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

February 26th, 2021

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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Agenda

- Upcoming Webinars
- NHSN Updates
- CMS Phases Review
- Compassionate Care, Essential Caregivers, & Visitation
- Updates to CDC Guidance
- Staffing Shortages
- PPE Use
- Reinfections
- 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, March 5th	https://illinois.webex.com/illinois/onstage/g.php?MTID=eda97a17e2d17e7b3b238eafca1372ad3
Friday, March 12th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e942f547582881abcd94d0a2a73310595
Friday, March 19th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e144e2106d3fb5eed132886e033d96d86
Friday, March 26th	https://illinois.webex.com/illinois/onstage/g.php?MTID=eb3bbac05e1663ed1a415c65fa8345d26

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

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NHSN - Definition of COVID-19 Resident Deaths

- Facilities enter the number of residents with COVID-19 who died into the NHSN LTCF COVID-19 module.

- Definition: Residents who died from COVID-19 including residents with either
  - A positive COVID-19 viral test result
  - Signs and/or symptoms of COVID-19
  - On transmission-based precautions for COVID-19
  - Those who died from ongoing complications related to a previous COVID-19 infection

- Facilities should include resident deaths in the facility and in other locations where the resident with COVID-19 was transferred to receive treatment. Do not include residents who died after being discharged from the facility.

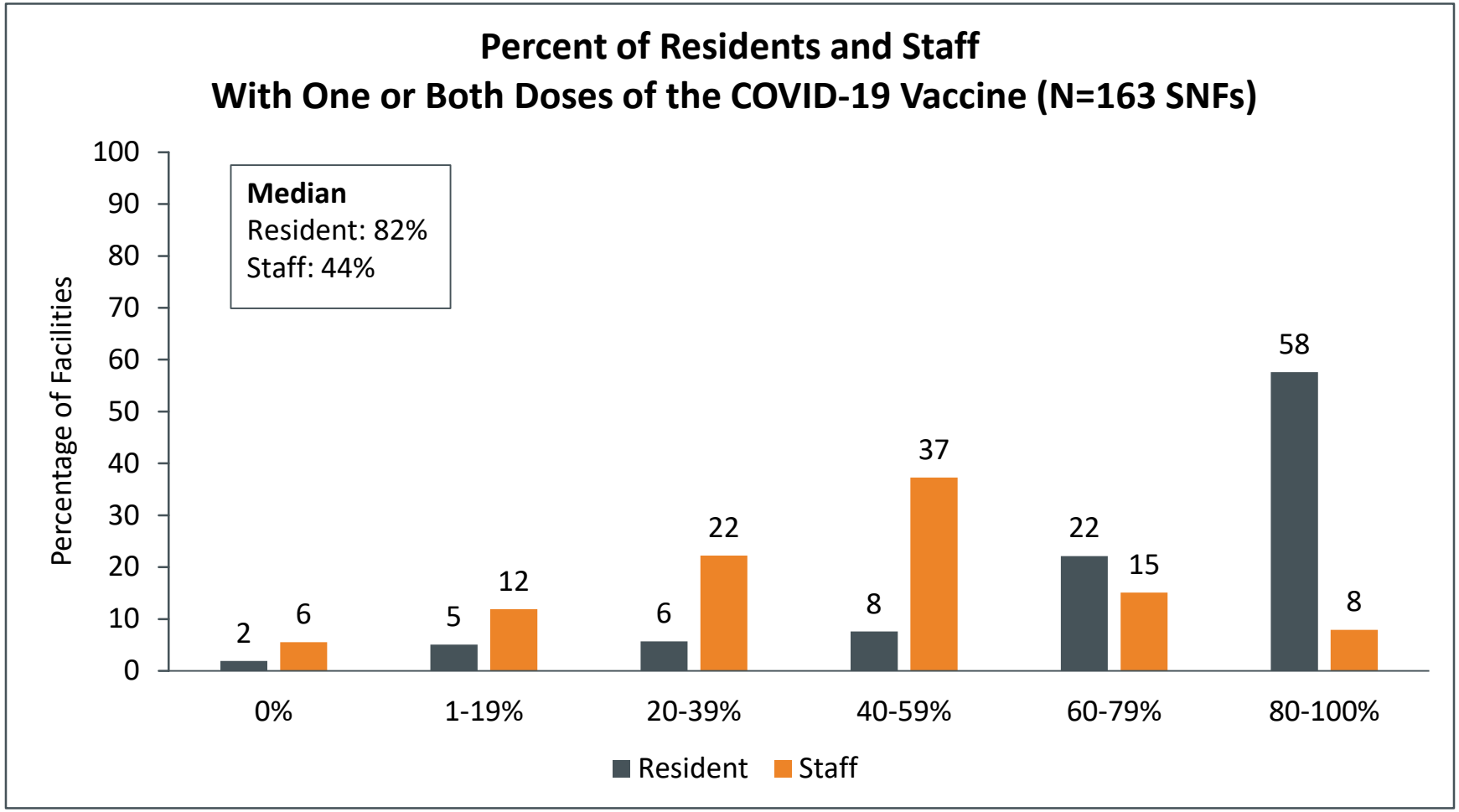
NHSN - Weekly HCP & Resident COVID-19 Vaccination

