



## Nursing Home Weekly: Recap of LeadingAge Updates

February 12, 2021

**No Coronavirus Update Call on Monday.** Join us on Wednesday, February 17 and Thursday February 18 at 3:30PM.

**Meeting with DPC.** LeadingAge met with the Deputy Director for Health of the White House Domestic Policy Council to discuss the [letter](#) we sent them last week. We had asked for a meeting to talk about the need to learn from the past, including the past year, and take bold steps to lead the nation's nursing homes into the 21<sup>st</sup> century. DPC staff were particularly interested in issues related to diversity and equity (related to both staff and residents) and in which legislative proposals we would support.

**New CDC guidance on quarantine for people who are vaccinated.** CDC issued updated guidance on [quarantine recommendations for vaccinated individuals](#). CDC guidance states that people who have been exposed to COVID through close contact with an individual with confirmed or suspected infection should quarantine for 14 days following the last contact. Those who have had COVID in the past 90 days do not need to quarantine, as long as they don't develop new symptoms. The update issued yesterday says that individuals who have been fully vaccinated – both doses plus two weeks after the second dose – do not need to quarantine following exposure, as long as the last dose was within the past three months. ***It's important to be clear that these guidelines DO NOT apply in health care settings, including nursing homes.*** We received so many questions this morning from members on the new guidelines that we invited Dr. Kara Jacobs Slifka to join our Coronavirus Update Call for a few minutes this afternoon. She explained the new guidance and suggested that it would be a good idea to add that CDC would recommend that other aging services follow the same decision rule as nursing homes; thus, the guidance would not apply to assisted living communities, life plan communities, low income senior housing, adult day, in patient hospice and similar settings. Here is an [article on the new guidance](#).

**Not Now, Not Yet for Relaxing Nursing Home Guidance.** Evan Shulman, Director, Division of Nursing Homes at CMS, joined today's Coronavirus Update Call. He discussed vaccines, Essential Caregiver programs, Phase 3 ROPs, and surveys. An article on the interview is here - <https://leadingage.org/regulation/updates-cms-interview-evan-shulman-%E2%80%93-february-11-2021>

**FEMA Vaccination Centers and COVID-19 Response Activities:** The U.S. Army Corps of Engineers (USACE) is [supporting FEMA's](#) COVID-19 state-led, federally supported community vaccination centers response. USACE is coordinating with FEMA and the CDC to design walk-up, drive-through and mobile vaccination centers. Vaccination center size and location are decided by state, local, tribal and territorial governments. The intent of these designs is the use of existing infrastructure when available. The U.S. National Guard Bureau is providing 1,108 vaccinators, to 364 vaccination centers in 40 states and territories. The CDC Vaccine Task Force and Data Analysis & Visualization Task Force launched the CDC

COVID Data Tracker [Vaccinations Trends page](#). This page includes the overall trends of vaccinations over time in the United States and for the Federal Pharmacy Partnership for Long-Term Care Program. FEMA is working with the [Ad Council to encourage hesitant or underrepresented people to get vaccinated](#). This research-driven public education campaign provides federal, non-profit and medical stakeholders with insights and communications strategies to tailor communications to reach diverse audiences.

**CDC MMWR on Mask Fit.** CDC released an [MMWR today on mask fit](#). They conducted an experiment in January to evaluate the effectiveness of 2 different types of mask modifications to improve fit and decrease exposure to inhaled particles. They found that improving the fit of your mask by covering a medical mask with a cloth mask, and improving mask fit using a “knot-and-tuck” method were about equally effective. We know that many high-profile individuals have spoken about or been observed double-masking. At this point, CDC is not saying that we should be double-masking, but we could, provided the second mask improves the fit of the first mask. Here’s [information on how to ensure proper fit](#) of your mask, including some “Don’ts” if you do choose to double-mask.

**COVID-19 and Substance Use.** It’s no secret that we’ve been stressed and stretched beyond our capacity by the pandemic. For some, this means increases in substance use or relapses. The pandemic may also lead to decreased access to formal and informal supports or treatment programs. CDC updated [these FAQs](#) to address substance use during the pandemic. CDC cautions that while more information is needed, those who use substances may be at increased risk of severe COVID-19 illness. One reason is due to interactions that may occur when obtaining or using substances. Another risk factor is due to the impact of substance use on the system. This is based on the knowledge that substance use has been linked to underlying conditions that are known to be linked to more severe COVID-19 illness. To keep safe the individuals we serve, we’ll need to modify. Keep a sharp eye out for signs of use. Consider taking a more active role in support: Make sure residents / service recipients know what supports are available and how to access supports. Consider bringing supports into your community (or increasing access through virtual communications, access to phones and hotlines, etc). CDC recommends that physicians screen all adults for excessive drinking and substance use, and physicians should be prepared to offer treatment or make / modify referrals to treatment options. Lastly, while considering treatment and support options, don’t forget about supports like needle exchange programs, which are considered essential services and continue to operate during the pandemic.

