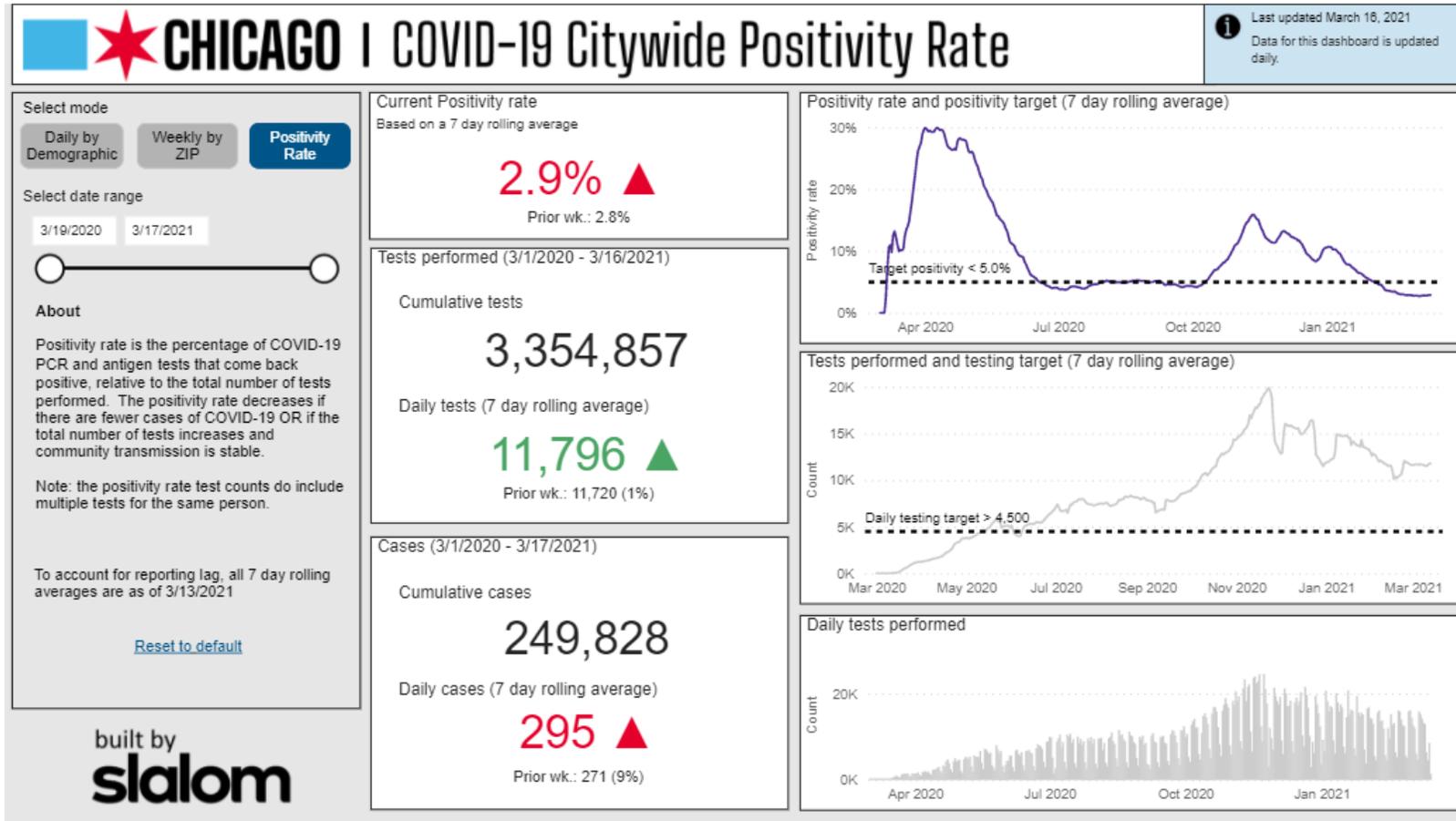
03-18-2021



# Objectives

- Chicago COVID-19 Epidemiology
- Vaccine Needs Assessment
- Guidance Updates: Quarantine, Testing, & Visitation
- Q&A

