



# **COVID-19 Chicago Long Term Care Roundtable**

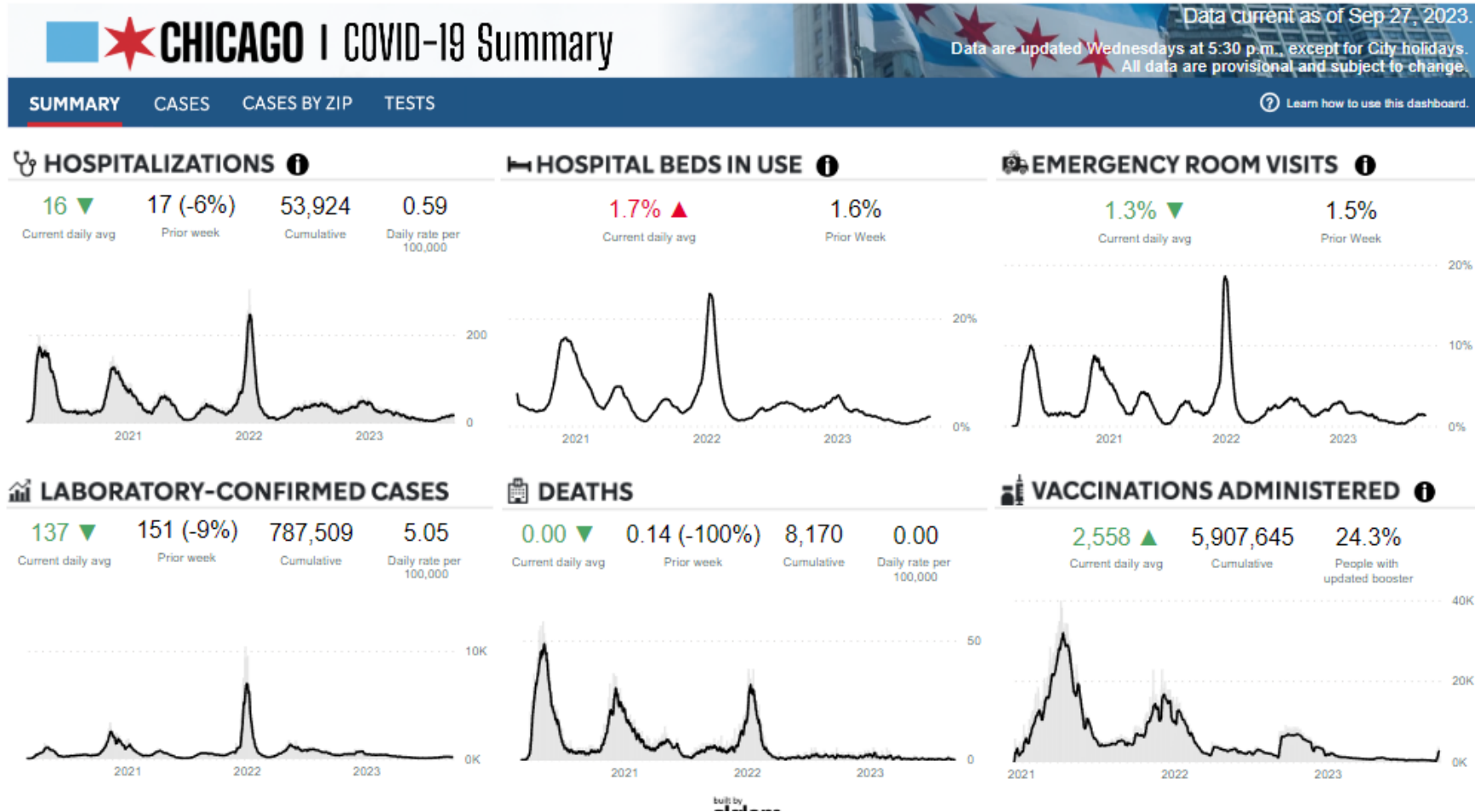
09-28-2023



# Agenda

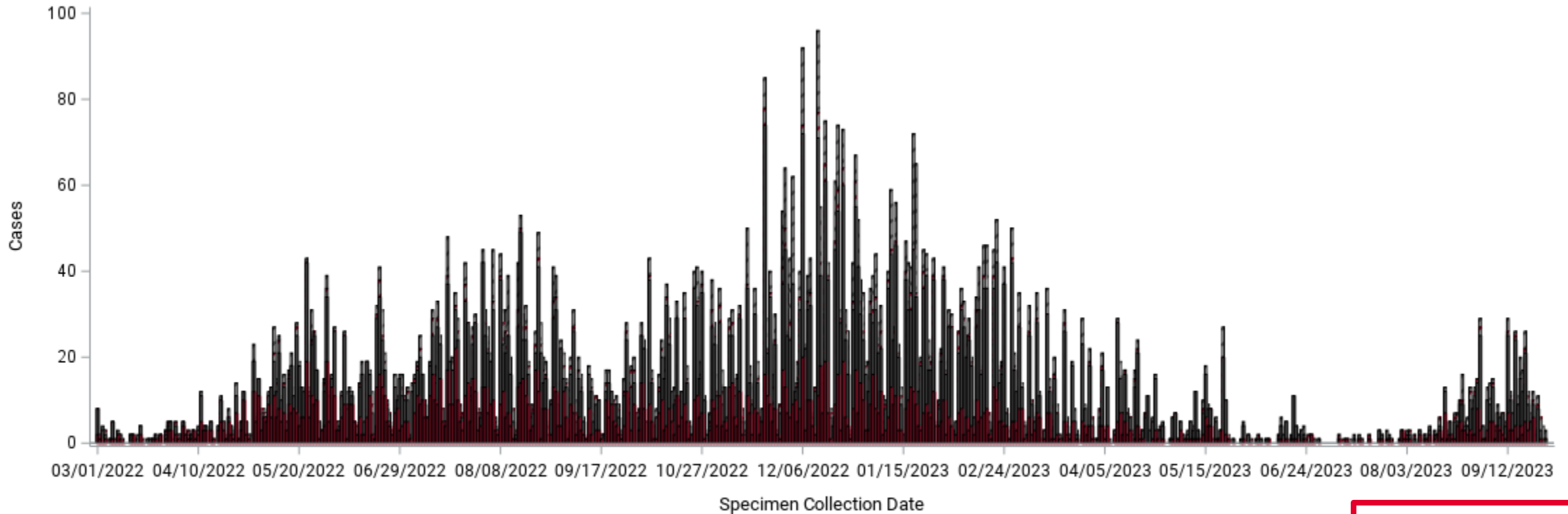
- COVID-19 Epidemiology & Updates
- Respiratory Vaccine Updates
- Resource Distribution
- Northern Illinois Respiratory Protection Program (RPP)
- Extreme Heat Response Exercise
- Project Firstline
- Questions & Answers

