Nursing Home ECHO

COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology

VCU Division of Geriatric Medicine * Virginia Center on Aging

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AHRQ ECHO National Nursing Home COVID-19 Action Network

HEALTH SCIENCES Project ECHO

AHRQ Agency for Healthcare Research and Quality

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Module 3: Emotional and Organizational Support for Staff

Session 1:
Staff Wellbeing Depends on the Trauma-Informed Principles of Safety and Trust

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Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse,
MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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ECHO is All Teach, All Learn

Agenda

1. Weekly COVID-19 Updates
   - Virginia COVID-19 Stats
   - Guidance/Regulatory Updates
   - From the Literature
2. Follow Up
   - Concerns from last week
3. Weekly Topic
4. Open Discussion
   - COVID-19 Active Issues
   - QI Content with More In-Depth Conversation
   - Questions for Group Discussion

Checking In

As a reminder, please introduce yourself in the chat

1. Your Name
2. Your Nursing Home
3. One or two words that represent how you are feeling today

- How are you feeling today?
- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?

Weekly COVID-19 Updates

- Virginia COVID-19 Stats
- Guidance/Regulatory Updates
- From the Literature

COVID-19 Vaccinations in Virginia

Total Doses Administered - 9,257,811

People Vaccinated with at Least One Dose*	% of the Population Vaccinated with at Least One Dose	People Fully Vaccinated^	% of the Population Fully Vaccinated
5,039,553	59.0%	4,535,143	53.1%

% of the Adult (18+) Population Vaccinated with at Least One Dose
70.9%

% of the Adult (18+) Population Fully Vaccinated
64.2%

COVID-19 Vaccinations in Virginia

Federal Doses Administered in Virginia*
439,340

* Doses administered by federal agencies within Virginia presented here are not reported to the Virginia Immunization Information System. These doses are only included in Virginia state counts on the other COVID-19 vaccine dashboards because location and demographics information are not provided.

	First Dose	Second Dose
Bureau of Prisons	3,318	3,041
Department of Defense	166,547	153,150
Indian Health Service	409	314
Veterans Administration	60,074	52,487
	230,348	208,992

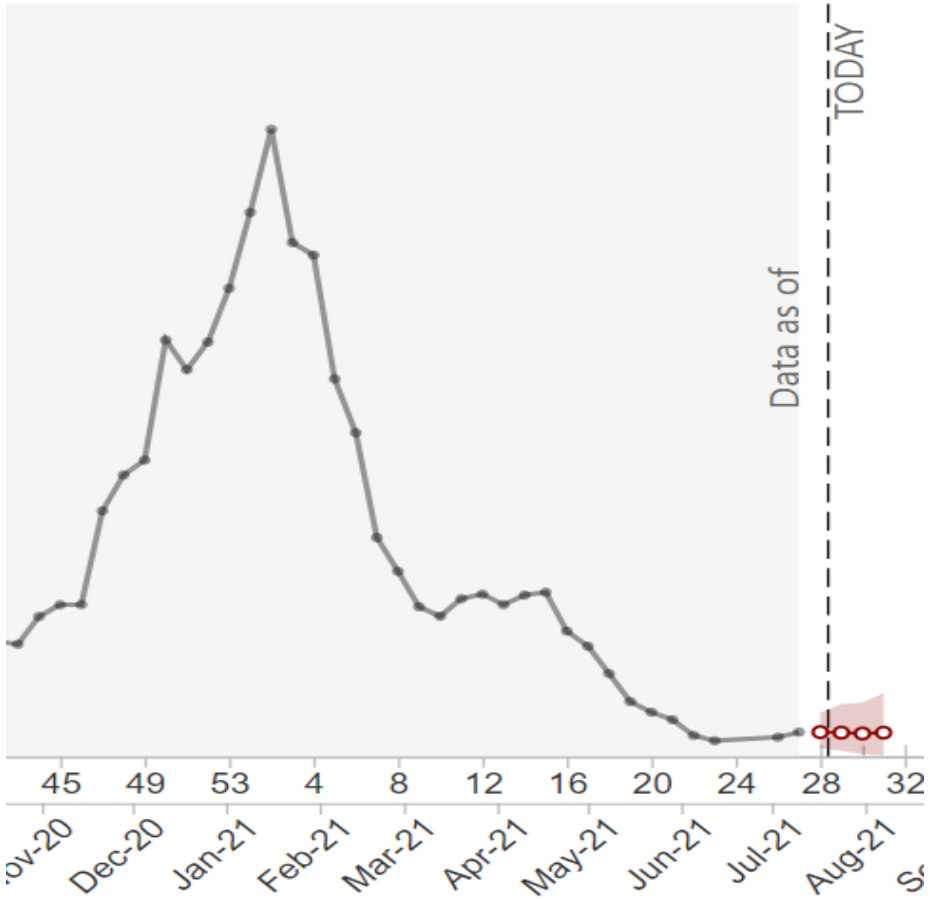
.gov/coronavirus/covid-19-vaccine-summary/

Virginia Projecting 1529 cases in 4 weeks (as of 7/12)

