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

Version 7.0

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I. Introduction

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 and to meet or exceed the minimum benchmark requirements for visitation regardless of facility outbreak status. Ombudsmen are expected to conduct routine visits inside of all facilities. 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 meeting benchmark requirements for visitation, it is expected that each Regional Ombudsman Program meet or exceed the minimum quarterly benchmark requirements for all benchmarks.

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 or 312-814-1203.

II. Table of Changes

Version	Date Released	Effective	Change	Comments
7.0	11/2/2022	11/2/2022	Introduction	Changed wording to add emphasis to the expectation that all benchmarks are to be met, including visitation
			III.	Removed reference to quarantine. Updated definition of recovery Removed language explaining different types of vaccines.
			IV. A.	Removed language about window visits and outdoor visits and clarified language about indoor visits.
			IV. B.	Removed reference to Tiered mitigation
			IV. C.	Clarified language that indoor visits are allowed at all times
			IV. D.	Removed reference to health screen and modified language about required PPE.
			IV. F. 3.	Modified language to emphasize the importance of social interaction.
			V.	Clarified ombudsmen are no longer required to complete the paper self-assessment tool but should continue to self-screen.
			V. C.	Removed requirement to document the health screening in the documentation system.
			V. E.	Updated to include ombudsmen are not required to show proof of vaccination as a condition of visitation

			VI. B.	Removed requirement to complete the *COVID-19 In-Person Acknowledgement Form*.
			VI. D.	Removed because no longer applicable.
			VI. E.	Clarified scheduling of visits is not required.
			VI. H	Updated language regarding visiting with a resident who has or is suspected to have COVID-19.
			VII. B.	Updated the need to wear a face mask when required by the CDC and CMS guidance.
			VIII. A.	Removed requirement to complete the *Routine Access Visit Checklist*.
			VIII. B. 4.	Modified language.
			VIII. D.	Removed language about PPE as it is not applicable in every situation.
			VIII. E.	Removed reference to the NORC training.
			VIII. F.	Removed suggestion for coordination with facility staff for visits to memory care units
			IX. A.	Simplified language
			IX. B.	Removed requirement to document health screening and attach the *Routine Access Visit Checklist*.
			X. B. 1.	Clarified notification to the Office is only required if the ombudsman had visited a facility within 48 of testing positive or developing symptoms
			X. B. 3.	Removed language about reporting to the local health department.

			X. B. 4.	Removed
			XII.	Clarified volunteers may provide services as long as this guidance is followed.
			XIII.	Removed
			XIV.	Removed
			XV.	Modified to indicate affirmation no longer required
			XVI.	Removed
			XVII.	Updated PPE use requirements
			XVIII.	Removed
			XIX.	Removed

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

Isolation is used for individuals who have tested positive for COVID-19. Ombudsmen should follow the CDC guidance on isolation.

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

Isolation and precautions for a person with COVID-19 vary based on severity of disease. Please refer to the CDC Interim Guidance for Ending Isolation and Precautions for People with COVID-19 to determine when to return to work. The CDC released separate isolation and precaution guidance for long-term care facility residents and visitors which can be found in the CDC's Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing homes (updated on 9/23/2022). This guidance should be used to determine when to resume facility visits.

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.

IV. Ombudsman Visits

A. Types of Ombudsman Visits – Indoor Visits

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. The facility may 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, last revised on Sept. 23, 2022.

B. Tiered Mitigation – OBSOLETE

C. When Ombudsman Visits may be conducted

Ombudsmen can conduct indoor visits regardless of facility outbreak status or the level of community transmission.

D. When Ombudsman Visits can NOT be conducted

1. **NEVER** conduct a visit if you are displaying symptoms of any new communicable illness or disease.
2. **DO NOT** enter a facility if you do not have a face mask and eye protection to wear when needed. While this PPE 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 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 for social interaction. Recommend options to stay connected with others if visiting restrictions are in place.

V. Health Screening of the Ombudsman

Ombudsmen are no longer required to complete the paper version of the self-assessment screening tool for submission to their supervisor. However, it is vital that long-term care ombudsmen continue to screen themselves for signs of COVID-19 infection or any other communicable illness or disease. If at any time the screening indicates the Ombudsman may be carrying a communicable illness or disease, he/she should talk to his/her supervisor, consider seeking 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

Ombudsmen are no longer required to complete the *LTCOP COVID-19 Self-Assessment Screening* each day prior to conducting a visit at a long-term care facility unless directed by the Regional Ombudsman. While formal record-keeping of this form is no longer required, ombudsmen should continue to self-screen and not make visits if they show any signs of a communicable illness or disease.

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

A long-term care facility may screen the ombudsman prior to a 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.

Facilities my ask about the ombudsman's vaccination status, however, ombudsmen are not required to show proof of vaccination as a condition of visitation (see QSO-20-39).

C. Recording Health Screenings in Ombudsman Database

Ombudsmen are no longer required to document the health screening completed as part of a facility visit.

