



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

December 1<sup>st</sup> , 2023

# 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 survey upon end of webinar
  - Must be registered individually to receive credit

# Agenda

- Upcoming Webinars
- Respiratory season
- Frequently Asked Question
- Rules, Regulations, and How to Avoid Citations
- Open Q & A

# Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

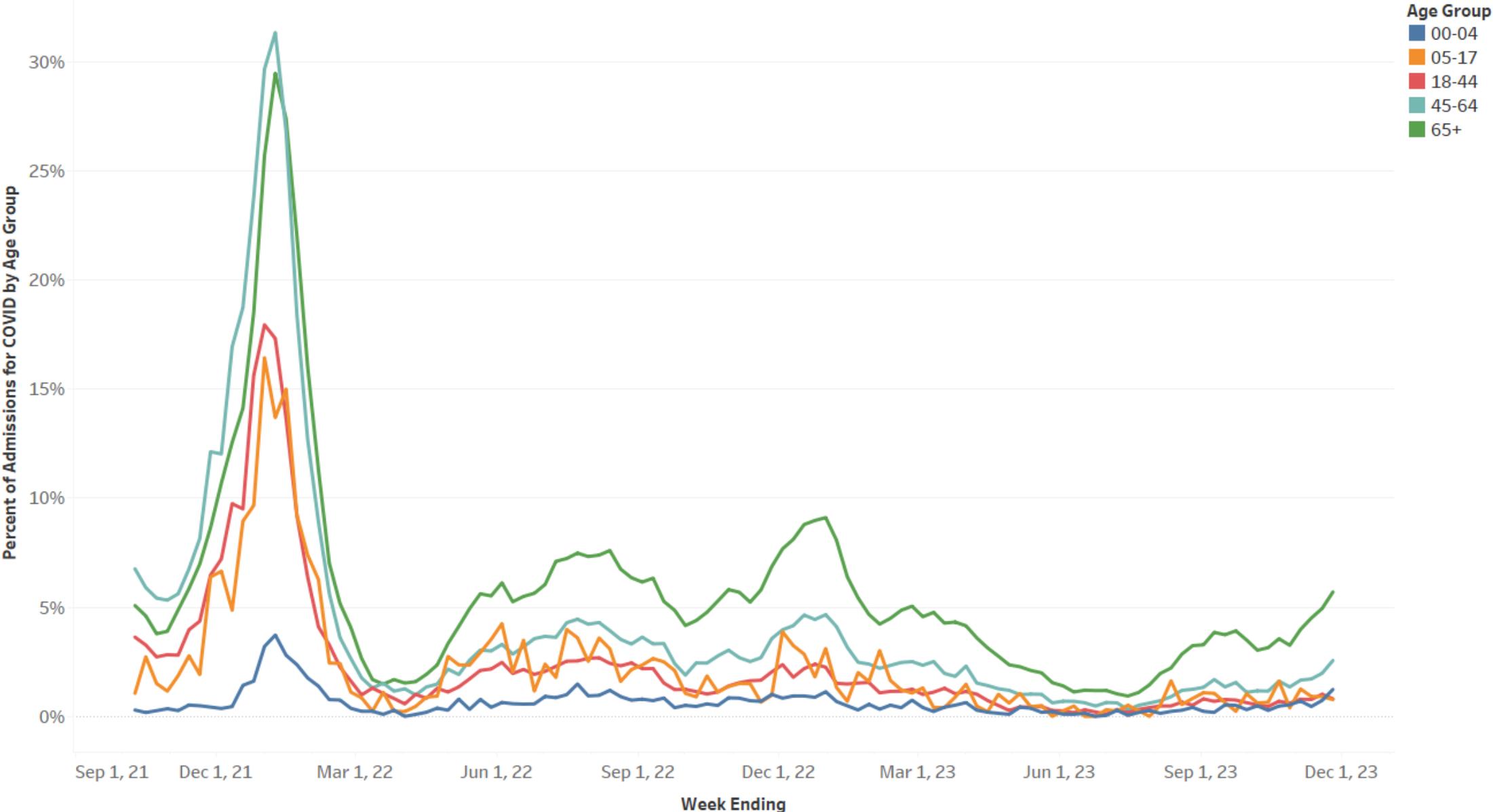
Date	Infection Control Topic	Registration Link
Friday, December 1 <sup>st</sup>	Top 10 IDPH Deficiencies and How to Prevent Them	<a href="https://illinois.webex.com/weblink/register/reb1e9a25e7c184016208f4a60327f18f">https://illinois.webex.com/weblink/register/reb1e9a25e7c184016208f4a60327f18f</a>
Friday, December 15 <sup>th</sup>	Dialysis	<a href="https://illinois.webex.com/illinois/j.php?MTID=m460efba4c6fa75821d369d56c6cc59f5">https://illinois.webex.com/illinois/j.php?MTID=m460efba4c6fa75821d369d56c6cc59f5</a>
<b>2024 Schedule TBD</b>		

# Respiratory season is upon us!

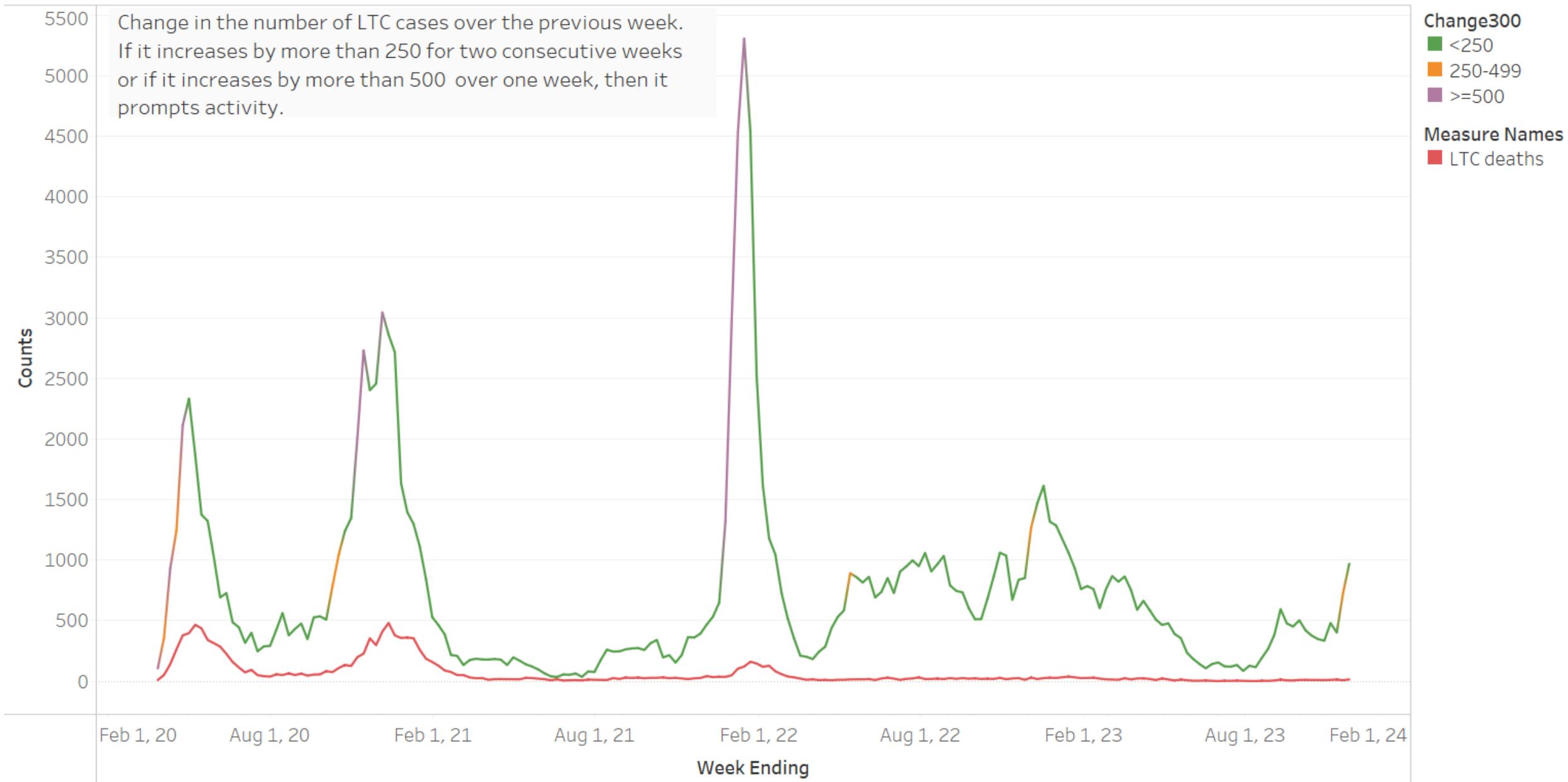
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Hillary Spencer, MD, MPH  
IDPH Infection Prevention Medical Advisor

