

Welcome and Introductions



Allen Jansen
Senior Deputy Director
Behavioral Health and Developmental Disabilities

*Putting people first, with the goal of helping all Michiganders lead healthier
and more productive lives, no matter their stage in life.*

Announcements

- Licensing Q&A / FAQs – New updated version.
- Recordings of past Q&A sessions are no longer available on the COVID-19 website. But all slide presentations are available, by date, for your reference.
- Now that we're on ZOOM, you can record these live sessions yourself if you wish!
- Continue to send questions to MDHHS-COVID-AFC-HFA-Response@michigan.gov
- Next session: Wednesday, February 17th at 2:00pm.

Rapid Response Staffing



Nicole Hudson
State Assistant Administrator to
Chief Deputy of Health / Chief Medical Executive

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and more productive lives, no matter their stage in life.*

Rapid Response Staffing in Long-Term Care Facilities

- MDHHS is offering Rapid Response Staffing statewide to assist long-term care facilities who may be experiencing a staffing shortage. This includes:
 - Skilled Nursing Facilities, Assisted Living Centers, Homes for the Aged, and Adult Foster Care Homes.
- MDHHS's contracted staffing agencies can provide:
 - Short term (120 hours or less) of consecutive staffing assistance
 - Facilities will be able to request of maximum of 5 staff total per shift
- MDHHS cannot guarantee that every facility that meets criteria and requests staffing resources will receive staffing support due to high demand for supplemental staffing
- Detailed program information can be found here:
https://www.michigan.gov/documents/coronavirus/RRS_Guidance_for_LTC_Facilities_Program_Updates_Oct_2020_FINAL_706611_7.pdf

Steps for Requesting Staffing

To Request Staffing

Step 1: Facility reviews and self-certifies they meet all of the criteria in [Appendix A](#)

Step 2: Facilities contact one of the staffing contractors:

- 22nd Century Technologies, Inc (TSCTI) at **1-800-674-8380**
- ATC Healthcare at **1-800-240-4707** or stateofmichigan@atchealthcare.com
- P.I.E. Management (William Phillips) at **313-967-7871** or skendrick@piemanagement.com

Step 3: Facilities must complete the [survey](#) within 24 hours AFTER requesting staffing resources to verify they have met the criteria. You cannot request staffing resources via this survey.

Please Note: MDHHS cannot guarantee that every facility that meets criteria and request staffing resources will receive staffing support. By requesting staffing supports, facilities agree they have met the required criteria and will complete the survey. Failure to either meet the criteria when requesting staff resources or completing the survey will result in MDHHS invoicing the facility directly for the cost of staffing supports.

Questions?

- Please review the program guidance document for Frequently Asked Questions:
https://www.michigan.gov/documents/coronavirus/RRS_Guidance_for_LTC_Facilities_Program_Updates_Oct_2020_FINAL_706611_7.pdf
- All other questions can be emailed to: MDHHS-LTCStaffing@michigan.gov
- Please note, requests for staffing assistance cannot be made via this email address.

COVID Vaccine Update- LTC Pharmacy Partnership Program



Shelly Doeblner, MPH
Influenza Epidemiologist
MDHHS Division of Immunization



Data Update

Overview

- Part A- Skilled Nursing Facilities
 - 400 facilities enrolled
 - 100% First Clinics completed
 - 268 2nd Clinics completed
 - 379 3rd clinics scheduled
- Part A Doses Administered
 - **74,892 Total Doses Administered**
 - 52,164 First Doses
 - 22,728 Second Doses
 - Resident and Staff Doses
 - 41,151 Resident Doses
 - 33,741 Staff Doses

Overview

- Part B- “Other” facilities
 - 3,815 Part B facilities enrolled
 - Includes AFC, HFA, HUD 202, etc.
 - Clinics began 1/4/21
 - 2,898 1st clinics scheduled
 - 2,127 1st clinics completed
 - 2,727 2nd clinics scheduled
 - 123 2nd clinics completed
 - 2,510 3rd clinics scheduled

Part B Doses Administered

- Total Doses Administered: 71,596
 - First Doses: 66,492
 - Second Doses: 5,104
- Resident Doses: 51,581
- Staff Doses: 20,015

Clinic Process

- Pharmacy partners will be scheduling 3 clinics at each location.
- Pharmacies will contact facilities prior to scheduled clinic to confirm.
- Pharmacies will arrive at the facilities on the scheduled day.
- If the LTCF is not prepared for the pharmacy's arrival, they will forfeit that clinic day and the pharmacy will only return for two subsequent clinics.




First Dose at 3rd Vaccination Clinic

If LTCF residents and staff have not received a first dose of COVID-19 vaccine, should they receive their first dose at the third and final clinic scheduled through the LTCF Pharmacy Partnership Program?

- CDC and MDHHS supports optimizing vaccine access for all LTCF residents and staff.
- The LTC facility will need to work with their local health department (LHD) to receive the second dose for their residents.
- Staff may also receive their second dose through their LHD or at a retail pharmacy location or other community partner offering Moderna

How can we ensure our LTCF has continued access to COVID-19 vaccine after the LTC pharmacy partnership is over?

