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

February 17th, 2023

Housekeeping

- All attendees in listen-only mode

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

- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Understanding COVID-19 Booster Hesitancy Among Skilled Nursing Facility Staff in Chicago
- Answered Questions
- OHCR reporting requirements
- Open Q & A

Upcoming Infection Prevention and Control Q&A
1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, February 17th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec14b4a52f72b74819060ae262d4bf8b8
Friday, February 24th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee579379913781c752510e95fbae8f306
Friday, March 10th	Outbreak Detection and Control	TBA

Understanding COVID-19 Booster Hesitancy Among Skilled Nursing Facility Staff in Chicago

Presenter: Liz Shane, Project Manager, Healthcare Settings Program

Chicago Department of Public Health

Elizabeth.Shane@cityofchicago.org

Background

- CDPH wanted to better understand reasons for low booster uptake among skilled nursing facility (SNF) healthcare personnel (HCP)

- SNF HCP are required to complete the primary COVID-19 vaccination series or have an approved exemption, but boosters are not required

- As of April 30, 2022, 97% of Chicago SNF HCP had completed their primary series. Of those, only 60% had received an additional COVID-19 vaccination dose

Press release

Biden-Harris Administration Issues Emergency Regulation Requiring COVID-19 Vaccination for Health Care Workers

Nov 04, 2021 | Home health agencies, Nursing facilities, Physicians, Policy

Share

Methodology

CDPH partnered with a consulting firm to facilitate anonymized focus groups with unboosted SNF HCP

Inclusion Criteria

(must meet all the below)

- Employed or contracted by one of Chicago's 79 skilled nursing facilities (SNFs)
- Already completed the primary COVID-19 vaccination series
- Have not received a monovalent booster dose

Exclusion Criteria

(if meets any of the below)

- Not employed or contracted by a Chicago-based SNF
- Did not complete the primary COVID-19 vaccination series
- Have already received the monovalent booster

Recruitment

Outreach via:
- Phone calls
- E-mail
- In-person visits
- Bi-weekly webinar

Participants

- 51 participants represented 33 of 79 (42%) Chicago SNFs

- 88% female

- 84% BIPOC
  (Black, Indigenous, and People Of Color)

