



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

April 9th, 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

Agenda

- Upcoming Webinars
- Outbreak Definition Reminder
- NHSN Reminder
- COVID Variants of Concern
- Steps After a Positive Case is Identified
- Last Week's Q&A
- Open Q & A

Slides and recording will be made available after the session.

IDPH webinars

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

Friday, April 16 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e21bf57148b2e54b8503d19f041f69b86
Friday, April 23 rd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e92da89304d1eb8a0740a36df136f9090
Friday, April 30 th	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.

Reminder: Different COVID-19 Outbreak Definitions

	CMS/CDC Outbreak Definition for LTC Facilities
Definition	One or more facility-associated cases of COVID-19 infection in staff or nursing home-onset COVID-19 infections in residents.
Action Steps for the LTC Facility	• Notification (LHD, families, etc) • Outbreak testing • Infection control measures

Reminder: Different COVID-19 Outbreak Definitions

	IDPH Surveillance Definition for Public Health
Definition	• One symptomatic laboratory-positive (antigen or PCR) COVID-19 case or one asymptomatic PCR-confirmed COVID-19 case PLUS others ill with similar symptoms (but have not been tested yet) OR • Two or more individuals who are laboratory-positive for SARS-CoV-2 by antigen or PCR testing AND • Have symptom onset or positive SARS-CoV-2 test (if asymptomatic) within 14 days of each other Outbreak is over when no new cases have been identified for at least 28 days.
Action Steps for the LHD	LHD enters outbreak into the Illinois Outbreak Reporting System (ORS). LHD closes ORS report when outbreak is over.

NHSN - Weekly HCP & Resident COVID-19 Vaccination

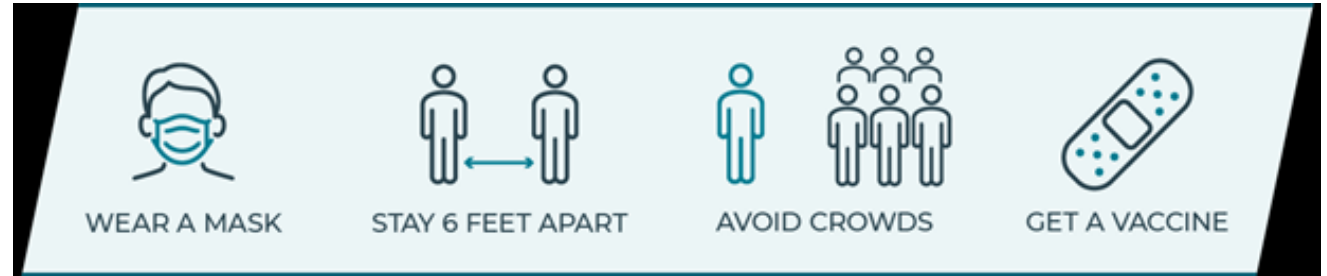
- NHSN module is available for facilities to track COVID-19 vaccination data for residents and healthcare personnel.
 - Number of residents/healthcare personnel in the facility
 - Number of residents/healthcare personnel who have received one or both doses of the vaccine
 - Number of individuals with contraindications, who declined, or have other situations that impact vaccination.
 - Vaccine supply and adverse reactions
- Not required by CMS at this time, but IDPH encourages facilities to submit data.
- Training and more information available here: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

Potential Data Quality Issues in the Module

- Issue 1: Recording number of new residents with full or partial vaccination rather than cumulative.
 - Example: As of Week 1 there were 50 residents in the facility, 45 of whom are vaccinated. As of week 2, there were 53 residents, 47 of whom are vaccinated. Facilities should enter 47 as the number of residents who are vaccinated, rather than just the 2 new residents who are vaccinated.
- Issue 2: Entering 0 as the Number of residents staying in this facility for at least 1 day during the week of data collection and/or Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection unless the facility truly is not caring for any residents and has no staff.

Core Principles of Infection Prevention

- VACCINATION
- Hand Hygiene
- Face Covering / Mask
- Physical Distancing of 6 feet
- Testing
- Screening
- Education
- Cleaning and Disinfection
- Proper Use of PPE
- Cohorting
- Outdoor Visits Preferred



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.

