

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

May 14th , 2021

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Illinois Department of Public Health

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
- Extension of BinaxNOW Expiration Dates
- COVID-19 Vaccine Requirements for LTC Facilities and ICFs-IID
- NHSN COVID-19 Vaccination Reporting Requirement
- Long Term Care Guidance for COVID-19
- 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, May 21 st	https://illinois.webex.com/illinois/onstage/g.php?MTID=e986e5d36dbc9013c1
	74b0d40ed2f0f4b

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.



Additional Extension of BinaxNOW Expiration Dates



BinaxNOW[™] COVID-19 Ag Card Product Expiry Update

May 2021

Dear Valued Customer:

Since the launch of the BinaxNOW[™] COVID-19 Ag Card, Abbott has continued testing for product stability to extend the expiration date and have shared these results with the FDA. Testing has been completed to support a shelf-life (expiration date) of up to 12 months. This letter is to notify you the BinaxNOW[™] COVID-19 Ag Card, part number 195-000, in your possession may now have a longer than labeled product expiry date. All BinaxNOW COVID-19 Ag Cards currently have a twelve-month expiry date. This letter has been revised since the version dated March 2021 with additional lots and revised expiry dates.

A listing of BinaxNOW[™] COVID-19 Ag Card lots, part number 195-000, which qualify for this expiry extension, can be found in Attachment 1. These lots were originally dated with an expiry of 6 or 9 months. The attachment lists the lot number, currently labeled kit expiry and new kit expiry date.

Attachment 1 - BinaxNOW™ COVID-19 Ag Card lots with extended expiry

Lot Number	Original Expiry	12 Month Expiry
124008	7-Feb-21	7-Aug-21
124073	8-Feb-21	8-Aug-21
1 <u>2</u> 4199	10-Feb-21	10-Aug-21
124380	11-Feb-21	11-Aug-21
124410	12-Feb-21	12-Aug-21
124462	14-Feb-21	14-Aug-21
124557	16-Feb-21	16-Aug-21
124569	18-Feb-21	18-Aug-21
124743	21-Feb-21	21-Aug-21
124858	21-Feb-21	21-Aug-21



CMS-3414-IFC: COVID-19 Vaccine Requirements for LTC Facilities and ICFs-IID

- Interim final rule goes into effect Friday, May 21
- Requirements:
 - 1. LTC and ICF-IID must **educate** residents and staff on COVID-19 vaccine
 - 2. LTC and ICF-IID must offer COVID-19 vaccine to residents and staff
 - 3. LTC must **report** vaccination data to NHSN

IFC: <u>https://www.federalregister.gov/documents/2021/05/13/2021-10122/medicare-and-medicaid-programs-covid-19-vaccine-requirements-for-long-term-care-ltc-facilities-and</u>

QSO-21-19-NH: https://www.cms.gov/files/document/qso-21-19-nh.pdf



LTC COVID-19 Vaccine Providers

LTC Provider	Geographic areas served	Contact Information
CareOne Rx	Regions 1, 2, 3, 4, 7, 8, 9, 10, 11	vaccine@careonerx.com
CIMPAR	Greater Chicago area, Western suburbs	PALTC-vaccines@cimpar.com or 708.665.1826
Forum Extended Care Services	100-mile radius around Chicago	vaccination@forumpharmacy.com, will be asked to complete appointment request form
Green Tree	All regions	sbenson@heritageofcare.com will be asked to complete survey request form
Extended Living Pharmacy - Forsynth	All regions	espires@extendedpharmacy.com or 309-676- 4831
Extended Pharmacy - Peoria	All regions	espires@extendedpharmacy.com or 309-676- 4831
HealthDirect Pharmacy - Chatham	Indiana border to Missouri border and I-80 to I-70	beckyhale@hdrxservices.com
HealthDirect Pharmacy - Marion	All of Southern Illinois from bottom of the state to Alton and to the East	ienniferhawthorne@hdrxservices.com
MacRx	72-mile radius of physical address, zip code 60018 (Des Plaines, IL)	Appointment can be made through <u>registration</u> link here
Medication Management Partners	Northeast (Regions 7, 8, 9, 10, 11) Champaign, Rantoul, Decatur	<u>mmpclinics@mmprx.com</u> , will be asked to complete <u>survey request form</u>
Oregon Healthcare Pharmacy	NW Illinois, 100-mile radius of Oregon, IL. North along WI border, West along Iowa border, South to Peoria and Bloomington and West into Chicago suburbs; Rockford	815-732-1422, will be asked to complete <u>survey</u> request form vaccinesupport@oregonhealthcarepharmacy.com
PharmScript of IL	All regions	Vaccinesupport@pharmscript.com



