



COVID-19 Chicago Long Term Care Roundtable

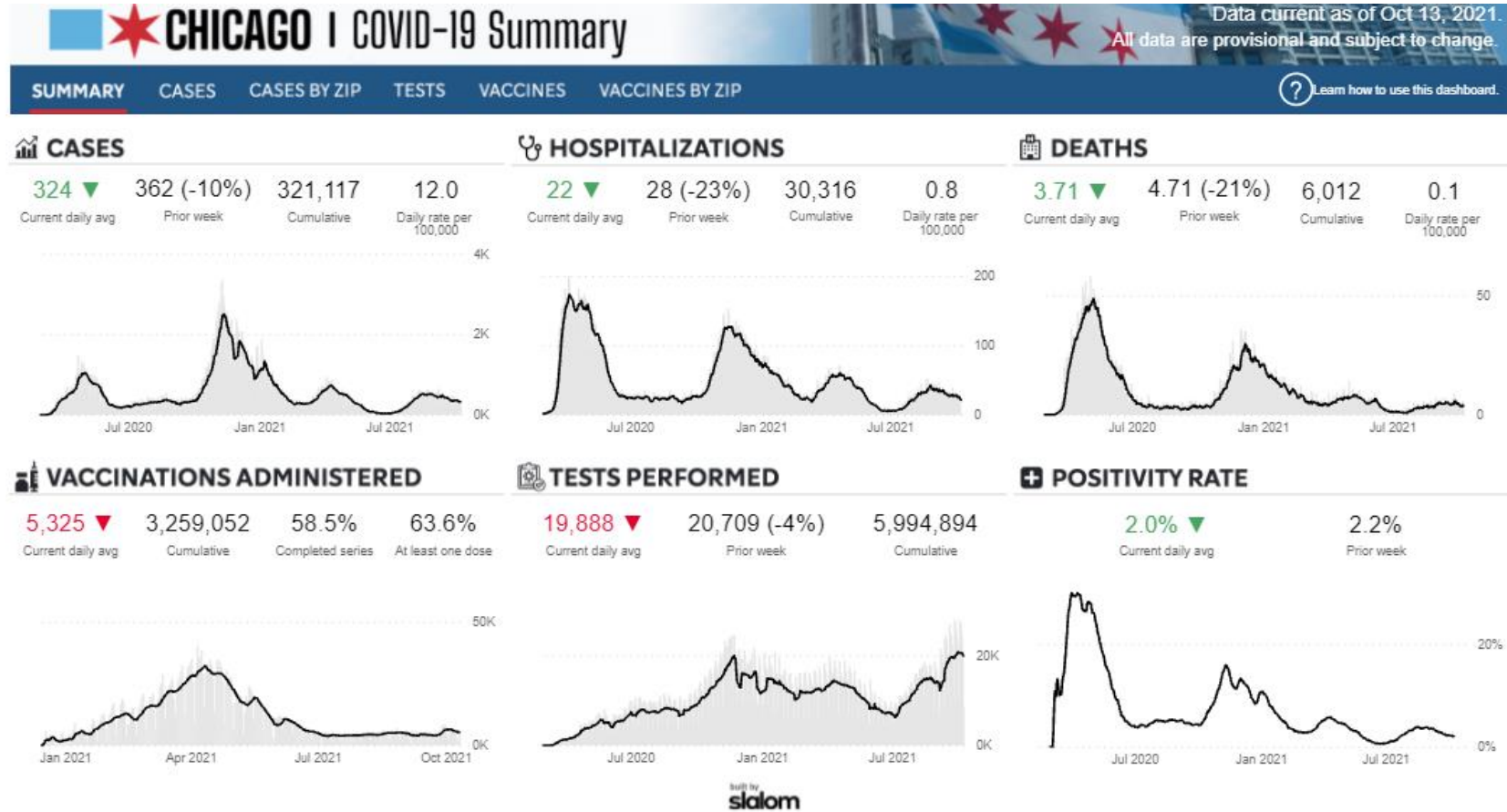
10-14-2021



Agenda

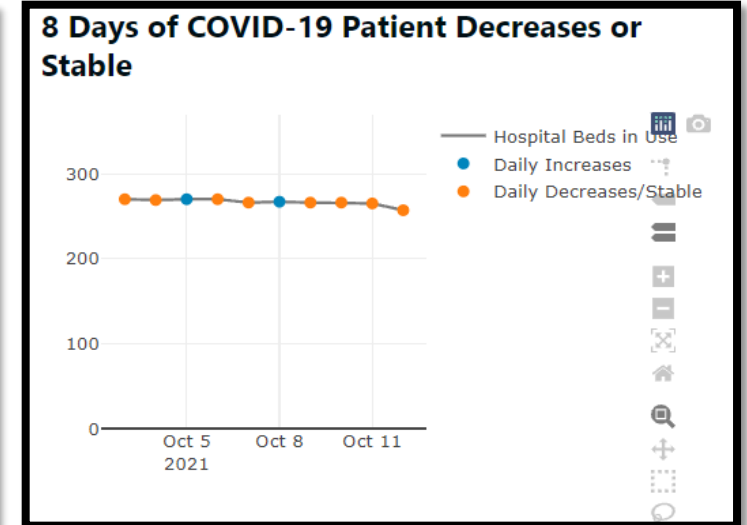
