



**COVID-19 Question and Answer Session
for Long-Term Care and Congregate Residential Settings**

November 19th, 2021

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Telligen Events
- Antibiotic Awareness Week
- Long-term Care Updates - Visitation
- Holiday Meal Guidance
- Open Q & A

IDPH webinars

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

Friday, December 3 rd	https://illinois.webex.com/illinois/onstage/g.php?MTID=eef29700f0c65c4f5d8e2591e9c8fceb4
Friday, December 10 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e9a681d82c2c1f2619ae8e23f526fdbea
Friday, December 17 th	https://illinois.webex.com/illinois/onstage/g.php?TID=e0e7bd4e82ebe4d5aea70d4c144d734b9

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

Slides and recordings will be made available after the sessions.

Long Term Care Office Hours
What Are Your Infection Prevention and Control Assessments Telling You?
December 2, 2021
2:00- 3:00pm CST

Guest Speaker: Jeneene Kitz, BSN, RN, CIC, Healthcare-associated infections prevention nurse coordinator at Oklahoma State Department of Health

Register [HERE](#)

QAPI 101 Mini Collaborative

December 16th and 30th, 2021

January 6th and 20th, 2022

11:30 a.m.- 12:30 p.m. CST

Register [HERE](#)

Every Tuesday

Root Cause Analysis Training for
Nursing Home Staff

10:30 a.m. – 11:15 a.m. CST

Register [HERE](#)

Every Other Wednesday

Plan-Do-Study-Act (PDSA)
Training

11:00 a.m.– 12:00 p.m. CST

Register [HERE](#)



Check out the Telligen QI Connect™ event page: <https://www.telligenqinqio.com/events>

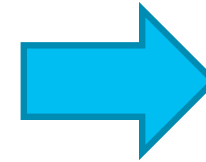
Telligen's Blue Ribbon in COVID-19 Vigilance



1. Complete the COVID-19 Preparedness Assessment



1. Determine eligibility by reviewing COVID-19 Preparedness Assessment responses
2. Determine COVID-19 vaccination performance for **residents** (the vaccination rate must be greater than or equal to 95%)
3. Determine COVID-19 vaccination performance for **staff** (the vaccination rate must be greater than or equal to 85%)



Marketing Toolkit



Use the marketing toolkit to let your health care partners, hospitals, employees, residents and families know of your unyielding effort to prevent the spread of COVID-19. Within the toolkit you will be able to access your certificate, blue ribbon and supporting graphic files and provided language for you to distribute via social media and newsletters.

Please note, in order to access these materials, you will need to enter the password that was provided in your **Blue Ribbon Recipient** email. If you have not received this email, please contact us at nursinghome@telligen.com to check your eligibility.

[Access your toolkit here](#)



<https://www.telligenqinqio.com/blue-ribbon-for-vigilance-in-covid-19-preparedness/>



BE ANTIBIOTICS AWARE

SMART USE, BEST CARE

U.S. ANTIBIOTIC AWARENESS WEEK

November 18–24, 2021

www.cdc.gov/antibiotic-use

CS321954-A

- Antibiotics can do harm when they are not needed
 - Antibiotics are only needed to treat certain infections caused by bacteria, not viruses like SARS-CoV-2.
 - Asymptomatic bacteriuria should not be treated with antibiotics in most cases.

Coronavirus (COVID-19)
Do you need antibiotics?




Antibiotics **DO NOT WORK** against the virus that causes COVID-19 and will not help you feel better.

For more information, visit www.cdc.gov/antibiotic-use or call 1-800-CDC-INFO.



Antibiotic Stewardship Resources for Nursing Homes

Viruses or Bacteria
 What's got you sick?
 Common infections in nursing homes




Common Respiratory Infections in Nursing Homes	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Acute bronchitis/chest cold*		✓		No*
Sinus infection		✓		Maybe
Pneumonia		✓		Yes
Strep throat			✓	Yes

*Antibiotics are not needed for nursing home residents with acute bronchitis or a chest cold, unless they have chronic obstructive pulmonary disease (COPD) or other chronic lung disease.

- Toolkits, factsheets, and posters for core element implementation
 - Leadership Commitment and Accountability
 - Drug Expertise
 - Action
 - Tracking and Reporting
 - Education

CS127027-8

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.

<https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes/implementation.html>

Weekly LTC reporting requirements for **aggregate** testing and vaccination data

LTC facility type	Reporting Location
CMS-certified	National Healthcare Safety Network (NHSN)
Non-CMS-certified, IDPH licensed*	https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744

*Emergency rules issued 11/5/21,

https://www.ilsos.gov/departments/index/register/volume45/register_volume45_issue_47.pdf

Double reporting to both systems not required.

