



## **COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings**

May 25<sup>th</sup> , 2023

# Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation survey upon end of webinar
  - Must be registered individually to receive credit

# Agenda

- Upcoming Webinars
- Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities Following the end of the Public Health Emergency
- Open Q & A



## ILLINOIS SUMMIT ON ANTIMICROBIAL STEWARDSHIP 2023



# Registration Open!

- Target Audience :
  - Physicians, pharmacists, nurses, quality directors, infection preventionists, facility leadership, and public health professionals across inpatient, outpatient, and long-term care settings
- Parke Regency Hotel and Conference Center in Bloomington Normal
- Registration Fee: \$45
  - Covers a light breakfast and lunch
- Offering up to 6 hours of CE

<https://www.eventbrite.com/e/2023-illinois-summit-on-antimicrobial-stewardship-tickets-617275195727>

# Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, June 5 <sup>th</sup>	MDRO organisms: C. auris	<a href="https://illinois.webex.com/weblink/register/r41548e40d239c7e92a7bf651c8c06dfd">https://illinois.webex.com/weblink/register/r41548e40d239c7e92a7bf651c8c06dfd</a>
TBA	TBA	TBA

# IDPH Long-Term Care Guidance

Updated Interim Guidance for Nursing Homes and  
Other Licensed Long-Term Care Facilities Following  
the end of the Public Health Emergency

05/25/2023

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Infection Prevention Consultant



# Updated IDPH LTC Guidance is Currently Going Through the Approval Process

- Slides shared today are a *PREVIEW* of the changes in the IDPH LTC Guidance that are going through the approval process. The intent is to share the changes that have been made to the guidance.
- Please continue to follow the current iteration of IDPH guidance for your setting using the COVID-19 New Hospital Admissions metric until the new guidance is published.
- However, should a facility choose to implement CDC recommendations before IDPH LTC guidance is released, the facility should ensure their policies and procedures have been updated to reflect the changes and staff have been educated accordingly.

# Reason for Update

- On May 11, 2023, the Illinois COVID-19 Disaster Proclamation ended, aligning with the [U.S. Department of Health and Human Services](#) end to the Federal Public Health Emergency (PHE).
- As a result of the concerted efforts of all those involved in ensuring high levels of vaccination, the availability of effective treatments, and use of infection prevention measures, there has been a substantial reduction in the risk for significant COVID-19 illness, hospitalizations, and deaths.
- The updated guidance reflects changes to the [Centers for Disease Control and Prevention \(CDC\) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), released May 8, 2023, and the Centers for Medicare and Medicaid Services (CMS) “QSO\_23-13-ALL” [Guidance for the Expiration of the COVID-19 Public Health Emergency](#) released May 1, 2023.



# Applicability

- The interim guidance provides guidelines to mitigate the spread of COVID-19 in nursing homes and other long-term care (LTC) facilities that provide skilled personal care services.
- The updated guidance is specifically intended for:
  - Facilities as defined in the Nursing Home Care Act (210 ILCS 45/)
  - 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.

# Guidance for ALF's and other Illinois non- skilled facilities

- The updated [IDPH COVID-19 Guidelines for Assisted Living, and other Higher Risk Community Congregate Living Settings](#) are also going through the approval process and will be covered in a future webinar.
- This guidance applies to:
  - Assisted Living Facilities
  - Supportive Living
  - Shared Housing Establishments
  - Sheltered Care, and Specialized Mental Health Rehabilitation Facilities (SMHRF)
- For now, these facilities should continue to use the current version of the guidance, utilizing [COVID-19 Hospital Admissions Levels](#) in place of Community Levels.

# Facilities Will Focus on Hospital Admission Levels

- **The previous CDC metrics, COVID-19 Community Transmission and Community Levels, are no longer in effect** following the expiration of the COVID-19 Public Health Emergency declaration. However, the [CDC COVID-19 Data Tracker](#) will continue to provide relevant data that can be used to guide decision making.
- **Facilities should continue to monitor the [CDC COVID-19 Data Tracker](#) weekly and implement select infection prevention and control measures (e.g., use of source control) based on [the level of new COVID-19 hospital admissions](#) over the past week in their county.**
- This is the same metric that will be utilized by the CDC to issue alerts to the public regarding higher levels of SARS-CoV-2 circulating in the community and the need to take additional protective actions.

