



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

December 11th, 2020

# 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
- NHSN Updates
- Updated Antigen Testing Guidance
- Essential Caregiver Guidance
- FAQs From Last Week
- 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**

Friday December 18<sup>th</sup>

<https://illinois.webex.com/illinois/onstage/g.php?MTID=eba368e77862b19ed0221b317c7cdb649>

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

Slides and recordings will be made available after the sessions.

# COVID-19 LTC Mass Vaccination Plan

The Illinois Department of Public Health (IDPH) invites you to a briefing on the COVID-19 mass vaccination plan, to be held on **Tuesday, December 15<sup>th</sup> from 12pm-1pm:**

- Meeting will consist of an overview of the program by IDPH staff, followed by a Q&A session
  - Please submit questions at least 24 hours in advance, with the date of your briefing, to [Kristin.Rzeczkowski@Illinois.gov](mailto:Kristin.Rzeczkowski@Illinois.gov)
- Registration required:  
<https://illinois.webex.com/illinois/onstage/g.php?MTID=e78dad317df65aaa3010a87def60b5daa>

Please note that each participant must register themselves using the link, so we encourage you to forward the link if others are interested in joining.

*\*meeting will be recorded for those that may not be able to attend during the time allotted*

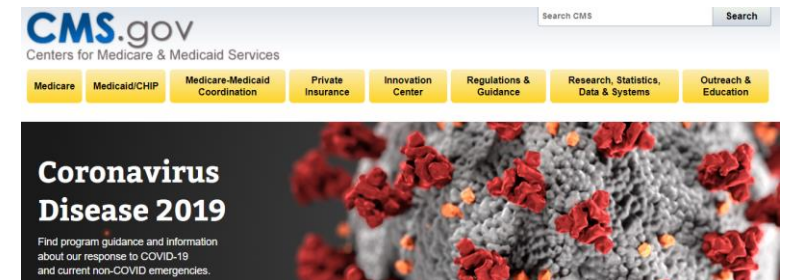
# POC TEST DEVICES ADDED IN NHSN

- The NHSN Point of Care Test Reporting Tool now has five additional test devices for which results can be recorded. The list of devices now includes:
  - Accula SARS-CoV-2 Test
  - BinaxNOW COVID-19 Ag Card
  - CareStart COVID-19 Antigen Test
  - CueCOVID-19 Test
  - ID NOW COVID-19
  - LumiraDx SARS-CoV-2 Ag Test
  - Sofia SARS Antigen FIA
  - BD Veritor system for Rapid Detection of SARS-CoV-2

# ADDITIONAL NHSN UPDATES

- NHSN has become aware of an error in the POC test reporting tool that can result in the sporadic omission of Staff IDs, Resident IDs or Specimen IDs containing one or more letters (ex. A1234) from the line lists in analysis.
  - The data is still saved in the system and can be accessed by pulling up the information via the “Find Resident/Staff ...” option.
  - While this issue is being corrected, NHSN suggests using only numbers for the Staff, Resident and Specimen IDs.
- Upcoming Webinar: Review November changes to LTCF COVID-19 Module Pathways: Resident Impact and Facility Capacity and Staff and Personnel Impact
  - **Date:** Monday, Dec 14, 2020  
**Time:** 12:30 – 1:30 PM ET
  - **Date:** Thursday, Dec 17, 2020  
**Time:** 1:30 – 2:30 PM ET
  - **Register in advance:**  
[https://cdc.zoomgov.com/webinar/register/WN\\_sRhorvThTnWIlljhCsvWQ](https://cdc.zoomgov.com/webinar/register/WN_sRhorvThTnWIlljhCsvWQ)external icon

- CMS is calling facilities reporting 10 or more resident cases per week to NHSN.
- CMS question “is your facility working with a state or local infection control or emergency management entity?”
- Answer is YES if you have participated in:
  - Support from local health department and/or IDPH
  - Phone or email support or consultation
  - BINAXnow card supplies
  - PPE supplies





# Interim Guidance for Antigen Testing for SARS-CoV-2

Updated Dec. 5, 2020

[Print](#)



## Summary of Recent Changes

Revisions were made on December 5, 2020 including:

- The word “rapid” has been deleted because FDA has authorized laboratory-based antigen tests.
- New section on processing of antigen tests, reflecting what has been learned on how to minimize the risk of false results.
- Revised section on evaluating the results of antigen tests, introducing a new testing algorithm, and reflecting what has been learned about the performance of antigen tests and the need to implement confirmatory testing.

