

**Board of Trustees – Special Meeting
12 March 2021
Zoom Meeting via video / phone
1300 hours**

Present:

Colonel Joseph Krawczyk, President
Colonel Gary DeGasta, Vice President
Michael Klopchin, Secretary
Kent Butterfield
Jennifer Carmichael

Arthur Charron
CPT Brenda Cruickshank
Charly Dickerson
Michael diMonda
Robert Hooper

Dr. Jacqueline Kelly
Jamie Percey
Joyce Scribner
Robert Burke, Director, Vermont Office
of Veterans Affairs

Excused: Thomas Costello

David Fabricius

Peter Niles

Guest: Melissa Jackson, CEO

Lisa Sloan-DAV
Mary Morrissey, State Representative
Shannyn MacVicar, Cardinal Unit Manager
Mary Driscoll, MDS
Christina Cosgrove, Social Services Director
Robyn Boland, Executive Assistant

Steve McClafferty, Financial Director
The Bennington Banner
Dr. Peter King
Jodie Coon, Finance
Jon Endres, Environmental Director
Tonya Goodell, Human Resources

Asa Morin, Social Services
Aditee Lagu, Labor Relations Division
Patricia Crossman, DNS
Cindy Gadway, Rehab Director
Cindy Rankin, Dietary Supervisor
Kiauna Wait, Receptionist

A Zoom video/phone meeting was called to order by President Krawczyk at 1300.
Roll call was taken by Secretary Klopchin and a quorum was announced.

TOPIC	DISCUSSION	ACTION
PRESIDENT WELCOME	President Krawczyk welcomed the Board of Trustees, the guests and staff to the Special meeting. Requested the CEO and Dr. King to provide information on where we have been, where we are and where we are going on dealing with COVID. Yesterday was the one-year anniversary of COVID.	INFO
TOPIC	DISCUSSION	ACTION
CEO COVID	Started with a PowerPoint presentation with a timeline of positive cases with staff and residents. Positive cases are all confirmed by a PCR test which is the Gold Standard for testing. March 8, 2020, was	INFO

the first (employee) case and then did not have any until December 30, 2020, when six employees tested positive, which started our current outbreak. Seven employees tested positive between January 4 to March 1. The first resident was on January 6 (passed on January 19) and second resident January 22 (passed on February 14). March 4 testing found two residents positive. March 9 found two more residents and one staff positive. These last four residents testing positive and all are asymptomatic (no symptoms) and had been fully vaccinated prior to getting COVID. All units have had either an employee or resident test positive. The first two residents that passed away were not fully vaccinated yet. The last four residents that tested positive are currently on the Respiratory Care Unit (RCU). Last year we moved three staff members and the DOM residents from this area and converted the DOM to the RCU with individual rooms. This unit has its own dedicated staff.

At this time, all units have their own entrance for staff to enter/exit, screen and test. Meal carts are brought to the doorways of the units. Mail is placed in bins mounted outside the entrances to each unit and then distributed to the residents. There is no moving around of staff, they stay on their assigned units. Each unit also has an activity aid and social worker assigned to it.

The CEO presented a slide of vaccination rates by department. Thirty percent of direct-care staff are vaccinated. Contracted staff are all 100% vaccinated (providers, rehab and transport). All other departments fall in between. President Krawczyk asked Dr. King for some of the reasons staff have given for not receiving the vaccine: early on the vaccine was perceived as new, side effects, don't get the flu shot so not getting this one, never get sick, don't think I need it, and many regarding autonomy (it's my decision to take it or not) versus specific objections to the vaccine. Have tried to create an environment to discuss things with the staff and be receptive to information.

Have made a video from the recorded meeting with Dr. Levine (and his staff) and a family Zoom meeting. This will be available for staff to view and will be used as part of education. Families are very supportive but are also very angry with inability to visit due to outbreak. They have started a letter-writing campaign to state and federal representatives. This week 8 new direct care staff have expressed interest to be vaccinated and 2 administrative staff have had their first dose of the vaccine. Feel that the family video and prevalence of COVID in the facility have had an impact. The previous vaccination dates were January 3, January 28 and February 13. The Bennington Rescue Squad will come and vaccinate onsite. Staff can also sign up through the hospital website.

