Friday, February 19, 2021

Greetings Long-Term Care and Residential Care Facilities of San Diego County,

COVID-19 vaccine shipments have been delayed due to severe weather conditions. On-site vaccination clinics may be effected. If you have concerns, please contact the partner that provided your facility with first dose vaccinations directly (i.e., CVS, Walgreens, County CalFire, CAL FIRE, Champions for Health, heal Physicians Group).

To learn more about other options for vaccinating staff and ambulatory residents, please visit County COVID-19 Vaccination Sites & Appointments. It is recommended to use a browser other than Internet Explorer to complete your registration. This webpage is updated frequently.

Please find information below regarding the latest guidance and resources from county, state, and federal organizations, including **new updates**:

- PowerPoint Slide Decks:
  - Community Care Licensing Division's Informational Call on 2/17/2021: **Preventing COVID-19 in Adult and Senior Care Facilities: Next Steps After Vaccination**
  - Webinar hosted by *Right at Home* on 2/18/2021: **COVID-19 and Its Mental Health Impact on Older Persons** with Dr. Andrew Rosenzweig
- **Monoclonal Antibody Regional Center** (MARC): is open to treat COVID-19 positive patients: Patients 65 years of age or older may now self-refer by calling (619) 685-2500; younger individuals who meet the criteria can be referred by their healthcare provider.
- County of San Diego Order of the Health Officer (2/12/2021): Quarantine Update

- Federal Retail Pharmacy Program with CVS and Rite Aid Activated: Target population includes people 65+ and healthcare workers; see below for appointment information.
- CDPH Alert: Ongoing Risk of Highly Drug-Resistant Infections in Patients Following Hospitalizations or Invasive Procedures in Mexico
- CDPH SNF Infection Prevention Call Notes from February 17 & 18, 2021
- Counterfeit Notification: 3M Surgical Respirators (three models)
- COVID-19 Vaccine Presentations Available: *Live Well San Diego* Speaker's Bureau
- COVID-19 Vaccine Myths vs. Fact Handout
- Formal and Informal Caregivers: COVID-19 Vaccination Eligibility

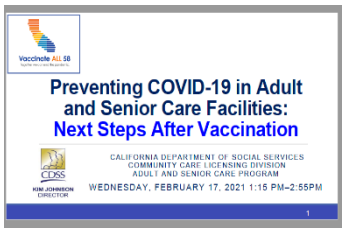
As a reminder, if you have a positive COVID-19 case at your facility, please report it by calling the County of San Diego Public Health Epidemiology Unit at (619) 692-8499 or (858) 565-5255 for after-hours or on the weekend. The County as well as your State licensing departments are here to support you.

For additional information, please see our website www.coronavirus-sd.com/LTC. Please email us at moc.logs.hhsa@sdcounty.ca.gov if you need personal protective equipment.

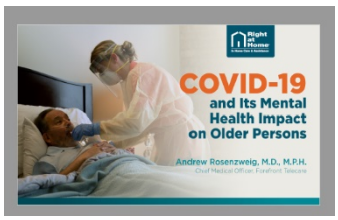
Thank you for your continued efforts and partnership with the County of San Diego.

Announcements and News

PowerPoint Slides



NEW! Community Care Licensing Division's Informational Call on 2/17/2021: **Preventing COVID-19 in Adult and Senior Care Facilities: Next Steps After Vaccination.**
Please see attached PDF titled "CCLD_Informational Call_Slides_2_17_2021".



NEW! Webinar hosted by *Right at Home* on 2/18/2021: **COVID-19 and Its Mental Health Impact on Older Persons** with Dr. Andrew Rosenzweig. **Please see attached PDF** titled "RAH_COVID-19 and Its Mental Health Impacts-Final".

Monoclonal Antibody Treatment is Available

Updated!

- The Monoclonal Antibody Regional Center (MARC) is open to treat mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of PCR or Rapid Antigen SARS-CoV-2 testing, and who are at high risk for progressing to severer COVID-19 and/or hospitalization. Treatment should be administered as soon as possible after positive results of SARS-CoV-2 testing, and within 10 days of symptom onset.
- The MARC is open 7 days a week from 8:00 AM to 8:00 PM at the Palomar Medical Center Downtown (555 East Valley Parkway, Escondido, CA 92025).
- Treatment is available at no-cost to those who live or work in San Diego County, regardless of health insurance or immigration status.
- **PATIENTS 65 YEARS OF AGE OR OLDER** do not require a referral and may call **(619) 685-2500** with questions and/or to schedule an appointment for COVID-19 monoclonal antibody treatment.
- Patients **younger than 65 years old, talk to your doctor** to see if you are medically eligible for this treatment and to receive a referral.

For questions, please email COVIDtreatment@sdcounty.ca.gov. For additional information, please visit www.sandiegocounty.gov/COVIDHealthProfessionals.

Please see attached PDF titled "MARC Patient Flyer"

Updated Public Health Orders

San Diego County Public Health Order (2/6/2021) Click here.

Updated! Order of the Public Health Officer (2/12/2021):

- **Quarantine** guidance has been updated (page 2, number 2) Click here.

California Department of Public Health Alert: VIM-CRPA

New! Ongoing Risk of Highly Drug-Resistant Infections in Patients Following Hospitalizations or Invasive Procedures in Mexico (February 2021)

CDPH and local public health partners are alerting healthcare providers of a recent increase in reports of VIM-producing carbapenem-resistant *Pseudomanas aeruginosa* (VIM-CRPA) in patients following hospitalization or invasive medical procedures in Mexico for routine healthcare visits, medical emergencies, and medical tourism.

To learn more, **please see attached PDF** titled "VIM-CRPA_Mexico_2021.02.15"

Counterfeit Notification: 3M Surgical Respirators

New! Reports have increased of fake/counterfeit products related to the following three 3M surgical respirator models:

- 3M™ Health Care Particulate Respirator and Surgical Mask 1860;
- 3M™ Health Care Particulate Respirator and Surgical Mask 1860S; and
- 3M™ Aura™ Health Care Particulate Respirator and Surgical Mask 1870+.

Please see PDF attached titled "3m-counterfeit-communication-letter" for more information on Lot Codes and when to contact the anti-fraud hotline at 1-800-426-8688. It is strongly recommended to only purchase 3M respirators through 3M authorized distributors, or through existing contracting vehicles (i.e., Federal Supply Schedules).

For additional information, including tips to help identify counterfeit respirators, please check out the www.3M.com/covid/fraud website.

Vaccinate ALL 58
Together we can end the pandemic.

California COVID-19 Vaccination Program Update

Federal Retail Pharmacy Program Activation

New! The Federal Retail Pharmacy Program has been activated and our initial pharmacy partners, **CVS and Rite Aid**, will be starting Friday, February 12. Select store locations have been identified for the initial rollout with a total of 128 CVS stores and 374 Rite Aid stores in CA. Both pharmacy partners will be using Moderna COVID-19 vaccine.

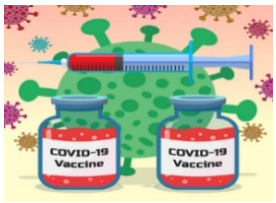
Target population includes people 65+ and healthcare workers. Appointments will be required. Eligible Californians should not contact individual stores for appointments or come to the store seeking a vaccination without an appointment. Eligible individuals should be directed to the following scheduling links below for an appointment:

CVS: https://www.cvs.com/immunizations/covid-19-vaccine (live starting February 11th)

Rite Aid: https://www.riteaid.com/pharmacy/covid-qualifier (live starting February 12th)

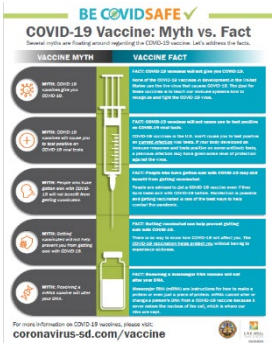
Additionally for CVS only, appointment can also be scheduled via CVS pharmacy app and eligible individuals without internet access can call **CVS at 800-746-7287** for assistance on scheduling.

For questions, please email: COVIDvaccinePharm@cdph.ca.gov



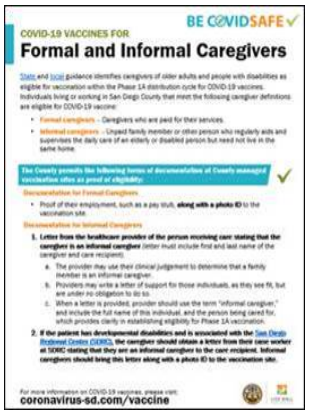
COVID-19 Vaccine Resources for Long-Term Care Facilities

New! **COVID-19 vaccine presentations** are available through the *Live Well San Diego* **Speaker's Bureau** that provides free presentations delivered by volunteer medical professionals, including doctors and nurses, who are subject matter experts. Fill out an online interest form on our *Live Well San Diego* website to request a presentation.



New! **COVID-19 Vaccine Myth vs. Fact** handouts are available in English and Spanish. Please see **attached PDF titled** "2021.02.10_Final_COVID-19 Vaccine Myth vs. Fact ENG_SPAN"

Updated! **COVID-19 vaccine eligibility** currently includes healthcare personnel, others in Phase 1A (Tiers 1-3), and those **65 years of age and older** (Phase 1B, Tier 1). Please continue to share the County COVID-19 Vaccine webpage for appointments with your staff and ambulatory residents. If you are aware of residents' family members or friends who are 65 years of age or older and do not have access to a computer or someone to assist them, please encourage them to **dial 2-1-1** for help connecting with their health care provider or making a vaccination appointment at a County of San Diego site.


