



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

October 9th, 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
- Recent SIRENS
- Telligen QI Connect Update
- Respiratory Protection: Part 1
- FAQ from Last Week
- Open Q & A

Slides and recording will be made available after the session.

# IDPH webinars

## Friday Brief Updates and Open Q&A

Thursday, October 15 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e5c96738693dd129680c10797f09d5da5">https://illinois.webex.com/illinois/onstage/g.php?MTID=e5c96738693dd129680c10797f09d5da5</a>
Friday, October 23 <sup>rd</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=eee36e6230ecadbf04282a4fa264aed8e">https://illinois.webex.com/illinois/onstage/g.php?MTID=eee36e6230ecadbf04282a4fa264aed8e</a>
Friday, October 30 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=ec2188756e1dea85052f6e78c5a702f0b">https://illinois.webex.com/illinois/onstage/g.php?MTID=ec2188756e1dea85052f6e78c5a702f0b</a>

Slides and recordings will be made available after the sessions.

# Recent SIRENS

- [Interim Guidance on Antigen Testing for COVID-19 in Long-Term Care – 10/8/20](#)
- [2020 General Election Guidance Voting Information for Nursing Homes and Other Long-Term Care Facilities – 10/5/20](#)

# Breaking News from CMS

- » Collaborate with Telligen
- » No cost assistance
- » Peer to peer support
- » Data to drive decisions
- » Enhanced Performance
  - » Organization
  - » Well-being of residents and staff

<https://www.telligenqinqio.com/resource/our-work/nursing-home-care/nursing-home-care-resources/cms-sends-letter-of-support-recommending-nursing-homes-partner-with-their-qio/>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop 53-02-01  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

October 7, 2020

Dear Colleagues and Partners in Nursing Home Quality Improvement,

The Centers for Medicare & Medicaid Services (CMS) encourages you to collaborate with the Quality Improvement Organization (QIO) experts in our mission to increase the performance of the health care system by increasing nursing home quality of care for residents. CMS realizes that responding to the current national health emergency is a top priority in everyone's minds. We know that you have had many people come into your facility for varying purposes, from a variety of different federal and state agencies. We know that staffing shortages are a priority over everything else because you are so focused on caring for residents while responding to the pandemic. You may ask yourself, why should we work with the QIOs?

With your voluntary participation in working with the QIOs (who are on contract with CMS, and directed by CMS to provide assistance) you will:

- Receive no-cost assistance with improving your facility's performance on an array of quality care components, including performance on the Total Quality Measure Score for nursing homes, preventing adverse drug events, preventing unnecessary hospital utilization, and improving infection control.
- Measure your improvement using data already collected through the Minimum Data Set,
- Access wide-ranging best practices gleaned from high-performing nursing homes,
- Participate in peer-to-peer forums with other nursing homes for discussing and implementing a systems-based approach to implement quality improvement practices,
- Develop relationships and collaborate with other forward-thinking nursing homes in your State

The QIOs are not part of the CMS survey process and do not issue a list of corrective actions. The QIOs work closely with you to help identify challenges, and create joint action plans for improvement in quality and safety. When your state QIO contacts you to participate, I urge you to join and actively participate for the growth and enhanced performance of your facility and well-being of all nursing home residents and your staff, as well.

Sincerely,

*Anita Monteiro*

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# Telligen QI Connect™

## Telligen Portal and IP Resources



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 **Telligen QI Connect™**  
Partnering to improve health outcomes through relationships and data

 **COVID-19 Response and Resources**

For information on Coronavirus Disease 2019 (COVID-19), click [here](#).  
For information on infection prevention and control resources, click [here](#).  
Visit Telligen's [archive page](#) for past webinar events and information.

Improving Healthcare Quality for People Living and Working with Medicare

Telligen QI Connect™ is a comprehensive quality improvement program that places healthcare providers and consumers at its center. Its Affinity Group to make an impact on the most challenging healthcare issues facing our communities today. Because whether you're providing healthcare or receiving it, environment it takes **collective action** to make healthcare safer, more accessible and more cost-effective.

Join Telligen QI Connect™

Telligen QI Connect™ is a quality improvement program that places healthcare providers and consumers at its center. **Join us today!**

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optimizster

<https://www.telligenqinqio.com>



# Register with Telligen Today - Don't Miss Out on Tools Like These!



## Guidebook for Infection Prevention and Control Preparedness



### Personal Protective Equipment (PPE) Audit Tool

Use this tool to conduct observation audits of donning and doffing PPE and track compliance. The tool includes a compliance calculator to get a compliance rate. PPE compliance is critical for infection prevention, consider PPE quality improvement plan and use this tool to measure compliance rates over time, to track if your quality improvement activity is working.

