

Welcome and Introductions

Wednesday, December 8, 2021



Belinda Hawks

Division Director, Quality Management and Planning
Behavioral Health and Developmental Disabilities Administration

Today's topics and guests

- **Meet Michigan's new Chief Medical Executive**
Dr. Natasha Bagdasarian, MD, MPH, FIDSA
- **Understanding COVID-19 Prevention & Treatment Guidelines for Individuals who have Decision-Making Challenges**
Dr. Debra Pinals, MD, Medical Director for Behavioral Health and Forensic Programs
- **The Benefits of Working with Regional Healthcare Coalitions**
Amanda Reed, Region 7 Healthcare Coalition
- **Latest Visitation Updates for AFCs & HFAs**
Denise Parr, BSN, RN, CIC
Lead Manager, Infectious Prevention Resource and Assessment Team (IPRAT)

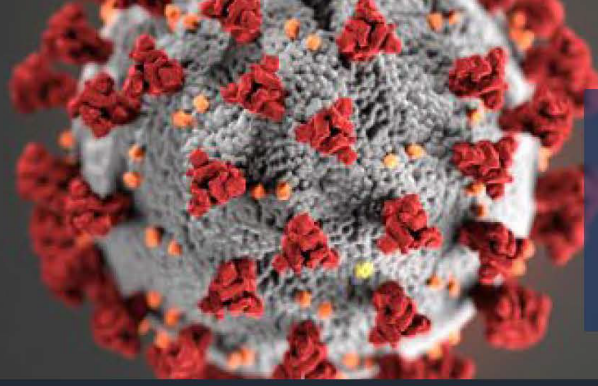


Dr. Natasha Bagdasarian
Michigan's Chief Medical Executive

Dr. Debra Pinals

**Medical Director for Behavioral Health
and Forensic Programs**





COVID-19 Prevention and Treatment Guidelines for Individuals who have Decision-Making Challenges

Michigan.gov/Coronavirus

November 19, 2021

Regarding consent for COVID vaccination and treatment and post exposure prophylaxis with monoclonal antibodies (mAb) for COVID-19 vulnerable populations with decision-making challenges, including those who may be residents/patients in a psychiatric hospital, psychiatric unit, Adult Foster Care (AFC) setting, nursing home, home for the aged, and other settings:

The following guidelines are issued to ensure equitable access to prevention and treatment strategies for individual with decision-making challenges as evolving data shows a heightened risk of COVID-19 for certain populations, along with the proven effectiveness of vaccine prevention strategies reducing morbidity and mortality.

There are currently FDA approved COVID-19 vaccines. There is also emergency use of monoclonal antibodies and treatments and post exposure prophylaxis for individuals who have been determined to be positive for COVID-19 and with increased risk of medical morbidity and fatality.

The FDA must ensure that recipients of the vaccine under an Emergency Use Authorization are informed, to the extent practicable given the applicable circumstances, that FDA has authorized emergency use of the vaccine, of the known and potential benefits and risks, the extent to which such benefits and risks are unknown, that they have the option to accept or refuse the vaccine, and any of the available alternatives to the product. Typically, this information is communicated

To download:

[COVID-19 Prevention and Treatment Gu 742082 7.pdf \(michigan.gov\)](#)

Healthcare Coalitions as a Resource

HOW AND WHY TO PARTNER WITH YOUR REGIONAL HEALTHCARE COALITION.

