



CORONAVIRUS
DISEASE 2019

(COVID-19)

WEEKLY UPDATE

LONG-TERM CARE AND RESIDENTIAL CARE FACILITIES

Thursday, October 22, 2020

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

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

- All Facilities Letter (AFL) notifying all facilities of a suspension of professional certification requirements for Certified Nurse Assistants (**AFL 20-35.2**)
- Notes from the California Department of Public Health conference call for Skilled Nursing Facilities to provide updates on COVID-19 (10-14-20)
- Provider Information Notice (PIN) including PowerPoint presentation slides (COVID-19: Planning for the Influenza Season Amidst the Pandemic) from an Informational Call on October 21, 2020 (**PIN 20-39-ASC**)
- California Health Alert Network San Diego Update #19: **Updated Coronavirus Disease 2019 (COVID-19) Test Result Reporting Guidance** – October 16, 2020
- **Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination:** CDC partnership with CVS and Walgreens regarding on-site COVID-19 vaccination services (free of charge to facilities) for residents of nursing homes and assisted living facilities
- The California Department of Public Health recently updated **Blueprint for a Safer Economy** with guidance for theme parks and personal care services
- **Avoid COVID-19 Scams:** Resources, information, and tips from the County of San Diego Aging & Independence Services to protect yourself and your loved ones from scams
- **Assistant Secretary for Preparedness and Response (ASPR) COVID-19 Resources:**
 - o “Hidden Consequences: How the COVID Pandemic is Impacting Children” webinars

- **Toolkit:** Personal Protective Equipment Preservation Planning Toolkit (October 2020)
- **Reminder:** Long-Term Care and Residential Care Facility telebriefing will be held this Friday, 10/23, at 4:00 pm. **Special guest Simon Jacob**, Licensing Program Manager with the State of California San Diego Adult and Senior Care Regional Office, Department of Social Services, Community Care Licensing Division.

As a reminder, if you have a positive COVID-19 case at your facility, please report it by calling the County Epidemiology Unit phone line 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



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! Letter to All Facilities: AFL 20-35.2 – October 15, 2020

This AFL notifies all facilities of a temporary waiver of specified statutory and regulatory requirements for CNAs due to the state of emergency related to the COVID-19 outbreak. The AFL 20-35.1 has been updated to allow a CNA who remains in an "employable during state of " status to complete in-service or continuing education units and count them towards certificate renewal. [Click here to read AFL 20-35.2](#)

NEW! Notes from the California Department of Public Health webinar on infection prevention for skilled nursing facilities on 10-14-2020 and a conference call for skilled nursing facilities on 10-15-2020, to provide updates on COVID-19. Please find attached the notes for these calls. **Please see attached PDF** titled, "AFC-SNF+IP+Call+Notes10.14.20".

Letter to Skilled Nursing Facilities: AFL 20-80– October 12, 2020

This AFL provides recommendations to prevent and manage influenza outbreaks in skilled nursing facilities during the COVID-19 pandemic. [Click here to read AFL 20-80](#)

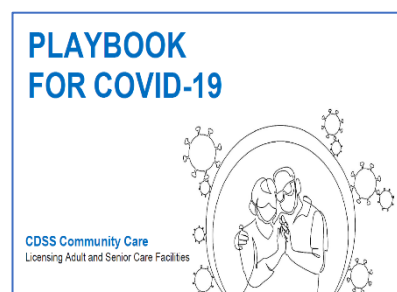
[Click here to see a full list of recent AFLs](#)



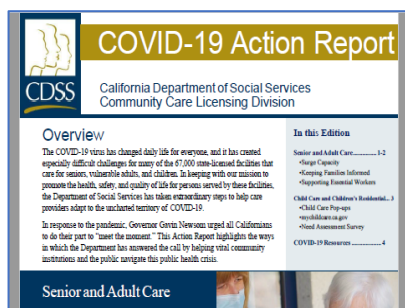
California Department of Social Services

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.

NEW! All Adult and Senior Care Program Residential Licensees – October 16, 2020
PIN 20-39-ASC includes the [PowerPoint Presentation](#) from the Informational Call on October 21, “COVID-19: Planning for the Influenza Season Amidst the Pandemic”.
[Click here to read PIN 20-39-ASC](#) and please **see the attached PDF** titled, “CCLD_COVID-19_Flu_Planning_Oct_21”.



The Playbook for COVID-19 provides guidance to Adult and Senior Care Program licensees, administrators and caregivers on COVID-19 safety precautions, including sanitation and disinfection, physical distancing, and other guidance to assist facilities in their response to COVID-19. An electronic copy is available by clicking this link: [The Playbook for COVID-19](#)



The **COVID-19 Action Report** for All Community Care Licensed Providers highlights the ways in which the California Department of Social Services' Community Care Licensing Division has answered the call by helping Adult and Senior Care facilities, Child Care and Children's Residential facilities navigate the COVID-19 pandemic. [Click here to read CDSS Action Report](#)

All Adult and Senior Care Program Residential Licensees – October 6, 2020

PIN 20-38-ASC provides updated guidance to Adult and Senior Care residential licensees on testing, infection control protocols, communal gatherings, statewide and

county guidance and closures for residential facilities; and the statewide waiver related to visitation. [Click here to read PIN 20-38-ASC](#)

[Click here to browse the full list of recent PINs](#)



California Health Alert Network San Diego Updates

NEW! Health Advisory Update #19: Updated Coronavirus Disease 2019 (COVID-19) Test Result Reporting Guidance – October 16, 2020

Key Messages (please note facilities using CLIA-waived POC antigen testing kits must comply with this guidance):

- **All** laboratories testing California specimens for SARS-CoV-2 are required to report SARS-CoV-2 test results to the California Department of Public Health or the County of San Diego Public Health Services. **This requirement applies to entities that conduct Clinical Laboratory Improvement Amendments (CLIA)-waived point-of-care (POC) tests for SARS-CoV-2**, including those operating at drive-through sites, physician offices, and pharmacies.
- Labs must ensure **all** SARS-CoV-2 test results (positive, negative, indeterminate, and specimen unsatisfactory) from molecular, antigen, and antibody/serology tests are reported within 8 hours from the time the laboratory notifies the health provider or other person authorized to receive the report.

Please click for [here](#) to read the **Health Advisory Update #19: Updated Coronavirus Disease 2019 (COVID-19) Test Result Reporting Guidance**.