# COVID admissions by Age Group

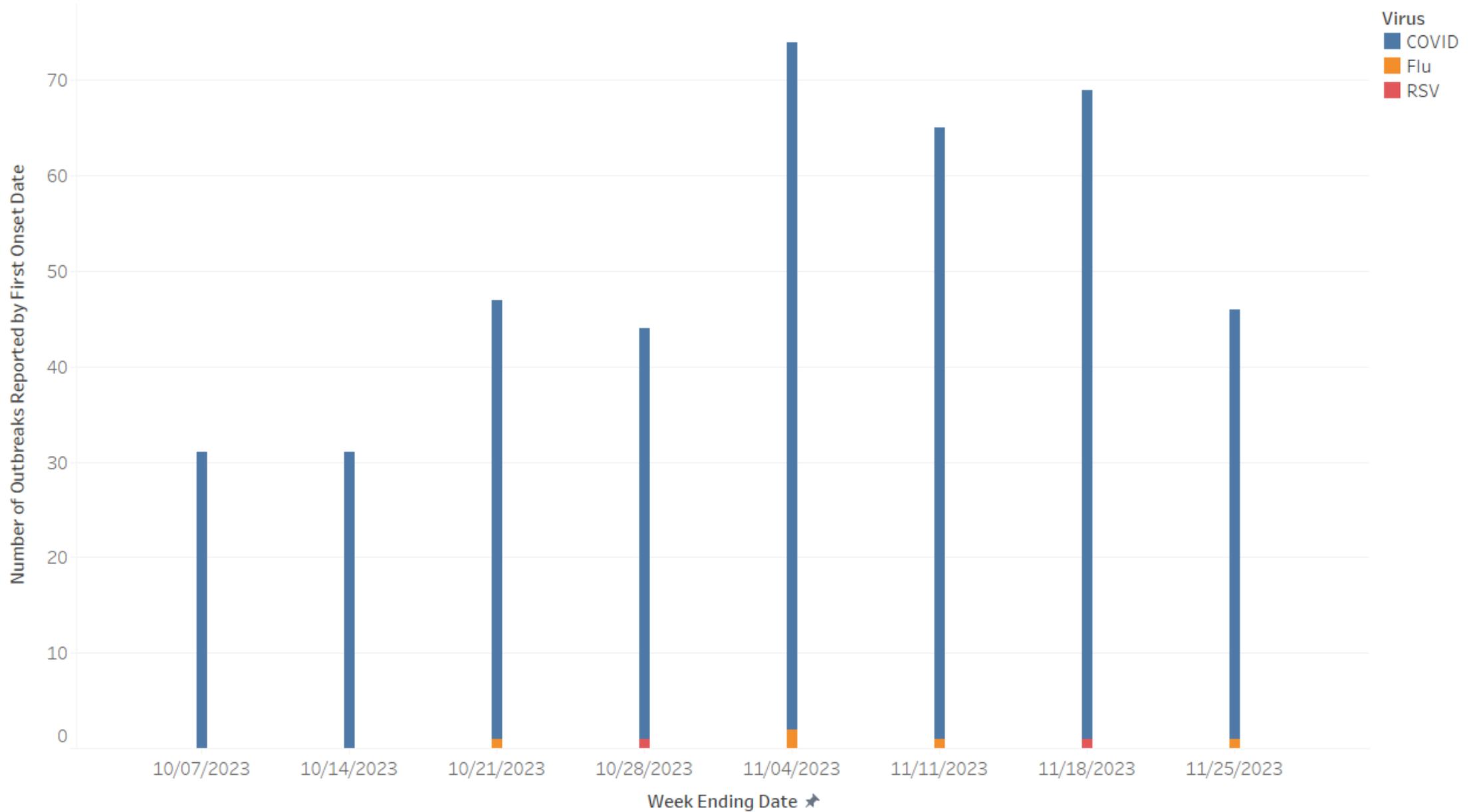


# Number of LTC COVID-19 Cases and Deaths

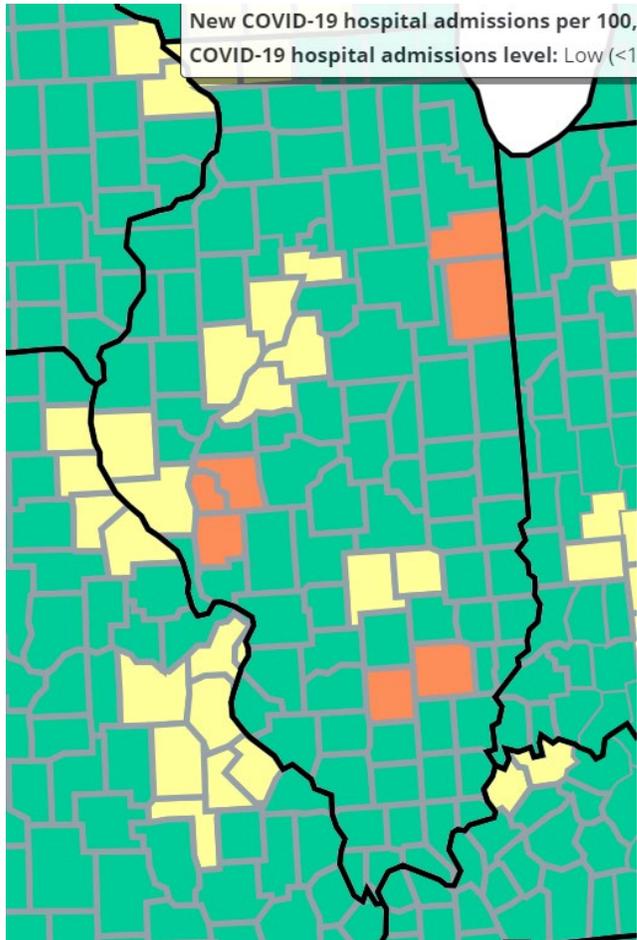


The trends of sum of LTC cases and LTC deaths for Week Ending. For pane Sum of LTC cases: Color shows details about Change300. For pane Sum of LTC deaths: Color shows details about LTC deaths.

