



COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

September 23rd, 2022

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation at <https://redcap.dph.illinois.gov/surveys/?s=RFCAPNK7X3HFWEDL> by October 7th, 2022
 - Credit only available for the live session
 - Must be registered individually to receive credit

Agenda

- Upcoming Webinars
- Implementing Personal Protective Equipment in Nursing Homes
- Congregate Care COVID Updates
- Overview of ACIP COVID-19 Vaccine Approval Process
- Open Q & A

Upcoming COVID-19 and Infection Prevention and Control Updates

1:00 pm - 2:00 pm

| Date | Infection Control Topic | Registration Link |
|----------------------------------|--|---|
| Friday, October 14 th | Environment of Care | https://illinois.webex.com/illinois/onstage/g.php?MTID=e28e6b8e9fe0ca77cc79b9b7d6abcc426 |
| Friday, October 28 th | MDROs: Lab Results, Interpretation, and Response | https://illinois.webex.com/illinois/onstage/g.php?MTID=e17814ed8fc09addc0adfdc28defb874b |

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Continued Education will be offered. It will only be for the live presentation. Please ensure when registering that your name and email are correctly spelled. To receive the continued education, you must complete a training survey, which will be provided with the link to the recording.

**IMPLEMENTING
PERSONAL PROTECTIVE
EQUIPMENT
IN NURSING HOMES
TO PREVENT THE SPREAD OF
MULTIDRUG RESISTANT ORGANISMS (MDROS)**

Karen Trimberger RN, MPH, NE-BC, CIC
Infection Prevention Consultant
Hektoen Institute/Illinois Department of Public Health

Introducing Enhanced
Barrier Precautions

OBJECTIVES



Digitallearning.eletsonline.com

- Review the difference between colonization and active infections
- Review standard and contact precautions and introduce enhanced barrier precautions
- Describe the impact of multidrug resistant organisms in long term care facilities
- Identify appropriate personal protective equipment (PPE) to use for each precaution based on the type of activity being performed
- Examine when room restrictions are warranted

A REVIEW OF THE BASICS

Colonization/Infection

Standard Precautions

Personal Protective Equipment
(PPE)

COLONIZATION

- Organisms are present on or in the body but are not causing disease
- Bacteria is present without evidence of infection

INFECTION

- Bacteria has grown and the person is displaying symptoms
- Active process where bacteria is causing harm to the body

Carbapenem-resistant *enterobacteriaceae*



STANDARD PRECAUTIONS

USE WITH
ALL
RESIDENTS

A group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.

Standard Precautions are based on the principle that all blood, body fluids, secretions and excretions (except sweat) may contain transmissible infectious agents.

- Hand hygiene
- **Use of personal protective equipment (e.g., gown, gloves, masks, eyewear)**
- Respiratory hygiene / cough etiquette
- Sharps safety (engineering and work practice controls)
- Safe injection practices (i.e., aseptic technique for parenteral medications)
- Sterile instruments and devices
- Clean and disinfected environmental surfaces

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Use of personal protective equipment is based on the staff interaction with residents and the potential for exposure to blood, body fluid, or pathogens (e.g., gloves are worn when contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment are anticipated).

EXISTING PRECAUTIONS

(PRIOR TO JULY 2019)

Standard Precautions

Transmission-Based Precautions

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318

STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

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

PROVIDERS AND STAFF MUST ALSO:

- Put on gloves before room entry. Discard gloves before room exit.
- Put on gown before room entry. Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.
- Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

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

STOP DROPLET PRECAUTIONS STOP
EVERYONE MUST:

- Clean their hands, including before entering and when leaving the room.
- Make sure their eyes, nose and mouth are fully covered before room entry.
or
- Remove face protection before room exit.

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

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

CONTACT PRECAUTIONS

Perform hand hygiene before entering and upon exit of room

Wear gown and gloves every time you enter the room

The goal is to prevent the transfer of multidrug-resistant organisms to staff hands and clothing.



CONTACT PRECAUTIONS EVERYONE MUST:



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

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry.
Discard gloves before room exit.



Put on gown before room entry.
Discard gown before room exit.

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



Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.

CSIS 30819-A



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Health and Human Services
Centers for Disease
Control and Prevention

Contact Precautions should be used:

- ❖ All residents infected or colonized with a **targeted multidrug-resistant organisms**
- ❖ Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be kept covered or contained
- ❖ On units or in facilities where ongoing transmission is documented or suspected
- ❖ For infections (e.g., *C. difficile*, norovirus, scabies) and other conditions where Contact Precautions is recommended

WHAT ARE THE “TARGET MDROS” WE’RE TRYING TO PREVENT THE SPREAD OF.....



www.Fightpseudomonas.com

CRE
Carbapenem-resistant
Enterobacterales

CRAB
Carbapenem-resistant
*Acinetobacter
baumannii*

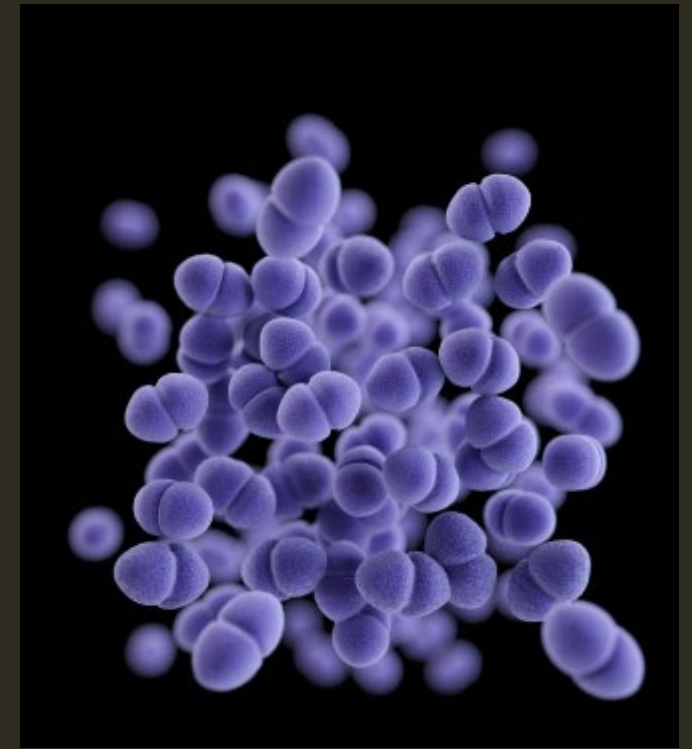
CRPA
Carbapenem-resistant
*Pseudomonas
aeruginosa*

C. Auris
Candida auris

CPOs
Carbapenemase-
producing organisms

ADDITIONAL EPIDEMIOLOGICALLY IMPORTANT MDROS MAY INCLUDE:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- ESBL-producing *Enterobacterales*
- Vancomycin-resistant *Enterococci* (VRE)
- Drug-resistant *Streptococcus pneumoniae*



Centers for Disease Control and Prevention

WHAT DO WE SEE IN NURSING HOMES?







**Let's
Take
A
Look**

The Impact of Multidrug-Resistant Organisms (MDROs)

MDROs Have Significant Impact in Nursing Homes

- Many nursing home residents are unknowingly colonized with an MDRO, especially residents with risk factors like indwelling medical devices or wounds
- Residents who have an MDRO can develop serious infections, remain colonized for long time periods, and spread MDROs to others
- Healthcare personnel can spread MDROs through contaminated hands and clothing

The Large Burden of MDROs in Nursing Homes

| Facility Type | Documented MDRO | Actual MDRO |
|---|---|---|
| Nursing Homes (n = 14) | 17%  | 58%  |
| Ventilator-Capable Nursing Homes (n = 4) | 20%  | 76%  |

McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573



Known MDRO



No Known MDRO

With the need for an effective response to the detection of serious antibiotic resistance threats, there is growing evidence that current implementation of Contact Precautions in nursing homes is not adequate for prevention of MDRO transmission.

[Implementation of Personal Protective Equipment \(PPE\) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms \(MDROs\) | HAI | CDC](#)

THE CDC INTRODUCES SOMETHING NEW....

