



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

September 24th, 2021

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- LTC Survey - COVID-19 Booster and Flu Vaccination Plans
- Laboratory Availability
- Eligibility for Monoclonal Antibody Treatment to Prevent Severe COVID-19
- CMS & CDC Guidance Updates
- IDPH Guidance Updates
- Open Q & A

IDPH webinars

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

Friday, October 1 st	https://illinois.webex.com/illinois/onstage/g.php?MTID=e86a4854e137da9548e2a0d447125779c
Friday, October 15 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e1f80032c27f8b7343dc1c486857ca88d
Friday, October 22 nd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e43d37abe7734208418fcec0bbb26b3c9
Friday, October 29 th	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.

Telligen Long Term Care Office Hours Event 9/30/2021

5

COVID-19 LTC Office Hours – Influenza is Afoot: It’s Time Again for Sherlock Holmes and Dr. Gahm to Prepare You

When: September 30th @ 1:00pm – 2:00pm MT/2:00 pm - 3:00 pm CT

Telligen Invites you to strengthen your influenza vaccination program. Join Dr. Gahm as he leads us through an interactive investigation of how influenza is spread, the most appropriate influenza vaccines to use, and treatment plans. In addition, let’s examine more about that scoundrel Moriarty COVID.

Register [HERE!](#)



This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 12SOW-QIN-QIN- 09/24/21-4226



General Vaccine Administration



Source Control / PPE



cdc.gov/COVID19



Detection, Isolation



Screening and Surveillance



Hand Hygiene



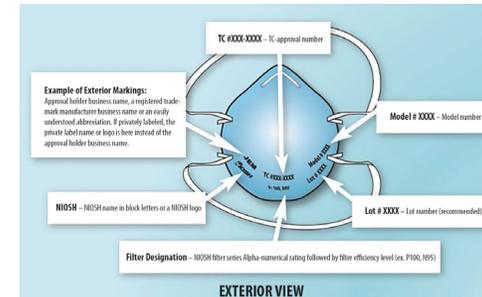
Surface Cleaning / Disinfecting

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



LTC Survey -
COVID-19
Booster and
Flu
Vaccination
Plans

IDPH is seeking information regarding LTC facility plans to ensure that residents and staff receive COVID-19 and influenza vaccinations over the coming months.

Survey link: <https://redcap.link/LTCC19VaxPlan>

Survey takes about 5 minutes! Please submit by **Monday, September 27 at 5pm.**

Laboratory Availability

Anyone 12 years of age and older is eligible for the COVID-19 vaccine.
 Find your nearest vaccination location at <https://www.vaccines.gov/> or call (833) 621-1284 to schedule an appointment near you.

COVID-19 Home

Long Term Care Facilities Guidance

Private Laboratory COVID-19 Testing Options for Illinois Long-term Care Facilities					
Name	Location	Contact Email	Services Offered	Phone	Transport Options
AccessDx Laboratory https://www.accessdxlab.com	Houston, Texas	Info@accessdxlab.com	PCR Testing	888-380-7040	Test kits shipped to sites. FedEx Priority Overnight return shipping included. Results in 24-48 hours
Curative Labs Inc. https://curative.com/	San Dimas, California; Washington, D.C.; Round Rock, Texas	stephaniewhittle@curative.com	PCR testing and antibody testing	512-827-1975	Receive your results digitally in 1-2 days.
Simple Laboratories https://www.simplelaboratories.com	Harwood Heights, Illinois	outreach@simplelaboratories.com	PCR testing; Test Collection services available	773-775-6697	Shipping or courier services available.
Bridge Diagnostics www.bridgediagnostics.com	Irvine, California	phil@bridgediagnostics.com	PCR Testing (Swab and Saliva)	630-862-4697	Courier/UPS
Mako Medical www.makomedical.com	Raleigh, North Carolina	mcullinan@makomedical.com	PCR testing	617-519-1600	Pickup by FedEx and send for early morning delivery. We result in 24-48 Hours.
LabCorp https://www.labcorp.com/	Indianapolis, Indiana	Nagelb1@LabCorp.com	PCR testing		Courier services available
Reditus https://www.redituslabs.com/#contact	Pekin, Illinois	a.rossi@redituslabs.com	PCR testing	469-498-0222	Courier services available
Tempus Labs, Inc. https://www.tempus.com/	Chicago, Illinois Atlanta, Georgia	covidsupport@tempus.com	PCR testing	833-514-4187	Shipping is available to and from the sites
Aegis Sciences Corporation https://www.aegislabs.com/	Nashville, Tennessee	jeffrey.tingey@aegislabs.com	PCR testing	800-533-7052	Test kits shipped to site and courier is provided as needed. FedEx overnight shipping used to send samples back to lab.
Acutis Diagnostics https://acutis.com	Hicksville, New York	service@acutis.com	PCR testing	844-522-8847	Test kits shipped to site, courier available for moving samples in-state to prepare for shipping to New York.
Medical Diagnostic Laboratories www.mdlab.com	Hamilton, New Jersey	jkrueger@mdlabor.com	PCR testing	866-699-8951	Specimens will be overnighted via FedEx to the lab. MDL has 7 reps in Illinois that will deliver supplies, train clients, and monitor all pickups.

