COVID-19 Question and Answer Session for Long-Term Care and Congregate Residential Settings

April 16th, 2021

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

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Agenda

- Upcoming Webinars
- International Travel Update
- LTC Response Update
- MMWR: Community Transmission of SARS-CoV-2 Associated with a Local Bar Opening Event
- Responding to Questions From Last Week:
  - Respiratory Fit Testing & Medical Evaluations
  - Variant Update & Steps for Newly Identified Positives
  - Required PPE in LTC
  - Supervised Visits
- Open Q & A

Slides and recording will be made available after the session.

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IDPH webinars

Upcoming Friday Brief Updates and Open Q&A
1:00 pm - 2:00 pm

Friday, April 23rd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e92da89304d1eb8a0740a36df136f9090
Friday, April 30th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e1bf2836762aec7cdcbe160ca9439896f

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

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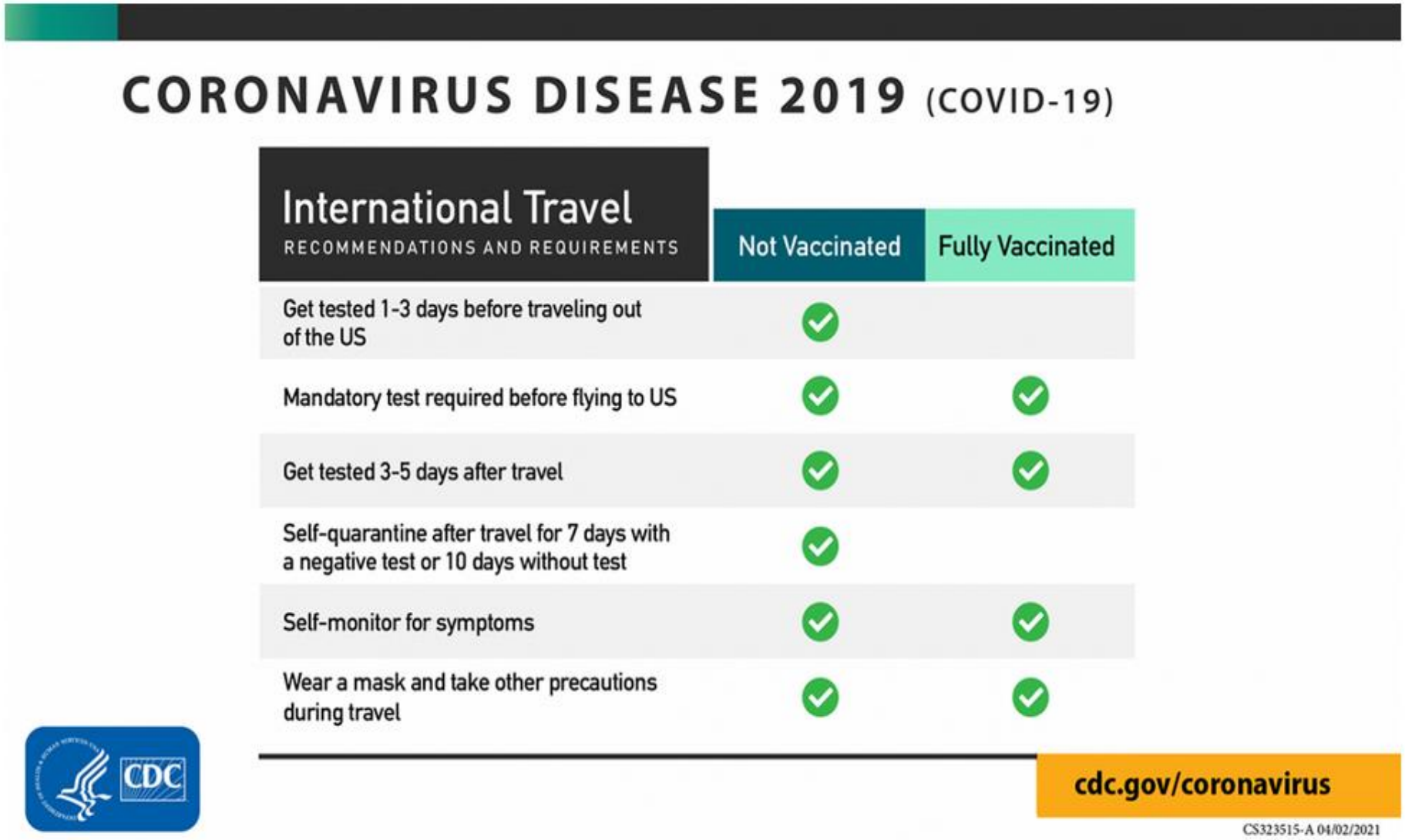
International Travel Recommendations Quick Reference

alternative text for web accessible infographic



April 2021
CDC

https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html

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IDPH Long-term Care COVID-19 Response
April 16, 2021

Current Status

- As non-LTC COVID-19 cases have increased in recent weeks, LTC cases remain low, 1% of total.
- Week ending 4/3 LTC cases below 10% of level when the vaccinations began.
- Week ending 4/3 LTC deaths below 3% of level when vaccinations began.
- Infection control measures, testing and vaccinations are making a difference – need vigilance

COVID-19 Vaccinations

- LTC PPP has completed, every Illinois LTC has received vaccinations (~1600)
- More than 300,000 vaccinations given – 4500+ clinics by CVS, Walgreens and PharmScript
- 12 LTC pharmacies have picked up for ongoing vaccination needs

