



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

July 22, 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
- CDC guidance updates
 - Discontinuation of transmission-based precautions
 - Return to work for healthcare workers
- Long-term care COVID-19 cases in hotspot states
- FAQ from last week
- 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):

July 31st Friday 1:00 to 2:00 pm

<https://illinois.webex.com/illinois/onstage/g.php?MTID=ef3d3c21f3c32f5a1e972ed616bd5eb0c>

**Webinar series will extend through August.
Registration links will be shared in the near future.**

Slides and recordings will be made available after the sessions.



CDC Updated Guidance

CDC Updated Guidance: HCP Return to Work & Discontinuation of Transmission-Based Precautions - 7/17/2020

- Recent changes include:
 - No longer recommending test-based strategy to discontinue transmission-based precautions (TBP)
 - Recommended duration of TBP for those with severe to critical illness extended to 20 days after symptom onset
 - For symptom-based criteria, changed from "at least 72 hours" to "at least 24 hours" have passed *since last fever* without the use of fever-reducing medications.
 - Summary of current evidence and rationale for these changes is described in a decision memo

Healthcare Provider Return to Work:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Discontinuation of Transmission-Based Precautions:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions

Patients with [mild to moderate illness](#) who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions and Home Isolation may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with [severe to critical illness](#) or who are severely immunocompromised¹:

- At least 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For **severely immunocompromised¹** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Return to Work

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

Updated July 17, 2020

[Print](#)



Summary of Recent Changes as of July 17, 2020

- Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.
- For HCP with [severe to critical illness](#) or who are severely immunocompromised¹, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised¹ HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).
- Other symptom-based criteria were modified as follows:
 - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications
 - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19
- A summary of current evidence and rationale for these changes is described in a [Decision Memo](#).

CASES

- Must be isolated for a minimum of 10 days* after symptom onset and can be released when afebrile (without fever-reducing medication) for at least 24 hours **and** improvement of COVID-19 symptoms
- OR
- If no symptoms, must be isolated for a minimum of 10 days after first positive test for SARS-CoV-2
- OR
- Has 2 negative COVID-19 tests in a row, with testing done at least 24 hours apart

*A test-based strategy is no longer recommended in the majority of cases.
Consult with Infectious Disease MD.*



*A limited number of persons with severe illness or who are severely immunosuppressed may produce replication-competent virus beyond 10 days; this may warrant extending duration of isolation and precautions for **up to 20 days after symptom onset or first positive test (if no symptoms)**.
Consult with the infectious disease physician.

CLOSE CONTACTS¹

- Must be quarantined for 14 days after the last/most recent contact with the case when the case was infectious.
- If a close contact develops symptoms, they should follow isolation rules for cases.

Contact Scenario	Quarantine Period
• Has close contact with someone who has COVID-19 and will not have further close contact	• 14 days from the date of last close contact
• Has close contact with someone who has COVID-19 and lives with the case but can avoid further close contact	• 14 days from when the person with COVID-19 began home isolation
• Is under quarantine and had additional close contact with someone else who has COVID-19	• Restart quarantine from the last day close contact occurred with anyone who has COVID-19. Any time a new household member gets sick with COVID-19 and close contact occurs, quarantine will need to be restarted.
• Lives with someone who has COVID-19 and cannot avoid continued close contact (e.g., shared kitchen/bathroom)	• Quarantine for 14 days after the person who has COVID-19 meets the <u>criteria to end home isolation</u> (above).

¹ For COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.

Guidance for Healthcare Worker Contacts : <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Guidance for Critical Workers in Essential Infrastructure:
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

- Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious HCP to patients, other HCP, and visitors. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP.
 - Minimal to no community transmission of SARS-CoV-2, sufficient resources for contact tracing, and no staffing shortages, risk assessment of exposed HCP and application of work restrictions may be feasible and effective.
 - Moderate to substantial community transmission of SARS-CoV-2, insufficient resources for contact tracing, or staffing shortages, risk assessment of exposed HCP and application of work restrictions may not be possible.

