October 28, 2026, 3:00 PM

LTC Provider Call

SNF/NF, ICF/IID, Assisted Living/Continuum of Care, Residential Care, and Adult Day Care Providers

***If you see this screen, you are in the right place, but we have not yet started. We will begin shortly*.**

All lines are muted. Lines will be muted throughout the call.

Questions can be submitted in the online Q&A or email them to LTC@health.ok.gov

OKLAHOMA
State Department
of Health

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OKLAHOMA
State Department
of Health

Welcome

OKLAHOMA STATE DEPARTMENT OF HEALTH

Agenda

IDPR Updates (Including Return-to-Work Guidance)

Medline Recall

IDPR Updates

Madison Riojas, PharmD, MPH, BCIDP
Antimicrobial Stewardship Pharmacist

Kim Southerland, BSN, RN, MPH, CIC
Lead Infection Preventionist

OKLAHOMA
State Department
of Health

US Antibiotics Awareness Week

November 18-24
'Fighting Antimicrobial Resistance Takes All of Us'

Please join us for a live webinar focused on antibiotic use across the healthcare system and how we can all play a role.

Multidisciplinary CE available, register using the QR code or reach out to madison.riojas@health.ok.gov

The Antibiotic Handoff: Stewardship Across the Continuum of Care
November 18th at 12:00 pm via Teams

UPDATED COVID-19 Employee Return to Work Guidelines

The CDC has updated its recommendations for managing health care personnel who are exposed to or infected with common respiratory viruses, including COVID-19, influenza, and RSV.

The New *Viral Respiratory Infections* Guidance establishes a consistent approach to work restrictions and source control.

For long term care providers, the most significant change includes:

- Shorter minimum work-exclusion period for personnel with COVID-19
- Testing not required as part of the return-to-work criteria

New Guidance Supersedes:

- Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings | Influenza (Flu) | CDC
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | COVID-19 | CDC
- Strategies to Mitigate Healthcare Personnel Staffing Shortages | COVID-19 | CDC
- Infection Control Guidance: SARS-CoV-2 | Covid | CDC

Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Viral Respiratory Infections Supplement
Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC

UPDATED COVID-19 Employee Return to Work Guidelines

What changed?

Personnel with a suspected or confirmed viral respiratory infection should remain out of work until:

- At least 3 days have passed since symptoms onset (or from their first positive test if asymptomatic); *and*
- They have been fever-free for at least 24 hours without fever-reducing medication; *and*
- Their symptoms are improving; *and*
- They feel well enough to return to work.

Under this new guidance, the day symptoms begin is day zero, making **day 4 the earliest possible return date**. For personnel who test positive but remain asymptomatic, the test date is day zero.

Personnel returning to work should wear source control consistently around residents, coworkers, and visitors until at least the end of day seven. **Day eight is the first possible day to work without source control**.

UPDATED COVID-19 Employee Return to Work Guidelines

Personnel with a known or suspected exposure who remain asymptomatic generally do not need to be excluded from work. *They should*:

- Wear source control through at least the fifth day after their last exposure;
- Monitor for development of signs or symptoms of a viral respiratory infection for at least five days after their last exposure; and
- Stop working and follow the work-restriction criteria is signs and symptoms develop.

Note: the updated recommendations do not include serial testing on days one, three, and five after exposure.

UPDATED COVID-19 Employee Return to Work Guidelines

Important Exceptions:

The day-4 return should not be applied automatically to personnel who were severely or critically ill or are moderately to severely immunocompromised. Return-to-work decisions for these individuals should be made case by case, potentially with expert consultation and pathogen-specific testing.

This recommendation is intended to apply to respiratory viruses such as:

- Sever Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2),
- Influenza,
- Respiratory Syncytial Virus (RSV),
- Parainfluenza,
- Rhinovirus,
- Human Metapneumovirus,
- Additional adenoviruses,
- And others.

UPDATED COVID-19 Employee Return to Work Guidelines

This recommendation is NOT intended to apply to viral respiratory pathogens addressed in other sections of CDC guidelines (i.e., measles, mumps, rubella, varicella, cytomegalovirus, parvovirus B19, and viral conjunctivitis) or other interim guidance (e.g., for a new or emerging pathogen).

The interim recommendations for type and duration of Transmission-Based Precautions for SARS-CoV-2 infection that were previously included in the healthcare infection control guidance for SARS-CoV-2 will be found in Appendix A of the 2007 Isolation Guideline under Respiratory infectious disease, acute (if not covered elsewhere).

CDC is conducting a systematic literature review to reevaluate those interim recommendations and will share findings from those reviews once completed.

Key Takeaways

Long term care providers should:

1. Review and update their facility IPC, employee health, exposure-management, and return-to work policies as pertinent.

2. Educate staff on the updated guidance, including that day zero is the date of symptom onset or the first positive test; day 4 is the earliest possible return date, and source control continues at least through day.

3. Maintain testing capabilities because results may still guide treatment, PPE, outbreak response, and resident precautions.

