



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

April 8th, 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
- Navigating the COVID Data Tracker
- Vaccination & Booster Doses
- Overview of Changes to 77 Ill Administrative Code 300
- Open Q & A

IDPH webinars

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

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

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

Long-term Care Updates

➤ Application of LTC Guidance

Navigating the COVID Data Tracker

← → ↻ <https://covid.cdc.gov/covid-data-tracker/#datatracker-home> 🏠 📄 🔍 ⭐ 🌐 ⚙️ | ☆ 📄 👤



COVID Data Tracker

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

[COVID-19 Home](#) >



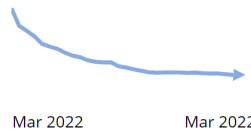
CDC recommends use of [COVID-19 Community Levels](#) to determine the impact of COVID-19 on communities and take action. Community Transmission levels are provided for [healthcare facility use](#) only.

Daily Update for the United States

Cases

New Cases (Daily Avg)
25,218

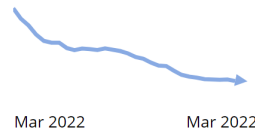
Case Trends



Deaths

New Deaths (Daily Avg)
644

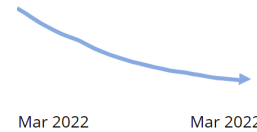
Death Trends



Hospitalizations

New Admissions
1,598

Admission Trends



Vaccinations

% At Least 1 Dose
81.8%

People Age 5+



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

Pay close attention to the links in the yellow box! Here's why!! You get different maps!

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.

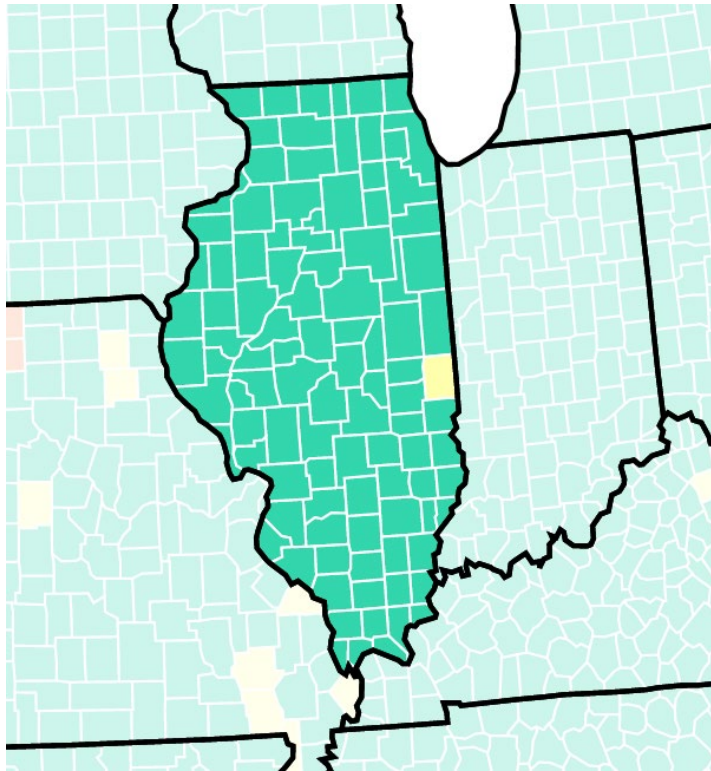
COVID-19 Community Levels (for general public)

Community **Transmission** Levels (for healthcare settings)

Comparison of Community Levels & Community Transmission Rates

(same day, same time {April 7, 2022})

