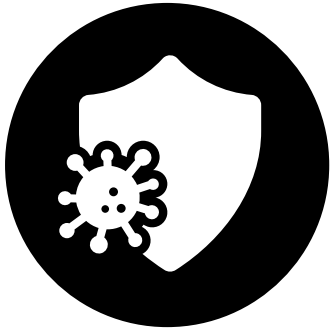
OUR PROGRAM BEGINS AT 12:30

Project ECHO®

WELCOME: August 26, 2025

THE CHECK-IN



ARE WE READY FOR RESPIRATORY ILLNESS SEASON?

ALL TEACH.

ALL LEARN.

Project ECHO®

MINNESOTA GERIATRICS ECHO

WELCOME

Project ECHO®

DEPARTMENT OF HEALTH

Vaccinations: preparing for respiratory season

Sarah Spah RN, MSN
Nurse Specialist

Respiratory season vaccines

Influenza

- Seasonal flu vaccine for everyone 6 months and older
- One dose annually
- Single dose syringes only

RSV

- RSV vaccine for
  - Everyone 75 years and older
  - **50**-74 years at increased risk of severe disease
- Single dose, revaccination not yet recommended

New!

COVID-19

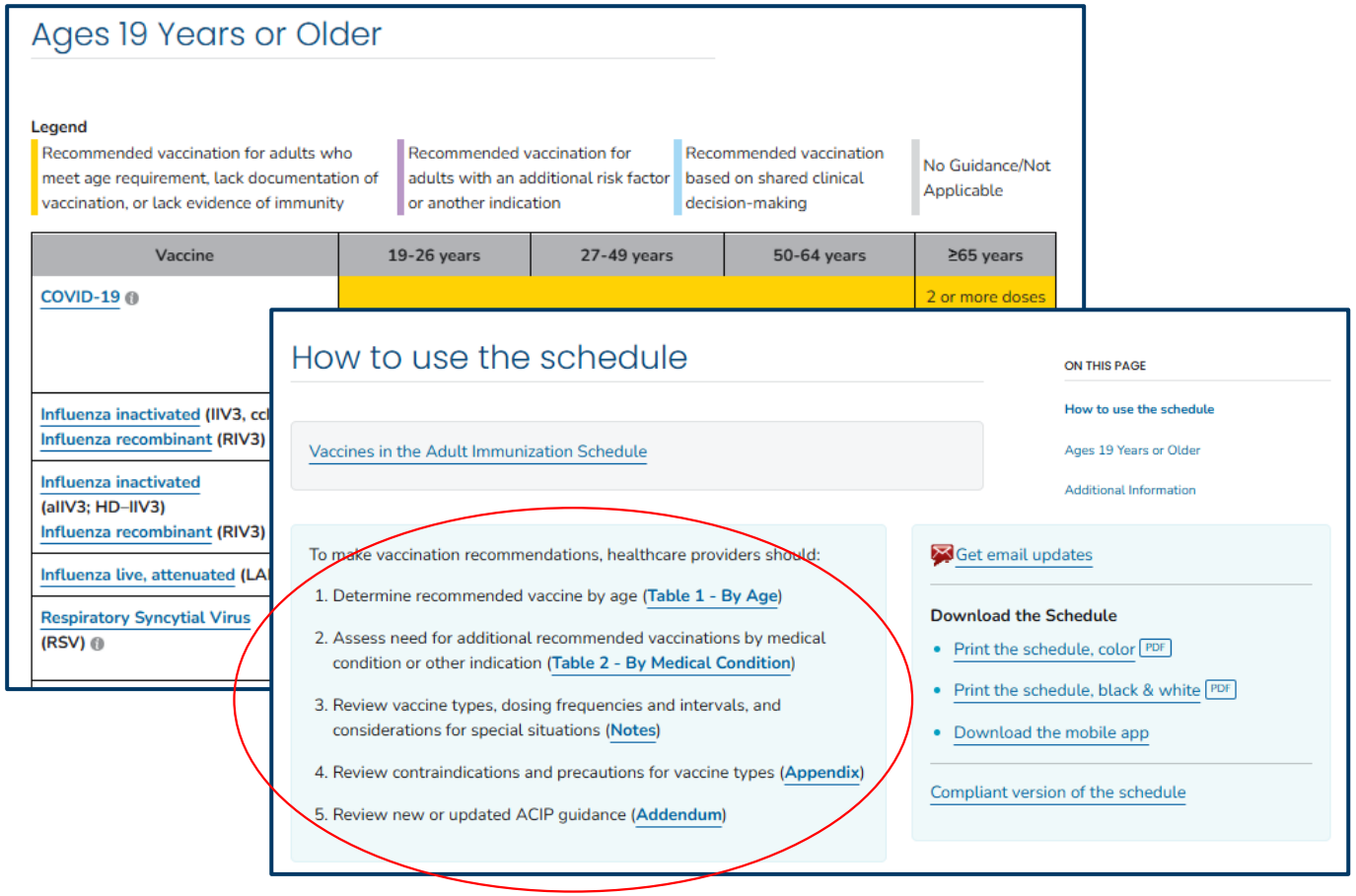
Watch for updates!