# Respiratory Outbreaks in Congregate Settings



# Counties with high COVID admission rates



- Kankakee
- Iroquois
- Morgan
- Scott
- Greene
- Wayne
- Jefferson

Check weekly: [CDC COVID Data Tracker: Maps by Geographic Area](#)

Refamiliarize yourself with the guidance: [LTC-COVID19-Guidance 20230526.pdf \(illinois.gov\)](#)

# Facilities in counties with high COVID admission rates should consider:

- Universal source control (masking) recommended for all staff & visitors in patient care areas
- All residents should be evaluated daily for signs and symptoms of COVID
- Visitors:
  - Discuss postponing or minimizing visitors
  - Signage – alert to community transmission or if facility is in outbreak
  - Screening
  - Routine IP: Masking, hand hygiene
- Going out on pass: have a policy regarding residents leaving the facility with family members
  - COVID positive residents: How will you inform family? What safety precautions will you recommend?
  - Returning: what is your policy for testing? Less than 24 hours? More than 24 hours?

# Consider measures to make activities safer

- Indoor air quality?
  - Get out portable HEPA filters
  - Ensure ventilation systems are operating properly
  - Increase cycles of fresh air
- Move events outdoors?
- Limit crowding in communal spaces
  - Increase number of seatings at mealtimes?
  - Open ancillary dining space?
- Holiday activities
  - Smaller gatherings?
  - Postpone staff and/or resident activities?
  - Prescreen?
- Discourage presenteeism of staff. If you're sick, stay home!
  - Remind staff to have a low bar with symptoms to test. Many people think it's just their allergies.

# Vaccination

- Uninsured staff can access COVID vaccination through Bridge Access Program (BAP)
  - CVS
  - Walgreens
  - Other enrolled independent pharmacies

Vaccine Finder: [Vaccines.gov](https://www.vaccines.gov) - [Find COVID-19 vaccine locations near you](https://www.vaccines.gov)



## Long-Term Care **STATeam**

### Mobile Vaccine Clinics

Presenting the LTC STATeam's Mobile Vaccination Clinics. This Fall we are here to help by offering the new COVID-19 Monovalent XBB 1.5 Vaccine to protect your community.

**The LTC STATeam is a One-Stop Shop:**

- Coverage all across Illinois
- Personalized vaccination schedules for your residents
- Knowledge of the latest ACIP, CDC, and IDPH recommendations
- Streamlined procurement process with your local pharmacy or ours
- Mobile vaccine administration at your facility, saving valuable staff time
- Multilingual call center support for obtaining consent forms

We understand the complexities you face in managing a facility while balancing all the new changes from the pandemic. It can be overwhelming to constantly adapt!

*Let's connect to discuss how we can make this Fall a safer and healthier season for your facility.*

+1 (888)-977-4086

LTCSTAT@prism.org

prism.org/LTCSTAT

Disclaimer:  
The following statement serves as a disclaimer from Prism Holistic Care Ltd., DBA Prism Health Lab ("PRISM"), an independent physician practice and laboratory (CLIA ID 14D0889595). The services provided by the LTC STATeam are made possible through a grant from the Illinois Department of Public Health (IDPH). These services exclusively focus on administering therapeutics and vaccinations for COVID-19. Please be aware that in addition to COVID-19 therapeutics and vaccination, PRISM offers a range of other services including management consulting, staffing, laboratory, telemedicine, orthopedics, dental, vision, and health insurance services. However, when providing these additional services, PRISM explicitly states that it does not operate on behalf of or as an agent of IDPH. Any services provided by PRISM to the facility that are not encompassed under the terms of its Agreement with IDPH will be the financial responsibility of the facility or billed to the resident's insurer. This disclaimer is intended to ensure transparency, prevent misinterpretation, and avoid any confusion regarding the scope and limitations of our services. For more information and clarification regarding the services provided by the LTC STATeam, we kindly request that you contact Elaine Kanelakos, PRISM's Director of Contract and Compliance, at ek@prism.org.

# COVID testing

- Contact LHD (facility will require a CLIA waiver for POC test)
  - LHDs can request rapid antigen test  
via: <https://redcap.dph.illinois.gov/surveys/?s=N9LPN79ETD9KNYMM>
- Labcorps Multiplex PCR
  - Second stage (confirmatory) testing to follow negative antigen; order one off, or in outbreak in bulk via LHD

# Free COVID + Flu + RSV Combo Test for SNFs

- 1-swab multiplex
- Lab-based PCR test
- Adults & children  $\geq$  2yo
- Each SNF **eligible for 100 test kits**
- Use **for outbreak response** if rapid covid test is negative
- Store tests onsite, collect sample & call LabCorp for pick-up
- Results w/clinical follow-up in 24-48hrs

***Sign-up to receive your kits today:***

<https://redcap.dph.illinois.gov/surveys/?s=8DWNMHNDKADDXM9R>

Questions?: [DPH.AntigenTesting@illinois.gov](mailto:DPH.AntigenTesting@illinois.gov)



# Therapeutics

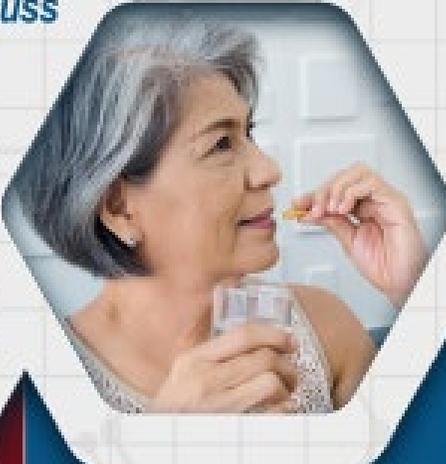
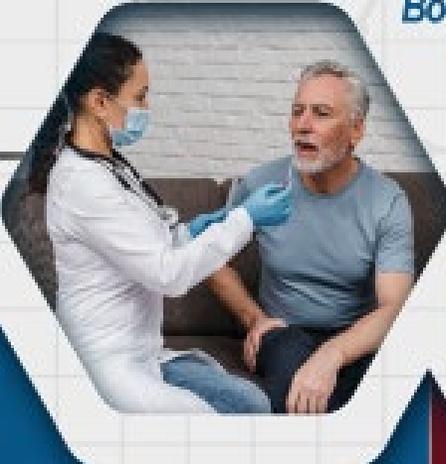
**Long-Term Care**  
**STATeam**

**IDPH**  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PROTECTING HEALTH. IMPROVING LIVES.

**PRISM**  
HEALTH LAB

## Is Your Long-Term Care Facility Having a COVID-19 Outbreak?

*Book a free consultation to discuss your rapid response plan.*



**Phase 1:**  
Early Detection

Screen residents for the rapid identification of COVID-19 or other respiratory viruses. Per

**Phase 2:**  
Isolation & Containment

**Phase 3:**  
Treatment & Recovery

Treatments, like Paxlovid, help improve prognosis and reduce the period of

Available  
to  
residents  
of IL  
statewide

# COVID-19 TEST TO TREAT CLINIC

If you've tested positive for COVID-19 or have COVID-like symptoms, contact SIU Medicine.

If you have COVID-19 and are at a high risk of getting very sick, an oral treatment may help you recover. If needed, SIU Medicine can prescribe that medication and put you on the road to recovery.

