



FOCUS POINT NEWSLETTER - March 10, 2021



May your day be touched by a bit of Irish luck, brightened by a song in your heart, and warmed by the smile of the people you know and love.



Centers for Disease Control and Prevention

On March 8, 2021, the CDC released new [public health guidance](#) for individuals who are fully vaccinated. CDC is now recommending that in [non-health care settings, fully vaccinated people can:](#)

- Visit with other fully vaccinated people indoors without wearing masks or physical distancing;
- Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing; and
- Refrain from quarantine and testing following a known exposure if asymptomatic.



CDC defines “fully vaccinated people” as individuals who:

- Received either two doses of the Pfizer or Moderna vaccine, or the single dose of the Johnson & Johnson vaccine; **and**
- Two weeks have passed from the date of their final vaccination.

CDC indicates that fully vaccinated people should continue to take basic precautions such as wearing masks in public, avoiding medium to large size gatherings, and testing if symptomatic. More information and complete guidance are available on the [CDC website](#).

While the new guidance does not directly apply to LTC settings, however, it does apply to staff outside of work. Providers can use this new guidance to encourage staff to become vaccinated. Positive messages about the value of the vaccine are shown to have a high impact in encouraging staff to get vaccinated. **CMS has NOT issued changes to any of their nursing home visitation or quarantine guidance, so existing guidelines remain in effect. Continue to follow your state guidelines.**



COVID-19 Vaccine Management Plan for Long Term Care Facilities

[Vaccination-Plan-for-LTCFs.pdf \(virginia.gov\)](#) LTCF Vaccine Bridge Program

The mission of this bridge program (sometimes also called LTC Maintenance Program for Senior Living) is to support the LTCFs for ongoing needs between

the end of the CVS/Walgreens arrangement and the inclusion of the COVID-19 vaccine in their normal pharmacy infrastructure. The bridge program has two main parts:

Part 1. 1. Connect pharmacies to LTCFs to meet ongoing needs as soon as possible. 2. Enroll LTC pharmacies and LTCFs as appropriate to enable the standard LTC pharmacy infrastructure to manage this ongoing need. Part 1: Connecting pharmacies to LTCFs to meet ongoing needs Reporting Ongoing Needs: LTCFs will communicate their needs to VDH through their contracted pharmacy provider and/or the current REDCap intake form (<https://redcap.link/VaccineLTCFs.Virginia.gov>). As of March 9, the intake form is the best mechanism for reporting needs. As we continue to coordinate with LTC pharmacies, however, they will be able to assist with reporting and meeting your needs.

Meeting Ongoing Needs: VDH is working with Managed Health Care Associates, Inc. (MHA) Pharmacy Network which represents several pharmacy groups in VA that are willing and able to provide vaccines for LTCs across the Commonwealth until we can complete Part 2 of the LTCF Bridge Program.

Expectations: Every effort will be made to ensure any second dose vaccination is administered on or around the recommended time frame (21 days for Pfizer, 28 days for Moderna). Be advised, the CDC has stated that this inter-dose interval can be extended out to at least 42 days without any concern for needing to restart the vaccine series.

Part 2: Enroll LTC pharmacies and LTCFs as vaccine providers to incorporate the COVID-19 Vaccine into the pre-existing LTC pharmacy infrastructure. LTC facilities (LTCFs) may coordinate directly with LTC pharmacies. LTC pharmacies generally act as distributors to LTCFs and do not administer vaccines themselves and instead rely on the LTCF nursing staff to administer the vaccine. Some LTC pharmacies may not have staffing capacity to regularly administer vaccines in LTCFs. Therefore, any entity wishing to administer the COVID-19 vaccine must be enrolled with Virginia's COVID-19 vaccination program to ensure they can receive vaccine shipment and comply with the necessary storage, handling, use, and reporting requirements for this scarce federal resource. The enrollment process has several steps that begin with submitting the "Intent to Provide COVID-19 Vaccine" form. More details can be found

<https://www.vdh.virginia.gov/covid-19-vaccine/healthcare-professionals/#penroll>

Enrolling LTC pharmacies as vaccine providers Every LTC pharmacy in Virginia should complete the CDC enrollment program as outlined on the Enrollment Information document. LTC pharmacies should identify if they can provide on-site vaccination or would need to rely on either a contractual relationship or facility staff to administer the vaccine.

Enrolling LTCFs - Not every LTCF needs to enroll as a vaccine provider. If the LTCF typically plans to receive and administer vaccines by facility nursing staff similar to how they handle other medication (including vaccines and other injectables) from a LTC pharmacy, the LTCF **MUST** enroll as a vaccine provider. The LTC pharmacy and facility should come to a formal agreement together on the roles and responsibilities regarding the reporting. A redistribution agreement would be needed, and all components of the provider agreements must be met (e.g., cold storage, reporting requirements). If, on the other hand, the LTCF contracts with a LTC Pharmacy Provider who comes on site at the LTCF and administers injectables and other vaccines, the LTCF does **NOT** need to enroll as a vaccine provider.

