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

April 2nd, 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
- Respiratory Protection Program
- Vaccination and Travel
- Vaccination and Visitation
- FAQ
- Changes in Guidance
- Ventilation
- Newly Identified Infections
- 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, April 9th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e37660c864230c9389529ef80a6473da9
Friday, April 16th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e21bf57148b2e54b8503d19f041f69b86
Friday, April 23rd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e92da89304d1eb8a0740a36df136f9090
Friday, April 30th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e1bf2836762aec7cdcbe160ca9439896f

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

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Respiratory Protection Program

Respiratory Hazards in Healthcare Settings

- The healthcare environment contains hazards such as bacteria, viruses, gases, and chemicals that may inhaled by personnel and cause injury or illness (i.e., AGPs).

- Respirators and other personal protective equipment (PPE) are used as a last line of defense when exposures cannot be reduced to an acceptable level using other methods.

- Each facility should develop policies and procedures which address the control methods used at their institution.

OSHA Respiratory Protection Standard

910.134(c)(1)

- In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures.

- *General Duty Clause*
  - *"requires each employer to provide its employees a place of employment free from recognized hazards"*

Facemasks <u>are not</u> Respiratory Protection!

- Facemasks by design do not seal tightly to the wearer's face.

  - Therefore, they allow unfiltered air to easily flow around the sides of the facemask into the breathing zone and respiratory tract of the wearer.

- In addition, the materials used for facemasks are not regulated for their ability to filter particles and are known to vary greatly between models.

  - This makes it possible for small particles to pass through or around the facemask and be inhaled by the wearer.

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Respirator Protection

- [Respirators](#) offer the highest level of both source control and protection against inhalation of infectious particles in the air.

  - Protect the wearer by reducing the concentration of infectious particles in the air inhaled by the wearer.

- Filtering facepiece respirators (i.e., N95s) are designed to seal tightly to the face when the proper model and size is selected for the individual by using a fit test procedure.

- Respirators are designed and regulated to provide a known level of protection when used within the context of a comprehensive and effective respiratory protection program.

- Respiratory protection must be selected based on the pathogen and the anticipated risk associated with specific job tasks to be performed by employees.

Particulate Respirator Types

- Filtering facepiece respirators (N95s)
- Powered Air Purifying Respirators (PAPRs)
- Elastomeric respirators

	Surgical Masks	Filtering Facepiece Respirators	Surgical Respirators
Intended use when: **Worn by HCP**[1]	Do not protect against small airborne particles (aerosols) Protect the patient and sterile field by reducing the number of particles introduced into the room as HCP talk, sneeze, or cough Protect the wearer's nose/mouth from splashes or sprays of large droplets of body fluids	Reduce HCP inhalation of both large droplets and small airborne particles (aerosols) Protect the patient by reducing the number of particles introduced into the room as HCP talk, sneeze, or cough	Reduce HCP inhalation of both large droplets and small airborne particles (aerosols) Protect the patient and sterile field by reducing the number of particles introduced into the room as HCP talk, sneeze, or cough Protect the wearer's nose/mouth from splashes or sprays of large droplets of body fluids
Worn by patient	Protect HCP by reducing the number of particles introduced into the room as a patient talks, sneezes, or coughs	Not typically worn by patients	Not typically worn by patients
Fit testing required?	No, not designed to seal to the face	Yes, to ensure adequate seal to the face	Yes, to ensure adequate seal to the face
Government oversight	FDA[2] clears for marketing	NIOSH[3] provides certification	NIOSH provides certification and FDA clears for marketing

Respiratory Protection Program

- Purpose:
  - Designed to prevent employee exposure to potential infectious airborne biological agents and hazardous materials during routine activities by staff or by healthcare professionals; to ensure proper selection, medical qualification, fitting, training, use, maintenance, care, and inspection of respirators; and to ensure compliance with OSHA respiratory protection regulations.

  The program shall comply with the requirements set forth by the Occupational Health and Safety Administration (OSHA) 29 CFR 1910.134.

Key Requirements of the Respiratory Protection Standard

- Written respiratory protection program with **policies and procedures**
- Designation of a **program administrator**
- Procedures for **hazard evaluation and respirator selection**
- **Medical evaluation** of respirator wearers
- **Fit testing procedures** for tight-fitting respirators (including filtering facepiece respirators)
- **Procedures for proper use, storage, maintenance, repair, and disposal of respirators**
- **Training**
- **Program evaluation** including consultation with employees
- Recordkeeping

TC #XXX-XXXX – TC-approval number

Model # XXXX – Mode'

