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

October 28th, 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

IDPH
Illinois Department of Public Health

Agenda

- Upcoming Webinars
- Preparing for Another Respiratory Pathogen: Influenza
- Long-term Care Updates
- Changes in Support Focus
- Open Q & A

Slides and recording will be made available after the session.

IDPH
Illinois Department of Public Health

Upcoming COVID-19 and Infection Prevention and Control Updates

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, November 18th	MDROs: Lab Results, Interpretation, and Response	https://illinois.webex.com/illinois/onstage/g.php?MTID=e23e41c72ed132680edf7f766bbc75a2d

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.

IDPH
Illinois Department of Public Health

Preparing for Another Respiratory Pathogen: Influenza

Mary Alice Lavin

October 28, 2022

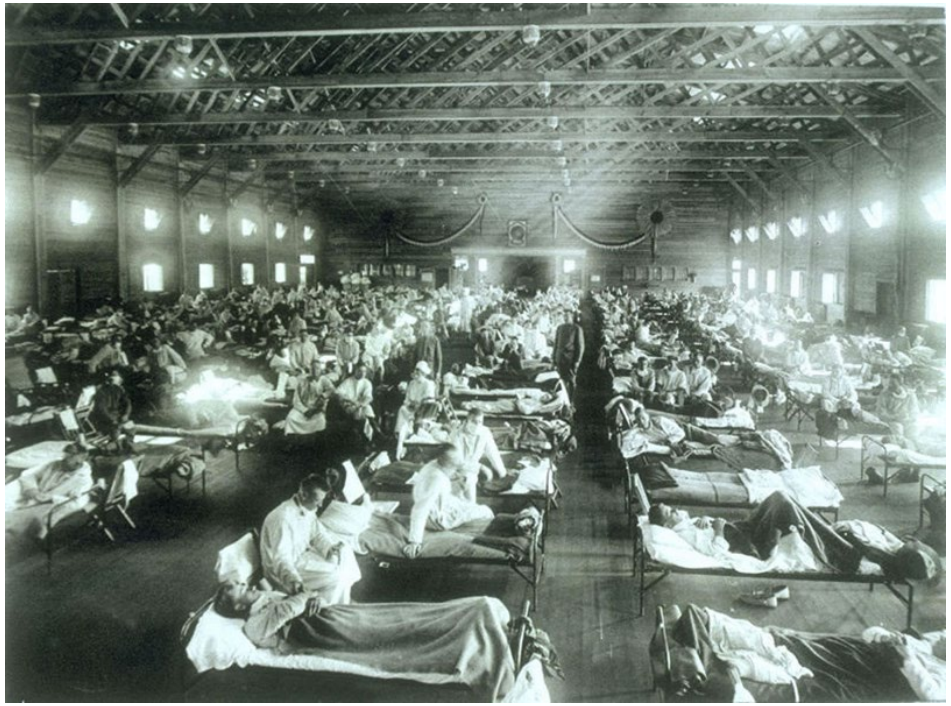
Disclosure

Mary Alice Lavin has no relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Objectives

- Locate influenza prevention, control, and reporting resources

- Formulate facility policies for control of influenza



Emergency hospital during the 1918 influenza epidemic, Camp Funston, Kansas.
(Courtesy of the National Museum of Health & Medicine)

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Becky Dragoo, MSN, RN, Deputy Director of Office of Health Care Regulation
Arti Barnes, MD, MPH, Medical Director/Chief Medical Officer

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 5, 2022

The purpose of this memorandum is to provide long-term care facilities (LTCF)[1] and other residential health and living facilities with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed ***influenza outbreak.*** Specific guidance pertaining to COVID-19 can be found on the Illinois Department of Public Health (IDPH) or Centers for Disease Control & Prevention (CDC) websites. While notes specific to COVID-19 are mentioned in some sections of this document, the primary intent of this memorandum is to provide guidance for influenza. In certain situations, COVID-19 guidance may be more restrictive than the influenza guidance mentioned in this document. Facilities should refer to the appropriate guidance for the situation currently occurring in the community and the state, as the more restrictive guidance may be recommended.

https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Influenza/Seasonal/2022-2023%20Influenza%20LTCF%20Outbreak%20Guidance.pdf
https://www.dupagehealth.org/DocumentCenter/View/7662/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2022-2023-PDF?bidId=

Key Points

- Influenza like illness (ILI) is defined as an individual with a fever of 100°F or greater AND new onset of cough and/or sore throat.
- An influenza outbreak is defined as two or more cases of ILI occurring within 72 hours among residents in a unit with at least one of the ill residents testing positive for influenza.
  - An outbreak is resolved once seven days, without new cases, has passed since the last positive case.
- Facilities must report influenza outbreaks to the local health department AND the Illinois Department of Public Health (IDPH) Long-term Care Regional Office.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH INFLUENZA OUTBREAK REPORT FORM FOR CONGREGATE SETTINGS

(e.g. Long Term Care & Correctional Facilities)

Fax or secure email, along with the Outbreak Log, to your Local Public Health Department to report an outbreak

Facility Name		
Name of Reporter	**Title:**	
Date of Report		
Address:		
City	**County**	**Zip**
Phone #	**Fax #**	
FACILITY INFORMATION		
Total # of residents in the facility at the time of the outbreak (total exposed): _____	**Total number of staff: _____** **Number of staff currently with ILI:_____**	
Number of residents in the facility currently with influenza-like illness (ILI):_____	**% of residents vaccinated with seasonal flu vaccine:_____** **% of staff vaccinated with seasonal flu vaccine:_____** **% of outbreak cases vaccinated with flu vaccine:_____**	
(ILI) [Fever >100° F [37.8° C] or higher orally AND new onset cough or sore throat]		
(for those with ILI) **# Seen by Provider_____ # Hospitalized_____ # Fatalities_____**		
Date of symptom/onset detection for the first case of ILI during the outbreak:	**Dates of onset for most recent case of ILI during the outbreak:**	
Type of setting: ☐ Correctional Facility ☐ Long-Term Care Facility ☐ Group Home ☐ Other_____ **If long-term care facility, please specify (check only one):** **☐ Skilled Nursing ☐ Assisted Living ☐ Combined Care ☐ Other_____**		
Have specimens been sent to a laboratory for confirmation of influenza: ☐Yes ☐ No **If Yes, names of laboratories:_____**		
Influenza test results to date: **Name of test:** **Number of positive tests *(Include type/subtype)*:** **Number of negative tests:**	**Infection Control Actions Planned:**	

https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Influenza/Seasonal/2022-2023%20Influenza%20LTCF%20Outbreak%20Guidance.pdf

https://www.dupagehealth.org/DocumentCenter/View/7662/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2022-2023-PDF?bidId=

IDPH Illinois Department of Public Health

Influenza Surveillance for Congregate Setting Outbreak Log

Suspect outbreaks should be investigated and tested to confirm the etiology. Suspect outbreaks should be reported to your local health department who will then report confirmed influenza outbreaks in the Outbreak Reporting System (ORS) to IDPH.

