



**COVID-19 Question and Answer Session
for Long-Term Care and Congregate Residential Settings**

August 13th, 2021

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Telligen LTC Office Hours
- Updates to LTC Guidance
- Answering Questions From Last Week
- Strategies for Increasing LTC Staff COVID-19 Vaccination Rates
- Example: Mandatory COVID-19 Vaccination: The Mather
- Open Q & A

IDPH webinars

Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, August 20 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e0126a739a506f4d326923e7e17b8033d
Friday, August 27 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ebdd71e46e988773f3e457c4b747e135b

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

Telligen LTC Office Hours - Don't Miss This!

5

- » **Let's Try Something New: Promoting COVID-19 Vaccine Confidence Now**
Wednesday, September 1, 2021
2pm MT / 3pm CT
Register [HERE](#)
- » **Guest Speaker: [Dr. Leslie Eber](#)**, voted Medical Director of the Year *by* AMDA – The Society for Post-Acute and Long-Term Care Medicine
- » **Topics:**
 - » Identify strategies for conversations about the vaccine with your staff
 - » Explain realistic expectations when discussing the COVID-19 vaccine
 - » Learn innovative ways to improve vaccination rates





General Vaccine Administration



Source Control / PPE



cdc.gov/COVID19



Detection, Isolation



Screening and Surveillance



Hand Hygiene



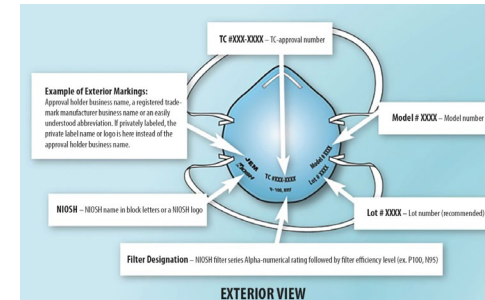
Surface Cleaning / Disinfecting

The National Personal Protective Technology Laboratory (NPPTL)

NIOSH-Approved Particulate Filtering Facepiece Respirators

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021

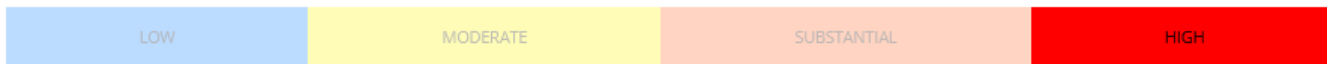


Respiratory Protection / Ventilation

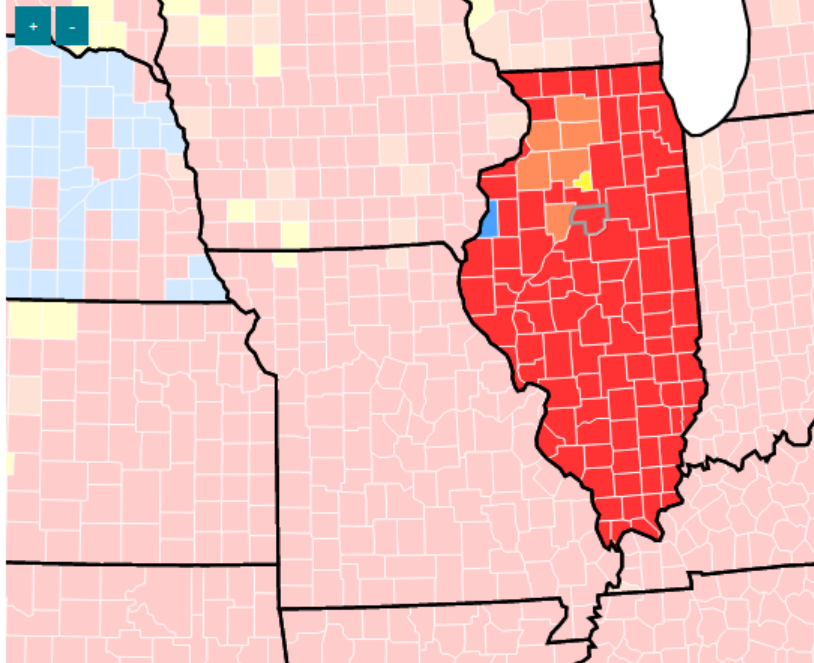
Core Infection Prevention Practices



Level of Community Transmission in Woodford County, Illinois



Map Data: Level of Community Transmission (dropdown menu)
Level of Community Transmission (dropdown menu)
Time Period: Thu Aug 05 2021 - Wed Aug 11 2021
Back to U.S. Map (button)



High Substantial Moderate Low No Data

Current 7-days is Thu Aug 05 2021 - Wed Aug 11 2021 for case rate and Tue Aug 03 2021 - Mon Aug 09 2021 of transmission is the absolute change compared to the previous 7-day period.

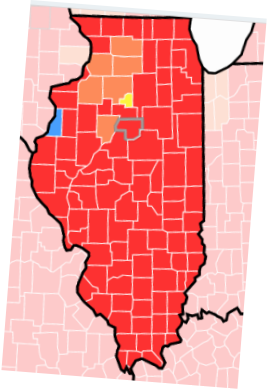
Communities and organizations should update COVID-19 prevention strategies based on:

- Community spread (Icon: 8 people, 2 red, 6 grey)
- Health system capacity (Icon: Red cross)
- Vaccination coverage (Icon: 2 band-aids)
- Early detection of COVID-19 increases (Icon: 3 virus particles, 1 yellow arrow pointing up)
- Populations at risk (Icon: 8 people, 4 green, 4 grey with warning signs)

High vaccination + Low community spread = Less need for masking and other prevention strategies

CDC.GOV bit.ly/MMWR72721 MMWR

General Principles



- Masking/source control has been added for all persons in long term care facilities
- Quarantine recommendations changed related to the increase in community positivity and increased numbers of long-term care outbreaks cause by SARS-CoV-2 variants (especially Delta variant).
- CDC: *“A person’s risk for SARS-CoV-2 infection is directly related to the risk for exposure to infectious persons, which is largely determined by the extent of SARS-CoV-2 circulation in the surrounding community.”*
- *“Although increasing COVID-19 vaccination coverage remains the most effective means to achieve control of the pandemic, **additional layered prevention strategies will be needed in the short term to minimize preventable morbidity and mortality.**”*
- <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>
- Christie A, Brooks JT, Hicks LA, et al. Guidance for Implementing COVID-19 Prevention Strategies in the Context of Varying Community Transmission Levels and Vaccination Coverage. MMWR Morb Mortal Wkly Rep 2021;70:1044–1047.

