California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
September 14, 2022

<u>**Weekly Call-in Information:**</u>
- Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227 (every other week)
- Tuesday 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
  - https://bit.ly/NHSNofficeHours2022AugSep
- 2nd & 4th Wednesdays every month, 3:00pm SNF Infection Prevention Webinars:
  - Register at: https://www.hsag.com/cdph-ip-webinars
  - Recordings, call notes and slides can be accessed at https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/

Important Links to State and Federal Guidance	
Important Links and FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
2020 CDPH All Facilities Letters (AFLs)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx
2022 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx
CDC COVID-19 Data Tracker	https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk
CDPH Wednesday Webinar FAQs	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf
CDPH Vaccine Guidance and Resources	https://eziz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf

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Educational Opportunities

- **Dates:** October 6 & 7, 2022
- **Location:** Pacific Palms Resort, City of Industry
- **Register at:** https://www.caltcm-summit-for-excellence.org/
- **Program Topics:** Consensus leadership, staff retention, person-centered care, dementia care, non-pharmacologic approaches for behavior management, mental illness, pharmacy update, policy and regulatory updates, nursing home litigation, and new atrial fibrillation, diabetes and heart failure guidelines.
- Earn up to 12.5 hours of **CME, CEU, BRN, ABIM MOC**, and more. Accreditation details can be found at: https://www.caltcm-summit-for-excellence.org/accreditation-statement

LeadingAge California JAVA
- Apply today at https://www.leadingageca.org/java-grant
- 100 California nursing homes are invited to participate in a 3-year project funded by CDPH.
- Nursing home activity staff will gain access to Java Group Programs — the first standardized peer support interventions designed to address depression and loneliness in older adults.
- Learn more at the following Lunch and Learn webinar:
  - Tuesday, September 20, 2022, 12:30–1:00 p.m. Register at: https://us06web.zoom.us/webinar/register/WN_TdqGUCUIQ7i7dwMsLw5HZQ
  - Questions? Contact: Amanda Davidson, adavidson@leadingageca.org, or Lindsay Fowks, lfowks@leadingageca.org
- Program Flyer
- FAQ

Testing Questions & Answers

Q-1: How does the updated State Public Health Officer Order (SPHO) distributed on September 13, 2022, affect nursing homes?
A: Per the updated SPHO "Health Care Worker Vaccine Requirement" starting September 17, 2022, CDPH is ending COVID-19 policies that require routine COVID-19 diagnostic screening testing for unvaccinated/unboosted individuals in high-risk workplaces (all healthcare settings, including nursing homes) and schools.
- The SPHO can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx
- Refer to the accompanying Q&As at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx.

At this time, however, CMS QSO 20-38 continues to require routine diagnostic screening testing for SNF HCP who are not up to date on COVID vaccine doses, which would include receipt of the bivalent booster for HCP who are > 2 months past their last dose.

Per the SPHO, California's current **vaccination and booster requirements** for HCP remain in effect and will not change. HCP who have already met the requirement to receive a primary series of vaccine and a booster are **not required** to receive a bivalent booster, although CDPH **recommends** all HCP be up to date on COVID vaccine doses including the bivalent booster when eligible. HCP who are newly coming into compliance with the vaccination requirement and are getting a booster dose now, must get the bivalent booster since it's the only currently authorized booster.

The SPHOs being amended to reflect testing changes include:
- Updated—2/2/22 Health Care Worker Vaccine Requirement
- Rescinded—7/26/21 Health Care Worker Protections in High-Risk Settings
- Rescinded—8/11/21 Vaccine Verification for Workers in Schools
- Updated—2/22/22 State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination Requirement
- Updated—2/22/22 Adult Care Facilities and Direct Care Worker Vaccine Requirement

Q-2: Why did CDPH end routine diagnostic screening testing for unvaccinated/unboosted individuals in high-risk workplaces (all healthcare settings) and schools?

A: The rationale for ending routine diagnostic screening testing is the following:

- Vaccine coverage is high among workers in high-risk settings. There are few employees who are still unvaccinated.
- While unvaccinated individuals still have higher risk of infection, previously infected, vaccinated, and boosted persons have also been infected by the latest COVID-19 variants.
- Required testing of the small number of unvaccinated workers is not effectively slowing the spread of COVID-19 as it did earlier in the pandemic.
- Rescinding these orders aligns with CDC recommendations that screening testing is no longer recommended in general community settings. While screening testing may still be considered for all persons in high-risk settings, when implemented, it should include all persons regardless of vaccination status.

Q-3: When should routine diagnostic screening testing be considered now?

A: Below are guidelines for routine diagnostic screening testing:

- Facilities should maintain testing capacity and have the ability to ramp up testing, in the event of outbreaks or if routine diagnostic testing is required again at a future date.
- Facilities may also still consider various screening testing strategies (point in time testing, serial testing, etc.) and based on concerning levels of transmission locally.
- Workers may also consider routine diagnostic screening testing if they have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), due to the greater risks such individuals face if they contract COVID-19.
- SNFs must continue to comply with current federal requirements that may require more stringent testing of staff, including QSO-20-38-NH REVISED 3/10/22 https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

Q-4: Should SNFs follow CMS QSO 20-38 HCP testing guidance when community transmission levels are substantial or high?

