



# **Illinois Long-Term Care Ombudsman Program Guide for In-Person Visits**

Version 6.0

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## I. Introduction

Ombudsmen across Illinois have worked hard over the past year to find creative ways to continue to reach residents and provide solid advocacy. However, the Ombudsman Program is not a virtual program. While ombudsmen continue this challenging work, it is important not to lose sight of that fact that ombudsmen do their best work when they can talk to the residents in person. Phone calls and electronic communication worked as a short-term solution to visitation restrictions, but they are not the best long-term means of providing the strong advocacy residents of Illinois long-term care facilities expect and deserve from our Program.

The Illinois State Long-Term Care Ombudsman Program is established by:

- the Older Americans Act, §711 and §712 (United States Code, Title 42, §3058f and §3058g);
- the Illinois Act on the Aging (20 ILCS 105/4.04);
- Code of Federal Regulation, Title 45, Parts 1321 and 1324; and
- Illinois Admin Code, Title 89, Chapter 2, Part 270, Subpart B.

Ombudsmen are expected to conduct in-person visitation with residents. In-person visitation can occur via window visits, outdoor visits, or through indoor visits. Federal CMS clarified that in-person access [of an ombudsman to a resident] may not be limited without reasonable cause ([QSO-20-39](#)).

In addition to conducting in-person visitation, it is once again expected that each Regional Ombudsman Program meet the minimum quarterly benchmark requirements.

This document replaces all previous visitation guidance released by the Office since the onset of the COVID-19 pandemic.

This document outlines the Ombudsman Program's visiting requirements related to the COVID-19 pandemic and provides internal program guidance on conditions that must be met for an ombudsman to conduct a facility visit. This guidance applies only to a person who meets all applicable requirements and is approved by the Office of the State Long-Term Care Ombudsman (Office) to perform the functions of the Ombudsman Program. Any person who has been removed from the registry is prohibited from performing functions as a certified ombudsman.

This guidance applies to the Illinois Long-Term Care Ombudsman Program operations until a newer version is released, or the Governor of Illinois removes the disaster declaration on all Illinois counties.

Questions about this document should be directed to the State Long-Term Care Ombudsman, Kelly Richards, at [kelly.richards@illinois.gov](mailto:kelly.richards@illinois.gov) or 312-814-1203.

## II. Table of Changes

Version	Date Released	Effective	Change	Comments
1.0	10/1/2020	10/6/2020		Initial release
2.0	12/8/2020	12/8/2020	VI. C	Loosened language about number of visits per day. Approval for multiple indoor visits changed to the Regional Ombudsman level rather than the Office
			VI. F	Changed timeframe for notifying the Office of indoor visits
			VI. G	Approval for indoor visits changed to Regional Ombudsman level rather than State Office. Added language about approval of visits. Also changed timeframe for email notifying the Office.
			X. B.	Use the direct email addresses of the Office staff rather than the shared email account
3.0	12/22/2020	12/22/2020	X. B. 2	Revised timeframe for notification of a positive test to facilities visited within 2 days rather than 14 days. This revision aligns with the CDC Public Health Guidance for Community-Related Exposure
4.0	03/02/2021	03/02/2021	Introduction	Clarified the expectation that Ombudsmen conduct in-person visits
			V. D.	Provided clarification on testing of Ombudsmen. Ombudsmen should agree to POC testing or provide proof of a negative test if requested by the facility.
			VI. C.	Revised allowable number of visits per day.
				Ombudsmen are expected to make routine visits at facilities that are not in outbreak status.

			VI. E.	Revised guidance to indicate ombudsmen are no longer required to schedule a specific date and time for a visit.
			X. B.	Added Lee Moriarty to the list of Office staff that should be contacted.
				Revised time to remain off work after an exposure from 14 days to 10 days based on CDC guidance.
			XV.	Added screening question about vaccination
5.0	4/5/2021	4/5/2021	III.	Added vaccination types to the terminology section.
			IV. A.	Modified language regarding physical touch to match the language used in the revised CMS guidance.
			IV. B.	Removed reference to CMS phases.
			IV. E.	Added language encouraging ombudsmen to get vaccinated.
			V. D.	Changed language to clarify ombudsmen should show a copy of the negative test result to the facility but are not required to provide a copy to the facility.
			V. E.	Added section on vaccination of ombudsmen
			VI. C.	Removed limitation of a specific maximum number of visits allowable in a day. Clarified ombudsmen are expected conduct routine visits to facilities. Removed language about selecting which facilities to visit.
			VI. E.	Part 3 – removed the word “temporarily” and inserted, “if the

			<p>VI. F</p> <p>VI. G.</p> <p>VIII. F.</p> <p>X. A.</p> <p>XVI.</p>	<p>ombudsman has not already done so. Updated the IDPH guidance date.</p> <p>Removed requirement of completion of the Indoor Facility Approval form.</p> <p>Removed requirement of completion of the Indoor Facility Approval form.</p> <p>Updated language from “should” to “may”.</p> <p>Removed example of physical contact.</p> <p>Added “OBSOLETE” to the Indoor Facility Visit Scheduling Form since it is no longer needed.</p>
6.0	6/10/2021	6/10/2021	<p>Introduction</p> <p>III.</p> <p>I.V. A</p> <p>I.V. D.</p> <p>V. B.</p> <p>V. D.</p> <p>V.I. C.</p>	<p>Clarified expectation that ombudsmen work to meet quarterly benchmark requirements.</p> <p>PPE – removed requirement for continuous use of eye protection.</p> <p>Modified language to include eye protection is required in some circumstances, not during all indoor visits.</p> <p>Clarified while eye protection is not required for all visits, the ombudsman must have it available.</p> <p>Added language to give clarifier that an ombudsman doesn’t have to agree to routine testing unless unvaccinated or unwilling to share vaccination status.</p> <p>Clarified how fully vaccinated ombudsmen can respond to facility requests for routine testing.</p> <p>Streamlined language to emphasis visits are expected and the daily</p>

			V.I.I. A.	number of visits is no longer limited by the Office.
			V.I.I. B.	Clarified language around the new eye protection requirement.
			V.I.I.I. F.	Added language explaining when eye protection is required.
			X.I.	Added eye protection as PPE an ombudsman might want to consider when entering a memory care unit.
			X.I.I.I.	Removed exception that a cloth mask can be worn if a surgical mask is not available. PPE is widely available, so this caveat is no longer needed.
				Adjusted form to reflect new eye protection guidance.

### III. Terminology during COVID-19

#### **CDC**

Centers for Disease Control and Prevention is the federal agency charged with the protection of America’s health, safety, and security threats from disease.

#### **COVID-19**

The disease name for a newly identified form of a coronavirus that was first identified in 2019. SARS-CoV-2 refers to the name of the virus that causes COVID-19.

#### **Infection control**

Measures to stop the spread of an infection, including disinfecting surfaces; handling of soiled linens and garments; disposal of medical waste; hand hygiene; use and disposal of personal protective equipment (PPE); and coughing and sneezing into your sleeve. Cross contamination is an important concept related to infection control. Cross contamination is the spread of pathogens from one surface to another by contact.