- 45% worked at the facility for >5 years

- 43% were CNAs or nurses

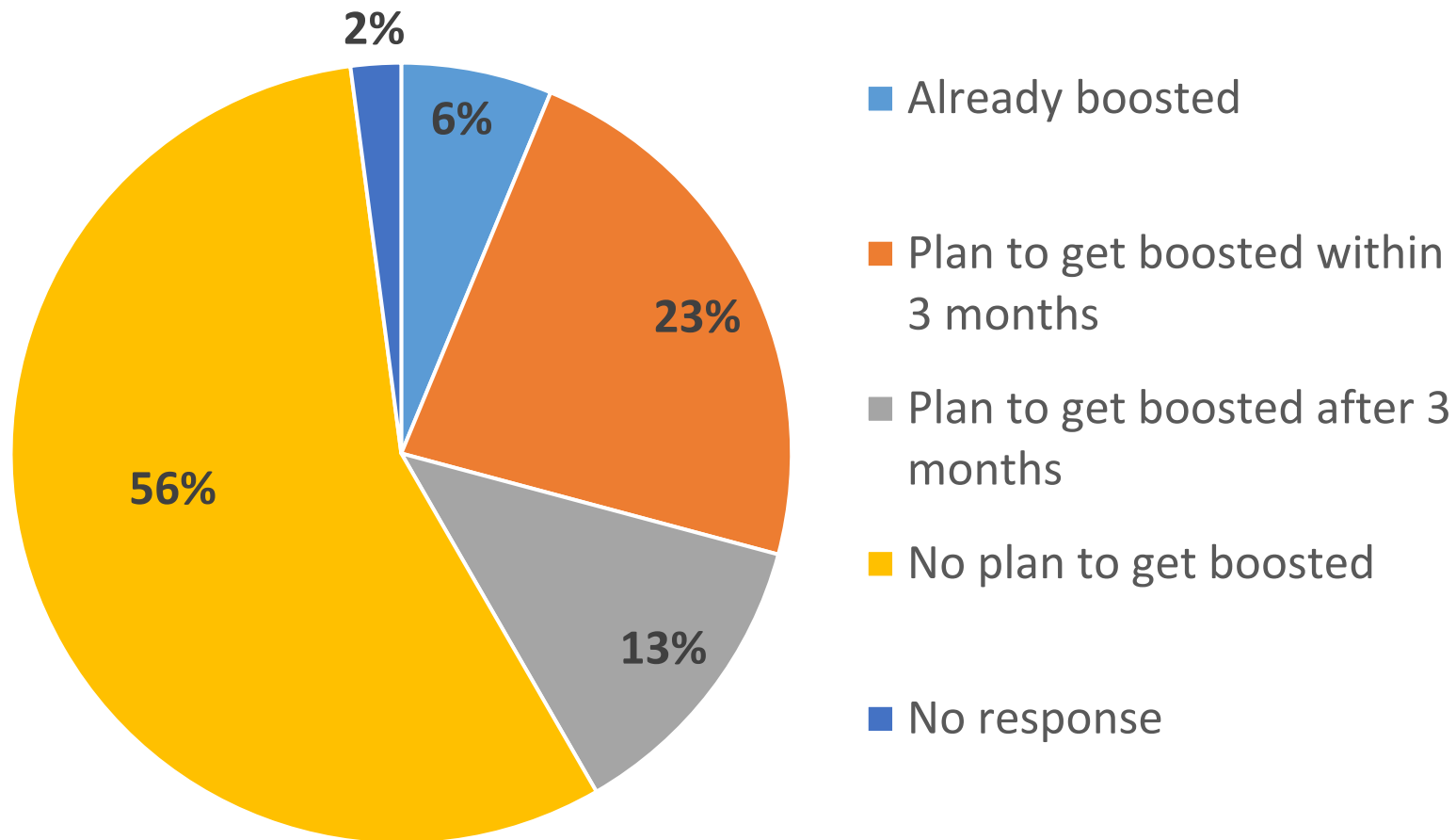**Participants, by Race/Ethnicity (n=51)**

■	Black
■	Asian
■	Hispanic
■	Hawaiian/Pacific Islander
■	Non-Hispanic White
■	Multiracial
■	Prefer not to answer

59%
6%
13%
4%
8%
2%
8%
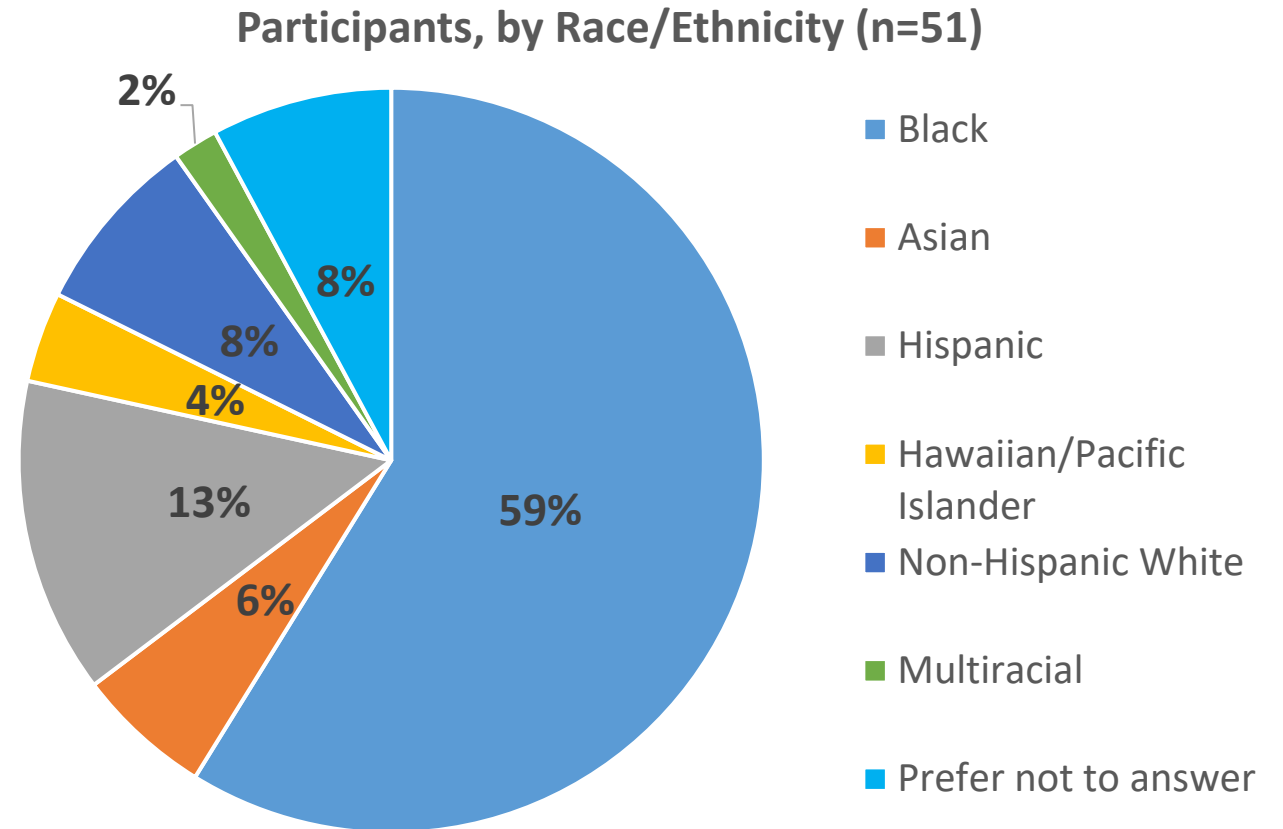
Results: Primary Series

