## COVID-19 Q&A Hour for Long Term Care





#### WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

# Housekeeping



Attendees will be in listen only mode

Self-mute your lines when not speaking

Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH) and indicate your county.

**Nursing Home** 

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

### This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



# COVID-19 Q&A Call Expectations

- Be present
- Assume positive intent
- Focus on solutions
- Speak and chat respectfully
- Give constructive feedback
- Express disagreements professionally and tactfully





# Panelists















OF WASHINGTON STATE





#### WASHINGTON STATE DEPARTMENT OF HEALTH

#### ICAR PROGRAM DETAILS

*Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.* 

#### What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

#### Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

To Learn More or Schedule an In-Person or Virtual Visit: <u>http://doh.wa.gov/ICAR</u>

Contact Us: <u>HAI-FieldTeam@doh.wa.gov</u> (General)



In Partnership With

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



#### WASHINGTON STATE DEPARTMENT OF HEALTH

#### HAI-AR SECTION EMAIL ADDRESSES

Please refer to the table below to find the email most appropriate for your needs

Email Path	Description
HAI@doh.wa.gov	General healthcare associated infection questions
HAI-Covid@doh.wa.gov	COVID19-specific healthcare associated infection questions
HAIEpiOutbreakTeam@doh.wa.gov	Epidemiological outbreak assistance and healthcare associated infection questions
HAI-FieldTeam@doh.wa.gov	Schedule an ICAR for your facility
HAI-FITTesting@doh.wa.gov	Respiratory Protection related questions <u>www.doh.wa.gov/ltcrpp</u>

### Fit Test Training

- Learn to conduct your own N95 fit test for your staff
  - Visit our website: <u>Fit Testing Training | Washington State</u> <u>Department of Health</u> (www.doh.wa.gov/ltcrpp)
    - Step 1 Pre-training education
    - Step 2 Sign up for a Virtual Fit Test Training webinar
    - Step 3 Hands-on training with our Fit Test Vendors

**Note:** Each participant will need to register individually.

Email questions to:

HAI-FitTest@doh.wa.gov



### **Project Firstline Podcast**

#### **Episodes**

- Introduction and HAIs 1.
- 2. PPE
- Hand Hygiene 3.
- **MDROs** 4.
- 5. ALFs and SNFs
- **Hospital Settings** 6.
- Candida auris 7.
- **Respiratory Protection** 8.
- Vaccine Preventable 9. Diseases

#### Purpose

- Discuss and identify the importance and impact of infection prevention on our lives and the lives of our community
- Project Firstline | Washington State Department of Health



Congratulations to all 297 Winter 2022 Awardees!



Long-Term Care COVID-19 Immunization Champion Award | Washington State Department of Health

## **Comagine Health Events June/July**

• Weekly Webinar Series

#### June 28: COVID-19 Infection Prevention

- Every Tuesday 11 a.m. PT / noon MT (30 minutes)
- o Link to Register
- Weekly Office Hours

#### July 1: OARS model for essential communication skills

Every Friday 11 a.m. PT / noon MT (30 minutes)

Link to Register

- Comagine Health Learning Collaborative: Driving Clinical Excellence
- July 7: Mastery Session 1a
  - First Thursday of each month through Nov. 2, 2023
  - 11 a.m. PT / noon MT (1 hour)

Link to Register



We want to hear from you!

- Micro learning topics what do you want to learn more about that will help with your facility infection control practices?
- Input your ideas into Question window noting "Topics: ..."
- Or send to <u>HAI-COVID@doh.wa.gov</u>
- Thank you!

