COVID-19 Guidance Update for Los Angeles County Skilled Nursing Facilities

Shifting the Approach Back to Basics Part 2

January 6, 2022

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Los Angeles County Department of Public Health
Acute Communicable Disease Control Program

Disclosures

There is no commercial support for today's webinar.

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting.

This webinar is meant for skilled nursing facilities only and is off the record. Reporters should log off now.

DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (01/06/23), so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.

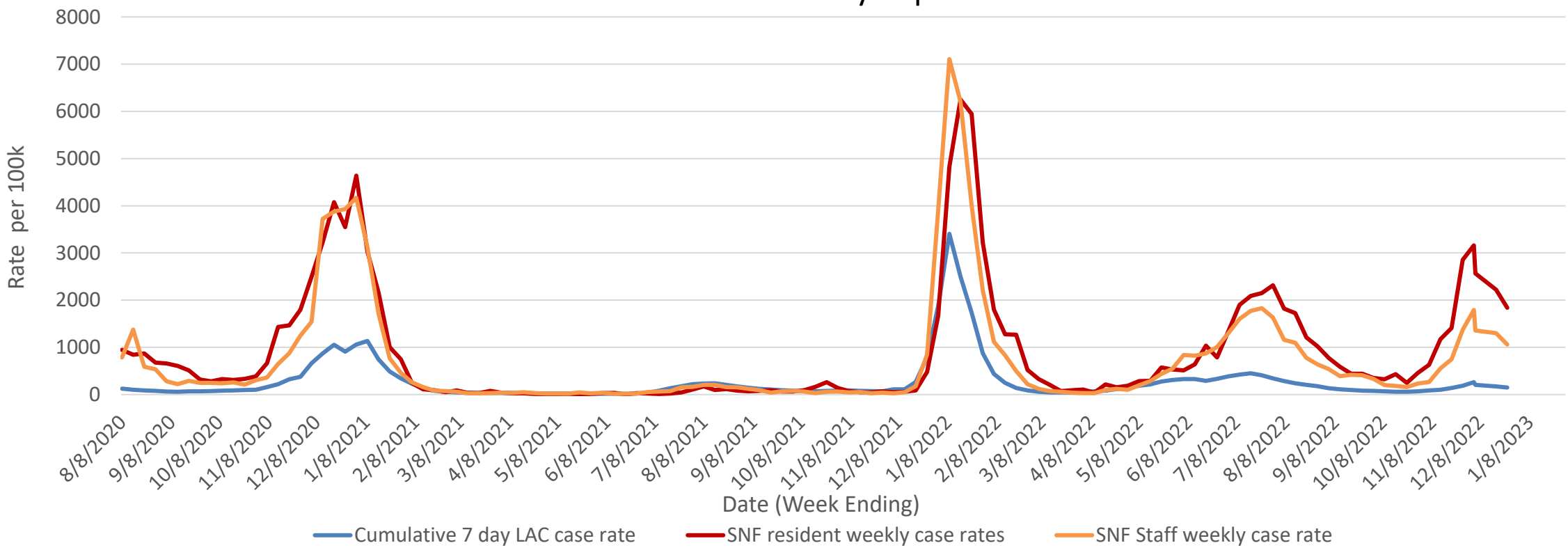
Presentation Agenda

- Local COVID-19 Trends
- *Definitions (new)*
- *Outpatient COVID-19 Treatments and Pre-exposure Prophylaxis*
- *General and Administrative Practices: Entry Screening*
- *Communal Dining, Group Activities, and Visitation*
- *Reporting Requirements*
- Testing
- Cohorting → Isolation and Quarantine (renamed)
- Inter-facility Transfers
- Infection Prevention and Control Guidance
- Vaccinations: Updated (bivalent) booster
- Q and A

Dec 23, 2022 Webinar:
Slides and recording -
http://publichealth.lacounty.gov/acd/SNFWebinarArchive.htm

Local COVID-19 Trends

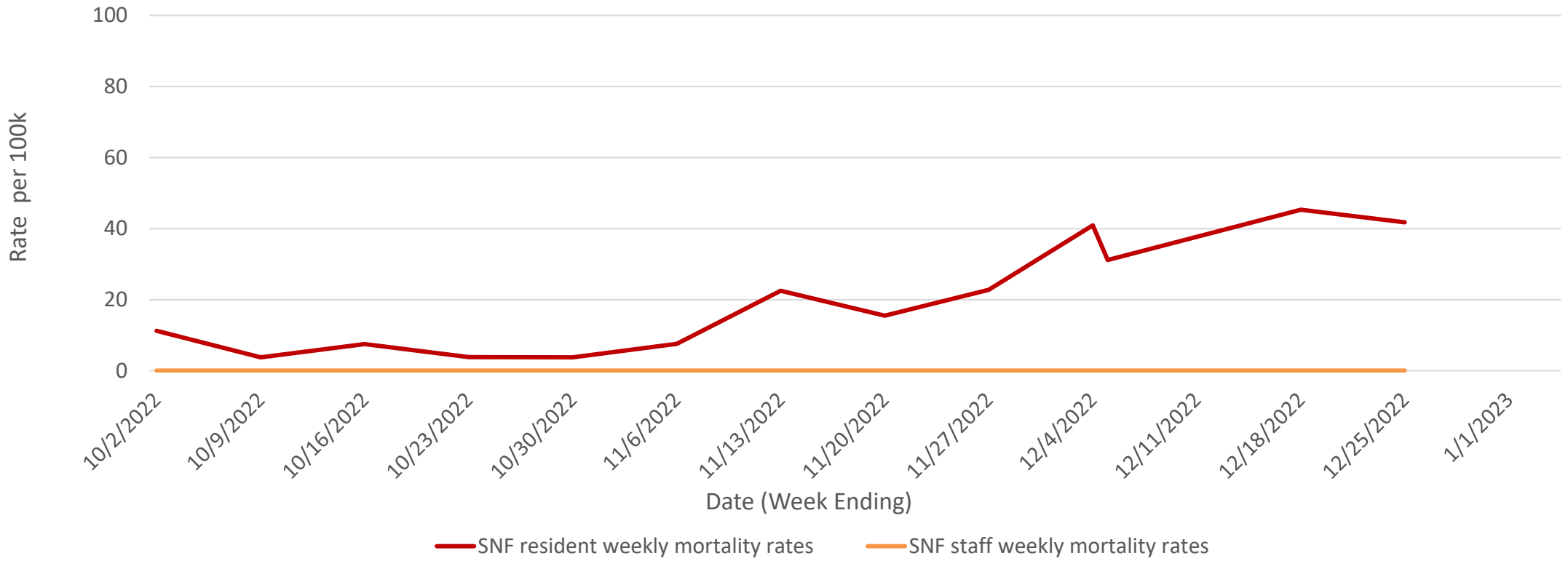
COVID-19 Case Rates Among Skilled Nursing Facility (SNF) Residents and Staff Compared with the General LA County Population



^ Seven-day cumulative crude Los Angeles County (LAC) case rates are sourced from IRIS database case episode date, and data are reported from Aug 2,2020 through Dec 25, 2022. Episode date is the earliest existing value of: Date of Onset, Date of Diagnosis, Date of Death, Date Received, Specimen Collection Date. The population rate is per 100,000 and sourced from LAC PEPS 2018 demography files.

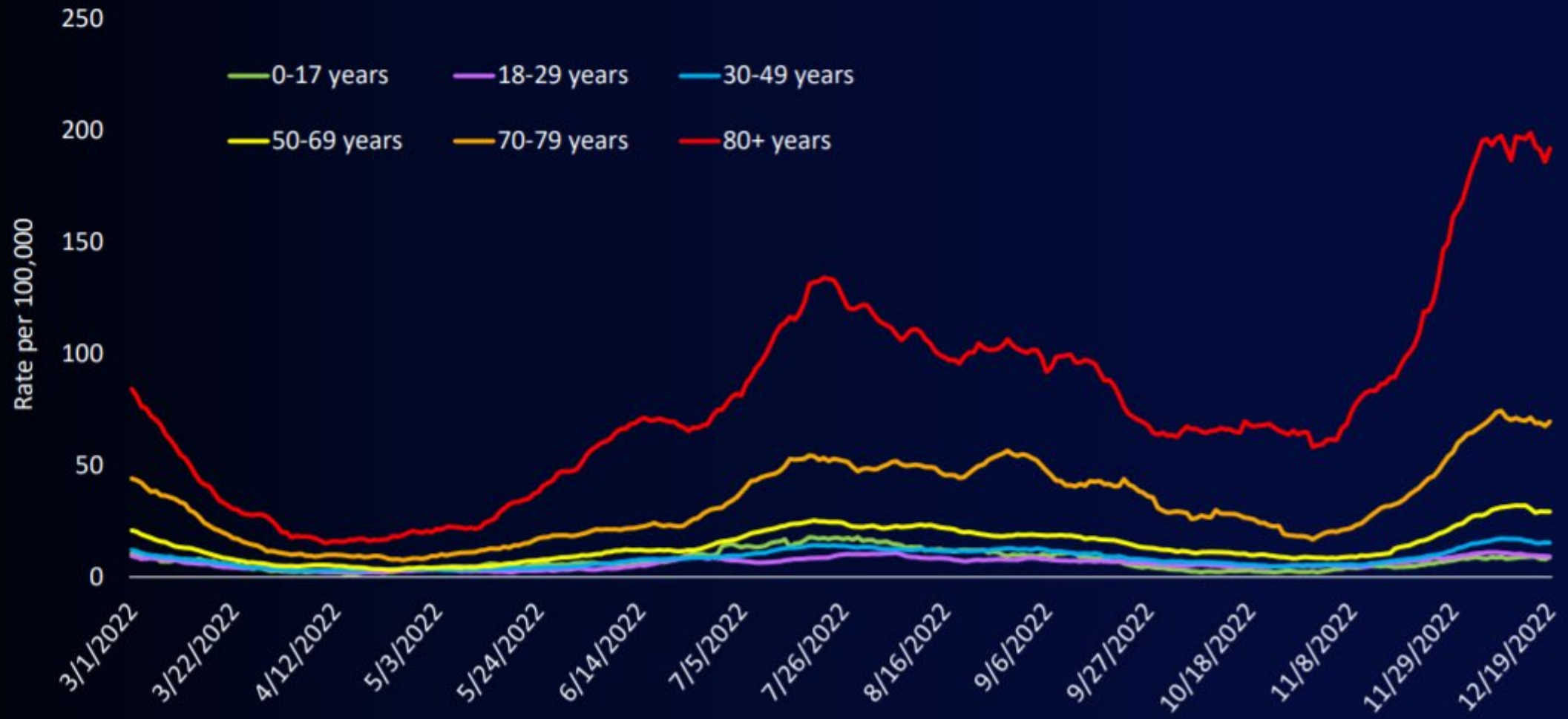
***** Weekly crude SNF case rates are sourced from the self-reported CDPH 123 weekly survey and data are reported from Aug 2,2020 through Dec 25, 2022, for SNF residents and staff. Dates reflect the date the positive result was reported to the individual or facility. The population rate is per 100,000 and sourced from the reported weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the apprx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so the **SNF rates are overestimates.** This analysis includes data reported by 313 SNFs on the CDPH 123 weekly survey.

