

Transcript for LTC Vaccination and Infection Prevention Best Practices

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12:30-2:00pm

Presenters:

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Hugh Tilson

Well it's 1230 so let's go ahead and get started. Good afternoon everybody and thank you for participating in today's COVID-19 webinar for long term care providers. This webinar was put on by the North Carolina Department of Health and Human Services and supported by NC AHEC to discuss vaccination infection prevention best practices will also provide time for questions and answers of DHHS experts. After you've heard from them in just a little bit. 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 webinar. I'm going to turn it over to Dr. Kansagra in just a couple seconds before I do that, I'll run through some logistics. But before I do that I want to just thank everybody both our panelists and our participants for making time in your busy schedules to participate in today's webinar. We know how important your work is, and we hope that the information presented today will help you do that important work and make navigating these trying times a little bit easier.

Now for logistics. After you hear from our presenters. We'll turn to your questions you can see on the slide that you can get technical assistance at any time by emailing us at technicalassistancecovid19@gmail.com and submit questions after throughout the presentation. Use the q&a feature at the black bar on the bottom of the screen is a q&a feature in the black bar in the bottom of the screen. All participants will be muted so that's how you can communicate with us and we'll monitor that and make sure that we can get to your questions at the end. If for some reason we can't get to all those questions we'll send them to DHHS, and we'll coordinate with them in terms of either getting back to you or providing additional update and guidance says as is most appropriate for future webinars and other communications, we're recording this webinar so we'll make that available, and a written transcript of it and the slides on the NC AHEC website. Probably later this afternoon or first thing tomorrow. So that's it for logistics Let me now turn it over to Dr. Kansagra.

Dr. Susan Kansagra

Great, thank you so much, human team for all the work you're doing to continue to host these webinars and the communications. I just want to say thank you to everyone for all the hard work you're doing. I know particularly now we have a new set of hard work in front of us as we think about vaccine planning, and I know you all are thinking about that too and I hope today will be useful in those efforts. You know, there will be a lot of information I think coming at everybody. Over the next few weeks and we hope that this will be useful in giving you a sense of what's to come. So anyway, thank you so much, on behalf of our entire team for all the hard work you're doing. And I will turn it over to Dr. Carrie Brown to kick us off.

Dr. Carrie Brown

Wonderful. Thank you Susan. Good afternoon everyone. I am, I gotta say I'm really excited to be here to today to be talking about vaccination strategy I know this pandemic has been long and hard and particularly challenging for our long term care facilities. And, but I'm here today to tell you there's absolutely a light at the end of this tunnel. And it's going to start as soon as potentially next week. Just a little bit about me so you may be wondering why is the CMO of behavioral health, talking about vaccines. But one of my jobs is as the Chief Medical Officer for our state operated health care facilities, and as some of you may or may not know we have 14 facilities that are run by DHHS and of those six of them are long term care facilities. We have three ICFs and three skilled nursing facilities so I say that mostly so that you understand that there's a deep appreciation for the incredible, logistics, that we're about to undertake in this implementation process. And so we're here with you every step of the way.

Next slide please. So today I'm going to talk about the status of vaccine development. The response principles for North Carolina's vaccine program. The priority groups will overview the operational plan and cover things like provider enrollment to administer vaccines and communications about vaccines, as well as hopefully have some time for questions. Next slide please. So this is probably my favorite slide. And this depicts the COVID vaccine development process, and. And the reason why I love this picture so much. Is it just so clearly illustrates that nothing was skipped in the development of our COVID vaccines, all the phases that are normally complete in terms of determining safety dosing and efficacy will have all been completed, including an FDA review and an a set meeting to determine recommendations for use. Prior to the, to the first vaccine being given in the US, what, what was different is that, because the federal government's operation warp speed and investment and willingness to take the financial risk. The vaccine candidates were able to be manufactured at the same time but concurrently with the phases. So I hope this slide is one of the slides that is available on our website and I encourage you to use that when you're communicating with family, friends, employees, patients and residents to just reassure that there was nothing that was skipped. They were simply run concurrently.

Next slide please. So right now we have two leading vaccine candidates so you we've all seen news reports about which are both the Pfizer vaccine and the Moderna vaccine. They're both similar in that they use mRNA technology. And what that does is that, that allows the coronavirus's own genes to have people's cells make viral proteins that trigger the immune response to produce antibodies against the COVID virus. So your, there's no active vaccine, I mean sorry active virus at all involved, but it's simply priming your system so that you have an immune response when, when, if you become infected with a COVID vaccine. I mean that sorry with the covid virus. The meeting to with the FDA for the emergency use authorization is actually today for the Pfizer vaccine and it's scheduled for next week for the Moderna vaccine. And this is why we anticipate that potentially having Pfizer vaccine in the state of North Carolina as early as next week. There are some additional complexities in the handling and management of the vaccine. The Pfizer vaccine is the one that requires ultra cold storage or minus 75 degrees Celsius. The Moderna vaccine does not, it still requires cold storage negative 20 degrees but but not the ultra cold. They are both two doses. So, we need to remember that that you need to have two doses in order to be protected with a vaccine, and the timing is slightly different for Pfizer, the doses are 21 days apart, and for Moderna it's 28 days apart.

The other thing that is important to know is that phase three trials for both these vaccines included many many 10s of 1000s of individuals. So, you know, 43,000 for Pfizer and 30,000 for Moderna, and really importantly because we know that individuals from historically marginalized populations have been disproportionately impacted by this pandemic. The Pfizer trial included 42% with diverse backgrounds and majority was 37. Next slide please. There are additional vaccines in the pipeline. There AstraZeneca and Johnson and Johnson have a have similar types of, not an mRNA vaccine like the Pfizer and the Moderna. And then we then GSK and Novavax had another, another mechanism to develop a vaccine. Hopefully one of these vaccines will eventually become available, particularly the ones that could potentially be given in one in one in a single dose. Next slide.

This is to make clear that the vaccine is free. And so whether you're. Whether your employees or your residents have Medicaid, Medicare whether, even if they're uninsured or if they have commercial insurance, everyone will be able to receive the vaccine for free. For those of you and we'll get into that in just a minute. That are enrolled in a long term care pharmacy partnership with CVS and Walgreens. Your, your employees will be asked to bring insurance cards and or copy front and back of their insurance card. And I just want to reassure you that that is only so that CVS, and Walgreens can submit an administration fee. But there will be no copay there's zero copay and there will be no bills sent to your employee so it's important to reassure them that just because they have to bring the insurance card does not mean that there'll be any bill. Next slide please.