LTC COVID-19 Vaccine Providers (cont)

PrimeCare LTC	Chicago, Zion, Peoria, Chicago Heights & Evanston	covidvax@primecareltc.com phone : 630-209-0918
RXperts	75-mile radius around Chicago area	vaccines@rxpertschicago.com https://rxpertspharmacy.com/covid-19-vaccine- clinic-request/
Symbria Rx	Chicago's western suburbs	covidvaccine@symbria.com
United Rx - Hillside	North to Waukegan, South to Streator, NW to Rockford, West to East Moline and East to Indiana border.	Complete a <u>survey request form here</u>
United Rx - Carbondale	NW to Alton, East to Carmi, South to Anna, NE to Lawrenceville	Complete a survey request form here

As of 4/19/2021: Please note the <u>Federal Retail Pharmacy Partnership Program</u> has significantly expanded allocations to new pharmacy partners in recent weeks, several of which are designated as long-term care pharmacies.

- GeriMed
- Innovatix
- Managed Health Care Associates

A full list of participating federal LTC pharmacies in Illinois can be found on the CDC's page.



NHSN COVID-19 VACCINATION REPORTING REQUIREMENT

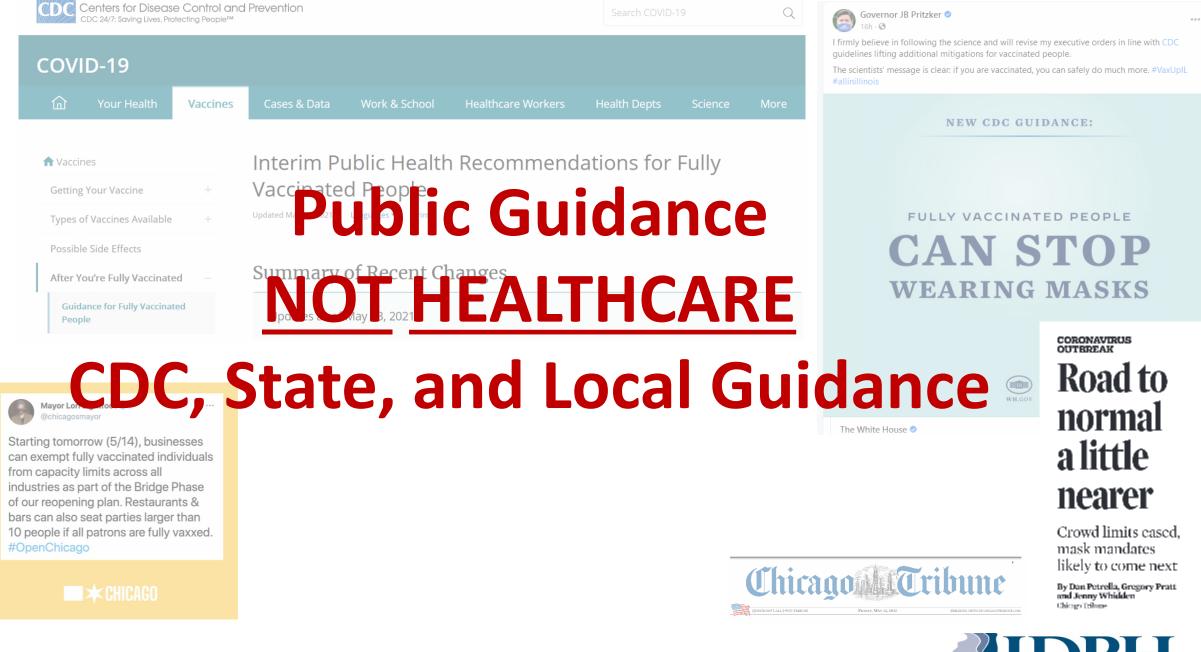
- This week CMS shared a new interim final rule for LTC.
 - https://www.cms.gov/files/document/qso-21-19-nh.pdf
- LTC facilities must report the following to NHSN on a weekly basis:
 - COVID-19 vaccination status of residents and staff
 - Total numbers of residents and staff vaccinated
 - Doses of vaccine received
 - COVID-19 vaccination adverse events
 - Therapeutics administered to residents for treatment of COVID-19
- The rule takes effect May 21, 2021 and facilities must include vaccination and therapeutic data reporting in their NHSN submissions by June 13, 2021.

