LTC Vaccination & Infection Prevention Best Practices Webinar

Division of Public Health, Communicable Disease Branch

December 17, 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 12/17/2020

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

Saving Lives, Saving the Economy, Strengthening our People

Vaccination Strategy for Long-term Care Facilities

Division of Public Health, Communicable Disease Branch

December 17, 2020

COVID-19 Prevention: Key Messages for December

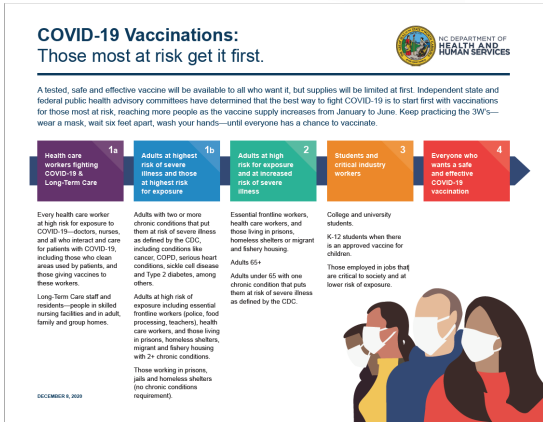
Review & Share the Winter Holidays Guidance

- Avoid holiday travel and gatherings with those you don't live with
- If you must travel or gather: Get tested ahead of time, wear a mask all the time, and keep it small and outdoors
- One-page flyer & detailed guidance (English & Spanish) available at https://covid19.ncdhhs.gov/information/individuals-families-and-communities/guidelines-get-togethers#winter-holidays



