

Thank you to our 2021 LeadingAge Kansas Partners



LeadingAge Kansas COVID-19 Weekly Update March 5, 2021

www.leadingagekansas.org/covid19



Possible OSHA Changes



Possible Changes to OSHA Under the Biden Administration

- Create an Emergency Temporary Standard for COVID-19
- Double the number of OSHA inspections
- Appoint a head of OSHA and restore Advisory Committees
- Restore the original Electronic Reporting Rule
 - Additional reporting requirements for larger employers (250)
- Finalize a permanent Infectious Disease Standard

Possible Changes to OSHA Under the Biden Administration

- Increase General Duty Clause citations for COVID-19 violations of CDC Guidelines. Element of a GDC violation.
 - Employer failure to keep the workplace free of a hazard to which employees of that employer were exposed
 - COVID-19 is a recognized hazard
 - Hazard was causing or was likely to cause death or serious physical harm
 - There is a feasible and useful method to correct the hazard
- Foster greater cooperation with and stricter oversight of State OSHA plans

Possible Changes to OSHA Under the Biden Administration

- Enforce The 2016 OSHA Anti-Retaliation Rule
 - Drug testing
 - Safety incentive programs

Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

- Assignment of a workplace coordinator who will be responsible for COVID-19 issues on the employer's behalf.
- Identification of where and how workers might be exposed to COVID-19 at work. (Hazard Assessment)
- Identification of a combination of measures that will limit the spread of COVID-19 in the workplace, in line with the principles of the hierarchy of controls.
- Consideration of protections for workers at higher risk for severe illness through supportive policies and practices.

Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

- Establishment of a system for communicating effectively with workers and in a language they understand.
- Educate and train workers on your COVID-19 policies and procedures using accessible formats and in a language they understand.
- Instruct workers who are infected or potentially infected to stay home and isolate or quarantine.
- Minimize the negative impact of quarantine and isolation on workers.
- Isolating workers who show symptoms at work.

Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

- Performing enhanced cleaning and disinfection after people with suspected or confirmed COVID-19 have been in the facility.
- Providing guidance on screening and testing: Follow state or local guidance and priorities for screening and viral testing in workplaces.
- Implementing protections from retaliation and setting up an anonymous process for workers to voice concerns about COVID-19-related hazards.
- Making a COVID-19 vaccine or vaccination series available at no cost to all eligible employees.

Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

- Not distinguishing between workers who are vaccinated and those who are not.

Recording and Reporting

- Recording and reporting COVID-19 infections and deaths: Employers are responsible for recording work-related cases of COVID-19 illness on their Form 300 logs if the following requirements are met:
 1. The case is a confirmed case of COVID-19;
 2. The case is work-related (as defined by 29 CFR 1904.5); and
 3. The case involves one or more relevant recording criteria (set forth in 29 CFR 1904.7) (e.g., medical treatment, days away from work).
Employers must follow the requirements in 29 CFR 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA.

Conclusion



Disclaimer

The information provided in these materials is intended to be general and advisory in nature. It shall not be considered legal advice. KING/Thomas McGee does not warrant that the implementation of any view or recommendation contained herein will: (i) result in the elimination of any unsafe conditions at your business locations or with respect to your business operations; or (ii) will be an appropriate legal or business practice. KING/Thomas McGee assumes no responsibility for the control or correction of hazards or legal compliance with respect to your business practices, and the views and recommendations contained herein shall not constitute our undertaking, on your behalf or for the benefit of others, to determine or warrant that your business premises, locations or operations are safe or healthful, or are in compliance with any law, rule or regulation. Readers seeking to resolve specific safety, legal or business issues or concerns related to the information provided in these materials should consult their safety consultant, attorney or business advisors.



KEEP IN TOUCH!

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State Update

KDHE is transitioning all long-term care facilities from WellHealth/AIT to KHEL asap to ensure fast turnaround times. Here is the [updated Testing Process PowerPoint](#) for your reference.

Slide deck with updated FAQs available for last Friday's webinar from KDADS and KDHE on testing and vaccines

Don't forget to check KDADS website for updated FAQs on [testing](#) and [visitation](#)

KDADS Considers Training Bridging Temporary Aides to Certified Nurse Aides

Federal Update

Here's the [list of LTC pharmacies](#) that have contracted with the federal government to acquire and deliver vaccines and vaccine services in nursing homes, assisted living and other congregate environments.

