



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

March 25th, 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
- How to find the CDC Transmission Risk Maps
- Importance of Vaccination
- Norovirus
- Updated Guidance
- Questions from Last Week
- Open Q & A



Future Webinar Topic Ideas

- Any topics you would be interested in learning more about?
 - <https://redcap.link/j2pfz9gc>
 - Closes Friday, March 25th

IDPH webinars

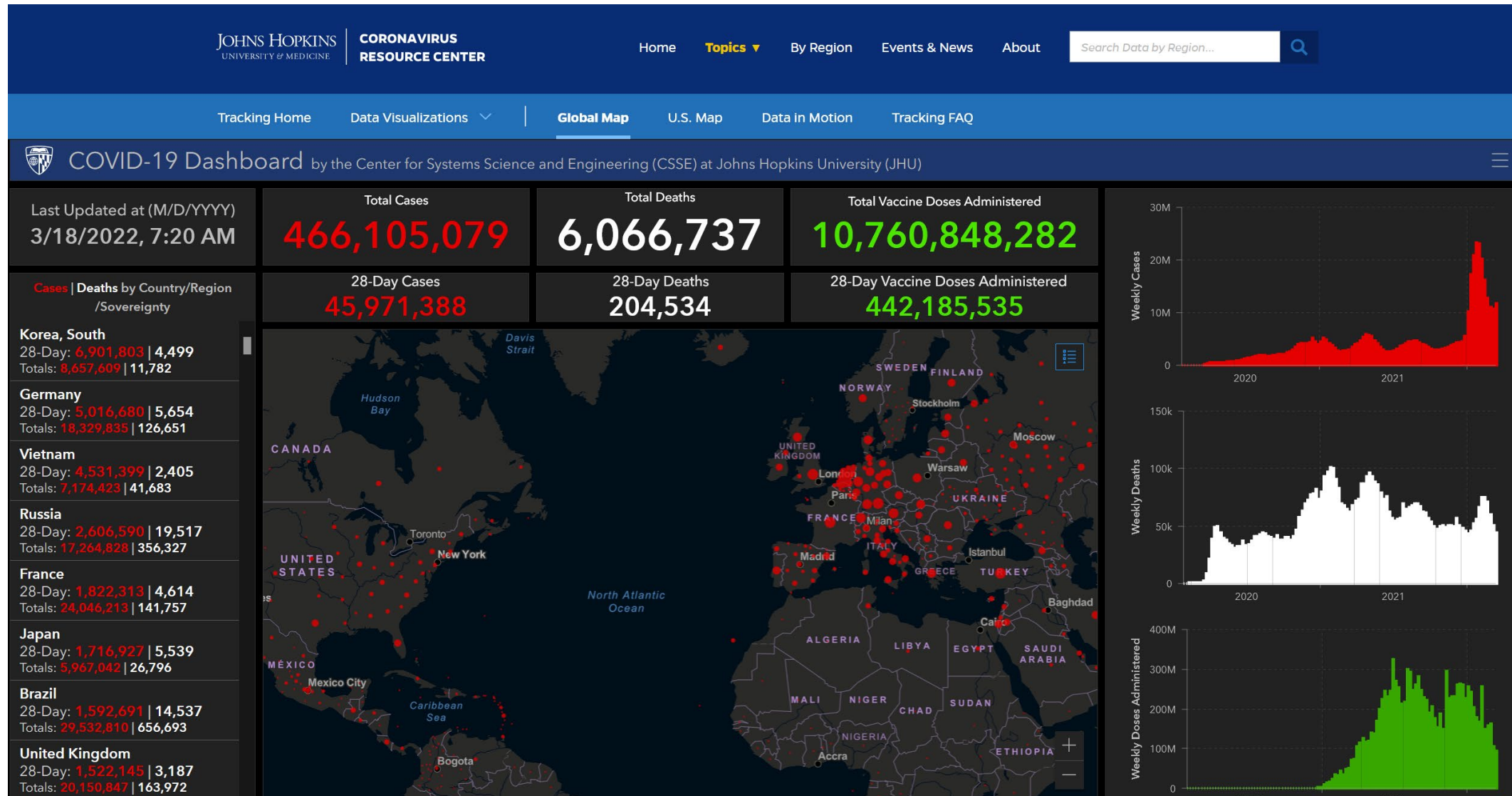
Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, April 1 st	https://illinois.webex.com/illinois/onstage/g.php?MTID=e174156366c06bf6c39ce33af44dfcf9e
Friday, April 8 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e25fb0ba6950c735d198a68c4307ae248
Friday, April 15 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e0a563d00e82ce5830d20c76454681b18
Friday, April 22 nd	https://illinois.webex.com/illinois/onstage/g.php?MTID=efb1b69e034b222987e462b281f498021
Friday, April 29 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e5abc427231aad3cd7a4b7fb33b93ec53

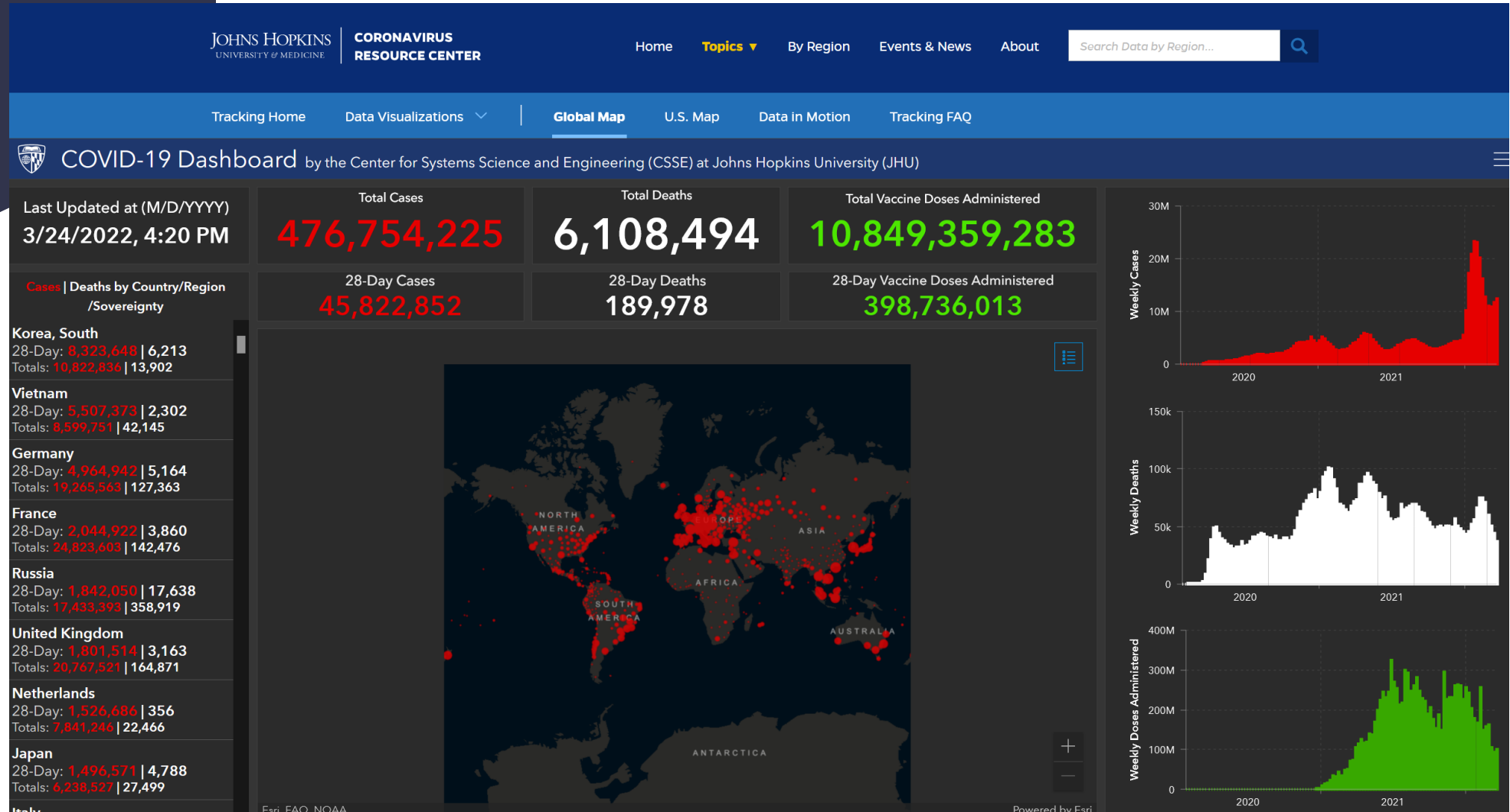
Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

And Last Week's Episode...

