IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

January 29th, 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
- Reducing Testing Frequency
- Current Tiered Mitigation Status
- Updated LTC COVID-19 Guidance
- Asymptomatic HCP
- Open Q & A

Slides and recording will be made available after the session.

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IDPH webinars

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

Friday, February 5th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e740229e885d51971b3fedfb37428f3d3
Friday, February 19th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e8f00a307f6b4e23e4d3927712139fdb5
Friday, February 26th	https://illinois.webex.com/illinois/onstage/g.php?MTID=edf8ca88f27f379f3108e3d8bf58a9a6d

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

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COVID-19 Vaccinations January 29, 2021

Col. Damon T. Arnold, M.D., M.P.H., M.A. (USARNG - Ret.)

HCSC - Blue Cross Blue Shield Medical Director

Former Director Illinois Department of Public Health

Former State Surgeon and Medical Commander ILNG JTFC

Adjunct Professor UIC College of Medicine and SPH

ISBH: Policy Committee Chairman

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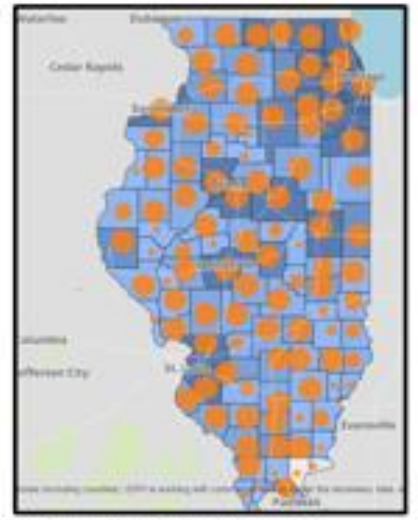
Illinois Statistics (IDPH) as of 01/26/21



1,020 of 3,325 ICU beds available

4,395 of 5,675 ventilators available

719,995 vaccinations have been administered

Total of 15.5M tests have been performed with a current 5.6% positivity rate and resulting in 1,108,430 confirmed cases associated with 20,853 deaths (confirmed + probable) and a recovery rate of 98%

Declining, positivity, hospitalization, and death rates are noted.

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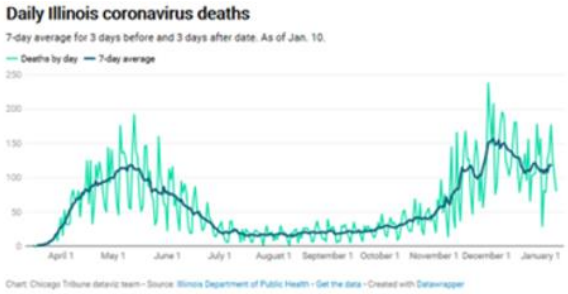
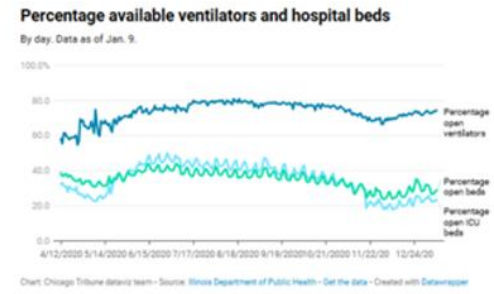
Illinois COVID-19 Vaccination Data 01/26/21

- Population - 12,741,080
- Total Allocated Illinois Doses (excluding Chicago – separate allocation) - 1,764,675
- Total Administered Doses - 719,995
- LTC Allocated Doses - 537,050
- LTC Administered Doses - 110,403
- Vaccination 7-Day Rolling Average - 30,180
- # Population Fully Vaccinated - 145,772
- % Population Fully Vaccinated - 1.14%





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Illinois COVID-19 Data

Country	Total confirmed cases	Cases per million inhabitants	Number of inhabitants per case	Deaths
United States	22,410,294	67,704	14	373,614
India	10,466,595	7,585	131	151,160
Brazil	8,105,790	38,134	26	203,100
Russia	3,389,733	23,228	43	61,389
United Kingdom	3,081,368	45,390	22	81,567
France	2,840,864	43,523	22	67,885
Turkey	2,326,256	27,582	36	22,807
Italy	2,276,491	37,652	26	78,755
Spain	2,050,360	43,854	22	51,874
Germany	1,934,674	23,091	43	40,970

Number of total confirmed COVID-19 cases, and number of people who died due to the virus. This table gets updated every 20 minutes with data by Johns Hopkins.

Table: Lisa Charlotte Rost, Datawrapper • Source: Johns Hopkins CSSE • Get the data • Created with Datawrapper

Male vs. female: Cases, deaths and tests

For Illinois. Data as of Jan. 4. Updated weekly.

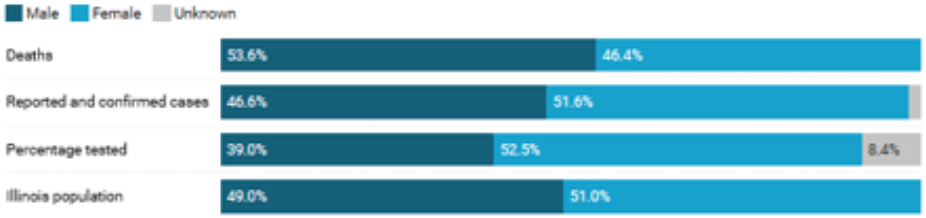

Chart: Chicago Tribune dataviz team • Source: Illinois Department of Public Health, Census Reporter • Get the data • Created with Datawrapper

By age: Percentage cases, deaths and tests

For Illinois, as of Jan. 4. Updated weekly.

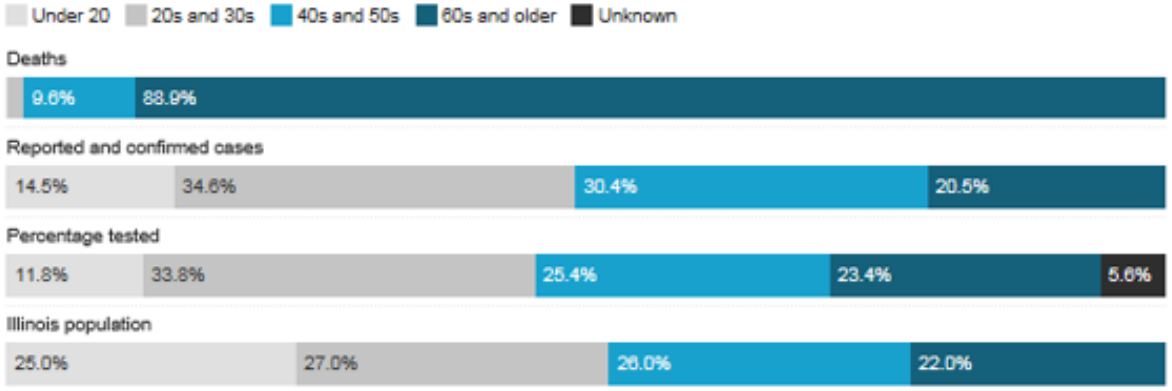

Chart: Chicago Tribune dataviz team • Source: Illinois Department of Public Health, Census Reporter • Get the data • Created with Datawrapper

By race: Percentage coronavirus cases, deaths and tests

For Illinois, as of Jan. 4. Updated weekly.