**Schedule a telehealth appointment:**

Call 217.545.5100

Monday – Friday, 8AM - 8PM

Saturday and Sunday, 10AM - 5PM

The **Test to Treat** program can provide faster, easier access to lifesaving COVID-19 treatments at no cost to you\*.

Learn more, scan the QR code or visit [siumed.org/treatment/covid-19-test-treat-clinic](https://siumed.org/treatment/covid-19-test-treat-clinic)



**SIU MEDICINE**  
INTERNAL MEDICINE  
[siumed.org](https://siumed.org)



\* Patient insurance may be billed.

Frequently asked question:

Can a patient with an MDRO or XDRO be cleared from needing contact or enhanced barrier precautions?

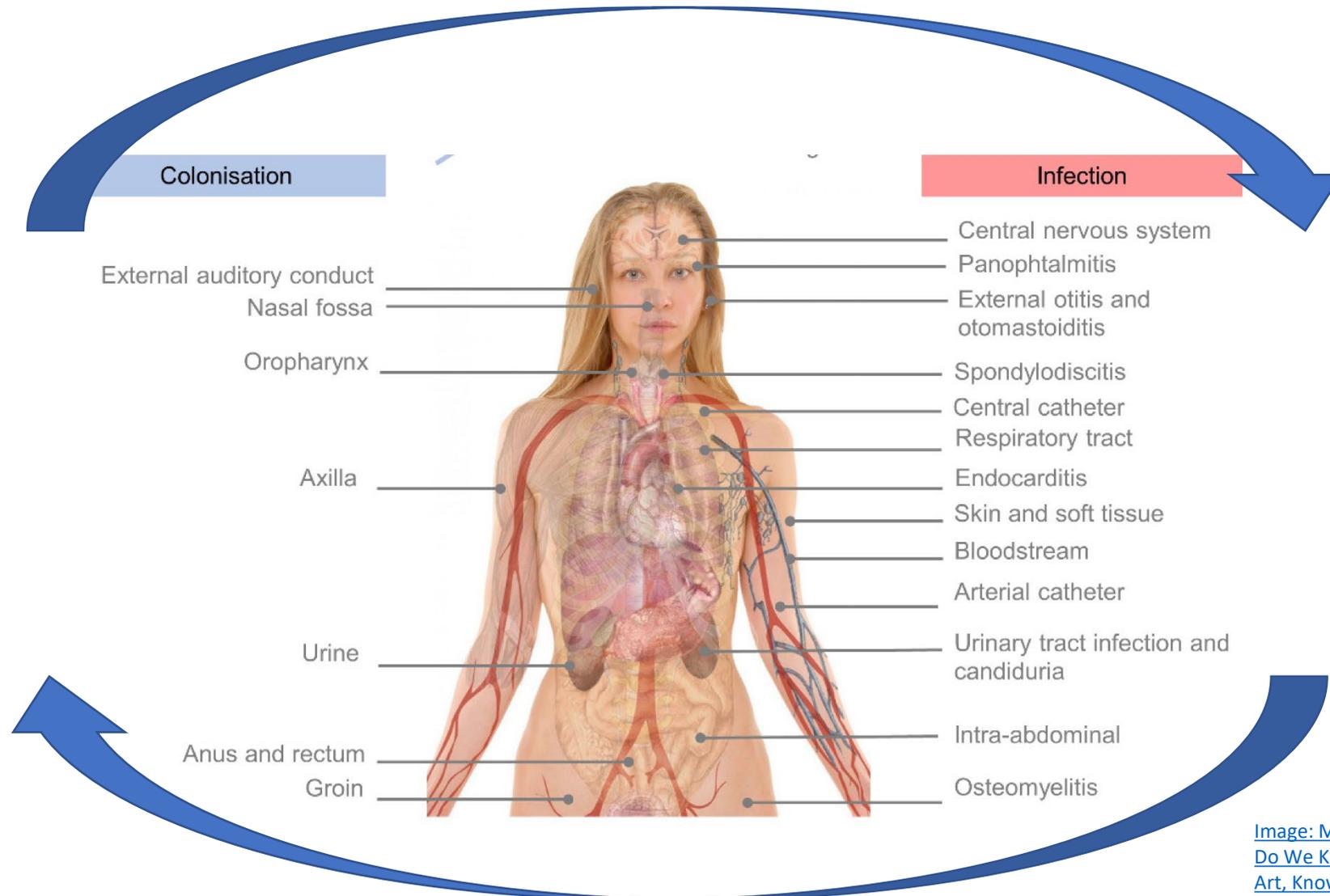
<b>MDRO</b>	<ul style="list-style-type: none"><li>• Methicillin-resistant Staphylococcus aureus(MRSA)</li><li>• ESBL producing Enterobacterales</li><li>• vancomycin-resistant Enterococci (VRE)</li><li>• multidrug-resistant Pseudomonas aeruginosa</li><li>• drug-resistant Streptococcus pneumoniae</li></ul>
<b>XDRO</b> (organisms entered into the XDRO registry)	<ul style="list-style-type: none"><li>• Candida auris</li><li>• carbapenem resistant Enterobacterales</li><li>• carbapenem-resistant Acinetobacter baumannii</li><li>• carbapenemase producing Pseudomonas aeruginosa</li></ul>

At a minimum residents colonized or infected with an MDRO/XDRO organism will require Enhanced Barrier Precautions (EBP.

- Because enhanced barrier precautions do not impose the same activity and room placement restrictions as contact precautions, **they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.**

**Draining wounds and/or diarrhea → contact precautions**

# Colonization to clinical infection to colonization



# Can a patient be decolonized?

- No, decolonization is NOT recommended routinely
- *May* be considered for MRSA
- **There are no recommendations for decolonizing people with Candida auris, CPOs, ESBLs, or VRE.**
- *Attempts at decolonization may pose a risk for increased resistance.*

# Rules, Regulations, and How to Avoid Citations

December 1, 2023

Mary Alice Lavin, MJ, BSN, RN, CIC, FAPIC



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# 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.



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# 2022 Top Cited Deficiencies. Illinois Department of Public Health Office of Health Care Regulation. August 23, 2023

## 20 Most Cited Federal Deficiencies



TagCategory	Tag, No.	%
FF11 - F0689 - Free of Accident Hazards/Supervision/Devices	697	4.6
FF11 - F0884 - Reporting - National Health Safety Network	440	2.9
FF11 - F0880 - Infection Prevention & Control	396	2.6
K307 - K0353 - Sprinkler System - Maintenance and Testing	391	2.6
FF11 - F0684 - Quality of Care	387	2.6
FF11 - F0686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer	366	2.4
FF11 - F0677 - ADL Care Provided for Dependent Residents	358	2.4
K307 - K0918 - Electrical Systems - Essential Electric System	313	2.1
FF11 - F0600 - Free from Abuse and Neglect	305	2
K307 - K0712 - Fire Drills	279	1.8
K307 - K0363 - Corridor - Doors	276	1.8
FF11 - F0812 - Food Procurement, Store/Prepare/Serve-Sanitary	272	1.8
K307 - K0321 - Hazardous Areas - Enclosure	255	1.7
K307 - K0345 - Fire Alarm System - Testing and Maintenance	251	1.7
FF11 - F0690 - Bowel/Bladder Incontinence, Catheter, UTI	227	1.5
FF11 - F0755 - Pharmacy Svcs/Procedures/Pharmacist/Records	193	1.3
K307 - K0920 - Electrical Equipment - Power Cords and Extens	189	1.3
K307 - K0324 - Cooking Facilities	186	1.2

# Objectives

Distinguish between legislation, regulation, and recommendations

Locate the Federal and State Regulations important to long term care facilities.

