# LTC Vaccination & Infection Prevention Best Practices Webinar

**Division of Public Health, Communicable Disease Branch**

**December 10, 2020**

# Logistics for today's COVID-19 Forum

## Question during the live webinar


**Technical assistance**

technicalassistanceCOVID19@gmail.com

# LTC Vaccination & IP Best Practices Webinar

# Agenda 12/10/2020

| Topic | Presenter/Facilitator |
|---|---|
| **Opening Remarks** | **Hugh Tilson**<br>*Director, NC AHEC*<br><br>**Susan Kansagra**<br>*NC Division of Public Health* |
| **LTC Vaccination Strategy** | **Carrie Brown**<br>*CMO for Behavioral Health & IDD, NC DHHS* |
| **Infection Prevention Best Practices** | **Jennifer MacFarquhar**<br>*Epidemiologist, CDC & Prevention*<br>*NC Division of Public Health*<br><br>*NC Division of Public Health*<br>- **Emily Berns**<br>- **Teresa Fisher**<br>- **Amy Braden**<br><br>**Lindsay Clontz**<br>*Covenant Village*<br><br>**Michael Wynant**<br>*Compass Healthcare & Rehab Hawfields* |
| **Q & A** | **Amanda Fuller More**<br>*NC Division of Public Health*<br><br>**IP Best Practices Speakers** |


# Vaccination Strategy for Long-term Care Facilities

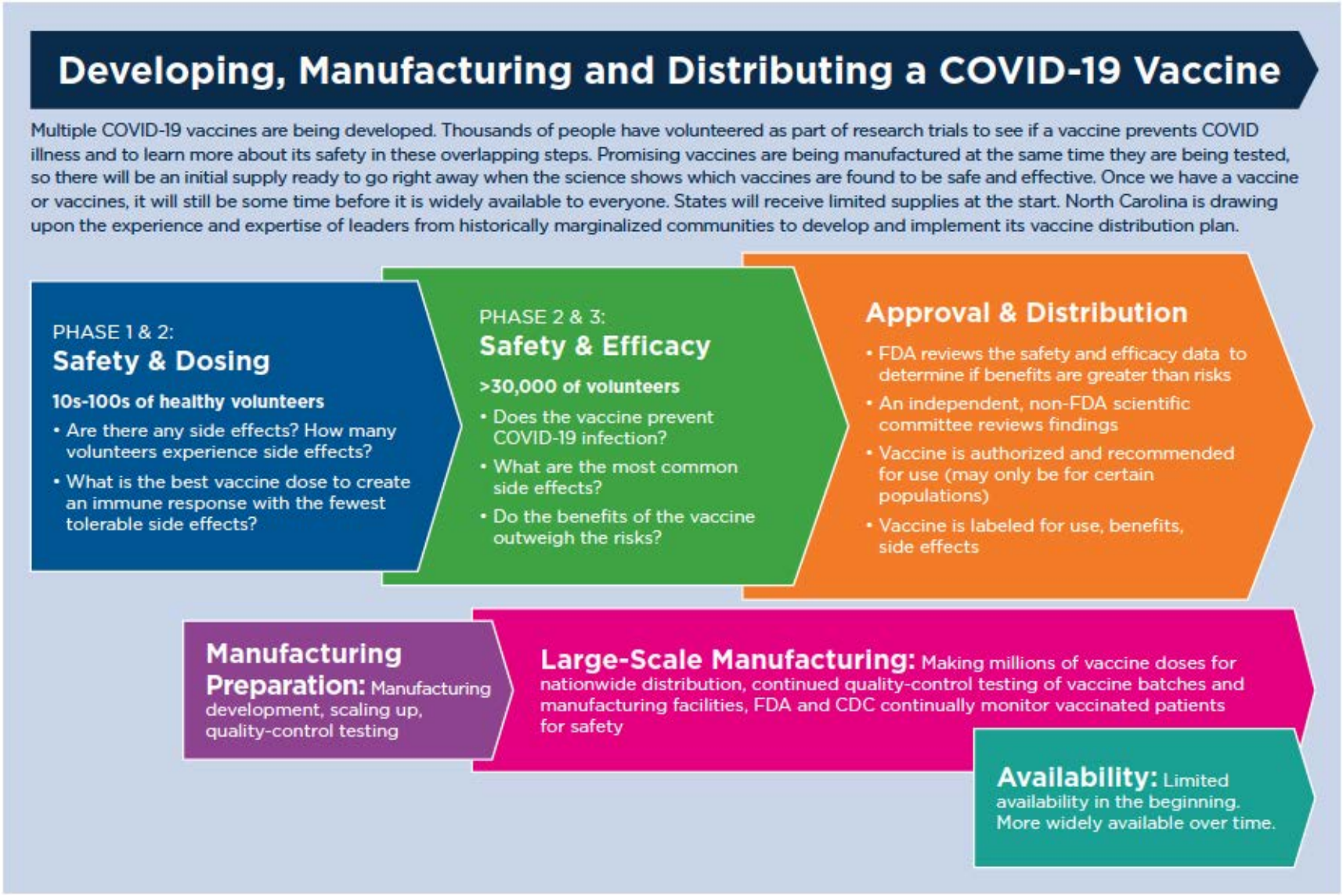
**Division of Public Health, Communicable Disease Branch**