**CDC National Forum on Vaccines.** CDC is hosting a virtual **National Forum on COVID-19 Vaccine (Feb. 22-24, 2021)** that will bring together practitioners from national, state, tribal, local, and territorial levels who are engaged in vaccinating communities across the nation. You can learn more about the event, and the specific sessions being offered: [National Forum for COVID-19 Vaccine | CDC](#). The Forum will facilitate the information exchange on the most effective strategies to:

Build trust and confidence in COVID-19 vaccines

Use data to drive vaccine implementation

Provide practical information for optimizing and maximizing equitable vaccine access

Registration is open **until Feb. 16, 2021** and can be completed here: <https://cvent.me/bOaPGb> Please feel free to share this information within your networks. If you have questions, please reach out to [COVIDVaccineForum@cdc.gov](mailto:COVIDVaccineForum@cdc.gov)

**From 20% to 86% staff vaccination rates.** On today’s interview on the Coronavirus Update call, the Rev. Dr. Derrick DeWitt shared how his nursing home when from a 20% staff vaccine response rate at the

first clinic to a current 86%. Read a summary article here - <https://leadingage.org/regulation/going-20-86-staff-acceptance-vaccines-interview-derrick-dewitt-%E2%80%93-february-10-2021>

**Monoclonal Antibodies Effective:** The National Home Infusion Association (NHIA) shared with us [their paper on the results of their pilot](#) with HHS on administration of monoclonal antibodies in long term care. They have found the infusions to be very effective. NHIA's available home infusion providers and other information on their efforts in this area can be found [here](#).

**Project ECHO vaccine confidence conversation.** Project ECHO COVID-19 Global Conversations, will hold a session on Vaccine Confidence on February 16, from 4:30 – 6:00 PM Eastern. It will cover CDC's vaccination strategy, explore addressing social and behavior determinants of vaccine confidence, and identify strategies to increase confidence. [Here](#) is the agenda and here is the [link to register](#).

**New report/resource on maintaining well being among older adults during PHEs.** A report was released today by NORC on behalf of the National Foundation of the CDC, titled, [Maintaining Physical and Mental Well-Being of Older Adults and Their Caregivers During Public Health Emergencies](#). The report was developed with assistance from the CDC. It presents findings about:

- Key needs and concerns of older adults and caregivers during COVID-19
- Assistance needed by older adults and caregivers during COVID-19
- Older adults' and caregivers' information-seeking behaviors and resource preferences
- Public health interventions and strategies focused on social isolation, deferral of medical care, management of chronic conditions, elder abuse and neglect, and deconditioning (loss of muscle tone and endurance due to chronic disease, immobility, or loss of function)

In addition to the [report](#), the following supplemental materials are available:

An [executive summary](#) highlighting key findings from the report

**Check out Janine's blog on the ASA website.** Janine wrote a [blog post](#), published today on the American Society on Aging's Generations blog, "Success! Vaccine Reluctance in LTC Staff."

#### FROM HHS:

**Forecasts of New and Total Deaths:** This week's national ensemble [forecast predicts that the number of newly reported COVID-19 deaths](#) will likely decrease over the next 4 weeks, with 10,300 to 20,400 new deaths likely reported in the week ending March 6, 2021. The national ensemble predicts that a total of 515,000 to 540,000 COVID-19 deaths will be reported by this date. The state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of newly reported deaths per week will likely decrease in 30 jurisdictions, which are indicated in the forecast plots below. Trends in numbers of future reported deaths are uncertain or predicted to remain stable in the other states and territories. View [previous death forecasts](#).

**Forecasts of New Cases:** This week's national ensemble predicts that the [number of newly reported COVID-19 cases](#) will likely decrease over the next 4 weeks, with 355,000 to 869,000 new cases likely reported in the week ending March 6, 2021. The state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of new reported cases per week will likely decrease in 45 jurisdictions, which are indicated in the forecast plots below. Trends in numbers of future reported cases are uncertain or predicted to remain stable in the other states and territories. [View previous case forecasts](#).

**Forecasts of Hospitalizations:** This week's national ensemble predicts that over the next 4 weeks, the [number of daily confirmed COVID-19 hospital admissions](#) will likely decrease, with 3,900 to 12,000 new confirmed COVID-19 hospital admissions reported on March 8, 2021. The state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of daily confirmed COVID-19 hospital admissions will likely decrease in 48 jurisdictions, which are indicated in the forecast plots below. Trends in numbers of future reported hospital admissions are uncertain or predicted to remain stable in the other states and territories. View [previous hospitalization forecasts](#).

