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

December 4th, 2020

Housekeeping

- All attendees in listen-only mode

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

- Slides and recording will be made available later

Agenda

- Upcoming webinars
- NHSN Updates
- POC Reporting
- Types of Respirators
- Vaccine, Quarantine, & Emergency Rule Updates
- Review of FAQs
- 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 11th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e9357eb48a0ca9b4b6441cd9591b6c11c
Friday December 18th	https://illinois.webex.com/illinois/onstage/g.php?MTID=eba368e77862b19ed0221b317c7cdb649

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

NHSN Point of Care Reporting Tool Issues

- NHSN made users aware of two defects in the National Healthcare Safety Network's Point of Care (POC) Test Reporting Tool and plans for resolution.

- Currently a defect sometimes excludes Staff POC data from the analysis option "Line Listing-LTC Staff COVID-19 Testing".
  - The data is still contained in the system and can be seen by going into the Find Resident/Staff option and looking at the results individually.

- Also, if the Test Date field is completed by typing in a date, rather than using the calendar fill option, the system may present previously entered dates from which a selection may be made.
  - If one of these is selected, you may not be able to enter POC test results.
  - To avoid this, use the calendar option to enter Test Date.

Supplies and Personal Protective Equipment Pathway in NHSN

- Facilities answer Yes or No to two questions (Do you currently have any supply? Do you have enough for one week?) for 6 PPE/supply categories.

- Clarification: If your facility is in **crisis or contingency** capacity for the supply, that does not count as having current supply and facilities should answer **"No"** to these questions.

- General Note: NHSN does host trainings when changes in the COVID-19 module occur, but there usually is a short turn around time from the announcement to the date of the training.

# Reporting Point-of-Care (POC) Test Results

Reporting POC Test Results

- Other Key Points
  - Even if using NHSN, facilities should still register for access to the IDPH POC portal. Will facilitate data flow from NHSN to INEDSS
  - In NHSN, **when entering accession/test ID, use a unique number for each specimen**
    - Using duplicate numbers will cause errors when IDPH tries to bring data into INEDSS

- Register for IDPH POC portal at: https://redcap.link/dph.illinois.gov.poccovid19registration
  - Will need CLIA certificate number
  - Specify manufacturer and test you will be using (e.g., Abbott BinaxNOW)

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Illinois Department of Public Health

Types of Respirators

Heather Stone, IDPH Industrial Hygienist

Rex Buhrmester DOL, IL OSHA Industrial Hygienist
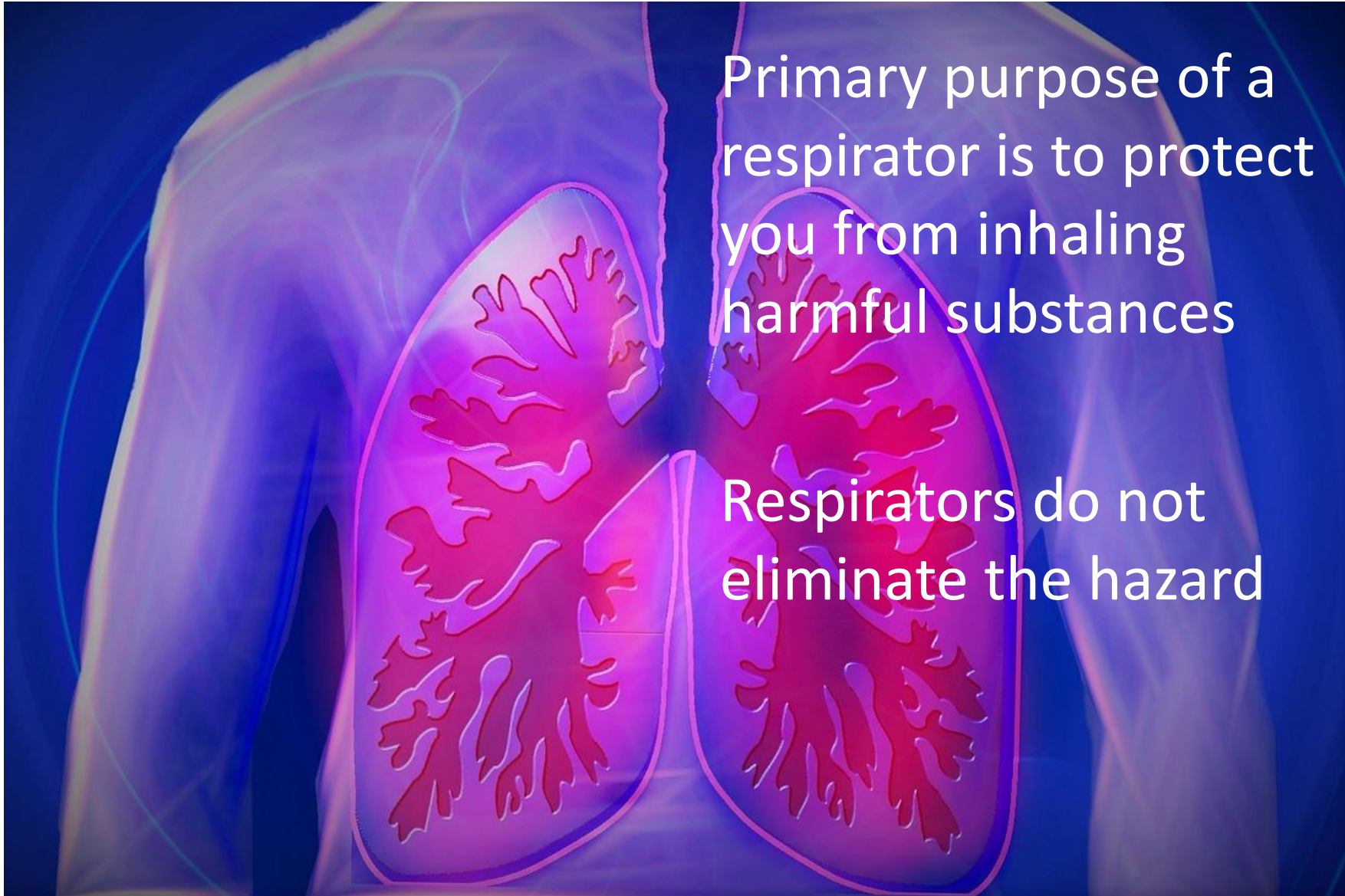
Primary purpose of a respirator is to protect you from inhaling harmful substances

