

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

July 30th, 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
- Evolving Evidence & CDC Changes
- Eye/Face Protection with a Positive COVID-19 Case
- Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities
- Open Q & A



IDPH webinars

Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, August 20 th Friday, August 27 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e0126a739a506f4d32 6923e7e17b8033d https://illinois.webex.com/illinois/onstage/g.php?MTID=ebdd71e46e988773f3
Friday, August 13 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e5d5ed606542b0833b fe9aa1523aa7501
Friday, August 6 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e17ba7a6302d70c597 e325403b5fd84ee

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.



Evidence is Evolving

- Vaccines work
- Ventilation works
- Masks work as both source control and PPE
- Outdoor activities have the lowest risk of transmission
- Delta variant of SARS-CoV-2 risk is greater if you are not vaccinated
- Modifications of the guidance are here. More modifications are likely



General Vaccine Administration



Hand Hygiene



Source Control / PPE









Detection, Isolation Screening and Surveillance



Surface Cleaning / Disinfecting



Respiratory Protection / Ventilation

Core Infection Prevention Practices

Coronavirus U.S. map World map Delta variant FAQ Vaccine FAQ Vaccine tracker A pandemic year Coronavirus Living

Health

CDC warns this is 'pivotal moment' in fight against delta variant

'It is one of the most infectious respiratory viruses ... I have seen in my 20-year career,' director says

June 19—July 23, 2021, COVID-19 cases increased approximately 300% nationally, followed by increases in hospitalizations and deaths, driven by the highly transmissible B.1.617.2 (Delta) variant* of SARS-CoV-2, the virus that causes COVID-19.

The daily average of confirmed coronavirus cases has roughly quadrupled during July, from about 13,000 per day at the start of the month to 43,243 now, according to The Washington Post's seven-day average of infections. The virus is spreading most rapidly across the South and Midwest, in states with low vaccination rates, and hospital officials there say they are reeling from a new surge of patients, driven by the delta variant.



Influences Driving Practice

Scientific and epidemiological evidence

Efficacy, what happens in controlled environments

Effectiveness, what happens in the real world

Guidelines, Regulations, Policies and Procedures

Social Pressures





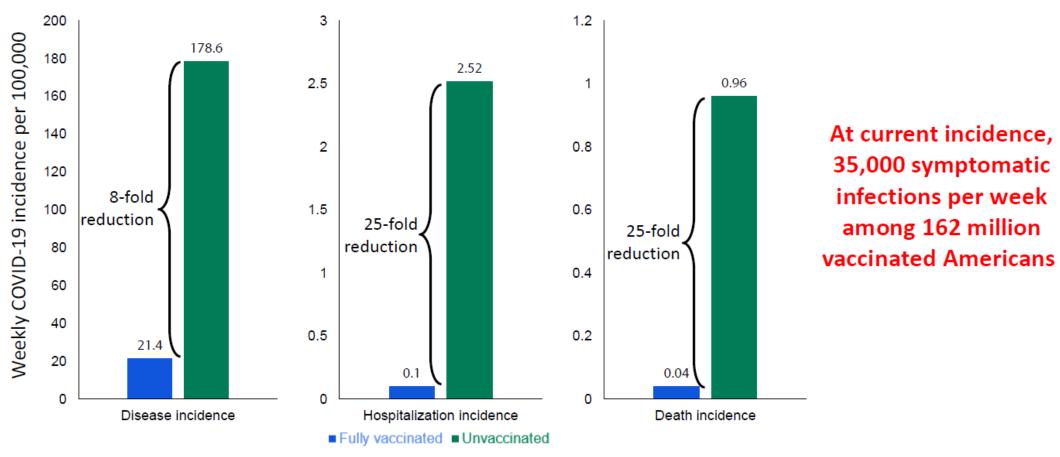
Health

'The war has changed': Internal CDC document urges new messaging, warns delta infections likely more severe

The internal presentation shows that the agency thinks it is struggling to communicate on vaccine efficacy amid increased breakthrough infections



Greater risk of disease, hospitalization and death among unvaccinated vs. vaccinated people: National estimates



Data from COVID Tracker as of July 24, 2021. Average incidence 100 cases per 100,000 persons per week. Vaccine effectiveness against symptomatic illness = 88% (Lopez Bernal et al. NEJM 2021), where risk is [1 – VE] or 12%. Vaccine effectiveness hospitalization (or death) = 96% (Stowe et al. PHE preprint), where risk is [1 – VE] or 4%. Rate in unvaccinated = Community rate/((1-fully vaccinated coverage) + (1-VE)*fully vaccinated coverage). Rate in fully vaccinated = Coverage proportions were from COVID Data Tracker as of July 24, 2021 (50% for US,).

