CHICAGO

COVID-19
Chicago Long Term Care Roundtable

6.4.20

Objectives

- Review CMS recommendations for reopening
- Review Chicago epidemiology
- Review IDPH Emergency rule and memo regarding testing plans
- Discuss testing strategy
- Q/A from the week

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-30-NH

DATE: **May 18, 2020**

TO: State Officials

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials

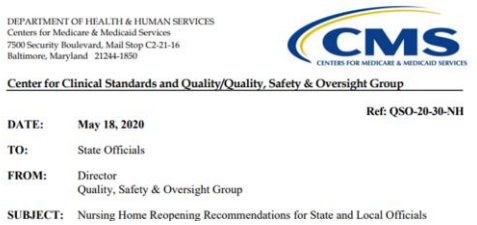
Memorandum Summary

- CMS is committed to taking critical steps to ensure America's nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Recommendations for State and Local Officials:** CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
  - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence**: Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
  - **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
  - **Restoration of Survey Activities:** Recommendations for restarting certain surveys in each phase.

https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf

Criteria for relaxing certain restrictions and mitigating the risk of resurgence

- Case status in the community: decline in the number of new cases, hospitalizations or deaths
- Case status in the nursing home: absence of nay new nursing home onset of COVID-19 cases (resident or staff), such as resident acquiring COVID-19 in the nursing home
- Adequate staffing: no staffing shortages and not under contingency plan
- Access to adequate testing: capacity for testing all residents and staff
- Written protocols for screening staff q shift, residents daily, and vendors, volunteers, visitors
- Universal source control (mask, hand hygiene)
- Access to adequate PPE



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“Nursing home onset”

- A “new, nursing home onset” refers to COVID-19 cases that **originated in the nursing home, and not cases where the nursing home admitted individuals from a hospital** with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission.
- In other words, **if the number of COVID-19 cases increases because a facility is admitting residents from the hospital AND they are practicing effective Transmission-Based Precautions to prevent the transmission of COVID-19 to other residents, that facility may still advance** through the phases of reopening. However, **if a resident contracts COVID-19 within the nursing home without a prior hospitalization within the last 14 days, this facility should go back to the highest level of mitigation**, and start the phases over.

Visitation and service considerations: current state

If…..

- Most facilities in highest level of vigilance, regardless of transmission within their communities.

Then…..

- Generally visitation prohibited except compassionate care, screening; ABHR, cloth masks
- Restricted entry of non-essential personnel with ABHR, cloth masks
- Limited communal dining; 6 ft spacing, “limited # people” COVID neg or asx
- Limited group activities, outings 10 people; ABHR, cloth masks
- Medically necessary, notify transportation and destination of resident diagnosis
- 100% screen on entry each shift; masks, temp, symptom screen, observation
- 100% screen of residents; temp, symptom screen, observation

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Visitation and service considerations (cont'd) Current state

If…..

- Most facilities in highest level of vigilance, regardless of transmission within their communities.

Then…..

- Universal masking, including residents or HCP coming for compassionate care
- Wear PPE
- Test all staff weekly
- Test residents when symptomatic person identified, or staff test positive
- Test residents weekly until all negative
- Dedicated space for COVID-19 positive, manage readmissions (quarantine unit), PUI

Surveys include: investigations for immediate jeopardy or resident harm, revisits: confirm immediate jeopardy is removed; focused IPC; initial certifications for CMS

Visitation and service considerations Phase 2

If…..

- No rebound of cases in community for 14 days
- No new nursing home onset cases for 14 days
- No staffing shortages
- Adequate PPE and cleaning and disinfection supplies
- Access to testing
- Referral hospitals have capacity

Then…..

- Generally visitation prohibited except compassionate care, screening; ABHR, cloth masks
- Limited non-essential personnel with ABHR, cloth masks
- Limited communal dining; 6 ft spacing, "limited # people" COVID neg or asx
- Limited group activities, outings 10 people; ABHR, cloth masks
- Medically necessary, notify transportation and destination of resident diagnosis
- 100% screen on entry each shift; masks, temp, symptom screen, observation
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Visitation and service considerations (cont'd) Phase 2

If…..

- No rebound of cases in community for 14 days
- No new nursing home onset cases for 14 days
- No staffing shortages
- Adequate PPE and cleaning and disinfection supplies
- Access to testing
- Referral hospitals have capacity

Then…..

