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June 24, 2022

To All Families and Residents



PLEASE READ THE **ENTIRE** NEWSLETTER FOR IMPORTANT INFORMATION ON COVID. THIS IS THE PRIMARY MEANS OF COMMUNICATION ON THIS TOPIC.

“WELCOME” TO OUR NEW FAMILY CONTACTS

We are required to notify all residents, families and staff of a facility whenever we have a positive COVID test result for any staff member or resident. Two points of contact are required.

To help us meet these requirements, we have utilized a broadcast tool (School Messenger) to send emails and automated phone calls to up to two email addresses and two phone numbers per resident or resident contact, which is usually the first Health Care Proxy. The system then broadcasts to all the contact phone numbers and emails in this database. We also use this system to send out this update letter to our resident family contacts.

You will also receive a broadcast when we have a staff member or resident test positive for COVID-19. This includes an email *and a phone call*. We understand these phone calls can come at inconvenient times and would like to offer you the option to opt out of the phone calls for one or both of the numbers on file *so long as we have an email address on file to receive the alert*. This opt out will only effect the notification databases used by School Messenger. All contact info will remain on file in our Electronic Health Record, PointClickCare.

If you wish to opt out of alerts for one or both phone numbers we have file, please email me at pm@goodshepherdcommunities.org with the specifics. Please note it will take time to make the changes to the databases, so dependent on volume, there may be a delay from the time you make the request and the time the database revisions are completed. Thank you in advance for your patience.

Changes to the information provided below are highlighted in green.

GSC STATISTICS

6/23/2022	GSFH	GSVE	Chase
Year To Date + residents			
SNF	22	5	17
ACF	17	6	n\
IL	1	36	n\
Year To Date + Staff			
SNF	51	20	31
ACF	22	21	n\
IL	n\	10	n\
Year To Date Deaths			
SNF	1	0	0
ACF	0	0	n\
IL	0	0	n\
Active Residents Cases (in-house or hospitalized)			
SNF	0	0	0
ACF	0	0	n\
IL	0	1	n\
Staff Furloughed			
SNF	0	0	0
ACF	0	0	n\
IL	n\	1	n\

COMMUNITY LEVELS FOR BROOME AND CHENANGO COUNTIES

Broome County, New York

[State Health Department](#)

COVID-19 Community Level

● Medium

Chenango County, New York

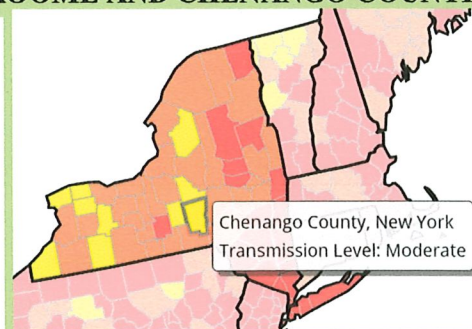
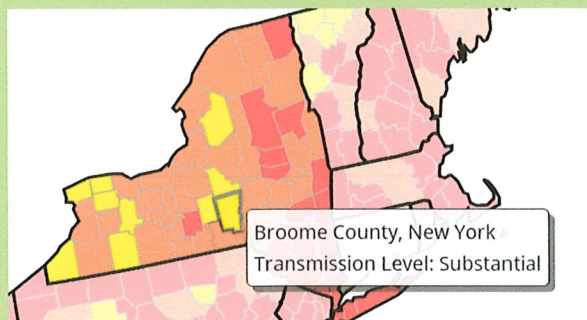
[State Health Department](#)

COVID-19 Community Level

● Low

Masking recommendations are based on three factors — Covid hospitalizations, hospital capacity and new Covid cases — focusing more on preventing hospitals from getting overwhelmed and less on positive tests, which spiked during the omicron wave in December and January.

TRANSMISSION RATES FOR BROOME AND CHENANGO COUNTIES



CDC RECOMMENDS ADDITIONAL BOOSTERS FOR CERTAIN INDIVIDUALS

Source- CDC Website: "Data continue to show the importance of vaccination and booster doses to protect individuals both from infection and severe outcomes of COVID-19. For adults and adolescents eligible for a first booster dose, these shots are safe and provide substantial benefit. During the recent Omicron surge, those who were boosted were 21-times less likely to die from COVID-19 compared to those who were unvaccinated, and 7-times less likely to be hospitalized. CDC continues to recommend that all eligible adults, adolescents, and children 5 and older be up to date on their COVID-19 vaccines, which includes getting an initial booster when eligible.

Following FDA's regulatory action, the CDC is updating its recommendations to allow certain immunocompromised individuals and people over the age of 50 who received an initial booster dose at least 4 months ago to be eligible for another mRNA booster to increase their protection against severe disease from COVID-19. Separately and in addition, based on newly published data, adults who received a primary vaccine and booster dose of Johnson & Johnson's Janssen COVID-19 vaccine at least 4 months ago may now receive a second booster dose using an mRNA COVID-19 vaccine.

These updated recommendations acknowledge the increased risk of severe disease in certain populations including those who are elderly or over the age of 50 with multiple underlying conditions, along with the currently available data on vaccine and booster effectiveness.

Good Shepherd will be offering clinics for staff every 2 weeks on-site, and will facilitate visits to outside clinics on the off-weeks.

NYS Mask Mandate

The Governor lifted the mask mandate for businesses, but noted Counties, Cities and businesses can choose to continue to require masks. The mask requirement remains in effect for the following:

- State regulated Health Care Settings
- State regulated Adult Care Facilities and Nursing Homes
- Correctional Facilities
- Schools and Child Care Centers
- Homeless Shelters
- Domestic Violence Shelters
- Buses and bus stations, trains and train stations, subways and subway stations, and planes and airports

Given the Broome County statistics reported above, we are still concerned that the Community Transmission Level is at **Substantial, and given our vulnerable population, we will continue to require masks for both staff and residents in Independent Living when in public areas other than when seated for drinks or a meal. We will re-evaluate this policy on a regular basis.**

CMS GUIDANCE ON EMPLOYEE TESTING: STAFF NOT FULLY UP TO DATE INCLUDING UN-BOOSTED STAFF SUBJECT TO ROUTINE TESTING

CMS testing guidance references the term "up-to-date with all recommended COVID-19 vaccine doses." Staff are considered up to date with COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

Recommended Boosters

1st booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine:

- For most people at least 5 months after the final dose in the primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

As a result of this guidance, staff who are fully vaccinated and eligible for a 1st or 2nd booster, *but who are not boosted*, must be tested routinely based on the community transmission rates in your facility's county, along with those who are not fully vaccinated and those who are unvaccinated (i.e., exempt).

These requirements apply to SNFs only. IL and ACF\ALR staff are not covered by this requirement, and based on the recommendations from our Infection Control Preventionists, including them in the testing requirement would not increase the effectiveness of our Infection Control program. The vaccines and boosters better protect staff from infection, serious illness, hospitalization and death but is not an effective way to eliminate the risk of transmission to others if the staff member is infected with COVID-19. We will best protect our staff and residents if the focus and use of our resources are used for IC prevention and early detection of symptomatic staff. Routine testing of asymptomatic staff solely based on vaccination status is not an effective strategy for preventing COVID from entering our facilities.

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Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

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Good Shepherd will be following this guidance, and will be testing employees are not up to date including those who have not received the booster with frequency based on the new guidance.

- Broome County shows a **substantial** level of transmission, necessitating **twice** a week testing for staff not up to date with all eligible COVID vaccines.
- Chenango County show a **moderate** level of transmission, necessitating **once** a week testing for staff not up to date with all eligible COVID vaccines.