COVID-19 Testing – Emergency Rules Remain in Place for All LTC Facilities

- 2.87 million tests performed April 2020 – April 2021

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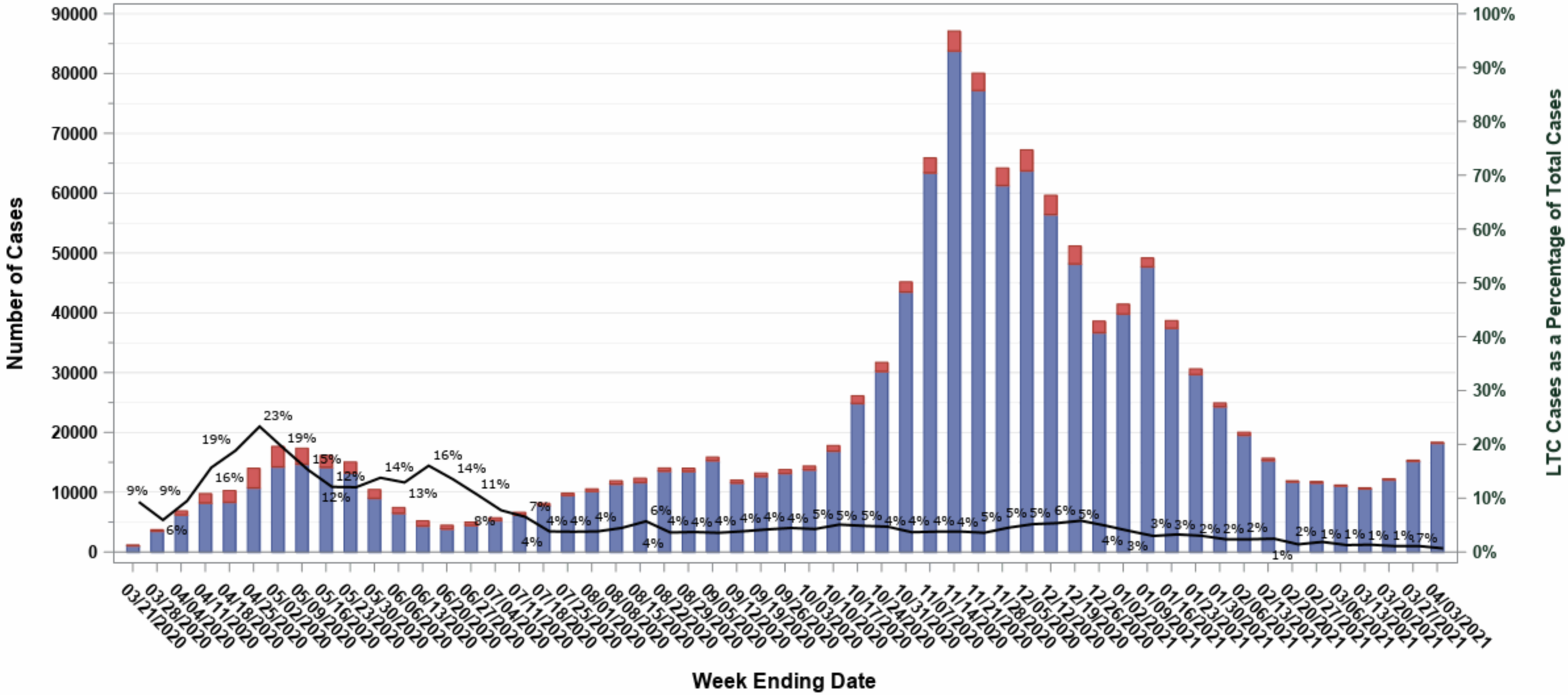
Long-term Care* and Non-Long-term Care Shares of Total COVID-19 Cases**, by Week

15 March 2020 through 3 April 2021



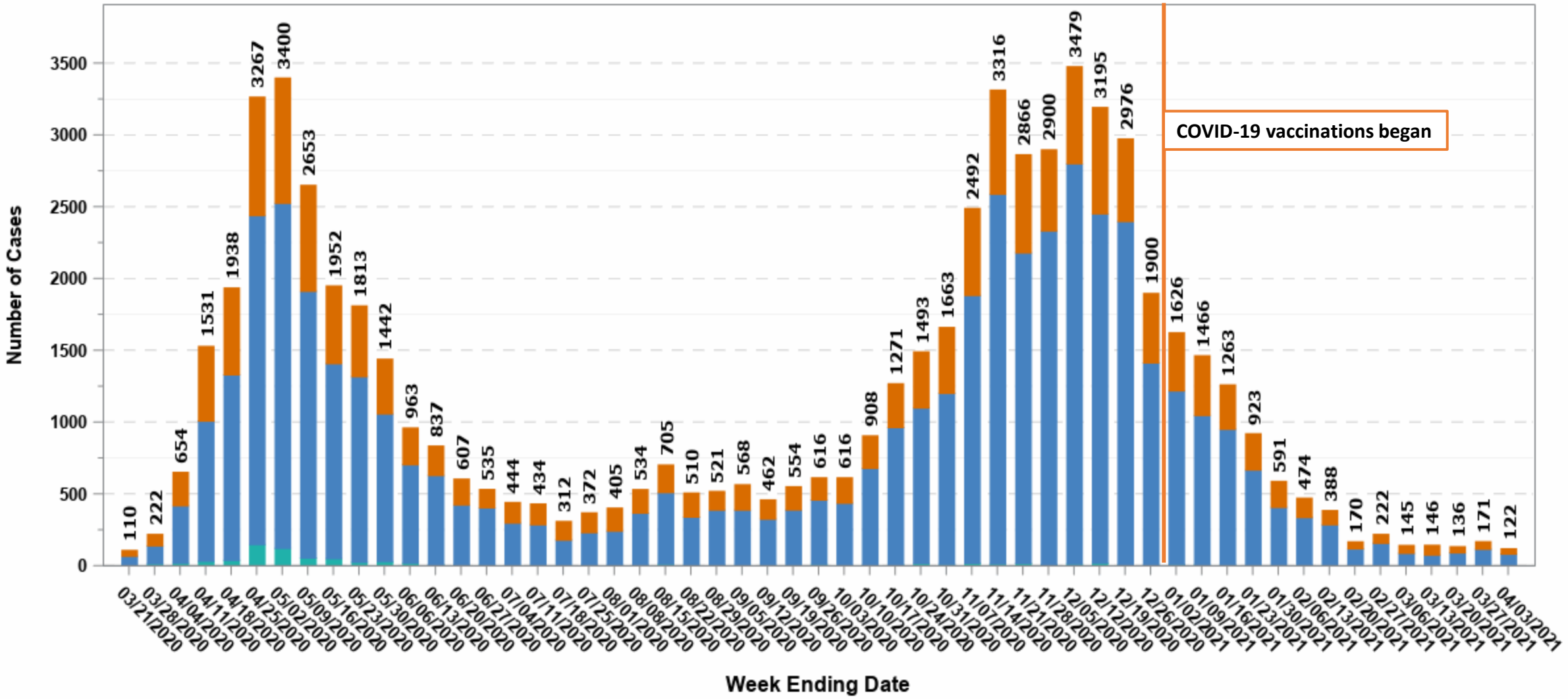
*Excludes ICF/DD and SMHRF facility types

**Counts based on case-reported date

CAUTION: Upper limit of y-axis scale may differ among slides depending on what is being measured (e.g., cases vs. hospitalizations vs. deaths), geographic scope, and/or date range

