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

October 1st, 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

IDPH
Illinois Department of Public Health

Agenda

- Upcoming Webinars
- NHSN Updates
- COVID-19 Boosters
- What is a “well fitted” face mask?
- Defining Higher Risk Exposure for HCP
- LTC Guidance Updates & Review
- LTC COVID-19 Booster & Flu Vaccination Survey Results
- 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

Date	Link
Friday, October 8th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e1efe3e1f41961dd5671a6f3d66d36c2a
Friday, October 15th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e1f80032c27f8b7343dc1c486857ca88d
Friday, October 22nd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e43d37abe7734208418fcec0bbb26b3c9
Friday, October 29th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee9499a4477d86c47a443457a4100cbb8

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Upcoming Events

Don't Wait – Vax Now!! Join our Immunization Campaign *#VaxNow*

Every Tuesday 9:30am -10:30am MT /10:30am-11:15am CT
Root Cause Analysis (RCA) Training
Register HERE

Every other Wednesday 10am-11am MT /11am-12pm CT
Plan-Do-Study-Act (PDSA) Training
Register HERE

NHSN Open Office Hours for Nursing Homes
Live Q&A Sessions
Friday, October 1 – 10-11am MT/11am-12pm CT
Tuesday, October 5 – 11am-12pm MT/12-1pm CT
Thursday, October 7 – 1-2pm MT/2-3pm CT

October 28, 10:30am-12pm MT /11:30am-1pm CT
Regional Telligen Community Connect Collaborative
Register HERE

Check out the Telligen QI Connect event page: **https://www.telligenqinqio.com/events/**

NHSN UPDATE: REPORTING PLANS AND SAMS LEVEL 3

- Monthly reporting plans are required to enter weekly resident and healthcare personnel COVID-19 vaccination data as of October 1, 2021.
- Because CMS-certified LTCFs are required to submit vaccination data, NHSN will auto-populate the reporting plans for the vaccination coverage module through the reporting week ending March 27, 2022.
- NHSN views Level 1 access as a temporary measure. Eventually Level 3 access will be required to complete these monthly reporting plans in the Long-term Care Facility Component.
- To initiate the process for upgrading NHSN access to SAMS Level 3 email nhsn@cdc.gov with the subject line "Enhancing Data Security."
  - All steps to get SAMS level 3 access: https://www.cdc.gov/nhsn/ltc/covid19/sams-access.html

CHANGES TO THE NHSN VACCINE COMPONENT

- Revised HCP categories on the data collection form. Reporting for all staff categories is required.
  - Employee HCP (Staff on payroll)
  - Non-employee HCP (Licensed independent practitioners, Adult students/trainees and volunteers, Other contract personnel)
- Monthly reporting plan is required.
- Question #3.2 and question #3.3 are required.
  - Number of individuals offered but declined COVID-19 vaccine.
  - Number of individuals with unknown COVID-19 vaccination status.
- All individuals reported in question 1 (Present in facility) must be accounted for in question 2 (Received vaccine) or question 3 (Other conditions).

HEALTH

CDC Director Backs COVID Booster Plan And Makes An Additional Recommendation

September 24, 2021 · 2:52 AM ET

THE ASSOCIATED PRESS

Decision aligns with an FDA Pfizer booster authorization decision earlier this week.

In a pandemic, even with uncertainty, we must take actions that we anticipate will do the greatest good.”
CDC Director Dr. Rochelle Walensky

cdcgov

Who is eligible for a booster after 6 months?

Pfizer vaccine recipients who are:

- 65 years and older
- Long-term care residents and staff
- 18+ who have underlying medical conditions including asthma, diabetes, obesity
- 18+ who work and live in high-risk settings including healthcare workers, teachers, grocery store workers

*Guidance for Moderna and J&J vaccine recipients forthcoming

CDC.gov

unknotted medical procedure mask alone blocked 56.1% of the particles from a simulated cough