09/22/21

[Long Term Care Facilities Guidance](#)

This interim guidance provides guidelines for nursing homes and other long-term care (LTC) facilities regarding strictions that were instituted to mitigate the spread of COVID-19. The guidance in this document is specifically ended for facilities as defined in the Nursing Home Care Act (210 ILCS 45), and also applies to Supportive Living facilities, Assisted Living Facilities, Shared Housing Establishments, Sheltered Care Facilities, Specialized Mental Health Rehabilitation Facilities (SMHRF), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), State-Operated Developmental Centers (SODC), Medically Complex/Developmentally Disabled Facilities (MC/DD), and Illinois Department of Veterans Affairs facilities.

non-discrimination Statement

<https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance>

RESOURCES

- [CDC Long Term Care Facilities COVID-19 Guidance](#)
- [Nebulizer Treatments for COVID-19 Cases](#)
- [Private Laboratory COVID-19 Testing Options for Illinois Long-term Care Facilities](#)

FORMS

- [Checklist for Long Term Care Facilities](#)
- [Sample Letter to Long Term Care Facility](#)
- [Employee Information Tool](#)
- [COVID-19 Testing at Long Term Care Facility](#)
- [Risk Assessment](#)



Eligibility for Monoclonal Antibody Treatment to Prevent Severe COVID-19

Does the person have COVID-19 symptoms or a positive COVID-19 PCR test in the past 10 days?

OR
Yes

Was the person exposed, or told they had a high-level exposure to a person with COVID-19 in the past 7 days?

No

No

Is the person at risk for severe disease?*

Yes

Is the person 12 years or older and weigh 88 pounds or more?

Yes

Eligible

Is the person hospitalized or need more oxygen than usual?

Yes

No

No

- Risk Conditions for Severe Disease*
- Older age (65 and older)
 - Chronic kidney disease
 - Chronic respiratory disease
 - Immunosuppressive disease or treatment
 - Diabetes
 - Obesity
 - Cardiovascular disease /Hypertension
 - Other medical conditions or factors

Not Eligible

CDC Director Backs COVID Booster Plan And Makes An Additional Recommendation

September 24, 2021 · 2:52 AM ET

THE ASSOCIATED PRESS



npr WBEZ CHICAGO

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

"In a pandemic, even with uncertainty, we must take actions that we anticipate will do the greatest good."