- To ensure new staff and residents have access to COVID-19 vaccine after the federal LTC Pharmacy Partnership Program is completed, LTCFs should work with a LTC pharmacy that is enrolled as a COVID-19 vaccination provider. Many pharmacies are enrolled with the federal government as COVID-19 vaccination providers through the Federal Retail Pharmacy Program and will be able to order vaccine directly from the federal government. Others may enroll directly with the state.



Federal Retail Pharmacy Program

Program Overview

- The federal government has partnered with 21 national pharmacy chains and independent pharmacy networks to help administer COVID-19 vaccine in communities across the United States
- The program will be implemented incrementally, based on the available supply of COVID-19 vaccines.
- As part of this initial phase, select retail pharmacies in each state and U.S. territory will receive a limited supply of COVID-19 vaccine directly from the federal government to vaccinate eligible individuals in their communities.
- Initial pharmacies in Michigan include **Rite-Aid, Meijer, and Cardinal Pharmacies**

Eligible Criteria for Vaccination

- Pharmacy partners will vaccinate individuals who are currently eligible to receive COVID-19 vaccine in their state or territory.
- Individuals who are eligible for vaccination in their state and are interested in getting vaccinated at their local pharmacy should check the pharmacy's website to find out if vaccine is available.
- **It's important to know that early on, your local pharmacy may not have vaccine or may have very limited supply.**

Eligibility Criteria Cont.

- Eligibility criteria to receive vaccination through the federal retail pharmacy program includes **adults aged 65 years and older and phase 1A health care professionals**

More Information?

- Additional information will be available as the program is rolled out in Michigan
- Federal Retail Pharmacy Program CDC Page: www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html

Resources

- MDHHS Resources Long-Term Care Pharmacy Partnership Program:
 - www.Michigan.gov/COVIDVaccine -> LTC Pharmacy Partnership page
 - Updated FAQ and List of Participating LTC Facilities
 - Questions: MDHHS-COVID-Longtermcare@Michigan.gov
- Michigan COVID-19 Vaccine Dashboard:
https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html
 - Update daily M-F
 - Data include doses distributed, doses administered, enrolled COVID-19 vaccine providers, and more

Testing Update



Danielle Jones, MPH
Vulnerable Population Testing Liaison
Public Health Administration



Testing

Reporting Form Update



Individual 1

Individual ID #: (i.e. Employee or Student #)*

First Name:*

Middle Name:

Last Name:*

Date of Birth:*



Home Address:*

City:*

Zip Code: 5 digit (XXXXX)*

Phone: (XXX-XXX-XXXX)*

What does this mean?

For each employer or resident there needs to be an identifier for your site. If a patient has an assigned patient number that will be their testing number for your records to use each time that person is tested. The same with an employee. If the employee does not have an employee ID number one can be created for your records of testing to attach as an identifier for that employee each time they are tested, and results are reported. For visitors we would like for visitors to have reporting numbers attached to their name. Again, the same number for the same person each time they visit.

Examples

- Patient: John Smith ID# 12345678- same number each time this patient is tested.
- Employee: Susan Smith ID#567889- Same each time staff employee is tested
- Visitor 1: Kim Smith ID 8963 this number is Kim Smith identifier each time she is tested when visits.

*Patient/Resident/Staff ID # created= 6-10 numbers recommended

*Visitor ID# created=4-6 numbers recommended

New Antigen Supply/Support Form Now Live



COVID Tests/Support Request

This form provides pertinent information to MDHHS regarding your inquiry into PCR or Antigen (rapid) tests. Supplies are limited; thus, information must be collected to prioritize distribution. Please answer each question to the best of your ability.

* Required

Submitter and Site Details

1. First and Last Name *

2. Email Address *

3. Phone # *

(xxx) xxx-xxxx and ext. if necessary



Federal Supplies

Abbott BinaxNOW auto shipments

- Facility should send one email and include all three of these email addresses: Binax.Team@hhs.gov, ARDxUSGovernmentSupport@abbott.com and eocevent488@cdc.gov
- Request to either **pause** or **be removed** from the distribution schedule and include the following information so they can be identified:
 - Site Name
 - CLIA Waiver #
 - Site Address

