



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

October 23rd, 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
- Tiered Mitigation in Regions 1,5,7, & 8
- NHSN Point of Care Reporting Requirement
- Updated Reopening Guidance
- COVID-19 Vaccine for Long Term Care
- FAQ 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

Friday, October 30<sup>th</sup>

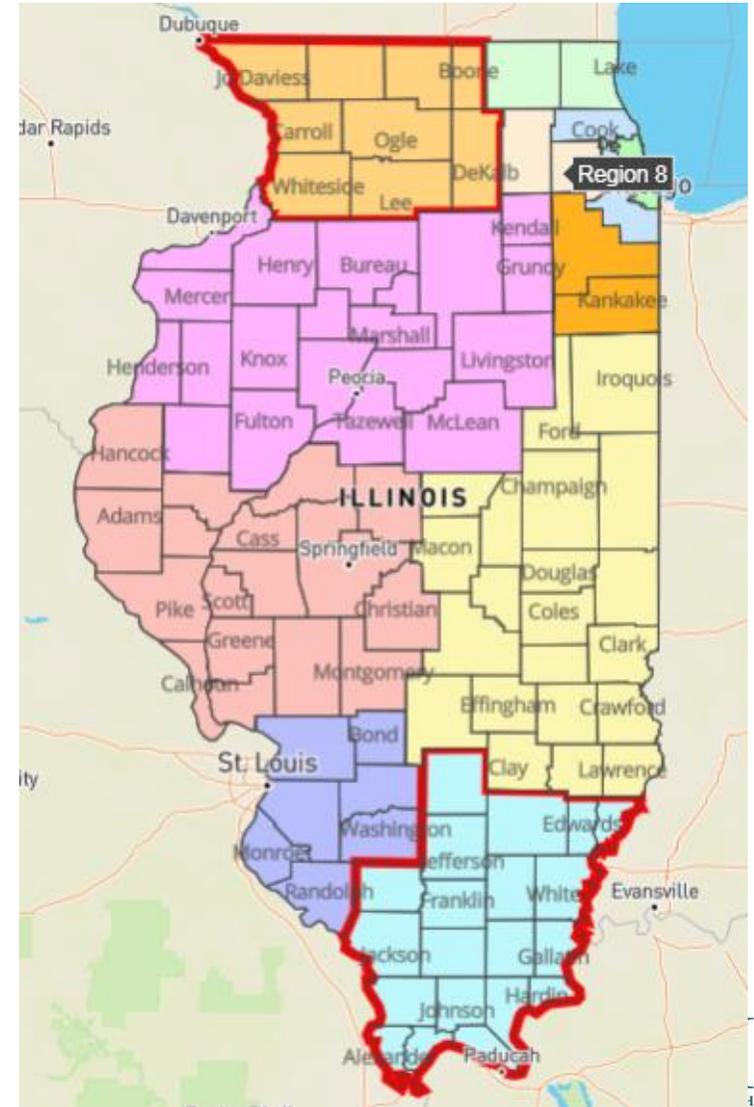
<https://illinois.webex.com/illinois/onstage/g.php?MTID=ec2188756e1dea85052f6e78c5a702f0b>

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

Slides and recordings will be made available after the sessions.

# Tier 1 mitigation measures in LTCFs

- **In effect in Regions 1, 5, 7, & 8**
  - LTCFs in CMS Phases 2 or 3 must suspend indoor visitation and off-site outings. Can resume 14 days after tiered mitigation for the region is lifted.
  - LTCFs not eligible to advance to CMS Phases until 14 days after tiered mitigation in the region is lifted.
  - Outdoor visitation may continue.



# NHSN POINT OF CARE REPORTING REQUIREMENT

- October 15, 2020: NHSN added a Point of Care (POC) Laboratory Reporting Tool
  - Part of the NHSN Long-Term Care COVID-19 Module
  - Meets the HHS requirement to report SARS-CoV-2 point-of-care antigen test data
- **October 19, 2020: HHS updated its reporting guidance to require CMS-certified long-term care facilities to use NHSN to meet this reporting requirement.**
  - “CMS-certified long-term care facilities shall submit point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC’s National Healthcare Safety Network (NHSN). This requirement to submit data to CDC’s NHSN applies only to CMS-certified long-term care facilities. Test data submitted to NHSN will be reported to appropriate state and local health departments using standard electronic laboratory messages. Other types of LTC facilities may voluntarily report testing data in NHSN for self-tracking or to fulfill state or local reporting requirements, if any.”