COVID-19 Mortality Rates Among Skilled Nursing Facility (SNF) Residents and Staff (Most recent 90 days)



* Seven-day cumulative crude SNF mortality rates are sourced from the self-reported CDPH 123 daily & weekly survey and data are reported from Sep 26,2022 through Dec 25, 2022. Dates reflect the date the death was reported to the individual or facility. The population rate is per 100,000 and sourced from weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the apprx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so **the SNF rates are overestimates**. Deaths may be undercounted in the SNF daily survey data because the CDPH survey definition differs from the definition used by the LAC DPH death team to attribute deaths to COVID in IRIS. This analysis includes data reported by 341 SNFs on the CDPH 123 daily survey.

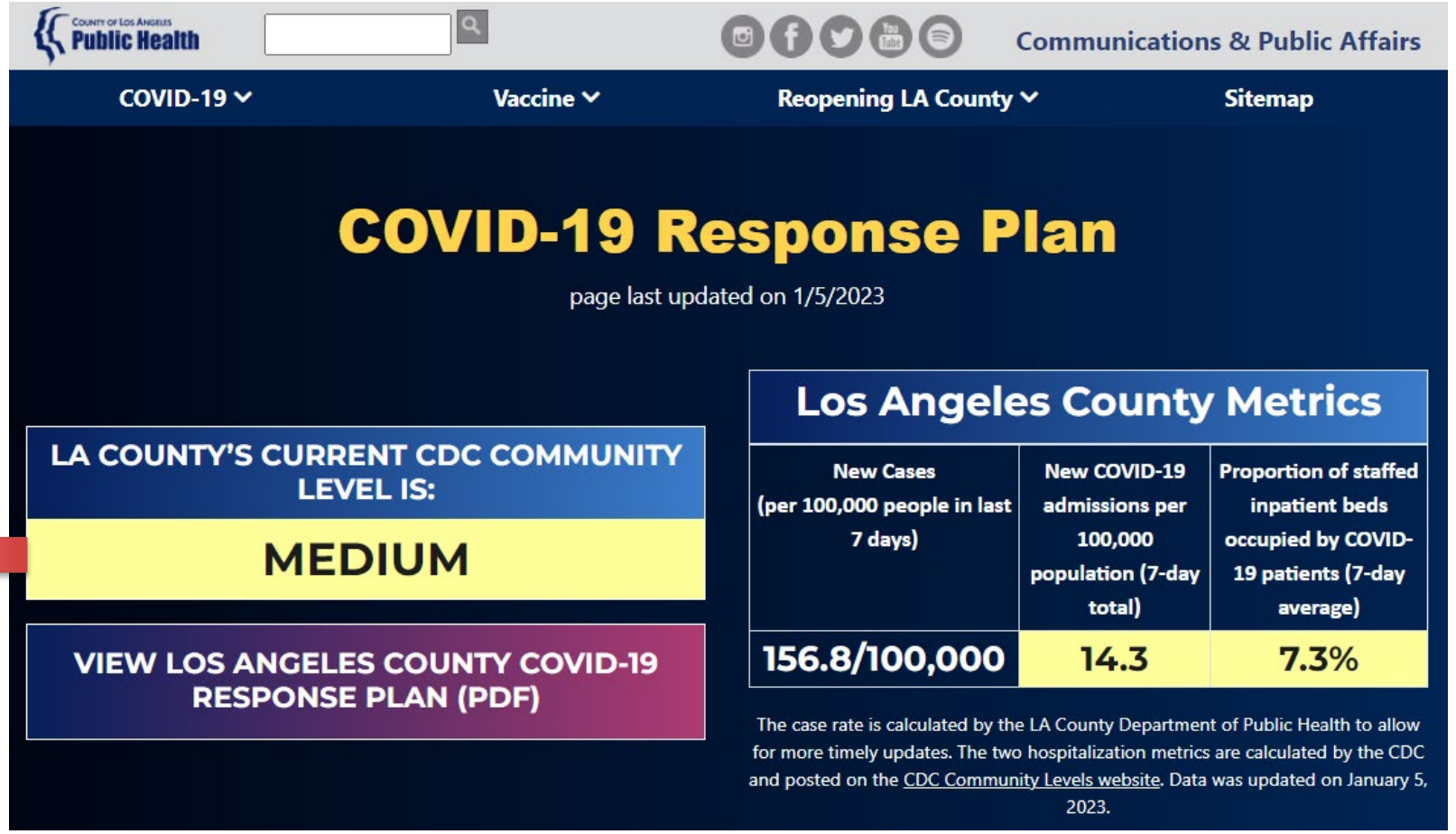
14-day Cumulative COVID-19 Hospitalization Rates by Age
March 1, 2022 – December 19, 2022



covid19.lacounty.gov 12/22/2022

http://publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm

LA County's CDC COVID-19 Community Level



Bookmark: http://publichealth.lacounty.gov/media/Coronavirus/data/response-plan.htm

Testing

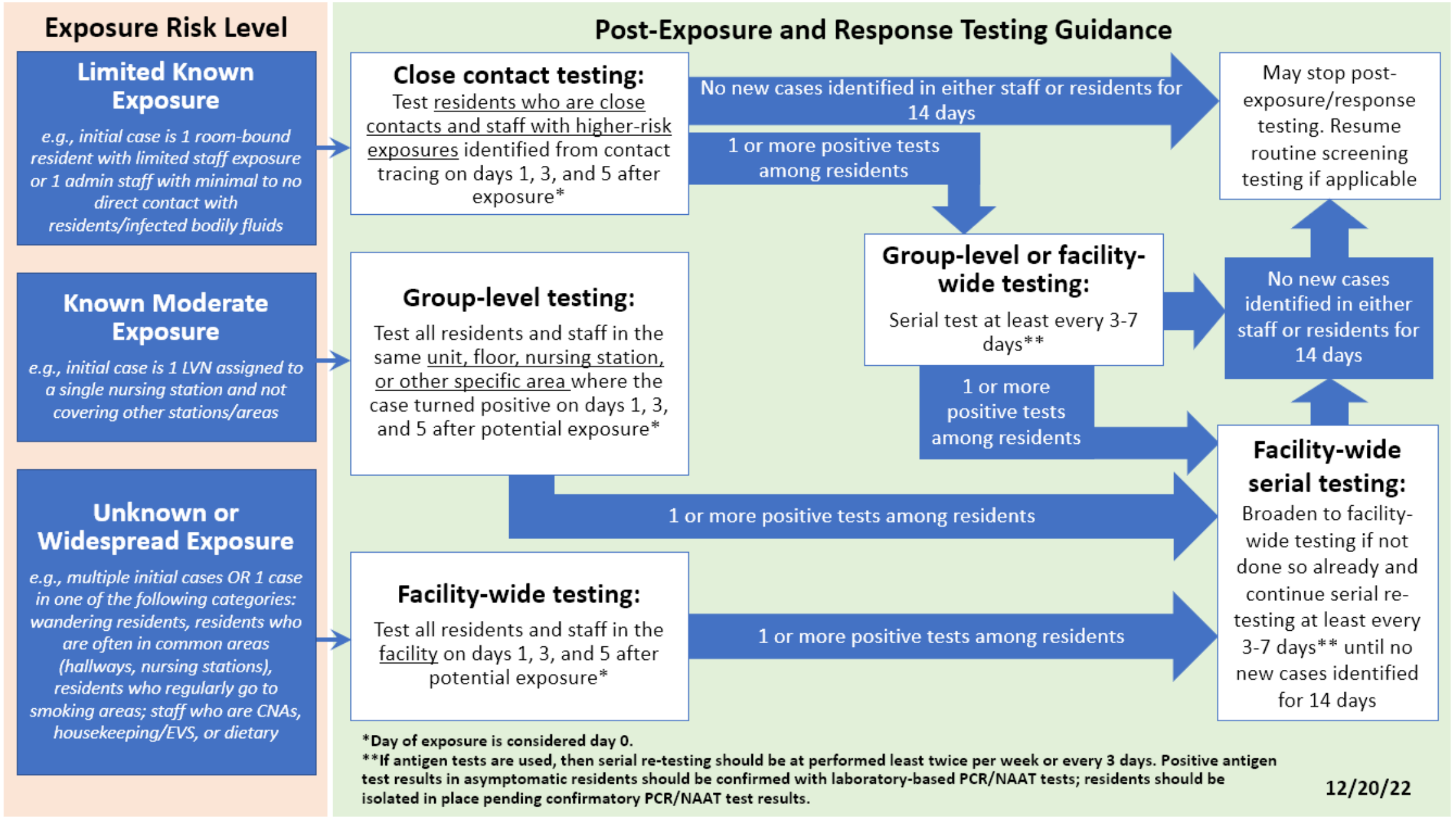
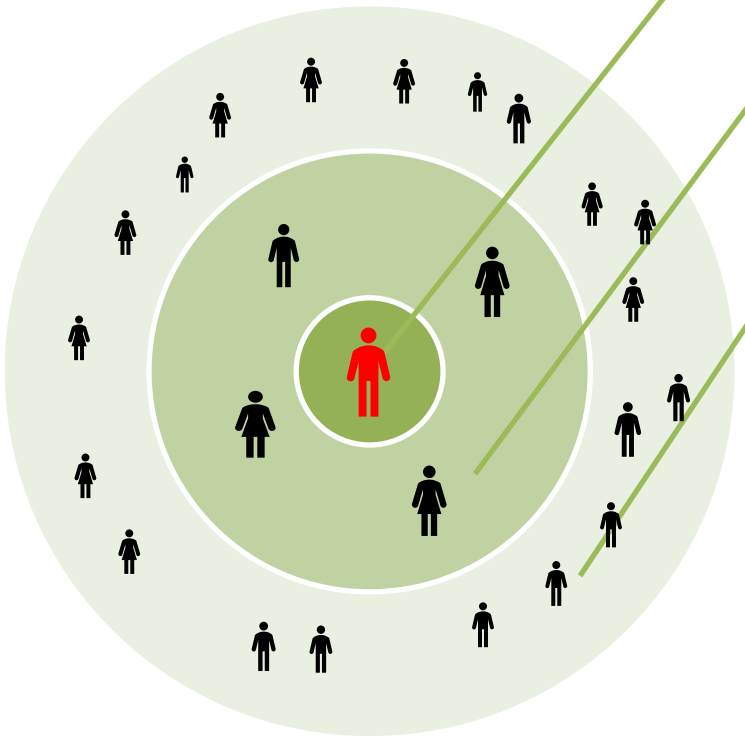


