

Chicago Long-Term Care Roundtable

02/27/2
025




Agenda

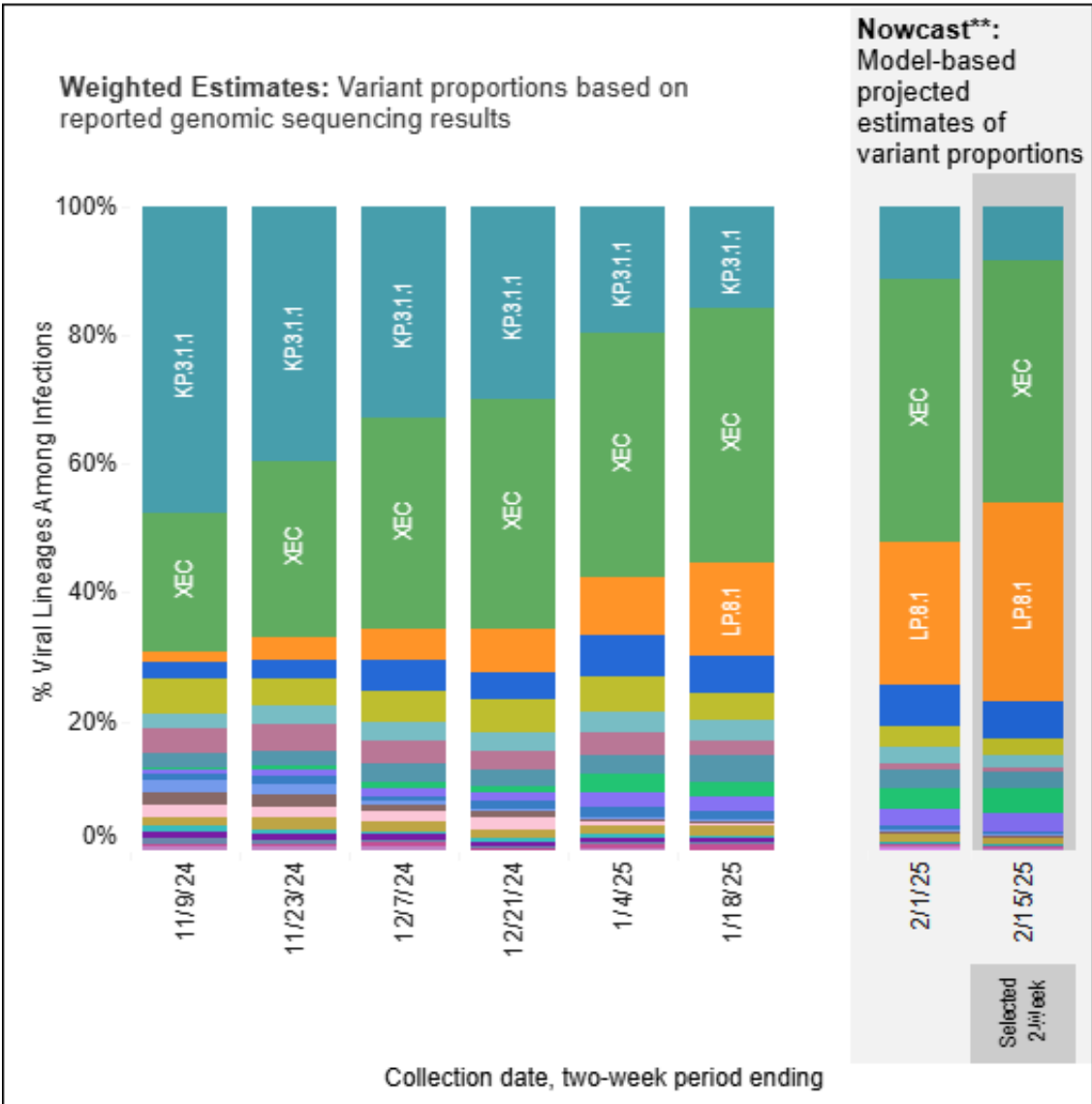
- Respiratory Disease Epi & Surveillance
- Long-Term Care Site Visits
- Chlorine Testing Refresher
- FDA Outbreak Investigation: *Listeria monocytogenes* in Frozen Supplemental Shakes
- Donning and Doffing PPE
- Project Firstline
- Questions & Answers






















COVID-19 Variant Proportions

Weighted and Nowcast Estimates in United States for 2-Week Periods in 10/27/2024 – 2/15/2025

 Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



Nowcast Estimates in United States for 2/2/2025 – 2/15/2025				
USA				
WHO label	Lineage #	%Total	95%PI	
Omicron	XEC	37%	32–43%	
	LP.8.1	31%	24–39%	
	KP.3.1.1	9%	7–11%	
	MC.10.1	6%	4–9%	
	XEC.4	4%	2–7%	
	XEQ	3%	1–6%	
	LF.7	3%	2–4%	
	MC.1	2%	2–3%	
	LB.1.3.1	2%	1–3%	
	XEK	1%	1–2%	
	KP.3	1%	0–1%	
	JN.1.16	1%	0–1%	
	MC.19	0%	0–1%	
	BA.2.86	0%	0–1%	
	KS.1	0%	NA	
	KP.1.1.3	0%	NA	
	LB.1	0%	NA	
	KP.2.3	0%	NA	
	KP.2	0%	NA	

★ Chicago Respiratory Virus Surveillance Report

– Current Week & Cumulative

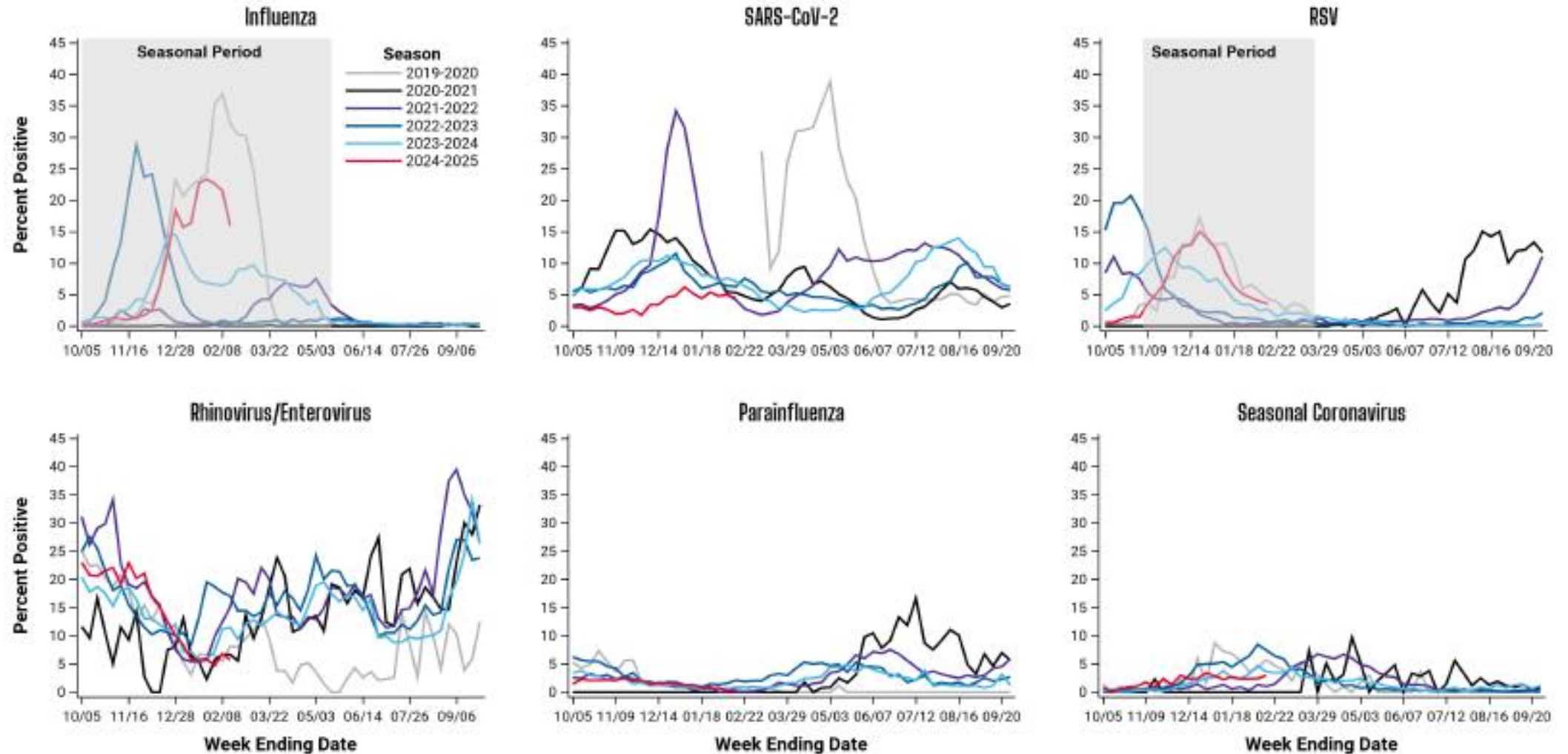
Respiratory Pathogen	Week Ending February 15, 2025		Since September 29, 2024	
	# Tested	% Positive	# Tested	% Positive
Influenza*	4,405	16.0	76,135	11.2
RSV*	3,120	3.6	60,495	7.2
SARS-CoV-2*	2,472	4.4	60,850	3.9
Parainfluenza	1,727	0.5	40,906	1.5
Rhinovirus/Enterovirus	734	5.7	21,889	14.0
Adenovirus	734	1.5	21,861	1.8
Human Metapneumovirus	734	1.0	22,167	0.5
Seasonal Coronaviruses [†]	1,727	3.0	31,282	2.2

