



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

April 1st, 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
- Project Firstline
- Free Antigen Test Survey
- NHSN Update
- Navigating the COVID Data Tracker
- Vaccination
- PPE
- Questions from Last Week
- Open Q & A

Slides and recording will be made available after the session.



Future Webinar Topic Ideas

- Any topics you would be interested in learning more about?
 - <https://redcap.link/j2pfz9gc>
 - Closes Thursday, April 7th

IDPH webinars

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

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.

Project Firstline Introduction to Reservoirs: Where Germs Live

Target Audience:
Certified Nursing Assistants

Body Reservoirs

- Wednesday, Apr 6, 2022 at 1:00 PM CT
- Registration Link:
https://us06web.zoom.us/webinar/register/WN_jS_qChuNSm2hf7Wk2BhQZg

Healthcare Environment Reservoirs

- Wednesday, Apr 13, 2022 at 1:00 PM CT
- Registration Link:
https://us06web.zoom.us/webinar/register/WN_10QOVj09Qca1rcBQ55zJVA

Body and Healthcare Environment Reservoirs: Synthesis

- Wednesday, Apr 20, 2022 at 1:00 PM CT
- Registration Link:
https://us06web.zoom.us/webinar/register/WN_qwSt205VSm6j7wG-1PtXUw

SURVEY – LTC INTEREST IN FREE ANTIGEN TESTS

- IDPH has acquired over-the-counter rapid antigen tests for deployment to its testing partners.
- State is interested in understanding the demand for testing at LTCs.
- Please fill out this survey so IPDH can better determine if your LTC facility would be interested in receiving a one-time FREE bulk shipment of rapid antigen tests for use on site.
 - <https://redcap.dph.illinois.gov/surveys/?s=T78A4HAKFTPWXAA>
- Once the State reviews survey responses and assesses overall need for testing supplies at LTCs, an update will be provided regarding shipment eligibility.

NHSN EVENT- LEVEL COVID-19 VACCINATION FORMS

- New resource available to track resident and staff vaccination in the NHSN weekly HCP and Resident COVID-19 Vaccination module.
- The event-level forms are replacing the optional excel data tracking worksheets, which will be phased out after May 2022.
- If these forms are used, the NHSN application will automatically calculate and display the weekly totals, so users simply update the person-level data and use the reporting summary to review the totals and submit their weekly data.
- These forms allow users to record religious exemptions.
- Trainings available:
 - <https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/c19-eventlevel-508.pdf>
 - <https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf>

Long-term Care Updates

➤ Application of LTC Guidance

Navigating the COVID Data Tracker

The screenshot shows the COVID Data Tracker website interface. At the top, there is a browser address bar with the URL <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>. Below the browser bar is the CDC logo and the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives, Protecting People™". The main header is a dark teal bar with the text "COVID Data Tracker". Below the header is a light blue bar with the text "Maps, charts, and data provided by CDC, updates daily by 8 pm ET" and a link "COVID-19 Home >". A yellow banner contains a message: "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." Below the banner is a section titled "Daily Update for the United States" with four columns: "Cases" (New Cases (Daily Avg) 25,218), "Deaths" (New Deaths (Daily Avg) 644), "Hospitalizations" (New Admissions 1,598), and "Vaccinations" (% At Least 1 Dose 81.8%). Each column has a line graph showing trends from March 2022 to March 2022. The Vaccinations column also includes a horizontal bar chart for "People Age 5+".

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.

Daily Update for the United States

Metric	Value
Cases (Daily Avg)	25,218
Deaths (Daily Avg)	644
Hospitalizations (Daily Avg)	1,598
Vaccinations (% At Least 1 Dose)	81.8%

Case Trends, Death Trends, Admission Trends, People Age 5+

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Pay close attention to the links in the yellow box! Here's why!

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

CDC 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](#) >

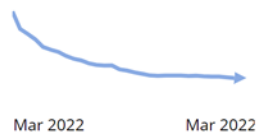


CDC recommends use of [COVID-19 Community Levels](#) to determine the impact of COVID-19 on communities and take action. Community Transmission levels are provided for [healthcare facility use](#) only.

Cases

New Cases (Daily Avg)
25,218

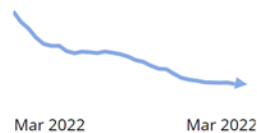
Case Trends



Deaths

New Deaths (Daily Avg)
644

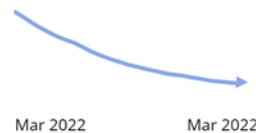
Death Trends



Hospitalizations

New Admissions
1,598

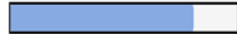
Admission Trends



Vaccinations

% At Least 1 Dose
81.8%


People Age 5+




Selected “COVID-19 Community Levels” in yellow box
This is the landing page that opens up

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.

United States
At a Glance

Cases Total Case Trends	79,853,683	Deaths Total Death Trends	976,229	Current Hosp. Admission Trends	11,407	81.8% of People 5+ with At Least One Vaccination 
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[Data Tracker Home](#)

COVID-19 Integrated County View

Maps, charts, and data provided by CDC, updates daily by 8 pm ET[†]

[Cases, Deaths, & Testing](#)

This site provides an integrated, county view of key data for monitoring the COVID-19 pandemic in the United States. It allows for the exploration of standardized data across the country.[§] The footnotes describe each data

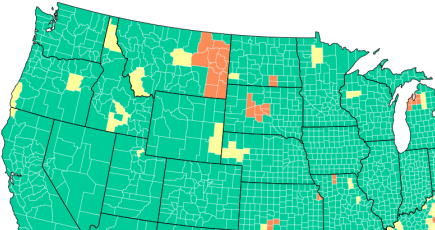
Scroll down on the landing page—the map shows the majority of the US with low community levels of COVID-19

State or territory: County or metro area: [Reset Selections](#)

Use the options above or the map below to select a state and county.

Data Type: Map Metric:

[Download Image](#)



	Total	Percent	% Change
High	53	1.65%	-0.37%
Medium	233	7.24%	-6.09%
Low	2934	91.12%	6.46%

[How are COVID-19 Community Levels calculated?](#)

- Note:**
1. Haven't selected the state yet
 2. Under "Data Type" community levels is selected
 3. The key on the right side of screen only shows 3 levels (high, medium, and low)
 4. Low levels are depicted using the color GREEN
 5. Hyperlink below the key provides metrics used to calculate the community levels

Community Levels

State or territory:

Illinois

County or metro area:

Select County

[Reset Selections](#)

Illinois

[State Health Department](#)

7-day Metrics

Cases	8,243
% Positivity	< 3 %
Deaths	97
% of Population \geq 5 Years of Age Fully Vaccinated	72.4%
New Hospital Admissions (7-Day Moving Avg)	59.57

On this page:

[Cases & Deaths](#)

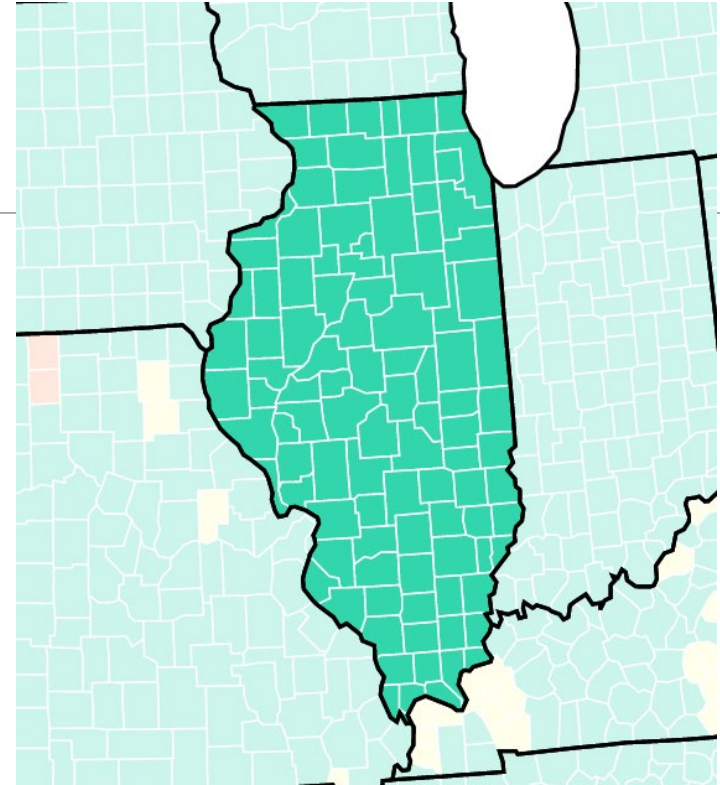
[Testing](#)

[Vaccinations](#)

[Hospitalizations](#)

[Community Characteristics](#)

[Data Downloads and Footnotes](#)



Data Type:

COVID-19 Community Levels

Map Metric:

COVID-19 Community Levels

Note:

1. Selected state of Illinois
2. No county selected
3. Data type is still community levels
4. Map of IL is all green indicating low levels of COVID-19 in communities

Pay close attention to the links in the yellow box! Here's why!—Now let's select
“healthcare facility use” only

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.

Clicked on “healthcare facility use” option in yellow box---

The “healthcare facility use” hyperlink sends you to the this CDC page and a different yellow box!

Now select “community TRANSMISSION rates”!

The screenshot shows the CDC COVID-19 website. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™". To the right is a search bar containing "Search COVID-19". Below this is a dark teal navigation bar with "COVID-19" on the left and a menu of options: "Your Health", "Vaccines", "Cases & Data", "Work & School", "Healthcare Workers" (highlighted), "Health Depts", "Science", and "More".

Under the "Healthcare Workers" menu, a sidebar lists sub-topics: "Testing", "Clinical Care", "Infection Control" (expanded), "Infection Control Guidance" (highlighted), "Post-Vaccination Considerations for Workplaces", and "Postmortem Guidance".