Figure 2. **Post-exposure and Response Testing**

Example 1: Known Limited Exposure

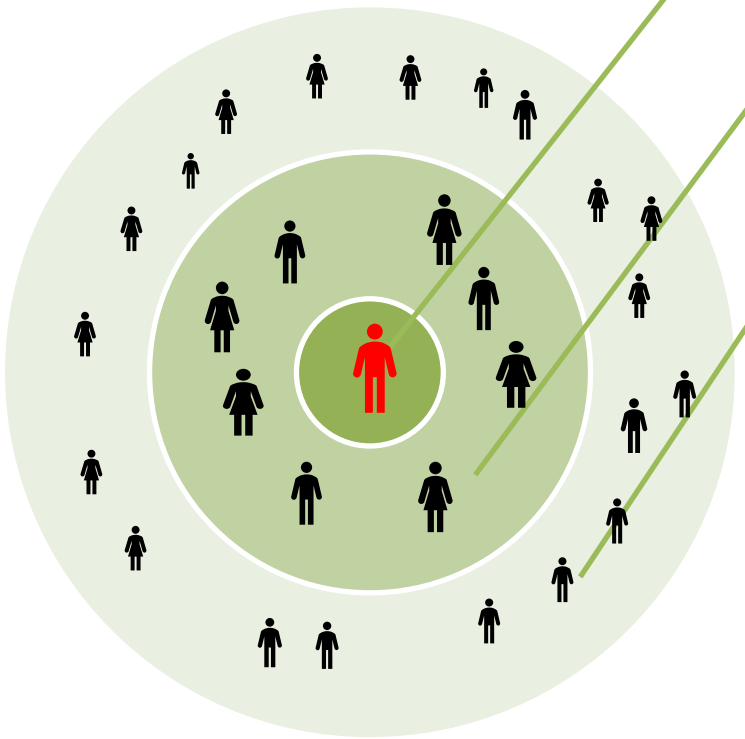


Index Case
(admin staff)

Close contacts
(other admin staff in same office)
Test on days 1, 3, 5

Group-level or Facility-wide testing
Test at least every 3-7 days

Example 2: Known Moderate Exposure



Index Case (LVN)

Group-level testing

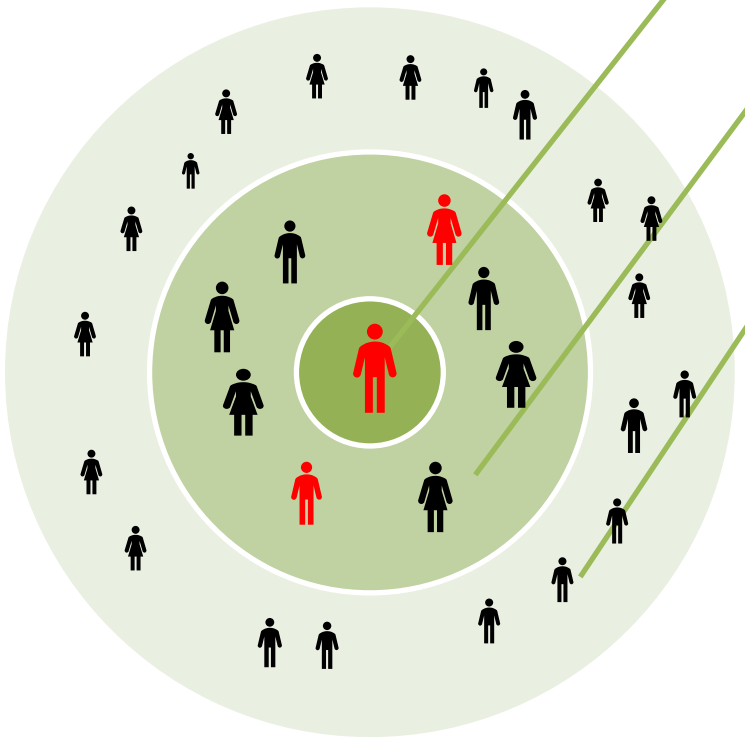
(all residents & staff in same unit)

Test on days 1, 3, 5

Facility-wide testing

Test at least every 3-7 days

Example 2: Known Moderate Exposure



Index Case (LVN)

Group-level testing

(all residents & staff in same unit)

1 resident and 1 CNA staff test positive on **days 1 and 3** post-exposure

Facility-wide testing

Immediately expand to facility wide testing (**don't wait for testing results on day 5**) and start serially testing entire facility at least every 3-7 days

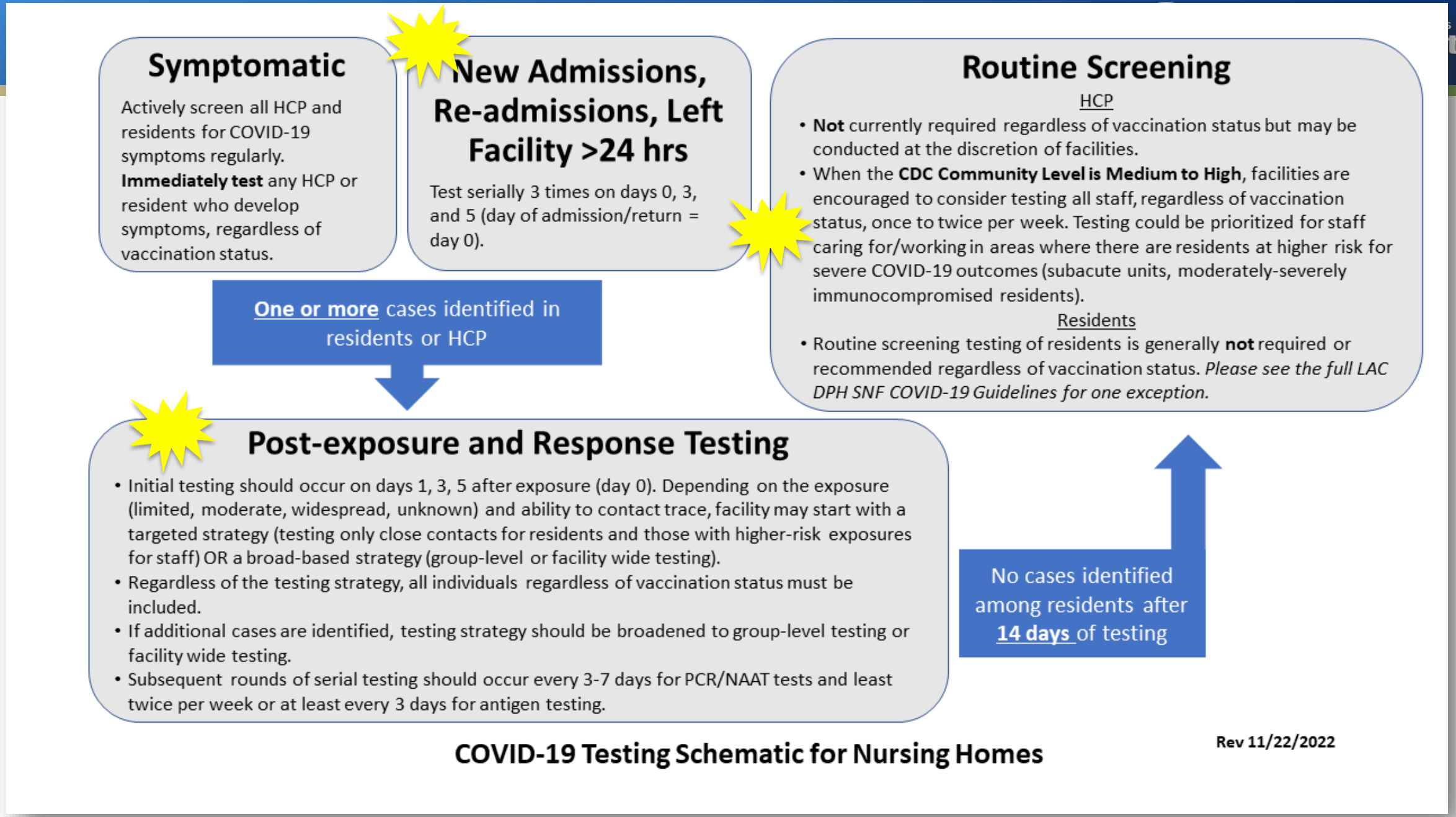


Figure 3. **Testing Schematic**

Retesting Previously Positive Staff/Residents

Asymptomatic

- Testing recommendations for **asymptomatic** residents who recently recovered from a COVID infection and who become a **close contact** are as follows:
  - **≤30 days ago**, then repeat testing is not recommended.
  - **31-90 days ago**, then point-of-care antigen testing may be considered at least 5 days after the most recent exposure.
- For all other **asymptomatic** residents (**not a close contact**) who recently recovered from a COVID infection **≤90 days**, testing with either PCR/NAAT or antigen is **not** recommended.

