



COVID-19 Chicago Long Term Care Roundtable

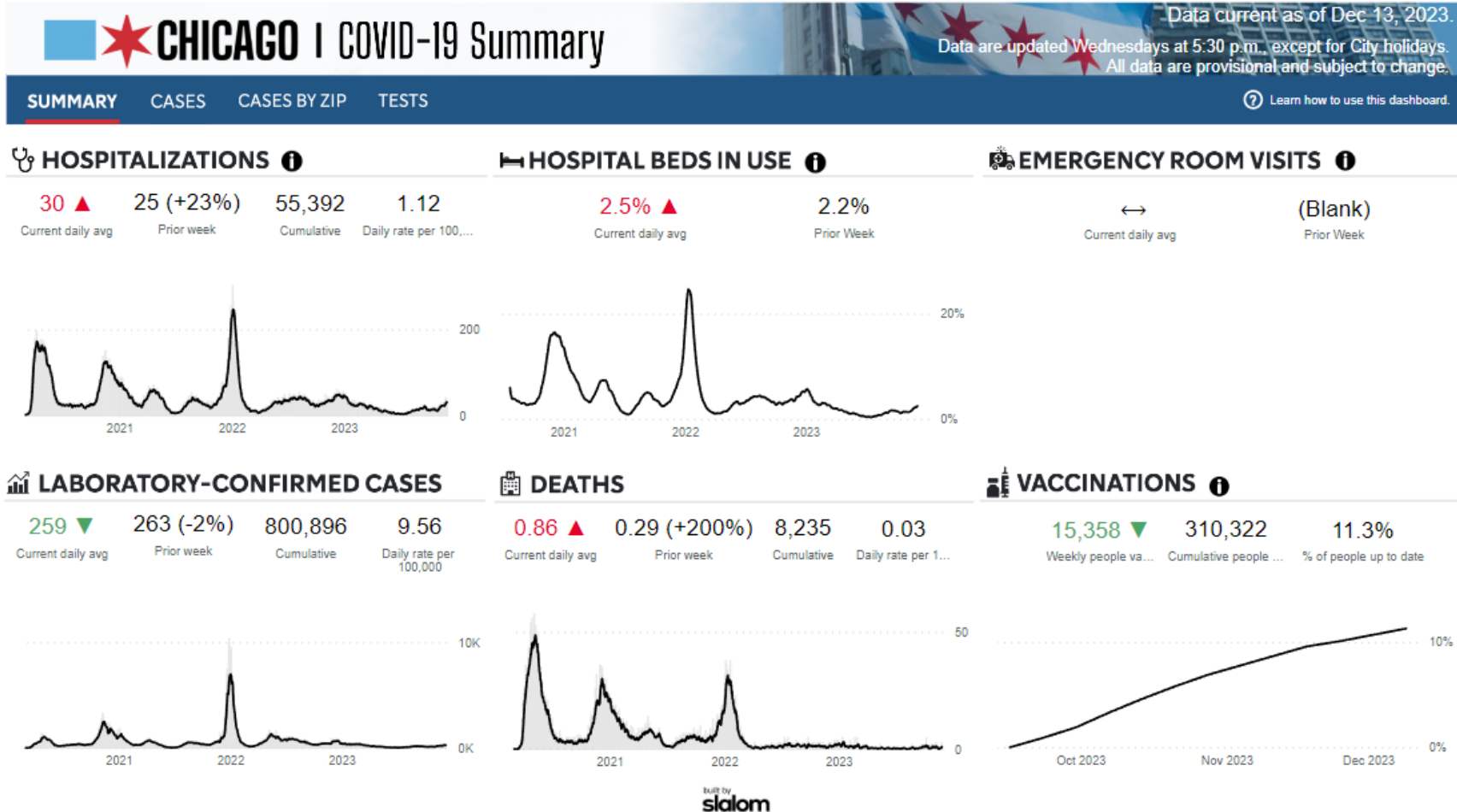
12-14-23



Agenda

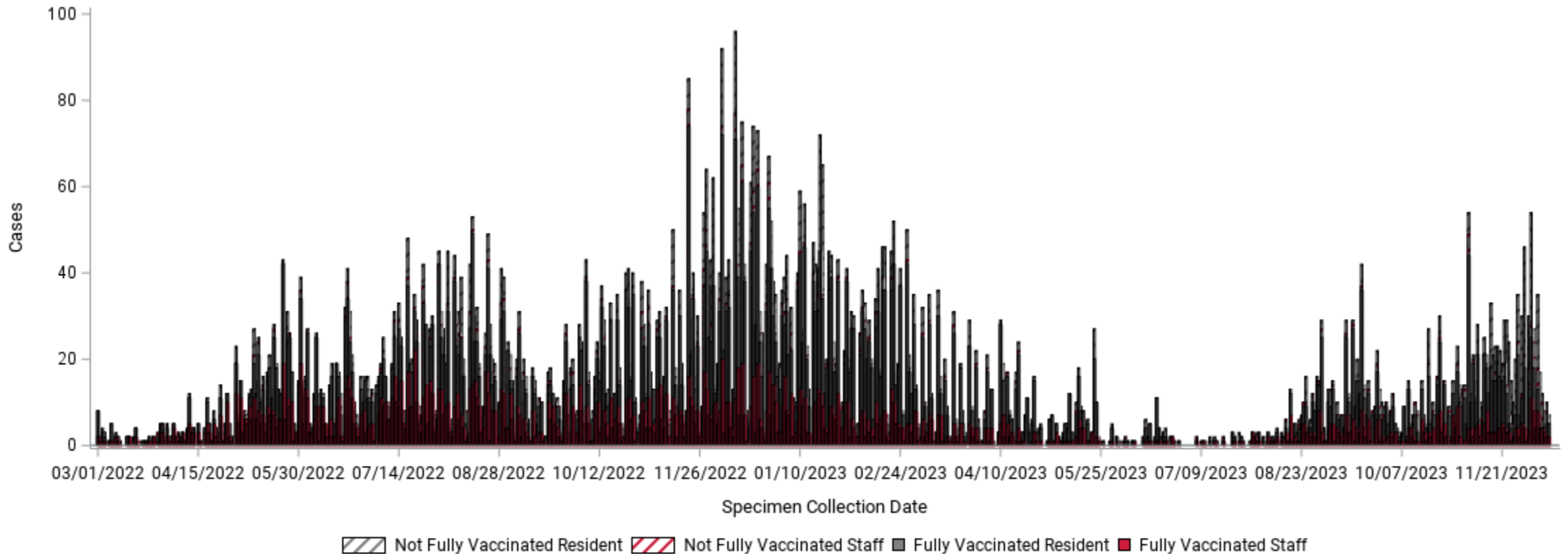
- COVID-19 Epidemiology & Updates
- COVID Vaccine Coverage
- Influenza Scenarios & Resources
- C. auris in Chicago
- EVS 101
- Tag Talk
- Questions & Answers

Chicago Dashboard



SNF COVID-19 Cases

(Mar. 1, 2022 – Dec. 13, 2023)



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

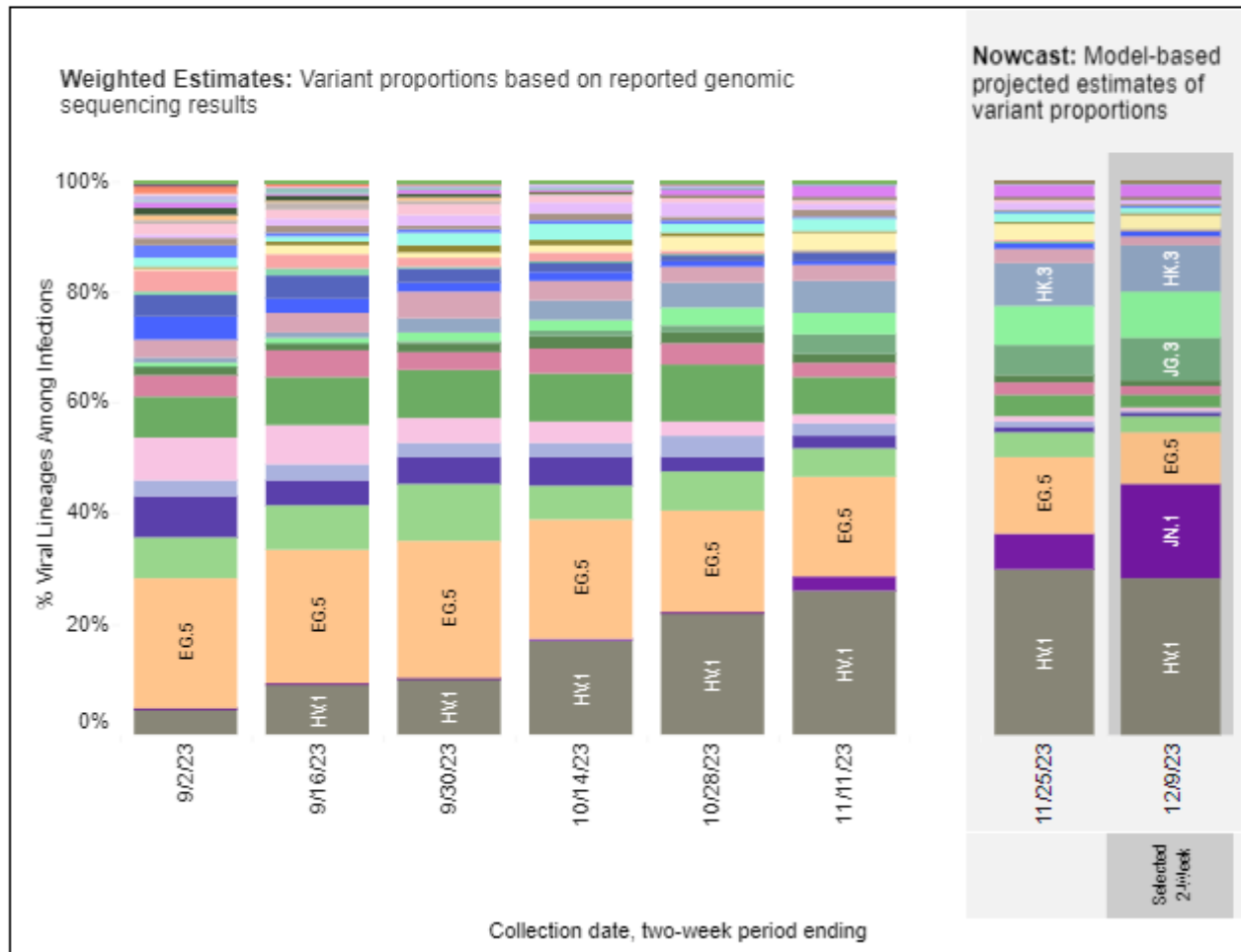
**46 (58%) SNFs
have active
outbreaks**

COVID-19 Variant Proportions

Weighted Estimates in HHS Region 5 for 2-Week Periods in 8/20/2023 – 12/9/2023

Nowcast Estimates in HHS Region 5 for 11/26/2023 – 12/9/2023

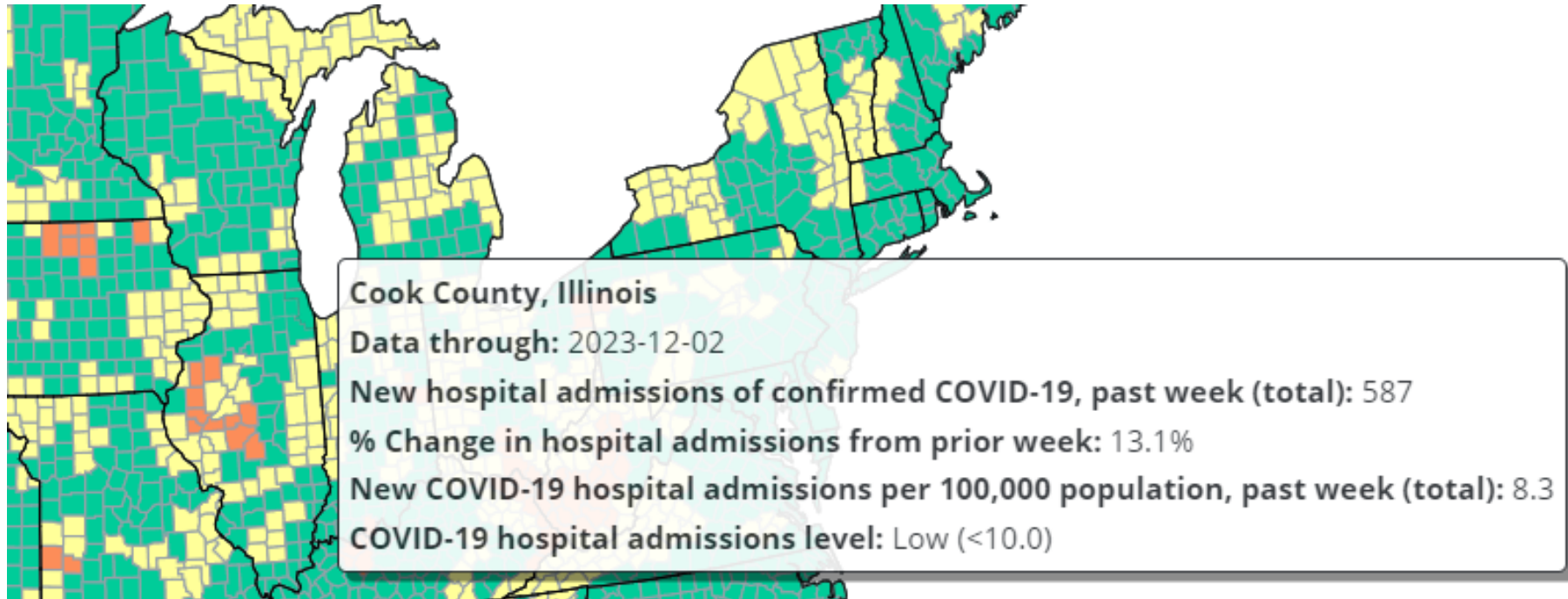
 Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



