# COVID-19 Question and Answer Session for Long-Term Care and Congregate Residential Settings

January 7th, 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

# Agenda

- Upcoming Webinars
- Test Reporting
- COVID-19 Vaccine Safety
- Recent Guidance Updates
- Open Q & A

**Slides and recording will be made available after the session.**

# IDPH webinars

## Upcoming Friday Brief Updates and Open Q&A
## 1:00 pm - 2:00 pm

| | |
|---|---|
| Friday, January 21st | https://illinois.webex.com/illinois/onstage/g.php?MTID=e186e9ec449223208b4036456b181fd39 |
| Friday, January 28th | https://illinois.webex.com/illinois/onstage/g.php?MTID=e7219111798c190cbec52c8eae6c4836c |

**Previously recorded webinars can be viewed on the IDPH Portal**

**Slides and recordings will be made available after the sessions.**

IDPH
Illinois Department of Public Health

# Point-of-Care Test Results vs. Aggregate Testing and Vaccination Numbers

Reporting Reminders

# Reporting: Point-of-Care Test Results

- If your facility is doing in-house point-of-care testing (e.g., BinaxNOW), you are functioning as a lab and must report results as a condition of your CLIA waiver and as required by HHS.

| Reporting Requirement | Example Reporting Elements | Reporting Timeframe | LTC facility type | Reporting Location |
|---|---|---|---|---|
| Point-of-Care Test Results | Name, DOB, Address, Test Type, Positive/ negative result | Within 24 hours of test finalization | CMS-certified skilled nursing | National Healthcare Safety Network (NHSN) or SimpleReport |
| | | | Non-CMS-certified, IDPH licensed | SimpleReport |

# SimpleReport

- User guide: https://www.simplereport.gov/assets/resources/SimpleReport-user-guide.pdf
- Training videos: https://www.youtube.com/playlist?list=PL3U3nqqPGhab0sys3ombZmwOplRYlBOBF

## SARS-CoV-2 result

**Patient details**

| | |
|---|---|
| **Name** | Doe, John |
| **Date of birth** | 11/10/2000 |

**Testing facility details**

| | |
|---|---|
| **Facility name** | Testing Site |
| **Facility phone** | 8002324636 |
| **Facility address** | 1001 Rodeo Dr<br>Los Angeles, CA 90000 |
| **CLIA number** | 999888777-6 |
| **Ordering provider** | Flintstone, Fred |
| **NPI** | PEBBLES |

**Test details**

| | |
|---|---|
| **Specimen ID** | f1a1ed2b-835c-4ff3-8e8d-f1a2679ad39a |
| **Test name** | LumiraDX |
| **Test device** | LumiraDx SARS-CoV-2 Ag Test* |
| **Test date** | 01/03/2022 |
| **Test result** | **Positive** |

# Reporting: Aggregate Testing and Vaccination Numbers

| Reporting Requirement | Example Reporting Elements | Reporting Timeframe | LTC facility type | Reporting Location |
|---|---|---|---|---|
| Aggregate Testing and Vaccination Numbers | Total number of tests done in the last week, Total vaccination numbers, Total booster numbers | Weekly | CMS-certified skilled nursing | NHSN |
| | | | Non-CMS-certified, IDPH licensed | Smartsheet form |

# Weekly LTC reporting requirements for **aggregate** testing and vaccination data

- Emergency rules issued 11/5/21 requiring reporting
- Office of Health Care Regulation has been sending non-compliance letters to LTCFs that have not reported.

**TITLE 77: PUBLIC HEALTH**
**CHAPTER I: DEPARTMENT OF PUBLIC HEALTH**
**SUBCHAPTER c: LONG-TERM CARE FACILITIES**

- PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE
- PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE
- PART 330 SHELTERED CARE FACILITIES CODE
- PART 340 ILLINOIS VETERANS' HOMES CODE
- PART 350 INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE
- PART 370 COMMUNITY LIVING FACILITIES CODE
- PART 380 SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES CODE
- PART 390 MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE

# LTC COVID-19 Vaccination and Testing Reporting

The Illinois Department of Public Health is requiring all licensed long-term care facilities that are not required to report COVID-19 vaccination and testing aggregate data into the National Healthcare Safety Network (NHSN) to report this data to the department weekly utilizing this form.

For answers to frequently asked questions, please visit this link: https://dph.illinois.gov/covid19/community-guidance/long-term-care/ltc-reporting-faq.html .

Facility Name *

Please select your facility name from the dropdown. If your facility name is not listed or the facility name has changed, please select "OTHER" from the dropdown menu.

Select

Facility License Number *

Point of Contact *

Point of Contact Phone Number *

+1 (___) ___-____

Point of Contact Email *

## Vaccinations

Has your facility scheduled booster or additional dose clinics? *

- ◯ Yes
- ◯ No

Total # of Staff *

Total # of Staff Fully Vaccinated *

Total # of Staff Who Have Received Booster or Additional Dose *

Total # of Residents *

Total # of Residents Fully Vaccinated *

Total # of Residents Who Have Received Booster or Additional Dose *

# NHSN COVID-19 REPORTING

| Title of Pathway | Resident Impact and Facility Capacity Pathway | Staff and Personnel Pathway | Supplies and PPE Pathway | Therapeutics Pathway | Resident and Staff Vaccination | POC Testing Reporting Tool |
|---|---|---|---|---|---|---|
| Who Reports | CMS-Certified SNFs | CMS-Certified SNFs | CMS-Certified SNFs | CMS-Certified SNFs | CMS-Certified SNFs | CMS-Certified SNFs who have a CLIA waver and perform POC tests |
| What is Reported | • Resident COVID-19 infections<br>• Resident total and COVID-19 deaths<br>• Resident beds and census<br>• Access to COVID-19 testing | • Staff COVID-19 infections<br>• Staff COVID-19 deaths<br>• Staffing shortages | Facility personal protective equipment and hand hygiene supplies | Therapeutics administered to residents for treatment of COVID-19 | Total numbers of residents and staff vaccinated | Details of positive and negative point-of-care tests |

- LTC COVID-19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html
- CMS Reporting Requirements: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/cms-covid19-req-508.pdf
- Staff and Resident Vaccination Reporting: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

# Recap

| LTC facility type | Reporting Requirement | Reporting Location |
|---|---|---|
| CMS-certified skilled nursing | Point-of-Care Test Results | NHSN or SimpleReport |
| | Aggregate case, death, and vaccination numbers | NHSN |
| Non-CMS-certified, IDPH licensed | Point-of-Care Test Results | SimpleReport |
| | Aggregate test and vaccination numbers | Smartsheet |

NOTE: Please also remember to notify your local health department if you have cases so that they are aware and can discuss infection control measures as needed.

# More about COVID-19 vaccine safety…

# Adverse Events Following COVID-19 Vaccination

- **COVID-19 vaccines are safe and effective.**
- **Anaphylaxis after COVID-19 vaccination is rare** and has occurred in approximately 5 people per one million vaccinated in the United States. Anaphylaxis, a severe type of allergic reaction, can occur after any kind of vaccination. If it happens, healthcare providers can effectively and immediately treat the reaction.
- **Thrombosis with thrombocytopenia syndrome (TTS) after J&J/Janssen COVID-19 vaccination is rare.** TTS is a rare but serious adverse event that causes blood clots in large blood vessels and low platelets (blood cells that help form clots). As of December 16, 2021, more than 17.2 million doses of the J&J/Janssen COVID-19 vaccine have been given in the United States.

