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

May 21st , 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
- Telligen Resources & Webinar
- Testing Requirements
- Review of LTC COVID Guidance
- Answers to Frequently Asked Questions
- 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

June Webinar Dates TBA
1:00 pm - 2:00 pm

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

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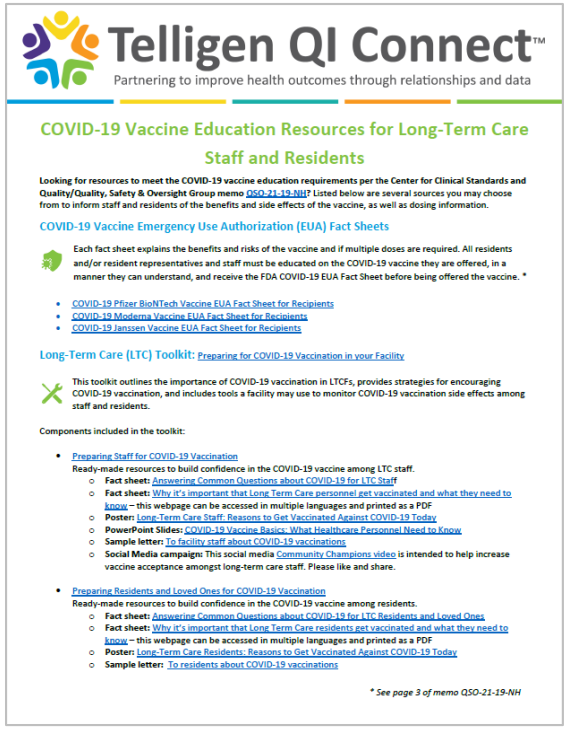
Contact Telligen : Nursinghome@telligen.com

COVID-19 Vaccine Education Resources for Staff and Residents



Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

COVID-19 Vaccine Education Resources for Long-Term Care Staff and Residents

Looking for resources to meet the COVID-19 vaccine education requirements per the Center for Clinical Standards and Quality/Quality, Safety & Oversight Group memo QSO-21-19-NH? Listed below are several sources you may choose from to inform staff and residents of the benefits and side effects of the vaccine, as well as dosing information.

COVID-19 Vaccine Emergency Use Authorization (EUA) Fact Sheets

Each fact sheet explains the benefits and risks of the vaccine and if multiple doses are required. All residents and/or resident representatives and staff must be educated on the COVID-19 vaccine they are offered, in a manner they can understand, and receive the FDA COVID-19 EUA Fact Sheet before being offered the vaccine. *

- COVID-19 Pfizer BioNTech Vaccine EUA Fact Sheet for Recipients
- COVID-19 Moderna Vaccine EUA Fact Sheet for Recipients
- COVID-19 Janssen Vaccine EUA Fact Sheet for Recipients

Long-Term Care (LTC) Toolkit: Preparing for COVID-19 Vaccination in your Facility

This toolkit outlines the importance of COVID-19 vaccination in LTCFs, provides strategies for encouraging COVID-19 vaccination, and includes tools a facility may use to monitor COVID-19 vaccination side effects among staff and residents.

Components included in the toolkit:

- Preparing Staff for COVID-19 Vaccination
  Ready-made resources to build confidence in the COVID-19 vaccine among LTC staff.
  - **Fact sheet:** Answering Common Questions about COVID-19 for LTC Staff
  - **Fact sheet:** Why it's important that Long Term Care personnel get vaccinated and what they need to know – this webpage can be accessed in multiple languages and printed as a PDF
  - **Poster:** Long-Term Care Staff: Reasons to Get Vaccinated Against COVID-19 Today
  - **PowerPoint Slides:** COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know
  - **Sample letter:** To facility staff about COVID-19 vaccinations
  - **Social Media campaign:** This social media Community Champions video is intended to help increase vaccine acceptance amongst long-term care staff. Please like and share.
- Preparing Residents and Loved Ones for COVID-19 Vaccination
  Ready-made resources to build confidence in the COVID-19 vaccine among residents.
  - **Fact sheet:** Answering Common Questions about COVID-19 for LTC Residents and Loved Ones
  - **Fact sheet:** Why it's important that Long Term Care residents get vaccinated and what they need to know – this webpage can be accessed in multiple languages and printed as a PDF
  - **Poster:** Long-Term Care Residents: Reasons to Get Vaccinated Against COVID-19 Today
  - **Sample letter:** To residents about COVID-19 vaccinations