Vaccinations

Has your facility scheduled booster or additional dose clinics? *

Yes

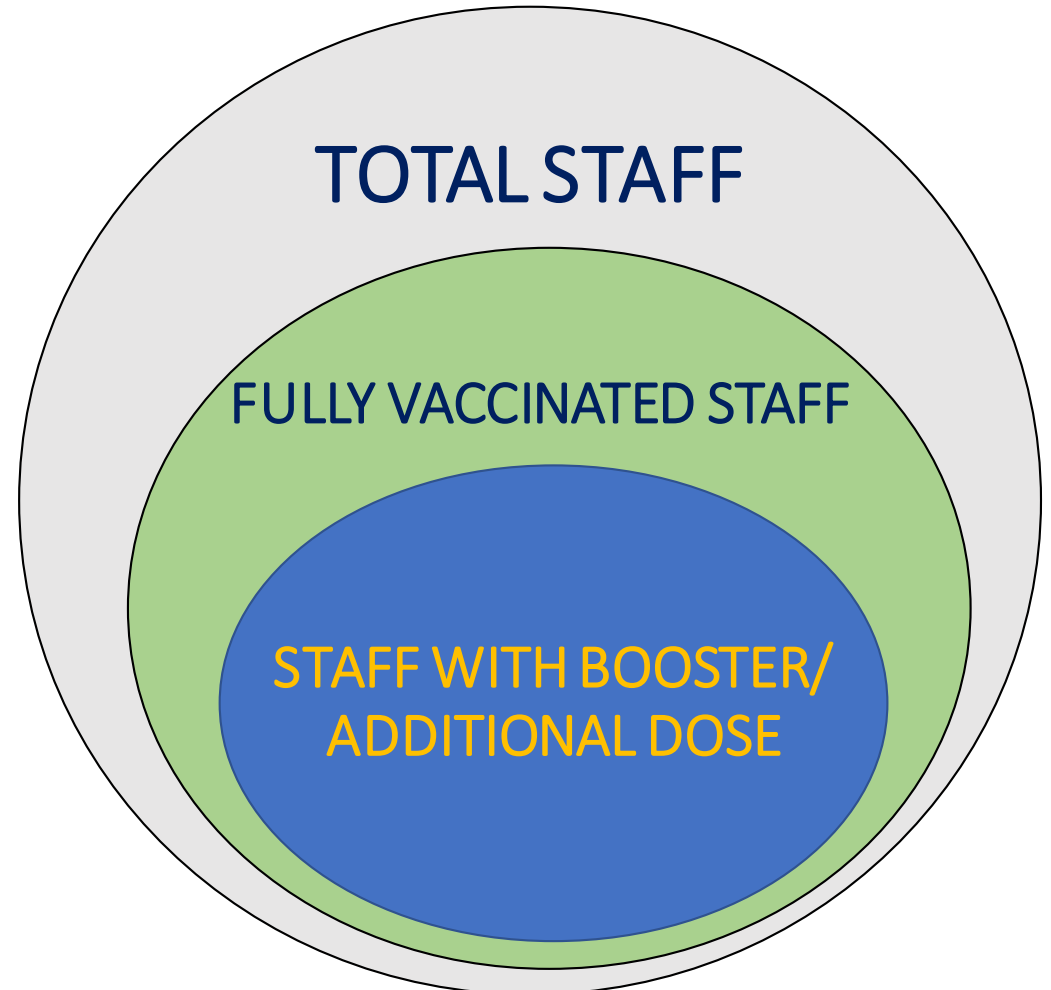
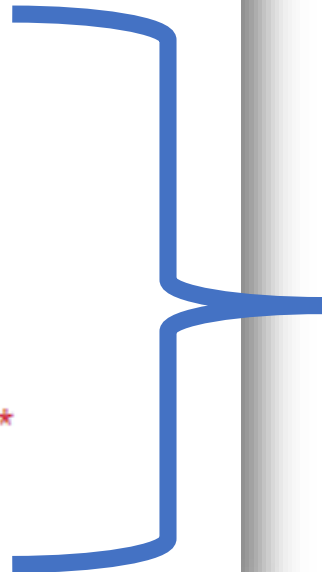
No

Date of Booster Vaccination Clinic *

Total # of Staff *

Total # of Staff Fully Vaccinated *

Total # of Staff Receiving Booster or Additional Dose *



Scenario – Resident Reporting

- You report on Monday, 11/22, for what happened during the last week, 11/15 – 11/21.
 - As of 11/22, you have a census of 122 residents. 120 of them are fully vaccinated.
- As of 11/15, your census was 124 residents.
 - On that day, your facility hosted a clinic in which 100 residents received booster doses.
 - 10 had already gotten an additional dose previously.
- On 11/19, two residents who had received a booster were discharged.

What do you report for the week?

Scenario – Resident Reporting (cont)

- **Total # Residents (NHSN definition):** Defined as the total number of residents occupying a bed at this facility for at least 1 day (at least 24 hours) during the week of data collection.
- Total residents: 124
 - Include 2 residents who were discharged during the week
- # fully vaccinated: 122
- # with booster/additional dose: 110



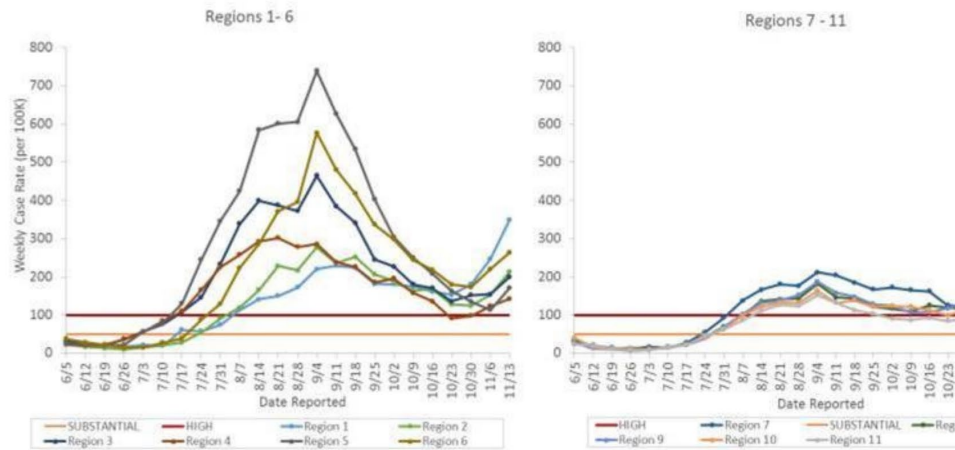
Long-term Care Updates

Regionally Weekly

LTC Facility COVID-19 Cases by Week (Resident vs. Staff Breakdown)

