



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

May 7th , 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
- LTC Testing Updates
- Postvaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members
- 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, May 14 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e098c3699333c4effe3a8c2686d9c9808
Friday, May 21 st	https://illinois.webex.com/illinois/onstage/g.php?MTID=e986e5d36dbc9013c174b0d40ed2f0f4b

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

Reminder: LTC testing requirements

IDPH emergency rules under 77 Illinois Administrative Code require SARS-CoV-2 testing – in place for 150 days from effective date.

- [Renewed effective 3/22/2021](#): Part 300. Skilled Nursing and Intermediate Care Facilities
- [Renewed effective 4/18/2021](#):
 - 295. Assisted Living Facilities
 - 330. Sheltered Care Facilities
 - 340. Illinois Veterans' Homes
 - 350. Intermediate Care for Developmentally Disabled Facilities (ICF/DD)
 - 370. Community Living Facilities
 - 380. Specialized Mental Health Rehabilitation Facilities (SMHRF)
 - 390. Medically Complex for the Developmentally Disabled Facilities (MC/DD)

CDC/CMS
Updates to
LTC Testing,
4/27/21

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested	Residents, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*	Test all residents, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

- From CMS [QSO-20-38 \(revised\)](#), Table 1

Outbreak Testing Procedures

- **CMS:** “Upon identification of a single new case of COVID-19 infection in any staff or residents,
 - all staff and residents, *regardless of vaccination status*, should be tested *immediately*,
 - and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.”
- **At the beginning of an outbreak:** more frequent testing (e.g., every 3 – 4 days/twice per week) can be useful in quickly identifying cases and preventing larger outbreaks.

CDC/CMS Updates: LTC Testing of Staff and Residents with an Exposure

Situation

- Asymptomatic HCP with [higher-risk exposure](#)
- Patients/Residents with prolonged close contact with someone with SARS-CoV-2 infection

Action step

- Conduct two viral tests for SARS-CoV-2:
 - 1) Immediately
 - 2) 5–7 days after exposure

*Applies to vaccinated and unvaccinated individuals.

People with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact.

CDC/CMS Updates: LTC Routine HCP Testing

CMS QSO-20-38 (revised):

*“Fully vaccinated staff do not have to
be routinely tested”*

County Positivity Rate*	Minimum Testing Frequency of <u>Unvaccinated</u> Staff**
<5%	Once a month
5% - 10%	Once a week
>10%	Twice a week

*CMS updates county positivity rate once per week on this [website](#).

The table outlines the **minimum testing frequency. Some local health departments may instruct their facilities to test at a higher frequency (e.g., due to rising rates in the region or other risk factors).

Reminder: LTC
Routine HCP
Testing &
Changing
Positivity Rates

The facility should *test* all *unvaccinated* staff at the frequency prescribed in the Routine Testing table based on the county positivity rate reported *in* the past week. Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above.

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.

The guidance above represents the minimum testing expected. Facilities may consider other

CMS data from 4/7 – 4/20/21

Yellow = 26 counties
Red = 2 counties

County	Percent Positivity in prior 14 days	Test Positivity Classification - 14 days
Boone County, IL	10.4%	Red
Clark County, IL	5.2%	Yellow
Cook County, IL	5.2%	Yellow
De Witt County, IL	5.2%	Yellow
DeKalb County, IL	7.3%	Yellow
DuPage County, IL	5.6%	Yellow
Edwards County, IL	7.9%	Yellow
Ford County, IL	5.5%	Yellow
Grundy County, IL	5.4%	Yellow
Jo Daviess County, IL	11.2%	Yellow
Kane County, IL	8.1%	Yellow
Kendall County, IL	8.8%	Yellow
Marshall County, IL	7.6%	Yellow
Mason County, IL	7.8%	Yellow
McDonough County, IL	8.5%	Yellow
McHenry County, IL	8.2%	Yellow
McLean County, IL	6.0%	Yellow
Mercer County, IL	6.3%	Yellow
Ogle County, IL	7.1%	Yellow
Peoria County, IL	11.2%	Red
Rock Island County, IL	5.2%	Yellow
Stark County, IL	5.1%	Yellow
Stephenson County, IL	5.1%	Yellow
Tazewell County, IL	9.3%	Yellow
Whiteside County, IL	8.0%	Yellow
Will County, IL	5.8%	Yellow
Winnebago County, IL	8.8%	Yellow
Woodford County, IL	8.1%	Yellow

