



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

September 10th, 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
- HHS Distribution of BinaxNOW Tests to LTC
- Governor's Executive Order
- President Biden's COVID-19 Action Plan
- LTC Guidance Updates
- Open Q & A

IDPH webinars

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

Friday, September 17 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e39282b2e43bce5165134aa688863b95b
Friday, September 24 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e6b101f68f65c80033fc3b3c609b8719e

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

Slides and recordings will be made available after the sessions.

Highlighting LTCF Successes

- Does your facility have a high staff vaccination rate? If so, we are interested in hearing from you:
 - What you did
 - What worked
 - Lessons learned
- Contact Shannon.Calus@hektoen.org if interested in sharing your story during a future webinar!

HHS Distribution of BinaxNOW Tests to LTC

- **Purpose:** Supplement existing testing capabilities for staff testing
- **Eligibility:** See table below
- **Contact (new):** Binax.Team@hhs.gov

FACILITY TYPE	DESIGNATION CRITERIA	EPIDEMIOLOGY CRITERIA
Assisted Living Facility	CLIA waiver under 04- Assisted Living Facility Confirm “Facility Type” Designation here	<ul style="list-style-type: none">• Yellow County: 5-10% positivity• Red County: >10% positivity
Nursing Homes	CLIA waiver under Medicare-certified Skilled Nursing Facility (SNF) and/or Medicaid-certified Nursing Facility (NF) Confirm Designation here	<ul style="list-style-type: none">• Yellow County: 5-10% positivity• Red County: >10% positivity

HHS POC Test Exchange

- **Purpose:** Platform to offer surplus of POC tests or request them
- **Website:**
<https://www.113.vovici.net/se/13B2588B50A6DD6F>

“On 30 July 2021, the Testing and Diagnostics Working Group (TDWG) transitioned the HHS Supply Exchange to a new platform. This new platform still allows facilitation and coordination of voluntary exchanges of testing material between states, territories, facilities, and other governmental entities. It is important to note that this new platform has different functionalities than the previous platform. Submission confirmation emails are no longer auto generated. Instead, there will be an on-screen acknowledgment that your submission was received.

Due to the rising cases of the SARS-CoV2 Delta variant and subsequent increased demand for testing, TDWG would like to maintain the most up-to-date information for the HHS Supply Exchange. We are asking entities to please submit and update any surplus supply currently on hand by using the link below.

COVID-19 Test Marketplace (vovici.net): <https://www.113.vovici.net/se/13B2588B50A6DD6F>

We are currently experiencing a high volume of requests to the HHS Supply Exchange. We want to assure you that the HHS Supply Exchange is functional, and we are actively working to make donor/recipient matches. Currently the demand in the HHS Supply Exchange for supplies exceeds the available surplus inventory that we are aware of out in the states. As the requested information is updated, we will have a more accurate view of available resources. This request pertains only to the supply exchange and not to the commercial availability of test kits. Due to the high volume of requests for tests received, there may be a delay in making appropriate matches and follow-up notifications. We ask for your patience as we work quickly to resolve any issues.

Please email tdwg.supplyexchange@hhs.gov if you have any questions or concerns.”

National

More than
655,000
people have died from
coronavirus in the U.S.

More than **40,578,000** cases have been reported.

Data as of September 9 at 8:00 p.m.

Coronavirus Disease 2019 (COVID-19)

Data Last Updated 9/9/2021 at 12:00pm.

[Vax Verify - Illinois Resident Immunization Portal](#)
Phase 5

Vaccines Administered

14,125,519

[Click Here for Vaccination Details](#)

Total Cases

1,559,077

Positivity 7-Day Rolling Average

Case Positivity 4.7%

Test Positivity 5.1%

Confirmed Deaths

24,215

Variant Cases

14,720

[Click Here for COVID-19 Variants Details](#)

