



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

July 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
- For continuing education credit, complete evaluation at <https://redcap.dph.illinois.gov/surveys/?s=9T8DKWP4Y393L7MM> by July 15th, 2022
 - Credit only available for the live session
 - Must be registered individually to receive credit

Agenda

- Upcoming Webinars
- Congregate Care Updates
- Establishing a Respiratory Protection Program
- Open Q & A

Upcoming COVID-19 and Infection Prevention and Control Updates

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, July 22 nd	Transmission-Based Precautions, PPE, and Resident Placement	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec1926129611cfc5203b18560aa2e60e6
Friday, August 5 th	Antibiotic Stewardship	https://illinois.webex.com/illinois/onstage/g.php?MTID=e2fa25d63f0a14c8f5550b1fb21105d4e
Friday, August 19 th	CAUTI/CLABSI	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee750be37643332f7f2de74a9a19e08ce

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

Continued Education will be offered. It will only be for the live presentation. Please ensure when registering that your name and email are correctly spelled. To receive the continued education, you must complete a training survey, which will be provided with the link to the recording.

2022 Illinois Summit on Antimicrobial Stewardship

- July 12th, 2022
 - Virtual event
- Registration Open Now
<https://hopin.com/events/2022-illinois-summit-on-antimicrobial-stewardship>
- Questions can be sent to
Antibiotic.Stewardship@Hektoen.org

Registration Open

ILLINOIS SUMMIT ON ANTIMICROBIAL STEWARDSHIP

Tuesday, July 12, 2022

8:30 a.m. – 5 p.m.

Registration Information

The registration fee is \$12 for all participants. Register for the summit by visiting:
<https://hopin.com/events/2022-illinois-summit-on-antimicrobial-stewardship>.

If your plans change, you may cancel by Friday, July 8, 2022, to receive a full refund. No refunds will be given after this date.

Target Audience

Health care professionals including physicians, pharmacists, dentists, nurses, quality directors, infection preventionists, facility leadership, and public health professionals across inpatient, outpatient, and long-term care settings.

Purpose

- Summarize the regulatory and national landscape for antimicrobial stewardship.
- Apply national guidelines and best practices for implementing and evaluating facility antimicrobial stewardship programs.
- Review past successful antimicrobial stewardship programs and lessons learned.
- Identify tools and resources for implementing antimicrobial stewardship programs.

Questions?

Contact the event organizers at Antibiotic.Stewardship@Hektoen.org



Congregate Care Updates

July 8, 2022

Objective

- Integrate updates to COVID-19 prevention and control measures into facility practices

Q & A - Updated

Q: What is the current requirement for the Centers for Medicare & Medicaid (CMS) Quality, Safety & Education Portal (QSEP) COVID-19 training?

A: The Office of Health Care Regulation has indicated that “it will not enforce any QSEP training requirement that is out of date, or not up to date.”

Facilities experiencing a concern during survey can contact their regional Infection Preventionist and/or the Office of Health Care Regulation.

Q & A

Q: Can a COVID-19 positive resident room door opening be covered with plastic sheeting/Visqueen to allow easy visualization of the resident?

A: No. This would be a potential Life Safety Code violation. The resident doorway is the emergency exit path for the resident and staff that may be in the room and the exit path cannot be obstructed by a sheet of visqueen. An alternate solution would be to install a glass viewing panel in the resident room door. If this approach is undertaken by the facility, the facility should submit a quick sketch and narrative to the Office of Health Care Regulation Life Safety team for review.

Q & A

Q: Are facilities required to maintain COVID-19 vaccination records for vendors?

A: The Centers for Medicare & Medicaid Services (CMS) require maintenance of vaccination records for staff including contract personnel (agency staff, contract respiratory therapists, occupational/physical therapists, etc.)

CMS considers vendors as: “individuals who very infrequently provide ad hoc non-healthcare services (such as annual elevator inspection)”

Vendors also include individuals such as food service delivery personnel, medical supply vendors, or a plumber.

<https://www.cms.gov/files/document/attachment-ltc-injunction-lifted.pdf>

Q & A

Q: Does the sign at the front door to a facility notifying that there is COVID-19 in the building have to indicate the number of cases?

A: No, the number of cases is not required.

Q & A

Q: Have the emergency rules for vaccination/testing and face covering been renewed?

