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

June 25th, 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
- Clarification on LTC Guidance
- OSHA Emergency Temporary Standard (ETS)
- 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, July 9th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e8018fcd16c0cf9b4f2 2628185a4ff2aa
Friday, July 16th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e8ef00222d1f7d8e93 bda0dc6628ef305
Friday, July 23rd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e3c23d6facfe5fe9cc 3ba3afe3ebe6790
Friday, July 30th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e962291424a9ff6a788 8aeac5eb1ae9a2

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

Long-Term Care Guidance
June 25, 2021

Webstockreview.net

Clarification on Dedicated Staff

- The most recent Infection Control for Nursing Homes Guidance includes the wording, "to the extent possible" to indicate **that if at all possible personnel working in the COIVD-19 Care Unit should be dedicated to the COVID Care area and should NOT work on other units during the same shift.**

- "Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. **If possible, HCP should avoid working on both the COVID-19 care unit and other units during the same shift**. - To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit." https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Dedicated Staff on COVID Unit

- If unable to dedicate staff to the COVID unit follow CDC guidance: *"Strategies to Mitigate Healthcare Personnel Staffing Shortages"* to mitigate staffing shortages.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

- If facilities are unable to dedicate personnel to the COVID unit, facilities should reach out to their regional IP to help trouble shoot the situation.

Clarification: PPE or Source Control???

Used as Source Control:

When a respirator (N95) is used for source control (instead of a facemask, for the care of Non-COVID patients) the guidance states, "-To reduce the number of times HCP must touch their face and potential risk for self-contamination, ***HCP should consider continuing to wear the same respirator or well-fitting facemask throughout their entire work shift when the respirator or facemask is used for source control.***"

Used as PPE:

When a respirator (N95) is used for the care of a person under precautions for COVID-19 ***CDC encourages facilities to return to non-crisis strategies; a new N95 should be donned prior to entering the COVID-19 resident's room and be doffed and discarded after exiting the room.*** A new well-fitting facemask or respirator can be used for source control when not in the affected residents room. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#ppe

Clarification: Visitors and Source Control

- "Do visitors need to wear a mask if they recently had COVID-19?"

- CDC continues to recommend that all visitors to long-term care facilities wear source control,: "Visitors, regardless of their vaccination status, should wear a well-fitting cloth mask, facemask, or respirator for source control. A history of recent infection in a visitor is **not a criteria to stop masking.**

