

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

May 1, 2020

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to All Panelists
 - Any other comments, feedback, suggestions for future topics, etc, please submit via chat
- Slides and recording will be made available later



Agenda

- Past and upcoming webinars
- Latest CDC and IDPH updates
- Open Q & A

Slides and recording will be made available after the session.



IDPH webinars

- Friday Brief Updates and Open Q&A (1-2 pm):
 - 5/8/20:

https://illinois.webex.com/illinois/onstage/g.php?MTID=e77142f8b200cbd01c324d53840 3bf664

- 5/22:

https://illinois.webex.com/illinois/onstage/g.php?MTID=e1f723a533a0753b8a5dfffa4914e 4726

- 5/29:

https://illinois.webex.com/illinois/onstage/g.php?MTID=e3007014ea78f16862cfba3ebc98 2f771

 Hand Hygiene and Performance measures-topic may change (Wednesday, 5/13, 1 – 2 pm):

https://illinois.webex.com/illinois/onstage/g.php?MTID=e002fff0fa13b512e81dfae1 97770ff12

Slides and recordings will be made available after the sessions.



CDC mini-webinar trainings for LTC frontline staff

- Keep COVID-19 Out! <u>https://youtu.be/7srwrF9MGdw</u>
- Sparkling Surfaces <u>https://youtu.be/t7OH8ORr5Ig</u>
- Clean Hands <u>https://youtu.be/xmYMUly7qiE</u>
- PPE Lessons <u>https://youtu.be/YYTATw9yav4</u>





Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

Print Page

Summary of Recent Changes as of April 30, 2020

- Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms and updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of cultural viral shedding and will be revised as additional evidence becomes available.
- Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.

"10+3" strategy

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html



Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Symptomatic HCP with suspected or confirmed COVID-19:

- Symptom-based strategy. Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 10 days have passed since symptoms first appeared
- Test-based strategy. Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html



Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

Print Page

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Summary of Changes to the Guidance

Below are changes to the guidance as of April 30, 2020:

- Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms and updated these to extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of viral shedding and will be revised as additional evidence becomes available. This time period will capture a greater proportion of contagious patients; however, it will not capture everyone.
- Added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalizedpatients.html

Discontinuation of Transmission-Based Precautions for patients with COVID-19:

The decision to discontinue <u>Transmission-Based Precautions</u> for patients with confirmed COVID-19 should be made using either a test-based strategy or a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy as described below. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.

Symptomatic patients with COVID-19 should remain in Transmission-Based Precautions until either:

- Test-based strategy
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.
- Symptom-based strategy
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of feverreducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared

Patients with laboratory-confirmed COVID-19 who have not had any symptoms should remain in Transmission-Based Precautions until either:

- Test-based strategy
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.
- Time-based strategy
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised).



CMS upcoming reporting requirements

- **Background:** Nursing homes will be required to report cases in residents and staff via the National Healthcare Safety Network (NHSN)
- CDC website: <u>https://www.cdc.gov/nhsn/ltc/covid19/index.html</u>