Be sure to take advantage of the resources available from CDC, CMS, and HHS:

- [CDC COVID-19 Vaccination Toolkits](#)
- [CDC COVID-19 Vaccination Toolkit for Long-Term Care](#)
- [HHS COVID-19 and Flu Public Education Campaign](#)
- [CMS COVID-19 Partner Resources](#)
- [Vaccinating Homebound Persons](#)
- [Guidance for Vaccinating People with Disabilities at Vaccination Clinics](#)
- [Ensuring Equitable COVID 19 Vaccine Access](#)

LeadingAge National Update

March 9, 10 AM CST -Webinar

LeadingAge's National Policy Priority Positions and Other Hot Federal Topics

In this interactive meeting Ruth Katz, LeadingAge Senior VP of Policy & Advocacy and Cory Kallheim, VP Social Accountability & Legal Affairs will cover: LeadingAge's 2021 policy priorities and positions of special importance to LeadingAge Kansas members, like nursing home regulatory reform, civil liability immunity, COVID-19 relief. The latest federal activity on visitation guidance and other hot federal topics. Time will be set aside to receive feedback and answer questions as well.

[Click here to register](#)

2021 Policy Priorities <https://leadingage.org/Policy-Priorities-2021>

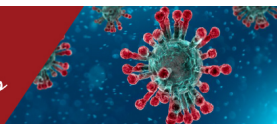
Legislative Update

HB 2126 passed House on a vote of 85-37

- When the legislature returns to work next Wednesday HB 2126 will be in the Senate!

Where the Legislature is at with KDADS budget consideration

Turnaround Report available in Legislative Update



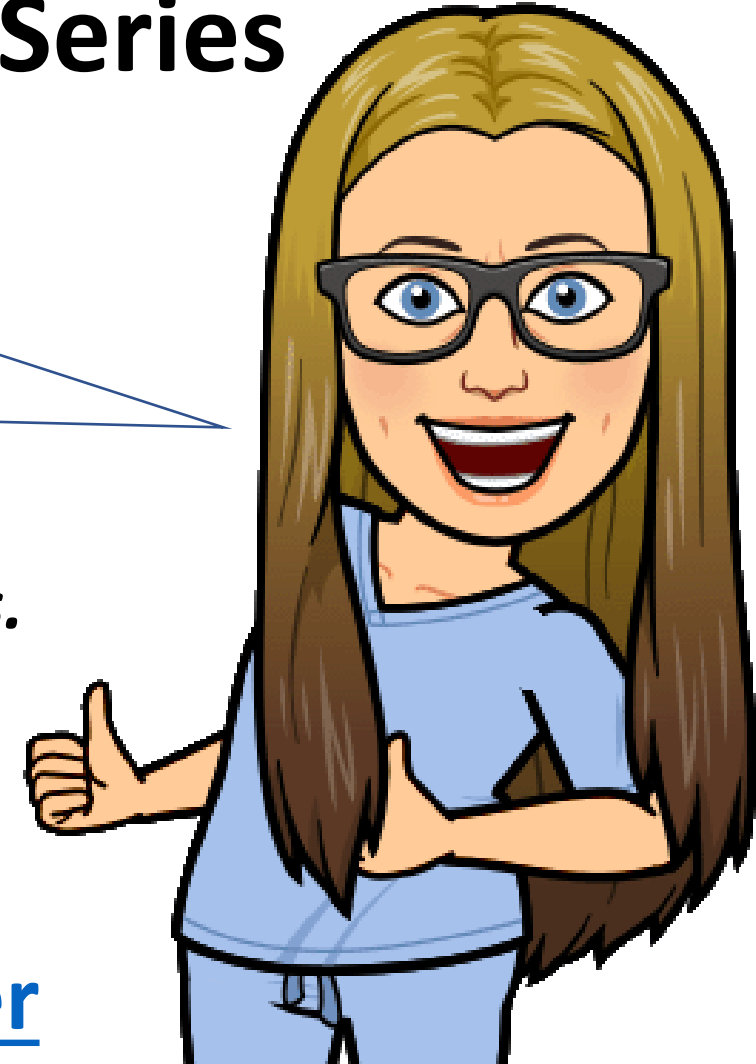
COVID-19 Safety for CNAs Training Series

Look at what others are saying about this training series.