- Universal masking, including residents or HCP coming for compassionate care
- Wear PPE
- Test all staff weekly
- Test residents when symptomatic person identified, or staff test positive
- Test residents weekly until all negative
- Dedicated space for COVID-19 positive, manage readmissions (quarantine unit), PUI

Surveys include: investigations for immediate jeopardy or resident harm, revisits; focused infection control

Visitation and service considerations Phase 3

If…..

- No rebound in community cases during Phase 2
- No new nursing home acquired cases for 28 days
- No staffing shortages
- Adequate PPE and cleaning and disinfection supplies
- Access to testing
- Referral hospitals have capacity

Then…..

- Visitation allowed with screening, social distancing, ABHR, cloth mask
- Allow entry non-essential healthcare personnel as determined by facility with screening, social distancing, ABHR, cloth masks
- Communal dining for COVID neg and asx, 6 ft apart and limited # of people
- Group activities, including outings, allowed for COVID neg and asx maintaining social distancing, ABHR and cloth mask

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Visitation and service considerations (cont'd) Phase 3

If…..

- No rebound in community cases during Phase 2
- No new nursing home acquired cases for 28 days
- No staffing shortages
- Adequate PPE and cleaning and disinfection supplies
- Access to testing
- Referral hospitals have capacity

Then…..

- Universal masking, including residents or HCP for all volunteers with ABHR and cloth facemasks
- Medically needed trips: resident wears a mask and share diagnosis with transport and destination
- 100% screen all persons entering with temp check, cloth mask, symptom check and observation
- 100% screen residents temp checks, symptom check and observation
- Wear PPE
- Test all staff weekly
- Test residents when symptomatic person identified or staff test positive
- Test residents weekly until all negative
- Dedicated space for COVID-19 positive, manage readmissions (quarantine unit), PUI

Surveys include: normal survey operations, all complaint and revisit surveys required to identify and resolve non-compliance with health and safety, standard certification, focused infection control surveys,

Restoration of survey activities

- For investigating complaints (and Facility-Reported Incidents (FRIs), facilities with reports or allegations of:
- 1. Abuse or neglect
- 2. Infection control, including lack of notifying families and their representatives of COVID-19 information (per new requirements at 42 CFR 483.80(g)(3))
- 3. Violations of transfer or discharge requirements
- 4. Insufficient staffing or competency
- 5. Other quality of care issues (e.g., falls, pressure ulcers, etc.)

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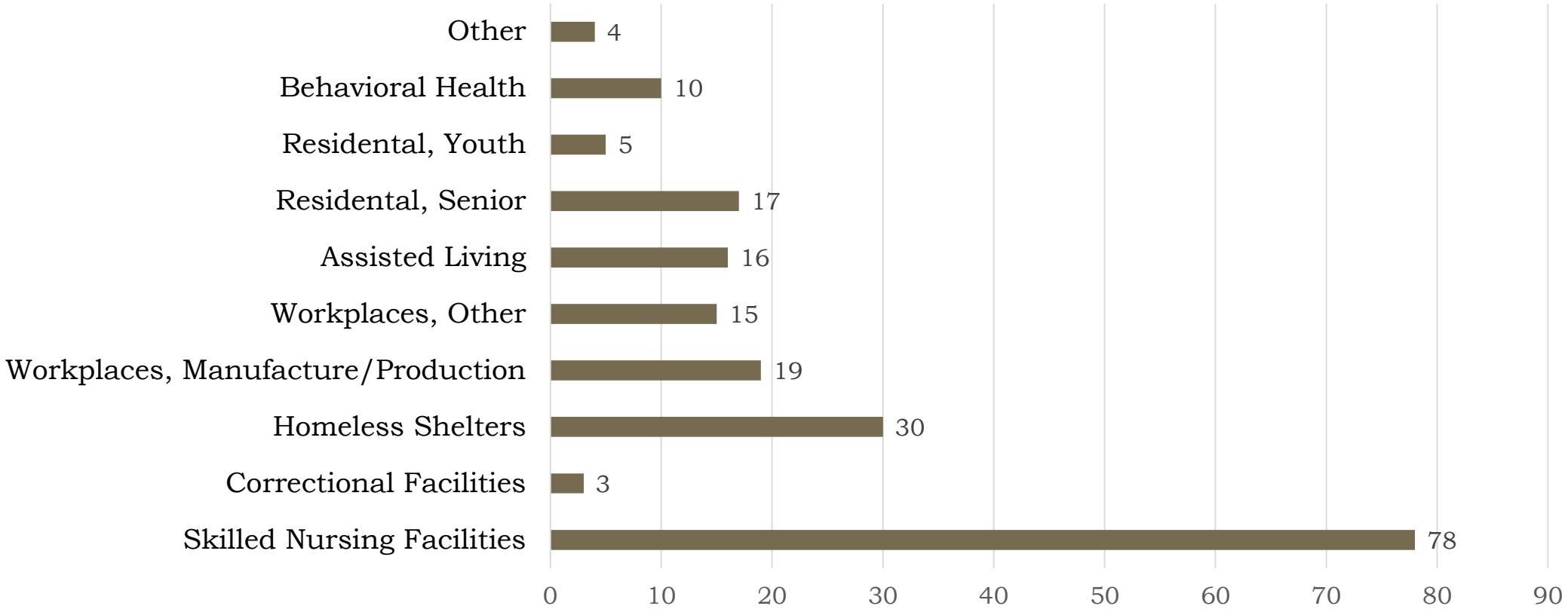
Why test in LTCF?