Additional Key Points:

- LTC pharmacies are permitted by their COVID-19 vaccination provider agreements to subcontract LTCF staff as an extension of the pharmacy agreement. This would allow LTCF staff to administer vaccines on behalf of the pharmacy and would eliminate the need for the LTCF to enroll. VDH cannot require or create these arrangements as they are between LTCFs and their contracted pharmacy providers.
- If the LTC pharmacy and the facility are both enrolled with VDH to provide COVID-19 vaccine, the LTC pharmacy will conduct a redistribution of vaccine doses to the facility for facility use. It is the responsibility of both the pharmacy and facility to comply with redistribution requirements (e.g., cold storage). It is the facility's responsibility to ensure proper reporting of administration data in VIIS.
- LTCF staff must be trained and able to prepare and administer vaccines if they will be carrying out administration



Be on the LOOKOUT – Virginia Standard Surveys Have Started Again

It has come to our attention that in the last several weeks, OLC has started conducting standard surveys again. These surveys are being conducted by OLC inspectors or a contract company for OLC. This is a good time to review and update your survey ready notebook, investigate risks / opportunities, and establish proactive action plans, review the survey process with your team [all departments]. We understand that surveys will be conducted on-site and that in some cases the survey team will be supported remotely by other team members. CHC encourages you to share your survey outcomes and experiences with VHCA and/or LeadingAge Virginia. Let's learn from one another.



Let's Talk Life-Safety with Roy LeNeave – <https://www.rwllifesafety.com/>

Life Safety Surveys - As many of you know; the *Department of Health – Office of Licensure and Certification* have now resumed annual surveys. There is a change for the Life-Safety Surveys. In the past, this part of the survey was conducted by the State Fire Marshal's Office. **This is no longer the case.** There is a new department in the office of Licensure and Certification. Ron Reynolds (previously Chief Deputy and Acting State

Fire Marshal) is now overseeing this new department. Life-Safety surveys will follow the clinical surveys. They plan to conduct your life-safety survey within 14-days after your clinical exit. Ron Reynolds is an advocate for Life-safety in Healthcare. Roy states, "I am excited about the decision to bring those surveys under this new department". One thing to keep in mind is that a State Fire Marshals inspects all different types of building classifications. This new department will focus only on healthcare, so they will drill-down on just those codes. The reviews are likely to be more comprehensive. So, you need to ensure that your facility is ready for survey. Continue to make certain that life-safety is a high priority.

Hot Topic: COVID - Plastic Barriers -- In the *COVID-19 Emergency Declaration Blanket Waiver for Healthcare Providers* dated 12-01-2020 on pg. #28 under the Physical Environment for multiple providers/suppliers; in the section titled "Temporary Construction", you will find where CMS is waving requirements that would otherwise not permit temporary walls and barriers between patients. This is the waiver we use to isolate "hot-units". Recently, facilities have been cited for these barriers not being "Fire Retardant". These temporary plastic walls used when the separation is not at the fire door can be easily constructed. There are numerous vendors that carry fire retardant plastic at a reasonable cost (\$110.00 for a 12' x 100' roll). When installing these types of walls; the exit signs may not be visible. You may need to install temporary signs to show the path of egress.



Stop Overthinking

Individuals in healthcare are often thoughtful and prone to overthink situations. High achievers tend to process the world more deeply than others. Research has shown that sensitive people have more active brain circuitry and neurochemicals in areas related to mental processing. This means their minds not only take in more information, but also process that information in a more complex way. This also means these individuals are more susceptible to stress and overwhelm. Here are five ways to stop the cycle of thinking too much and driving towards better, faster decisions.

1. **Put aside perfectionism** and focus on one step at a time.
2. **Identify the impact** and make sure you put thing in perspective.
3. **Leverage the power of intuition** and go with that gut decision.
4. **Limit decision fatigue** by establishing routines, best practices, and protocols.
5. **Construct creative constraints** by not allowing yourself too much time to overthink the situation. Establish a date and time as to which you will decide.

Remember that your mental depth gives you a major competitive advantage. Once you learn to keep overthinking in check, you will be able to harness your sensitive superpower.

March 2021 is giving us much to be thankful for and opportunities to celebrate:

- * Pandemic numbers are improving, people are getting vaccinated
- * March 8-12 in Administrators in Long Term Care Week
- * National Social Work Month
- * Warmer weather and sunshine to heal the soul is coming
- * Birds are chirping and grass is growing; life is good