Respirators do not eliminate the hazard

https://pixabay.com/illustrations/upper-body-lung-copd-disease-944557/
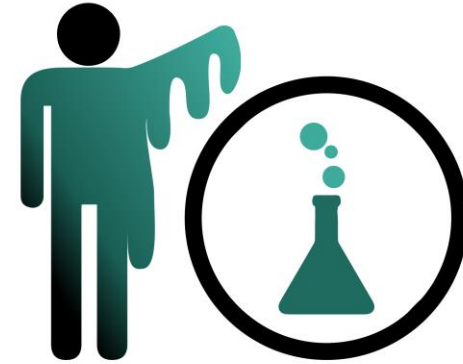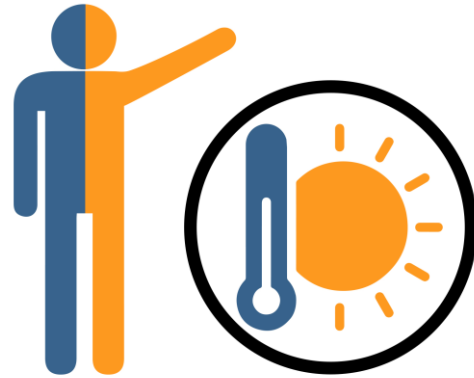
COMMMON TYPES OF RESPIRATORY HAZARDS

https://www.grainger.com/know-how/safety/safety-management/safety-compliance/kh-five-workplace-hazards

Covid-19 is an Airborne Hazard

If your workers are **exposed to suspected or known COVID positive individuals**, they must be:

- Medically evaluated

- Trained

- Fit Tested

- Assigned a respirator

- Included in a respiratory protection program

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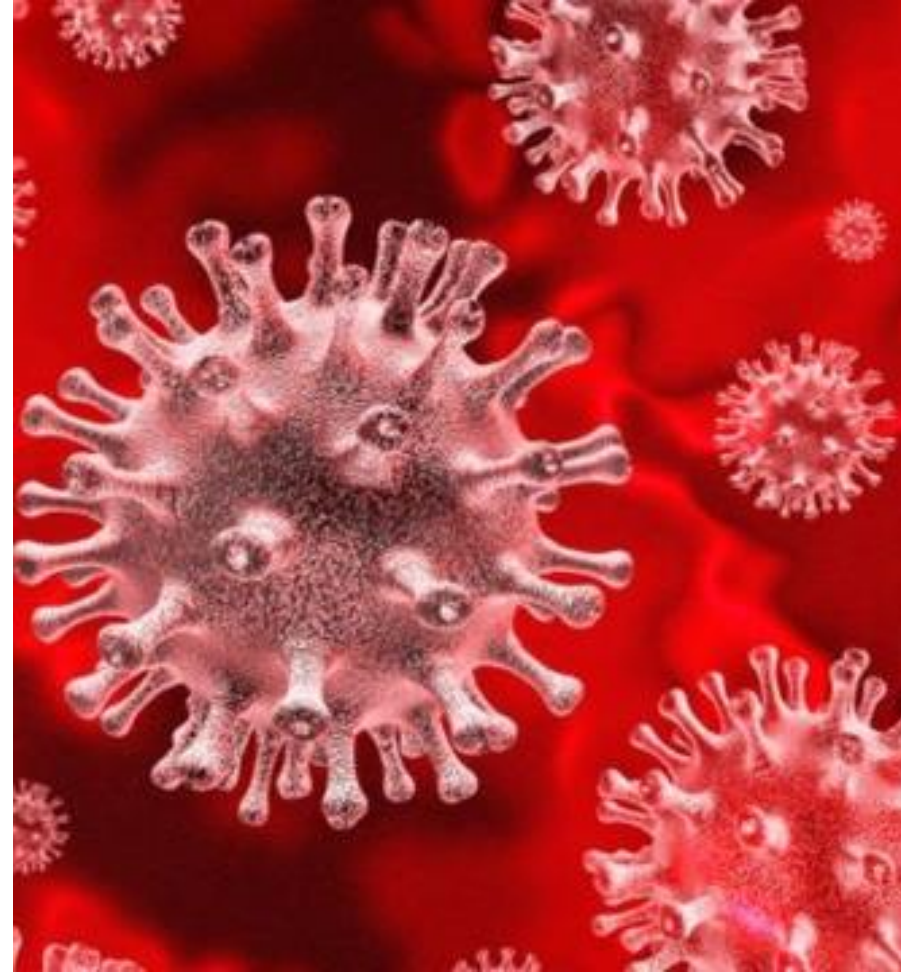
Any Other Airborne Hazards?

Respirator Types

Examples of an air-purifying respirator and an atmosphere-supplying respirator

Air-purifying respirators (APR) remove contaminants from the air

Half mask filtering facepiece

Supplied-air respirators (SAR) or Atmosphere-supplying respirators provide clean air from an uncontaminated source

Self-contained Breathing Apparatus (SCBA) Full facepiece Elastomeric

https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf

Air Purifying Respirators

Select these types of respirators for workers exposed to known or suspected COVID positive individuals

Evaluate eye protection with half-face respirators

What are Air-Purifying Respirators?

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

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

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

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

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

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

https://www.cdc.gov/coronavirus/2019-ncov/images/hcp/N95-infographic-What-Are-APR-508.png?noicon

Air Purifying Respirators

Air-purifying respirators

Air-purifying respirators, which remove contaminants from the air.