# Chicago Dashboard

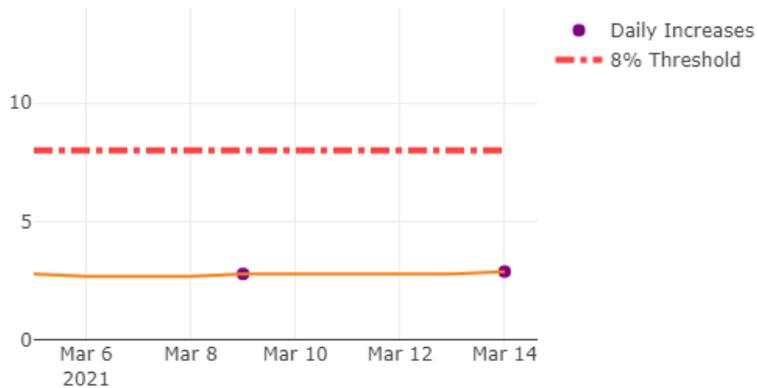




# IDPH Regional Resurgence Metrics: Region 11

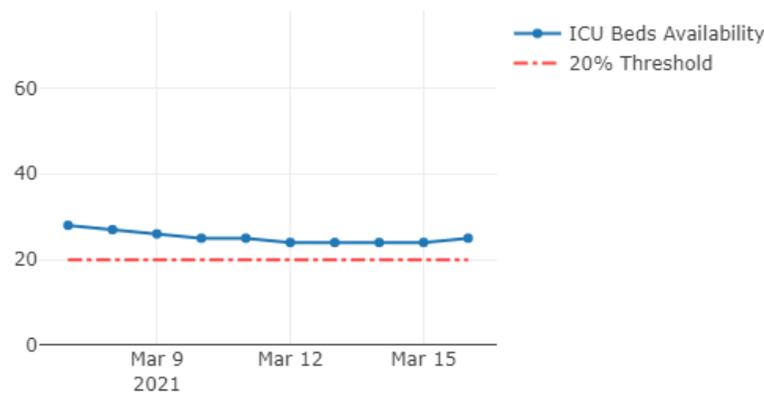
### Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



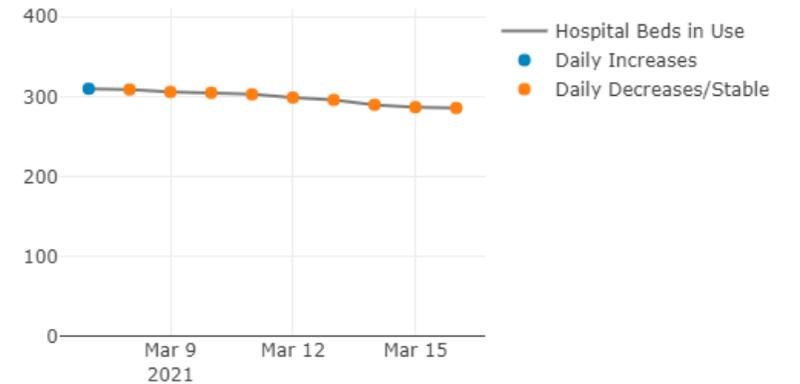
### Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days  $\geq$  20% Threshold



### COVID-19 Patients in the Hospital 7-Day Rolling Average

9 Days of COVID-19 Patient Decreases or Stable



# ★ Skilled Nursing Facility COVID-19 Cases

**9,738** total confirmed cases associated with SNFs

- 6,285 residents
- 3,417 HCWs
- 36 Unknown/TBD

Role	Deaths	Mortality
Residents	1,226	19.5%
HCWs/Staff	17	0.5%
<b>Total</b>	<b>1,243</b>	<b>12.8%</b>

