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

Shifting the Approach Back to Basics

December 23, 2022

Pingting Karen Nie, MD

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

County of Los Angeles Public Health

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 (12/23/22), 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
- Infection Prevention and Control Guidance
- General and Administrative Practices: Entry Screening
- Communal Dining, Group Activities, and Visitation
- Testing
- Cohorting → Isolation and Quarantine (renamed)
- Guidance for healthcare personnel
- Reporting Requirements
- Vaccinations: Updated (bivalent) booster
- Q and A

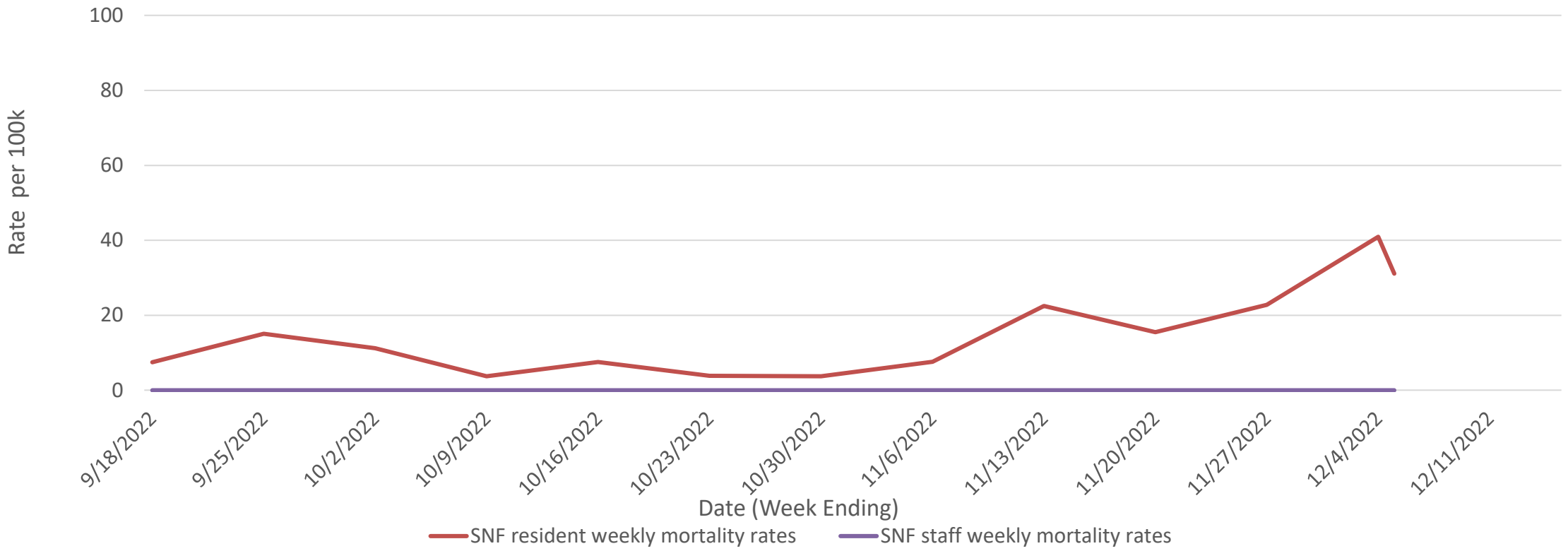
Local COVID-19 Trends

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

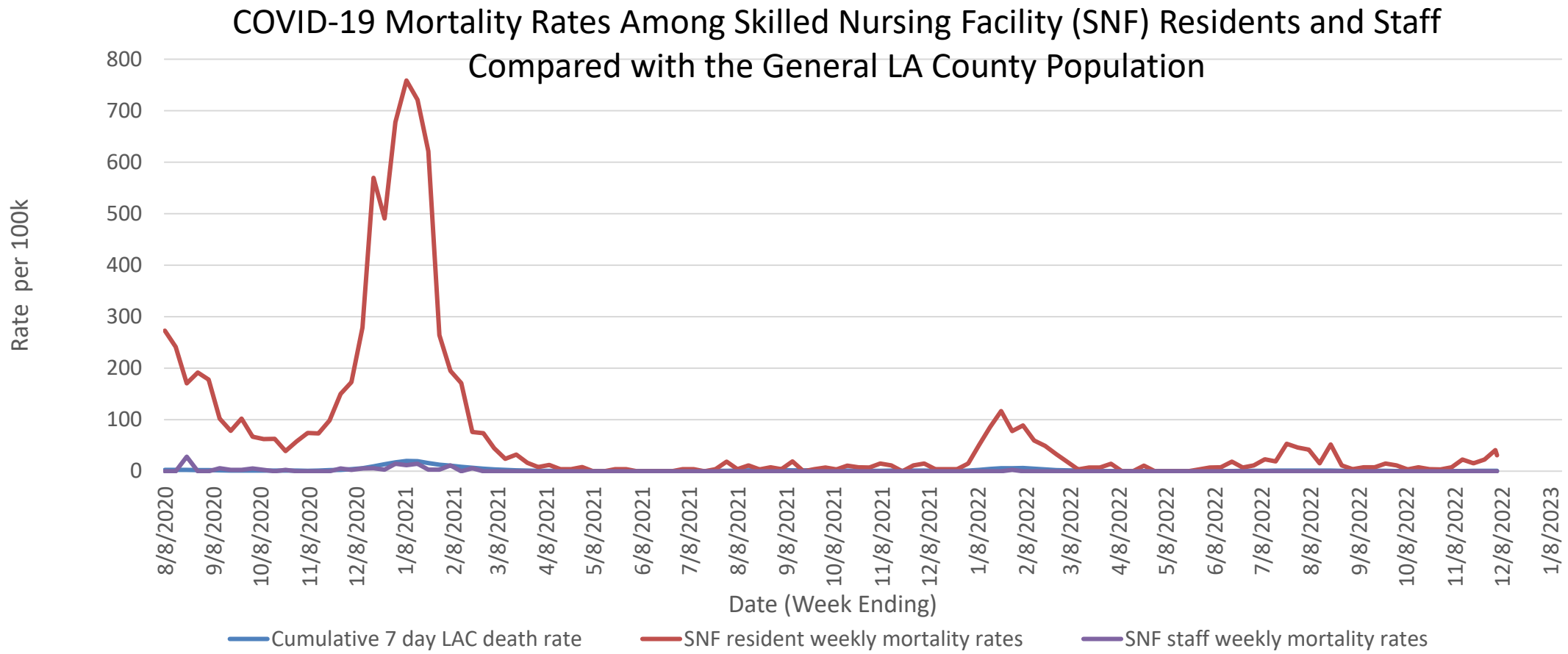
^ Seven-day cumulative crude Los Angeles County (LAC) case rates are sourced from IRIS database case episode date, and data are reported from Aug 2,2020 through Dec 11, 2022. Episode date is the earliest existing value of: Date of Onset, Date of Diagnosis, Date of Death, Date Received, Specimen Collection 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 11,2022 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 305 SNFs on the CDPH 123 weekly survey.

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



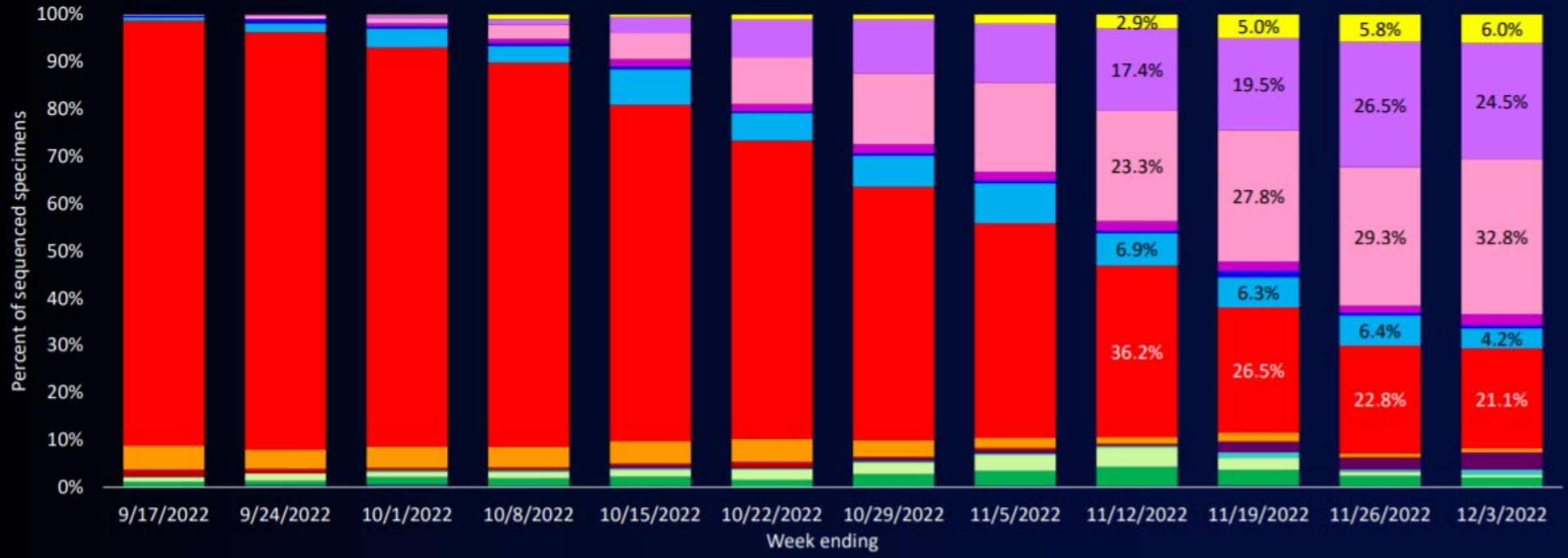
* Seven-day cumulative crude SNF mortality rates are sourced from the self-reported CDPH 123 daily & weekly survey and data are reported from Sep 12,2022 through Dec 11, 2022. Dates reflect the date the death was reported to the individual or facility. The population rate is per 100,000 and sourced from 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.



^ Seven-day cumulative crude Los Angeles County (LAC) death rates are sourced from IRIS database case date of death, and data are reported from Aug 2,2020 through Dec 11, 2022. The population rate is per 100,000 and sourced from 2018 population estimates . Deaths are reported by date of death or date received if date of death is missing.

***** Seven-day cumulative crude SNF mortality rates are sourced from the self-reported CDPH 123 daily & weekly survey and data are reported from Aug 2,2020 through Dec 11, 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.