Three Key Steps to Protect Illinois from Variants

- Masks required indoors for all daycares, and preschool through grade 12 (P-12) students and teachers
- Require vaccinations for State employees working in congregate care settings (State VAs, Correctional Facilities, Department of Human Services Developmental Centers, and State Psychiatric facilities) - Effective October 4, 2021
- **Universal Mask mandate required for all residents, staff, and visitors** in congregate care/long term care



Updated: August 6, 2021

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities Incorporating New Masking Requirements

Summary of Changes to Guidance Since July 28, 2021 Release	
Updated Sections:	
Reason for Update – New Source Control (Masking) Requirements	2
Core Principles of Infection Prevention – Vaccination, Ventilation	4-6
Newly Admitted or Readmitted Residents	13
Visitation Guidance	14-16
Dining, Group Activities, Music, Worship Services and Beauty Salon	23-28

Residents and Visitors

- Cloth Face Covering (Launder)
- Procedure Mask (Change frequently, discard if soiled or damaged)

FOLLOW THESE GUIDELINES TO PROPERLY WEAR YOUR FACE MASK



Wash your hands before and after touching the mask.



Touch only the bands or ties when putting on and taking off your mask.



Make sure the mask fits to cover your nose, mouth and chin. If you adjust the mask to cover those areas, wash your hands before and after.



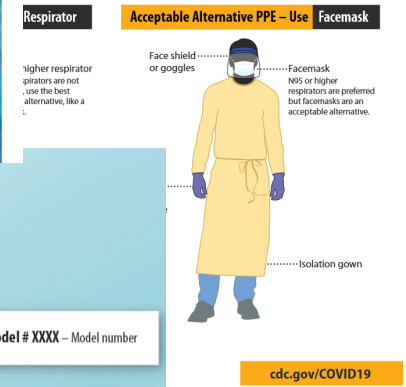
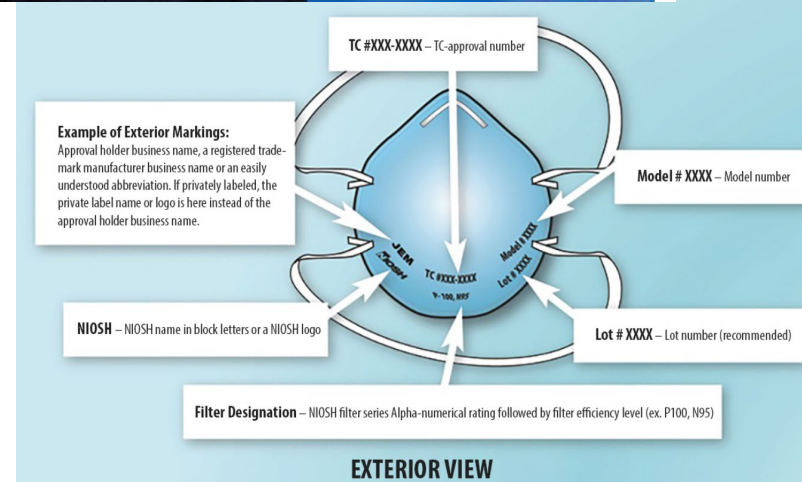
Make sure you can breathe and talk comfortably through your mask.



Wash reusable masks after each use. If the mask is disposable, discard it when visibly soiled or damaged.

Staff/HCP

- Procedure/Surgical Mask (Discard if removed, soiled, or damaged)
- Respirator



Practical Application of Masking Requirement

Communal Dining and Group Activities

- Residents **must wear source control**, unless eating or drinking, **regardless of vaccination status**, including to and from the activity
- If **unvaccinated residents must** physically distance from others

Live Music and Worship Services – Indoors and Outdoors

- Residents **must wear source control**, if **unvaccinated** must physically distance
- Performers must wear source control, remain 6 – 9 feet from audience
- Bell covers required for wind instruments
- If there are 5 or more performers, must perform outside

Practical Application of Masking Requirement

Health care personnel (means all staff)

All health care personnel (HCP) **must** wear source control while at work, **including** in break rooms and in-person meetings, **unless they are eating or drinking, regardless of vaccination status**. All HCP **must** physically distance from others, **unless providing direct care to residents**.

Mask Use Modifications Based upon Vaccination Status - no longer apply.

Visitors **must** wear source control and physically distance from staff, other residents, and other visitors while inside **and outside** the facility, **regardless of vaccination status**.

<https://www.dph.illinois.gov/sites/default/files/LTC%20COVID-19%20Guidance%2020210809.pdf>

Regarding outdoor masking in community, CDC: *“Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.”*

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

Newly Admitted or Readmitted Residents

- IDPH is recommending a 14-day quarantine for all residents admitted or readmitted to the facility **regardless of the resident's vaccination status.**
 - Policy based, interdisciplinary team decision
- **Exception:** Residents **within 90 days of confirmed COVID-19 infection** do not need to quarantine.