Lot # XXX'

ple of Exterior Markings:
al holder business name, a registered trade-
anufacturer business name or an easily
tood abbreviation. If privately labeled, the
label name or logo is here instead of the
al holder business name.
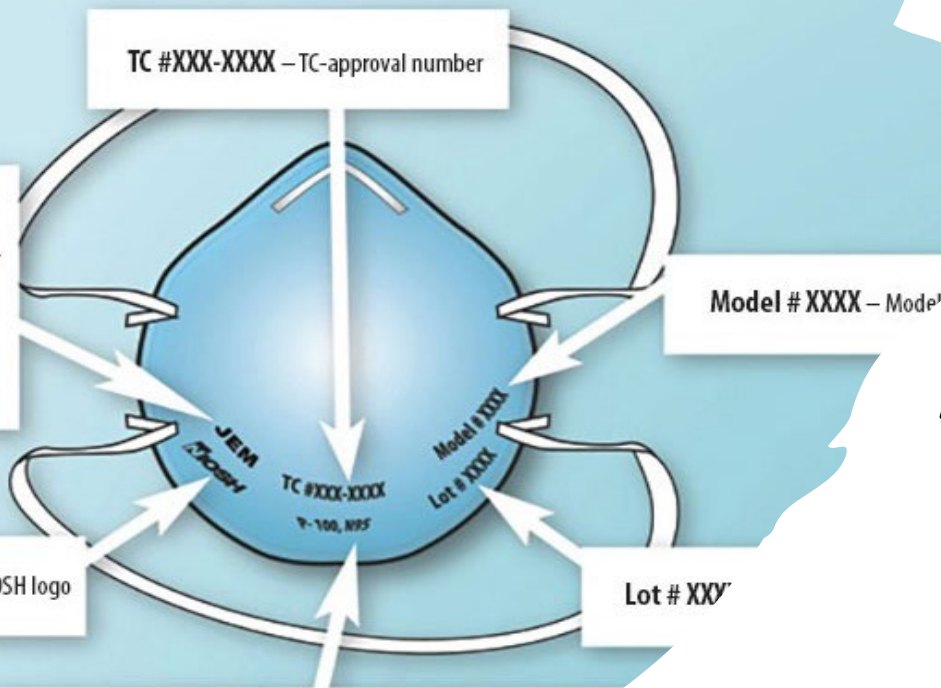
OSH – NIOSH name in block letters or a NIOSH logo

Filter Designation – NIOSH filter series Alpha-numerical rating followed by 6'

EXTERIOR'

Know it's NIOSH APPROVED

Approved NIOSH Respirators

- Name of approval holder/manufacturer business name
- NIOSH Testing and Certification approval number, e.g., TC-84A-XXXX.
- NIOSH filter series and filter efficiency level, e.g., N95, N99, N100, R95, P95, P99, P100.
- The approval holder's respirator model number or part number, represented by a series of numbers or alphanumeric markings, e.g., 8577 or 8577A.

Hospital
Respiratory Protection
Program Toolkit

Resources for Respirator
Program Administrators

MAY 2015

Tool Kit (program guide)

https://www.cdc.gov/niosh/docs/2015-117/default.html

Vaccination and Travel
Hot off the Press April 2, 2021

CDC [Domestic Travel Guidance](#) April 2, 2021

International Travel Recommendations Quick Reference

alternative text for web accessible infographic

International Travel
RECOMMENDATIONS AND REQUIREMENTS

	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before traveling out of the US	✓	
Mandatory test required before flying to US	✓	✓
Get tested 3-5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

CDC
[International Travel Guidance](#)
April 2, 2021

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

COVID-19

WEAR A MASK · STAY 6 FEET APART · AVOID CROWDS · GET A VACCINE

Your Health · Vaccines · Cases & Data · Work & School · Healthcare Workers · Health Depts · Science · More

Your Health
About COVID-19

International Travel During COVID-19
Updated Apr. 2, 2021   Languages ▾   Print

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Vaccination and Visitation

Illinois Positivity and Case Rates are Climbing

IDPH Regional Resurgence Metrics: Region 11

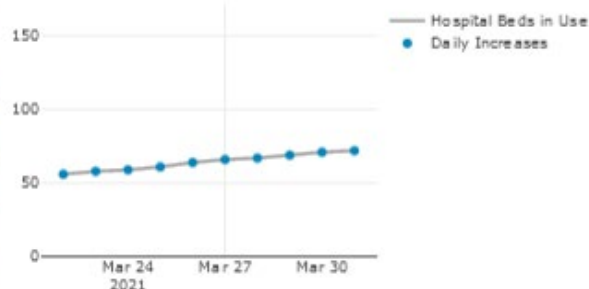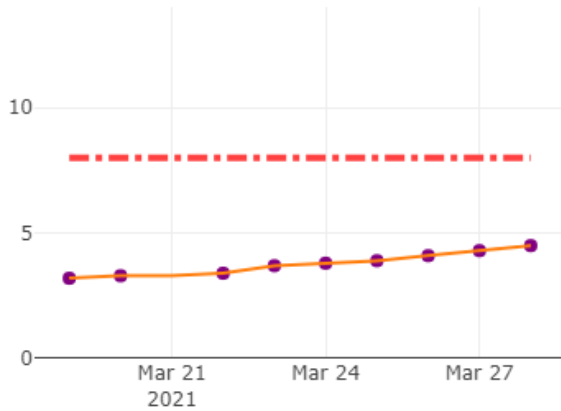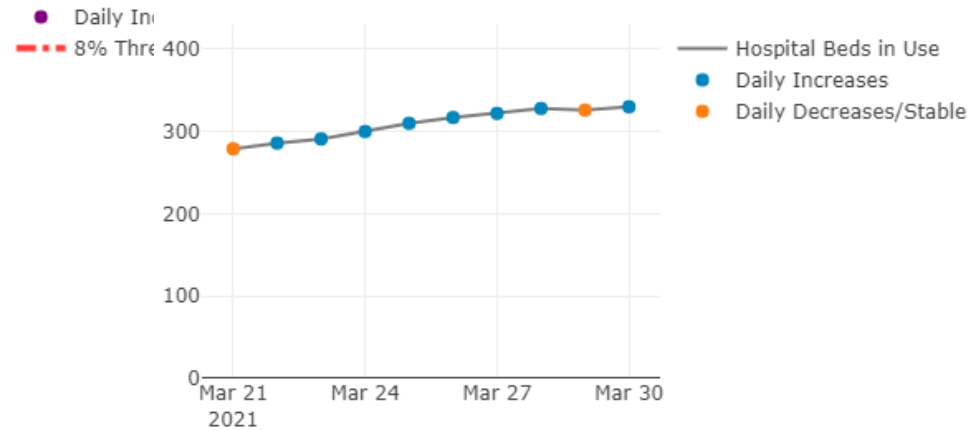Test Positivity 7-Day Rolling Average
11 Consecutive Days under 8% threshold

