CHICAGO

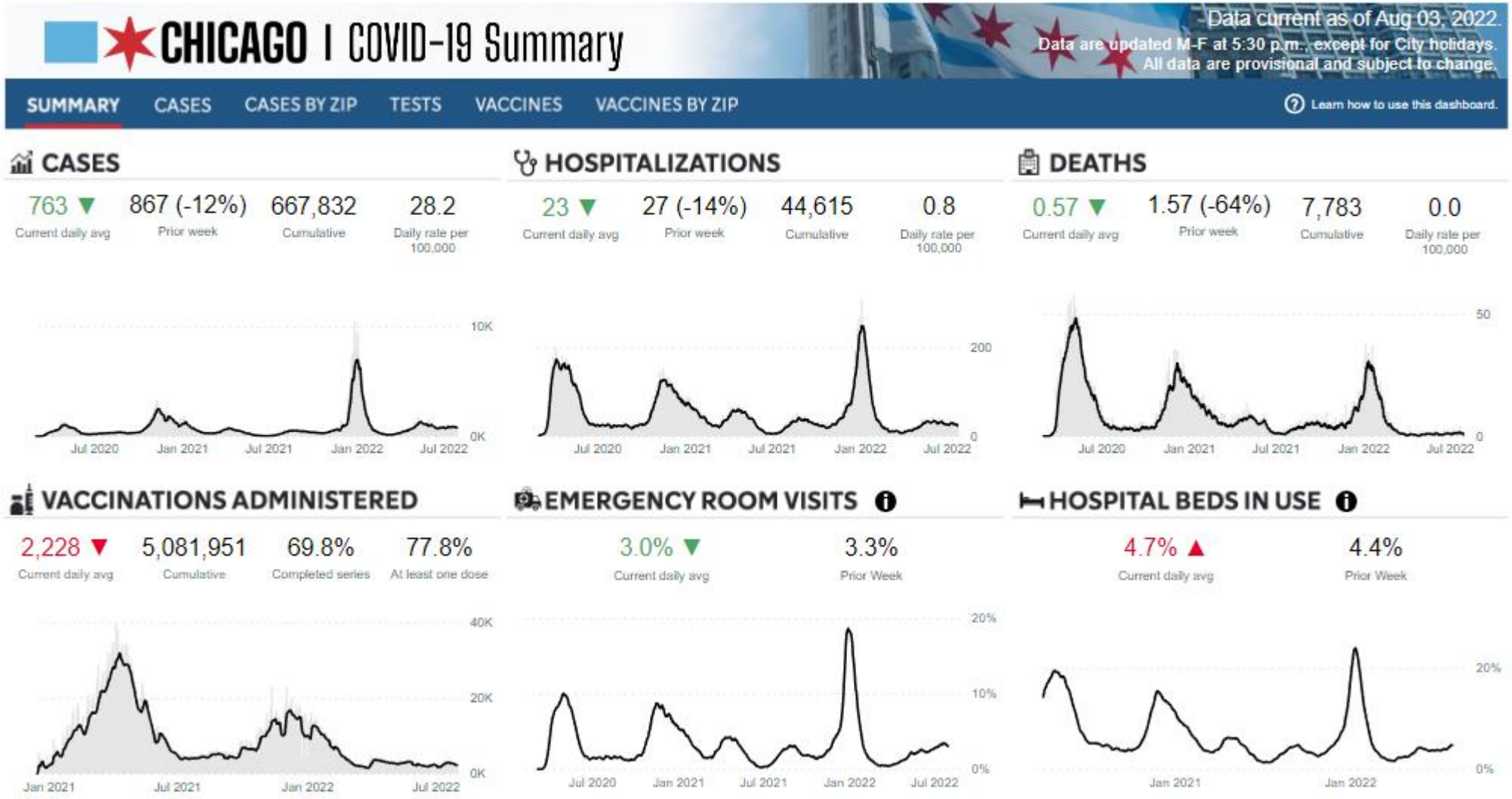
COVID-19
Chicago Long Term Care Roundtable

08-04-2022

Agenda

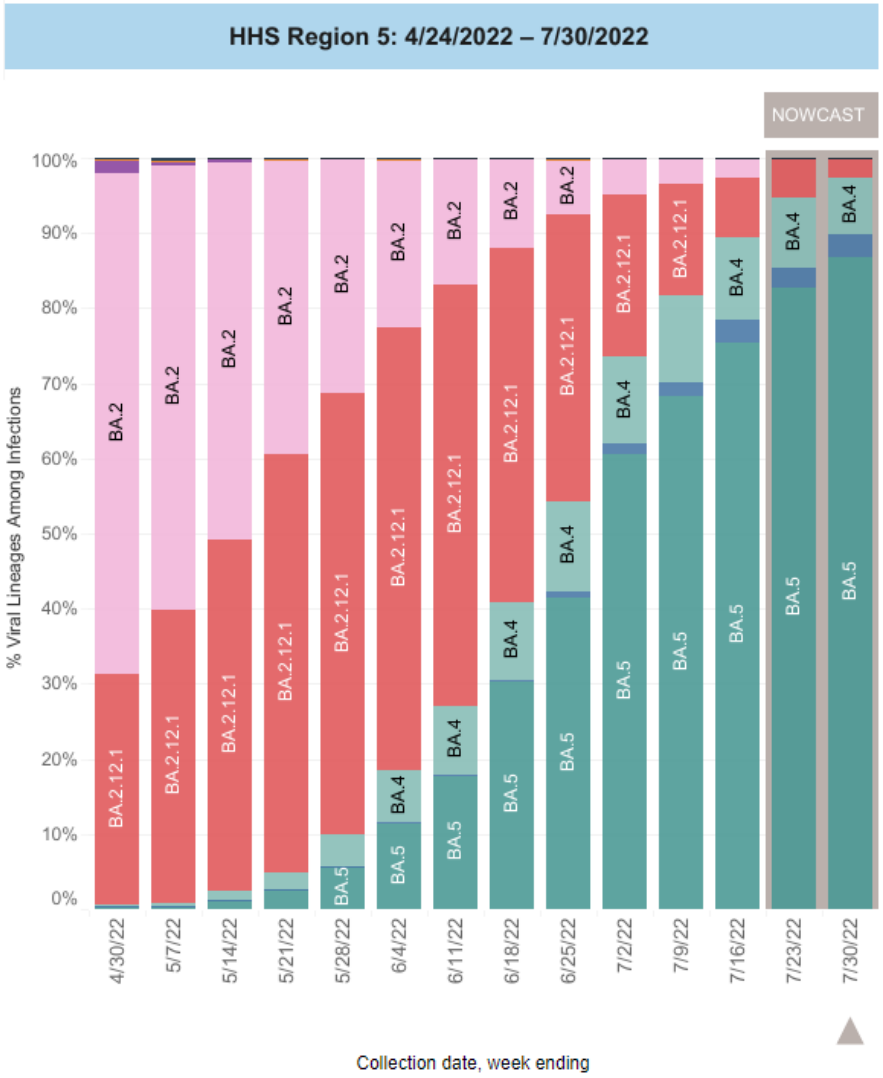
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Enhanced Barrier Precaution FAQs
- Questions & Answers

