CHICAGO

COVID-19
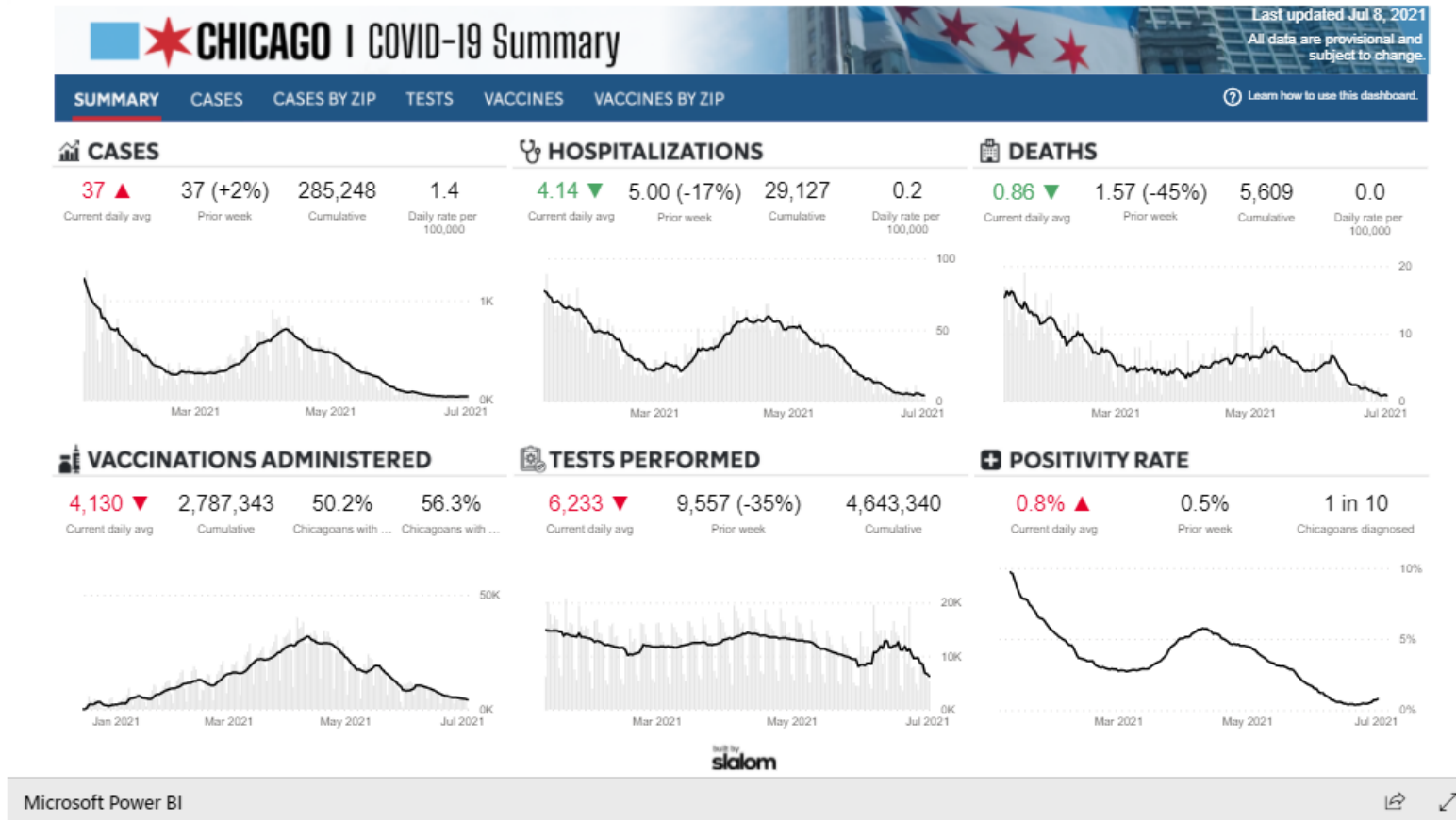# Chicago Long Term Care Roundtable

07-08-2021

Objectives

- Chicago COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Overview of XDRO Registry
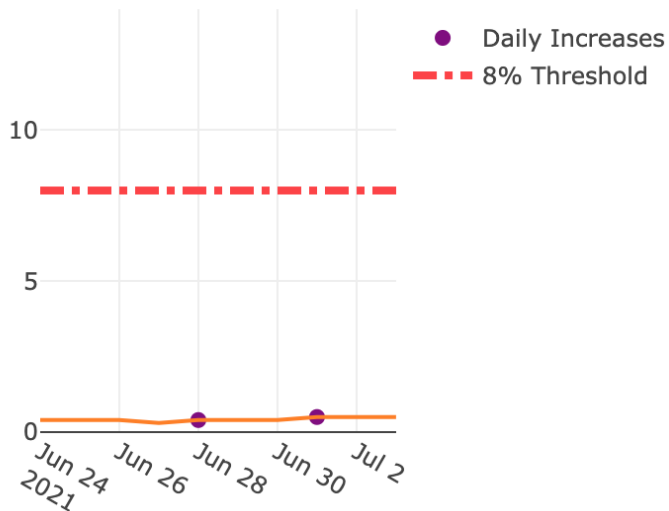- Q&A

Chicago Dashboard

COVID Dashboard

Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

IDPH Regional Resurgence Metrics: Region 11

Test Positivity 7-Day Rolling Average
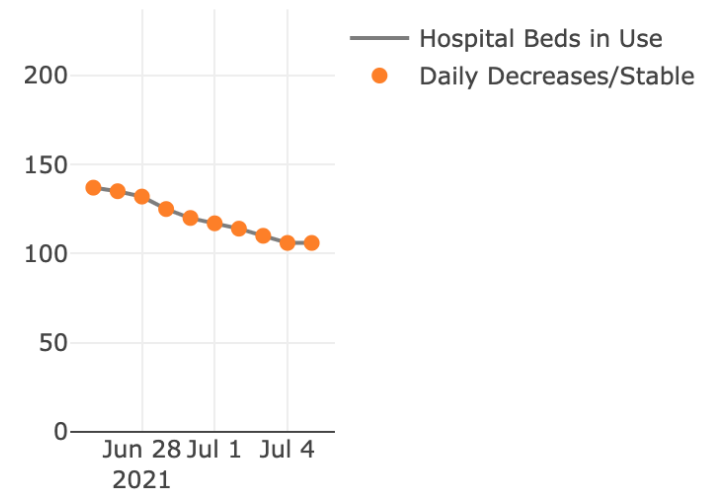
11 Consecutive Days under 8% threshold

- Daily Increases
- ···· 8% Threshold

Hospital Bed Availability 7-Day Rolling Average

ICU Beds:11 Consecutive Days ≥ 20% Threshold

- ICU Beds Availability
- ···· 20% Threshold
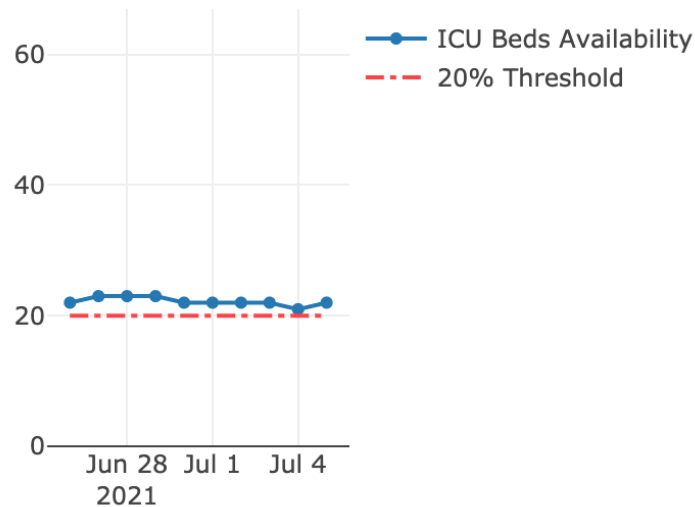
COVID-19 Patients in the Hospital 7-Day Rolling Average

