

### **COVID-19 Guidance** and Updates for **Nursing Homes and Adult Care Homes**

Presented by:

-Annette Graham, Executive Director, Central Plains Area Agency on Aging
 -Kaylee Hervey, Epidemiology Program Manager, Sedgwick County Health Department
 -Cody Charvat, KCEM, Operations Officer, Sedgwick County Emergency Management

December 08, 2020



# Today's presentation is being recorded.

#### Recording will be available at: https://www.sedgwickcounty.org/covid-19/covid-19-guidance-for-long-term-carefacilities/



### Introductions

Annette Graham, Executive Director **Central Plains Area Agency on Aging** Kaylee Hervey, Epidemiology Program Manager Sedgwick County Health Department Cody Charvat, KCEM, Operations Officer Sedgwick County Emergency Management



### Agenda

- Introductions
- Questions, Discussion, Monthly Updates
- SCHD COVID-19 Updates/Services (Testing [NP/Saliva])
- CMS Testing/Reporting Requirements
- COVID-19 Vaccine Partnership Program
- SC EOC/KDEM (PPE Stopgap Program and N95 Decontamination)
- Emergency Public Health Order
- Sedgwick County Phase 2/Metrics
- CMS/KDADS Compassionate Care, Indoor, Outdoor, Window Visitation
- CDC MMWR Study
- Q & A with presenters/resources



#### **Questions & Discussion**

# Following the presentation, everyone will have an opportunity for comments, conversations and Q/A.

Please submit your questions to the chat box.



### Monthly Meetings

This forum allows Sedgwick County to:

- Provide updates
- Maintain ongoing contact
- Be responsive to needs of Nursing Homes and Adult Care Homes

Partners are invited to submit topics ideas/best practices for monthly meetings.

#### Next meeting is scheduled for: January 12, 2021



# **COVID-19 Update**



### COVID-19 Updates

14,958,789 cases in United States (JH / 12-08-2020)
174,025 cases in Kansas (KDHE / 12-07-2020)
25,969 cases in Sedgwick County (SC DB / 12-07-2020)
172 deaths in Sedgwick County (SC DB / 12-07-2020)

48 total adult care home clusters and 604 active cases



### **COVID-19 Services**

## TESTING



### **CMS - Nursing Facility Testing**

CMS requires skilled nursing facilities to test staff and residents. KDADS guidance issued October 27, 2020, requires nursing facilities to begin using the two-week county positivity rate published by Kansas Department of Health and Environment (KDHE) at: <u>https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas</u>

 The testing positivity rate by county is found by clicking the box labeled: Nursing Home Metrics.

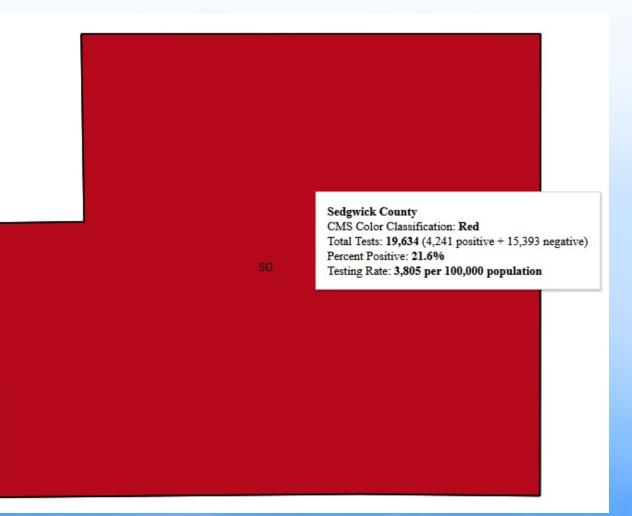


### CMS Nursing Facility Testing -

Kansas Department of Health and Environment Positivity Rate: 21.6 %

https://www.coronavirus.kdheks.g ov/160/COVID-19-in-Kansas

Current Rolling 14-Day Period: Starting 11-22-2020 Ending 12-05-2020





### CMS Final Rule on Nursing Facility Testing

Interim Final Rule (IFC), **CMS-3401-IFC**, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool:

https://www.cms.gov/files/document/qso-20-38-nh.pdf



### CMS Final Rule on Nursing Facility Testing

CDC Guidance for SARS-CoV-2 Point-of-Care (POC) Testing

https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html

- Regulatory Requirements for POC Testing
- Who can do POC testing? Sites that perform POC testing are required to have a Clinical Laboratory Improvement Amendments (CLIA) certificate.



