|  |  |
| --- | --- |
| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **december 9, 2020**3:00PM-4:00PM |

**Review and approval of meeting minutes:**

* Reviewed previous meeting minutes and obtained motion to approve minutes. Minutes approved.

**Update on hospital transitions:**

Sara Podczervinski reported out on LHJ meeting. – Dr. Marisa D’Angeli is hosting a stakeholder call at 4pm today (12/9) to talk through this issue of closure to admissions and consistency.

ACTION ITEM: Report out on 12/9 4pm call regarding admissions that was led by Dr. Marisa D’Angeli.

There is consideration to change the national definition of outbreak in nursing facilities to one or more facility acquired case(s). More to come at the stakeholder meeting at 4pm.

That means staff infection would not meet the definition.

It seems like then it is a facility decision and not an LHJ decision.

At what point would the outbreak be terminated? The definition of outbreak cycle has been 28 days (or through 2 incubation cycles). This should not be interpreted that the admissions have to be shut down for 28 days – just 14 days.

Following up on the Adult Family Home 2 tests required issue: Peace Health is still hearing from a few AFHs who are saying the state is requiring 2 tests prior to admission. RCS is happy to work on correcting this message. John does a weekly update to homes via email and will include this message in the next weekly update. Apparently the greatest challenges with this have been in Vancouver and in Pierce County and each time, AFHs pointed to RCS staff as the source of the requirement.

ACTION ITEM: John, Candy and Zosia to continue resolution on AFH 2 test issue.

Should be noted of concern that in Spokane and Pierce Counties that there is some shake up in the health departments by the county councils. These are county jurisdictions, but the timing of this is unfortunate. In chat box it was noted that Spokane Interim Health Director is Dr. Francisco Velazquez (fvelasquez@srhd.org)

**Vaccine Update:**

Kathy Bay reporting:

2 vaccines are coming before the FDA advisory review. Then they go to a national immunization panel (AICP) who provides guidance on specific populations, health problems that could impact the patient’s experience with the vaccines, etc.

Pfizer vaccine went through FDA review this Thursday (12/10) who will give guidance whether or not to approve. Both Pfizer and Moderna vaccines have very large clinical trials. More than 30,000 participants in each.

After FDA, national Advisory Committee on Immunization Practices (AICP) reviews. After AICP, the Western States Pact panel will conduct an independent review. There are 2 physician reps from WA on this panel. They will look at clinical outcomes and review to confirm all vaccination safety steps have been followed.

We are expecting the first Pfizer vaccines next week. Moderna FDA review will follow on December 17.

Prioritization of distribution:

Starting with smaller allocation and determining which populations to start with.

AICP recommends starting with health care workers and long-term care facility residents and staff. State level agrees with these recommendations.

Healthcare workers can include homecare workers, EMTs, Firefighters…

Does this include senior housing complexes? Kathy Bay will follow up on this but it was noted during this meeting that the healthcare workers who serve this population are included but that, at least in the first Tier, individuals in their own homes/apartments are not included as they are not in as high of a risk category as the more congregate facility groups. Because the healthcare workers travel between patients they would be offered vaccination.

The federal partnership has some benefits in that Walgreens and CVS will come in and do the end to end process of vaccination. The Pfizer vaccine is require to be kept at -80 degrees Fahrenheit. Walgreens and CVS will bring all of the vaccines into the facility in cold storage, they will bring their own PPE, they will collect consent forms, administer vaccinations, do the federal documentation required and will return and do the same process when the second round of vaccination is needed.

About 2,600 facilities signed up for the federal program.

DOH is developing the educational campaign for vaccination.

Consent is a big issue. The feds and WA state do not require consent for vaccinations but it is a requirement of this particular CDC program. Some states require consent so they were keeping it level across the nation in requiring them. Many residents and clients have surrogate decision makers. Walgreens wants the consent form signed the same day as the vaccination. The CVS consent is a hard copy so that makes it even more difficult. In addition, if insurance cards are required that is hard because people can’t find their cards, etc.

Potential side effects noted in vaccines are: injection site pain/redness/swelling, headache, fever, muscle aches. The Pfizer side effects have been reported as milder than the Moderna side effects.

Kathy is meeting with CVS on Friday (12/11). DOH is waiting on a few tools before pushing out communications.

Legal question: Can employers require employees to vaccinate? And if not, will the state enforce it?

FDA/feds cannot mandate vaccination and at this time, WA state has no intention of requiring this vaccination. An employer could do this as part of their business process.

The federal program chose the Pfizer vaccination – they had to pick one and they chose Pfizer because it’s reported less side effects. The only thing that would change this is if the ACIP review advises against it based on science.

There are facilities that have not enrolled. DOH is working with facilities that are coming forward to find solutions. If facilities did not choose a pharmacy when they registered, DOH chose the pharmacy closest to the facility. If both pharmacies were close to the facility, DOH chose randomly to ensure even split between Walgreens and CVS.

There could be as many as 2,000 Adult Family Homes that didn’t register. How do we support them?

When DOH gets emails, they are referring them to their local LHJ. There are three different groups that are able to do mass vaccinations: Ready Meds pharmacy does not have the ability to do the ultra-cold storage required for the Pfizer vaccine, but when the Moderna vaccine is available, Ready Meds seems to have a relationship with quite a number of AFHs.

There is also concern that staff will be immunized on the same 3 days and then will all call in sick at once with side effects. DOH has talked about staggering.

The program is planning (as an example) 75 beds needs 150 doses for first round because they estimated it as a 1:1 staff/resident ratio. So we would obviously need more vaccines in the first week than we actually will have.

Here are the options for roll out:

1. Start on December 21 with skilled nursing facilities (there is the most risk in these congregate settings). And then keep rolling as we get more vaccines, we spread out to the other facility types.
2. Wait for a larger stockpile of vaccines and do all the programs at once starting December 28.
3. Hybrid option: Consonus pharmacy can vaccinate a smaller group starting Dec 21st and roll out larger federal program Dec 28th

Kathy needs to give DOH Executive Leadership a recommendation today (12/9).

Pros to waiting for additional stockpile are:

* Allows for more education (and education from CDC will be coming out)
* Allows facilities to get internal policies in place for employment
* Allows time to sort out consent form issue – seems like we need a hybrid approach of hard copy signature, electronic signature, verbal approval etc. If there is something the Governor’s office can do to help in terms of flexibility in the consent form (waiving hard copy, in-person signature for example) let Amber know. 70-80% of supported living clients have a legal guardian so the consent signatures is an issue. Also there may be more visitors over the holiday week which would capture more consent form signatures as representatives and families visit.
* Workload over Christmas week would be lower – give already overwhelmed workers a break.

Option 3 - Hybrid option allows for sort of a beta test of the process.

ACTION ITEM: Kristi was asked to email the advisory group and ask for preference on 3 options. Note that the outcome was Option 3, hybrid approach using Consonus pharmacy and larger vaccination pool beginning Dec 28th.

Also at the end of the meeting, Candy Goehring asked that if there are any Eastern Washington facilities that need the rapid response strike teams, please send in their requests.