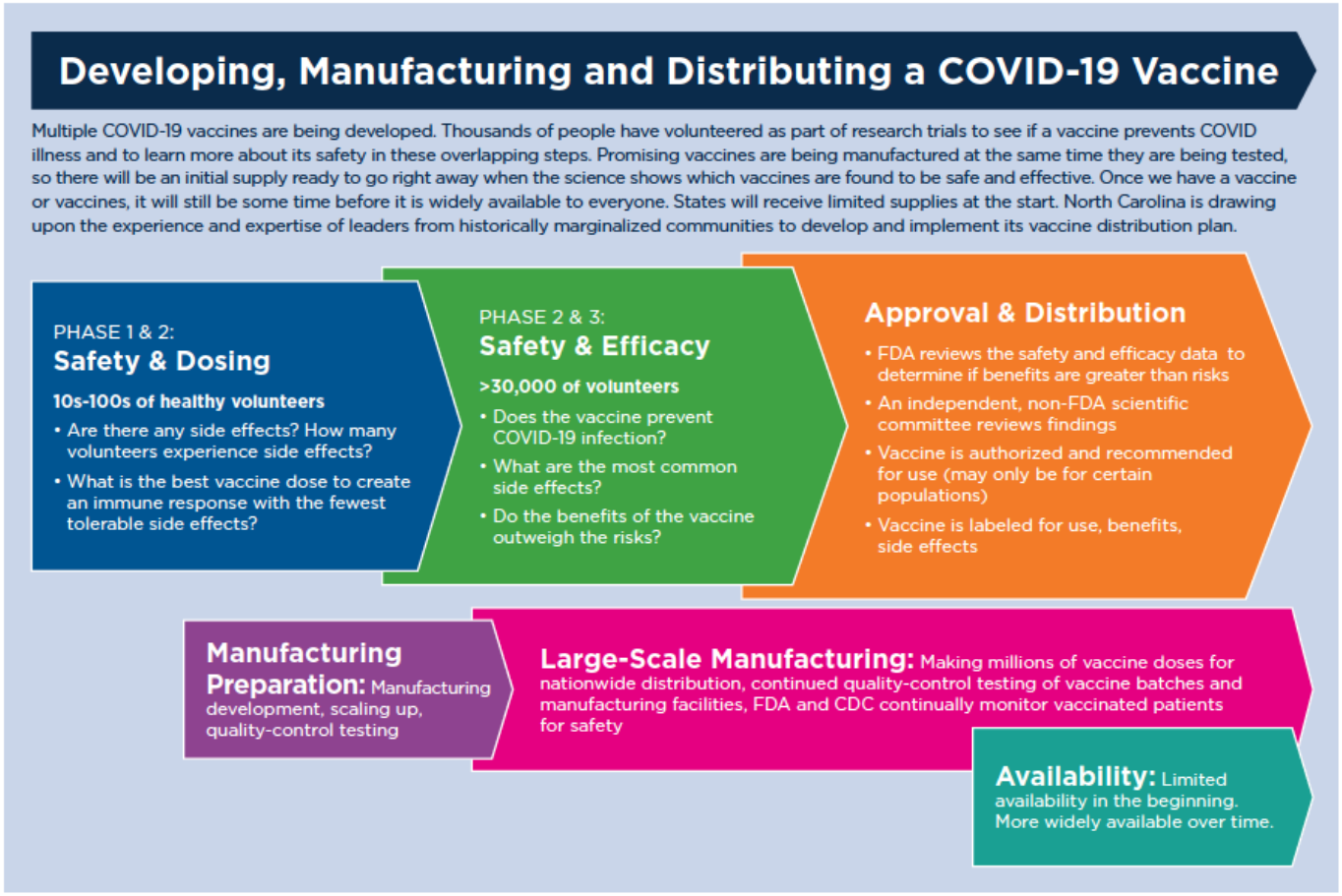
Review & Share Vaccines Talking points

- 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.
- More information at https://covid19.ncdhhs.gov/vaccines



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

The COVID-19 Vaccine Development Process



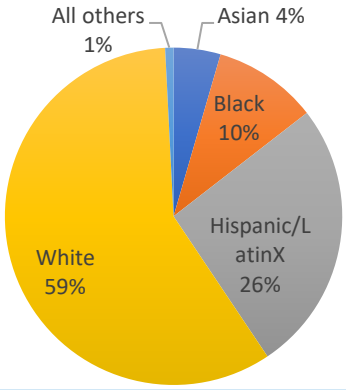
https://files.nc.gov/covid/documents/Vaccine-Timeline.pdf

Pfizer Vaccine

Enrollment	• Phase 3 trial included over 43,000 participants, 42% with diverse backgrounds • 16 -85 years. • 46% with co-morbidities • (e.g., cancer, heart disease, lung disease, diabetes, obesity, hypertension)

Efficacy Data	• 95% effectiveness in preventing illness.
	  • 162/170 cases were in placebo group
	  • 9/10 severe cases were in placebo group
	• Uniform effectiveness across age, co-morbidity, demographic groups
	• Do we know whether the vaccine will prevent a vaccinated person from carrying/transmitting the virus?
	• Did not look at data on if a vaccinated person can carry/transmit the virus

Authorization	• Applied for EUA 11/20/20 • FDA Advisory Committee endorsed12/10/20, FDA EUA 12/xx/20, ACIP recommendation
Temperature and Storage	• Requires ultra-cold storage (-75 degrees Celsius). • Permanent or shipping container refilled with dry ice up to 30 days. Up to 10 to 15 days without refilling dry ice. 5 days at refrigerated temperatures.
Dosing	• 2-dose schedule; 21 days apart • Protection after 14 days of 1st dose, No waning of protection for at least 2 months after second doses • Insufficient data to determine protection of 1 dose, but suggestion ~52% effective after first dose
Type of Vaccine	• mRNA technology from the coronavirus's own genes. Tiny piece of genetic material that instructs people's cells make 1 viral protein (spike protein) that triggers immune system to produce antibodies against the COVID virus. mRNA technology has been developing for past 2-3 years for other viruses
Safety	• No reports of serious safety concerns in clinical trials. 4 cases of Bell's palsy in vaccine group, same as general rate in population, but will monitor. Temporary reactions (e.g., fever, soreness at site of injection, fatigue) noted 24-48 hours after vaccination, lasts 1-2 days, more after second dose, less with people over 55