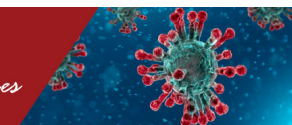
***“You all do a terrific job with interactive webinars.
LOVE IT!”***

Accepting registrations for April and June training groups.

[Click for more information or to register](#)



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Save the Date

2021 VIRTUAL *Spring Conference*

WEEKS OF APRIL 19TH & APRIL 26TH



Our virtual conference will be spread over two weeks with influential keynotes, timely education sessions, networking opportunities and exhibitor experiences.

forward

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Process to Request Abbott BinaxNow Antigen Test Kits

The Kansas Department of Health and Environment (KDHE) is opening up to additional facilities to be able to request and have Abbott BinaxNow antigen tests on site. Some examples of facilities that are not traditional testers who are able to request these test kits are: Long Term Care Facilities, Schools, EMS, Fire, Law Enforcement, etc.

Steps Involved:

1. For schools. Please first contact Lacey Kennett at Lacey.Kennett@ks.gov to receive details and be onboarded to this process for school districts. Everyone else can go directly to step 2.
2. If your facility location does not already have a CLIA certificate, request a CLIA certification through the Kansas Health and Environmental Laboratories (more details below).
3. All test results need to be submitted to KDHE. See more details below on how to submit reports. Make sure you have that process figured out for your facility.
4. Discuss and develop a testing plan for your facility. Sample questions to consider below.
5. Abbott BinaxNow test kits should be requested through the county Emergency Manager.
6. Once you have your CLIA certificate, reporting process ready to go, a plan on who to test and how often, and you receive your test kits... you can start testing!

CLIA Certificate

All sites performing the Abbott BinaxNow testing need to have a CLIA certificate. While there are some limitations, almost any facility can request a CLIA certificate. For schools, only one CLIA certificate is required for the district.

Steps to receive a CLIA certificate:

1. Email KDHE.CLIA2@ks.gov to request the form to complete for a CLIA certificate. The staff monitoring this email address can answer any questions about the application and guide you through it.
2. The form to complete will be emailed to you. The first 5 pages of the form are the application and the last 5 pages are instructions. Complete the form and return it to KDHE.CLIA2@ks.gov
3. The cost is \$180 for a 2 year certificate. The fee cannot be waived. A credit card is needed to make the payment.
4. You will receive confirmation via email of your certificate
5. The process takes up to 2 weeks to complete.
6. Website with more information: https://www.kdheks.gov/lipo/clia_survey_and_cert.htm
7. You can email KDHE.CLIA2@ks.gov with questions on the CLIA certificate process.

Reporting

For facilities that are accepting Abbott BinaxNow kits that are not already electronically reporting to KDHE, you have the option of submitting through our **Kansas Disease Reporting Portal** or using an electronic resulting system called **LabXchange**.

Using the Reportable Disease Portal. There are two ways to report. The first is by individual record, and the second is through a bulk upload using a CSV template. The Portal is a self-registering site and instructions located on the site will walk you through the entire process. Access the Portal from <https://diseasereporting.kdhe.ks.gov/>. Once there, download the **Online Reporting Portal User Guide** to learn how to register, along with instructions on entering an individual patient result. Use the **Template** and the **Instructions document** on the

Bulk Upload page to learn how to upload a CSV file to the portal. Copies of all of the downloads are also attached.

If you have questions or would like to have some assistance, please contact KDHE Epidemiology staff at kdhe.EpitraxAdmin@ks.gov.

Using LabXchange. Send an email to kdhe.KHEL_HELP@ks.gov with a subject line of LabXchange. In the email please indicate how many users will be needed, an email address for each user, and the type of test you will be performing (i.e. Abbott BinaxNow). An account/login will be created for you upon receipt of this email and you will be notified of your logins, temporary passwords, and a Zoom training time (if needed).

The staff monitoring kdhe.KHEL_HELP@ks.gov can answer any questions about using LabXchange.

Have a Plan

- Think through a plan with your facility staff, county staff, etc.
- Some questions to consider are:
 - Who do you plan to test and how often do you plan to test?
 - Do you need to receive consent? If so, how will you get consent?
 - On what rotation do you plan to test individuals?
 - Do you have proper protocols in place for disposing of biohazardous waste?
 - How will you ensure the required data is submitted to KDHE within 24 hours of testing?