Original illustrations created by Attilis & Associates

Half mask Filtering Facepiece

tested

Half mask Elastomeric Respirator
APF=10
Needs to be fit tested

Full Facepiece Elastomeric Respirator
APF=50
Needs to be fit tested

Tight-Fitting Full Facepiece Powered Air-Purifying Respirator (PAPR)
APF=1,000
Needs to be fit tested

Tight-Fitting Half Facepiece Powered Air-Purifying Respirator (PAPR)
APF=50
Needs to be fit tested

- NIOSH approved types of respirators
- Half-face, full-face & PAPR will require P100 filters

https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf

What is Not a Respirator?

Procedure masks → Cloth face coverings → Face masks → FDA-cleared or authorized surgical masks → Procedure masks
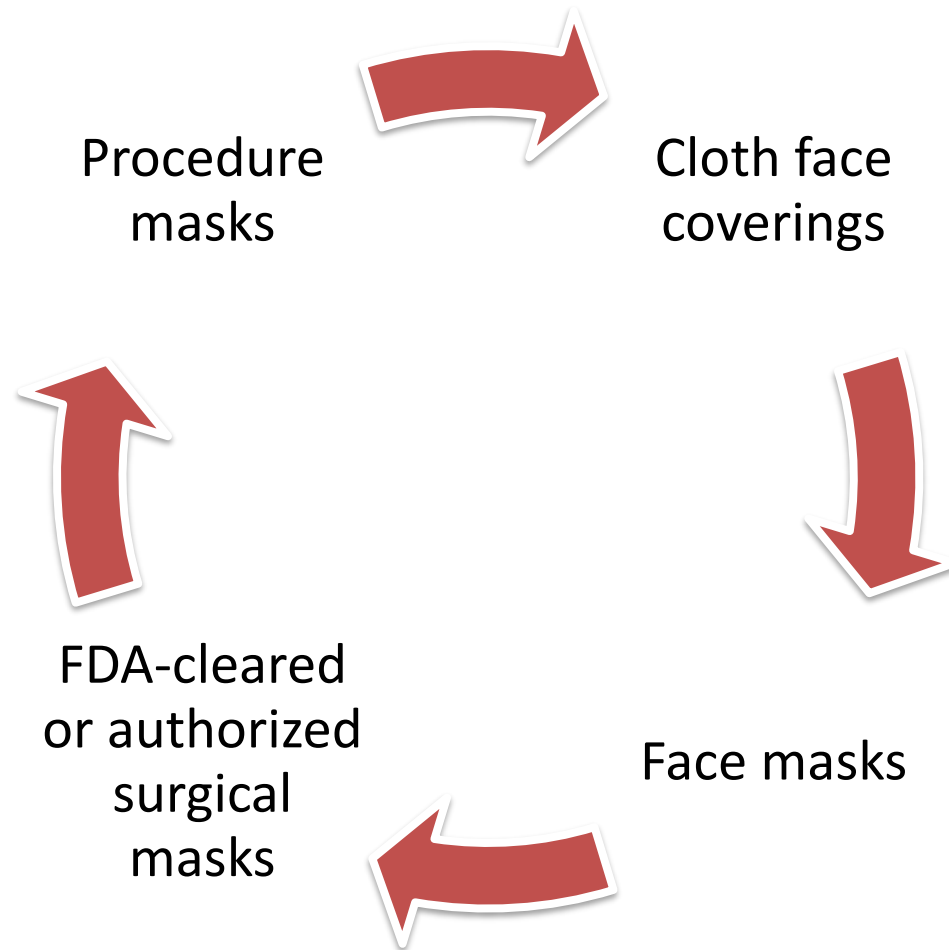
What about the FDA EUA?

THOUGHTS

- Have you exhausted your resources to find NIOSH approved respirators
- IL OSHA, at this time, considers KN95 (not on the FDA emergency approval list) a cloth face covering
- Federal OSHA considers KN95 without a fit test a cloth face covering
- Some KN95s don't meet the same performance criteria as a NIOSH-approved N95 respirator
- NIOSH has performed limited fit testing, but based on the design differences, they believe achieving a seal or fit test with a KN95 may be difficult

Just for this Pandemic-Not NIOSH Approved

Foreign Respirators Eligible Under the Pandemic				
Jurisdiction[7]	Performance Standard	Acceptable product classifications	Standards/ Guidance Documents	Protection Factor ≥ 10
Australia	AS/NZS 1716:2012	P3, P2	AS/NZS 1715:2009	YES
Brazil	ABNT/NBR 13698:2011	PFF3, PFF2	Fundacentro CDU 614.894	YES
Europe	EN 149-2001	FFP3, FFP2	EN 529:2005	YES
Japan	JMHLW-2000	DS/DL3 DS/DL2	JIS T8150: 2006	YES
Korea	KMOEL-2017-64	Special 1st	KOSHA GUIDE H-82-2015	YES
Mexico	NOM-116-2009	N100, P100, R100, N99, P99, R99, N95, P95, R95	NOM-116	YES