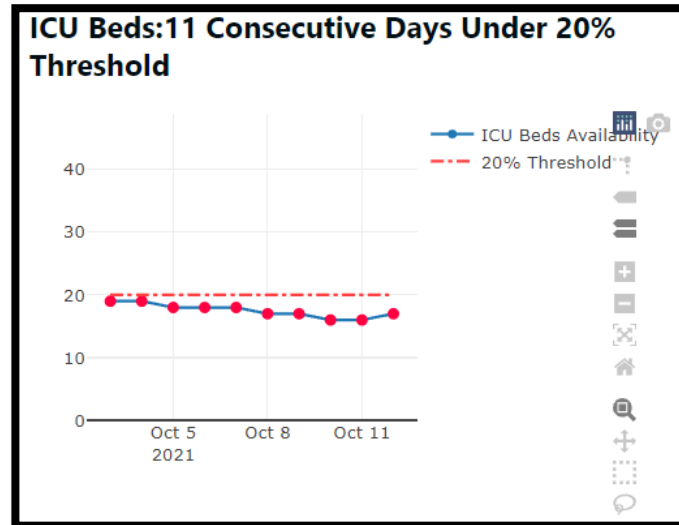
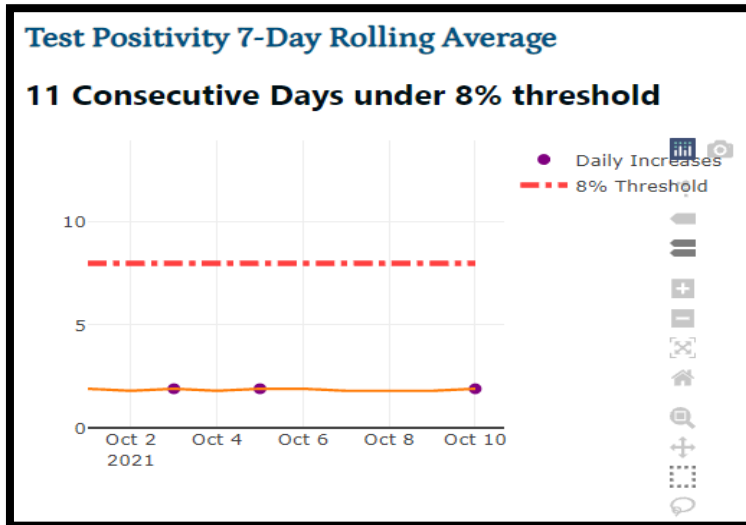
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Project Firstline
- Questions & Answers