Compassionate Care Visitation

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

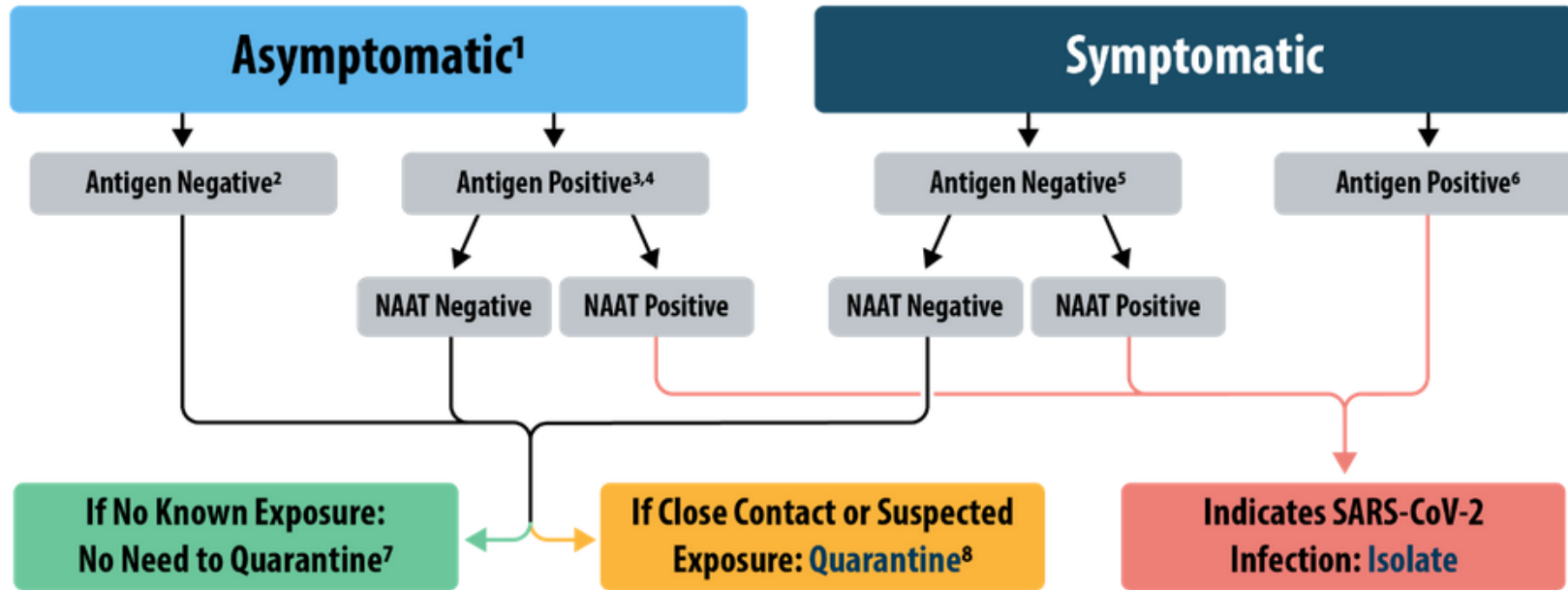
- **A resident who was living with their family before recently being admitted to a nursing home is struggling with the change in environment and lack of physical family support.**
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident who used to talk and interact with others is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- Allowing a visit in these situations is consistent with the intent of “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual who can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

CDC Guidance

- *“Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions.*
- *Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated **and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.**”*

Using Antigen Tests for SARS-CoV-2 in Congregate Living Settings

Figure 1. Antigen Test Algorithm for Congregate Living Settings



[View Larger](#)

Technical Notes



Question: Can we use antigen point of care test for the first round of resident/staff testing in an outbreak while waiting for PCR?

Answer: Yes

Door Position for Person With Dementia in Quarantine/Isolation: CDC

- **Question:** We have a resident who is at risk for falls or is a person with dementia, but they need to be in quarantine. Can we leave the door open to monitor for safety?
- **Answer:** CDC modified their guidance March 29, 2021 with *“added considerations for situations when it might be appropriate to keep the room door open for a resident with suspected or confirmed SARS-CoV-2 infection*
- *In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2.*
- *This is especially important for residents with suspected or confirmed SARS-CoV-2 infection being cared for outside of the COVID-19 care unit.*
- ***However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open.***
- *If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.”*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Source Control and Physical Distancing: CDC

Question: Can residents still have physical contact with visitors?

Answer: Yes.

CDC: *“The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) **while both continue to wear well-fitting source control.**”*

IDPH: “Fully vaccinated residents can choose to have close contact (including touch) with their visitors. Regardless, visitors should physically distance from other residents and staff in the facility (page 14).” <https://www.dph.illinois.gov/sites/default/files/LTC%20COVID-19%20Guidance%2020210809.pdf>

Transfer within a CCRC with no SARS-CoV-2 Cases

- **Question:** We are a Continuing Care Retirement Community (CCRC) and are not in outbreak. One of our residents is moving between our assisted living unit and our skilled care unit. Do we need to consider this a new admission and quarantine the resident for 14 days?
- **Answer:** No. As long as neither section within your CCRC is in outbreak suggest this be considered a room transfer for infection control purposes, not a new admission.

Exposure

- **Question:** A CNA worked on one unit and tested positive the next day. Is the entire unit considered “affected” and therefore in quarantine and therefore unable to have outdoor visits?
- **Answer:** Determine which residents and staff had higher risk exposures to the CNA, including residents in their care and any residents or staff they assisted that were not on their list. HCP in fit-tested N95s with eye protection are not considered a higher risk exposure.
 - Residents who were higher risk exposures are on quarantine regardless of vaccination status.
 - Residents not exposed are not in quarantine unless symptomatic, and could continue outdoor visits, but indoor visits are suspended on the affected unit.
 - Unvaccinated HCP should be tested immediately and 5-7 days after exposure, and quarantined.
 - Vaccinated HCP should be tested immediately and 5-7 days after exposure and may continue to work per CDC.

Exposures and Positives on More than One Unit

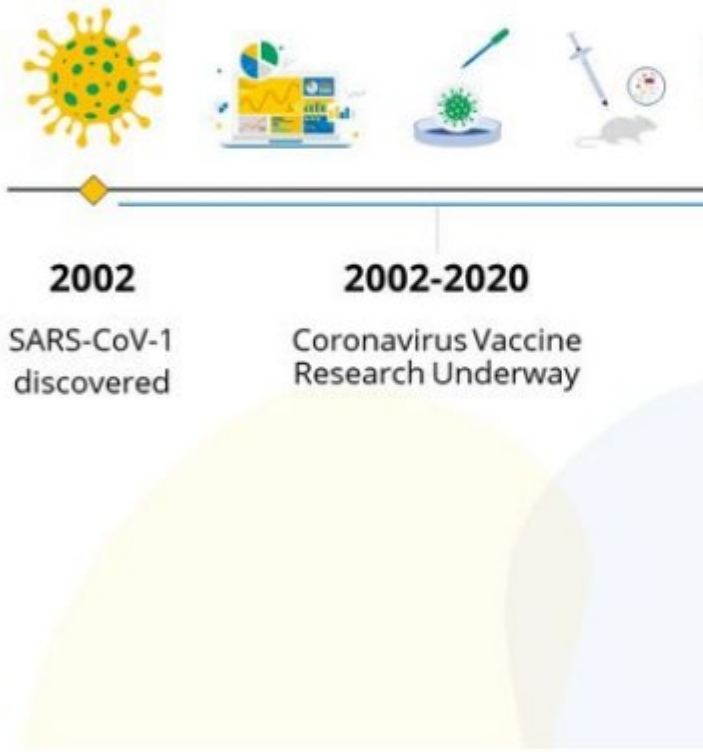
Question: If an occupational therapist tests positive and she has been providing direct care with close contact for greater than 15 minutes for three residents; two rooms on one unit, and one room on another unit. Additional testing finds two additional positive residents on two different units. Are just the units with positive residents considered affected?