ENHANCED BARRIER PRECAUTIONS (EBP)

This document is not intended for use in acute care, long-term acute care hospitals (LTACH), or assisted living (AL) communities and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes

Need for Enhanced Barrier Precautions (EBP)

- Historically, interventions in nursing homes have focused only on residents who are actively infected with an MDRO
- Need for a broader approach to reduce the spread of MDROs without isolating residents for long periods of time
- Recent studies have indicated the use of EBP can effectively reduce the spread of MDROs

**CDC releases EBP
July 26, 2019**

**SARS-CoV-2
Pandemic
March 2020**

**Healthcare Infection Control Practices Advisory Committee (HICPAC)
HICPAC document
released June 2021**



**CDC & HICPAC
meet-November
2019**

**CDC releases updated
EBP July 12, 2022**



**A little background....in
case, this is all new to
your facility...**

HICPAC: EXECUTIVE SUMMARY

Available from: <https://www.cdc.gov/hicpac/workgroup/EnhancedBarrierPrecautions.html>



Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities

June 2021

Executive Summary

1. Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to significant morbidity and mortality for residents and increased costs for the health care system.
2. Enhanced Barrier Precautions (EBP) is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of *S. aureus* and MDROs.
3. EBP may be applied (when Contact Precautions do not otherwise apply) to residents with any of the following:
 - Wounds or indwelling medical devices, regardless of MDRO colonization status
 - Infection or colonization with an MDRO.
4. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE with hand hygiene products at the point of care.

Indications for Enhanced Barrier Precautions

- 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
- EBP is not limited to outbreaks or specific MDROs

UPDATED PRECAUTIONS FOR NURSING HOMES—A NEW OPTION

Standard Precautions
Enhanced Barrier Precautions
Contact Precautions
Droplet Precautions
Airborne Precautions

https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318

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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STOP **CONTACT PRECAUTIONS** **STOP**
EVERYONE MUST:



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

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry.
Discard gloves before room exit.



Put on gown before room entry.
Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.



Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.



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

STOP **DROPLET PRECAUTIONS** **STOP**
EVERYONE MUST:



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



Make sure their eyes, nose and mouth are fully covered before room entry.

or



Remove face protection before room exit.



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

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.



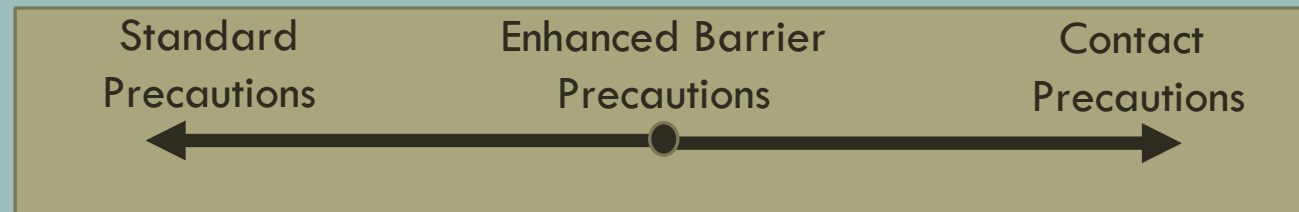
Door to room must remain closed.



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WHAT ARE ENHANCED BARRIER PRECAUTIONS (EBP)?

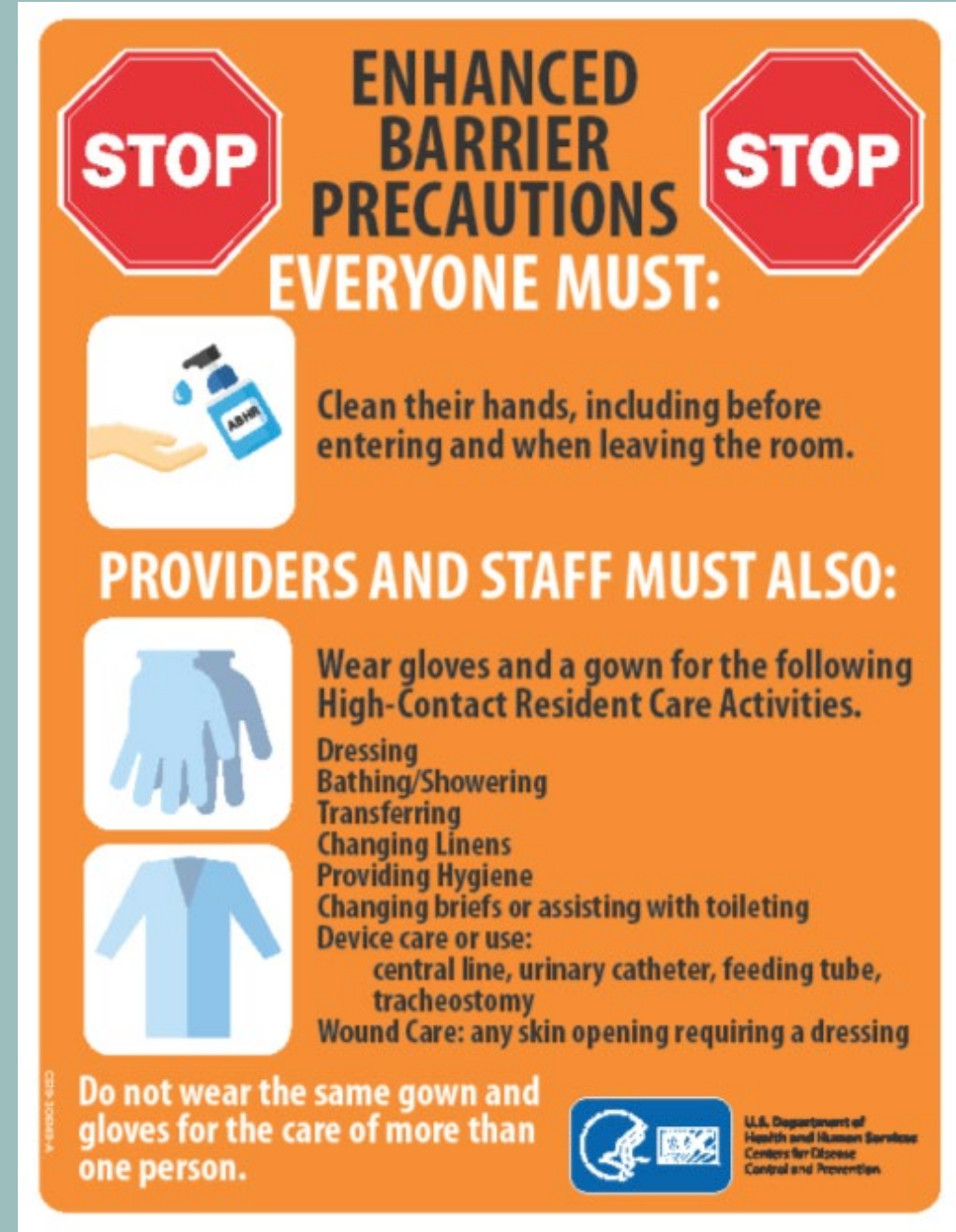
- EBP expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated
- EBP falls between standard precautions and contact precautions on the continuum of care
- EBP requires the use of gown and gloves *when performing high-contact resident care activities*
- EBP do NOT require gown and gloves if NOT performing a high contact activity
- Room restrictions are not required with EBP
- Participation in group activities is allowed with EBP
- Offers better protection for the resident (prevention)



ENHANCED BARRIER PRECAUTIONS

Enhanced Barrier Precautions


- Use of gown and gloves during high-contact resident care activities
- No private room required
- Residents can participate in group activities
- Intended to be used for resident's entire length of stay





The infographic features a bright orange background. At the top, two red octagonal 'STOP' signs flank the title 'ENHANCED BARRIER PRECAUTIONS' in large, bold, black letters. Below the title, the text 'EVERYONE MUST:' is written in white. The first instruction is 'Clean their hands, including before entering and when leaving the room.' This is accompanied by an icon of a hand being washed with blue soap. The second instruction is 'PROVIDERS AND STAFF MUST ALSO:' in white. This is followed by two sub-sections. The first sub-section is 'Wear gloves and a gown for the following High-Contact Resident Care Activities.' It lists: Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, and Device care or use: central line, urinary catheter, feeding tube, tracheostomy, and Wound Care: any skin opening requiring a dressing. This sub-section is accompanied by icons of blue gloves and a blue gown. The final instruction is 'Do not wear the same gown and gloves for the care of more than one person.' in white. At the bottom right, there is a logo for the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

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

ENHANCED BARRIER PRECAUTIONS-- WHAT PPE IS REQUIRED?

