POST-ACUTE BROADCAST

December 16th, 2020

INNOVATION CARE PARTNERS | HONORHEALTH

COLLABORATING FOR CARE

Agenda

- Overview of COVID-19 statistics
- Arizona progress with COVID-19
- Updates from CMS, and Community
- Guest speaker

Johns Hopkins tracker

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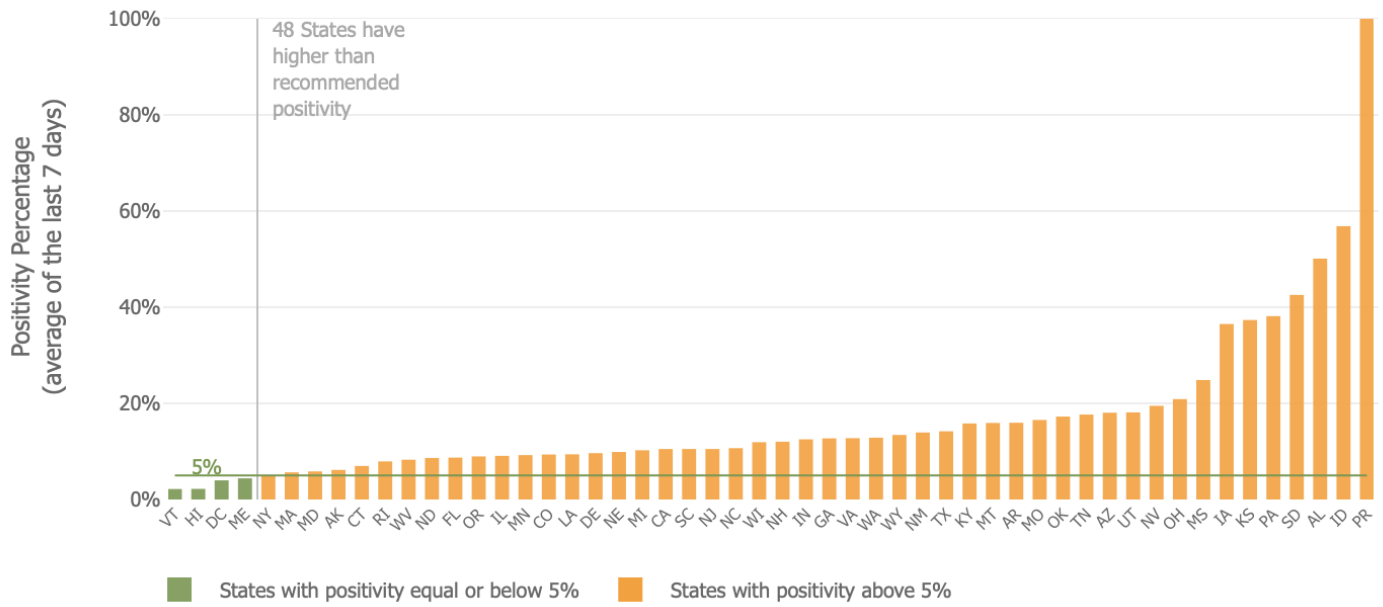
CORONAVIRUS STATUS 12/14/2020

- **World** 72.4 million cases, 1.6 million deaths
- **US** 16.2 million cases, 299K deaths
- **Arizona** 420K cases, 7,358 deaths

On May 12, 2020, the World Health Organization (WHO) advised governments that before reopening, rates of positivity in testing of should remain at 5% or lower for at least 14 days.



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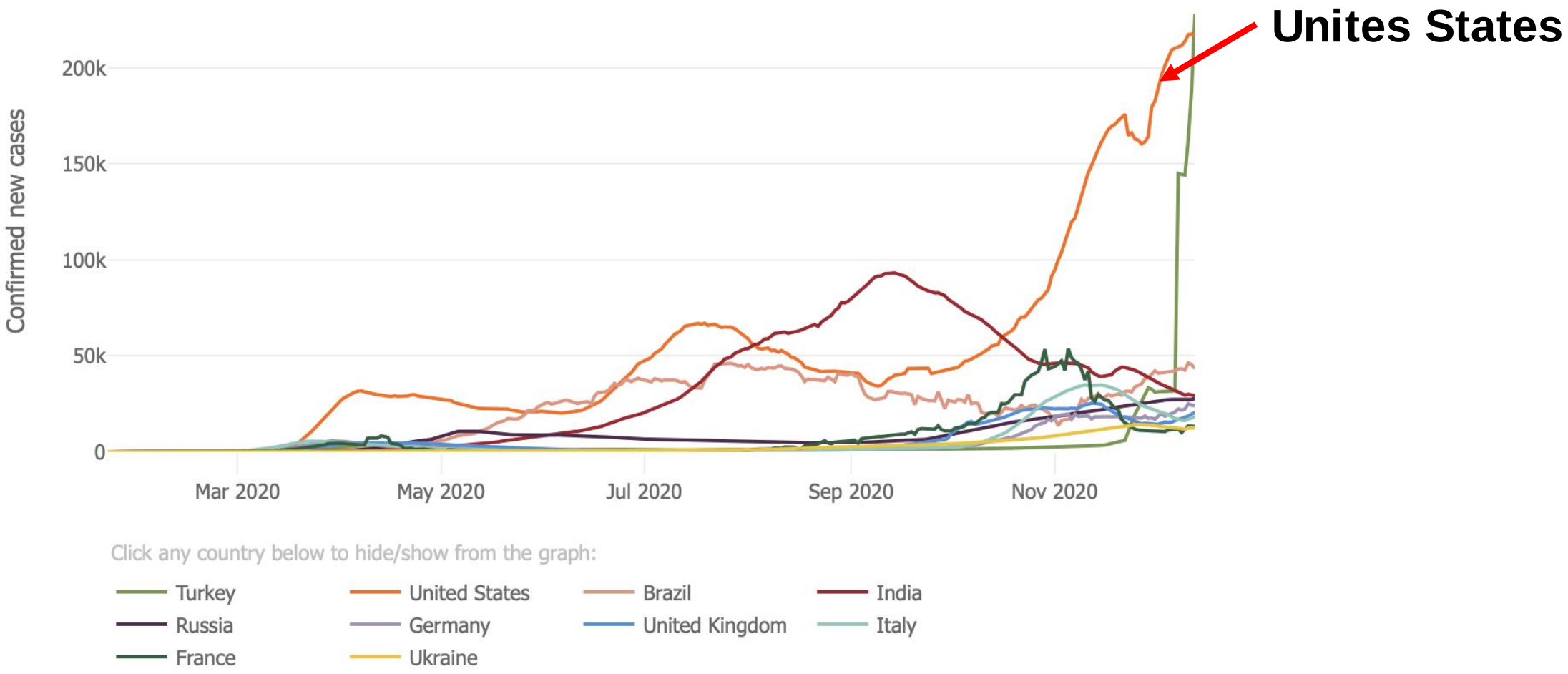
As of 12/14/2020

DAILY CONFIRMED NEW CASES (7-DAY MOVING AVG)



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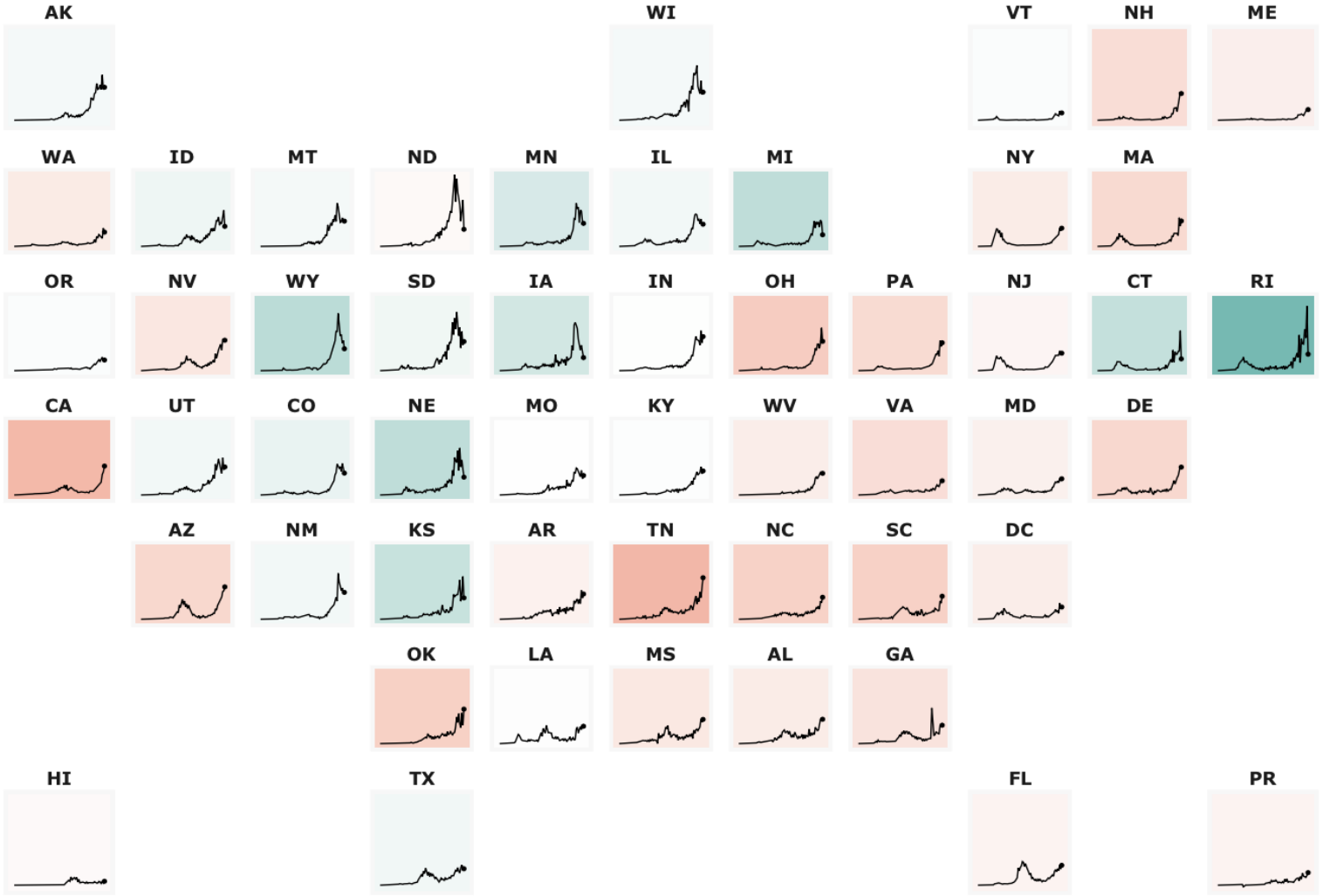
Daily New Cases per 100k People



Line shows 7-day moving average of **new cases per day** in this state. Dot corresponds to most recent day.

The **greener** the background, the bigger the **downward trend** of new cases in this state.

The **redder** the background, the bigger the **upward trend** of new cases in this state.

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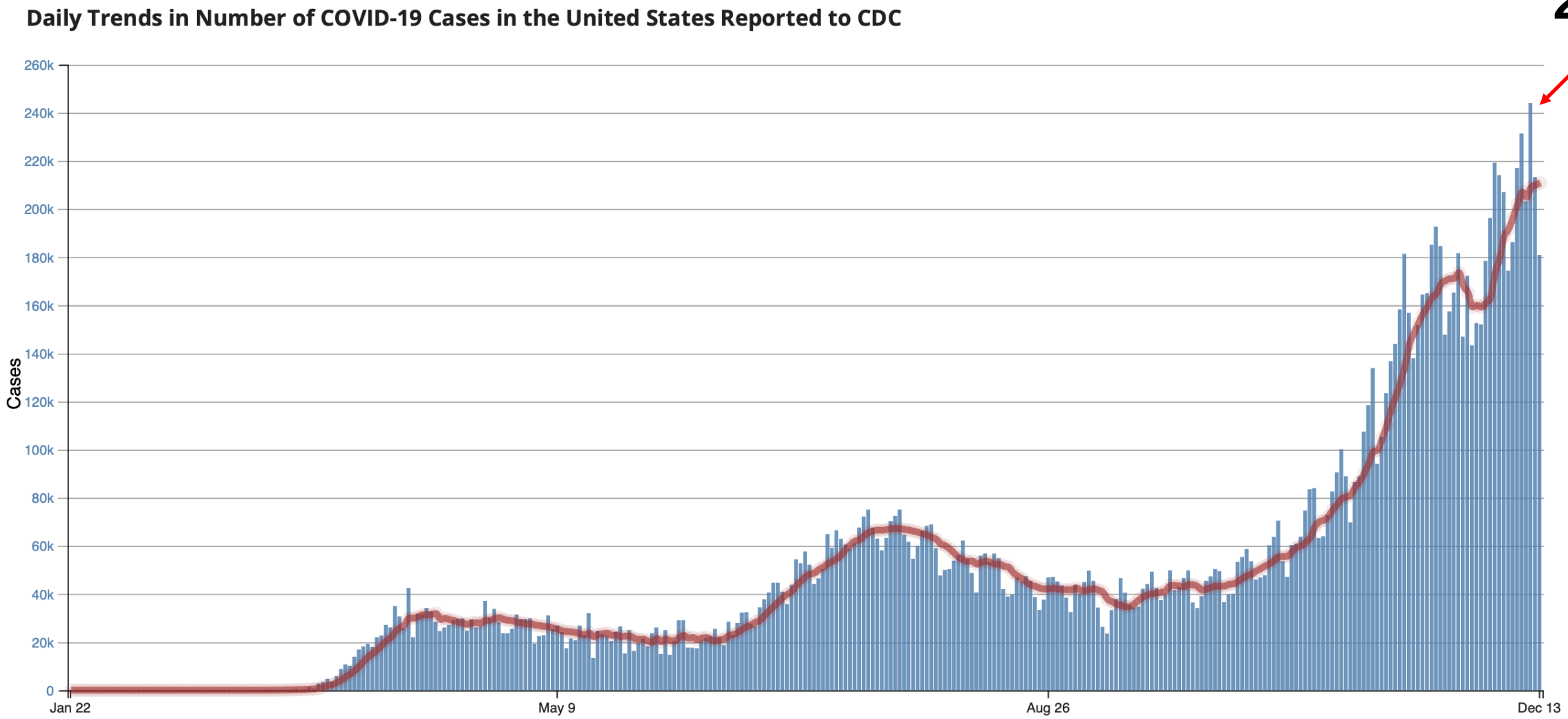
National Case Count by Date

