



Chicago Long Term Care Roundtable

7.31.25



Agenda

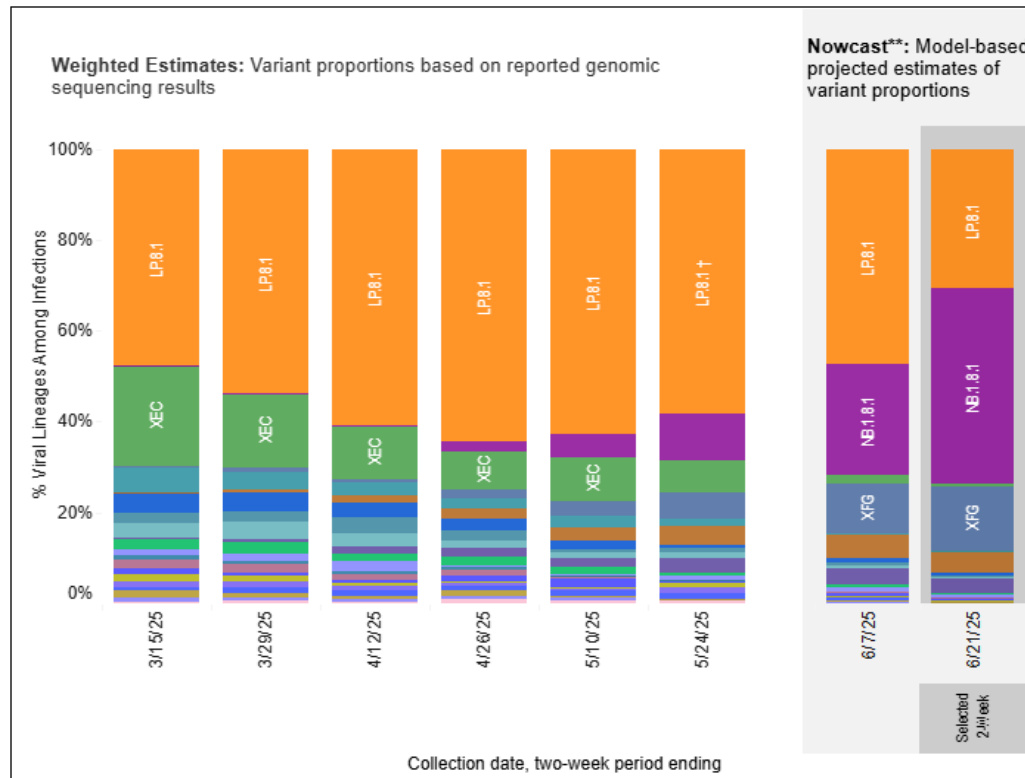
- Surveillance Updates
- IDPH XDRO Memo
- Nebulizer IPC
- LTC Resident Vaccination Requirements
- Heat Mitigation Toolkit for Long Term Care
- Upcoming Events
- Questions & Answers

COVID-19 Variant Proportions

Weighted and Nowcast Estimates in United States for 2-Week Periods in
3/2/2025 – 6/21/2025

Nowcast Estimates in United States
for 6/8/2025 – 6/21/2025

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



USA			
WHO label	Lineage #	%Total	95%PI
Omicron	NB.1.8.1	43%	22–67%
	LP.8.1	31%	22–42%
	XFG	14%	3–41%
	XFC	5%	3–8%
	LF.7.9	3%	2–5%
	XEC	1%	0–1%
	LF.7.7.2	0%	0–1%
	PA.1	0%	0–1%
	LF.7	0%	0–1%
	LF.7.7.1	0%	0–1%
	MC.10.1	0%	0–1%
	XEC.4	0%	0–1%
	LB.1.3.1	0%	NA
	KP.3	0%	NA
	LF.7.2.1	0%	NA
	KP.3.1.1	0%	NA
	XEQ	0%	NA
	XEK	0%	NA
	MC.1	0%	NA

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here:
<https://web.archive.org/web/20240116214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules>

New IDPH Memo: Residents with XDROs

- Admission to SNFs should not be denied based solely on a resident's XDRO status
 - *Example:* You should not deny a resident admission to your facility just because they have *C. auris*, CRAB, CRE, and/or CP-CRPA
- Use enhanced barrier precautions (EBP) for residents with XDRO colonization/infection