SARS-CoV-2 Variants as a Percentage of All Specimens Sequenced for Baseline Variant Surveillance



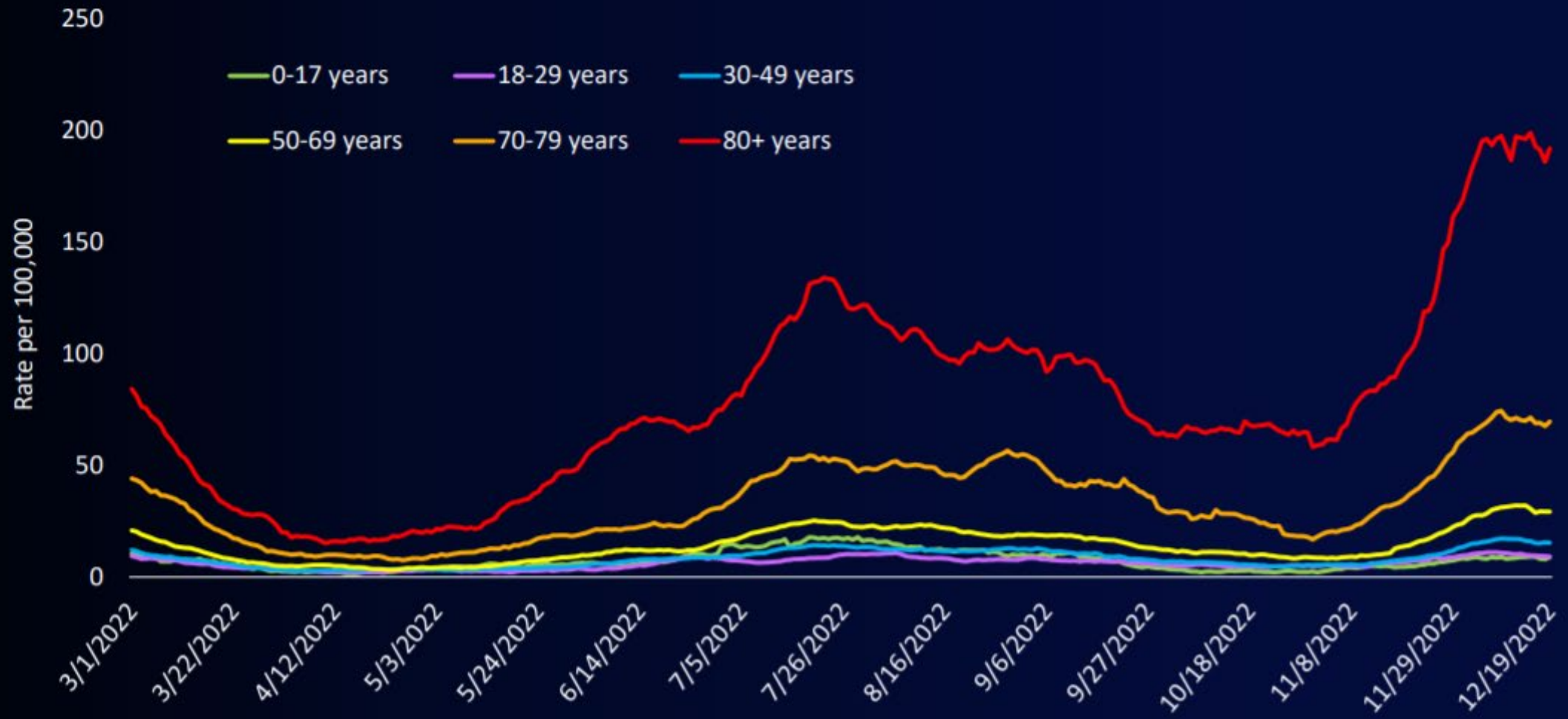
covid19.lacounty.gov

12/22/2022

*BF.7, BF.11, BQ.1, and BQ.1.1 are sublineages of BA.5

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

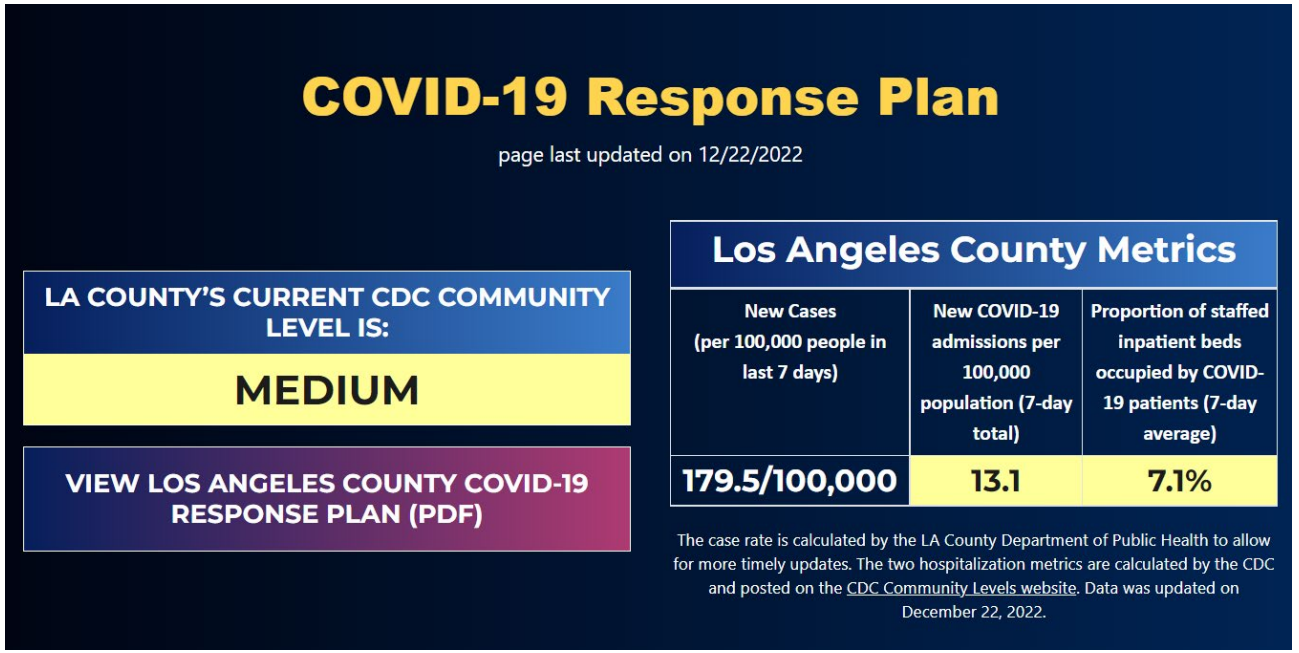
14-day Cumulative COVID-19 Hospitalization Rates by Age
March 1, 2022 – December 19, 2022



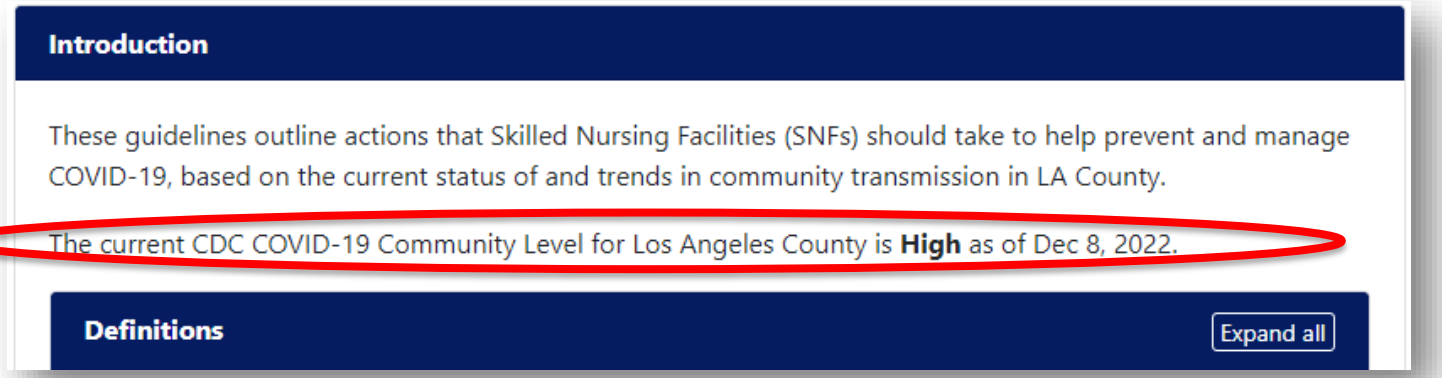
covid19.lacounty.gov 12/22/2022

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

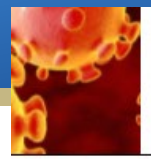
LA County's CDC COVID-19 Community Level



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



Definitions (new)



Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities

On this page Updated 12-12-22

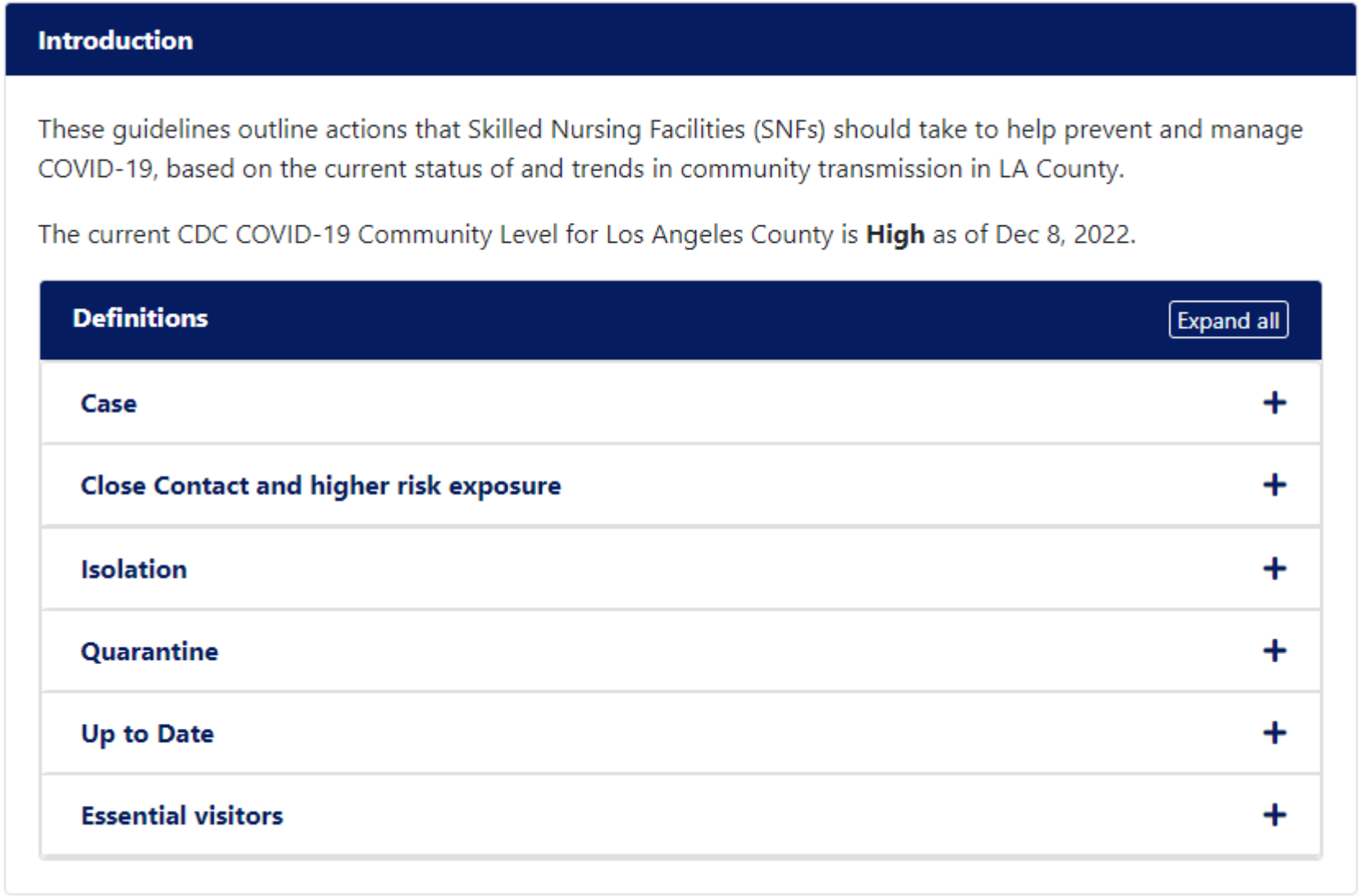
- Summary of Recent Changes
- Introduction
- New → Definitions
- COVID-19 Vaccination Guidance
- Outpatient COVID-19 Treatment and Pre-exposure Prophylaxis
- Infection Prevention and Control Guidance
- COVID-19 Prevention - General and Administrative Practices
- Communal Dining, Group Activities, and Visitation
- COVID-19 Testing
- Renamed → Quarantine and Isolation
- Healthcare Personnel Monitoring and Return to Work
- Inter-facility Transfers
- Reporting Requirements
- Resources

Quick links

- Best Practices for Improving Vaccination in SNFs
- Protocol for Oral COVID-19 Antivirals Assessment and Prescription
- Healthcare Worker Vaccination Requirement
- Infection Prevention Guidance for Healthcare Personnel
- COVID-19 Case Reporting Protocol for SNFs (flowchart)
- EPA List N: disinfectants active against COVID-19
- SNF Guidelines Tables and Figures:
  - Renamed → Figure 1: PPE by Transmission Based Precautions
  - New → Figure 2: Post-exposure and Response Testing
  - Figure 3: Testing Schematic
  - New → Table 1: Resident Masking Requirements During Communal Dining and Group Activities
  - Table 2: Visitation Infection Prevention & Control Requirements
  - New → Table 3: Summary of Testing and Infection Control Guidance for Residents

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/

Definitions – new section



Definitions

- **Case:** A case is defined as an individual with a positive viral test (e.g., PCR/NAAT or antigen test) regardless of symptoms unless a confirmatory PCR/NAAT test is negative for an asymptomatic individual with a positive antigen test.
  - **Confirmed**: resident cases who are either symptomatic with a positive viral test (PCR/NAAT or antigen) or asymptomatic with a positive molecular (PCR/NAAT) test.
  - **Suspect**: resident cases who are symptomatic with pending/unknown test results or asymptomatic with a positive antigen test pending confirmatory PCR/NAAT testing.