General Vaccine Administration

Image: Harper College

Ventilation

Screening and Surveillance, Support Confidential Health Records

Hand Hygiene

KNOT & TUCK
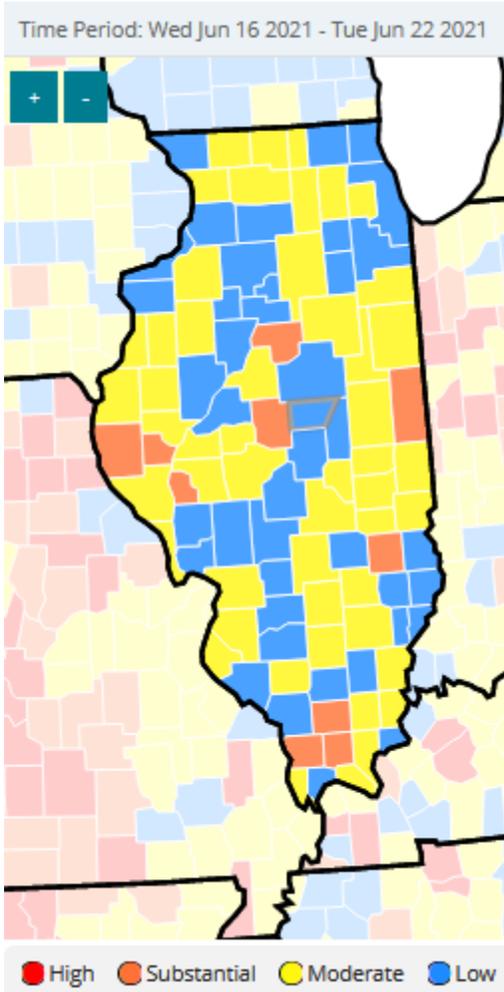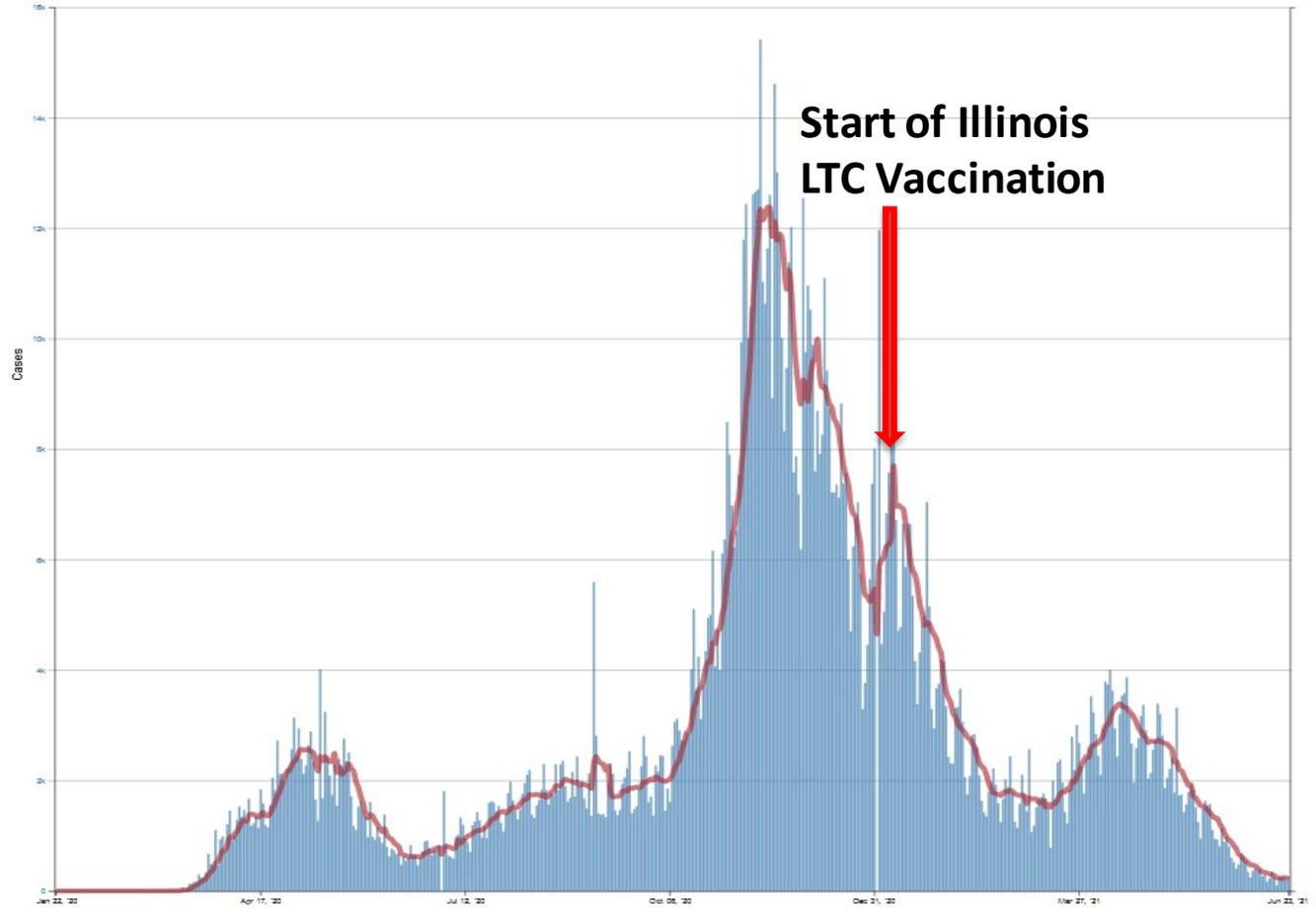
Source Control

Surface Cleaning / Disinfecting

Detection, Isolation

Core Infection Prevention Practices

Illinois Data from CDC

Time Period: Wed Jun 16 2021 - Tue Jun 22 2021

High   Substantial   Moderate   Low

Daily Trends in Number of COVID-19 Cases in Illinois Reported to CDC

Start of Illinois LTC Vaccination

Cases

https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

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COVID-19 Had a Devastating Impact on Medicare Beneficiaries in Nursing Homes During 2020

Why These Data Are Important

The COVID-19 pandemic has presented extraordinary challenges for the Nation's health care system. Nursing home residents have been particularly affected by the disease, as they are predominately elderly, tend to have underlying conditions, and live in close quarters.