**December 10, 2020**

# Agenda

- Status of Vaccine Development
- NC Vaccine Response Principles
- Priority Groups
- Overview of Plan
- Provider Enrollment
- Communications
- Questions

# The COVID-19 Vaccine Development Process



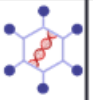
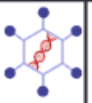

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

https://files.nc.gov/covid/documents/Vaccine-Timeline.pdf

# Two Leading COVID-19 Vaccine Candidates

| | Pfizer Vaccine | Moderna Vaccine |
|---|---|---|
| **Preliminary Efficacy Data** | • Nov 18 Press Release data analysis reported 95% effectiveness in preventing illness.<br>• 162/170 cases were in placebo group<br>• 9/10 severe cases were in placebo group<br>• Phase 3 trial included over 43,000 participants, 42% with diverse backgrounds. | • November 30 Press Release data analysis 94.1% effectiveness in preventing illness.<br>• 185/196 cases were in placebo group<br>• 30/30 severe cases were in placebo group<br>• Phase 3 trial included 30,000 adult participants, 37% with diverse backgrounds. |
| **Timing of EUA** | • Applied for EUA 11/20/20<br>• FDA Review Dec 8-10 | • Applied for EUA 11/30<br>• FDA Review Dec 17th |
| **Temperature and Storage** | • Requires ultra-cold storage (-75 degrees Celsius).<br>• Lasts up to 5 days at refrigerated temperatures. | • Requires storage at -20 degrees Celsius (similar to the chickenpox vaccine).<br>• Lasts up to 30 days at refrigerated temperatures. |
| **Dosing** | • 2-dose schedule; 21 days apart<br>• Protection after 10 days of 1st dose, 52% after first dose | • 2-dose schedule<br>• Administered 28 days apart. |
| **Type of Vaccine** | • Both vaccines use mRNA technology from the coronavirus's own genes to have people's cells make viral proteins to trigger immune system to produce antibodies against the COVID virus. mRNA vaccines can be made faster than older vaccines and require frozen storage to remain stable | |
| **Safety** | • No reports of serious safety concerns in either vaccine in either the clinical trials. Temporary reactions (e.g., fever, soreness at site of injection, fatigue) noted 24-48 hours after vaccination | |

# Updates on Remaining Operation Warp Speed Candidates

| | AstraZeneca (University of Oxford) | Johnson & Johnson (Janssen) | Sanofi / GSK | Novavax |
|---|---|---|---|---|
| **Type** | Non-replicating viral vector  | Non-replicating viral vector  | Protein Subunit  | Protein Subunit  |
| **Phase** | Phase II/III | Phase III | Phase I/II | Phase II/III |
| **Estimated Availability** | Est: Early 2021 | Est: Early 2021 | Est: First half 2021 | Est: Early 2021 |
| **Doses Required** | Doses: 2 (*testing half-dose: full-dose regimen v. two full doses*) First interim analysis 90% effective with first half-dose | Doses: 1 or 2 (*testing both*) | Doses: 1 or 2 (*testing both*) | Doses: 1 |
| **Transport Temp** | 36°F - 46°F | 36°F - 46°F | 36°F - 46°F | 36°F - 46°F |
| **Storage Temp** | 36°F - 46°F | 36°F - 46°F | 36°F - 46°F | 36°F - 46°F |
| **Target Supply** | 3B | 1B in 2021 | 1B by mid 2021 | 2B+ in 2021 |
| **At Risk US Government Purchase** | 400M | 100M | 100M | 100M |

***Sources: BioPharma Dive, NIH, ClinicalTrials.gov, Johnson & Johnson News, Sanofi News***

# CMS Payment Toolkit Information – Reimbursement Landscape

**Provider agreement language updated to reflect that the vaccine must be provided at no cost to recipient;**

Vaccine cost covered by federal government; administrative costs covered by Medicare, Medicaid, and commercial insurance; HRSA will reimburse providers for COVID-19 vaccines administered to uninsured individuals.

### Medicaid

- As long as a state is claiming enhanced Medicaid match as part of the Public Health Emergency, the state must cover, without cost sharing, "any testing services and treatments for COVID-19, including vaccines;" this extends to vaccines authorized via EUA.

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### Medicare

- The CARES Act mandated that Medicare Part B cover a COVID-19 vaccine without any cost sharing in cases where "such vaccine is licensed under section 351 of the Public Health Service Act"; a vaccine authorized by an EUA would not meet this standard.
- To address this gap, CMS announced a new rule on October 28th guaranteeing Medicare coverage for a vaccine approved via EUA; this guarantee applies to beneficiaries enrolled in both traditional Medicare and Medicare Advantage.

### Uninsured

- HRSA will reimburse providers for COVID-19 vaccines administered to uninsured individuals, once a COVID-19 vaccine receives either an EUA or full licensure from the FDA. Provider Relief Fund (https://www.hrsa.gov/CovidUninsuredClaim)
- Consistent with HRSA's prior guidance regarding treatment services, an individual with public or private health coverage will be deemed "uninsured" for purposes of the HRSA Program if the individual has a form of health coverage that excludes vaccines (e.g., individuals enrolled in a limited Medicaid family planning program).

