



COVID-19 Chicago Long Term Care Roundtable

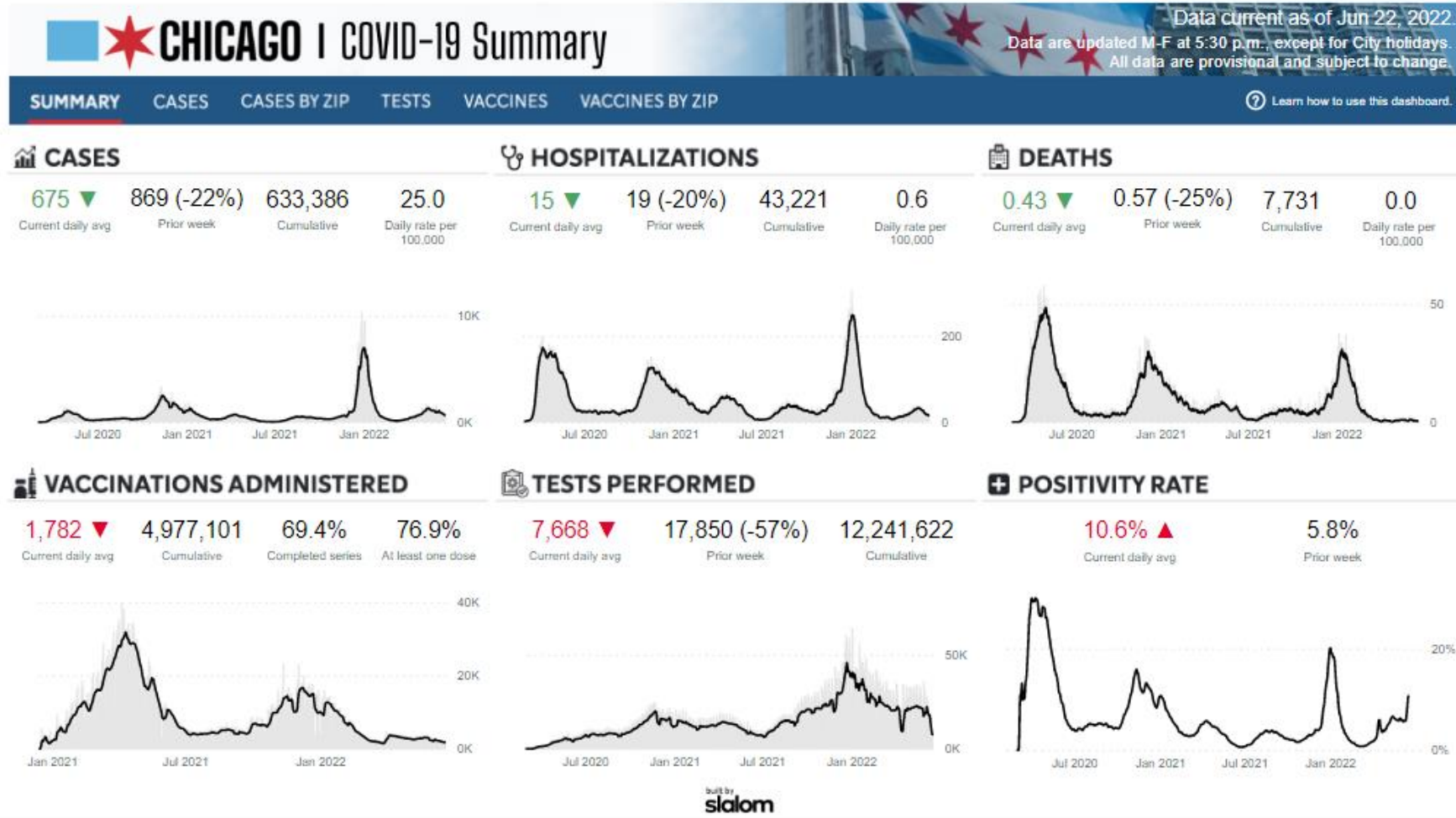
06-23-22



Agenda

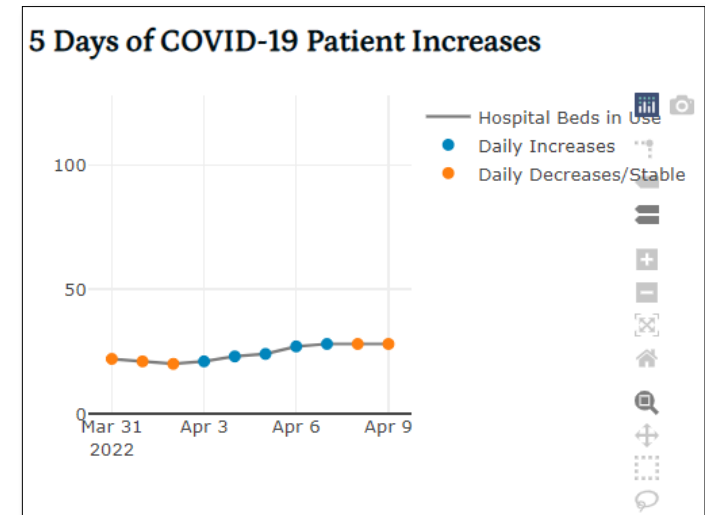
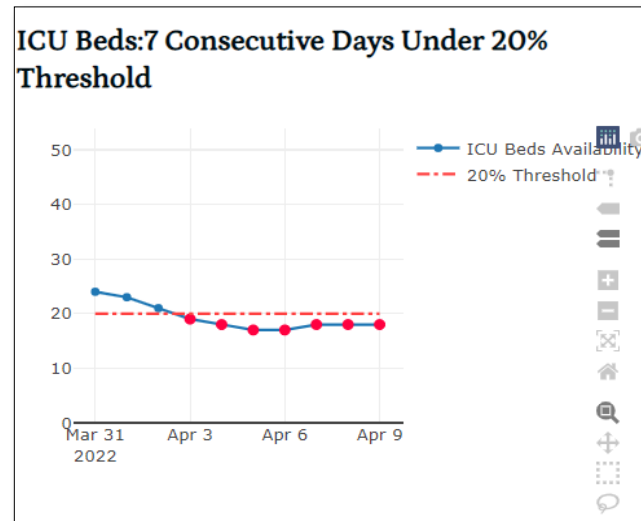