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

WHO label	Lineage #	%Total	95%PI
Omicron	HV.1	28.3%	23.9-33.1%
	JN.1	16.9%	7.7-32.1%
	EG.5	9.3%	7.7-11.3%
	HK.3	8.3%	6.6-10.3%
	JD.1.1	8.2%	5.7-11.5%
	JG.3	7.9%	5.8-10.7%
	FL.1.5.1	2.9%	2.3-3.8%
	JF.1	2.6%	1.7-3.7%
	BA.2.86	2.5%	1.2-5.1%
	XBB.1.16.6	2.3%	1.7-3.1%
	HF.1	1.9%	0.9-3.6%
	XBB.1.16.11	1.5%	1.0-2.0%
	GK.1.1	1.4%	0.8-2.2%
	XBB.1.9.1	0.9%	0.4-1.9%
	XBB.1.16.15	0.9%	0.5-1.5%
	XBB.1.5.70	0.8%	0.5-1.3%
	XBB.1.16	0.7%	0.4-1.2%
	XBB.2.3	0.6%	0.4-0.8%
	XBB	0.4%	0.3-0.5%
	GE.1	0.3%	0.2-0.5%
GK.2	0.3%	0.2-0.5%	
XBB.1.16.1	0.2%	0.1-0.3%	
CH.1.1	0.1%	0.1-0.2%	
EG.6.1	0.1%	0.1-0.2%	
XBB.1.5	0.1%	0.1-0.1%	
XBB.2.3.8	0.1%	0.0-0.3%	
XBB.1.5.68	0.1%	0.0-0.1%	
XBB.1.9.2	0.0%	0.0-0.1%	
XBB.1.42.2	0.0%	0.0-0.1%	
XBB.1.5.72	0.0%	0.0-0.0%	
XBB.1.5.59	0.0%	0.0-0.0%	
XBB.1.5.10	0.0%	0.0-0.0%	
XBB.1.5.1	0.0%	0.0-0.0%	
FD.1.1	0.0%	0.0-0.0%	
Other	Other*	0.1%	0.0-0.2%

CDC COVID Data Tracker: Cook County





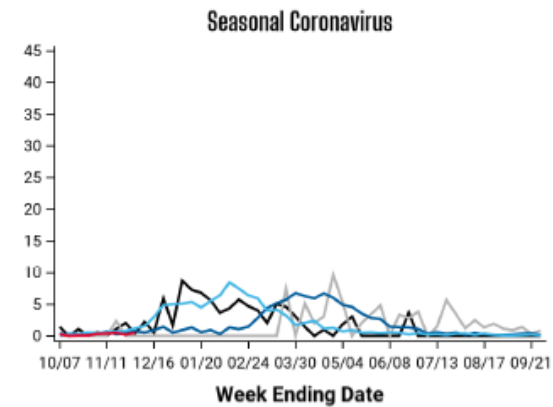
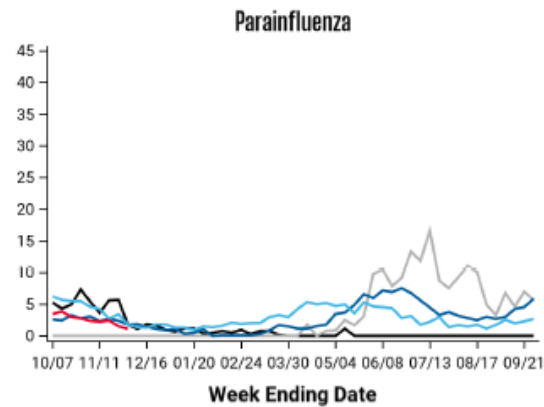
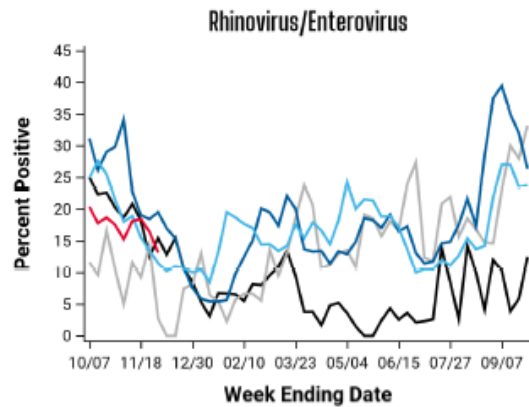
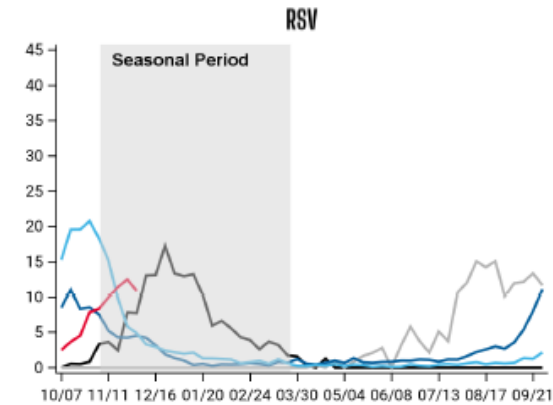
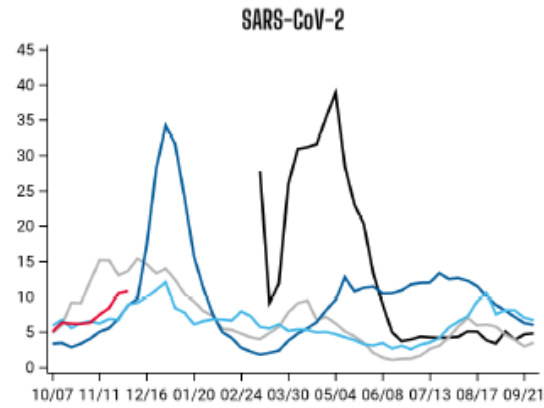
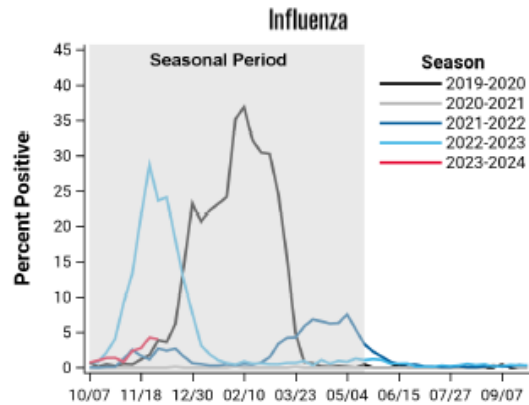
Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending December 2, 2023		Since October 1, 2023	
	# Tested	% Positive	# Tested	% Positive
Influenza*	5,574	4.1	44,182	2.2
RSV*	3,438	10.8	28,543	8.3
SARS-CoV-2*	3,444	10.8	31,190	7.6
Parainfluenza	1,786	1.1	14,805	2.5
Rhinovirus/Enterovirus	973	13.2	8,428	17.3
Adenovirus	973	4.0	8,425	4.0
Human Metapneumovirus	976	1.0	8,466	0.6
Seasonal Coronaviruses [†]	1,783	0.5	14,767	0.3

*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.



Chicago Respiratory Virus Surveillance Report – Seasonal Trends





Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission 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	Low or Medium	No required routine testing*
New and readmissions, regardless of vaccination status	High	Facility discretion*

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

Isolation/Work Exclusion Scenario:

- A resident and two staff members test positive on November 28th. All are asymptomatic.
- You test both staff members on day 7. One tests positive and the other is negative.

★ Example: Positive Resident

- The positive resident must remain in isolation for 10 **full** days from the date of the positive test
 - Isolation can be discontinued for this resident on December 9th
- Day 0 (**Positive Test**) - November 28
 - Day 1 - November 29
 - Day 2 - November 30
 - Day 3- December 1
 - Day 4 - December 2
 - Day 5 - December 3
 - Day 6 - December 4
 - Day 7 - December 5
 - Day 8 - December 6
 - Day 9 - December 7
 - Day 10 - December 8
 - Day 11 (**Freedom**) - December 9

★ Example: Staff – Negative on Day 7

- If a staff member with COVID tests negative on or after Day 5, they can return to work on Day 8
 - **Note:** Use a rapid test, not a PCR, to clear staff members to return to work
- Thus, this staff member can return to work on December 6th
 - Even if they are back at work, they must wear a mask through December 8th
- Day 0 (**Positive Test**) - November 28
- Day 1 - November 29
- Day 2 - November 30
- Day 3- December 1
- Day 4 - December 2
- Day 5 - December 3
- Day 6 - December 4
- Day 7 - December 5 (**Negative Test**)
- Day 8 (**Return to work**) - December 6

★ Example: Staff – Positive on Day 7

- If the staff member tests positive when you are trying to clear them to return to work, they must remain off work until it has been 10 full days since the date of the positive test
 - You do not need to retest them after this point to determine clearance to return to work
 - Even if the staff member is still testing positive after Day 10, they can return to work as long as they have been fever free for 24 hours without the use of fever reducing medication and their symptoms are improving
 - This staff member can return to work on December 9th
- Day 0 (**Positive Test**) - November 28
 - Day 1 - November 29
 - Day 2 - November 30
 - Day 3- December 1
 - Day 4 - December 2
 - Day 5 - December 3
 - Day 6 - December 4
 - Day 7 - December 5 (**Positive Test**)
 - Day 8 - December 6
 - Day 9 - December 7
 - Day 10 - December 8
 - Day 11 (**Return to work**) - December 9

Up to Date COVID Vax Coverage Among Long-Term Care Facilities

Insights from I-CARE and NHSN

Slides by Spencer Gorelick

Methodology

Goal: Evaluate up-to-date COVID-19 vaccination coverage among long-term care facilities using I-CARE records and compare this coverage with reports from the National Healthcare Safety Network

Identify Data

- I-CARE vaccination data from routine I-CARE shot detail reports
- NHSN reports from the CDPH Healthcare Settings Team
- LTCF addresses from the CDPH Healthcare Settings Team

Address Matching

- Filter and clean patient addresses listed in I-CARE shot records
- Match “cleaned” addresses with list of LTCF addresses to identify patients living in an LTCF

Calculate Coverage

- Use patient census from NHSN reports to calculate coverage using I-CARE records

★ Results

- 69 out of 77 (89.6%) facilities had at least one record in I-CARE
 - Two weeks ago, on November 29th, this number was 59 out of 77 (76.6%)
- Average coverage reported in NHSN is 42.5%
 - Median coverage is 45.7% (Range 0 – 100%)
- I-CARE coverage is only steadily improving, and has plateaued recently compared to larger increases seen at the beginning of respiratory virus season

40.2%

(4,301 / 10,705)

**Aggregate NHSN
Coverage**

19.7%

(2,105 / 10,705)

**Aggregate I-CARE
Coverage**

25.7%

**Citywide Coverage
(65+ Years)**



Summary & Takeaways

- Reported coverage from NHSN is exceptionally high compared to records in I-CARE and slightly higher than CDC estimates for adults 65+ years
 - 40.2% (NHSN aggregate) vs. 19.7% (I-CARE aggregate) vs. 36.0% (CDC estimate)
- I-CARE estimated coverage remains low, and has been relatively slow to improve
 - Lack of reporting and delays in reporting are likely major contributors to this, especially considering the facilities that aren't reporting to I-CARE
 - Incomplete reporting – when some vaccines are entered into I-CARE but others aren't – is also still a concern
- Data is constantly changing, and even though NHSN aggregated coverage is changing slightly week to week, it means that our data is likely more accurate as a result

Thank You!