### Commercial

- Current law and regulations require vaccines recommended by ACIP to be covered as an Essential Health Benefit without cost sharing.

# NC COVID-19 Vaccination Plan: Vision of Success

**GOAL**

**Immunize every person living in North Carolina who is eligible and wants to receive a COVID-19 vaccine**

**GUIDING PRINCIPLES**

All North Carolinians have equitable access to vaccines

Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations

Transparent, accurate, and frequent public communications is essential to building trust

Data is used to promote equity, track progress and guide decision-making

Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation

# Advisors

- **COVID-19 Vaccine Advisory Committee**
  - **Purpose**: Provide updates from industry and stakeholders to ensure alignment
  - Group of >60 stakeholders

- **Historically Marginalized Populations Advisory Group**
  - **Purpose:** Identify and address issues related to HMP in the COVID pandemic response
  - Vaccine team presents regularly to HMP Advisory Group for input and partnership opportunities
  - Group of >80 internal and external stakeholders

- **COVID-19 Vaccine Communications Advisory Group**
  - **Purpose**: Enhance the development of North Carolina's COVID-19 Vaccine Communications Plan and to serve as dissemination partners to extend the reach of the communications efforts, especially to prioritized, critical, and historically marginalized populations

# **COVID-19 Vaccinations:** Those most at risk get it first.

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A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first. Independent state and federal public health advisory committees have determined that the best way to fight COVID-19 is to start first with vaccinations for those most at risk, reaching more people as the vaccine supply increases from January to June. Keep practicing the 3W's—wear a mask, wait six feet apart, wash your hands—until everyone has a chance to vaccinate.

## 1a — Health care workers fighting COVID-19 & Long-Term Care

Every health care worker at high risk for exposure to COVID-19—doctors, nurses, and all who interact and care for patients with COVID-19, including those who clean areas used by patients, and those giving vaccines to these workers.

Long-Term Care staff and residents—people in skilled nursing facilities and in adult, family and group homes.

## 1b — Adults at highest risk of severe illness and those at highest risk for exposure

Adults with two or more chronic conditions that put them at risk of severe illness as defined by the CDC, including conditions like cancer, COPD, serious heart conditions, sickle cell disease and Type 2 diabetes, among others.

Adults at high risk of exposure including essential frontline workers (police, food processing, teachers), health care workers, and those living in prisons, homeless shelters, migrant and fishery housing with 2+ chronic conditions.

Those working in prisons, jails and homeless shelters (no chronic conditions requirement).

## 2 — Adults at high risk for exposure and at increased risk of severe illness

Essential frontline workers, health care workers, and those living in prisons, homeless shelters or migrant and fishery housing.

Adults 65+

Adults under 65 with one chronic condition that puts them at risk of severe illness as defined by the CDC.

## 3 — Students and critical industry workers

College and university students.

K-12 students when there is an approved vaccine for children.

Those employed in jobs that are critical to society and at lower risk of exposure.

## 4 — Everyone who wants a safe and effective COVID-19 vaccination

DECEMBER 8, 2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# VACCINE DISTRIBUTION PRIORITIZATION FRAMEWORK

**Risk-based prioritization based on National Academy of Medicine Framework for Equitable Allocation of COVID-19 and CDC Advisory Committee Immunization Practice. Refined by input by North Carolina Institute of Medicine Vaccine Advisory Committee. May be revised based on Phase III clinical trial safety and efficacy data and further federal guidance**

## Phase 1

**Phase 1a:**

- **Health care workers at high risk** for COVID-19 exposure based on work duties or vital to the initial COVID vaccine response
  - High risk of exposure is defined as those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID, administering vaccine in initial closed or targeted vaccination clinics.
  - Population includes: nurses, physicians, respiratory techs, dentists, hygienists, nursing assistants, environmental services staff, EMT/paramedics, home health workers, personal care aides, community health workers**,** health care trainees(e.g., medical students, pharmacy students, nursing students, etc.), morticians/funeral home staff, pharmacists, public health nurses, public health and emergency preparedness workers who meet the above definition of “high risk of exposure.”
- **Long Term Care staff and Residents** (e.g., Skilled Nursing Facilities, adult care homes, family care homes, and group homes; individuals with intellectual and developmental disabilities who receive home and community-based services and the workers directly providing those services)

**Phase 1b:**

- **Adults with high risk of complications** per CDC and staff of congregate living settings

**Operationally prioritize settings based on risk of exposure**

- **Migrant farm and fisheries workers** in congregate housing with 2+ Chronic Conditions* or ≥ age 65
- **Incarcerated individuals** with 2+ Chronic Conditions* or ≥ age 65 and jail and prison staff
- **Homeless shelter residents** with 2+ Chronic Conditions* ≥ 65 and homeless shelter staff
- **Health care workers** not included in Phase 1A with 2+ Chronic Conditions
- **Frontline workers** with 2+ Chronic Conditions at high risk of exposure (e.g., firefighters, police, workers in meat packing plants, seafood and poultry not in congregate housing, food processing, preparation workers and servers, manufacturing, construction, funeral attendants and undertakers not included in Phase 1A, transportation workers, retail workers (including grocery store workers), membership associations/org staff (e.g., religious orgs), education staff (e.g., child care, K-12 or IHE) and workers in government, public health, emergency management and public safety whose functioning is imperative to the COVID-19 response)
- **Other Adults** with 2+ Chronic Conditions*:

* Defined by CDC as increased risk for COVID

## Phase 2

- Migrant Farm/fishery workers in congregate living without 2+ Chronic Conditions
- Incarcerated individuals without 2+ Chronic Conditions
- Homeless shelter residents without 2+ Chronic Conditions
- Frontline workers at high or moderate risk of exposure without 2+ Chronic Conditions
- All other Health Care Workers not included in Phase 1A or 1B
- Education staff (Child Care, K-12, IHE) without 2+ Chronic Conditions
- Other adults age 18-64 with one chronic condition*
- 65+ year olds with one or no chronic conditions*

## Phase 3

- Workers in industries critical to the functioning of society and at increased risk of exposure who are not included in Phase 1 or Phase 2
- K-12 students (if data from clinical trials), college students

## Phase 4

- Remaining population

# NC COVID-19 Vaccine Operational Plan: Overview

| | Planning<br>*Before vaccine is available* | Implementation<br>*Begins when first vaccine doses are allocated to states* | Adjustment<br>*Large number of vaccine doses available* | Transition<br>*Sufficient supply of vaccine doses for entire population* |
|---|---|---|---|---|
| **Populations** | • **Establish priority groups** | • Phase 1 populations<br>• Stabilize health care delivery system and protect individuals at highest risk | • Continue to move through phased populations as vaccine supply allows | • Offer vaccination to all populations through Phases 3 and 4 |
| **Vaccination Channels** | • **N/A** | • Through local health departments and on-site vaccination clinics (in closed settings) | • Require more points of access, mass vaccination clinics, and broad vaccination sites | • Vaccination in established channels<br>• Fewer mass, mobile, or community-based clinics |
| **Enrollment/ Ordering/ Allotment** | • **Identify/enroll providers**<br>• **Expect CDC centralized distribution to providers** | • Continue to enroll providers<br>• Allocations to state, allotted to enrolled providers | • Transition to provider ordering vaccines based on need for population and local demand | • Ordering similar to annual seasonal flu vaccine campaign |
| **Shipment** | • **None shipped**<br>• **Expect vaccine and anc. supplies procured and distributed by fed gov't** | • Shipment in increments of 1,000 for some<br>• May require ultra-cold storage & 2-dose series | • Shipment minimum of 100 for most vaccines | • Move to high supply/lower demand |
| **Data** | • **Confirm capability for required functionality, data collection, and reporting** | • Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements | • Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements | • Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements |

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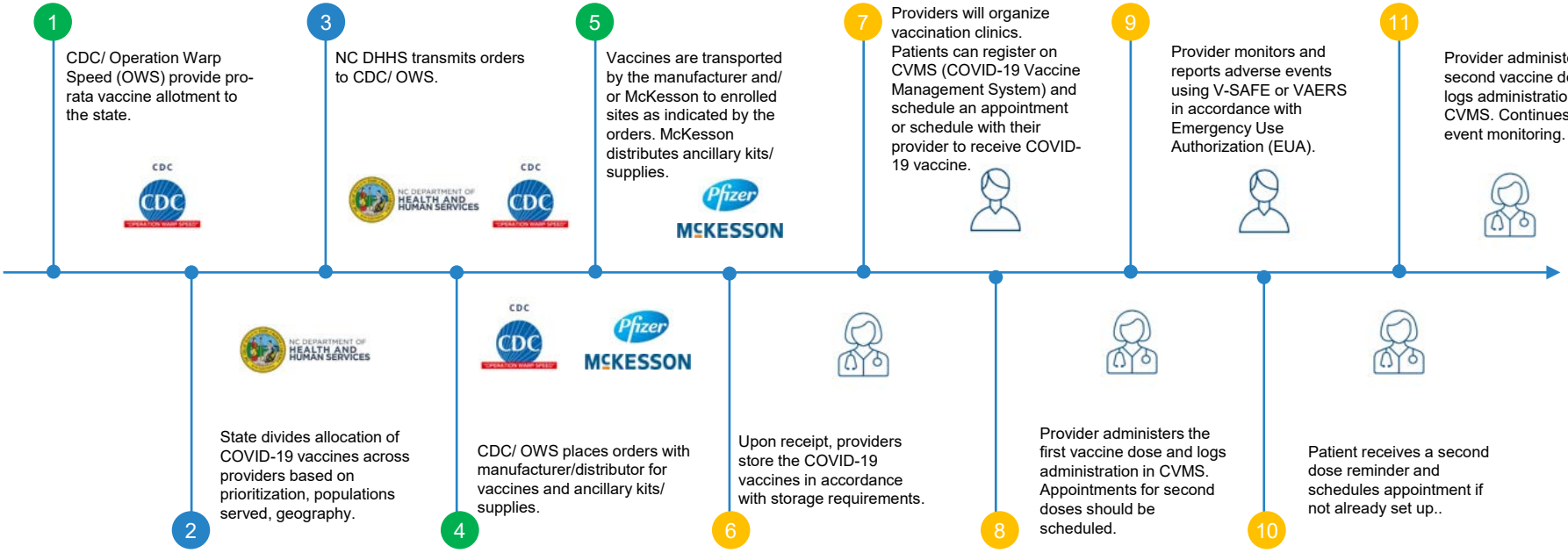
# Vaccine Journey