# PREPARING TO REPORT TO NHSN

- To use the new reporting module to fulfill reporting requirements, facilities that are NHSN users will need to upgrade their NHSN Secure Access Management Service (SAMS) from Level 1 to Level 3.
  - CDC is working with facilities to assist them in this process. If you are not sure whether or not your facility has Level 3 access, please note that Level 3 reporting requires the use of a SAMS grid card.
  - Alternatively, facilities can email [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with the subject line “Enhancing Data Security” to begin upgrading their SAMS access to use this Pathway.
  - If a facility doesn’t have SAMS Level 3 access, they should continue to report to IDPH POC portal.
- The NHSN Point of Care Test Reporting Tool trainings scheduled for this week have been rescheduled. Information on new dates and times will be shared as soon as possible.

# REPORTING CONFIRMED AND SUSPECT STAFF CASES IN NHSN

- Question: If a staff member at a facility has just tested positive, but they have not been at the facility for a significant amount of time, do they still need to be reported as suspected or confirmed staff COVID-19 case in NHSN?
- If a staff member was **not** in contact with your healthcare workers or residents during the exposure window, they would not be included in the "Confirmed" COVID-19 count for staff/facility personnel.
- The purpose of the question about staff with suspected or confirmed COVID-19 is to identify potential exposure risks to other healthcare workers and/or residents.
  - If a staff member worked in your facility during a period in which they were potentially infectious, then the facility is encouraged to use the Interim guidance for risk assessment/work restrictions for healthcare personnel exposure to COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>) to determine if the worker posed a risk. If yes, then the facility can certainly include that positive staff member in NHSN reporting.
  - The current guidance for individuals with confirmed COVID-19 who developed symptoms consider the exposure window to be 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions



## **Updated Reopening Guidance**

October 21, 2020

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-30-NH

**REVISED 09/28/2020**

**DATE:** May 18, 2020

**TO:** State Officials

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Nursing Home Reopening Recommendations for State and Local Officials *(REVISED)*

*CMS has updated this memorandum to be consistent with more recently issued memos:*

*[QSO-20-38-NH \(Nursing Home Testing\)](#)*

*[QSO-20-39-NH \(Nursing Home Visitation-COVID-19\)](#)*

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-38-NH

**DATE:** August 26, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

**DATE:** September 17, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Nursing Home Visitation - COVID-19



State of Illinois  
Illinois Department of Public Health

# COVID-19

JB Pritzker, Governor

Ngozi O. Ezike, MD, Director

Release Date: August 13, 2020

Effective Date: August 14, 2020

Revised Date: October 21, 2020

## **Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Phased Reopening**

# Guidance Specifically Intended for:

- Skilled/Intermediate SNF/ICF
- Supportive Living Facilities
- Assisted Living Facilities
- Shared Housing Establishments
- Sheltered Care Facilities
- Specialized Mental Health Rehabilitation Facilities (SMHRF)
- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- State-Operated Developmental Centers (SODC)
- Illinois Department of Veterans Affairs facilities
- Medically Complex/Developmentally Disabled Facilities (MC/DD)
- *Modifications for specific categories of LTC facilities and programs are provided in the Appendix*

## Summary of Changes to Guidance Since August 13, 2020 Release

### Newly Added Definitions:

Facility-associated Case of COVID-19 Infection in a Staff Member

### Newly Added Guidance Sections:

PPE Capacity Categories

Mitigation Strategies for Staffing Shortages

Volunteer Guidance

### Revised Sections:

Universal Source Control and Hand Hygiene – added qualifier to requirement for resident mask wearing outside of room

Testing Plan and Response Strategy – added CMS requirements for staff testing

Returning to a previous CMS phase – added that facilities should update their reopening status in the online portal when regressing phases

Virtual visitation changed to include teleconferencing

State-authorized personnel requirements added

Pre-screening visitor requirement change to include electronic screening methods

Phase 1 addition of outdoor visitation allowed

Phase 2 addition of indoor visitation allowed, statement about required visitation added

Phase 2 addition of beauty salon and barber shop allowed

Phase 2 addition of volunteer guidance



## **COVID-19 Vaccine for Long Term Care**

Thanks! To Candice Robinson, MD, MPH  
Medical Director, Immunizations CDPH

10/20/2020

- Currently >200 COVID 19 vaccine candidates worldwide
- more than 40 vaccine candidates in clinical evaluation/testing
- As of October 13, 2020, four vaccines have begun large scale (phase 3) clinical trials in the United States.

- New York Times Vaccine Tracker [https:// www.nytimes.com/interactive/2020/science/coronavirus vaccine tracker.html](https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html)
- Milken Institute <https://covid-19tracker.milkeninstitute.org/>
- WHO candidate vaccines <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>
- London School of Hygiene and Tropical Medicine Tracker [https://vac-lshtm.shinyapps.io/ncov\\_vaccine\\_landscape/](https://vac-lshtm.shinyapps.io/ncov_vaccine_landscape/)



## Explaining Operation Warp Speed

### Goal:

- To produce and deliver 300 million doses of safe and effective vaccines with the initial doses available by January 2021
- Part of a broader strategy to accelerate the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics (collectively known as countermeasures).
- Any vaccine or therapeutic doses purchased with US taxpayer dollars will be given to the American people at no cost.