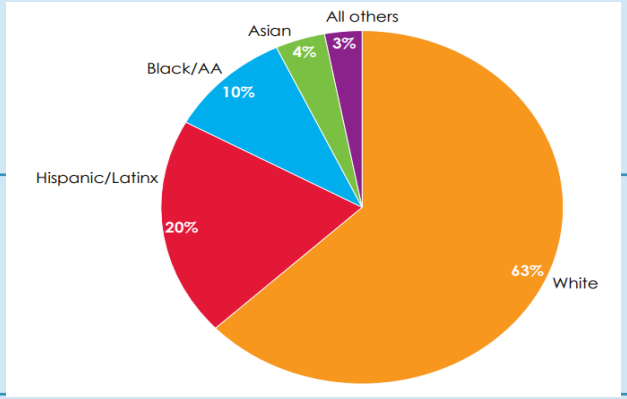


Equal percentage of people with and without evidence of prior infection in placebo group became infected (1.3%). "While limited, these data do suggest that previously infected individuals can be at risk of COVID-19 re-infection and could benefit from vaccination."

Moderna Vaccine	
Enrollment	• Phase 3 trial included 30,000 adult participants • 37% with diverse backgrounds. • 27% with co-morbidities • (e.g., diabetes, heart disease, lung disease, obesity)

Preliminary Efficacy Data	• November 30 Press Release data analysis
	  • 94.1% effectiveness in preventing illness.
	  • 185/196 cases were in placebo group
	  • 30/30 severe cases were in placebo group
	• Lasts at least 90 days after 2nd dose

Timing of EUA	• Applied for EUA 11/30 • FDA Review Dec 17th
Temperature and Storage	• Requires storage at -20 degrees Celsius (similar to the chickenpox vaccine) for up to 6 months. • Lasts up to 30 days at refrigerated temperatures.
Dosing	• 2-dose schedule • Administered 28 days apart.
Type of Vaccine	• mRNA technology
Safety	• No reports of serious safety concerns. Temporary reactions (e.g., fever, soreness at site of injection, fatigue) noted 24-48 hours after vaccination, more after second dose



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.

.

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.

COVID-19 Vaccine Toolkit

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Health care workers 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.

Current Phase

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, child care), 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.

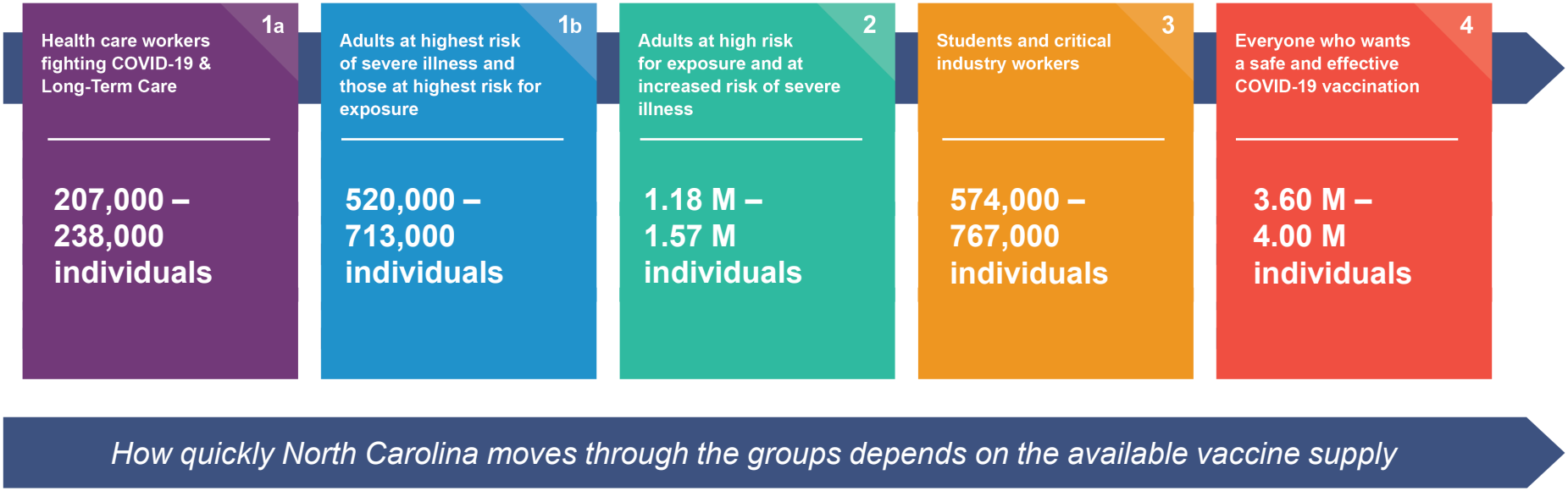
Those employed in jobs that are critical to society and at lower risk of exposure.