Chicago Dashboard



Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

COVID-19 Variant Proportions



HHS Region 5: 7/24/2022 – 7/30/2022 NOWCAST

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

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	86.8%	85.5-88.0%
	BA.4	VOC	7.5%	6.4-8.8%
	BA.4.6	VOC	3.0%	2.2-4.2%
	BA.2.12.1	VOC	2.6%	2.3-2.9%
	BA.2	VOC	0.1%	0.1-0.1%
	B.1.1.529	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%

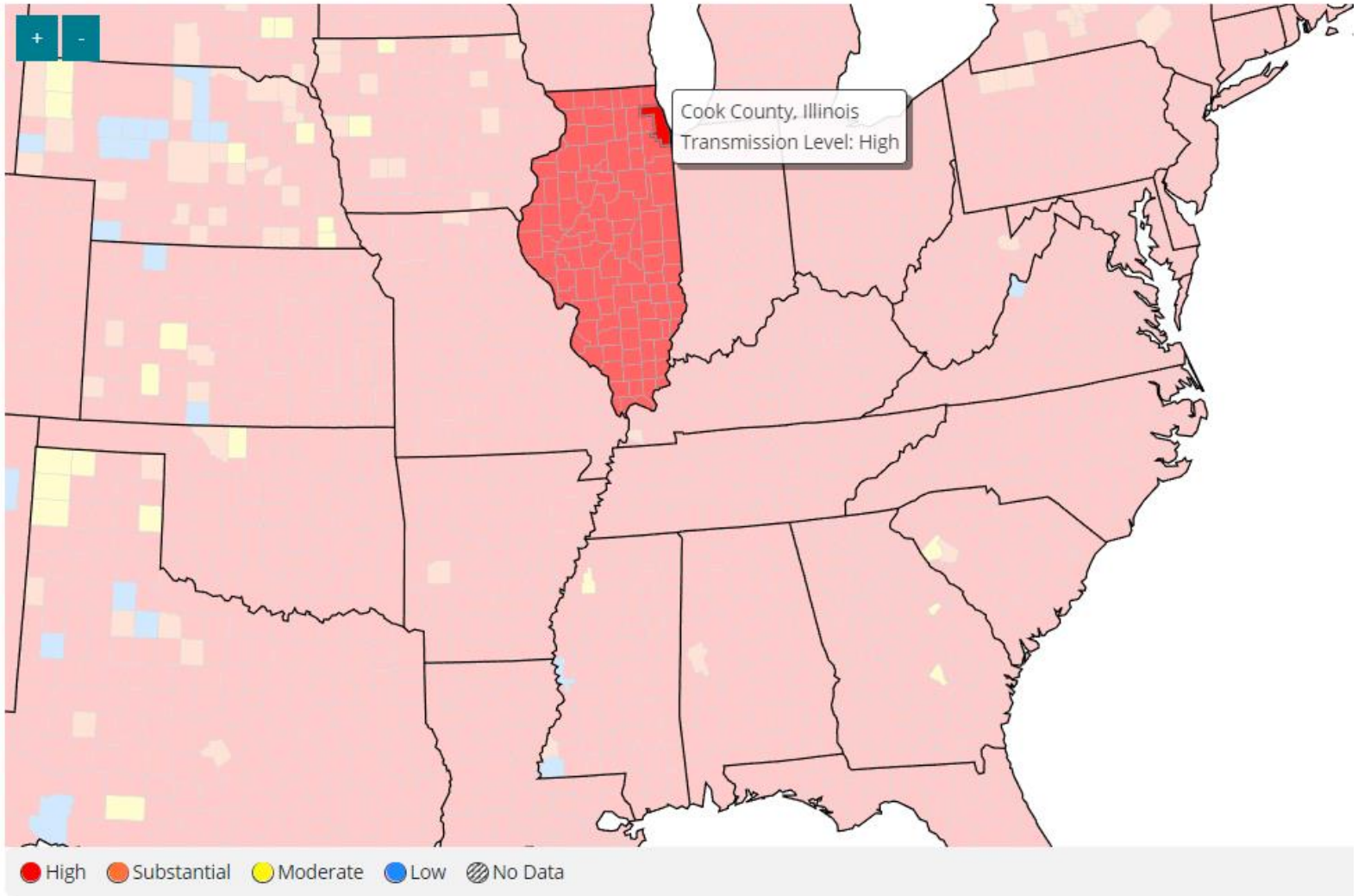
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ 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. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to BA.5.