#### **Isolation and quarantine**



This [graphic](#) illustrates the different conditions to follow if you develop symptoms of COVID-19 (isolate) or are exposed to someone who has it (quarantine).

## **PPE**

Personal Protective Equipment includes items such as gloves, surgical masks, N95 or KN95 respirators, gowns, shoe covers, face shields, and goggles. An ombudsman entering a facility must continuously wear a surgical type facemask. PPE minimum requirements can be found in Section XVII.

## **Recovery**

According to the CDC (as of [10/19/2020](#)), isolation and precautions for a person with COVID-19 can end based on the improvement of symptoms, no fever, and either a prescribed amount of time or two negative PCR tests. Testing is no longer recommended as a strategy to determine if isolation and precautions can end, except with some persons who are “severely immunocompromised.” The two ways to determine a person has recovered from COVID-19 are using either a symptom-based strategy or a test-based strategy.

- A test-based strategy means that the person has two negative PCR tests that are collected at least 24 hours apart, as well as no fever without the use of fever reducing medicine, and improvement of symptoms.
- A symptom-based strategy means that “for most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever reducing medications, and with improvement of other symptoms. A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.” For a person who never develops symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive PCR test for SARS-CoV-2.

## **Testing types**

- Antibody – This is a blood test that may determine whether a person was previously infected with SARS-CoV-2. This test is not recommended by the CDC to diagnose a person with the virus.
- Antigen – This is one form of a viral test that uses a swabbed sample from the inside of the nose. Antigen tests can result in more false negatives (virus goes undetected) than molecular PCR testing.
- Molecular PCR - polymerase chain reaction - This is another form of a viral test that uses a swabbed sample from the inside of the nose. This type of test was used by the State of Illinois in its initial statewide testing of nursing facility staff and residents. False negatives can occur but are less likely than other tests on the market.

- POC - point of care – This is a rapid test that does not have to be sent to a separate lab. Results are returned in less than one hour. Different POC tests use either the molecular PCR or antigen method.

### Vaccination types

- **mRNA vaccine** - This is a new type of vaccine to protect against infectious diseases. To trigger an immune response, mRNA vaccines teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies. [Source: [Understanding mRNA COVID-19 Vaccines | CDC](#)]
- **Viral vector vaccine** – This type of vaccine uses a modified version of a different virus (the vector) to deliver important instructions to our cells. For COVID-19 viral vector vaccines, the vector (not the virus that causes COVID-19, but a different, harmless virus) will enter a cell in our body and then use the cell’s machinery to produce a harmless piece of the virus that causes COVID-19. This piece is known as a spike protein and it is only found on the surface of the virus that causes COVID-19. The cell displays the spike protein on its surface, and our immune system recognizes it doesn’t belong there. This triggers our immune system to begin producing antibodies and activating other immune cells to fight off what it thinks is an infection. At the end of the process, our bodies have learned how to protect us against future infection with the virus that causes COVID-19. The benefit is that we get this protection from a vaccine, without ever having to risk the serious consequences of getting sick with COVID-19. Any temporary discomfort experienced after getting the vaccine is a natural part of the process and an indication that the vaccine is working. [Source: [Understanding Viral Vector COVID-19 Vaccines | CDC](#)]

## IV. Ombudsman Visits

### A. Types of Ombudsman Visits

#### 1. Window Visit

A window visit (weather permitting) allows for the resident to have a visit where the resident remains in the facility at a window or glass door and the visitor remains outside the facility and visits with the resident at the door or window.

#### 2. Outdoor Visit

An outdoor visit (weather permitting) allows for the resident to exit the building to visit with the visitor in a visitation area designed by the facility. This type of visit requires physical distancing, the use of a face covering or mask by both parties and hand hygiene. The facility will also follow additional infection control practice like screening and logging visits. No direct physical contact can be made between the resident and ombudsman.

### 3. Indoor Visit

An indoor visit allows for the resident to have a visit within the facility and most likely in the resident's room or a visitation area designated by the facility. This type of visit requires physical distancing, use of a surgical mask, and, in some situations, eye protection. The facility will also follow additional infection control practices like screening and logging visits. In general, direct physical contact should be limited between the resident and an ombudsman to only what is allowable in the revised CMS guidance, QSO-20-39-NH, released on March 10, 2021.

#### B. Tiered mitigation

The Illinois Department of Public Health LTC Reopening Guidance provides an explanation of tiered mitigation options for long-term care facilities. It is important to note, however, that the Reopening Guidance clarifies that ombudsmen are *state-authorized personnel*, and as such, they have a legal duty to provide specified services to residents of long-term care facilities. The Illinois Department of Public Health granted authorization for entry into long-term care facilities by ombudsmen regardless of tiered mitigation.

#### C. When Ombudsman Visits may be conducted

1. Ombudsmen can conduct window visits, outdoor visits, and indoor visits regardless of which regional phase under Governor Pritzker's Restore Illinois Plan a facility falls within.
2. Residents should be given the opportunity to select the type of visit to have with the ombudsman. The Ombudsman should try to accommodate the resident's visit preference. However, there may be circumstances where the ombudsman, in consultation with the Office, determines another visit type is necessary.
3. As stated earlier, ombudsmen are included in the definition of state-authorized personnel according to the DPH LTC Reopening Guidance.

#### D. When Ombudsman Visits can **NOT** be conducted

1. **NEVER** conduct a window, outdoor or indoor visit if you are displaying symptoms of any new communicable illness or disease.
2. **NEVER** conduct a window, outdoor or indoor visit when indicated by the required self-screening described in *II. COVID-19 Health Screening of the Ombudsman* that the Ombudsman is exhibiting COVID-19 symptoms or has a known exposure to a person suspected or confirmed to have COVID-19.
3. **DO NOT** enter a facility if you do not have a face mask and eye protection to wear. While eye protection is no longer required for some visits, it is important for ombudsmen to be prepared and have it available.

## E. Protecting Yourself, Residents, and Others

1. All ombudsmen are strongly encouraged to get vaccinated.
2. Wash hands often with soap and water for 20-30 seconds. If soap and water is not available, use hand sanitizer (at least 60% ethanol or 70% isopropanol) to clean hands.
3. Use personal protective equipment (PPE) following the Centers for Disease Control and Prevention (CDC) recommendations.
4. Stay home when sick and alert your supervisor.
5. Cover coughs and sneezes with a tissue and personally throw away immediately. If no tissues are available, cough or sneeze into the elbow or upper arm of your shirt sleeve. Wash or sanitize hands as soon as possible.
6. Regularly clean frequently touched surfaces and objects.
7. Take care of yourself: rest, drink fluids, eat healthy foods, and manage stress.
8. If a facility has been identified as not having appropriate infection control and prevention practices in place, consult with your Regional Ombudsman, and the Office as needed, to determine if a visit should be made and what steps should be taken to protect both the residents and the ombudsman.