MEMORANDUM

JB Pritzker, Governor

Sameer Vohra, MD, JD, MA, Director

Skilled Nursing Facility Acceptance and Care of Patients with Extensively Drug-resistant Organisms (XDRO) – May 2025

Summary and Action Items

1. Admission to licensed facilities should not be denied for residents solely based on a history of infection or colonization with multidrug-resistant organisms (MDROs) or extensively drug-resistant organisms (XDROs), including *Candida auris* (*C. auris*), carbapenem-resistant Enterobacterales (CRE) and *Acinetobacter baumannii* (CRAB), and carbapenemase-producing *Pseudomonas aeruginosa* (CP-CRPA).
2. Enhanced barrier precautions (EBP) are the appropriate transmission-based precautions for many residents of skilled nursing facilities with XDROs. Some facilities may also choose to use EBP for other MDROs.
3. Skilled nursing facilities are required to establish an infection prevention and control program (IPCP). This should include policies and procedures for the implementation of EBP.

Background

Multidrug-resistant organisms (MDROs) and extensively drug-resistant organisms (XDROs) are germs that pose a threat to patients or residents in health care settings, including skilled nursing facilities. Strict adherence to infection control practices is critical to prevent the spread of these germs to other residents and staff within a skilled nursing facility. XDROs include *C. auris*, CRE, CRAB, and CP-CRPA.

Communication between facilities regarding a patient or resident's history of infection or colonization with XDROs and other MDROs at the time of transfer is crucial to implementing appropriate precautions. The [XDRO registry](#) is one tool that facilitates inter-facility communication. In addition, facilities should consider using an interfacility transfer form (for example, [Inter-facility Infection Prevention Transfer Form](#)) to facilitate communication between facilities about a resident's history of infection or colonization with organisms that require EBP or other transmission-based precautions.

The Illinois Department of Public Health has been made aware that some facilities are denying admissions of individuals with a history of infection or colonization with XDROs. Any skilled nursing facility that accepts residents and patients requiring Standard and Transmission-Based Precautions should be prepared to accept residents and patients with MDROs and XDROs. **It is inappropriate to refuse admission of a resident or patient based solely on the presence of an MDRO or XDRO.**



Pursuant to the Centers for Medicare and Medicaid Services (CMS) regulation, §483.71 (F838), skilled nursing facilities must conduct and document a facility-wide assessment to determine which resources are needed to care for their residents. The results of this assessment must be used in part to establish and update a facility's infection prevention and control policies. If a facility's assessment documents their ability to care for patients with *Clostridioides difficile* using Standard and Transmission-Based Precautions, a similar expectation should be applied to their ability to care for patients with MDROs and XDROs.

Illinois Department of Public Health

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Reminder: XDRO Registry

- An approved user from your facility should check the XDRO registry for all new admissions
- Residents admitted to your facility with XDRO colonization or infection must be placed on EBP and cohorted appropriately (e.g., do not put a resident with *C. auris* in a room with other residents who do not have *C. auris*)
 - Reminder that residents with XDRO colonization or infection, even if currently receiving treatment, **do not** need to be placed on contact precautions unless otherwise indicated. As always, please make sure your policies align with your practices.
- If you need assistance with XDRO registration, please contact Shaunette Neal at Shaunette.Neal@cityofchicago.org

