



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

December 17<sup>th</sup>, 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
- NHSN Booster Data
- Variants and Core Infection Prevention Practices
- Ventilation
- Monoclonal Antibodies
- Application of LTC Guidance
- Responses to LTCF questions
- Open Q & A

# IDPH webinars

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

Friday, January 7 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=ef127454ceb88fc821a4628d7bf94f36c">https://illinois.webex.com/illinois/onstage/g.php?MTID=ef127454ceb88fc821a4628d7bf94f36c</a>
Friday, January 21 <sup>st</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e186e9ec449223208b4036456b181fd39">https://illinois.webex.com/illinois/onstage/g.php?MTID=e186e9ec449223208b4036456b181fd39</a>
Friday, January 28 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e7219111798c190cbe52c8eae6c4836c">https://illinois.webex.com/illinois/onstage/g.php?MTID=e7219111798c190cbe52c8eae6c4836c</a>

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

Slides and recordings will be made available after the sessions.

# Blue Ribbon in COVID-19 Vigilance Award

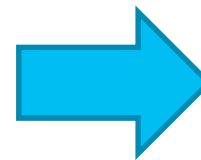


1. Complete the COVID-19 Preparedness Assessment

<https://portal.telligenqinqio.com/rdc/covid19PreparednessAssessment.jsp>



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](mailto:nursinghome@telligen.com) to check your eligibility.

[Access your toolkit here](#)



## Telligen Upcoming Events

6



### Looking to Revive Your Five-Star Quality Measure Rating in 2022?

December 30, 2021

1:00 pm MST/ 2:00 pm CST

[Click here to register](#)



### LTC NHSN Office Hours

January 5, 2022

11:00 am MST/ 12:00 pm CST

[Click here to register](#)

### LTC NHSN Office Hours

January 12, 2022

1:00 pm MST / 2:00 pm CST

[Click here to register](#)

### Save the date

January 27, 2022 at 12:00 pm MST

/ 1:00 pm CST

QAPI Event



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



NHSN BOOSTER DATA –  
CDC'S NURSING HOME COVID-19 VACCINATION DATA DASHBOARD





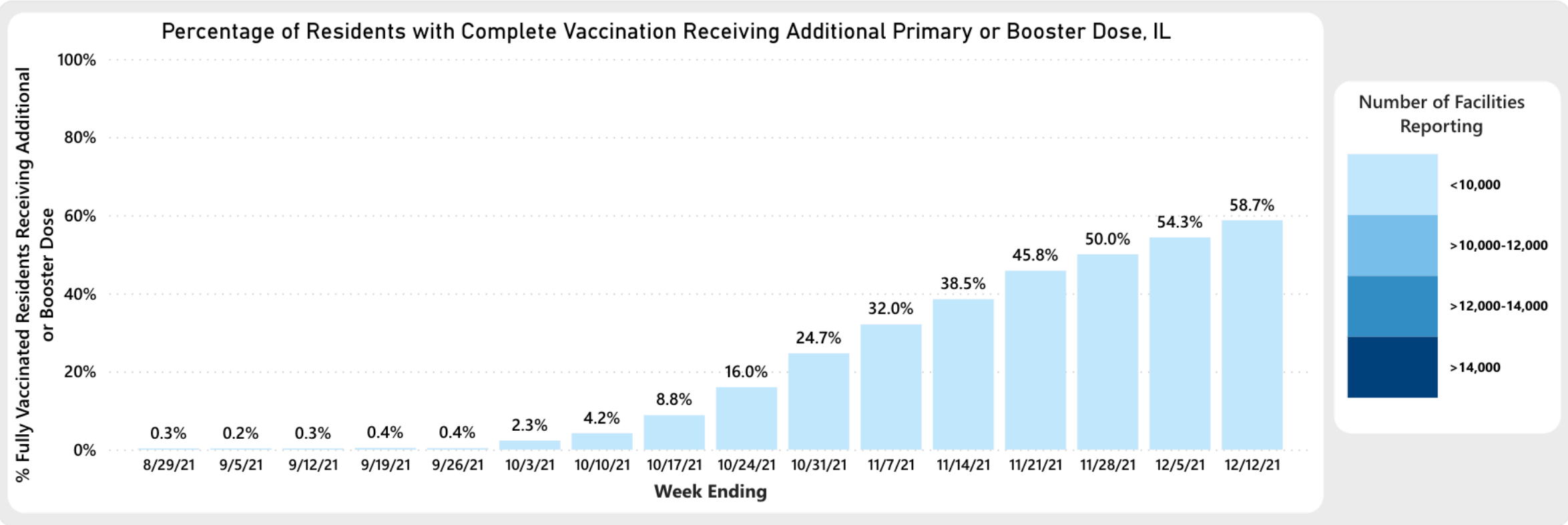
# Percentage of Residents in Nursing Homes with Complete COVID-19 Vaccination Receiving Additional Primary or Booster Dose, by Week – United States



**Complete Vaccination:** The percentage of residents who received all doses required to be fully vaccinated. **Additional primary or booster dose:** An additional dose refers to a subsequent dose of vaccine administered to people who likely did not mount a protective immune response after initial vaccination. A booster dose refers to a subsequent dose of vaccine administered to enhance or restore protection by the primary vaccination which might have waned over time.

Select By State  
 IL

Select By Region  
 All



For weeks ending 8/29-9/26, facilities reporting 100% of fully vaccinated individuals received an additional primary or booster dose were excluded. Data for the most recent week are still accruing.

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network: Accessibility: [Right click on the graph area to show as table]

For more information: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>



# Percentage of Residents in Nursing Homes with Complete COVID-19 Vaccination Receiving Additional Primary or Booster Dose, by State and Week – United States