# Initial COVID-19 Vaccine Plan

- Two doses of COVID 19 vaccine, separated by  $\geq 21$  or  $\geq 28$  days recommended for most vaccines
- Both doses will need to be the same product
- Some vaccine may require reconstitution with diluent or adjuvant
- IDPH and CDPH are planning distribution of initial doses of vaccine

## **Focus on:**

- Healthcare workforce
- Maintain essential functions
- Staff and residents in long term care and assisted living facilities (federal government will issue guidance on target groups)

# Cold Chain Storage and Param

- Three different vaccine cold chain parameters (depending on product)
- Refrigerated (2-8C): 14 vaccines
- MUST be stored in medication refrigerator NOT dorm style with traceable thermometers  
[immunize.org](http://immunize.org)
- Frozen ( -20C): 12 vaccines
- Ultracold (-80C): 1 vaccine
- VERY DIFFICULT FOR LONG TERM CARE

# Long Term Care Residents and Unvaccinated Staff

- LTCF staff who have not received COVID-19 vaccine can also be vaccinated as part of the program
- Schedule and coordinate on-site clinic date(s) directly with each facility. The services will be available in rural areas that may not have easily accessible pharmacies
- Three visits over approximately two months will likely be needed to administer both doses of vaccine and vaccinate **any new residents and staff**.
- Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine.
- Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 72 hours of administering each dose.
- Adhere to all applicable Centers for Medicare & Medicaid (CMS) COVID-19 testing requirements for LTCF staff.

# Signing up for Help!

- If interested in participating, LTCFs should sign up (or opt out) starting October 19
- **Sign up will remain open for ONLY two weeks**
- Skilled nursing facilities (SNFs) will make their selection through the National Healthcare Safety Network (NHSN). An “alert” will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.  
<https://www.cdc.gov/nhsn/index.html>
- Assisted living facilities (ALFs) will make their selection via an online REDcap (<https://redcap.link/lctf>) sign-up form.  
<https://airc.cdc.gov/surveys/?s=R3TYTJDAW4>
- Suggest all licensed congregate care try to sign up

# Congregate Care Settings Other than SNF and AL

- CDC Response:
- “Yes, these facilities can use REDCap. However, please do note we do not know yet were SMHRF, ICDDs, and SCFs will fall in terms of populations of focus for the initial phases of COVID-19 vaccination.
- We are awaiting recommendations from the Advisory Committee on Immunization Practices (ACIP) regarding which settings will be eligible to receive vaccine in the early phases of vaccine availability,  
<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-08/COVID-08-Dooling.pdf> .
- We anticipate recommendations for early phases of vaccination will include settings where adults >65 years of age are present in congregate living settings.
- This program serves as a plan for COVID-19 vaccine and vaccination services should these populations be eligible.”

# Read Carefully!!!

- Once the sign-up period has closed, no changes can be made via the online form, and the facility must coordinate directly with the selected pharmacy provider to change any requested vaccination supplies and services.
- For questions about the Pharmacy Partnership for Long-term Care Program, please contact [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov)

# COVID-19 Free Training and Mentorship Funded by AHRQ



## AHRQ ECHO National Nursing Home COVID-19 Action Network

The AHRQ ECHO National Nursing Home COVID-19 Action Network – a partnership between AHRQ, the University of New Mexico’s ECHO Institute and the Institute for Healthcare Improvement (IHI) – provides free training and mentorship to nursing homes across the country to increase the implementation of evidence-based infection prevention and safety practices to protect residents and staff.

<https://www.ahrq.gov/nursing-home/index.html>

In Illinois, four ECHO programs have come together as a collaborative with the hope of reaching

Goal of 500-600 nursing homes across the state

important skill-building education

Four programs working in Illinois are:

- Advocate
- Chestnut Healthcare
- Telligen QIN/QIO
- University of Chicago Medicine which is teaming up with Project HOPE.



# FAQ from last week

- Q: As a private pay assisted living community, it is not clear what guidance applies to us and what guidance is specific to LTC/CMS communities. Could you please clarify?
- Q: If you have positive rapid point of care test, followed immediately by a negative test and negative PCR testing, which confirms that is a false positive, should the positive still be submitted into RedCap?
- Q: Can you clarify OSHA guidance for NIOSH-approved N95s and fit testing in the assisted living setting?

# 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>
- Telligen QI Connect: <https://www.telligenqinqio.com/join-telligen-qi-connect/>
  - Last day to sign up is October 30<sup>th</sup>
  - Questions?
    - Contact Lisa Bridwel: [lbridwel@telligen.com](mailto:lbridwel@telligen.com)
    - CMS Letter of Support: <https://www.telligenqinqio.com/wp-content/uploads/2020/10/CMS-NH-Letter-of-Support-12th-SOW-QIN-QIOs.pdf>
- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**