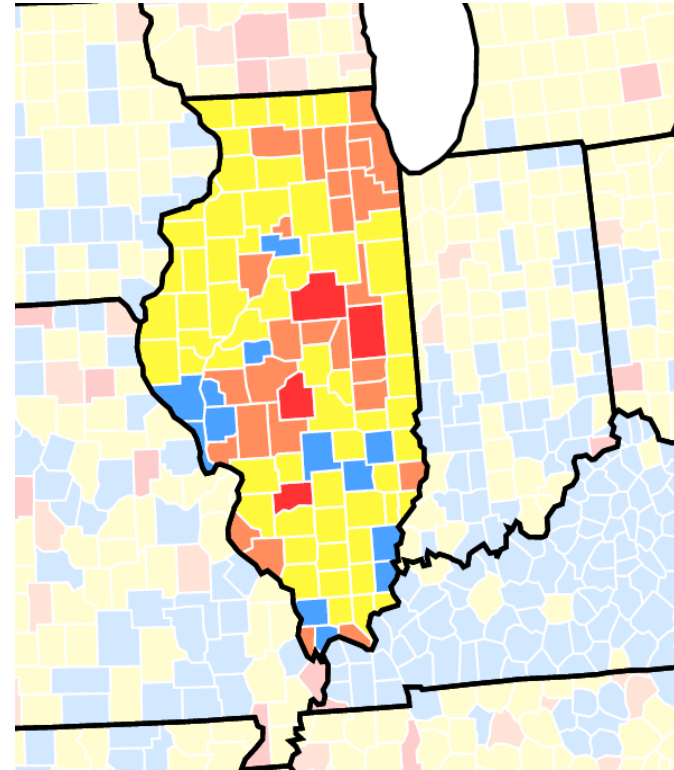
High=Orange
Medium=Yellow
Low=Green



Community Levels

● Low ● Medium ● High ○ No Data

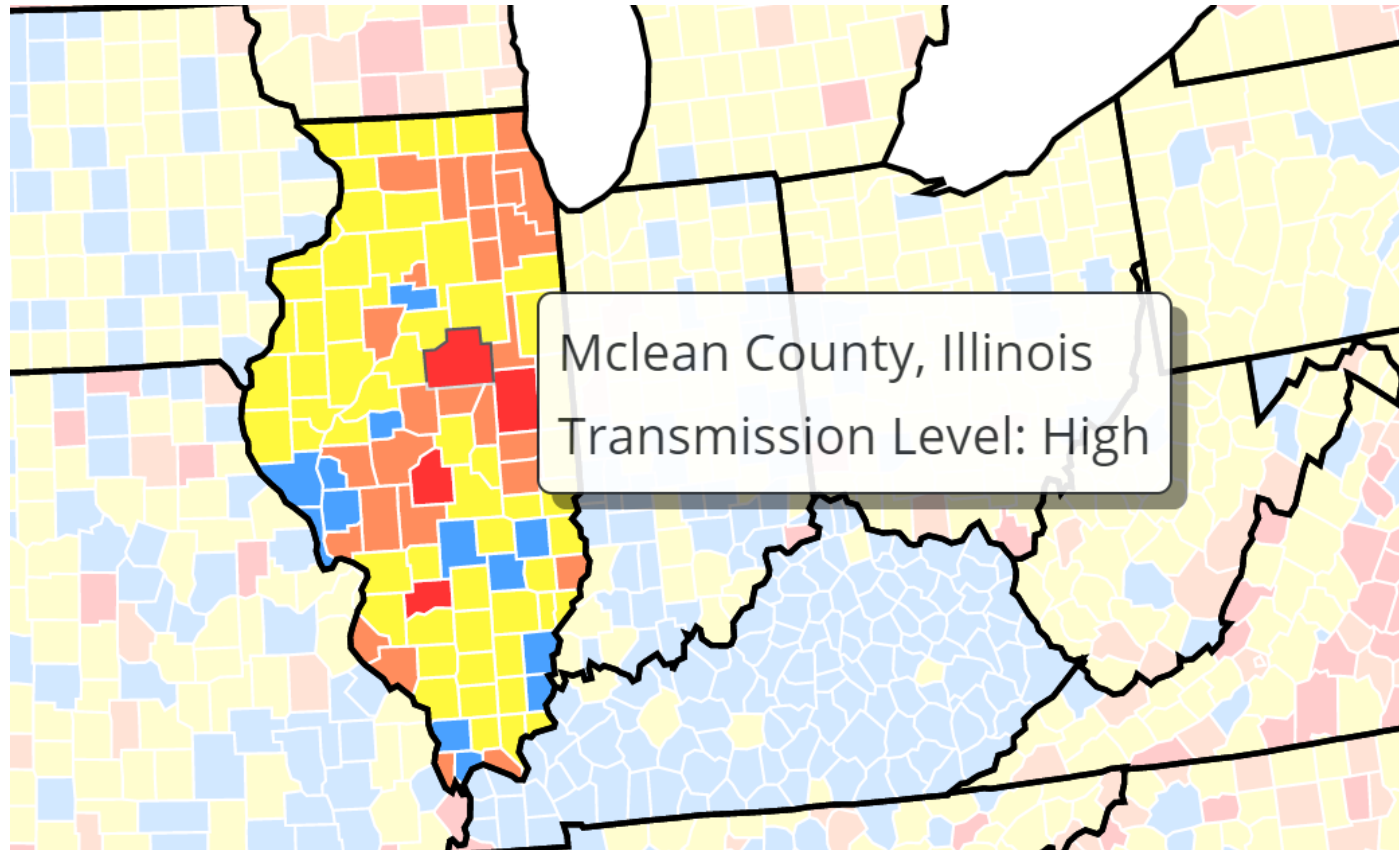
High=Red
Substantial=Orange
Moderate=Yellow
Low=Blue