  **CDC and FDA identified 57 confirmed reports of people who got the J&J/Janssen COVID-19 vaccine and later developed TTS. There have been 9 deaths in women ages 30 – 49 years.**

# Adverse Events Following COVID-19 Vaccination

- **Guillain-Barré Syndrome (GBS) in people who have received the J&J/Janssen COVID-19 vaccine is rare.** GBS is a rare disorder where the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis. Most people fully recover from GBS, but some have permanent nerve damage.
- After more than 17.2 million J&J/Janssen COVID-19 vaccine doses administered, **there have been around 283 preliminary reports of GBS identified in VAERS as of December 16, 2021**.
- These cases have largely been reported about 2 weeks after vaccination and mostly in men, many in those ages 50 years and older.

# Johnson & Johnson/Janssen COVID-19 vaccine safety

- In most situations, Pfizer-BioNTech or Moderna COVID-19 vaccines are preferred for primary and booster vaccination due to the risk of serious adverse events with the J&J/Janssen vaccine.
- The J&J/Janssen COVID-19 vaccine may be considered in some situations, including for persons who:
  - Had a severe reaction after an mRNA vaccine dose or who have a severe allergy to an ingredient of Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines).
  - Would otherwise remain unvaccinated for COVID-19 due to limited access to Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines).
  - Wants to get the J&J/Janssen COVID-19 vaccine despite the safety concerns.

# Booster Doses Recommended for age 16 and older

| If you received | Booster eligibility | When | Which vaccine? |
| --- | --- | --- | --- |
| Pfizer BioNTech | Who should get a booster: Everyone **12 years** and older | At least **5 months** after completing the primary COVID-19 vaccination series | Pfizer or Moderna vaccines are preferred<br><br>**Youth 12 –17 years old** may only get a Pfizer COVID-19 vaccine booster |
| Moderna | Who should get a booster: Adults **18 years** and older | At least **6 months** after completing the primary COVID-19 vaccination series | Pfizer or Moderna vaccines are preferred |
| Janssen/J&J | Who should get a booster: Adults **18 years** and older | At least **2 months** after receiving your J&J/Janssen COVID-19 vaccination | Pfizer or Moderna vaccines are preferred |

0 Sign in Sign up

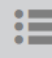
# FEDERAL REGISTER

The Daily Journal of the United States Government

# Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination

A Rule by the Centers for Medicare & Medicaid Services on 11/05/2021

PUBLISHED DOCUMENT



## AGENCY:

Centers for Medicare & Medicaid Services (CMS), HHS.

DOCUMENT DETAILS

**Printed version:**
PDF

Site Feedback

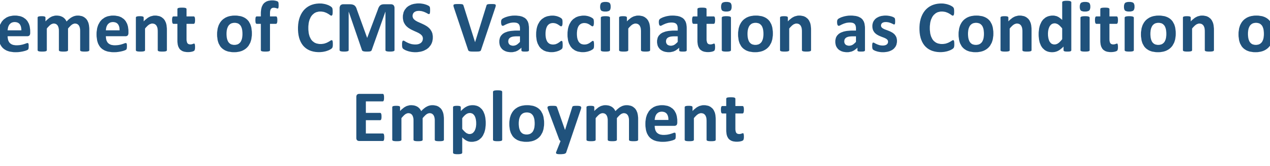
NEWS

BREAKING: CMS details vaccination ta
mandate guidance

KIMBERLY MARSELAS
@KIMMARSELAS

DECEMBER 29, 2021
SHARE

The Centers for Medicare & Medicaid Services on Tuesday issued surveyor guidance on assessing long-term care facilities' compliance with a federal mandate for healthcare worker COVID-19 vaccinations.



# Enforcement of CMS Vaccination as Condition of Employment

https://www.cms.gov/files/document/qso-22-07-all.pdf

- Yes, it does apply to Illinois
- Ref: QSO-22-07-ALL, December 28, 2021

**Within 30 days**

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19
- Facilities with a staff vaccination rate above 80% at survey with a specific plan to achieve a 100% rate within 60 days would not be subject to additional enforcement action

**Within 60 days**

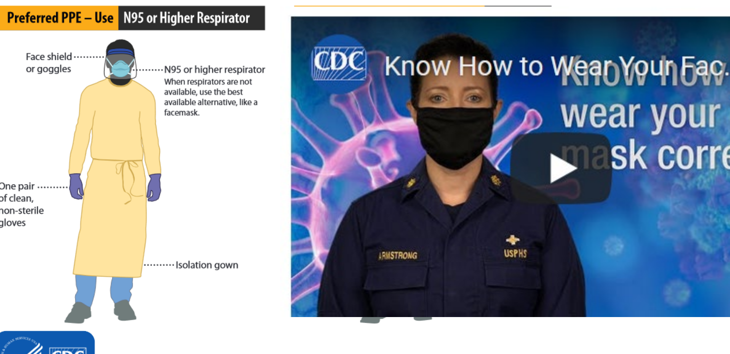
- 100% of staff have received the necessary doses to complete the vaccine series
- At the 60-day mark, a facility above 90% with a plan to achieve a 100% staff vaccination rate within an additional 30 days would not be subject to additional enforcement action.

**Within 90 days and thereafter**

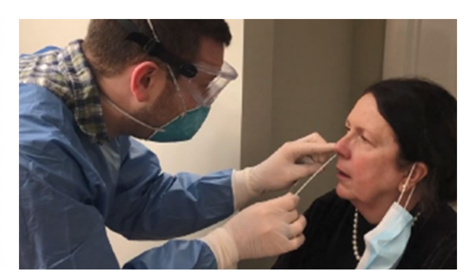
- Facilities failing to maintain compliance with the 100% standard may be subject to enforcement action