Answer: **The entire building is considered affected (new cases in two or more units).** The three residents with direct, higher risk exposures are placed in quarantine for 14 days and the two positive residents are placed in isolation for at least 10 days. Residents not in isolation or quarantine may continue outside visits following core infection prevention practices (e.g., source control, hand hygiene). Indoor visits pause until 14 days without a new case.

<https://www.dph.illinois.gov/sites/default/files/LTC%20COVID-19%20Guidance%2020210809.pdf>

How'd they make the vaccine so fast?

The research was basically already done!

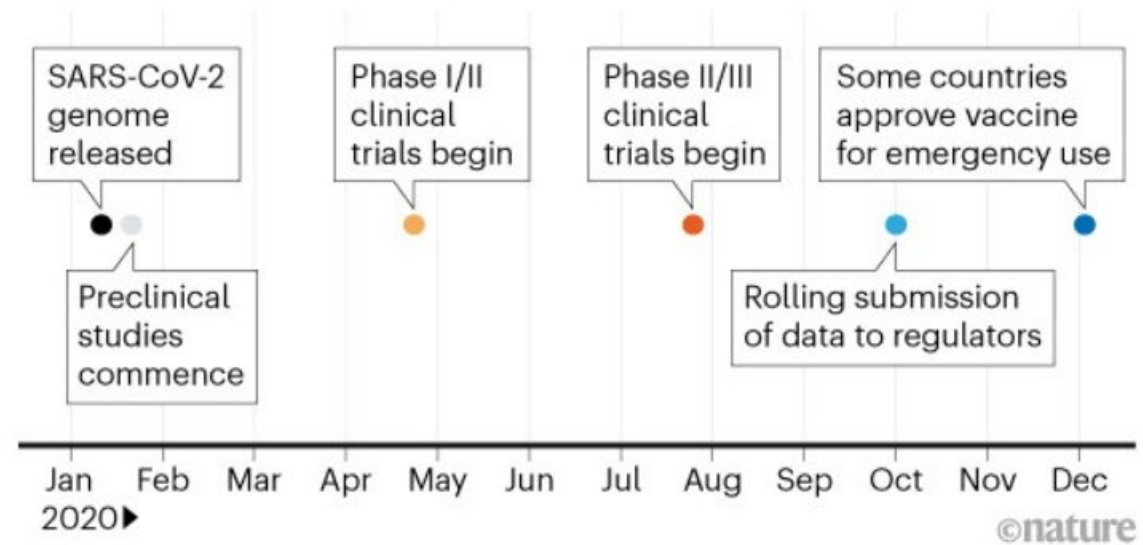


New Jersey Department of Health

August 6 at 10:00 AM

A VACCINE IN A YEAR

The drug firms Pfizer and BioNTech got their joint SARS-CoV-2 vaccine approved less than eight months after trials started. The rapid turnaround was achieved by overlapping trials and because they did not encounter safety concerns.



Sources: BioNTech/Pfizer; *Nature* analysis

The four phases of clinical trials

1

As a participant in a phase 1 clinical trial, you'll help researchers understand the safety of a study medicine. You may have frequent clinical exams and lab work, and will be asked to report any issues or side effects.



20-100
participants

2

By joining a phase 2 clinical trial, you're helping researchers better understand how well the study medicine may work for the condition being studied, and the side effects that may occur.



As many as
several hundred
participants

3

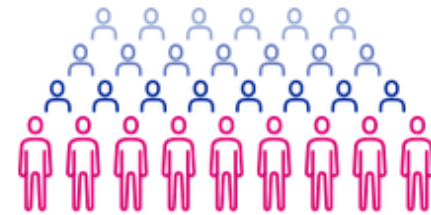
In a phase 3 clinical trial, you'll be part of a larger group of people with the medical condition being studied. Your participation helps researchers determine whether the study medicine is safe and effective for people with that condition.



Several hundred
to
several thousand
participants

4

Even after medicines are approved for use, you can continue to participate in long-term clinical studies designed to better understand the effects of the approved medicine over time.



Typically
several thousand
participants

Vaccines work

Masks work as both source control and PPE

Ventilation works

Outdoor activities have the lowest risk of transmission

Delta variant of SARS-CoV-2 risk is greater if you are not vaccinated

You are doing an excellent job

Strategies for Increasing LTC Staff COVID-19 Vaccination Rates

LTC COVID-19 Q & A Webinar
August 13, 2021

Catherine A. Counard, MD, MPH
State Medical Officer
Illinois Dept of Public Health

ACIP Meeting – July 22, 2021

COVID-19 Vaccine Safety Monitoring

- **COVID-19 vaccines monitored under the most intensive vaccine safety monitoring in U.S. history**
- Ongoing safety surveillance monitored through multiple systems from 6 federal agencies
- Monitoring systems have demonstrated that hundreds of millions of people have safely received COVID-19 vaccines

Focus of today's presentations:

VAERS



VSD

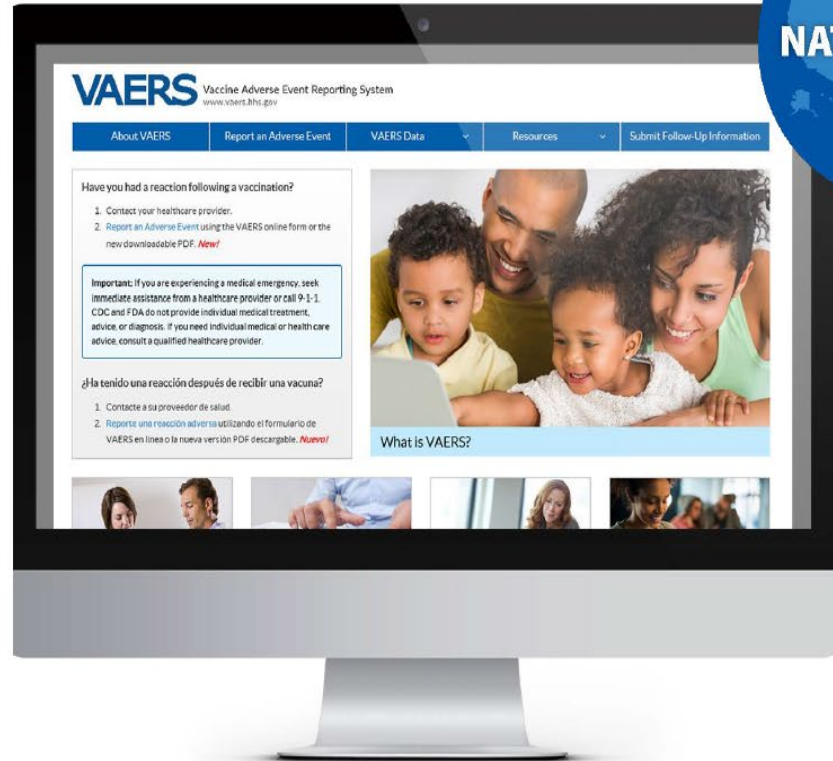


VAERS is the Nation's Early Warning System for Vaccine Safety



VAERS

Vaccine Adverse Event
Reporting System



<http://vaers.hhs.gov>

4

VAERS reports can be submitted by anyone.