10 Days of COVID-19 Patient Decreases or Stable

- Hospital Beds in Use
- Daily Decreases/Stable

Skilled Nursing Facility COVID-19 Cases

First round vaccine clinics began

Second round vaccine clinics began

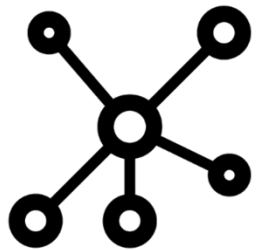Third round vaccine clinics began
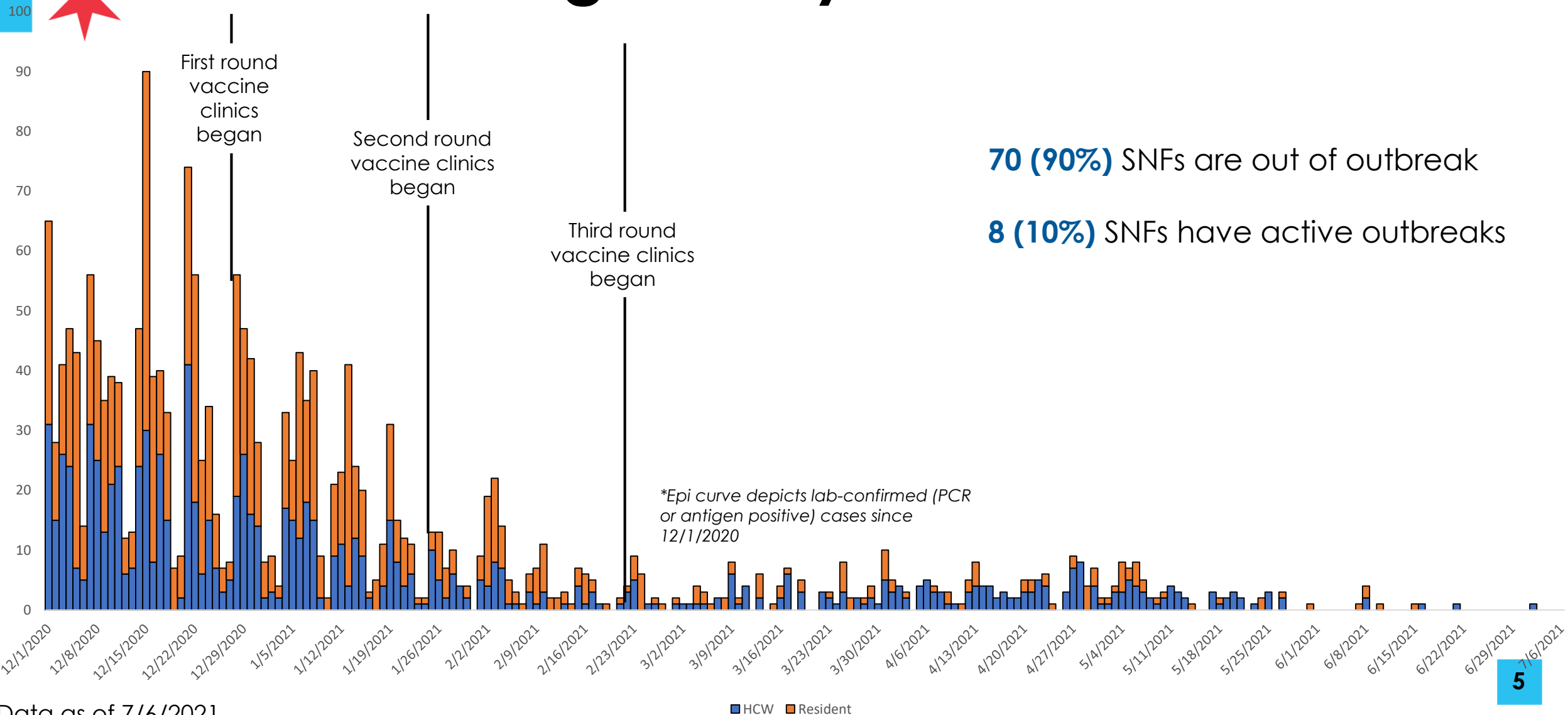
70 (90%) SNFs are out of outbreak

8 (10%) SNFs have active outbreaks

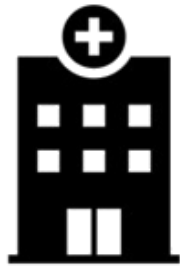*Epi curve depicts lab-confirmed (PCR or antigen positive) cases since 12/1/2020*

Data as of 7/6/2021

HCW Resident

5

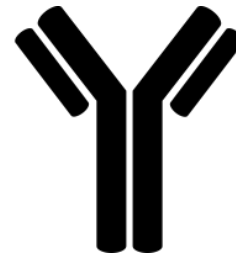# COVID Variants: Potential Features of Variants of Concern or Interest

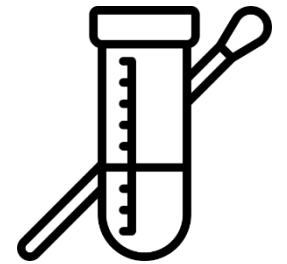Increased transmissibility

Increased disease severity

Evades vaccine-induced immunity

Evades infection-induced immunity

Evades therapeutics

Evades diagnostics

Note, some SARS-CoV-2 risk assessment frameworks include zoonotic emergence and transmission from animals to humans, but this is not routine and usually a lower priority than those domains listed above.

COVID Variants: Potential Features of Variants of Concern or Interest

| PANGOLIN | Lineage | | | CDC Designation | WHO Designation | Concerns |
	Public name	GISAID	Nextstrain			
B.1.1.7	Alpha (U.K,)	GRY (formerly GR/501Y.V1)	20I/S:501Y.V1	Concern	Concern	
B.1.351	Beta (South Africa)	GH/501Y.V2	20H/S:501Y.V2	Concern	Concern	
P.1	Gamma (Brazil)	GR/501Y.V3	20J/S:501Y.V3	Concern	Concern	
B.1.427/B.1.429	Epsilon (California)	GH/452R.V1	20C/S.452R	Concern	Interest	
B.1.617.2	Delta (India)	G/452R.V3	21A/S:478K	Concern	Concern	

B.1.617.2 (Delta) – vaccine efficacy (Pfizer)

Bernal et al. 2021 Effectiveness of COVID-19 vaccines against the B.1.617.2 variant. medRxiv

8
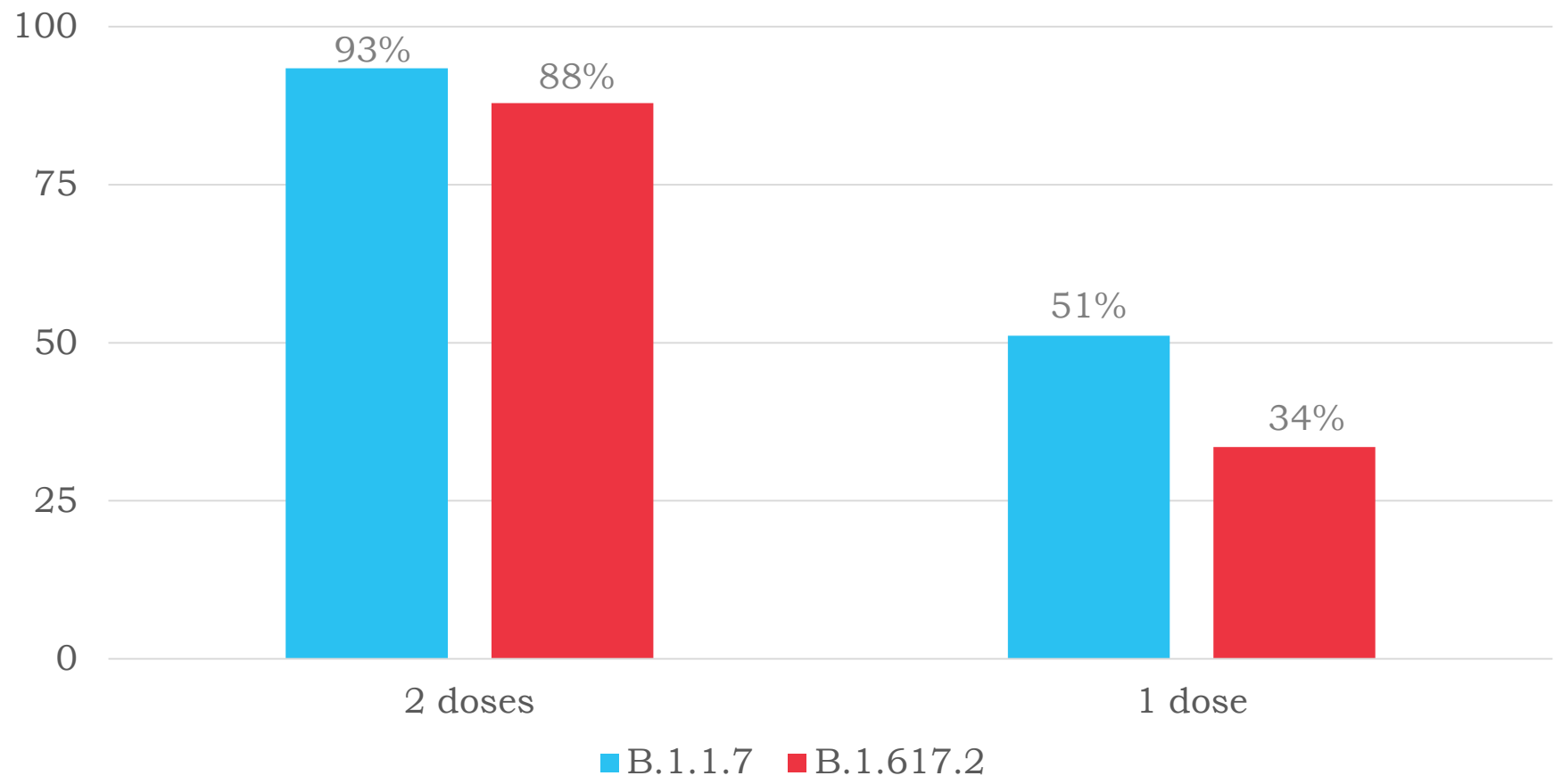
COVID Variants of Concern in Illinois (as of June 19, 2021)

