



COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

September 9th, 2022

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation at <https://redcap.dph.illinois.gov/surveys/?s=KPMJP8PTNKYYFX9M> by September 23rd, 2022
 - Credit only available for the live session
 - Must be registered individually to receive credit

Agenda

- Upcoming Webinars
- Wound Care in Long-Term Care Settings
- Congregate Care COVID Updates
- COVID-19 Immunizations
- Open Q & A

Upcoming COVID-19 and Infection Prevention and Control Updates

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, September 23 rd	Enhanced Barrier Precautions	https://illinois.webex.com/illinois/onstage/g.php?MTID=e7067083f7ed07f6fd1fd9e3a906f64e
Friday, October 14 th	Environment of Care	https://illinois.webex.com/illinois/onstage/g.php?MTID=e28e6b8e9fe0ca77cc79b9b7d6abcc426
Friday, October 28 th	MDROs: Lab Results, Interpretation, and Response	https://illinois.webex.com/illinois/onstage/g.php?MTID=e17814ed8fc09addc0adfdc28defb874b

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Continued Education will be offered. It will only be for the live presentation. Please ensure when registering that your name and email are correctly spelled. To receive the continued education, you must complete a training survey, which will be provided with the link to the recording.

Infection Prevention and Control: Wound Care in Long-Term Care Settings

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The Integumentary System

The integumentary system (skin) is the largest organ in the body.



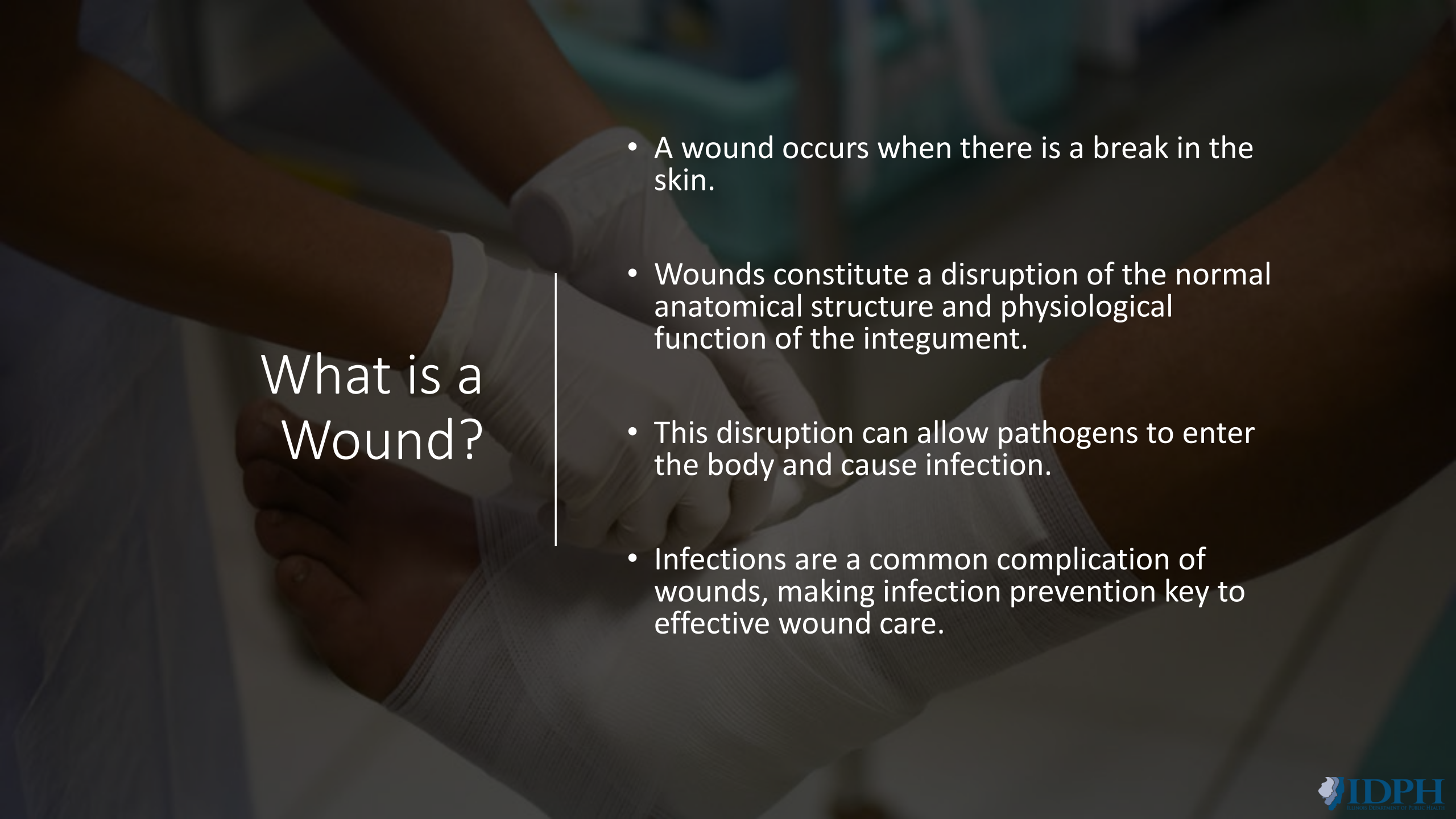
It's the barrier between the body and the external environment

Keeps out pathogens

Helps maintain physiological temperature

Prevents fluid loss

Allows the maintenance of hemostasis



What is a Wound?

- A wound occurs when there is a break in the skin.
- Wounds constitute a disruption of the normal anatomical structure and physiological function of the integument.
- This disruption can allow pathogens to enter the body and cause infection.
- Infections are a common complication of wounds, making infection prevention key to effective wound care.

Pressure Ulcers

- Many types of chronic wounds develop, at least in part, due to poor tissue perfusion.
 - For example: pressure ulcers, diabetic ulcers, Sickle Cell Disease ulcers.
- Non-ambulatory, geriatric, and bariatric patient/residents are at high risk for pressure ulcers.
- When treating chronic wounds, it is critical to address the factors responsible for wound development.
 - For instance, turning/repositioning or using devices to relieve pressure.



Hand Hygiene for Wound Care

- Hand hygiene is one of the most important wound care practices (and IPC practices in general).
- The CDC recommends using Alcohol-Based Hand Sanitizer (ABHS) in most clinical situations; including wound care, unless hands are visibly soiled.
- The requirements for hand hygiene are more stringent in wound care.

PATIENT
SAFETY



Hand Hygiene for Wound Care Cont.

- ABHS should be easily accessible during wound care
 - The best way to do this is to have ABHS dispensers accessible at the Point Of Care (POC).
 - ABHS can be brought in the room like wound care equipment and supplies.
 - Once brought in it would require cleaning/disinfection before being used elsewhere.
- Hand hygiene should be performed:
 - Before donning gloves,
 - After doffing gloves.
- Gloves are required for wound care, we will revisit hand hygiene in the PPE section.