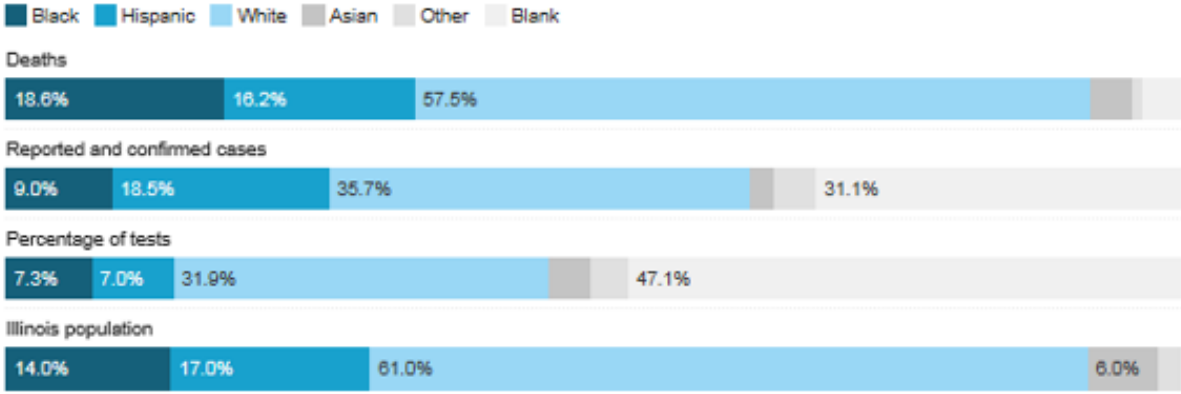

Chart: Chicago Tribune dataviz team • Source: Illinois Department of Public Health, Census Reporter • Get the data • Created with Datawrapper

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The Tuskegee Experiment on the Social Media

Followed by 5,134 people

Monet Mayhem
June 11 at 11:31 PM ·

TUSKEGEE SYPHILIS EXPERIMENT ! ! ! !

Black people thought they were receiving free healthcare but instead were injected with Syphilis. This was conducted by the U.S. Public Health Service and happened over a period of 40 years between 1932 and 1972.

Gina Knight I remember learning this in nursing school and being astonished by how dirty they did those poor men!! There is a movie about it that's really good!

Carolyn Monroe Puyol i never was going to get it the first place or get tested.....😆😆

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Tuskegee Experiment Counternarrative

- **A comparison can be made between the Tuskegee Experiment (1932 to 1972) and the avoidance of COVID-19 vaccination. In both instances a person is not receiving an intervention (penicillin for syphilis; vaccination against SARS COV2/COVID-19) that would prevent the unfolding of the natural course of the disease.**

- **In effect, not choosing to receive the COV-19 vaccine is analogous to a reenactment of the Tuskegee Experiment in that you would just be watching the unfolding of the natural disease process without an effective intervention.**

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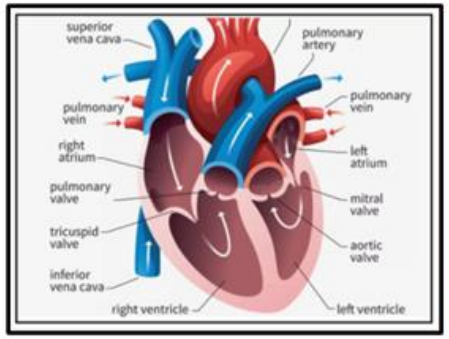
Cardiometabolic Pathways and COVID-19



Fruits* Vegetables* Nuts*
Whole Grains* Legumes*
Phytochemicals* Vitamins*
Low Oxidative Stress
Inflammation (Low)

Exercise
Stress Reduction

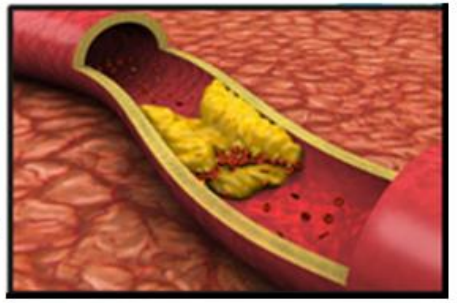
Good Health and Prolonged LIFE

Maternal Health
Genes
Environment

Birth → **Your Mouth** → **AGE** → Death

Meat* Saturated Fats* Sugar* Salt*
Smoking* Alcohol* Drugs* STI*
High Oxidative Stress
Inflammation (High)

Disease and Early DEATH



- Heart Disease/MI
- Cancer
- Medication Errors
- Drug Overdoses
- Cerebrovascular diseases
- Chronic lower respiratory diseases
- Accidents (Unintentional injuries)
- Diabetes Mellitus
- Alzheimer's disease
- Influenza and pneumonia
- Nephritis
- Septicemia

Oncogenesis – Lipogenesis - Insulin Resistance

Social Determinants of Health (SDOH)

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Update on Vaccine Suppliers as of 12/03/2020

Developer	Technology	Phase 3 Trial Participants	Doses	Status as of 12/3/2020
Pfizer	mRNA	44,000	2 doses 21 days apart	Requested EUA
Moderna	mRNA	30,000	2 doses 28 days apart	Requested EUA
Johnson & Johnson	Viral Vector	60,000	1 dose	Currently in phase 3 clinical trial
Oxford/AstraZeneca	Viral Vector	30,000	2 doses 28 days apart	Currently in phase 3 clinical trial

