



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

December 3rd, 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
- Long-term Care Updates
- Open Q & A

Slides and recording will be made available after the session.

IDPH webinars

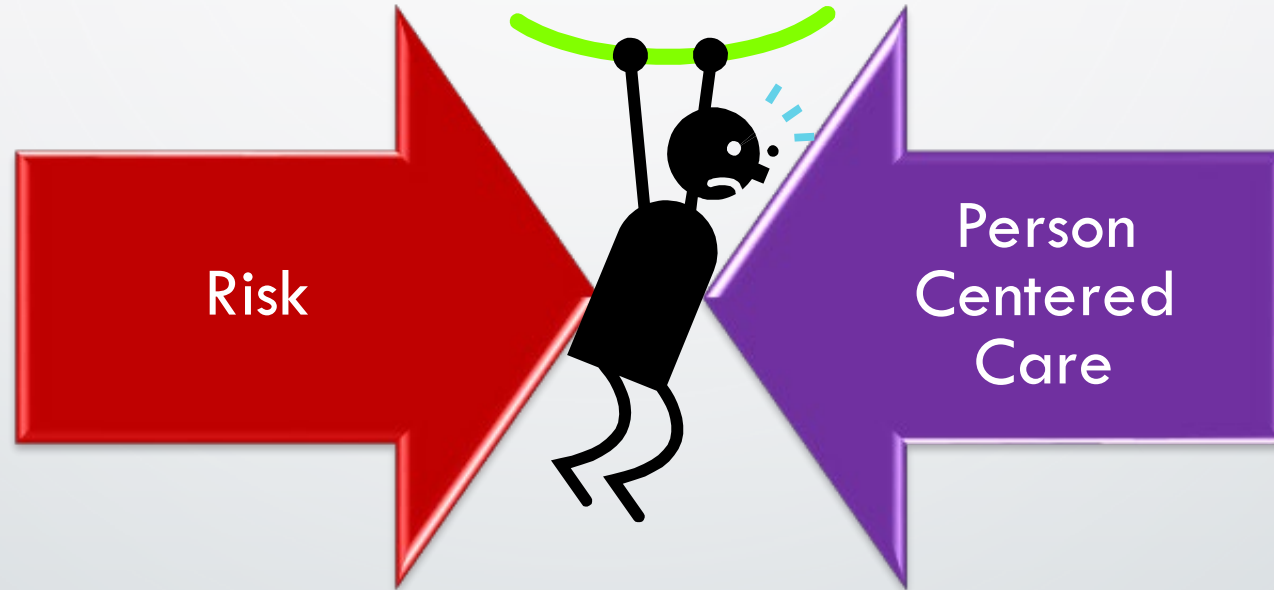
Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm


| | |
|-----------------------------------|---|
| 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.

BALANCING RISK AND PERSON-CENTERED VISITATION





**IMPLEMENT A RISK-BASED APPROACH FOR
PROVIDING VISITATION OPPORTUNITIES WITH
CURRENT GUIDANCE AND STANDARDS**



General Vaccine Administration



Source Control / PPE



Detection, Isolation



Screening and Surveillance



Hand Hygiene



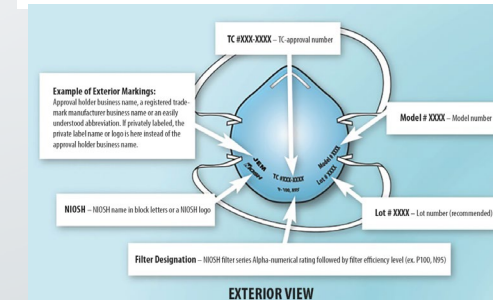
Surface Cleaning / Disinfecting

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

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

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)
- WELL FITTED FACE MASKS OR FIT TESTED RESPIRATORS FOR STAFF (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)