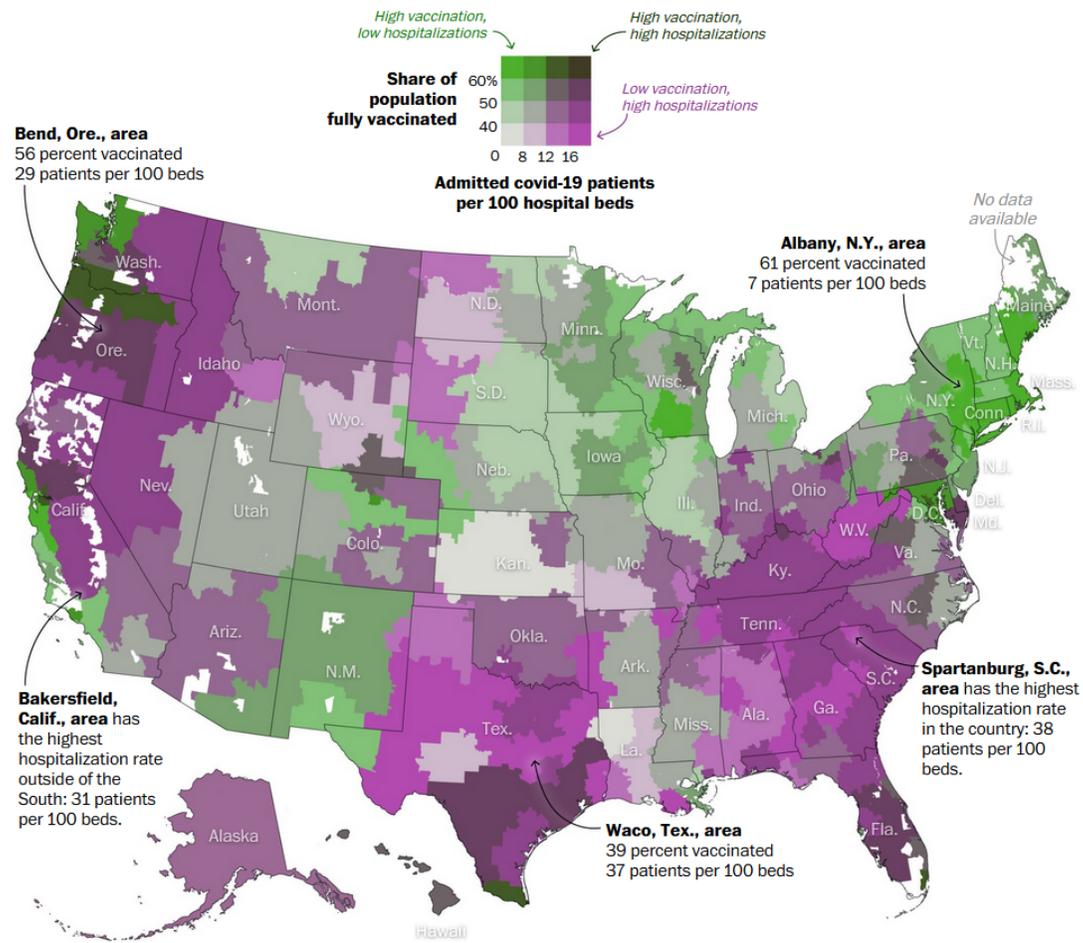
CDC Director Rochelle Walensky

- 65 years and older
- Long-term care residents
- people 18-64 at increased risk of exposure and transmission due to occupational or institutional setting
 - Healthcare
 - Teachers
 - Front line workers
- 18- to 49-year-olds with underlying medical conditions

Health

Mapping America's hospitalization and vaccination divide

Stark differences across the country revealed



By Zach Levitt and Dan Keating

Today at 9:41 a.m. EDT





Illinois Department of Commerce & Economic Opportunity

JB Pritzker, Governor

Illinois FAQ on Updated CDC Guidance

August 19, 2021

On July 27, 2021, the Illinois Department of Public Health (DPH) announced that it fully adopted the updated Centers for Disease Control and Prevention (CDC) masking recommendations to protect against COVID-19 and the Delta variant. CDC recommends that everyone, including fully vaccinated individuals, wear a mask in public indoor setting in areas with substantial and high transmission. Based on the CDC guidance, DPH strongly recommends that all businesses throughout the State require vaccinated and unvaccinated individual wears masks indoors.

How is an area determined to be “substantial” or “high” transmission?

- Areas of substantial transmission are considered by CDC to be those with 50 to 99 cases per 100,000 people over a 7-day period. Areas of high transmission are considered to be those with more than 100 cases per 100,000 people over a 7-day period.

How do I know if an area is “substantial” or “high” transmission?