4. **Recognize that resident isolation and Transmission-Base Precautions have NOT changed as part of this update.**

Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Viral Respiratory Infections Supplement
Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC

Project Firstline (PFL) Preventing and Responding to Respiratory Infections and Outbreaks in Long-Term Care Webinar

Preventing and Responding to Respiratory Infections and Outbreaks in Long-Term Care

Learning Objectives

1. Recognize respiratory illness in residents of long-term care facilities

2. Describe how to test and treat respiratory illness in residents of long-term care facilities

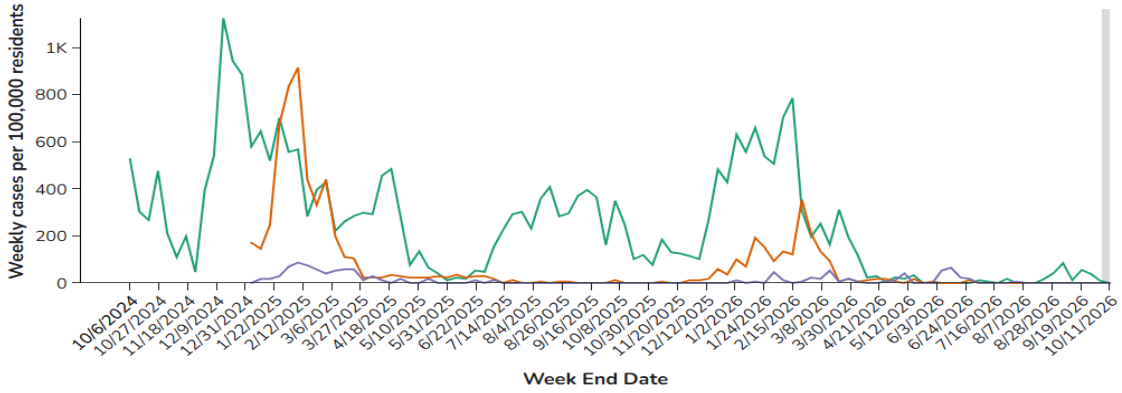
3. Explain how infection prevention and control practices and vaccination can reduce the risk of respiratory virus infection and outbreaks in long-term care facilities

NHSN Nursing Home Data Dashboard

Case Rates per 100,000 Residents

Weekly respiratory viral cases per 100,000 residents from CDC's National Healthcare Safety Network (NHSN). Preliminary data are shaded in gray.

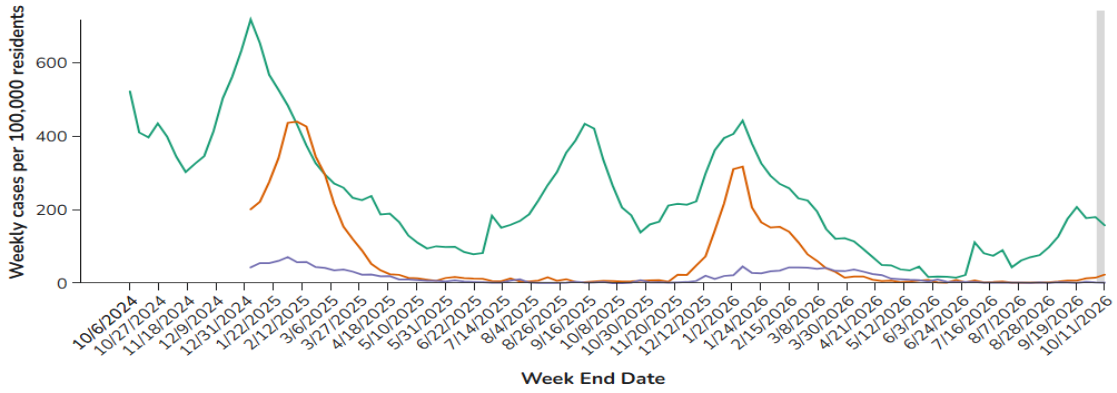
State: OK | Influenza Season: 2024-2025 x, 2025-2026 x | Respiratory Virus: COVID-19 x, Influenza x, RSV x



Case Rates per 100,000 Residents

Weekly respiratory viral cases per 100,000 residents from CDC's National Healthcare Safety Network (NHSN). Preliminary data are shaded in gray.

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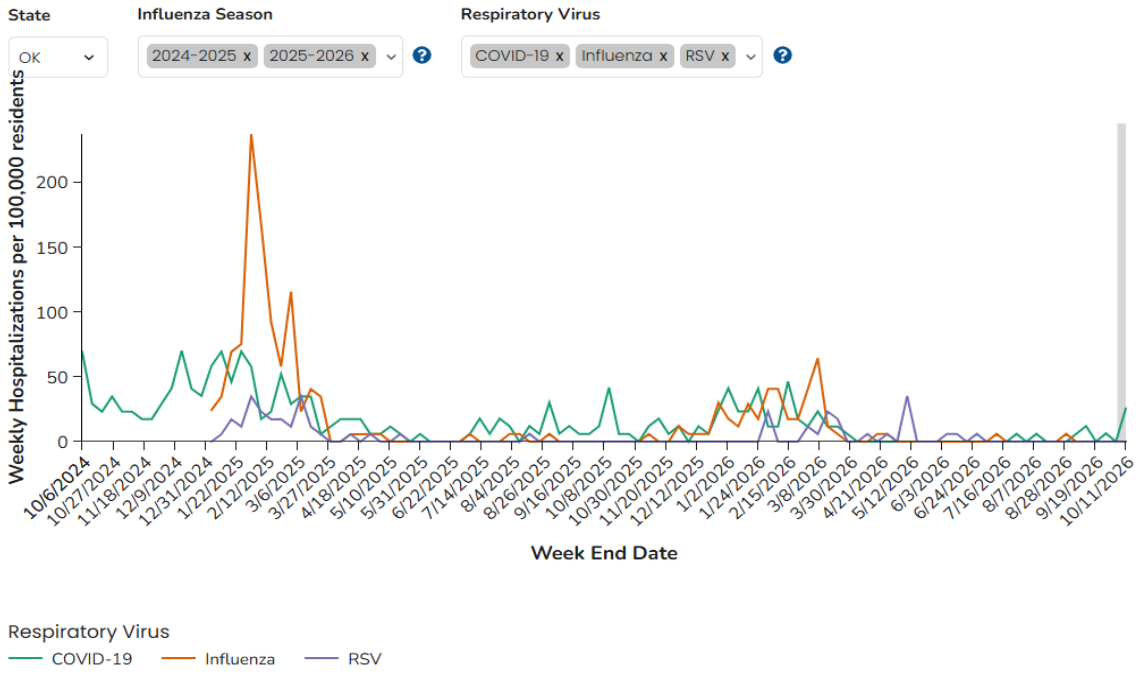