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

WHY MONITORING IS SO IMPORTANT

- WE ARE RELYING ON TIRED IMMUNE SYSTEMS WITH WANING IMMUNITY TO PREVENT INFECTION. FOR THE MOST PART IT APPEARS THE VACCINE OR PRIOR INFECTION IMMUNITY CONTINUES TO WORK, AND THE PERSON GETS MILDLY ILL BUT SOME PEOPLE WITH OTHER MORBIDITY THE VIRUS OVERWHELMS
- VACCINATION IS CRITICAL
- WE CAN'T RELY ON THE VACCINES TO PREVENT ALL ILLNESS
- TIRED HUMANS FORGET
- ALL IT TAKES IS ONE POSITIVE PERSON PULLING THEIR N95 DOWN IN THE HOT SHOWER ROOM OR OVER A HOT STEAM TABLE WITH THE AIR STAGNANT OR BLOWING THE WRONG WAY AND EXPOSURE HAPPENS
- BOOSTERS
- MONOCLONAL ANTIBODIES
- THE BASIC CORE INFECTION PREVENTION AND CONTROL MEASURES ARE NECESSARY

QSO-20-39 REVISED NOVEMBER 11, 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

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

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

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.*

- *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*

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

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.***
- ***VISITORS WHO ARE UNABLE TO ADHERE TO THE CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION SHOULD NOT BE PERMITTED TO VISIT OR SHOULD BE ASKED TO LEAVE.”***

- CORE PRINCIPLE: WELL FITTING FACE MASK (COVERING MOUTH AND NOSE) AND PHYSICAL DISTANCING AT LEAST SIX FEET BETWEEN PEOPLE, IN ACCORDANCE WITH CDC GUIDANCE.



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

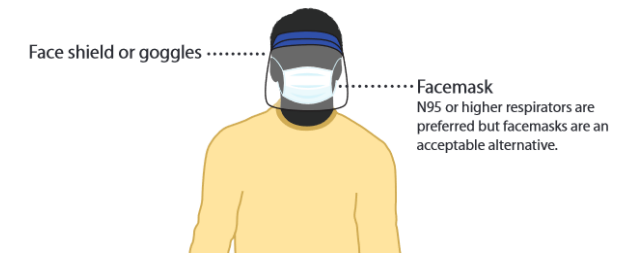


Have a nose wire to prevent air from leaking out of the top of the mask

Visitors must always wear well fitting face masks over nose and mouth

Visitors: PPE as necessary if visiting in Isolation or Quarantine

Acceptable Alternative PPE – Use Facemask



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

UNDERSTANDING RISK AND FOLLOWING CORE MEASURES OF INFECTION PREVENTION AND CONTROL

- ***“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 SHOULD SCREEN ALL WHO ENTER FOR THESE VISITATION EXCLUSIONS.***
- ***VISITORS WHO ARE UNABLE TO ADHERE TO THE CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION SHOULD NOT BE PERMITTED TO VISIT OR SHOULD BE ASKED TO LEAVE. BY FOLLOWING A PERSON-CENTERED APPROACH AND ADHERING TO THESE CORE PRINCIPLES, VISITATION CAN OCCUR SAFELY BASED ON THE BELOW GUIDANCE. ”***
- ***[HTTPS://WWW.CMS.GOV/FILES/DOCUMENT/QSO-20-39-NH-REVISED.PDF](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf)***

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.

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)

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.

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.

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.

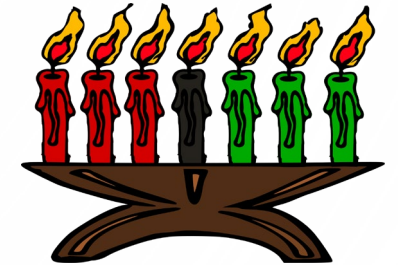
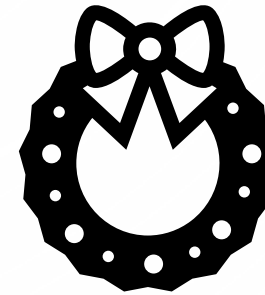
Outdoor visits allowed unless in quarantine or
isolation for COVID-19

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

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 PLATED AND SERVED --- NO BUFFET LINES**