Community Transmission rates

● High ● Substantial ● Moderate ● Low ● No Data

County Transmission Rates



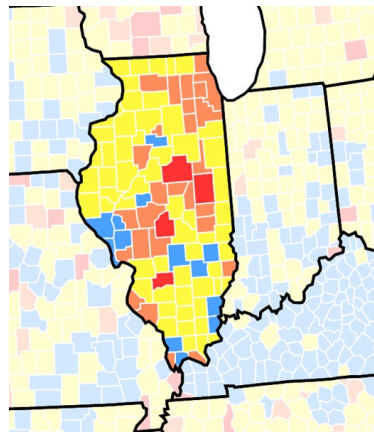
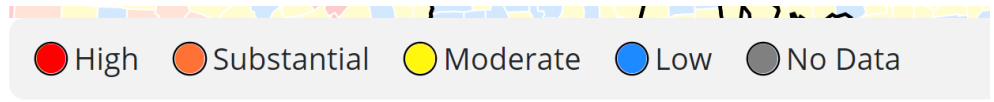
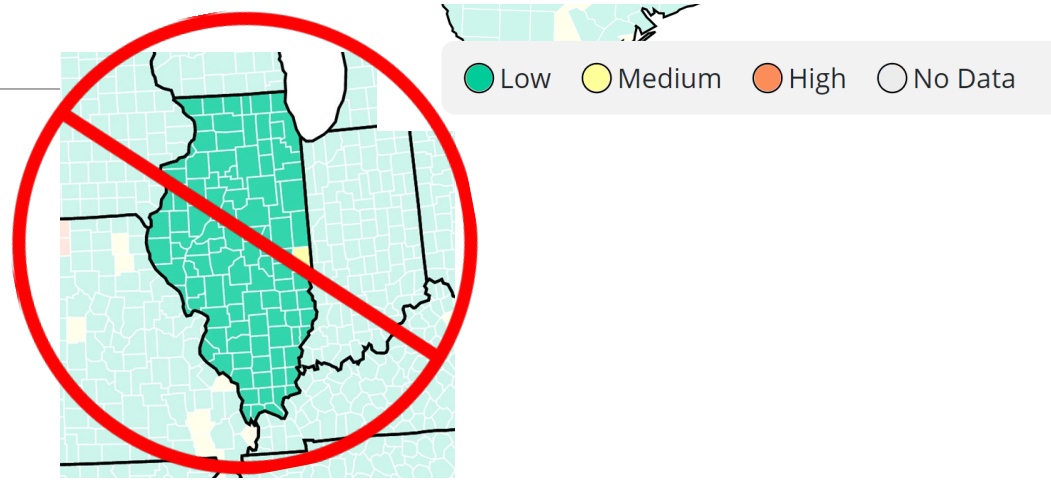
1. Best approach is to Hover over your county to find the transmission level
2. Do not enter county level when filtering (if you do then you must scroll down further on the page to find the actual map)—do not just look at the first color or statement that is shown—find and look at the map!

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)

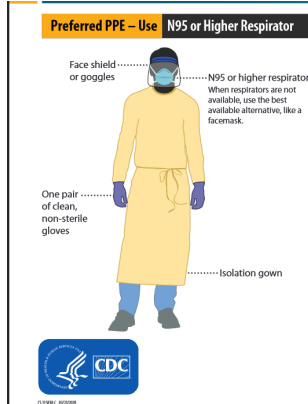
If you see green you are looking at the WRONG MAP!!