The media have chronicled the fear, loneliness, and isolation residents have endured, as well as the grief they have felt watching so many peers die. However, data on the number of nursing home residents who were diagnosed with COVID-19 or likely COVID-19 have not been readily available, particularly for early in the pandemic. Nursing homes are not required to report cases and deaths that occurred before May 8, 2020. It is important that we understand the extent of the outbreaks in

Key Takeaways

- 2 in 5 Medicare beneficiaries in nursing homes were diagnosed with either COVID-19 or likely COVID-19 in 2020.
- Almost 1,000 more beneficiaries died per day in April 2020 than in April 2019.
- Overall mortality in nursing homes increased to 22 percent in 2020 from 17 percent in 2019.
- About half of Black, Hispanic, and Asian beneficiaries in nursing homes had or likely had COVID-19, and 41 percent of White beneficiaries did.
- Understanding the pandemic's effects on nursing home residents is necessary if tragedies like this are to be averted.

https://oig.hhs.gov/oei/reports/OEI-02-20-00490.pdf

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Not Just Medicare Beneficiaries

One Year Into the Pandemic, More Than 3000 Healthcare Workers Have Died of COVID-19

United States

Ellie Kincaid

March 11, 2021

43 | Read Comments

WORLD

COVID-19: Estimated 115,000 healthcare workers have died from disease, says WHO ⬭ COMMENTS

By Euronews • Updated: 24/05/2021

WHO

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Occupational Exposure to COVID-19; Emergency Temporary Standard

A Rule by the Occupational Safety and Health Administration on 06/21/2021

Comments on this document are being accepted at Regulations.gov.

SUBMIT A FORMAL COMMENT

Read the 12 public comments

Posted to the Federal Register on June 21, 2021 and effective immediately

Employers must comply with most provisions within 14 days (July 5, 2021)

Provisions involving physical barriers, ventilation, and training within 30 days (July 21, 2021)

OSHA Emergency Temporary Standard (ETS)

- On January 21, 2021, Executive Order

- Ensuring the health and safety of workers

- National priority and a moral imperative

- The order directed OSHA to take action

- Reduce the risk of contracting COVID-19 in the workplace

- The ETS is aimed at protecting workers facing the highest COVID-19 hazards
  - Those working in **healthcare settings** where suspected or confirmed COVID-19 patients **are treated**.

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

COVID-19 ETS

- *Emergency Temporary Standards are, by design, temporary in nature*

- *IV. Rationale for the ETS A. Grave Danger*

- *In summary, the availability and **use of safe and effective vaccines for COVID-19 is a critical milestone that has led to a marked decrease in risk for healthcare employees generally,***

- ***but grave danger still remains** for those whose jobs require them to work in settings where patients with suspected or confirmed COVID-19 receive care.*

- *Based on CDC guidance and the best available evidence, **OSHA finds a grave danger in healthcare for vaccinated and unvaccinated HCP involved in the treatment of COVID-19 patients.** (p.91)*

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Fully Vaccinated Workers and Masks

- The ETS exempts fully vaccinated workers from masking, distancing, and barrier requirements

- In well-defined areas

- No reasonable expectation that any person with suspected or confirmed COVID-19 will be present
  - Break rooms
  - Meeting rooms with vaccinated and screened person

- *"Employers are encouraged to follow public health guidance from the Centers for Disease Control and Prevention (CDC) even when not required by this section."*
- **IDPH will stay consistent with CDC in guidance at this time**

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

COVID-19 plan

- Develop and implement a COVID-19 plan (in writing if more than 10 employees)

- Designated safety coordinator with authority to ensure compliance

- Workplace-specific hazard assessment

- Involvement of non-managerial employees in hazard assessment and plan development/implementation (IDT approach)

- Policies and procedures to minimize the risk of transmission of COVID-19 to employees.