the knotted and tucked medical procedure mask blocked 77.0%

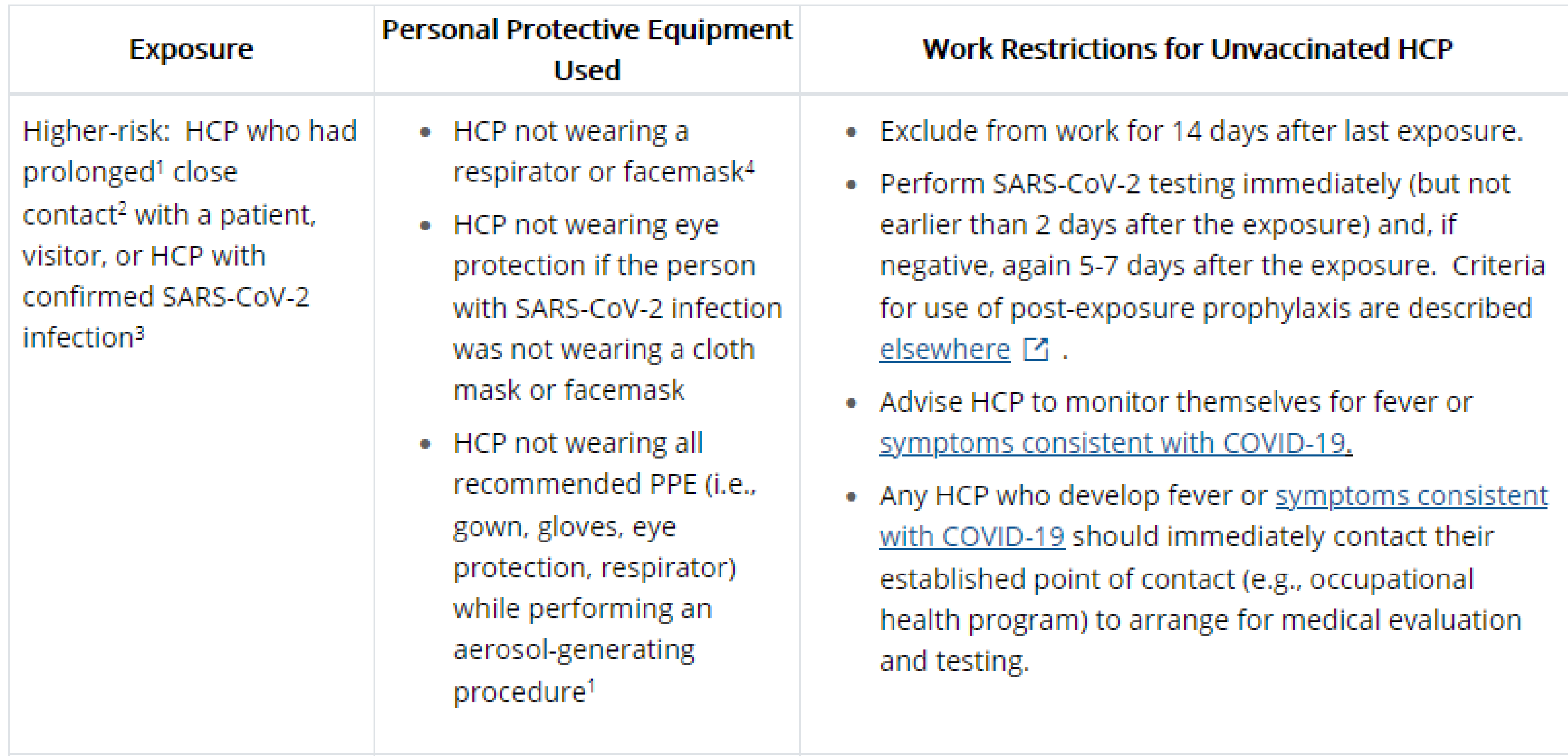
https://www.youtube.com/watch?app=desktop&v=GzTAZDsNBe0

WHAT IS A "WELL FITTED" FACE MASK?

KNOT & TUCK

https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm

WHAT CONSTITUTES HIGHER RISK EXPOSURE FOR HCP?



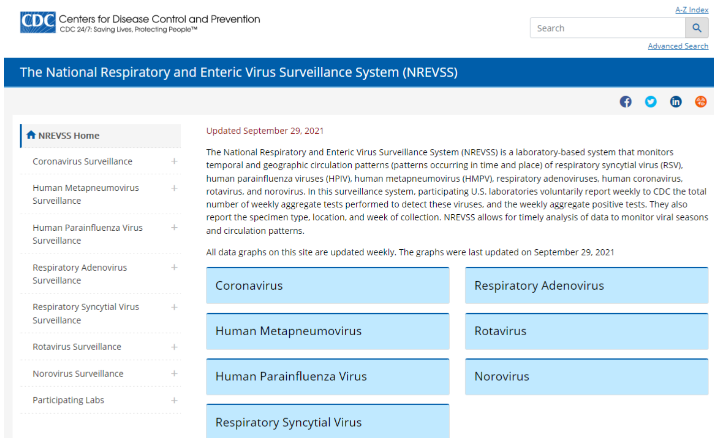
Exposure	Personal Protective Equipment Used	Work Restrictions for Unvaccinated HCP
Higher-risk: HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection[3]	• HCP not wearing a respirator or facemask[4] • HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1]	• Exclude from work for 14 days after last exposure. • Perform SARS-CoV-2 testing immediately (but not earlier than 2 days after the exposure) and, if negative, again 5-7 days after the exposure. Criteria for use of post-exposure prophylaxis are described elsewhere . • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19. • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

"While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with SARS-CoV-2 infection, facemasks still confer some level of protection to HCP, which was factored into this risk assessment."