- Burden of disease (40% of deaths in the State and City)
- Opportunity for mitigation:
  - Cohorting
  - Identification of asymptomatic residents and staff
  - Work exclusion
- Recommendation by CMS and CDC

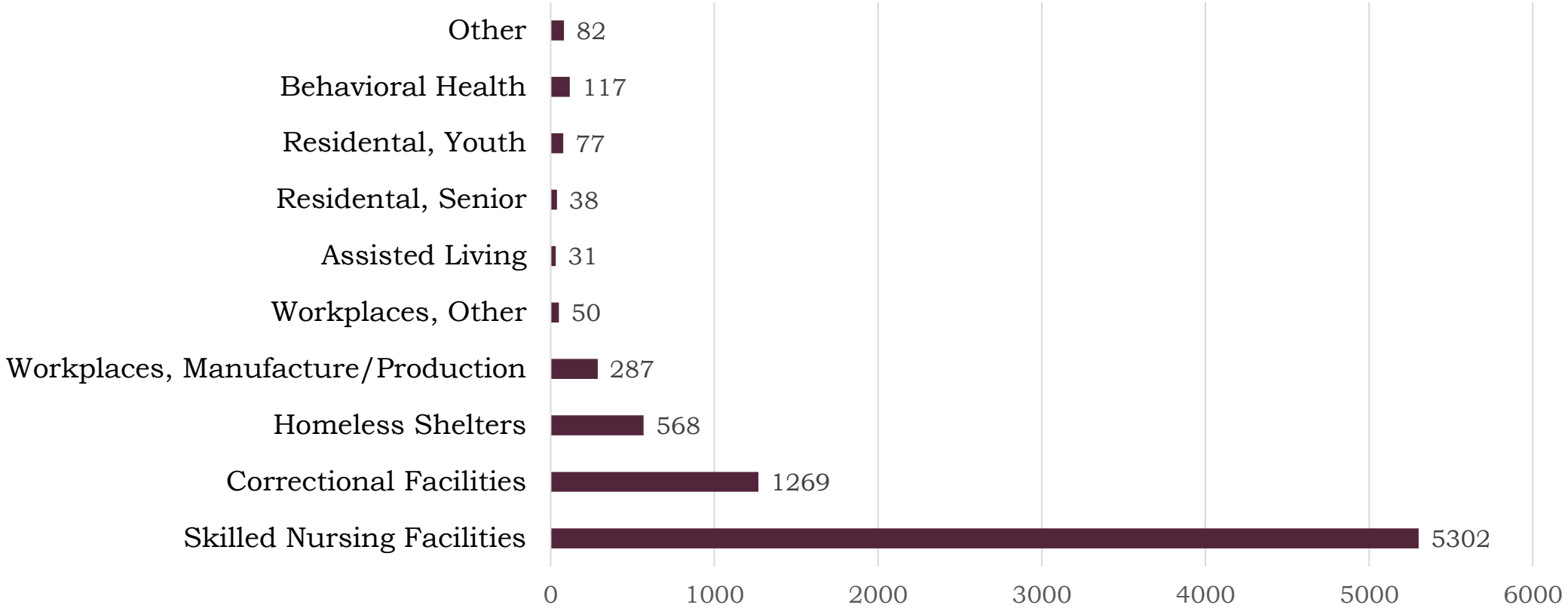
Reported Congregate Setting Outbreaks



Data current as of 5/27/20. Includes non-Chicago residents who work or temporarily resided in Chicago congregate settings.