## F. Enhancing Resident Awareness and Wellbeing

1. Recognize residents may be worried, scared, and confused by all the changes they are experiencing.
2. Emphasize the need to stay safe by following recommended precautions.
3. Emphasize the need to be physically isolated but not socially isolated. Recommend options to stay connected with others while visiting restrictions are in place.

## V. COVID-19 Health Screening of the Ombudsman

Before resuming any in-person visits (a window, outdoor or indoor visit) with residents, it is vital that long-term care ombudsmen learn to screen themselves for signs of COVID-19 infection. If at any time the self-assessment screening indicates the Ombudsman may be carrying or have been exposed to COVID-19, he/she should talk to his/her supervisor, seek medical advice, and/or contact the [local health department](#) for further instructions about when to return to work. In addition to seeking medical advice, the Centers for Disease Control and Prevention (CDC) has additional information on [what to do when you are sick](#) until you meet criteria to [discontinue home isolation](#).

## A. Required Health Screening

The ombudsman must complete the *LTCOP COVID-19 Self-Assessment Screening* each day prior to conducting a window, outdoor, or indoor visit at a long-term care facility and when directed by the Regional Ombudsman.

1. Upon completion of the form, the ombudsman should sign the form, scan, and email it to the Regional Ombudsman.
2. The Regional Ombudsman shall review the screening, print, and sign the form.
3. If the ombudsman does not have easy access to a scanner, it is allowable to provide the answers over the phone to the Regional Ombudsman. In this situation, the Regional Ombudsman shall document the responses and sign the form.
3. The signed forms should be stored in a secure file until authorized by the State Ombudsman to destroy the forms. The forms can be scanned and stored electronically or stored as a hard copy.

## B. COVID-19 Screening of Ombudsman at a Long-Term Care Facility

A long-term care facility may screen the ombudsman prior to a window, outdoor, or indoor visit. The ombudsman shall follow the facility's process for COVID-19 screening upon arrival at the facility including recording the ombudsman's name, date of the visit, and the starting and ending times of the visit. The ombudsman should plan for the additional time needed for the screening process when scheduling visiting times with residents. The ombudsman should inform the resident that the visit could be cancelled if the ombudsman does not pass the screening. The ombudsman must keep the names of the visited residents confidential and only disclose at a later date if needed for tracing purposes due to potential COVID-19 exposure.

If a long-term care facility requests the ombudsman be tested via point of care testing and offers the testing at no charge, the ombudsman shall comply with this request if the ombudsman is not fully vaccinated or does not wish to share vaccination status with the facility.

## C. Recording Health Screenings in Ombudsman Database

The ombudsman must include documentation of health screening in the Activity Comments section in PeerPlace for each facility visit. The screening tool does not need to be attached to the activity entry. When entering an *Outdoor/Window Visit* or a *Routine Visit* in the Activity section, the ombudsman must note the completion of **both** in the Comments section:

1. The LTCOP health screening.
2. The health screening required by the facility. If the facility did not require a screening, note such in PeerPlace.

Sample:

Indoor Visit. Received permission from the Office on 9/4/2020 via email. In Person Facility Visit Scheduling Form attached.  
Completed LTCOP health screening.  
Facility health screening included standard questions and temperature check.  
Routine Access Visit Checklist Form attached.

#### D. Testing of Ombudsmen

To conduct a visit, an ombudsman must not be exhibiting COVID-19 symptoms or have known high risk exposure to a person suspected or confirmed to have COVID-19. If a facility requests the ombudsman have a negative test prior to conducting an indoor visit, the ombudsman should do one of the following:

1. If the facility offers to do the testing for the ombudsman, the ombudsman may do the testing at the facility.
2. If the facility does not offer to do the testing or if the ombudsman prefers to do the testing elsewhere, the ombudsman may do the testing offsite and show a copy of the negative test result to the facility.
3. If the ombudsman has tested positive for COVID-19 in the past 90 days and is out of the isolation period, the Ombudsman shall inform the facility that the ombudsman is within the 90-day window. If the facility requests written documentation of the positive infection date, the ombudsman shall show the facility written documentation such as a copy of the lab result or a physician's note.
4. If the ombudsman is fully vaccinated, the ombudsman may inform the facility of the vaccination status and show the facility written documentation if requested. Fully vaccinated ombudsmen do not need to undergo routine testing.

If an ombudsman is confirmed to have COVID-19, or exhibits symptoms of COVID-19, prior to conducting a visit the ombudsman must meet either the CDC test-based or symptom-based strategy, as those terms are described in the terminology section of this document. In addition, the ombudsman must meet the Provider Agency's requirements for returning to work.

#### E. Vaccination of Ombudsmen

Ombudsmen are not required to be vaccinated against COVID-19, however, they are strongly encouraged to do so. Facilities may not require an ombudsman to be vaccinated as a condition of visitation. However, if an ombudsman is vaccinated and the facility requests proof of such, the ombudsman should show proof of vaccination to the facility.

## VI. Preparing and Planning for Visits

## A. View Required Training Videos and Complete Acknowledgement Form

1. The ombudsman is **required** to review the following trainings and resources before conducting his/her first in-person facility visit.
  - a. CDC: [Donning PPE \(putting on\)](#)
  - b. CDC: [Doffing PPE \(taking off\)](#)
  - c. RegisteredNurseRN: [Putting on and Removing Gloves](#)
  - d. WHO: [Use of Alcohol Based Hand Sanitizer](#)
  - e. CDC: [Use PPE Correctly for LTC Frontline Staff](#)
  - f. EPA: [Steps for Disinfectant Use](#)
  - g. Any additional resources or training provided by State Long-Term Care Ombudsman Office (Office) or Provider Agency

## B. COVID-19 In-Person Visit Acknowledgement Form

1. Prior to scheduling any in-person visits, the ombudsman must complete the *COVID-19 In-Person Visit Acknowledgment Form* (see section XIII) indicating that he/she has reviewed, understands and agrees to follow the directions and precautions provided in the resources in VI.A above and throughout this guidance.
2. The completed form must be submitted to the Office by emailing it to [Aging.SLTCOProgram@illinois.gov](mailto:Aging.SLTCOProgram@illinois.gov).
3. Once this form has been completed and submitted, it does not need to be redone for future visits.
4. The ombudsman will retain a copy and provide one to the Regional Ombudsman or Provider Agency, if requested.

## C. Prioritizing Visits

1. The Office is not setting a specific maximum number of visits that is allowable in a day. If unsure of how to best schedule the visits, an ombudsman should work with the Regional Ombudsman to determine how to plan their visits in a reasonable and safe manner.
2. The ombudsman is expected to make routine visits to facilities.

## D. Notice to Provider Associations and Facilities Regarding Ombudsman Visits

The State Long-Term Care Ombudsman notified the Illinois Department of Public Health and long-term care facility provider associations that ombudsmen resumed in-person visits to

facilities. A request was made of provider associations to notify their members of this change by distributing the SLTCOP memo to providers (see section XIV). Ombudsmen are encouraged to provide a copy of the memo to the administrator by email and to bring a copy of the memo with them when conducting a visit if they haven't previously done so.