Probable Deaths

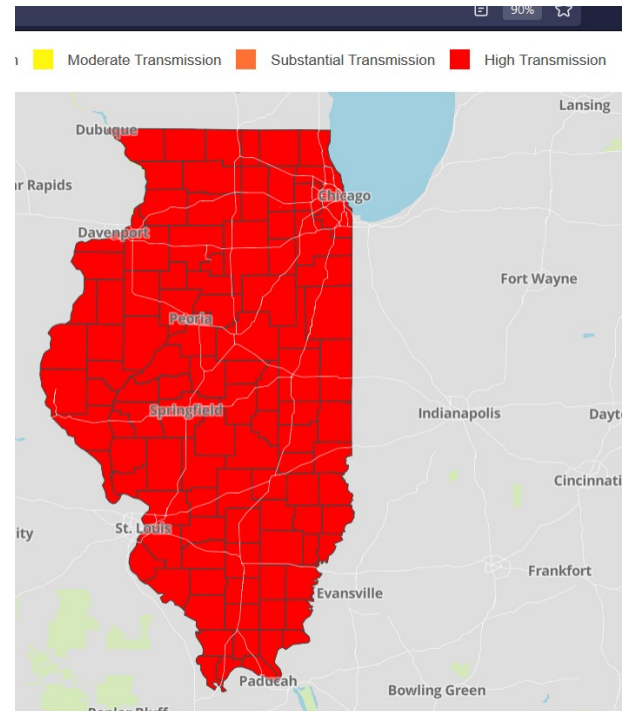
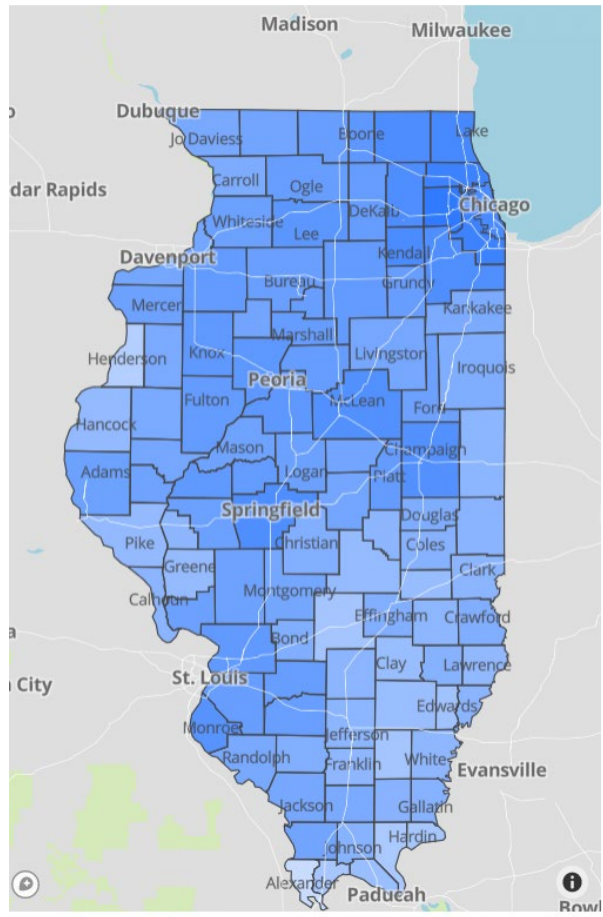
2,578

Total Tests Performed*

29,639,736

*Total molecular and antigen tests performed and reported electronically for testing of COVID-19 at IDPH, commercial or hospital laboratories. All numbers displayed are provisional and will change.

% Population Fully Vaccinated



6,827,361 # Population Fully Vaccinated
53.59% % Population Fully Vaccinated
12,741,080 Population



FILED
INDEX DEPARTMENT
AUG 26 2021
IN THE OFFICE OF
SECRETARY OF STATE

Executive Order



FILED
INDEX DEPARTMENT
AUG 26 2021
IN THE OFFICE OF
SECRETARY OF STATE

- Vaccination is preferred but will not be Mandated for those working in LTC facilities.---***THIS IS DIFFERENT THAN WHAT WAS REPORTED ON THE LAST LTC WEBINAR**
- Individuals that refuse to be vaccinated (Opt-out) will be required to submit to *a minimum of weekly* testing.
- Testing frequency will be released in the Emergency Rules (have not been published yet).
- HCP with medical and religious exemptions are allowed but still require testing.



