IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

November 13th, 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

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Illinois Department of Public Health

Agenda

- Upcoming Webinars
- Recent Trends and Mitigation Measures
- Phased Reopening Guidance
- Staffing Strategies
- FAQ from last week
- Open Q & A

Slides and recording will be made available after the session.

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IDPH webinars

Upcoming Friday Brief Updates and Open Q&A
1:00 pm - 2:00 pm

Friday, November 20th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee6e015f69c64f9fe9482abe320bf5b92

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

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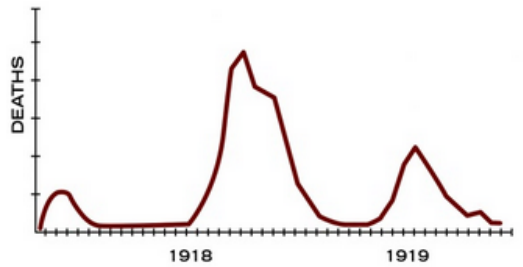
SECOND WAVE

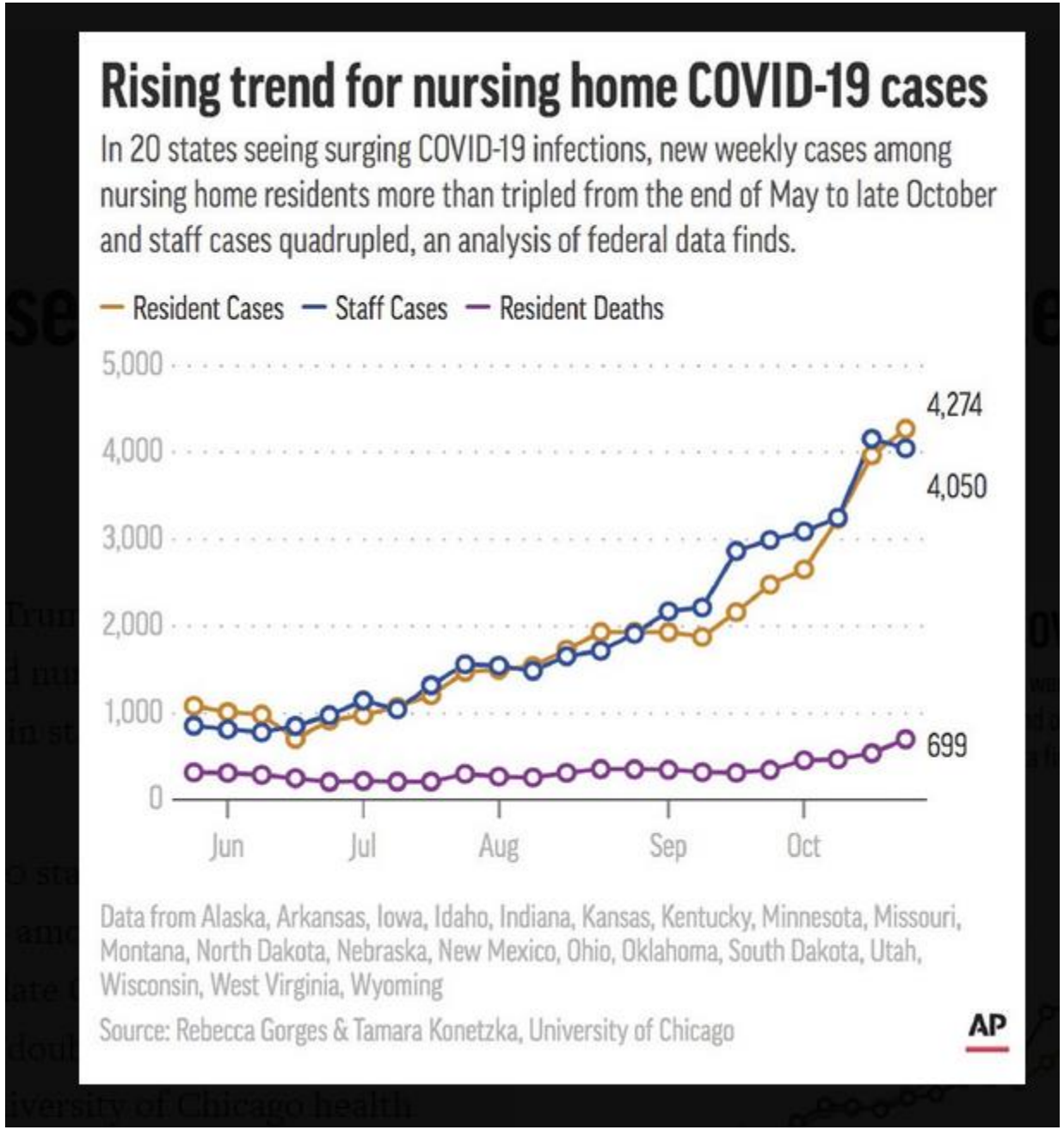
FALL 1918