A: Yes

Executive Order 2021-22 (Vaccination and testing requirements):

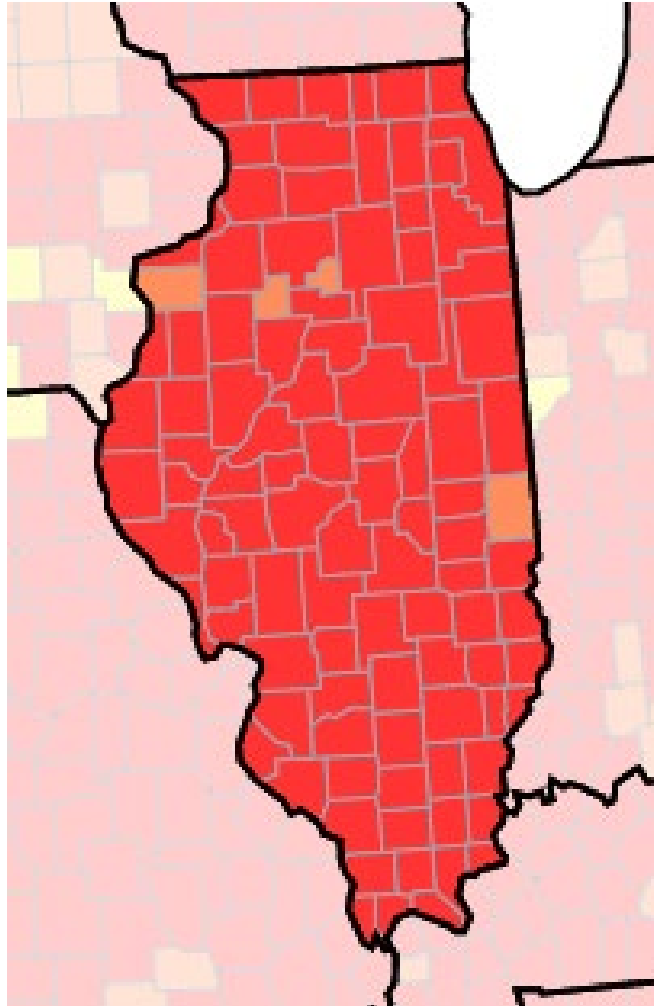
Sections 2, 3, 4, 5, 6, 7, 8, and 9 of Executive Order 2021-22, as amended by Executive Order 2021-23, Executive Order 2021-27, Executive Order 2022-01, and Executive Order 2022-05 are re-issued and extended through **July 24, 2022**.

Executive Order 2022-06 (Face covering requirements):

Executive Order 2022-06, as amended by Executive Order 2022-11, is re-issued in its entirety and extended through **July 24, 2022**.