PATH OUT OF THE PANDEMIC

PRESIDENT BIDEN'S COVID-19 ACTION PLAN



Vaccinating the Unvaccinated



Increasing Testing & Requiring Masking



Further Protecting the Vaccinated



Keeping Schools Safely Open



Administration Prior



Improving Care for those with
COVID-19

Making At-Home Tests More Affordable



To improve access to rapid tests for all consumers, top retailers that sell at-home, rapid COVID-19 tests—Walmart, Amazon, and Kroger—will offer to sell those tests at-cost for the next three months. This means that Americans will be able to buy these tests at their local retailers or online for up to 35 percent less starting by the end of this week. The Administration has also taken action so that Medicaid must cover at-home tests for free for beneficiaries, and that states should ensure that any tools they use to manage at-home testing do not establish arbitrary barriers for people seeking care.

Expanding Free, Pharmacy Testing



As part of our strategy to ensure the most convenient access to free testing, we will expand the number of retail pharmacy sites around the country where anyone can get tested for free through the HHS free testing program to 10,000 pharmacies.



Increasing Support for COVID-19 Treatment at Hospitals



Getting Life-Saving Monoclonal Antibody Treatment to Those Who Need It



The United States government shipped an average of approximately 100,000 doses of monoclonal antibodies per week across July and August. The Administration will increase the average weekly pace of shipments of free monoclonal antibody treatment to states by a further 50% in September, continuing to accelerate the federal government's efforts to deliver lifesaving COVID-19 treatment. Monoclonal antibody treatments have been shown to reduce the risk of hospitalization by up to 70% for unvaccinated people at risk of developing severe disease. As hospital systems experience increased COVID-19 cases, many have identified monoclonal antibody treatment as a key tool to improve health outcomes, prevent hospitalizations and reduce the strain on overburdened hospitals.

Lab Testing Supplies

Long term care facilities can email Binax.Team@hhs.gov and request to be added to the direct distribution list. They may or may not be eligible depending on the following:

Eligibility is based on two elements: CLIA Certificate of Waiver designation and county rates of COVID-19 infections.

FACILITY TYPE	DESIGNATION CRITERIA	EPIDEMIOLOGY CRITERIA
Assisted Living Facility	CLIA application under 04- Assisted Living Facility Confirm “Facility Type” Designation here	Yellow County: 5-10% positivity Red County: >10% positivity
Nursing Homes	Medicare-certified Skilled Nursing Facility (SNF) and/or Medicaid-certified Nursing Facility (NF) Confirm Designation here	Yellow County: 5-10% positivity Red County: >10% positivity

Q: Just to be clear, we are a private pay Assisted Living & Sheltered Care facility, does the Executive Order issued yesterday stating all staff must be fully vaccinated apply to us?

A: Yes. The Executive Order applies to facilities licensed under Title 77 Part 295 Assisted Living and Shared Housing Establishment Code

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE**

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

SUBPART A: GENERAL PROVISIONS

- [Section 295.100 Purpose of the Act and this Part \(Repealed\)](#)
- [Section 295.200 Definitions](#)
- [Section 295.300 Incorporated and Referenced Materials](#)
- [EMERGENCY - 45 Ill. Reg. 5541](#)
- [Section 295.400 License Requirement](#)
- [Section 295.500 Application for License](#)

• Released 8:36 AM this morning

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

The screenshot shows the CDC COVID-19 website. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention" with the tagline "CDC 24/7: Saving Lives. Protecting People™". To the right is a search bar labeled "Search COVID-19". Below this is a dark teal navigation bar with the title "COVID-19" and several menu items: "Your Health", "Vaccines", "Cases & Data", "Work & School", "Healthcare Workers" (which is highlighted), "Health Depts", "Science", and "More".

Under the "Healthcare Workers" menu item, there is a sub-menu with a home icon and the following items, each with a plus sign to its right: "Testing", "Clinical Care", "Infection Control", "First Responders", "Exposure in Healthcare Settings", and "Optimizing PPE Supplies".

The main content area features a purple horizontal line above a text block: "To maximize protection from the [Delta variant](#) and prevent possibly spreading it to others, get vaccinated as soon as you can and wear a mask indoors in public if you are in [an area of substantial or high transmission](#)." Below this is the main article title: "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes" with the subtitle "Nursing Homes & Long-Term Care Facilities". At the bottom of the article, it says "Updated Sept. 10, 2021" and has a "Print" link.