Hand hygiene
EVERY TIME



Gown and gloves **EVERY TIME**
with high-contact activities



PHOTOGRAPHY BY HARVEY TELLES FOR THE UNIVERSITY OF CHICAGO MEDICINE

We are trying to prevent the transfer of multidrug-resistant organisms to staff hands and clothing.

PPE is required when performing high contact resident care activities.

WHAT ARE HIGH-CONTACT RESIDENT CARE ACTIVITIES

Dressing

Bathing or showering

Transferring

Providing hygiene

Changing linens

Changing briefs or assisting with toileting

Device care or use (urinary catheters, feeding tubes, tracheostomy/ventilator, central lines)

Wound care (any skin opening requiring a dressing)

WHY DO WE NEED ENHANCED BARRIER PRECAUTIONS?

Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months or longer) and result in the silent spread of MDROs.

MDROs can be transferred or transmitted from one person to the next through open wounds, the respiratory tract or secretions, mucous membranes, blood, and indwelling medical devices.

Reusable medical equipment that is not disinfected between residents is a source of contamination that staff pick up on their hands and unknowingly transmit between residents.

Facilities need an approach to gown/glove use that is less restrictive than Contact Precautions and can be sustained for longer periods of time.

EBP helps protect residents at risk for acquiring colonization (those with wounds, indwelling devices, etc.)

Enhanced Barrier Precautions should be used **for all residents** with any of the following **(RISKS)**:

- ❖ Infection or colonization with a targeted MDRO or other epidemiologically important multidrug resistant organisms when contact precautions don't apply.
- ❖ Wounds requiring a dressing or indwelling medical devices regardless of MDRO colonization status.

WOUNDS REQUIRING A DRESSING

WHAT TYPE OF WOUNDS ARE WE TALKING ABOUT?

CDC does not typically include a skin break/tear that would be covered by a band-aid or another type of dressing similar to a band-aid as a wound requiring a dressing.

CDC consider the following as “wounds requiring a dressing”

- pressure ulcers
- diabetic foot ulcers
- unhealed surgical wounds, and
- other wounds, such as chronic venous stasis ulcers.

INDWELLING MEDICAL DEVICES

WHAT TYPE OF MEDICAL DEVICES ARE WE TALKING ABOUT?

CDC defines indwelling medical devices as those that *communicate* to the outside.

CDC would not classify a dialysis fistula as an indwelling medical device if it has healed; but it does include hemodialysis catheters that have direct access to the outside.

CDC considers the following as “indwelling medical devices”

- central lines
- urinary catheters
- feeding tubes
- hemodialysis catheters
- tracheostomies, and
- ventilators

BALANCING PERSON-CENTERED CARE-- ROOM RESTRICTIONS?



Courtesy Deb Burdsall

Residents on Enhanced Barrier Precautions are not restricted to their rooms ***and may leave their room to*** participate in communal dining and group activities.

Residents on Contact Precautions ***are restricted to their room*** unless medically necessary and are not allowed to participate in communal dining and group activities.

Because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

Summary Table for PPE Use

Table: Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes:

Accessible version: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

| Precautions | Applies to | PPE used for these situations | Required PPE | Room restriction |
|-------------------------------------|--|--|--|--|
| Standard Precautions | All residents | Any potential exposure to: <ul style="list-style-type: none"> • Blood • Body fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment | Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident) | None |
| Enhanced Barrier Precautions | All residents with <i>any of the following</i> : <ul style="list-style-type: none"> • Infection or colonization with an MDRO <i>when Contact Precautions do not otherwise apply</i> • Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) <i>regardless of MDRO colonization status</i> | During high-contact resident care activities: <ul style="list-style-type: none"> • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator • Wound care: any skin opening requiring a dressing | Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray) | None |
| Contact Precautions | All residents infected or colonized with a MDRO <i>in any of the following situations</i> : <ul style="list-style-type: none"> • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak • When otherwise directed by public health authorities All residents who have another infection (e.g., <i>C. difficile</i> , norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions. | Any room entry | Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray) | Yes, except for medically necessary care |

Frequently Asked Questions (FAQS)

<https://www.cdc.gov/hai/containment/faqs.html>

Question #1: Which residents should be placed into Enhanced Barrier Precautions?

- 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**

Question #2: Which activities are included under "providing hygiene"?

- Providing hygiene refers to practices such as brushing teeth, combing hair, and shaving
- Many of the high-contact resident care activities listed in the guidance are commonly bundled as part of morning and evening care for the resident rather than occurring as multiple isolated interactions with the resident throughout the day
- Isolated combing of a resident's hair that is not otherwise bundled with other high-contact resident care activities would not generally necessitate use of a gown and gloves

Question #3: The guidance advises using EBP for the “care and use” of indwelling medical devices. What does that mean?

- The safest practice would be to wear a gown and gloves for any care (e.g., dressing changes) or use (e.g., injecting or infusing medications or tube feeds) of the indwelling medical device
- It may be acceptable to use gloves alone for some uses of a medical device that involves only limited physical contact between healthcare worker and resident (e.g., passing meds through a feeding tube)
- Facilities should define these limited contact activities in their policies and procedures and educate healthcare personnel to ensure consistent application of Enhanced Barrier Precautions

Question #4: What is the definition of “indwelling medical device”?

- An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection
- Examples include, but are not limited to, central vascular lines (including hemodialysis catheters), indwelling urinary catheters, feeding tubes, and tracheostomy tubes
- Devices that are fully embedded in the body, without components that communicate with the outside, such as pacemakers, would not be considered an indication for Enhanced Barrier Precautions

Question #5: Are gowns and gloves recommended for EBP when transferring a resident from a wheelchair to chair in the dayroom or dining room?

- In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration
- Outside the resident's rooms, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility

HOW TO IMPLEMENT EBP

- Provide EBP education and training to staff
- Validate competency of staff on PPE use for EBP
- Start Slow! (e.g., start with one unit and ensure everyone understands the principles of EBP before moving to the next unit)
- Select a unit that has a higher burden of MDROs or a unit where ventilators or trach residents reside



IS IMPLEMENTATION OF EBP REQUIRED?

Created for LTCFs


Not intended for use in acute care or long-term acute care hospitals (LTACHs), or assisted living (AL) communities

IL Administrative Code Title 77: Public Health

- **PART 300 SKILLED NURSING AND INTERMEDIATE CARE**
SECTION 300.696 INFECTION PREVENTION & CONTROL
- **Part 390 MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED**
SECTION 390.760 INFECTION CONTROL


PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

Shall adhere.....

- d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):
- 1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections
 - 2) Guideline for Hand Hygiene in Health-Care Settings
 - 3) Guidelines for Prevention of Intravascular Catheter-Related Infections
 - 4) Guideline for Prevention of Surgical Site Infection
 - 5) Guidelines for Preventing Healthcare-Associated Pneumonia
 - 6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
 - 7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services
 - 8) The Core Elements of Antibiotic Stewardship for Nursing Homes
 - 9) The Core Elements of Antibiotic Stewardship for Nursing Homes, Appendix A: Policy and Practice Actions to Improve Antibiotic Use
 - 10) Nursing Home Antimicrobial Stewardship Guide
 - 11) Toolkit 3. Minimum Criteria for Common Infections Toolkit
 - 12) TB Infection Control in Health Care Settings
 - 13) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
 - 14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)
- 

PART 390 MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED

Shall adhere.....

- d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Services, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 390.340):
- 1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections
 - 2) Guideline for Hand Hygiene in Health Care Settings
 - 3) Guidelines for the Prevention of Intravascular Catheter-Related Infections
 - 4) Guideline for Prevention of Surgical Site Infection
 - 5) Guideline for Preventing Healthcare-Associated Pneumonia
 - 6) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
 - 7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services
 - 8) The Core Elements of Antibiotic Stewardship for Nursing Homes
 - 9) The Core Elements of Antibiotic Stewardship for Nursing Homes, Appendix A: Policy and Practice Actions to Improve Antibiotic Use
 - 10) Nursing Home Antimicrobial Stewardship Guide
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 - 12) TB Infection Control in Health Care Settings
 - 13) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
 - 14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)
- 

Resources

Implementation Guide

https://www.cdc.gov/hai/containment/ppe-nursing-homes.html#anchor_1655221430575

FAQS

<https://www.cdc.gov/hai/containment/faqs.html>

PowerPoint Presentation by CDC

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cdc.gov%2Fhai%2Fpdfs%2Fcontainment%2FEBP-Presentation-July2022.pptx&wdOrigin=BROWSELINK>

Letter to share with residents and families

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>

QUESTIONS?



