

Reopening Long-Term Care: Interim Guidance from IDPH

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Interim guidance for LTC facilities

- Nursing Homes
- Assisted Living & similar entities
 - Shared Housing Establishments
 - Supportive Living Facilities
 - Sheltered Care Facilities
- Intermediate Care for Developmentally Disabled & similar entities
 - State-Operated Developmental Centers
 - Medically Complex/Developmentally Disabled Facilities
- Specialized Mental Health Rehabilitation Facilities (SMHRF)



Learning Objectives

- Consider burden of disease and quality of life
- Apply safeguards to limit risk of reopening
 - Eligibility criteria
 - Implementation rules
- Recognize triggers for phase regression and tiered mitigation



Burden of COVID-19 in Long-Term Care

Data as of Aug 7	Cases	Deaths	Mortality
Non-LTC	168,616	3474	2%
Long-Term Care	25,464	4162	16%
Statewide	194,080	7636	4%
LTC/Statewide	13%	54%	

Long-Term Care	Deaths	
2-week period ending May 8	928	
2-week period ending Aug 7	100	

QOL			
??			



Easing restrictions is a balancing act

- What factors helped to cut LTC cases & deaths?
 - 1. Measures that limited transmission in the community
 - 2. Infection prevention & control measures in the facility
 - Universal screening
 - Universal source control; social distancing; hand hygiene
 - PPE; cleaning & disinfection
 - Viral testing: individual for symptoms, facility-wide for outbreaks
 - 3. Restriction of visitors, communal dining, group activities
 - 4. Regular surveillance testing of staff
- What are the trends for these four factors?



Eligibility criteria to move to next CMS phase

- Case status in the community
- Case status in the facility
- Staffing level not contingency or crisis*
- PPE supply not crisis*
- Universal screening
- Universal source control
- Testing plan and response strategy



^{*} As described by CDC

Case status in the community



- Regional LTC reopening can proceed if metrics allow
- Eleven COVID-19 Regions
- Threshold criteria that block reopening of LTCs
 - Test positivity rate >8% (rolling average)
 - Or rising disease burden & falling hospital resources
 - Increasing COVID-19 admissions >6 out of 10 days
 - Available hospital & ICU beds <20% of capacity
- Regional resurgence triggers tiered mitigation

https://dph.illinois.gov/regionmetrics
https://coronavirus.illinois.gov/s/restore-illinois-mitigation-plan

Case status in the facility

- A facility must spend a minimum of 14 days in a given CMS phase, with no new facility-onset cases, before advancing to the next phase.
- The LHD may require an interval longer than 14 days within its jurisdiction.
- If a resident develops facility-onset COVID-19, the facility must immediately revert to the highest level of mitigation and start the CMS phases over.
- Facility-onset case a COVID-19 case that originated within the facility; not a case where the facility admitted an individual from a hospital with known COVID-19 positive status, or an individual with unknown COVID-19 status that became COVID-19 positive within 14 days after admission.



Universal screening to enter facility

Ask verbally, record answers, retain records. Is measured temperature >99.9°? Do you have any of these symptoms?... Fever or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Stuffy or runny nose; Nausea or vomiting; Diarrhea Have you had recent COVID-19 infection? (if yes, apply CDC rules) Have you been exposed to COVID-19 in the past 14 days?*



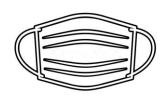
^{*} Exceptions for contingency staffing strategy as allowed by CDC

Continue universal source control

Strict six-foot separation, face covering, hand hygiene

- Communal dining
- Group activities
- Outdoor & indoor visitation
- Barber shops, beauty salons









Testing plan for reopening

Nursing homes: testing plan tracks CMS & CDC guidance

- Baseline testing of all residents & staff
- Outbreak or single case among residents or staff
 - Repeated testing of residents & staff, generally every 3-7 days
 - Continue until no new cases for at least 14 days
- Non-outbreak: surveillance testing of staff
 - Default frequency is weekly
 - LHD may endorse lower frequency if
 - Prevalence in county low
 - And no new, facility-onset cases for at least 28 days

Other LTC facilities: testing during outbreak, as for nursing homes



Visitation policy

- Phase 2, Outdoor only → Phase 3, Outdoor strongly preferred
- Indoor visits limited to common areas (exceptions: bed-bound, end-of-life)
- Signage for visitation area:
 - Maximum occupancy
 - Cue six-foot separation, face covering, hand hygiene
- Maximum 2 visitors, same household; exceptions for compassionate care
- By appointment only: schedule based on available staff, space, time
- Prescreening <24 hours plus rescreening on arrival
- Visitor's register to facilitate contact tracing



Appointment Schedule & Prescreening Log				Date: of Visit Saturday, August 13						
	Outdoor Station #1			Out	Outdoor Station #2			Outdoor Station #3		
Time	Resident	Visitor A	Visitor B	Resident	Visitor A	Visitor B	Resident	Visitor A	Visitor B	
9:00										
9:30										
10:00										
10:30										
11:00										
11:30										
12:00										
	Indoor Station #1		Indoor Station #2		Indoor Station #3					
Time	Resident	Visitor A	Visitor B	Resident	Visitor A	Visitor B	Resident	Visitor A	Visitor B	
9:00										
9:30										
10:00										
10:30										
11:00										
11:30										
12:00										

Visitor Register & Screening Log		Date of Visit: Saturday, August 13				
Time	Resident & Visit Station	Visitor(s)	Screen	Phone & Email	Household Address	
		1				
		2				
		1				
		2				
		1				
		2				
		1				
		2				
		1				
		2				
		1				
		2				
		1				
		2				
		1				
		2				
		1				
		2				

Group activities







- Outdoor activities encouraged, weather permitting
- Indoors: post maximum, use sign-up process
- Six-foot separation, face covering, hand hygiene
- Music: avoid singing, wind instruments
- Worship: avoid singing, chanting, group recitation
- Games: sanitize pieces between users
- Outings beyond facility grounds
 - Outdoor strongly preferable, weather permitting
 - Avoid mass events and crowded locales

Procedure for moving between CMS phases

- Advancing to next CMS phase
 - Self-assessment: all 7 criteria fulfilled?
 - Attestation in IDPH portal: https://redcap.link/LTCreopening
- Return to a previous CMS phase
 - New facility-onset case → Go back to highest level of mitigation
 - Other failure of phase criteria → Go back one phase
- Tiered mitigation
 - Triggered by resurgence in COVID Region
 - Parallel to restrictions in community settings

Notify residents, families, LTC Ombudsman, LHD



Tiered mitigation for regional resurgence

Mitigation	Tier 1	Tier 2	Tier 3
Visitation	Suspend indoor visits. Continue outdoor visits.	Same as Tier 1	Suspend all visits except for compassionate care
Communal Dining	Continue	Continue	Suspend
Group Activities	Continue, without outside leaders or off-site outings.	Same as Tier 1, plus limit to 10 participants.	Suspend
Barber and Beauty Shop	Suspend	Same as Tier 1	Same as Tier 1



Questions after today's session?

Reopening Mailbox: DPH.LTCreopening@Illinois.gov

Long-Term Care COVID-19 Brief Updates and Open Q&A (1-2 pm)

Friday, August 14 https://tinyurl.com/LTCQA081420

Wednesday, August 19 https://tinyurl.com/LTCQA081920