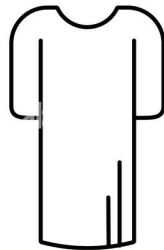
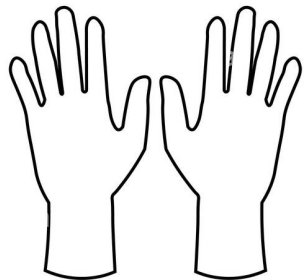
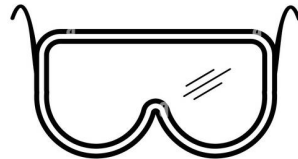
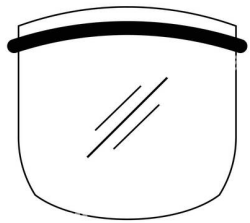
Personal Protective Equipment (PPE)

- Due to the risk of infection and/or colonization of wounds, PPE is key to appropriate wound care.
- Gloves are required whenever there is patient/resident contact during wound care.
- A gown, mask, and eye protection may also be called for.

Gloves for Wound Care

- Hand hygiene should be performed before donning gloves for wound care.
- During wound care new gloves should be donned when:
 - Going from a contaminated site to a clean site on the same patient/resident.
 - (i.e. an infected wound to an uninfected wound)
 - Going from handling soiled supplies to clean ones.
 - Gloves become contaminated.
 - Gloves should be doffed, hand hygiene performed, and new gloves donned between residents/patients.
- Gloved hands shouldn't enter a wound care cart.
 - This will contaminate the supplies.

Masks, Eye Protection and Gowns



- A mask and eye protection should be worn whenever there is any chance of splashes/sprays during wound care.
 - Examples include wounds with drainage, especially during irrigation and debridement.
- It is also recommended that Healthcare Personnel (HCPs) wear a new disposable gown that covers any clothing that may contact the resident/patient or their surroundings during wound care.
 - Its impossible to know if this will happen, so, it's good practice for HCPs to *always* wear gowns for wound care.

Wound Care Equipment

-
- Wound care supplies are varied based on the specifics of the case.
 - This can include:
 - Bandages, gauze, and dressing supplies,
 - Medications/ointments/lotions,
 - Scissors,
 - Surgical equipment (scalpels, forceps etc.),
 - It is very important that this equipment be handled appropriately to prevent contamination, which can result in bioburden or infection.

Reusable Equipment

- Reusable equipment that comes into contact with non-intact skin, mucous membranes, or any body fluids or draining (including fluids on bedding or on the gloved hands of HCP) are considered Semi-critical Instruments.
 - Semi-critical instruments :
 - Require High Level Disinfection (HLD) before use on another resident OR
 - These instruments must be dedicated to a single resident, and be discarded once that resident no longer requires wound care
 - Most LTCFs cannot conduct HLD themselves, ideally semi-critical equipment would be minimized as much as possible.
 - We recommend using disposable alternative for this equipment as much as possible.



Wound Care Equipment: Dressings

- If fresh dressings need to be cut, it should be done outside the room, with clean scissors.
- Scissors used to cut off soiled dressings should not touch fresh dressings.
- Used wound care dressings can be placed in regular trash unless saturated (i.e. dripping) with blood or other regulated body fluids.

Handling Wound Care Equipment

- When setting up a wound care area, the surface on which wound care supplies will be placed should be cleaned and disinfected prior to setting them down.
- The necessary equipment should be selected and brought into a patient's room. However, anything not necessary for this encounter should not be brought in.
 - For instance, if you need ointment, remove the amount you need and place it in a disposable container; don't bring the whole bottle/tube in.
- Equipment shouldn't be brought into multiple patient rooms. Dispose of extra equipment after each wound care encounter.
 - If cutting dressings or gauze, do not store the excess to be used later. Especially not on another patient.
 - Most wound care supplies are *single use items*.

Wound Care Carts

- Wound carts shouldn't enter resident/patient rooms.
- Once something has been brought into a resident/patient room, it shouldn't be placed back on the wound cart (or back in the med room).
- On the cart, separate items that are sterile or clean from items that are not. (i.e. don't store package of sterile gauze next to medicated ointments).
- Ensure that products are not past their expiration dates.
- Use bins to organize products; keeping similar things together.
- For medications/ointments once opened, ensure that they are dated and kept sealed.
- Medications, ointments and creams should be individually bagged, labeled, and separated from other items (including other meds/ointments/creams).

Avoid Contaminating Supplies

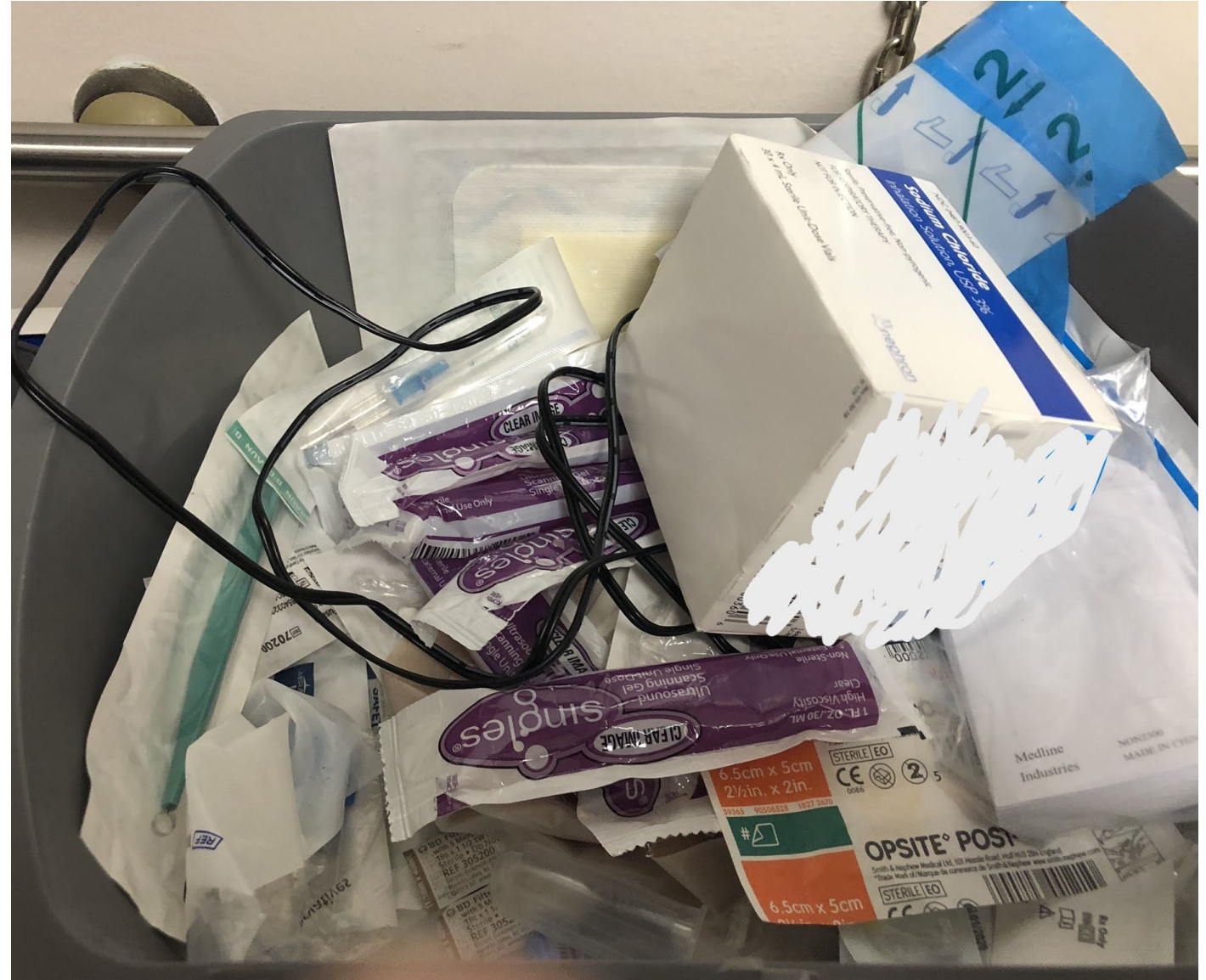
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- Think about what surfaces you place your equipment on. Are they really clean?
 - Clean/disinfect surfaces on which supplies are placed (i.e. don't use an uncleaned patient table, or bedding).
 - Avoid contaminating supplies by:
 - Not bringing more supplies than necessary into a resident/patient room.
 - Discarding leftover supplies.
 - If dressing materials are cut, ensure that clean scissors are used.
 - In addition, leftover dressing materials should not be stored and kept for later use.
 - Avoid contaminating the local environment and other supplies but not mixing clean and soiled/used supplies.
 - Fresh dressings should not be handled while wearing gloves used to *clean* the wound.