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)

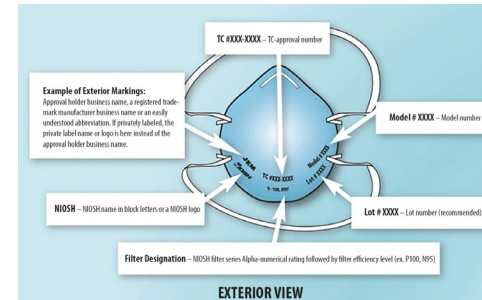
NIOSH-Approved Particulate Filtering Facepiece Respirators



Promoting productive workplaces through safety and health research **NIOSH**

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices



Provider Notice Issued 03/22/2022

[HFS](#) > [Medical Providers](#) > [Notices](#) > [Provider Notice Issued 03/22/2022](#)

Date: March 22, 2022
To: All Medical Assistance Program Providers
Re: HRSA COVID-19 Uninsured Program Ending; HFS COVID-19 Uninsured Program Continues

This notice provides an update to previous COVID-19 billing guidance issued by the Department for uninsured patients.

COVID-19 Billing Guidance for Uninsured Patients

Due to insufficient funds, the [Health Resources and Services Administration \(HRSA\) COVID-19 Uninsured Program](#) will stop accepting testing and treatment claims on March 22, 2022. It also will stop accepting vaccination claims on April 5, 2022. If additional Congressional funds are appropriated, the HRSA COVID-19 Uninsured Program could begin accepting claims again at a future date.

The Healthcare and Family Services (HFS) COVID-19 Uninsured Program is separate from the HRSA program and will continue through the end of the federal public health emergency. Providers should refer to the [December 18, 2020 provider notice](#) and the [September 25, 2020 provider notice](#) for billing guidance for the HFS COVID-19 Uninsured Program.

COVID-19 Reimbursement for Insured Patients, including Medicaid

For insured patients, including patients who are insured through Medicaid, Medicare, commercial insurance, and employer-sponsored insurance, providers should submit claims for COVID-19 related services, including testing, vaccine administration, and treatment, to the patient's insurer.

Health Benefits for Immigrant Seniors and Adults

The [Health Benefits for Immigrant Seniors program](#) provides comprehensive medical benefits, including COVID-19 related services, for immigrant seniors age 65 and older who are not eligible for Medicaid coverage due to immigration status. This program will soon expand to adults aged 55 and older. [Options to apply](#) include applying online at [ABE.Illinois.gov](#) and calling the ABE Customer Call Center at 1-800-843-6154.

Illinois' Emergency Medical for Non-Citizens Program



COVID-19 Billing Guidance for Uninsured Patients

Due to insufficient funds, the Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program will stop accepting testing and treatment claims on March 22, 2022. It also will stop accepting vaccination claims on April 5, 2022. If additional Congressional funds are appropriated, the HRSA COVID-19 Uninsured Program could begin accepting claims again at a future date.

The Healthcare and Family Services (HFS) COVID-19 Uninsured Program is separate from the HRSA program and will continue through the end of the federal public health emergency. Providers should refer to the December 18, 2020 provider notice and the September 25, 2020 provider notice for billing guidance for the HFS COVID-19 Uninsured Program.

<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn220322a.aspx>

Safety and Efficacy of a Third Dose of BNT162b2 Covid-19 Vaccine

Edson D. Moreira, Jr., M.D., Ph.D., Nicholas Kitchin, M.D., Xia Xu, Ph.D., Samuel S. Dychter, M.D., Stephen Lockhart, D.M., Alejandra Gurtman, M.D., John L. Perez, M.D., Cristiano Zerbin, M.D., Michael E. Dever, M.D., Timothy W. Jennings, D.O., Donald M. Brandon, M.D., Kevin D. Cannon, M.D., *et al.*, for the C4591031 Clinical Trial Group*

CONCLUSIONS

A third dose of the BNT162b2 vaccine administered a median of 10.8 months after the second dose provided 95.3% efficacy against Covid-19 as compared with two doses of the BNT162b2 vaccine during a median follow-up of 2.5 months. (Funded by BioNTech and Pfizer; C4591031 ClinicalTrials.gov number, [NCT04955626](https://www.clinicaltrials.gov/ct2/show/study/NCT04955626).)