Facility Name: _____

List all ill residents and employees. Designate employees with an "E" by their names.

Name	DOB	Unit or Wing	Onset Date	Symptoms/ Signs*	Influenza Specimen Collection Date	Lab Result	Seasonal Flu Vaccine Date	Hospitalized (Y/N)	Died (Y/N)

* Symptoms/Signs: e.g. cough(C), fever (F), sore throat (ST), or Other (O) {list: i.e., chills (CH), pneumonia (P), myalgias (M)}

Reviewed 08/2019

https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Influenza/Seasonal/2022-2023%20Influenza%20LTCF%20Outbreak%20Guidance.pdf
https://www.dupagehealth.org/DocumentCenter/View/7662/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2022-2023-PDF?bidId=

IDPH Illinois Department of Public Health

Key Points

- All health care settings must provide education about influenza and offer influenza vaccine to health care personnel.
  - Declinations for medical and religious beliefs are allowed.
    - Declinations must be documented and signed.
  - Facilities must maintain all records related to influenza vaccination for three years.
- Facilities covered under the Nursing Home Care Act shall arrange for influenza vaccination for all residents "unless the vaccination is medically contraindicated or the resident has refused the vaccine."
  - There must be documentation in the medical record that influenza vaccination was administered, arranged, refused, or medically contraindicated.

https://www.ilga.gov/commission/jcar/admincode/077/07700956sections.html
https://www.ilga.gov/legislation/ilcs/ilcs4.asp?ActID=1225&SeqStart=6300000&SeqEnd=8400000

IDPH Illinois Department of Public Health

Employee/Resident Influenza Vaccination Tracking Form

This form can be used to track employee and resident influenza vaccination status

Date	Last Name	First Name	Unit/Floor/Dept	Date Vaccine Received	Declined Vaccine (Y or N)	Declination Form Signed (Y or N)	Educational Information Received (Y or N)	Date Educational Information (VIS) Received

Reviewed 10/2022

https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Influenza/Seasonal/2022-2023%20Influenza%20LTCF%20Outbreak%20Guidance.pdf
https://www.dupagehealth.org/DocumentCenter/View/7662/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2022-2023-PDF?bidId=

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Section 956.APPENDIX A Sample Declination Form

1. **_____ (Initial) I have read the "Influenza Vaccine Information Statement, date XXXX". I have had an opportunity to ask questions, which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine.**

   Print Name _____ Department _____

   I intend to be vaccinated.

2. **_____ (Initial) I have already had an influenza vaccination this year.**

   Location where vaccinated _____ Date vaccinated _____

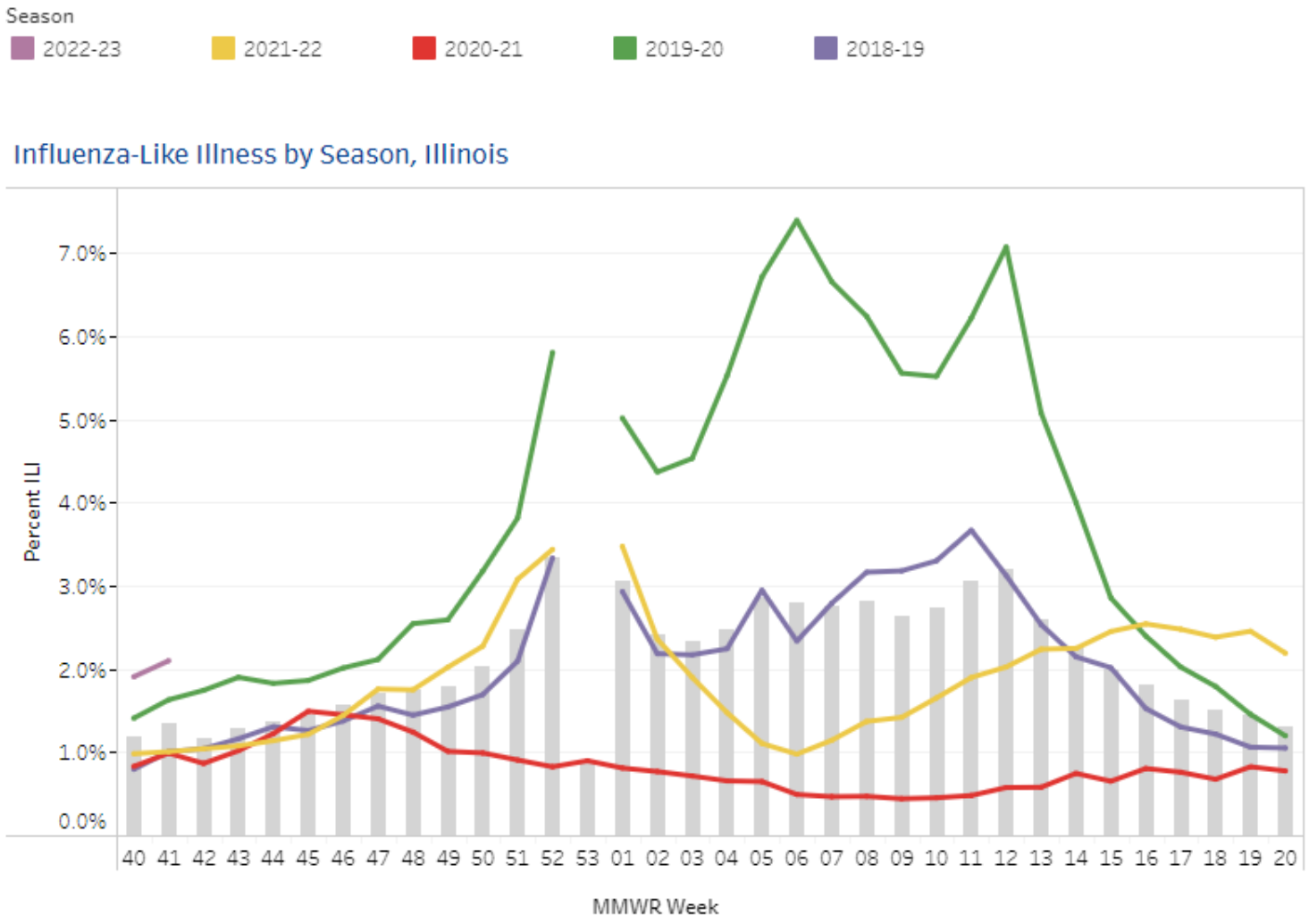
3. **I acknowledge that I am aware of the following facts:**

   - Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
   - Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
   - Up to 30% of people with influenza have no symptoms, allowing transmission to others.
   - Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months.
   - I understand that influenza vaccine cannot transmit influenza. It does not, however, prevent all disease.
   - I have declined to receive the influenza vaccine for the _____ season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all health care employees to prevent infection from and transmission of influenza and its complications, including death, to patients/residents/clients, my co-workers, my family and my community.

https://www.ilga.gov/commission/jcar/admincode/077/07700956ZZ9996AR.html

IDPH Illinois Department of Public Health

2022-23 Influenza Like Illness Activity



https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/influenza-surveillance/report.html

IDPH Illinois Department of Public Health

Summary

Read the *Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities*

Utilize the tools available in the IDPH guidance.

