Nursing Home CMS/CDC follow up

- Facilities with >10 cases of COVID may be receiving a call from CMS.

- They may ask facilities questions regarding preparedness and support from the state during their outbreak response.

- As required by CMS, SD DOH will follow up with your facility if they indicate that more support from state entities is needed.
It is NOT recommended to double glove, wear two gowns, or double mask.

Too much PPE can create risks: cross contamination, not performing hand hygiene frequently or effectively, or getting in the way of performing tasks appropriately.

Summary of Recent Changes

Updates as of December 14, 2020

As of December 14, 2020

- Added links to Frequently Asked Questions addressing Environmental Cleaning and Disinfection and assessing risks to patients and others exposed to healthcare personnel who worked while infected with SARS-CoV-2.
- Described recommended IPC practices when caring for patients who have met criteria for a 14-day quarantine based on prolonged close contact with someone with SARS-CoV-2 infection.
- Added reminders that:
  - Double gloving is not recommended when providing care to patients with suspected or confirmed SARS-CoV-2 infection.
  - In general, HCP caring for patients with suspected or confirmed SARS-CoV-2 infection should not wear more than one isolation gown at a time.

**Alternative Care Sites**

Friday, December 18, 2020 | Noon CT / 1:00 PM ET

Learning Objectives:

- Identify efficient operational processes when coordinating alternative care sites for patients who are critically-ill related to COVID-19.
- Describe how effective leadership strategies of the interdisciplinary team across care settings can immensely impact outcomes for patients and the health care system.
- Discuss innovative approaches to overcoming the clinical workforce challenges during the COVID-19 pandemic based on reflective case experiences involving pediatric and adult ICUs.

**REGISTER HERE**
Personal Protective Equipment

All requests for PPE from DOH must be:

- Emailed to COVIDResourceRequests@state.sd.us,
- Faxed to 605.773.5942, or
- Called in to 605.773.3048 to ensure prioritization and coordination of requests.

- Do not duplicate your request by using all three means of communication.

- Any requests received through any other email or number will all be directed to email COVIDResourceRequests@state.sd.us OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.
Approaches and Infection Control Guidance after Vaccine Administration

Recommendations as of 12/14/2020
Post Vaccine Considerations for Healthcare Personnel
(12/14/2020)

- Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination.

- Most systemic post-vaccination signs and symptoms are mild to moderate in severity and occur within the first three days of vaccination.

- Strategies are needed to effectively manage post-vaccination systemic signs and symptoms and limit unnecessary work restrictions.

- Vaccinated HCP should continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection.

- Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.

Considerations to minimize the impact of post-vaccination systemic signs and symptoms on healthcare staffing include:

- Vaccinating HCP preceding 1-2 days off, during which they are not required to be in the facility.
- Staggering delivery of vaccine to HCP in the facility so that not all HCP in a single department, service, or unit are vaccinated at the same time. Staggering considerations may be more important following the second dose when systemic symptoms after vaccination, such as fever, are more likely to occur.
- Informing HCP about the potential for short-term systemic signs and symptoms post-vaccination and potential options for mitigating them if symptoms arise (e.g., nonsteroidal anti-inflammatory medications or acetaminophen).
- Developing a strategy to provide timely assessment of HCP with systemic signs and symptoms post-vaccination, including providing or identifying options for SARS-CoV-2 viral testing, so it is readily available if indicated. Testing should have rapid turnaround time from collection time to result reporting (< 24 to 48 hours).
- Offering nonpunitive sick leave options (e.g., paid sick leave) for HCP with systemic signs and symptoms post-vaccination to remove barriers to reporting these symptoms.
CDC provides a table with suggested approaches on how to evaluate post-vaccine side effects. This is for individuals who have:
1) Received the vaccine within the past 3 days and
2) Are not known to have had unprotected exposure to SARS-CoV-2 in a community or healthcare setting in the previous 14 days.

Ultimately, clinical judgement should be used to determine the likelihood of infection versus post-vaccination symptoms and the indicated clinical approach.

<table>
<thead>
<tr>
<th>HCP Signs and Symptoms</th>
<th>Suggested approach</th>
<th>Additional notes</th>
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Infection prevention and control considerations for residents of long-term care facilities with systemic signs and symptoms following COVID-19 vaccination

- Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination.
- Preliminary data from mRNA COVID-19 vaccine trials indicate that most systemic post-vaccination signs and symptoms are
  - mild to moderate in severity,
  - occur within the first three days of vaccination (the day of vaccination and following two days, with most occurring the day after vaccination),
  - resolve within 1-2 days of onset,
  - and are more frequent and severe following the second dose and among younger persons compared to those who are older (>55 years).
- *Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are not consistent with post-vaccination symptoms, and instead may be symptoms of SARS-CoV-2 or another infection.*

Until efficacy of the vaccine in the general population is understood, resultant reduction in disease, severity, or transmission; or the duration of protection, residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection, regardless of their vaccination status.