Flu and COVID-19 Vaccine Information

Flu Vaccination Information

The influenza vaccine is now available at doctors' offices and pharmacies throughout San Diego County and is covered by medical insurance. People who do not have healthcare coverage can get vaccinated at one of the County's six Public Health Centers or a local community clinic. The

County is hosting **free flu shot events** from October 22nd to November 3rd. [Click here to learn more.](#)

For additional **Flu Season 2020-2021 information**, please see resources below:

[Click here](#) for the County of San Diego Immunization Program influenza webpage

[Click here](#) for the Centers for Disease Control and Prevention (CDC) ways to protect your health this season and more:

- [The Difference between Flu and COVID-19](#)
- [Information for Health Care Professionals 2020-2021 Flu Season](#)
- [Frequently Asked Influenza \(flu\) Questions: 2020-2021 Season](#)

COVID-19 Vaccination Information for Long-Term Care Facilities

NEW! The **CDC is partnering with CVS and Walgreens** to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities (free of charge to facilities) once vaccination is recommended for them. If interested in participating in the **Pharmacy Partnership for Long-term Care Program**, facilities should sign up (or opt out) starting October 19. **Sign up will remain open for two weeks.** For more information, please contact eocevent494@cdc.gov and **please see attached PDFs** titled, "Program Overview-Pharmacy Partnership for LTC" and "FAQ-Pharmacy Partnership for LTC Program"



Blueprint for a Safer Economy

www.COVID19.CA.GOV

UPDATED! The California Department of Public Health updated the Blueprint for a Safer Economy, a statewide, stringent and slow plan for living with COVID-19 for the long haul. The plan imposes risk-based criteria on tightening and loosening COVID-19 allowable activities and expands the length of time between changes to assess how any movement affects the trajectory of the disease.

- Theme Parks: Smaller facilities may resume outdoor operations and limited capacity in Tier 3 (Moderate/Orange), while larger parks may do so in Tier 4 (Minimal/Yellow)

- Outdoor Stadiums: Live professional sporting events may operate with limited capacity in Tiers 3 and 4 only with pre-assigned tickets to ensure physical distancing of patrons and other modifications
- New changes to personal care service sectors

Read the Press Release [here](#). The Blueprint can be viewed [here](#).



AVOID CORONAVIRUS SCAMS

NEW! Protect yourself and your loved ones by staying informed and aware of potential scammers. Check out the County of San Diego Aging & Independence Services' [\(AIS\) scam prevention webpage](#) to learn more, including the Federal Trade Commission's [Coronavirus Advice for Consumers](#).

Be sure to bookmark the [AIS COVID-19 Programs, Services, and Resources: Older Adults and Adults Living with Disabilities webpage](#) that has numerous resources and videos to share information and tips for coping during COVID-19.

To sign up for the COVID-19 Older Adult and Disability Service Provider weekly email updates or learn about upcoming Older Adult and Disability Service Provider telebriefings, visit the [Older Adults and Disability Service Providers Sector webpage](#).



NEW! COVID-19 Resources: October Update #2. Register today for “Hidden Consequences: How the COVID Pandemic is Impacting Children” webinars.

- [The Effects of Secondary Disasters on Children](#) (4:00-5:30 PM, October 23, 2020)
- [The Impact of COVID-19 on Children with Special Healthcare Needs](#) (4:00-5:00 PM, October 29, 2020)

NEW! Personal Protective Equipment (PPE) Preservation Planning Toolkit

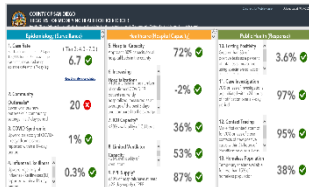
[This toolkit](#) was developed by the COVID-19 Healthcare Resilience Working Group and includes links to [a guide](#) and an [Excel spreadsheet](#) that can help users understand types of PPE preservation strategies and calculate how using those strategies can increase the duration of a specified PPE supply.

Additional highlights new resources, upcoming webinars, and other updates can be accessed on ASPR's [Novel Coronavirus Resources Page](#) and CDC's [Coronavirus webpage](#).



COVID-19 Positive Recovery Stipend Program

The County of San Diego will provide a **stipend of \$1,000**, in the form of a paper check, for employed individuals who are confirmed COVID-19 positive and **not otherwise eligible for paid time-off or State unemployment benefits**. This one-time stipend will provide assistance to those who should stay home during the required isolation period. For eligibility requirements, additional information, and email contact please [click here](#).



REMINDER to check the County Triggers Dashboard for the Testing Positivity Rate

The frequency of routine testing of skilled nursing facility staff depends on the San Diego County Positivity Rate. Please click the link below to access the **COVID-19 Testing Positivity Rate**.

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



COVID-19 Holiday Guidance

COVID-19 Considerations for the upcoming holiday season:

[County of San Diego Halloween Guidance](#): To minimize the spread of COVID-19 and ensure children have a fun, safe Halloween, the County of San Diego offers guidance for

the most common activities to protect you and your loved ones. **Please see attached PDF** titled, "Halloween Guidelines 10.15.20".

[CDPH Guidance for Safer Halloween and Día de los Muertos Celebrations](#): This guidance outlines safer alternatives to celebrate during the COVID-19 pandemic.

[CDC Guidance for Celebrating Holidays](#): The CDC provides considerations to help protect individuals, their families, friends, and communities from COVID-19 for the holidays.



Questions about voting in the upcoming election? Check out the County of San Diego Registrar of Voters webpage at [SDVOTE.COM](https://sdvote.com) or call 858-565-5800. Please note the [Accessible Voting](#) and [Where's My Ballot](#) links.



San Diego County Public Health Order

The latest updates to the local Public Health Order include additional key items such as a revision to item #2, private gatherings (effective October 10, 2020). [Read the latest order.](#)



Upcoming Telebriefings



**Friday, October 23
at 4:00pm**

Telebriefing for **Long-Term Care and Residential Care Facilities with *Special Guest*, Simon Jacob**, Licensing Program Manager with the State of California San Diego Adult and Senior Care Regional Office, Department of Social Services, Community Care Licensing Division.

WHEN: Friday, October 23, 2020, at 4:00 p.m.

Please [pre-submit your questions in advance here](#). Participants will have the opportunity to ask questions during the call through the online chat feature on the Zoom platform.

Join the telebriefing at the specified time and date using one of the options below:

- Option 1 | Computer (preferred):
 - Click on the following link <https://zoom.us/j/218631109>
 - Meeting ID: 218 631 109

- If you have any difficulties accessing the participant link, please use option 2.
- Option 2 | Phone:
 - Dial-In Number: 1 (669) 900-6833 or 1 (346) 248-7799
 - Meeting ID: 218 631 109.

[Visit the Long-Term Care and Residential Care Facilities Sector Support webpage to learn more.](#)



Telebriefing for **Older Adult and Disability Service Providers**

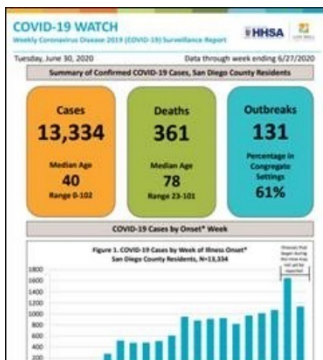
WHEN: Friday, November 20, 2020, at 4:00 p.m.

**Friday, November 20
at 4:00pm**

Click [here](#) to learn more about the telebriefing, [submit questions](#) before each telebriefing, and visit the **Older Adult and Disability Service Providers** sector support [webpage](#).



Ongoing Programs, Services, and Resources



County of San Diego COVID-19 Dashboard and Weekly “COVID-19 Watch” Report

The County of San Diego publishes a weekly surveillance report on the coronavirus-sd.com website called “COVID-19 Watch”.

[Click here to review the report.](#)

Visualize and track data real time on the interactive web-based dashboard developed by the County of San Diego Epidemiology and Immunization Services Branch.