Questions

MDHHS-Binaxnowrequest@michigan.gov

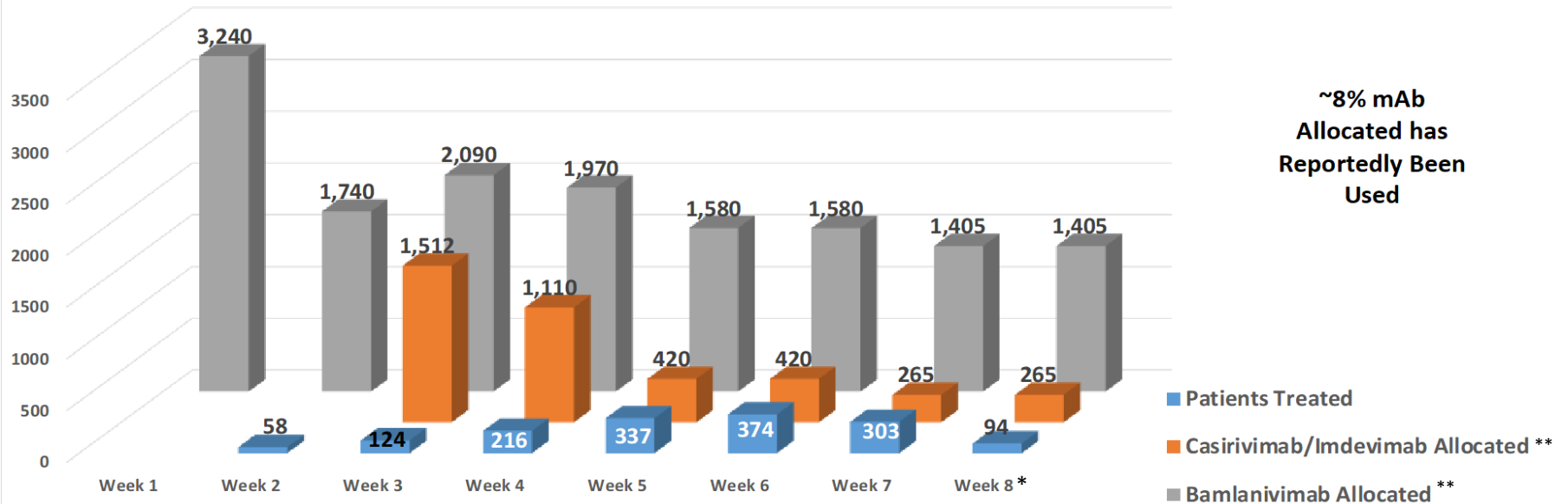
Monoclonal Antibody Therapy in Long-Term Care Facilities



William Fales, MD, FACEP, FAEMS
State Medical Director
Bureau of EMS, Trauma, and Preparedness
Division of EMS and Trauma
falesw@michigan.gov

mAb in Michigan – Supply >>> Demand

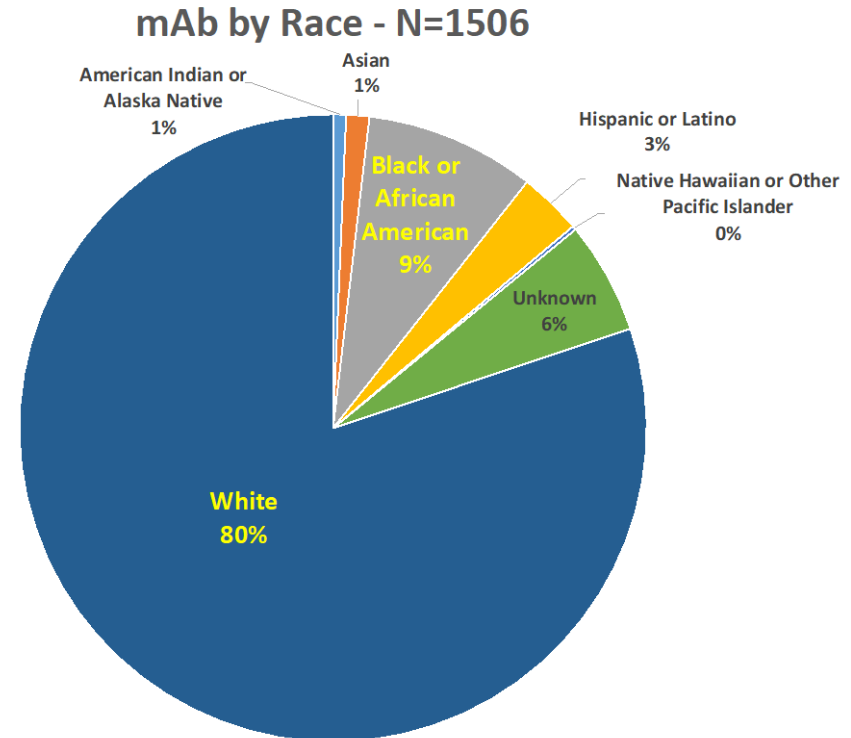
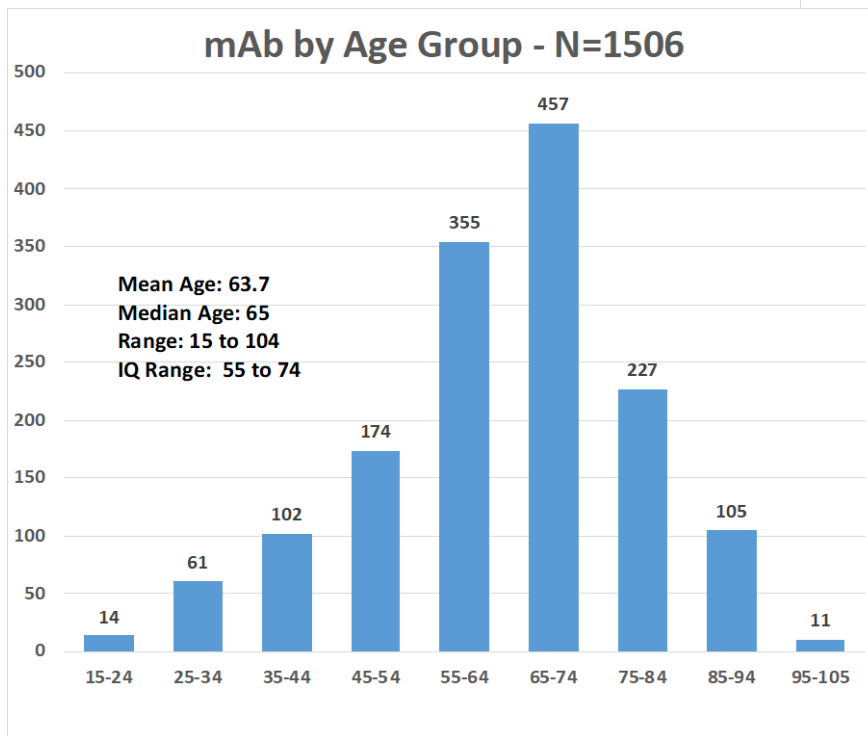
mAb Therapy Allocated to Michigan (19,002 Total) vs. Patients Treated with mAb Therapy (N=1,506) 11/9/2020 to 1/5/2021