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

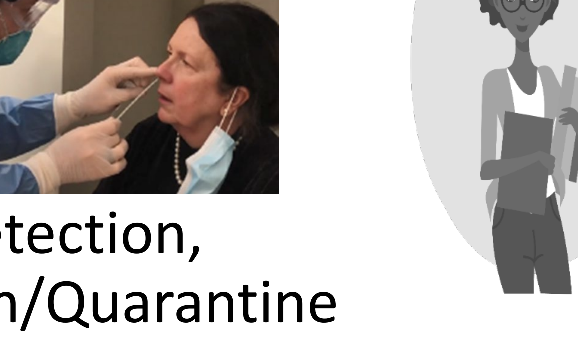
General Vaccine Administration



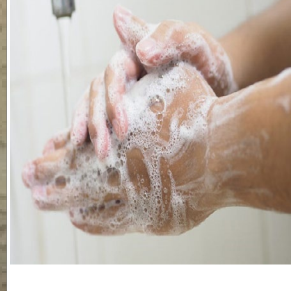

Source Control / PPE



Detection, Isolation/Quarantine

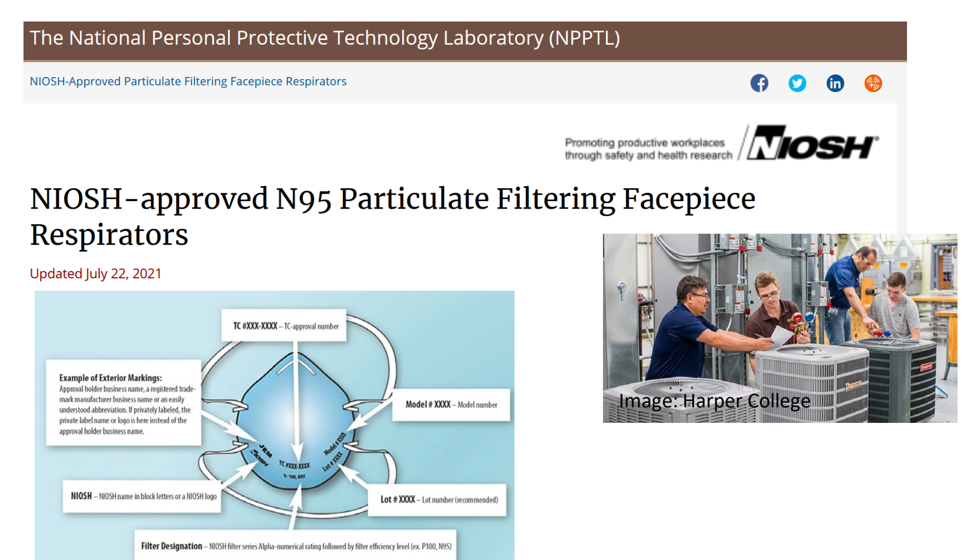


Screening and Surveillance



Hand Hygiene

Surface Cleaning / Disinfecting




Respiratory Protection / Ventilation

# Core Infection Prevention Practices

# Who Can Get a Booster Shot

| IF YOU RECEIVED | Who should get a booster: | When to get a booster: | Which booster can you get: |
| --- | --- | --- | --- |
| **Pfizer-BioNTech** | • Everyone 12 years and older | • At least 5 months after completing your primary COVID-19 vaccination series | • Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations<br>• Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster |
| **Moderna** | • Adults 18 years and older | FDA NEWS RELEASE<br>**Coronavirus (COVID-19) Update: FDA Shortens Interval for Booster Dose of Moderna COVID-19 Vaccine to Five Months**<br>vaccination series | Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations |
| **Johnson & Johnson's Janssen*** | • Adults 18 years and older | • At least 2 months after receiving your J&J/Janssen COVID-19 vaccination | • Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations |

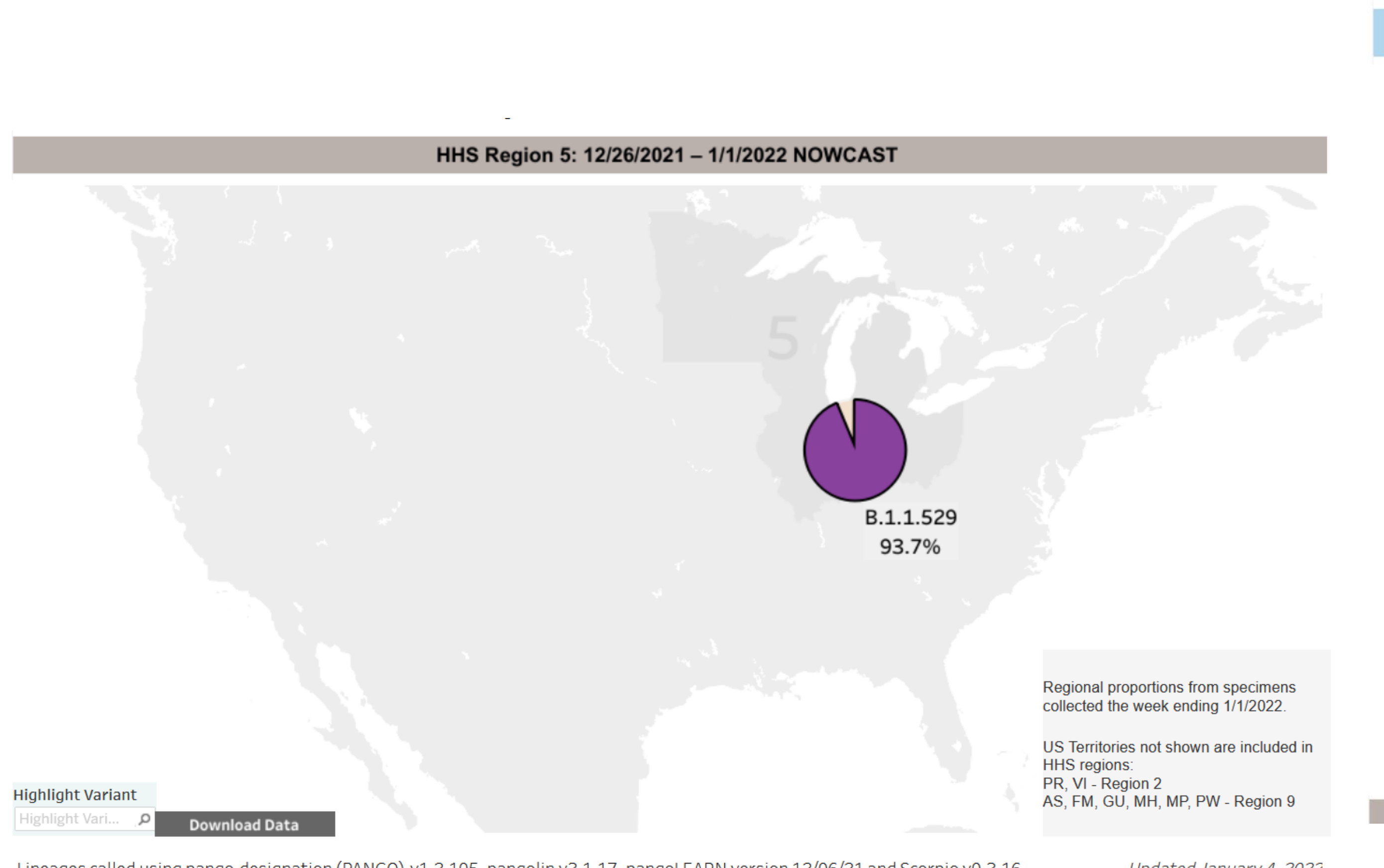
*Although mRNA vaccines are preferred, J&J/Janssen COVID-19 vaccine may be considered in some situations.