The main content area displays the title "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" with a sub-header "Updated Feb. 2, 2022" and a "Print" link. A yellow callout box highlights a paragraph: "CDC's [COVID-19 Community Levels](#) recommendations do not apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use [community transmission rates](#) and continue to follow CDC's infection prevention and control recommendations for healthcare settings." An orange arrow points from the callout box to the "community transmission rates" link.

Takes you back to the what appears to be the same page you were on for Community Levels----But it's not!! Look closely!



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.

United States

At a Glance

Cases Total
Case Trends

79,853,683

Deaths Total
Death Trends

976,229

Current Hosp.
Admission Trends

11,407

81.8% of People 5+ with At Least
One Vaccination



[Data Tracker Home](#)

COVID-19 Integrated County View

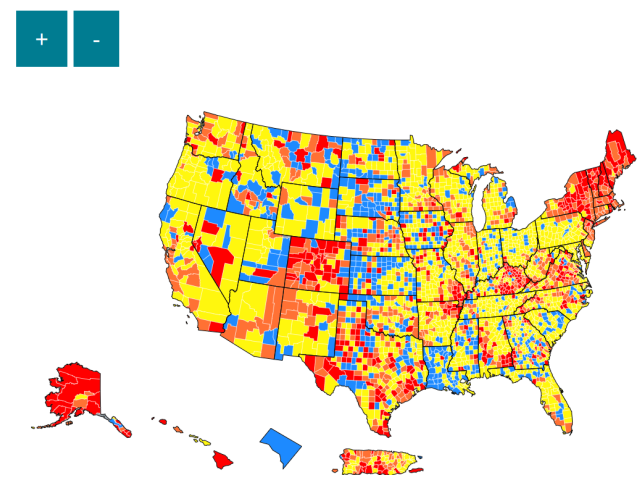
Maps, charts, and data provided by CDC, updates daily by 8 pm ET[†]

When you scroll down the map is different! It depicts “community transmission” which is what healthcare facilities must use to guide infection control practices (testing and PPE use)

State or territory: County or metro area: [Reset Selections](#)

Use the options above or the map below to select a state and county.

Data Type: Map Metric: [View a Time Lapse](#)
 [Download Image](#)



Community Transmission in US by County

	Total	Percent	% Change
High	458	14.21%	-3.41%
Substantial	622	19.3%	-1.15%
Moderate	1577	48.94%	2.14%
Low	562	17.44%	2.42%

[How is community transmission calculated?](#)

State or territory:

Select a State

County or metro area:

Select County

[Reset](#)

[Selections](#)

Use the options above or the map below to select a state and county.

Data Type:

Community Transmission

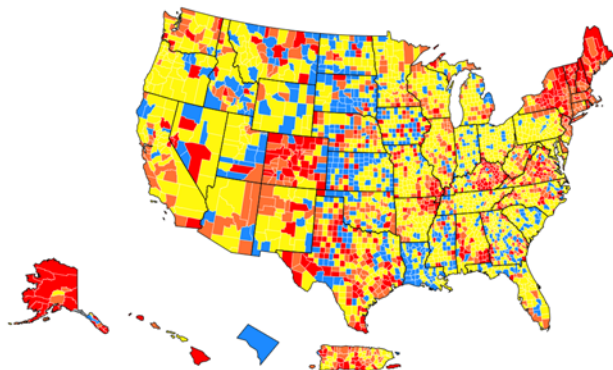
Map Metric:

Community Transmission

[View a Time Lapse](#)

All Counties

[Download Image](#)



Community Transmission in US by County

	Total	Percent	% Change
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Substantial	622	19.3%	-1.15%
Moderate	1577	48.94%	2.14%
Low	562	17.44%	2.42%

[How is community transmission calculated?](#)

Note:

1. Haven't selected the state yet
2. Under "Data Type" community transmission is selected
3. The key on the right side of screen shows 4 levels (high, substantial, moderate, and low)
4. Colors used on the key are red, orange, yellow, and blue! No green!
5. Hyperlink below the key provides metrics used to calculate the community transmission

Community Transmission

Illinois

[State Health Department](#) 

7-day Metrics

Cases	8,243
% Positivity	< 3 %
Deaths	97
% of Population ≥ 5 Years of Age Fully Vaccinated	72.4%
New Hospital Admissions (7-Day Moving Avg)	59.57

On this page:

[Cases & Deaths](#)

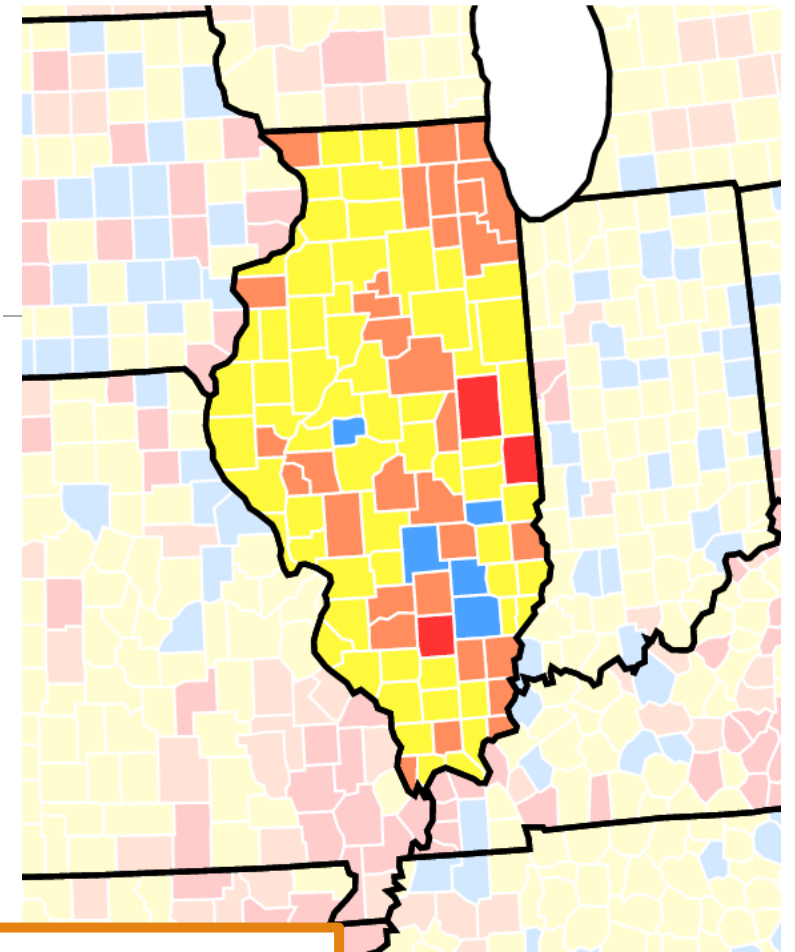
[Testing](#)

[Vaccinations](#)

[Hospitalizations](#)

[Community Characteristics](#)

[Data Downloads and Footnotes](#)



Data Type:

Community Transmission

Map Metric:

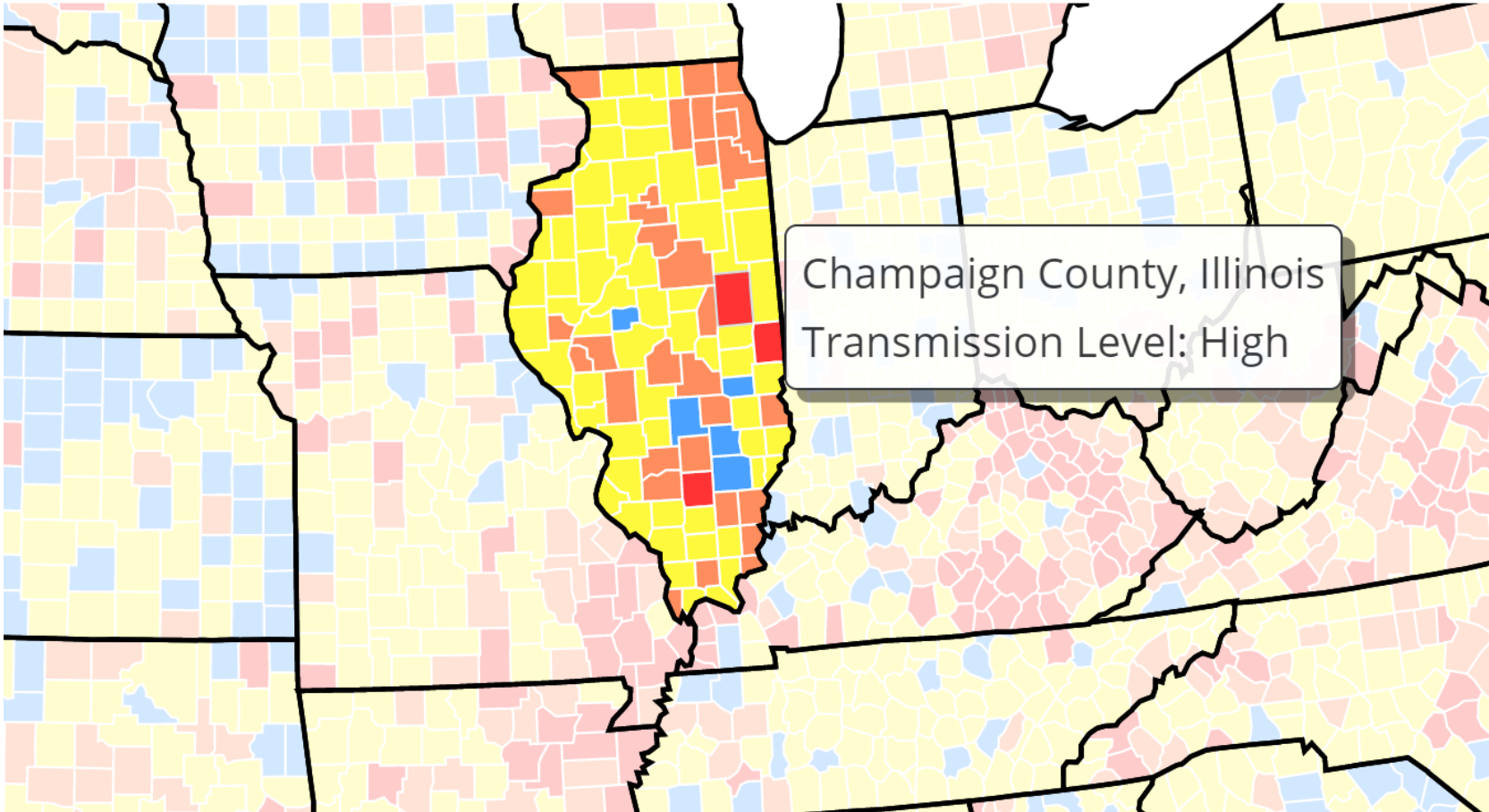
Community Transmission

View a Time Lapse

Note:

1. Selected state of Illinois
2. No county selected
3. Data type is still community transmission
4. Map of IL shows various levels of community transmission across the state

County Transmission Rates



1. Best approach is to Hover over your county to find the transmission level
2. Do not enter county level when filtering

Here's why! It can be confusing unless you are paying close attention!