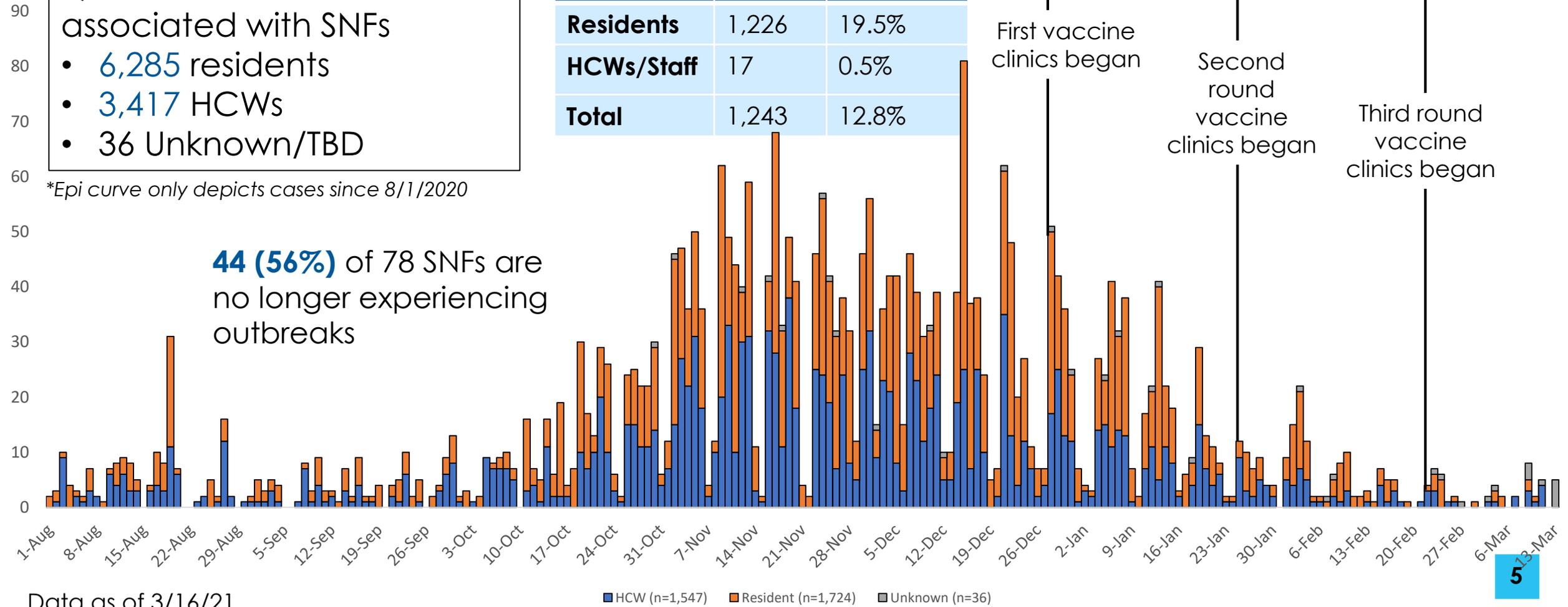
\*Epi curve only depicts cases since 8/1/2020

**44 (56%)** of 78 SNFs are no longer experiencing outbreaks

First vaccine clinics began

Second round vaccine clinics began

Third round vaccine clinics began



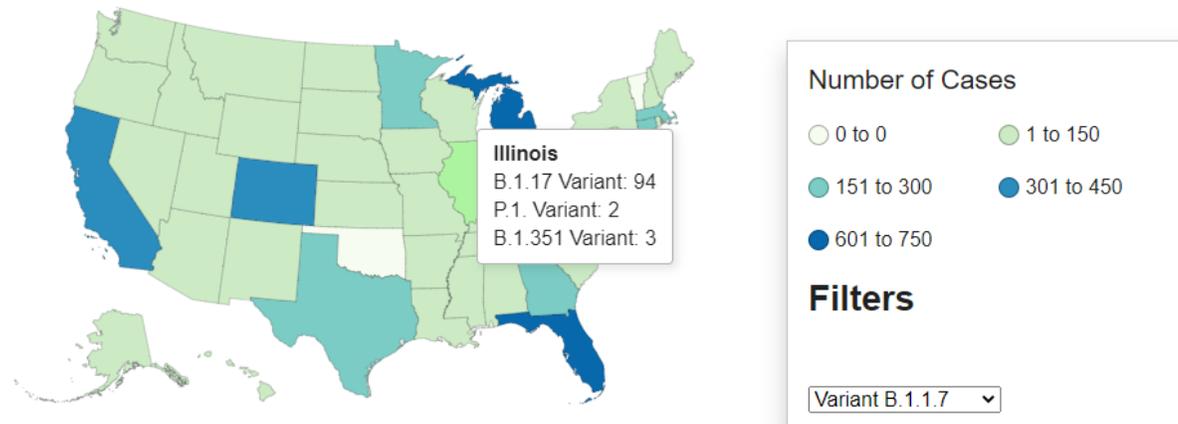
Data as of 3/16/21

■ HCW (n=1,547) ■ Resident (n=1,724) ■ Unknown (n=36)

# ★ COVID Variants in the US & IL

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	4686	50
B.1.351	142	25
P.1	27	12

Cases of Variants of Concern in the United States\*†



# ★ Update: Vaccine Needs Assessment Survey

- Please complete our new RedCap survey:  
<https://redcap.link/LTCFcontinuedvaccinationsurvey>
- Results from the survey will be used to assist with short-term and long-term vaccination planning
- E-mail Faye Thanas at [Faye.Thanas@cityofchicago.org](mailto:Faye.Thanas@cityofchicago.org) with any questions.

