



COVID-19 Chicago Long Term Care Roundtable

09-30-2021



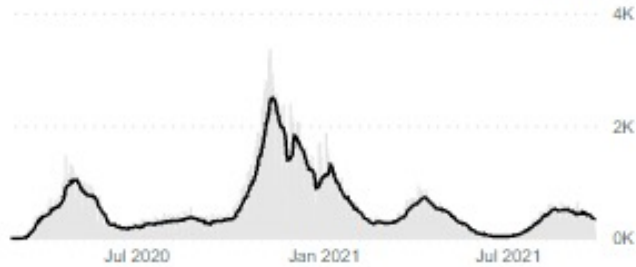
Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Coming Soon: EVS & Healthcare Facility Overview Surveys
- Questions & Answers

Chicago Dashboard

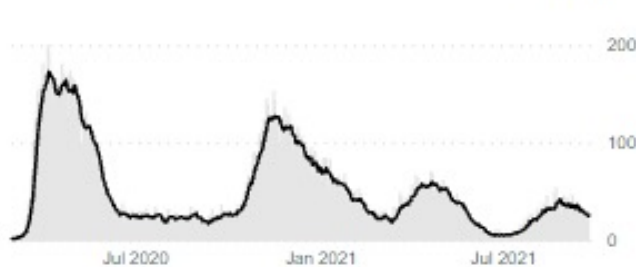
CASES

343 ▼ 422 (-19%) 316,189 12.7
Current daily avg Prior week Cumulative Daily rate per 100,000



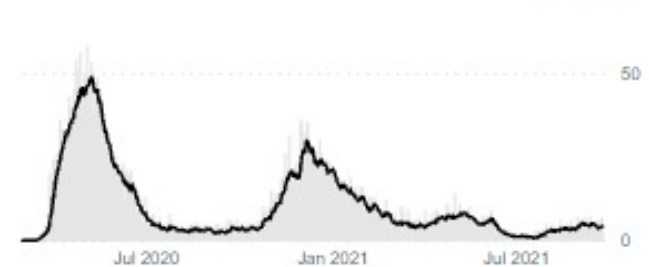
HOSPITALIZATIONS

26 ▼ 31 (-17%) 29,958 0.9
Current daily avg Prior week Cumulative Daily rate per 100,000



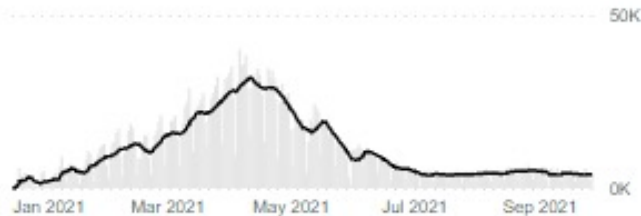
DEATHS

4.14 ▼ 4.57 (-9%) 5,950 0.2
Current daily avg Prior week Cumulative Daily rate per 100,000



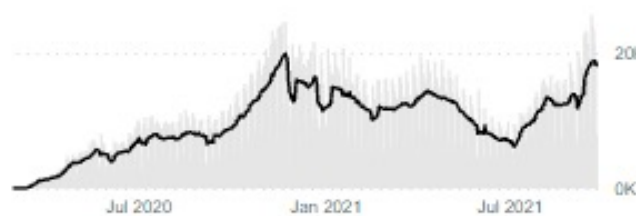
VACCINATIONS ADMINISTERED

3,868 ▼ 3,171,126 57.6% 62.8%
Current daily avg Cumulative Completed series At least one dose



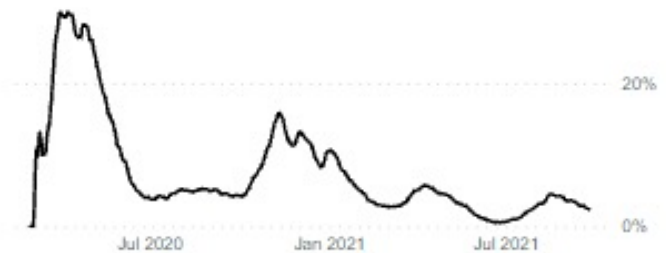
TESTS PERFORMED

18,160 ▲ 18,125 (+0%) 5,647,388
Current daily avg Prior week Cumulative



POSITIVITY RATE

2.4% ▼ 2.9%
Current daily avg Prior week



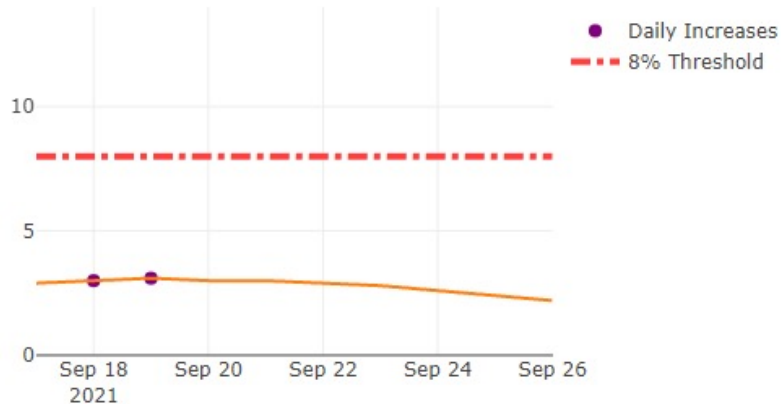
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IDPH Regional Resurgence Metrics: Region 11