- 2024-2025 COVID-19 vaccine for adults
- One or more doses based on age, vaccination history, and immunocompromised status
- 2025-2026 vaccine recommendations not yet available

Immunizations for Respiratory Viruses Prevention | Respiratory Illnesses | CDC

Adult Immunization Schedule by Age (Addendum updated July 2, 2025) | Vaccines & Immunizations | CDC

Vaccine recommendations for adults and HCP



- ✓Use CDC's Adult Immunization Schedule
- ✓Follow steps 1-5
- ✓Refer to Table 2 for staff (HCP) recs
- ✓Don't forget to check the Addendum (step 5)!

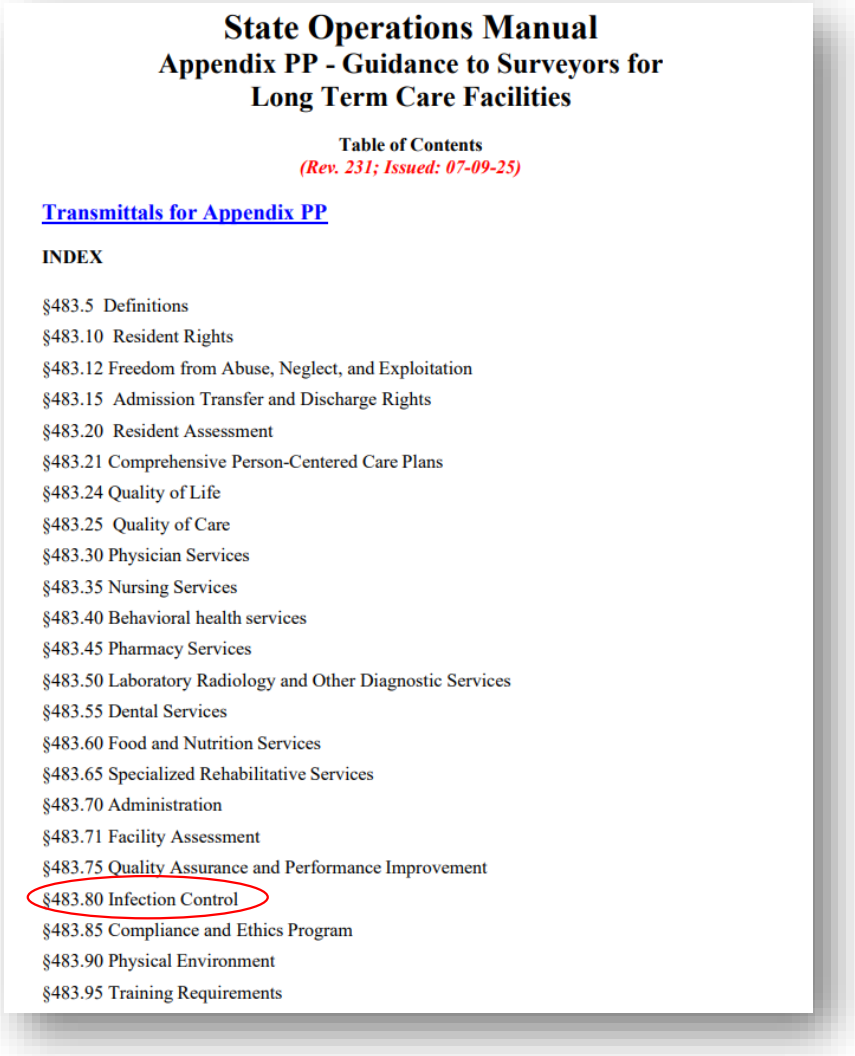
[Adult Immunization Schedule by Age (Addendum updated August 7, 2025) | Vaccines & Immunizations | CDC]

Vaccination requirements

- Residents and staff vaccination requirements
  - Refer to the State Operations Manual - § 483.80 Infection Control

  SOM - Appendix PP

- Contact MDH's Health Regulation Division for questions



State Operations Manual
Appendix PP - Guidance to Surveyors for Long Term Care Facilities

