



COVID-19 Chicago Long Term Care Roundtable

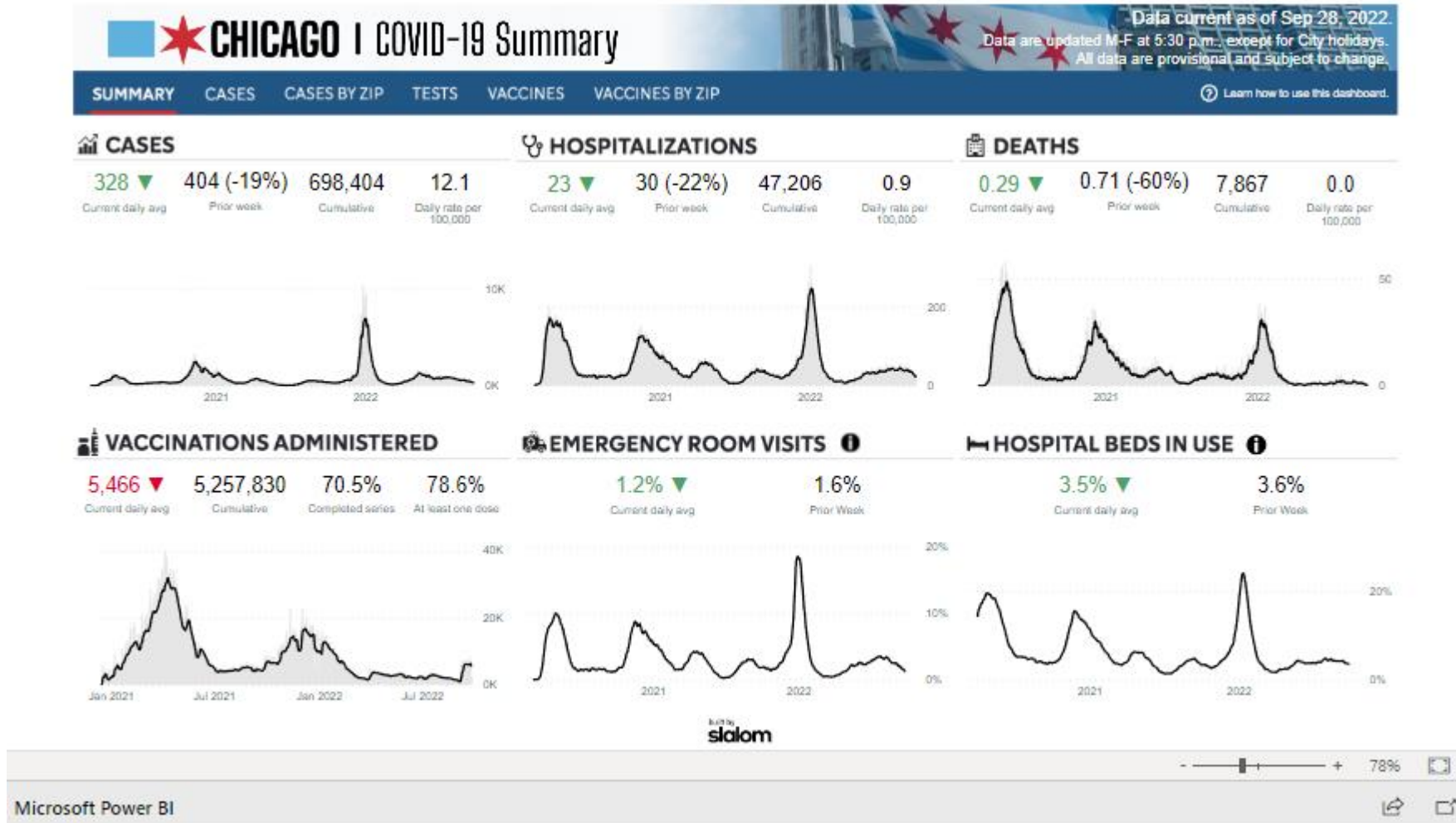
09-29-2022



Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Updated LTCF HAN Webpage
- Transmission-Based Precautions (TBP)
- Questions & Answers