- NHSN module is available for facilities to track COVID-19 vaccination data for residents and healthcare personnel.
  - Number of residents/healthcare personnel in the facility
  - Number of residents/healthcare personnel who have received one or both doses of the vaccine
  - Number of individuals with contraindications, who declined, or have other situations that impact vaccination.
  - Vaccine supply
  - Adverse reactions

- IDPH encourages facilities to submit data, especially after their 3rd PPP clinic to monitor COVID-19 vaccination coverage over time.

- Training and more information available here: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

NHSN Surveillance for COVID-19 Vaccination through 2/21/21



Residents and Staff with other Conditions

	Residents N (%)	Staff N (%)
Medical Contraindication to COVID-19 Vaccine	128 (1%)	81 (1%)
Offered but Declined COVID-19 Vaccine	1,090 (11%)	2,740 (22%)
Unknown COVID-19 Vaccination Status	96 (1%)	162 (1%)
History of Laboratory-confirmed SARS-CoV-2 Infection	2,181 (21%)	580 (5%)

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Long Term Care Guidance for COVID-19

Deb Patterson Burdsall PhD, RN-BC, CIC, FAPIC

CMS Steps Through Phases

- Minimum of 14 days in a given phase
- No new nursing home onset of COVID-19 cases, prior to advancing to the next phase.
- A nursing home may be in different phases than its surrounding community based on the status of COVID-19 inside the facility
- The availability of key elements including, but not limited to PPE, testing, and staffing
- If a facility identifies a new, nursing home onset COVID-19 case in the facility while in any phase, that facility goes back to the highest level of mitigation, and starts over (even if the community is in phase 3)
- Once 14 days past last positive, resident testing is not part of testing plan

IDPH Reopening Guidance, October 21, 2020
https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf

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CMS Phase Movement vs. LHD Closing Outbreak

CMS Phase Movement	LHD INEDSS/ORS Closing Outbreak
• Facility must satisfy all the criteria and must • spend a minimum of **14 days** in a given CMS Phase • Conventional staffing • Conventional or Contingency PPE supply • No new, facility-onset COVID-19 cases • No new facility-associated case of COVID-19 infection in a staff member (**2 days before**) • Use REDcap checklist https://redcap.link/LTCreopening • The facility then notifies residents, their families or guardians, the long-term care ombudsman, and the local health department	• CSTE Definitions • Standard epidemiological definitions • **14 days prior for epi links** to confirmed infection (one incubation) • **28 days** after to close an outbreak (two incubation periods)

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Compassionate Care

- Restrictions based on model that was efficacious for short term outbreaks
- CMS June 23 guidance, reinforced on September 17, 2020 CMS visitation guidance
- “Compassionate care situations does not exclusively refer to end-of-life situations
- Resident living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience.
- Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.”
- Similarly, allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.”