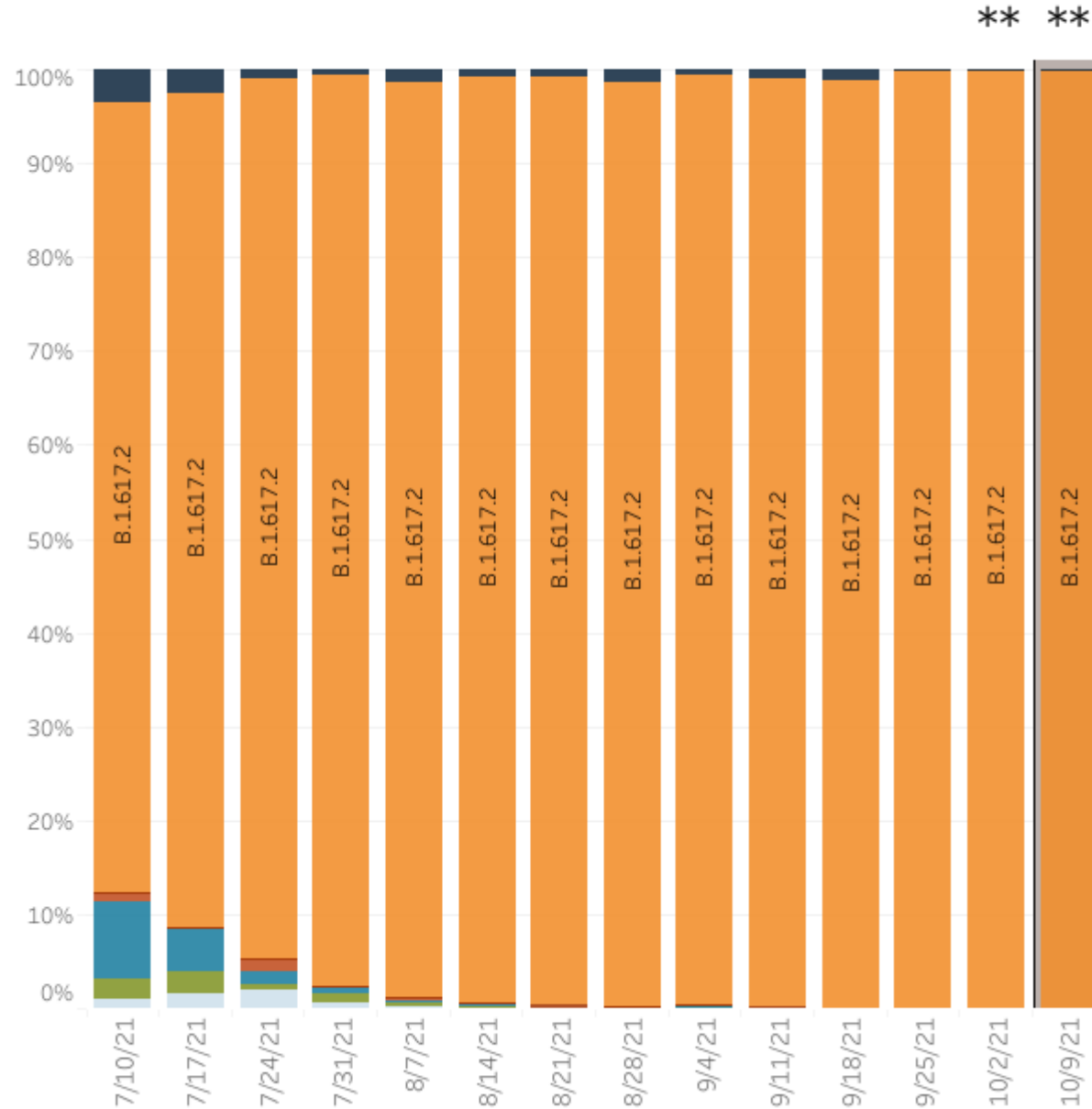
Chicago Dashboard





IDPH Regional Resurgence Metrics: Region 11





** **

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

WHO label	Lineage #	US Class	%Total	95%PI
Alpha	B.1.1.7	VBM	0.0%	0.0-0.0%
Gamma	P.1	VBM	0.0%	0.0-0.0%
Delta	B.1.617.2	VOC	99.9%	99.9-100.0%
	AY.2	VOC	0.0%	0.0-0.0%
	AY.1	VOC	0.0%	0.0-0.0%
Mu	B.1.621	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