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

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%

CDC COVID Data Tracker: Cook County

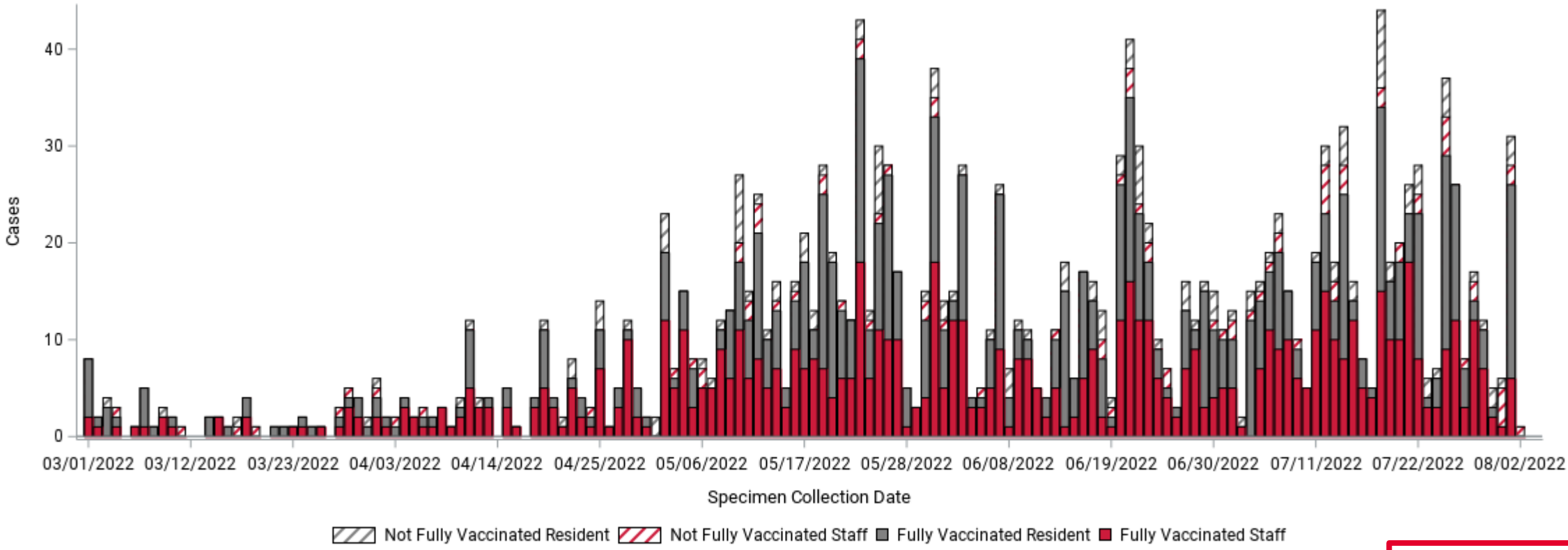


Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk&list_select_county=17031

Data as of 8/3/2022

Sustained Incidence of Skilled Nursing Home Cases

(Mar. 1, 2022 – Aug 3, 2022)



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

68 (82%) SNFs have active outbreaks

Recent Hospitalizations and Deaths Among Chicago SNF Residents & Staff

Hospitalizations and COVID-related deaths by role within the last 28 days

Data between 7/5/2022 – 8/2/2022

Role	# of total cases	# of total hospitalized (%)	# of COVID-related deaths	Change in hospitalizations and deaths since last report
Resident	232	19 (8%)	5	No change
Staff	260	0 (0%)	-	No change
Unknown	76	3 (4%)	-	+1 hospitalization

Update: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date*	High	2x a week
	Substantial	2x a week
	Moderate	1x a week
	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.

Source: https://ilsos.gov/departments/index/register/volume46/register_volume46_issue_9.pdf

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	Must be tested upon admission (unless tested within the 72 hours prior to admission) ***and*** at 5-7 days post-admission

*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.

Reminder: One-time Rapid Antigen Test (RAT) Offer from IDPH

- IDPH is offering free RATs in a one-time bulk shipment to long-term care facilities
  - Requirements:
    - Must have a CLIA waiver
    - Must have a provider order for antigen testing that has been approved and signed by a medical professional
    - Must be set up to report test results to the State of Illinois
  - To order, visit: https://redcap.dph.illinois.gov/surveys/?s=T78A4HAKFTPKWXAA
    - **Deadline is August 9, 2022**
  - Tests will be delivered to the Chicago Department of Public Health and one of our colleagues will contact you to arrange for pick-up

Reminder: HHS Rapid Antigen Test Orders

- Facilities can sign up for free direct shipments of BinaxNow RATs from the federal government
  - If interested, e-mail the HHS Binax Team at Binax.Team@hhs.com
  - Let them know you are a LTCF interested in receiving RATs and someone will assist you with next steps.

Update: Return to Work Guidance for COVID+ Staff

- Under the contingency strategy, there is no longer a requirement for HCP with a COVID infection to have a negative test prior to returning on Day 6
  - A negative test is still required if returning on Day 8 under the conventional return to work strategy

- **Reminder that no Chicago-based SNFs should be using contingency or crisis return to work strategies at this time**

Source: July 22, 2022 IDPH LTC Q&A Webinar

Update: Return to Work Guidance for COVID+ Staff

Table 5: Work Exclusions & Restrictions for HCP with COVID-19 Infection - Updated

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR)[2]	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
Up to date and Not up to date	10 days off (ideal) OR	No testing required to return to work	5 days off	May return after 5 days with or without a negative test if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours.	Allowed to work except, should have duties prioritized	No additional testing required to work
	7 days off	May return to work after 7 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours. **Must have one negative test[1]** completed within 48 hours before work shift begins or rapid antigen test prior to shift				

[1]Either an antigen test or NAAT can be used as a clearance test to return to work; however, antigen testing is preferred because a NAAT test may remain positive for some time following infection.
[2]LHD – Local Health Department, OHCR = IDPH Office of Health Care Regulation