Congregate Setting Outbreaks: Number of Reported Lab-Confirmed Cases

Cases associated with congregate settings account for 17% of all reported COVID-19 cases



Data current as of 5/27/20. Includes non-Chicago residents who work or temporarily resided in Chicago congregate settings.

Congregate Setting Outbreaks: Deaths

Deaths associated with congregate settings account for 38% of all reported COVID-19 deaths

Exposure Setting	Resident deaths	Worker deaths	Total deaths	Resident, case fatality rate	Worker, case fatality rate
Skilled Nursing Facilities	743	10	753	19.1%	0.7%
Correctional Facilities	7	2	9	0.8%	0.5%
Homeless Shelters	2	2	4	0.4%	2.8%
Workplaces, Manufacture/Production	0	2	2	n/a	0.7%
Workplaces, Other	0	0	0	n/a	0.0%

Data current as of 5/27/20. Includes non-Chicago residents who work or temporarily resided in Chicago congregate settings.

Congregate Settings

Skilled Nursing Facilities
(78 facilities)

5,302
(12% of known cases)

3,884 residents	1,418 staff
743 Deaths	**10 Deaths**

(37% of known deaths)

Jails/Prisons
(3 facilities)

1,269
(3% of known cases)

877 detainees	392 staff
7 Deaths	**2 Deaths**

(<1% of known deaths)

Sheltered Population
(30 shelters)

568
(1% of known cases)

489 residents	71 staff	8 unknown
2 Deaths	**2 Deaths**	**0 Deaths**

(<1% of known deaths)

Data current as of 5/27/20. Includes non-Chicago residents who work or temporarily resided in Chicago congregate settings.

Emergency Rule, 77 Ill. Adm. Code 300

- **Where were changes made?**
- **What facility types does this apply to?**

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

- PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE
- PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE
- PART 330 SHELTERED CARE FACILITIES CODE
- PART 340 ILLINOIS VETERANS' HOMES CODE
- PART 350 INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE
- PART 370 COMMUNITY LIVING FACILITIES CODE
- PART 380 SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES CODE
- PART 390 MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE

For full text: https://www.dph.illinois.gov/covid19/governor-pritzkers-executive-orders-and-rules
Information current as of May 28, 2020

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Slide courtesy of A. Tang, IDPH

What does the emergency rule require?

- **Facilities must:**
  - Add testing for infectious diseases to the facility's infection control policies and procedures.
  - Comply with infection control recommendations provided by IDPH or their LHD
  - Test residents and staff when they have either an outbreak in the facility or when the chain of transmission is high and IDPH directs them to conduct testing. Test results must be reported to IDPH.

For full text: https://www.dph.illinois.gov/covid19/governor-pritzkers-executive-orders-and-rules

IDPH Illinois Department of Public Health

Slide courtesy of A. Tang, IDPH

Updated Interim Guidance: COVID-19 Testing and Response Strategy in Licensed Long-term Care (LTC) Facilities

May 28, 2020

Nursing Home Care Act:

- Designate IPC professionals to develop policies governing control of infections and communicable diseases
- Conduct a facility assessment w/n 7days; was distributed 3/20/20 https://redcap.dph.illinois.gov/surveys/?s=L3HPFNXEJD
- Create a testing plan w/n 14 days: ordering physician, who will be doing the testing **(PCR FDA EUA COVID-19 molecular assay for detection of SARS-CoV-2 RNA**), method of obtaining consent, criteria and frequency of testing
- Develop a response strategy for COVID-19: type and quantity of PPE needed, personnel plan and training

Before you test, have a plan

- Designate a COVID-19 unit
- Understand the HCP return to work criteria
- Plan for potential staffing shortages
  - Agency
  - Sister facilities
  - Postpone elective time off work
  - Rotating positions to support patient care activities

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Facility wide testing in LTCF

- Serial testing to facilitate cohorting
- Serial testing may focus on previously negative/untested staff and residents*
- Follow appropriate IPC practices regardless of testing
- Clinician to order and how HCP and resident testing will be funded

*Note: CMS calls for negative testing of all residents. This will be clarified. Complexity of prolonged shedding of likely dead virus

How can I get testing done?