RESOURCES TO PREPARE FOR REPORTING

- NHSN resources can be found on the webpage: Weekly HCP & Resident COVID-19 Vaccination | LTCF | NHSN | CDC
 - https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html
- Replay of NHSN Training with online Questions & Answers –3:30 PM Eastern Time
 - Tuesday, May 18, 2021
 - Thursday, May 20, 2021
 - Tuesday, May 25, 2021
 - Thursday, May 27, 2021
- Register in advance for one of the webinar dates:
 - https://cdc.zoomgov.com/webinar/register/WN_DQQITIUsQ7egD7ZPQIraIg



Long Term Care Guidance for COVID-19

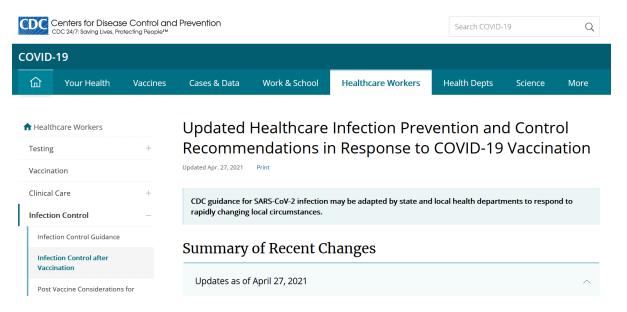


https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf

Respiratory Protection Related to Vaccination

- Masks/respiratory protection still required for resident care
- N95s still required for care of confirmed or suspected COVID-19 or if facility is in outbreak
- Eye protection still required for direct care suspected or confirmed COVID-19 or if County Positivity 5% or over when caring for residents
- SOME NEW exceptions

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-aftervaccination.html#anchor_1619116662704





Higher Risk Exposure

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2

Updated Mar. 11, 2021 Print

"The operational definition of "prolonged" refers to a cumulative time period of 15 or more minutes during a 24-hour period, which aligns with the time period used in the guidance for community exposures and contact tracing

For the purposes of this guidance, any duration should be considered prolonged if the exposure occurs during performance of an aerosol generating procedure.1

Clarified that asymptomatic HCP who are fully vaccinated and have a higher-risk exposure as described in this guidance do not need to be restricted from work."

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html



Immunocompromised Persons

- Limited data on vaccine protection in people who are immunocompromised
- Cancer chemotherapy
- Hematologic malignancies
- Within one year from receiving a hematopoietic stem cell or solid organ transplant
- Untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and
- Immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days)
- Healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing)





Communal Dining



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- Vaccinated and unvaccinated residents
 - with an active SARS-CoV-2 infection, or
 - who are in isolation because of suspected COVID-19 or
 - residents in quarantine

CANNOT participate in communal dining until they have met criteria to discontinue Transmission-Based Precautions or are released from Quarantine.



