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Updated Interim COVID-19 Guidelines for Assisted Living and other Higher Risk Community Congregate Living Settings following the end of the Public Health Emergency

Updates are shown in RED

Applicability

This guidance applies to Assisted Living Facilities as well as other Illinois non-skilled facilities, such as Supportive Living, Shared Housing Establishments, Sheltered Care, and Specialized Mental Health Rehabilitation Facilities (SMHRF), whose staff provide non-skilled personal care, similar to that provided by family members in the home. The Centers for Disease Control and Prevention (CDC) definition of Non-skilled Personal Care is provided below.

Health care personnel (HCP) providing health care to one or more residents in non-skilled facilities (e.g., hospice care, memory support, physical therapy, wound care, intravenous injections, or catheter care) should follow the CDC Infection Prevention and Control Recommendations for Healthcare Personnel and the IDPH Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities.

Please note, the Illinois Department of Human Services has separately issued Suggested COVID-19 Guidance for Small Congregate Settings that is intended for small congregate settings, including Community Integrated Living Arrangements (CILAs) of eight or less unrelated individuals.

Reason for Update

This guidance reflects the May 11, 2023 updates to the CDC COVID-19 Guidance for Assisted Living Facilities and other Higher Risk Community Congregate Living Settings. This includes the specific CDC COVID-19 data that should be used for facility decision making. The focus remains on minimizing the impact of COVID-19 and other respiratory infections on the residents of these facilities, who are at higher risk of severe outcomes due to respiratory viral infections.

Continued Focus on County-Level COVID-19 Data: Hospital Admission Data

KEY POINTS

The previous CDC metrics, COVID-19 Community Transmission and Community Levels, will no longer be available following the expiration May 11 of the COVID-19 Public Health Emergency declaration. However, the **CDC COVID-19 Data Tracker will continue to provide relevant data that can be used to guide decision making**.

Facilities should continue to monitor the CDC COVID-19 Data Tracker weekly and implement select infection prevention and control measures (e.g., masking) based on the level of new COVID-19 hospital admissions over the past week in their county. This is the same metric that will be utilized by the CDC to issue alerts to the public regarding higher levels of SARS-CoV-2 circulating in the community and the need to take additional protective actions.

- **IDPH is recommending that a COVID-19 new hospital admissions level of 20 per 100,000 population over the past week be used as the measure at which facilities should consider implementing Enhanced Prevention Strategies ("HIGH").**
- **If there is a steady increase in hospital admissions for respiratory infections, including flu and RSV over two weeks regardless of the actual rate of admissions, facilities should be vigilant and prepared to implement enhanced measures if necessary.**

Facilities and individuals may choose to implement **additional** protective measures when the **COVID-19 Hospital Admission Level is lower based on their discretion and taking into account the activity of other respiratory infections, such as flu and RSV.**

Assessing Facility Risk for Higher Risk Community Living Settings

Non-skilled facilities should use both the COVID-19 Hospital Admission Level and facility-specific risks to guide decisions about when to apply specific COVID-19 prevention actions. Assessing the following factors can help decide if additional layers of protection are needed due to facility-specific risks:

- **Facility structural and operational characteristics:** Assess whether facility characteristics or operations contribute to COVID-19 spread. For example, facilities may have a higher risk of transmission if they have frequent resident or staff turnover, a high volume of outside visitors, poor ventilation, or areas where many people sleep close together.
- **Risk of severe health outcomes:** Assess what portion of people in the facility are more likely to get very sick from COVID-19 (e.g., due to underlying health conditions, lack of COVID-19 vaccination, older age, pregnancy, or poor access to medical care).
- **COVID-19 transmission in the facility:** Assess the extent to which transmission is occurring within the facility through diagnostic testing of people with COVID-19 symptoms and their close contacts, as described below under "Post-Exposure Guidance".

COVID-19 Prevention Strategies
The actions facilities can take to help keep their populations safe from COVID-19 can be categorized as prevention strategies for **everyday operations** and **enhanced** prevention strategies when the COVID-19 Hospital Admission Level is high.

- **Prevention strategies for everyday operations** should be in place at all times, even if COVID-19 Hospital Admission Levels are **NOT HIGH**. These include all of the strategies listed below except those marked *enhanced strategy*.