- **Proportions in Illinois:**
  - B.1.1.7 (U.K.) – 53.7%
  - B.1.351 (South Africa) – 0.4%
  - B.1.617.2 (Delta) – 14.8%
  - P.1 (Brazil) – 21.2%
  - Other lineages – 9.9%

Unweighted Proportions of Variants of Concern and Other Lineages by State or Jurisdiction

State	B.1.1.7	B.1.351	B.1.617.2	P.1	Other lineages	Total Available Sequences
Arizona	49.4%		17.4%	19.9%	13.3%	437
California	39.6%	0.2%	29.6%	13.6%	17.0%	2,408
Colorado	51.8%	0.1%	36.3%	4.1%	7.8%	1,455
Florida	48.6%		13.2%	18.0%	20.2%	1,879
Georgia	62.0%		12.1%	9.8%	16.1%	379
Illinois	53.7%	0.4%	14.8%	21.2%	9.9%	486

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

Reminder: Requirements when a facility has <u>not</u> had a case in the prior 14 days

- All employees must be wearing at least a surgical mask while in the building (employees cannot wear cloth masks)

- Employees caring for residents under transmission-based precautions (i.e., quarantine or isolation) for COVID must wear full PPE (N95 respirator, eye protection, gloves, and gown)

- Fully vaccinated employees and residents do not need to be tested unless symptomatic or exposed

- Unvaccinated or partially vaccinated employees and residents must be tested at least once a month
  - Requirement for routine surveillance testing of unvaccinated and partially vaccinated residents is required for Chicago-based LTCFs only

Reminder: Requirements when a facility <u>has</u> had a case in the prior 14 days

- All employees must be wearing at least a surgical mask while in the building (employees cannot wear cloth masks)

- Employees caring for **any** resident must wear a N95 respirator and eye protection (e.g., a face shield)

- Employees caring for residents under transmission-based precautions (i.e., quarantine or isolation) for COVID must wear full PPE (N95 respirator, eye protection, gloves, and gown)

- All residents and staff (excluding those who have tested positive <90 days ago) must be tested every 3-7 days, with the final round of testing occurring no sooner than 14 days after the specimen collection date for the most recent case

- Additional requirements as outlined by IDPH in their guidance document

Update: Revoked EUA for Certain Respirators & Decontamination Systems

- FDA revoked the emergency use authorization for non-NIOSH approved respirators (including KN95s) for use in lieu of NIOSH-approved respirators

- Removed emergency use authorization for decontamination and bioburden reduction systems for respirators.

- LTC facilities should not be using any crisis capacity strategies for respirators (e.g., do **not** redon a previously used N95 respirator)

FDA IN BRIEF

FDA In Brief: FDA Revokes Emergency Use Authorizations for Certain Respirators and Decontamination Systems as Access to N95s Increases Nationwide

Reminder: Optimization Strategies for Respirators

- **Crisis** – reuse of respirators (e.g., redonning a previously doffed N95)

- **Contingency** – extended use of respirators (e.g., wearing the same N95 for the care of multiple residents but discarding the N95 when doffed)

- **Conventional** – one respirator per resident encounter (e.g., don a new N95 respirator for <u>each</u> resident interaction)

Reminder: OSHA ETS Roundtable Presentation (7/1/21)

CHICAGO

OSHA Emergency Temporary Standard (ETS)

Shane Zelencik, MPH, CIC, FAPIC

OSHA Emergency Temporary Standard (ETS) Resources

About the Rule

ETS Regulatory Text (29 CFR 1910, Subpart U)
- 1910.502 - Healthcare.
- 1910.504 - Mini Respiratory Protection Program.
- 1910.505 - Severability.
- 1910.509 - Incorporation by Reference.

Federal Register

Materials Incorporated by Reference

News Release

Fact Sheet – Subpart U – COVID-19 Healthcare ETS

Summary – COVID-19 Healthcare ETS *(Spanish)*

Fact Sheet – COVID-19 Healthcare ETS *(Spanish)*

Fact Sheet – Mini Respiratory Protection Program

Fact Sheet – Workers' Rights *(Spanish)*

Is Your Workplace Covered by the ETS?

ETS FAQs

Executive Order

Implementing the ETS

COVID-19 Plan Template

COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis

Sample COVID-19 Log

Reporting COVID-19 Fatalities and In-Patient Hospitalizations to OSHA

Employer Notification Tool

Communication and Coordination Between Employers

Sample Employee COVID-19 Health Screening Questionnaire *(Spanish)*

Notification Removal and Return to Work Flow Chart for Employees

Notification Removal and Return to Work Flow Chart for Employers

Employee Training Presentation – Healthcare ETS

Employee Training Presentation – Mini Respiratory Protection Program

Enforcement

Inspection Procedures for the COVID-19 Emergency Temporary Standard

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COVID-19 Plan Template

- All Chicago SNFs must have a COVID-19 plan in compliance with the new OSHA ETS

- Plan template that contains all required sections is available from OSHA

[Employer name]'s **COVID-19 Plan**

1. **Purpose and Scope**

[Employer name] is committed to providing a safe and healthy workplace for all our employees. [Employer name] has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).

[If [Employer name] has multiple workplaces, choose from the following:

[Employer name] has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.

        or

[Employer name] has multiple workplaces that are not substantially similar, and therefore has created a separate COVID-19 plan for each workplace.]

Facility Location	Worksite-Specific COVID-19 Considerations

Hazard Assessment

- All Chicago SNFs must complete the worksite hazard assessment to be compliant with the ETS

- Assessment sections cover a variety of topics, including:
  - HVAC
  - Screening protocols
  - Social distancing measures
  - PPE
  - Employee training

Hazard Assessment

- Must identify work locations and tasks where potential exposures might occur and outline what control measures have been put in place to mitigate those risks

Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing

Use this Fixed Work Location and Job Task Inventory and input from employees to identify any fixed work locations outside of direct patient care areas where employees cannot maintain at least 6 feet of physical distancing from all other people when indoors. Direct patient care means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

Note: The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

Fixed work locations are workstations where an employee is assigned to work for significant periods of time. Protective measures can often be implemented at fixed workstations to minimize potential exposure to COVID-19.

- Take an inventory of all fixed work locations outside of direct patient care areas where employees cannot maintain 6 feet of physical distance from all other people. Note the number of workers at each location.
  For example: 5 administrative employees work at an outpatient medical office with fixed work locations at:
  - The reception area
  - Employee desk area not in direct patient care areas

- For each fixed work location, describe the job tasks where employees cannot maintain 6 feet of physical distance from all other people.
  For example: For the outpatient medical office:
  - 2 employees in the reception area interact with patients, families, and the public to conduct administrative tasks at the reception desk
  - 3 employees work at their desks not in direct patient care areas

Fixed Work Location		No. of Workers	Job Tasks and Descriptions
For example: Outpatient medical office	The reception area	2	Interact with patients, families, and the public to conduct administrative tasks at the reception desk
	Employee desk area	3	Work at their desks not in direct patient care areas

Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19

Use this Job Task Inventory and input from employees to identify any job tasks where employees have potential for exposure to a person with suspected or confirmed COVID-19.