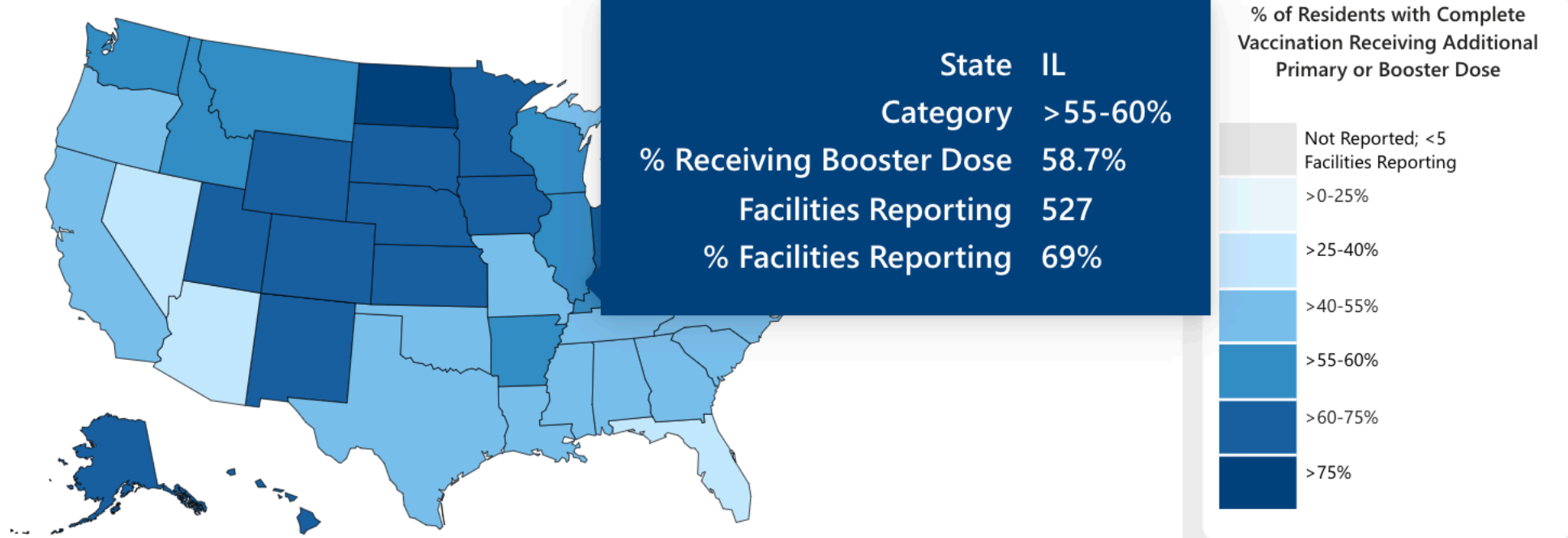
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Select By Region  
 All

Select By Week  
 Latest Reporting Week



Percentage of Residents with Complete Vaccination Receiving Additional Primary or Booster Dose, 12/6/2021 - 12/12/2021



accruing.

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network: Accessibility: [Right click on the graph area to show as table]

For more information: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>



# Percentage of Staff in Nursing Homes with Complete COVID-19 Vaccination Receiving Additional Primary or Booster Dose, by Week – United States



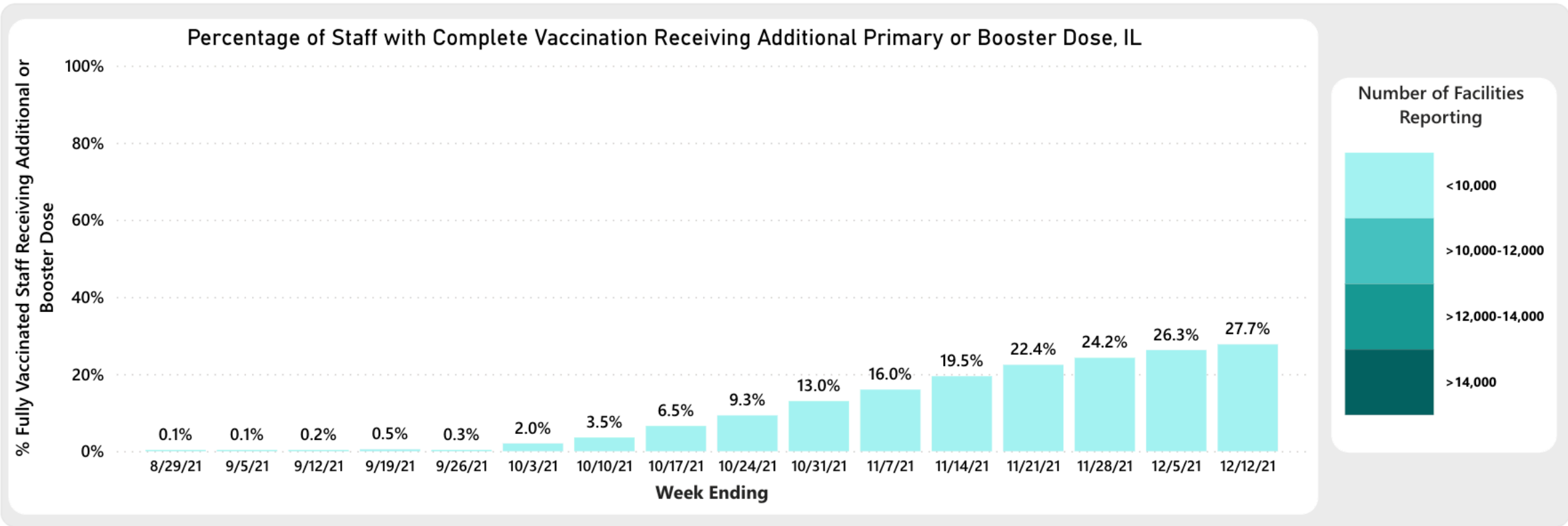
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Select By State