Definitions

Close Contacts (Residents)	Higher-Risk Exposure (Staff)
A close contact is defined as sharing the **same indoor airspace** (e.g., resident room, rehab gym, communal dining room, communal activity/visitation area, shower room, hallway, nursing station, etc.) for a cumulative total of 15 minutes or more over a 24-hour period with a case during their infectious period* regardless of source control. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx	Please see the LAC DPH COVID Infection Prevention Guidance for Healthcare Personnel for definition of higher risk exposure. • HCP not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask). • HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask. • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure. **Community exposures** also apply to work restriction guidelines.

***Infectious period:** 2 days prior to the date of symptom onset (or the positive specimen collection date, if asymptomatic) through day 10 after symptom onset or date of positive specimen collection.

Definitions

Isolation	Quarantine

• **The separation of persons with COVID-19 from persons without COVID-19.**
• Measures include:
  ○ Restricting the resident to their room
  ○ Infected residents wearing well-fitting masks when not in their rooms
  ○ Staff donning full PPE prior to providing care or entering rooms where there are infected persons (i.e., transmission based precautions).
	• **Quarantine keeps asymptomatic persons who might have been exposed to SARS-CoV-2 away from others to see if they become infected.**
	• *Quarantine in SNFs is no longer routinely required*
	• Measures include (if applicable):
	  ○ Restricting the resident to their room as much as possible
	  ○ Exposed residents wearing well-fitting masks when not in their rooms
	  ○ Staff donning full PPE prior to providing care/entering rooms where there are exposed persons (i.e., transmission-based precautions)
	• **If done, residents in quarantine should be **managed in-place**; avoid movement of residents to different rooms that could lead to new exposures. **

Outpatient COVID-19 Treatment and Pre-exposure Prophylaxis

LAC DPH Health Officer Order for SNFs
Requiring Assessment for Outpatient COVID-19 Treatment, effective July 25, 2022

9. Assess All Residents Testing Positive for SARS-CoV-2 for Outpatient COVID-19 Treatment

a. Prescribing providers or the medical director at the Facility must immediately assess all residents testing positive for SARS-CoV-2 for available and recommended outpatient COVID-19 treatment(s)* and, if clinically appropriate, offer these treatments to eligible residents and/or their medical decision makers for the resident testing positive. Prescribing providers include physicians, advanced practice registered nurses, and physician assistants. Residents should be assessed, and treatments provided at the facility if possible. Residents should only be referred to hospitals if indicated due to their clinical acuity and should not be referred to hospitals solely for treatment of COVID-19.

* Outpatient COVID-19 treatments include but are not limited to PAXLOVID (niramtrelivr/ritonavir), Lagevrio (molnupiravir), and monoclonal antibodies. Please see LAC DPH's "COVID-19 Monoclonal & Antiviral Therapy for Non-Hospitalized Patients" for more information: http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/ .

b. The Facility must maintain documentation showing all residents testing positive for SARS-CoV-2 were assessed for outpatient COVID-19 treatment from their prescribing providers or the medical director during the resident's stay at the facility; at minimum, this should include date(s) of the initial assessment and the outcomes of the assessment, i.e., whether or not the resident is eligible and whether or not the resident and/or their medical decision maker accepted the treatment. The facility must provide information on COVID-19 outpatient treatment assessments for residents to LAC DPH, if requested.

http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_SkilledNursingFacilities.pdf

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health

GAVIN NEWSOM
Governor

AFL 22-20

September 12, 2022

TO: Skilled Nursing Facilities

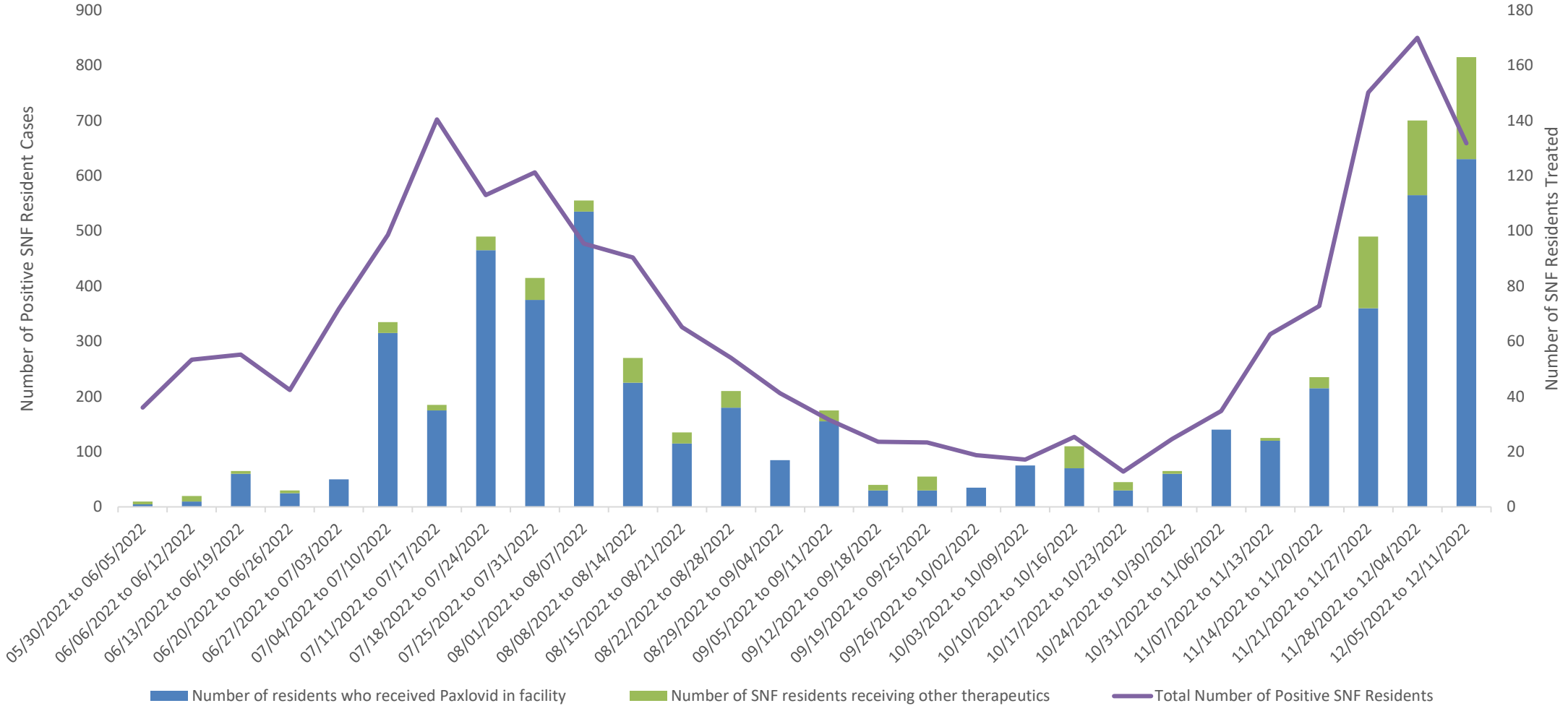
SUBJECT: Coronavirus Disease 2019 (COVID-19) Treatment Resources for Skilled Nursing Facilities (SNFs)

All Facilities Letter (AFL) Summary

- This AFL provides guidance recommending that all SNF residents with symptomatic COVID-19 be evaluated by a prescribing clinician to be considered for COVID-19 therapeutics.
- In addition, SNFs should evaluate all residents for any oral COVID-19 therapeutics drug-drug interaction risk, renal and hepatic impairment in advance of a COVID-19 diagnosis and indicate such information in charts to facilitate access to appropriate therapeutics when a COVID-19 diagnosis is made.
- This AFL also provides information regarding available guidance and resources for evaluating, prescribing, and obtaining COVID-19 therapeutics for SNF residents.
- This AFL encourages SNFs to provide information for healthcare personnel (HCP) who test positive for COVID-19 to obtain treatment with appropriate therapeutics.

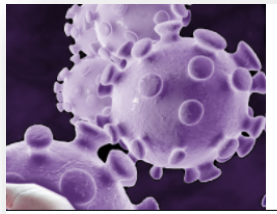
https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-20.aspx

Number of Los Angeles County SNF Residents Receiving Paxlovid in Facility vs Receiving Other Treatments for COVID-19, by Reporting Week



Source: CDPH Weekly Survey, May 30, 2022 to December 11, 2022.

LAC DPH Outpatient COVID-19 Treatment (Therapeutics) Webpage



COVID-19

Therapy for Non-Hospitalized Patients

Key Points

- **Outpatient treatment is widely available but underused**. This is especially true in communities of color, low-income communities, and in long term care facilities.
- **The majority of adults and some children with symptomatic COVID-19 are eligible for treatment**. This includes people who are not up to date with COVID vaccinations, people in a racial or ethnic minority group, people with disabilities and common underlying health conditions including obesity, depression, smoking (former or present), and physical inactivity. See full CDC list.
- **Treatment prevents hospitalization and death** with the largest benefits in unvaccinated patients and in people who are ≥65 year-old and/or immunocompromised (regardless of vaccination/previous infection).
  - Studies have also shown that Paxlovid may reduce the risk of developing post-COVID symptoms and also decrease SARS-CoV-2 viral load faster compared with people not treated.
- **Three antiviral therapies are available** Paxlovid, IV remdesivir, molnupiravir (Lagevrio). Monoclonal antibodies are no longer available for treatment, though Evusheld is still recommended for prophylaxis.
  - **Paxlovid is the preferred treatment for adults and children** (12 years of age and older weighing at least 40 kg).

Contents

Quick Links

- NIH COVID-19 Treatment Guidelines: Nonhospitalized Adults
- COVID-19 Drug Interactions Checker- University of Liverpool
- CDPH Test to Treat playbook
- Therapeutics Locator (for providers)
- Medicine locator (for the public - oral meds only)
- Medicine for COVID-19 (webpage for the public)

Share with medical director and clinical providers:
http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/

LAC DPH Outpatient COVID-19 Treatment (Therapeutics) Webpage

Paxlovid

Paxlovid (nirmatrelvir 300 mg with ritonavir 100 mg), given within 5 days of symptom onset, is the preferred treatment for adults and pediatric patients (12 years of age and older weighing at least 40 kg) with symptomatic COVID-19 and risk factors for progression. It is taken orally twice a day for 5 days.

***Studies have shown that Paxlovid*:**

- **Reduces the risk for hospitalization and death by 50-88% among unvaccinated people and by 45–50% among vaccinated or previously infected people**.[1,2,3] Recent studies in highly COVID-19 immune populations conducted during omicron circulation show significant reductions in hospitalizations among patients aged 18 and older with risk factors for severe disease (see Table below).
- **May decrease the risk of developing post-COVID symptoms.** [4,5,6,7] The extent and scale of impact that long COVID may have on individual and population health are yet to be revealed and may be quite significant.
- **Decreases SARS-CoV-2 viral load faster** compared with people not treated, suggesting the potential for decreased transmission and isolation time for test-result-based isolation protocols.[1]
- **Has been shown to be safe, including in older adults**.[1,8] Risks are minimal, especially when weighed against benefits.