- Almost half of participants (46%) said that a **key motivator to complete the primary series** was because it **was required**. A similar proportion (44%) of participants cited **protection** as a key motivator
  - *"It was either that or be fired"*
  - *"I found out I was pregnant, and I wanted to protect myself and my family"*

- Those who **waited to get vaccinated until the mandate** often experienced feelings of resentment and self-betrayal
  - *"I felt like my freedom and personal autonomy was taken from me"*
  - *"I was frustrated that I was called a hero when it first started but that I was seen as selfish for not wanting the vaccine and that I was given an ultimatum to keep my job in the profession I had been giving my all in for over 15 years"*
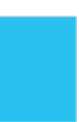
Results: Booster Intentions

Booster Intentions (n=51)

Legend:
- Already boosted
- Plan to get boosted within 3 months
- Plan to get boosted after 3 months
- No plan to get boosted
- No response

Chart values: 2%, 6%, 23%, 56%, 13%

Results: Booster Concerns

- When asked why they chose not to get boosted many participants cited concerns about **side effects**, **safety**, and **efficacy**
  - *"I got very sick after receiving the first and second shot"*
  - *"I decided not to get the booster because I'm pregnant and feel like it is unsafe"*
  - *"I am not sure if this would protect me any more than the two shots that I have already received"*

Results: Booster Concerns

- Participants expressed **weariness about additional shots**
  - *"What's the point of getting a shot if it only lasts three months?"*
  - *"I believe they are going to keep adding booster shots. I don't want to keep getting all of these shots"*

- When asked what they have heard about **other people's experiences** getting the booster, 70% mentioned **side effects**
  - *"People have felt very sick with the booster and some have still caught COVID and been really sick"*

Results: Booster Motivators

- When those with no intention to get boosted were asked "If you were to decide to get a booster, what is the main reason you would get it?", 60% answered if it was **<u>mandatory for work</u>**:
  - *"If I was going to lose my job. It's crazy that it already came to that with the vaccine"*
  - *"I have no plan, so I have no idea what would make me decide. I guess maybe if I would lose my job? But it is a second job so…"*

- Other participants cited **<u>travel</u>** and **<u>protection</u>** for themselves and others as potential motivators:
  - *"If that was the only way to get a job and travel. If living a free life depended on it"*
  - *"If I decided to get it, I would do it for my kids"*