CDC uses multiple platforms and study designs to monitor COVID-19 vaccine effectiveness (VE)

VE priority	Design
Infection and transmission	Prospective cohort among healthcare personnel (HCP) & frontline workers; transmissibility evaluation in LTCF and other congregate settings; case-ascertained household cohorts for transmission
Non-severe disease	Test-negative design (TND) case-control among outpatients; Electronic health record (EHR) datasets
Severe disease/hospitalization	TND among hospitalized patients (for adults and children); conventional case-control using hospitalized controls; EHR datasets
Older adults, including nursing home residents	Case-control among adults ≥65 years; National Healthcare Safety Network comparison to population coverage estimated through immunization registries; Outbreaks in nursing homes; EHR datasets
Those with key underlying conditions (e.g., immunocompromised)	Captured above
Duration of protection	Captured above
Variant-specific VE	Captured above; outbreaks in congregate settings

Source: CDC July 28, 2021

Vast majority of ICU patients with COVID-19 are unvaccinated, ABC News survey finds

Hospitals report few fully vaccinated people are sick with COVID-19 in the ICU.

By Dr. Mark Abdelmalek, Arielle Mitropoulos, and Erica Baumgart

July 29, 2021, 12:13 PM • 11 min read





Over 90% of Mississippi's COVID-19 cases among unvaccinated people, **gov warns**

- **Tampa General Hospital beds**
- filling with unvaccinated
- **COVID-19 patients**

- ICU doctor says turning down COVID-19 vaccine is 'playing
- Russian roulette' with your life

Illinois Department of Public Health (IDPH)

Avoid severe illness, hospitalization, and death by getting your COVID-19 vaccination. Visit vaccines.gov to learn more.



COVID-19 Hospitalization Rates

As of 7/18/2021

- 96% of the individuals currently hospitalized are unvaccinated
- 12% of individuals currently hospitalized are under the age of 30
- 43% of individuals currently hospitalized are aged 30-59



Find your nearest vaccination location at vaccines.gov

COVID-vaccines are safe, effective, and prevent severe illness and hospitialization





Mild illness with a majority of vaccinated persons

"Cases among Massachusetts residents are found to be predominantly symptomatic (71%), with 69% of affected individuals reported to be fully vaccinated. Apart from 3 hospitalizations (2 in state and one out of state) associated with this cluster, symptoms are known to be mild and without complication."





Viral infection and transmission in a large well-traced outbreak caused by the **Delta SARS-CoV-2 variant**

SARS-CoV-2 coronavirus nCoV-2019 Genomic Epidemiology



JingLu

variant

3 / 16d

Jul 7

Viral infection and transmission in a large well-traced outbreak caused by the Delta SARS-CoV-2

1/1 Jul 7

Results

"The viral loads in the Delta infections were ~1000 times higher than those in the earlier 19A/19B strain infections on the day when viruses were firstly detected."



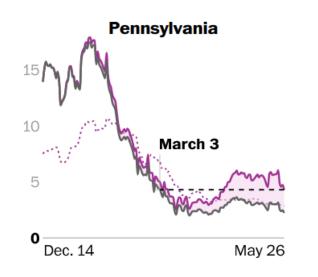
States with high death rates

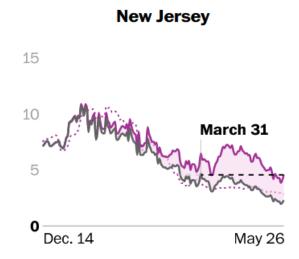
In addition to cases, several states still have relatively high death rates.