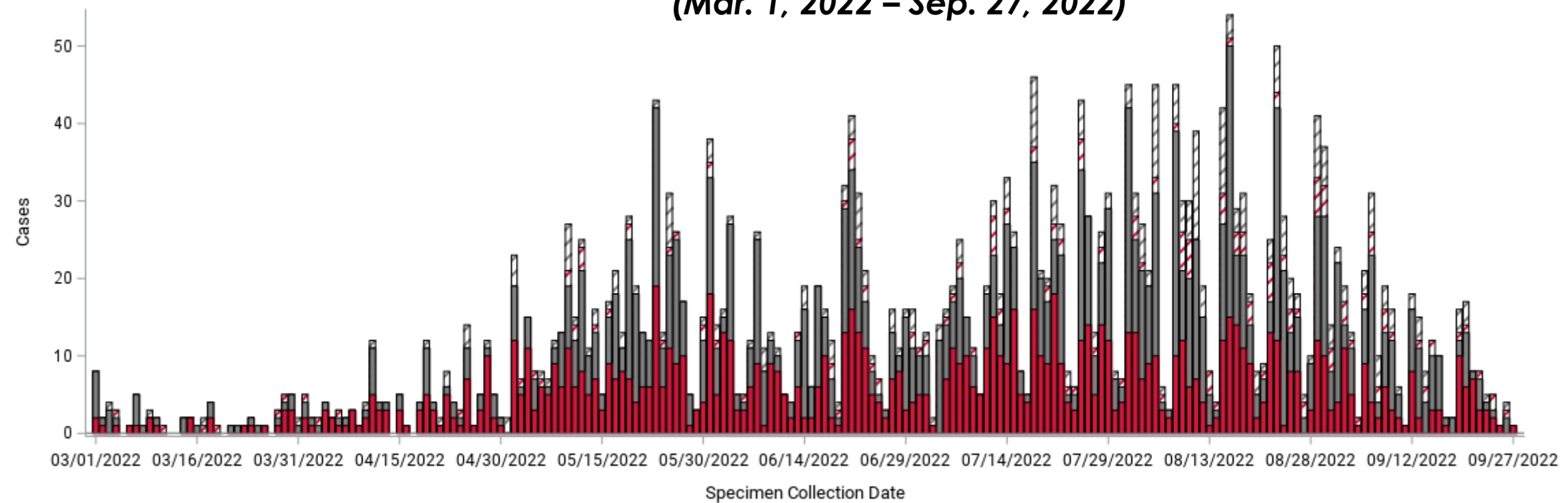
Chicago Dashboard





Small Decrease in Skilled Nursing Home Cases

(Mar. 1, 2022 – Sep. 27, 2022)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