COVID-19 Patients in the Hospital 7-Day Rolling Average
8 Days of COVID-19 Patient Increases

Hospital Bed Availability 7-Day Rolling Average
ICU Beds:11 Consecutive Days ≥ 20% Threshold

Slide: Thank you Elizabeth Shane, CDPH Team

21
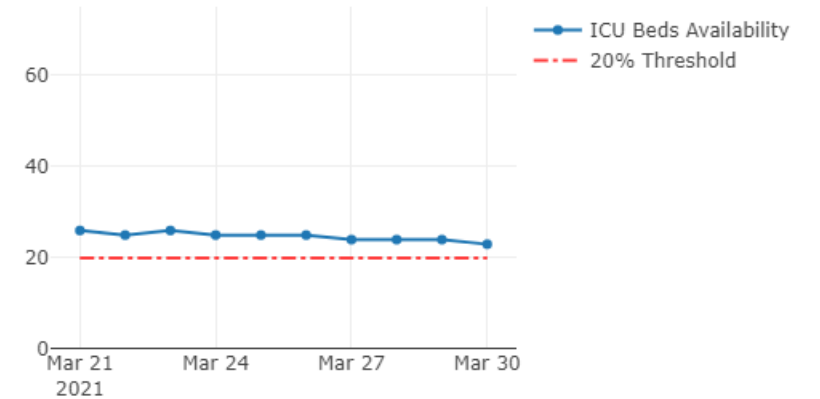
Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	11,569	51
B.1.351	312	31
P.1	172	22

Cases of Variants of Concern in the United States*†

Illinois
B.1.1.7 Variant: 218
P.1. Variant: 19
B.1.351 Variant: 3

Number of Cases
- 0 to 0
- 1 to 150
- 151 to 300
- 301 to 450
- 451 to 600
- 601 to 750
- 751+

Filters

Variant B.1.1.7

Territories AS GU MH FM MP PW PR VI

COVID Variants in the US & Illinois

22

Slide: Thank you Elizabeth Shane, CDPH Team

Source: https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html
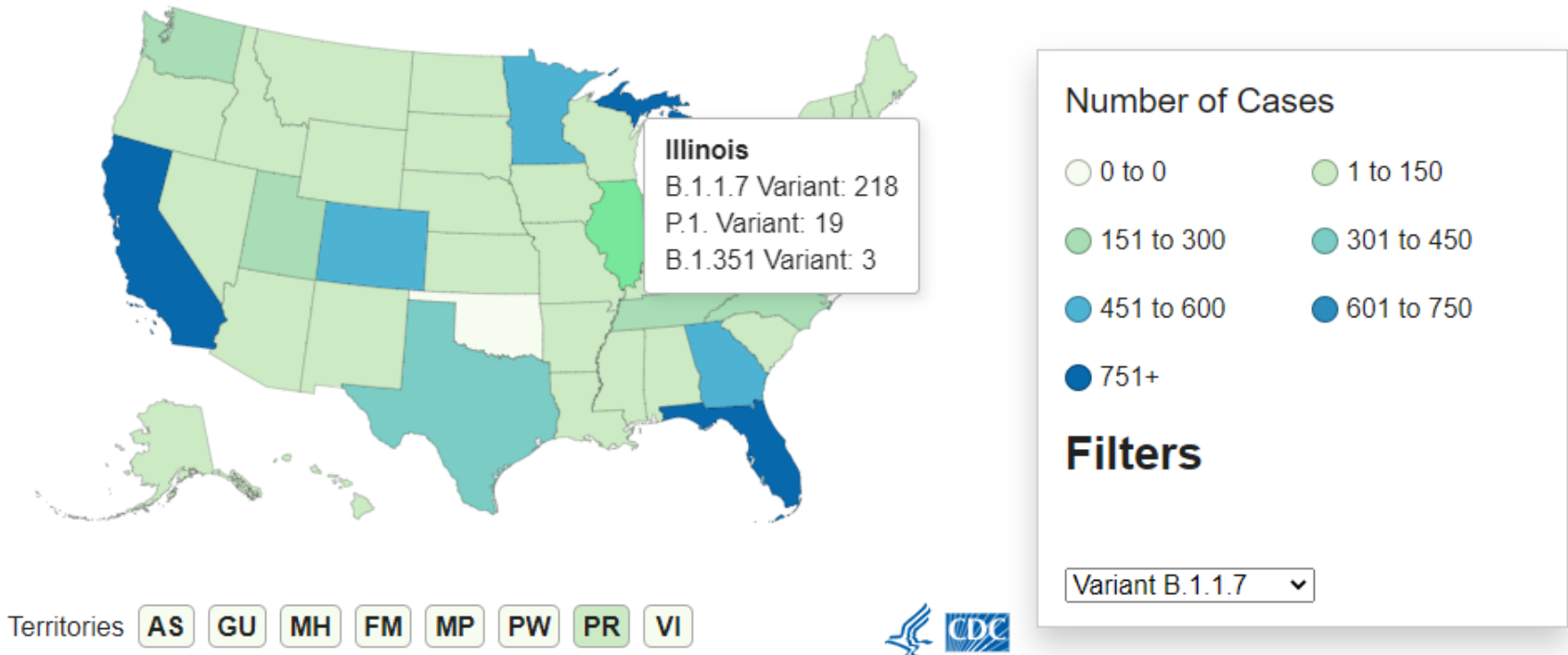
Why are Variants an Issue?