Virginia positivity rate increasing

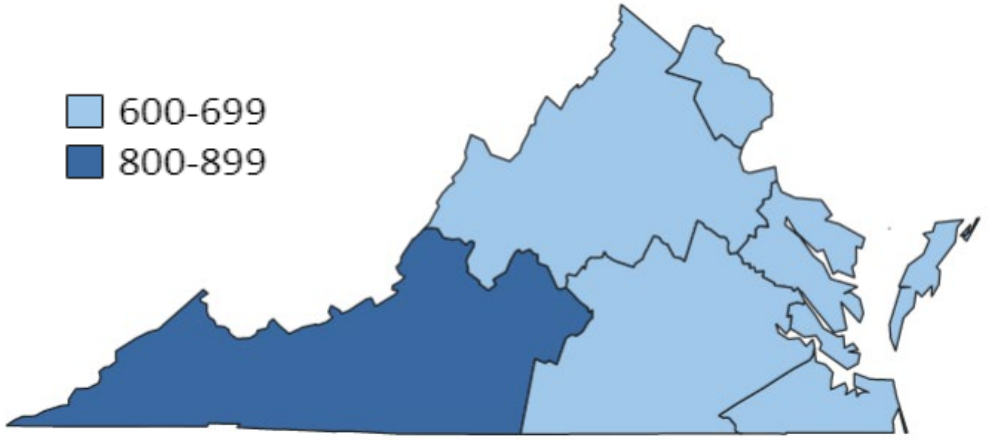
Current 7-Day Positivity Rate PCR Only**

3.0%



https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases

Variants of Concern



Region	Alpha (B.1.1.7)	Beta (B.1.351)	Gamma (P.1)	Delta (B.1.617.2)
Virginia	2,981 (88.2%)	123 (3.6%)	119 (3.5%)	158 (4.7%)
Central	537 (86.6%)	18 (2.9%)	6 (1.0%)	59 (9.5%)
Eastern	513 (80.0%)	76 (11.9%)	31 (4.8%)	21 (3.3%)
Northern	564 (87.3%)	14 (2.2%)	29 (4.5%)	39 (6.0%)
Northwest	594 (90.1%)	7 (1.1%)	34 (5.2%)	24 (3.6%)
Southwest	773 (94.8%)	8 (1.0%)	19 (2.3%)	15 (1.8%)

vid-19-data-insights/variants-of-concern/

VDH Dashboard Cases with Fully Vaccinated

- updated as of 7/16/21

0.026%
Percent of Fully Vaccinated People who Developed COVID-19

0.0019%
Percent of Fully Vaccinated People Who Were Hospitalized for COVID-19

0.0004%
Percent of Fully Vaccinated People Who Died of COVID-19

COVID-19 Cases by Vaccination Status – Coronavirus (virginia.gov)

CDC/CMS Updates

Weekly updates or novel research findings from CDC, CMS, VDH, for nursing homes.

From the Literature

No critical updates this week. Stay tuned!

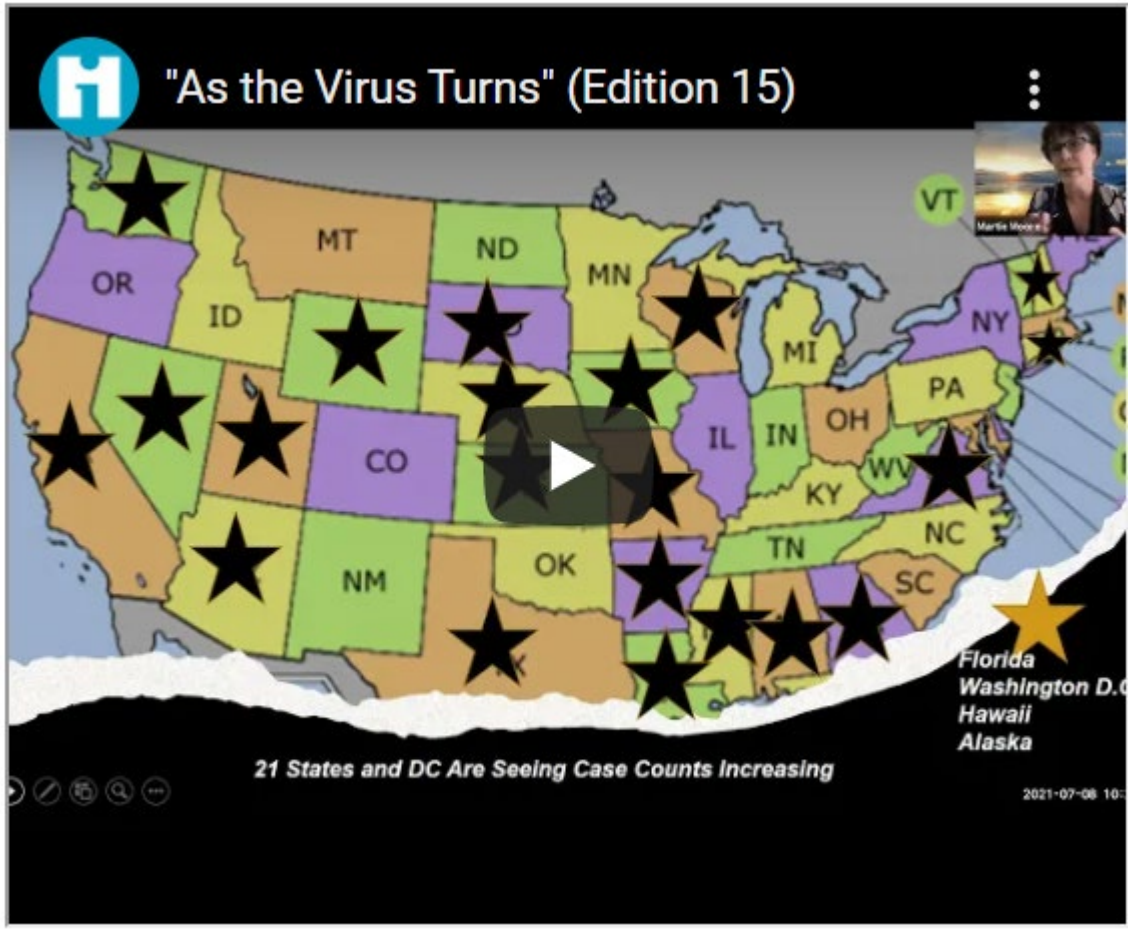
“As the Virus Turns”