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



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

How many North Carolinians are expected to be vaccinated in each group?



How quickly North Carolina moves through the groups depends on the available vaccine supply

COVID-19 Vaccinations in North Carolina: December 2020

Who is being vaccinated now?

Health care workers at highest risk for COVID-19 exposure: Such as doctors, nurses, and those caring for and cleaning areas used by COVID-19 patients

Long-Term Care staff and residents: People living and working in places like skilled nursing facilities or group homes

Where are they being vaccinated?

Health care workers at highest risk for COVID-19 exposure: In hospitals or local health departments that have received early shipments of vaccine

Long-Term Care staff and residents: The federal government manages vaccinations for most long-term care facilities. Most will be vaccinated at their facilities in the Pharmacy Partnership for Long-Term Care Program with CVS and Walgreens

FOR OFFICIAL USE ONLY | NOT FOR DISTRIBUTION

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 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) 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

~390 Skilled Nursing Facilities

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

If you did not enroll in the CDC Partnership

The enrollment period has closed

Facilities should be getting list to confirm their status. Will list whether they are assigned to CVS or Walgreens or if they are not enrolled.

For those that are not enrolled, the local health department will be reaching out to you to coordinate on offering vaccine services to your residents and staff.

Local health departments or other providers may be able to vaccinate residents and staff. In addition, long term care pharmacies will be receiving COVID-19 vaccine.

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 some 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

CVMS 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 1a providers started **week of 11/30**
- CVMS **soft launch on 12/8**
- **Go live 12/10 –** begin to enroll and train more Phase 1b providers
- Open to others later in December

Who won't use CVMS?

- **Pharmacies**, such as CVS and Walgreens, **will not use CVMS** to administer and manage vaccines
- Pharmacies will use their **current systems** to report to federal program
- 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

COVID-19 Vaccines: Our best shot against COVID-19

Convey Safety in Development Process

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

Scientists had a head start. The vaccines were built upon years of work in developing vaccines for similar viruses.

Testing was thorough and successful. More than 70,000 people volunteered in clinical trials for two leading vaccines to see if they are safe and effective. To date, the vaccines are 95% effective in preventing COVID-19 with no serious safety concerns.

Demonstrate Commitment to Transparency & Inclusivity

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

Set Expectations

Those most at risk will get it first. 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.

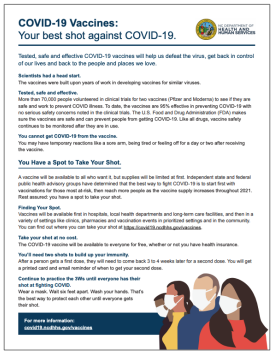
Make the Call to Action

You have a spot. Take your shot. Continue to practice the 3W's until everyone has their shot at fighting COVID-19

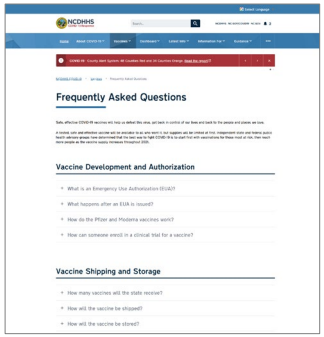
Online Resources | Updated Regularly

covid19.ncdhhs.gov/vaccines

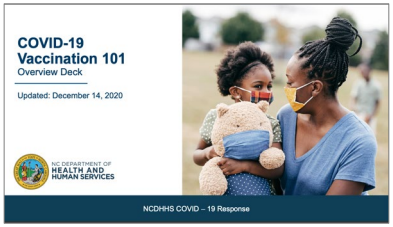
One-page flyer on COVID-19 vaccines to distribute



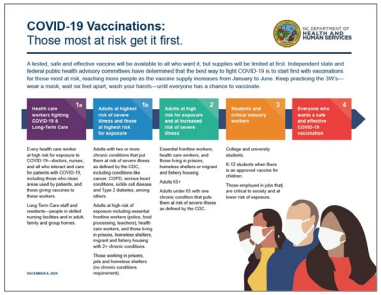
Frequently Asked Questions *(updating weekly)*