Long-term Care Facility* COVID-19 Cases**, by Week

15 March 2020 through 3 April 2021



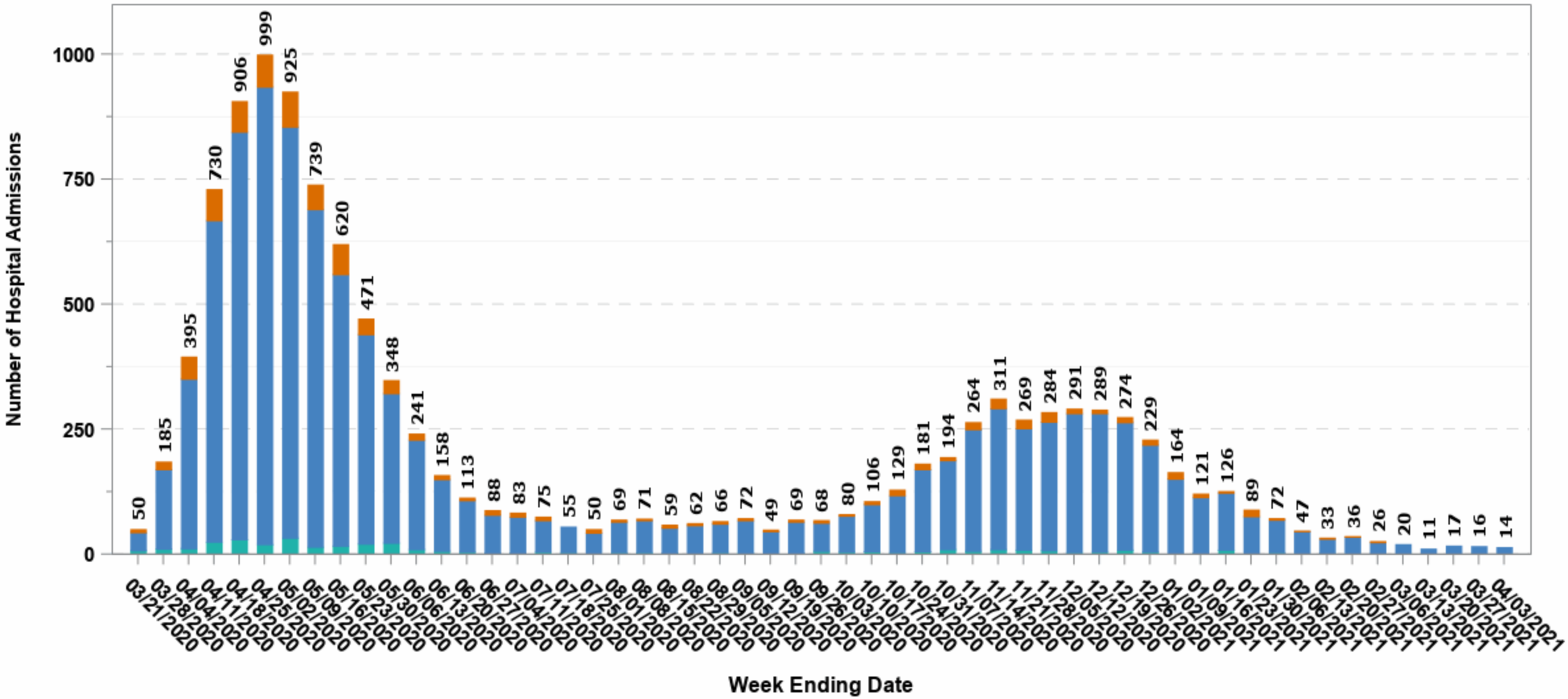
*Excludes ICF/DD and SMHRF facility types

**Counts based on case-reported date

CAUTION: Upper limit of y-axis scale may differ among slides depending on what is being measured (e.g., cases vs. hospitalizations vs. deaths), geographic scope, and/or date range

Long-term Care Facility* COVID-19 Hospital Admissions**, by Week

15 March 2020 through 3 April 2021



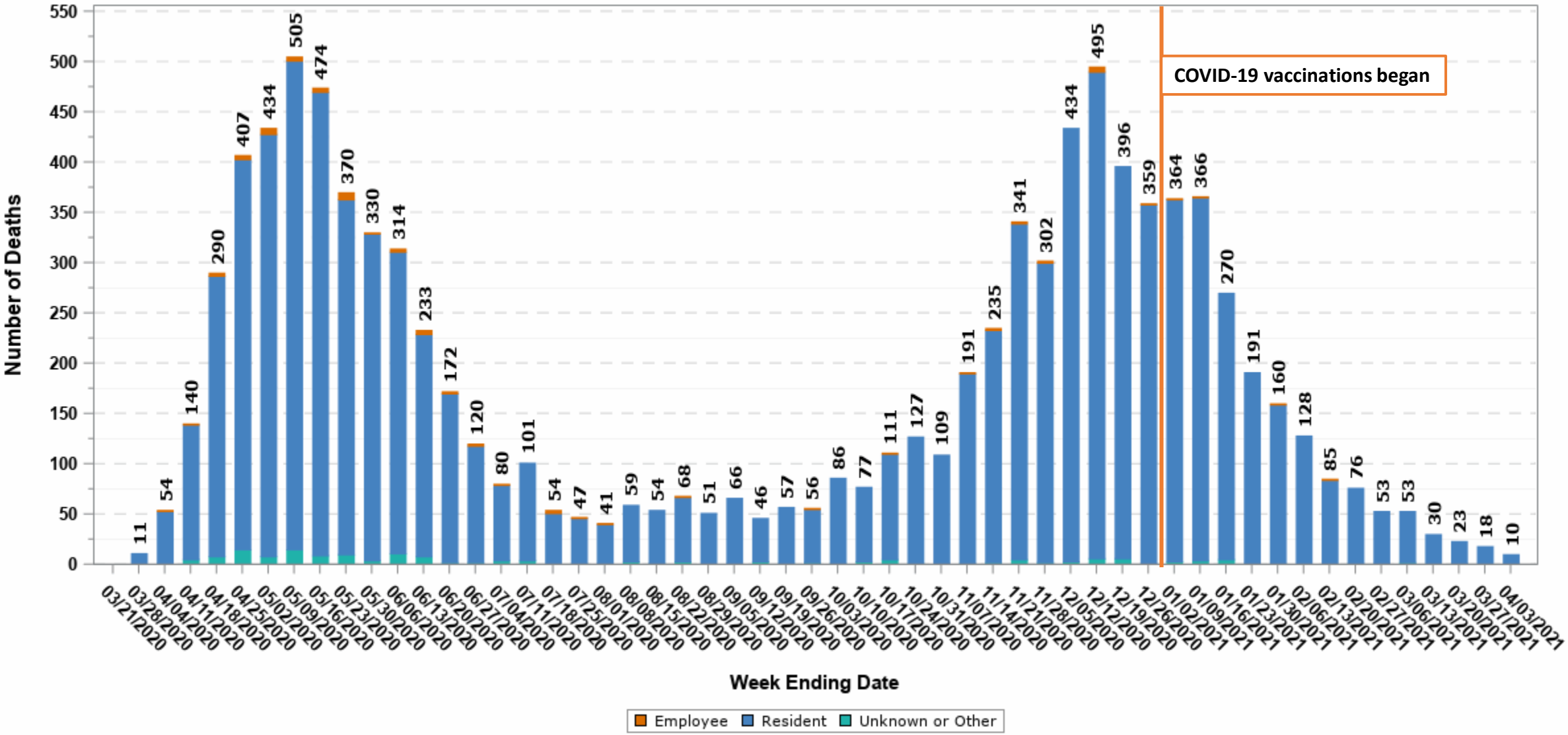
*Excludes ICF/DD and SMHRF facility types