BE COVIDSAFE

COVID-19 VACCINES FOR

Formal and Informal Caregivers

State and local guidance identifies caregivers of older adults and people with disabilities as eligible for vaccination within the Phase 1A distribution cycle for COVID-19 vaccines. Individuals living or working in San Diego County that meet the following caregiver definitions are eligible for COVID-19 vaccine:

- Formal caregivers – Caregivers who are paid for their services.
- Informal caregivers – Unpaid family member or other person who regularly aids and supervises the daily care of an elderly or disabled person but need not live in the same home.

The County permits the following forms of documentation at County-managed vaccination sites as proof of eligibility:

Documentation for Formal Caregivers

- Proof of their employment, such as a pay stub, **along with a photo ID** to the vaccination site.

Documentation for Informal Caregivers

1. **Letter from the healthcare provider of the person receiving care stating that the caregiver is an informal caregiver** (letter must include first and last name of the caregiver and care recipient).
   a. The provider may use their clinical judgement to determine that a family member is an informal caregiver.
   b. Providers may write a letter of support for those individuals, as they see fit, but are under no obligation to do so.
   c. When a letter is provided, provider should use the term "informal caregiver," and include the full name of this individual, and the person being cared for, which provides clarity in establishing eligibility for Phase 1A vaccination.
2. **If the patient has developmental disabilities and is associated with the San Diego Regional Center (SDRC), the caregiver should obtain a letter from their case worker at SDRC stating that they are an informal caregiver to the care recipient. Informal caregivers should bring this letter along with a photo ID to the vaccination site.**

For more information on COVID-19 vaccines, please visit:
coronavirus-sd.com/vaccine

CDPH has identified additional Phase 1A priority groups to receive the COVID-19 vaccine. This includes both **formal and informal caregivers** to elderly and people with disabilities.

Individuals living or working in San Diego County that meet the following caregiver definitions are eligible for the COVID-19 vaccine:

- **Formal Caregivers**: Caregivers who are paid for their services.
- **Informal Caregivers**: Unpaid family member or other person who regularly aids and supervises the daily care of an elderly or disabled person but need not live in the same home.

The County permits the following forms of documentation at County-managed vaccination sites as proof of eligibility:

Documentation for Formal Caregivers:

- Proof of their employment, such as a pay stub, **along with a photo ID** to the vaccination site.

Documentation for Informal Caregivers:

1. Letter from the healthcare provider of the person receiving care stating that the caregiver is an informal caregiver (letter must include first and last name of the caregiver and care recipient).
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   c. When a letter is provided, provider should use the term "informal caregiver," and include the full name of this individual, and the person being cared for, which provides clarity in establishing eligibility for Phase 1A vaccination.
2. If the patient has developmental disabilities and is associated with the San Diego Regional Center (SDRC), the caregiver should obtain a letter from their case worker at SDRC stating that they are an informal caregiver to the care recipient. Informal caregivers should bring this letter **along with a photo ID** to the vaccination site.

New! Please see flyers for more information:

COVID-19 Vaccination for Formal and Informal Caregivers (English)

COVID-19 Vaccination for Formal and Informal Caregivers (Spanish/Español)

Stay informed about COVID-19 vaccination information by bookmarking the County COVID-19 vaccine webpage. Information regarding how the COVID-19 vaccine works, safety, and phases of vaccine administration, and more can be found on this webpage.

COVID-19 Vaccine Community Conversation Toolbox

The County of San Diego has created the **COVID-19 Vaccine Community Conversation Toolbox**. This toolbox is primarily for healthcare workers (doctors and nurses who have been identified as trusted messengers of COVID-19 vaccine information) to have conversations about the COVID-19 vaccine. Fact sheets, links to important websites, handouts (English and Spanish), and Frequently Asked Questions are included.

CDC Vaccine Considerations

Please click here for some CDC vaccine considerations.

3. Both mRNA vaccines require a 2nd dose: Pfizer at 21 days and Moderna at 28 days
4. The second dose should NOT be administered any sooner than 21 days (Pfizer) or 28 days (Moderna)
5. The second dose of both mRNA vaccines may be administered up to 6 weeks after the first dose

Long-Term Care Facility Resources

Post Vaccine Considerations for Residents — While this guidance is intended for long-term care facilities, it could also be applied to patients in other healthcare settings. Considerations are based on the current understanding of signs and symptoms following COVID-19 vaccination, including timing and duration, and might change as experience with the vaccine accumulates.

Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities (LTCF) — Making sure LTCF residents can receive COVID-19 vaccination as soon as vaccine is available will help save the lives of those who are most at risk of dying from COVID-19. CDC updates frequently asked questions for Healthcare Infection Prevention and Control and Healthcare Professionals regularly based on feedback from professionals on the ground.

The Vaccination Toolkit for Long-term Care Facilities is available on CDC's website.

Importance of COVID-19 Vaccination for Residents of Long-term Care Facilities — This guidance has been updated to include long-term care consent information for COVID-19 vaccination. To learn more visit, Vaccinating Long-Term Care Facility Residents.

CDC Pharmacy Partnership for Long-Term Care Program

As you know, the Centers for Disease Control and Prevention's Pharmacy Partnership for Long-Term Care Program partners with **CVS and Walgreens pharmacies** to provide on-site no-cost COVID-19 vaccinations.

For more information, please see the Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination FAQs. If a facility would like to email CVS or Walgreens directly, please see below:

6. **CVS Email:** CovidVaccineClinicsLTCF@CVSHealth.com
7. **Walgreens Email:** immunizeltc@walgreens.com

California Department of Public Health

CDPH publishes news and All Facilities Letters (AFLs) regularly. If you would like to receive email notifications of AFLs, please submit your request to LNCPolicy@cdph.ca.gov.

NEW! Notes from the California Department of Public Health, Center for Health Care Quality, AFC Skilled Nursing Facilities Infection Prevention Call (February 17 & 18, 2021). **Please see attached PDF** titled AFC+SNF+IP+Call+Notes+2_1718_2021_Final".

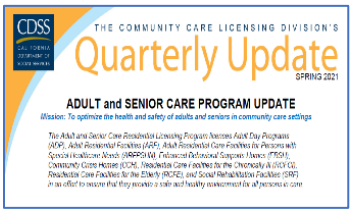
Letter to Skilled Nursing Facilities, General Acute Care Hospitals, and Acute Psychiatric Hospitals: AFL 21-08 – January 29, 2021

This AFL provides health care facilities with updated guidance on exposure risk assessment and the duration of quarantine for COVID-19 exposed HCP working in hospitals and Skilled Nursing Facilities and SNF residents.

Click here to see a full list of recent AFLs

California Department of Social Services

The Community Care Licensing Division (CCLD) of the California Department of Social Services (CDSS) publishes Provider Information Notices (PINs) to communicate important license related information to CCLD-licensed providers. The local San Diego Adult and Senior Care Regional Office can be reached at (619) 767-2300 or CCLASCPSanDiegoRO@dss.ca.gov.



CDSS announced the **Spring 2021 Quarterly Updates** have been published and are available on their website here.

PIN 21-12-ASC (February 10, 2021) provides updated guidance to Adult and Senior Care (ASC) residential licensees related to resident isolation and cohorting, staffing considerations based on the residents' COVID-19 status, use of Personal Protective Equipment (PPE), N95 respirators, and required use of face coverings.

PIN 21-11-ASC (February 8, 2021) reminds Adult and Senior Care residential licensees that COVID-19 testing continues to be important during the COVID-19 vaccine rollout and provides options for accessing testing.

PIN 21-10-ASC (February 5, 2021) alerts Adult and Senior Care program licensees of the California Department of Industrial Relations Division of Occupational Safety and Health (also known as Cal/OSHA) standards for Respirator Fit Testing, and other related requirements.

PIN 21-09-ASC (February 5, 2021) informs Adult and Senior Care licensees of the COVID-19 Prevention Emergency Regulations issued by the California Department of Industrial Relations, Division of Occupational Safety & Health (Cal/OSHA) which directly impact licensed ASC facilities.

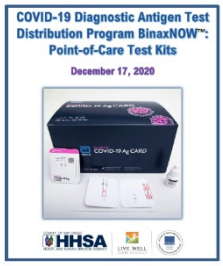
PIN 20-29-CCLD announces a **Helpline** resource for providers to obtain information on infection prevention and control best practices. A CCLD clinician will be available M-F (excluding holidays) from 8:00 am – 5:00 pm to answer questions related to infection prevention and control. **During business hours**:1-844-538-8766 (Press #7 when prompted); **After business hours, on weekends, and on holidays:** 1-833-498-2027

Click here to browse the full list of recent PINs

Free On-Site Flu Vaccine Clinics

Champions for Health

Champions for Health, a County of San Diego mass vaccination flu provider, is looking for senior nursing facilities, adult residential facilities, single living occupancies, and more to **provide free flu shots on site.** They bring all the materials, vaccine, and San Diego Immunization Registry staff to enter vaccination data in real time. They can provide needed medical volunteers if your medical staff can't help with vaccinations. Preference will be given to locations in COVID-19 hot spots and facilities serving a population that is high-risk for COVID-19. Contact Andrew.Gonzalez@ChampionsFH.org or text 213-550-9429. Complete an interest form here.



County of San Diego
COVID-19 Diagnostic Antigen Test
BinaxNOW Distribution Program

Access to the **Abbott BinaxNOW POC antigen tests** is being coordinated by the federal government and State through our local Medical Health Operational Area Coordinator local program within the County. Kits are available in San Diego County for approved health care partners. These point-of-care (POC) antigen diagnostic tests detect the presence of the SARS-CoV-2 virus and can provide results in less than 20 minutes. Antigen tests have been added to the COVID-19 testing arena to meet the growing demand.