Avoid Contaminating Supplies cont.

- When rinsing a wound, a non-porous field is needed to catch any run-off fluids.
 - This field should be replaced with a clean dry field before dressing placement.
- Do not saturate gauze directly in their wrappers.
- Scissors and medical tape used for wound care should not be kept in pockets or carried on stethoscopes.
 - A separate, clean set of scissors and medical tape should be used for wound care.

Example 1: What's Wrong Here?

- Clean or sterile items are mixed with items that don't need to be.
 - (i.e. sterile saline and surgical instruments, but also ultrasound gel)
- Maintaining an organizational system is important.



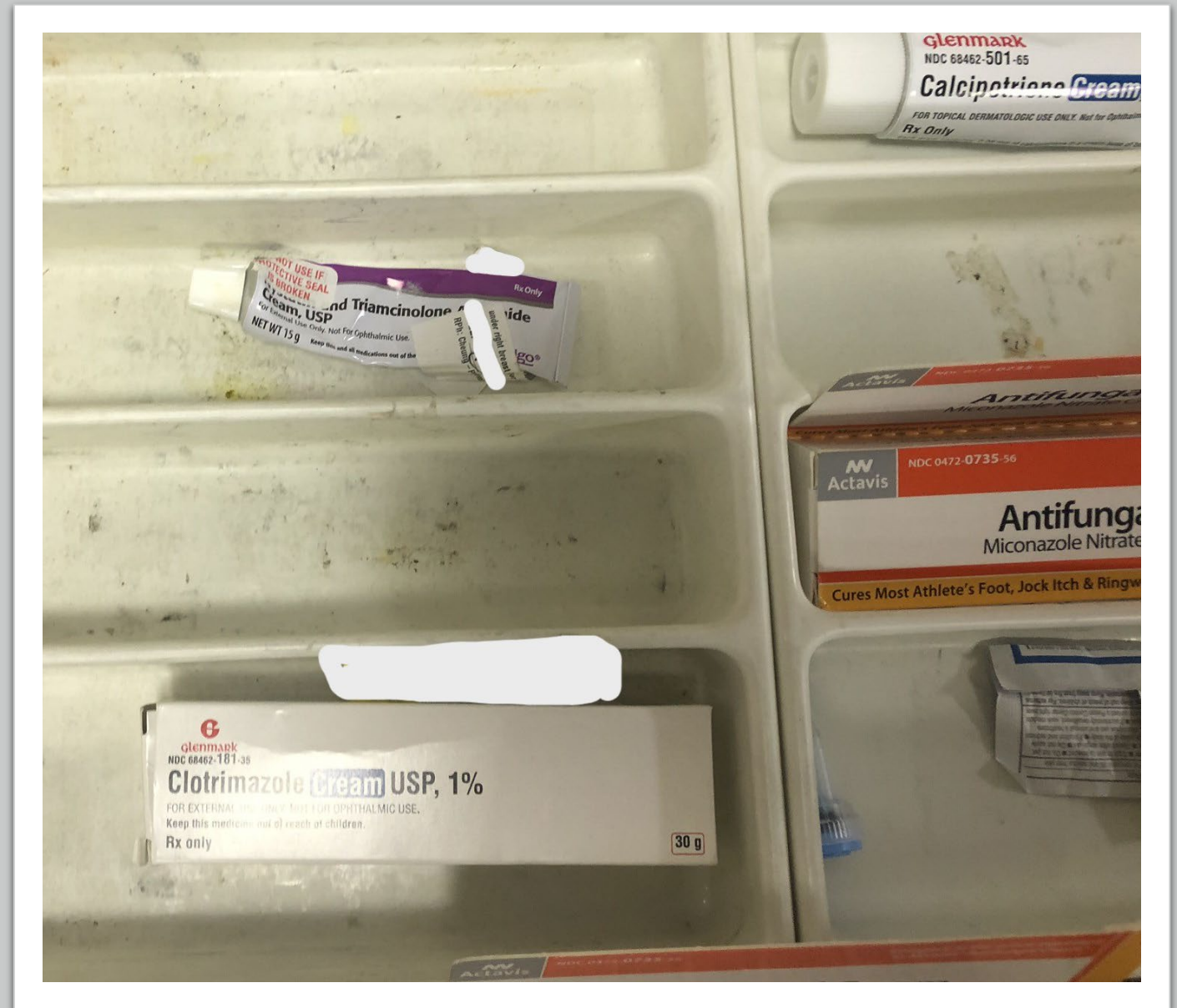
Example 2: What's Wrong Here?

- A cracked surface to the top of a wound cart may allow contamination of equipment in the cart.
- It's also visibly dirty.
- Surfaces also need to be smooth in order to be effectively cleaned.
- The sharp edges could injure HCP attempting to clean it.



Example 3: What's Wrong Here?

- Medications/ointments/lotions should be individually bagged and labeled.
- In addition, the wells in this drawer are not clean.
- Responsibility for cleaning wound carts should be clearly assigned and performed routinely.



Example 4: What's Wrong Here?

- Here we see medication cups being stored with medication/ointments.
- These cups are supposed to be clean, however, the outside of medication tubes isn't necessarily.
 - We should try to separate these two kinds of items.
- In addition, these tubes should be individually bagged and labeled.