[Nursing Homes Data Dashboard | NHSN | CDC]

NHSN Nursing Home Data Dashboard

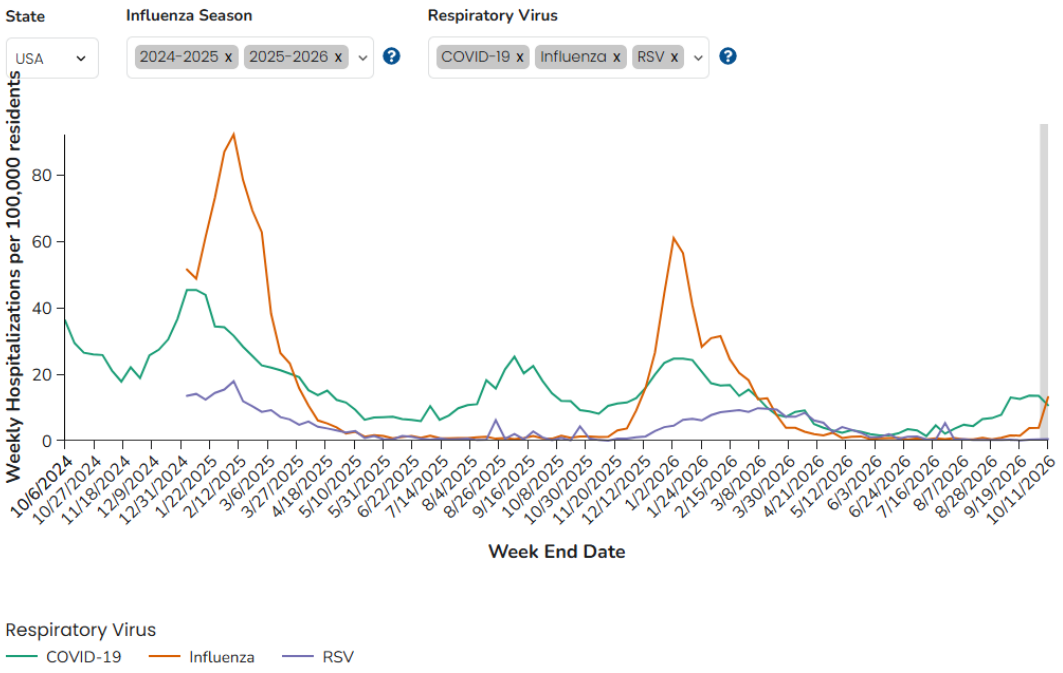
Hospitalization Rates per 100,000 Nursing Home Residents

Weekly hospitalizations with a positive respiratory viral test per 100,000 residents from CDC's National Healthcare Safety Network (NHSN). Preliminary data are shaded in gray.



Hospitalization Rates per 100,000 Nursing Home Residents

Weekly hospitalizations with a positive respiratory viral test per 100,000 residents from CDC's National Healthcare Safety Network (NHSN). Preliminary data are shaded in gray.



[Nursing Homes Data Dashboard | NHSN | CDC]

OSDH Viral View

SEASONAL RESPIRATORY ILLNESSES

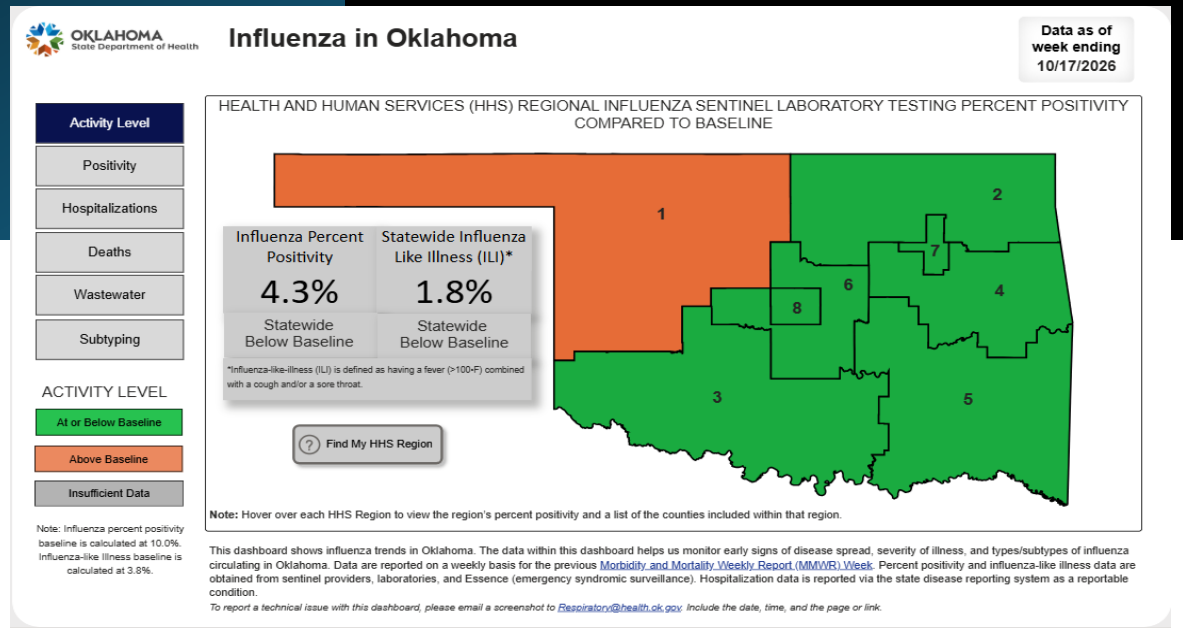
Understanding your risk of respiratory illness in Oklahoma