## E. Scheduling the In-Person Facility Visits

### 1. Window and Outdoor Visits Coordination Prior to the Visit

While ombudsman visits to facilities are typically unannounced, the ombudsman **may attempt** to coordinate a window or outdoor visit with a staff member at a facility.

- a. Prior to the first indoor visit, the ombudsman is encouraged to request to receive by email or secure facsimile a copy of the facility's visitation protocol and maintain a copy of the protocol for the ombudsman's records and reference. This protocol should be stored in a secure file until authorized by the State Ombudsman to destroy the forms. The forms can be scanned and stored electronically or stored as a hard copy.
- b. The ombudsman is encouraged to request to receive by encrypted email or secure facsimile a copy of the facility census and contact phone numbers and email addresses for residents and the legal representatives of residents who are incapacitated. This information should be stored in a secure file.
- c. Ask to be notified if the facility has an in-house onset of a new case of COVID-19 prior to the scheduled outdoor visit.

### 2. Discuss the Process for Window and Outdoor Visits

- a. Contact the facility to discuss how they are conducting visits at their facility.
- b. Discuss with the staff member the options for an ombudsman visit.
  - i. The ombudsman should suggest the best day and time for the visit based on the residents' preferences.
  - ii. How will the Ombudsman know which residents want to be visited?
  - iii. Will communication take place via an outdoor visit or a window visit?
  - iv. Discuss providing the front door flyer as well as postcards or other Ombudsman Program literature for staff to hand out to residents.
  - v. Who is the current resident council president, if not known to the ombudsman?
- c. Take time to prepare a set of questions to ask residents as conversation starting points. (See page 2 of this document for helpful tips: <https://ltombudsman.org/uploads/files/support/covid-19-communication-best-practices-fact-sheet.pdf>)



### 3. Indoor Visits Scheduling with Facility Staff

While ombudsman visits to facilities are typically unannounced, if the ombudsman has not already done so, the ombudsman should contact the facility to discuss the facility's policies regarding indoor visits by state authorized representatives, which includes ombudsmen. Ombudsmen may coordinate the scheduling of an indoor visit with the facility but are not required to give a specific date and time of the visit. The ombudsman does not need to identify for facility staff which residents will be visited.

- a. Contact the facility staff (administrator or designee) to discuss the facility's process for indoor visits.
- b. If denied a visit, provide the memo to providers, and discuss resident access to the Ombudsman Program and the authorization for the ombudsman to enter the facility per IDPH Re-Opening Guidance effective March 19, 2021 or any future orders. Contact the Office if a visit continues to be denied.
- c. Request by email a copy of the facility's visitation protocol and maintain a copy of the protocol for the ombudsman's records and reference.
- d. Questions or concerns raised by the administrator or designee are ideally addressed during this prior communication and escalated to the Office as needed.
- e. Request to receive by encrypted email or secure facsimile a copy of the facility census and contact phone numbers and email addresses for residents and the legal representatives of residents who are incapacitated.
- f. Ask to be notified if the facility has an in-house onset of a new COVID-19 case prior to the scheduled indoor visit. The ombudsman may consider delaying the indoor visit or conducting an outdoor visit.

### 4. Discuss the Process for Indoor Visits

- a. Ask about the procedures for screening, the entry point at the facility the ombudsman should use, and if any PPE is required besides a surgical mask and face shield (i.e., gloves, gowns, shoe coverings).
- b. Discuss with the staff member the options for an ombudsman visit.
  - i. How can the facility accommodate the resident's wishes for the location of the visit? Is there a designated meeting space to provide privacy or if the roommate does not wish to have visitors in his/her room?
  - ii. How can the facility staff support a visit for residents living in the memory care unit?
  - iii. Is the facility providing face coverings for residents who are able to wear one?
  - vi. For residents not able to wear a face covering, can the ombudsman use a plastic shield to visit with residents with appropriate physical distancing?
  - vii. Who is the current resident council president, if not known to the ombudsman?

- c. Take time to prepare a set of questions to ask residents as conversation starting points.
  - i. Is there something I can do for you?
  - ii. What would you like to talk about?
  - iii. Are you able to participate in meaningful activities?
  - iv. Have you had contact with your friends and family?
  - v. Have you been able to get outside?
  - vi. How has the isolation affected you and what would be helpful to reduce the impact on you?

#### F. Indoor Facility Visit Approval for facilities not in outbreak status:

Ombudsmen are no longer required to complete and submit the *Indoor Facility Visit Scheduling Form*.

#### G. Indoor Visitation Approval for facilities in outbreak status

Ombudsmen are no longer required to complete and submit the *Indoor Facility Visit Scheduling Form*.

#### H. Indoor Visitation with a Resident who has COVID-19 or is suspected to have COVID-19

1. In general, the ombudsman should not conduct an indoor visit with a resident who has COVID-19 or is suspected to have COVID-19.
2. If a resident has COVID-19 or is suspected to have COVID-19, the ombudsman should use alternative methods of communication, such a phone call or video conferencing, if possible.
3. There may be exceptions when a face-to-face indoor visit would be allowed. Prior to scheduling a visit with a resident who has COVID-19 or is suspected to have COVID-19, the ombudsman must discuss the circumstances with the Regional Ombudsman and the Office. The State Ombudsman will make the final decision whether or not an in-person visit will be allowed.

## VII. Arriving at the Facility for the Indoor Visit

### A. Precautions to Minimize the Risk of Contracting COVID-19

1. Minimize personal belongings brought with you into the facility. Secure items in your car.

2. Put on your face mask, eye protection (if needed), and wash/sanitize your hands.
3. Follow required check-in procedures at the facility including signing-in, completing screening questions, and having temperature taken. This process may vary between facilities.
4. Identify the staff person in charge and ask the location of any areas housing residents under investigation for or suspected or confirmed to be COVID-19 positive. Ask if these areas are identified with signage.

## B. Entering the Facility

1. Follow marked areas for maintaining physical distancing at the facility entrance and within the facility.
2. Minimize touching surfaces during the visit.
3. Wear a face mask **at all times** while conducting the visit.
4. Eye protection must be worn when visiting a resident with confirmed or suspected COVID-19, a COVID-19 unit, or a COVID-19 observation unit.
5. Use hand sanitizer or thoroughly wash hands with soap and warm water for 20 to 30 seconds before entering and after exiting each resident room and the facility.
6. If gloves are worn (not required), proper glove use and disposal must be followed.
7. Maintain a minimum of 6-foot physical distancing when visiting residents or speaking with staff or other visitors.
8. Avoid touching people. You can explain you must be careful about spreading your own germs to the resident.
9. The ombudsman is not to provide direct care or assistance such as pushing the resident's wheelchair or handing the resident a glass of water.
10. Sanitize pens, phones, and other equipment and personal belongings when entering and leaving the facility.
11. Avoid setting belongings or supplies on the floor or other surfaces in the facility, if possible.