# Chicago Dashboard



# SNF COVID-19 Cases

(Mar. 1, 2022 – Sept. 27, 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

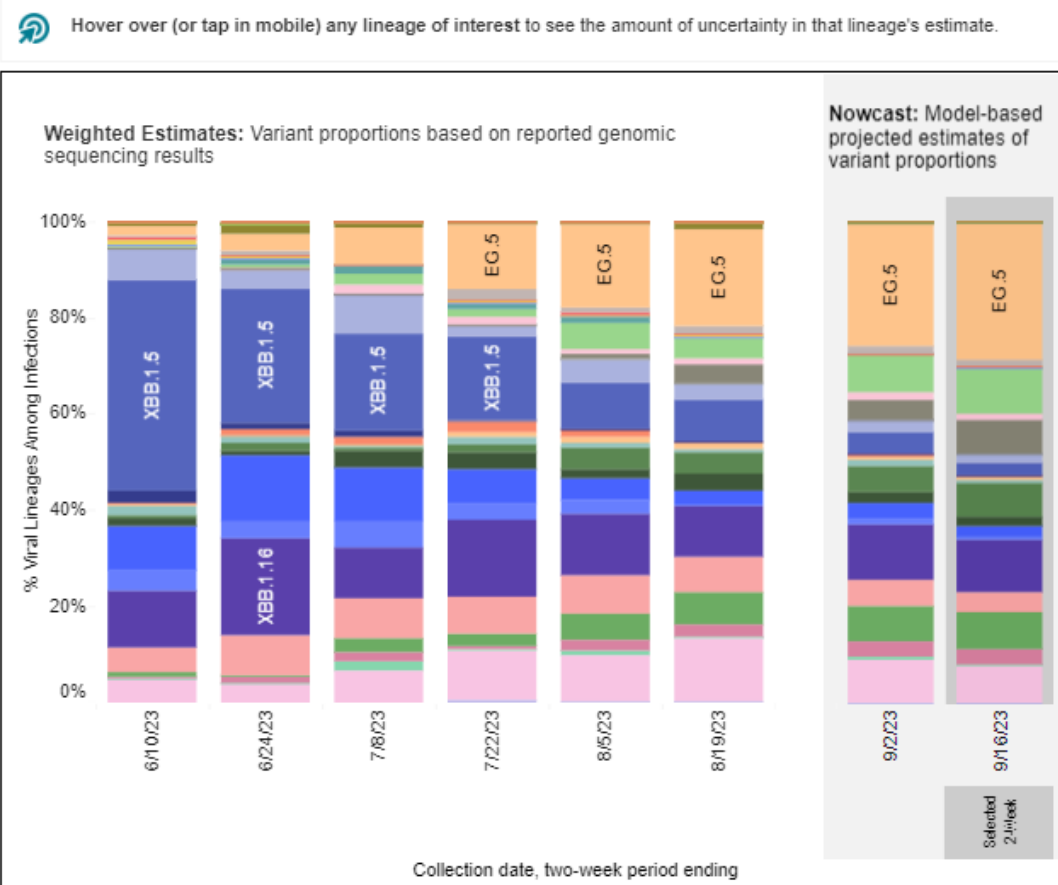
**27 (34%) SNFs  
have active  
outbreaks**

# COVID-19 Variant Proportions



Weighted Estimates in HHS Region 5 for 2-Week Periods in 5/28/2023 – 9/16/2023

Nowcast Estimates in HHS Region 5 for 9/3/2023 – 9/16/2023



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

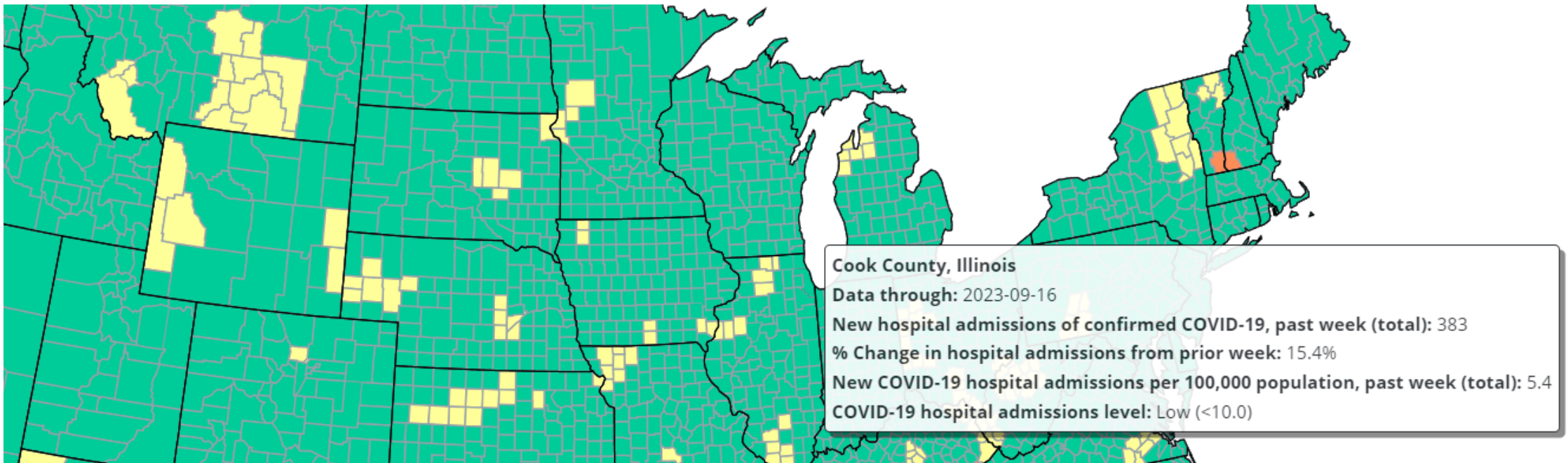
WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	28.3%	24.4-32.6%
	XBB.1.16	10.7%	8.4-13.5%
	FL.1.5.1	9.4%	7.0-12.6%
	XBB.2.3	7.4%	5.8-9.3%
	XBB.1.16.6	7.4%	5.5-9.8%
	HV.1	6.9%	3.8-12.0%
	XBB.1.5.70	6.9%	4.5-10.4%
	XBB.1.16.1	4.4%	3.5-5.4%
	XBB.1.16.11	3.2%	2.0-5.1%
	XBB.1.5	2.4%	1.7-3.2%
	XBB.1.9.1	2.1%	1.5-2.9%
	XBB.1.5.72	1.9%	1.2-3.1%
	XBB	1.9%	1.4-2.6%
	EG.6.1	1.4%	0.7-2.5%
	GE.1	1.4%	0.7-2.5%
	XBB.1.5.68	0.8%	0.5-1.5%
	XBB.1.9.2	0.7%	0.5-1.1%
	XBB.1.42.2	0.6%	0.3-1.0%
	XBB.1.5.59	0.5%	0.2-1.1%
	XBB.2.3.8	0.4%	0.2-0.9%
XBB.1.5.10	0.4%	0.3-0.6%	
CH.1.1	0.3%	0.2-0.6%	
FE.1.1	0.2%	0.1-0.5%	
FD.1.1	0.2%	0.1-0.3%	
XBB.1.5.1	0.0%	0.0-0.1%	
EU.1.1	0.0%	0.0-0.1%	
BA.2.12.1	0.0%	0.0-0.1%	
BQ.1	0.0%	0.0-0.0%	
BA.5	0.0%	0.0-0.0%	
FD.2	0.0%	0.0-0.0%	
B.1.1.529	0.0%	0.0-0.0%	
Other	Other*	0.1%	0.0-0.1%

\* 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, XBB.1.5.10, FD.2, EU.1.1, XBB.1.5.68 and XBB.1.5.70 sublineages of XBB.1.5 are aggregated to XBB.1.5. Except FL.1.5.1, sublineages of XBB.1.9.1 are aggregated to XBB.1.9.1. Except XBB.1.16.1, XBB.1.16.1 sublineages of XBB.1.16 are aggregated to XBB.1.16, sublineages of XBB.1.42.2 are aggregated to XBB. Except FE.1.1, sublineages of XBB.1.18.1 are aggregated to XBB. For all the other lineages listed, their sublineages are aggregated to the listed parent lineages respectively. Previously, FL.1.5.1, GE.1, EG.6.1 and HV.1, FD.1.1, XBB.2.3.8 was aggregated to XBB.1.9.1, XBB.2.3.10, XBB.1.9.2, XBB.1.5.15 and XBB.2.3 respectively. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.5.10, 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.5.2.6, BQ.1.1, EU.1.1, XBB.1.5.68, FE.1.1, EG.5, XBB.1.5.72, FL.1.5.1, GE.1, EG.6.1, XBB.1.16.11, FD.1.1, XBB.1.5.70, XBB.2.3.8, HV.1 and XBB.1.42.2 contain the spike substitution R346T.