Centers for Disease Control and Prevention				All A-Z Topics			
CDC 24/7: Saving Lives. Protecting People™			Search		Search N	HSN 🕶	٩
National Healthcare Saf	^f ety N	letwork (NHSN)					
CDC > NHSN > Materials for Enrolled I	Facilities	> Long-term Care Facilities		G) 🖸 🖻	0	۲
♠ NHSN		LTCF COVID-19 Module					
NHSN Login		CDC's NHSN provides healthcare facilities, such as long term care facili	ties (LTCF) with	n a customized	system to tr	rack	
About NHSN	+	infections and prevention process measures in a systematic way					
Enroll Here	+	Tracking this information allows facilities to identify problems, improve care, and determine progress toward facility and national healthcare-associated infection goals.	COVID-19 Module for LTCF				
Change NHSN Facility Administrator		The <u>NHSN Long-term Care Facility Component</u> is supporting the nation's COVID-19 response by introducing a new COVID-19 Module for Long Term Care Facilities. Facilities eligible to report into the	Resident Impact &	Staff & Personnel	Supplies & Personal	Ventila Capacit	
Materials for Enrolled Facilities	_	Pacility Impact Prot		acility Impact Protective			Supplies
COVID-19 Module	+						
Ambulatory Surgery Centers	+	The COVID-19 Module for LTCFs consists of four pathways within NHSN's Long-term Care Facility Component:					
Acute Care Hospitals/Facilities	+	Resident Impact and Facility Capacity Staff and Personnel Impact					
Long-term Acute Care Hospitals/Facilities	+	 Supplies and Personal Protective Equipment Ventilator Capacity and Supplies The Module enables an assessment of the impact of COVID-19 in LTCFs through facility reported information, including: 1) counts of residents and facility personnel with suspected and laboratory positive COVID-19; 2) counts of suspected and 					
Long-term Care Facilities	_						
COVID-19 Module	laboratory positive COVID-19 related deaths among residents and facility personnel; 3) staffing shortages; 3) status of personal protective equipment (PPE) supplies; and 4) ventilator capacity and supplies for facilities with ventilator dependent			lent			

NHSN website

Enrollment	-	CDC COVID-19
LTCF's submitting COVID-19 data only should follow the enrollm below:	Get the latest informat CDC about COVID-19	
Earollmont stops for LTCEs submitting data in COVID 10 Medule	_	
Enrollment steps for LTCFs submitting data in COVID-19 Module	E	CMS Requirem
Training	+	CMS Requirements f
Data Collection Forms & Instructions	+	
Resources	+	CMS COVID-19 Upda
	+	CMS Announces R
		Clinicians, Provide
Get NHSN COVID-19 Updates		and Facilities Parti
		Quality Reporting

For continued NHSN COVID-19 updates, please enter your email address. NHSN facility and group users do not need to sign up, you will receive them automatically.

Email (optional)

9 Info tion from the

nents

for reporting

ates:

Relief for ers, Hospitals <u>ticipating in</u> g Programs in Response to COVID-19 [PDF - 400 KB] 🗹



NHSN Enrollment – COVID19 module only

Step 1 - Prepare your computer to interact with NHSN

You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process.

Step 2A - Register Facility with NHSN

The person who will serve as the NHSN Facility Administrator (usually the person enrolling the facility) must access and read the <u>NHSN Facility/Group Administrator Rules of Behavior</u>.

Step 2B - Register with SAMS (Security Access Management System)

After NHSN receives your completed registration, you will receive an *Invitation to Register with SAMS* via email with steps to complete the process.

Step 3 - Complete NHSN LTC Enrollment

On the SAMS homepage, click the link to the National Healthcare Safety Network labeled NHSN LTC Enrollment and Complete Facility Contact Information.

Step 4 – Electronically Accept the NHSN Agreement to Participate and Consent

*If your facility wants to report other modules (e.g., *C. difficile*), the process is different



NHSN Enrollment – COVID19 module only

Step 1 - Prepare your computer to interact with NHSN

You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process.

Step 2A - Register Facility with NHSN

IMPORTANT!

If your facility previously enrolled in NHSN, do not enroll again!

LTCFs that are currently enrolled in NHSN's LTCF Component have immediate access to the new module and may begin reporting. If your facility previously enrolled, but is no longer able to gain access, contact NHSN user support at <u>nhsn@cdc.gov</u> for assistance.

Step 4 – Electronically Accept the NHSN Agreement to Participate and Consent



NHSN Training

+

Enrollment

Training

Topic: COVID-19 Module Overview for Long-term Care Facilities

When: Thursday, April 30th, 2020

Time: 1:30-3:00 PM, EST

Please click the link below to join the webinar:

https://cdc.zoomgov.com/j/1616453257? pwd=aWdkNVdWeGJWMXZJSk9NOW5VK1Iqdz09

Password: 693066

Or iPhone one-tap :

US: +16692545252,,1616453257#,,#,693066# or +16468287666,,1616453257#,,#,693066#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 254 5252 or +1 646 828 7666

Webinar ID: 161 645 3257

Password: 693066

Please note that links are available only during the date and time of the event.

