

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

February 25th, 2022

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
- CDC and IDPH Updates
- Questions from Last Week
- Open Q & A



IDPH webinars

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

Friday, March 4th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee9d9a9d351223ea4b cff013f9ad543c1
Friday, March 11 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec54d35437fead1da2 381d56ef3587c42
Friday, March 18 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ed8420f05235a951a8 06620c626fd589c
Friday, March 25 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e58c5d281bf9bf104a d75b19584893496

Previously recorded webinars can be viewed on the IDPH Portal



CDC and IDPH Updates





General Vaccine Administration



Hand Hygiene



Source Control / PPE





Detection, Isolation/Quarantine

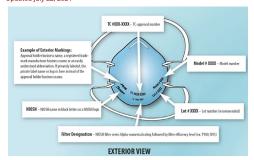


Screening and Surveillance



Surface Cleaning / Disinfecting

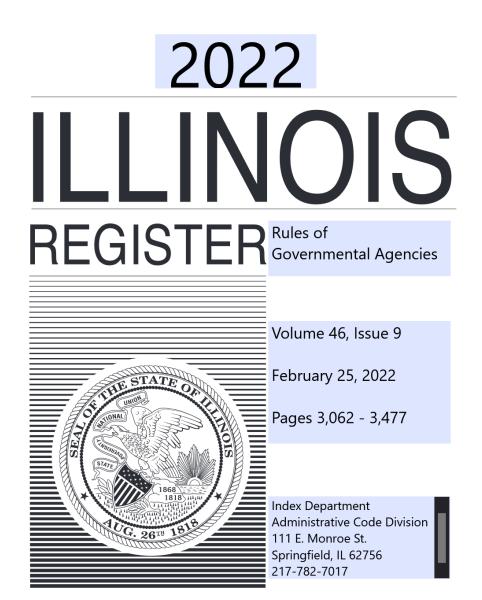




Respiratory Protection / Ventilation











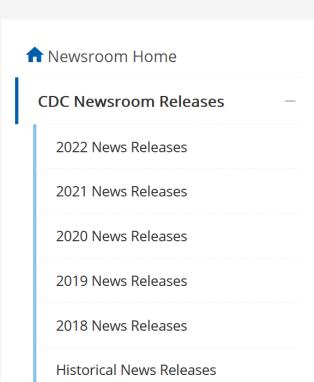
A-Z Index











New CDC Studies: COVID-19 Boosters Remain Safe, Continue to Offer High Levels of Protection Against Severe Disease Over Time and During Omicron and **Delta Waves**

Media Statement

Embargoed Until: Friday, February 11, 2022, 1:00 p.m. ET

Contact: Media Relations

(404) 639-3286



Who is Considered Up to Date?

- Starting Point: First need to be Fully Vaccinated, so 2 weeks after 2nd dose of two mRNA (Pfizer-BioNTech or Moderna) or one dose of viral vector (J&J/Janssen)
- "If you are not yet fully vaccinated you cannot yet be considered to be up to date. However, once you are fully vaccinated, you are considered up to date until you are eligible for the booster and then once you have been boosted." Dr. Jacobs-Slifka, CDC
- When can a person be boosted?
 - 5 months after second dose of mRNA (Pfizer-BioNTech or Moderna)
 - -2 months after one dose of viral vector (J&J/Janssen)



SNF/ICF, ICF/DD, MC/DD Up to Date or Test Twice Weekly Starting March 15

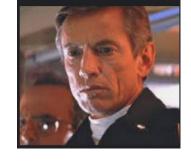
- Skilled/Intermediate 77 Ill. Adm Code 300
- Intermediate Care for the Developmentally Disabled Facilities 77 Ill. Adm Code
- Medically Complex for the Developmentally Disabled Facilities 77 III. Adm Code 390
- Testing starts March 15
- Encourage boosting to get everyone up to date
- They get the booster they are up to date! -No 2-week waiting period

How Can a Person Show their Vaccine Record?

- Each facility shall require staff who are up to date on COVID-19 vaccinations to submit proof of all COVID-19 vaccinations.
- Proof of vaccination may be met by providing to the facility one of the following:
- A) A Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card or photo of the card
- B) Documentation of vaccination from a health care provider or electronic health record
- C) State immunization records
- Critical that correct name spelling, dates, and lots and brands are accurate when entering, and corrected when a mistake is found
- · Part of employee medical record, same as lab testing. work with HR



The Hard Part is Knowing When to Ease Up



- Prior to COVID-19 a major question was, "when can we discontinue precautions"?
- Still all about risk/benefit
 - Community Transmission (CDC is looking at how they determine Transmission on the COVID-19 Data Tracking)
 - Vaccination rates
 - Vaccination effectiveness
 - Use of the Core Components of Infection Prevention
 - Rules, regs, and guidelines
 - Policies and procedures



Older Adults and Masking



JB Pritzker, Governor Paula A. Basta, M.Div., Director

Respect for Yesterday
Support for Today

Plan for Tomorrow

Find A Vaccine Location

IDoA COVID-19 Resources

Vaccination and Testing

2/25/2022

Dear Aging Network:

On February 9, 2022, Governor Pritzker announced Illinois' plan to lift the statewide indoor mask requirement on Monday, February 28, 2022 (https://www.illinois.gov/news/press-release.24498.html).