Symptomatic

- **Symptomatic** individuals should be (re)tested regardless of timing from prior COVID infection. If within 90 days of prior infection and no alternate etiology, **antigen** testing is preferred.

~~Cohorting~~ → Isolation and Quarantine (renamed)

Isolation Durations: no change

- **Confirmed (Red Cohort):**
  - 10 days AND improvement in symptoms AND fever free without fever reducing medications
    - Original time-based strategy
    - Do not use testing at day 5 to end isolation early
  - Exceptions
    - Critically ill due to COVID: isolation duration could be extended up to 20 days
    - Severely immunocompromised: isolation duration could be extended beyond 20 days
    - For both, use of a test-based strategy in consultation with an infectious disease specialist, if available, is recommended to inform when isolation can be discontinued

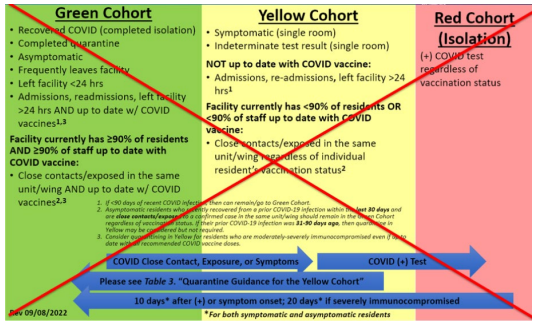
Isolation Durations – continued

- **Suspect (in-place)**
  - **Low clinical suspicion**: isolation-in-place can be discontinued after PCR/NAAT test is confirmed negative
  - **Higher clinical suspicion** and/or no clear alternate diagnosis: isolation can be discontinued after two (2) PCR/NAAT tests taken 24 hrs apart are confirmed negative
  - **No testing** (e.g., resident refuses testing): At least 10 days AND improvement in symptoms AND fever-free for 24 hrs without fever-reducing medications

- Low vs high clinical suspicion determination:

  Involve medical director and/or residents' clinical providers whose assessment should include epidemiologic factors (outbreak status, recent close contact, community transmission) in addition to clinical symptoms.

Cohorting/Isolation & Quarantine changes – Key Takeaways



- Retires physically separated Yellow and Green Cohorts/Zones
- Do not shuffle residents to different rooms with new roommates.
- Do manage in place; avoid movement of residents that could lead to new exposures
- Quarantine of close contacts, new admissions, re-admissions, left >24 hrs is no longer a blanket requirement
- Isolation is still required:
  - Confirmed cases (symptomatic and positive by either Ag/PCR; asymptomatic + positive by PCR): isolate in physically separate, dedicated Red Zone
  - Suspect cases (symptomatic + pending/unknown test results; asymptomatic + positive Ag with PCR confirmation pending): isolate in-place, do not move to another room/ "Yellow zone"

Table 3. **Summary of Testing and Infection Control Guidance for Residents**

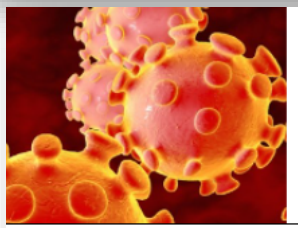
Testing	Who	Infection Control Measures
Testing of Symptomatic Residents: One antigen test immediately and if negative, one PCR/NAAT test collected 48 hrs later; OR One PCR/NAAT test immediately	Residents with symptoms of COVID-19, regardless of vaccination status	Immediately isolate in place** (avoid movement of residents that could lead to new exposures) and place on COVID-19 transmission based precautions while pending clinical evaluation and testing results. Isolation duration (see "Isolation and Quarantine" section for more details): • Low clinical suspicion: isolation can be discontinued when PCR/NAAT test is confirmed negative • Higher clinical suspicion and/or no clear alternate diagnosis: isolation can be discontinued when two (2) PCR/NAAT tests taken 24 hrs apart are confirmed negative • No testing: At least 10 days AND improvement in symptoms AND fever-free for 24 hrs without fever-reducing medications
Close Contacts Post-exposure and Response Testing: Serially testing 3 times on days 1, 3, and 5 after the last exposure (day 0). Antigen tests or PCR/NAAT tests (if TAT is <48 hrs) may be utilized. If a resident recently recovered from a COVID-19 infection 31-90 days ago, then antigen testing is preferred over PCR/NAAT testing.	Residents who are close contacts identified via contact tracing, regardless of vaccination status	• Well-fitting face masks are required when residents are not in their rooms through day 10 after last exposure. • Quarantine** is not routinely required. Public Health may direct individual facilities on a case-by-case basis to quarantine close contacts to help control transmission. ◦ When applicable, quarantine duration should be 7 days when all tests are negative or 10 days if testing was not complete. • Closely monitor for signs and symptoms of COVID-19 including temperature and oxygen saturation checks at least once per shift. If symptoms develop, immediately isolate in place and test.
Group-level and Facility-wide Post-exposure and Response Testing: Start by serially testing on days 1, 3, and 5 after the last exposure (day 0); subsequent serial re-testing should be every 3-7 days for PCR/NAAT tests (if TAT <48 hrs) or at least twice per week or every 3 days for antigen tests. Any asymptomatic residents with positive antigen test results should be immediately followed up with PCR/NAAT testing.	Group-level testing: Residents in the same group* (unit, wing, nursing station area, etc.) where a positive case was identified regardless of vaccination status; OR Facility-wide testing: All residents in the facility*, regardless of vaccination status	• Well-fitting face masks are required when residents are not in their rooms. • Quarantine** is not required regardless of vaccination status when the CDC Community Level is Low but is recommended when the CDC Community Level is Medium to High or when directed by Public Health to mitigate transmission in an outbreak. ◦ When applicable, quarantine duration should be 7 days when all tests are negative or 10 days if testing was not complete. • Closely monitor for signs and symptoms of COVID-19 including temperature and oxygen saturation checks at least once per shift. If symptoms develop, immediately isolate-in place and test.

New table

Inter-facility Transfers

Inter-facility Transfers

Facilities are required to follow transfer and home discharge rules as listed on the LAC DPH website (http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm).



Coronavirus Disease 2019

Facility Transfers &
Home Discharge Guidelines

This webpage is specifically intended for the medical community.
Click here to visit DPH's COVID-19 webpage for the general public.

INTERFACILITY TRANSFER RULES DURING COVID-19 PANDEMIC

Who this is for: Hospitals, Skilled Nursing Facilities (SNF), and any Congregate Residential/Congregate Care facility involved in the discharging, transferring, and accepting of patients with and without COVID-19.

What this is for: To allow hospitals to discharge medically stable patients while preventing the introduction of SARS-CoV-2 in receiving institutions and to enable interfacility transfers between SNF and other Congregate Residential/Care facilities.

What is provided: Discharge/transfer criteria for a variety of patient scenarios and receiving facility settings based on CDPH and Los Angeles County Department of Public Health (LAC DPH) COVID-19 guidance.

Main LAC DPH "*Guidelines for Preventing & Managing COVID-19 in SNFs*" links out to a **separate, dedicated page** on inter-facility transfers.

http://www.publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm

SNFs must be ready to re-establish Red Zone to accept new and returning residents with confirmed COVID-19

Patient Transfer Criteria from Hospitals

Below, please select the Receiving Institution:

▾ SNF | Congregate Residential/Care Facility | Home Discharge

Interfacility Transfer Rules for Patients to SNF

Rules for Patients with Laboratory Confirmed COVID-19 Hide ^

If patient is a NEW ADMISSION to a SNF or is being RETURNED to the SNF of origin:

1. Skilled nursing facilities must admit new residents from acute care hospitals or long-term acute care hospitals when clinically indicated who have tested positive for COVID-19 and are within their isolation period into the COVID-19 positive unit (Red Cohort).
2. Skilled nursing facilities must admit new residents from acute care hospitals or long-term acute care hospitals when clinically indicated who have tested positive for COVID-19 and have completed their isolation period as per LAC DPH Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities. These residents should be directly admitted to the SNF without quarantine or COVID-19 transmission- based precautions.
3. The above guidance should be followed unless the staffing level falls below CDPH required staffing ratios or the facility has been closed to admissions by CDPH due to unsafe patient care.

Transmission-based precautions should continue until isolation is completed starting from date of symptom onset or date of positive test. Patient should be placed in a location designated to care for COVID-19 patients. The patient may be placed in a shared room with other confirmed COVID patients.

SNFs may not require a negative test result for COVID-19 as criteria for admission or readmission

Rules for Patients without COVID-19 Hide

Patient may be transferred when clinically indicated.