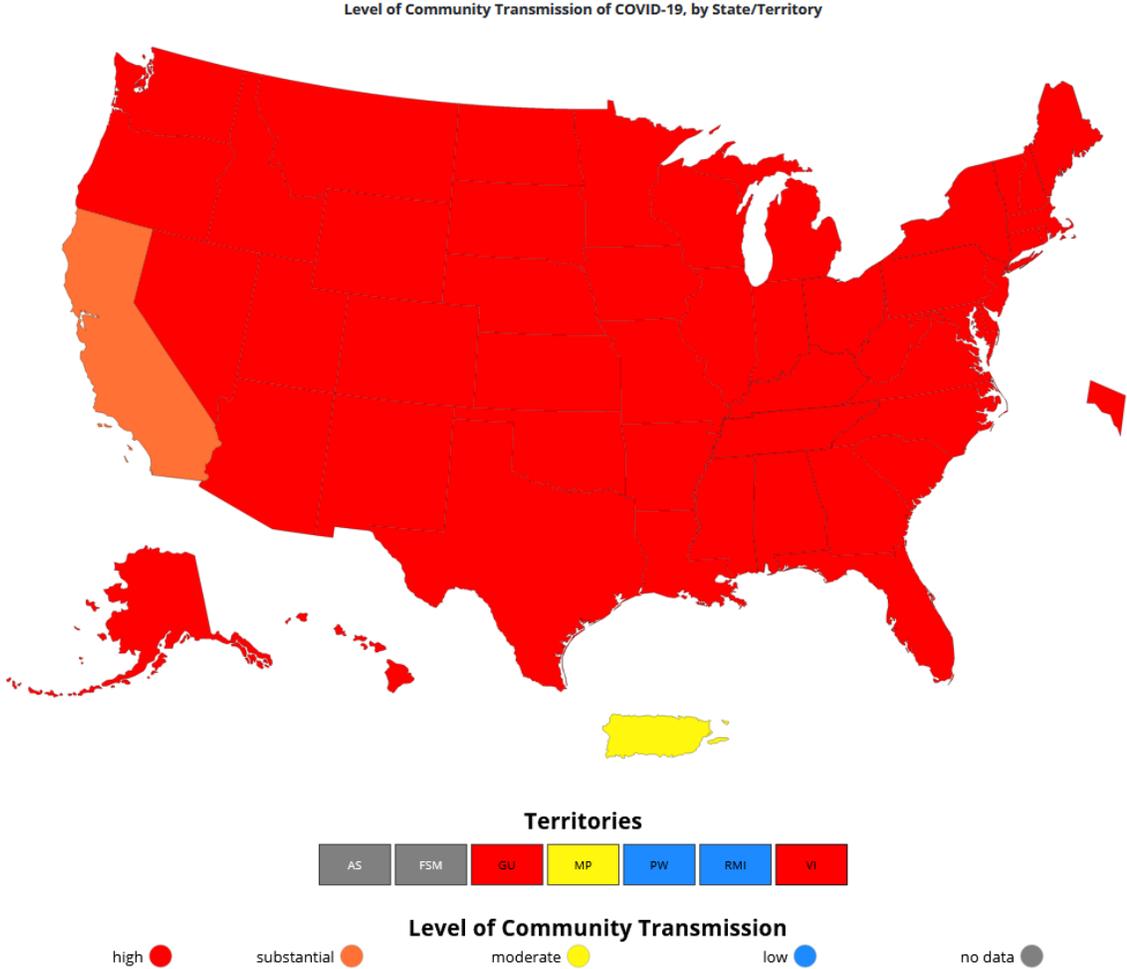
- The community level of transmission can be found here: <https://covid.cdc.gov/covid-data-tracker/#county-view>.

Why the Switch to Community Transmission Risk?



Level of Community Transmission is based on the number of cases in the last 7 days per 100,000 population and the number of tests in the last 7 days that have a positive result

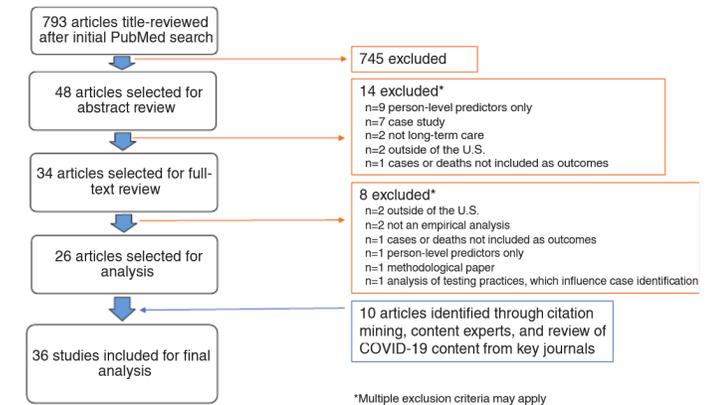
- Risk Based Approach
- Like other viruses, community transmission creeps into congregate care (e.g., influenza, norovirus)
- Evidence based approach