** See page 3 of memo QSO-21-19-NH*

NHSN Support

- COVID-19 vaccine and therapeutics treatment reporting information
- NHSN Access/Conferring Rights

Telligen Event: Weds, June 2nd, 2:30pm

Navigating the New COVID-19 Immunization Requirements and NHSN Vaccination Reporting

https://telligen.zoom.us/meeting/register/tJAkf-CurzkrGNCeV61X4wYgqSZmceTBHjU5

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Long Term Care Guidance for COVID-19

Testing Requirements

- Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately.

- Asymptomatic HCP with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.

- In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients (regardless of vaccination status) remain unchanged.

- In nursing homes with an outbreak of SARS-CoV-2, HCP and residents, regardless of vaccination status, should have a viral test every 3-7 days until no new cases are identified for 14 days.

- Fully vaccinated HCP may be exempt from expanded screening testing. However, per recommendations above, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.

- In nursing homes, unvaccinated HCP should continue expanded screening testing as previously recommended.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

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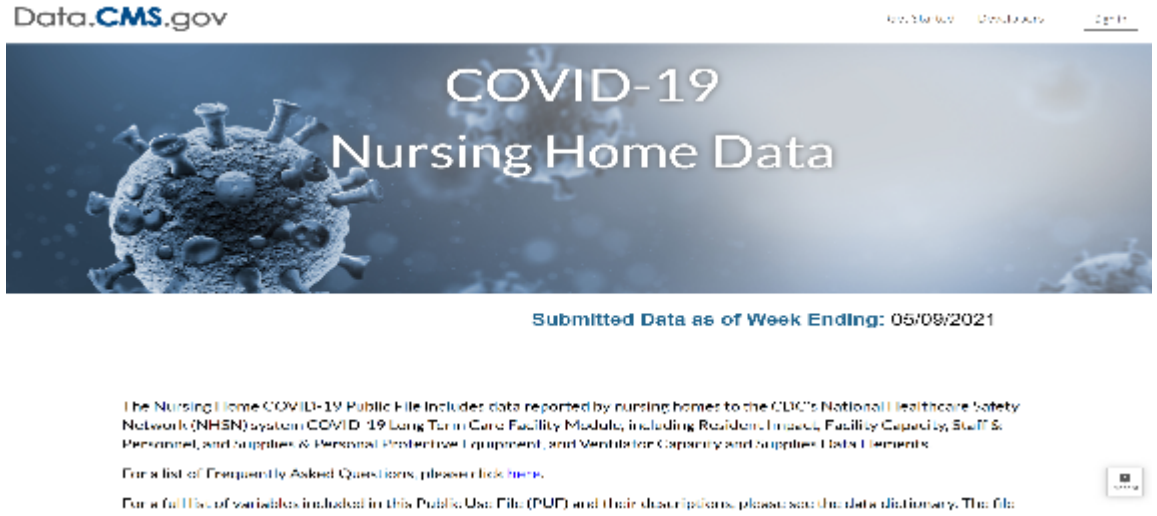
Long-term Care Testing Quick Reference Guide					May 21, 2021
Scenario	**Who**	**Vaccinated Resident**	**Unvaccinated Resident**	**Vaccinated Staff**	**Unvaccinated Staff**
Outbreak: First round of facility-wide testing when a new case is identified in a resident or staff unless within 90 days of COVID infection.	Required to test	YES	YES	YES	YES
	How often	Initial test	Initial test	Initial test	Initial test
Outbreak: Testing fac-wide previous negative every 3-7 days (2X/week) until there are no more positive cases for 14 days since last positive	Required to test	YES	YES	YES	YES
	How often	Every 3-7 days	Every 3-7 days	Every 3-7 days	Every 3-7 days
After 14 days without new case. Routine testing based on county test positivity rates	Required to test	NO	NO	NO	YES
	How often	Routine testing is not required in vaccinated residents. Follow LHD guidance if more stringent testing is required.	Routine testing is not required in unvaccinated residents. Follow LHD guidance if more stringent testing is required.	Routine testing is not required in vaccinated staff.	Routine testing is required in unvaccinated staff. Based upon county test positivity rates: 1X month if <5% 1X per week if ≥ 5% 2X per week if > 10%
Higher risk exposure/prolonged contact with positive case	Required to test	Yes	Yes	Yes	Yes
	How often	Immediately and again in 5-7 days after exposure	Immediately and again in 5-7 days after exposure	Immediately and again in 5-7 days after exposure	Immediately and again in 5-7 days after exposure
Symptomatic	Required to test	Yes	Yes	Yes	Yes
	How often	Immediately	Immediately	Immediately	Immediately