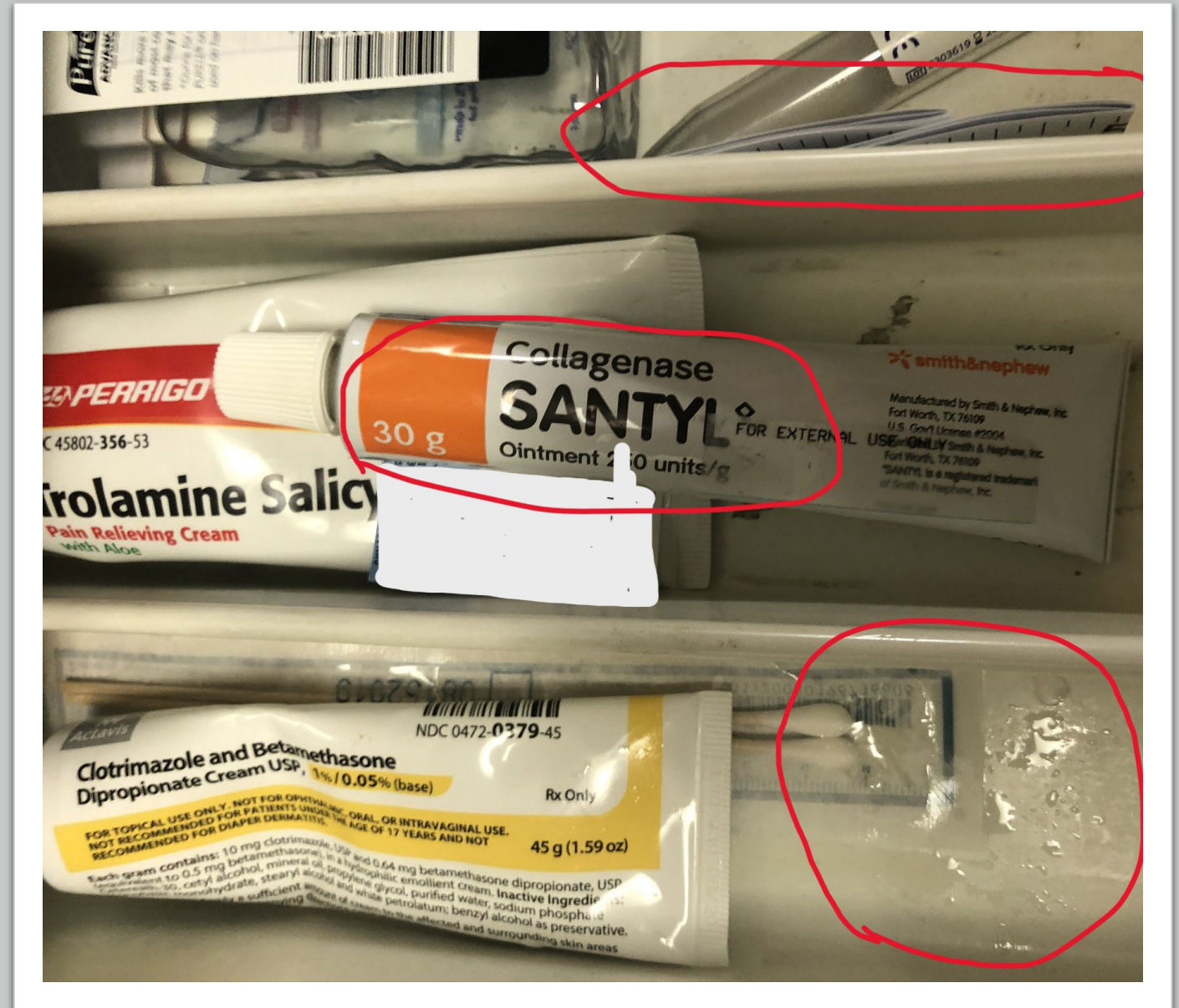
Example 6: What's Wrong Here?

- Here we see empty packaging from used supplies.
- Avoid keeping any waste produced during wound care.
- Unnecessary clutter (including trash) is another opportunity to introduce contamination.



Example 7: What's Wrong Here?

- Here we see there is fluid in the drawer where medicated ointments are being stored.
- There is no way to know what this could be. Potentially, it could be chemically or biologically contaminated.



Wound Care Technique

-
- Sterile, aseptic, and clean techniques are often used to reduce the risk of infection during wound care.
 - Currently, there is a lack of consensus regarding these techniques, including what constitutes one as opposed to another.
 - All three aim to reduce the risk of introducing infectious agents into a wound.
 - The techniques used in LTC are a combination of these three.

Wound Care Technique Recommendations

- Perform hand hygiene before starting a procedure, and any times gloves are changed.
 - Change gloves after tasks that may have contaminated them.
- Avoid touching wounds directly to reduce the risk of contamination.
- If it is necessary to touch the wound directly, perform hand hygiene and don fresh gloves first.
 - After touching the wound, these gloves should be removed, hand hygiene performed, and new gloves donned to avoid contaminating surfaces or supplies.
- Avoid touching the wound with anything that is not sterile or clean, or that could have been contaminated since being opened.