<https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-14.2022.html>

Community Transmission Level – July 8, 2022

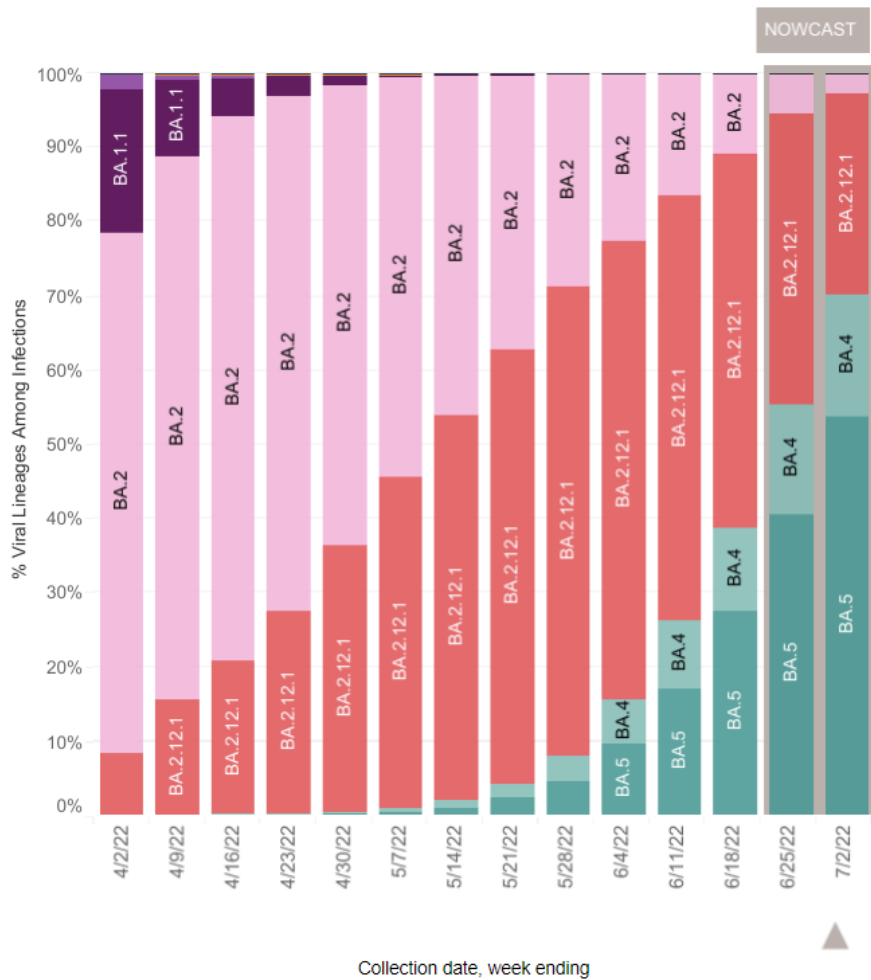


Remember to check the community transmission levels on the first and third Mondays of the month to test appropriately and adjust PPE use if indicated.