[See the dashboard here.](#)



San Diego County Emergency Site

Please see below for some resources to stay informed about and prepare for fires and other disasters in San Diego County:

- For fire, disaster information updates, and the County of San Diego Emergency Map, visit www.sdcountyemergency.com
- To prepare for, plan for, and stay informed on disasters in San Diego County, visit www.ReadySanDiego.org
- Download the **SDEmergencyApp**, a no-cost mobile application available to download for iOS and Android devices. To learn more, click [here](#)
- Register [here](#) with **AlertSanDiego** to get emergency notifications, like evacuation orders and warnings, on your cell phone during a disaster in your area. (Listed and unlisted landlines are already included in this system and do not need to be registered)



- [COVID-19 in Nursing Homes and Long-Term Care Facilities](#)
- [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes](#)
- [Printable Algorithm](#) for considerations for testing asymptomatic and symptomatic residents or HCP.
- [Guidelines on Masks, How to Select, Wear, and Clean Your Mask](#)
- [Guidelines for Group Homes for Individuals with Disabilities](#)
- [Guidelines for Direct Service Providers of Individuals with Disabilities](#)
- [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)

For general information about COVID-19 from the CDC, please visit www.cdc.gov/coronavirus.



211 San Diego

For health or testing related questions, contact your healthcare provider. For general questions about COVID-19, information about community resources, or if you are uninsured, call **2-1-1 San Diego**.

[Click here](#) for free COVID-19 testing information.



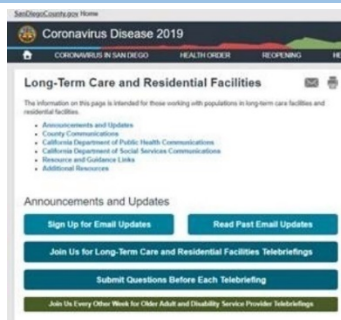
General COVID-19 Information from Federal and State Organizations

- [Centers for Disease Control and Prevention – COVID-19](#)
- [California Department of Public Health, Immunization Branch – COVID-19](#)
- [California Department of Social Services – COVID 19](#)



COVID-19 Downloadable Resources and Materials for Your Facility

[Find FAQs, posters, videos, and other materials.](#)



Recent Email Updates from the County of San Diego Long-Term Care and Residential Care Sector

- [October 15, 2020 Update](#)
- [October 8, 2020 Update](#)
- [October 1, 2020 Update](#)

[Click here to browse all past email updates.](#)



Stay Connected



For questions related to long-term care and residential care facilities, please email: COVID-LTC@sdcounty.ca.gov.



Get the latest information about what's happening across the county with COVID-19.



Text **COSD COVID-19** to **468-311**

to get text alert updates from the County of San Diego.





**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Calls
October 14 - 15, 2020**

The October 14th webinar recording and handouts can be found at <https://www.hsag.com/cdph-ip-webinars>. The presentation covered the following updates:

- Testing Taskforce:
 - The BinaxNOW tests do not require a machine to run them. They only need the card, the swab and the dropper of reagent. See videos for training at the [NAVICA and BinaxNOW COVID-19 Ag Card Training Site](#)
- Visitation Guidance—Two AFLs will be distributed soon
- Guidance on Submitting COVID-19 Plans of Correction on Risk & Safety Solutions (RSS)

The CDPH Strategy for SNFs: Infection Prevention Education website has information about these calls at: <https://www.cdph.ca.gov/Programs/CHCQ/Pages/SNFeducation.aspx>

Questions & Answers:

Q: We can't find documentation from the CDC supporting the requirement to universally close the doors to resident rooms to prevent the spread of COVID-19. Closing the doors seems cruel, unsafe and isolating. Can this requirement be revisited?

A: CDC's general COVID-19 guidance [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic](#) discusses airborne transmission precautions, which includes keeping the doors closed except when entering or leaving the room. This information is applicable to all healthcare settings, including SNFs. These guidelines can be modified to facilitate safe resident care. If a resident is a high fall risk due to physical or mental challenges, the following methods can be used to safely provide care with the door open for observation:

- The resident should be at least six feet away from the open door.
- Fans or other ventilation devices should not be blowing air out of the resident's room.
- Health care workers (HCWs) should wear full PPE when caring for the PUI resident.
- If able, the resident can wear a cloth mask in the room.
- Any aerosol generating procedures should take place in an airborne infection isolation room (AIIR), or with the door closed to the resident's room, [per CDC guidelines](#).

The CDC guidelines for [Memory Care Units](#) offer additional suggestions that may help settle disoriented residents that require regular observation. Here is a copy of the new sign [CDC published for \(COVID-19\) Airborne Precautions](#). You will note it shows a closed door, not an Airborne Infection Isolation Room (AIIR).

Q: Per CDPH AFL 20-74, all residents on the unit or wing where a case was identified in a resident or healthcare personnel (HCP) are considered exposed. If we have only one speech therapist in the building who sees residents daily across the green, yellow and red cohorts and she turns positive, will ALL the residents in the facility be considered exposed and considered PUI?

A: Essentially yes, however the residents in the COVID-19 positive red zone would not be considered to have a new exposure in this scenario. COVID-19 recovered residents who are in the green zone also would not be considered to have a new exposure (if less than 90 days). Any other residents in green or yellow zones might represent a new and more recent exposure, so would require the necessary protocols to be followed. Response testing would need to include all those residents. If the exposure was in the yellow zone, the 14 days would start all over again for those residents because they were exposed.

Q: Per CDPH AFL 20-53.3 Testing and quarantine are not required for hospitalized residents that tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to SNF admission or readmission. Does this mean we can admit these residents straight to the green zone?

A: Yes, if you have documentation that the individual went through the entire incubation period, 10 days from symptoms or COVID-19 positive test, then they can proceed to the green zone. No additional testing should be done for that new admission.

Q: Could you explain the information about Cycle Threshold (Ct) values relative to former positive people testing positive again before or after 90 days?

A: PCR test results used to diagnose SARS-CoV-2 are generally reported as either positive or negative. However, the test also provides a measure of the viral load in the sample, which is called the Ct value. A higher Ct value is indicative that the amount of virus that the test picked up is very small, and could potentially be a false positive, or a weak positive test result. PCR tests should be valued as a qualitative test values and not a quantitative test. Facilities can take results on a case by case basis to make practical determination on what to do and how to manage the situation if a previous COVID-19 positive HCW or resident is now testing positive again. Working with local public health department, you may want to consider the Ct value if there are no other cases in the facility, and no outbreaks have occurred even though the patient is testing positive again. If there are other COVID-19 positive cases within the facility, then the Ct value does not matter. CDPH's HAI program and your local health dept can help with these trickier situations.

Q: Will SNFs be receiving flu test kits?

A: Many commercial laboratories are developing and getting approval for multiplex testing where both the flu and COVID-19 can be detected. In addition, the state laboratory is also researching multiplex testing that could be available to SNFs. Lastly, the CDC also developed this test and has distributed to the states, which CDPH has distributed to labs. Facilities should check with local health departments to see how they can access that resource. POC testing instruments will also have influenza POC tests and a multiplex test. More information and clarity on these tests will come soon. These would be useful for immediate POC tests on symptomatic individuals. But the POC antigen tests are less sensitive, therefore a negative result for either COVID or influenza stills need to be followed up with confirmatory PCR test.