## LTCF COVID-19 Continued Vaccination Planning Survey



by Email Speech

Dear Chicago LTCFs, do not complete this survey until after your 3rd vaccination clinic.

We ask that this brief survey be completed within two weeks of your 3rd clinic date to better help CDPH understand your vaccination needs and to assist with future vaccination planning. Once you have completed the survey, you will be contacted at a later date for further coordination. Any questions regarding this survey can be directed to Faye Thanas at [faye.thanas@cityofchicago.org](mailto:faye.thanas@cityofchicago.org).

From a public health standpoint, CDPH believes that receiving one dose of vaccine is preferable to not receiving vaccine at all, even if the full series of vaccine cannot be completed. Completion of this survey does not guarantee a 4th clinic date, but we will work with vaccinating partners to provide 4th clinic opportunities to the best of our ability, based on need.

Facility Name:

\* must provide value

Facility Address:

\* must provide value

Contact Name:

\* must provide value



# Second Doses After Third Clinics: PharmScript

- Those facilities that were supported by PharmScript for the Pharmacy Partnership Program will continue to be supported by PharmScript.
- No other facilities are able to sign up to be supported by PharmScript at this time.

# **Second Doses After Third Clinics: Forum**

## **Facilities that will get onsite clinics from Forum:**

Alden Lakeland

Alden Lincoln Park

Alden Northmoor

Alden Village North

Alden Princeton

Alden Wentworth



# Second Doses After Third Clinics: CIMPAR

## Facilities that will get onsite clinics from CIMPAR:

California Gardens

Elevate Care Chicago North

Elevate Care Irving Park

Symphony at 87<sup>th</sup>

Symphony at Midway

Symphony of Bronzeville

Symphony of Chicago West

Symphony of Lincoln Park

Symphony of Morgan Park

Symphony of South Shore



# Second Doses After Third Clinics: Jewel Osco

- Jewel Osco has agreed to provide support to facilities for one week (starting 3/22)
  - On-site clinics will be offered to a small number of facilities who had third clinics during the week of February 22<sup>nd</sup>.
    - CDPH has prioritized these facilities according to the number of staff and residents who need 2<sup>nd</sup> doses
  - For the other facilities that had clinics during the week of February 22<sup>nd</sup>, Jewel will offer appointments to ambulatory residents and staff
    - Still working out a solution for residents who cannot leave the facility
- Jewel should be reaching out to your facilities in the very near future to provide more information. If they have not reached out by tomorrow afternoon, please contact Faye Thanas at [Faye.Thanas@cityofchicago.org](mailto:Faye.Thanas@cityofchicago.org).



# Second Doses After Third Clinics: Jewel Osco

## Facilities that will get onsite clinics next week:

- Admiral at the Lake
- Balmoral
- Citadel at Warren Park
- Norwood Crossing
- Wesley Place

## Facilities that can get appointments for ambulatory residents & staff to be vaccinated next week:

- Atrium
- Austin Oasis
- Bethesda
- Birchwood Plaza
- Foster Health & Rehab
- Little Village
- Mayfield
- Mercy Circle



# Second Doses After Third Clinics: All Other SNFs

- Walgreens has set aside 300 doses for ambulatory residents and staff at LTCs.
- Only include people who received first doses via your facility. Those who received first doses elsewhere will be turned away.
- Cannot guarantee doses for those who were vaccinated at your facility but are not affiliated with your facility (e.g., family members of staff or residents, except if they are essential caregivers)
- We will share the phone number to make appointments soon. Note that Walgreens will **only** give appointments to people who are on the master list that we send them.
- Must bring vaccination card to the appointments.
  - Walgreens will not be giving **any** first doses via these appointments. Those who are seeking first doses will be turned away.