### LTC Q&A Call Format Structure

- Submit questions by 5pm on Monday each week before the Thursday call
- Submitted questions and answers will be presented during the call and sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new questions will be answered live if they are common questions
- Otherwise other questions will be consolidated by topic and roll over to the following week's slides to provide in depth feedback & relevant resource links, along with any new mailbox questions
- Complex questions specific to your facility are best sent to <u>HAI-COVID@doh.wa.gov</u> to be answered individually

### How to Submit Your Questions



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File Mes	sage Inser	rt Draw Options	Format Te	xt Review
Paste	Calibri (Bod ~	11 - A^ A	× A <sub>¢</sub> <u> ∈</u> →= A	ddress Check Book Names
Clipboard 😼		Basic Text	LZ	Names
) Send	To Cc Bcc	O <u>DOH-HAI-COVID (DOH)</u>		
	Subject	COVID Q&A		
Here are my o	questions for t	he Thursday call		
Thanks,				
Paula				

### Next LTC Q&A Call Series

- Current Q&A call series ends today 6/30
- Next LTC Q&A call series begins July 7 through Oct 27. Registration link: <u>https://us02web.zoom.us/webinar/register/WN\_k9\_L5yrRQPezKaYkejk5mA</u>
- When confirmation received, add new schedule to calendar
- Summer Plans: There will be two Q&A calls in July and two in August

### **Upcoming LTC Q&A Presentations**

Upcoming micro learning session schedules:

Today's presentation:

Demo of WA State Immunization Information System (WAIIS)

July 7 – Demo WA State Immunization Information System (WAIIS) repeat

July 14 & July 28 – NO Q&A call scheduled

July 21 – Hands on Training – Fit Test





WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM

IIS Data Review and Training Coordination April McClellan, IIS Trainer



- An Immunization Information System (IIS) is a secure electronic system that houses immunization records for the population of a certain area, such as Washington State.
- The IIS collects and shares immunization data across authorized healthcare organization, clinics, pharmacies, schools, and other health jurisdiction partners.

- The data collected in the IIS is consolidated into a comprehensive record for a patient over their lifetime.
- IIS forecasting tools can help with clinical decision making.
- The IIS is valuable in facilitating public health response to vaccine preventable disease.
- The IIS can remind/recall patients that are due for a vaccination.
- Providers can print Certificates of Immunization for their patients.
- Individuals can register for MyIR to access their own IIS immunization records.

- In WA, only participating healthcare providers can view records in the WAIIS. Participation in the system is HIPAA compliant.
- Healthcare providers can reference and update patient records to help ensure the patient receives the appropriate immunizations.
- Thousands of healthcare facilities in WA State participate and exchange data with the WAIIS.
- Participation is not mandatory, but the more facilities that exchange data with the WAIIS, the greater the benefit to healthcare in WA.

- For access, your organization must be enrolled in the WAIIS.
- To enroll, the organization must complete an Information Sharing Agreement and have a licensed healthcare provider on staff.
- 2 different types of Information Sharing Agreements: 'View Only' and 'Exchange'.
  - Immunization Information View Only Agreement
    - View patient demographics and immunizations
  - Immunization Information Exchange Agreement
    - View and add patient demographic data and immunization records

# Live Demonstration

### How to Locate a Patient in the WAIIS

- Log into the WAIIS.
- On the left of the screen, open the blue Patient menu tab and select 'Search/Add'.



• The Patient Search screen will appear.

• Enter in the patient identifying information you have available and click 'Search' on the bottom right.

Patient Search			Click here to use the 'advanced' search
First Name or Initial:	test	WIC ID:	
Last Name or Initial:	mcclellan	SIIS Patient ID / Bar Code:	
Birth Date:	mm/dd/yyyy	Chart Number:	
		ACS Key Line/Serial No:	
Family and Address Informa	ation:		
Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	WA × •
Zip Code:		Phone Number:	
Country:	United States of America	× •	J
Note: When searching by First and Check here if adding a new pati	Last Name, you may use the wildo ent.	card character % to replace multiple characters a	nd _ to replace a single charact r. Clear Search

 Advanced search options are available by clicking '<u>here</u>' on the top right of the **Patient Search** screen.