Communal Dining Guidance

Residents who participate in communal dining:

- Fully vaccinated residents can participate in communal dining without use of source control or physical distancing
- If unvaccinated residents are present in the dining area
 - > all residents should use source control when not eating
 - and unvaccinated residents should continue to remain at least 6 feet from others
- If unvaccinated HCP are present in the dining area
 - > all residents should use source control when not eating
 - and unvaccinated residents should continue to remain at least 6 feet from others



Communal Dining

 If vaccination status cannot be determined, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing source control

 Residents should wear a cloth face mask or face covering to enter and when leaving the dining area





Guidance for Group Activities

- If residents participating in the activity are fully vaccinated, then they may choose to have close contact and do not need to wear source control during the activity.
- If unvaccinated residents are present, then all participants in the group activity should wear source control and unvaccinated residents should physically distance from others.
- If unvaccinated HCP are present, then all participants in the group activity should wear source control and unvaccinated residents should physically distance from others.



lstock.co

Healthcare Personnel

- In general, fully vaccinated HCP should continue to wear source control while at work.
- However, fully vaccinated HCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing.
- If unvaccinated HCP are present, everyone should wear source control (unless eating or drinking) and unvaccinated HCP should physically distance from others.

PER CDC GUIDANCE



Positive case on Hall A

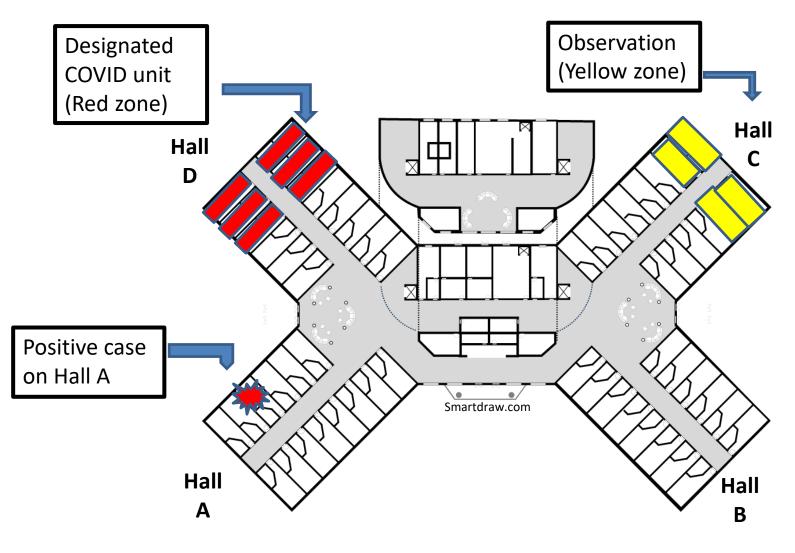
- 1. Hall A is the affected unit
- 2. Move positive case to designated COVID unit.

3. The roommate regardless of vaccination status had a higher risk exposure and should shelter in place and quarantine. Or could move to the observation/yellow zone if single room is available.

4. Evaluate other residents and unvaccinated staff for high risk exposures. Those identified should be placed on quarantine.

5. Residents on affected unit regardless of vaccination status may participate in outdoor visits. Source control should be worn when passing through the building.

6. Residents on affected unit cannot participate in indoor visits, communal dining, or group activities except on unit.



NOTE: An observation zone is **NOT** required. Single rooms should be used.



Newly identified positive case in resident or staff

One case is considered an outbreak. Staff must now wear an N95 respirator and eye protection on all units until no more positive case for 14 days.

Pause indoor and outdoor visitation, communal dining, and group activities on all units until the first round of testing is completed.

Complete facility-wide testing of residents and staff regardless of vaccination status (first round of testing). Test all previous negative residents and staff 3-7 days after the first round of testing and continue to test every 3-7 days until no new positives are identified for 14 days. Residents or staff wit in 90 days of active COVID-19 infection may be excluded from testing.