[Export To CSV](#)

Regional Weekly Case Rate (week ending 11/13/21)



Updated 11/15/21

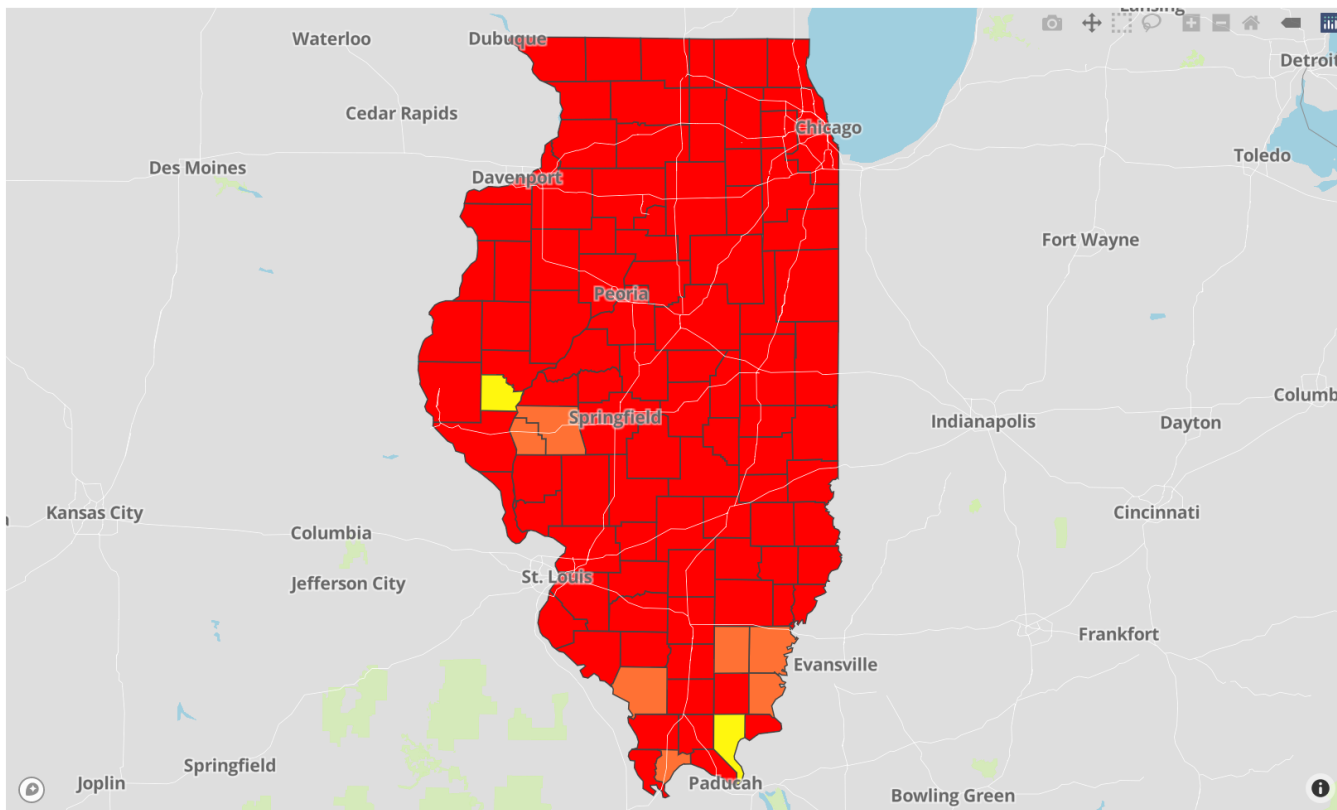
WEEK	STAFF	RESIDENTS	UNKNOWN OR OTHER
Week Ending: 10/2/2021	77	255	5
Week Ending: 10/9/2021	74	243	5
Week Ending: 10/16/2021	35	145	3
Week Ending: 10/23/2021	51	151	4
Week Ending: 10/30/2021	45	102	3
Week Ending: 11/6/2021	55	142	3

Slide courtesy of Dr. Sarah Patrick

COVID-19 Community Transmission Map

[VIEW LARGER MAP AND DETAILS >](#)

■ Low Transmission
 ■ Moderate Transmission
 ■ Substantial Transmission
 ■ High Transmission



● High
 ● Substantial
 ● Moderate
 ● Low
 ● No Data

Illinois

[State Health Department](#)

7-day Metrics

Community Transmission ● High

[How is community transmission calculated?](#)