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Visitation and Essential Care

Visitation

- Compassionate Care:
  - CMS Phase 1, 2, 3: working with the interdisciplinary team (IDT)
- Outdoor Visitation
  - CMS Phase 1, 2, 3
  - Suspended if Illinois Tiered Mitigation is reinstated
- Indoor Visitation
  - No Illinois Tiered Mitigation
  - CMS Phase 2 and 3 only

Essential Care

- CMS Phase 1, 2, 3
  - Physicians, APNs, PAs
  - Hospice
  - Ombudsmen
  - Surveyors
  - Essential Caregivers**

** Essential Caregivers in CMS Phase 1 with administrator and director of nursing approval

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Long Term Care Guidance for COVID-19

Karen Trimberger RN, MPH, NE-BC, CIC

For residents and healthcare personnel with exposures to SARS-CoV-2

- The CDC continues to recommend a 14-day quarantine period for exposed residents, patients, and work restrictions for healthcare personnel who have not already had confirmed COVID-19 within 90 days.

- HCP are considered essential so they may work if they are deemed essential, remain asymptomatic, and continue to self-monitor for signs/symptoms of COVID.

- HCP may work as a contingency strategy to mitigate staffing shortages (discussed later on slides).

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#COVID-19-Risk

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Vaccinated Residents

- Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure.

- Facility could consider waiving quarantine if critical issue
  - Lack of space, staffing, or PPE to safely care for exposed residents
  - Only after other options have failed

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Vaccinated HCP

- Asymptomatic HCP who are within 3 months of COVID infection may not need to be restricted from work (some scenarios may require work exclusion)

- HCP with high-risk exposure should continue to be restricted from work even if fully vaccinated but, HCP are allowed to work as strategy to mitigate staffing shortages.

- Vaccinated HCP with travel or community associated exposures should be excluded from work 14-days after last exposure

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

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High-Risk Exposure

Exposure:

- HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection

Personal Protective Equipment Used:

- HCP not wearing a respirator or facemask
- HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth face covering or facemask
- HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

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

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

Updated Feb. 19, 2021 Print

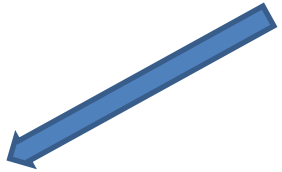
Summary of Recent Changes

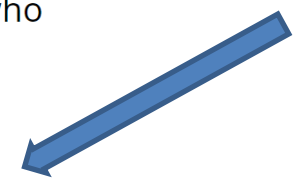
Updates as of February 16, 2021

As of February 16, 2021

The interim guidance was updated to:

- Clarified that work restriction of asymptomatic HCP with a higher-risk exposure who have recovered from SARS-CoV-2 infection in the prior 3 months might not be necessary. Additional information about this scenario is available here.
- Clarified that work restriction of fully vaccinated HCP with a higher-risk exposure continues to be recommended. Additional information is available here.





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

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What's changing?

- ***There has been NO CHANGE in guidance for long-term care facilities (LTCFs) post-vaccination.*** LTCFs must continue to follow the Centers for Disease Control and Prevention (CDC) and IDPH guidance for activities, testing, isolation, and quarantine.

What's staying the same?

- ***Current CDC and IDPH guidance remain in effect until more information is available.*** These recommendations, which emphasize close monitoring of residents of long-term care facilities for symptoms of COVID-19, universal source control, physical distancing (when possible), hand hygiene, and optimizing engineering controls, are intended to protect health care personnel and residents from exposures to SARS-CoV-2. The use of personal protective equipment (PPE), including universal use of a face mask and eye protection for health care personnel in areas experiencing moderate- to substantial-community transmission who are caring for residents not suspected to have SARS-CoV-2 infection, is also recommended.[1] LTCFs must follow the IDPH *LTC Reopening Guidance* dated October 21, 2020. Facilities can utilize the *Summary Table of Tiers and CMS Phases* as a quick reference on what activities are allowed or suspended.
- **Testing**
  - No change in testing.
  - Vaccinated residents and health care personnel are required to participate in testing. U.S. Centers for Medicare and Medicaid Services (CMS) data is used to determine the testing frequency.
- **Isolation and Quarantine**
  - No change in isolation and quarantine.
  - Vaccinated residents are still required to be isolated if tested and identified to be positive for COVID-19.
  - Vaccinated residents exposed (close contact) to a COVID-19 case or a recent admission to the facility must quarantine for 14 days.
  - Vaccinated staff are still required to be excluded from work and isolated at home if symptomatic or identified as positive for COVID-19.
  - Staff with a high-risk exposure to a confirmed case of COVID-19 should be restricted from work regardless of their COVID-19 vaccination status.[2]