IL

Select By Region

All



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Select By Region

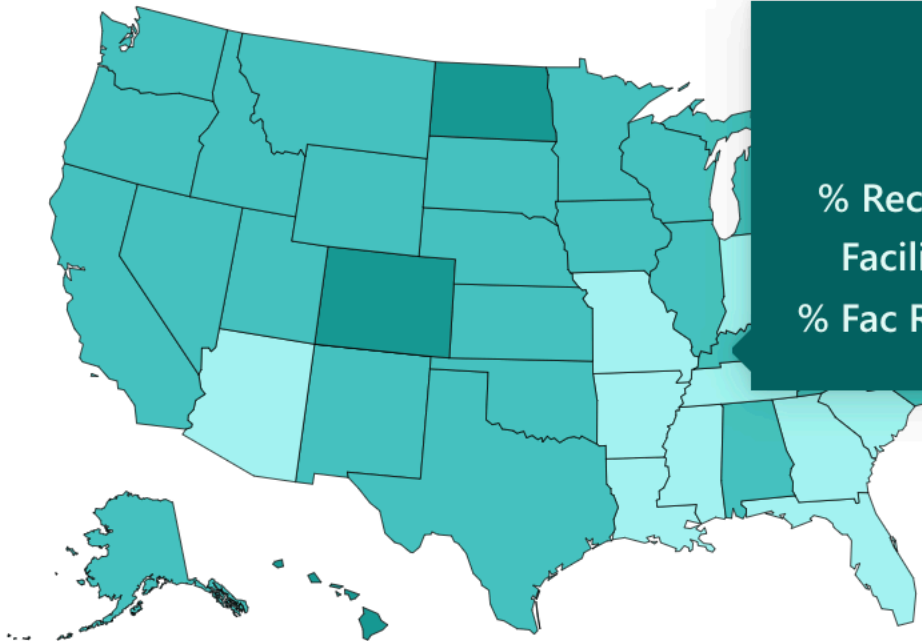
All

Select By Week

Latest Reporting Week

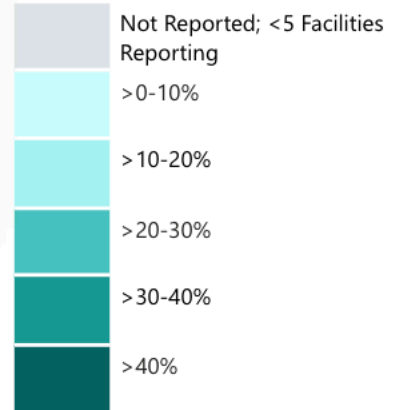


Percentage of Staff with Complete Vaccination Receiving Additional Primary or Booster Dose, 12/6/2021 - 12/12/2021



State	IL
Category	>20-30%
% Receiving Booster	27.7%
Facilities Reporting	519
% Fac Reporting Staff	68%

% of Staff with Complete Vaccination Receiving Additional Primary or Booster Dose



For weeks ending 8/29-9/26, facilities reporting 100% of fully vaccinated individuals received an additional primary or booster dose were excluded. Data for the most recent week are still accruing.

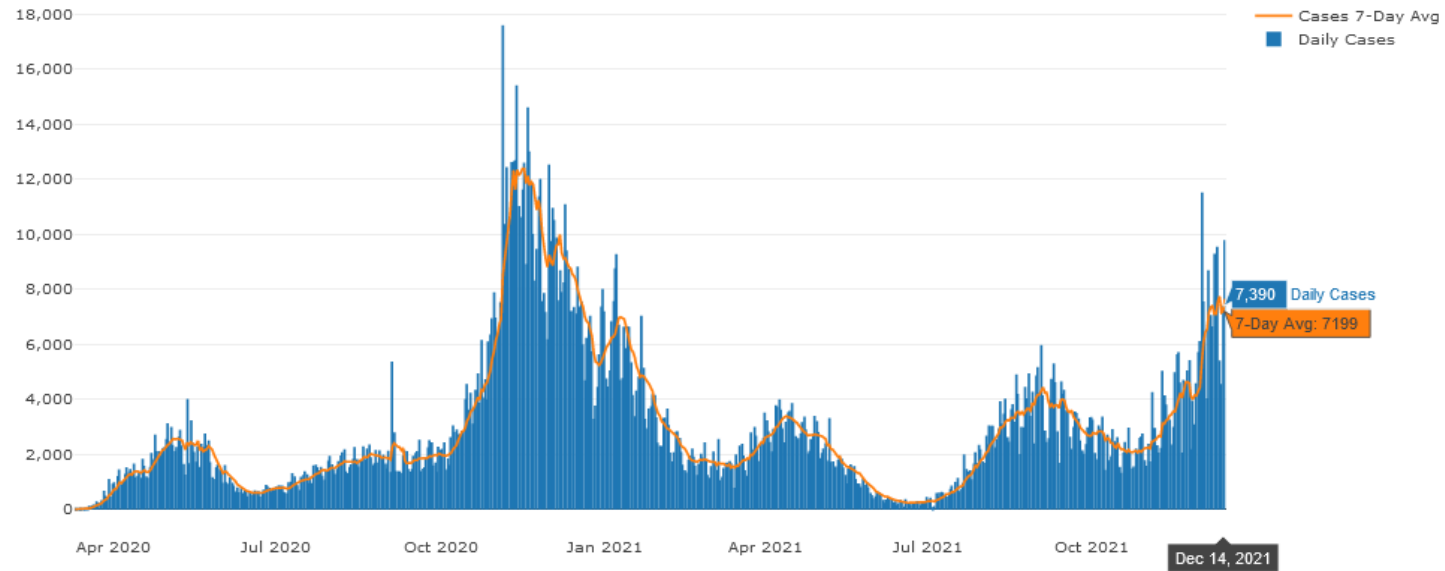
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For more information: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

# Daily Cases Change Over Time

Cases
Deaths
Tested

30d
90d
120d
All Time



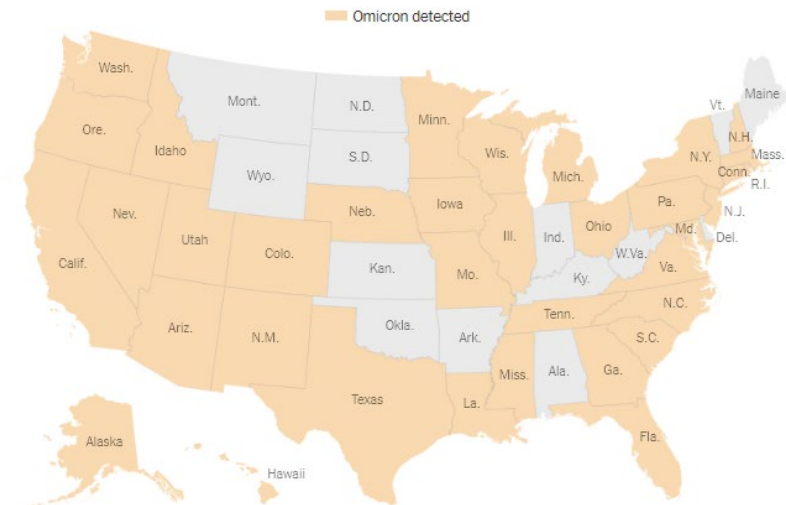
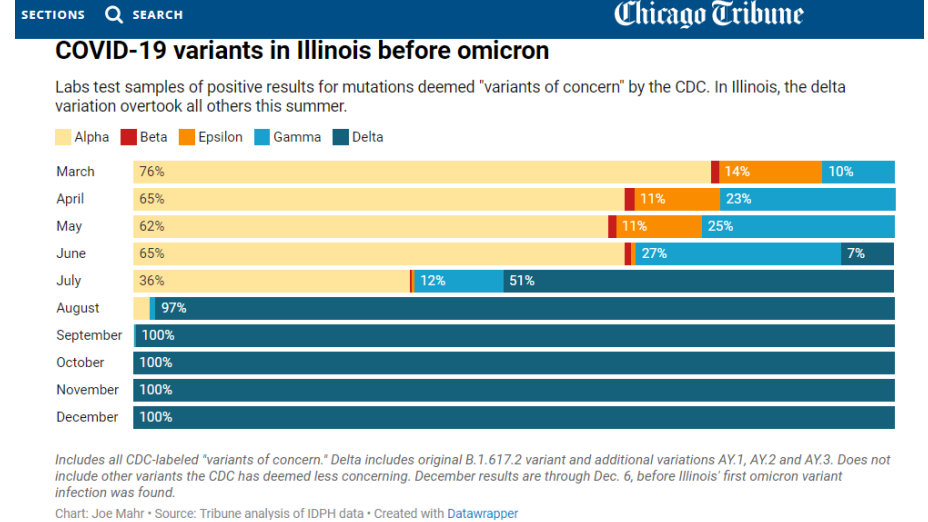
been added to the one-day, January 22, 2021, total of new cases.  
 Beginning November 6, 2020 and going forward, IDPH will report confirmed cases and probable cases combined. Due to this change, all probable cases previously reported separately,  
 7,673, have been added to the one-day, November 6, 2020 total of new cases.

