



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

July 16<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
- Reminder: LTC Testing Procedures
- FAQ From Last Week
- 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 23 <sup>rd</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e3c23d6facfe5fe9cc3ba3afe3ebe6790">https://illinois.webex.com/illinois/onstage/g.php?MTID=e3c23d6facfe5fe9cc3ba3afe3ebe6790</a>
Friday, July 30 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e962291424a9ff6a7888aeac5eb1ae9a2">https://illinois.webex.com/illinois/onstage/g.php?MTID=e962291424a9ff6a7888aeac5eb1ae9a2</a>

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

Slides and recordings will be made available after the sessions.

Reminder:  
LTC Testing  
Procedures

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested	Residents, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*	Test all residents, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

- From CMS [QSO-20-38 \(revised\)](#), Table 1

## Reminder: LTC Routine HCP Testing

CMS QSO-20-38 (revised):

*“Fully vaccinated staff do not have to be routinely tested”*

County Positivity Rate*	Minimum Testing Frequency of <u>Unvaccinated</u> Staff**
<5%	Once a month
5% - 10%	Once a week
> 10%	Twice a week

\*CMS updates county positivity rate once per week on this [website](#).

\*\*The table outlines the **minimum** testing frequency. Some local health departments may instruct their facilities to test at a higher frequency (e.g., due to rising rates in the region or other risk factors).

# Reminder: LTC Testing of Staff and Residents with an Exposure

## Situation

- Asymptomatic HCP with [higher-risk exposure](#)
- Patients/Residents with prolonged close contact with someone with SARS-CoV-2 infection

## Action step

- Conduct two viral tests for SARS-CoV-2:
  - 1) Immediately
  - 2) 5–7 days after exposure

\*Applies to vaccinated and unvaccinated individuals.

People with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact.

Asymptomatic, fully vaccinated HCP do not need to quarantine, but do need to be tested.

# SARS-CoV-2 Variant Testing

- IDPH Lab is conducting variant testing for
  - 1) **Routine surveillance:** Illinois hospital and commercial labs are submitting a random sample of specimens weekly for testing
  - 2) **Outbreak investigation:** Particularly for outbreaks with vaccine breakthrough cases, local health departments can authorize specimen submission to IDPH Lab
- Test results:
  - Sequencing is for epidemiological purposes only. A report will not be issued to the patient or the provider with results.
  - However, LHDs may use results for public health purposes (e.g., contact tracing, outbreak detection).

## Question: Should nursing staff always wear a mask when working?

### Answer(s):

- Except as noted in the [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#), healthcare personnel (HCPs) should continue to follow all current Infection Prevention & Control recommendations (to protect themselves and others). This guidance applies regardless of vaccination status and level of vaccination coverage in the facility.
- In general, **fully vaccinated HCPs should continue to wear source control while at work**. However, fully vaccinated HCPs could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing.
  - If unvaccinated HCPs are present, everyone should wear source control and unvaccinated HCP should physically distance from others. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor\\_1619116602537](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor_1619116602537)

## **Answers: (Should nursing staff always wear a mask when working?)**

- HCPs working in areas with minimal to no community transmission, should continue to adhere to Standard and Transmission-Based Precautions based on anticipated exposures and confirmed diagnoses.
- This might include eye protection, an N95 or equivalent or higher-level respirator, as well as other PPE. Universal use of a well-fitting facemask for source control is recommended for HCPs if not otherwise wearing a respirator.

## Questions: **Where is the best location to get information for fit testing?** **Who can do fit testing?**

### Answers:

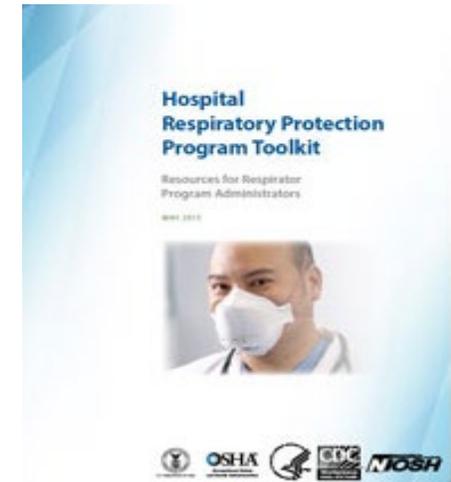
- DHHS (NIOSH)- Respiratory Protection Program Toolkit

<https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSH PUB2015117>

- OSHA Respiratory Protection Standard

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>

- When respirator use is required, the Respiratory Protection Standard requires that all employee use of respirators be done within the context of a comprehensive and effective respiratory protection program.
- It is the program administrator's responsibility to ensure that the person conducting the fit tests is competent.  
***There is no licensing or certification required for someone to do fit testing; anyone can do it as long as they understand how.***



## Resources for Program Implementation (Page 49 of the Toolkit)

### Medical and Industrial Hygiene Services

[American Industrial Hygiene Association \(AIHA\) Consultants List](#)—search by specialty for help with respiratory protection programs and fit testing.