Current Variants

United States: 3/27/2022 – 7/2/2022

United States: 6/26/2022 – 7/2/2022 NOWCAST

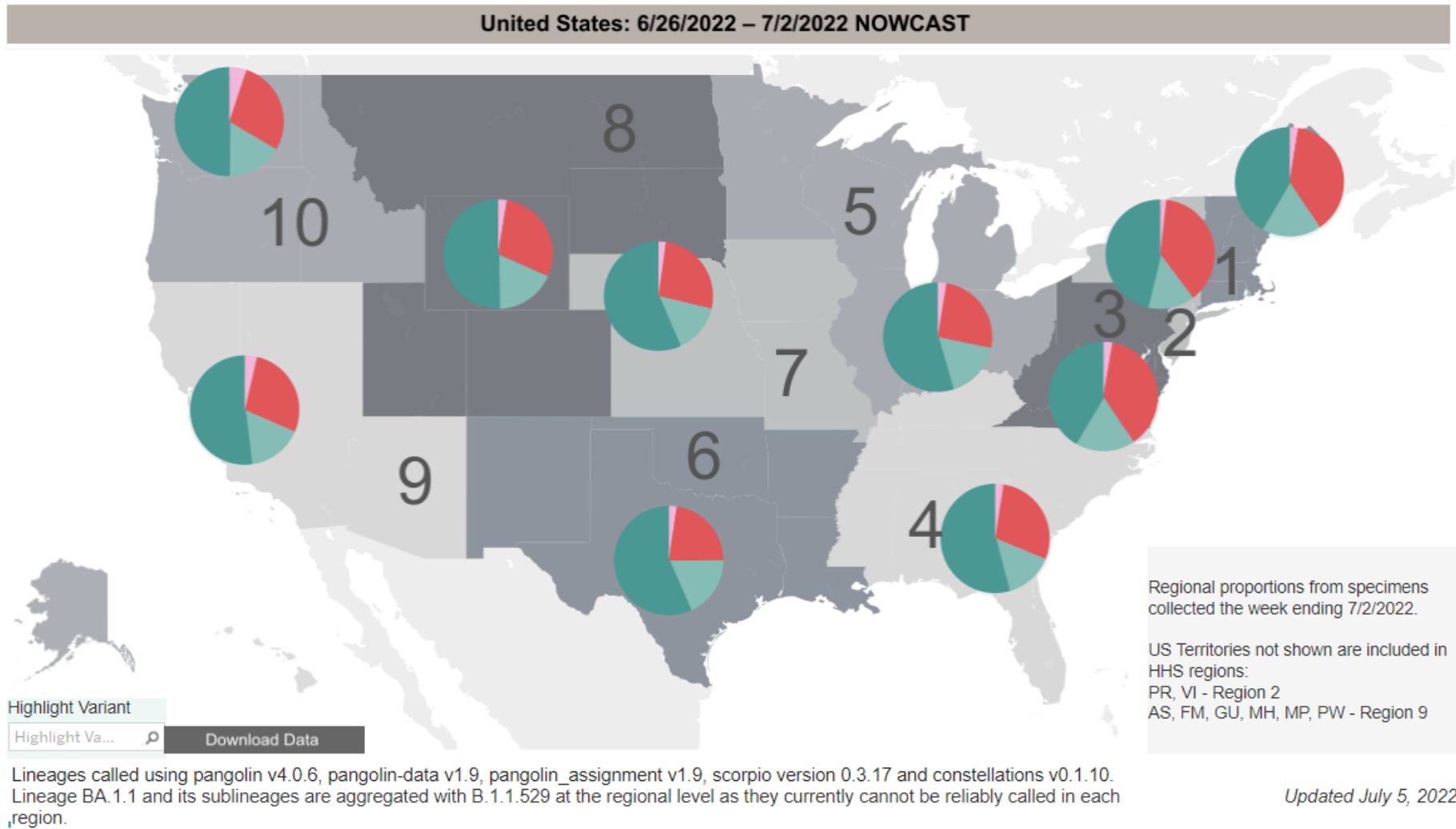


USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	53.6%	49.5-57.6%
	BA.2.12.1	VOC	27.2%	24.2-30.3%
	BA.4	VOC	16.5%	13.9-19.4%
	BA.2	VOC	2.8%	2.4-3.3%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. BA.5.1 is aggregated with BA.5.

Current Variants



Cases & Deaths in Illinois

Data through Wed Jul 06 2022

Total Cases	25770
Case Rate (last 7 days)	203.4

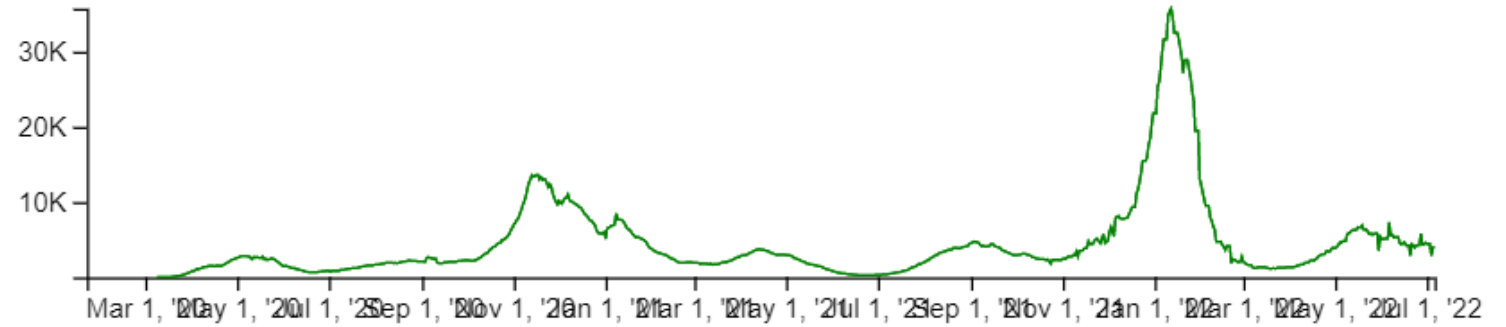
Total Deaths	64
Death Rate (last 7 days)	0.5