Most commonly used medications can be safely co-administered with Paxlovid

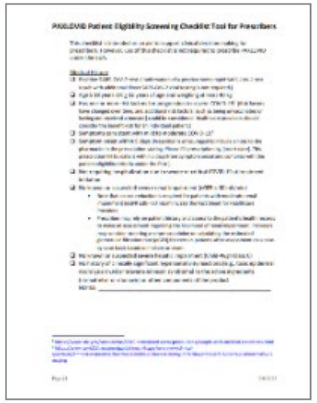
- Paxlovid can alter the concentrations of other drugs, so it is important to assess for potential drug-drug interactions.
- Many commonly used medications can be safely co-administered with Paxlovid despite its drug-drug interaction potential. See NIH guidance Drug-Drug Interactions Between Ritonavir-Boosted Nirmatrelvir (Paxlovid) and Concomitant Medications and the Liverpool COVID-19 Drug Interactions website
- The Infectious Disease Society of America offers guidance on simple steps that can be taken to avoid significant interactions with commonly prescribed medications, such as brief suspension or dose reduction.

The potential for COVID-19 rebound is not a reason to avoid prescribing Paxlovid

- COVID-19 rebound is the term used to describe a recurrence of symptoms and/or SARS CoV-2 antigen positivity which can occur between 2 and 8 days after initial recovery. The etiology of this phenomenon is not known. Recent small studies suggest that rebound may happen when people have a strong immune response to COVID-19; neither the development of resistance nor the absence of neutralizing antibody were likely causes of rebound [9, 10]
- Rebound has been observed in the minority of patients treated with Paxlovid or molnupiravir[11,12] It also occurs in patients who did not receive COVID-19 therapeutics [13,14] A preprint by Deo et al found that 1 out of 8 people who did not receive COVID-19 therapy experienced rebound. Those that rebounded were more likely to be older. Among those that rebounded, only 10% had symptoms.
- Rebound is typically mild. Recent studies suggest that patients who experience rebound have an extremely low probability of developing severe COVID-19. Retreatment is not currently recommended.

http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/

LAC DPH Outpatient COVID-19 Treatment (Therapeutics) Webpage



FDA Paxlovid patient eligibility checklist PDF

Paxlovid Prescribing Provider Tool Word Document

Paxlovid sample prescriptions

- *Prescription for patients with normal renal function*

SAMPLE PRESCRIPTION FOR PAXLOVID – FOR PATIENTS WITH NORMAL RENAL FUNCTION

PRESCRIPTION AS FOLLOWS

Written:	04/27/2022	EScript Expiration Date:
Medication NDC Prescribed:	Paxlovid Co-Pack (eua)	NDC: 00069 -1085-30
Medication Prescribed:	Paxlovid 20x 150 mg & 10x 100 mg Oral Tablet Therapy Pack	Days Supply:
Quantity:	30 Each (30 Tablet)	Refills: 0 (additional refills)
Directions:	take 2 nirmatrelvir 150 mg + 1 ritonavir 100 mg tablet bid x 5 days	
Diagnosis/use:	(not specified)	Diagnosis Codes: U07.1

- *Prescription for patients with reduced renal function*

SAMPLE PRESCRIPTION FOR PAXLOVID – FOR PATIENTS WITH REDUCED RENAL FUNCTION

PRESCRIPTION AS FOLLOWS

Written:	04/27/2022	EScript Expiration Date:
Medication NDC Prescribed:	Paxlovid Co-Pack (eua)	NDC: 00069 -1085-30
Medication Prescribed:	Paxlovid 10x 150 mg & 10x 100 mg Oral Tablet Therapy Pack	Days Supply:
Quantity:	20 Each (20 Tablet)	Refills: 0 (additional refills)
Directions:	take 1 nirmatrelvir 150 mg + 1 ritonavir 100 mg tablet bid x 5 days	
Diagnosis/use:	(not specified)	Diagnosis Codes: U07.1

FAQs for patients - COVID-19 Rebound:
English | Español | 简体中文 | 繁體中文 | العربية | հայերեն | ភាសាខ្មែរ | 日本語 | Русский | Tiếng Việt | فارسی | Tagalog

http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/

SKILLED NURSING FACILITY PROTOCOL FOR ORAL COVID-19 ANTIVIRALS ASSESSMENT AND PRESCRIPTION

County of Los Angeles Public Health

Introduction

Oral COVID-19 antivirals, e.g., Paxlovid (ritonavir-boosted nirmatrelvir) and Lagevrio (molnupiravir), are highly effective in preventing severe outcomes, including hospitalizations and death, among individuals infected with COVID-19. Because they need to be started within five (5) days of symptom onset, it is crucial to initiate the process of assessing residents with confirmed COVID-19 as soon as they test positive.

BEFORE initiating this protocol/checklist, complete the following to ensure your facility is prepared to provide oral COVID-19 antivirals in a safe and timely manner:

- Review this protocol/checklist carefully and in full.
- Provide information on outpatient COVID-19 treatments to residents, medical decision makers, families, and caregivers before they are needed. Consider posting flyers around the facility, sending out flyers, and handing out flyers. See "Resources for Residents/Caregivers on Oral COVID-19 Antivirals" at the end of this document.
- Prescribing providers* should contact medical decision-makers ahead of time and discuss outpatient COVID-19 treatment (specifically the oral antivirals Paxlovid and molnupiravir). Providers should obtain written advanced consent for treatment whenever possible to expedite the process and ensure this high-risk patient population can start treatment in time.

** Includes physicians, advanced practice registered nurses (e.g., nurse practitioners), and physician assistants.*

When to initiate this protocol/checklist:

- When there is no outbreak, facilities should initiate this protocol **within 24 hours** of 1) any resident testing positive for SARS-CoV-2 by laboratory-based PCR or point of care antigen in a symptomatic individual AND 2) any new COVID-19 admission/re-admission.
- During a COVID-19 outbreak, all residents testing positive for SARS-CoV-2 should be assessed **daily** following this protocol, including asymptomatic residents who are not initially eligible.

STEP 1: CONTACT PRESCRIBING PROVIDER* AND/OR MEDICAL DIRECTOR IMMEDIATELY

** Includes physicians, advanced practice registered nurses (e.g., nurse practitioners), and physician assistants.*

- ☐ Facility licensed staff must contact the prescribing provider and/or medical director for **ALL** residents testing positive for SARS-CoV-2 (by laboratory-based PCR or point of care antigen in a symptomatic individual) to evaluate their resident(s) for an oral COVID-19 antiviral medication **within 24 hours** of testing positive.

STEP 2: FOLLOW UP WITH PRESCRIBING PROVIDER/MEDICAL DIRECTOR

If the prescribing providers and/or medical director has not responded within **6 hours** of reaching out, then please immediately utilize one of the backup options at the end of the checklist under "Backup Prescriber Consultation".

STEP 3: OBTAIN CONSENT

- ☐ The prescribing providers and/or medical director discuss clinically indicated oral COVID-19 anti-viral treatment with residents and/or their medical decision-makers to obtain consent for treatment. Whenever possible, obtain written consent in advance to expedite the process and ensure treatment can start in time.
- ☐ Provide residents and/or their medical decision makers with information on the appropriate oral COVID-19 antivirals to aid with obtaining consent for treatment. At a minimum, the FDA's Fact Sheet for Patients and Caregivers on the appropriate antiviral medication should be provided. Please see "Resources for Residents/Caregivers on Oral COVID-19 Antivirals" at the end of this document.

STEP 4: CONFIRM MEDICATION DELIVERY

If the prescribed COVID-19 oral antivirals are not delivered within **8 hours** of the prescription being submitted, please immediately follow up with the Long-Term Care Pharmacy (LTCP) contact.

The facility should be ready to provide the following to the LTCP upon request for residents with an oral antiviral prescription:

- ☐ Most recent reports of laboratory blood work (including kidney function and liver function) within the past 1 month. If there are no laboratory blood work within the past 1 month, immediately contact the provider/medical director for a STAT order for kidney function and liver function blood tests.
- ☐ List of all medications, including PRN (as needed) medications, herbal supplements, and "over-the-counter" medications.
- ☐ List of all known medication allergies.

STEP 5: ADMINISTER MEDICATION

- ☐ The facility should administer the oral COVID-19 antivirals **immediately** and no later than four (4) hours of medication receipt from their LTCP.

STEP 6: DOCUMENT

Regardless of the prescribing provider, facility licensed staff must ensure documentation for each resident who tested positive for SARS-CoV-2 includes:

http://publichealth.lacounty.gov/acd/docs/SNFProtocolforOralAntivirals.pdf

LAC DPH SNF Protocol for Oral COVID-19 Antivirals Assessment and Prescription

Backup Prescriber Consultation

If there are residents who tested positive for SARS-CoV-2 whose prescribing provider AND medical director have not responded in a timely manner regarding oral COVID-19 antivirals (e.g., no response **within 6 hours**), then the facility should reach out to the following backup options in the following order:

A. LTCP ASSISTED (preferred)

1. Facility licensed staff contacts the facility's preferred LTCP pharmacist for each positive resident whose prescribing provider AND medical director have not responded, provides all required records listed below, and requests assessment for possible antiviral prescription.
2. If **2 hours** have passed without a response for each resident, facility licensed staff should advance to Option B for assistance.

B. LACDPH TELEHEALTH ASSISTED (ONLY for residents with decision-making capacity who are able to speak to a provider over the phone)

1. Facility licensed staff contacts the LA County Department of Public Health (LACDPH) Telehealth service at 833-540-0473 (open 8:00 AM – 8:30 PM daily) for each resident whose prescribing provider AND medical director AND LTCP pharmacist have not responded, provides all required records listed below, and requests assessment for possible antiviral prescription.
2. The Telehealth triage nurse either connects the facility licensed staff to a LACDPH telehealth provider or schedules a call-back appointment. The LACDPH telehealth provider will evaluate the resident over the phone and send an electronic prescription to the preferred LTC pharmacy if appropriate.

PRIOR to calling either of the above backup prescribing providers, facility licensed staff gathers the following records for each remaining resident with a positive SARS-CoV-2 test:

http://publichealth.lacounty.gov/acd/docs/SNFProtocolforOralAntivirals.pdf

Infection Prevention and Control Guidance

Summary of PPE Changes

- **Eye protection** is no longer indicated for all staff and is a consideration when CDC Community Level is high (currently medium). *Public Health may require eye protection on a case-by-case basis for facilities in active outbreaks.*
- Clarified **gown use** in hallways.

- Winter surge measure: Effective Dec 2, 2022 until further notice, all staff must wear **N95 respirators** in all areas of the facility where residents are present or where residents may have access to for any purpose.

Personal Protective Equipment for COVID-19

	Residents *not* in quarantine or isolation	Residents in isolation (In-Place or Red Cohort)*
	**N95 respirators should be worn for duration of shift when in the same indoor airspace as residents.** Do not re-use.	
	• Eye protection is a consideration when **CDC Community Level is High.** • Public Health may require eye protection for facilities in active outbreaks on case-by-case basis.	**Use eye protection in all resident care areas.**
	**Gowns are not required for COVID-19 precautions.**	**Don/doff gowns for each resident encounter. Doff prior to re-entering common areas (hallways).** No re-use or extended use.