# CDC COVID Data Tracker: Cook County

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





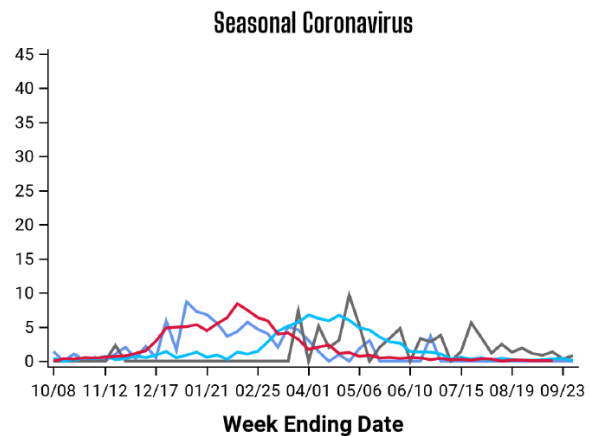
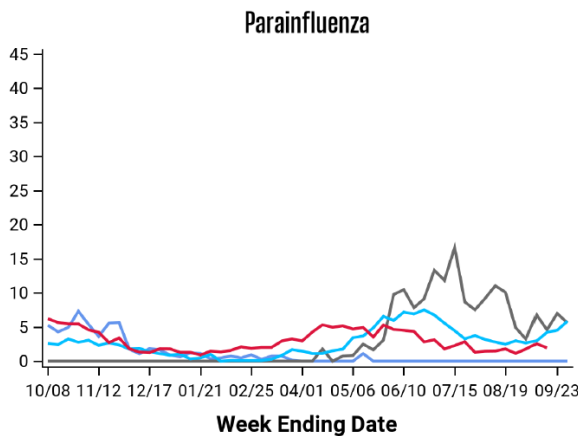
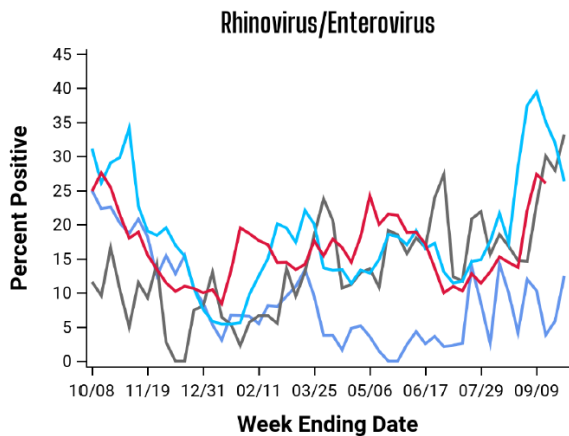
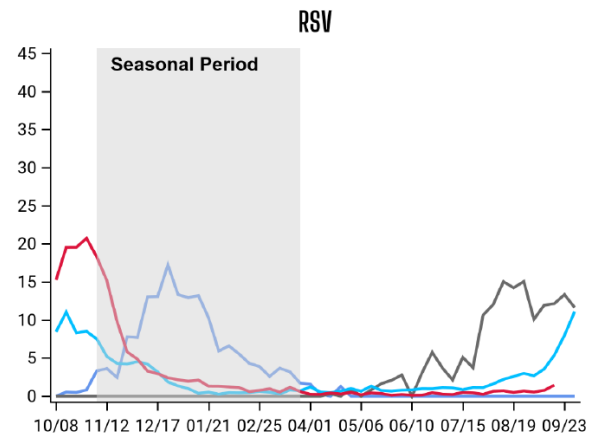
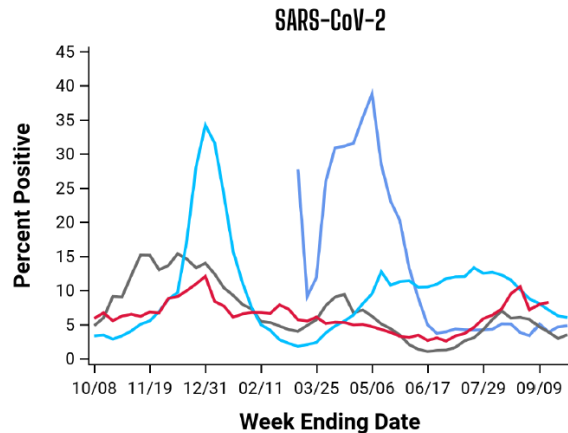
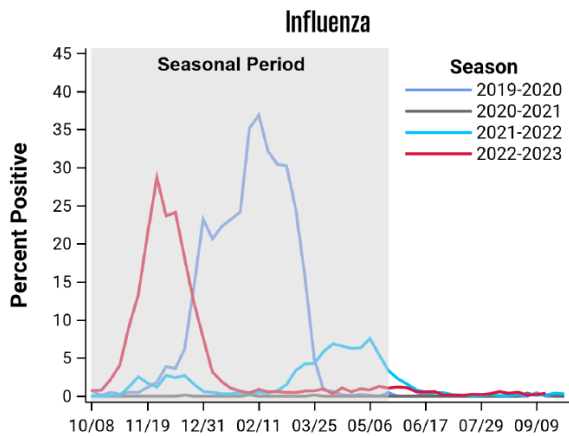
# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending September 16, 2023		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza	3,609	0.4	207,189	6.1
RSV	2,276	1.4	145,375	4.6
SARS-CoV-2	2,652	8.3	221,422	6.9
Parainfluenza	1,481	2.0	76,945	3.0
Rhinovirus/Enterovirus	736	26.1	48,468	16.4
Adenovirus	737	2.3	48,402	3.8
Human Metapneumovirus	737	0.3	48,790	3.0
Seasonal Coronaviruses	1,480	0.1	77,313	2.1

\*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
<b>Not up to date</b>	All	No required routine testing*
<b>Up to date**</b>	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.

# Updated 2023-2024 COVID-19 Vaccine

- Monovalent mRNA vaccine that targets the Omicron XBB.1.5 sublineage of SARS-CoV-2
  - Does not target the same strains as the original COVID-19 vaccine nor the previous bivalent booster
  - Options available from both Pfizer and Moderna
- Only COVID-19 vaccine available at this time
  - Previous bivalent vaccine is no longer authorized
- Can get the new COVID-19 vaccination at the same time as other respiratory virus vaccinations
  - Currently, more research exists on the co-administration of COVID & influenza and RSV & influenza vaccines. There is less research on the co-administration of COVID & RSV vaccines, but it is still allowed.

# Respiratory Syncytial Virus (RSV)

- Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms.
- People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start showing signs of illness.
- Older adults are more likely to develop severe RSV and need hospitalization.
- RSV can sometimes lead to worsening of serious conditions such as:
  - Asthma
  - COPD
  - Congestive heart failure
- Vaccines are now available to protect older adults from severe RSV.



# RSV Vaccine

- There are two RSV vaccines licensed by the FDA for use in **adults 60 and older**.
  - RSVPreF3 (**Arexy**; GSK) is a 1-dose adjuvanted recombinant prefusion F protein (preF) vaccine
  - RSVpreF (**Abyrsvo**; Pfizer) is a 1-dose recombinant preF vaccine
- Both vaccines contain a part of the RSV virus and work by causing an immune response that can protect you from respiratory disease if you are infected with RSV in the future.
- Even if you had RSV infection in the past, the RSV vaccination can help prevent future respiratory disease from RSV. There is no specific length of time that you need to wait after having an RSV infection before you can receive an RSV vaccine.
- So far, RSV vaccines appear to provide some protection for at least two RSV seasons. Additional surveillance and evaluation activities are planned to assess how long the vaccines protect against RSV and whether additional doses will be needed.