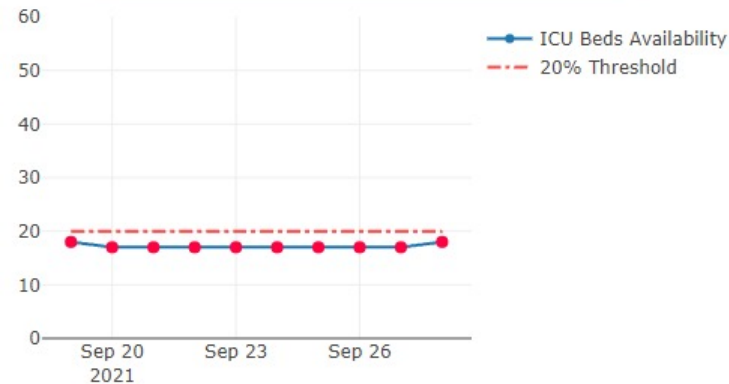
Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



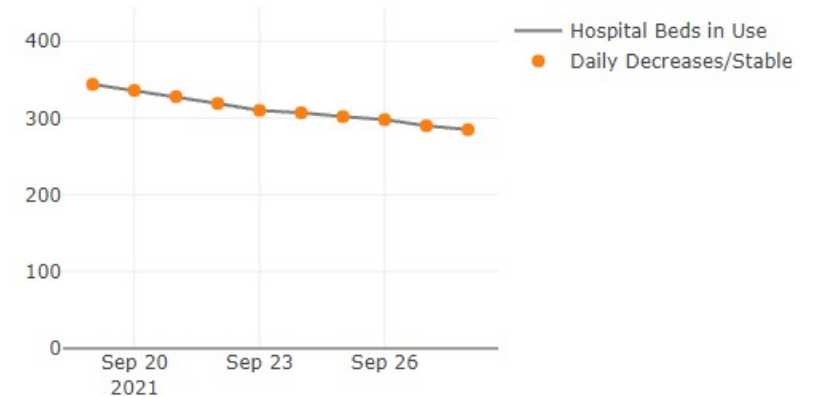
Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days Under 20% Threshold

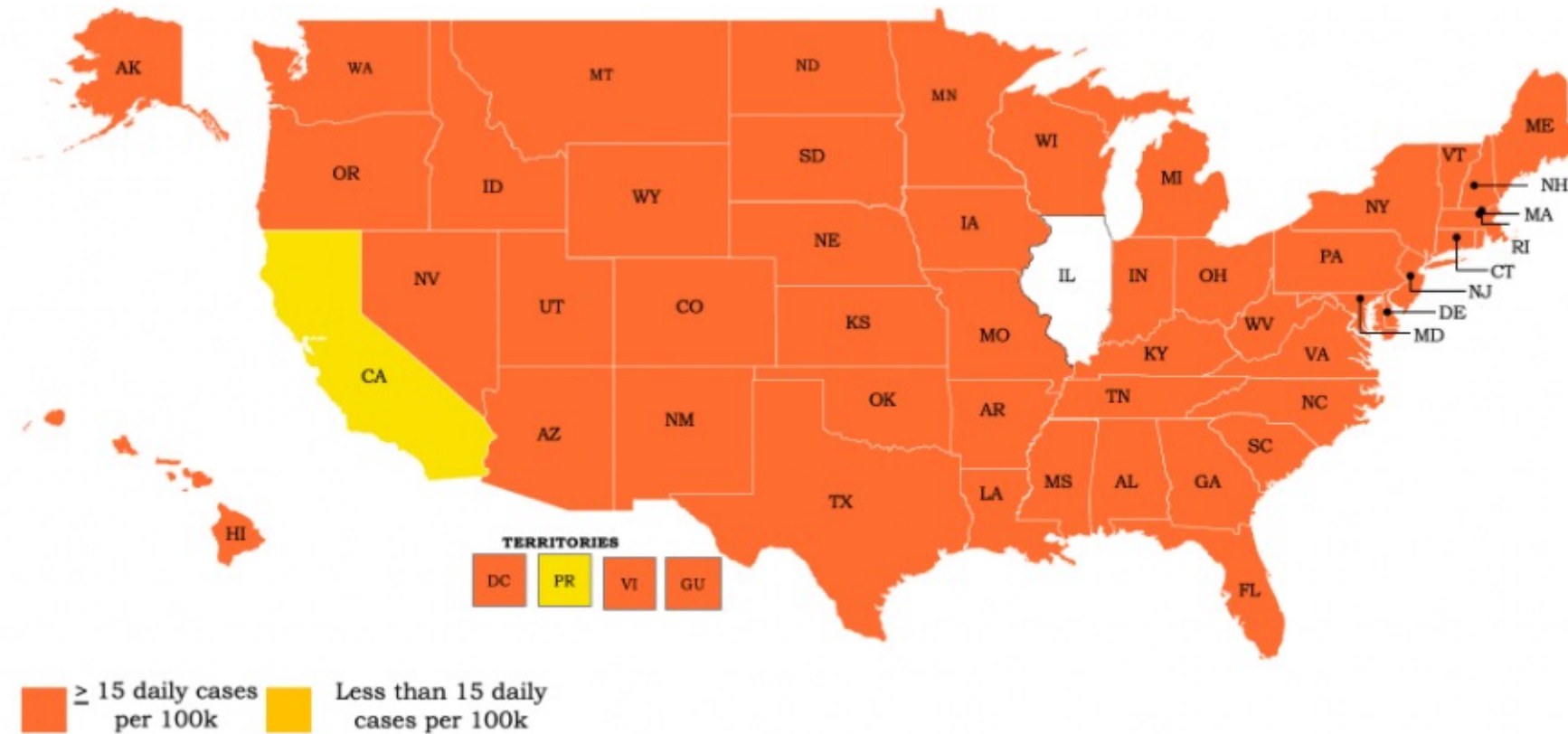


COVID-19 Patients in the Hospital 7-Day Rolling Average

10 Days of COVID-19 Patient Decreases or Stable



Chicago Travel Advisory





COVID Variants of Concern in HHS Region 5 (includes Illinois)