So what's our vision of success. We have five guiding principles that all North Carolinians will have equitable access to vaccines, that our vaccine planning and distribution is inclusive, that we're engaging all forms of stakeholders and particularly, ensuring that we draw upon experience and expertise of leaders from historically marginalized populations, we're striving to be as transparent and as accurate as possible and to provide frequent communications in order to build trust and ask that you all do that as

well with your employees that residents. Where you using data to promote equity and to track progress. And we're really focused on on appropriately being good stewards of the resources and ensuring continuous evaluation and improvement, so that we can have successful implementation. Next slide please. We have a lot we have been extraordinarily fortunate in North Carolina to have a robust network of advisors, we have a COVID-19 vaccine advisory committee that includes over 60 stakeholders. We have historically marginalized populations advisory group that has over 80 internal and external stakeholders. And then we have a COVID-19 vaccine communications advisory group to ensure that we, our communications are clear, efficient, and accurate and, and especially to make sure that we are prioritizing historic historically marginalized populations.

Next slide. The way North Carolina has prioritized vaccinations based on those that are most at risk. Get it first this is consistent with guidance from the federal government and CDC. So, our very first group of individuals in North Carolina that will receive vaccines are 1A group, and the 1A group includes health care workers that are fighting COVID-19. So those are high risk of of exposure to COVID-19. And then for applicability for today's webinar. All of long term care. So, not only long term care staff, but also the residents. And that includes individuals in skilled nursing facilities and adult and family and group homes. And so we anticipate that we will be getting to a start 1A in as early as next week. And then it just the slightest goes through the other phases so the next big group will be all North Carolinians that are adults that are at highest risk of severe illness. And this is based on the CDC's guidance of those that increased risk for complications from COVID-19. And then, and then sort of so on and so forth and the next is based on congregate living and other essential frontline workers. And we anticipate this entire process to take several months and and get us well into 2021. Next slide please.

This is just a little more detail about the vaccine distribution prioritization framework. Again, for applicability for today you can see under phase one a long term care staff and residents. And so you are going to be among the very first to receive the vaccine. Next slide please. This is an overview of our operational plan for the past several months we have been heavy in the planning phases and we are about to launch into the implementation phase. Again, be said as early as next week. Next slide please. This just shows the sort of complicated vaccine journey from the operation warp speed all the way to the individual receiving their second injection. In, and having successful immunity to COVID-19, and this requires partnerships between the federal government the state and, and the provider. Next slide. So in order for providers to give vaccine to individuals they need to be a vaccine enrolled provider, and enrollment is complete for the phase one a providers, 100% of hospitals in North Carolina, have been enrolled as providers to administer the COVID vaccine that we anticipate being released in December for you all for the long term care world, because you have the partnership with CVS and Walgreens, you will not need to separately enroll as a vaccine administrator. Next slide.

Okay, I want to spend a little time on this slide because this is what's most applicable for this group so the federal Long Term Care pharmacy Program is a program in partnership between the federal government and CVS and Walgreens. Out of recognition of the incredible sort of risk for individuals, and for staff that are living in skilled nursing facilities and other long term care settings. And the idea is to

alleviate some of the burden on these facilities, as you all have already had tremendous burden throughout this, this pandemic and successfully and expeditiously provide vaccine for your residents and your staff. So as part of this program pharmacies will schedule and coordinate clinic dates with each facility. They will be responsible CVS and Walgreens are responsible for ordering the vaccines and associated supplies. They're responsible for maintaining the cold chain management so there's one you will not have to deal with the ultra cold storage etc, you will not need to worry about that. And they will be providing on site administration so they come to you. And they will also have be required to do all of the reporting in terms of details about the vaccines being given.

We anticipate. Because the way the way this program works is that the allocation of vaccines that are distributed through this program, come from our state allocation from the federal government. And we are turning this program on as soon as we possibly could. It's already turned on. But what that means is that we anticipate that we will have we will have earned enough vaccines in our allocation to have to start the long term care program the second week two, so that's the week of December 21, meaning that at that point in time Moderna, and sorry CVS and Walgreens will be able to order from Madonna we do anticipate at this point in time, that for the long term care program, it will be the Moderna vaccine. And then we anticipate that CVS and Walgreens will schedule their very first clinics, with the long term care facilities beginning the week of 1228. So in, and all those that have signed up to be part of this long term care program should have already received an outreach from either CVS or Walgreens. We do believe that 100% of our skilled nursing facilities enrolled in this program, and that the vast majority of our adult care home, we did do an outreach last week, to kind of close that remaining sort of 15% gap in our adult care home, so that everyone can take advantage of of this program. Next slide please.

So this is how the initial allocations will work from the federal government to North Carolina. Next week, and the reason why we're saying next week is because we're anticipating that that EUA meeting by the FDA today, goes well, and Pfizer received them, an emergency use authorization for their vaccines. And then, that the advisory the vaccine advisory immunization Committee for the CDC makes a recommendation on who should be vaccinated, and that that will happen before next, or by next Monday. At which point, the vaccine can be shipped. We, we have 11 sites in North Carolina that actually already have ultra cold storage. And so they are eligible for early shifts, meaning that if the EUA is approved today on the 10th, they could potentially even receive a shipment sometime this weekend, they would just need to hold that shipment until the, the recommendations for use are determined by the ACIP. We have 42 other hospitals that will be receiving, we anticipate to be receiving vaccine next week, and that was determined based on bed capacity, county population, as well as, as for the number of health care workers. And part of the distribution, just so you understand the complexity here is that each Pfizer box the smallest amount of Pfizer vaccine you can get is 975 doses so it's a box of 975. And those will be the 88 boxes will be distributed among 53 hospitals next week, then the following week, we will receive additional Pfizer vaccine, the exact allotment number is still pending. And we will begin to receive our first Moderna vaccines, a pending their approval for for emergency use authorization. And part of the reason for them Moderna vaccines to be used in the long term care program is because it does not have to be kept at minus 75 degrees or the ultra cold storage. Next slide please.

This is so we have a COVID-19 vaccine management system, a CVMS that you may have heard about here in North Carolina. This is a newly developed and actually goes live today. I won't spend much time on it because thankfully you all don't have to worry about this as Walgreens and CVS will not use CVMS, they will they will the state will look at the data, but they have a separate process for recording all of the vaccines that are administered. Next slide please. What are the goals of our communication strategy we really are working hard to provide early, transparent, consistent and frequent communication as possible, so that North Carolinians trust the information, understand the risks and benefits and can make a truly informed decision, as well as know how and where to go to receive a COVID-19 vaccine. Next slide please.

Our our strategy has been informed by research, and collaboration with the Neimand collaborative and most recent data show that one in three North Carolinians already stated they'll definitely get a COVID-19 vaccine once it's approved for the FDA. And there is another one in four to probably get the vaccine. we of course would like to pick up this too every North Carolinian that wants the vaccine is able will everyone that wants it will be able to receive it, but we really ideally would want everyone in North Carolina to receive the vaccine because that offers us as a state the most protection. Next slide. There are a few core messages that I think will be helpful when you communicate with staff and your residents and guardians or residents. And that is that there's been great care taken in this process to make sure that the COVID-19 vaccines are safe and effective. Your scientists had a head start. And, and testing was thorough and successful if I showed them that prior slide that none of the phases of development were skipped. It is important that the people have realistic expectations, and that is just that the supply will be limited. At first, we will get a tested, safe and effective vaccine for every North Carolinian who wants it, but it will take a little bit of time. And then finally, that North Carolina is really drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement a vaccine plan. And there are a variety of communication tools that you can use when you want to communicate with your residents your staff and guardians and those are available at the website that's depicted below. Next slide please.