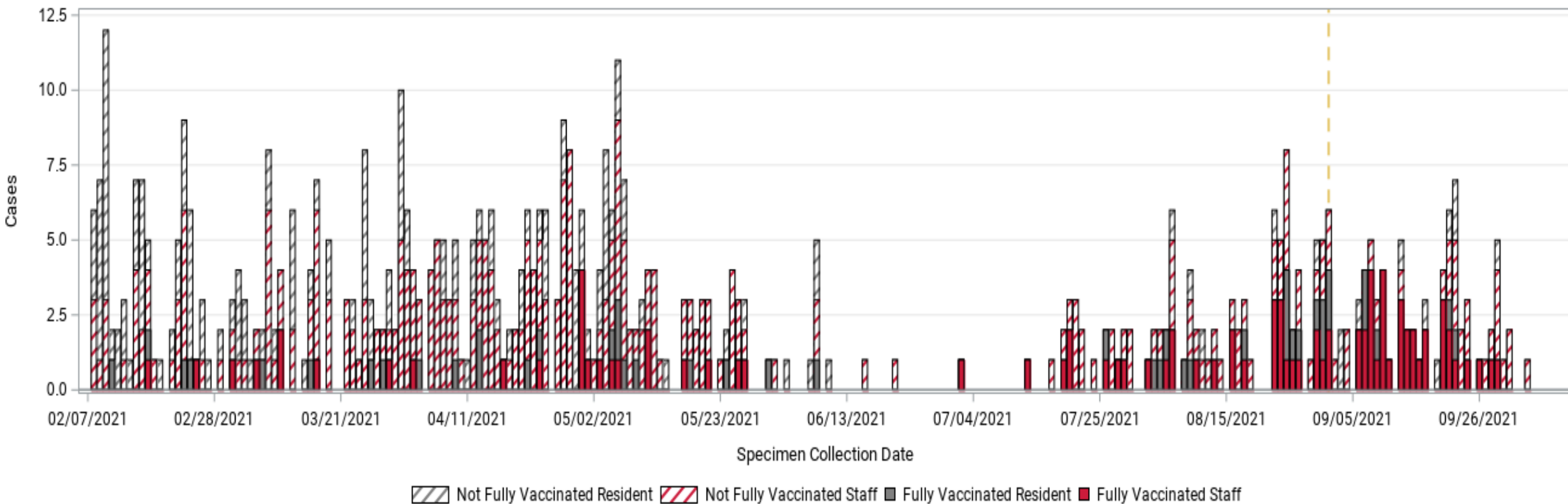
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

Sublineages of P.1 and B.1.621 are aggregated with the parent lineage and included in parent lineage's proportion. Q.1-Q.8 are aggregated with B.1.1.7. AY.3-AY.38 and their sublineages are aggregated with B.1.617.2.

★ COVID-19 Epi Curve by Role & Vaccination Status Among SNFs

(Feb 8, 2021 – Oct. 6, 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, 2021

★ 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?](#)

October 14, 2021

Cases	5,229
% Positivity	1.92%
Deaths	48
% Eligible Population Fully Vaccinated	65.9%
New Hospital Admissions	402

Cases & Deaths in Cook County, Illinois

Data through Wed Oct 13 2021

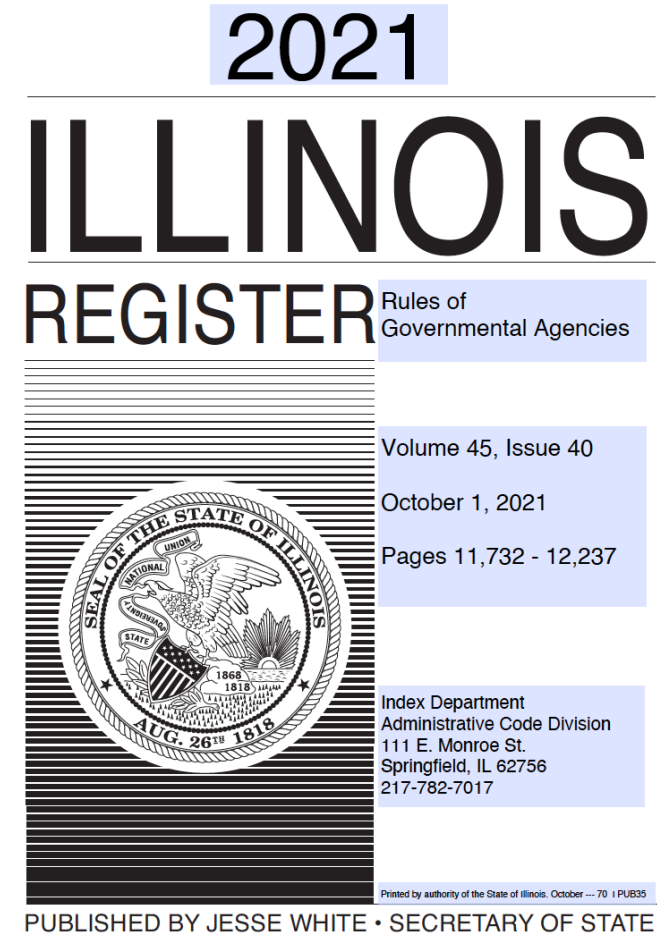
Total Cases (last 7 days)	5229
Case Rate (last 7 days)	101.53
% Change (last 7 days)	-11.43

