



COVID-19 Chicago Long Term Care Roundtable

11-18-2021



Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Project Firstline: CDC's National Training Collaborative for Healthcare Infection Prevention & Control
- Questions & Answers



Chicago Dashboard

CHICAGO | COVID-19 Summary

Data current as of Nov 17, 2021.
Data are updated M-F at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

SUMMARY

CASES

CASES BY ZIP

TESTS

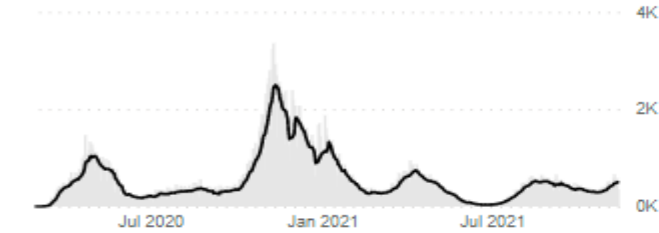
VACCINES

VACCINES BY ZIP

Learn how to use this dashboard.

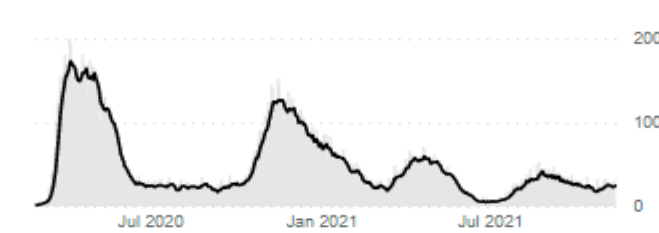
CASES

501 ▲ Current daily avg
424 (+18%) Prior week
335,098 Cumulative
18.5 Daily rate per 100,000



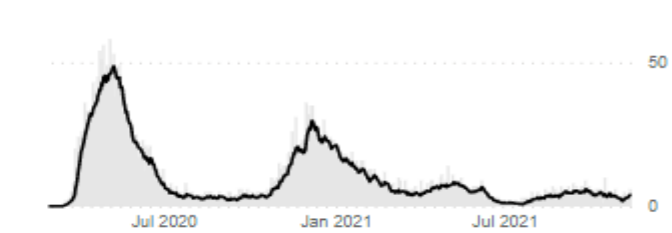
HOSPITALIZATIONS

25 ▼ Current daily avg
26 (-5%) Prior week
31,090 Cumulative
0.9 Daily rate per 100,000



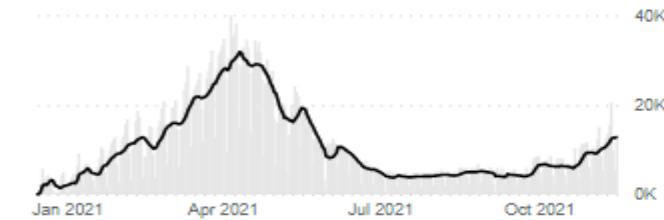
DEATHS

4.00 ▲ Current daily avg
2.14 (+87%) Prior week
6,150 Cumulative
0.1 Daily rate per 100,000



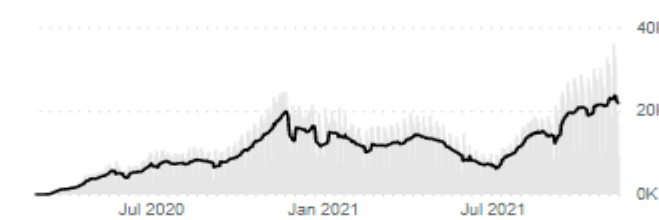
VACCINATIONS ADMINISTERED

12,796 ▲ Current daily avg
3,579,399 Cumulative
60.2% Completed series
67.0% At least one dose



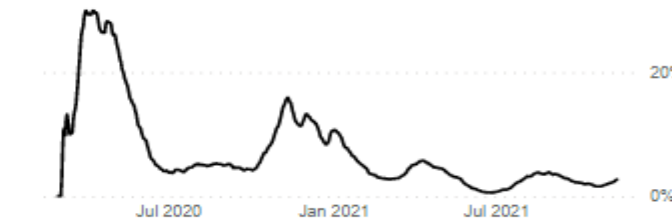
TESTS PERFORMED

21,898 ▼ Current daily avg
22,792 (-4%) Prior week
6,757,283 Cumulative



POSITIVITY RATE

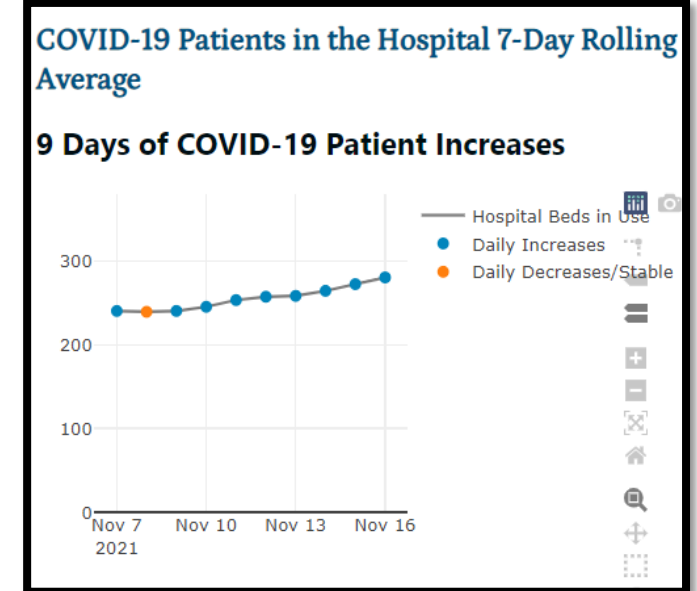
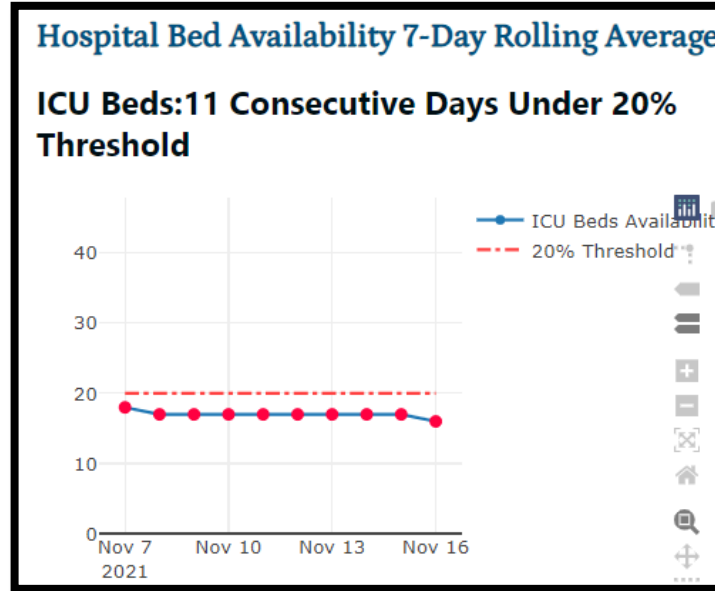
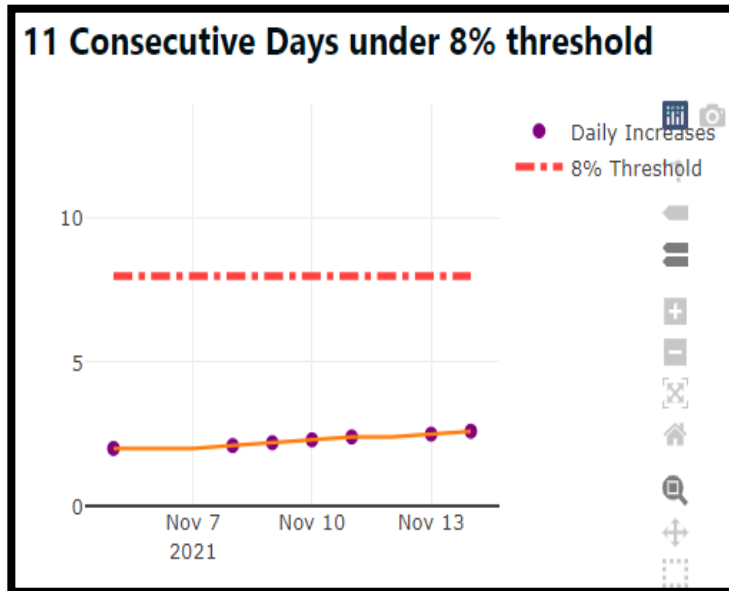
2.7% ▲ Current daily avg
2.2% Prior week