The screenshot shows a web interface for COVID-19 data. At the top, there are two dropdown menus: 'State or territory:' with 'Illinois' selected, and 'County or metro area:' with 'Champaign County' selected. Below these is the heading 'Champaign County, Illinois' with a link to the 'State Health Department'. The main section is titled 'COVID-19 Community Level' with a green dot and the word 'Low'. Below this is a section for 'Recommended actions based on current level' with text about staying up to date with vaccines, getting tested, and wearing masks. To the right of the main content is a vertical sidebar with links: 'On this page', 'Cases & Incidence', 'Testing', 'Vaccination', 'Hospitalizations', 'Community Level', and 'Data Dashboard'. At the bottom, there is a table of weekly metrics used to determine the community level.

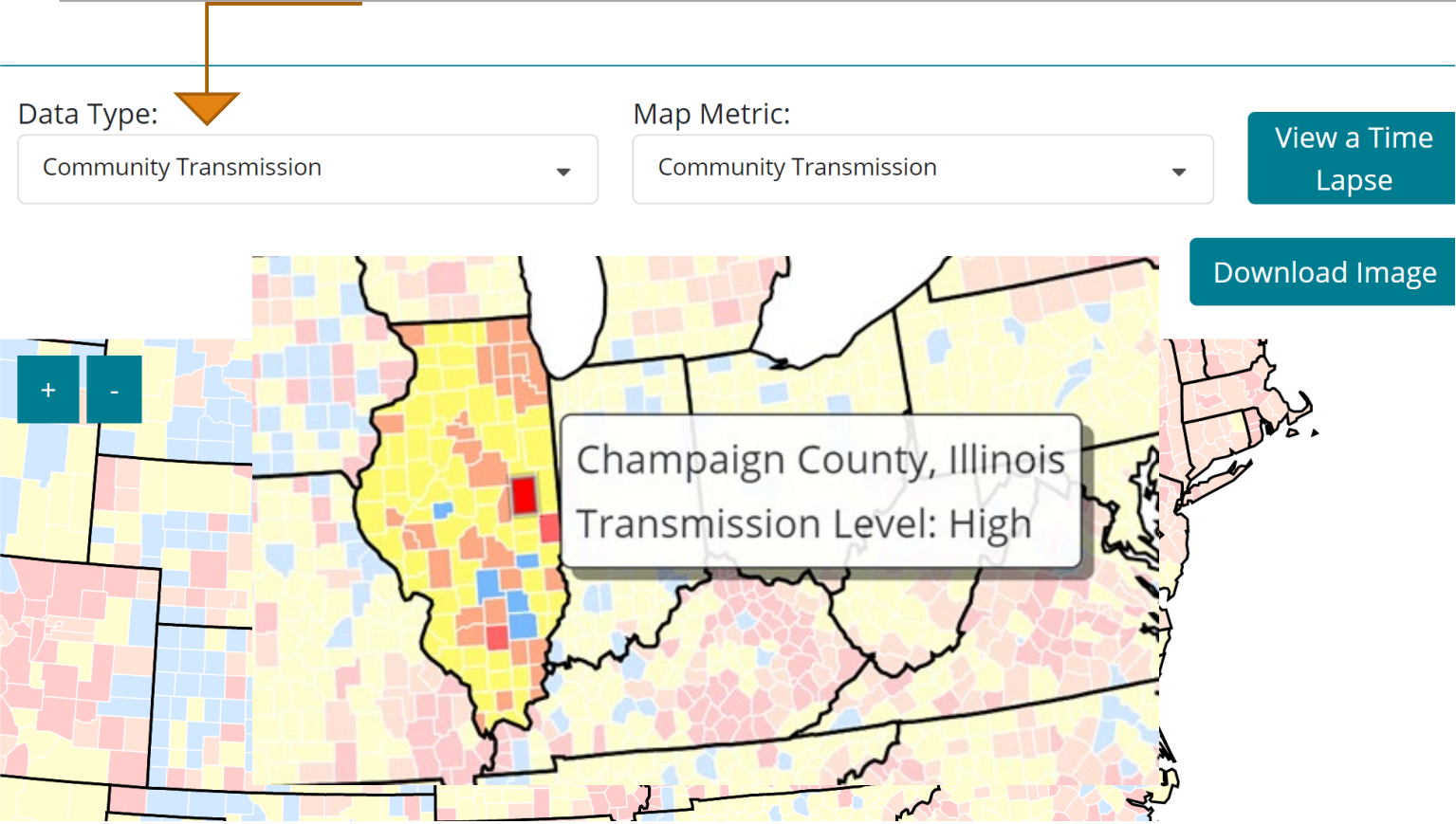
Weekly Metrics Used to Determine the COVID-19 Community Level	
Case Rate per 100,000 population	90.61
New COVID-19 admissions per 100,000 population	4.6
% Staffed inpatient beds in use by patients with confirmed COVID-19	0.7%

This is the first thing seen when you enter a county and hit enter.

At First Glance—Champaign County appears to be at low levels—but look closer

It is showing Community Levels NOT Transmission Levels!!

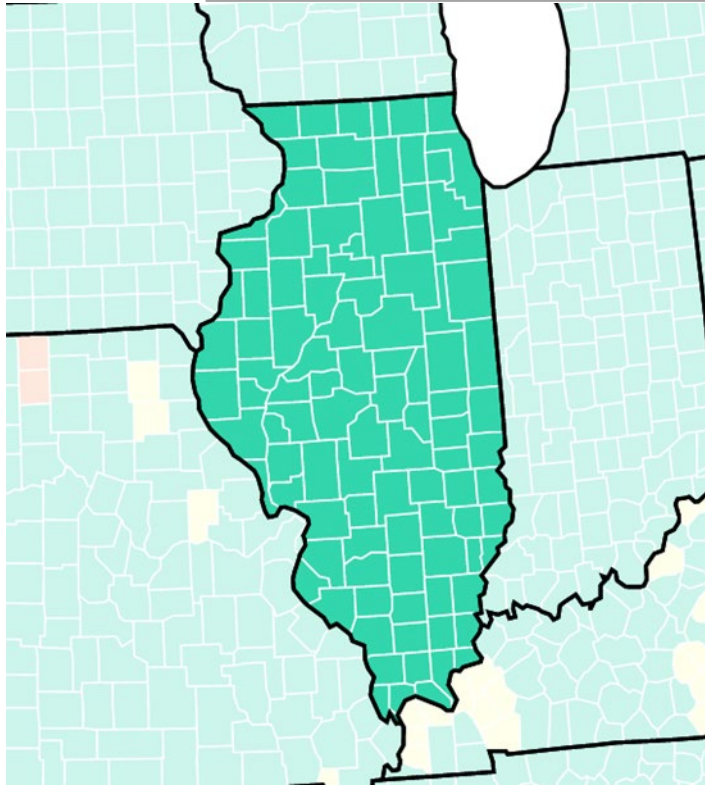
If you scroll down---it shows Transmission Levels but our concern is you will see “green” at first glance and not look any further!



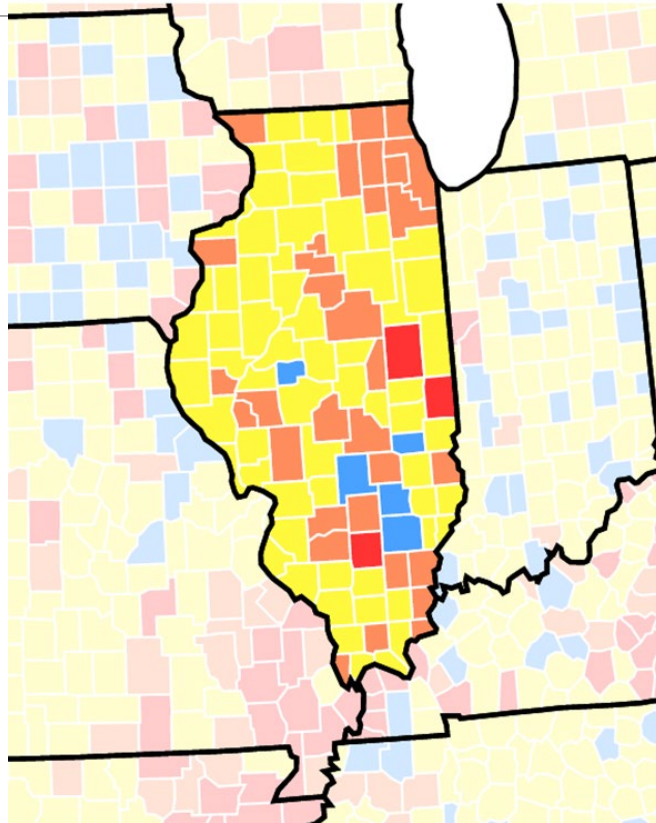
1. Scroll down on the page and you see the correct transmission levels
2. Data type does say “community transmission levels
3. Champaign Co. has a box around it and is red in color (high levels)
4. If hover over the county it brings up a box showing the county and the transmission level

Comparison of Community Levels & Community Transmission Rates

(same day, same time {March 31, 2022})



Community Levels



Community Transmission rates

Example:
Champaign County
Community level=Low (green)
Community Transmission level=High (red)

Why does it matter which map we follow??