• <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

The screenshot shows the CDC website's COVID-19 hub. At the top left is the CDC logo and the text 'Centers for Disease Control and Prevention' with the tagline 'CDC 24/7: Saving Lives. Protecting People™'. To the right is a search bar labeled 'Search COVID-19'. Below this is a dark teal navigation bar with 'COVID-19' in white. Underneath is a lighter teal menu bar with icons and labels for 'Your Health', 'Vaccines', 'Cases & Data', 'Work & School', 'Healthcare Workers' (which is highlighted), 'Health Depts', 'Science', and 'More'. On the left side of the page is a sidebar menu under the heading 'Healthcare Workers'. The menu items are 'Testing +', 'Clinical Care +', 'Infection Control -', and 'Infection Control Guidance' (which is highlighted with a vertical bar). The main content area on the right features the article title 'Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic' and a sub-header 'Updated Sept. 10, 2021' with a 'Print' button.

• <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

The screenshot shows the CDC website's COVID-19 page. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™". To the right is a search bar with the text "Search COVID-19" and a magnifying glass icon. Below this is a dark teal navigation bar with the text "COVID-19" on the left and a menu of items: "Home", "Your Health", "Vaccines", "Cases & Data", "Work & School", "Healthcare Workers" (which is highlighted), "Health Depts", "Science", and "More".

On the left side of the page, there is a sidebar menu under the heading "Healthcare Workers" with a home icon. The menu items are: "Testing" (+), "Clinical Care" (+), "Infection Control" (+), "First Responders", "Exposure in Healthcare Settings" (which is selected with a vertical bar and a minus sign), and "Infections in Acute Care" (-).

The main content area features a large heading: "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2". Below the heading, it says "Updated Sept. 10, 2021" and has a "Print" button. Underneath is a section titled "Summary of Recent Changes" with a light blue box containing the text "Updates as of September 10, 2021" and an upward-pointing arrow.

Q: Can we remove goggles right away when county positivity rate goes below 5% - or do we need to wait 14 days?

A: Couple points to consider

1. During an outbreak—eye protection is required
2. During high test positivity rates-Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions.

Q: Is it necessary for staff (who are not frontline workers) to wear face shields if they only have occasional contact with residents? Also, does everyone need to wear face shields with coworkers or just residents?

A: Common Sense approach here. Eye/face protection is to be used in resident care areas (OSHA ETS uses “well defined areas”).

- If a person NEVER goes into those areas (e.g. persons in separate building, in a separate lobby, office area, or downstairs kitchen or laundry) then only mask and PPE normally required for job would be necessary.
- If a person is working in resident care areas (e.g. maintenance, dietary delivering or passing trays, activities, social service, accounting persons, or reception that is immediately adjacent to care areas then mask and eye/face protection would be expected

Q: We are not getting any guidance about vaccinated visitors from out-of-state/country hotspots. Will we receive some guidance or should we assume they are still good to visit with just a mask?

A: You should contact your local health department and see if they have instituted any travel advisories or not. Most guidance will state to follow CDC travel guidance but LHD are implementing more stringent requirements. I would defer to them.

Q: For new admissions, can a new resident be cohorted for quarantine with another new admission who came days before the newest resident?

A: Best practice:

No. You should not cohort new admissions. CDC clearly indicates a single room.

If there are no other beds:

If there is no way around it, then only those residents who are admitted within hours to a day of each other. If you were to do that then you extend the quarantine time for the first admission because they are being “potentially exposed” again and the calendar must restart to day “0” for them as well.

Q: Did you receive any clarification on BIPAP/CPAP and isolation rooms from CDC from last week?

A:

If resident(s) *is Asymptomatic, and not suspected of covid* (those in general population)

- PPE worn will be based on non-outbreak or outbreak status.
- Fully vaccinated residents
 - Outbreak status: N95, eye protection
 - Non-outbreak: Facemask, and add eye protection if community transmission is >5%
 - May be placed in double room
- Unvaccinated residents
 - Outbreak status: N95, eye protection
 - Non-outbreak: Facemask, and add eye protection if community transmission is >5%
 - May be placed in double room
 - Draw curtain between the beds
 - Work with maintenance to improve ventilation in room
- If resident is symptomatic (suspected): wear full PPE and place in single room
- If resident is confirmed to have COVID wear full PPE and place in single room

Q: Does the definition of “healthcare worker” or “staff” include essential caregivers?