A systematic review of long-term care facility characteristics associated with COVID-19 outcomes

R. Tamara Konetzka PhD¹ | Elizabeth M. White APRN, PhD²  |
Alexander Pralea³ | David C. Grabowski PhD⁴ | Vincent Mor PhD^{2,5}

FIGURE 1 Summary of articles identified, included, and excluded during literature search



- Systematic Review of the literature included 36 empirical studies
- Outcome measure was probability of at least one case or death from COVID-19 (or other defined threshold), numbers of cases and deaths, measured variability
- 1.4 million cases and 183,000 deaths as of mid May
- Perfect storm of airborne transmission, asymptomatic spread in congregate settings
- Systematic examination of the evidence based on COVID-19 cases and deaths in LTCF
- Goal is to better inform practice and policy

A systematic review of long-term care facility characteristics associated with COVID-19 outcomes

R. Tamara Konetzka PhD¹ | Elizabeth M. White APRN, PhD²  |
Alexander Pralea³ | David C. Grabowski PhD⁴ | Vincent Mor PhD^{2,5}

- Outcomes varied by facility racial composition- partially explained by facility size and community prevalence of COVID-19
- Larger bed size and location in area with high COVID-19 prevalence strongest and most consistent predictor of facility having more COVID-19 cases and deaths
- More staff associated with higher probability of any outbreak
- In facilities with outbreaks higher staffing associated with fewer deaths
- Nursing Home Compare 5-star ratings, ownership, and prior infection prevention citations did not have consistent associations with COVID-19 outcomes”

Conclusions

A systematic review of long-term care facility characteristics associated with COVID-19 outcomes

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- “Better control of community spread would have been critical for mitigating much of the morbidity and mortality long term care residents and staff experienced during the pandemic.”
- “COVID-19 presented a novel problem requiring extensive adaption by both long-term care providers and policymakers.”

Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

Summary of Recent Changes

Updates as of September 10, 2021

- Updated outbreak response guidance to promote use of contact tracing approach. Alternative broad-based approaches to outbreak response at a facility-wide or unit level are also described.
- Updated expanded screening testing recommendations for healthcare personnel (HCP).
- Updated recommendations for quarantine of fully vaccinated residents.
- Updated visitation guidance.

[Previous Updates](#)

The screenshot shows the CDC website interface. At the top, the CDC logo and name are visible, along with a search bar for COVID-19. The main navigation bar includes links for 'Your Health', 'Vaccines', 'Cases & Data', 'Work & School', 'Healthcare Workers' (which is highlighted), 'Health Depts', 'Science', and 'More'. Below the navigation, the 'Healthcare Workers' section is expanded, showing a list of topics: Testing, Clinical Care, Infection Control, Exposure in Healthcare Settings, Optimizing PPE Supplies, and Managing Operations. The main content area features a headline: 'Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes' with a sub-headline 'Nursing Homes & Long-Term Care Facilities'. A brief introductory text states: '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.' The page is dated 'Updated Sept. 10, 2021' and includes a 'Print' link.

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

Recommendations for Healthcare Personnel

Summary of Recent Changes

Updates as of September 10, 2021

Updates as of September 10, 2021

- Updated source control recommendations to address limited situations for healthcare facilities in counties with low to moderate community transmission where select fully vaccinated individuals could choose not to wear source control. However, in general, the safest practice is for everyone in a healthcare setting to wear source control.
- Updated quarantine recommendations for fully vaccinated patients who have had close contact with someone with SARS-CoV-2 infection to more closely align with recommendations for the community.
- Clarified the recommended intervals for testing asymptomatic HCP with a [higher-risk exposure](#) and patients with [close contact](#) with someone with SARS-CoV-2 infection.
- Added content from previously posted CDC guidance addressing:
 - Recommendations for fully vaccinated HCP, patients, and visitors
 - SARS-CoV-2 testing
 - Duration of Transmission-Based Precautions for patients with SARS-CoV-2 infection
 - Specialized healthcare settings (e.g., dental, dialysis, EMS)