If you are interested in receiving these test kits, note a few of the **following requirements** which are listed in the attachment in further detail:

- Obtain (and attach) a Clinical Laboratory Improvement Amendments (CLIA) waiver
- Read and acknowledge responsibilities in the attached BinaxNOW Distribution Program
- Allow for a minimum of 48 hours for process and 2-3 days for delivery

Please email moc.logs.hhsa@sdcounty.ca.gov for more information.

Upcoming Telebriefings

Thursday, February 25 at 2:00 PM

Telebriefing for the **Long-Term Care and Residential Care Facilities Sector**

WHEN: Telebriefings will be held the 2nd and 4th Thursdays of the month from 2:00 – 3:00 PM.

Zoom Meeting Link | **Submit Telebriefing Questions**

Visit the **Long-Term Care and Residential Care Facilities** sector webpage

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Telebriefing for the **Older Adult and Disability Sector**

WHEN: Telebriefings will be held on the 3rd Friday of the month from 3:00 – 4:00 PM.

Friday, March 19 at 3:00 PM

Zoom Meeting Link

Submit Telebriefing Questions

Visit the **Older Adult and Disability Sector** sector webpage.

Ongoing Programs, Services, and Resources

County of San Diego Coronavirus Disease 2019

For up-to-date local information on COVID-19 within the County of San Diego, visit

www.coronavirus-sd.com

COVID-19 Testing Information & Resources

For testing locations or to make an appointment at a drive-up location, visit the

Testing in San Diego County webpage.

CDC Infection Control Resources

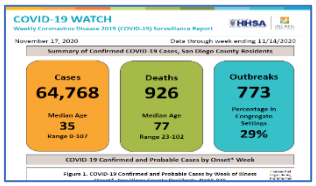
CDC Guidance and Resources for Infection Control in Facilities

CLICK HERE

Case Rates by Zip Code

To view an interactive COVID-19 case rates by ZIP code map,

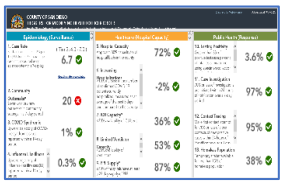
CLICK HERE



COVID-19 Watch Surveillance Report

County of San Diego COVID-19 Dashboard and Weekly Report

CLICK HERE



Triggers Dashboard: Testing Positivity Rate

The frequency of routine testing of skilled nursing facility staff depends on the San Diego County Positivity Rate.

View the current Positivity Rate here (Item #10: Testing Positivity)

2-1-1 San Diego

For general health questions about COVID-19, community

Live Well @ Home

Questions?

resources, or if you are uninsured, dial **2-1-1** **2-1-1 San Diego**	Interested in free resources, tips, and strategies to stay healthy in both mind and body while staying at home? **CLICK HERE**	For questions related to long-term care and residential care facilities, please email: **COVID-LTC@sdcounty.ca.gov**

Stay Connected

For questions related to long-term care and residential care facilities, please email: COVID-LTC@sdcounty.ca.gov. Visit the Long-Term Care and Residential Care Facilities sector support webpage

Text **COSD COVID-19** to **468-311** to get text alert updates from the County of San Diego.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Vaccinate ALL 58
Together we can end the pandemic.

Preventing COVID-19 in Adult and Senior Care Facilities: Next Steps After Vaccination

CDSS
KIM JOHNSON
DIRECTOR

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ADULT AND SENIOR CARE PROGRAM

WEDNESDAY, FEBRUARY 17, 2021 1:15 PM–2:55PM

Speakers

Ley Arquisola, RN, MSN
Deputy Director (Acting),
Community Care Licensing

Josh Allen, RN
Principal, Allen Flores Consulting Group

Louise Aronson, MD, MFA
Professor of Geriatrics, UCSF
Clinical Lead, SFDPH Senior Hub

Heather Harrison, MPPA
Senior Vice President of Public Policy and Public Affairs, California Assisted Living Association

Vicki Smith, PhD
Program Administrator,
Adult and Senior Care Program
Community Care Licensing

Caterina Liu, MD, MPH
Public Health Medical Officer,
California Department of Public Health

Michael Wasserman, MD, CMD
Past President, CALTCM: California Long Term Care Medicine

Special thanks to:
Tracy Greene Mintz, LCSW, MA
Owner, Senior Care Training

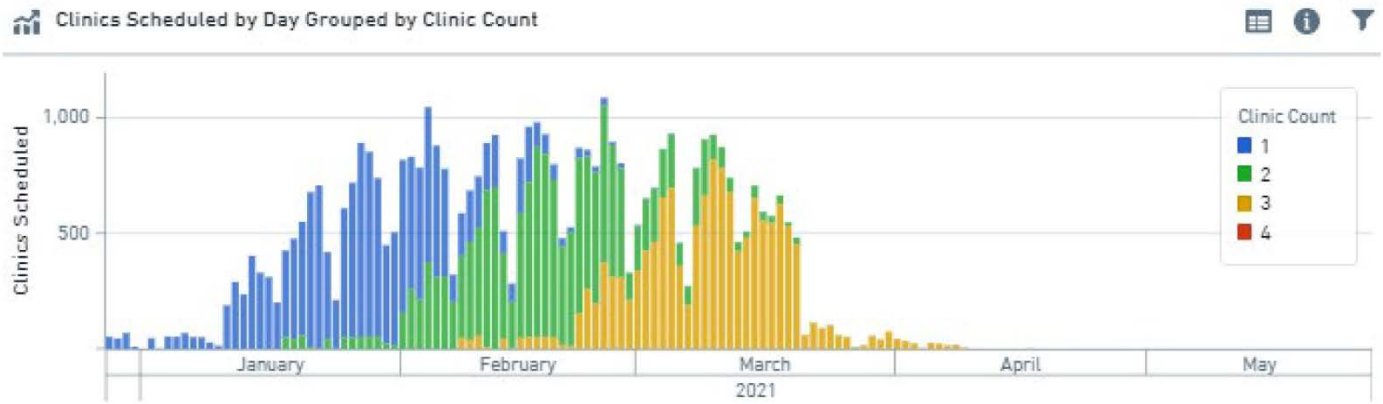
Today's Objectives

1. Describe new COVID-19 information that impacts assisted living
2. Review what we've learned so far about COVID-19 vaccination in adult and senior care facilities
3. Develop strategies to vaccinate new and reluctant residents and staff
4. Identify the impact of COVID-19 vaccination on masking, physical distancing, and symptom evaluation
5. Consider how COVID-19 vaccination will affect surveillance testing, family visits, dining, and activities

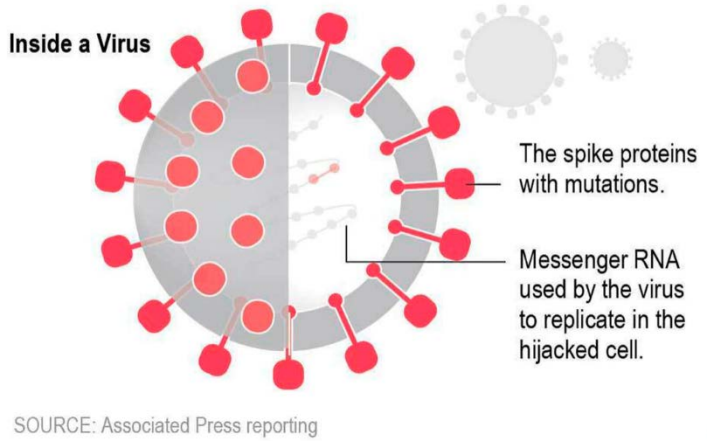
COVID-19 News

Progress!

- CVS and Walgreens
  - Have scheduled most facilities
  - Have delivered at least 1 dose to many facilities
  - Resident & staff vaccination at high levels means a facility is MUCH safer!



COVID-19 Variants



- Mutation is natural for viruses
- It’s still the same disease and can make you sick
- Newer variants spread more easily
  - Consider double masking, continue distancing
- Vaccination still protects, though maybe not as well

Common COVID-19 Vaccination Side Effects

In older people

- None
- Sore arm
- Fatigue

In younger people

- None
- Sore arm
- Fatigue
- Headaches
- Body aches
- Fever
- Stomach Upset

Updates on Serious Allergic Reactions

- VERY RARE!
  - 2-11 in 1,000,000
  - Vaccinators have medications to help

- Most people are NOT at risk
  - NO increased risk from allergies to pets, dust, food, medications, eggs
  - Possible risk if: past immediate allergic reaction to any vaccine/injection

People Pregnant & Breastfeeding

- Not in trials, but
  - Many pregnant & breastfeeding women have been vaccinated without problems
  - MRNA vaccines are not live
    - They cannot change DNA
  - Risk of serious disease from COVID-19 is higher if pregnant

