LTC COVID-19 Guidance
12/13/22

Monitor Community Transmission
(NOT Community Levels)

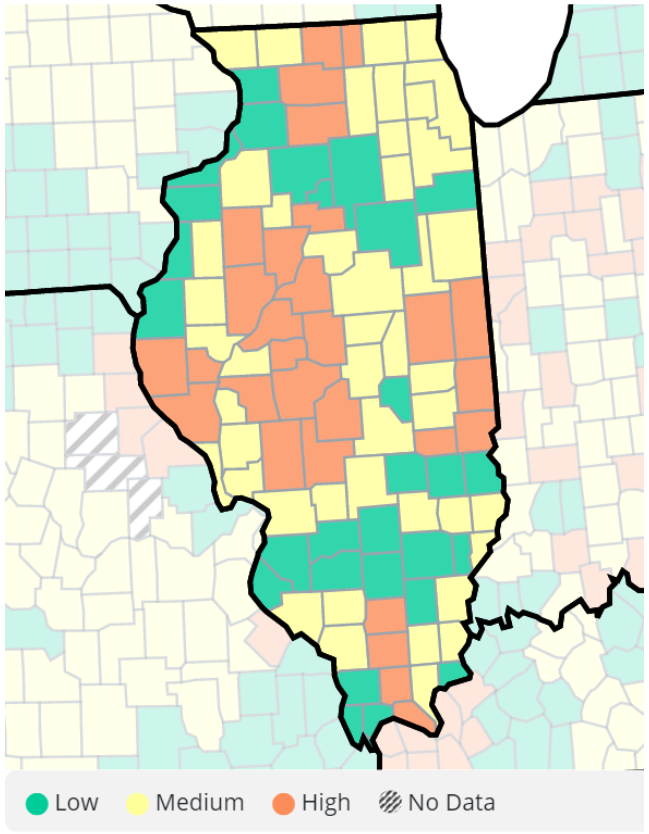
- Facilities should monitor Community Transmission **weekly on Monday** **(suggest documenting for tracking purposes).**

- Once Community Transmission increases, the facility should consider **immediately** implementing more stringent infection prevention measures by HCP during resident care encounters (e.g., universal indoor masking, eye protection, etc.).

- If the Community Transmission level decreases, the facility **should consider following the higher community transmission for at least two weeks before relaxing infection prevention measures.**

COVID-19 Community levels vs Community Transmission

COVID-19 Community Levels in Illinois



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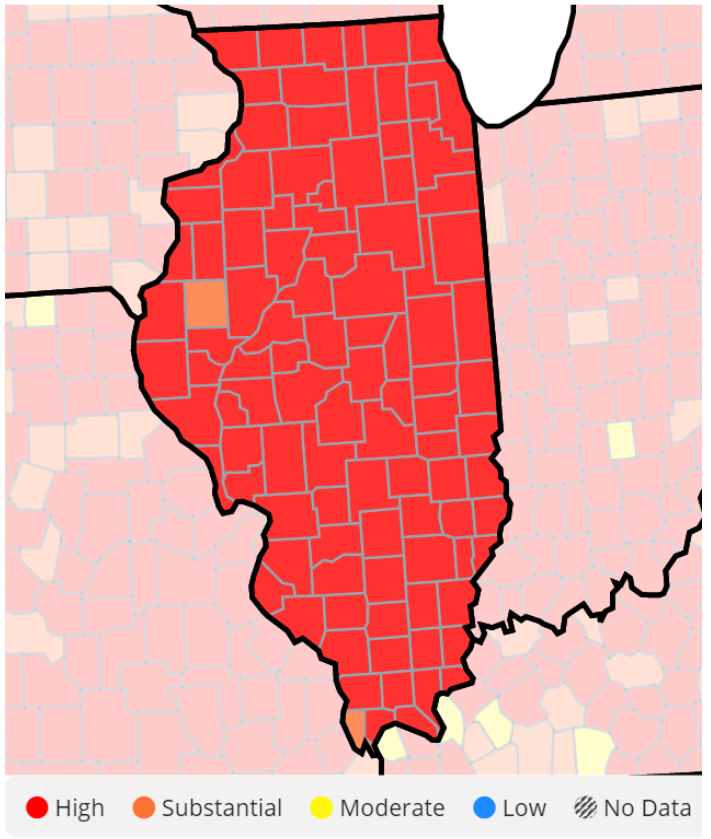
Community Transmission in Illinois



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COVID-19 Community Transmission Now two categories for action

Facilities should monitor Community Transmission and implement select infection prevention and control measures (e.g., universal indoor masking, screening testing for nursing home admissions) based upon levels of SARS-CoV-2 transmission in the community.