<https://www.nejm.org/doi/full/10.1056/NEJMoa2200674>

:s

March 23, 2022

DOI: 10.1056/NEJMoa2200674

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Editor's Note: This article was published on December 8, 2021, at NEJM.org.



The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE

BNT162b2 Vaccine Booster and Mortality Due to Covid-19

Ronen Arbel, Ph.D., Ariel Hammerman, Ph.D., Ruslan Sergienko, M.A., Michael Friger, Ph.D., Alon Peretz, M.D., Doron Netzer, M.D., and Shlomit Yaron, M.D.

CONCLUSIONS

Participants who received a booster at least 5 months after a second dose of BNT162b2 had 90% lower mortality due to Covid-19 than participants who did not receive a booster.



SUBSCRIBE & SAVE. → [Image of journal cover] [Search icon]

Concise summaries of clinical study results [ORIGINAL ARTICLE] Early Outpatient Treatment for Covid-19 with Convalescent Plasma [EDITORIAL] Audio Interview: Do We Need a Fourth Dose of Covid Vaccine? [ORIGINAL ARTICLE] Implanted System for Orthostatic Hypotension in Multiple-System Atrophy

ORIGINAL ARTICLE

Protection by a Fourth Dose of BNT162b2 against Omicron in Israel

Yinon M. Bar-On, M.Sc., Yair Goldberg, Ph.D., Micha Mandel, Ph.D., Omri Bodenheimer, M.Sc., Ofra Amir, Ph.D., Laurence Freedman, Ph.D., Sharon Alroy-Preis, M.D., Nachman Ash, M.D., Amit Huppert, Ph.D., and Ron Milo, Ph.D.

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Article Figures/Media Metrics

11 References

Abstract

BACKGROUND

On January 2, 2022, Israel began administering a fourth dose of BNT162b2 vaccine to persons 60 years of age or older. Data are needed regarding the effect of the fourth dose on rates of confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and of severe coronavirus disease 2019 (Covid-19).

CONCLUSIONS

Rates of confirmed SARS-CoV-2 infection and severe Covid-19 were lower after a fourth dose of BNT162b2 vaccine than after only three doses. Protection against confirmed infection appeared short-lived, whereas protection against severe illness did not wane during the study period.

April 5, 2022
DOI: 10.1056/NEJMoa2201570

ADVERTISEMENT
<https://www.nejm.org/doi/full/10.1056/NEJMoa2201570>
[Image of person reading] SIGN UP

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>

Answer from CMS (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.

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.

Pay Attention to Cleaner/Disinfectant Effectiveness

Infection Control & Hospital Epidemiology (2022), 1–3
doi:[10.1017/ice.2022.73](https://doi.org/10.1017/ice.2022.73)



Concise Communication

Effectiveness of a novel 1-step cleaner and disinfectant against *Candida auris*

Muhammed F. Haq MD¹, Jennifer L. Cadnum BS¹, Basya S. Pearlmutter BS¹, Annette L. Jencson CIC¹ and Curtis J. Donskey MD^{2,3}

¹Research Service, Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio, ²Geriatric Research, Education and Clinical Center, Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio and ³Case Western Reserve University School of Medicine, Cleveland, Ohio

Abstract

A novel 1-step anionic surfactant disinfectant was effective against *Candida auris* isolates from the 4 major phylogenetic clades as well as methicillin-resistant *Staphylococcus aureus* (MRSA) and the enveloped virus bacteriophage Phi6. This anionic surfactant disinfectant may be a useful addition to the disinfectant products available for use against *C. auris*.

(Received 26 January 2022; accepted 2 March 2022)



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-15-NH & NLTC & LSC

DATE: April 7, 2022
TO: State Survey Agency Directors
FROM: Director
Quality, Safety & Oversight Group
SUBJECT: Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers

Memorandum Summary

- CMS continues to review the need for existing emergency blanket waivers issued in response to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- Over the course of the COVID-19 PHE, skilled nursing facilities/nursing facilities (SNFs/NFs), inpatient hospices, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and end-stage renal disease (ESRD) facilities have developed policies or other practices that we believe mitigates the need for certain waivers.
- Applicable waivers will remain in effect for hospitals and critical access hospitals (CAH).
- CMS will end the specified waivers in two groups:
 - 60 days from issuance of this memorandum
 - 30 days from issuance of this memorandum