Table of Contents
(Rev. 231; Issued: 07-09-25)

Transmittals for Appendix PP

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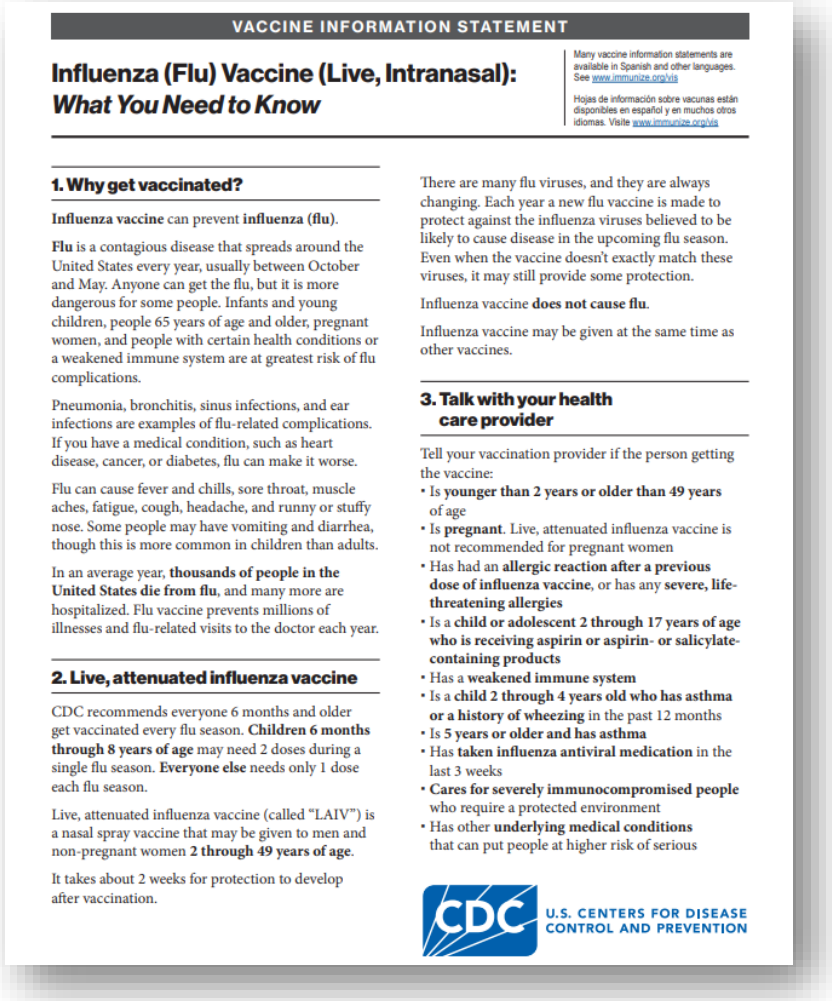
Vaccine Information Statements (VIS)

- Offer VISs to residents and staff for compliance on:
  - Education on the benefits and potential side effects of the immunization
  - Legally required to give PRIOR to every dose of specific vaccines
- Offer English version along with translated versions
- Need to offer current version (check dates!)

[Current VISs | Vaccines & Immunizations | CDC]



VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Live, Intranasal):
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Live, attenuated influenza vaccine

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

Live, attenuated influenza vaccine (called "LAIV") is a nasal spray vaccine that may be given to men and non-pregnant women **2 through 49 years of age**.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