Total Deaths (last 7 days)	48
Death Rate (last 7 days)	0.93
% Change (last 7 days)	-11.11



Update: Mandatory Education for Unvaccinated Employees

- *“Within 14 days after the adoption of these emergency amendments, each facility shall provide its unvaccinated staff a minimum of 90 minutes of clear and accurate instruction covering vaccine education, effectiveness, benefits, risks, common reactions, hesitancy, and misinformation. Records of training shall be made available to the Department upon request.”*
- Emergency amendment was adopted on 10/1/21, thus this requirement is in effect as of 10/15/21.



★ Where to Look for Acceptable Trainings

- **CDC:** <https://www.cdc.gov/vaccines/covid-19/training-education/index.html>
- **FDA:** <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>
- **Immunization Action Coalition:** <https://www.immunize.org/>
- **Mayo Clinic:** <https://ce.mayo.edu/online-education/content/covid-19-vaccines-myths-mysteries-misinformation-myopia-and-miracles-online-cme-course>
- If you want to know whether an alternate training is acceptable, please contact IDPH in advance to ensure that it will fulfil the requirements
- Make sure there is a training record for each employee

Update: Types of Outbreak Testing

- **Unit-based testing** – testing all staff and residents on an affected unit, excluding those who were positive within the prior 90 days
- **Department-based testing** – testing all staff in an affected department, excluding those who were positive within the prior 90 days
- **Broad-based testing** (i.e., facility-wide testing) – testing all staff and residents throughout the facility, excluding those who were positive within the prior 90 days

★ Unit-Based Testing

- If new case(s) are identified in a single unit (e.g., 3rd floor), a facility can now choose to implement unit-based outbreak testing:
 - Must test **all** staff and residents on that unit (excluding those who were positive within the prior 90 days), regardless of vaccination status, every 3-7 days*
 - If, during the outbreak, additional cases are identified outside of the unit, the facility must change to broad-based (i.e., facility-wide) testing
- **Note:** As per IDPH, at this time, unit-based testing is only an option for skilled nursing and intermediate care facilities. Other types of facilities (e.g., standalone assisted living, SMHRF) must continue to complete broad-based testing during an outbreak.

★ Department-Based Testing

- If new case(s) are identified in staff members from a single department (e.g., kitchen) and the case(s) do not work on multiple units nor interact with residents from multiple units, the facility can now choose to implement department-based outbreak testing:
 - Must test all staff in that department (excluding those who were positive within the prior 90 days), regardless of vaccination status, every 3-7 days*
 - If, during the outbreak period, additional cases are identified outside of the department, the facility must change to broad-based (i.e., facility-wide) testing
- **Note:** As per IDPH, at this time, unit-based testing is only an option for skilled nursing and intermediate care facilities. Other types of facilities (e.g., standalone assisted living, SMHRF) must continue to complete broad-based testing during an outbreak.

★ Testing Contacts With High-Risk Exposures When Using a Unit- or Department-Based Approach

- If there are close contacts with high-risk exposures who are not in the affected unit or department, those contacts must be tested, at a minimum, “immediately” (but not sooner than 2 days post-exposure) and between 5-7 days post-exposure.
- **Example 1:** Resident on the 2nd floor tests positive. She eats lunch at the same table as a resident on the 3rd floor. Unit-based testing must occur on the 2nd floor and the 3rd floor resident who sits at the same lunch table should also be tested given the close contact/high-risk exposure to the case.
- **Example 2:** Staff member in the laundry room tests positive. He carools to work with a staff member who works in the kitchen. Department-based testing must occur in the laundry room and the kitchen staff member should also be tested given the close contact/high-risk exposure to the case.