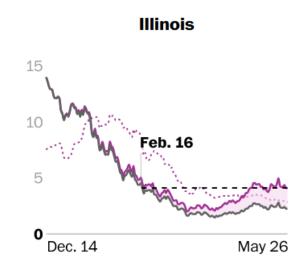
Coronavirus vaccines are virtually perfect in preventing deaths, so the decline in deaths nationally hides the steady covid death rate among unvaccinated people.

Average new daily deaths per 1 million residents

— Rate, all residents — Rate adjusted for vaccinations — Adjusted U.S. rate

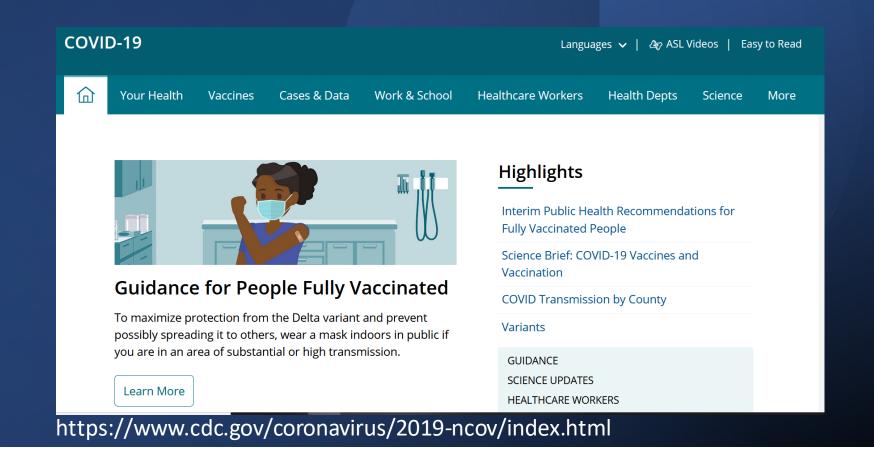








Guidance, Regulations, Policy and Procedures



Remind staff and visitors that EVERY aspect of their behavior impacts their risk with Delta Variant of SARS-CoV-2, both at work and at home

(1)(

CDC Recommendations

Guidance for Implementing COVID-19 Prevention Strategies in the Context of Varying Community Transmission Levels and Vaccination Coverage

Early Release / July 27, 2021 / 70

Athalia Christie, MIA1; John T. Brooks, MD1; Lauri A. Hicks, DO1; Erin K. Sauber-Schatz, PhD1; Jonathan S. Yoder, MSW, MPH1; Margaret A.

CDC recommends five critical factors be considered to inform local decision-making:

- 1) level of SARS-CoV-2 community transmission
- 2) health system capacity

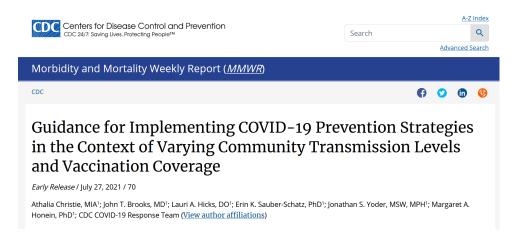
Honein, PhD1; CDC COVID-19 Response Team (View author affiliations)

- 3) COVID-19 vaccination coverage
- 4) capacity for early detection of increases in COVID-19 cases
- 5) populations at increased risk for severe outcomes from COVID-19



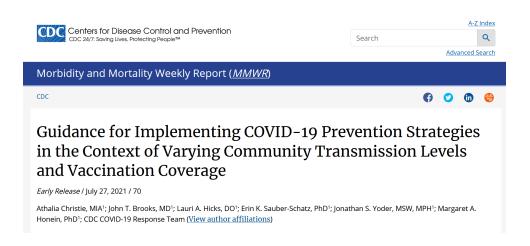
CDC Changes

- MMWR Released July 27th, 2021
- recommend universal masking in K-12 schools (aligns with AAP) regardless of vaccination status
- Encouraging vaccination as always
- CDC is aligning with OSHA as far as time is off and interested in how facilities are implementing mandatory vaccination but are not recommending at this time
- Source control of all persons entering LTCF (no change)
- Still collecting information on re-infection with Delta after prior infection and breakthrough after full vaccination. It is occurring but milder illness.
- Concerns about waning immunity- unresolved question
- HCP caring for COVID-19 positive patient should be tested