5-minute weekly video updates - sponsored by the Alzheimer’s Association

All Episodes
https://community.ihi.org/echo/ourlibrary?DefaultView=folder

Episode 15

- Covid rates increasing 21 states (delta)
- Can get into buildings despite vacc
- White house surge teams



Follow-Up

- Concerns from Last Week

Emotional and Organization Support for Staff

Week 1 – Staff Wellbeing Depends on the Trauma-Informed Principles of Safety and Trust

Acknowledgements to Authors: Paige Hector and Angela DeVanney

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Objectives for this Session:

- Discuss principles of Trauma Informed Care (TIC) with emphasis on safety and trust
- Describe how perceptions impact safety and trust
- Explain the concepts of triggers and retraumatization
- Introduce the “What Matters to You?” framework as it relates to staff wellbeing
- Discuss improvement tools, such as direct observation and shadowing, as data collection methods

*Results from an **event**, series of events, or set of circumstances*

that is **experienced** by an individual as physical or emotionally harmful or life threatening

*and that has lasting adverse **effects***

on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

What is Trauma?

SAMHSA, 2014

Emotional and Psychological Trauma

- "Result of extraordinarily stressful events that shatter your sense of security, making you feel helpless in a dangerous world. Often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and isolated can result in trauma, even if it doesn't involve physical harm. The more frightened and helpless you feel, the more likely you are to be traumatized."

Trauma Informed Care vs. Trauma Specific Treatment

- The design of Trauma Informed Care is to immerse the knowledge of trauma into the delivery of the service being provided, but it is not meant to treat an individual's specific symptom in relation to that trauma.
- Holistic Approach
- Emphasis on “what has happened to you” vs. “what is wrong with you”

- Trauma Specific Treatment is intended to target the specific trauma that is directly impacting the individual by using evidence based treatment models.
- Relational Approach
- Focuses on creating a safe and empowering space for the survivor.

Trauma is an INJURY, not a weakness, illness or character flaw

https://alamedacountytraumainformedcare.org/trauma-informed-care/trauma-informed-care-vs-trauma-specific-treatment-2/

Why are these topics important?

Kaiser Family Foundation (KFF) and The Washington Post Health Care Workers Survey of 1,327 frontline healthcare workers

62% report worry or stress related to COVID-19 has a negative impact on their mental health

13% have received mental health services

18% report they think they need services (reasons reported included too busy, afraid or embarrassed, couldn't afford it, couldn't get time off work)

Many are experiencing:

Trouble sleeping: 56%

Frequent headaches / stomachaches: 31%

Increased alcohol / drug use: 16%

58% of staff report their employer is "falling short" when it comes to additional pay for employees working in the most high-risk situations

55% feel "burnt out"

46% feel "anxious"

21% feel "angry" when they go to work

KFF/The Washington Post Frontline Health Care Workers Survey | KFF

Why Staff Wellbeing Matters: By the Numbers

- The average cost to replace an employee in nursing home facilities ranges from $3,500-$5,000.
- Turnover rates range from 40-75% and organizations can easily spend $375,000 or more in employee turnover over the course of the year.
- Turnover and burnout compromise resident care and outcomes.
- Dissatisfied staff create toxic culture among colleagues and between leaders, which can lead to poor reputation in the community.

"If you're not taking care of your caregivers, how are they going to deliver good care for your clients [residents]?"

"In all the years I've worked here, I've come away with so much more than I have given to anybody. I have become a better person, a kinder person, a better listener, because of the residents."

https://www.forbes.com/sites/nextavenue/2019/06/11/what-some-nursing-homes-do-to-retain-quality-staff/?sh=76eaa0a4589b

https://www.onshift.com/blog/senior-care-staff-turnover-by-the-numbers-why-it-matters-to-you
Mukamel DB, Spector WD, Limcangco R, Wang Y, Feng Z, Mor V. The costs of turnover in nursing homes. *Med Care*. 2009;47(10):1039-1045. doi:10.1097/MLR.0b013e3181a3cc62

Trauma and Staff Turnover

Chat Waterfall:

How does trauma impact staff turnover in your community?

Professional Caregivers

- The personalities of most health care professionals have a strong empathetic and compassionate component.
- Often professional caregiver loss is not addressed in the workplace.
- Professionally-related grief events or trauma exposure, which accumulate over time, can be tied to emotional distress and burnout.

Context

- Trauma, by its nature often occurs in an isolating environment. It is highly individual.

- Trauma has always been there, COVID brought trauma to the forefront for many more of us. We are all experiencing COVID-19 together, and so the pandemic gives us some common ground and shared experience to begin or continue this conversation.

Triggers and re-traumatization

- A trigger is anything (a smell, a sound, an emotional state, a situation, etc.) that reminds a person of a trauma.
- Re-traumatization is "…any interaction, procedure or even something in the physical environment that either replicates someone's trauma literally or symbolically, which then triggers the emotions and cognitions associated with the original experience."

Trauma-Informed Organizational Change Manual, http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

Triggers (trauma reminders) can be interpreted as…

- "I'm not safe."
- "I can't protect myself."
- "I'm going to die."

Janssen S. Assessing for PTSD in Terminally Ill Patients. *The New Social Worker*. Accessed April 29, 2019.