Click here to use the 'advanced' search

Patient Search			Click here to use the 'simple' search
Patient (basic information)		Patient (unique I.D.'s)	
First Name:	test		
Middle Name:		Birth File Number:	
Last Name:	mcclellan	Medicaid Number	
Birth Date:	mm/dd/yyyy	Chart Number:	
Birth Order:	Select 🔹	WIC ID:	
		SIIS Patient ID / Bar Code:	
Family			
Guardian First Name:		Mother's Maiden Name: (Last Name Only)	
Guardian Last Name:			
Address			
Street:			
City:		State:	WA × -
Zip Code:		Phone Number:	
Country:	United States of America	× *	
Association	Select 🔹		
			Twin Sibling Clear Search
Advanced Searches:	(edit or view only):	O Add / Edit / View	
Simple Searches (edit or vie	w only):		
Quick Searches	Other Searches	First Name	/ Last Name
First Initial, Birth Date	Guardian	<ul> <li>First Na</li> </ul>	ame 🖲 FN& LN 🔿 Last Name
Cast Initial, Birth Date	<ul> <li>Birth File Number</li> </ul>	Select search	ch type for First and Last Name
O Birth Date	Medicaid Number	Evact	ch type for thist and East Name.
O Phone Number	O Chart Number		se % or as wildcard characters)
		O Phonet	ic (Search by sound of word)
	SIIS Patient ID		ic (Gearch by sound of word)
	<ul> <li>Association</li> </ul>		
	O Mother's Maiden Na	ame	
	O Guardian First Nam	e, Birth Date	

- Once 'Search' is clicked, the Patient Search Results will appear.
- Select the name of the patient you wish to view.

Patient Search Re	sults 📐								
Records Found = 2	/ >				Search Criter	ia: F	irst Name / Last Name	(Exact)	
Show 100 v entries Search:									
First Name 🔺	Middle Name	\$	Last Name	\$	Birth Date	\$	SIIS Patient ID 🜲	Grd First Name 🜲	Grd Last Name 🜲
TEST			MCCLELLAN		06/16/2016		11837562		
TEST			MCCLELLAN		04/25/2001		11887593		
Showing 1 to 2 of 2 er	tries								*

After the patient is chosen from the results, the Patient
 Demographics screen will appear. Verify that the information
 on the Patient Demographics page is accurate, and update if
 indicated and your user permissions allow edits.

Patient Demographics			
Record Info			
SIIS Patient ID:	11837562		
Organization Owner:	-		
Facility Owner:	-		
Entry Date:	08/14/2021 02:52:34 PM	Last Update:	08/14/2021 12:00:00 AM
Entered By:	APRIL MCCLELLAN	Last Updated By:	APRIL MCCLELLAN
Patient Status			
State Level:	Active	Organization Level:	Inactive
County Level:	Active (Clark)		
Patient			
First Name:	TEST	Race:	American Indian or Alaska Native
Middle Name:		Ethnicity:	
Last Name:	MCCLELLAN	Language:	
Suffix:			
Birth Date:	06/16/2016	Medicaid #:	
Birth File #:		Multi Birth Indicator:	N
		Birth Order:	
Age:	313 weeks, 72 months, 6 yrs	Military:	
Reminder/Recall Publicity		Recall Attempts:	0
Code			
Sex:	FEMALE	Nationality:	
Mother Maiden Nm:	PATTERSON	Passport #:	
VFC status:	(Unknown)	Visa #:	
		Vaccine Supply:	PRIVATE
<ul> <li>Primary Address</li> </ul>			
Address 1:	123 4TH STREET	Address 2:	
City:	VANCOUVER	State:	WA
Zip Code:	98662		
Email			
Country:	United States of America	County/Parish:	CLARK
<ul> <li>Family &amp; Contact</li> </ul>		,	
Contact 1	MOM MCCLELLAN (Mother)		
+ Alias			
Secondary Patient Dem	ographics		
+ School	ographics		
+ Medical Home			
+ Birth & Death			
+ Assessment			
+ Patient Specific Reports	;		

- If you are unable to locate your patient, you can add them into the IIS if your user permissions allow.
- To add a patient, click the box next to 'Check here if adding a new patient'. Checking this box will cause required fields to appear in red font. Fill in these fields and click 'Search'.
- A popup will appear to remind you to make sure the patient you want to add is not listed in the **Patient Search Results**. Click 'Ok' to clear the popup.
- On the bottom right of the page, click 'Add Patient'.