- Fully vaccinated with exposure test 3-5 days after exposure, wear a mask and potentially isolate if they are infected
- Pfizer and Moderna providing good coverage
- Appear to have lower effectiveness with infection and symptomatic disease against Delta variant
- Unknown about J&J effectiveness against Delta variant, however, it seems Oxford/AstraZeneca COVID-19 vaccine has lower effectiveness



- OSHA works to protect employees
- Fit test N95s are considered respiratory protection when working with persons who are suspected or confirmed with SARS-CoV-2



Home / Coronavirus Disease (COVID-19)

Coronavirus Disease (COVID-19)



OSHA Requirements

Regulation

NEW Emergency Temporary Standard for Healthcare

NEW National Emphasis Program

Guidance

For Everyone

- UPDATED Mitigating and Preventing the Spread of COVID-19 in the Workplace
- Summary

Highlights and Tools

Vaccines.gov
CDC Coronavirus (COVID-19) Page
CDC Workplaces and Businesses Page
Job Accommodation Network (COVID-19)

Eye/Face Protection with a Positive COVID-19 Case

Question: When do we have to add eye protection/goggles for our staff?

Answer: When county positivity rates go over 5% in non-outbreak situations. Face

masks and eye protection for direct care areas.

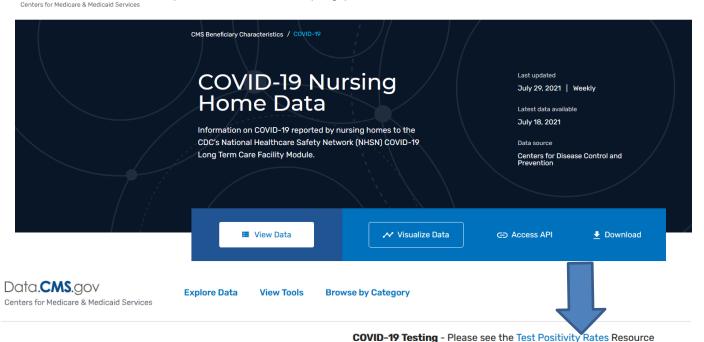
Question: If we are in outbreak what do staff need to wear for direct care?

Answer: Fit tested N95s, and eye/face protection for direct care areas.

Question: When a staff member is positive within 48 hours of being at the facility, then outbreak testing begins and N95 and eye protection is to be worn.

Answer: YES. All direct care staff need to move to fit tested N95s and eye/face protection.

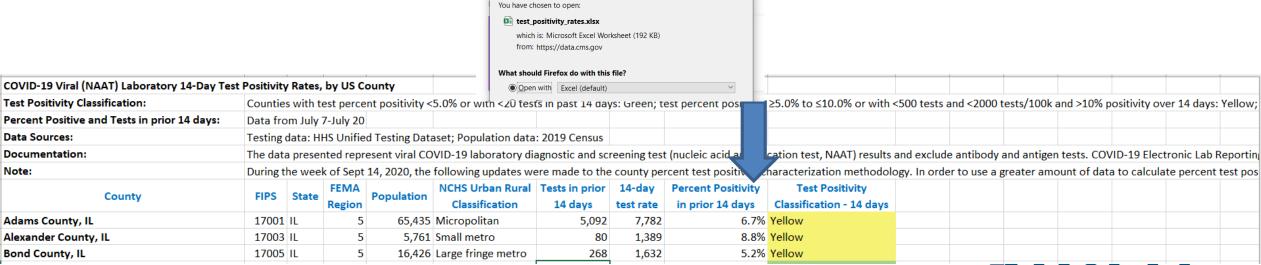




Finding County Positivity

https://data.cms.gov/covid-19/covid-19-nursing-home-data

Opening test_positivity_rates.xlsx



COVID-19 Testing - Please see the Test Positivity Rates Resource

About Us



Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities



Release Date: August 13, 2020 Effective Date: August 14, 2020 Updated Date: October 21, 2020 Updated Date: March 19, 2021 Updated Date: May 6, 2021 Updated Date: July 28, 2021