Cheat Sheet!

CMS County Test Positivity Rates

1. Go to CMS.gov with link below.



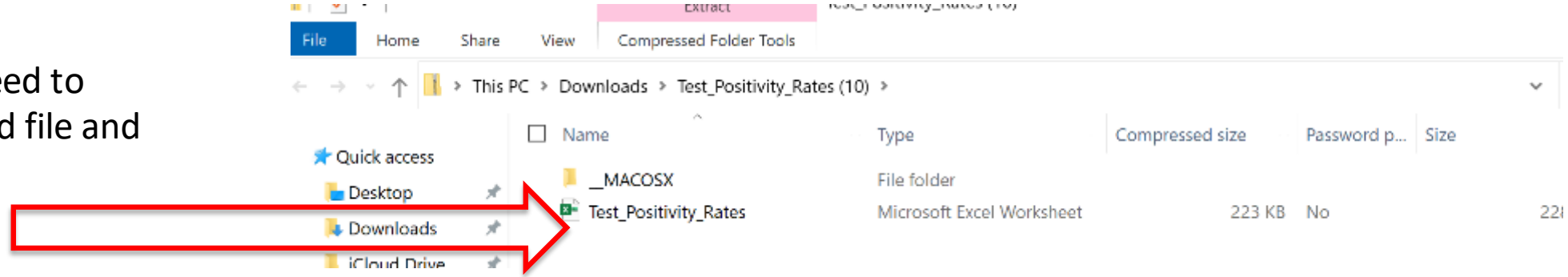
https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