KN95: Just for this Pandemic-Not NIOSH Approved

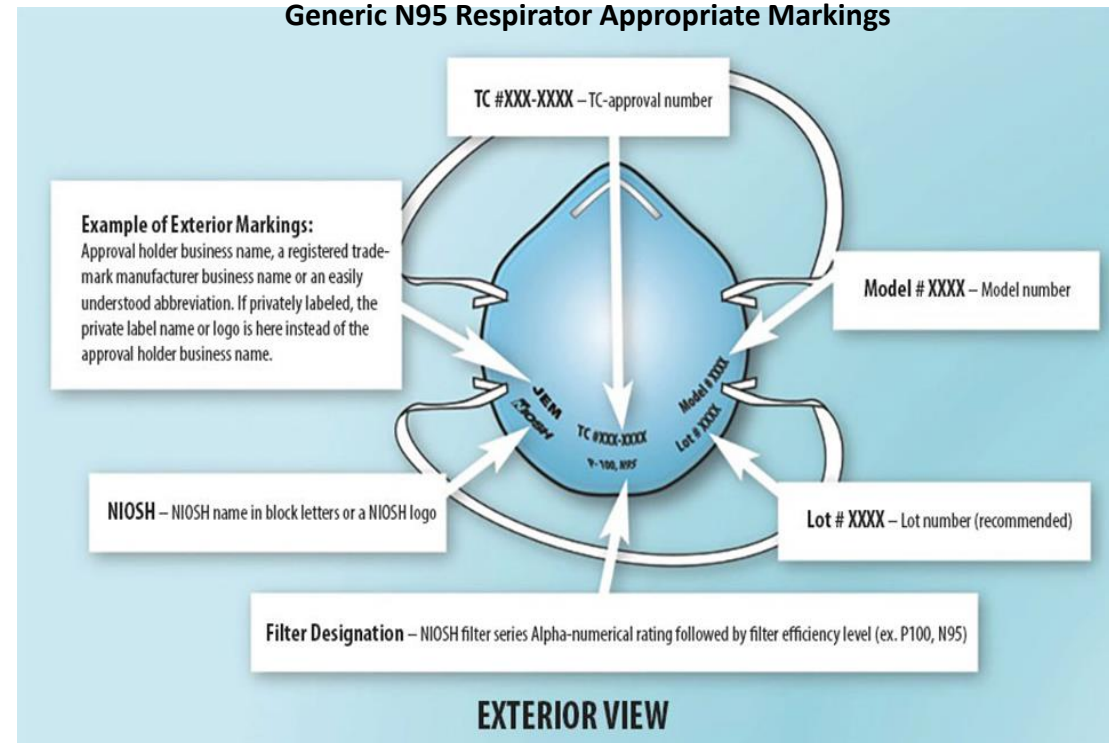Appendix A: Authorized Imported, Non-NOISH Respirators Manufactured in China

KN95 Models Removed EUA listing- don't pass NIOSH filtration testing

- KN95 removed from EUA list (Respirator Models Removed from Appendix A): https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa

- The results from NIOSH's international respirator filtration assessments are available online at: https://www.cdc.gov/niosh/npptl/respirators/testing/NonNIOSHresults.html

Anhui Meihu Medical Supplies Technology Co., Ltd.	KN95 Steroscopic Protective Mask	GB2626	97.83	49.50	2020-220.1
Anhui Sunshine Home Textile Co., Ltd.	YSM-2008KN	GB2626	75.30	40.70	2020-358.1
Anhui Zhongke Duling Commercial Appliance Co., Ltd.	M-9501	GB2626	99.86	99.53	2020-265.1
Anqing Xinhui Hygiene Product Co., Ltd.	Folding Protective Mask (non-medical)	GB2626	61.30	33.40	2020-380.1
Anshun Health & Medical Technology Co., Ltd.	AKF2002	GB2626	100.00	99.93	2020-163.1
Anshun Health & Medical Technology Co., Ltd.	AKF2002	GB2626	98.75	96.12	2020-177.1
Anshun Health & Medical Technology Co., Ltd.	AKF2002	GB2626	98.84	96.29	2020-247.1
Anshun Health & Medical Technology Co., Ltd.	AKF2002	GB2626	99.14	91.10	2020-268.1
Baoji Taidakang Medical Technology Co., Ltd.	Medical Protective Mask	GB19083	99.27	94.30	2020-47.1
Baoji Taidakang Medical Technology Co., Ltd.	Folding Mask with Ear Loop	GB19083	99.51	99.25	2020-47.2

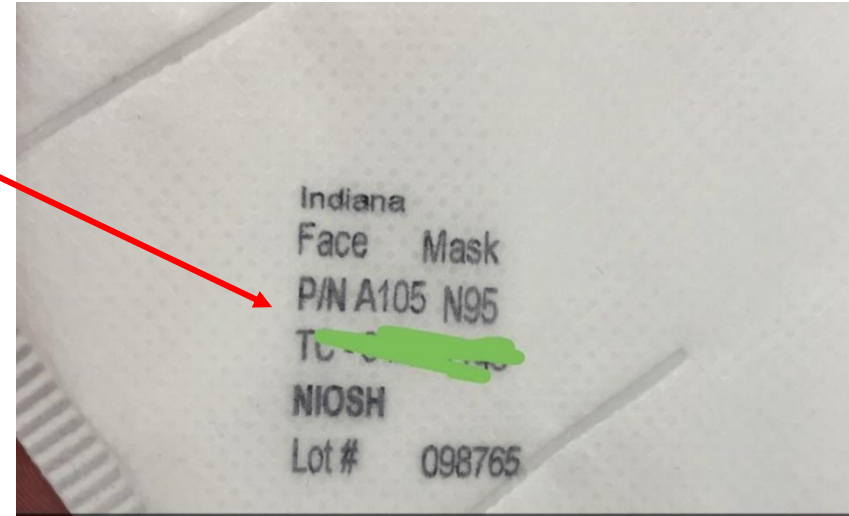ILLINOIS DEPARTMENT OF PUBLIC HEALTH

How to Identify a Respirator

- There are concerns about counterfeit N95s under normal circumstances
- To see if a respirator is approved, check the NIOSH list of certified respirators
- It will say it's a respirator
- Additional information about counterfeit respirators is available from NIOSH here

Generic N95 Respirator Appropriate Markings

TC #XXX-XXXX – TC-approval number

Example of Exterior Markings:
Approval holder business name, a registered trade-mark manufacturer business name or an easily understood abbreviation. If privately labeled, the private label name or logo is here instead of the approval holder business name.

Model # XXXX – Model number

NIOSH – NIOSH name in block letters or a NIOSH logo

Lot # XXXX – Lot number (recommended)

Filter Designation – NIOSH filter series Alpha-numerical rating followed by filter efficiency level (ex. P100, N95)

EXTERIOR VIEW

Source: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html

Counterfeit Example

- This product picture was sent into IDPH & OSHA
- The NIOSH number was blacked out
  - If we had that number, we could have looked it up & found the masks looked completely different
- It is critical employers check the CDC/NIOSH web site to make sure the respirator is approved
- NIOSH is now investigating the company

THANK YOU

Indiana
Face   Mask
P/N A105 N95
T_____
NIOSH
Lot #   098765

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Types of Respirators & Filters for COVID Exposure

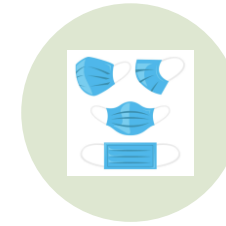# What other PPE Requirements has your hazard assessment identified?