November 16, 2021

Cases 22,600

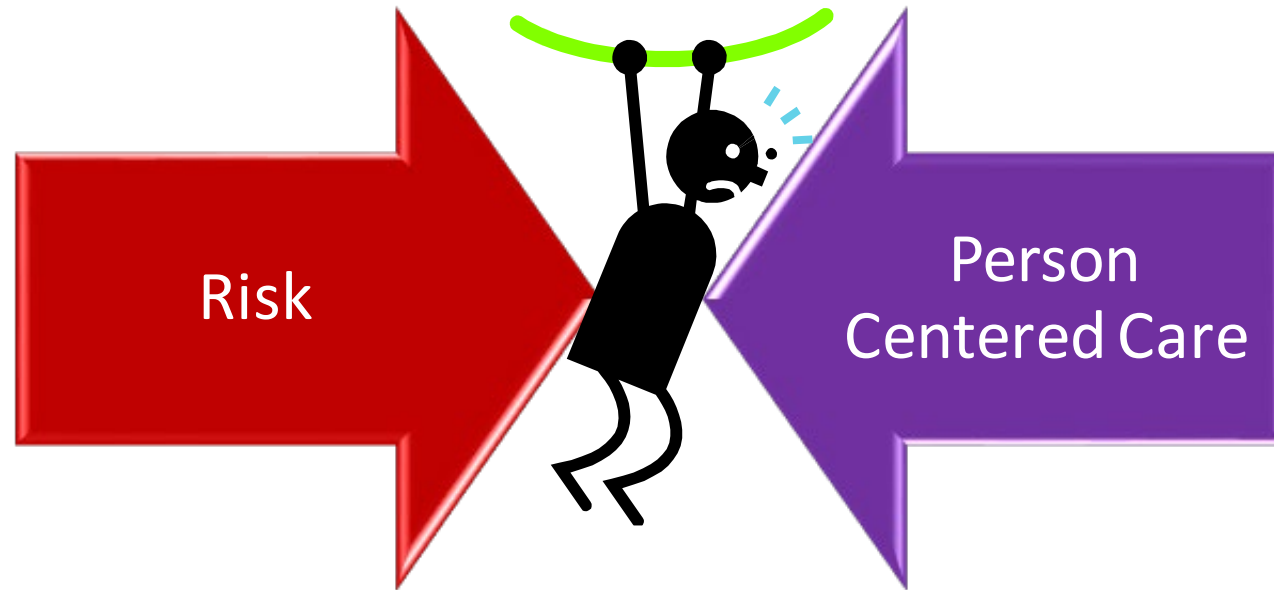
% Positivity 3-4.9%

Deaths 154

% Eligible Population Fully Vaccinated 71.7%

New Hospital Admissions (7-Day Moving Avg) 166.57

Balancing Risk and Person-Centered Visitation



The Science of Risk

Principles of Epidemiology in Public Health Practice, Third Edition An Introduction to Applied Epidemiology and Biostatistics

DSEPD > Principles of Epidemiology in Public Health Practice > Lesson 3



 DSEPD

Public Health Workforce
Development Strategies

Health Department and other
Partner Support

Public Health Workforce
Development Approaches

+

Fellowships and Student

Lesson 3: Measures of Risk

Section 5: Measures of Association

The key to epidemiologic analysis is comparison. Occasionally you might observe an incidence rate among a population that seems high and wonder whether it is actually higher than what should be expected based on, say, the incidence rates in other communities. Or, you might observe that, among a group of case-patients in an outbreak, several report having eaten at a particular restaurant. Is the restaurant just a popular one, or have more case-patients eaten there than would be expected? The way to address that concern is by comparing the observed group with another group that represents the expected level.

Implement a risk-based approach for
providing visitation opportunities with current
guidance and standards



General Vaccine Administration



Source Control / PPE



cdc.gov/COVID19



Detection, Isolation

Screening and Surveillance



Hand Hygiene



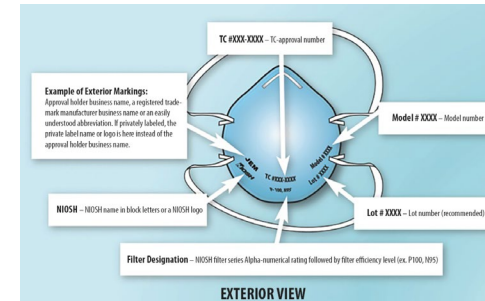
Surface Cleaning / Disinfecting

The National Personal Protective Technology Laboratory (NPPTL)

NIOSH-Approved Particulate Filtering Facepiece Respirators

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices

Mandatory Vaccinations are Not New

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George Washington and the First Mass Military Inoculation

Amy Lynn Filsinger, Georgetown University &
Raymond Dwek, FRS, Kluge Chair of Technology and
Society. Dr. Dwek is Professor of Glycobiology on leave
from Oxford University.