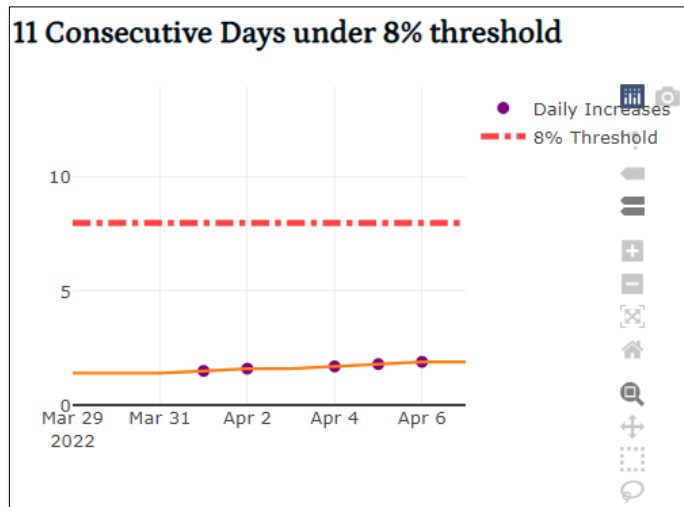
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Long Term Care Certification in Infection Prevention and Control
- ICARE Registration & Troubleshooting
- Questions & Answers