240K



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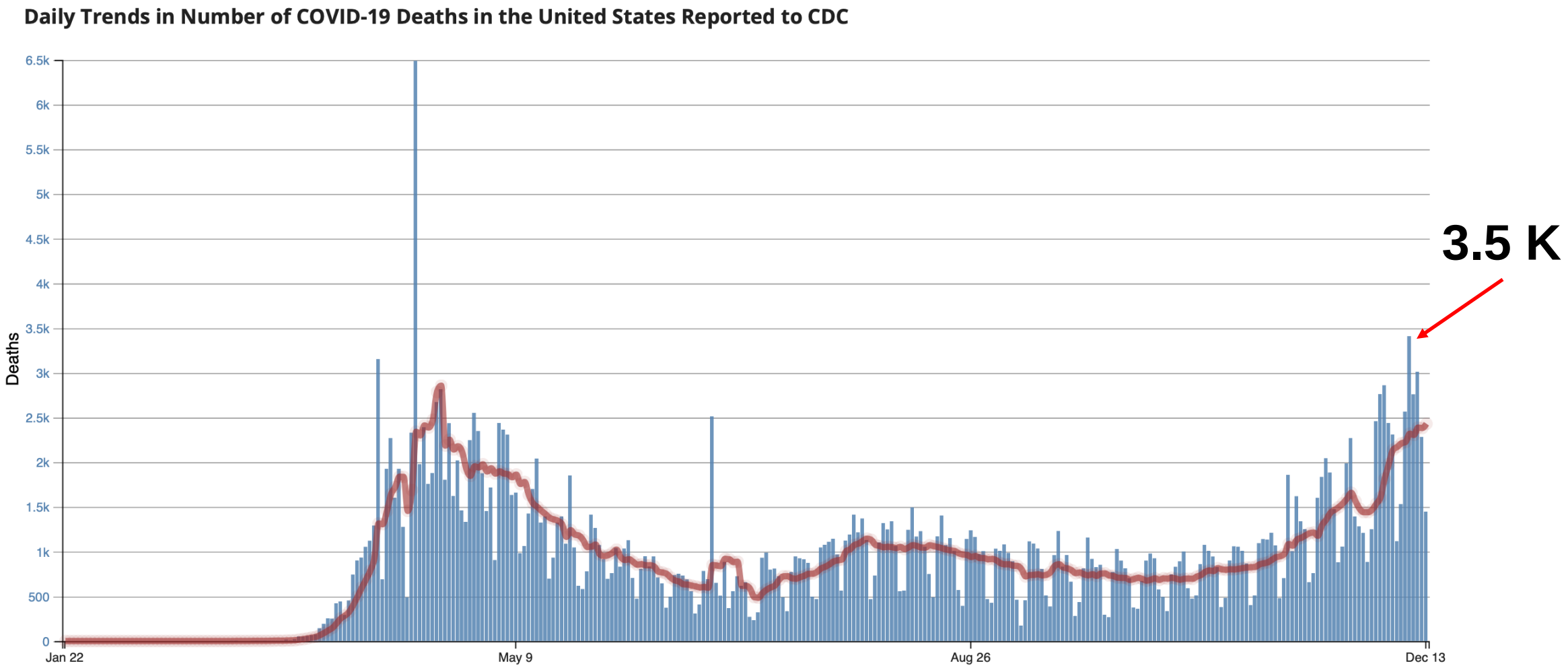
As of 12/14/2020

Daily Trends in Number of COVID-19 Deaths in the United States



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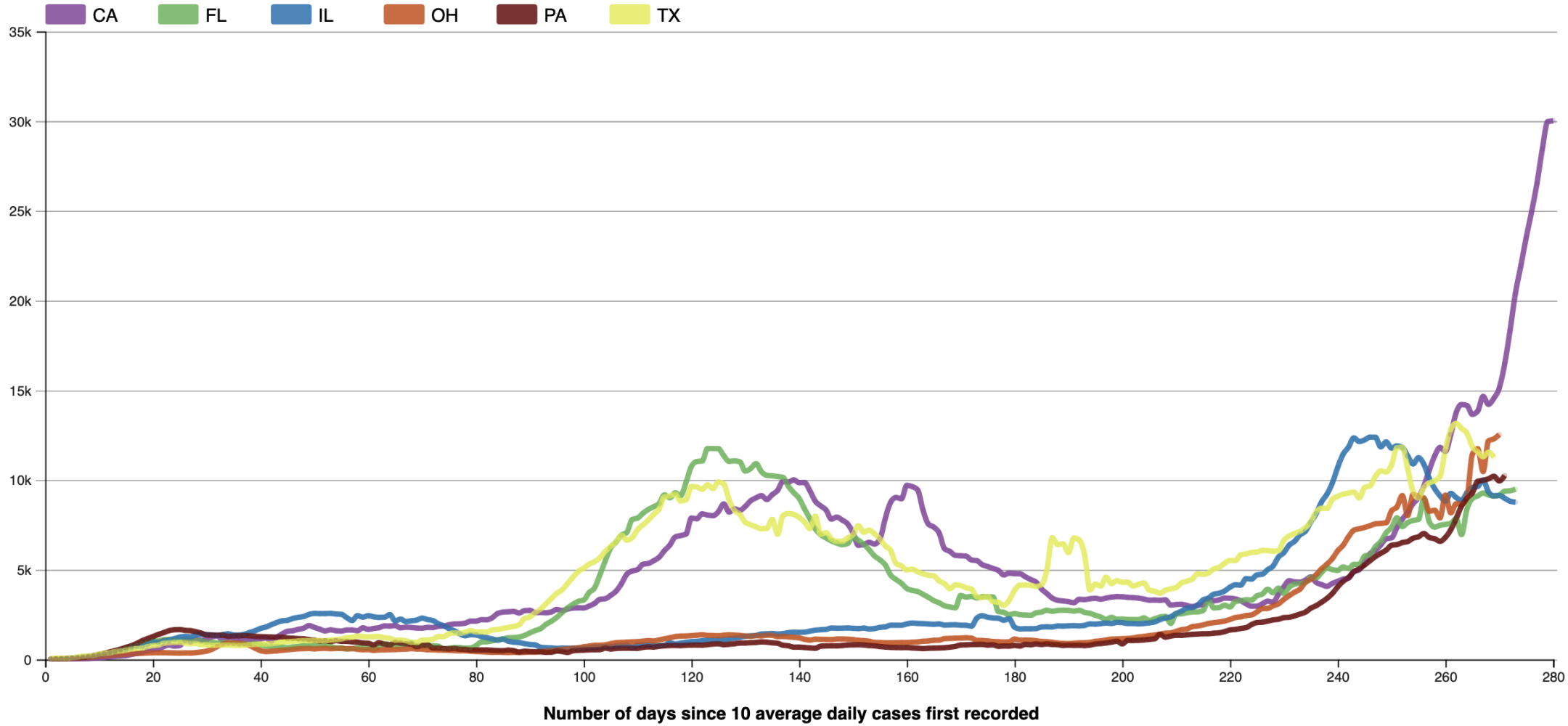
New cases of Covid-19



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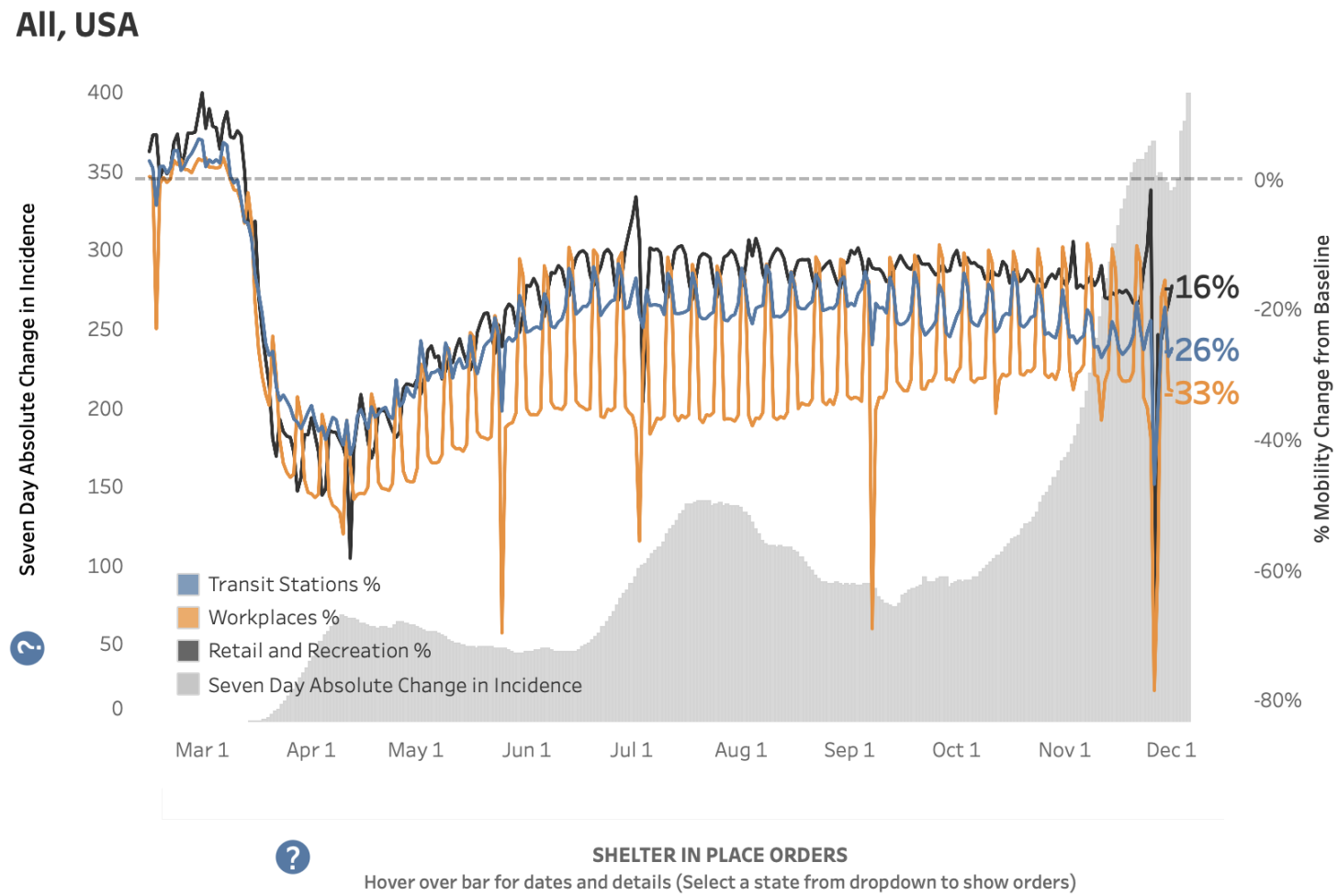
Human Mobility and COVID-19 Transmission (USA)



WORKPLACES

-33%

RETAIL AND RECREATION

-16%

TRANSIT STATIONS

-26%

% AT HOME

30%

MOBILITY INDEX

3.8

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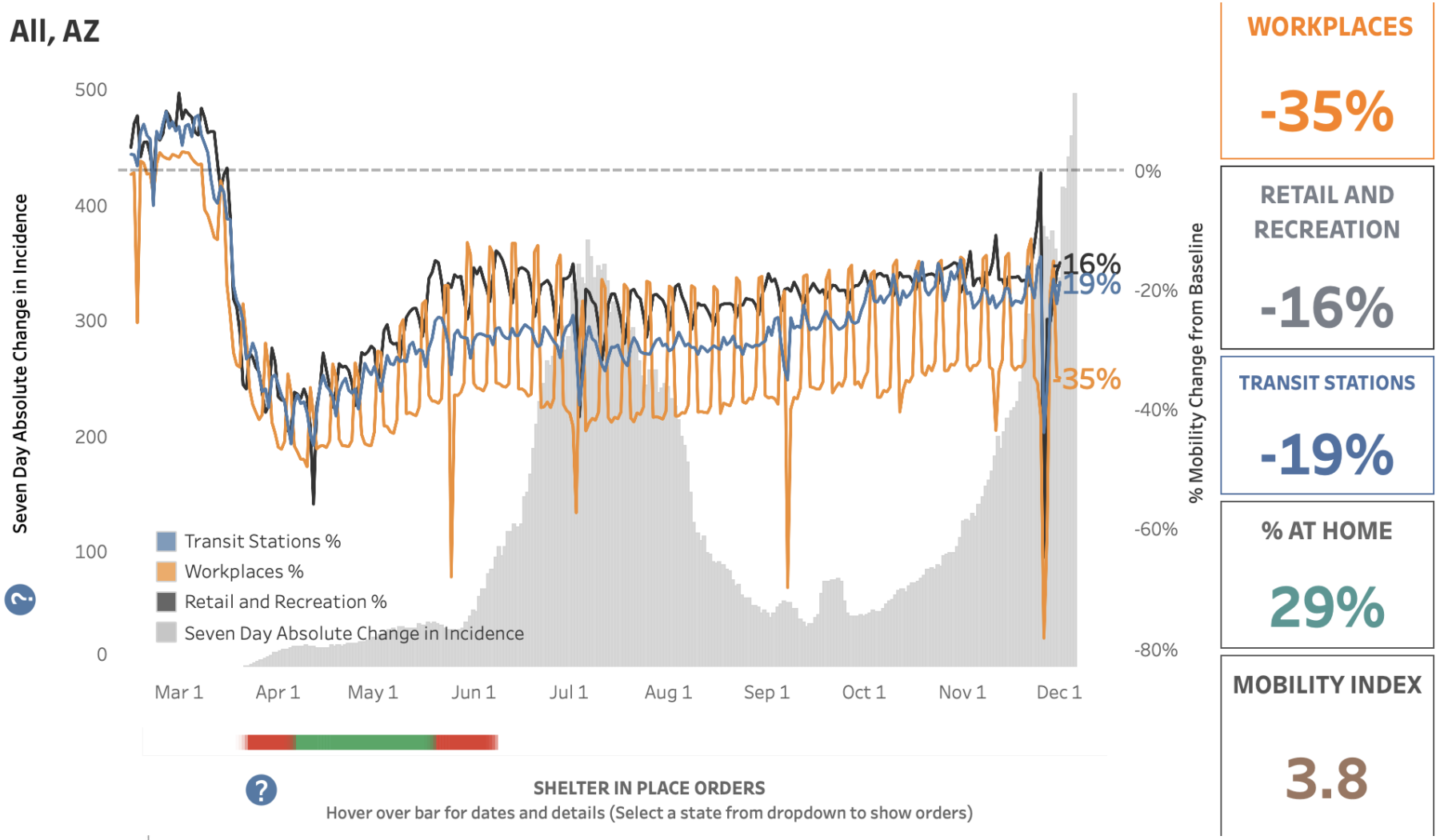
Human Mobility and COVID-19 Transmission (AZ)



WORKPLACES

-35%

RETAIL AND RECREATION

-16%

TRANSIT STATIONS

-19%

% AT HOME

29%

MOBILITY INDEX

3.8

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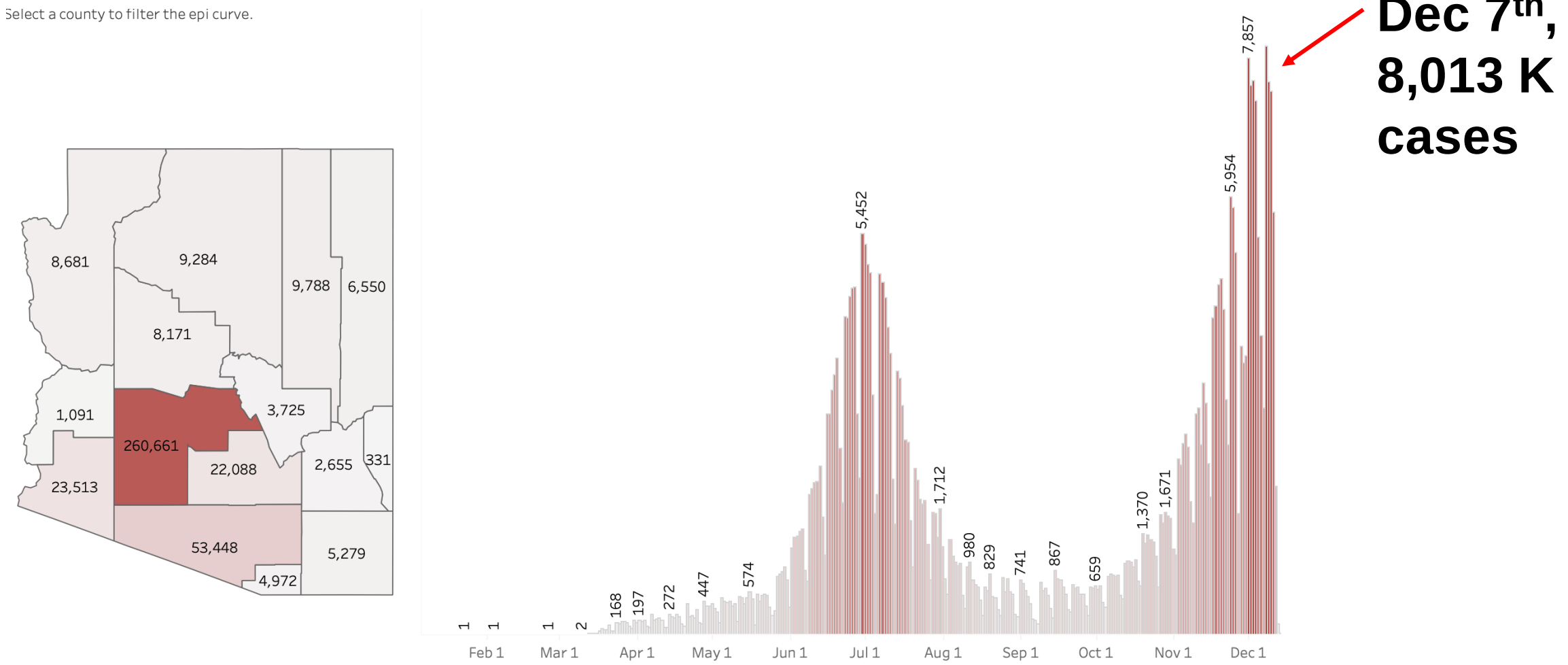
Arizona Daily Case Counts



