Transcription for COVID-19 Updates for Long Term Care Settings
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Presenters:

Susan Kansagra, MD, MBA NC Division of Public Health

Elizabeth Cuervo Tilson, MD, MPH State Health Director

Jennifer MacFarquhar, MPH, BSN, RN, CIC Director, SHARPPS Program

Scott M. Shone, PhD, HCLD(ABB) Director, NC State Laboratory of Public Health

Kimberly Clement, MPH, Paramedic Program Manager, Healthcare Preparedness Program

Dave Richard Deputy Secretary NC Medicaid

Hugh Tilson

It's 10 o'clock. Let's get started. Good morning everybody and thank you for participating in today's COVID-19 webinar for long term care providers. This webinar is put on by the North Carolina Department of Health and Human Services, supported by North Carolina to discuss recent updates to the state's COVID-19 response and to provide a forum for you to ask questions of DHHS leaders. As you can see, we've got a full agenda with lots of timely information for you today.

My name is Hugh Tilson. I'll be moderating today's forum. Before I turn it over to Susan, thanks everyone for making time in your busy schedules to participate in today's webinar. Your work is really important. We hope the information presented today will help you while you do that work will make navigating these trying times a little easier.

After you hear from the presenters, we'll turn to your questions. We've learned in past forums that the presenters will often address your questions during their presentations, we'll have time to get to your questions. I encourage you to wait until the presenters are through with their presentations before submitting a question. All participants will be muted, other than our presenters to submit a question, please use the q&a function on the black bar at the bottom of the screen. That q&a function on the black bar at the bottom of the screen we'll send all the questions to DHHS after the webinar, so they can use them to inform subsequent guidance and future webinar content. We'll record this webinar, make the recording, a written transcript, and the slides available on the NC AHEC website as soon as possible. Probably first thing tomorrow morning. Now let me turn it over to Susan.

Dr. Susan Kansagra

Thank you so much again for hosting the webinar and thanks to all of you again for joining. This week we really appreciate the continued collaboration and partnership as we work on response efforts. Today you're going to hear from some of the same DPH and DHHS leadership, as

you've heard previously to provide updates around testing, PPE, infection prevention, and Epidemiology, as well as Medicaid related updates. In addition to that, today I'm very pleased that Dr. Betsy Tilson, our state health director, is joining us to provide updates regarding a new announcement on a statewide standing order so without further ado, I'm going to turn it over to her to provide those updates.

Dr. Betsey Tilson

Thank you and I do apologize. I'm going to have to be a little brief on this, and then back out due to some conflicts. We are really excited and wanted to make sure that you saw this announcement, and give us feedback as it rolls out if we need to make any adjustments on this.

So, one of the things that we have been hearing is that a barrier to testing was having a physician order or ordering provider to be able to order the diagnostic test. We were hearing that that was a barrier for some of our community testing sites, and also in our long term care facilities where maybe you weren't having a standing order from your medical director, or maybe having other testing coming in and so we heard that that was a barrier to testing. So a couple things that we did was: One, for those of you who are familiar with the Naloxone standing order there is precedent for having a standing order from the state health director for either ordering or, in this case, ordering a medicine, or in this case ordering a diagnostic test. There was legislative and statutory authority to issue the Naloxone standing order. However, we did not have statutory authority to issue a standing order for diagnostic tests. So, for those of you who pay attention to our executive orders, the most recent executive order you'll see language in there that is part of the executive order. And in the state of emergency there is now authority granted to the state health director to be able to issue a standing order for diagnostic COVID-19 testing. As long as we are in the state of emergency, so that was great to be able to get that authority. And then, based on an authority-- maybe two days ago now-- we did release a standing order, specifically for being able to collect and submit COVID-19 diagnostic testing and I say diagnostic testing because at this point it wouldn't cover serology, but diagnostic testing.