Chicago Dashboard

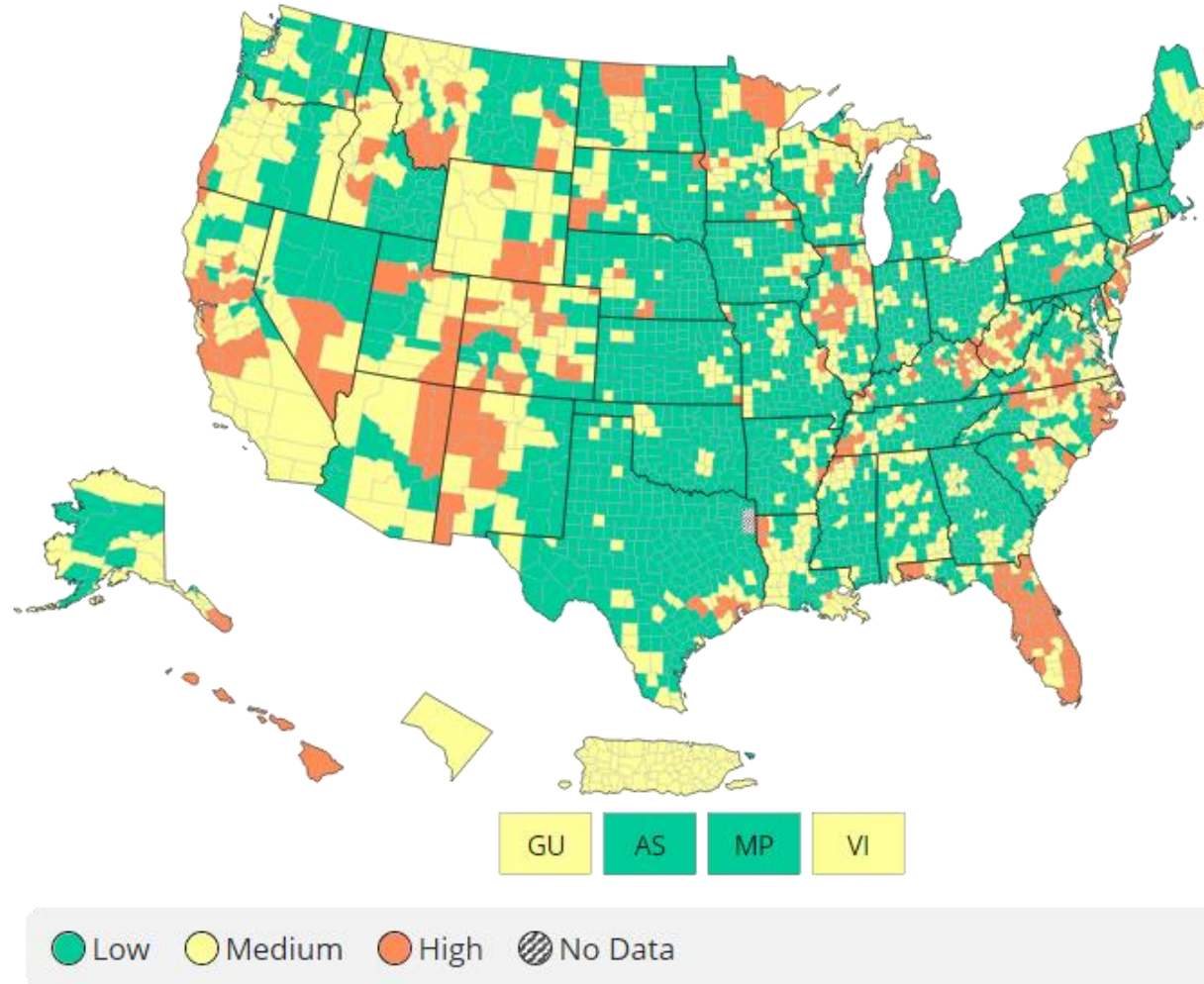




IDPH Regional Resurgence Metrics: Region 11

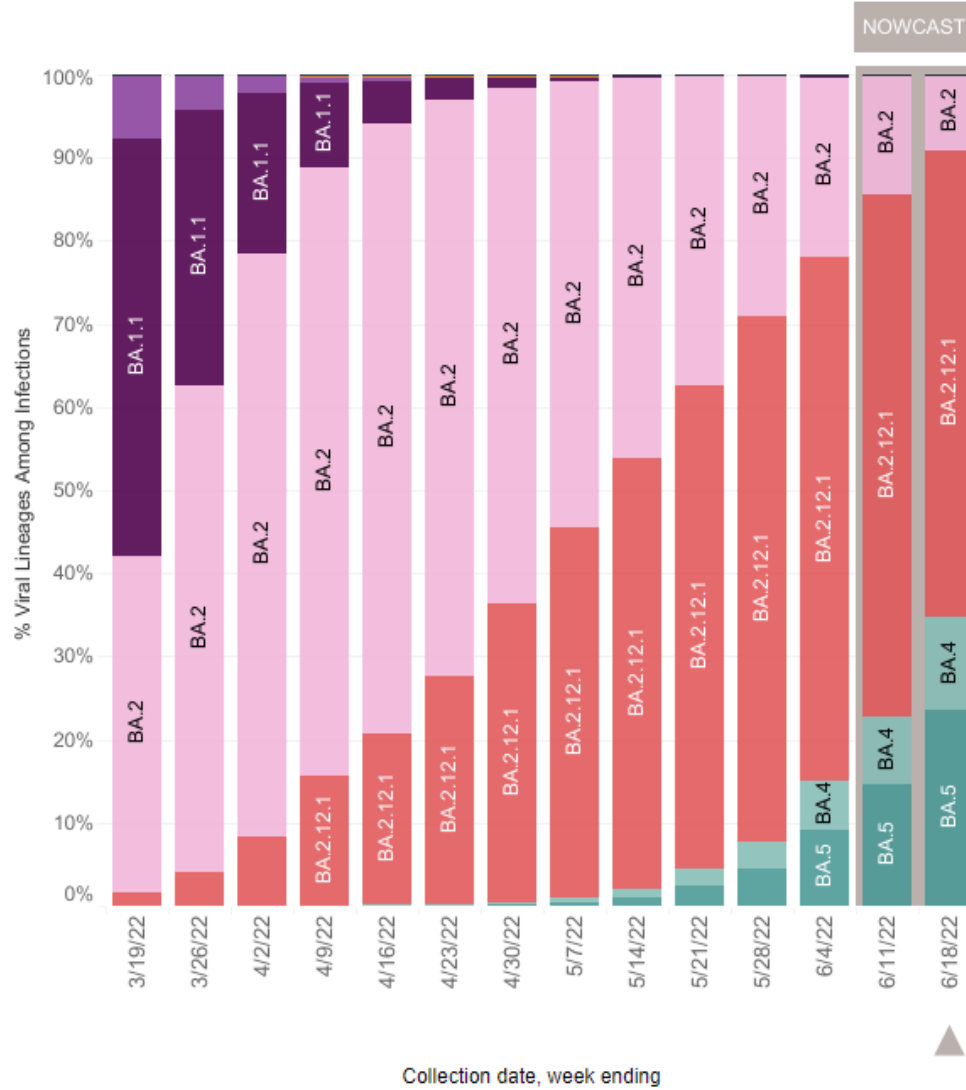


CDC Community Level Maps/CDPH Travel Guidance



United States: 3/13/2022 – 6/18/2022

United States: 6/12/2022 – 6/18/2022 NOWCAST



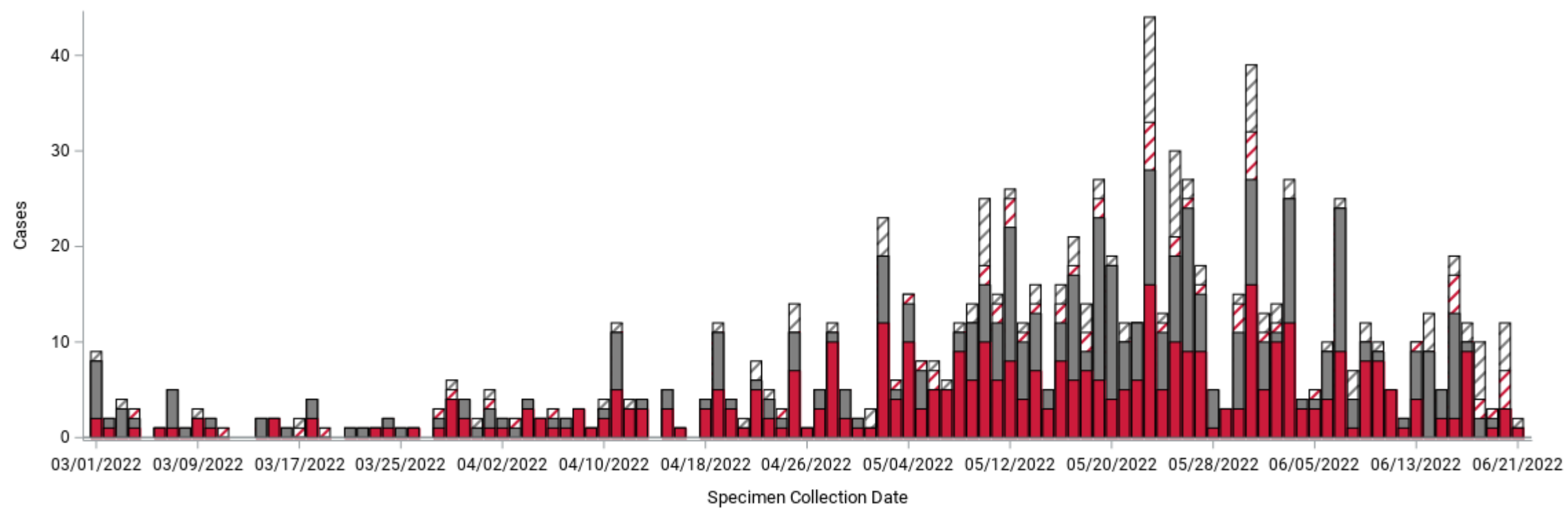
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2.12.1	VOC	56.0%	51.4-60.5%
	BA.5	VOC	23.5%	20.3-27.0%
	BA.4	VOC	11.4%	8.8-14.5%
	BA.2	VOC	9.1%	7.9-10.5%
	BA.1.1	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. BA.5.1 is aggregated with BA.5.

★ Small Drop in Skilled Nursing Home Cases but Maintained Outbreaks

(Mar. 1, 2022 – Jun 21, 2022)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)
A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination
Fully vaccinated cases may be underestimated due to delayed reporting

56 (68%) SNFs have active outbreaks

★ Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%



CDC COVID Data Tracker: Cook County

Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	221.06
New COVID-19 admissions per 100,000 population	9.8
% Staffed inpatient beds in use by patients with confirmed COVID-19	3.5%

How are COVID-19 Community Levels calculated?