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³</p>	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask⁴ • HCP not wearing eye protection if the person with COVID-19 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 procedure¹ 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

⁴ While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>



Rising Cases in Long-term Care Facilities Are Cause for Concern



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CORONAVIRUS STATISTICS

U.S. Confirmed Cases (7/21): 3.899 million

New U.S. Cases Last Week (7/10 to 7/16): ~458,000

COVID-19 Long-Term Care Deaths (7/9): ~56,143



Coronavirus (COVID-19)

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Rising Cases in Long-term Care Facilities Are Cause for Concern

Priya Chidambaram

Published: Jul 21, 2020



[DATA NOTE](#) | [TABLE](#) | [ENDNOTES](#)

Over the last month, many states have seen a surge of coronavirus cases, particularly in states that have

<https://www.kff.org/report-section/rising-cases-in-long-term-care-facilities-are-cause-for-concern-data-note/>

ALSO OF INTEREST

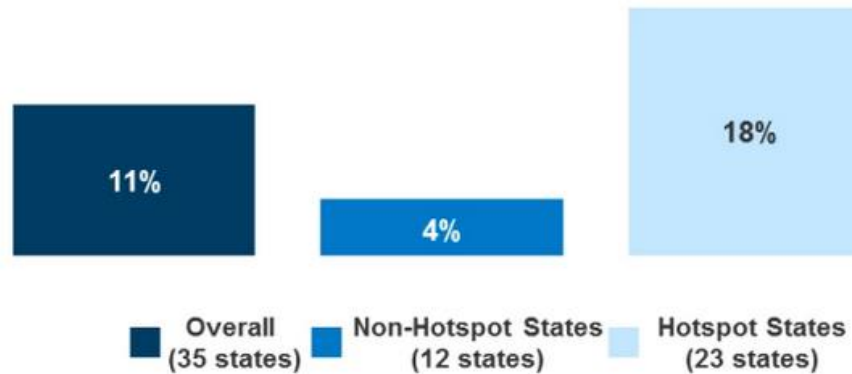
- › Hotspot States See More COVID Cases in Nursing Homes
- › State Data and Policy Actions to Address Coronavirus
- › State Reporting of Cases and Deaths Due to COVID-19 in Long-Term Care Facilities
- › Data Note: How might Coronavirus Affect Residents in Nursing Facilities?



Figure 1

Long-Term Care Coronavirus Cases in Hotspot States Have Increased at over 4x the Rate As Long-term Care Cases in Non-Hotspot States

Average Increase in Cases in Long-Term Care Facilities Over a 14-Day Period Ending July 10th



NOTES: States are categorized as a hotspot based on its categorization as defined in other KFF analysis on the end date of its range.
SOURCE: Long-term care case data, statewide case data, and hotspot data is from State Data and Policy Actions to Address Coronavirus. Data can be accessed here - <https://www.kff.org/coronavirus-covid-19/issue-brief/state-data-and-policy-actions-to-address-coronavirus/>.



Figure 1: Long-Term Care Coronavirus Cases in Hotspot States Have Increased at over 4x the Rate As Long-term Care Cases in Non-Hotspot States

<https://www.kff.org/report-section/rising-cases-in-long-term-care-facilities-are-cause-for-concern-data-note/>

FAQ from last week

- Q: If no new cases in 14 days or 28 days do we stop testing?
 - A: A facility with an outbreak or one case should continue testing until no new cases have been identified over at least 14 days. Some local health departments may choose to extend this to 28 days to align with the definition of an outbreak. Once the outbreak testing is complete, the facility should return to testing staff as outlined in their testing plan.
- Q: If a resident gets tested after being put on quarantine for leaving the facility, can they be taken off of 14 day quarantine early if negative?
 - A: No, you cannot test out of the 14 day observation period.

FAQ from last week

- Q: At what percentage/level of cases in the community would be considered moderate to substantial transmission rate?
 - A: Please consult with your local health department. CDC has a table that you can use to classify community transmission levels.
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>
 - Also refer to the IDPH county metrics page <https://www.dph.illinois.gov/countymetrics>
- Q: Are children allowed for outside visits?
 - A: IDPH did not release age restrictions for outdoor visitation. It is up to the discretion to the facility.

FAQ from last week

- Q: Do you have a documentation or guidance tool to share regarding risk based assessment when determining who would be quarantined after a physician visit outside of the facility?
- Q: Is the recommendation to wear protective eyewear only for facilities in communities with COVID transmission?
- Q: Are facilities allowed to implement rules for those staff traveling out of city/state requiring a 14-day quarantine before returning to work? Or sooner with a proof of a negative COVID test?

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.

Reminder: 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>