Who are you observing? \_\_\_\_\_ Date: \_\_\_\_\_

Audit worksheet

	YES	NO	N/A	Feedback
<b>Donning</b> Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).				
<b>Perform hand hygiene</b> Tie all the ties on the gown.				
<b>Put on isolation gown.</b> Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a nosepiece is not available). If the respirator has a hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Respirator straps should be placed on crown of head (top strap) and base check each time you put on the respirator. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.				
<b>Put on face shield or goggles.</b> Select the proper eye protection to ensure the correct positioning of the fit or seal of the respirator.				
<b>Put on gloves.</b> Gloves should cover the cuff (wrist) of gown.				
<b>Total</b> (out of 6)				



### Quick Guide to Implementing Telehealth in Nursing Homes During the COVID-19 Pandemic

#### COVID-19 Regulatory Changes

CMS (Centers for Medicare & Medicaid Services) is waiving the requirement (42 CFR 483.30) for in-practice clinical social workers, to offer visits via telehealth options, per the [CMS 1135 waiver guidelines](#). This is **TEMPORARY** in order to increase access to medical services during the time of a national emergency. Check CMS guidelines as regulations are evolving rapidly. Nursing homes do not need to apply for telehealth and telemedicine services.

The 1135 waiver authority applies to Federal requirements and does not apply to State requirements of participation. Check with the state Medicaid, individual Medicare Advantage payers for their COVID-19 telemedicine guidelines and billing codes.

#### What is Telehealth and Telemedicine?

- Telehealth refers to the exchange of medical information from one site to another to improve a patient's health.
- Telemedicine is the practice of medicine using technology to deliver care at a distance.

#### Three Types of Virtual Services

Medicare Telehealth Visits	Considered the same as in-person visits via telecommunications systems between a provider and a patient.
Virtual Check-ins	A brief check-in with a provider via a device to decide whether an office visit is needed. Recorded video or images are not used.
E-Visits	Communication between a provider and a patient via a secure portal (the patient must get a response over a 7-day period).

Note: Per [CMS regulation](#) issued on March 31, 2020, the requirement for a state licensure relationship for telehealth visits has been removed. For clinician licensure information, see the [CMS letter to clinicians](#), available [here](#).



### Infection Prevention Resource List

Helpful resources to support nursing homes with infection prevention during the COVID-19 pandemic and beyond.



Resource	Organization	Type	Description & Links
All Cause Harm Prevention Change Package	Telligen	Tool	The <a href="#">All Cause Harm Prevention Change Package</a> serves as a key resource to improve quality of life through safer care for the nation's 1.4 million nursing home residents. The change package offers strategies and actions to prevent specific types of adverse events and harms. Strategies and action items to improve infection prevention practices, while diminishing the risk and spread of COVID-19 start on page 32. A supplemental <a href="#">Implementation Guide</a> provides six steps towards implementing strategies in the change package. A recorded presentation provides an <a href="#">overview</a> of the change package. Whether the facility is implementing proper infection prevention and control practices to prevent the spread of COVID-19 and other communicable disease and infections. Reference the <a href="#">CMS Memo</a> issued 3/23/20 for additional information.
COVID-19 Focused Survey for Nursing Homes	Centers for Medicare & Medicaid Services (CMS)	Tool	This <a href="#">survey</a> to be used by surveyors determines compliance and whether the facility is implementing proper infection prevention and control practices to prevent the spread of COVID-19 and other communicable disease and infections. Reference the <a href="#">CMS Memo</a> issued 3/23/20 for additional information.
Fishbone Diagram Worksheet	Telligen	Tool	This <a href="#">fishbone diagram worksheet</a> will walk you through doing a root cause analysis (RCA) and includes a fishbone diagram you can complete as part of your RCA. For more information and guidance on using the <a href="#">Tool for Root Cause Analysis</a> , reference: <a href="#">How to Use the Fishbone Cause Analysis (RCA) with Performance Improvement Projects (PIPs)</a> . This <a href="#">Infographic</a> reviews the sequence for putting on PPE, as well as how to safely remove PPE.
Guidance for Proper Use of Personal Protective Equipment (PPE)	Center for Disease Control's (CDC)	Tool	For a mask to offer protection — rather than becoming a vehicle for COVID-19 germ-spreading or any germ spreading — it must be handled, worn, and stored properly. This <a href="#">step-by-step video</a> on mask-wearing covers how to properly use and re-use a mask.

READ MORE





## Join Telligen QI Connect™!

Join Telligen QI Connect™ - a healthcare quality initiative in Colorado, Illinois you improve care and navigate the constantly evolving healthcare landscape. Commit to join the Telligen QI Connect™ initiative.