Answer the following questions about employee exposure to COVID-19:	YES	NO	Follow-up / Notes
☐ Do employee(s) provide direct care to or are they otherwise exposed to people with suspected or confirmed COVID-19?	☐	☐	
☐ Do employee(s) perform or assist in performing AGPs on a person with suspected or confirmed COVID-19? The following medical procedures are considered AGPs: ☐ open suctioning of airways ☐ sputum induction ☐ cardiopulmonary resuscitation ☐ endotracheal intubation and extubation ☐ non-invasive ventilation (e.g., BiPAP, CPAP) ☐ bronchoscopy ☐ manual ventilation ☐ medical/surgical/postmortem procedures using oscillating bone saws ☐ dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion	☐	☐	

If you answered yes to any of the questions above, complete the table below indicating the location(s), number of workers, and job tasks and descriptions in which employees have potential for exposure to a person with suspected or confirmed COVID-19.

Location(s)	No. of Workers	Job Tasks and Descriptions
For example: Surgical Suites	5	Perform or assist in surgical procedures using oscillating bone saws

Are there any well-defined areas of your workplace in which there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present? If yes, list here:
- For example: employee break room

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Hazard Assessment

- Must complete the Employee Job Hazard Analysis (Controls) form for **each** fixed work location and/or job task identified in the Fixed Work Location & Job Task Inventory section of the Hazard Assessment

Employee Job Hazard Analysis (Controls)

This form will help employers and their employees identify controls to implement to minimize potential employee exposure to COVID-19. Refer to the Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing as well as the Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19 sections above to complete this form for every fixed work location or job task identified in these sections.

At least one non-managerial employee should provide input on this Job Hazard Analysis.

Employee Name(s), Position/Title, Shift

Facility Location (e.g., campus, building number)

Controls to implement (as appropriate and feasible) for employees outside of direct patient care areas who cannot maintain physical distancing

Fixed Work Location(s) (refer to table above):

Job Tasks and Descriptions:

☐ Work processes or procedures have been adjusted to ensure that employees are as far apart as feasible from other people.
How:
- *for example: using a lifting device instead of a co-worker*
-
-

☐ Physical barriers have been installed where physical distancing is not feasible.
NOTE: Physical barriers are not required in direct patient care areas or resident rooms. The ETS also exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. Refer to list of well-defined areas above.

☐ Between employees and other people where possible
☐ Between co-worker workstations where possible
☐ Barriers are at height and width to block face-to-face pathways between persons
☐ Small pass-through openings for objects, if necessary, are located at the bottom of the barrier and away from users' breathing zones
☐ Barriers are fixed or secured so they do not move excessively (secured to ground or surface; hanging barriers have bottoms secured)
☐ Barriers are easily cleanable or disposable
  ○ Barrier cleaning supplies are stocked and conveniently located
☐ Barriers do not block emergency exits and pathways

Controls to implement for employees with potential for exposure to a person with suspected or confirmed COVID-19

Controls for AGPs performed on a person with suspected or confirmed COVID-19:

☐ The number of employees present during the procedure is limited to only those essential for patient care and procedure support
☐ The procedure is performed in an AIIR, if available
☐ All surfaces and equipment in the room or area where the procedure is performed are cleaned and disinfected after the procedure is completed

PPE:

The employer must provide a respirator, gloves, an isolation gown or protective clothing, and eye protection to each employee with exposure to people with suspected or confirmed COVID-19. The employer must ensure that the respirator is used in accordance with the respiratory protection standard (29 CFR 1910.134) and that other PPE is used in accordance with 29 CFR 1910 subpart I.

For AGPs performed on a person with suspected or confirmed COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.

Use this form for each healthcare job task (refer to table above) with potential exposure to COVID-19.

Description of Job Task	Employee Protections	Provided by Employer	Follow-up / Notes
For example: A nurse in the ICU must enter the patient's room and draw three vials of blood once daily in the morning before breakfast. / *The patient is positive for COVID-19.* / *The ICU nurses have been issued N95 respirators. ICU nurses wear FDA-authorized facemasks when not in a COVID-19 positive patient's room.*	Gloves	x	
	Isolation gown	x	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	x	*When not wearing N95 respirator*
	N95 respirator, or equivalent	x	
	Goggles or face shield	x	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
	Gloves		
	Isolation gown		
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy		
	N95 respirator, or equivalent		
	Goggles or face shield		
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
	Gloves		
	Isolation gown		
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy		
	N95 respirator, or equivalent		
	Goggles or face shield		
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		

Controls to implement for contact with other people while occupying a vehicle for work

Identify the protective measures taken when employees occupy a vehicle with another person for work purposes.

Required by the ETS:
☐ Facemasks are worn over the nose and mouth
☐ Clean high-touch surfaces daily (e.g., steering wheel, door handles, seats)
Best practices for employee protection:
☐ Use fan at highest setting
☐ DO NOT use "Recirculate" for cabin heating/cooling
☐ Open window(s) whenever weather permits
☐ Separate workers as much as possible in the vehicle (e.g., avoid having persons sit side-by-side)

Action Items from Job	Follow up to Action Items:

Training Presentations

- OSHA has training presentations available on their website which will fulfil many of the staff training requirements outlined in the ETS

COVID-19
Emergency Temporary Standard (ETS)
Mini Respiratory Protection Program
29 CFR 1910.504

Employee Training Presentation
June 2021

COVID-19
Emergency Temporary Standard (ETS)
Healthcare
29 CFR 1910.502

Employee Training Presentation
June 2021

Physical Barriers

- Physical barriers may need to be placed at fixed work locations outside of direct patient care areas (e.g., entryway/lobby, kitchen) where an employee is not separated from all other people by at least six feet of distance, except where the employer can demonstrate that it is not feasible to install the barrier.
  - **Fixed work location** = a workstation where an employee is assigned to work for significant periods of time, or at which the employee spends most of their workday or shift, even if they leave that workstation intermittently as part of their work.

Physical Barriers

- Barriers must be sized and located so that they block face-to-face pathways between the employee and other individuals, based on where each person would normally stand or sit.
  - May have a small pass-through space positioned away from the breathing zone for passing items (e.g., COVID screening forms)
  - May have a sliding door when items being transferred are larger (e.g., food service window). This door must be closed except when necessary to transfer items.

Physical Barriers

- Barriers must be provided to separate employees who are not fully vaccinated from other employees who are not fully vaccinated and all non-employees because employers will not be able to confidently ascertain the vaccination status of non-employees.

- In order for fully vaccinated employees to be exempt from the requirement for physical barriers, the standard requires the employer's COVID-19 plan to include policies and procedures for determining employees' vaccination status.

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COVID Log

- Must keep a COVID log recording all instances where an employee is COVID-19 positive, even if there was a known exposure to a positive case (e.g., family member) outside of work

COVID-19 Log

The OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS) requires employers to keep a COVID-19 Log if they have more than 10 employees on June 21, 2021 (the effective date of the ETS) (See 29 CFR 1910.502(q)). Employers are required to record on the COVID-19 Log each instance of an employee being confirmed COVID-19 positive (i.e., case that tested positive or was diagnosed by a licensed healthcare provider), whether it was contracted at work or elsewhere.

(Employers may use this form or any other form containing similar information)

Name of Business/Employer: _____
Address: _____
Name and Contact information of Employer's Contact Person: _____

Employee Name and Occupation (Job Title)	Employee Contact Information (Address, Phone Number, or email address)	Employee Work Location (Address, Department, Floors, or Room Numbers)	Most Recent Day the Employee Was Present in the Workplace (Date)	Date of COVID-19 Diagnosis or Positive Test for COVID-19	Date of Onset of Symptoms (If Applicable)	Brief Description or Additional Information

Providing COVID Log Upon Request

- Employers are required to make their COVID-19 log available to employees, employee representatives, and OSHA representatives, upon request (by the end of the next business day), as follows:
  - A copy of their individual COVID-19 log entry to an employee listed on the log or to anyone that the employee gives written consent to;
  - A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to any employees, their personal representatives, and their authorized representatives; and
  - All information entered on the COVID-19 log to an OSHA representative.

