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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **january 6, 2021**3:00PM-4:00PM |

**Review and approval of meeting minutes:**

* Reviewed previous meeting minutes, made suggested edits and obtained motion to approve minutes. Minutes approved.

**Vaccine Update:**

Kathy (DOH) met with CVS and Walgreens today. She will meet with Consonus tomorrow. She meets with all 3 weekly.

Walgreens said they will have all their vaccine clinics scheduled by the end of next week. They expect to finish the work by mid-March for all facilities. This takes into account the 3 week break between the first and second vaccination so DOH thinks this timeline is reasonable.

CVS has started posting data: there are 112 nursing facilities registered; 51 have had their first vaccination clinic. As of 1/5 they have administered about 4,000 doses of the vaccine although we are constantly entering new data.

For the “ALF” group which is all other facilities: These were just activated on 1/4 but they have 9 vaccination clinics scheduled and have administered 423 doses.

Some pharmacies have not finished all their application process requirements and they need these to confirm that they are capable of proper storage and distribution.

Others are coming on as part of the PhaseFinder: [www.findyourphasewa.com](http://www.findyourphasewa.com) (NOTE: This should not be shared broadly as we don’t want people falsifying that they are part of Phase 1a to get a vaccination outside of their actual phase) Facility staff can use this to get vaccinated outside of their facility clinic. If they do this, they can get their second shot at their facility’s second clinic but the preference would be that they go back to the pharmacy they used for the first shot because those pharmacies are likely to have Moderna vaccinations and not Pfizer. They just need to be sure they get the same manufactured vaccination both times.

Emails are coming in from family members and facilities about enrollment. DOH is suggesting they reach out to the pharmacy that normally services their facility or to the LHJ who has a list of pharmacies that are finished with their application and have vaccines available.

DOH is working on letters that basically say, “Your facility is not registered with the federal program, but here are a list of pharmacies that can serve you.”

Adult Family Homes: AFHs were told to reach out to their LHJ but none of them seem to have programs specifically to service long-term care.

The reason for directing facilities to the LHJ is some of them have vaccines available themselves or they have relationships with local pharmacies that they can refer homes to.

King County Public Health: Still very little vaccinations available. Message from us is “Please be patient. We will get in touch with you when we have pharmacies ready to serve you.”

Currently in King County, there are only 6 pharmacies approved and only 2 of those have vaccinations. We just need more pharmacies online.

Again, facilities should contact their current pharmacy that services the facility and also let the LHJ know that you need vaccinations. Also contact DOH with roster info: who you are and how many residents and staff you have.

King County is tracking every facility but not every LHJ is.

Families are calling the LTC Ombuds and the associations saying that facilities are withholding the vaccination. We don’t know that that’s true or more likely, if the facility just doesn’t have access to the vaccination yet.

We are eager for a list of pharmacies that are ready that we can give to facilities.

DOH: Our hope is that pharmacies finish all steps to be ready by next Tuesday. If all aren’t done, Kathy will still share the list of those pharmacies who are ready.

ACTION ITEM: Kathy to report out on pharmacy readiness and share list of activated pharmacies.

AFHs: Only about 10% of AFHs have been scheduled. There is great concern that once the vast majority of larger facilities complete vaccination that the state will move on to Phase 1b and leave Adult Family Homes behind without vaccination.

DOH hears this concern. The national contract states that they must vaccinate all the facilities.

Supported Living has this same concern although since the start of this meeting, emails have been coming in from pharmacies to schedule Supported Living so that’s a good sign. Looks like it’s picking up.

Clinic data by state from Kathy Bay: <https://cvshealth.com/sites/default/files/cvs-health-covid-19-vaccination-data.pdf>

There is an issue that’s come up about TB testing and the COVID vaccine. TB tests are required for staff in facilities however there is CDC guidance and recommendations regarding TB testing and the COVID vaccination. This guidance may interefere with a facilities ability to comply with the TB regulations.

RCS is working on emergency rule making for TB testing that may become permanent in the event the COVID vaccine is an annual vaccination.

The CDC does say that if you are doing a TB skin test, you should do that at the same time as administration of the COVID vaccination.

**Governor’s newly released plan: Healthy Washington – Roadmap to Recovery**

LTC will have its own category now.

Currently, in our Safe Start documents there are 4 phases and we reference the Governor’s Safe Start Plan. Also, movement has been based on community case rate.

Each of our phases had different requirements. Our plan is no longer valid because they reference phases we are no longer in.

RCS needs feedback from this group on what they would recommend and we need it in a short timeframe to match the Governor’s new guidance.

The Road to Recovery has 2 phases initially but they will add phases.

We should reference what it looks like after residents are vaccinated – what does that look like going forward in terms of visitation and everything?

This will be based on guidance from the CDC but it is too early to know.

Our latest documents do allow for more visitation but it is by no means an open door.

The document next week may not reflect vaccines but it is a living document and when we know more, we can add it.

Let’s add something now that just says, “As CDC guidance evolves related to vaccination, we will revise this guidance as necessary.” That way people know we will be considering it. There are lots of questions around the vaccination and what it means.

There is a misconception/expectation that now residents are vaccinated and the facility doors will just open wide. That will happen, but it won’t happen until we understand more about the longer term effects of the vaccination.

RCS will be working on updating the documents in the next week.

If we are comfortable with the existing cut points that we have, we can leave the documents pretty much intact. If not, we need to hear from you.

Also, Friday (1/8) we can meet as a group and go through it.

LeadingAge: Keep the cut points that we have because people think the COVID vaccine is the ultimate shield to protect them and it’s not.

Elena, John, Laura, Larissa, Patricia would like to be part of the Friday meeting.

DOH agrees with keeping the cut points. Community prevalence is not well addressed in LTC in existing Safe Start documents.

Sabine agrees with cut points discussion but cannot make the Friday meeting.

Overall consensus of group seemed to state that current cut points need to remain intact.

Will there be training to these new documents? And depending on level of changes made, will previous training work?

No, the previous training won’t work – this has evolved too much since then.

RCS can certainly do a webinar later next week or in the next couple of weeks. DOH offered to help with this.

We should be able to keep a lot of the existing work we did.

Since the Governor’s plan has regions and we reference LHJs, we can still use the LHJs by county?

Yes, we should stick with the LHJ model since DOH is not collecting transmission rates for regions, they are collecting them by LHJ.

ACTION ITEM: Candy to send an invitation for the Friday 1/8 meeting to the group.