Requesting Test Kits

- Contact your county Emergency Manager to request Abbott BinaxNow test kits.
- Abbott BinaxNow kits can be requested in increments of 40. These test kits do have an expiration date; KDHE encourages facilities to request enough test kits for one month of testing.
- Find your county Emergency Manager here:
<https://www.kansastag.gov/KDEM.asp?PageID=200>
- Emergency Managers, if you have questions, please contact KDEM.

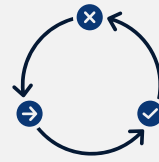
Thank you for being a part of testing strategy in Kansas!





Long-term Care
Testing & Vaccine Webinar
February 26th, 2021

COVID-19 testing support for LTC facilities to continue through June 30th



Importance of continuous testing of staff and residents

- Not all residents and staff members at LTC facilities are vaccinated, and so the risk of COVID-19 transmission in facilities is not negligible
- The broader Kansas community is still largely unvaccinated. Unvaccinated staff, vendors, and/or visitors can still contract COVID-19 and bring it into the facility
- Incoming residents and new staff members may not be vaccinated. Important to still screen new members of the facility

While most facilities are testing, we still have many whose status is either unknown or not testing



228 facilities currently not testing or unknown

485 facilities have been identified as **testing**

13 facilities identified as **contracted with a lab, but not currently testing**

63 facilities identified as **not testing**

165 facilities identified as **unknown**

Find the full status report list [here](#)

- If your facility's status is incorrect, please submit change request [here](#)

Executive order still in place, mandates COVID-19 screening testing of staff for all LTC facilities

If you have had any difficulties or barriers with PCR tests, antigen tests now available for LTC facilities. *(More info next slide)*

KDHE is now providing Abbott BinaxNOW antigen tests for use at LTC facilities

To request Antigen tests for your facility, please contact your local Emergency Manager

How can antigen tests be implemented at your facility?



Can be used to **screen visitors and vendors**. Potential to **allow for more flexible visitation** policies



Can be used to **screen new staff and incoming residents**, which can **limit potential disruptions to operations**



Can be **effective standalone tests**, without need for PCR testing. **Result time** for antigen tests **~15 minutes**

Facilities must be CLIA certified to administer antigen tests
For information on how to obtain CLIA certification, please click [here](#)

Testing frequency guidance

County Positivity Rate	Staff and Residents Testing Frequency Guidance
Less than 5 percent	Test staff once a month
Between 5 and 10 percent	Test staff once a week
Greater than 10 percent	Test staff twice a week

Visitation Guidance

All adult care homes should have a testing and cohorting plan for reopening that is consistent with the facility's infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is a facility-by-facility-plan. While CMS recommends baseline testing for skilled nursing facilities, KDADS recommends that Adult Care Home facilities work closely with the Local Health Officer to determine appropriate testing.

Adult care home plans for reopening must include consultation with Local Health Officers. As noted by CMS, the COVID-19 pandemic is affecting counties and local communities in different ways. As such, facility operators should monitor the factors for reopening regularly, consult with Local Health Officers often and adjust their plans accordingly.

Reopening adult care homes to visitors & outside services and resumption of activities should be slower than the rest of the county or community

KDADS will update visitation guidance in accordance with Federal government updates

Long-term Care: Vaccine distribution update

KDHE & KDADS took the following steps in identifying facilities that did not receive Federal vaccine support

Attempted to identify facilities that were not included in the Federal vaccine program or whose status was unknown

Conducted direct outreach to identified facilities to confirm vaccination status

For those contacted, confirmed facilities in need of vaccine support and directed those facilities to their Health Departments or local channel partners (e.g., pharmacies) for support

Note: *This is an on-going process. We are still work to identify facilities who need vaccine support.*

Please complete the following [survey](#) if your facility is still in need of vaccine support

~92K
Total
vaccines
admin.

~25K
Residents
fully
vaccinated

~16K
Staff fully
vaccinated

FAQs

Long-term Care: Abbot BinaxNow Antigen Tests FAQs (1/2)

Where can I get Abbot BinaxNow Antigen Tests for my facility?

- Abbot BinaxNow Antigen Tests can be requested from your County Emergency Manager. Please reach out to your County Emergency Manager for more details

Are the Abbot BinaxNow Antigen Tests free?

- Yes, these tests are free

If I am already receiving Antigen Tests from the Federal Government, is there a need for me to request these Abbott BinaxNOW Antigen Tests from KDHE?