The screenshot shows a web browser window displaying the CDC website. The address bar shows the URL: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. The CDC logo and name are visible at the top. A search bar contains the text "Search COVID-19". Below the search bar is a navigation menu with the following items: "Your Health", "Vaccines", "Cases & Data", "Work & School", "Healthcare Workers" (which is highlighted), "Health Depts", "Science", and "More". The main content area shows a sidebar with a "Home" icon and the text "Healthcare Workers". Below this are three expandable sections: "Testing" with a plus sign, "Clinical Care" with a plus sign, and "Infection Control" with a minus sign. The main heading reads "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic". Below the heading, it says "Updated Sept. 10, 2021" and "Print".

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

Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure

Summary of Recent Changes

Updates as of September 10, 2021

As of September 10, 2021

The interim guidance was updated to:

- Combine information from previously posted CDC guidance addressing when healthcare personnel (HCP) with SARS-CoV-2 infection could return to work and risk assessment and work restriction for HCP with higher-risk exposure to SARS-CoV-2
- Clarify the recommended intervals for testing asymptomatic HCP with a [higher-risk exposure](#).

The screenshot shows a web browser displaying the CDC website. The address bar shows the URL: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-asesment-hcp.html>. The CDC logo and name are visible at the top. A search bar contains the text "Search COVID-19". Below the search bar is a navigation menu with the following items: Home, Your Health, Vaccines, Cases & Data, Work & School, Healthcare Workers (selected), Health Depts, Science, and More. The main content area features a heading "COVID-19" and a sub-heading "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2". Below this heading is a table with three rows: "Testing", "Clinical Care", and "Infection Control", each with a plus sign to its right. The "Testing" row is expanded, showing "Updated Sept. 10, 2021" and a "Print" link.

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

CMS Policy and Regulatory Revisions in Response to the COVID-19

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



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020

Ref: QSO-20-38-NH
REVISED 09/10/2021

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**

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



COVID Data Tracker

United States

At a Glance

Cases Total 41,593,179

Last 30 Days 

Deaths Total 666,440

Last 30 Days 

76.1% of Adults with At Least

One Vaccination 

Community High

Transmission 

Data Tracker Home

COVID Data Tracker Weekly Review

Your Community

County View

Forecasting

Vaccinations in the US

Community Profile Report

State Profile Report

Pandemic Vulnerability Index

Health Equity Data

COVID-19 Integrated County View

Maps, charts, and data provided by CDC, updates daily by 8 pm ET[†]

This site provides an integrated, county view of key data for monitoring the COVID-19 pandemic in the United States. It allows for the exploration of standardized data across the country.* The footnotes describe each data source and the methods used for calculating the metrics. For the most complete and up-to-date data for any particular county or state, visit the relevant health department website. Additional data and features are forthcoming.

*County level data are not available for territories. Territory level data is available under the [Cases, Deaths, and Testing tab](#). Data presented here for District of Columbia may differ from those presented on the [Cases, Deaths, and Testing tab](#) due to reporting differences for each tab. For CDC's most up to date data for District of Columbia, select District of Columbia in the dropdown on this tab or see the map below.

How to Find a COVID-19 Vaccine

State or territory:

Select a State 

County or metro area:



[Reset Selections](#)

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ission

Determining Community Transmission Levels

KEY POINT: Moving forward facilities will no longer use CMS website to monitor and track county transmission data.

Terms changing: instead of county test positivity rates....will use **community transmission levels**

Community transmission levels are NOW available through the CDC's COVID-19 Data Tracker to determine county transmission levels.

<https://covid.cdc.gov/covid-data-tracker/#county-view>

Two different indicators in CDC's COVID-19 Data Tracker are used to determine the level of SARS-CoV-2 transmission for the county where the healthcare facility is located.

If the two indicators suggest different transmission levels, the higher level is selected .