built by slalom

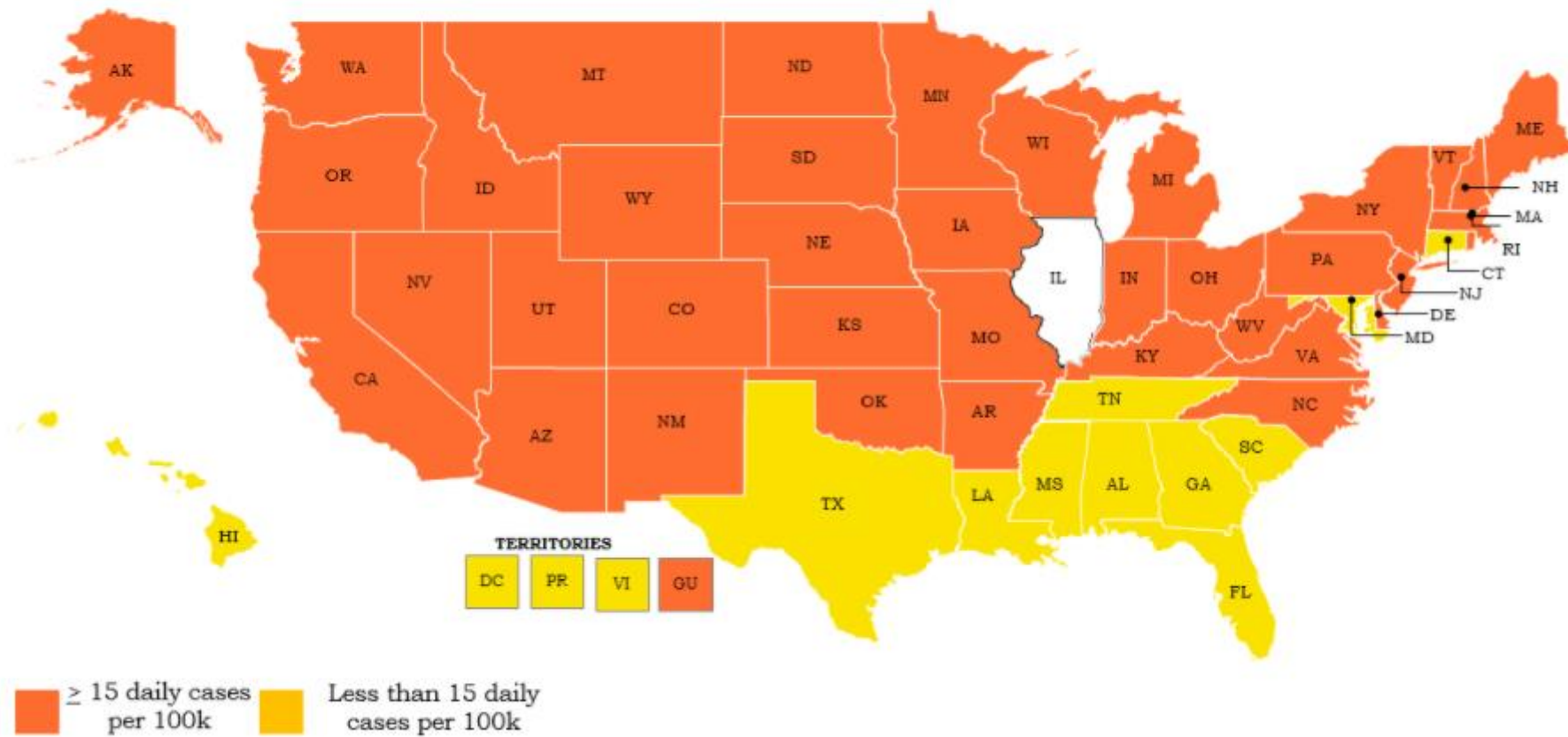


IDPH Regional Resurgence Metrics: Region 11



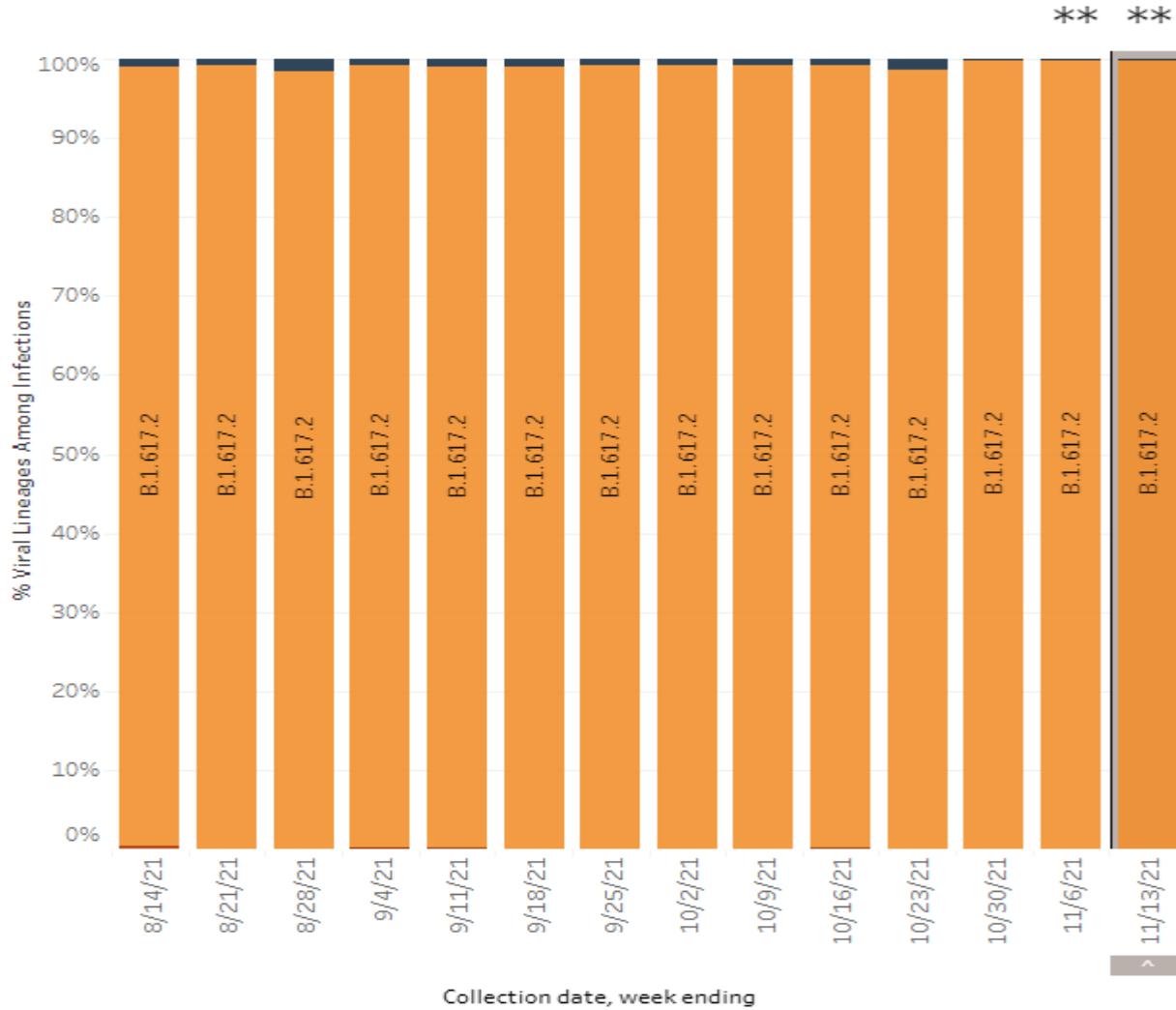


Chicago's COVID-19 Travel Advisory: 38 States and 1 Territory





HHS Region 5: 8/8/2021 – 11/13/2021



HHS Region 5: 11/7/2021 – 11/13/2021 NOWCAST

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

WHO label	Lineage #	US Class	%Total	95%PI
Delta	B.1.617.2	VOC	100.0%	99.9-100.0%
	AY.1	VOC	0.0%	0.0-0.1%
	AY.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* 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.

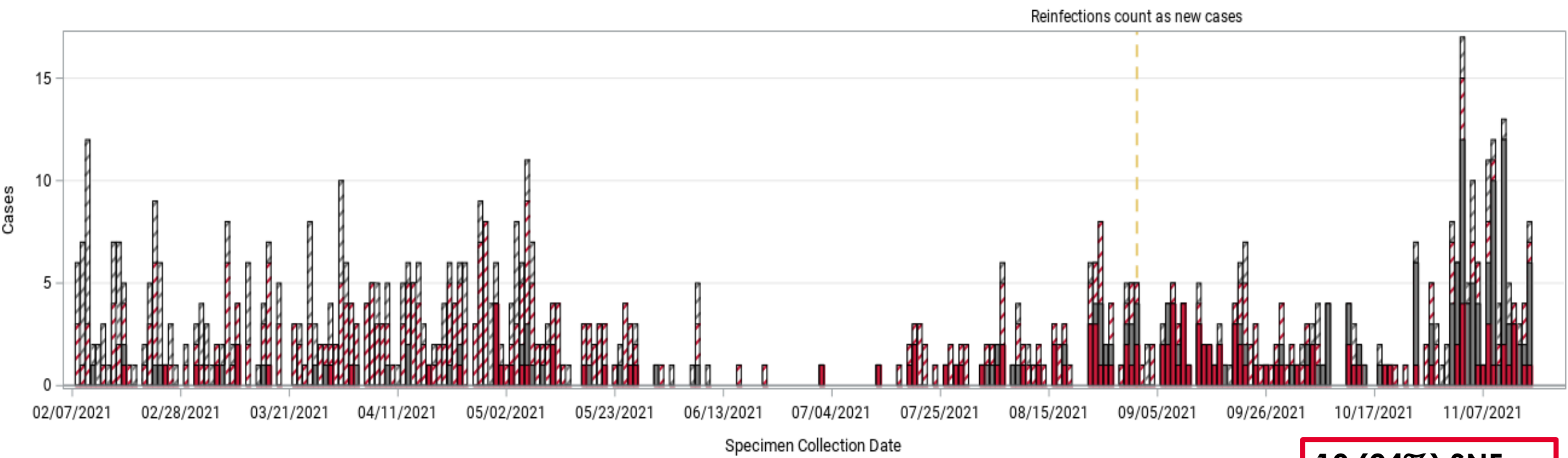
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.3-AY.47 and their sublineages are aggregated with B.1.617.2.



SNF COVID-19 cases are increasing among both vaccinated and unvaccinated staff and residents

(Feb 8, 2021 – Nov.17, 2021)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

19 (24%) SNFs have active outbreaks

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

★ 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

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?](#)

November 18, 2021

Cases	7,881
Case Rate per 100k	153.02
% Positivity	2.5%
Deaths	44
% of population ≥ 12 years of age fully vaccinated	74.8%
New Hospital Admissions	402

Data through Tue Nov 16 2021

Total Cases (last 7 days)	7881
Case Rate (last 7 days)	153.02
% Change (last 7 days)	38.19

Total Deaths (last 7 days)	44
Death Rate (last 7 days)	0.85
% Change (last 7 days)	



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*

★ Reminder: 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

★ Celebrate Holiday Season Safely

- Welcome visitors to meet their loved ones but make sure the visitors are screened on arrival.
- Masks must be worn at all times regardless of the vaccination status unless actively eating or drinking.
- No co-mingling of resident's families with other residents at the facility regardless of the vaccination status.
- Hand hygiene should be encouraged and ensure alcohol-based hand rubs are available at the entrance and additionally throughout the facility.