Administrative Measures

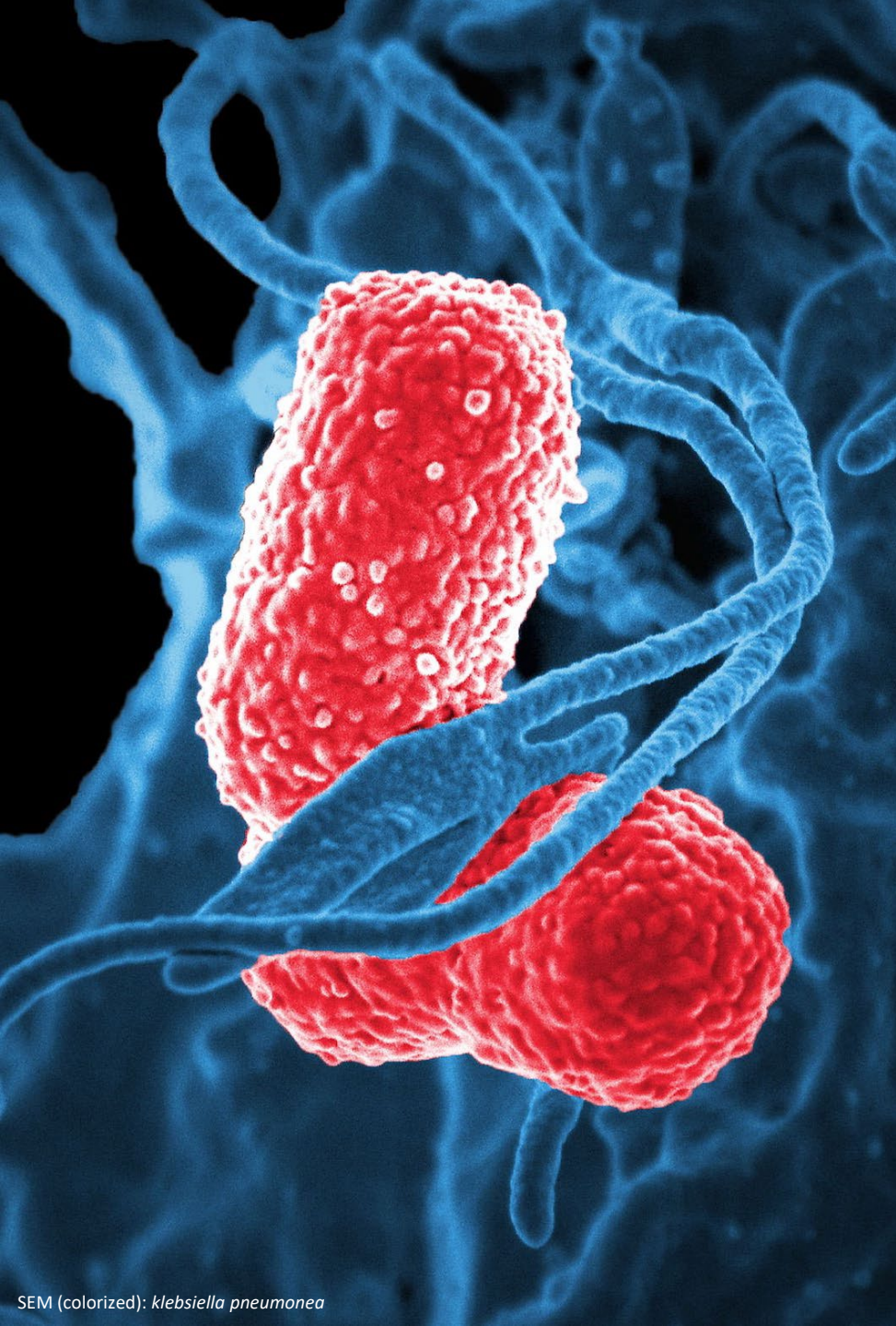
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- There are several important administrative aspects that can help ensure high-quality wound care:
 - The facility should have current, evidence-based policies and procedures regarding wound care.
 - These policies should be available to staff.
 - Should cover detection, assessment, and management.
 - These policies should be reviewed at least annually and whenever new practices and/or equipment are introduced or if problems with current practices identified.
 - Resources about wound care should be made available for staff.
 - All staff with wound care responsibilities should be trained and demonstrate competency on hire and annually.

Administrative Measures Cont.

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- Facilities should audit adherence to wound care policies and best-practices and provide feedback to staff.
 - Keep records of wounds as well as skin infections. (i.e. a line list).
 - When appropriate, Transmission-Based Precautions should be employed.
 - Such as for Multi-Drug Resistant Organisms (MDROs).

Wound Infections and Colonization: Organisms

- Wounds may be colonized or infected with a range of different organisms.
- The type of organisms that infect or colonize a wound will depend on the location, depth, wound type, perfusion, and host immune system.
- A 2013 study found that the following organisms often caused wound infections:
 - *Staphylococcus aureus*
 - *Pseudomonas aeruginosa*
 - *Proteus mirabilis*
 - *Escherichia coli*
 - *Acinetobacter baumannii*
 - *Enterobacter cloacae*
 - *Klebsiella pneumoniae*



Multi Drug Resistant Organisms (MDROs)

Many of the organisms on the previous slides can also be MDROs (i.e. MRSA/VRSA, CRE, CRAB).

Such wound infections are significantly more difficult to control with antimicrobials.

MDROs are commonly found in healthcare settings; putting patients/residents with wounds at increased risk.

Once a wound with an MDRO infection heals, the individual often remains colonized, and may develop further opportunistic infections.

Thank you

Questions and
Discussion

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References

1. Baranoski, A. Ayello, A.E. et al. (2012) *Wound Care Essentials: Practice Principles*. McKinney, Maureen. (Third Edition). Retrieved from: <http://bardiatebaria.com/wp-content/uploads/Wound-Care-Essentials-Practice-Principles.pdf>
2. Bessa LJ, Fazii P, Di Giulio M, Cellini L. Bacterial isolates from infected wounds and their antibiotic susceptibility pattern: some remarks about wound infection. *Int Wound J*. 2015 Feb;12(1):47-52. doi: 10.1111/iwj.12049. Epub 2013 Feb 24. PMID: 23433007; PMCID: PMC7950398
3. Minnesota Department of Health. (2018) *Wound Care Infection Prevention Recommendations for Long-Term Care Facilities*. Retrieved from: <https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/woundcare.pdf>
4. Couch, K. (2013) *Chronic Wounds*. *Wound Source*. Retrieved From: <https://www.woundsource.com/patientcondition/chronic-wounds>
5. Spear, M. (2014). Principles of Wound Care—Back to the Basics. *Plastic Surgical Nursing*, 34 (3), 150-152. doi: 10.1097/PSN.000000000000057.
6. Parker L. Applying the principles of infection control to wound care. *Br J Nurs*. 2000 Apr 13-26;9(7):394-6, 398, 400 passim. doi: 10.12968/bjon.2000.9.7.6318. PMID: 11111434.
7. APIC. Clean Vs. Sterile: Management of Chronic Wounds. APIC News. Retrieved From: https://www.apic.org/Resource/TinyMceFileManager/Position_Statements/Clean-Vs-Sterile.pdf



Congregate Care Updates

September 9, 2022

Objective

- Integrate updates to COVID-19 prevention and control measures into facility practices

Q & A

Q: Have the emergency rules for vaccination/testing and face covering been renewed?

A: Yes, both executive orders were reissued on August 19, 2022.

Executive Order 2021-22 (Vaccination and testing requirements):

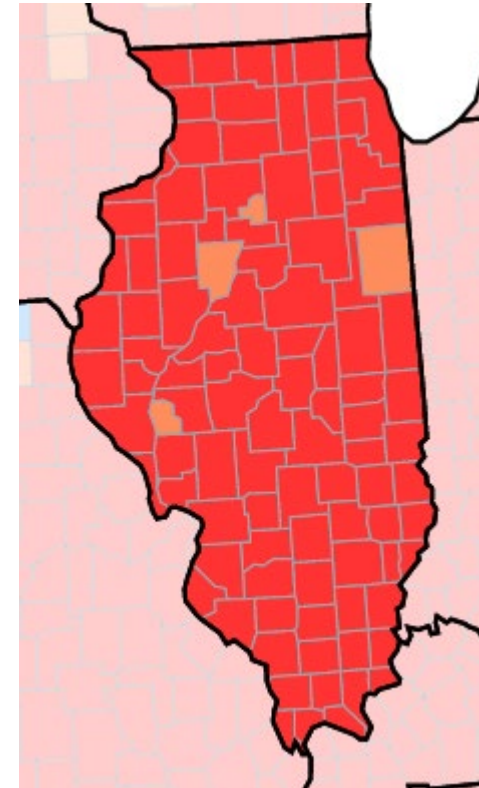
Sections 2, 3, 5, 6, 7, 8, and 9 of Executive Order 2021-22, as amended by Executive Order 2021-23, Executive Order 2021-27, Executive Order 2022-05, and Executive Order 2022-16, are re-issued and extended through **September 17, 2022.**

Executive Order 2022-06 (Face covering requirements):

Executive Order 2022-06, as amended by Executive Order 2022-11, is re-issued in its entirety and extended through **September 17, 2022.**

Just a Reminder . . .