The receiving SNF may not require a negative test result for COVID-19 as criteria for admission or readmission of residents hospitalized without a diagnosis of COVID-19 as stated in CDPH AFL 22-31.

The receiving SNF must follow the COVID-19 testing instructions for the admissions and readmissions in LAC DPH Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities. .

Note: SNFs experiencing outbreaks may admit new patients without COVID-19 at the discretion of Public Health; they should continue to re-admit returning residents.

Per AFL 22-31, receiving SNFs may not require a negative test result for COVID-19 as criteria for admission or readmission of residents as stated in CDPH AFL 22-31. Additionally, hospitals should proactively communicate with SNFs early to facilitate transfers. SNFs should work collaboratively with hospital discharge planners and local Public Health to facilitate the safe and appropriate placement of SNF residents. SNFs should be prepared to provide care safely without putting existing residents at risk. Please contact LAC DPH at LTC_NCoV19@ph.lacounty.gov for questions and/or help with transfers related to COVID-19 infection control.

In cases of hospital overload, this discharge guidance may be adjusted by the Department of Public Health.

CDPH *Movement of Patients/Residents in the Healthcare Continuum During Seasonal Surges and the Coronavirus Disease 2019 (COVID-19) Pandemic* AFL 22-31 (supersedes AFL 20-87.1)

Infection Prevention and Control Guidance

Ventilation, Filtration, and Air Quality

- **Effective ventilation is one of the most important ways to control small aerosol transmission.**
- Facilities should consult with professionals (facilities engineers, mechanical engineers, indoor air quality or industrial hygiene consultants, etc.) to perform comprehensive evaluations of their HVAC (Heating, Ventilation, and Air Conditioning) systems and indoor air quality and obtain permits or approvals from any applicable regulatory bodies as necessary prior to implementing changes.
- Facilities should not rely on any single solution (e.g., portable air cleaners, turning fan switch to "on") to effectively improve the ventilation and air quality of their buildings.
  - Some strategies can be used as temporary measures while comprehensive evaluation and implementation are under way.
- **Importantly, ventilation and other indoor air quality improvements are additions to and not replacements for infection prevention and control including any applicable state or local directives.**
- Read and follow this guidance in full: Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments from CDPH, Department of Health Care Access and Information (HCAI) formerly OSHPD, and Cal/OSHA

Ventilation Improvement Grant Opportunities

- There are 2 separate grants available for SNFs to reimburse expenses that improve indoor air quality

- LAC DPH NEW ventilation improvement reimbursement grant
  - Up to $10,000
  - Only available to SNFs with an ongoing/active outbreak since December 21, 2022
  - Requires a REFERRAL FORM from LAC DPH's outbreak investigation physician
  - CANNOT be used to reimburse expenses already reimbursed by the CDPH CMP grant
  - Work must be completed by February 28th and forms/receipts submitted by March 30th 2023 to Kimberly Scott at kscott@ph.lacounty.gov

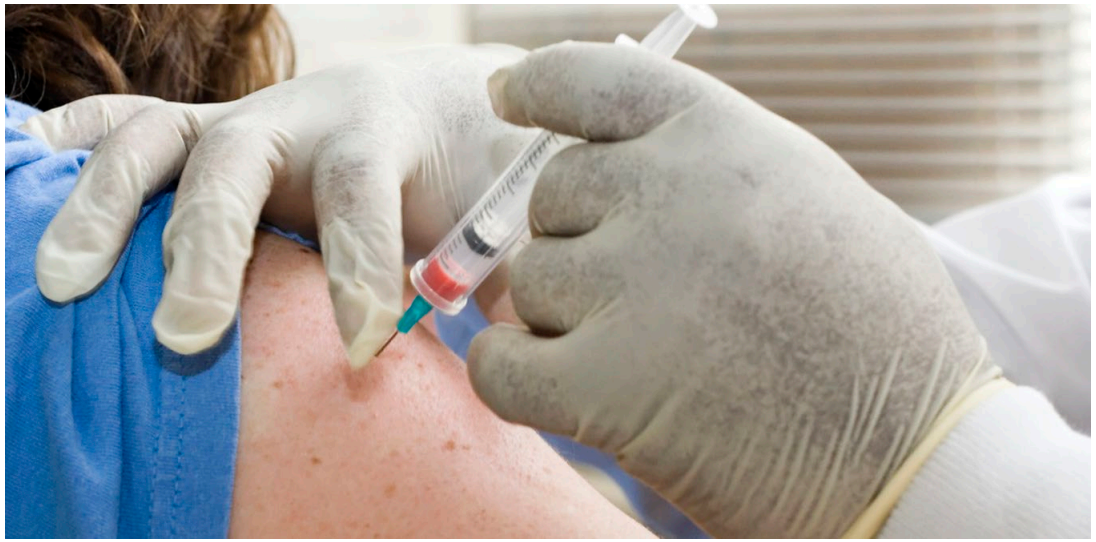
- CDPH has a grant through the CMP (Civil Monetary Penalty) fund
  - Up to $3000
  - Can be used to purchase portable HEPA units but **NOT** filters
  - More information is available from CDPH

Ventilation Improvement Grant Opportunities

LAC DPH grant can be used for

- HVAC inspection
- HVAC and duct repair or cleaning
- Portable HEPA units
  - If wall mounted this can include the cost of labor
- Upgrading to appropriate MERV rated filters
  - One set of MERV 13 (if your HVAC system is rated for it) for the facility
  - NOT TO BE USED to purchase multiple sets of replacement filters
  - Can be used to purchase a new set of filters for portable HEPA units

What is the most important thing SNFs (anyone) can do to protect themselves, their residents, colleagues, and their families?



Vaccinations: Updated (bivalent) booster

Fall Booster "Reset": Updated (Bivalent) Booster Recommendations

- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible 6mo+
  - Same recommendation for immunocompromised individuals
- If eligible, a bivalent booster dose should be administered regardless of total number of doses already received

COVID-19 Vaccination History	Time since last dose	Next dose
Primary series*	At least 2 months →	1 updated (bivalent) booster dose
Primary series* + 1 original (monovalent) booster	At least 2 months →	1 updated (bivalent) booster dose
Primary series* + 2 original (monovalent) boosters	At least 2 months →	1 updated (bivalent) booster dose

*Primary series could be 1-3 doses depending on manufacturer type and immunocompromised status of the individual

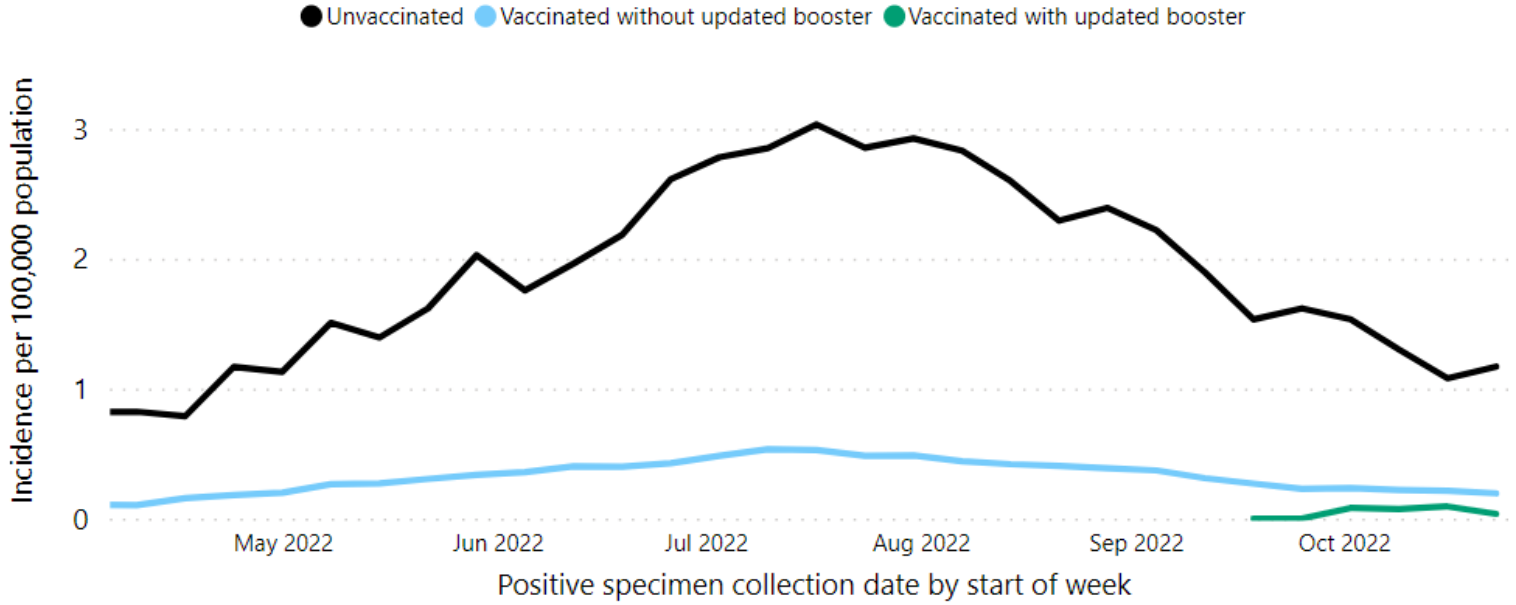
https://eziz.org/assets/docs/COVID19/TalkingPatientsBivalentBoosterDoses.pdf
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Rates of COVID-19 Deaths by Vaccination Status in Ages 5 and Older

April 03, 2022–October 29, 2022 (22 U.S. jurisdictions)

Select Outcome
- (●) Deaths
- ( ) Cases

Date
4/3/2022 – 10/23/2022



People aged 12 and older vaccinated with an updated (bivalent) booster had:

18.6X
lower risk of dying from COVID-19
in October 2022, and

3.1X
lower risk of testing positive for COVID-19
in November 2022, compared to unvaccinated people.

https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged ≥65 Years — IVY Network, 18 States, September 8–November 30, 2022

Early Release / December 16, 2022 / 71

Among immunocompetent adults aged ≥65 years hospitalized in a multistate study, a bivalent booster dose provided 73% additional protection against COVID-19 hospitalization compared with past monovalent mRNA vaccination only.