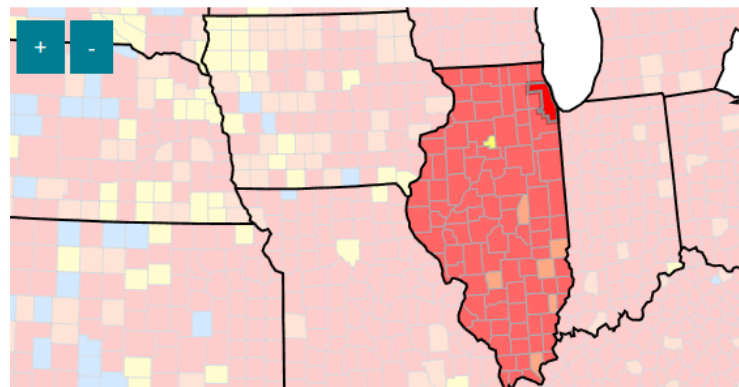
*Note: The COVID-19 Community Level and associated metrics presented above are updated weekly on **Thursday** and may differ from the values for the same metrics presented below, which are updated daily.*

Data Type:

Community Transmission

Map Metric:

Community Transmi





Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially Vaccinated	2x a week*
Vaccinated but not up to date**	2x a week*
Up to date	No required routine testing

Based on Executive Order and related Emergency Rules

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

** An individual has not received all COVID-19 vaccinations for which they are eligible, as outlined under “up to date”

★ Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Routine Testing Frequency
Unvaccinated*	No required routine testing**
Partially vaccinated*	No required routine testing**
Vaccinated but not up to date*	No required routine testing**
Up to date*	No required routine testing**
New and readmissions, regardless of vaccination status, <i>when community transmission is low or moderate</i>	No required routine testing**
New and readmissions, regardless of vaccination status, <i>when community transmission is substantial or high</i>	Must be tested upon admission (unless tested within the 72 hours prior to admission) <i>and</i> at 5-7 days post-admission

*Excluding new/readmissions when community transmission is substantial or high

**Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

★ Reminder: EVS Survey

- Survey about cleaning/disinfection practices, frequency, and products
- Ensure your Administrator, DON, and EVS Manager are present when completing the survey but there should only be one submission per facility
- Survey link: <https://redcap.link/snfevs>
 - We are also sending the link in our follow-up emails
- Please complete by Friday July 1st

Cleaning and Disinfecting Survey

In order to provide the best service CDPH has created this survey to gauge the cleaning and disinfecting practices at Chicago's Long Term Care Facilities. This is a one-time Redcap survey. CDPH will use this information to supplement site visits and phone discussions to better understand cleaning and disinfection practices within Chicago's LTCFs.

Instructions

- Fill out this section with regards to your facility and the person filling it out.
- CDPH highly recommends filling out this survey with the EVS manager.

Page 1 of 1

Demographics	
Name of facility <small>* must provide value</small>	<input type="text"/>
Address of Facility <small>* must provide value</small>	<input type="text"/>
First Name of Reporter <small>* must provide value</small>	<input type="text"/> <small>First name of person filling out survey</small>
Last Name of Reporter <small>* must provide value</small>	<input type="text"/> <small>Last name of person filling out survey</small>
Title/Position of Reporter <small>* must provide value</small>	<input type="text"/>
E-mail Address of Reporter	<input type="text"/>
Phone Number (Direct Line)	<input type="text"/>
How many resident floors are in your facility?	<input type="text"/>
Is there dedicated cleaning staff for each floor (i.e., do you have different environmental services staff on each floor)?	<input type="button" value="Yes"/> <input type="button" value="No"/> <small>reset</small>
How many housekeeping staff do you have for your facility (FTE)?	<input type="text"/>
What hours of the day do you have environmental services staff present (e.g., 7 a.m. - 7 p.m.)?	<input type="text"/>



New: Long Term Care Certification in Infection Prevention & Control (IPC)

- Standardized measure of knowledge, skills, and abilities expected of professionals working in the field
- 150 question multiple choice exam
- Applications will be accepted for the beta test examination starting on July 13, 2022
 - Reduced application fee of \$275
 - Beta testing will be available from September 15, 2022 - October 15, 2022.
 - After October 15, testing won't be available until February 2023 and the application fee will increase to \$410
- For more information, visit <https://www.cbic.org/CBIC/Long-term-care-certification.htm>



Eligibility Requirements for LTC Certification in IPC

- To be eligible to take the exam, you must meet **all** the following requirements at the time of application:
 - Completed post-secondary education in a health-related field (e.g., medicine, nursing, public health, laboratory technology, etc.)
 - Direct or divided responsibility of the infection prevention and control programs/activities in a long-term care setting within the last three years
- Candidates must fill out an attestation form confirming their eligibility