The report of an adverse event is not documentation does not mean that the vaccine caused the event.

IDPH Staff monitor VAERS reports for Illinois, and national trends.

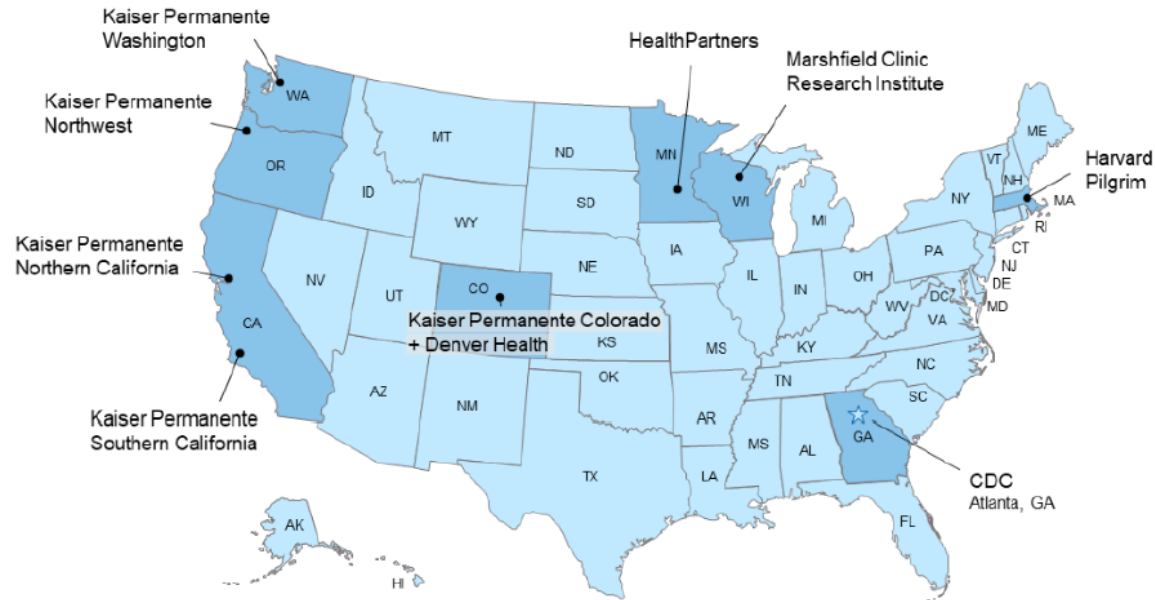


The Vaccine Safety Datalink (VSD) is the primary means of evaluating vaccine safety in the United States.

Vaccine Safety Datalink (VSD)



- **9** participating integrated healthcare organizations
- Data on over **12 million** persons per year



Benefits and risks by vaccine, age and sex in adults

Benefits of COVID-19
Janssen and mRNA
vaccines in adults



Risk after COVID-19
Janssen and mRNA
vaccines in adults

Benefits of the Janssen COVID-19 vaccine

- The clinical trial demonstrated efficacy against symptomatic, laboratory-confirmed COVID-19. Overall efficacy was **66%**
- Against **severe** outcomes:
 - Vaccine efficacy against COVID-19-associated **hospitalization: 93%**
 - VE against **deaths** due to COVID-19: **100%**
- Persistence of antibody response & activity demonstrated against a variety of variants*

Benefits of mRNA vaccines

- Clinical trial data demonstrated high efficacy against symptomatic, laboratory-confirmed COVID-19 among adults with both mRNA vaccines (Pfizer-BioNTech and Moderna)
 - Overall efficacy was **94-95%**
 - Vaccine efficacy against COVID-19 associated hospitalization was **89-100%**
- Persistence of antibody response & activity demonstrated against a variety of variants*

Potential harms reported overall after COVID-19 vaccination

Janssen vaccine

Thrombosis with
thrombocytopenia
syndrome:

3.0 cases
per million doses
among adults

Guillain-Barré
syndrome:

7.8 cases
per million doses
among adults

mRNA vaccines

Myocarditis:

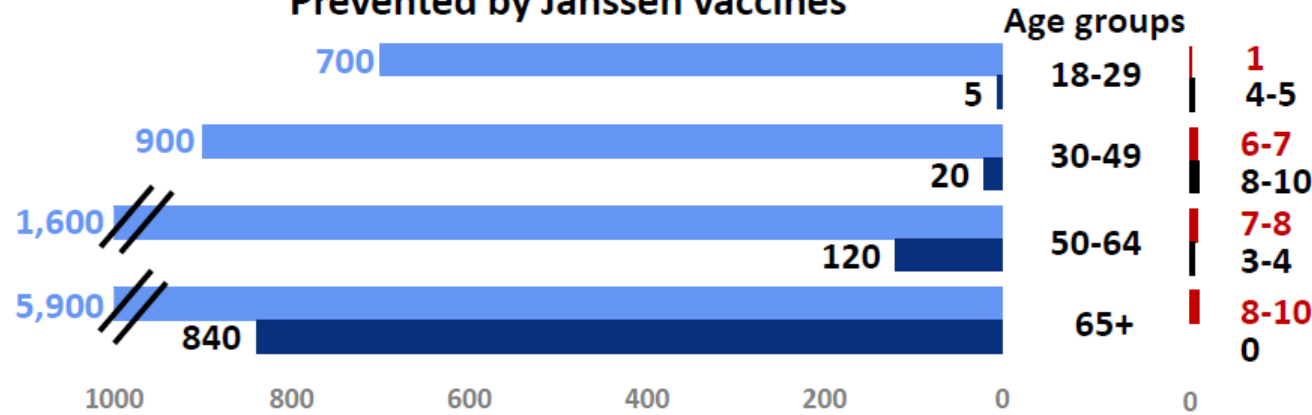
3.5 cases
per million doses
among adults

