

**COVID-19 Vaccination Posting Requirement**

|  |  |
| --- | --- |
| **Date Data Updated: July 16, 2021** | **Data** |
| Personnel/Healthcare Workers (Denominator):   * 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. * Reporting should include, but is not limited to: physicians, physician assistants, environmental, laundry, maintenance, dietary service, certified nursing assistants, therapists (e.g. respiratory, occupational, physical, speech and music therapists), social workers, clerical, other healthcare providers, administrative and support staff.   + Does not apply to a patient’s family member or friend who visits or otherwise assists in the care of that patient in a healthcare facility. * If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator. * Include persons who work full-time and part-time; Count individuals rather than full-time equivalents. | **Number of Personnel:**  **81** |
| Cumulative number of HCP who have *COMPLETED* the COVID-19 vaccination series (Numerator):   * Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine   OR   * Dose 1 and 2 of Moderna COVID-19 vaccine   OR   * One dose of Janssen (Johnson & Johnson) COVID-19 vaccine   (Data sources may include health records such as paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration). | **Number of completed COVID-19 vaccinations:**  **65**  **Percentage of completed COVID-19 vaccinations:**  **80.2%** |
| Cumulative number of HCP who have received *PARTIAL* COVID-19 vaccination series (Numerator):   * Only 1 dose of Pfizer-BioNTech COVID-19 vaccine   OR   * Only 1 dose of Moderna COVID-19 vaccine   (Data sources may include health records such as paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration). | **Number received partial COVID-19 vaccination:**  **0**  **Percentage received partial COVID-19 vaccination:**  **0%** |

In compliance with Rhode Island Department Health Regulation 216-RICR-50-15-7:

<https://rules.sos.ri.gov/regulations/part/216-50-15-7>