- Close monitoring of residents for symptoms of COVID-19
- Universal source control: physical distancing (when possible), hand hygiene, and optimizing engineering controls.
- Use of personal protective equipment (PPE), including universal use of a facemask and eye protection for healthcare personnel in areas experiencing moderate to substantial community transmission who are caring for residents not suspected to have SARS-CoV-2 infection, is also recommended.

Evaluating & Managing Residents with Post-Vaccine signs and Symptoms

- The table provided by the CDC is for use in evaluating residents who have received a COVID-19 Vaccination within 3 days.
- All symptomatic residents should be assessed; the approaches suggested in the table should be tailored to fit the clinical and epidemiologic characteristics of the specific case.
- In any situation, positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.

Note: Facilities that are conducting outbreak testing for SARS-CoV-2 transmission, or evaluating residents who have had prolonged close contact with someone with SARS-CoV-2 infection in the previous 14 days, should care for residents following all recommended infection control practices including placement in Transmission-Based Precautions with use of all recommended personal protective equipment, and performing appropriate testing.

Additional information on COVID-19 vaccines and recommendations:

https://www.cdc.gov/vaccines/covid-19/index.html
https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html

SD DOH Vaccine site for HCP: https://doh.sd.gov/COVID/Vaccine/Providers.aspx

Additional CDC materials about the vaccine recommendation process, vaccine safety, and the Pharmacy Partnership for Long-Term Care Program:
- How CDC is Making Vaccine Recommendations
- Ensuring COVID-19 Vaccines Work
- Ensuring the Safety of COVID-19 Vaccines in the United States (includes material about V-SAFE, VAERS, Vaccine Safety Datalink, among other topics)
- Frequently Asked Questions about COVID-19 Vaccination
- Pharmacy Partnership for Long-Term Care Program FAQs
- COVID-19 Vaccination Reporting Data Systems
SD DOH Vaccination Calls

https://doh.sd.gov/COVID/Calls.aspx

CDC COCA Call Recording - What Every Clinician Should Know about COVID-19
Vaccine Safety – Including slides
Laboratory Guidance
Statewide Priority Populations for SARS-CoV-2 Testing

It is a statewide priority that ALL individuals with symptoms of COVID-19 be tested for SARS-CoV-2 with the recommendation from a health care provider.

- Hospitalized individuals
- Healthcare workers, first responders, and active military
- Critical infrastructure workers in food manufacturing and agriculture
- Individuals in communal living settings like long-term care and correctional facilities
- Underinsured or uninsured individuals
- Low-income individuals or individuals unable to pay for testing
- Homeless individuals
SDPHL SARS-CoV-2 Testing Priorities

• **Symptomatic** hospitalized patients
• **Symptomatic** healthcare workers, first responders, and active military
• **Symptomatic** individuals in congregate living settings like LTC facilities
• **Symptomatic** individuals with no way to pay for testing
• **Asymptomatic** participants in state-sponsored sentinel surveillance programs
• **Confirmation testing** for the following scenarios:
  – Symptomatic individual in a high-prevalence setting with negative antigen result
  – Asymptomatic individual in a low-prevalence setting with positive antigen result
SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

• SDDOH will receive a weekly federal allocation of Abbott BinaxNOW tests into early 2021.

• SDDOH continues to accept requests for BinaxNOW antigen cards
  – Joan.Adam@state.sd.us
  – Laurie.Gregg@state.sd.us
  – Tim.Southern@state.sd.us

• Inquiries for BinaxNOW resources can also be directed to:
  – Dorothy.Ahten@abbott.com
SARS-CoV-2 Antigen Testing: QIAGEN QIAreach

- In response to our solicitation in mid-November, SDDOH received requests to place QIAGEN resources at over 160 locations in SD.

- SDDOH still awaits notification of FDA EUA approval for the QIAreach Antigen Test.

- SDDOH is tentatively planning to roll-out QIAGEN resources in early January.

- Questions about QIAGEN resources can be sent to:
  - Laurie.Gregg@state.sd.us
  - Tim.Southern@state.sd.us
State-Sponsored COVID-19 Saliva Testing

https://doh.sd.gov/COVID/
SDPHL Holiday Schedule

• SDPHL will perform high-priority testing on Thursday, December 24
• SDPHL will be closed Friday, December 25
• SDPHL will perform high-priority testing on Saturday, December 26
• SDPHL will be closed on Sunday, December 27
• SDPHL will resume normal operations on Monday, December 28
• SDPHL will be closed for the New Year Holiday Friday, January 1
Happy Holidays from the State Public Health Laboratory