In 1918, many health professionals served in the U. S. military during WWI, resulting in shortages of medical personnel around the U.S. The economy suffered as businesses and factories were forced to close due to sickness amongst workers.



There were 3 different waves of illness during the pandemic, starting in March 1918 and subsiding by summer of 1919. The pandemic peaked in the U.S. during the second wave, in the fall of 1918. This highly fatal second wave was responsible for most of the U.S. deaths attributed to the pandemic.

Content source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)



AP

Nursing home COVID-19 cases rise four-fold in surge states

By RICARDO ALONSO-ZALDIVAR November 8, 2020

Alaska, Arkansas, Iowa, Idaho, Indiana, Kansas, Kentucky, Minnesota, Missouri, Montana, North Dakota, Nebraska, New Mexico, Ohio, Oklahoma, South Dakota, Utah, Wisconsin, West Virginia, Wyoming

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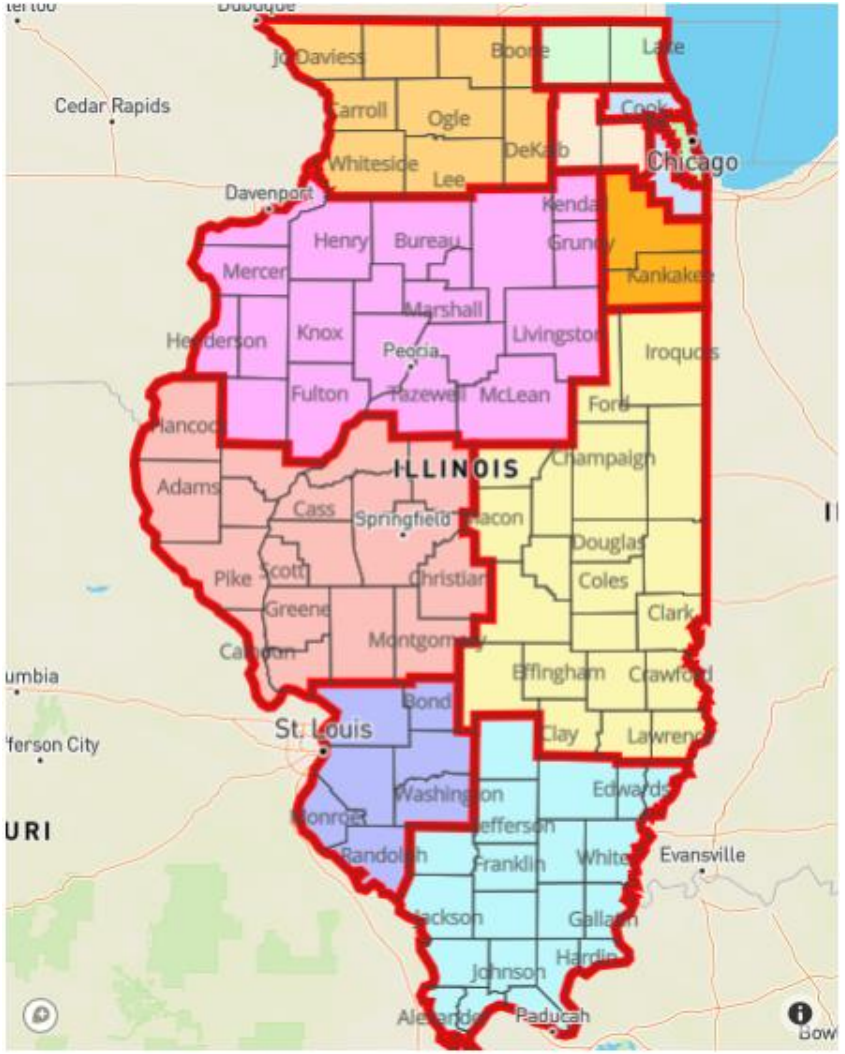
LTC tiered mitigation as of November 11, 2020