2. Scroll down to middle of page under “COVID-19 Testing”. Click “here”.

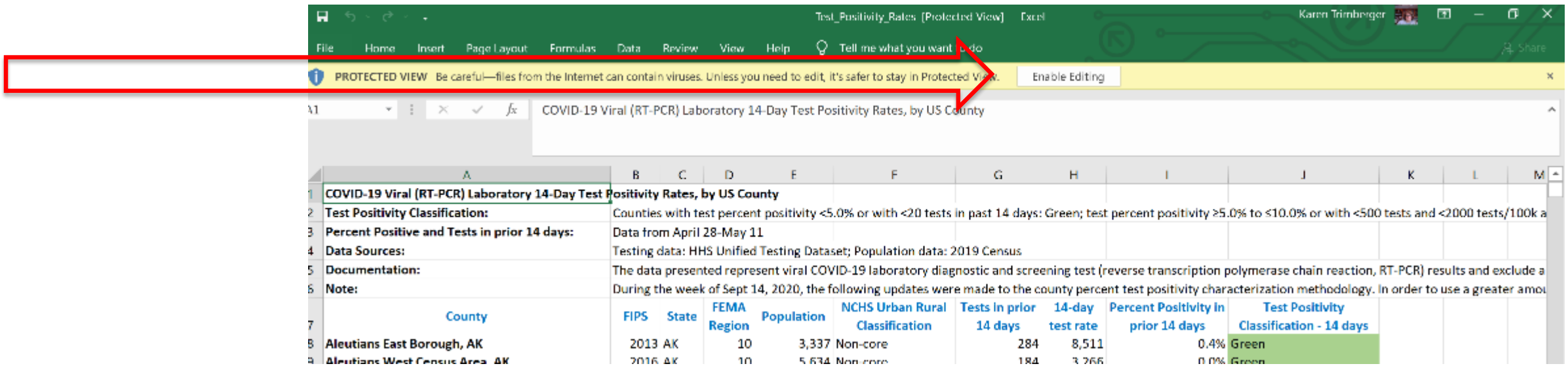
COVID-19 Testing

As part of CMS’ commitment to protecting nursing home residents, and to boost the surveillance of COVID-19, nursing homes are now required to conduct testing of residents and staff. More information about these requirements and guidelines can be found here. These guidelines include testing staff on a certain frequency based on the COVID-19 positivity rate for the county the nursing home resides in. Rates of county positivity are posted here. (Archive is here.) Facilities should monitor these rates every other week and adjust staff testing accordingly.

3. Will need to Download file and open



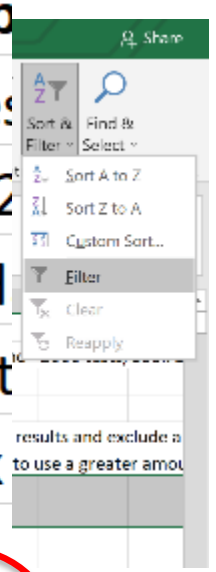
4. Open file and click enable



5. Click on banner
county, state, test
positivity headers

6. Go to far right s
and click on sort &
filter. Click Filter.

	COVID-19 Viral (RT-PCR) Laboratory 14-Day Test Positivity Rates, b		
	Test Positivity Classification:	Counties with tes	
	Percent Positive and Tests in prior 14 days:	Data from April 2	
	Data Sources:	Testing data: HH	
	Documentation:	The data present	
	Note:	During the week	
	County	FIPS	State
	Aleutians East Borough, AK	2013	AK
	Aleutians West Census Area, AK	2016	AK
0	Anchorage Municipality, AK	2020	AK
1	Bethel Census Area, AK	2050	AK