So we have that that then authorizes the collection and submission of samples for diagnostic testing, as long as the person meets the current DHHS testing criteria. What you will notice if you look in that standing order is it links back to our website and what our current testing criteria are. Because as we are learning more and more as probably you all are aware that testing criteria changes sometimes and so we wanted to be sure it was always linking back to the most recent testing criteria. So as long as people are making that testing criteria there's authorization to be able to sample to a lab. As part of that ordering provider.

There's a couple other things that you will see in the standing order that I wanted to put out, or to highlight, that we use it as a vehicle. One, the main vehicle was having an ordering provider be able to order the test but as part of that we also wanted to be sure there was some best practices that we put in as part of that standing orders so you will see in there also a link to some new guidance we have on control measures, isolation and quarantine, especially when somebody is waiting for the test or when they have a test back that might not be as relevant in a long term care setting where I know you already are doing a lot of that isolation and quarantine and control measures but but certainly important and a more community setting, so you have that. And then the other piece was that there was some legislative mandate or a new state law that came out about six weeks ago about increased data reporting requirements specifically

around COVID-19. Many of you I'm sure are aware that COVID-19, we made that a reportable disease back in February and physicians are required to report positive. The new state law that was passed, again about six weeks ago, increased the amount of data reporting that one, now physicians have to report not just positive but also negative. And then other healthcare providers who might be ordering a test have to also report positive and negative. However, if they are submitting tests to a reporting lab they don't need to do that. But we also wanted to be sure that the updated data reporting requirements within that standing order, so for those of you who are collecting samples at the point of collection, you'll know what data elements you need to be sure you're collecting at that point of sample collection.

And I'll just highlight just a couple things that are new, looking at race and ethnicity data. This has been a huge gap in some of our data reporting and really understanding how this pandemic is playing out and so that's actually state and federal requirements now of race and ethnicity data that hasn't typically been part of ordering. So you'll see some of those best practice pieces in there-- in that standing order.

For a long term care setting, we just wanted to be sure that you had, this is not a mandate that you have to use, this doesn't override if you have other standing orders, it doesn't override if you have an ordering provider if you have a mechanism in place that allows you to order tests. That is great. You don't need to use this-- it doesn't override it, but we were hearing that this was a gap for people who maybe didn't have that standing order in place and it would be a mechanism to be able to order the tests. It also we think could be a mechanism that for those of you involved with our task order of our CVS vendors going out and being able to do testing at your long term care facilities. The pharmacist is allowed to order a test, so they are considered an ordering provider and they can order a test so that is fine. But what we have also been learning is reimbursement for that test might vary. Some payers, like Medicare, it seems will pay for tests ordered by a pharmacist. However, other payers may not. So this additional standing order from a physician can allow for payment of those tests.

So, I'm going to stop there. We just got issued about two days ago, and we are very eager and happy to get feedback of how we could make this better, what pieces are we missing, how could we enhance it, how can we further meet your needs. We are wide open to feedback on that. We have already gotten some feedback. We are drafting an FAQ that we can push out and there may well be revisions to this as we're hearing more from the field. So, just know we're wide open to your suggestions on how we can make it better and how we can really fill the gaps if we missed the mark somewhere. So I'm going to stop there soon. Is there anything else that you think I need to cover, and I am happy to take a question or two but then I'll have to drop off.

Dr. Susan Kansagra

Great, thank you so much Dr Tulsa. No, I've got nothing else to add and we have a smaller than usual group today-- I don't see any questions in the chat box just yet. And so we can see if any come in later and we'll try to answer what we can and if not we'll provide it to you later to help us answer those.

Dr. Betsey Tilson

Okay, and that would be great and actually I just got off a call with the local health directors and they're like yep we got it, we're kind of figuring it out and how this fits in. We're gonna collect questions. So that can be right as people are kind of digesting it, seeing how it works, then that's great and we can maybe just have a forum for collecting some of those questions and FAQs. Over the next week or two. And then, happy to revise it. And that would be great if this could be a venue to collect those comments and suggestions.