## On This Page

[General Guidance](#)

[Regulatory Requirements](#)

[Performance of Antigen Tests for SARS-CoV-2](#)

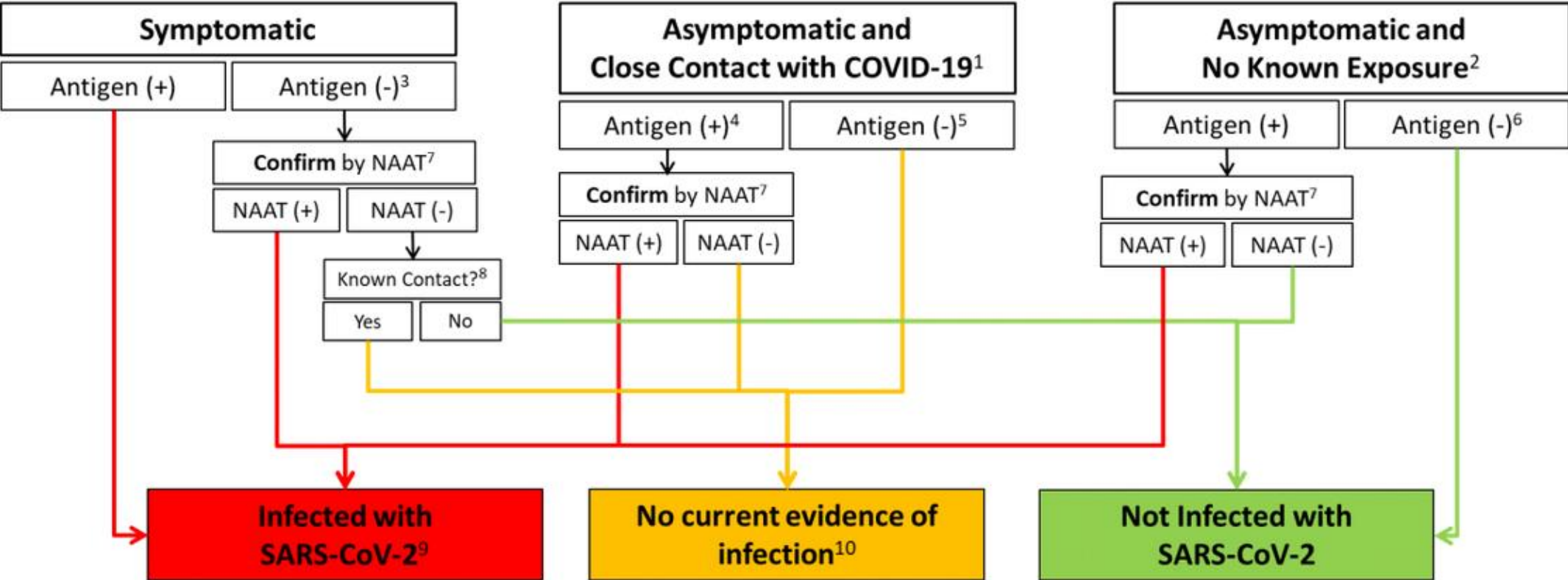
[Processing of Antigen Tests for SARS-CoV-2](#)

[Evaluating the Results of Antigen Tests for SARS-CoV-2](#)

# Retesting after antigen positive PCR negative

- **Symptomatic individual: Antigen Positive is a positive** but don't forget there may be other reasons for illness! (cold and flu season)
- **Asymptomatic individual Antigen positive:**
  - 1. Treat as a positive and isolate/stay home
  - 2. RT-PCR **within** 2 days of the antigen test
  - 3. Consult with physician/APN/PA and with public health
- Updated CDC guidance: **Asymptomatic**
- Antigen **positive**
- RT-PCR **negative**
  - Consider not currently infected
  - Continue with serial testing

Figure 1. Antigen Test Algorithm



[View Larger](#)

**Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs:  
Summary Table for Phased Reopening and Tiered Mitigation Strategies**

**\*This table is not a stand-alone document. Specific guidance related to each activity is listed within the LTCF Reopening Guidance ([http://dph.illinois.gov/sites/default/files/20201021\\_Revised\\_LTC\\_Reopening\\_Guidance.pdf](http://dph.illinois.gov/sites/default/files/20201021_Revised_LTC_Reopening_Guidance.pdf))**

<b>ACTIVITIES</b>		<b>CMS PHASES FOR LTCF</b>		
	<b>CMS Phase 1- Highest level of mitigation</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
VISITATIONS	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor visits allowed	Follow statements under Phase 1 Visitations. No further restrictions.	Follow statements under Phase 1 Visitations. No further restrictions.	Suspend all visits except compassionate care, end of life visits
COMMUNAL DINING	Communal dining is not recommended May be considered on limited and modified basis. If implemented follow CMS Phase 2	Follow statements under Phase 1 Communal Dining. No further restrictions.	Follow statements under Phase 1 Communal Dining. No further restrictions.	Suspend communal dining
GROUP ACTIVITIES	Engagement through technology is preferred to minimize opportunity for exposure Encourage virtual activities or limited and modified activities In-person group activities are not recommended in CMS Phase 1 but may be considered. If done follow CMS Phase 2	Follow statements under Phase 1 Group Activities. No further restrictions.	Follow statements under Phase 1 Group Activities. No further restrictions.	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable Avoid trips not medically necessary Medically necessary trips are allowed	Allowed	Allowed	Allowed