**Launch of Community Health Centers Vaccination Program:** The President announced next week's launch of the [Federally Qualified Health Center Vaccine program](#) that will provide more vaccines for Community Health Centers that are reaching our underserved and most vulnerable communities. The program will be phased in, with the first centers able to start ordering vaccines as early as the week of February 15. The initial phase will include at least one Community Health Center in each state, expanding to 250 centers in the coming weeks.

**Additional Increase in Vaccine Supply to States, Tribes and Territories:** The Biden-Harris Administration will [increase overall, weekly vaccine supply to states, Tribes, and territories to 11 million doses](#) nationwide beginning this week. This will result in a 5% increase in supply over last week, for a total of a 28% increase since President Biden came into office three weeks ago.

**Percent of Delivered First Vaccine Doses Administered by U.S. States and Territories:** This map shows the [percentage of first doses of vaccines that have been administered](#) in each state from their supply, which can be used to understand how states are using their supply to initiate vaccination within their community. The map is created as part of the [National Strategy for the COVID-19 Response and Pandemic Preparedness](#), where CDC is committed to making sure that safe, effective vaccines are distributed and administered as quickly as possible.

**COVID-19 Vaccination Tracker:** View overall US [COVID-19 Vaccine Delivery and Administration](#); Maps, charts, and data provided by the CDC.

**Ventilation in Buildings:** SARS-CoV-2 viral particles spread between people more readily indoors than outdoors. When outdoors, the concentration of viral particles rapidly reduces with the wind, even a very light wind. When indoors, [ventilation mitigation strategies](#) help to offset the absence of natural wind and reduce the concentration of viral particles in the indoor air.

**COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating:** CDC released an MMWR on [COVID-19 vaccination intent, perceptions, and reasons for not vaccinating among groups prioritized for early vaccination](#) in the US. From September to December 2020, intent to receive COVID-19 vaccination increased from 39.4% to 49.1% among adults and across all priority groups, and nonintent decreased from 38.1% to 32.1%. Despite decreases in nonintent from September to December, younger adults, women, non-Hispanic Black adults, adults living in nonmetropolitan areas, and adults with less education and income, and without health insurance continue to have the highest estimates of nonintent to receive COVID-19 vaccination. Ensuring high and equitable vaccination coverage among all populations, including by addressing reasons for not intending to receive vaccination, is critical to prevent the spread of COVID-19 and bring an end to the pandemic.

**Toolkit on opening activities.** LeadingAge and Pathway Health have created a [toolkit](#) to help members establish guidelines and policies for opening up to holding activities. The toolkit is grounded in infection

control and staff competencies to help nursing homes prepare. Included in the toolkit are policies, checklists and a training plan.

**PPE Toolkit.** LeadingAge and Pathway Health have collaborated to create a [PPE resource](#). This toolkit focuses on the adequate PPE for an organization and their staff. There is a leaders guide, competencies, checklists and training components. The toolkit also has specific resources for both leadership and management as well as all staff.

**Continued Vaccine Access.** Today, the CDC shared three ways long-term care communities can continue their vaccine access after the imminent ending of the Pharmacy Partnership for Long-Term Care. First, communities can work with long-term care pharmacies enrolled with the Federal Retail Pharmacy Program. Second, communities can work with long-term care pharmacies enrolled with their state to provide the vaccine. For both the first and second options, it is possible that the community could enroll to be a subcontractor to facilitate vaccine distribution. Third, the community could follow its state's immunization provider guidelines to become a COVID-19 vaccine administrator itself. Read more about the CDC's continuity suggestions [here](#).

**More on 1<sup>st</sup> Dose at 3<sup>rd</sup> Clinic.** The CDC shared an FAQ, which should be published on its website soon, on third clinics conducted as part of the Pharmacy Partnership for Long-Term Care Program. The CDC addresses a common question as long-term care communities hold their last of three clinics under the Program: whether staff and residents can receive their first vaccine dose at a community's third clinic. While the CDC wants to optimize vaccination opportunities, "some jurisdictions have asked pharmacy partners not to initiate first dose vaccinations at third clinics. In this case, [long-term care communities] and pharmacy partners should follow jurisdictional guidance," the CDC's FAQ says. The FAQ addresses how to approach staff or residents receiving their first dose of the Pfizer-BioNTech or the Moderna vaccine at the third on-site clinic. The guidance between the two differs because of the Pfizer-BioNTech vaccine's unique cold chain requirements. "It is important to determine in advance how staff and residents who receive their first dose of Pfizer-BioNTech vaccine at a third clinic will access their second dose," the CDC says. Read the FAQ [here](#).