Open Discussion

1. Can you share an experience that highlighted the reality of Trauma to you?

   This is a safe space

   Sensitive to Trigger events

Open Discussion

1. What progress has your facility made to meeting the requirement *§ 483.25 Quality of Care.(m)Trauma-informed care*?

The virus is a pre-traumatic condition based on two core variables

- **Immobilization** – cannot move (quarantine, shelter-in-place)
- **Unpredictability** – not knowing what is going to happen next, cannot say tomorrow will be a different day or the day after

"When the world is unpredictable and you cannot move, then the vulnerability to become traumatized is very great." Bessel Van der Kolk, MD

Lifelines: How COVID-19 Creates 'Pre-Traumatic Conditions' in the Brain
By ALEX MCOWEN & PETER BIELLO • MAY 4, 2020

6 Principles of Trauma-Informed Care

- "A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector -specific:

    1. Safety
    2. Trustworthiness and transparency
    3. Peer support
    4. Collaboration and mutuality
    5. Empowerment, voice and choice
    6. Cultural, historical, and gender issues"

https://www.samhsa.gov/nctic/trauma-interventions

What does *safety* mean?

- A safe work environment includes:
  - Physical plant, security, disaster planning, policies and procedures
- Creating safety within a trauma-informed framework *exceeds* those standard expectations
- Includes *emotional* safety
  - Feeling empowered to speak up, safe to discuss challenges, zero tolerance for blaming, bullying or retaliation
- Attitudinal promotion of safety is important, but to be trauma-informed, *the organization needs to consider and create means to process distressing circumstances.*

Do staff feel unsafe in your facility?

- No doubt we want to create environments where people feel safe
- Our instinct is that “we already do this.”
  - We believe this because most people do not come to work with the intention to hurt or re-traumatize people.
- *“I’m a caring, compassionate person. Of course I don’t traumatize people.”*
- The reality is that we can trigger and/or retraumatize another person

Kathleen Bickel, MD, MPhil, MS
University of Colorado School of Medicine

There are many reasons someone may feel unsafe

[On working in a nursing home and general care of residents]

- "These things make you feel scared, it gives you depression and anxiety, and I gonna be this old"

- " I feel like working is like my 'prison time' and then I get to be free"

[On interpersonal relationships]

- "Family members get angry regardless of what we do"

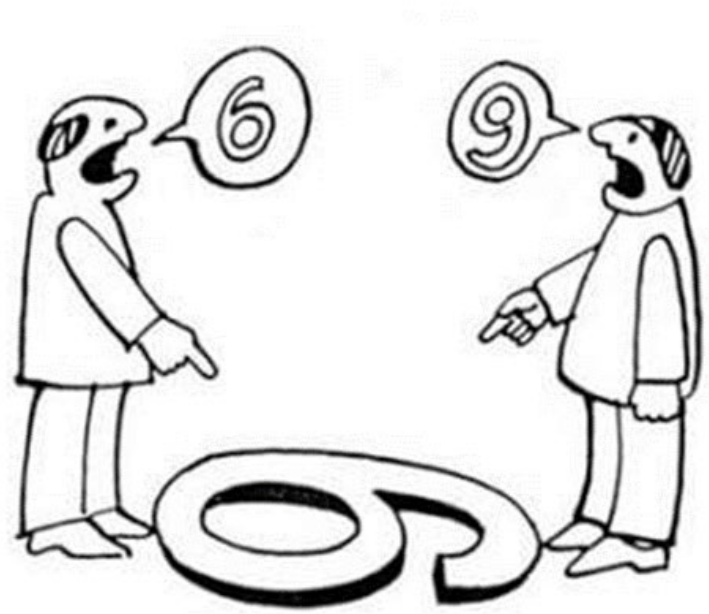
- I was called a fat a-- w---e and b---h by a resident, and she says that all the time. I try to distract her to say you look so good, your hair is pretty, and then it's fine. I know the mean part is coming."

What does *trust* mean?

- Trust includes qualities of respect, compassion and a genuine desire to be present with and relieve another person's suffering
- Predictability with processes and daily activities helps build trust
- The organization makes conscious efforts to not retraumatize staff
- Emphasis is not on 'getting it right all the time' but rather how situations are handled when circumstances provoke feelings of being vulnerable or unsafe

Perception is crucial

- A person's perception is their version of truth
- It is not a matter of right or wrong, good or bad
- Seek to understand the person's perception and what observations or experiences contribute to that perception



4 Concepts of Trauma-informed care

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively **resist re-traumatization**."

https://www.samhsa.gov/nctic/trauma-interventions

Universal Precautions Model

- For infection control protocols, staff glove and gown no matter the level of hazard
- From a trauma-informed care perspective, assume all individuals have a history of trauma and glove up metaphorically to reduce possibility of triggering or re-traumatizing others.