SCHD will provide NP swabs and/or saliva testing per CMS guidelines.

- KDHE opened new reporting portal for mandated facilities via BINAX rapid test. [https://diseasereporting.kdhe.ks.gov/]
- If facility is CMS funded and if test is positive, then individual must be NP tested within **48 hours**.



### SCHD **Nasopharyngeal Specimen (NP)** Testing for **Adult Care Homes**



Sedgwick County residents with or without symptoms can be tested at no cost by calling **316-660-1022** to schedule an appointment.



Adult care home staff can be tested weekly through SCHD by dialing **316-660-1022** for an appointment.

If staff or resident tests positive, other staff and residents in the facility should be tested per SCHD and KDHE recommendations.

Test results can take **4-6** business days for SCHD result.

COVID-19 Testing for Long-Term Care Facility Employees procedure: https://www.sedgwickcounty.org/covid-19/testinginformation/covid-19-testing-for-long-term-care-facilityemployees/



## SCHD Saliva Testing for Nursing Facilities



Saliva testing at Clinical Reference Laboratory (CRL)

Register at: https://www.surveygizmo.com/s3/5833896/LTC-Reg-Form

Email questions to: meddistribution@sedgwick.gov

Self-Collection Video for the saliva kit can be found at: <u>https://www.crlcorp.com/covid-19-testing/videos/</u>



# CMS Reporting Requirements for

### **Nursing Homes**



### Nursing Home CMS Reporting Requirements

All testing results are required to be reported.

• All **point-of-care** and **send out specimens** are <u>required</u> to be reported via the KDHE new reporting portal:

https://diseasereporting.kdhe.ks.gov/

KDHE reports to CMS are sent on behalf of Nursing Homes.

• All results are available to local health departments.

Facilities with questions may contact KDHE at: kdhe.EpiHotline@ks.gov



## COVID-19 Vaccine Pharmacy Partnership



### **COVID-19 Vaccine Pharmacy Partnership**

If interested in participating pharmacy partnership, LTCFs should sign up (or opt out) starting October 19. The registration portal will remain open though November 6.

- Skilled nursing facilities (SNFs) will make their selection through the National Healthcare Safety Network (NHSN) (<u>https://www.cdc.gov/nhsn/index.html</u>). An "alert" will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
- Adult care homes (ACHs) will make their selection via an online REDcap (<u>https://redcap.link/ltcf</u>) sign-up form.



### **COVID-19 Vaccine Pharmacy Partnership**

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination <u>https://www.kdads.ks.gov/docs/default-</u> <u>source/covid-19/ach-data/vaccination/program-</u> <u>overview.pdf?sfvrsn=bdbe01ee\_2</u>

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination – FAQ <u>https://www.kdads.ks.gov/docs/default-</u> <u>source/covid-19/ach-data/vaccination/faq---pharmacy-</u> <u>partnership-for-ltc-program.pdf?sfvrsn=bebe01ee\_2</u>

For questions about the Pharmacy Partnership for Long-term Care Program, please contact <u>eocevent494@cdc.gov</u>.



### **COVID-19 Vaccine Pharmacy Partnership**

SCHD will be contacting facilities to determine those facilities that signed up to participate in the COVID-19 vaccine pharmacy partnership.

SCHD appreciates your response and cooperation in assisting with our collecting and planning efforts.



**COVID-19 Services** 

## REQUESTING and ORDERING PPE and

### N95 Respirator Decontamination Process



### KDADS K.S.A. 39-923

Facilities licensed by Kansas Department for Aging and Disability Services (KDADS) may request/order PPE through the Kansas Division of Emergency Management (KDEM) Business PPE Stopgap Program.

nursing facility	<ul> <li>nursing facility for mental health</li> </ul>
<ul> <li>assisted living facility</li> </ul>	<ul> <li>residential healthcare facility</li> </ul>
home plus	<ul> <li>intermediate care facility for people with intellectual disability</li> </ul>
adult day care facility	<ul> <li>boarding care home</li> </ul>



Before ordering PPE from **KDEM**, facility must try to order direct from vendor(s).