This is a rapidly evolving situation and information will be updated as needed here and on the CDC website at

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

# Delta and Omicron Variants of SARS-CoV-2

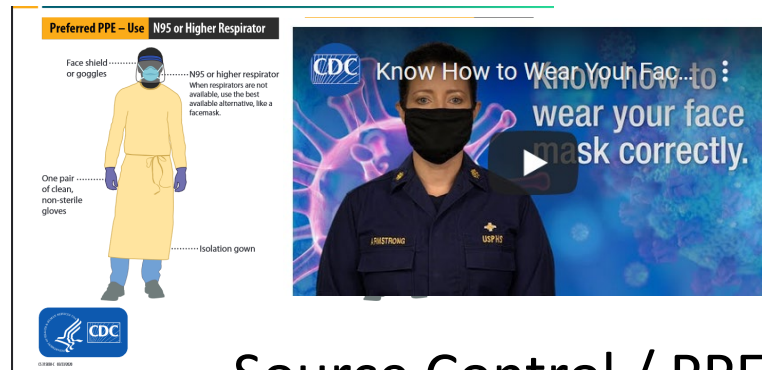
- Omicron moving rapidly and highly transmissible
- Found in Illinois, but DELTA is still behind outbreaks
- Preliminary studies evaluating vaccine efficacy/effectiveness- **boosters work!!!**
- Core Infection Prevention Measures
  - Mask Use
  - Vaccines and Boosters
  - Hand Hygiene
  - Physical Distancing
  - Monoclonal Antibodies (mAb)
  - AND Ventilation







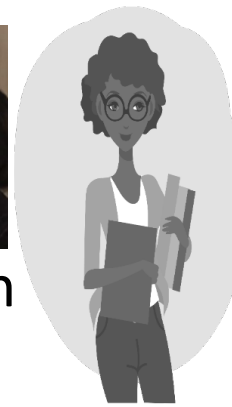
## General Vaccine Administration



## Source Control / PPE



## Detection, Isolation



## Screening and Surveillance

**Guidance**

- Mask and Vaccine Requirements
- Fully Vaccinated People
- Quarantine Guidance
- School Guidance
- Daycare Guidance
- Children & Pregnant Women Guidance
- EMS & First Responder Guidance
- Sports Safety Guidance
- Long-Term Care Facilities Guidance
- Oral and Dental Care Guidance
- Contact Tracing Prioritization

### Monoclonal Antibody Treatment

COVID-19 Monoclonal Antibodies Treatment

Monoclonal Antibodies for High-Risk COVID-19 Positive Patients

Monoclonal Antibody Treatment for COVID-19 Positive Patients

IDPH Director Message on Monoclonal Antibodies

To search for locations offering Monoclonal Antibody Treatment, go to <https://covid.infusioncenter.org/>

## Monoclonal Antibodies mAb

The National Personal Protective Technology Laboratory (NPPTL)

NIOSH-Approved Particulate Filtering Facepiece Respirators

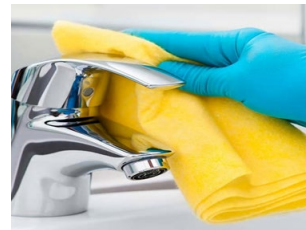
Promoting productive workplaces through safety and health research **NIOSH**

### NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



## Hand Hygiene



## Surface Cleaning / Disinfecting

# Core Infection Prevention Practices

Example of Exterior Markings:

- TC XXXX-XXXX - TC approval number
- Model # XXXX - Model number
- Lot # XXXX - Lot number (recommended)
- NIOSH - NIOSH name in block letters or a NIOSH logo
- Filter Designation - NIOSH filter series Alpha-numerical rating followed by filter efficiency level (ex. P100, N95)