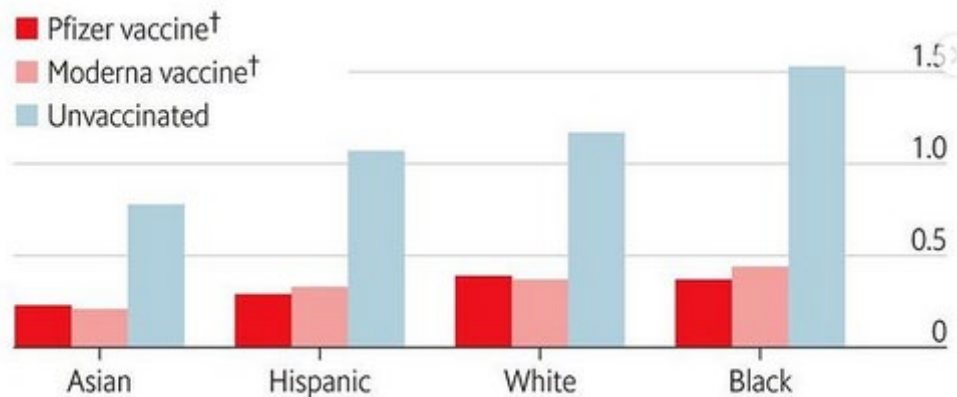


[George Washington on horseback during the battle of Princeton.](#) Prints & Photographs Division, Library of Congress.

People with covid jabs have been less likely to die of other causes

US, non-covid-related deaths among the vaccinated and the unvaccinated, per 100 person-years*
Dec 14th 2020-Jul 31st 2021

By race/ethnicity



*Average death rate per 100 people, per year †After second dose

Source: CDC

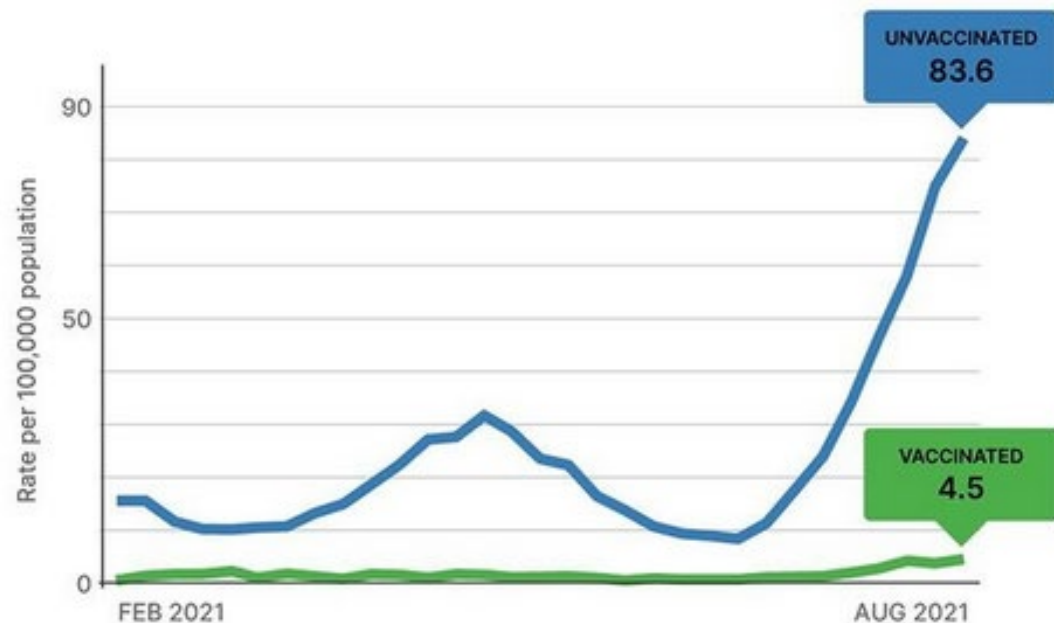
The Economist

Vaccination Works

COVID DATA TRACKER

NOW AVAILABLE

Rate of COVID-19-Associated Hospitalizations by Vaccination Status



Find the latest data on
CDC's COVID Data Tracker

1/30/21-8/28/21



Research

Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis

BMJ 2021 ; 375 doi: <https://doi.org/10.1136/bmj-2021-068302> (Published 18 November 2021)

Cite this as: *BMJ* 2021;375:e068302

- Hand Hygiene (relative risk 0.47, 95% confidence interval 0.19 to 1.12)
- Mask wearing (RR 0.47, 95% CI 0.29 to 0.75)
- physical distancing (0.75, 95% CI 0.59 to 0.95).
- *The findings of this review suggest that personal and social measures, including handwashing, mask wearing, and physical distancing are effective at reducing the incidence of covid-19.*

- Talic, et al., Systematic review registration PROSPERO CRD42020178692. *BMJ* 2021;375:e068302 <http://dx.doi.org/10.1136/bmj-2021-068302> Accepted: 21 October 2021



Summary



Several public health measures, including handwashing, mask wearing, and physical distancing, were associated with a reduction in incidence of covid-19

Study design



Systematic review and meta-analysis

Risk of bias

- 0 Low
- 6 Medium
- 2 Serious

72 Met inclusion criteria

37 Excluded from analysis

Assessed multiple measures as a "package of interventions"

35 Evaluated individual measures

27 Excluded from analysis

Owing to heterogeneity of studies (effects synthesised descriptively)

8 Included in meta-analysis



3 Assessed handwashing



6 Assessed mask wearing



5 Assessed physical distancing

Outcomes

Random effects model results



The Importance of Core Infection Prevention and Control Measures, Including Vaccination

- We now have the tools
- Goal is an end to the COVID-19 pandemic
- Work together
- Target areas of risk
- Use the tools we have at hand
 - Correctly
 - Consistently



Photo: CDC



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: September 17, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group