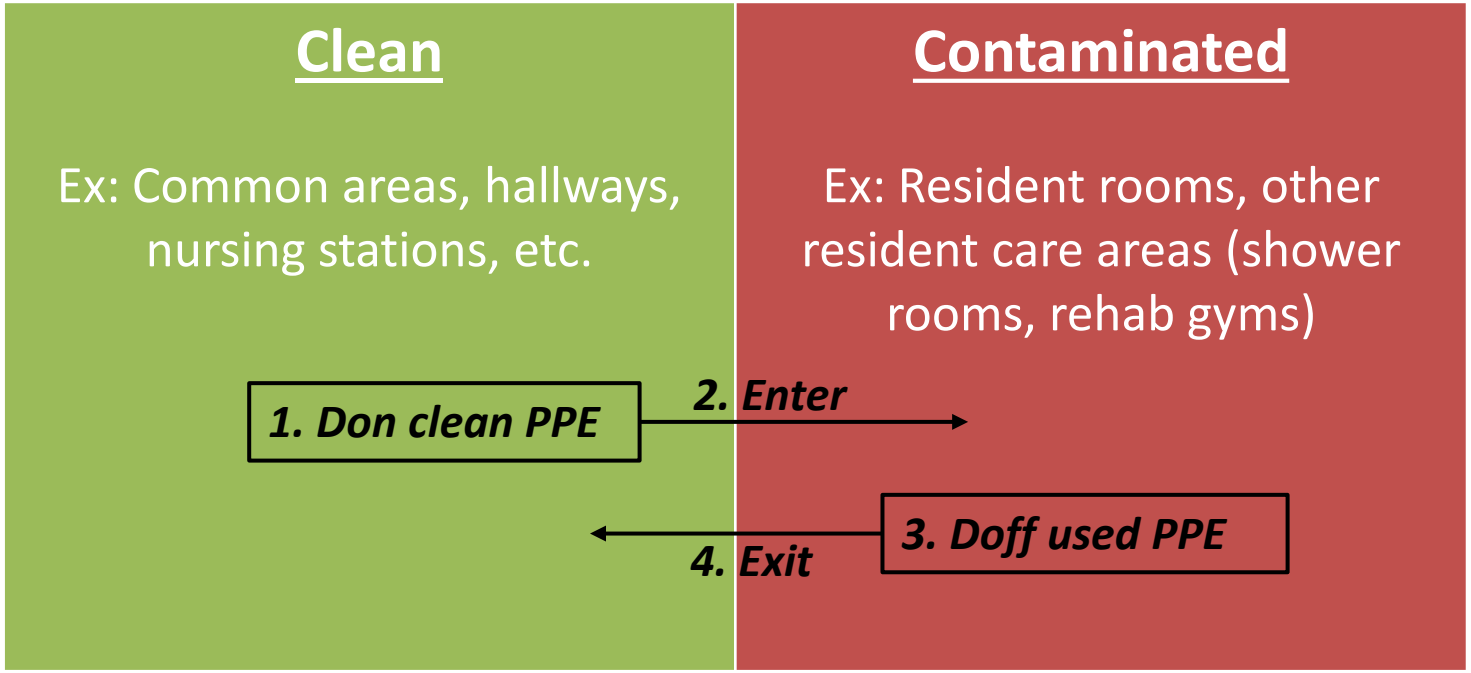
See https://tinyurl.com/LACDPH-TBPsigns for COVID-19 transmission based precaution signage.

Please note quarantine is not routinely required. However, Public Health may direct facilities on a case-by-case basis to quarantine (i.e., restrict residents to their room, staff wear full PPE required for COVID-19 transmission-based precautions) any of the following resident groups to mitigate an outbreak: new admissions, re-admissions, returning residents after leaving facility >24 hrs, close contacts, and those undergoing broad-based response testing.

Rev 12/1/2022

Gowns

- Don PPE & perform hand hygiene **prior to entering** contaminated area (resident room/shower room)
- Doff PPE & perform hand hygiene **prior to exiting** contaminated area and re-entering clean area (hallway)



Extended use (over multiple residents) and re-use (over multiple days) are not allowed

Source Control

Residents	Staff	Visitors

• Must be provided a clean mask daily
• Required* when not in their rooms (room=home):
  ○ Suspected or confirmed cases
  ○ Close contacts
  ○ New admissions
  ○ Re-admissions
  ○ Left facility >24 hrs
• All other residents: strong recommendation to wear masks when not in their rooms
 	
**When safe and practical*
	• Medical-grade surgical/procedure mask or higher at all times
	• N95 respirators must be fit-tested when providing care to suspect and confirmed residents in isolation
	
	• <u>Special winter surge measure</u> effective 12/2/22 until further notice: N95 respirators in all areas of the facility
		• Well-fitting face mask with good filtration is required at all times while indoors!

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

CDPH

State of California—Health and Human Services Agency
California Department of Public Health

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

GAVIN NEWSOM
Governor

July 27, 2022

TO: All Californians

SUBJECT: Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments

Related Materials: More Employees & Workplaces Guidance | All Guidance | More Languages

STATE OF CALIFORNIA CAL OSHA DEPARTMENT OF INDUSTRIAL RELATIONS

HCAi Department of Health Care Access and Information

California Department of PublicHealth

This Guidance is intended to be used for buildings in which business, assembly, or other occupancy or use occurs indoors.

SNFs should ensure they and their facility engineers, maintenance, professional consultants, etc. are following this guidance when making improvements to their indoor air quality and HVAC systems.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx

General and Administrative Practices:

Entry Screening

Visitor Testing

- Winter surge measure: Effective Dec 7, 2022 (as previously noted in 11/30/22 email to all SNFs) and until further notice
- All visitors are expected to test within 24 hours before an indoor visit.
- If testing is not done prior to arrival at the facility, facilities should offer antigen tests for visitors to self-test prior to entry.
- Proof of a negative viral test is not a condition for visitation.
  - Resident rights are federally protected (CMS QSO 20-39-NH-Revised)
- Essential visitors are exempt from this testing recommendation (please see definitions section).

How to conduct entry screening

- In-person

OR

- Electronic monitoring system

- Temperature taking is not required but allowed.

- *Regardless, facilities must ensure there is a process in place that prohibits those who screen positive from entering until further follow up*

Communal Dining, Group Activities, and Visitation

Communal Dining and Group Activities

- Permitted for residents not in isolation (suspect isolating in-place or confirmed isolation in the Red Cohort), not a close contact, nor undergoing testing as a part of broad-based response testing
  - Regardless of vaccination status
  - Regardless of facility's outbreak status*
  - Indoors and outdoors
- Permitted for new admissions, re-admissions, returned >24 hrs

**No blanket restriction, but Public Health may be more protective on case-by-case basis. Facilities should have documented communication directing to suspend communal dining/group activities including anticipated date to resume.*

Resident Masking

Table 1. **Resident Masking Requirements During Communal Dining and Group Activities**

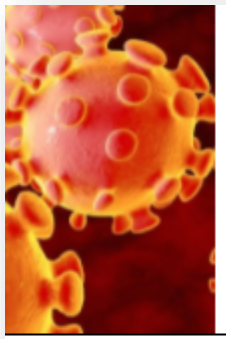
	Active outbreak or within 14 days of outbreak closure	No outbreak for 14 days or more
CDC Community Level: Low	Well-fitting face masks are **required*** when not actively eating or drinking, regardless of vaccination status	Well-fitting face masks are **optional^ but recommended** when not actively eating or drinking, regardless of vaccination status
CDC Community Level: Medium to High	Well-fitting face masks are **required*** when not actively eating or drinking, regardless of vaccination status	Well-fitting face masks are **required*** when not actively eating or drinking, regardless of vaccination status

*When safe and practical. Please see contraindications under source control for residents.

^Exception: Residents who are new admissions, re-admissions, or have returned after leaving the facility more than 24 hrs must wear face masks for 10 days.

Testing

Antigen testing



Coronavirus Disease 2019

Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities

These guidelines have been discontinued.

For information regarding COVID-19 testing in Skilled Nursing Facilities, please see the COVID-19 Testing section in the *Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities*.

Antigen testing

- If COVID-19 antigen testing is used, facilities should confirm with PCR/NAAT testing when
  1. **An asymptomatic individual tests positive via antigen; or**
  2. **A symptomatic individual tests negative via antigen.**

- If antigen tests are used for post-exposure/response testing, test at least twice per week or every 3 days at the minimum.