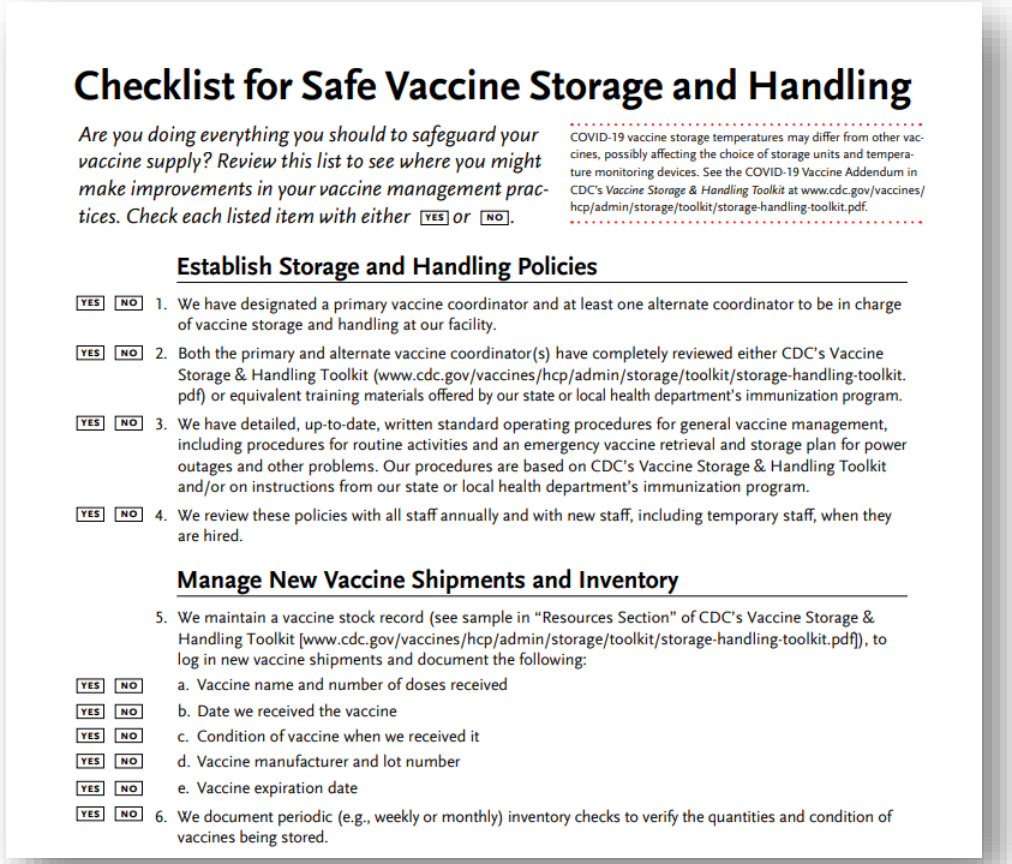
3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Is **younger than 2 years or older than 49 years** of age
- Is **pregnant**. Live, attenuated influenza vaccine is not recommended for pregnant women
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Is a **child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin- or salicylate-containing products**
- Has a **weakened immune system**
- Is a **child 2 through 4 years old who has asthma or a history of wheezing** in the past 12 months
- Is **5 years or older and has asthma**
- Has **taken influenza antiviral medication** in the last 3 weeks
- **Cares for severely immunocompromised people** who require a protected environment
- Has other **underlying medical conditions** that can put people at higher risk of serious

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine storage and handling resources



Checklist for Safe Vaccine Storage and Handling

Are you doing everything you should to safeguard your vaccine supply? Review this list to see where you might make improvements in your vaccine management practices. Check each listed item with either YES *or* NO.

COVID-19 vaccine storage temperatures may differ from other vaccines, possibly affecting the choice of storage units and temperature monitoring devices. See the COVID-19 Vaccine Addendum in CDC's *Vaccine Storage & Handling Toolkit* at www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.

Establish Storage and Handling Policies

YES NO 1. We have designated a primary vaccine coordinator and at least one alternate coordinator to be in charge of vaccine storage and handling at our facility.

YES NO 2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC's Vaccine Storage & Handling Toolkit (www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf) or equivalent training materials offered by our state or local health department's immunization program.

YES NO 3. We have detailed, up-to-date, written standard operating procedures for general vaccine management, including procedures for routine activities and an emergency vaccine retrieval and storage plan for power outages and other problems. Our procedures are based on CDC's Vaccine Storage & Handling Toolkit and/or on instructions from our state or local health department's immunization program.

YES NO 4. We review these policies with all staff annually and with new staff, including temporary staff, when they are hired.

Manage New Vaccine Shipments and Inventory

5. We maintain a vaccine stock record (see sample in "Resources Section" of CDC's Vaccine Storage & Handling Toolkit [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf]), to log in new vaccine shipments and document the following:

YES NO a. Vaccine name and number of doses received

YES NO b. Date we received the vaccine

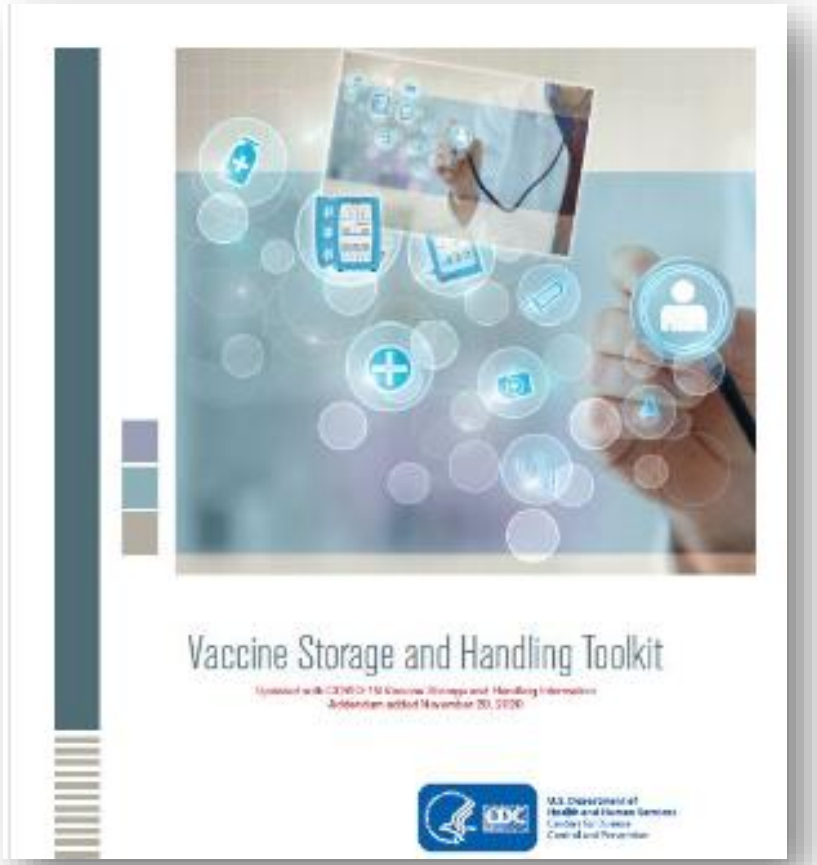
YES NO c. Condition of vaccine when we received it

YES NO d. Vaccine manufacturer and lot number

YES NO e. Vaccine expiration date

YES NO 6. We document periodic (e.g., weekly or monthly) inventory checks to verify the quantities and condition of vaccines being stored.

[Immunize.org: Checklist for Safe Vaccine Storage and Handling (www.immunize.org/wp-content/uploads/catg.d/p3035.pdf)]



[CDC: Vaccine Storage and Handling Toolkit - January 2023 (www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)]

Options for vaccination services

- LTC pharmacy secures vaccine – LTCF licensed nursing staff provides vaccination.
- Order vaccine from a vaccine distributor/manufacturer – LTCF licensed nursing staff provides vaccination.
- Affiliated healthcare system secures vaccine – Healthcare system or LTCF licensed nursing staff provides vaccination.
- Local pharmacy secures vaccine – Pharmacy or LTCF licensed nursing staff provides vaccination.
- Contact local public health to identify resources in your community to assist with securing vaccine and providing vaccination.
- Reach out to an association you are a member of for any other resources (e.g., Care Providers of Minnesota, LeadingAge Minnesota, etc.).
- Share resources from Where to Get Vaccinated with your staff.

Vaccination coverage

- Track to understand current state and coverage gaps
- Offer vaccination to unvaccinated residents and staff during outbreaks
- Use RespSafe strategies to improve staff vaccination rates
- Recognize your facility by enrolling in RespSafe

[RespSafe - MN Dept. of Health]

Vaccination resources

Health.vaccineSME@state.mn.us
for clinical vaccine questions!

- Immunizations for Respiratory Viruses Prevention | Respiratory Illnesses | CDC
- Adult Immunization Schedule by Age (Addendum updated July 2, 2025) | Vaccines & Immunizations | CDC
- SOM - Appendix PP
- U.S. Vaccine Names | Vaccines & Immunizations | CDC
- Vaccines Licensed for Use in the United States | FDA
- Current VISs | Vaccines & Immunizations | CDC
- Immunize.org: Checklist for Safe Vaccine Storage and Handling
- CDC: Vaccine Storage and Handling Toolkit - January 2023
- Where to Get Vaccinated
- RespSafe - MN Dept. of Health
- Got Your Shots? News – SIGN UP!

Infection Prevention and Control

Kari Bergman, BSN, RN, CIC

Nurse Specialist ICAR Unit

DEPARTMENT OF HEALTH

ICAR in action: Identify

Identify, Isolate and Inform

- Keep staff informed on types of illnesses circulating in the community. community (e.g., MDH Weekly Influenza and Respiratory Illness Activity Report)Weekly Influenza and Respiratory Activity: Statistics - MN Dept. of Health can also subscribe for email alerts
    - Educate staff on steps to take when a resident's condition changes (e.g., fever, new cough). Education should include:
        - All staff (e.g., activities, housekeeping, dietary).
        - Who to report changes to (e.g., RN).
        - Reminders or re-education should occur with increased number of cases.
    - Increase surveillance in facility:
    - Assign a designated person, usually Infection Preventionist and back-up to monitor cases across units.
- Monitor for cases in residents and staff. Start a line list and update daily for the duration of the outbreak. Line list templates are available on the MDH ICAR website. Infection Control Assessment and Response (ICAR) Program - MN Dept. of Health
- Employee illness tracking tool: Here is a direct link to the excel spreadsheet: illtracktool.xlsx and here are the instructions: Employee Illness Tracking Tool Instructions.