Topic: COVID-19 Enrollment Guidance for Long-term Care Facilities

When: Friday, May 1st, 2020

NHSN LTCF staff will conduct various virtual trainings and office hour sessions to assist LTCFs with enrollment and data submission.



NHSN Data Collection Forms & Instructions

Data Collection Forms & Instructions

Resident Impact and Facility Capacity

- COVID-19 Resident Impact and Facility Capacity Pathway Form (57.144)
 [PDF 100 KB] (print-only)
 - <u>Table of Instructions (57.144)</u> [PDF 250 KB]

Staff and Personnel Impact

- <u>COVID-19 Staff and Personnel Impact Pathway Form (57.145)</u>
 [PDF 120 KB] (print-only)
 - <u>Table of Instructions (57.145)</u> [PDF 220 KB]

Supplies and Personal Protective Equipment

- <u>COVID-19 Supplies and Personal Protective Equipment Pathway Form</u> (<u>57.146</u>) [PDF – 120 KB] (print-only)
 - <u>Table of Instructions (57.146)</u> [PDF 220 KB]

Ventilator Capacity and Supplies

- <u>COVID-19 Ventilator Capacity and Supplies Pathway Form (57.147)</u>
 [PDF 110 KB] (print-only)
 - <u>Table of Instructions (57.147)</u> [PDF 250 KB]



NHSN Data Collection Forms



OMB Approved OMB No. 0920-1290 Exp. Date 09/30/2020 www.cdc.gov/nhsn

COVID-19 Module Long Term Care Facility: Resident Impact and Facility Capacity

NHSN Facility ID:
CMS Certification Number (CCN):
Facility Name:
*Date for which responses are reported:/ //

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

 ADMISSIONS: Residents admitted or readmitted who were previously hospitalized and treated for COVID-19
 CONFIRMED: Residents with new laboratory positive COVID-19
 SUSPECTED: Residents with new suspected COVID-19
 TOTAL DEATHS: Residents who have died in the facility or another location
 COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Facility Capacity and Laboratory Testing

 ALL BEDS (FIRST SURVEY ONLY)
 CURRENT CENSUS: Total number of beds that are currently occupied
*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
If YES, what laboratory type? Select all that apply. State health department lab Private lab (hospital, corporation, academic institution) Other

Good for reference as to what's in the online module



Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is

NHSN Resources

Resources

Facility Resources

- Facility Guide to Using the COVID-19 Module [PDF 1 MB]
- Facility How to Upload COVID-19 CSV Data Files [PDF 600 KB]
- Facility Level CSV File Templates
 - <u>Resident Impact and Facility Capacity Template</u> ICSV 1 KB]
 - <u>Staff and Personnel Impact Template</u> [CSV 1 KB]
 - <u>Supplies and Personal Protective Equipment Template</u>
 [CSV 1 KB]
 - Ventilator Capacity and Supplies Template E [CSV 1 KB]
- How to ADD and EDIT Facility CMS Certification Number (CCN) within NHSN [PDF – 1 MB]
- <u>Facility Enrollment Guidance</u> [PDF 850 KB]



NHSN Assistance

Telligen can support Nursing Homes with the COVID-19 Module and

- Enrolling facilities and users in NHSN
- C. difficile and UTI surveillance and reporting
- Submitting and analyzing data
- How to use the data for monitoring and surveillance in community
- Telligen Contacts:
 - <u>NGriffin@telligen.com</u>
 - <u>LBridwel@telligen.com</u>



CMS requirements for case notification – updated (1/2)

- Nursing homes must inform residents, their representatives, and families by 5 p.m. the next calendar day following the occurrence of either:
 - a single confirmed infection of COVID-19;
 - or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours of each other.
- Also, cumulative updates to residents, their representatives, and families must be provided at least weekly by 5 p.m. the next calendar day following the subsequent occurrence of either:
 - each time a confirmed infection of COVID-19 is identified;
 - or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.