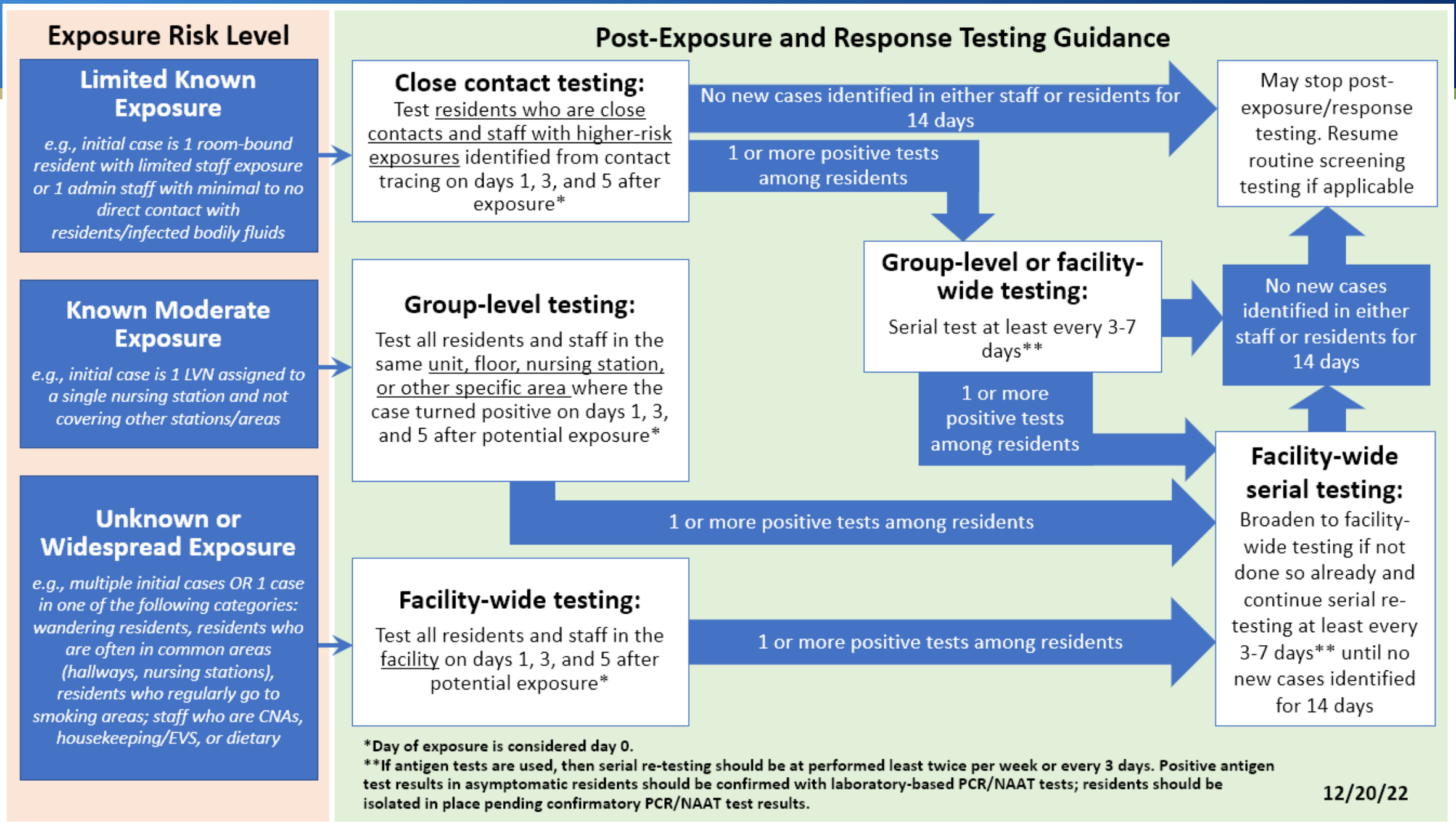


Figure 2. **Post-exposure and Response Testing**

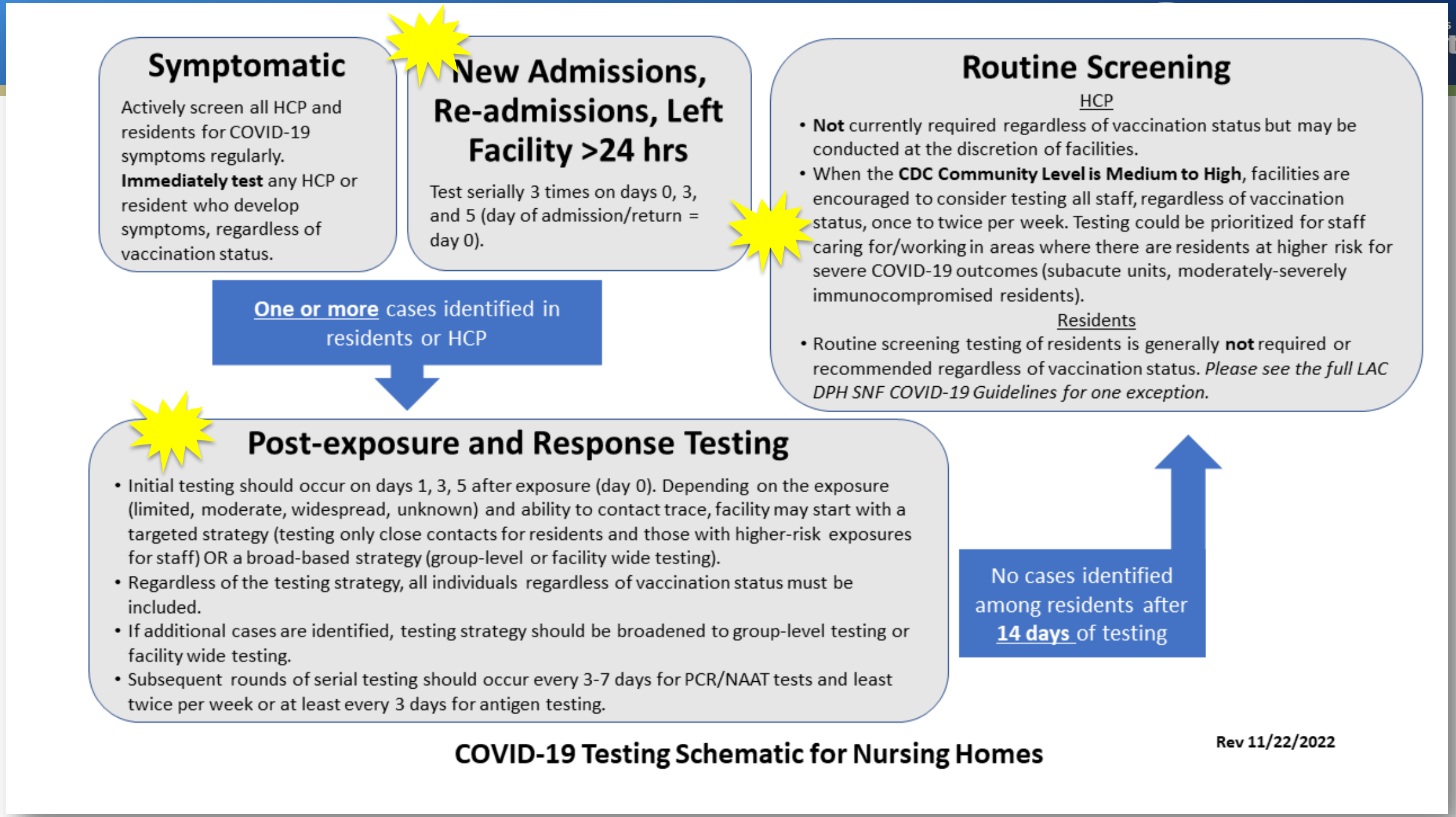


Figure 3. **Testing Schematic**

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)

Quarantine is not routinely required nor recommended

- Residents in the following groups do not need to quarantine (be restricted to their rooms, staff wear full PPE for COVID precautions)
  - Close contacts
  - Included in group-level or facility-wide post-exposure and response testing
  - New admissions, re-admissions, or returning after leaving the facility >24 hours
- *Public Health may direct facilities to quarantine these resident groups on a case-by-case basis.*

- Effectively retires the Yellow Zone (and also Green Zone)

Quarantine – con't

- Regardless of decision to quarantine, residents in the mentioned groups should:
  - Wear source control (well-fitting face mask) when not in their rooms for 10 days after admission or last exposure.
  - Be closely monitored 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.
- If quarantine is required by Public Health team investigating an outbreak:
  - Residents should be restricted to their rooms as much as possible if safe to do so.
  - Residents should be managed in-place; avoid movement of residents to other rooms that could lead to new exposures.
  - Duration should be 7 days when all tests are negative or 10 days if testing was not performed.

Two ways isolation can occur

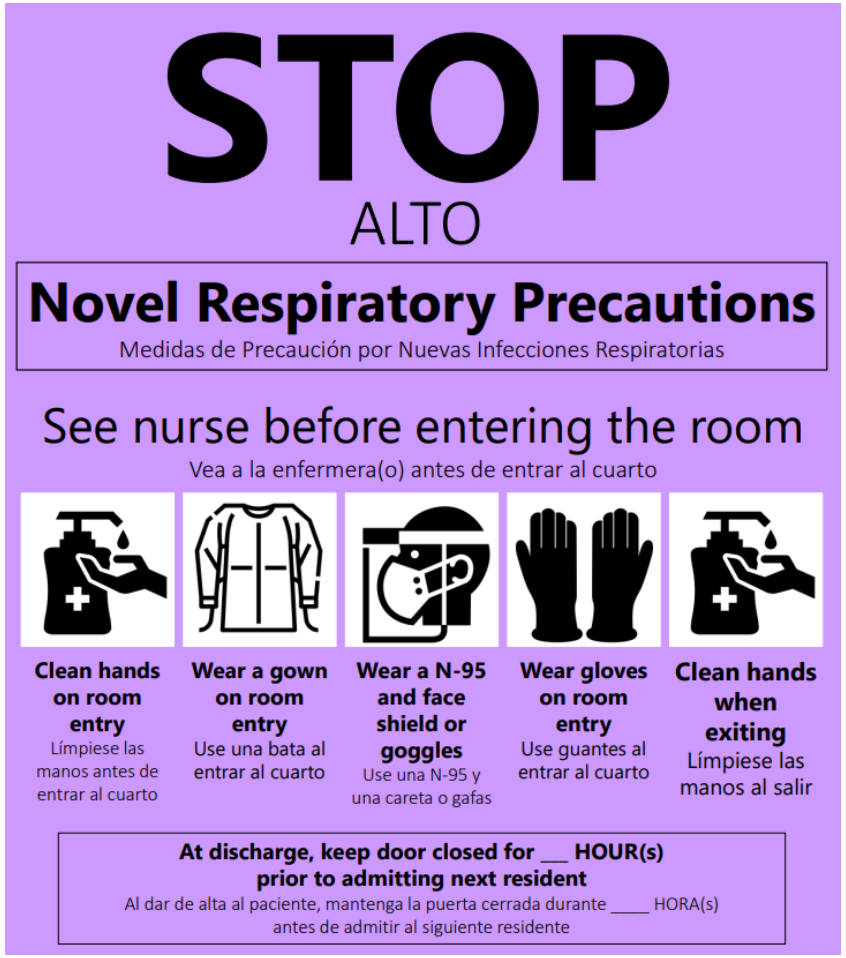
- CONFIRMED resident cases should isolate in a physically separate and dedicated Red Cohort

vs

- SUSPECT resident cases should isolate in place

Review of definitions…

- *<u>Confirmed</u>: resident cases who are either symptomatic with a positive viral test (PCR/NAAT or antigen) or asymptomatic with a <u>positive molecular (PCR/NAAT) test</u>.*
- *<u>Suspect</u>: resident cases who are symptomatic with pending/unknown test results or asymptomatic with a positive antigen test pending confirmatory PCR/NAAT testing.*



http://publichealth.lacounty.gov/acd/TransmissionBasedPrecautions.htm

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 – con't

- **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

- If SARS-CoV-2 infection is confirmed, then residents should be moved into the Red Cohort to complete the remainder of their isolation.
- If an antigen test is used initially and is negative, then isolation should be maintained, and a confirmatory PCR/NAAT test should be collected 48 hours later.

Green Cohort

- Recovered COVID (completed isolation)
- Completed quarantine
- Asymptomatic
- Frequently leaves facility
- Left facility <24 hrs
- Admissions, readmissions, left facility >24 hrs AND up to date w/ COVID vaccines[1,3]

Facility currently has ≥90% of residents AND ≥90% of staff up to date with COVID vaccine:

- Close contacts/exposed in the same unit/wing AND up to date w/ COVID vaccines[2,3]

Yellow Cohort

- Symptomatic (single room)
- Indeterminate test result (single room)

NOT up to date with COVID vaccine:

- Admissions, re-admissions, left facility >24 hrs[1]

Facility currently has <90% of residents OR <90% of staff up to date with COVID vaccine:

- Close contacts/exposed in the same unit/wing regardless of individual resident's vaccination status[2]

Red Cohort (Isolation)

(+) COVID test regardless of vaccination status

1. *If <90 days of recent COVID infection, then can remain/go to Green Cohort.*
2. *Asymptomatic residents who recently recovered from a prior COVID-19 infection within the **last 30 days** and are **close contacts/exposed** to a confirmed case in the same unit/wing should remain in the Green Cohort regardless of vaccination status. If their prior COVID-19 infection was **31-90 days ago**, then quarantine in Yellow may be considered but not required.*
3. *Consider quarantining in Yellow for residents who are moderately-severely immunocompromised even if up to date with all recommended COVID vaccine doses.*

COVID Close Contact, Exposure, or Symptoms → **COVID (+) Test**

Please see *Table 3*. "Quarantine Guidance for the Yellow Cohort"

10 days* after (+) or symptom onset; 20 days* if severely immunocompromised

**For both symptomatic and asymptomatic residents*

Rev 09/08/2022

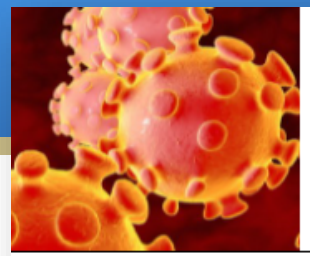
Cohorting/Isolation & Quarantine changes – Key Takeaways

- Retires physically separated Yellow and Green Cohorts/Zones
- Do not shuffle residents to different rooms with new roommates → 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.

Guidance for healthcare personnel



Coronavirus Disease 2019

Infection Prevention Guidance for Healthcare Personnel

On this Page Updated 12-8-22

Quick Links

Summary of Recent Changes

Significant changes to this guidance include the following:

12-8-22

- Revised to align with CDPH AFL 21-08.9 released 12/2/22: Guidance on Quarantine and Isolation for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19. Significant changes include the removal of work restrictions for asymptomatic exposed HCP, regardless of vaccination status and the removal of extended work exclusions for infected HCP who were under vaccinated. Fit-tested N95s are required for source control through Day 10 for all HCP with SARS-CoV-2 infection.

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/

Reporting Requirements

LAC DPH Positive COVID-19 Case Reporting Protocol for Skilled Nursing Facilities:

- LAC DPH has aligned with California State Health Officer Order Revision of Mandatory Reporting of COVID-19 Re…ts. Skilled nursing facilities (SNFs) no longer need to report individual COVID-19 cases and/or COVID-19 related hospitalizations to…ublic Health …side of …utbreak investigation.
- LAC DPH has aligned with CDPH's new SARS-CoV-2 Reporting Requirements for facilities … CLIA w…s. T… **…wchart below describes the Public Health reporting that is still required for SNFs** (in salmon-colored boxes), which includes COVID-1… …e POC antigen test results.
- Any reporting requirements by CMS via the weekly NHSN survey, CDPH's SNF 123 Daily Surv… …of line lists to Public Health during an outbreak are separate from the changes to local Public Health reporting requireme…

There are 2 different COVID reporting RedCap forms

COVID-19 related resident or staff death → Report within 24 hours using the Respiratory Virus Death Report Web form

POC antigen test results* (staff, resident, visitor) → Report using the REDCap SNF POCT Form: https://redcap.link/si8uv987

- **One-time registration required**
  A one-time registration is required, after which your facility's information will be pre-populated each time you report a positive POCT. Click here to register.)

***Only POC antigen tests administered by CLIA-waived facilities where facility staff collect swabs and/or interpret the antigen test result. Positive results should be reported.**

- Positive laboratory-confirmed PCR results for staff or residents
- COVID-19 hospitalizations in staff or residents

→ SNFs are no longer required to report to Public Health.
(The Provider COVID-19 Report form (Nintex) will remain active just in case facilities need/want to report laboratory-confirmed COVID-19 cases and/or hospitalizations.)