ICAR in action: Identify (cont'd)

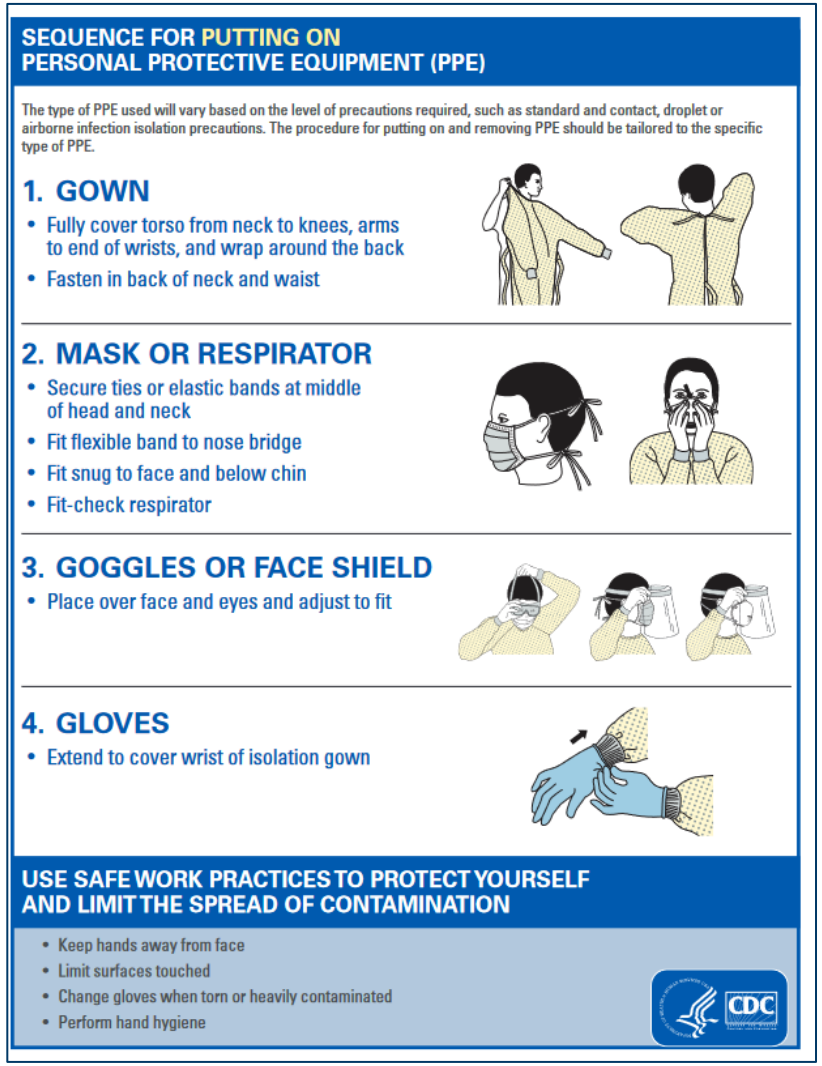
- Identify (continued):
  - Identify the pathogen causing illness.
  - Consult with providers to determine what testing is appropriate (e.g., identify specific pathogen).
    - Determine length of isolation and PPE to be used.
    - Treatment options.
    - Contract tracing (e.g., incubation period).
  - Determine the threshold to consider an outbreak.
  - Report the outbreak immediately to your health department: LTC Facility Influenza and RSV Report Form 2024-2025
  - Increase surveillance and pre-plan for how this will occur.
  - Consider increased surveillance of staff and visitors.
  - Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC

ICAR in action: Isolate

- Isolate:
  - Place resident in Transmission-Based Precautions (TBP).
    - Do not need a confirmed diagnosis.
    - Place ill residents in a private room if available
    - Staff caring for a resident with an unknown respiratory illness consistent with SARS-CoV-2 should adhere to standard precautions and use an N95 mask, gown, gloves, and eye protection. PPE can be adjusted once the cause of the infection is identified. Enhanced Respiratory Precautions
    - PPE recommendations and isolation duration for respiratory viruses can be found in: Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC
  - Educate staff on who can put a resident into TBP.
    - Review policy and procedures with staff upon hire, annually, and as needed.
  - Resources/tools to use (e.g., isolation cart) readily available.
    - Review signage to ensure clearly communicate expectations to staff.