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1	**COVID-19 Viral (RT-PCR) Laboratory 14-Day Test Positivity Rates, by US County**									
2	**Test Positivity Classification:**	Counties with test percent positivity <5.0% or with <20 tests in past 14 days: Green; test percent positivity ≥5.0% to ≤10.0% or with <500 tests and <2000 tests/100k								
3	**Percent Positive and Tests in prior 14 days:**	Data from April 28-May 11								
4	**Data Sources:**	Testing data: HHS Unified Testing Dataset; Population data: 2019 Census								
5	**Documentation:**	The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results and exclude								
6	**Note:**	During the week of Sept 14, 2020, the following updates were made to the county percent test positivity characterization methodology. In order to use a greater am								
7	County	FIPS	State	FEMA Regic	Population	NCHS Urban Rural Classification	Tests in prior 14 days	14-day test rat	Percent Positivity in prior 14 days	Test Positivity Classification - 14 day
08	**Adams County, IL**	17001	IL	5	65,435	Micropolitan	5,061	7,734	1.6%	Green
09	**Alexander County, IL**	17003	IL	5	5,761	Small metro	120	2,083	1.7%	Green
10	**Bond County, IL**	17005	IL	5	16,426	Large fringe metro	1,247	7,592	1.2%	Green
11	**Boone County, IL**	17007	IL	5	53,544	Medium metro	2,592	4,841	5.4%	Yellow
12	**Brown County, IL**	17009	IL	5	6,578	Non-core	920	13,986	0.9%	Green
13	**Bureau County, IL**	17011	IL	5	32,628	Micropolitan	1,152	3,531	4.3%	Green
14	**Calhoun County, IL**	17013	IL	5	4,739	Large fringe metro	67	1,414	0.0%	Green
15	**Carroll County, IL**	17015	IL	5	14,305	Non-core	391	2,733	3.3%	Green
16	**Cass County, IL**	17017	IL	5	12,147	Non-core	499	4,108	1.8%	Green
17	**Champaign County, IL**	17019	IL	5	209,689	Small metro	105,480	50,303	0.5%	Green
18	**Christian County, IL**	17021	IL	5	32,304	Micropolitan	1,482	4,588	1.6%	Green
19	**Clark County, IL**	17023	IL	5	15,441	Non-core	456	2,953	3.7%	Green
20	**Clay County, IL**	17025	IL	5	13,184	Non-core	491	3,724	0.6%	Green
21	**Clinton County, IL**	17027	IL	5	37,562	Large fringe metro	1,238	3,296	1.3%	Green
22	**Coles County, IL**	17029	IL	5	50,621	Micropolitan	2,067	4,083	3.0%	Green
23	**Cook County, IL**	17031	IL	5	5,150,233	Large central metro	309,032	6,000	3.8%	Green
24	**Crawford County, IL**	17033	IL	5	18,667	Non-core	1,094	5,861	0.8%	Green
25	**Cumberland County, IL**	17035	IL	5	10,766	Micropolitan	295	2,740	1.4%	Green
26	**De Witt County, IL**	17039	IL	5	15,638	Small metro	995	6,363	7.2%	Yellow
27	**DeKalb County, IL**	17037	IL	5	104,897	Large fringe metro	3,427	3,267	5.6%	Yellow
28	**Douglas County, IL**	17041	IL	5	19,465	Non-core	603	3,098	2.0%	Green

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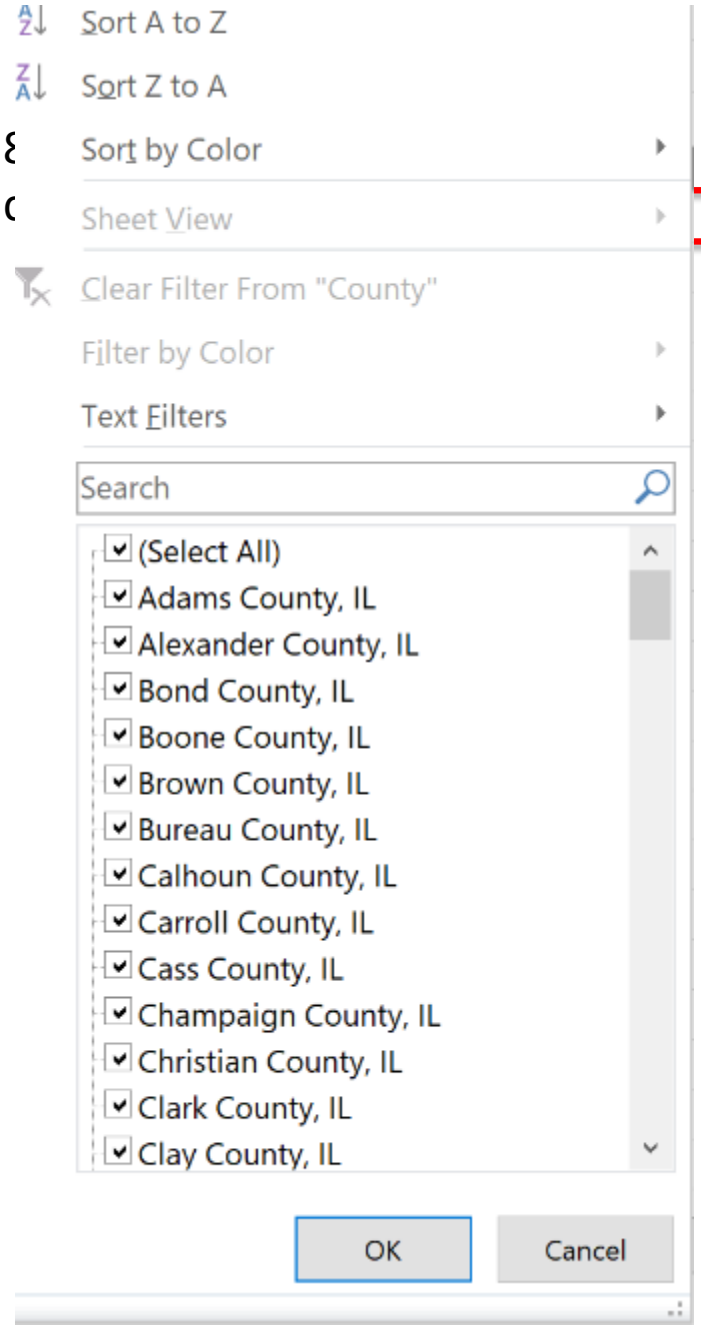