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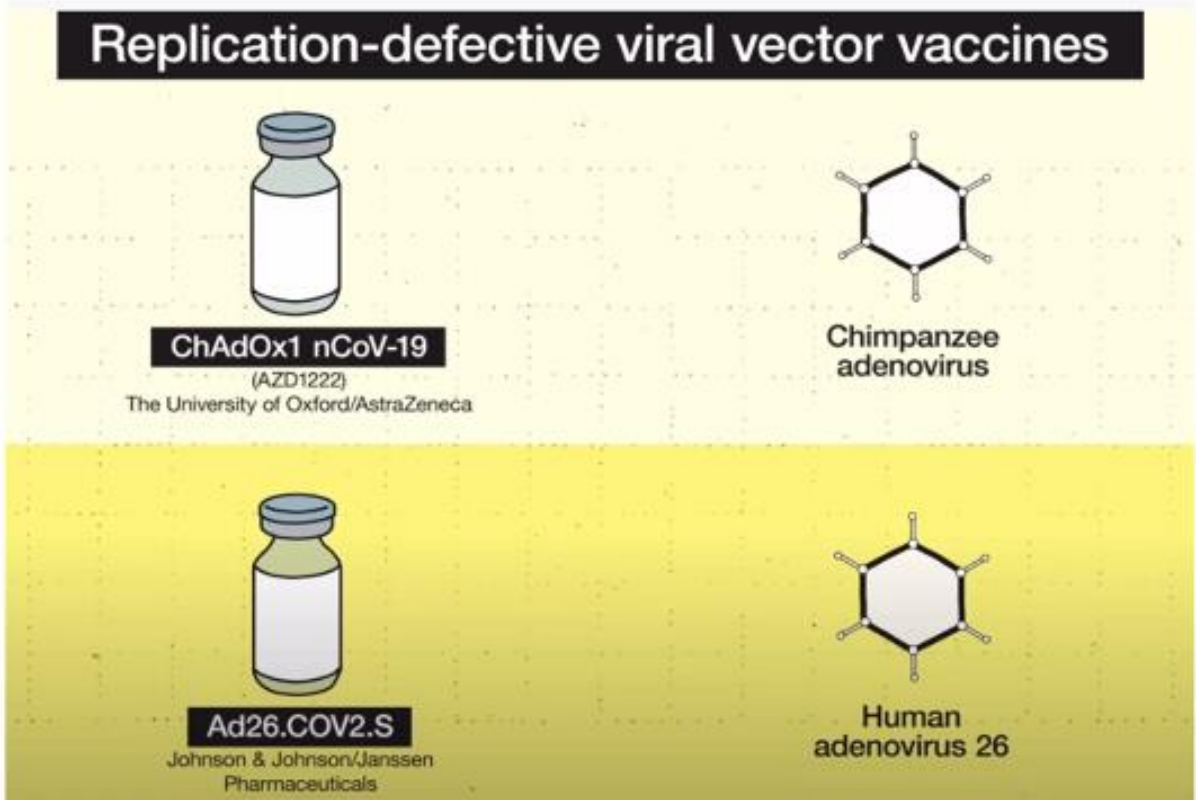
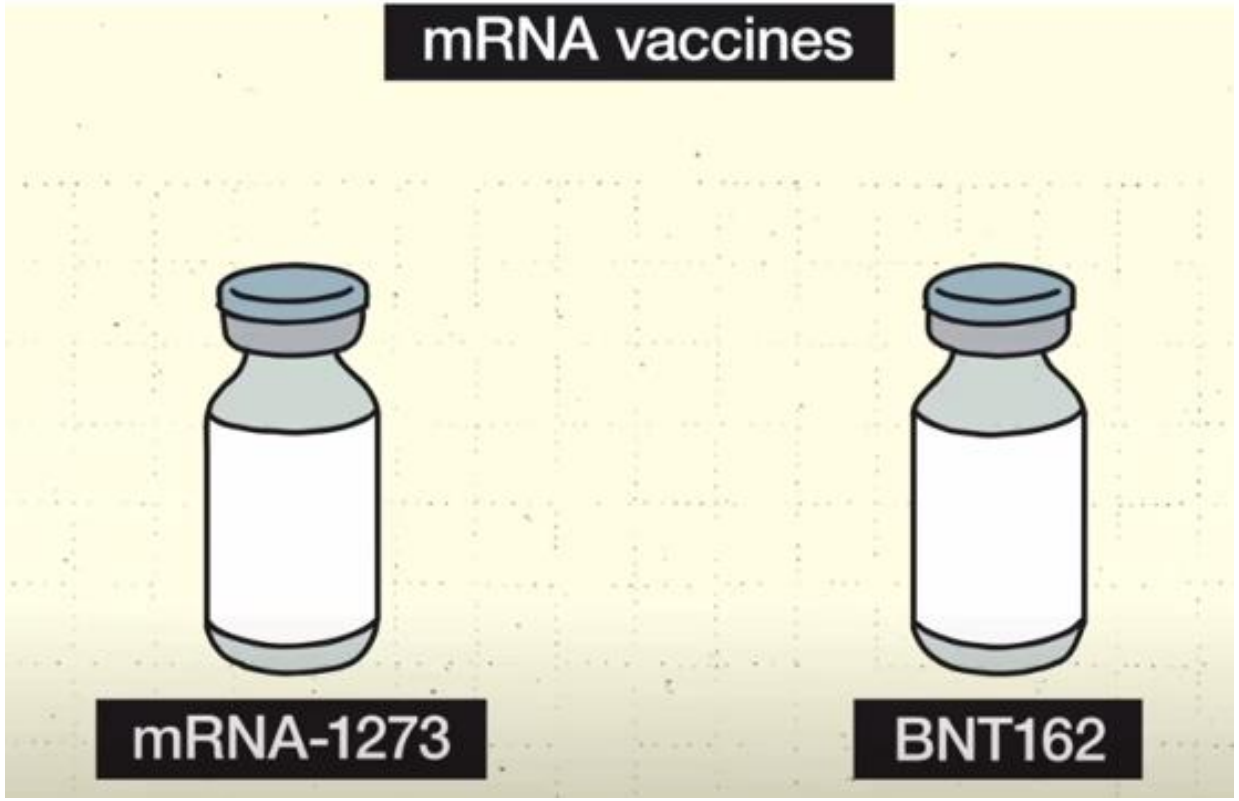
Currently Utilized COVID-19 Vaccines





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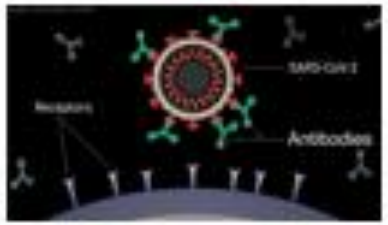
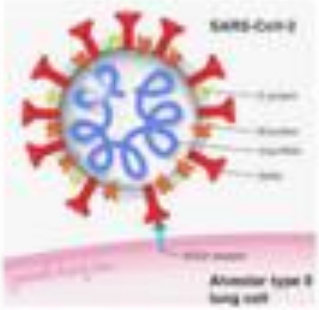
Vaccine Production

Four Types of Vaccine Production Platforms



- 1. mRNA - messenger ribonucleic acid. Encodes protein of the virus which is inserted into cells to trigger an immune response and create antibodies to the virus.



- 2. Nonreplicating vector - injecting only certain proteins of the virus to stimulate the immune system. Uses a harmless viral vector to deliver the protein into the cells.

- 3. Protein adjuvant - virus protein is packaged into a nanoparticle and delivered into cells with an adjuvant to enhance the immune response.

- 4. Live attenuated - modify the virus to be inactive but still alive. Virus can infect the cells but not replicate to cause disease.