Holiday meals

- If eating in the dining area tables must be 6 feet apart from other residents and make sure no co-mingling is occurring.
- Consider meals in room and apartments to prevent crowding in the dining room.
- Residents with confirmed and suspected COVID-19 or those in quarantine **should not be participating in communal dining** (dine in room only)
- Disinfect surfaces thoroughly between meals.
- Visitors should also physically distance from other residents and staff in the facility and will not be allowed to participate in facility gatherings.

★ Residents leaving the building

- Unvaccinated residents (if out of the facility for > 24hrs) – upon arrival must be tested upon admission and at 5-7 days post-admission and need to quarantine for 14 days
- Vaccinated residents - Must be tested upon admission and at 5-7 days post-admission. Do not need to quarantine
- Remind residents to follow core infection prevention measures (hand hygiene, source control in crowds, physically distancing when feasible)



Travel guidance

Unvaccinated staff/partially vaccinated staff/visitors returning from a high-risk ("orange") state should:

- Get tested with a viral test 3-5 days after travel AND stay home and self-quarantine for a full 7 days.
- Even if you test negative, stay home and self-quarantine for the full 7 days.
- If your test is positive, isolate yourself to protect others from getting infected.
- If you don't get tested, stay home and self-quarantine for 10 days after travel.
- Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.
- All travelers are advised after travel to monitor themselves for COVID-19 symptoms and isolate and get tested if they develop symptoms.

Fully vaccinated (>14 days after the last shot in the series) staff/visitors who traveled domestically are exempt from the advisory

★ International Travel

- **Highly Recommended: Do not travel internationally until you are fully vaccinated.**

ALL Travelers (RECOMMENDED):

- Get tested with a COVID-19 viral test 3-5 days after travel.
- Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.

If unvaccinated/partially vaccinated:

In addition to the testing recommendations above

- Stay home and self-quarantine for a full 7 days after travel, even if you test negative at 3-5 days.
- If you don't get tested, stay home and self-quarantine for 10 days after travel.



CORONAVIRUS DISEASE 2019 (COVID-19)

International Travel RECOMMENDATIONS AND REQUIREMENTS	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before traveling out of the US	✓	
Mandatory test required before flying to US	✓	✓
Get tested 3-5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

 cdc.gov/coronavirus
CS323515-A 04/02/2021



Update: Revised CMS Visitation Guidance

- CMS issued revised guidance with big changes re: visitation
- Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations.
- Do not need to pause visitation to conduct outbreak testing
- Facilities may ask about a visitors' vaccination status, however, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH
REVISED 11/12/2021

DATE: September 17, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 (*REVISED*)

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, including the impact of COVID-19 vaccination.
- *Visitation is now allowed for all residents at all times.*

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.¹ The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum [QSO-20-14-NH](#) providing guidance to facilities on restricting visitation of all visitors and non-essential healthcare personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released [Nursing Home Reopening Recommendations](#), which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening.

While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to

Update: Revised CMS Visitation Guidance

- Visitors, residents, or their representative should be made aware of the potential risk of visiting and necessary precautions related to COVID-19 in order to visit the resident
- Facilities should screen all who enter the facility
- Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents
- If the nursing home's county COVID-19 community level of transmission is **substantial to high**, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.



Residents in Transmission-based precautions or quarantine

- Residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).
- Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.
- Visitors should adhere to the core principles of infection prevention (including hand hygiene and wearing a well fitted mask).

★ Masking in Healthcare Settings

- In accordance with Governor Pritzker's August 4, 2021 Executive Order Number 18 ([COVID-19 Executive Order No. 85](#)), "all nursing homes and long-term care facilities in Illinois **must** continue to follow the guidance issued by the CDC and IDPH that requires the **use of face coverings in congregate facilities for those over the age of 2 and able to medically tolerate a face covering, regardless of vaccination status.**"
- HCP must wear at a minimum a well fitted face mask while working.



Encourage proper masking

- Proper ways of wearing masks
- Be sure to wash your hands or use hand sanitizer before putting on a mask.
- Do NOT touch the mask when wearing it. If you have to touch/adjust your mask often, it doesn't fit you properly, and you may need to find a different mask or make adjustments.
- To improve the fit of a surgical mask, one option is using the knot and tuck method
- Differences between Crisis, Contingency and Conventional use



Reminder: Optimization Strategies for Masks/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 each resident interaction)



Wear your masks properly

The Right Way to Wear a Mask

A) Place Mask Over Your Nose and Chin.

B) Place Loops Around Ears, Or Tie Behind Your Head, and

STAY SAFE



Practice Social Distancing

Do NOT wear a mask



Around your neck



On your forehead



Under your nose



On your chin



Dangling from one ear



Only on your nose



On your arm



www.cdc.gov/coronavirus

CS 19079 08/24/20



Reminder: Masks/Respirators


Role	Cloth Mask	Non-Medical Grade Procedure/ Surgical Mask	FDA-approved Procedure/ Surgical Mask	KN95 (on Appendix A)	NIOSH Approved N95
Resident	X	X	X		
Visitor	X	X	X	X	
Staff (no resident contact)			X	X	
Staff, external healthcare providers, essential caregivers (resident contact; green/gray only)			X	X	
Staff, external healthcare providers, essential caregivers (resident contact; red/orange/yellow/blue)					X

★ Reminder: Universal PPE for HCW

- If a resident is **suspected** or **confirmed** to have COVID-19, or is an unvaccinated resident identified to be a close contact, **HCP must wear an N95 respirator, eye protection, gown, and gloves.**
- If a resident is identified to be a close contact and is vaccinated, HCP must wear PPE according to community transmission levels listed below.
 - **When community transmission levels are substantial or high: HCP must wear a well-fitted face mask and eye protection**
 - When community transmission levels are low-to-moderate HCP must wear a well-fitted face mask.

N95 use when in outbreak

- IDPH recently removed the requirement that all patient care staff in the facility must wear N95s for 14 days following the specimen collection date for the most recent case.
- Instead, N95s must be worn in the following situations:
 - ✓ When caring for a resident under quarantine or isolation for COVID (e.g., unvaccinated new/readmissions, unvaccinated residents who were exposed to a positive case, symptomatic residents regardless of vaccination status, and COVID+ residents regardless of vaccination status)
 - ✓ When collecting a specimen for COVID-19 testing
 - ✓ When performing an aerosol generating procedure (if the county is experiencing substantial or high transmission)



IDPH Guidance for Nebulizer treatments for asymptomatic residents who are Not Suspected to have COVID-19 (regardless of the resident's vaccination status)

- As we are currently in high community transmission:
 - ✓ At a minimum, HCP must wear N95 and eye protection.
 - ✓ N95 and eye protection must be worn for 60 minutes post use of CPAP/BIPAP when in resident room (to allow air contaminants to be removed)
 - ✓ Gown and gloves to be worn per Standard Precautions needs (e.g., resident is coughing, clearing the throat, etc.).