What's impacted?

1. Routine testing requirements of unvaccinated HCP
(facility types based upon Administrative Codes)
2. Type of PPE worn by HCP
(all facility types)
3. Testing requirements for residents
(all facility types)

Routine testing of unvaccinated staff

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 eemergency 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.

[IDPH LTC Guidance \(page 10\)](#)

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

Facilities licensed under 77-300, 77-350, 77-390 must test not up to date staff twice a week regardless of community transmission rates (page 9 of IDPH LTC Guidance)

Universal PPE Requirements

- **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.**
 - HCP are not required to wear eye protection for COVID-19 when working in non-resident care areas (e.g., offices, main kitchens, maintenance areas) when there are substantial or high community COVID-19 transmission levels. HCP should wear eye protection when entering the resident care areas.
 - **When community transmission levels are *low-to-moderate***
HCP must wear a well-fitted face mask.
- **For COVID-19 specimen collection:** HCP must wear an N95 respirator, eye protection, gown, and gloves.
- **Guidance for CPAP/BIPAP for asymptomatic residents**, who are not suspected to have COVID-19 (regardless of vaccination status).
 - In areas with **substantial-to-high community transmission levels**, HCP must wear an N95 respirator and eye protection **when entering the room of a resident with CPAP/BIPAP.**
 - In areas **with moderate-to-low community transmission levels**, HCP must wear a well-fitted face mask.

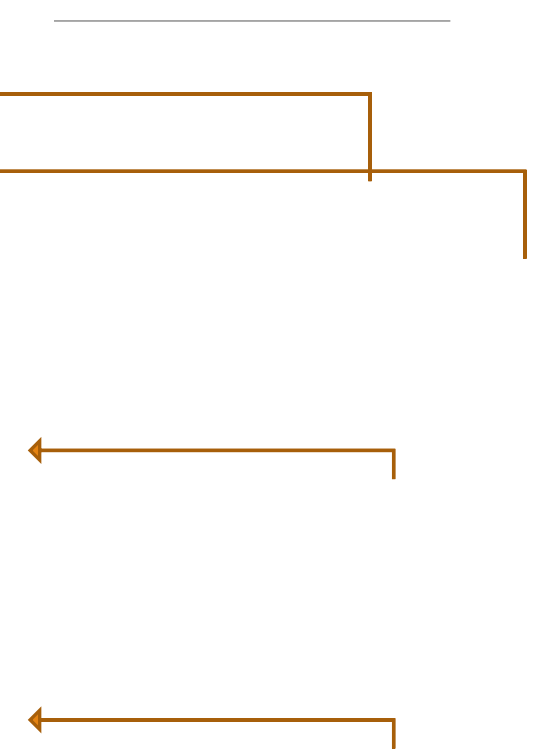
[IDPH LTC Guidance \(page 8\)](#)

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

Resident Testing When out of 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

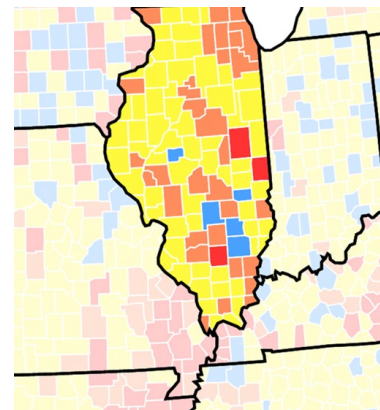
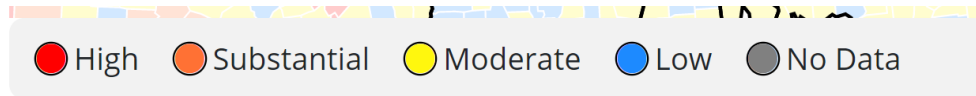
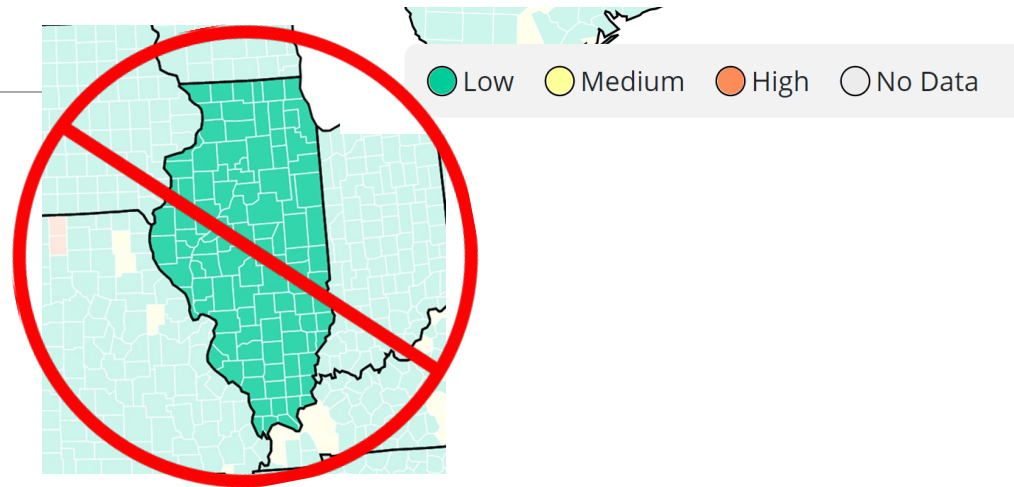


[IDPH LTC Guidance \(page 23\)](#)

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

Using CHAMPAIGN COUNTY as an example	Low Community Levels (green on map)	High Community Transmission Rates (red on map)
Routine testing unvaccinated staff	Since it's "low" facility would only be testing unvaccinated staff <u>once a week</u>	Based upon high county transmission rates unvaccinated staff should be tested <u>twice a week</u>
Universal PPE use of staff	<p>Staff are able to wear a well fitted mask.</p> <p>Well fitted mask is the only required PPE for general care of residents not suspected to have COVID-19 (unless for some other reason standard precautions would require the use of additional PPE)</p> <p>Need to wear well fitted mask for CPAP/BIPAP residents not suspected to have COVID-19</p> <p>Full PPE required for the care of suspected or confirmed COVID-19 residents.</p>	<p>If substantial to high:</p> <p>Well fitted mask and eye protection (or N95 based upon facility policy) for general care of residents not suspected to have COVID-19 (unless for some other reason standard precautions would require the use of additional PPE)</p> <p>Need to be wear N95, eye protection for CPAP/BIPAP for residents not suspected to have COVID-19.</p> <p>Full PPE required for the care of suspected or confirmed COVID-19 residents</p>
Testing of new admissions/readmissions	When low the facility would not be testing any admissions/readmissions regardless of up to date vaccination status	When substantial to high: Residents that are out of the building for more than 24 hours would need to be tested regardless of up to date vaccination status

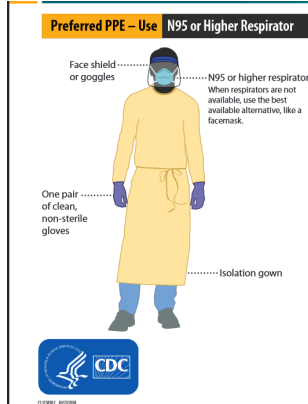
If you see green you are looking at the WRONG MAP!!



Community Transmission rates are NEVER depicted as Green!



General Vaccine Administration



cdc.gov/COVID19

Source Control / PPE



Detection, Isolation/Quarantine



Screening and Surveillance



Hand Hygiene

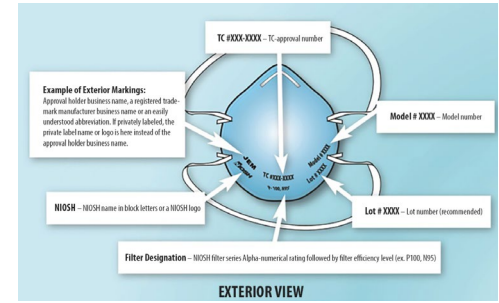


Surface Cleaning / Disinfecting

The National Personal Protective Technology Laboratory (NPPTL)
NIOSH-Approved Particulate Filtering Facepiece Respirators

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices





State of Illinois
Illinois Department of Public Health

COVID-19

JB Pritzker, Governor

Amaal V.E. Tokars, Acting Director

03/30/2022

TO: Illinois COVID-19 Vaccine Providers

FROM: IDPH Immunization Section

DATE: March 30, 2022

SUBJECT: Additional mRNA booster doses

The FDA [authorized a second booster dose](#) of either COVID-19 mRNA vaccines for certain individuals at least four months after the first booster dose. Following the FDA's announcement, CDC has updated its recommendations, allowing adults over 50 years of age and certain immunocompromised individuals to receive an additional booster dose. IDPH adopts CDC's recommendations.

- The additional single booster dose of either the Pfizer or Moderna COVID-19 vaccine will be available for individuals ages 50 and older at least four months after the first booster dose.
- An additional booster dose of the Pfizer vaccine will be available for immunocompromised individuals ages 12 and older at least four months after the first booster dose.
- Adults who received the Johnson & Johnson primary vaccine may receive a second booster dose of an mRNA vaccine at least four months after their first booster dose.