CMS data from 4/14 – 4/27/21

Yellow = 24 counties

County	Percent Positivity in prior 14 day	Test Positivity Classification - 14 d
Boone County, IL	8.5%	Yellow
Coles County, IL	5.4%	Yellow
DeKalb County, IL	6.2%	Yellow
DuPage County, IL	5.0%	Yellow
Edwards County, IL	12.4%	Yellow
Ford County, IL	5.7%	Yellow
Jo Daviess County, IL	6.9%	Yellow
Kane County, IL	7.2%	Yellow
Kendall County, IL	8.3%	Yellow
Macon County, IL	5.5%	Yellow
Marshall County, IL	5.2%	Yellow
Mason County, IL	8.1%	Yellow
McDonough County, IL	9.3%	Yellow
McHenry County, IL	7.4%	Yellow
McLean County, IL	5.6%	Yellow
Mercer County, IL	9.5%	Yellow
Ogle County, IL	6.9%	Yellow
Peoria County, IL	8.9%	Yellow
Putnam County, IL	5.4%	Yellow
Tazewell County, IL	7.1%	Yellow
Whiteside County, IL	5.0%	Yellow
Will County, IL	5.7%	Yellow
Winnebago County, IL	7.6%	Yellow
Woodford County, IL	6.0%	Yellow



Long Term Care Guidance for COVID-19



Protecting health, improving lives.

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All Illinoisans 16 years of age and older are eligible for the COVID-19 vaccine.
Find your nearest vaccination location here or call (833) 621-1284 to schedule an appointment near you.

COVID-19 Home Guidance Illinois Data Testing Resources & Information Health Care Providers & Facilities Media & Publications

Vaccine Information » Personal Protective EquipmentPE Guidance for COVID-19 in Long- Term Care Settings

COVID-19 Home

Guidance

Workplace Health and Safety Guidance

Workplace Rights and Safety

Places of Worship Guidance

Quarantine Guidance

School Guidance

Addressing COVID-19 in Schools

Child Face Coverings in Schools

School Guidance FAQs

Personal Protective EquipmentPE Guidance for COVID-19 in Long- Term Care Settings



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



[Moderate to Substantial Community Transmission of COVID-19 \(5% or greater test positivity\)](#)

[Personal Protective EquipmentPE Guidance for COVID-19 in Long- Term Care Settings | IDPH \(illinois.gov\)](#)



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, DQES have potentially AGP such as CPAP/BIPAP, Nebulizers.	Resident in TBP for pathogen other than COVID and DQES have potentially AGP such as CPAP/BIPAP, Nebulizers.	Resident in TBP for suspected or confirmed COVID-19	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	Facemask required	Facemask required. N95 if respiratory pathogen.	By definition one case puts facility into Outbreak. See below for PPE requirements.	N95 respirator required
	Eye protection-use Standard Precautions	Eye protection-use Standard Precautions	Eye protection-use Standard Precautions		Facemasks only if N95 unavailable
	Gown-use Standard Precautions	Gown-use Standard Precautions	Gown required for Contact Precautions		Gowns-required
	Gloves-Use Standard Precautions	Gloves-use Standard Precautions	Droplet Precautions-use Standard Precautions for gown use		Gloves-required
No to Minimal Transmission-OUTBREAK	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemask only if N95 unavailable
	Eye Protection-required	Eye Protection-required	Eye Protection-required	Eye Protection-required	Eye Protection-required
	Gown-use Standard Precautions	Gown-use Standard Precautions	Gowns-required	Gowns-required	Gowns-required
	Gloves-use Standard Precautions	Gloves-use Standard Precautions	Gloves-required	Gloves-required	Gloves-required