**Counts based on reported hospital admissions

CAUTION: Upper limit of y-axis scale may differ among slides depending on what is being measured (e.g., cases vs. hospitalizations vs. deaths), geographic scope, and/or date range

Long-term Care Facility* COVID-19 Deaths**, by Week

15 March 2020 through 3 April 2021

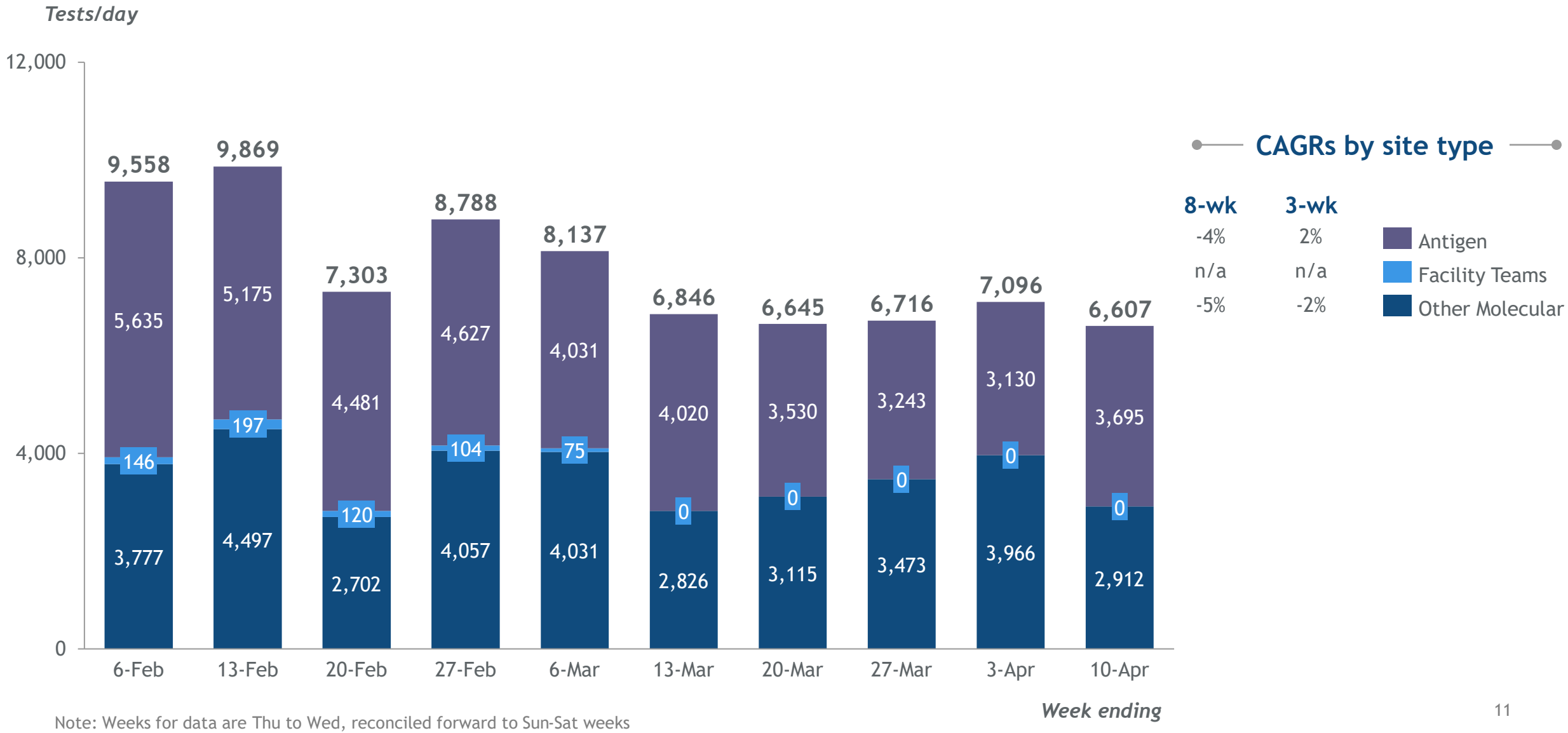


*Excludes ICF/DD and SMHRF facility types

**Counts based on death-reported date

CAUTION: Upper limit of y-axis scale may differ among slides depending on what is being measured (e.g., cases vs. hospitalizations vs. deaths), geographic scope, and/or date range