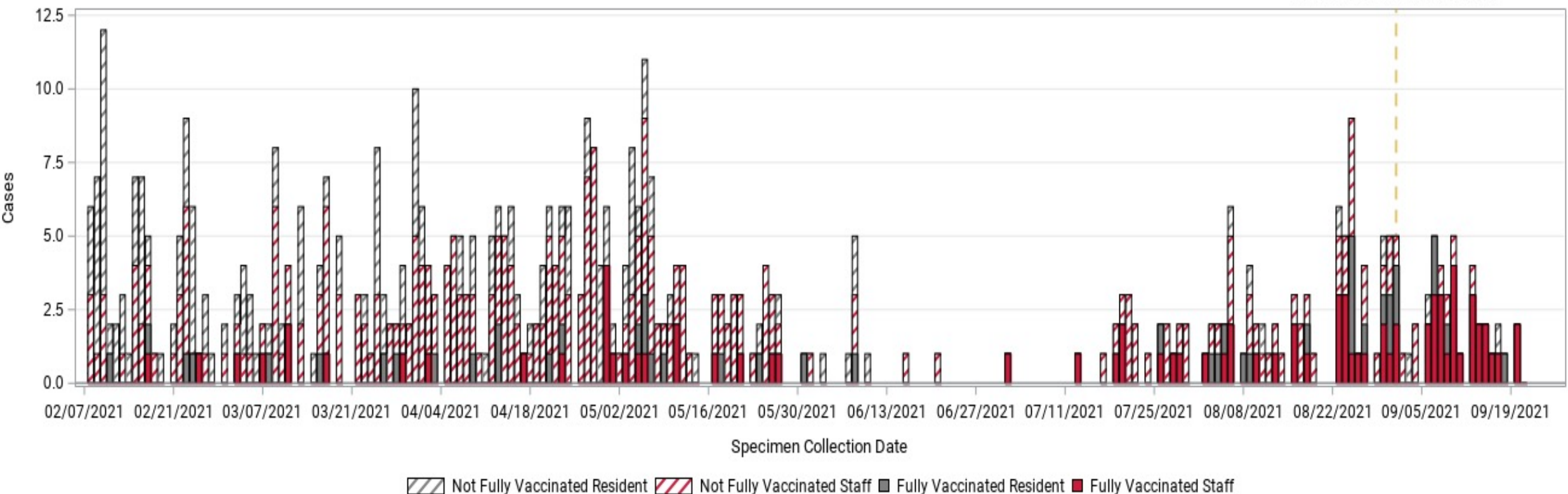




In recent weeks, we have seen a higher proportion of new SNF-associated cases be fully vaccinated

(Feb 8, 2021 – Sept. 22, 2021)

Reinfections count as new cases



Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least two weeks after the individual completed their COVID vaccination

COVID Reinfections are not shown until Sept 1, 02021

★ However, SNF outbreaks have been significantly smaller since vaccines became available

	Outbreaks initiating <i>before</i> vaccines were available (prior to 12/28/2020)	Outbreaks initiating <i>after</i> vaccines were available (12/28/2020-present)
Number of outbreaks*	183[^]	61
Median (IQR) number of cases in outbreak	34 (12.5-79.5)	4 (2-6)

*An outbreak is defined as at least two lab-confirmed positive COVID-19 cases within 14 days (i.e. ORS definition)

[^]The number of outbreaks exceeds the number of SNFs in Chicago (n=78) because most SNFs have had multiple outbreaks

★ Severe outcomes are less common among fully vaccinated individuals in SNFs

Not Fully Vaccinated	Resident (n=6624)	Staff (n=3910)
Hospitalized*	38%	5%
Deceased**	19%	0.5%

Fully Vaccinated	Resident (n=47)	Staff (n=84)
Hospitalized*	30%	2%
Deceased**	6%	1%

*Hospitalizations include non-COVID hospitalizations

**Deceased only includes COVID-related deaths

★ Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

CDC COVID Data Tracker: Cook County

Cook County, Illinois

[State Health Department](#) 

7-day Metrics | [7-day Percent Change](#)

Community Transmission

● High

Everyone in **Cook County, Illinois** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

[How is community transmission calculated?](#)

September 30, 2021

Cases	5,236
% Positivity	2.26%
Deaths	72
% Eligible Population Fully Vaccinated	64.9%
New Hospital Admissions	405

Data through Wed Sep 29 2021

Total Cases (last 7 days)	5236
Case Rate (last 7 days)	101.67
% Change (last 7 days)	-17.47

Total Deaths (last 7 days)	72
Death Rate (last 7 days)	1.40
% Change (last 7 days)	20



Reminder: Minimum Routine Testing Frequencies

	Staff	Resident
Unvaccinated	2x a week*	1x a month
Partially vaccinated	2x a week*	1x a month
Fully vaccinated	No required routine testing	No required routine testing

**Based on Cook County's current community transmission level*



Reminder: Triggers for Non-Routine Testing

The below guidance applies to both staff and residents, regardless of their vaccination status:

Scenario	Action
Following a high-risk exposure	Test "immediately" (no earlier than two days after the exposure) and, if negative, again at 5-7 days post-exposure
Resident or staff is experiencing COVID-like symptoms	Test immediately and either isolate (for residents) or exclude (for staff)
After a new facility-associated case is identified in a staff member or resident	Test all residents and staff 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

Other Testing Considerations

Your facility may also want to consider testing the following groups of people:

- New/readmitted residents (especially if they are not placed under quarantine upon admission)
- Residents who leave the facility for frequent appointments (e.g., dialysis)
- Residents who leave the facility to attend higher-risk activities (e.g., weddings, funerals, holiday gatherings, overnight visits with family)

★ Update: Eye Protection

- Updated CDC guidance bases recommendations for use of universal eye protection by patient care staff on community transmission levels
- In counties experiencing substantial or high COVID transmission, CDC states that “eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters”
- As Cook County is experiencing high COVID transmission, LTC staff should now wear eye protection during all interactions with residents, even when a facility is not experiencing an outbreak and regardless of the staff/residents’ vaccination status

3rd Doses vs. Booster Shots

3rd Dose

- For immunocompromised individuals (see slide 17)
- Currently authorized for Moderna and Pfizer
- Considered part of the primary series
- Administered at least 28 days after the second dose

Booster Shot

- For individuals who fall into certain categories (see slide 19)
- Currently only authorized for Pfizer (TBD on Moderna and J&J)
- Not considered part of the primary series
- Administered at least 6 months after the second dose

CDC Recommendations on 3rd Doses

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response



CDC Recommendations on Booster Shots

CDC recommends:

- people 65 years and older and residents in long-term care settings **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 50–64 years with [underlying medical conditions](#) **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 18–49 years with [underlying medical conditions](#) **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks, and
- people aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.



Underlying Medical Conditions that Increase Risk for Severe Infections

- Cancer
- Chronic Kidney Disease
- Chronic Lung Diseases (e.g., COPD)
- Dementia
- Diabetes
- Down Syndrome
- Heart Conditions (e.g., hypertension)
- HIV
- Immunocompromised State
- Liver Disease
- Overweight and Obesity
- Pregnancy
- Sickle Cell Disease or Thalassemia
- Smoking, Current or Former
- Solid Organ or Blood Stem Cell Transplant
- Stroke or Cerebrovascular Disease
- Substance Use Disorders



Occupations at Increased Risk for COVID-19 Exposure and Transmission

- First responders (healthcare workers, firefighters, police, congregate care staff)
- Education staff (teachers, support staff, daycare workers)
- Food and agriculture workers
- Manufacturing workers
- Corrections workers
- U.S. Postal Service workers
- Public transit workers
- Grocery store workers

Vaccination Eligibility Summary

- Residents and staff who are immunocompromised can receive a third dose of Moderna or Pfizer as long as it has been at least 28 days since they received their second dose.
- Residents and staff who are not immunocompromised can receive a booster shot of Pfizer as long as it has been at least 6 months since they received their last dose
- Residents and staff who are not immunocompromised and received Moderna are not yet eligible for a booster dose as the FDA and CDC still needs to review the submission from Moderna
 - More information should be coming out regarding recommendations for Moderna boosters within the next few weeks

COVID Vaccine Booster Clinics

- SNFs currently connected with a COVID vaccine provider should work with that provider to arrange for booster clinics for residents and staff
 - Residents and staff who received two doses of Pfizer >6 months ago can receive their booster shots now
 - Stay tuned re: residents and staff who received Moderna or J&J
- If your facility does not have a COVID vaccine provider, please indicate that via NHSN and/or contact Christy Zelinski at Christy.Zelinski@cityofchicago.org.

Religious Exemption Form Example



Exhibit B

City of Chicago COVID-19 Vaccine Religious Exemption Request

SECTION I: Employee Information (Please Print or Type)

Employee Name: Department:
Job Title: Manager:
Daytime Phone: Religion:

I am requesting a religious exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy. By signing this form, I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that deliberately providing false or misleading information in support of my request for religious exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy or refusing to engage in the interactive process with the Department of Human Resources regarding the applied for exemption under the Vaccination Policy may result in disciplinary action, up to and including termination, under the City's Personnel Rules.

I further understand that in some cases, the City will need to obtain additional information and/or documentation about my religious practice(s) or belief(s) or may need to discuss the nature of my religious belief(s), practice(s) and accommodation with my religion's spiritual leader (if applicable) or religious scholars, to address my request for an exemption.

Employee Signature: Date:

SECTION II: Exemption Information

Please state your reason for requesting a religious exemption to the COVID-19 vaccine requirement.



Exhibit B

City of Chicago COVID-19 Vaccine Religious Exemption Request

What is the principle of your religious beliefs that conflicts with taking the COVID-19 vaccine? In your response to this question, please include a description of the specific way that your religious beliefs prevent you from being vaccinated.

When did you begin practicing this religion or following these beliefs?

Do your religious beliefs include objections to other vaccines or medications? If so, please explain.

Employee Signature: Date (MM/DD/YYYY):

SECTION III: Religious or Spiritual Leader - Complete this section

Affirmation of belief: I have met with and provided religious or spiritual counsel to the above employee regarding their sincerely held religious beliefs and practices. I affirm that this employee is a member of our religious organization. I further affirm that these beliefs regarding any immunization or immunizing agent are in line with the tenets of our religious or spiritual faith, teachings, and/or practices.

Religious or Spiritual Leader Name (Printed): Date (MM/DD/YYYY):
Religious or Spiritual Leader Signature: Telephone #:
Email: Religion:

★ Medical Exemption Form Example

Exhibit A

SECTION I: Employee Information (Please Print or Type)

Employee Name: Department:
Job Title: Manager:
Daytime Phone:

I am requesting a medical exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy. By signing this form, I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that deliberately providing false or misleading information in support of my request for medical exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy may result in disciplinary action, up to and including termination, under the City's Personnel Rules.