Amanda Reed, Region 7 Healthcare Coalition



How to Contact your Healthcare Coalition



Region 1

Matthew Price
517-324-4404
d1rmrc-matt@sbcglobal.net
www.d1rmrc.org

Region 3

Rob Kelly
989-746-7757
rob.kelly@cmich.edu
www.region3hcc.org

Region 7

Mark Becmer
989-748-4975
rc@mir7hcc.com
www.miregion7.com

Region 2 North

Rick Drummer
248-759-4748
rdrummer@region2north.com
www.region2north.com

Region 5

Christina Benson
269-337-4286
christina.benson@med.wmich.edu
www.5dmrc.org

Region 8

Ed Unger
906-273-2125
ed.unger@region8.org
www.region8.org

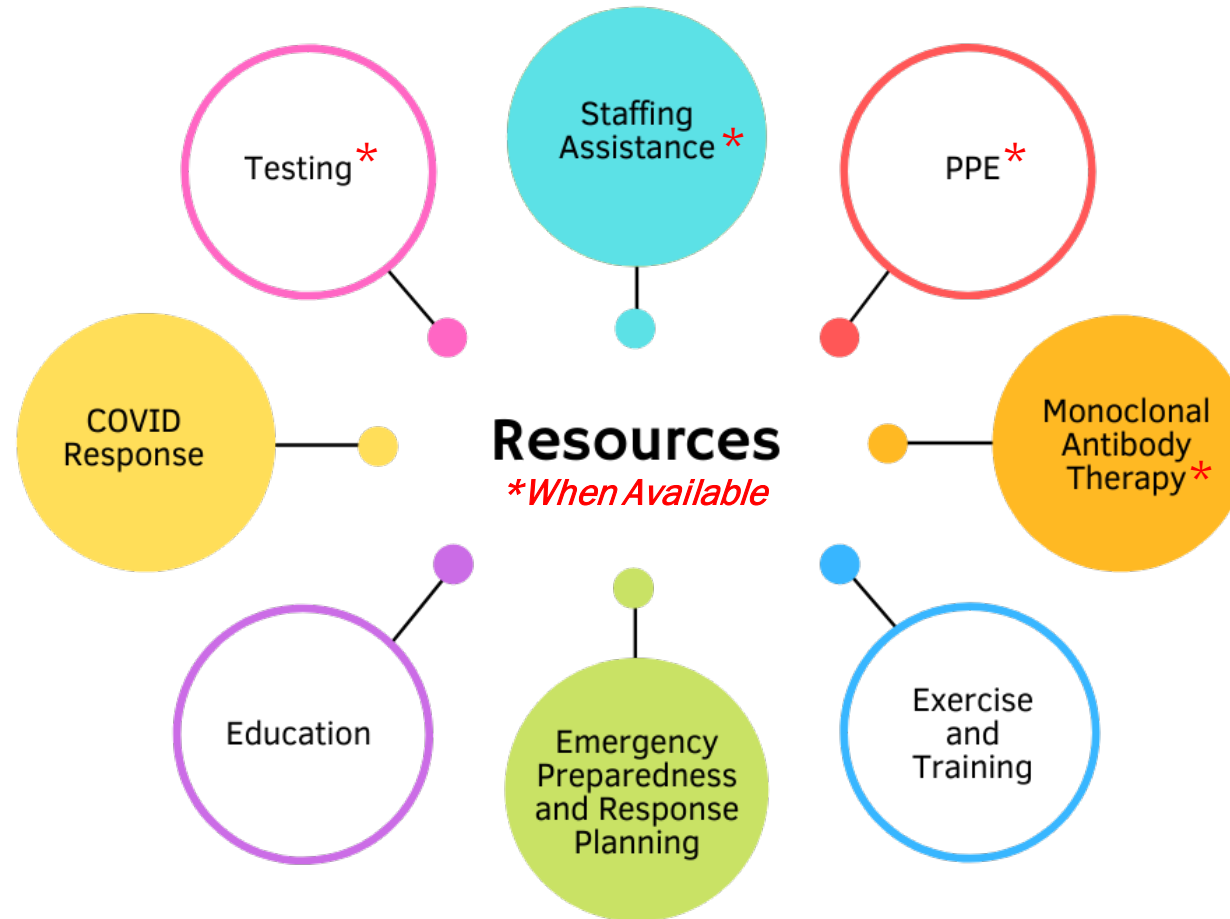
Region 2 South

Amy Shehu
734-728-7674
AShehu@2South.Org
www.portal.2south.org

Region 6

Luke Aurner
231-728-1967
laurner@wmrmc.org
www.miregion6.org

Why Partner with your Regional Healthcare Coalition?