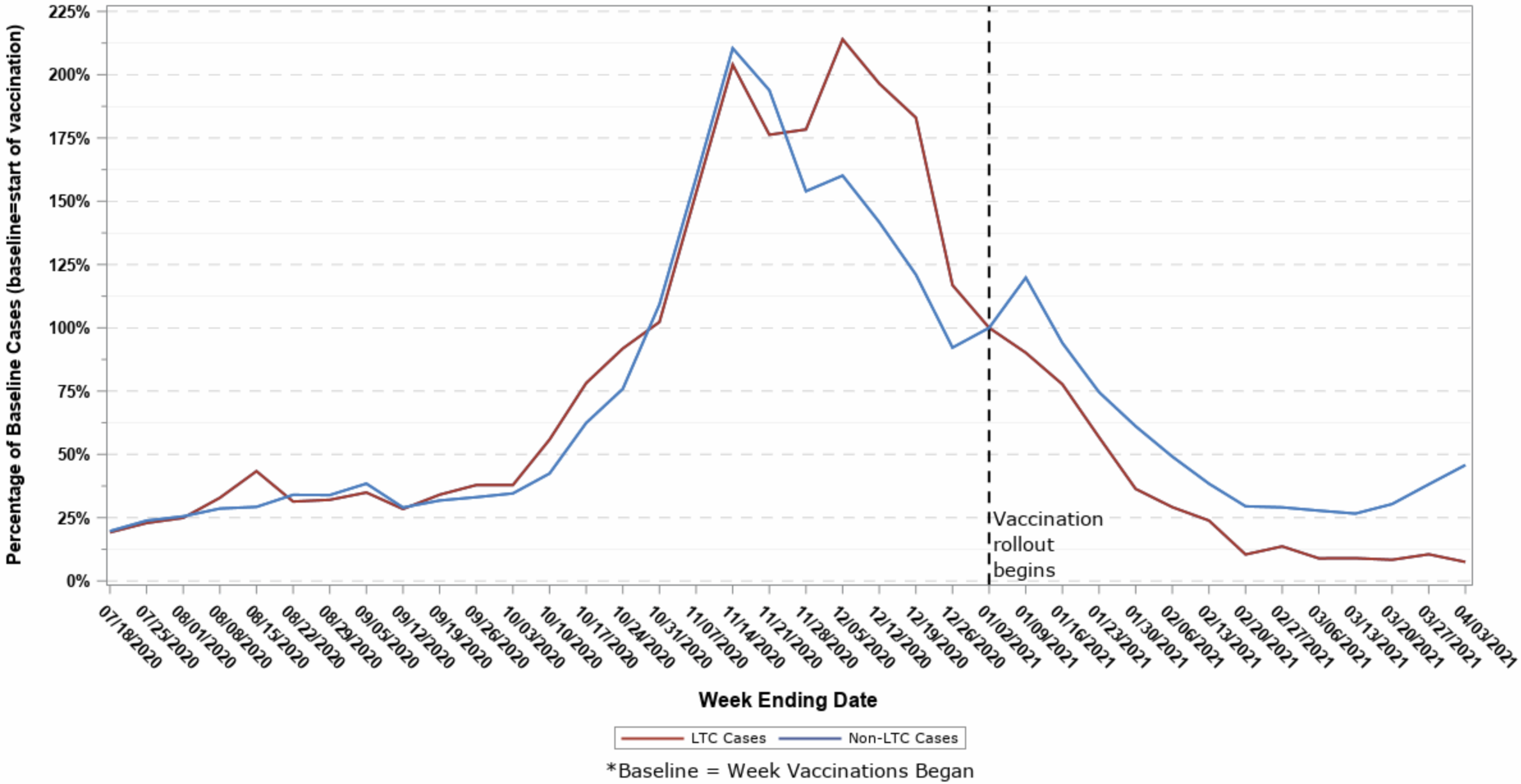
LTC testing volume remains steady across the last 5 weeks



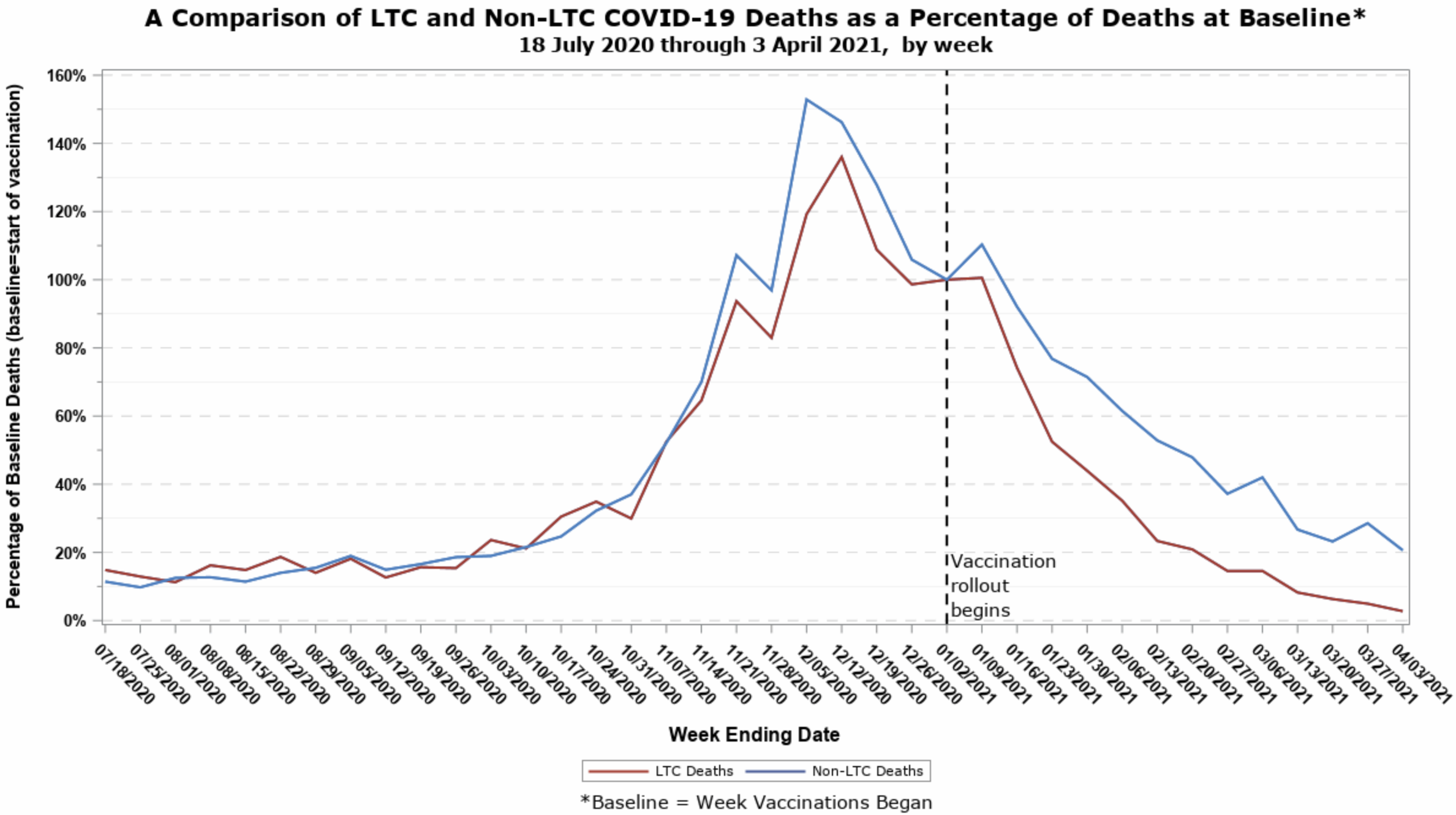
Note: Weeks for data are Thu to Wed, reconciled forward to Sun-Sat weeks
Source; ELR, HR Support Data