Ref: QSO-20-39-NH
REVISED 04/27/2021

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

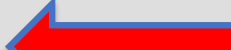


Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH
REVISED 11/12/2021

DATE: September 17, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Nursing Home Visitation - COVID-19 (*REVISED*)

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, including the impact of COVID-19 vaccination.
- *Visitation is now allowed for all residents at all times.* 

Visitation—UPDATES PER CMS

Facilities are no longer able to limit:

- the frequency of visits,
- the length (time) of the visit,
- the number of visitors allowed (unless able to maintain physical distancing) , or
- or require visits to be scheduled

QSO-20-39 Revised November 11, 2021

- *While CMS guidance focused on protecting nursing home residents from COVID-19*
- *CMS recognizes that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones*
- *Residents may feel socially isolated*
- *Increased risk for depression, anxiety, and expressions of distress*
- *CMS understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends*

Core Principles of COVID-19 Infection Prevention

- ♦ *Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility.*
- ♦ *Facilities screen all who enter*
- ♦ *Hand hygiene (use of alcohol-based hand rub is preferred)*
- ♦ *Face coverings or masks (covering mouth and nose)*
- ♦ *Physical distancing at least six feet between people*
- ♦ *Instructional signage throughout the facility*
- ♦ *Proper visitor education on COVID-19 signs and symptoms, infection control precautions along with description of risk*
- ♦ *Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit*
- ♦ *Appropriate staff use of Personal Protective Equipment (PPE)*
- ♦ *Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)*
- ♦ *Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH)*

Adherence to Core Principles and Awareness of Risk

*We acknowledge that there are still concerns associated with visitation, such as visitation with an unvaccinated resident while the nursing home's county COVID-19 level of community transmission is substantial or high. **However, adherence to the core principles of COVID-19 infection prevention mitigates these concerns.***

*Furthermore, we remind stakeholders that, per 42 CFR § 483.10(f)(2), **the resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident**. We further note that residents may deny or withdraw consent for a visit at any time, per 42 CFR § 483.10(f)(4)(ii) and (iii).*

Therefore, if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk the resident must be allowed to receive visitors as he/she chooses.

Visits

- Visits can be conducted through different means based on a facility's structure and resident's needs:
- Examples:
 - Resident rooms
 - Dedicated visitation spaces
 - Outdoors
 - Virtually

Number of Visitors Within Core Principles

- *“Although there is no limit on the number of visitors that a resident can have at one time, **visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention** and does not increase risk to other residents.”*
- If several individuals arrive at once, you may need to limit number in the resident room at any given time.
- You can't deny entry but must ensure core principles are being followed which includes physically distancing. Rotate how many go into the room at a time, etc.
- Facilities should ensure that physical distancing can still be maintained during peak times of visitations.---Audit designated rooms for visits, hallways, etc.

Visitor Movement, Visits, and Vaccine Status

- During indoor visitation, facilities should limit visitor movement in the facility.- remind visitors that they must go to the designated visiting space or resident room
- If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccinations status) visits should NOT be conducted in the resident's room if possible.
- For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of infection prevention.—most residents are vaccinated but for those that aren't, you will need to monitor any visits to these rooms---can roommates leave room, etc.

Core principle: Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance to CDC guidance.

These core principles are consistent with CDC guidance for nursing homes and should be **adhered to all times.**



Have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



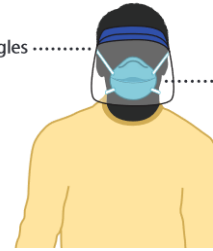
Fit snugly against the sides of your face and don't have gaps



Have a nose wire to prevent air from leaking out of the top of the mask

Preferred PPE – Use N95 or Higher Respirator

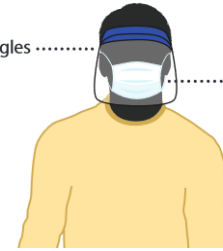
Face shield or goggles



N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

Acceptable Alternative PPE – Use Facemask

Face shield or goggles



Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.



Visits during an Outbreak

VISITS SHOULD OCCUR IN RESIDENT ROOMS DURING AN OUTBREAK

- *While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility.*
- *Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.*
- *If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.*
- *Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.*

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/nursing-home-visitation-covid-19-revised>

County COVID-19 community level of transmission

- **Substantial to high transmission risk**

- Residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.

- **Low to moderate transmission risk**

- residents and visitors to wear face coverings or masks and physically distance, when either are at increased risk for severe disease or are unvaccinated.

Vaccination Status

- If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. ---**this is a CMS statement**---
- **LTCF in Illinois must follow the Executive Order which states individuals shall be required to cover their nose and mouth with a face covering when in an indoor public place.**
- Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.