Employee Signature: Date:

SECTION II: Health Care Provider Information

1. The individual listed above should not be immunized for COVID-19 for the following reasons:

The patient has a documented severe life-threatening allergic reaction (anaphylaxis requiring epinephrine) or immediate systemic allergic reaction (within 4 hours of receipt) to all of the FDA authorized COVID-19 vaccines or a component of each of them.
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C>

- Please indicate the vaccine type or the component to which the allergy has been documented:
- Please indicate the type of allergic reaction experienced and the date on which it was experienced:

The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for

Limit your responses to the condition for which the employee is requesting exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

Exhibit A

independent medical review, the specific nature of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine:

Permanent or Temporary until

2. This contraindication is:

3. I certify that the patient listed in Section II above, , has the above contraindication and I recommend a medical exemption from the COVID-19 vaccination.

Health Care Provider Name and Credentials (print):	Telephone:
<input type="text"/>	<input type="text"/>
Business Address:	Type of Practice/Specialty:
<input type="text"/>	<input type="text"/>
	License Number:
	<input type="text"/>
Signature:	Date:
<input type="text"/>	<input type="text"/>



Flu Clinics

- If you have not done so already, please work with your LTC pharmacy to start planning influenza clinics for your residents and staff
- Can administer influenza and COVID vaccinations at the same time
 - Administer each vaccine in a different injection site (e.g., different arms, or at least one inch apart on the same arm)



Requirements re: Influenza Vaccine & LTC Staff

- Requirements:
 - Provide employees with education on influenza
 - Offer the opportunity to receive the influenza vaccine
 - Maintain a system for tracking and documenting influenza vaccine offered and administered to employees
 - Documentation must be kept for 3 years
 - Employees who decline the vaccination must sign a statement declining vaccination and certifying that they received education about the benefits of the influenza vaccine



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Daniel A. Levad, Acting Deputy Director of Health Care Regulation
Dr. Catherine Couard, MD, MPH, IDPH Medical Officer

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 7, 2020

The purpose of this memorandum is to provide long-term care facilities (LTCF)¹ and other residential health and living facilities with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed *influenza outbreak*. Specific guidance pertaining to COVID-19 can be found on the [IDPH](#) or [CDC](#) websites. While notes specific to COVID-19 are mentioned in some sections of this document, the primary intent of this memorandum is to provide guidance for influenza. In certain situations, COVID-19 guidance may be more restrictive than the influenza guidance mentioned in this document. Facilities should defer to the appropriate guidance for the situation currently occurring in the community and the state, as the more restrictive guidance may be recommended.

Influenza (flu) and COVID-19 are highly contagious respiratory illnesses caused by different viruses. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Facilities should evaluate respiratory symptoms and consider the appropriate test following CDC guidance. The most current information on comparing COVID-19 to flu can be found [here](#).

While it's not possible to say with certainty what will happen during the 2020-2021 influenza season, CDC believes it's likely that flu viruses and SARS-CoV-2 will both be spreading. Influenza and COVID-19 viruses can cause substantial sickness and death among long-term care facility residents and personnel. Influenza and COVID-19 usually enter LTCFs via newly admitted residents, health care workers, and/or visitors.

¹ LTCF includes an assisted living facility, a shared housing establishment, or a board and care home, as defined in the Assisted Living and Shared Housing Act [210 ILCS 9]; a community living facility, as defined in the Community Living Facilities Licensing Act [210 ILCS 35]; a life care facility, as defined in the Life Care Facilities Act [210 ILCS 40]; a long-term care facility, as defined in the Nursing Home Care Act [210 ILCS 45]; a long-term care facility as defined in the ID/DD Community Care Act [210 ILCS 47]; a long-term care facility, as defined in the MC/DD Act [210 ILCS 46]; a specialized mental health rehabilitation facility, as defined in the Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 48]; and a supportive residence, as defined in the Supportive Residences Licensing Act [210 ILCS 65].



Acceptable Reasons for Declining the Influenza Vaccination

- c) Declination of Vaccine
 - 1) *A health care employee may decline the offer of vaccination if:

 - A) *the vaccine is medically contraindicated;*
 - B) *the vaccination is against the employee's religious belief; or*
 - C) *the employee has already been vaccinated.**
 - 2) *General philosophical or moral reluctance to influenza vaccinations does not provide basis for an exemption. (Section 2310-650 of the Act)*
 - 3) Health care employees who decline vaccination for any reason indicated in subsection (c)(1) shall sign a statement declining vaccination and certifying that he or she received education about the benefits of influenza vaccine.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

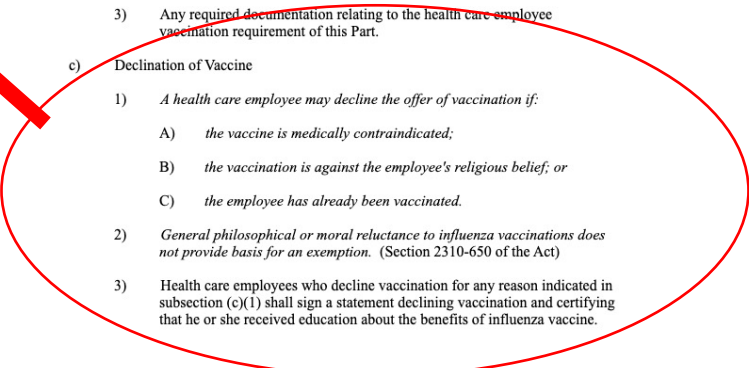
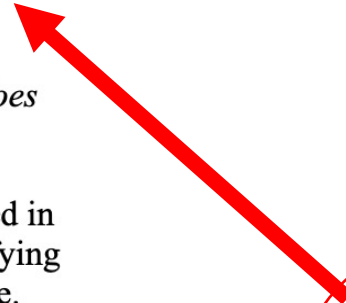
TITLE 77: PUBLIC HEALTH
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
 SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES
 PART 956 HEALTH CARE EMPLOYEE VACCINATION CODE
 SECTION 956.30 INFLUENZA VACCINATION

Section 956.30 Influenza Vaccination

Each health care setting shall ensure that all health care employees are provided education on influenza and are offered the opportunity to receive seasonal, novel and pandemic influenza vaccine, in accordance with this Section, during the influenza season (between September 1 and March 1 of each year), unless the vaccine is unavailable (see subsection (d)).