Patient Search			Click here to use the 'advanced' search		
First Name or Initial:	test	WIC ID:			
Last Name or Initial:	add	SIIS Patient ID / Bar Code:			
Birth Date:	06/12/2003	Chart Number:			
		ACS Key Line/Serial No:	2		
Family and Address Inform	ation:		4		
Guardian First Name:		Mother's Maiden Name:			
Street:	123 April St				
City:	VANCOUVER	State:	WA × -		
Zip Code:	98662	Phone Number:			
Country:	United States of America	× *			
Note: When searching by First and Last Name we available the wildcard character % to replace multiple characters and _ to replace a single character.  Check here if adding a new patient.  Clear Search					
Patient Search Results					
Records Found = 0		Search Criteria: Advanced Search - Ada Tdi	t / <mark>Mie</mark> w		
Show 100 🗸 entries	Show 100 v entries Search.				
First Name 🔺 Middle Nan	ne	Birth Date 🗢 SIIS Patient ID 🗢 Grd First Nam	te¢ C T Last N. ne¢		
Showing 0 to 0 of 0 entries	No data				
Before adding, chec	k to make sure the patient you	want to add is not listed above or not pending manua	Add Patient		

- Once 'Add Patient' is selected, the Patient Demographics Edit page will appear.
- Enter all available and required demographic information and click 'Save' on the bottom right.

Patient Demographics Edit					
Patient status	A alive		Organization Lough	Innetius	
State Level:	Active		Organization Level:	Inactive V	
Patient	Active (Clark)				
- doon				Black or African American	
First Name:	TEST		Race:	Asian	
				American Indian or Alaska N 🔻	
Middle Name:			Ethnicity:	Not Hispanic or Latino V	
Last Name:	MCCLELLAN		Language:	select V	
Suffix	none	~			
Birth Date:	06/16/2016		Medicaid #		
Pidh File #			Pirth Order	Single Birth ht	
Dirtin File #.	5514415		birth Order.		
Sex:	FEMALE	<b>v</b>	Nationality:	select V	1
Mother Maiden Name:			Passport #:		
VFC Status:	VFC eligible— Medicaid	i/Mer∨	Visa #:		
Military:			Reminder/Recall Publicity Code	select V	
Comments:					
- Address					
Address 1:					
Address 2			City		
Country .	United Chates of America		Chata: Calent A	The Codes	
Country:	United States of Americ	a 🗸	State:select	Zip Code:	
County/Parish:	select V		Email:		
Address Type:	select	~	Valid?	Primary?	Add
Street City – Patient Phone Number(s)	ZIP	Туре	Valid	Primary	
Phone Number Extension: Phore	ne Use Code	Equipment Type		Primary	
se	ect V	select		<b>v</b> o	Add
<ul> <li>Family &amp; Contact</li> </ul>					
First Name:	Middle	e Name:		Last Name:	
Contact Type:elect	~			Guardian?	
Address di	•			Guardian	
Address 1.					
Address 2:			City:		
Country:	United States of Americ	a 🗸	State:select N	Zip Code:	
Phone Number	Phone Use Code		Equipment Type		
	select	¥ -	-select		~
Email:					
	0	dian?	a llas Cada	Equipment Tune	Add
First Last Tune Dhane Num		Ciality Phon	e use code	Equipment Type	
First Last Type Phone Numl	Guar Guar				
First Last Type Phone Numl + Alias + Secondary Patient Demographics	Guar Guar				
First Last Type Phone Nume + Alias + Secondary Patient Demographics + School	Guar Guar				
First Last Type Phone Num + Alias + Secondary Patient Demographics + School + Medical Home	Jer Gua				
First Last Type Phone Numl + Alias + Secondary Patient Demographics + School + Medical Home + Birth & Death	uer Guar				
First Last Type Phone Numi + Alias + Secondary Patient Demographics + School + Medical Home + Birth & Death + Assessment	Jer Guar				
First Last Type Phone Num + Alias + Secondary Patient Demographics + School + Medical Home + Birth & Death + Assessment	uer Guar			Cance	- Save

- Once you have located or added your patient in the WAIIS, you will be able to view their vaccination history, forecast and access their Certificate of Immunization Status.
- Open the blue Vaccinations menu tab on the left of the page and click on 'View/Add'.