Emergency Declaration Blanket Waivers Ending for SNF/NFs 30 Days from Publication of this Memorandum

Physician Delegation of Tasks in SNFs

Physician Visits

*Physician Visits in Skilled Nursing Facilities/Nursing
Facilities - 42 CFR §483.30*

*Quality Assurance and Performance Improvement
(QAPI) – Need comprehensive data driven QAA/QAPI
program, not just specific areas related to COVID-19*

*Detailed Information Sharing for Discharge Planning
for Long-Term Care (LTC) Facilities – Discharge
planning needs to be based on data and quality
measures*

- *Clinical Records – Copy of requested resident records
within 2 working days*



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- Applicable waivers will remain in effect for hospitals and critical access hospitals (CAH).
- CMS will end the specified waivers in two groups:
 - 60 days from issuance of this memorandum
 - 30 days from issuance of this memorandum

Emergency Declaration Blanket Waivers For Various Provider-Types Ending 60 Days from Publication of this Memorandum:

Physical Environment for SNF/NFs -CMS waived requirements to allow for a non-SNF building to be temporarily certified and available for use by a SNF

Equipment Maintenance & Fire Safety Inspections for ESRD facilities - 42 CFR §494.60(b)

Facility and Medical Equipment Inspection, Testing & Maintenance (ITM) and Life Safety Code (LSC) and Health Care Facilities Code (HCFC) reinstated

Outside Windows and Doors requirement, Fire Drill requirements reinstated

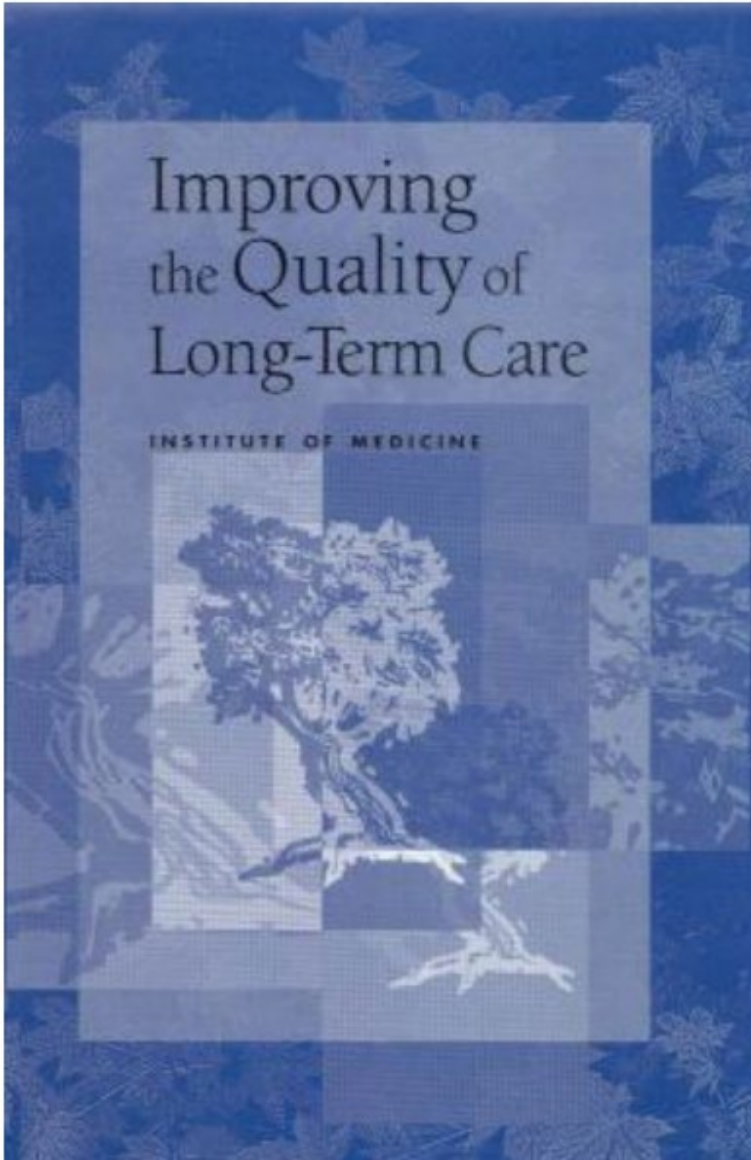
*****Temporary Construction: CMS waived requirements that would otherwise not permit temporary walls and barriers between patients.**

Paid Feeding Assistants for LTC facilities: training reinstated

In-Service Training for LTC facilities 12 our inservice requirement for nursing assistants reinstated.