- a) Each health care setting shall notify all health care employees of the influenza vaccination provisions of this Part and shall provide or arrange for vaccination of all health care employees who accept the offer of vaccination. Each health care setting shall provide all health care employees with education about the benefits of influenza vaccine and potential consequences of influenza illness. Information provided shall include the epidemiology, modes of transmission, diagnosis, treatment and non-vaccine infection control strategies.
- b) Each health care setting shall develop and implement a program that includes the following:
 - 1) A plan to offer seasonal, pandemic or any other influenza vaccine;
 - 2) The time frame within which health care employees will be offered vaccination; and
 - 3) Any required documentation relating to the health care employee vaccination requirement of this Part.
- c) Declination of Vaccine
 - 1) *A health care employee may decline the offer of vaccination if:

 - A) *the vaccine is medically contraindicated;*
 - B) *the vaccination is against the employee's religious belief; or*
 - C) *the employee has already been vaccinated.**
 - 2) *General philosophical or moral reluctance to influenza vaccinations does not provide basis for an exemption. (Section 2310-650 of the Act)*
 - 3) Health care employees who decline vaccination for any reason indicated in subsection (c)(1) shall sign a statement declining vaccination and certifying that he or she received education about the benefits of influenza vaccine.



★ Flu Resources for LTC

Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating

[Español](#) | [Other Languages](#)

Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel

Increasing Influenza Vaccination among Health Care Personnel in Long-term Care Settings

[Español](#) | [Other Languages](#)



This toolkit is intended to assist post-acute and long-term care (LTC) facility owners and administrators with improving vaccination coverage among their healthcare personnel (HCP). The toolkit outlines the importance of influenza vaccination for HCP, provides strategies for increasing influenza vaccination coverage among HCP, and describes tools a facility may use for monitoring influenza vaccination coverage among their HCP throughout an influenza season

Post-acute and Long-Term Care Facilities

Post-acute and LTCFs provide rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Post-acute and LTCFs can include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, assisted living communities, and long-term chronic care hospitals.



Influenza and Influenza Vaccine Myths and Reality

Myth	Reality
The flu vaccine can cause influenza.	The injectable flu vaccine does not contain the live virus so it is impossible to get influenza from the vaccine. Side effects may occur in some people, such as mild soreness, redness, or swelling at the injection site, headache, or a low-grade fever. The nasal spray flu vaccine contains live, attenuated (weakened) viruses that can cause mild signs or symptoms such as runny nose, fever, sore throat, and nasal congestion. This vaccine, however, cannot cause influenza infection in the lower respiratory tract. Vaccination is safe and effective, and the best way to help prevent influenza and its complications. ¹
The flu shot doesn't work.	The influenza vaccine will prevent influenza most of the time. In scientific studies, the effectiveness of the vaccine ranges from 70 to 90 percent, depending on how well the circulating viruses match those in the vaccine. In populations in which the vaccine is less effective in preventing influenza, such as the elderly, the vaccine reduces the severity of the disease and the incidence of complications by 50 to 60 percent and the incidence of death by approximately 80 percent. Getting vaccinated is the most effective way to protect against influenza and its serious outcomes. ²
Our staff follows Standard Precautions, with good hand hygiene practices and appropriate glove and mask use – so vaccination is not necessary.	<ul style="list-style-type: none"> Influenza is spread by respiratory droplets generated when talking, coughing or sneezing. Adults shed influenza virus <i>at least one day before any signs or symptoms of the disease</i>, so health care personnel can unknowingly infect patients or other staff.^{3,4} 50 percent of influenza infections can be asymptomatic, and both symptomatic and asymptomatic individuals can shed the virus and infect others.^{5,6,7,8}
Our staff stays at home if they are sick – so vaccination is not necessary.	<ul style="list-style-type: none"> Since unvaccinated individuals are contagious at least one day before any signs or symptoms of influenza appear, they can still shed the virus and infect patients and other staff.^{3,4} Unvaccinated health care personnel can become infected with influenza and not have any symptoms, and both symptomatic and asymptomatic individuals can shed the virus and infect others.^{5,6,7,8}

NHSN Reporting

- Facilities now need to stratify their responses for HCPs to indicate whether the HCP is an employee (on payroll), a licensed independent practitioner, an adult student/trainee or volunteer, or other contract personnel
 - These fields are now mandatory and no longer optional

Healthcare Personnel COVID-19 Vaccination Cumulative Summary (CDC 57.219, Rev 5)

2 Pages
*required for saving

*Facility ID#:						
*Vaccination type: COVID-19						
*Week of data collection (Monday – Sunday): / / - / /					*Date Last Modified: _ / _ / _	
Cumulative Vaccination Coverage						
	Healthcare Personnel (HCP) Categories					
	All Core HCP ^a	All HCP ^b	Employee HCP	Non-Employee HCP		
			*Employees (staff on facility payroll) ^c	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants ^d	*Adult students/trainees & volunteers ^e	*Other Contract Personnel ^f
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection						
2. Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020:						
2.1. *Only dose 1 of Pfizer-BioNTech COVID-19 vaccine						
2.2. *Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine						
2.3. *Only dose 1 of Moderna primary COVID-19 vaccine						
2.4. *Dose 1 and dose 2 of Moderna COVID-19 vaccine						
2.5. *Dose of Janssen COVID-19 vaccine						
2.99. Complete COVID-19 vaccination series: unspecified manufacturer						



NHSN: Healthcare Personnel Category Definitions

- **Employee personnel:**
 - Include all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
- **Licensed independent practitioners:**
 - Include physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.