Source: July 22, 2022 IDPH LTC Q&A Webinar

Update: Return to Work Guidance for Asymptomatic Exposed Staff

- Can screen for symptoms 1x a shift
  - Previous guidance required screening 2x a shift
- Under the contingency strategy, staff who are not up to date are allowed to work with a negative test completed on days 1, 2, 3, and 5-7 post-exposure
  - Previous guidance did not require testing at days 2 & 3
  - If there is a shortage of tests, prioritize testing between day 1-2 and 5-7
- Under the crisis strategy, asymptomatic staff are allowed to work without testing
  - Should still test at day 1 and 5-7 post-exposure if possible
  - Previous guidance required negative tests at day 1 and between day 5-7
- **Reminder that no Chicago-based SNFs should be using contingency or crisis return to work strategies at this time**

Source: July 22, 2022 IDPH LTC Q&A Webinar

Update: Return to Work Guidance for Exposed Asymptomatic Staff

Table 6: Work Exclusions & Restrictions for Asymptomatic HCP with Exposures - Updated

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR)	
	Work Exclusion	**Required Testing**	**Work Exclusion**	**Required Testing**	**Work Exclusion**	**Required Testing**
Up to Date	Allowed to work with testing **Must be asymptomatic**	Allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection. Note: HCP with ***prolonged, continued exposure in the home,*** must additionally test weekly for two weeks after the last exposure date.	Allowed to work **Must be asymptomatic**	No additional testing required to work **but include HCP in outbreak testing completed every 3-7 days,** unless within 90 days of COVID-19 infection	Allowed to work **Must be asymptomatic**	No additional testing required to work **but include HCP in outbreak testing completed every 3-7 days**, unless within 90 days of COVID-19 infection.
Not Up to Date	10 days off (ideal) **OR**	If excluded from work for 10 days, no testing is required to return to work. Note: HCP with ***prolonged, continued exposure in the home,*** are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection, must additionally test weekly for two weeks after the last exposure date.	Allowed to work with **negative testing*** **Must be asymptomatic**	Allowed to work with negative test completed on days 1*, 2, 3. and 5-7 post exposure, unless within 90 days of COVID-19 infection. If shortage of tests, prioritize to day 1 - 2 and 5 - 7. Note: HCP with ***prolonged, continued exposure in the home,*** are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection., must additionally test weekly for **two weeks after the last exposure date.**	Allowed to work **Must be asymptomatic**	Allowed to work and test if possible. (Negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection. Note: HCP with ***prolonged, continued exposure in the home,*** are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 **for two weeks after the last exposure date.**
	7 days off **Must be asymptomatic**	May return after 7 days with **one negative test*** Note: HCP with ***prolonged, continued exposure in the home,*** are allowed to work following testing cadence noted above under 10 days off.				

Source: July 22, 2022 IDPH LTC Q&A Webinar

FAQ: An asymptomatic resident tested positive on August 1st. How long do they need to be in the COVID unit?

- August 1, 2022 would be considered "Day 0" as that is the specimen collection date for the positive test
- The resident must be in isolation through the end of the 10th day
  - Day 10 would be August 11, 2022
- The resident can be discharged from the COVID unit on August 12, 2022

Source: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/Considerations-for-Interpretation-of-SARS-CoV-2-Antigen-Tests-in-Long-Term-Care-Facilities.pdf

Booster Focus Group/Interviews: Booster Perceptions

- Some staff heard that people who got the booster had bad side effects and/or got COVID anyways
- More than half of the staff members in the focus group indicated that they do not plan to get boosted, but 36% said they were planning on getting boosted in the future
- Unboosted residents were mostly held back by logistics like knowledge of eligibility and locations of shot availability
- Unboosted residents felt that sharing lived experiences would be an effective way to encourage boosters across the resident population

Source: Ogilvy

Booster Perceptions

"People are still guessing. It hasn't been long-term tested. I don't want to be a guinea pig."
-Unboosted staff

"I haven't heard much. But I have heard a bunch of people that were boosted still [got] COVID"
-Unboosted staff

"My friend stated she got really sick afterwards and was off work for 5 days"
-Unboosted Staff

"You know what? When it comes to stuff like that, I don't talk about it…I try not to think about the booster shot or about people dying. We're hearing about it so much on the news that I'm tired of hearing about it…It's making me sad"
-Unboosted resident

Source: Ogilvy

Booster Focus Group/Interviews: Booster Motivators

- Majority of staff in the focus groups said that they would only get boosted if they had to
- Some staff said that they would get boosted to protect themselves and their families. A few mentioned that they would get boosted if it was a travel requirement
- One of the vaccination leaders noted that unboosted staff tended to think of boosters as providing extra protection for themselves, whereas actions like wearing PPE and testing represented measures to protect residents

Source: Ogilvy

Booster Motivators

"I didn't get [the[booster because I was busy working [the[3-11 shift"
-Unboosted staff

"The elderly, they go by mostly experiences. If they see that it worked alright with you, then they line up and take it"
-Unboosted resident

"I personally don't feel the need. I feel as if I am already protected with the primary series and it won't make much of a difference. I'll only get it if it is mandated by my job"
-Unboosted staff

"I think if my kid was immunocompromised, I would consider [getting boosted]"
-Unboosted staff

Source: Ogilvy

Booster Focus Group/Interviews: Booster Hesitancies

- Many of the staff who do not plan to get the booster said they want to see more research on the effectiveness of the vaccine
- Staff expressed weariness at the idea of having to continually get more booster shots, especially because they don't understand why it's necessary
- Some staff said that they got the primary series and still got symptomatic COVID, so they don't see why they should get the booster
- One resident did not feel that his personal risk was high enough for him to get the vaccine
- Vaccination leaders acknowledged the "emotional baggage" around boosters for staff who only got the primary series because it was required, but they felt capable of talking through these issues with staff

Source: Ogilvy

Booster Hesitancies

"I don't feel it is necessary. I had COVID three times since getting the primary dose and I had all the same symptoms. Plus I had [side effects from] the primary doses"
-***Unboosted staff***

"Many residents refused to get the booster because they don't want the side effects."
-***Unboosted staff***