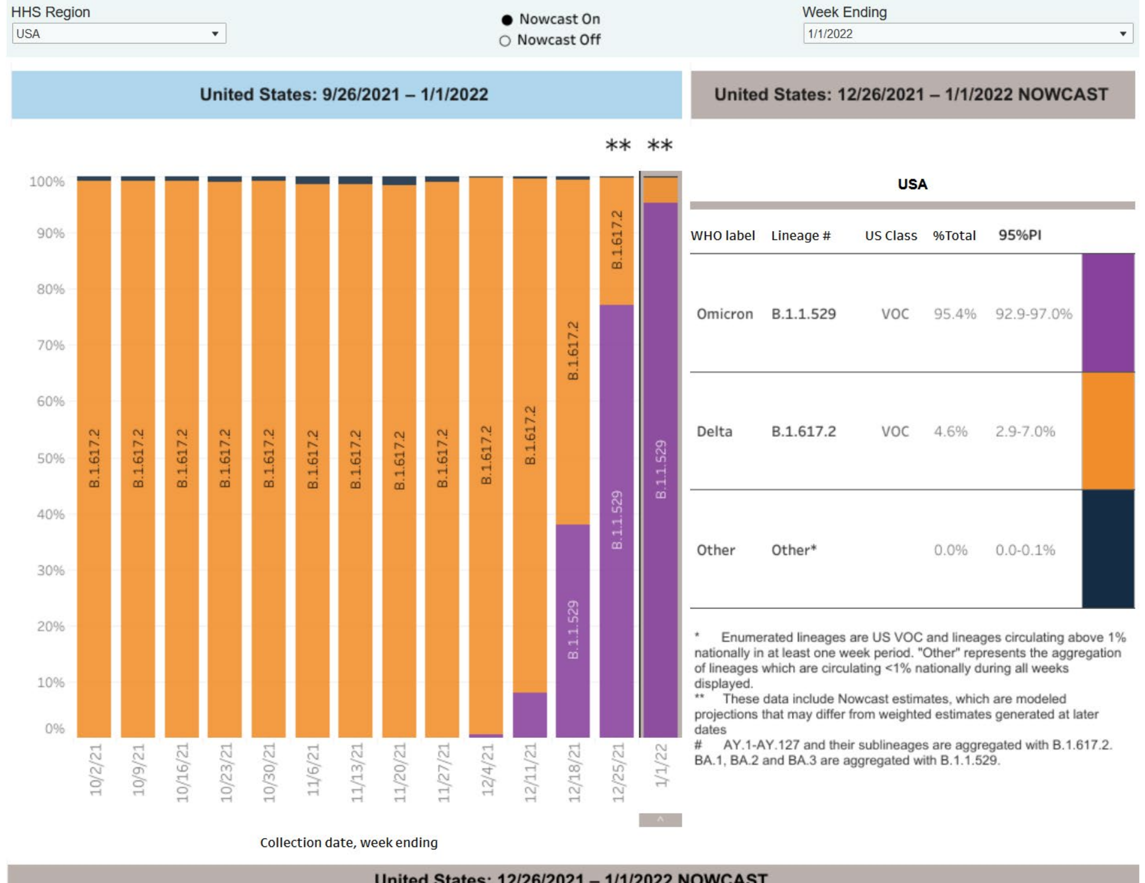
## Boosters are important too!!!

"The booster is particularly important … because we've seen that omicron can evade some of our defenses," said Surgeon General Vivek Murthy, M.D.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

# Delta vs. Omicron Variants of the SARS-CoV-2 Virus
# HHS Region 5: 93.7% (94.84% in Illinois) of new positive samples are Omicron (January 4, 2022)




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

IDPH
Illinois Department of Public Health

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search COVID-19

# COVID-19





# What We Know About Quarantine and Isolation

Updated Jan. 4, 2022 Languages Print

**Quarantine and Isolation:** Learn the latest recommendations after COVID-19 exposure or if you are sick.

## Why CDC Shortened Isolation and Quarantine for the General Population

COVID-19 cases due to the Omicron variant have increased along with seasonal increases in influenza and other respiratory virus infections. The potential for a large number of cases raises serious concerns about societal impact due to illness, as well as isolation and quarantine requirements [1]. CDC has been monitoring the emerging science on when and for how long a person is maximally infectious with Omicron, as well as the effectiveness of COVID-19 vaccines and booster doses against Omicron infection. Data related to the mental health effects of the pandemic and adherence to prevention interventions have also been considered.

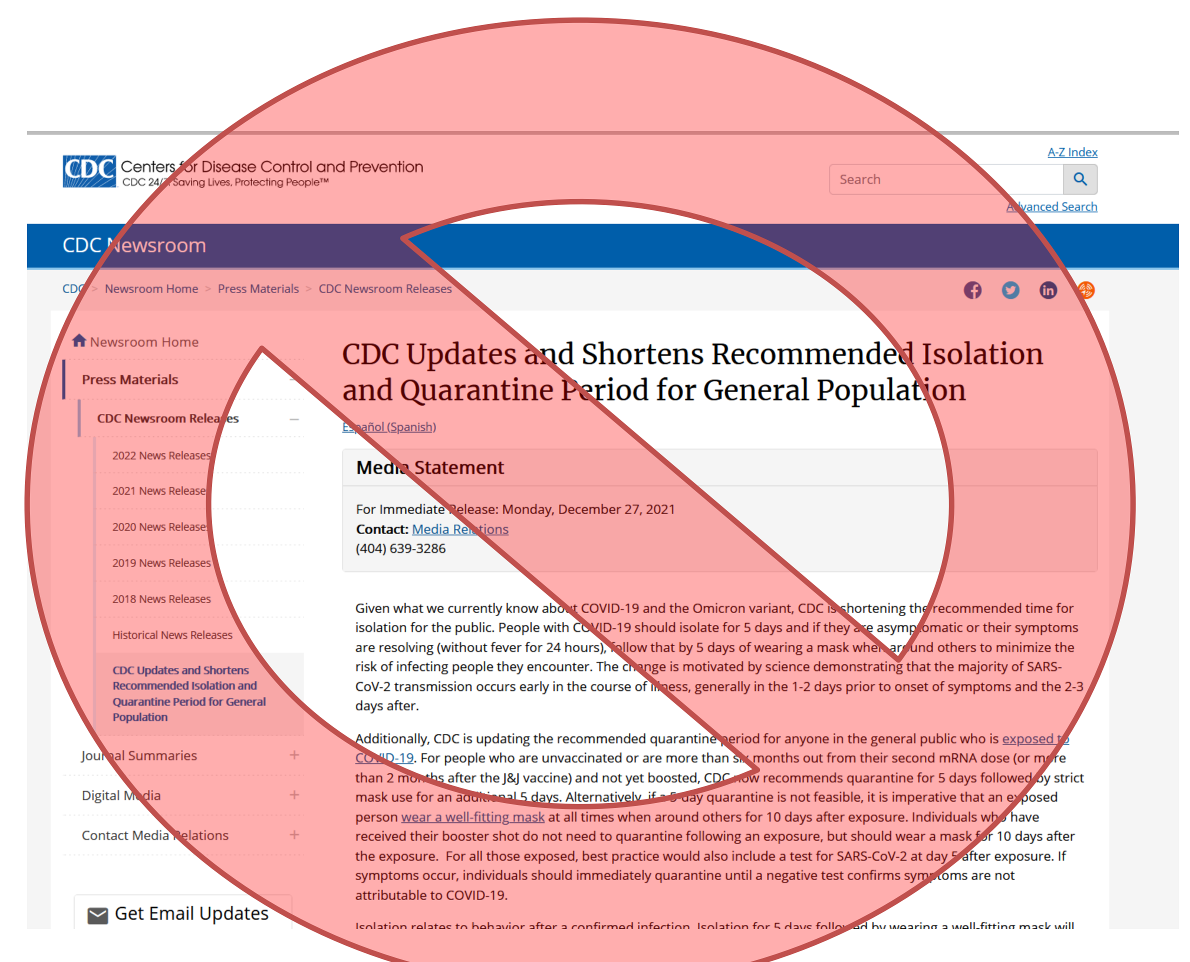
- *113 studies from 17 countries*
- *Most SARS-CoV-2 transmission occurs early in the course of infection*
- *Infectiousness peaks around one day before symptom onset and declines within a week of symptom onset*
- *Average period of infectiousness and risk of transmission between 2-3 days before and 8 days after symptom onset*
- *The science is evolving, particularly for the Omicron variant, and some reports suggest that compared with previous variants, Omicron has a shorter incubation period (2-4 days), defined as the time between becoming infected and symptom onset*