- **Tier 1 in effect in Regions 2, 3, 4, 6, 9, 10, 11**
  - LTCFs in CMS Phases 2 or 3 must:
    - Suspend indoor visitation and off-site outings.
    - Suspend Beauty Shop/Barber
    - 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.
- **Tier 2 in effect in Region 1, 5, 7, 8**
  - LTCFs must also limit size of resident activities to 10 participants



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

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Interim guidance for nursing homes and other long-term care (LTC) facilities

- Skilled and Intermediate Care Facilities (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.

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CMS Phase 1 and Illinois Tiers

ACTIVITIES	CMS PHASES FOR LTCF			
	CMS Phase 1- Highest level of mitigation	Tier 1	Tier 2	Tier 3
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

Trimberger, K., IDPH

IDPH
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CMS Phase 2 and Illinois Tiers

	CMS Phase 2	Tier 1	Tier 2	Tier 3
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 ACTIVIITES	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

Trimberger, K., IDPH

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CMS Phase 3 and Illinois Tiers

	CMS Phase 3	Tier 1	Tier 2	Tier 3
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.

Trimberger, K., IDPH

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Holiday Guidance: Follow Tiers or Phases

November 6, 2020

CMS on holidays: No get-togethers, full guidance may be forthcoming

Liza Berger

Evan Shulman

Lest you think Thanksgiving will be a time to soften some COVID-19 restrictions for residents, think again.

"The answer is no," Evan Shulman, the deputy director of the Division of Nursing Homes for the Centers for Medicare & Medicaid Services said Thursday. "The virus does not care if there's a holiday."

Shulman, who spoke during the National Association of Directors of Nursing Administration in Long Term Care's (NADONA's) 33rd annual conference, in a virtual session sought to clarify questions related to Thanksgiving and Christmas, along with other pertinent COVID-19 topics such as testing and visitation.

Shulman, who said that CMS is considering providing more guidance regarding the holidays, noted that his agency will not let up on core mitigation principals, such as social distancing and mask wearing among residents and staff. And as much as CMS loves the idea of celebrations in nursing homes, he pushed back on the idea of holiday parties this year.

Given the known link between community spread of COVID-19 and rising cases in nursing homes, DONs also need to work with staff to make sure they are not getting together outside the facility, he said. Shulman alluded to a recent commercial he saw that spoke about the holidays as a time to get together.

"It is not the time for getting together," he said. "We have to be very, very careful. We think nursing homes should be educating family and residents on the dangers of leaving nursing homes and encourage them to find other ways to celebrate."

To a frequently asked question about how to handle a resident who leaves the facility and returns, he answered that providers need to be monitoring and perhaps testing such residents more frequently. And if they have been out of the facility for a prolonged period of time, a facility may want to use transmission-based precautions, such as having them stay in a single room.