Q: If a resident tests negative for both COVID-19 and flu, can we remove transmission-based precautions?

A: It depends. If the resident has symptoms, then yes, transmission-based precautions need to be continued until the diagnosis is clarified. There could be a respiratory pathogen that is not COVID-19 or flu. If the facility is having an outbreak, and it's not COVID-19 or flu, contact your local public health department to consider getting access to a broader panel to test for other respiratory illnesses.

Q: If a resident tests positive for flu, do we continue transmission-based precautions?

A: For residents, yes, you will need to continue transmission-based precautions if the resident tests positive for flu. Transmission-based precautions for residents with the flu only is droplet precautions, which includes a surgical mask, which staff are using already for source control. The complications come in when you must consider the COVID-19 status of the resident. For example, if a COVID-19 positive resident in the red zone tests positive for the flu, HCWs will already be using the highest level of transmission-based precautions in the red zone. If resident is in the yellow zone and tests positive for flu, transmission-based precautions will also be used because the resident is at risk for COVID-19 as well.

Q: Do employees need to be tested regularly for the flu?

A: No, we are not recommending regular screening or response testing for influenza at this time for HCWs. Influenza testing should be done only on symptomatic residents and staff. We recommend symptomatic individuals get tested for both COVID-19 and flu.

Q: If an employee is negative for COVID-19, but has signs and symptoms of the flu, do they need to be off for 10 days?

A: In this situation, you would have the employee take time off based on their symptoms and consider testing the person for influenza.

Q: Are hospitals still required to offer and administer the flu vaccine per JCAHO? When patients are transferred to our SNF from the hospital, we do not usually see evidence in the records that the flu vaccine was given.

A: In general, we are encouraging hospitals to offer the flu vaccination. We are still waiting on CDC guidance on what hospitals should be doing and how to offer influenza vaccines to hospitalized individuals. During the Tuesday CDPH All Facilities Call, CDPH can emphasize the importance to notify SNFs of patient vaccination status before the transfer occurs.

Q: We recommend that CDPH make it a mandate (rather than a suggestion) for outside HCWs coming to the facility to sign an attestation to show that they have been tested weekly before they can enter the facility. If they refuse to sign, then they should not be allowed to enter. Many of our physicians are refusing to get tested, putting our residents at risk. Tracking outside providers and keeping up with the signing of forms, attestations may cumbersome, but we need to do this to keep our residents safe. Do you have other suggestions on how to deal with outside providers?

A: We appreciate the desire for CDPH to have more mandates and requirements, but in order to mandate something, it needs to be based off a current statute or authority. We can take this comment back to see if further guidance can be given. In these scenarios, it is important to defer back to facility-specific policies and protocols to address these problems. Facilities can make it a mandate in their protocols that all outside HCWs attest to weekly testing. If a physician or outside HCW or vendor is not following the protocol, then the facility can refuse entrance. CALTCM agrees that the safety of the residents and staff must come first and that anyone entering a facility represents a transmission risk. CALTCM stands firm that outside HCWs need to be tested weekly. It is ultimately up to the facilities on how they get the test documentation and attestation done. When testing is available, it is unconscionable to flout the weekly testing recommendations. Facilities can refer their physicians to CALTCM for more information at info@caltcm.org.

Q: Can you confirm how often outside vendors need to be tested, and what proof do facilities need to show surveyors?

A: Outside vendors need to be tested weekly. Surveyors are asking for documentation to prove that all staff on payroll are being tested.

Q: Are we responsible for testing our resident's personal caregiver; or does the caregiver need to be tested on her own?

A: The facility is not responsible for this.

Q: If pharmacy staff deliver medication to our SNF, do they need to show proof they were tested? They do not interact with residents--they just drop it off and leave.

A: If they do not in fact interact with any residents, testing is not needed. Ultimately it is up to the facility to ensure there is no interaction and that testing is not needed. For example, is the pharmacy just dropping off the medication similar to a UPS driver dropping off packages. If yes, this is a very low risk situation and testing is not needed.

Q: Our current health officer order in our local county has provision that only allows for "Limited OUTDOOR Visitation." I discussed with the LHD about CMS/CDPH criteria for in-room visitation and our facility has met the criteria. The LHD said that in room visitation is still not allowed while health officer order is still in effect. Are we to resume indoor visitation despite going against our Local Health department's officer order?

A: We are working with public health officers in a collaborative manner to get their guidance in advance to hopefully provide more clarity in the soon-to-be released visitation AFL. Not every county public health department will be the same because each county is uniquely different, but we hope the state guidance will address most of these questions and better align with CMS and the local health departments. Ultimately, facilities should follow the agency with the stricter guidance if there is conflicting information. If your local department is stricter than the state, than you need to follow their requirements. This also relates to the voting guidance that CDPH issued in [AFL 20-78](#). If your county has stricter guidelines, then you need to work with your local health department to ensure there is a way for your residents to exercise their rights to vote.

Q: Can families bring outside food for the resident during their visit? If so, can the resident consume the food during the visit with the family member?

A: Yes, but be sure proper precautions are followed.

Q: Will the facility have the discretion to revoke this in-person visitation inside the facility if a specific designated person is found to be non-compliant with face coverings or walking around in other areas?

A: If a facility has a reasonable safety concern, the facility is justified in restricting this person.

Q: Can visitors visit the resident in the resident's room?

A: This depends on if the resident has a roommate. If they do, then the visit should occur in another space.

Q: We had had a visitor that ended up being COVID-19 positive after visiting their loved one in the facility. Besides 10 day of self-isolating for this positive individual and considering those residents in the room where the visit occurred as PUIs, what type of clearance is needed to allow the visitor to return to the facility?

A: At a minimum, the person could not re-enter 10 days from the positive test. This timeframe could be up to 20 if their immune system is severely compromised.

Q: Can visitors visit their loved ones in red and yellow zones? Residents in the Red Zone are arguably more in need of visitors than those in the Green Zone.

A: The anticipated AFL will provide considerations for this. Regarding residents in the red zone, note that compassionate care visits are acceptable in the red zone. Facilities need to think through PPE required for visitors beyond regular face masks used for source control. Visitors that are high risk also need to be cautious about visiting yellow and red zones to avoid complications if they were to become COVID-19 positive. Certainly, in compassionate care situations, flexibility is important. It would be good to consider the use of N95s for higher risk visitors and get a seal check. Have your medical director or administrator talk to high risk visitors so they understand the potential for exposure.

Q: As discussed over the last few months, CalOSHA guidelines DO NOT allow for reuse of N95s, even if you decontaminate them. That was only allowed before when there was a shortage. One of the attendees last week asked a hypothetical question saying, if there was a shortage, do we have to use a company like Battelle to decontaminate the N95s or can we store them long enough, like in a paper bag, to allow the virus to deactivate on its own so the N95s can be reused if needed.