- No, there is no need to request these tests from KDHE. However, you can request these Abbot BinaxNow Antigen Tests if you are currently not receiving enough tests directly from the Federal Government to test your employees, visitors, vendors, etc

Are we required to use these Abbot BinaxNow Antigen Tests?

- There is no requirement to use. We do, however, hope and expect that requests for the Abbot BinaxNow Antigen Tests will be made to support your current and planned needs for screening staff, residents, vendors, and visitors

How are we expected to use these Abbot BinaxNow Antigen Tests, given the fact that we are already using PCR tests?

- Facilities can decide how best to utilize these tests, given their current needs and testing strategy. These tests provide results in about 15 minutes and are ideal for testing where a quick turnaround is needed. We recommend working these Abbot BinaxNow Antigen Tests into your testing strategy

Is there a limit to the amount of Abbot BinaxNow Antigen Tests we can receive?

- There is currently no limit to the amount of Abbot BinaxNow Antigen Tests your facility can receive

Long-term Care: Abbot BinaxNow Antigen Tests FAQs (2/2)

Is there contact information for KDHE CLIA waiver requests?

- For KDHE CLIA waiver requests, please visit KDHE CLIA application link ([here](#)) for more information. If you need further assistance in obtaining the waiver, please reach out to kdhe.clia2@ks.gov for assistance

If you already have a CLIA waiver, are you covered for these Abbott BinaxNow Antigen Tests?

- Yes, if you already have your CLIA certification, you are able to use these Abbot BinaxNow Antigen Tests . However, you should still contact the KDHE CLIA office to add the Abbot BinaxNow Antigen Tests to your waiver

What is the shelf life on these Abbot BinaxNow Antigen Tests?

- The shelf life of available Abbot BinaxNow Antigen Tests vary by lot number. A three-month shelf-life extension was just approved for some of the lots currently available. KDHE will notify facilities of the lot numbers qualified for the 3-month extension

How do we request the Abbot BinaxNow Antigen Tests that KDHE has if the email for our County Emergency Manager's contact is no longer valid?

- If the email for your County Emergency Manager is no longer valid, please call the number for your County Emergency Manager. If there is no response, please leave a voicemail

Long-term Care: Vaccine FAQs (1/7)

What is the plan for continual vaccination of residents and staff? Particularly for new residents or staff members, who were not a part of our original vaccination schedule, but need the vaccine to be admitted into our facility?

- COVID-19 vaccine is currently being distributed to local health departments and is beginning to be distributed through retail and other long term care pharmacies in the coming weeks. Facilities should be able to work with pharmacies or other vaccination partners, including local health departments, to obtain COVID-19 vaccine for new staff, new residents or others that were not included in the vaccine partnership through CVS and Walgreens. If a facility doesn't have a vaccination partner, contact KDADS.reopening@ks.gov or use the KDADS vaccine [survey](#) to request assistance with finding a vaccine partner.

Once residents and staff in adult care homes/nursing homes have been fully vaccinated, will visitation limits be changed/lifted? Has there been any guidance by Centers for Medicare & Medicaid Services (CMS) or other regulatory body on this issue?

- There has been no updated guidance from the CDC or CMS about visitation after vaccines are more widely administered in adult care homes. The Kansas visitation guidance mirrors the CMS limits on visitation in nursing facilities that have been in place since April.

If a person tests positive for COVID-19 after their first dose, how should their second dose be handled?

- If you get the first dose and subsequently test positive, this won't necessarily keep you from getting the second dose but you should monitor your symptoms and isolate accordingly. Cases are isolated during their infectious period, which is the time period where they can spread the disease to others. For COVID-19 disease, the isolation period is a minimum of 10 days. If your symptoms resolve before your next dose, which will be three or four weeks after the first, depending on which vaccine you received, you can get the second injection. Otherwise, wait until your symptoms resolve and speak with your provider to determine when you should get your second dose. If you receive an infusion of a monoclonal antibody drug to treat COVID-19 illness, wait 90 days after treatment to get your second dose.

Long-term Care: Vaccine FAQs (2/7)

Do I have to quarantine if exposed to COVID-19 after I am fully vaccinated?