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

Chicago Respiratory Virus Surveillance Report



– Seasonal Trends





Long Term Care Site Visits

- Long term care facility site visits will continue in 2025!
- Over 20 site visits were conducted in 2024 with positive feedback from all facilities
- This is strictly a “meet and greet” with your Emergency Management team and an opportunity to review and discuss your Emergency Operations Plan
- Questions? Please contact:
mark.mccarville@cityofchicago.org
312-747-9581



**Scan the QR
code
to schedule your
site visit!**



Chlorine Testing –MD100



What is Chlorine?

- Chlorine was first discovered in 1774, but it was not recognized as an element until 1811.
- It was first used for water disinfection in Hamburg, Germany in 1893.
- Today, chlorine is the most widely used disinfectant in the world.
- Chlorine is added to water as chlorine gas, sodium hypochlorite or calcium hypochlorite.

Why Measure Chlorine?

Drinking Water and Wastewater Treatment

- Chlorine is used oxidize organic matter and to kill bacteria and other microorganisms
- Chlorine is also used to ensure there is proper residual disinfecting potential in the water as it travels from the treatment plant to homes and other locations throughout the distribution system.
- The disinfection efficiency is proportional to the contact time and concentration of the chlorine

★ How is Chlorine Measured?

Method	Analysis Range (mg/L)	DL* (mg/L)	Estimated Precision (% RSD†)	Application	Skill Level‡
DPD Colorimetric	0-5	0.005	1-2%	Free and Total	1
ULR-DPD Colorimetric	0-0.500	0.002	5-6%	Total	2
DPD Titration					2
Iodometric					2
Amperometric Titration					3
Forward					3
Back					
FACTS					1
Electrode					2

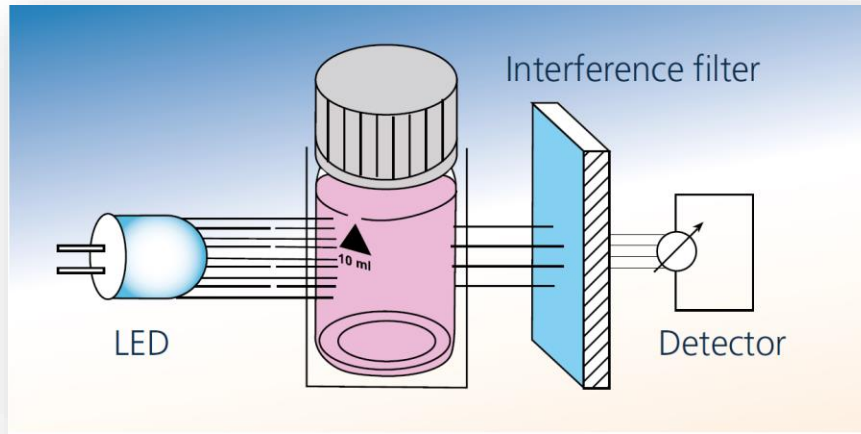
Illinois Pollution Control Board
Section 604.725 Residual Chlorine

a) A minimum free chlorine residual of 0.5 mg/L or a minimum combined chlorine residual of 1.0 mg/L must be maintained in all active parts of the distribution system at all times.

b) Community water supplies must monitor chlorine residual to determine the amount and type of residuals existing at different points in the distribution system.

* Minimum or Estimated Detection Limit
† % Relative Standard Deviation
‡ 1 = minimal training, 2 = moderate training, 3 = extensive training
NR = not reported

★ Colorimetry



★ Setting up your Colorimeter



2 3 Setting date and time (24-hour-format)

Retrieve menu (see "Retrieve menu")

2x press = arrow symbols on Time & Date

confirm

Increase value

Decrease value

Confirm the respective setting

"IS SET" appears on the display after the final confirmation.

The instrument returns to the measurement mode.



Countdown / reaction period

For methods with a reaction time, a countdown function can be switched on during the test for some methods.

press and hold

press

release

Countdown/reaction time runs, measurement takes place automatically after the time runs out.