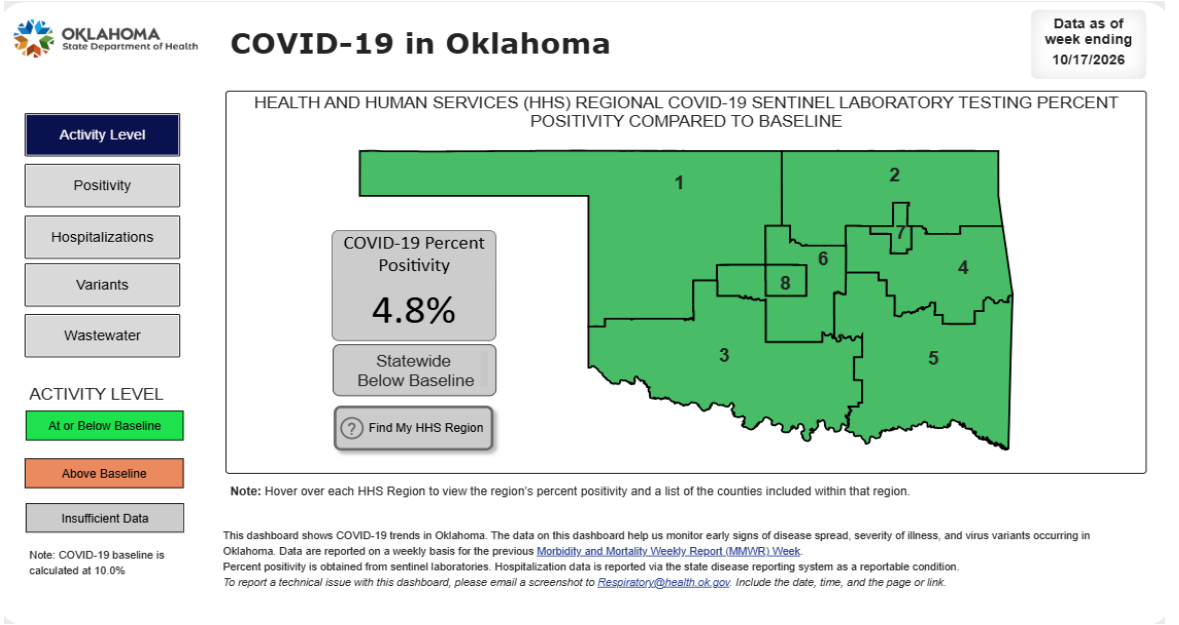
Use the icon or label to access the full dashboards with detailed trends and insights for COVID-19, Influenza, RSV, or Other Respiratory Illnesses below.

As of Week Ending 10/17/2026

	COVID-19	Influenza (Flu)	Respiratory Syncytial Virus (RSV)	Other Respiratory Illnesses Dashboard
Overall Risk	Low Risk	Low Risk	Low Risk	
Geographic Spread	Sporadic	Sporadic	Sporadic	
Intensity Level	2	1	1	
Trend	Stable	Increasing	Stable	