[Chicago.gov/Health](https://www.chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)

★ Update your HCP and Resident COVID-19 Vaccination Data in NHSN

- Residents and Healthcare Personnel are up-to-date if they have received the new monovalent vaccine authorized in September 2023
- As of 12/13/23, 13 skilled nursing facilities in Chicago are still reporting 0% of their healthcare personnel up-to-date and 29 skilled nursing facilities are reporting 0% of their residents are up-to-date
- Make sure to update your data using the Vaccination Summary module or the Person Level Forms in NHSN
- Contact matthew.mondlock@cityofchicago.org for assistance

NHSN Home
Alerts
Dashboard ▶
Reporting Plan ▶
Resident ▶
Event ▶
Summary Data ▶
COVID-19/Respiratory Pathogens ▶
Vaccination Summary
Import/Export
Surveys ▶
Analysis ▶
Logout



Respiratory Outbreak Support

TREAT COVID-19 PROGRAM

Leirah Jordan

Healthcare Settings

TREAT COVID-19 Program



Influenza Outbreak Services

- CDPH has partnered with CIMPAR S.C. for our TREAT COVID-19 Program, providing onsite mobile treatment and infection prevention services to LTCF residents of Medicare/Medicaid certified nursing homes and assisted living facilities effected by respiratory pathogen outbreaks
- Services are not limited to COVID-19 response, but also include support for control of **influenza** outbreaks
- What we do:
 - On-site or telehealth consultation and drug interaction review for tamiflu with a licensed medical provider
 - Support for control of respiratory pathogen outbreaks (e.g. guidance, education)

If your facility is experiencing multiple influenza infections among residents, contact **chicago-covid19@cimpar.com** or call **(708) 600-4233** for a consultation

Influenza Vaccine

- **NEW!** Influenza vaccines are now available to underinsured and uninsured LTCF staff at no cost
- Updated influenza vaccines are recommended for all LTCF residents and staff (with clinical considerations) and may be administered at the same time as COVID-19 or RSV vaccines.

**Book your clinic
date directly:**



<https://shorturl.at/afmrC>

Influenza Quiz Question 1

- You have a resident that tests positive for influenza. Should you test their asymptomatic roommate?
 - a) Yes
 - b) No
 - c) I don't know

Influenza Quiz Question 1

- You have a resident that tests positive for influenza. Should you test their asymptomatic roommate?
 - a) Yes
 - b) No**
 - c) I don't know
- Unlike COVID, you do not test asymptomatic contacts of influenza cases. However, if the roommate starts showing symptoms of influenza, you should then test them.

Influenza Quiz Question 2

- You have a flu outbreak impacting the second floor. Which residents, if any, are recommended to receive antiviral prophylaxis?
 - a) No residents, antivirals are only recommended for residents with suspected or confirmed influenza
 - b) Close contacts of the case(s) only
 - c) All non-ill residents on the unit

Influenza Quiz Question 2

- You have a flu outbreak impacting the second floor. Which residents, if any, are recommended to receive antiviral prophylaxis?
 - a) No residents, antivirals are only recommended for residents with suspected or confirmed influenza
 - b) Close contacts of the case(s) only
 - c) **All non-ill residents on the unit**
- As per the IDPH guidance document, when a facility is experiencing an influenza outbreak, use of antiviral medications for chemoprophylaxis within 48 hours of exposure is recommended for all non-ill residents living on outbreak affected units.

Influenza Quiz Question 3

- Which of the below is not an acceptable reason for a staff member to decline the influenza vaccination :
 - a) They already received the vaccine this year
 - b) It is against their religious beliefs
 - c) It is medically contraindicated
 - d) They are morally opposed to vaccinations

Influenza Quiz Question 3

- Which of the below is **not** an acceptable reason for a staff member to decline the influenza vaccination:
 - a) They already received the vaccine this year
 - b) It is against their religious beliefs
 - c) It is medically contraindicated
 - d) **They are morally opposed to vaccinations**
- As per section 2310-650 in Public Act 100-1029, “general philosophical or moral reluctance to influenza vaccinations does not provide a sufficient basis for an exemption.”

Influenza Quiz Question 4

- Nursing homes must:
 - a) Provide or arrange for vaccination of all health care employees who accept the offer of vaccination
 - b) Provide all health care employees with education about the benefits of the vaccine and potential consequences of influenza illness
 - c) Obtain signed declination forms from all health care employees who decline the influenza vaccination
 - d) All of the above

Influenza Quiz Question 4

- Nursing homes must:
 - a) Provide or arrange for vaccination of all health care employees who accept the offer of vaccination
 - b) Provide all health care employees with education about the benefits of the vaccine and potential consequences of influenza illness
 - c) Obtain signed declination forms from all health care employees who decline the influenza vaccination
 - d) **All of the above**
- See Section 956.30 of the Illinois Public Health Administrative Code

Influenza Quiz Question 5

- Residents with influenza should be under transmission-based precautions for:
 - a) 10 days from onset or 24 hours after the resolution of fever/respiratory symptoms, whichever is longer
 - b) 10 days from onset or 24 hours after the resolution of fever/respiratory symptoms, whichever is shorter
 - c) 7 days from onset or 24 hours after the resolution of fever/respiratory symptoms, whichever is longer
 - d) 24 hours after the resolution of fever/respiratory symptoms

★ Influenza Quiz Question 5


- Residents with influenza should be under transmission-based precautions for:
 - a) 10 days from onset or 24 hours after the resolution of fever/respiratory symptoms, whichever is longer
 - b) 10 days from onset or 24 hours after the resolution of fever/respiratory symptoms, whichever is shorter
 - c) 7 days from onset or 24 hours after the resolution of fever/respiratory symptoms, whichever is longer
 - d) 24 hours after the resolution of fever/respiratory symptoms

While you must place residents with influenza in **droplet** precautions, CDPH also recommends considering placing influenza positive residents in **contact** precautions. Remember to always use **standard** precautions as well!



Hot off the Press: Health Alert for Increased Respiratory Virus Activity

- IDPH alert released today
- Outlines temporary mitigation measures, including:
 - Universal masking
 - Visitor restrictions (e.g., ages 18+)
 - Limiting visitor movement within the facility
 - Increased signage



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PROTECTING HEALTH. IMPROVING LIVES.

HEALTH ALERT

JB Pritzker, Governor Sameer Vohra, MD, JD, MA, Director

Summary and Action Items

To provide information to local health departments and healthcare facilities (HCF) regarding recommendations for:

- Temporary visitor restriction policies and
- Broader use of source control (masking)

during times of increased rates of respiratory illness and COVID-19 hospital admissions in the community.

Background

[Respiratory illness activity](#) continues to increase in the United States, including in Illinois. Many counties have experienced increasing levels of influenza-like illness (characterized as fever of 100°F [37.8°C] or higher plus cough and/or sore throat), increases in Emergency Department (ED) visits and admissions for respiratory conditions, long-term care facility respiratory outbreaks, and increases in positive laboratory specimens for viral respiratory conditions. Several U.S. counties have also reached high [COVID-19 Hospital Admissions Levels](#).

IDPH and LHD Response

The Illinois Department of Public Health (IDPH) recommends that healthcare facilities implement the Centers for Disease Control and Prevention's (CDC) comprehensive viral respiratory prevention and control recommendations: [Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings](#) and [Prevention Strategies for Seasonal Influenza in Healthcare Settings](#).

Temporary Mitigation Measures

During times of increased incidence of respiratory illness in the community, IDPH supports a healthcare facility's decision to implement temporary mitigation measures which may include the following:

- Policies and guidance on visitation practices and signage at entrances with dates to ensure visitors know that this reflects current practice at the facility.
- Consider limiting visitors to those older than 18 years of age and keeping the number of visitors to two or fewer.
- Promote compliance with [Hand Hygiene](#) and [Respiratory Hygiene/Cough Etiquette](#)
- Screen visitors for symptoms of acute respiratory illness before entering the facility and place signage that encourages testing for Covid-19, Flu and RSV prior to visitation.
- Provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) according to current facility policy while in the patient's room.
- Instruct visitors to limit their movement within the facility.
- Encourage visitors with symptoms of respiratory infection to defer non-urgent routine visits in favor of alternative mechanisms (e.g., telehealth applications) until they have recovered.
- Limit visits to patients in isolation for viral respiratory illnesses to persons who are necessary for the patients' emotional well-being and care.

Exemptions to these temporary visitor restrictions are permissible at the discretion of the HCF's Infection Prevention and Control authorities for circumstances including, but not limited to,

Illinois Department of Public Health

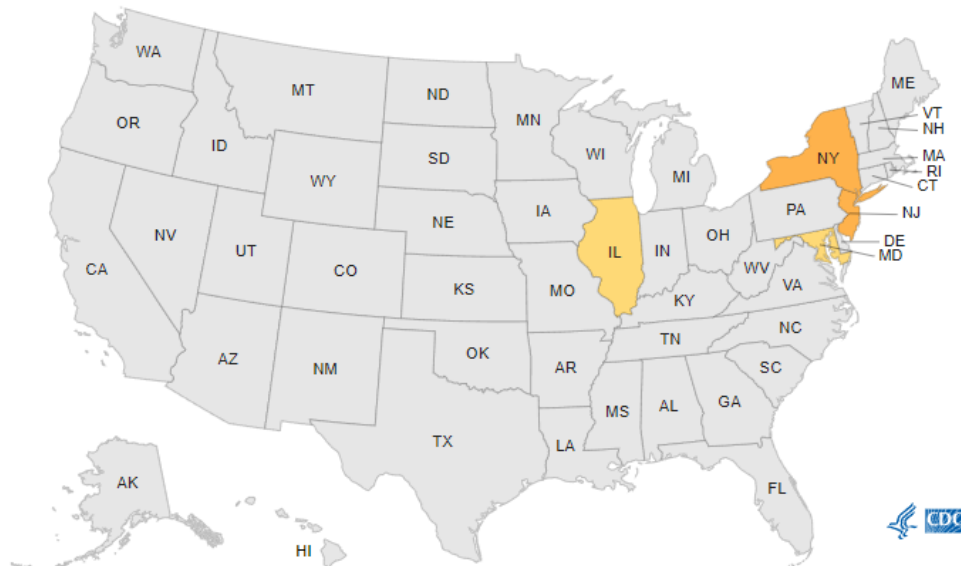
525-535 W. Jefferson St. Springfield, IL 62761	dph.illinois.gov 217-557-2556	69 W. Washington St., Suite 3500 Chicago, IL 60602
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C. auris, by state, 2013-2016

C. auris tracking data

Make a selection from the filters to change the visualization information.

2013-2016



Number of *C. auris* clinical cases through December 31, 2022

From 2013 to 2016, there were 63 clinical cases and 14 screening cases.

- 0 clinical cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 or more

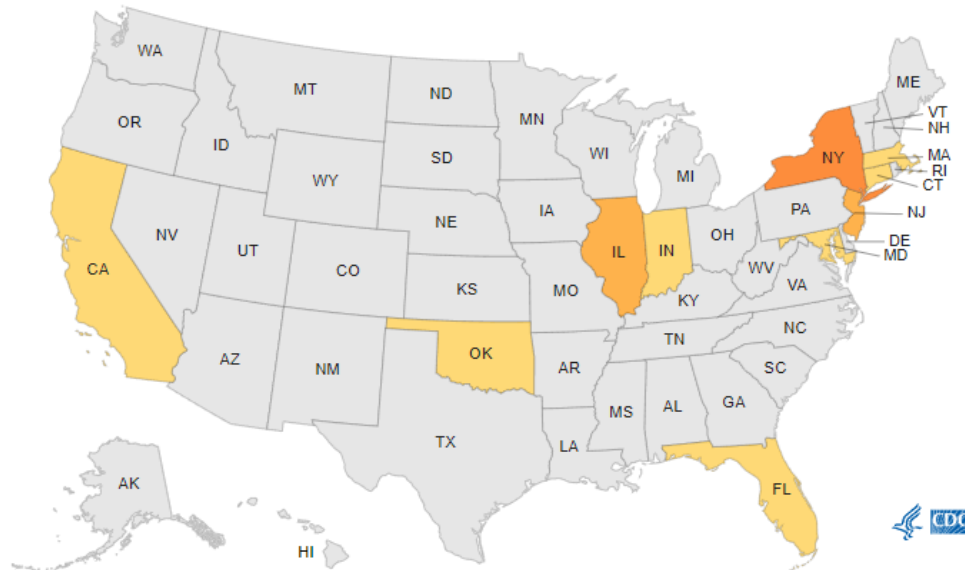
[Download Data \(CSV\)](#)

C. auris, by state, 2017

C. auris tracking data

Make a selection from the filters to change the visualization information.

2017



Number of *C. auris* clinical cases through December 31, 2022

In 2017, there were 173 clinical cases and 272 screening cases.