Check the IDPH and local health department ILI and influenza reports regularly.

IDPH
Illinois Department of Public Health

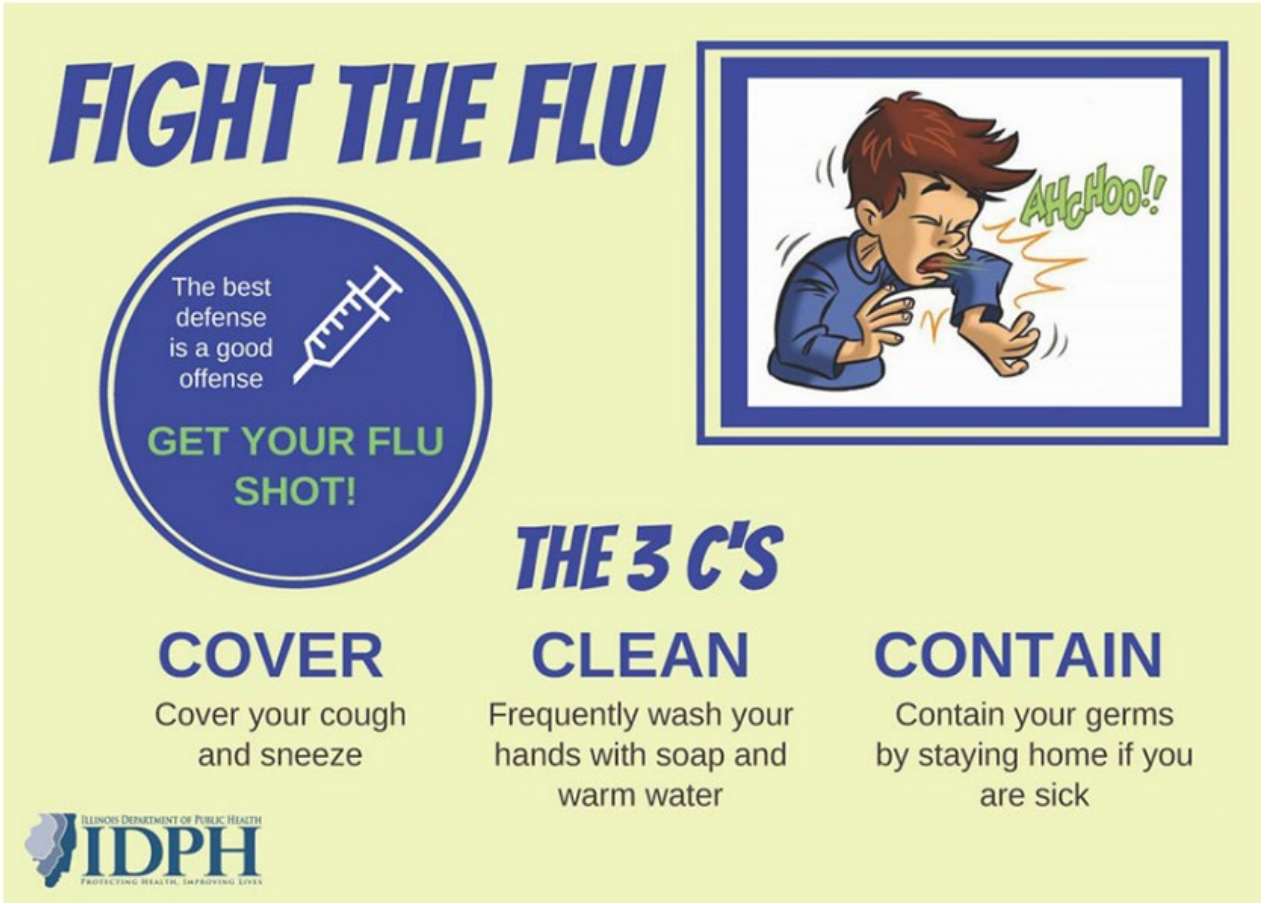
Telligen's New Influenza and Pneumonia Toolkit

- The Influenza and Pneumonia Toolkit serves as a resource in assisting healthcare organizations with routine vaccination assessment to vaccinate more adults according to recommendations
- The toolkit includes:
  - Steps to prepare an immunization campaign
  - How to make a strong vaccine recommendation
  - Patient education and self-management
  - Systems management billing and more!

Access the toolkit

Questions

Mary Alice Lavin, MJ, BSN, RN, CIC, FAPIC
Infection Control Consultant
Hektoen Institute, LLC
Illinois Department of Public Health
Grantee
MaryAlice.Lavin@Hektoen.org
847-910-8222



Resources Appendix

Illinois Department of Public Health

Illinois Department of Public Health. Influenza. 2022-2023 Flu Activity Report. Available at: https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/influenza-surveillance/report.html Accessed October 24, 2022.

Illinois Department of Public Health. Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities. Available at: Portal access: https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Influenza/Seasonal/2022-2023%20Influenza%20LTCF%20Outbreak%20Guidance.pdf Public Access: https://www.dupagehealth.org/DocumentCenter/View/7662/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2022-2023-PDF?bidId= Accessed October 24, 2022.

Joint Committee on Administrative Rules. Administrative Code. Title 77: Public Health. Chapter I: Department of Public Health. Subchapter k: Communicable Disease Control and Immunizations. Part 690 Control of Communicable Diseases Code Section 690.468 Influenza Intensive Care Unit Admissions. Available at: https://www.ilga.gov/commission/jcar/admincode/077/077006900D04680R.html Accessed October 25, 2022.

Joint Committee on Administrative Rules. Administrative Code. Title 77: Public Health. Chapter I: Department of Public Health. Subchapter u: Miscellaneous Programs and Services. Part 956 Health Care Employee Vaccination Code. Available at: https://www.ilga.gov/commission/jcar/admincode/077/07700956sections.html Accessed October 25, 2022.

Resources Appendix

Joint Committee on Administrative Rules. Administrative Code. Title 77: Public Health. Chapter I: Department of Public Health. Subchapter u: Miscellaneous Programs and Services. Part 956 Health Care Employee Vaccination Code. Section 956 Appendix A Sample Declination Form. Available at: https://www.ilga.gov/commission/jcar/admincode/077/07700956ZZ9996AR.html

Illinois Department of Public Health. CD Topics A to Z. Influenza Seasonal. Available at: https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Pages/Influenza,%20Seasonal.aspx Accessed October 25, 2022.