CMS requirements for case notification – updated (2/2)

- This information must be reported in accordance with existing privacy regulations and statute, and must not include Personally Identifiable Information (PII).
- Facilities must include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered such as restrictions or limitations to visitation or group activities.
- For purposes of this reporting requirement, facilities are not expected to make individual telephone calls. Instead, facilities can utilize communication mechanisms that make this information easily available to all residents, their representatives, and families, such as paper notification, listservs, website postings, and/or recorded telephone messages.
- Federal Register site, interim final rule scheduled to be published 5/8/20:
 - <u>https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory</u>
 - Currently listed under "Y. Requirement for Facilities to Report Nursing Home Residents and Staff Infections, Potential Infections, and Deaths Related to COVID-19"

*IDPH guidance will be updated again to align with CMS requirements



Updated IDPH employee monitoring tool - 4/27

EMPLOYEE MONITORING TOOL (COVID-19)

Associate Name:	Dept:	Date:	Time:
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Pre-Checker Name:

- Select place close to entrance for screening. Ideally a separate employee entrance with limited traffic.
- Staff should be screened before entering the building for temperature and symptoms of COVID19 and respiratory illness (per CDC guidance).

Do you have a:	Yes	No	Comments
Fever (>100.0°F)			
New or worsening cough			
Shortness of breath			
Sore throat			
Chills or shaking w/chills			
Muscle pain			
Headache (new or unusual			
onset). Not related to			
caffeine, dietary reasons			
(hunger), or history of			
migraines, cluster, or tension			
headaches, or HA typical for			
the individual).			
New loss of taste or smell			

*Note: Not all individuals present with the same symptoms. The above listed symptoms are per CDC. Clinical judgment should be used to determine whether additional symptoms would warrant the employee to be excluded from work.

If employee answers NO to <u>ALL</u> screening questions, the screener should complete a screening ticket for employee to give to shift supervisor. Employee may begin work shift. All employees must wear facemask while in the facility. <u>Universal masking is required of all staff.</u>



IDPH efforts: COVID testing for LTC

• **Strategy:** IDPH intends on providing testing to every LTC facility in Illinois in need of testing. Based on limited resources and supplies, the state must prioritize facilities.

LTCF with cases identified?	Who will be tested?	Purpose
NO	Residents and staff	Identify previously undetected cases. Swiftly implement mitigation strategies to decrease potential spread.
YES	Staff	Prevent continued transmission of the virus through staff.



IDPH efforts: COVID testing for LTC

1. IDPH will call

- a. LTCF to schedule testing, arrange for shipment of specimen collection supplies and ensure receipt, describe process.
- b. Local health department for awareness and coordination.

2. Support team of 5 contract nurses will go onsite to:

- a. Collect specimens
- b. Train facility staff to collect specimens
- c. Conduct infection control assessment and observations

10 support teams deployed across state for these efforts



IDPH efforts: COVID testing for LTC

- 1. IDPH will call LTCF to schedule testing, arrange for shipment of specimen collection supplies, describe process. Will call local health department for awareness and coordination.
- 2. Support team of 5 contract nurses will go onsite to:
 - a. Collect specimens
 - b. Train facility staff to collect specimens
 - c. Conduct infection control assessment and observations
- 3. Contract lab to:
 - a. Arrange for specimen pickup
 - b. Test specimens
 - c. Report results to LTCF and IDPH (via I-NEDSS) within 48 hours
- 4. If there are positives, implement infection control measures





Submit questions via Q&A pod to All Panelists

Submit suggestions for future topics, LTCFs best practices, lessons learned via Chat pod to All Panelists

Slides and recording will be made available after the session.



Reminder: 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: <u>http://www.dph.illinois.gov/siren</u>