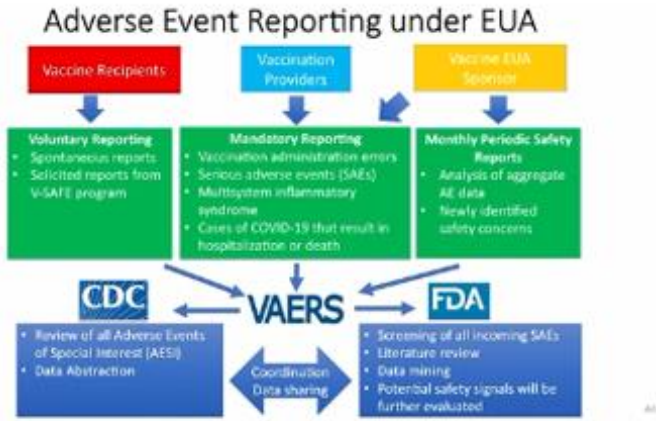
Leading Vaccine Suppliers Phase 3 RCT Reporting DEC 2020

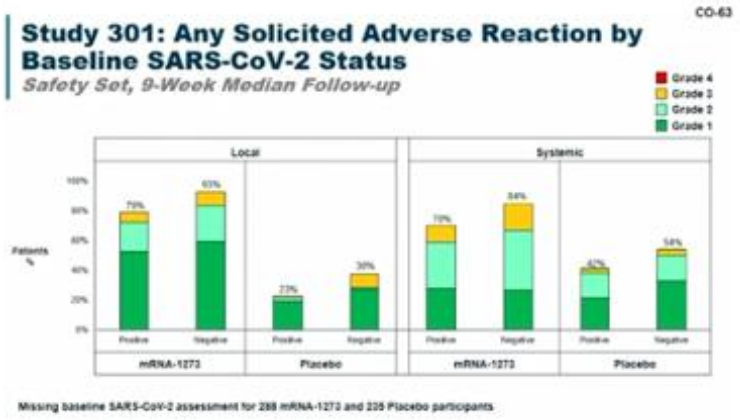
COVID-19 vaccine side effects (1-3 d): pain, swelling and redness at injection site, also:

	Moderna (NIH)	Pfizer (BioNTech)
Efficacy Dosing:	1st [?] 2nd [94%]	1st [52%] 2nd [95%]
• Severe Fever*	[<2%]	[<2%]
• Headache	[4.5%]	[2%]
• Muscle pain	[8.9%]	
• Joint pain	[5.2%]	
• Fatigue	[9.7%]	[3.8%]
Doses: 2020 end	20M	50M
Doses 2021 end	500M – 1B	1.3B

* Severe Fever defined as 102.2° to 104° F (39°C to 40°C)

Source: Advisory Committee on Immunization Practices; Science Magazine





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SARS COV2 Variants

- **Genetic Drift and Genetic Shift**
- **South African Variant (501.V2): Multiple Spike Protein Mutations**
- **United Kingdom [UK] (B.1.1.7)**
- **Currently felt that these mutations will be covered by the current COVID-19 vaccines**
- **If Pfizer can raise the dead with Viagra – they can surely save the living with a vaccine!**

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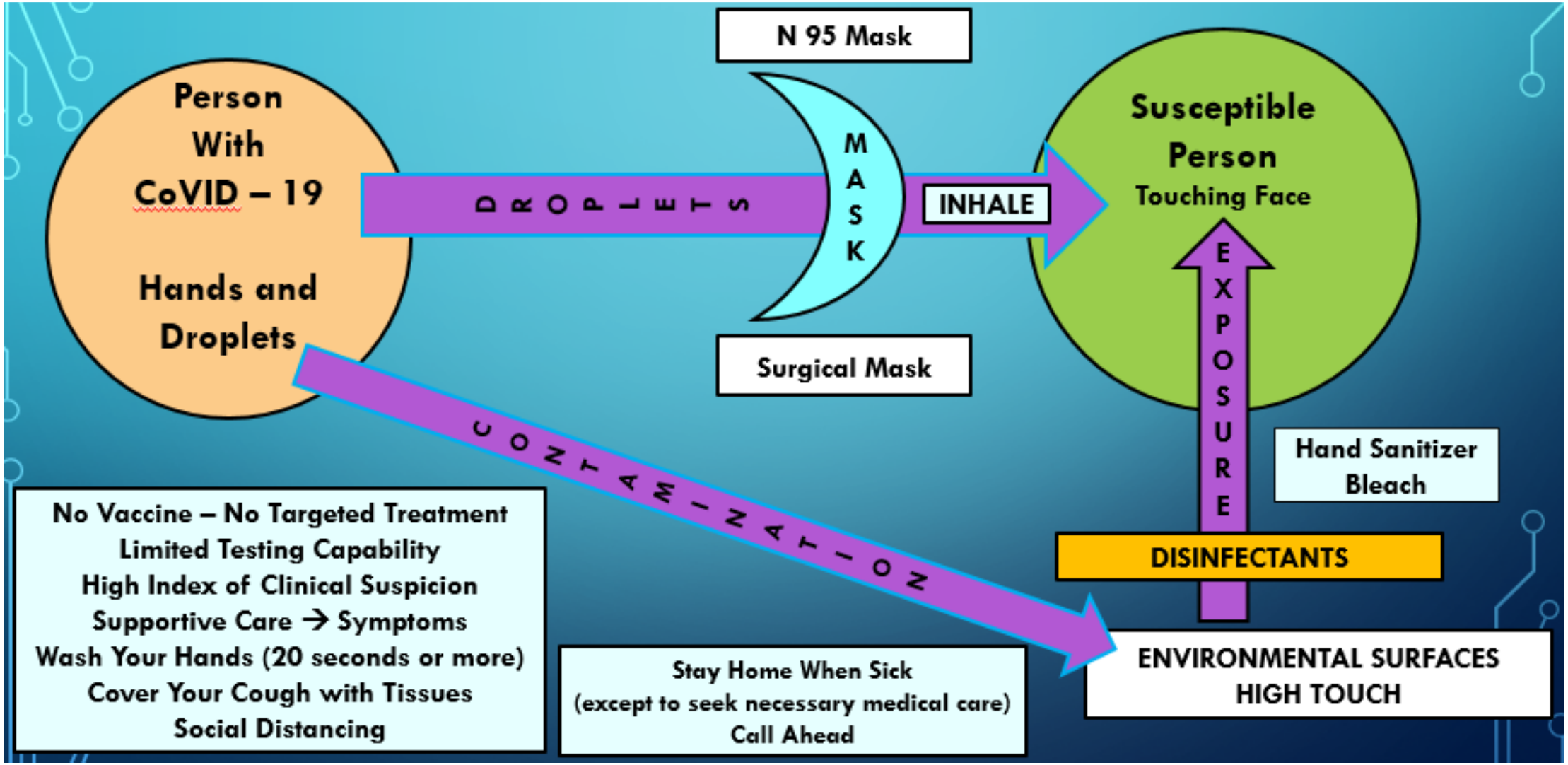
Coronavirus Transmission



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Vitamin D3

- 1 IU = 0.025 mcg
- 400 IU = 10 mcg
- 1,000 IU = 25 mcg
- 2,000 IU= 50 mcg
- 5,000 IU = 125 mcg
- 10,000 IU = 250 mcg
- 50,000 IU = 1,250 mcg (1.25 mg)

Questions?