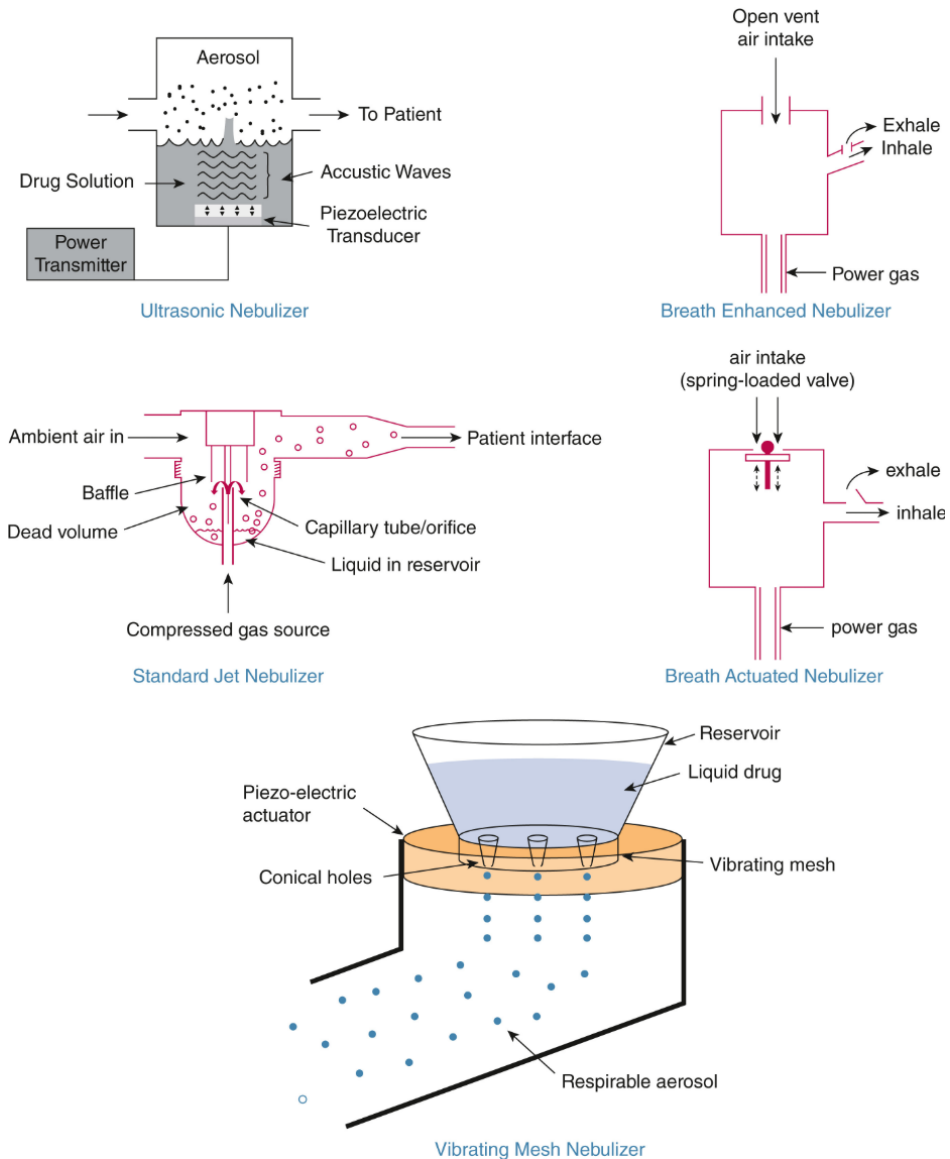
Nebulizers

- Device that turns liquid medications into a mist that can be inhaled
- Can deliver medication deep into the lungs
- Often used for conditions such as:
 - Asthma
 - COPD
 - Cystic Fibrosis
 - Bronchiectasis



★ Types of Nebulizers

- Jet nebulizer
 - Uses compressed gas to create a fine mist
- Ultrasonic nebulizer
 - Uses high-frequency vibrations (instead of air/gas) to break down the liquid into tiny particles
- Vibrating mesh nebulizer
 - Uses the energy of ultrasonic frequencies to vibrate mesh to generate aerosols





Risks

- Nebulizers can be contaminated with pathogens if not cleaned and disinfected appropriately, which can lead to nosocomial pneumonia
- Outbreaks associated with nebulizers in healthcare settings have been caused by:
 - *Acinetobacter spp.*
 - MRSA
 - *Pseudomonas aeruginosa*
 - *Burkholderia cepacia*

Best Practices

- Perform hand hygiene to avoid contamination
- Do not share nebulizers between multiple residents
- Between treatments for reusable nebulizers:
 - Take apart the nebulizer
 - Clean and disinfect the components (e.g., reservoirs, masks, tubing) according to the manufacturer's instructions for use
 - Rinse with sterile water (not tap water)
- Allow to dry and store in a manner that prevents contamination
- Use only sterile fluid and medication and dispense into the nebulizer aseptically
 - When filling nebulizers with medication, the dropper tip should not touch the nebulizer reservoir