★ Broad-Based (i.e., Facility Wide) Testing

- If cases are identified from more than one unit/department **and/or** a case is identified in a staff member who works on or with residents from multiple units, the facility must use a broad-based (i.e., facility wide) testing approach during the outbreak:
 - Must test all residents and staff in the facility (excluding those who were positive within the prior 90 days), regardless of vaccination status, every 3-7 days*

Outbreak Testing Scenario 1

- **Scenario:** One resident is positive on the 2nd floor
- **Testing strategy:** Facility can either use the unit-based approach (testing only those on the 2nd floor) or the broad-based approach (testing the entire facility). The facility should also perform contact tracing and test any close contacts with high-risk exposures who are not on the 2nd floor.

Outbreak Testing Scenario 2

- **Scenario:** One resident is positive on the 2nd floor and another resident is positive on the 3rd floor
- **Testing strategy:** Facility must use broad-based (i.e., facility-wide) testing as there are multiple affected units

Outbreak Testing Scenario 3

- **Scenario:** One CNA is positive. The CNA only works on the 3rd floor
- **Testing strategy:** Facility can either use the unit-based approach (testing only those on the 3rd floor) or the broad-based approach (testing the entire facility). The facility should also perform contact tracing and test any close contacts with high-risk exposures who are not on the 3rd floor.

Outbreak Testing Scenario 4

- **Scenario:** One CNA is positive. The CNA works on the 2nd and 3rd floors.
- **Testing strategy:** Facility must use broad-based (i.e., facility-wide) testing as there are multiple affected units



Outbreak Testing Scenario 5

- **Scenario:** A staff member only works in the laundry room and has no resident contact is positive
- **Testing strategy:** Facility can either use the department-based testing approach (testing only the other staff who work in the laundry room) or the broad-based approach (testing the entire facility). The facility should also perform contact tracing and test any close contacts with high-risk exposures who do not work in the laundry room.

Outbreak Testing Scenario 6

- **Scenario:** Two staff members are positive. One works in the laundry room and the other is a nurse on the 1st floor.
- **Testing strategy:** Facility must use broad-based (i.e., facility-wide) testing as there are multiple affected units/departments.

Outbreak Testing Scenario 7

- **Scenario:** A staff member who works on the 1st floor is positive. A few days later a resident on the 2nd floor tests positive.
- **Testing strategy:** Facility could have started with the unit-based testing but, as soon as another case was identified in a separate unit, they should have switched to broad-based (i.e., facility wide testing).



Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially vaccinated	2x a week*
Fully vaccinated	No required routine testing

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



Update: Minimum Routine Resident Testing Frequency

Vaccination Status	Routine Testing Frequency
Unvaccinated (excluding new/readmissions)	1x a month
Partially vaccinated (excluding new/readmissions)	1x a month
Fully vaccinated (excluding new/readmissions)	No required routine testing
NEW New and readmissions (regardless of vaccination status)	Must be tested upon admission (unless tested within the 72 hours prior to admission) <i>and</i> at 5-7 days post-admission



Update: Upcoming FDA & CDC Meetings


- Moderna and J&J Boosters:
 - FDA VRBPAC Meeting – October 14th & 15th
 - CDC ACIP Meeting – October 20th & 21st
- Pfizer Vaccinations for 5-11 year olds:
 - FDA VRBPAC Meeting – October 26th
 - CDC ACIP Meeting – November 2nd and 3rd
- Reminder: No action should be taken until ACIP recommendations are signed by the CDC Director



FAQ: We offer flu shots to our residents but ask our staff to get their flu shots from their healthcare providers. Is that okay?

No. As per the Illinois Administrative Code, health care facilities must offer their employees the influenza vaccination during the flu season:

"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."



FAQ: We had a positive case on 10/1 and then another on 10/7. When can we stop outbreak testing?

- Given that the last case had a specimen collection date of 10/7, the facility could stop outbreak testing as soon as they receive all results back from a round of testing conducted on or after 10/21 (14 days after the specimen collection date for the most recent case)
 - Note, if there are any additional positive results between 10/7 – 10/21, the facility will need to extend the outbreak testing timeline accordingly



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

Learn About Infection Control



Project Firstline is committed to creating resources that help frontline healthcare workers understand and confidently apply the infection control principles and protocols necessary to protect themselves, their families, and their community.

Infection Control

Works!

The right practices can stop germs from spreading in healthcare facilities.

Is a Team Effort!

Infection control is most effective when all team members use it consistently.

Matters!

Infection control is a critical part of safe healthcare delivery in all healthcare settings.



Watch Project Firstline Videos

Learn about infection control by watching Project Firstline videos.