Dr. Susan Kansagra

Great. We'll plan on it. Thank you so much.

Dr. Betsey Tilson

Awesome. Okay, well I am going to drop out. Thank you so much.

Dr. Susan Kansagra

Great and next on the agenda we have Jennifer.

Jennifer MacFarquhar

Hey good morning everyone, and thank you for joining the call. I have a couple of updates and reminders for you today. I'll begin by providing an epidemiology update. So globally, the number of cases exceeds 11.8 million, with a number of deaths at almost 545,000. Nationally, according to CDC the number of cases is approaching 3 million with a number of deaths over 131,000. There's a new surge in cases nationally, still predominantly in the southeast and central Southwest, and also California at the moment, and trends do seem to be increasing in the majority of the states. From the state perspective, the number of cases is over 79,000, with again over 1400 deaths here in North Carolina. We have had our share of increase as well, not quite as steep as some of the neighboring states. The increase seems to be driven, kind of at the younger age group. We have not seen quite as stark a rise in cases related to hospitalization and death, but we're very closely monitoring the hospitalization and death rates as well.

So, I will move on to talk about some key infection prevention recommendations. This again is a reminder about some key infection prevention principles when it comes to the care of patients suspected or confirmed of having COVID. This does include cloth face coverings for residents and patients. As a reminder, residents and patients should wear a face covering or surgical mask if available. When staff are present in the room again to minimize the potential exposure and transmission to staff. Face masks are required for healthcare providers and staff. And again, I've mentioned this a couple of times but at CDC updated guidance for healthcare providers to wear eye protection in addition to face mask for the care of all patients who aren't themselves wearing a face mask or face covering in an area with moderate to substantial community transmission, and so that would encompass quite a few of our counties here in North

Carolina. And additionally health care providers should also wear N95 or higher level respirator for aerosol generating procedures for the care of all patients in these same areas. Cohorting or grouping of residents who are COVID positive, along with cohorting a grouping of staff caring for these residents. And again, just a quick reminder for staff and healthcare facilities, including long term care settings, staff should maintain social distancing and appropriately doff and care for their PPE while in break rooms and lounges as well. I know it's sometimes hard to remember that when you're able to socialize with your colleagues, but again it's important to maintain that social distance, and also use hand hygiene appropriately while in these areas as well, as well throughout the facility. And then other personal protective equipment as appropriate for the care of a resident and the specific type of facility. Just a quick reminder to screen personnel with staff, etc when they enter the building. And we do currently recommend testing for the virus that causes COVID 19, especially for those symptomatic residents, or staff in these environments, and also testing of residents and staff once a case is identified and a facility.

And I know there's already been some discussion around testing and I think there will be some additional discussion around testing later in this webinar. But it's important to note also that testing is not a substitute for other infection prevention control measures.

So I'll review some easing of restrictions in congregate care settings. So I hope that everyone is aware that executive order 147 went into effect on June 26. This does allow for some easing of restrictions in specific types of facilities. And guidance has been developed and published to the website to correspond to this and it outlines how to safely implement some of these activities. So first, for easing of restrictions for smaller residential care settings. That is defined as six beds or fewer, and does encompass a variety of settings, including those listed here on the family care homes. Behavioral health IDD, intermediate care facilities. Facilities should have plans in place to outline their policy on visitation, communal dining, and group and outside the home activities and this does include employment, day programs at home visits, and specific guidelines to allow for social distancing adherence to hand hygiene and other infection and prevention measures are also in the guidance.