Eligibility Requirements for LTC Certification in IPC

- Direct or divided responsibility within the last three years:
 - Within their role, this person is/was responsible for providing consultation on IPC program elements, practices, and processes, as well as products used within LTC settings and/or provided direct supervision to those who perform these responsibilities. Public health practitioners who provide IPC guidance to LTCF (must be in job description) are also eligible.
 - Experience includes:
 - At least one year of full-time employment OR
 - Two years of part-time employment OR
 - 3,000 hours of relevant work experience in a LTC setting earned during the previous 3 years



Eligibility Requirements for LTC Certification in IPC

- Infection prevention activities must include:
 - Identification of infectious disease processes
 - E.g., modes of transmission, signs and symptoms
 - Surveillance and epidemiologic investigation
 - E.g., syndromic surveillance
 - Preventing and controlling transmission of infectious agents
 - E.g., standard precautions, transmission-based precautions, antibiotic stewardship
 - Environment of Care
 - E.g., Consultation regarding construction and renovation, environmental services, emergency management
 - Cleaning, disinfection, asepsis, and sterilization best practices
 - E.g., disinfection and sterilization processes, collaboration with central sterile reprocessing department or outside vendors



Eligibility Requirements for LTC Certification in IPC

- Must also include at least two of the following three components:
 - Employee/Occupational Health
 - Collaboration or consultation regarding the following:
 - Counselling employees after exposure to a communicable disease
 - Education of employees to reduce exposure to communicable diseases
 - Supervision, oversight, or management of the employee/occupational health department
 - Management and Communication
 - Manage/Supervise the infection control and prevention program/processes
 - Education and Research
 - Provide educational instruction to residents and/or staff about infection prevention and control
 - Collaboration with any infection prevention and control investigations

LTC IPC Certification: Exam Topics

- Long-Term Care Settings
- Management and Communication of the IP Program
- Identification of Infectious Diseases
- Surveillance and Epidemiologic Investigation
- Prevention & Control of Infectious and Communicable Diseases
- Environment of Care
- Cleaning, Disinfection, Sterilization of Medical Devices and Equipment
- Antimicrobial Stewardship
- Employee/Occupational Health



LTC IPC Certification: Example Topic Area Content

5. Prevention and Control of Infectious and Communicable Diseases	
	a. Hand Hygiene
	1. Key elements for a hand hygiene program
	b. Standard and Transmission-Based Precautions
	1. Standard and transmission-based precautions
	2. Injection safety and safe disposal (e.g., multidose vials, IV medication, glucometers, insulin pens)
	c. Personal Protective Equipment (PPE)
	1. Appropriate use of Personal Protective Equipment (PPE) (e.g., selection, procurement, donning and doffing, point of care risk assessment)
	2. Regulatory requirements associated with Personal Protective Equipment (PPE) supplies (e.g., Centers for Medicare and Medicaid Services [CMS], Occupational Safety and Health Administration [OSHA], National Institute for Occupational and Safety Health [NIOSH], Food and Drug Administration [FDA], Health Canada)
	d. Food Safety
	1. Safe food handling (e.g., regulatory requirements, Hazard Analysis and Critical Control Point [HACCP])
	e. Resident Immunizations
	1. Immunization recommendations for residents
	f. Ancillary Services
	1. Infection prevention practices required for ancillary services (e.g., podiatry, dental, environmental services)

ICARE Access for LTCs Enrollment, Tips

ICARE Team

Working document: 6-21-22



Overview

- The IDPH ICARE system houses immunization records administered by registered Illinois providers (primary care facilities, pharmacies hospitals, local health departments, etc.)
 - Providers are not required to register for or enter data into system with the exception of COVID vaccinations (mandatory reporting)
- Shared public health goals: Immunization section and Illinois LTCs
 - To ensure proper vaccination status of all residents for optimal health (whether this is to verify current vaccinations, to avoid duplication of administered vaccine, to guide quarantine protocols, etc.)



Who gets ICARE access for LTC facilities?

- Applicant facilities must **be registered with/licensed by the IDPH LTC Program**
- Applicants must abide by the ICARE user agreement, which includes **acknowledging that ICARE may NOT be used to review employee or visitor immunizations histories**
 - See Appendix A for methods in which staff/visitors may request their immunization records from IDPH and then submit them to each facility accordingly
- Applicants should also be aware that access is only provided to **admissions or direct nursing staff**. Administrative staff will typically not be provided access (justifications can be made/requested if administrative staff have dual role at their facilities)

★ Before enrollment “checklist”

Facilities should consider the following before applying/filling out ICARE Enrollment Forms:

- ❑ Is my facility applying as a stand-alone “site” or as a site of a larger system or “group” (organization)?
 - If applying as a group, all sites can be included in one enrollment package.
 - Sites within a group can also share one Portal Registration Authority (PRA)

What is a PRA?:

Each facility enrolled in ICARE must designate a PRA. The PRA should have a working knowledge of which staff at their facility need ICARE access to fulfill their job duties. The PRA acts as a liaison/point of contact between IDPH and their site by doing the following:

- Reviews and approves/denies ICARE applicants from their facility
- Ensures completion of and retains ICARE user agreement documents for each applicant
- Informs ICARE of any needed updates to their facility’s site (termination of user accounts belonging to individuals no longer employed at your facility, etc.)