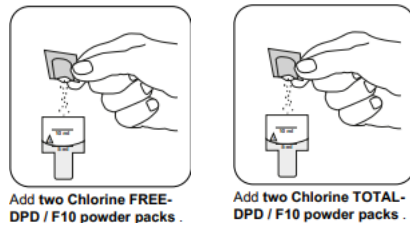
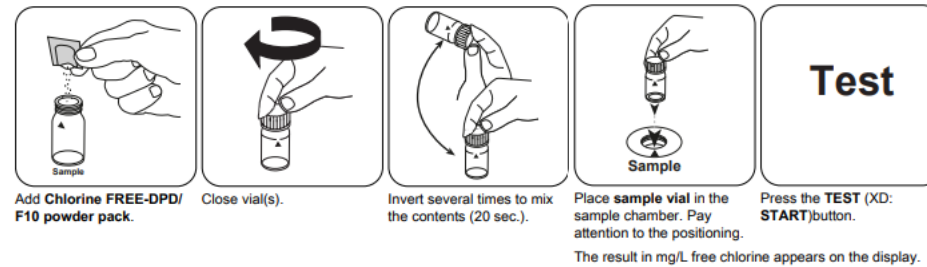
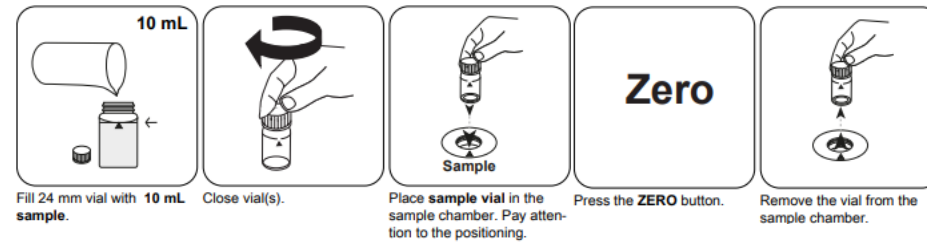
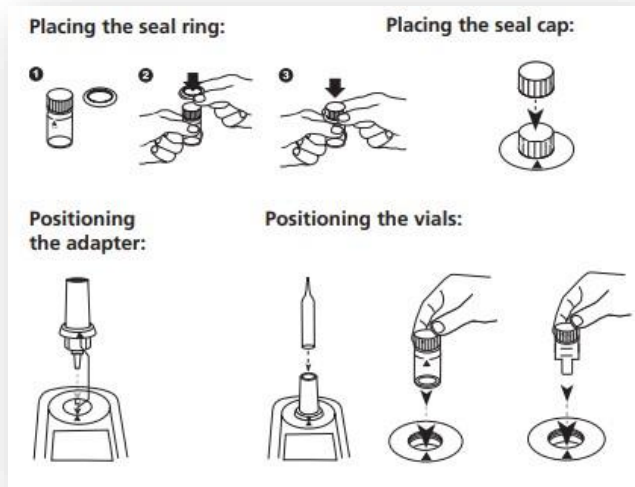
Interrupt countdown/reaction time

Attention:

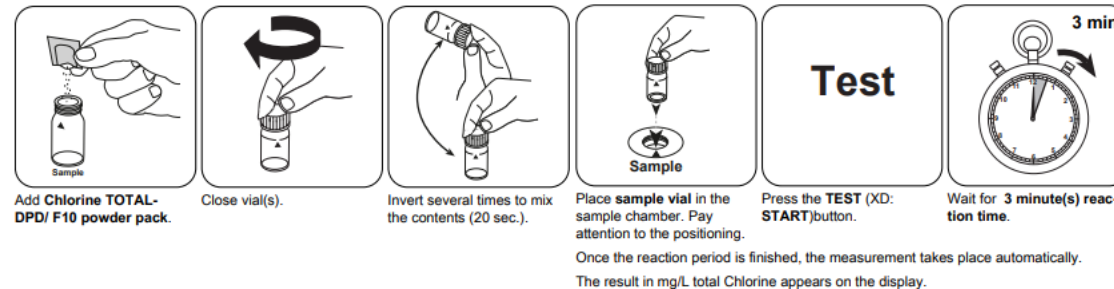
Non-compliance with reaction periods leads to incorrect test results.

***** Required for compliance monitoring Total & Combined CL**

★ Taking your Samples



2 Powder Pillows per sample
5 mL Sample Vial



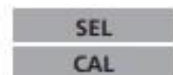
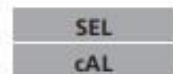
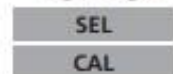
★ Annual Calibration

Factory calibration reset

Resetting the user calibration to the original factory calibration will reset all methods and ranges.