Long Term Care Guidance for COVID-19

State of Illinois
Illinois Department of Public Health

COVID-19

JB Pritzker, Governor | Ngozi O. Ezike, MD, Director

1/29/2021

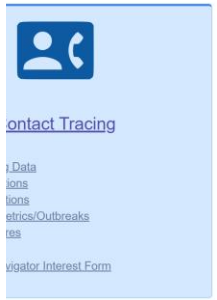
d Phases Table

CMS PHASES AND TIERED MITIGATION				
CMS PHASE ONE				
ACTIVITIES	**CMS PHASE ONE NO TIERS**	**CMS PHASE ONE TIER 1**	**CMS PHASE ONE TIER 2**	**CMS PHASE ONE TIER 3**
VISITATION	Virtual or teleconference visits encouraged Outdoor visits allowed No indoor visits allowed except compassionate care, end of life visits	Virtual or teleconference visits encouraged Outdoor visits allowed No indoor visits allowed except compassionate care, end of life visits	Virtual or teleconference visits encouraged Outdoor visits allowed No indoor visits allowed except compassionate care, end of life visits	Virtual or Teleconference visits encouraged Suspend outdoor visits. No indoor visits allowed except compassionate care, end of life visits
COMMUNAL DINING	Communal dining is not recommended If considered should be done on a limited or modified basis with a maximum seating capacity of 25%	Communal dining is not recommended If considered should be done on a limited or modified basis with a maximum seating capacity of 25%	Communal dining is not recommended If considered should be done on a limited or modified basis with a maximum seating capacity of 25%	Suspend communal dining
GROUP ACTIVITIES	Facilities are encouraged to offer programming to engage virtually, where possible, in activities that improve quality of life, such as worship services,	Facilities are encouraged to offer programming to engage virtually, where possible, in activities that improve quality of life, such as worship services, musical events, etc.	Facilities are encouraged to offer programming to engage virtually, where possible, in activities that improve quality of life, such as worship services, musical events, etc.	Facilities are encouraged to offer programming to engage virtually, where possible, in activities that improve quality of life, such as worship services, musical events, etc.

PROTECTING HEALTH, IMPROVING LIVES
Nationally Accredited by PHAB

1. Go to IDPH webpage

2. Click on Coronavirus Disease.
Takes you to IDPH Resources



3. Click on Long term Care Facilities Guidance (middle of the page)

4. Look at left-hand margin under Resources
5. Click on Table of Phases and Tiers (pdf version)

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Reducing
Testing Frequency

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-38-NH

DATE: **August 26, 2020**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool**

- CMS is c
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Specifical
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On August 25,
3401-IFC, enti
Amendments
Policy and Re
CMS's recommendation below to test with authorized nucleic acid or antigen detection assays is an important addition to other infection prevention and control (IPC) recommendations aimed at preventing COVID-19 from entering nursing homes, detecting cases quickly, and stopping transmission. Swift identification of confirmed COVID-19 cases allows the facility to take immediate action to remove exposure risks to nursing home residents and staff. CMS has added

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

***This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.**

If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact with the local and state health departments.

The facility should begin testing all 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

The facility should begin testing all 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

non-emergency medical transportation) and receiving healthcare providers (such as hospitals) regarding a resident's COVID-19 status to ensure appropriate infection control precautions are followed.

https://www.cms.gov/files/document/qso-20-38-nh.pdf

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CMS FAQs

https://www.cms.gov/files/document/covid-nh-testing-faqs.pdf

Q: Given CMS' modifications to the methodology for test positivity to include two weeks of data, do I still have to wait two weeks to reduce testing frequency?

A: Yes. Nursing homes should continue to wait until the county positivity rate has remained at the lower activity level for at least two weeks of data before reducing testing frequency. If, for example, your county positivity rate drops from yellow to green, you would need to wait two weeks at the "green" level before reducing your testing frequency

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General Comments

- To make it easier to figure out and not try to calculate the days or dates, etc., a facility must have two consecutive CMS reporting periods at the reduced level to be able to reduce their testing frequency.
- If the level should increase, you must immediately test at the higher frequency per CMS testing frequency.
- Facilities must test according to their LHD recommendations should those recommendation be more stringent than CMS requirements.

"So….What's this look like?"

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Testing Frequency

County	Week Ending 12/30/20	Week Ending 1/6/21	Week Ending 1/13/21	Week Ending 1/20/21	Week Ending (new data not posted yet)
Jackson Co.	9.2% Yellow Test 1X/week (not sure what previous week was but for example are using yellow)	10.3% Red **Increase** from previous reporting period so must immediately increase to twice a week testing Test 2X/week	9.4% Yellow *Can **NOT** reduce testing frequency yet. Remain testing 2X/week	6.4% Yellow *2nd consecutive reporting at Yellow so may now **reduce** testing frequency to 1X/week	

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

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Testing Frequency Example

County	Week Ending 12/30/20	Week Ending 1/6/21	Week Ending 1/13/21	Week Ending 1/20/21	Week Ending (new data not posted yet)
Adams Co.	7.2% Yellow Test 1X/week (not sure what previous week was but for example are using yellow)	7.6% Yellow Test 1X/week	5.7% Yellow Test 1X/week	3.9% Green *Can **NOT** reduce testing frequency yet. Remain testing 1X/week	If the new data remains < 5% (Green) It would be the 2nd consecutive reporting at Green so may now **reduce** testing frequency to 1X/month

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

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Tiered Mitigation

Illinois Regional COVID-19 Resurgence Criteria

IDPH is monitoring key indicators to identify early but significant increases of COVID-19 transmission in Illinois, potentially signifying resurgence. These indicators are calculated for the 11 Illinois COVID-19 regions. IDPH will monitor if these indicators show an increase in the COVID-19 disease burden with a simultaneous decrease in hospital capacity. These indicators can be used to determine whether additional community mitigation interventions are needed for a region to control the further spread of COVID-19.

Indicators are calculated daily for each region based on the most current, complete data. Each indicator is compared to a pre-established threshold criteria to evaluate the COVID-19 disease burden and hospital resource capacity. By applying the same metrics to each region, IDPH uses a standardized approach to monitor the state as a whole while also monitoring regional trends.