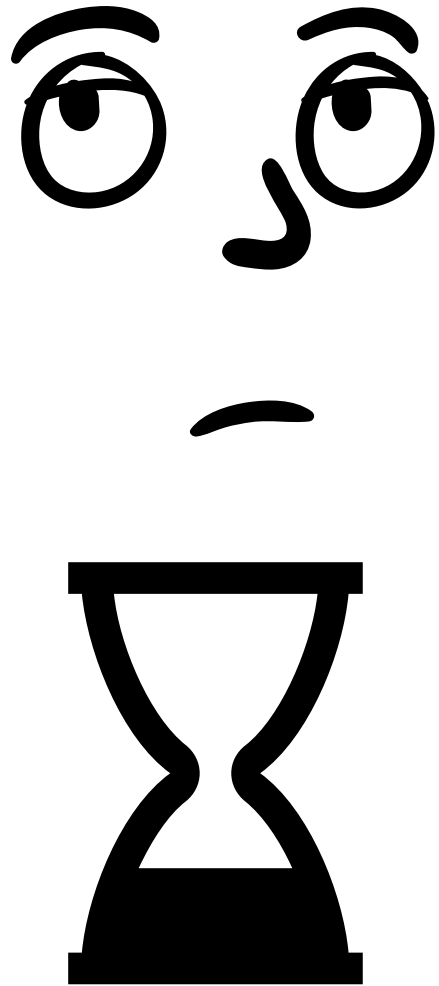
- Facilities must monitor their community transmission level once a week on Monday and adjust the frequency of staff testing accordingly.
- Staff must continue to wear a well fitted mask and eye protection when community transmission levels are substantial or high.



September 9, 2022

Assisted Living Update

- The link for the Assisted Living SMARTSHEET is broken. Please use this new link:
<https://app.smartsheet.com/b/form/717f6caf3fad44fdad5f3b6d190e4a5d>
- The Office of Health Care Regulation is aware and will not issue licensure findings while the issue is being addressed.



Guidance Update

- Thank you for your patience waiting for the updated guidance document.
- The approval process has been paused awaiting updated CDC guidance.

COVID-19 Immunizations



Terminology for COVID-19 vaccine use

- **Primary series:** Initial vaccination which can range from a single dose to a 3-dose series depending on the vaccine product and a person's age and immune status.
- **Additional dose:** A dose of vaccine administered after the primary series to people who may be less likely to mount a protective immune response after initial vaccination. People who are moderately or severely immunocompromised and who received Janssen COVID-19 Vaccine for their primary series should receive an additional dose.
- **Booster dose:** A subsequent dose of vaccine administered to enhance or restore protection which might have waned over time after primary series vaccination.
- **Homologous booster dose:** The same vaccine product used for the booster dose was administered for the primary series.
- **Heterologous booster dose (mix-and-match booster):** The vaccine product used for the booster dose differs from the product administered for the primary series.
- **Up to date:** People ages 6 months and older are up to date with their COVID-19 vaccines when they have received all doses in the primary series and all booster doses recommended for them, when eligible.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines>

Interim Clinical Considerations for COVID-19 Vaccines: Bivalent Boosters

COVID-19 Vaccination Guidance

Elisha Hall, PhD

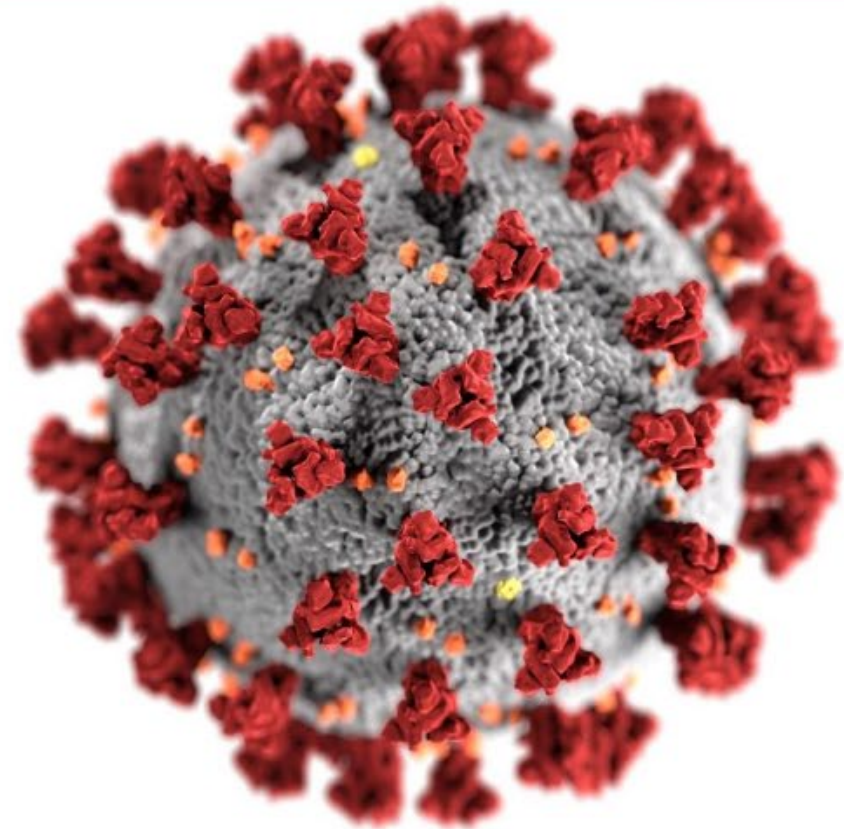
Clinical Guidelines Lead

COVID-19 Pre-exposure Prophylaxis Guidance

Evelyn Twentyman, MD, MPH

Vaccine Policy Unit Lead

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>



ACIP Meeting
9/01/2022

cdc.gov/coronavirus

Bivalent Booster Authorized

- On August 31, 2022:
 - Moderna COVID-19 Vaccine, Bivalent authorized for use in people ages 18 years and older.
 - Pfizer-BioNTech COVID-19 Vaccine, Bivalent authorized for use in people ages 12 years and older
- Authorized as single booster dose administered at least 2 months after either:
 - Completion of primary vaccination with any authorized or approved monovalent COVID-19 vaccine, or
 - Receipt of the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine

mRNA COVID-19 Vaccines No Longer Authorized as Booster Doses for People Ages 12 Years and Older

- Monovalent mRNA COVID-19 vaccines are no longer authorized as booster doses for individuals ages 12 years and older, meaning monovalent booster doses can no longer be given to people ages 12 years and older, even if the person had not previously received a monovalent booster dose.