DISPOSAL GOWNS

DISPOSAL GLOVES

EYE PROTECTON

SURGICAL MASKS

OTHER?

Contact Information
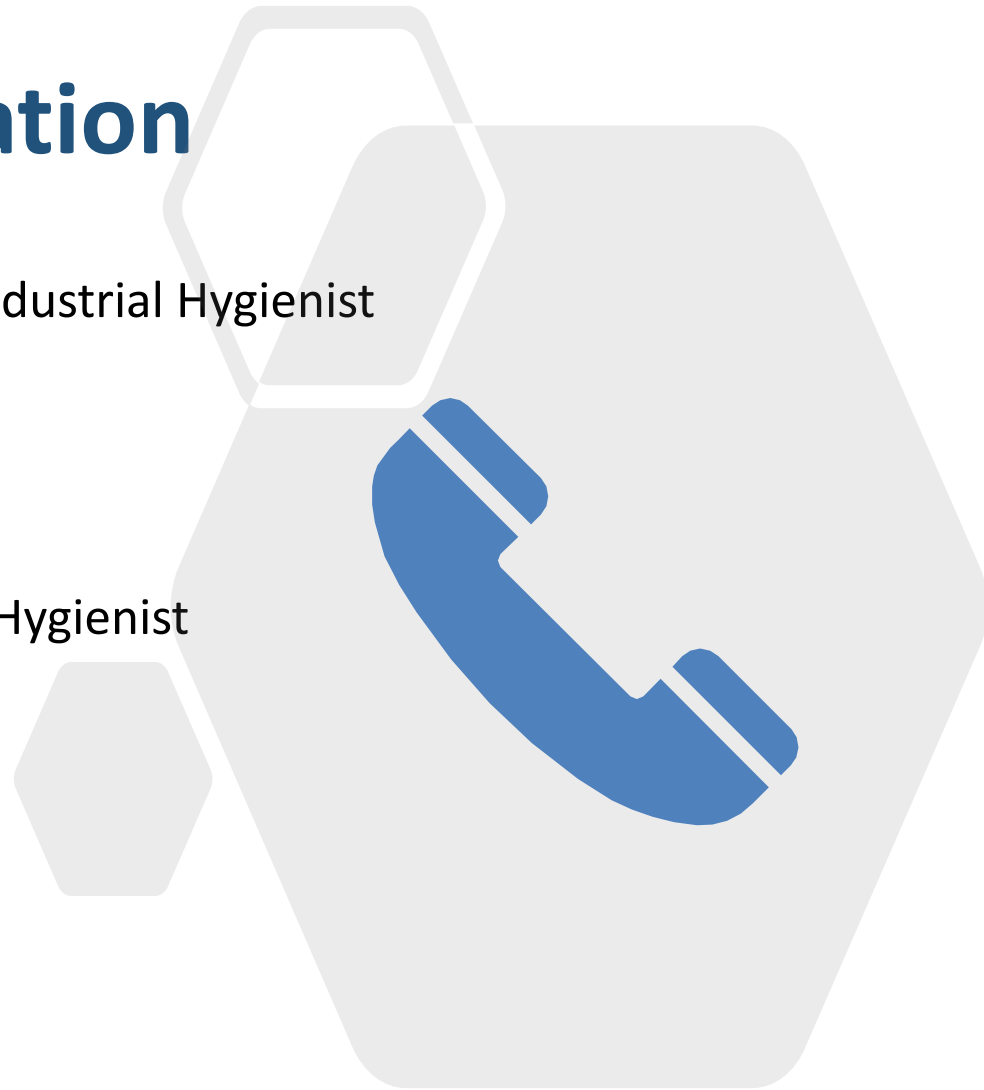
Rex Buhrmester DOL, IL OSHA Industrial Hygienist
Email: Rex.Buhrmester@illinois.gov
Phone: 1.217.558.2814

Heather Stone, IDPH, Industrial Hygienist
Email: Heather.Stone@Illinois.gov
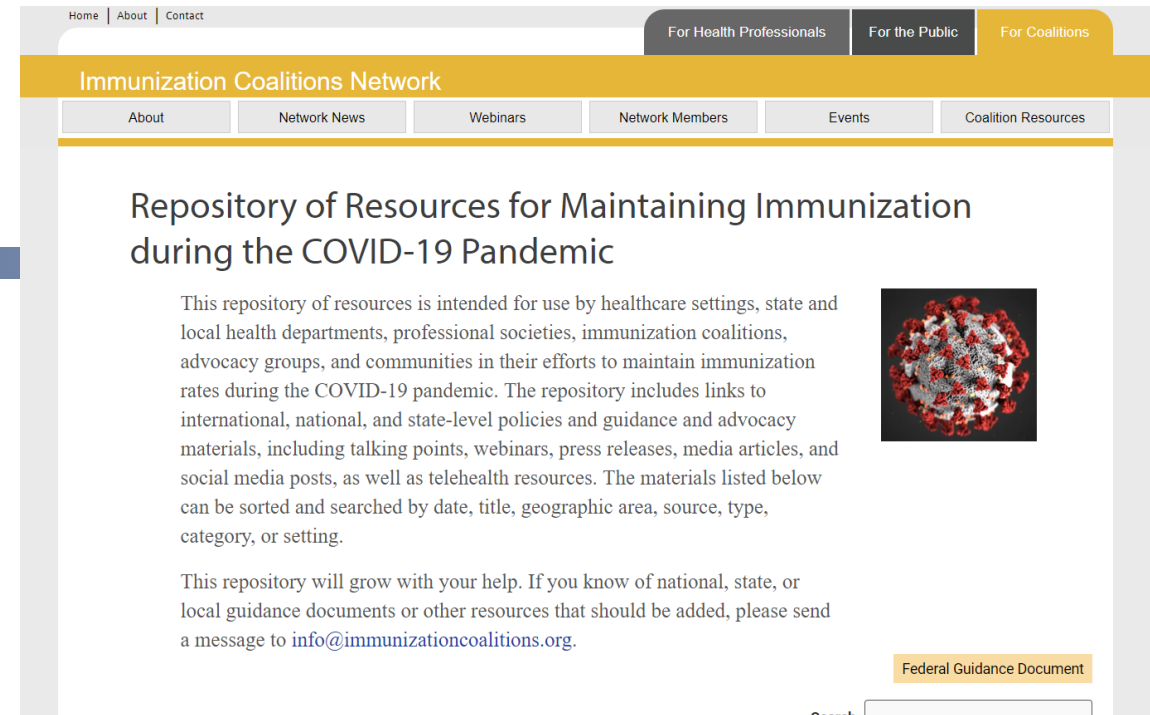Phone: 1.217.785.2045