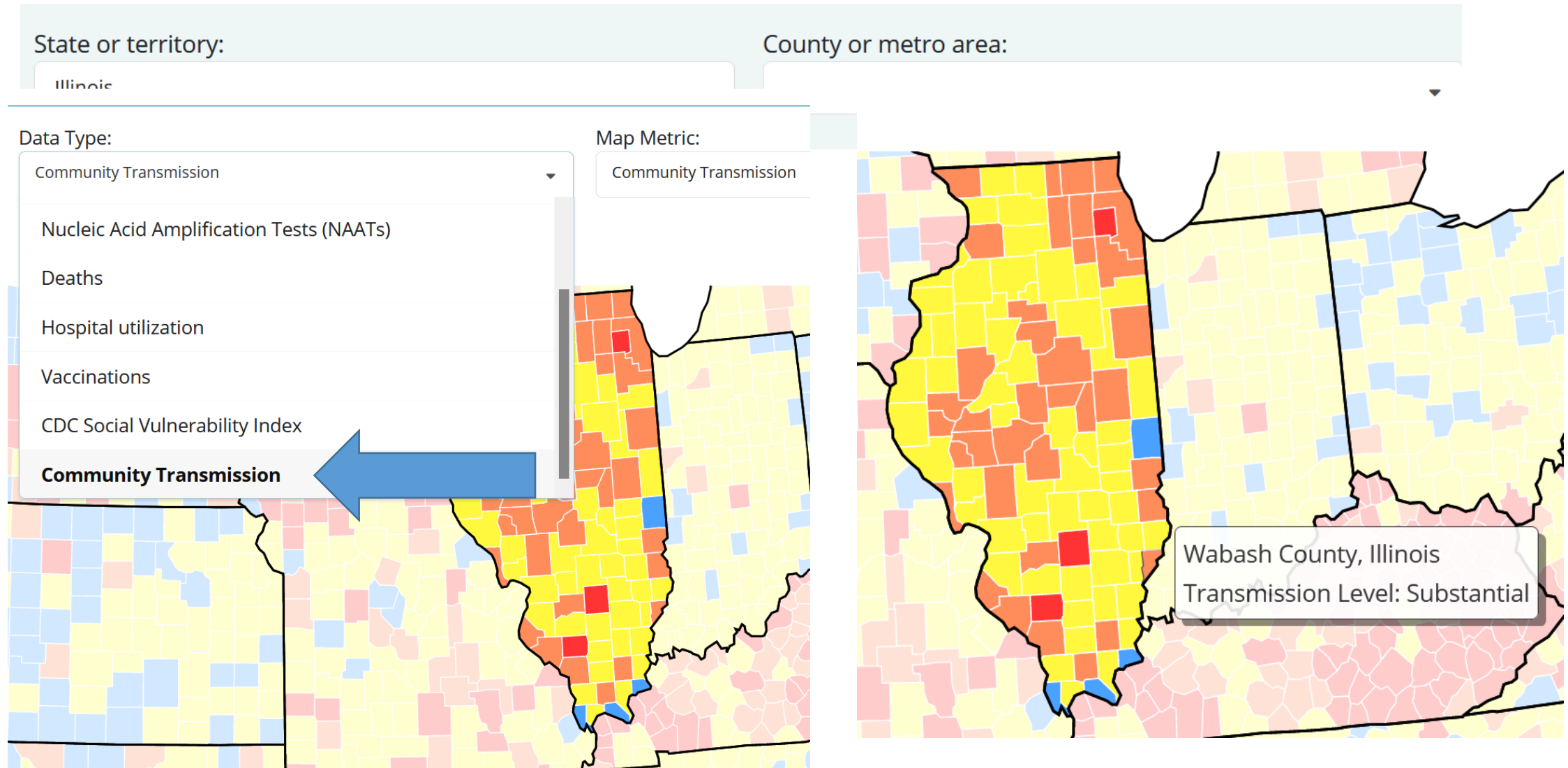


How is it going?
10 million new
cases



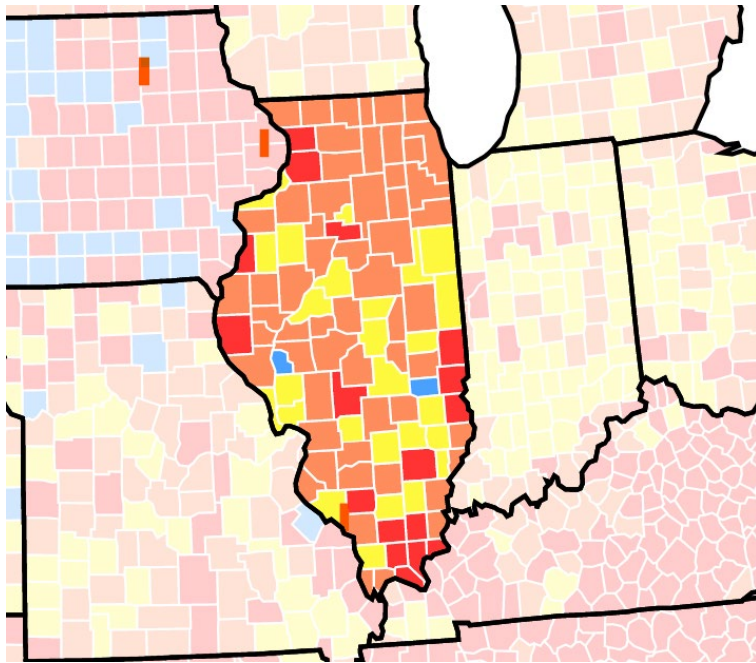
How to find the CDC Transmission Risk Maps

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

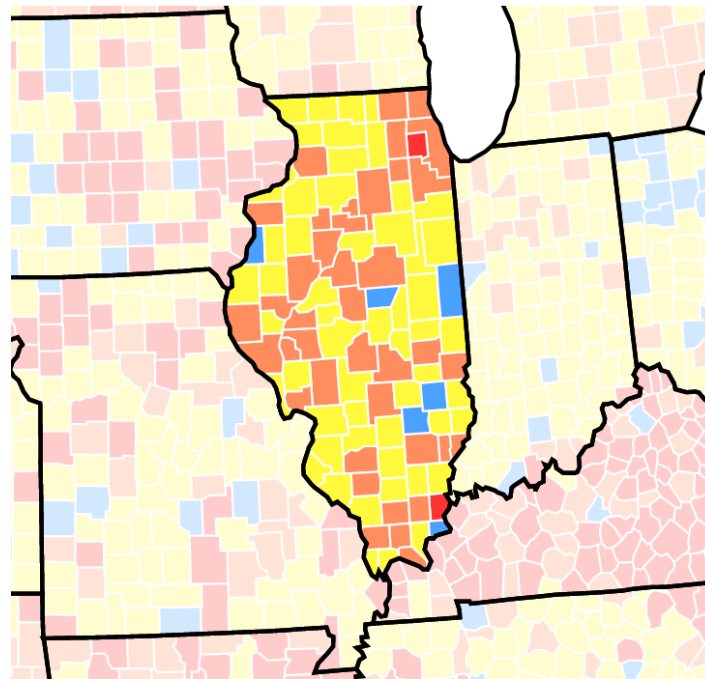


Look at the Difference in Two Weeks!