69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • www.dph.illinois.gov

March 24, 2022

TO: Health Care Facilities, including but not limited to, ambulatory surgical treatment centers, hospices, hospitals, physician offices, pharmacies, emergency medical services, IDPH licensed emergency medical service vehicles, chiropractic offices, dental offices, free-standing emergency centers, urgent care facilities, birth centers, post-surgical recovery care facilities, end-stage renal disease facilities, long-term care facilities (including skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, the ID/DD Community Care Act or the MC/DD Act), Specialized Mental Health Rehabilitation Facilities, assisted living facilities, supportive living facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers

RE: **Preparing for Subsequent Surges of SARS-CoV-2 Infections and COVID-19 Illness**

“To ensure the state is prepared for the next surge of COVID-19, we ask that our hospital and congregate living partners have updated emergency plans in place now.”

- *“In the event of a surge, a well-developed emergency plan would:*
- *Ensure adequate supplies of personal protective equipment (PPE), including procedural*
- *masks and NIOSH-approved respirators, are readily available (at least a 10-week supply)*
- *Ensure adequate testing supplies are readily available Include a method to anticipate/calculate daily PPE usage or burn rates and significant changes that may occur related to a surge*
- *Ensure compliance with infection control procedures including updated staff trainings*
- *Ensure compliance with reporting requirements Ensure expedited access to therapeutics for both staff and patients”*
- **Part of your interdisciplinary emergency and disaster preparedness programs**

Data updated on 3/11/2022. Most current data available through 2/27/2022.

Staff	Residents
50,708 Resident COVID-19 Confirmed Cases	7,943 Resident COVID-19 Deaths
45,982 Staff COVID-19 Confirmed Cases	100 Staff COVID-19 Deaths

Data updated on 3/25/2022. Most current data available through 3/13/2022.

Staff	Residents
50,931 Resident COVID-19 Confirmed Cases	7,954 Resident COVID-19 Deaths
46,164 Staff COVID-19 Confirmed Cases	100 Staff COVID-19 Deaths



About IDPH Select Language

Search

I Am A... COVID-19 Data & Statistics Topics & Services Resource Center News Events

Home > COVID-19 Home > Illinois Data > Long-Term Care Facility ...

Illinois Data

Statewide Metrics

Region Metrics

Contact Tracing

County Level Risk Metrics

Hospitalization Utilization

Syndromic Surveillance

Long-Term Care Data

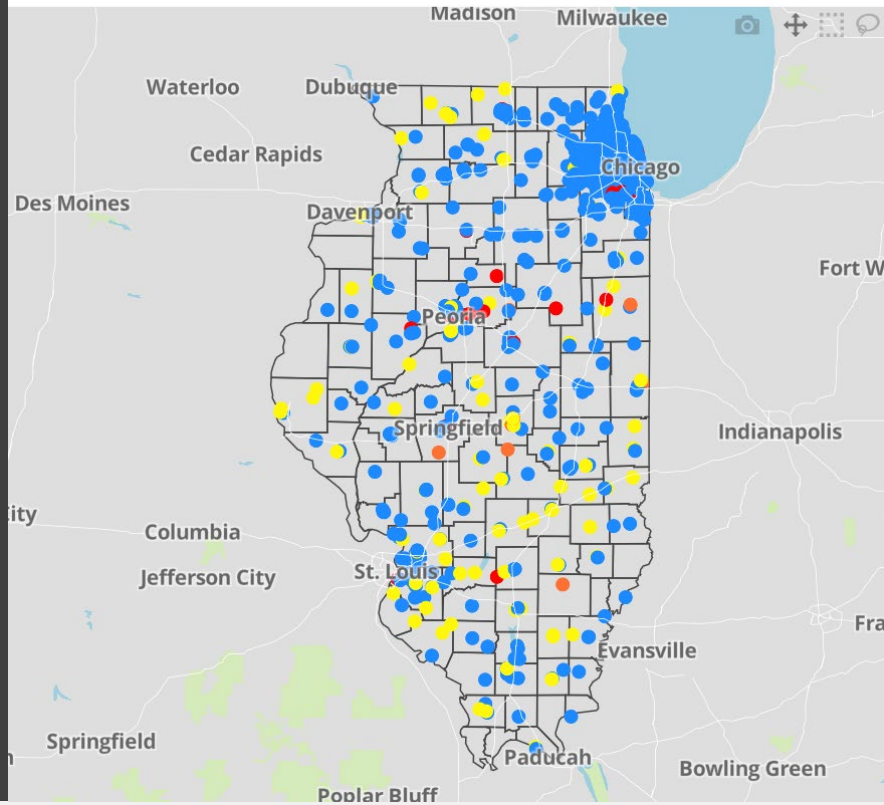
Long-Term Care Facility Level Data

Long-Term Care Facility Guidance

Information provided below is provisional, subject to change, and updated weekly. The data source for this page is from The Nursing Home COVID-19 Public File which includes data reported by certified nursing homes to the [CDC's National Healthcare Safety Network \(NHSN\) Long Term Care Facility \(LTCF\) COVID-19 Module](#): Surveillance Reporting Pathways and COVID-19 Vaccinations. We are committed to transparency and are reporting the information available to us at the time. Long-term care facilities and local health departments will have the most up-to-date data. Data for Illinois Department of Human Services living facilities can be found at <https://www.dhs.state.il.us/page.aspx?item=123651>

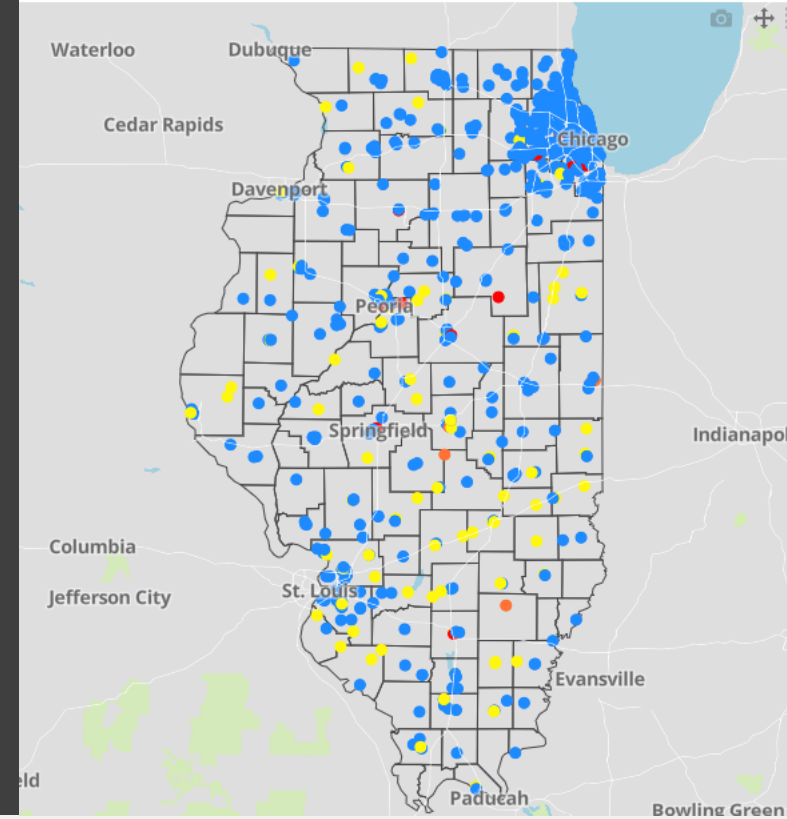
Staff Vaccination Rates

■ >75% ■ 50%-75% ■ 25%-50% ■ <25%



Staff Vaccination Rates

■ >75% ■ 50%-75% ■ 25%-50% ■ <25%

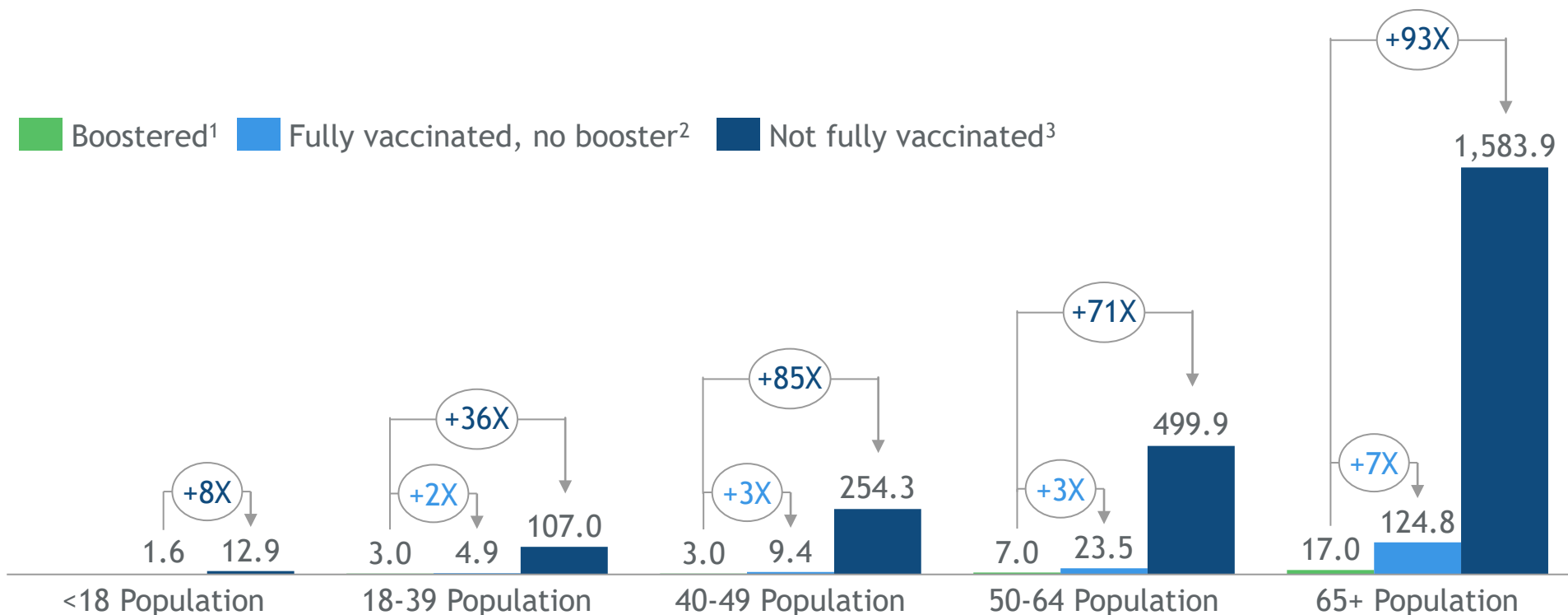


**Fewer Red Dots!!!
More Vaccinations!**

- <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)

How Can a Person Show their Vaccine Record?