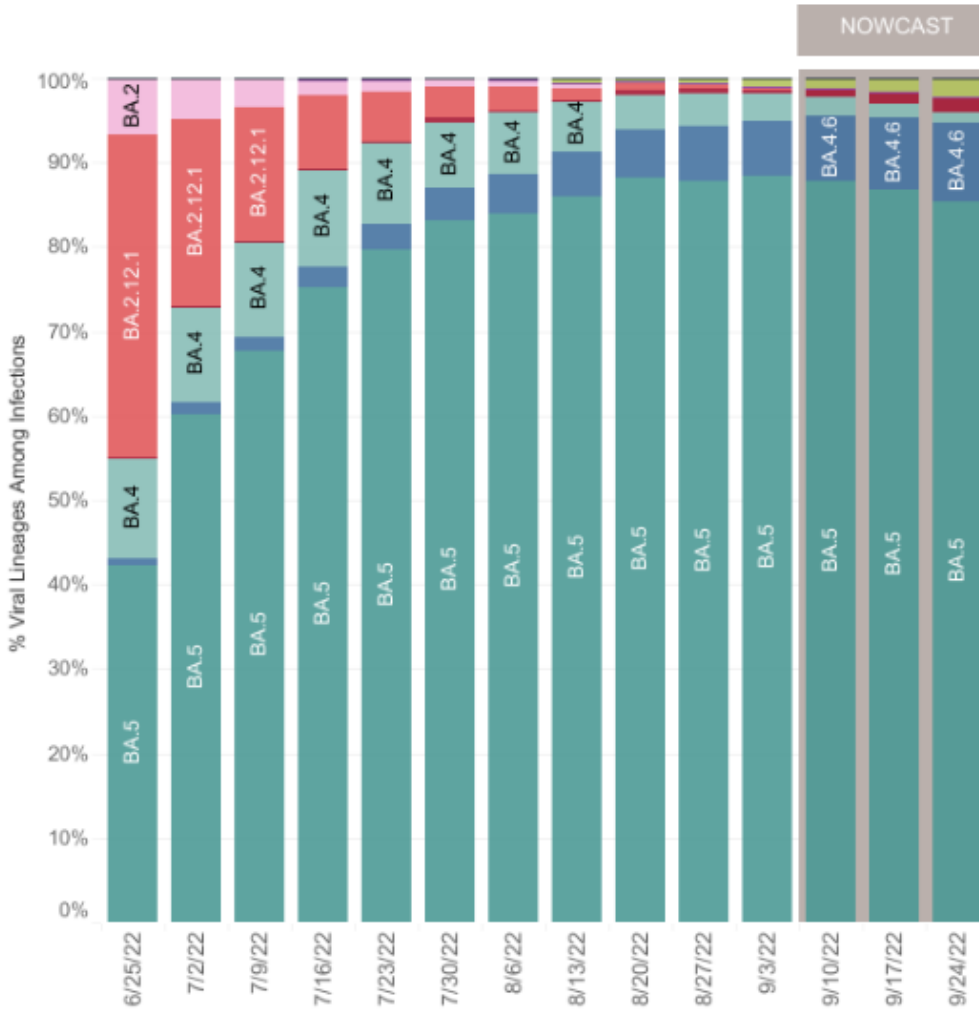
56 (71%) SNFs have active outbreaks

COVID-19 Variant Proportions



HHS Region 5: 6/19/2022 – 9/24/2022

HHS Region 5: 9/18/2022 – 9/24/2022 NOWCAST



Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	85.4%	82.8-87.7%
	BA.4.6	VOC	9.3%	7.5-11.3%
	BF.7	VOC	2.3%	1.4-3.6%
	BA.2.75	VOC	1.7%	1.2-2.5%
	BA.4	VOC	1.3%	1.2-1.5%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, sublineages of BA.5 are aggregated to BA.5.

★ Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

Note: Community transmission levels will now be updated weekly

CDC COVID Data Tracker: Cook County



Cook County, Illinois

[State Health Department](#)

COVID-19 Community Level

Recommended actions based on current level

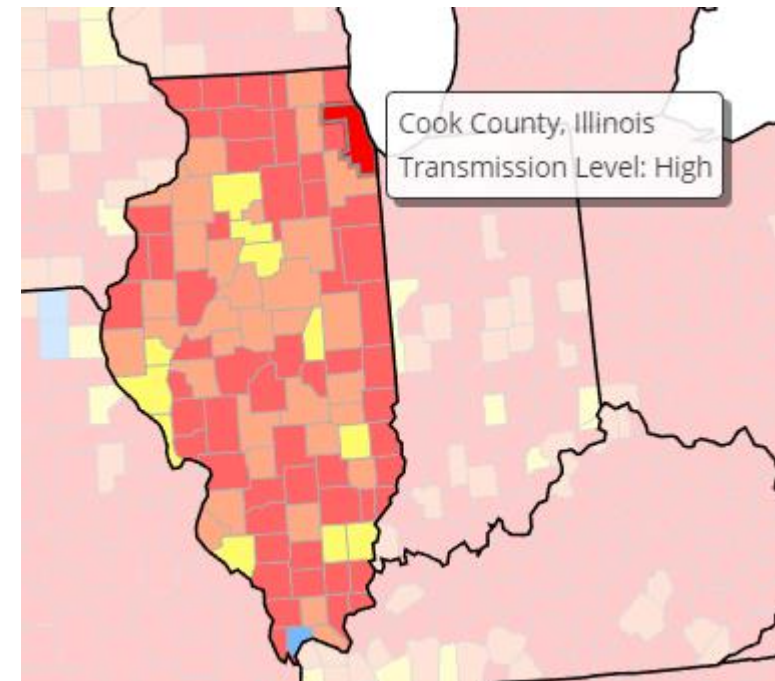
Stay [up to date](#) with COVID-19 vaccines. [Get tested](#) if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on [public transportation](#). You may choose to wear a mask at any time as an additional precaution to protect yourself and others.

Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	116.07
New COVID-19 admissions per 100,000 population	9.6
% Staffed inpatient beds in use by patients with confirmed COVID-19	3.8%

[How are COVID-19 Community Levels calculated?](#)

*Note: The COVID-19 Community Level and associated metrics presented above are updated weekly on **Thursday** and may differ from the values for the same metrics presented below, which are updated daily.*





Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date*	High	2x a week - Future state TBD
	Substantial	2x a week - Future state TBD
	Moderate	1x a week - Future state TBD
	Low	No required routine testing*
Up to date	All	No required routine testing*

Based on Illinois Executive Order and related Emergency Rules

* An individual has not received all COVID-19 vaccinations for which they are eligible

** Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.



Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Community Transmission Level	Routine Testing Frequency
Unvaccinated*	All	No required routine testing**
Partially vaccinated*	All	No required routine testing**
Vaccinated but not up to date*	All	No required routine testing**
Up to date*	All	No required routine testing**
New and readmissions, regardless of vaccination status	Low & Moderate	No required routine testing**
New and readmissions, regardless of vaccination status***	Substantial & High	Currently upon admission and 5-7 days; Future state TBD

*Excluding new/readmissions when community transmission is substantial or high

**Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

***Unless COVID+ within the prior **30 days**

★ Testing of Symptomatic Residents

- If a symptomatic individual has a negative NAAT (e.g., PCR) test, that is generally sufficient to determine that the individual likely does not have a current SARS-CoV-2 infection
 - If a higher level of clinical suspicion for SARS-CoV-2 infection exists (e.g., recently exposed to a positive roommate), consider...confirming with a second negative NAAT (e.g., PCR)
 - Should assess for other infections (e.g., influenza) and determine whether Transmission-Based Precautions should be continued based on the alternate diagnosis and/or symptom resolution
- If a symptomatic individual has a negative antigen test, you should confirm with either a negative NAAT (e.g., PCR) test or a second negative antigen test taken 48 hours after the first negative test

★ Update: CDC Infection Prevention & Control (IPC) Guidance


- On September 23rd, CDC released updated COVID-19 IPC guidance.
- Nursing home specific guidance is located under section 3 (“Setting-specific considerations”)

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Sept. 23, 2022 [Print](#)

For healthcare personnel, see [Isolation and work restriction guidance](#). For strategies to mitigate healthcare personnel staffing shortages, see [Contingency and crisis management](#). For healthcare professionals advising people in non-healthcare settings about isolation for laboratory-confirmed COVID-19, see [Ending Isolation and Precautions for People with COVID-19](#).