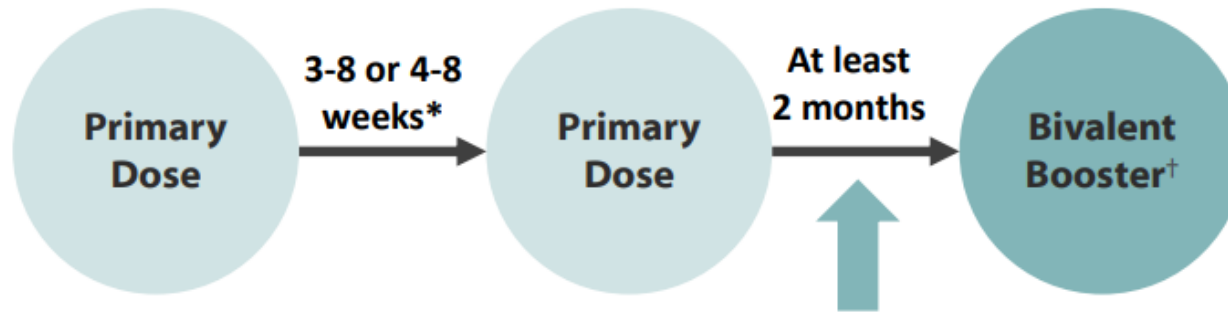
Bivalent Booster Recommendations

- Everyone ages 12 years and older is recommended to receive 1 age-appropriate bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or last monovalent booster dose.
 - People cannot get a bivalent booster without first completing at least a primary series
 - Age-appropriate homologous and heterologous boosters allowed; there is no preference
- At this time, no changes to schedules for children ages 6 months through 11 years.

COVID-19 Vaccination Schedule for People who are **NOT** Moderately or Severely Immunocompromised

People ages 12 years and older

*Moderna,
Novavax, or
Pfizer-BioNTech
Primary Series*



Regardless of previous monovalent booster doses given

People ages 18 years and older

*Janssen Primary
Series Dose*



Regardless of previous monovalent booster doses given

*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

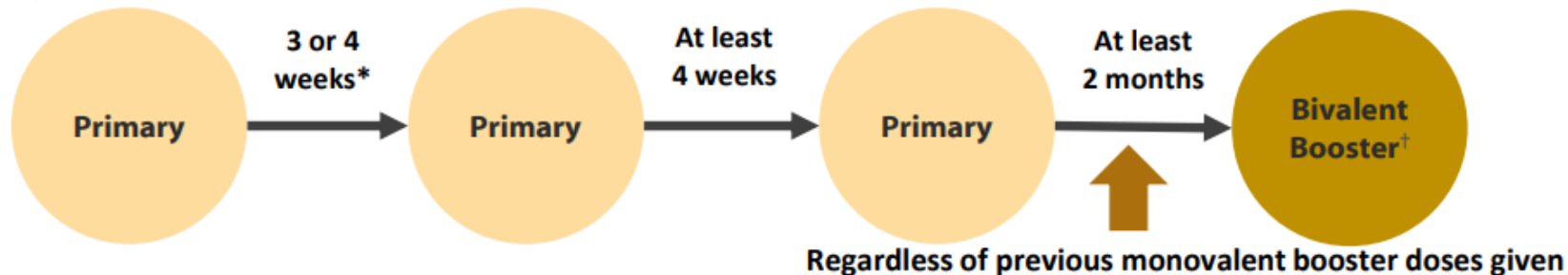
† The bivalent booster dose is administered at least 2 months after completion of the primary series.

For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.

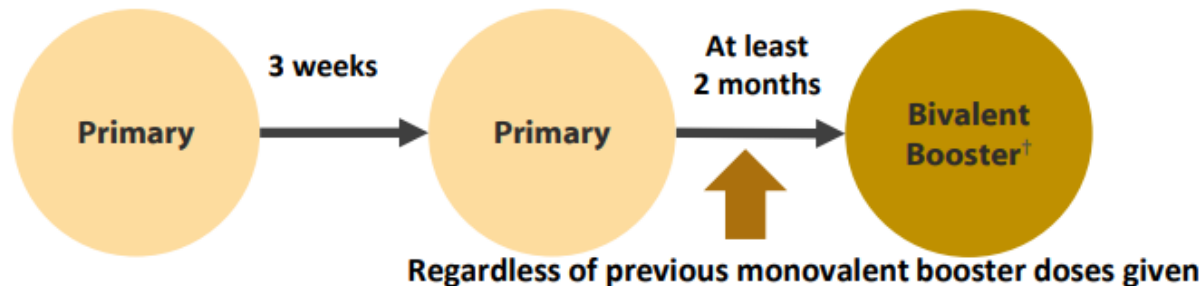
COVID-19 Vaccination Schedule for People who ARE Moderately or Severely Immunocompromised

People ages 12 years and older

Moderna or Pfizer-BioNTech Primary Series

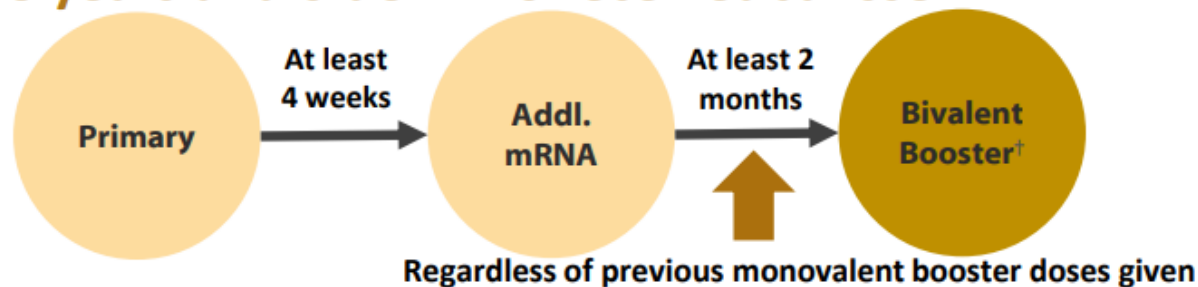


Novavax Primary Series



People ages 18 years and older who received Janssen

Janssen Primary Series Dose



*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

† The bivalent booster dose is administered at least 2 months after completion of the primary series.

For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.

Timing Considerations for People with Current or Prior SARS-CoV-2 Infection

- At a minimum, defer any COVID-19 vaccination, including bivalent booster vaccination, at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.
- In addition, people who recently had SARS-CoV-2 infection may consider delaying any COVID-19 vaccination, including bivalent booster vaccination, **by 3 months** from symptom onset or positive test (if infection was asymptomatic).
- Individual factors such as risk of COVID-19 severe disease, COVID-19 community level, or characteristics of the predominant SARS-CoV-2 strain should be taken into account when determining whether to delay getting a COVID-19 vaccination after infection.