Illinois Compiled Statutes. Assisted Living and Shared Housing Act. 210 ILCS 9/76 Available at: https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1217&ChapterID=21 Accessed October 27, 2022.

Illinois Compiled Statutes. Life Care Facilities Act. 210 ILCS 40/10.1. Available at: https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1224&ChapterID=21 Accessed October 27, 2022.

Illinois Compiled Statutes. Nursing Home Care Act. 210 ILCS 45/2-113 Available at: https://www.ilga.gov/legislation/ilcs/ilcs4.asp?ActID=1225&SeqStart=6300000&SeqEnd=8400000 Accessed October 24, 2022.

Illinois Compiled Statutes. MC/DD Act. 210 ILCS 46/2-213. Available at: https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=3646&ChapterID=21 Accessed October 27, 2022.

Illinois Compiled Statutes. ID/DD Community Care Act. 210 ILCS 47/2-213. Available at: https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=3127&ChapterID=21 Accessed October 27, 2022.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Resources Appendix

Centers for Disease Control and Prevention

Centers for Disease Control and Prevention. Influenza. Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating. Available at: https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm Accessed October 24, 2022.

Centers for Disease Control and Prevention. Influenza. Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities. Available at: https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm Accessed October 24, 2022.

Centers for Disease Control and Prevention. Influenza. Information on Influenza Virus Testing. Available at: https://www.cdc.gov/flu/professionals/diagnosis/index.htm Accessed October 24, 2022.

Centers for Disease Control and Prevention. Influenza. Similarities and Differences between Flu and COVID-19. Available at: https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm Accessed October 24, 2022.

Centers for Disease Control and Prevention. Influenza. Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating. Available at: https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm Accessed October 25, 2022.

Centers for Disease Control and Prevention. The National Respiratory and Enteric Virus Surveillance System (NREVSS). Available at: https://www.cdc.gov/surveillance/nrevss/index.html Accessed October 25, 2022.

Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Prevention and Control of Seasonal Influenza with Vaccines; Recommendations of the Advisory Committee on Immunization Practices – United States, 2022-23 Influenza Season. Available at: https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htmAccessed October 25, 2022.

IDPH Illinois Department of Public Health

Resources Appendix

Centers for Disease Control and Prevention. Influenza. Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination Among Healthcare Personnel. Available at: https://www.cdc.gov/flu/toolkit/long-term-care/index.htm **Accessed October 25, 2022.**

Centers for Disease Control and Prevention. Influenza. FluView. Available at: https://www.cdc.gov/flu/weekly/fluactivitysurv.htm Accessed October 25, 2022.

Other Resources

City of Chicago Influenza Website https://www.chicago.gov/city/en/sites/flu/home/chicago-flu-update.html

Cook County Department of Public Health. Communicable Disease Data & Reports. Influenza. Available at: https://cookcountypublichealth.org/epidemiology-data-reports/communicable-disease-data-reports/ Accessed October 25, 2022.

Lake County Health Department & Community Health Center. Flu Season Monitoring Reports. Available at: https://www.lakecountyil.gov/3327/Flu-Season-Monitoring-Reports Accessed October 25, 2022.

DuPage County Health Department. Weekly Influenza Surveillance Report. Available at: https://www.dupagehealth.org/Archive.aspx?AMID=39 Accessed October 25, 2022.

Kane County Health Department. Flu Monitoring. Available at: https://kanehealth.com/Pages/Providers-Flu.aspx Accessed October 25, 2022.

Peoria City/County Health Department. Influenza Seasonal Surveillance Reports. Available at: https://www.pcchd.org/Archive.aspx?AMID=40 Accessed October 25, 2022.

IDPH
Illinois Department of Public Health

Using a SARS-CoV-2 Antigen Test vs. Using a SARS-CoV-2 Nucleic Acid Amplification Test (NAAT)/Polymerase Chain Reaction (PCR)

SARS-CoV-2 Antigen

- Looks for proteins on surface of active SARS-CoV-2 viruses
- Molecules in the test liquid bind to the antigen proteins and cause the “positive” line
- Need enough active viruses to turn positive
- Harder to pick up asymptomatic cases

SARS-CoV-2 Nucleic Acid Amplification Test (NAAT) or Polymerase Chain Reaction (RT-PCR)

- Takes small bits of ribonucleic acid (RNA) and modifies to make even small amounts of viral genetic particles result in a positive test
- Takes longer if sent to lab
- More reliable
- However, can detect dead virus when person has recovered
- Person may stay RT-PCR positive for weeks

Sources: CDC: https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html
Thermofisher: https://www.thermofisher.com/us/en/home/clinical/diagnostic-testing/point-of-care/accula-rapid-pcr-system/covid19-antigen-or-pcr.html

IDPH Illinois Department of Public Health

Long-term Care Updates

- Application of LTC Guidance

IDPH Long-Term Care Guidance

Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities

Please note: this document has been reorganized and rewritten.
LTC Facility staff should read the document in its entirety.
Key section updates have been highlighted in red.

Updated IDPH LTC GUIDANCE IS CURRENTLY GOING THROUGH THE APPROVAL PROCESS

- Slides shared today are a **PREVIEW of the changes in the IDPH LTC Guidance** that are going through the approval process. The intent is to share the changes that have been made to the guidance. **IDPH asks facilities to wait until the approved guidance has been released before implementation.**
- However, should a facility choose to implement CDC recommendations before IDPH LTC guidance is released, the facility should ensure their policies and procedures have been updated to reflect the changes and staff have been educated accordingly.

Reason For Update

CDC released healthcare guidance for COVID-19 on September 23, 2022 which is based on ***"the high levels of vaccine- and infection-induced immunity and the availability of effective treatments and prevention, (which) have substantially reduced the risk for medically significant COVID-19 illness (severe acute illness and post-COVID-19 conditions) and associated hospitalization and death."***

These revisions focus on minimizing the impact of COVID-19 on individual persons, communities, and healthcare systems.