Resident Vaccination Requirements: Influenza

- As per the Illinois Administrative Code:
 - A facility should administer/arrange for annual administration of the influenza vaccination for each resident according to ACIP recommendations unless the resident has already received the annual vaccination, the vaccine is medically contraindicated, or the resident refuses
 - Influenza vaccinations for residents should be completed by November 30th of each year (or as soon as possible if vaccines aren't available before November 1st)
 - Residents who are admitted during flu season but after November 30th should receive an influenza vaccination as soon as possible
 - The facility must document in the resident's medical record whether the influenza vaccination was:
 - Administered **or**
 - Refused **or**
 - Medically Contraindicated



Resident Vaccination Requirements: Pneumococcal

- As per the Illinois Administrative Code:
 - A facility should administer/arrange for administration of a pneumococcal vaccination for each resident according to ACIP recommendations unless the resident has already received it, it is medically contraindicated, or the resident refuses
 - The facility should document in the resident's medical record whether the pneumococcal vaccination was:
 - Administered **or**
 - Refused **or**
 - Medically Contraindicated



Resident Vaccination Requirements: Hepatitis B

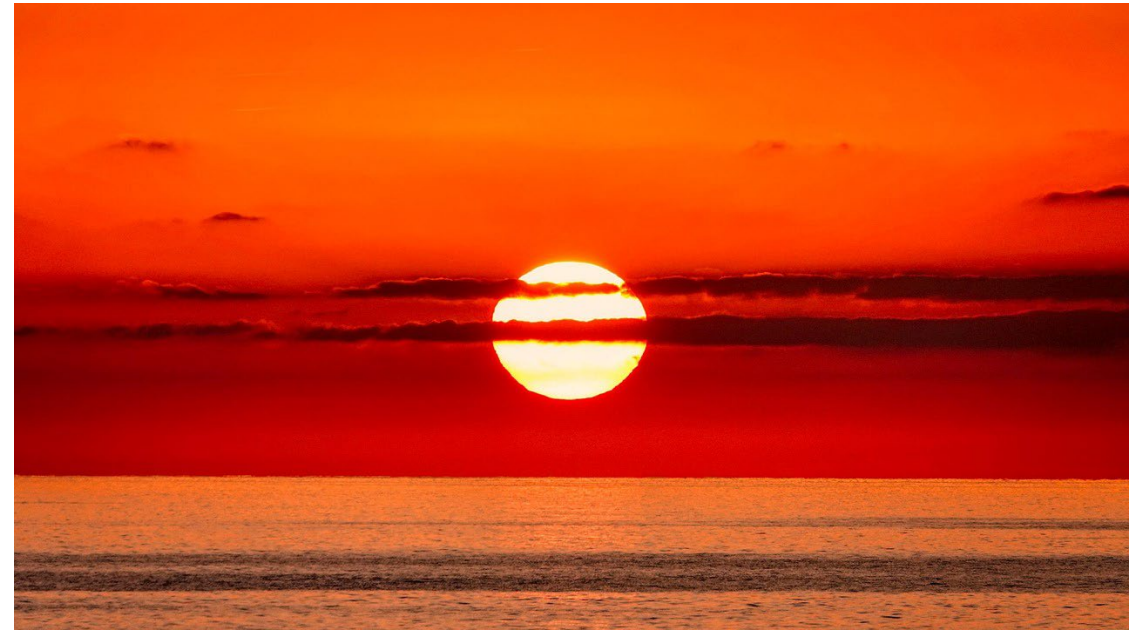
- As per the Illinois Administrative Code:
 - Facilities must document within the resident's medical record whether the resident has been immunized against Hepatitis B
 - Susceptible (i.e., unvaccinated) residents shall be offered Hepatitis B immunization within 10 days of admission
 - Note that Hepatitis B is a multiple dose vaccine series (either 2 or 3 doses depending on the type of vaccine)



Resident Vaccination Requirements: Education

- As per the Illinois Administrative Code:
 - A facility shall distribute educational information on all vaccines recommended by the ACIP including, but not limited to, the risks associated with shingles and how to protect oneself against the varicella zoster virus
 - The facility shall provide this information to each newly admitted resident and all residents who request this information
 - The facility may distribute the information to residents electronically
- CDC's Recommended Adult Immunization Schedule can be found [here](#)
- Information about shingles, including prevention/protection, can be found [here](#)

Emergency Preparedness **Heat Mitigation**



★ CMS Regulations for Skilled Nursing Homes

- Appendix PP (SNF federal regulation) includes:
 - F584 –Safe Environment
 - 483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990, must maintain a temperature range of 71°F to 81°F.