- Risk for each potential harm varies by age and by sex

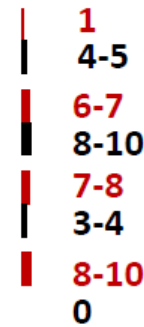
Benefits and risks after COVID-19 vaccine, by age group- females

For every million doses of vaccine given with US exposure risk and hospitalization rates from June 19, 2021

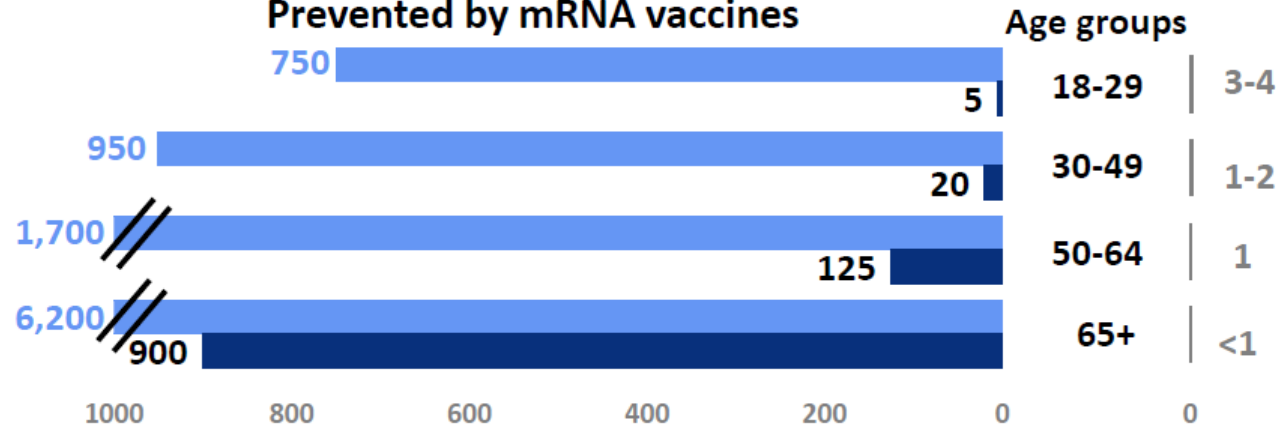
COVID-19-Associated Hospitalizations and Deaths Prevented by Janssen vaccines



Cases of Guillain-Barré Syndrome & Thrombosis with Thrombocytopenia Syndrome



COVID-19-Associated Hospitalizations and Deaths Prevented by mRNA vaccines

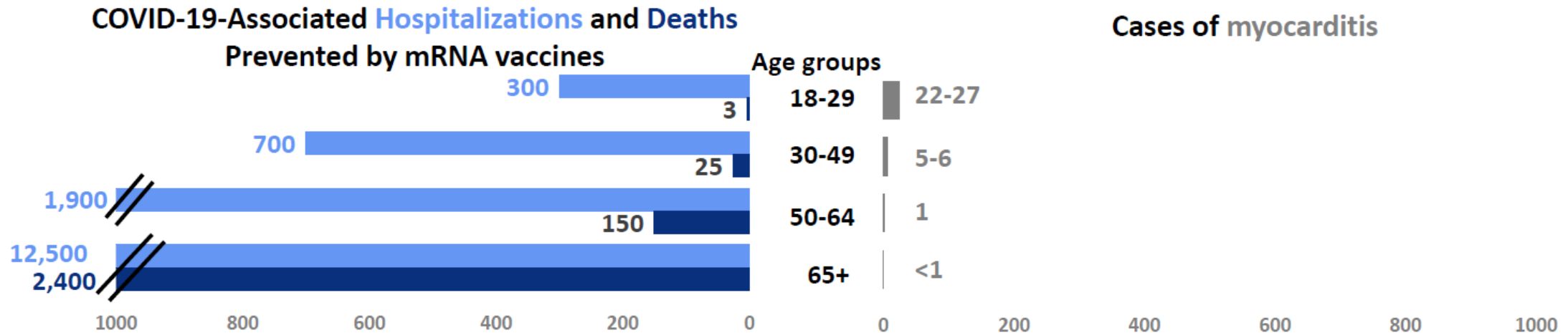
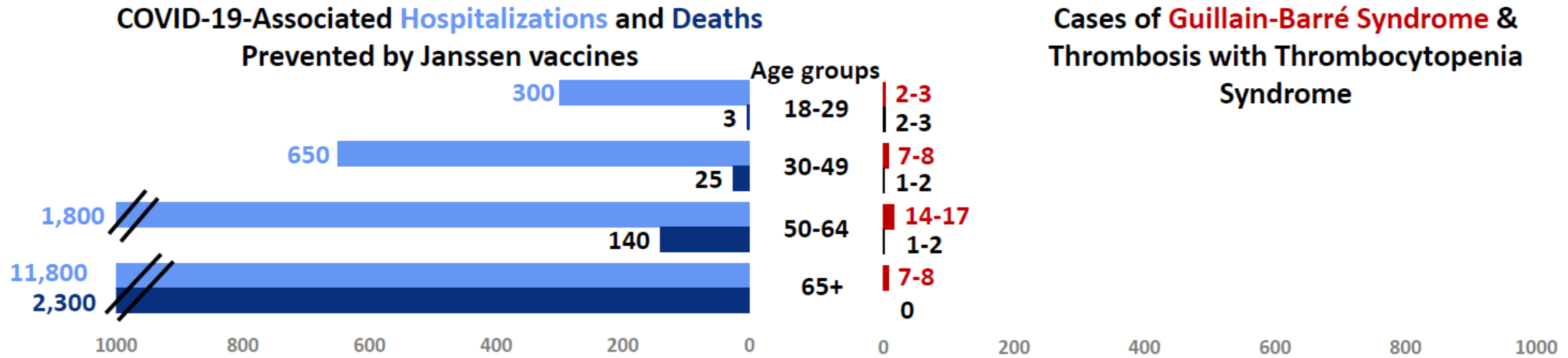


Cases of myocarditis



Benefits and risks after COVID-19 vaccine, by age group- males

For every million doses of vaccine given with US exposure risk and hospitalization rates from June 19, 2021



Benefit-risk interpretation and summary

- An assessment of the individual benefits and individual risks of vaccination is an important tool to help inform vaccination policy
- **This assessment demonstrates that the benefits of COVID-19 vaccination far outweigh the potential risks**
- The relative balance of benefits-risks varies by age/sex



Building Vaccine Confidence
requires trust, time and attention.