• The Vaccination View/Add page will appear. All vaccinations recorded in the WAIIS for the patient will be indicated by a date to the right of the administered vaccine product.

• To view specifics of a certain vaccination, click on the date of administration to see the **Vaccination/Medicine Detail** page.

Vaccination (\* - Historicals Services) Documented Double-click

COVID-19, mRN dose, tris-sucros Influenza, injecta guadrivalent (Flu

	Patient						
	Name:	TEST MCCLELLAN	SIIS Patient ID:	11867249			
	Date of Birth:	04/01/1970	Age:	52 yrs			
	Guardian:		Organization Level Status:	Active			
	Vaccination/Medicine Detail						
	Vaccine:	COVID-19, mRNA,	LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose (Pfizer 12+	+ (Grey Cap))			
	Date Administered:	03/08/2022					
	Historical:	No					
View/Add	Confidential:	No					
	Manufacturer:	PFIZER, INC					
s, # - Adverse Reaction, !1 - Warn g !2 - Warr	Lot Number:	TEST					
, , <b>,</b> , , , , , , , , , , , , , , , ,	Lot Facility:	AMAC TEST FAC					
	Funding Source:	PUB					
By: AMACTESTFAC	Provider Noted on Recor	d:					
in any date field below to enter the default date:	Lot Noted on Record:	TEST					
In any date lield below to enter the der dit date.	Manufacturer Noted on F	Record:					
Vaccine 1	Vaccinator:	SCIENCE, TRUST					
	Originating IIS:						
A, LINP-3, PF, 30 IIICg/0.3 IIIL 03/08/2022	Organization:	11002236 - 2 - AMA	IC TEST ORG				
e (Plizer 12+ (Grey Cap))	Facility (Facility SIIS ID):	AMAC TEST FAC (	SIISCLIENT36011)				
able, MDCK, preservative free,	Facility Display Name:						
ucelvax PF - 0.5mL syringe)	Anatomical Site:	Left Deltoid					
	Anatomical Route:	Intramuscular					
	Dose Size:	Full					
	Volume (CC):						
	VFC Status:	Not VFC Eligible					
	Revaccination Reason:	a second a second second second second					
	Adverse Reaction:						
	District/Region:						
	Dates of VIS Publications	3:					
	Date VIS Form Given:	03/08/2022					
	Ordering Provider:						
	Comments:						
	Entered By (username):	AMACTESTRC					
	Entered By:	APRIL RC MCCLEL	LAN				
	Entry Date:	06/22/2022 12:09:5	0 PM				
	Last Updated By:	APRIL RC MCCLEL	LAN				
	Last Update:	06/22/2022 03:59:2	5 PM				

 Users can print the Vaccination View/Add screen information for the selected patient. This will include all administered vaccines as well as the patient's vaccination forecast.

Patient					
Name:	TEST MCCLE	LLAN		SIIS	
Date of Birth:	04/01/1970			Age	
Guardian:				Org	
+ Patient Specific Reports					
Print Page View Print Page					
vaccination view/Add					
(* - Historicals , # - Adverse Reaction , !1 - Warning , !2 - Warning , !3 - Warn Services )					
Documented By: AMAC TES	ST FAC				
Double-click in any date field	below to enter	the default date:	06/22/2022		
Vaccine		1	2		
COVID-19, mRNA, LNP-S, PF, 30 dose, tris-sucrose (Pfizer 12+ (Gre	mcg/0.3 mL y Cap))	03/08/2022	04/19/2022		
Influenza, injectable, MDCK, prese quadrivalent (Elucelvax PE - 0.5ml	ervative free, svringe)	10/01/2021			

- WAIIS users can view or print the Certificate of Immunization Status from both the Patient Demographics page (bottom) and the Vaccination View/Add page (top).
- Click the blue + to the left of 'Patient Specific Reports', then click "Certificate of Immunization Status (CIS)".