Results: Primary vs Booster Mandate Difference

- When asked why they felt like the primary series was mandated for SNF HCP but the booster was not, participants listed a variety of potential reasons, including:
  - *"I don't think it's required right now because if you are fully vaccinated then technically you are already protected"*
  - *"I think it was because they were just testing the vaccines on us"*
  - *"I think so many people fought and even quit or lost their jobs because of the mandate…it's not worth losing more healthcare workers by forcing them to get it"*
  - *"Why is it not mandated? If this is so important, why are they allowing us to walk around without the booster? This could be the reason numbers are going back up"*

Other Key Results

- Many participants cited **<u>fear</u>** and **<u>exhaustion</u>** when asked about the early stages of the pandemic
  - *"We reused PPE for weeks at a time. Had to save our masks and gowns in a plastic bag to be reused the next day. I saw residents leave in ambulances every day"*
  - *"It felt like I was working in a crisis. Heavy workloads. Very sick dying patients. Was very heartbreaking. I cried a lot! I was overwhelmed and extremely exhausted"*
  - *"I felt scared to go home. I'd come home and go straight to the shower and put my clothes in the laundry before I'd see [my family]"*

- The majority (69%) said that **<u>residents</u>** are the best part of their job
  - *"[My favorite part is] the relationships I get to build with my residents. They always have so much wisdom to give"*

Booster Posters

- Featured five boosted staff members representing four Chicago SNFs

- Facility Administrators and residents provided true stories of how the staff members went above and beyond during the pandemic

- The pictures and stories were combined into a letter from the perspective of a grateful resident

- Emphasized that getting boosted is a choice

- Posters available online ([link](#))

Thanks, Justina.

Thank you for being our rock. The leader we can always count on no matter what.

Thank you for being so unbelievably calm through everything. Especially during the early stages of the pandemic.

Thank you for volunteering to work in the COVID unit, when others were afraid.

Thank you for answering all of our questions. Especially the tough ones.

Thank you for your grace under fire. For your wisdom. Your patience. Your beautiful way of explaining things simply.

Thank you most of all for making our nursing home feel like home.
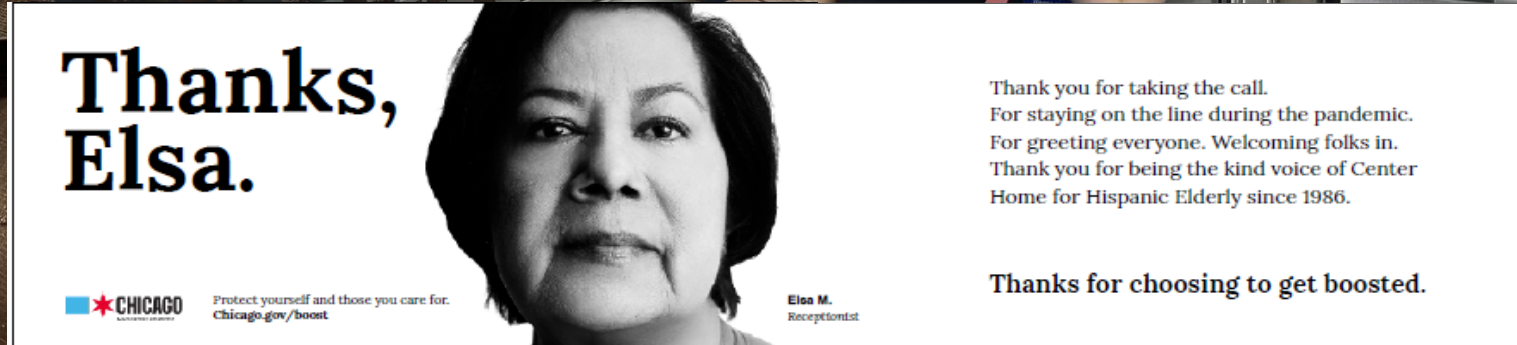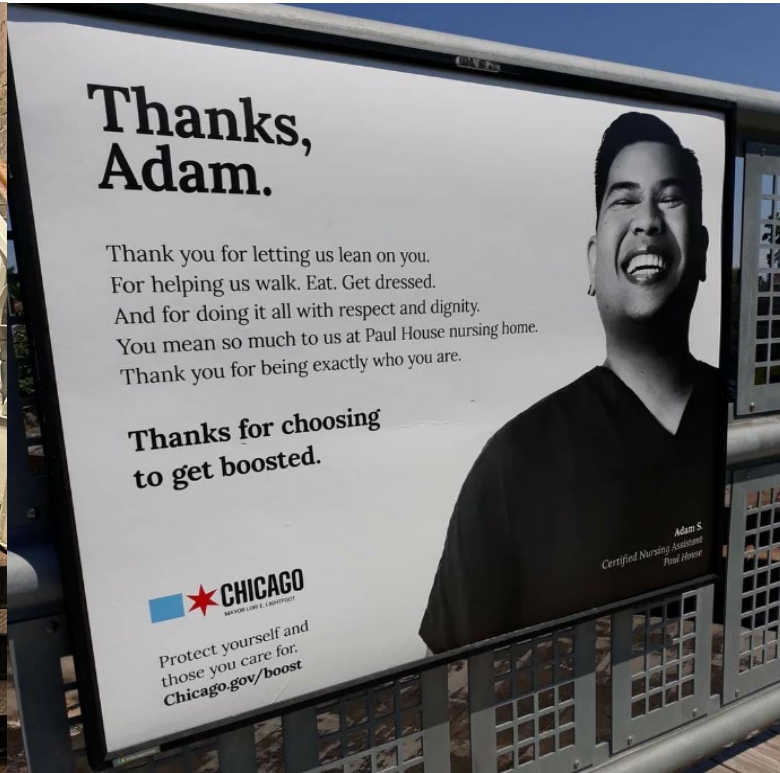
Thanks for choosing to get boosted.