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Emergency Department or Urgent Care Encounters and Hospitalizations Among Immunocompetent Adults — VISION Network, Nine States, September–November 2022

Early Release / December 16, 2022 / 71

Bivalent booster doses provided additional protection against COVID-19–associated emergency department/urgent care encounters and hospitalizations in persons who previously received 2, 3, or 4 monovalent vaccine doses.

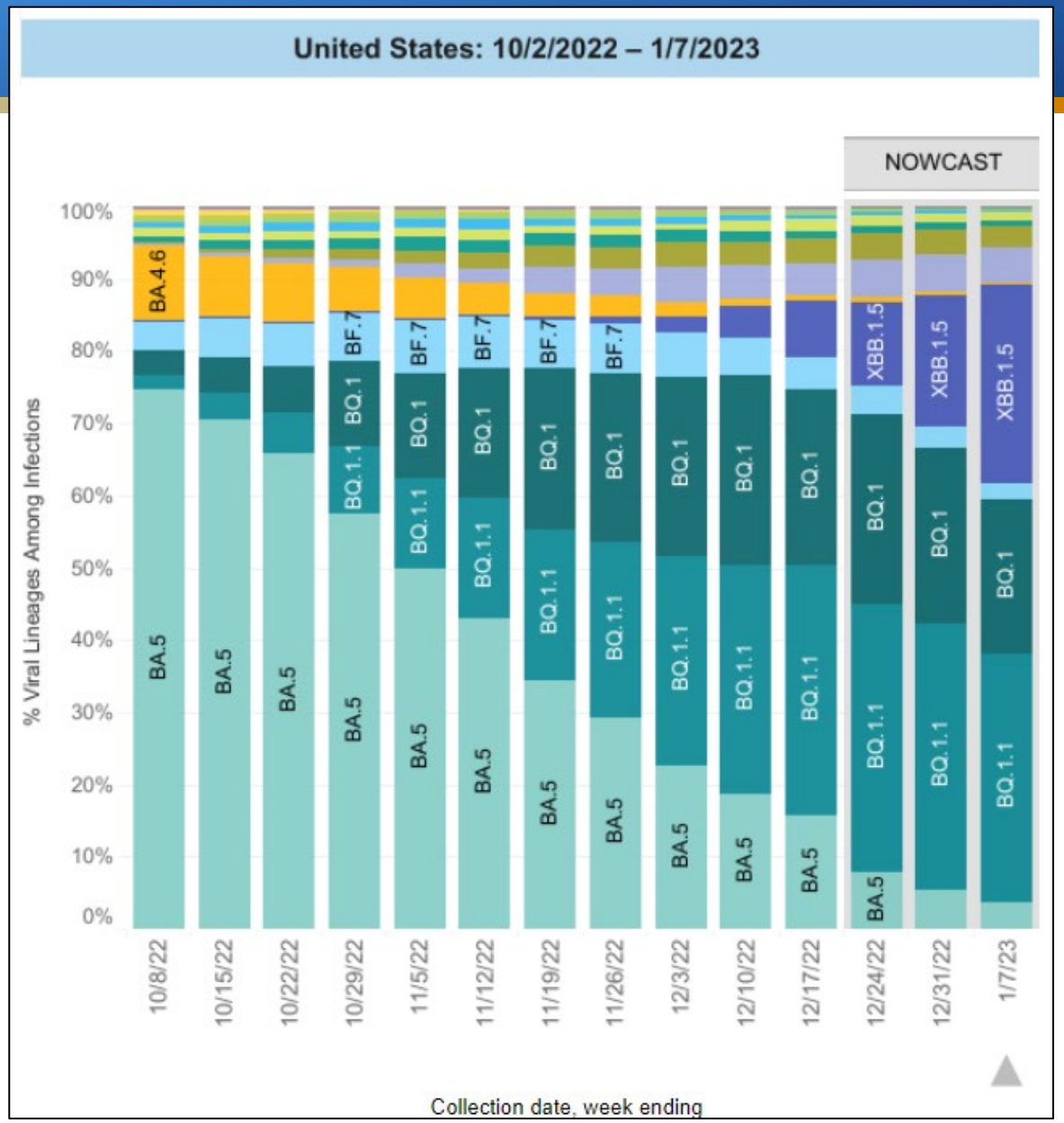
Early safety findings from v-safe and the Vaccine Adverse Event Reporting System for bivalent booster doses administered to persons aged ≥12 years during the first 7 weeks of vaccine availability are similar to those previously described for monovalent vaccine booster vaccines.

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Safety Monitoring of Bivalent COVID-19 mRNA Vaccine Booster Doses Among Persons Aged ≥12 Years — United States, August 31–October 23, 2022

Weekly / November 4, 2022 / 71(44);1401–1406



https://covid.cdc.gov/covid-data-tracker/#variant-proportions

- XBB variant accounts for 40% of US cases and is growing quickly
- It is more immune evasive (people with prior vaccination or infection more likely to be infected than compared with other variants)
- We don’t know if it is more severe
- Variants are constantly emerging. Situations can change quickly.

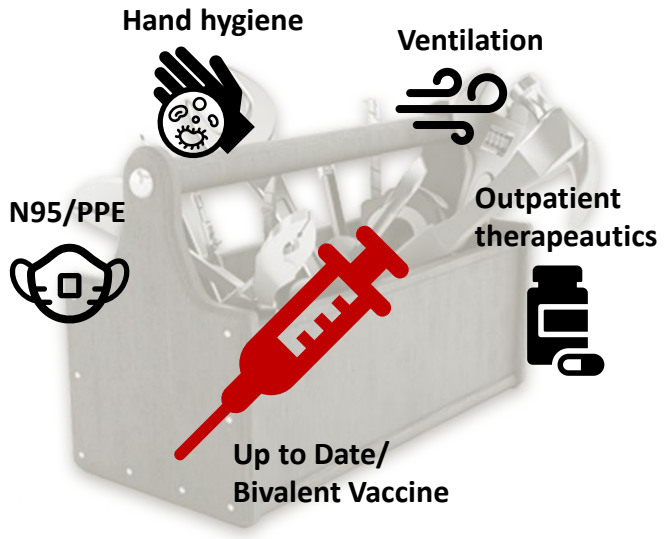
Evidence behind bivalent boosters and treatments – Key takeaway points

- Studies show that bivalent boosters still **perform better** than older monovalent boosters in terms of preventing hospitalization and symptomatic infection based on recent CDC data
- Those who had prior infection + bivalent booster had strongest antibody response
- Reduction in risk of hospitalization or urgent care visits for disease ~50% in those who had received bivalent booster

- Our antiviral medications (Remdesivir, Paxlovid), from early data, should still be effective
- Monoclonal antibodies are no longer effective against this variant

Keeping UP TO DATE with vaccination is our best tool against COVID-19

	Winter Surge 2020-21 Peak	Winter Surge 2021-22 Peak
COVID Hospitalization Rate per 100,000 *	29.4	13.0
COVID Case Fatality Ratio per 100,000 *	25.3	6.3

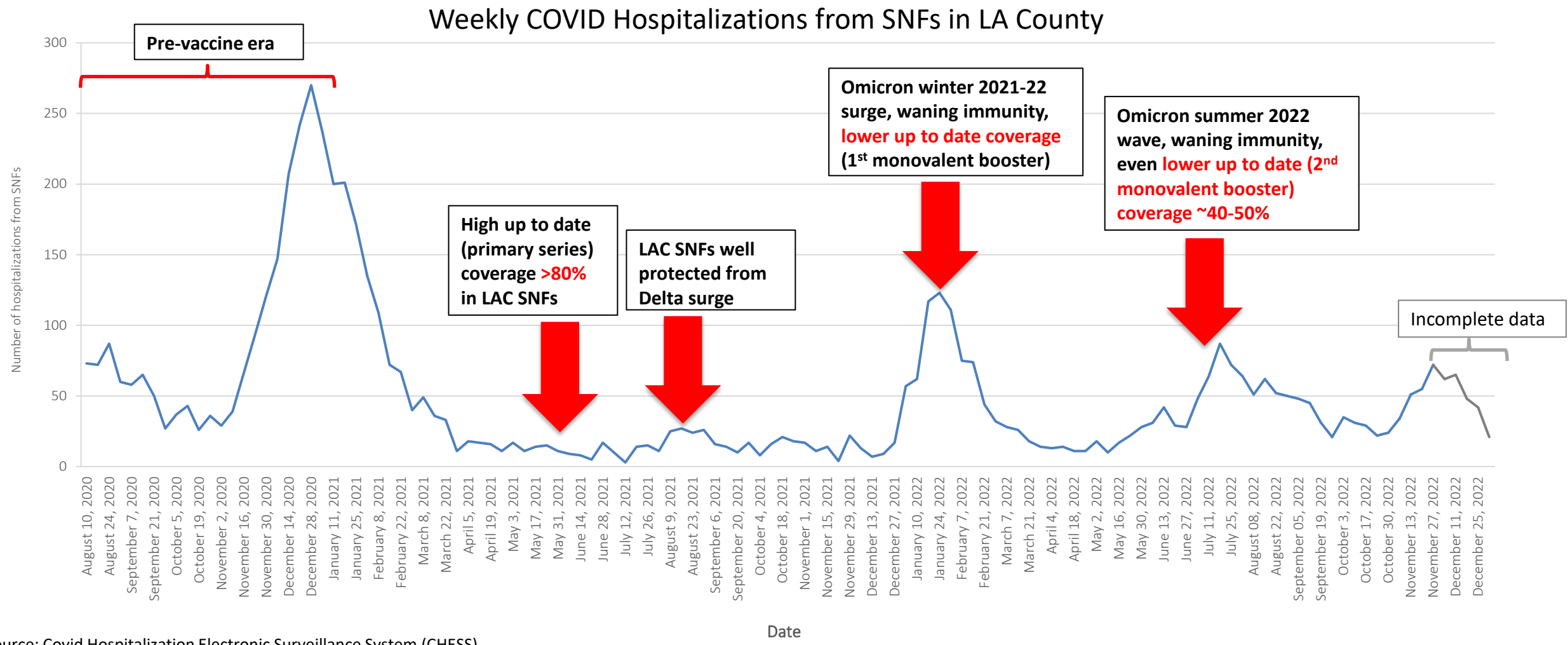


Post-vaccine in LA County SNFs:

- Chances of getting **hospitalized** with COVID among those infected are **less than HALF (1/2)** of pre-vaccine era
- Chances of **dying** with COVID among those infected are only a **QUARTER (1/4)** of pre-vaccine era

* Data source IRIS (LAC DPH's surveillance system)

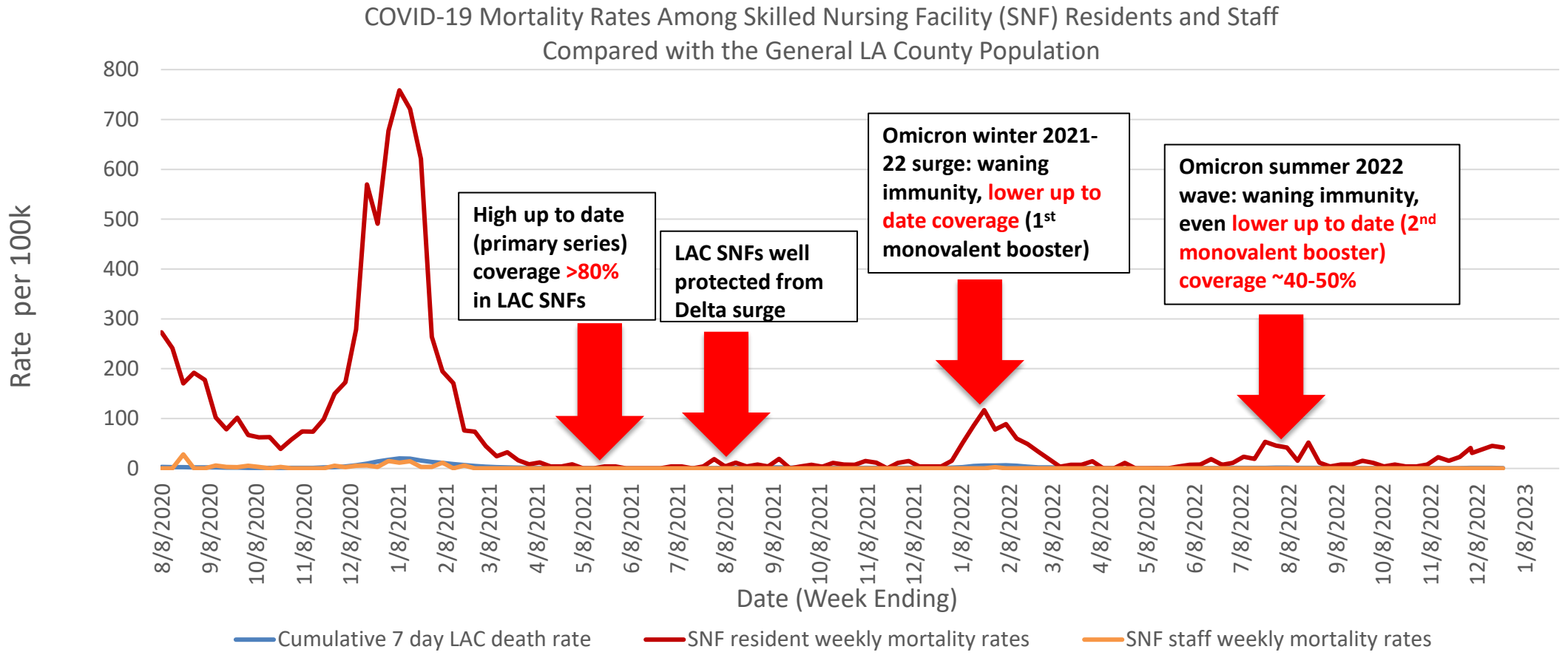
High up to date COVID-19 vaccination coverage impacts hospitalizations



Source: Covid Hospitalization Electronic Surveillance System (CHESS)

Gray shading indicates trend may be impacted by a lag in data reporting

High up to date COVID-19 vaccination coverage impacts mortality (deaths)



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Best Practices from Top Performing SNFs

Best Practices from Top Performing Nursing Homes in LA County (A)

- Large SNF: 350 employees + 15 contractors; 240 resident census.
- Predominantly Armenian population with baseline low vaccine confidence
- Bivalent booster coverage: 93% residents

<u>Best practices</u>

- Opt-out consent process
- Leadership team are role models: “I got it, the DON got it, the DSD got it, we are still alive and healthy”
- Use evidence from own outbreaks: vaccination → shorter outbreaks
- Staff incentives part of facility policy

Consent: brief primer

- Consent occurs every day in all aspects of our life
  - Cookies and privacy on websites
- Consent occurs every day in every medical decision
  - Starting and stopping antibiotics
  - Goals of care or DNR/DNI orders
- Informed consent vs verbal consent
  - Informed consent: explanation with alternative options, risks, benefits, uncertainties and allows sufficient time to ask questions before making a decision
  - Verbal consent: informed consent with waiver of documentation (no wet signature of the patient or their medical decision maker)

Informed consent: what are the relevant laws for vaccination?

- Informed consent is neither required by state or federal law for vaccinations including the COVID-19 vaccinations, whether EUA or FDA approved.

Consent to Immunization

There are no Federal or California State requirements for informed consent specifically relating to immunization.

Federal law requires that healthcare staff provide a Vaccine information Statement to a patient, parent, or legal representative before each dose of certain vaccines.

California law permits minors 12 years and older to consent to confidential medical services for the prevention of sexually transmitted diseases (STDs) without parental consent.

From CDPH: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/laws.aspx

Vaccination Consent Forms

There is no Federal requirement for informed consent relating to immunization. For state and local regulations, check with your local or state health department.

From CDC: https://www.cdc.gov/vaccines/imz-managers/laws/index.html

Q: Are VISs "informed consent" forms?

New and Updated VISs

The Pediatric Multi-Vaccine VIS

A: No. People sometimes use the term "informed consent" loosely when referring to VISs. VISs are written to fulfill the information requirements of the National Childhood Vaccine Injury Act, not as informed consent forms. But because they cover both benefits and risks associated with vaccinations, they provide enough information that anyone reading them should be adequately informed.

From CDC: https://www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html

Opt-in vs opt-out consent processes

- Opt-in: classic consent process
- Opt-out: aka passive consent
  - **Tell** residents or medical decision makers they/their loved one is getting the bivalent booster recommended for them
  - Give them ample time, e.g., 2 weeks, to “opt out” (say no)
  - Provide them the EUA fact sheet/VIS (vaccine information statements) **– legally required**

- “We are offering the COVID-19 bivalent booster. Please get the booster” is NOT the same thing as opt-out.
- Opt-out should be considered for high value interventions (e.g., vaccines) when benefits clearly outweigh risks and when the evidence can be difficult to interpret by lay people.

Best Practices from Top Performing Nursing Homes in LA County (B)

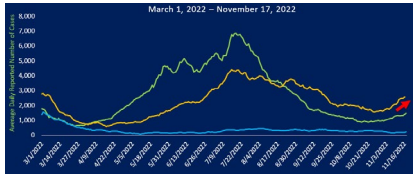
- Psych/behavioral SNF with resident census 120
- Bivalent booster coverage: 99%

<u>Best practices</u>

- Opt-out consent process for residents including those with public guardians
- Clinical staff educates family and obtain consents
- Uses LTCP: IP and DON pre-fills syringes beforehand

Common Themes

1. Facility leadership prioritizes high booster coverage for residents and staff. Leads by example.
2. Facility leads the conversation on COVID-19 data, proactively curbs misinformation.
3. Policy changes and incentives are key for staff to get vaccinated and boosted (make it harder to say no).
4. Involve clinical staff in obtaining consent for residents.
5. Be positive. Promote positive testimonials.
6. Persist: continue to remind, re-educate, and re-offer



County of Los Angeles Public Health

COVID-19 VACCINE FINANCIAL REWARD

How to Apply:

Please completely fill out the DPH COVID-19 Vaccine Tracker spreadsheets for residents and/or directly employed staff and submit an application via this secure link: https://tinyurl.com/LACSNFBooster10k

Link: COVID-19 Vaccine Tracker Template (for Residents)

- **BE SURE DATA SUBMISSIONS INCLUDE DATE OF BIRTH.**

Link: COVID-19 Vaccine Tracker Template (for Staff)

- **Facilities must complete if they are applying for the full $10,000 financial award.**
- **Only directly employed staff need to be included.**

Please include everyone regardless of their vaccination status – unvaccinated, completed primary series and prior booster doses but not up to date, up to date (received the bivalent booster), or otherwise.

The Los Angeles County (LAC) Department of Public Health (DPH) will award either a financial reward up to $10,000 per Skilled Nursing Facilities (SNFs) in LAC and Pasadena who demonstrate that at least 80% of their combined eligible residents and staff have received the updated bivalent COVID-19 booster **OR** a financial reward up to $7,500 to per SNF who demonstrate that at least 80% of their eligible residents have received the updated bivalent booster by January 29, 2023.