Updated CDC recommendations released September 23, 2022, refer to Community Transmission in two distinct categories: **HIGH and NOT HIGH.**

1) **HIGH** (red)

2) **NOT HIGH** includes **SUBSTANTIAL** (orange), **MODERATE** (yellow), and **LOW** (blue) levels of Community Transmission

Screening-Visitors & HCP

- Active screening (e.g., completing screening tool {electronic or paper}, taking temperatures, or directly asking screening questions) before someone enters a facility **is no longer required for visitors and HCP.**
- Instead, facilities **must establish a process to inform** HCP, residents, and visitors of recommended actions to prevent the transmission of COVID-19 by posting visual alerts (e.g., signs, posters) at entrances and other strategic places.
  - These alerts should include instructions about current IPC recommendations (e.g., ***when to wear a mask and when to perform hand hygiene***).

Vaccination Status

While vaccination remains a critical piece of COVID-19 Prevention, Infection Prevention & Control measures (e.g., indoor masking, quarantine, and testing) are no longer tied to the vaccination status of residents and HCP.

Source Control

When SARS-CoV-2 Community Transmission is HIGH, masks are recommended for everyone (including residents) in a healthcare setting when they are in areas of the healthcare facility where they could encounter residents.

HCP could choose not to wear a mask when they are in well-defined ***areas that are restricted from resident access*** (e.g., staff lounge or meeting rooms). Facility policies should define what areas are considered to be well-defined.

When Community Transmission is NOT HIGH, healthcare facilities could choose not to require universal indoor masking except in certain situations. (Refer to IDPH Guidance)

When Community Transmission Levels are HIGH

WEAR A MEDICAL MASK

IN AREAS OF THE FACILITY WHERE YOU MAY **ENCOUNTER RESIDENTS**

(COMMON AREAS, NURSES' STATION, HALLWAYS)

WEAR A MEDICAL MASK & EYE PROTECTION

(I.E., GOGGLES OR A FACE SHIELD THAT COVERS THE FRONT AND SIDES OF THE FACE)

SHOULD BE WORN **DURING ALL RESIDENT CARE**

Note: May need to add eye protection if residents are unable to wear masks when out of their rooms

New Admissions

- Quarantine is no longer necessary regardless of vaccination status
- Admissions in counties where Community Transmission Levels are HIGH should be tested upon admission.
  - Testing is required on day of admission, day 2 and day 4
- Testing new admissions in counties where Community Transmission is (NOT HIGH) is at the discretion of the facility (follow the same guidance above)

Managing Resident Close Contacts

- Quarantine is no longer required regardless of vaccination status
- Are required to test unless within **30 days** of COVID-19 infection
- Three viral tests are now required
  - Day 1 (where day of exposure is day 0), day 3, and day 5
  - For those who have recovered from COVID-19 in the prior 31-90 days, an antigen test (rapid test) instead of a PCR is recommended

Quarantine for Residents following a close contact may be considered when the:

- Resident is unable to be tested or wear a mask as recommended for the 10 days following their exposure.
- Resident is moderately to severely immunocompromised.
- Resident is residing on a unit with others who are moderately to severely immunocompromised.
- Resident is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.

Outbreak Testing

Contact tracing approach: Identify close contacts and test regardless of vaccination status.

- **Require a series of THREE tests: day 1, day 3, and day 5**
- If no additional cases are identified—**no further testing is required**

Broad-based approach: If additional cases are identified expand contact tracing to determine further testing requirements. Use findings from contact tracing to determine if testing should be expanded to all residents and staff **on a unit, department, or the entire facility.**

- Once expanded, a facility should continue to test every 3-7 days until there are no more positive cases identified for 14 days.