**First name \***

**Last name \***

**Title \***

Your title within your organization

**Email \***

**Organization \***

Please use "NA" if you are not affiliated with an organization.

**Address \***

<https://www.telligenqinqio.com/join-telligen-qi-connect/>

**Street Address**

**Address Line 2**

**City**

**ZIP Code**

**Organization type \***

**CMS Certification Number (CCN)**

optional

0 of 10 max characters

**Tax Identification Number (TIN)**

optional

**National Provider Identifier (NPI)**

optional

**Affinity Groups**

Do you need help choosing an affinity group? Please check the box below.

Help me choose: a Telligen advisor will contact you

**Affinity Groups**

Please choose to participate in one or more affinity groups of interest.

Select All

Care Transitions

Chronic Disease Prevention & Self-Care

Nursing Home Care

Opioids & Behavioral Health

**Have you worked with Telligen before? \***

Yes

No

**Permission to share \***

Newsletter and social media recognition

I permit Telligen to disclose our participation in this initiative.

Submit





## ***Respiratory Protection: Part 1***

**Deb Burdsall, PhD, RN-BC, CIC, FAPIC**

**Aaron Martin**

**Heather J Stone**

**Karen Trimberger**

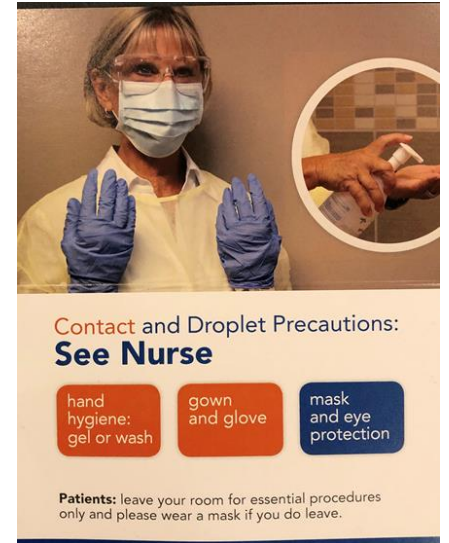
October 9, 2020



...ne droplets visible during s...  
(photo enhanced)

- Describe the difference between current long-term care respiratory protection and the ideal respiratory protection program

# Infection Prevention Practices



**Hand Hygiene**



**Use of PPE**



**Cleaning/Disinfection**



**Detection, Isolation and Cohorting**

A man with a beard and short hair is shown in profile from the chest up, exhaling a cloud of small white particles into the air. The background is a dark, textured grey.

# WHY IS RESPIRATORY PROTECTION IMPORTANT?

Photo: Centers for Disease Control and Prevention

## **Aerosol-generating procedures—**

Procedures that may increase potential exposure to aerosol transmissible disease pathogens due to the reasonably anticipated aerosolization of pathogens. Aerosol-generating procedures may also be known as high hazard or cough-inducing procedures. See [page 12](#) for a detailed explanation.



# Aerosol Generating Procedures

- Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include:
  - **open suctioning of airways**
  - **sputum induction**
  - **cardiopulmonary resuscitation**
  - endotracheal intubation and extubation
  - **non-invasive ventilation (e.g., BiPAP, CPAP)**
  - bronchoscopy
  - **manual ventilation**
- Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:
  - **nebulizer administration**
  - **high flow O2 delivery**

Source: CDC



## Viewpoint from *Journal of American Medical Association (JAMA)*, Klompas, Baker & Rhee

- Looked at reproduction number of COVID-19 and secondary attack rate
- Understanding of SARS-CoV-2 transmission is still limited
- Impossible to conclude that aerosol-based transmission never occurs
- Err on the side of caution, particularly in health care settings when caring for patients with suspected or confirmed COVID-19
- Social distancing (at least 6 feet), medical masks, face shields
- Optimizing indoor ventilation, hand hygiene, environmental cleaning/disinfecting



Airborne droplets visible during sneezing  
(photo enhanced).

- Klompas, Baker, & Rhee, JAMA, July 13, 2020. doi:10.1001/jama.2020.12458

- Published Invited Commentary in *Clinical Infectious Diseases*, Journal of Infectious Disease Society of America (IDSA) (Morawska & Milton, 2020)
- Growing evidence about microdroplets and the part they play in the transmission of COVID-19
- NOT airborne in the same sense as tuberculosis, measles, chicken pox or disseminated zoster