Tue, Jan 21st 2020 - Wed, Jul 6th 2022

Use slider to update time series chart



Daily Cases - 7-Day Moving Average



Daily Deaths - 7-Day Moving Average



Testing in Illinois

Data through Mon Jul 04 2022

% Positivity 10-14.9%

Data through Thu Jun 30 2022

Tests Performed 166546

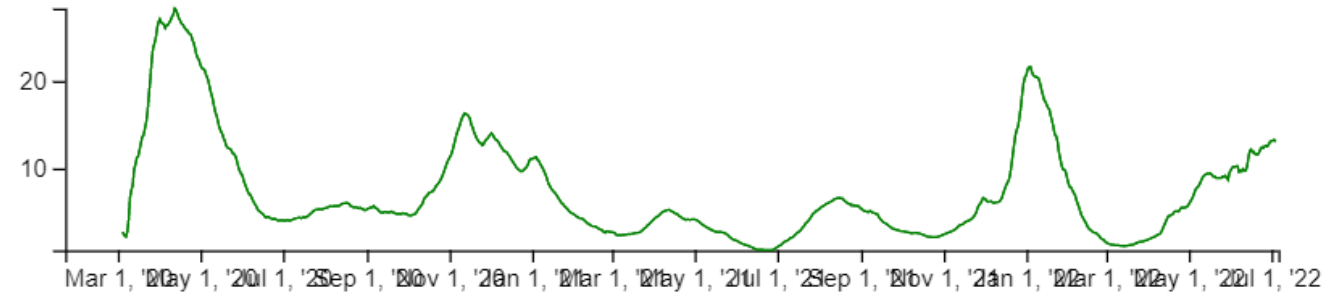
Test Rate (last 7 days) 1323.1

Tue, Jan 21st 2020 - Wed, Jul 6th 2022

Use slider to update time series chart



7-day Percent Positivity



Daily Tests Performed - 7-Day Moving Average





Establishing a Respiratory Protection Program

Mary Alice Lavin

June 24, 2022

Disclosure

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

Objectives

- Recognize the responsibilities of the Occupational Safety and Health Administration (OSHA) respiratory protection standard program administrator
- Summarize the elements of the OSHA respiratory protection standard
- Identify available resources for implementation of the OSHA respiratory protection standard



Photo: Centers for Disease Control and Prevention

*Airborne droplets visible during sneezing
(photo enhanced).*

Occupational Safety and Health Administration

Respiratory Protection Standard

History

- Adopted in 1971 from an existing American National Standards Institute (ANSI) standard
- The 1971 standard was revised and replaced in October 1998
- Adopted a quantitative fit testing protocol in 2004
- An August 2006 revision added definitions for Assigned Protection Factors and Maximum Use Concentrations

Goal

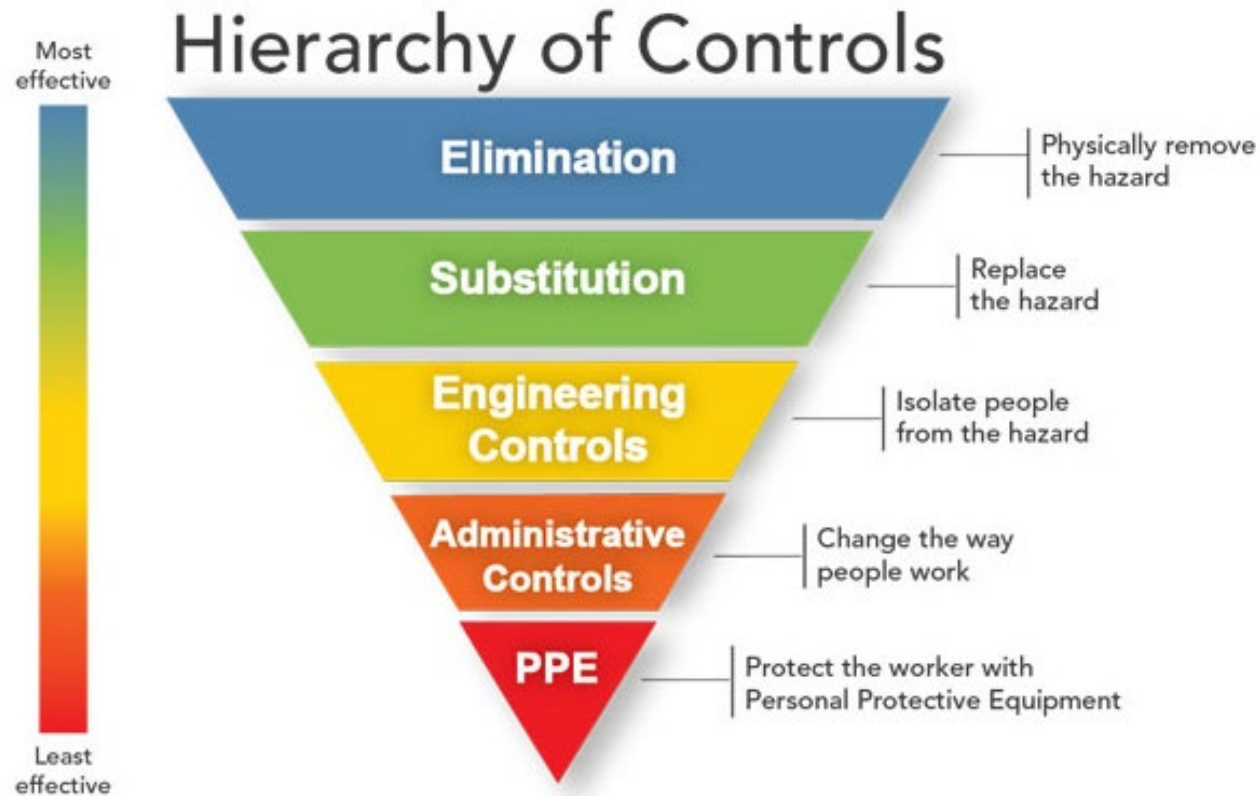
- Enhance protection
- Promote effective use of respirators
- Ease compliance and understanding of the standard