- Check with your facility routine lab
- IDPH can provide onsite training
  - Request via REDCap https://redcap.dph.Illinois.gov/surveys/?s=8TYYKCETCX

- Quest: no COVID-19 cases in past month (28 days)
  - Request via REDCap https://redcap.dph.Illinois.gov/surveys/?s=8TYYKCETCX

- If you have had a case, IDPH lab can assist with outbreak response.
  - Need to d/w CDPH or LHD to obtain and **outbreak number**
  - Request via REDCap https://redcap.dph.Illinois.gov/surveys/?s=8TYYKCETCX
  - Follow up testing by routine lab

Testing process (per IDPH)

- IDPH rep calls
- Referred lab or IDPH will send supplies, discuss specimen collection and transport and set up a contract
- Billing: for Quest and IDPH
- Facility obtains consent and prepares supplies (labels, requisitions, PPE, bags, ice packs, containers. VTM from IDPH must be refrigerated/need space!
- Collect and submit (training materials per IDPH)
- Lab will conduct testing and report to facility and IDPH

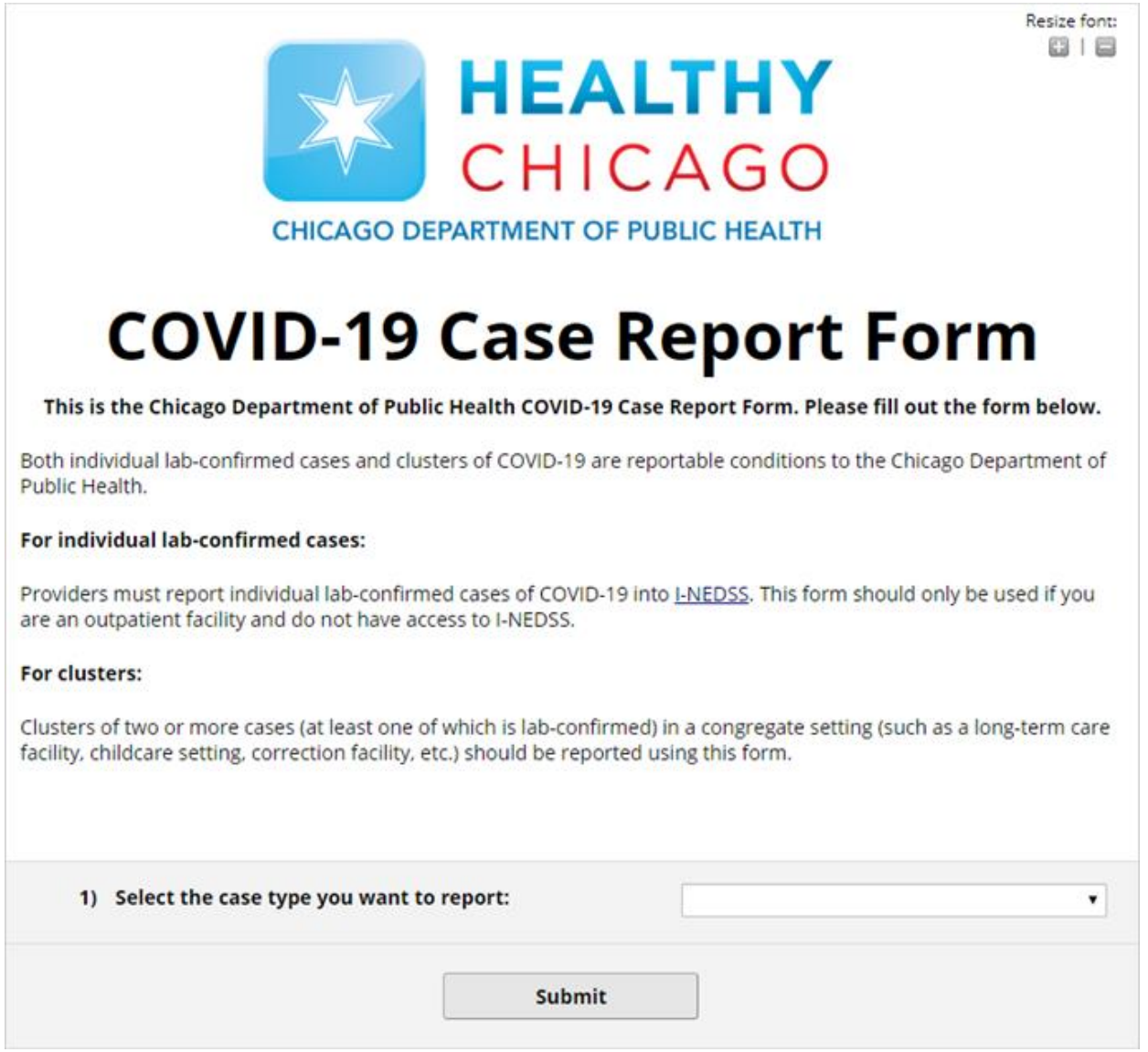
New IDPH LTC testing website! http://www.dph.illinois.gov/covid19/community-guidance/long-term-care-covid-19-testing-requirements

If you have questions, contact dph.ltctesting@Illinois.gov

What next?