Coadministration of COVID-19 Vaccines with Other Vaccines

- Routine administration of all age-appropriate doses of vaccines simultaneously is recommended as best practice for people for whom no specific contraindications exist at the time of the healthcare visit.
- Extensive experience with non-COVID 19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.
- **Providers should offer all vaccines for which a person is eligible at the same visit.**

Coadministration of Influenza with COVID-19 Vaccines

- Providers should offer influenza and COVID-19 vaccines at the same visit, if eligible.
 - This includes adjuvanted or high-dose influenza vaccines; administer in separate limbs.
- With both influenza and SARS-CoV-2 circulating, getting **both vaccines** is important for prevention of severe disease, hospitalization, and death.
- Getting both vaccines at the same visit increases the chance that a person will be up to date with their vaccinations.

Best Practices for Multiple Injections

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, initials of the preparer, and exact beyond-use time, if applicable.
- Administer each vaccine in a different injection site; separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccine and vaccines that may be more likely to cause a local reaction in different limbs, if possible.
 - Example: Adjuvanted or high-dose influenza vaccine and COVID-19 vaccine

Who may benefit from Evusheld?



- People ages ≥ 12 years:
 - With moderate to severe immune compromise
 - For whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s)

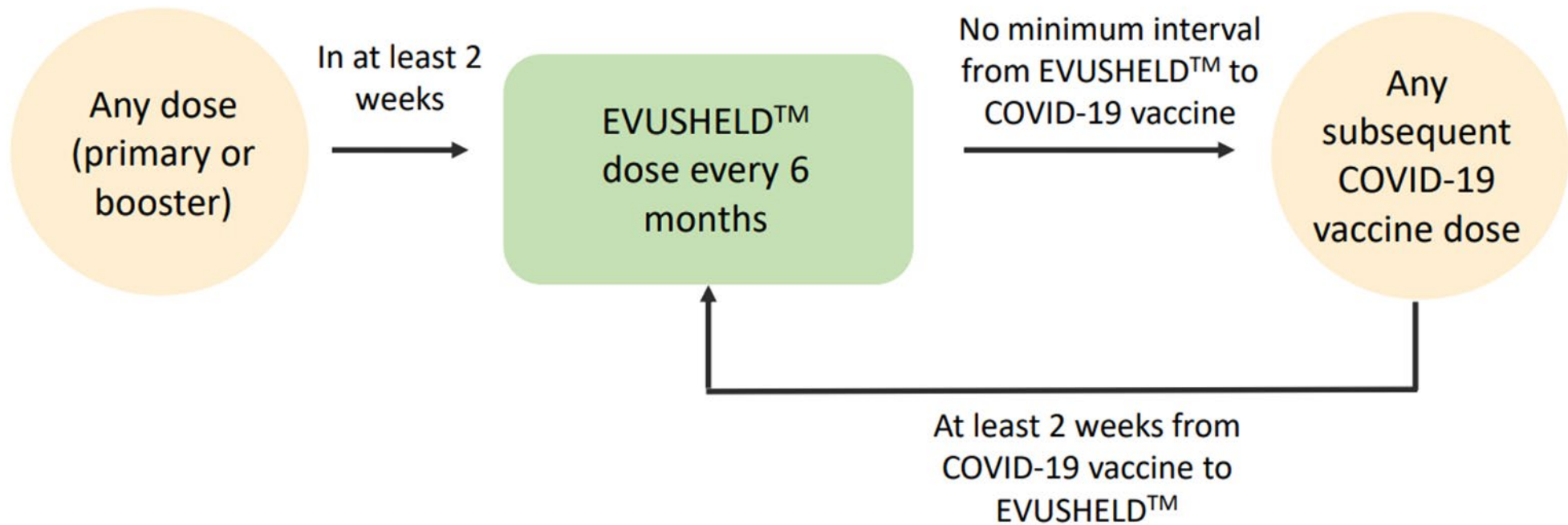
Evusheld Healthcare Providers FS 06292022 (fda.gov)

Image: ASPR Webinar: What is Evusheld? <https://aspr.hhs.gov/COVID-19/Therapeutics/Products/Evusheld/Pages/default.aspx>

Supplementing COVID-19 vaccination with pre-exposure prophylaxis

Monoclonal antibodies (EVUSHELD™) for COVID-19 pre-exposure prophylaxis

People ages 12 years and older (must weigh at least 40 kg)



Resources for promoting COVID-19 Vaccinations



<https://wecandothis.hhs.gov/resource/covid-19-vaccine-booster-shot-resources>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/resource-center.html>

<https://www.immunize.org/covid-19/>

CDC COCA Calls (Clinician Outreach & Communication)

- **COCA Call** – Sept. 8, 2022 2:00 – 3:00 P.M. ET
Title: [2022-2023 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines](#)
- **COCA Call** – Sept. 13, 2022 2:00 – 3:00 PM ET
Title: [Recommendations for Bivalent COVID-19 Booster Doses in People Ages 12 Years and Older](#)

<https://emergency.cdc.gov/coca/about.asp>



The Bivalent Booster and Up To Date Requirements

- At this point we have been recommending that facilities continue to follow CDC/CMS guidance, reflected in Illinois emergency rules for CMS certified facilities (i.e SNF/ICF, ICF/IDD, and MC/DD facilities):



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CLINICAL DAILY NEWS

White House foresees COVID boosters as an annual shot, plans nursing home outreach

ALICIA LASEK

SEPTEMBER 8, 2022

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https://www.mcknights.com/news/clinical-news/white-house-foresees-covid-boosters-as-an-annual-shot-plans-nursing-home-outreach/?utm_source=newsletter&utm_medium=email&utm_campaign=NWLTR_MLT_CLINICAL_090822

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National Healthcare Safety Network (NHSN)

- The new definition of up to date that incorporates the updated (bivalent) booster doses
- **Applied on the first day of the next reporting quarter, which begins the week of September 26 - October 2.**
- NHSN must be able to standardize criteria and apply these definitions in a consistent manner
- Please refer to COVID-19 Vaccination Modules: Understanding Key Terms (<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf>) for definitions of key terms related to COVID-19 vaccination for the purpose of NHSN public health surveillance. This document will be updated in the coming weeks to reflect the updated defi

RESIDENTS

- They must quarantine newly admitted residents or residents out of the building for more than 24 hours unless they have:
 - Received the bivalent booster
 - Had COVID-19 within the past 90 days
 - Are not yet eligible for the bivalent booster (within two months of 2nd dose or last booster per CDC).

HEALTHCARE PERSONNEL

- When the CDC transmission risk is moderate or high (as it is now in all of Illinois) they test 2x weekly unless they have:
 - Received the bivalent booster
 - Had COVID-19 within the past 90 days
 - Are not yet eligible for the bivalent booster (within two months of 2nd dose or last booster per CDC).

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- For continuing education credit, please fill out the following evaluation by September 23rd, 2022:
 - <https://redcap.dph.illinois.gov/surveys/?s=KPMJP8PTNKYYFX9M>
- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**