One award will be distributed per facility for the first 100 SNFs in LAC and Pasadena who apply and receive confirmation from DPH.

$10,000 Financial Reward*
Facilities must demonstrate 80% or more of their eligible residents and directly employed staff combined have received the bivalent booster over a single 1 week period from Monday through Sunday.

$7,500 Financial Reward*
Facilities must demonstrate 80% or more of their eligible residents have received the bivalent booster over a single 1 week period from Monday through Sunday.

Facilities are encouraged to maintain their bivalent booster coverage ≥80% but are only required to demonstrate coverage ≥80% for a single one (1) week period (Mon thru Sun) anytime between December 12, 2022 through January 29, 2023 to be eligible for the reward.

Submission Deadline for supporting documentation is February 3, 2023.

*SNFs who reach bivalent booster coverages lower than 80% and/or reach 80% later than the deadline may still be eligible for a reward depending on funding availability.

Contact Us

COVID-LTC-test@ph.lacounty.gov

Rev 1/6/23

County of Los Angeles Public Health

Changes to Booster Reward

$10,000 Reward per Facility
Facilities must demonstrate 80% or more of their eligible residents and directly employed staff combined have received the bivalent booster over a single 1 week period from Monday through Sunday between 12/12/22 and 1/29/23.

OR

$7,500 Reward per Facility
Facilities must demonstrate 80% or more of their eligible residents have received the bivalent booster over a single 1 week period from Monday through Sunday between 12/12/22 and 1/29/23.

NEW

COVID-19 Bivalent Booster Financial Reward Details

- **Deadlines** (extended by 2 weeks)
  - To reach 80%: by **Sunday, Jan 29, 2023**
  - To submit applications: by **Friday, Feb 3, 2023**
- Rewards are guaranteed to first 100 SNFs to apply with valid documentation demonstrating they meet criteria.
- Open to SNFs in LA County and Pasadena (new).

- Submit data for all residents and directly employed staff even if they are not eligible or not boosted.
- Only directly employed staff need to be included.
- 80% is out of eligible individuals.

Please completely fill out the DPH COVID-19 Vaccine Tracker spreadsheets for residents and/or staff and submit this form. BE SURE DATA SUBMISSIONS INCLUDE DATE OF BIRTH.
Link: COVID-19 Vaccine Tracker Template (for Residents)

- The tracker spreadsheets must include date of birth
- The tracker spreadsheets must include all residents who stayed at your facility at any time for the 1 week period (Mon through Sun) your facility was at ≥ 80% for bivalent booster coverage. Please include everyone regardless of their vaccination status – unvaccinated, completed primary series and prior booster doses but not up to date, up to date (received the bivalent booster), or otherwise.

Link: COVID-19 Vaccine Tracker Template (for Staff)

- Must complete if you are applying for the $10,000 financial award
- The tracker spreadsheet must include all directly employed staff who worked at your facility at any time for the 1 week period (Mon through Sun) your facility was at ≥ 80% for bivalent booster coverage. Please include everyone regardless of their vaccination status – unvaccinated, completed primary series and prior booster doses but not up to

Submission Deadline for supporting dicumentation is February 3, 2023.
**SNFs who reach bivalent booster coverages lower than 80% and/or reach 80% later than the deadline may still be eligible for a reward depending on funding availability.*

LAC SNFs please select your SNFs facility name* and facility ID from below:

*Only SNFs located in LAC and Pasadena are eligible for this financial reward. If your facility's name is out of date, please email TNTEducation@ph.lacounty.gov to correct it

Pasadena SNFs please select your SNFs facility name* and facility ID from below:

*Only SNFs located in LAC and Pasadena are eligible for this financial reward. If your facility's name is out of date or you do not see your Facility Name, please email TNTEducation@ph.lacounty.gov to correct it.

Each facility must upload completed versions of the vaccine trackers linked at the top of the survey. Please ensure you are uploading the correct forms with all information completed.

Upload the RESIDENT vaccine tracker here:

Drop files or click here to upload

Upload the STAFF vaccine tracker here:

Drop files or click here to upload

I certify all information in the vaccine trackers is correct to the best of my knowledge and understand LA County Public Health reserves the right to verify any submitted data.

SIGN HERE

clear

Apply here (secure): https://tinyurl.com/LACSNFBooster10k

- **Must use updated LAC DPH spreadsheet templates (with DOB columns)!**
- **Only 1 application per facility please.**

LAC DPH's COVID-19 Vaccine Trackers

				Facility ID#:						
Resident Last Name. (Enter name)	Resident First Name. (Enter name)	Date of Birth	Unique Patient Identifier. (e.g. Medical record number or patient record number)	Vaccinated with Dose 1. (Enter verified date of vaccination 1)	Vaccinated with Dose 2. (Enter verified date of vaccination 2)	Is Primary COVID-19 Vaccination Series Complete? (Please enter YES/NO for red cells)	Declined Primary COVID-19 Vaccination Series, considered NOT Up to Date. (Enter date of declination)	Additional/Booster (Monovalent) Dose Vaccination Date? (Enter date)	Second Additional/Booster (Monovalent) Dose Vaccination Date? (Enter date)	Updated (Bivalent) Booster Dose Vaccination Date? (Enter date)

Must enter DOB in this column

Medical Contraindication or Exemption Noted, considered NOT up to date. e.g. anaphylaxis (Enter date of contraindication)	Is "Up to Date" per CDC with all recommended COVID-19 vaccine doses (primary series, boosters, additional doses)? (Please enter YES/NO for red cells)	Additional Comment (Optional)	Follow-up Needed? (Optional. Please enter YES/NO; If completed, enter date of follow up)

Qualtrics application portal is secure and HIPAA compliant.

Resources

COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- Contact to update your facility's point of contact (e.g., to receive email updates): LACSNF@ph.lacounty.gov
- Contact for COVID-19 guidance questions in SNFs: LTC_NCoV19@ph.lacounty.gov
- Contact for **COVID-19 Vaccination resource questions**, including questions about your LTC pharmacy or Public Health's Mobile Vaccine resource: COVID-LTC-Test@ph.lacounty.gov

- LAC DPH COVID-19 SNF Past Webinar Slides & Recordings: http://publichealth.lacounty.gov/acd/SNFWebinarArchive.htm

COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- **Los Angeles County Public Health**
  - Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/
  - COVID-19 Infection Prevention Guidance for Healthcare Personnel: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/
  - Interfacility Transfer Rules: http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm
- **CDPH:**
  - CDPH All Guidance Documents by Topic (including State Public Health Officer Orders): https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
  - 2022 AFLs: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx
  - 2021 AFLs: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx
  - 2020 AFLs: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx
- **CDC, NIH:**
  - Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
  - NIH Anti-SARS-CoV-2 Monoclonal Antibodies: https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/

COVID-19 Fall 2022 (Bivalent) Booster Resources for Skilled Nursing Facilities

- **For residents, families, and general staff:**
  - "Public Health COVID-19 Vaccine Resources and Information for the Public – Fact Sheets and FAQs" Many posters and flyers are available in 12 other languages besides English including Spanish, Korean, Traditional Chinese, Simplified Chinese, Arabic, Armenian, Cambodian, Tagalog, Farsi, Japanese, Vietnamese, Russian.
    - Public Health COVID-19 Booster Doses FAQ, updated 10/24/22: http://www.ph.lacounty.gov/media/Coronavirus/docs/vaccine/FAQ-VaccineBoosters.pdf
  - EZIZ also has LTCF specific posters and flyers:
    - Everyone in LTC Needs Protection Against COVID-19 and Influenza poster English | Spanish | Tagalog | Chinese
    - If You Work in a Health Care Setting, Boost Your Health with a COVID-19 Booster Dose poster English | Spanish | Tagalog
    - Everyone Could Use a Boost poster for older adults English | Spanish
    - Give Your Immunity a Boost infographics for healthcare workers
  - EZIZ (CDPH's Immunization Branch): Patient Resources page (https://eziz.org/covid/patient-resources/) has fact sheets, flyers, and FAQs on general information, myths and misinformation, in-language translated resources, campaigns and toolkits as well as for special populations (religious, Latinx, African American/Black, pregnant and breastfeeding, older adults 50+, LGBTQ, and more)
  - CDPH and the Governor's Office is declaring November 14 to 20 "November Week of Action" for the whole state to amplify efforts to increase COVID-19 vaccination and booster rates. Their "November Week of Action" toolkit, which has many flyers and materials focused on older adults including those who are Latinx and African American/Black can be accessed directly here.
  - The U.S. Department of Health and Human Services (HHS) also has "Updated COVID Vaccines Toolkit" in English and Spanish.
- **For providers, clinical staff, infection preventionist, and other facility leadership**
  - Acute Communicable Disease Control's SNF team presented on the fall 2022 (bivalent) booster including the evidence behind the new recommendations in a webinar for all SNFs on Friday 9/9/22. Recording and slides.
  - LAC DPH's Best Practices for Improving Vaccination in SNFs (one page flyer)
  - Public Health sent out two LAHANs (Los Angeles Health Alert Network) on the updated COVID-19 booster
    - "New Booster Recommendations, Observation Period, Co-Administration" on Sep 8, 2022: https://t.e2ma.net/message/vg0nzu/rh6hm1r
    - "Fall Influenza and COVID-19 Vaccination" on Oct 20, 2022: https://t.e2ma.net/message/net29u/rh6hm1r
  - EZIZ (CDPH's Immunization Branch)
    - Guides including vaccine administration: https://eziz.org/covid/vaccine-administration/
    - Provider webinars with recording and slides on the COVID vaccine and boosters including this great webinar by Dr. Ilan Shapiro "Talking with Pa tients about COVID-19 Bivalent Booster Doses" (slides and recording) from Sep 8, 2022.
    - COVID-19 Crucial Conversations Campaign: https://eziz.org/covid/crucialconversations/

Questions and Answers