Summary of Recent Changes

Updates as of September 23, 2022 

- Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations
- Updated circumstances when use of source control is recommended
- Updated circumstances when universal use of personal protective equipment should be considered

Updated: CDC IPC Guidance

- Guidance updates include but are not limited to:
 - Vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations
 - Circumstances of where source control and universal use of PPE should be considered
 - Recommendations for testing frequency and risk of false negative antigen tests in people who are asymptomatic
 - Screening of asymptomatic health care personnel
 - Quarantine/work exclusion for asymptomatic exposed individuals

★ Updated QSO Memos

- Revised memo on testing (QSO-20-38-NH) released on 9/23/22.
 - Updated guidance for staff testing
 - Changed testing holiday from 90 days to 30 days following a previous COVID infection
- Revised memo on visitation (QSO-20-39-NH) released on 9/23/22.
 - Updated guidance for face coverings
 - Removed vaccination status from guidance

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020 Ref: QSO-20-38-NH
REVISED 09/23/2022

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements**

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents**. Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.
- *Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.*
- *Updated recommendations for testing individuals who have recovered from COVID-19.*

★ Updated QSO Memo

- New memo (QSO-22-25-CLIA) rescinding use of SARS-CoV-2 tests on asymptomatic individuals outside of the test's instructions for use
- "CLIA surveyors will cite a facility if it performs SARS-CoV-2 molecular and antigen POC tests on asymptomatic individuals outside of the test's authorization."
- Laboratories will be given 30 days from the issue date to come into compliance.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-25-CLIA

DATE: September 26th, 2022
TO: State Survey Agency Directors
FROM: Director, Quality, Safety & Oversight Group (QSOG)
SUBJECT: CMS Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use

Memorandum Summary

CMS is issuing this memorandum to rescind the December 7, 2020 guidance regarding the enforcement discretion under CLIA for the use of tests for SARS-CoV-2 on asymptomatic individuals outside of the test's authorization, when an Emergency Use Authorization has been granted by the FDA.

EFFECTIVE IMMEDIATELY:

- CMS is rescinding the enforcement discretion that allowed Certificate of Waiver labs to perform SARS-CoV-2 molecular and antigen Point of Care (POC) tests on asymptomatic individuals outside of the test's authorization.
- CMS is also rescinding the enforcement discretion that allowed non-waived labs to perform SARS-CoV-2 molecular and antigen tests on asymptomatic individuals outside of the test's authorization without establishing performance specifications.
- All CLIA certified laboratories are required to follow the manufacturer's instructions for use with regards to the intended use for SARS-CoV-2.
- In order to use any test for SARS-CoV-2 outside of the test's authorization, a laboratory must be a high-complexity laboratory.
- In addition, the laboratory must establish performance specifications as required by the CLIA regulations at 42 CFR 493.1253 before reporting patient test results.

★ Example: BinaxNow COVID-19 Ag Card

- “Intended for... individuals suspected of COVID-19 by their healthcare providers within the first seven days of symptom onset.”

BINAXNOW COVID-19 AG CARD (PN 195-000) – INSTRUCTIONS FOR USE

BinaxNOW™ COVID-19 Ag CARD

For Use Under an Emergency Use Authorization (EUA) Only

For use with nasal swab specimens

For *in vitro* Use Only

Rx Only

INTENDED USE

The BinaxNOW™ COVID-19 Ag Card is a lateral flow immunoassay intended for the qualitative detection of nucleocapsid protein antigen from SARS-CoV-2 in direct anterior nasal (nares) swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven days of symptom onset. Testing is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet the requirements to perform moderate, high or waived complexity tests. This test is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

Source:

<https://www.fda.gov/media/141570/download#:~:text=Firmly%20sample%20the%20nasal%20wall,collection%20in%20the%20other%20nostril.>

★ Example: iHealth Pro

- “Qualitative detection of SARS-CoV-2... from individuals who are suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset or from individuals without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours and no more than 48 hours between tests”



January 14, 2022

Jack Feng
iHealth Labs, Inc.
120 San Lucar Ct.
Sunnyvale, CA 94086

Device:	iHealth COVID-19 Antigen Rapid Test Pro
EUA Number:	EUA210536
Company:	iHealth Labs, Inc.
Indication:	Qualitative detection of SARS-CoV-2 nucleocapsid antigens from direct anterior nasal swab samples from individuals who are suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset or from individuals without symptoms or other epidemiological reasons to suspect COVID-19 when tested twice over three days with at least 24 hours and no more than 48 hours between tests. Emergency use of this test is limited to authorized laboratories.