*Partial week

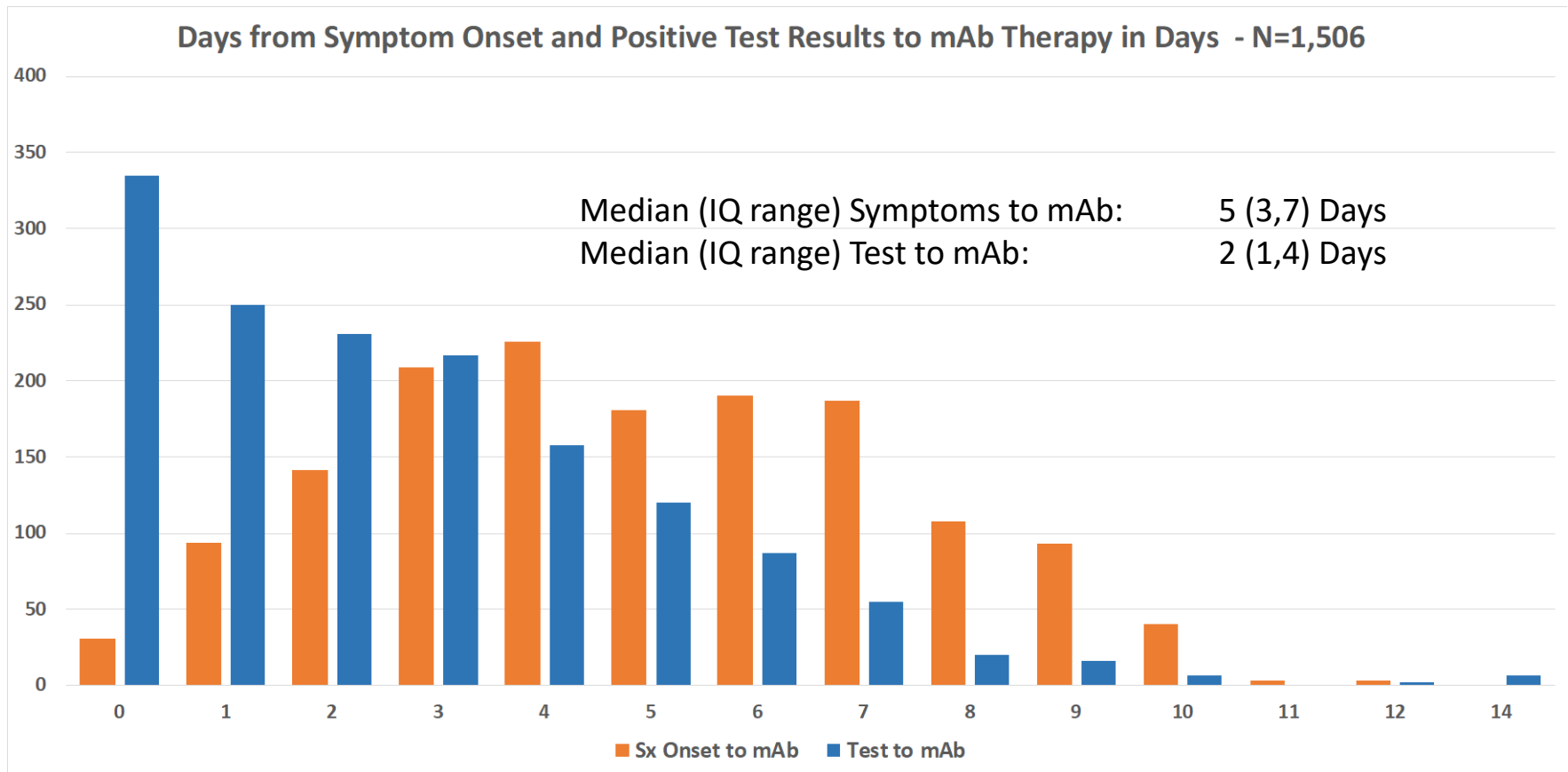
**Source: HHS/ASPR www.phe.gov

Demographics

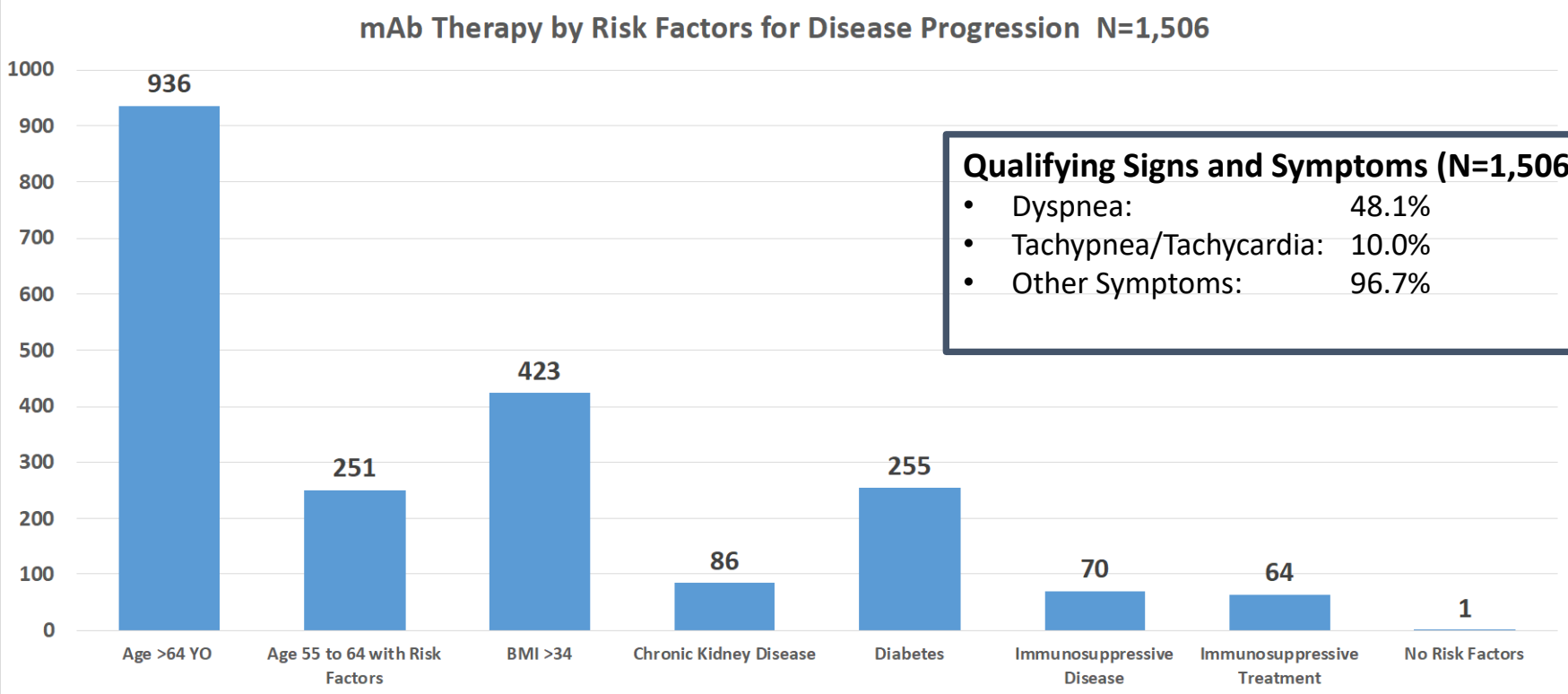


- 51% Female
- 10% Healthcare Workers

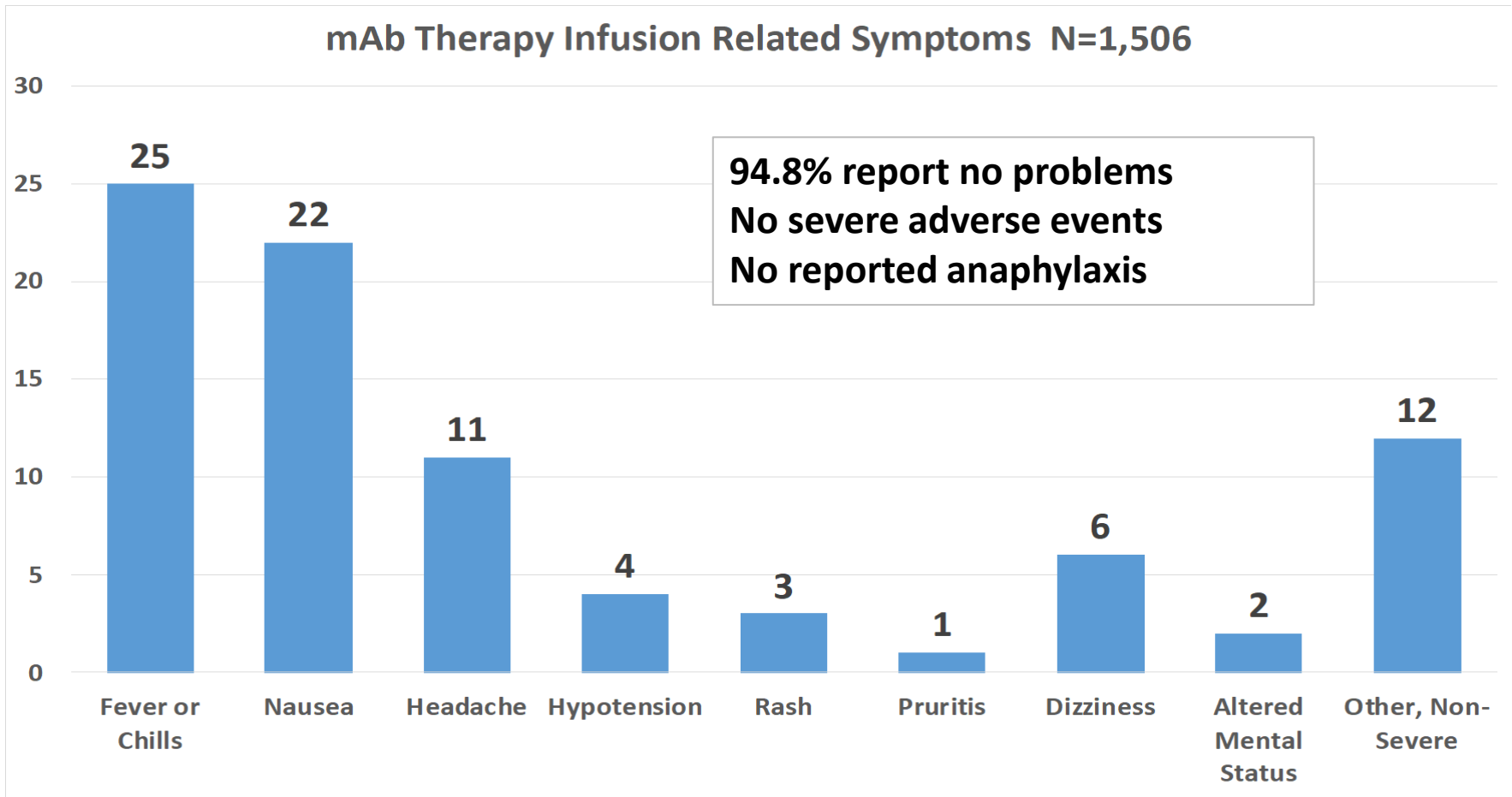
Days to mAb Therapy



Risk Factors for Disease Progression and Signs and Symptoms



Safety: mAb Infusion Related Problems



Efficacy: Post mAb Admission Rate and Outcome

Total	Age ≥ 65	Age 55-64 Risks	BMI ≥ 35	CKD	DM	Immuno - Suppres s Disease	Immuno - Suppres s Treatmen t
5.1%	4.8%	1.8%	3.6%	7.7%	5.9%	0.0%	10.0%

Reported Hospitalization Rates in Untreated High-Risk Patients from Clinical Trials
9 to 15%

Phone Interviews N=232

- Admit: 5.2%
- 2-Day Improved: 63.6%
- Now improved: 97.8%

Operation Holiday Delivery

- Rapid Response to SNFs with 7 outbreaks
 - 7 counties, 6 SNFs, 1 Assisted Living
- Resources: State Mobile Nursing Crisis Teams + Local EMS/Paramedics
- Outcomes: 120 patients, 3 admits, 1 death



Access to LTC Patients

- **Awareness**
 - Facility Medical Director / Clinicians
 - Local Public Health
 - Healthcare Coalitions / Hospitals
- **Source of Medication**
 - Specialty Pharmacy (e.g., OmniCare, etc)
 - Local Hospital
 - MDHHS
- **Delivery Options**
 - Transport to infusion center or ED
 - SNFs - Internal Resources
 - Home care\infusion
 - EMS (requires protocol)
 - State Team (larger outbreaks)



LTC Process for mAb Therapy