- **Testing should not supersede existing IPC interventions**
  - Hand hygiene
  - Environmental cleaning and disinfecting
  - Surveillance and monitoring
  - Transmission based precautions
  - Cohorting
  - Plan for follow up testing
  - Notify families/representatives and staff
  - Report to CDPH

Report new cases



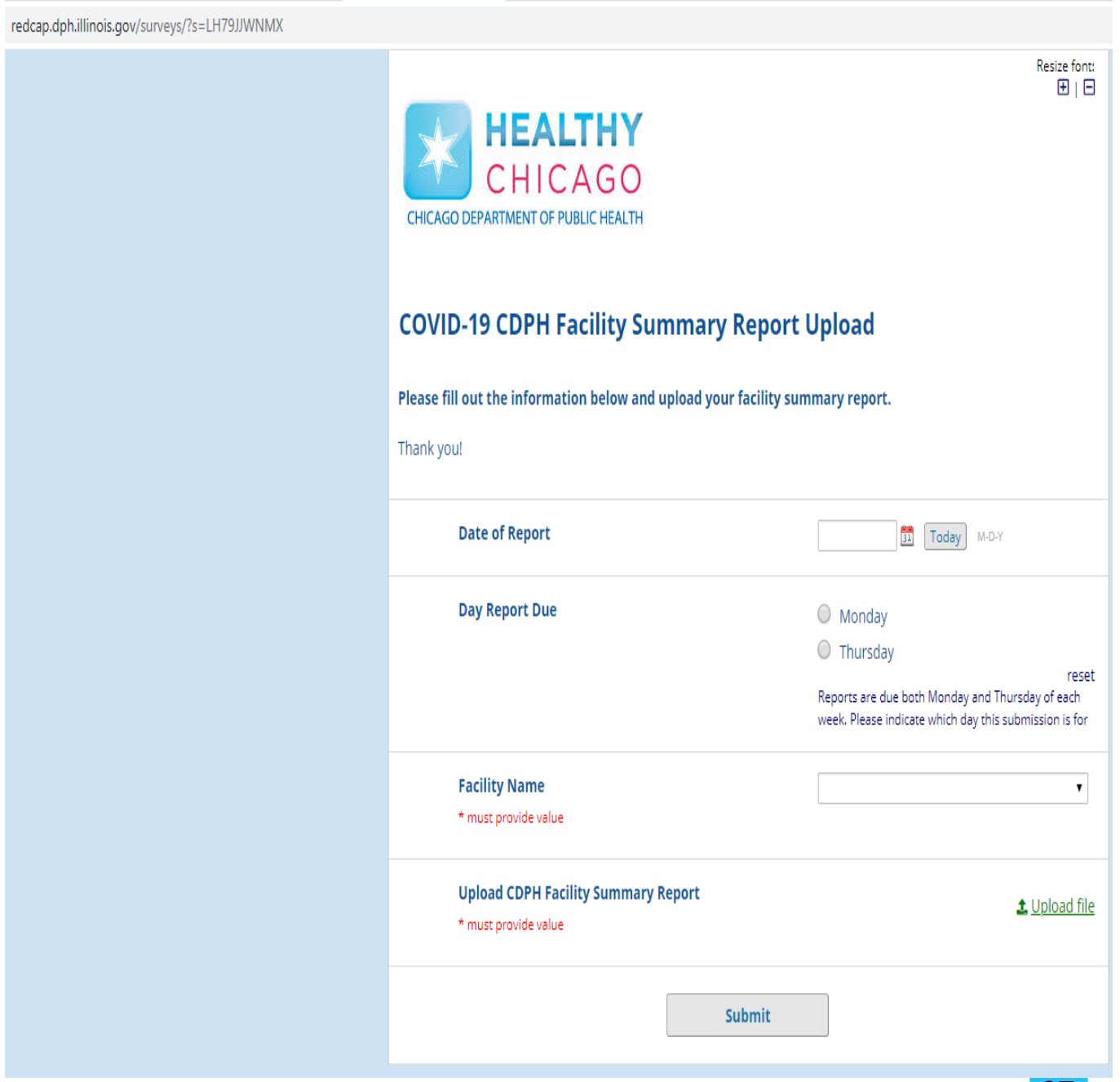
Reporting cases/clusters

New!

