6/4/2020 DDD COVID-19 Communication

June 4,2020

Good Afternoon,

I want to take this opportunity to recognize the outstanding amount of work being done by the Illinois Department of Public Health (IDPH) during the COVID-19 pandemic. A huge thanks to Dr. Ezike and her team. I sincerely appreciate the time and careful consideration they have given to the issues that the Division has brought to their attention. They have been great partners during a difficult time.

IDPH GUIDANCE

This week Illinois Department of Human Services (IDHS) Division of Developmental Disabilities (DDD) had the opportunity to seek guidance and clarification from IDPH on few outstanding issues. We hope this communication will provide some further clarity.

Reporting of Positive COVID-19 Cases

- ICF/DDs: IDPH maintains a LTC Facility Outbreaks webpage at https://www.dph.illinois.gov/covid19/long-term-care-facility-outbreaks-covid-19. The data for this site is entered by local health departments, not IDPH. ICF/DD data will continue to be reported on this website. (Note: an outbreak is two or more individuals (residents and/or staff) that have tested positive at a site.)
- CILAs: IDHS DDD has been collecting positive cases through the ISCs. We are planning to post this information on the IDHS COVID-19 website in the coming weeks.

Long Term Care (LTC) Facilities

- IDPH confirmed that ICF/DDs should be considered LTC facilities and should follow LTC guidance. CILA providers are not considered LTC facilities. Note: Some guidance is specifically for those LTC facilities that operate under the Nursing Home Care Act (210 ILCS 45) and 77 Illinois Administrative Code 300, Skilled Nursing and Intermediate Care Facilities Code. ICF/DDs specifically operate under the ID/DD Community Care Act (210 ILCS 47) and 77 Illinois Administrative Code 350, Intermediate Care for the Developmentally Disabled Facilities Code. Please look for such language as you are reviewing IDPH Sirens and other guidance

COVID-19 Testing

- IDPH shared they are putting together a broad testing strategy, with additional vehicles and venues for testing.
    - ICF/DDs: IDPH will incorporate ICF/DD testing into their plan.
    - CILAs: IDPH is exploring all venues to make testing easier for providers of congregate settings, however, as CILAs are not LTC facilities, there may be a different strategy used. (Note: They were clear that if one individual in a CILA environment tests positive, the local health department or contact tracers should be reaching out to advise that the entire home be tested. If this does not occur, please reach out to your local health department. It is important that everyone in the home is tested in these situations.)

Local Health Departments

- IDPH recognizes that many local health departments are not familiar with the broad range of congregate residential and day programs provided to individuals with I/DD. I will have the opportunity to present at an IDPH-organized meeting of all the local health departments in the coming weeks. I will focus on ICF/DDs, CILAs and CDS sites.

Visitation Guidance for ICF/DDs

- IDPH confirmed that ICF/DDs, as LTC facilities, should follow the LTC guidance on visitation. As with nursing homes, no visitation is allowed at ICF/DDs through Phase 3. They will update their guidance as their circumstances evolve.

CILA Guidance

- Below is guidance provided by IDPH specifically for small congregate settings, like CILAs.

Suggested Guidance for Small Congregate Facilities

This guidance is intended for Community Integrated Living Arrangement (CILA) facilities of eight or less, unrelated individuals. These settings are different than long-term care facilities as they:

- May not have immediate access or supply of personal protective equipment (PPE) or other medical provisions.
- Have limited nursing and medical personnel by rule and/or regulation (no 24-hour on-site presence usually).
- Utilize daily support persons (not certified nursing assistants, licensed practical nurses, or registered nurses) to complete caregiver tasks, including the administration of medicine.

General Guidance on Preventing the Spread of COVID-19

- Providers should establish a COVID-19 response plan as to how they will monitor and address positive cases in their facilities. The plan should include specific infection control practices as referenced below. The plan should also include a communication plan for family members, staff, medical/health care professionals, and others as needed to support the residents and keep relevant individuals informed.
- Every resident should be assessed for symptoms and have their temperature checked daily.
- Residents should stay at least 6 feet apart.
- Group gatherings or activities in common spaces should be restricted or suspended.
- Symptomatic residents should immediately be isolated in a room and not allowed to have contact with other residents.
- Symptomatic residents must be frequently monitored by staff for emergent changes to their health status.
- Frequent hand hygiene should be promoted. Hands should be washed often with soap and water for at least 20 seconds. Alcohol-based sanitizing gels with greater than 60% alcohol can also be used when soap and water are not readily available. Do not touch eyes, nose, or mouth with unwashed hands. Staff should perform hand hygiene before and after entering a resident's room.
- Staff should perform temperature and symptoms screenings at the beginning and halfway through their work shift. Staff who are symptomatic or sick should be directed to remain at home or sent home immediately should they become ill at work per IDPH and Centers for Disease Control and Prevention guidelines.
- Staff should thoroughly clean and disinfect all surfaces touched regularly, such as counters/desks, tabletops, and doorknobs. Horizontal and high touch surfaces should be disinfected with a product from EPA List N allowing for appropriate wet contact time. The EPA list can be accessed at: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Additional prevention guidance can be found at:

- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
- https://dph.illinois.gov/covid19/about-covid19.html

COVID-19 Symptoms

- Symptoms may appear 2-14 days after exposure to the virus.
- Residents or staff with the following symptoms or combination of symptoms may have COVID-19:
  - Cough
  - Shortness of breath or difficulty breathing
- Or at least two of these symptoms:

    - Fever
    - Chills
    - Repeated shaking with chills
    - Muscle pain
    - Headache
    - Sore throat
    - New loss of taste or smell
- Symptoms that require medical attention:
    - Difficulty breathing
    - Persistent chest pain or pressure
    - Blue lips or face
    - New onset of confusion
    - Altered consciousness and unconsciousness

Reference CDC and IDPH guidance for additional information on signs and symptoms:

- https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- https://dph.illinois.gov/covid19/about-covid19.html

Personal Protective Equipment (PPE) Use

- Facilities should work with local health departments to determine and to help address facility needs for PPE and/or COVID-19 tests based on the needs of the resident(s).
- To minimize exposure, staff should wear a cloth face mask covering while working with individuals who are not ill. Guidance on the proper use of cloth masks can be found at: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html
- Due to limited access to PPE, conservation is imperative. Medical face masks (including surgical or N95 respirators) should be reserved for use with ill or COVID-19 positive residents.
- Residents should not use medical face masks unless they are COVID-19-positive or assumed to be COVID-19-positive.

Interacting with Symptomatic or COVID-19 Positive Residents

- Residents who are symptomatic or COVID-19 positive should be separated from residents who are COVID-19 negative or have an unknown status.
- Symptomatic individuals should be supported in their own rooms.
- Staff should complete caregiver tasks from 6 feet away or more. Leave food or medication outside a door or 6 feet from the ill resident.
- If staff need to be within 6 feet of a resident who is ill, appropriate PPE (medical face masks, disposable gloves, gowns, goggles, or eye protection) should be worn for contact and droplet precautions when entering the room where the resident is isolated.
- If no gloves or face coverings are available, limit close contact with the resident and, if possible, have the individual cover their mouth with a tissue or cloth. Provide a plastic bag for the direct disposal of tissues after use.
- Staff must frequently monitor the health status of ill residents and alert nursing/medical personnel to any emergent changes to their condition.
- If residents are getting sicker, staff must notify nursing/medical personnel immediately to arrange to have them seen or transported to a hospital.
- Staff should bundle tasks that require close contact to limit encounters with persons who are ill.
- Residents with COVID-19 or COVID-19-like illness can be removed from isolation (separation) when they have been evaluated either in person or via telemedicine, and cleared by their provider, and they meet ALL the following requirements:

    - The resident is free from fever for at least 72 hours without the use of fever-reducing medication.
    - Other symptoms, such as cough or shortness of breath, have improved.
    - It has been at least 10 days since symptoms first appeared.

Staffing and Support

- Consistent staff should be assigned to residents regardless of their symptoms or COVID-19 status to decrease the number of different staff interacting with each resident. This practice can enhance staff's familiarity with their assigned residents and help them detect emerging condition changes that unfamiliar staff may not notice.
- If possible, staff should reduce face-to-face interactions with residents. Interactions should be remote - either by phone, intercom, or video as available - and written information should be delivered by sliding the documents under residents' doors.
- If face-to-face interaction is needed for residents who are not ill or have confirmed COVID-19 negative test results, staff should still wear cloth face coverings or remain at least 6 feet from residents (as feasible).

Symptomatic or COVID-19 Positive Staff

- Staff in close contact with ill residents should monitor their health for signs or symptoms of fever, a new cough, or new shortness of breath. If that occurs, the staff member should immediately stop working with residents and be sent home.
- Symptomatic or COVID-19 positive staff should remain home throughout the duration of their illness.
- Staff who develop symptoms while at the facility should leave immediately and remain home for the full course of their illness. They should wear a face covering and avoid other people as much as possible while traveling home.
- Symptomatic or COVID-19 positive staff should not return to work until ALL the following are true:
    - They have had no fever for at least 72 hours without the use of medicine that reduces fever.
    - Symptoms, such as cough or shortness of breath, and overall condition have improved.
    - At least 10 days have passed since symptoms first appeared.

Be well. We know you're doing your best. Hang in there. We're in this together.

Warmly,

Allison