- 0 clinical cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 or more

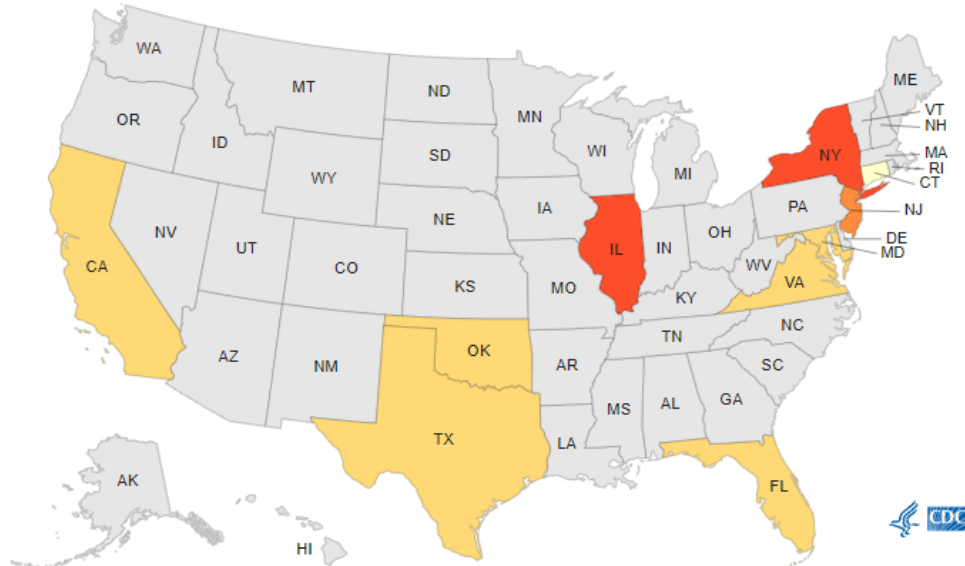
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C. auris, by state, 2018

C. auris tracking data

Make a selection from the filters to change the visualization information.

2018



Number of *C. auris* clinical cases through December 31, 2022

In 2018, there were 331 clinical cases and 696 screening cases.

- 0 clinical cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 101 to 500
- 501 to 1000
- 1001 or more

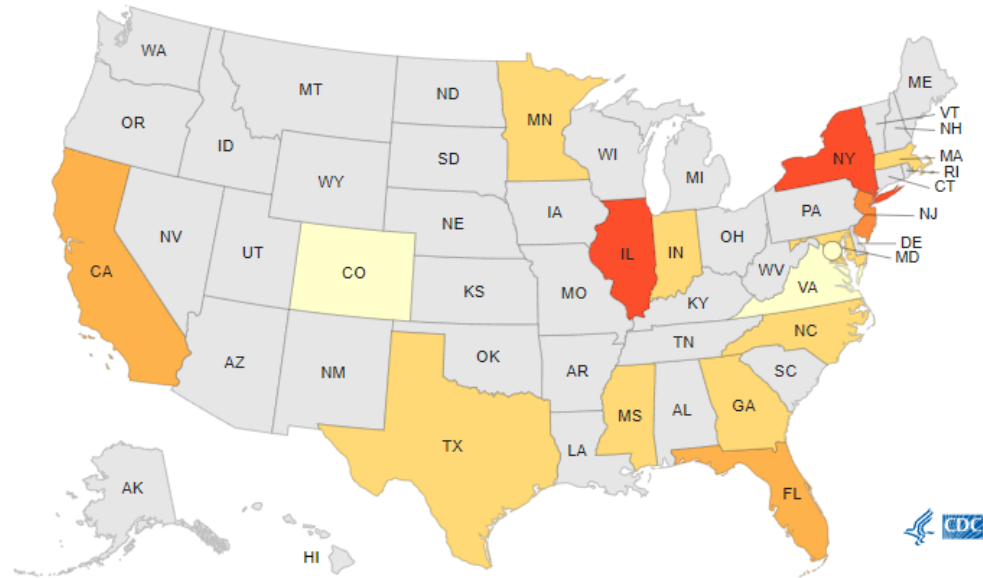
[Download Data \(CSV\)](#)

C. auris, by state, 2019

C. auris tracking data







Make a selection from the filters to change the visualization information.

2019



Number of *C. auris* clinical cases through December 31, 2022

In 2019, there were 478 clinical cases and 1,077 screening cases.

-  0 clinical cases and at least 1 screening case
-  1 to 10
-  11 to 50
-  51 to 100
-  101 to 500
-  501 to 1000
- 1001 or more

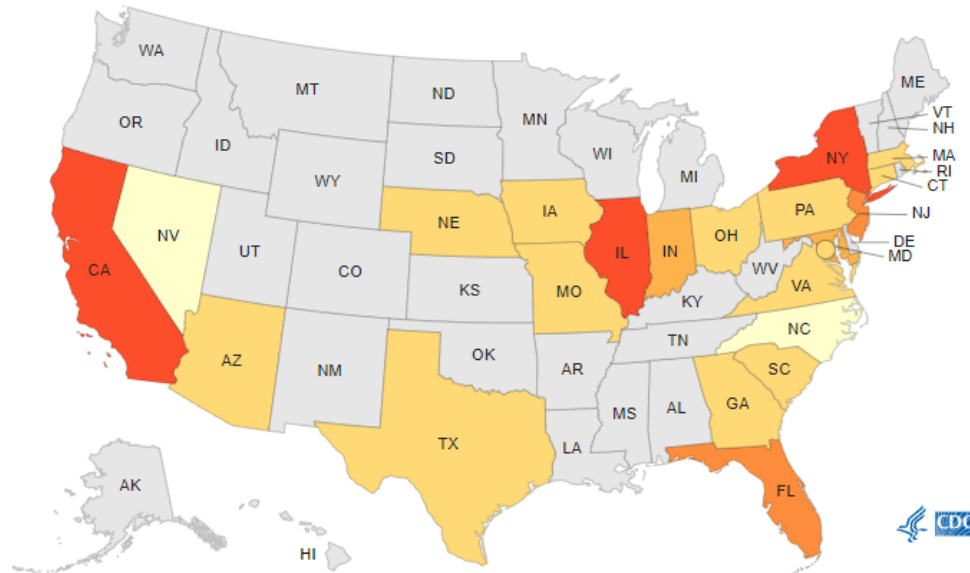
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C. auris, by state, 2020

C. auris tracking data

Make a selection from the filters to change the visualization information.

2020



Number of *C. auris* clinical cases through December 31, 2022

In 2020, there were 757 clinical cases and 1,310 screening cases.

- 0 clinical cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 or more

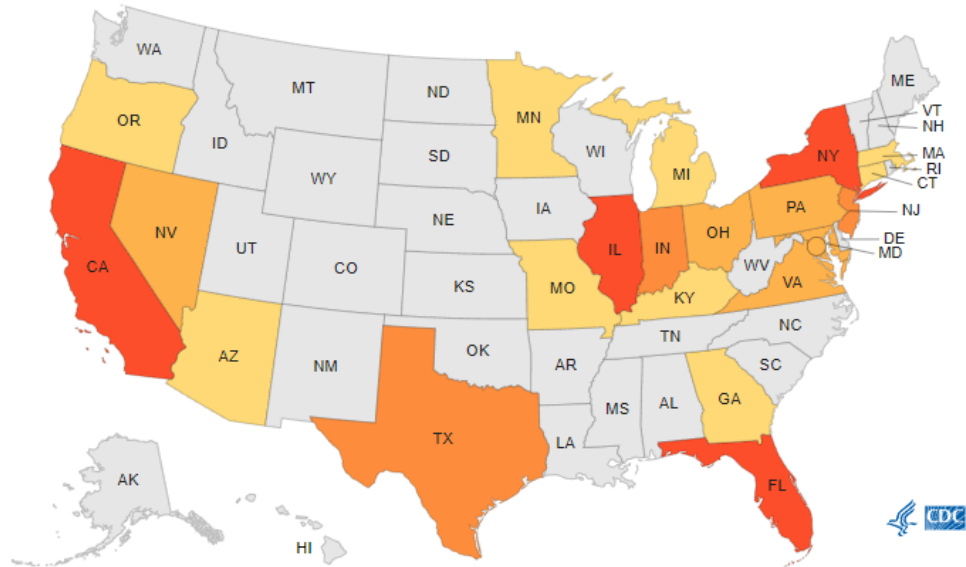
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C. auris, by state, 2021

C. auris tracking data

Make a selection from the filters to change the visualization information.

2021



Number of *C. auris* clinical cases through December 31, 2022

In 2021, there were 1,474 clinical cases and 4,040 screening cases.

- 0 clinical cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 or more

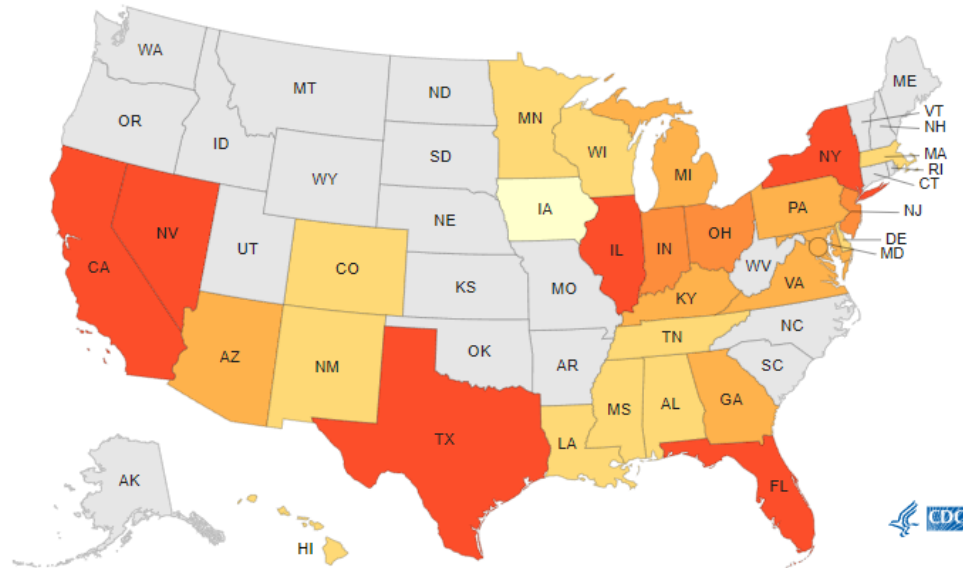
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C. auris, by state, 2022

C. auris tracking data

Make a selection from the filters to change the visualization information.

2022



Number of *C. auris* clinical cases through December 31, 2022

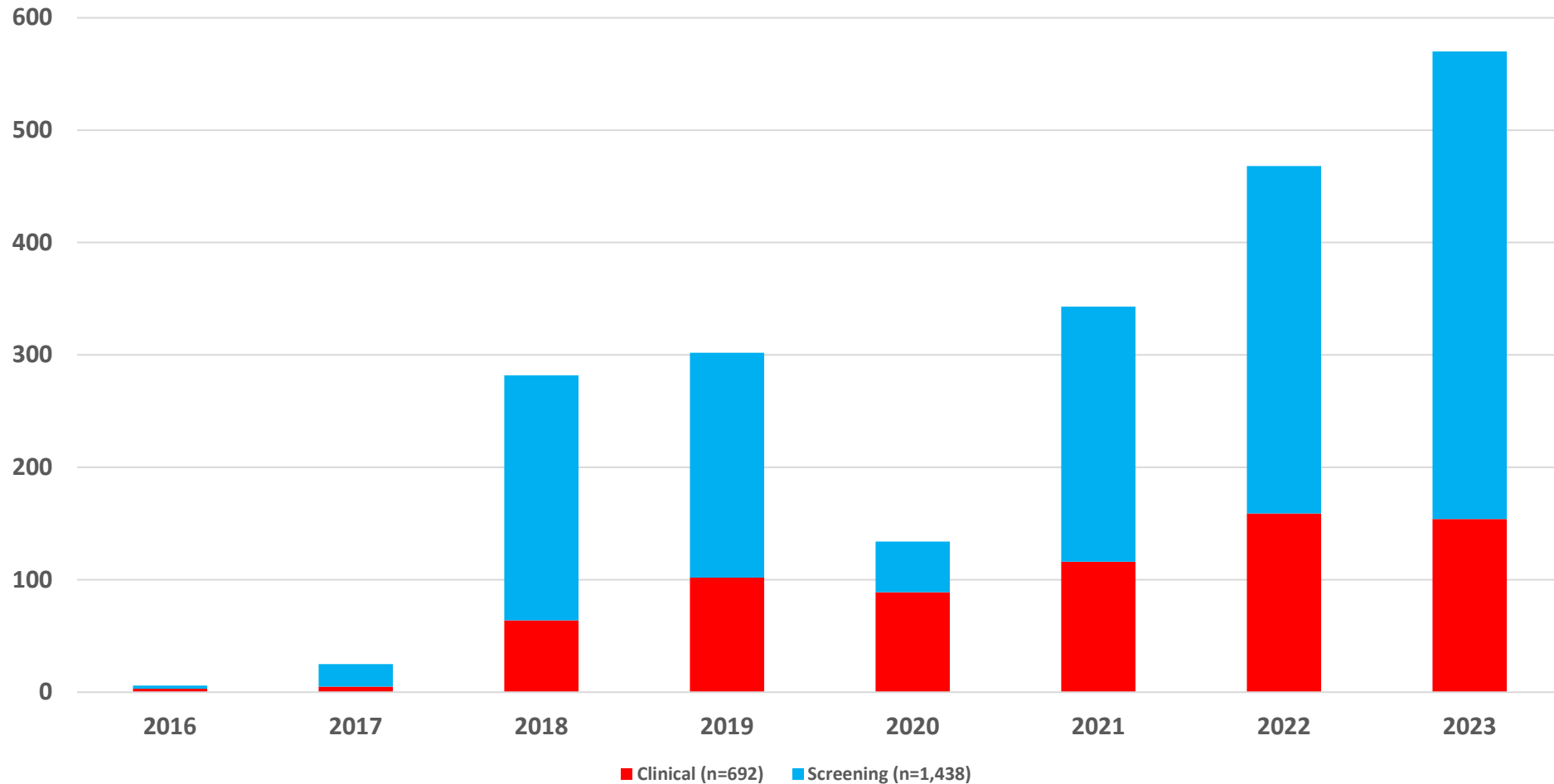
In 2022, there were 2,377 clinical cases and 5,754 screening cases.