Justina U.
Nursing Supervisor

To learn more about protecting yourself and the ones you care for:

CHICAGO
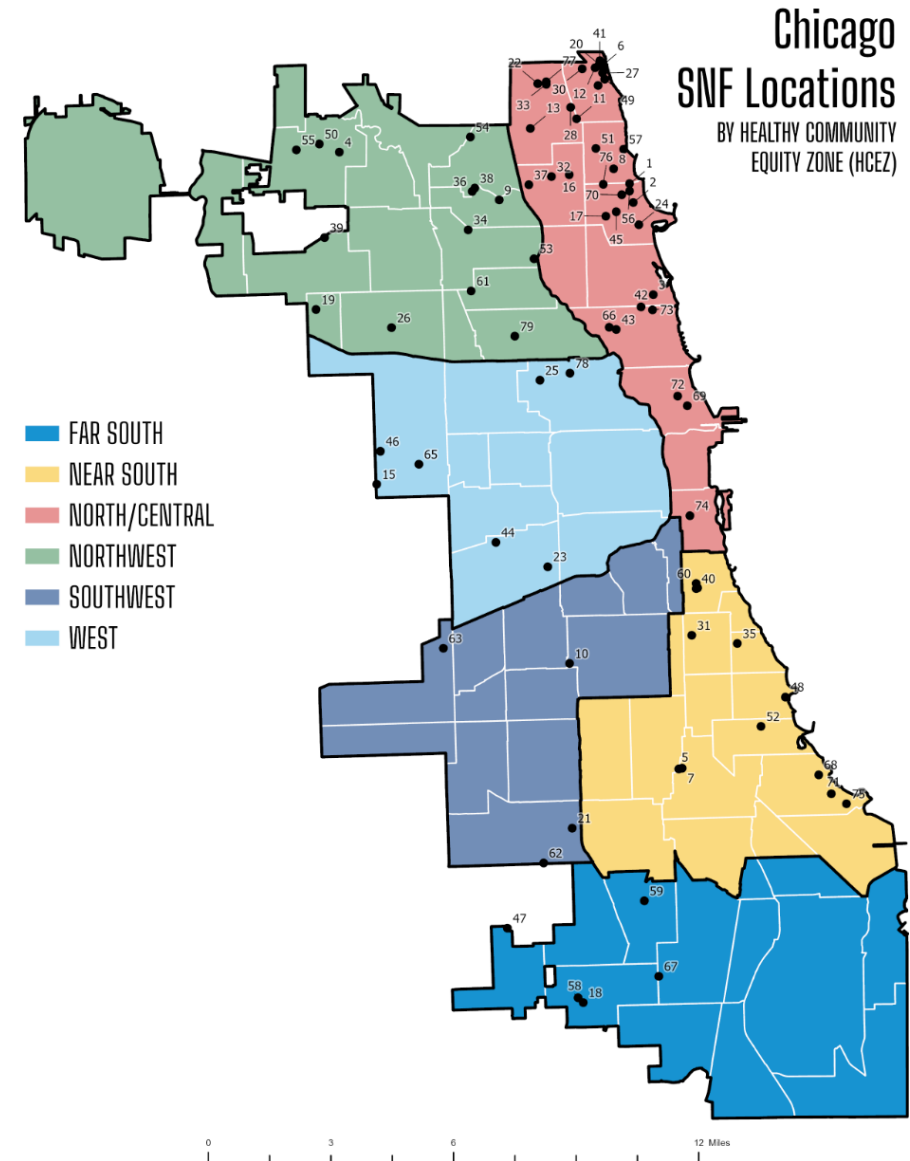MAYOR LORI E. LIGHTFOOT
Chicago.gov/boost