McKnight's LONG-TERM CARE NEWS

State of Illinois
Illinois Department of Public Health

COVID-19

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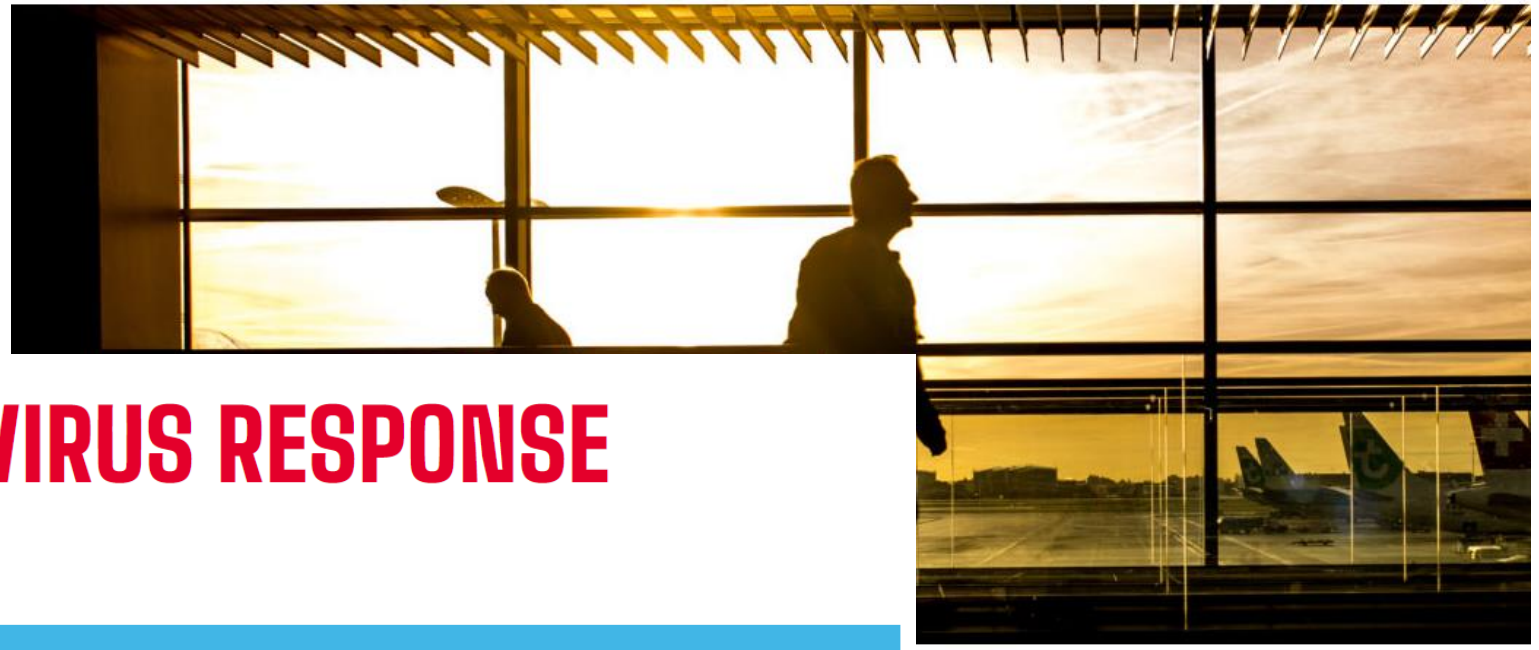
Travel Restrictions



CORONAVIRUS RESPONSE CENTER

COVID-19 in Chicago

Stay at Home Advisory.

Beginning on Monday, November 16, 2020, the Mayor of the City of Chicago, Lori E. Lightfoot, as well as the Commissioner of Health for the City of Chicago, Dr. Allison Arwady, advise all residents of Chicago to stay at home in response to the rapid rise of COVID-19 cases and hospitalizations in the city. Residents are advised to only leave home to go to work or school, or for essential needs such as seeking medical care, going to the grocery store or pharmacy, picking up food, or receiving deliveries.

Additionally, residents are strongly advised to:

- Not have guests in their homes unless they are essential workers (e.g., home healthcare providers or childcare workers)
- Cancel traditional Thanksgiving celebrations
- Avoid travel

This advisory shall remain in place for 30 days or until such time as the Commissioner of Health determines a change to the guidance is appropriate.

Read the Latest Data Daily Report or use our interactive **COVID Daily Dashboard** for more detailed data on the pandemic in Chicago. All data presented is available for developers through the **Chicago Data Portal**.

Travel Guidance

CCDPH recommends avoiding all non-essential travel. All persons entering into suburban Cook County from outside of suburban Cook County should quarantine for 14 days.

Limit Travel and Gatherings

Gatherings and travel in and out of communities present a high risk of spreading COVID-19 infection. In our current situation, with a rising prevalence of the virus, attending even small gatherings that mix households, or traveling to areas that are experiencing high rates of positivity, is not advised and is potentially dangerous. Please, travel only if necessary.