And there, for example, you'll find vaccine talking points. There's a vaccine 101 Deck, there will be a vaccine message framework and toolkit that should be available mid to late this month. And then there are there are some initial public service announcements and videos that are in development from Secretary Cohen to long term care workers and familys, as well as some long term care workers themselves as to why they are electing to receive the vaccine. And again, you'll have access to all of this information through our website. Next slide please. And that just gives you a pictorial of some of the communication tools that are available. And then next slide. And what we really wanted to do now is take a moment and and see from our communications department would really like to hear from you all, in terms of what materials you need most urgently. So that they can prioritize their development and I might open that up to the group at this point in time.

Hugh Tilson

Thank you Dr. Brown so if you want to submit a response to that use the q&a feature. At the bottom of that screen so what materials do you need most urgently. While I have you I'll also tell you that I am trying to get these slides put on the AHEC website as quickly as possible so that those of you who are asking for them, can get them. I'll let you know when we get those. So, most important is info to provide to resident family and residents. So, that's

Dr. Carrie Brown

Wonderful. And I don't know that we necessarily I know we have a packed agenda, after, as long as we collect the answers and I will be happy to communicate to make sure that we pass that information on I do want to make sure we leave time for questions at the end. So I think I'll turn it back to you Hugh, at this point in time for the next part of the presentation.

Hugh Tilson

Sounds great. Thank you. I think here's where we turn it over to Jennifer MacFarquhar.

Jennifer MacFarquhar

Hey, thank you. Good morning everyone, this is Jennifer MacFarquhar and I am in a privilege to be a part of this conversation today, I lead the infection prevention team here the North Carolina Division of Public Health. And we are thrilled to be able to speak to you today about some best practices that have been, you know, that are frequently known but yet we have also identified through conversations with some of our long term care facilities. So I'm actually going to turn it over to one of my team members, Emily Berns, Emily?

Emily Berns

Hi, good afternoon everyone I am a consultant with the infection prevention team, and thank you against so much for joining us today. And for the work you do every day to protect the health and safety of your residents and staff. As Jennifer mentioned, we are excited for this opportunity to share some successful best practices for infection prevention in long term care facilities. All too frequently, we have heard of facilities that have been experiencing COVID outbreaks. And today we wanted to highlight a few facilities that had not experienced COVID outbreaks. So, our team held focus meetings with a subset of these facilities and they're listed here on this slide, the ones that we spoke with that had not experienced the transmission of COVID to their residents. As of November 1 2020. And the purpose of these focus groups was to discuss the infection prevention practices that help them protect their staff and residents. So a few key points that I will briefly mention now include the importance of prioritizing infection prevention, establishing trust and communication across all levels of staff to promote shared accountability and offering frequent, easily accessible, education, on infection prevention. So I'll review

the best practices in more detail later in this webinar. We have also summarized the recommendations from these discussions in a best practices document that will be posted to our website in the near future. We sincerely appreciated the time that these facilities spent with us. And, of course, thank them for their time and participation. So we have two representatives today from each facilities to speak to their experience and perspective regarding best practices for preventing the introduction and transmission of COVID. We would also like to hear from all of you about what has worked well. And so we invite you to share your successful strategies as well as your questions during the q&a portion at the end. So our first presenter will be Lindsay Clontz from covenant village in Gaston County, and following Lindsay, we will hear from Michael Wynant at compass health care rehab in alamance County. So now I'll turn it over to Lindsay.

Lindsay Clontz

As always, thanks so much for having me. I really appreciate the opportunity to be here today. My name is Lindsay Clontz. I am the nurse educator and infection preventionist at Covenant village in Gastonia. You want to go ahead and hop to the next slide. This is Covenant Village. We're continuing care retirement community. We have a large campus that covers all levels of care, that first photo is actually an aerial shot of our campus, just so you can see how spread out we are, we have in our health center. We have three skilled nursing units, and one main memory care unit. Our current resident census in our health center is only about 57 residents, we are down some residents, just because of the logistics of moving people in with COVID. Um, we do have around 250 residents who live in our apartments and cottages. So we're dealing with a very large population here on our campus. You can go ahead and go to the next slide.

So our approach to COVID has been threefold. The first thing we have done is that we have made a few practical changes in our day to day operations. Everyone who enters our campus must come past our Welcome Center. We've partnered with our security team to screen everyone who enters our campus. Everyone will answer a series of questions related to exposure and symptoms. Based on these answers anyone who could potentially put our community at risk is turned away. The guards are also equipped with thermometers, and they take the temperatures of everyone attempting to enter our campus. Anyone with an elevated reading is made to pull over to the side, and they're encouraged to turn off the heat in their car and to sit for about five minutes, and then our security guard will recheck their temperature. If it's still elevated, they will call the nursing department and send them to park outside of our health center, and nursing will then take an oral temperature. If their temperature had returned to a normal level then they're allowed to resume their, their activity, and whatever it was, they will come into our campus for, if their temperature still elevated then they're instructed to leave campus and then reach out to their supervisor or whoever it was they were supposed to be coming to meet with on campus. We've partnered with our families to coordinate supply drop offs, and other supplies for our residents. They're able to leave things at the Welcome Center with our guards. And then we have someone that we have actually hired to do nothing but bring supplies from the Welcome Center to our residents in the Help Center, and then to our independent residents, all over our campus as well. We have staff check their temperatures halfway through their shift. Just to ensure that nothing has changed since they got on our campus, they'll follow the same process for rechecking if they need to. It looks

exactly like when they first come on campus. We have actually sent some stuff home halfway through a shift. Due to an elevated temperature and then we've had them go get tested for flu, strep, COVID, whatever it may be. Our approach to monitoring our residents in the health center is very similar. We check their temperatures and we document them every shift. We also conduct a symptom assessment, every day and document it as well. And this allows us to easily identify any changes in resident status, and to address any infections before they can spread. You can go to the next slide.

And then the second thing that we've done is we have implemented specific infection control techniques. For instance, early on in the pandemic. We opted to rearrange or break rooms to ensure social distancing. This meant that we removed about half of the chairs, out of our break rooms and measured to make sure that they were six feet apart from the other chairs. And then as the pandemic has progressed and we've implemented higher levels of PPE for our staff. We've created PP storage closets on each of our nursing units each staff member working on that unit has a plastic bin, that can hold their items that can be reused such as their face shield or goggles, and then many staff members have opted to keep an extra N95 or surgical mask or downs or whatever they feel like they want to have handy and close by to be replaced easily. Um, one thing that we do all the time to monitor our infection control practices, is to implement quizzes, audits and return demonstrations for concepts such as hand washing, PPE donning and doffing, and injection safety, and they all staff working in our Help Center participate in this for hand washing and PPE, not just our nursing staff, but we make sure that everyone that's coming into contact with our residents is on the same page. Next slide please.