Topics

- COVID-19 vaccine
- CDC Quarantine Change
- Emergency Rules for eight new congregate settings
- Tiered Mitigation (Illinois Tier 3)
- Defining Staff
- Compassionate Care
- Essential Caregivers
- Testing and Screening reminders
- Smoking considerations

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Vaccinations

- Thank you to everyone who worked to get facilities signed up for the CDC Pharmacy COVID-19 Vaccine Partnership

- More to come on COVID-19 vaccine

- Long term care residents and staff are priority in Illinois

https://www.immunize.org/

Quarantine is for potentially exposed persons **NOT** infected or symptomatic persons

Quarantine may end:

1. After 14 days (**Still the CDC preference**)
2. After 10 days with no symptoms
3. After 7 days with negative test

Harm reduction approach

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

Why the CDC changed its Covid-19 quarantine guidelines

The CDC now says people can quarantine for less than two weeks — but would prefer people stick to the full 14 days.

By German Lopez | @germanrlopez | german.lopez@vox.com | Dec 3, 2020, 1:10pm EST

https://www.vox.com/future-perfect/22150189/covid-19-cdc-quarantine-guidelines-coronavirus

Emergency Rules for Infection Control and COVID-19 Testing in Facilities

- Mirror Reopening Guidance: Effective November 17, 2020 to April 17, 2020
- Reporting of Testing Results is Required: Will be posted by December 7,2020

- Part 295: Assisted Living and Shared Housing Establishment (AL)
- Part 300: Skilled Nursing and Intermediate Care Facilities Code (SNF/ICF)
- Part 330: Sheltered Care Facilities Code
- Part 340: Illinois Veterans' Home Code
- Part 350: Intermediate Care for Developmentally Disabled (ICF/DD)
- Part 370: Community Living Facilities
- Part 380: Specialized Mental Health Rehabilitation Facilities (SMHRF)
- Part 390: Medically Complex Facilities for Persons with Developmental Disabilities (MC/DD)

https://www.ilga.gov/commission/jcar/admincode/077/077parts.html

Emergency Rules

- Develop policies and procedures for investigating, controlling, preventing, and testing for infections in the facility shall be established and followed.

- Follow Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services

- Reopening guidance: https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance

- Testing guidance: https://www.dph.illinois.gov/covid19/community-guidance/long-term-care-covid-19-testing-requirements

Tiered Mitigation

www.dreamstime.com

We are here!

**About as tight as it will go!!
Highest level of restrictions!**

Just a few measures or turns to slow things down.

TIER 1

A few more restrictions or tightening measures!

TIER 2

TIER 3

Trimberger, K., IDPH

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Illinois Tier 3 Mitigation Friday, November 20,2020

OPEN
- Critical infrastructure
- Grocery/Pharmacy at 50% Capacity
- Health and Fitness Centers and retail at 25% capacity
- Hotels for room guests only
- Beauty/Barber at 50%
- Outdoor with 10 person gathering limit
- Schools local jurisdiction

PAUSED
- Banquet Halls and event spaces
- Cultural institutions (e.g. museums)
- Gaming and casinos
- Indoor fitness classes
- Indoor group sports
- Should work remotely if possible
- Avoid Gatherings
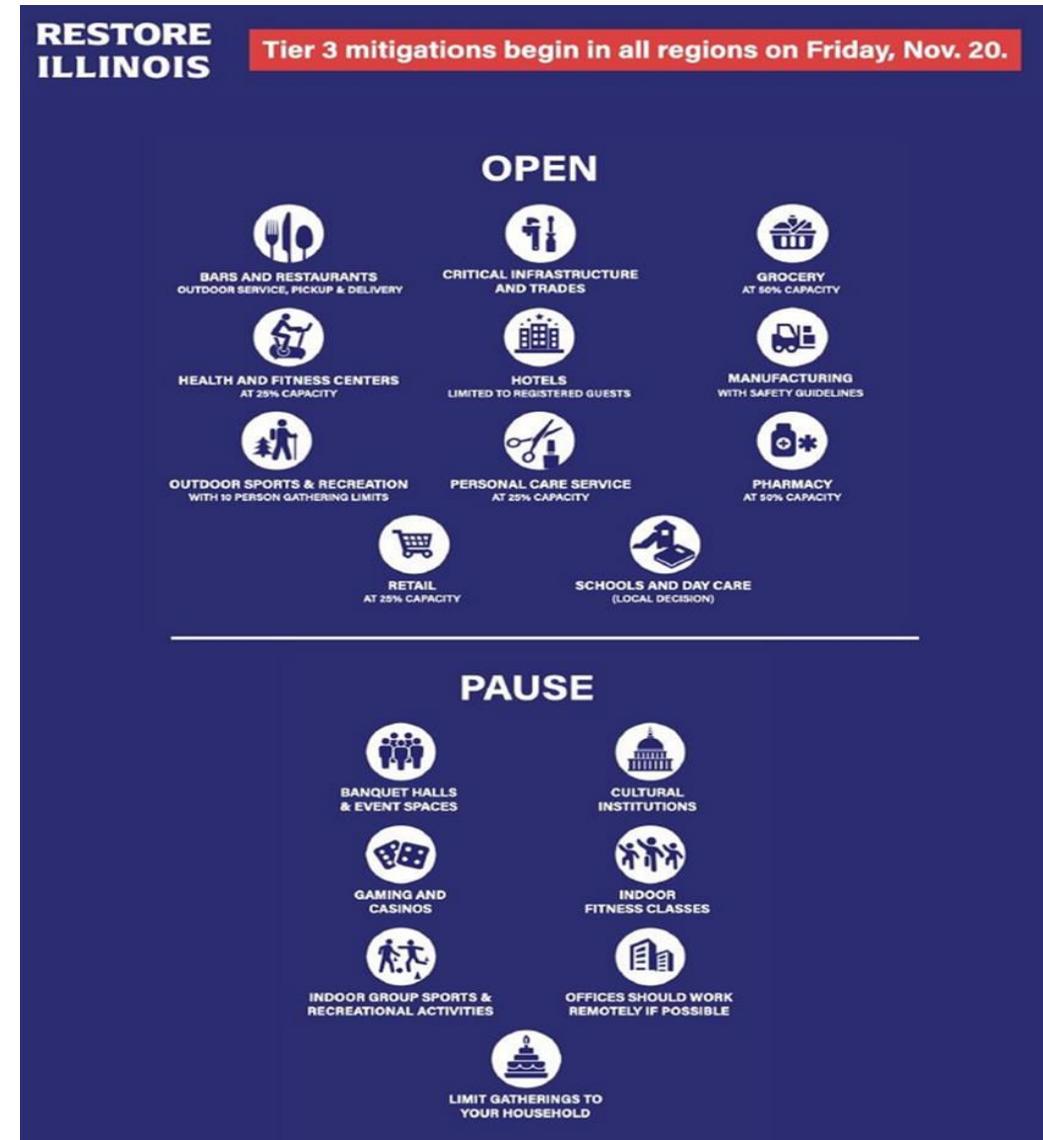
Long Term Care Illinois Tier 3 Mitigation

