



COVID-19 Chicago Long Term Care Roundtable

05-25-23



Agenda

- COVID-19 Epidemiology & Updates
- Legionella Water Testing Requirement
- Emergency Management Introduction
- Project Firstline Updates
- Questions & Answers

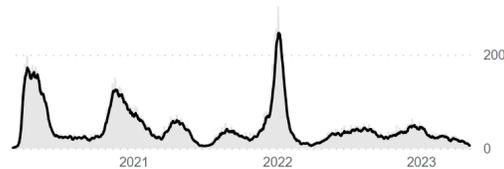
Chicago COVID-19 Dashboard

CHICAGO | COVID-19 Summary Data current as of May 16, 2023.
Data are updated Wednesdays at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

SUMMARY | CASES | CASES BY ZIP | TESTS | VACCINES | VACCINES BY ZIP ? Learn how to use this dashboard.

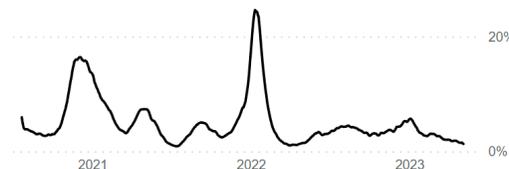
HOSPITALIZATIONS

6.50 ▼ 11 (-41%) 52,660 0.2
Current daily avg Prior week Cumulative Daily rate per 100,000



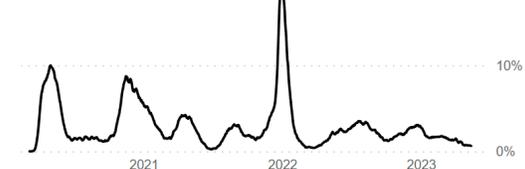
HOSPITAL BEDS IN USE

1.3% ▼ 1.5%
Current daily avg Prior Week



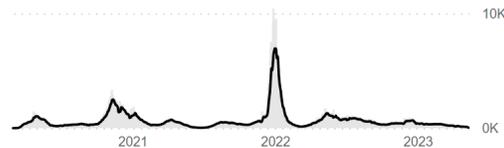
EMERGENCY ROOM VISITS

0.6% ▼ 0.7%
Current daily avg Prior Week



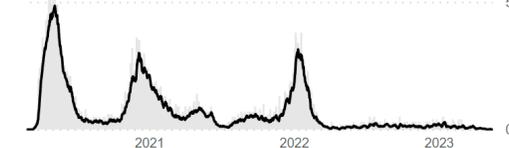
LABORATORY-CONFIRMED CASES

45 ▼ 111 (-59%) 775,210 4.0
Current daily avg Prior week Cumulative Daily rate per 100,000



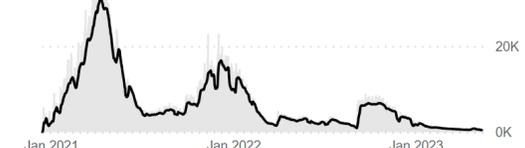
DEATHS

0.20 ▲ 0.00 (+0%) 8,133 0.0
Current daily avg Prior week Cumulative Daily rate per 100,000



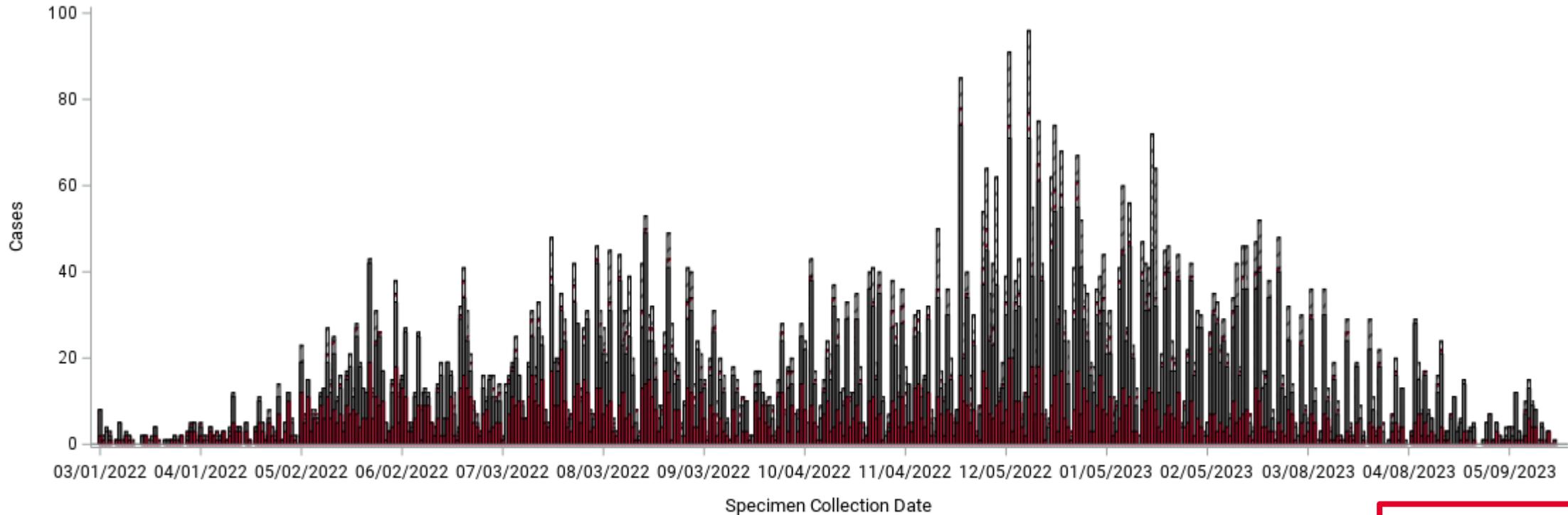
VACCINATIONS ADMINISTERED

485 ▼ 5,827,417 22.8%
Current daily avg Cumulative People with updated booster



SNF COVID-19 Cases

(Mar. 1, 2022 – May 24, 2023)