A: CalOSHA's response: N95 respirators in good condition that were properly stored, not used for seven days or greater, and were returned to the original user would be available for use without decontamination (like Battelle) if a critical shortage were to arise in the future. However, currently, Cal/OSHA guidelines do not allow for reuse with or without decontamination.

RSS Questions & Answers

Q: Only our administrator was registered for the RSS program. How can we add other persons? Is there a link to access?

A: You can email your DO to request access for additional users, up to a total of 3 users per facility. Surveyors have also been trained to verify that the right facility contacts are in the system each time they enter to start a survey using RSS. Surveyors have the ability update facility user information on the spot using the app. If they are unable to do so onsite, they are able to contact the DO for assistance.

Q: We had a Mitigation Survey on 09/16/2020 and it was not in RSS. When will they start putting it in RSS?

A: All DO's have been able to conduct COVID Mitigation surveys using the RSS tool since early September. Surveyors have been trained to always enter their survey results into RSS, even if they experience technical difficulties while on site and have to revert to paper.

Q: What is the difference between RSS and ASPEN ePOC?

A: ePOC is the federal system for submitting federal Plans of Correction. RSS is a state system that is currently only being used to conduct COVID Mitigation surveys in SNFs and NFs, but will be expanded to other survey types and facility types over time. Plans of Correction for COVID Mitigation Surveys must be submitted through the RSS program.

Q: Will ICF/IIDs - N, and H be receiving these types of surveys and RSS documents?

A: RSS is currently only being used to conduct COVID Mitigation surveys in SNFs and NFs, but will be expanded to other survey types and facility types over time.

Q: I have been trying all day to figure this out. There is no statement of deficiency, should it be in the PUBLIC COMMENTS line? mine are blank so I do not know what to address??

A: The survey inspection report that facilities receive through RSS is the Statement of Deficiencies. This is replacing the 2567 for COVID Mitigation Surveys. It contains the Initial Comments (000 Tag) and if there are deficiencies, the Plan of Correction Cover Letter. The deficiencies are detailed below the regulation or Mitigation Survey question with the violation and are marked in red.

Q: Do we need to have RSS set up if we don't have any deficiencies during COVID-19 Mitigation Surveys?

A: Yes. It is still necessary to enroll in RSS in order to receive the Statement of Deficiencies.

Q: There is no cover letter or directions in mine, so maybe we need to train surveyors?

A: Surveyors have been trained to include the POC Cover Letter, but we will reinforce this message.

Q: Currently, all surveys and investigations are reported through ASPEN/ePOC. The compliance history for both state and federal actions appear in Cal Health Find. With separate, parallel system, how will a consolidated picture of a facility profile be achieved?

A: CDPH will continue to fulfill all federal reporting requirements while also utilizing the RSS system. Ultimately RSS will be a place where CDPH and facilities will be able to access compliance history and past surveys for a variety of survey types. However, CDPH has also set up a process to automatically transfer survey data from RSS to ASPEN using Robotic Process Automation. Every survey conducted in RSS will still generate a 2567 in ASPEN that is posted to CalHealthFind. However, for COVID Mitigation Surveys, CDPH will not mail the form 2567 and facilities should instead download a copy of the RSS Statement of Deficiencies to post.

Q: Will RSS apply to ICF IID facilities?

A: CDPH plans to deploy RSS for all facility types starting with SNFs and GACHs.

Q: How do facility make an appeal for the deficiency?

A: The appeal process has not changed. Please continue to follow the existing process.

Q: Is it required to submit proof of the POC tasks, such as in-services given or an invoice?

A: When submitting a POC through RSS, you have the ability to attach supporting documentation. Please continue to follow the instructions for what to include in a POC outlined in the POC Cover Letter.

Q: Do you write the POC as you do on a regular 2567 with all the bullets?

A: Please continue to follow the instructions for what to include in a POC outlined in the POC Cover Letter.

Q: How will corporate users get access to all facilities they oversee?

A: Corporate users can contact the DO(s) that oversee each facility to which they need access. Please note that each facility can only enroll up to three users, so in order to ensure adequate coverage on site, corporate users should not take up more than one user slot. Please also ensure that the onsite facility users are aware of the name and email address of the corporate user. Each time a surveyor enters the facility for an RSS survey, they will verify that the correct facility contacts are in the system. Coordinating with the onsite users will prevent corporate users from

being inadvertently removed. The DO will verify with CAB that the person requesting access is authorized and the DO will approve or deny access as appropriate. Once a corporate user has access, they will be able to see the surveys for all facilities to which they have access. Please note that there is not an analytics section of RSS for the facility side.

Q: The new RSS is a vast improvement over ASPEN web, which was a huge improvement over cutting and pasting. It's nice to be able to see the regulatory citation as well as all the possible tags that could have been cited

A: Thank you! We think the system will make the role of both the facility and CDPH faster and less cumbersome.

Q: How many days do you have to do the POC?

A: The deadlines will stay the same as they currently are. For COVID Mitigation Surveys, the system automatically populates a 10-day deadline from the day CDPH sends the Statement of Deficiencies to the facility via system-generated email. Facility users will receive automatic reminders five days before a POC becomes due and daily reminders once the POC is past due.

Q: If there are no deficiencies noted, is there any action that is required to acknowledge the receipt of the survey report in RSS?

A: No. In this case the survey automatically moves into “Done” status and no further action is needed.

Q: Will RSS be used for LSC/EP surveys, too?

A: Yes, eventually these surveys will be conducted through RSS although currently it is only used for COVID Mitigation Surveys in SNFs and NFs.

Q: Where will we get the full 2567 we can print for mandatory posting within the facility?

A: Please print and post the Statement of Deficiencies that you received through RSS. The federal form 2567 is not being used for state COVID Mitigation Surveys.

Q: Is a survey pathway i.e. something similar to the Critical Element pathways for CMS surveys and be available in the RSS site for facilities to be aware when a deficiency is likely to be given?

A: RSS is used primarily for the surveyors to capture their observations while on site, document their findings, submit the Statement of Deficiencies to the facility, and review POC's. It does not guide the surveyor through the survey process. CDPH is not changing the way surveyors use the Critical Element Pathways or conduct the investigative process.

Q: Was there consideration about the timing of starting this new way of submitting POC?

A: CDPH has been planning to make more of its survey work paperless for some time and had already started the process of reviewing vendors who could provide this service. When COVID hit, this project became even more important because CDPH needs access to real time COVID compliance data and to reduce the time that surveyors spend on activities that do not add value, such as copying and pasting survey data between systems.

Q: Will the RSS become a one-stop shopping site with the daily SNF polling folded into it?

A: The daily polling will not be done through RSS, but RSS will become a one stop shop where facilities can view their current and past surveys. CDPH is not uploading past surveys into RSS, but as more surveys are completed using the system they will remain available for facility users to view, download, and print.

Q: How can we change the user in RSS if there has been a change in personnel at the facility?

A: Please contact your DO to alert them of the change. Please include the full name and email address of both the old and new users.

Q: May users opt out of RSS? Paper-based systems have better compliance.

A: There is not an option to opt out of using RSS. It is critical for facility users to use RSS to view their Statements of Deficiency and to submit POC's on time.