6	**Note:**	During the week o		
7	**County**	**FIPS**	**State**	**R**
708	**Adams County, IL**	17001	IL	
709	**Alexander County, IL**	17003	IL	

1	**COVID-19 Viral (RT-PCR) Laboratory 14-Day Test Positivity Rates, by US County**									
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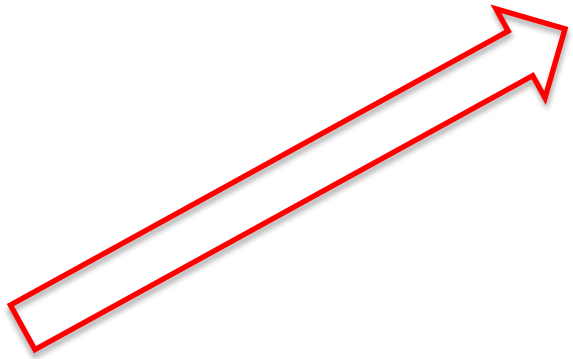
17	**Champaign County, IL**	17019	IL	5	209,689	Small metro	105,480	50,303	0.5%	Green
243										



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Higher Risk Exposure

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2

Updated Mar. 11, 2021 Print

"The operational definition of "prolonged" refers to a cumulative time period of 15 or more minutes during a 24-hour period, which aligns with the time period used in the guidance for community exposures and contact tracing

For the purposes of this guidance, any duration should be considered prolonged if the exposure occurs during performance of an aerosol generating procedure.1

Clarified that asymptomatic HCP who are fully vaccinated and have a higher-risk exposure as described in this guidance do not need to be restricted from work."

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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Communal Dining Guidance

Residents who participate in communal dining:

- Fully vaccinated residents can participate in communal dining without use of source control or physical distancing

- If unvaccinated residents are present in the dining area all residents should use source control when not eating and unvaccinated residents should continue to remain at least 6 feet from others

- If unvaccinated HCP are present in the dining are all residents should use source control when not eating and unvaccinated residents should continue to remain at least 6 feet from others

Residents who should NOT participate in communal dining:

- Vaccinated and unvaccinated residents
  - ✓ with an active SARS-CoV-2 infection, or
  - ✓ who are in isolation because of suspected COVID-19 or
  - ✓ residents in quarantine

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Group Activity Guidance

Residents who participate in group activities:

- Fully vaccinated residents can participate in group activities without use of source control or physical distancing

- If unvaccinated residents are present in the activity room/area then all residents should use source control. Unvaccinated residents should continue to remain at least 6 feet from others

- If unvaccinated HCP are present in the activity room/area then all residents should use source control. Unvaccinated residents should continue to remain at least 6 feet from others

Residents who should NOT participate in group activities:

- Vaccinated and unvaccinated residents
  - ✓ with an active SARS-CoV-2 infection, or
  - ✓ who are in isolation because of suspected COVID-19 or
  - ✓ residents in quarantine

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General Guidance

- If vaccination status cannot be determined, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing source control

- Residents should wear a cloth face mask or face covering to and from dining, group activities, or going outside (exit of building).