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities Incorporating COVID-19 Vaccination

Summary of Changes to Guidance Since May 6, 2021 Release		
Newly Added Guidance Sections:		
Outbreak Guidance	29-32	
Updated Sections:		
Reason for Update	2	
Definitions: Higher Risk Exposure	4	
Core Principles of Infection Prevention: Screening	4-5	
Universal Screening	8	
Vaccinations, Vaccinated Healthcare Personnel	12-13	
Visitation Guidance	14-19	
State Authorized Personnel	21	
Federal Disability Rights Laws	22	
Dining, Group Activities, Music, Worship Services and Beauty Salon	23-28	



Reason For Update—Vaccination Allows for Increased Social Interactions

However, due to variants with increased transmissibility, source control is still usually required regardless of vaccination status.

CDC. Interim Public Health Recommendations for Fully Vaccinated People. July 28, 2021. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

CDC. When You've Been Fully Vaccinated. July 27, 2021. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html



Core Principles: Screening (page 4 of guidance)

Screening

- All persons (staff and visitors) who enter the facility must self-screen for COVID-19.
- Facility screening tools must:
 - Assess for signs and symptoms of COVID-19. Temperature can be included as one of the COVID-19 symptoms but can be self-reported and does not need to be taken by the facility.
 - Inquire if the person has had close contact with someone with known COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
 - Inform the person if they are experiencing any symptoms of COVID-19 or have had close contact with someone with COVID-19 that they are not allowed to enter the facility.
- Facilities should maintain signage on doors instructing visitors not to visit if ill or exhibiting any signs and symptoms of COVID-19.

Healthcare Personnel (page 13 of guidance)

- Fully vaccinated health care personnel (HCP) should continue to wear source control while at work.
- Due to variants with increased transmissibility, however, fully vaccinated HCP should continue to wear source control in break rooms and in-person meetings but do not need to physically distance from one another.
- Unvaccinated HCP should wear source control and physically distance from others.

**Aligns with July 26th CDC guidance recommending people (regardless of

vaccinations status) to wear source control while indoors.

CDC. Interim Public Health Recommendations for Fully Vaccinated People. July 28, 2021. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html



Visitation Modifications (page 15 of guidance)

- Visitors regardless of vaccination status should wear control and physically from staff and other residents, or visitors that are not part of their groups at all times when in the facility.
- Visits no longer need to be scheduled or have a time limit.
- All persons who enter the facility must self-screen.
- Visitation does not need to be directly supervised. (p.17)



Visitation Modifications

When the resident and all of their visitors are fully vaccinated (page 16 of guidance)

- While alone in the resident's room or in the designated visitation area, the resident and their visitor(s) can choose to have close contact (including touch). Due to variants with increased transmissibility, source control is recommended for residents and visitors.
- Physically distancing is not required.
- Visitors should wear source control and physically distance from staff, other residents and other visitors at all times while in the facility.

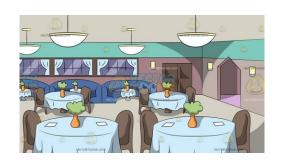
When either the resident or visitor is unvaccinated-

 If unvaccinated the safest approach is for everyone to maintain physical distancing and to wear source control.

What about visitations when a new case is identified......

- 1. Pause indoor and outdoor visits EXCEPT compassionate care and end-of-life visits, until the first round of facility-wide testing is completed.
- 2. Determine extent of outbreak (affected unit and unaffected units).
- 3. On the affected unit, <u>suspend indoor visits</u> until there have been no new COVID cases for 14 days.
- 4. On the affected unit, outdoor visits can still occur for residents unless they are in quarantine or isolation for COVID-19.
- 5. If more than one unit is identified to have COVID cases, then the entire facility should suspend indoor visits, but outdoor visits may still occur unless the resident is in quarantine or isolation for COVID-19.
- 6. Indoor visits may resume when the facility meets criteria to discontinue outbreak testing (no new cases for 14 days from last positive)





Communal Dining & Group Activities

- When one case of SARS-CoV-2 is identified in a resident or staff (outbreak), communal dining & group activities should pause until one round of facility-wide testing can be completed and the outbreak can be evaluated to determine what units are involved.
- If contained to one unit, the remaining units (unaffected units)
 may resume communal dining & activities following guidance
 for vaccinated and unvaccinated persons.