Communal Dining

Vaccinated Residents

Allowed

Wear source control unless actively eating or drinking

Physically distance from unvaccinated residents

While not required, the risk of transmission can be further reduced through the use of physical barriers (e.g., Plexiglass dividers)

Unvaccinated Residents

Allowed

Wear source control unless actively eating or drinking

Physically distance from vaccinated and other unvaccinated residents

While not required, the risk of transmission can be further reduced through the use of physical barriers (e.g., Plexiglass dividers)

Residents on TBP or in Quarantine

Not allowed

Resident should dine in their room

Group Activities

Vaccinated Residents

Allowed

Wear source control unless actively eating or drinking

Physically distance from unvaccinated residents

Unvaccinated Residents

Allowed

Wear source control unless actively eating or drinking

Physically distance from vaccinated and other unvaccinated residents

Residents on TBP or in Quarantine

Not allowed

Visitation

Vaccinated Residents

Visitors must be screened for COVID-19 and perform hand hygiene

Indoor and outdoor visits allowed
Outdoor visits preferred

Resident and visitor wear source control at all times Resident may choose to remove mask in own room or apartment. Visitors must wear source control in resident room

Physical distancing (6 ft.) is recommended between resident and visitors

Physical touch is allowed as resident chooses (e.g., hugs)

Unvaccinated Residents

Visitors must be screened for COVID-19 and perform hand hygiene

Indoor and outdoor visits allowed
Outdoor visits preferred

Resident and visitor wear source control at all times even in resident room when visitors are present

Physically distance (6 ft) from vaccinated and other unvaccinated residents

Physical touch is not recommended but allowed if necessary for the resident's well-being or if resident chooses to do so

Residents on TBP or in Quarantine

Visitors must be screened for COVID-19 and perform hand hygiene

Indoor visits not recommended but can be allowed in-room only
Outdoor visits not recommended

Residents and visitors wear source control at all times (if resident is able to tolerate mask)

Physical touch not recommended but allowed if necessary for the resident's well-being or if resident chooses to do so

Visits during Outbreak

Visitors must be screened for COVID-19
and perform hand hygiene

During an outbreak, indoor visits should be
conducted in the resident room regardless of
vaccination status.

Outdoor visits allowed unless in quarantine or
isolation for COVID-19

Residents and visitors wear source
control at all times

Physical touch not recommended but allowed
if necessary for the resident's well-being or if
resident chooses to do so



Wear A Mask

If you are not fully vaccinated or if you have a weakened immune system, wear a mask indoors. If you are fully vaccinated, wear a mask indoors in areas with [substantial or high](#) COVID-19 transmission.

HOLIDAY MEALS



Get Your [COVID-19](#) and [Flu Shots](#)

COVID-19 vaccines can help protect you from COVID-19. Get [vaccinated](#) as soon as you can.

CDC recommends a yearly [flu vaccine](#) as the first and most important step in protecting against flu viruses.

Gatherings & Holidays

Languages ▾ Print



Happy Thanksgiving!

DON'T BE A TURKEY



Please
WEAR A MASK
WASH HANDS & KEEP A SAFE DISTANCE

Pam the CraftyGirl

Happy Thanksgiving!

DON'T BE A

TURKEY



Please

WEAR A MASK

WASH HANDS & KEEP A SAFE DISTANCE

Holiday Meals-Options to Consider & Requirements

- Consider holding several shifts of meals or have breakfast, lunch, dinner options where families could join their loved ones
- Hold separate meals for vaccinated and unvaccinated (if possible)
- **Tables must be at least 6 feet apart. Consider meals in rooms or apartments to ease congestion in dining hall**
- Ensure visitors are screened for signs/symptoms and temperatures taken before entry to the facility
- No co-mingling of residents and families with other residents and families regardless of vaccination status
- Masks must be worn to and from the dining hall. **Masks must be worn unless ACTIVELY eating or drinking regardless of vaccination status**
- Provide alcohol-based hand rub at the entrance to the dining hall and ensure hand hygiene is done upon entry to the room
- Disinfect surfaces thoroughly between meals
- **MEALS SHOULD BE SERVED--- NO BUFFET LINES (NEW)**

Holiday Meals

Eating a meal with the resident would be similar to a “visit”

- Abide by visitation requirements—**wearing masks, physically distancing based upon vaccination status, screening, hand hygiene**
- Separate the table from other residents (not to co-mingle)
- Residents with confirmed and suspected COVID-19 or those in quarantine should not be participating in communal dining (dine in room only)—follow visitation guidance for specifics

Leaving the building and enjoying meal in family’s home

- Remind residents to follow core infection prevention measures (hand hygiene, source control in crowds, physically distancing when feasible)
- Unvaccinated residents who are out of building 24 hours must quarantine upon return; otherwise, quarantine is not required for short durations out of the building
- Additional testing would be required when community transmission levels are substantial to high and residents are out of the building for 24 hours or more (applies to both vaccinated and unvaccinated residents)

Happy Thanksgiving!

**DON'T BE A
TURKEY**



Please
WEAR A MASK
WASH HANDS & KEEP A SAFE DISTANCE

Holiday Meals for Facilities in Outbreak

- Meals must occur in resident's room
- If facility is in outbreak, the resident and their loved ones should eat the holiday meal in the resident's room
- This may be different than what you were planning so please prepare accordingly!!