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

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Patient Screening and Management

- Already being accomplished

- Limit and monitor points of entry to settings where direct patient care is provided screen and triage patients, clients, and other visitors and non-employees; implement patient management strategies

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https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf
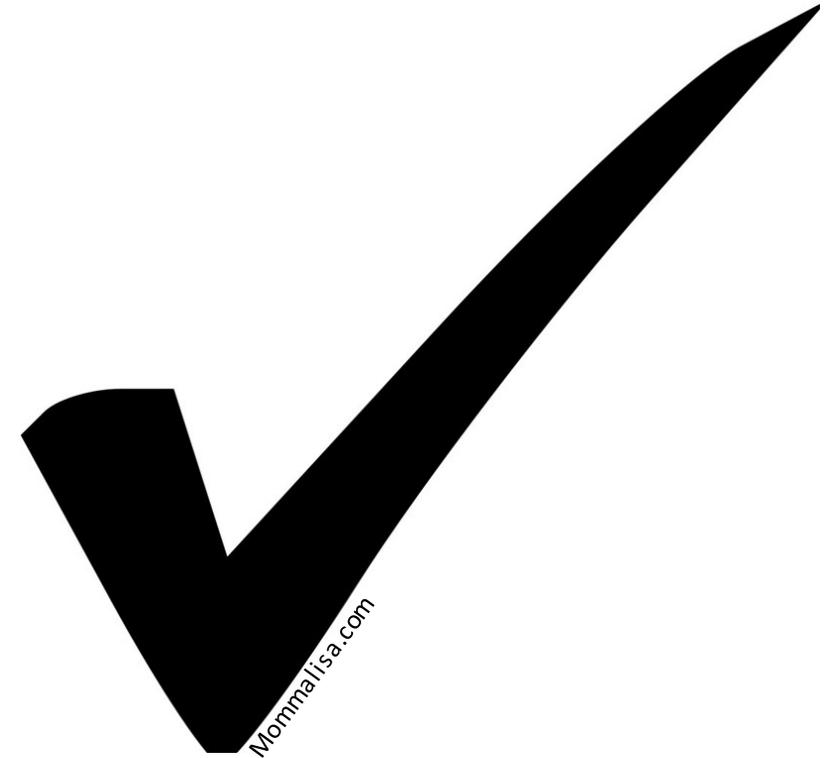
Training

- All employees receive training

- Comprehend COVID-19
  - Transmission
  - Tasks
  - Situations in the workplace that could result in infection

- Relevant policies and procedures

- (Similar to required Bloodborne Pathogen or Lock Out Tag Out training)

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

Standard and Transmission-Based Precautions

- Develop and implement policies and procedures

- Adhere to Standard and Transmission-Based precautions based on CDC guidelines

- Provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible handwashing facilities

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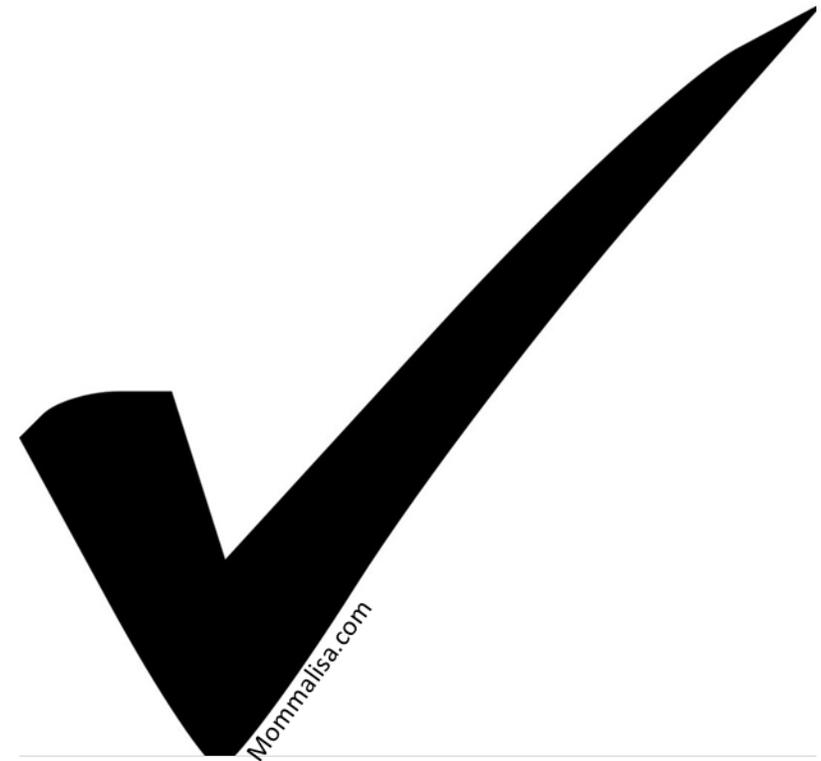
Personal protective equipment (PPE):