A Comparison of LTC and Non-LTC COVID-19 Cases as a Percentage of Cases at Baseline*

18 July 2020 through 3 April 2021, by week



*Baseline = Week Vaccinations Began


A Comparison of LTC and Non-LTC COVID-19 Deaths as a Percentage of Deaths at Baseline*
18 July 2020 through 3 April 2021, by week
Percentage of Baseline Deaths (baseline=start of vaccination)
160%
140%
120%
100%
80%
60%
40%
20%
0%
Vaccination rollout begins
07/18/2020
07/25/2020
08/01/2020
08/08/2020
08/15/2020
08/22/2020
08/29/2020
09/05/2020
09/12/2020
09/19/2020
09/26/2020
10/03/2020
10/10/2020
10/17/2020
10/24/2020
10/31/2020
11/07/2020
11/14/2020
11/21/2020
11/28/2020
12/05/2020
12/12/2020
12/19/2020
12/26/2020
01/02/2021
01/09/2021
01/16/2021
01/23/2021
01/30/2021
02/06/2021
02/13/2021
02/20/2021
02/27/2021
03/06/2021
03/13/2021
03/20/2021
03/27/2021
04/03/2021
Week Ending Date
LTC Deaths
Non-LTC Deaths
*Baseline = Week Vaccinations Began

Community Transmission of SARS-CoV-2 Associated with a Local Bar Opening Event — Illinois, February 2021

- In February 2021, an outbreak was identified among patrons of a bar opening event, resulting in 46 identified cases.
- One bar attendee worked in the LTCF and three LTCF contacts (two residents and one staff) tested positive.
  - The staff member was asymptomatic and was identified through weekly routine testing at the LTCF four days after the event.
  - The first case triggered facility-wide testing, which identified the three additional cases.
- None of the four people associated with the LTCF had been vaccinated, although all had been offered vaccine.
- One of the LCTF residents was hospitalized with COVID-19.

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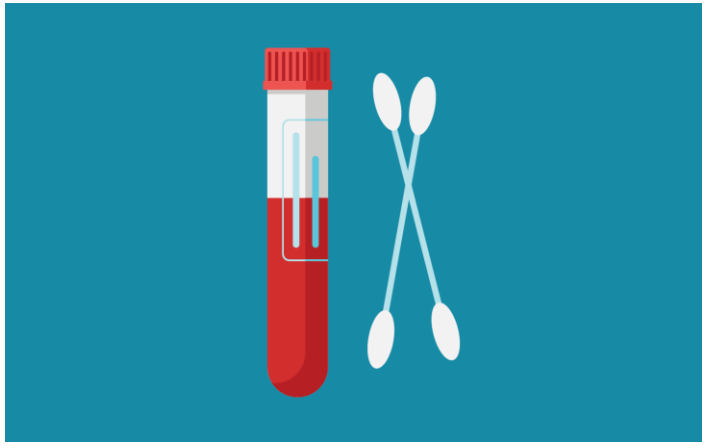

Weekly testing of staff continues to help in identifying and responding to outbreaks, especially with the current rise in community positivity rates.

Facility-wide outbreak testing is triggered after only one case and can help contain emerging outbreaks.

Continuing efforts to vaccinate staff and residents who were not present or declined vaccination in initial rounds can prevent future outbreaks.

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Participating Long Term Care Pharmacies

LTC Provider	Geographic areas served	Contact Information
CareOne Rx	Regions 1, 2, 3, 4, 7, 8, 9, 10, 11	vaccine@careonerx.com
CIMPAR	Greater Chicago area, Western suburbs	PALTC-vaccines@cimpar.com or 708.665.1826
Forum Extended Care Services	100-mile radius around Chicago	vaccination@forumpharmacy.com, will be asked to complete appointment request form
Green Tree	All regions	sbenson@heritageofcare.com will be asked to complete survey request form
HealthDirect Pharmacy	All of Southern Illinois from bottom of the state to Alton and to the East	jenniferhawthorne@hdrxservices.com
Medication Management Partners	Northeast (Regions 7, 8, 9, 10, 11) Champaign, Rantoul, Decatur	mmpclinics@mmprx.com, will be asked to complete survey request form
Oregon Healthcare Pharmacy	NW Illinois, 100-mile radius of Oregon, IL. North along WI border, West along Iowa border, South to Peoria and Bloomington and West into Chicago suburbs; Rockford	815-732-1422, will be asked to complete survey request form vaccinesupport@oregonhealthcarepharmacy.com
PharmScript of IL	All regions	Vaccinesupport@pharmscript.com
PrimeCare LTC	Chicago, Zion, Peoria, Chicago Heights & Evanston	covidvax@primecareltc.com phone : 630-209-0918
Symbria Rx	Chicago's western suburbs	covidvaccine@symbria.com
United Rx - Hillside	North to Waukegan, South to Streator, NW to Rockford, West to East Moline and East to Indiana border.	Complete a survey request form here
United Rx - Carbondale	NW to Alton, East to Carmi, South to Anna, NE to Lawrenceville	Complete a survey request form here

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Respiratory Fit Testing & Medical Evaluations

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Respiratory Protection Programs

- The 2007 CDC and HICPAC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings applies to healthcare workplaces, including hospitals, long-term care facilities, ambulatory care, home care and hospice, which have the potential to expose employees to ATD pathogens.

- This guidance recommends that respiratory protection be used to protect certain workers performing specific tasks and that the use of respirators comply with the OSHA Respiratory Protection standard (29 CFR 1910.134).

- The 2007 CDC and HICPAC Guideline serves as a primary resource supporting respirator use policies in healthcare.

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Key Requirements of the Respiratory Protection Standard:

- Written respiratory protection program with **policies and procedures**
- Designation of a **program administrator**
- Procedures for **hazard evaluation and respirator selection**
- **Medical evaluation** of respirator wearers
- **Fit testing** procedures for tight-fitting respirators (including filtering facepiece respirators)
- **Procedures for proper use, storage, maintenance, repair, and disposal of respirators**
- **Training**
- **Program evaluation** including consultation with employees
- **Recordkeeping**

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Medical Evaluations

- OHSA Respiratory Protection Standard (29 CFR 1910.34) requires that employees be medically evaluated and cleared for respirator use prior to wearing a respirator or being fit tested.

- Initial medical evaluation must be conducted prior to fit testing to identify individuals whose health may be harmed by the limited amount of respirator use associated with fit testing.

  – **Questionnaire** (must be reviewed by a physician or other licensed healthcare professional either in questionnaire format, or in person during a visit to the PLHCP)

  (***or***)

  – **Physical Exam** (by a PLHCP)

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Who Can Perform Medical Evaluations?