	<b>CMS Phase 2</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
VISITATIONS	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor allowed Indoor visits allowed Follow IDPH reopening guidance for specifics	Suspend indoor visits	Same as Tier 1  Suspend indoor visits	Suspend all visits except compassionate care, end of life visits
COMMUNAL DINING	Communal dining may be considered with a maximum seating capacity of 25%	Continue as per Phase 2	Same as Tier 1  Continue as per Phase 2	Suspend communal dining
GROUP ACTIVITIES	Group activities may be considered for activities that improve the quality of life for residents, with a maximum of 10 residents at an activity.	Continue group activities except not allowed to bring outside leaders in to run the activity and not allowed to leave for off-site outings	Same as Tier 1 plus limit to 10 participants	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable. Avoid trips not medically necessary. For trips away from the facility, follow Phase 1.	Allowed Follow Phase 1	Allowed Follow Phase 1	Allowed Follow Phase 1
Barber/ beauty shops	Barber and beauty shops visits are allowed following reopening guidance.	Suspend	Suspend	Suspend

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Summary Table for Phased Reopening and Tiered Mitigation Strategies

	<b>CMS Phase 3</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
VISITATION	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor allowed Indoor visits allowed Follow IDPH reopening guidance for specifics	Suspend indoor visits	Same as Tier 1 Suspend indoor visits	Suspend all visits except compassionate care, end of life visits
COMMUNAL DINING	Communal dining is allowed Communal dining may be considered with a maximum seating capacity of 25% Number of diners per sitting are limited by the size of the space, the room must allow 6 feet separation between dinners	Continue as per Phase 2	Same as Tier 1 Continue as per Phase 2	Suspend communal dining
GROUP ACTIVITIES	Small group activities are encouraged Follow reopening guidance for specifics	Continue group activities except not allowed to bring outside leaders in to run the activity and not allowed to leave for off-site outings	Same as Tier 1 plus limit to 10 participants	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable. Avoid trips that are not medically necessary	Allowed Follow Phase 1	Allowed Follow Phase 1	Allowed Follow Phase 1
Barber/beauty shops	Barber and beauty shops visits are allowed following reopening guidance.	Suspend	Suspend	Suspend
Non-Medical Trips	The decision on whether the resident should make a non-medical trip should be made collaboratively by the resident, the resident's family or surrogate, facility representative, and if appropriate the resident's physician	Suspend	Suspend	Suspend

This table does not address Essential Caregivers (EC). More guidance to follow for this special group.

# Essential Caregiver (EC)

- Not general visitors but meeting an essential need for the resident
- Assist with activities of daily living
- Positively influence the behavior of the resident
- Goal is to help ensure high-risk residents continue to receive individualized, person-centered care
- The plan of care should include services provided by the Essential Caregiver

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



# Essential Caregivers

- Residents or guardians designate ECs based on needs. Facility should encourage visits and consider allowing flexible schedules
- ECs need to be trained on proper infection prevention and control including hand hygiene and appropriate PPE use
- ECs should be screened and tested for COVID-19 as staff
- During outbreak situations, administrator or director of nursing determine if EC visits may continue under compassionate care visitation
- facility should establish policies and procedures for how to designate and utilize ECs. Process for communication about EC including visitation process should be incorporated into policies and procedures
- The facility may establish time limits as needed to keep residents safe. Scheduling of EC visits may consider the number of ECs in the building at the same time.
- Individuals may also be designated if different care needs arise (e.g., significant change in condition resulting from a fall, weight loss, or change in mental or psychosocial status).



# Essential Caregivers

- The EC will maintain a distance of at least 6 feet from **other** residents and staff and wear appropriate PPE when they are in the facility.
- ECs must be screened, tested, and provided PPE in accordance with the health care personnel guidance in the facility's COVID-19 plan.
- The EC will provide care and support in the resident's room or in facility-designated areas within the building.
- The EC must limit movement in the facility and ensure separation from other residents in shared rooms by use of curtains or partitions.
- The EC may take the resident outdoors, while wearing appropriate PPE. The resident should wear a face covering, as tolerated. The EC should not take the resident off campus, except in accordance with the IDPH Reopening Guidance
- If the EC fails to follow appropriate use of PPE, social distancing from other residents and staff, other COVID-19 related rules, or any other facility policies, the facility may restrict or revoke EC visits
- Facility staff must first discuss the violation and the necessary corrective action with the EC and resident prior to instituting any restriction or revocation of EC visits.

Keep up the Good Work!



# FAQ from last week

- Q: The new essential care giver guidance states : “The facility must consult the resident or guardian to determine whether the resident or guardian wants to designate someone as an EC. " Do we have to ask EVERY resident this even if they've been stable w/o?
- Q: Can we Share the Abbott BinaxNOW tests with a sister community if we are not needing?

# 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**