- **Provide and ensure** each employee wears a facemask when indoors and when occupying a vehicle with other people for work purposes

- **Provide and ensure** employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19, and for aerosol-generating procedures on a person with suspected or confirmed COVID-19

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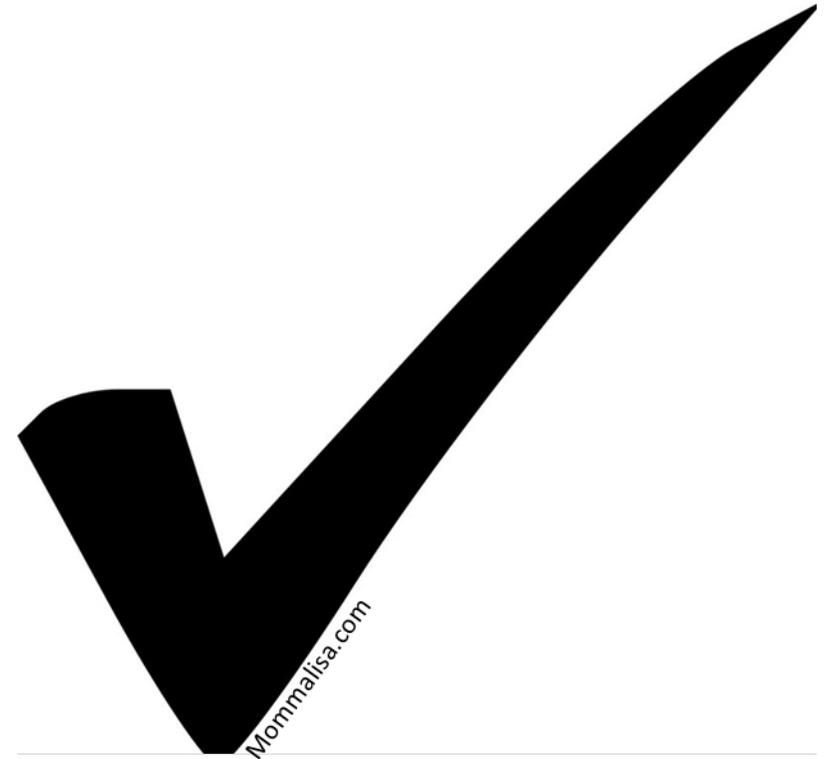
FACT SHEET

Mini Respiratory Protection Program

OSHA® Occupational Safety and Health Administration

What is the mini respiratory protection program?

The mini respiratory protection program (29 CFR 1910.504) is one part of the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS). **It applies only to specific circumstances specified under the ETS**, generally when workers are not exposed to suspected or confirmed sources of COVID-19 but where respirator use could offer enhanced worker protection. The mini respiratory protection program does <u>not</u> replace or substitute for OSHA's normal Respiratory Protection standard (29 CFR 1910.134), which applies to:

- Circumstances under the ETS when workers are exposed to suspected or confirmed sources of COVID-19.
- Any other workplace hazards that might require respiratory protection (e.g., silica, asbestos, airborne infectious agents such as *Mycobacterium tuberculosis*).

Why is the mini respiratory protection program needed as part of the ETS?

The ETS addresses an emergency health crisis and the mini respiratory protection program is designed to improve worker protections with limited provisions for the safe use of respirators that can be implemented more quickly and easily than the more comprehensive respiratory protection program required by the Respiratory Protection standard (e.g., medical evaluation, fit testing) (Table 1).

Table 1. Key requirements of the mini respiratory protection program vs. the respiratory protection standard

KEY PROGRAM ELEMENT[1]	MINI RPP[2] (1910.504)	NORMAL RPP[3] (1910.134)
Medical Evaluation		✓
Fit Testing		✓
Written Program		✓
User Seal Checks	✓	✓
Training	✓	✓

[1] This is not a comprehensive list of required program elements
[2] These are key requirements pertaining to employer-provided respirators (as opposed to worker-provided respirators)
[3] For additional information about the Respiratory Protection standard's requirements, see: NIOSH/OSHA's "Hospital Respiratory Protection Program Toolkit Resources for Respirator Program Administrators" at: www.osha.gov/sites/default/files/publications/OSHA3767.pdf

When must employers comply with the normal Respiratory Protection standard instead of the mini respiratory protection program?