Q: Where do we go to login?

A: <https://hc.riskandsafety.com/>

Q: I have the account set up already however when I tried to view inspection and it said, "No report matches my search." Could that be because it is not posted?

A: There will be nothing to view until CDPH has sent you the results of the first survey conducted in your facility using the RSS app.

Q: Are these email messages how communications from RSS will be displayed? I ask because the samples given look like spam and/or cyber-phishing.

A: Yes, facilities will receive email alerts when CDPH sends a Statement of Deficiency, when a POC is rejected, and when all POC's have been accepted. It will be important to check your Spam when you expect a survey report from CDPH and to set RSS as a trusted site.

Q: Question received from a local DPH re RSS: will the local DPH have access to look at all facilities reports?

A: No, LHJ's will not have access to the system.

Q: Is ASPEN being discontinued?

A: ASPEN is not being discontinued. CDPH will continue to submit all required reporting to ASPEN.

Q: Can the 2567 be printed out as we are required to post in facility?

A: Please print the RSS Statement of Deficiencies and post. The federal form 2567 is not being used for the state COVID Mitigation Surveys.

Q: How do you know if the deficiency is a D or E?

A: State Mitigation Plan survey findings do not include scope and severity.

COVID-19: PLANNING FOR THE INFLUENZA SEASON AMIDST THE PANDEMIC



**California Department of Social Services
Community Care Licensing Division
Adult and Senior Care Program**

Wednesday, October 21, 2020 1pm-3pm



**KIM JOHNSON
DIRECTOR**

Presenters

Pam Dickfoss, MPPA

Deputy Director
Community Care Licensing

Vicki Smith, PhD

Program Administrator
Community Care Licensing

John Allen, RN

Principal
Allen Flores Consulting Group

Lily Horng, MD, MPH

Public Health Medical Officer
California Department of Public Health

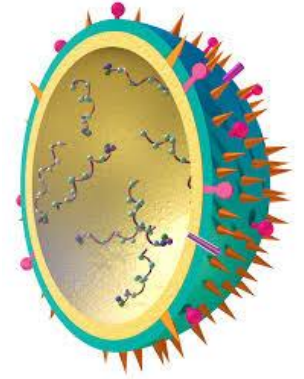
Louise Aronson, MD, MFA

Professor, Division of Geriatrics
University of California, San Francisco

Objectives

- Recognize the similarities in signs and symptoms of Influenza and Covid-19
 - Testing when signs/symptoms observed
- Develop an influenza vaccination plans for facility staff and residents
 - Education and access to the vaccine
- Develop strategies to encourage staff and residents to get the flu vaccine
- Convey current outreach, education and available resources
- Provide best practices to minimize spread of infection

Flu Signs and Symptoms



ADULTS

- sudden onset (different than a cold)
- fever/chills (common, not necessary)
- cough (new or changed)
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- vomiting & diarrhea (more common in children)

ELDERS

- same as adults or
- weakness
- dizziness or lightheaded with standing
- loss of appetite
- confusion or worse-than-usual mental function
- malaise ("not themselves" unwell)
- worsening of asthma, COPD, or heart failure

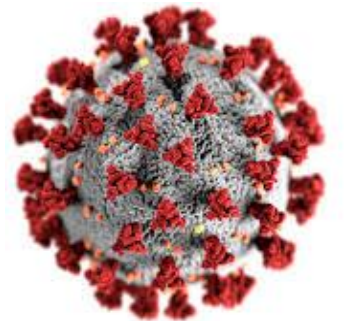
Covid-19 Signs and Symptoms

ADULTS

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

ELDERS

- “seems off” “not themselves” “funny”
- not eating
- lethargy, sleepiness
- apathy
- confusion, new or increased
- hypotension, dizziness, syncope
- falls
- failure to thrive
- nausea, diarrhea



Transmission, Incubation and Contagiousness

Feature	Flu	COVID-19	Other respiratory viruses that can also cause Pneumonia
Transmission	<p>Respiratory droplets are most common way of spreading.</p> <p>Contact with objects is less common way of spreading.</p>	<p>Respiratory droplets and aerosols* are most common way of spreading.</p> <p>Contact with objects is less common way of spreading.</p>	<p>Respiratory droplets are most common way of spreading.</p> <p>Contact with objects is less common way of spreading</p>
Incubations time , time between exposure to virus and first symptoms	Range 1-4 days	Usually 5 days, range 2-14 days	Range 2-14 days
Period of contagiousness , when a person can infect other people	1 day before symptoms start until 7 days after becoming sick	<p>2 days before symptoms start until 10 days after becoming sick</p> <p>People with no symptoms can also be contagious: up to 40% of people infected with COVID-19 have no symptoms (asymptomatic).</p>	Range of days to weeks depending on the virus

What is the Difference? Flu vs Covid-19



NOTE: Many of the symptoms are the same. The best way to tell is to TEST for both viruses. Also, a person can have both flu and Covid-19.

The following are differences between the two viruses:

- Covid-19 spreads more easily, causes more serious illness, and kills more people
- Flu can be prevented or made much less severe by a vaccine, Covid-19 cannot
- Early treatment can help limit illness from the flu
- Because people with Covid-19 can be asymptomatic or take days or weeks to show symptoms, people are contagious for longer or without realizing they are infected
- Covid-19 has more “superspreader” potential
- Longer illness and long-term harms and complications are more common with Covid-19

Isolation and Quarantine (Flu)

- If a resident has symptoms or a positive test (with or without symptoms), they must be in I & Q
 - In their room 24/7
 - Unless you have enough positives to cohort in a multi-person room or hallway
- For infected people, isolation should continue until
 - 24 hours after the end of fever and respiratory symptoms, OR
 - 7 days after the illness began
 - Whichever is LONGER
 - The same isolation precautions should be used in people with flu returning from the hospital or SNF

- If a resident has symptoms, they must be quarantined and tested
- Covid+ residents must remain in isolation until ALL the following conditions are met:
 - 24 hours after the end of fever and use of fever-lowering medications
 - Symptoms are clearly improving
 - 10 or more days have passed since symptoms started

OR they are cleared by the local health department (any concerns or they have a compromised immune system)

The same rules apply to residents returning from hospital or SNF where Isolation may have been completed (if in doubt, ask for help!)

Isolation and Quarantine (Covid-19)

Preventative Measures



- **Annual Flu Vaccine**

The first and most important step in preventing the flu is for persons in care, facility staff, and volunteers to get a flu vaccination each year. During the COVID-19 pandemic, getting a flu vaccine will be more important than ever. The flu vaccine prevents millions of illnesses and thousands of deaths each year in the United States. The CDC recommends that all people age 6 months and older get a yearly flu vaccine.

- **Pneumonia Vaccination**

For individuals who are 65 years of age or older or have other high-risk conditions, getting the pneumococcal vaccine (also known as the pneumonia shot) will reduce the risk of bacterial pneumonia complicating a viral respiratory infection. For more information about pneumococcal vaccine, visit the CDC.

Note: Some people will develop complications, such as pneumonia, as a result of the flu, COVID-19, other respiratory viruses, or bacteria. Pneumonia is an infection of the lungs that can cause mild to severe illness.