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

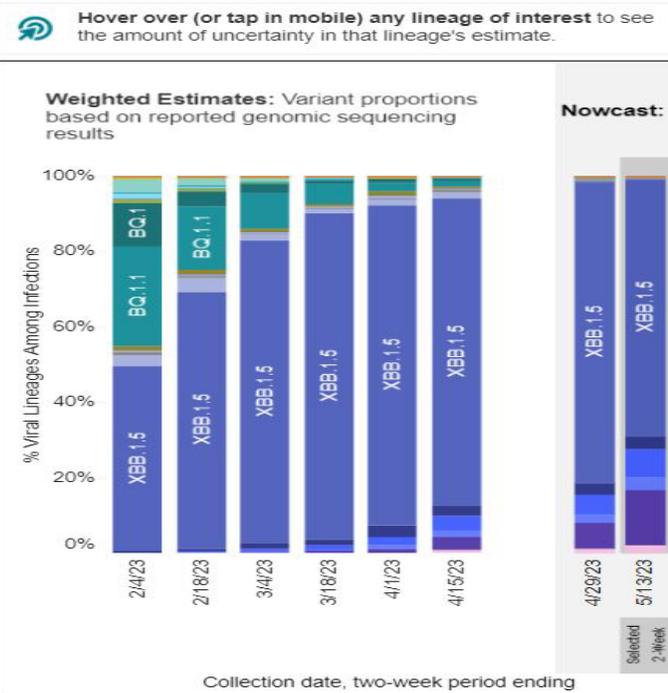
11 (14%) SNFs have active outbreaks



COVID-19 Variant Proportions

Weighted and Nowcast Estimates in HHS Region 5 for 2-Week Periods in 1/22/2023..

Nowcast Estimates in HHS Region 5 for 4/30/2023 – 5/13/2023



Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	68.1%	63.0-72.8%	
	XBB.1.16	VOC	14.4%	10.2-20.0%	
	XBB.1.9.1	VOC	7.7%	6.1-9.6%	
	XBB.1.9.2	VOC	3.4%	2.3-4.9%	
	XBB.1.5.1	VOC	3.3%	2.4-4.5%	
	XBB.2.3	VOC	2.3%	1.1-4.3%	
	FD.2	VOC	0.2%	0.1-0.4%	
	CH.1.1	VOC	0.2%	0.1-0.3%	
	BQ.1.1	VOC	0.2%	0.1-0.3%	
	XBB	VOC	0.1%	0.1-0.3%	
	BQ.1	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.1%	
	BA.5	VOC	0.0%	0.0-0.0%	
	BN.1	VOC	0.0%	0.0-0.0%	
	BA.2	VOC	0.0%	0.0-0.0%	
BA.2.75	VOC	0.0%	0.0-0.0%		
BF.7	VOC	0.0%	0.0-0.0%		
BA.5.2.6	VOC	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 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.

BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages shown and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1 and FD.2, sublineages of XBB.1.5 are aggregated to XBB.1.5. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.2.3 and XBB.1.16 were aggregated to XBB. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5...

Source: <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



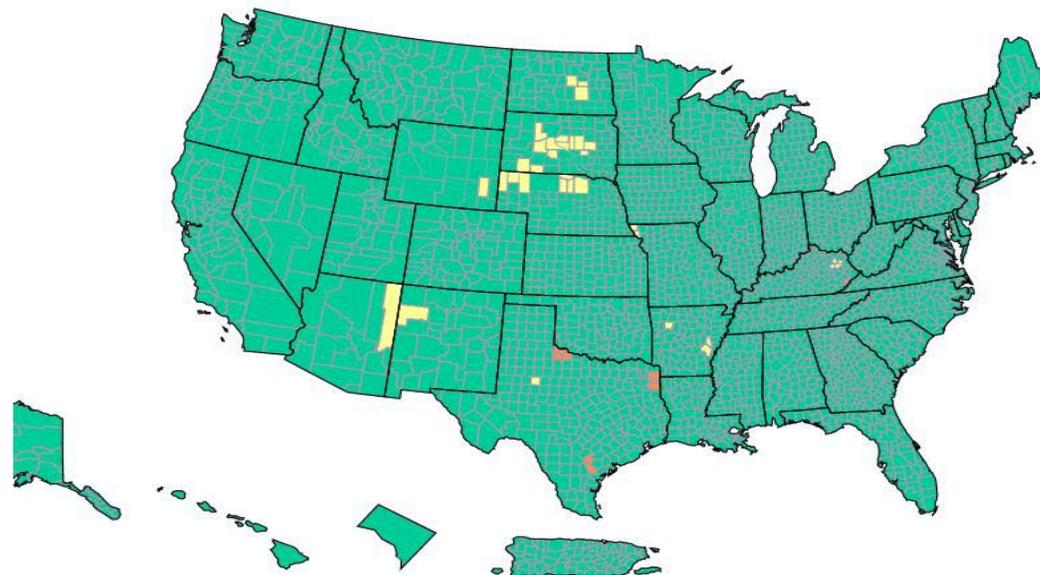
CDC COVID Data Tracker: Cook County

COVID-19 hospital admissions levels in US by county
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
 ≥ 20.0	9	0.28%	-0.03%
 10.0 - 19.9	35	1.09%	0.59%
 <10.0	3179	98.76%	-0.5%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending May 13, 2023.