All Illinois COVID-19 Regions are subject to mitigation measures (Tier 3)

- ## **Window visits ARE ALLOWED**

LTC facilities must:

- Suspend indoor and outdoor visitation except for compassionate care (Essential Caregiver is at the discretion of the Administrator/DON/IDT)

- Suspend communal dining

- Suspend group activities

- Suspend barber and beauty shop services

- Suspended activities can be resumed **14 days after tiered mitigation for the region is lifted**

Pause in current CMS Phase

- Not eligible to advance to the next CMS Phase until 14 days after tiered mitigation in the region is lifted.

- One new case? Back to CMS Phase 1

Please direct any further questions to dph.ltcreopening@illinois.gov

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs:
Summary Table for Phased Reopening and Tiered Mitigation Strategies

*This table is not a stand-alone document. Specific guidance related to each activity is listed within the LTCF Reopening Guidance
(http://dph.illinois.gov/sites/default/files/20201021_Revised_LTC_Reopening_Guidance.pdf)

ACTIVITIES	CMS PHASES FOR LTCF			
	CMS Phase 1- Highest level of mitigation	Tier 1	Tier 2	Tier 3
VISITATIONS	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor visits allowed	Follow statements under Phase 1 Visitations. No further restrictions.	Follow statements under Phase 1 Visitations. No further restrictions.	Suspend all visits except compassionate care, end of life visits
COMMUNAL DINING	Communal dining is not recommended May be considered on limited and modified basis. If implemented follow CMS Phase 2	Follow statements under Phase 1 Communal Dining. No further restrictions.	Follow statements under Phase 1 Communal Dining. No further restrictions.	Suspend communal dining
GROUP ACTIVITIES	Engagement through technology is preferred to minimize opportunity for exposure Encourage virtual activities or limited and modified activities In-person group activities are not recommended in CMS Phase 1 but may be considered. If done follow CMS Phase 2	Follow statements under Phase 1 Group Activities. No further restrictions.	Follow statements under Phase 1 Group Activities. No further restrictions.	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable Avoid trips not medically necessary Medically necessary trips are allowed	Allowed	Allowed	Allowed

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	CMS Phase 2	Tier 1	Tier 2	Tier 3
VISITATIONS	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor allowed Indoor visits allowed Follow IDPH reopening guidance for specifics	Suspend indoor visits	Same as Tier 1 Suspend indoor visits	Suspend all visits except compassionate care, end of life visits
COMMUNAL DINING	Communal dining may be considered with a maximum seating capacity of 25%	Continue as per Phase 2	Same as Tier 1 Continue as per Phase 2	Suspend communal dining
GROUP ACTIVIITES	Group activities may be considered for activities that improve the quality of life for residents, with a maximum of 10 residents at an activity.	Continue group activities except not allowed to bring outside leaders in to run the activity and not allowed to leave for off-site outings	Same as Tier 1 plus limit to 10 participants	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable. Avoid trips not medically necessary. For trips away from the facility, follow Phase 1.	Allowed Follow Phase 1	Allowed Follow Phase 1	Allowed Follow Phase 1
Barber/ beauty shops	Barber and beauty shops visits are allowed following reopening guidance.	Suspend	Suspend	Suspend

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Summary Table for Phased Reopening and Tiered Mitigation Strategies

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	CMS Phase 3	Tier 1	Tier 2	Tier 3
VISITATION	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor allowed Indoor visits allowed Follow IDPH reopening guidance for specifics	Suspend indoor visits	Same as Tier 1 Suspend indoor visits	Suspend all visits except compassionate care, end of life visits
COMMUNAL DINING	Communal dining is allowed Communal dining may be considered with a maximum seating capacity of 25% Number of diners per sitting are limited by the size of the space, the room must allow 6 feet separation between dinners	Continue as per Phase 2	Same as Tier 1 Continue as per Phase 2	Suspend communal dining
GROUP ACTIVITIES	Small group activities are encouraged Follow reopening guidance for specifics	Continue group activities except not allowed to bring outside leaders in to run the activity and not allowed to leave for off-site outings	Same as Tier 1 plus limit to 10 participants	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable. Avoid trips that are not medically necessary	Allowed Follow Phase 1	Allowed Follow Phase 1	Allowed Follow Phase 1
Barber/beauty shops	Barber and beauty shops visits are allowed following reopening guidance.	Suspend	Suspend	Suspend
Non-Medical Trips	The decision on whether the resident should make a non-medical trip should be made collaboratively by the resident, the resident's family or surrogate, facility representative, and if appropriate the resident's physician	Suspend	Suspend	Suspend

This table does not address Essential Caregivers (EC). More guidance to follow for this special group.