[OSHA On-site Consultation Program](#)—offers free and confidential advice to small and medium-sized businesses in all states across the country, with priority given to high-hazard worksites.

[The Association of Occupational and Environmental Clinics directory of member clinics](#)—These clinics provide medical clearance for respirator use, may provide fit testing services, and meet certain criteria for quality patient care.

### Administrative Resources

[Respiratory Protection Program Evaluation Checklist & Instructions for Use \(Appendix C\)](#)

[Written Respiratory Protection Program Template \(Appendix D\)](#)

[Sample Respirator Fit Test and Training Verification Card \(PDF\)](#)—developed by the Association of Occupational Health Professionals in Healthcare

[Sample Respirator Fit Test Record \(Word\)](#)—customizable for your respirator program (developed by the California Department of Public Health)

### Training and Educational Resources

#### Occupational Safety and Health Administration (OSHA)

[OSHA Training Institute \(OTI\)](#)—searchable schedule of courses offered by the OTI Education Centers

[Fact Sheet: Respiratory Infection Control: Respirators Versus Surgical Masks \(PDF\)](#)—two-page explanation of when to use respirators and surgical masks

[Respiratory Protection Videos \(MPEG4 or YouTube\)](#)—website with 13 videos in English and Spanish

[The Difference Between Respirators and Surgical Masks](#)—English and Spanish videos

[Respiratory Protection for Health Care Workers](#)—download video or watch on YouTube

[Respirator Safety: Donning and Doffing \(WMV, 21MB\)](#)—English and Spanish videos

[QuickCard on types of respirators \(PDF\)](#)—one page reference on the different types of respirators

## Question: Any updates on drinking fountain usage?

### Answers:

- A temporary shutdown (days, weeks, months) or reductions in normal water use in a building can create hazards.
  - **Check for hazards:** *Legionella*; mold; lead and copper contamination; disinfectant residuals; water heater temperature set point; stagnant water in pipes.
- **Flush Water System:** it is always best practice to flush all water lines to ensure fresh water in the system after shutdowns.
- CMS and CDC consider it essential that healthcare facilities have a Water Management Program  
<https://www.cdc.gov/hai/prevent/environment/water.html>
  - Identifies both hazardous conditions and corrective actions to minimize the growth and spread of pathogens in a facility plumbing system.
- Engagement with your facility engineers/maintenance leads is encouraged.
- The American Society of Heating, Refrigerating and Air-Conditioning Engineers (**ASHRAE**)  
<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-building-readiness.pdf>



General Vaccine Administration



Image: Harper College **Ventilation**



Screening and Surveillance,



Hand Hygiene



Source Control/ PPE



Surface Cleaning / Disinfecting



Detection, Isolation

# Core Infection Prevention Practices

# Facility Associated Case

## Question:

The previous definitions for facility associated did not include any comment or exclusion when there are no cases in a facility. With the lower activity, will the definition be expanded to rule out an employee who worked the 48 hours preceding positive but there are NO cases in the facility?

## Answer:

Facility-associated case of COVID-19 **infection in a staff member**: *“A staff member who worked at the facility for any length of time two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person) until the day that the positive staff member was excluded from work.”* (CDC Contact Tracing for COVID-19, found at: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact> )

# Facility Associated with No Cases in Facility

- Staff member worked at the facility for any length of time two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive test
- Potentially exposing residents and other staff
- It is facility associated because it is now about exposing others at the facility

# The Scope and Application of the OSHA ETS

## Question:

Does the OSHA emergency standard apply across the continuum in a CCRC or just in the care venues?

## Answer:

The OSHA ETS *“applies to all settings where any employee provides healthcare services or healthcare support services.”* (p. 1 Subpart U, Healthcare)

<https://www.osha.gov/coronavirus/ets>

# The Scope and Application of the OSHA ETS

## Question:

Are home-care or hospice offices required to follow the new OSHA ETS?