★ Illinois Skilled Nursing Regulations for Heat Management

- Ill. Admin. Code tit. 77, §330.3170 – Heating and Cooling
 - “Areas of a nursing home used by residents of the nursing home shall be airconditioned and heated by means of operable air-conditioning and heating equipment. The areas subject to this air-conditioning and heating requirement include, without limitation, bedrooms or common areas such as sitting rooms, activity rooms, living rooms, community rooms, and dining rooms.”
- Illinois Administrative Code title 77 §330.770(j)
 - The air-conditioning system shall be capable of maintaining an ambient temperature of between 75° and 80° F.

★ Heat Related Illness In Older Adults

- As we age, our ability to adequately respond to heat and regulate our internal body temperature can become a serious problem during heat emergencies. This is especially true in long term care facilities. Older residents are at significant increased risk of heat related illnesses. Heat related illnesses include heat cramps, heat syncope (passing out from heat), heat exhaustion, and heat stroke.

(Source: CDPH [Heat Preparedness](#))

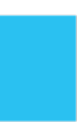
- Experts at the National Institute on Aging, part of the National Institutes of Health, report key risk factors (Source: [NIH News/Events](#))



Key Risk Factors for Older Adults in Long Term Care Facilities

- Age-related changes to the skin- as poor blood circulation, inefficient sweat glands.
- Heart, lung, and kidney diseases, as well as any illness that causes general weakness or fever.
 - High blood pressure or other conditions that require changes in diet, such as salt- restricted diets.
 - Reduced sweating, caused by medications such as diuretics, sedatives, tranquilizers, and certain heart and blood pressure drugs.
- Taking several drugs for various conditions.
- Multiple chronic or complex medical conditions; co-morbidities
- Being substantially overweight or underweight.
- Being dehydrated.

(Source: [NIH News/Events](#))



Types of Heat Related Illness

- **Heat Rash:** A skin irritation caused by blocked sweat glands.
- **Heat Cramps:** Painful muscle spasms caused by dehydration and electrolyte loss.
- **Heat Exhaustion:** A more serious condition characterized by symptoms such as weakness, dizziness, nausea, vomiting, and heavy sweating.
- **Heat Stroke:** The most severe form of heat related illness, where the body's core temperature rises above 104°F (40°C) and includes symptoms such as confusion, slurred speech, seizures, decrease consciousness. This is a serious life-threatening medical emergency.

(Source: [CDPH Heat Preparedness](#))



Common Signs of Heat Related Illness

- Sweating (excessive or none at all)
- Headache
- Nausea and vomiting
- Dizziness and lightheadedness
- Confusion and disorientation
- Rapid heart rate
- High body temperature

(Source: [CDPH Heat Preparedness](#))



Take Necessary Precautions to Prevent Serious Health Effects

- **Keep residents cool:** Keep residents in air-conditioned areas. If there is no back up power to shelter in place in a power outage in your facility, consult your Emergency Plan for evacuation procedures. If evacuation is necessary, please call 311 or the CDPH PHEOC.
- **Keep residents hydrated:** Provide residents with two to four cups of water every hour if possible. Monitor fluid intake throughout any power outage.
- **Stay informed:** Check your local news for extreme heat warnings and safety tips. Visit the Chicago OEMC web page at [Chicago.gov/OEMC](https://chicago.gov/OEMC) to find local information and tips for preventing heat sickness and to sign up for free alerts to your phone. Locations of cooling centers can be found here, [cooling centers](#).



Tips to Prepare for Power Outage in a Long-Term Care Facility for Heat Related Illness

- Be familiar with your facility's plan for managing cooling, utilizing backup power, mobilizing supplies and communication with utility partners and the CDPH PHEOC if you can shelter in place.
- You should also have an evacuation location planned in advance with transportation support, should the situation require moving or transferring residents.



