



**TO:** All Health Care Facilities, Nursing Service Agencies, and Assisted Living Residences

**FROM:** Steve Morris, Associate Director, Division of Customer Services *Joan for SM*

**SUBJECT:** COVID-19 Vaccination Posting Requirement

**DATE:** April 30, 2021

The Rhode Island Department of Health (“RIDOH”) appreciates your considerable efforts to address COVID-19, including your continuing work to support COVID-19 vaccination efforts in Rhode Island.

This memo is to inform you that RIDOH is amending the *Immunization, Testing, and Health Screening For Health Care Workers* regulations (216-RICR-20-15-7) and the Assisted Living Residence regulations (216-RICR-40-10-2), on an emergency basis, to require tracking and posting of COVID-19 vaccination rates for your health care workers/personnel. This requirement applies to all health care facilities licensed under the provisions of R.I. Gen. Laws Chapter 23-17; Nursing Service Agencies licensed under the provisions of R.I. Gen. Laws Chapter 23-17.7.1; and Assisted Living Residences licensed under the provisions of R.I. Gen. Laws Chapter 23-17.4.

**Effective May 30, 2021**, health care facilities, nursing service agencies, and assisted living residences must maintain proof of health care workers/personnel COVID-19 vaccination status and publicly post cumulative COVID-19 vaccination data within the health care facility or assisted living residence and on the facility’s website, if existent, **on a monthly basis.**<sup>1</sup>

These data will demonstrate where considerable progress to protect health care workers/personnel from COVID-19 through vaccination has occurred. Additionally, these data will assist RIDOH in monitoring vaccination trends, identify opportunities to further enhance vaccination rates among health care workers/personnel, and inform decisions regarding vaccine allocation.

**\*COMPLETE THIS TABLE MONTHLY:** *WEST VIEW NURSING + REHAB CENTER*

Date Data Updated: <u>11/1/2021</u>	<b>POST NUMBERS BELOW:</b>
<b>Personnel/ Health Care Worker (Denominator)</b> <ul style="list-style-type: none"> <li>• Includes employees, as well as volunteers, students, trainees, and any individual whether paid or unpaid, directly employed by or under contract with the facility on a part time basis or-full time basis</li> <li>• Reporting should include, but is not limited to: physicians, physician assistants, nurses, environmental, laundry, maintenance, dietary service, certified nursing assistants, therapists (e.g., respiratory, occupational, physical, speech, and music therapists), social workers, clerical, other health care providers, administrative and support staff</li> <li>• Does not apply to a patient’s family member or friend who visits or otherwise assists in the care of that patient in a health care facility</li> <li>• If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator</li> </ul>	Number of Personnel: <u>111</u>

<sup>1</sup> The public posting should document the date that the data was last updated. Data must be updated at least once per month.

# WEST VIEW NURSING + REHAB CENTER

Date Data Updated: <u>11/1/2021</u>	<b>POST NUMBERS BELOW:</b>
<ul style="list-style-type: none"> <li>• Include persons who work full-time and part-time; Count individuals rather than full-time equivalents</li> </ul>	
<p><b>Cumulative number of HCP who have <u>Completed</u> COVID-19 vaccination series (Numerator):</b>            Dose 1 and dose 2 of Pfizer-BioNTech Covid-19 vaccine            -or-            Dose 1 and dose 2 of Moderna COVID-19 Vaccine            -or-            1 Dose of Janssen (Johnson &amp; Johnson) COVID-19 vaccine            _____</p> <p>(Data sources may include health records - paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration).</p>	<p><b>Number Completed COVID-19 Vaccination:</b> <u>110</u></p> <p><b>Percentage Completed COVID-19 Vaccination:</b> <u>99%</u></p>
<p><b>Cumulative number of HCP who have received <u>Partial</u> COVID-19 vaccination series (Numerator):</b>            Only dose 1 of Pfizer-BioNTech COVID-19 vaccine            -or-            Only dose 1 of Moderna COVID-19 vaccine            _____</p> <p>(Data sources may include health records - paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration).</p>	<p><b>Number Received Partial COVID-19 Vaccination:</b> <u>1*</u></p> <p><b>Percentage Received Partial COVID-19 Vaccination:</b> <u>1%</u></p> <p><b>* Medical Exemption</b></p>

Data should be aggregated and posted monthly in a prominent place within the health care facility or assisted living residence as well as posted on the facility's website, if existent. If your organization has less than five (5) health care workers/personnel, please do not post data publicly; rather, please report monthly data directly to: [DOH.OFR@health.ri.gov](mailto:DOH.OFR@health.ri.gov).

For questions, please contact: [DOH.OFR@health.ri.gov](mailto:DOH.OFR@health.ri.gov). Please include "COVID-19 Vaccination Posting" in the subject line. All RIDOH regulations are posted online [here](#).

Thank you, again, for your considerable efforts on behalf of Rhode Islanders and for your continuing cooperation on COVID-19 related matters.