Dec 7th, 8,013 K cases

*Illnesses in the last 4-7 days may not be reported yet

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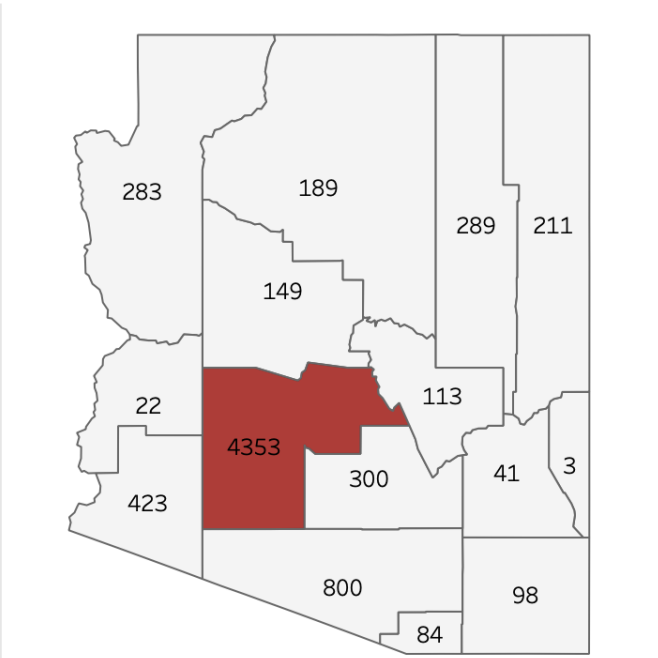
As of 12/14/2020

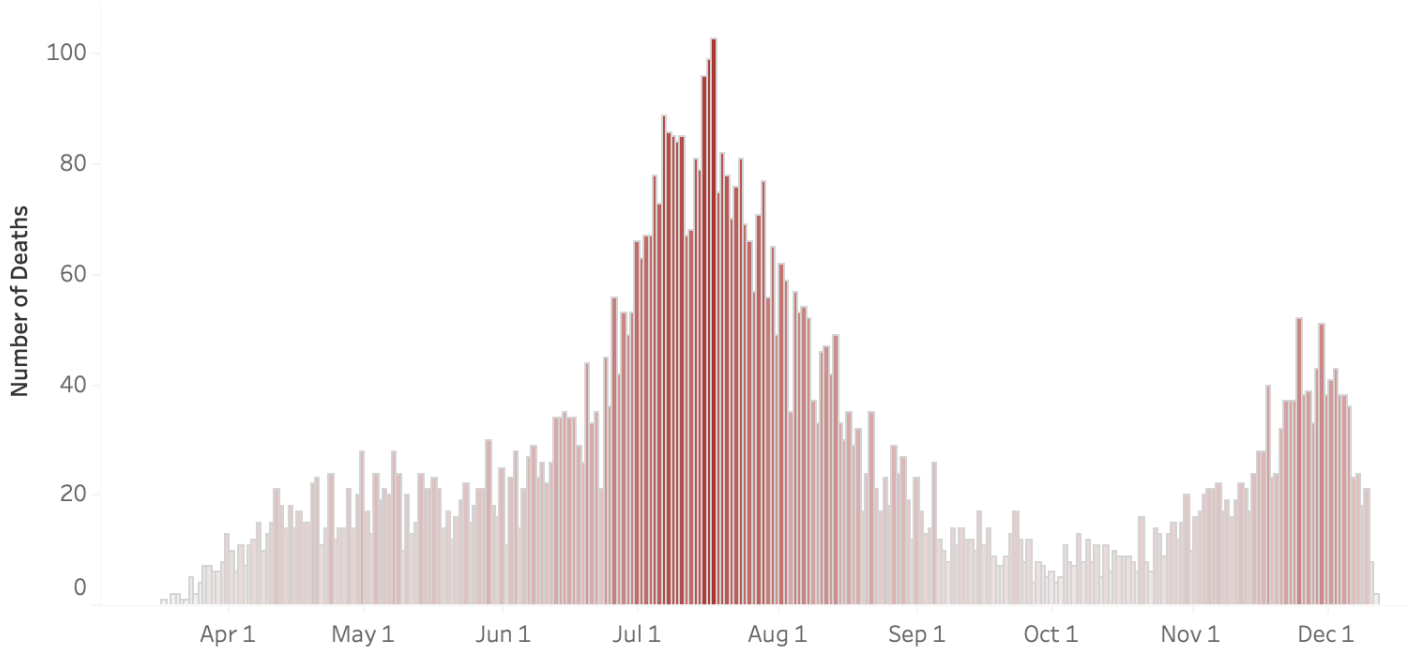
Arizona COVID-19 deaths by day (6-week lag in change in Maricopa)

COVID-19 Deaths by County

Data will not be shown for counties with fewer than three deaths.



COVID-19 Deaths by Date of Death



Recent deaths may not be reported yet. Cases missing the date of death are excluded from the graph above, but are included in all other numbers.

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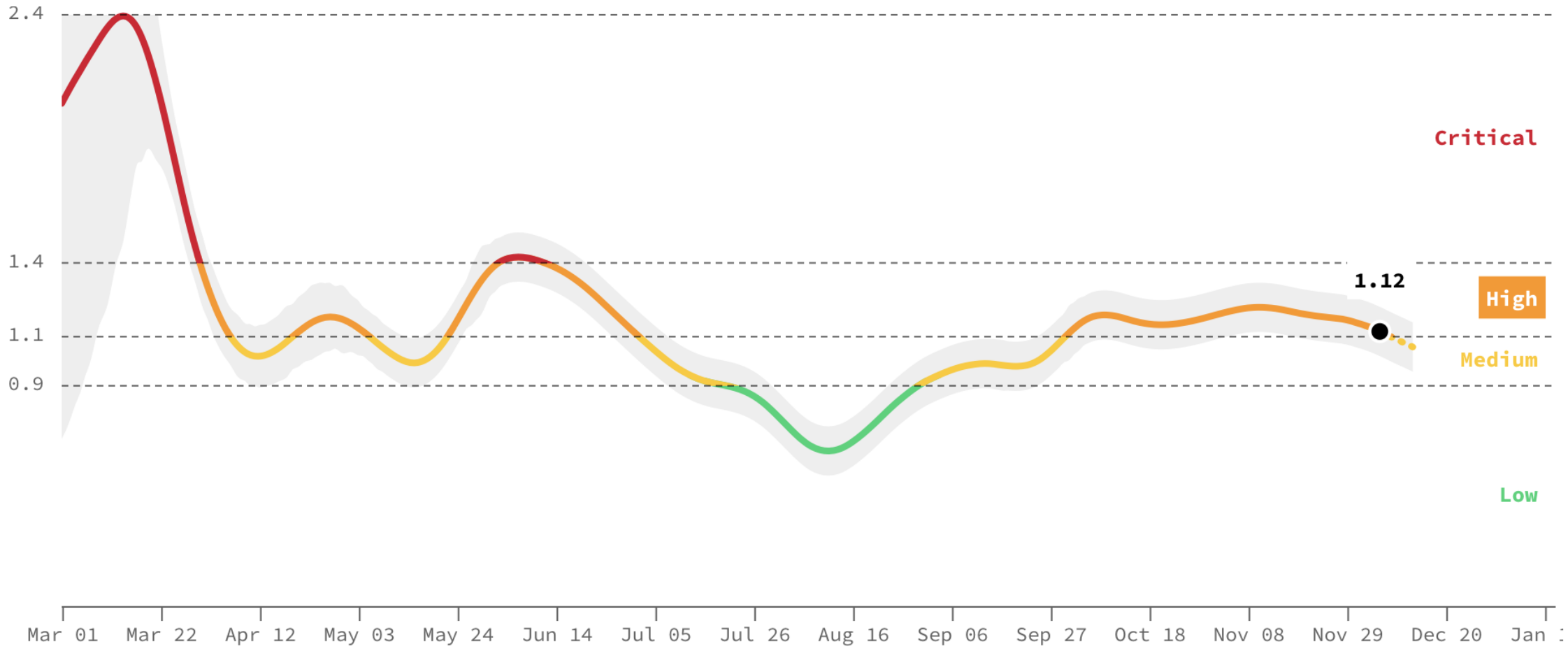
Date 12/14/20

R_t is 1.12 in Maricopa County



As of 12/14/2020

https://covidactnow.org/

As of 12/16/2020

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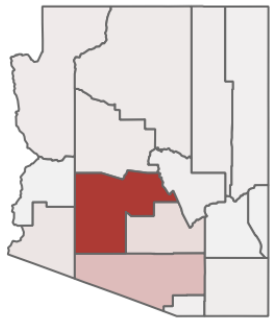
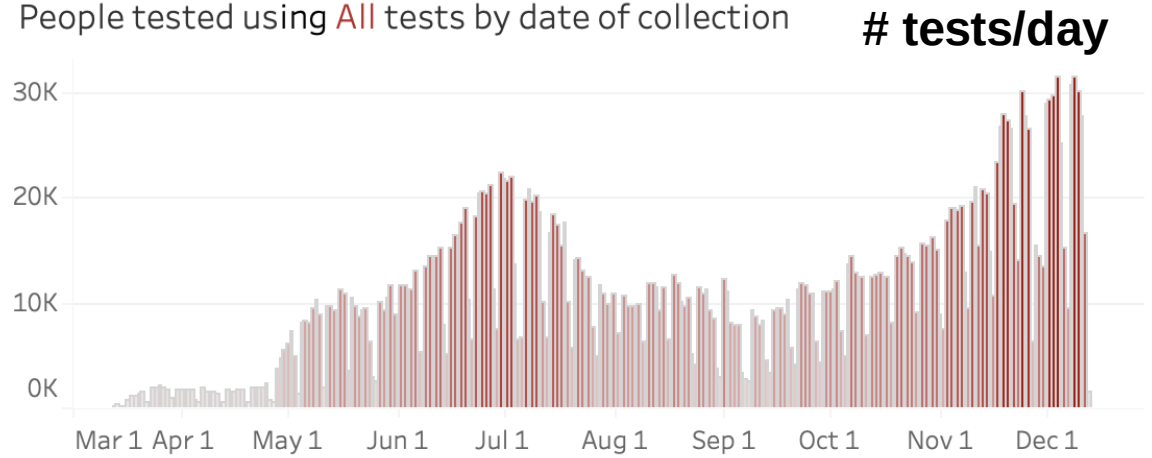
% Positive Diagnostic Tests increasing

People tested using All tests by county

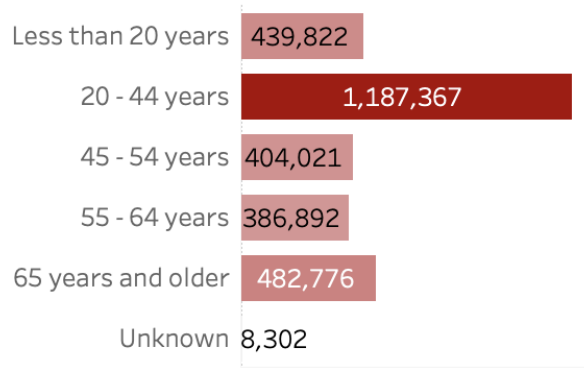
Select a county to filter the data.



People tested using All tests by date of collection



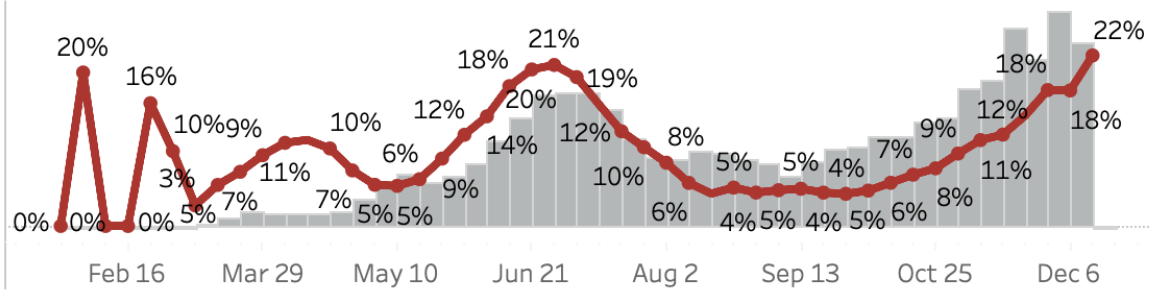
People tested using All Testing by Age Group



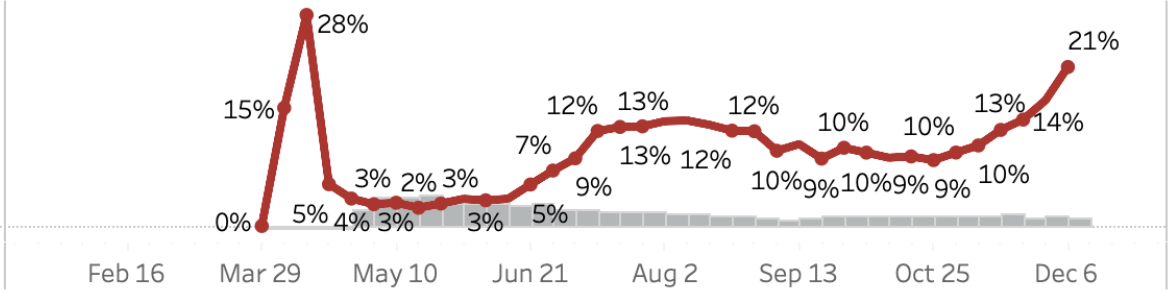
People tested for COVID-19 and percent positive by week

Percent positive is the number of people with a positive result in Electronic Laboratory Reporting (ELR), out of all people with COVID-19 testing reported via ELR in AZ. Diagnostic tests include PCR and antigen testing.