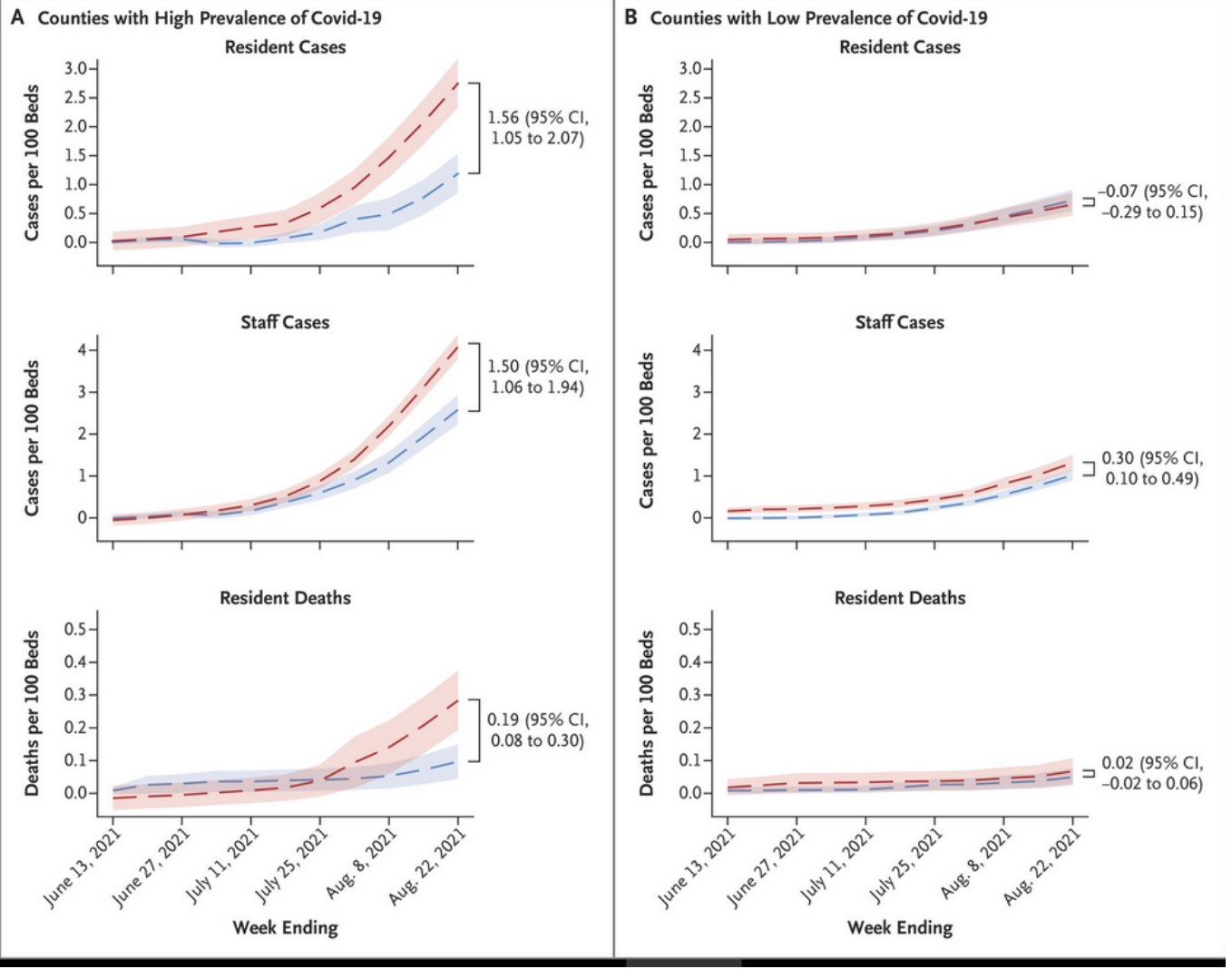
EXTERIOR VIEW

Image: Harper College

## Respiratory Protection / Ventilation



— Facilities with low rate of staff vaccination — Facilities with high rate of staff vaccination



McGarry, Barnett, Grabowski, Gandhi, 2021

“High community prevalence of Covid-19, nursing homes with low staff vaccination coverage had higher numbers of cases and deaths than those with high staff vaccination coverage. These findings show the extent to which staff vaccination protects nursing home residents, particularly in communities with high Covid-19 transmission”

## Why We Vaccinate

### Nursing Home Staff Vaccination and Covid-19 Outcomes

Figure 1. Cumulative Adjusted Covid-19 Outcomes, According to Nursing Home Staff Vaccination Coverage and County-Level Prevalence of Covid-19.

Shaded areas indicate 95% confidence intervals.

NEJM Group Follow U  
The NEW ENGLA JOURNAL of ME  
TRIAL  
Cell Therapy for Large Lymphoma — Who, and How?

- 📄
- 📄
- 🔍
- 📄
- ⋮

TO THE EDITOR:  
Nursing home staff are considered to be a source of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in nursing homes.<sup>1,2</sup> The emergence of the B.1.617.2 (delta) variant has heightened concerns about coronavirus disease 2019 (Covid-19)-related illness and death in nursing homes, especially given the low vaccination rates among the staff at many facilities.<sup>3</sup> These concerns prompted the federal government to mandate that staff at nursing homes be vaccinated.<sup>4</sup> However, the potential effect of staff vaccination rates on Covid-19 in nursing homes has not been well studied.

December 8, 2021  
DOI: 10.1056/NEJMc211567  
Metrics

Explor  
adjuv

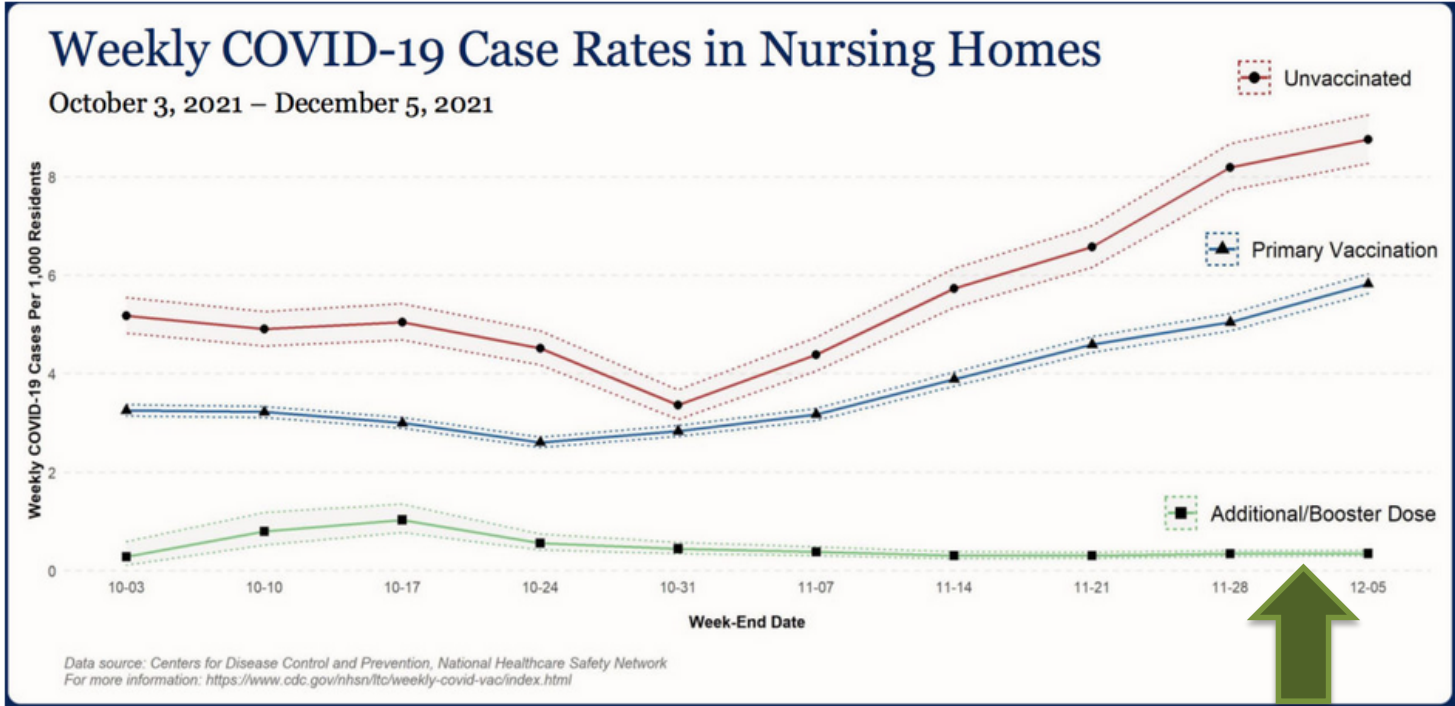


# CDC: Boosted nursing home residents 10 times less likely to be infected with COVID-19

ALICIA LASEK

DECEMBER 17, 2021

SHARE ▾



Weekly COVID-19 case rates per vaccination status. Image credit, data source: CDC, National Healthcare Safety Network