Formulate facility policy and procedure based on regulations using established recommendations.



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# Legislation, Regulation and Recommendations



- Legislation: A directive or law.



- Regulation: Specific details for enforcement of legislation.



- Recommendation: Best course of action, guidance or advice.





Displaying title 42, up to date as of 11/21/2023. Title 42 was last amended 11/17/2023. [view historical versions](#)

Enter a search term or CFR reference (eg. fishing or 1 CFR 1.1)



[Title 42](#) / [Chapter IV](#) / [Subchapter G](#) / [Part 483](#) / [Subpart B](#) / [§ 483.80](#)

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§ 483.80 Infection control.

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- (a) **Infection prevention and control program.** The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:
  - (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to § 483.70(e) and following accepted national standards;
  - (2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
    - (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
    - (ii) When and to whom possible incidents of communicable disease or infections should be reported;
    - (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
    - (iv) When and how isolation should be used for a resident; including but not limited to:



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

Ref: QSO-23-10-NH

**DATE:** March 30, 2023

**TO:** State Survey Agency Directors

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT: Strengthened Enhanced Enforcement for Infection Control Deficiencies and Quality Improvement Activities in Nursing Homes**

Memorandum Summary

- **CMS has rescinded** memorandum [QSO-20-31-ALL](#), the Enhanced Enforcement for Infection Control Deficiencies, and replaced it with memorandum QSO-23-10-NH, revised guidance for Strengthened Enhanced Enforcement for Infection Control Deficiencies. This revised guidance strengthens enforcement efforts for noncompliance with infection control deficiencies. The enhanced enforcement actions are more stringent for infection control deficiencies that result in actual harm or immediate jeopardy to residents. In addition, the criteria for enhanced enforcement on infection control deficiencies that result in no resident harm has been expanded to include enforcement on noncompliance with Infection Prevention and Control (F880) combined with COVID-19 Vaccine Immunization Requirements for Residents and Staff (F887).
- **CMS is providing guidance** to the State Survey Agencies and CMS locations on handling enforcement cases before and after the revisions of Enhanced Enforcement for Infection Control Deficiencies.
- **Quality Improvement Organizations** have been strategically refocused to assist nursing homes in combating COVID-19 through such efforts as education and training, creating action plans based on infection control problem areas, and recommending steps to establish a strong infection control and surveillance program.



# Why are Quality Safety & Oversight (QSO) Memos Important?

QSO memos:

- Start with a summary of the issue
- Provide background on the specific topic
- Issue guidance to the state survey agencies
- Link to related QSO memos

<https://www.cms.gov/files/document/qso-23-10-nh.pdf>

<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos-states-and-cms-locations>



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## Appendix PP - Guidance to Surveyors for Long Term Care Facilities

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(Rev. 211, 02-03-23)

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Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 17-30-*Hospitals/CAHs/NHs*  
**REVISED 06.09.2017**

**DATE:** June 02, 2017  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)  
*\*\*\*Revised to Clarify Provider Types Affected\*\*\**

Memorandum Summary

- **Legionella Infections:** The bacterium *Legionella* can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.
- **Facility Requirements to Prevent Legionella Infections:** Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *legionella* and other opportunistic



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*Facilities must be able to demonstrate its measures to minimize the risk of Legionella and other opportunistic pathogens in building water systems such as by having a documented water management program. Water management must be based on nationally accepted standards (e.g., ASHRAE (formerly the American Society of Heating, Refrigerating, and Air Conditioning Engineers), CDC, U.S. Environmental Protection Agency or EPA) and include:*

- *An assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas, Acinetobacter) could grow and spread; and*
- *Measures to prevent the growth of opportunistic waterborne pathogens (also known as control measures), and how to monitor them.*

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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*Resources are available to develop and implement a water management program, such as:*

- *“The ASHRAE Standard 188- Legionellosis: Risk Management for Building Water Systems” <https://www.ashrae.org>;*
- *The CDC toolkit to facilitate implementation of the ASHRAE Standard titled “Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: A Practical Guide to Implementing Industry Standards” <https://www.cdc.gov/legionella/wmp/toolkit/index.html>; and*
- *The EPA’s “Technologies for Legionella Control in Premise Plumbing Systems: Scientific Literature Review” is available at <https://www.epa.gov/ground-water-and-drinking-water/technologies-legionella-control-premise-plumbing-systems>.*

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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At this time, **CMS** does not require water cultures for Legionella or other opportunistic waterborne pathogens as part of routine program validation, although there may be instances when it is needed (e.g., a case of healthcare-associated legionellosis or a potential outbreak of legionellosis in the facility).

The facility should contact the local/state public health authority if there is a case of healthcare-associated legionellosis or an outbreak of an opportunistic waterborne pathogen causing disease. The facility must follow public health authority recommendations which may include, but is not limited to, remediating the pathogen reservoir and adjusting control measures as necessary. The SA should work with local/state public health authorities, if possible, to determine if the water management program was inadequate to prevent the growth of Legionella or other opportunistic waterborne pathogens and whether the facility implemented adequate prevention and control measures once the issue was identified.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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## **Administrative Rules**

Section 300.700 Effective May 31, 2022

Section 330.792 Effective June 2, 2022

Section 340.1337 Effective June 2, 2022

- a) *A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act)*
  
- b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:
  - 1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system;
  - 2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and
  - 3) A system to document the results of testing and corrective actions taken.

<https://www.ilga.gov/commission/jcar/admincode/077/077003000C07000R.html>

<https://www.ilga.gov/commission/jcar/admincode/077/077003300C07920R.html>

<https://www.ilga.gov/commission/jcar/admincode/077/077003400B13370R.html>



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The CDC has adopted the Spaulding classification system that identifies three risk levels associated with medical and surgical instruments: critical, semi-critical, and noncritical *items*.

- Semi-critical items (e.g., dental, podiatry equipment, electric razors) contact mucous membranes or non-intact skin. Such items require meticulous cleaning followed by high-level disinfection treatment using an FDA-approved high-level chemical disinfectant, or they may be sterilized. High-level disinfection is traditionally defined as complete elimination of all microorganisms in or on an instrument, except for small numbers of bacterial spores. Refer to the specific disinfectant label claim to determine effectiveness; and

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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- Non-critical items are those that come in contact with intact skin but not mucous membranes. Noncritical items are divided into noncritical resident care items (e.g., blood pressure cuffs, stethoscopes, wheelchairs, therapy equipment) and noncritical environmental surfaces (e.g., bed rails, bedside tables). *Non-critical items require cleaning followed by either low- or intermediate-level disinfection following manufacturers' instructions. Disinfection should be performed with an EPA-registered disinfectant labeled for use in healthcare settings. All applicable label instructions on EPA-registered disinfectant products must be followed (e.g., use-dilution, shelf life, storage, material compatibility, safe use and disposal).*<sup>39</sup>