- A variety of healthcare professionals may perform medical evaluations, depending on the scope of practice permitted b y the state's licensing, registration, or certification agencies.

"Physician or other licensed healthcare professional (PLHCP)—An individual whose legally permitted scope of practice (i.e., license, registration, or certification), as defined by the state where he or she practices, allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the healthcare services required to provide a medical evaluation as described in OSHA's Respiratory Protection standard."

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Medical Evaluations cont.’

- A nurse not otherwise qualified to be the PLHCP can perform some tasks, such as distributing the questionnaire, respond to some questions as providing advice, and gathering completed forms- if working under the direction of a physician or other PLHCP who will perform the final review and assessment.

- The PLHCP may be a hospital employee but must not be the employee’s supervisor.

- The completed questionnaires are considered personal health information, so there must be a procedure by which they are confidentially provided to the PLHCP. Completed questionnaires must be maintained as confidential medical records and may not be accessible to the employee’s supervisor.

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Who Can Perform Fit Testing?

All employees required to wear tightfitting respirators must be fit tested after receiving medical clearance, prior to respirator use, and annually thereafter.

- It is the program administrator's responsibility to ensure that the person conducting the fit tests is competent.

- There is no licensing or certification required for someone to do fit testing; fit testing must be performed by an individual knowledgeable in respiratory protection, and qualified to follow the protocol(s) and train the employee to properly put on and take off the respirator and perform a user seal check.

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Respiratory Protection Program Administrator

- Respirator program administrators (RPAs) should keep current with the scientific literature about disease transmission and with changing public health recommendations.
- As an example,
  - in 2010 the CDC issued new infection control guidance for seasonal influenza, a disease for which droplet precautions are recommended, stating that respiratory protection should be used when higher-risk, aerosol-generating procedures are performed on a patient suspected or confirmed with influenza.
  - In 2014, the CDC issued new guidance for Ebola virus disease recommending respirator use.

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Tool Kit (program guide)

https://www.cdc.gov/niosh/docs/2015-117/default.html

Long Term Care Guidance for COVID-19

COVID-19 Variants

COVID-19 Variants of Concern

Data was last updated: 4/8/2021

Variant Type	Count
B.1.1.7	552
B.1.351	9
B.1.427/429	50
P.1	93
Total	704

This page will be updated on Tuesdays, Thursdays, and Sundays.

COVID-19 Variants of Concern

Data was last updated: 4/15/2021

Variant Type	Count
B.1.1.7	888
B.1.351	15
B.1.427/429	83
P.1	217
Total	1,203

This page will be updated on Tuesdays, Thursdays, and Sundays.

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Positive case identified in resident or staff

1. Pause/suspend all activities. One case is considered an Outbreak.
2. The building is considered in Quarantine.
3. Staff entering and working on any patient care area should wear N95 and eye protection.
4. Conduct one round of facility wide testing.
5. Impact of Quarantine:
    - All residents are on quarantine until the results of first round of testing are known.
    - While in Quarantine generally restrict residents to their rooms and units.
    - Pause/suspend communal dining and social activities until results of first round of facility wide testing are obtained.
    - Pause/suspend outdoor and indoor visitation except those required by the federal disability rights law (e.g., compassionate care and end of life visits) until the results of first round of facility wide testing are obtained. Virtual visits are still allowed.
6. Determine if additional units are involved and the extent of the outbreak.

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IF NO ADDITIONAL CASES IDENTIFIED

IF NO ADDITIONAL CASES IDENTIFIED:

1. Continue to conduct facility wide testing as required per testing plan until no more positive cases for 14 days.
2. The Affected unit remains on quarantine until they have gone 14 days without a new case.
3. Impact of Quarantine:
   - While in Quarantine generally restrict residents to their rooms and units.
   - Pause/suspend communal dining and social activities.
   - Pause/suspend outdoor and indoor visitation except those required by the federal disability rights law (e.g., compassionate care and end of life visits). Virtual visits are allowed.
4. Vaccinated residents may be allowed to co-mingle with other vaccinated residents using core infection prevention principles of (social distancing, hand hygiene, face covering) BUT MUST STAY ON THE AFFECTED UNIT.
5. Vaccinated residents may do the following ONLY ON THE AFFECTED UNIT:
   - Limited small activities (e.g., bingo, games) on the unit
   - Communal dining if space is on unit (not allowed to leave the unit)
   - Walk hallways on the unit
6. The remaining units within the building may resume communal dining, social activities, and visitation as per IDPH guidance.
7. Staff entering and working on any patient care area should continue to wear N95 and eye protection.

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IF ADDITIONAL CASES ARE IDENTIFIED AND INVOLVE OTHER UNITS

IF ADDITIONAL CASES ARE IDENTIFIED AND INVOLVE OTHER UNITS

1. The entire building is on Quarantine.
2. Continue to conduct facility wide testing as required per testing plan until no more positive cases for 14 days.
3. Staff entering and working on any patient care area should wear N95 and eye protection.

Impact of Quarantine:

- While in Quarantine generally restrict residents to their rooms and units.
- Pause/suspend communal dining and social activities.
- Pause/suspend outdoor and indoor visitation except those required by the federal disability rights law (e.g., compassionate care and end of life visits). Virtual visits are allowed.
- Vaccinated residents may be allowed to co-mingle with other vaccinated residents using core infection prevention principles of (social distancing, hand hygiene, face covering) BUT MUST STAY ON THE UNIT THEY RESIDE.
- Vaccinated residents may do the following ONLY ON THE UNIT THEY RESIDE:
  - Limited small activities (e.g., bingo, games) on the unit
  - Communal dining if space is on unit (not allowed to leave the unit)
  - Walk hallways on the unit

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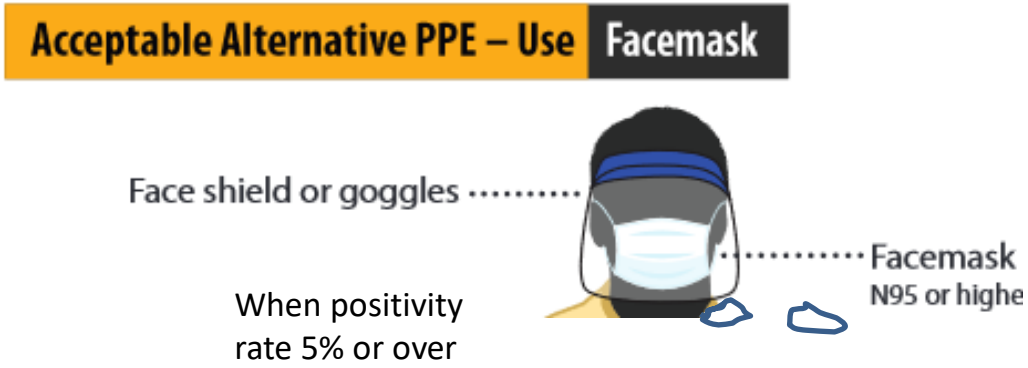
Acceptable PPE for Non-Direct Care Providers



- Staff **does NOT interact directly on the units** with residents or their environment
- Office workers separated in different work area (not offices on resident units)
- Kitchen staff who do not leave kitchen area or deliver on resident units
- Outside grounds personnel

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Question/Answers

Q: If we admit a resident with active COVID, do we need to restrict activities, visitations, etc. ? Do we have to wear N95 masks and eye protection in the entire building?