# Facilities Will Focus on Hospital Admission Levels

- IDPH is recommending that a COVID-19 new hospital admissions level of **20 per 100,000 population over the past week** be used as the measure at which facilities should consider implementing enhanced prevention measures (**“HIGH”**)
- If there is a steady increase in hospital admissions for respiratory infections including [Flu](#) and [RSV](#) over two weeks regardless of the actual rate of admissions, facilities should be vigilant and prepared to implement enhanced measures if necessary.
- Facilities and individuals may choose to implement **additional** protective measures when the **COVID-19 Hospital Admission Rate is lower** based on their discretion and taking into account the activity of other respiratory infections such as [Flu](#) and [RSV](#).

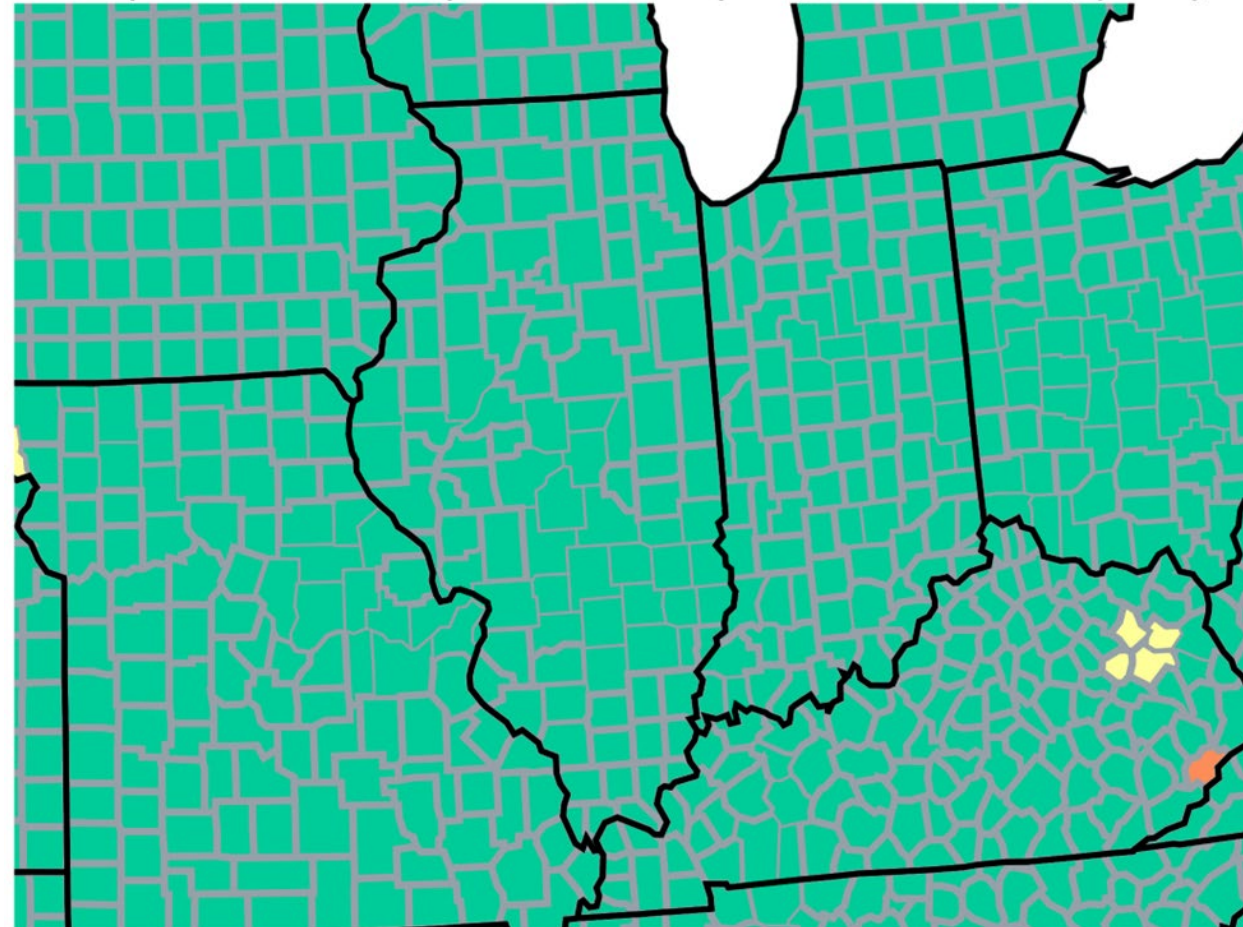
# Facilities Will Focus on Hospital Admission Levels