Photo: Centers for Disease Control and Prevention

*Airborne droplets visible during sneezing  
(photo enhanced).*

# Airborne transmission of SARS-CoV-2 can occur under special circumstances

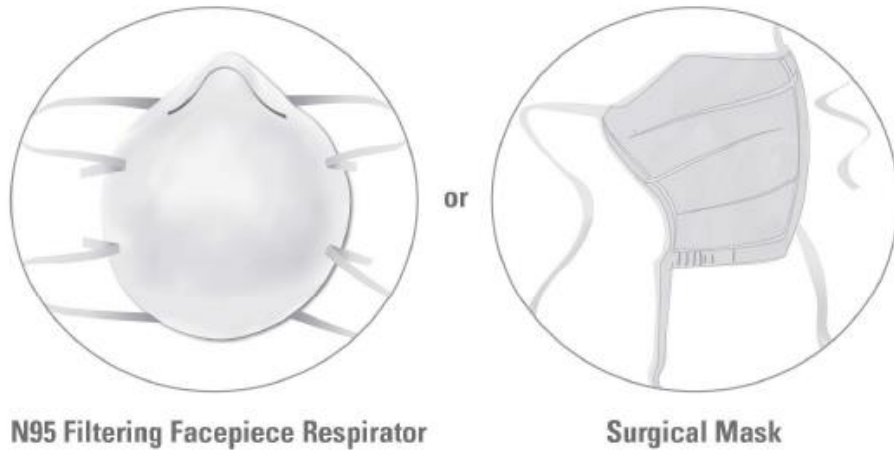
- Extended time (>30 minutes)
- Enclosed spaces
- Infectious person exposed susceptible people at the same time
- Susceptible people exposed shortly after infectious person left the space
- Expiratory exertion (e.g., shouting, singing, exercising)
- Inadequate ventilation or air handling that allowed a build-up of suspended small respiratory droplets and particles
- Source: CDC <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html>



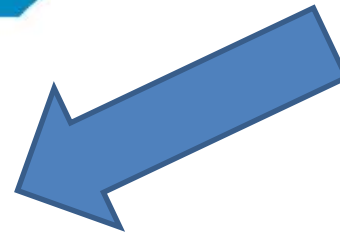
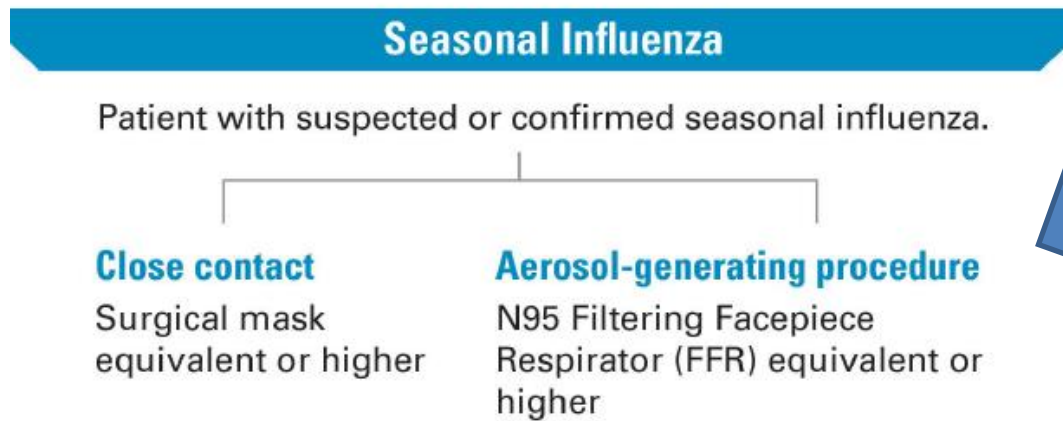
*...ne droplets visible during sr  
(photo enhanced)*

**WHAT WERE THE CLUES THAT  
RESPIRATORY PROTECTION  
WAS EXPECTED IN LONG TERM  
CARE OR OTHER PLACES  
WHERE AEROSOL GENERATING  
PROCEDURES ARE DONE?**

While it is your employer's responsibility to provide policies, programs, training, and guidance on respirator use, it is the healthcare workers who implement these procedures. Do you know when to use respiratory protection? If so, do you understand what type of protection to choose and how to use it properly?