- Identify eligible and interested patients
 - Patient disclosure/consent
- Obtain order from clinician (MD/DO/NP/PA)
- Arrange for infusion services
 - Obtain medication and supplies and clinical personnel
- Pre-infusion patient assessment and IV access
- Infusion (21-60 minutes)
 - Vitals every 15-30 minutes
- Post-infusion monitoring (60 minutes)
 - Vitals every 15-30 minutes
- Documentation

**Monoclonal Antibody Bamlanivimab
Order Form (V5) for Adults Patients > 18 Years Old**

PATIENT NAME: _____		DOB: _____	
ALLERGIES: _____		DATE OF POSITIVE TEST: _____	
FDA PATIENT FACT SHEET PROVIDED ON: _____			
* Per FDA EUA, bamlanivimab patient education and patient fact sheet must be provided to the patient prior to administration.			
PATIENT SCREENING			
<input type="checkbox"/> Age (≥ 18 y.o.): _____		<input type="checkbox"/> Mild to moderate COVID-19; high risk for progressing to severe COVID-19 and/or hospitalization	
<input type="checkbox"/> Weight (≥ 40 kg): _____			
Patient meets at least one of the following criteria:			
<input type="checkbox"/> Has a body mass index (BMI) ≥ 25		<input type="checkbox"/> Is currently receiving immunosuppressive treatment	
<input type="checkbox"/> Has chronic kidney disease		<input type="checkbox"/> Is ≥ 65 years of age	
<input type="checkbox"/> Has diabetes		<input type="checkbox"/> Is ≥ 55 years of age AND has: cardiovascular disease or hypertension, or chronic obstructive pulmonary disease/other chronic respiratory disease.	