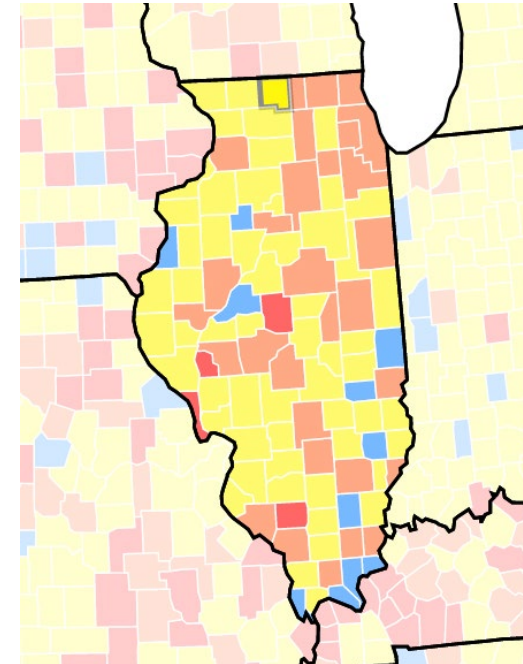
● High ● Substantial ● Moderate ● Low



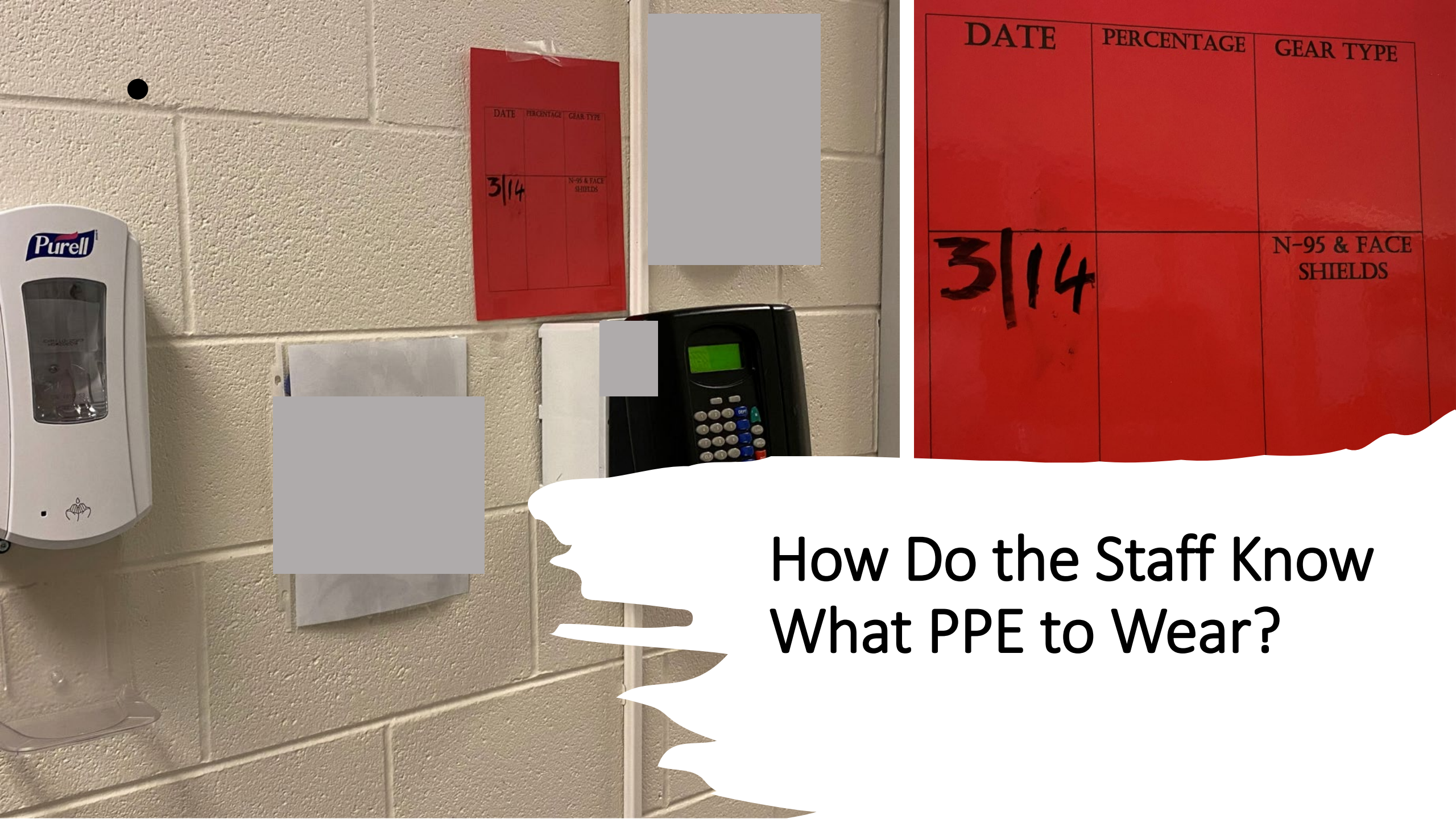
March 9, 2022



March 18, 2022



March 23, 2022



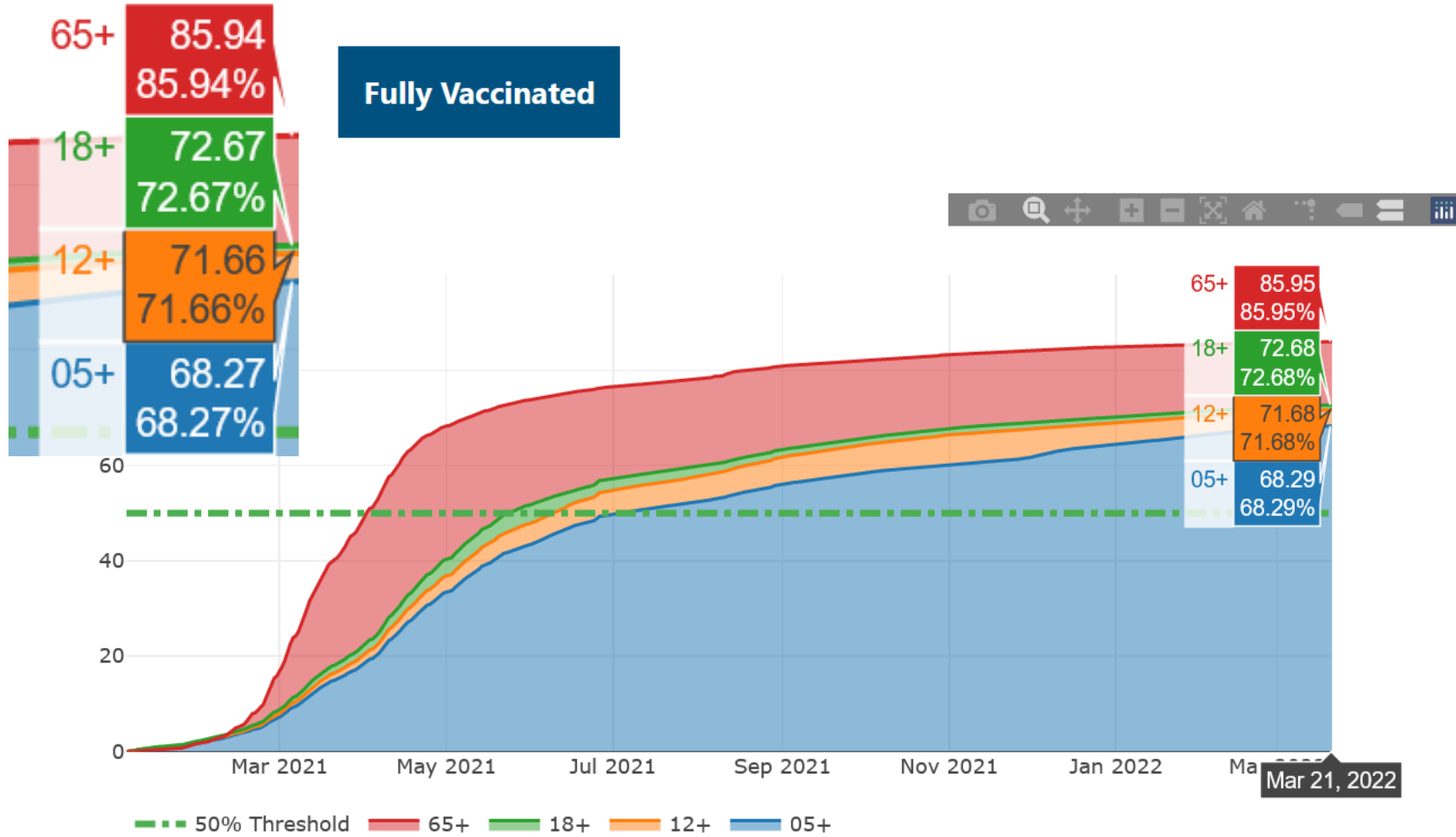
DATE	PERCENTAGE	GEAR TYPE
3/14		N-95 & FACE SHIELDS

DATE	PERCENTAGE	GEAR TYPE
3/14		N-95 & FACE SHIELDS

How Do the Staff Know What PPE to Wear?

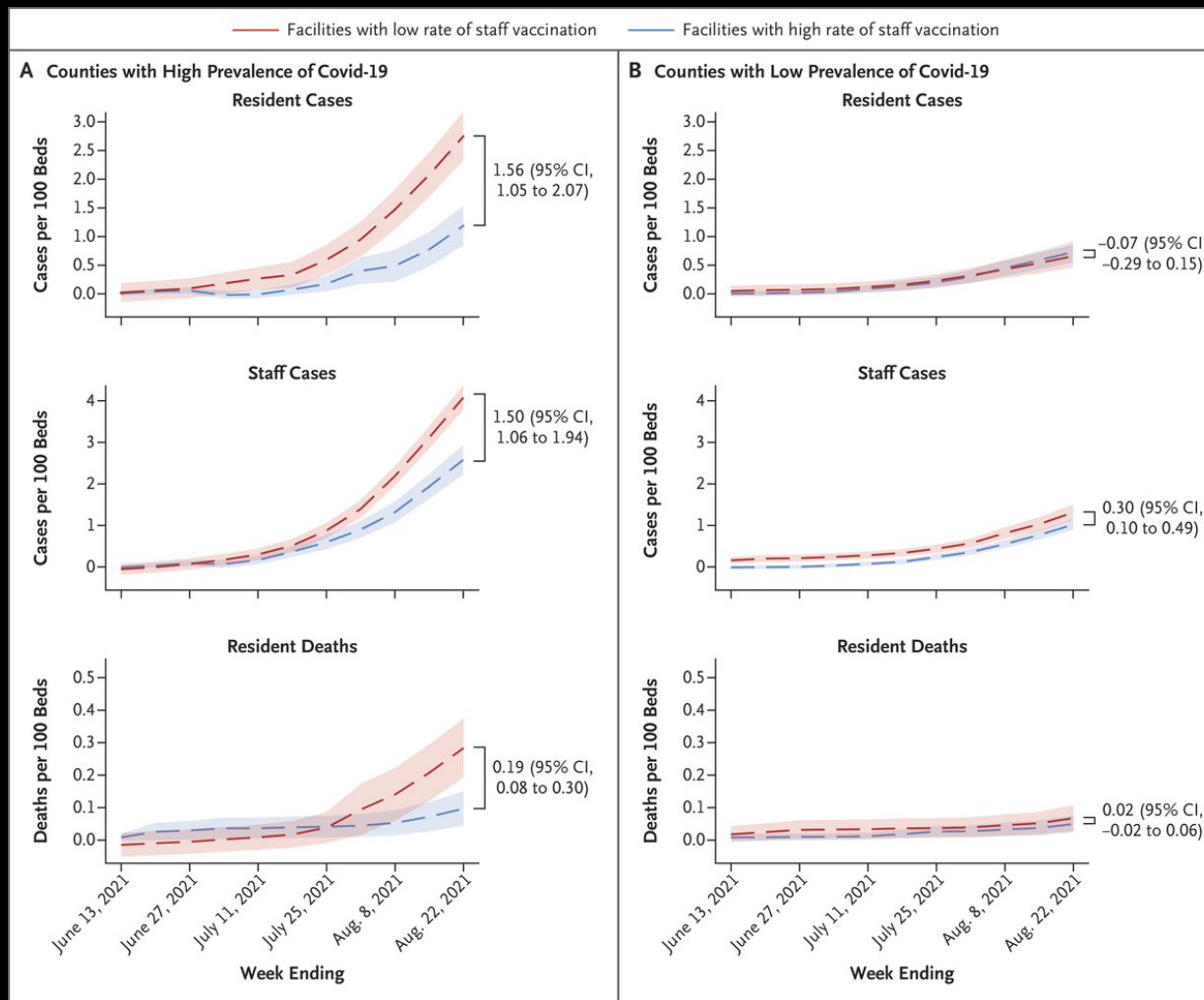
Vaccination is the key to preventing severe illness...

