



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

June 4th , 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
- Project Firstline Listening Session
- NHSN Vaccination Reporting Requirements
- Infection Prevention Practices and Vaccination Updates
- Open Q & A

Slides and recording will be made available after the session.

Project Firstline

- First Listening Session:
 - June 9th at 12:00 pm
 - Registration required:
<https://illinois.webex.com/illinois/j.php?RGID=r1d76896598c76dfc5ed5d0d467184993>
 - Open forum to tell us more about the barriers and challenges in daily infection control practices



IDPH webinars

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

Friday, June 11 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e0d879c17b5ab9786d4c5183df808ef18
Friday, June 25 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e157623284204828c8960c7c3687017bb

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

Slides and recordings will be made available after the sessions.

REMINDER - NHSN COVID-19 VACCINATION REPORTING REQUIREMENT

- CMS interim final rule requires LTC facilities must report the following to NHSN on a weekly basis:
 - COVID-19 vaccination status of residents and staff
 - Total numbers of residents and staff vaccinated
 - Doses of vaccine received
 - COVID-19 vaccination adverse events
 - Therapeutics administered to residents for treatment of COVID-19
- The rule took effect May 21 and enforcement begins June 13, 2021
- Telligen is available to provide support: Nursinghome@Telligen.com



General Vaccine Administration

Ventilation



Screening



Hand Hygiene



Source Control

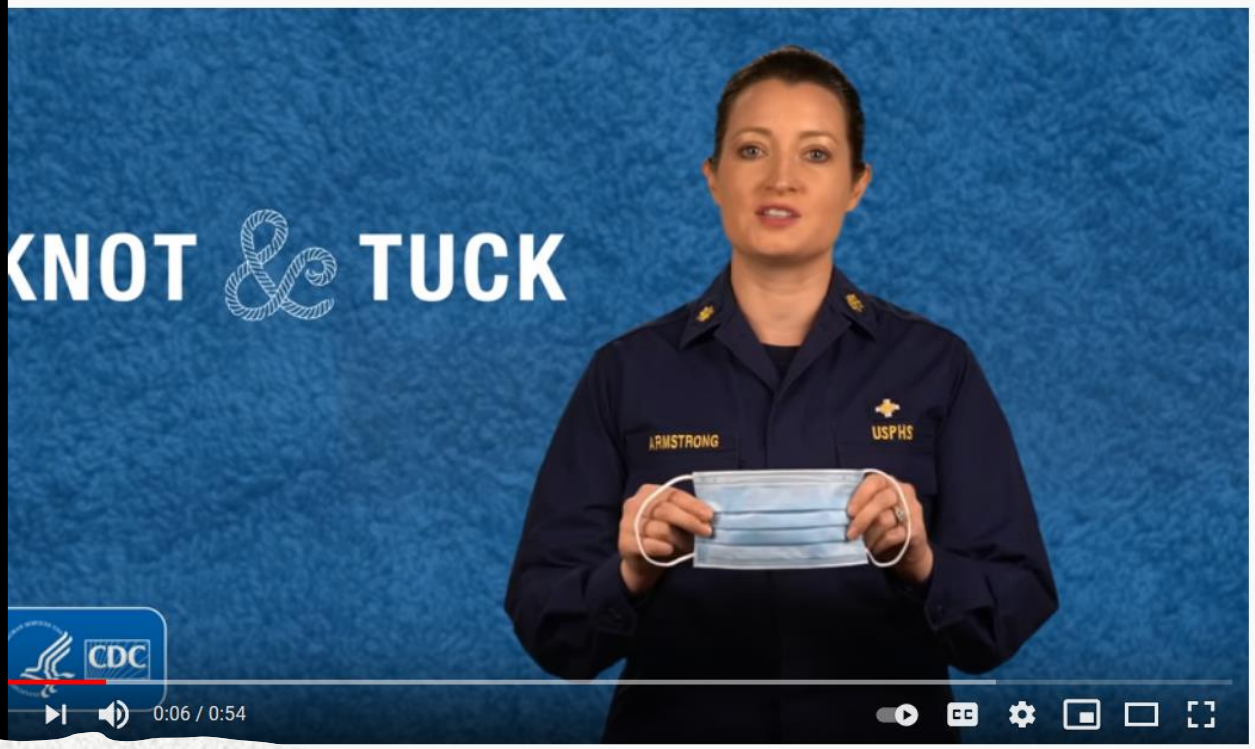


Surface Cleaning /
Disinfecting



Detection, Isolation

Core Infection Prevention Practices



Improve the Fit (from 38% to 60%)

- [Tie and Tuck](#)

Guiding Principles for Fully Vaccinated People

- Indoor and outdoor activities pose minimal risk to fully vaccinated people.
- Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people.
- Staff should still mask when providing resident care.
- Not in Outbreak? Asymptomatic, fully vaccinated persons should not be tested.
- Fully vaccinated people should still get tested if experiencing COVID-19 symptoms
- Fully vaccinated people should not visit private or public settings if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Fully vaccinated people should continue to follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