Regions 1, 2, 3, 5, and 6	Regions 7, 8, 9, 10, and 11	Region 4
Phase 4	Tier 1 Mitigations	Tier 2 Mitigations

Resurgence Plan | Tier 3 | Tier 2 | Tier 1

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Dates Tier 3 Mitigation Lifted

	Move from Tier 3
1 - North	1/15/21
2 - North-Central	1/15/21
3 - West-Central	1/18/21
4 - Metro-East	1/22/21
5 - Southern	1/15/21
6 - East-Central	1/18/21
7 - South-Suburban	1/21/21
8 - West-Suburban	1/18/21
9 - North-Suburban	1/18/21
10 - Suburban Cook	1/18/21
11 - Chicago	1/18/21

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Current Status for each Region

Region	Current Phase	Counties
Region 1	Phase 4	Jo Davies, Stephenson, Winnebago, Boone, Dekalb, Carrol, Ogle, Whiteside, Lee, Crawford
Region 2	Phase 4	Rock Island, Henry, Bureau, Putnam, Kendall, Grundy, Mercer, Knox, Henderson, Warren, McDonough, Fulton, Stark, Marshall, Peoria, Tazwell, McLean, Woodford, Livingston, Lasalle
Region 3	Phase 4	Hancock, Adams, Pike, Calhoun, Jersey, Greene, Scott, Brown, Schuyler, Cass, Morgan, Macoupin, Montgomery, Christian, Sangamon, Logan, Menard, Mason
Region 4	Tier 2	Bond, Madison, St. Clair, Clinton, Washington, Monroe, Randolph
Region 5	Phase 4	Marion, Jefferson, Wayne, Edwards, Wabash, Perry, Jackson, Franklin, Williamson, Saline, Hamilton, White, Gallatin, Union, Johnson, Pope, Hardin, Alexander, Massac, Pulaski
Region 6	Phase 4	Iroquois, Ford, Dewitt, Piatt, Champaign, Vermillion, Macon, Moultrie, Douglas, Edgar, Shelby, Coles, Cumberland, Clark, Fayette, Effingham, Jasper, Crawford, Clay, Richland, Lawrence
Region 7	Tier 1	Will, Kankakee
Region 8	Tier 1	Kane, Dupage
Region 9	Tier 1	McHenry, Lake
Region 10	Tier 1	Cook
Region 11	Tier 1	Chicago

For detailed metrics of the phase progression per region click on the region name in the table above to see the DPH Restore page for the specified region.

https://coronavirus.illinois.gov/s/restore-illinois-regional-dashboard

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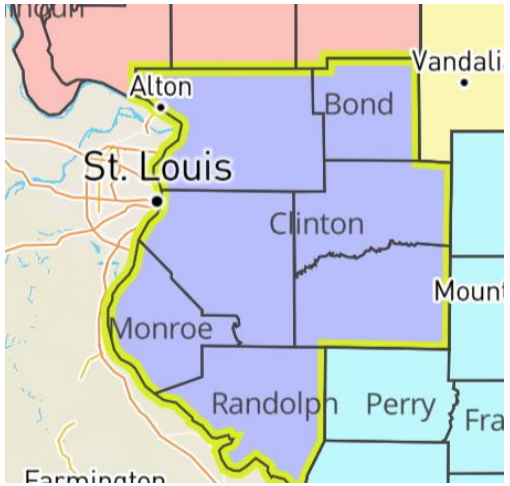
Region 4
Tier 2 Mitigation



Mitigation	Tier 1	Tier 2	Tier 3
Visitation	Suspend indoor visits. Continue outdoor visits.	Same as Tier 1	
Communal Dining	Continue	25% occupancy	
Group Activities	Continue without outside leaders or off-site outings.	Limit to 10 participants	
Barber and Beauty Shop	Suspend	Suspend	

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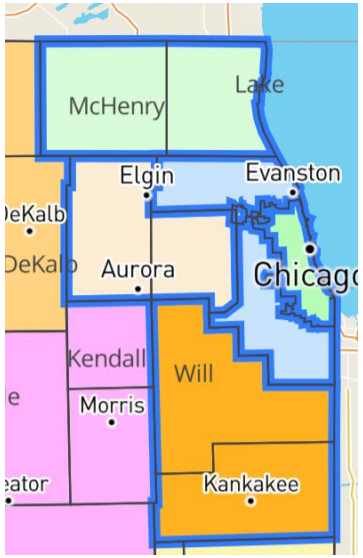
Regions 7, 8, 9, 10, 11
Tier 1 mitigation



Mitigation	Tier 1	Tier 2	Tier 3
Visitation	Suspend indoor visits. Continue outdoor visits.		
Communal Dining	25% occupancy		
Group Activities	Limit to 10 participants		
Barber and Beauty Shop	Suspend		

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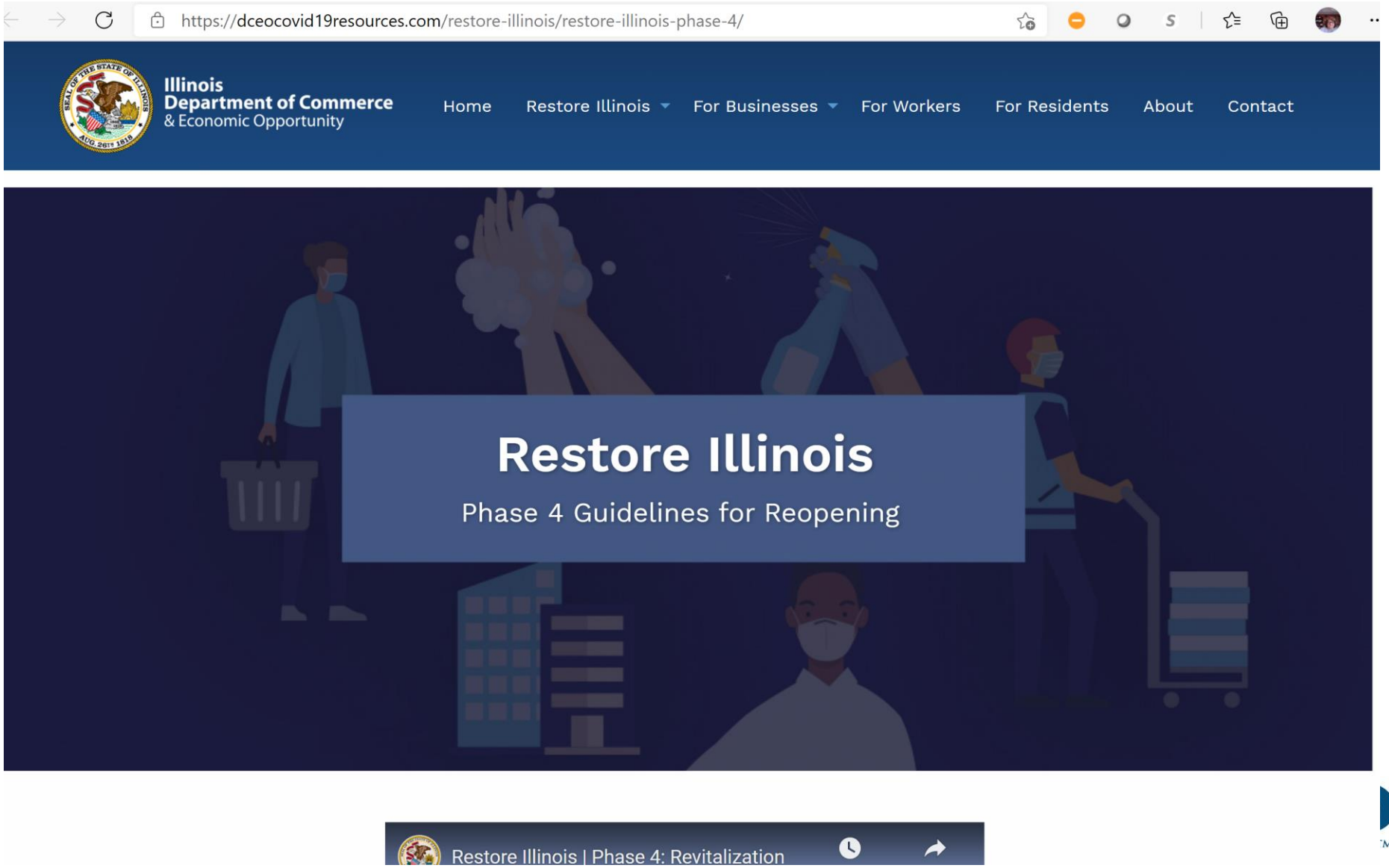
Regions 1, 2, 3, 5, 6
Phase 4 of Restore Illinois