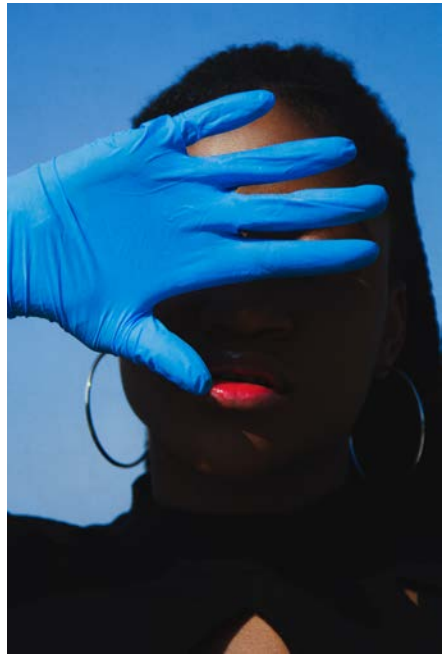
- No need to avoid breastfeeding if you get vaccinated,

  it may give antibodies to protect the baby

Current Challenges

Vaccine Hesitancy

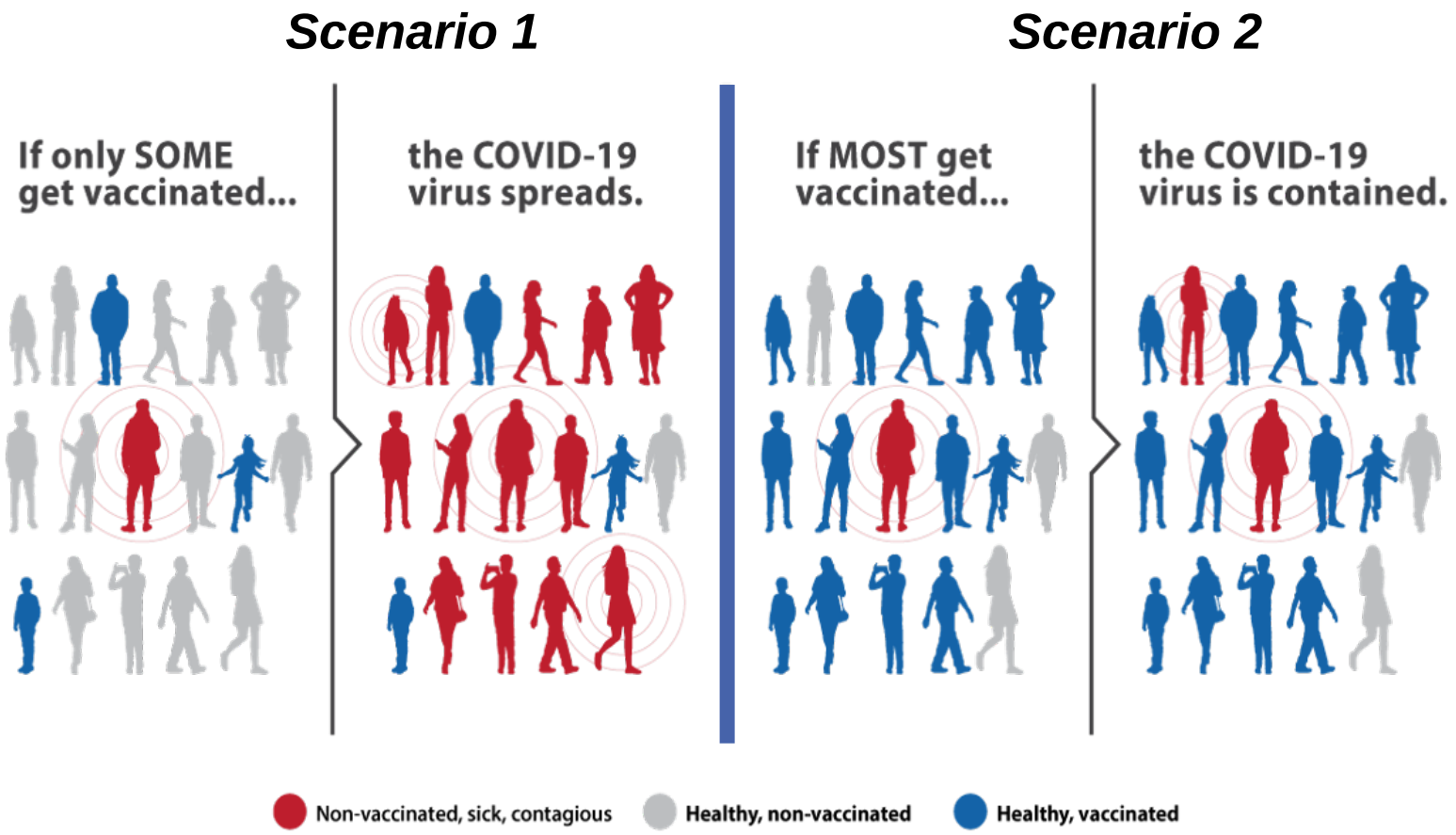
- Those who are hesitant to receive the vaccine are more likely to be:
  - Women
  - Under 55
  - From low-income backgrounds
  - Non-college-educated
  - Rural dwellers
  - Black and Latino/a communities
  - Conservative politics



Reasons for Vaccine Hesitancy

- From CVS/ Omnicare study:
  - Seems rushed/ too early
  - Not sure if it’s effective
  - Don’t trust it/ don’t believe it’s safe
  - Nervous about it/ afraid of side effects/ long-term effects
  - Too many politics involved or too much propaganda

Why It Matters in Your Facility



Promoting Vaccine Confidence

- Respect. Honor. Value.

- Start by *LISTENING to* concerns and fears. Don't argue or defend.

- Messages and strategies that have been successful to date

  1. Town hall approach
  2. Positive messages
  3. People of color participated in the development and trials of the vaccines.
  4. Activate trusted messengers to deliver messages

Communicating with Staff & Families

- Meet people where they are
- Avoid repeating false claims
- Tailor messages to specific audiences
- Pay attention to how you are delivering the details
- Communicate often, openly, and honestly
  - Town halls, emails, letters
  - Leverage trusted endorsers

Vaccinating New Staff & Residents

- Details under development
- Likely multiple options will be available
- Need quick access to appointments in convenient locations
- NEW: OK to give 1st shot in Clinic 3 (if you figure out how to give 2nd dose)

What Happens After Vaccination?

Questions

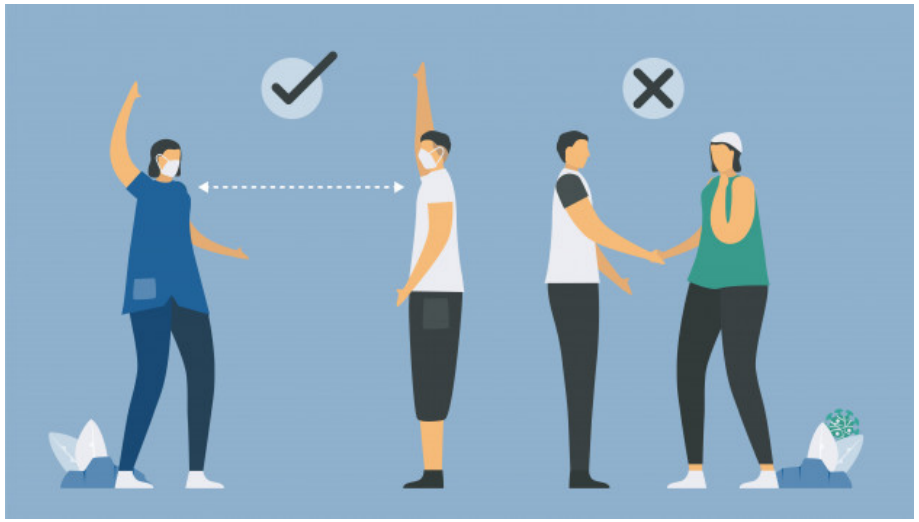
- Do vaccinated people have asymptomatic infections?
- Can vaccinated people give the virus to unvaccinated people?
- Will what is allowed depend on how many residents and/or staff were vaccinated in your facility?
- Why do we have more questions than answers so far?

Things That Might Change

- Surveillance Testing
- Activities
- Dining
- Family Visits

Things That Won’t Change (For Now)

- Masks
- Physical Distancing
- Washing your hands
- Staying at home if you feel sick



Unvaccinated Staff & Residents

- Safety protocols remain, including PPE if available
  - Frequent use of Antigen testing if possible
  - Proper use of masks– N95 preferred
  - Stellar infection control, handwashing

- Vaccinations are the most reliable way out of this pandemic.
  - Continue to make vaccine information available!

Resources

- **After vaccine questions:**
  - CDC: Long-Term Care Facility Vaccination Toolkit
  - CDC: Frequently asked questions after vaccination
- **After vaccine symptoms:**
  - CDC: Staff who are symptomatic
  - CDC: Managing residents who are symptomatic
- **Promoting vaccine confidence:**
  - CDC: Communications Toolkit, Vaccine FAQs
  - AMDA: COVID-19 Vaccine Education Toolkit
  - State of California: Vaccinate All 58 Toolkit
  - Omnicare CVS: Understanding and Addressing Vaccine Hesitancy
  - Video on vaccine safety: CVS Health Live: Preparing for the COVID-19 Vaccine

Questions?

- If you are having trouble submitting your questions on Zoom, please use this link to send us your questions!
- If you have additional questions, please contact your local Adult and Senior Care Office or email us at CCLCOVID-19INFO@dss.ca.gov.

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COVID-19 and Its Mental Health Impact on Older Persons

Andrew Rosenzweig, M.D., M.P.H.
Chief Medical Officer, Forefront Telecare

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Andrew Rosenzweig, M.D., M.P.H.

Andrew S. Rosenzweig, M.D., M.P.H., is a board certified and fellowship trained geriatric psychiatrist who specializes in the treatment of older adults in long-term care facilities. Since 2011, Dr. Rosenzweig has been Chief Medical Officer of Forefront Telecare, the national leader in telehealth linking behavioral specialists to healthcare facilities. Through Forefront's videoconferencing technology, he also treats residents at skilled nursing facilities in Minnesota and Pennsylvania.