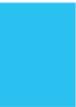
# Second Doses After Third Clinics: All Other SNFs

- For facilities that had clinics after the week of February 22<sup>nd</sup> and who are not with PharmScript, CDPH is contracting with strike teams that will come out to as many facilities as possible
- Once the strike teams are onboarded, you will be contacted with more information



# Update: Resident Quarantine & Vaccination Status (New/Readmissions)

Doses received	(Re)admission Quarantine Requirements
0 doses	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 2-dose series)	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 1-dose series) <14 days ago <b>OR</b> 2 doses (of a 2-dose series) <14 days ago	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 1-dose series) 14+ days ago <b>OR</b> 2 doses (of a 2-dose series) 14+ days ago	No quarantine is necessary



# Update: Resident Quarantine & Vaccination Status (Appointments/Outings)

- Residents who are fully vaccinated and asymptomatic do **not** need to quarantine after leaving the facility for non-medical appointments or other offsite outings
- Residents who are unvaccinated or partially vaccinated:
  - Must quarantine after:
    - Going out for unsupervised medical outings (e.g., holiday dinner with family) where the facility cannot verify that they followed masking and distancing guidelines OR
    - Hospital admissions/overnight ER stays
    - Exception: Residents who had COVID <90 days ago but have completed their required isolation period do not need to re-quarantine within that 90 day period.
  - Do not need to quarantine (as long as asymptomatic) after:
    - Offsite medical appointments OR
    - Supervised non-medical appointments where a facility escort can ensure that the resident remained properly masked and socially distant for the entirety of the outing.



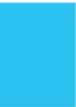
# Update: Resident Quarantine & Vaccination Status (Exposure)

- Regardless of vaccination status, residents who had known close contact to a confirmed case must be quarantined for 14-days.
- Example: if a CNA was positive and had close contact with a fully vaccinated resident while potentially infectious, the resident would need to be placed under quarantine for 14 days following their last close contact with the CNA.
- Close contact is defined as being within 6 feet for a cumulative 15 minutes or more over the course of a 24-hour period
  - If a staff member is infected and has close contact with an unvaccinated or partially vaccinated staff member, they would only need to quarantine if one or both parties was unmasked
  - If a staff member is infected and has close contact with a resident, the resident would need to quarantine regardless of PPE worn by the staff member or resident



# Update: Staff Quarantine & Vaccination Status (Exposure)

- Fully vaccinated (+14 days) asymptomatic staff no longer need to quarantine following a high-risk exposure to a confirmed case
  - Example: A staff member who is a month out from her second vaccine finds out that her husband is positive. As long as the staff member is asymptomatic, she can continue to work.
  - Note: may still want to consider quarantine for vaccinated staff with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment) as it is not yet known how those conditions might impact the level of protection provided by the COVID-19 vaccine.
- Partially vaccinated or unvaccinated staff members should quarantine for 14 days following a high-risk exposure to a confirmed case.
  - If in a critical staffing shortage, could potentially bring back essential staff sooner with a negative PCR test (i.e., at least 7 days after last close contact with the confirmed case), but that would lead to a temporary regression in CMS phases.
- Regardless of vaccine status, if a staff member becomes newly symptomatic, they should be excluded from work pending further evaluation/test results/symptom resolution



# Request for Information: Breakthrough Cases

If you have a resident or staff member who tests positive for COVID >14 days after they received their 2<sup>nd</sup> dose of vaccine, please e-mail me at [Elizabeth.Shane@cityofchicago.org](mailto:Elizabeth.Shane@cityofchicago.org).





# Update: Surveillance Testing Requirements

- When a facility is in an outbreak (i.e., has had at least one facility-associated case within the last 14 days), residents and staff must be tested at least weekly.
- When a facility is out of outbreak (i.e., no cases for the last 14 days, with the last round of weekly testing occurring on or after the 14<sup>th</sup> day following the specimen collection date for the most recent case):
  - Residents must be tested at least once a month
  - Staff must be tested at least every other week (i.e., biweekly)
    - Would like to continue testing staff biweekly until several weeks after Spring Break; if positivity remains low, we will reassess minimum testing frequency.