<input type="checkbox"/> Has immunosuppressive disease			
Bamlanivimab is NOT AUTHORIZED for use in patients with:			
<ul style="list-style-type: none"> • Who are hospitalized due to COVID-19, QR • Who require oxygen therapy due to COVID-19, QR • Who require an increase in baseline oxygen flowrate due to COVID-19 for those on chronic oxygen therapy due to an underlying non-COVID-19 related co-morbidity. 			
<input type="checkbox"/> Patient does not meet any of the above contraindications			
DRUG AND ADMINISTRATION			
Recommended Dilution and Administration Instructions for Bamlanivimab*			
Drug: Add 20 mL of bamlanivimab (1 vial) to a pre-filled infusion bag and administer as instructed below			
Size of pre-filled 0.9% Sodium Chloride infusion bag	Maximum Infusion Rate	Minimum Infusion Time	
50 mL	270 mL/hg (41 gtt/min ⁵)	16 minutes	
100 mL	270 mL/hg	27 minutes	
250 mL	270 mL/hg	60 minutes	
POST-INFUSION			
<input type="checkbox"/> Flush administration set with 0.9% sodium chloride to deliver residual volume. <input type="checkbox"/> Leave IV in place for observation period; remove prior to discharge. <input type="checkbox"/> Monitor patient for hypersensitivity reaction for a period of 60 minutes following infusion. <input type="checkbox"/> Send record of treatment and post infusion summary (page 5) to prescriber at fax number below			