US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County



Source: https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county



Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

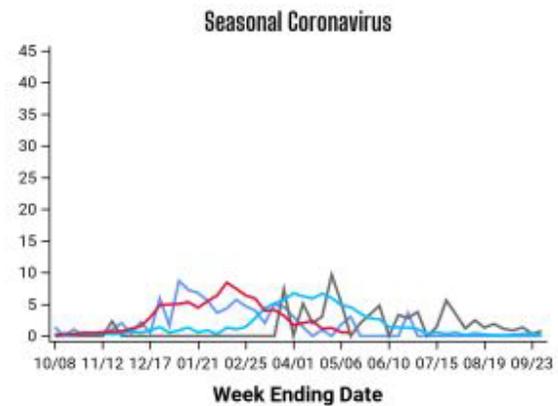
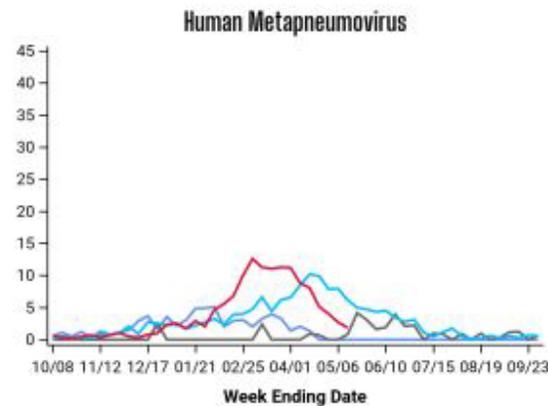
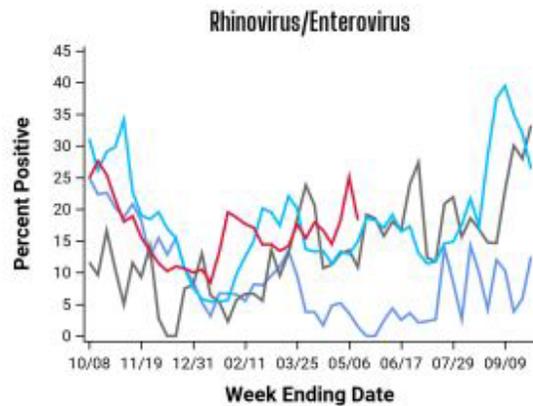
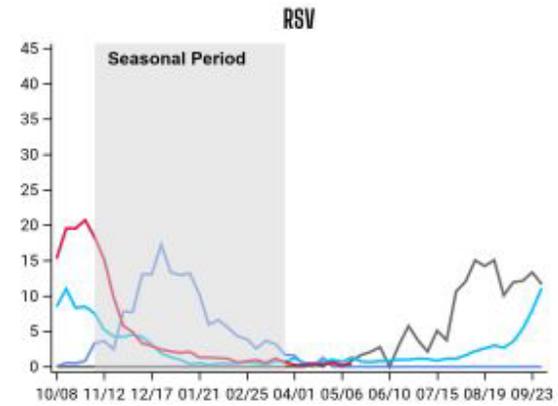
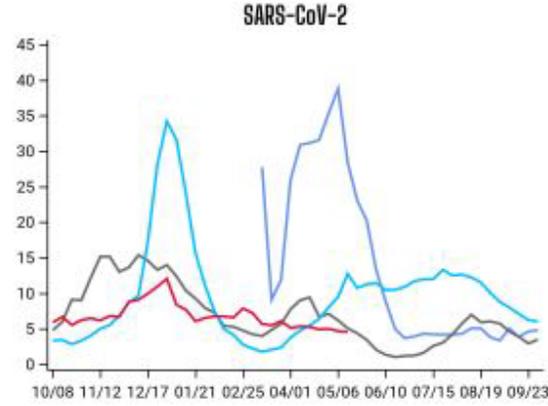
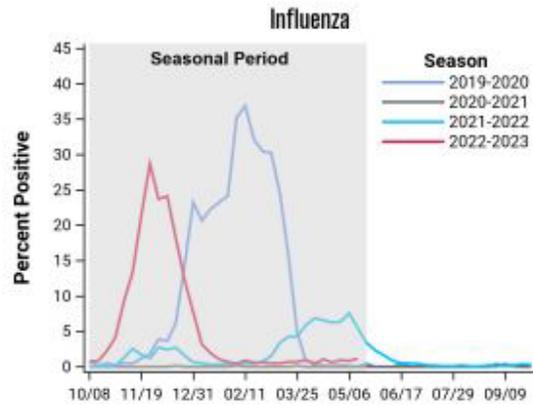
Respiratory Virus Laboratory Surveillance - Current Week and Cumulative *The table below includes respiratory viral PCR tests performed by several hospital laboratories in Chicago as well as two commercial laboratories serving Chicago facilities. Reporting facilities represent nearly half of all acute care hospitals in the city. Data reported include Chicago and non-Chicago residents.*