**COVID-19 hospital admissions levels in US by county**  
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	9	0.28%	-0.03%
10.0 - 19.9	35	1.09%	0.59%
<10.0	3179	98.76%	-0.5%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending May 13, 2023.

**US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County**



New COVID-19 hospital admissions per 100,000 population, past week (total)

● Low (<10.0) ● Medium (10.0 to 19.9) ● High (≥20.0) ▨ Insufficient data

Source: CDC COVID Data Tracker  
[https://covid.cdc.gov/covid-data-tracker/#cases\\_new-admissions-rate-county](https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county)

# What IPC measures will stay the same?

- The core principles of infection prevention and control will remain crucial to preventing and controlling COVID-19 (and other respiratory infections) in LTC:
  - Use of Engineering Controls and Indoor Air Quality
  - Environmental Cleaning and Disinfection
  - Hand Hygiene
  - Screening and Testing
  - Early Identification of Cases and Use of Isolation
  - Proper Use of Standard and Transmission Based Precautions
  - Proper Use of PPE
- Encourage staff and residents to remain up-to-date with COVID-19 vaccinations
- Ensuring therapeutics are readily available for those with COVID-19
- Reporting of staff and resident COVID-19 vaccinations and testing to the National Healthcare Safety Network (NHSN)

# Screening

- **Visitors:** Facilities need to ensure visitors are aware that, if they have any of the following three criteria, they should limit or defer non-urgent in-person visitation:
  - A positive viral test for SARS-CoV-2,
  - symptoms of COVID-19, or
  - if visitors who have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at [higher risk for transmission](#), it is safest to defer non-urgent in-person visitation until 10 days after their close contact
- **HCP:** Instruct HCP to report a positive viral test, symptoms of COVID-19, or close contact with someone with SARS-CoV-2 infection or a higher-risk health care exposure to SARS-CoV-2 so these HCP can be properly managed.

# Screening

- **Residents:** When [COVID-19 Hospital Admissions Levels](#) are HIGH, or if the facility is in outbreak, all residents, including new admissions, should be evaluated at least daily for signs and symptoms of COVID-19.
- **Residents Suspected to have COVID-19:**
  - Monitor residents at least daily.
  - Screening for signs and symptoms of COVID-19.
  - Actively monitoring temperature.
  - Assessing respiratory status with pulse oximetry.
  - If residents have a fever or symptoms consistent with COVID-19, increase the monitoring to every four hours. Include an assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam to identify and to quickly manage serious infection.
- **Residents with Confirmed COVID-19:**
  - Monitor the resident every four hours for clinical worsening. Include an assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam to identify and to quickly manage serious infections.



# Source Control

- The overall benefit of broader masking is likely to be the greatest for residents at higher risk for severe outcomes from respiratory virus infection and during periods of high respiratory virus prevalence in the community (as indicated by hospital admissions data).
- Because nursing home residents are more likely to develop serious illness due to SARS-CoV-2 infection, particular care should be taken to prevent the introduction of the virus into these facilities.

# Source Control

- When [COVID-19 Hospital Admissions Levels](#) are HIGH, source control is recommended for staff and visitors in nursing homes and other long-term care facilities when they are in common areas of the facility where they could encounter residents.
- Facility-wide source control should be considered when there is substantial activity of COVID-19, or other respiratory pathogens like Flu or RSV. Facilities should seek input from their local health department regarding considerations for other respiratory infections.
- HCP could choose not to wear source control when they are in well-defined areas that are restricted from resident access (e.g., staff lounge or meeting rooms). Facility policies should define what areas are considered to be restricted from resident access.