- **Enhanced prevention strategies** should be added to supplement the prevention strategies for everyday operations when COVID-19 Hospital Admission Levels are **HIGH** and when there has been transmission within the facility (i.e., when in outbreak) or based on the assessment of facility-specific factors that increase risk. **This is not an exhaustive list. Contact your local health department to discuss additional measures based on the situation.**

When adding enhanced prevention strategies, facility operators should balance the need for COVID-19 prevention with the impact of reducing access to services and programming. Facilities may not be able to apply all enhanced COVID-19 prevention strategies due to local resource constraints, facility and population characteristics, or other factors (such as impact on lifestyle). However, they should use as a multi-layered approach to increase the level of protection against COVID-19 by adding as many prevention strategies as feasible.

Depending on the risk in different areas of the facility, enhanced prevention strategies can be applied across an entire facility or can be targeted to a single housing area, wing, or building. Facilities with higher risk profile can apply enhanced prevention strategies at any time, including when the COVID-19 Hospital Admission Level is not high.

Support Staff and Residents to Stay Up to Date with COVID-19 Vaccines
Encourage and enable staff, volunteers, and residents to stay up to date on COVID-19 vaccination. Where possible, offer vaccine onsite and support peer promotion of vaccination.
- Resources are available for onsite COVID-19 vaccinations through long-term care pharmacies and mobile response teams. Contact the local health department for additional information.
- With the end of the Public Health Emergency and the State of Illinois Gubernatorial Disaster Proclamation, the COVID-19 Emergency Rules are no longer in effect. As a result, at this time, non-CMS-certified facilities, which are not required to report to NHSN, are no longer required to report **aggregate** COVID-19 data to IDPH via Smartsheet.
- Other forms of communicable disease reporting mandated by state regulations and local health departments are unaffected.

Improve Ventilation
- Ensure HVAC systems operate properly and provide acceptable indoor air quality.
- **Enhanced strategy:** Where possible, consider holding group activities outdoors.

- **Enhanced strategy:** Increase and improve ventilation as much as possible. Identify, obtain, and test enhanced ventilation options in advance of higher risk periods to be ready to deploy when needed. Short-term and long-term tools to improve ventilation in buildings can be found on the CDC website and in the IDPH Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities.

Wear Masks or Respirators and Personal Protective Equipment, as Appropriate

- Maintain a stock of personal protective equipment (PPE) for staff.
- Offer high-quality well-fitting masks to all residents and visitors and provide PPE for staff based on risk (see below for more information on PPE).
- **Enhanced strategy:** Require universal indoor masking.

Indications for Masks and PPE/Respirators

- **Residents, visitors, or staff may choose to wear a well-fitted mask at any time**, based on their personal preference, when in the common areas of the facility, especially if attending a large gathering and to and from the dining room or activities.
- **Residents and staff who have been exposed to someone with SARS-CoV-2 infection** should wear a well-fitted mask for 10 days after their exposure when around others.
- **Residents who have COVID-19 or are suspected of having COVID-19** should wear a well-fitted mask for 10 days whenever they are around others.
- **Staff who will have close contact with residents who are in isolation precautions, including during transport,** should wear a NIOSH-approved respirator, eye protection (goggles/face shield), gowns/coveralls, and gloves.

If not already in place, employers should establish a respiratory protection program to ensure that staff members are fit-tested, medically cleared, and trained for any respiratory protection they will need within the scope of their responsibilities. For more details, see the OSHA Respiratory Protection Standard.

Promote Infection Control and Facility Cleaning

- Institute standard infection prevention and control measures, cleaning, and disinfection at least daily in common areas.
- Maintain supplies for hand hygiene, cleaning, and disinfection.
- Maintain signage regarding respiratory hygiene and cough etiquette for staff and visitors.
- Monitor hand hygiene, cleaning, and disinfection and train staff at least annually.

Enhanced strategy: Apply enhanced cleaning and disinfection recommendations.

Increase Distance

Routine physical distancing is no longer emphasized in the updated CDC recommendations, unless the facility is experiencing an outbreak or when COVID-19 Hospital Admission Levels are **HIGH**. However, when respiratory illnesses are circulating in the community it is best practice for higher risk facilities to 1) take measures to limit crowding in communal spaces and 2) encourage physical distancing at large gatherings, such as parties or events.

- **Enhanced strategy:** Reduce movement and contact between different parts of the facility when the facility is experiencing an outbreak.
- **Enhanced strategy:** Create physical distance of 6 feet or more in common areas when COVID-19 Hospital Admission Levels are **HIGH** or the facility is experiencing an outbreak.