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

Respiratory Protection Program

- A collection of written work-site specific policies and procedures that address all elements of the Respiratory Protection Standard.
- Samples of program templates are included in the Resources Appendix
 - They must be customized to each individual facility
- Respiratory protection is needed when engineering and administrative controls alone can not control the hazard.

Hierarchy of Controls



Respiratory Protection Program is the last line of defense.

Respiratory Protection Program Administrator

The program administrator:

- Must be designated
- Has knowledge and training relevant to the risks
- Develops the written respiratory protection program
- Is responsible for implementation of the program, evaluating the effectiveness, and maintaining the program
- Can delegate components of the program to others

The *OSHA Small Entity Compliance Guide for the Respiratory Protection Standard* was created to assist the program administrator establish and implement the respiratory protection program.

Respiratory Protection Program Administrator

Duties

- Evaluate the hazards and identify when a respirator is needed
- Selection of respirators
- Monitoring respirator use
- Training
- Ensuring proper care and maintenance of the respirator
- Administering the medical evaluation program
- Performing fit testing
- Maintain records
- Evaluate and update the program

<http://aaohn.org/page/respiratory-protection-1278>

Respiratory Protection Program Elements

- Procedure for selecting respirators
- Medical evaluations
- Fit testing
- Procedures for proper use
- Procedures for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining the respirator
- Procedures to ensure adequate air quality, quantity and flow for atmosphere-supplying respirators
- Training about the hazards potentially exposed to
- Training on donning, doffing, limitations and maintenance
- Procedures for evaluating the effectiveness of the program
- Where the respirator is not needed

Selection of Respirators

- Based on the hazard
- National Institute for Occupational Safety (NIOSH) and Health certified
- Multiple sizes and models
- Must use the assigned protection factors found in the standard (Table 1)
- An air-purifying respirator when protection against particles is needed

Medical Evaluation

Based on the conditions where the respirator will be worn and the medical status of the employee, the respirator may place a physiologic burden on the employee

A medical evaluation:

- is required before fit testing can be completed.
- Is the responsibility of the employer
- Must be completed by a licensed healthcare professional
 - The licensed healthcare professional must be provided specific information about the respirator and conditions of use
- Must contain the information in the OSHA questionnaire which is found in Appendix C of the standard
- Follow up as needed including additional consultations, tests or procedures

Medical Evaluation

A medical evaluation:

- Is provided at no cost to the employee
- Must be provided during normal business hours at a time and place convenient to the employee
- Must be confidential
 - Filed separate from the Human Resources file if maintained by the employer
- Must be provided to the employee who has had an opportunity to discuss the questionnaire and examination with the licensed healthcare professional
- Written recommendation must be provided to the employer
- Shall be repeated if there are indications for reevaluation

Fit Testing



Fit testing must:

- Occur before the respirator is utilized
- Be completed with the make, model, and size of respirator that will be used
- Be performed using an OSHA accepted qualitative (pass/fail) or quantitative (measurement) method
 - Qualitative testing is performed with a sweet/saccharin or bitter/Bitrex™ solution
- Include the test exercises