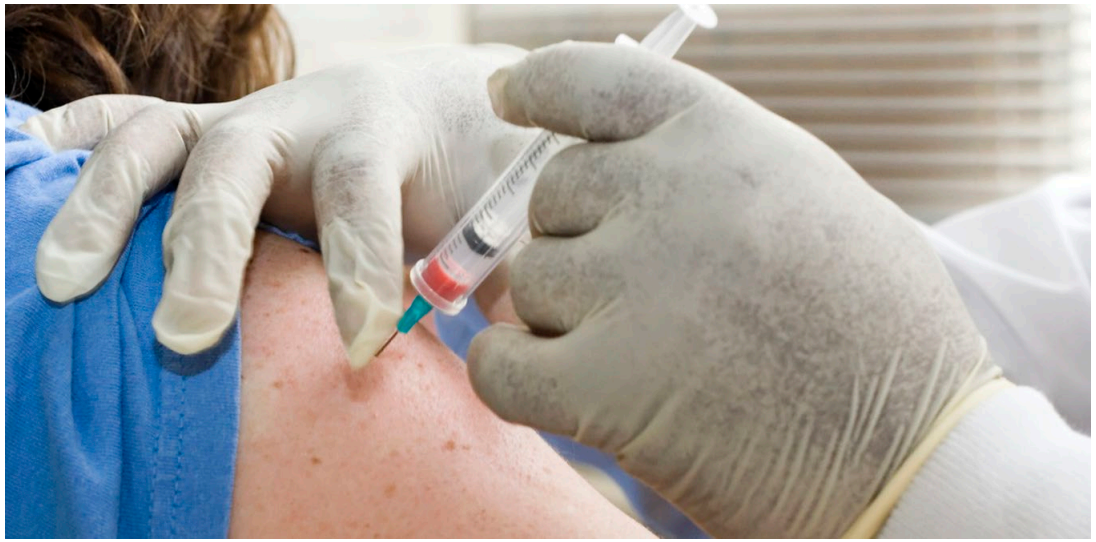
1) Is there a suspected outbreak; AND
2) not yet assigned outbreak investigator/public health nurse?

YES → Report the cases using the REDCap Cluster Reporting Form (one time per outbreak): https://dphredcap.ph.lacounty.gov/surveys/?s=RERMHDTWAR

NO → If unlikely an outbreak** OR already assigned an outbreak investigator/public health nurse, then nothing else to do.
(**When in doubt, report to Public Health.)

http://publichealth.lacounty.gov/acd/docs/SNFReportingProtocolDiagram.pdf

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

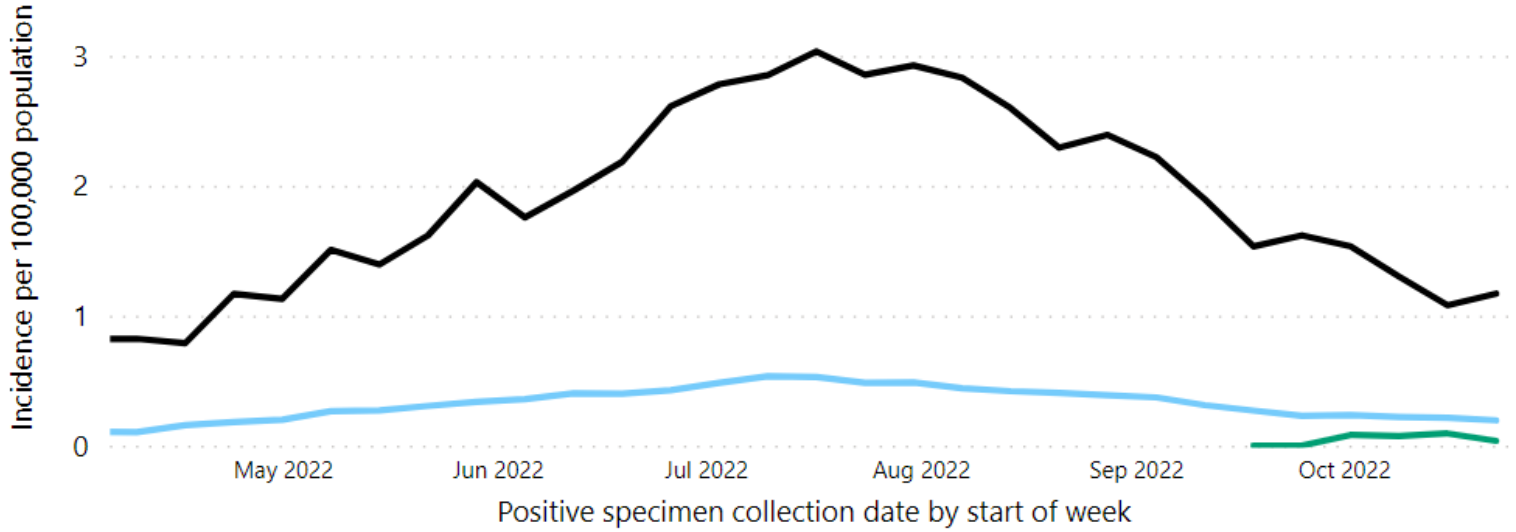
https://eziz.org/assets/docs/COVID19/TalkingPatientsBivalentBoosterDoses.pdf
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

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:

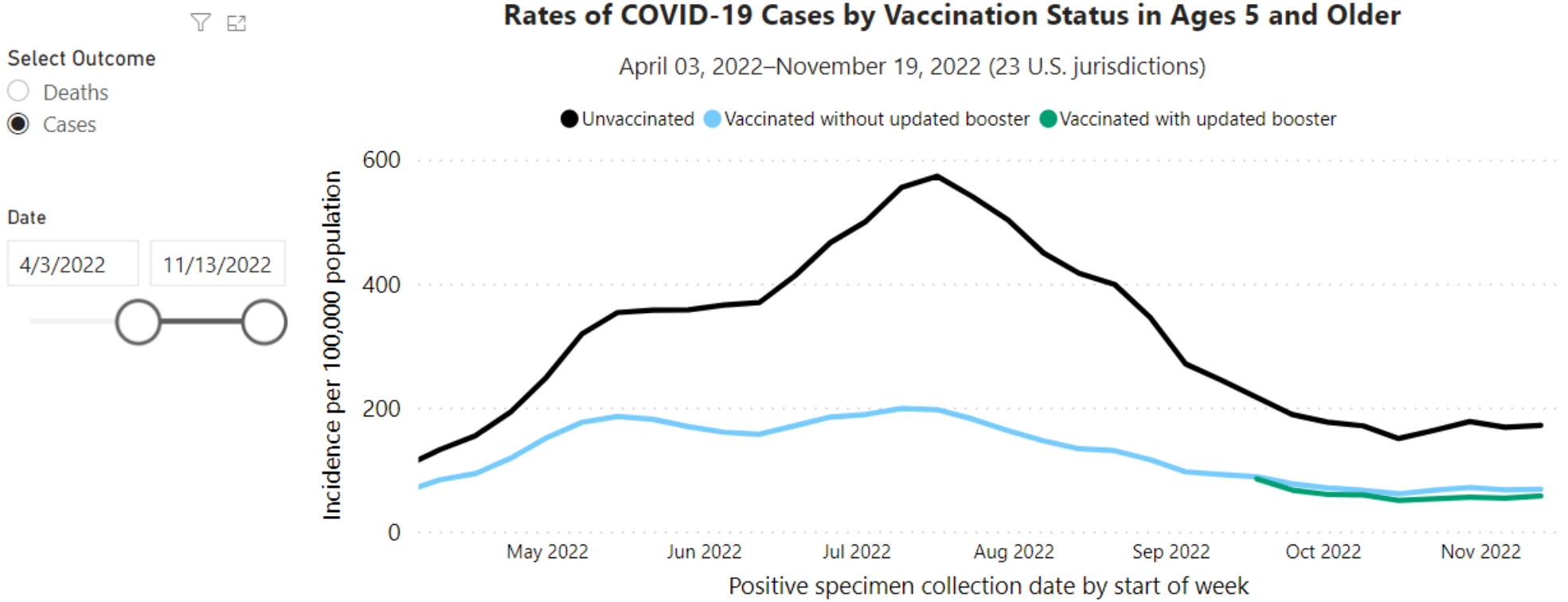
18.6X
lower risk of dying from COVID-19

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



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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*)

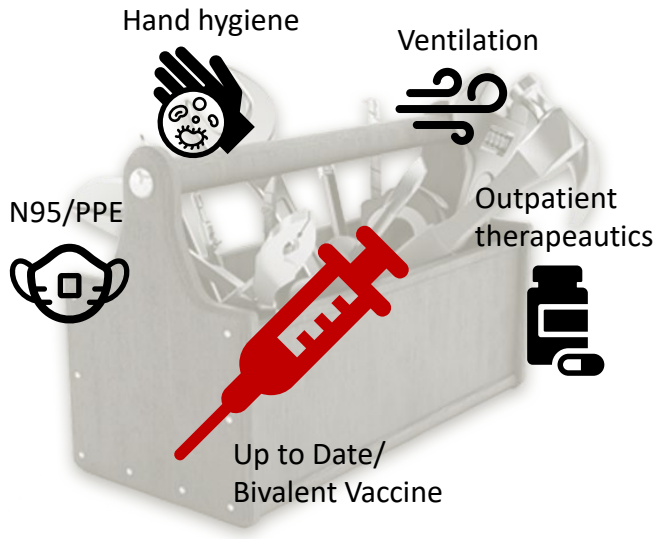
CDC

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

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

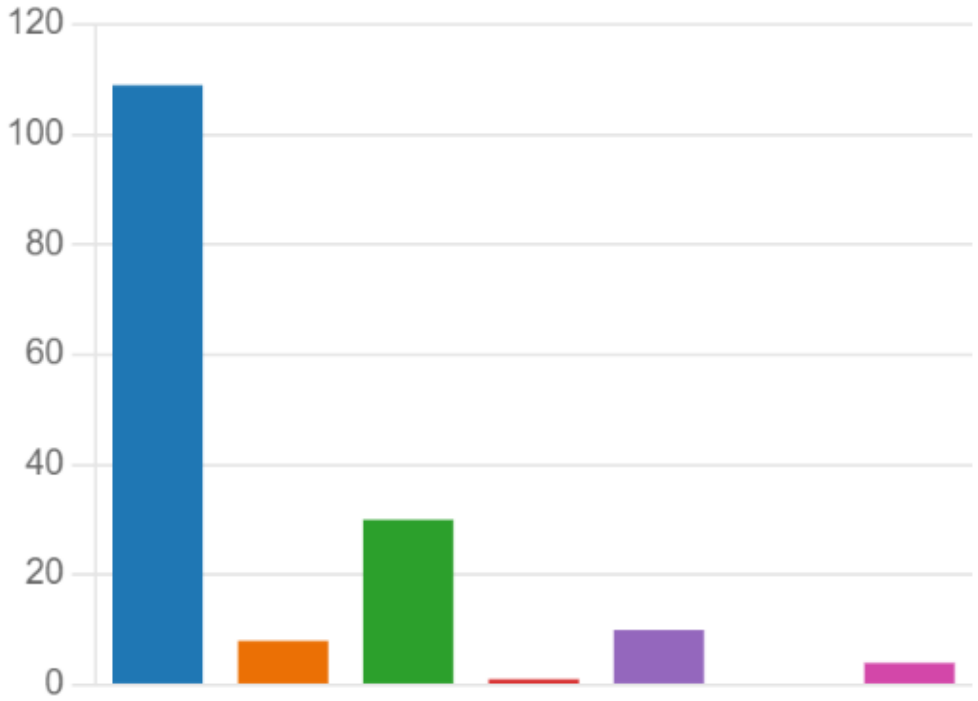
	Winter Surge 2020-21 Peak	Winter Surge 2021-22 Peak
COVID Hospitalization Rate per 100,000 *	29.4	13.0
COVID Case Fatality Ratio per 100,000 *	25.3	6.3