NHSN: Healthcare Personnel Category Definitions

- **Adult students/trainees & volunteers:**
 - Include medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
- **Other contract personnel:**
 - Defined as persons providing care, treatment, or services at the facility through a contract who do not meet the definition of any other required personnel category. This includes agency and/or pro re nata (PRN) staff who are scheduled to work at the facility at least once per week.



FAQ: Do I need to keep unvaccinated residents who go out for dialysis under quarantine?

No, residents who go out for brief medical appointments do not need to be placed under quarantine upon their return unless you have reason to believe they were exposed to COVID during the outing.

Coming up : New forms

- CDPH is launching 2 new forms that will be going live soon :
 - ✓ Daily cleaning and disinfecting survey
 - ✓ Healthcare facility overview form

★ Daily Cleaning and Disinfecting Survey

Residents Rooms				
Area	Day Shift		Night Shift	
	Who cleans <i>If "other personnel" please specify</i>	Frequency	Who Cleans <i>If "other personnel" please specify</i>	Frequency
Patient Room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bed rail/controls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedside cabinet and other furniture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure Cuffs/Sphygmomanometer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Call box/button and cords	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Computer monitor, mouse, keyboard, and cart (if present)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Corridor railing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Portable blood pressure machine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dispensers for towels, soap, sanitizer, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Door knob/handle and push plates (inside and out) to room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glove box and gown holders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart Monitor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infusion Pump and	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fig 3. Examples of high-touch sites in the near-patient environment to include in an audit programme



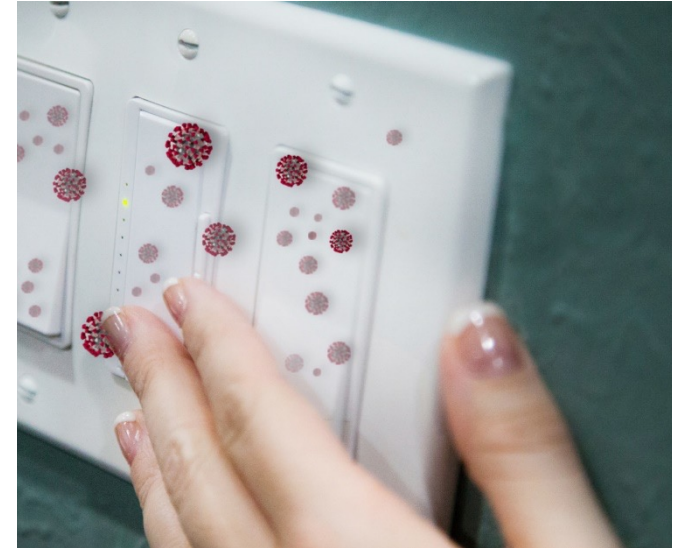
3a. Patient bed-space



3b. Patient bathroom

Communal Area

Area	Day Shift		Night Shift	
	Who cleans <i>If "other personnel" please specify</i>	Frequency	WhoCleans <i>If "other personnel" please specify</i>	Frequency
Common Light Switch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Common Call Button	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Common Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mechanical Lift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hall Hand Rails	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Door Pulls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Common Closet Door Knobs/Pull	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Microwave Control Panel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator/Freezer Handles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom inner door knob/pull	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom light switch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom handrails by toilet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom sink/faucet handles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom toilet seat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilet flush handle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Disinfectant Products

	Product Name	EPA Number	List N / List K / List P	Cleaner/Disinfectant	How is it mixed	Contact Time
For high touch surfaces in resident areas	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> List N <input type="checkbox"/> List K <input type="checkbox"/> List P	<input type="radio"/> Cleaner <input type="radio"/> Disinfectant <input type="radio"/> Both <small>reset</small>	<input type="radio"/> Premixed <input type="radio"/> Dispenser <input type="radio"/> Hand mixed <small>reset</small>	<input type="text"/>
For high touch surfaces in contact precautions resident areas	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> List N <input type="checkbox"/> List K <input type="checkbox"/> List P	<input type="radio"/> Cleaner <input type="radio"/> Disinfectant <input type="radio"/> Both <small>reset</small>	<input type="radio"/> Premixed <input type="radio"/> Dispenser <input type="radio"/> Hand mixed <small>reset</small>	<input type="text"/>
For shared, non-disposable resident equipment	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> List N <input type="checkbox"/> List K <input type="checkbox"/> List P	<input type="radio"/> Cleaner <input type="radio"/> Disinfectant <input type="radio"/> Both <small>reset</small>	<input type="radio"/> Premixed <input type="radio"/> Dispenser <input type="radio"/> Hand mixed <small>reset</small>	<input type="text"/>
Resident bathrooms	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> List N <input type="checkbox"/> List K <input type="checkbox"/> List P	<input type="radio"/> Cleaner <input type="radio"/> Disinfectant <input type="radio"/> Both <small>reset</small>	<input type="radio"/> Premixed <input type="radio"/> Dispenser <input type="radio"/> Hand mixed <small>reset</small>	<input type="text"/>
For high touch surfaces in common areas	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> List N <input type="checkbox"/> List K <input type="checkbox"/> List P	<input type="radio"/> Cleaner <input type="radio"/> Disinfectant <input type="radio"/> Both <small>reset</small>	<input type="radio"/> Premixed <input type="radio"/> Dispenser <input type="radio"/> Hand mixed <small>reset</small>	<input type="text"/>
Facility floors (ground)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> List N <input type="checkbox"/> List K <input type="checkbox"/> List P	<input type="radio"/> Cleaner <input type="radio"/> Disinfectant <input type="radio"/> Both <small>reset</small>	<input type="radio"/> Premixed <input type="radio"/> Dispenser <input type="radio"/> Hand mixed <small>reset</small>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> List N <input type="checkbox"/> List K <input type="checkbox"/> List P	<input type="radio"/> Cleaner <input type="radio"/> Disinfectant <input type="radio"/> Both <small>reset</small>	<input type="radio"/> Premixed <input type="radio"/> Dispenser <input type="radio"/> Hand mixed <small>reset</small>	<input type="text"/>