Activities/Life Enrichment!

- Outdoor is best weather permitting. Enjoy the sunshine!
- Fully vaccinated residents may have activities with no masks or social distancing
- Staff should still mask during resident activities
- Fully vaccinated staff, can have meals, breaks with no masks or social distancing
- Activities staff not vaccinated? Have other vaccinated team members lead activities
- Vaccinated volunteers may be a very helpful resource
- Clarifying singing with CDC

Definition: Fully Vaccinated

- The CDC defines people who are fully vaccinated as those who are two weeks past their second dose of the Moderna and Pfizer COVID-19 vaccine or two weeks past a single dose of the Johnson & Johnson vaccine.



May 28, 2021 EEOC Guidance



- K.1. Under the ADA, Title VII, and other federal employment nondiscrimination laws, may an employer require all employees physically entering the workplace to be vaccinated for COVID-19? (5/28/21)
- The federal EEO laws do not prevent an employer from requiring all employees physically entering the workplace to be vaccinated for COVID-19, subject to the reasonable accommodation provisions of Title VII and the ADA and other EEO considerations discussed below. These principles apply if an employee gets the vaccine in the community or from the employer.

Definition: Higher Risk Exposure

“The operational definition of “prolonged” refers to a cumulative time period of 15 or more minutes during a 24-hour period, which aligns with the time period used in the guidance for community exposures and contact tracing.

Clarified that asymptomatic HCP who are fully vaccinated and have a higher-risk exposure as described in this guidance do not need to be restricted from work.”

For the purposes of this guidance, any duration should be considered prolonged if the exposure occurs during performance of an aerosol generating procedure.

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2

Updated Mar. 11, 2021 [Print](#)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Definition: Staff

- Who are “staff”?
- Consistent with existing NHSN definition used for staff influenza vaccinations by CDC
- Focus is who is in your building doing their job and mingling with your employees or residents
- Suggest working with your consistent contractors to ensure they have and can routinely provide this information
- Accurate sign in sheets are a priority
- CMS is working closely with CDC to align rules with evidence-based guidelines

Question #1 for HCP:

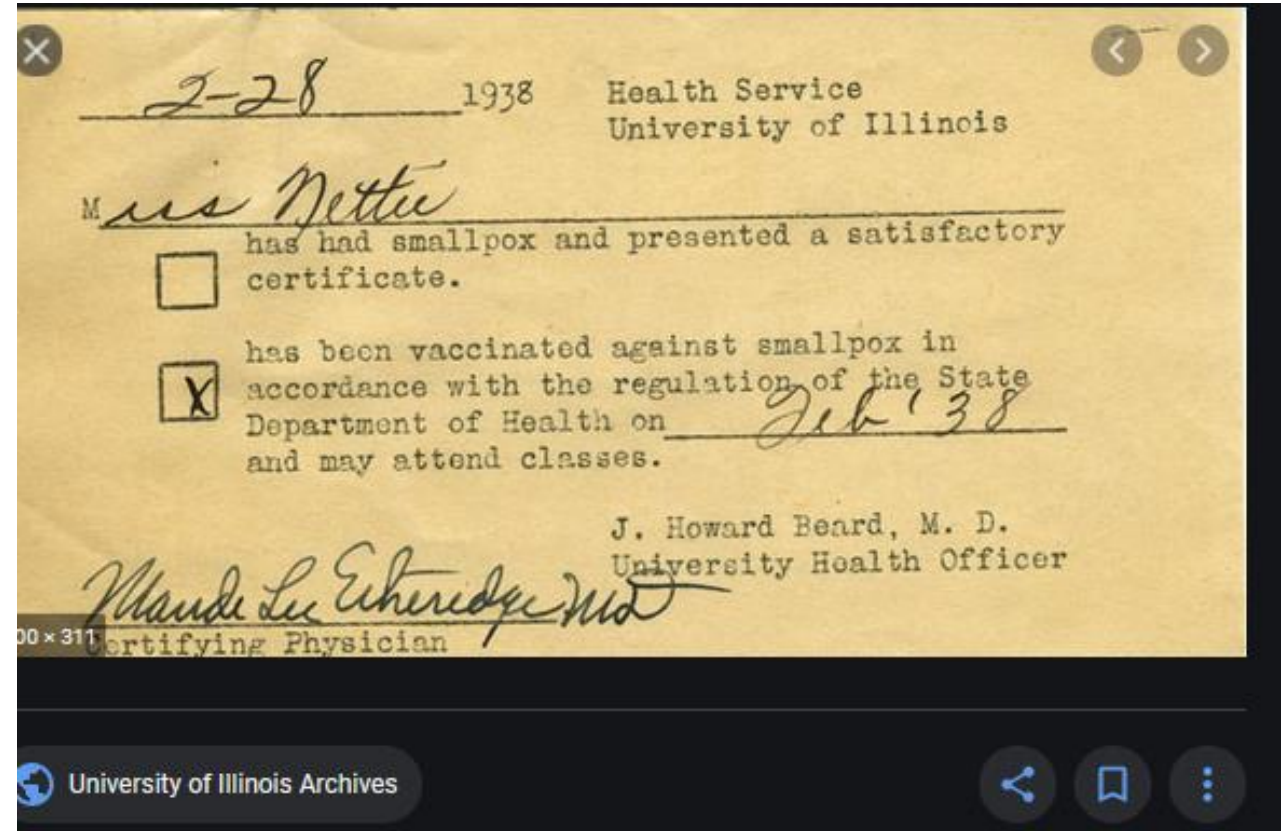
*Number of HCP eligible to have worked at the facility

- Include all HCP who were eligible to have worked at this facility for at least 1 day during the week of data collection
- Include employees, contractors, or students, trainees, and volunteers who are scheduled to work in the facility at least 1 day every week
 - Working any part of a day is considered as working 1 day
 - Include HCP even if they are on temporary leave during the week of data collection. Temporary leave is defined as less than or equal to 2 weeks in duration
 - Examples of temporary leave may include sick leave or vacation
 - If temporary leave extends past 2 weeks, then the healthcare worker should not be included in question #1 for the current week of data collection



Vaccination Status Identification

- “The idea of giving out cards to document a vaccination has been around since the 1930s”, says Maureen Miller, an adjunct associate professor of epidemiology at Columbia University's Mailman School of Public Health.