Public Facing Campaign

Acknowledgments

- Chicago Department of Public Health Healthcare Settings Program & Public Information Office

- Ogilvy

- Chicago SNF HCP and residents

Chicago
SNF Locations
BY HEALTHY COMMUNITY
EQUITY ZONE (HCEZ)

FAR SOUTH
NEAR SOUTH
NORTH/CENTRAL
NORTHWEST
SOUTHWEST
WEST

Courtesy of Aaron Krusniak, CDPH

Thank you!

Liz Shane, Project Manager, Healthcare Settings Program
Elizabeth.Shane@cityofchicago.org

🌐 Chicago.gov/Health

✉️ HealthyChicago@cityofchicago.org

Ⓕ @ChicagoPublicHealth

🐦 @ChiPublicHealth

IDPH Long-Term Care Q&A Webinar

2/17/2023

Thomas C. Roome,
Infection Prevention Specialist,
Illinois Department of Public Health
Office of Policy planning and Statistics,
Division of Patient Safety and Quality,

Q: Do you Still Need a Primary Vaccine Series to be Up to Date?

Am I still considered "fully vaccinated" if I don't get a booster?

Yes, you are fully vaccinated even if you haven't gotten your booster yet. The definition of fully vaccinated does not include a COVID-19 booster. Fully vaccinated, however, is not the same as having the best protection. People are best protected when they stay up to date with COVID-19 vaccinations, **which includes getting a booster when eligible.**

Does the definition of "up to date" include boosters?

Yes. You are up to date if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Q: Is There Paperwork that must be Completed or Submitted for Contact Tracing? Is there a Standard Contact Tracing form?

- No, there is nothing specific that needs to be completed or submitted for contact tracing.

- There isn't a 'standard' form for contact tracing.

- Previously, the CDC had forms and resources to guide contact tracing, however, these have been taken down.

- You can feel free to find or create tools that work for you and your facility.

Q: Where can we Access Previous Webinars?

- The Webinar slides and recording are sent to everyone who registered.

- You can also access previous webinars through the IDPH Web Portal (https://portalhome.dph.illinois.gov)

- Once logged in, go to:
    - Communities > Communicable Disease Control > Training Resources.
        - Here, you can also find the links to register for future planned webinars.

- Information on many other Infection Prevention/Communicable Disease topics can be found under 'CD Topics A to Z'

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Q: Are There Recommendations for Bedside Humidifiers?

- Bedside humidifiers can pose an infection control safety risk related to contaminated water and aerosolization of particles

- The American National Standards Institute, American Society of Heating, Refrigerating, and Air-Conditioning Engineers, and American Society for Healthcare Engineering (ANSI/ASHRAE/ASHE), and CDC
  - **Recommend bedside humidifiers be avoided.**

- When possible, adjust use the humidity levels in your central air handling system to raise the humidity to between 40% and 60%