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

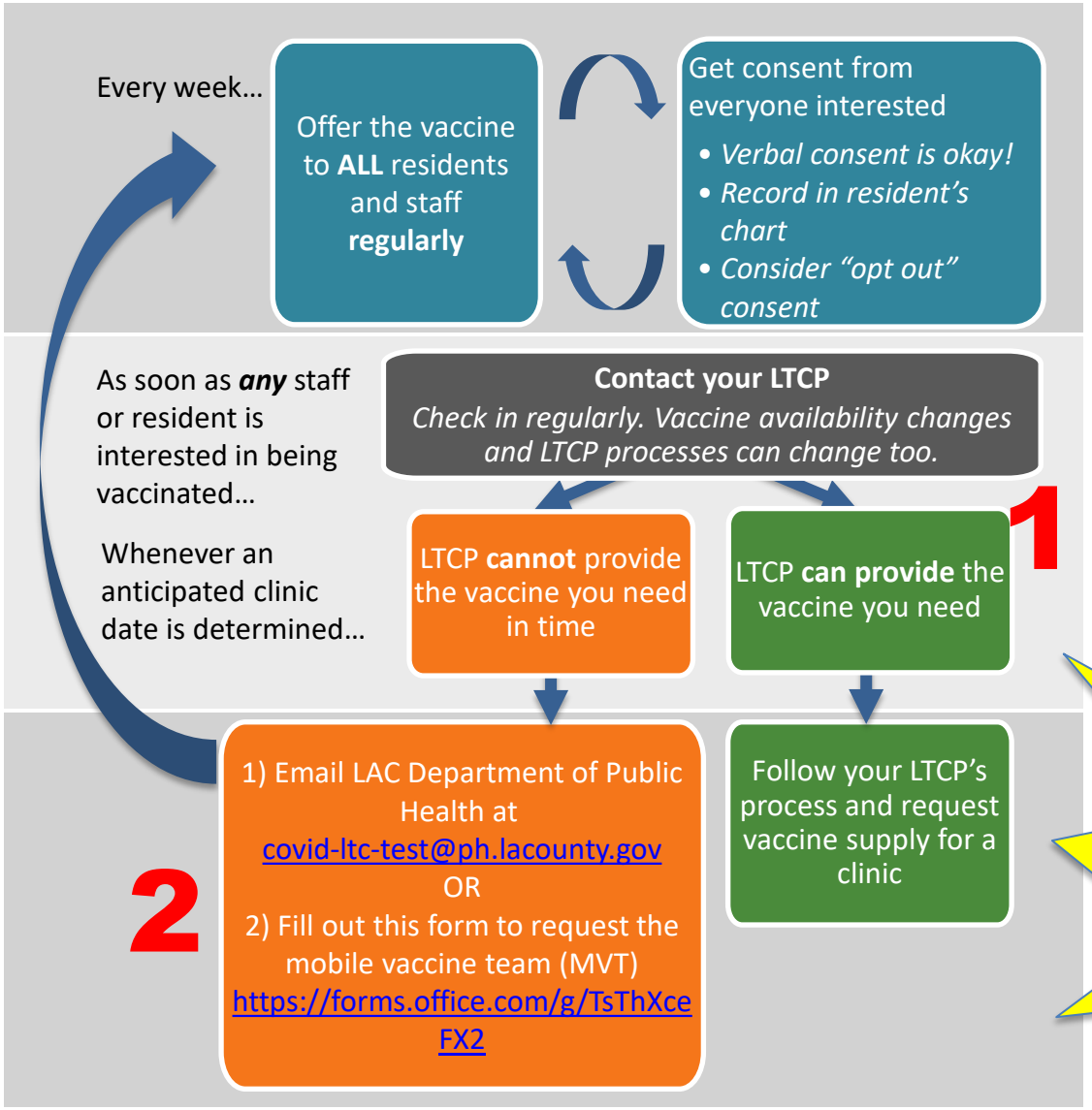
Audience Question: How has your facility been typically accessing COVID-19 vaccines and booster doses?



- Uses long-term care pharmacy (LTCP) ONLY
- Uses Public Health's Mobile Vaccine Team (MVT) ONLY
- Uses a combo of LTCP and MVT
- Orders directly through myCAVax
- Uses hospital pharmacy (for D/P SNF only)
- Other

n = 162 SNFs in LA County

Best Practices for COVID-19 Vaccination & Booster Programs at SNFs



Benefits of working with LTCP for COVID vaccines

- Higher vaccine/booster coverage rates
- Flexibility
- Most LTCPs complete mandatory reporting to CAIR
- Maintains good relationship with LTCP
- Long-term and sustainable
- No minimum dose requirements

LTCP should be your facility's preferred and long-term solution for COVID vaccines/ boosters

FAQs, Posters, Flyers in Multiple Languages

Look for links in Resources slide at end of presentation AND in emails sent out to every SNF in LA County.

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>

- Advanced written consent
- Regularly scheduled vaccine clinics every 1-2 weeks at the same location and time
- Confident & consistent messaging: “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
- Strong leadership, strong IP team (11+ certified IPs) → STRONG RAPPORT WITH RESIDENTS & STAFF

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>

- Established process for residents with public guardians: mail consents
- Clinical staff educates family and obtain consents
- Utilizes flyers to help talk about influenza and COVID boosters
- Offered MVT but chose to hold own clinics with LTCP
  - MVT preferred to hold vaccine clinic in parking lot
  - LTCP: process using pre-filled syringes

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

Best practices

- Made it a celebratory event
  - Portable cart decorated with balloons, posters, stuffed toys, speaker playing music
  - Handed out chocolate, candy, funny stickers to people who got their booster
- Building rapport pays off: unvaccinated residents finally received primary series recently!
- Teamwork from every department head/supervisor
- Offer frequent clinics at different times to cover daytime, evening, overnight shifts

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

Best practices

- Evidence from own facility: no outbreaks
- Advised staff to download CDC app, follow CDC on social media
- Clinical staff and leadership (DSD, DON, IP) are engaged with talking to residents, families, and staff
- Managers/supervisors of different departments are called upon to be role models
- Positive testimonials
- Policy: paid sick days for post-vaccination side effects

Common Themes

1. Facility leadership prioritizes high up to date/booster 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 (make it harder to say no)
4. Involve clinical staff in obtaining consent for residents
5. Be positive
6. Persist: continue to remind, re-educate, and re-offer

Vaccine & Bivalent Booster FAQs

COVID-19 Vaccine FAQs

- Don’t wait to have one large vaccine clinic. **Vaccinating on a rolling basis with more frequent and regular clinics** as residents and staff become eligible and willing will yield higher overall vaccination and booster rates.
  - “Never Miss a Vaccination Opportunity” per CDC and CDPH
  - Do not miss any opportunities to vaccinate every eligible person even if it means puncturing a multi-dose vial to administer vaccine without having enough people to receive each dose
  - Could increase vaccination coverage by up to 20%
- **Is the updated bivalent booster required for healthcare personnel working in SNFs?**
  - No. Don’t wait for it be mandated.
  - Mandate ≠ Importance. Bivalent booster is just as important and evidence-based as primary series and prior boosters.

https://eziz.org/assets/docs/COVID19/IMM-1425.pdf#page=94
https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html#barriers
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx

COVID-19 Vaccine FAQs

- **Does the COVID-19 including updated booster dose need to be spaced out by 14 days with other vaccines (e.g., influenza)?**
  - No. COVID-19 vaccines may be administered without regard to timing of other vaccines*, including simultaneous administration of COVID-19 vaccine and other vaccines on the same day.
  - If multiple vaccines are administered at a single visit, administer each injection in a different injection site.
  - **Co-administration with influenza vaccine** is actually best practice in order to not miss opportunities especially in high risk populations (SNFs)
- **Do providers still need to observe 15-30 minutes post-vaccination?**
  - 15min observation should be considered for adolescents (risk of syncope)
  - 30min observation should be considered for those with history/at risk for anaphylaxis, immediate allergic reactions, etc.
  - EVERYONE ELSE: post-vaccination observation not recommended or needed

*Only exception is orthopoxvaccines: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#timing-spacing-interchangeability

COVID-19 Vaccine FAQs

- **Should individuals who recently recovered from COVID-19 wait to get their booster?**
  - Public Health strongly recommends nursing home residents and staff to resume their primary series or get the bivalent booster **as soon as isolation is discontinued** and when eligible (≥ 2 months since completing primary series or last booster)
  - Especially true now that we are in the midst of the winter "surge"

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#infection

County of Los Angeles Public Health

COVID-19 VACCINE FINANCIAL REWARD

Los Angeles County (LAC) Department of Public Health (DPH) is excited to announce a financial reward of **up to $10,000 per facility** for the first 100 Skilled Nursing Facilities (SNFs) in Los Angeles County who demonstrate that at least 80% of their combined eligible residents and staff have received the updated bivalent COVID-19 booster **by January 15, 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. Facilities must submit appropriate documentation.

Reward Details:

- There are no specifications to how the $10,000 reward should be spent. LAC DPH strongly encourages SNFs to use it towards bivalent vaccination efforts including but not limited to: bonus pay for staff who receive the bivalent booster, cover sick pay related to post-vaccination symptoms for staff, celebrations related to vaccination successes for both staff and residents, and more.
- Facilities must demonstrate 80% or more of their combined eligible residents and directly employed staff combined have received the bivalent booster over a single 1 week period from Monday to 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 15, 2023 to be eligible for the reward.
- The spreadsheets must include all directly employed staff who worked and residents who stayed at your facility at any time for the 1 week period (Mon thru 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.

How to Apply:

Please submit here (must use LAC DPH spreadsheet templates provided in this application): https://tinyurl.com/LACSNFBooster10k

Facilities can start submitting TODAY. Deadline to submit is January 20, 2023. Remember the full $10,000 reward is only for the first 100 facilities!

Contact Us

COVID-LTC-test@ph.lacounty.gov

$10,000 to the first 100 SNFs in LA County who demonstrate 80% or more of their combined eligible residents and staff have received the updated bivalent booster for a single 1-week period between Dec 12, 2022 and Jan 15, 2023.

SNFs who may reach 80% after Jan 15, 2023 and/or get close to 80% are encouraged to apply as they may be eligible for a reward depending on funding availability.

LAC DPH SNF Updated Bivalent COVID-19 Booster Financial Reward Documentation Upload Form

The Los Angeles County (LAC) Department of Public Health (DPH) will award a financial reward up to $10,000 per facility for the first 100 Skilled Nursing Facilities (SNFs) in LAC who demonstrate that at least 80% of their combined eligible residents and staff have received the updated bivalent COVID-19 booster by **January 15, 2023.**

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. 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 15, 2023 to be eligible for the reward.

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

- The tracker spreadsheets must include all directly employed staff who worked and 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.
- **The tracker spreadsheets must include date of birth.**

Deadline to submit is January 20, 2023.

Apply here:
https://tinyurl.com/LACSNFBooster10k

Must use LAC DPH spreadsheet templates (with DOB columns)!

LAC DPH's COVID-19 Vaccine Trackers

				Facility ID#:								
Resident Last Name. (Enter name)	Resident First Name. (Enter name)	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)	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)	

Must enter DOB in this column

COVID-19 Vaccination Cumulative Summary for Long-Term Care Facility Residents TRACKING WORKSHEET	
Facility ID#:	
Vaccination type:	COVID-19
Date Last Modified:	9/23/2022

Cumulative Vaccination Coverage	
	All Residents (Total)
Only dose 1 of COVID-19 vaccine	1
2 doses of COVID-19 vaccine	3
Completed Primary COVID-19 vaccine series	3
Medical contraindication or exemption to COVID-19 vaccine, e.g. anaphylaxis. Does not include residents deferring due to acute medical illness	0
Offered but declined COVID-19 vaccine (NOTE: this DOES include residents deferring due to acute medical illness)	1
COVID 19 vaccination status could not be determined	0
Complete primary series vaccine who have received only one (monovalent) booster dose of COVID-19 vaccine since August 2021	1
Complete primary series vaccine who have received two or more (monovalent) booster doses of COVID-19 vaccine since March 29, 2022	1
Complete primary series vaccine who have received updated (bivalent) booster	0
Cumulative number of residents with complete primary series vaccine who are up-to-date with COVID-19 vaccines	1

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