Illinois Population Vaccinated Fully



Cumulative Adjusted Covid-19 Outcomes, According to Nursing Home Staff Vaccination Coverage and County-Level Prevalence of Covid-19.

McGarry, B. E., Barnett, M. L., Grabowski, D. C., & Gandhi, A. D. (2022). Nursing home staff vaccination and Covid-19 outcomes. *New England Journal of Medicine*, 386(4), 397-398.

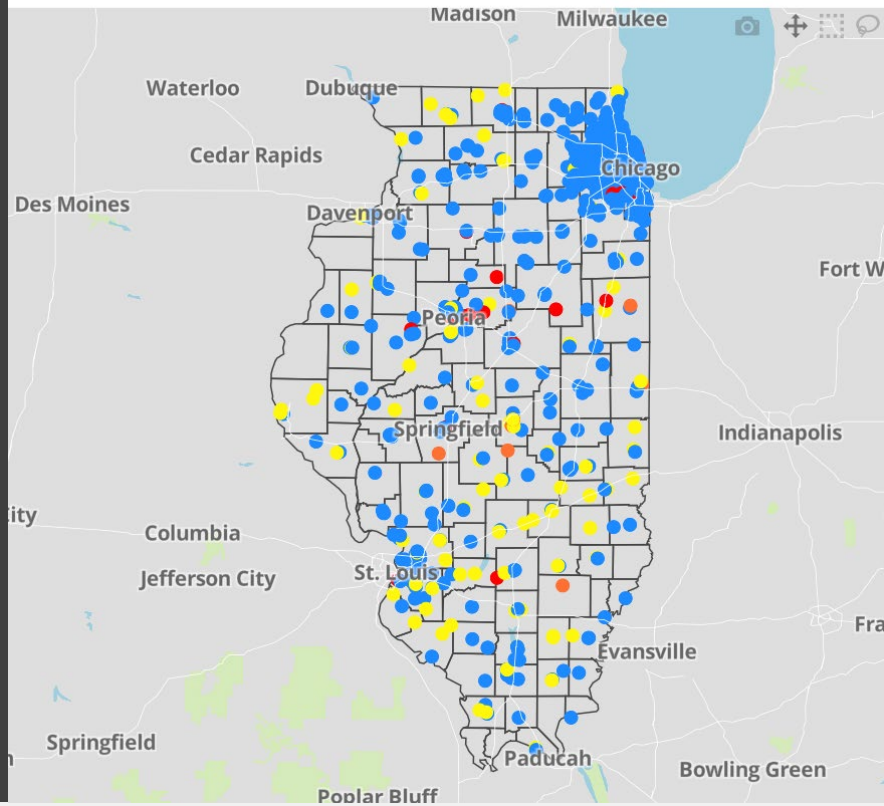


What does this mean?

- Looked at 12,364 nursing homes mainly from NHSN data. (81% of all US nursing homes)
- Between June 13, 2021, and August 22, 2021
- Split the nursing homes into 4 quartiles depending on vaccination status of staff
- Findings confirmed the on the ground observations that higher community prevalence increases the risk for higher numbers of COVID-19 cases and deaths
- *“If all the nursing homes in our sample had been in the highest quartile of staff vaccination coverage (82.7% on average)”*
- Could possibly have **prevented**
 - **4775 COVID-19 resident cases** (29% of the total during the study window)
 - **7501 COVID-19 staff cases** (29% of the total)
 - **703 Covid-19–related resident deaths (48% of the total)**
- *“These findings show the extent to which staff vaccination protects nursing home residents, particularly in communities with high Covid-19 transmission.”*

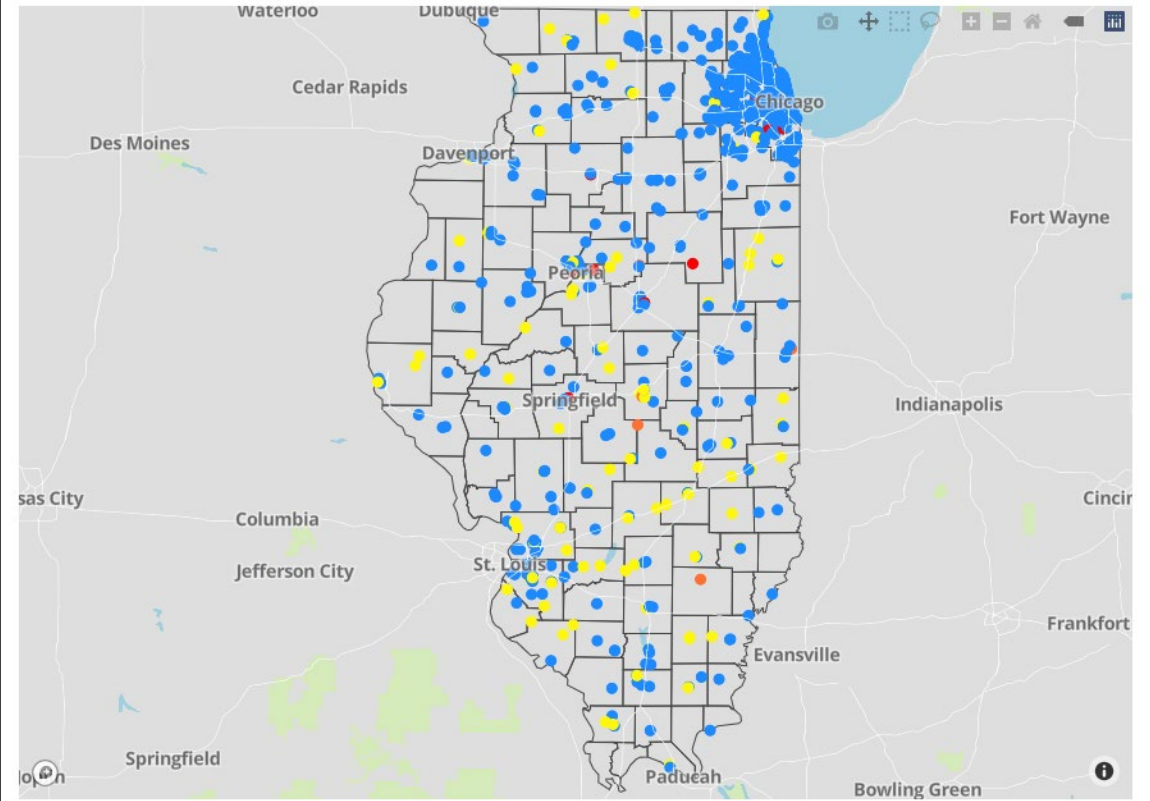
Staff Vaccination Rates

■ >75% ■ 50%-75% ■ 25%-50% ■ <25%



Staff Vaccination Rates

■ >75% ■ 50%-75% ■ 25%-50% ■ <25%

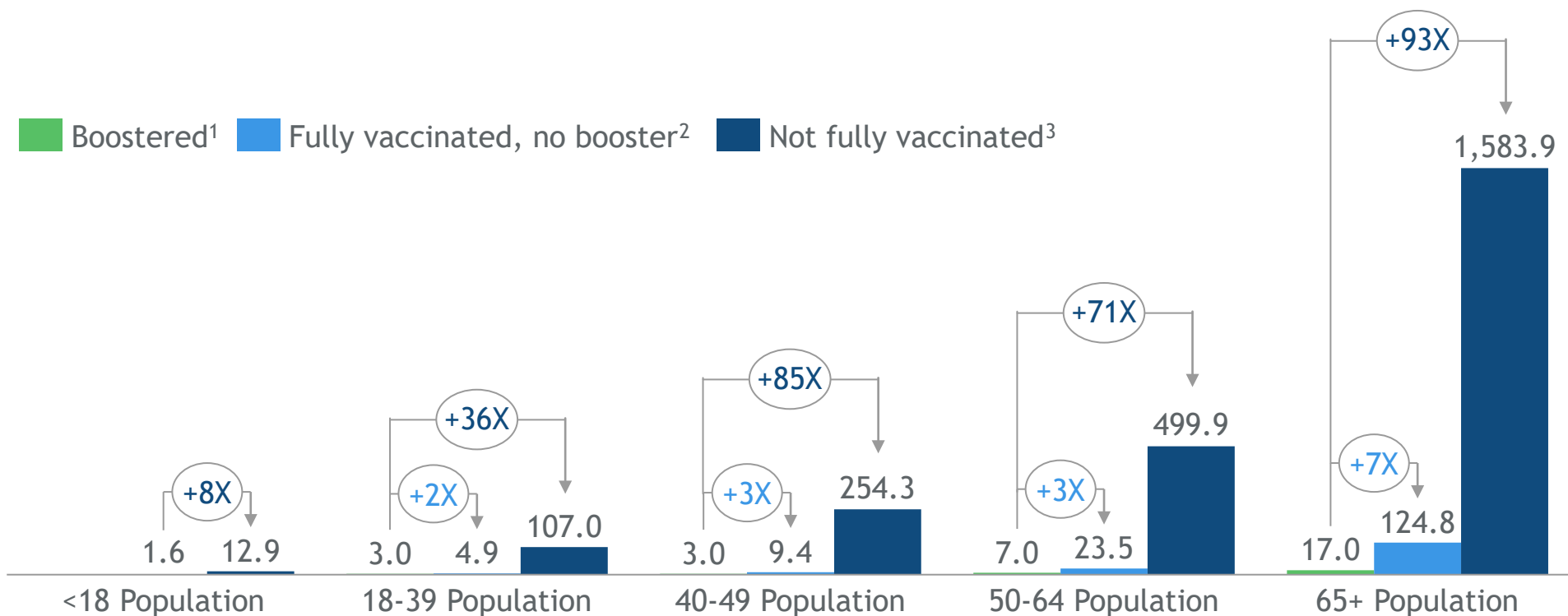


Fewer Red Dots!!!
More Vaccinations!