- *Each facility shall require staff who are up to date on COVID-19 vaccinations to submit proof of all COVID-19 vaccinations.*
- *Proof of vaccination may be met by providing to the facility one of the following:*
- *A) A Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card **or photo of the card***
- *B) Documentation of vaccination from a health care provider or electronic health record*
- *C) State immunization records*
- **Critical that correct name spelling, dates, and lots and brands are accurate when entering, and corrected when a mistake is found**
- **Part of employee medical record, same as lab testing. Work with HR**
- **Lost Card? Employee or resident can use Vax Verify:**
https://idphportal.illinois.gov/s/?language=en_US

Who is Considered Up to Date?

- **Starting Point:** First need to be Fully Vaccinated, so 2 weeks after 2nd dose of two mRNA (Pfizer-BioNTech or Moderna) or one dose of viral vector (J&J/Janssen)
- *“If you are not yet fully vaccinated – you cannot yet be considered to be up to date. However, once you are fully vaccinated, you are considered up to date **until you are eligible for the booster and then once you have been boosted.**” Dr. Jacobs-Slifka, CDC*
- When can a person be boosted?
 - 5 months after second dose of mRNA (Pfizer-BioNTech or Moderna)
 - 2 months after one dose of viral vector (J&J/Janssen)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

2022

ILLINOIS

REGISTER Rules of
Governmental Agencies

Volume 46, Issue 9

February 25, 2022

Pages 3,062 - 3,477



Index Department
Administrative Code Division
111 E. Monroe St.
Springfield, IL 62756
217-782-7017

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

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

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

SUBPART A: GENERAL PROVISIONS

- [Section 690.10 Definitions](#)
- [Section 690.20 Incorporated and Referenced Materials](#)
- [Section 690.30 General Procedures for the Control of Communicable Diseases](#)

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

- [Section 690.100 Diseases and Conditions](#)
- [Section 690.110 Diseases Repealed from This Part](#)

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 690.100 DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following diseases and conditions are declared to be contagious, infectious or communicable and may be dangerous to the public health. Each suspected or diagnosed case shall be reported to the local health authority, which shall subsequently report each case to the Department. The method of reporting shall be as described in the individual Section for the reportable disease.

- a) Class I(a)
The following diseases shall be reported immediately (within three hours) by telephone, upon initial clinical suspicion of the disease, to the local health authority, which shall then report to the Department immediately (within three hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 24 hours to the Department laboratory.
 - 1) Any unusual case of a disease or condition caused by an infectious agent not listed in this Part that is of urgent public health significance 690.295

Testing of Staff in Non-Outbreak

Up To Date or test twice a week* at Least 3 days Apart regardless of county transmission risk: Executive Order 2022-05

77 Ill. Admin. Code 300
77 Ill. Admin. Code 350
77 Ill. Admin. Code 390

* Testing requires a Qualified Waiver

Fully Vaccinated or test at least weekly at a minimum*. Testing may be more frequent if county positivity rate is Substantial or High.

77 Ill. Admin. Code 295
77 Ill. Admin Code 330
77 Ill. Admin Code 370
77 Ill. Admin Code 380

* Testing requires a Qualified Waiver

Note: Surveyors will not evaluate the details of the request for a religious exemption, nor the rationale for the facility's acceptance or denial of the request. Rather, surveyors will review to ensure the facility has an effective process for staff to request a religious exemption for a sincerely held religious belief: Focus is facility policy and procedure: The facility's policies and procedures must address each of the components specified in §483.80(i)(3).

Answer from CMS This Week (Email, March 29, 2022)

- **VACCINATION OF STAFF (to achieve 100%)**

- *The CMS vaccine mandate **requires staff to be fully vaccinated** for COVID-19;*
- *It **does not require staff to obtain booster doses** of the COVID-19 vaccine.*
- *The definition of fully-vaccinated has not changed.*
- *CDC added language regarding being “up to date” which includes recommended boosters doses, however this does not change the definition of fully-vaccinated.*
- ***During a survey, surveyors will verify that staff are “fully vaccinated” as defined in the regulation and the CMS staff vaccine mandate memo (QSO 22-02-All) to determine compliance.***
- ***To be compliant with the staff vaccination requirements all staff (i.e. 100%) must have one of the following:***
 1. *received one dose of a single-dose vaccine, OR*
 2. *received two doses of a two-dose vaccine series, OR*
 3. *were granted a medical or non-medical (e.g. religious) exemption, OR*
 4. *have a temporarily delayed vaccination.*

TESTING OF STAFF

- The definition in QSO 20-38-NH Testing "Up to date" means a person has received all recommended COVID-19 vaccines, including booster dose(s) when eligible. When it comes to routine testing of staff who are not up-to-date with the recommended COVID-19 vaccine doses, it is the facility's responsibility to ensure all staff are tested in accordance with the established guidelines.
- Facilities are responsible for developing and implementing policies and procedures ensuring that those staff who are not fully vaccinated adhere to additional precautions in order to mitigate the spread of COVID-19. As part of their plan to mitigate the transmission of COVID-19 in the facility, they may require increased testing of staff who are not up-to-date with all COVID-19 vaccine doses as additional precautions.

Does a person need to have the second booster to be, “Up to Date”?

- **NO** residents and staff do not need a 4th vaccine dose to be “up to date.” (CDC CSTE call response March 28, 2022)
- At this point, the additional (second boosters) are completely voluntary and not mandatory
- FDA Approved March 29, 2022, for all persons 50 and over

FDA NEWS RELEASE

Coronavirus (COVID-19) Update: FDA Authorizes Second Booster Dose of Two COVID-19 Vaccines for Older and Immunocompromised Individuals

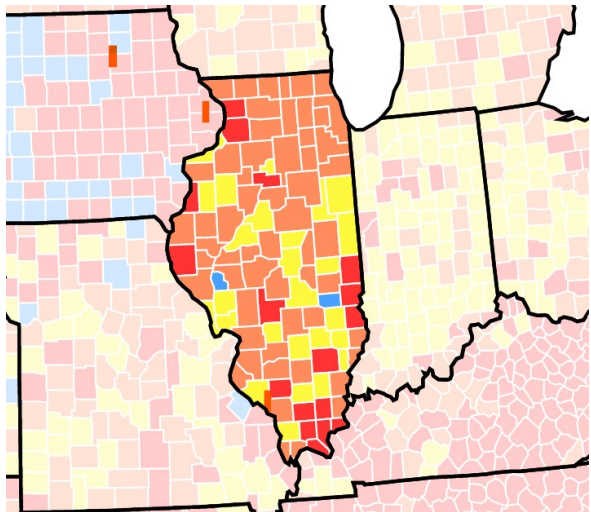
[f Share](#) [t Tweet](#) [in LinkedIn](#) [✉ Email](#) [🖨 Print](#)

For Immediate Release: March 29, 2022

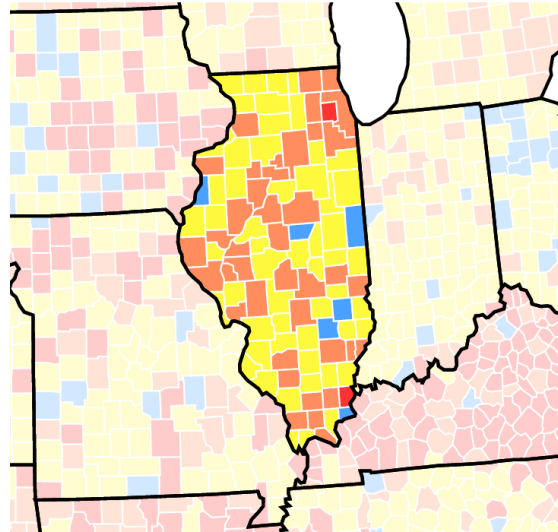
<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-second-booster-dose-two-covid-19-vaccines-older-and>

Look at the Difference in Four Weeks!