## VIII. Conducting the Visit

### A. Initial Indoor Visit to a facility

1. The first visit to a facility is the first opportunity to determine the facility's management of the COVID-19 crisis and effective implementation of modified infection control practices. Complete the *Routine Access Visit Checklist* form to document an initial indoor visit to a facility. The ombudsman should observe the facility environment, staff, and residents and interview staff and residents to complete the checklist.

2. The ombudsman should also consider the following items and document observations in the notes section of the *Routine Access Visit Checklist* form:
  - a. Staff report sufficient supply of PPE, cleaning, and disinfectants.
  - b. Residents' physical health has not significantly declined, such as no new weight loss or pressure ulcers.
  - c. Residents' mental health or cognition has not significantly declined, such as unmet behavioral health needs, new symptoms of distress, depression, or anxiety, or new onset of memory loss.
  - d. The facility has infection control policies and procedures that are specific to the facility's resident population.
  - e. The nursing facility has an infection preventionist who is responsible for coordinating the infection control program.
  - f. Staff demonstrate competency with hand hygiene requirements.
  - g. Facility staff demonstrate competency with PPE requirements.
  - h. Environmental infection control measures are taken.

When completed, the document is a confidential ombudsman program record that the ombudsman must attach as part of the facility visit record in PeerPlace.

#### B. Consider confidentiality and privacy

1. Be mindful of whether the conversation you have with the resident is being done in a confidential manner.
2. Inform the resident if there is someone nearby who can hear the conversation.
3. Discuss with the resident if he/she would prefer to discuss case information later over the phone or via an electronic video chat, if possible.
4. If staff are monitoring the visit, remind them of the resident's right to visit with the ombudsman in private. Inform the staff that you will ensure masks will continue to be worn and physical distancing will be honored and ask the staff to allow for the private visit.

#### C. Do the good advocacy work you are trained to do as an ombudsman.

1. Show the resident your photo to help the resident identify you.
2. Make eye contact and use active listening skills
3. Ask the conversation starter questions as appropriate.
4. Encourage the resident to speak up if he/she has concerns.
5. Give the resident an opportunity to discuss his/her concerns.

6. Use communication tools to support the conversation (amplifier, dry erase board).
7. Use your observation skills.

#### D. Completing the Visit

1. Recap the visit and any action steps to which the resident has consented.
2. Thank the resident for his/her time.
3. If conducting an indoor visit and moving to another room, wash/sanitize your hands. A face mask must be changed if it is wet or soiled.
4. Follow up with staff on any concerns for which the resident has given consent.

#### E. Preparing for Loss and Grief

The ombudsman may encounter a facility with significant loss of life due to COVID-19. It is important for the ombudsman to acknowledge the grief of residents, staff, and their own grief as it relates to that loss. When feasible, the ombudsman should allow space for each resident who expresses feelings of loss to talk or express emotions nonverbally, and to share in that grief as the ombudsman determines appropriate. Likewise, if facility staff appear in need of expressing their grief, an ombudsman may allow space for their grief to also be expressed, and to share in that grief as the ombudsman determines appropriate.

In addition to [National Ombudsman Resource Center \(NORC\) training](#) designed to help ombudsmen process their grief, an ombudsman is also encouraged to seek available employee assistance programs for needed counseling and behavioral health supports. Ombudsmen are also encouraged to use the free resources available to anyone on the [Help is Here page](#) of the Illinois Department of Human Services website.

#### F. Visiting a Memory Care Unit

1. The ombudsman may coordinate with staff to do a walk-through of the unit to observe the residents and services provided.
2. The ombudsman may want to consider wearing additional PPE (eye protection, gloves and/or gown) to offer the most protection as residents may not be able to adhere to physical distancing or wearing a face mask/covering.

## IX. After the In-Person Visit

### A. Removing PPE and Disinfecting

1. Follow CDC guidance on proper removal of face masks and other PPE.
2. When exiting the facility, dispose of your PPE in appropriate trash receptacles or if using a reusable PPE, store it properly.
3. Perform hand hygiene for at least 20 seconds.
4. To help keep your vehicle virus free, take the following steps:
  - a. Wipe materials with disinfectant prior to entering the vehicle.
  - b. Disinfect the vehicle door handle (inside and out) after each visit.
  - c. Utilize a barrier, such as a garbage bag, where you are placing your supplies. Place a garbage bag on the vehicle floor or in the trunk to place PPE and discard daily.

### B. Documenting the Visit

1. Enter the window, outdoor or indoor visit in PeerPlace as a new Activity.
  - a. Enter the required sections for a facility visit and these additional items:
    - i. The names of the residents you visited in the order in which you visited with them
    - ii. The completion of both the SLTCOP and facility health screenings
    - iii. Attach the *Routine Access Visit Checklist* form, if applicable.
  - b. Document any potential exposure to COVID-19 in the notes section of the visit. Report the potential exposure following the guidance provided in section X below.
2. If *Information & Assistance to Individuals* or *Information & Assistance to Staff* was provided outside of a case investigation, enter that activity as appropriate.
3. Document any new cases in PeerPlace.
4. Document any work on existing cases in PeerPlace.

## X. Ombudsman Exposure to COVID-19

The exposure risk to the ombudsman should be minimal if using PPE, physically distancing, and taking other necessary precautions identified in this guidance and required by the facility's infection prevention practices.

## A. COVID-19 Exposure during a Facility Visit

1. If the ombudsman feels he/she has been exposed (e.g. the ombudsman is exposed to droplets due to a resident sneezing or coughing when the resident cannot wear a face mask/covering), the ombudsman should do the following:
  - a. Excuse yourself from the visit if you are in the process of meeting with a resident.
  - b. Appropriately remove existing PPE, sanitize your hands, and apply new PPE as needed.
  - c. Immediately ask for the staff person responsible for infection prevention (i.e., Director of Nursing, Assistant Director of Nursing, Infection Control Nurse, Administrator).
  - d. Discuss the potential exposure with the staff person responsible for infection prevention to determine the level of risk. This may require releasing the name of the resident involved.
  - e. With the staff responsible for infection prevention, determine if the ombudsman should leave the facility or continue with the visit.
  - f. Identify if additional PPE (gloves, gown, etc.) should be worn for the remainder of the visit.
  - g. Contact the Office for additional guidance.
  - h. Contact the Provider Agency if required per Provider Agency procedures.

## B. Other Potential Exposure

1. If the ombudsman is suspected (due to exposure) or confirmed to be COVID-19 positive, the ombudsman must immediately:
  - a. Notify his/her employer following the Provider Agency procedures for notification.
  - b. Notify the Office via email (email [Kelly.Richards@illinois.gov](mailto:Kelly.Richards@illinois.gov) and cc [Chuck.Miller@illinois.gov](mailto:Chuck.Miller@illinois.gov), [Jessica.Belsly@illinois.gov](mailto:Jessica.Belsly@illinois.gov), and [Lee.Moriarty@illinois.gov](mailto:Lee.Moriarty@illinois.gov)).
  - c. Immediately suspend all facility visits and notify facilities if any scheduled visits are cancelled.
  - d. Follow Provider Agency requirements and CDC guidance for quarantining/isolation.
  - e. Continue to provide remote ombudsman services through electronic communications, if asymptomatic and able to work.
2. The Office will work with the Regional Ombudsman to promptly notify any facilities that were visited within 2 days prior to the onset of symptoms that resulted in a positive test or, if asymptomatic, within 2 days prior to a positive test.
3. The Provider Agency will follow its protocols for reporting the case to the local health department and any other reporting requirements.