- 0 clinical cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 or more

[Download Data \(CSV\)](#)



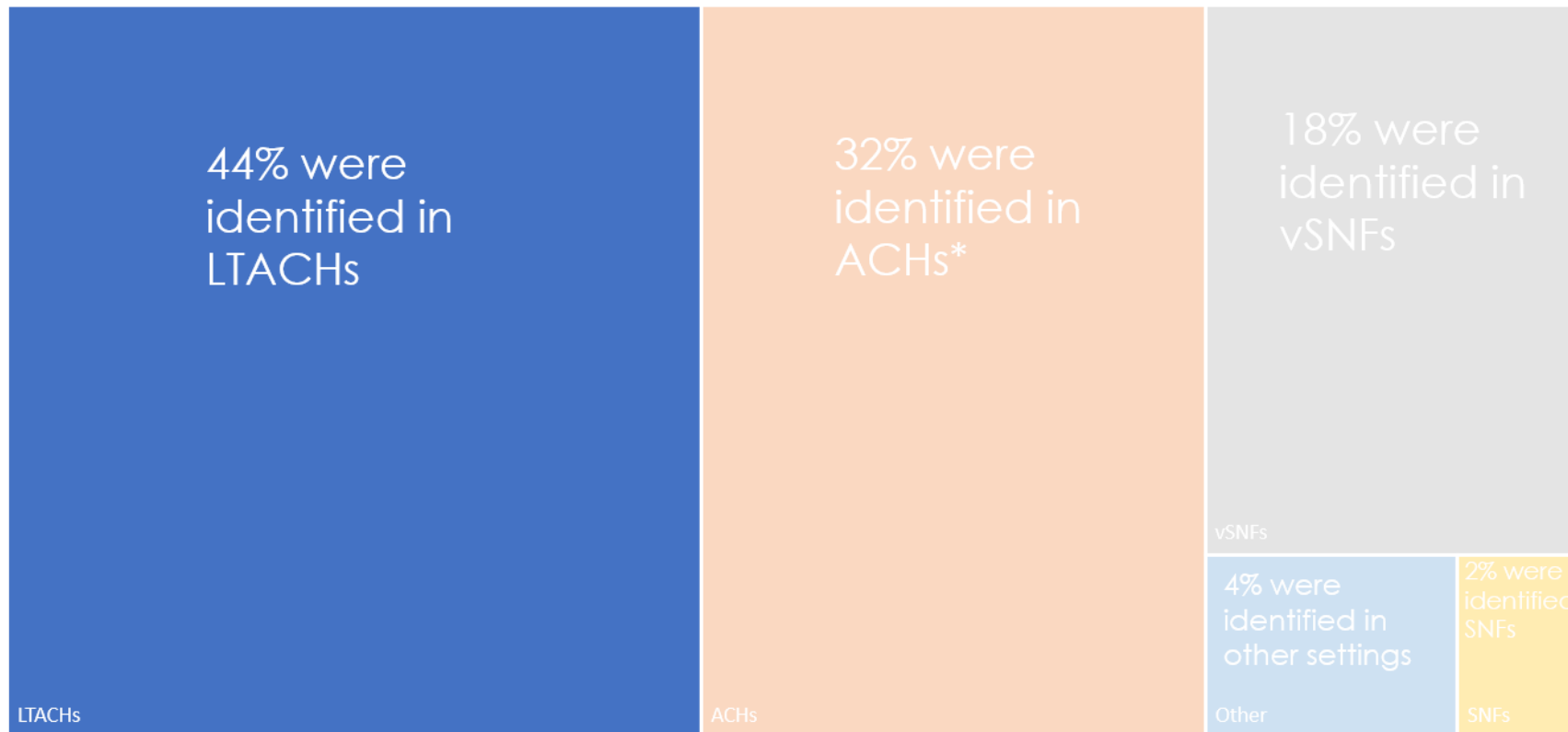
C. auris is increasing in Chicago where most cases are identified through screening





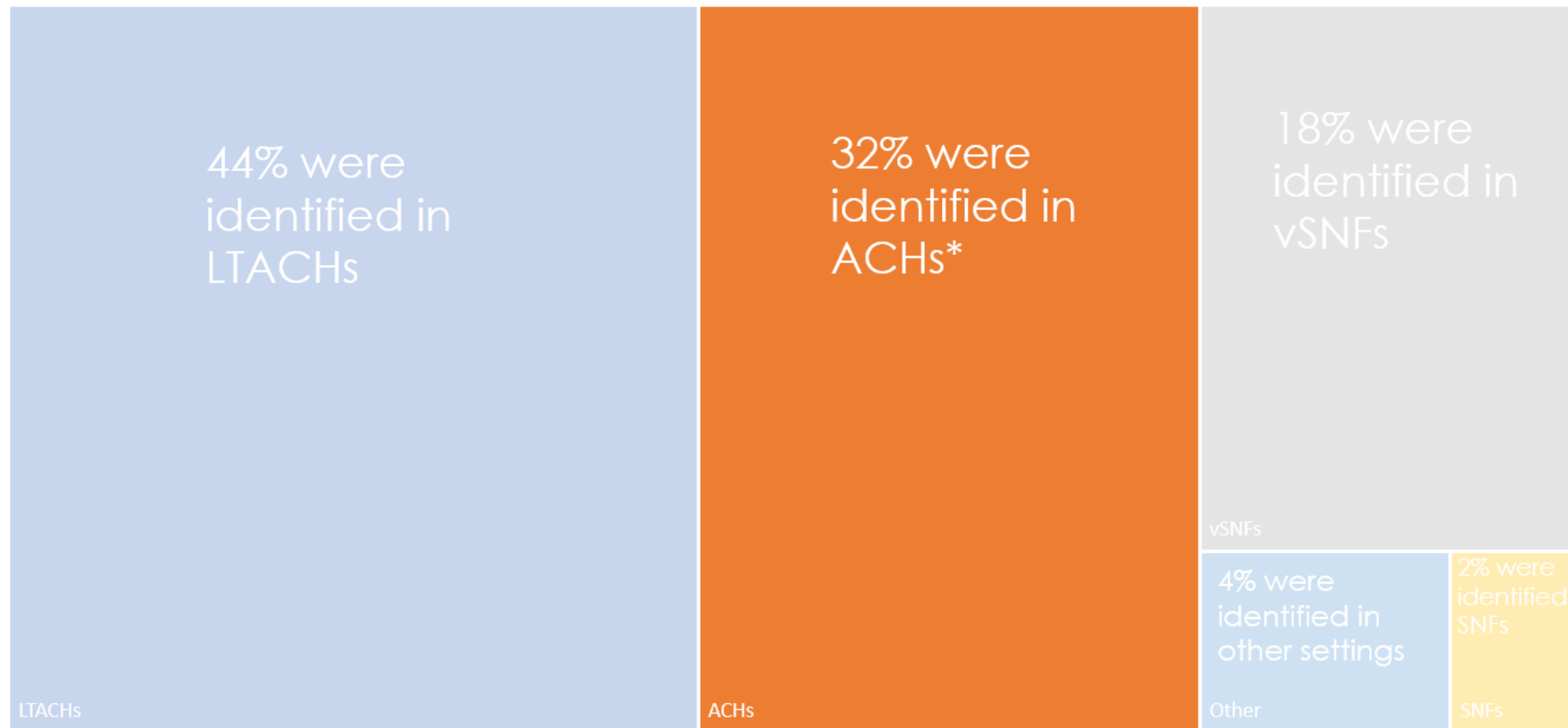
C. auris is predominantly found in LTACHs and vSNFs

- Among all C. auris cases (n=2,130) since 2016,



C. auris is predominantly found in LTACHs and vSNFs

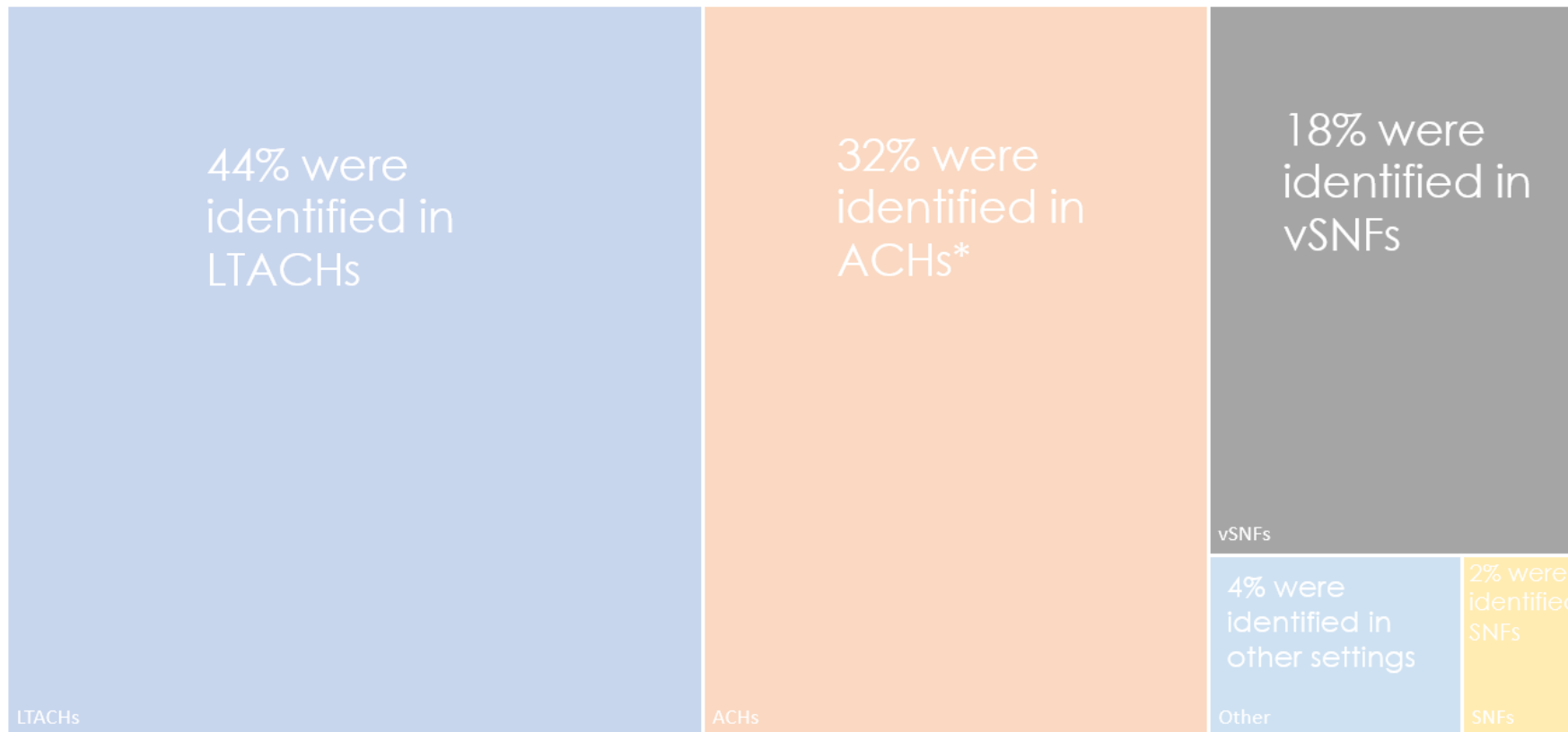
- Among all *C. auris* cases (n=2,130) since 2016,



*These mostly represent clinical cases that are identified in acute care settings since the patient is tested at the hospital when experiencing an active infection. Many of these cases reside in long-term care facilities