No need to test if recovered from COVID-19 in the prior 30 days

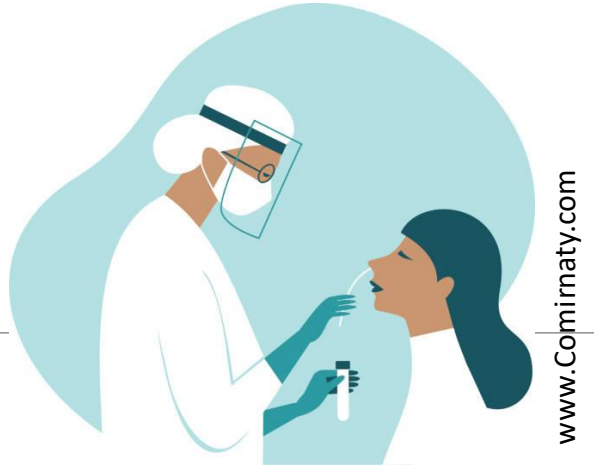
Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test (rapid test) instead of a PCR is recommended.

If a facility is unable to perform contact tracing, they should test all residents and HCP on the affected unit(s) using the broad-based approach.

Dedicated COVID-19 Unit is NOT required

- Facilities are not required to have a dedicated COVID unit unless the number of positive residents would warrant such a unit.
- If residents can be safely managed in the general population, a facility can place a COVID-19 positive resident in a single room with appropriate isolation signage, and staff wearing N95 respirator, eye protection, gown, and gloves upon entry to the room.
- If symptoms recur (e.g., rebound) following isolation, place residents back into isolation until they again meet the healthcare criteria to discontinue TBP infection unless an alternative diagnosis is identified.

Routine Testing HCP



Routine serial testing of HCP who are unvaccinated or not up to date is no longer recommended but may be performed at the discretion of the facility.

If serial testing is performed, refer to IDPH guidance for details

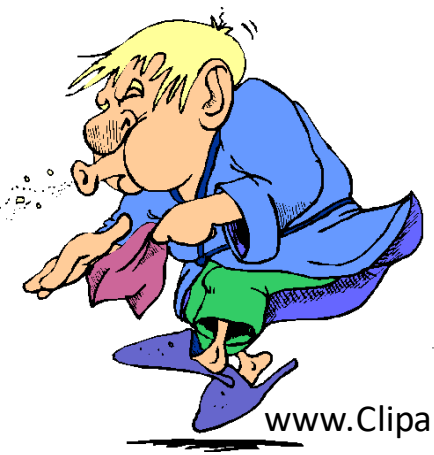
Managing HCP with COVID-19 or following higher risk exposure

- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.
- Ideally staff with COVID-19 should be excluded from work for 10 days. If facilities are in conventional or crisis staffing, and must allow staff to return to work sooner, please refer to the IDPH guidance for additional details.

Other Changes in Revised LTC Guidance

- **Physical distancing** (regardless of vaccination status) is not emphasized in the updated CDC recommendations except for indoor visits when the facility is in outbreak.
  - If indoor visitation is occurring in areas of the facility experiencing transmission, it should ideally occur in the resident's room. The resident and their visitors should wear a mask (if tolerated) and physically distance (if possible) during the visit.
- Elevator restrictions (limiting the number of persons) are no longer needed.
- Live Music/Vocal Performances
  - There is no longer a requirement on the number of individuals who can perform at one time
  - Performers should wear a mask while performing indoors when community transmission levels are HIGH.

Viruses, Viruses, Viruses, OH MY!!



With flu season upon us, facilities should be mindful that SARS-CoV-2 **IS NOT** the only respiratory virus out there!

Good idea to test any resident with symptoms of COVID-19 or influenza for both viruses especially if the facility has an influenza outbreak.

Respiratory viral panels (RVP) should be considered when influenza and COVID-19 are either not suspected or have been ruled out because multiple viruses could be circulating.

Resources

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. September 23, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html

Centers for Disease Control and Prevention. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. September 23, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Centers for Disease Control and Prevention. Strategies to Mitigate Healthcare Personnel Staffing Shortages. September 23, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

For healthcare professionals advising people ***in non-healthcare settings*** about isolation for laboratory-confirmed COVID-19:

Centers for Disease Control and Prevention. Ending Isolation and Precautions for People with COVID-19: Interim Guidance. August 31, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html