Vaccination Plans



Staff and Residents



**Make vaccines readily available -
work with your local pharmacies to
assist.**



Get vaccinated NOW!



**Get the flu vaccine before the COVID
vaccine.**

Facility Staff/Clients Who Choose to not Vaccinate

- Education, education, education!
- Follow county health department guidance.
- Utilize masks while in the community.
- Develop a clear policy.



The Flu Vaccine: FACTS!

- ✓ Fact: The Flu Vaccination Will Not Cause the Flu!
- ✓ Fact: If you get the flu vaccine, you are about 60% less likely to need treatment for the flu!
- ✓ Fact: People should get a flu shot as soon as they are available because it takes approximately two (2) weeks for the antibodies to develop!
- ✓ Fact: Getting the flu shot provides benefits such as the potential to reduce illness and prevent time lost from work!



Reporting Requirements



- Early detection of a flu or COVID-19 outbreak is imperative in controlling its transmission. Per CDC an outbreak should be *suspected* when there are 2 or more residents with onset of flu-like illness within 72 hours of each other. Flu-like illness is a fever plus a cough and/or a sore throat. A flu outbreak is *confirmed* when there are 2 or more residents with onset of flu-like illness within 72 hours of each other and at least 1 resident has laboratory-confirmed flu.
- Please contact your local health department immediately if you have someone with a confirmed case of COVID-19 in your facility or suspect an outbreak of a respiratory illness in your facility.
- In addition, adult care facility licensees are required to report a suspected or confirmed epidemic outbreak (including influenza epidemic outbreak) to the local Adult and Senior Care Regional Office, and the resident's authorized representative, as required by applicable regulations (***California Code of Regulations, Title 22, section 80061(b)(1)(H) and Title 22, section 81061(b)(1)(G)***).
- Senior care facility licensees are required to report a suspected or confirmed outbreak (including influenza epidemic outbreak) to the local Adult and Senior Care Regional Office, and the resident's authorized representative, as required by applicable regulations (***California Code of Regulations, Title 22, section 87211(a)(2)***).

Flu Outreach and Education

Guess who?
needs a Flu Vaccine



- Getting a flu vaccine is important to protect yourself, your loved ones, and your community.
- Flu vaccine is safe and does not cause flu illness.
- Flu vaccination lowers the chances that people will end up in the hospital if they catch the flu.
- Flu vaccines decrease flu illnesses and hospitalizations which can save limited medical resources to care for people with COVID-19.
- You can get the flu vaccine at a doctor's office, pharmacy, or local health department clinic. Visit [vaccinefinder.org](https://www.vaccinefinder.org) for a nearby place for vaccine.

High-Priority Groups for Flu Vaccines

- ***Essential workers***
- ***People at higher risk for severe illness from COVID-19***
 - adults ≥ 65 years
 - residents in nursing homes and care homes
 - people with chronic medical conditions
 - racial/ethnic groups disproportionately impacted by COVID-19
- ***People at higher risk for flu complications***
 - infants and young children; children with neurologic conditions
 - pregnant women
 - adults ≥ 65 years
 - people with chronic medical conditions

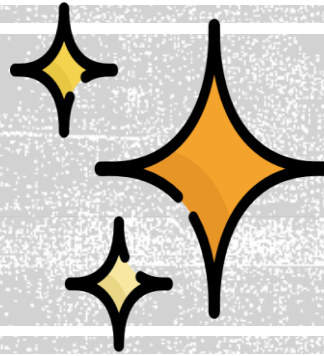


Resources

- **CDC flu resources**
 - <https://www.cdc.gov/flu/resource-center/index.htm>
 - <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>
 - <https://www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm>
- **Media/communication resources**
 - <https://www.cdc.gov/flu/resource-center/freeresources/print/print-healthcare.htm>
 - <https://www.immunizeca.org/DontWaitVaccinate/>
 - <https://eziz.org/resources/flu-promo-materials>



Best Practices



- *Face Coverings:* Facility staff should wear a facemask (e.g., surgical or procedure mask) at all times while they are in the facility. If facemasks are not readily available, cloth face coverings can be used by staff to prevent the spread of respiratory diseases but facemasks are preferred.
- *Hand washing and gloves:* Actively promote adherence to hand hygiene among facility staff, persons in care, and visitors including the use of gloves as recommended by the CDC.
- *Respiratory Hygiene and Cough Etiquette:* During flu season, post visual reminders asking persons in care and facility staff to practice respiratory hygiene and cough etiquette and report symptoms of respiratory illness to a designated person. **Visitors should not come into the facility if they have symptoms of respiratory illness.**
- *Visitor Precautions and Restrictions:* Post signs notifying visitors that if they have fever, respiratory symptoms or symptoms consistent with flu or COVID-19, they should immediately inform the facility.

Best Practices cont.

- *Linens and Clothing:* Put linens soiled with respiratory secretions, contaminated tissues, vomit, or fecal matter in a plastic bag before taking them to the laundry room. Do not shake dirty laundry in order to avoid shaking virus droplets into the air. Encourage facility staff responsible for laundry to wear gloves, a mask, and a disposable gown (or to change their clothes) when physical contact with soiled linens is necessary.
- *Staff Leave and Screening:* Staff with a fever of 100°F or higher, respiratory symptoms, or symptoms consistent with flu or COVID-19 should not work and should immediately report to their supervisor.
- *Cleanliness of Facility:* Perform routine cleaning and disinfection of frequently touched surfaces and equipment. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, and kitchen food preparation surfaces.

Additional Resources

- CCLD Resources

[PIN 20-34-ASC: INFLUENZA OR “FLU”, NOVEL CORONAVIRUS DISEASE 2019 \(COVID-19\), AND PNEUMONIA IN ADULT AND SENIOR CARE RESIDENTIAL FACILITIES](#)

[PIN 20-23-ASC: UPDATED GUIDANCE ON CORONAVIRUS DISEASE](#)

[PIN: 20-14-ASC: GUIDANCE FOR SANITIZING LAUNDRY AND A LIMITED WAIVER OF HOT WATER TEMPERATURE LIMITS IN CARE FACILITIES](#)

[INFECTION PREVENTION: FOSTERING A ROBUST FRAMEWORK IN FACILITIES](#)

[List of Adult and Senior Care Regional Offices](#)

QUESTIONS

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

Frequently Asked Questions (FAQs)

1. Can our facility obtain COVID-19 vaccine through our usual pharmacy and administer it ourselves like we do for influenza vaccine?

Yes, however, most of the COVID-19 vaccines currently in late-stage testing have stricter cold chain requirements than seasonal influenza vaccine, including requirements for some vaccines to be frozen. Additionally, each vaccine has different mixing requirements for administration and minimal interval requirements for a second dose, if indicated. Reporting requirements for COVID-19 vaccines will also be stricter than those for seasonal influenza vaccine. Anyone who administers COVID-19 vaccine is required to enroll as a vaccination provider and report individual-level administration data to the appropriate state, territorial, local, or federal jurisdiction once the vaccine has been administered. For facilities opting into the pharmacy partnership program, the pharmacy partner would be responsible for procuring vaccine, cold chain management, administration to residents (and staff who have not yet been vaccinated), and fulfillment of all reporting requirements to public health authorities on behalf of the facility.