## Look for Clues



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health



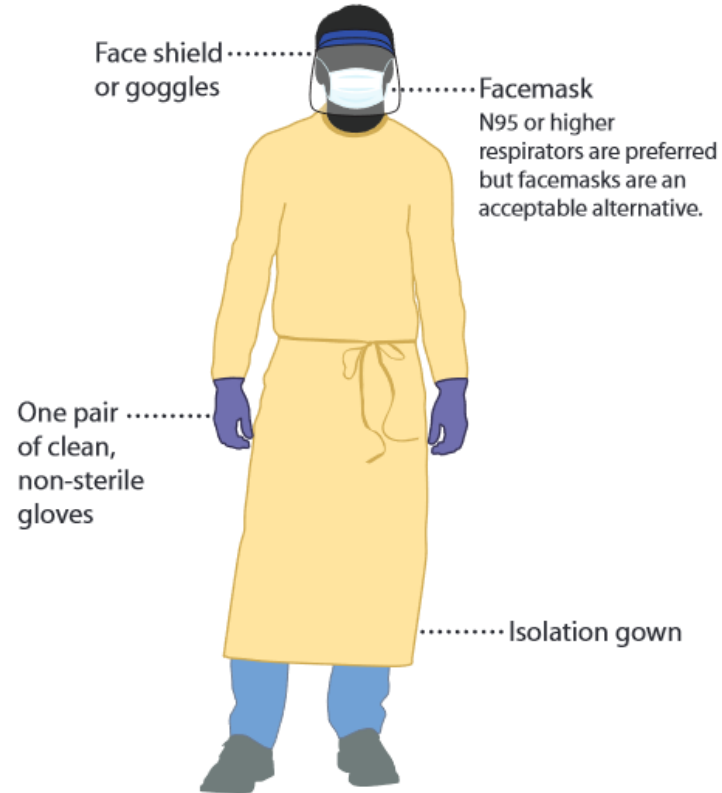
Source: CDC/NIOSH REACH II Infographic 2014

# COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)





# Hospital Respiratory Protection Program Toolkit

Resources for Respirator  
Program Administrators

MAY 2015



# Respiratory Protection





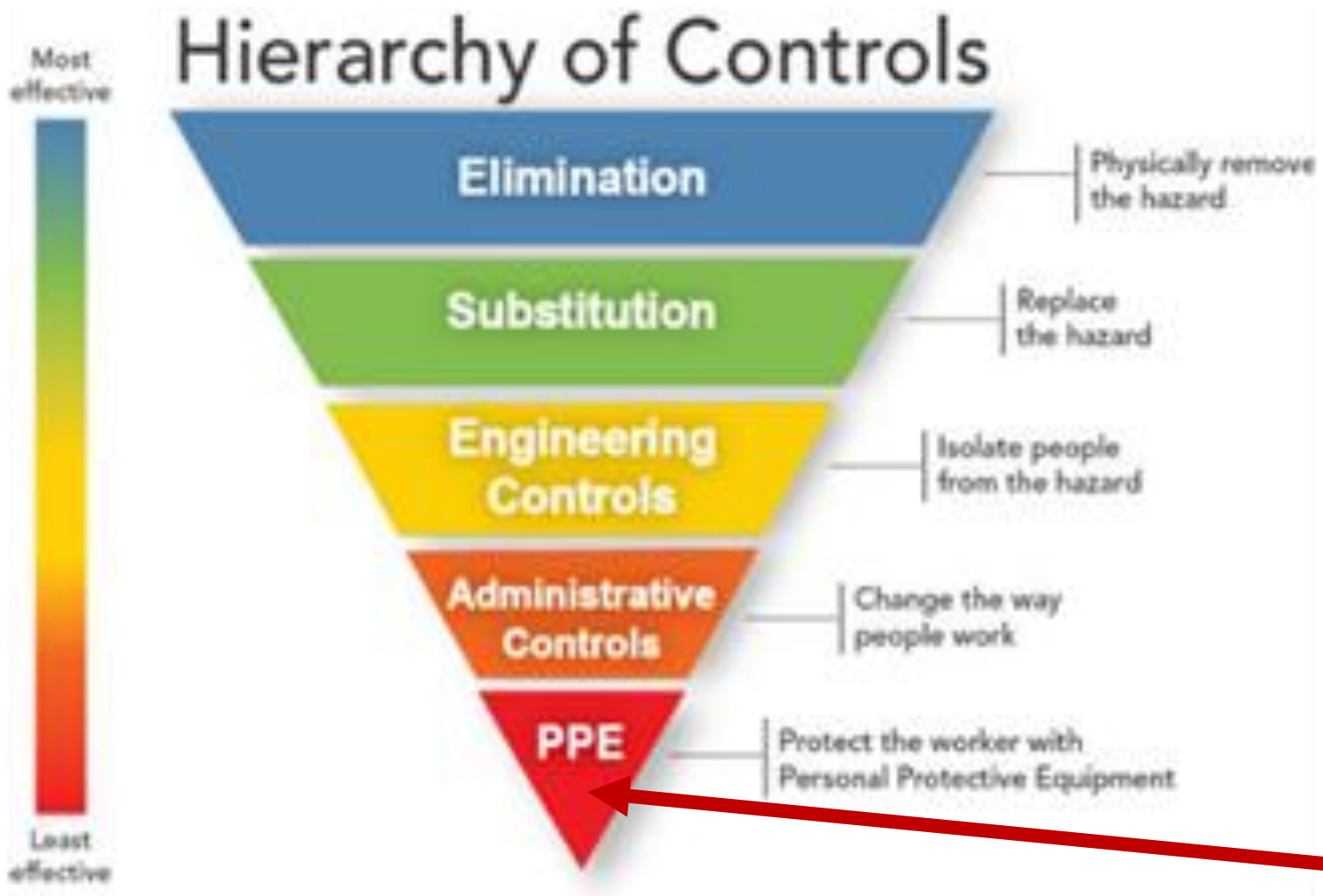
# Introduction to This Toolkit

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This toolkit was developed to assist hospitals in developing and implementing effective respiratory protection programs, with an emphasis on preventing the transmission of aerosol transmissible diseases (ATDs) to healthcare personnel.

# Respiratory Protection Program

- Taken from Minnesota Department of Health: *Proper Respirator Use: Public Health Respiratory Protection Program Template*:  
[https://www.health.state.mn.us/facilities/patientsafety/infection\\_control/rpp/template/respuse.html](https://www.health.state.mn.us/facilities/patientsafety/infection_control/rpp/template/respuse.html)
- *Policy*
- *The purpose of this program is to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of respirators*



**Respirator**

Picture is from the following site:

<https://www.cdc.gov/niosh/topics/hierarchy/default.html>

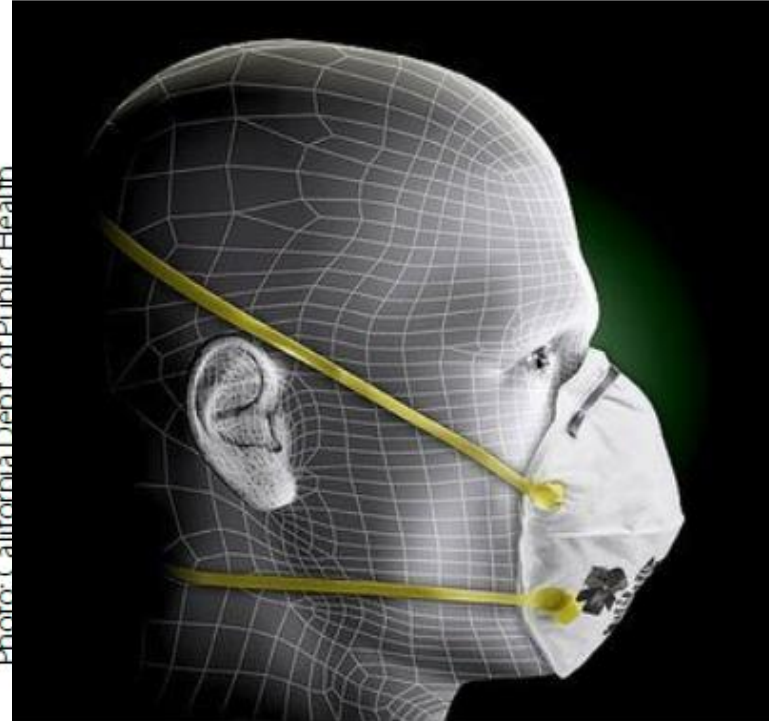
# Interdisciplinary Expertise and Approaches

- Prevention of COVID-19 by airborne transmission
- Social distancing,
- Face and respiratory protection
- Hand hygiene
- Surface cleaning and disinfection
- Ventilation
- Avoidance of crowded indoor spaces
- Special engineering controls in the healthcare setting

# Mask vs Respirator



*Healthcare personnel wearing a surgical mask.*



3M(TM) Particulate Respirator 8210, N95

Photo: California Dept. of Public Health

Surgical masks – fluid resistant

Procedure or isolation masks – not fluid resistant

Facemasks and respirators are very different in their design, performance and purpose.

**Facemask**—A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks may be labeled as surgical, laser, isolation, dental, or medical procedure masks and are cleared by the FDA for marketing. They may come with or without a face shield. Facemasks do not seal tightly to the wearer’s face, do not provide the wearer with a reliable level of protection from inhaling smaller airborne particles, and are not considered respiratory protection.