★ Before enrollment “checklist”

Is my facility is registered with INEDSS, the Health Care Worker Background System, or any other IDPH program that is accessed through the web portal? *(If so, you may already have a username and password to the portal. If granted access to ICARE, it can be enabled on your existing portal account.)*

If yes: who is the designated Portal Registration Authority for these programs?

- A standardized PRA (ICARE liaison basically) for all IDPH programs can be beneficial if users are applying for several programs at once
- It is not required that PRAs be standardized

If no, continue to next step

★ Before enrollment “checklist”

- ❑ Who in my facility needs access (i.e. nursing and admission staff)?
 - ❑ Do these individuals already have IDPH web portal accounts for programs such as INEDSS or the Health Care Background Worker Registry:
 - ❑ If yes: ICARE access can be added to existing accounts
 - ❑ If no: Applicants will need to apply for a web portal account after the site is enrolled at <https://wpur.dph.illinois.gov/WPUR/>.
 - All ICARE users must use an email address that is identifiable to them (includes their name). We are not able to accept generic facility or title email addresses. Existing accounts may be modified to meet this requirement

Enrollment Process – Documents

- There are three pieces of information that we need to begin the Site Enrollment Process:
 - The ICARE PRA Agreement Form which tells us which person you want to designate as your ICARE liaison (one per site/group; an umbrella group may have multiple sites with the same PRA)
 - Site Enrollment form(s) – (one for each site if applying as a group or just one if you are a standalone facility).
 - The PRA must have or apply for a IDPH web portal at the time of submission at <https://wpur.dph.illinois.gov/WPUR/>
 - (see Registration document)



Enrollment Documents - PRA Agreement Form

- Portal Registration Authority Form
 - Select a staff person to be designated as the PRA (see what is a “What is a PRA?” section slide 4)
 - If the designated PRA has an administrative role, they will be PRA in name only (no access). Generally, an administrator appoints someone on the front line to be PRA
 - The PRA must be “designated” by a supervisor, corporate leader, etc.



Enrollment Documents - PRA Agreement Form

- Both the PRA designee and the designator should read the document
 - The PRA will sign and fill out the left side of the document
 - **The designator will sign and fill out the “Facility Administrator” portion** of the document (right side)
 - This has been one of the biggest errors we have seen because of the difference in “definition” of Facility Administrator amongst ICARE and LTC facilities

_____ PRA Designee Signature	_____ Date	_____ Facility Administrator Signature	_____ Date
_____ PRA Designee Print Name		_____ Facility Administrator Print Name	
_____ Representing Facility Name		_____ PRA Telephone Number	
_____ PRA Designee E-mail (Required)	_____ Facility Address, City, State & Zip		

Please sign, and Fax this document to the I-CARE Program at 217-558-3838 for processing.
Questions regarding this process can be directed to IDPH I-CARE at dph.ICARE@illinois.gov
or the IDPH Helpdesk at 217-557-2923 or email dph.helpdesk@illinois.gov



Enrollment Documents – Site Enrollment Form

One form will be completed for each site (i.e. physical location where residents are provided care).

PROVIDER SITE ENROLLMENT
(To participate in the Illinois Comprehensive Automated Immunization Registry)

Name of the Organization _____

Organization Type: Health Care Provider Pharmacy
 Elementary or Secondary School College/University
 Federally Qualified Health Center Child Care Center
 Other: Please specify _____

How many clinical sites do you have? _____

Will additional clinical sites be submitting enrollments? YES NO N/A

How will you be submitting data to I-CARE: Direct Data Entry Electronic Import (HL7)

Is this Clinical Site a VFC (*Vaccine for Children*) provider? NO YES PIN # _____

Enrolling Site Name: _____

Enrolling Site Address: _____

Site Contact: _____

Phone: _____ County: _____

FAX: _____ Site Contact E-Mail: _____

Signing this form signifies that you are in agreement with the items outlined on page one of this form. *Electronic signature with a time/date stamp are acceptable. Please keep a copy for yourself, send completed and signed forms to the I-CARE Program electronically using [this link: https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698](https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698)