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

DON'T FORGET OTHER RESPIRATORY VIRUSES

- Do care for symptomatic persons in Contact/Droplet Precautions with N95s and eye/face protection (Full PPE)
- Avoid placing symptomatic persons with negative COVID-19 test or pending tests on the COVID-19 unit without confirmation
- Do consider selective use of Respiratory Viral Panels if multiple symptomatic persons keep coming back negative for COVID-19
- Current viruses circulating include rhinovirus, RSV, parainfluenza (types 1-3), and influenza



https://www.cdc.gov/surveillance/nrevss/index.html

https://www.cdc.gov/flu/weekly/index.htm

Long-term Care Updates

PPE USE

If a resident is ***not suspected to have COVID-19***, HCP must wear the following PPE:

- When community transmission levels are substantial or high
  - HCP must wear a well fitted **facemask and eye protection**.
  - HCP working in non-patient care areas are not required to wear eye protection with substantial, or high community transmission levels, except when entering the patient care areas (e.g., dietary aide, maintenance, etc.)

- When community transmission levels are low to moderate
  - HCP must wear a well fitted **facemask.**

PPE USE

If a resident is ***not suspected to have COVID-19***, HCP must wear the following PPE:

- For specimen collection: HCP must wear N95 respirator, eye protection, gown, and gloves

- Guidance for CPAP/BIPAP for asymptomatic, residents, who are not suspected to have COVID-19 (regardless of vaccination status)
  - In areas with substantial to high community transmission levels
    - **HCP must wear N95 and eye protection.** ~~GOWN AND GLOVES ARE NOT REQUIRED~~
  - In areas with moderate to low community transmission levels,
    - **HCP must wear a well-fitted facemask.**

Unit or Department Approach

- Test all HCP and residents regardless of vaccination status working or residing on the unit with the identified case every 3-7 days until no more positive cases are identified for 14 days
- Identify any higher risk exposures in HCP and close contacts in residents (look-back-contact trace)
- Test asymptomatic HCP with higher risk exposures (HRE) and residents with close contacts
- Test HRE and close contacts 2 days post-exposure, if negative, test again between days 5-7 post-exposure
- Expand testing and investigation as indicated by exposures and test results
- If HCP worked on more than one unit, use broad-based approach

Broad-based Approach

- Facility-wide testing of all HCP and residents regardless of vaccinations status (unless had COVID infection within last 90 days). Test every 3-7 days until no more positive cases for 14 days

- Identify any higher risk exposures in HCP and close contacts in residents (look-back-contact trace)

- Test asymptomatic HCP with higher risk exposures (HRE) and residents with close contacts

- Test HRE and close contacts 2 days post-exposure, if negative, test again between days 5-7 post-exposure

CONTACT TRACING

- Did you identify any additional positive cases?
- Were they on the same unit? Or do you need to expand your investigation?
- If multiple units are involved, you should utilize "broad-based approach" which involves additional testing, contact tracing to determine close contacts, higher risk exposures, etc.
- Did you identify any close contacts or higher risk exposures on the affected unit?
- Did you identify any other close contacts or higher risk exposures that normally don't work on or reside on the affected unit?
  - For example: A HCP who carpools with the positive HCP case or a resident who sits and visits without masks for extended periods of time with another resident who doesn't live on the same unit

Visits During Investigation (testing and contact tracing)

- Pause visitation (except compassionate care, end-of-life, essential caregivers) until the first round of testing is performed (on the unit/department or facility-wide) and the results are obtained.

- If one unit is involved---pause visits on that unit NOT for the entire building

VISITATION

After investigation has been completed

RESUME VISITATION FOR ALL RESIDENTS REGARDLESS OF VACCINATION STATUS

UNLESS THEY HAVE BEEN IDENTIFIED AS A CLOSE CONTACT or

the resident is suspected or confirmed to have COVID-19

This includes all residents on the affected unit or throughout the facility

Lock-Down

THERE SHOULD BE NO REASON THE BUILDING IS IN LOCK-DOWN

VISITATION LIMITATIONS APPLY TO THOSE Residents

SUSPECTED or CONFIRMED to have COVID-19

OR if identified as CLOSE CONTACTS

(SEE SPECIFICS FOR EACH TYPE)

- If a resident is identified to be a close contact follow guidance based upon vaccination status of the resident.