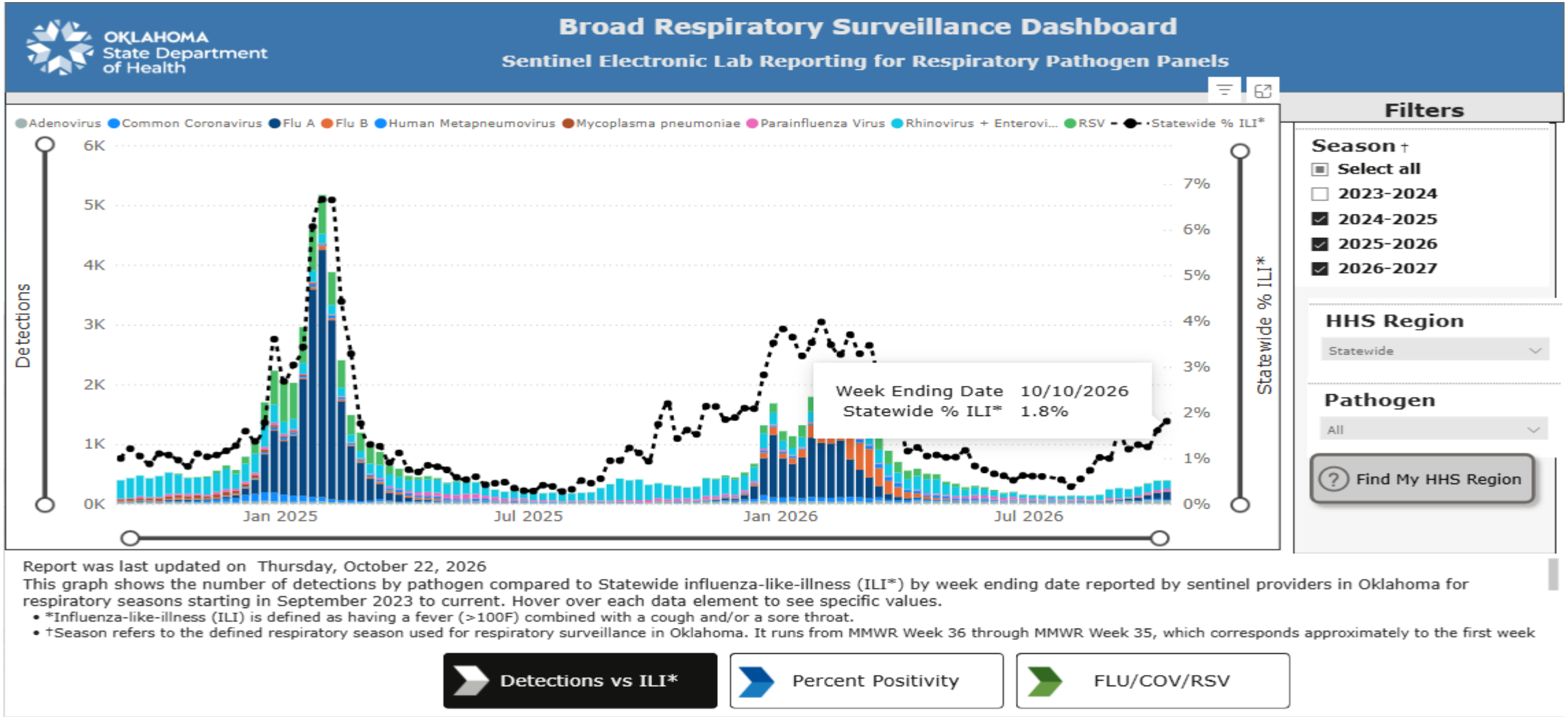
Provided on this webpage are summaries of COVID-19, influenza (Flu), and RSV surveillance data obtained from the Oklahoma State Department of Health (OSDH) respiratory surveillance system which includes sentinel surveillance data (outpatient influenza-like illness and influenza, RSV, and COVID-19 laboratory testing percent positivity); severity of illness data (influenza-associated hospitalizations and deaths and COVID-19-associated hospitalizations); and OSDH Public Health Laboratory (PHL) testing data.