- Federal Responsibility
- State Responsibility
- Provider Level

# **Vaccine:** Provider enrollment

AS OF 12/1/2020

## PROVIDER ENROLLMENT DASHBOARD

**115** Hospitals **(100%)**

**130** FQHC / RHC / Free & Charitable Clinics **(32%)**

**100** LHDs **(100%)**

| Enrollment Complete | Currently Enrolling | Next to Enroll | Coming Soon |
|---|---|---|---|
| **Phase 1A providers**: Hospitals and Local Health Departments (LHDs) | **Phase 1B providers**: FQHC's, Rural Health Centers and Free and Charitable Clinics<br><br>Federal enrollment of pharmacies (Walgreens and CVS) for long term care settings | Continue **Phase 1B providers** such as corrections facilities, occupational health, providers serving congregate living settings, etc. | Remaining provider enrollment is expected to begin in mid- late December (e.g. primary care, urgent care)<br><br>Federal enrollment of more pharmacies |

NC's provider enrollment strategy is based upon **the prioritization strategy**

# **Vaccine:** Federal long-term care pharmacy program

## LTC ENROLLMENT DASHBOARD

**~498** Adult Care Homes **(84%%)**

**427** Skilled Nursing Facilities **(100%)**

## KEY PROGRAM DATES

- **12/7** — **Notification of Fed Government to turn on program**
- **12/21** — **Start pulling vaccines from Moderna allocation banks**
- **12/28** — **Start administering vaccines**

The federal government – in coordination with the CDC – has created the **Pharmacy Partnership for Long-term Care (LTC) Program** in partnership with CVS and Walgreens to vaccinate those in LTC settings

## Program Details

As part of this program, pharmacies will:

- Schedule and coordinate clinic dates with each facility
- Order vaccines and associated supplies
- Ensure cold chain management for vaccine
- Provide on-site administration of vaccine including patient information and consents as needed
- Report required vaccination data to local, state/territorial, and federal jurisdictions within 72 hours of administration

Allocation will come from state allocation starting with NC's week 2 allocation

# **Vaccine:** First allocations

## Week of Dec 13-19

**85,800 doses**
**(88 increments of 975)**

Initial shipment will go to **53 hospitals:**
11 early ship sites – Ultra-cold storage
42 others distributed according to **bed capacity, health care workers, and county population**

Future allocations will factor in **administration data and on-hand inventory**

Hospitals

## Week of Dec 20-26

**Doses TBD**

**Pfizer** shipments will focus on more **hospitals & health systems**

Hospitals

**175,900 doses**
**(increments of 100)**

**Moderna** shipments will focus initially on **Long Term Care** and then **health departments and community providers**

Long Term Care / Local Health Departments

# **Vaccine:** COVID -19 Vaccine Management System (CVMS)

**11/23**

**CVMS Provider Enrollment Soft Launch** invitation to:
- Goshen Community Health
- Carolina Family Health Centers
- Rural Health Group
- Realo Discount Drugs
- Oak Street Health

**11/30**

**CVMS Priority Access Preview** attended by 120+ participants

**12/8**

**CVMS MVP Soft Launch** for subset of Phase 1a providers

**12/10**

**CVMS MVP Go-Live** And available to Phase 1a and Phase 1b providers

**12/17**

**CVMS MVP R2 Go-Live** Additional features released

**TBD**

**CVMS R3+ Go-Live** Future features and enhancements available within CVMS

## What is CVMS?

CVMS is a secure, cloud-based **vaccine management solution** for COVID-19 that **enables vaccine management** and **data sharing** across providers, hospitals, agencies, and local, state, and federal governments on one common platform

When the CVMS is launched on 12/10, providers will be able to:
- **Enroll** in the **COVID-19 Vaccine Program**
- **Employees** can **register** for **vaccination**
- **Manage** vaccine **inventory**
- **Track** vaccine **administration data**

## Who will use CVMS?

- State officials will **enroll providers** and verify provider eligibility along with **verifying site readiness**
- Providers will **verify patient eligibility**, **log dosage administration**, and **track** frequency and timing of **additional dosages**
- **Training** for Phase 1 providers started **week of 11/30**
- CVMS will be available to select providers for a **soft launch on 12/8** and the **remaining providers** will have access to the system on **12/10**

## Who won't use CVMS?

- **Pharmacies**, such as CVS and Walgreens, **will not use CVMS** to administer and manage vaccines
- Pharmacies will to use their **current systems**
- Building capability to ingest vaccine data files from pharmacies into CVMS

# COVID Vaccine Communications: North Carolina's Commitment

**Provide early, transparent, consistent, and frequent communications so that North Carolinians:**

**Trust the information** that they receive from NC DHHS and local health departments about COVID-19 vaccinations

**Understand the benefits and risks** of COVID-19 vaccinations

**Make informed decisions** about COVID-19 vaccinations

**Know how and where** to get a COVID-19 vaccination

# Communications Strategy Informed by Research

neimand collaborative

One in three North Carolinians say they will definitely get a COVID 19 vaccine once approved by the FDA and offered for free. Another one in four say they will probably get the vaccine.