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Summary Table for Phased Reopening and Tiered Mitigation Strategies

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Definitions of Staff and Essential or Critical Workers

- Difference between Health Care Personnel (HCP) (e.g. healthcare and long-term care staff) and Critical Infrastructure Workers (CIW, aka "essential workers" like grocery, factory, food production)

- **Staff** –*include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)." Essential caregivers are treated as staff*

Compassionate Visits (Visitors)

- Indoor visitation is generally prohibited, except in situations of compassionate care when outdoor visitation is not practicable.
- Indoor compassionate care visits are considered on a case-by-case basis, not limited to the end of life
- Screening prior to visit and at time of visit
- Facilities cannot require viral testing of visitors as part of screening unless they offer point-of-care testing at no charge (if Point of Care testing is used, report as if staff member)
- Notify all visitors upon arrival that if they develop symptoms of COVID-19 within three days after visiting, they must immediately notify the facility
- Compassionate care visitors are restricted to the room where the visitation will occur
- Visits should be conducted using social distancing
- however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines and for a limited amount of time.
- Person-centered, interdisciplinary approach

State of Illinois
Illinois Department of Public Health

COVID-19

JB Pritzker, Governor

Ngozi O. Ezike, MD, Director

Release Date: December 2, 2020
Effective Date: December 2, 2020

Essential Caregiver Guidance for Long-term Care Facilities

Focus is caregiving, not visitation

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Essential Caregiver (EC)

- Not general visitors but meeting an essential need for the resident
- Assist with activities of daily living
- Positively influence the behavior of the resident
- Goal is to help ensure high-risk residents continue to receive individualized, person-centered care
- The plan of care should include services provided by the Essential Caregiver

https://www.dph.illinois.gov/covid19/community-guidance/essential-caregiver-guidance-long-term-care-facilities

Essential Caregivers

- Residents or guardians designate ECs based on needs. Facility should encourage visits and consider allowing flexible schedules

- ECs need to be trained on proper infection prevention and control including hand hygiene and appropriate PPE use

- ECS should be screened and tested for COVID-19 as staff

- During outbreak situations, administrator or director of nursing determine if EC visits may continue under compassionate care visitation

- facility should establish policies and procedures for how to designate and utilize Ecs. Process for communication about EC including visitation process should be incorporated into policies and procedures

- The facility may establish time limits as needed to keep residents safe. Scheduling of EC visits may consider the number of ECs in the building at the same time.

- Individuals may also be designated if different care needs arise (e.g. significant change in condition resulting from a fall, weight loss, or change in mental or psychosocial status).

Essential Caregivers

- The EC will maintain a distance of at least 6 feet from **other** residents and staff and wear appropriate PPE when they are in the facility.

- ECs must be screened, tested, and provided PPE in accordance with the health care personnel guidance in the facility's COVID-19 plan.

- The EC will provide care and support in the resident's room or in facility-designated areas within the building.

- The EC must limit movement in the facility and ensure separation from other residents in shared rooms by use of curtains or partitions.

- The EC may take the resident outdoors, while wearing appropriate PPE. The resident should wear a face covering, as tolerated. The EC should not take the resident off campus, except in accordance with the IDPH Reopening Guidance

- If the EC fails to follow appropriate use of PPE, social distancing from other residents and staff, other COVID-19 related rules, or any other facility policies, the facility may restrict or revoke EC visits

- Facility staff must first discuss the violation and the necessary corrective action with the EC and resident prior to instituting any restriction or revocation of EC visits.

Testing and Screening Reminders

- Testing frequency is based on the CMS county positivity rates
- Outbreak? Test both residents and staff
- Non-outbreak? Test staff and symptomatic residents
- Treat Essential Caregivers (EC) as staff and test at same frequency
- Compassionate Care visitors may be tested per facility policy
- For twice a week testing consider alternating RT-PCR with point of care (POC) tests (CLIA-waived facilities may get BINEXnow cards from local health departments)

Smoking Policies

- Smoking may be medically necessary
- Basic principles of infection prevention
- Screening and testing
- Distancing, hand hygiene, cleaning/disinfecting
- Risk/benefit and harm reduction
- Policies and Procedures
- Interdisciplinary team and interfacility team approach
- Document, document, document

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PROTECTING HEALTH, IMPROVING LIVES
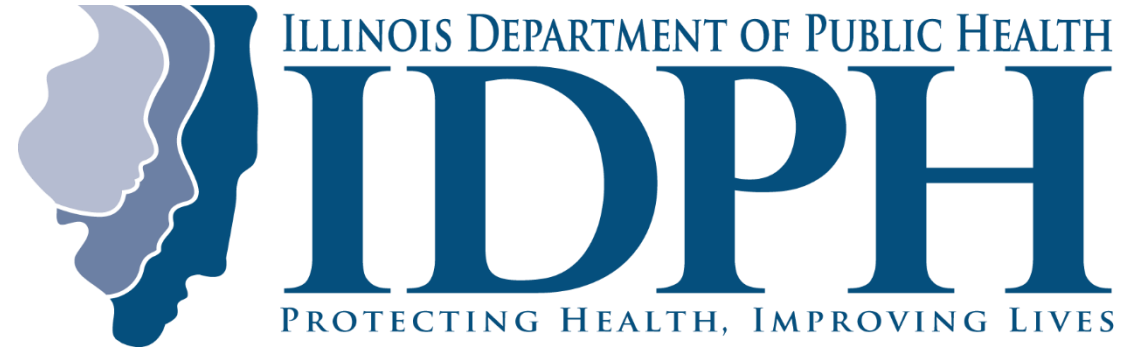
Hang in there
You are all doing very important work

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**