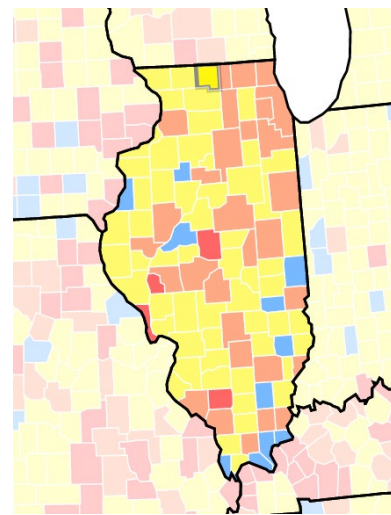
● High ● Substantial ● Moderate ● Low



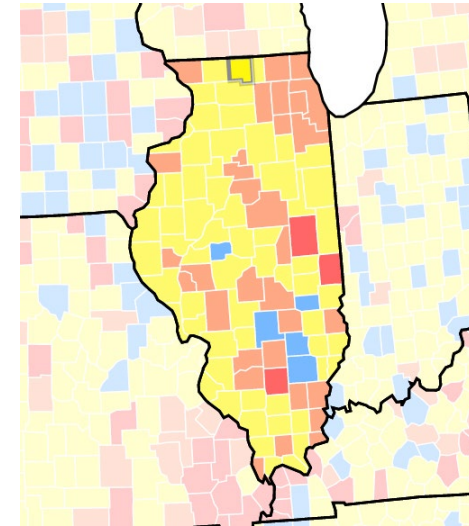
March 9, 2022



March 18, 2022



March 23, 2022



March 31, 2022

Q & A Updates

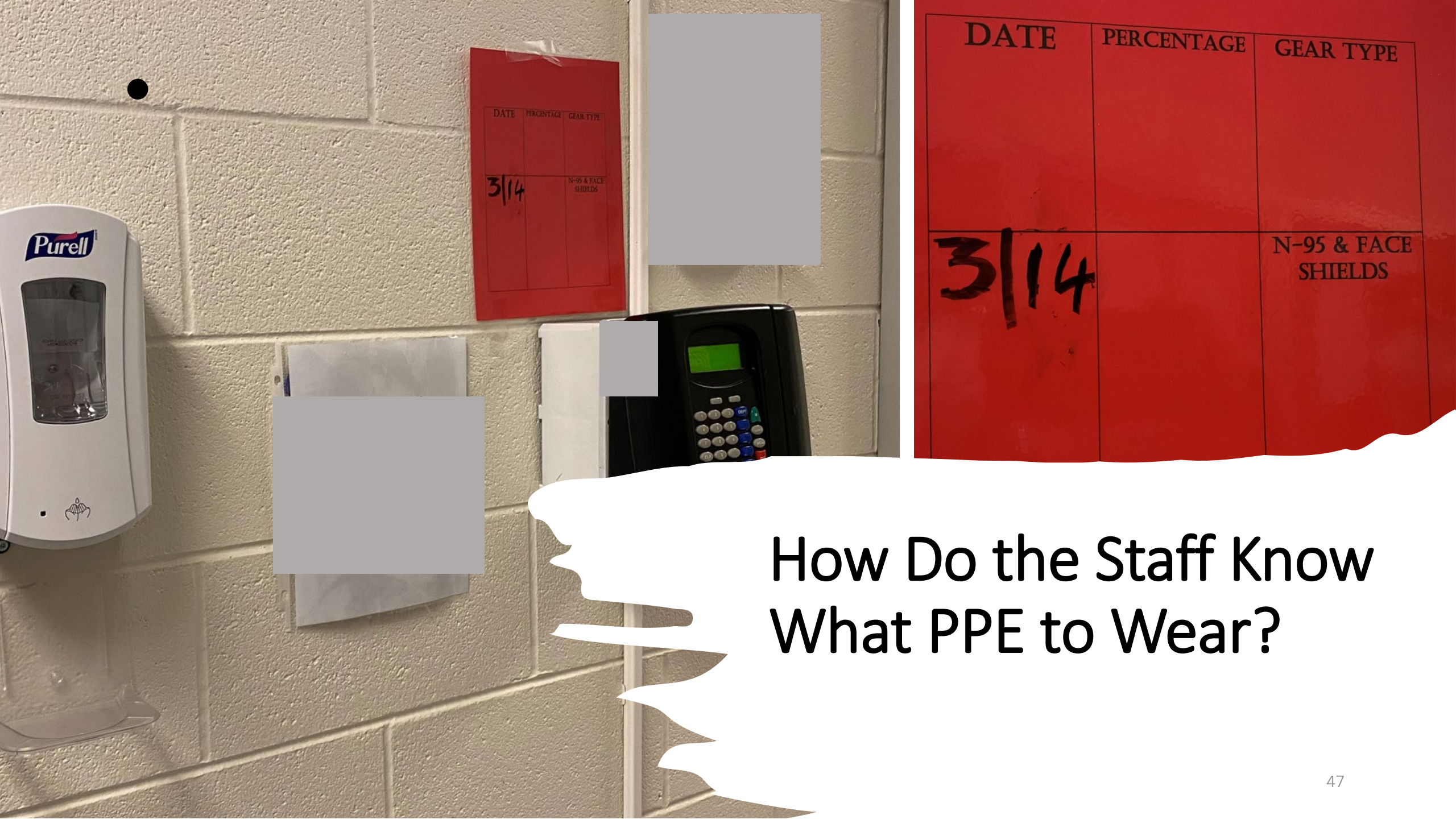
Transmission Rates

Q: How long after the community transmission rates drop can testing change?

A: Testing requires a two week wait before changing.

Q: How long after the community transmission rates drop can personal protective equipment use change?

A: Universal eye protection can be removed as soon as the transmission rate reaches moderate or low.



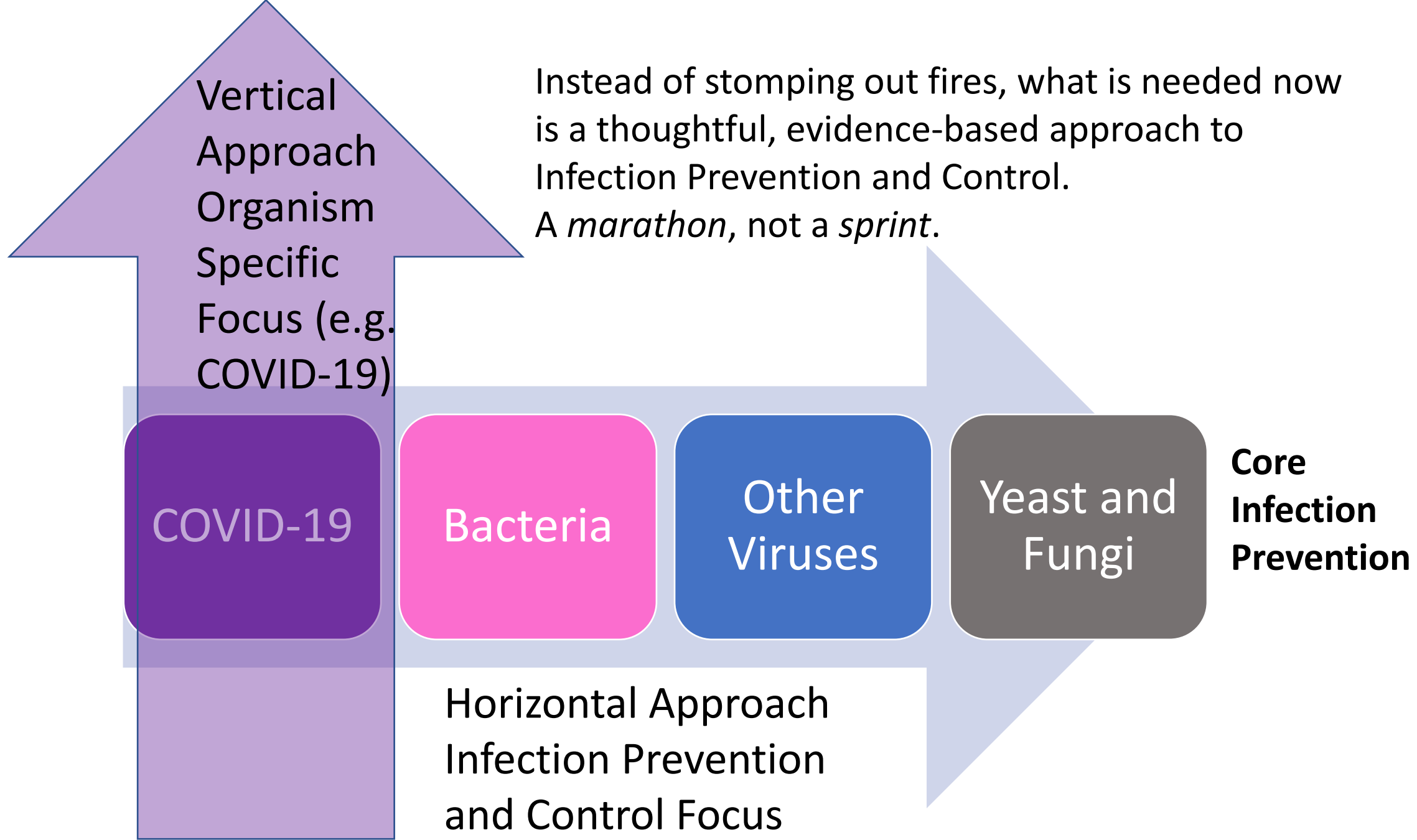
DATE	PERCENTAGE	GEAR TYPE
3/14		N-95 & FACE SHIELDS

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

How Do the Staff Know What PPE to Wear?



General Eye Protection Is Not Required in Counties with Low or Moderate Risk Except when Required for Standard or Transmission Based Precautions



Emphasis on Ventilation, Filtration, and Air Cleaners

COVID-19

Home Your Health Vaccines Cases & Data **Work & School** Healthcare Workers Health Depts

Community, Work, & School

Health Equity – Promoting Fair Access to Health +

Cleaning, Disinfecting, & Ventilation -

Cleaning Your Facility

Upper-Room Ultraviolet Germicidal Irradiation (UVGI)