Trauma-Informed Organization Change Manual, http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

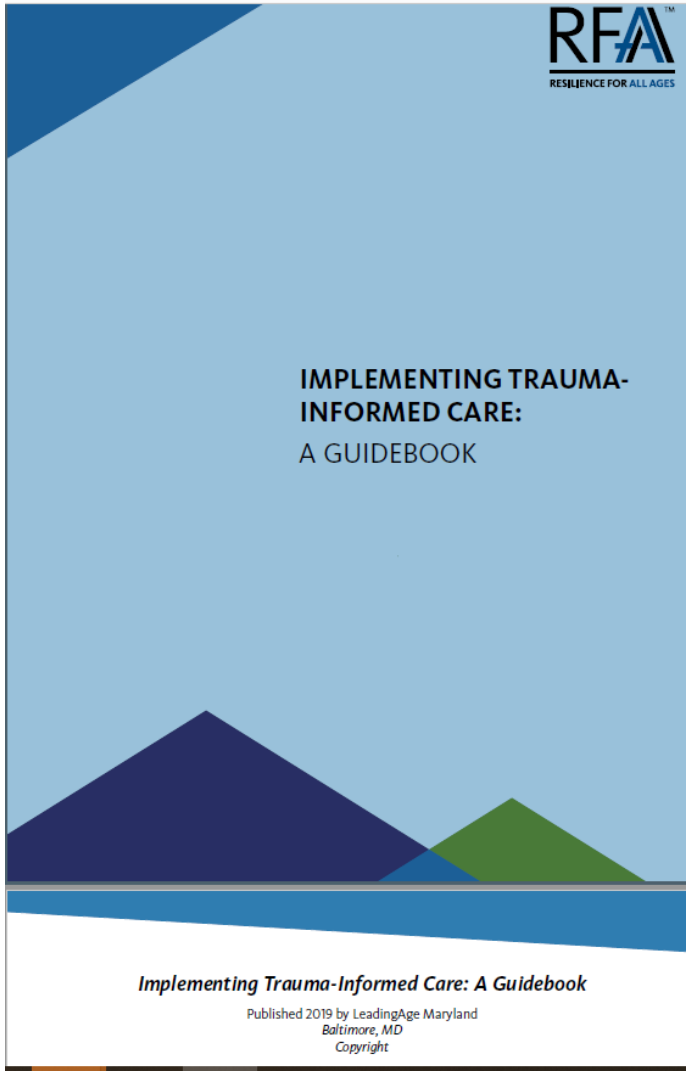
Facility Culture and Trauma-Informed Care (TIC)

- Simply put, facility culture is *the way we do things around here*
  - How people are greeted
  - How meetings are run
  - How information is shared
- Becoming a trauma-informed organization is not an item on a checklist
  - It is an ongoing, fluid process *with no end date*
- Your organization is likely already engaged in some elements of trauma-informed care

Developing a Trauma-Informed Care Program

Guidance from Leading Age MD

https://leadingage.org/sites/default/files/RFA%20Guidebook.pdf



1. Develop Vision/ Statement of Intent

- Wordy Sample shown here
- Educational tool
- Framework for common understanding

As an organization, we are committed to learning about trauma and its effects and to engage with and implement trauma-informed approaches to the care we provide and the organizational culture we create.

We understand that:

- Trauma-informed care is an important component of enacting our commitment to person-centered care through which we offer individualized support and services that are responsive to our residents' wishes and goals;
- Our work will be informed by the guidance offered to us by the Substance Abuse and Mental Health Services Administration in its 2014 publication, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach;*
- Trauma impacts a significant portion of the population across the lifespan and produces physical, mental, and social health outcomes that complicate aging and can, if unrecognized, be misunderstood as manifestations of other conditions and disorders and thus subject to inappropriate treatment;
- Residents who have a trauma history deserve access to care that is trauma-sensitive and behavioral health treatment, as appropriate, that is trauma-specific;
- Our organization can and should have an organizational culture that is trauma-responsive and so avoids re-traumatizing residents and creates an environment of safety;
- Our staff members will need skills and guidance on identifying symptoms of trauma, talking with residents about trauma, and acting in a trauma-responsive manner;
- Our staff members deserve an environment and supports that acknowledge their own experiences of trauma and that working with residents with trauma histories can result in secondary or vicarious trauma for staff;
- We intend to involve our residents and their families as well as staff members and community partners in this journey through education and opportunities to provide input;
- As leaders, we must demonstrate our commitment to this approach and to sponsoring the systems change process involved in creating a trauma-informed culture;
- The work of implanting trauma-informed care and creating a trauma-informed culture takes time, the investment of resources, and accountability mechanisms;
- We are committed to full implementation of the trauma-informed care requirements as codified in the CMS Final Rule — these requirements pertain to comprehensive person-centered care planning (42 CFR 483.21(b)3(iii), quality of care (42 CFR 483.25) and behavioral health services (42 CFR 483.40).

2. Form a Team

- All levels of organization-senior leaders to point of care
- People who are trusted by others, are willing & able to be champions

Departments	Potential Candidates	Individual(s) Selected & Agreeing to Serve	Notes
Nursing/Clinical			
Direct Care			
Social Work			
Spiritual Life/ Chaplaincy			
Human Resources			
Environmental Services			
Other			

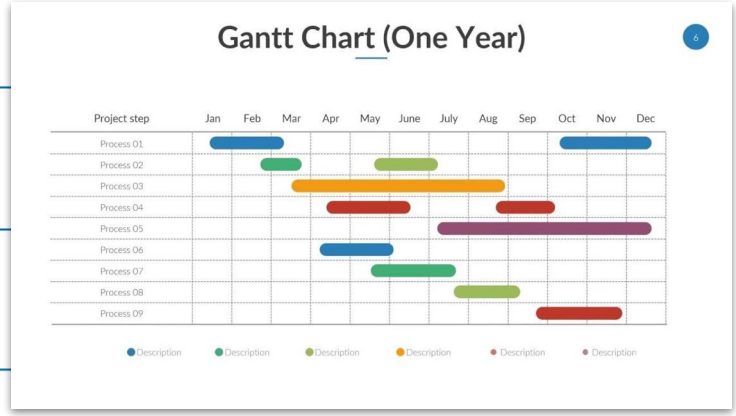
Person who will manage coordination and communication:

Meeting schedule:

3. Gameplan

- Suggested steps here
  - Comprehensive
- Small steps OK
- Don't let the perfect be the enemy of the very good
- Gantt Charts to plan

Orient team to team roles and to trauma-informed basics	Address human resource practice intersections
Hold a launch event to announce the trauma-informed care journey	Address trauma-informed care with physicians and other contracted health professionals
Educate all staff on trauma-informed care basics	Identify and implement practices across the organization that create a culture of safety, respect, openness, empowerment, and collaboration
Establish a budget for trauma-informed care implementation	Use external training and consultation as needed
Create a communication plan	Identify potential barriers to implementation
Perform a preliminary organizational assessment	Review, revise and add to policies and procedures
Develop a plan to address assessment results	Identify behavioral health resources for residents and staff
	Establish and monitor measures of success in implementation



4. Measure:

Example Organizational Assessment Tool

All departments

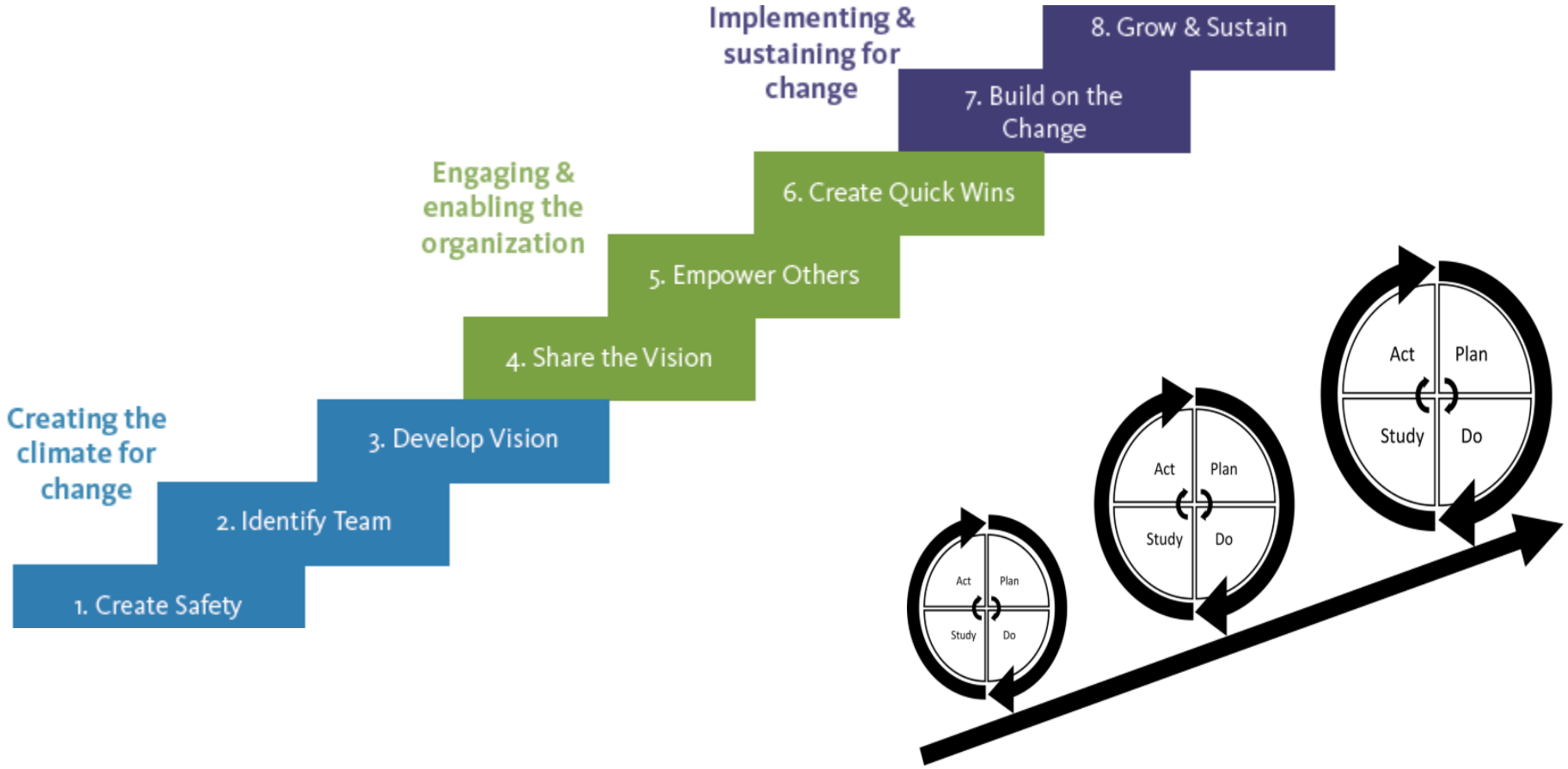
Only sample shown here

Can measure progress pre-post

Please rate the extent to which you agree that staff in each department is currently implementing the practice described.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure/ Don't Know
Medicine					
Using a strengths-based, person-centered approach in interacting with and providing care for residents and in interacting with family members.					
When appropriate, asking questions concerning prior life experiences that might impact the individual and be important to providing quality care.					
Using a sensitive and respectful approach to interactions, and responding to any emotional disclosures or reactions in a gentle, non-confrontational manner.					
Nursing					
Using a strengths-based, person-centered approach in interacting with and providing care for residents and in interacting with family members.					
When appropriate, asking questions concerning prior life experiences that might impact the individual and be important to providing quality care.					
Using a sensitive and respectful approach to interactions, and responding to any emotional disclosures or reactions in a gentle, non-confrontational manner.					