Total % Positive COVID-19 Diagnostic Tests: **11.6%**



Total % Positive COVID-19 Serology Tests: **7.8%**



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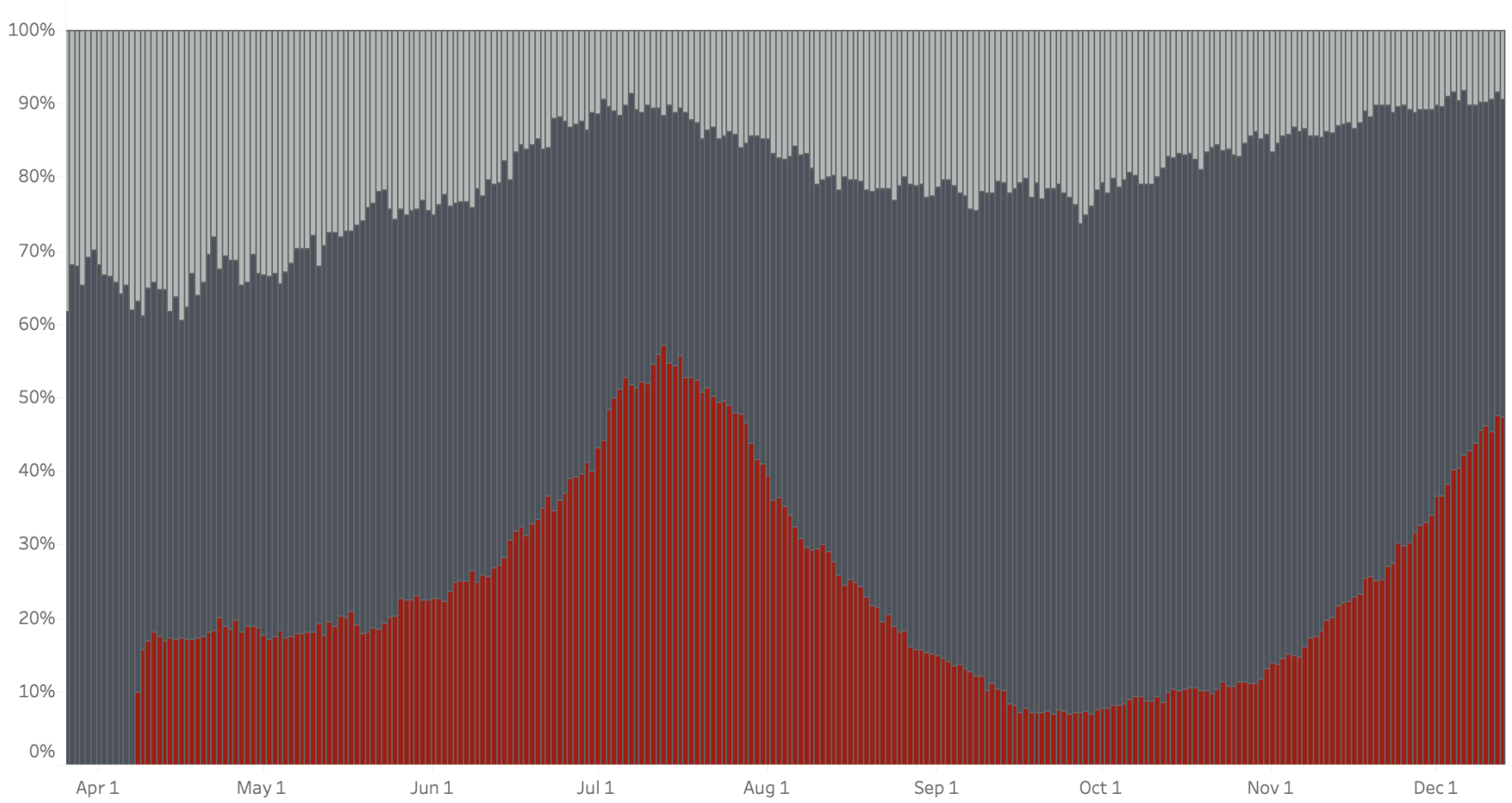
As of 12/14/2020

ICU Beds in use in Arizona – 47% COVID occupied



Adult Intensive Care Beds in Use by Non-COVID Patients
Date: **12/13/2020**
%:**43%**
Number: **753**

Adult Intensive Care Beds in Use by COVID Patients
Date: **12/13/2020**
%:**47%**
Number: **829**

Adult Intensive Care Unit Beds Available
Adult Intensive Care Beds in Use by Non-COVID Patients
Adult Intensive Care Beds in Use by COVID Patients

As of 12/14/2020

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COVID-19 in the Long-Term Care Facilities

600 long-term care facilities* have had at least one resident or staff member with COVID-19.

Residents of long-term care facilities* are at **highest risk for severe outcomes from COVID-19 infection** because they tend to be older and have chronic medical conditions.

*Long-term care facilities include nursing homes, assisted living facilities, and hospices. As of 7/17/20 this no longer includes other congregate settings.

Of 5,329 COVID-19 cases among residents, **1,563 (29%) have been hospitalized** and **1,402 (26%) have died.**

Of 3,502 COVID-19 cases among staff, 193 (6%) have been hospitalized and 12 (0%) have died.

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CMS COVID-19 Data Reporting for LTCF

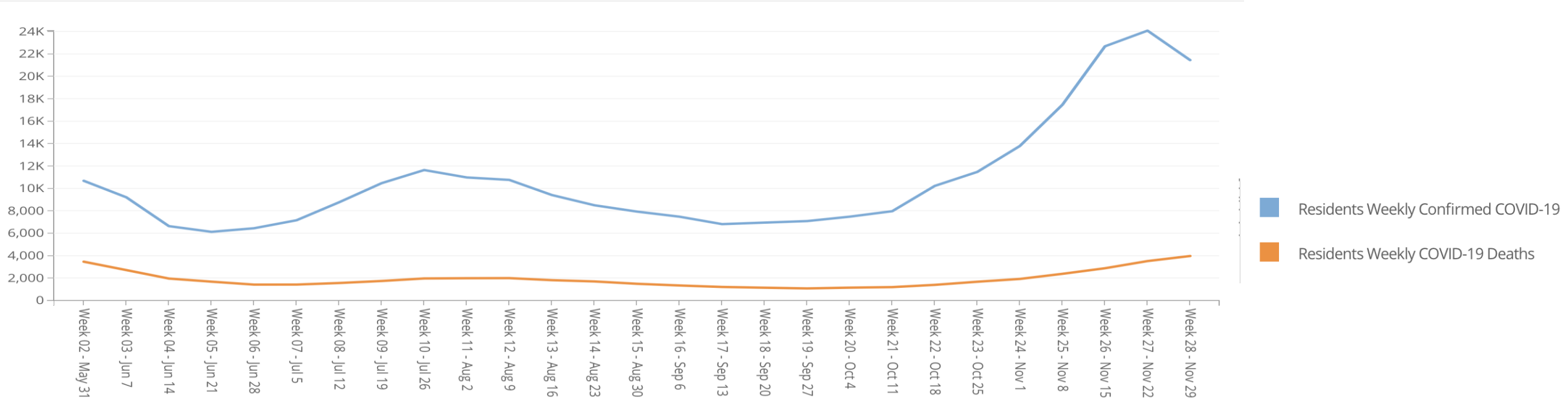
Total Resident COVID-19 Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES	TOTAL RESIDENT COVID-19 DEATHS
377,510	76,542

Total Staff COVID-19 Cases and Deaths

TOTAL STAFF COVID-19 CONFIRMED CASES	TOTAL STAFF COVID-19 DEATHS
322,690	1,162

Weekly Resident Cases and Deaths



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IN THE NEWS

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As of 12/16/2020

VACCINE UPDATES

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As of 12/16/2020

ADHS COVID-19 Vaccine Update

- **COVID-19 Vaccine is expected to be available in limited supply in December 2020**
  - In the News: Immunization will beginning 12/21 for Pfizer-BioNtech vaccine and 12/28 for Moderna vaccine
- Pfizer and Moderna have both announced the development of safe and effective COVID-19 vaccines, which have demonstrated >90% efficacy during Phase 3 clinical trials.
- Preliminary estimates of an initial vaccine allocation for Arizona to begin planning include 212,000 Pfizer doses and 171,200 Moderna doses, although this number is subject to change

OPERATION WARP SPEED Vaccine development recipients

Company	Trial Phase	Vaccine Type	Doses	Ages in trial	Study Location
Moderna – 11/30 filed for EUA, expected FDA review on 12/17	Phase III	mRNA	2	18-85	US
AstraZenica (trial resumed)	Phase III	Non-replicating viral vector (adenovirus)	2	≥18 5-12	Brazil
J&J (trial resumed)	Phase III	Non-replicating viral vector (adenovirus)	1-2	>18	US, Belgium
Pfizer – 11/20 EUA submitted for review, expected review 12/10. APPROVED IN U.K. 12/2	Phase III	mRNA	2	18-85	US
Merck	Phase I	Viral vector (measles)	1-2 IM	≥18	?
Vaxart	Phase I	Viral vector (adenovirus)	1 PO	18-49	?
Inovio (on hold)	Phase II/III	DNA	1-2 ID	≥18	?
Novavax 11/30 – phase 3 trial delayed for 2nd time	Phase III	Viral protein with adjuvant	2	18-85	Australia

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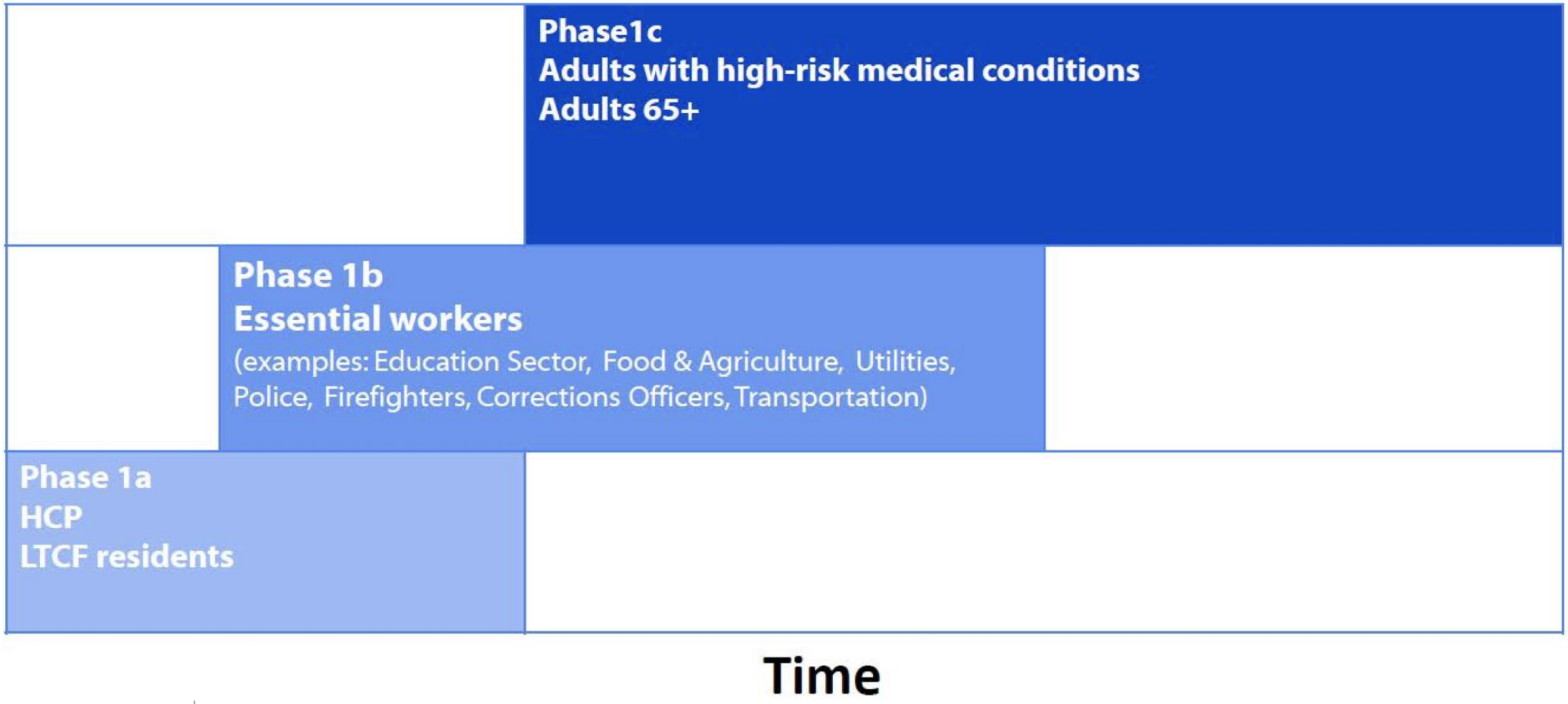
As of 12/8/2020

As of 12/16/2020

Preliminary Estimate of Arizona's Initial Vaccine Allocation

Type of Vaccine	Total December Allocation (estimate)		Minimum Order	Additional Information (see CDC Playbook pg 59-61)
Pfizer (Vaccine A)	212,000 doses	Week of 12/13: 58,500 Week of 12/20: 70,200 Week of 12/27: 83,850	975 doses	Requires ULT storage at -60 to -80F, dry ice to recharge thermal shipper, multidose vials, must thaw and reconstitute, second dose at 21 days
Moderna (Vaccine B)	171,200 doses	Week of 12/20: 118,800 Week of 12/27: 52,400	100 doses	Requires frozen storage at -2 to -8F, second dose at 28 days, may be available ~2 weeks behind the Pfizer vaccine

Proposed Interim Phase 1 Sequence (ACIP)



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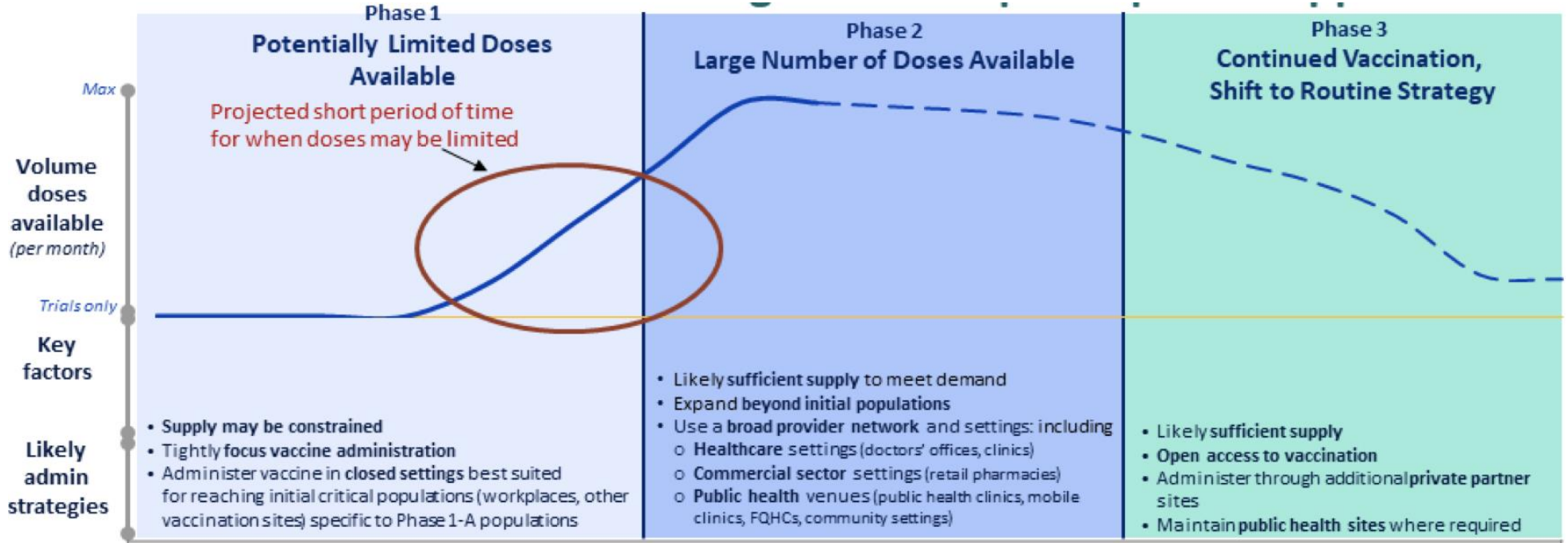
As of 12/8/2020