Communal Dining—(page 23)



- Residents, regardless of vaccination status, should wear source control when going to and from the dining area.
- Fully vaccinated residents can participate in communal dining without the use of source control or physical distancing.
 - Can sit more than 1-2 residents at a table if vaccinated
- If <u>unvaccinated residents</u> are dining in a communal area (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should remain at least 6 feet from others.
- If <u>unvaccinated HCP</u> are present in the dining area, all residents should use source control when not eating.

Group Activities--(page 24-25)

- Residents regardless of vaccination status should wear source control to and from the activity.
- Residents in quarantine and isolation should not participate in group activities.
- Fully vaccinated residents can participate without source control or physical distancing.
- Unvaccinated residents can participate in group activities but must wear source control and physically distance from others.
- If <u>unvaccinated residents or HCP</u> are present then all participants must wears source control.

Performers: Outdoors-- (page 25)

- Outdoor performances preferred.
- Vaccinated residents are not required to wear source control or physically distance from one another.
- Unvaccinated residents are not required to wear source control but must physically distance from others.
- Performing groups with more than five performers must perform outdoors.
- Performers:
 - 6-9 feet separation No source control required
 - < 6 feet separation Must wear source control even when outdoors
- Bell covers for instruments

Performers: Indoors—(page 26)

- Residents regardless of vaccination status are required to wear source control during indoor vocal performances with singing, chanting, and reciting of words or songs.*
- Vaccinated residents are not required to physically distance.
- Unvaccinated residents should physically distance from others.
- Performing groups with more than five performers are not allowed indoors.
- Performers must wear source control and maintain a 6-9 feet separation from residents.*
- Instruments should be fitted for bell covers.
- Performers who play wind instruments can use a face covering with a slit.

*RATIONALE: singing, chanting, and reciting of words or songs cause an increase of expelled air into the room.

Worship Services-Outdoors—(page 26)

- Outdoor services are preferred.
- Vaccinated residents are not required to wear source control or physically distance from one another.
- Unvaccinated residents are not required to wear source control but must physically distance from others.
- Clergy conducting the worship service regardless of vaccination status:
 - No source control required if able to maintain 6-9 feet separation
 - ➤ Source control must be worn even when outdoors if there is < 6 feet separation
- Instruments should be fitted with bell covers.
- Individuals who play wind instruments can use face coverings with a slit.
- Communion may occur. Individual serving packets are preferred. Do not share or pass communion articles among residents.

Worship Services-Indoors—(page 27)

- Residents regardless of vaccination status should wear source control. *
- Vaccinated residents do not need to physically distance from each other.
- Unvaccinated residents should physically distance from others.
- Individuals conducting the worship service regardless of vaccination status must wear source control indoors and maintain 6-9 feet from audience or congregation.*
- Instruments should be fitted with bell covers.
- Individuals who play wind instruments can use face coverings with a slit.
- Communion may occur. Individual serving packets are preferred. Do not share or pass communion articles among residents.

^{*}RATIONALE: singing, chanting, and reciting of words or songs cause an increase of expelled air into the room.

Beauty Salon-(page 28)



- Hand held blow dryer are allowed.
- Residents regardless of vaccination status must wear source control while in the salon.
- Vaccinated residents-more than one allowed in salon at a time
- Unvaccinated residents-only one allowed in salon at a time
- Barber or beautician must wear source control at all times.