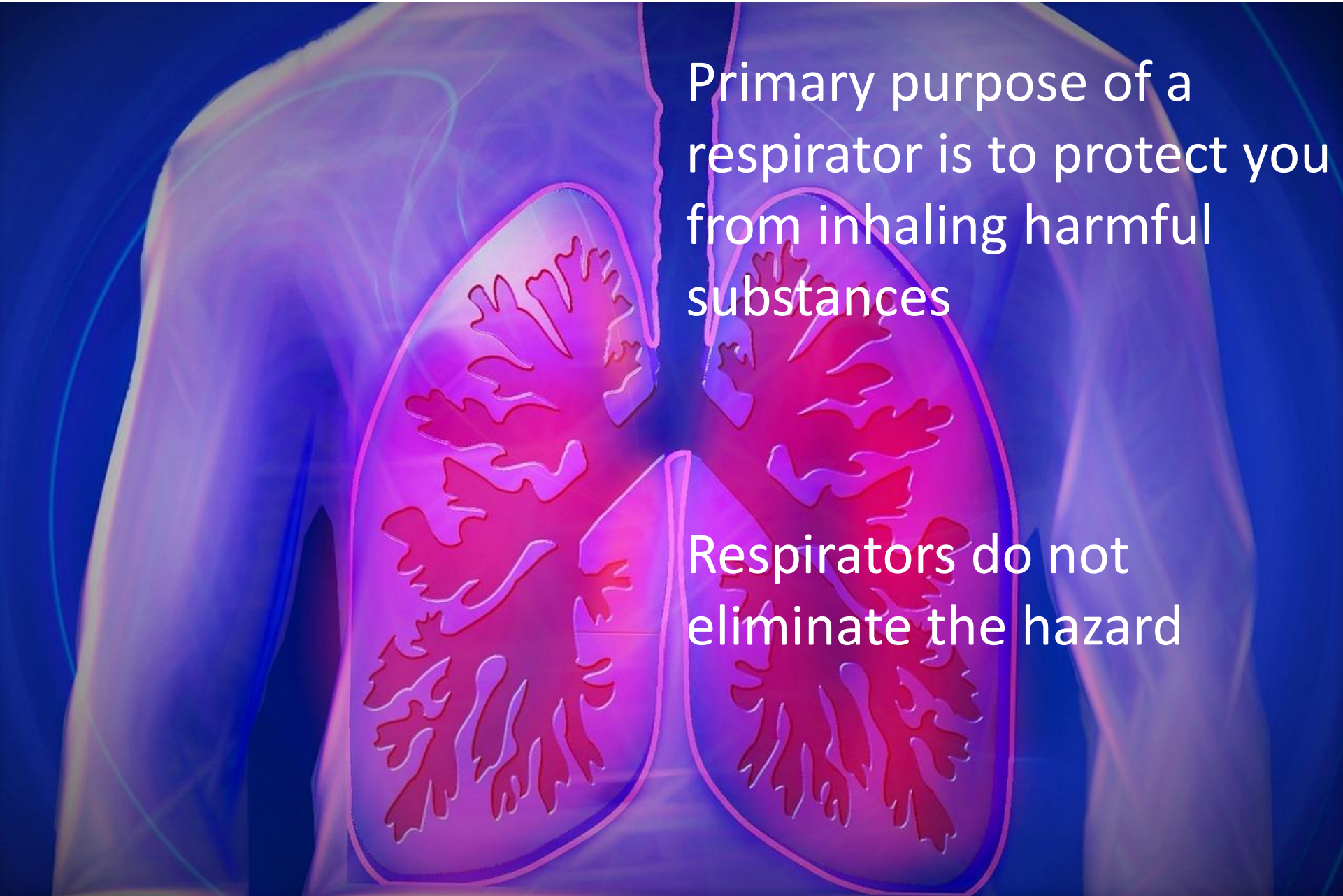
Surgical Mask

**N95 respirator**—A generally used term for a half mask air-purifying respirator with NIOSH-approved N95 particulate filters or filter material (i.e., includes N95 filtering facepiece respirator or equivalent protection).



N95 Filtering Facepiece Respirator





Primary purpose of a respirator is to protect you from inhaling harmful substances

Respirators do not eliminate the hazard

# Respirator

TC #XXX-XXXX – TC-approval number

## Example of Exterior Markings:

Approval holder business name, a registered trademark 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

# Understanding the Difference



**Surgical Mask**



**N95 Respirator**

## Testing and Approval

Cleared by the U.S. Food and Drug Administration (FDA)

Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84

## Intended Use and Purpose

Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.

Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).

## Face Seal Fit

Loose-fitting

Tight-fitting

## Fit Testing Requirement

No

Yes

Differentiate between different types of face coverings and respirators

Source: CDC/NIOSH 2018

# Understanding the Difference



**Surgical Mask**



**N95 Respirator**

**User Seal Check Requirement**

No

Yes. Required each time the respirator is donned (put on)

**Filtration**

Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection

Filters out at least 95% of airborne particles including large and small particles

**Leakage**

Leakage occurs around the edge of the mask when user inhales

When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales

**Use Limitations**

Disposable. Discard after each patient encounter.

Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

Source: CDC/NIOSH, 2018



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







Photo: Bullard Safety

*Healthcare personnel wearing a powered air-purifying respirator while treating a patient.*

- Powered Air-Purifying Respirators (PAPRs) may be used in long term care

# WHOA!!!

- FORGET SOMETHING?
- Start with the Facility Assessment  
↓
- Then Infection Prevention Risk Assessment  
↓
- Then Infection Prevention and Control Program  
↓
- Then Respiratory Protection



Image: Pixabay CCO



# RoP Facility Assessment Toolkit §483.70(e)

*The RoP Facility Assessment Toolkit © is designed to provide practical, step-by-step guidance for organizations as they evaluate their individual facility resident population, resource availability and allocation in accordance with resident care and service and other required elements in developing their written facility assessment. [View the full instructions of how to use this tool](#). Learn more about the [overview](#), [implementation](#), [importance of data](#), and [policy and procedure](#).*

# Performance Improvement Project (PIP)

- Concentrate on a particular problem in one area of the facility or facility wide
- Gather information systematically
- Use team approach to identify the cause of a problem
- Fix problems that are important and meaningful for the specific type and scope of services

Source: Appendix B QAPI Definitions: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf>

# PIP Team

- Form PIP team for product selection and system change
- PIP team consists of those who use, purchase and pay for the PPE
- Front-line personnel
- Managers and supervisors
- Materials Management and Purchasing
- CEO, CFO, Owners may need to be part of the team

# Root Cause Analysis

- Problem: Need respiratory protection. Masks were not prioritized and respirators were never purchased
- No consistent process to ensure appropriate supplies of PPE and now no established pattern of PPE purchasing
- What is a respiratory protection program? (knowledge deficit)
- No competency-based training
- No time for infection preventionist to support respiratory protection program

# Develop and Pilot

- Pilot the fit test program on selected unit(s) or facilities (e.g. start with the COVID-19 unit)
- PIP team collect data on fit testing, supply, and staff response
- Potentially compare other indicators
- Modify and expand
- Document and take credit for a QAPI PIP!!

# References

- NIOSH Respiratory Protection Program  
<http://www.cdc.gov/niosh/topics/respirators/>
- US Department of Health and Human Services, 1999, OSHA  
Technical Manual: Respiratory Protection 29 CFR 1910.134  
<http://www.osha.gov/SLTC/etools/respiratory/oshafiles/otherdocs.html>



- CDC's guidance:
- NIOSH-approved N95 disposable filtering facepiece or higher-level respirators when providing care for patients with suspected or known COVID-19 is based on the current understanding of SARS-CoV-2 and related respiratory viruses.
- Current data suggest that close-range aerosol transmission by droplet and inhalation, and contact followed by self-delivery to the eyes, nose, or mouth are likely routes of transmission.
- Potential routes of close-range transmission include splashes and sprays of infectious material onto mucous membranes and inhalation of infectious virions exhaled by an infected person. The relative contribution of each of these is not known for SARS-Co-V-2.
- Respirators should be used as part of a respiratory protection program that provides staff with medical evaluations, training, and fit testing.
- CDC recommendations acknowledge the current challenges with limited supplies of N95s and other respirators.
- Facilities that do not have sufficient supplies of N95s and other respirators for all patient care should prioritize their use for activities and procedures that pose high risks of generating infectious aerosols and use facemasks for care that does not involve those activities or procedures.
- Detailed strategies for optimizing the supply of N95 respirators are available on the CDC website. Once availability of supplies is reestablished, the guidance states that the use of N95 and higher-level respirators should resume.

## Summary

## IMPORTANT RESOURCES:

- *Hospital Respiratory Protection Program Toolkit*  
<http://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf>
- *OSHA Respiratory Protection Standard 1910.134 Appendix A*  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=9780](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780)
- *Implementing Hospital Respiratory Protection Programs: Strategies from the Field*  
[http://www.jointcommission.org/assets/1/18/Implementing\\_Hospital\\_RPP\\_2-19-15.pdf](http://www.jointcommission.org/assets/1/18/Implementing_Hospital_RPP_2-19-15.pdf)

**Department of Health and Human Services**  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health



# CDC References

- Alsved M, Matamis A, Bohlin R, Richter M, Bengtsson P-E, Fraenkel C-J, P. Medstrand P, Löndahl J. (2020) Exhaled respiratory particles during singing and talking, *Aerosol Science and Technology*, 2020. doi: 10.1080/02786826.2020.1812502external icon.
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# FAQ from last week

- Q: Can you expand on the definitions of a facility onset positive staff versus a positive staff?
- What is the current stance on indoor visitation? Is IDPH still recommending we wait until the Governor approves the new plan or follow the guidance of CMS or previously guidance published on 8/13?

# 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**