★ Reminder: 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 (i.e. kitchen, laundry, etc.) excluding those who were positive within the prior 90 days
- **Facility-wide testing** – testing all staff and residents throughout the facility, excluding those who were positive within the prior 90 days

★ Centers for Medicare and Medicaid Services (CMS) requiring COVID-19 vaccination of eligible staff at healthcare facilities

- Facilities covered by this regulation must establish a policy ensuring all eligible staff have received the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine prior to providing any care, treatment, or other services by December 6, 2021.
- All eligible staff must have received the necessary shots to be fully vaccinated – either two doses of Pfizer or Moderna or one dose of Johnson & Johnson – by January 4, 2022.

Biden-Harris Administration Issues Emergency Regulation Requiring COVID-19 Vaccination for Health Care Workers

Nov 04, 2021 | Home health agencies, Nursing facilities, Physicians, Policy

Share    

The Biden-Harris Administration is requiring COVID-19 vaccination of eligible staff at health care facilities that participate in the Medicare and Medicaid programs. The emergency regulation issued by the Centers for Medicare & Medicaid Services (CMS) today protects those fighting this virus on the front lines while also delivering assurances to individuals and their families that they will be protected when seeking care.

“Ensuring patient safety and protection from COVID-19 has been the focus of our efforts in combatting the pandemic and the constantly evolving challenges we’re seeing,” said CMS Administrator Chiquita Brooks-LaSure. “Today’s action addresses the risk of unvaccinated health care staff to patient safety and provides stability and uniformity across the nation’s health care system to strengthen the health of people



- This vaccination requirement applies to eligible staff working at a facility that participates in the Medicare and Medicaid programs, regardless of clinical responsibility or patient contact
- **No test out options**
- Exemptions: CMS requires facilities to allow for exemptions to staff with recognized medical conditions for which vaccines are contraindicated (as a reasonable accommodation under the Americans with Disabilities Act (ADA)) or religious beliefs, observances, or practices (established under Title VII of the Civil Rights Act of 1964).

★ COVID-19 Vaccination and Testing Emergency Temporary Standard (ETS) issued by OSHA

- Applies to employers with a **total** of 100 or more employees.
- The ETS on Vaccination and Testing was officially filed in the Office of the Federal Register on November 4, 2021, and it became effective when it was published on November 5, 2021.

EMERGENCY TEMPORARY STANDARD

COVID-19 Vaccination and Testing ETS



On November 12, 2021, the U.S. Court of Appeals for the Fifth Circuit granted a motion to stay OSHA's COVID-19 Vaccination and Testing Emergency Temporary Standard, published on November 5, 2021 (86 Fed. Reg. 61402) ("ETS"). The court ordered that OSHA "take no steps to implement or enforce" the ETS "until further court order." While OSHA remains confident in its authority to protect workers in emergencies, OSHA has suspended activities related to the implementation and enforcement of the ETS pending future developments in the litigation.

The ETS on Vaccination and Testing was officially filed in the Office of the Federal Register on November 4, 2021, and it became effective when it was published on November 5, 2021. Written comments on any aspect of the ETS must be submitted by December 6, 2021 in Docket number OSHA-2021-0007. Written comments on the information collection determination as described in V.K. of the ETS preamble [2021-23643] must be submitted by January 4, 2022 in Docket number OSHA-2021-0008.

Find information on the COVID-19 Healthcare ETS or on Coronavirus Disease (COVID-19).

Reporting requirements

- As a reminder, facilities **must report all lab-confirmed staff and resident COVID-19 cases within 24 hours of receiving notification of the case.**
- Each time you have a new resident or staff case: Go to the [SNF COVID-19 Case Reporting form](#), select your facility name from the dropdown menu, select "Yes" for "Do you have any new cases to report this week?", and provide the requested information about the case. Note that a separate form will need to be submitted for each case.
- If your facility has not had any cases in the prior week: Every Thursday, go to the [SNF COVID-19 Case Reporting form](#), select your facility name from the dropdown menu, select "No" for "Do you have any new cases to report this week?", and press submit.

★ Reminder: COVID-19 Booster shots

- For individuals who received a Pfizer-BioNTech or Moderna COVID-19 vaccine, the following groups are eligible for a booster shot at 6 months or more after their initial series:
 - ✓ 65 years and older
 - ✓ Age 18+ who live in [long-term care settings](#)
 - ✓ Age 18+ who have [underlying medical conditions](#)
 - ✓ Age 18+ who work or live in [high-risk settings](#)
- For individuals who received the Johnson & Johnson COVID-19 vaccine, booster shots are also recommended for those who are 18 and older and who were vaccinated two or more months ago.

CDC Expands Eligibility for COVID-19 Booster Shots

Media Statement

For Immediate Release: Thursday, October 21, 2021

Contact: [Media Relations](#)
(404) 639-3286

Today, CDC Director Rochelle P. Walensky, M.D., M.P.H., endorsed the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation for a booster shot of COVID-19 vaccines in certain populations. The [Food and Drug Administration's \(FDA\) authorization](#) and CDC's recommendation for use are important steps forward as we work to stay ahead of the virus and keep Americans safe.



NEW: COVID-19 Vaccine EUI for individuals 18 yrs and older

- On November 17, 2021, CDC issued Emergency Use Instructions (EUI) to provide information about use of the formulation of the COVID-19 vaccine by Pfizer-BioNTech which is approved (licensed) by the Food and Drug Administration (FDA) for the prevention of COVID-19 in individuals 18 years of age and older.
- These EUI provide information about the use of the COVID-19 vaccine by Pfizer-BioNTech as an additional primary dose in certain immunocompromised persons aged ≥ 12 years and as a booster dose in certain adults aged ≥ 18 years after completion of primary vaccination with certain non-FDA authorized or approved COVID-19 vaccines.

Emergency Use Instructions for Healthcare Providers: Pfizer-BioNTech COVID-19 vaccine for Additional Primary and Booster Doses in Certain Persons Who Completed Primary Vaccination with Vaccines Not Approved/Authorized in the United States

The Centers for Disease Control and Prevention (CDC) is issuing Emergency Use Instructions (EUI) to provide information about the use of the formulation of the COVID-19 vaccine by Pfizer-BioNTech which is approved (licensed) by the Food and Drug Administration (FDA) for the prevention of COVID-19 in individuals 16 years of age and older.¹ These EUI provide information about the use of the COVID-19 vaccine by Pfizer-BioNTech as an additional primary dose in certain immunocompromised persons aged ≥ 12 years and as a booster dose in certain adults aged ≥ 18 years after completion of primary vaccination with certain **non-FDA authorized or approved** COVID-19 vaccines².

These EUI for healthcare providers contain key information regarding the COVID-19 vaccine by Pfizer-BioNTech specific to this use. For additional information about the COVID-19 vaccine by Pfizer-BioNTech COVID-19, refer to the [Comirnaty](#) package insert or the [Full Emergency Use Authorization \(EUA\) Prescribing Information](#). Refer to CDC's [Interim Clinical Considerations](#) for detailed recommendations on use of this vaccine under the EUI; relevant information is contained under the headings "People who received COVID-19 vaccine outside the United States" and "People who received COVID-19 vaccine as part of a clinical trial."