**LeadingAge Vaccine FAQs updated.** We've updated the [LeadingAge FAQs on vaccines](#) to reflect progress on the new Johnson & Johnson vaccine. The first hearing on the J&J EUA is set for February 26.

**One provider's experience with mandating vaccines for staff.** [Here's](#) an article with details provided by Scott Crabtree and Jere Hale of Lambeth House in New Orleans, LA, describing their decision to mandate that all staff be vaccinated and how the requirement played out. Lambeth House staff are almost 100% vaccinated at this point.

**Kaiser issue brief on vaccine rollout.** The Kaiser Family Foundation published an issue brief, "[At This Early Stage of the COVID-19 Vaccine Roll-Out, Most Older Adults Have Not Yet Been Vaccinated, As Supply Remains Limited](#)." As of February 1, 29 states and DC expanded eligibility to include people age 65 and older. Of the 32 million people who have received vaccines so far (about 10% of the US population), people over age 65, including those in LTC settings, comprise 29%, disproportionate to their share of the overall population, 15%. However, fewer than a third of older people have received vaccines so far.

**Relationship Between Hospitalization Growth Rates and Mask Mandates.** CDC released an MMWR on the [decline in COVID-19 hospitalization growth rates associated with statewide mask mandates](#) in 10

states from March to October, 2020. During March 22–October 17, 2020, 10 sites participating in the COVID-19–Associated Hospitalization Surveillance Network in states with statewide mask mandates reported a decline in weekly COVID-19–associated hospitalization growth rates by up to 5.5 percentage points for adults aged 18–64 years after mandate implementation, compared with growth rates during the 4 weeks preceding implementation of the mandate. Mask-wearing is a component of a multipronged strategy to decrease exposure to and transmission of SARS-CoV-2 and reduce strain on the health care system, with likely direct effects on COVID-19 morbidity and associated mortality.

**Point-of-Care Testing.** [Point-of-care tests](#), such as some rapid tests for diagnosing an infectious disease, provide results within minutes of the test being administered, allowing for rapid decisions about patient care. POC tests can also extend testing to people residing in communities who cannot readily access care. This CDC Web resource provides guidance on the regulatory requirements for SARS-CoV-2 POC testing, using POC tests safely, and information on reporting POC test results.

**The Pandemic Playbook.** Looking for more lessons from COVID? The LeadingAge Pandemic Playbook is an [interactive online collection](#) of insight, wisdom, and best practices for serving older adults during a catastrophic health crisis like the one we’re facing now. We recently added new resources in the [Clinical chapter](#) on how to encourage residents and staff to get the COVID-19 vaccine. The [Management chapter](#) includes new advice (under “Looking Ahead”) on thinking about adapting to the new normal to come, and the [Financial chapter](#) includes new resources on financial and strategic planning.

**Understanding Unconscious Bias.** Inherent and unfair judgements can prevent your organization from fully reflecting the dignity and worth of its staff and residents. In this [11-minute QuickCast](#), Ayana King outlines how unconscious bias appears in the workplace and how it creates a barrier to building diverse and inclusive teams. [Watch today](#) and explore other [DEI content](#) in the LeadingAge Learning Hub.

**New Mentor’s Voice Episode.** LeadingAge’s newest podcast, The Mentor's Voice, provides students and young professionals an opportunity to candidly learn from leaders in the field of aging. In the latest episode, Lou Woolf, president and CEO of Hebrew SeniorLife joins Molly Wylie, doctoral student at UMass Boston, to discuss his career path from acute care. [Listen to the podcast](#) now and [learn more](#) about the LeadingAge Student Membership.

**New Insights and Tools From LeadingAge.** LeadingAge staff experts are developing essential advocacy, guidance and tools, and curating the most relevant resources for aging services providers on COVID-19 and beyond, including:

[Ways & Means Committee Releases Draft COVID-19 Relief Legislation](#)

[Some Third Vaccine Clinics Won't Give First Doses](#)

[House Committee to Consider Housing Relief](#)

[FAQs and Resources on COVID-19 Vaccines and Vaccinations](#)

[Harvard Fellow on Vaccine Hesitancy, Messaging in Senior Housing](#)

[Continuing Vaccine Access for Long-Term Care Communities](#)

[CDC: What to Expect for Pharmacy Partnership for Long-Term Care Program Third Clinics](#)

[Interview with Scott Crabtree and Jere Hales - February 8, 2021](#)