Stock.adode.com

ILLINOIS DEPARTMENT
OF PUBLIC HEALTH



Congregate Care Updates

September 23, 2022

Objective

- Integrate updates to COVID-19 prevention and control measures into facility practices

Q & A

Q: Have the emergency rules for vaccination/testing and face covering been renewed?

A: Yes, both executive orders were reissued on September 16, 2022.

Executive Order 2021-22 (Vaccination and testing requirements):

Sections 2, 5, 6, 7, 8, and 9 of Executive Order 2021-22, as amended by Executive Order 2021-23, Executive Order 2021-27, Executive Order 2022-05, and Executive Order 2022-16, are re-issued and extended through **October 15, 2022**.

Executive Order 2022-06 (Face covering requirements):

Executive Order 2022-06, as amended by Executive Order 2022-11, is re-issued in its entirety and extended through **October 15, 2022**.

<https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-20.2022.html>

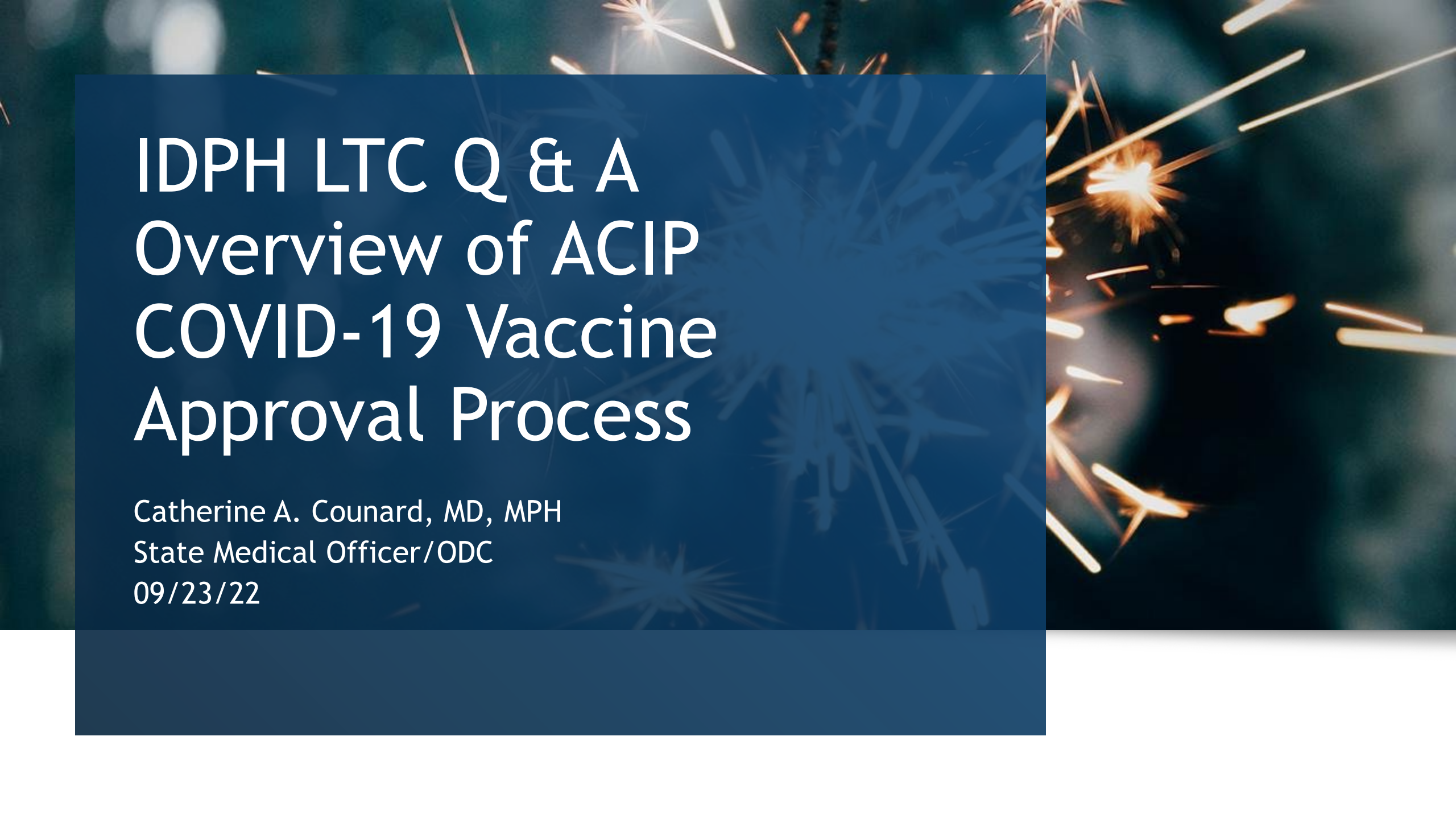
90 Minute Training

There are two ways to find the language for the 90-minute training.

- The first is through the administrative code
 - Adm Code for 295 (Assisted Living)
<https://www.ilga.gov/commission/jcar/admincode/077/07700295sections.html>
 - Adm Code 300 (Skilled and Intermediate)
<https://www.ilga.gov/commission/jcar/admincode/077/07700300sections.html>
 - Adm Code 330 (Sheltered Care)
<https://www.ilga.gov/commission/jcar/admincode/077/07700330sections.html>
 - Adm Code 350 (ICDD)
<https://www.ilga.gov/commission/jcar/admincode/077/07700350sections.html>
 - Adm Code 370 (Community Living)
<https://www.ilga.gov/commission/jcar/admincode/077/07700370sections.html>
 - Adm Code 380 (Specialized Mental Health)
<https://www.ilga.gov/commission/jcar/admincode/077/07700380sections.html>
 - Adm Code 390 (Long Term Care for under 22)
<https://www.ilga.gov/commission/jcar/admincode/077/07700390sections.html>
- Then scroll to the New Section for COVID-19 Vaccination of Facility Staff. The link will take you to the Illinois Register.

90 Minute Training

- The second way is directly to the Illinois Register Emergency Rules
https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_31.pdf
 - Code 295: page 13376 or PDF page 712
 - Code 300: page 13399 or PDF page 735
 - Code 330: page 13430 or PDF page 766
 - Code 350: page 13483 or PDF page 819
 - Code 370: page 13500 or PDF page 836
 - Code 380: page 13521 or PDF page 857
 - Code 390: page 13551 or PDF page 887

A background image of a lit sparkler with bright orange and yellow sparks against a dark blue background. The sparks are concentrated on the right side of the image, with some trailing off towards the left.

IDPH LTC Q & A Overview of ACIP COVID-19 Vaccine Approval Process

Catherine A. Counard, MD, MPH
State Medical Officer/ODC
09/23/22



COVID-19 Data

Data Last Updated 9/20/2022 at 1 p.m.

Data is updated on weekdays, Monday-Friday, either daily or weekly. Data is not updated on weekends or holidays.