If unable to purchase due to shipping delay or out of stock, facility can order through KDEM Business PPE Stopgap application:

#### https://kdem.kansasgis.org/businessPPE

**KDEM** requires evidence of unsuccessful PPE order.

- Attach "Proof of Denial" documentation indicating your facility unsuccessfully attempted to order PPE from other vendors.
- Documentation includes copies of purchase orders, invoices or remittances and states PPE is delayed or on back order.



#### PPE supported through the **PPE Stopgap Program** include:

- Masks and face shields
- Gowns and coveralls
- Other PPE-related requirements, such as gloves



**Important Exception:** 

Private business or organization with immediate need of PPE for emergency life-safety measures will still be able to order those supplies through **Sedgwick County Emergency Management's normal logistics channel**:

• Fill out the resource request form at

https://www.sedgwickcounty.org/emergencymanagement/

- Send form to Logistics@sedgwick.gov
- Include explanation of urgent circumstances



First responders and government agencies continue to order PPE through **Sedgwick County Emergency Operations Center** (SC EOC)

#### Direct questions to:

• **KDEM** (use email at the end of the PPE Stopgap Program application)

SC EOC: <a href="mailto:logistics@Sedgwick.gov">logistics@Sedgwick.gov</a>



#### **N95 Respirator Decontamination Program:**

Healthcare facilities submit N95 Respirator decontamination services directly to Battelle:

https://www.battelle.org/gf/ccds-client-logistics

Participation in this program is still at "no cost" to facilities.



FEMA allows N95 respirators to be decontaminated as one measure of maintaining PPE supplies.

• N95 respirators must be free of visual soiling / contamination or they cannot be decontaminated and will be discarded.

o Must be free from blood, bodily fluids and makeup

- Facility should consider developing usage policy. Consider the following to facilitate decontamination:
  - o Keep N95 respirator as clean as possible to facilitate decontamination.
  - Prohibit staff from wearing makeup while wearing N95 Respirators to prevent contamination.



The current Battelle agreement with FEMA continues through December 30, 2020.

Although the agreement may be extended:

- There has been no indication that may happen.
- There are no plans to replace the Battelle service.



Before Battelle decontamination became an option, Sedgwick County issued medical personnel and first responders three respirators each.

- Respirators were to be kept in individual bags to be reused every third day.
- Storing the respirators for 60+ hours between uses allows any virus in the respirators to die off naturally, as long as the respirators were kept separately stored in a clean, breathable containers, such as paper bags, between uses.
- If Battelle goes away, businesses and agencies may need to revert to this plan.



# Emergency Public Health Order



#### Local Health Officer Order

**Emergency Public Health Order** of the Sedgwick County Local Health Officer – Individuals, Businesses and Organizations are Required to Comply

Effective: November 27, 12:01 AM Effective through: January 09, 2021, 11:59 PM



#### **Emergency Public Health Order**

Revised to further reduce the spread of COVID-19. Some points in the Order include:

- Residents are still required to wear face coverings or masks in public spaces, inside and outside.
- The definition of "mask or other face covering" does not include a covering that is equipped with a one-way valve or vent through which air can be exhaled.
- Exemptions for wearing masks are included in the document.



### **Emergency Public Health Order**

The Order allows a group **25** or fewer individuals.

- Individuals should generally maintain **6 feet** of distance from one another.
- Individuals are required to wear a mask within public gatherings, whether inside or outside.

The complete Order and FAQs can be read at: https://www.sedgwickcounty.org/covid-19/local-orders/