- New variants from United Kingdom (B.1.1.7) , Brazil (P.1), South Africa (B.1.351)
- Quickly came to USA
- Over 200 cases of B. 1.1.7 in Illinois
- From NIH Director Dr Francis Collins
- *"This variant is considerably more contagious than the original virus"*
- *"Infections with 'U.K Variant' B.1.1.7 Have Greater Risk of Mortality"*
- *"B.1.1.7 infection was associated with 55 percent greater mortality"*
- **Vaccines still work!!!**
- *"The best way to continue the fight against all SARS-CoV-2 variants is for each one of us to do absolutely everything we can to stop their spread."*
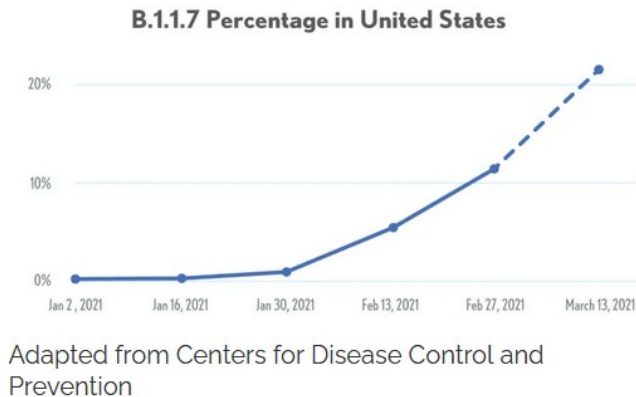
Source: NIH Director's Blog, March 30, 2021

B.1.1.7 Percentage in United States

20%

10%

0%

Jan 2, 2021 Jan 16, 2021 Jan 30, 2021 Feb 13, 2021 Feb 27, 2021 March 13, 2021

Adapted from Centers for Disease Control and Prevention

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Core Principles of Infection Prevention

- VACCINATION
- Screening
- Hand Hygiene
- Face Covering / Mask
- Physical Distancing of 6 feet
- Education
- Cleaning and Disinfection
- Proper Use of PPE
- Cohorting
- Testing
- Outdoor Visits Preferred

State of Illinois
Coronavirus Response
Protecting lives and livelihoods

Search...

The Covid vaccines are here and they're saving lives.

The COVID-19 vaccines are how we will end this pandemic and safely return to our pre-COVID routines. And we're making progress toward that goal: vaccines are being administered at over 800 sites all across the state.

5,918,422

Doses of COVID-19 vaccine have been administered in Illinois, representing about 38% of residents 16 and up receiving their first dose.

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Vaccine Effectiveness

Weekly COVID-19 Nursing Home Resident and Non-Nursing Home Resident Deaths in the US, June 2020 – February 2021

New COVID-19 Deaths Per Week

Legend:
- Non-Nursing Home Residents (US total minus nursing home residents)
- Nursing Home Residents