How Coalitions Have Helped AFCs and HFAs

PPE : HFA facility reached out to MDHHS for PPE, then contacted Coalition for PPE assistance. Coalition was able to work with the HFA to give them a 2-week supply of masks, gloves, and bleach wipes.

Staffing: AFC facility reached out to MDHHS for staffing assistance and was redirected to Coalition. Coalition shared staffing resource documents compiled by FEMA and MDHHS. AFC reviewed resources and decided they needed more assistance. Coalition was able to provide AFC with MDHHS emergency staffing request form. MDHHS reviewed request and forwarded to staffing agency. Staffing Agency contacted AFC and discussed available resources and options for assistance.

Monoclonal Antibody Therapies : AFC contacted Coalition to learn more about MaB therapy for COVID positive residents. Coalition coordinated calls and resources between State and Local partners to bring therapies to the AFC.

Questions?



LTC Guidance Updates

Visitation Guidance

Denise Parr, BSN, RN, CIC



IPRAT

Infection Prevention Resource and Assessment Team

Long-Term Care COVID-19 Plan

On March 10, 2020, Michigan recorded its first cases of COVID-19. By the first week in April 2020, the state was tallying about 1,500 cases and 100 deaths per day, and it became clear the state's long-term care facilities were facing immense challenges.

In order to respond to those concerns and provide essential protections to both residents and staff in residential care facilities, the State of Michigan leveraged authority granted by Executive Order and the Michigan Public Health Code. By designated authority, the Michigan Department of Health and Human Services (MDHHS) has acted to prevent and control the spread of COVID-19 by implementing a variety of strategies in the areas of infection control, diagnostic testing, data collection and reporting, and emergency staffing response.

MDHHS and other state partners continue to address and adapt to the changing impact of COVID-19 across the state. Expand the titles below to learn more about each component of the MDHHS Long-Term Care COVID-19 Plan.

Visitation	▼
Testing Strategy	▼
Reporting	▼
Staffing	▼
Infection Prevention and Control	▼
CRC and CRF Programs	▼
Adaptations to the Regional Hub Model	▼
Michigan Nursing Homes COVID-19 Preparedness Task Force	▼
CHRT Nursing Home Evaluation	▼

Quick Access

- Accordion drop downs
- Contains document links
- CRC and CRF tab enhanced

Visitation



Issued November 17, 2021

- Facilities follow Epidemic Order May 21, 2021
- Aligned with CMS QSO 20-39-NH (revised 11/12/21)



Frequently Asked Questions

1. Where can visitation session occur?

Visitation can be conducted outdoors and indoors in dedicated visitation spaces. Private in room visitation is preferred when available. Core principles of COVID-19 infection prevention should be followed during visitation.

- Question and answer format
- Discusses each section of CMS QSO 20-39-NH



Issued November 17, 2021

- Assist with resident and visitor communication
- MDHHS Face Mask Advisory for the Holiday Season
- If not explicitly addressed in either MDHHS guidance or CMS QSO, facilities can consider their own circumstances and infection control protocol to inform operations



The current regulation from CMS states that:

If a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as he/she chooses.

- Shorter summary – may assist with visitor education
 - Visitation
 - Masking
 - Physical Touch
 - Compassionate Care

Visitation Continued

- Follow core principles of COVID-19 Infection Prevention
- Facility has screening available for all who enter
 - Screening station can be a kiosk or log with CDC recommended questions
 - Recommend spot checking screening station to ensure all who enter stop to perform screening
- Visitors with a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility



Visitation Continued

- Visitation can be conducted outdoors and indoors
- Visitors should go directly to the visitation area or resident room
- Visitors should not walk around different halls of the facility
- Visitation does not have a time limit or restricted number
 - Social distancing during peak times is recommended