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

State or territory:

Select a State

- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas

County or metro area:

Adams County

- Select County
- Adams County
- Alexander County
- Bond County
- Boone County
- Brown County
- Bureau County
- Calhoun County
- Carroll County
- Cass County
- Champaign County
- Christian County
- Clark County
- Clay County

[Reset Selections](#)

[Statistics](#)

[Footn](#)

Adams County, Illinois

[State Health Department](#) 

7-day Metrics | [7-day Percent Change](#)

Community Transmission

● High

Everyone in **Adams County, Illinois** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

[How is community transmission calculated?](#)

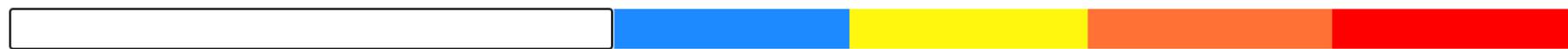
September 17, 2021

Cases	345
% Positivity	5.34%
Deaths	<10
% Eligible Population Fully Vaccinated	51.2%
New Hospital Admissions	49



Provides needed data so facilities are able to test and respond based upon level of community transmission level

Determining Transmission Risk



	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%



Two different indicators in CDC's COVID-19 Data Tracker are used to determine the level of SARS-CoV-2 transmission for the county where the healthcare facility is located.

If the two indicators suggest different transmission levels, the higher level is selected.

How you will use and Track Community Transmission Levels

Testing is completed based on the level of community transmission report in the past week.

Facilities should monitor their level of community transmission every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing accordingly.

If the level of community transmission increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table as soon as the criteria for the higher activity level are met.

If the level of community transmission decrease to a lower level of activity, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained a the lower activity level for at least two weeks before reducing testing frequency.

CMS Testing Frequency Table

PER IL EXECUTIVE ORDER FACILITIES WILL BE REQUIRED TO TEST UNVACCINATED HCP AT LEAST WEEKLY

Table 2: Routine Testing Intervals by *County COVID-19 Level of Community Transmission*

<i>Level of COVID-19 Community Transmission</i>	Minimum Testing Frequency of Unvaccinated Staff ⁺
Low (<i>blue</i>)	<i>Not recommended</i>
Moderate (<i>yellow</i>)	<i>Once a week*</i>
Substantial (<i>orange</i>)	<i>Twice a week*</i>
High (<i>red</i>)	<i>Twice a week*</i>

⁺Vaccinated staff do not need *to* be routinely tested.

^{*}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.

IDPH Guidelines Nursing Homes and other Long-Term Care Facilities

- Facilities as defined in the Nursing Home Care Act (210 ILCS 45)
- Supportive Living Facilities
- Assisted Living Facilities
- Shared Housing Establishments
- Sheltered Care Facilities
- Specialized Mental Health Rehabilitation Facilities (SMHRF)
- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- State-Operated Developmental Centers (SODC)
- Medically Complex/Developmentally Disabled Facilities (MC/DD)
- Illinois Department of Veterans Affairs facilities.

Summary of CDC Updates

- HCP screening recommendations - no changes
- Source control guidance - updated
- PPE - no changes
- Work exclusion for HCP - no changes
- Quarantine for patients - updated
- COVID-19 testing - updated
- Expanded screening testing in nursing homes - updated
- Outbreak response in nursing homes - updated
- Visitation in nursing homes - updated"

Core Principles of COVID-19 Infection Prevention - Updated

- Vaccination
- Source Control (masks, face coverings, and other respiratory protection)
- Resident and staff testing
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Physical distancing
- Appropriate use of Personal Protective Equipment (PPE)
- Instructional signage throughout the facility and communication
- Infection prevention and control education and competency
- Cleaning and disinfecting high frequency touched surfaces and equipment
- Appropriate ventilation
- Effective cohorting

Long-term Care Updates

New IDPH Guidance

Core Principles-remain unchanged

Vaccinations-updating

Monoclonal Antibody Therapy-new content

Source control-per Executive order

Community transmission levelschanging, new content

Response to a new positive in HCP or resident-***facility's immediate level of response*** may change based upon contact tracing or broad-based approach; testing unchanged; quarantine considers vaccination status of residents; isolation remains unchanged

Visitations, dining, group activitiesbeing updated

Universal PPE for HCP-New

When residents are not suspected to have COVID-19, HCP should wear the following PPE: _____

When community transmission levels are **substantial, or high**, HCP should wear a well fitted facemask and eye protection.