Visits that involve eating or drinking

- Follow Holiday Meal guidance for all visits that involve eating or drinking
- ***If a facility is in OUTBREAK status, visits that involve eating or drinking should take place in the resident room or apartment (regardless of vaccination status)***
 - *Examples include:*
 - *family brings in lunch and want to eat with resident*
 - *brings cookies/snacks to eat with resident*
 - *coming in to have coffee with their loved one*
- ***After the outbreak has resolved (14 days without a new positive case), the facility can resume Holiday Meal guidance (e.g., 6 feet between tables, families only at a table with their loved one, no co-mingling of residents and visitor groups, etc.)***

New case---Outbreak investigation initiated

Communal dining and Group Activities—allowed for all residents unless they are unvaccinated and identified as close contact or are suspected or confirmed to have COVID-19

- ❑ Vaccinated, not a close contact—may participate, wear source control at all times unless actively eating or drinking
- ❑ Unvaccinated, not a close contact—may participate, wear source control at all times unless actively eating or drinking, physically distance from others
- ❑ Vaccinated, close contact—may participate, wear source control at all times unless actively eating or drinking (14 days per CDC---at all times per IL EO)
- ❑ Unvaccinated, close contact—Must quarantine. No communal dining
- ❑ Suspected or confirmed to have COVID-19—No communal dining

Visitation

Non-outbreak facility—all residents may have visitors

- Vaccinated—may participate, wear source control at all times unless actively eating or drinking, indoor visits in resident rooms or common areas, outdoor visits allowed
- Unvaccinated—may participate, wear source control at all times unless actively eating or drinking, physically distance from others, indoor visits in resident rooms or common areas, outdoor visits allowed
- Suspected or confirmed to have COVID-19—indoor visits allowed in resident rooms only (no common areas or outdoors)

Visitation

Outbreak facility -all residents may have visitors

- ❑ Vaccinated, not a close contact—may participate, wear source control at all times unless actively eating or drinking, indoor visits in resident rooms only
- ❑ Unvaccinated, not a close contact—may participate, wear source control at all times unless actively eating or drinking, physically distance from others, , indoor visits in resident rooms only
- ❑ Vaccinated, close contact—may participate, wear source control at all times unless actively eating or drinking, indoor visits in resident rooms only
- ❑ Unvaccinated, close contact—Must quarantine. General Visitation not recommended but allowable if occurs in the resident's room. Compassionate care, end-of-life, essential caregivers are allowed.
- ❑ Suspected or confirmed to have COVID-19---General Visitation not recommended but allowable if occurs in the resident's room. Compassionate care, end-of-life, essential caregivers are allowed.

New PPE Tables Have Posted

https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/Itc/LTC_Use%20of%20PPE%20Table_11.16.21.pdf



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Personal Protective Equipment (PPE) Requirements for Long-Term Care Facility Staff

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Resident with suspected or confirmed COVID-19 (including any resident with symptoms). Wear PPE at all times. PPE use does not change based upon community transmission levels.					
Direct physical care		X	X	X	X
Close proximity to the resident(s)		X	X	X	X
In Resident room		X	X	X	X
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)		X	X	X	X
Nebulizers		X	X	X	X
Anytime on the COVID-19 unit		X	X	X	X

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Unvaccinated Residents on Quarantine (identified as a close contact of the positive case, out overnight, new admission/readmission, unknown COVID-19 status). Wear PPE at all times. PPE use does not change based upon community transmission levels.					
Direct physical care		X	X	X	X
Close proximity to the resident(s)		X	X	X	X
In Resident room		X	X	X	X
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)		X	X	X	X
Nebulizers		X	X	X	X

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Vaccinated Residents identified as a close contact of a positive case. Resident to wear facemask 14 days post-exposure. The resident is not required to Quarantine or be restricted to their room.					
Direct physical care	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Close proximity to resident(s)	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
In Resident room	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)			Use community transmission levels to determine required PPE (see below)		
Nebulizers			Use community transmission levels to determine required PPE (see below)		

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Residents NOT suspected of COVID-19 or other respiratory illnesses (e.g., influenza). Community Transmission Levels are Substantial or High					
Direct physical care	X		Per Standard Precautions***	X	Per Standard Precautions***
Close proximity to resident(s)	X		Per Standard Precautions***	X	Per Standard Precautions***
In Resident rooms	X		Per Standard Precautions***	X	Per Standard Precautions***
Aerosol generating procedures (e.g., suctioning, CPAP/BIPAP, etc.)		X N95 and eye protection must be worn for 60 minutes post use of CPAP/BIPAP when in resident room to allow air contaminants to be removed	Per Standard Precautions***	X	Per Standard Precautions***
Nebulizers		X	Per Standard Precautions***	X	Per Standard Precautions***
In facility common areas	X		Per Standard Precautions***	X	Per Standard Precautions***
Employee only areas--per IL Executive Order--unless eating or drinking	X			X Must be worn if near or on resident units	

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Residents NOT suspected of COVID-19 or other respiratory illnesses (e.g., influenza). Community Transmission Levels are Low to Moderate					
Direct physical care	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Close proximity to resident(s)	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
In Resident room	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Nebulizers	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
In facility common areas	X		Per Standard Precautions***	Per Standard Precautions***	
Employee only areas--per IL Executive order--unless eating or drinking	X				

***Facemask:** OSHA defines facemasks as "a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as 'medical procedure masks.'" Facemasks should be used according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Other facemasks, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays. A facemask should be well fitted.

****An N95 or higher is considered respiratory protection provided it has been fit-tested, and staff is trained regarding the proper use and seal check.**

*****Standard Precautions:** Personal protective equipment (PPE) refers to wearable equipment designed to protect healthcare personnel from exposure to or contact with infectious agents. PPE appropriate for various types of patient interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. These include gloves, face masks, protective eyewear, face shields, and reusable or disposable gown. **Wear PPE, as described when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.**

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>

- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**