### Less likely to say they will get vaccine

- Blacks/African Americans
- Females
- High school or some college only
- Lower income groups
- Under age 35

### More likely to say they will get vaccine

- Hispanic, Latinx
- Asians
- White Non-Hispanics
- Males
- College or higher educated
- Higher income residents
- Ages 65 and older

### Most common reasons for vaccine avoidance:

- Concerned about side-effects
- Feel it hasn't been tested enough
- Don't want to be first to take the vaccine

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# Core COVID-19 Vaccine Messages

## PROCESS

**Great care has been taken to make sure COVID-19 vaccines are safe and effective.**

- **Scientists had a head start.** Although the vaccines were developed quickly, they were built upon years of work in developing vaccines for similar viruses. Development time was cut without cutting corners.
- **Testing was thorough and successful.** More than 70,000 people participated in clinical trials for two leading vaccines to see if they are safe and effective. To date, the vaccines are nearly 95% effective in preventing COVID-19 with no safety concerns

## EXPECTATIONS

**A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first**. The best way to fight COVID-19 is to start first with vaccinations for those most at risk, then reach more people as the vaccine supply increases throughout 2021

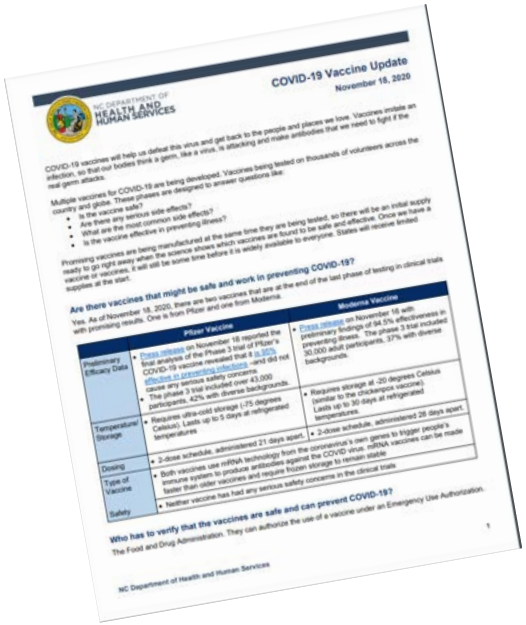
## INCLUSIVITY

**North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine plan**

**Communication Tools** - https://covid19.ncdhhs.gov/vaccines

# Materials to Inform the Press & Long-Term Care Workers

**Vaccine Talking Points**:
Updating weekly
Focus on setting expectations



COVID-19 Vaccine Update

November 16, 2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

COVID-19 vaccines will help us defeat this virus and get back to the people and places we love. Vaccines imitate an infection, so that our bodies think a germ, like a virus, is attacking and make antibodies that we need to fight if the real germ attacks.

Multiple vaccines for COVID-19 are being developed. Vaccines being tested on thousands of volunteers across the country and globe. These phases are designed to answer questions like:

- Is the vaccine safe?
- Are there any serious side effects?
- What are the most common side effects?
- Is the vaccine effective in preventing illness?

Promising vaccines are being manufactured at the same time they are being tested, so there will be an initial supply ready to go right away when the science shows which vaccines are found to be safe and effective. Once we have a vaccine or vaccines, it will still be some time before it is widely available to everyone. States will receive limited supplies at the start.

**Are there vaccines that might be safe and work in preventing COVID-19?**

Yes. As of November 18, 2020, there are two vaccines that are at the end of the last phase of testing in clinical trials with promising results. One is from Pfizer and one from Moderna.

| | Pfizer Vaccine | Moderna Vaccine |
|---|---|---|
| Preliminary Efficacy Data | • Press release on November 18 reported the final analysis of the Phase 3 trial of Pfizer's COVID-19 vaccine revealed that it is 95% effective in preventing infections, and did not cause any serious safety concerns.<br>• The phase 3 trial included over 43,000 participants, 42% with diverse backgrounds. | • Press release on November 16 with preliminary findings of 94.5% effectiveness in preventing illness. The phase 3 trial included 30,000 adult participants, 37% with diverse backgrounds. |
| Temperature/ Storage | • Requires ultra-cold storage (-75 degrees Celsius). Lasts up to 5 days at refrigerated temperatures | • Requires storage at -20 degrees Celsius (similar to the chickenpox vaccine). Lasts up to 30 days at refrigerated temperatures. |
| Dosing | • 2-dose schedule, administered 21 days apart. | • 2-dose schedule, administered 28 days apart. |
| Type of Vaccine | • Both vaccines use mRNA technology from the coronavirus's own genes to trigger people's immune system to produce antibodies against the COVID virus. mRNA vaccines can be made faster than older vaccines and require frozen storage to remain stable. | |
| Safety | • Neither vaccine has had any serious safety concerns in the clinical trials | |