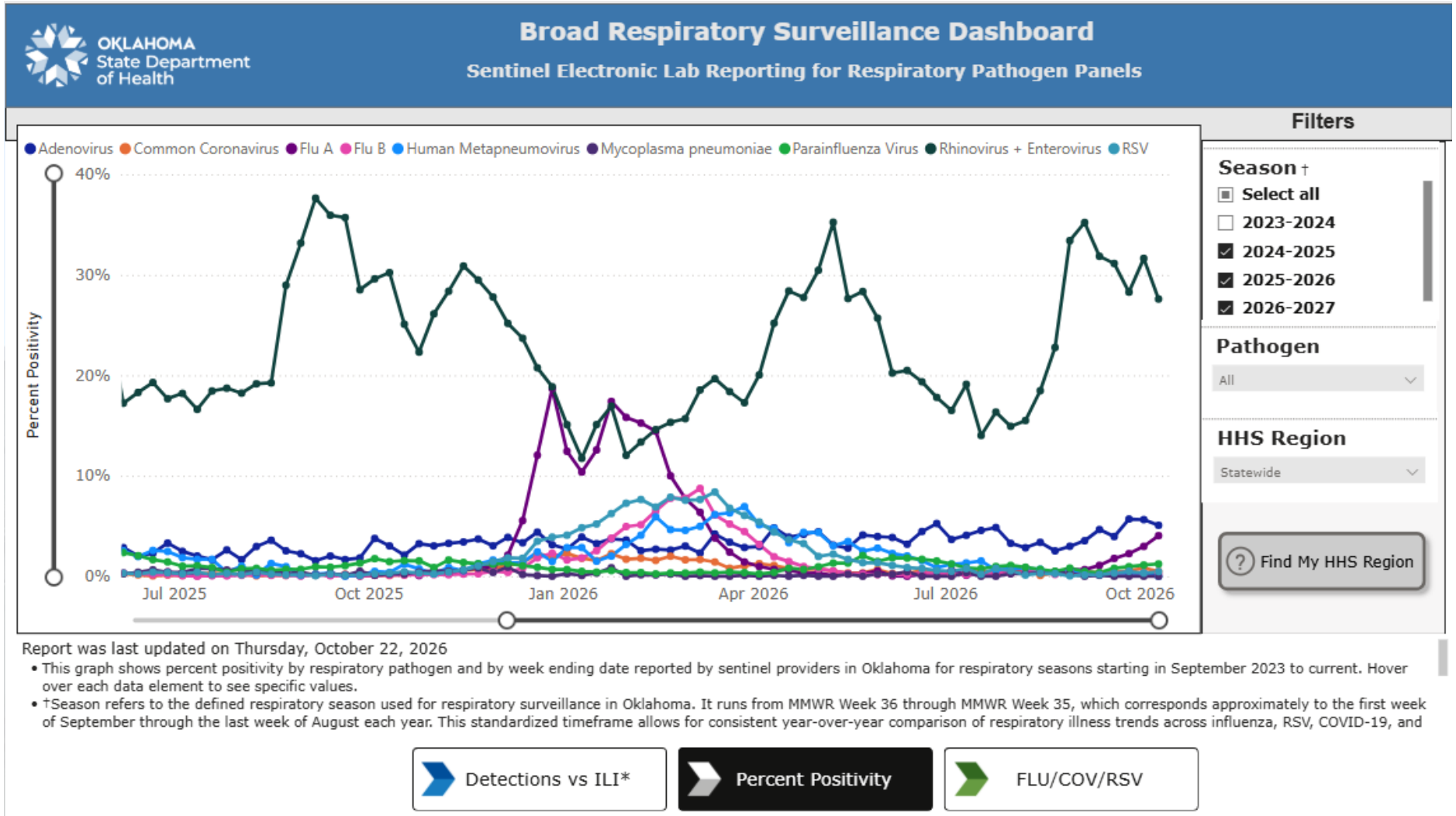


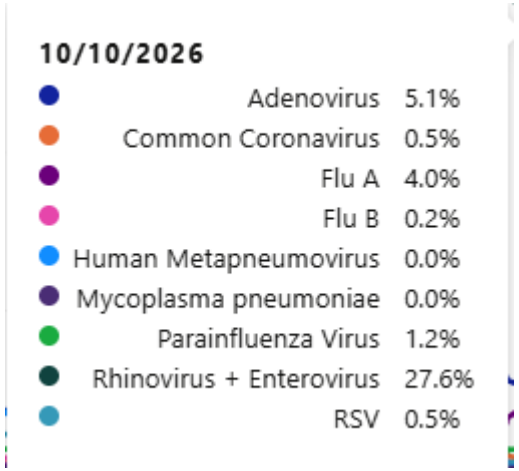
Viral View

Influenza-like Illness (ILI)