So larger residential care settings are defined as seven beds or more, and these include adult care homes, behavioral Health IDD, intermediate care facilities, and also psychiatric residential treatment facilities. Currently this does exclude nursing homes and skilled nursing facilities. But we are working with stakeholders to address easing restrictions in these facilities as well. So currently, for these larger residential settings, outdoor visitation is allowed after facilities meet specific requirements. And that does include not having an ongoing COVID outbreak. Having a written testing plan for COVID-19. And also, assuring an appropriate layout of outdoor visitation space. And again this guidance is available on the DHHS website. I do want to highlight again that CMS guidance does maintain that visitation in nursing homes should or should be allowed for compassionate care circumstances. And this, it does include end of life reasons but it's not limited to that. And, again, just wanted to highlight the fact that we are working with stakeholders and we're looking at data and we are working to identify additional opportunities to balance the needs of residents and families to connect in person, again with the risk of COVID-19 transmission in these settings. So, for today, that does conclude my portion of the webinar and I will now turn it over to Dr. Susan Kansagra and Scott Shone, who are going to provide an update on testing, I believe.

Dr. Susan Kansagra

Thank you, Jennifer, and we've covered this on previous webinars, but just to also again highlight a few things about existing guidance and one or two new points we'll add to this week's update for testing guidance again. Just a reminder that our criteria for testing includes anyone who has regular contact with high risk settings including a long term care facility and so that's just a reminder, particularly if anybody is seeking a staff member or seeking community testing that this is a criteria that we are circulating to providers so that they are aware that these individuals do not necessarily need to have symptoms to get tested if they believe, and they want to get tested they should be able to get tested. So just a reminder that that is part of our testing guidance, along with a number of other populations as well.

In addition, again for staff members or others, there are testing site locator available on our website that lists to community based sites and every week new sites are being added to this and new updates are being made so just a continued reminder to consider this and particularly also for smaller settings, group home settings where residents may be more mobile this may be another option if testing is needed, as well.

In addition, just a reminder that CDC currently recommends testing all residents and staff in a facility if there's a new confirmed case of COVID-19 among either staff or residents. You know, once that initial testing occurs the facility should continue to do weekly testing until they are 14 days out from the last positive case. When you're doing that testing, again, in the presence of already having a case, or more, you should be prepared to identify multiple asymptomatic residents and staff, and be prepared to cohort residents and mitigate potential staffing shortages. So again, that is part of existing guidance for those facilities that might have one or more cases and need to do full facility testing. In addition, for skilled nursing facilities in particular, CDC does have recommended serial testing recommendations, and they suggest weekly testing, and that state officials have the ability to adjust that recommendation, and right now on our review, our suggestion there is for facilities to do bi-weekly testing of staff. So, again that is for a facility that might not have any cases and are doing routine surveillance of their staff. If that were to identify a positive case then certainly we would go back to the prior bullets, and then test all residents and staff and continue that on a weekly basis, but that is a recommendation at this point and we're continuing to look at that and examine other ways that we can support facilities in getting that testing done. I know many facilities are already working with private and community vendors to do testing and would continue to encourage all facilities to, you know, think in advance and plan ahead and start thinking through those relationships as well. Because at any point, certainly if cases are identified. Additionally, you need to continue that testing so update on that and reminder on that.

In addition, we recently launched last week for skilled nursing facilities that need to conduct initial baseline testing of all residents and staff. A new initiative with CVS health. CVS health is going to reach out to all skilled nursing facilities in this state to offer to schedule a date for full facility testing of residents and staff if the facility has not already completed that. The recommendation is that if you have not completed full facility testing, if you have not conducted a testing after may 18, then we would recommend that you consider using this CVS resource to conduct that testing. They reached out to about 75% of all skilled nursing facilities and are continuing that outreach in a phased basis and so, if you haven't heard from them yet, don’t worry. You should be hearing from them in the next 10 days or so. And when they do that outreach they will talk to you further around the process and what preparations need to be in

place before that day and how that day would actually work. They are planning to send teams out to each site to help facilitate the collection of the sample itself on residents, and do supervised self collection among staff members. And again, this is a resource that is provided at no cost to the facility or to the staff or residents. The CVS team will build insurance where they are able, but if not, those costs will come back to the state, so the facility should expect no cost for that. And this again is not to replace any existing relationships or any existing vendor that you might already be using. If you already have a mechanism and have already completed that full facility testing, you don't necessarily need to do that again through CVS you certainly have the option. But this is really just an additional tool or resource to those facilities that have not done it.