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

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.).

For Specimen collection: HCP must wear N95 respirator, eye protection, gown, gloves

Guidance for CPAP/BIPAP for asymptomatic, residents who are not suspected to have COVID (general population)

- In areas with substantial to high community transmission levels, or outbreak status, regardless of vaccination status, wear N95, eye protection, gown, and gloves
- In areas with moderate to low community transmission levels, regardless of vaccination status, in non-outbreak status HCP wear at a minimum a well-fitted facemask. In outbreak status-HCP wear N95, eye protection.
- If resident is suspected or confirmed to have COVID-19 regardless of vaccination status or the community transmission levels, HCP should wear N95, eye protection, gown, gloves.

Defining Community Transmission Levels of SARS-CoV-2

- Facilities should no longer use CMS website to monitor and track county transmission data.
- Facilities should NOW use the CDC COVID-19 Data Tracker
- Facilities should carefully monitor the color-coding which depicts community transmission levels.
- Facilities should contact their local health department with questions pertaining to community transmission levels.
- Facilities should monitor their level of community transmission every other week **(e.g., first and third Monday of every month) and adjust the frequency of performing staff testing accordingly.**
- Community transmission levels drive facility response to testing of unvaccinated HCP, PPE use, and facility response to a positive case(s).

- Introducing New Concepts

Responding to a New Positive COVID-19 Case in a Resident or HCP---

Unit (department)Based Approach or
Broad-Based Approach

What you can do now??--develop policies and procedures around how your facility plans on approaching a new case **BUT** we ask that you wait to implement until new IDPH guidance is released

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)
- Test asymptomatic HCP with higher risk exposures (HRE) and residents with close contacts that occurred within the unit(s) or department(s) where the positive case originated. Test individuals with HRE and close contact 2 days post-exposure, if negative, test again between day 5-7 after the 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

Don't Forget.....

- Pause while you conduct first round of testing (visits, communal dining, activities)---just until you know the extent of outbreak! Except for compassionate care, end-of-life, essential caregiver visits

- New guidance will spell out more specifics related to testing
- Residents and HCP with COVID infection within past 90 days are exempt from testing.
- When you do the look-back, you are looking at the last 48 hours **before** the person was identified to be positive. You want to determine if there were any higher risk exposures in HCP or close contacts in residents during that time. This is a modified form of contact tracing at a facility-level.
- This does NOT replace the contact tracing that a local health department will do from a public health perspective. This is an investigation of encounters that occurred within the building between HCP and residents and determining if there were any possible exposures.
- Follow current guidance for testing for asymptomatic HCP and residents w/close contact (immediate and if negative, test again between day 5-7

Define Immediate Testing

- Most facilities interpreted immediate as “immediate” or ASAP, or STAT
- New CDC guidance is following logic that facility transmission takes at least 2 days
- New IDPH will ask you to test on day 2 after the exposure (this will allow the viral load to reach a detectable level)

New Admissions

Unvaccinated Residents---must quarantine on admission

Vaccinated Residents—do NOT need to quarantine on admission

The new guidance will require testing to be completed for all new admissions regardless of the vaccination status.

Until the new IDPH is released, vaccinated residents do not need to quarantine, unvaccinated do need to quarantine. No testing required at this time (until new guidance is released with specifics)

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.*

Using the Community Transmission Levels to drive practice---

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*

- If the level of community transmission increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table as soon as the criteria for the higher activity level are met.

Example: The community transmission level is Yellow or Moderate the first week but on the third week it shows Orange or Substantial community transmission level. The facility must immediately begin to test unvaccinated HCP twice a week (orange) instead of once a week (yellow).

- If the level of community transmission decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained at the lower activity level for at least two weeks before reducing testing frequency.

Example: The community transmission level is Substantial (orange) but decreases and is lowered to moderate (yellow) level. The facility **MUST WAIT** another week to ensure the community transmission level **remains at the lower level for two weeks** before reverting to a lower testing frequency which in this case would go from twice a week testing to once a week testing.

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**