# ★ Who should get the RSV vaccine?

- Adults 60 years and older (no maximum age for getting RSV vaccination) should use shared clinical decision-making (SCDM).
- SCDM means that health care providers and their patients should have a conversation to consider the patient's risk for severe RSV-associated disease.
- Adults with chronic underlying medical conditions associated with increased risk of severe RSV disease:
  - Lung disease, cardiovascular disease, moderate or severe immune compromised, diabetes, neurologic or neuromuscular conditions, kidney disorders, liver disorders, and hematologic disorders
- Other factors to consider:
  - Residence in a nursing home or long-term care facility, frailty, and advanced age

# RSV Vaccine FAQs

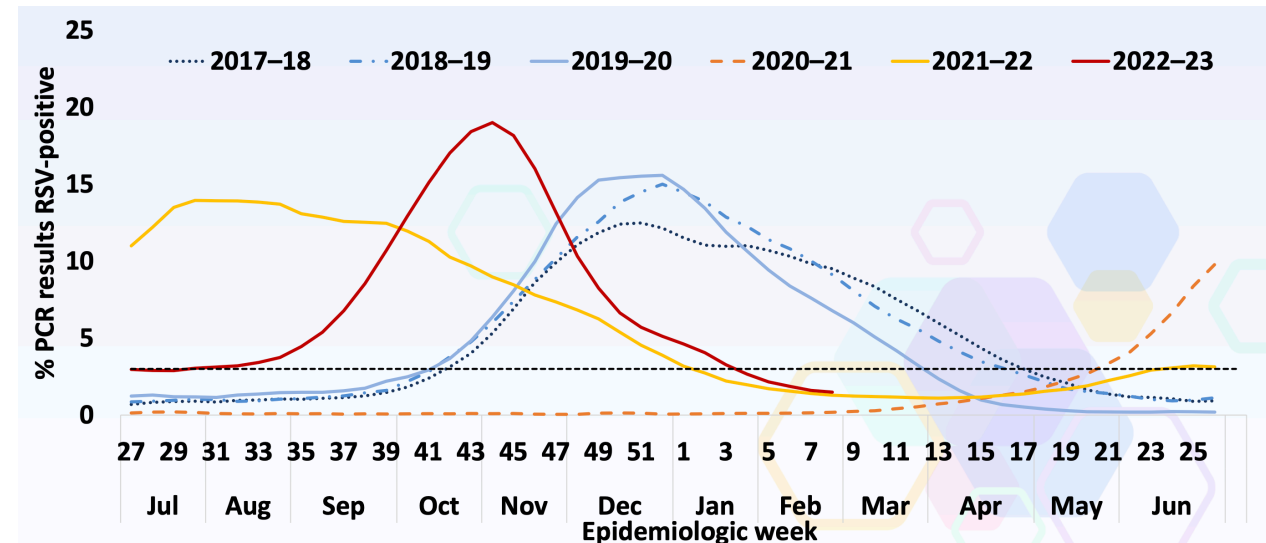
## Can I give RSV vaccine with other adult vaccines?

Administration of RSV vaccine on the same day with other adult vaccines is acceptable. However, according to results of coadministration studies of RSV vaccines with influenza vaccines, common side effects, such as fever and soreness at the injection site, may be increased when these two vaccines are administered on the same day. Some studies also suggest it's possible that the RSV and flu vaccines may not produce as strong of an immune response if they're given on the same day, but the clinical significance of this is unknown. Additional research is ongoing to further inform guidance on same-day administration of the RSV vaccine and other adult vaccines, including the COVID-19 vaccine.

# ★ RSV Vaccine FAQs

## What is the best time of year to give RSV vaccine?

Optimally, vaccination should occur before the onset of the fall and winter RSV season. However, typical RSV seasonality was disrupted by the COVID-19 pandemic and has not returned to pre-pandemic patterns. For the 2023–24 RSV season, providers recommending RSV vaccine based on SCDM should administer RSV vaccine as early as vaccine supply becomes available.







## Older Adults Are at High Risk for Severe RSV Illness

Respiratory Syncytial Virus, or RSV, is a common virus that affects the lungs and breathing passages

- ✓ RSV vaccine is available to adults 60 and over
- ✓ It can PROTECT against severe illness
- ✓ Talk to your doctor to see if vaccination is right for you



### RSV can be dangerous for older adults

Adults who are 60 years or older are at highest risk, especially:

- Adults who have chronic heart or lung disease
- Adults who have weakened immune systems

### RSV can lead to serious conditions

- Pneumonia (infection of the lungs)
- Hospitalization
- More severe symptoms for people with chronic obstructive pulmonary disease (COPD)
- More severe symptoms for people with congestive heart failure

### Everyday preventive measures help protect against respiratory viruses

- Wash hands often
- Cover coughs and sneezes
- Avoid close contact with sick people
- Clean frequently touched surfaces
- Avoid touching your face with unwashed hands
- Stay home when sick

**EACH YEAR RSV causes serious illness in older adults**

**60,000–160,000 hospitalizations**

**6,000–10,000 deaths**



[www.cdc.gov/rsv](http://www.cdc.gov/rsv)

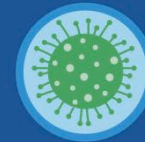
CS 341839-A September 2023

## DID YOU KNOW THERE IS A NEW VACCINE AVAILABLE FOR RSV?



### What is RSV?

- RSV (respiratory syncytial virus) is a common respiratory virus that can cause severe illness in older adults
- You can get RSV by being in close contact with someone who has it or by touching something with the virus on it and not cleaning your hands
- Illness may cause cold-like symptoms, pneumonia, or worsen pre-existing conditions like asthma and COPD



### Why is this IMPORTANT?

- Older adults with chronic conditions and/or who live in a long-term care facility are at higher risk for severe RSV disease and death
- Over 60,000 older adults are hospitalized and 6,000-10,000 die each year in the U.S. from RSV infection



### How can YOU stay protected?

- Adults aged 60 years and older may receive a single dose of the RSV vaccine
- The RSV vaccine can be administered at the same time as other vaccines (e.g., influenza, COVID)



**TALK TO NURSING STAFF TO SEE IF VACCINATION IS RIGHT FOR YOU**





# **CIMPAR, S.C Education, Vaccine, & Treatment Services**

**Sylwia Jasniuk**

**Director, Clinical Innovation and Therapeutics**



**SCHEDULE YOUR  
ONSITE SESSION  
TODAY!**

**IMMUNIZATION CHATS**  
Informative discussions  
about vaccines!

## LET'S DISCUSS

- Staying up-to-date on recommended COVID-19, RSV, and Flu vaccines.
- Why updated vaccines provide better protection than previous versions.
- Questions and concerns about vaccines.



**Residents**



**Families**



**Staff**

**Book your clinic  
date directly:**



<https://shorturl.at/afmrC>

CONTACT VIA EMAIL: **CHICAGO-COVID19@CIMPAR.COM** OR CALL **708.901.0247**

## CIMPAR Educational and Vaccination Services

Disease	Education	Vaccination
COVID-19	Residents, Visitors, and Staff	<b><u>Residents:</u> all residents</b> <b><u>Staff:</u> insured only at this time</b>
Influenza	Residents, Visitors, and Staff	<b><u>Residents:</u> all residents</b> <b><u>Staff:</u> insured only at this time</b>
RSV	Residents, Visitors, and Staff	<b><u>Residents*:</u> insured only, specific to coverage; with clinical decision making</b>  <b><u>Staff*:</u> insured only, specific to coverage; with clinical decision making</b>

- \* CDC recommends clinical decision making for RSV vaccine administration. Residents' health providers must provide an order prior to administration.
- Due to universal vaccine recommendations for covid and flu, standing orders are in place, allowing any resident who wishes to participate to receive COVID and flu vaccines.
- Staff - please check with individual insurance carriers to verify vaccine benefits.

# ★ Bridge Access Program

## Who Is Eligible?

**Adults 18 years and older** whose insurance does not provide cost-free coverage for COVID-19 vaccines and treatments:

- **Uninsured** = not covered by a health insurance plan
- **Underinsured** = has health insurance, but the insurance policy:
  - Does not cover COVID-19 vaccinations;
  - Does not provide first-dollar coverage (i.e., co-pay free coverage) of COVID-19 vaccinations.

## Is The Bridge Program Permanent?

This program is a **temporary bridge** to the permanent and comprehensive **Vaccines for Adults Program** that is proposed in the president's fiscal year 2024 budget.