Vaccines Administered

23,563,828

[Click Here for Vaccination Details](#)

Total Cases

3,740,350

Confirmed Deaths

34,908

Variant Cases

Omicron (BA.5): 89%

[Click Here for COVID-19 Variants Details](#)

Probable Deaths

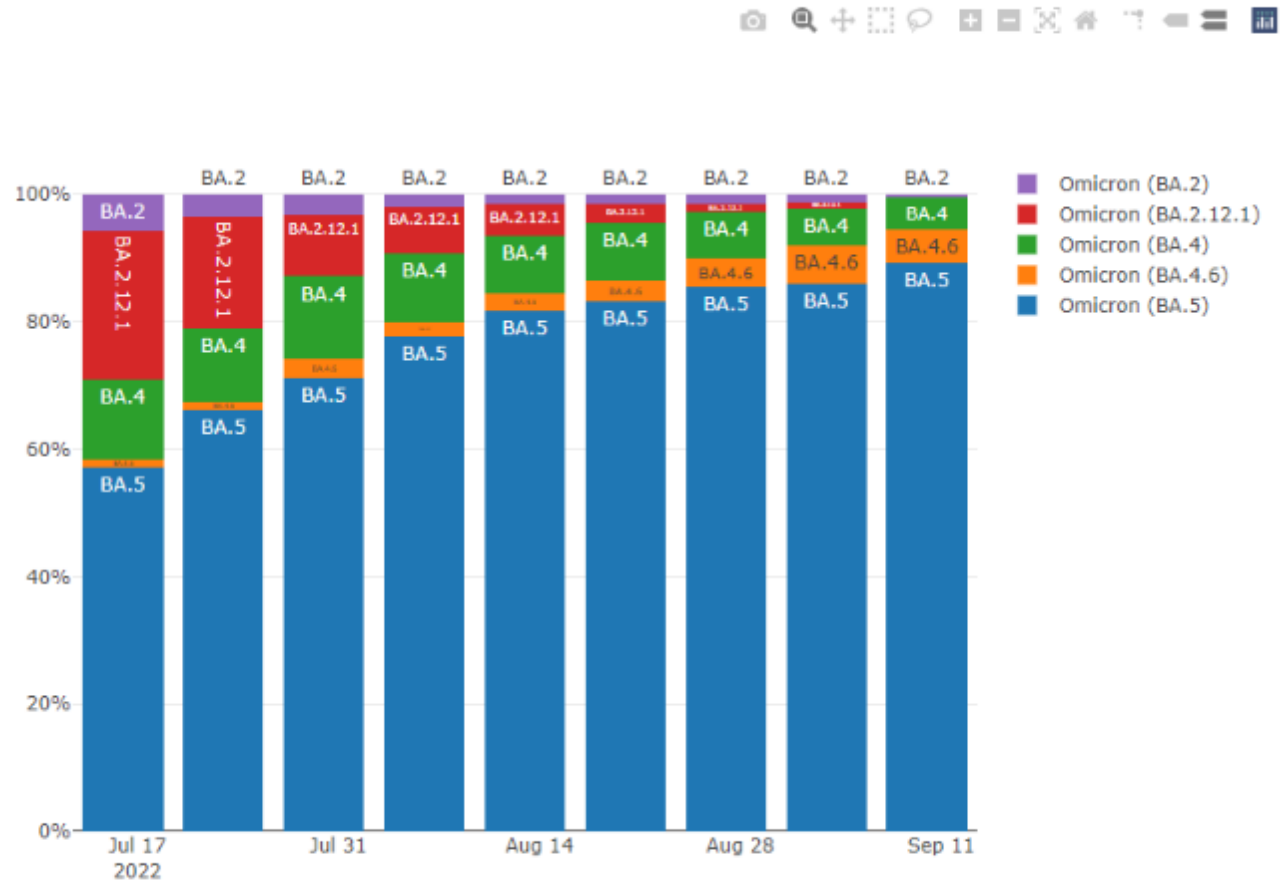
4,668

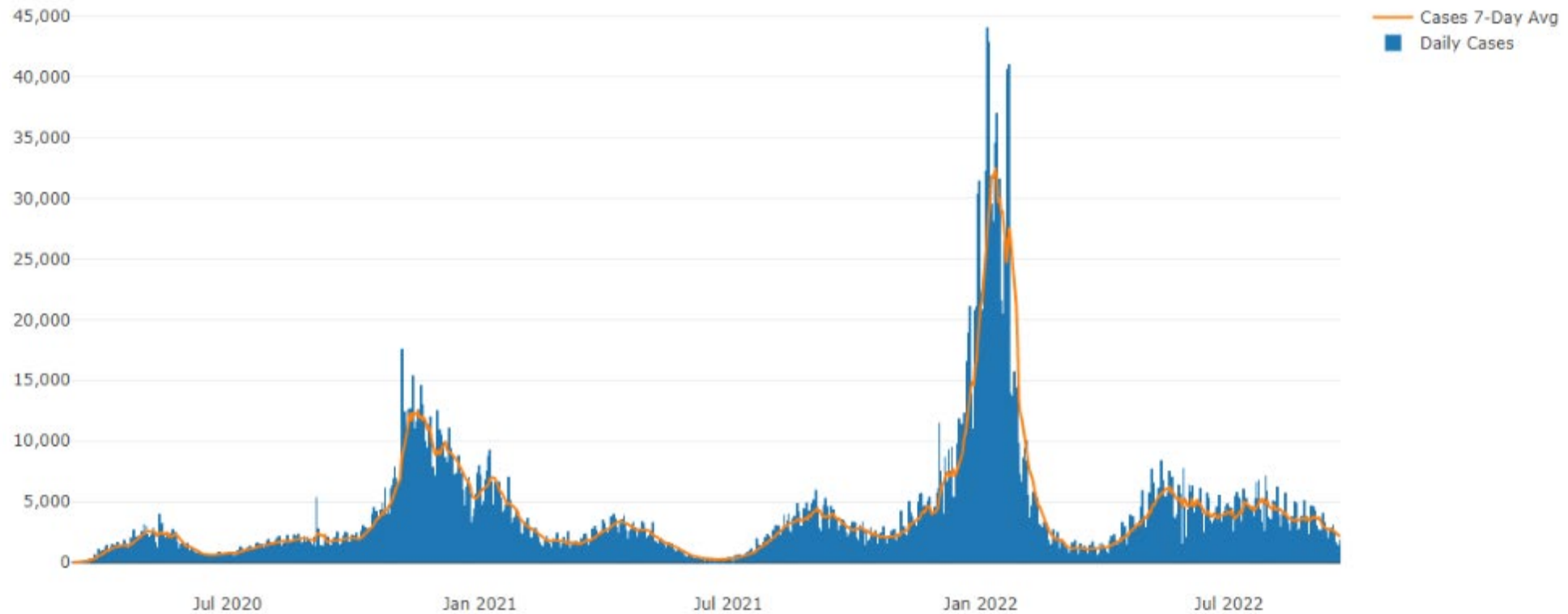
*Total molecular and antigens tests performed and reported electronically for testing of COVID-19 at IDPH, commercial or hospital laboratories. All numbers displayed are provisional and will change.