Respiratory Pathogen	Week Ending May 13, 2023		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza*	2,363	1.1	155,795	8.0
RSV*	1,087	0.4	113,896	5.7
SARS-CoV-2*	1,614	4.6	184,983	7.1
Parainfluenza	930	3.2	52,580	3.1
Rhinovirus/Enterovirus	377	18.3	35,440	16.1
Adenovirus	378	7.1	35,338	3.8
Human Metapneumovirus	378	1.9	35,725	3.8
Seasonal Coronaviruses [†]	929	0.5	52,996	2.9

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

Weekly number and percent of specimens testing positive for influenza by subtype (graph) and the number of positive specimens by subtype for the current week and cumulative for the season (table).

Chicago Respiratory Virus Surveillance Report – Seasonal Trends





Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Hospital Admission Level	Testing Frequency
Not up to date	All	No required routine testing*
Up to date**	All	No required routine testing*

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

** An individual has received all COVID-19 vaccinations for which they are eligible



Reminder: Minimum Routine Resident Testing Frequency

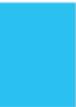
Vaccination Status	Hospital Admission Level	Routine Testing Frequency
Not up to date	All	No required routine testing*
Up to date	All	No required routine testing*
New and readmissions, regardless of vaccination status	Stay Tuned For IDPH Guidance	

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



Now that the Public Health Emergency has ended, what stays the same?

- Products approved under EUAs will continue to be authorized
- COVID-19 vaccines will still be available
- Therapeutics will still be available and continue to be free as long as the federal government's supply exists.
 - When oral antivirals are also available commercially, the federal supply will be prioritized for the underserved populations.
- SARS-CoV-2 infections and outbreaks will still be reportable, as directed in the Communicable Disease Code, Section 690.361.
- Facilities that report into NHSN must continue to do so on a weekly basis, although the number of required variables has decreased (e.g., no more therapeutics pathway)



Now that the Public Health Emergency has ended, what stays the same?

- Products approved under EUAs will continue to be authorized
- COVID-19 vaccines will still be available.
- Therapeutics will continue to be free as long as the federal government's supply exists. When oral antivirals are also available commercially, the federal supply will be prioritized for the underserved populations. Illinois residents will still be able to locate free federal treatment through the therapeutics locator.

Changes to Coverage for COVID-19 Testing, Vaccination, and Therapeutics, Following the End of the COVID-19 Public Health Emergency



Changes to Coverage for COVID-19 Testing, Vaccination, and Therapeutics, Following the end of the COVID-19 Public Health Emergency				
	Testing Coverage	Vaccination	Therapeutics	Free At Home Test kits
Medicare	Medicare Part B will still cover COVID-19 lab tests ordered by a provider in full.	COVID- 19 vaccinations will still be covered under Medicare Part B without cost sharing	COVID-19 oral antivirals (Paxlovid, molnupiravir etc.) will still be covered by Medicare in full.	End
Medicaid	Medicaid will still cover COVID-19 Tests without cost sharing until 9/30/24. After that, coverage will vary by state.	Access to COVID-19 vaccines without cost sharing for Medicaid will END on 9/30/2024. Afterward ACIP Recommended vaccines will be covered by Medicaid.	Medicaid programs will still cover COVID-19 therapeutics without cost sharing until 9/30/2024 , after which coverage may vary by state.	End
Private Insurance	Requirement that Private Insurance cover COVID-19 tests without cost sharing will end , for both OTC and Lab tests. Plans may still choose to cover these tests in full, however, this will vary by plan.	Requirement for private insurance to cover COVID-19 vaccines in full WILL END .	The The requirement for Private Insurance to cover COVID-19 Therapeutics WILL END .	End



NHSN Reporting

- Upcoming webinars covering updates to NHSN reporting requirements
- Registration information is available for the June 1st and June 7th webinars on the [NHSN LTCF COVID-19 Module webpage](#)



Upcoming NHSN Trainings to Learn More

The Registration information seen below is also available on the [NHSN LTCF COVID-19 Module webpage](#).

Thursday, June 1st

You are invited to a Zoom webinar.
When: Thursday, June 1, 2023 02:00 PM Eastern Time (US and Canada)
Topic: New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_IQ92SJRSe6gu3RIRbiquaA

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 765 2767

Passcode: 47430345

SIP: 1607652767@sjp.zoomgov.com

Passcode: 47430345

After registering, you will receive a confirmation email containing information about joining the webinar.

Wednesday, June 7th

You are invited to a Zoom webinar.
When: Wednesday, June 7, 2023 01:00 PM Eastern Time (US and Canada)
Topic: New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_WO7zz66ISwyFGUfEx2bU7g

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 852 4597

Passcode: 87279435

SIP: 1608524597@sjp.zoomgov.com

Passcode: 87279435

After registering, you will receive a confirmation email containing information about joining the webinar.