## TOP STORIES [VIEW ALL >](#)

NEWS

Clinical briefs for Friday, Dec. 17

NEWS



**McKnight's**  
Long-Term Care News





BRIEFING ROOM

## Press Briefing by White House COVID-19 Response Team and Public Health Officials

DECEMBER 15, 2021 • PRESS BRIEFINGS

- “Yesterday was the one-year anniversary of COVID-19 vaccines
- The effectiveness against hospitalization, which is critical, still maintains a 70 percent effectiveness with two doses
- The two-dose mRNA vaccinated people **who received a booster dose** had a substantial increase in neutralizing activity to the tune of a 38-fold increase” (in viral neutralization titer)
- Yale University School of Public Health and the Commonwealth Fund: U.S. vaccination program has already prevented 10.3 million hospitalizations. And it has saved 1.1 million American lives. 1.1 million American lives saved — that’s the power of vaccines.”

# Core Infection Prevention: Source Control

- *“Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting.”*
- “Particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission”
- Work around those not fully vaccinated
- Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze)
- Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection
- including those residing or working in facility with outbreak
- **Wearing Well Fitted Face Masks- Teaching Opportunity**
  - Visitors
  - Residents
    - In public areas of care communities (lounges, dining rooms when not actively eating or drinking, during activities, in halls)



<https://www.cdc.gov/cdctv/emergencypreparednessandresponse/how-to-wear-a-mask.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

# COVID-19



Your Health

Vaccines

Cases & Data

Work & School

Healthcare Wor

Community, Work, & School

Health Equity – Promoting Fair Access to Health +

Cleaning, Disinfecting, & Ventilation –

Cleaning Your Facility

**Ventilation in Buildings**

## Ventilation in Buildings

Updated June 2, 2021

Languages ▾

Print

## Summary of Recent Changes

Updates as of June 2, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>



## Coronavirus

[CONTACT US](#)[Coronavirus Home](#)[Disinfectants](#)[Indoor Air](#)[Drinking Water and  
Wastewater](#)[Frequent Questions](#)

# Air Cleaners, HVAC Filters, and Coronavirus (COVID-19)

When used properly, air cleaners and HVAC filters can help reduce airborne contaminants including viruses in a building or small space. By itself, air cleaning or filtration is not enough to protect people from COVID-19. When used along with other best practices recommended by CDC and other public health agencies, including social distancing and mask wearing, filtration can be part of a plan to reduce the potential for airborne transmission of COVID-19 indoors.

## Air Cleaners

Portable air cleaners may be particularly helpful when additional ventilation with outdoor air is not possible without

# Monoclonal Antibodies for Persons Exposed to Someone with COVID-19 (Post-Exposure Prophylaxis)

- For **post exposure** prophylaxis
  - Higher Risk Exposure
  - Within 7 days of exposure

The screenshot shows the IDPH (Illinois Department of Public Health) website. The top navigation bar includes 'About IDPH', 'Select Language', and a search bar. Below the navigation, there are links for 'I Am A...', 'COVID-19', 'Data & Statistics', 'Topics & Services', 'Resource Center', 'News', and 'Events'. The main content area is titled 'Home > COVID-19 Home > Guidance'. On the left, a vertical menu lists various guidance topics: 'Guidance', 'Mask and Vaccine Requirements', 'Fully Vaccinated People', 'Quarantine Guidance', 'School Guidance', 'Daycare Guidance', 'Children & Pregnant Women Guidance', 'EMS & First Responder Guidance', 'Sports Safety Guidance', 'Long-Term Care Facilities Guidance', 'Oral and Dental Care Guidance', and 'Contact Tracing Prioritization'. The main content area features a large heading 'Monoclonal Antibody Treatment' and three informational cards. The first card is titled 'COVID-19 Monoclonal Antibodies Treatment' and includes a section 'Who can get this treatment?' with criteria such as being 18 or older and weighing at least 60 lbs, or being a doctor. The second card is titled 'COVID-19 Monoclonal Antibodies for High-Risk COVID-19 Positive Patients' and includes a section 'What are monoclonal antibodies?' and 'How do I get treatment?'. The third card is titled 'COVID-19 Monoclonal Antibody Treatment for COVID-19 Positive Patients' and includes a section 'Understanding Your Risk of COVID-19 and the FDA EUA'. Below the cards, there is a link to 'IDPH Director Message on Monoclonal Antibodies' and a note that users should go to <https://covid.infusioncenter.org/> to search for locations offering treatment.

# Monoclonal Antibodies for Persons Diagnosed with COVID-19

- For treatment of persons diagnosed with COVID-19:
  - Non-hospitalized patients
  - Mild to moderate illness (eg, not requiring supplemental oxygen or, if on chronic supplemental oxygen, without an increased oxygen requirement)
  - Administered as soon as possible AND within 10 days of symptom onset
  - Earlier administration is likely associated with greater efficacy → SubQ if any delays in IV

FDA NEWS RELEASE

## Coronavirus (COVID-19) Update: December 14, 2021

- Fact sheets will now include a contraindication to the administration of the Janssen COVID-19 Vaccine for some persons
- History of thrombosis with thrombocytopenia following the Janssen COVID-19 Vaccine or any other adenovirus-vectored COVID-19 vaccine
- CDC and FDA continuing to study excess risk
- Highest reporting rate of approximately 1 (one) case per 100,000 doses
- Females 30-49 years of age

# Long-term Care Updates

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- Application of LTC Guidance
- Responses to LTCF questions



# Q: New case(s) Identified---Is a “Pause” allowed?

Answer:

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- Determine type of outbreak investigation you will conduct: unit-based or facility-wide approach
- Begin contact tracing *immediately—trace the prior 48 hours of positive case to determine if any close contacts or high-risk exposures occurred*
- Okay to “take a short pause” **(not days) in communal dining and group activities JUST** to determine who should be placed into quarantine, etc. –visitation must be allowed.
- Hate to use the word “pause”---do not misinterpret this to be an extended time!!!
  - This is not meant to allow a facility to suspend communal dining and activities during an outbreak.
  - Allows a facility to review (contact trace), and identify any close contacts in residents and to make appropriate decisions related to who should or shouldn't be allowed to attend communal dining and group activities.