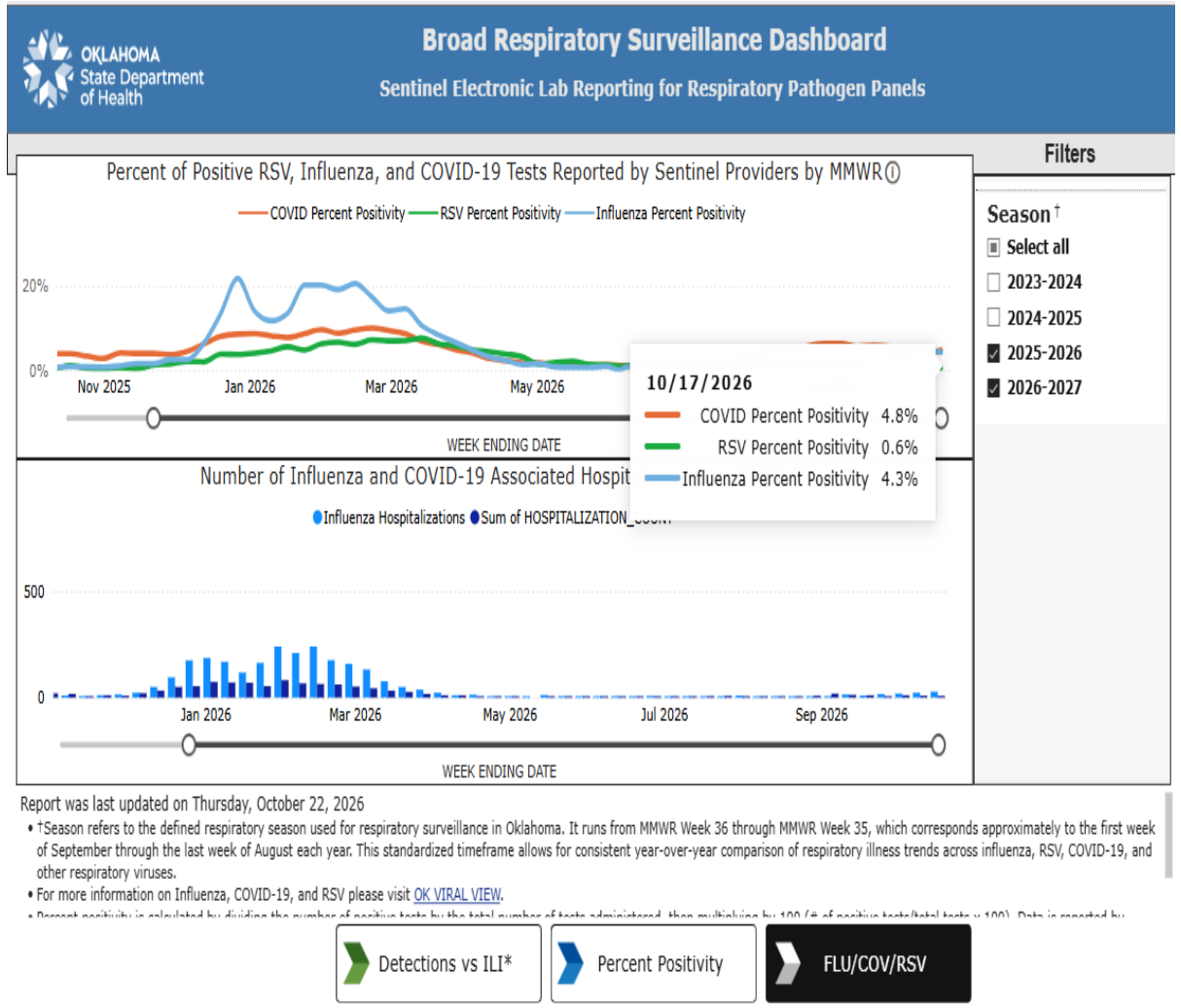


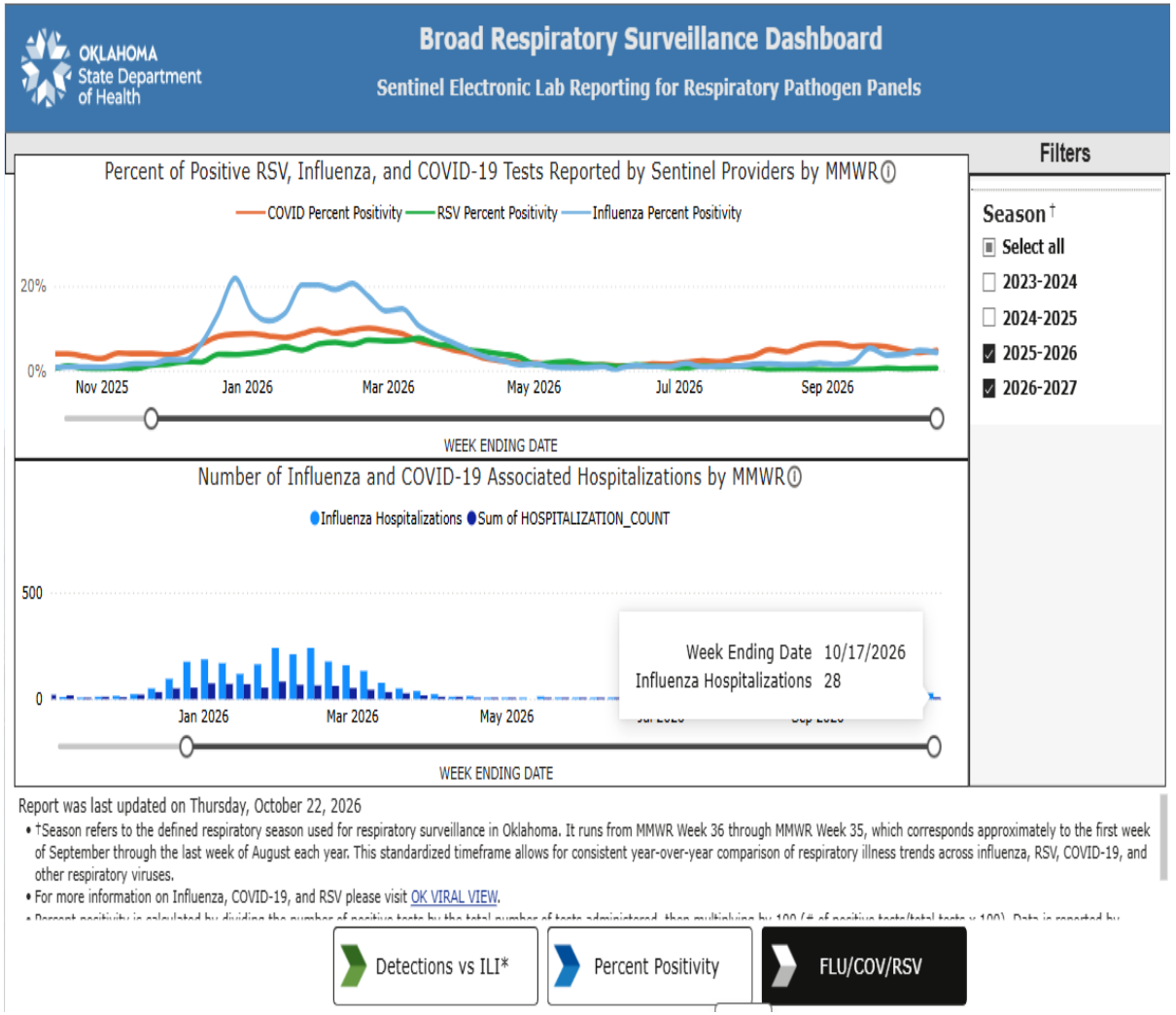
Pathogen Specific Breakdown





Flu, COVID-19, RSV Data





Stay Informed

OK ViralView

Attention Healthcare Providers and Laboratories: Join Our Surveillance Network!

Partner with Oklahoma's leading respiratory disease surveillance program and contribute to OK ViralView. By joining our Sentinel or Virologic Surveillance Programs, you'll have the opportunity to be at the forefront of tracking and reporting respiratory illness data. Enhance your impact and make a difference in public health.

Contact us at Respiratory@health.ok.gov.

Link to Viral View

- Join Our Surveillance Network
- Partner Resources
- Surveillance Report Subscription
- General Resources

OSDH EVS Blitz (Housekeeping In-service)

Purpose: Assess your facility's readiness to maintain a clean and safe healthcare environment for your residents, staff, and visitors.

In-service includes a one-hour onsite collaborative visit with a member of the HAI/AR Prevention team focusing on environmental cleaning and disinfecting processes.

Target audience includes Infection Preventionist and Housekeeping Manager, but all are welcome to join.

Participation is voluntary and nonpunitive.