A user calibrated method is indicated by an arrow while the test result is displayed.

In order to reset the device to the factory calibration, proceed as follows:



press and **and hold both**

press briefly, release

release approx. 1 second.

The following messages will appear in turn on the display:

Factory calibration

oder:

User calibration

Calibration is reset to the factory setting by pressing the [MODE] key.

The following messages will appear in turn on the display:

Switch the unit off.

★ Any Questions?



You can also contact:
Janice Turner (CDPH)
Janice.Turner@cityofchicago.org

941.756.6410 /
sales@lovibond.us



FDA Outbreak Investigation: *Listeria monocytogenes* in Frozen Supplemental Shakes



Situation:

- There is an on-going multistate outbreak of *Listeria monocytogenes* linked to certain Frozen Supplemental Shakes. A total of 38 cases have occurred in 21 states, including Illinois.
 - 37 hospitalization
 - 12 deaths
- Frozen supplemental shakes, manufactured by Prairie Farms Dairy Inc. (“Prairie Farms”) in Fort Wayne, IN, are involved.
- **The products involved are:**
 - **Lyons ReadyCare** and **Sysco Imperial**
 - These products were sold to healthcare settings, including LTCFs.
 - **A recall notice has been issued for these products**



Recommendations

- Do **NOT** sell or serve **Lyons ReadyCare** or **Sysco Imperial**.
- **Check any current products against the recall order.**
- Carefully clean and sanitize any surfaces or containers that they touched and follow [FDA's safe handling and cleaning advice](#) to reduce the risk of cross-contamination.
 - *Listeria* can survive in refrigerated temperatures and can easily spread to other foods and surfaces.
- If you served or stocked these products, **monitor residents for symptoms of listeriosis.**
 - Seek care for residents with symptoms.



Listeriosis

Symptoms of Listeriosis include:

- Fever
- Stiff neck
- Severe headaches
- Vomiting & Diarrhea
- Weakness
- Confusion
- In pregnancy listeriosis may lead to
 - Miscarriage,
 - Stillbirth,
 - Premature delivery,
 - Or life-threatening infection of the newborn

Risk Factors:

- Pregnancy
- Very young age (newborns)
- Older age (>65yrs)
- Weakened immune systems
- Listeria infections in other populations rarely cause severe illness.

Donning and Doffing Personal Protective Equipment

3/6/2025

A Critical Aspect of Effective
PPE Utilization

THOMAS C. ROOME MPH | CIC | EMT

Infection Prevention Specialist

Bureau of Disease Control | Healthcare Settings

★ Pieces of PPE

Gown



Surgical Mask

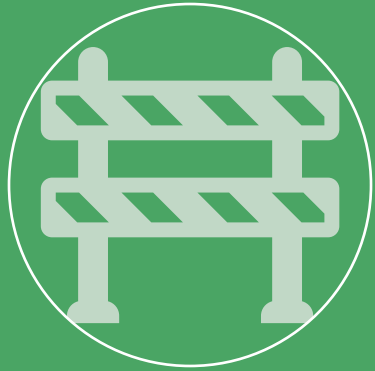


Gloves

N95 Respirator



★ Why are Donning and Doffing Important?



PPE is intended to form a barrier between a hazard; reducing the risk of exposure.



PPE can protect the wearer, or a patient, from exposure to infectious materials.



As a barrier, PPE itself often becomes contaminated by infectious materials.



Putting on and removing PPE correctly is **critical** to preventing such exposure.

- Donning – putting PPE on
- Doffing – taking PPE off



Examples:

- A patient sustains traumatic injuries in a motor vehicle collision and presents to ED with life-threatening hemorrhaging.
- The patient has no records at this hospital, and there was no time to take a history. Hepatitis B, C, and HIV status is unknown.
- The trauma team stabilizes the patient; however, their gloves and gowns were contaminated with blood while doing so.
- How do they doff their PPE without blood exposure?
- A patient being treated for Acute Myeloid Leukemia received a Hematopoietic Stem-Cell Transplant three days ago.
- This high-risk treatment will likely cure their cancer, but temporarily leaves them with no immune system, and profoundly vulnerable to infection.
- The doctor needs to don PPE to examine the patient, how does she ensure that she doesn't contaminate her PPE while putting it on?

How do we Prevent Contamination?