The last, and possibly biggest thing that we've done is to place the focus on education. This includes staff, residents, families, and outside vendors coming in. We've implemented COVID specific staff education, weekly, or bi weekly due to restraints on gathering, we've moved most of our education online, we're presenting the concept, either through PowerPoint or online modules and then having staff take a quiz to ensure that they understand these concepts, multiple times a week, we send out a letter to our staff, residents and families with an update on our campuses status. This will include any changes that we're making to help with our infection control. We always include a teaching concept within this letter that discusses hand washing mask usage, or social distancing, the most creative thing that we've implemented is what we like to call covenant conversations. Once a week, our CEO, puts together a video, giving an update on our fight against the pandemic. He will encourage everyone, provide education and respond to a few questions that he's received to his email box throughout the week. He uses this time to educate everyone on ways that we can help stop the spread of COVID in our community, and then he will address any specific issues that we noticed on campus throughout the week. This video was broadcast multiple times a day on our in house television channel for our residents and staff as well as posted to our social media accounts for families and community members to see. We've implemented other new infection control practices as well. But I think these are the ones that have made the biggest difference in our community in our fight against COVID-19. That's all I've got.

Dr. Carrie Brown

Thank you, Lindsay I think Michael you're up next.

Michael Wynant

Hi, good afternoon everybody. My name is Michael Wynant. I'm the director of nursing services for Compass healthcare and rehab in Alamance County. We are a combination of skills and independent living facility with a current census of around, 80. We have a number of other beds on the other side of our facility that are currently under renovation so we've been maintaining the census right around 80 at this point, um, a couple of successes that I think we've been able to bring to our facility that have minimized the risk for COVID exposure and transmission in our facility. And, you know, Lindsay was kind enough to share some of those so I won't be repetitive, but it. I think some of those, the three key factors would be early employee testing, staff and family education, and our policies and procedures surrounding visitation. Um, we met with our owners back early in June of this year, and discussed the early implementation of staff testing, and it was at that time that we partnered with a lab facility and started our weekly testing of our staff. It was a challenge at first, the logistics of where we were going to test, when we were going to test all played a factor in terms of were we going to be compliant with 100% of our staff testing. Um, I think we work through a lot of those issues. And we were able to schedule, one day a week where our all of our staff would come into our facility and receive their testing with our turnaround time of our results within 24 to 36 hours. I think it was important for our staff and our residents to know that when we, our staff were coming into our facility that they weren't carrying any COVID and didn't have any symptoms.

We have recently in Alamance County our positivity rates have increased to right around 10%. So we have increased our weekly testing to twice a week. And that so far that's been really great we've had 100% compliance with our staff and our outside vendors. Another key factor is our staff education. There's a lot of new guidance that comes out in terms of infection control processes, and it's often difficult for our staff to interpret that information. So we really tried to break down some of the regulations and our policies and be able to explain that to our residents and staff and family members in a way that they can understand it. It's important to get staff buy in. Instead of just telling them what to do. We really want them to understand the rationale behind why we're doing the things that we're doing. We created an education room. In our staff development office, and that is mainly for, we have communication boards and education boards, as well as digital displays. So during our mandatory weekly testing, we have a waiting area where our staff will fill out their consent forms as they move through those areas we've added education in terms of handwashing, donning and doffing of PPE and sequencing on our digital display. We have a 65 inch television, and we're continually running videos, educational videos that actually shows people performing hand washing and donning and doffing of that PPE.

Michael Wynant

We've implemented infection prevention stations throughout the facility for the cleaning and disinfecting of eye protection. Similar to what Lindsay spoke about before, we do have designated areas where we have PPE easily accessible all the time for all of our staff. We also do a lot of monitoring of our

stock levels of our PPE, to ensure that we don't have a limited supply, and that they're always available to our staff. That often means that we are ordering supplies twice a week to ensure that we have everything available to our staff.

Next is our visitation. The facility, we have the facility closely monitor all visitation in the facility, whether it's family visitation for window visits, indoor and outdoor visitation, compassionate care visits, and any other health care providers that come into our facility. All of our outside healthcare personnel, such as psychiatric services, hospice services, etc. They directly scheduled their visits with me and provide me with a list of residents that they're going to see for the day, we wanted to have that in place in case we had an exposure in the building, that it would be easy for us to contact trace where the healthcare providers have been throughout the facility. Um, they provide me via email in advance a copy of their last negative COVID test. Um, and that is all in accordance with our county's positivity rate. So right now, if we're testing our staff twice a week, any outside vendors will also have to submit a negative COVID test that was in that seven day time period. When they enter the facility, they also go through a screening process, they are provided a full set of PPE. Um, and they do enter an exit facility with me after a conference. We also do a similar process for our resident appointment. Anytime a resident has an appointment outside the facility, our clinical team meets to discuss the medical necessity of those appointments. And we discussed that with our medical director, just trying to minimize the risk of exposure when our residents are coming in and out of the facility.

Um, the last thing I want to talk about was the the time that we spend with our staff and our family, in terms of educating them and ensuring that they are carrying out safe infection control practices. My clinical team, we have a schedule, we spend time on all shifts on the weekends, working with our staff, either one on one or in small groups. We make observations of their practices and give them and try to give them positive feedback. I'm trying to think I don't think I have anything else to add, um, in terms of I think the successes of our facility, those would be the three main areas. Thank you, everyone.

Hugh Tilson

Thank you. I hope it's okay, we got a bunch of questions coming in about vaccines. But we did get a follow up question to both of these presentations. What are the costs associated with weekly testing for staff at long term care facilities, do y'all have an estimate of that.

Michael Wynant

I do not have a figure that I can throw out there. Um, I know that for the staff testing, for those that have insurance that's billed through their insurance company, and the staff do not have a copay, and I know our owners pay for the testing for anybody that does not have insurance.

Hugh Tilson

Thank you. I did also just want to let everybody know that the slides are available on the NC AHEC website. So if you go to www.NCAHEC.net, there's a green bar across the top says COVID resources and there's a section for long term care webinars. So it's under the December 10 webinar. So you can get the slides there.