Required Notifications to Employees

Who to notify	What must be included in the notification
Individuals who were not wearing a respirator (N95) and other required PPE and were within 6 feet of the positive case for 15+ minutes over a 24-hour period during the potential transmission period	That the employee was in close contact with a COVID-19-positive person and the date(s) that the close contact occurred
Individuals who did not have known close contact but were in the same well-defined area (e.g., a particular floor) as the positive case while the case was present during the potential transmission period	The date(s) the COVID-19 positive person was present in that portion of the workplace during the potential transmission period
Other employers whose employees have been in close contact with the COVID-19 positive person, or worked in a well-defined portion of the workplace while the case was present during the potential transmission period	The date(s) and the location(s) of the COVID-19 positive person within the workplace during the potential transmission period.

Required Notifications to Employees

- Required notifications must be made within 24 hours of learning of the case.
  - **Not** required to notify individuals who were wearing a respirator (e.g., N95) & other required PPE during the time of the potential exposure.

- Notifications do not need to be made in the event that a resident has COVID as part of the ETS. However, other bodies (e.g., CMS) have notification requirements upon learning of a new resident case.

- Do not include identifying information (e.g., the person's name) in any notification.

Employer Notification Tool

- For those who had close contact, notifications should be made by phone, text message, email, or in person

- For those who worked in the same well-defined portion of the building but did not have known close contact, you can use the same notification methods as above or post a message in common areas (e.g., break rooms, near the time clock)

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Employee Notification: Sample Wording

Sample Email Notification to Employees Working in the Same Well-Defined Portion of the Workplace

Dear [Employee Name],

We have been notified that an individual who was present in our workplace on [MM/DD/YYYY] has been diagnosed with COVID-19. We are separately notifying people who appear to have had close contact with the individual, but we want to alert everyone working in the same well-defined portion of the workplace to the possibility of exposure. If you experience symptoms of COVID-19, such as fever, chills, cough, difficulty breathing, new loss of taste or smell, or other symptoms, please contact [COVID-19 Safety Coordinator Name and Contact Information] and consider consulting with your healthcare provider about COVID-19 testing. As always, [Company Name] will protect all employee medical information.

Sincerely,

[Signatory]

Reporting Employee Hospitalizations and Deaths to OSHA

- Employers are required to report each work-related COVID-19 fatality or in-patient hospitalization of any employee <u>regardless of the amount of time between the exposure to COVID-19 in the work environment and the death or in-patient hospitalization.</u>
  - Note that this is different than reporting requirements for other work-related incidents, in which employers are required to report a work-related fatality to OSHA only if death occurs within 30 days of the work-related incident, or an in-patient hospitalization only if the in-patient hospitalization occurs within 24 hours of the work-related incident.

- Must report:
  - Each employee COVID-19 fatality to OSHA within 8 hours of learning about the fatality.
  - Each employee COVID-19 in-patient hospitalization to OSHA within 24 hours of learning about the in-patient hospitalization.

Reminder: ETS FAQ Page

Source: https://www.osha.gov/coronavirus/ets/faqs

FAQ: What are my responsibilities for soliciting input from employees on our COVID plan?

- **Must** seek the input and involvement of non-managerial employees and their representatives, if any, in the hazard assessment and the development and implementation of the COVID-19 plan.
  - Can seek feedback through a variety of means, including safety meetings, a safety committee, conversations between a supervisor and non-managerial employees, a process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process.
- Other tools that may be helpful for employers in soliciting feedback from employees may include employee surveys or a suggestion box.

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FAQ: Are we required to permit employees to wear their own respirators when respirators are not required under the ETS?

- Where the employer provides an employee with a facemask, the employer must permit the employee to wear their own respirator instead of a facemask (see 29 CFR 1910.502(f)(4)(ii)).

- In such circumstances, the employer must also comply with the requirements for employee-provided respirators in the mini respiratory protection program (29 CFR 1910.504(c)).

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Vaccine Education Team

Goal: To use factual information to answer questions, address fears & misconceptions, and improve confidence in the COVID-19 vaccine among LTCF staff and residents.

- Teams of 2-3 nurses and/or community health educators from Rush or UIC

- Unstructured conversations
  - One-on-one
  - Small group

- On-site for 4-5 hours; times are flexible to accommodate facility needs.

- Best when scheduled before an upcoming vaccination clinic.

If interested, please contact Christy Zelinski at christy.zelinski@cityofchicago.org

Update: Navigating the HAN Page

- We have heard from many of you that it is hard to find past events/resources on the new HAN page

- We are working on a solution so that they are more readily available

- In the meantime, to view past resources (e.g., previous roundtable slides, first click on "View All" on the Upcoming Events sidebar

Upcoming Events   View All
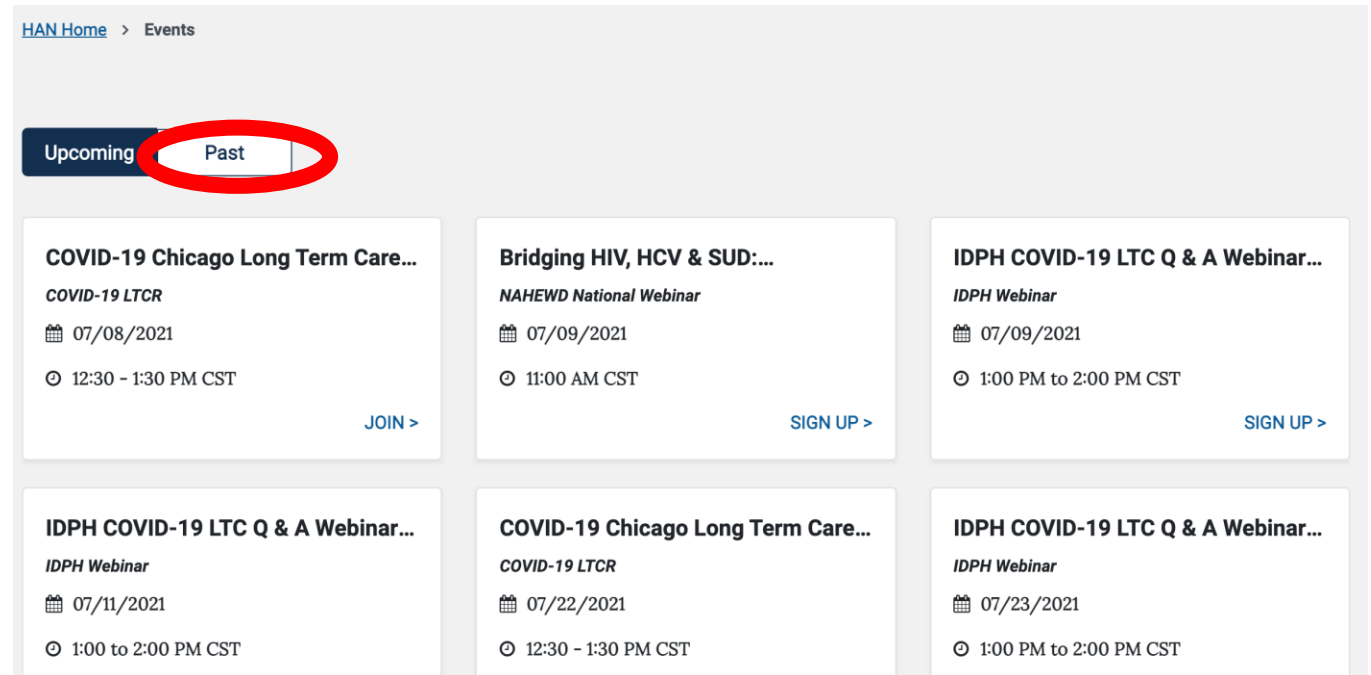
07/08/2021 at 12:30 – 1:30 pm cst
COVID-19 Chicago Long Term Care Roundtable Webinar – July 8, 2021
COVID-19 LTCR

JOIN >

07/09/2021 at 1:00 pm to 2:00 pm cst
IDPH COVID-19 LTC Q & A Webinar – July 9, 2021
IDPH Webinar

SIGN UP >

07/11/2021 at 1:00 to 2:00 pm cst
IDPH COVID-19 LTC Q & A Webinar – July 16, 2021
IDPH Webinar

SIGN UP >

Update: Navigating the HAN Page

- A new page will pop up showing all upcoming events
- Once that page comes up, click on "Past" (near the top left of the page)

Update: Navigating the HAN Page

- After clicking on "Past," you should be able to see all past events (including slides and/or video, if available)

- Note that there are multiple pages, with the most recent events displayed first.