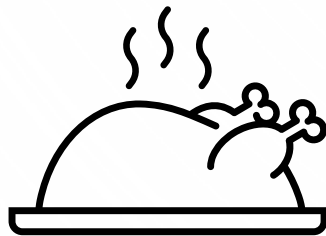
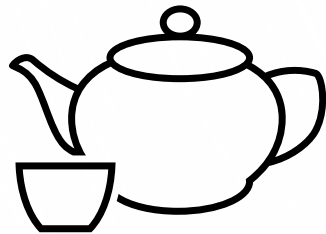




HOLIDAY MEALS FOR FACILITIES IN OUTBREAK

- 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 THAT 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.)**

Administrative Rules

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

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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

PLEASE NOTE

Amendments may not yet be incorporated within the acts to which this site links.

[Click here for information on the current status of the Illinois Compiled Statutes information.](#)

[Click here for the text of rules recently adopted by the Department.](#)

<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](#)

[77 Ill. Adm. Code Part 396 Life Care Facilities Contract Code](#)

[77 Ill. Adm. Code Part 400 Central Complaint Registry](#)

[77 Ill. Adm. Code Part 420 Rules and Regulations to Carry out Provisions of Titles XVIII and XIX of the Social Security Act Relating to Skilled Nursing and Intermediate Care Facilities](#)

[77 Ill. Adm. Code Part 430 Reference for Rules in Administrative Hearings Under Sections 2-110\(d\) and 3-410 of the Nursing Home Care Act](#)

ILLINOIS

REGISTER

Rules of
Governmental Agencies

Volume 45, Issue 47

November 19, 2021

Pages 14,275 - 14,743



Index Department
Administrative Code Division
111 E. Monroe St.
Springfield, IL 62756
217-782-7017

UNIT BASED OR BROAD-BASED
OUTBREAK APPROACH REFERS
TO TESTING AND OTHER CORE
MEASURES

DOES NOT APPLY TO
VISITATION

Joint Committee on 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 C
SECTION 300.1020 COMMUNICABLE DISEASE POLICIES

Section 300.1020 Communicable Disease Policies

- a) The facility shall comply with the Control of Communicable Diseases Cod Adm. Code 690).
- b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with Control of Communicable Diseases Code. If the facility believes that it can provide the necessary infection control measures, it must initiate an involu transfer and discharge pursuant to Article III, Part 4 of the Act and Section of this Part. In determining whether a transfer or discharge is necessary, th of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable D Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. C shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.

(Source: Amended at 29 Ill. Reg. 12852, effective August 2, 2005)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 330 SHELTERED CARE FACILITIES CODE
SECTION 330.1130 COMMUNICABLE DISEASE POLICIES

Section 330.1130 Communicable Disease Policies

- a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) The facility shall not knowingly admit a person with a communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 330.720 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations.

(Source: Amended at 29 Ill. Reg. 12891, effective August 2, 2005)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 350 INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED
FACILITIES CODE
SECTION 350.1223 COMMUNICABLE DISEASE POLICIES

Section 350.1223 Communicable Disease Policies

- a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) The facility shall not knowingly admit a person with a communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, except as allowed in subsection (d) of this Section. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 350.630 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations.
- d) Persons with communicable, contagious, or infectious diseases may be admitted under the following conditions:

(Source: Amended at 29 Ill. Reg. 12924, effective August 2, 2005)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 340 ILLINOIS VETERANS' HOMES CODE
SECTION 340.1510 COMMUNICABLE DISEASE POLICIES

Section 340.1510 Communicable Disease Policies

- a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 340.1310 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.

(Source: Amended at 29 Ill. Reg. 12924, effective August 2, 2005)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
RT 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE
SECTION 295.4040 COMMUNICABLE DISEASE POLICIES

295.4040 Communicable Disease Policies

- a) The establishment shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) The establishment shall not knowingly admit a person with a communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the establishment believes that it cannot provide the necessary infection control measures, it shall initiate residency termination pursuant to Section 80 of the Act.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The establishment shall furnish all pertinent information relating to such occurrences. In addition, the establishment shall also inform the Department of all incidents of scabies and other skin infestations.