Patient					
Name:	TEST MC	CLELLAN			
Date of Birth:	04/01/197	0			
Overeller					
<ul> <li>Patient Specific Reports</li> </ul>					
Certificate of Immunization Status (CIS)					
<u>r mitrage view r mitrage</u>					
Vaccination View/Add					

Patient Demographics					
Record Info					
SIIS Patient ID:	11867249				
Organization Owner:	11002236 - 2 - AN				
Facility Owner:	36011 - AMAC TE				
Entry Date:	02/18/2022 10:13:				
Entered By:	APRIL RC MCCLE				
Patient Status					
State Level:	Active				
County Level:	Active (Clark)				
Patient					
First Name:	TEST				
Middle Name:					
Last Name:	MCCLELLAN				
Suffix:					
Birth Date:	04/01/1970				
Birth File #:					
	50				
Age:	52 yrs				
Reminder/Recall Publicity					
Code	EEMALE				
Sex: Mother Maidan Nm:	FEIVIALE				
VEC status:	Not VEC Eligible				
VFC Status.	NOL VEC Eligible				
+ Primary Address					
+ Patient Phone Number(	s)				
+ Family & Contact					
+ Alias					
+ Secondary Patient Demographics					
+ School					
+ Medical Home					
+ Birth & Death					
+ Accesement					
- Patient Specific Reports	5				
Certificate of Immunization St	atus (CIS)				

Choose the desired CIS from the drop down and Create PDF.

Certificate of Immunization Status (CIS)				
Series:	Select			
		Back Create PDF		

• Open the downloaded file and view the Certificate of Immunization Status PDF.

### Add Administered Vaccines in the WAIIS

- IIS user who can add data to the system can enter administered vaccines through the Vaccination View/Add screen.
- Once logged into the WAIIS, search for the patient. Ensure that you are logged into both your organization AND facility.
- Navigate to the Vaccination View/Add screen.
- Enter the date of administration in a blank box just to the right of the appropriate vaccine product. \*\*If you do not see the vaccine listed, check the drop-down menu at the bottom.

Vaccination View/Add				
(* - Historicals, # - Adverse Reaction, !1 - Warning, !2 - Warning, !3 - Warning, S Services)				
Documented By: AMAC TEST FAC				
Double-click in any date field below to enter the default date:		06/22/2022		
Vaccine	1	2		
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose (Pfizer 12+ (Grey Cap))	03/08/2022	04/19/2022		

### Add Administered Vaccines in the WAIIS

- After entering the date of administration, scroll to the bottom of the Vaccination View/Add screen and choose 'Add Administered'. If the vaccination was given by a provider outside of your organization, choose 'Add Historicals'.
- For patients under 19, you will be prompted to choose VFC eligibility. Adult patients are not VFC eligible. Click 'Continue'.
- The Vaccination Detail Add page will appear.
- If your organization manages inventory in the WAIIS, use the 'Click to Select' function to choose the lot number administered.
- Enter all available and required data for the vaccination event and click 'Save' on the bottom right.

### Add Administered Vaccines in the WAIIS

Vaccination Detail Add	
Vaccine 1:	COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose (Pfizer 12+ (Grey Cap))
Date Administered:	04/19/2022
Historical:	○ YES ● NO
Confidential:	
Manufacturer:	PFIZER, INC Click to select
Lot Number:	GREYCAP
Lot Facility:	AMAC TEST FAC
Funding Source:	PUB
Provider Noted on Record:	
Lot Noted on Record:	
Manufacturer Noted on Record:	
Facility:	AMAC TEST FAC
Vaccinator:	SCIENCE, TRUST × •
Anatomical Site:	Left Deltoid × •
Anatomical Route:	Intramuscular × -
Dose Size:	Full
Volume (CC):	
VFC Status:	Patient is not VFC Eligible.
District/Region:	
VIS Publications Dates:	1. 2. 3. 4.
Date VIS Form Given:	04/19/2022
Ordering Provider:	Select
Comments:	
	Cancel Save

#### MyIR Mobile

- Patients can access their immunization records with their mobile device.
- Registration is required.