Work from Home if Possible

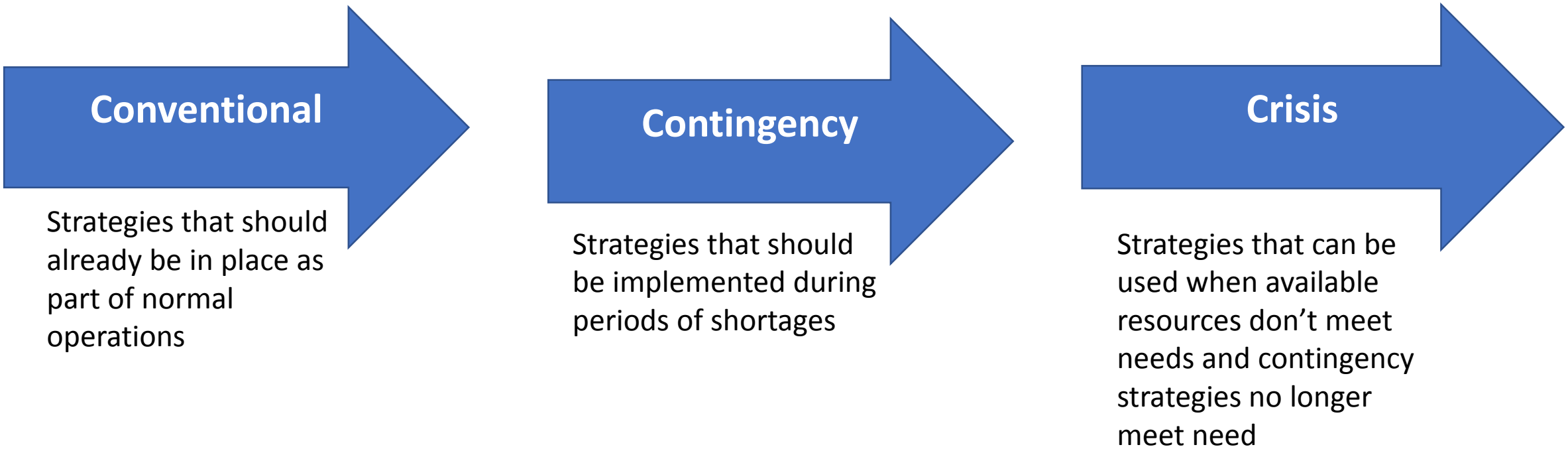
For the next three weeks, work with your employer to plan to work from home unless it is necessary for you to be in the workplace. We ask employers to make accommodation for this. Our goal is to reduce transmission as we head into the holidays so businesses and schools can remain open.

Staffing Mitigation

Karen Trimberger RN, MPH, CIC

Staffing Mitigation Strategies

- IDPH does not support staff working ill
- Mitigation strategies are intended to be used in the order that they appear
- Can’t immediately start at “crisis strategies” when staffing is down
- Document all actions taken to resolve staffing issues



Contingency Staffing Strategies
(things you should be doing when normal operations or conventional staffing measures are not where they should be---but you are not yet at crisis level)

Contingency Staffing Strategies

1. Adjusting staff schedules, hiring additional HCP, and rotating HCP to positions that support patient care activities. Offer overtime, bonus, or hazard pay. Contact Illinois Helps. (https://illinoishelps.net/)
2. Developing regional plans to identify designated healthcare facilities or alternate care sites with adequate staffing to care for patients with COVID-19.
3. Bundle care activities or determine if any tasks could be postponed or offer on an alternate schedule
4. Shift staff who work in other areas to support patient care activities
5. Developing plans to **allow asymptomatic HCP who have had an unprotected exposure** to SARS-CoV-2 (the virus that causes COVID-19) but are not known to be infected to continue to work.

Crisis Staffing Strategies

6. Developing criteria to determine which HCP with suspected or confirmed COVID-19 (who are well enough and willing to work) could return to work in a healthcare setting before meeting all Return to Work Criteria

- ASYMPTOMATIC (tested positive but no symptoms)
  - Considerations include:
    - The type of HCP shortages that need to be addressed (job classifications where they have greatest need)
    - Where individual HCP are in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness)---look at individuals later in illness say day 7, 8, 9
    - Their degree of interaction with patients and other HCP in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
    - The type of patients they care for (e.g., immunocompromised patients or only patients with SARS-CoV-2 infection).
    - Well enough and willing to return to work without being told they “have to” return to work before 10 days
    - Should only provide care to COVID positive residents

Crisis Staffing Strategies

7. Developing criteria to determine which HCP with suspected or confirmed COVID-19 (who are well enough and willing to work) could return to work in a healthcare setting before meeting all Return to Work Criteria