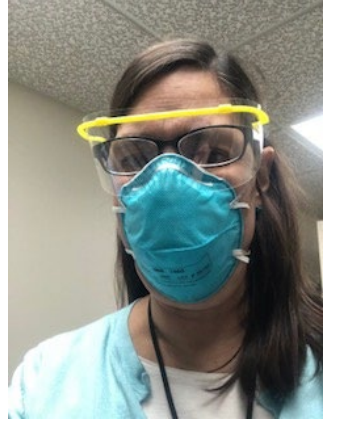
Appendix A of the standard provides the protocols and procedures

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>

Procedures for Proper Use of Respirators

Establish and implement procedures for proper use

- Shall not allow the use of tight-fitting facepieces if facial hair or other condition prevents the surface of the respirator to seal to the face
- Must ensure that corrective glasses, protective eyewear or other PPE does not interfere with the seal to the face
- Include the performance of a user seal check for tight fitting respirators each time the respirator is donned
 - Appendix B-1 of the standard and the manufacturer provide the procedures



Facial Hairstyles and Filtering Facepiece Respirators

Intended for workers who wear tight-fitting respirators

RESPIRATOR SEALING SURFACE

CLEAN SHAVEN ✓	STUBBLE ✗	LONG STUBBLE ✗	FULL BEARD ✗	FRENCH FORK ✗	DUCKTAIL ✗	VERDI ✗	GARIBALDI ✗	BANDHOLZ ✗
SOUL PATCH ✓	GOATEE (Careful! Chin hair may easily cross the seal) ✗	CHIN CURTAIN ✗	EXTENDED GOATEE ✗	CIRCLE BEARD ✗	ANCHOR (Careful! Chin hair may easily cross the seal)	BALBO (Careful! Chin hair may easily cross the seal)	VAN DYKE ✗	IMPERIAL ✗
SIDE WHISKERS ✓	MUTTON CHOPS ✗	HULIHEE ✗	HORSESHOE (Careful not to cross the seal) ✓	ZAPPA ✓	WALRUS ✓	PAINTER'S BRUSH ✓	CHEVRON ✓	HANDLEBAR ✓
PENCIL ✓		LAMPSHADE ✓	ZORRO ✓	VILLAIN (Careful not to cross the seal) ✓	WET NOODLE ✗	ENGLISH ✗	DALI ✗	

*If your respirator has an exhalation valve, some of these styles may interfere with the valve working properly if the facial hair comes in contact with it. This graphic may not include all types of facial hairstyles. For any style, hair should not cross under the respirator sealing surface.
Source: OSHA Respiratory Protection Standard
https://www.osha.gov/pls/ocwbr/bowelsplahow_docrarew?p_table=standards&_af=12716
Further Reading: NIOSH Respirator Trusted-Source Webpage
https://www.cdc.gov/niosh/npptl/pdfs/respirators/afp_sam/resources/ftsr.html

Original image vector by fredrisher/Shutterstock.com

CDC NIOSH Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

2017

Procedures for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining the respirator

- Respirators must be clean, sanitary, and in good working order
- Reusable respirators must be cleaned and disinfected
 - As needed when used by a single individual
 - Between each user when used by more than one individual
 - After training or fit testing
- Respirators must be stored in a way that prevents damage or soiling
 - If damaged, they must be taken out of service and repaired or discarded
- Respirators must be inspected before use

Training

- Training must be provided before the first use of the respirator and be comprehensive, understandable, and occur at least annually.
- Training is portable if within 12 months.
- The information in Appendix D of the respiratory protection standard must be included in the training.
- Employees must demonstrate knowledge of
 - Correct use including donning/doffing and the user seal check
 - Limitations of the respirator
 - How to maintain and store the respirator
- Retraining must occur
 - If there is evidence that the employee has not retained the knowledge
 - If there is a change to the respirator or workplace

Evaluating the Effectiveness of the Program

- Both proper implementation of the respiratory protection program and use of the respirator must be evaluated.
- Employees must be included in the evaluation.
- Gaps or problems in implementation must be corrected and may require retraining.

The *OSHA Small Entity Compliance Guide for the Respiratory Protection Standard* contains questions you may want to ask employees as part of the program evaluation.

