



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

(Re-purposed from Hand Hygiene HAI webinar)

May 13, 2020

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
 - Any other comments, feedback, suggestions for future topics, etc, please submit via chat
- Slides and recording will be made available later

Agenda

- Upcoming webinars
- Latest CMS, CDC, and IDPH updates
- Open Q & A

Slides and recording will be made available after the session.

IDPH webinars

- **Friday Brief Updates and Open Q&A (1-2 pm):**
 - **5/22:**
<https://illinois.webex.com/illinois/onstage/g.php?MTID=e1f723a533a0753b8a5dfffa4914e4726>
 - **5/29:**
<https://illinois.webex.com/illinois/onstage/g.php?MTID=e3007014ea78f16862cfba3ebc982f771>

Slides and recordings will be made available after the sessions.

NHSN LTCF COVID-19 Module

Are assisted living facilities and sheltered care facilities required to enroll in NHSN?

Do ICF facilities have to report to NHSN?

As a private religious entity with a nursing unit, should we be reporting to NHSN?

- They can only share requirements for **nursing homes**.
- Information pertaining to COVID-19 reporting requirements for nursing homes can be found by accessing CMS Memorandum [QSO-20-29-NH](#).
- Email the DNH Triage Team at DNH_TriageTeam@cms.hhs.gov with additional questions or concerns.

ALL CMS CERTIFIED FACILITIES MUST REPORT

Are facilities **REQUIRED** to enter back data in NHSN

NHSN **STRONGLY SUGGESTS** that if the data is available, facilities enter retrospective data, going back as far as January 1, 2020. They've made 2 different options as to how to enter this.

1. On the first day you enter data, include **all counts known** since 1/1/20 including that days count.
2. On the first day you are ready to enter data, select 1 day before to enter all retrospective counts. Then continue with any additional counts on the day you are entering and continue moving forward daily.

NHSN LTCF COVID-19

Module Reporting

Answer **NO** if any of the following are occurring during the reporting period

- Using alternative PPE such as cloth masks or other types of face coverings, clothing, or other types of covering instead of surgical gowns, or glasses for eye protection.
- Reusing any single use supply items such as gowns or masks
- If additional residents in the next week will need to be placed on precautions, will compromise your PPE supply or additional staff returning to work or visitors and/or contractors will compromise your PPE supply

NHSN LTCF COVID-19 Module

Resources



LONG-TERM CARE FACILITY (LTCF)
ENROLLMENT in LTCF COVID-19 Module

<https://www.cdc.gov/nhsn/ltc/covid19/enroll.html>



LONG-TERM CARE FACILITY (LTCF)
Facility Guide to Using the COVID-19 Module

<https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/fac-guide-covid19-508.pdf>

CMS enforcement related questions can be emailed to the CMS hotline at
dnh_enforcement@cms.hhs.gov

NHSN LTCF COVID-19 Module

TRAINING

COVID-19 Module Overview for LTCFs (slides)

COVID-19 Module Enrollment Guidance for LTCFs (slides)

LIVE Q & A

Topic: LTCFs COVID-19 Live Q & A Session Pt. 4

When: May 14, 2020

Time: 2:00 PM ET

Space is limited. Register in advance for this meeting:

<https://cdc.zoomgov.com/meeting/register/vJlscu2srDsiEglkcW2MxFjkBTLJZ-KwqDg>

Facilities needing temporary registration numbers for NHSN enrollment can get them during these live Q & A's

NHSN Assistance

Telligen can support Nursing Homes with the COVID-19 Module and

- Enrolling facilities and users in NHSN
- *C. difficile* and UTI surveillance and reporting
- Submitting and analyzing data
- How to use the data for monitoring and surveillance in community
- Telligen Contacts:
 - NGriffin@telligen.com
 - LBridwel@telligen.com

CDC – Considerations for Memory Care Units in LTCFs

Infection Prevention and Control (IPC) Guidance for Memory Care Units – select measures

- Dedicate personnel to work only on memory care units when possible and try to keep staffing consistent. Limit personnel on the unit to only those essential for care.
- Continue to provide structured activities, which may need to occur in the resident's room or be scheduled at staggered times throughout the day to maintain social distancing.
- Provide safe ways for residents to continue to be active, such as personnel walking with individual residents around the unit or outside.
- Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel.
- Frequently clean often-touched surfaces in the memory care unit, especially in hallways and common areas where residents and staff spend a lot of time.

Refer to CDC website for complete guidance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>



CDC – Considerations for Memory Care Units in LTCFs

When residents on a memory care unit are suspected or confirmed to have COVID-19

- As it may be challenging to restrict residents to their rooms, [implement universal use of eye protection and N95 or other respirators \(or facemasks if respirators are not available\)](#) for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID-19.
- Consider potential risks and benefits of moving residents out of the memory care unit to a [designated COVID-19 care unit](#).
 - Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of residents and HCP; however,
 - Moving residents with cognitive impairment to new locations within the facility may cause disorientation, anger, and agitation as well as increase risks for other safety concerns such as falls or wandering.
 - Additionally, at the time a resident with COVID-19 or asymptomatic SARS-CoV-2 infection has been identified, other residents and personnel on the unit may have already been exposed or infected, and [additional testing may be needed](#).
 - Facilities may determine that it is safer to maintain care of residents with COVID-19 on the memory unit with dedicated personnel.

CDC – Considerations for Memory Care Units in LTCFs

- If residents with COVID-19 will be moved from the memory care unit
 - Provide information about the move to residents and be prepared to repeat that information as appropriate.
 - Prepare personnel on the receiving unit about the habits and schedule of the person with dementia and try to duplicate it as much as possible.
 - Move familiar objects into the space before introducing the new space to the resident. Familiar objects such as favorite decorations or pictures can help make the person feel more comfortable; this applies to their new surroundings as well if residents are moved to new spaces.

Questions re: Infection Control Guidance

What's the protocol for testing the roommate of COVID positive??

If an Employee or Resident visits an ER, has a medical procedure or is hospitalized for reasons unrelated to Covid, do they need to be isolated when they return to the facility for "possible" Covid contact? If yes, for how long?

IDPH infection control nurses came to my facility and stated that my housekeepers must change mopheads after cleaning each room, not isolation but every room, I have never heard of this, Please advise

Questions re: Infection Control Guidance

Are facilities currently having patients wear masks or only staff?

If a resident test positive for COVID, do all staff then have to be in full PPE or just those caring for the resident in isolation?

If a facility has positive cases, once the 14 days passes can the resident come off the COVID unit without getting retested to confirm they are now negative?

Is it okay to use reusable PPE on patients placed on TBP who tested negative for COVID-19? Can we use one reusable PPE for all patients or 1 set of reusable PPEs for each patient on TBP?

Questions re: Infection Control Guidance

If Emergency Management , local agency, in conjunction with local Public Safety personnel, would have to perform an evacuation due to a fire, facility threat, etc., would the COVID-19 LTC resident have some type of arm/wrist band ID tag for relocation purposes?

Is there any easing of the isolation precautions (no communal dining, no communal activities, no therapy in the therapy gym) for residents in a segregated COVID+ unit? Where every patient is positive for COVID?

If a resident is tested positive and needs to transfer to a COVID room, do you transfer bed, furniture, etc. to new room and is there guidance on how to transfer these items?

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Submit suggestions for future topics, LTCFs best practices, lessons learned via Chat pod to **All Panelists**

Slides and recording will be made available after the session.

Resources

- **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>
- **IDPH LTC guidance [website](#)**
- **CDC LTC guidance [website](#)**