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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- *Low-level disinfection is traditionally defined as the destruction of all vegetative bacteria (except tubercle bacilli) and most viruses, some fungi, but not bacterial spores. Examples of low-level disinfectants include EPA-registered hospital disinfectants with an HBV and HIV label claim. Low-level disinfection is generally appropriate for most non-critical equipment.*
- *Intermediate-level disinfection is traditionally defined as destruction of all vegetative bacteria, including tubercle bacilli, lipid and some nonlipid viruses, and fungi, but not bacterial spores. EPA-registered hospital disinfectants with a tuberculocidal claim are intermediate-level disinfectants. Given the broader spectrum of activity, intermediate-level disinfection should be considered for non-critical equipment that is visibly contaminated with blood. However, a low-level disinfectant with a label claim against HBV and HIV could also be used.<sup>40,41</sup>*

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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### Transmission-based Precautions

*There are three categories of transmission-based precautions: contact precautions, droplet precautions, and airborne precautions. Transmission-based precautions are used when the route(s) of transmission is (are) not completely interrupted using standard precautions alone. For some diseases that have multiple routes of transmission, more than one transmission-based precautions category may be required. Whether used singly or in combination, they must always be used in addition to standard precautions. The type of PPE and precautions used depends on the potential for exposure, route of transmission, and infectious organism/pathogen (or clinical syndrome if an organism is not yet identified).*

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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*The facility should initiate transmission-based precautions for a constellation of new symptoms consistent with a communicable disease. Empirically initiated transmission-based precautions may be adjusted or discontinued when additional clinical information becomes available (e.g., confirmatory laboratory results).*

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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### *MDRO Colonization and Infection*

*Contact precautions are used for residents infected or colonized with MDROs in the following situations:*

- *When a resident has wounds, secretions, or excretions that are unable to be covered or contained; and*
- *On units or in facilities where, despite attempts to control the spread of the MDRO, ongoing transmission is occurring.*

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Page 778 and 779

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/prevention-wellness/patient-safety-quality/20230621-transmission-based-precautions.pdf>



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# State Operations Manual

## Appendix PP - Guidance to Surveyors for Long Term Care Facilities

### Blood Glucose Meters

Blood glucose meters can become contaminated with blood and, if used for multiple residents, must be cleaned and disinfected after each use according to manufacturer's instructions for multi-patient use. Additionally, staff must **not** carry blood glucose meters in pockets.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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**NOTE:** If the facility failed to clean and disinfect *blood glucose meters* per device *and disinfectant* manufacturer's instructions *for use, they* are used for more than one resident, and *there is a resident with a known bloodborne pathogen in the facility*, surveyors must cite *noncompliance under* this tag and utilize the guidelines in **Appendix Q for determining immediate jeopardy**. *Furthermore, the SA must notify the appropriate local/state public health authority of this practice. Other instances of deficiencies may meet the definition of immediate jeopardy; utilize guidelines in Appendix Q to make this determination.*

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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# State Operations Manual

## Appendix PP - Guidance to Surveyors for Long Term Care Facilities

- Investigative Procedures

“Use the Infection Prevention, Control & Immunizations Facility Task, along with the interpretive guidance, when determining if the facility meets the requirements for, or when investigating concerns related to, infection prevention and control. “

- Observations

- Interviews

- Potential Tags for Additional Investigation
- Key Elements of Noncompliance
- Deficiency of Categorization

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Page 788-791



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# State Operations Manual

## Appendix PP - Guidance to Surveyors for Long Term Care Facilities

**An example of Level 1, no actual harm with potential for minimal harm includes, but is not limited to:**

- The facility failed to ensure that the IPCP program was reviewed annually. The survey was conducted and it was determined that the facility last reviewed the IPCP at 14 months instead of annually (i.e., 12 months). There were no infection control findings outside of annual review and documentation.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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# ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.696 INFECTION PREVENTION AND CONTROL**

---

**Section 300.696 Infection Prevention and Control**

- c) A group, e.g., an infection prevention and control committee, quality assurance committee, or other facility entity, shall periodically, but no less than annually, review the measures and outcomes of investigations and activities to prevent and control infections, documented by written, signed, and dated minutes of the meeting.

<https://www.ilga.gov/commission/jcar/admincode/077/077003000C06960R.html>



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# State Operations Manual

## Appendix PP - Guidance to Surveyors for Long Term Care Facilities

### **§483.80(b) Infection preventionist**

The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:

**§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;**

**§483.80(b)(2) Be qualified by education, training, experience or certification;**

**§483.80(b)(3) Work at least part-time at the facility; and**

**§483.80(b)(4) Have completed specialized training in infection prevention and control.**

### ***INTENT §483.80(b)***

*The intent of this regulation is to ensure that the facility designates a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections.*



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## Administrative Rules

# ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER I: DEPARTMENT OF PUBLIC HEALTH**  
**SUBCHAPTER c: LONG-TERM CARE FACILITIES**  
**PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE**  
**SECTION 300.697 INFECTION PREVENTIONISTS**

- c) A facility shall have at least one IP on-site for a minimum of 20 hours per week to develop and implement policies governing prevention and control of infectious diseases.
- d) Facilities with more than 100 licensed beds or facilities that offer high-acuity services, including but not limited to on-site dialysis, infusion therapy, or ventilator care shall have at least one IP on-site for a minimum of 40 hours per week to develop and implement policies governing control of infectious diseases. For the purposes of this subsection (d), "infusion therapy" refers to parenteral, infusion, or intravenous therapies that require ongoing monitoring and maintenance of the infusion site (e.g. central, percutaneously inserted central catheter, epidural, and venous access devices).



## Administrative Rules

*(Cite rules as follows: 2 Ill. Adm. Code 1125)*

Index | Top | [Bottom](#)

DISCLAIMER: The texts of rules provided in the Illinois Department of Public Health Web site are intended for the convenience of interested persons. The provisions have NOT been edited for publication, and are NOT in any sense the "official" text of the Illinois Administrative Code as adopted by the Department. The accuracy of any specific provision originating from this site cannot be assured, and you are urged to consult the official documents or contact legal counsel of your choice. This site should not be cited as an official or authoritative source. Amendments, court decisions and other proceedings may affect the text, interpretation, validity and constitutionality of the laws and rules.

Last updated July 9, 2015

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<http://www.idph.state.il.us/rulesregs/rules-index.htm>

### **Section 300.340 Incorporated and Referenced Materials**

<https://www.ilga.gov/commission/jcar/admincode/077/077003000A03400R.html>



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## Administrative Rules

### Title 77 of the Illinois Administrative Code: PUBLIC HEALTH

#### Chapter I. Department of Public Health

[Subchapter a. General Provisions - Powers and Duties](#)

[Subchapter b. Hospitals and Ambulatory Care Facilities](#)

[Subchapter c. Long-Term Care Facilities](#)

<http://www.idph.state.il.us/rulesregs/rules-index.htm>

#### Subchapter c. Long-Term Care Facilities [\[Title 77 Index\]](#)

[77 Ill. Adm. Code Part 295 Assisted Living and Shared Housing Establishment Code](#)

[77 Ill. Adm. Code Part 300 Skilled Nursing and Intermediate Care Facilities Code](#)

[77 Ill. Adm. Code Part 330 Sheltered Care Facilities Code](#)

[77 Ill. Adm. Code Part 340 Illinois Veterans' Homes Code](#)

[77 Ill. Adm. Code Part 350 Intermediate Care for the Developmentally Disabled Facilities Code](#)

[77 Ill. Adm. Code Part 370 Community Living Facilities Code](#)

[77 Ill. Adm. Code Part 385 Supportive Residences Licensing Code](#)

[77 Ill. Adm. Code Part 390 Long-Term Care for Under Age 22 Facilities Code](#)

[77 Ill. Adm. Code Part 395 Long-Term Care Assistants and Aides Training Programs Code](#)

<http://www.idph.state.il.us/rulesregs/rules-index.htm#77-l-c>

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## **Administrative Rules**

Subchapter u. Miscellaneous Programs and Services [[Title 77 Index](#)]

[77 Ill. Adm. Code Part 940 Language Assistance Services Code](#)

[77 Ill. Adm. Code Part 950 Men's Health Code](#)

[77 Ill. Adm. Code Part 955 Health Care Worker Background Check Code](#)

[77 Ill. Adm. Code Part 956 Health Care Employee Vaccination Code](#)



<http://www.idph.state.il.us/rulesregs/rules-index.htm>



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# ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES  
PART 956 HEALTH CARE EMPLOYEE VACCINATION 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.