Applicability of IDPH LTC Guidance

IDPH LTC Guidance-March 22, 2022	Revised IDPH LTC Guidance
Applies to: Skilled certified nursing homes Intermediate certified nursing homes Supportive Living Facilities Assisted Living Facilities Shared Housing Establishments Sheltered Care Facilities Specialized Mental Health Rehabilitation Facilities (SMHRF) Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) State-Operated Developmental Centers (SODC) Medically Complex/Developmentally Disabled Facilities (MC/DD) Illinois Department of Veterans Affairs facilities	**Applies to facilities providing skilled personal services:** Skilled certified nursing homes Intermediate certified nursing homes Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) State-Operated Developmental Centers (SODC) Medically Complex/Developmentally Disabled Facilities (MC/DD) Illinois Department of Veterans Affairs facilities **No longer applies to facilities providing ONLY non-skilled personal services:** Supportive Living Facilities Assisted Living Facilities Shared Housing Establishments Sheltered Care Facilities Specialized Mental Health Rehabilitation Facilities (SMHRF)

Applicability

Per CDC, Supportive Living Facilities, Assisted Living Facilities, Shared Housing Establishments, Sheltered Care Facilities, Specialized Mental Health Rehabilitation Facilities (SMHRF)…..whose ***staff provide non-skilled personal care*, similar to that provided by family members in the home** (e.g., many assisted livings, group homes), ***should follow community prevention strategies based on COVID-19 Community Levels*** , similar to independent living, retirement communities or other non-healthcare higher risk congregate settings.

NOTE:

Any HCPs **providing significant healthcare** to one or more residents in non-skilled long-term care facilities (e.g., hospice care, memory support, physical therapy, wound care, intravenous injections, or catheter care) should **follow the healthcare guidance.**

Facility Types using Community Level Prevention Strategies should use Healthcare guidance

- **WHEN: Visiting or shared healthcare personnel who enter the setting to provide healthcare to one or more residents (**e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the healthcare IPC recommendations.

- **IF: Staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection,** they should be familiar with recommended IPC practices to protect themselves and others from potential exposures including the hand hygiene, personal protective equipment and cleaning and disinfection practices outlined in this guidance.

Non-Skilled Personal Care

CDC defines non-skilled personal care as consisting of any **non-medical care** that can reasonably and ***safely be provided by non-licensed caregivers***, such as **help with daily activities like bathing and dressing;** it may also include reminders for the kind of health-related care that most people do themselves, like taking oral medications. In some cases where care is received at home or a residential setting, care can also include help with household duties such as cooking and laundry.

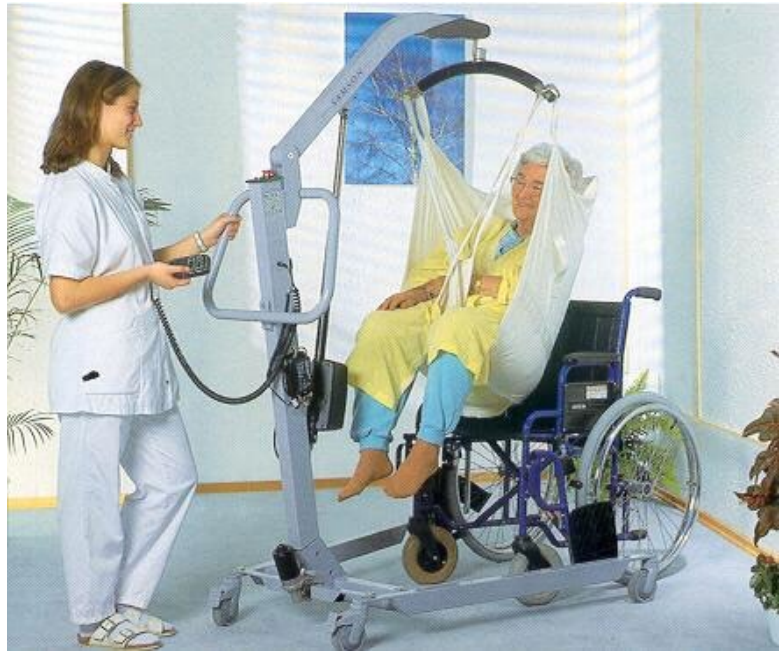
What type of care are you providing?

Facility types no longer required to follow healthcare guidance need to evaluate the level of care the facility is providing to determine if they should follow

Community guidance or Healthcare guidance

Is the facility only providing non-skilled personal care?

Versus



Healthcare Facilities Still Follow Community Transmission Levels

Community Transmission is the metric currently recommended to guide select practices in healthcare settings which allows for earlier intervention before there is a strain on the healthcare system and to better protect the individuals seeking care in these settings.

The CDC COVID-19 Data Tracker shows the difference between **Community Transmission and** the **COVID-19 Community Level** used for non-healthcare higher risk congregate settings. **Community Transmission** refers to measures of the presence and spread of SARS-CoV-2. **COVID-19 Community Levels** place an emphasis on measures of the impact of COVID-19 in terms of hospitalizations and healthcare system strain, while accounting for transmission in the community.

Facilities should monitor Community Transmission Levels and implement select infection prevention and control measures (e.g., Use of source control, screening testing for nursing home admissions) based upon levels of SARS-CoV-2 transmission in the community.

Updated CDC recommendations released September 23, 2022, refer to Community Transmission Levels in two distinct categories: **HIGH and NOT HIGH.**

1) **HIGH** (red)
2) **NOT HIGH** includes **SUBSTANTIAL** (orange), **MODERATE** (yellow), **LOW** (blue) levels of community transmission

The Metric for Community Transmission Levels has Changed	
IDPH LTC Guidance- March 22, 2022	**Revised IDPH LTC Guidance**
Community Transmission Levels- 4 levels depicted on state map High (red) Substantial (orange) Moderate (yellow) Low (blue)	Community Transmission Levels- 4 levels still depicted on state map (high, substantial, moderate, low), but CDC combined levels into 2 categories. The 2 categories are used when implementing healthcare guidance **High (red)** **Not High (includes substantial {orange}, moderate {yellow}, or low {blue})**

Monitor Community Transmission Levels

- Facilities should monitor their community transmission level **once a week on Monday (suggest documenting for tracking purposes).**

- Once the community transmission level increases, the facility should consider implementing more stringent infection prevention measures by HCP during resident care encounters (e.g., source control, eye protection, etc.).

- If the community transmission level decreases, the facility **should consider following the higher level of community transmission for at least two weeks before relaxing infection prevention measures.**

Screening-Visitors & HCP

- Active screening (e.g., completing screening tool {electronic or paper}, taking temperatures, or directly asking screening questions) before someone enters a facility **is no longer required for visitors and HCP.**
- Instead, facilities **must establish a process to inform** HCP, residents, and visitors of recommended actions to prevent the transmission of COVID-19 by posting visual alerts (e.g., signs, posters) at entrances and other strategic places.
  - These alerts should include instructions about current IPC recommendations (e.g., ***when to use source control and perform hand hygiene***).

