

# Rhode Island – COVID Vaccination Posting

Date Data Updated: 12/01/2021	Post Numbers Below:
<p><b>Personnel / Health Care Workers (Denominator)</b></p> <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 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 patient's family members or friends who visits 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> <li>Include persons who work full-time and part-time; Count individuals rather than full-time equivalents.</li> </ul>	<p><b>Number of Personnel:</b> 129</p>
<p><b>Cumulative number of HCP who have Completed COVID-19 vaccination series (Numerator):</b></p> <p>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><i>Data sources may include health records – paper and / or electronic documentation of vaccine. Documentation of vaccination should include vaccine type and date(s) of administration.</i></p>	<p><b>Number Completed COVID-19 Vaccination:</b> 129</p> <p><b>Percentage Completed COVID-19 Vaccination:</b> 100%</p>
<p><b>Cumulative number of HCP have received Partial COVID-19 vaccination series (Numerator):</b></p> <p>Only 1 dose of Pfizer-BioNTech COVID-19 vaccine -or- Only 1 dose of Moderna COVID-19 vaccine</p> <p><i>Data sources may include health records – paper and / or electronic documentation of vaccine. Documentation of vaccination should include vaccine type and date(s) of administration.</i></p>	<p><b>Number Partial COVID-19 Vaccination:</b> 0</p> <p><b>Percentage Partial COVID-19 Vaccination:</b> 0%</p>