Checklist for Outbreak Response (pages 29-32

Outbreak Response in Long-term Care Newly identified positive case in resident or staff

	rase is considered an outbreak. Staff must now wear an N95 respirator and eye protection on all til there are no more positives for 14 days.
	indoor and outdoor visitation, communal dining, and group activities on all units until the first testing is completed.
esting). ontinue	elete facility-wide testing of residents and staff regardless of vaccination status (first round of Test all previous negative residents and staff 3-7 days after the first round of testing and to test every 3-7 days until no new positives are identified for 14 days. Residents or staff within of active COVID-19 infection may be excluded from testing.
∃Evalu	ate whether the outbreak is contained to one unit (affected unit).
	tained to one unit, the remaining units (unaffected units) may resume indoor and outdoor n, communal dining, and group activities following guidance for vaccinated and unvaccinated
	must continue to wear N95 respirators and eye protection on all units. Gowns and gloves are standard precautions when caring for all residents on the unaffected units.
The a	ffected unit must:
	 Suspend indoor visitation until no new positives are identified for 14 days Residents with higher risk exposure to the positive case (another resident or staff) should be placed in quarantine and restricted to their room. Ideally, the resident should be in a single room.
	 Residents with higher risk exposure may shelter in place or be moved to the observation or yellow zone and be placed in quarantine. Ideally, residents should be in a single room. Residents that did NOT have a higher risk exposure (unexposed) are allowed to participate
	in outdoor visits. Source control must be worn when walking through the building to get to the outdoors.
•	e. Unexposed residents should not participate in communal dining and group activities in the main dining hall or activity center. However, unexposed residents on affected units with separate areas for dining and activities may participate in dining and activities on the unit following guidance for vaccinated and unvaccinated persons.
1	Full PPE (N95 respirator, eye protection, gown, gloves) should be worn for residents in quarantine or those with suspected or confirmed COVID-19.
8	g. Staff must continue to wear N95 respirators and eye protection. Gowns and gloves are used per standard precautions when caring for all residents on the affected units unless in isolation for another diagnosis.
∃lf moi	re than one unit is involved, then the facility must:
ć	a. Suspend all indoor visitations for the entire facility until there are no more positives for 14 days except those required by the disability rights law (end-of-life, compassionate care).
I	o. Allow outdoor visits except for those in quarantine for high-risk exposures or a newly

admitted unvaccinated person or in isolation for suspected or confirmed COVID-19.

Vaccination is Key!!

- Png.com
- Vaccines provide protection from diseases
- Vaccines decrease morbidity & hospitalizations
- Vaccines decrease mortality
- The COVID-19 Vaccines may not remove all chances of getting the virus BUT the likelihood of severe illness and death are reduced!! Please consider getting vaccinated!



Cheat Sheets!

SOURCE CONTROL & PHYSICAL DISTANCING CHART FOR LONG-TERM CARE FACILITIES JULY 29, 2021

Resident Use of Source Control & Physical Distancing					
	Outdoor Activities				
Unvaccinate *Unless in quarar		Type of Activity	Fully Vaccinate *Unless in quarantine		
SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE		SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE	
- Q	YES	Picnics or outdoor eating	-	NO	
9	YES	Group Activities	9	NO	
9	YES	Outdoor Performances	9	NO	
•	YES From other residents and families. Resident can choose to have close contact with their own visitors.	OUTDOOR Visits	-	YES From other residents and families. Resident can have close contact with their own visitors.	
9	YES	OUTDOOR Performances	9	NO	
9	YES	OUTDOOR Worship Services	9	NO	
		Indoor Activit	ies		
Unvaccinate *Unless in quarar	ntine or isolation		Fully Vaccinate *Unless in quarantine	or isolation	
SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE		SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE	
9	YES	Communal Dining	9	NO	
*Unvaccinated residents must wear source control at all times except for activities involving eating or drinking.	YES	Group Activities	Q .	NO	
*If unvaccinated residents or HCP are present then vaccinated residents should wear source control					
when not eating or drinking.					

	YES	INDOOR	NO
		Visits	
	YES	INDOOR	NO
		Performances	
	YES	INDOOR	NO
502		Worship Services	
	ONLY ONE	Beauty Salon	NO
	RESIDENT		One or more
	can be in the		residents can be
	salon at a time		in the salon at
			the same time