- There is an order in which each piece of PPE should be donned/doffed.
- There are also specific techniques to remove each piece of PPE to reduce the risk of contamination
- Always perform hand hygiene:
 - Before donning PPE
 - After Doffing PPE

★ Donning Sequence

1 Gown



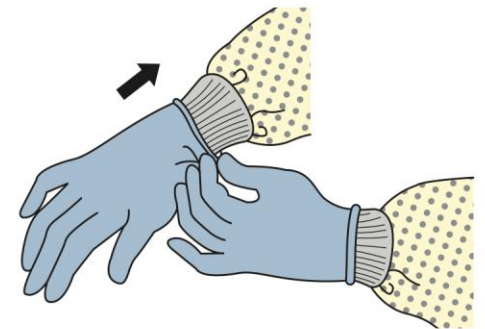
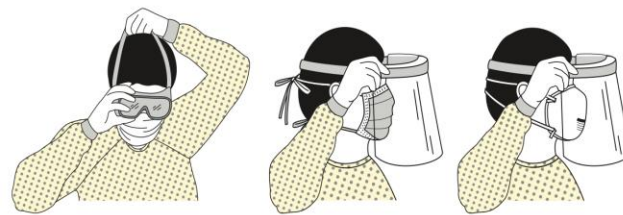
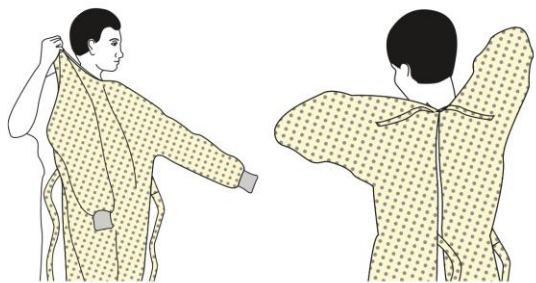
2 Mask or Respirator



3 Eye Protection



4 Gloves



★ Doffing Sequence

1
Gloves



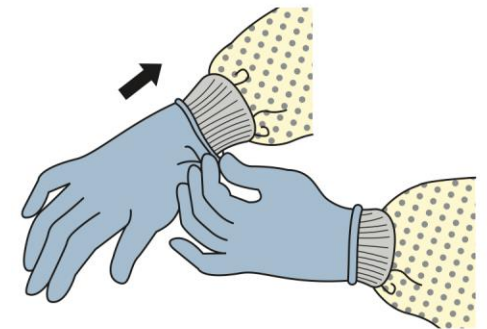
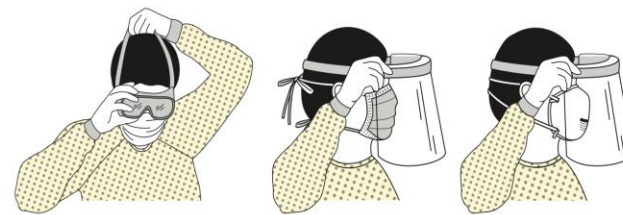
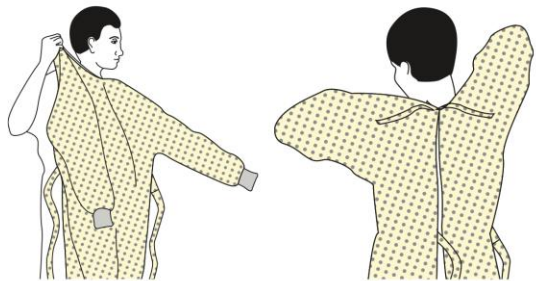
2
Eye
Protection