Ensure COVID-19 Testing is Accessible, when Necessary

- Test residents and staff who either have symptoms of COVID-19 or have had a moderate-risk or higher-risk exposure (see **Table 1**, below).
- Facilities that perform point-of-care (POC) antigen testing must comply with state and federal regulations and must report all positive tests to IDPH. Instructions are located at: https://dph.illinois.gov/covid19/community-guidance/long-term-care/antigen-testing.html
- **Enhanced strategy:** Consult with your local health department about implementing routine screening testing of residents and/or staff if there are concerns about the population being at especially high risk for severe illness from COVID-19. Routine testing can help identify infections early, which is important for people who are eligible for treatment.

Identifying Exposures

A person with COVID-19 can spread the virus beginning two days prior to the onset of any symptoms (or two days prior to a positive test if they do not have symptoms). Persons with COVID-19 are considered infectious for 10 days, although that time period may be shortened to seven days with a negative test (see below under "Implement Isolation Guidance for Residents and Non-Health Care Staff who Test Positive for SARS-CoV-2"). People who have been exposed to someone when they are infectious with COVID-19 (close contacts) can be identified through contact tracing as described here:

- **Case Investigation and Person-Based Contact Tracing**
  - See CDC recommendations for Investigating a COVID-19 Case.
  - Case investigations should prioritize identification of close contacts who are more likely to get very sick from COVID-19, so that they can be referred to a health care provider to determine eligibility for treatment if they test positive for COVID-19.

- **Location-Based Contact Tracing**
  - Location-based contact tracing is preferable when identifying close contacts is difficult due to residents' and staff movements in and out of the facility.
  - Location-based contact tracing identifies potential exposures based on where a person with COVID-19 spent time while infectious. For residents, this could include their housing unit, transport bus, dining area, and any programmatic activities; for staff and volunteers, this could include their duty station/unit, break room, carpool, and areas where they interacted with residents.
  - For areas of a facility identified in location-based contact tracing, consider conducting testing of those who were present based on their exposure risk (see **Table 1** below).
  - **If any additional cases are identified, facilities should consider adding enhanced prevention strategies.**
  - **All cases of COVID-19 must be reported to the local health department.**

Implement CDC Post-Exposure Guidance

It is recommended that residents and non- health care staff who have had a moderate – or higher-risk exposure test at least five full days after exposure (or sooner, if they develop symptoms), and wear a well-fitted mask while around others for 10 full days after exposure.

Table 1: Evaluating Exposure Risks of Residents and Healthcare Staff
(Based on the CDC's Understanding Your Exposure Risk)

Evaluate an exposure for each criterion and write the level of risk in the last column				
Criteria	**Lower Risk**	**Moderate Risk**	**Higher Risk**	**Evaluate Exposure** (Write low moderate, or high in the box for each criterion evaluated.)
Exposure Time	Short duration (Very brief time, e.g., passing in hall, store, etc.)	Moderate duration (Less than 15 minutes, e.g., working out in a gym, sitting in group setting together.)	Longer duration (15 minutes or more, e.g., worked together all day, live together.)	
Activities that may involve exertion	Little to no exertion (e.g., sitting watching tv, meditation, yoga, quiet activity).	Some exertion (e.g., sitting together and talking to each other).	Exertion: Coughing, singing, shouting, or breathing heavily.	
Symptomatic	Asymptomatic-infected person did not display any symptoms.	Not applicable	Symptomatic-infected person coughing, etc.	
Mask wearing*	Both persons were masked.	One person was masked.	No masks were worn by either person.	
Ventilation	Encounter with infected person was outdoors.	Well ventilated indoor setting (fans going, air filters, windows open, etc.).	Poorly ventilated indoor setting.	
Distance	Distance of 6 feet or more between the infected person and exposed person.	Moderately close, (within 3 feet) to the infected person.	Very close or touching the infected person.	
Scoring Exposure Risk and Required Action Steps				
If all six criteria are evaluated as **lower risk** -- no further action is required by the facility, resident, or staff.				
If one or more criteria are evaluated as a **moderate risk** or **higher risk,** follow the guidance below.				

*Staff who were wearing an N95 respirator and eye protection are not considered exposed, even if the person with COVID-19 was not wearing a mask.

Managing Residents with Moderate Risk or Higher Risk Exposures

Residents do not need to be restricted to their apartments or rooms following a COVID-19 exposure unless they develop symptoms or test positive for SARS-CoV-2. Residents who have been exposed should be monitored for the development of symptoms to ensure prompt treatment to prevent severe illness or hospitalization.