For questions about any of these updates, please send an e-mail to the NHSN Helpdesk at NHSN@cdc.gov with the subject line identifying the topic of the message.



FAQ: Our facility is not doing universal masking at this point. Who, if anyone, still needs to wear masks in the building?

- Residents who have suspected or confirmed COVID should mask when out of their rooms until they have finished their isolation period
 - COVID+ residents should only be out of their rooms for medically necessary reasons
- Staff returning to work prior to 10 days after their positive test date/symptom onset should mask through day 10
 - Can return to work **after** day 7 if they have a negative rapid test, have not had a fever for >24 hours (without the use of fever-reducing medications), and symptoms have improved



FAQ: Our facility is not doing universal masking at this point. Who, if anyone, still needs to wear masks in the building?

- Individuals who had close contact or a higher-risk exposure to someone with COVID should mask for 10 days after last exposure
- Individuals who reside or work in a unit/area of the facility experiencing a COVID outbreak should mask for 14 days after the most recent case
- COVID negative individuals with respiratory symptoms (e.g., runny nose, cough) should mask until symptoms resolve
 - Remember that COVID is not the only contagious respiratory infection



FAQ: Should Facilities Start Offering a Second Dose of the Bivalent Vaccine to Residents?

- The FDA has now authorized the bivalent vaccine for all doses for individuals 6 months and older.
 - Monovalent vaccines are no longer authorized for use in the United States
- Adults 65+ who received a single dose of the bivalent vaccine may receive an additional bivalent dose at least four months following their initial dose
 - The first and second bivalent boosters are the same vaccine
- CDPH recommends holding additional vaccination clinics to ensure that residents who are eligible and interested in the second bivalent booster can receive it



Water Testing Requirement for Legionella

Janice Turner

May 25, 2023

Routine Water Monitoring



- Required by State of IL law enacted in 2021
- Locations monitored and frequency should be included in a written policy.
- Results of testing should be maintained in a designated location

Section 90-5. The Nursing Home Care Act is amended by adding Section 3-206.06 as follows
Sec.3-206.06. testing for Legionella bacteria.

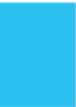
A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and results of any tests shall be made available to the Department upon request.



Water Testing Policy

The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:

- 1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system;
- 2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and
- 3) A system to document the results of testing and corrective actions taken.



Testing Objectives

Testing may be useful for routine and non-routine purposes, such as:

- Establishing a baseline measurement for performance indicators
- Validating a Water Management Plan (WMP)
- Evaluating potential growth and transmission sources
- Confirming success or failure of remedial treatment
- Investigating potential sources of environmental exposure for persons with disease

Considerations when Working with Legionella Consultants

- Level of experience
- Laboratory expertise – must use a CDC ELITE (Environmental Legionella Isolation Techniques Evaluation) laboratory
- Environmental assessment expertise
- Remediation expertise
- Water management expertise
- Knowledge of codes, standards, and regulations
- Potential conflicts of interest

Figure 1. Routine *Legionella* testing: A multifactorial approach to performance indicator interpretation*^{oΔ}

Concentration indicates that *Legionella* growth appears:

Uncontrolled	Poorly Controlled	Well Controlled			
≥10 CFU/mL [†] in potable water OR ≥100 CFU/mL in non-potable water	1.0–9.9 CFU/mL in potable water OR 10–99 CFU/mL in non-potable water	Detectable to 0.9 CFU/mL in potable water OR Detectable to 9 CFU/mL in non-potable water	No <i>Legionella</i> detected in a single round of testing	No <i>Legionella</i> detected in multiple rounds of testing	No <i>Legionella</i> detected in multiple rounds of testing with methods that detect viable and non-viable bacteria of any <i>Legionella</i> species

Change in concentration over time indicates that *Legionella* growth appears:

Uncontrolled	Poorly Controlled	Well Controlled			
100-fold or greater increase in concentration (e.g., 0.05 to 5 CFU/mL)	10-fold increase in concentration (e.g., 0.05 to 0.5 CFU/mL)	<i>Legionella</i> concentration steady (e.g., 0.5 CFU/mL for two consecutive sampling rounds)	No <i>Legionella</i> detected in a single round of testing	No <i>Legionella</i> detected in multiple rounds of testing	No <i>Legionella</i> detected in multiple rounds of testing with methods that detect viable and non-viable bacteria of any <i>Legionella</i> species

Extent indicates that *Legionella* growth appears:

Uncontrolled	Poorly Controlled	Well Controlled			
Detection in multiple locations AND a common source location [‡] OR Detection across many locations within a water system	Detection in a common source location that serves multiple areas OR Detection in more than one location within a water system	Detection in a few of many tested locations within a water system	No <i>Legionella</i> detected in a single round of testing	No <i>Legionella</i> detected in multiple rounds of testing	No <i>Legionella</i> detected in multiple rounds of testing with methods that detect viable and non-viable bacteria of any <i>Legionella</i> species

Type^v of *Legionella* (species and serogroup) associated with Legionnaires' disease:

Highly Associated	Less Associated
<i>L. pneumophila</i> serogroup 1; Non-Lp1 <i>L. pneumophila</i> ; Presence of multiple different <i>Legionella</i> species or serogroups	Any non- <i>pneumophila</i> <i>Legionella</i> species including "blue-white" fluorescent <i>Legionella</i>

*This figure is intended for use during routine testing only. Test results are performance indicators and are not a measure of risk of human illness. This figure is not intended for use if a building or device is associated with Legionnaires' disease (LD) cases or an outbreak.