And actually that was my last slide. So with that, I know Dr. Scott Shone is on the line for questions. So he will continue to stay on and I'm going to turn it over to Kimberly to give an update around PPE.

Kimberly Clement

Thanks Dr. Kansagra, I appreciate it. So I will be very quick. I just wanted to once again provide an update on the number of personal protective equipment that we continue to share across the state. This report goes back until June 26th, so at this point we're coming up on two weeks. As you can see, there's a wide disbursement across the state-- this is specific to our adult care home, group home, nursing home and other congregate care settings based on how that response is given when the resources are requested. And at this point, a little over 250,000 items of the personal protective equipment have been distributed in that two week time frame to these provider types. We continue to fill the requests, as much as we can. At this point we do have gowns in place, those are no longer one of our shortages. We have a large number of the regular sized N95 masks, and we are working with a lot of different programs to try to help with getting some respiratory protection programs in place to make sure that proper guidance is being followed based on what Jennifer and her team are putting out. And then, also many other items such as hand sanitizer and such, continue to be really driving those requests forward. So that is all for me on the update.

Actually I'm sorry there's one other thing I was asked to cover. We have heard from several of you that the gowns that you received from FEMA were defective or had some other issues to them. When we have received that question on how that should be handled. We do need you to turn in a request so that we can continue to properly track that and have our inventory report, but we will provide that two week supply of gowns to your facility, if needed to replace those FEMA gowns. So just wanted to provide that out there you can go to our website. The easiest way is to just search for the DHHS request PPE. And it will bring you to the site that allows you to click and fill out the link. We are looking to begin shipping direct to the facilities, we're doing it in four of our healthcare coalition regions, starting this week and we'll be expanding to all of the state in the next 10 to 14 days, as we continue to try to be more efficient and how we are distributing peepee. That is all from me, I'll turn it back. I think Dave you are up next, if I'm not mistaken.

Trish Barnum

This is Trish Barnum. I'm clearly not Dave, can everybody hear me?

Hugh Tilson

Yes we can hear you.

Trish Barnum

Great. Thanks. So Dave had an unanticipated conflict with the session so I am sitting in for him. And thank you again for your time today. So as Dave reiterates every session. All of the Medicaid response work is working toward advancing the four goals that are established here, effectively supporting the care of COVID positive residents accommodating the needs related to hospital discharge surge, reducing transmission through effective infection management and prevention, and increasing the service flexibilities available for provider networks who were impacted by this crisis. And so into those goals we have a couple of updates for you today.

As Dave mentioned on our last call, the intent for the Medicaid program is to extend the COVID specific rate response that has been executed through various special bulletins over the spring and into the summer. The special bulletin that formalized that extension was released just yesterday, and it is [indiscernible]. The bulletin states that the rates will be continued through at least September 30 and then will be continuously reviewed and revised, or reviewed in light of the circumstances at that particular time. It's also important to know that we're inviting folks to direct any questions to the NC Tracs contact center and we provided the number here. And finally, those expectations or those practices that were tied to specific rates in the specific bulletin will continue. So reporting requirements that had been established under the rate increases will continue moving forward.

Many of you all are probably well aware that Medicaid works under various federal authorities, and our federal partners CMS has extended a number of additional flexibilities in response to the COVID pandemic. And one of those flexibilities that has been established is the opportunity for states to apply for a COVID specific 11-15 demonstration waiver. This demonstration waiver enables the state to have additional kind-of tools in the tool belt to meet the needs of the COVID pandemic and to support providers and beneficiaries through the process. We applied as a state for this, under this 11-15 demonstration COVID specific process in the spring. And we found out late last month, that we were approved. And what this 11-15 COVID demonstration waiver flexibilities will allow is for the state to have the levers to do things like modify the expedited eligibility process. It provides the state the authorization to provide services in alternative settings. It provides the state with the option to establish retainer payments for applicable personal care and habilitation service providers. And it also enables the state to establish temporary modification to the functional assessment process. It's important to know that these are levers that the state may elect to execute but may not, and those decisions are being analyzed now. These flexibilities will also supplement flexibilities that are already provided so the flexibility has been communicated through a special bulletin. These flexibilities that we're talking about right now will only expand or enhance them, it will not restrict those in any way. And like I mentioned, the NC Medicaid team is currently reviewing and analyzing these newly available flexibilities and will be releasing service specific guidance as appropriate through an