# Sedgwick County is in Phase 2



#### Sedgwick County - Phase 2

#### **Metrics place Sedgwick County in Phase 2 -- Percent Positive 19.6%**

<u>Recovery Metrics</u>	Two-week Trend	Baseline before Ad Astra*		Ad Astra Phase 1		Ad Astra Phase 1.5	Ad Astra Phase 2*		Ad Astra Phase 3		Ad Astra Phase 2*										
		Week 1 (3/15 - 3/21)	Week 7 (4/26- 5/2)	Week 1 (5/3- 5/9)	Week 2 (5/10- 5/16)	Week 1 (5/17- 5/23)	Week 1 (5/24- 5/30)	Week 7 (7/5- 7/11)	Week 1 (7/12- 7/18)	Week 2 (7/19- 7/25)	Week 1 (7/26- 8/1)	Week 2 (8/2- 8/8)	Week 11 (10/4- 10/10)	Week 12 (10/11- 10/17)	Week 13 (10/18- 10/24)	Week 14 (10/25- 10/31) ••	Week 15 (11/1- 11/7) ••	Week 16 (11/8- 11/14) **	Week 17 (11/15- 11/21) **	Week 18 Numbers Subject to change (11/22- 11/28)	Week 19 Numbers Subject to change (11/29- 12/5)
New Deaths	Stable	0	5	11	3	1	0	2	3	6	7	9	5	9	12	9	11	1	0	0	0
New COVID-19 Hospital Admissions <sup>+</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Cases per 100,000 SG Residents	Increasing	0.4	17.9	7.8	12.3	6.2	8.8	126.0	133.4	145.4	123.1	119.0	106.5	133.6	196.6	315.4	546.7	614.3	594.6	370.9	400.3
New Cases	Increasing	2	92	40	63	32	45	647	685	747	632	611	547	686	1010	1620	2808	3155	3054	1905	2056
New Non-Cluster Cases	Increasing	2	43	29	9	30	45	624	650	683	569	475	449	623	911	1517	2684	3057	3007	1860	2013
New Community Disease** Cases	Increasing	2	56	33	17	31	45	645	666	726	590	492	486	675	975	1585	2772	3141	3047	1893	2050
New Community Disease** Cases per 100,000 SG Residents	Increasing	0.4	10.9	6.4	3.3	6.0	8.8	125.6	129.7	141.4	114.9	95.8	94.6	131.4	189.8	308.6	539.7	611.6	593.3	368.6	399.1
New Tests	Stable	163	1205	2210	2918	3170	2364	5331	5356	5537	5712	5529	7329	7403	8148	9125	12494	13794	15581	11117	10480
New Tests per 100,000 SG Residents	Stable	185	235	430	568	617	460	1038	1043	1078	1112	1077	1427	1441	1586	1777	2433	2686	3034	2164	2040
New Cases Percent Positive (New case/New Tests)	Increasing	1.2%	7.6%	1.8%	2.2%	1.0%	1.9%	12.1%	12.8%	13.5%	11.1%	11.1%	7.5%	9.3%	12.4%	17.8%	22.5%	22.9%	19.6%	17.1%	19.6%
New Community Disease Percent Positive (community disease/new test)	Increasing	1.2%	4.6%	1.5%	0.6%	1.0%	1.9%	12.1%	12.4%	13.1%	10.3%	8.9%	6.6%	9.1%	12.0%	17.4%	22.2%	22.8%	19.6%	17.0%	19.6%

\* Weeks 2 through 6 on Baseline before Ad Astra (March-April), 2 through 6 from Ad Astra Phase 2 (May-July) and Week 3 through Week 10 from Ad Astra Phase 2 (August-October) due to space constraints

\*\*Due to lag in reporting, positive tests and COVID-19 deaths from these weeks were added on 12/7.

\*\*\*Community disease excludes contained cluster cases (i.e., long-term care and correctional facility residents).

† Hospital admission data are under review and will be updated soon.



### Sedgwick County Phase 2

Metrics are updated weekly at:

https://www.sedgwickcounty.org/covid-19/recovery-and-reopening-businesses/

#### COVID-19 Metrics Chart: Sedgwick County Residents - March 15 through Dec 5, 2020

- KDHE metrics are in blue shading. This table is published on Mondays and Fridays.
- Because numbers are reported by test day and tests are sent to SCHD from different days, numbers can change from report to report.
- Most change occurs in the two most recent weeks.
- Deaths are reported by the date the patient died.



#### Updates on Visitation

#### Annette Graham, Executive Director, Central Plains Area Agency on Aging will present updates on visitation.



#### Updates on Visitation

CMS Urges Nursing Homes to Follow Established COVID Guidelines This Holiday Season

- <u>https://www.cms.gov/newsroom/press-releases/cms-urging-</u> <u>nursing-homes-follow-established-covid-guidelines-holiday-season</u>
- <u>https://www.cms.gov/files/document/covid-facility-holiday-</u> recommendations.pdf



## **KDADS** – Amended Instructions

**KDADS** previously instructed facilities to use **KDHE's** school gating metrics in guidance on 09/23/2020.

KDADS has amended those instructions to reflect that facilities should use the **two-week county positivity rate published by KDHE.** This information is available at:

https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

KDADS advises adult care homes to utilize the KDHE positivity rate when making facility *re-opening and visitation plans*.