Objectives

Objectives

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1. Explore the mental health impact of the COVID-19 pandemic on seniors, emphasizing depression, suicide and prolonged grief
2. Understand the differences between social isolation and loneliness and their roles in health and well-being
3. Discuss risk factors and resiliency factors in prolonged grief disorder and potential association with COVID-19

Pandemic Effects on Elder Mental Health

- Misinformation and uncertainty leads to **mass hysteria, anxiety**
- Social distancing as cause of **loneliness**
- Loneliness is an independent risk factor for **depression, anxiety disorders, suicide**
- Breakdown in social connectedness worsens **stigmatization of elderly**
- Social isolation of elderly noted to be **"serious public health concern."**
- Previous pandemics: increased rates of **anxiety, insomnia, depression**

Potential Risk Factors for Depression in Older Adults

Potential Risk Factors

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Psychosocial Factors

- Limited Social Support [1]
- Loss of Social Network [2]
- Bereavement [3,4]
- Loneliness [1]

Biological Factors

- Female Gender [3]
- Family History of Depression [5]
- History of Depression [3,4]
- Negative Life Events [1]

Clinical Factors

- Medical Illness [3,4]
- Physical Disabilities [1,3,4]
- Poor Health [1,3]
- Multiple Medications [6]

1. Harris T, et al. Age Ageing. 2006;35:25-32. 2. Ell K. Home Health Care Serv Q. 2006;25:115-148.
3. Cole MG, et al. Am J Psychiatry. 2003;160:1147-1156. 4. Schoevers RA, et al. Am J Psychiatry. 2006;163:1611-1621.
5. Van Ojen R, et al. Br J Psychiatry. 1995;166:316-319. 6. Alexopoulos GS, et al. Biol Psychiatry. 1988;23:271-284.

Effects of COVID-19 on Patients

Psychiatric COVID-19 Patients

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Schizophrenia - Increased paranoia about getting infected, increased isolation and social withdrawal, increased psychosis from media

Major Depression - Worsened depression and pessimism, increased passive death wish and suicidal thoughts

OCD - Worsening germ phobia, excessive hand-washing

Bipolar Disorder - Increased mood lability, depression, anxiety

Substance Use Disorders - Increased drug use (ETOH, opiates, cannabis)

Long-Term Care Patients

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- **106,000 resident and staff deaths as of Dec. 4, 2020**
  New York Times Editorial 9/5/20: *"There's no justifiable reason for that."*
- Exacerbates staffing **shortages, reimbursement challenges, infection control**
- Social isolation leads to **adverse outcomes, cognitive decline**
- Racial and ethnic disparities for both **Alzheimer's and COVID-19**

Social Isolation & COVID-19

Social Isolation & COVID-19

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- Meaningful **social connectedness is key** to human health and survival
- Exposed underlying weaknesses of social support systems for older adults
- Social isolation leads to adverse outcomes, including cognitive decline, loneliness, emotional distress, all-cause mortality, morbidity
- Virtual social gatherings not always helpful at reducing loneliness

Loneliness & COVID-19

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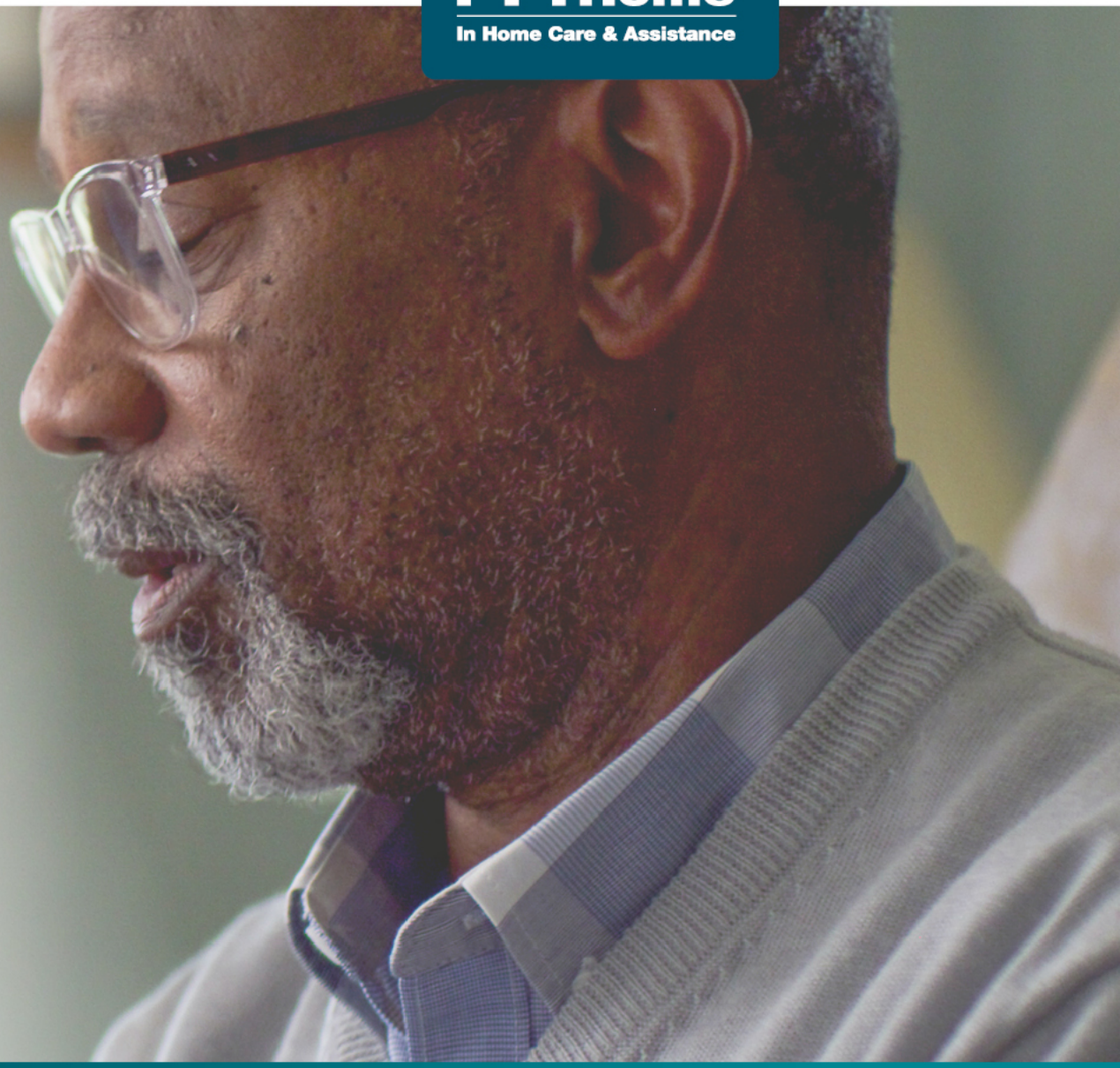

Loneliness is the subjective feeling of being alone (vs. social isolation which describes an objective state of individuals' social environments and interactional patterns)

Described as a **"behavioral epidemic"** even prior to pandemic

Loneliness & COVID-19

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October 2018: U.K. becomes first government in the world to publish a loneliness reduction strategy (followed appointment of ministerial lead for loneliness after 2017 report found 9 million of 67 million people lonely some or all of the time)

Health Impact of Loneliness

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- Loneliness is associated with **elevated systolic blood pressure, heart disease**
- Loneliness is associated with **adverse mental health symptoms, outcomes**
- **Sleep disruption:** reduced sleep efficiency, increased wake time (after sleep onset)
- **Depression**
- **Poor self-rated health**
- **Suicide attempts** and **completed suicide** among older adults
- **Worsening cognition** (including incident dementia)

Strategies for Preventing Detrimental Effects of Loneliness and Social Isolation

Strategies

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Keep Connections

Time with family, using technology

Maintain Basic Needs and Healthy Activities

Mask accessibility, structure to every day, outdoor activities

Pay Attention to Psychiatric Symptoms

Occurrence or recurrence of mental disorders, especially in vulnerable elders

Manage Emotions and Stress

Acquire reliable information, use relaxation techniques, provide emotional support to family and friends

Late-Life Suicides

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The ratio of suicidal behavior to deaths for older adults is **1-4:1**, while that for adolescents is as high as **200-300:1**

Late-Life Suicides

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- Many older adults may **end their lives by refusing food and/or needed medications;** however, these deaths are typically not officially deemed suicides
- Means of suicide **differ by age, gender, location**
- **Detection** of suicide risk in older adults **is crucial;** interventions can then follow

Suicide Assessment & Prevention for Older Adults: Risk Factors

Risk Factors

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1. Suicidal Ideation and/or Behavior

- Prior suicidal behavior (including suicide attempt), prior self-harm behavior, previous expression of suicide ideation
- Feels tired of living and/or wishes to die
- Thinks about suicide, has suicidal wishes and/or desires
- Has a suicide plan/note

2. Family History

- Family history of suicide, suicide ideation, mental illness

Risk Factors

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3. Mental Illness (can include)

- Any mental disorder, co-morbidity
- Major depressive disorder
- Any mood disorder
- Psychotic disorder
- Substance misuse disorder/addictions
- Rigid personality
- Poor coping skills, introversion

4. Personality Factors

- Personality disorders
- Emotional instability

Risk Factors

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5. Medical Illness

- Pain, chronic illness
- Sensory impairment
- Perceived or anticipated/feared illness

6. Negative Life Events and Transitions

- Family discord, separation, death or other losses
- Financial or legal difficulties
- Employment/retirement difficulties
- Relocation stresses

7. Functional Impairment

- Loss of independence
- Problems with activities of daily living

Resiliency Factors

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1. Sense of meaning and purpose in life
2. Sense of hope
3. Sense of optimism
4. Religious (or spiritual) practice
5. Active social networks and support from family and friends
6. Good healthcare practices
7. Positive help-seeking behaviors
8. Engagement in activities of personal interest

Suicide Rates

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Increased calls to suicide hotlines, 11% of adults reported suicidal thoughts in past 30 days (MMWR 8/14/2020)