A: Three Points:

- If you admit someone on TBP due to COVID, they are placed on COVID unit and staff would wear full PPE (as you have been doing).
- The remaining areas of the building do NOT need to wear N95 and eye protection because this isn't a facility-onset (residents) or facility-associated case (staff)—unless the building is in outbreak.
- You do NOT need to restrict activities, visitations, etc. due to this admission because this isn't a facility-onset (residents) or facility-associated case (staff)—unless the building is in outbreak.

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Question/Answers

Q: If we admit a resident and they develop COVID with 14 days of admission, do we need to restrict activities, visitations, etc. ? Do we have to wear N95 masks and eye protection in the entire building?

A: Three Points:

- If you admit someone and they develop COVID within 14 of admission, they are placed on COVID unit and staff would wear full PPE (as you have been doing).
- The remaining areas of the building do NOT need to wear N95 and eye protection because this isn't a facility-onset (residents) or facility-associated case (staff)—unless the building is in outbreak.
- You do NOT need to restrict activities, visitations, etc. due to this admission because this isn't a facility-onset (residents) or facility-associated case (staff)—unless the building is in outbreak.

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TABLE 1: Recommended Personal Protective Equipment (PPE) for COVID-19 in Long-Term Care Facilities

None to Minimum Community Transmission of COVID-19 (Less than 5% Test Positivity)

	Resident Categories of Care				
PPE to be worn for the care of the resident in:	**Resident NOT in TBP for any reason. NO potentially AGP being done.**	**Resident NOT in TBP for any reason but, DOES have potentially AGP such as CPAP/BIPAP, Nebulizers.**	**Resident in TBP for pathogen other than COVID and DOES have potentially AGP such as CPAP/BIPAP, Nebulizers.**	**Resident in TBP for suspected or confirmed COVID-19 All routine care and potentially AGP such as CPAP/BIPAP, Nebulizers**	**Resident is new admission or readmission (quarantine) unless the resident is fully vaccinated or within 90 days of COVID infection.**
No to Minimal Transmission-NON-OUTBREAK	Facemask required Eye protection-use Standard Precautions Gown-use Standard Precautions Gloves-Use Standard Precautions	Facemask required Eye protection- use Standard Precautions Gown-use Standard Precautions Gloves-use Standard Precautions	Facemask required. N95 if respiratory pathogen. Eye protection-use Standard Precautions Gown required for Contact Precautions Droplet Precautions -use Standard Precautions for gown use Gloves-required	By definition one case puts facility into Outbreak. See below for PPE requirements.	N95 respirator required Facemasks only if N95 unavailable Eye Protection-required Gowns-required Gloves-required
No to Minimal Transmission-OUTBREAK	N95 Respirator required Facemask only if N95 unavailable Eye Protection-required Gown-use Standard Precautions Gloves-use Standard Precautions	N95 Respirator required Facemask only if N95 unavailable Eye Protection-required Gown-use Standard Precautions Gloves-use Standard Precautions	N95 Respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required	N95 respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required	N95 respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required

Note: AGP=aerosol generating procedures, TBP=transmission-based precautions

Pay attention to the level of community transmission

Find the situation

Make you sure you look at Correct section—NON OUTBREAK Or OUTBREAK

PPE Use in LTC when Community Transmission is No to Minimal Transmission (less than 5%)

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TABLE 2: Recommended Personal Protective Equipment (PPE) for COVID-19 in Long-Term Care Facilities					
Moderate to Substantial Community Transmission of COVID-19 (5% or greater test positivity)					
Resident Categories of Care					
PPE to be worn for the care of the resident in:	**Resident NOT in TBP for any reason. NO potentially AGP being done.**	**Resident NOT in TBP for any reason but, DOES have potentially AGP such as CPAP/BIPAP, Nebulizers.**	**Resident in TBP for pathogen other than COVID and DOES have potentially AGP such as CPAP/BIPAP, Nebulizers.**	**Resident in TBP for suspected or confirmed COVID-19 All routine care and potentially AGP such as CPAP/BIPAP, Nebulizers**	**Resident is new admission or readmission (quarantine) unless the resident is fully vaccinated or within 90 days of COVID infection.**
Moderate to Substantial Transmission-NON-OUTBREAK	Facemask required Eye protection-recommended Gown-use Standard Precautions Gloves-Use Standard Precautions	N95 respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required	Facemask required N95 if respiratory pathogen Eye Protection-required Gowns-required Gloves-required	By definition one case puts facility into Outbreak. See below for PPE requirements.	N95 respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required
Moderate to Substantial Transmission-OUTBREAK	N95 Respirator required Facemask only if N95 unavailable Eye Protection-required Gown-use Standard precautions Gloves-use Standard Precautions	N95 Respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required	N95 Respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required	N95 respirator required Facemasks only if N95 unavailable Eye Protection-required Gowns-required Gloves-required	N95 respirator required Facemask only if N95 unavailable Eye Protection-required Gowns-required Gloves-required

Note: AGP=aerosol generating procedures, TBP=transmission-based precautions

Pay attention to the level of community transmission

Find the situation

Make you sure you look at correct section—NON OUTBREAK Or OUTBREAK

PPE Use in LTC when Community Transmission is Moderate to Substantial Transmission (5% or greater)

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Question/Answers

Q: Do visits need to be supervised?

A: CMS states, “nursing homes should enable visits to be conducted with an adequate degree of privacy.” https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

- Recommend overseeing the common area where visitations are taking place but, not individual resident visitations. Just to have an overview of room and ensure processes are being followed. That allows for privacy.

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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.

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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

- Project Firstline Learning Needs Assessment
  - English Version: https://redcap.link/firstlineLNA
  - Spanish Version: https://redcap.link/LNAespanol

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**