5. Toward Culture Change: 1 Model



No one said that it was going to be easy!

General:

- Weariness with constant change
- Not understanding the "why" or "what" of the change
- Uneasiness with the unknown
- Wondering if this is "the latest fad"
- Not feeling part of the change
- Lack of trust in those leading the change
- Seeing no positive benefit to the change

Specific to TIC:

Safety paramount

"Taboo" - talking about bad things

Denial - avoidance is human

Balancing staff, resident and family needs

Not seeing an immediate impact/benefit

Wondering if you are doing this "right"

Segue to Tara (Dino-Slide)

Building a Culture of Emotional Safety and Trust to Support Staff Wellbeing

Session 1 – Let's get curious!

How to use direct observations and "What Matters to You?" to improve processes and wellbeing for all

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How Can Emotional Safety and Trust be Built into Processes to Support Staff Wellbeing?

Characteristics of Emotional Safety:

- Feeling **empowered to speak up**, **safe** to discuss challenges, **zero tolerance for blaming**, bullying or retaliation.

Characteristics of Trust:

- **Respect**, compassion and a **genuine desire to be present.**
- **Predictability** with processes and daily activities.
- How situations are handled when circumstances provoke **feelings of being vulnerable or unsafe**.

Processes:

- Morning meeting
- Resident rounds and care conferences
- Huddles

What Could We Do This Week?

- Ask 5 staff in different roles:
  - What does emotional safety look, feel, and sound like in your nursing home? How would you describe a safe environment?
  - What does trust look, feel, and sound like in your nursing home? How would you describe a trusting environment?

- What do we learn from the feedback provided from staff?

Additional Resources

- TIP 57 Trauma-Informed Care in Behavioral Health Services by the Substance Abuse and Mental Health Services Administration (SAMHSA), https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf
- Trauma-Informed Organizational Change Manual From the University of Buffalo, http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html

Wrap up

- Final comments or questions?
- Any topics you would like the faculty to discuss next week?
- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us.
- 1:1 and small group coaching is available from your coach and Training Center Team.

Thank you!

Resources

Psychological Safety in the workplace

Trauma Specific Interventions

Trauma Informed Organizational Structures

Courtesy AMDA 2020 Annual meeting workshop on Trauma informed care

Nancy Kusmaul, PhD, MSW

ASSUMPTIONS, PRINCIPLES, & VALUES OF A TRAUMA-INFORMED ORGANISATIONAL CULTURE

A PARADIGM TRANSFORMATION
A DIFFERENT LENS

Borrowed from Dr. Karen Treisman
http://www.safehandsthinkingminds.co.uk/about-us/

Sketch by @wterral

THE FOUR R'S

A program, organisation, or system that is trauma-informed **realises** the widespread impact of trauma, stress, & adversity, & understands potential paths for healing & recovery. **Recognises** the signs & symptoms of trauma in staff, clients, & all others involved in the system. Actively **resists** re-traumatisation (Committed to being trauma-reducing instead of trauma-inducing). **Responds** by fully & meaningfully integrating, embedding, & infusing knowledge about trauma into policies, procedures, language, culture, practices, & settings (SAMHSA, 2014 - Adapted by Dr Karen Treisman).

There also needs to be respect, an expectation, & an acknowledgment that the journey to become & sustain being trauma-informed & trauma-responsive is complex, slow, dynamic, evolving, messy, & multi-layered.

Therefore, it requires work, skill, time, shared vision, investment, sensitivity, adaptability, commitment, hope, & so much more (Treisman, 2018).

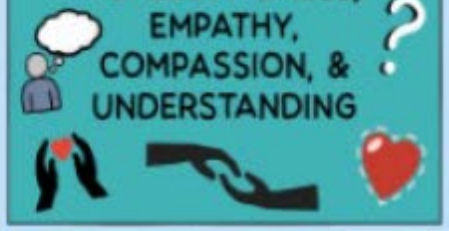
The principles & values are relevant to all people in all roles; & should also be reflected in all aspects of the organisation from the mission statement, to team meetings, to recruitment (See Weaving & Infusing Worksheet).

TRUST & MULTI-LAYERED SAFETY

RELATIONSHIP-FOCUSED

RELATIONAL TRAUMA REQUIRES RELATIONAL REPAIR (TREISMAN, 2016)