Phased Allocation Recommendation

Phase	Priority Population	AZ Estimated Population	Resources to vaccinate pop. group (Y/N)?
Health care personnel, including frontline workers at increased risk for COVID-19 and may have underlying medical conditions			
1A	Healthcare practitioners and technical occupations (doctors, nurses, pharmacists, EMTs, paramedics, dentists, etc.)	183,895	
1A	Healthcare support occupations (home health aides, nursing assistants, medical assistants, etc.)	70,166	
Long-term care residents at highest risk for severe disease and death, including staff who interact with vulnerable populations			
1A	Skilled nursing facility residents (all are enrolled in CDC Pharmacy /LTC Program)	32,284	CDC Pharmacy/LTC Program will cover ~146 SNFs, residents and staff
1A	Assisted living, independent living, HUD senior housing (all are enrolled in CDC Pharmacy/LTC Program)	67,416	CDC Pharmacy/LTC Program
1A	Assisted living, independent living, HUD senior living (not enrolled in CDC Pharmacy/LTC program)	18,954	
1A	DES group homes for individuals with developmental disabilities and ICF-IIDs, and staff	3,501	
1B	Adults with high risk medical conditions living in shelters or other congregate living settings	62,565	

Vaccination will require a phased approach



Populations of Focus*

Phase 1	Phase 2	Phase 3
Phase 1-A: • Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.	• Remainder of Phase 1 populations • Critical populations** • General population	• Remainder of Phase 1 populations • Critical populations** • General population
Phase 1-B: • Other essential workers • People at higher risk of severe COVID-19 illness, including people 65 years of age and older		

9/4/20

https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

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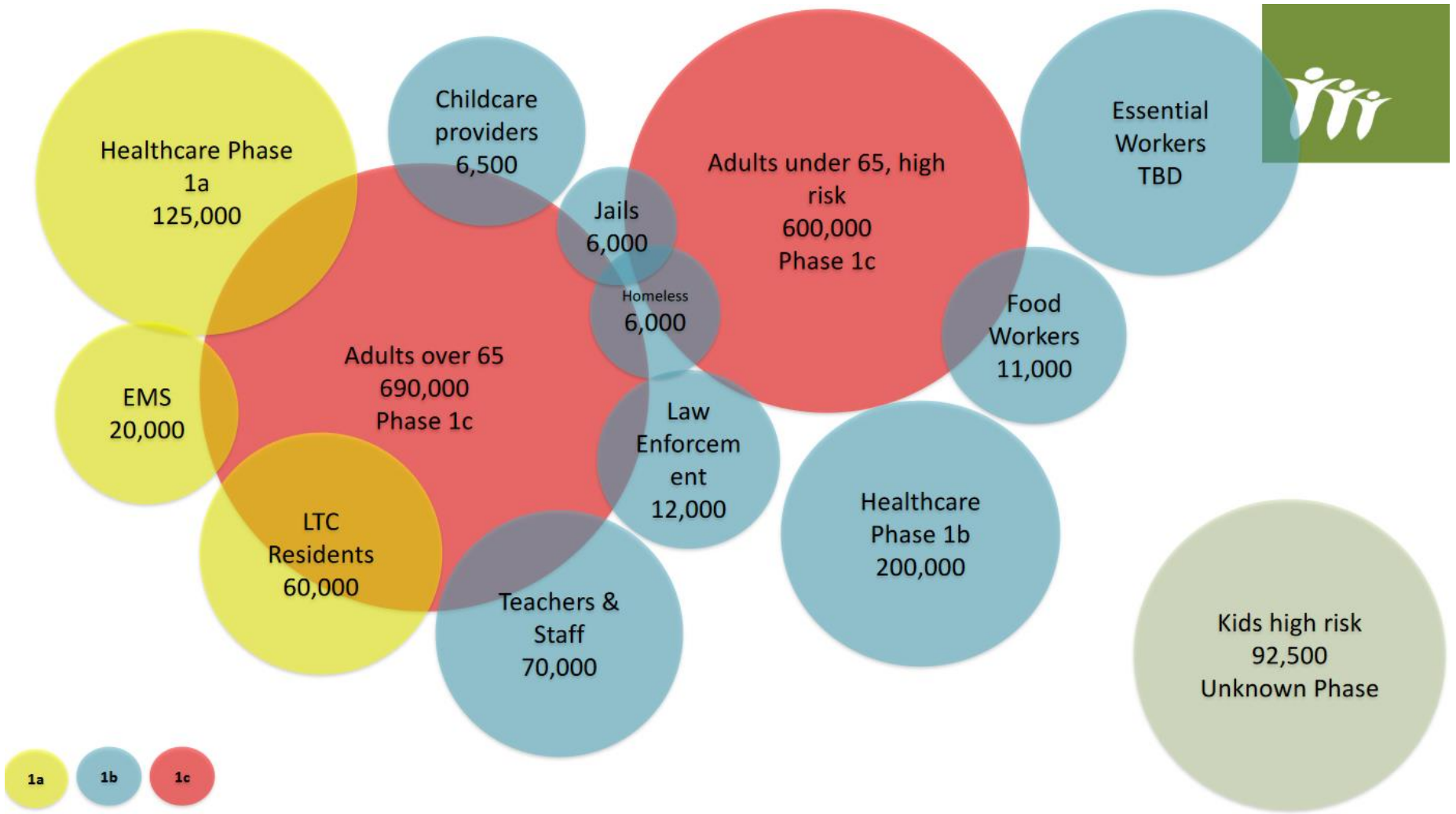
Proposed Phases



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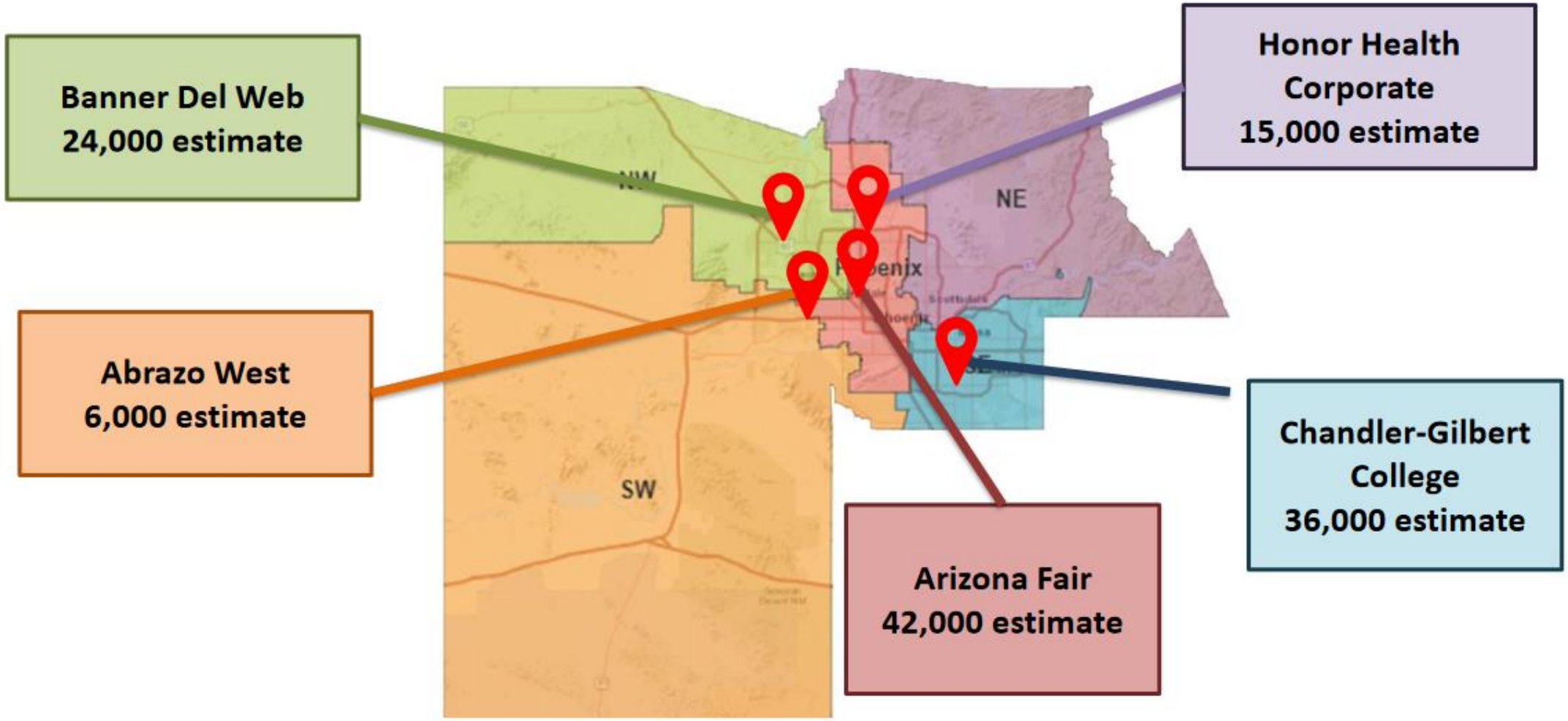
As of 12/8/2020

Phase 1a Maricopa Points of Dispensing



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As of 12/8/2020

Phase 1a Populations

- Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious (includes EMS)
  - Maricopa County online screening tool to verify eligibility
  - Sub-prioritize based on risk of exposure **if needed**
  - **Do not have to be a resident of Maricopa county, but be working in healthcare (traveling nurse okay)**
- Long-term care personnel and residents
  - Federal pharmacy partnership program (Walgreens, CVS and others) to registered facilities

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As of 12/8/2020

Maricopa County vaccine updates

- Anticipate Front Line workers and those with direct patient contact will be prioritized first
- Maricopa County send info/prioritization tool past **Friday**
- Expect first round next week
- Vaccine will be administered in 2 doses, so at least 2 multi-day events approximately 21 days apart
- Points of distribution (POD) based on work location
- HonorHealth POD at NSSC near DV
- This is not a mandatory vaccine

As of 12/10/2020

Pharmacy Partnership for LTCF COVID-19 Vaccination Q/A

- How do I sign up for the Pharmacy Partnership
  - If your facility is a CMS-certified LTCF and currently reports data through the National Healthcare Safety Network (NHSN), please log in to NHSN via the SAMS portal (https://sams.cdc.gov)
  - If your facility is an assisted living facility, or similar congregate living setting for individuals older than 65 years of age, please enroll via this online form link: https://redcap.link/LTCFexternal_icon
- Does enrollment in the program guarantee COVID-19 vaccine
  - This program **is not an order for vaccine or guarantee of vaccination services**.

Pharmacy Partnership for LTCF COVID-19 Vaccination Q/A

- Can staff at my facility get the vaccination with this program
  - Yes, as part of a recommendation for vaccination for HCP
- Is our facility eligible for this program
  - LTCF are eligible to participate in the Pharmacy Partnership for Long-term Care Program, including SNFs, NH, assisted living facilities (residential long-term care facilities providing assistance and supervision to primarily elderly residents with activities of daily living and skills for independent living), and similar congregate living settings where most individuals receiving care/supervision are older than 65 years of age.

Pharmacy Partnership for LTCF COVID-19 Vaccination Q/A

- If our facility enrolls in this program, do they also have to sign CDC COVID-19 Vaccine Program Provider Agreement
  - No, CVS or Walgreens staff will be responsible for administering the vaccine and signing the agreement
- Can our facility obtain COVID-19 vaccine through our usual pharmacy and administer it ourselves
  - Your pharmacy provider must be an enrolled COVID-19 vaccine provider with CDC
- Our facility has their own pharmacy, are we required to participate in pharmacy partnership program
  - No, pharmacy must adherence to **all** vaccine regulation

Pharmacy Partnership for LTCF COVID-19 Vaccination Q/A

- How would new LTCF residents be vaccinated
  - After the initial phase of vaccinations, the facility can choose to continue to work with the pharmacy for additional doses or can choose to work with a pharmacy provider of their choice
- What cost are we responsible for?
  - The program is free of charge to facilities. CVC or Walgreens will bill private and public insurance
- If the facility chooses is own pharmacy provider, will that pharmacy provider receive a payment for administering the vaccine
  - Yes, pharmacy provider will bill public or private insurance

Pharmacy Partnership for LTCF COVID-19 Vaccination Q/A

- If the facility choose its own pharmacy provider, what data will the facility or pharmacy have to report?
  - To administer COVID-19 vaccine, providers will need to sign a provider agreement, which requires reporting of specific data elements once vaccine has been administered
- When is the deadline for choosing to participate in the pharmacy partnership program
  - Nov 6th to Oct 19th
- Our facility is not enrolled in NHSN
  - A nursing home or skilled nursing facility must be enrolled in the NHSN LTCF COVID-19 module

Pharmacy Partnership for LTCF COVID-19 Vaccination Q/A

- Whom do we contact if we have problems with our vaccination supply
  - For facilities that opt to participate in the pharmacy partnership program, please contact CVS or Walgreens directly
- Is CMS mandating residents to be vaccination
  - Not at this time
- Facilities in remote /rural locations
  - If > 75 miles of the store location, facilities should work with their state of health departments

Pharmacy Partnership for LTCF COVID-19 Vaccination Q/A

- We are LTC pharmacy interested in participating in the program, how do we enroll?
  - CDC does not have a mechanism in place to directly enroll individual pharmacies in this program

COVID-19 mRNA Vaccines (Pfizer & Moderna vaccine)

- COVID-19 mRNA vaccines give instructions for our cells to make **a harmless piece** of what is called the "spike protein."
- The spike protein is found on the surface of the virus that causes COVID-19.
- Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies
- **They cannot give someone COVID-19.**
  - mRNA vaccines do not use the live virus that causes COVID-19.
-

COVID-19 mRNA Vaccines (Pfizer & Moderna vaccine)

- **They do not affect or interact with our DNA in any way.**
  - mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
  - The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.
- These vaccines can be developed in a laboratory using readily available materials.
  - Process can be standardized and scaled up, making vaccine development faster than traditional methods of making vaccines.

Benefits of Getting a COVID-19 Vaccine

- COVID-19 vaccination will help keep you from getting COVID-19
  - Help keep you from getting seriously ill even if you do get COVID-19
  - Getting vaccinated yourself may also protect people around you
- COVID-19 vaccination will be a safer way to help build protection
  - COVID-19 can have serious, life-threatening complications, and there is no way to know how COVID-19 will affect you
  - If you get sick, you could spread the disease to friends, family, and others around you.