^oSee "Routine testing for *Legionella*" for guidance regarding suggested response activities. Comparable results may lead to different suggested response activities when other factors are considered (e.g., if there is evidence of poorly controlled growth at a healthcare facility).

^ΔConsidering the type of *Legionella* identified along with other *Legionella* testing performance indicators provides a clearer picture of water system control than the results of any single indicator. For example, facility owners and operators may consider implementing immediate interventions for a healthcare facility with: A. detectable but <10

colony-forming units per milliliter (CFU/mL), B. non-Lp1 *Legionella pneumophila*, C. observed at steady concentrations, but D. detected at multiple distal locations including a central water heater.

[†]Concentrations expressed as CFU/mL are for test results generated by traditional spread plate culture methods. If other test methods are used, consult testing lab or manufacturer instructions for appropriate interpretation.

[‡]Common source location examples include water heaters, hot water returns, storage tanks, and cooling tower basins.

^vIf a facility has a history of associated LD cases, then sequencing isolates obtained during routine testing may provide performance indicators regarding outbreak strain persistence (if that strain is detected).



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Additional *Legionella* Resources

- <https://www.cdc.gov/legionella/downloads/cdc-sampling-procedure.pdf>
- <https://www.cdc.gov/legionella/wmp/control-toolkit/routine-testing.html>
- <https://www.cdc.gov/legionella/health-depts/healthcare-resources/cases-outbreaks.html#measures-facilities>
- <https://www.cdc.gov/legionella/wmp/consultant-considerations.html>
- <https://www.ashrae.org/technical-resources/standards-and-guidelines/guidance-on-reducing-the-risk-of-legionella>
- <https://wwwn.cdc.gov/elite/public/memberlist.aspx>
- <https://www.ilga.gov/commission/jcar/admincode/077/077003000C07000R.html>
- <https://www.chicagohan.org/diseases-and-conditions/legionellosis>



Mark McCarville
Senior Emergency Management
Coordinator

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o. 312/747-9581

12 Years working at The Clare

Last 10 years as Security Manager/EMT-B/Emergency Preparedness Coordinator

Working with management, brought The Clare into compliance with CMS EP Rules

For the last several years I have been responsible for preparing and presenting Life Safety and Emergency Preparedness portions of yearly IDPH survey

I want to apply all this experience and knowledge to support the Long-Term Care Facilities, to strengthen their preparedness and response capabilities



E-0039 Testing. *[For LTC Facilities at §483.73(d):]

(2) The [LTC facility] must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following:

(i) Participate in an annual full-scale exercise that is community-based; or

(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.

(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

**Chicago Healthcare Coalition's City-Wide Functional Exercise
Thursday June 1st, from 10am to 2:30 pm, via Microsoft TEAMS**

[Register Here Now for the 2023 CHSCPR Functional Exercise!](#)



Complex Coordinated Terrorist Attack Functional Exercise

Purpose and Scope

The purpose of the 2023 CHSCPR CCTA functional exercise is to provide an opportunity for public health and healthcare partners in the Coalition to functionally address coordinated command and control, medical surge, information sharing, security procedures, patient tracking, financial tracking, and continuity of operations in response to a Complex Coordinated Terrorist Attack (CCTA, MCI).

The scope is to participate in a functional exercise demonstrating coordinated command and control across Coalition hospitals and healthcare partners. The scenario encompasses the presentation of patients to various healthcare settings as well as security and operational impacts. Healthcare partners will participate from their own facilities using the Incident Command System (ICS) to meet objectives.



Exercise Format

The exercise theater of play is primarily at each participating CHSCPR member's facility as well as the CDPH PHEOC. **It is assumed that healthcare partners at a minimum, will activate their respective incident command groups in their command centers** in addition to any other personnel who will be participating in information sharing, resource coordination, patient surge and tracking, EMResource™, security, and COOP protocols.

Healthcare facility command groups should follow the exercise via the MCC/MS Teams™. All playing facilities are expected to log into the webcast and leave it running in their command center throughout the exercise.



Project Firstline

Alison VanDine, MPH, CIC

Infection Prevention Specialist I Project Firstline Lead

Healthcare Program



Facility Specific Cleaning & Disinfecting Matrix

A guide for environmental services and other healthcare workers

Environmental services are a vital part of patient, worker and facility safety. Please follow these and other facility guidelines when cleaning.