The Department on Aging has reached out to the Illinois Department of Public Health for further guidance on masking for older adults, particularly in congregate settings. It is strongly recommended that older adults continue to mask indoors when around others as there is still "HIGH" community transmission across the state. This means there is still a significant amount of COVID-19 in the community that they could be exposed to.

IDoA will provide additional information as we receive it.

Sincerely,

Paula Basta, M.Div.
Director, Illinois Department on Aging

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16

Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

DATE: September 17, 2020

REVISED 11/12/2021

TO: State Survey Agency Directors

FROM: Director

Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 (*REVISED*)

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf



and Illinois Department of Veterans Affairs facilities.

https://dph.illinois.gov/covid19/community-guidance/long-term-care.html





Occupational Safety and Health Administration

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OSHA V STANDARDS V ENFORCEMENT TOPICS V HELP AND RESOURCES V NEWS V

Coronavirus Disease (COVID-19) / COVID-19 Healthcare ETS

EMERGENCY TEMPORARY STANDARD

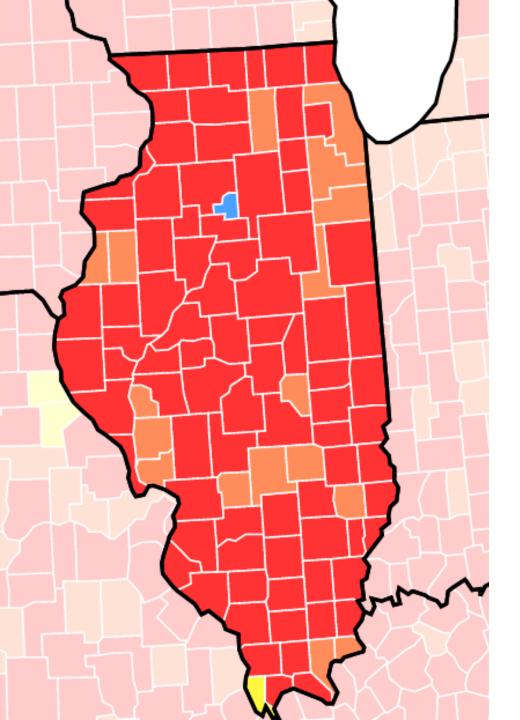
COVID-19 Healthcare ETS

Statement on the Status of the OSHA COVID-19 Healthcare ETS

(December 27, 2021)

On June 21, 2021, OSHA adopted a Healthcare Emergency Temporary Standard (Healthcare ETS) protecting workers from COVID-19 in settings where they provide healthcare or healthcare support services. 86 FR 32376. Under the OSH Act, an ETS is effective until superseded by a permanent standard – a process contemplated by the OSH Act to occur within 6 months of the ETS's promulgation. 29 U.S.C. 655(c).

- Permanent standard coming
- With Delta and Omicron "OSHA believes the danger faced by healthcare workers continues to be of the highest concern and measures to prevent the spread of COVID-19 are still needed to protect them.
- As OSHA works towards a permanent regulatory solution, OSHA will vigorously enforce the general duty clause and its general standards, including the Personal Protective Equipment (PPE) and Respiratory Protection Standards."



Added statement by CDC on N95 use

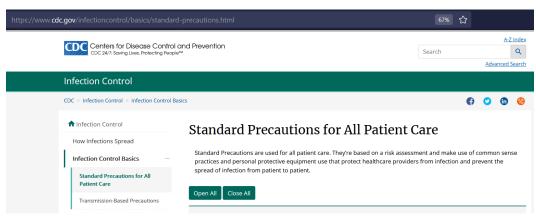
When community transmission levels are *substantial or high*:

- At a minimum, HCP must wear a well-fitted mask at all times and eye protection while present in resident care areas.
- Facilities might consider having HCP wear N95 respirators at all times while in the facility. (Facility policy)
- When community transmission levels are low-to-moderate HCP must wear a well-fitted face mask. (Putnam and Alexander)
- HCP are not required to wear eye protection when working in non-resident care areas but should add eye protection when entering the resident care areas.
- Don't Forget to use Full PPE when caring for persons suspected or confirmed with COVID-19