- At this time, vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following CDC travel guidance, and following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing.
- However, vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:
 - Are fully vaccinated (i.e., ≥ 2 weeks following receipt of second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
 - Are within 3 months following receipt of the last dose in the series
 - Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

As an exception to the above guidance, vaccinated inpatients and residents in healthcare settings should continue to quarantine following exposure to someone with suspected or confirmed COVID-19; outpatients should be cared for using appropriate transmission-based precautions. This exception is due to unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings.

If the provider who gave my first dose cannot/will not give my second, what should I do?

- The provider that administered your first dose will automatically receive the corresponding second dose so ideally you will receive both doses from the same provider. If that provider cannot provide your second dose for some reason, contact your Local Health Department for assistance finding a provider that can administer your second dose (directory by county).

Long-term Care: Vaccine FAQs (3/7)

What will be the cost of the vaccine?

All organizations and providers participating in the CDC COVID-19 Vaccination Program:

- Must administer COVID-19 vaccine at no out-of-pocket cost to the recipient
- May not deny anyone vaccination based on the vaccine recipient's coverage status or network status
- May not charge an office visit or other fee if COVID-19 vaccination is the sole medical service provided
- May not require additional medical services to receive COVID-19 vaccination
- May seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient, such as:
 - Vaccine recipient's private insurance company
 - Medicare or Medicaid reimbursement
 - HRSA COVID-19 Uninsured Program for non-insured vaccine recipients
- May not seek any reimbursement, including through balance billing, from the vaccine recipient
- For additional information on filing claims for reimbursement of COVID-19 vaccine administration fees, go to:
 - HRSA COVID-19 Uninsured Program ([Link Here](#))
 - CMS Guidance ([Link Here](#))

If a resident or staff contracted COVID-19 right after or before the first vaccine, and the physician is recommending not to get the second vaccine for 90 days, would that staff member or resident start over with the vaccine schedule?

- If a resident contracted COVID-19 before the first dose, the physician may recommend that they wait 90 days before getting vaccinated. This is based on the logic that most people will be immune from re-infection with COVID-19 for about 90 days after they have had natural infection and that you could, if you chose to, defer to get the vaccine until more vaccine is available for everyone. If the resident gets COVID-19 after the first dose, they should NOT wait 90 days. They should get their second dose after they have completed their isolation period and are feeling better. There is no need to start the vaccine series over if the second dose is delayed.

Long-term Care: Vaccine FAQs (4/7)

If someone is sick, can they still get the vaccine?

- Patient care is very nuanced, so it is difficult to provide clinical guidance online. The FDA advises telling your vaccination provider about all of your medical conditions, including if you:
 - Have any allergies
 - Have a fever
 - Have a bleeding disorder or are on a blood thinner
 - Are immunocompromised or are on a medicine that affects your immune system
 - Are pregnant or plan to become pregnant
 - Are breastfeeding
 - Have received another COVID-19 vaccine

For further information, please refer to the

- Pfizer EUA Factsheet ([Link Here](#))
- Moderna EUA Factsheet ([Link Here](#))
- CDC COVID-19 Vaccination FAQ ([Link Here](#))

Is it protocol to vaccinate individuals who have already recovered from COVID-19?

- Yes, reinfection is possible. If a person has previously been infected with COVID-19, vaccination is recommended but the CDC advises waiting 90 days after treatment for COVID-19 symptoms with monoclonal antibodies or convalescent plasma. If a person is currently in quarantine due to potential exposure to COVID-19, it is advised to wait 14 days after exposure to get vaccinated to ensure that they do not have COVID-19.

Long-term Care: Vaccine FAQs (5/7)

How long will the vaccine provide protection against COVID? Will the vaccine need to be repeated like the flu vaccine? If so, how often?

- Research is still ongoing and data is not yet available on the duration of protection that the vaccines will provide or if we will need to be vaccinated again in the future.

Can you still spread the virus after being fully vaccinated?

- Research is still ongoing into this question. It may be possible to spread the virus after being fully vaccinated, so it is important to continue taking appropriate precautions like wearing a mask, practicing social distancing, and avoiding large gatherings after vaccination. We do know that the vaccine is very effective at preventing symptomatic disease in the person who is vaccinated, but more needs to be learned about whether vaccinated people can be asymptomatic carriers of the virus that can still infect others.

Why don't we have enough vaccines currently?