Screening Residents-Revised IDPH LTC Guidance

Evaluating Residents (Screening for Signs and Symptoms of COVID-19)

Evaluation of residents is defined as :	**Daily** Assess for COVID symptoms—ask residents (screening)	**Daily** Actively monitor temperature	**Daily** Pulse oximetry (assessing respiratory status)	**Every 4 hours--Increase monitoring and complete:** VS (temperature, pulse, respirations), pulse oximetry, Blood pressure per healthcare provider orders	**Weekly** Vital signs including temperature, pulse, and respirations (TPR), blood pressure (BP), and pulse oximetry
Community Transmission is **HIGH** **OR the facility is in Outbreak**	✓	✓	✓		
Residents with fever or COVID symptoms OR if a resident is positive for COVID-19	✓	.		✓	
Community Transmission Levels are **NOT HIGH** **AND** the facility is **NOT in Outbreak**	✓				✓

*More frequent VS may be indicated on individual residents when the resident exhibits signs or symptoms of an acute illness (e.g., respiratory illness {other than COVID-19}) or per physician orders

Vaccination Status

While vaccination remains a critical piece of COVID-19 Prevention, Infection Prevention & Control measures (e.g., source control, quarantine, and testing) are no longer tied to the vaccination status of residents and HCP.

Source Control

When SARS-CoV-2 Community Transmission Levels are HIGH, source control is recommended for everyone (including residents) in a healthcare setting when they are in areas of the healthcare facility where they could encounter residents.

HCP could choose not to wear source control when they are in well-defined ***areas that are restricted from resident access*** (e.g., staff lounge or meeting rooms). Facility policies should define what areas are considered to be well-defined.

When Community Transmission Levels are NOT HIGH, healthcare facilities could choose not to require universal source control except in certain situations. (next slide)

Source Control (cont.)

Even if source control is not universally required, it remains recommended for individuals in healthcare settings who:

- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- **Had close contact (residents and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure, or**
- **Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak, universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days (will provide example later in presentation)**
- Have otherwise had source control recommended by public health authorities.

Universal PPE Use

When Community Transmission Levels are **HIGH:**

- At a minimum, HCP must wear a well-fitted **mask at all times** while in areas of the facility where they may encounter residents (common areas, nurses' station, hallways, etc.).
- **Eye protection** (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all resident care.

NOTE: If residents are unable to wear source control (e.g., memory care units), HCP should wear eye protection in all areas of the facility where they may encounter residents to avoid exposures

When Community Transmission Levels are HIGH

WEAR A MEDICAL MASK

IN AREAS OF THE FACILITY WHERE YOU MAY **ENCOUNTER RESIDENTS**

(COMMON AREAS, NURSES' STATION, HALLWAYS)

WEAR A MEDICAL MASK & EYE PROTECTION

(I.E., GOGGLES OR A FACE SHIELD THAT COVERS THE FRONT AND SIDES OF THE FACE)

SHOULD BE WORN **DURING ALL RESIDENT CARE**

Note: May need to add eye protection if residents are unable to wear masks when out of their rooms

Residents Identified as a Close Contact

Revised IDPH LTC Guidance

Required Transmission-Based Precautions (TBP) and Testing →	Is TBP Required?	Is Testing Required?
Symptomatic resident with close contact	Yes, place resident in TBP while being evaluated and tested The decision to discontinue empiric TBP by excluding the diagnosis of SARS-CoV-2 infection for a resident with symptoms can be made based upon having **negative results from at least <u>one NAAT</u> (e.g., PCR) viral test**	**Initial test could be antigen or PCR; however, if wanting to discontinue TBP (exclude COVID Dx) then the test must be a NAAT (e.g., PCR)** Must have negative results from **at least one** NAAT (e.g., PCR) viral test to end TBP. If higher level of suspicion exists, maintain TBP and **repeat NAAT test** 48 hours after 1st test
Asymptomatic resident with close contact recovered from COVID in prior 30 days	No, empiric TBP is not required regardless of vaccination status while being tested, but residents should wear source control when out of their room	Testing is not required
Asymptomatic resident with close contact recovered from COVID in prior 31-90 days	No, empiric TBP is not required regardless of vaccination status while being tested, but residents should wear source control when out of their room	Testing is recommended for residents who have recovered in prior 31-90 days (see next slide for details)

Changes in Testing --Residents or HCPs Identified as a Close Contact/Higher-risk Exposure

IDPH LTC Guidance- March 22, 2022	Revised IDPH LTC Guidance
Asymptomatic residents and HCP with a close contact or higher-risk exposure	
Must have a series of **TWO tests** **(PCR or POC antigen),** unless within **90 days** of COVID-19 infection.	**Must have a series of THREE viral tests**
	Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again in 48 hours after the first negative, and, if negative, again 48 hours after the second negative test. **This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5**
Test immediately, but not earlier than 24 hours post-exposure and,	**Testing is not required if residents have recovered from COVID-19 in the prior 30 days**
if negative, test again between day 5-7 post-exposure or may incorporate into the unit-based or broad-based testing schedule. **(day 1 and a day between days 5-7)**	Testing should be considered for those who have recovered in the prior 31-90 days; however, an **antigen test instead of a nucleic acid amplification test (NAAT) (e.g., PCR) is recommended**.

Empiric TBP for Residents following a close contact may be considered when the:

- Resident is unable to be tested or wear source control as recommended for the 10 days following their exposure.
- Resident is moderately to severely immunocompromised.
- Resident is residing on a unit with others who are moderately to severely immunocompromised.
- Resident is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.

Ending TBP Early when an Asymptomatic Resident is a Close Contact

IDPH LTC Guidance- March 22, 2022	Revised IDPH LTC Guidance
Asymptomatic Resident Identified as a Close Contact who Remains Asymptomatic	
Residents can be removed from transmission-based precautions (TBP) **after day 10** following the exposure (day 0) if **they do not develop symptoms.**	**Residents can be removed from TBP after day 7 following the exposure (count the day of exposure as day 0) if they do not develop symptoms AND all viral testing as described for asymptomatic individuals following close contact is negative. (Note: this is an exposure NOT a positive resident)** Testing details on previous slide, but **will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.** **If testing is not performed, residents can be removed from TBP after day 10 following the exposure (count the day of exposure as day 0) if they do not develop symptoms.**

It is critical that facilities understand that reducing TBP for residents can only be done when it's an asymptomatic resident identified as a close contact, and they haven't developed symptoms, and had 3 negative test results.