Develop a Comprehensive Emergency Plan

- **Emergency Planning is Critical**
- All facilities, including assisted living, should have a clear, updated emergency plan.
- Even if not required, assisted living centers need a disaster framework to protect resident health and safety.
- **Plans must address power outages, that include:**
 - Contact information for local utility companies and emergency services.
 - Clear instructions on how to use backup power sources.
 - Evacuation routes and procedures and an agreed upon location. Transportation to an evacuation location should also be considered



Stock Up on Essential Supplies

- Ensure that the facility is well-stocked with essential supplies such as:
 - Non-perishable food and bottled water.
 - Battery-operated flashlights and lanterns.
 - Extra batteries and portable chargers.
 - Inventory your Emergency Kit (See recommendations for an Emergency Kit to follow).



Emergency Kit Inventory List for Heat Related Disaster

(This list courtesy of the Arizona Department of Health Services and the Arizona Health Care Associations)

- Cooling tools and ice packs
- Sun block and lip balm
- Coral rehydration salts
- Coolers
- Bottled water
- Emergency contact list for family members, guardians, responsible parties
- 2-Port Ultra-Portable Charger, charged cell phones
- Fans, battery operated, and power based
- Hand sanitizer
- 8 LED flashlights
- 2 Emergency Hand Crank Self-Powered AM/FM NOAA Solar Weather Radio with LED flashlight, 1000mAh Power Bank
- Every Read First Aid Fully Stocked First Responder
- A collection of essential gear to treat a wide variety of injuries and emergencies
- Double Bandage Kit
- Dual tube stethoscope
- Blood pressure cuff
- Adult CPR mask



Emergency Kit Inventory List for Heat Related Disaster (cont.)

(This list courtesy of the Arizona Department of Health Services and the Arizona Health Care Associations)

- 16/3 Vinyl 50-foot extension cord
- 2-6 Outlet Surge Protector Power Strips
- Handheld bullhorn loudspeaker
- Basic tool kit
- ICS vests
- ID bracelets/nametags
- Blankets, lightweight clothing
- Survival snacks, Cliff bars/ protein bars, emergency meals, protein drinks
- Sweet snacks, candy (no hard candy due to choking risk)
- Cereal, crackers
- Games, puzzles, card, iPad, electronic games, paper and writing tools, coloring books, crayons
- Music and headphones



Assess Back Up Power

- Generators can provide critical electricity during a power outage. Ensure that they are:
 - Regularly maintained and tested.
 - Fuel supplies are ample and safely stored

Develop a Communication Plan

- Establish a communication plan to keep residents, staff, and families informed. This should include:
 - A list of emergency contacts, local first responders, evacuation site partners
 - Methods for regular updates for all stakeholders (e.g., text messages, phone calls).
 - A list of payer partners to contact, along with regulatory agencies.



Staff Training on Heat Impact on Long-Term Care Residents

- Extreme heat poses serious risks to elderly residents in long-term care, making staff training essential. Training should cover signs of heat-related illness, hydration practices, and emergency response protocols.
- **Recognizing Heat Related Illnesses**
 - **Common Symptoms**
 - Staff must be able to identify the early signs of heat related illnesses, which can include dizziness, nausea, excessive sweating, headache, rapid heartbeat, and confusion. Awareness of these symptoms allows for swift intervention and treatment.
 - **Monitoring and Assessment**
 - Regular monitoring of residents' body temperatures and overall condition is crucial. Staff should conduct frequent checks, especially during heatwaves, to detect any abnormal changes promptly. Keeping detailed records of each resident's health status can aid in early detection and response



Hydration Techniques

- **Encouraging Fluid Intake**

- Ensuring that residents stay hydrated is a key preventive measure. Staff should encourage and assist residents in drinking fluids regularly, offering water and electrolyte solutions throughout the day. Special attention should be given to residents with conditions that may limit their fluid intake.

- **Monitoring Fluid Intake**

- Documenting and monitoring fluid intake can help prevent dehydration. Staff should note the amount and frequency of fluids consumed by each resident and be vigilant for signs of dehydration such as confusion, dry mouth, sunken eyes, and decreased urine output.