Early troubling data in Japan, Nepal, Thailand

Many plausible links: anxiety, uncertainty, unemployment, marginalized groups, alcohol use, untreated mental illness, PTSD in COVID-19 survivors

2003 SARS outbreak in Hong Kong: significant increase in suicide deaths in people >65 (fears of contracting illness, being a burden on family, general anxiety, social isolation

Suicide rates unlikely to **peak** until **later than actual pandemic**

Case Example: Grief and COVID-19

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- Case from "Grief and the COVID-19 Pandemic in Older Adults," Goveas and Shear, Am. J of Geriatric Psychiatry 28:October 2020; 1119-1125
- In few periods in human history have bereavement and grief been on so many people's minds as they are today
- Bereavement (losing a loved one) vs. Grief (the natural response to the loss)
- When adaptation to a loss is stalled or halted, the result is Prolonged Grief
- Disorder (recently included in ICD-11)

HEALING Milestones

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- **H**onor your loved one and yourself
- **E**ase emotional pain
- **A**ccept grief and let it find a place in your life
- **L**earn to live with the reminders of your loss
- **I**ntegrate memories of your loved one
- **N**arrate stories of the death for yourself
- **G**ather others around you

DERAILERS

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- **D**oubt that you did enough for the person who died
- **E**mbracing ideas about grief that make you want to control it
- **R**epeatedly imagining scenarios where the death didn't happen ("what if")
- **A**nger or bitterness you can't resolve or let go of.
- **I**nsistent belief that the death was wrong or unfair or shouldn't have happened
- **L**ack of faith in the possibility of adapting to the loss and having a bright future
- **E**xcessive avoidance of reminders of the loss
- **R**ejecting support from others, feeling hurt and alone
- **S**urvivor guilt that is stopping you from experiencing joy and satisfaction

Case Example: Grief and COVID-19 (cont)

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Prolonged Grief Disorder Risk Factors Related to COVID-19:

- **Circumstances of the death:** sudden, unexpected; person dying alone; visiting policy restrictions
- **Context of the death:** disrupted funerals, absence of rituals due to physical distancing policies
- **Consequences of the death:** loneliness; closed places of worship; fear of getting sick; disruptions in eating, sleeping, exercise

Questions and Answers

Monoclonal Antibody Regional Center (MARC) is open to treat COVID-19 positive patients

What are monoclonal antibodies?

Monoclonal antibodies are proteins made in a lab. They help boost the immune system to fight viruses. The FDA issued an emergency use authorization for these proteins to treat adults and children with mild to moderate COVID-19.

Who can get this treatment?

- ✓ People who have a positive test for COVID-19, AND
- ✓ Have had COVID-19 symptoms for less than 10 days, AND
- ✓ Are at least 12 years old, AND
- ✓ Are at high-risk of getting very sick from COVID-19.

People who require oxygen due to COVID-19 do NOT qualify.
People who are allergic to monoclonal antibodies do NOT qualify.

High Risk can be defined as Patients who meet at least ONE of the following:

- **Have a body mass index (BMI) ≥ 35**
- **Have chronic kidney disease**
- **Have diabetes**
- **Have immunosuppressive disease**
- **Are currently receiving immunosuppressive treatment**
- **Are ≥65 years of age**

Age ≥55 years AND have

- Cardiovascular disease, OR
- Hypertension, OR
- Chronic obstructive pulmonary disease/chronic respiratory disease

Age 12-17 years AND weigh at least 40kg (88 lbs) AND have

- BMI ≥ 85th percentile), for their age and gender OR
- Sickle cell disease, OR
- Heart disease, OR
- Neurodevelopmental disorders, OR
- A medical-related technological dependence, OR
- Asthma, Reactive airway or other Chronic respiratory disease

How to get treatment?

- ✓ **You must live or work in San Diego County.**
- ✓ **If you are 65 years old or older and think you qualify, call (619) 685-2500.**
- ✓ **If you are younger than 65 years old, call your doctor or health provider. They must refer you.**
- ✓ **Appointments are available 7 days a week** at the **Palomar Medical Center Downtown** (555 East Valley Parkway, Escondido, CA 92025)
- ✓ Follow the signs for the Infusion Center on the 3rd floor.

There is no cost for treatment

Rev. 02/15/2021

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

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

GAVIN NEWSOM
Governor

Ongoing Risk of Highly Drug-Resistant Infections in Patients Following Hospitalization or Invasive Procedures in Mexico

February 2021

The California Department of Public Health (CDPH) and local public health partners are alerting healthcare providers of a recent increase in reports of VIM-producing carbapenem-resistant *Pseudomonas aeruginosa* (VIM-CRPA) in patients following hospitalization or invasive medical procedures in Mexico for routine healthcare visits, medical emergencies, and medical tourism. Since our November 2019 Health Advisory describing an initial cluster of five VIM-CRPA cases with similar exposure from August to October 2019, there have been three additional reports of VIM-CRPA identified in California from August to December 2020. These patients reported undergoing invasive procedures in Guadalajara and Tijuana, Mexico. The most recent case was identified in December 2020; the patient reported having plastic surgery at a Tijuana-area healthcare facility in October 2020.

The CDPH Healthcare-Associated Infections (HAI) Program recommends healthcare providers be vigilant for the possibility of VIM-CRPA and other multidrug-resistant organisms (MDRO) in patients following hospitalization or invasive procedures in Mexico. To identify and control the spread of these pathogens in California, the HAI Program recommends the following strategies to healthcare facilities:

- When caring for patients who have a history of hospitalization or invasive procedures in Mexico, obtain cultures, perform antimicrobial susceptibility testing to guide treatment, and test any carbapenem-resistant bacteria for VIM and other plasmid-mediated carbapenemases. VIM-CRPA are highly resistant and difficult to treat, requiring protracted and complex antibacterial drug combinations and courses; consult with an infectious disease specialist for treatment guidance.

- Consider colonization screening for patients who have reported receiving healthcare outside of the United States during the 12 months prior to their hospitalization in the US.

- For patients identified with VIM-CRPA, inquire about receipt of healthcare in Mexico or anywhere outside of the United States, including hospitalization or invasive procedures in the prior 12 months.

- Implement important containment strategies for VIM-CRPA and other MDRO:
    - Place patients on Contact precautions and in a single-bed room, whenever possible.
        - Perform hand hygiene before donning personal protective equipment (PPE), after doffing PPE, and before and after patient contact.
    - Routinely clean and disinfect healthcare surfaces and shared medical equipment using an Environmental Protection Agency (EPA)-approved hospital-grade disinfectant.
    - Perform colonization screening on any epidemiologically-linked patients (e.g., roommates prior to implementation of transmission-based precautions or patients exposed to common medical device or instrument)

    - Monitor adherence to infection prevention practices (https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)
    - Communicate VIM-CRPA or other MDRO status to a receiving healthcare facility at time of patient transfer.

- Report any cases of VIM-CRPA and other healthcare-associated unusual or highly-resistant organisms to your local health department and the CDPH HAI Program at HAIProgram@cdph.ca.gov.

Carbapenemase mechanism testing for CRPA and other carbapenem-resistant organisms is available through some local public health laboratories and the CDPH Microbial Diseases Laboratory. To prioritize testing of CRPA isolates for carbapenemase testing, please submit CRPA resistant to imipenem, meropenem, or doripenem by standard antimicrobial susceptibility methods **and** non-susceptible to cefepime, ceftazidime, or ceftolozane/tazobactam. Colonization testing (screening) for carbapenemase-producing (CP) organisms, including CP-CRPA, is available at no cost through the CDC Antibiotic Resistance Laboratory Network. These services can be accessed through your local health department in consultation with the CDPH HAI Program by contacting HAIProgram@cdph.ca.gov. For more information about VIM-CRPA and investigation and response measures, please visit: https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CRO_Quicksheet_Oct2020.pdf. For more information about MDROs, please visit: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialResistanceLandingPage.aspx

California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
February 17 & 18, 2021

Handouts and recordings for the Wednesday Webinars can be accessed at the Health Services Advisory Group (HSAG) registration website https://www.hsag.com/cdph-ip-webinars

Notes for the weekly calls will soon be posted at the CDPH Skilled Nursing Facility Infection Prevention Education website https://www.cdph.ca.gov/Programs/CHCQ/Pages/SNFeducation.aspx

CDPH Weekly Call-in Information:
Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227
Wednesday 3:00pm SNF Infection Prevention Webinars: Register at: https://www.hsag.com/cdph-ip-webinars
Thursday 12:00pm SNF Infection Prevention Calls: 877.226.8163; Access code: 513711

The February 17, 2021 webinar presentation covered the following updates:

- **Testing Taskforce Update**
- **CDC Quarantine Guidance Updated February 10, 2021**
  - **cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#phrecs**
  - Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are NOT required to quarantine if they meet all of the following criteria:
    - Are fully vaccinated (≥2 weeks following receipt of the second dose)
    - Are within 3 months following receipt of last dose in the series
    - Have remained asymptomatic since the current exposure

    Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID
  - **Caveat for vaccinated healthcare personnel and residents in long term care settings:**
    - The new quarantine guidance could also be applied when considering work restrictions for fully vaccinated healthcare personnel with higher-risk exposures, as a strategy to alleviate staffing shortages. Of note, exposed healthcare personnel would not be required to quarantine outside of work.
    - Vaccinated nursing home residents should still continue to quarantine following an exposure due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings. Although not preferred, healthcare facilities could consider waiving quarantine for vaccinated residents as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.