# Unit-based or Broad-based Approach

- Terminology used to determine how you will conduct your outbreak investigation

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- Will your initial efforts focus on the unit or department or the entire facility?
- **CDC's term "broad-based approach" means you aren't able to determine close contacts or don't have the resources to do contact tracing so you are testing everyone regardless of vaccination status and are placing all unvaccinated residents in quarantine BECAUSE you haven't done contact tracing (or can't do contact tracing)!!**
- IDPH statement:

*"at a minimum a unit based approach in addition to contact tracing"*

**SO....IDPH is expecting LTCFs to conduct contact tracing and determine resident close contacts and higher-risk exposures of HCP.**

***IF...you haven't done conduct tracing then all unvaccinated residents need to be in quarantine!***

# LTC IDPH Guidance, page 11

- **Determine which approach to use for the outbreak investigation.** Facilities have the option to choose either a unit (or department)-based approach or a broad-based approach
  - Either contact tracing or broad-based approaches are recommended by the CDC for outbreak investigations in long-term care facilities. In order to assure that all potential close contacts are tested, IDPH will require, at a minimum, a unit-based approach in addition to contact tracing.
  - It is up to the facility to determine which approach to use. If the facility has the resources and experience to investigate the outbreak at a unit-level (e.g., unit, floor, or other specific area(s) of the facility), and identify higher risk exposures and close contacts, they can choose the unit-level approach. Otherwise, the facility should use a broad-based approach.
  - A broad-based approach is required in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.
- LTC facilities responding to COVID-19 cases must always notify and follow the recommendations of the local health department.

## **Unit (or department level) based approach**



# Contact Tracing

Look at the prior 48 hours of the HCP or resident identified to be positive and determine if there were any close contacts or higher-risk exposures?

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For HCP:

Who did they work with?

Take breaks, lunch, smoke breaks, or carpool with? Were masks removed during this time?

What residents did they provide care to?

Were they with them >15 min.? Was appropriate PPE worn?

For residents:

Do they have a roommate?

Have they been participating in group dining and group activities? Were they wearing PPE appropriately?

Who did they have encounters with? And what type of interaction?

Were all individuals wearing source control? Physically distancing?

# Contact Tracing

You must document contact tracing efforts!

OHCR will expect to see your contact tracing efforts and determine if you have responded appropriately based upon your findings!!

For example:

If you verbalize that you conducted broad-based approach to the outbreak, the surveyor would expect to see:

1. Testing performed on all residents and staff regardless of vaccination status.
2. Did you conduct contact tracing? Do you have documentation?
3. If no contact tracing documentation available--the surveyor would require all unvaccinated residents to be in quarantine facility-wide.
4. If documentation is available-the surveyor would only expect to see unvaccinated residents identified to be a close contact of a positive case to be in quarantine.

Q: –Will the Governor's EO on indoor masking be extended, since it's set to expire tomorrow, 12/11/2021?

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Answer:

Executive orders are effective for 150 days. Based upon our calculations that should be around January 22<sup>nd</sup>, 2022.

Seeking verification from IDPH legal team and OHCR.

# CDC question: resident refuses testing

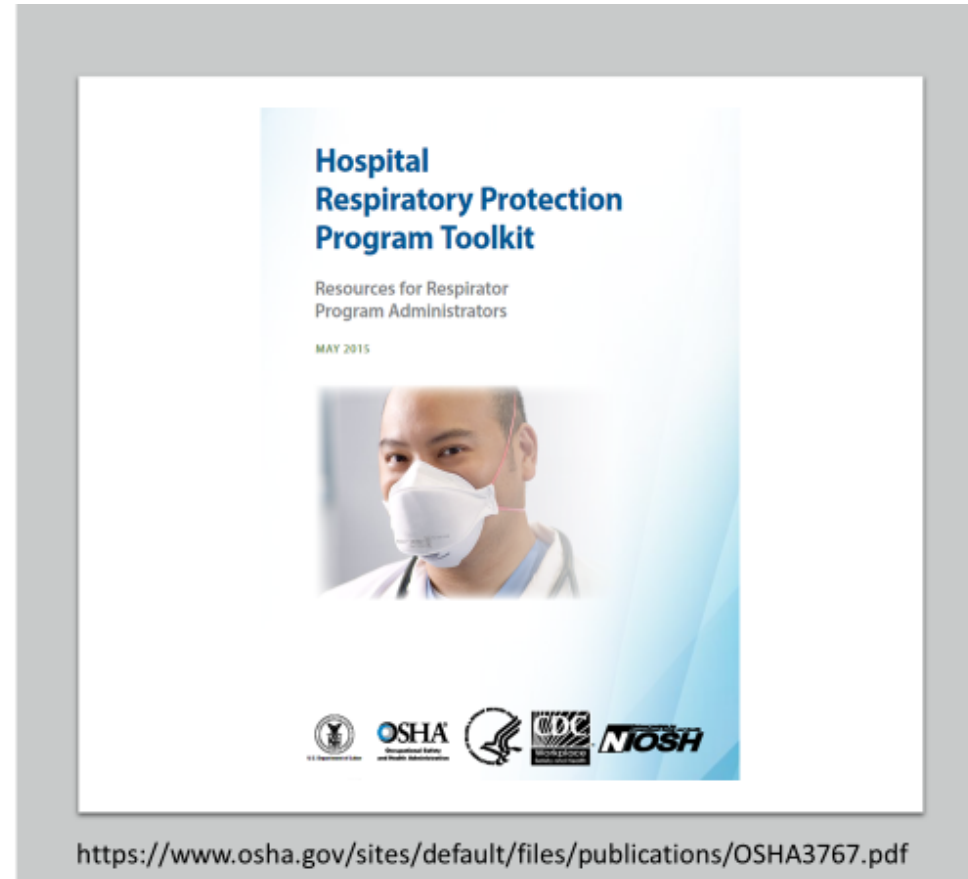
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No response yet

# Fit Testing and N95 Respirators

## Part of Your Infection Prevention and Control Program

- Respirators are for staff
- Require fit testing for tight fitting respirators
- Visitors and residents are not part of the respiratory protection program
- Visitors may wear one if they bring their own



Only one part of an overall program!!