Lead an Infection Control Training

Use our facilitator toolkit to lead trainings on your team's schedule, even if you're not an infection control expert.



Access Multimedia Resources

Access shareable images, web buttons, posters, and print materials.

★ Project Firstline

- Inside Infection Control series
 - Led by CDC's Dr. Abby Carlson
 - Learn basic ideas behind infection control
- Educational videos on specific topics
 - Respiratory Droplet Basics
 - Safe use of multi-dose vials
 - And more!
- External partner videos






INSIDE INFECTION CONTROL

**WHAT'S THE GOAL OF
INFECTION CONTROL?**



EPISODE 1



★ Project Firstline Topics




**EARN CE WITH
PROJECT
FIRSTLINE**



CS320316-BL



[Earn a certificate of completion](#)  for watching *Inside Infection Control* episodes on CDC TRAIN. Launch the video from TRAIN to receive your certificate.






Earn continuing education through Training and Continuing Education Online (TCEO).

- [Group One – Introduction to Infection Control and Virus Basics](#)
- [Group Two – Injection Safety](#)
- [Group Three – PPE Basics](#)
- [Group Four – Respirator Basics](#)
- [Group Five – Environmental Cleaning and Disinfection Basics](#)
- [Group Six – Ventilation, Source Control, and Hand Hygiene](#)
- [Group Seven – How COVID-19 Spreads](#)

★ Lead an Infection Control Training



Facilitator and Participant Resources

- [Project Firstline Facilitator Toolkit Guide](#)  [PDF – 22 Pages]
- [Inside Infection Control Participant Booklet](#)  [PDF – 18 Pages]
- [Project Firstline is for You Poster](#)  [PDF – 1 Page]
- [Session Feedback Form](#)  [PDF – 3 Pages]
- [Facilitator Self-Assessment Form](#)  [PDF – 3 Pages]

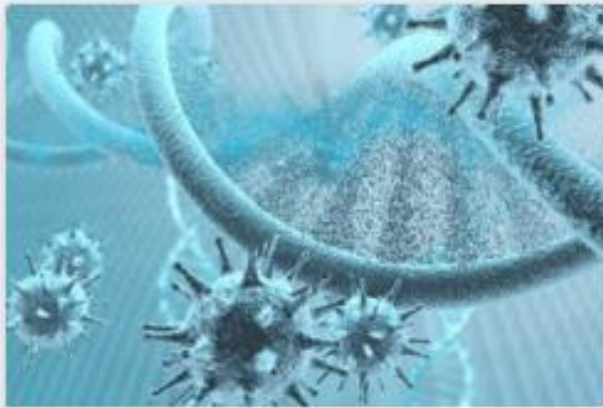


The Concept of Infection Control

[Topic One: The Concept of Infection Control \(Session Plan\)](#)

[PDF – 25 Pages]

- [60-Minute Session Slides for Topic One](#) [PPT – 4 MB]
- [20-Minute Session Slides for Topic One](#) [PPT – 3 MB]
- [10-Minute Session Slides for Topic One](#) [PPT – 3 MB]



The Basic Science of Viruses

[Topic Two: The Basic Science of Viruses \(Session Plan\)](#)

[PDF – 31 Pages]

- [60-Minute Session Slides for Topic Two](#) [PPT – 4 MB]
- [20-Minute Session Slides for Topic Two](#) [PPT – 3 MB]
- [10-Minute Session Slides \(Part 1\) for Topic Two](#) [PPT – 3 MB]
- [10-Minute Session Slides \(Part 2\) for Topic Two](#) [PPT – 4 MB]