## Answer:

*(“This section **does not apply** to the following (p. 1 Subpart U, Healthcare)*

- 1. Home healthcare settings where all employees are fully vaccinated, and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;*
- 2. Healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or telehealth services performed outside of a setting where direct patient care occurs.*
- 3. First aid by an employee who is not a licensed healthcare provider”*

# Release of OSHA Emergency Temporary Standard

## Question:

Why is OSHA just now putting out this ETS? Why didn't they do this 18 months ago? Seems like we are going backwards, and our employees are just as important now as they were then!

## Answers:

The decision was made in May 2020 not to issue an ETS (p. 146 of OSHA ETS Preamble, June 2021). An Executive Order was on protecting worker health and safety was signed January 21, 2021 that resulted in this ETS.

<https://www.osha.gov/coronavirus/ets>

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-protecting-worker-health-and-safety/>

# OSHA Fit Testing

## Question:

Is N95 Fit testing required annually? I know at some point that requirement was waived.

## Answer:

- *“OSHA field offices shall exercise enforcement discretion concerning the annual fit testing requirement, 29 CFR § 1910.134(f)(2), as long as employers:*
- *Make a good-faith effort to comply with 29 CFR § 1910.134;*
- ***Perform initial fit tests for each HCP with the same model, style, and size respirator that the worker will be required to wear for protection against COVID-19***
- *Inform workers that the employer is temporarily suspending the annual fit testing of N95 filtering facepiece respirators to preserve and prioritize the supply of respirators*
- *Explain to workers the importance of performing a user seal check (i.e., a fit check) at each donning to make sure they are getting an adequate seal from their respirator*
- *Conduct a fit test if they observe visual changes in the employee’s physical condition that could affect respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, or obvious changes in body weight)”*

# Record Keeping

## Question:

How long should we keep records on file for sanitation checklists, employee screening records, etc.?

## Answer:

- **It depends**
- Sanitation checklists, visitation logs, employee screening records. You need enough time to prove you are monitoring and to be able to use data for trending, training, PDSA, OSHA
- COVID-19 OSHA ETA related? *“The COVID-19 log must be maintained and preserved while this section remains in effect.”* (p. 32 of OSHA ETS) <https://www.osha.gov/coronavirus/ets>
- Example: OSHA training [records](#) for 3 years
- OSHA Injury and Illness records at least 5 years <https://www.osha.gov/recordkeeping>
- Hepatitis B medical records employment plus 30 years <https://www.osha.gov/laws-regs/standardinterpretations/1993-02-01-0>
- Work with your interdisciplinary team

# Compassionate Care and Roommates

## Question:

If a resident has a roommate and the family has been cleared for compassionate care does the roommate have to leave the room when the family is there?

## Answer:

- Suggest treating the Compassionate Care partner as staff
- Suggest **vaccination** of all persons
- Roommate would not need to leave
- Draw curtain
- Keep 6 feet separation between roommates and Compassionate Caregivers
- Masking and appropriate PPE use

# Pet Therapy

## Question:

What is the guidance on pet visits coming into a facility?

## Answer:

- Vaccinating people can protect the pets
- *“People can spread the virus that causes COVID-19 to animals, especially during close contact.”*
- *A small number of pet cats and dogs have been reported to be infected with the virus that causes COVID-19 in several countries, including the United States. Most of these pets became sick after contact with people with COVID-19.*
- *Therapy animal visits require some level of contact between clients and the therapy animal team. When possible, keep animals at least 6 feet away from people and animals not participating in the visit. Handlers and participants should wear a mask during the visit.*
- *Do not put masks on therapy animals. Covering an animal’s face could harm the animal.”*

<https://www.cdc.gov/healthypets/covid-19/service-therapy-animals.html>

## Question: Vaccination Status and OSHA ETS

If ALL employees of a health care setting are vaccinated, and ALL residents vaccinated, would we still need to comply to the OSHA ETS?

### Answer:

- ***It depends:*** “OSHA notes that, in order for the employer to be exempt from providing controls in a well-defined area under paragraph (a)(4) of the ETS based on employees’ fully vaccinated status, the COVID-19 plan **must include policies and procedures to determine employees’ vaccination status.**” (OSHA FAQ)
- “Finally, the standard exempts from coverage certain workplaces where all employees are fully vaccinated and individuals with possible COVID-19 are prohibited from entry; and it exempts from some of the requirements of the standard fully vaccinated employees in well-defined areas **where there is no reasonable expectation that individuals with COVID-19 will be present.**” (p.2 OSHA ETS Preamble)
- **CMS, CDC, OSHA, IDPH- Facilities need to take the highest guidance/reg**
- **<https://www.osha.gov/coronavirus/ets/faqs>**

# Long-Term Care Guidance

July 16, 2021



Webstockreview.net

# Frequency of Screening for Residents

Question:

Do LTC facilities still have to do vital signs every shift with cough, SOB and sore throat monitoring?