Healthcare Personnel

- In general, fully vaccinated HCP should continue to wear source control while at work.
- However, fully vaccinated HCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing.
- If unvaccinated HCP are present, everyone should wear source control (unless eating or drinking) and unvaccinated HCP should physically distance from others.

PER CDC GUIDANCE

Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC

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Newly identified positive case in resident or staff

☐One case is considered an outbreak. Staff must now wear an N95 respirator and eye protection on all units until no more positive case for 14 days.

☐Pause indoor and outdoor visitation, communal dining, and group activities on all units until the first round of testing is completed.

☐Complete facility-wide testing of residents and staff regardless of vaccination status (first round of testing). Test all previous negative residents and staff 3-7 days after the first round of testing and continue to test every 3-7 days until no new positives are identified for 14 days. Residents or staff wit in 90 days of active COVID-19 infection may be excluded from testing.

☐Evaluate whether the outbreak is contained to one unit (affected unit).

☐If contained to one unit, the remaining units (unaffected units) may resume indoor and outdoor visitation, communal dining, and group activities following guidance for vaccinated and unvaccinated persons.

☐Staff must continue to wear N95 respirators and eye protection on all units. Gowns and gloves are used per standard precautions when caring for all residents on the unaffected units.

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Newly identified positive case in resident or staff

☐The affected unit must:

a. Suspend indoor visitation until no new positives are identified for 14 days
b. Residents with higher risk exposure to the positive case (another resident or staff) should be placed in quarantine and restricted to their room. Ideally, the resident should be in a single room.
c. Residents with higher risk exposure may shelter in place or be moved to the observation or yellow zone and be placed in quarantine. Ideally, residents should be in a single room.
d. Residents that did NOT have a higher risk exposure (unexposed) are allowed to participate in outdoor visits. Source control must be worn when walking through the building to get to the outdoors.
e. Unexposed residents should not participate in communal dining and group activities in the main dining hall or activity center. However, unexposed residents on affected units with separate areas for dining and activities may participate in dining and activities on the unit following guidance for vaccinated and unvaccinated persons.
f. Full PPE (N95 respirator, eye protection, gown, gloves) should be worn for residents in quarantine or those with suspected or confirmed COVID-19.
g. Staff must continue to wear N95 respirators and eye protection. Gowns and gloves are used per standard precautions when caring for all residents on the affected units unless in isolation for another diagnosis.

☐If more than one unit is involved, then the facility must:

a. Suspend all indoor visitations for the entire facility until there are no more positives for 14 days except those required by the disability rights law (end-of-life, compassionate care).
b. Allow outdoor visits except for those in quarantine for high-risk exposures or a newly admitted unvaccinated person or in isolation for suspected or confirmed COVID-19.

Who Should Quarantine

- Unvaccinated new admissions or readmissions
- Symptomatic resident awaiting test results
- Vaccinated or unvaccinated residents following higher risk exposure (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection
- Unvaccinated residents who leave the facility may need to be quarantined based upon the risk assessment.
- Unvaccinated residents who leave the facility for 24 hours or longer should generally be managed as described in the New Admission and Readmission section.
- Roommates of residents with SARS-CoV-2 infection should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents while they are in quarantine (i.e., for the 14 days following the date their roommate was moved to the COVID-19 care unit).

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Q: Can point of care tests be used for the first round of facility-wide testing?

A: Yes, point of care tests may be used. Point of care tests are an approved method of testing. While PCR tests remain the gold standard, POC are acceptable.

Q: Can you clarify how to go about testing if we find an additional positive case during facility-wide testing?

A:

- You completed the required first round of testing.
- You identified additional case(s).
- Continue to test all previously negative residents and staff regardless of vaccination status every 3 to 7 days (or twice a week) until you have gone 14 days without any more positive cases. Do not test those within 90 days post COVID infection.
- At that time, stop testing all residents (vaccinated and unvaccinated). Stop testing vaccinated staff.
- Continue to test unvaccinated staff according to county positivity rates and CMS testing frequency.