D. Testing of Ombudsmen

To conduct a visit, an ombudsman must not be exhibiting COVID-19 symptoms nor be 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, the ombudsman is not required to show proof of a negative test to enter the facility.
3. If the facility offers to do the test but 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.
4. 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.

If an ombudsman is confirmed to have COVID-19 or exhibits symptoms of COVID-19 the ombudsman must follow the CDC guidance prior to conducting a visit. 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.

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

Ombudsmen are no longer required to complete this form.

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

This section is outdated and no longer applicable.

E. Scheduling the In-Person Facility Visits

Ombudsmen are no longer required to schedule facility visits.

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. If a resident has COVID-19 or is suspected to have COVID-19, the ombudsman should try to use alternative methods of communication, such a phone call or video conferencing, if possible.
2. If the ombudsman needs to visit with a resident who is confirmed or suspected to have COVID-19, the ombudsman should use transmission-based precautions and wear appropriate PPE while visiting with that resident. It is also recommended that the ombudsman complete all other necessary activities within the building prior to meeting with the resident.

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 and 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. Minimize touching surfaces during the visit.
2. Wear a face mask when visiting facilities in areas of high community transmission in accordance with CDC/CMS guidance. Face masks are recommended but not required for visits to facilities that are not in areas of high community transmission rates.
3. Eye protection and a face mask must be worn when visiting a resident with confirmed or suspected COVID-19, a COVID-19 unit, or a COVID-19 observation unit.
4. 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.
5. If gloves are worn (not required), proper glove use and disposal must be followed.

6. 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.
7. Sanitize pens, phones, and other equipment and personal belongings when entering and leaving the facility.
8. To the extent possible, avoid setting belongings or supplies on the floor or other surfaces in the facility.

VIII. Conducting the Visit

A. Initial Indoor Visit to a facility

No longer applicable.

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.

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. Follow up with staff on any concerns for which the resident has given consent.

E. Preparing for Loss and Grief

This section has been removed.

F. Visiting a Memory Care Unit

1. The ombudsman may access memory care units as part of a routine visit or complaint investigation.
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. If used, follow CDC guidance on proper removal of face masks and other PPE.
2. Perform hand hygiene for at least 20 seconds.

B. Documenting the Visit

1. Enter the visit in PeerPlace as a new Activity.
   a. Enter the required sections for a facility visit and these additional items:

      The names of the residents you visited in the order in which you visited with them

   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, 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. Discuss with the Regional Ombudsman and contact the Office for additional guidance, if needed.
    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 if the ombudsman has visited a facility within 48 hours of symptom onset or within 48 hours of positive test (email Kelly.Richards@illinois.gov and cc Chuck.Miller@illinois.gov, Jessica.Belsly@illinois.gov, and Lee.Moriarty@illinois.gov).
    c. Immediately suspend all facility visits and notify residents or facilities if any scheduled visits are cancelled.
    d. Follow Provider Agency requirements and CDC guidance.

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 State Ombudsman or designee and the Regional Ombudsman will discuss and agree upon a date the ombudsman may resume in-person visits. This 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. If a face mask is required to be worn by an ombudsman, this type of mask should be used.

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 or 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

Volunteers may provide services following all guidance listed above.

XIII. COVID-19 In-Person Visit Acknowledgement Form – OBSOLETE

XIV. Illinois State Ombudsman Letter to LTC Providers Memo - OUTDATED

XV. LTCOP COVID-19 Symptom Self-Assessment (Affirmation no longer required)

LTCOP COVID-19 Symptom Self-Assessment and Affirmation

LTCOP Representative Name:	**Date:**

Temperature:

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	*If YES, where?*
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.

Ombudsman Signature:	
Reviewed by:	**Reviewer Signature:**

Updated 2.26.2021

XVI. Indoor Facility Visit Scheduling Form - OBSOLETE

Choose an item.

XVII. Minimum PPE Requirements

PPE Use by Long-Term Care Ombudsmen		
	Minimum PPE Required	
Community Transmission Rate	**Resident who does not have COVID-19**	**Resident who has tested positive or shows symptoms of COVID-19**
Low	Surgical mask recommended, but not required	Surgical mask Face Shield or goggles
Moderate	Surgical mask recommended, but not required	Surgical mask Face Shield or goggles
Substantial	Surgical mask recommended, but not required	Surgical mask Face Shield or goggles
High	Surgical mask required	Surgical mask Face Shield or goggles
Ombudsmen should use hand sanitizer before and after visiting with each resident.		
If a facility requests the Ombudsmen wear additional PPE and provides the PPE, Ombudsmen may use the PPE provided by the facility.		

XVIII. Routine Access Visit Checklist - OBSOLETE

XIX. Optional Ombudsman Visit Checklist – OBSOLETE

XX. Suggested Supplies to Take to Facilities

1. The ombudsman should ensure adequate supplies are readily available before conducting an in-person visit.
    a. Recommended 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)

b. Personnel Protective Equipment (PPE)

- Surgical Masks
- Face Shield or Goggles
- 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.