APPROVED PRODUCTS	BEFORE	BEFORE	WHILE
Enter names of approved cleaning products.	YOU ENTER A PATIENT ENVIRONMENT	YOU CLEAN AND DISINFECT	YOU CLEAN AND DISINFECT
	<p>Always look for, review, and follow posted precautions prior to entering a patient environment.</p> <ul style="list-style-type: none"> ▶ Know what precautions to follow. 	<p>Use the correct PPE (personal protective equipment) based on the organizational policy.</p> <ul style="list-style-type: none"> ▶ If the PPE is not available, contact your supervisor before continuing. <p>Confirm you are using products that are EPA-registered for use in healthcare.</p> <ul style="list-style-type: none"> ▶ Check product expiration dates. ▶ Check the integrity of the product. Do not use a product that appears contaminated, soiled or dirty. ▶ Review instructions and precautions on product labels. ▶ Check that the product is listed on the EPA website: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants 	<p>Until a surface is clean, you cannot disinfect.</p> <ul style="list-style-type: none"> ▶ Remove all visible soil and dirt first, then disinfect. <p>Clean top to bottom, from cleanest to dirtiest, and either clockwise or counterclockwise.</p> <p>Use the fold method when wiping to maximize all clean sides of the cloth(s).</p> <ul style="list-style-type: none"> ▶ Depending on your specific facility cleaning method, ensure the cleaning/disinfectant product is applied evenly to all surfaces, and the cloth is sufficiently wet with product, so nothing is missed. <p>Follow product instructions for use.</p> <ul style="list-style-type: none"> ▶ Including the number of minutes required by the product label's listed contact time (the amount of time the surface has to stay wet with the disinfectant to inactivate the germs/pathogens.)

The Project Firstline program is a national training collaborative led by the Centers for Disease Control and Prevention (CDC) in partnership with the American Hospital Association and the Health Research & Educational Trust (HRET), an AHA 501(c)(3) nonprofit subsidiary, to provide infection control training and education to frontline healthcare workers and public health personnel. AHA is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-CK20-2003. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this resource do not necessarily represent the policies of CDC or HHS, and should not be considered an endorsement by the Federal Government.





	ISOLATION PRECAUTIONS	PATHOGENS	PRODUCTS	PURPOSES
	How to protect yourself and avoid cross contamination	Germs you may encounter	What to use and how	Why it's essential to clean and disinfect properly (including hand cleaning before putting on and after taking off PPE)
CONTACT	<ul style="list-style-type: none"> ▶ Use gown and gloves while cleaning to avoid getting germs on your skin and clothes. ▶ Clean hands with soap and water or alcohol-based hand sanitizer (ABHS). <i>NOTE: ABHS/foams do not kill C. diff spores due to their protective outer shell.</i>⁽¹⁾ ▶ For certain patients on contact isolation (based on your facility protocols), use an EPA labeled product effective against spore-forming pathogens and non-enveloped viruses (e.g., <i>C. diff.</i>, Norovirus). 	<ul style="list-style-type: none"> ▶ <i>Candida auris</i> (<i>C. auris</i>) ▶ <i>Clostridioides</i> (formerly <i>Clostridium</i>) <i>difficile</i> (<i>C. diff</i>) ▶ Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) ▶ Norovirus ▶ Respiratory syncytial virus (RSV) 	<p>Enter names of approved cleaning chemicals. Use squares below to add photos.</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> </div>	<ul style="list-style-type: none"> ▶ Cleaning blood, body fluids, and respiratory droplets from surfaces reduces the potential for cross contamination. ▶ Multidrug-resistant germs (also known as MDROs) can survive on surfaces for hours, days, and even weeks (e.g., <i>Candida auris</i>) and represent a significant risk for hospitalized patients. ▶ <i>C. difficile</i> and norovirus require disinfectants with EPA registered claims against them. ▶ Detailed cleaning, so no surface or items is missed, in bathrooms and other frequently touched surfaces is important because MDROs and other pathogens are easily transferred from hospital surfaces to healthcare worker hands, which have shown to be a significant contributing factor in the transmission of pathogens.⁽⁵⁾
DROPLET	<ul style="list-style-type: none"> ▶ Use approved PPE and consider using a face shield or goggles if there's a higher risk you'll be exposed to splashes and sprays. ▶ Clean hands with ABHS or soap and water. 	<ul style="list-style-type: none"> ▶ Influenza ▶ Rhinovirus (a common cold virus) ▶ Mumps 	<div style="display: flex; justify-content: space-around;"> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> </div>	<ul style="list-style-type: none"> ▶ Cleaning and disinfecting environmental surfaces is fundamental in reducing the potential for transmission of other pathogens.⁽⁶⁾ Using the right transmission-based isolation precautions lowers the chances of spreading the infection.
AIRBORNE	<ul style="list-style-type: none"> ▶ Keep windows and doors closed in Airborne Infection Isolation Rooms (sometimes called "negative pressure rooms"). ▶ Use approved PPE including respiratory protection to avoid inhaling germs. ▶ Clean hands with ABHS or soap and water. 	<ul style="list-style-type: none"> ▶ Measles ▶ Tuberculosis (MTB) 	<div style="display: flex; justify-content: space-around;"> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> </div>	<ul style="list-style-type: none"> ▶ Cleaning and disinfecting environmental surfaces is fundamental in reducing the potential for transmission of other pathogens.⁽⁶⁾ Using the right transmission-based isolation precautions lowers the chances of spreading the infection. ▶ This remains important even when a pathogen, such as tuberculosis, is very rarely transmitted from environmental surfaces.
OTHER	<ul style="list-style-type: none"> ▶ For COVID-19 (SARS-CoV-2), PPE includes a gown, gloves, a respirator (e.g., N95), and eye protection.⁽²⁾⁽³⁾⁽⁴⁾ ▶ For Mpox (formerly monkeypox), use gowns, gloves, N95 and eye protection. ▶ Avoid activities that could resuspend dried material from lesions, such as use of portable fans, sweeping, and vacuuming. 	<ul style="list-style-type: none"> ▶ COVID-19 (SARS-CoV-2) ▶ Mpox (formerly monkeypox) 	<div style="display: flex; justify-content: space-around;"> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> </div>	