3
Gown



4
Mask or
Respirator



Donning PPE

Procedures for each piece of PPE



1.) Donning a Gown

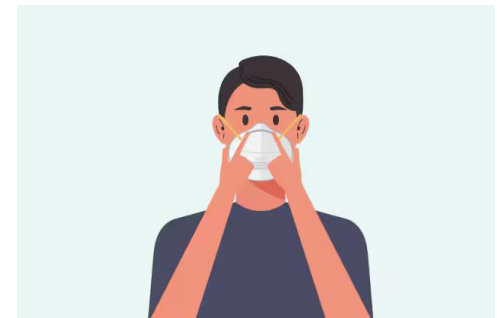
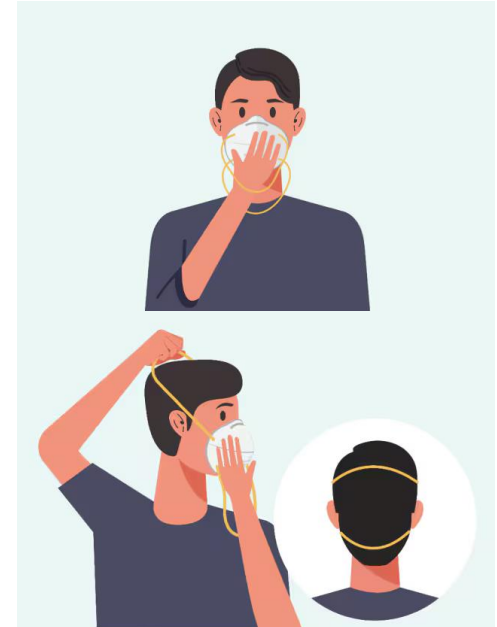
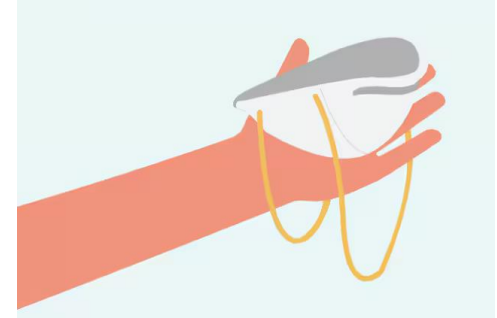
1. Pick up an individual folded gown. Removing It from the plastic coating.
2. Find the 'neck' of the gown.
3. Holding the back of the neck of the gown, allow the gown to unfold under gravity.
4. Then put the gown over your head
5. Place your arms through the arms of the gown.
6. Using the ties, secure the gown around your waist.

2.) Donning a Surgical Mask

1. Grab the mask by the ear loops
2. Ensure that the metal strip is on the top of the mask
3. Place the loops over your ears one at a time, so the mask is stretched across your face.
4. Grabbing the very bottom of the mask, pull it under your chin.
5. Then, taking both hands, adjust the metal strip so that it fits snugly to your nose

★ 2.) Donning an N95 Respirator

- It's important to note that your N95 shouldn't contact a patient.
1. With one hand, cup the facepiece of the N95
 2. Bring the N95 to your face, covering your nose and mouth.
 3. Then, with your free hand, bring both the elastic straps in front of your face with upper strap over the lower one.
 4. First, pull the upper strap, to the top part of your head.
 5. Then pull the lower strap to the lower part of your head.
 6. Perform a user seal check



★ 4.) Donning Eye Protection

- There are multiple types of eye protection; goggles, disposable face shields, reusable face shields etc.
- Donning depends on the type of eye protection
- Generally,
 1. Place the eye protection over your face and secure it.
 2. Ensure that the eye protection is adjusted to properly fit your face and avoid shifting or falling off.





5.) Donning Gloves

1. Always perform hand hygiene before donning gloves.
2. Remove only one glove at a time.
3. Touching only the cuff of the glove, place your fingers into the glove and pull the cuff over your hand to the wrist.
4. Repeat for the second glove.



GUIDE FOR DONNING

OF EXAMINATION GLOVE



Steps For Donning



Wash your hands with soap and water for 20 seconds.



Touch only the top edge of the cuff.



Don the first glove.



Dispense the second glove with bare hand and repeat Step 2.



Position the second glove and begins donning, avoid your gloved hand from contacting the forearm skin.



Once gloved, begin your activity and avoid touching other areas to prevent cross-contamination.

Doffing PPE

Procedures for each piece of PPE

1.) Doffing Gloves

- **When doffing, the outside of gloves are contaminated.**
 - If your hands get contaminated during glove removal, immediately perform hand hygiene.
1. Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
 2. Hold removed glove in gloved hand, Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 3. Discard gloves in a waste container



GRASP THE OUTSIDE OF THE GLOVE
IN THE WRIST AREA



PEEL THE GLOVE AWAY FROM YOUR
BODY, TURN IT INSIDE-OUT



HOLD THE INSIDE-OUT GLOVE
IN THE OTHER HAND



SLIDE YOUR FINGERS UNDER THE
WRIST OF THE OTHER GLOVE



PEEL THE GLOVE AWAY FROM YOUR
BODY, TURN IT INSIDE-OUT, LEAVE
THE FIRST GLOVE INSIDE THE SECOND



DISPOSE THE GLOVES SAFELY



WASH YOUR HANDS

★ 2.) Doffing Eye Protection



When doffing, the outside of eye protection is contaminated!



If your hands get contaminated during goggle or face shield removal, immediately perform hand hygiene.

1. Remove goggles or face shield from the back by lifting head band or earpieces.
2. If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

★ 3.) Doffing Gown



When doffing, gown front and sleeves are contaminated!