Definition: Immunocompromised Persons

- Limited data on vaccine protection in people who are immunocompromised
- Cancer chemotherapy
- Hematologic malignancies
- Within one year from receiving a hematopoietic stem cell or solid organ transplant
- Untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and
- Immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days)
- Healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing)

Evidence of Blunted Immune Response Solid Organ Transplants and Leukemia (CLL)

← → ↻ 🏠 <https://jamanetwork.com/journals/jama/fullarticle/2779852>

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Research Letter FREE

May 5, 2021

Antibody Response to 2-Dose SARS-CoV-2 mRNA Vaccine Series in Solid Organ Transplant Recipients

Brian J. Boyarsky, MD, PhD¹; William A. Werbel, MD²; Robin K. Avery, MD²; et al

» Author Affiliations | Article Information

JAMA. 2021;325(21):2204-2206. doi:10.1001/jama.2021.7489

<https://www.nature.com/articles/s41375-021-01270-w>

Leukemia


Explore content ▾ Journal information ▾ Publish with us ▾

nature > leukemia > letters > article

Letter | Published: 13 May 2021

Chronic Lymphocytic Leukemia

COVID-19 vaccine efficacy in patients with chronic lymphocytic leukemia

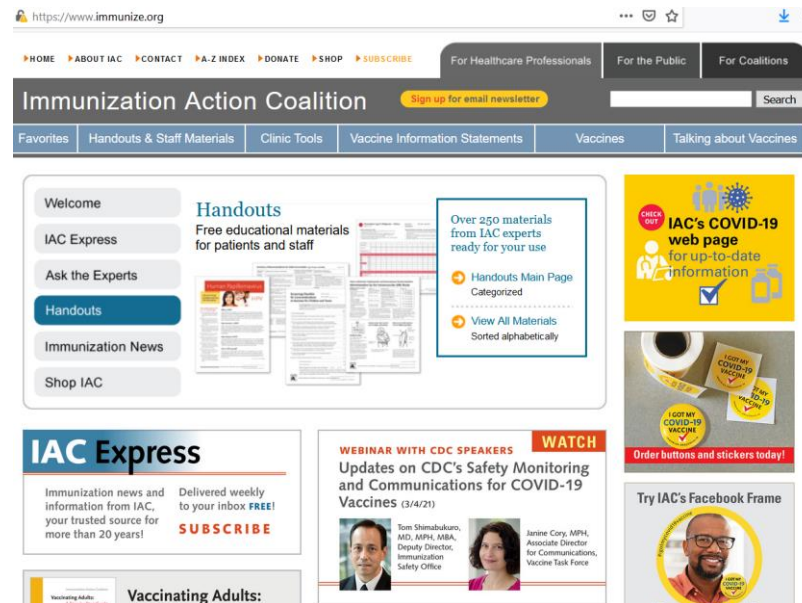
Lindsey E. Roeker , David A. Knorr, Meghan C. Thompson, Mariely Nivar, Sonia Lebowitz, Nicole Peters, Isaac Deonarine Jr, Saddia Momotaj, Saumya Sharan, Vanessa Chanlatte, Bianca Hampton, Liana Butala, Lindsay Amato, Angela Richford, Jessica Lunkenheimer, Kristen Battiato, Carissa Laudati & Anthony R. Mato