upcoming special bulletin. And we invite you if you have questions to shoot an email to the Medicaid COVID-19 general mailbox and we will make sure it gets routed appropriately.

Just as a matter of practice, we're going to start highlighting those special bulletins because we know there's a lot of them that have been posted since the last session. So in the last couple of weeks there have been a number posted and they're all available at the link that's provided here on the page. And I think that's my last slide before just going to the questions. If you have questions on things that I've talked about today or that Dave has talked about on earlier sessions, we hopefully provided you the right place to to submit your questions in the emails that are reflected here. And I think I'm finished.

Hugh Tilson

Thank you very much. We got a couple questions in the Q&A so let me remind everybody to submit a question, go to that Q&A feature on the black bar at the bottom. **So, when exactly are the prevalence testing due? What's the due date for prevalence testing in skilled nursing facilities?**

Dr. Susan Kansagra

The recommendation there, is that you complete that PPS testing, you could have done it on or after May 18, and we are finishing up the CVS testing initiative by mid August. So somewhere in that timeframe, we are recommending that facility would have completed that PPS testing.

Hugh Tilson

And does the testing apply to vendors and consultants staff?

Dr. Susan Kansagra

Yes, so actually CDC has some recommendations around who should be considered as part of that testing and I'll see if we can add that link in, and that is a pretty broad recommendation there so if you have people coming on site, three or more days a week that would be recommended as part of testing as well.

Hugh Tilson

Why has visitation been eased with COVID numbers increasing?

Dr. Betsey Tilson

is Jennifer and that's a really good question. We've heard from many of you working in these settings and families of residence in the facilities, and you know, those restrictions have caused

extreme hardship and specifically the visitor restrictions, the hardship it has placed on everyone. So, the guidance that we have provided outlines some strict facility specific criteria to assure appropriate infection prevention measures are in place in the facility and that disease transmission is not occurring in the facility. And we believe that this balances safety with the needs of families and residents. And, you know, another thing that we continue to do is monitor cases and outbreaks in these facilities and, you know, we actually are seeing a bit of a decline in the case burden in these settings.

Hugh Tilson

Is the availability of CVS to test-retest staff also available to ACHS as well as SNIFFS?

Dr. Susan Kansagra

So not at this point. You know the CVS initiative is focused on skilled nursing facilities. We will be using that data to inform additional testing resources and tools, though as a reminder for adult care homes, there is a recommendation to test all if there's one or more cases-- and we know that this has been occurring. And also one additional clarification I wanted to add, that bi weekly testing recommendation so we are now suggesting that as a new recommendation, particularly as you finish your point prevalence testing with CVS to then subsequently implement that in place so you can continue to monitor on staff.

Hugh Tilson

Can you clarify-- so this is a series of questions about the CVS initiative. **One is, can you clarify what was said about swabbing of staff. And then, did you say that staff will be swapping each other?** And then have some follow ups after you answer that.

Dr. Susan Kansagra

Sure, so the way the CVS teams will be collaborating with facilities is for residents, a CVS team will swap all the residents. And they will be asking for partnership from the facility to help walk them around to be able to do that. For staff, they will be doing supervised self collection. It's a nasal swab, which means it's one of those swabs that does not need to go all the way back in. It's not a nasopharyngeal swab, it can be in the front to mid part of the nose. And so, you are able to self collect samples. But, again, that will be done with supervision, somebody observing that. Now if a staff member feels comfortable doing that or swabbing themselves, certainly the CVS team can do this swabbing if needed.

