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

June 12, 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

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Agenda

- Upcoming webinars
- LTCF NHSN IDPH Group
    - NHSN FAQ
- Testing in Long Term Care
- FAQ
- 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):**

Note: no planned session for June 15 because IDPH will host an LTC webinar on **Wed, June 17th, at 1 pm**

Wednesday June 17th

https://illinois.webex.com/illinois/onstage/g.php?MTID=e31c66916c51c637e7f367c69c2e60003

Friday June 26th

https://illinois.webex.com/illinois/onstage/g.php?MTID=e6f73a652185dcfe658ff3b2ff02bb5fb

Slides and recordings will be made available after the sessions.

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LTCF NHSN IDPH Group

IDPH has created a group in NHSN for your facility to share COVID-19 data with the State. IDPH intends to use this summary data for situational awareness as well as public health response. While there is no State mandate at this time, your participation is strongly encouraged.

There will be **NO** increased reporting on the part of your healthcare facility. All that needs to be done is to join the IDPH group.

Joining a Group:

The NHSN facility administrator can join the group by selecting "Group" in the NHSN left navigation bar and then clicking "Join". This will open the Memberships page. Enter the 5-digit Group ID and the group password then click on "Join Group."

Group ID: 78568
Joining Group Password: Illinois19!

LTCF NHSN FAQ

- Q: LTC Fac's which are NOT Nursing Homes (77 IAC 300) are NOT required to submit to NHSN. Are they then to continue reporting directly to IDPH?
  - A: The decision to join the IDPH LTC COVID-19 group does not excuse the requirements of any other mandated reporting

- Q: We have been reporting on NHSN since May 8th but we received a letter from CMS we were not in compliance. Are we supposed to go back and report before May 8th?
  - A: NO.
  - A: CMS identifies data submitted through the CCN number associated with the facility. It has been found that facilities either have the incorrect number or do not have the CCN listed. It is recommended that you email NHSN@cdc.gov and include "LTCF COVID-19 reporting" in the subject line, also include the NHSN orgID of the facilities in question as well as the CCN number and the description of the issue.
    - For your reference: Here is an online link for facilities to look up the facility CCN number. https://qcor.cms.gov/advanced_find_provider.jsp?which=0
    - For CMS enforcement-related questions, please email CMS directly: DNH_Enforcement@cms.hhs.gov

- Q: Is the NHSN Data cumulative or do you just enter the data from last submission
  - A; This data is only cumulative for the very 1st time you enter your data. after that, whether you report daily or weekly, the counts begins new from your last time reported.

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Facility Testing and Response Plan

- Required per Emergency Rule (77 Il Adm. Code 300) & 5/28 memo

- Due Date

- Made available upon request

Testing Plan and Response Strategy
Each LTC facility must develop a written COVID-19 testing plan and response strategy within 14 days of the issuance of this guidance and be made available upon request by IDPH.

https://www.dph.illinois.gov/covid19/community-guidance/long-term-care-covid-19-testing-requirements

Template

COVID-19 Testing Plan and Response Strategy For Long-Term Care Facilities

This template is being provided in follow-up to the "COVID-19 Testing in Long-Term Care" webinar presented on June 4, 2020.

Facility plans should address each section:

1. Infection Prevention & Control interventions
   http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance
   A. Visitor restrictions
   B. Cessation of communal dining
   C. Cessation of group activities
   D. Screening protocols for residents once per shift for temperature, heart rate, respirations, pulse oximetry and symptoms, Blood pressure to be done once daily. Increase monitoring to every four hours with symptomatic residents.
   E. Screening protocols for HCP (includes vendors, volunteers and visitors) at beginning and mid-shift for temperature and symptoms
   F. Universal source control for residents, HCP, and any persons entering building including visitors for compassionate care
   G. Social distancing (at least 6 feet between individuals)
   H. Residents must wear face mask when leaving the building for appointments. The COVID19 status must be shared with transportation services and with whomever the resident has the appointment.

2. Required training
   A. COVID-19 (e.g., symptoms, how it is transmitted)
   B. Hand hygiene (how to use alcohol-based hand rub (ABHR) and properly wash hands with soap and water)
   C. Donning and doffing of personal protective equipment (PPE)
      i) Gloves
      ii) Face protection (goggles or face shield)
      iii) Face mask (surgical or procedure mask)
      iv) N95 respirator (if applicable)
      v) Gowns (disposable, reusable, or alternative sources of protection)
   D. Cleaning and disinfection (policies addressing cleaning and disinfection surfaces, product selection)

- Template created as an **example framework** for LTCFs to use. Not required to use this template

- Pulls together IDPH requirements, CDC guidance for testing and response, CMS memo on reopening nursing homes

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Plan Elements
The Big Buckets

- Infection Prevention & Control Interventions
- Training
- Facility design
- Laboratory
- Specimen Collection
- Testing
- PPE
- Communication

Facility Design

Facilities must designate a space for:

A.   cohorting and managing care for residents with COVID19

B.   cohorting and managing care for new/readmissions   with unknown COVID19 status (transitional or observational area)

C.   recovered COVID19 residents

    i)   may transfer to a transitional or observational area for 14 days before admitting directly back to the regular unit)

    ii)   may transfer back to the regular unit if unable to designate a transitional or observational area

Laboratory

Identify a lab:

A.   Every COVID-19 response plan **must identify by name a dedicated laboratory contracted or otherwise engaged to provide COVID-19 clinical testing services identified in the testing plan.**

B.   The test used should be able to detect SARS-CoV2 virus   polymerase chain reactions (PCR) with greater than 95% sensitivity, greater than 90% specificity, and ability to process results rapidly (preferably within 48 hours).