Essential Strategies for Administrators

- Speak one-on-one with staff who have not been vaccinated
 - Begin with “what would it take for you to feel confident about vaccination?”
 - Each person has a different reason for declining vaccination
 - Address the underlying concerns with compassion and respect
 - Most individuals are not adamantly opposed to vaccination
 - A “no” today may become a “yes” tomorrow
- Share basic COVID-19 vaccine facts
 - Describe your own vaccination experience
 - Recruit staff champions – may be better than “top down” message
- Encourage staff to seek credible sources of information.
 - Check with their personal physician

Emotions Play a Key Role

- Emotions may have a stronger influence on vaccine risk perceptions and intentions than statistical information.
- The widespread anxiety, loss, and psychological fatigue caused by the pandemic have impacted health behaviors and vaccination intentions.
- Care must be taken to attend to those emotions rather than inadvertently heightening them in ways that would be counterproductive in vaccine decisions.
- Messages may activate other emotions (e.g., guilt messages evoking shame) that increase health risk behaviors or decrease willingness to perform preventive behaviors.

Wen-Ying Sylvia Chou & Alexandra Budenz (2020) Considering Emotion in COVID-19 Vaccine Communication: Addressing Vaccine Hesitancy and Fostering Vaccine Confidence, *Health Communication*, 35:14, 1718-1722, <https://doi.org/10.1080/10410236.2020.1838096>

Approaches to Addressing Emotions

- Acknowledge fear, anger, and other negative emotions
 - Emphasize the stringent safety standards of COVID-19 vaccine development process
 - Vaccination is a concrete step to reduce risk from the virus
- Raise awareness of the manipulation of negative emotions by disinformation campaigns
- Increase positive emotions
 - Care for self, protecting others
 - Helping one's community and co-workers

COVID-19 Vaccine Basics

(Source: CDC)

- COVID-19 vaccines are safe and effective at preventing COVID-19 disease, especially severe illness and death.
- COVID-19 vaccines reduce the risk of people spreading the virus that causes COVID-19.
- People may have side effects after vaccination. These are normal and should go away in a few days.
- It typically takes 2 weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19.

Common Side Effects

On the arm where you got the shot:



- Pain
- Redness
- Swelling

Throughout the rest of your body:



- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

- Side effects are typically mild to moderate - last a few days
- May be worse after the 2nd dose of vaccine

Common COVID-19 Vaccine Concerns and Facts

(<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>)

- Cannot give you COVID-19
 - Cannot cause you to become magnetic
 - Do not affect either male or female fertility
 - Do not shed or release any of their components
 - Will not alter your DNA
 - Will not cause you to have a positive COVID-19 test (PCR or antigen)
- Remain open to further conversation, offer to assist with finding accurate information to address concerns.

American College of Obstetrics and Gynecology Urges COVID-19 Vaccination



Clinical

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COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care

Practice Advisory ⓘ | December 2020

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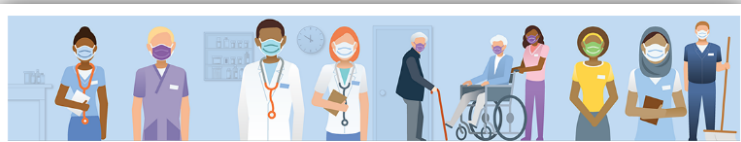
Give Feedback

Last updated July 30, 2021

American College of Obstetrics and Gynecology Urges COVID-19 Vaccination

- ACOG recommends that pregnant and lactating individuals receive a COVID-19 vaccine or vaccine series.
- A pregnancy test is not necessary prior to being vaccinated.
- Claims linking COVID-19 vaccines to infertility are unfounded and have no scientific evidence supporting them.
- Available data suggest that symptomatic pregnant and recently pregnant patients with COVID-19 are at increased risk of more severe illness compared with nonpregnant peers.

LTC COVID-19 Vaccination Toolkits



Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility

This toolkit provides long-term care facility (LTCF) administrators and clinical leadership with information and resources to help build vaccine confidence among healthcare personnel (HCP) and residents. You play a critical role in providing trusted information and ensuring high COVID-19 vaccination coverage in your facility.

Based on [recommendations](#) from the [Advisory Committee on Immunization Practices \(ACIP\)](#), an independent panel of medical and public health experts, [CDC recommends that HCP and LTCF residents be among those offered the first doses of COVID-19 vaccines.](#)

- [HCP include](#) all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. HCP were placed first in line to receive COVID-19 vaccine because of their essential role in fighting this deadly pandemic and their increased risk of getting COVID-19 and spreading it to residents. For the purposes of this toolkit, we will be referring to HCP as LTCF staff.
 - Learn more about [why it's important that healthcare personnel get vaccinated.](#)
- [LTCF residents](#) are defined as adults who live in facilities that provide a variety of services, including medical and personal care, to people who are unable to live independently. Making sure LTCF residents receive COVID-19 vaccination as soon as vaccine is available will help save the lives of those at highest risk for infection and severe illness.

Answering Common Questions About COVID-19 Vaccines

LTCF Staff

LTCF Residents & Loved Ones

[CDC](#)

COVID-19 Vaccine Education: A guide for conversations with nursing home team members

With COVID-19 vaccines being distributed now, nursing home staff and others have many questions. Some staff members may not have the most up-to-date, accurate information. There are many rumors, and misinformation may be influencing some peoples' decisions. In order to protect ourselves and others, it is vital that as many eligible people as possible receive the vaccine. However, we understand that there are legitimate questions and concerns. We developed two short resources (a text document and a slide presentation) to guide nursing home leaders in conversations with staff members and residents. These materials are designed to help each individual think through whether or not they would like to receive the COVID-19 vaccine and to address any questions or concerns. They include a list of resources for additional information and contact information for Project ECHO-IHI staff.

We suggest that you review both the script outline and the slide presentation. Please identify any questions that were not addressed and contact Alice Bonner at abonner@ihi.org for further information. Thank you for all of your dedication and efforts to support nursing home residents, their care partners, and each other.