Emily Berns

Thank you Nevin. And thanks again so much to Lindsay and Michael for sharing your facilities experienced and insights, you shared a lot of great examples there. I want to take a couple minutes to go over the best practices that we compiled. So we can go back a couple go back one slide. Yeah, thanks. That's great. So this list summarizes the main takeaways from our conversations with all the facilities that we spoke with, and we feel they support successful infection prevention efforts during and beyond this pandemic. So number one, being to prioritize infection prevention activities. Ideally, this means dedicating a full time staff position to IP and education. Infection Prevention has long been established as a foundation to the health and safety of patients and residents. And the facilities we spoke to highlighted the importance of dedicating the appropriate time and resources. If resources are limited, and you can try to work with existing staff to divide the responsibilities of the position, ensuring that each person understands the importance of their role. And we do also note that leadership support is critical to ensuring that sufficient time and resources are dedicated to infection prevention.

Number two, being to engage all staff residents and families in IP activity. Facilities emphasize the importance of engagement, collaboration and trust to secure a shared investment in protecting residents and other staff. Everyone in the facility should help each other stay accountable, and be open to reminders from each other on safe practices. Having candid conversations with staff about how their behavior and choices outside of work impact everyone, including their own families, residents, and co workers can ultimately strengthen buy in and teamwork, you can advance to the next one. So number three, incorporate IP education into your facility's regular routine. So major thing from these groups was the importance of education but it's frequent, consistent and supportive, rather than punitive. Providing education during existing practices like staff COVID testing, meetings and huddles is a great way to reach all staff. Centrally located education boards are helpful so staff have frequent exposure to information and so they know where to look for new updates. And also, importantly, rounding on units routinely can be very effective for offering timely correction of any gaps in practice, and also one on one education.

Next, yeah, next slide, please. Number four, is to have consistent staff working at the facility. Ideally, staff should work at only one facility to reduce their chances of viral exposure and transmission. Acknowledging that multiple factors affect where staff work, it can help to explore any option to promote consistency, which is compensation and scheduling options, communicating with staff about their needs, and hiring the same temporary staff each time so that they can become familiar with your facility. And number five, to create an environment of faith, open communication for everyone in the facility. Fostering a communicative environment and keeping everyone informed encourages staff to ask questions and builds confidence in their ability to protect residents and one another. Especially if

visitation is limited it can be helpful to identify someone who residents should go to for questions and concerns. Also, of course information on how to contact the regional ombudsman should be available to residents and family. And one more slide thing.

Number six, to follow CDC guidance for permit selection and use of PPE. This includes when or if extended use and limited reuse is appropriate. So a couple reminder points here is on the importance of hand hygiene before and after the donning and doffing of PPE. And in general gowns should not be removed and put back on. The use of N95 respirators should be limited to a single shift if possible. And if they must be used for more than one shift, they need to be stored in a paper bag because of its visibility.

Lastly, number seven is to safely modify facility layouts and procedures to support social distancing. These changes can help ensure that the easiest choice is also the safest choice. And examples that we've heard and you heard from our speakers, including removing chairs from the break room, or if the residence dining room is still closed, using this as a staff break room to allow for increased distancing. So, that wraps up our best practices overview, and we'll move on to the q&a portion. Thanks so much, everyone.

Hugh Tilson

Thank you got a couple related questions to that portion. Let me see if I can come up with those. Can we get a copy of the IP staffing worksheet? Is that part is that part of this?

Jennifer MacFarquhar

Hey, this is Jennifer. And yes, that IP staffing worksheet is actually available on the DHHS website in the long term care facility toolkit. So that is available on the website.

Hugh Tilson

Awesome. Got a question I don't know who this for? What lab do you use for testing? Lindsay or Michael? I think? I don't know.

Michael Wynant

Yeah, we currently use Europen as our testing company. Great.

Lindsay Clontz

So for our residents, we are testing them through lab corp, just because that's who does all of our resident labs anyway. Um, but we actually are contracted with a company out of New Jersey called Vault Health to do our staff testing and they have done a fabulous job. We've got a 24 to 48 hour turnaround time. And we've had good success with them.

Hugh Tilson

And then are using PCR or rapid tests? Do you know? Yeah, yeah.

Michael Wynant

Any testing through the lab companies are PCR tests. The rapid tests or the point of care tests are used in very specific situations. If we wanted to identify a resident or staff member that may be showing signs and symptoms of COVID. But those are very isolated situations in terms of when we use a POC test.

Lindsay Clontz

Yeah, we're not doing any rapid testing.

Hugh Tilson

Sorry, I got somebody came to my door, I got distracted. Let's turn to some vaccine related questions. Our long term care facilities, 1A or 1B, there seems to be some question about that.

Dr. Carrie Brown

I'd be happy to take that this is Dr. Brown. They are 1A. You know, again, this has been a rapidly evolving process. And initially, there were prior documents where it was 1B but for ease and to bend to match what the CDC and others federally have said, all long term care staff and residents are in 1A now. And just to be clear, that that all it's all staff that work at your long term care facility. So that includes housekeeping, dietary, you know, and all your direct care professionals.

Hugh Tilson

That's great. And we got to kind of relate a question for CCRCs. Would the independent residents and staff that serve them get the vaccine same time as their SNFs? Or is that a different timing process?

Dr. Carrie Brown

Yeah, unfortunately not because of the need to ensure that vaccine gets where it's most needed. All of those living in congregate settings. You know, congregate long term care, go first. And so CVS and Walgreens those partnerships will do everyone in your skilled nursing facility or your or your adult care home, but not independent living. Those in independent living that meet the CDC criteria for having two or more comorbidities, which likely they will have age and then they may have another one will be in phase 1B and will have a variety of options, including going to their local health department in order to receive the vaccine once we have enough supply in North Carolina to move on to 1B.

Hugh Tilson

And I assume that also applies to adult day programs and other kind of activities.

Dr. Carrie Brown

I believe that yes, same analysis, right. Yeah.

Hugh Tilson

Got some questions about maybe contraindications if a person has hypersensitivity, pneumonitis or is on cellcept on steroids will it be safe to get this vaccine and got a number of kind of similar questions about how do you know what the contraindications are? And who should take it and who shouldn't?

Dr. Carrie Brown

Those are such important questions, and I'm so glad that people are asking them. Ah, we need to wait for the emergency use authorization to be approved. Once it's approved, there will be a vaccination information sheet that clearly details what are the contraindications for that vaccine? So we're almost there but we don't we aren't quite there in terms of having all of those answers.

Hugh Tilson

That's great. Thank you. I'm got some questions about pharmacy partners and registering. So what happens if we haven't received any updates from the pharmacy partner? What should we do?

Dr. Carrie Brown

So if you receive that initial outreach from CVS or Walgreens and just haven't gotten a follow up then I would, I would respond to that initial communication. And because each location should have a site supervisor, if we are still waiting on and others on the call can correct me if I'm wrong, but we're still waiting on the final list from the CDC about which long term care facilities were accepted into the

program and matched with which pharmacy, once we have that final list, then we will be planning outreach to individual to facilities that that did not get enrolled, reviewing options for vaccinations. And I don't know if Dr. Kansagara who's on has anything to add to that?