### KDADS - Visitation Guidance for Long-term Care Settings

Guidelines for all long-term care settings, including: nursing facility, assisted living, board care home, home plus, residential health care facilities.

#### Types of visitation:

- Compassionate Care
- Indoor
- Outdoor
- Window

https://www.kdads.ks.gov/images/default-source/ach-covid/newvisitation-guidelines-what-to-expect-now.jpg?sfvrsn=185101ee\_0



- Guide for family members and residents on what to expect when visiting
- Visitation according to facilities' environment and residents' needs
- Follow strict protocols on reducing risk and preventing spread of COVID-19.

#### **New Nursing Facility Visitation Guidelines:**

#### What to Expect When You Visit

A guide for renderits and familier as marsing facilities on Ranses implement new guidence for visitation released dependen (?, 2020, by the Certurn for Medicare and Medicald Services to uldress psychococtal scede.

tact

#### Communication is Key.

Your loved one has the right to visitors. The facility can imit abases to protect your loved one and other residents. This belance is difficult, requiring o see dooperation between families and friends of residents and the facility administrators.

#### First Steps.

Call ahead and talk to the administration of the facility where your loved one lives: • Ask adout their plan to reopen

to visitora
What kind at visits can happen and how - indoor, outdoor?

#### Visit Protocols.

Visitation can be conducted differently based on the facility's environment and residents' needs. For example, visits could take place in resident rooms, dedicated visits could take place in resident rooms, dedicated visits access, outdoors, and for circumstances beyond compositions access, outdoors, and for circumstances, beyond compositions, access, outdoors, and best proctices facilities chould implement to reduce the risk of COV D-19 transmission, such as:

- Screaning visitors for signs and symptoms of CCV D-19 (temperature checks, cuestions about symptoms) and denial of entry for those with signs or symptoms
- Fand hygiena
- Face covering or mask
- Social distancing at least 6 feet behreen persons
- Apring intelestable se of personal protective equipment (PPF)
- Resident and staff testing as required by CMS guidelines





While taking a person-bentared approach and adhering to the core principles of COVID-19 infection prevention. CMS prefers not convisited on the conclusion conclusive the risk of transmission whenever practical. Outdoor visits, pose a lower risk of transmission due to increased space and cirtlow.



#### Indoor Visits.

Facilities in a contries with block in modium presideity rates  $(10\% \, {\rm or}\, {\rm kess})$  s could excomm alleter and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- No new orset of COV D-19 cases in the facility in the ast 14 days and not currently conducting outbrock testing
- Via fora are able to aphore to core prine plea and staff are monitoring for these who have difficulty adhering to core principlea, such as enilaten
- Limit the number of visitors per resident at onetime and limit the total number of visitors in the facility at one time (based on the size of the building and physical space)
- Limit movement in the facility

#### Compassionate Care Visits.

Allowing a visit in these situations would be consistent with the intent of compassionate care situations:

- A repently admitted resident who was I ving with their family before is atruggling with the change in environment and lack of physical family support.
- A resident who is groving after a friend or family member recently passed away
- A resident who needs dueing and encouragement with earling or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration
- A resident who used to talk and interact with others, is exite ionizing continued distress, a floor speaking, or crying in ore frequency.



Source, Centers for Medicate and Medicald Services Fulldame Doc mert <u>CS-20-28-NH</u>





Visitation incorporates person-centered approach and adheres to core principles of COVID-19 infection prevention.

- Outdoor/Window pose lower risk of transmission due to increased space and airflow
- Indoor occurs in facilities with low to medium county positivity rate and includes visits beyond compassionate care



Outdoor visitations allowed with all precautions even during high county positivity rate:

- Screen all visitors for symptoms of COVID-19
- Residents and visitors wear a cloth face covering or facemask for the duration of their visit
- Practice social distancing
- Perform hand hygiene (e.g., use alcohol-based hand rub upon entry)



For outdoor/window visits:

- Conduct in manner to reduce COVID-19 transmission and increase prevention measures
- Provide sufficient space



For indoor Compassionate Care visits, during any phase, facilities determine when Compassionate Care visits are appropriate, which includes, but is not limited to:

- The resident is in hospice care.
- The resident's illness/disease is worsening or life threatening.
- The resident is exhibiting significant decline physically or mentally.
- The resident is withdrawing, no longer eating, showing signs of significant depression as a result of loss of contact with family members.