ICAR in action: Isolate (cont'd)

- Isolate (continued):
  - Provide education on PPE use.
    - Resources and tools on donning and doffing.
    - Pre-plan for resources to utilize.
      - MDH Project Firstline: Project Firstline Training and Resources - MN Dept. of Health (state.mn.us)
    - Audit compliance with PPE and hand hygiene.
      - Identify gaps.
      - Share results with staff.
      - ICAR Infection Prevention Audit Tools - MN Dept. of Health (state.mn.us
    - Ensure you have enough supplies on hand.

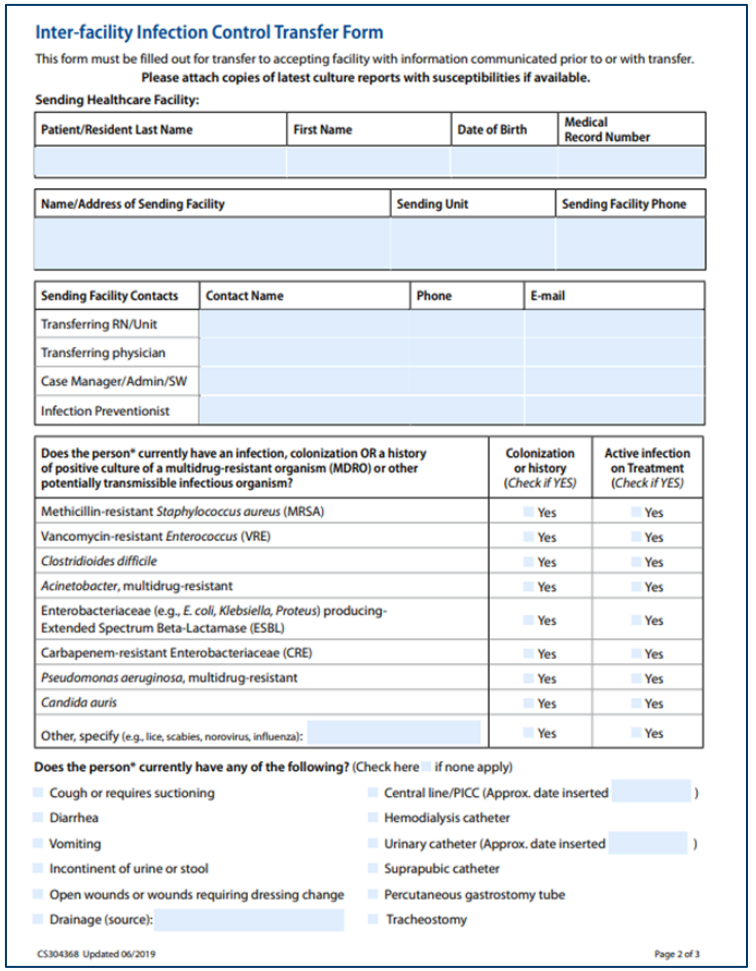


ICAR in action: Isolate

- Implement other infection prevention and control practices.
  - Post visual alerts at entrances/common areas about current infection prevention and control recommendations (outbreak status, source control recommendations, hand hygiene, etc.) MDH Cover Your Cough
  - Hand hygiene, PPE, and environmental audits should be increased during an outbreak. MDH Audit tools: ICAR Infection Prevention Audit Tools - MN Dept. of Health
  - Source control: Implement universal masking for source control on affected units or facility-wide, including for residents around others (e.g., out of their room) and for HCP when in the facility
  - Increase cleaning/disinfection of high touch surfaces. Ensure shared medical equipment is cleaned and disinfected
  - Reinforce sick leave policies, ill staff should be excluded from work
  - Consider pausing group activities and communal dining when there is rapid uncontrolled transmission occurring.
  - Avoid new admissions and/or transfers to affected units
  - Limit visitor movement in the facility: If indoor visitation occurs, visits should ideally occur in the residents room and counseled about the potential of exposure to a respiratory virus. Ill visitors should refrain from visitation

ICAR in action: Inform

- Inform – Internally and Externally:
  - Determine who to inform when new resident illnesses are reported:
    - Unit level
    - Facility level
    - External partners (e.g., provider)
    - Consider having standing orders from physicians or plans to obtain orders for antiviral medications to expedite administration during an outbreak.[Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC]
  - Use a standardized tool to track illnesses.
    - Continue to document resident and staff illness
  - Have a standardized tool to communicate resident condition during transfers.
    - Communicate with staff who transport and receiving facility.