Dr. Susan Kansagra

Hey, Dr. Brown covered that well, nothing further to add.

Hugh Tilson

You might have gotten this with my dog bark. So I apologize for the background noise. How do we ensure our agency is enrolled in the pharmacy partnership for LTC?

Dr. Carrie Brown

So, if you have not received any outreach from either CVS or Walgreens, and you enroll, you chose the opt in option when it's for the long term care program, then you can reach out to us and we can double check for you. But as I said, we're still waiting on the final list from the CDC. So it's possible that you won't have gotten that yet because remember, the clinics with either CVS or Walgreens won't be scheduled to even start at the earliest until the week of the 28th. So I imagine a whole bunch more connections will be made in the next several days to week.

Hugh Tilson

So homes can still be added to the list is what I think I hear you saying?

Dr. Carrie Brown

I that I do not know. We are waiting for confirmation from the CDC about that. I actually think that that registration for that program is closed.

Dr. Amanda Fuller Moore

It is, Carrie, it's Amanda. Great, the registration is closed, we are doing some final cleanup of the list. Some of the facilities ended up showing up with zero bids. And so we're in the process of cleaning up the list to ensure that everybody gets associated with the bed amount, and then we will have a final list released to us.

Dr. Carrie Brown

Thanks, Amanda. And then again, when we know who in the long term care facilities that were that did not sign up for this program, then we can we will send out we can communicate directly with you about other options.

Hugh Tilson

Yeah, there's there's just a bunch of kind of follow up questions about if we didn't sign up originally what do we do, if we haven't heard what do we do? And even after this conversation, we're still getting additional, like specific questions. So I'll forward those to you guys and you can maybe figure out how to best respond to some of these specific questions. Or if you want to go in the chat and look at them, you can do that too. I had a question about residential facilities with six people or less, what applies to them?

Dr. Carrie Brown

We are still working on strategies to reach our smaller residential settings. We do think that probably if you have six beds or less, you are not eligible for the long term care program with CVS and Walgreens. And so anticipate additional information to be forthcoming from the department on processes by which you can access the vaccine. I don't know if Dr. Kansagra or or Dr. Fuller Moore more has anything to add to that.

Dr. Susan Kansagra

I'll just add that right. If you did, if you are a facility with six beds, or less than you did enroll for the CDC program, we're still waiting on that official word about whether or not and so I think depending on that information, we'll we'll do next steps.

Hugh Tilson

Thanks, um, got a lot of questions. I'm trying to figure out how to kind of bunch of together to make it be efficient, got a couple questions about mandates? Can we will Long Term Care employees be mandated to get the vaccine? And will residents be mandated to get the vaccine?

Dr. Carrie Brown

So I'll take that one, this is Dr. Brown. You know, at this time, there's not a mandate for either group. I do think, you know, it's important if you work in long term care, to consider, you know, taking a vaccine as part of your responsibility of taking care of the really vulnerable individuals that you you work with. But there is no mandate to receive the vaccine at this point in time, and you cannot require your residents to receive it. Obviously, the guardians will have to consent, and any employee has to consent. And and, again, we've been doing so much preparation, but it'll be a little easier to make that decision

once the final information about the vaccine after the emergency use authorization is granted comes out. And then that helps people sort of see in black and white exactly what are the contraindications. What I can say is the really good news is all the data thus far shows that there really haven't been serious side effects. And, and so we have really, thus far it's really very, very, very encouraging safety profile data. And again, that all the both the FDA and the CDC will put all kinds of specifications on that and we anticipate that to happen in the next couple of days.

Hugh Tilson

Thank you I'm getting lots of questions about whether adult care homes are in 1A group homes are in group 1A and I don't know if the best way to handle that is just in response or

Dr. Carrie Brown

Wait well is the one of the best slide actually detailed all of that um, so when the slide go on to AHEC's website, but I can answer so quickly. ICFPSs are 1A and adult care homes and family care homes are 1A. The only caveat to the one a is is that we it is a small bed so six or less beds, meaning we would still as a state consider them 1A. It's just we don't know if that if, if if you'll be eligible for the CVS, Walgreens partnership. And so we might need to arrange a different way for you all to get the vaccination. But all of 1A is we all have long term care is in 1A.

Hugh Tilson

Thank you, what type of planning is in place or process to get consent from legal guardians for COVID-19 vaccinations.

Dr. Carrie Brown

So yep, that's a really important process. And it's really important to know whether you're matched with CVS or Walgreens because each will have a slightly different form you for both those programs, the consent form will be distributed to you ahead of your clinic scheduled clinics so that you can distribute to the Guardian and have the consent completed prior to the clinic day just for ease of administration. All of those details will be covered sorry in detail by your CVS or Walgreens coordinator.

Hugh Tilson

Sorry for the delay. I'm still looking through all these questions. Substance Abuse facilities considered 1A, ALS 1A? Those types of questions we keep getting, should someone who has had COVID receive the vaccine?

Dr. Carrie Brown

So, I'm gonna believe the answer to that is yes. But again, we will get the final answer once we have the emergency use authorization for the specific vac products, whether the Pfizer vaccine or the Moderna vaccine.

Hugh Tilson

We are not a long term care program, but a DHHS licensed residential program who do we talk to you to find out what group we are in?

Dr. Carrie Brown

The best would be to talk to your DHHS representative, or your like your assistant director. And, and then again, also sort of refer people to the details slide and, and I apologize, we didn't have time for me to go into that slide in in detail, but it is in the slide deck. The second slide about phases goes into a little more detail about where individual facilities are located. I might just add, I don't anticipate initially the vaccine to be approved for children or adolescents. That is expected to happen a little bit later.

Hugh Tilson

Are there grants or resources available to assist nonprofits with the cost of testing?

Dr. Carrie Brown

I did not know the answer to that question. We can take that back.

Dr. Susan Kansagra

Yeah, and I can, you know, I can help a little bit with that when you're if you're a skilled nursing facility, there is a mechanism there for the state to be able to reimburse for some of the costs of testing because we have created a state mandate around staff testing for those facilities for staff. You know, in addition, our Medicaid team has worked on rate increases across the board for all long term care facilities and an additional outbreak enhanced rate for outbreak facilities. And so, you know, the hope would be that some of those additional funds that are coming, you know, are for use for things like testing, some of that could be utilized. And then in addition, we know that point of care, you know, point of care devices are being sent to at least be assisted living and skilled nursing facilities. And so to the extent that you could also utilize those using the algorithms, you know, we would encourage that.

Dr. Carrie Brown

I did want to go back to one of the prior questions, in regards to the requiring a vaccine. And just clarify that the state is not in a position to mandate the vaccine. At this point in time. However, an individual employers could choose to do so.