<http://dph.illinois.gov/covid19/variants>

Variants

What is Generally Known

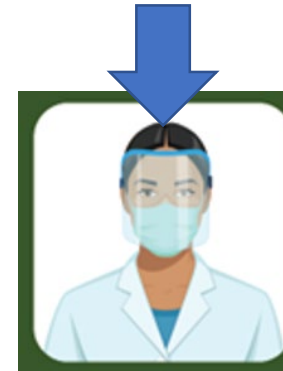
- These variants seem to spread more easily and quickly than other variants
- lead to more hospitalizations, and potentially more deaths
- Studies suggest that antibodies generated through vaccination with currently authorized vaccines recognize these variants.
- This is being closely investigated and more studies are underway.

[CDC](https://www.cdc.gov)

What We Do Not Know

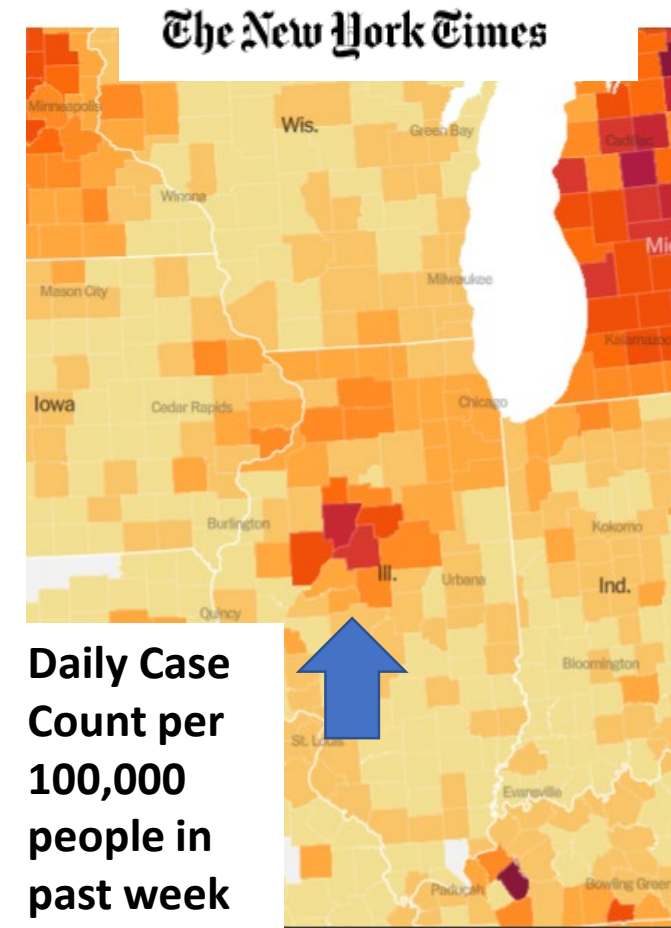
- How widely these new variants have spread
- How the disease caused by these new variants differs from the disease caused by other variants that are currently circulating
- How these variants may affect existing therapies, vaccines, and tests

- Region 1 = 5.9%
- Region 2 = 6.9%
- Region 3 = 2.5%
- Region 4 = 3.4%
- Region 5 = 1.8%
- Region 6 = 2.6%
- Region 7 = 5.1%
- Region 8 = 7.1%
- Region 9 = 3.7%
- Region 10 = 5.2%
- Region 11 = 5.1%



CMS COVID-19 County Test Positivity Rates

<https://data.cms.gov/stories/s/q5r5-gjyu>



Daily Case
Count per
100,000
people in
past week

IDPH Region Positivity Rates April 5, 2021

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.

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.