[View Entire Part](#)

- [Section 956.10 Definitions](#)
- [Section 956.20 Referenced Materials](#)
- [Section 956.30 Influenza Vaccination](#)
  
- [Section 956.APPENDIX A Sample Declination Form](#)

<https://www.ilga.gov/commission/jcar/admincode/077/07700956sections.html>

# ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES  
PART 956 HEALTH CARE EMPLOYEE VACCINATION CODE  
SECTION 956.30 INFLUENZA VACCINATION**

## Section 956.30 Influenza Vaccination

Each health care setting shall ensure that all health care employees are provided education on influenza and are offered the opportunity to receive seasonal, novel and pandemic influenza vaccine, in accordance with this Section, during the influenza season (between September 1 and March 1 of each year), unless the vaccine is unavailable (see subsection (d)).

- Each health care setting shall notify all health care employees of the influenza vaccination provisions of this Part and shall provide or arrange for vaccination of all health care employees who accept the offer of vaccination. Each health care setting shall provide all health care employees with education about the benefits of influenza vaccine and potential consequences of influenza illness. Information provided shall include the epidemiology, modes of transmission, diagnosis, treatment and non-vaccine infection control strategies.

<https://www.ilga.gov/commission/jcar/admincode/077/077009560000300R.html>



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## Administrative Rules

### PART 956 HEALTH CARE EMPLOYEE VACCINATION CODE

- Medically contraindicated – That administration of an influenza vaccine to an employee would likely be detrimental to the employee's health (Section 2310-650 of the Act).
- Declination of Vaccine
  - 1) A health care employee may decline the offer of vaccination if:
    - A) the vaccine is medically contraindicated;
    - B) the vaccination is against the employee's religious belief; or
    - C) the employee has already been vaccinated.
  - 2) General philosophical or moral reluctance to influenza vaccinations does not provide basis for an exemption. (Section 2310-650 of the Act)

<https://www.ilga.gov/commission/jcar/admincode/077/077009560000100R.html>

<https://www.ilga.gov/commission/jcar/admincode/077/077009560000300R.html>

<https://www.ilga.gov/commission/jcar/admincode/077/07700956ZZ9996AR.html>



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<http://www.ilga.gov/commission/jcar/admincode/077/077009560000100R.html>

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TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Sheila A. Baker, JD, MBA, RN, Deputy Director of Office of Health Care Regulation  
Arti Barnes, MD, MPH, Medical Director/Chief Medical Officer

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 13, 2023

---

The purpose of this memorandum is to provide long-term care facilities (LTCF)<sup>1</sup> and other residential health and living facilities with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed ***influenza outbreak***. Specific guidance pertaining to COVID-19 can be found on the [Illinois Department of Public Health \(IDPH\)](#) or [Centers for Disease Control & Prevention \(CDC\)](#) websites. While notes specific to COVID-19 are mentioned in some sections of this document, the primary intent of this memorandum is to provide guidance for influenza. In certain situations, COVID-19 guidance may be more restrictive than the influenza guidance mentioned in this document. Facilities should defer to the appropriate guidance for the situation currently occurring in the community and the state, to determine which measures should be followed.

<https://www.dupagehealth.org/DocumentCenter/View/8815/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2023-2024-Influenza-Season-PDF?bidId=>



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# Prevention and Control of Influenza Outbreaks in Long Term Care Facilities

**III. Reporting PLEASE REPORT ALL OUTBREAKS OF INFLUENZA** to the LHD **AND** to your respective IDPH Long-term Care Regional Office within 24 hours (within eight regularly scheduled business hours) by telephone or fax. Pursuant to the [Control of Communicable Diseases Code Section \[77 ILCS 45 690.565\]](#), any pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period that may indicate an outbreak shall be reported to the local health authority within 24 hours. Clusters or outbreaks determined to be confirmed as influenza should then be reported by the LHD to the IDPH influenza surveillance program via the Outbreak Reporting System (ORS). Facilities should use the attached [Influenza Outbreak Report Form](#) to assist in collecting and disseminating information to the LHD.

<https://www.dupagehealth.org/DocumentCenter/View/8815/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2023-2024-Influenza-Season-PDF?bidId=>

See page 4



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# Summary: 'Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) —United States, 2023-24'

[Español](#) | [Other Languages](#) | [Print](#)

## On This Page

[Groups Recommended for Vaccination](#)

[Previous Severe Allergic Reactions to Influenza Vaccines](#)

[Timing of Vaccination](#)

[Vaccination Issues for Travelers](#)

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[Vaccination and Influenza Antiviral Medications](#)

[Influenza Vaccination in Pregnancy](#)

[Administration of Influenza Vaccines with Other Vaccines](#)

[Number of Doses for Ages 6 Months through 8 Years](#)

[Vaccine Adverse Event Reporting System \(VAERS\)](#)

[Adults Aged ≥65 Years](#)

[Further Information](#)

[Vaccination of Persons with COVID-19](#)

[Inactivated Influenza Vaccines \(IIV4s\) and Recombinant Influenza Vaccine \(RIV4\)](#)

[Persons with Chronic Medical Conditions](#)

[Live Attenuated Influenza Vaccine \(LAIV4\)](#)

[Immunocompromised Persons](#)

[Influenza Vaccine Contraindications and Precautions](#)

[Caregivers and Contacts of High-Risk Persons](#)

[Contraindications and Precautions for Persons with a History of Severe Allergic Reaction to an Influenza Vaccine](#)

[Persons with Egg Allergy](#)



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<https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>

Slide courtesy of CDC

## **Administrative Rules**

Subchapter k. Communicable Disease Control and Immunization [[Title 77 Index](#)]

[77 Ill. Adm. Code Part 690 Control of Communicable Diseases Code](#)

[77 Ill. Adm. Code Part 691 African-American HIV/AIDS Response Code](#)

[77 Ill. Adm. Code Part 692 AIDS Drug Assistance Program](#)

[77 Ill. Adm. Code Part 693 Control of Sexually Transmissible Diseases Code](#)

[77 Ill. Adm. Code Part 694 College Immunization Code](#)

[77 Ill. Adm. Code Part 695 Immunization Code](#)

[77 Ill. Adm. Code Part 696 Control of Tuberculosis Code](#)

[77 Ill. Adm. Code Part 697 HIV/AIDS Confidentiality and Testing Code](#)

[77 Ill. Adm. Code Part 698 Pertussis Vaccine Pamphlet Code](#)

[77 Ill. Adm. Code Part 699 Perinatal HIV Prevention Code](#)



## Administrative Rules

## 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

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[View Entire Part](#)

**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: NOTIFIABLE DISEASES AND CONDITIONS**

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

**SUBPART C: REPORTING**

- [Section 690.200 Reporting](#)



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<https://www.ilga.gov/commission/jcar/admincode/077/07700690sections.html>



## Administrative Rules

## ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS  
PART 696 CONTROL OF TUBERCULOSIS 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.