## Who Is Not Eligible?

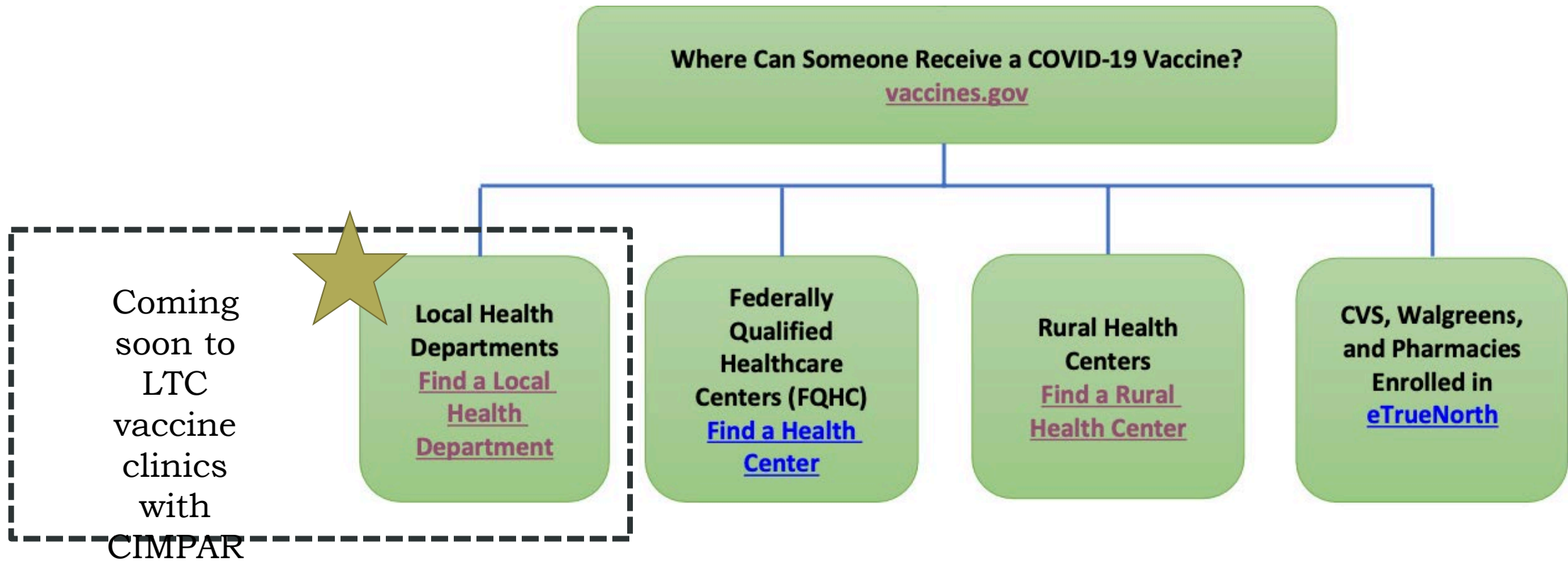
**Individuals whose health insurance covers vaccines.**

**This includes:**

- **Private Insurance**
- **Medicaid Recipients**
- **Medicare Recipients with Part B**
- **Tricare Recipients**



# ★ Bridge Access Program



# ★ TREAT COVID-19 Program

TREAT COVID-19 Program services include **medication courier service**

- Provides COVID-19 antiviral medications (paxlovid, renal dose paxlovid, molnupiravir and remdesivir)
- Delivered medications may be utilized as directed by facility providers
- Same or next-day delivery, at no cost.

Please call us at 708-600-4233 or email at [Chicago-covid19@cimpar.com](mailto:Chicago-covid19@cimpar.com) if your LTC pharmacy is experiencing low inventory or unable to provide ordered medication for the treatment of COVID-19 residents



For more information about the TREAT COVID-19 program, contact Christy Zelinski at [christy.zelinski@cityofchicago.org](mailto:christy.zelinski@cityofchicago.org)

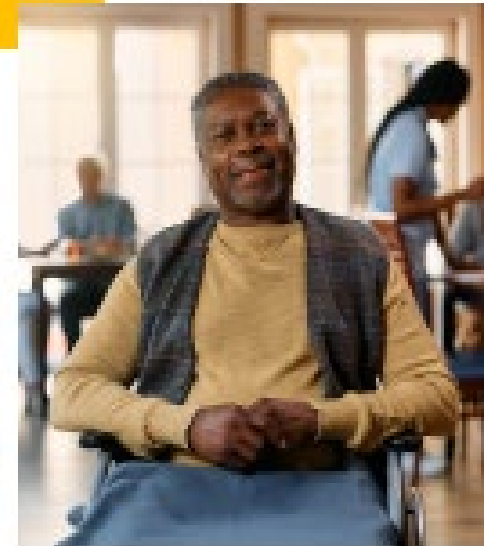
The Chicago Department of Public Health (CDPH) in partnership with the Chicago Internal Medicine Practice and Research (CIMPAR S.C.) is announcing **The Rapid Response Evaluation And Treatment of COVID-19 (TREAT COVID-19)** program, funded by CDC.

#### Who we serve:

- Residents of Medicare/Medicaid - certified nursing homes who test positive for COVID-19

#### What we do:

- On-site or telehealth consultation and drug interaction review with a licensed medical provider
- Medication courier service
- On-site intravenous administration of therapeutics
- Support for control of respiratory pathogen outbreaks





If your facility is experiencing multiple COVID-19 infections among residents, contact [chicago-covid19@cimpar.com](mailto:chicago-covid19@cimpar.com) or call (708) 600-4233 for a consultation with the TREAT COVID-19 program.

# Fall 2023 Vaccine Chart



Version: Sept 2023

## FALL 2023 VACCINES

	What are the options?	Who is eligible?	How well do they work?	When should I get it?
<b>INFLUENZA</b> 	<p>A shot that targets 4 strains of seasonal flu</p>	6 months and older	Reduces the risk of going to the doctor by 53%	October is ideal, as vaccine protection wanes over a season
<b>COVID-19</b> 	<p>Updated vaccine formula targeting XBB - an Omicron subvariant</p> <p>Options: Moderna and Pfizer (mRNA), Novavax (protein) available soon</p>	6 months and older	Last year, the fall COVID-19 vaccine provided 40-60% additional effectiveness against severe disease	<p>Protection against <b>severe disease</b>: Get now</p> <p>Protection against <b>infection</b>: Best to get it right before a wave, which can be challenging to time</p> <p><b>Recently infected?</b> Wait at least 3-4 months</p>
<b>RSV (OLDER ADULTS)</b> 	<p>2 options: GSK and Pfizer. They are slightly different in design, but only at a microscopic level</p>	60 years and older	82-86% efficacy against severe disease	Now; no need to juggle timing as protection is durable





# COVID-19 Up to Date Surveillance Definition Change

- The new definition of up to date with COVID-19 vaccines will apply for NHSN surveillance beginning the week of September 25, 2023 – October 1, 2023
- Individuals (both residents and healthcare personnel) are considered up to date with their COVID-19 vaccines for the purpose of NHSN surveillance if they meet (1) of the following criteria:
  - Received a 2023-24 Updated COVID-19 Vaccine **OR**
  - Received bivalent\* COVID-19 vaccine within the last 2 months