### Access Your Official Immunization Records Today

WA Immunization Information System | WA State Department of Health IIS Training Materials Portal | WA State Department of Health Access your Family's Immunization Information

Adding Editing Deleting Vaccines

Searching, Adding and Editing Patients

How to Generate the Certificate of Immunization Status

MyIR Mobile

IIS.Training@doh.wa.gov

WaiisHelpDesk@doh.wa.gov



# Questions???



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.





CREATING SAFER AIR MOVEMENT FOR COOLING

### Safety During Periods of Extreme Heat

- During warmer months, facilities need to provide cooling for building occupants.
- This presentation provides guidance on safer ways to create air movement for cooling when air conditioning units and a central HVAC system are unavailable.
- For more information on precautions to take to reduce the risk from extreme heat, see the DOH <u>Hot Weather Safety</u> information online.

### Order of Preference for Creating Air Movement:

- 1. Open Windows. This can create cooling without recirculating air particles indoors
- 2. Position a box fan in the window to blow exhaust air out and leave adjacent window open



 Position portable fans either at knee level, or at the tip of the room (ceiling fans may be used).
 Avoid blowing air across people's faces.

# **Other Important Considerations**

 Pulling window shades closed during periods of direct sunlight will help keep the room cooler



- If fans are at knee level, make sure floors are clean to help decrease the circulation of settled dust and aerosols
- If fans are used in shared spaces, it is safer to close the door to avoid pushing air particles into the hallway Washington State Department of Health | 51

# **Other Important Considerations**

 If fans are used in congregate areas where people are not wearing masks, consider placing portable HEPA units in the area



 Portable fans should be cleaned at least once a week; cleaning should include a wipe-down of fan blades where dust can accumulate.



### MAILBOX QUESTION AND ANSWER

#### **Question:**

Can you please clarify the definition of Fully Vaccinated vs Up to date?

#### Answer:

Fully Vaccinated: Two weeks after receiving all recommended doses in their primary series of COVID-19 vaccine

Up to date: a person has received all doses in the primary series and all boosters recommended for you, when eligible

#### **Question:**

SLF: Do clients or employees who are fully vaccinated need to quarantine after returning and do employees need to be tested before returning to work?

#### Answer:

There is no recommendation for quarantine of residents in non-nursing home LTCFs on admission or returning to the facility following a visit in the community.

Staff are recommended to continue to be tested through surveillance as resources allow.

#### **Question:**

What is the current guidance on duration of quarantine?

#### Answer:

Isolation: 10 days have passed since symptoms first appeared AND at least 24 hours have since last fever without fever reducing medication AND symptoms have improved

Quarantine: 10 days of quarantine or 7-day quarantine with a negative test with a specimen collection date within 48 hours

	Quarantine	
ays	10 Day Quarantine or 7-day Quarantine with a negative test with a specimen collection date within 48 hours for:	1
	<ul> <li>Asymptomatic patients who are NOT <u>up to date</u> with COVID-19 vaccines and have had exposure to someone with COVID-19</li> <li>Skilled nursing facility (SNF) resident who is newly admitted resident or has left the facility &gt;24 hours and is NOT <u>up to date</u> with COVID-19 vaccines</li> <li>Residents who are <u>up to date</u> with COVID-19 vaccines do not need to quarantine</li> </ul>	

#### <u>Question:</u>

What is the current guidance around fans in LTC settings as well as during COVID outbreak within the facility?

#### Answer:

Open windows, position box fan in the window to blow exhaust air out and leave adjacent window open, position portable fans at knee level, or at the tip of the room (avoid blowing air across faces).

### Today's COVID-19 Community Transmission rates



CDC COVID Data Tracker: County View



Please type your questions into the question window and tell us what type of facility you are from (e.g., ALF, SNF, AFH) and what county you are in.