Ventilation in Buildings

Workplaces & Businesses +

Ventilation in Buildings

Updated June 2, 2021 Languages Print

Summary of Recent Changes

Updates as of June 2, 2021

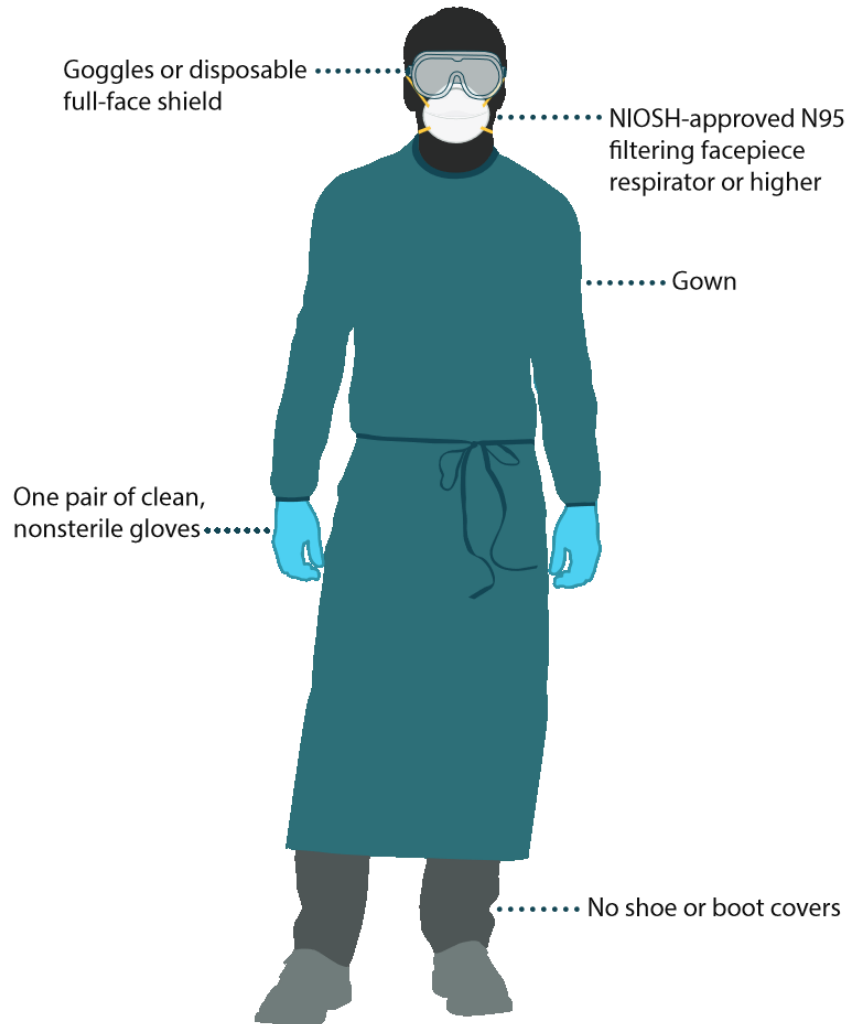
- Added a new Frequently Asked Question on protective barriers and ventilation.

[View Previous Changes](#)

Guide to Air Cleaners in the Home

2nd Edition
Portable Air Cleaners
Furnace and HVAC Filters





For more information: www.cdc.gov/COVID19

- *PPE for Healthcare Personnel: Suspected or Confirmed COVID-19*

Now with N95 or higher respirator

Respiratory Protection Programs are here to stay

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-PPE.pdf>



[Journal List](#) > [Cambridge University Press Public Health Emergency Collection](#) > PMC7369343

Cambridge University Press
Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

Cambridge University Press Public Health Emergency

[Infect Control Hosp Epidemiol.](#) 2020 Jul 3 : 1–2.

Published online 2020 Jul 3. doi: [10.1017/ice.2020.327](https://doi.org/10.1017/ice.2020.327)

PMCID: PMC7369343

PMID: [32616090](https://pubmed.ncbi.nlm.nih.gov/32616090/)

Universal pandemic precautions—An idea ripe for the times

[David J. Weber](#), MD, MPH, [Hilary Babcock](#), MD, MPH, [Mary K. Hayden](#), MD, [Sharon B. Wright](#), MD, MPH, [A. Rekha Murthy](#), MD, [Judith Guzman-Cottrill](#), DO, [Sarah Haessler](#), MD, MS, [Clare Rock](#), MD, MS, [Trevor Van Schooneveld](#), MD, [Corey A. Forde](#), MD, DM, [Latania K. Logan](#), MD, MSPH, [Anurag Malani](#), MD, [David K. Henderson](#), MD, and for the SHEA Board of Trustees

▶ [Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) [Disclaimer](#)

Society for Healthcare Epidemiology of America (SHEA) Position Paper: Universal Pandemic Precautions

- “Protect from acquisition of COVID-19 and other respiratory pathogens, we propose a paradigm shift; implementation of universal pandemic precautions (UPPs)”:
- *Use of a mask and eye protection for all direct patient contacts*
- *Or at a minimum use of a mask and eye protection for direct patient contact when the patient is unable (e.g., children) or unwilling to wear a mask.*
- *Paradigm shift based on the following:*
- *Transmission of SARS-CoV-2 has been well described from presymptomatic and likely occurs from asymptomatic COVID-19 patients;*
- *A negative COVID-19 test in an asymptomatic patient does not exclude incubating COVID-19, and such patients may become infectious shortly after the test*
- *The use of masks and eye protection by HCP protects against acquisition of SARS and SARS-CoV-2; and (4) the use of universal pandemic precautions would prevent HCP from an exposure*
- *potential beneficial effect on the prevention of transmission of other microdroplet airborne/droplet-spread respiratory pathogens in the healthcare*



CONTACT PRECAUTIONS



EVERYONE MUST:



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

PROVIDERS AND STAFF MUST ALSO:



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



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

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



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



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

CS19-306149-A


- *Taking Contact Precautions back to a more acute care model: Duration is important*
- *Require the use of gown and gloves on every entry into a resident's room*
- *The resident is given dedicated equipment (e.g., stethoscope and blood pressure cuff) and is placed into a private room.*
- *When private rooms are not available, some residents (e.g., residents with the same pathogen) may be roomed together.*
- *Residents on Contact Precautions should be restricted to their rooms except for medically necessary care and restricted from participation in group activities. Because of these restrictions, placement in Contact Precautions is intended to be time limited.*



STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
EVERYONE MUST:

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

PROVIDERS AND STAFF MUST ALSO:


 **Wear gloves and a gown for the following High-Contact Resident Care Activities.**

Dressing
Bathing/Showering
Transferring
Changing Linens
Providing Hygiene
Changing briefs or assisting with toileting
Device care or use:
central line, urinary catheter, feeding tube, tracheostomy
Wound Care: any skin opening requiring a dressing



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

CS19-50619-A

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

- **ONLY for Long Term Care:**
- *Clarify expectations for personal protective equipment (PPE) use and room restriction in nursing homes for preventing transmission of novel or targeted MDROs*
- *High-contact resident care activities*
- *All residents with indwelling devices Wounds*
- *MDRO Colonization*
- *Longer Term*

<https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>



Healthcare Infection Control Practices Advisory Committee (HICPAC)

CDC > HICPAC > Workgroup Products

HICPAC

About HICPAC

Charter

Roster

Meeting Information

Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities

 [Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities](#) [PDF - 9 Pages]

On this Page

Preface

Executive Summary

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

Q & A Updates from March 25, 2022 Webinar

Q & A Updates

Resident Management - Clarification

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.

The Risk Assessment that applied to tiers and phases is no longer required.

Q & A Updates

Assisted Living – Eye Protection

Q: Do AL/SLF staff need to wear protective eye wear if the facility is in substantial or high transmission level and staff are not performing clinical care?

A: When community transmission levels are substantial or high, healthcare providers (HCP) are not required to wear eye protection for COVID-19 when working in non-resident care areas (e.g., offices, main kitchens, maintenance areas). HCP should wear eye protection when entering the resident care areas.

Q & A Updates

Assisted Living – Resident Testing

Q: In AL if the transmission rate is low, do fully vaccinated (not up to date) residents need to be tested for COVID-19 if out of the facility for more than 24 hours?

A: No, testing is not required when the community transmission is low to moderate. Quarantine for 10 days would be required since the resident is not up to date.

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

Q & A Updates

New Admission and Quarantine

Q: If a new admission is not boosted but is fully vaccinated, do they need to quarantine at all?

A: Yes, they would need to quarantine for 10 days. Keep in mind that if they are boosted on the day of admission, they would not require quarantine.

Q: In a LTC facility, if a new admission resident is in quarantine because they are not vaccinated, can another resident visit them?

A: Residents visiting one another when in isolation and quarantine is not recommended. A case-by-case assessment should be completed. If allowed, both residents should mask and maintain physical distancing. The visiting resident should be told the risks for visiting. If the new admission tests positive, the visiting resident would follow exposure testing and quarantine guidance based on vaccination status and whether they were symptomatic/asymptomatic.

Q & A Updates

Visitors and Exposures

Q: So even if a visitor has on ALL PPE but they are closer than 6 feet to their loved one, they can not come back to the facility?

A: The restriction is based on the vaccination status of the visitor, the personal protective equipment (PPE) worn, the duration of the visit, and the distance maintained from the resident.

- o 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.
- o 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).

Q & A Updates

Visitors and Exposures

Q. So, we have to limit visitors for positive patients?

A. Visitors who are up to date or had COVID-19 in the last 90 days, wear the appropriate PPE, and maintain 6 feet of physical distance can visit and would not require subsequent quarantine. Visitors should be informed of the possible risks resulting from the visit.

Q & A Updates

Vaccination Documentation

Q: Is a declination form required for staff who do not receive a booster?

A: Facilities must have policy and procedure for testing, vaccination, tracking, and secure documentation for all staff. Refer to QSO-22-07-ALL for the specific requirements.

There is no requirement for a declination form for a booster in 77 Ill. Admin. Code 300; 77 Ill. Admin. Code 350; or 77 Ill. Admin Code 390.

7 Ill. Admin. Code 300; 77 Ill. Admin. Code 350; or 77 Ill. Admin Code 390; 77 Ill. Admin. Code 295; 77 Ill. Admin. Code 330; or 77 Ill. Admin Code 370; and 77 Ill. Admin Code 380 require a qualified exemption or declination for those who are not fully vaccinated.

Q & A Updates

Contracted Staff

Q: Will legislation or guidance ever be considered for agencies or companies that hire out contracted staff to test their own staff or provide a fit testing program for their own test. Its almost impossible when working with these agencies to fit test these contractors or get a medical questionnaire completed by them because they feel we are not their employer.

A: Consider adding language in the contract that requires staff to complete the OSHA respiratory protection standard required screening and fit testing prior to placement and that the contracted company must provide the documentation when requested and/or at the time of placement at the facility.

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 April 7th)
 - <https://redcap.link/j2pfz9gc>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**