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk

What PPE are staff required to wear at a minimum in a facility with no COVID-19 cases? Use Standard and Transmission Based Precautions

- Standard Precautions have been an issue in LTCF
- Gloves are generally available all over to the point of overuse
- Care communities are getting better with alcohol-based hand rub (ABHR)
- HOWEVER, generally gowns, masks, eye protection were only in isolation carts
- Respirators and fit test programs are a new thing entirely
- Remember to follow CDC and OSHA



https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html



Good Questions



Is the QSEP training for all Long-Term Care in Illinois? YES

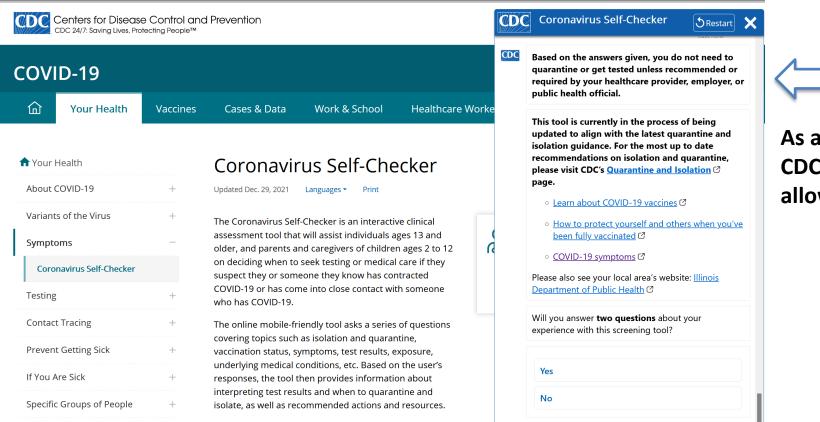
All frontline clinical staff, management staff and **newly hired staff** to complete the CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management https://qsep.cms.gov/COVID-Training-Instructions.aspx

- Section 300.675 of 77 Ill. Adm. Code 300 for skilled nursing and intermediate care facilities
- Section 295.4046 of 77 III. Adm. Code 295 for assisted living and shared housing establishments
- Section 330.800 of 77 Ill. Adm. Code 330 for sheltered care facilities
- Section 340.1390 of 77 Ill. Adm. Code 340 for veterans' homes
- Section 350.770 of 77 III. Adm. Code 350 for intermediate care for the developmentally disabled facilities
- Section 370.3 of 77 III. Adm. Code 370 for community living facilities
- Section 380.642 of 77 III. Adm. Code 380 for specialized mental health rehabilitation facilities
- Section 390.761 of 77 III. Adm. Code 390 for medically complex for the developmentally disabled



Do we need to take temperatures when entering the facility every time? Not Necessarily

 Have a policy, procedure, and an established process for determining how you identify people who might be sick or exposed



As an example, this is the CDC Self-Checker that allows self attestation



How long LTCFs need to retain staff/visitor symptom screening forms/data?

- The facility must retain screening records according to the facility's record retention policy, but not for less than 30 days. (July 2021 memo)
- Visitor logs can be useful for a variety of reasons, might want to keep them longer

Are we using our Eye Protection in Conventional or Contingent Capacity?

- From CDC:
- Implement extended use of eye protection.
- Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.
- In areas of substantial to high transmission in which HCP are using eye protection for all patient encounters, extended use of eye protection may be considered as a conventional capacity strategy.

ILLINOIS DEPARTMENT OF PUBLIC HEAL

When do we Change/Disinfect Eye Protection?

- Eye protection should be removed, cleaned, and disinfected if it becomes visibly soiled or difficult to see through.
 - If a disposable face shield or goggles is cleaned and disinfected, it should be dedicated to one HCP and cleaned and disinfected whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and cleaning and disinfecting eye protection below.
- Eye protection should be discarded if damaged (e.g., face shield or goggles can no longer fasten securely to the provider, if visibility is obscured and cleaning and disinfecting does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene.
- HCP should leave patient care area if they need to remove their eye protection. See protocol for removing, cleaning, and disinfecting eye protection below.
- Also remove, clean, disinfect after use in an aerosol generating procedure



How to Clean/Disinfect Eye/Face Protection

- Adhere to recommended manufacturer instructions for cleaning and disinfection.
- When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields or goggles, consider:
- While wearing a clean pair of gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPAregistered hospital disinfectant solution.
- Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene.
- Cleaned and disinfected eye protection can be stored onsite, in a designated clean area within the facility.



Hang In There

- Lots of changes
- More to come as we know more about how we are moving from pandemic to endemic
- Core Infection Prevention measures are still important
- The role of the Infection Preventionist will continue to be a vital part of congregate care
- You have held fast under unbelievable pressure

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