Important Notes about Guidance Updates

- IDPH is working hard to determine how these new updates impact current state regulations and how to best align CDC, CMS, and IDPH guidance.
 - IDPH is having a webinar tomorrow from 1:00 – 2:00 p.m. ([Registration link](#))
- If possible, hold off on implementing any of the less restrictive changes (e.g., unmasking in non-patient care areas, discontinuing asymptomatic staff testing) until further direction from IDPH
- Should start to pull existing policies and compare to the updated CMS/CDC guidance to see where changes may need to be made
- Still waiting for CDC guidance on high-risk congregate settings (e.g., Assisted Living, Supportive Living, Group Homes).



Important Notes about Guidance Updates

- Once IDPH updates their guidance, CDPH will update our guidance accordingly.
- Our team is available to answer any questions as we navigate these changes together.

★ Reminder: Bivalent Booster Clinics

- If you have not already scheduled a bivalent booster clinic with your vaccine provider, please do so ASAP
- E-mail Christy.Zelinski@cityofchicago.org if your vaccine provider is not able to schedule a clinic due to lack of vaccine supply or personnel



FAQ: I have an unvaccinated resident who is now interested in being vaccinated. Can they get the bivalent booster?

- No, an individual must complete the primary series before they are eligible for the bivalent booster
 - Must wait at least 2 months after the completion of the primary series to get the bivalent booster



FAQ: A new resident got the bivalent booster the day before admission. Do we need to quarantine them?

- No, someone is considered “up to date” as soon as they receive the most recent shot for which they are eligible



FAQ: One of our staff members wants to get vaccinated at a community pharmacy. Do they have to specifically request the bivalent booster?

- No, the monovalent booster is no longer authorized for individuals over the age of 12.
- All boosters given to those 12+ will be the bivalent booster.



Updated Chicago HAN LTCF Website



Long-term Care Facilities (LTCF) | chicagohan.org/ltcf

CHI | Health Alert Network

Home Diseases & Conditions COVID-19 COVID-19 Vaccine Programs Data & Resources About Us

Long-Term Care Facilities (LTCFs)

HAN Home > Programs > Long-term Care Facilities (LTCFs)

Overview -
Resources below aim to provide interim guidance for the prevention and control of COVID-19 in LTCFs.
Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death.
Join the CDPH SNF Team for the COVID-19 Roundtable webinars to learn about any updates related to COVID-19, see side bar for dates and times.

Federal/State Guidance Documents +

COVID Data & Reporting +

Testing +

Evaluating And Managing Staff And Residents +

Visitation & Resident Activities +

Personal Protective Equipment +

LTCF Reporting

How To Report COVID-19 Cases To CDPH:

****NEW** Updated CDPH SNF Case Report Form**

1. Report lab-confirmed resident and staff cases within 24 hours.
2. Facilities with no new cases must report at least once a week, by Thursday 12 pm (Noon).
3. Effective immediately facilities should not longer submit weekly facility summary reports, enter cases in the Case & Cluster form, or enter cases into the Breakthrough Case Report Form.

Upcoming Events

[View All](#)

09/29/2022 at 1:30 pm - 2:30 pm cst
COVID-19 Chicago Long Term Care Roundtable Webinar - Sept 29 2022

Visit our website at: <https://www.chicagohan.org/ltcf>

★ Find Resources and Links

Each tab contains documents and links related to several topics:

- Federal/State Guidance Documents
- COVID Data Reporting
- Testing Guidance
- Evaluating and Managing Staff and Residents
- Visitation and Residents Activities
- Personal Protective Equipment
- Vaccinations
- Therapeutics
- EVS/Housekeeping
- Hand Hygiene
- Travel
- Staff Training

The screenshot shows a web browser window displaying the 'Long-term Care Facilities (LTCFs)' page on the Chicago Health and Human Services website. The page has a dark blue header with the title 'Long-Term Care Facilities (LTCFs)'. Below the header is a navigation menu with tabs for 'Overview', 'Federal/State Guidance Documents', 'COVID Data & Reporting', 'Testing', 'Evaluating And Managing Staff And Residents', 'Visitation & Resident Activities', 'Personal Protective Equipment', 'Vaccinations', 'Therapeutics', 'EVS/Housekeeping', and 'Hand Hygiene'. A red arrow points from the text on the left to the 'Federal/State Guidance Documents' tab. The right sidebar contains sections for 'LTCF Reporting' with instructions on how to report COVID-19 cases to CDPH, and 'Upcoming Events' featuring a webinar on Sept 29, 2022.