4. The State Ombudsman or designee and the Regional Ombudsman will discuss and agree upon a date the ombudsman may resume in-person visits. The earliest date will be at least 10 days after potential exposure unless other symptoms are detected. This may be done in consultation with the local health department and other infection control experts and may require COVID-19 testing of the ombudsman.

## XI. Protective Measures

This section provides guidance on proper use and disposal of PPE and recommendations for keeping the ombudsman's family and household members safe.

### A. Face Mask Types and Requirements

1. Face Mask
  - a. A face mask is also known as a surgical mask. A manufactured, protective covering for the face that covers the nose, mouth, and extends below the chin. Face masks should be reserved for use by healthcare professionals, including ombudsman conducting indoor visits.
  - b. This type of mask is required for indoor visits.
2. Cloth or Homemade Face Covering
  - a. A piece of material used to cover the nose and mouth, often in the form of a homemade cloth mask. These may be used by residents if they are able to tolerate wearing one.

### B. Putting on the Face Mask/Covering

1. Wash your hands with soap and water for at least 20 seconds. Dry your hands with a clean paper towel and immediately dispose of the paper towel. (If you are unable to wash your hands with soap and water, use a hand sanitizer that is at least 60% alcohol).
2. Check face mask for any defects and expiration date. Dispose of all defective or outdated masks.
3. Ensure the exterior (usually yellow or blue) side of the face mask is facing out, away from your face.
4. Place the face mask on your face with the blue or yellow side facing out and the stiff, bendable edge at the top, over your nose. Note: not all face masks will have a stiff bendable edge.



5. Once the face mask is in place, use your index finger and thumb to pinch the bendable top edge of the face mask around the bridge of your nose.
6. Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
7. If the face mask has ear loops, put one loop around each ear.
8. If the face mask has a lower tie, once the face mask is fitted to the bridge of your nose, tie the lower ties behind your head with a bow.
9. Ensure the face mask is completely secure. Ensure the face mask covers your nose and mouth so that the bottom edge is under your chin.
10. Wash or sanitize your hands once the face mask is properly in place.
11. Avoid touching the mask while using it. If you do, clean your hand with alcohol-based hand sanitizer or soap and water.
12. When the face mask needs to be repositioned, sanitize hands before and after touching it.
13. Replace the mask with a new one as soon as it is damp and avoid reusing single-use masks.

### C. Removing the Face Mask/Covering

1. Wash or sanitize your hands before removing the face mask/covering.
2. Do not touch the inside of the face mask/covering (the part over the nose and mouth). It may be contaminated from your breathing, coughing, or sneezing.
3. Untie or remove the ear loops and remove the face mask/covering by the straps.
4. Dispose of the face mask in a garbage receptacle.
5. Wash or sanitize your hands after removal and disposal of the face mask/covering.
6. If reuse of the face covering is necessary, do the following:
  - a. Store the face covering in a paper bag, not plastic.
  - b. Mark paper bag with one side as "Front".
  - c. Place the outside of the face covering (side away from the mouth) into the paper bag facing the side marked "Front" on the bag.
  - d. Do not reuse face coverings that have become wet or soiled.

## XII. LTC Ombudsman Volunteers

### A. Status of Volunteers

1. Volunteers may continue to provide ombudsman services by:

- a. Staying in contact with residents at assigned facilities.
  - b. Assisting the paid ombudsman in scheduling visits with facilities, per this guidance.
  - c. Responding to phone calls by answering questions for callers, if appropriate.
2. A paid ombudsman may request approval for a volunteer ombudsman to conduct in-person facility visits.
- a. The following criteria will be considered when determining if the volunteer visits are approved:
    - i. The volunteer ombudsman must be willing to conduct visits without pressure to do so.
    - ii. The volunteer has completed the required training and screenings for ombudsmen set forth in this guidance.
  - b. The Office, Regional Ombudsman, and volunteer coordinator will discuss the request for the volunteer to conduct in-person facility visits.
  - c. The State Ombudsman and Regional Ombudsman will jointly make the final decision on allowing or denying the request for the volunteer to conduct in-person visit.
  - d. Prior to a volunteer making an indoor visit, all appropriate steps included in this guidance must be followed.
  - e. The Office will notify the Regional Ombudsman of the approval or denial of the visit.
  - f. The volunteer must:
    - i. Adhere to this guidance and any requirements of the Provider Agency.
    - ii. Review the COVID-19 educational resources in VI.A.
    - iii. Submit the completed *COVID-19 In-Person Visit Acknowledgement Form* to the Office (Aging.SLTCOProgram@illinois.gov) prior to scheduling a visit.
    - iv. Adhere to any Provider Agency requirements that do not conflict with this guidance.

### XIII. COVID-19 In-Person Visit Acknowledgement Form

## COVID-19 In-Person Visit Acknowledgement Form

Name of Ombudsman: \_\_\_\_\_ PSA: \_\_\_\_\_

In preparation for the long-term care ombudsman to resume in-person visits with long-term care residents, the Office developed guidance for conducting visits at long-term care facilities. The ombudsman must review the guidance, sign this form, and submit it to the Office (Aging.SLTCOProgram@illinois.gov) prior to scheduling any in-person visit.

By signing below, I acknowledge all of the following:

1. I have reviewed and will adhere to the Illinois LTCOP Guide for In-Person Visits (guidance).
2. I have reviewed all the educational resources identified in the Section VI.A of the guidance.
3. I agree to seek approval from the Office for each visit per Section VI.F of the guidance.
4. I agree to wear a surgical mask at all times and eye protection when required when conducting an indoor visit at a long-term care facility.
5. I agree to follow appropriate hand hygiene techniques.
6. I agree to avoid all physical contact with residents, other visitors, and staff members.
7. I agree to follow the SLTCOP and facility health screening processes.
8. I agree to monitor my own health and not visit if I am ill or if I have been exposed to the virus.
9. I agree to notify my Regional Ombudsman and the Office if I am exposed to or have symptoms of COVID-19.