- SYMPTOMATIC (tested positive and have had symptoms)
  - Considerations include:
    - The type of HCP shortages that need to be addressed (job classifications where they have greatest need)
    - Where individual HCP are in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness).—{day 7, 8, 9, or 10}…..wouldn't want to even consider someone early in illness
    - The types of symptoms they are experiencing (e.g., persistent fever).
    - Their degree of interaction with patients and other HCP in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
    - The type of patients they care for (e.g., immunocompromised patients or only patients with SARS-CoV-2 infection).
    - Well enough and willing to return to work without being told they "have to" return to work before 10 days
    - Should only provide care to COVID positive residents

Another Strategy

HCP who are Asymptomatic positive:

- Consider using the Test-Based Strategy:

  Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested **using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.**

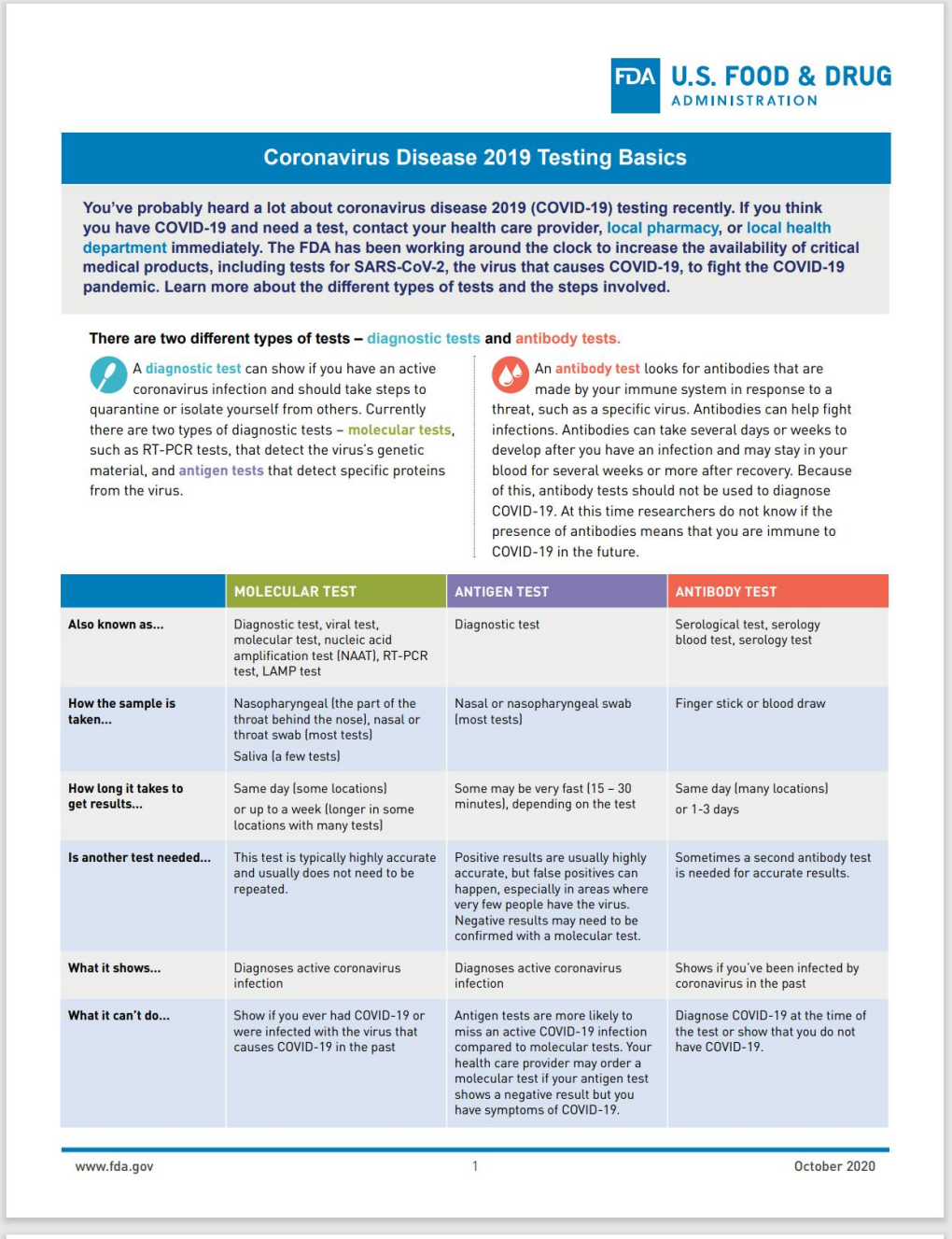
Another Strategy

HCP who are Symptomatic positive:

- Resolution of fever without the use of fever-reducing medications **AND**
- Improvement in symptoms (e.g., cough, shortness of breath), **AND**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) **tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.**

Coronavirus Testing Basics

https://www.fda.gov/media/140161/download



FDA U.S. FOOD & DRUG ADMINISTRATION

Coronavirus Disease 2019 Testing Basics

You've probably heard a lot about coronavirus disease 2019 (COVID-19) testing recently. If you think you have COVID-19 and need a test, contact your health care provider, local pharmacy, or local health department immediately. The FDA has been working around the clock to increase the availability of critical medical products, including tests for SARS-CoV-2, the virus that causes COVID-19, to fight the COVID-19 pandemic. Learn more about the different types of tests and the steps involved.

There are two different types of tests – diagnostic tests and antibody tests.

A diagnostic test can show if you have an active coronavirus infection and should take steps to quarantine or isolate yourself from others. Currently there are two types of diagnostic tests – molecular tests, such as RT-PCR tests, that detect the virus's genetic material, and antigen tests that detect specific proteins from the virus.

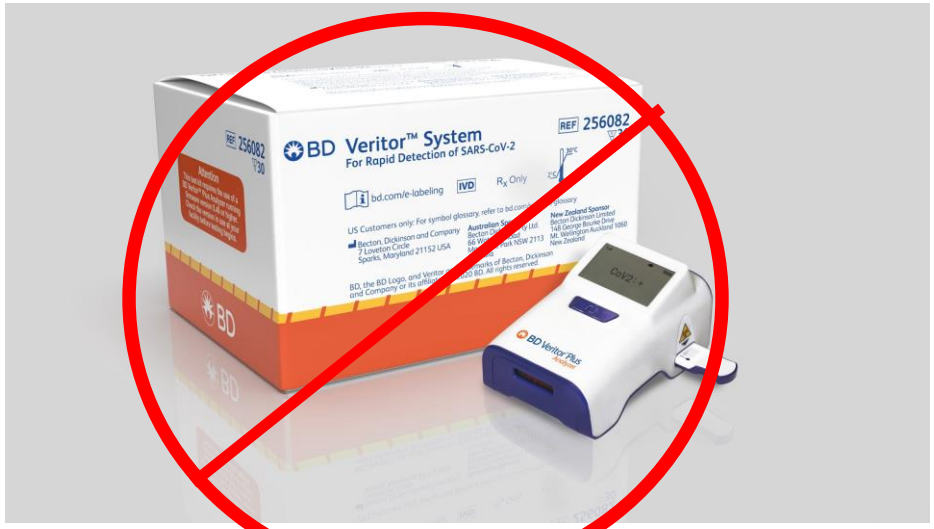
An antibody test looks for antibodies that are made by your immune system in response to a threat, such as a specific virus. Antibodies can help fight infections. Antibodies can take several days or weeks to develop after you have an infection and may stay in your blood for several weeks or more after recovery. Because of this, antibody tests should not be used to diagnose COVID-19. At this time researchers do not know if the presence of antibodies means that you are immune to COVID-19 in the future.

	MOLECULAR TEST	ANTIGEN TEST	ANTIBODY TEST
Also known as...	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Diagnostic test	Serological test, serology blood test, serology test
How the sample is taken...	Nasopharyngeal (the part of the throat behind the nose), nasal or throat swab (most tests) Saliva (a few tests)	Nasal or nasopharyngeal swab (most tests)	Finger stick or blood draw
How long it takes to get results...	Same day (some locations) or up to a week (longer in some locations with many tests)	Some may be very fast (15 – 30 minutes), depending on the test	Same day (many locations) or 1-3 days
Is another test needed...	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate, but false positives can happen, especially in areas where very few people have the virus. Negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What it shows...	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
What it can't do...	Show if you ever had COVID-19 or were infected with the virus that causes COVID-19 in the past	Antigen tests are more likely to miss an active COVID-19 infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose COVID-19 at the time of the test or show that you do not have COVID-19.