Resources:

No Changes in Testing, Quarantine, or Isolation for Vaccinated residents or HCP

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Strategies to Mitigate Healthcare Personnel Staffing Shortages

Updated Feb. 16, 2021 Print

Updates as of February 16, 2021

As of February 16, 2021

- Added, as contingency strategies options to allow:
  - Asymptomatic HCP who have had a higher-risk exposure to SARS-CoV-2 (the virus that causes COVID-19) but are not known to be infected to shorten their duration of work restriction as described in Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing.
  - Asymptomatic fully vaccinated HCP who have had a higher-risk exposure to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC

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Returning to Conventional PPE use

“How do we go about that?”

[Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages | CDC]

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The CDC recognizes that determining the time when it is appropriate to return to conventional PPE strategies can be challenging.

Factors to Consider

- The anticipated number of patients for whom PPE components should be worn by HCP providing their care
- The number of days' supply of PPE components currently remaining at the facility
- Whether or not the facility is receiving regular resupply with its full allotment

COVID-19: Strategies for Optimizing the Supply of PPE | CDC Strategies for Optimizing the Supply of Facemasks: COVID-19 | CDC

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Returning to Conventional PPE Use

- As facilities navigate these decision points, the CDC recommends and encourages **prompt** return to conventional strategies once the supply chain is assured, as this is best infection control practice.

- However, facilities might choose to gradually return to conventional strategies as they consider several factors including those listed above.

- However, per the CMS memo QSO-20-30-NH (cms.gov), facilities in crisis strategies will not be able to reopen.
  - ❖This is one of eligibility criteria to be able to advance through the CMS Phases

COVID-19: Strategies for Optimizing the Supply of PPE | CDC

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Extended Use vs. Reuse

Extended use is "the practice of wearing the same PPE device for repeated close contact encounters with several different residents, without removing the PPE device between resident encounters." Depending upon the PPE device, it is considered either a **contingency or crisis** capacity PPE optimization strategy.

Source: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

Reuse refers to "the practice of one HCP using the same PPE device for multiple encounters with a resident but removing it ('doffing') after each encounter." The PPE device "is stored in between encounters to be put on again ('donned') prior to the next encounter with a resident." The limited reuse of PPE devices that are otherwise intended for disposable or laundering after each use is considered a **crisis** capacity strategy.

Sources:
https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

Note: Most facilities will combine the practices of extended and reuse of PPE meaning they will wear a PPE device such as a facemask for encounters with multiple different residents, but instead of removing the device after each encounter will only remove and store the device at breaks or at the end of a shift. HCP will then redon the used PPE device when returning to work. This practice may or may not be considered acceptable depending upon factors such as the PPE device, current PPE supply, and resident population they are caring for (e.g., caring only for residents with confirmed SARS-CoV-2 infection).

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Contingency Capacity Strategies (during expected shortages)

Extended use of N95 respirators

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- Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters.
- When practicing extended use of N95 respirators over the course of a shift, considerations should include 1) the ability of the N95 respirator to retain its fit, 2) contamination concerns, 3) practical considerations (e.g., meal breaks), and 4) comfort of the user.
- Ideally, N95 respirators should be discarded after extended use.
- If it is necessary to re-use N95 respirators in addition to extended use, please see re-use section under crisis capacity strategies below.

[Strategies for Optimizing the Supply of N95 Respirators: COVID-19 | CDC]

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PPE Type	Conventional	Contingency	Crisis
N95 Respirators 	• Implement just-in-time fit testing • Limit respirators during training • Implement qualitative fit testing • Use alternatives to N95 respirators such as other filtering facepiece respirators, elastomeric respirators, and powered air purifying respirators • Additional guidance	• Temporarily suspend annual fit testing • Use N95 respirators beyond the manufacturer-designated shelf life for training and fit testing • Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients • Additional guidance on contingency capacity strategies	• Use respirators beyond the manufacturer designated shelf life for healthcare delivery • Use respirators approved under standards used in other countries • Implement limited re-use of N95 respirators. During times of crisis, it may be needed to practice limited re-use on top of extended use • Use additional respirators beyond the manufacturer-designated shelf life that have not been evaluated by NIOSH

- Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients
- Additional guidance on contingency capacity strategies
- Implement limited re-use of N95 respirators. During times of crisis, it may be needed to practice limited re-use on top of extended use

PPE Type	Conventional	Contingency	Crisis
Facemasks 	• Use facemasks according to product labeling and local, state, and federal requirements • In healthcare settings, facemasks are worn by HCP as 1) PPE to protect their nose and mouth from exposure to splashes, sprays, splatter, and respiratory secretions (e.g., for patients on Droplet Precautions) and 2) source control to cover their mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. • Additional guidance	• Remove facemasks from facility entrances and other public areas • Implement extended use of facemasks as PPE • Restrict facemasks for use only by HCP when needed as PPE. Patients and HCP requiring **only** source control may use a cloth mask • Additional guidance	• Use facemasks beyond the manufacturer-designated shelf life during patient care activities • Implement limited re-use of facemasks with extended use • Prioritize facemasks for HCP for selected activities such as essential surgeries, activities where splashes and sprays are anticipated, and contact with an infectious patient, for whom facemask use is recommended *When no respirators or facemasks are available:* • Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask • Additional guidance

- Implement extended use of facemasks as PPE
- Implement limited re-use of facemasks with extended use

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PPE Type	Conventional	Contingency	Crisis

Gowns 	• Use isolation gown alternatives that offer equivalent or higher protection than reusable (i.e., washable) gowns
	• *Note*: In general, CDC does not recommend the use of more than one isolation gown at a time when providing care to confirmed or suspected COVID-19 patients
	• Additional guidance
		• Consider the use of coveralls
		• Use gowns beyond the manufacturer-designated shelf life for training
		• Use gowns or coveralls conforming to international standards
		• Additional guidance
			• Extend the use of isolation gowns
			• Prioritize gowns for activities where splashes and sprays are anticipated, during high-contact patient care, and for patients colonized or infected with emerging highly-resistant organisms
			• Consider using gown alternatives that have not been evaluated as effective
			  • Re-use of isolation gowns is not recommended (risks of transmission among HCP and patients likely outweigh any potential benefits)
			  • Additional guidance

- Consider the use of coveralls
- Use gowns beyond the manufacturer-designated shelf life for training
- Extend the use of isolation gowns
- Prioritize gowns for activities where splashes and sprays are

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Per IDPH Reopening Guidance

- Page 4 of the document
  - Criteria: PPE supply and usage: “The facility has sufficient personal protective equipment that is not operating at crisis capacity, as defined by CDC. The facility may operate at contingency PPE capacity. All staff must wear appropriate PPE when indicated.”

- Page 6 of the document
  - Facilities would be considered to be in crisis capacity, if their supply of does not meet the anticipated demand as calculated by the CDC Burn Rate Calculator

(Personal Protective Equipment (PPE) Burn Rate Calculator | CDC)

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Reinfections

What should I do if I suspect a potential case of reinfection?

Although current understanding of reinfection remains limited, CDC is working with its partners to characterize the clinical features, transmissibility, and immunological profile around reinfection with SARS-CoV-2. Therefore, the guidance remains the same to reinfections as to primary infection with SARS-CoV-2. To further our shared understanding of reinfection, CDC has released the *Investigative Criteria for Suspected Cases of SARS-CoV-2 Reinfection* as well as the *Common Investigation Protocol for Investigating Suspected SARS-CoV-2 Reinfection*. This protocol is to support public health investigations conducted by interested institutions and jurisdictions. Clinicians with available specimens for suspected cases of reinfection meeting the above investigative criteria are also invited to contact CDC at eocevent461@cdc.gov after consulting with their local health department to pursue investigations with CDC support.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#COVID-19-Risk

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Reminder: CDC Guidance

Is a negative test for SARS-CoV-2, the virus that causes COVID-19, required before a hospitalized patient can be discharged to a nursing home?

No. For patients hospitalized with SARS-CoV-2 infection, decisions about discharge from the hospital should be based on their clinical status and the ability of an accepting facility to meet their care needs and adhere to recommended infection prevention and control practices. Decisions about hospital discharge are distinct from decisions about discontinuation of Transmission-Based Precautions.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#COVID-19-Risk

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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**