LTCF Reporting and Upcoming Events Section

The screenshot shows the website chicagohan.org/ltof. The main navigation bar includes Home, Diseases & Conditions, COVID-19, COVID-19 Vaccine, Programs, Data & Resources, and About Us. The page title is "Long-Term Care Facilities (LTCFs)". A left sidebar contains a list of categories with expandable plus signs: Overview, Federal/State Guidance Documents, COVID Data & Reporting, Testing, Evaluating And Managing Staff And Residents, Visitation & Resident Activities, Personal Protective Equipment, Vaccinations, Therapeutics, EVS/Housekeeping, and Hand Hygiene. The main content area features a "LTCF Reporting" section with the heading "How To Report COVID-19 Cases To CDPH:" and a link to a "CDPH_SNF Case Report Form". Below this is a list of instructions: 1. Report lab-confirmed resident and staff cases within 24 hours. 2. Facilities with no new cases must report at least once a week, by Thursday 12 pm (Noon). 3. Effective immediately facilities should not longer submit weekly facility summary reports, enter cases in the Case & Cluster form, or enter cases into the Breakthrough Case Report Form. Below the reporting section is an "Upcoming Events" section with a "View All" link. A specific event is listed: "09/29/2022 at 1:30 pm - 2:30 pm est COVID-19 Chicago Long Term Care Roundtable Webinar - Sept 29, 2022 CDPH Webinar" with a "JOIN >" button. Two red arrows point from the text on the right to the "LTCF Reporting" and "Upcoming Events" sections.

- Link to the Case Report form- report all lab-confirmed resident and staff cases
- Find invites for:
 - CDPH roundtable webinar
 - IDPH COVID-19 and HAI Updates webinar registration link
 - Project Firstline Webinar
 - CDC related webinars
 - Click "View All" to see previous events



Transmission-Based Precautions Scenarios

Scenario 1

- A resident from your 2nd floor complains of body aches and fever for two days. Her PCR COVID test is pending but her rapid test is positive.

TBP Poll Question 1

What PPE is required for the transmission-based precautions in scenario 1?

- a) Gloves only
- b) Gloves and Gown
- c) N95 Mask
- d) Gloves , Gown, N95 and Eye protection

★ Answer

D) Gloves , Gown, N95 and Eye protection

DROPLET/CONTACT PLUS* PRECAUTIONS



VISITORS: Please report to nursing staff before entering



Everyone MUST clean their hands before entering and when leaving room

Staff wear:

- **N95 respirator**
- Eye protection (face shield or goggles)
- Gown and Gloves
- Single room recommended

For Aerosol Generating Medical Procedures (AGMPs)

- N95 respirator required during AGMP and until settle time is achieved
- Eye protection
- Gown and gloves
- Place patient in a room with hard walls and door; ensure the door is closed
- If available, place patient in negative pressure room or Airborne Infection Isolation Room (AIIR)



Important Note

- For the following scenarios, imagine that Cook County is experiencing low COVID-19 community transmission and your facility is not currently experiencing a COVID outbreak

Scenario 2

- You are a nurse working on the 3rd floor and a resident reports of cough with blood-streaked sputum for almost two months with night sweats and an unintended 20-lb weight loss. You suspect tuberculosis (TB).



TBP Poll Question 2

What type of precautions would be appropriate for Scenario 2?