- As of February 2021, two manufacturers, Pfizer and Moderna, have received Emergency Use Authorization for their vaccines and are manufacturing doses at full capacity, releasing a combined 12-18 million doses each week. Additionally, the Johnson and Johnson vaccine recently received Emergency Use Authorization. We will begin receiving doses of this vaccine within the next few weeks
- Other vaccines, including AstraZeneca, are currently in development and will add to supply if they are authorized, hopefully in the next couple of months. Supply may also increase, although not significantly, based on President Biden's use of the Defense Production Act, which will increase access to supplies needed for vaccine manufacturing and syringes that allow an extra dose to be extracted from Pfizer vials.

Is the state or KDHE hoarding vaccine?

- No, the state and KDHE are not hoarding vaccine doses. The state manages the allocation and order process and then the doses are delivered directly to Local Health Departments and other providers. KDHE keeps an allocation of vaccine to administer to special populations including K-12 teachers and staff.

Long-term Care: Vaccine FAQs (6/7)

How do we get vaccine for residents that received monoclonal antibody treatment during our vaccine clinics with CVS?

- For residents that were unable to receive vaccines during the CVS/Walgreens clinics, you can reach out to your local health department, or to your facility's pharmacy to get those residents vaccinated

Our facility received one type of vaccine, for the first doses, but then our County switched to the other type of vaccine. How do we receive the second doses of vaccine for our facility?

- Many local pharmacies and health departments have received shipments of both the Pfizer and the Moderna vaccines. Please reach out to your facility's pharmacy for further vaccine support. If your pharmacy and local health department cannot provide you the vaccination support needed, please reach out to KDHE at COVID-19@ks.gov, for further support

Do you expect to get the Johnson and Johnson vaccine? And when?

- The Johnson and Johnson vaccine recently received Emergency Use Authorization. We will begin receiving doses of this vaccine within the next few weeks

For rural areas, how can rural LTC facilities get the Pfizer vaccine from the larger pharmacies without transporting the residents a distance together to get them, because the pharmacies are not going to send out vaccinators?

- First, please contact the location (via the phone number, email, and/or website contact information provided) to verify location-specific eligibility, vaccine availability, hours, and appointment requirements. Once you have confirmed these details, please reach out to your Local Health Department (directory by county) to see if they have any transportation assistance programs. If you still are not able to receive transportation support, please contact KDHE at COVID-19@ks.gov

Long-term Care: Vaccine FAQs (7/7)

If a second Pfizer vaccine cannot be obtained, should I start over with the Moderna?

- No, do not start the vaccine process over with Moderna (or vice versa). Please contact your Local Health Department for assistance finding a provider that can administer your second dose (directory by county).

How long can a person wait to receive the second shot?

The mRNA COVID-19 vaccine series consists of two doses administered intramuscularly. CDC guidance on the interval between doses is as follows:

- Pfizer-BioNTech (30 µg, 0.3 ml each): 3 weeks (21 days) apart
- Moderna (100 µg, 0.5 ml): 4 weeks (28 days) apart

Persons should not be scheduled to receive the boost dose earlier than recommended (i.e., 3 weeks for Pfizer or 4 weeks for Moderna). However, boost doses administered within a grace period of 4 days earlier than the recommended date for the boost dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.

The boost dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the boost dose of Pfizer and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the prime dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. However, if the boost dose is administered beyond these intervals, there is no need to restart the series.

Long-term Care: Reporting FAQs LAB (1/2)

How do we report if we are using rapid antigen tests?

- All test results, positive and negative, are reportable to KDHE. Test results can be reported to KDHE via the Kansas Reportable Disease Portal <https://diseasereporting.kdhe.ks.gov/>

If we are reporting them to National Healthcare Safety Network (NHSN), do we also have to report to KDHE?

- If you are already reporting to National Healthcare Safety Network (NHSN), then that meets your reporting requirements and there is no further need to report to KDHE. Please note, however, that you are no longer required to report to National Healthcare Safety Network (NHSN). If you are reporting directly to KDHE, then that also meets your reporting requirements
- Please note reporting to KDHE can be done through LabXchange. Please contact kdhe.KHEL_INFO@ks.gov and request access to LabXchange. Please also note, this email can be used to ask general questions related to LabXchange.

Do state regulated buildings report all testing to KDHE?

- All tests are reportable to KDHE

How do we report tests administered to out of state visitors and/or staff members?

- You may fax results to KDHE Epidemiology at 1-877-427-7317. The results will be routed to the correct state's health department

When using PCR tests for visitors/vendors, how do you report since not a resident or an employee?