The mini respiratory protection program only applies to respirator use covered by *specific* provisions of the ETS (Table 2). The normal Respiratory Protection standard is applicable to other respirator use required under the ETS and to hazards not covered by the ETS for which respiratory protection is required.

https://www.osha.gov/sites/default/files/publications/OSHA4121.pdf

Table 2. Applicability of the mini respiratory protection program vs. the Respiratory Protection standard

COVID-19 ETS PROVISION	MINI RPP (1910.504)	NORMAL RPP (1910.134)
1910.502(f)(2) – for exposure to person with suspected/confirmed COVID-19		✓
1910.502(f)(3) – for AGP[1] on person with suspected/confirmed COVID-19		✓
1910.502(f)(4) – in place of facemask when respirator is not required	✓	
1910.502(f)(5) – for Standard and Transmission-Based Precautions		✓

[1] AGP = aerosol-generating procedure (as defined by 1910.502)

What do employers need to do when workers provide their own respirators?

The employer must provide workers with a specific notice contained in 1910.504(c). The notice is intended to inform workers to take certain precautions to be sure that the respirator itself does not present a hazard.

https://www.osha.gov/sites/default/files/publications/OSHA4121.pdf

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Aerosol-generating procedures

- Aerosol-generating procedures on a person with suspected or confirmed COVID-19

- Limit employees present to only those essential;

- Perform procedures in an airborne infection isolation room, **if available**

- Clean and disinfect surfaces and equipment after the procedure is completed

- We are currently reviewing guidance

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

Physical Distancing and Physical Barriers

- Keep people at least 6 feet apart when indoors

- Install cleanable or disposable solid barriers

- At each fixed work location in non-patient care areas

- Where employees are not separated from other people by at least 6 feet

- Fully vaccinated employees are exempt

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

Cleaning and Disinfecting

- Follow standard practices for cleaning and disinfection of surfaces and equipment

- In accordance with CDC guidelines in patient care areas, resident rooms, and for medical devices and equipment

- In all other areas, clean high-touch surfaces and equipment at least once a day

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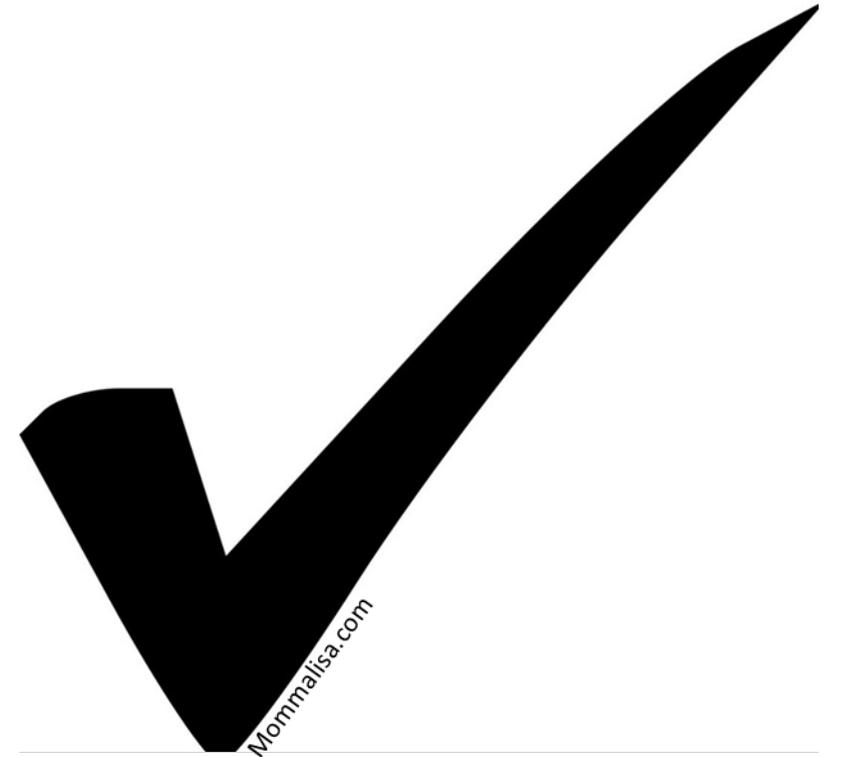
Ventilation