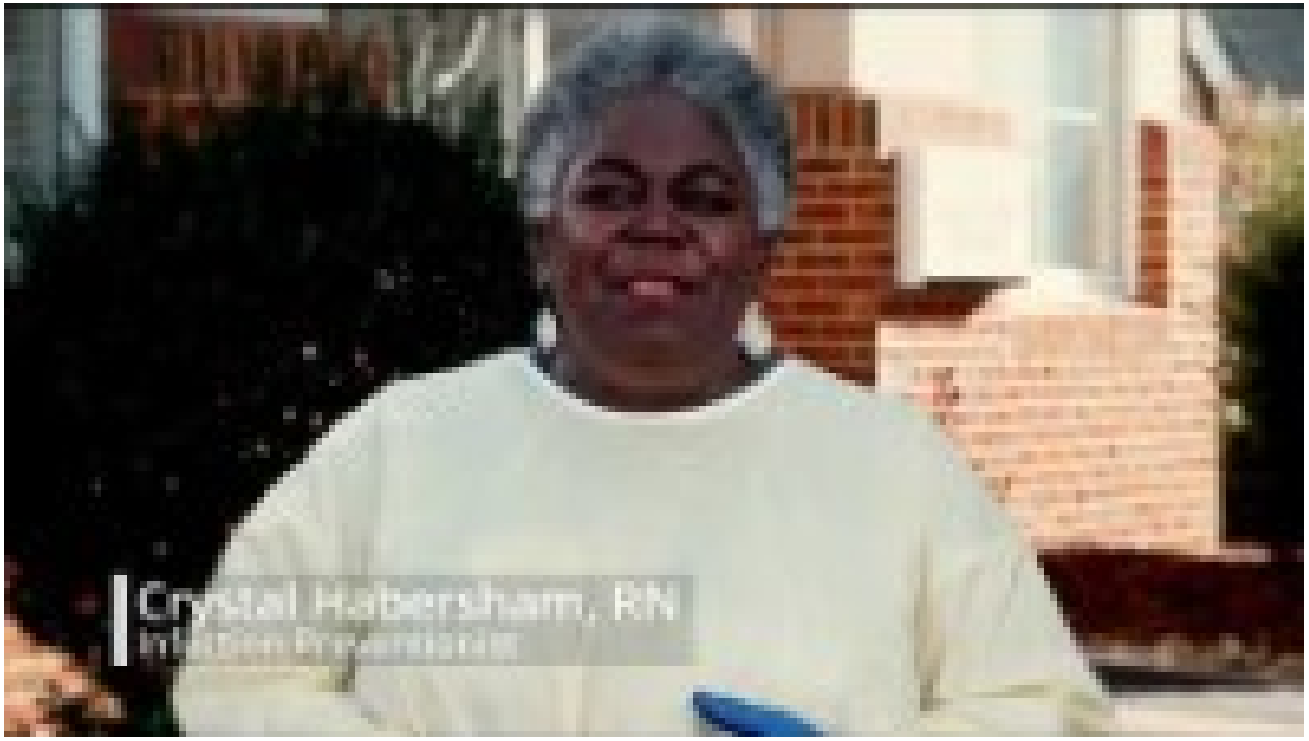
COVID-19 vaccines 101 deck



Infographic on prioritization



NC Long-Term Care Workers on the COVID-19 Vaccine



YouTube Video Link: https://youtu.be/RYCQeczOOMY

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

21

Best Practices for Infection Prevention in Long-term Care Facilities

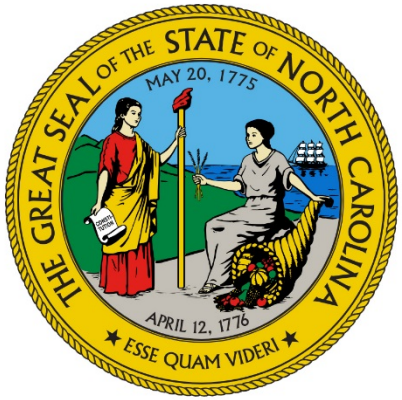
Division of Public Health, Communicable Disease Branch

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 17, 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”

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

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?