What are EUI and why is CDC issuing EUI for the COVID-19 vaccine by Pfizer-BioNTech?

In 2013, the Pandemic and All-Hazards Preparedness Reauthorization Act included a new provision that allowed for the issuance of EUI to permit CDC to inform healthcare providers and recipients about certain uses of FDA-approved or cleared medical products. Specifically, EUI inform healthcare providers and recipients about such products' approved, licensed, or cleared conditions of use. The CDC Director has statutory (legal) authority to create, issue, and disseminate EUI before or during an emergency.

The COVID-19 vaccine by Pfizer-BioNTech was approved by the FDA in August 2021 as a 2-dose primary series for active immunization to prevent COVID-19 in persons 16 years of age and older. CDC is issuing these EUI to provide information about use of the COVID-19 vaccine by Pfizer-BioNTech for an additional dose in certain immunocompromised persons aged ≥ 12 years and/or a single booster dose in certain adults aged ≥ 18 years who completed primary vaccination with **non-FDA authorized or approved** COVID-19 vaccines. For example, these EUI cover use of the COVID-19 vaccine by Pfizer-BioNTech in individuals who were vaccinated outside of the United States or in clinical trials with the AstraZeneca COVID-19 vaccine, the Novavax COVID-19 vaccine, or the Sinopharm COVID-19 vaccine, among others.

Reporting Additional/Booster Doses and Eligibility for NHSN

Weekly COVID-19 Vaccination Reporting

Residents

COVID-19 Vaccine: HCW **COVID-19 Vaccine: Residents**

Resident: COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created: [] Facility ID: 30074 Vaccination type: COVID19 Facility CCN #: N/A
Week of Data Collection: 07/26/2021 - 08/01/2021 Date Last Modified: []

Cumulative Vaccination Coverage

1. *Number of residents staying in this facility for at least 1 day during the week of data collection []
2. *Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020 []
3. Any completed COVID-19 vaccine series 0
3. Cumulative number of residents in Question #1 with other conditions:
3.1 *Medical contraindication or exclusions to COVID-19 vaccine []
3.2 Offered but declined COVID-19 vaccine []
3.3 Unknown COVID-19 vaccination status []

Healthcare Worker (HCW)

COVID-19 Vaccine: HCW **COVID-19 Vaccine: Residents**

Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created: [] Facility ID: 20568 Vaccination type: COVID19 Facility CCN #: []
Week of Data Collection: 08/30/2021 - 09/05/2021 Date Last Modified: []

Cumulative Vaccination Coverage

Healthcare Personnel (HCP) Categories					
Employee HCP			Non-Employee HCP		
*All Core HCP (Total) ^a	*All HCP (Total) ^a	*Employees (staff on facility payroll) ^b	*Non-employee HCP (licensed independent practitioners) ^b	*Adult student/trainees/volunteers ^a	*Other contract personnel ^c
[]	[]	[]	[]	[]	[]

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 []

[Link to instructions weekly-covid-reporting-508.pdf](#)





Question #4: Same Question for Residents and HCP

*Cumulative number of individuals in question #2 eligible to receive an additional dose or booster of a COVID-19 vaccine

- Fully vaccinated: having completed an initial vaccine series
- Additional dose or booster: COVID-19 vaccine received ≥ 2 weeks *after* completion of an initial vaccine series
 - **Additional dose** refers to an additional dose of vaccine administered when the immune response following a primary vaccine series is likely to be insufficient
 - **Booster dose** refers to an additional dose of vaccine administered when the initial sufficient immune response to a primary vaccine series is likely to have waned over time
- Please refer to the [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#) to determine individuals who are eligible to receive an additional dose or booster after receiving a complete vaccine series



- Add together those eligible for an additional dose or a booster.
- Most residents and staff who are fully vaccinated are eligible. Therefore, the answer to #4 should not be zero.
- 25% of facilitates are reporting zero for this question.





Question #5: Same Questions for Resident and HCP

* Cumulative number of individuals in question #4 who have received an additional dose or booster of a COVID-19 vaccine at this facility or elsewhere since August 2021

- Each week, report all individuals in question 4 (who are eligible to have received an additional dose or booster) who have ever received an additional dose or booster since August 2021
- Include receipt of additional dose or booster at the facility or elsewhere
- **Example:**
 - Week 1: 5 individuals received an additional dose or booster of a COVID-19 vaccine
 - Week 2: 3 more individuals received an additional or booster of a COVID-19 vaccine
 - For Week 1: Report 5 individuals received an additional dose or booster
 - For Week 2: Report 8 individuals received an additional dose or booster



- Cumulative: Add together each week.





Questions #4 & #5: Examples

- **Example 1:** Facility A cannot determine if an individual is eligible for an additional dose at this time because they do not know the individual's health status to determine if they are moderately to severely immunocompromised.
 - The individual should not be reported in question 4 or question 5.
- **Example 2:** Facility B has a staff member who only received dose 1 of the Moderna COVID-19 vaccine. However, this staff member expressed an interest in receiving an additional dose of the vaccine.
 - The staff member should not be included in questions 4 and 5 since he/she did not complete an initial COVID-19 vaccination series.





Questions #4 & #5: Examples (cont.)

- **Example 3:** Facility C is not aware or unable to determine whether any staff members currently meet the eligibility criteria for receiving an additional dose or booster. However, two staff members have documentation of receiving an additional dose.
 - For reporting through the NHSN COVID-19 vaccination modules, assume these two staff members were eligible to have received an additional dose of COVID-19 vaccine and include these two staff members in question 4 and question 5 of the data collection form.





For more detailed instructions go to:

<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html#forms>

For assistance contact

- Christy Zelinski

Christy.Zelinski@cityofchicago.org

312-746-4023

- <https://www.telligen.com/>
- nursinghome@telligen.com



FAQ's

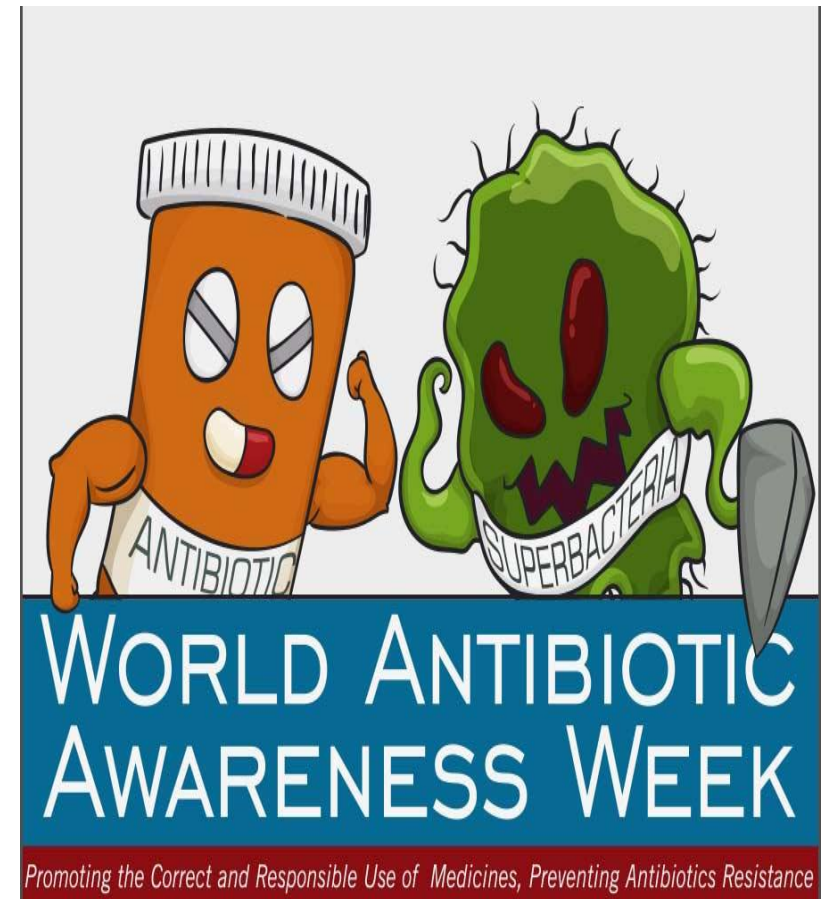
- Since the unvaccinated asymptomatic exposed residents can now have in-room visitation during their quarantine, would that same allowance be extended to unvaccinated new/readmissions during their 14-day quarantine period (i.e., can they have in-room visits as well)?
- Yes, unvaccinated new/readmissions can have in-room visitation during their 14- day quarantine as long as the visitors are properly screened and use PPE appropriately.

Antibiotic Awareness Week

November 18-24, 2021

- Annual observance week that raises awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic use.
- Each year in the U.S., at least 2.8 million people are infected with antibiotic-resistant bacteria or fungi, and more than 35,000 people die as a result.
- You can do harm by prescribing antibiotics when they are not needed
- Always remember to prescribe the right antibiotic, at the right dose, for the right duration, and at the right time.

<https://www.cdc.gov/antibiotic-use/week/toolkit.html>

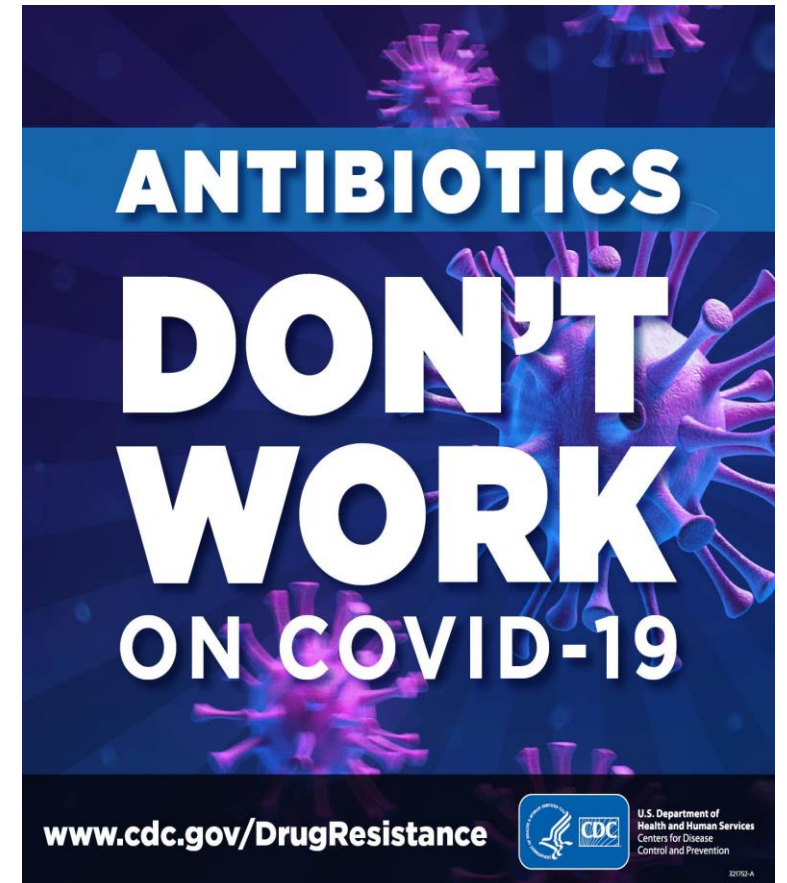




Antibiotic Awareness Week November 18-24, 2021

- During the pandemic, large numbers of residents were prescribed drugs investigated for COVID-19 treatment, and an increase in prescribing of antibiotics commonly used for respiratory infections was observed.
- Prescribing of these drugs may increase the risk of adverse events, without providing clear benefits.
- Surveillance of NH prescribing practices is critical to evaluate concordance with guideline-recommended therapy and improve resident safety.

[http:// Trends in Prescribing of Antibiotics and Drugs Investigated for COVID-19 Treatment in U.S. Nursing Home Residents During the COVID-19 Pandemic.html](http://Trends in Prescribing of Antibiotics and Drugs Investigated for COVID-19 Treatment in U.S. Nursing Home Residents During the COVID-19 Pandemic.html)





Long term care professionals: Be antibiotic aware

- Use the most targeted and safe antibiotic
 - Use the shortest effective antibiotic duration
 - Document and communicate a structured and timely discharge summary
 - Educate patients and caregivers about planned antibiotic course
-
- Educational resources:
 - ✓ Handouts
 - ✓ Prescription pads
 - ✓ Pharmacy posters
 - ✓ Sticker sheets, window clings, counter clings

<https://www.cdc.gov/antibiotic-use/training/materials.html>



Resources for Antibiotic awareness

- <https://www.cdc.gov/antibiotic-use/week/toolkit.html>
- https://www.cdc.gov/antibiotic-use/print-materials.html#anchor_1560790145446
- https://www.cdc.gov/antibiotic-use/community/pdfs/aaw/au_improving-antibiotics-infographic_8_5x11_508.pdf
- https://www.cdc.gov/antibiotic-use/community/pdfs/aaw/AU_Arent_Always_The_Answer_fs_508.pdf

★ Welcoming baby Hailey!!

- Liz's new little princess, Hailey Lynn Wodtke Born on November 1st.
- Mom and baby are doing great and are home now.
- **Congratulations to Liz and her family!!!**



Upcoming Webinars

- COVID-19 Chicago Long Term Care Roundtable Webinar
Thursday December 02, 2021 12:30 - 1:30 p.m.