- Ensure that employer-owned or **controlled** existing HVAC systems

- Used in accordance with manufacturer's instructions and design specifications for the systems

- Air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it

- Does not require replacement of systems

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

Health Screening and Medical Management

- Screen employees before each workday and shift

- Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing symptoms

- Sick employees should not work

- Notify other exposed employees within 24 hours

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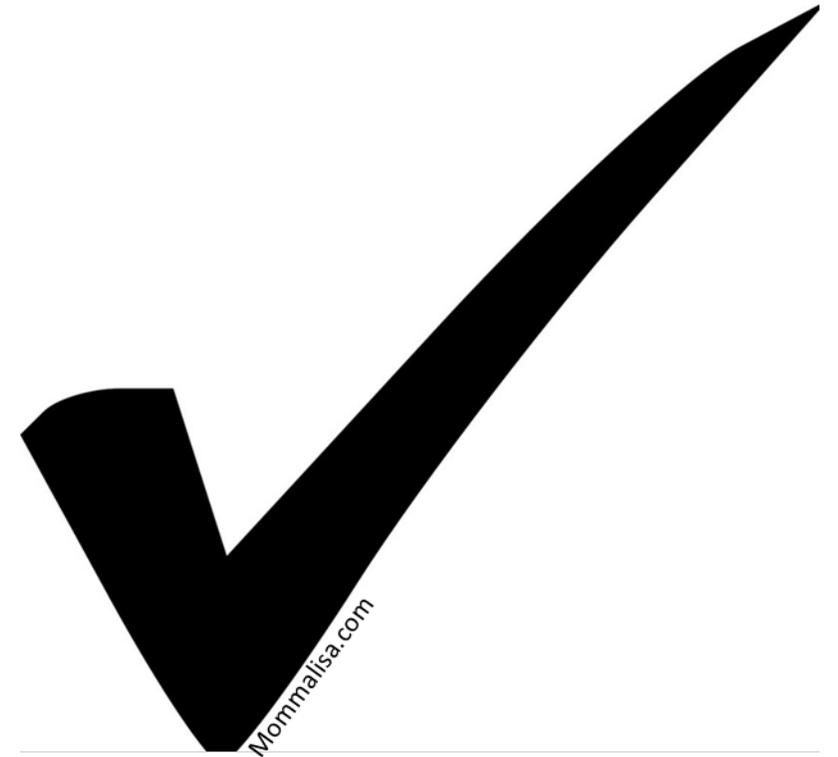
Employee Protection

- Employers with more than 10 employees,

- provide medical removal protection benefits in accordance with the standard to workers who must isolate or quarantine

- Provide reasonable time and paid leave for vaccinations and vaccine side effects

- Requirements must be implemented at no cost to employees

- Anti-retaliation

- Report work-related COVID-19 fatalities and in-patient hospitalizations to OSHA.

https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf

Employee Records

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE
SECTION 300.650 PERSONNEL POLICIES

Section 300.650 Personnel Policies

a)   Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the following requirements.

b)   Employee Records

1)   Employment application forms shall be completed for each employee and kept on file in the facility. Completed forms shall be available to Department personnel for review.

2)   Individual personnel files for each employee shall contain date of birth; home address; educational background; experience, including types and places of employment; date of employment and position employed to fill in this facility; and (if no longer employed in this facility) last date employed and reasons for leaving.

3)   Individual personnel files for each employee shall also contain health records, including the initial health evaluation and the results of the tuberculin skin test required under Section 300.655, and any other pertinent health records.

4)   Individual personnel records for each employee shall also contain records of evaluation of performance.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE
SECTION 295.3030 INITIAL HEALTH EVALUATION FOR DIRECT CARE AND FOOD SERVICE EMPLOYEES

Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees

a)   Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors.

b)   The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment.

c)   The initial health evaluation shall include the employee's immunization status.

d)   The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee.

e)   Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:

EMERGENCY TEMPORARY STANDARD

The COVID-19 Log

OSHA ® Occupational Safety and Health Administration

OSHA's COVID-19 Emergency Temporary Standard (ETS) requires employers to establish and maintain a COVID-19 log to record COVID-19 cases in their workforce. This document explains those requirements and provides guidance for recording COVID-19 cases on the COVID-19 log.