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- Q: Clarify what is paused **while we test**?

- A: While you test:
  - Indoor and outdoor visits, communal dining, group activities, non-medical trips should be paused until the facility conducts it's first round of facility-wide testing. That should only take 1-3 days to test and get results.

- Based upon results, determine extent of outbreak.
  - If one unit is involved, it is called the affected unit. The affected unit should suspend indoor visits, but may allow outdoor visits, and on unit dining and group activities for those residents not in quarantine or isolation. All other units may resume indoor and outdoor visits, communal dining, group activities.
  - If multiple units are involved, the facility should suspend indoor visits, but may allow outdoor visits, on unit dining and group activities for those residents not in quarantine or isolation.
  - Compassionate care and end-of-life visits should continue at all times even if facility is in outbreak status. This is the LAW (disability rights law).

- Q: Can vaccinated and unvaccinated residents room together?

- A: Yes. There is no guidance stating vaccinated and unvaccinated can’t room together.

- Q: Can I place a recovered COVID resident with an unvaccinated resident?

- A: Yes, as long as the resident is recovered and has been in isolation for the required time (at least 10 days) they may be placed with an unvaccinated resident.

Q: Do we still need to have a yellow zone?

A:

- A yellow zone was never a mandate. It made sense to create an observation unit where residents with unknown COVID status could reside. These residents were potentially exposed (roommates, etc.) or new admissions/readmissions.

- Early in the pandemic:
  - That process made it easier for staff.
  - You wore full PPE when caring for these residents.
  - A huge concern over mixing these residents with the general population and spreading the virus.

  - But a lot has changed since then: we now have vaccination, POC testing, better contact tracing, etc. ---able to shelter in place and conduct testing and make decisions faster than before.
  - You may shelter in place and keep residents in quarantine in the general population provided you have signage on the door for droplet/contact precautions, provide appropriate PPE, and ensure core IP measures such as hand hygiene are being followed consistently by all staff.
  - Staff caring for residents on quarantine may care for those residents in the general population if measures are followed appropriately.

- CDC does require you designate a COVID unit with dedicated staff.

Q: Explain what to do with an exposed vaccinated resident.

A: Exposed resident should be placed into quarantine. The resident ideally should be in a single room. May shelter in place unless facility has a observation/yellow zone. If utilizing yellow zone, move the resident to the yellow zone. The resident should be restricted to their rooms, not participate in communal dining, group activities or indoor/outdoor visitation unless it is for compassionate/end-of-life situations. Staff should wear full PPE when caring for this resident (N95, eye protection, gown, gloves).

Per CDC:

Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions.

Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.

Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC

Q: The new guidance says those with a high risk exposure need to have 2 tests post exposure. Are fully vaccinated staff still able to work if asymptomatic while waiting for test results?

A: Yes. Per CDC: “Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.”

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor_1619116602537-

Q: If residents can take off masks and not socially distance while dining and in activities with all vaccinated residents, can they sit in common areas of the building without masks and social distancing?

A: Outdoors would be preferred. They would need to be with other vaccinated residents and be able to discern if they should mask if an unvaccinated resident entered the common area. Which would mean they would always need to have a mask with them.

Q: Can we ask for proof of vaccination from visitors or take their word for it?

A:

You can ask if visitors are vaccinated.

You can't require them to prove vaccination status with a document/vaccination card.

Many may voluntarily show you proof.

Q: Can we create a list of vaccinated visitors if the visitor(s) voluntarily provided proof of vaccination as a reference for future visits?

A: How LTC facilities handle this information may need to be decided with their own counsel in reviewing the applicable laws, policies, and procedures, but this sounds reasonable.

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- Q: Can vaccinated residents wear a color-coded ID bracelet to signify vaccination status? Or place stickers on HCP ID badges?

- A: How LTC facilities handle this information may need to be decided with their own counsel in reviewing the applicable laws, policies, and procedures.

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**