(1) <https://www.cdc.gov/handhygiene/science/index.html>
 (2) <https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html>
 (3) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
 (4) https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943
 (5) <https://www.cdc.gov/infectioncontrol/guidelines/mdro/epidemiology.html>
 (6) <https://www.cdc.gov/hai/prevent/environment/surfaces.html>

➔ For more in-depth training and resources visit **AHE.org/Training** and **CDC.gov/ProjectFirstline**

CDC's Project Firstline Town Hall



A CDC & AMA panel reviewed updated COVID-19 recommendations for healthcare facilities



Q&A on IPC recommendations following the end of the COVID-19 Public Health Emergency



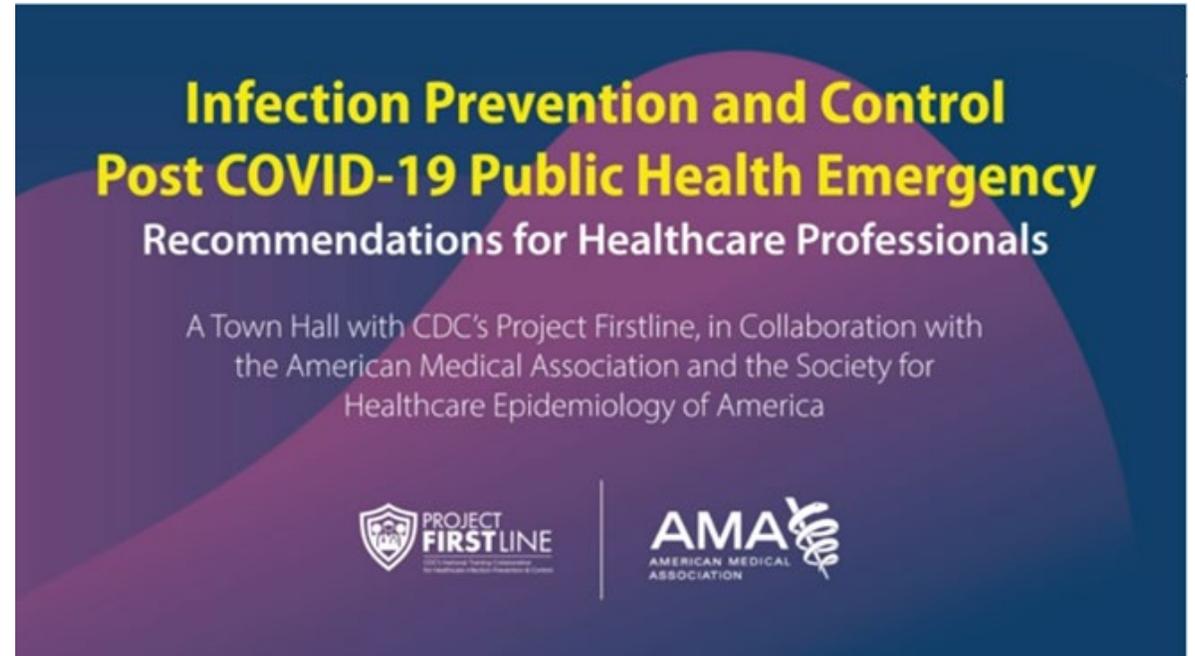
We encourage you to share with your colleagues and networks!



Explore Project Firstline's [accessible and digestible resources](#) to continue educating and training yourself and your staff on healthcare IPC



Missed Project Firstline's virtual town hall? Watch the on-demand recording: <https://bit.ly/PFLCDC>



**Infection Prevention and Control
Post COVID-19 Public Health Emergency
Recommendations for Healthcare Professionals**

A Town Hall with CDC's Project Firstline, in Collaboration with the American Medical Association and the Society for Healthcare Epidemiology of America

 PROJECT FIRSTLINE
CDC's National Training & Consultation for Healthcare Infection Prevention & Control

 AMA
AMERICAN MEDICAL ASSOCIATION

Visit <https://www.ahe.org/project-firstline> for more information.

★ CDPH's Project Firstline: Learning Needs Assessment

- As a CDC [Project Firstline Partner](#), the [Chicago Department of Public Health](#) is working to identify priority IPC training needs among frontline healthcare personnel in 2023
- We need your feedback to develop new content! Please complete [this brief survey](#) to help us to facilitate the development and delivery of CDC training curriculums in the future
- This survey can also be distributed among your frontline staff (e.g., Nurse educators, EVS staff, technicians, etc.).
- Please contact the **PFL-Chicago team** at projectfirstline@cityofchicago.org:
 - For support in distributing the survey to your frontline staff
 - To schedule an onsite training tailored to your facility
 - Learn more about CDC's Project Firstline!



Next CDPH LTC Roundtable

- Thursday June 22, 2023 12:30 – 1:30 p.m.
- Topics:
 - IDPH Guidance Updates
 - Behavioral Consequences of Nursing Home Pandemics and Disasters – Compassionate Crisis Care
 - Guest Speaker: Dr. Paul Aravich, Eastern Virginia Medical School



Questions & Answers

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