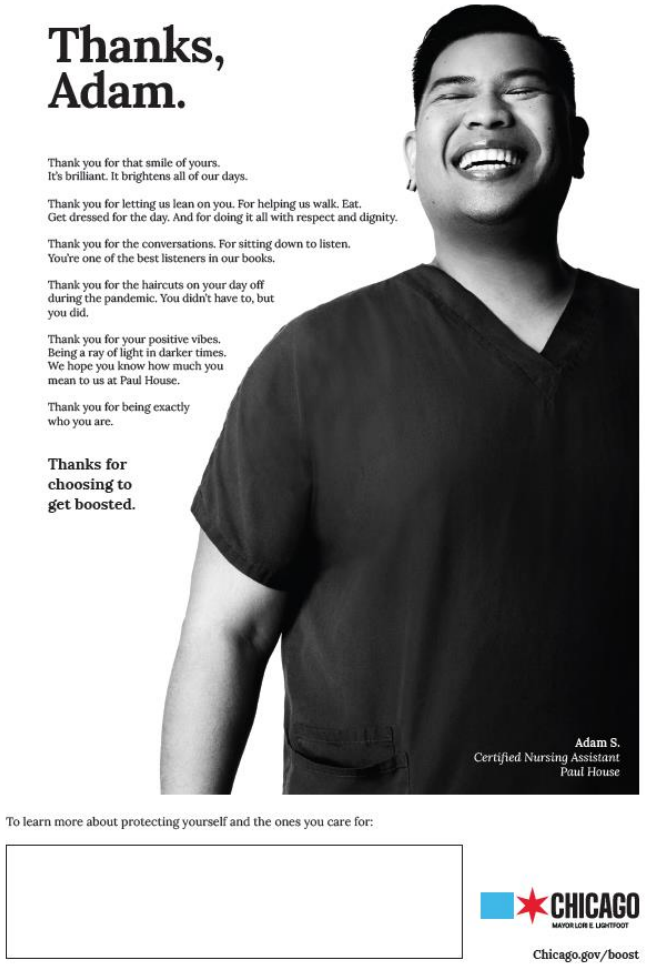
"I don't plan on getting the booster shot. I'm scared of getting sick like I did when I got the first and second doses."
-***Unboosted staff***

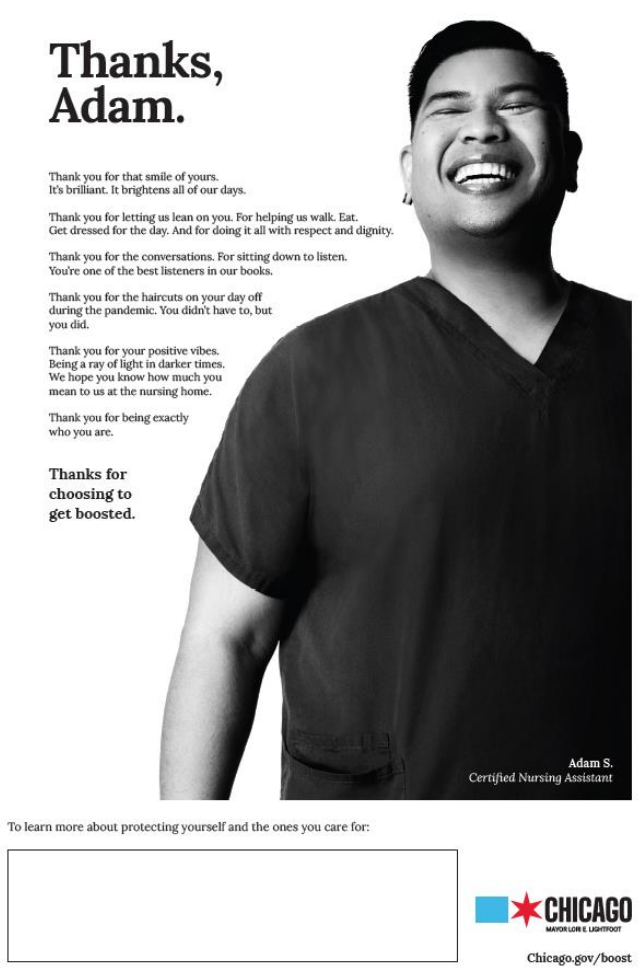
"What is the point of getting a shot if it only lasts three months? I believe in natural immunity. I am young, healthy, and I've had COVID twice."
-***Unboosted staff***

Source: Ogilvy

Booster Campaign Posters

- Two versions of each poster – one with the HCP's facility workplace and one without the facility name
- Facilities can put their own logo/booster clinic information in the box on the bottom left