- **CDC Ensuring Access to COVID-19 Following the Federal Pharmacy Partnership (FPP)**
  - cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships-access.html
  - The FPP is scheduled to be completed by March 2021 in California
  - CDPH Immunization Branch will present vaccine options following the FPP during the Wednesday, February 24th CDPH webinar at 3pm. Register at: https://www.hsag.com/cdph-ip-webinars

- **COVID-19 Vaccine Update: CVS & Walgreens**
  - CVS and Walgreens confirmed that they will give first doses at the third clinic visit. To ensure this occurs, your facility needs to register everyone who needs a first dose in the portal. If the patient is registered and consented to the vaccine, give that number to the CVS and Walgreens leads for the doses that you need for the third clinic.
  - Contact Jennifer Wieckowski, HSAG, jwieckowski@hsag.com, 818.427.4378 if you are receiving conflicting information or need assistance.
  - For urgent issues that require immediate action, contact Walgreens and CVS:
    - CVS: CovidVaccineClinicsLTCF@CVSHealth.com
    - Walgreens: immunizeltc@walgreens.com

Cohorting Questions & Answers

Q: A facility had 100% of their residents test positive for COVID during an outbreak. A resident was transferred to the hospital, and then readmitted 7 days later back to the same facility. Can the resident be admitted back to her original room with her roommate (also a recovered COVID positive patient)? Or does the resident need to be admitted to the observation unit?
A: Yes, a resident who is recovered can be readmitted to their original room with another recovered roommate. That is reasonable.

Q: Question about dialysis residents and other residents who leave the facility frequently. Do they have to be cohorted together in the yellow zone? How frequently do they need to be tested and can we use rapid antigen tests rather than PCR tests?
A: Regarding cohorting dialysis residents in the yellow zone, there is no definitive guidance on this, but it's important to consider the lay out of the facility and to consider that it's possible that they could have been exposed outside of the facility. Some facilities have designated an area to quarantine dialysis residents together. This remains an acceptable practice. They should be separate from new observation residents because they have an unknown and different exposure status.
Regarding testing, it is recommended to periodically test residents who leave the facility for dialysis or other appointments. There is no requirement to test them, but it would be reasonable to test them at the same cadence that you are doing with your HCWs since they are at risk for transmission in the community. Considerations of antigen vs. PCR tests are the same recommendations for HCP. Antigen tests can be used for this purpose with asymptomatic individuals as long as they are part of a repeated serial testing program.

Q: Can an employee working in a yellow zone also work in the green zone on the same shift?
A: Due to staffing shortages, it may be necessary for staff to have to care for residents in the yellow and green zone, but it is not recommended due to transmission concerns. It should be a priority to have red zone staff only care for residents in the red zone during a shift. If there are challenges with implementation due to staffing shortages, it's preferable to have staff overlap between the yellow and green zones, rather than the yellow and red zones. Staff can work in different zones if it's on different days, or different shifts. For example, staff can work in the green zone on Monday and in the red zone on Tuesday after they shower and change their clothes and PPE. The purpose of having dedicated staff for each zone (especially for the red zone) is to facilitate extended use of respirators and face shields and to limit the amount of potential cross contamination between zones.

Testing Questions & Answers

Q: What is the latest testing guidance for visitors like the ombudsman? Can we ask to see a copy of their Covid-19 results, like we are requiring from other essential health care workers. Currently we are performing Binax testing for HCP that do not have a current, weekly COVID test, prior to allowing them to enter the facility.
A: CDPH surveyors and ombudsman are all being tested at the same weekly interval as health care personnel. They are not allowed to share their test results with facilities due to PHI restrictions.

Q: Can you clarify the use of rapid antigen tests?
A: Facilities using point of care antigen tests are permitted to test asymptomatic individuals. If an individual tests positive, the result should be confirmed with a PCR test to ensure accuracy of the results. In response to a known exposure, the likelihood of a true positive from an antigen test is a lot higher. We are more concerned about missing positives, therefore POC tests are best used for testing asymptomatic individuals in serial testing. If they test positive, then that should be confirmed with a PCR test because of the risk of false positives in an asymptomatic individual. In response testing for an outbreak with a known exposure, ensure you are confirming negative tests with PCR to make sure all positives are identified. The specificity of POC antigen care tests is quite high 99-100% if conducted by experienced people; it's likely that a POC positive test result is a true positive. Resources can be found at:

- AFL 20-53.3: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx.
- SARS-CoV-2 Testing Considerations video https://www.youtube.com/watch?v=p4T6XdQQsIk&feature=youtu.be

Q: Can SNFs in LA county go back to once a week testing for HCPs since 7-day daily average is at 6.4%?
A: Per the Los Angeles County Department of Public Health, in order to reduce testing frequency from two times a week to once a week, LA county needs to have a positivity rate under 10% for two weeks. The CDPH Blueprint for Safer Economy website (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx) shows that Los Angeles county has had less than 10% positivity rate for the past two weeks. Communication will be sent out shortly about changes in testing frequency to once a week. Note that LAC DPH is using numbers posted on the CDPH Blueprint website to officially make these decisions; they are not using their local 7-day rolling overage which is what the question was referring to.

Q: Nursing schools have begun approaching skilled nursing facilities to host clinical studies. What is the Department's position regarding testing, fit testing and vaccines for nursing students?
A: Nursing students are considered HCWs so they should have access to vaccines; fit testing depends on their role in the facility. If they need respiratory protection for their job than they do need to be fit tested for an N95; for testing they need to follow the same guidelines as other HCWs.

COVID-19 Vaccine Questions & Answers

Q: What about staff that tested positive after receiving the first dose, what is the procedure to get their second dose for them?
A: They need to complete their isolation period for their infection before receiving the second dose, and must be no longer exhibiting symptoms.

Q: A patient received convalescent plasma in the hospital on 12/25/2020. The patient later transferred to a SNF. During the pharmacy partner COVID vaccine clinic the family consented to the COVID vaccine. The first vaccine was given 1/29/2021. The family just remembered the convalescent plasma was given at the hospital. When should the 2nd vaccine be given? 90 days after the 1/25/2021 administration of the convalescent plasma?
A: The CDC guidance says that if you receive an antibody treatment, you should delay receiving a vaccine for three months (90 days) as a precaution. The second dose should be deferred for at least 90 days following receipt of the antibody therapy, even though it pushes the vaccine past the six weeks. Per CDC, repeating the vaccine dose is not recommended. Guidance from CDC on persons who previously received passive antibody therapy can be found here: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html. In this scenario, wait to give the second dose after 90 days from the 12/25/2020 antibody treatment.

Quarantine Questions & Answers

Q: Do HCWs who had a low risk exposure at work while wearing appropriate PPE need to quarantine?
A: In this scenario, there is no need to quarantine. Please refer to CDC guidance https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

Q: If fully vaccinated staff travels outside of California by car (no known exposure and limited contact), is there a requirement to quarantine? What if they travel internationally by plane?
A: HCP are an exception to travel quarantine recommendations, although they need to adhere to all precautions and ideally only travel when essential. There are no quarantine recommendations because they are considered essential workers. It's important to understand how much exposure they might have had that they may not have been aware of. For example, how long were they around groups of unknown people? How long were they in an airplane?

- CDPH Travel Advisory Updated January 6, 2021 https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx
- Travel During COVID-19 Updated February 16, 2021 https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html

Q: Last week a critical staffing shortage was defined as when a facility does not have enough staff to provide safe patient care. If a facility decides not to quarantine a worker after an exposure and in the face of a staffing shortage, does the staffing shortage need to be documented and reported to LHD?
A: We acknowledge at CDPH that we haven't created black and white definition of a staffing shortage. We are not aware LHD requiring local documentation. Some local health departments might. Check with your L&C district office on required staffing shortage documentation.

Other Questions & Answers

Q: We had an Infection Control focused survey on January and one of the things observed is hand hygiene before touching a doorknob. Is there a guideline on washing or sanitizing your hands before touching a doorknob specifically for a staff lounge? Is there a specific guideline for touching inanimate objects and when hand hygiene should be performed?
A: Consider the World Health Organization's "Your 5 Moments for Hand Hygiene" poster which focuses on hand hygiene being done before touching a resident.
https://www.who.int/gpsc/5may/Your_5_Moments_For_Hand_Hygiene_Poster.pdf

Q: Can you send us a link to a Cal/OSHA approved Respirator Medical Evaluation form?
A: CAHF has a grant funded disaster program with many tools that may be helpful at www.CAHFdisasterprep.com/pandemic, including:

- CAHF: Model Respiratory Protection Program http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/CAHF_MRPP.pdf
- CAHF: Model Respiratory Protection Program Policies and Administrative Tools http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/MRPP_PoliciesAdministrativeTools.doc

Q: What is the recommendation for PPE in the hallways for the different zones?
A: We don't recommend wearing PPE such as gloves and gowns in hallways because hallways are considered clean. Source control is needed in hallways, which means a well fitted face mask or a respirator if needed for respiratory protection and/or PPE). The only element of PPE that should be worn in the hallways or other clean common areas of the facility should be masks/respirators.

Q: Clarification in terms of visitation guidance now that more and more are getting vaccinated and have completed the series, do we still only approve the essential and compassionate care reasons for visitation?
A: A new AFL will be coming out soon to revise visitation guidance. Currently visitation is allowed in all facilities for outdoor and indoor large communal spaces. If your facility is in a county with a substantial

(red), moderate (orange) or minimal (yellow) spread rate, then you may have visitation in the green zone. If your facility is in a county with widespread rate (purple), then you may not have visitation in the green zone because the risk level is too high. The new AFL will add more details as far as opening up more in-room visitation options for residents in the yellow zone and for vaccinated residents. Red zone in the new AFL will still be off limits for in-room visitation. Note that people are only in the red zone for a short amount of time, so once they are moved to the green zone, they will have more visitation options.