# Source Control

- It is recommended that residents wear a well-fitted mask in common areas when the facility is experiencing an outbreak of COVID-19 or is otherwise recommended by public health. During an outbreak, residents do not have to wear source control in their rooms.
- Source control is always recommended for individuals in health care settings who:
  - **Have suspected or confirmed SARS-CoV-2 infection** or other respiratory infection (e.g., those with runny nose, cough, sneeze).
  - **Had close contact** (residents and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure.
  - **Reside or work on a unit** or area of the facility experiencing a SARS-CoV-2 outbreak.
  - Have otherwise had source control recommended by public health authorities.
- Residents, visitors, or staff may choose to wear a well-fitted mask at any time, based on their personal preference, when in the common areas of the facility, especially if attending a large gathering and to and from the dining room or activities.

# Personal Protective Equipment (PPE) Use

- **If a resident is suspected or confirmed** to have COVID-19, HCP must wear an N95 respirator, eye protection, gown, and gloves.
- **If a facility is experiencing an outbreak** of COVID-19 or other respiratory illnesses, at a minimum, HCP must wear a well-fitted mask **while on the unit or floor experiencing an outbreak.**
- In addition, facilities should consider requiring an N95 respirator and eye protection **during all resident care, on the affected unit or floor.**

# PPE use for Residents Who use CPAP/BIPAP

- CPAP/BIPAP (positive pressure ventilation), which is used to treat sleep apnea, are believed to generate aerosols and droplets, and potentially pose a risk of transmitting COVID-19 to HCPs
- **For residents who are known or suspected of having COVID-19:**  
HCP must wear an N95 respirator, eye protection, gown and gloves when entering the room during the use of CPAP/BIPAP. If the resident is no longer in the room (for example due to a transfer) an N95 respirator and eye protection should be worn by staff entering the room for 60 minutes post-use of CPAP/BIPAP to allow air contaminants to be [removed](#).

# PPE use for Residents Who use CPAP/BIPAP

- **For residents who are NOT suspected of having COVID-19:**
  - **If the resident resides on a floor with a COVID-19 outbreak, or the Covid-19 Hospital Admissions Level is HIGH**, the HCP should at a minimum wear a well-fitted mask and should consider an N95 respirator and eye protection.
  - **If the resident does NOT reside on a floor with an outbreak, and the COVID-19 Hospital Admissions Level is LOW**, no additional PPE is required.

# Testing Plan and Response

- The facility must have a written COVID-19 testing plan and response strategy in place based on contingencies informed by the CDC and, as applicable, CMS requirements.
- COVID-19 testing is required for:
  - **Symptomatic residents or HCP**, even those with mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible.
  - **Asymptomatic residents and HCP with a close contact or higher-risk exposure** with someone with SARS-CoV-2 infection are recommend to have a series of three viral tests for SARS-CoV-2 infection unless they have recovered from COVID-19 in the prior 30 days.

# Outbreak Testing

- Facilities can choose to investigate an outbreak using **contact tracing** or a **broad-based approach**.
- If contact tracing is completed, test all residents and HCP identified as close contacts or who had a higher-risk exposure, unless they have recovered from COVID-19 in the prior 30 days.
- If no additional cases are identified during contact tracing, no further testing is indicated.



# Outbreak Testing

- If additional cases are identified from testing close contacts or higher-risk exposures, facilities should expand testing to a broad-based approach.
- If additional cases are identified after testing a unit, floor, or specific area of the facility, the facility may expand to facility-wide testing.
- When using the broad-based approach, a facility should continue to test every 3-7 days until there are no more positive cases identified for 14 days.
- If facility-wide testing is underway and transmission on a unit, floor, or specific area is interrupted with no new case identified for 14 days, then testing in those specific areas may be discontinued, even if other areas of the facility remain in outbreak.