Answer:

***Screening for fever and symptoms should also be incorporated into daily assessments of all admitted patients.*** All fevers and symptoms consistent with COVID-19 among admitted patients should be properly managed and evaluated (e.g., place any patient with unexplained fever or symptoms of COVID-19 on appropriate Transmission-Based Precautions and evaluate).

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

## ***Evaluate Residents at Least Daily***

- Ask residents to report if they feel feverish or have symptoms consistent with COVID-19.
- **Actively monitor all residents upon admission and at least daily for fever (temperature  $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19.** Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in the section: Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

# HCP, Exposure, and Work Restrictions

## Question:

Is quarantine for HCP with exposure still 14 days or can they return in 10 with negative test?

## Answer:

- Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.
- Unvaccinated HCP with a higher risk exposure should be excluded from work for 14 days unless facilities need to implement staffing mitigation strategies (per CDC).
- Options to reduce quarantine (as mentioned in above question) have not been applicable to healthcare.

**“Can’t test out of quarantine”**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

# Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged<sup>1</sup> close contact<sup>2</sup> with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection<sup>3</sup></p>	<ul style="list-style-type: none"> <li>HCP not wearing a respirator or facemask<sup>4</sup></li> <li>HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask</li> <li>HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Exclude from work for 14 days after last exposure<sup>5,6,7</sup></li> <li>Advise HCP to monitor themselves for fever or <a href="#">symptoms consistent with COVID-19</a><sup>8</sup></li> <li>Any HCP who develop fever or <a href="#">symptoms consistent with COVID-19</a><sup>8</sup> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</li> </ul>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

# Worship Services

Question:

What is current policy surrounding religious services inside the nursing home?



Answer:

- Outdoor services are preferred.
- Indoor services can occur, but all participants ***must wear source control (regardless of vaccination status)*** including the person conducting the service.
- Vaccinated residents may sit next to one another, but ***unvaccinated residents must physically distance themselves (> 6 feet) from vaccinated residents and other unvaccinated residents.***
- ***At this time, singing, chanting, recitation are not recommended due to increase in expelled air into the environment.***

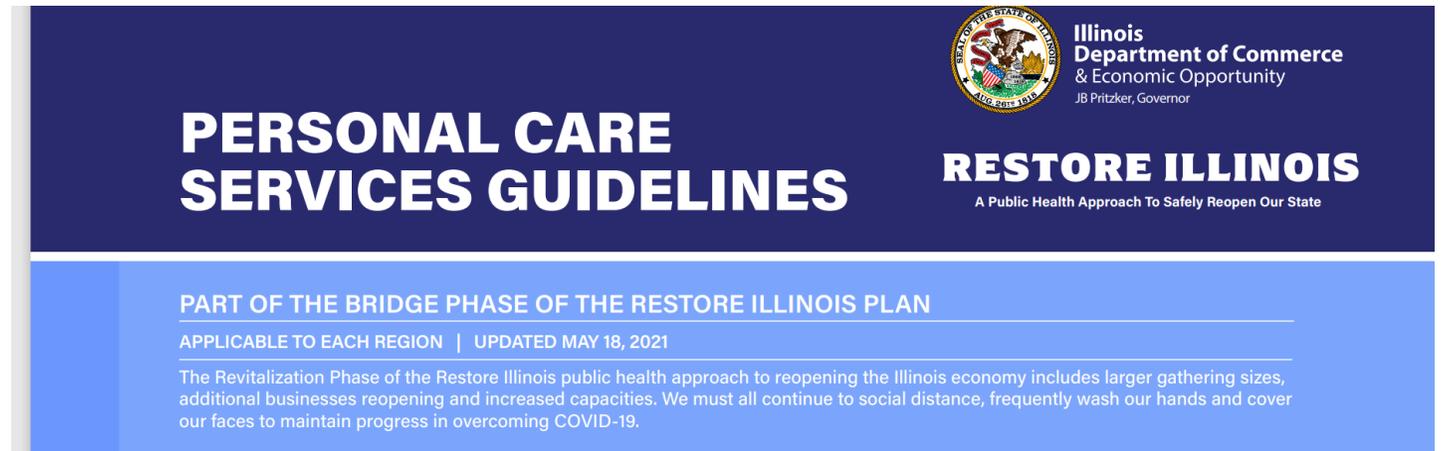
# Beauty Salons

Question:

Can we use hair dryers?