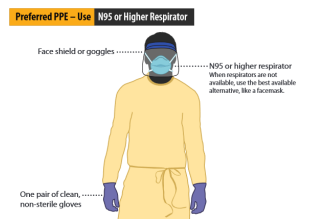
IF ADDITIONAL CASES ARE IDENTIFIED AND INVOLVE OTHER UNITS

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



Isolation or Quarantine in the building

Acceptable Alternative PPE – Use Facemask



- 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

County Positivity and Eye Protection

- Q: Do we still follow the CMS county positivity rate versus Illinois regional positivity rates for determining need for eye protection and testing frequency.
 - A: Yes, please use CMS data to determine whether eye protection is warranted due to community transmission. No to minimal transmission is “optional” and moderate to substantial transmission should wear eye protection. Unless the facility is in an outbreak, during an outbreak, facilities should wear at a minimum N95 and eye protection until there have been no more positive cases for 14 days.

Point of Care COVID-19 Testing, Outbreaks, and Routine Testing

- Q: Is it acceptable to only use POC (antigen testing) for outbreak testing and/or routine testing? Many facilities in my county are no longer using PCRs even though there are plenty of labs available with less than 48hr turnaround. (I work for LHD)
 - A: Point of Care antigen testing is appropriate to use for routine screening and outbreak testing with the understanding that the CDC guidance is followed if an unexpected positive (asymptomatic) or negative (symptomatic with possible exposure) occurs.
 - “In general, asymptomatic people who test antigen positive should have a confirmatory test performed. Symptomatic people who test antigen negative should have a confirmatory test performed....
 - Antigen tests should not be utilized to determine the duration of Transmission-Based Precautions nor when HCP can return to work.
 - Test-based strategies are not generally recommended to determine duration of transmission-based precautions, nor to determine when HCP may return to work.”

How Often Do We Test?

- Q: Our county positivity is slowly increasing and is close to 5%, we have no positive cases . If the region goes above 5% we need to start testing employees and staff on weekly bases? please confirm. thank you
 - A: Yes, you must test weekly when county positivity rates are between 5-10%. Work with your county health department.

Aerosol Generating Procedures and PPE

- Q: When a resident has a CPAP/BiPAP or nebulizer treatments and they are fully vaccinated plus there is no covid in the facility, do we still have to open the window, close the door, wear full PPE etc?
 - A: At this time, vaccination status does not change practice related to potentially aerosol generating procedures. Full PPE should be worn especially in areas with moderate to substantial transmission of COVID

Symptoms in Fully Vaccinated Persons

- Q: If we had a resident have both vaccinations, but had a fever on admission and was isolated, negative POC and negative PCR. But symptoms continue without explanation, would we need to continue to isolate if symptoms continue to arise. no known exposure or outbreak.
 - A: Yes, you should continue to isolate. This individual is exhibiting symptoms.

Core Principles of Infection Prevention and Full Vaccination

- Q: The answer you provided should hold true for all residents correct? Vaccinated or not vaccinated still needs to social distance and wear masks unless eating at a table.
 - A: Yes. Core principles and infection prevention measures of social distancing (6 ft), hand hygiene, masks, etc. apply to vaccinated and unvaccinated persons.

County Positivity and PPE use

- Q: If county positivity is less than 5% do we still have to wear full PPE?
 - A: This would depend upon whether the facility is in outbreak situation.
 - If county positive rate is less than 5% and there are no cases in the facility, the facility should wear facemask and gowns/gloves (transmission-based precautions) if warranted by pathogen.
 - If in an outbreak situation then N95 and eye protection is warranted when working with persons who are in isolation or quarantine for exposure to someone with COVID-19.

Extended Use vs. Reuse

- Q: If our employees wear a surgical/procedure mask the entire shift is that considered contingency capacity use?
 - A: If the facemask is left on the entire shift, then it is considered extended use and that is contingency capacity
 - However, if the employee remove the mask for breaks and lunches then it now becomes "re-use" and that falls within the crisis capacity.

Extended Use vs. Reuse

- Q: As we are returning to conventional usage of PPE, can you walk through appropriate use of isolation/procedural masks, since staff are to wear them at all times?
 - A: Facilities can operate utilizing contingency capacity with facemasks. In this situation, you would don a new facemask after you remove the old one at lunches and breaks when you take them off. That way no mask is “reused” but is worn as extended use up to the time of break or lunch.
 - If you move to conventional use of masks, you will need to provide masks at each resident room so masks can be removed, disposed of, and don a new one each time you exit the room.
 - Due to PPE supply conventional capacity may not be feasible and contingency use is allowed per CDC.