# Testing of Admissions and Residents who Leave the Facility

- In general, testing of newly admitted residents with no known exposure to COVID-19 is at the discretion of the facility.
- However, regardless of whether they are tested, if the [COVID-19 Hospital Admissions Levels](#) are HIGH, then newly admitted residents should be advised to wear source control in common areas and when around others for 10 days following their admission (day 0 is the date of admission).
- If testing is performed for newly admitted residents, it would be reasonable to test at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 0, day 2, and day 4.
- Residents who leave the facility for 24 hours or longer should generally be managed as a new admission

# Resident Activities

- When **COVID-19 Hospital Admission Levels are HIGH**, it is best practice for facilities to take extra precautions during communal dining and group activities. For instance, these measures may include limiting the size of groups and staggering meals to reduce crowding in communal spaces.
- Facilities are also encouraged to utilize these extra precautions when there is significant activity of other respiratory infections like Flu and RSV in their locality or based on recommendations from their local health department.

# Resident Activities

- Beauty Salons and Barber Shops
  - Residents should consider wearing source control in the beauty salon when **COVID-19 Hospital Admission Levels are HIGH.**
  - It is recommended that the beautician or barber wear source control while in the beauty salon when residents are present when **COVID-19 Hospital Admission Rates are HIGH.**

# Resident Activities

- **Live Music, Vocal Performances, Sing-alongs, or Worship Services:**
  - Residents should consider wearing source control during the performance or service when **COVID-19 Hospital Admission Levels are HIGH** while indoors. Physical distancing is not required.
  - It is recommended that performers wear source control while performing indoors when **COVID-19 Hospital Admission Levels are HIGH**.
  - Performers who play wind instruments can use bell/end coverings or face coverings with a slit when **COVID-19 Hospital Admission Levels are HIGH**.
  - **When in outbreak**, individual serving packets of wafer and juice/wine are still preferred for communion.
  - Residents should consider source control and physical distancing if attending a large gathering (e.g., festivals, fairs, and parades), especially if immunocompromised and **COVID-19 Hospital Admission Levels are HIGH**.



# Upcoming NHSN Trainings

The Registration information seen below is also available on the [NHSN LTCF COVID-19 Module webpage](#).

## Registration Information for Upcoming Training Webinars

Please register in advance and plan to attend one of the training sessions to learn more about the new updates. Each webinar will cover the same information; therefore, you may only need to attend once.

### Thursday, June 1st

You are invited to a Zoom webinar.

**When:** Thursday, June 1, 2023, 02:00 PM Eastern Time (US and Canada)

**Topic:** New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways

Register in advance for this webinar:

[https://cdc.zoomgov.com/webinar/register/WN\\_IQ92SJReSe6gu3RIRbiquaA](https://cdc.zoomgov.com/webinar/register/WN_IQ92SJReSe6gu3RIRbiquaA)

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 765 2767

Passcode: 47430345

SIP: [1607652767@sip.zoomgov.com](mailto:1607652767@sip.zoomgov.com)

Passcode: 47430345

### Wednesday, June 7th

You are invited to a Zoom webinar.

**When:** Wednesday, June 7, 2023, 01:00 PM Eastern Time (US and Canada)

**Topic:** New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways

Register in advance for this webinar:

[https://cdc.zoomgov.com/webinar/register/WN\\_WO7zz66ISwyFGUfEx2bU7g](https://cdc.zoomgov.com/webinar/register/WN_WO7zz66ISwyFGUfEx2bU7g)

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 852 4597

Passcode: 87279435

SIP: [1608524597@sip.zoomgov.com](mailto:1608524597@sip.zoomgov.com)

Passcode: 87279435



# Upcoming NHSN Trainings

**Thursday, June 8 & Tuesday, June 13**

**When:** Thursday, June 8 & Thursday June 13, 2023, 02:00 PM Eastern time (US & Canada)

**Topic:** New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways

Register in advance for this webinar:

<https://cdc.zoomgov.com/j/1605578239?pwd=TWxwb202WW9tSUpoTi9aVWRNZXBUQT09>

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 557 8239

Passcode: 36622215

SIP: [1605578239@sip.zoomgov.com](mailto:1605578239@sip.zoomgov.com)

Passcode: 36622215

**After registering, you will receive a confirmation email containing information about joining the webinar.**

For questions about any of these updates, please send an e-mail to the NHSN Helpdesk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov) with the subject line identifying the topic of the message.

# 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.





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# Reminders

- For continuing education credit, please fill out the evaluation survey upon end of webinar
- 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**