- <https://dph.illinois.gov/covid19/data/long-term-care-covid-19-facility-level-data.html>

COVID-19 hospitalizations: Hospitalization among unvaccinated remain significantly higher across all age groups in Illinois

COVID-19 admissions per 100K (IL), Nov 28 - Dec 25, 2021

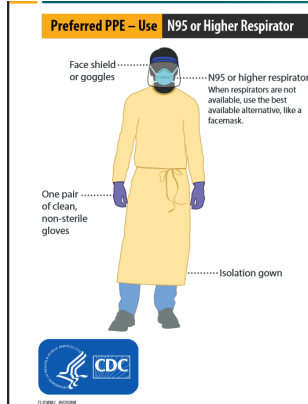


1. Per Illinois Department of Public Health - represents 257 breakthrough admissions between Nov 28 - Dec 25, 2021 for 2.62M boosted individuals in IL (average over time period) 2. Represents 1,244 breakthrough admissions in IL for 5.13M fully vaccinated individuals (average over time period) 3. Represents 10,579 non-breakthrough admissions for 4.97M unvaccinated or partially vaccinated individuals in IL (average over time period)

Source: I-CARE, CDC Hospitalization Trackers, REDCap reports, INEDSS, I-CARE, IDPH data team, Census estimates (2018, 2019 American Community Survey - 1 year estimates)



General Vaccine Administration



cdc.gov/COVID19

Source Control / PPE



Detection, Isolation/Quarantine



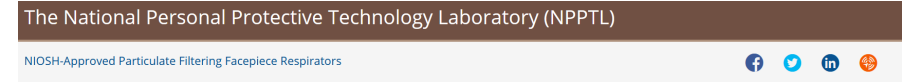
Screening and Surveillance



Hand Hygiene

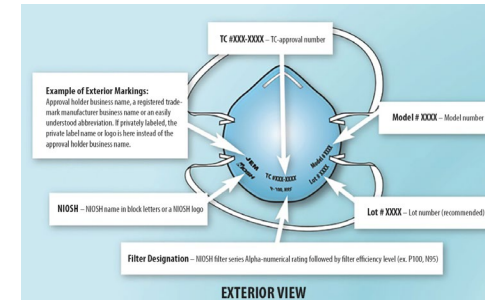


Surface Cleaning / Disinfecting



NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices

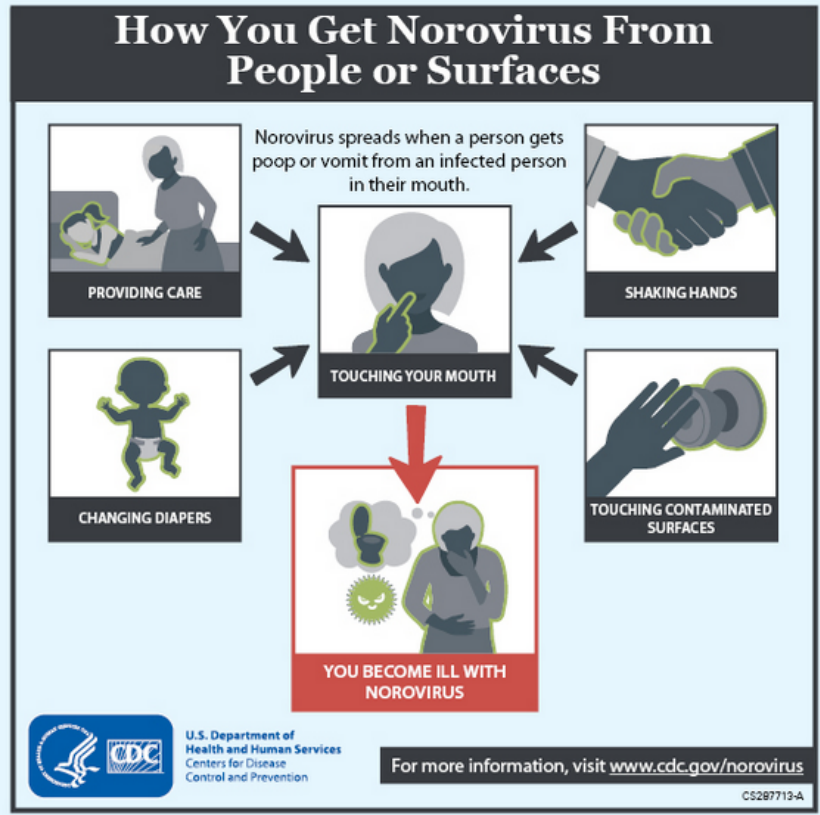




Illinois Department of Public Health (IDPH) ✓

2h · 🌐

Norovirus is the leading cause of disease outbreaks from contaminated food in the United States. Learn about food safety practices that can help prevent these outbreaks. Read more: <https://dph.illinois.gov/.../diseases-a.../noroviruses.html>



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

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About Norovirus

Norovirus is a very contagious virus that causes vomiting and diarrhea. People of all ages can get infected and sick with norovirus.

Norovirus spreads easily!

You can get norovirus from:

<https://www.mchenrycountyil.gov/home/showpublisheddocument/2119/634979931868430000>

<https://www.cdc.gov/norovirus/about/index.html>

Health & Fitness

McHenry Co. Health Reports Increase In Norovirus Cases

The McHenry County Health Department provides tips for helping to prevent the spread of norovirus.



Amie Schaezner, Patch Staff

Posted Tue, Mar 22, 2022 at 1:51 pm CT



555 N. Court St. / Rockford, IL 61103
(815) 720.4050
www.wchd.org



Increase in Viral Acute Gastroenteritis Outbreaks
February 25, 2022

BMC Part of Springer Nature

Search

BMC Medicine

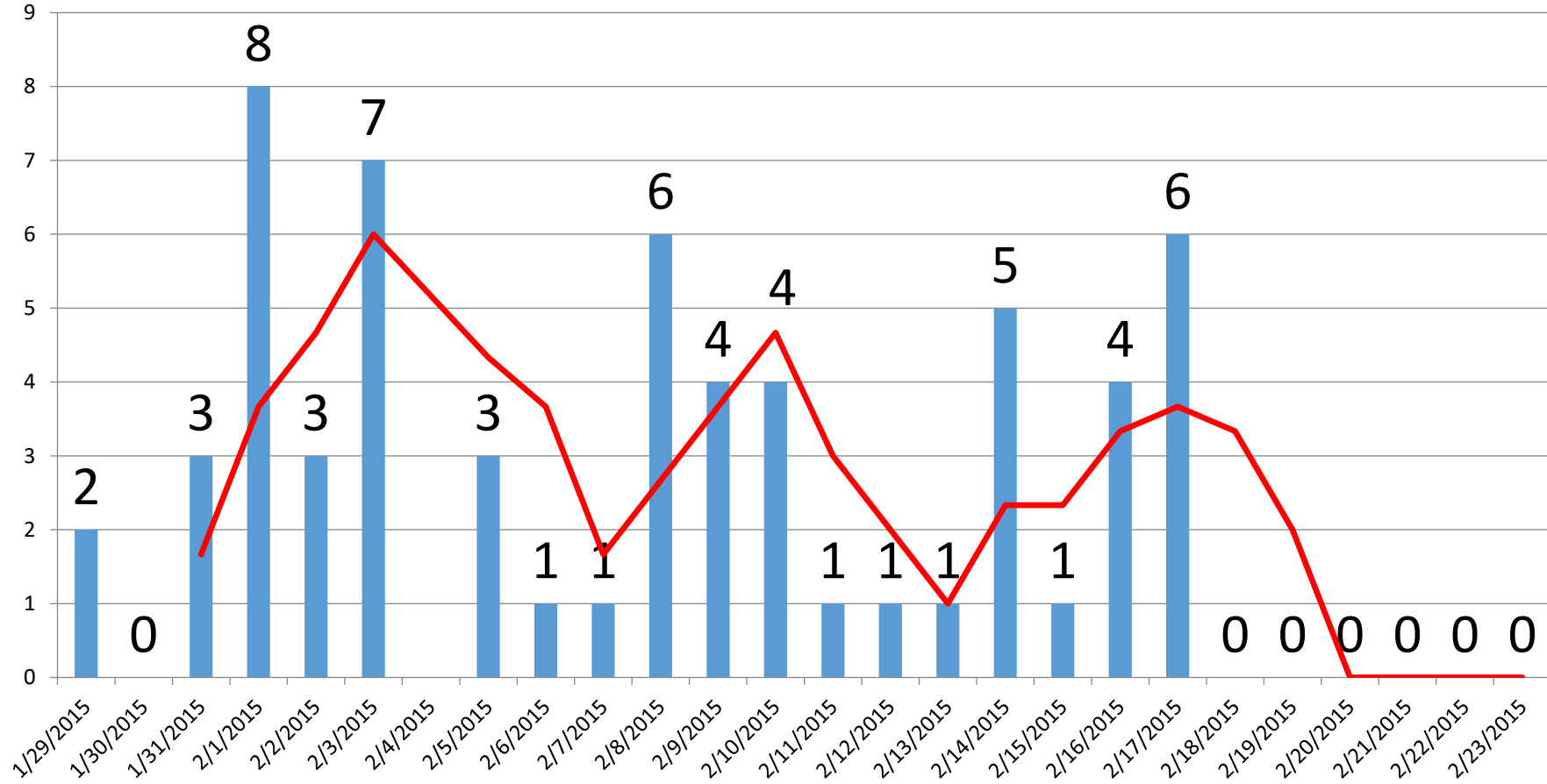
Home About [Articles](#) [Submission Guidelines](#)