Hugh Tilson

Yeah, I'm looking at these questions they're just a ton of them so Michael, you got a shout out for doing a nice job, so just wanted to relay that it's always good to be like positive things. Lots of questions about link to these slides, they are on the NC AHEC website. And it may be that we may want to send them out to the participants just getting lots of requests for those. There will also be at the on the NC AHEC website there'll be recording of this. So you can play that back as well. What about residential substance use treatment programs what category that's the kind of questions we're getting which I think we've answered most of these just. Do we know how long the vaccine...

Dr. Carrie Brown

Okay, the residential substance abuse facilities. If they are not licensed as a hospital. So, if they're a JCo, a Joint Commission accredited hospital and accept COVID positive patients, then they would be in one a part of the hospital system, I think. Otherwise, I believe it, it is 1B, that you all would be in 1B or phase two, and and we can we can certainly clarify that. Just for general awareness. We have a little bit of time before that piece comes out because we, you know, we're only going to be doing 1A this month.

Hugh Tilson

Thanks. Got a couple questions about do we know how long the vaccine lasts is it anticipated to be once or possibly needed a booster over time. And then the other question is what if you only get the first dose and don't get the second dose what happens with that?

Dr. Carrie Brown

Also really important and great question. So, we don't have the information yet to know how long the vaccine will provide immunity. That information, you know, is, is being determined right now, and sort of the same thing in terms of if you only get get one injection, whether you'll be protected or not we simply just need more data to know whether whether you will be protected. Certainly what we know is that it was two injections you, the current both the Pfizer and the Moderna around 95% effective, which is superb efficacy, whether you get some of that with just one I think that these are again important questions but we don't really have the answers to that. And so our system has been set up to like the vaccine management system has been set up to automatically schedule for example your second injection after your first, either 21 or 28 days based on the Pfizer or Moderna vaccine. But it is important that facilities keep track of the logistics of this because you really want your staff and your residents to be fully protected which for both the Pfizer and the Moderna requires two injections.

Hugh Tilson

Who should we direct follow up questions after this presentation?

Dr. Susan Kansagra

I think there, you know, I think best would be for folks to continue to list questions in the chat even if we don't get to all of them and we will see if we can re host another one of these webinars and maybe to, to go specifically through q&a or to, again, open it back up for q&a.

Hugh Tilson

Great. I may have missed this but who exactly is going to be administering the vaccines?

Dr. Carrie Brown

I'm wondering if the question means like is it a clinical pharmacist, that are licensed to give vaccines can give vaccines as well as nurses can give vaccines. I think that's what they may be asking.

Hugh Tilson

I think so too. That makes sense. When administering the vaccine will the pharmacy or nurse come prepared to possibly treat allergic reactions?

Dr. Carrie Brown

I would imagine so, yes. And that would be a question you could ask specifically to CVS and Walgreens.

Dr. Amanda Fuller Moore

This is Amanda, it's actually a requirement of the program that they have the availability and the knowledge to manage that.

Hugh Tilson

So we've got a specific follow up question, can nurses give this vaccine?

Dr. Carrie Brown

Yes, but there is a way that they should be trained and there is a specific COVID-19 vaccine training.

Hugh Tilson

Gotcha. Just looking at these questions, um, how are what are the hospitals planning to do with COVID vaccines they have received. Could they, I guess, maybe that mean are they gonna be available in the community or just a hospital employees. Sure.

Dr. Amanda Fuller Moore

Yep. So, we are actively working with the hospital system and looking at what their capabilities are they are currently focused heavily on their internal staff. We have clearly messaged to them that, as they are able to vaccinate their staff they are doing that at a rate that staggers their staff that we have encouraged them to reach out into the community and partner to provide vaccine to 1A people in the community. And so they are likely all doing that in different ways. Some of them are reaching to the health department. Some of them are reaching into their own clinic. But we have provided them with the instructions to make every effort to not only vaccinate their own, but participate in the community effort toward vaccination as a whole.

Hugh Tilson

Thank you. Who will administer the vaccine to new hires and new admits after the initial vaccination dates, arranged by the pharmacy, what's the follow up plan.

Dr. Carrie Brown

I'm sorry. Could you repeat that question I missed part of it.

Hugh Tilson

Yeah, so there's a plan to vaccinate the current hires what happens when their staff turnover and who, how to who's going to vaccinate the new staff.

Dr. Carrie Brown

Oh, great question. So the CVS and Walgreens program includes three clinic visits. And then obviously this is not you know an ongoing situation and so individuals would have the ability to get vaccinated through other sources such as their local health department or potentially the local hospital Dr. Fuller

Moore was mentioning, or even their primary care provider, but the particular CVS, Walgreens program is three clinics. And they will work with you to schedule the timing of those three clinics.

Hugh Tilson

Did I hear you say residents families are included in 1A, or is it just the residents?

Dr. Carrie Brown

Just the residents, not the family. And, looking I did pull up the detailed prioritization framework. And so anyone that's in a congregate living setting. That is not in a skilled nursing facility adult care home, family care home group home or ICF. As a group, they can be vaccinated in phase two, but remember all adults in North Carolina, that have a higher risk for complications so two or more chronic conditions will be eligible in 1B. So that's not setting based that's risk based, based on the individual medical conditions so age plus the chronic conditions that have been identified by CDC, things like that we know like diabetes and obesity.

Hugh Tilson

Got a question but I did not see facility based crisis programs mentioned in the timeline, these staff are very high risks to be talked about facility based crisis.

Dr. Carrie Brown

We have not talked about facility based crisis.

Hugh Tilson

Where do they fit in?

Dr. Carrie Brown

I think we'll have to get back to you on that unless Amanda, or Susan know the specific answer. Um, because based on licensure type, they're not technically hospitals and, but understand of course they're taking individuals off the street and so, there is a high risk of exposure so I don't have an answer for that just yet. Unless others do.

Dr. Amanda Fuller Moore

I don't carry I'd have to have a better understanding of the facility but again. I get that a better understanding of the facility will help us understand if it's 1A or 1B. So I think we'll just have to look at it offline, and get back to that person.

Hugh Tilson

Got this question, the health department is saying they do not know who is enrolled and cannot verify who's enrolled in the community. How do we know and who do we need to call to ensure that we are enrolled?

Dr. Amanda Fuller Moore

Can you repeat that one more time here sorry.

Hugh Tilson

Local health departments aren't able to confirm whether somebody is enrolled they're kind of asking, well how do we confirm that we are in fact enrolled so that we can receive the vaccine, get the vaccine.

Dr. Amanda Fuller Moore

Is it a facility?

Hugh Tilson

I think so. That's just the question is how do we know?

Dr. Amanda Fuller Moore

If it is a long term care facility. Yep, if it's a long term care facility, it goes back to what Dr. Brown said if they haven't received any type of communication from CVS or Walgreens if they follow up with us, we can look on the preliminary list that we have to see what we what information we have available.

Hugh Tilson

Do you know if the vaccine that is coming to long term care facilities is Pfizer and Moderna.