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



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, DQES have potentially AGP such as CPAP/BIPAP, Nebulizers.	Resident in TBP for pathogen other than COVID and DQES have potentially AGP such as CPAP/BIPAP, Nebulizers.	Resident in TBP for suspected or confirmed COVID-19	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	N95 respirator required	Facemask required	By definition one case puts facility into Outbreak. See below for PPE requirements.	N95 respirator required
	Eye protection-required	Facemask only if N95 unavailable	N95 if respiratory pathogen		Facemask only if N95 unavailable
	Gown-use Standard Precautions	Eye Protection-required	Eye Protection-required		Eye Protection-required
	Gloves-Use Standard Precautions	Gowns-required	Gowns-required		Gowns-required
		Gloves-required	Gloves-required		Gloves-required
Moderate to Substantial Transmission-OUTBREAK	N95 Respirator required	N95 Respirator required	N95 Respirator required	N95 respirator required	N95 respirator required
	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemask only if N95 unavailable
	Eye Protection-required	Eye Protection-required	Eye Protection-required	Eye Protection-required	Eye Protection-required
	Gown-use Standard precautions	Gowns-required	Gowns-required	Gowns-required	Gowns-required
	Gloves-use Standard Precautions	Gloves-required	Gloves-required	Gloves-required	Gloves-required

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

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, <u>DOES</u> have potentially AGP such as CPAP/BIPAP, Nebulizers.	Resident in TBP for pathogen other than COVID and <u>DOES</u> have potentially AGP such as CPAP/BIPAP, Nebulizers.	Resident in TBP for suspected or confirmed COVID-19	Resident is new admission or readmission (quarantine) <u>unless</u> the resident is fully vaccinated or within 90 days of COVID infection.
Moderate to Substantial Transmission- NON-OUTBREAK	Facemask required	N95 respirator required	Facemask required	By definition one case puts facility in outbreak. See below for PPE requirements.	N95 respirator required
	Eye protection-required	Facemask only if N95 unavailable	N95 if respirator not available		Facemask only if N95 unavailable
	Gown-use Standard Precautions	Gowns-required	Gowns-required		Gowns-required
	Gloves-Use Standard Precautions	Gloves-required	Gloves-required		Gloves-required
Moderate to Substantial Transmission- OUTBREAK	N95 Respirator required	N95 Respirator required	N95 Respirator required	N95 respirator required	N95 respirator required
	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemask only if N95 unavailable	Facemasks only if N95 unavailable	Facemask only if N95 unavailable
	Eye Protection-required	Eye Protection-required	Eye Protection-required	Eye Protection-required	Eye Protection-required
	Gown-use Standard precautions	Gowns-required	Gowns-required	Gowns-required	Gowns-required
	Gloves-use Standard Precautions	Gloves-required	Gloves-required	Gloves-required	Gloves-required

Previously stated “recommended” but changed to “required”.

Conventional Capacity Strategies

Use eye protection according to product labeling and local, state, and federal requirements.

In healthcare settings, eye protection is used by HCP to protect their eyes from exposure to splashes, sprays, splatter, and respiratory secretions (e.g., for patients on Droplet Precautions and for all patient encounters when there is moderate to substantial community transmission of SARS-CoV-2). Disposable eye protection should be removed and discarded. Reusable eye protection should be cleaned and disinfected after each patient encounter.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

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

Screening

- **No longer necessary to screen visitors 24 hours in advance.**
- Visitors should be screened and restricted from visiting, **regardless of their vaccination status**, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine.