Overview of Extensively Drug-Resistant Organism (XDRO) Registry
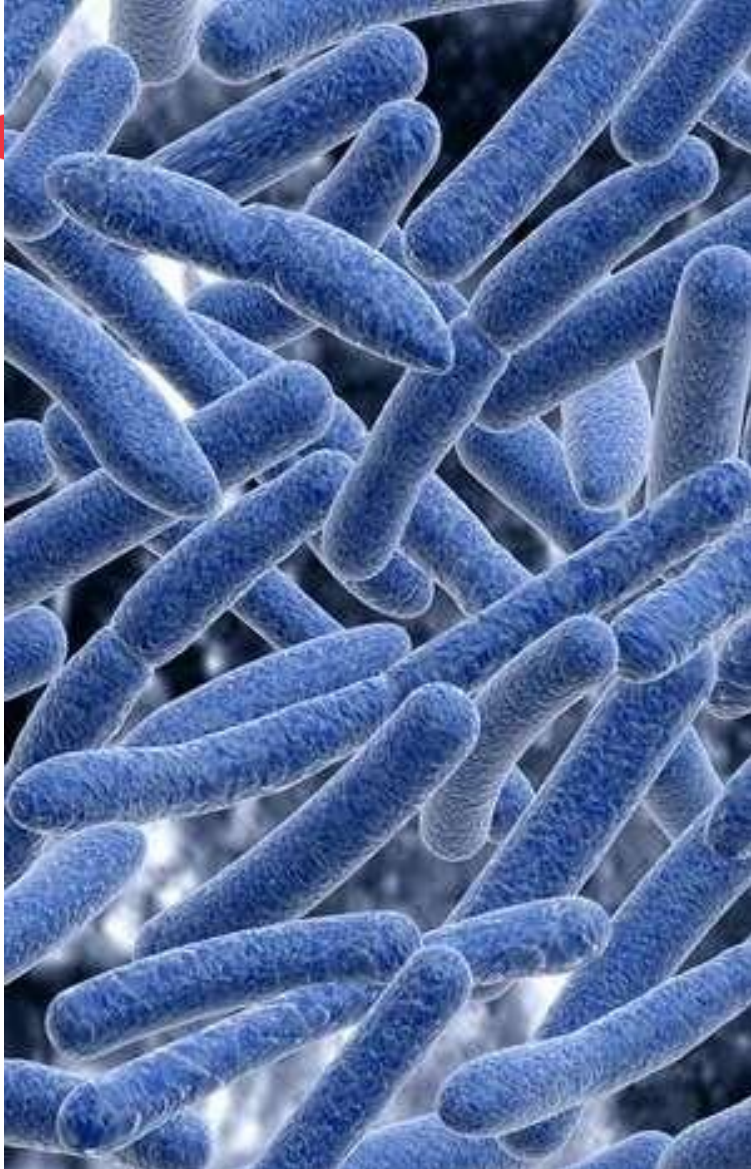
Extensively Drug-Resistant Organism (XDRO) Registry

- The Extensively Drug Resistant Organism (XDRO) Registry was created by the collaboration of the Illinois Department of Public Health, Medical Research Analytics and Informatics Alliance, and the Chicago CDC Prevention Epicenter.

- The purpose of the XDRO registry is to improve Carbapenem-resistant Enterobacteriaceae (CRE), *Candida auris* and Carbapenem-resistant Acinetobacter Baumanii (CRAB) surveillance, and to facilitate inter-facility communication.

Functions of XDRO registry

- First, when a facility identifies an extremely drug resistant-carrying patient, that patient is reported to the XDRO registry.

- Second, when a patient is admitted the healthcare facility can query the XDRO registry to determine whether or not isolation precautions are needed.

- If the patient has a previous record of an extremely drug resistant organism based on the results of XDRO query, isolation precautions are needed.
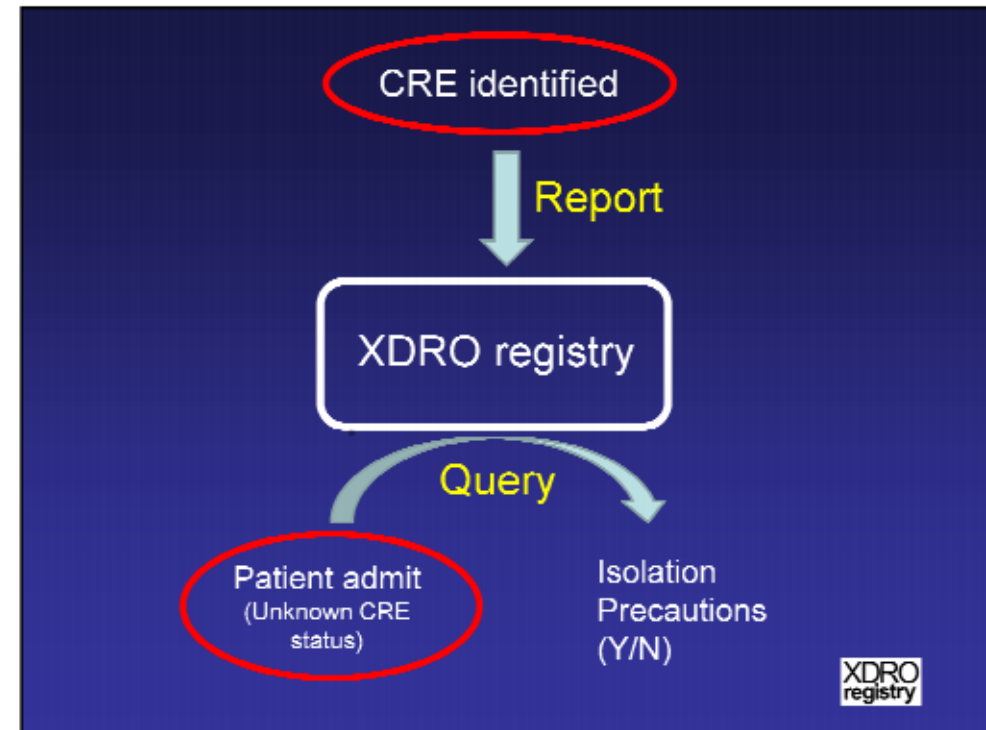
Entered by the facilities:

- All short-term and long-term acute care hospitals, long- term care facilities, and laboratories in Illinois are required to use the XDRO registry to report the first positive CRE isolate per patient per encounter.

- Illinois Department of Public Health has sent paper and electronic communication to required reporters to inform them of their reporting requirements.

- If you did not receive this notice but believe that you may be required to report, you may contact DPH.XDROregistry@Illinois.gov or visit www.xdro.org for guidance.

CRE Reporting requirements:

- CRE are Enterobacteriaceae with one of the following test results:

(1) a molecular test, such as PCR, specific for carbapenemase, or

(2) a phenotypic test, such as Modified Hodge Test, specific for carbapenemase production, or

(3) Susceptibility test (for E. coli and Klebsiella species only): any isolate that is non-susceptible to one of the carbapenems (doripenem, meropenem, or imipenem) and resistant to all third generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime).

- Facilities should report the 1st CRE event per patient per healthcare facility encounter. (Note: if a CRE-positive patient is reported to the registry, discharged and then readmitted at a later date with a new CRE-positive culture, that new CRE culture should be reported to the XDRO registry because it is the 1st CRE event of the new patient encounter.)