Hugh Tilson

Dr. Susan Kansagra

So for testing that is happening through the CVS initiative, we are aiming for a turnaround time of about three days. This is something we will be monitoring throughout this initiative because we know generally testing has gone up across the south east and that is straining lab resources. We know that there are some shortages of reagents and so we're keeping a close eye on that. But right now, our estimate is around three days.

Hugh Tilson

And what's the charge for employees and how will it be built?

Dr. Susan Kansagra

So there is no charge for employees. The CVS team will be collecting insurance information and trying to collect reimbursement from insurance where possible. Where that is not possible or the insurance denies that claim, then they will be billing the state, who will cover the cost of that test. So again no cost to the facility or staff or residences.

Hugh Tilson

Another testing question, **can or should county health departments assist with providing retesting of staff in ACHs if there's a positive resident in the ACH?** It's extremely expensive for the ACH, and many do not have the resources, although the county health department's are telling them to retest staff.

Dr. Susan Kansagra

I can help with that question as well there-- Scott or Jennifer please feel free to chime in. We realize that certainly testing has, you know, there's a cost to testing, and in some cases, local health departments are able to support it, but not all local health departments across North Carolina. You know there's 83 different health departments, not all of them are able to support and that is where adult care homes would have to work with a private vendor. The other resource that is in our communities are federally qualified health centers. Many of them have received funding from the federal government to support testing, and they do serve all regardless of insurance status, and so we are seeing in some cases federally qualified health centers have partnered with long term care facilities and have even been willing to come in to support that testing and so that might be another resource to consider. We generally across North Carolina, I know our testing team is working hard to make testing accessible to those that need it so this is ongoing work in progress but at this point, we would recommend you consider those private community resources. The other piece I'll add there too, is your Medicaid team did work on an enhanced rate, which Trish already mentioned and part of that we realized is to support numerous costs. We know you know there are costs for staffing, for PPE, and part of that could be used for testing as well.

Hugh Tilson

Follow up question, **Pharmacy Nurse Consultant for long term care homes based on guidance should have baseline testing before resuming services and homes and then bi weekly testing for North Carolina homes. That's a question, is that the standard?**

Dr. Susan Kansagra

Yes, generally if there are staff members that have contact with residents, they should be part of that staff testing as well or that baseline testing.

Hugh Tilson

A couple of questions about PPE, can you please remind us how to request gowns?

Dr. Betsey Tilson

Easiest way to request gowns is to go to our website, again, the easiest option is to search for NC DHHS request PPE, and follow that, there is a link on that page that says healthcare entities request PPE. When you click that link, it will bring you to our request form which can be completed and submitted. It does need to be completed in its entirety, specifically the top part where it asks for the name of your facility and your full mailing address. This is going to allow us to ship direct those products, as opposed to how we have been distributing. Once you submit that request you do get confirmation of it, and our team will then vet and reach out to get that order filled for you.

Hugh Tilson

You got questions about N95 masks. How do facilities find formal methods to achieve medical clearance and fit testing for N95 masks? It's hard to get enough of one type of the N95 masks when you have an outbreak, so how can fit testing even be effective?

Kimberly Clement

So I'll Jennifer speak to some of the specifics of it, but I will say that we have been, allowing specifically of the regular size we are still in a shortage on some of the small sizes. But in the regular size specifically we have allowed a lot of our partners to request a larger number than just their burn rate. And if you will put that note in the justification on the form. So, that can allow you to get some additional N 95 so you can do some of the fit testing that is needed and have a larger stock than we have done in the past with some of those, and again this is just as we have had some increased supplies come in. So, as far as the having enough to do so. Again, please feel free to add that into your justification to request that higher amount. Jennifer do you want to speak anything else related to the medical clearance or respiratory protection program?

