

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

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

## **Review and approval of meeting minutes:**

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

Request to invite a pharmacist to next meeting to talk about Johnson & Johnson vaccine.

ACTION ITEM: Follow up on pharmacist to attend next meeting to discuss J&J vaccine.

## **Vaccine update:**

J&J vaccine: DOH is preparing for arrival of shipment. Arriving in WA later this week – 60,000 doses for all of March that will be used around the state. J&J vaccine studies have shown its efficacy – shown to prevent serious conditions, hospitalization and death. Also shown to reduce the asymptomatic spread.

DOH is working with Swedish to do hospital discharge vaccinations pilot project. They plan to start with 2 med/surgery units in March and then expand across the hospital after March. Contact at Swedish is Dr. Pauk.

DOH is looking a future hospital plan on vaccinations. Friday there is a meeting regarding booster shots, hospital discharge vaccinations, etc.

Both Walgreens and CVS are moving along. Working on clinic 2 and 3 to be done by the end of March.

The original goal to finish AFH first clinics was at end of February. Snow delayed that. March 5 is new date for completing first clinics. Then they will move into the 2<sup>nd</sup> dose and 3<sup>rd</sup> clinics as needed.

DOH is continuing to work with DSHS on planning for homebound individuals. Some of these individuals have already been vaccinated through other efforts.

Comment: J&J vaccine seems like a good option for hard to reach patients since there is only one dose needed.

Response from DOH: Yes, we are hoping for an allocation that becomes steady. We still don't have standing orders for it so that we can actually use it, but that is coming.

Comment from WHCA: To be on record, we are not okay with what is going on with this pilot follow up vaccine plan.

## **Monoclonal Antibody Update:**

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\*Please note: Comments expressed by individual stakeholders within these minutes do not necessarily represent the views of the entire advisory group.

Reported from Mike: We have a system in place and are finalizing the second piece. A Dear Provider Letter went out last Friday. Nursing facilities with COVID+ residents can use their own staff to administer the therapy and the Rapid Response Team can take over the temporary care of the other residents in the nursing facility.

There are a few nursing facilities reaching out for this. We are working with DOH to come up with guidance and available therapy providers.

Additionally, AFH and Supported Living could utilize outpatient clinics or home health.

Comment: The home health component in this therapy seems to be a nonfunctioning component in WA versus other states like Nebraska.

In Nebraska, when a case comes in through the Health Department, there is a notification that triggers the process.

Elena put out a communication to members but no one has responded. Laura reported doing the same and has gotten no response.

Per Mike (RCS): If we see an outbreak, we will be reaching out in partnership with DOH for technical assistance to start the process. We have not seen any recent outbreaks in nursing facilities.

Comment: Is mAb effective on the current variant(s)?

Response from Dr. von Preyss: Not sure we have data on how well it works, but we shouldn't speculate. We should treat it with the therapy unless we hear otherwise.

Larissa Lewis (DOH): We cannot identify the variant quickly enough so, agree that we should treat it with mAb. Larissa shared this resource: [Science Brief: Emerging SARS-CoV-2 Variants | CDC](#)

Data is showing that the J&J vaccine is effective on the South African variant.

### **Safe Start Update:**

First meeting is tomorrow, March 4.

We will have more updates from the Governor's Office, DOH, etc. at that meeting as well as how other states are handling this.

We will then break out by program with more frequent meetings.

The goal is to get recommendations to the Governor's Office by end of March.

### **Additional Comments from Group at end of meeting:**

Deb mentioned a report she had seen that states that current treatments are not effective on variant – she will share with the group. She added the disclaimer that she’s not sure of the exact science behind this report or if it’s reputable.

Laura: On the continued vaccination issue, we have one building with 50 new residents and staff that need vaccination. We do not want to wait for another pilot to be done – we cannot wait.

Deb in response to AFH and SL needs: We have staff that can administer these vaccines for homes that do not have this resource.

Robin: We are losing days and months with this. It needs to be done now. We have been bringing this up for a couple months with no response. We will lose all the progress we made – wasting all our efforts.

Comment: Vaccination coordination is going in so many directions. Not sure why it has to be a pilot.

Comment from Robin to Mike: What happens if the SNFs take a position that we won’t take a new resident without a vaccination?

Response from Mike: We cannot force any facility to take a resident they feel they cannot safely care for. Nurses at the nursing facilities should continue to vaccinate. From a regulatory perspective this is not a problem.

Comment: Long-term care will take the blame for this, not the state.

Comment from the WA State Hospital Assoc: We are encouraging the state to move on this so patients are not backed up in the hospital.

Comment: The conversation isn’t progressing so who do we need to escalate it to?

Deb: We spoke to the Governor’s office; we are hoping for help.

John: This doesn’t include adult family homes at all. We need to think of this in the big picture for facilities who don’t have nurses on staff.

Deb: Can the pharmacies do pre-filled syringes? This would take care of the waste issue. We could stand this up using volunteer nursing staff in non-clinical settings. We could do volunteers every week or every two weeks to catch the churn of those who haven’t been vaccinated.

Scott from SL: We brought this up each week. Nurse Delegates will be able to do that for new folks but there’s 50% turnover in SL staff that makes this a major ongoing issue.

From Maureen, King Co Public Health: We can get priority access to appointments for those who need it. I realize King Co is better resourced than others however.

Amy A: We need a more permanent, long-term plan for what is the routine.

Comment: We will lose the base if we don't quickly establish a routine.

Mike reported that he will escalate this to cabinet level: Bill, Amber etc. this afternoon.

We will revisit this topic at the next meeting.

**Agenda for next meeting:**

Follow up on today's agenda items.