Research article | [Open Access](#) | [Published: 09 November 2021](#)

Predicted norovirus resurgence in 2021–2022 due to the relaxation of nonpharmaceutical interventions associated with COVID-19 restrictions in England: a mathematical modeling study

[Kathleen M. O'Reilly](#), [Frank Sandman](#), [David Allen](#), [Christopher I. Jarvis](#), [Amy Gimma](#), [Amy Douglas](#), [Lesley Larkin](#), [Kerry L. M. Wong](#), [Marc Baguelin](#), [Ralph S. Baric](#), [Lisa C. Lindesmith](#), [Richard A. Goldstein](#), [Judith Breuer](#) & [W. John Edmunds](#)

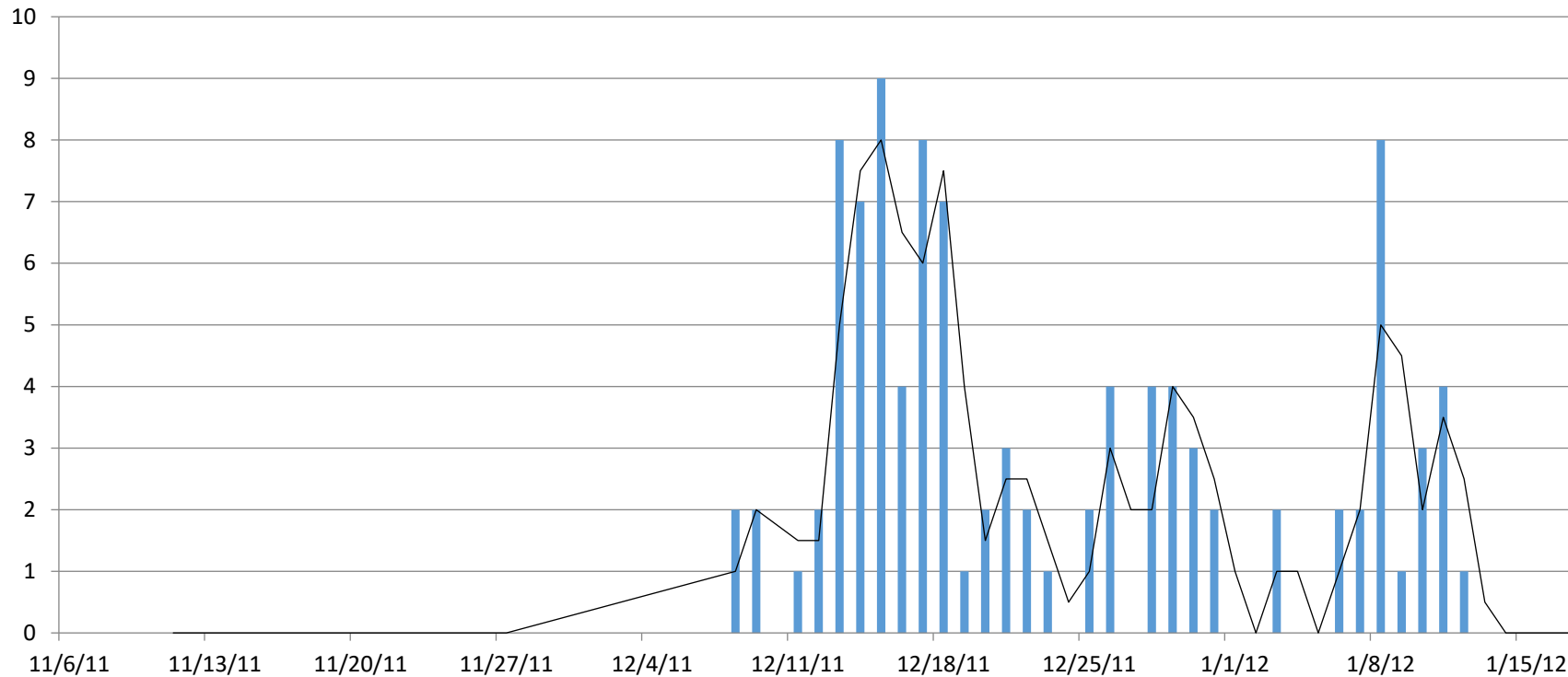
**Number of Cases AGE: 53 resident cases and 29 staff cases
120 residents /148 staff present
Attack rate: 44.2% resident and 19.5% staff**



FOR COMPARISON 2011

Norovirus Confirmed Gastrointestinal Outbreak

101 Cases- Residents/453= 22% Attack Rate. (Bed number plus number of Medicare admissions)



EPA List N Agents
may not be what
you are looking
for with *C. diff*,
Candida auris, or
Norovirus,

An official website of the United States government [Here's how you know](#) ▼

 United States Environmental Protection Agency

Search EPA.gov

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- [Pesticide Registration Manual](#)
- [Fees and Waivers](#)

List K: EPA's Registered Antimicrobial Products Effective against *Clostridium difficile* Spores

Notes about this list:

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Pesticide Registration [CONTACT US](#)

List P: Antimicrobial Products Registered with EPA for Claims Against *Candida Auris*

On this page:

- [Products on List P](#)
- [How to use List P products effectively](#)
- [How to check if a product is on List P](#)
- [Additional Resources](#)

An official website of the United States government [Here's how you know](#) ▼

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List G: EPA's Registered Antimicrobial Products Effective Against Norovirus



Environmental Cleaning and Disinfecting

Ideal Disinfectant

Rutala and Weber, 2014

- Nontoxic and non-irritating
- Low toxicity rating
- Not damage surfaces
- Easy to use
- Acceptable odor
- Economical
- One step cleaner / disinfectant



Cleaning and Disinfecting Product Analysis



“Wherever patient care is provided, strict adherence to evidence-based infection prevention guidelines is essential to ensure that all care is safe care.”

~ William A. Rutala, Ph.D., M.P.H.

<https://disinfectionandsterilization.org/>

Microbiological Disinfectant Hierarchy

Microbes Exhibit a Wide Variation in Intrinsic Resistance to Disinfectants

Rutala WA, Weber DJ, HICPAC. www.cdc.gov

Most Resistant

Spores (*C. difficile*)

<https://disinfectionandsterilization.org/>

Mycobacteria (*M. tuberculosis*)

Non-Enveloped Viruses (norovirus, HAV, polio)

Fungi (*Candida*, *Trichophyton*)

Bacteria (MRSA, VRE, *Acinetobacter*)

Enveloped Viruses (HIV, HSV, Flu)