***C. auris* is predominantly found in LTACHs and vSNFs**

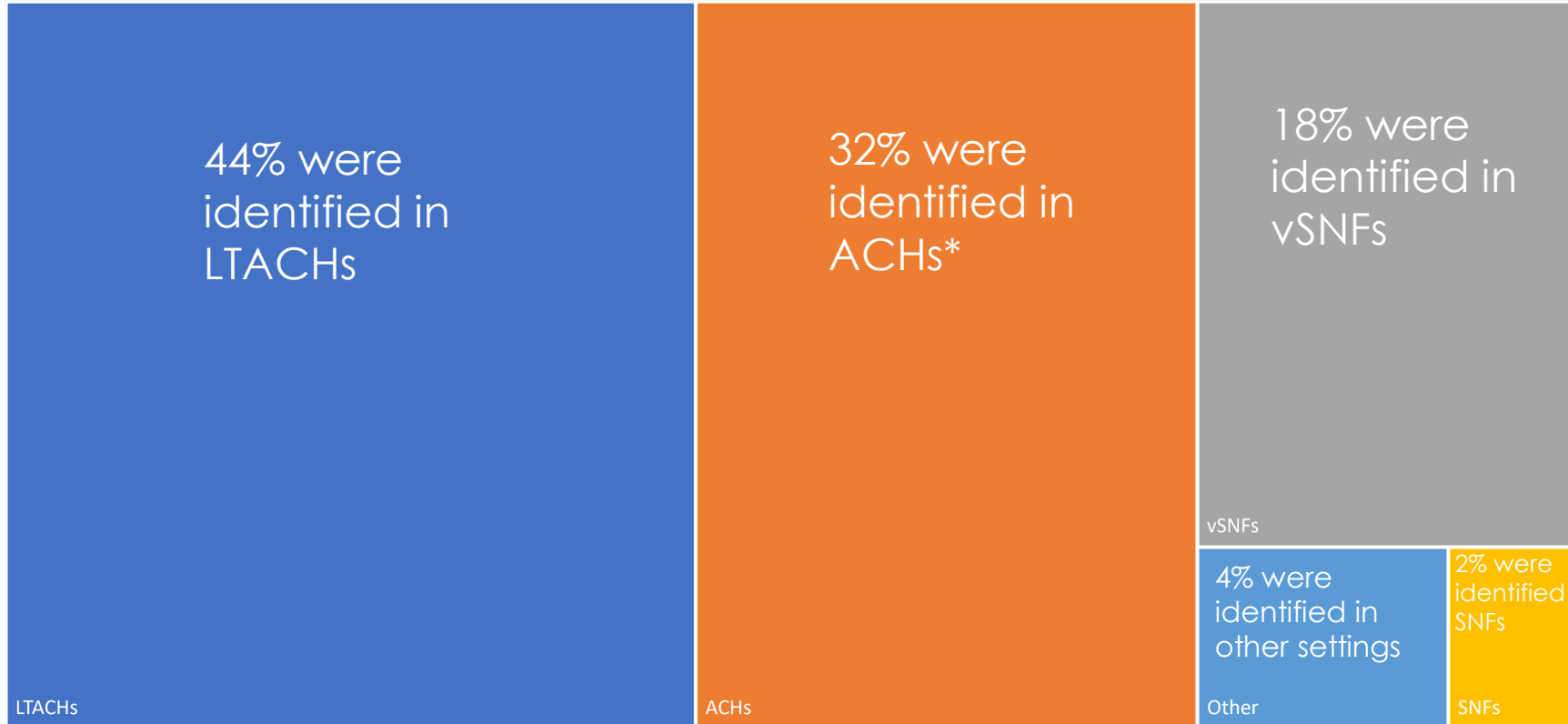
- Among all *C. auris* cases (n=2,130) since 2016,





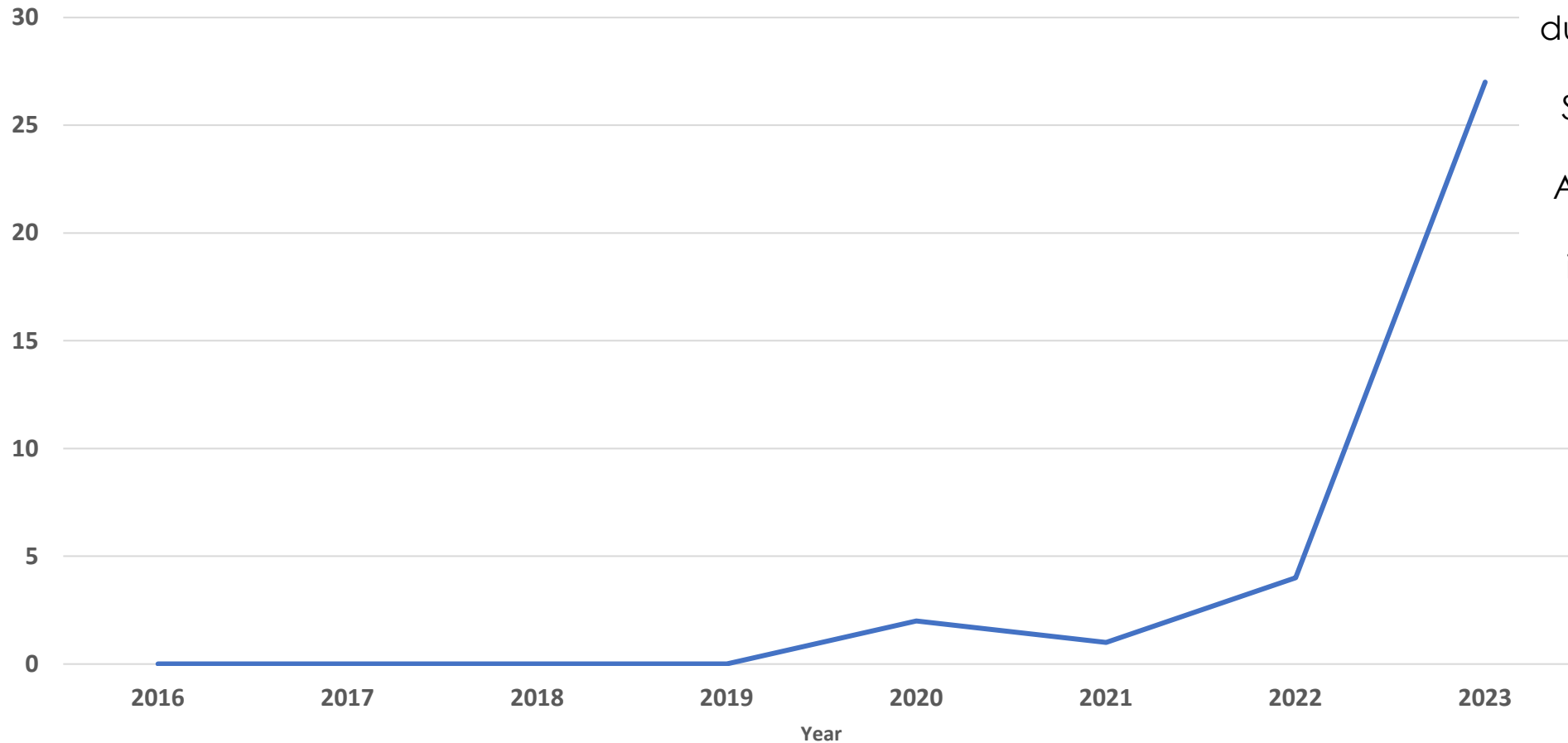
C. auris is predominantly found in LTACHs and vSNFs

- Among all C. auris cases (n=2,130) since 2016,





Although SNF cases represent a small percentage (2%) of overall cases, the number of *C. auris* cases in SNFs is increasing over time



This increase in 2023 is primarily due to an increase in screening. Screening cases represent 81%. Although, clinical cases have increased since 2022.

★ What to do if you have a C. auris case

- Ensure that residents with C. auris are placed under Enhanced Barrier Precautions (EBP) in either a private room or cohorted with other resident(s) with C. auris (and only C. auris)
- Ensure that EVS staff are using a [List P](#) agent to clean/disinfect the room
- Reinforce the importance of hand hygiene among staff and ensure alcohol-based hand rub (ABHR) is readily available
- Depending on the situation, someone at CDPH may reach out to:
 - Request completion of a case report form
 - Coordinate specimen collection on roommate(s) that the resident had prior to being placed on EBP
 - Schedule a point prevalence survey (PPS)



FAQ: Do residents with peripheral IVs need to be on Enhanced Barrier Precautions?

- In an e-mail exchange with Deb Burdsall, CDC stated that peripheral IVs would not be an indication for Enhanced Barrier Precautions.
- This is not explicitly mentioned on the CDC website.



Environmental Services (EVS)

The 3 W's

- What is it?
- Why is it important?
- Who should be involved?

Jovanté Thomas
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Question 1:

True or False?

Environmental Services and Housekeeping are two different departments in LTC facilities

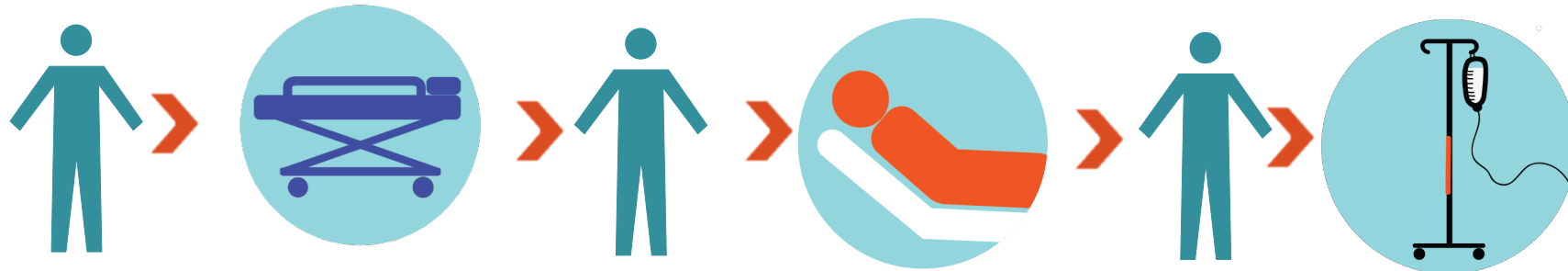


FALSE

- **Explanation:** In the past, the department responsible for care and hygiene in LTC facilities was often referred to as the housekeeping department.
- However, because cleaning and sanitation practices are now viewed in the broader context of facility safety and prevention.
- The “preferred” terminology has changed to environmental services (EVS)
- This terminology reflects awareness that LTC facilities are complex environments that contain a diversity of microbial flora, many of which can pose a risk to residents living with comorbidities.
- It also poses a risk for staff and visitors.

★ How germs move around in healthcare facilities

Germs move from place to place and to the patient



Contact transmission is most common way germs move around

- touching the equipment in the room then touching the patient and/or things the patient may have touched.
- touching the door handles, call light, side rails, toilets, sinks, and TV/call remotes, are examples of surfaces that are commonly touched by the patient and the health care worker

Germs can also move on wheelchairs, gurneys, patient beds, and other types of medical equipment that the patient uses

★ Examples of High-Touch surfaces

- Bed rails and controls
- Overbed table and controls
- Underside of overbed table
- Handles on bedside stand



- Call light/button
- TV remote
- Telephone
- Chairs and recliners



Frequent Hand Contact
Doorknobs, bedrails, light switches, over bed tables in the patient's room, and the edges of privacy curtains



How Long Germs Last in the Environment

Pathogen (Germ)	Survival Time on Dry Surfaces
Acinetobacter spp. (ACBA)	3 days – 5 months
Bloodborne pathogens (hepatitis)	> One week
Clostridium difficile (spores)	5 months
Escherichia coli	1.5 hours – 16 months
Enterococcus (VRE and VSE)	5 days – 4 months
Klebsiella spp.	2 hours - > 30 months
Mycobacterium tuberculosis (TB)	1 day – 4 months
Pseudomonas aeruginosa	6 hours – 16 months
Serratia marcescens	3 days – 2 months
Staph: MSSA, MRSA	7 days – 7 months
Streptococcus pyogenes (GAS)	3 days – 6.5 months

Kramer et al. (2006) BMC Infect Dis 2006;6:130e137.

Question 2:

True or False?