- List N agents
 - EPA expects all products on List N to kill the coronavirus SARS-CoV-2 (COVID-19) when used according to the label directions.
 - To find a product, locate the EPA Reg. No. on the product label, then enter the first two sets of numbers into the tool.
- List K agents:
 - EPA's Registered Antimicrobial Products Effective against Clostridium difficile Spores and also effective against MDRO's
- List P agents
 - registered for use with Candida auris (C. auris).

The screenshot shows the EPA List N Tool interface for COVID-19 disinfectants. At the top, the EPA logo and "United States Environmental Protection Agency" are displayed. Below this, the title "List N Tool: COVID-19 Disinfectant" is shown in a large, dark blue font. The main content area features a dark, textured background with a vertical list of search filters on the left. Each filter consists of an icon and a text label: a hash symbol for "EPA Registration Number", a blue molecular structure icon for "Active Ingredient", a green bar chart icon for "Use Site", a yellow line graph icon for "Surface Types", and a purple clock icon for "Contact Time". Below these filters are two prominent buttons: a pink "Browse All" button with a keyboard icon and a white "Keyword Search" button with a red 'A' icon.

★ Facility Overview form

- Facility demographics/contact information
- Facility lab information
- Staffing agency
- Pharmacy
- XDRO registry
- Antibiotic stewardship

Date form completed: ___/___/___ Form completed by: _____

1	Name of facility _____ <u>Address</u> _____																																				
2	<p>Contact info:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">Name</th> <th style="width: 15%; text-align: center;">Cell Phone #</th> <th style="width: 10%; text-align: center;">Email</th> </tr> </thead> <tbody> <tr> <td>DON:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>aDON:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Infection control:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Medical director:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Administrator:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Asst. Administrator:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>EVS Manager:</td> <td colspan="3">_____</td> </tr> </tbody> </table>		Name	Cell Phone #	Email	DON:	_____	_____	_____	aDON:	_____	_____	_____	Infection control:	_____	_____	_____	Medical director:	_____	_____	_____	Administrator:	_____	_____	_____	Asst. Administrator:	_____	_____	_____	_____	_____	_____	_____	EVS Manager:	_____		
	Name	Cell Phone #	Email																																		
DON:	_____	_____	_____																																		
aDON:	_____	_____	_____																																		
Infection control:	_____	_____	_____																																		
Medical director:	_____	_____	_____																																		
Administrator:	_____	_____	_____																																		
Asst. Administrator:	_____	_____	_____																																		
_____	_____	_____	_____																																		
EVS Manager:	_____																																				
3	<p>What type of facility is it? (<u>check</u> all that apply)</p> <p> <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Intermediate care <input type="checkbox"/> sheltered care <input type="checkbox"/> Intermediate Care for the Developmentally Disabled </p> <p> <input type="checkbox"/> Community Living Facility </p> <p> <input type="checkbox"/> Long-Term Care for Residents Under 22 Years of Age </p> <p> <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other _____ </p>																																				
4	<p>Is the facility associated with a Non-Profit/ Corporate network?</p> <p> <input type="checkbox"/> Yes _____ <u>Specify:</u> _____ </p> <p> <input type="checkbox"/> No </p> <p> Corporate Contact 1: _____ Title: _____ (name, cell phone, email) </p> <p> Corporate Contact 2: _____ Title: _____ (name, cell phone, email) </p>																																				



Questions & Answers

A special thanks to:

Dr. Hira Adil
Dr. Stephanie Black
John Ehlers
Dan Galanto
Marie Heppe
Liz Shane
Dr. Richard Teran
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>

The screenshot displays two sections of the CDPH LTCF HAN page. The top section is titled 'Upcoming' and features three event cards. The first card is for 'Sexually Transmitted Diseases...' (MATEC Webinar) on 08/04/2021 from 8:00 - 9:00 AM CST, with a 'SIGN UP >' link. The second card is for 'COVID-19 Chicago Long-Term Car...' (CDPH Webinar) on 08/05/2021 from 12:30 - 1:30 PM CST, with a 'JOIN >' link. The third card is for 'IDPH COVID-19 LTC Q & A Webina...' (IDPH Webinar) on 08/06/2021 from 1:00 - 2:00 PM CST, with a 'SIGN UP >' link. The bottom section is titled 'Past' and features three event cards. The first card is for 'IDPH COVID-19 LTC Q & A Webina...' (IDPH Webinar) on 07/30/2021, with a 'SLIDES' link. The second card is for 'IDPH COVID-19 LTC Q & A Webina...' (IDPH Webinar) on 07/23/2021, with a 'SLIDES' link. The third card is for 'COVID-19 Chicago Long Term Car...' (COVID-19 LTCR) on 07/22/2021, with a 'SLIDES' link.