\*bivalent vaccines are no longer authorized as of 9/12/2023



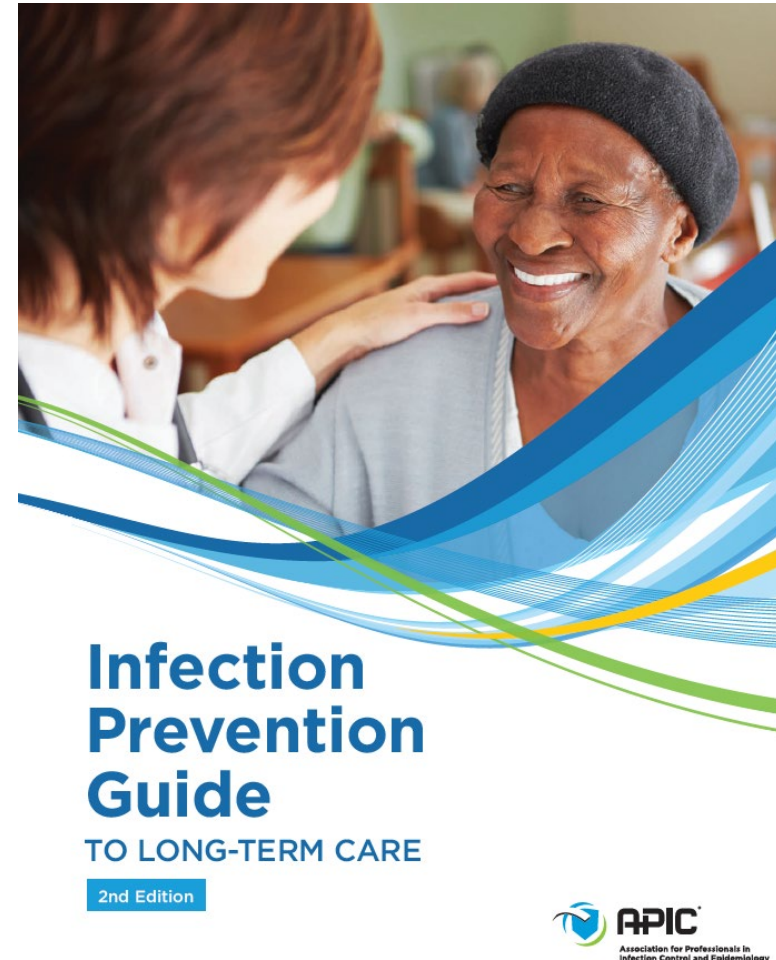
# Glo Germ Kits for Chicago-based Facilities

- If your facility has NOT already received a GloGerm kit and would like one, please either write in the meeting chat or email [Angelica.Serra@cityofchicago.org](mailto:Angelica.Serra@cityofchicago.org)
  - Only available to Skilled Nursing, Assisted Living, and Supportive Living facilities within the city limits
- The kit (and posters for COVID, RSV, and Flu) will be dropped off at your facility by a CDPH team member
- Two options for distribution of the kits/posters:
  - Option 1: Receive the kit and a brief train-the-trainer session on how to use it. Intended audience is at least one member of the leadership team (Admin, DON/ADON, IP) **and** the EVS manager.
  - Option 2: Receive the kit with no train-the-trainer session.



# ★ Coming Soon: APIC LTC IPC Guide


- APIC guide covering many aspects of LTC Infection Prevention and Control, including water management, regulatory compliance, and antimicrobial stewardship
- Physical copies will be mailed from directly from APIC to Chicago-based SNF, AL, and SL facilities
  - Addressed to facility administrators



# Rapid Test Expiration Extension Check

- The FDA has extended the expiration dates for many types of rapid tests. Tests with extended expiration dates can be used past the expiration date printed on the box.
- To find out if your tests have extended expiration dates, visit the designated [webpage](#) on the FDA's website.
  - Find the row in the table that matches the manufacturer and test name shown on the label of the test box.
  - Click on the "Extended Expiration Date" link in the "Expiration Date" column.
    - Use the lot number and original expiration date printed on the test box to find the new expiration date in the corresponding "extended expiration date" column.
    - *Note:* If the Expiration Date column says, "See box label" and does not say the expiration date is extended, you should go by the expiration date printed on the box.

[www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list](https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list)



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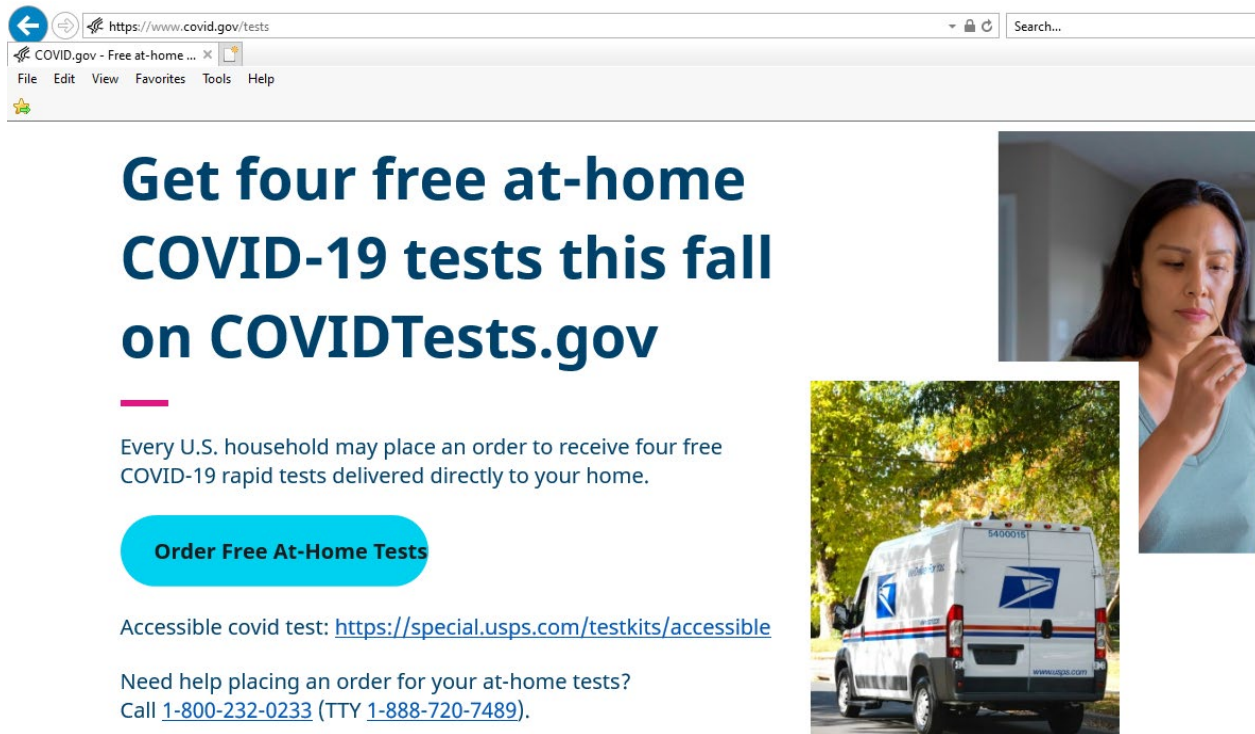
### Extended Expiration Dates

Search:

Manufacturer and Test Name (Links to Instructions for Use)	Expiration Date	Who can use this test: Symptoms
3EO Health, Inc.: <a href="#">3EO Health COVID-19 Test</a>	• Expiration Date: See box label	• People with symptoms.
Abbott Diagnostics Scarborough, Inc.: <a href="#">BinaxNOW COVID-19 Ag Card Home Test</a>	• <a href="#">Extended Expiration Date</a>	• People with symptoms that began within the last 7 days. The test is to be performed two times over three days (serial testing).



# ★ Free At-Home COVID-19 Rapid Tests from the Federal Government



Get four free at-home COVID-19 tests this fall on COVIDTests.gov

Every U.S. household may place an order to receive four free COVID-19 rapid tests delivered directly to your home.

[Order Free At-Home Tests](#)

Accessible covid test: <https://special.usps.com/testkits/accessible>

Need help placing an order for your at-home tests?  
Call [1-800-232-0233](tel:1-800-232-0233) (TTY [1-888-720-7489](tel:1-888-720-7489)).