12/21/20- Nursing Home Vaccinations Begin

67% increase

83% decrease
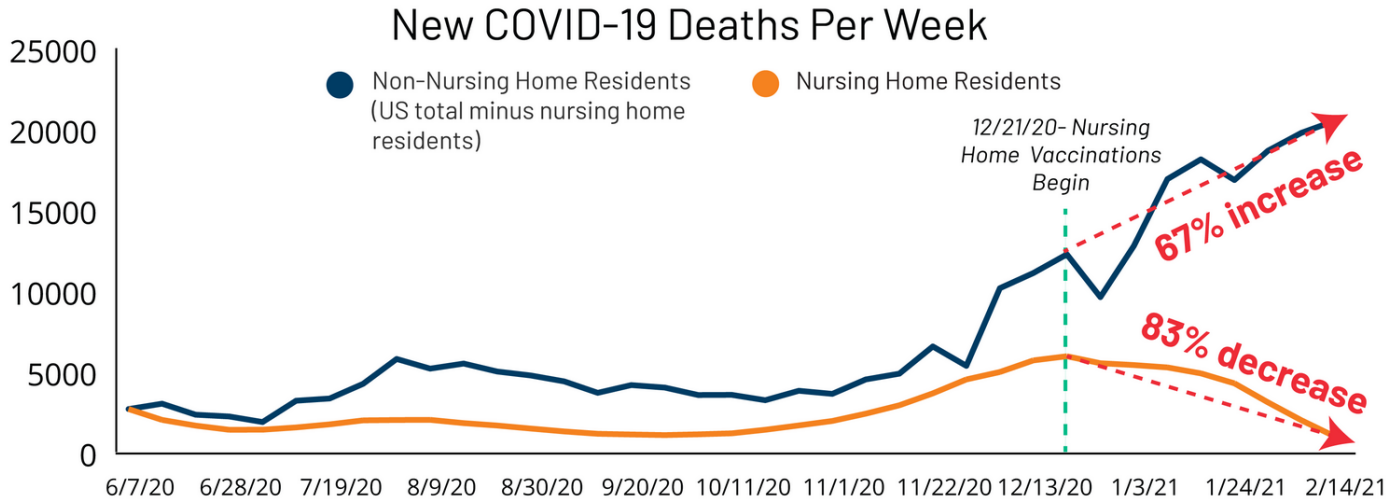
NOTES: Nursing home deaths include resident deaths only. Non-nursing home resident deaths calculated as total US deaths minus nursing home resident deaths. Nursing home staff deaths are included in "Non-nursing home resident" values.
SOURCES: Nursing home resident deaths are from CMS COVID-19 Nursing Home Data, as of the week ending on 2/14/2021. US weekly deaths data is based on analysis of COVID Tracking Project data.

KFF

With Rise in Vaccinations, Covid Cases Plunge

Since late December, when vaccinations began, new weekly positive covid test results among nursing home residents and staff members have fallen by 89% and 83%, respectively.
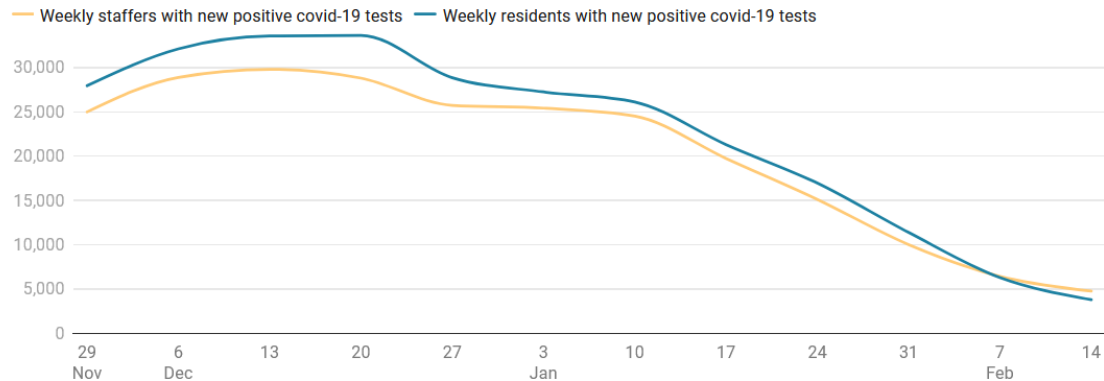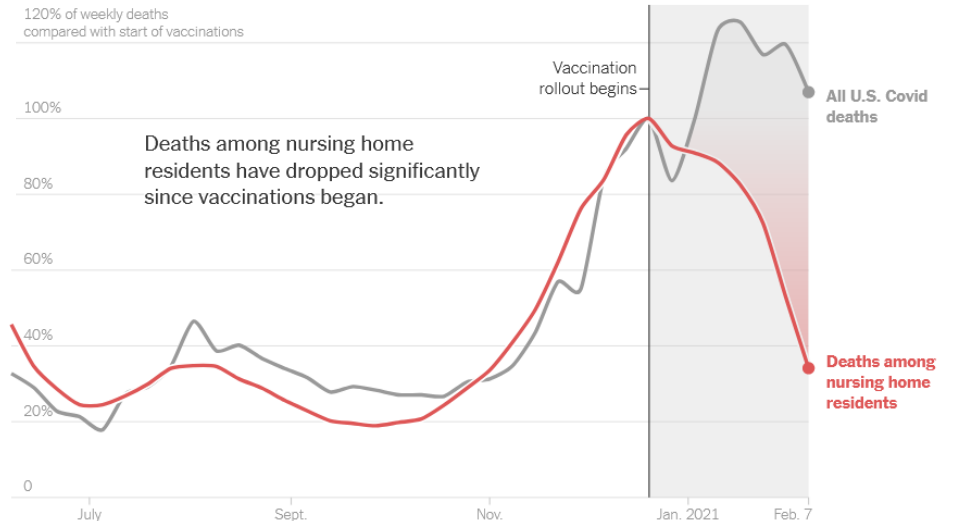
Legend:
- Weekly staffers with new positive covid-19 tests
- Weekly residents with new positive covid-19 tests

Chart: Hannah Norman/KHN • Source: Centers for Medicare & Medicaid Services • Embed

The New York Times

Nursing Homes, Once Hotspots, Far Outpace U.S. in Covid Declines

By Matthew Conlen, Sarah Mervosh and Danielle Ivory   Feb. 25, 2021

120% of weekly deaths compared with start of vaccinations

Vaccination rollout begins

All U.S. Covid deaths

Deaths among nursing home residents have dropped significantly since vaccinations began.