The log must include each confirmed case of COVID-19 even if the employee was asymptomatic (did not feel sick) and even if the case was not caused by an exposure in the workplace.

https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf

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Date	Name (last, first, MI)	Contact Information	Occupation	Work Location (unit, dept, etc)	Last Date Worked	Date Sx Onset	Date Positive Test	Date Hospitalized/ Died?	OSHA Notification?	Comments

(A) The COVID-19 log must contain, for each instance, the employee's

    name, one form of contact information, occupation, location where the

    employee worked, the date of the employee's last day at the workplace,

    the date of the positive test for, or diagnosis of, COVID-19, and the date

    the employee first had one or more COVID-19 symptoms, if any were

    experienced.

(B) The information in the COVID-19 log must be recorded within 24 hours

    of the employer learning that the employee is COVID-19 positive and

    must be maintained as though it is a confidential medical record and must

    not be disclosed except as required by this ETS or other federal law.

(C) The COVID-19 log must be maintained and preserved while this section

    remains in effect.

COVID-19 Log requirements

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Required OSHA Reporting

Establishments classified in the following North American Industry Classification System (NAICS) are required to keep OSHA injury and illness records unless they meet the small employer exemption under 1904.1.

6216	Home health care services
6219	Other ambulatory health care services
6221	General medical and surgical hospitals
6222	Psychiatric and substance abuse hospitals
6223	Specialty (except psychiatric and substance abuse) hospitals
6231	Nursing care facilities
6232	Residential mental retardation, mental health and substance abuse facilities
6233	Community care facilities for the elderly
6239	Other residential care facilities
6241	Individual and family services
6242	Community food and housing, and emergency and other relief services
6243	Vocational rehabilitation services

- In addition: *"All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye (see § 1904.39)."*

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Needlestick or Sharp Injury on OSHA 300 Log

- 1904.8(a)

- Basic requirement

- You must record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030). You must enter the case on the OSHA 300 Log as an injury.

- To protect the employee's privacy, **you may not enter the employee's name on the OSHA 300 Log** (see the requirements for privacy cases in paragraphs 1904.29(b)(6) through 1904.29(b)(9)).

https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.8

OSHA LOGS

- Not new

- The Recordkeeping Standard 29 CFR 1904.8

- requires needlestick injuries to be recorded on the OSHA 300 Log

- This includes all work related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious materials (OPIM).

- If this recorded employee injury is later diagnosed with an infectious bloodborne disease the OSHA 300 log must be updated.

https://www.osha.gov/sites/default/files/OSHA-RK-Forms-Package.pdf

What forms must be completed?

- **OSHA Form 300** – Log of Work-Related Injuries and Illnesses

- **OSHA Form 301** – Injury and Illness Incident Report

- **OSHA Form 300A** – Summary of Work-Related Injuries and Illnesses

OSHA 300 Log

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year _____

U.S. Department of Labor
Occupational Safety and Health Administration

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name _____

City _____   State _____

Identify the person				Describe the case		Classify the case											

Describe the case columns: (A) Case No., (B) Employee's Name, (C) Job Title (e.g., Welder), (D) Date of injury or onset of illness (mo./day), (E) Where the event occurred (e.g. Loading dock north end), (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Classify the case: CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Enter the number of days the injured or ill worker was:

Check the "injury" column or choose one type of illness:

Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
		Job transfer or restriction	Other record-able cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)

"You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid."

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses.

Other Recording Criteria

- Significant diagnosed injury or illness

- Needlestick and sharps injuries – section 1904.8

- Medical removal – section 1904.9

- Hearing loss – section 1904.10

- Tuberculosis – section 1904.11

"It's important and required."

Resources

- Recordkeeping web page
  (http://www.osha.gov/recordkeeping)

- Local OSHA Offices
  http://www.osha.gov/html/RAmap.html)

- E-correspondence/Contact OSHA
  (http://www.osha.gov/html/Feed_Back.html)

Deep Breath…. Step at a Time

- Review your current staff human resource/occupational health records

- Separate medical files with limited access (e.g. confidential testing results post needlestick)

- Work with Human Resources or your occupational health contractors

- May be a role of Infection Preventionist in Congregate and LTCF

- 44-page ETS Regulatory Text (29-CFR/1910-Subpart U) https://www.osha.gov/sites/default/files/covid-19-healthcare-ets-reg-text.pdf

- The Preamble https://www.osha.gov/sites/default/files/covid-19-healthcare-ets-preamble.pdf

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.

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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**