Do you have:	Yes	No	Comments
Fever* or chills			
New or worsening cough			
Shortness of breath or difficulty breathing			
Sore throat			
Fatigue			
Muscle or body aches			
Headache (new, or not related to caffeine, hunger, tension, allergies).			
New loss of taste or smell			
Congestion or runny nose			
Nausea, vomiting, or diarrhea			
Have you had close contact with someone with COVID-19 infection in the prior 14 days?			
Have you been tested recently due to an exposure or close contact to a person with COVID-19?			
Have you been diagnosed with COVID-19 in the prior 10 days?			



Vaccination



- Facilities should continue to promote and provide vaccination for all HCP.
- Post-acute care facilities should continue to encourage vaccination among all new admissions.
- Facilities should maintain a record of the vaccination status of patients/residents and HCP.
- Full vaccination for visitors is always preferred, when possible.

Visitation Considerations

- Before allowing indoor visitation, the risks associated with visitation should be explained to patients/residents and their visitors so they can make an informed decision about participation. Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.
- Full vaccination for visitors is always preferred when possible but, not required to participate in visitation (outdoor or indoor). ***Facilities may ask visitors about vaccination status but cannot require proof of vaccination or require visitors to sign or attest to their vaccination status.***
- Visitors should be counseled about recommended infection prevention and control practices that should be used during the visit (e.g., facility policies for source control or physical distancing).
- Visitors, regardless of their vaccination status, should wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control, except as described (see examples).

Visitation Considerations

(continued)

- Hand hygiene should be performed by the patient/resident and the visitors before and after contact.
- High-touch surfaces in visitation areas should be frequently cleaned and disinfected.
- Facilities should have a plan to manage visitation and visitor flow.
- ***Visitors, regardless of their vaccination status, should physically distance (maintaining at least 6 feet between people) from other patients/residents, visitors that are not part of their group, and HCP in the facility, except as described (see examples).***
- Facilities might need to limit the total number of visitors in the facility at one time in order to maintain recommended infection control precautions. Facilities might also need number of visitors per patient/resident at one time to maintain any required physical distancing.

Visitation Exceptions

Indoor visitation could be permitted for all residents except as noted below:

- **Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated**
- Indoor visitation should be limited solely to compassionate care situations, for:
 - Vaccinated and unvaccinated **residents with SARS-CoV-2 infection** until they have met criteria to discontinue Transmission-Based Precautions.
- Vaccinated and unvaccinated **residents in quarantine** until they have met criteria for release from quarantine.
- **Facilities in outbreak status** should follow guidance from state and local health authorities and CMS on when visitation should be paused.-----PAUSE until first round of testing is done
- Additional information is available in the CMS memo addressing nursing home visitation – COVID-19 (Revised 3/10/2021) and the CMS memo addressing visitation at intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities -COVID-19).

Visitation during an Outbreak

- Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitation should be paused.-----
PAUSE until first round of testing is done
- When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.“

- **This applies to both OUTDOOR AND INDOOR VISITATION UNTIL the FIRST ROUND OF TESTING IS DONE (facility is trying to determine extent of outbreak)**

Resume visitation on other units if outbreak is contained to one unit (affected unit).

Examples of Changes in Visitation Guidance

When both the resident and all of their visitors are fully vaccinated:

- While alone in the resident's room or in the designated visitation area, ***the resident and their visitor(s) can choose to have close contact (including touch) and NOT wear source control.***
- Visitors should wear source control and physically distance from other HCP and other residents and visitors that are not part of their group at all other times while in the facility.
- Key Points: Both are vaccinated (resident and visitor)
 - Alone in resident room
 - Alone in designated visitation area
 - Separate physically from other HCP, residents, and visitors and wear source control

Examples of Changes in Visitation Guidance

When either the patient/resident or any of their visitors are NOT fully vaccinated:

- The safest approach is for everyone to maintain physical distancing and to wear source control.
- However, **if the patient/resident is fully vaccinated**, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.
- Key Points: Everyone is Not fully vaccinated
If Resident is vaccinated
Physically distance
Wear source control

Communal Dining



Residents who can NOT participate in communal dining:

- Vaccinated and unvaccinated patients/residents with SARS-CoV-2 infection, or in isolation because of suspected COVID-19, can NOT participate in communal dining until they have met criteria to discontinue Transmission-Based Precautions.
- Vaccinated and unvaccinated patients/residents in quarantine can NOT participate in communal dining until they have met criteria for release from quarantine.