**Who has to verify that the vaccines are safe and can prevent COVID-19?**

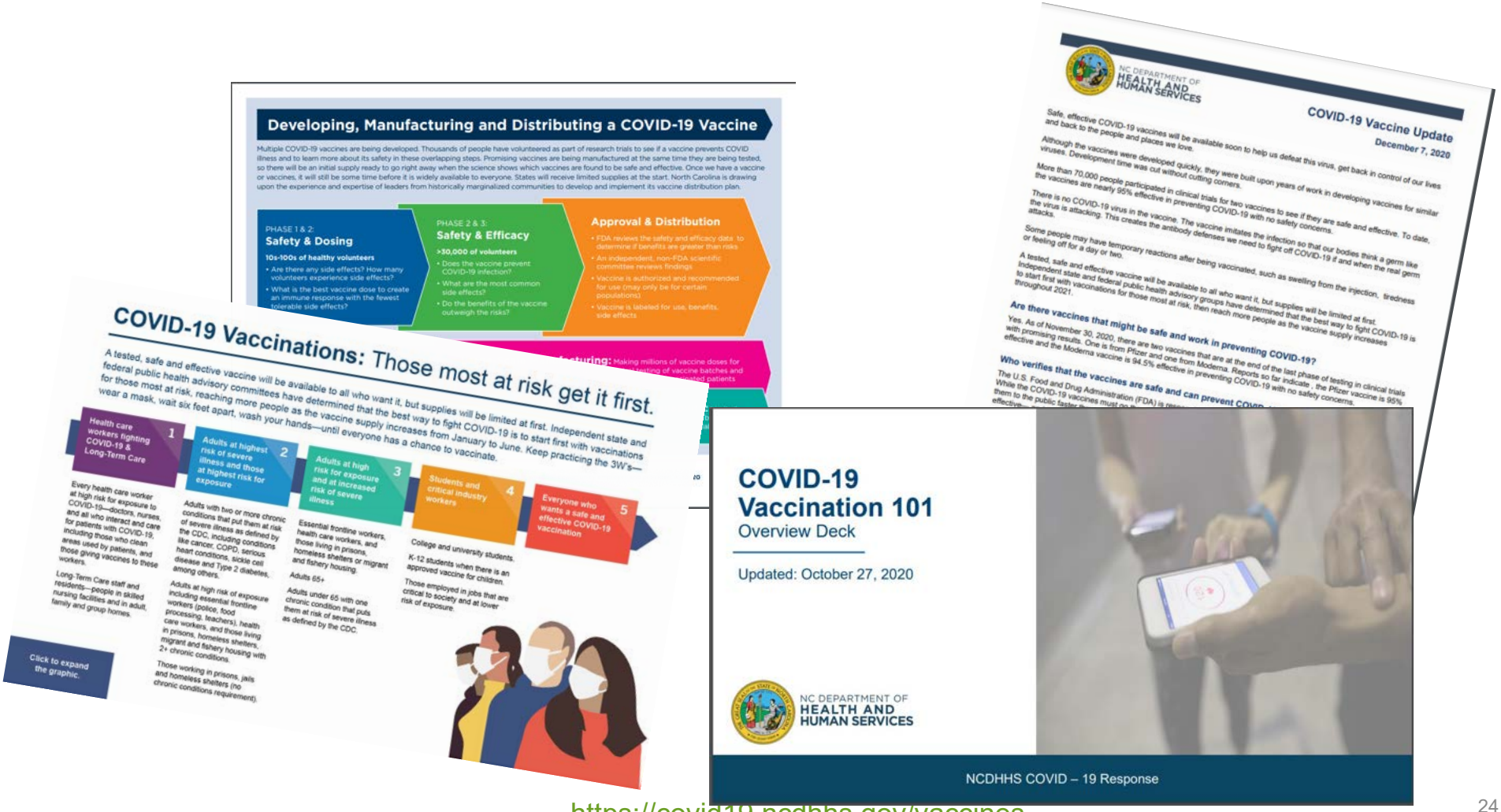
The Food and Drug Administration. They can authorize the use of a vaccine under an Emergency Use Authorization.

NC Department of Health and Human Services

- **NC DHHS COVID Vaccine Website**
  - Revamping
- **Vaccine 101 Deck**
  - Updating
- **Pressers:** Vaccine comments in Governor & Secretary remarks
  - Identifying trusted messenger champions for participation
- **Vaccine Message Framework and Toolkits**
  - Available mid-late December
- **Initial PSA's & videos in development:**
  - From Secretary Cohen to LTC workers & families
  - From Deputy Money to LTC workers
  - With LTC nurses, med techs and staff in multiple locations (Raleigh, Winston-Salem and Greensboro)

https://covid19.ncdhhs.gov/vaccines

# COVID-19 Communication Tools




https://covid19.ncdhhs.gov/vaccines

# What materials do you need most urgently?

# Best Practices for Infection Prevention in Long-term Care Facilities

**Division of Public Health, Communicable Disease Branch**

**December 10, 2020**

# Best Practices for IP in LTCFs

NC DHHS would like to thank the following facilities for participating in our discussion and sharing their excellent infection prevention practices with us:

**Brian Center Health & Rehabilitation Wallace**, Duplin County
**Compass Healthcare & Rehab**, Alamance County
**Covenant Village**, Gaston County
**Galloway Ridge at Fearrington**, Chatham County
**Gardens of Taylor Glen Retirement Community**, Cabarrus County
**Lexington Health Care Center**, Davidson County
**Lumberton Health & Rehabilitation Center**, Robeson County
**Stewart Health Center at The Cypress of Charlotte**, Mecklenburg County
**Trinity Oaks**, Forsyth County


