

Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes

MARCH 24, 2021
3:00PM-4:00PM

Review and approval of meeting minutes:

- Reviewed meeting minutes from last meeting – Approved and Seconded.

Vaccine Update:

Jenny Arnold from the Washington State Pharmacy Association presented on the Johnson and Johnson vaccine and vaccine supply/logistics topics.

J&J has certain benefits:

Doesn't need to be reconstituted

Helpful in that it's one dose

Side effects seem to be milder which is particularly helpful for more vulnerable patients, like those coming out of the hospital or those that are in rehab (they don't get behind on their rehab plan). Or if patient spikes a fever right as they are about to discharge from the hospital, is that a vaccine related fever or related to the reason they were admitted in the first place – it can complicate things.

A separate discussion is how do we get them vaccinated before they reach the doorstep of the LTC facility. There is the Swedish First Hill pilot.

The main issue with in-hospital vaccination is that the inpatient pharmacy is not managing vaccine supply and you have to use a vial quickly so no doses go to waste. This means you have to get multiple patients who want the vaccine lined up to get it so you don't waste any – it's not just about patient by patient vaccine before discharge – it would be easier if it were.

The hospitals are asking that facilities not just accept vaccinated patients.

A month ago, the CDC allowed for single dose administration so that is helpful – it doesn't have to be mass vaccination. There is still the vial issue though and not wasting doses.

There was a question about efficacy of variants.

With the J&J vaccine efficacy overall seems less. J&J seems to have more compelling data but it was also studied in South Africa.

Overall it is still superior to what we see with the flu vaccine at this point.

We also have to remember that decreasing the transmission decreases the mutation opportunities.

All 3 vaccines available are showing to prevent death, hospitalization and severe symptoms.

J&J is beneficial for short term rehab patients who aren't staying at a facility long-term as it's just one shot.

Prioritizing the J&J vaccine in LTC facilities would be a conversation with DOH and state officials.

We should be getting more J&J vaccines this week and we have heard that we'll get three times more supply.

Jenny indicated she is moderating a call with 3 panelists and DOH to talk about different strains and vaccines – the call is Friday and anyone interested can join.

One other population discussed for the J&J vaccine was the Fircrest population, particularly behavioral health patients. Many are homeless. Helpful that J&J is one dose and the side effects seem to be less.

Supported Living has some clients that may not tolerate 2 shots – is there a way to find out where the J&J vaccine is available so that we can target it to those clients? It's just a handful of families that are holding out for the J&J vaccine because of behavior issues.

Per Jenny, not currently. It's not easy to find, but we are hopeful that soon the supply will be readily flowing and it will be much easier to get.

WSPA (Jenny) and DOH (Kathy Bay) can help with smaller pockets of clients needing J&J vaccine.

A letter has been sent from members of this group to the Secretary of DOH regarding the lag in follow up vaccinations. Also there is a list of pharmacies that have supplies, but the big 3 pharmacies that service LTC facilities aren't on that list.

As of now, the best approach is to call the pharmacy that services your facility and request vaccination. WSPA webpage has a site that can help with vaccine administration. Jenny is creating an email list of pharmacies with vaccine. Email Jenny if you know of a pharmacy you'd like to add to that list.

Once the supply is available, you will be able to order the COVID vaccine similarly to how you order flu vaccine.

The other challenge other than current supply is that the flu vaccine is good for 30 days; COVID has to be used right away.

Safe Start Update:

Governor's proclamations are updated on his website.

3 webinar trainings are completed. We received about 1,100 questions during the webinars. RCS/DOH are working on answering those.

There are also lots of emails coming in through the RCS policy inbox.

We are continuing to work on updating the rest of the Safe Start documents (e.g. dining, activities, etc.)

Amy is working on one document version now to send to the workgroup and once all the comments and changes are incorporated in that document, she will replicate that in the other documents (versus working on 3 documents at once and changing them all).

Per Laura: There are questions regarding out of state travel and visitation. For example a daughter returned from CA, fully vaccinated and wanted to visit her mother. The facility is saying she has to quarantine first.

There are also people who travel between states for work (WA to ID; WA to OR and back).

And people who just live on borders of states (resident lives in Vancouver WA; family lives in Portland).

Larissa is working on this issue. CDC says they understand the discrepancy between healthcare guidance and travel guidance. And the CDC did agree that compassionate care visits can continue.

Question: Can that be added to the state guidance?

Larissa will reach out to clinical leadership at DOH – if we do get official guidance we can add it to our Safe Start guidance.

With regard to indoor visits, it can only happen if one or the other person is vaccinated, correct? (Resident or visitor)

Yes, but you don't have to check vaccination or confirm with visitor. Facilities just have to post guidance at the door of the facility and in the visitor area. And the visitor has to confirm they have read the guidance.

Larissa has worked on signage that makes this easier to understand that can be used at facilities. It is under review by DOH leadership.

ACTION ITEM: Larissa to update group on status of signage at next meeting.

Question: If both parties are vaccinated, can they touch? Yes, this is in CDC and CMS guidance on page 25. If your loved one is fully vaccinated, they can choose to have close contact with you as long as they are wearing a well-fitting mask.

Regarding Governor Proclamation updates – RCS will resent via Dear Provider/Administrator Letters.

Agenda for next meeting:

Follow up on today's agenda items.