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation-background.html

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

# General Population Guidance is NOT for Healthcare

- These recommendations do not apply to healthcare professionals
- For Healthcare professionals (December 23, 2021): Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
- For Patients, residents, and visitors to healthcare settings (September 10, 2021- awaiting update): Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index
Search
Advanced Search

CDC Newsroom

CDC > Newsroom Home > Press Materials > CDC Newsroom Releases

Newsroom Home
Press Materials
CDC Newsroom Releases
2022 News Releases
2021 News Releases
2020 News Releases
2019 News Releases
2018 News Releases
Historical News Releases
CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population
Journal Summaries
Digital Media
Contact Media Relations
Get Email Updates

## CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population

Español (Spanish)

**Media Statement**

For Immediate Release: Monday, December 27, 2021
**Contact:** Media Relations
(404) 639-3286

Given what we currently know about COVID-19 and the Omicron variant, CDC is shortening the recommended time for isolation for the public. People with COVID-19 should isolate for 5 days and if they are asymptomatic or their symptoms are resolving (without fever for 24 hours), follow that by 5 days of wearing a mask when around others to minimize the risk of infecting people they encounter. The change is motivated by science demonstrating that the majority of SARS-CoV-2 transmission occurs early in the course of illness, generally in the 1-2 days prior to onset of symptoms and the 2-3 days after.

Additionally, CDC is updating the recommended quarantine period for anyone in the general public who is exposed to COVID-19. For people who are unvaccinated or are more than six months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days. Alternatively, if a 5-day quarantine is not feasible, it is imperative that an exposed person wear a well-fitting mask at all times when around others for 10 days after exposure. Individuals who have received their booster shot do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure. For all those exposed, best practice would also include a test for SARS-CoV-2 at day 5 after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.

Isolation relates to behavior after a confirmed infection. Isolation for 5 days followed by wearing a well-fitting mask will

Recommended Work Restrictions for HCP Based on Vaccination Status and Type of Exposure

| Exposure | Personal Protective Equipment (PPE) used | Work Restriction for HCP who have received all COVID-19 vaccine and booster doses as recommended by CDC | Work Restriction for HCP who have not received all COVID-19 vaccine and booster doses as recommended by CDC |
|---|---|---|---|
| **Higher-risk**: HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection[3] | • HCP not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)[4]<br>• HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask<br>• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1] | • In general, no work restrictions.[5]<br>• Perform SARS-CoV-2 testing immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5-7 days after the exposure.[6]<br>• Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.<br>• Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. | **Option 1:**<br>• Exclude from work. HCP can return to work after day 7 following the exposure (day 0) if a viral test[6] is negative for SARS-CoV-2 and HCP do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned return to work (e.g., in anticipation of testing delays).<br>**Option 2:**<br>• Exclude from work. HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare facilities could consider testing[6] for SARS-CoV-2 within 48 hours before the time of planned return.<br>**In addition to Options above:**<br>• Follow all recommended |

# Note change: Guidance differentiates between HCP who have COVID-19 vaccine PLUS booster and those who have not had a booster

Recommended Work Restrictions for HCP Based on Vaccination Status and Type of Exposure

| Exposure | Personal Protective Equipment (PPE) used | Work Restriction for HCP who have received all COVID-19 vaccine and booster doses as recommended by CDC | Work Restriction for HCP who have not received all COVID-19 vaccine and booster doses as recommended by CDC |
|---|---|---|---|

# Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

## Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

## Work Restrictions for Asymptomatic HCP with Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted | No work restrictions, with negative test on days 2‡ and 5–7 | No work restrictions | No work restrictions |
| Vaccinated or Unvaccinated, even if within 90 days of prior infection | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CS328856-A | December 23, 2021 5:27 PM

cdc.gov/coronavirus

IDPH
Illinois Department of Public Health

# Conventional Capacity HCP Positive COVID-19
# 10 Full Days off with No Test/7 Full Days off with Negative Test

## Return to Work

Symptoms Onset or Positive Test **(Sunday):**

Stay Home

Day 0

Day 8 **with negative test** (a week from following Monday)

Day 11: No test return a week from the following **Thursday**

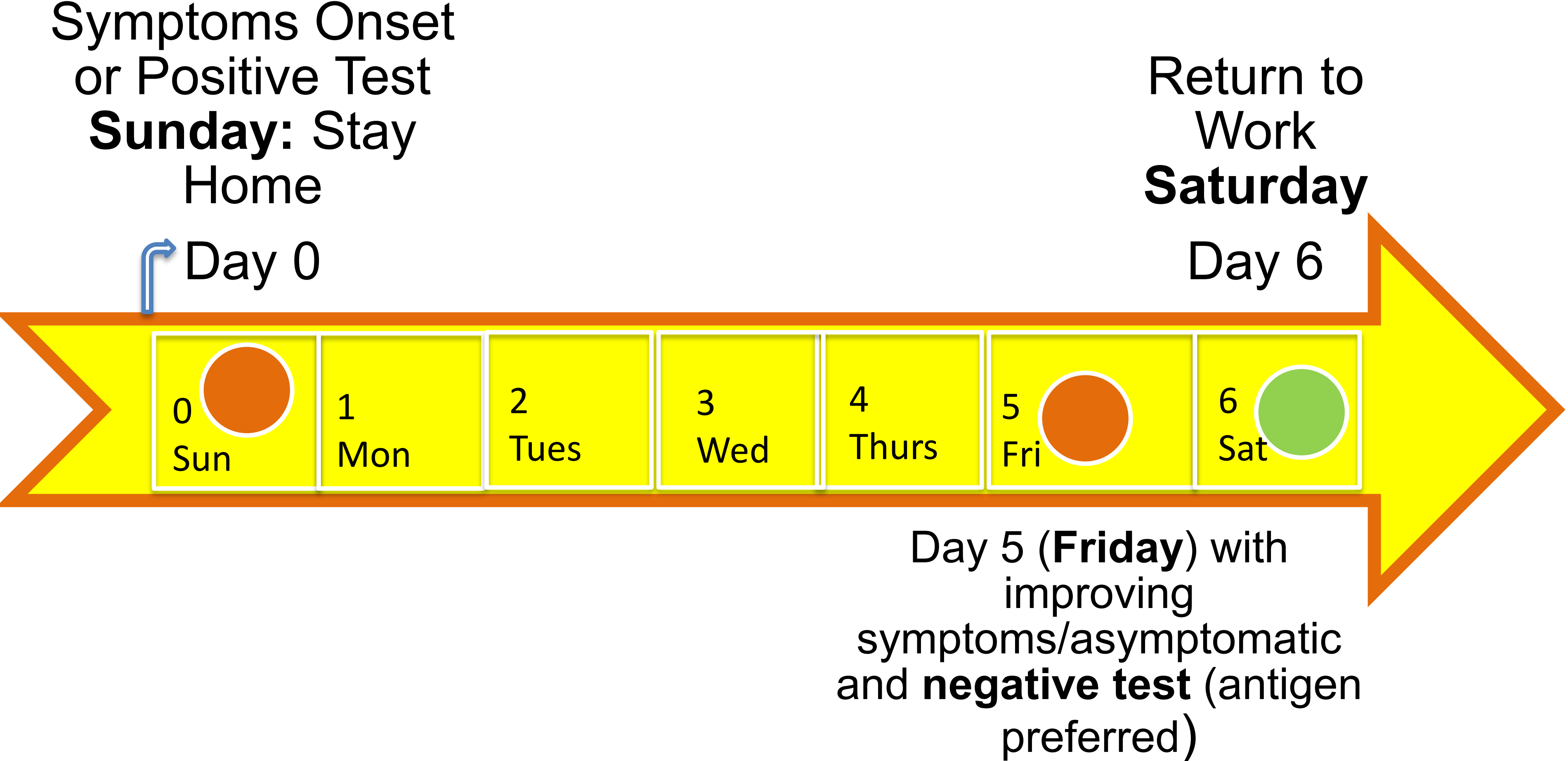
| 0 Sun | 1 Mon | 2 Tues | 3 Wed | 4 Thurs | 5 Fri | 6 Sat | 7 Sun | 8 Mon | 9 Tues | 10 Wed | 11 Thurs |
|---|---|---|---|---|---|---|---|---|---|---|---|