Sources:
ASHRAE. Standard 170–2013 -- Ventilation of health care facilities (ANSI/ASHRAE/ASHE approved). Atlanta, GA: ASHRAE; 2013.
Sehulster L, Chinn RY: CDC; HICPAC. Guidelines for environmental infection control in health-care facilities. Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). MMWR Recomm Rep. 2003;52(RR-10):1-42. Available from: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm
CDC Guidelines for Preventing Healthcare-Associated Pneumonia: https://www.cdc.gov/infectioncontrol/pdf/guidelines/healthcare-associated-pneumonia-H.pdf
Williams MM, Armbruster CR, Arduino MJ. Plumbing of hospital premises is a reservoir for opportunistically pathogenic microorganisms: a review. Biofouling. 2013;29(2):147-62. doi: 10.1080/08927014.2012.757308. PMID: 23327332; PMCID: PMC9326810. Decker BK, Patel R, Sinaii N, Palmore TN. Microbiological safety and environmental efficacy of disposable bedside cool-mist humidifiers. Poster presented at: IDWeek 2014; Philadelphia, PA. Available from: Microbiological Safety and Environmental Efficacy of Disposable Bedside Cool-Mist Humidifiers

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Q: Can Residents who Require Aerosol Generating Procedures (AGP) Frequently have Roommates?

- Yes, residents can have roommates, but the facility needs to consider whether the resident has COVID-19 or not.

- Ideally, a resident with confirmed COVID-19 should be placed in a single room.

- If rooms are limited, only residents with the same respiratory pathogen should be housed or cohorted in the same room. MDRO colonization status and/or presence of other communicable disease should also be taken into consideration during the cohorting process.

- If the resident is not suspected to have COVID-19, then residents may be cohorted together in the same room even if they have CPAP/BIPAP.

- Additional measures for both situations: draw the privacy curtain between the beds (especially when receiving AGP), crack a window (if feasible) to allow more outside air in or place a fan in the window to dilute the air particles.

- Community Transmission will dictate the PPE that should be worn by HCP. (next slide)

Q: What PPE is Required by HCP for Aerosol Generating Procedures?

- CPAP/BIPAP for asymptomatic residents, who are **not suspected to have COVID-1** (regardless of vaccination status).

  - In areas where Community Transmission is HIGH, HCP must wear an N95 respirator and eye protection when entering the room of a resident with CPAP/BIPAP. N95 and eye protection should be worn for 60 minutes post-use of CPAP/BIPAP to allow air contaminants to be removed.

  - In areas where Community Transmission Is NOT HIGH, HCP must wear a well-fitted face mask provided there is no concern for other respiratory infections that would warrant droplet or airborne precautions.

- If CPAP/BIPAP is being done for residents **confirmed to have COVID-19**, HCP must wear an N95 respirator and eye protection when entering the room of a resident with CPAP/BIPAP. N95 and eye protection should be worn for 60 minutes post-use of CPAP/BIPAP to allow air contaminants to be removed regardless of Community Transmission.

Q: How Frequently does the Temperature of Refrigerators Need to Monitored?

(i.e. Medication, Food, Specimen)

- The temperature ranges will vary based on the contents:
  - Food: < 40° F for refrigerators, <0° F for freezers
  - Specimens: between 23° and 53.6° F
  - Medications/vaccines: follow Instructions For Use (IFU)

- Refrigerators for storing medications should be maintained at the temperature in the IFU of the specific medications/vaccines etc.

- Temperature monitoring/logging depends on the kind of thermometer.

- Thermometers that display current temperature, record highs and lows, AND alarm when out of range don't require daily checks for many uses.

- Temperature logging for traditional thermometers:
  - ≥2x daily for medications, vaccines etc.
  - ≥1x daily for food
  - ≥1x daily for specimens

Sources:
CDC Vaccine Storage and Handling Resources: https://www.cdc.gov/vaccines/hcp/admin/storage/index.html
CDC Vaccine Storage and Handling Toolkit: https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
CDC COVID Vaccine temp monitoring log: https://www.cdc.gov/vaccines/covid-19/downloads/refrigerator-storage-logger-fahrenheit.pdf
Illinois Food Code: (77 Ill Admin Code §750)

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Q: Should Assisted Living Facilities Quarantine newly Admitted/Exposed Residents?

Generally, new admissions do NOT need to Quarantine, but testing is recommended if the resident has had a known higher-risk exposure prior to admission.

If a new admission (resident) has had a known higher-risk exposure:

- Test asymptomatic residents (not displaying symptoms) 5 days after the exposure. Count day of exposure as day 0.