TBP should not be reduced for residents that test positive for COVID-19

New Admissions and Residents who leave the facility

IDPH LTC Guidance- March 22, 2022	Revised IDPH LTC Guidance
Admissions and residents who leave the facility	
If community transmission levels are **substantial or high,** regardless of vaccination status, must be tested on admission if not tested in the past 72 hours. If negative, test again 5 – 7 days after admission. PCR testing is preferred. **(TWO tests)**	Admissions in counties where Community Transmission Levels are **HIGH** should be tested upon admission. Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. **This will typically be at day 0, day 3, and day 5. (THREE tests).** Residents should also be **advised to wear source control for the 10 days following their admission** (day 0 is the date of admission). • Residents who leave the facility for 24 hours or longer, regardless of vaccination status, should generally be managed as an admission. • Testing is not required for residents who leave the facility for fewer than 24 hours.
If community transmission levels are **low-to-moderate,** testing on admission is not required	Admissions in counties where Community Transmission is **(NOT HIGH)** is at the discretion of the facility (follow the same guidance above)

Outbreak Testing

IDPH LTC Guidance-March 22, 2022

Unit-based approach—test all residents and HCP working on the unit where the new case was identified. Test every 3-7 days until there are no more positive cases for 14 days

Broad-based approach—test all residents and HCP in the facility. Test every 3-7 days until there are no more positive cases for 14 days

For both approaches identify close contacts/exposures and test (possibly on other units) regardless of vaccination status. Test immediately, but not sooner than 24 hours, and then on day 5 – 7 if negative (depending on approach used, continue to test every 3-7 days until there are no more positive cases for 14 days
*those residents not residing on affected unit require **TWO tests: day 1, and if negative day 5-7**

No need to test individuals who have had COVID-19 in the **prior 90 days** if they remain asymptomatic.

Revised IDPH LTC Guidance

Contact tracing approach: Identify close contacts/exposures and test regardless of vaccination status. Use an antigen test instead of a NAAT (e.g., PCR) is recommended**. Require a series of THREE tests: test at day 1, day 3, and day 5**

If no additional cases are identified from the testing of close contacts/exposures—**no further testing is required**

Broad-based approach: If additional cases are identified then expand contact tracing to determine further testing requirements. Use findings from contact tracing to determine if testing should be expanded to all residents and staff **on a unit, department, or the entire facility.**

- Once expanded a facility should continue to test every 3-7 days until there are no more positive cases identified for 14 days.

No need to test if recovered from COVID-19 in the prior 30 days
Testing should be considered for those who have recovered in the prior 31-90 days

If a facility is unable to perform contact tracing, refer to CDC

Management of Residents

IDPH LTC Guidance- March 22, 2022	Revised IDPH LTC Guidance
Designate a separate area or unit as a COVID-19 unit	Facilities are not required to have a dedicated COVID unit unless the number of positive residents would warrant such a unit. If residents can be safely managed in the general population, a facility can place a COVID-19 positive resident in a single room with appropriate isolation signage, and staff wearing N95 respirator, eye protection, gown, and gloves upon entry to the room.
	Tell residents to report any symptoms to HCP. If symptoms recur (e.g., rebound), these residents should be placed back into isolation until they again meet the healthcare criteria to discontinue TBP infection unless an alternative diagnosis is identified.

Mask Use when Community Transmission is NOT HIGH—Example Scenario

Community Transmission Level for county is Moderate (yellow)

Ideally, facility should wait two weeks before "relaxing mask use" to ensure Community Transmission Level remains stable.

After waiting two weeks, the facility decides to relax mask use.

The facility identifies a new COVID-19 case in resident A down hallway 3. Resident A remains on the unit and in his current room (single room, private bathroom) with door closed. No need to move to COVID unit. Proper TBP signage is put on door of room. HCP wear full PPE when providing care to resident A.

Facility conducts contact tracing and identifies 4 close contacts to the residents (dining friends) and 2 HCP with higher-risk exposures (because no one was wearing masks).

- Testing of close contacts takes place. Testing all 6 individuals (4 residents, 2 HCP). This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- The two HCP are allowed to work if they remain asymptomatic, are tested 3 times (shown above) and test results are negative, and must wear masks for 10 days post-exposure.
- The four residents do not have to quarantine, as long as they remain asymptomatic, are tested 3 times (shown above)and test results are negative, and wear masks for 10 days post-exposure when they are out of their rooms.

Because a new case was identified the facility is considered to be in OUTBREAK—(next slide)

Implications when a Facility is in Outbreak

Per CDC Universal source control (at a minimum a well-fitted mask) should be worn on the unit where the outbreak is occurring until no new cases have been identified for 14 days.

"Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak, universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days." (Rationale: one incubation period)

Which means that even when Community Transmission Levels are NOT HIGH, if the facility is in outbreak, they should still be wearing source control (on the unit, floor, or other specific area(s) of the facility) where the outbreak is identified. (Rationale: possible unknown exposures)

Other areas of the facility are not required to wear source control unless the investigation expanded (below) or the facility policy requires all staff in the facility to wear masks during an outbreak.

If exposures are on one unit, hall, etc. then only that unit needs to wear source control until no new cases are identified for 14 days BUT if the investigation expands and additional cases are identified (from testing) or contact tracing identifies additional exposures beyond the original unit-then source control should be expanded beyond the original unit (which may include more than one unit, hall, or facility-wide).

Viruses, Viruses, Viruses, OH MY!!

With flu season upon us, facilities should be mindful that SARS-CoV-2 **IS NOT** the only respiratory virus out there!

Good idea to test any resident with symptoms of COVID-19 or influenza for both viruses especially if the facility has an influenza outbreak.

A positive influenza test result without SARS-CoV-2 testing does not exclude SARS-CoV-2 infection, and

A positive SARS-CoV-2 test result without influenza testing does not exclude influenza virus infection.

Respiratory viral panels (RVP) are used to determine the cause of respiratory illness when influenza and COVID-19 are either not suspected or have been ruled out, when there are concerns about co-infection, or when multiple viruses are circulating. There are multiple seasonal coronaviruses included in RVP that are not SARS-CoV-2. These coronaviruses cause milder upper respiratory infections and do not cause COVID-19.

Management of HCP

www.stockadobe.com

Routine Testing HCP

Routine serial testing of HCP who are unvaccinated or not up to date is no longer recommended, but may be performed at the discretion of the facility.

- If implementing a screening testing program, testing decisions should not be based on the vaccination status of the individual being screened.
- To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test instead of a NAAT, facilities should use 3 tests, spaced 48 hours apart, in line with FDA recommendations.

Emergency Rules still in Effect

Table 1: Routine Testing Intervals of Staff who work in facilities licensed under Ill. 77 Adm. Codes 300, 350, and 390 who are Not Up to Date with COVID-19 Vaccinations by Community Transmission Levels

Community Transmission Level	Minimum Testing Frequency of Staff Who Are Not Up to Date with COVID-19 Vaccinations *
LOW	Per emergency rules (Sections 300.698, 350.769, and 390.759) effective February 14, 2022, testing is required at a minimum of twice a week.
MODERATE	Twice a week
SUBSTANTIAL	Twice a week
HIGH	Twice a week

*Up to date staff do not need to be routinely tested.