Day 7 (a week from following Sunday) **with negative test** with improving symptoms and negative test (antigen preferred)

Day 10 **without** test (a week from the following **Wednesday)** or

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation-background.html

# Contingent Capacity HCP Positive COVID-19
# 5 Full Days Off




IDPH
Illinois Department of Public Health

# Crisis Capacity HCP Positive COVID-19: Last Resort!

Positive Test with

No Symptoms:

Day 0

Last Resort May Work: Monitor frequently for symptoms of positive HCP

# Visitation Update January 6 CMS Q/A Update

- *States may instruct nursing homes to take additional measures to make visitation safer, while ensuring visitation can still occur.*
- *Includes requiring that, during visits, residents and visitors wear masks that are well-fitting, and preferably those with better protection, such as surgical masks or KN95.*
- *Nursing facilities should continue to consult with state and local health departments when outbreaks occur*
- *Determine when modifications to visitation policy would be appropriate.*
- *Facilities should document their discussions with the health department, and the actions they took to attempt to control the transmission of COVID-19.*
- *States should work with CMS on specific actions related to additional measures they are considering.*

January 6, 2022

**Nursing Home Visitation**
**Frequently Asked Questions (FAQs)**

CMS is providing clarification to recent guidance for visitation (see CMS memorandum QSO-20-39-NH REVISED 11/12/2021). While CMS cannot address every aspect of visitation that may occur, we provide additional details about certain scenarios below. However, the bottom line is visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights. In short, nursing homes should enable visitation following these three key points:

- Adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing;
- Don't have large gatherings where physical distancing cannot be maintained; and
- Work with your state or local health department when an outbreak occurs.

*States may instruct nursing homes to take additional measures to make visitation safer, while ensuring visitation can still occur. This includes requiring that, during visits, residents and visitors wear masks that are well-fitting, and preferably those with better protection, such as surgical masks or KN95. States should work with CMS on specific actions related to additional measures they are considering.*

# What is Flurona????

The Washington Post
*Democracy Dies in Darkness*

**Coronavirus** U.S. cases and deaths by state World map Vaccine FAQ Variant tracker Vaccine tracker Omicron variant FAQ Mask guidance

Health

## What is 'flurona'? Coronavirus and influenza co-infections reported as omicron surges.

Cases have been detected in countries including United States, Israel, Brazil, the Philippines and Hungary.

**<u>Not</u>** a new virus! Made up term by local and global media outlets

Person who has influenza and COVID-19 at the same time

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

# Long-term Care Updates

- Application of LTC Guidance

Healthcare Workers

Testing +

Clinical Care +

Infection Control +

Potential Exposure at Work

Optimizing PPE Supplies +

# Strategies to Mitigate Healthcare Personnel Staffing Shortages

Updated Dec. 23, 2021 Print

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

This guidance provides information on strategies to mitigate healthcare personnel staffing shortages during the COVID-19 pandemic. See history of updates.

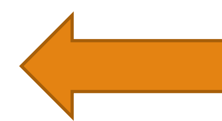
# Strategies to Mitigate Healthcare Personnel Staffing Shortages

**CDC's mitigation strategies offer a continuum of options for addressing staffing shortages.** Contingency, followed by crisis capacity strategies, augment conventional strategies and are **meant to be considered and implemented sequentially** (i.e., implementing contingency strategies before crisis strategies). For example, if, despite efforts to mitigate, HCP staffing shortages occur, healthcare systems, facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that certain HCP with suspected or confirmed SARS-CoV-2 infection should return to work before the full conventional Return to Work Criteria have been met. Allowing HCP with SARS-CoV-2 infection or higher-risk exposures to return to work before meeting the conventional criteria could result in healthcare-associated SARS-CoV-2 transmission.

Implement sequentially

**At baseline, healthcare facilities must:**

- Ensure any COVID-19 vaccine requirements for HCP are followed, and where none are applicable, encourage vaccination, including booster dose, as recommended by CDC.
- Understand their normal staffing needs and the minimum number of staff needed to provide a safe work environment and safe patient care under normal circumstances.
- Understand the local epidemiology of COVID-19-related indicators (e.g., community transmission levels).
- Communicate with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed.