Using N95 masks with face shields or goggles at all times on the units. If someone is medically unable to wear a N95 mask, then wear a surgical mask and face shield. Continue with daily screening using the Accushield screening devices. Have purchased more screening devices so will be able to have one on

each unit. The device takes your temperature, asks screening questions and then prints out a sticker to be worn showing you passed screening. Continue to do daily antigen testing and twice weekly PCR testing. PCR tests are sent to Broad in Cambridge, Mass. The local hospital will assist with individual PCR tests.

If a resident presents with symptoms of possible COVID the following are done immediately: If the resident is in a private room, then remains in the private room and the staff start contact precautions (masks, shields, gloves). If have a roommate, they are separated and both placed in quarantine. A rapid flu test is done (flu and COVID symptoms are similar), and antigen and PCR tests are both done. They stay in quarantine until test results are back. If all negative, then come off quarantine. Positive residents, if asymptomatic, would stay in quarantine for 14 days. If they develop symptoms, then that could change as could be longer.

Staffing shortages in housekeeping/laundry and activities, but direct-care staff not affected. Currently attempting to obtain status of vaccination of the agency nurses. Some participated in our vaccine clinics.

The decision to mandate vaccinations would have to come from the federal government or the State, not VVH, the CEO or the Board of Trustees. Dr. King continues to have contact with the State and the Vermont Department of Health. He also has collected about 20 brief quotations from vaccinated staff and will be posting them around the facility in the hope they will help convince more staff to be vaccinated.

President Krawczyk asked the Board if any willing to share their vaccination status and eight members stated they have either completed it or are in the process. Comment was made that since the vaccine is labeled “emergency”, and is not yet approved, prevents it from being mandated. Regarding last Friday’s comments by the Governor, seemed to indicate that the federal government was prohibiting any employer from mandating vaccines. Also heard the Health Commissioner state this in press conferences. Can find no prohibition that’s different than mandating it from the federal government that prohibits any employer in the country from mandating a particular vaccine. Interpretation of the Governor was that the State would not pay to have employees vaccinated. CEO stated what she has seen in her professional readings is that most labor/human resource-type attorneys infer there is an inherent legal risk to employers who mandate a vaccine or medication that has not yet been approved. Encouragement and education to employees is a better way to go. Employees that refuse to get the vaccine and then contract COVID are eligible for unemployment if we feel they contracted it at VVH. There are not federal rules that prevent that from happening. VVH pays them while they are on quarantine.

While in outbreak status, we cannot allow visits. Once we are 14 days past having a positive case, we can start indoor visits. We are starting window visits as they were not addressed in the recent regulations.

Once we are through this outbreak, going forward if we have a positive case, we stop visits, do the first round of outbreak testing and if that shows no new cases, then just the unit that was impacted would not have visits. The rest of the facility could continue with visits. If subsequent outbreak testing shows another area in the building, then the whole facility gets closed down and wait 14 days. We are in the process of working on logistics for new regulations so ready to implement once able. There is a push to have the visits not be supervised. The State of Vermont does allow a brief physical contact in select situations. VVH has decided to allow a hug in the beginning and one for goodbye. We need to ensure that visitors are maintaining social distancing and wearing a mask. There is some nervousness in these regulations happening in that if we have an outbreak that is brought in from someone, it will fall on us. Regulations specifically say we can't ask if vaccinated or require any type of testing/testing history. We will offer antigen testing when we start indoor visits but can't deny visits based on either of those things. Window visits may start March 17 if all the logistics can be worked out.

A question was raised if someone is asymptomatic, can they test positive on one of the tests, and the answer is yes. Both tests check for presence of the virus in the nose. The SARS-CoV-2 virus can cause asymptomatic infection or cause COVID, which is the disease where you have symptoms related to the virus. The PCR is the Gold Standard confirmatory test and is the screening test done twice weekly. The antigen test is the daily test. It takes 4-7 days to clear asymptomatic infection and quarantine for 10 days. For mild disease, it's 10 days after the first day of onset of symptoms and could be longer if hospitalized or severe. If vaccinated, could be symptomatic once again if exposed. We are working with the health department with testing for variants. Evidence indicates that the vaccine helps prevent hospitalizations, death and severe disease, so we still consider it still to be of significant effectiveness against variants. You use the same treatment, prevention and vaccination for them.