Deaths among nursing home residents

Source: New York Times database; U.S. Department of Health and Human Services • Data shown is normalized compared with the weekly deaths for the week ending Dec. 20, 2020 and is through Feb. 7.

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Participating Long Term Care Pharmacies

LTC Provider	Geographic areas served	Contact Information
CareOne Rx	Regions 1, 2, 3, 4, 7, 8, 9, 10, 11	vaccine@careonerx.com
CIMPAR	Greater Chicago area, Western suburbs	PALTC-vaccines@cimpar.com or 708.665.1826
Forum Extended Care Services	100-mile radius around Chicago	vaccination@forumpharmacy.com, will be asked to complete appointment request form
Green Tree	All regions	sbenson@heritageofcare.com will be asked to complete survey request form
HealthDirect Pharmacy	All of Southern Illinois from bottom of the state to Alton and to the East	jenniferhawthorne@hdrxservices.com
Medication Management Partners	Northeast (Regions 7, 8, 9, 10, 11) Champaign, Rantoul, Decatur	mmpclinics@mmprx.com, will be asked to complete survey request form
Oregon Healthcare Pharmacy	NW Illinois, 100-mile radius of Oregon, IL. North along WI border, West along Iowa border, South to Peoria and Bloomington and West into Chicago suburbs; Rockford	815-732-1422, will be asked to complete survey request form vaccinesupport@oregonhealthcarepharmacy.com
PharmScript of IL	All regions	Vaccinesupport@pharmscript.com
PrimeCare LTC	Chicago, Zion, Peoria, Chicago Heights & Evanston	covidvax@primecareltc.com phone : 630-209-0918
Symbria Rx	Chicago's western suburbs	covidvaccine@symbria.com
United Rx - Hillside	North to Waukegan, South to Streator, NW to Rockford, West to East Moline and East to Indiana border.	Complete a survey request form here
United Rx - Carbondale	NW to Alton, East to Carmi, South to Anna, NE to Lawrenceville	Complete a survey request form here

Increased Rates and Visitation Restriction: Follow Core Principles of Infection Prevention!

Mitigation	Tier 1	Tier 2	Tier 3
Visitation	Suspend indoor visits. Continue outdoor visits.	Same as Tier 1	Suspend all visits except for EC or compassionate care.
Communal Dining	Continue	Continue	Suspend
Group Activities	Continue without outside leaders or off-site outings.	Same as Tier 1, plus limit to 10 participants.	Suspend
Barber and Beauty Shop	Suspend	Suspend	Suspend

Reminder: Resident & Staff Quarantine Following a Confirmed Exposure

- **Residents** who had close contact with a confirmed case must be quarantined for 14 days regardless of their vaccination status
  - Exception: Residents who had COVID within 90 days do not need to quarantine

- **Staff** who had high-risk close contact with a confirmed case (e.g., a household contact):
  - **Do not need to quarantine** if fully vaccinated (+14 days)
  - **Quarantine** if unvaccinated, partially vaccinated, or second vaccination with Moderna or Pfizer or first vaccination with J&J less than 14 days ago

Slide: Thank you Elizabeth Shane, CDPH Team

Reminder: New/Readmission Resident Quarantine

Doses received	(Re)admission Quarantine Requirements
0 doses	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 2-dose series)	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 1-dose series) <14 days ago **OR** 2 doses (of a 2-dose series) <14 days ago	Quarantine for 14 days in a private room in a designated zone
1 dose (of a 1-dose series) 14+ days ago **OR** 2 doses (of a 2-dose series) 14+ days ago	No quarantine is necessary

Slide: Thank you Elizabeth Shane, CDPH Team

Reminder: If you have a new case…

If you have a new facility-associated case (e.g., do not count residents who were COVID+ upon admission), **immediately pause:**

- – Outdoor visitation
- – Indoor visitation (except for compassionate care)
- – Communal Dining
- – Group Activities
- – Beauty/Barber Services

ACROSS THE ENTIRE FACILITY

Slide: Thank you Elizabeth Shane, CDPH Team

Reminder: If you have a new case...

- Conduct a round of whole house testing on all residents and staff (excluding those who tested positive <90 days ago)
  - Start ASAP and complete within 3 days

- Continue testing residents and staff every 3-7 days until at least 14 days with no new cases
  - Ideally the final round of testing should take place on or after the 14th day following the specimen collection date for the last positive case
  - Ensures full 14-day incubation period is taken into consideration

Slide: Thank you Elizabeth Shane, CDPH Team

Reminder: If you have a new case...

- Based on results from the first round of testing:

  – If no new cases are identified in the building **OR** there are only other cases on the original affected unit:

  – Open activities/visitation to all other units as soon as <u>all</u> results have been received and reviewed for all tested residents/staff

  – The affected unit must remain on a pause until 14 days with no new cases

  – If new cases are identified in any other area of the building, then the entire building must remain on a pause until 14 days with no new cases

Slide: Thank you Elizabeth Shane, CDPH Team

Reminder: What does "Pause" Mean?