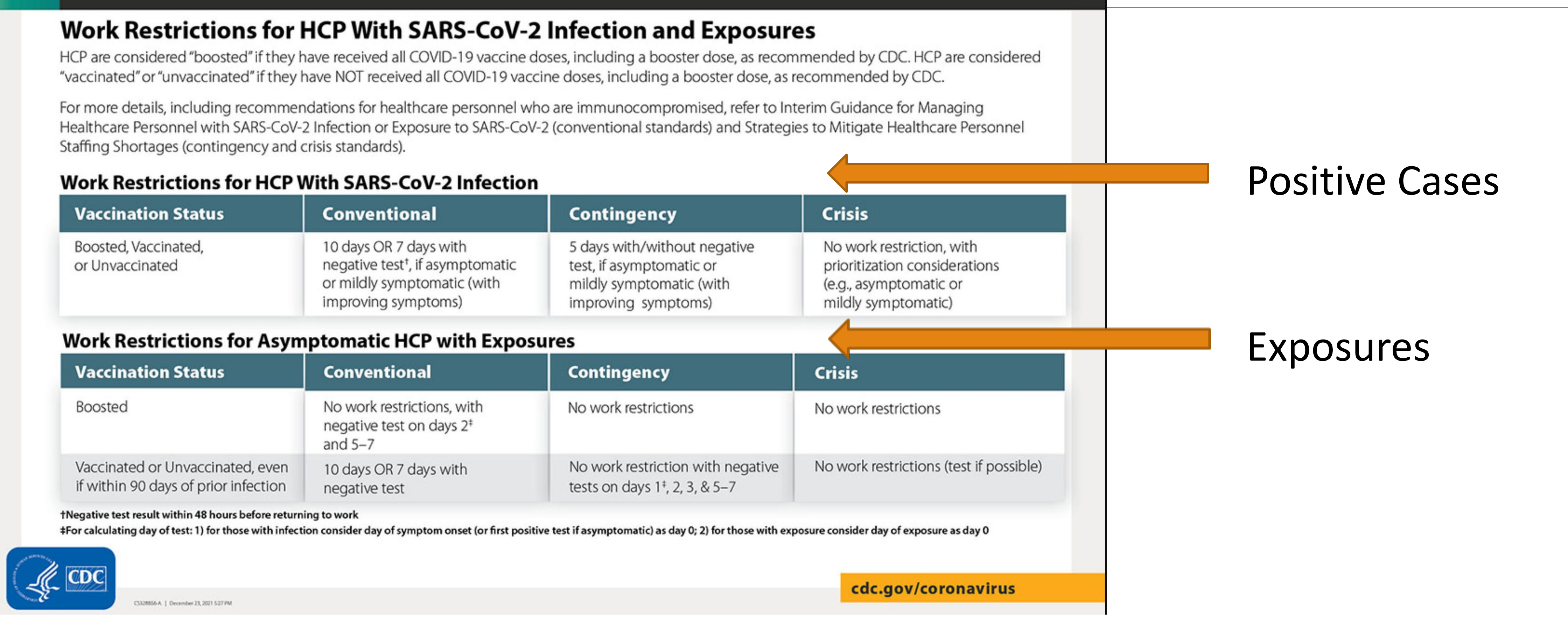


Communicate with local health departments

https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

# Strategies to Mitigate Healthcare Personnel Staffing Shortages

**New guidance from CDC released December 23, 2021**



## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

### Work Restrictions for Asymptomatic HCP with Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted | No work restrictions, with negative test on days 2‡ and 5–7 | No work restrictions | No work restrictions |
| Vaccinated or Unvaccinated, even if within 90 days of prior infection | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work
‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

cdc.gov/coronavirus

Positive Cases

Exposures

https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

# Conventional Staffing

# Asymptomatic HCP with Exposures: Conventional

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

### Work Restrictions for Asymptomatic HCP with Exposures

| Vaccination Status | Conventional | ontingency | Crisis |
|---|---|---|---|
| Boosted | No work restrictions, with negative test on days 2‡ and 5–7 | o work restrictions | No work restrictions |
| Vaccinated or Unvaccinated, even if within 90 days of prior infection | 10 days OR 7 days with negative test | o work restriction with negative ests on days 1‡, 2, 3, & 5–7 | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

cdc.gov/coronavirus

# HCP with COVID-19 Infection: Conventional

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

### Work Restrictions for Asymptomatic HCP with Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted | No work restrictions, with negative test on days 2‡ and 5–7 | No work restrictions | No work restrictions |
| Vaccinated or Unvaccinated, even if within 90 days of prior infection | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

cdc.gov/coronavirus

# Conventional: HCP with COVID-19 infection

**Work Restrictions for HCP With SARS-CoV-2 Infection**

| Vaccination Status | Conventional |
| --- | --- |
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms) |

**NOTE: New guidance**
**Work exclusion has been 10 days; however, the December 23rd CDC update allows work exclusion to be reduced to 7 days with a negative test and asymptomatic.**

****IDPH does not support working mildly symptomatic HCP.**
**Asymptomatic HCP are allowed to work**

# Contingency Staffing Options

- Attempt to hire additional staff; rotate staff; offer overtime, bonus, or hazard pay to support patient care activities.

- Contact staffing agencies to identify additional health care personnel (staff) to work in the facility. Be aware of Illinois-specific emergency waivers or changes to licensure requirements or renewals for select categories of staff.

- Determine if there are alternate care sites with adequate staffing to care for patients with COVID-19 (e.g., sister facilities in same network or other COVID-19 designated facilities where residents could be transferred to for care).

- Reach out to Illinois Helps for staffing assistance (https://illinoishelps.net/ ).

- As appropriate, request staff postpone elective time off from work.

# Asymptomatic HCP with Exposures: Contingency

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing

If permitted to work, these HCP should be tested* 1 day after the exposure (day 0) and, if negative, again 2, 3, and 5-7 days after the exposure. If testing supplies are limited, testing should be prioritized for 1-2 days after the exposure and, if negative, 5-7 days after exposure.

*Either an antigen test or nucleic acid amplification test (NAAT) can be used. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for symptomatic HCP and for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.

cdc.gov/coronavirus

# HCP with COVID Infection: Contingency

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

### Work Restrictions for Asymptomatic HCP with Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted | No work restrictions, with negative test on days 2‡ and 5–7 | No work restrictions | No work restrictions |
| Vaccinated or Unvaccinated, even if within 90 days of prior infection | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 | No work restrictions (test if possible) |

†Negative test result within 48 hours before returning to work

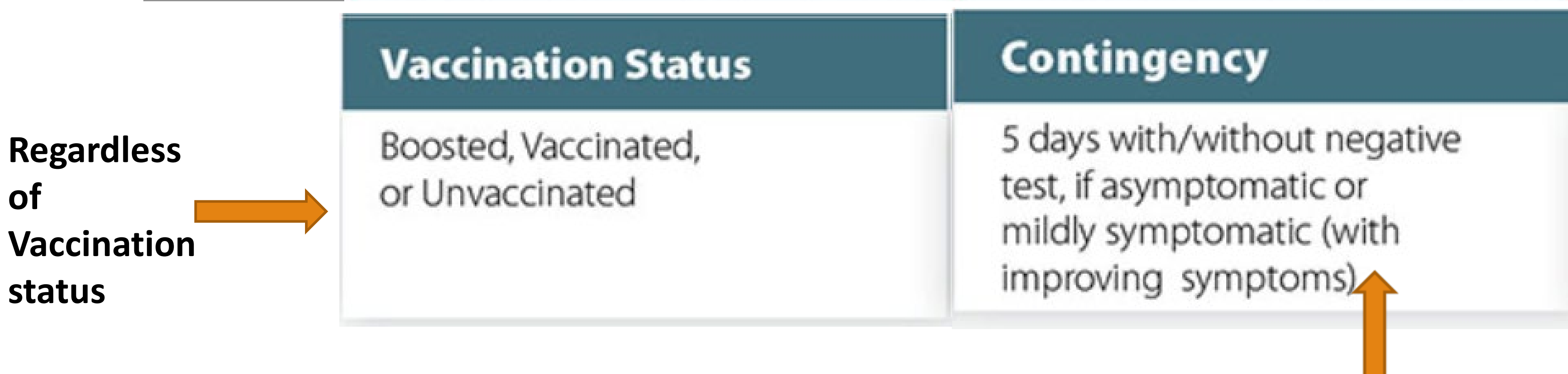
‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CS328856-A | December 23, 2021 5:27 PM

cdc.gov/coronavirus

# Contingency Strategy
# HCP with COVID

**Regardless of Vaccination status**



Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Contingency |
| --- | --- |
| Boosted, Vaccinated, or Unvaccinated | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) |

May return after 5 days if symptoms are improving and with one negative test* completed within 48 hours before work shift begins or rapid test prior to work shift.

**NOTE: IDPH recommends one negative test.**
**IDPH does not support working mildly symptomatic HCP**

•

# Contingency Strategy

**Allowing HCP with SARS-CoV-2 infection who are well enough and willing to work to return to work as follows:**

HCP with mild to moderate illness who are *not* moderately to severely immunocompromised:

- At least 5 days have passed *since symptoms first appeared* (day 0), **and**
- At least 24 hours have passed *since last fever*without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

Healthcare facilities may choose to confirm resolution of infection with a negative antigen test or NAAT*.

HCP who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:

- At least 5 days have passed since the date of their first positive viral test (day 0).

Healthcare facilities may choose to confirm resolution of infection with a negative antigen test or NAAT*.

# Contingency Strategy: Another option

Allowing HCP with SARS-CoV-2 infection who are well enough and willing to work to return to work as follows:

HCP with mild to moderate illness who are *not* moderately to severely imm... promised:

- At least 5 days have passed *since symptoms first ap...*
- At least 24 hours have passed *since last f...* medications, and
- Symptoms (e.g. c...