Answer:

The use of hair dryers and blow dry services are allowed in the Restore Illinois guidance for personal care services. Updated guidance will reflect this change.



The graphic is a dark blue header with white text. On the right side, there is the Illinois state seal and the text 'Illinois Department of Commerce & Economic Opportunity' and 'JB Pritzker, Governor'. Below the seal is the text 'RESTORE ILLINOIS' and 'A Public Health Approach To Safely Reopen Our State'. The main title 'PERSONAL CARE SERVICES GUIDELINES' is centered in large white letters. Below the header is a light blue section with white text: 'PART OF THE BRIDGE PHASE OF THE RESTORE ILLINOIS PLAN', 'APPLICABLE TO EACH REGION | UPDATED MAY 18, 2021', and a paragraph: 'The Revitalization Phase of the Restore Illinois public health approach to reopening the Illinois economy includes larger gathering sizes, additional businesses reopening and increased capacities. We must all continue to social distance, frequently wash our hands and cover our faces to maintain progress in overcoming COVID-19.'

# Visitors: Dining & Activities

## Questions:

- Are visitors still limited to visiting residents in their room only for skilled care unit?
- Can visitors join residents in the dining room during meal if visitor is wearing mask?
- When can family members/friends able to dine again in resident dining rooms - this includes AL and SNF?
- If residents go out side for activities can a family member that is vaccinated go too?

## Answer:

- Visitation in resident rooms was never limited to skilled care only. Visits in resident rooms are dependent upon facility guidelines, whether the resident has a roommate and if roommate is present, mobility of residents (someone bed bound).
- Visitors could eat or dine with their loved one in the dining room, but the resident and the visitor should sit at a guest table or a separate table physically distanced from other diners.
- ***Remember: groups should be separated by at least 6 feet.***
- ***The visitor should NOT sit at the table with their loved one and other residents EVEN if all persons are vaccinated.***
- The same principles would apply to activities too.

# Living Arrangements



Question:

Can an unvaccinated and vaccinated long term skilled residents live together?  
What restrictions would need to be in place?

Answer:

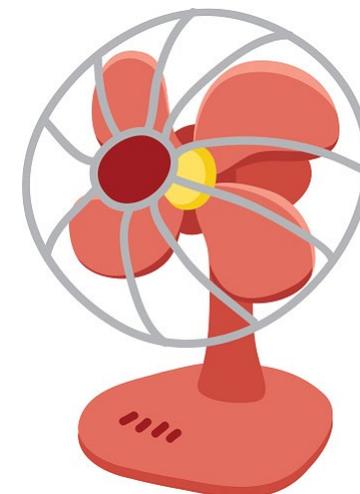
Ideally, it would be best to have both residents vaccinated; however, unvaccinated and vaccinated residents could reside together provided:

- Core infection prevention measures are followed (e.g., hand hygiene, distancing, source control).
- Should draw curtain between beds to further separate and allow for physical distancing.

# Fans, fans, fans!

## Question:

Should fans be avoided in hallways? Facilities have asked about large fans for drying carpets, personal fans, and nurses stations.



[www.istock.com](http://www.istock.com)

## Answer:

In patient care areas, the concern is that someone sitting or standing downwind of the fan would be at an increased risk for exposure to coronavirus or other airborne pathogens. The best option is to contact facility maintenance. If the HVAC system isn't providing sufficient outdoor air for ventilation, air circulation, cooling, or dehumidification then areas will be hot—see if maintenance can adjust HVAC settings that may help.

As far as fan use in non-patient care areas goes, they should consider positioning so that fans aren't blowing directly at staff. Consideration should also be given to routine cleaning of fans (the ease of fan disassembly may have to drive fan selection).

# Reminder: The Pandemic is Not Over Remain Diligent



## **The fourth wave of COVID-19 cases is here. Will we escape the UK's fate? It's too soon to know.**

Karen Weintraub, USA TODAY · 1 hr ago



👍 Like | 🙌👎 190

A doubling of COVID-19 cases in the last two weeks suggests the United States has entered a fourth wave of the pandemic.

“No one knows what the next month or two will bring, but the example of the United Kingdom suggests the infection rate could get quite high, while hospitalizations and deaths stay relatively low.

Instead of the virus raging through entire communities, it is expected to target the unvaccinated, including children, and if rates are high enough, also the most vulnerable of the vaccinated – the elderly and the immunocompromised.”

# 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**