- If resident is suspected or confirmed to have COVID-19, they may have compassionate care, end-of-life, essential caregiver visits in their room. No outdoor visits allowed.

Residents identified as a Close Contacts
Is Quarantine Required??

- ***If symptomatic regardless of vaccination status***, isolate using transmission-based precautions, test, and HCP must wear full PPE —treat as suspected COVID-19 case
- ***If asymptomatic and fully vaccinated***—no need to quarantine or restrict resident to their rooms, but resident should wear source control for 14 days post exposure. ****NEW**
- ***If asymptomatic and unvaccinated***, quarantine for 14 days even if testing negative, and HCP wear full PPE.
- If has had COVID-19 within last 90 days---no need to quarantine, resident should wear source control for 14 days post exposure.
- If is moderate to severely immunocompromised--- consider quarantine. Consult with resident's health care provider.

Residents identified as Close Contacts

Visitation

- Unvaccinated residents with close contact who are in quarantine are allowed indoor visits in their room only. Outdoor visits may be possible if the resident wears source control and maintains physical distancing. The resident is not allowed to linger in the halls (must go from room to outdoors wearing source control).
- Vaccinated residents with close contact can participate in indoor visits-in their rooms, in common areas or designated visitation spaces if both the resident and visitor wear source control and physically distance if possible. Outdoor visits-are allowed if the resident wears source control and maintains physical distancing.

Dining

- Unvaccinated residents with close contact who are in quarantine must not participate in communal dining and should dine in their room.
- Vaccinated residents with close contact may participate in communal dining but should wear source control to and from the dining hall and when not eating or drinking.

Group activities

- Unvaccinated residents with close contact who are in quarantine must not participate in group activities.
- Vaccinated residents with close contact may participate in group activities but should wear source control during the activity.

HCP Higher-risk Exposure

The specific factors associated with these exposures should be evaluated on a case-by-case basis to determine if a higher-risk exposure occurred

Unvaccinated HCP

- Should be excluded from work for 14 days after their last exposure ***and***
- Have a series of two viral tests for COVID-19.
- The tests should be done immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure.
- The HCP should be referred to their healthcare provider for possible post-exposure prophylaxis with monoclonal antibodies. (Vaccinated persons are eligible for monoclonal antibodies)

HCP Higher-risk Exposure

Fully vaccinated asymptomatic HCP

- Are allowed to work
- Should have a series of two viral tests for COVID-19.
- The tests should be done immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure.
- In general, work restriction is not necessary unless the HCP develops symptoms or tests positive for COVID-19

- Note: Fully vaccinated HCP with prolonged, continued exposure in the home must test at 2 days after first exposure, between days 5-7, ***and weekly for two weeks after the last exposure date.--**NEW***

Additional Considerations:

- Asymptomatic HCP who have recovered from COVID-19 in the past 90 days, do not need to be restricted from work or have testing performed.
- HCP who are moderately to severely immunocompromised might be at increased risk for infection. Facilities should consult with their local health department for work restrictions after a higher risk exposure.

New Admissions & Readmissions

Quarantine

- Unvaccinated Residents---must quarantine
- Vaccinated Residents—do NOT need to quarantine on admission

Testing (NEW)

- When community transmission levels are substantial or high, asymptomatic new admissions and readmissions, regardless of vaccination status, must be tested on admission if not tested in the past 72 hours. If negative, test again 5 – 7 days after admission.
- If community transmission levels are low to moderate, asymptomatic new admissions and readmissions do not need to be tested on admission.

Residents that leave the facility

Table 4: Is Quarantine or Testing Needed? ***(New)***			
Resident vaccination status	**Is quarantine necessary?**	**Is testing necessary?**	
		Low to moderate Community transmission	**Substantial to high Community transmission**
Unvaccinated out for less than 24 hours	No	No	No
Unvaccinated out for 24 hours or more	Yes	No	Yes; test as readmission
Vaccinated out for less than 24 hours	No	No	No
Vaccinated out for 24 hours or more	No	No	Yes; test as readmission

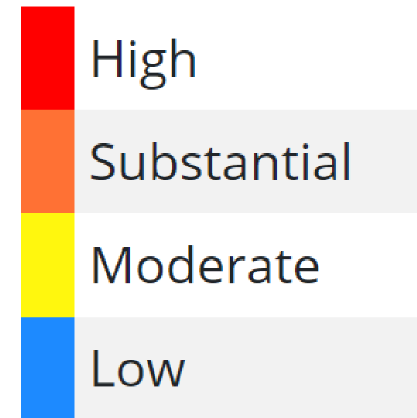
Illinois Executive Order Number 18 (COVID -19 EXECUTIVE ORDER NO. 85), *require residents and visitors to wear source control while indoors in all areas of the facility other than their room(s) or apartments.*