- If a resident develops symptoms before the 5 days, test immediately.

- No testing is required if resident has had COVID-19 in last 30 days.

- Resident should wear a mask for 10 days post-exposure regardless of testing requirements.

Q: Do Residents need to Quarantine until one Round of Testing is Completed?

- No.

- Asymptomatic Residents do not require Empiric Transmission-Based Precautions while being evaluated for COVID-19 following a close contact with someone with COVID-19 infection. (page 12 of IDPH LTC Guidance)

- Facilities may consider empiric TBP when:
  - The resident can't be tested or can't wear source control for 10 days after exposure
  - The resident is moderately to severely immunocompromised.
  - The resident resides on a unit with others who are immunocompromised.
  - The resident resides on a unit with ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.

Q: What is the Extension on BinaxNOW Test Kits?

- Extensions on BinaxNOW Test Kits are based on the kit's original expiration date.

- The FDA has a resource here for determining if there is an extension for your test kits:
    - https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#:~:text=Find%20the%20original%20expiration%20date,your%20test%20is%20still%20correct.

Q: Who can I Contact for Help with the Healthcare Worker Registry

- Healthcare Worker Registry Contact Information:

  - Phone: (844) 789-3676

  - Fax: (217) 524-0137

  - E-mail: DPH.HCWR@Illinois.gov

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Q: Can You Provide the Content of the Q&A with the Slides and Recording?

- Participants have requested responses in the Q&A chat

- A document will be sent after the webinar containing the links that have been provided and discussed in the chat.

- This will allow participants to focus on the webinar and not saving the links.

OHCR COVID 19 Reporting Requirements

Sheila Baker, Bureau Chief Long Term Care, OHCR

February 17, 2023

Agenda

- LTC COVID 19 Facility Guidance

- Resources

- Q & A

Resources

LTC Facility Guidance on COVID 19

https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

LTC Incident and Accident Form

https://dph.illinois.gov/content/dam/soi/en/web/idph/forms/topics-services/health-care-regulation/complaints/LTC-incident-reporting-form-7.2022.pdf

Assisted Living Incident and Accident Smartsheet Link

https://app.smartsheet.com/b/form/b37e5c2618424df1b7539e69da6baa7c

Question 1

Question: Does reporting staff and resident covid cases in REDcap cover facility reporting?

Answer: LTC facilities are required to report incidents to OHCR that cause physical harm or injury to a resident. This requirement is separate from any other reporting requirement.

Question 2

Question: Where are Assisted Living facilities required to report COVID 19 incidents? These facilities are not listed on the current LTC Serious Incident Report Form.

Answer: Assisted Living facilities report all incidents by Smartsheet link. A facility may check the COVID 19 section for the report.

The link is provided in the resources page of this update.

Question 3

Question: According to Title 77 690.200, should LTC facilities report infectious diseases only to the local health departments, which will then report to IDPH.

Answer: Title 77, Section 690.200(5) addresses required reporting to be submitted to Illinois National Electronic Diseases Surveillance System (I-NEDSS) or the local health department. This requirement is separate from reporting serious incidents to IDPH which is covered by Title 77, Section 300, 330, 240, 250, 390 and 295.

"The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone, facsimile, other secure electronic system integrated with I-NEDSS, or other Department designated registry to the local health authority in whose jurisdiction the reporter is located."

Question 4

Question: Does reporting through INEDSS count as notifying the Department and count as an accident/incident report

Answer: No, reporting through INEDSS is a separate requirement. All LTC facilities are required to report all incident and accidents to IDPH.

Illinois Administrative Code 77, 300.690b), 330.780b), 340.1330b), 350.700b), 390.700b). The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. If reporting communicable disease, please complete only the applicable sections.

Question 5

Question: We already send a line list to our LHD of every positive COVID case. Are you saying that we also in addition are supposed to be using this reportable incident form referenced in the chat box for every single positive staff/resident COVID case?

Answer: Positive resident or staff case should be reported via the incident and accident form to IDPH.

Questions

Thank you!

We'll Now Move to the Live Q&A
Portion of the Webinar…..

Please Type your Questions in
the Q&A.

If We're Unable to Answer your Question,

Please Send it to DPH.COVIDHAI@Illinois.gov