If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer

1. Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
2. Pull gown away from neck and shoulders, touching inside of gown only
3. Turn gown inside out
4. Fold or roll into a bundle and discard in a waste container

★ 4.) Doffing N95 Respirator

- **When doffing, front of respirator is contaminated**
 - If your hands are contaminated during mask/respirator removal, immediately perform hand hygiene.
1. Grasp bottom elastic strap of the respirator, then the ones at the top,
 2. Pull the straps backward, and then upward *gently*,
 3. Pulling the respirator off and away from your face, careful not to touch the front.
 4. Perform Hand Hygiene and discard used N95



4.) Doffing Surgical Mask



WITH ONE HAND GRASP
ONE OF THE EAR LOOPS
AND REMOVE IT FROM THE
EAR.



WITH THE OTHER HAND,
DO THE SAME WITH THE
OPPOSITE LOOP.



PULL THE MASK AWAY
FROM THE FACE.



DISPOSE OF THE MASK IN
A WASTE CONTAINER.



Tips:

- Avoid touching the outer surface of PPE.
 - This is especially true for surfaces that may contact the patient,
 - Or the outside of a ***used*** N95.
- People who wear glasses will experience fogging of their glasses when wearing a face mask and/or eye protection.
 - This can be prevented by washing the glasses with soapy water and letting them air dry or gently drying them with a soft tissue before, before donning a mask or eye protection.
 - The surfactant effect will prevent them from fogging.





Thank You!

Any Questions?



[Chicago.gov/Health](https://chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)

Your Resource for Infection Control



PROJECT
FIRSTLINE

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



SCAN to request training.



The Chicago Department of Public Health partners with the [Center for Disease Control's Project Firstline](#) to make infection control trainings and educational resources available to all healthcare workers, regardless of background. These resources, developed with and for healthcare workers, provide you with the tools you need to guide your teams to prevent infection.

Respectful of healthcare workers' time, Project Firstline's materials are designed to accommodate you and your team's busy schedule. These resources range from in-person or hybrid trainings by CDPH personnel to interactive online scenarios, graphics, and toolkits you can use to host your own infection control trainings.

If you have any questions, please contact projectfirstline@chicago.org

[Schedule a Training](#)
Or Scan the QR Code



Learn About Infection Control



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

Infection Control

Works!

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

Is a Team Effort!

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

Matters!

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

List of Available In-Person Trainings



- Ventilation
- Prevention of CAUTIs
- Bacterial Infections
- Hand Hygiene
- Virus Strains
- PPE Parts 1-3
- The Concept of Infection Control
- The Basic Science of Viruses
- How Respiratory Droplets Spread

- Understanding Disinfectants
- COVID-19
- How Viruses Spread from Surfaces to People
- How COVID-19 Spreads - A Review
- Multi-Dose Vials
- Environmental Cleaning & Disinfection
- Source Control
- Asymptomatic Spread of COVID-19

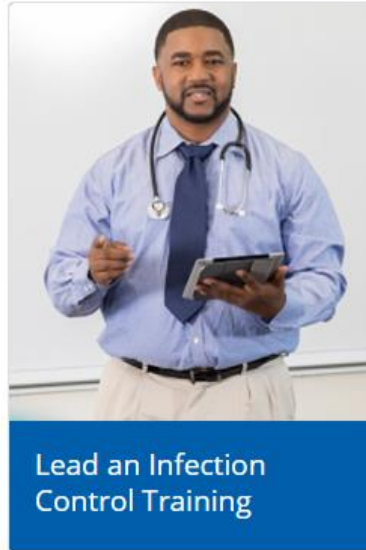


Visit Our Chicago Project Firstline HAN Page!



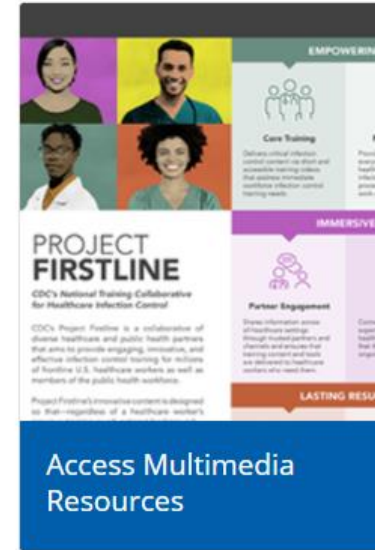
Watch Project Firstline Videos

Learn about infection control by watching Project Firstline videos.



Lead an Infection Control Training

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



Access Multimedia Resources

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



Jovanté Thomas, MPH, CIC Infection Prevention Specialist

Healthcare Settings Team
Chicago Department of
Public Health:

Disease Control Bureau

312-744-6979 (office)

773-415-0103 (cell)





Questions & Answers

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