Inter-facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.
Please attach copies of latest culture reports with susceptibilities if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	E-mail
Transferring RN/Unit			
Transferring physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or history (Check if YES)	Active infection on Treatment (Check if YES)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	Yes	Yes
Vancomycin-resistant *Enterococcus* (VRE)	Yes	Yes
Clostridioides difficile	Yes	Yes
Acinetobacter, multidrug-resistant	Yes	Yes
Enterobacteriaceae (e.g., *E. coli, Klebsiella, Proteus*) producing-Extended Spectrum Beta-Lactamase (ESBL)	Yes	Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	Yes	Yes
Pseudomonas aeruginosa, multidrug-resistant	Yes	Yes
Candida auris	Yes	Yes
Other, specify (e.g., lice, scabies, norovirus, influenza):	Yes	Yes

Does the person* currently have any of the following? (Check here if none apply)

- Cough or requires suctioning
- Diarrhea
- Vomiting
- Incontinent of urine or stool
- Open wounds or wounds requiring dressing change
- Drainage (source):
- Central line/PICC (Approx. date inserted)
- Hemodialysis catheter
- Urinary catheter (Approx. date inserted)
- Suprapubic catheter
- Percutaneous gastrostomy tube
- Tracheostomy

CS304368 Updated 06/2019 Page 2 of 3

ICAR in action: Inform (cont'd)

- Inform (continued):
  - Pre-plan the frequency and process for communicating updates.
    - Email, team huddles, memos.
  - Know when to update external partners.
    - MDH, Local Public Health.
    - Best to inform early.
  - Pre-plan when to inform residents, families and visitors.
    - Determine frequency and method of communication.

Infection prevention and control resources

- Appendix A: Table 2. Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions | Infection Control | CDC (Clinical Syndromes or Conditions warranting Empiric TBP)
- II. Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings | Infection Control | CDC
- Transmission-Based Precautions | Infection Control | CDC (links to signs)
- Isolation Precautions Guideline | Infection Control | CDC
- Project Firstline Training and Resources - MN Dept. of Health (state.mn.us)
- Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC) (Types and Duration of Precautions)
- Minnesota Antimicrobial Stewardship Program Toolkit for Long-term Care Facilities (www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/index.html) (Note Appendix L)
- Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives (cdc.gov)
- ICAR Infection Prevention Audit Tools - MN Dept. of Health (state.mn.us

Contact information

- MDH infection prevention and control questions: Health.icar@state.mn.us.
- MDH clinical vaccine questions: health.vaccineSME@state.mn.us.
- MDH infectious disease and influenza questions: 651-201-5414 or toll-free 1-877-676-5414.

Thank You!

CASE SCENARIO: Cheryl & Co

The statewide COVID positivity rate is at 6.5% and wastewater sampling shows an increase of the COVID virus in the Metro area. Currently, your facility has no active COVID cases and no active influenza cases.

During breakfast, staff discover your resident Cheryl is exhibiting a new cough and she complains of body aches. Staff take Cheryl's temperature as part of the symptom screen and note an elevated temperature of 100.8°

Cheryl is an 86-year-old woman with comorbidities of obesity and Type-2 diabetes. She has a private room and bathroom. She is social and frequently participates in group activities. Cheryl dines with the same group of three women each evening and did so the prior evening. She is up to date on COVID vaccinations, including all boosters.

- **Using the Identify, Isolate and Inform Framework, what are your initial steps to take?**

Later in the day, two other residents, including one of Cheryl's dinner companions, develop cough, fever and headache. COVID tests are administered, and residents are isolated due to symptoms and pending test results.

- **What else would you do, given this additional information?**
  (think about IPC measures, people to inform, resources for staff, etc)

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- What themes emerged in your small group?
- What questions do you have for the group?
- What lessons do you have to share on this topic?

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NEXT STEPS

- Based on the exercise, identify and document the top 3 issues and/or areas in need improvement
- Based on today's discussion, identify and document 3 strengths or best practices identified.
- Given these strengths and areas of improvement, identify and document any equipment needed or training or plans/procedures that should be reviewed, revised, or developed.

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MINNESOTA GERIATRICS ECHO

Verify Your Attendance!


COMING
SOON

NEXT SESSION: September 9

Visit us online:

https://www.mngeriatricsecho.org

Email:

GeriatricsECHO@umn.edu

What lies ahead for AI in aging services

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