Benefits of Getting a COVID-19 Vaccine

- COVID-19 vaccination will be an important tool to help stop the pandemic
  - Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough
  - Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed
  - Stopping a pandemic requires using all the tools

Facts about COVID-19 Vaccines (Pfizer & Moderna Vaccine)

- COVID-19 vaccines will not give you COVID-19
  - None of the vaccines currently in development in US use live virus
  - Goal is to teach our immune systems how to recognize and fight
  - This process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building immunity
- Vaccine will Not result in a positive COVID-19 viral tests
  - If your body develops an immune response (the goal of vaccination), it is a possible you may test positive on some antibody tests.
  - Experts are currently looking at how vaccination may affect antibody testing results

Facts about COVID-19 Vaccines (Pfizer & Moderna Vaccine)

- People who have gotten sick with COVID-19 may still benefit from getting vaccinated
  - Re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before.
  - At this time, it is unknown how long someone is protected from getting sick again after recovering from COVID-19
- Getting vaccinated can help prevent getting sick with COVID-19
  - COVID-19 vaccination helps protect you by creating an Ab response without having to experience sickness

Facts about COVID-19 Vaccines (Pfizer & Moderna Vaccine)

- Receiving an mRNA vaccine will not alter your DNA
  - mRNA (messenger ribonucleic acid) provides as instructions to make a protein or even just a piece of a protein
  - A is not able to alter or modify a person's genetic makeup (DNA)
  - mRNA from a COVID-19 vaccine never enter the nucleus of the cell

Patients and COVID-19 Vaccines

- Starting COVID-19 Vaccine Conversations Early
  - Give you the opportunity to set expectations about vaccine availability, including if and when you might recommend vaccination for them, and learn about any concerns they have
- Engaging in Effective COVID-19 Vaccine Conversations
  - Start from a Place of Empathy and Understanding
  - Assume Patients Will Want to Be Vaccinated but May Not Know When to Expect It
    - Give Your Strong Recommendation
- Answering Patients' Questions
  - How do we really know if COVID-19 vaccines are safe?

Patients and COVID-19 Vaccines

- Answering Patients' Questions
  - Is the vaccine that helpful?
  - Is getting COVID-19 gives you better and longer immunity than the protection a vaccine can give?
  - Can it actually make my illness worse if I do end up getting COVID-19?
  - How much will the shot hurt? Can it cause you to get very sick?
  - Explain that the vaccine cannot give someone COVID-19.
  - Explain that side effects are a sign that the immune system is working.
  - How Many Doses Are Needed and Why?

Pfizer mRNA vaccine in UK

- Started mass vaccination of Pfizer vaccine in Britain 12/8
- 2 anaphylactic reactions, recovering well
- NHS “Any person with a history of significant allergic reaction to a vaccine, medicine or food (such as a previous history of anaphylactoid reaction or those who have been advised to carry an adrenaline autoinjector) should not receive the Pfizer BioNtech vaccine”
- Resuscitation facilities should be available for all vaccinations
- FDA briefing documents 0.63% of people in vaccine group and 0.51% in the placebo group with possible allergic reactions

As of 12/92020

Pfizer/BioNTech Summary of FDA Briefing Document – COVID-19 Vaccine EUA Hearing

Table 6. Final Analysis of Efficacy of BNT162b2 Against Confirmed COVID-19 From 7 Days After Dose 2 in Participants Without Evidence of Prior SARS-CoV-2 Infection - Evaluable Efficacy Population

Total 43,651 participants

Pre-specified Age Group	BNT162b2 N[a] = 18198 Cases n1[b] Surveillance Time[c] (n2[d])	Placebo N[a] =18325 Cases n1[b] Surveillance Time[c] (n2[d])	Vaccine Efficacy % (95% CI)	Met Predefined Success Criterion*
All participants	8 2.214 (17411)	162 2.222 (17511)	95.0 (90.3, 97.6)[e]	Yes
16 to 55 years	5 1.234 (9897)	114 1.239 (9955)	95.6 (89.4, 98.6)[f]	NA
> 55 years and older	3 0.980 (7500)	48 0.983 (7543)	93.7 (80.6, 98.8)[f]	NA

*Success criterion: the posterior probability that true vaccine efficacy > 30% conditioning on the available data is >99.5% at the final analysis

[a] N = number of participants in the specified group.

[b] n1 = Number of participants meeting the endpoint definition.

[c] Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from 7 days after Dose 2 to the end of the surveillance period.

[d] n2 = Number of participants at risk for the endpoint.

[e] Credible interval for VE was calculated using a beta-binomial model with prior beta (0.700102, 1) adjusted for surveillance time.

[f] Confidence interval (CI) for VE is derived based on the Clopper and Pearson method adjusted to the surveillance time.

As of 12/9/2020

Pfizer/BioNTech Summary – Side Effects

Table 14. Study C4591001 Safety Overview- Ages 16 years and older

Participants Experiencing at Least One:	BNT162b2 n/N (%)	Placebo n/N (%)
Immediate unsolicited AE Within 30 minutes after vaccination[a]		
Dose #1	78/18801 (0.4)	66/18785 (0.4)
Dose #2	52/18494 (0.3)	39/18470 (0.2)
Solicited injection site reaction within 7 days[b]		
Dose #1	3216/4093 (78.6)	525/4090 (12.8)
Dose #2	2748/3758 (73.1)	396/3749 (10.6)
Solicited systemic AE within 7 days[b]		
Dose #1	2421/4093 (59.1)	1922/4090 (47.0)
Dose #2	2627/3758 (69.9)	1267/3749 (33.8)
From Dose 1 through 1 month after Dose 2[a]		
Unsolicited non-serious AE	5071/18801 (27.0)	2356/18785 (12.5)
SAE	103/18801 (0.5)	81/18785 (0.4)
From Dose 1 through cutoff date (safety population)		
SAE	124/18801 (0.7)	101/18785 (0.5)
From Dose 1 through cutoff date (all-enrolled)[c]		
Withdrawal due AEs	37/21621 (0.6)	30/21631 (0.5)
SAE	126/21621 (0.6)	111/21631 (0.5)
Deaths	2/21621 (0.0)	4/21631 (0.0)

Source: c4591001-safety-tables-ae3.pdf pages 216,446,459,463; c4591001-safety-tables-cos-reacto.pdf, pages 113-114.
n= number of participants with the specified reaction or AE.
[a] N: number of participants in the phase 2/3 safety population.
[b] N: number of participants in the reactogenicity subset of the phase 2/3 safety population.

As of 12/9/2020

Local Side Effects: 18-55 Age Range

Table 15. Frequency of Solicited Local Reactions Within 7 Days After Each Vaccination, Reactogenicity Subset of the Phase 2/3 Safety Population*, 18 to 55 Years of Age

Local Reaction	BNT162b2 Dose 1 N=2238 n (%)	Placebo Dose 1 N=2248 n (%)	BNT162b2 Dose 2 N=2045 n (%)	Placebo Dose 2 N=2053 n (%)
Pain[a]				
Any	1904 (83.1)	322 (14.0)	1632 (77.8)	245 (11.7)
Mild	1170 (51.1)	308 (13.4)	1039 (49.5)	225 (10.7)
Moderate	710 (31.0)	12 (0.5)	568 (27.1)	20 (1.0)
Severe	24 (1.0)	2 (0.1)	25 (1.2)	0 (0.0)
Redness[b]				
Any	104 (4.5)	26 (1.1)	123 (5.9)	14 (0.7)
Mild	70 (3.1)	16 (0.7)	73 (3.5)	8 (0.4)
Moderate	28 (1.2)	6 (0.3)	40 (1.9)	6 (0.3)
Severe	6 (0.3)	4 (0.2)	10 (0.5)	0 (0.0)
Swelling[b]				
Any	132 (5.8)	11 (0.5)	132 (6.3)	5 (0.2)
Mild	88 (3.8)	3 (0.1)	80 (3.8)	3 (0.1)
Moderate	39 (1.7)	5 (0.2)	45 (2.1)	2 (0.1)
Severe	5 (0.2)	3 (0.1)	7 (0.3)	0 (0.0)

Source: adapted from EUA 27034, amendment 3, Table 17.
n = number of participants with the specified reaction.
N = number of participants reporting at least 1 yes or no response for the specified reaction after the specified dose.
[a] Mild: does not interfere with activity; moderate: interferes with activity; severe: prevents daily activity.
[b] Mild: 2.0 to ≤5.0 cm; moderate: 5.0 to ≤10.0 cm; severe: >10.0 cm.
* Participants in the reactogenicity subset of the safety population ≥16 years of age enrolled by October 9, 2020 and received at least 1 dose of vaccine or placebo.
Data analysis cutoff date: November 14, 2020.

- 83% pain, 7% redness and swelling

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Local Side Effects: >55 Age Range

Table 16. Frequency of Solicited Local Reactions Within 7 Days After Each Vaccination, Reactogenicity Subset of the Phase 2/3 Safety Population*, >55 Years of Age and Older

Local Reaction	BNT162b2 Dose 1 N=1802 n (%)	Placebo Dose 1 N=1792 n (%)	BNT162b2 Dose 2 N=1660 n (%)	Placebo Dose 2 N=1646 n (%)
Pain[a]				
Any	1282 (71.1)	166 (9.3)	1098 (66.1)	127 (7.7)
Mild	1008 (55.9)	160 (8.9)	792 (47.7)	125 (7.6)
Moderate	270 (15.0)	6 (0.3)	298 (18.0)	2 (0.1)
Severe	4 (0.2)	0 (0.0)	8 (0.5)	0 (0.0)
Redness[b]				
Any	85 (4.7)	19 (1.1)	120 (7.2)	12 (0.7)
Mild	55 (3.1)	12 (0.7)	59 (3.6)	8 (0.5)
Moderate	27 (1.5)	5 (0.3)	53 (3.2)	3 (0.2)
Severe	3 (0.2)	2 (0.1)	8 (0.5)	1 (0.1)
Swelling[b]				
Any	118 (6.5)	21 (1.2)	124 (7.5)	11 (0.7)
Mild	71 (3.9)	10 (0.6)	68 (4.1)	5 (0.3)
Moderate	45 (2.5)	11 (0.6)	53 (3.2)	5 (0.3)
Severe	2 (0.1)	0 (0.0)	3 (0.2)	1 (0.1)

Source: EUA 27036, amendment 3, Table 21.
n = number of participants with the specified reaction.
N = number of participants reporting at least 1 yes or no response for the specified reaction after the specified dose.
[a] Mild: does not interfere with activity; moderate: interferes with activity; severe: prevents daily activity.
[b] Mild: 2.0 to ≤5.0 cm; moderate: 5.0 to ≤10.0 cm; severe: >10.0 cm.
* Participants in the reactogenicity subset of the safety population ≥16 years of age enrolled by October 9, 2020 and received at least 1 dose of vaccine or placebo.
Data analysis cutoff date: November 14, 2020.

- 66% pain, 7% redness and swelling

As of 12/9/2020

Systemic Side Effects: 18-55 Age Range

- More systemic effects after 2nd dose (15% low grade temp, 59% fatigue, 51% headache, 35% chills, 37% myalgias)

Table 17. Frequency of Solicited Systemic Adverse Events Within 7 Days After Each Vaccination-Reactogenicity Subset of the Phase 2/3 Safety Population*, 18 to 55 Years of Age

Adverse Event	BNT162b2 Dose 1 N=2238 n (%)	Placebo Dose 1 N=2248 n (%)	BNT162b2 Dose 2 N=2045 n (%)	Placebo Dose 2 N=2053 n (%)
Fever				
≥38.0°C	85 (3.7)	20 (0.9)	331 (15.8)	10 (0.5)
>38.0°C to 38.4°C	64 (2.8)	10 (0.4)	194 (9.2)	5 (0.2)
>38.4°C to 38.9°C	15 (0.7)	5 (0.2)	110 (5.2)	3 (0.1)
>38.9°C to 40.0°C	6 (0.3)	3 (0.1)	26 (1.2)	2 (0.1)
>40.0°C	0 (0.0)	2 (0.1)	1 (0.0)	0 (0.0)
Fatigue[a]				
Any	1085 (47.4)	767 (33.4)	1247 (59.4)	479 (22.8)
Mild	597 (26.1)	46 (20.3)	442 (21.1)	248 (11.8)
Moderate	455 (19.9)	289 (12.6)	708 (33.7)	217 (10.3)
Severe	33 (1.4)	11 (0.5)	97 (4.6)	14 (0.7)
Headache[a]				
Any	959 (41.9)	775 (33.7)	1085 (51.7)	506 (24.1)
Mild	628 (27.4)	505 (22.0)	538 (25.6)	321 (15.3)
Moderate	308 (13.4)	251 (10.9)	480 (22.9)	170 (8.1)
Severe	23 (1.0)	19 (0.8)	67 (3.2)	15 (0.7)
Chills[a]				
Any	321 (14.0)	146 (6.4)	737 (35.1)	79 (3.8)
Mild	230 (10.0)	111 (4.8)	359 (17.1)	65 (3.1)
Moderate	82 (3.6)	33 (1.4)	333 (15.9)	14 (0.7)
Severe	9 (0.4)	2 (0.1)	45 (2.1)	0 (0.0)

Table 17. Frequency of Solicited Systemic Adverse Events Within 7 Days After Each Vaccination-Reactogenicity Subset of the Phase 2/3 Safety Population*, 18 to 55 Years of Age

Adverse Event	BNT162b2 Dose 1 N=2238 n (%)	Placebo Dose 1 N=2248 n (%)	BNT162b2 Dose 2 N=2045 n (%)	Placebo Dose 2 N=2053 n (%)
Vomiting[b]				
Any	28 (1.2)	28 (1.2)	40 (1.9)	25 (1.2)
Mild	24 (1.0)	22 (1.0)	28 (1.3)	16 (0.8)
Moderate	4 (0.2)	5 (0.2)	8 (0.4)	9 (0.4)
Severe	0 (0.0)	1 (0.0)	4 (0.2)	0 (0.0)
Diarrhea[c]				
Any	255 (11.1)	270 (11.7)	219 (10.4)	177 (8.4)
Mild	206 (9.0)	217 (9.4)	179 (8.5)	144 (6.8)
Moderate	46 (2.0)	52 (2.3)	36 (1.7)	32 (1.5)
Severe	3 (0.1)	1 (0.0)	4 (0.2)	1 (0.0)
New or worsened muscle pain[a]				
Any	487 (21.3)	249 (10.8)	783 (37.3)	173 (8.2)
Mild	256 (11.2)	175 (7.6)	326 (15.5)	111 (5.3)
Moderate	218 (9.5)	72 (3.1)	410 (19.5)	59 (2.8)
Severe	13 (0.6)	2 (0.1)	47 (2.2)	3 (0.1)
New or worsened joint pain[a]				
Any	251 (11.0)	138 (6.0)	459 (21.9)	109 (5.2)
Mild	147 (6.4)	95 (4.1)	205 (9.8)	54 (2.6)
Moderate	99 (4.3)	43 (1.9)	234 (11.2)	51 (2.4)
Severe	5 (0.2)	0 (0.0)	20 (1.0)	4 (0.2)
Use of antipyretic or pain medication	638 (27.8)	332 (14.4)	945 (45.0)	266 (12.6)

As of 12/9/2020

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Systemic Side Effects: >55 Years and Older

- More systemic effects after 2nd dose (11% low grade temp, 50% fatigue, 39% headache, 22% chills, 28% myalgias)

Table 18. Frequency of Solicited Systemic Adverse Events Within 7 Days After Each Vaccination-Reactogenicity Subset of the Phase 2/3 Safety Population*, >55 Years of Age and Older