Cleaning destroys the number of potential pathogens on a surface

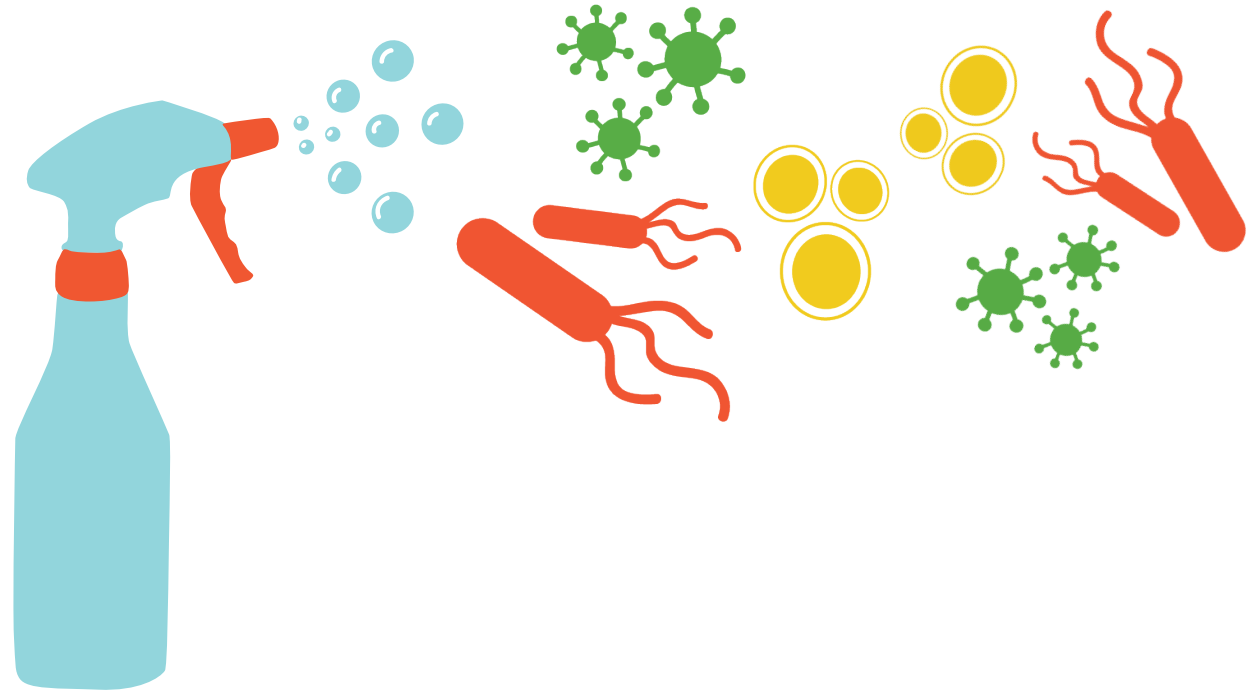


Cleaning is the physical removal of dirt, bodily fluids, and other organic matter.



FALSE

Disinfection destroys the number of potential pathogens on a surface.





How To Read a Disinfectant Product Label

- Understanding the information on a disinfectant product is essential for effective disease organism removal and the safety of those handling the product
- It is a violation of federal law to use a product in manner inconsistent with its labeling

Only products with EPA registration numbers should be used. This number indicates the product has been reviewed by the EPA and poses minimal risk to animals, people and the environment when used in accordance with the label.

Products must be used according to label directions. Disinfectants (i.e., antimicrobial pesticides) are regulated under the Federal Insecticide, Fungicide, and Rodenticide (FIFRA) Act.

EPA Reg. No. 1658-XX EPA Est. No. 16XX-MO-1

COMPANY Y

Product-X

Disinfect-Cleaner-Sanitizer-Fungicide-Mildewstat-Virucide* – Deodorizer for Hospitals, Institutional and Industrial Use
Effective in hard water up to 400 ppm hardness (calculated as CaCO₃)
in the presence of 5% serum contamination

ACTIVE INGREDIENTS:

Octyl decyl dimethyl ammonium chloride.....	1.650%
Diocyl dimethyl ammonium chloride.....	0.825%
Didecyl dimethyl ammonium chloride.....	0.825%
Alkyl dimethyl benzyl ammonium chloride.....	2.200%
INERT INGREDIENTS.....	94.500%
TOTAL.....	100.000%

KEEP OUT OF REACH OF CHILDREN
DANGER
HAZARD TO HUMANS AND DOMESTIC ANIMALS

PRECAUTIONARY STATEMENTS
CORROSIVE: Causes severe eye and skin damage. Do not get into eyes, on skin, or clothing. Wear goggles or face shield and rubber gloves when handling Product X. Harmful or fatal if swallowed. Wash thoroughly with soap and water after handling.
ENVIRONMENTAL HAZARDS: This product is toxic to fish. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. For guidance contact your State Water Board or Regional Office of the EPA.
PHYSICAL AND CHEMICAL HAZARDS: Do not use or store near heat or open flame.
STATEMENT OF PRACTICAL TREATMENT: In case of contact, immediately flush eyes or skin with plenty of water for at least 20 minutes. For eyes, call a physician. Remove and wash contaminated clothing before reuse. If ingested call a physician immediately.
NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage.

Manufactured by Y Chemical Company, Somelton, Somestate 60345

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.

DIRECTIONS FOR USE
Product X is a germicide, soapless cleaner and deodorant which is effective in water up to 400 ppm hardness in the presence of organic soil (5% serum). When used as directed, will not harm tile, terrazzo, resilient flooring, concrete, painted or varnished wood, glass or metals.

FOR USE IN VETERINARY CLINICS, ANIMAL CARE FACILITIES, LIVESTOCK FACILITIES AND ANIMAL QUARANTINE AREAS
Apply Product X to walls, floors and other hard (inanimate) non-porous surfaces with a cloth, mop or mechanical spray device so as to thoroughly wet surfaces. Prepare a fresh solution daily or when use solution becomes visibly dirty.

DISINFECTION – To disinfect hard surfaces, use 1 fluid ounce of Product X per gallon of water. Apply by immersion, flushing solution over treated surfaces with a mop, sponge or cloth to thoroughly wet surfaces. Allow treated surfaces to remain moist for at least 15 minutes before wiping or rinsing. Product X will disinfect hard, non-porous surfaces in veterinary clinics, animal care facilities, livestock facilities and animal quarantine areas.
For heavily soiled areas, a preliminary cleaning is required.

2 oz. gallon use-level. The activity of Product X has been evaluated in the presence of 5% serum and 400 ppm hard water by the AOAC use dilution test and found to be effective against a broad spectrum of gram negative and gram positive organisms as represented by:

<i>Pseudomonas aeruginosa</i>	<i>Enterobacter aerogenes</i>
<i>Staphylococcus aureus</i>	<i>Streptococcus faecalis</i>
<i>Salmonella choleraesuis</i>	<i>Shigella dysenteriae</i>
<i>Escherichia coli</i>	<i>Brevibacterium ammoniagenes</i>
<i>Streptococcus pyogenes</i>	<i>Salmonella typhi</i>
<i>Klebsiella pneumoniae</i>	<i>Serratia marcescens</i>

Boot bath: Use 1.5 fluid ounces per gallon in boot baths. Change solution daily and anytime it becomes visibly soiled. Use a bristle brush to clean soil from boots before disinfecting with Product X.

Disinfecting trucks and farm vehicles: Clean and rinse vehicles and disinfect with 1 fluid ounce per gallon of Product X. If desired, rinse after 12 minutes contact or leave unrinsed. Do not use Product X on vaccination equipment, needles, or diluent bottles as the residual germicide may render the vaccines ineffective.

Sanitizing non-food contact surfaces (such as floors, walls, tables, etc.): A 1 ounce per 2 oz. gallon use-level, Product X is an effective sanitizer against *Staphylococcus aureus* and *Klebsiella pneumoniae* on hard porous and non-porous environmental surfaces. Treated surfaces must remain wet for 60 seconds.

This section will describe the hazards related to humans and animals when using this product. It recommends personal protective gear that should be worn, what effects it will have on the environment and treatment information should it be splashed into the eyes or ingested.

Some products may have multiple uses (i.e., cleaning versus disinfection) and require different dilutions and contact times for such actions.

This section describes what disease organism the product works against and under what conditions it was tested.

This section describes what dilutions should be used for different applications. Specialty applications (e.g., boot baths) will also be listed.



Question 3

- This type of cleaning occurs once a resident is discharged or transferred. It includes not only high-touch surfaces but also mattresses, headboards, furniture, and (if used) privacy curtains. Which answer best describes this ?
 - A. Terminal cleaning
 - B. Routine cleaning
 - C. Deep cleaning
 - D. Scheduled cleaning



Question 3

- This type of cleaning occurs once a resident is discharged or transferred. It includes not only high-touch surfaces but also mattresses, headboards, furniture, and (if used) privacy curtains. Which answer best describes this ?
 - A. Terminal cleaning**
 - B. Routine cleaning
 - C. Deep cleaning
 - D. Scheduled cleaning

★ Terminal Room Cleaning

- **Unused items**, such as **toilet paper** and **towels**, are considered **CONTAMINATED** and should be discarded if disposable, or cleaned if reusable.
- **All linen** in the resident's room, both **used** and **unused**, is considered **CONTAMINATED** and must be sent to laundry.
- Pillows and mattresses should be inspected. If holes are found, the item must be replaced.
- A hospital-grade, EPA-approved disinfectant or combination cleaner/disinfectant should be used during all steps of the terminal cleaning process
- EVS staff must use PPE, including a gown, when performing terminal cleaning. All PPE must be removed and discarded upon exiting the cleaned room.



Cleaning practices that must be specified in the EVS policies and procedures include the following:

- Approved cleaning and disinfecting products, their use(s), and storage
- Procedures and schedules for routine cleaning and trash removal
- EVS staff safety, PPE, chemical safety, and Safety Data Sheets (SDS)
- Terminal cleaning procedures
- Cleaning in isolation rooms and MDRO awareness
- Floor cleaning and buffing
- Hazardous and non-hazardous spills
- Disposal of biohazard containers (including steps to take if sharps and discovered in the regular trash)
- Use of wipes, mops, and other cleaning supplies
- Routine cleaning of common areas
- Cleaning of glass and windows
- Maintenance of carpets, privacy curtains, mattresses, and other soft surfaces

MONITORING CLEANING AND DISINFECTION PRACTICES



Trash

- **The IP should monitor that the steps below are being followed:**
 - Facility trash containers should be lined. EVS staff must lift the liner rather than reaching into containers
 - Trash bags should be removed when three-quarter full and tied (or otherwise secured).
 - Trash bags should not be left on the floor but instead must be removed in an approved holding bin or dumpster
 - Medical waste, especially biohazard containers, cannot be mixed with regular trash

Medical Waste

- Any facility that generates regulated medical waste should have a regulated waste management plan to ensure health and environmental safety as per federal, state, and local regulations. Before developing a medical waste management plan, the LTC facility should obtain and review all pertinent regulations.



Laundry and Linen Handling and Storage

- The **Centers for Medicare & Medicaid Services (CMS)** regulations emphasize that linens must be handled, stored, and processed in a way to prevent the spread of infection.
- Healthcare staff uniforms and clothing have shown to play a potential role in transmission. Healthcare textiles, including worker apparel, can provide a vector for cross-contamination of pathogens such as *C. difficile*, methicillin-resistant *Staphylococcus aureus* (MRSA), *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, and norovirus.
- It is recommended that the **IP** and **EVS manager** visit the laundry processing plant on a regular and routine basis. If possible, contracting with a laundry service that is accredited by a healthcare laundry accreditation agency will help to ensure that best practices should be followed.

Linen Transport

- **The following are recommendations for linen transport:**
 1. Carts transporting clean linens and laundry should be moved to the designated storage area as quickly as possible.
 2. Carts covers should be inspected for any contamination with dirt or debris and removed or replaced as needed.
 3. Linen should always remain covered from delivery, to the storage area and while being stored in the facility.
 4. Laundry transported to and from the facility should be separated according to whether it is clean or dirty. While the same cart or vehicle can be used for clean and soiled linen there **must** be a physical separation.

Linen Storage

- **The following are recommendations for linen transport:**
 1. Cleaning linen should be stored in a separate location from soiled linen and other contaminants. Nothing should be stored in that space except for clean linen.
 2. Shelves in the storage area should be **2 inches** from the wall to allow for adequate cleaning
 3. Shelving units should have a solid bottom.
 4. The bottom shelf should be **8 inches** from the floor and the top shelf be **18 inches** below the ceiling.
 5. Storage carts and racks should remain covered to prevent contamination from dirt, dust, debris and any other pathogen.
 6. Storage carts should be cleaned routinely

Linen Distribution

- **The following are recommendations for linen transport:**
 1. HCP should perform hand hygiene prior to handling linens and after touching potentially contaminated surfaces.
 2. To avoid cross-contamination, HCP should never carry clean or dirty linens against their work uniform or unclothed arms to avoid contamination.



Blood Glucose Monitoring Equipment and Supplies

- **IPC practices for blood glucose monitoring equipment and supplies must include the following:**
 1. Never reuse lancets (fingerstick devices) on more than 1 resident
 2. Never reuse insulin pens for more than 1 resident
 3. Always change gloves and performing hand hygiene between fingerstick procedures
 4. Clean and disinfect blood glucose meters between uses when equipment is shared.