# What are Air-Purifying Respirators?

Air-purifying respirators (APRs) work by removing gases, vapors, aerosols (droplets and solid particles), or a combination of contaminants from the air through the use of filters, cartridges, or canisters. These respirators do not supply oxygen and therefore cannot be used in an atmosphere that is oxygen-deficient or immediately dangerous to life or health. The appropriate respirator for a particular situation will depend on the environmental contaminant(s).

## Filtering Facepiece Respirator (FFR)



- Disposable
- Covers the nose and mouth
- Filters out particles such as dust, mist, and fumes
- Select from N, R, P series and 95, 99, 100 efficiency level
- Does NOT provide protection against gases and vapors
- Fit testing required

## Elastomeric Half Facepiece Respirator

- Reusable facepiece and replaceable cartridges or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge or filter
- Covers the nose and mouth
- Fit testing required



## Elastomeric Full Facepiece Respirator



- Reusable facepiece and replaceable canisters, cartridges, or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Provides eye protection
- More effective face seal than FFRs or elastomeric half-facepiece respirators
- Fit testing required

N95 respirators are tight-fitting respirators that filter out at least 95% of particles in the air

N95 respirators are intended to be used once and then properly disposed of and replaced with a new N95 respirator (conventional)

N95s may be used in extended use: Put it on, leave it on, and throw away when taken off (contingent)



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



# For those who can't be fit-tested:

- Not everyone is able to wear a respirator due to medical conditions that may be made worse when breathing through a respirator.
- Before using a respirator or getting fit-tested, workers must have a medical evaluation to make sure that they are able to wear a respirator safely.

## Powered Air-Purifying Respirator (PAPR)

- Reusable components and replaceable filters or cartridges
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Battery-powered with blower that pulls air through attached filters or cartridges
- Provides eye protection
- Low breathing resistance
- Loose-fitting PAPR does NOT require fit testing and can be used with facial hair
- Tight-fitting PAPR requires fit testing



# Reminder: Appropriately using PPE

**Conventional capacity:** PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.

Single use=used one time, on one person

**Contingency capacity:** Temporarily used during periods of expected shortages. Should only be implemented after considering and implementing conventional capacity strategies. Supply may meet the facility's current or anticipated utilization rate, but future supply is uncertain.

Extending the use of a single-use item—  
leaving the item on between residents!

**Crisis capacity:** Not commensurate with U.S. standards of care but may need to be considered during periods of known N95 respirator shortages.

should only be implemented after considering and implementing conventional and contingency capacity strategies.

Reusing PPE—storing and redonning!!

# CDC Statement:

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Situational update as of May 2021:

The supply and availability of NIOSH-approved respirators have increased significantly over the last several months.

*Healthcare facilities should not be using crisis capacity strategies at this time* and should promptly resume conventional practices.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

# Extended Use (Contingency strategy)

Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters.

N95 respirators should be discarded immediately after being removed. If removed for a meal break, the respirator should be discarded and a new respirator put on after the break.

If it is necessary to re-use N95 respirators in addition to extended use, please adhere to re-use under crisis capacity strategies

No facility should be operating under crisis capacity with the available supply chain. If you are utilizing crisis strategies for PPE , consult your local health department or regional IDPH Infection Prevention Consultant to discuss options/resources.

Question:

Do readmissions or admissions have to be placed into quarantine if they have had covid in last 90 days?

Answer: NO



## Question:

Our recent new admits from the hospitals all showed positive a few days after admission. I know we can't quarantine them, but what more can we do to protect our residents from new admissions who may be exposed.

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## Answer:

New admissions that are vaccinated do not need to quarantine; however, you can enforce source control and physical distancing.

These are not IDPH recommendations, these are ideas to “what more can you do to protect residents from new admissions”

- Perhaps you might consider having new admissions maintain 6 feet separation from others (during meals, activities, visits) for 14 days and of course, wear source control.
- Consider cohorting new admissions in one area and dine and have activities in that area
- Not have new admissions in therapy rooms/gym with other residents.
- Wear appropriate PPE, resident education (report symptoms even if vaccinated, wear well fitted facemask when out of their room)

# Clarification on IDPH LTC Guidance from Dec. 3rd

## ***What is said:***

### **Communal Dining and Group activities – Updated**

#### **Communal Dining**

- Residents must wear a mask to and from dining hall or activity room.
- Consistent with **Illinois Executive Order 2020-21** ([COVID-19 EXECUTIVE ORDER NO. 87](#)), residents, regardless of vaccination status or community transmission levels, should wear source control **in public areas of the facility** when not **actively** eating or drinking **and consistently maintain 6 feet distance from other residents and HCP.**

Not all residents!!!

## ***What it should have said:***

- All residents should wear source control in public areas of the facility ***when not actively eating or drinking.***
- ***Unvaccinated residents*** should consistently maintain 6 feet distance from other residents and HCP.
- ***Vaccinated residents*** may sit together without physically distancing from each other, but should maintain 6 feet distance from unvaccinated residents.
- **With the caveat that residents at increased risk for severe disease should still consider continuing to practice physical distancing and use of source control.**



# Visitation and Roommates

The safest practice is to only have one resident and one family in the rooms at a time (because the rooms are so small)---however, if both families come at the same time and both choose to have visits in the room....do the next best thing and draw the curtain between the beds, ensure visitors were screened at entry, performed hand hygiene, etc.

If the roommate doesn't have a visitor and doesn't mind leaving the room, that is the safest thing to do. However, if they refuse to leave the room....draw the curtain. Source control should be worn by everyone. Physical distancing may be difficult in the smaller rooms so even the resident without a visitor might want to wear a mask.

If the resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. The roommate should leave the room if possible. If not able to leave the room, then the resident with the visitors should go to a designated visiting location in the facility.

Consider "opening" a room that is unoccupied to use as another visiting location. Most facilities have several more licensed beds than occupied beds. That way the resident with the visitor is still getting privacy and feels like their needs are being met.

# Reminders

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- LTCF are required to report COVID-19 to their local health departments in a timely manner.
- Reporting requirements for other pathogens per the IL Communicable Disease Code.
- Work with your local health departments when you have an outbreak.
- When you identify a positive COVID-19 case or are made aware of a known exposure---consider monoclonal antibodies!!
  - Not just for residents!
  - Have your staff contact their primary care physician about receiving monoclonal antibodies.

# Holiday Meals-Options to Consider & Requirements

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

# 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**