[Webinar Link](#)

- COVID-19 Chicago Long Term Care Roundtable Webinar
Thursday December 16, 2021 12:30 - 1:30 p.m.

[Webinar Link](#)



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

★ Learning Needs Assessment

- Launching a survey to identify priority infection prevention and control training needs among frontline healthcare workers
- Survey takes <10 minutes!
- Target audience: ALL frontline health workers
- Survey topics:
 - Background (e.g. professional role, type of workplace, etc.)
 - Preferred training types (e.g. online, in-person, interactive, etc.)
 - Infection Control Training Needs
 - Have you received infection control training?
 - How confident are you in these practices?
 - What topics would you like to learn more about?



Resize font:



Screeners

Please complete the survey below.

Thank you!



1) Which language do you prefer for this survey?

Submit

Powered by REDCap



Project Firstline Spanish LNA

Resize font:  

Please complete the survey below.

Thank you!

Record ID

Evaluación de necesidades de capacitación del Proyecto Firstline

Gracias por completar esta breve encuesta. Se debe tomar aproximadamente 10 minutos para completar. Los Centers for Disease Control and Prevention (CDC) y el departamento de Salud Pública de Chicago están colaborando en relación con la capacitación en control de infecciones del personal de atención médica de primera línea. Control de infecciones se refiere a los enfoques que se usan para prevenir o eliminar la propagación de infecciones en entornos de atención médica. El objetivo de esta evaluación es capturar *sus experiencias con las capacitaciones en control de infecciones, su nivel de confianza en su capacidad de implementar actividades de control de infecciones eficazmente y sus preferencias para capacitaciones adicionales*. Las respuestas se utilizarán para informar las decisiones sobre el desarrollo y la entrega de la formación futura para garantizar que satisfaga mejor sus necesidades y las de sus compañeros. Su participación en esta encuesta es voluntaria, sus respuestas serán anónimas y no habrá ningún efecto negativo si decide que no desea participar.

Parte 1. Información del encuestado

¿Cuál de las siguientes opciones describe mejor su cargo o función profesional primaria? (Seleccione una).

* must provide value

- Asistente de enfermería certificada (CNA)
- Dentista
- Asistente dental
- Técnico de atención médica de emergencia/paramédico
- Servicios ambientales/labores domésticas
- Personal de enfermería titulado (LPN)
- Educador médico/coordinador de capacitación
- Administrador de atención médica
- Técnico del cuidado médico
- Preventivo de infecciones
- Laboratorista
- Personal no clínico de apoyo

Please complete the survey below.

Thank you!

Record ID

Thank you for completing this brief survey. It should take about 10 minutes to complete. The Centers for Disease Control and Prevention (CDC) and The Chicago Department of Public Health are collaborating on infection control training for frontline healthcare personnel. Infection control refers to approaches used to prevent or stop the spread of infections in healthcare settings. This assessment is meant to capture your *experiences with infection control training, your confidence in being able to effectively implement infection control activities, and your preferences for additional training.* Responses will be used to inform decisions on the development and delivery of future training to ensure it best meets the needs of you and your colleagues. Your participation in this survey is voluntary, your responses will be anonymous, and there will not be any negative effects if you decide you do not want to participate.

Part 1. Respondent Information

Which of the following best describes your primary professional role?

* must provide value

- Certified nursing assistant (CNA)
- Dentist
- Dental assistant
- Emergency medical technician/paramedic
- Environmental services/housekeeping
- Licensed practical nurse (LPN)
- Health educator/Inservice coordinator
- Healthcare administrator
- Healthcare technician
- Infection preventionist
- Laboratorian
- Non-clinical support staff
- Nurse practitioner
- Occupational therapist
- Pharmacist
- Physical therapist
- Physician



Which of the following best describes your primary workplace?

* must provide value

- Acute care hospital
- Assisted living facility
- Critical access hospital
- Dental facility
- Home health
- Hospice
- Long-term acute care hospital
- Nursing home
- Other long-term care
- Outpatient
- Pharmacy
- Territory/Freely Associated State health department
- Local health department
- Dialysis Center
- Other

reset

Is your primary workplace part of an academic hospital healthcare system? (Select one.)

* must provide value

- Yes
- No
- I don't know

reset

Number of years practicing in current role:

* must provide value

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

reset

Number of years working in current facility

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

reset



Part 2. Preferred Approaches for Training Delivery and Post-Training Support

The following questions ask about your preferences for approaches and modalities for training delivery and post-training support options.

Which of the following sources would you trust to administer training related to infection control concepts and protocols?

* must provide value

- Academic Institutions
- Accrediting Organizations (e.g., Joint Commission, Community Health Accreditation Partners (CHAP), etc.)
- Centers for Disease Control and Prevention (CDC)
- Professional associations (e.g., American Medical Association (AMA), American Hospital Association (AHA))
- State or local health departments
- World Health Organization (WHO)
- Your facility or organization's leadership
- Other

Do you prefer online or in-person training?

* must provide value

- Online/remote training
- In-person training
- No preference

reset

What format(s) do you prefer for learning?

* must provide value

- Interactive, computer-based training module with user activities or quizzes
- Interactive discussion with an expert
- Interactive discussion with a group of peers
- Live or pre-recorded presentation with an expert
- Printed materials
- Self-paced learning

H. Training Needs

Which of the following infection control topics would you like to receive additional training in?

- Antibiotic stewardship
- COVID-19
- Device-associated infections
- Environmental cleaning
- Hand hygiene
- Outbreak management
- Personal protective equipment (PPE)
- Respiratory protection
- Sanitizing, disinfecting, and sterilizing
- Screening
- Source control
- Standard and transmission-based precautions
- Injection Safety
- Other

Select all that apply

Would you be interested in becoming an infection control mentor at your facility? (Optional.)

- Yes, I would like to provide my contact information to become an infection control mentor
- No

reset

Submit

★ Survey Distribution



- Please distribute among all staff, including to managers/directors of specific departments!
- Target audience ALL frontline health workers, including...
 - Physicians
 - Physician Assistants
 - *Nurse Practitioners*
 - *Registered Nurses*
 - Certified Nursing Assistants
 - Technicians
 - Pharmacists
 - Environmental Services
 - Dietary Aids
 - Social Services
 - Healthcare Administrators
 - Patient Transport Staff
 - Emergency Medical Technicians (EMTs)/Paramedics
 - Infection Preventionists
 - Health Educators
 - Laboratorians
 - Non-Clinical Support Staff
 - Any role that supports patient care

★ REDCap Survey Access

- Survey Link:
<https://redcap.link/LNA21>
- Questions: please contact our partner, the Illinois Health and Hospital Association (IHA), at InfectionPrevention@team-ihh.org for any questions!



- QR Code





Questions & Answers

A special thanks to:

CDPH HAI Team:

Dr. Stephanie Black
Shannon Xydis
Liz Shane
Hira Adil
Winter Viverette
Kelly Walblay
Dan Galanto
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>**