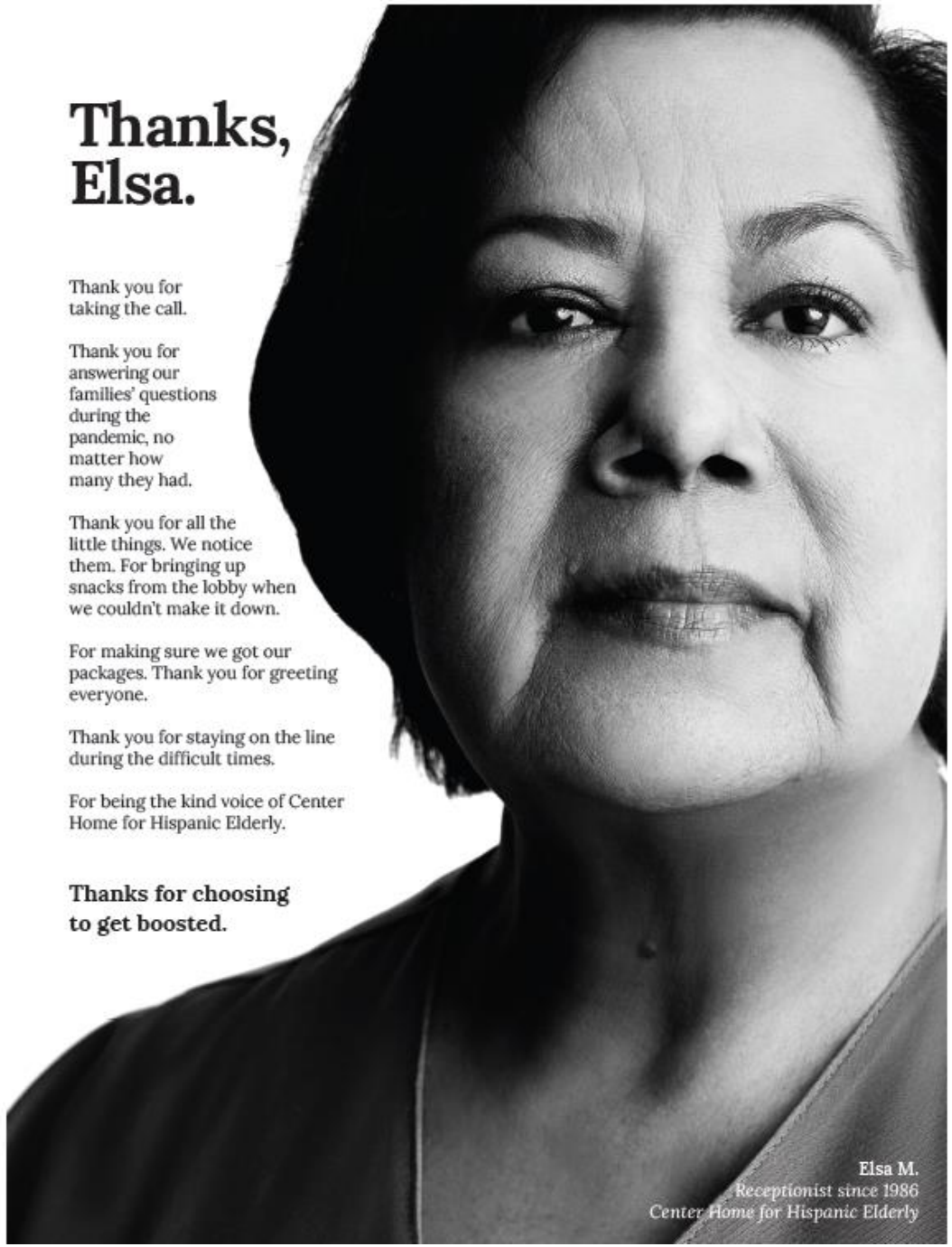


Source: Ogilvy

Carlton at the Lake

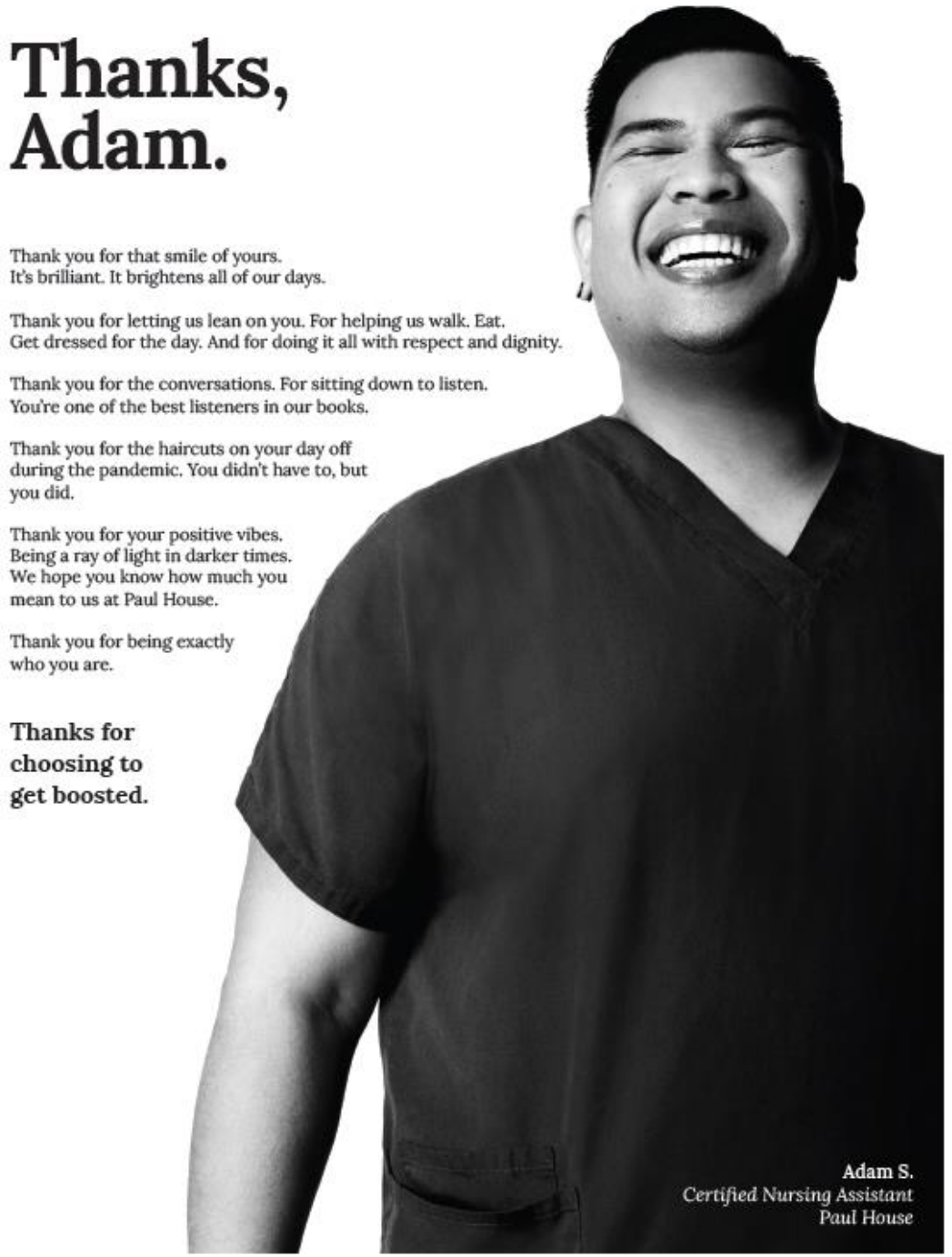
Source: Ogilvy

Center Home for Hispanic Elderly



Source: Ogilvy

Paul House & Healthcare Center



Source: Ogilvy

Villa at Windsor Park

Source: Ogilvy

Villa at Windsor Park

Source: Ogilvy

Booster Campaign Next Steps

- We will send facilities PDF copies of the posters and we encourage you to share with staff and post in your facilities
- The campaign will be featured in select locations from 8/1/22 – 9/25/22