Expanding Access to mAb Therapy

- Increase clinician (and patient) awareness
- Response to new variants and increased activities
 - Goal: Mitigate demands for hospital services
 - Increased use of “cocktails”
- Use testing results to identify eligible patients early
 - Decrease time from positive test to infusion and increase access
- Proactive, rapid response to outbreaks at residential facilities
 - Mass casualty incident prevention
- Expand use of EMS for home infusions and at LTCs

Summary

- mAb therapy is underutilized in Michigan
- mAb supply far exceeds current demand
- mAb (bamlanivimab) has been found to be safe
- mAb use in long term care settings to treat large numbers of patients can be safely and efficiently accomplished with multi-disciplinary teams
- Ability of mAb to reduce subsequent hospitalizations remains to be determined but preliminary experience is encouraging and worthy of expanding access

Thanks

falesw@michigan.gov



Respiratory Protection Overview

What Assisted Living Employers Need to Know

Presented by Anthony Smykla, CIH

February 10, 2021



MIOSHA Part 451 – Respiratory Protection

- Horizontal Standard
 - Vertical Standards apply (e.g. Covid Emergency Rules)
- Adopted OSHA Standard by Reference (1910.134)
 - Some MI Instructions (e.g. TB)
- One of the Top Cited Health Standards
- Addresses PPE, specific to protection against inhalation exposure route
- Applies to occupational exposures



The Part 451 Trigger

- “when such equipment is necessary to protect the health of such employee”
- Employer has duty to assess
- Includes emergency use
- SDS/Manufacturer’s Recommendations
- PELs vs. RELs/TLVs: the world of “overexposures”
 - Limited PELs, Limited Methodologies, Limited Quantification “Test the Air!”



Is Respiratory Protection Required for Covid-19?

- Are there conditions to which the employee is exposed that can cause occupational disease?
 - High and Very High Exposure Risk Tasks/Procedures
 - Medical care or Housing of Known or Suspect Covid-19 individuals requiring frequent or prolonged close contact
 - If yes, employer must implement a full respiratory protection program.



Written Programs

- If one employee is required to wear a respirator...
 - Hazard Communication Program
 - Covid Preparedness and Response Plan
 - Written Personal Protective Equipment Assessment
 - Respiratory Protection Program

- MIOSHA has templates for each at: [Michigan.gov/miosha](https://www.michigan.gov/miosha)



Common Part 451 Violations

- Written/implemented site specific program.
- Medical evaluation.
- Annual fit testing.
- Annual training.
- Interference w/ sealing surfaces.
- Training on Appendix D for comfort respirators.
- Improper respirator selection.
- Improper respirator storage.



Respiratory Protection Program

- Must be written
- Qualified Program Administrator required
- No annual review, “as needed”
- “site-specific”
- Lots of technical components (e.g. changeout, selection, fit-testing)



“Comfort” Respirators

- Employer must have assessed risk and found no exposure
- Cannot be provided if they create a hazard
- Provide Appendix D Information
- Written program
 - not needed at all for filtering face-piece
 - Limited program required for all others (e.g. elastomeric half face w/ cartridges)
 - medical surveillance
 - procedures for proper use



Filtration

- N, R, P – Oil Resistivity
- 95, 99, 100 – Filtration Effectiveness “Capture”
- P-100 is “HEPA”,
- N-95 is lowest approved by NIOSH
 - typically used for low hazard/high PEL dusts
- Certified by NIOSH, manufacturer required to submit prior to sale in U.S.
- See:
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.htm
!
- <https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>

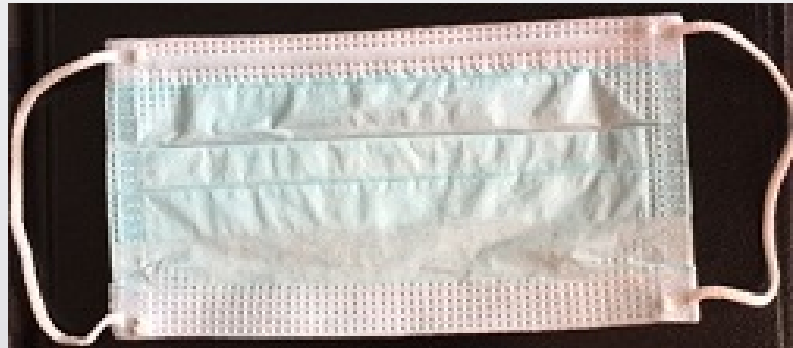


Non-Certified

Non-certified dust mask



Surgical Mask



Certified



Powered Air-Purifying Resp. (PAPR)