<https://dph.illinois.gov/covid19.html>

COVID-19 Variants of Concern

Variant Proportions Chart

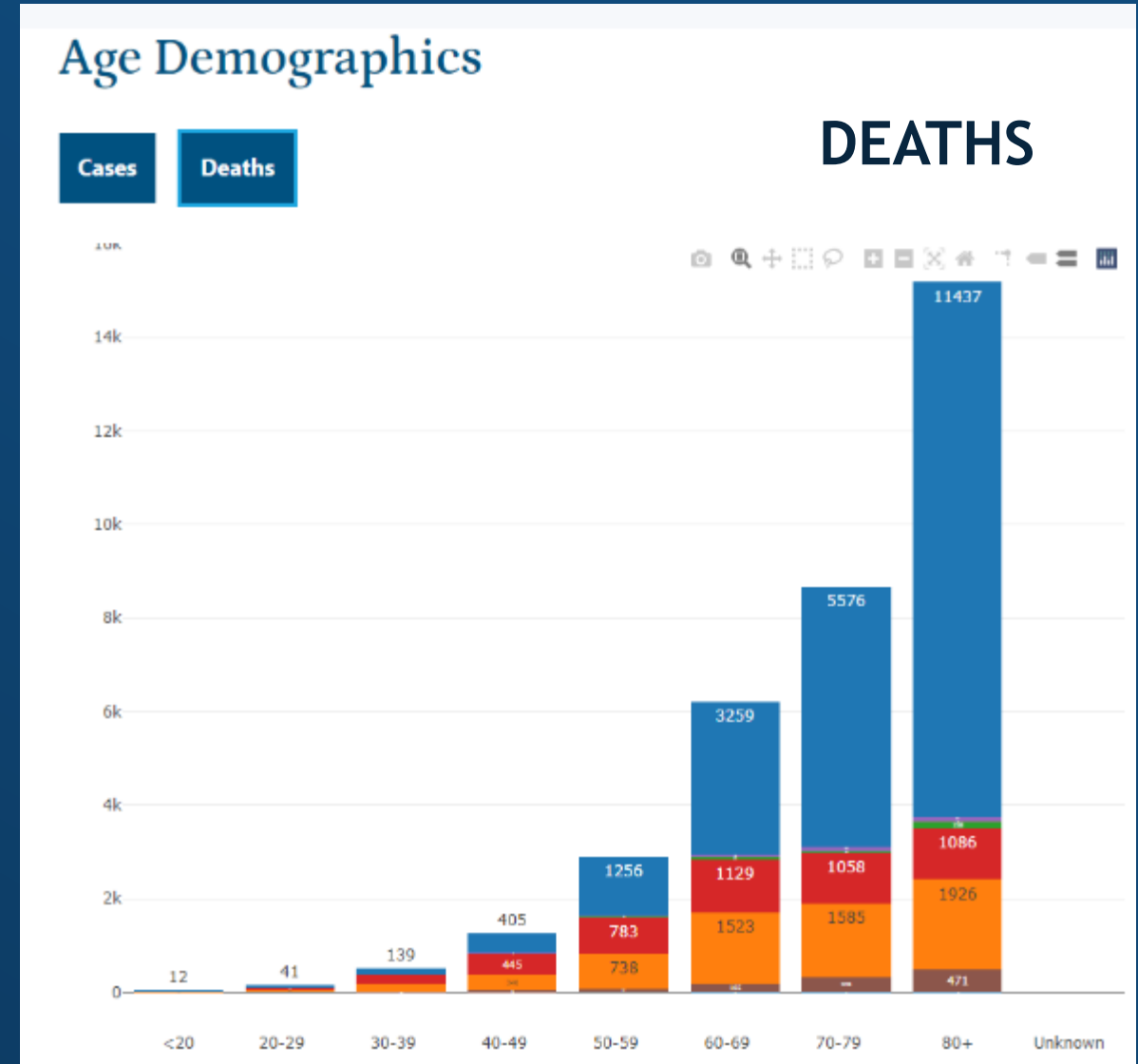
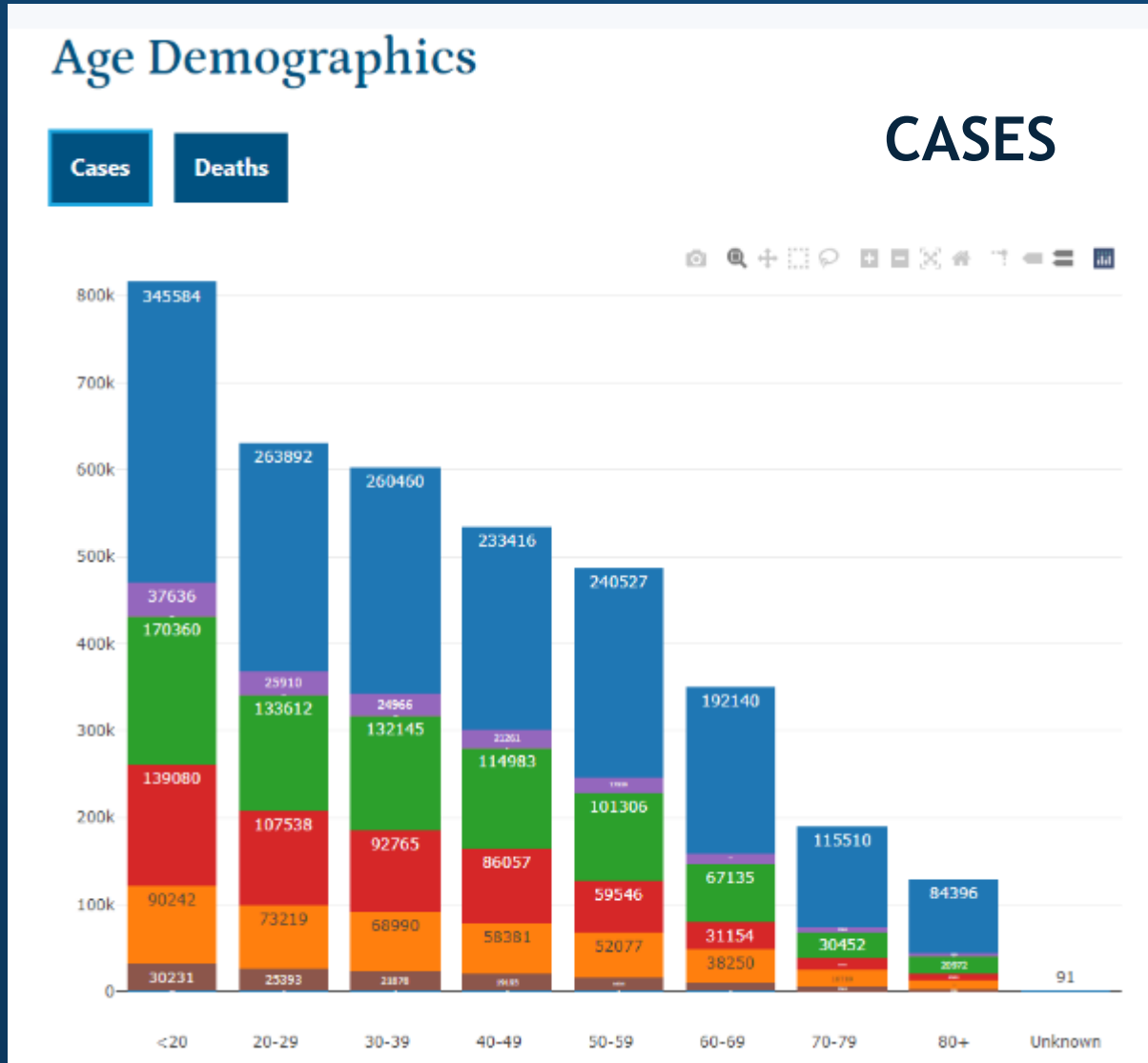




- COVID-19 BA.4 and BA.5 now predominate in the U.S. and Illinois
- Hospitalizations are increasing as the volume of cases increases
- Thus far no sign that illnesses are more severe
- There are 25,000 new COVID-19 cases and 70-80 deaths occurring each week in Illinois

COVID-19 cases and deaths vary markedly by age

Data as of 09/20/22





ACIP Meeting COVID-19 Bivalent Booster Vaccine Sept 1, 2022

Meeting slides located at:

<https://www.cdc.gov/vaccines/acip/meetings/slides-2022-09-01-02.html>

Advisory Committee on Immunization Practices (ACIP)

CDC > ACIP Home



🏠 ACIP Home

Meeting Information

Committee Information +

Committee Members +

Apply for ACIP Membership

Work Groups +

Recommendations +

Evidence Based
Recommendations +

ACIP Meeting Information

The ACIP holds three regular meetings each year, in addition to emergency sessions, at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. The purpose is to review scientific data and vote on vaccine recommendations. Meetings are open to the public and available online via live webcast.

[Hotels Located Near ACIP Meeting](#)

[Federal Register](#)