Jennifer MacFarquhar

Yeah, thanks Kimberly. So, in order to, to wear an N 95 as a respirator, as has already been mentioned, it is necessary for facilities to have a respiratory protection program and then to be tested for those N 95. And we recognize that that is a challenge during this time.

You know, we would recommend that you reach out to the local health department, to see if they have resources available to assist with that. And specifically, some of the preparedness coordinators, can be helpful in that. And, you know, we also are aware of that here at the state, so we're trying to work with partners to see how we can to assist in that endeavor. I will say though with N95s, you can still wear them if you're not tested, but it does not have that same level of protection. So it would not be effective, for example, if you are conducting an aerosol generating procedure so you can use it basically as a surgical facemask. It does not have that same level of protection though, again, if that is required.

Hugh Tilson

If we have previously submitted for the small size N 95s from the state and they said they didn't have any, should we resubmit the request-- we still need more of these sizes for fit testing?

Kimberly Clement

So small size N 95 continue to be a large limiting factor. We have placed a large order for specifically smalls, but we have not received those in as of yet, so your requests when they go in, get held, pending those items coming in, so we can fill those requests, but you're always welcome to enter another request. But again, we do not have large numbers of the small sizes at this time so likely still waiting on those. I don't have an updated ETA on when we may get those. But we have placed a pretty large order for just specifically small size.

Hugh Tilson

Is the state anticipating a second wave of PPE shortages? If so, are there certain items that we expect to be affected?

Kimberly Clement

So, I don't know that I would say we're anticipating a second wave, I think we continue to be in supply chain shortages and a lot of different spaces to include personal protective equipment. We expect that to last for months to come. And I don't know that we've truly ever gotten out of some of those shortages. So, what we are doing is trying to continue to keep a close eye on our numbers, we have updated our dashboards so we're able to more specifically watch the numbers that are coming in and the numbers that are going out of those resources. We're

working to build a true 30 day stockpile of items, and that is in addition to what we are currently sending out across the state. So we have some pretty large estimates based on the numbers that were needed in that March to April timeframe to give us that 30 day stockpile. We're not there yet, we don't have everything, but we are working on it. We've sourced and procured most of it and are waiting for that to come in. And, the items seem to change week to week. One week it seems like no one can find bouffant hair covers, and then the next week, it will seem like no one can find small N 95s. So our anticipation really is just based on the items that we continue to see as a shortage. We've made a list of what it is that we're attempting to maintain and procure for that 30 days. And that really is what we continue to try to make sure we have available.

Hugh Tilson

Thank you. And then the last question we have in the queue, reminding everybody if you want to submit questions please do so using the Q&A feature is: **Do you have any pre-made videos for staff education on N95 mask and strategy and care during crisis strategy for conserving PPE?**

Jennifer MacFarquhar

Hey everyone, this is Jennifer, so there are donning and doffing PPE videos that are available on the SPICE website-- and I can actually send that link to Hugh and Devon for either posting on the website or distribution to those on this call. And the other thing that we do have. And again those donning and doffing of just PPE, so not necessarily to that crisis strategy of conserving PPE. But what we do have on the website is actually basically a fact sheet about strategies to optimize personal protective equipment and that is directly related to the crisis standards of care for facemask use, and that does kind of walk you through exactly what you should do, and how to care for care for your PPE during this time,

Hugh Tilson

I just went on the web, it looks like it's SPICE.UNC.EDU which I can send out to everybody right now. So that's all the questions we have typically when I say that I keep talking for a couple minutes another question or two will come in. So, that doesn't appear to be happening, so why don't I thank everybody for participating in our webinar, both the panelists and the participants. Hope this was helpful information. Susan. Let me turn it back over to you for any final comments.

Dr. Susan Kansagra

Thank you again Hugh and team for hosting. And thanks to all of you on the call today for everything you're doing on the front lines. Appreciate the continued partnership and dialogue, and we look forward to chatting again in two weeks. Thank you.

Hugh:

Take care everybody.