A: Essential Caregivers are there to support the resident but are not employees. *“ECs must be screened, tested, and provided PPE in accordance with the health care personnel guidance in the facility’s COVID-19 plan. The facility must document that it has trained the EC on proper infection control, including hand hygiene and appropriate use of PPE. LTC facilities licensed by IDPH must test ECs for COVID-19 as required by emergency rule”*

<http://www.dph.illinois.gov/covid19/community-guidance/essential-caregiver-guidance-long-term-care-facilities>

Q: If we are in an outbreak due to one or two residents on the covid unit on their own wing, can we still do communal dining for the rest of the facility, as long as that wing/unit is kept closed?

A: Units without cases are considered “unaffected” and may resume communal dining and group activities.

Asymptomatic HCP

- Currently the guidance reads:
 - (Testing Plan and Response Strategy, Pg. 9)
 - Asymptomatic staff with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, **should have a series of two viral (antigen or Nucleic Acid Amplification Test [NAAT]) tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.**
 - (Mitigation Strategies for Staffing Shortages, Pg. 11)
 - IDPH does not support staff working while ill. Mitigation strategies listed below are intended to be used in the order that they appear. **Fully vaccinated health care personnel (staff) with higher-risk exposures who are asymptomatic do not need to be restricted from work following their exposure.**
 - This concern has been for those fully vaccinated HCP with continued exposures in the home (kids, spouse, etc.) and the risk they might bring if working.

Asymptomatic Fully Vaccinated HCP

- Asymptomatic HCP fully vaccinated ***with continued exposure in the home environment***---may continue to work and do not have to quarantine but must complete the following:
 - test immediately
 - test between days 5-7 of exposure
 - test after the last date of exposure (last day of isolation for the household member)
 - test weekly until 14 days after last exposure
- Asymptomatic HCP fully vaccinated with higher risk exposure (at work {follow CDC table} or community{exposed to someone w/COVID})--may continue to work and do not have to quarantine but must complete the following:
 - test immediately
 - test between days 5-7 of exposure

Unvaccinated HCP

- Unvaccinated HCP with higher risk exposure at work, community, or home must quarantine for 14 days and complete:
 - test immediately
 - test between days 5-7 of exposure
- Unvaccinated health care personnel (staff) with higher-risk exposures should quarantine for 14 days. Testing out of quarantine is not preferred but could be considered during times of crisis staffing.



General Vaccine Administration



Source Control / PPE



Detection, Isolation



Screening and Surveillance



Hand Hygiene



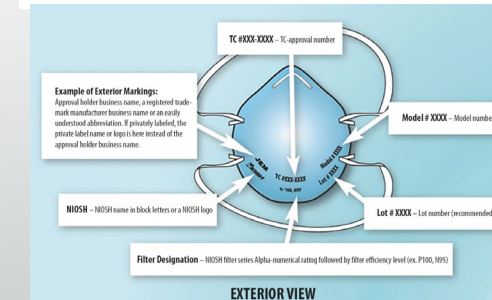
Surface Cleaning / Disinfecting

The National Personal Protective Technology Laboratory (NPPTL)

NIOSH-Approved Particulate Filtering Facepiece Respirators

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices



Influenza Pneumonia

- Most common viral cause of pneumonia
- Primary pneumonia manifests with persistent symptoms of cough, sore throat, headache, myalgia, and malaise for more than 3-5 days
- Symptoms worsen with time, and new respiratory symptoms, such as dyspnea and cyanosis, appear

Source: Mosenifar, Z., et al., *Viral Pneumonia*

Parainfluenza Virus Pneumonia

- Parainfluenza virus (PIV) is second in importance only to RSV as a cause of lower respiratory tract disease in children
 - Pneumonia and bronchiolitis in <6 months
- Usually second to influenza in elderly
 - The signs and symptoms include fever, cough, coryza, dyspnea with rales, and wheezing

Source: Mosenifar, Z., et al., *Viral Pneumonia*

Respiratory Syncytial Virus (RSV)

- Second most common viral cause of pneumonia in adults
- Highly contagious, spreading via droplet and contact exposure
- Reinfection in older children and young adults is common but mild
- Likelihood of more severe disease and pneumonia increases with advancing age