<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>

Recordkeeping

- Records are important to evaluating the respiratory protection program.
- They must be accessible to the employees and for an OSHA compliance officer.
- Maintained records include:
 - The written respiratory protection program
 - Medical evaluation
 - Fit testing record
 - Make, model, size
 - Date performed
 - Result of fit test
 - Pass/fail
 - Strip

Considerations

- Elastomeric respirators or Powered Air Purifying Respirators (PAPRs)
- Outsource the medical evaluations
- Outsource the fit testing

Why is Annual Fit Testing Required?

- 10% of individuals failed their fit test after one year
- Change in facial structure
 - Weight loss
 - Weight gain
 - Dental work
 - Facial scarring
 - Cosmetic surgery
- If the respirator doesn't fit correctly, it won't provide protection

Summary

- Employers are responsible for creating a safe environment including the provision of PPE.
- Employees are responsible for practicing safely by following policy/procedure and using PPE correctly.
- OSHA mandates that facilities have a respiratory protection program if respirators are worn.
- A designated respiratory protection program administrator is responsible for development, implementation, and evaluation of the program.
- Many resources, templates, posters, and videos are available to help inform the program development and training.

Common Terms Appendix

- Air-purifying respirator means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.
- Assigned protection factor (APF) means the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by this section.
- Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.
- Filtering facepiece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.
- Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

Common Terms Appendix

- High efficiency particulate air (HEPA) filter means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.
- Powered air-purifying respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.
- Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
- Quantitative fit test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
- User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

Resources Appendix

RESPIRATORY PROTECTION STANDARD

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

RESPIRATORY PROTECTION PROGRAM AND ADMINISTER

OSHA Respiratory Protection Guidance for Employers of Those Working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities During the COVID-19 Pandemic

<https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf>

OSHA Small Entity Compliance Guide for the Respiratory Protection Standard (Advisory and informational to explain the standard. Contains pictures of different types of respirators.)

<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>

Hospital Respiratory Protection Program Toolkit (Contains a program template.)

<https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf>

CDC/NIOSH Filtering Out Confusion: Frequently Asked Questions about Respiratory Protection

<https://www.cdc.gov/niosh/docs/2018-129/pdfs/2018-129.pdf>

3M Respiratory Program Checklist

<https://multimedia.3m.com/mws/media/11175570/written-respiratory-program-checklist.pdf>

Resources Appendix

American Association of Occupational Health Nurses (AAOHN) The Role of the Respiratory Protection Program Administrator (Includes an online course)

<http://aaohn.org/page/respiratory-protection-1278>

RESPIRATORS

CDC/NIOSH The National Personal Protective Technology Laboratory (NPPTL) (Links to NIOSH Approved respirators)

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource.html

CDC/NIOSH A Guide to Air-Purifying Respirators

<https://www.cdc.gov/niosh/docs/2018-176/pdfs/2018-176.pdf>

VIDEOS

Medical Evaluations for Workers Who Use Respirators (10 minutes)

<https://www.youtube.com/watch?v=0PAuHfdVimk>

Respiratory Fit Testing (12 minutes, Not healthcare specific, English and Spanish versions)

<https://www.osha.gov/video/respiratory-protection/fit-testing>

Respiratory Protection for Healthcare Workers Training Video (33 minutes)

<https://www.youtube.com/watch?v=6qkXV4kmp7c>

Resources Appendix

POSTERS

CDC/NIOSH What are Air-Purifying Respirators

https://www.cdc.gov/niosh/npptl/pdfs/FY17_N95infographicWhatAreAPR-508.pdf

CDC/NIOSH Facial Hairstyles and Filtering Facepiece Respirators

<https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf>

SAMPLE RESPIRATORY PROTECTION PROGRAM TEMPLATES

American Health Care Association National Center for Assisted Living (AHCA NCAL)

<https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Template-Respiratory-Protection-Program.docx>

Washington State Written Respiratory Protection Program Template

https://lni.wa.gov/safety-health/_docs/resprotectguide2.doc

California

https://www.dir.ca.gov/dosh/dosh_publications/Sample-Respiratory-Protection-Program.docx

EMC Insurance Respiratory Protection Program

<https://www.emcins.com/assets/docs/losscontrol/respiratory%20protection%20program.docx>

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

- For continuing education credit, please fill out the following evaluation by July 15th, 2022:
 - <https://redcap.dph.illinois.gov/surveys/?s=9T8DKWP4Y393L7MM>
- 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**