Per CMS, when county positivity rates exceed **10%**, indoor visitations are not allowed except for Compassionate Care.



## Visitation Guidance

Visitors with subsequent illness within **7 days** of the visit should report their illness to the nursing facility and/or the adult care home and to the Sedgwick County Health Department.



## Visitation Guidance

Healthcare resources facilities should review

• CMS guidance that mandates nursing facilities (includes nursing homes) to provide for visitation - (**QSO-20-39-NH**) on September 17, 2020:

https://www.cms.gov/files/document/qso-20-39-nh.pdf

• KDADS - Visitation Guidance for Long Term Care Settings (includes: Assisted Living, Board Care Home, Home Plus, Nursing Facility and Residential Health Care Facilities):

https://www.kdads.ks.gov/docs/default-source/covid-19/hoc/visitationguidance-for-long-term-care-settings.pdf?sfvrsn=cdbc01ee\_2



# CDC – MMWR Study

A study of COVID-19 in assisted living facilities (ALFs) of 39 states presented in **Morbidity and Mortality Weekly Report** (MMWR) recommends ALFs remain vigilant, such as all longterm care facilities, in their efforts to prevent the introduction and spread of SARS-CoV-2 in their facilities.

The study identifies actions ALFs should take to prevent the spread of SARS-CoV-2 in their facilities, including rapid identification and response to residents and staff members with suspected or confirmed COVID-19.



# CDC – MMWR Study

#### Preventive steps should include:

- Identifying a point of contact at the local health department to aid prompt notification
- Educating residents, family members, and staff members about COVID-19
- Having a plan for visitor and staff member restrictions
- Encouraging social (physical) distancing and the use of masks, as appropriate
- Implementing recommended infection prevention and control practices and providing access to supplies
- Rapidly identifying and properly responding to residents and staff members with suspected or confirmed COVID-19
- Conducting surveillance of COVID-19 cases and deaths, facility staffing, and supply information



# CDC – MMWR Study

# Characterization of COVID-19 in Assisted Living Facilities - 39 States, October 2020

https://www.cdc.gov/mmwr/volumes/69/wr/mm6946a3.htm?s\_cid=mm694 6a3\_x



# RESOURCES



#### Resources

Centers for Disease Control and Prevention <a href="https://www.cdc.gov/coronavirus/2019-nCoV/index.html">https://www.cdc.gov/coronavirus/2019-nCoV/index.html</a>

Centers for Medicare & Medicaid Services Coronavirus

https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus

Kansas Department of Health and Environment <a href="http://www.kdheks.gov/coronavirus/">http://www.kdheks.gov/coronavirus/</a>

Kansas Department of Emergency Management <a href="https://www.cpaaa.org/coronavirus-resources">https://www.cpaaa.org/coronavirus-resources</a>

Sedgwick County Health Department <a href="https://www.sedgwickcounty.org/">https://www.sedgwickcounty.org/</a>

Central Plains Area Agency on Aging <a href="https://www.cpaaa.org/coronavirus-resources">https://www.cpaaa.org/coronavirus-resources</a>

Strategies to Mitigate Healthcare Personnel Staffing Shortages <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</u>

Strategies for Managing a Surge in Healthcare Provider Demand <a href="https://files.asprtracie.hhs.gov/documents/healthcare-workforce-strategies-for-managing-a-surge-in-healthcare-provider-demand.pdf">https://files.asprtracie.hhs.gov/documents/healthcare-workforce-strategies-for-managing-a-surge-in-healthcare-provider-demand.pdf</a>



#### Resources

Past webinars presented to Long-Term Care Facilities and Adult Care Homes may be viewed on the *Sedgwick County COVID-19 Resource webpage*:

https://www.sedgwickcounty.org/covid-19/covid-19-guidance-for-long-term-care-facilities/



# Facilities having follow-up questions or comments may email them to:

#### Susan Lee

#### Information and Guidance Branch Coordinator - COVID-19 Sedgwick County Health Department

Susan.Lee@sedgwick.gov



# This concludes today's presentation. Thank you for participating.

### Next is Q&A





# Participants' questions asked in the chat box will be answered by presenters.

#### Next Webinar: January 12, 2021