Source: Mosenifar, Z., et al., *Viral Pneumonia*

Rhinovirus

- Accounts for up to 30% of cases of all virus-related pneumonia
- Rhinovirus infection is linked to asthma hospitalizations in both adults and children
- Rhinoviruses can cause up to 32% of all lower respiratory tract infections with an identified pathogen in the elderly (> 60 y)
- Identified more frequently than coronaviruses (17%) or influenza viruses (7%)

Source: Mosenifar, Z., et al., *Viral Pneumonia*

Human Metapneumovirus (hMPV)

- 10% of respiratory tract infections
- Distributed worldwide
- Seasonal distribution
- Incidence comparable to influenza
- most children exposed to virus by age 5
- Young children, older adults and immunocompromised individuals are at risk of severe illness and hospitalization.

Sources: Falsey AR. *Pediatr. Infect. Dis. J.* 27 (10 Suppl): S80–3.

Wikipedia: Human metapneumovirus

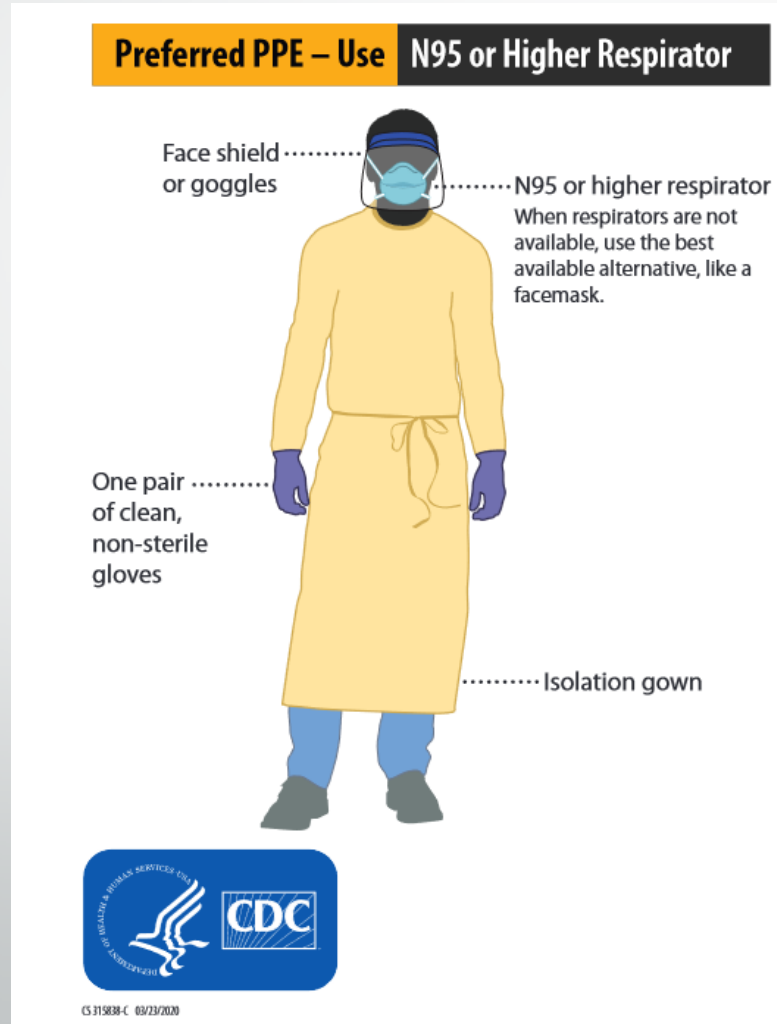
Adenoviruses

- Little known about mechanisms of pathogenicity
- 52 serotypes
- Age, health of patient, and other unknown host factors are believed to play key roles
- Spread by respiratory secretions, infectious aerosols, feces, and fomites – very contagious
- Contaminated environmental surfaces harbor virus for weeks.
- Resistant to lipid disinfectants
- Inactivated by heat, formaldehyde, and bleach.



Source: Mosenifar, Z., et al., *Viral Pneumonia*

Suggestions on Transmission Based Precautions with Respiratory Illness Keep it Simple/Keep it the Same



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**