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 390 LONG-TERM CARE FOR UNDER-AGE 22 FACILITIES CODE
SECTION 390.1130 COMMUNICABLE DISEASE POLICIES

Section 390.1130 Communicable Disease Policies

- a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) A resident who is suspected of or diagnosed as having any communicable, contagious, or infectious disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations.

(Source: Added at 29 Ill. Reg. 12988, effective August 2, 2005)

COMMUNICABLE DISEASE POLICIES (2005)

- 77-295 ASSISTED LIVING
- 77-300 SNF/ICF
- 77-330 SHELTERED
- 77- 340 VA
- 77-350 ICF/DD (WITH ADDITIONS
- 77-390 LTC UNDER 22

• REPORT SCABIES AND OTHER SKIN INFESTATIONS TO LOCAL HEALTH DEPARTMENT AND TO OHCR DEPARTMENT (FAX OR EMAIL- LIKE FALL WITH INJURY, ABUSE AND NEGLECT)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 370 COMMUNITY LIVING FACILITIES CODE
SECTION 370.820 COMMUNICABLE DISEASE POLICIES

Section 370.820 Communicable Disease Policies

- a) The program coordinator shall be responsible for meeting all the "Communicable Disease Rules of the State of Illinois", Department of Public Health.
- b) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An individual, when suspected or diagnosed as having any such disease, shall be given immediate medical attention.
- c) No resident may be admitted knowingly who has had a history of tuberculosis until the patient is classified as inactive, as defined by the latest classification of the American Thoracic Society, "Diagnostic Standards."
- d) All illnesses required to be reported under Section 370.820(a) above, shall be reported immediately to the local health department and/or to this Department. The program coordinator shall furnish all pertinent information relating to such occurrences and document the notification.

DIFFERENCES IN CODE

- 77-370 COMMUNITY LIVING FACILITIES CODE
- 77-385 SUPPORTIVE LIVING (2002)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

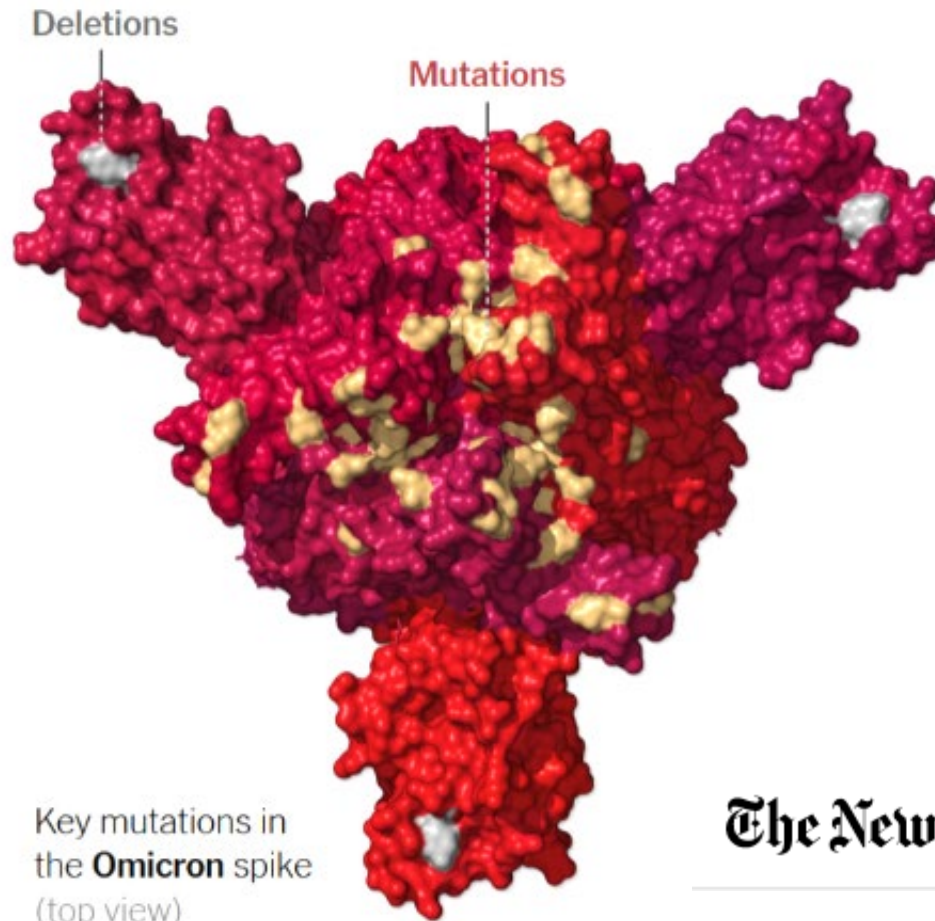
TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 385 SUPPORTIVE RESIDENCES LICENSING CODE
SECTION 385.1300 INFECTION CONTROL