Signature of Ombudsman \_\_\_\_\_ Date \_\_\_\_\_

# XIV. Illinois State Ombudsman Letter to LTC Providers Memo



**JB Pritzker, Governor**  
**Paula A. Basta, MDiv., Director**  
160 North LaSalle Street, 7th Floor, Chicago Illinois 60601-3117  
Phone: 312-814-2630 • 800-206-1327 (TTY) • Fax: 312-814-2916



## Memorandum From the Office of the State Long-Term Care Ombudsman

Date: September 4, 2020  
To: Administrators of Long-Term Care Facilities in Illinois  
From: Kelly D. Richards, State Long-Term Care Ombudsman  
RE: Ombudsmen Access and Confidentiality during visits

I know these are very challenging times for your staff, residents, and their families as we navigate this COVID-19 crisis. During this difficult time, it is imperative that residents continue to have access to the Long-Term Care Ombudsman Program. I am writing to provide clarification on your obligation to continue to provide this access. Access to the Ombudsman Program must continue to be available and conversations between the residents and ombudsmen must remain confidential. This means that if a resident seeks to meet with the Ombudsman, the visit should be unsupervised in an effort to preserve the confidentiality of the conversation. Ombudsmen have been instructed to wear proper PPE and maintain physical distancing when conducting visits.

Residents must be allowed Ombudsman access through both outdoor and indoor visits. Under sections 1819(c)(3)(A) and 1919(c)(3)(A) of the Social Security Act and implementing regulations at 42 CFR 483.10(f)(4)(i)(C), a nursing home is required by law to provide the State Ombudsman immediate access to any resident. In the CMS memorandum, QSO-20-14-NH, issued March 13, 2020 (<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>), CMS stated that residents still have the right to access the Ombudsman.

In the Illinois Re-Opening Guidance effective August 14, 2020, IDPH clarified that representatives of the Office of the State Long-Term Care Ombudsman Program fall under "state-authorized personnel". As such, per page 7 of the guidance, *"The Department [IDPH] grants authorization for entry to state-authorized personnel. They should not be classified as visitors. All such individuals must promptly notify facility staff upon arrival and follow all screening protocols established by the facility."* It is important to understand that Ombudsmen should not be treated as visitors but are authorized to meet with residents regardless of the CMS phase the facility falls under at the time.

I appreciate your assistance during these unprecedented times to ensure residents continue to be provided with their federal and state mandated right to access the Ombudsman Program. If you have any questions, please feel free to contact me at 312-814-1203 or email me at [Kelly.Richards@illinois.gov](mailto:Kelly.Richards@illinois.gov).

**Respect for yesterday. Support for today. Planning for tomorrow.**  
[www.illinois.gov/aging](http://www.illinois.gov/aging)

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employees in programs or activities in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior Helpline at 1-800-252-0069; 1-800-206-1327 (TTY)

## XV. LTCOP COVID-19 Symptom Self-Assessment and Affirmation

### LTCOP COVID-19 Symptom Self-Assessment and Affirmation

Ombudsman representatives **must** complete, sign, and submit this questionnaire to your supervisor on the day of the facility visit.

<b>LTCOP Representative Name:</b>	<b>Date:</b>
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<b>Temperature:</b>
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In the last 14 days, have:	Please Circle:		Comments:
You tested positive for COVID-19?	YES	NO	
You or someone you live with been exposed to someone who tested positive for COVID-19?	YES	NO	
You traveled outside of the state?	YES	NO	<i>If YES, where?</i>
You received a COVID-19 vaccine?	YES	NO	

In the last 2 – 14 days, have you had a new onset of:	Please Circle:		Comments:
Fever or chills	YES	NO	
Cough	YES	NO	
Shortness of breath	YES	NO	
Difficulty breathing	YES	NO	
Fatigue	YES	NO	
Muscle or body aches	YES	NO	
Headaches	YES	NO	
New loss of taste or smell	YES	NO	
Sore throat	YES	NO	
Congestion or runny nose	YES	NO	
Nausea or other digestive symptoms	YES	NO	

***I affirm and certify that the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief.***

<b>Ombudsman Signature:</b>	
<b>Reviewed by:</b>	<b>Reviewer Signature:</b>

Updated 2.26.2021

## XVI. Indoor Facility Visit Scheduling Form - OBSOLETE

### Illinois LTCOP Indoor Facility Visit Scheduling Form

Planning & Visit Details			
Ombudsman Submitting Request			
Ombudsman conducting visit (if different from above)			
Date of Facility Contact	Click here to enter a date.	Proposed Visit Date	Click here to enter a date.
Facility Name			
Facility City		Facility County	
Facility Type	Choose an item	Outbreak Status	Choose an item.
Contact Person Name		Contact Person Title	
Contact Person Phone		Contact Person Email	
Discussion about PPE and Physical Distancing			
Discussion about Facility Protocols upon Arrival			
Comments			
Primary Reason for Visit	Choose an item.	Scope of Visit	Choose an item.

#### Submission Instructions

This form is obsolete and no longer required to be completed or submitted.

## XVII. Minimum PPE Requirements

<b>PPE Use by Long-Term Care Ombudsmen</b>				
			<b>Minimum PPE Required</b>	
<b>Location</b>	<b>Setting</b>	<b>Facility COVID-19 Status</b>	<b>Resident who does not have COVID-19</b>	<b>Resident who has tested positive or shows symptoms of COVID-19</b>
Outdoor	Outdoor visit	Either (No Positive Cases or Facility in Outbreak Status)	Cloth mask	<i>Residents who test positive are not allowed outdoor visits</i>
	Window visit	Either (No Positive Cases or Facility in Outbreak Status)	Cloth mask. May remove mask during conversation through closed window if no other individuals are in the general area	Cloth mask
Indoor	Common Area	No Positive Cases	Surgical mask Face Shield or goggles	n/a
	Common Area	Outbreak Status	Surgical mask Face Shield or goggles	n/a
	Resident Room	No Positive Cases	Surgical mask Face Shield or goggles	n/a
	Resident Room	Outbreak Status	Surgical mask Face Shield or goggles	Surgical mask (KN95 or higher is preferable) Face shield or goggles Gloves Gown <i>(All items must be removed and replaced before going into another resident's room)</i>
	Common Area	Resident unable to social distance	Surgical mask Face Shield or goggles	Surgical mask (KN95 or higher is preferable) Face shield or goggles Gloves Gown <i>(All items must be removed and replaced before meeting with another resident)</i>
	Resident Room	Resident unable to social distance	Surgical mask Face Shield or goggles	Surgical mask (KN95 or higher is preferable) Face shield or goggles Gloves Gown <i>(All items must be removed and replaced before going into another resident's room)</i>
<b><i>Ombudsmen should use hand sanitizer before and after visiting with each resident.</i></b>				
<b><i>If a facility requests the Ombudsmen wear additional PPE and provides the PPE, Ombudsmen may use the PPE provided by the facility.</i></b>				

XVIII. Routine Access Visit Checklist

### Routine Access Visit Checklist

This checklist is for use by an ombudsman during a routine visit to a facility after COVID-19 visitation restrictions were implemented. The ombudsman should observe the facility environment, staff, and residents and interview staff and residents to complete the checklist below. When completed, this document is a confidential Ombudsman Program record.