- Testing following exposure
  - Test residents five full days after exposure, even if they do not develop symptoms. Count day of exposure as day 0.
  - If residents develop symptoms, test immediately.
  - No testing is required if residents have had COVID-19 within the last 30 days as the risk of reinfection is low. (Unless symptoms develop)
- Residents should wear a mask for 10 days post-exposure.

Managing Staff with Moderate Risk or Higher Risk Exposure

Work restriction is not required for staff following a moderate risk or higher risk exposure unless they develop symptoms or test positive for SARS-CoV-2.

- **Health Care Personnel** should follow the recommendations from the IDPH Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities.
- **Non-Health Care Staff**
  - Testing following exposure
    - Test staff five full days after exposure, even if they do not develop symptoms. Count day of exposure as day 0.
    - If staff develop symptoms, test immediately.
    - No testing is required if staff have had COVID-19 in last 30 days as the risk of reinfection is low.
  - Staff should wear a well-fitted mask for 10 days post-exposure while around others.

Implement Isolation Guidance for Residents and Non-Health Care Staff who Test Positive for SARS-CoV-2

- Isolate staff, volunteers, and residents who test positive for COVID-19 away from other residents or away from the facility, as applicable, for **10 days** since symptoms first appeared or from the date of sample collection for the positive test (if asymptomatic).

- If the individual has a negative viral test*, isolation can be shortened to seven days, as long as symptoms are improving and the individual has been fever-free for 24 hours (without the use of fever-reducing medications), the individual was not hospitalized, and the individual does not have a weakened immune system.

*Either a NAAT test, such as a PCR test, typically performed in a laboratory, or an onsite antigen test may be used to determine if isolation can be shortened to seven days. If using a NAAT, a single test is acceptable and must be obtained no sooner than day 5 of isolation. If using an antigen test, two negative tests must be obtained, one no sooner than day 5 and the second 48 hours later. Because NAAT tests can remain positive for some time, antigen testing may be preferred.

- **Note that the isolation period for higher risk community congregate living settings is longer than the duration recommended for the general public, because of the risk of widespread transmission and the high prevalence of underlying medical conditions associated with severe COVID-19.**
  - If multiple residents have tested positive, they can isolate together in the same area.
  - Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.
  - During crisis-level operations, such as severe shortages of staffing or space, facilities should consult with their local health department for additional guidance and support.

Health Care Staff with confirmed COVID-19

- **Health care personnel** should follow the IDPH Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities for work exclusions while ill, testing requirements, and return to work criteria.

Support Timely Access to Treatment

Effective treatments are now widely available and must be started within a few days after symptoms develop. Treatment has been shown to reduce the risk of severe COVID-19 disease and hospitalization, especially in the elderly and those with underlying health conditions. **As soon as a resident is diagnosed with COVID-19, contact the resident's medical provider to assess whether treatment is indicated.**

- **Treatment Information is available at:**
  - National Institutes of Health (NIH) COVID-19 treatment guidelines.
  - A clinical decision tree is also available to help clinicians determine if a resident is eligible for COVID-19 treatment and the right choice of treatment.
  - Resources are available for onsite COVID-19 treatment through long-term care pharmacies and mobile response teams. Contact the local health department right away if you have trouble securing treatment for residents with COVID-19.

Reporting COVID-19 Infections to the IDPH Office of Health Care Regulation

Assisted living facilities and other high-risk congregate settings shall notify the Office of Health Care Regulation of reportable communicable diseases and outbreaks.

Assisted Living facilities report via this link:
https://app.smartsheet.com/b/form/b37e5c2618424df1b7539e69da6baa7c

All other congregate community settings report via this form to their designated regional office:
https://dph.illinois.gov/content/dam/soi/en/web/idph/forms/topics-services/health-care-regulation/complaints/LTC-incident-reporting-form-7.2022.pdf

Definitions

Close Contact

a) Being within 6 feet of a person with confirmed SARS-CoV-2 infection for a period of 15 minutes or longer within a 24-hour period.
b) Having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection.
c) Distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation.

Non-skilled Personal Care

CDC defines non-skilled personal care as consisting of any non-medical care that can reasonably and safely be provided by non-licensed caregivers, such as help with daily activities like bathing and dressing; it may also include reminders for the kind of health-related care that most people do themselves, like taking oral medications. In some cases where care is received at home or a residential setting, care can also include help with household duties such as cooking and laundry.

Up to date

An individual has received the primary series of COVID-19 vaccine (either two doses or one dose, depending on the vaccine), and has received all additional and booster doses for which they are eligible as recommended by the CDC. (CDC up to date recommendations for COVID-19 vaccines)