- Training and Certification of Nurse Aides for SNF/NFs - may not employ anyone for longer than four months unless they met the training and certification requirements reinstated

What Are People Writing About and Why are Some of These Changes Occurring?



2001

“Knowing is not enough, we must apply. Willing is not enough, we must do.” Goethe

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Review Article | [Published: 30 March 2022](#)

SARS-CoV-2 pathogenesis

[Mart M. Lamers](#) & [Bart L. Haagmans](#) 

[Nature Reviews Microbiology](#) (2022) | [Cite this article](#)

1834 Accesses | **53** Altmetric | [Metrics](#)

March 2022



Funding and support was generously provided by the Colton Foundation. Support from the COVID Collaborative and The Rockefeller Foundation's Pandemic Prevention Institute were instrumental to this report.

Getting to and Sustaining the Next Normal

A Roadmap for Living with COVID



<https://www.rockefellerfoundation.org/wp-content/uploads/2022/03/Getting-to-and-Sustaining-the-Next-Normal-A-Roadmap-for-Living-with-Covid-Report-Final.pdf>



CONTACT

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Ready or Not 2021: Protecting the Public's Health From Diseases, Disasters, and Bioterrorism

<https://www.tfah.org/report-details/ready-or-not-2021/>

COMMENTARY

Protecting Nursing Home Residents from Covid-19: Federal Strike Team Findings and Lessons Learned

Lauren E. Andersen, PhD, Lisa Tripp, JD, Joseph F. Perz, DrPH, MA, Nimalie D. Stone, MD, MS, Abigail H. Viall, ScD, MA, Shari M. Ling, MD, Lee A. Fleisher, MD

DOI: 10.1056/CAT.21.0144

As part of the national response to Covid-19 in nursing homes, a federal strike team initiative: (1) offered technical assistance and recommendations to facilities experiencing large outbreaks; (2) identified innovative actions taken to safeguard the residents, visitors, and staff; and (3) explored opportunities to strengthen federal, state, and local guidance and support. Between July and November 2020, federal teams visited 96 nursing homes in 30 states. These facilities faced challenges related to staffing, personal protective

- CDC Report LTC Needs:
- *an understanding of the nature of infectious pathogens and their spread*
 - *a culture of collective accountability for maintaining best practices*
 - *robust partnerships between clinical care and public health entities*

“ Unlike hospitals, nursing homes lack staff members with dedicated time and training to implement infection control.”

“ The older physical designs and layout of many facilities restricted cohorting options, making it difficult to properly isolate residents with known or suspected Covid-19 or to create dedicated spaces to quarantine new admissions.”



JAMDA

journal homepage: www.jamda.com



Editorial

The Inevitability of Reimagining Long-Term Care

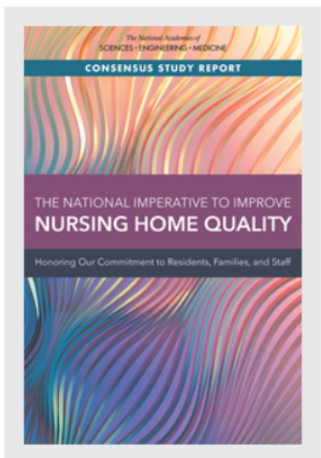


Sheryl Zimmerman PhD^{a,*}, Matteo Cesari MD, PhD^{b,c}, Joseph E. Gaugler PhD^d, Howard Gleckman^e, David C. Grabowski PhD^f, Paul R. Katz MD^g, R. Tamara Konetzka PhD^h, Katherine S. McGilton RN, PhD^{i,j}, Vincent Mor PhD^{k,l}, Debra Saliba MD, PhD^{m,n,o}, Tetyana P. Shippee PhD^p, Philip D. Sloane MD, MPH^q, Robyn I. Stone PhD^r, Rachel M. Werner MD, PhD^s

Within the next few months, the National Academies of Sciences, Engineering, and Medicine is expected to release recommendations to improve the quality of nursing home care, presumably with relevance to other long-term care settings. It is hoped that their report and the articles in the special issue of *JAMDA* combine with the renewed national focus on the future of long-term care to spur constructive change.