- Rather than emailing facility summary reports twice a week….
- send your report in using the **CDPH Facility Summary Report Upload Site**

  by noon Monday and Thursday

https://redcap.link/1tdpzx40



Frequency of whole house testing

CMS RECOMMENDATIONS

- Test all HCP weekly
- Test all residents upon identification of an individual with symptoms consistent with COVID-19
- Staff have tested positive for COVID-19
- Weekly testing until all residents are negative

THE BENEFITS

- Cohorting
- Early identification of new transmission events

THE CHALLENGES

- This is A LOT of testing
- Residents or staff could shed dead virus for weeks

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html

How to manage the testing challenge?

- Ideal: test all residents/HCP
- Test residents and HCP one unit or wing on same floor as a confirmed case
- Test all symptomatic residents and HCP and residents with known exposure to a case (roommates of cases or those cared for by a known positive HCW)
  - If a sick HCP, where did they work and with whom?
  - If a sick resident, how long were they at LTCF?
  - Did they switch rooms?
  - Did they have roommates
- CDPH can help strategize

Retesting if positive cases

- Immediately test any residents or HCP who subsequently develops fever or symptoms consistent with COVID-19
- Continue repeat testing of **ALL PREVIOUSLY NEGATIVE RESIDENTS** (e.g. once a week) until the testing identifies no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive result.
  - If capacity limited, repeat rounds of testing for residents who leave and return to the facility (e.g. for outpatient dialysis) or have known exposure to a case (e.g, roommates of a cases or those cared for by a known HCP)
  - For large facilities with limited test capacity, testing all residents on affected units could be considered, especially if facility-wide serial testing demonstrates no transmission beyond a limited number of units

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

Retesting if positive cases

- Continue repeat testing of ALL PREVIOUSLY NEGATIVE HCP (e.g. at least once a week, consider more frequent testing in settings where community incidence is high) until testing identifies no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive result.
  - If testing capacity is limited, direct repeat HCP testing to HCP who work at other facilities where there are known COVID-19 cases.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

Points for consideration when determining testing if NO CASES

- Concern for ongoing transmission and incidence of COVID-19 in community
- Logistics of repeat large scale testing
- Lab turn around time and capacity
- Testing should not supersede infection prevention and control actions

If a facility recently completed whole house testing, do they need to repeat to comply with testing mandate? At what time interval?

- Depends on results
- If no positives, may be ok with vigilant screening and testing HCP
- If positives identify, will need to cohort and conduct follow up screening ~1 week interval.

Take home points

- Secure ongoing ability through your contracted commercial lab to test symptomatic residents as they arise
- Additional support for house wide testing can be assessed with CDPH as needed

What are the deadlines?

Facility assessment	• 7 days of memo release
Testing plan and response strategy	• 14 days of memo release
Facility-wide baseline testing	• No required deadline • If 1st case/ new outbreak/ outbreak with rapid increase in cases or many deaths, test as soon as possible • For other situations, consider CMS guidance for reopening nursing homes, whether facility has ever had cases, low vs high incidence area

IDPH
Illinois Department of Public Health

Slide courtesy of A. Tang, IDPH

FAQ

- Q: Will residents and staff be charged for testing?
  - A: Please refer to the HFS provider notice, “COVID-19 Testing is Free to Illinois Residents”, 5/18/20.
  - If they are insured, insurance will be billed; there should be no copays, deductibles, etc. If they are uninsured, HFS Uninsured COVID-19 Testing Program will support testing.
  - https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200518a.aspx

Slide courtesy of A. Tang, IDPH

How to cohort resident who refuse during full house testing

- Keep them in the same location
- Use roommates as a proxy
- Monitor closely

Section 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens

ftp://www.ilga.gov/JCAR/AdminCode/077/07700690I13800R.html

a) *The Department* or certified local health department *may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(d) of the Act)

b) Persons who are subject to physical examination, tests and collection of laboratory specimens shall report for physical examinations, tests, and collection of laboratory specimens and comply with other conditions of examinations, tests, and collection as the Department or certified local health department orders.

c) *An individual may refuse to consent to a physical examination, test, or collection of laboratory specimens*, but shall remain subject to isolation or quarantine, provided that, if those persons are isolated or quarantined, they may request a hearing in accordance with this Subpart. (Section 2(d) of the Act)

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Illinois Department of Public Health

Cohorting

- How long should residents stay in **convalescent zone** between **red** COVID and back to **green?**

Duration of virus viability in this population is not well described.