Two Sheets: 46"H x 60"W

Rail Interior Card for reference:

Two Sheets for reference:

Next Steps: Improving Booster Uptake

- Ensure that all staff and residents are aware of upcoming clinics (e.g., post flyers at reception, share upcoming clinics in all-staff emails, add upcoming clinics to resident menus, have one-on-one conversations with residents who are not up to date to make sure they are aware and understand the logistics)
- Have one-on-one conversations with residents who are not up to date to make sure they understand the additional freedoms they would get if/when they become up to date (e.g., would no longer need to quarantine if exposed and asymptomatic)
- Provide options to staff who do not work the day shift
  - All Chicago residents who are 6 months and older can have in-home vaccinations through the Protect Chicago at Home program (https://www.chicago.gov/city/en/sites/covid19-vaccine/home/in-home-vaccination-program.html)

Thank You!!!

- Thank you to everyone who recruited participants and/or participated in the focus groups and one-on-one interviews
- A special thank you to Justina, Elsa, Adam, Kenard, and Rose for their participation in the booster campaign

CDPH
Chicago Department of Public Health

Therapeutics Update

Outpatient COVID-19 Therapeutics

Paxlovid (antiviral) Fact Sheet	• Oral medication, 5-day course • Treat within **5 days** of positive test or symptom onset. • **Multiple Drug Interactions** • Very effective
Remdesivir (antiviral) Fact Sheet	• 3-dose IV Infusion over 3 days • Treat within **7 days** of positive test or symptom onset. • Few/no drug interactions
Bebtelovimab (mAb) Fact Sheet	• Single IV Push • Treat within **7 days** of positive test or symptom onset. • Typically, safe in pregnancy • Few/no Drug Interactions
Lagevrio (molnupiravir) (antiviral) Fact Sheet	• Oral medication, 5-day course • Treat within **5 days** of positive test or symptom onset. • Use only if unable to treat with other options. • **Multiple side effects affecting people of reproductive age.**

https://www.chicagohan.org/covid-19/therapeutics

Indications for Treatment

Paxlovid (antiviral) Fact Sheet	• **Outpatients with mild-to-moderate COVID-19** in people at **high risk of developing moderate to severe disease.** • Adults and children > 12 who weigh > 40kg (88lbs)
Remdesivir (antiviral) Fact Sheet	• FDA approved for in-patient or hospitalized patients with COVID-19 and now can also be used off-label for **non-hospitalized patients to prevent severe COVID-19.**
Bebtelovimab (mAb) Fact Sheet	• **Outpatients with mild-to-moderate COVID-19** in people at **high risk of developing moderate to severe disease.** • Adults and children > 12 who weigh > 40kg (88lbs)
Lagevrio (molnupiravir) (antiviral) Fact Sheet	• **Outpatients with mild-to-moderate COVID-19** in people at **high risk of developing moderate to severe disease.** • Adults ≥ 18

High Risk for Severe COVID-19
COVID-19 Symptoms

Paxlovid:
(ritonavir/nirmatrelvir)

- Many drug/drug interactions
- Don't be too intimidated
  - Long history of using ritonavir in HIV.
  - For the full list of drug-drug interactions visit: https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ritonavir-boosted-nirmatrelvir--paxlovid-/

Common Drug/Drug Interactions with Paxlovid	Dose Adjustments
Do not use w/ Paxlovid • Clopidogrel, rivaroxaban • Sildenafil or tadalafil (for pulmonary HTN) • Phenytoin • Colchicine • Amiodarone • *Continued in link* **Hold or dose reduction while taking Paxlovid** • Atrovastatin, simvastatin, rosuvastatin • Tacrolimus, sirolimus • Clonazepam, midazolam (benzo) • Tramadole, hydrocodone, oxycodone • Vardenaphil, sildenafil (for ED) • *Continued in link*	• Moderate Renal Impairment (eGFR ≥ 30 to < 60mL/min) **nirmatrelvir dose reduction** - be sure to notify pharmacists of PMH • Severe renal impairment = **NOT** recommended • Severe hepatic impairment = **NOT** recommended.

COVID Rebound After Paxlovid

- CDC HAN – May 24, 2022
- “COVID-19 rebound is characterized by a recurrence of symptoms or a new positive viral test after having tested negative.”
- “COVID-19 rebound has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative. A brief return of symptoms may be part of the natural history of SARS-CoV-2 (the virus that causes COVID-19) infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status.”
- “Limited information currently available from case reports suggests that persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease. There is currently no evidence that additional treatment is needed with Paxlovid or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.”
- Isolation Guidance: “Patients should re-isolate for at least 5 days. Per CDC guidance, they can end their re-isolation period after 5 full days if fever has resolved for 24 hours (without the use of fever-reducing medication) and symptoms are improving. The patient should wear a mask for a total of 10 days after rebound symptoms started.”

COVID-19 Symptoms Review

Subjective = Reported by Patient	Objective = Observable/Measurable
Chills	Fever
Fatigue	Cough
Muscle or Body Aches	SOB
Headache	Congestion/Runny Nose
Sore Throat	Vomiting
New loss of taste/smell	Diarrhea
Nausea	

Scenario 1

Mr. Brown is a 72 y/o resident with an underlying history of dementia. His baseline status is non-ambulatory, alert but disoriented and mostly non-verbal. He likes to spend his days sitting in his wheelchair in the hallway and people watch. He was tested for COVID-19 under the outbreak status testing guidelines. A positive result came back 2 days later.