C.   Antibody test should not be used to diagnose active SARS-CoV-2 infection

Specimen Collection

A.   Facilities must identify who at their facility will conduct onsite specimen collection **(ordering physician, method of obtaining consents for test, criteria and frequency for testing residents and HCP)**

B.   Onsite training for specimen collection can be obtained through
https://redcap.dph.illinois.gov/surveys/?s=8TYYKCETCX

C.   Facility must have a procedure to address residents that decline to be tested.

D.   Facility must have a procedure to address those residents unable to be tested

E.   Facility must have a procedure to address HCP that refuse to be tested.

Testing

E.   If cases are identified, continue to test residents until no positive cases are identified per CDC (and CMS guidance as applicable). Previously positive cases do not need to be retested.

F.   Any resident identified to be positive for COVID-19 (symptomatic or asymptomatic) will be placed into droplet/contact precautions and moved to the COVID-19 designated area.

G. Weekly retesting of HCP until no positive cases are identified and at least 14 days have passed without a new case, or per CDC (and CMS guidance as applicable).

Testing

H. If a new case is confirmed (facility- onset) in a resident or HCP, test all residents and HCP and continue to test until at least 14 days have passed without a new case, or per CDC (and CMS guidance as applicable). Facility-wide retesting of all residents at regular intervals is not necessary if no new COVID-19 cases or symptomatic individuals have been identified. Facility-wide retesting of all residents is warranted for outbreak situations.

I. Previously positive residents do not need to be retested unless they develop new symptoms consistent with COVID-19 per CDC.

J. If testing capacity is limited follow CDC guidance:

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

Note: *Local epidemiology should be considered when making decisions about testing. Your local health department may have additional recommendations.*

Other Elements of the Plan

- PPE
  - ✓ How much?
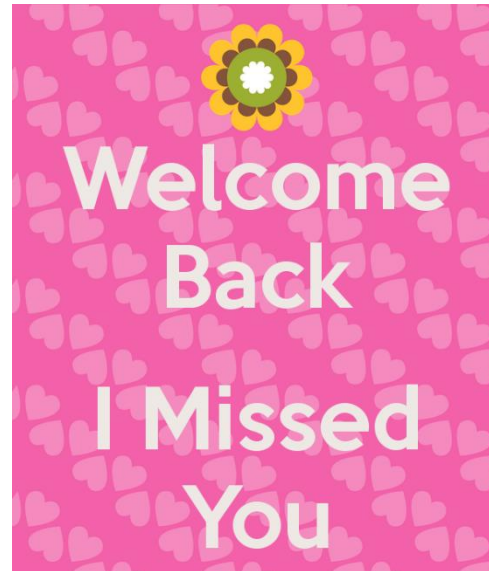 - ✓ What kind?

- Communication

REOPENING

- Our Ultimate Goal

Apnews.com

Welcome Back I Missed You

Keepcalm-o-matic.co.uk

RochesterElderLaw.com

Nationalreview.com

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LTC Testing Resources

- **New IDPH LTC testing website!** http://www.dph.illinois.gov/covid19/community-guidance/long-term-care-covid-19-testing-requirements

- **LTC webinar recording from 6/4:**

  https://illinois.webex.com/illinois/lsr.php?RCID=38ad03f820f549c5a485d2e50de35366

- **LTC testing mailbox:** dph.ltctesting@illinois.gov

FAQ from last week

Testing/Emergency Memo

- Q: Other states require a 14 day quarantine for team members who refuse testing without pay, is this the same for Illinois?

- Q: Can we post on our website our infection control of policies to stay in compliance with the memo?

- Q: Is there a fee for the buildings to make an account with Quest for the testing. If so who covers it?

- Q: If venders are shared facility to facility how should we do testing ?
  - A: Vendors and physicians, etc. need to be tested per facility protocol frequency. Up to facility to ask for proof.

FAQ from last week

<u>CMS Reopening Recommendations</u>

- You just mentioned we are in phase 1. Which plan are you referring to in which we are phase 1? Please refer me to the plan.

  – A: CMS Recommendations May 18,2020

   https://www.cms.gov/files/document/qso-20-30-nh.pdf-0

Open Q&A

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.

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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: http://www.dph.illinois.gov/siren