Adverse Event	BNT162b2 Dose 1 N=1802 n (%)	Placebo Dose 1 N=1792 n (%)	BNT162b2 Dose 2 N=1660 n (%)	Placebo Dose 2 N=1646 n (%)
Fever				
≥38.0°C	26 (1.4)	7 (0.4)	181 (10.9)	4 (0.2)
>38.0°C to 38.4°C	23 (1.3)	2 (0.1)	131 (7.9)	2 (0.1)
>38.4°C to 38.9°C	1 (0.1)	3 (0.2)	45 (2.7)	1 (0.1)
>38.9°C to 40.0°C	1 (0.1)	2 (0.1)	5 (0.3)	1 (0.1)
>40.0°C	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)
Fatigue[a]				
Any	615 (34.1)	405 (22.6)	839 (50.5)	277 (16.8)
Mild	373 (20.7)	252 (14.1)	351 (21.1)	161 (9.8)
Moderate	240 (13.3)	150 (8.4)	442 (26.6)	114 (6.9)
Severe	2 (0.1)	3 (0.2)	46 (2.8)	2 (0.1)
Headache[a]				
Any	454 (25.2)	325 (18.1)	647 (39.0)	229 (13.9)
Mild	348 (19.3)	242 (13.5)	422 (25.4)	165 (10.0)
Moderate	104 (5.8)	80 (4.5)	216 (13.0)	60 (3.6)
Severe	2 (0.1)	3 (0.2)	9 (0.5)	4 (0.2)
Chills[a]				
Any	113 (6.3)	57 (3.2)	377 (22.7)	46 (2.8)
Mild	87 (4.8)	40 (2.2)	199 (12.0)	35 (2.1)
Moderate	26 (1.4)	16 (0.9)	161 (9.7)	11 (0.7)
Severe	0 (0.0)	1 (0.1)	17 (1.0)	0 (0.0)

Table 18. Frequency of Solicited Systemic Adverse Events Within 7 Days After Each Vaccination-Reactogenicity Subset of the Phase 2/3 Safety Population*, >55 Years of Age and Older

Adverse Event	BNT162b2 Dose 1 N=1802 n (%)	Placebo Dose 1 N=1792 n (%)	BNT162b2 Dose 2 N=1660 n (%)	Placebo Dose 2 N=1646 n (%)
Vomiting[b]				
Any	9 (0.5)	9 (0.5)	11 (0.7)	5 (0.3)
Mild	8 (0.4)	9 (0.5)	9 (0.5)	5 (0.3)
Moderate	1 (0.1)	0 (0.0)	1 (0.1)	0 (0.0)
Severe	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)
Diarrhea[c]				
Any	147 (8.2)	118 (6.6)	137 (8.3)	99 (6.0)
Mild	118 (6.5)	100 (5.6)	114 (6.9)	73 (4.4)
Moderate	26 (1.4)	17 (0.9)	21 (1.3)	22 (1.3)
Severe	3 (0.2)	1 (0.1)	2 (0.1)	4 (0.2)
New or worsened muscle pain[a]				
Any	251 (13.9)	149 (8.3)	477 (28.7)	87 (5.3)
Mild	168 (9.3)	100 (5.6)	202 (12.2)	57 (3.5)
Moderate	82 (4.6)	46 (2.6)	259 (15.6)	29 (1.8)
Severe	1 (0.1)	3 (0.2)	16 (1.0)	1 (0.1)
New or worsened joint pain[a]				
Any	155 (8.6)	109 (6.1)	313 (18.9)	61 (3.7)
Mild	101 (5.6)	68 (3.8)	161 (9.7)	35 (2.1)
Moderate	52 (2.9)	40 (2.2)	145 (8.7)	25 (1.5)
Severe	2 (0.1)	1 (0.1)	7 (0.4)	1 (0.1)

As of 12/9/2020

General Principals: Vaccine Side Effects

- Side effects are expected
- When the body's immune system mounts a response to a natural infection OR vaccination, the result is local and/or systemic inflammation
- The stronger the immune response, the greater the side effects
- The healthier and younger (18-55) the individual, the stronger the immune response
- Side effects more common after then 2nd dose than the 1st
- Generally, dose dependent
- Short-lived (~24h)

As of 12/8/2020

Reference: Walsh EE, Frenck RW, et al. Safety and Immunogenicity of Two RNA-Based Covid-19 Vaccine Candidates. NEJM, published 10/4/20 at NEJM.org. https://www.nejm.org/doi/pdf/10.1056/NEJMoa2027906
https://investors.modernatx.com/node/10316/pdf

Vaccine Side Effects (Adverse Events)

- **All preliminary data**
- Local inflammation includes injection site soreness, redness, swelling (2-92%) depending on person and vaccine
- Systemic inflammation:
  - Fever and chills (<17%) – mostly 38.0-38.9C
  - Muscle aches (10%)
  - Fatigue (<10%)
  - Headache (<5%)
  - Arthralgias (5%)

As of 12/8/2020

Maricopa Policy Proposal – Vaccine Associated Side Effects

- DRAFT policy
- Pending policy recommendations from ACIP
- Background
  - Many current work policies preclude individuals from working with these ill symptoms
  - May require negative testing to return to work without completing a COVID-19 isolation period

Policy Proposal – Vaccine Associated Side Effects

- Individuals who are vaccinated against SARS-CoV-2 and develop post-vaccine side effects including injection site pain, mild to moderate fever and/or chills **within 24 hours of vaccination** should attribute their symptoms to vaccination **if the symptoms resolve in 24 hours**
- Vaccinated individuals whose side effects resolve within 24 hours of vaccination are to be able **to return to work without restriction**
- **Negative COVID testing is NOT required** of vaccinated individuals whose side effects have resolved within 24 hours of vaccination

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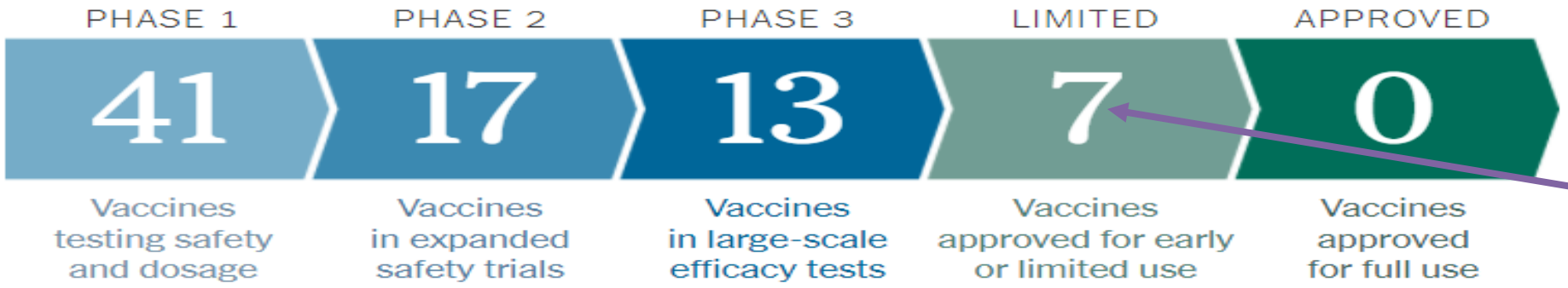
HHS COVID-19 Vaccine FAQs

- **How does the mRNA vaccine work?** The mRNA contains genetic information to make the spike protein; mRNA is noninfectious, does not enter human cell nucleus and cannot be inserted into human DNA; mRNA is rapidly degraded which theoretically reduces chances for long term side effects
- **If you develop COVID-19 symptoms after the vaccine, should you quarantine?** Yes – the vaccine may take a few weeks
- **Can I get COVID-19 from a vaccine?** No, they are not live vaccines
- **Can I take the vaccine if I have already had COVID-19 and recovered?** Yes, they were included in Pfizer trials; it is possible to get reinfected
- **Can I take the vaccine if I have had convalescent plasma or monoclonal antibody?** Awaiting recommendations from ACIP
- **Do I still need to wear a mask after I take the vaccine?** Yes, it is not known how long immunity will last and there is still a risk for infection after receiving a vaccine
- **If I take the vaccine will I expose my family to COVID-19?** Vaccinated person is not protected for a few weeks and could still get sick and pass the infection to others.
- **Are there any contraindications?** No information as of yet, ACIP will be making recommendations soon.
- **How long after the flu shot do I have to wait to take the COVID-19 vaccine?** ACIP making recommendations, no information available

As of 12/9/2020

https://dhhr.ww.gov/COVID-19/Documents/COVID-19%20Vaccine%20FAQ.pdf



Pfizer, China(4), Russa (2)

Candidates in PHASE III

mRNA viral sequence
(1st of its kind to reach the market)

Pfizer
- FDA Dec 10
- Oct '20 kids 12-17
- UK approved Dec

Moderna
- FDA Dec 17
- Jan '21 -recruiting kids 12-17

Viral Vector – adenovirus
(Ebola)

- AstraZenica
- J&J
- 1 Chinese
- 1 Russian

Viral protein sequence
(Hib, HPV, Hep B)

- Novavax
- 1 Chinese (with adjuvant)
- GSK (with adjuvant)

Inactivated
(IPV, Hep A)

- 3 Chinese
- 1 Indian

Weakened live
(MMR, VZV)

Repurposing BCG vaccine
In Australia

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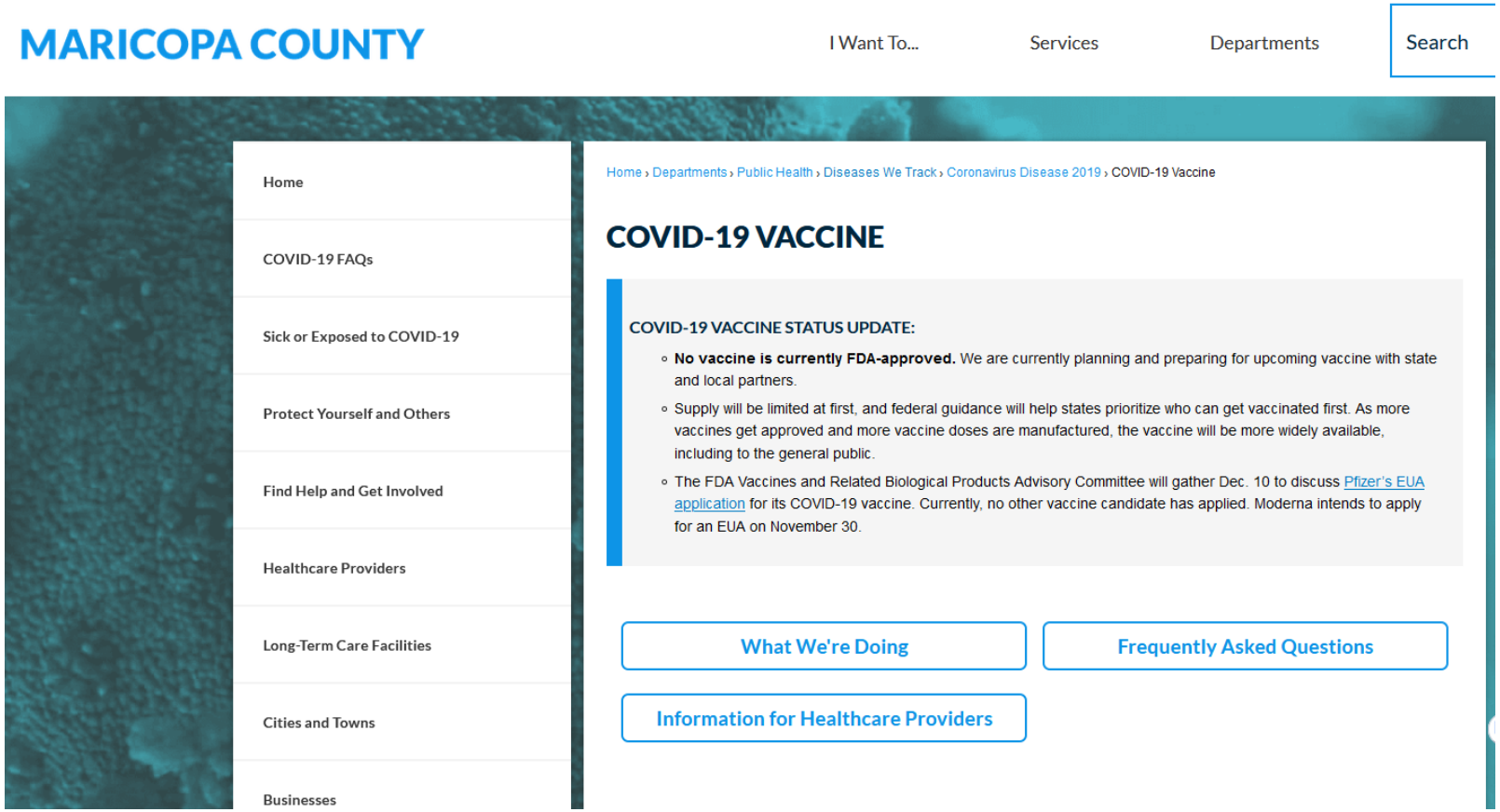
Phase 1b Planning Assumptions

- Phase 1b will likely start when:
  - Phase 1a is complete/near complete
  - There are multiple vaccine types
  - There is sufficient supply to meet early demand
- Phase 1b populations may be able to self-vaccinate
- Some hard-to-reach populations will need administration assistance
- Regional PODs will discontinue (one may stay open)
- Eligible essential workers will be determined by their risk of exposure and critical nature to operations (based on science, equity, flexibility)
  - Law enforcement, food & agriculture, transportation, education

As of 12/8/2020

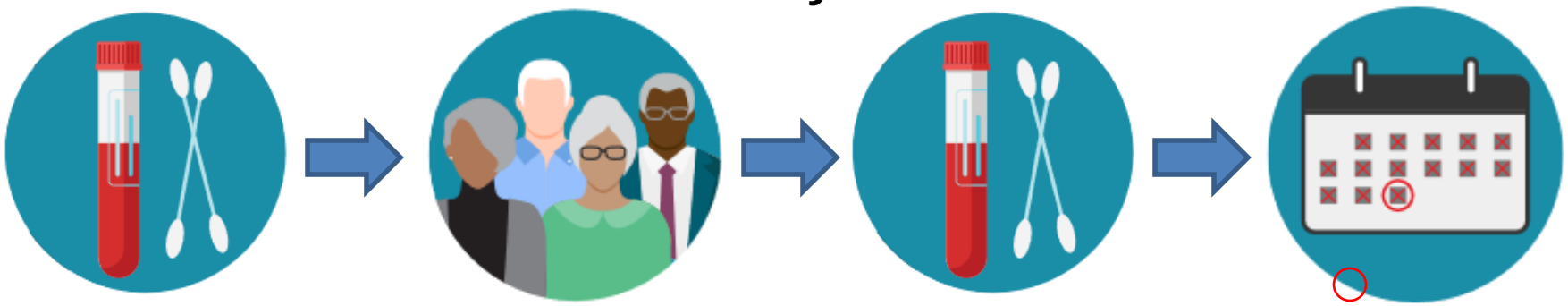
Vaccine info on Maricopa site:

https://www.Maricopa.gov/5641/COVID-19-Vaccine



CDC Holiday Travel Guidelines

- CDC guidance for upcoming holiday travel
  - Avoid travel if possible
  - If you travel, get a coronavirus test 1-3 days before travel, then again 3-5 days after travel combined with a quarantine for seven days. (essential healthcare workers do not have to quarantine). If you don't get tested, consider reducing non-essential activities for 10 days.



Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

- A test-based strategy is no longer recommended to determine when to discontinue home isolation
- Symptom-based criteria were modified as follows:
  - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications.
  - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Therapeutic Management of Patients with COVID-19

- Two main processes are thought to drive the pathogenesis of COVID-19
  - Early in the course: disease is primarily driven by replication of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
  - Later in the course: disease is driven by an exaggerated immune/inflammatory response to the virus that leads to tissue damage
- Anticipated that antiviral therapies -> greatest effect early in the course of disease
- Immunosuppressive/anti-inflammatory therapies -> more beneficial in the later course of disease

Therapeutic Management of Patients with COVID-19

Not Hospitalized, Mild to Moderate COVID-19	There are insufficient data to recommend either for or against any specific antiviral or antibody therapy. SARS-CoV-2 neutralizing antibodies (**bamlanivimab** or **casirivimab plus imdevimab**) are available through EUAs for outpatients who are at high risk of disease progression.[a] These EUAs do not authorize use in hospitalized patients. **Dexamethasone** should not be used **(AIII)**.
Hospitalized[a] But Does Not Require Supplemental Oxygen	**Dexamethasone** should not be used **(AIIa)**. There are insufficient data to recommend either for or against the routine use of **remdesivir**. For patients at high risk of disease progression, the use of remdesivir may be appropriate.
Hospitalized[a] and Requires Supplemental Oxygen (But Does Not Require Oxygen Delivery Through a High-Flow Device, Noninvasive Ventilation, Invasive Mechanical Ventilation, or ECMO)	Use one of the following options: • **Remdesivir**[b,c] (e.g., for patients who require minimal supplemental oxygen) **(BIIa)** • **Dexamethasone**[d] **plus remdesivir**[b,c] (e.g., for patients who require increasing amounts of supplemental oxygen) **(BIII)**[e,f] • **Dexamethasone**[d] (e.g., when combination therapy with remdesivir cannot be used or is not available) **(BI)**

Authorized by FDA on Nov, 21

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Therapeutic Management of Patients with COVID-19

Hospitalized[a] and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation	Use one of the following options: • **Dexamethasone[d,f] (AI)** • **Dexamethasone[d] plus remdesivir[b,c] (BIII)[e,f]**
Hospitalized[a] and Requires Invasive Mechanical Ventilation or ECMO	**Dexamethasone[d] (AI)[g]**

Rating of Recommendations: A = Strong; B = Moderate; C = Optional
Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion

https://www.covid19treatmentguidelines.nih.gov/therapeutic-management/

Nursing Home Infection Preventionist Training Course

- Course will provide infection prevention and control (IPC) training for individuals responsible for IPC programs in Nursing Home (NH)
- **Learning Objectives:**
  - Identify the ways pathogens spread in NH
  - List risk factors that lead to developing health care associate infnx and antibiotic resistance
  - Identify recommended IPC practices
  - Identify strategies for implementing the core activities of the IPC program.
  - Describe how the infection preventionist works with NH staff and key partners to implement IPC practices.

https://www.train.org/cdctrain/training_plan/3814

Nursing Home Infection Preventionist Training Course

- **What Are the Benefits of This Training?**
  - It is free and flexible: The modules can be completed in any order and over multiple sessions, depending on the learner's schedule.
  - You can earn continuing education credit (CME, CNE, CEU)

Name	Completed Date	Score	Hours	Status
✱ Module 1 - Infection Prevention & Control Program			0.75h	
✱ Module 2- The Infection Preventionist			0.5h	
✱ Module 3 - Integrating Infection Prevention and Control in…			0.42h	
✱ Module 4 – Infection Surveillance			1h	
✱ Module 5 - Outbreaks			0.75h	
✱ Module 6A – Principles of Standard Precautions			0.75h	
✱ Module 6B – Principles of Transmission-Based Precautions			0.75h	

FDA Approves First OTC COVID-19 Test

- LabCorp's Pixel COVID-19 Test Home Collection Kit
  - The first over-the-counter SARS-CoV-2 test that can be used at home by any individual 18 years of age or older.
  - Home sample kit, which can be purchased online or in store without a prescription
  - Allows users to self-collect nasal swab samples and submit them to the product's manufacturer for analysis
  - Positive or invalid results: the patient will receive a call from a healthcare professional
  - Negative results: delivered via email or online portal

https://ir.labcorp.com/news-releases/news-release-details/labcorp-receives-fda-authorization-make-home-covid-19-collection

Symptoms COVID-19 vs. Influenza (CDC)

COVID symptoms

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Symptoms ~5d (2-14) after exposure
- Contagious 10 days (2d before symptoms, up to 20d)

Flu symptoms

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- LESS likely to have vomiting and diarrhea (more in peds)
- Symptoms 1-4 days after exposure
- Contagious 7 days (1d before symptoms)

FDA authorizes Quest's home Flu + COVID test

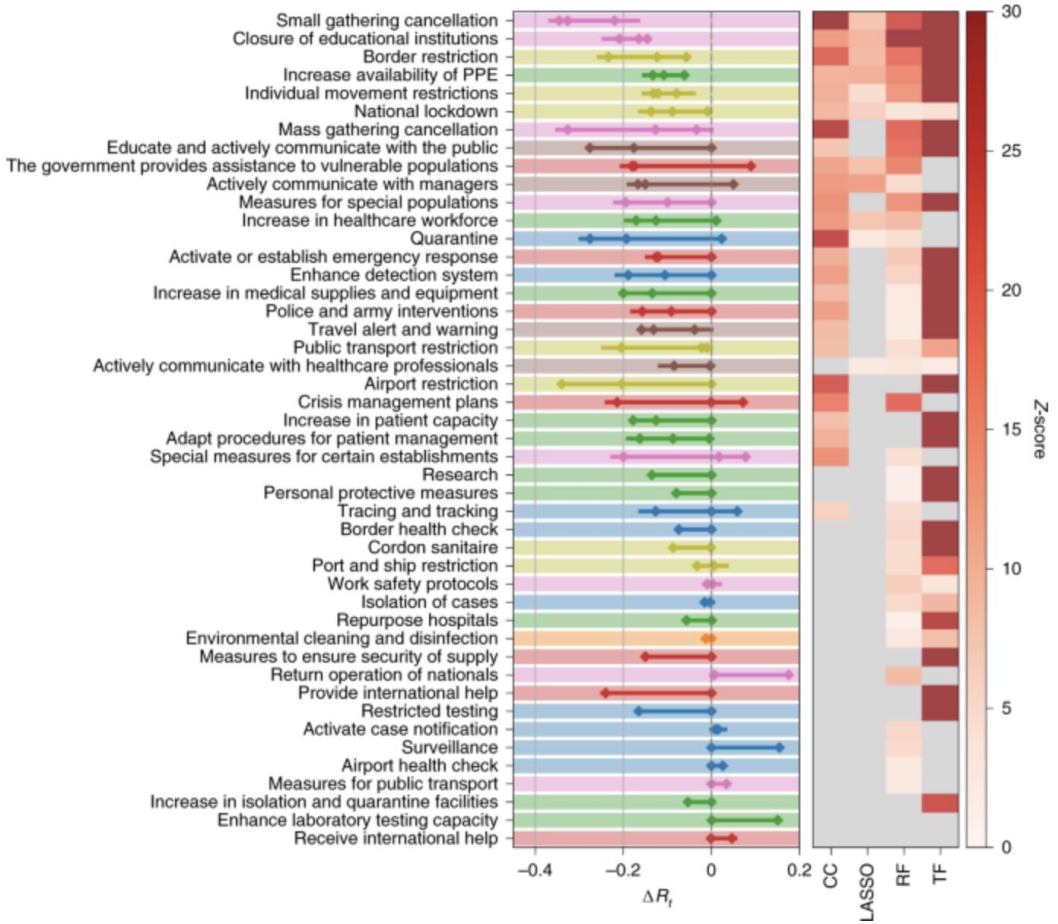
- Nasal swab, mail in PCR test (Roche) for COVID-19 and Influenza A & B
- Requires a prescription
- Age 18 and older
- "Call your healthcare provider to request"

https://www.questdiagnostics.com/home/Covid-19/Patients/CovidFlu/

Ranking the effectiveness of worldwide COVID-19 government interventions

- Effectiveness of non-pharmaceutical interventions (NPIs) to mitigate the spread of SARS-CoV-2
  - Critical to inform future preparedness response plans
- Datasets recording 42,151 additional NPIs from 226 countries published in Human Nature
- Most governments have implemented bundles of highly restrictive NPIs.
  - Rapid decisions, lack of scientific evidence on effectiveness of these measures, degree of compliance of the population and societal impact

Ranking the effectiveness of worldwide COVID-19 government interventions



1. **Cancellation of small gatherings**
2. Closing educational institutions
3. Border crossing
4. Increase PPE availability

National lockdown was #6
Contact tracing and tracking was #28
Isolation of cases was #33
Enhanced testing capacity is 2nd to last

Ranking the effectiveness of worldwide COVID-19 government interventions

- Cancellation of small gatherings
  - Limiting gatherings from 50 of fewer persons
  - Reduce close physical contact in work places
  - Mandatory 2m distance in public
  - Mandatory home working
  - Closure of restaurants, bars and shops
  - Closure of non-essential shops
- Closing educational institutions
  - School closures in the United States have been found to reduce COVID-19 incidence and mortality by about 60%

https://www.nature.com/articles/s41562-020-01009-0#Sec6

HonorHealth Updates

- HonorHealth is utilizing the PACCT tool daily for bed availability, please keep that updated
- NO visitors in hospitals right now – will update when/if that changes but don't expect that to change for awhile
- HonorHealth is full and so appreciate timely discharges – cannot have delays right now as every bed is needed
- HonorHealth will not be involving post-acute providers in the vaccination process

GUEST SPEAKER

SAFE HOME CARE COALITION (SHCC)

Started as a local initiative where 5 Maricopa County based homecare companies came together with a common purpose to educate consumers and health care professionals on best practices to help a patient remain at home…*safely.*

SAFE HOME CARE
COALITION

As of 12/16/2020

Today's conversation

The Difference

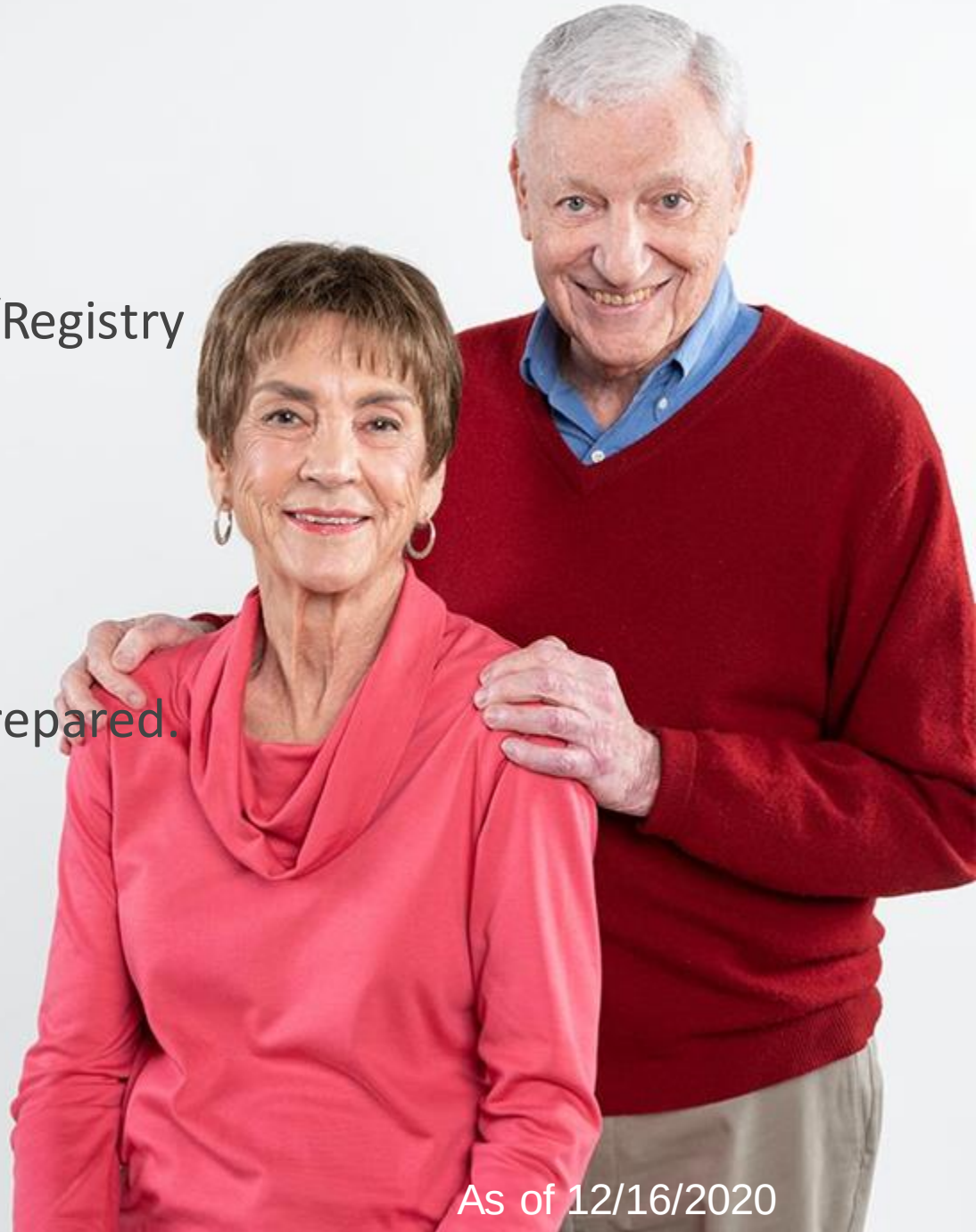
- Home Health vs. In Home Care
- In Home Personal Care vs. Independent Contractor/Registry

Home Care Association of America (HCAOA)

- National Standards

COVID-19

- Protecting clients and making sure Caregivers are prepared.



SAFE HOME CARE
COALITION

As of 12/16/2020

Models of Home Care Service Delivery

1. In-Home Care Provider – Employer/Employee
2. Independent Contractor (Registry)
3. Private Caregiver – Direct Hire

SAFE HOME CARE
COALITION

As of 12/16/2020

Home Care Agency vs Independent Contractors

Quality Measures	Home Care	Independent Contractors
Bonded & Insured	Bonded, insured with liability and workers' comp; Coverage for accidents in the home	None; Patient must cover all liability
Background Checks	Federal and state background checks	None
Training & Education	Dementia care, CPR, transfers, First Aid Certification and hands on training	Varies
Caregiver Backup & Satisfaction	Backups always available; Focus on personality match	Varies
Customization	Flexible to client needs	Varies
Quality Assurance	Care monitored by Care Coordinator; family given daily updates	None; Patient's responsibility

Homecare Choices Consumer Cost Comparison

	In-Home Agency	Independent Contractor/Registry
Employer	Agency is employer	YOU are the employer
Hourly Rate	$28.00	$20.00
Payroll Taxes	Included in the rate	You pay
Workers' Comp	Included in the rate	You pay
Agency Fee	None	$25 per shift
5-hour shift	$140.00	$125.00
8-hour shift	$224.00	$185.00

*quotes rates are for illustrative purposes. Actual rates vary by provider.
**Employer based agencies are supplying PPE for our clients and caregivers in addition they are providing infection control training.

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COLLABORATING FOR CARE

COVID-19 has forever changed Elder Care

So how are we going to care for our aging loved ones now? and into the future?

SAFE HOME CARE
COALITION

As of 12/16/2020

Employer Based Home Care Agencies – What are they doing to protect their Clients and their Caregivers

- Supply of PPE Equipment
  - Masks
  - Gloves
  - Googles
  - Face Shields
  - Gowns
- Training – Donning and Doffing PPE
- Testing regularly – adhering to the long-term care facility/community policies

Questions – Type in Q & A Section

Post-Acute Website: https://innovationcarepartners.com/postacutecommunications

- If you have further questions or issues you would like to discuss

- Please contact:
  Elysha Lucero – Preferred Network Coordinator
  elucero@icphealth.com

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