We have a good supply of PPE. It is monitored weekly. Just received a huge shipment of Honeywell N95 masks so in the process of fit testing staff for them. We are using a mix of disposable and washable gowns. Going through about 1,100 gowns a day (30 gowns per person) while in quarantine. Fit testing of N95 masks has to be done under respiratory protection program compliant with OSHA which we developed last April. The QA nurse and supply clerk are doing N95 rounds and trying to connect with the staff and listening to what they have to say, trying other masks, and find out what the specific issue is. They have added a huge customer service level to it.

Personal hygiene/bathing for residents on the RCU treated as normal as all have COVID. If the RCU would become full and there is an outbreak on the other units, anyone without an infection of COVID would bathe, clean bathroom in between, and then the COVID resident would be the last one. Quarantine means they are in their room the majority of the time, but they still bathe/shower and go outside to smoke.

CEO continues to have Zoom meetings with the family members. Also utilizing the emergency alert system each time we have a positive test of staff or residents, and send emails, text messages, etc. CEO is also keeping the Bennington and national congressional delegations involved and aware.

Guidance just changed for new admissions. We can admit, despite having COVID in the building, but there are logistics around that we need to work out. There is new CDC guidance that don't have to quarantine a new admission if they are vaccinated, but we can make a rule that is stricter. We have about ten people calling the admission department regularly. We want to start admitting but need to take into account that currently we are in an outbreak, and make sure we place them appropriately. We cannot require vaccination as a requirement for admission. We will ask if they are, and if not, we can offer the vaccine to them. There were no positive results out of 246 tests from yesterday. We test Mondays and Thursdays, and we are now also testing staff from the day before (Sundays and Wednesdays) to capture as many staff as possible for PCR testing as within the 24-hour period.

President Krawczyk asked each Board member if they had any questions. One commented that hope staff will get the vaccine and that education will work. Another comment was since the Governor pushed back on the financial incentive for employees to get vaccinated, could we use the Board's discretionary fund, which is not State money, to provide such an inducement. CEO responded that feels that is a contractual question and referred it to the Labor Relations representative, who agreed it would be something that would have to be discussed with the Director of Labor Relations. One Board member thanked the staff that have taken the vaccine. Another member commented feels that a reason some staff are coming forward is they are seeing there aren't horrible side effects that they were scared about in the beginning. He also asked about staff being asked to work more hours due to limited staff as is concerned about burnout. Laundry/housekeeping and dietary department are the ones impacted right now. In terms of nursing, we are averaging almost 6 hours of nursing care per patient/per day. That is double the state minimum and 2 hours more per patient/per day than our minimum. During the current conditions, we can only call staff from that same unit when there are call outs.

President Krawczyk stated he feels that VVH is setting the standard and the staff is doing an incredible job with keeping COVID down as low as it has been. Don't get disappointed. Continue to do great work.

Representative Mary Morrissey thanked all the staff, administration and the Board for their due diligence in dealing with this and doing everything so will be able to open up for safe visitations for family members, staff and veterans. Job well-done to everyone.

TOPIC	DISCUSSION	ACTION
DEER HERD/HAY	Mr. Jamie Percey reported that Joe Strohmaier reached out to see if we would let the fields be utilized again in exchange for hay (round) bales for the deer and allow them to reseed and fertilize to make a healthy crop. President Krawczyk asked if any of the Board members have an objection to work on a contract to allow the Strohmaiers to do some environmental work in return for hay for the deer. Hearing no objections, will work on a contract and let the Board know.	OPEN
TOPIC	DISCUSSION	ACTION
OTHER BUSINESS	President Krawczyk announced there are three new members that are in the process of being newly appointed to the Board: Tom Costello, Dave Fabricius and Peter Niles. Hope to have all of them signed in by the next Board meeting. It was noted that CPT should be used for Captain Brenda Cruickshank and CAPT for the Coast Guard Captain Peter Niles.	INFO
TOPIC	DISCUSSION	ACTION
ADJOURNMENT	A motion to adjourn the meeting was made by Mr. Jamie Percey, second by Mrs. Joyce Scribner. Motion carried and meeting adjourned.	CLOSED

Meeting was adjourned at 1404. Next Board Meeting 14 April