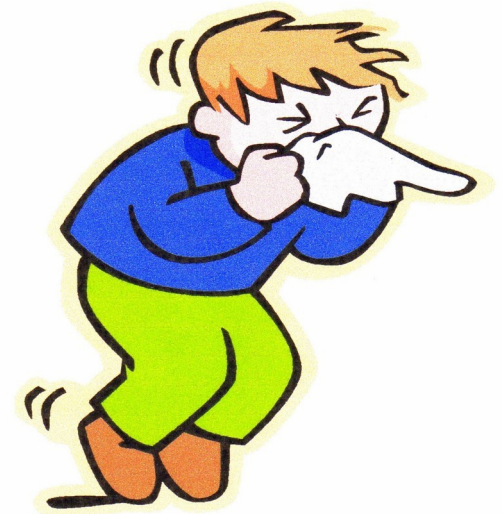
Communicate to Collaborate

- Communicate with residents, visitors, and staff on how to safely visit while in your facility
 - Risk of visiting
 - Options available to stay safe
 - Masking
 - Hand hygiene
 - Not entering other areas



During times of high community transmission

- Visitors pose a risk of bringing infection into facility
 - To mitigate risk from visitor:
 - Ensure all visitors pass screening before entering
 - Visitors wear face coverings or mask during visitation
 - Visitors perform hand hygiene during visitation



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Facility Parties or Events



- Facilities should avoid large gatherings such as parties or events where a large number of visitors are in the same space at the same time and physical distancing cannot be maintained

Can I visit during an outbreak?

Yes

- Visitors are to be educated on the risk of entering the facility during an outbreak.
 - Visitor must wear face covering or mask over mouth and nose during visit
 - If possible, have visitation in the resident's room
- QSO 20-38-NH and CDC provides guidance for outbreak testing by close contact or group level

Can I visit someone who is COVID-positive?

Yes

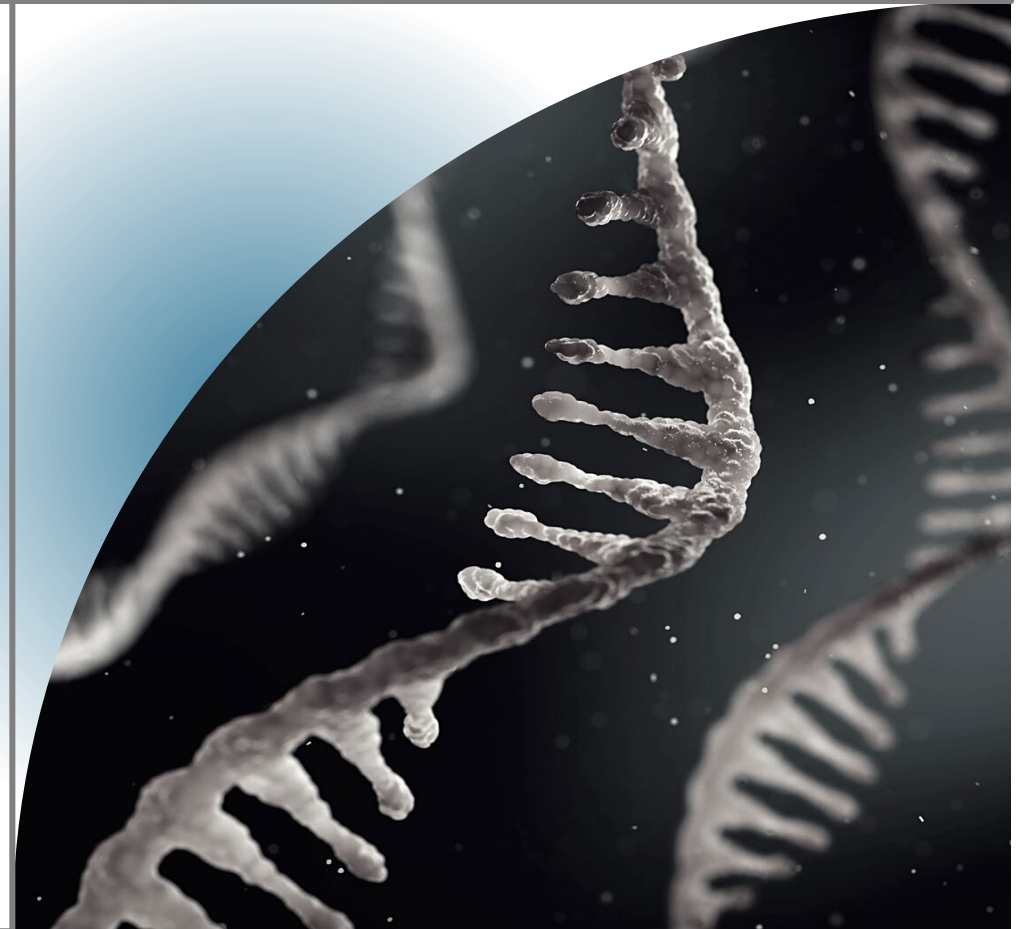
- Visitors are to be educated on the risk of entering the transmission-based precaution room
 - *Is the visitor willing to use virtual visit during the transmission-based precaution stage of illness?*
 - Visitation occurs in the resident's room
 - Visitor educated on the increased risk of being present during aerosol-generating procedures **High risk for transmission
 - Upon finishing visitation, the visitor should exit the building and not visit others