- a) Contact
- b) Droplet
- c) Airborne
- d) Contact & Droplet
- e) Enhanced Barrier Precautions

 **Answer**

C) Airborne

Residents with suspected or confirmed tuberculosis should be placed in airborne precautions, ideally in an airborne infection isolation room (AIIR)

TBP Poll Question 3

What PPE is required for airborne isolation?

- a) Gloves only
- b) Gloves and Gown
- c) N95 Mask
- d) Gloves , Gown, N95 and Eye protection

★ Answer

c) N95 mask

- Airborne isolation requires the use of a fit-tested N95 or higher-level respirator



STOP AIRBORNE PRECAUTIONS **STOP**

EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.
-  Put on a fit-tested N-95 or higher level respirator before room entry.
-  Remove respirator after exiting the room and closing the door.
-  Door to room must remain closed.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Scenario 3:

- A 75 year-old male resident with trach and vent on one of your floors has a large draining wound on his hip that's difficult to keep covered and draining onto his linens. The resident has a history of Candida auris.

TBP Poll Question 4

What type of transmission-based precautions should this resident be placed into?

- a) Contact
- b) Droplet
- c) Airborne
- d) Contact & Droplet
- e) Enhanced Barrier Precautions



Answer

A) Contact Precautions

- All residents infected or colonized with a MDRO should be placed on contact precautions in any of the following situations:
 - Presence of acute diarrhea
 - Draining wounds
 - Other sites of secretions or excretions that are unable to be covered or contained

TBP Poll Question 5

What PPE is required for contact precautions?

- a) Gloves only
- b) Gloves and Gown
- c) N95 Mask
- d) N95 Mask with eye protection
- e) Surgical Mask with eye protection

★ Answer

B) Gloves and a gown are required for contact precautions.

- Note that gowns and gloves should be donned and doffed for each individual entry into the patient's room and should never be used for multiple residents or reused.



Scenario 4:

- A resident has an indwelling urinary catheter. The resident does not have any wounds, diarrhea, or other site secretions or excretions that are unable to be covered or contained.

TBP Poll Question 6

What type of transmission-based precautions should be used for this resident?

- a) Contact
- b) Droplet
- c) Airborne
- d) Contact & Droplet
- e) Enhanced Barrier Precautions



Answer

e) Enhanced Barrier Precautions

Enhanced Barrier Precautions should be used during high-contact resident care activities for residents known to be colonized or infected with an MDRO **OR** those at an increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).

★ TBP Poll Question 7

What PPE is required when bathing the resident in scenario 4?

- a) Gloves only
- b) Gloves and Gown
- c) N95 Mask
- d) N95 Mask with eye protection
- e) Surgical Mask with eye protection

★ Answer

b) Gloves and Gown

- Enhanced Barrier Precautions require the use of gown and gloves only for high-contact resident care activities (unless otherwise indicated as part of Standard Precautions). Residents are not restricted to their rooms and do not require placement in a private room. Enhanced Barrier Precautions also allow residents to participate in group activities.



STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 **Wear gloves and a gown for the following High-Contact Resident Care Activities.**
Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting

 **Device care or use:**
central line, urinary catheter, feeding tube, tracheostomy
Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

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Centers for Disease Control and Prevention

★ Transmission-Based Precautions

TBP Type	Gloves	Gown	Mask	N95 or higher respirator	Eye protection
Contact Precautions	X	X			
Droplet Precautions			X		X
Airborne Precautions				X	
Enhanced Barrier precautions	X	X			
COVID precautions	X	X		X	X



Questions & Answers

A special thanks to:

CDPH HAI SNF Team:

Dr. Stephanie Black
Shannon Xydis
Hira Adil
Liz Shane
Winter Viverette
Stephanie Villarreal
Kelly Walblay
Christy Zelinski
Anudeep Dharkar
Nisreen Droubi
Leirah Jordan
Matthew Mondlock
Brittney Pitchford
Tasa Procter
Michelle Gardner

**For additional resources and upcoming events,
please visit the CDPH LTCF HAN page at:**
<https://www.chicagohan.org/covid-19/LTCF>