- On September 20, 2023, the Biden-Harris Administration announced the re-opening of COVIDTests.gov
- Every U.S. household may place an order to receive four free COVID-19 rapid tests delivered directly to your home.
  - Visit [covid.gov/tests](https://covid.gov/tests)
  - Limit of one order per residential address
  - Orders will ship free starting the week of October 2, 2023



# ★ Free COVID-19 Rapid Tests from CDPH

- Facilities can request rapid tests directly from CDPH
- Tests will be delivered directly to your facility
- The tests provided by CDPH can only be used for staff
  - Do not use for residents



AAA  
□ □

## CDPH COVID-19 Testing Support Request

**Please complete the survey below to request COVID-19 testing support.**

COVID-19 rapid test request information	
<b>Today's date</b> <small>* must provide value</small>	<input type="text"/> Today M-D-Y
<b>Requester name</b> <small>* must provide value</small>	<input type="text"/> <small>first name last name</small>
<b>Requester email</b> <small>* must provide value</small>	<input type="text"/>
Facility information	
<b>Facility name</b> <small>* must provide value</small>	<input type="text"/>
<b>Point of contact name</b> <small>* must provide value</small>	<input type="text"/> <small>This person must be available on the day of testing, courier drop-off etc.</small>

# ★ Rapid Influenza/COVID-19 Tests & PPE Kits for LTCFs Delivery Date(s)

- CDPH's Hospital Preparedness Team has purchased rapid COVID-19/Influenza A&B tests to be provided to all Chicago LTCFs, at no cost.
- Tests will be delivered next week October 4<sup>th</sup>-6<sup>th</sup> directly to your facility

**Best way to find out about these available items and other opportunities for LTCFs ensure you or someone from your facility is a registered member of the Chicago Healthcare System Coalition for Preparedness and Response (CHSPR).**



- In Addition to the test kits, *CDPH's HPP Team* would like to deploy a cache of PPE to your facility, at no cost
- **To receive kits your facility will need to register via a HAN survey that will be sent today at 2pm!**
- Your facility will then later be contacted by CDPH using that info, to schedule the delivery of LTCF PPE Kits

Please feel free to email me at [faye.thanas@cityofchicago.org](mailto:faye.thanas@cityofchicago.org) with any questions about CHSCPR or this initiative.

# Project HOPE

## Clinical Consultants



Shelly Fischer, PhD, RN, FACHE  
Clinical Program Lead



Celeste Pearson, DNP, PhD, MS, BSN  
Clinical Program Assistant and APRN





# Respiratory Protection Program

## Objective:

Ensure that LTCFs are provided with training and technical assistance on how to develop, implement, and maintain a compliant and comprehensive respiratory protection program.



We will provide clinical, engineering, and administrative consultation for the development of a **robust Respiratory Protection Program (RPP)** that:

- meets all aspects of **OSHA Respiratory Protection Program Standard**
- **improves health outcomes for staff, residents, and visitors to the facility**
- **provides a solid return on investment** by way of training, consultation, materials, equipment, supplies, and cost-avoidance related to OSHA penalties and other CMP

# Process:

We will help each facility review and revise their written RPP to assure that it meets OSHA requirements. We will also identify gaps in the plan and will assist facilities in the acquisition and maintenance of equipment, supplies, training, and fit testing for full compliance with OSHA standard 1910.134

1. Assist facilities with conducting a comprehensive assessment of their RPP
2. Train and support facilities in gap analysis of their assessment against the OSHA standard.
3. Provide a forum (ECHO) for sharing best practices/troubleshooting greatest challenges
4. Create an action plan to bring each facility into full compliance
5. Procure equipment, supplies, and materials, including a full set of varying sizes and types of PPE as needed
6. Assure that in-house staff are trained and prepared to conduct internal fit testing and access pre-testing medical evaluation on an ongoing basis.



## GAP ANALYSIS



OBJECTIVE



CURRENT  
STATE



FUTURE  
STATE



GAP  
DESCRIPTION



REMEDY

## Training

Training will consist of six virtual ECHO sessions in collaboration with the University of Chicago



Session 1: Intro to team/overview of sessions/expectations

Session 2: RPP overview/ what needs to be included in the RPP, review of the written requirements, intro to evaluation and gap analysis

Session 3: Policies and Procedures for Fit Testing  
\*This will include one Train the Trainer offsite session

Session 4: Engineering and Administrative Controls, Air Quality Management

Session 5: RPP Compliance Evaluation, Presentations with Gap Analyses

Session 6: RPP Action Planning – ID further resources needed by facility (PPE etc. to include need for onsite engineering/air quality consultation/troubleshooting - procurement plan)



## Train the Trainer Fit Testing

This will be done in a hands-on train-the-trainer format



Hands-on Fit Testing Train-the-Trainer Sessions will be conducted with each participating facility.

Three staff members (IP or RPP administrator, DON or designee, and one more back-up staff member – may be corporate staff) will be trained in step-by-step methods for all aspects of Fit Testing in accordance with OSHA Respiratory Protection Standard.

Each facility will be provided educational materials, equipment, and supplies to conduct Fit Testing for their facility.

Project HOPE will work with each facility to ensure an adequate supply of respirators in multiple styles and sizes to accommodate employee fit and need





# OSHA Compliance Facts



**2021:** Respiratory Protection (standard 1910.134) placed #2 in most frequently cited violations (Fall Protection was #1)

**2022:** 2,527 Respiratory Protection violations cited (most common: written medical evaluations)

Potential financial penalty per violation:

## OSHA Penalties

Below are the maximum penalty amounts, with the annual adjustment for inflation, that may be assessed after Jan. 15, 2023. (See [OSHA Memo, Dec. 20, 2022](#)).

Type of Violation	Penalty
Serious Other-Than-Serious Posting Requirements	\$15,625 per violation
Failure to Abate	\$15,625 per day beyond the abatement date
Willful or Repeated	\$156,259 per violation



# OSHA News Release Region 5

July 2020

**NON-COMPLIANT**

<https://www.osha.gov/news/new-releases/region5/07212020>

OSHA inspected three facilities in Ohio and cited each location for a serious violation of two respiratory protection standards:

- failing to develop a comprehensive written respiratory protection program
- failing to provide medical evaluations

OSHA also issued a Hazard Alert Letter regarding the company's practice of allowing N95 respirator use for up to seven days and not conducting initial fit testing.

The agency has proposed \$40,482 in penalties.

# OSHA News Brief Region 2

## June 2022

**NON-COMPLIANT**

<https://www.osha.gov/news/new-releases/brief/06022022>

The U.S. Department of Labor's Occupational Safety and Health Administration XXXXX on July 2021 for requiring temporary nurses to wear respirators while performing COVID testing without first medically evaluating their ability to use the respirators and performing fit testing. OSHA proposed \$273,064 in penalties. In 2020, the agency cited XXXXX for similar violations with respect to its own direct employees.

According to these citations, healthcare entities and temporary agencies who employ staff required to wear respirators both might be subject to willful citations. Therefore, all employers that issue any type of respirator must develop a robust written program that includes "proper training, fit testing, availability of appropriate medical evaluations and monitoring, cleaning, and oversight by a knowledgeable staff member."

# Return on Investment

## Investment

- 3 team members
- 6 hours virtual training
- 2 hours in-person fit testing training
- Participation in assessment, gap analysis, and action planning
- 8+ labor hours (variable depending on assessment)

## Return

- Fit testing equipment, materials, and supplies = ?
- Cost-avoidance (CMP) = up to \$156,259 per violation
- Improved infection prevention and control
- Improved health outcomes for staff, residents, and visitors to the facility
- Decreased Work Comp and lost time cost
- Improved IDPH and CMS compliance
- Goodwill/Marketing opportunity/improved patient and family experience

<https://www.osha.gov/safetypays/>





Feel free to reach out to me directly here:

[SFischer@ProjectHOPE.org](mailto:SFischer@ProjectHOPE.org)

# Questions? Ideas?



Registration is available now!

<https://redcap.uchicago.edu/surveys/?s=49KAAYA3A4M8CJH9>

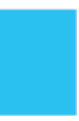
*You may also register using our QR code:*



# ★ Extreme Heat Response Workshop

- Hot times are coming!





# Heat Warning Issued

- The National Weather Service (NWS) has issued an extreme heat warning for the City of Chicago. Saturday and Sunday will bring the hottest conditions as temperatures will climb to nearly 105°. Coupled with high humidity, heat index values are expected to be well over 124° both days, possibly reaching as high as 130°. This heatwave is expected to last 5 days.