Visitation in transmission-based precautions

- Visitors are to be educated on the risk of entering the transmission-based precaution room
 - Visitor must wear face covering or mask over mouth and nose during visit following the facility's personal protective equipment policy
 - Facility may offer personal protective equipment such as face mask, gown etc.. to visitor, but are not required to provide PPE
 - Visitors should not be given facility's NIOSH approved N95 respirators (requires fit testing)

Visitor Masking

- In times of high to substantial community transmission, masking and physical distancing is the safest strategy



Everyone 18+ years who is fully vaccinated against COVID-19 is eligible for a booster.

When?

At least 2 months after a 1-dose vaccine, Johnson&Johnson/ Janssen

or

At least 6 months after a 2-dose vaccine, Pfizer-BioNTech or Moderna



FIND OUT MORE AT [CDC.GOV/CORONAVIRUS](https://www.cdc.gov/coronavirus)



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Vaccination

Contact Us



MDHHS-iPRAT@michigan.gov



517-335-8165



www.Michigan.gov/IPRAT



@MDHHS



Infection Prevention Resource and Assessment Team



For those of you following **Project Firstline**.... brought to you by Michigan's SHARP Unit ("Surveillance for Healthcare-Associated & Resistant Pathogens")...



View this week's video on the [Spread of Respiratory Viruses](#) and join the SHARP Unit **Friday, December 10 at 9:00 a.m.** for the live Q&A sessions, where infection prevention experts will review main concepts from the video and address your questions.

Registration Not Required

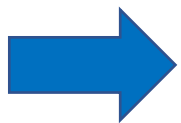
[Click here to join the meeting](#)

Reminder

*** Our next presentation will be in January – but the date is TBD.**

A recording of today's presentation will be sent to the groups below, and they will email it to their members.

- Community Mental Health Association of Michigan
- Michigan Assisted Living Association
- Michigan Center for Assisted Living
- Leading Age of Michigan



You can also download the slides from our presentations at Michigan.gov/Coronavirus. Click the RESOURCES tab and select “For AFC and HFA Operators.” Scroll to bottom of page.

Questions on other topics can be sent to:

Staffing: MDHHS-LTCStaffing@michigan.gov

Vaccines: MDHHS-COVID-Longtermcare@Michigan.gov

Testing: MDHHS-COVIDTestingSupport@michigan.gov

Emergency Orders: MDHHS-MSA-COVID19@michigan.gov

All Other Questions:

MDHHS-COVID-AFC-HFA-Response@michigan.gov

- Subscribe to correspondence at this link: [Subscribe](#)