CMS QSEP Training Records

- Q: I contacted IDPH about submitting the records of our staff's CMS QSEP training. IDPH representative advised to just hang on to the information for surveyors to review – do we need to submit somewhere as well?
 - A: Facilities need to be able to provide the training records (individual certificates, sign in sheets, etc.) upon request. The administrator, or designee, may be asked to sign an attestation sheet by a surveyor.

Positive HCP: Where are the Affected Unit(s)?

- Q: We have a positive HCP. How do we determine which areas have been affected by contact?
 - A: You will need to determine where the HCP worked and if multiple units are involved. Follow statement below, taken from IDPH Reopening Guidance (March 19, 2021).
 - “When the positive case is identified in an HCP and the individual rotates on multiple units, facilities must determine which units are affected based upon the infectious period: 48 hours prior to the positive test and whether an exposure occurred (15 min. cumulative exposure in 24 Hours)”
 - (Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 | CDC).

One Positive Case and N95s and Face Shields

- Q: So we would be wearing N95, Face shields/eye protection, and full PPE for care of all residents even negative if there is one case in the building?
 - A: At this point, we are stating to wear at a minimum N95 and eye protection when a new case is identified in a building.
 - IDPH is still determining if gowns and gloves should be used as in Standard Precautions. More to come on that decision later. You would follow this guidance until no more new cases are identified for 14 days.

KN95s vs. N95s

- Q: Are KN95s considered face masks only?
 - A: It was discussed on earlier webinars by the IDPH OSHA consultant that NIOSH approved N95s are preferred. KN95s were allowed under an emergency use authorization, they are seen as procedure masks, not respirators
 - Use N95 respirators from the NIOSH/CDC approved list. There are increasing numbers of domestic manufacturers who are now making NIOSH approved N95s, so the supply chain may now be catching up with demand.
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html
 - https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1-a.html

Fit Tested N95s

- Q: If an N95 is used in the care of all clients when there is a positive case, does it necessarily have to be fit tested if it is being used as a medical mask if there are no aerosolized procedures being done?
 - A: Facilities need to implement a respirator protection program. That OSHA federal regulation will not change. Fit testing is a component or part of the respiratory protection program. Ideally, all facilities should work toward fit testing all employees providing direct care and that are at a potential risk.
- Q: We would like to prepare for the chance of a positive case, what can we do if we are having a hard time finding/ordering N95 and fit test kits ? –
 - A: Continue to seek out all possible vendors. Do a Google search, etc. to locate names, phone contacts. Grainger, 3M and others sell respiratory protection equipment (PPE) and testing kits.

Cloth face coverings

- Q: We have no cases and are not in outbreak. Can staff wear cloth face masks or should they continue to wear surgical masks.
 - A: Cloth masks are NOT to be worn by healthcare staff. CDC does not consider cloth masks as PPE.
 - Cloth face coverings may be worn by residents

International Travel

- Q: To make sure I understood it correctly, fully vaccinated staff that travel internationally do not need to quarantine before returning to work (barring any complicating situations)?–
 - A: Follow CDC guidance. International Travel: All air passengers coming to the United States, including U.S. citizens, are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight, and get tested 3-5 days after travel AND stay home and self-quarantine for 7 days after travel.
 - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

Outings vs. Travel

- Q: Our facility borders Wisconsin, If residents go on an outing drive to Wisconsin or employees go to Wisconsin for a weekend or a week does that count as domestic travel.
 - A: Regional outings with residents where the facility has control of the residents and residents and staff are upholding the Core Principles of Infection Prevention would be considered an outing. Vaccinated staff would not need to quarantine. Unvaccinated staff with a higher-risk exposure would need to be monitored.

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>
- Project Firstline Learning Needs Assessment
 - English Version: <https://redcap.link/firstlineLNA>
 - Spanish Version: <https://redcap.link/LNAespanol>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**