EVS Quality Monitoring and Audit Tools

Checklist for Setting Up EVS Cart

Chemical Safety and Environment Services (EVS)

1. Perform hand hygiene before settling up EVS cart
Clean hands with alcohol-based hand rub or wash with soap and water
2. Check for supply of proper cleaning and disinfecting equipment for the day's tasks
3. See that labels of each chemical product are intact on the container
4. Make sure all chemical agents prepared from concentrates are diluted in automatic dispensing systems according to the manufacturer's directions
Does each of the labels include the date when the chemical agent was prepared?
5. Read labels of chemical cleaning agents before you use them. Labels should contain the following information:
 - **Name, Address and Telephone Number of the manufacturer**
 - **Product Identifier** -identifying a hazardous chemical
 - **Signal Word**- such as "danger" or "warning"
 - **Hazard Statements** -describing the nature of the hazard(s)
 - **Precautionary Statements** - recommending measures to take to minimize or prevent adverse effects
 - **Hazard Symbols**- pictograms or graphic symbols to warn you about specific and potential dangers in the use of the chemical
6. Check for supply of Personal Protective Equipment (PPE)
 - **Gowns**
 - **Masks** – surgical and respirators
 - **Eye protection/goggles**
 - **Gloves** including mesh and cut-resistant liners if needed

DAILY CLEANING INSPECTION FORM

Place a "Y" for all areas that meet the inspection standard.
Comment on areas that do not meet the standard.

Date Completed _____
Completed by _____

PATIENT ROOM # _____	If Yes = Y If No = N and comment	COMMENT
Hand wash sink clean		
Soap, alcohol rinse dispensers are clean/stocked/not expired		
Ceiling tiles, air vents, sprinklers clean		
Sharps container checked, garbage cans emptied		
Equipment- i.e., IV and/or tube feeding pole and base, clean		
Computer keyboard and mouse		
Cabinet handles and surfaces clean and free of tape and hand prints		
TV, front and back wiped clean		
Bedside table surface and pulls clean		
Ceiling lift is clean and dust free		
Over bed table surface clean, track for slider clean, base clean		
Floors clean, not sticky, free of dust		
Telephone, hand set clean		
Remote control clean		
Room fan on countertop dust-free		
Sleeper couch/chair- clean		
Room chair arm rests, back, side, head rest, and seat clean		
Windows are clean on inside and ledges are dust free		
Countertops, desk area, and chair are clean		
Closet looks and smells clean		
BED		
All side rails are free of tape, and clean, including both sides of rails, crevices around controls, bottoms of rails		
Frame is dust free		
Controls at foot of bed are clean and dust free if applicable		
Call light and cord are clean		
BATHROOM		
Sink and counters free of water spots and clean		
Soap dispensers are clean and stocked		
Lights are dust free, mirror clean, light switches clean		
Toilet is clean, floor around and behind toilet is clean		
Pipes around toilet are free of water build up and clean		
Pull cords are clean and hang free of railings		
Bathroom smells clean, no odors noted		
Bathroom door is clean and free of handprints, handles are clean		
TOTAL ITEMS MET PER ROOM	/32	

DISCHARGE/TERMINAL CLEANING INSPECTION FORM

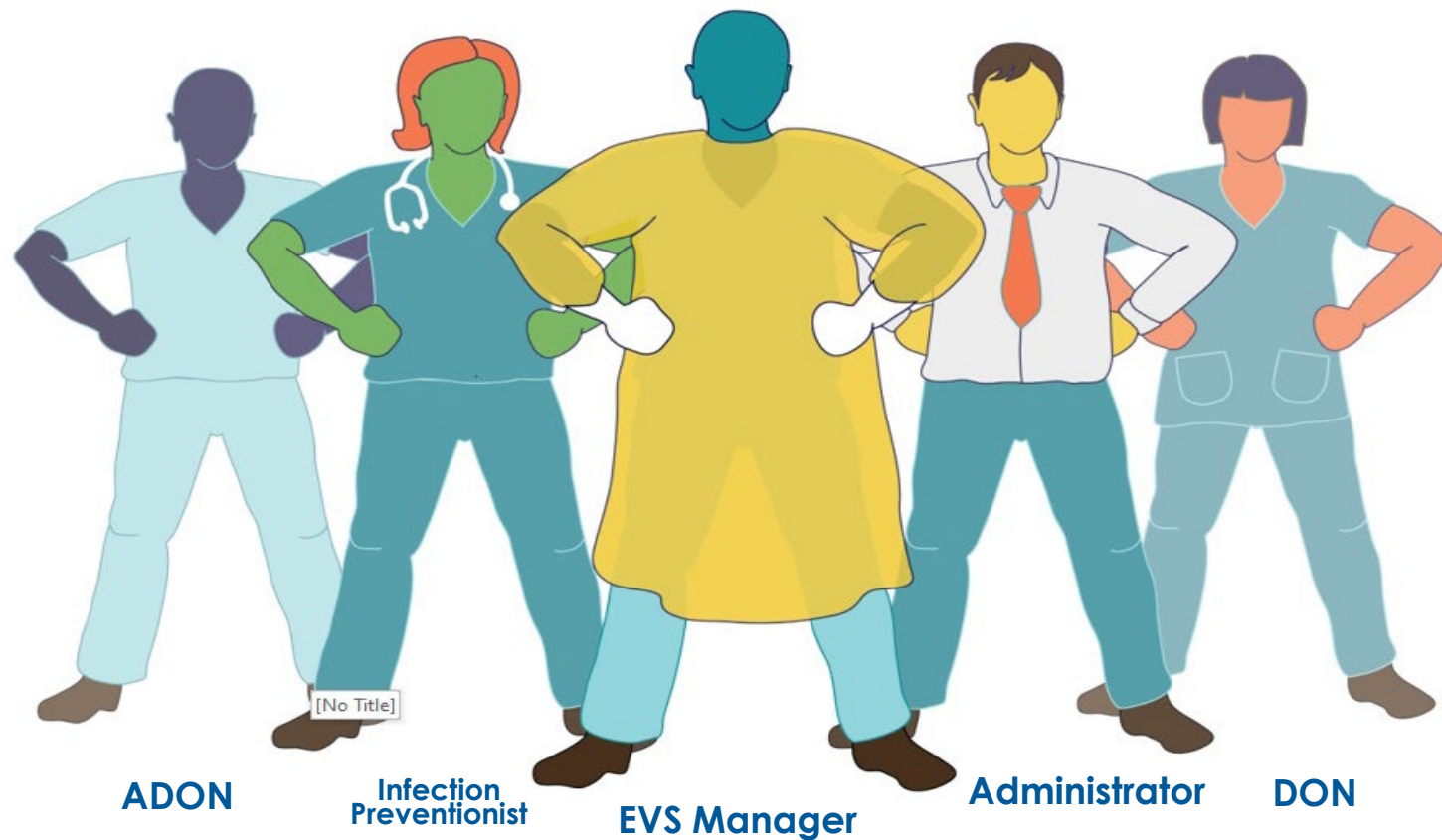
Place a "Y" for all areas that meet the inspection standard.
Comment on areas that do not meet the standard.

Date Completed _____
Completed by _____

PATIENT ROOM # _____	If Yes = Y If No = N and Comment	COMMENT
Room looks and smells clean upon entering		
Soap, towel, alcohol rinse dispensers are clean/stocked not expired		
Ceiling tiles/air vents/sprinklers clean		
Sharps container has been checked and changed if needed, garbage cans emptied and wiped clean		
Hand wash sink is clean		
Privacy curtain clean/changed		
Med drawers, cupboards cleaned & pt server free of supplies		
Stethoscope clean		
Floors are clean, not sticky, free of dust in corners & under sleeper, base boards clean		
Cabinet handles and surfaces clean and free of tape and hand prints		
TV, front and back dusted, clean		
Bedside table surface clean-Drawers inside, and pulls clean		
Suction supplies, suction canister are emptied/gone		
Ceiling lift is clean and dust free		
Over bed table surface clean, track for slider clean, base clean		
Open over bed table: inside tray surfaces clean on both sides mirror, glasses holder clean, underside of over bed table clean		
Telephone, and hand set are clean		
Remote control is clean		
Room fan on countertop is clean		
Sleeper couch is opened and clean		
Room chair arm rests, back, side, head rest, and seat are clean.		
Windows are clean on inside and ledges are dust free.		
Countertop, desk area, and chair are clean		
Closet looks and smells clean, pillow w/ no case stored in closet. Storage drawers emptied and wiped out		
BED		
Ledge above bed, over bed light, gas and suction heads, frames, clean		
Pillows are clean, smell clean		
All side rails are free of tape, both sides of rails, crevices around controls, bottoms of rails all clean		
Frame is dust free		
Controls at foot of bed are clean and dust free		
Call light and cord are clean		
BATHROOM		
Ceiling, walls and floor without hard water stains		
Laundry basket empty and wiped out		
Sink and counters free of water spots and clean		
Soap dispensers are clean and full		
Lights are dust free, mirror clean, light switches clean		
Shower/wand, railings are clean, free of hard water stains		
Shower curtain clean and drain is rust free		
Toilet seat, rim clean, no hard water stains in bowl, base of toilet clean, floor around and behind toilet is clean		
Pipes around toilet are free of water build up and clean		
Pull cords are clean and hang free of railings, off floor		
Bathroom smells clean, no odors noted		
Bathroom door is clean and free of handprints, door handles are clean		
Total met per room	/40	



Who should be involved in EVS?





Examples

- Kill claims or Label claims
- Direct contact time required for disinfectant's effectiveness
- EPA-approved disinfectants on K, P, and N List:
 - [List K: Antimicrobial Products Registered with EPA for Claims Against Clostridium difficile Spores | US EPA](#)
 - [List N Tool: COVID-19 Disinfectants | US EPA](#)
 - [List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris | US EPA](#)



Tag Talk

with Mark McCarville

mark.mccarville@cityofchicago.org



To do list for winter preparedness:

With references to the IDPH Annual Survey in *red*

- EP Tags **0015 & 0022**
 - 96-hour **shelter-in-place plan** included in EOP
 - Adequate **water and food** on hand for residents and staff
 - Contingency plans** for supply chain delays
- EP Tag **0020**
 - Agreements with **transportation compan(ies)** to evacuate residents
- EP Tag **0025**
 - Agreements with other **healthcare facilities to relocate** residents / patients in an evacuation

LTCF PPE Kit Project Completion

- As of this past Monday 12/11, all LTCF's that requested via the HAN survey, have received their LTCF PPE Kits.
- This year we were able to send out kits to 36 different LTCFs.
- Including the facilities that received kits in 2022, a total of **65% of all LTCFs in Chicago have received LTCF PPE Kits from CDPH.**
- Combo flu/COVID-19 rapid test kits being provided to 100% of Chicago LTCFs, at no cost, were delivered by McKesson via UPS on October 4th 2023.
- Please be sure to register for the Chicago Healthcare Coalition for Preparedness and Response (CHSCPR) to learn about additional items, trainings, and networking events provided to our LTC partners, at no cost.

www.CHSCPR.org



FAQ: Is CDPH giving long-term care facilities RSV combo tests?

- No, that is an IDPH initiative that does not cover Chicago-based facilities
- Chicago-based facilities have already received influenza & COVID combo tests from CDPH
- CDPH does not have any RSV tests to distribute

★ Upcoming Webinar

- Webinar from 3:00-3:45 p.m. [today](#)
- “Partnership in Leadership: An Administrator and DON Share Their Success Stories and Lessons Learned”
 - Cindy Woodward and Jamy VonBerg from Statesman Health and Rehabilitation in Levittown, PA discuss the role that their partnership has played in improving the culture of their facility, as well as the success of new initiatives and staff retention
- To register, click [here](#).



More of a Good Thing: A Framework to Grow and Strengthen the PALTC Careforce

Date & Time	Dec 14, 2023 03:00 PM in Central Time (US and Canada)
Description	More of a Good Thing: A Framework to Grow and Strengthen the PALTC Careforce is back with a new series of roundtable discussions designed to highlight and share effective strategies being used to improve staff retention and recruitment in PALTC settings. Each roundtable begins with a brief presentation about a project or strategy that is seeing success in growing the PALTC careforce, then participants can ask questions and share their own successes and challenges, so we can all benefit from what others are learning.

December's Roundtable Discussion:

Partnership in Leadership: An Administrator and DON Share Their Success Stories and Lessons Learned
December 14, 2023 | 4:00 – 4:45 PM ET
Moderator: Joanne Reifsnnyder, PhD, MSN, MBA, FAAN
Speakers: Cindy Woodward, NHA (Nursing Home Administrator); Jamy VonBerg, RN (Director of Nursing)

Join us as Cindy Woodward and Jamy VonBerg from Statesman Health and Rehabilitation in Levittown, PA discuss the role that their partnership has played in improving the culture of their facility, as well as the success of new initiatives and staff retention.



Questions & Answers

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