10 days from symptom onset + 3 days of symptom recover and no fever without fever reducing medications

OR

10 days from test date and no symptoms

OR

Can go on the long end 14 or 21 days

NO STRICTLY RIGHT ANSWER

IDPH surveyors and OSHA mentioning need for N95 on COVID units-is that correct?

- Mode of transmission:
  - Person to person during **close exposure via respiratory droplets produced when an infected person speaks, coughs, or sneezes**
  - Droplets land in the mouth, nose, or eyes of people nearby or may be inhaled into the lungs of those in close proximity
  - Transmission may occur through contact with contaminated surfaces followed by self delivery to eye, nose or mouth
  - The contribution of aerosols or droplet nuclei is uncertain but spread over long distances in unlikely.

- No spread in the first 2 IL Cases except to families
  - 372 contacts of both cases were identified; 347 underwent active symptom monitoring, including 152 community contacts and 195 health-care personnel. Of monitored contacts, 43 became persons under investigation, in addition to Patient 2. These 43 persons under investigation and all 32 asymptomatic health-care personnel tested negative for SARS-CoV-2.
- Reports in Asia of HCP not getting sick despite only wearing surgical masks during aerosol generating procedures (or no masks)

PPE

- **Respirator or Facemask** (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted)
- **Eye Protection**
- **Gloves**
- **Gowns**
  - AGP
  - Splashes/sprays
  - High contact such as transfer of pathogens to hands/clothing: dressing, bathing/showering/transferring/providing hygiene/changing linens, changing briefs or assisting with toileting, device care or use, wound care

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

PPE

- **Respirator or Facemask** (Cloth fac… …T PPE and should not be worn for the care… …or suspected COVID-19 or othe… …or or facemask is warranted)
- **Eye Protection**
- **Gloves**
- **Gowns**
  - AGP
  - Splashes
  - High cont… …athogens to hands/clothing: dressing, ba… …ansferring/providing hygiene/cha… …anging briefs or assisting with toileting, devic… …use, wound care

DO NOT DOUBLE GOWN

https://www.cdc.gov/coronavirus/201… …ncp/infection-control-recommendations.html?CDC_AA_refVal=…ps%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

There are very few gowns

- A few facilities have recently started wearing one gown throughout the facility, and then don a second gown when they go into a resident room (or a unit with extended use), then doff and hand the disposable second gown for use later, while keeping the first gown on…
- Extended use while caring for the residents on the same unit is encouraged (as long as same diagnosis)
- Discard disposable gowns after extended use; do not store for later

OR

- Invest in cloth gowns

PPE extended use

- Clean/disinfect and store face shield

- Discard facemask at end of day; if severe shortage, can store in breathable bag for 5 days and then reuse (need supply ot 6 masks)

PPE

- 30 day PPE kits sent 5/8-5/22.

- Automatic response message: “at the present time inventory levels are critically low and replenishment from the supply chain is inconsistent. The city is exploring options for resupply but many products remain scarce. We hope to be about to provide continued PPE support and will notify your agency once the supply is replenished.

- Continue conservation strategies, procure PPE from routine suppliers and explore using the Chicago PPE Market
- https://www.chicagoppemarket.com/

Limited PPE

- Chicago PPE market
- program that will facilitate access to PPE for Chicago's small businesses and nonprofits
- Beginning next week, using Chicago PPE Market, small Chicago-based organizations will be able to connect with a network of vetted local manufacturers and suppliers to access protective shields, face masks, and hand sanitizer at cost-controlled rates.
- BIT OF GOOD NEWS: HHS announced that as part of the CARES ACT stimulus package, $4.9 billion in support funding will be provided to SNF
  - 725 SNFs in IL to receive part of $288,780,000 (~398K each)

New on the HAN Page

- Last week's LTCR Slides
- New tools coming!
- Will be available tomorrow: this week's slides!
- Click here for more: https://www.chicagohan.org/covid-19/LTCF

Questions and Answers

Thanks to:
Shannon Xydis
Deb Patterson Burdsall, PhD, RN-BC, CIC, FAPIC
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Tristan McPherson, MD
Kelly Walbay, MPH
Liz Shane, MPH CIC
Hira Adil, MBBS, MPH, CIC
Amy Hanson, PharmD, BCPS AQ-ID
Winter Viverette, MA, MATD
Nicole Zender, MPH CIC

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