- The facility is responsible for reporting all test results, positive and negative, to KDHE. Test results can be reported to KDHE via the Kansas Reportable Disease Portal <https://diseasereporting.kdhe.ks.gov/>

Long-term Care: Reporting FAQs LAB (2/2)

Is LabXchange replacing WebIZ? Or do we report to both?

- Please note that LabXchange is a tool for reporting COVID-19 testing, while WebIZ is a tool for reporting COVID-19 vaccinations. Vaccines are entered into WebIZ when they are administered. Only people who are administering vaccines need to report them into WebIZ, and therefore, if your facility is not actually administering vaccine, then there is no vaccine reporting requirement for your facility.

Are we required to report our vaccinations?

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How do we get the LabXchange reporting software?

- Please contact kdhe.KHEL_INFO@ks.gov and request access to LabXchange. Please also note, this email can be used to ask general questions related to LabXchange.

Long-term Care: Visitation + Miscellaneous FAQs (1/2)

Now that we are vaccinated, can we stop social distancing?

- Vaccines are another layer of protection against COVID-19, however, at this moment, they should not be the only layer of protection relied on. KDHE and KDADS recommends following the guidance from the CDC and CMS to continue COVID-19 infection control practices including, but not limited to; COVID-19 testing, social distancing, wearing masks, washing your hands with soap and water, or using alcohol-based hand sanitizer.

How long will the EO be in place to test?

- The Executive Order requiring COVID-19 testing in state licensed adult care homes will expire at the end of March with the ending of the emergency declaration. That date could change based on various factors including the future prevalence of COVID-19 and the vaccination uptake in Kansas.

Can we get guidance on residents who have been vaccinated if they can leave facility for visit with their families, go for car rides, families able to take resident to dr. appointments?

- Vaccines are another layer of protection against COVID-19, however, at this moment, they should not be the only layer of protection relied on. KDHE and KDADS recommends following the guidance from the CDC and CMS to continue COVID-19 infection control practices including, but not limited to; COVID-19 testing, social distancing, wearing masks, washing your hands with soap and water, or using alcohol-based hand sanitizer. The facility policy on visitation or residents leaving a facility must follow the best infection control practices, be informed by the level of community spread of COVID-19 and include appropriate transmission-based precautions. The CDC guidance that allows vaccinated staff to not quarantine after an exposure to COVID-19 has an exception for vaccinated residents in health care settings. Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure to someone with suspected or confirmed COVID-19; outpatients should be cared for using appropriate transmission-based precautions. This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings. Facilities that want to allow residents to leave for visitation should consider adding additional COVID-19 testing for residents to detect infections that might occur to trigger cohorting or isolation.

Long-term Care: Visitation + Miscellaneous FAQs (2/2)

Per QSO 20-39-NH, do we have to be 2-weeks out of "red" before allowing visitation? Or is it OK immediately once we are in Yellow/Green?

- For indoor visitation, adult care homes should consider multiple factors when deciding about allowing visitation. The color-coded levels based on the county positivity rates are one indicator of community spread. Other factors mentioned in the KDADS guidance document include no new onset of COVID-19 in the last 14 days and the facility is not conducting outbreak testing. Facilities also should limit the number of visitors per resident and the total number of visitors at one time, limit movement of visitors within the building, allow for 6 feet of social distance, and assure that visitors can adhere to infection control principles. When a county moves from high levels of positive test results to a lower level (for example red >10% positivity to yellow between 5 and 10%, or green <5%) facilities can use that information as soon as it is available to inform their decision.
- **After the fully vaccinated individual is outside the 3 months, what is the guidance? Do they go back to the prior guidance.**
 - The CDC has not issued clear direction on how fully vaccinated people should be treated after the period of immunity after vaccination. Vaccination provides another layer of protection from COVID-19 but does not remove the need to practice good infection control including wearing masks, social distancing, good hand hygiene and transmission-based precautions. As the science develops about the vaccine and the longevity of the immunity response to the vaccine.

We are supposed to have a physician's order for all POC tests. How is this to be done for visitors, vendors, etc.?

- If you do not have a provider with a Standing Order for COVID-19 testing, you may use Dr. Lee Norman as the provider. As the State Health Officer, he has issued a Standing Order for COVID-19 testing ([Standing Order Here](#))