SOURCE: U CLEANCATCH
URINE CULTURE SEE BELOW
Final Report
RESULT # 1 SEE BELOW
Carbapenem-resistant Enterobacteriacese (CRE) - Klebsiella pneumoniae
Greater than 100,000 colony forming units per mL.
Susceptibility profile is consistent with a probable ESBL.
RESULT # 2 SEE BELOW
Escherichia coli, identified by an automated biochemical system.
Greater than 100,000 colony forming units per mL
Susceptibility profile is consistent with a probable ESBL.
SUSCEPTIBILITY Comment
** S = Susceptible; I = Intermediate; R = Resistant **
P = Positive; N = Negative
MICS are expressed in micrograms per mL
Antibiotic RSLT#1 RSLT#2 RSLT#3 RSLT#4
Amoxicillin/Clavulanic Acid R>=32 I =16
Ampicillin R>=32 R>=32
Cefazolin R>=64 R>=64
Cefepime R>=32 I =8
Ceftriaxone R>=64 R>=64
Cefuroxime R>=64 R>=64
Ciprofloxacin R>=4 S =1
Ertapenem S<=0.12
Gentamicin S<=1 S<=1
Imipenem R>=16 S<=0.25
Levofloxacin R>=8 S =1
Meropenem R>=16 S<=0.25
Nitrofurantoin R>=512 S<=16
Piperacillin/Tazobactam R>=128 S =8
Tetracycline S =4 R>=16
Tobramycin R>=16 S<=1
Trimethoprim/Sulfa R>=320 R>=320
Performed at: ITASK, LabCorp Itasca
150 Spring Lake Drive, Itasca, IL, 601432091

The lab did PCR test and was able to determine the presence of Carbapenem- resistant Enterobacteriacea

Resistant to 3rd generation Cephalosporin

Non-susceptible to atleast 1 carbapenem

Report Carbapenem-Resistant Enterobacteriaceae (CRE) isolates to the XDRO registry

(1) Is the isolate in the Enterobacteriaceae family (e.g., *Klebsiella, Escherichia coli, Enterobacter, Serratia, Proteus,* others)?

→ **NO** → Do **NOT** Report: *Pseudomonas, Acinetobacter,* MRSA, or other non-Enterobacteriaceae isolates

↓ **YES**

(2) Did the isolate have a positive genotypic test (PCR) **for a carbapenemase** (e.g., KPC, NDM, VIM, IMP, OXA)?

→ **YES** → Report to the XDRO registry

↓ **NO**

(3) Did the isolate have a positive phenotypic test (e.g., Modified Hodge or MBL Etest) **for carbapenemase production?**

→ **YES** → Report to the XDRO registry

↓ **NO**

(4) Is the isolate *E. coli* or *Klebsiella* spp.?

→ **NO** → Do **NOT** Report

↓ **YES**

(5) Is the isolate non-susceptible (INTERMEDIATE or RESISTANT) to imipenem, meropenem, and/or doripenem?

→ **NO** → Do **NOT** Report

↓ **YES**

(6) Is the isolate RESISTANT to ALL third-generation cephalosporins tested (e.g., ceftriaxone, cefotaxime, ceftazidime, others)?

→ **NO** → Do **NOT** Report: Isolates that are sensitive or intermediate to any third-generation cephalosporin

→ **YES** → Report to the XDRO registry

Example 1:

- A patient is admitted to your facility with an unknown status:

✓Query XDRO: no previous record

✓On day 2, a urine culture grows Klebsiella pneumoniae, resistant to all cephalosporins and to imipenem. (Enter into XDRO)

✓On day 3, a blood culture grows Klebsiella pneumoniae, resistant to all cephalosporins and to imipenem.

✓Only enter the first isolate(urine culture) to the registry

- The patient was discharged and re-admitted and had another CRE positive culture on new admission: add this new culture to XDRO.

- If a patient has two separate facility admissions and has a positive CRE culture on each admission, both events should be reported.

Example 2:

- A patient is admitted to your facility with an unknown status:

✓Query XDRO: Previous record of CRE from 2020 : place the patient on isolation precautions.

✓If subsequent positive cultures are identified on this encounter add them to XDRO (1st CRE event per patient per healthcare facility encounter).

Entered by IDPH:

- As of January 2017, IDPH is entering Candida auris cases into the XDRO registry.

- As of April 2017, IDPH is entering carbapenemase-producing Pseudomonas aeruginosa (CRPA) cases into the XDRO registry.

- As of June 2019, IDPH is entering carbapenemase-producing Acinetobacter baumannii(CRAB) cases into the XDRO registry.

- Note: Please notify CDPH of the recent C.auris, CRPA and CRAB so that we can make sure it is entered into XDRO by IDPH.

Access to XDRO Registry:

- Access the IDPH Portal homepage at www.xdro.org. From this page users have the option of logging into the site (existing users) or registering (new users).

- **New users:** must register for access to the IDPH web portal. Fill out the form to create a new username and select the box to access the application "INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)." This may take several weeks to process.

- **Access to IDPH web portal, but not INEDSS/XDRO :** do not fill out a new registration form. Please have your facility Portal Registration Authority (PRA)* send an email to DPH.Security@illinois.gov requesting for you to have access to the additional application "INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)."

- **Existing INEDSS users:** Your existing IDPH log-in will automatically give you access to the XDRO registry.
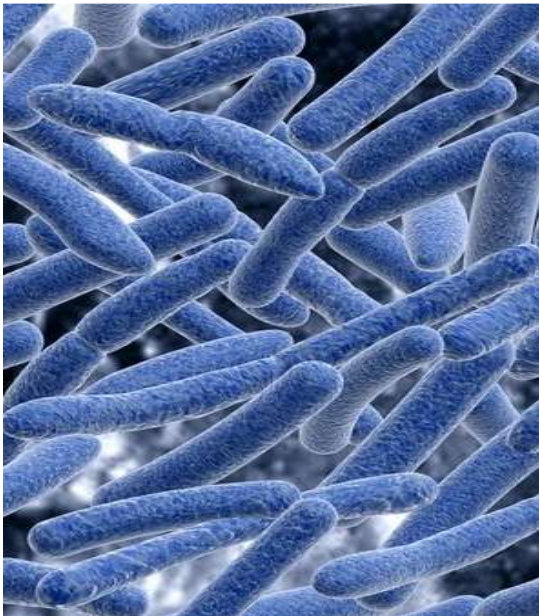
New users: Signing up for XDRO

IDPH web portal

Web Portal User Agreement

USER MUST READ THIS WEB PORTAL USER AGREEMENT BEFORE APPLYING FOR, ACCEPTING, OR USING A USER ACCOUNT TO ACCESS THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) WEB PORTAL. IF THE USER DOES NOT AGREE TO THE TERMS AND CONDITIONS OF THIS WEB PORTAL USER AGREEMENT, AN ACCOUNT WILL NOT BE ISSUED IN HIS/HER NAME.

This Agreement will become effective on the date the facility employee (User) submits the user registration application form to the designated Portal Registration Authority (PRA) at his/her Facility. By submitting the registration application form, the User is expressing his/her agreement to the terms of the Web Portal User Agreement (Agreement).

The Web Portal User agrees to:

1. Make true representation regarding information to be used in his/her profile for identification and authentication purposes;
2. Upon issuance of a Web Portal User account, the applicant as the user will review the associated profile to ensure that all user information included is accurate;
3. Make use of the portal resources solely for legal and authorized State and Public Health business, consistent with applicable local, state and federal laws, mandates and regulations;
4. Take reasonable precautions to prevent any compromise, modification, loss, disclosure, or unauthorized use of his/her user account and associated privileges;
5. Protect his/her associated user password by following the required guidelines for password definition and maintenance;
6. Immediately inform the Portal Registration Authority or the IDPH Security Administrator (SA) of a suspected compromise of the user account;
7. Review and follow changes and updates to policies for using the Web Portal posted on this web site.

The Web Portal User agrees to adhere to the Password Guidelines as follows:

1. Not easily guessed and no common words or names.
2. A combination of letters and numbers
3. A minimum of eight characters
4. Changed at least every 90 days and whenever it is suspected someone knows the current password
5. Unique within a 12 month period - passwords not reused or repeated.

The Web Portal User agrees to adhere to Confidentiality Requirements as follows:

1. The User shall secure his/her password to the Web Portal.
2. The User shall not use, divulge, or otherwise compromise the integrity of his/her user account and password
3. To access the Web Portal only in the course of his/her official duties as an employee of the Facility
4. To maintain confidentiality of all data, documents, memoranda and any other materials accessed from the Web Portal
5. In the event User needs to share materials obtained from the Web Portal with other individuals, the User will only provide such materials to authorized employees at the Facility, and the User will ensure those authorized employees agree to adhere to the requirements contained in this agreement
6. That the information and materials the User may access at the Web Portal contains confidential and proprietary information of the Illinois Department of Public Health
7. To not disclose orally, nor prepare any writings, reports, publications, etc., or disseminate in any other manner materials contained in or obtained from the Web Portal for release to third parties, except as specifically required by or with the written permission of the Illinois Department of Public Health
8. If the User receives a request for information from the Web Portal link, the User will notify the Department of Public Health immediately. A request for information includes a subpoena, court order, Freedom of Information Act request or a request from a researcher. Any issue whether information is to be released shall be resolved by the Department
9. In the event the User fails to adhere to the provisions contained within the agreement, the User shall be subject to any or all of the following: termination from access to the Web Portal, discipline, and termination from employment
10. All other information required to be kept confidential in accordance with Confidentiality/Privacy Policies enforced by IDPH.