PHASE 4: REVITALIZATION

PHASE 4 GUIDELINES OVERVIEW

Illinois Department of Commerce & Economic Opportunity
JB Pritzker, Governor

RESTORE ILLINOIS
A Public Health Approach To Safely Reopen Our State

PART OF PHASE IV OF RESTORE ILLINOIS PLAN

APPLICABLE TO EACH REGION UPON TRANSITION TO PHASE IV

ALL INDUSTRIES

- All employees who can work from home should continue to do so
- Continue to wear face covering that covers nose and mouth, maintain social distance of 6 ft., and frequently wash hands
- Continue employee health screenings upon entry into the workplace and mid-shift screenings for employees with shifts >5 hours (virtual screening permitted)
- Follow guidelines on capacity limits and group sizes (to be continually reassessed throughout Phase 4)

FILM PRODUCTION

- Capacity limit of no more than 50% of sound stage/location occupancy
- Crowd scenes should be limited to 50 people or fewer
- All individuals should maintain 6 ft. of social distancing unless job duty cannot be performed without proximity (e.g. actors performing, hair, make-up, costumes)
- One-time nasal swab for RT-PCR testing of all cast and crew should be obtained within 48 to 72 hours prior to the start of work on set or location
- Craft services and catering should follow Restaurant and Bar guidelines
- Live audiences permitted in line with Theatre/Performing Arts guidelines

HEALTH AND FITNESS

- Capacity limit of no more than 50% occupancy
- Group fitness classes of up to 50 people with at least 6 ft. social distancing between individuals permitted; multiple groups permitted given facilities have space to appropriately social distance and can limit interaction between groups
- Workout stations and equipment should be 6 ft. apart without barriers or 3 ft. apart with impermeable barriers in between
- For open gym spaces, have 1 employee per every 4,000 sq. ft. to monitor social distancing and sanitize equipment between use
- Sanitize equipment before and after each individual use and sanitize locker rooms and showers at least every hour
- Keep ancillary accommodations (e.g., saunas, hot tubs, steam rooms) closed, though childcare areas are permitted to reopen in line with DHFS childcare guidelines

MUSEUMS

- Capacity limit of no more than 25% occupancy
- Guided tours should be limited to 50 or fewer people per group
- Audio tours are permitted, though equipment should be disinfected before and after individual use
- Museums should have plan to limit congregation via advance ticket sales and timed ticketing
- Concessions permitted with restrictions

INDOOR/OUTDOOR RECREATION

- Reopening select indoor recreation facilities (e.g., bowling alleys, skating rinks); indoor playgrounds and trampoline parks should remain closed
- Indoor recreation to operate at lesser of 50 customers or 50% of facility capacity
- Outdoor recreation allowing group sizes of up to 50, and permitting multiple groups given facilities have space to appropriately social distance and can limit interaction between groups
- Activity stations should be spaced at least 6 ft. apart or limited in number to ensure social distancing
- Shared equipment should be disinfected before and after each use
- Clubhouses and other communal gathering places allowed to reopen
- Concessions permitted with restrictions

MANUFACTURING

- Employees must receive COVID training before returning to work
- All employers should have a wellness screening program. Employers should conduct in-person COVID-19 screening of employees upon entry and a mid-shift screening if employee shift is greater than 5 hours
- Stagger and space shifts, and designate shift entrances and exits (when possible) to minimize interactions of employees across unique shift groupings
- Workstations should be disinfected between every shift and in between employee handoffs
- In-person meetings of up to 50 people with social distancing permitted

MEETINGS AND SOCIAL EVENTS

- Limit to the lesser of 50 people or 50% of room capacity
- Multiple groups may meet in the same facility if they are socially distanced and in separate rooms
- Groups should be static for duration of meeting or event. If event includes multiple sessions, participants should remain in one room, and speakers/presenters should rotate between rooms or be digitally displayed (e.g. projected, livestreamed) in multiple rooms
- Dance floors should remain closed
- Food service should follow Restaurant and Bar guidelines

PHASE 4: REVITALIZATION

PHASE 4 GUIDELINES OVERVIEW

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RESTORE ILLINOIS
A Public Health Approach To Safely Reopen Our State

PART OF PHASE IV OF RESTORE ILLINOIS PLAN

APPLICABLE TO EACH REGION UPON TRANSITION TO PHASE IV

OFFICES

- Continue capacity limit of no more than 50% occupancy
- In-person meetings of up to 50 people with social distancing permitted
- Continue health screenings, though employers may screen office employees via in-person conversation or questionnaire once at their workstation, or using virtual method

RESTAURANTS AND BARS

- Indoor dining and drinking now permitted for parties of up to 10 people
- Seated areas should be arranged so that tables allow for 6 ft. between parties; impermeable barriers may be installed between booths which are less than 6 ft. apart
- Standing areas (in restaurants or bars) should be limited to no more than 25% of standing area capacity
- Buffets and self-service food stations (e.g. hot and cold bars, bulk items, baked goods) should adhere to additional minimum guidelines
- Self-service beverage fountains are permissible with the additional precautions