Community Transmission Levels drives practice

Testing frequency of unvaccinated HCP

- Must ~~increase testing frequency as soon as the criteria for the higher activity level are met~~
- Must continue to test at higher frequency for 2 weeks when activity level has decreased

Level of COVID-19 Community Transmission	**Minimum Testing Frequency of Unvaccinated Staff**
Low (blue)	Per IL COVID-19 Executive Order No. 85 testing is required at a minimum of weekly
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*



Use of PPE by HCP

- Must add eye protection when transmission levels are substantial to high

Long-Term Care COVID-19 Booster & Flu Vaccination Survey

RESULTS AS OF 9/29/21

Background

Purpose: IDPH LTC team created survey to better understand LTCFs' plans and ability to provide COVID-19 booster and influenza vaccinations to their residents and staff

Method: REDCap survey was sent via SIREN on 9/23/21, with requested completion date of 9/27/21

Participants: All IDPH licensed LTCFs (~1500) and HFS Supportive Living Facilities were asked to submit

Note: At the time of survey, only the Pfizer vaccine was under consideration for boosters. CDC issued their recommendation for a Pfizer booster on 9/24, while the survey was open

Facility Type of Respondents, N=844

Facility type	n	%
Assisted Living Facility	191	22.63
Community Living Facility	26	3.08
Intermediate Care Facility	48	5.69
Intermediate Care Facility for the Developmentally Disabled (ICF/DD)	38	4.50
Medically Complex/ Developmentally Disabled (MC/DD)	9	1.07
Shared Housing Establishment	3	0.36
Sheltered Care Facility	29	3.44
Skilled Nursing Facility	494	58.53
Specialized Mental Health Rehabilitation Facility (SMHRF)	19	2.25
State-Operated Developmental Center (SODC)	4	0.47
Supportive Living Facility	76	9.00
Veterans' Home	3	0.36

*Total is >100% because facility could check all that apply

Q1: Does your facility have a written plan to provide COVID-19 vaccine boosters for your residents and staff?

	n	%
No	303	36.20
Yes	534	63.80

Q1: Does your facility have a written plan to provide COVID-19 vaccine boosters for your residents and staff?

	n	%
No	303	36.20

- **"In the process for creating a written plan for boosters"**
- **"…we are awaiting approval and guidance from IDPH."** (N=105)*
- **"[waiting for] final rule from CMS/CDC."** (N=62)*

Clarifications

- Since the survey went out, the FDA EUA (9/22/21) and CDC Recommendations (9/24/21) for the Pfizer-BioNTech COVID-19 vaccine booster have been released.
- Residents and staff who received Pfizer for their primary series may receive a booster shot. Facilities do not need IDPH approval to proceed.
- The pending CMS rule is expected to be related to full vaccination requirements of LTC staff, not boosters. The facility's written plan for boosters does not need to wait for the CMS rule.

Q2: Does your facility have a pharmacy partner to provide COVID-19 booster vaccinations?

	n	%
No	65	7.73
Yes	776	92.27

Q2: Does your facility have a pharmacy partner to provide COVID-19 booster vaccinations?

	n	%
No	65	7.73
Yes	776	92.27

- 8 said they're working with their health department
- 9 said they're in the process of getting a partner
- LTC COVID-19 vaccine provider list will be sent out. If still unable to find a partner, please contact us!

Q3: Have you contacted your pharmacy partner to plan for COVID-19 booster vaccinations for your facility? (Among those with a partner, N=776)

	n	%
No	84	10.92
Yes	685	89.08

Q4: Does your facility have a written plan to provide flu vaccinations for your residents and staff?

	n	%
No	22	2.63
Yes	815	97.37

Q5: Have you contacted your pharmacy partner regarding flu vaccinations for your facility?

	n	%
No	31	3.70
Yes	807	96.30

About 60 facilities reported in the comments that they already had completed or had scheduled a flu vaccination clinic.

Vaccination among non-SNFs (N=276)

- Resident full vaccination = 93%
- Staff full vaccination = 69%

- [For comparison, among SNFs reporting to NHSN
  - Resident full vaccination = 86%
  - Staff full vaccination = 70%]

Thank you to those who responded!

- For facilities that didn’t respond yet, can still submit: https://redcap.link/LTCC19VaxPlan

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

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