Section 385.1300 Infection Control

The facility shall develop and implement infection control policies and procedures, and adhere to universal precautions. The manager shall establish programs to assure compliance with the infection control policies and procedures. The facility shall develop and implement internal reporting requirements in the event that an employee or volunteer is exposed to blood or body fluids, or in the case of a needle stick. The internal reporting requirements shall include written records of exposures.

OMICRON'S SPIKE MUTATIONS

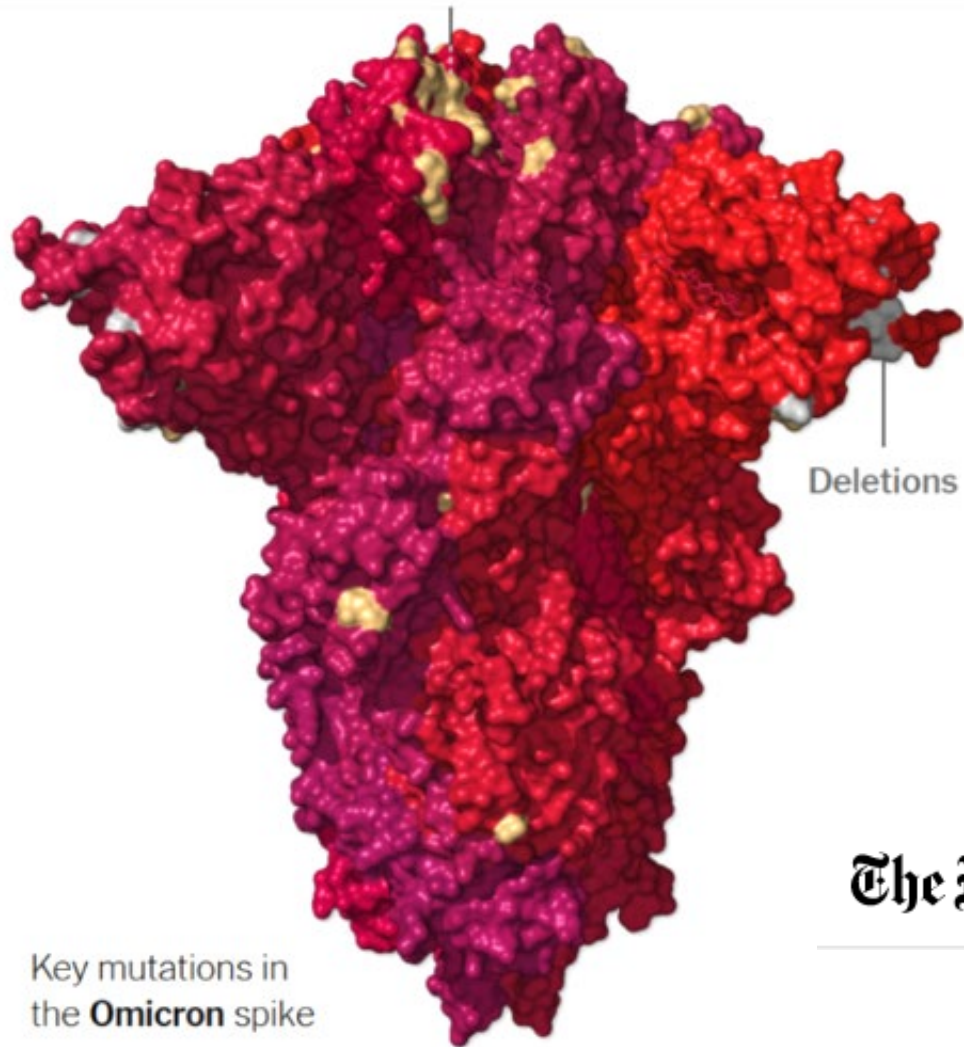
Omicron carries about 50 mutations not seen in combination before, including more than 30 mutations on the spike protein that the coronavirus uses to attach to human cells.