Meeting Registration

Public Comment

Upcoming Meetings

Meeting Materials

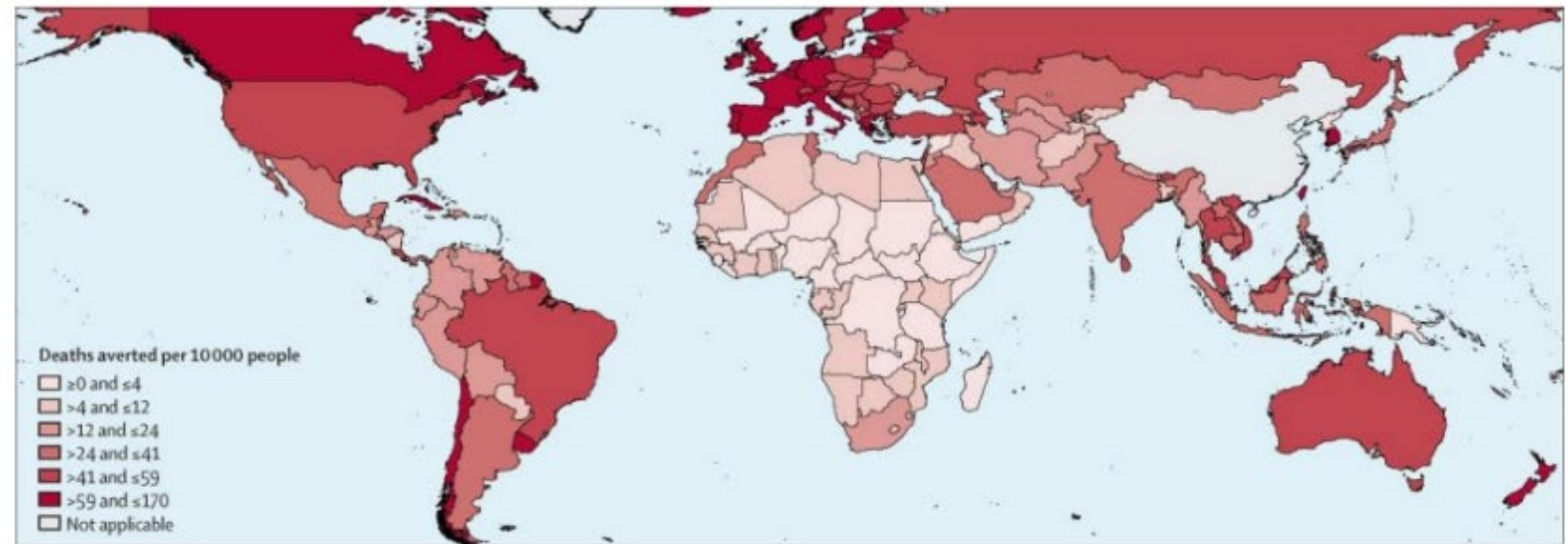
ACIP Meeting Registration

Registration is not required to watch ACIP Meeting webcasts.

ACIP Meeting Document
Archives
1964-Present

Global impact of the first year of COVID-19 vaccinations: Mathematical model of transmission and infection based on official reported COVID-19 deaths, 185 countries, December 2020—December 2021

- COVID-19 vaccinations are estimated to have prevented **13.7-15.9** million deaths
- This represents an estimated **63% reduction in** total COVID deaths globally



ACIP COVID-19 Work Group Meeting Review: August 2022

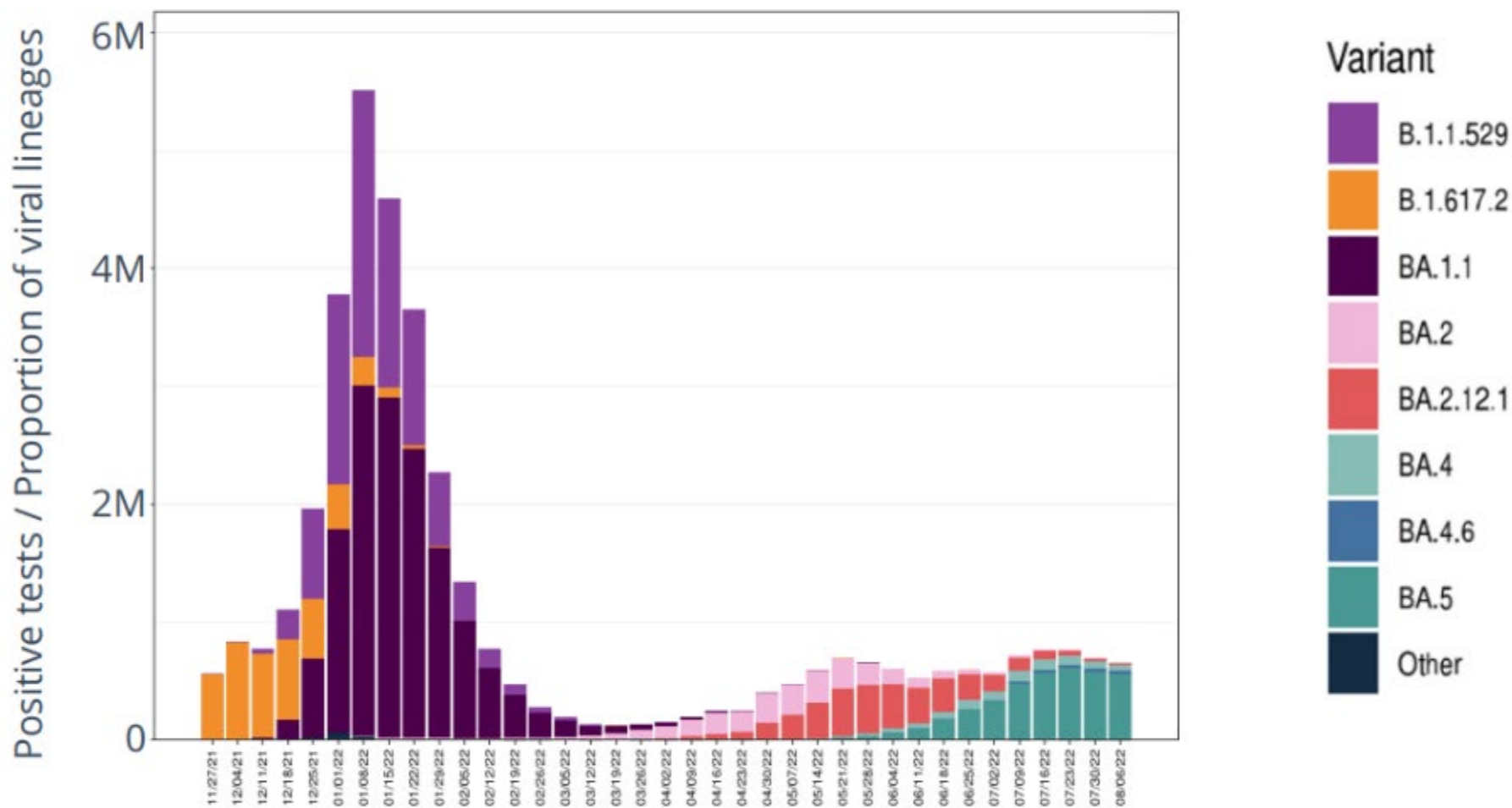
Reviewed extensive data regarding to bivalent boosters and context:

- Data from multiple clinical trials of bivalent boosters, including those with an Omicron component, demonstrating **safety and immunogenicity in >1700 adults** both with and without prior SARS-CoV-2 infection
 - **>1400** individuals received a bivalent vaccine with the **Omicron** component specifically
- Antigenic cartography and immunologic implications of SARS-CoV-2 variants
- Modeling of pandemic outcomes in varied scenarios, demonstrating potential impact of new variants and varying vaccine/booster coverage
- Rare events of myocarditis after COVID-19 vaccination
- Epidemiology of COVID-19 disease and variants, including the currently dominant **Omicron BA 4/5** variant

Engaged in broad discussions regarding use of bivalent boosters in people of all age groups currently recommended to receive a booster