				I I	
					the same time
Individ	uals Enter	ing Long-Term Ca	are (No	n-residen	its)
HCP must we	ar source c	ontrol (facemask o	r respira	tor) while	at work
<u> </u>		isitors must physically dist		sitors may remo	ove source control
Visitors must wear source		om other residents, familie: HCP.	s, and w	hen outdoors v	vhile visiting their
while in the facility exce		HCP.		vaccinated re	sident or if the
eating or drinkin	g			unvaccinated	resident allows
	Outdoor	Performances & Wors	hip Servi	ces	
Performers/Clergy	wit	former(s) h at least 6-9 feet separa m audience	ition	9	
Performers/Clergy	Les	s than 6 feet separation lience	from	9	
*Groups of 5 or more r Instruments should be Performers who play	e fitted with b wind instrume				
	maoor P	errormances & worst	iib servici	es	
	1 -			\sim	
Performers/Clergy	wit	former(s) h at least 6-9 feet separa m audience		Ð	
Performers/Clergy	wit fro Les	h at least 6-9 feet separa	ition	<u>9</u>	
*Groups of 5 or more r	wit fro Les auc	h at least 6-9 feet separa m audience s than 6 feet separation dience outdoors.	ition	9	
*Groups of 5 or more r	with from Less auconst perform e fitted with b	h at least 6-9 feet separa m audience s than 6 feet separation dience outdoors.	from	slit.	
*Groups of 5 or more r	wit fro Les auc nust perform e e fitted with b wind instrume	h at least 6-9 feet separa m audience s than 6 feet separation dience outdoors. ell covers.	from gs with a	Slit.	

Pictographs of mask use credited to the Centers for Disease Control and Prevention https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/participate-in-activities.html



SOURCE CONTROL & PHYSICAL DISTANCING CHART FOR LONG-TERM CARE FACILITIES JULY 29, 2021

Resident Use of Source Control & Physical Distancing					
	Outdoor Activities				
Unvaccinated Residents *Unless in quarantine or isolation		Type of Activity	Fully Vaccinated Residents *Unless in quarantine or isolation		
SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE		SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE	
9	YES	Picnics or outdoor eating	9	NO	
9	YES	Group Activities	9	NO	
9	YES	Outdoor Performances	9	NO	
9	YES From other residents and families. Resident can choose to have close contact with their own visitors.	OUTDOOR Visits	9	YES From other residents and families. Resident can have close contact with their own visitors.	
9	YES	OUTDOOR Performances	9	NO	
9	YES	OUTDOOR Worship Services	9	NO	

OUTDOORS



Indoor Activities				
Unvaccinate	d Residents		Fully Vaccinated Residents	
*Unless in quarar	ntine or isolation		*Unless in quarantine or isolation	
SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE		SOURCE CONTROL OR FACEMASK	PHYSICALLY DISTANCE
Ð	YES	Communal Dining	@ *	NO
*Unvaccinated residents must wear source control at all times except for activities involving eating or drinking. *If unvaccinated in the source of the sou		Group Activities e present then vaccina not eating or drinking.	ted residents should we	NO NO
9	YES	INDOOR Visits	9	NO
P	YES	INDOOR Performances	9	NO
-	YES	INDOOR Worship Services	-	NO
9	ONLY ONE RESIDENT can be in the salon at a time	Beauty Salon	<u> </u>	NO One or more residents can be in the salon at the same time

INDOORS



Individuals Entering Long-Term Care (Non-residents)

HCP must wear source control (facemask or respirator) while at work



Visitors must physically distance from other residents, families, and HCP.



Visitors may remove source control when outdoors while visiting their vaccinated resident or if the unvaccinated resident allows

Outdoor Performances & Worship Services			
Performers/Clergy	Performer(s) with at least 6-9 feet separation from audience	9	
Performers/Clergy	Less than 6 feet separation from audience		

^{*}Groups of 5 or more must perform outdoors.

Instruments should be fitted with bell covers.

Performers who play wind instruments can use face coverings with a slit.

Indoor Performances & Worship Services			
Performers/Clergy	Performer(s) with at least 6-9 feet separation from audience		
	Less than 6 feet separation from audience		

^{*}Groups of 5 or more must perform outdoors.

Instruments should be fitted with bell covers.

Performers who play wind instruments can use face coverings with a slit.

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Barber & Beauticians				
Barber or beautician	Must wear source control at all times.	9		

Pictographs of mask use credited to the Centers for Disease Control and Prevention https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/participate-in-activities.html

OTHERS ENTERING FACILITY



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