The User agrees to Termination as follows:

1. Violation of this agreement or of the trust relationship with IDPH may result in IDPH terminating the User agreement and revoking User priviledges.
2. The User acknowledges that a violation of this agreement will result in irreparable harm, and hereby accepts responsibility for his/her actions.
3. Misuse of information technology resources may also subject the User to penalties under state and federal law not limited to the Computer Crime Prevention Law (720 ILCS 5/16D).

Disclaimer of Liability

Neither the Illinois Department of Public Health nor any of its employees shall be held liable for any improper or incorrect use of the information described and/or contained in the Web Portal and assumes no responsibility for anyone's use of the information. In no event shall the IDPH web site, web portal, or its employees be liable for any direct, indirect, incidental, special, exemplary, or consequential damages (including, but not limited to, procurement or substitute goods or services; loss of use, data, or profits; or business interruption) however caused and on any theory of liability, whether in contract, strict liability, or tort (including negligence or otherwise) arising in any way out of the use of this system, even if advised of the possibility of such damage. This disclaimer of liability applies to any damages or injury, including but not limited to those caused by any failure of performance, error, omission, interruption, deletion, defect, delay in operation or transmission, computer virus, communication line failure, theft or destruction or unauthorized access to, alteration of, or use of record, whether for breach of contract, tortious behavior, negligence or under any other cause of action.

| I Agree | I Do Not Agree |

IDPH Web Portal

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New Users: Registration page

- At the bottom of the form, enter your PRA's e-mail.
- If you do not know who your PRA is, click on the "Portal Registration Authority" link in the application.

- Enter your facility name to search for your PRA.

- If you do not have an institutional PRA, enter DPH.SECURITY@illinois.gov as the PRA email on the application.

- Please note: This may take several weeks to process.

  ✓ First, you need approval for access to the Illinois Department of Public Health Web Portal, which includes approval from your organization's PRA.

  ✓ Second, Once your PRA authorizes your request for access and the Illinois Department of Public Health approves it, you should receive an email from the Illinois Department of Public Health help desk allowing you access to the web portal.

- If you have additional questions regarding access to the Web Portal, please call the Illinois Department of Innovation & Technology's Customer Service Center at 217-524-3648 or 312-814-3648.

PRA List - Google Chrome

🔒 wpur.dph.illinois.gov/WPUR/selectPRA

Portal Registration Authority List

Enter a keyword to search for your organization: [   ] [Search]

Note: if no keyword is entered, a large list of organizations will be retrieved which may take several minutes. **If you can't find your organization, you can search idph and then select IDPH / DPH SECURITY.** IDPH/DPH Security is not a Portal Registration Authority (PRA). DPH Security will work with you to establish a PRA for your organization.

[Close]

Users who have access to the Web Portal, but not the XDRO registry:

- If you already have a username and access to the Web Portal, do not fill out a new registration form.

- Please have your facility PRA send an email to DPH.Security@illinois.gov requesting for you to have access to the additional application "INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)."

- Make sure your PRA includes your full name and User ID. If you still cannot find your PRA after scrolling through the list, please email DPH.Security@illinois.gov to find out who your facility PRA is.

XDRO registry

Extensively drug resistant organism registry   Citations   Help   Login

Please login to access the service!

To report CRE, please log-in through IDPH portal **and access the XDRO registry under 'product application'**

New users (who do not have access to the IDPH web portal): You must register for access to the IDPH web portal. Fill out the form to create a new username, and select the box to access the application "INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)." This may take several weeks to process.

Users who have access to the IDPH web portal, but not the INEDSS/XDRO application: If you already have a username and access to the IDPH web portal, **do not fill out a new registration form**. Please have your facility Portal Registration Authority (PRA)* send an email to DPH.Security@illinois.gov requesting for you to have access to the additional application "INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)." Make sure your PRA includes your full name and User ID.

Existing INEDSS users: Your existing IDPH log-in will automatically give you access to the XDRO registry. For log-in issues, please call the Central Management Services customer service center at 217-524-3648 or 312-814-3648.

The XDRO registry is a product of collaboration between IDPH, Medical Research Analytics and Informatics Alliance (MRAIA), and the Chicago CDC Prevention Epicenter.

* If you do not know the PRA for your facility, please Click here to find your PRA. If you still cannot find your PRA after scrolling through the list, please email DPH.Security@illinois.gov to find out who your PRA is

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XDRO registry website: www.xdro.org ● XDRO registry e-mail: DPH.XDROregistry@illinois.gov

Existing I-NEDSS users

- These users automatically are granted access to the XDRO registry.

- If you already have an I-NEDSS username and password, sign in through the Illinois Department of Public Health Web Portal (http://portalhome.dph.illinois.gov/) to access the registry.
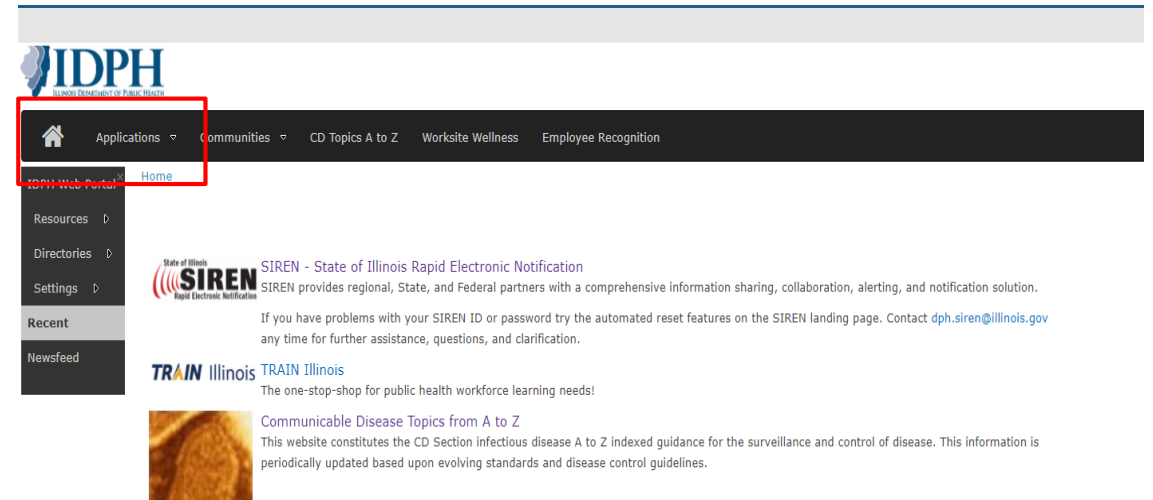
Production Applications

Business Objects 4.2

Essence

I-CARE

I-NEDSS

INEDSS Site ID

ORS

REDCap

XDRO registry (extensively drug resistant organism)

FAQ's

- **A laboratory will report CRE on my facility's behalf. Does my facility still need access to the registry?**

Healthcare facilities are strongly encouraged to sign up for access, even if a laboratory is reporting on their behalf, so they can search the registry for CRE-positive patients. If a laboratory is reporting CRE on your facility's behalf, you must let the Illinois Department of Public Health know at DPH.XDROregistry@illinois.gov.

- **I have CRE to report, but do not have access to the registry yet. What should I do?**

While waiting for access, you can send an email to DPH.XDROregistry@Illinois.gov to document that you are trying to report CRE in compliance with the law, but do not have access to the XDRO registry yet. Please do not include any patient identifiers in your email. Once you obtain access, you must report the CRE event to the registry.

- **I started working at a new facility but have a Web Portal/I-NEDSS account with my old facility. How can I report for my new facility?**

You will need to register for a new account with your new facility. Your new facility's PRA will have to authorize your access.

- **What if the patient is discharged before I get the positive CRE culture report? Who is responsible for reporting then—the laboratory or the healthcare facility?**

In general, the facility that orders and obtains the CRE culture is responsible for reporting, even if the patient is discharged before the result is returned.

Questions & Answers

A special thanks to:

CDPH HAI Team:
Hira Adil
Dr. Stephanie Black
Dan Galanto
Dr. Amy Hanson
Adebola Hassan
Liz Shane
Winter Viverette
Kelly Walblay
Shannon Xydis
Shane Zelencik
Christy Zelinski

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