- Suspend
  - Outdoor visitation
  - Indoor visitation (except for compassionate care)
  - Communal Dining
  - Group Activities
  - Beauty/Barber Services

FAQs

Q: Facility does not have a written visitation policy. Are all long-term care facility types required to have a written policy?

A: CMS requires SNF/ICF to have written visitation policies. We will follow up with OHCR to see if other types of congregate care have the same requirements.

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Q. What about Facility Policy for Visitation and Resident's Rights?

A. The major principles are that the well-being and safety of the resident are the major concerns, not the convenience of the facility.

A. The facility needs to follow local, state, and federal (if applicable) guidance.

Q. Compassionate Care and Essential Caregiving

A. Compassionate Care visits are <u>required</u>

A. Work with the resident and family for Essential Caregivers

Q: When will assisted living facilities allow vaccinated residents to sit together to eat or participate in group activities? Do guidelines still say they need to be seated 6 feet apart?

A: The residents may sit together if Core Principles of Infection Prevention are followed (e.g., 6-foot separation, hand hygiene, and face coverings)

The Core Principles continue to apply regardless of vaccination status

Q. Will residents be able to leave SNF for a family meal? Unvaccinated Residents vs. Vaccinated Residents

- A. *Trips Outside the Building,* Page 22 of IDPH March 19, 2021 guidance
  - "Unvaccinated residents should be observed and monitored closely for development of symptoms during the following 14-day period following the outing. Decisions on whether to place such residents into transmission-based precautions should be made by assessing the potential for exposure while away using the IDPH Risk Assessment:
  - http://dph.illinois.gov/sites/default/files/COVID-19_LTC_FacilityRiskAssessment.pdf
  - Fully vaccinated inpatients and residents are not required to quarantine
  - Residents within 90 days of confirmed COVID-19 infection do not need to quarantine"

Vaccination and Outings Examples

Question: A resident's daughter wants the resident to come over for Easter Dinner. The resident received the second dose of Moderna vaccine in February. Does the resident need to quarantine when they get back to the facility?

Answer: No, resident is fully vaccinated (IDPH guidance p.22)

Question: Resident attended Easter Dinner with family. The resident is fully vaccinated. However, **Family notified facility that a family member tested positive on Monday (next day) for COVID-19. Resident sat next to the family member at dinner for 1 hour (closer than 6 feet for 1 hour).** Does the resident need to quarantine when they get back to the facility?

Answer: Yes (CDC, [Managing Residents with Close Contact.)](#)

Question: A resident's daughter wants the resident to come over for Easter Dinner. The resident has only received one dose of the Moderna vaccine. Does the resident need to quarantine when they get back to the facility?

Answer: Yes, resident is NOT fully vaccinated (IDPH guidance p.22)

Slide: Thank you Elizabeth Shane, CDPH Team

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Testing Vaccinated Residents

Question: Can we stop testing fully vaccinated residents and staff?

Answer: No. CDC/CMS has not changed any testing requirements based on vaccination status.

Slide: Thank you Elizabeth Shane, CDPH Team

Frequently Asked Questions

- **Question**: Can a fully vaccinated family member hug a non-vaccinated resident?

- **Answer:** No. As per the new CMS guidance, the *resident* must be fully vaccinated for physical touch to occur (except in compassionate care situations). The vaccination status of the visitor does not factor into the decision for allowing physical touch. Reminder that visitors and residents must be masked during the entire visit and that hand hygiene should be performed before and after physical touch.

Slide: Thank you Elizabeth Shane, CDPH Team

Frequently Asked Questions

- **Question**: We have a new admission who came to the facility 10 days after his second shot of Moderna. Does he need to be quarantined for 4 days or 14 days?

- **Answer:** 14 days. It takes 14 days after the last shot in a series for the vaccine to offer the maximum amount of protection. If the resident had been exposed to COVID soon after vaccination, he could be in the incubation period, thus it is safest to do a full 14-day quarantine.

Slide: Thank you Elizabeth Shane, CDPH Team

What about overnight visits, are these allowed? Unvaccinated vs. Vaccinated Residents

- **<u>Unvaccinated residents</u> that spend overnight out of building should be placed in transmission-based precautions for 14 days.**

- **<u>Fully vaccinated</u> inpatients and residents are not required to quarantine.**

- **Residents within 90 days of confirmed COVID-19 infection do not need to quarantine.**

Frequently Asked Questions

- **Question**: With the new CMS/IDPH guidance, does the 10-person max for group activities and 25% capacity max for dining still apply?

- **Answer:** No. Once communal dining and group activities are allowed, the maximum number of people can be determined by how many people can be in the room maintaining at least a 6-foot separation from one another (assuming that the number of people is below max capacity limits set out by the fire dept.). Please also consider how well your residents will adhere to masking/distancing guidelines and how much supervision you will have available when determining how many people can participate in group activities and communal dining.

Slide: Thank you Elizabeth Shane, CDPH Team

Verbal Screening

- **Question**: I see in the IDPH guidance it says verbal screening is no longer required upon entry. Does that mean that screening staff/visitors is no longer needed?

- **Answer:** No, everyone entering the facility still needs to be screened for symptoms, travel, and exposure history. IDPH updated the guidance to allow for tech-based screening options (e.g., electronic kiosks, iPads). If using tech-based options or checklist, there should be an alert set up (e.g., push notification to the receptionist or review) if someone answers a question in a way that should exclude them from entering the building.