Evaluate whether the outbreak is contained to one unit (affected unit).

If contained to one unit, the remaining units (unaffected units) may resume indoor and outdoor visitation, communal dining, and group activities following guidance for vaccinated and unvaccinated persons.

Staff must continue to wear N95 respirators and eye protection on all units. Gowns and gloves are used per standard precautions when caring for all residents on the unaffected units.



Newly identified positive case in resident or staff

 \Box The affected unit must:

- a. Suspend indoor visitation until no new positives are identified for 14 days
- b. Residents with higher risk exposure to the positive case (another resident or staff) should be placed in quarantine and restricted to their room. Ideally, the resident should be in a single room.
- c. Residents with higher risk exposure may shelter in place or be moved to the observation or yellow zone and be placed in quarantine. Ideally, residents should be in a single room.
- d. Residents that did NOT have a higher risk exposure (unexposed) are allowed to participate in outdoor visits. Source control must be worn when walking through the building to get to the outdoors.
- e. Unexposed residents should not participate in communal dining and group activities in the main dining hall or activity center. However, unexposed residents on affected units with separate areas for dining and activities may participate in dining and activities on the unit following guidance for vaccinated and unvaccinated persons.
- f. Full PPE (N95 respirator, eye protection, gown, gloves) should be worn for residents in quarantine or those with suspected or confirmed COVID-19.
- g. Staff must continue to wear N95 respirators and eye protection. Gowns and gloves are used per standard precautions when caring for all residents on the affected units unless in isolation for another diagnosis.

 \Box If more than one unit is involved, then the facility must:

- a. Suspend all indoor visitations for the entire facility until there are no more positives for 14 days except those required by the disability rights law (end-of-life, compassionate care).
- b. Allow outdoor visits except for those in quarantine for high-risk exposures or a newly admitted unvaccinated person or in isolation for suspected or confirmed COVID-19.



Who Should Quarantine

- Unvaccinated new admissions or readmissions
- Symptomatic resident awaiting test results
- Vaccinated or unvaccinated residents following higher risk exposure (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection
- Unvaccinated residents who leave the facility may need to be quarantined based upon the risk assessment.
- Unvaccinated residents who leave the facility for 24 hours or longer should generally be managed as described in the New Admission and Readmission section.
- Roommates of residents with SARS-CoV-2 infection should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents while they are in quarantine (i.e., for the 14 days following the date their roommate was moved to the COVID-19 care unit).

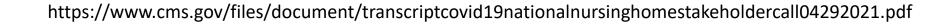


- Can residents on affected units continue outdoor visitation during an outbreak?
- Yes, residents on affected units may continue outdoor visitation provided they are not on transmission-based precautions due to confirmed or suspected infection or on quarantine for higher risk exposure, including new admission/readmission of an unvaccinated resident
- Residents should wear source control face mask when walking through the building



For Fully Vaccinated Persons

- Can nursing homes cohort people into vaccinated and unvaccinated cohorts for activities and dining based on vaccination status?
- Yes, nursing homes may host separate activities and dining based on vaccination status.
- Comply with resident rights requirements





Fully Vaccinated Residents and Staff

- May people remove their masks/respirators and sit close together if all people present are fully vaccinated?
- Yes, people may forgo masking and social distancing if EVERYONE (residents and staff) is fully vaccinated.
- If there are unvaccinated, partially vaccinated, or people with unknown vaccination status present in the group (not just walking by the group), then masks should be worn and unvaccinated persons will need to social distance.
- CDC/CMS emphasized that the guidance applies to congregating, not people passing through the area

https://www.cms.gov/files/document/transcriptcovid19nationalnursinghomestakeholdercall04292021.pdf





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

- Project Firstline Learning Needs Assessment
 - English Version: https://redcap.link/firstlineLNA
 - Spanish Version: <u>https://redcap.link/LNAespanol</u>
- NHSN Assistance:
 - Contact Telligen: nursinghome@telligen.com

29