Dr. Amanda Fuller Moore

We only allocated Moderna vaccine for that program.

Hugh Tilson

Will NC require nursing homes to enter COVID vaccination data into NSHN COVID module that will be released on December 21.

Dr. Amanda Fuller Moore

We just got our first look at that late yesterday, I think we have to figure that out. Exactly.

Hugh Tilson

Is there a timeframe between getting the flu shot and getting the COVID vaccine, is there any relation.

Dr. Carrie Brown

Good question, I'm not aware of that but that would be covered in again when we get the final EUA and be covered in the specific for the vaccine indications and contraindications.

Hugh Tilson

I guess I relates to kind of who will be unable to get the vaccine someone who has had COVID, someone who's been exposed to showing signs or symptoms so I guess we don't know that yet do we?

Dr. Carrie Brown

I do think we need to say that people that are actively infected the COVID would not get the vaccine while they're fighting off the infection, until they had recovered. That piece I think we are relatively confident of.

Hugh Tilson

Is there a general consent form the state will produce as we work to vaccinate the staff and the residence,

Dr. Carrie Brown

the consent form will be determined by CVS and Walgreens, as well as there is also a consent through the CVMS program for the COVID vaccine management system has a consent built into it as well, and then again CVS and Walgreens will have their own consent.

Hugh Tilson

Will long term care facilities be able to stagger immunization much like we do with a flu shot?

Dr. Carrie Brown

So, programs, or facilities that are enrolled with CVS or Walgreens. Again, you do have three clinic visits to schedule with either CVS or Walgreens, and you can stagger your employees for example over the first and second visit, so that you're not doing everyone at once. And then the third visit would be used for the second vaccine.

Hugh Tilson

So as regards employees when vaccine is received having to determine side effects for symptoms of COVID when determining if someone is able to work?

Dr. Carrie Brown

That's a really important question. And I don't know what I can say at this point in time, I can speak on behalf of what we talked to our state operated facilities. And that is, you know, the COVID screening precedes as normal. So, when you, when someone comes back the next day after the vaccine, they your current COVID training process, and the process that you use with your whoever serving your employee health function in terms of, you know, fitness for duty and, and whether your screens should be able to work that day should still continue the way it always has been. Now, does that mean that some individuals that have received the vaccine and get, for example, some, you know body aches, would they be screened out the next day? Yes, because at that moment in time. You can't be 100% sure that it's just the vaccine but I will encourage you to talk with your medical directors about the, the sort of the specifics of how that operationalizes it, but again that's why it's probably recommended to not vaccinate your entire staff on one day but to try to split it up over this first to clinic. And then also remember that the side effects are relatively infrequent. And I think it is also important to remember that if if someone does get a mild low grade fever or muscle aches the next day, that's actually a good sign. That means that they're immune, they are building an immune response to to COVID-19. And so that's not a not a bad thing it's a good thing, it means the vaccine is working. But yes we do anticipate that there will probably need to be some staff absences related to that process. Again, which is why it's recommended to work with CVS and Walgreens to do your planning, so that everyone isn't vaccinated on exactly the same day.

Hugh Tilson

Thanks. Got a follow up, you mentioned the facilities that have not received confirmation can follow up with you to confirm enrollment, who is you and how do we get up with you, is that Susan or Carrie who was that?

Dr. Carrie Brown

So I think we're probably still trying to determine that the best process that we don't want, it would be great to have for people to have a one one place to go to to get answers about who's enrolled who has not, so I think we will, we will have to figure that out and then communicate it back to this group. I personally don't have that. And the other thing is that I think also just know that the the department is planning on reaching out to a facilities that aren't matched. Once we get the final match list from, from CDC. So, but we'll, we'll take that out to do out.

Dr. Susan Kansagra

Yeah, just add to that Dr. Brown, I think once we get the final list we can also think about a way to just distribute that list of who's enrolled and who's not back out to our, you know facility listserv. So that might be one easy way for everybody can look themselves up, you know, if you need.

Hugh Tilson

Will long term care facility responsible to vaccinate their contracted service personnel labtech, therapy services, wound specialist etc.

Dr. Carrie Brown

Both CVS and Walgreens, as part of their federal government have agreed to vaccinate contractors as well.

Hugh Tilson

Will you be able to provide talking points with staff when they ask why long term care is receiving the darna and hospitals receiving Pfizer. Some may feel that this would create distrust.

Dr. Amanda Fuller Moore

I mean, I mean, the quick answer is that we are allocated from the federal government, only a certain amount of each one, and we do not have a, we do not have one or the other, that will cover everything, so we have to split them in general. The only product that we have a large enough allocation right now

to even turn on the program with, is the Moderna product. So that had a lot to do with why we selected that, we also are required by the federal government to select and maintain use of a single vaccine candidate for the program.

Hugh Tilson

Thanks, and we're just about a time let me see if I can find a couple of quick questions Where can I find the training necessary for nurses to administer vaccine?

Dr. Carrie Brown

We are in the process of distributing the information that will come out from that as we as the vaccines, go through their EUA and then ACIP approvals, each manufacturer is providing an EUA information sheet for healthcare providers and then they will also provide specific administration information and so we will be sending that far and wide. Once it is made available.

Hugh Tilson

Kind of a related question is, who do you- it just moved. Who do you recommend physician or pharmacist somebody like that to do a training or presentation on COVID-19 with an emphasis on the vaccine and how can they be contacted?

Dr. Carrie Brown

I'm wondering if the question is sort of getting at about ways to communicate with their employees, and, and, and I do recommend that you go to the department's website on it on the vaccine because there's a whole bunch of communication tools, they'll also be videos that you can share with your staff that will I think serve the purpose that you're looking for. The other thing is I encourage medical directors of skilled nursing facilities and other facilities to speak with their employees I know at our state facilities, our medical directors have been communicating with employee employees already and also for the ones that aren't going to fit into the 1A category. Many have agreed to receive the vaccine publicly or at least have a photo of them receiving the vaccine. And so if that's something that you can talk with your medical directors about then that is important as well as a tool as well.

Hugh Tilson

Thank you Dr. Brown we're out of time. There are a number of questions left in the q&a. Dr Kansagra I guess I'll forward those to you and your team. And let me turn it back over to you for any final comments.

Dr. Susan Kansagra

Thank you all so much again, we know this was a lot of information and a lot of moving parts to this too so we will do our best to also keep everyone informed via our weekly update emails that are going to all facility administrators through the listservs that are DHSR teams have so we are also putting information out there, and also the CDC partnership for long term care program, there is a full website with FAQs also so if you have questions about that program I'd really encourage folks to look also, there, if there's a basic questions on how that will work so again thank you all so much for everything you were doing. And thanks Hugh and team for hosting us.

Hugh Tilson

If there's anything we can do to help to facilitate in the future, please do not hesitate to let us know. Thanks everybody for all the job do it's really important. We're all grateful.