Script Outline for Conversations with Staff Members about Receiving the COVID-19 Vaccine (Current as of January 14, 2021)

Some frequently asked questions/concerns that you are likely to hear are:

- Are currently approved COVID-19 vaccines safe?
- How do COVID-19 vaccines work?
- I'd rather wait until other people (my coworkers) have gotten the vaccine and see how they do, then I'll consider getting it with the second clinic. Is that ok?
- What are short and longer-term side effects?
- How soon after vaccination will protection start and how long will I be protected?
- Could I get COVID-19 from the vaccine?
- Could someone in my family (household) 'catch' COVID-19 from me if I get vaccinated?
- I am pregnant and not sure of safety during pregnancy.
- I'm not pregnant but I might want to get pregnant and I worry about fertility.
- I'm under 18 years old – can I still get the vaccine?
- I'm worried about missing work and not getting paid – I need the money.
- I'm not sure that I can trust the health care system.
- I get my information from Facebook or other social media – is that ok?
- If I already tested positive for COVID-19 antibodies or had the illness, should I still get the vaccine?
- Are there medical or other contraindications to getting the vaccine?



[IHI](#)



#GET VACCINATED

FOR OUR:
NEIGHBORS
CAREGIVERS
CHILDREN
GRANDKIDS
COMMUNITIES
FUTURE

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#GetVaccinated

Communications Toolkit

AHCA/NCAL's #GetVaccinated campaign encourages long term care staff and residents to get the COVID-19 vaccine. Providers and state affiliates may use the materials below to help communicate about the importance of vaccination as well as highlight progress. This digital toolkit includes a checklist of ideas, template letters to use with stakeholders, sample social media, and media prep material. Keep checking back for additional resources!

[AHCA/NCAL](#)



Example Resources for Encouraging LTC Staff Vaccination

LONG-TERM CARE FACILITY STAFF:
Answering Common Questions About COVID-19 Vaccines

Based on [recommendations](#) from the [Advisory Committee on Immunization Practices \(ACIP\)](#), an independent panel of medical and public health experts, the Centers for Disease Control and Prevention (CDC) recommends that both healthcare personnel (HCP) and residents of long-term care facilities (LTCFs) be included among those offered the first supply of COVID-19 vaccines.

You are on the front lines and risk being exposed to COVID-19 each day on the job. Early vaccination can protect not only you from getting sick, but also help protect residents and your family members who may have underlying health conditions that put them at risk for severe illness from COVID-19.

Q Why is it important that LTCF staff receives COVID-19 vaccine, even if LTCF residents are vaccinated?

Receiving a COVID-19 vaccine is an important step to prevent getting sick with COVID-19 disease. HCP, including LTCF staff, were placed first in line to receive COVID-19 vaccine because of their essential role in fighting this deadly pandemic **and** their increased risk of getting COVID-19 and spreading it to their patients. The decision to get vaccinated protects more than just your health. It can also help protect your colleagues, facility residents, families, and communities.

Q Will I still need to wear masks, gowns, or personal protective equipment in the facility after receiving COVID-19 vaccination?

Yes. COVID-19 vaccines will be an important tool to help stop the pandemic. However, staff members who have been vaccinated should continue to follow all [current guidance](#) to protect themselves and others, including proper use of [personal protective equipment](#). Because we need to use all the prevention tools available, you should continue to cover your nose and mouth with a [mask](#) when around others, avoid [close contact](#) with people who are sick, [stay 6 feet away from others](#), avoid crowds, and [clean your hands](#) often.


The combination of getting vaccinated and following CDC's recommendations to [protect yourself and others](#) will offer the best protection from COVID-19.

Q Are COVID-19 vaccines being held to the same safety standards as other vaccines in the United States?

Yes. COVID-19 vaccines are being held to the same safety standards as all other vaccines. Several expert and independent groups evaluate the safety of vaccines being given to people in the United States. After a review of all the available information, CDC and [ACIP](#) agree that the lifesaving benefits of vaccinating LTCF residents against COVID-19 outweigh the possible risks.

Q Can I feel confident that COVID-19 vaccines are safe?


Yes. The safety of COVID-19 vaccines is a top priority. COVID-19 vaccines are being held to the same safety standards as all other vaccines. All COVID-19 vaccines being administered to LTCF staff and residents were tested in clinical trials involving tens of thousands of people to make sure they meet safety standards and protect adults of different ages, races, and ethnicities. There were no serious safety concerns. CDC and the FDA will keep monitoring the vaccines to look for safety issues after they are authorized and in use.




www.cdc.gov/vaccines/covid-19

LONG-TERM CARE FACILITY STAFF:
Reasons to Get Vaccinated Against COVID-19 Today

- 1 You are on the front lines and risk being exposed to people with COVID-19 each day on the job.
- 2 Protecting you also helps protect your residents and your family, especially those who may be at higher risk for severe illness from COVID-19.
- 3 You matter to us and play an essential role in keeping your community healthy.



Lead the way!
Encourage your coworkers, residents, family, and friends to get vaccinated.



www.cdc.gov/coronavirus/vaccines

Mandatory COVID-19 Vaccination

Deann Daniel, Executive Director



- The Mather is a Life Plan Community in Evanston, IL
- Over 300 residents and 185 employees
- We held several onsite vaccine clinics for employees in January and February 2021
- Prior to our mandate of the vaccine, our vaccination rate for employees was approximately 80% and 100% for residents
- We promoted the vaccine by providing educational information to the employees
 - Utilized text messages, emails, and flyers
- We found one-on-one conversations to be the best way to address concerns that were causing vaccine hesitancy
- We implemented a policy that mandated the COVID-19 vaccine for ALL team members company-wide in May 2021



COVID-19 Vaccination Policy

- Employees were given a copy of the new policy
- Employees were given 6 weeks to establish that they had:
 - been fully vaccinated; or
 - obtained their first dose of the COVID-19 vaccine and had their second dose scheduled; or
 - obtained an approved medical or religious exemption as an accommodation
- We held additional vaccine clinics onsite
- After the 6-week deadline, unvaccinated staff without approved accommodations were placed on a 30-day unpaid leave of absence to comply with the mandate
- Anyone who ultimately decided not to be vaccinated would be considered to have voluntarily resigned from their position



Vaccine Policy Results:

- Zero employees at The Mather Evanston resigned due to the mandate
- One employee at The Mather Evanston obtained an approved medical or religious exemption

Lessons Learned:

- Make it simple for the employees – hold onsite clinics
- Engage ‘trusted’ team members to help support the cause
- The medical or religious exemption due date needed to be earlier than the deadline because of the approval process



Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>

- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**