His vitals are stable, with no observable symptoms other than 1 episode of diarrhea the day prior. When asked how he feels, he does not provide an answer.

Would you seek treatment for this resident?

Scenario 1: YES or NO

YES	NO
On day 4 since SCD, Mr. Brown is treated with a 1-time IV injection of bebtelovimab provided by an outside agency at no charge to the resident or facility. • He had no adverse reaction and did not develop severe illness. • His 10-day isolation period was completed without incident.	• It was decided that since Mr. Brown **was not that sick**, treatment is not needed at this time. • Staff were instructed to monitor his symptoms and notify the Medical Director if anything develops. • While in isolation, Mr. Brown remains in his bed so he does not wander out of his room. His vitals remain stable. • On the morning of day 8, a CNA went to take vitals and found Mr. Brown unresponsive with shallow breathing. • An ambulance was called, and Mr. Brown was transported to the emergency room.

Scenario 2

Mr. White is an 85 y/o resident with a history of cardiac disease, DM, and altered mental status. His baseline status is bed bound, and not alert. He was tested for COVID-19 under the outbreak status testing guidelines. A positive result came back 2 days later.

His vitals are stable, with no observable symptoms.

Would you seek treatment for this resident?

Scenario 2: Yes or No

YES	NO
On day 4 since SCD, Mr. White is treated with a 1-time IV injection of bebtelovimab provided by an outside agency at no charge to the resident or facility. • He had no adverse reaction and did not develop severe illness. • His 10-day isolation period was completed without incident.	• It was decided that since Mr. White **was not that sick**, treatment is not needed at this time. • Staff were instructed to monitor his symptoms and notify the Medical Director if anything develops. • Mr. White's condition did not change. He was released from isolation after 10 days.

Scenario 3

Mrs. Black is a 58 y/o short-term rehab resident s/p hip replacement. Her baseline status during recovery is non-ambulatory, A & O x4. She struggles with pain control and is often drowsy and nauseous due to pain medication. She was tested for COVID-19 under the outbreak status testing guidelines. A positive result came back 2 days later.

Her vitals are stable, with no observable symptoms. When asked how she feels, she states she is tired and aches all over. She did feel like she had to throw up in the morning but that was relieved with Zofran.

Would you seek treatment for this resident?

Scenario 3: Yes or No

YES	NO
After coordinating with the treating physician, on day 5 from SCD, Mrs. Black started a 5-day course of Paxlovid. • The physician advised staff to withhold midazolam during treatment. There were no other drug interactions. • Side Effects: Mrs. Black had a metallic taste in her mouth that resolved after the course was completed.	• It was decided that since Mrs. Black **was not that sick**, treatment is not needed at this time. • Staff were instructed to monitor her symptoms and notify the Medical Director if anything develops. • On day 6 from SCD, Mrs. Black developed a fever and a cough. She is outside the window for Paxlovid, and the facility doesn't have a plan to coordinate treating with bebtelovimab. • On day 8 from symptom onset, Mrs. Black has increasing SOB and requests to go to the hospital.

Access to COVID-19 Therapeutics

1. Talk with your on-site Provider and Pharmacy
2. IDPH COVID-19 Therapeutics finder
3. Reach out to CIMPAR for on-site bebtelovimab administration.
    - Email: COVID19-therapeutics@cimpar.com
    - Phone Number: 708-665-1819

Christy.Zelinski@cityofchicago.org
312-746-4023

Reporting COVID Therapeutics Usage in NHSN

- NHSN therapeutic pathway of COVID module
- Report only new counts for the reporting week, not cumulative.
- Enter 0 if no therapeutics were administered for that reporting week.
- For each therapeutic, 2 questions are asked.
  - How many residents were treated with stock stored at the facility? – Directly received from HHS
  - How many residents were treated with stock stored outside the facility? – Obtained via LTC Pharm

Enhanced Barrier Precautions

- Expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing

- EBP are indicated for nursing home residents with any of the following:
  - ✓ Infection or colonization with an MDRO when Contact Precautions do not otherwise apply
  - ✓ Wounds and/or indwelling medical devices

- Facilities should define high risk contact activities in their policies and procedures and educate healthcare personnel to ensure consistent application of Enhanced Barrier Precautions

https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

FAQ: Are residents on Enhanced Barrier Precautions allowed to leave their rooms?

- Yes, residents on Enhanced Barrier Precautions are allowed to leave their rooms
- However, when residents leave their rooms, they should have:
  - Clean hands
  - Clean clothes
  - Clean wound dressings (if applicable)
  - Clean incontinence briefs (if applicable)

Source https://www.cdc.gov/hai/containment/faqs.html

FAQ: A resident has an indwelling urinary catheter but is not known to have a MDRO. Do they need to be on Enhanced Barrier Precautions?

- Yes, all residents with an indwelling medical device should be on Enhanced Barrier Precautions
- Other examples of indwelling medical devices include, but are not limited to:
  - Central vascular lines
  - Hemodialysis catheters
  - Feeding tubes
  - Tracheostomy tubes

Source https://www.cdc.gov/hai/containment/faqs.html

FAQ: A resident has C. diff. Should they be placed on Enhanced Barrier Precautions?

- No, a resident with an active *Clostridioides difficile* infection must be placed on contact precautions
  - The resident should be placed in a private room
  - Contact precautions signage must be placed on the resident's door
  - Staff must wear a gown and gloves upon every entry to the room, regardless of whether they will be performing a high-contact resident care activity
  - Residents with C. diff should be restricted to their rooms for the duration of their illness

Source https://www.cdc.gov/hai/containment/faqs.html

FAQ: We have a resident with Candida auris, but they don't have any indwelling devices. Do they need to be placed on Enhanced Barrier Precautions?

- Yes, assuming they do not have any draining wounds
  - If the resident has draining wounds, they should be placed on contact precautions

Source https://www.cdc.gov/hai/containment/faqs.html

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
Dan Galanto
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