Table 2: Routine testing intervals of staff who work in facilities licensed under Ill. 77 Adm. Codes 295, 330, 370, 380, who are not fully vaccinated by community transmission levels

Community Transmission Level	Minimum Testing Frequency of Staff who are not Fully Vaccinated*
LOW	Per Illinois emergency rule (Sections 295.4047, 330.794, 370.4, and 380.643) testing is required at a minimum of once a week
MODERATE	Once a week
SUBSTANTIAL	Twice a week
HIGH	Twice a week

*Fully vaccinated staff do not need to be routinely tested.

TESTING OF STAFF: CDC and CMS no longer require routine testing of unvaccinated and not up to date staff; however, the Illinois ERs still require routine testing. ***If facilities choose to discontinue routine testing of unvaccinated or not up-to-date staff, policies should align with this decision***. State owned or operated facilities should continue to test per Executive Order 2022-21.

Management of Asymptomatic HCP with Higher-risk Exposure

IDPH LTC Guidance- March 22, 2022

Work exclusions based upon vaccination status of HCP and varied by staffing needs and strategies implemented to augment staffing (Conventional, Contingency, and Crisis). Table 6 of LTC guidance document.

APPENDIX A: SUMMARY TABLES

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

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

NOTE: Asymptomatic Exposed HCP must complete required testing listed above and should be included in the facility's routine testing for unvaccinated HCP and outbreak testing every 3-7 days until there are no more positive results for 14 days.

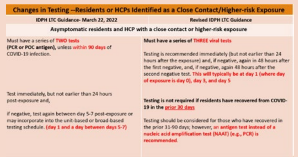
*** Negative test result must be within 48 hours of returning to work. Either an antigen test or NAAT can be used, as a clearance test to return to work; however, antigen testing is preferred because a NAAT test may remain positive for some time following infection.**

* For calculating day of test:
1) for infection consider day of symptomatic onset or first positive test if asymptomatic, as day 0
2) for exposure consider day of exposure as day 0

Revised IDPH LTC Guidance

In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.

Follow testing guidance on slide 21 (too long to repeat here)


Changes in Testing --Residents or HCPs identified as a Close Contact/Higher-risk Exposure

IDPH LTC Guidance- March 22, 2022 | Revised IDPH LTC Guidance

Asymptomatic residents and HCP with a close contact or higher-risk exposure

Must have a series of TWO tests (PCR or POC antigen), unless within 90 days of COVID-19 infection.

Test immediately, but not earlier than 24 hours post-exposure and,

If negative, test again between day 5-7 post-exposure or may incorporate into the unit-based or broad-based testing schedule (day 1 and a day between days 5-7)

Must have a series of THREE viral tests

Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again in 48 hours after the first negative, and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5

Testing is not required if residents have recovered from COVID-19 in the prior 30 days

Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) (e.g., PCR) is recommended.

HCP should follow all recommended infection prevention and control practices**, including wearing well-fitting source control (even if Community Transmission are NOT HIGH),** 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.
If develop symptoms, exclude from work and isolate

Work Restrictions for HCP following a higher-risk exposure *may be considered* when the:

- HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure,
- HCP is moderately to severely immunocompromised,
- HCP cares for or works on a unit with residents who are moderately to severely immunocompromised,
- HCP works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

HCP with SARS-CoV-2 Infection--Return to Work Criteria (primarily remains unchanged)

- HCP with confirmed COVID-19 should be excluded from work.
- After returning to work, HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.
- If symptoms recur (e.g., rebound) these HCP should be restricted from work and follow recommended practices to prevent transmission to others (e.g., use of well-fitting source control) until they again meet the healthcare criteria below to return to work unless an alternative diagnosis is identified.
- Under Contingency Staffing there is a recommendation related to testing of HCP (on next slide)

Work Exclusions & Restrictions for HCP with COVID-19 Infection

IDPH LTC Guidance- March 22, 2022

Conventional: Table 5 of LTC Guidance

Contingency: At least 5 days off. Must have one negative test completed within 48 hours before work shift begins or rapid antigen test prior to shift

Crisis: Table 5 of LTC Guidance

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

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR)[2]	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
Up to date and Not up to date	10 days off (ideal) **OR**	No testing required to return to work	5 days off	May return after 5 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours. **Must have one negative test[1]** completed within 48 hours before work shift begins or rapid antigen test prior to shift.	Allowed to work except, should have duties prioritized	No additional testing required to work
	7 days off	May return to work after 7 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours. **Must have one negative test[1]** completed within 48 hours before work shift begins or rapid antigen test prior to shift				

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

Revised IDPH LTC Guidance

Conventional: No change

Contingency: At least 5 days off, symptoms improving, fever-free. Testing is not required; however, healthcare facilities may choose to confirm resolution of infection with a negative NAAT (molecular) or a series of 2 negative antigen tests taken 48 hours apart* before allowing HCP to return to work

- Antigen testing is preferred if testing ***asymptomatic HCP*** who have recovered from SARS-CoV-2 infection ***in the prior 90 days*** due to PCR sensitivity.

Crisis: No change

Other LTC Guidance Changes in Revised LTC Guidance

- Essential Caregivers document has been incorporated into LTC Guidance.
- **Physical distancing** (regardless of vaccination status) is not emphasized in the updated CDC recommendations except for indoor visits when the facility is in outbreak.
  - If indoor visitation is occurring in areas of the facility experiencing transmission, it should ideally occur in the resident's room. The resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit.
- Elevator restrictions (limiting the number of persons) are no longer needed.
- Live Music/Vocal Performances
  - There is no longer a requirement on the number of individuals who can perform at one time
  - Performers should wear source control while performing indoors when community transmission levels are HIGH.

Resources

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. September 23, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html

Centers for Disease Control and Prevention. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. September 23, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Centers for Disease Control and Prevention. Strategies to Mitigate Healthcare Personnel Staffing Shortages. September 23, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

For healthcare professionals advising people ***in non-healthcare settings*** about isolation for laboratory-confirmed COVID-19:

Centers for Disease Control and Prevention. Ending Isolation and Precautions for People with COVID-19: Interim Guidance. August 31, 2022. https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

Changes in Support Focus

IDPH Infection Preventionists Primary Focus is COVID-19, Communicable Diseases and Outbreak Investigations		Hektoen Infection Preventionists Primary Focus is Multidrug Resistant Organisms and Healthcare Associated Infections	
Mike Bierman	Mike.Bierman@Illinois.gov	Deb Burdsall	deborah.burdsall@hektoen.org
Pej Lawal	Olapeju.Lawal@Illinois.gov	Mary Alice Lavin	maryalice.lavin@hektoen.org
Tom Roome	Tom.Roome@Illinois.gov	Connie Linchangco	purisima.linchangco@hektoen.org
General email:	DPH.COVIDHAI@illinois.gov	Christine Pate	christine.pate@hektoen.org
		Karen Trimberger	karen.trimberger@hektoen.org

IDPH Illinois Department of Public Health

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**