Slide: Thank you Elizabeth Shane, CDPH Team

**Long Term Care Guidance
for COVID-19**

CDC Guidance for Nursing Homes

- Two prior guidance documents, "Responding to COVID-19 in Nursing Homes" and "Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes" were merged with this guidance.

- The criteria for health department notification was updated to be consistent with Council of State and Territorial Epidemiologist (CSTE) guidance for reporting.

- Information on the importance of vaccinating residents and healthcare personnel (HCP) was added along with links to vaccination resources.

- Visitation and physical distancing measures were updated.

- Added proper use and handling of personal protective equipment (PPE).

- Added universal PPE use to align with the interim infection prevention and control guidance for HCP.

- Added considerations for situations when it might be appropriate to keep the room door open for a resident with suspected or confirmed SARS-CoV-2 infection.

- A description was included about when it may be appropriate for a resident with a suspected SARS-CoV-2 infection to "shelter-in-place."

- Added management of residents who had close contact with someone with SARS-CoV-2 infection which includes a description of quarantine recommendations including resident placement, recommended PPE, and duration of quarantine.

- Added addressing circumstances when quarantine is recommended for residents who leave the facility.

- Added responding to a newly identified SARS-CoV-2-infected HCP or resident.

- Added addressing quarantine and work exclusion considerations for asymptomatic residents and HCP who are within 90 days of resolved infection.

12 Updates!

Read Carefully!

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Changes in Guidance

- Combining of 2 former guidance documents into this document
  - Responding to COVID-19 in Nursing Homes
  - Performing Facility Wide SARS-CoV-2 Testing in Nursing Homes

- Added considerations for situations when it might be appropriate to keep the room door open for a resident with suspected or confirmed SARS-CoV-2 infection.

- Added management of residents who had close contact with someone with SARS-CoV-2 infection which includes a description of quarantine recommendations including resident placement, recommended PPE, and duration of quarantine. (Deb already discussed)

- Added responding to a newly identified SARS-CoV-2-infected HCP or resident.

Closing the Door

Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection

- In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2.
  - This is especially important for residents with suspected or confirmed SARS-CoV-2 infection being cared for outside of the COVID-19 care unit.

  - However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open.

  - If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.

Ventilation

People Also Ask

How can operators improve ventilation systems? ⌃

- Ensure that **ventilation systems** operate properly and provide acceptable indoor air quality for the current occupancy level for each space.

- Increase ventilation using air from outside, using caution in highly polluted areas. When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk to diners or employees (e.g., risk of falling or triggering asthma symptoms).

- Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants. Consult with experienced heating, ventilating, and air-conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. This may include some or all of the following activities:
  - Increase airflow to occupied spaces when possible.
  - Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
  - Open outdoor air dampers beyond minimum settings to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
  - Improve central air filtration to as high as possible without significantly diminishing design airflow.
    - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
    - Check filters to ensure they are within service life and appropriately installed.

- Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times.

- Decrease occupancy in areas where outdoor ventilation cannot be increased.

Read more

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Responding to a newly identified SARS-CoV-2-infected HCP or resident

New Infection in Healthcare Personnel or Resident

Respond to a Newly Identified SARS-CoV-2-infected Healthcare Personnel or Resident

- Because of the high risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak.
  - Consider increasing monitoring of all residents from daily to every shift to more rapidly detect those with new symptoms.
- Implement facility-wide testing along with the following recommended infection prevention precautions:
  - HCP should care for residents using an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown.
  - Residents should generally be restricted to their rooms and serial SARS-CoV-2 testing performed.
  - Consideration should be given to halting social activities and communal dining; if these activities must continue for uninfected residents, they should be conducted using source control and physical distancing for all participants.
  - Guidance about visitation during facility outbreaks is available from CMS 📄 ⧉ . Residents could leave their rooms to permit visitation; visitors should be informed about the outbreak in order to make informed decisions about visitation.
  - For additional information about visitation, see section: Have a Plan for Visitation and CMS visitation memo 📄 ⧉ .
  - Restrict non-essential HCP 📄 ⧉ for areas where CMS limits indoor visitation 📄 ⧉ .
    - Consider implementing telehealth to offer remote access to healthcare.

Frequency of Evaluating Residents

[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 <u>at least daily</u>*** for fever (temperature ≥100.0°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.

Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection

- Increase monitoring of residents with suspected or confirmed SARS-CoV-2 infection, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to ***<u>at least 3 times daily</u>*** to identify and quickly manage serious infection.

Responding to a newly identified SARS-CoV-2-infected HCP or resident: PPE Use

- HCP should care for residents using an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. [(CDC, March 29, 2021 update)](#)

  - **This means when any new case is identified in a HCP or resident, the facility should begin to wear at a minimum of : N95 respirators and eye protection for the care of all residents until there has been 14 days without a new case.**

- IDPH is still evaluating the use of gowns for the care of all residents when one case is identified.

- Please recognize that full PPE (N95 respirator, eye protection, gown and gloves) **MUST** be worn for the care of suspected or confirmed COVID-19 residents.

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

- Project Firstline Learning Needs Assessment
  - English Version: https://redcap.link/firstlineLNA
  - Spanish Version: https://redcap.link/LNAespanol

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**