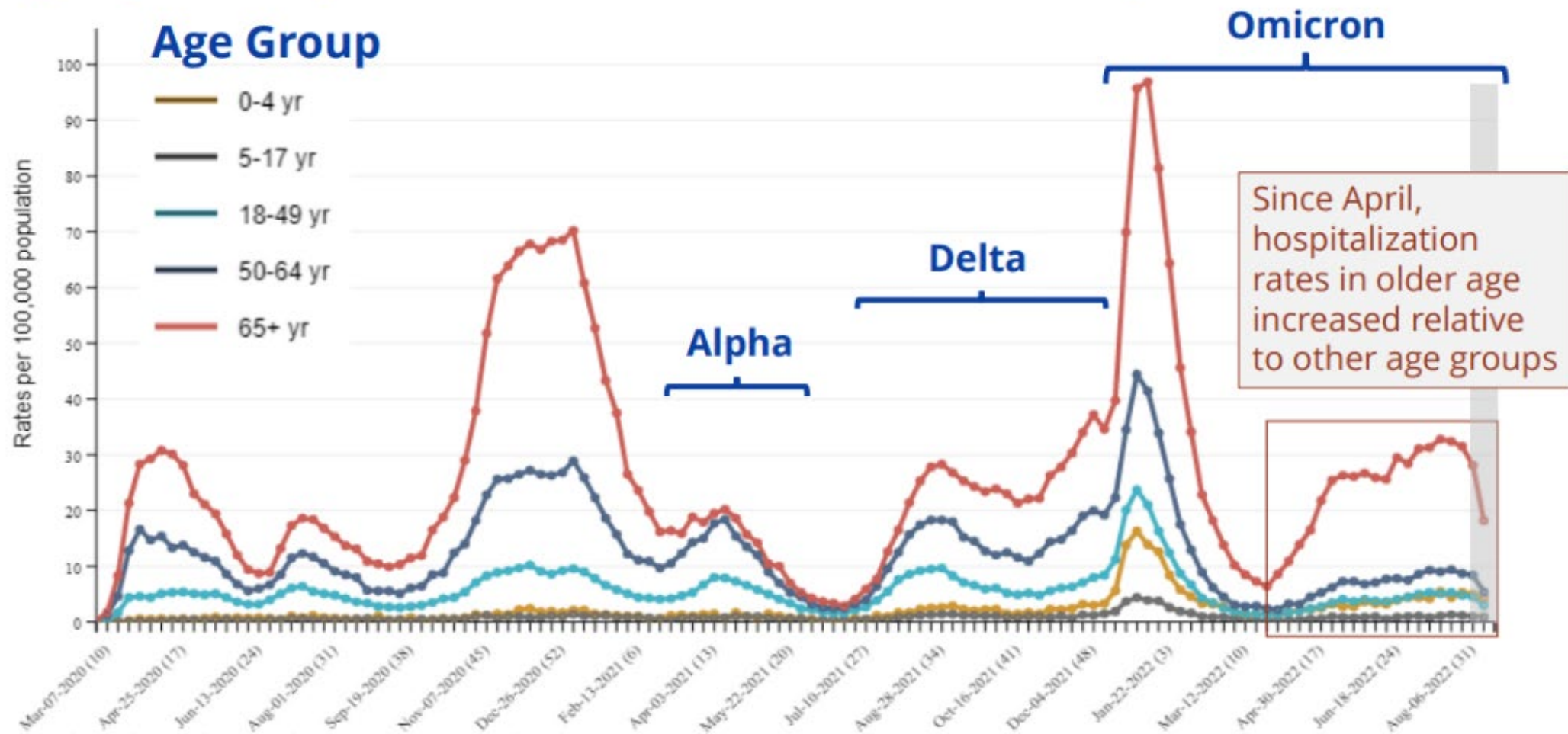
Estimated Number of Reported COVID-19 Cases by Variant

Variant Proportions Scaled by Positive Nucleic Acid Amplification Test (NAAT) Counts



CDC COVID-19 Lab Coordinating Unit Strain Surveillance and Emerging Variant Group. Data sources: <https://covid.cdc.gov/covid-data-tracker/#variant-proportions> and https://covid.cdc.gov/covid-data-tracker/#trends_newtestresultsreported_7daytestingpositive_00

Weekly Trends in COVID-19-Associated Hospitalization Rates by Age Group — COVID-NET, March 2020 – August 20, 2022



Grey shaded area denotes the most recent 2 weeks where reporting is <95% complete.

Source: COVID-NET; https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html Accessed August 26, 2022

COVID-19 Vaccinations in the United States

As of August 24, 2022

| | |
|--|------------------------------------|
| 223.9M People vaccinated with a primary series | 72% Population ≥5 Years of Age |
| 108.5M People received a first booster dose* | 49% Population ≥5 Years of Age |
| 23.1M People received a second booster dose* | 34% Population ≥50 Years of Age |

Differences in vaccination coverage by:

- Age, with lower primary series coverage in children
- Race/ethnicity, with lower booster coverage in most minority groups
- Disability status

*This includes people who received booster doses and people who received additional primary doses.

https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total Accessed August 24, 2022

Risk of Severe COVID-19 Illness

- Unvaccinated people at higher risk of severe illness compared with vaccinated people
- Most (75%) vaccinated people with severe COVID-19 illness have multiple risk factors:
 - Older age (most ≥ 65 years, but with risk increasing with age)
 - Underlying medical conditions (with risk increasing with number of underlying conditions)
 - › Immunosuppression
 - › Diabetes mellitus
 - › Chronic kidney disease
 - › Chronic lung disease
 - › Chronic cardiovascular disease
 - › Chronic neurologic disease
- Antiviral drugs can help reduce risk of severe illness in people at higher risk, regardless of vaccination status

Yek et al. MMWR 2022;71:19–25. <https://www.cdc.gov/mmwr/volumes/71/wr/mm7101a4.htm>; Taylor et al. MMWR 2022;71:466-473: <http://dx.doi.org/10.15585/mmwr.mm7112e2> and unpublished COVID-NET data, as described here; Malden et al. MMWR 2022; 71(25);830-833: <https://www.cdc.gov/mmwr/volumes/71/wr/mm7125e2.htm> ; Gold et al. MMWR 2022; 71(25);825-829: <https://www.cdc.gov/mmwr/volumes/71/wr/mm7125e1.htm> ; Najjar-Debbiny et al. CID 2022;, ciac443, <https://doi.org/10.1093/cid/ciac443>
Dryden-Peterson et al. medRxiv 2022.06.14.22276393; <https://doi.org/10.1101/2022.06.14.22276393>

COVID-19 Bivalent Booster Dose Considerations



Bivalent Booster Authorized

- On August 31, 2022:
 - Moderna COVID-19 Vaccine, Bivalent authorized for use in people ages 18 years and older.
 - Pfizer-BioNTech COVID-19 Vaccine, Bivalent authorized for use in people ages 12 years and older
- Authorized as single booster dose administered at least 2 months after either:
 - Completion of primary vaccination with any authorized or approved monovalent COVID-19 vaccine, or
 - Receipt of the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine

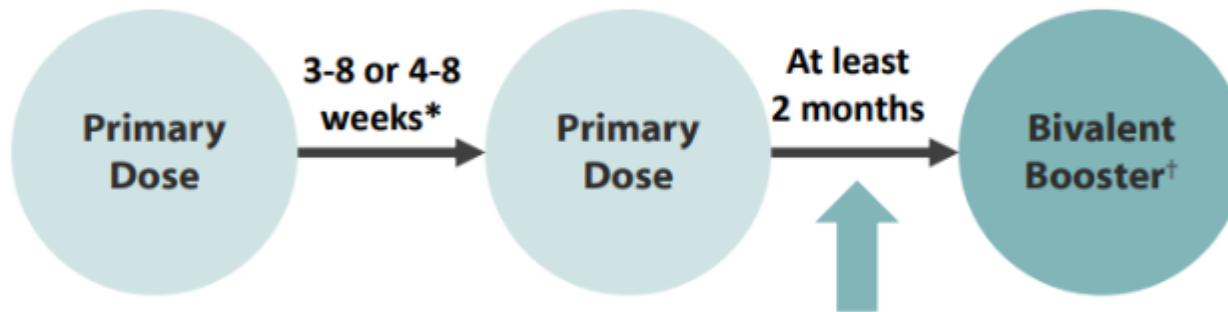
Bivalent Booster Recommendations

- Everyone ages 12 years and older is recommended to receive 1 age-appropriate bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or last monovalent booster dose.
 - People cannot get a bivalent booster without first completing at least a primary series
 - Age-appropriate homologous and heterologous boosters allowed; there is no preference
- At this time, no changes to schedules for children ages 6 months through 11 years.

COVID-19 Vaccination Schedule for People who are **NOT** Moderately or Severely Immunocompromised

People ages 12 years and older

*Moderna,
Novavax, or
Pfizer-BioNTech
Primary Series*



Regardless of previous monovalent booster doses given

People ages 18 years and older

*Janssen Primary
Series Dose*



Regardless of previous monovalent booster doses given

*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

† The bivalent booster dose is administered at least 2 months after completion of the primary series.

For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.

LTCF Options for COVID-19 Bivalent Booster Doses

COVID-19 vaccines are federal assets

- Bivalent booster vaccine doses are being prioritized for LTCFs
- No shortage of Pfizer BioNTech product – can be used for every booster dose regardless of prior vaccine product received
- Moderna currently tighter supply
- Schedule a vaccination clinic with usual provider
 - LTC pharmacies
 - Retail Pharmacies
 - Ideally co-administer influenza vaccinations
- LTC facilities able to accept, store, administer, and report on COVID-19 vaccine may wish to [enroll with ICARE as a COVID-19 vaccine provider](#)
- Contact local health department if encountering difficulties

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- For continuing education credit, please fill out the following evaluation by October 7th, 2022:
 - For continuing education credit, complete evaluation at <https://redcap.dph.illinois.gov/surveys/?s=RFCAPNK7X3HFWEDL>
- 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>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**