CURIOSITY, REFLECTIVENESS, EMPATHY, COMPASSION, & UNDERSTANDING



ACKNOWLEDGING, HOLDING, & CELEBRATING RESILIENCE

BEHAVIOUR IS COMMUNICATION

CULTURAL HUMILITY & RESPONSIVENESS

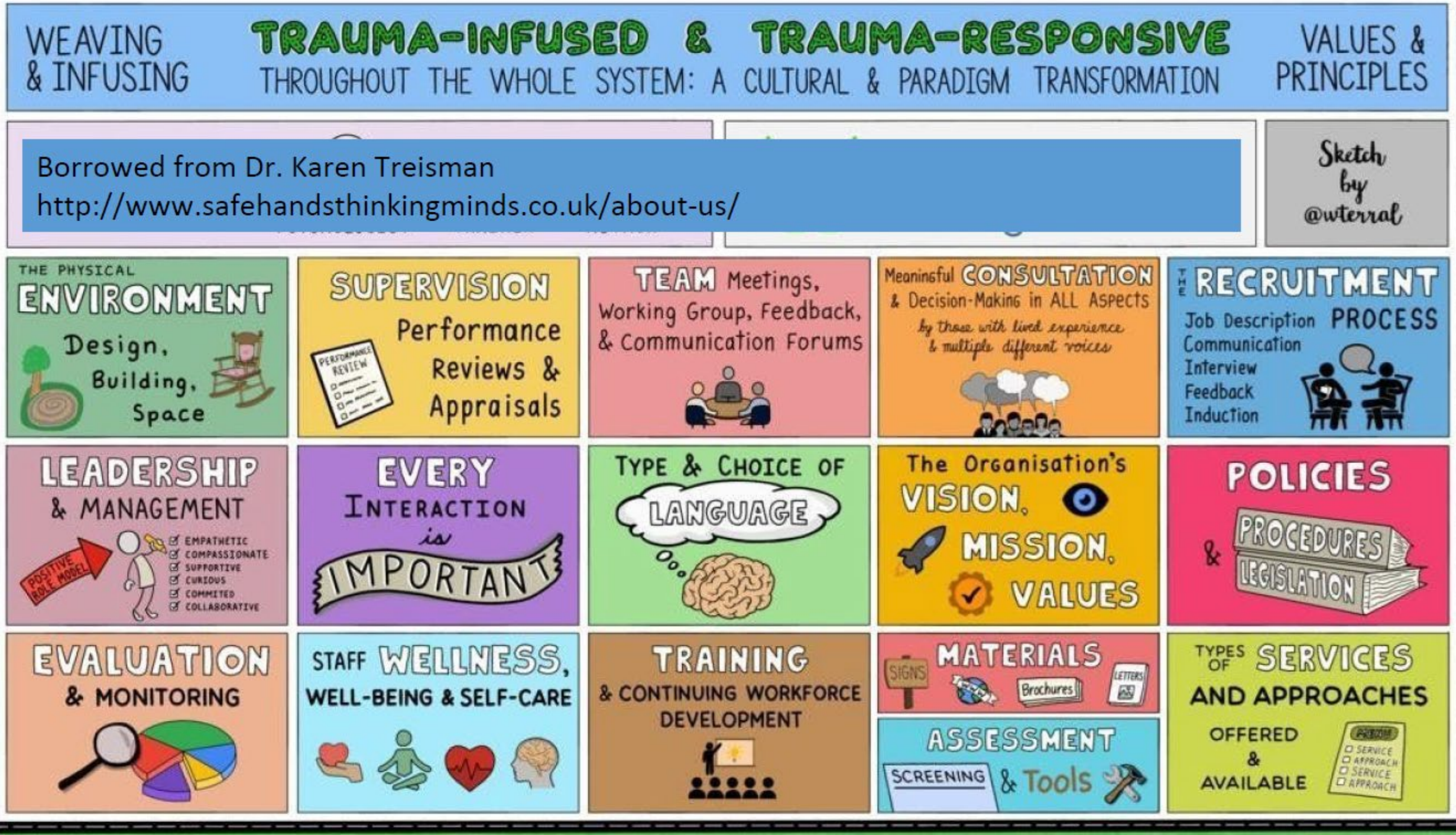
COMMUNICATION, COLLABORATION, & TRANSPARENCY

AGENCY CHOICE

MASTERY VOICE

(AT MULTIPLE LEVELS)

INTEGRATION & CONNECTION


WEAVING & INFUSING
TRAUMA-INFUSED & TRAUMA-RESPONSIVE
THROUGHOUT THE WHOLE SYSTEM: A CULTURAL & PARADIGM TRANSFORMATION
VALUES & PRINCIPLES
Borrowed from Dr. Karen Treisman
http://www.safehandsthinkingminds.co.uk/about-us/
Sketch by @wterral
THE PHYSICAL ENVIRONMENT
Design, Building, Space
SUPERVISION
Performance Reviews & Appraisals
PERFORMANCE REVIEW
TEAM Meetings, Working Group, Feedback, & Communication Forums
Meaningful CONSULTATION & Decision-Making in ALL Aspects
by those with lived experience & multiple different voices
THE RECRUITMENT PROCESS
Job Description
Communication
Interview
Feedback
Induction
LEADERSHIP & MANAGEMENT
POSITIVE ROLE MODEL
EMPATHETIC
COMPASSIONATE
SUPPORTIVE
CURIOUS
COMMITED
COLLABORATIVE
EVERY INTERACTION is IMPORTANT
TYPE & CHOICE OF LANGUAGE
The Organisation's VISION, MISSION, VALUES
POLICIES & PROCEDURES LEGISLATION
EVALUATION & MONITORING
STAFF WELLNESS, WELL-BEING & SELF-CARE
TRAINING & CONTINUING WORKFORCE DEVELOPMENT
MATERIALS
SIGNS
Brochures
LETTERS
ASSESSMENT
SCREENING & Tools
TYPES OF SERVICES AND APPROACHES
OFFERED & AVAILABLE
SERVICE
APPROACH
SERVICE
APPROACH

Announcements

Next Week: The Connection Between Emotional Intelligence and Stress Response

CE Activity Code:

Within 7 days of this meeting, **text the code to (804) 625-4041.**

Questions? email ceinfo@vcuhealth.org

Attendance

Contact us at nursinghome-echo@vcu.edu if you have attendance questions.

Resources: Vaccine Myths

Lose Life Insurance if take EUA vaccine: FALSE

mRNA Vaccines are Gene Therapy: FALSE

COVID Vaccines cause sterility: FALSE

Better to get antibodies from COVID than from the vaccine: FALSE

Tip: Check out rumors with research or from reputable health care workers

Resources / Website

https://www.vcuhealth.org/NursingHomeEcho