- APF = 25



TABLE 1 – ASSIGNED PROTECTION FACTORS⁵

Respirator Type^{1, 2}	Quarter Mask	Half Mask	Full Face	Helmet/Hood	Loose-Fitting
Air Purifying	5	³ 10	50	-----	-----
PAPR	-----	50	1,000	⁴ 25/1,000	25
SAR					
■ Demand	-----	10	50	-----	-----
■ Continuous Flow	-----	50	1,000	⁴ 25/1,000	25
■ Pressure Demand/ other (+) pressure	-----	50	1,000	-----	-----
SCBA					
■ Demand	-----	10	50	50	-----
■ Pressure Demand/ other (+) pressure	-----	-----	10,000	10,000	-----

¹ May use respirators assigned for higher concentrations in lower concentrations or when required use is independent of concentration.

² These APF's are only effective when employer has a continuing, effective respirator program per 1910.134.

³ This APF category includes filtering face pieces and elastomeric face pieces.

⁴ Must have manufacturer test evidence to support an APF of 1,000 or else these respirators receive an APF of 25.

⁵ These APFs do not apply to escape-only respirators. Escape respirators must conform to 1910.134(d)(2)(ii) or OSHA's (*i.e.*, *MIOSHA's*) substance specific standards, if used with those substances.



APFs and Biohazards

- APF is based on Permissible Exposure Limits
- No airborne exposure limits established for biohazards
- No “Immediately Dangerous to Life and Health (IDLH)*” airborne concentration limits for biohazards

*An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.



Medical Evaluation

- Must provide before fit testing and use
- Must be performed by PLHCP
 - Review medical questionnaire (Appendix C)
- Follow-up medical exam as needed
- Written recommendation
- Only initial and follow-up as indicated (signs/symptoms)



Fit Testing

- Must fit test all required use respirators with tight-fitting face pieces
- When is a fit test required?
 - prior to initial use
 - whenever a different respirator face-piece is used
 - at least annually thereafter
 - report of changes in physical conditions
- Fit test protocol in Appendix A

Seal Checks

- Performed every time tight-fitting respirator is donned
- Before entering contaminated environment
- Must pass to perform assigned duties



Maintenance and Care

- The employer shall provide respirators that are clean, sanitary, and in good working order.
- Storage
 - protect from damage, contamination, deformation
- Inspection
 - routine use - before each use/during cleaning
- Repairs
 - Properly trained person
 - NIOSH-approved parts (same-for-same)



Identification

- NIOSH-approved filters, cartridges/canisters
- Labeled and color coded with NIOSH-approved label





Training and Information

- Must provide effective training
- Required prior to use.
- Retraining required annually and when
 - workplace conditions change
 - new types of respirators are used
 - inadequacies in employee's knowledge or use indicates need



Training and Information -

The employer shall ensure the employee can demonstrate:

- Why the respirator is necessary and how improper fit, use, or maintenance can compromise the protective effect of the respirator
- Limitations and capabilities
- Use in emergency situations
- How to inspect, put on and remove, use and check the seals
- Procedures for maintenance and storage
- Recognition of medical signs and symptoms that may limit or prevent effective use
- General requirements of the standard



FFR Re-use

- <https://www.osha.gov/laws-regs/standardinterpretations/2011-11-22-0>
- The N95 filtering facepiece respirator is a "disposable respirator." It must be discarded after use, or when it becomes damaged or soiled. It cannot be cleaned and disinfected according to the method described in Appendix B-2. OSHA is presently not aware of any alternate procedures provided by respirator manufacturers in their user instructions that would allow for cleaning and disinfecting their filtering facepiece respirators.
- Note that while N95 FFRs are meant to be discarded after each use, CDC has developed contingency and crisis strategies, including reuse and decontamination of N95 FFRs, to help healthcare facilities conserve their supplies in the face of shortages. For additional information, refer to [CDC's Implementing Filtering Facepiece Respirator \(FFR\) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators](#) and [CDC's Elastomeric Respirators: Strategies During Conventional and Surge Demand Situations](#).



OSHA Enforcement Memoranda

- <https://www.osha.gov/enforcementmemos>
- 9 Covid-19 memorandums are in effect
- Time-limited to current public health crisis
- Adopted by MIOSHA
- Most impact Part 451 requirements
- All require good faith efforts at compliance



OSHA FAQs

- MIOSHA has own FAQs
- OSHA - <https://www.osha.gov/SLTC/covid-19/covid-19-faq.html>
 - outlines the differences between cloth face coverings, surgical masks and respirators
 - reminds employers not to use surgical masks or cloth face coverings when respirators are needed.
 - notes the need for social distancing measures, even when workers are wearing cloth face coverings, and recommends following the [Centers for Disease Control and Prevention's guidance on washing face coverings](#).



Thank You!

Any Questions?

Conclusion: Send questions / comments to:

Staffing:

- MDHHS-LTCStaffing@michigan.gov

Vaccines:

- MDHHS-COVID-Longtermcare@Michigan.gov

Testing:

- MDHHS-Binaxnowrequest@michigan.gov

All Other Questions:

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

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