# Covenant Village

**Lindsay Clontz, RN-BSN**

**Nurse Educator/Infection Preventionist**

**December 10, 2020**

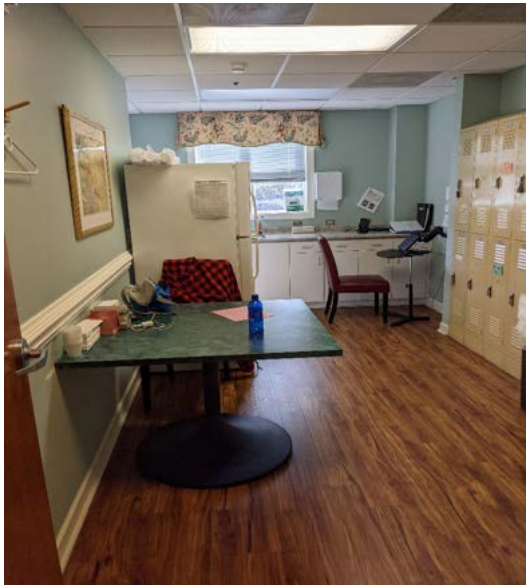
# Covenant Village

# Changes to Daily Activity

- Everyone who enters our campus must come past the Welcome Center. The guard at the gate checks everyone's temperature and conducts a screening for symptoms or exposure.
- Staff will also have their temperatures checked halfway through their shift.
- We conduct symptom checks on all of our residents daily. We take their temperatures once a shift (three times daily).

# Specific Infection Control Techniques

- Rearranging break rooms to ensure social distancing
- PPE Storage Rooms to prevent the spread of germs



# Education

- Weekly or Bi-Weekly Covid-Specific Staff Education
- Frequent Status Updates for Staff, Residents, and Families
- “Covenant Conversations”

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**Trinity Oaks**, Forsyth County

# Best Practices for IP in LTCFs

## 1. Prioritize infection prevention activities.

- Dedicate a full-time staff position to IP and education.
- Infection prevention requires a significant time commitment.
- Ensure that sufficient time and resources are dedicated to IP.
- Use the IP Staffing Worksheet to ensure that all key duties have been assigned.

## 2. Engage all staff, residents, and families in IP activities.

- Collaborate with all staff, residents, and families.
- Make sure everyone knows what the facility is doing to protect them AND what they are expected to do to protect themselves and others.
- Empower everyone to gently correct IP issues if they notice them.
- Everyone in the facility should help each other stay accountable.
- Have candid conversations with staff about:
  - How their behavior impacts the health of their own families, residents and coworkers.
  - The importance of following public health recommendations outside of work, such as avoiding large gatherings.

# Best Practices for IP in LTCFs

**3. Incorporate IP education into your facility's regular routine.**

- IP education should be frequent, consistent, and supportive instead of punitive.
- Use existing practices like facility-wide meetings or staff testing to provide education to everyone at the facility, including residents and non-clinical staff.
- Teach concepts repeatedly and in different ways to ensure that everyone understands and implements IP practices.
- Check learning after education sessions using quizzes, return demonstrations, or other methods.
- Audit IP practices among staff frequently to ensure that these key practices are being followed.
    - Infection prevention staff should round on units frequently to offer timely correction, personalized reinforcement, and individual education.
- Share new information across all staff levels through methods such as call systems, email message systems, and daily huddles.
- Set up education stations at a central location or throughout the facility so staff can easily review guidance and ensure they are using appropriate precautions.

# Best Practices for IP in LTCFs

**4. Have consistent staff working at the facility.**

- Communicate with staff about their needs and concerns to help provide a healthy and safe working environment.
- If temporary staff are needed, try to hire the same temporary staff each time so they can become familiar with your facility.
- LTCF staff should ideally work at only one facility.
    - If a staff member has multiple jobs, work with them to determine how they can work at your facility full time.

**5. Create an environment of safe, open communication for everyone in the facility.**

- Keep residents and families informed about the COVID-19 situation in the local community and the actions the facility is taking to protect them.
- Identify someone who residents should go to in order to answer questions, address concerns, and advocate for the resident. Having this type of contact in place can reassure both residents and their family.
- Consider having a weekly newsletter or call to provide updated information to all staff, residents, and families.

# Best Practices for IP in LTCFs

6. **Follow CDC guidance for appropriate selection and use of personal protective equipment (PPE), including when extended use/limited re-use is appropriate.**

- Careful adherence to hand hygiene is **critical** before putting on and after removing PPE.
- Generally, gowns should not be removed and put back on.
- If eye protection is removed, it should be disinfected before it is worn again.
- Limit use of N95 respirators to a single shift if possible.
    - If respirators must be used for more than one shift, store them in a paper bag labeled with the staff member's name between shifts.

7. **Modify facility layouts and procedures to support social distancing.**

- Safely modify facility layout as needed so the easiest choice is also the safest choice.
- If the residents' dining room is still closed, consider using this space as a staff break room to allow more space for social distancing.

# Questions?