# Reminder: Outbreak Testing Requirements

- Must test all residents or staff (excluding those who were positive <90 days ago) at least every 3-7 days until it has been >14 days with no new cases
  - The final round of outbreak testing must occur on or after the 14<sup>th</sup> day following the specimen collection date for the most recent case
  - Fully vaccinated staff members and residents must still be included in routine and outbreak testing

# Update: Facility Testing Requirements

<b>Facility outbreak status</b>	<b><u>Minimum</u> testing frequency for staff</b>	<b><u>Minimum</u> testing frequency for residents</b>
Facility-associated case within the last 14 days*	Weekly	Weekly
No facility associated cases within the last 14 days**	Bi-weekly (i.e., every other week)	Monthly

\* CDC recommends testing residents/staff every 3-7 days during an outbreak

\*\*The final round of outbreak testing must occur on or after the 14<sup>th</sup> day following specimen collection from the last positive case.



# Reminder: Compassionate Care Visitation

- Compassionate care visitation **must** be allowed at all times (e.g., even when other visitation is halted due to an ongoing outbreak)
- Examples of when compassionate care visitation is appropriate:
  - A resident nearing the end of life
  - A resident who was living with family before admission is having issues adjusting to life in the facility
  - A resident who is grieving after a friend or family member recently passed away
  - A resident who is physically or mentally deteriorating (e.g., not eating or drinking as much, crying more) due to not being able to see loved ones



# Visitation

- Previously, indoor visitation could not occur (outside of compassionate care scenarios) until a facility was in CMS phase 2, which required >14 days with no new facility-associated cases
- On March 10<sup>th</sup>, CMS released revised guidance which allows for indoor visitation to occur ***in certain circumstances*** while the facility is still experiencing an outbreak

# ★ Revised CMS Visitation Memo

Following a new case:

- Pause visitation (except for compassionate care)
- Begin outbreak testing for all residents and staff (excluding those who were previously positive <90 days ago)
  - If **no additional cases are identified in other areas of the facility** after the first round of testing, then visitation can resume for the unaffected areas. However, visitation must remain paused for the affected unit until it has been >14 days with no new cases at the facility.
  - If **additional case(s) are identified in other areas of the facility** after the first round of testing, visitation cannot resume for any resident until it has been >14 days with no new cases at the facility.

# ★ Visitation Scenario #1

A CNA who works on the **1<sup>st</sup> floor** tested positive on March 10<sup>th</sup>.

- The facility stopped all indoor visitation (except for compassionate care)
- A round of testing was conducted on March 15<sup>th</sup> and no other cases were identified.
- Visitation can resume for eligible residents on all floors except for the 1<sup>st</sup> floor
  - Visitation cannot resume for eligible residents on the 1<sup>st</sup> floor until >14 days with no new cases on that floor

## ★ Visitation Scenario #2

A CNA who works on the **1<sup>st</sup> floor** tested positive on March 10<sup>th</sup>.

- The facility stopped all indoor visitation (except for compassionate care)
- A round of testing was conducted on March 15<sup>th</sup> and **another case was identified in a resident on the 2<sup>nd</sup> floor.**
- The facility cannot resume indoor visitation for any resident until it has been >14 days with no new cases in the facility.

## Visitation Scenario #3

A physical therapist who worked with residents **in all units** tested positive on March 10<sup>th</sup>.

- A round of testing was conducted on March 15<sup>th</sup> and no other cases were identified.
- The facility cannot resume indoor visitation for any resident until it has been >14 days with no new cases in the facility.

## Visitation Scenario #4

A staff member who works in the kitchen and has **no resident contact** tested positive on March 10th.

- A round of testing was conducted on March 15<sup>th</sup> and one other case was identified in another staff member who exclusively works in the kitchen
- Visitation can resume for all eligible residents in the facility as long as there are no new cases identified outside of the kitchen



# FAQs

**Question:** Can we require that visitors be vaccinated prior to allowing them to participate in indoor visitation?

**Answer:** No, you cannot require that visitors be vaccinated nor can you exclude someone from participating in visitation if they are not vaccinated.



# FAQs

**Question:** I heard that we no longer need to wear face shields due to the low positivity rate. Is that true?

**Answer:** CDPH recommends that the staff at all skilled nursing facilities within Chicago continue to wear eye protection whenever a staff member will be having close contact with a resident (e.g., when providing resident care), regardless of the resident's COVID status.



# Questions & Answers

**A special thanks to:**

**CDPH HAI Team:**

Hira Adil

Dr. Stephanie Black

Dr. Amy Hanson

Liz Shane

Winter Viverette

Kelly Walblay

Shannon Xydis

**For additional resources and upcoming events, please visit the CDPH LTCF HAN page at: <https://www.chicagohan.org/covid-19/LTCF>**