Ombudsman Name:		Date:
Facility Name:		County:
Observations	Assessment	Notes
<p>There are sufficient staff to meet resident's needs, including:</p> <ul style="list-style-type: none"> <li>• Enough staff are observed to provide care</li> <li>• Resident rooms and the facility environment are orderly and clean</li> <li>• Call lights are responded to promptly</li> <li>• Residents do not report unmet needs or insufficient staff numbers</li> </ul>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	
<p>The facility has a sufficient supply of essential items, including:</p> <ul style="list-style-type: none"> <li>• Adequate food supplies</li> <li>• An adequate supply of PPE based on the COVID-19 status of residents in the facility</li> <li>• Availability of soap, water, paper towels, or alcohol-based hand rub that are readily accessible in resident care areas</li> <li>• Enough supplies to ensure the cleanliness of the facility, such as disinfectants</li> <li>• Adequate medical and incontinence supplies, linens, and hygiene and laundry supplies</li> </ul>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	
<p>Residents' physical health has not significantly declined, as evidenced by:</p> <ul style="list-style-type: none"> <li>• Stable body weight</li> <li>• No new or worsened pressure ulcers</li> </ul> <p><i>"Yes" indicates no significant decline.</i></p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	
<p>Residents' mental health or cognition has not significantly declined, as evidenced by:</p> <ul style="list-style-type: none"> <li>• No reported unmet behavioral health needs</li> </ul>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	



<ul style="list-style-type: none"> <li>No observation of new symptoms of significant distress such as crying, yelling, or fearfulness</li> <li>No observation of new onset of memory loss</li> </ul> <p><i>“Yes” indicates no significant decline.</i></p>		
<p>The facility has infection control policies and procedures that are specific to the facility’s resident population.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	
<p>The facility has an infection preventionist who is responsible for coordinating the infection control program. <i>This requirement is only applicable to nursing homes</i></p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	
<p>Staff demonstrate competency with hand hygiene requirements. <a href="#">CDC hand hygiene</a> requirements include:</p> <ul style="list-style-type: none"> <li>Performing hand hygiene: <ul style="list-style-type: none"> <li>before and after contact with a person;</li> <li>after contact with potentially infectious material, like blood, body fluids, or contaminated surfaces;</li> <li>when hands are visibly dirty; and</li> <li>before putting on and after removing PPE, including gloves.</li> </ul> </li> <li>Using hand sanitizer with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, using soap and water before using hand sanitizer.</li> </ul>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	
<p>Facility staff demonstrate competency with <a href="#">PPE requirements</a>.</p> <ul style="list-style-type: none"> <li>Staff wear masks over nose and mouth</li> <li>Staff perform hand hygiene before <a href="#">donning</a> and after <a href="#">doffing</a> PPE</li> <li>Staff do not use soiled or damaged PPE</li> </ul>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	

## XIX. Optional Ombudsman Visit Checklist

<b>OMBUDSMAN VISIT CHECKLIST</b>			
<b>Screening for COVID-19</b>			<b>Completed/Have</b>
1. Complete IL SLTCOP health screening for COVID-19			<input type="checkbox"/>
2. Complete long-term care facility health screening upon arrival			<input type="checkbox"/>
<b>Sanitary Tool Kit</b>			
Ziploc bag	<input type="checkbox"/>	Hand soap	<input type="checkbox"/>
Paper towels	<input type="checkbox"/>	Hand sanitizer	<input type="checkbox"/>
Disinfectant wipes	<input type="checkbox"/>		
Garbage bag	<input type="checkbox"/>	Paper bag	<input type="checkbox"/>
<b>Personal Protective Equipment (PPE)</b>			
Surgical masks			<input type="checkbox"/>
Face shield/goggles			<input type="checkbox"/>
Other PPE deemed necessary (gowns and gloves)			<input type="checkbox"/>
<b>Work Supplies (cleansed/sanitized)</b>			
Cell or wireless phone			<input type="checkbox"/>
Pen (that can be easily disinfected)			<input type="checkbox"/>
Name badge			<input type="checkbox"/>
Clipboard with photo			<input type="checkbox"/>
Dry erase board, marker, and eraser			<input type="checkbox"/>
Voice Amplifier (for ombudsman use only)			<input type="checkbox"/>
Any additional supplies or documents			<input type="checkbox"/>
<b>Actions Prior to Visit</b>			
Wash/sanitize hands			<input type="checkbox"/>
Store personal items in car			<input type="checkbox"/>
Sanitized work supplies			<input type="checkbox"/>
Put on needed PPE using proper procedures (wash/sanitize hands before and after)			<input type="checkbox"/>
<b>Actions During Visit</b>			
Maintain physical distance (minimum of 6 feet)			<input type="checkbox"/>
Avoid handshakes, hugs, sharing of items			<input type="checkbox"/>
Limit use of facility furniture – consider using portable chair, if possible			<input type="checkbox"/>
Avoid touching doorknobs or handles: use a barrier (i.e. paper towel, tissue, plastic bag)			<input type="checkbox"/>
<b>Actions After Visit</b>			
Remove PPE using proper procedures (wash/sanitize hands before and after)			<input type="checkbox"/>
Disinfect vehicle door handle (inside/outside)			<input type="checkbox"/>
Place work supplies on barrier located on vehicle floor (i.e.: garbage bag)			<input type="checkbox"/>
Wash/sanitize hands			<input type="checkbox"/>
<b>Documentation After Visit</b>			
Complete data entry in Ombudsman Database			<input type="checkbox"/>

## XX. Suggested Supplies to Take to Facilities

The ombudsman should ensure adequate supplies are readily available before conducting an in-person

1. The ombudsman should ensure adequate supplies are readily available before conducting an in-person visit.
  - a. Equipment
    - IL LTCOP issued name badge (required)
    - Clipboard with ombudsman photo (for resident to recognize ombudsman)
    - Cell phone
    - Laptop or tablet (if needed for the visit)
    - LTCOP materials
    - Voice amplifier and storage bag (for ombudsman to wear/use)
    - Portable chair (for ombudsman use)
    - Dry Erase board, marker and eraser (for written communication with resident)
    - Tabletop Plexiglas shield (for additional barrier between the resident and the ombudsman)
  - b. Personnel Protective Equipment (PPE)
    - Surgical Mask(required)
    - Face Shield or Goggles (required for an indoor visit)
    - Gloves (limited use/optional)
    - Gowns (limited use/optional)
  - c. Infection Control Kit for car
    - Ziploc bag that holds the tool kit materials
    - Hand soap
    - Paper towels (fold several into the bag, do not take entire roll)
    - Hand sanitizer
    - Disinfectant wipes
    - Garbage bag (for use as barrier in vehicle)
    - Extra face masks or face coverings (at least 5)
    - Gloves, face shield or goggles, and gowns
2. Infection control kits and PPE should be stored properly to avoid degradation of their efficacy. High temperatures and direct sun may reduce the effectiveness of hand sanitizer and destroy plastic and elastic portions of PPE. Therefore, when an ombudsman is leaving any of these items in a vehicle, it is recommended that the items are stored in a portable cooler and these items should be stored in a cool, dry place after the visit is conducted.