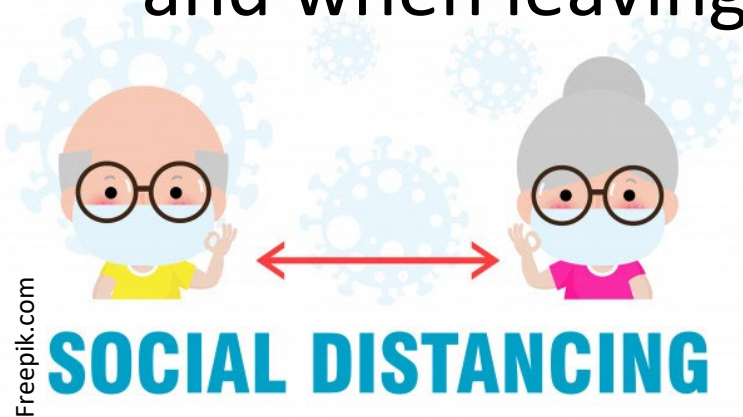
Communal Dining

Residents who CAN participate in communal dining:

- Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing.
- If unvaccinated patients/residents are dining in a communal area (e.g., dining room)
 - all patients/residents should use source control when not eating
 - and unvaccinated patients/residents should continue to remain at least 6 feet from others.

Communal Dining

- 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 when leaving the dining area.



Group Activities

- If all patients/residents participating in the activity are fully vaccinated, then they may choose to have close contact and do not need to wear source control during the activity. **{all participants are vaccinated}**
- If unvaccinated patients/residents are present, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others. **{if it's mixed group of vaccinated and unvaccinated then wear mask and unvaccinated should social distance}**



Out of Building Excursions

- Residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces.
- Residents should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene.



If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in the Interim Public Health Recommendations for Fully Vaccinated People.



COVID-19



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After You're Fully Vaccinated -

Guidance for Fully Vaccinated People

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Interim Public Health Recommendations for Fully Vaccinated People

Updated Apr. 29, 2021

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Summary of Recent Changes

Updates as of April 27, 2021



- Guiding principles for fully vaccinated people are now provided.
- Underscores that immunocompromised people need to consult their healthcare provider about these recommendations, even if fully vaccinated.
- Fully vaccinated people no longer need to wear a mask outdoors, except in certain crowded settings and venues.

Transport in Vans or Buses

- Limit occupancy in vehicle based **upon the vaccination status** of the residents being transported and the ability to maintain **6-foot separation between unvaccinated residents.**



Upon return of a resident from a trip outside the facility:

- Unvaccinated residents should be observed and monitored closely for development of symptoms during the following 14-day period following the outing.

Decisions on whether to place such residents into transmission-based precautions, should be made by assessing the potential for exposure while away using the IDPH Risk Assessment:

http://dph.illinois.gov/sites/default/files/COVID-19_LTC_FacilityRiskAssessment.pdf

- Unvaccinated residents that spend overnight out of building should be placed in transmission-based precautions for 14 days.

Fully vaccinated inpatients and residents are not required to quarantine.

***you would not be required to complete the risk assessment (listed above)**

- Residents within 90 days of confirmed COVID-19 infection do not need to quarantine

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

Beauty Salons

Removed the following statement from IDPH LTC visitation guidance:



“The beautician or barber must remain in the salon area throughout their time in the facility. Services may not be provided in residents’ rooms.”

*These individuals are screened, tested, and wearing appropriate PPE like staff.

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**