[View Entire Part](#)

**SUBPART A: GENERAL PROVISIONS**

- [Section 696.100 Definitions](#)
- [Section 696.110 Incorporated and Referenced Materials](#)

**SUBPART B: TUBERCULOSIS PREVENTION AND CONTROL MEASURES**

- [Section 696.130 Responsibilities of Health Care Settings](#)
- [Section 696.140 Screening for Latent Tuberculosis Infection \(LTBI\) and Active Tuberculosis \(TB\) Disease](#)
- [Section 696.150 Management of Persons with Latent Tuberculosis Infection \(LTBI\)](#)
- [Section 696.160 Diagnosis and Management of Persons with Suspected or Confirmed Active Tuberculosis Disease](#)
- [Section 696.170 Reporting](#)



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# Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019

## Summary

### What is already known about this topic?

Since 1991, U.S. tuberculosis (TB) rates have declined, including among health care personnel (HCP). Serial TB testing has limitations in populations at low risk.

### What is added by this report?

A systematic review found a low percentage of HCP have a positive TB test at baseline and upon serial testing. Updated recommendations for screening and testing HCP include an individual baseline (preplacement) risk assessment, symptom evaluation and testing of persons without prior TB or latent TB infection (LTBI), no routine serial testing in the absence of exposure or ongoing transmission, treatment for HCP diagnosed with LTBI, annual symptom screening for persons with untreated LTBI, and annual TB education of all HCP.

### What are the implications for public health practice?

Increasing LTBI treatment among HCP might further decrease TB transmission in health care settings.



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<https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>



# Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019

**TABLE. Comparison of 2005\* and 2019† recommendations for tuberculosis (TB) screening and testing of U.S. health care personnel (HCP)**

Category	2005 Recommendation	2019 Recommendation
Baseline (preplacement) screening and testing	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI.	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI ( <b>unchanged</b> ); individual TB risk assessment ( <b>new</b> ).
Postexposure screening and testing	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure ( <b>unchanged</b> ).
<b>Serial screening and testing for HCP without LTBI</b>	According to health care facility and setting risk assessment. Not recommended for HCP working in low-risk health care settings. Recommended for HCP working in medium-risk health care settings and settings with potential ongoing transmission.	Not routinely recommended ( <b>new</b> ); can consider for selected HCP groups ( <b>unchanged</b> ); recommend annual TB education for all HCP ( <b>unchanged</b> ), including information about TB exposure risks for all HCP ( <b>new emphasis</b> ).
Evaluation and treatment of positive test results	Referral to determine whether LTBI treatment is indicated.	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated ( <b>new</b> ).

**Abbreviations:** IGRA = interferon-gamma release assay; LTBI = latent tuberculosis infection; TST = tuberculin skin test.

\* Jensen PA, Lambert LA, Iademarco MF, Ridzon R. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR Recomm Rep* 2005;54(No. RR-17). <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>.

† All other aspects of the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 remain in effect, including facility risk assessments to help guide infection control policies and procedures.



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<https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>





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## MEMORANDUM

**TO:** Long Term Care Facilities, Local Health Departments, Illinois Department of Public Health Regional Health Officers, Long Term Care Ombudsman

**CC:** Office of Health Care Regulation; Division of Infectious Diseases

**FROM:** Jennifer E. Layden, MD, PhD, Chief Medical Officer and State Epidemiologist  
Erica Runningdeer, MSN, MPH, RN, HAI Prevention Coordinator, Division of Patient Safety & Quality

**DATE:** February 5, 2019

**SUBJECT:** Use of Alcohol-Based Hand Rubs for Hand Hygiene in Long Term Care Facilities

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<http://dph.illinois.gov/sites/default/files/Alcohol%20Based%20Hand%20Rub%20LTC%20FAQ.pdf>



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# Competency and Training

- Infection Prevention and Control Competency – the ability to provide knowledge, skills and prevention techniques to prevent transmission of organisms.
- Competency Based Training – job specific education, training and assessment to ensure infection prevention and control competency.
- Competency Assessment – verification of competency through testing and direct observation.

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>



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# Auditing Practice

Audits can be:

- An early warning of potential citations
- Useful for identifying gaps in practice and knowledge

Audits are not helpful if:

- Feedback is not provided
- Results are not shared
- Action is not taken

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>



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# Advocacy

## Nursing Homes Need Dedicated full-time infection control staff.



### NURSING HOME INFECTION PREVENTION AND CONTROL (IPC)



#### Why are nursing homes struggling with their IPC programs?



[Click here to download a PDF and learn more](#)

Nursing homes were heavily impacted by the recent COVID-19 pandemic and continue to face challenges associated with HAIs and antimicrobial resistance. In order to prepare for future pandemics and protect patients, it is critical that these facilities have at a minimum, a full-time dedicated infection preventionist.



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# Advocacy

GAO Recommendations to CMS	APIC Recommendations to CMS
 <p>Establish minimum infection preventionist training standards.</p>	 <p>Require a minimum of one full-time dedicated infection preventionist.</p>
 <p>Collect IP staffing data and determine whether the current IP staffing requirement is sufficient.</p>	 <p>Ensure that infection prevention personnel in nursing homes are trained and certified in their field of expertise.</p>
 <p>Provide additional guidance in the State Operations Manual on making scope and severity determinations for IPC-related deficiencies.</p>	 <p>Require nursing homes to collect data on certain healthcare-associated infections.</p>

<https://apic.org/wp-content/uploads/2023/06/Current-State-of-IPC-in-Nursing-Homes.pdf>

## **Sign Up for the APIC Action eList**

Join the APIC Action eList to receive the latest updates from Capitol Hill, state legislatures, and federal regulatory agencies. By signing up, you will receive emails with important updates that affect infection prevention and control.

<https://www.votervoice.net/APICorg/Petitions/3494/Respond>

# Closing Thoughts

Regulations are created with the intent of creating a safe environment.

Safe infection prevention and control practices protect residents, healthcare workers, and visitors.



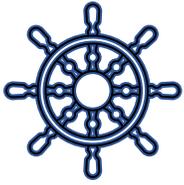
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# Summary:



- Knowledge of regulations will help prevent citations.



- Don't reinvent the wheel.



- Audit practices to ensure compliance.



- Let your voice be heard.



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# Additional Resources

## Auditing

- Centers for Disease Control and Prevention. Infection Control. Core Practices. Available at: <https://www.cdc.gov/hicpac/recommendations/core-practices.html> Accessed November 13, 2023.
- Centers for Disease Control and Prevention. Infection Control. Healthcare Associated Infections (HAIs). Options for Evaluating Environmental Cleaning. Available at: <https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html> Accessed November 13, 2023.
- Centers for Disease Control and Prevention. Infection Control. Hand Hygiene in Healthcare Settings. Available at: <https://www.cdc.gov/handhygiene/campaign/related-resources.html> Accessed November, 2023.
- Hektoen Institute [instructional video](#) demonstrating the fluorescent marking process.
  - Hektoen Institute [sample room audit maps](#).



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# 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 evaluation survey upon end of webinar
- 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>
- Telligen Resources:
  - Project Firstline Trainings: <https://www.telligenqiconnect.com/infectionpreventionandcontrol/>
  - Contact Telligen: **nursinghome@telligen.com**