Emergency Response Protocols

- **Immediate Actions**

- In the event of a heat related emergency, staff should follow established protocols in the facility Emergency Plan to provide immediate care. This includes moving the resident to a cooler area, providing fluids, and using cooling techniques such as wet towels or fans.

- **Calling for Medical Assistance**

- If a resident exhibits severe symptoms of heat related illness, such as fainting or unconsciousness, staff should seek medical assistance immediately. Knowing when to escalate the situation to health care professionals, including medical directors, nurses and first responders is critical for the resident's safety.



Emergency Response Protocols

- **Resident Care Training Tips**

- In training sessions, supplies and cooling resources should be discussed as part of the curriculum.
- Ensure cooling supplies are available for your patients and residents (e.g. cooling jackets, ice water baths) and appropriate support to avoid injury.
- Provide cooling options/areas, available for several hours each day, (designated cool room, cool showers, fan, sponging with cool water).
- Keep medications cool (storage below 78°F for room temperature is typical).
- Ensure meals with high water content are prepared and spoiled food is discarded

Contact Phone Numbers

- ComEd Customer Service 1/800-334-7661
- Chicago City Services 311
- OEMC 312/746-9111
- CDPH PHEOC 312/742-7921

Questions?



Mark.McCarville@cityofchicago.org



A special thanks to the Arizona Health Care Association
and the Arizona Department of Health Services for
allowing us to use the original document.



One more thing...Site Visits



- I am back on the road and back to visiting Chicago's, Long-Term Care Facilities
 - For those facilities that I haven't visited yet, please follow the link below to schedule an appointment for me to stop by
 - All I'm asking for is 2-hours of your busy schedules to go over Emergency Operations Plan, with a fresh set of eyes
 - You have nothing to lose and everything to gain from this visit
-
- Questions? Mark.mccarville@cityofchicago.org or 312/747-9581



Upcoming Webinars

- IDPH Office of Health Care Regulation (OHCR) has a series of webinars for long-term care facilities
- Upcoming webinars are on the identified offenders program and denial of admission due to MDROs
- To participate, register [here](#)

SIREN NOTIFICATION

Illinois Department of Public Health, Office of Health Care Regulation
Monthly Educational Webinars
for Long-Term Care and Congregate Care Facilities

July/August/September 2025 Schedule

Description: The Illinois Department of Public Health (IDPH) Office of Health Care Regulation (OHCR) will be hosting monthly educational webinars providing general information and topics of interest for long term care facilities in the State of Illinois. Updates will also be provided on new federal and state regulatory requirements and IDPH will also allow opportunities for questions and answers from the audience. Webinars will be announced several months in advance and registration will be required.

Target Audience: Long-term care facilities and congregate residential staff (e.g., directors of nursing, administrators, facility engineers, dietitians, social workers, nurses, certified nursing aides) local health departments, long-term care association partners.

LTC Monthly Educational Webinars

Webinar series registration link:

<https://illinois.webex.com/webappng/sites/illinois/webinar/webinarSeries/register/f1575ed761c24b4fa2957b6be2568213>

Dates: To Register, click the Webex links below.

July 16, 2025, Wednesday

1 pm to 2 pm: Intermediate and Skilled Nursing Staffing Rules

Link: <https://illinois.webex.com/webex/register/raf14e4916909b5e22349ff86e00c72fa>

August 20, 2025, Wednesday

1 pm to 3 pm: Identified Offender Program pt. 2

Link: <https://illinois.webex.com/webex/register/r1eaf8dad04897dfc7e6df51b4aa00f14>

September 17, 2025, Wednesday

1 pm to 2 pm: Multidrug-Resistant Organism (MDRO) and Denial of Admission

Link: <https://illinois.webex.com/webex/register/r1e52e9d1e82d75159f08659e6a6f0715>

Disclaimer

This training is intended for informational and training purposes only. Any scenarios and activities are intended to simulate real-world situations but should not be used in place of official policies and guidance. Official policies and guidance can be found through statutes, regulations, state administrative codes, the State Operations Manual (SOM), and official guidance memos. Official policies and guidance supersede the information in this training



Questions & Answers

For additional resources and upcoming events,
please visit the CDPH LTCF HAN page at:
<https://www.chicagohan.org/covid-19/LTCF>