Leukemia (2021) | Cite this article

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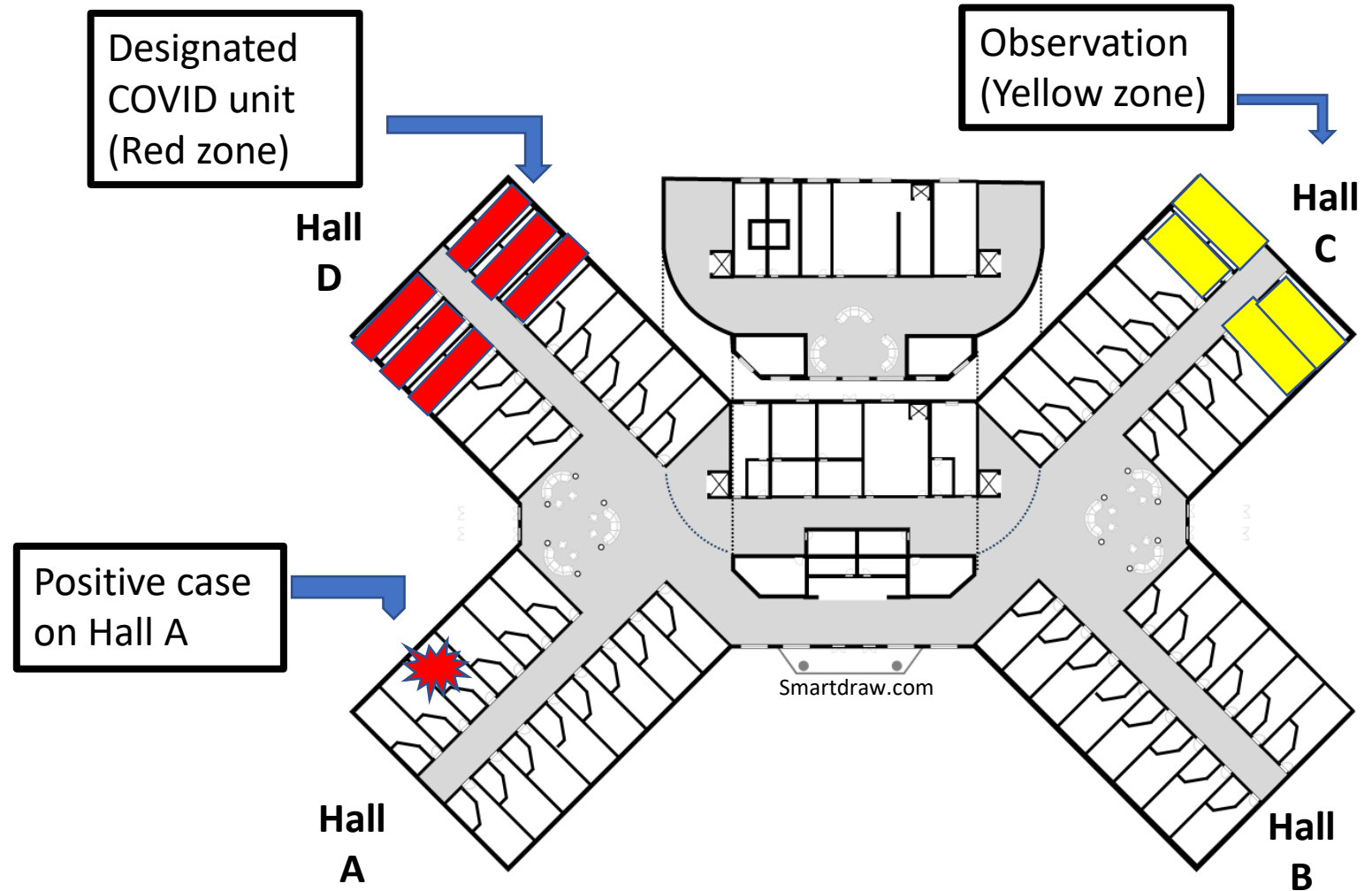
Moving Toward Self-Sufficiency with Vaccines

- Vaccine Program
- Influenza, pneumococcal, Tdap, Zoster, hepatitis B, and other vaccines
- Work with pharmacy and vaccine providers
- Roster billing
- Vaccine program managed by Infection Preventionist!



Positive case on Hall A

1. Hall A is the affected unit
2. Move positive case to designated COVID unit.
3. The roommate regardless of vaccination status had a higher risk exposure and should shelter in place and quarantine. Or could move to the observation/yellow zone if single room is available.
4. Evaluate other residents and unvaccinated staff for high risk exposures. Those identified should be placed on quarantine.
5. Residents on affected unit regardless of vaccination status may participate in outdoor visits. Source control should be worn when passing through building.
6. Residents on affected unit cannot participate in indoor visits, communal dining, or group activities.



NOTE: An observation zone is **NOT** required. Single rooms should be used.

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>
- Project Firstline Learning Needs Assessment
 - English Version: <https://redcap.link/firstlineLNA>
 - Spanish Version: <https://redcap.link/LNAespanol>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**

Extended Until
6/15