This PDF is available at <http://nap.edu/26526>

SHARE



The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff (2022)

DETAILS

604 pages | 6 x 9 | PAPERBACK
ISBN 978-0-309-68628-0 | DOI 10.17226/26526

CONTRIBUTORS

Committee on the Quality of Care in Nursing Homes; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine

SUGGESTED CITATION

https://nap.nationalacademies.org/cart/download.cgi?record_id=26526

National Academies of Sciences, Engineering, and Medicine 2022. *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26526>.

GET THIS BOOK

FIND RELATED TITLES

Overview of Changes to 77 Ill Administrative Code 300

Joint Committee on Administrative Rules Recommendations

- Revisit infection preventionist requirements in 6 months related to surveillance testing and outbreak response
- Review COVID-19 testing and vaccination requirements
 - Align with Centers for Disease Control and Prevention
 - Incorporate public comment
 - Consider the impact on staffing and costs

https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_15.pdf

General Summary

- Statutory requirements for
 - An infection preventionist
 - Policies for governing the control of infections and communicable diseases
 - Testing and response
 - Incorporation of new guidance documents
 - Maintenance of a confidential employee health record

300.340 Incorporated and Referenced Documents

- Federal Guidelines
- Federal Regulations (42 CFR 483.80, Infection Control (May 13, 2021))

<https://www.govinfo.gov/content/pkg/FR-2021-05-13/pdf/2021-10122.pdf>

300.650 Personnel Policies

- Added
 - Maintain confidential medical file
 - Including vaccination and testing records
- Specified orientation and in-service training to include
 - Infection prevention and control for all new employees including student interns
 - Annual training for all employees except student interns

300.696 Infection Prevention and Control

- An infection prevention and control program under the direction of the qualified infection preventionist.
- Written policies and procedures for healthcare associated infections and infectious agents
 - Surveillance
 - Investigation
 - Prevention
 - Control

300.696 Infection Prevention and Control

- Policy and procedure specifics include
 - Annual basic infection prevention and control training for those, including contracted individuals, who work in the facility at least one day a week
 - Completion of infection prevention and control training before trainees work in the facility
 - Monitoring of adherence
 - Onsite access to policies and procedures
 - Staff
 - Resident
 - Resident's family/representative
 - Local Health Department
 - Public

300.696 Infection Prevention and Control

- At a minimum, an annual review of the measures and outcomes of investigations and activities to prevent and control infections that is written, dated, and signed
- Adherence to updated Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration guidelines and toolkits

300.696 Infection Prevention and Control

- Infectious disease surveillance testing and outbreak response
 - Testing plan and response strategy
 - Conduct testing of residents and staff for the control and detection of infectious diseases
 - During an outbreak
 - When transmission risk is high
 - Documentation
 - Residents medical record
 - Staff and volunteer testing log

300.696 Infection Prevention and Control

- Infectious disease surveillance testing and outbreak response
 - Immediate measures to prevent transmission when symptoms develop, or test results are positive
 - Policies for those who refuse testing or are unable to be tested
 - Arrangements with a lab
 - Reporting of test results
- In-person visitation unless a reasonable clinical or safety concern

300.697 Infection Preventionists

- Designated qualified infection preventionist
 - Initial CDC or equivalent training within 30 days after accepting the position
 - **Effective July 1, 2022**, the infection preventionist shall have
 - Completed at least 19 hours of training in nine specific infection prevention and control categories
 - Clinical experience related to infection prevention and control in healthcare settings

300.697 Infection Preventionists

- Designated qualified infection preventionist
 - A minimum of 20 on-site hours per week
 - A minimum of 40 on-site hours per week for facilities with
 - More than 100 licensed beds
 - OR**
 - Facilities that provide high-acuity services
 - » On-site dialysis
 - » Infusion therapy
 - » Ventilator care
 - Coordinates with the infection prevention and control and/or quality assurance committees

Guidance Document Correction

- 77 Ill. Adm. Code 600.759 was used rather than 77 Ill. Adm. Code 390.759
 - Page 2
 - Page 5

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**