Key mutations in the **Omicron** spike (top view)

OMICRON VARIANT OF SARS-COV-2 VIRUS

The New York Times



The New York Times

OMICRON VARIANT OF SARS COV-2 VIRUS

More research is needed to determine whether **Omicron's** collection of mutations will enable the variant to evade immunity from vaccines or infections. It's also not clear yet whether the disease it

VACCINATION AS CONDITION OF EMPLOYMENT IN HEALTHCARE

- STATE LAW/DPH VACCINATION RULES STILL HOLD UP AND APPLY EVEN THOUGH THERE IS A THE FEDERAL RULING ON VACCINATIONS

DON'T FORGET COHORTING

- IF POSSIBLE, MOVE COVID-19 POSITIVE RESIDENTS TO THE COVID-19 UNIT OR THE END OF THE HALL
- DOORS CLOSED IF NOT SAFETY ISSUE
- WITH MORE PEOPLE IN THE BUILDING, IT IS IMPORTANT TO MAKE SURE FOOT TRAFFIC DOES NOT CONTINUALLY PASS BY PERSONS IN ISOLATION AND QUARANTINE

DO WE STILL NEED TO BE TAKING DAILY VITALS?

- YES, AT LEAST WITH PER SHIFT VITALS FOR PERSONS IN ISOLATION OR QUARANTINE
- SUGGEST THAT TEMPERATURE, PULSE, RESPIRATIONS (TPR) AND PULSE OX ARE MOST IMPORTANT
- BLOOD PRESSURE FOR THOSE WHO REQUIRE FOR OTHER CONDITIONS OR IF TPR OR PULSE OX ARE CONCERNING

https://www.osha.gov/laws-regs/standardinterpretations/1992-05-28

UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety and Health Administration

OSHA ▾ STANDARDS ▾ ENFORCEMENT TOPICS ▾ HELP AND RESOURCES ▾ NEWS ▾

Standard Interpretations / Bloodborne pathogen standard as it applies to regulated waste.

Standard Number: 1910.1030



ONLY PUT REGULATED WASTE
IN BIOHAZARD BAGS
Laboratory samples (e.g.
BinaxNOW) ARE regulated
waste)

“The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. OSHA expects the waste containers into which these products are discarded to be lined in such a way as to protect employees from physical contact with the contents.

Bandages which are not saturated to the point of releasing blood or OPIM if compressed would not be considered as regulated waste. Similarly, vaginal speculums do not normally meet the criteria for regulated waste as defined by the standard.

Beyond these general guidelines, it is the employer's responsibility to determine the existence of regulated waste.”

<https://www.osha.gov/laws-regs/standardinterpretations/1992-05-28>

HANG IN THERE

Seeing much larger outbreaks

Waning immunity

Mask, mask, mask

Hand hygiene

Vaccinate, vaccinate, vaccinate

Stay home if positive or symptomatic

Booster, booster, booster

Monoclonal antibodies

Get help with ventilation and filtration of air

Stay on top of things so one case or small clusters don't become big outbreaks

You are doing an excellent job, most of you know what to do

If not don't be afraid to ask

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**