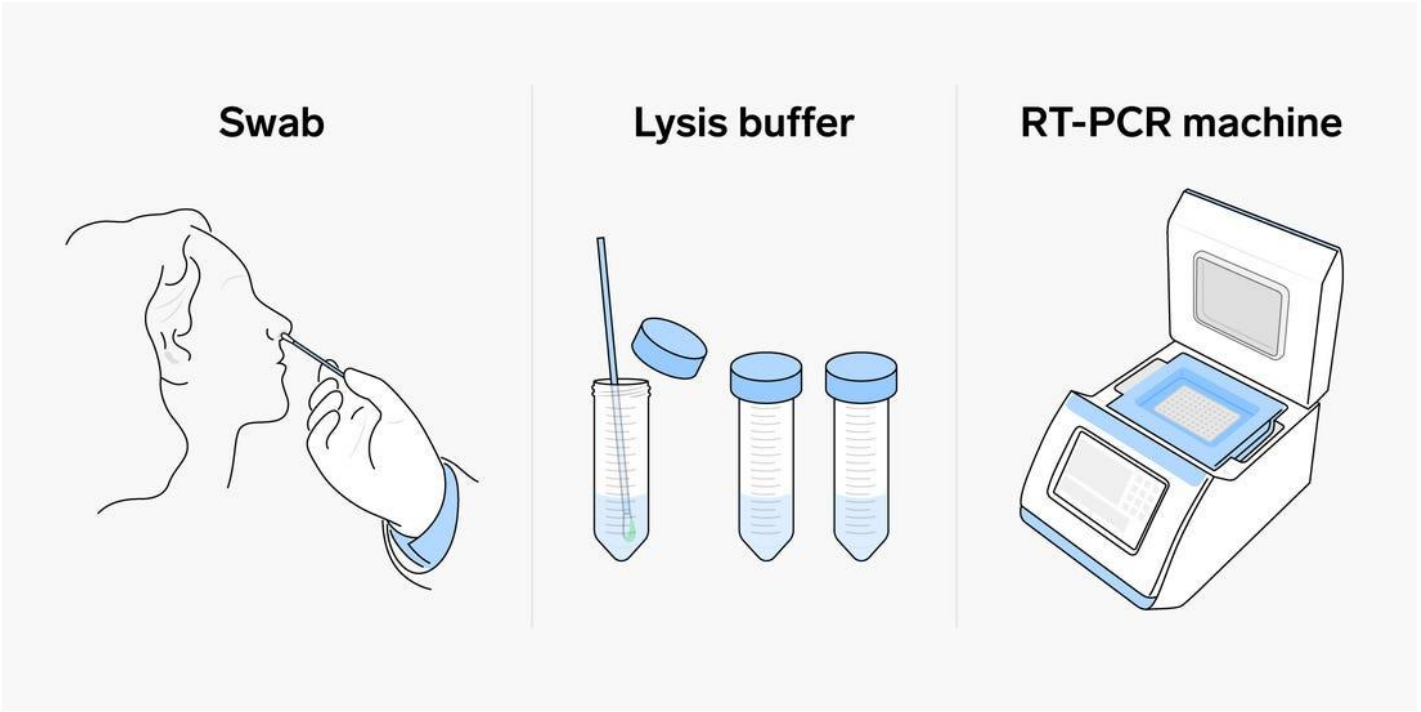
What tests are FDA-authorized molecular viral assay that detect SARS-CoV-2 RNA?

	Molecular Tests	Antigen TestsA
Also known as:	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Diagnostic test
What they detect:	Molecular tests detect genetic material.	Antigen tests detect protein on the virus
Examples of brands/types	RT-PCR Abbott IDNow	BD Veritor, Quidel Sofia, and Abbott BinaxNOW (most of what federal government sent)

Antigen Tests



Acceptable Testing



FAQ from last week

- Q: If a resident has tested positive in the past, and its been over 90 days, can we place them back into testing cycle?

- Q: If you can have an employee who is a licensed healthcare professional, such as a RN do the medical evaluation but if the employer can't review it, how do you resolve this ? Do you have a non-managerial employee do the Medical Eval?

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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

- 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**