Most Susceptible

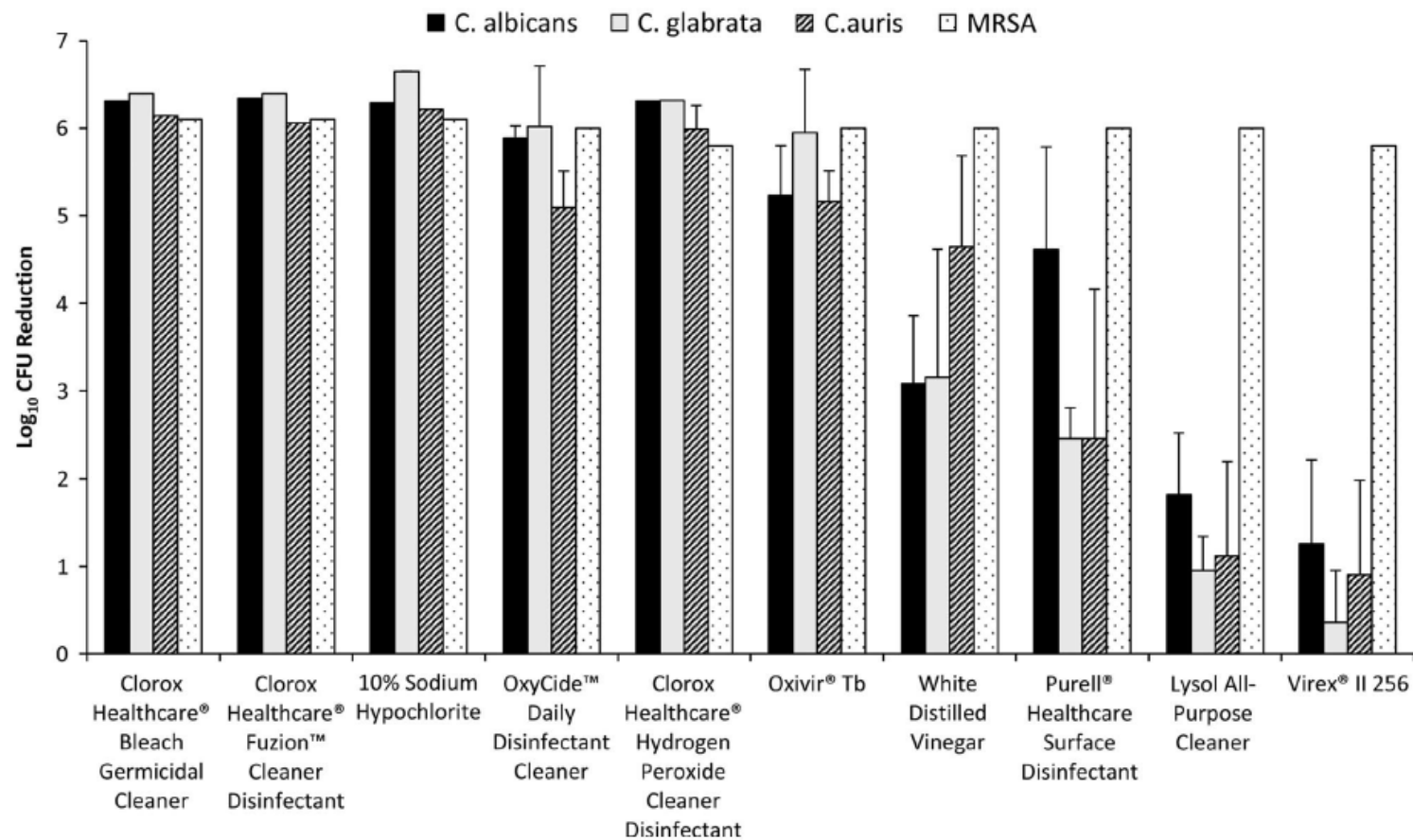
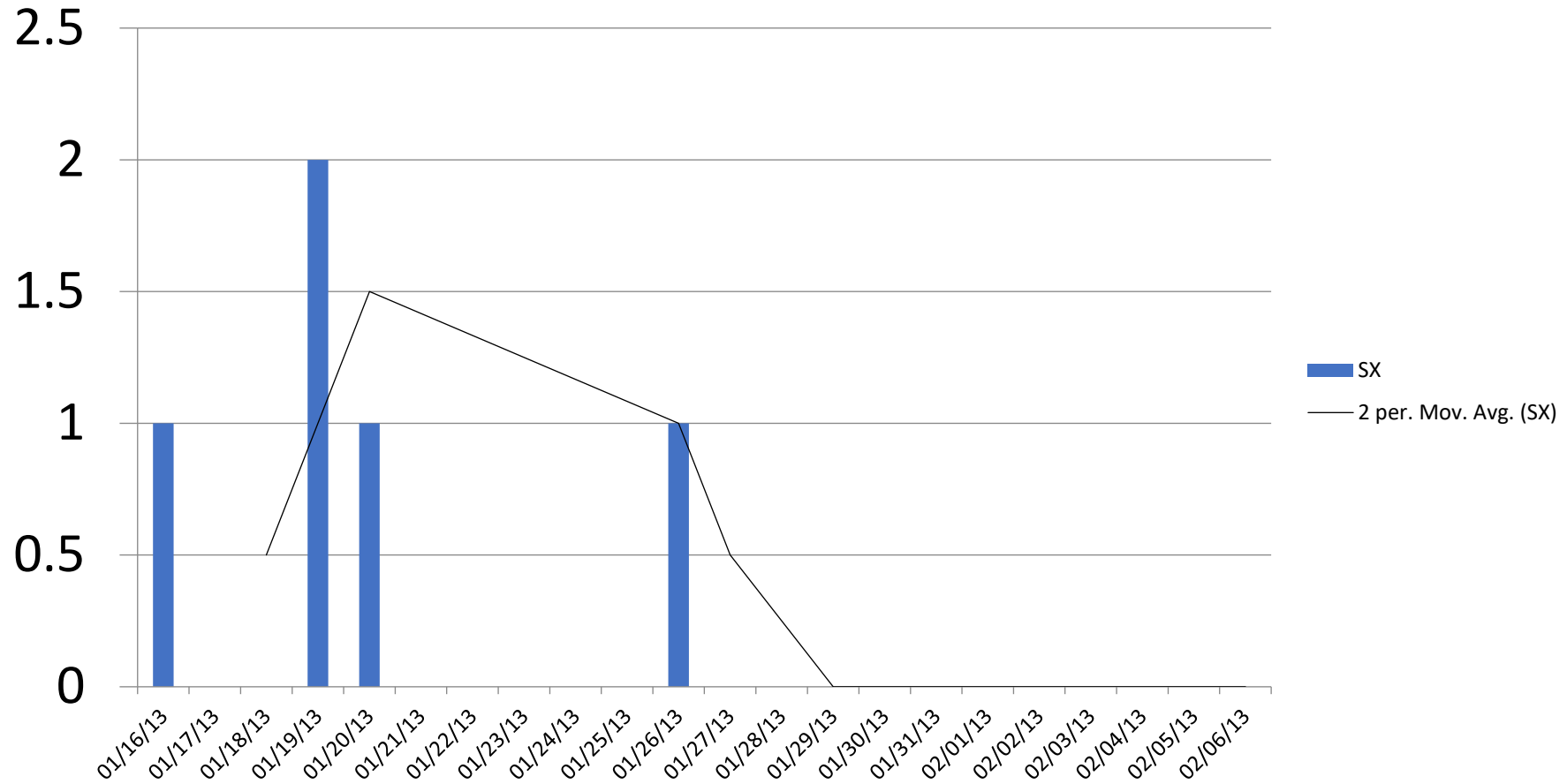


FIGURE 1. Mean log reductions for each of the disinfectants against the 3 *Candida* species and MRSA using the American Society for Testing and Materials (ASTM) Standard Quantitative Carrier Disk Test Method (ASTM E-2197-02).⁷ Log reductions were calculated by subtracting viable organisms recovered after exposure to the disinfectants versus deionized water controls. Vinegar, Purell Healthcare Surface Disinfectant, and the 2 quaternary ammonium disinfectants were significantly less effective against the *Candida* species than against MRSA ($P \leq .02$). Error bars show standard error. MRSA, methicillin-resistant *Staphylococcus aureus*.

**Acute Gastroenteritis (AGE) Skilled Unit
Control Measures started 1/16/2013
One Confirmed Norovirus from 1/20/2013
4 case of AGE**



Acute Gastroenteritis Dementia Unit January 2013

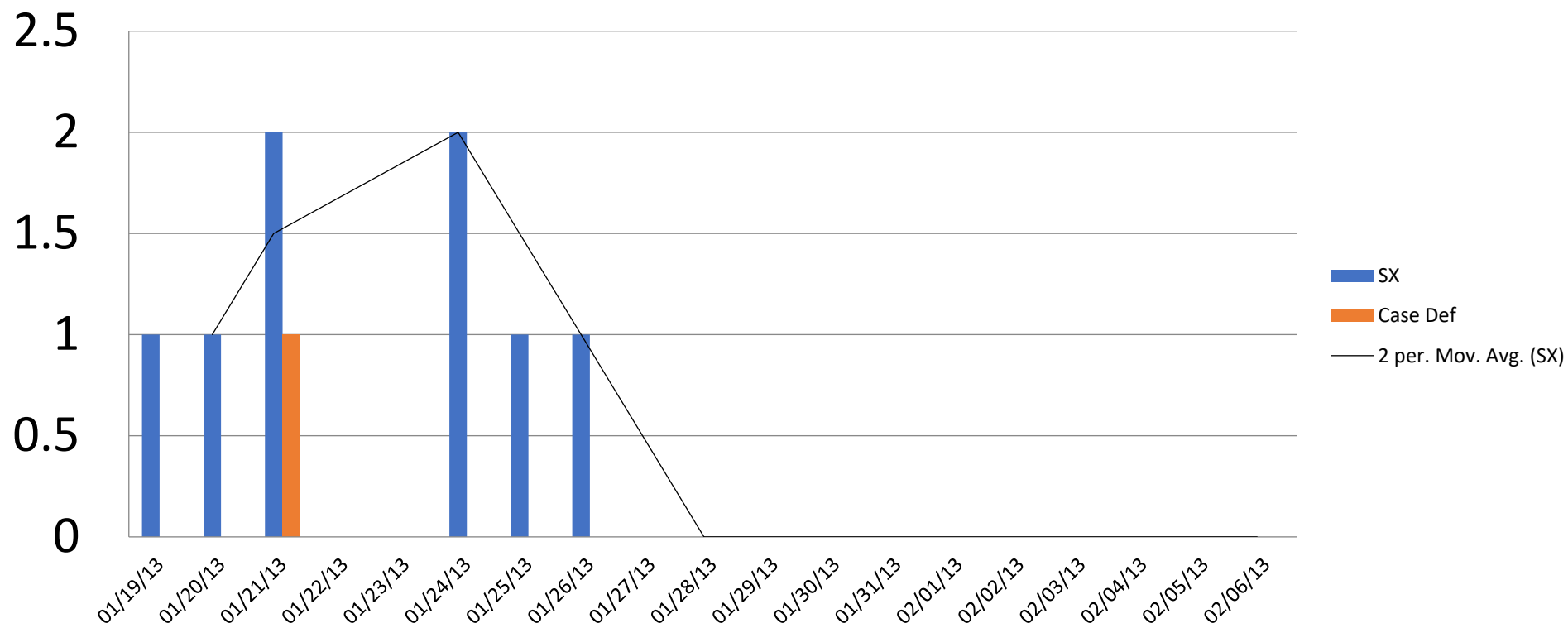
8 cases on 1 unit =42 residents

Attack Rate: Residents and Staff 6.6%

Attack Rate: Residents only

16%

9 Cases: 3 Confirmed Norovirus



Updated Guidance Released



https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-Guidance_03.22.2022.pdf