# ★ Heat Indices

		Relative Humidity (%)												
°F		40	45	50	55	60	65	70	75	80	85	90	95	100
Air Temperature	110	136												
	108	130	137											
	106	124	130	137										
	104	119	124	131	137									
	102	114	119	124	130	137								
	100	109	114	118	124	129	136							
	98	105	109	113	117	123	128	134						
	96	101	104	108	112	116	121	126	132					
	94	97	100	103	106	110	114	119	124	129	135			
	92	94	96	99	101	105	108	112	116	121	126	131		
	90	91	93	95	97	100	103	106	109	113	117	122	127	132
	88	88	89	91	93	95	98	100	103	106	110	113	117	121
	86	85	87	88	89	91	93	95	97	100	102	105	108	112
84	83	84	85	86	88	89	90	92	94	96	98	100	103	
82	81	82	83	84	84	85	86	88	89	90	91	93	95	
80	80	80	81	81	82	82	83	84	84	85	86	86	87	

Heat Index  
(Apparent  
Temperature)

With Prolonged Exposure  
and/or Physical Activity

Extreme Danger
Heat stroke or sunstroke highly likely
Danger
Sunstroke, muscle cramps, and/or heat exhaustion likely
Extreme Caution
Sunstroke, muscle cramps, and/or heat exhaustion possible
Caution
Fatigue possible



# Initial Considerations

- Assess your facility's ability to go on backup power. Would you be able to continue operations?
- Assess current stocks of hydration supplies. If the demand were 3 X normal, how long could you sustain with the current amount? What are the sources you would utilize for additional hydration supplies?
- How does the loss of power impact your water supply in your facility (i.e., inability of pumps to operate)?
  - What are your 96-hour water/food supply considerations?



# ★ Later in the Heatwave

- It has been nearly 72 hours since your facility has lost power, and you will need to evacuate all the residents. While you are on backup (generator) power, your air conditioning system is failing to keep the building adequately cool (however your elevator is still operational [if applicable]).
  - According to Illinois Department of Public Health (IDPH) Regulation: *Temperatures in the summer should be maintained between 73° and 79°, with a relative humidity level between 30 percent and 60 percent. These ranges should be acceptable for sedentary or slightly active persons.*
  - *The temperature inside of your building has reached 83° with a relative humidity of 68%*





# Things to Consider

- Notify CDPH PHEOC of the need to evacuate your facility @ 312-742-7921
- What agreements/understandings do you have with other facilities? What is the process to invoke these agreements?
- Notify all staff of need to evacuate; assign rolls to all
- What supplies would you send with the people being evacuated?
- Provide a listing of the following
  - How many patients would require transfer to a hospital?
  - The levels of acuity and related conditions of each patient being transferred
  - Do you have residents on precautions?
  - Do you have residents with open wounds?
  - Do you have residents that need additional support devices?
- Address the process for notification of family members for patients being transferred.
- What is the process for transporting evacuated patients from your facility? How is this coordinated?
- Have you considered the time it may take to move all your residents to alternate sites?
- What is your process for maintaining medication administration as well as feeding/hydration until they are moved?
- Are you sending staff with the evacuated patients? How are you tracking staff and patients?
- Engage your public relations/public information representative to develop a brief press release regarding the evacuation (as necessary).

# Are They Safe?

- Additional precautions to think about with contagious diseases.
  - Does your staff have access to the correct PPE, during the preparation and transportation phases of the evacuation?
  - If necessary, will they be able to perform hand sanitizing actions between interacting with each patient?
  - When you called the receiving facility regarding residents under “transmission-based precautions,” did you inform them of the additional infection control considerations?
  - Did you let the transportation staff know of the need for infection control cautions, before loading the patient into their vehicle?





# Project Firstline

**Gus E. Turner, MPH**  
*Project Firstline*  
*Project Manager, CDPH*



CDCS National Training Collaborative  
for Healthcare Infection Prevention & Control



Chicago Department  
of Public Health





**Gus E Turner, MPH**  
**Project Firstline**  
**Project Manager, CDPH**



# ★ Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:



Developed **200+** educational products and training materials on healthcare infection control




Hosted **750+** educational events, reaching approximately **65,238** healthcare workers



Received **84 million+** views across the web and various digital platforms



# Available Resources

- **Learn about Infection Control in Health Care:** CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
    - *Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), Recognizing Risk using Reservoirs, Where Germs Live training toolkits, and more interactive resources.*
  - **Lead an Infection Control Training:** Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
  - **Access Infection Control Educational Materials:** Find short videos, fact sheets, job aids, infographics, posters, printed materials, interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
  - **Earn Continuing Education:** Earn CEU's on CDC Train for PFL content.
  - **Translated Resources:** IPC materials translated into Spanish & additional languages.
- 



# Infection Control Training Topics (Onsite/Virtual with IDPH CEU/CEC)

1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus Strains
11. PPE Part 3 - Respirators
12. EVS (Enviro Cleaning & Disinfection)
13. Source Control
14. Asymptomatic Spread of COVID-19
15. Ventilation







# Print Materials & Job Aids

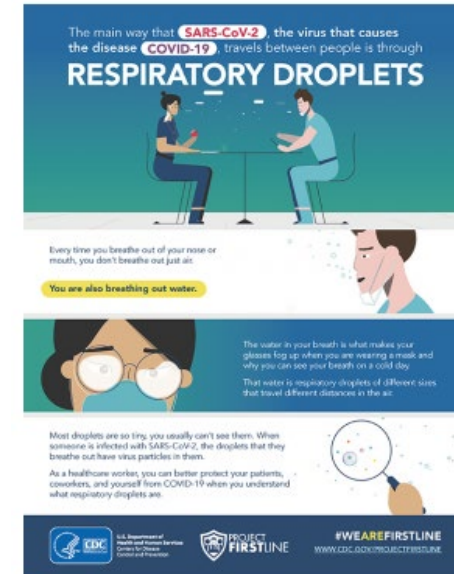
- Several print materials and job aids available on foundational IP&C topics.
  - Available for [free download](#) on CDC's website.
  - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
  - Please see our team after the presentation to request print materials.
  - For remote guests, please email: [projectfirstline@cityofchicago.org](mailto:projectfirstline@cityofchicago.org).



[How to Read a Disinfectant Label](#) [PDF - 1 Page]



[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[Respiratory Droplets Flyer](#) [PDF - 1 Page]



[What would you see? Poster](#) [PDF - 1 Page]



[Germs live in blood](#) [JPG - 1 Page]





**Germs are everywhere,  
including on surfaces  
and devices in the  
healthcare environment.**

**Learn how to stop their spread:  
[WWW.CDC.GOV/PROJECTFIRSTLINE](http://WWW.CDC.GOV/PROJECTFIRSTLINE)**



# INFECTION CONTROL PROTECTS



**You**



**Your Coworkers**



**Your Patients**



**Your community**



**PROJECT  
FIRSTLINE**

CDC's National Training Collaborative  
for Healthcare Infection Prevention & Control





**The right infection  
control actions  
help stop germs  
from spreading.**

**Learn more:**

**[WWW.CDC.GOV/PROJECTFIRSTLINE](http://WWW.CDC.GOV/PROJECTFIRSTLINE)**





# 2023 LEARNING NEEDS ASSESSMENT



**WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!**

- + CDPH is a proud partner of CDC's National IP&C Training Collaborative, Project Firstline.
- + We are working to identify priority IPC training needs among your frontline healthcare staff.
- + This brief survey (<10 minutes) helps us develop relevant content for you and your team.
- + These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!



# Your Chicago Project Firstline Team

- **CDPH Infection Preventionist:** Your facility's main contact for all infection prevention and control questions.
  - *General contact information:*  
[cdphaiar@cityofchicago.org](mailto:cdphaiar@cityofchicago.org)
- **PFL-Chicago Education Specialists:** Contact our team to hear more about specific Chicago-based educational opportunities!
  - We offer many resources including virtual or onsite trainings, webinars, and helpful newsletters.
  - *CDPH Project Firstline email:*  
[projectfirstline@cityofchicago.org](mailto:projectfirstline@cityofchicago.org)



Visit our [Chicago Health Alert Network \(HAN\)](#) page for recorded webinars, newsletter information, and upcoming events. Stay up to date on exciting new resources!

**CDC'S PROJECT FIRSTLINE  
YOUR CHICAGO TEAM**

-  [projectfirstline@cityofchicago.org](mailto:projectfirstline@cityofchicago.org)
-  [www.chicagohan.org/hai/pfl](http://www.chicagohan.org/hai/pfl)
-  1340 S Damen Ave,  
Chicago, IL 60608





# Questions & Answers

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