Medline Brand Beds and Related Products

OKLAHOMA STATE DEPARTMENT OF HEALTH

Medline Urgent Field Safety Notice

- Issued by Medline on October 14, 2026, and updated on October 24, 2026.

- Medline is voluntarily removing and discontinuing all Medline brand homecare, bariatric, and long-term-care beds, along with associated hand-control pendants, accessories, replacement parts, and order packages containing beds.

Medline Urgent Field Safety Notice (continued)

- Medline identified electrical safety risks that could cause overheating and fire, as well as entrapment risks associated with bed accessories.

- There are potential fire and entrapment hazards that could result in serious injury or death.

Medline Urgent Field Safety Notice (continued)

- The update provides revised instructions for continued use and introduces a new repair option that was not included in the October 14, 2026 communication.

- Customers can continue to use Medline Brand beds, rails, mattresses and accessories, in accordance with the instructions.

Customers should review the following information carefully:

- **Continued use of current Medline Brand beds, rails, mattresses, and accessories:** Medline Brand beds, rails, mattresses, and accessories covered by the previously announced (October 14, 2026) product removal, discontinuation and market exit, may remain in use in accordance with the updated instructions below until the bed is either repaired or replaced. This new repair or replace procedure, detailed below, allows Medline to repair certain Medline Brand beds for its customers; other customers will either receive a replacement or full or partial refund of original purchase price. Beds that are repaired may then be used in accordance with their Instructions for Use.
- **Updated instructions:** Medline Brand bed users should unplug the beds from electrical outlets. When necessary adjustments to the bed need to be made, plug the bed into an electrical outlet while repositioning the patient and unplug the bed when not repositioning the patient. Do not use extension cords to power the bed. Whenever possible, have a second person available to assist with the use and movement of the bed.
- **Repair, replacement or full or partial refund of original purchase price:** Medline is establishing two paths to address affected Medline Brand beds: 1) Repair: Certain existing Medline Brand beds may be eligible for repair; 2) Replacement or full or partial refund of original purchase price: If Medline determines that beds and accessories are not eligible for repair, Medline will work with customers to determine their eligibility for applicable replacement or full or partial refund of original purchase price.
    - **NOTE:** Repair, replacement or full or partial refund of original purchase price may be available for certain beds, rails, mattresses, and accessories purchased in the last five years. Beds, rails, mattresses, and accessories purchased more than five years ago are still subject to the field action and updated instructions above.
    - **NOTE:** Do not attempt to repair, modify, or alter Medline Brand beds unless specifically instructed by Medline through a Medline-authorized repair process.
- **For additional information** regarding impacted Medline Brand beds, rails, mattresses and accessories, or to initiate the applicable process to repair, replacement or full or partial refund of original purchase price, customers should contact Medline Recall Customer Service at 1-800-950-0128, option 7. Customers and users of impacted Medline Brand beds and related products can obtain updated information on the Medline Brand Beds and Accessories recall page at https://www.medline.com/pages/product-recalls/medline-bed-accessories/.
- **Reporting adverse events:** Report any adverse events to Medline at QualityAssurance@medline.com or 1-800-950-0128, option 5, and to FDA MedWatch at https://www.accessdata.fda.gov/scripts/medwatch/index.cfm.

GovDelivery sent 10/23/2026

To see updated notice from Medline, click the link in the GovDelivery email, or the link below.

Medline updated the urgent field safety notice on 10/24/2026

Medline Beds - Important Update

LTC UPDATES

OKLAHOMA State Department of Health

Medline Announces Voluntary Removal of Medline Brand Beds and Related Products

Providers, please review the important safety notice below regarding Medline brand beds and related products. If your facility uses these products, we encourage you to take action to follow the manufacturer's safety instructions.

Medline Announces Voluntary Removal of All Medline Brand Beds and Related Products

Members who use or supply Medline brand beds should review an urgent field safety notice issued by Medline on October 14, 2026. The company is voluntarily removing and discontinuing all Medline brand homecare, bariatric, and long-term-care beds, along with associated hand-control pendants, accessories, replacement parts, and order packages containing beds. Medline identified electrical safety risks that could cause overheating and fire, as well as entrapment risks associated with bed accessories. The notice identifies potential fire and entrapment hazards that could result in serious injury or death.

Medline Urgent Field Safety Notice (continued)

- If your facility uses these products, we encourage you to take immediate action and follow the manufacturer's instructions.

- Medline will be providing labels with safety instructions to place on any bed affected by the recall. *If a label has not arrived through the provider or distributor by* ***November 30, 2026****, contact* ***Medline Recall Customer Service at 800-950-0128, option 7****.*

- At this time, the survey process will not involve checking whether the facility has repaired or replaced all Medline *beds, rails, mattresses, and accessories.* However, there are potential noncompliance considerations.

Medline Urgent Field Safety Notice (continued)

42 CFR §483.90

The facility must:

- *§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.* **F908**

- *§483.90(d)(3) Conduct Regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails, mattress, and bed frame are compatible.* **F909**

- *§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.* **F700**

Medline Urgent Field Safety Notice (continued)

- The Long Term Care Survey Process (LTCSP) does include a review of the safety of patient care equipment, including beds.
- We recommend that providers follow the manufacturer's instructions for repair and/or replacement.
- There is a risk of noncompliance in other areas, for example, pressure ulcers, quality of care, or accidents/hazards.

Medline Beds - Important Update

The Q&A Session has begun

Questions can be submitted in the online Q&A or email them to LTC@health.ok.gov

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Closing Comments

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