Reason for Update

- Executive Order 2022-05
 - Up to Date language
 - Additional testing
 - 77 Ill. Admin. Code 300.698
 - 77 Ill. Admin. Code 350.769
 - 77 Ill. Admin. Code 390.759

<https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-05.2022.html>

<https://www.ilga.gov/commission/jcar/admincode/077/07700300sections.html>

<https://www.ilga.gov/commission/jcar/admincode/077/07700350sections.html>

<https://www.ilga.gov/commission/jcar/admincode/077/07700390sections.html>

Staff PPE

- If a resident is suspected or confirmed to have COVID-19 or is **not up to date** with COVID-19 vaccinations, and the resident is identified to be a close contact, HCP must wear an N95 respirator, eye protection, gown, and gloves.
- If a resident is identified to be a close contact and is **up to date** with COVID-19 vaccinations, HCP must wear PPE according to community transmission levels listed below.
- For those residents not suspected to have COVID-19, HCP should use community transmission levels to determine the appropriate PPE to wear.
 - When community transmission levels are *substantial or high*
 - **At a minimum**, HCP must wear a well-fitted mask **at all times** and eye protection while present in resident care areas.
 - **Facilities might consider having HCP wear N95 respirators at all times while in the facility.**

Community Transmission Levels

- Healthcare facilities must follow the Centers for Disease Control and Prevention **Community Transmission Levels**

DoIT Employee Portal - Home x CDC COVID Data Tracker x +

covid.cdc.gov/covid-data-tracker/#datatracker-home

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

COVID Data Tracker

Maps, charts, and data provided by CDC, updates daily by 8 pm ET COVID-19 Home >

CDC recommends use of [COVID-19 Community Levels](#) to determine the impact of COVID-19 on communities and take action. Community Transmission levels are provided for [healthcare facility use](#) only.

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk

Routine Staff Testing

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.

Routine Staff Testing

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.

Universal Screening of Visitors

- This means that a visitor should not visit for **10 full days** after a **positive test** regardless of their vaccination status.
- Visitors who are **up to date** with COVID-19 vaccinations and had **close contact** with a positive case are allowed to visit as long as they remain asymptomatic.
- Visitors who are **not up to date** with COVID-19 vaccinations and had contact with a positive case should not visit for **10 full days** following the last exposure.
- Visitors who have had COVID-19 in the prior 90 days are allowed to visit.

Management of Residents

Visitors to Resident with a Confirmed COVID - 19

- Facilities should offer well-fitting mask or other appropriate PPE, **including KN95 masks (if available)**.^{13,14} Visitors should not wear facility provided N95s, however, they may **bring and** wear their own **N95s**.
- **Visitors** who are not up to date with COVID-19 vaccinations and choose to visit a COVID-19 positive resident need to wear appropriate PPE and maintain a distance of 6 feet or more away from the resident while visiting. Visitors who are closer than 6 feet for a cumulative total of 15 minutes or more over a 24-hour period without wearing appropriate PPE are considered EXPOSED or a close contact to a positive case. If the visitor was wearing appropriate PPE and was 6 feet or more away from the resident, then the visitor is NOT considered to be exposed.
- Visitors who are **not up to date with COVID-19 vaccinations will be considered exposed** to a positive case (even if the positive case is the resident they were visiting) and ***should quarantine per community guidance and not visit a long-term care facility for 10 full days from the last exposure (with the date of the last visit being day 0)***.

Management of Residents

Resident as Close Contact to Confirmed COVID – 19 Case

- Isolation, quarantine, and PPE requirements for residents identified to be a close contact of a positive COVID-19 case.
 - If the resident is ***symptomatic***, regardless of vaccination status, isolate using transmission-based precautions and test as above. HCP should wear full PPE and treat as suspected COVID-19 case (see above guidance).
 - If the resident is ***asymptomatic and up to date*** with COVID-19 vaccinations, no need to quarantine or restrict the resident to their room, but the resident should wear source control for **10** days post exposure **when out of their room**.
 - If the resident is ***asymptomatic and not up to date*** with COVID-19 vaccinations, quarantine for **10** days even if testing negative. HCP should wear full PPE.

Management of Residents

Resident as Close Contact to Confirmed COVID – 19 Case

- Isolation, quarantine, and PPE requirements for residents identified to be a close contact of a positive COVID-19 case.
 - If the resident is asymptomatic and **has had COVID-19 within last 90 days**, there is no need to quarantine; resident should wear source control for **10** days post exposure.
 - If the resident is **moderate-to-severely immunocompromised**, consider quarantine. Consult with the resident's health care provider to determine if quarantine is necessary.
 - Residents can be removed from transmission-based precautions (TBP) after day **10** following the exposure (day 0) if they do not develop symptoms.

Management of Residents

Resident as Close Contact to Confirmed COVID – 19 Case

- Visitation, dining, and group activities
 - Residents who are **NOT up to date** with COVID-19 vaccinations, but are identified to have had a close contact, **should be placed in quarantine (above)**.
 - Residents should not participate in communal dining during quarantine and should dine in their room.
 - Residents should not participate in group activities during quarantine.
 - Residents who **ARE up to date** with COVID-19 vaccinations, but are identified to have had a close contact, ***do not have to be restricted to their rooms.***

Management of Residents

Resident as Close Contact to Confirmed COVID – 19 Case

- Visitation, dining, and group activities
 - Residents who **ARE up to date** with COVID-19 vaccinations **can participate in indoor visits** in their rooms, in common areas, or in designated visitation spaces. Outdoor visits are also allowed. Both the resident and the visitor should wear source control and maintain physical distancing for both indoor and outdoor visits.
 - Residents who **ARE up to date** with COVID-19 **may participate in communal dining** but should wear source control to and from the dining hall and when not eating or drinking.
 - Residents who **ARE up to date** with COVID-19 **may participate in group activities** but should wear source control during the activity.

Management of Residents

New Admissions/Readmissions and Residents Who Leave the Facility

Table 3: New Admission/Readmissions and Residents who Leave the Facility

Resident vaccination status	Is quarantine of resident necessary?	Is testing of the resident necessary?	
		Low-to-moderate community transmission	Substantial-to-high community transmission
Not up to date with COVID-19 vaccinations resident out for less than 24 hours	No	No	No
Not up to date with COVID-19 vaccinations, resident out for 24 hours or more	Yes	No	Yes, test as readmission
Up to date with COVID-19 vaccinations, resident out for less than 24 hours	No	No	No
Up to date with COVID-19 vaccinations resident out for 24 hours or more	No	No	Yes, test as readmission

Visitation

- [Executive Order 2022-06](#) lifted the universal face covering requirement for the general public effective February 28, 2022. However, all individuals regardless of vaccination status shall continue to be required to wear a face covering in health care facilities such as long-term care facilities.
- Face coverings or masks are still required indoors for visitors to long-term care facilities. If the resident and all their visitor(s) are up to date with all recommended COVID-19 vaccine doses, the resident can choose not to wear source control while in the resident's room and may choose to have physical contact.

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)	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 test¹ 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
	OR 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 test¹ completed within 48 hours before work shift begins or rapid antigen test prior to shift				

¹Either 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.

²LHD – Local Health Department, OHCR = IDPH Office of Health Care Regulation

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
<p>Up to Date</p> <p>Screen for symptoms twice per shift for 10 days</p>	<p>Allowed to work with testing</p> <p>Must be asymptomatic</p>	<p>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 <i>prolonged, continued exposure in the home</i>, must additionally test weekly for two weeks after the last exposure date.</p>	<p>Allowed to work</p> <p>Must be asymptomatic</p>	<p>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</p>	<p>Allowed to work</p> <p>Must be asymptomatic</p>	<p>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.</p>

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
Not Up to Date Screen for symptoms twice per shift for 10 days	10 days off (ideal)	If excluded from work for 10 days, no testing is required to return to work. Note: HCP with <i>prolonged, continued exposure in the home</i> , 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 <i>prolonged, continued exposure in the home</i> , 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 <i>prolonged, continued exposure in the home</i> , 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 .
	OR 7 days off Must be asymptomatic	May return after 7 days with one negative test* Note: HCP with <i>prolonged, continued exposure in the home</i> , are allowed to work following testing cadence noted above under 10 days off.				

Q & A Updates from March 18, 2022 Webinar

Q & A Updates

Resident Management

Q: Is the risk assessment for residents that are out for less than 24 hours, such as for a MD appointment or Hemodialysis still required?

A: In general, at a minimum residents should be monitored daily. When a newly identified positive case in either a healthcare provider or a resident is identified, monitoring should occur each shift. COVID-19 positive residents should be monitored every four hours.

Q & A Updates

Up to Date or Testing Requirements

Q: Can an up to date residents be placed in a double room if one of the residents is using CPAP?

A: If private rooms are not available, while not ideal the best combination would be two roommates who are up to date. It is suggested that at least daily vital signs be documented on both residents to demonstrate you are monitoring for symptoms.

Q & A Updates

Assisted Living

Q: The CDC amended guidelines for Assisted Living communities, that allows AL to follow non-healthcare congregate living and retirement communities. What is IDPH take on this new guideline?

A: CDC includes Assisted Living as part of long term care.

Long term care facilities provide a variety of services, both medical and personal care, to people who are unable to live independently. It is estimated that 1 to 3 million serious infections occur every year in:

- nursing homes
- skilled nursing facilities
- assisted living facilities

CDC is committed to keeping long term care patients safe from infections.

<https://www.cdc.gov/longtermcare/index.html>

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>
- LTC Webinar Interest Survey (please complete by March 25th)
 - <https://redcap.link/j2pfz9gc>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**