Health... ...ive antigen test
c...

HC... ...ion and are *not* moderately to severely imm...

- ... passed since the date of their first positive viral test (day 0).

Health... facilities may choose to confirm resolution of infection with a negative antigen test or NAAT*.

WELL ENOUGH AND WILLING TO WORK

# If HCP return sooner than expected do the following:

- If HCP are permitted to return to work before meeting all conventional Return to Work Criteria, they should still adhere to the recommendations described below.
  - Patients (if tolerated) should wear well-fitting source control while interacting with these HCP.
  - HCP should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
    - A respirator or well-fitting facemask should be worn continuously even when they are in non-patient care areas such as breakrooms.
    - They should practice physical distancing from coworkers at all times.
    - If they must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others.
    - They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

**NOTE: This is new guidance!!**

# Crisis Capacity Strategies to Mitigate Staffing Shortages

When staffing shortages occur, healthcare facilities and employers (in collaboration with human resources and occupational health services) may need to implement crisis capacity strategies to continue to provide patient care. When there are no longer enough staff to provide safe patient care:

# If shortages continue---a last resort option:

**If shortages continue despite other mitigation strategies, as a last resort consider allowing HCP to work even if they have suspected or confirmed SARS-CoV-2 infection, if they are well enough and willing to work, even if they have not met all Return to Work Criteria.**

- Considerations for determining which HCP should be prioritized for this option include:
  - The type of HCP shortages that need to be addressed.
  - Where individual HCP are in the course of their illness (e.g., viral shedding is likely to be higher earlier in the course of illness).
  - The types of symptoms they are experiencing (e.g., persistent fever, cough).
  - Their degree of interaction with patients and other HCP in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
  - The type of patients they care for (e.g., consider patient care only with patients known or suspected to have SARS-CoV-2 infection rather than immunocompromised patients).

# Crisis Strategy
# Asymptomatic HCP with Exposures

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

### Work Restrictions for Asymptomatic HCP with Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|---|---|
| Boosted | No work restrictions, with negative test on days 2‡ and 5–7 | No work restrictions | No work restrictions |
| Vaccinated or Unvaccinated, even if within 90 days of prior infection | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1‡, 2, 3, & 5–7 | No work restrictions (test if possible) |

**†Negative test result within 48 hours before returning to work**

**‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0**

cdc.gov/coronavirus

# Crisis Strategy
# Asymptomatic HCP with Exposures

**Allow asymptomatic HCP who 1) had a higher-risk exposure to SARS-CoV-2 and 2) are not known to be infected with SARS-CoV-2 and 3) have not received all COVID-19 vaccine doses, including booster dose, as recommended by CDC, to continue to work onsite throughout their 14-day post-exposure period without testing.**

- These HCP should still report temperature and absence of symptoms each day before starting work.
- They should use a respirator or well-fitting facemask at all times in the facility.
- If HCP develop even mild symptoms consistent with COVID-19, they should either not report to work, or stop working and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If HCP are tested and found to be infected with SARS-CoV-2, they should ideally be excluded from work until they meet all Return to Work Criteria. HCP with suspected SARS-CoV-2 infection should be prioritized for testing, as testing results will impact when they may return to work and for which patients they might be permitted to provide care.

- Asymptomatic
- Reporting symptoms (screening)
- Wear respirator or facemask at all times.
- Stop working if develop symptoms

# HCP with COVID: Crisis

**Work Restrictions for HCP With SARS-CoV-2 Infection**

| Vaccination Status | Crisis |
| --- | --- |
| Boosted, Vaccinated, or Unvaccinated | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

Allowed to work with no time off if asymptomatic

**NOTE: IDPH recommends one negative test.**
**IDPH does not support working mildly symptomatic HCP**
**Asymptomatic HCP may return to work in crisis staffing situations.**

# Who can positive HCP care for??

- If HCP are requested to work before meeting all criteria, they should be restricted from contact with moderately to severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:
  - If not already done, allow HCP with suspected or confirmed SARS-CoV-2 infection to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
  - Allow HCP with confirmed SARS-CoV-2 infection to provide direct care only for patients with confirmed SARS-CoV-2 infection, preferably in a cohort setting.
  - Allow HCP with confirmed SARS-CoV-2 infection to provide direct care only for patients with suspected SARS-CoV-2 infection.
  - As a last resort, allow HCP with confirmed SARS-CoV-2 infection to provide direct care for patients *without* suspected or confirmed SARS-CoV-2 infection. If this is being considered, this should be used only as a bridge to longer term strategies that do not involve care of uninfected patients by potentially infectious HCP. Strict adherence to all other recommended infection prevention and control measures (e.g., use of respirator or well-fitting facemask for source control) is essential.

**NOTE: These are critical points to consider when allowing a positive HCP to return to work.**

# What a positive HCP must do if returning early…

- If HCP are requested to return to work before meeting all Return to Work Criteria, they should still adhere to recommendations described below.
  - Patients (if tolerated) should wear well-fitting source control while interacting with these HCP.
  - HCP should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
    - A respirator or well-fitting facemask should be worn even when they are in non-patient care areas such as breakrooms.
    - They should practice physical distancing from coworkers at all times.
    - If they must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others.
    - They should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

**NOTE:**

- **Source control at all times**
- **Physically distance from others**
- **Monitor for symptoms**

# A facility must notify….

- Healthcare facilities (in collaboration with risk management) should inform patients and HCP when the facility is operating under crisis standards, specify the changes in practice that should be expected, and describe the actions that will be taken to protect patients and HCP from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are requested to work to fulfill critical staffing needs.

# Allowing HCP who are positive for COVID-19 to work

- A last resort option
- HCP is willing to work
- HCP well enough to work
- *HCP is Asymptomatic* (IDPH does not support working mildly symptomatic HCP)
- HCP should only provide care to confirmed or suspected COVID-19 residents (unless in dire circumstances and only then with notification to local health department)
- Facilities should discuss changes in staffing with local health departments---from Conventional to Contingency and especially before implementing Crisis staffing options

***PREVIEW***

# In new IDPH guidance (in approval process) we have separated the work exclusion and testing components to hopefully make it easier to understand the requirements

| *Table 4: Work Exclusions & Restrictions for HCP with COVID-19 Infection - New* | | | | | | |
|---|---|---|---|---|---|---|
| **Vaccination Status** | **Conventional** | | **Contingency** | | **Crisis (Must notify local health Department)** | |
| | **Work Exclusion** | **Required Testing** | **Work Exclusion** | **Required Testing** | **Work Exclusion** | **Required Testing** |
| **Boosted, Vaccinated, or Unvaccinated** | 10 days off (ideal)<br>**OR** | No additional testing required; **however once recovered** include unvaccinated HCP in required testing (minimum of weekly) and include all HCP in outbreak testing*. | 5 days off | May return after 5 days if symptoms are improving and with one negative test* completed within 48 hours before work shift begins or rapid test prior to work shift **however once recovered** include unvaccinated HCP in | Allowed to work **if asymptomatic**<br>Screen for symptoms twice a shift. | No additional testing required to work **however once recovered** include unvaccinated HCP in required testing (minimum of weekly) and include all HCP in outbreak testing*. |
| | 7 days off | May return to work after 7 days if symptoms improving | | | | |

# 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

- 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**