Q: Indoor air quality and ventilation play a critical factor in preventing COVID transmission. Where can I get more information?
A: CDC has some nice guidance on measures to improve ventilation in buildings that could be applicable to SNF and other LTCF. Here are resources you can review.

- Practical Steps to Improve Air Flow in Long-Term Care Resident Rooms to Reduce COVID-19 Infection Risk https://www.jamda.com/article/S1525-8610(20)30320-0/pdf
- CDC Ventilation in Buildings https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

Q: Can you clarify the required frequency of vital signs for residents with and without COVID?
A: Guidance can be found in the April 15, 2020 AFL 20-25.2 Preparing for COVID-19 in California SNFs https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25.aspx. Scroll to the bottom and click on the second resource:

- Assessment of California Skilled Nursing Facilities to Receive Patients with Confirmed COVID-19 Infection checklist (PDF) https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf

On page three it says, "Review facility processes for monitoring vital signs (including pulse oximetry) every shift for all residents and every 4 hours for residents with COVID-19 infection."

Q: How can nursing homes get access to more staffing resources? The MHOAC told us to reach out to the state to help.
A: Yes, the state can help. In lieu of having waivers, the state has staff that can be deployed. The typical emergency response system is for nursing homes to first reach out to the MHOAC for resources. If they don't have resources, then send the request up to the state via Salesforce (the same system used to request supplies). Submit your staffing request and the state will deploy staffing resources. Questions can be sent to: CentralizedProgramFlex@cdph.ca.gov.

Science.
Applied to Life.™

COUNTERFEIT NOTIFICATION – NOT A PRODUCT RECALL

February 11, 2021

Dear Valued Customer,

Recently, we have been receiving increasing reports of fraud related to the following three 3M surgical respirator models:

- 3M™ Health Care Particulate Respirator and Surgical Mask 1860;
- 3M™ Health Care Particulate Respirator and Surgical Mask 1860S; and
- 3M™ Aura™ Health Care Particulate Respirator and Surgical Mask 1870+.

These have included reports of fake/counterfeit product as well as fraudulent offers where product is offered but not delivered. We have been working with law enforcement to get counterfeit respirators off the market. These enforcement actions have resulted in the seizure of millions of counterfeit model 1860, 1860S, and 1870+ surgical respirators.

In evaluating offers for these respirators, please consider some common signs of counterfeit:

- All 3M model 1860, 1860S, and 1870+ respirators imported into the United States from any other country are likely to be counterfeit. 3M is not currently importing these respirator models into the United States. If you have been offered these models coming from outside the United States, they should be viewed as counterfeit.
- All 3M model 1860, 1860S, and 1870+ respirators exported from China/ Hong Kong should be viewed as counterfeit. We do not manufacture these respirators in China/Hong Kong.
- Do not rely on TUV, SGS, or similar certification reports. All shipments of 3M model 1860, 1860S, and 1870+ respirators accompanied by a TUV, SGS, or similar certification report are likely counterfeit.
- 3M does not use a "Peru Seal" or other similar seals (examples at right). Respirators bearing these seals are likely counterfeit.

With regard to model 1860, 1860S, and 1870+ surgical respirators, we have identified counterfeit product bearing the following Lot Codes:

	Lot Codes
Model 1860	B19029, B19063, B19206, B19240, B19130, B19133, B19155, B19161, B19206, B19314, B20010, B20013, B20016, B20018, B20020, B20021, B20022, B20025, B20060, B20119, B20235, B20245, B20281, B20670 R20025, R20102, R20144, R20150, R20183, R20190, R20294, R20328
Model 1860S	B20020, B20522, B20659, B20670, B20679, R20522
Model 1870+	C193041, C190241

Please note that there may be counterfeit product with Lot Codes not listed here, and that additional Lot Codes may be added over time.

If you possess respirators bearing one of these Lot Codes, please immediately assess the way in which you acquired those products. If you purchased them from a seller that is not a 3M authorized distributor, then there is a significant risk that

they are counterfeit and should not be used. We strongly recommend that 3M respirators be purchased only through 3M authorized distributors, or through existing contracting vehicles (i.e., Federal Supply Schedules), as this will provide the greatest assurance of receiving authentic product.

Please contact our anti-fraud hotline at 1-800-426-8688 or 3M.com/covidfraud:

- If you are considering an offer for product that raises one or more of these concerns,
- If you have purchased product from a seller who is not a 3M authorized distributor, or that raises one or more of these concerns, and want to authenticate the product,
- To verify whether a seller who is offering or has sold you these products is a 3M authorized distributor, or
- If you have any other questions about model 1860, 1860S, or 1870+ surgical respirators or other 3M respiratory protection products.

You can find more information, including additional tips to help identify counterfeit respirators, on our website at 3M.com/covidfraud.

Thank you for your continued support.

Personal Safety Division
3M Center, Building 235-2W-70
St. Paul, MN 55144-1000

3M PSD products are occupational use only.

In the United States of America
Technical Service: 1 (800) 243-4630
Customer Service: 1 (800) 328-1667
3M.com/workersafety
In Canada
Technical Service: 1 (800) 267-4414
Customer Service: 1 (800) 364-3577
3M.ca/safety

BE COVIDSAFE

COVID-19 Vaccine: Myth vs. Fact

Several myths are floating around regarding the COVID-19 vaccine. Let's address the facts.

VACCINE MYTH	VACCINE FACT
MYTH: *COVID-19 vaccines give you COVID-19.*	**FACT: COVID-19 vaccines will not give you COVID-19.** None of the COVID-19 vaccines in development in the United States use the live virus that causes COVID-19. The goal for these vaccines is to teach our immune systems how to recognize and fight the COVID-19 virus.
MYTH: *COVID-19 vaccines will cause you to test positive on COVID-19 viral tests.*	**FACT: COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests.** COVID-19 vaccines in the U.S. won't cause you to test positive on current infection viral tests. If your body developed an immune response and tests positive on some antibody tests, a previous infection may have given some level of protection against the virus.
MYTH: *People who have gotten sick with COVID-19 will not benefit from getting vaccinated.*	**FACT: People who have gotten sick with COVID-19 may still benefit from getting vaccinated.** People are advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before. Reinfection is possible and getting vaccinated is one of the best ways to help combat the pandemic.
MYTH: *Getting vaccinated will not help prevent you from getting sick with COVID-19.*	**FACT: Getting vaccinated can help prevent getting sick with COVID-19.** There is no way to know how COVID-19 will affect you. The COVID-19 vaccination helps protect you without having to experience sickness.
MYTH: *Receiving a mRNA vaccine will alter your DNA.*	**FACT: Receiving a messenger RNA vaccine will not alter your DNA.** Messenger RNA (mRNA) are instructions for how to make a protein or even just a piece of protein. mRNA cannot alter or change a person's DNA from a COVID-19 vaccine because it never enters the nucleus of the cell, which is where our DNA are kept.

For more information on COVID-19 vaccines, please visit:

coronavirus-sd.com/vaccine

LIVE WELL SAN DIEGO

02-10-2021

CUÍDESE DEL COVID

Vacuna contra el COVID-19: Mitos y Hechos

Hay varios mitos circulando acerca de la vacuna contra el COVID-19. Vamos a ver los hechos.

MITOS	HECHOS
MITO: *Le va a dar COVID-19 si se vacuna contra el COVID-19.*	**HECHO: No se va a enfermar con COVID-19 si se vacuna contra el COVID-19.** Ninguna de las vacunas contra el COVID-19 en desarrollo en los Estados Unidos usa el virus que causa COVID-19. La meta de estas vacunas es enseñar al sistema inmune a reconocer y combatir al virus que causa COVID-19.
MITO: *Las vacunas contra el COVID-19 causan que el resultado en las pruebas virales de COVID-19 salga positivo.*	**HECHO: Las vacunas contra el COVID-19 no van a causar que sus resultados salgan positivos en pruebas virales de COVID-19.** Las vacunas contra el COVID-19 en los Estados Unidos no van a causar que su resultado sea positivo en pruebas virales de infección actuales. Si su cuerpo desarrolla una respuesta inmunológica y tiene un resultado positivo en algunas pruebas de anticuerpos, una infección previa puede haberle dado cierto nivel de protección contra el virus.
MITO: *Personas que tuvieron COVID-19 no se beneficiarían de vacunarse contra el COVID-19.*	**HECHO: Personas que tuvieron COVID-19 se pueden beneficiar de vacunarse contra el COVID-19.** Se les recomienda a las personas que se vacunen contra el COVID-19 aún cuando estuvieron enfermos con COVID-19 anteriormente. La reinfección es posible y una de las mejores maneras de ayudar a combatir la pandemia es por medio de vacunarse.
MITO: *Vacunarse no va a ayudar a prevenir que se enferme de COVID-19.*	**HECHO: La vacuna ayuda a prevenir la enfermedad por COVID-19.** No hay manera de saber como le va a afectar el COVID-19. La vacuna contra el COVID-19 ayuda a protegerlo sin tener que enfermarse.
MYTH: *La vacuna de ARNm va a modificar su ADN.*	**HECHO: Ponerse una vacuna ARN mensajero no va a modificar su ADN.** El ARN mensajero (ARNm) le da instrucciones al cuerpo para hacer una proteína o un pedazo de proteína. ARNm no puede modificar o cambiar el ADN por medio de una vacuna contra el COVID-19 porque no entra al núcleo de la célula, que es donde se encuentra nuestro ADN.

Para más información sobre las vacunas contra COVID-19, visite a:

coronavirus-sd.com/vaccine

LIVE WELL SAN DIEGO

02-10-2021