RETAIL AND SERVICE COUNTER

- Continue capacity limit of no more than 50% occupancy
- Mall food courts may reopen in line with Indoor Dining and Drinking guidelines

PERSONAL CARE

- Continue capacity limit of no more than 50% occupancy
- If services require customer to remove his or her mask, employee must wear both a face mask and eye protection (e.g., face shield, protective glasses)
- No time restrictions on massage or other services

OUTDOOR SEATED SPECTATOR EVENTS

- Outdoor spectator events only; indoor spectator events not permitted at this time
- Tickets events with seating available for all customers permitted; general admission shows and/or events with standing room only are not permitted at this time
- Maximum of 20% of seating capacity for spectators
- Concessions permitted with restrictions

THEATERS AND PERFORMING ARTS

- Seated theaters, cinemas, and performing arts centers for ticketed events with seating available for all customers permitted; general admission shows and/or events with standing room only are not permitted at this time
- Indoor capacity limit of 50 people or less or 50% of space capacity (applies to each screening room); outdoor capacity limited to 20% of overall space capacity
- Patrons should wear face coverings over their nose and mouth, except while seated within a venue (exceptions can be made for people with medical conditions or disabilities that prevent them from safely wearing a face covering)
- Concessions permitted with restrictions

YOUTH AND RECREATIONAL SPORTS

- Competitive gameplay and tournaments permitted for moderate and lower risk sports. Intra-team scrimmages for higher risk sports
- Limit of 50 spectators for events
- Sporting venues may host multiple groups of participants engaged in active exercise or gameplay provided the venue has space to appropriately social distance and can limit interaction between groups
- Concessions permitted with restrictions

ZOOS

- Capacity limit of no more than 25% occupancy
- Guided tours should be limited to 50 or fewer people per group
- Indoor exhibits are limited to the lesser of 50 people or 50% of the building capacity
- Audio tours are permitted, though equipment should be disinfected before and after individual use
- Zoos should have plan to limit congregation via advance ticket sales and timed ticketing
- Concessions permitted with restrictions

If you have questions or need additional support: Please call our hotline at 1-800-252-2923or e-mail us at ceo.support@illinois.gov or return to Illinois.gov/businessguidelines

NOTE:
DOES NOT INCLUDE LONG TERM CARE FACILITIES

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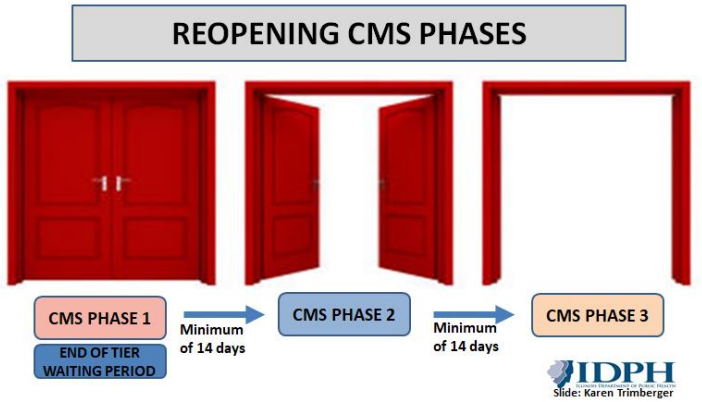
Illinois Phase 4: Revitalization

- Term used to reflect the reopening of the state in general….NOT specifically used for LTCF!
- CMS Phases for LTCFs *appear* to lag behind the state levels of reopening but it's because…
- CMS Phase 3 is as open as you will get!
- In CMS Phase 3, LTCF activities are again taking place with social distancing, mask wearing, hand hygiene, etc.



Start Where You Were!!

- LTCFs in IL Phase 4 MUST use the CMS Phase framework of reopening

- **All facilities in IL Phase 4 may not be in CMS Phase 3**

  - Where was your facility when you “froze” back in November? (tiered mitigation implemented)

- You can RESUME where you were but, you do NOT get to advance to CMS Phase 3 if you weren’t there before the tiers were implemented.

- You must advance through the CMS Phases per LTC Reopening Guidance.
  - Meet eligibility requirements
  - Complete RedCap Attestation form online
  - Notify LHD of plan to advance

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Mid-Shift Screening of HCP

- You may STOP performing mid-shift screening of staff

- *CDC Guidance:*

*Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19.**Actively take their temperature**** *and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.*

**Fever is either measured temperature >100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations.*

HCP who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID-19 cases.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

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Quarantine

Previous IDPH recommendation:

- ❑ Complete a risk assessment to determine if a resident should be placed into quarantine upon return from outings

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

- ❑ This recommendation was to be used on all residents even if the resident was in their 90 day window (post recovery)

- ❑ Any resident that has been out of the building for > 24 hours should be placed into quarantine regardless of risk assessment score

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Quarantine

Updated IDPH recommendation:

- Residents within the 90-day window (post recovery) do not need to be quarantined upon return unless the resident is exhibiting symptoms of COVID or have been out of the building > 24 hours (overnight stays with family or hospitalizations).

- A risk assessment can be used to guide decision-making on quarantine for those residents who:
  - Have never had COVID (COVID naïve),
  - Are > 90 days post recovery, or
  - For those residents who are immunocompromised and frequently leave the building for appointments. (http://dph.illinois.gov/sites/default/files/COVID19_LTC_FacilityRiskAssessment.pdf)

- Any resident that has been out of the building for > 24 hours should be placed into quarantine regardless of risk assessment score even those residents who are within the 90-day window of COVID

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Outdoor Visits

A Special Thank You and Shout out to Eric the Administrator at Buckingham Pavilion's for sharing this photo and idea!

- Built this structure so family members can conduct window visits with some protection from the elements
- The door locks from the outside but you have to use a key to lock it (they do keep it locked when its not in use) and there is also a sliding latch on the inside just to keep it from blowing open when it's windy.
- Mesh roof to allow air to circulate.
- They clean/disinfect high touch surfaces in between visits.
- One family at a time.

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Asymptomatic HCP: Antigen Positive, RT-PCR (NAAT) Negative: No Outbreak

- Exclude asymptomatic HCP who are antigen test positive
- Perform confirmatory RT-PCR (NAAT) within 2 days of the antigen test
- **Hold on outbreak response**, including notification of families, other HCP, and facility-wide testing until confirmatory test results are completed.
- **Positive Confirmatory PCR?**
  - Continue to exclude the HCP from work
  - **Initiate an outbreak response**, including facility-wide testing of all residents and HCP.
- **Negative confirmatory PCR?**
  - Antigen test should be considered a **false positive**
  - HCP should return to work.
- Note: HCP who have recovered from SARS-CoV-2 infection in the past 3 months and are asymptomatic should not be tested for SARS-CoV-2.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html

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Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

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Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren

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