Signature of Provider or Authorized Representative Date

Printed Name and Title Authorized Representative Date



Enrollment Document – Site Enrollment Form

- ***Name of the Organization***: the name of the facility (this is how the site or group will be named in ICARE)
- ***Organization type***: select Other- “LTC”
- ***How many clinical sites do you have?***: If applying as a group, enter the number of facilities within the group. If applying as a stand-alone site, enter “1”
- ***Will additional clinical sites be submitting enrollments***: select “N/A”
- Skip “How will you be submitting data” question
- ***Is this site a VFC Provider***: select “No”
- ***Enrolling Site Name***: Same as Name of the Organization or a specific site within the “group or organization”
- ***Enrolling Site Address***: Physical Location of the Facility
- ***Site Contact information***: It is suggested that the PRA or Lead admissions/nursing staff be listed here
- ***Signature of Authorized Representative***: This must match the PRA designator/ “Facility Administrator” listed on the PRA document

Enrollment Submission

- All PRA Agreements and Site Enrollments must be submitted via the following Smartsheet for review:
<https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698>

Enrollment Submission

Date *

Organization/Site Name *

Provider (site)

Other:

How many sites/users are you enrolling with this submission?

Enrollment Submission

Organization Street Address *

If group, list corporate address; if site - list physical facility address

Organization City *

If group, list corporate city ; if site - list physical facility city

Organization Zip *

If group, list corporate zip ; if site - list physical facility zip

Submitter Email *

PRA should submit - list email here

★ Enrollment Submission

Purpose of requesting access to I-CARE: *

Submit verifying statement such as

- " ICARE will be used to review resident immunization status"
- " Our site(s) are licensed with this IDPH LTC Program"
- " We acknowledge that the system should be used for residents only - employee records will not be accessed"

It would also be helpful to provide information about if web portals already exist.

- If PRA or users already have web portals, list the usernames here.

Below this is the COVID Vaccine Provider Section:

Please skip

Enrollment Submission

Upload documents at the end of the form

Upload Attachments *

Drag and drop files here or [browse files](#)

Send me a copy of my responses

Submit



After Enrollment

- Our team will enter your documents into the system
- The PRA web portal account will be processed/modified as needed
- When the PRA web portal is processed, the ICARE team will reach out regarding needed access for additional employees and for all future applications associated with the site/group
- Get the PRA established first and then other users can create accounts and come in behind
- Users **without** existing web portals should wait to apply until after enrollment is complete

LTC Facility Access Needs

- Most facilities will be provided with “read” access – which means that users will have access to view immunization data, but cannot print or edit
- If your facility has its own vaccine inventory that is administered to residents on site, inform the ICARE team during the enrollment process so that individualized guidance can be provided
 - (Vaccines given on site in partnerships with health departments/other organizations are likely reported by said partner)



Thank you!!

ICARE is happy to work with sites/groups/users based on their specific needs. New applicants may reach out to dph.icare@illinois.gov for further guidance/assistance.


Sites/groups that have submitted documents prior to 6/7 may also reach out to check the status of their enrollment by contacting

marleigh.andrews-conrad@illinois.gov or

Matthew.Steiner@Illinois.gov

We appreciate your patience.

Your work to help protect the health of all Illinoisians is much appreciated!!



Appendix A – Individual Record requests

Employees/ individuals may request to obtain their immunization records via the following methods: Vax Verify (digital) and our manual process (PDF pulled from ICARE):

Vax Verify:

- Please use the following link to retrieve your record: https://idphportal.illinois.gov/s/?language=en_US
- Vax Verify portal FAQs: <http://www.dph.illinois.gov/immunizationsupport>

Please note: Vax Verify confirms identity via an individual's Experian Credit Report. If the data on the credit report does not exactly match that of the immunization record, or if the credit report is blocked, errors may occur. Individuals are encouraged to reach out to dph.vaxverify@illinois.gov for assistance as needed.

Manual paper request and upload process:

- Complete this form: https://dph.illinois.gov/content/dam/soi/en/web/idph/forms/topics-services/prevention-wellness/immunization/i-care/I-Care_Release_12.13.21.pdf
- Submit your form to this link: <https://app.smartsheet.com/b/form/2df9717628b84e06a0bfc539ee4b7f38>



Questions & Answers

A special thanks to:

IDPH:

Marleigh Andrews-Conrad

CDPH HAI SNF Team:

Dr. Stephanie Black
Shannon Xydis
Hira Adil
Liz Shane
Winter Viverette
Stephanie Villarreal
Kelly Walblay
Dan Galanto
Christy Zelinski
Nisreen Droubi
Leirah Jordan
Matthew Mondlock
Brittney Pitchford

**For additional resources and upcoming events,
please visit the CDPH LTCF HAN page at:**
<https://www.chicagohan.org/covid-19/LTCF>