How Respiratory Droplets Spread COVID-19

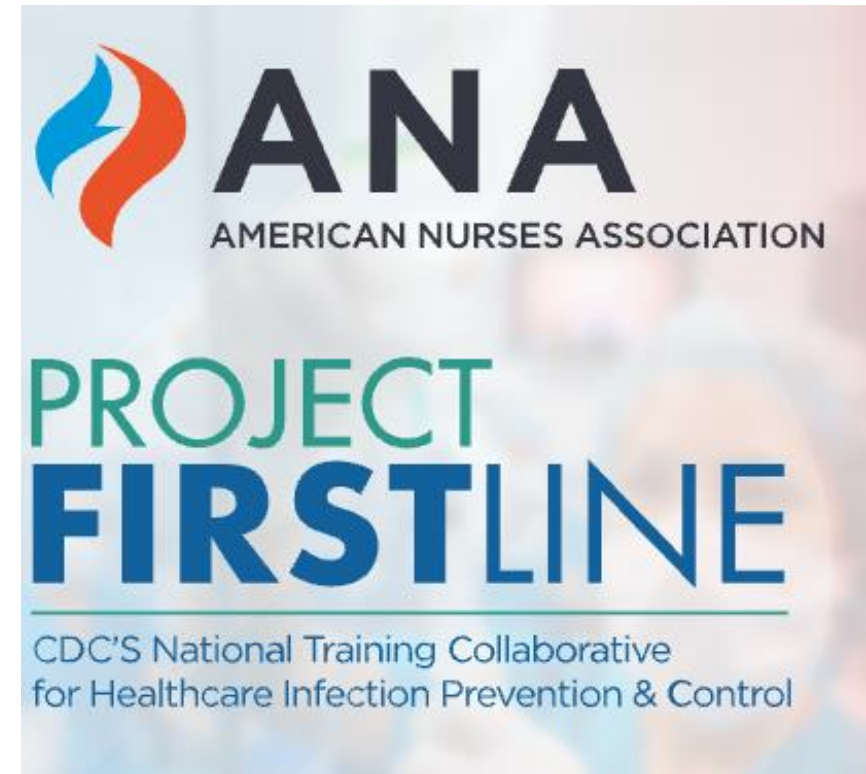
[Topic Three: How Respiratory Droplets Spread COVID-19 \(Session Plan\)](#)

[PDF – 27 Pages]

- [60-Minute Session Slides for Topic Three](#) [PPT – 3 MB]
- [20-Minute Session Slides for Topic Three](#) [PPT – 4 MB]
- [10-Minute Session Slides for Topic Three](#) [PPT – 4 MB]

★ Partner Spotlight

- American Nurses Association
 - Specific resources for nurses, by nurses
 - Webinars, short videos, on-the-go resources
- American Academy of Pediatrics
 - Infection Control video series
 - Infection Control podcast
 - Several recorded webinars
 - Environmental Service-specific COVID-19 resource
- Asian and Pacific Islander American Health Forum
 - Webinars by healthcare workers in several languages
 - Translated CDC materials



English বাংলা 简体中文 繁體中文 Tagalog Tiếng Việt Hmong Faasamoa Fakatongan

Resources



- CDC Project Firstline page: <https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>
- CDC Continuous education videos (5-10 minutes each): <https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html#CE>
- Multimedia materials (Social media, print, web buttons): <https://www.cdc.gov/infectioncontrol/projectfirstline/resources/multimedia.html>
- Partner activities (including podcasts, webinars): <https://www.cdc.gov/infectioncontrol/projectfirstline/partnerships/activities.html>
- American Nurses Association: <https://www.nursingworld.org/project-firstline>
- Translated Firstline resources by the Asian American and Native Hawaiian/Pacific Islander Partner Organizations: <https://www.aanhpiprojectfirstline.org/>
- Translated Firstline resources in Español: <https://covid.ri.gov/firstline?language=es>
- CDC's IC Spanish resources: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-sp.html>
- IDPH Project Firstline page: <https://www.dph.illinois.gov/topics-services/prevention-wellness/patient-safety-quality/hai-prevention/CDC-Project-Firstline>



Questions & Answers

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

Upcoming Past

<p>Sexually Transmitted Diseases... <i>MATEC Webinar</i> 📅 08/04/2021 🕒 8:00 - 9:00 AM CST SIGN UP ></p>	<p>COVID-19 Chicago Long-Term Car... <i>CDPH Webinar</i> 📅 08/05/2021 🕒 12:30 - 1:30 PM CST JOIN ></p>	<p>IDPH COVID-19 LTC Q & A Webina... <i>IDPH Webinar</i> 📅 08/06/2021 🕒 1:00 - 2:00 PM CST SIGN UP ></p>
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Upcoming Past

<p>IDPH COVID-19 LTC Q & A Webina... <i>IDPH Webinar</i> 📅 07/30/2021 SLIDES</p>	<p>IDPH COVID-19 LTC Q & A Webina... <i>IDPH Webinar</i> 📅 07/23/2021 SLIDES</p>	<p>COVID-19 Chicago Long Term Car... <i>COVID-19 LTCR</i> 📅 07/22/2021 SLIDES</p>
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