2. How do I sign up for the Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination?

Nursing homes can sign up via the National Healthcare Safety Network (NHSN; <https://www.cdc.gov/nhsn/index.html>) and assisted living facilities can sign up via an online survey (<https://redcap.link/LTCF>) starting October 19 and remaining open for two weeks.

3. Why are facilities being asked to consider the LTC pharmacy partnership program for vaccination of LTCF residents?

CDC is partnering with pharmacies to offer on-site COVID-19 vaccination services for nursing homes and assisted living facilities. The Pharmacy Partnership for Long-term Care (LTC) Program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on facilities and jurisdictional health departments.

4. Can staff at my facility get vaccinated via this program?

It is possible that staff will be eligible to receive COVID-19 vaccine earlier than LTCF residents as part of a recommendation for vaccination for healthcare personnel, including those in LTCFs. Any staff member who was not already vaccinated could be vaccinated through these on-site clinics; however, we strongly encourage staff to be vaccinated as soon as they are eligible, which may occur through mobile clinics and clinics run by health departments for healthcare personnel.

5. Our facility has their own pharmacy, are we required to participate in the LTC pharmacy partnership program for vaccine distribution?

No, you are not required to participate in this program. A facility can opt to have vaccine supply and management services coordinated by a pharmacy provider of their choice or opt in at a later time by emailing eocevent494@cdc.gov to sign up if after the online form has closed. If an LTCF opts out of the pharmacy partnership program, the LTCF and the pharmacy provider of their choice are responsible for coordination of and adherence to all vaccine supply chain, storage, handling, administration, and reporting requirements, including strict cold chain and public health reporting requirements.

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

- 6. Can a combination of options be selected? For example, can we have some vaccination services be provided by our own pharmacy provider and some by the pharmacy partnership program.**

Initially, a combination of options will not be possible. We are asking facilities to select a single option to facilitate efficient distribution of vaccine. We expect the pharmacy partnership services to continue on-site at the facility for approximately 2 months.

- 7. How would new LTCF residents be vaccinated?**

After the initial phase of vaccinations, the facility can choose to continue to work with the pharmacy that provided their initial on-site clinics for additional doses or can choose to work with a pharmacy provider of their choice. Depending on vaccine supply, facilities may want to work with local hospitals to ensure residents have received their first dose before being discharged. Similarly, facilities may ask new admissions from the community to get vaccinated before admission.

- 8. What costs are we responsible for if we choose to participate in the pharmacy partnership program?**

There will be no costs to the LTCF for participation in the pharmacy partnership program. It is anticipated that participating pharmacies will bill public and private insurance for the vaccine administration fees.

- 9. If the facility chooses its own pharmacy provider, will that pharmacy provider receive a payment for administering the vaccine?**

Yes, it is anticipated that pharmacy providers will bill public and private insurance for the vaccine administration fees.

- 10. If the facility chooses its own pharmacy provider, what data will the facility or pharmacy have to report?**

To administer COVID-19 vaccine, providers will need to sign a provider agreement, which requires reporting of specific data elements once vaccine has been administered. Required elements are: Administered at location: facility name/ID; administered at location: type; administration address (including county); administration date; CVX (Product); dose number; recipient ID*; vaccination event ID; lot Number: Unit of Use and/or Unit of Sale; MVX (Manufacturer); recipient address*; recipient date of birth*; recipient name*; recipient sex; sending organization; vaccine administering provider suffix; vaccine administering site (on the body); vaccine expiration date; vaccine route of administration; vaccination series complete.

- 11. When is the deadline for choosing to participate in the LTC pharmacy partnership program?**

It is anticipated that the survey will open on October 19, 2020 and remain open for two weeks. During that time, the facility can make a change to their choice of pharmacy provider (e.g., select to participate in the pharmacy partnership program, but later opt out). However, after the form closes, no changes can be made via the National Healthcare Safety Network (NHSN) or the online form and the facility will have to coordinate directly with the pharmacy provider selected to make any changes regarding vaccination supply and services.

- 12. Our facility is not enrolled in NHSN. Do we have to enroll in NHSN to indicate our options for vaccine supply?**

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

A nursing home or skilled nursing facility must be enrolled in the NHSN LTCF COVID-19 module to be able to make a selection of COVID-19 vaccine pharmacy providers. Please follow the enrollment steps here: <https://www.cdc.gov/nhsn/ltc/covid19/enroll.html>. Assisted living facilities wishing to participate should visit <https://redcap.link/LTCF>.

13. Who do we contact if we have problems with our vaccine supply?

For facilities that opt to participate in the pharmacy partnership program, please contact CVS or Walgreens directly if you encounter any issues. For facilities that opt out of the pharmacy partnership program, please contact the pharmacy provider of your choice or your jurisdiction's health department.

14. Is Centers for Medicare and Medicaid Services (CMS) mandating residents to be vaccinated with COVID-19 vaccine?

Not at this time. Please refer to CMS directly for requirements around COVID-19 vaccine in LTCFs.

15. Who should I reach out to if I have additional questions?

For questions specific to the pharmacy partnership program for LTCFs, please contact eocevent494@cdc.gov.

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities once vaccination is recommended for them.

The **Pharmacy Partnership for Long-term Care (LTC) Program** provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on LTC facilities and jurisdictional health departments. The services will be available in rural areas that may not have easily accessible pharmacies. LTCF staff who have not received COVID-19 vaccine can also be vaccinated as part of the program.

As part of this program, which is free of charge to facilities, the pharmacy will:

- Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months will likely be needed to administer both doses of vaccine and vaccinate any new residents and staff.
- Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine.
- Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 72 hours of administering each dose.
- Adhere to all applicable Centers for Medicare & Medicaid (CMS) COVID-19 testing requirements for LTCF staff.

If interested in participating, LTCFs should sign up (or opt out) starting October 19. Sign up will remain open for two weeks.

- Skilled nursing facilities (SNFs) will make their selection through the [National Healthcare Safety Network](#) (NHSN). An “alert” will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
- Assisted living facilities (ALFs) will make their selection via an online [REDcap](https://redcap.link/ltcf) (<https://redcap.link/ltcf>) sign-up form.
- Facilities will indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) they prefer to have on site.
- Online sign-up information will be distributed through ALF and SNF partner communication channels (email, social media, web).
- Indicating interest in participating is non-binding and facilities may change their selection or opt in or out via email after the online survey closes.

Once the sign-up period has closed, no changes can be made via the online form, and the facility must coordinate directly with the selected pharmacy provider to change any requested vaccination supplies and services.

CDC will communicate preferences to CVS and Walgreens and will try to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations and to minimize vaccine wastage.

CDC expects the program services to continue on site at participating facilities for approximately two months. After the initial phase of vaccinations, each facility can choose to continue working with CVS or Walgreens or can work with a pharmacy provider of its choice.

For questions about the Pharmacy Partnership for Long-term Care Program, please contact eocevent494@cdc.gov.