A: Yes. Follow the more stringent guidance, which in this case is the CMS QSO 20-38 guidance (https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf). In communities with substantial or high COVID-19 community transmission levels, staff who are not up-to-date need to be tested twice a week.

- **CDC and CMS Definition of Up-to-Date:** "Up-to-Date" means a person has received all recommended COVID-19 vaccines, including any booster dose(s), when eligible.

CMS testing guidance supersedes CDPH's guidance in the SPHO in which as of September 17, 2022, nursing homes will no longer be required to administer twice weekly COVID-19 testing of unvaccinated and under vaccinated workers who are exempt. Check with your local health department for more stringent guidance.

Q-5: Is the second booster now required for nursing home HCP?
A: No. At this time, there is no requirement for HCP to get a second COVID-19 booster. The primary vaccine series and first booster are required per the SPHO Health Care Worker Vaccine Requirement (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx; Originally issued 8/5/21; Amended 12/22/21, 2/22/22, 9/13/22). HCP who have already met the requirement to receive a primary series of vaccine and a booster are **not required** to receive a bivalent booster, although CDPH **recommends** all HCP be up to date on COVID vaccine doses including the bivalent booster when eligible. HCP who are newly coming into compliance with the vaccination requirement and are getting a booster dose now, must get the bivalent booster since it's the only currently authorized booster. Visit CDPH's Vaccine Guidance and Resource website for long-term care facilities to get the most up to date vaccine resources. https://eziz.org/resources-for-longterm-care-facilities/

- CDPH: COVID-19 Vaccine Timing by Age (updated 9/6/22) https://eziz.org/assets/docs/COVID19/IMM-1396.pdf
- CDC: Stay Up to Date with COVID-19 Vaccines Including Boosters (updated 9/8/22) https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Q-6: Do the clinical reasons for the medical exemption need to be listed in the providers' medical exemption letter?
A: Yes. Per CMS QSO 22-07 Attachment A, the clinical reason is required to be documented in the medical exemption letter (https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf). However, the CDPH Health Care Worker Vaccine Requirement, updated September 13, 2022, states:

- "To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability)…"

CMS QSO 22-07 Attachment A is more stringent, therefore supersedes CDPH's SPHO.

Q-7: Is the bivalent booster only for individuals 50 years and older?
A: No. Anyone over the age of 12 can receive the updated bivalent booster. Refer to the CDPH COVID-19 Vaccine Timing by Age document for more information (https://eziz.org/assets/docs/COVID19/IMM-1396.pdf).

Q-8: How frequently will the bivalent boosters be recommended?
A: This information is not known at this time.

Q-9: Does a resident qualify for the bivalent booster if it's been over two months since they received their second booster?
A: Yes, the resident would be eligible to receive the bivalent booster if it has been more than two months since their last booster dose.

Q-10: Does COVID-19 and influenza vaccine coadministration have any additional recommendations, such as different arms?
A: Providers should offer influenza and COVID-19 vaccines at the same visit, if eligible. This includes adjuvanted or high-dose influenza vaccines that are recommended by ACIP for individuals ≥65 years of age. It is acceptable to administer the vaccines in separate limbs.

Q-11: Can we start giving flu vaccines for residents now or should we wait until October since flu season for SNFs is typically October to March?
A: You can start administering flu vaccines to residents and staff now.

Q-12: Can the flu vaccine, bivalent vaccine and PSV 20 or PSV 23 be administered at the same time?
A: Yes. Refer to the CDC website: Multiple Injections/Coadministration of Vaccines - Administer vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and PCV13) in different limbs, if possible. https://www.cdc.gov/vaccines/hcp/admin/administer-vaccines.html#multiple-injections

Q-13: Can a resident get the bivalent vaccine if they had the J&J as their primary series vaccine, and the Pfizer booster?
A: Yes, the resident can get the bivalent vaccine as long as they are 12 years and older and it has been 2 months since their Pfizer booster dose.

Q-14: How can I know if I'm up to date on my COVID-19 vaccines?
A: Go to CDC's website, "Stay Up to Date with COVID-19 Vaccines Including Boosters" and scroll down to "When Are You Up to Date?" to find an interactive module that informs individuals if they are up to date (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html).

Q-15: Are the BA.4, BA.5 and BA.4.6 considered to be sublineages of Omicron? Do we expect the bivalent booster to be effective against them?
A: BA.4, BA.5 and BA.4.6 are sublineages of Omicron. Updated COVID-19 bivalent boosters add Omicron BA.4 and BA.5 spike protein components to the current vaccine composition, helping to restore protection that has waned since previous vaccination by targeting variants that are more transmissible and immune-evading.

NHSN Questions & Answers

Q-16: Our corporation has over 150 nursing homes over multiple states. To improve reporting efficiency, will NHSN have a CSV file for HCP Influenza Reporting prior to October 1st, so we can upload on behalf of a group?
A: As of now, facilities are not able to upload influenza vaccination data into NHSN using a CSV file. NHSN is planning on having a training on reporting influenza data at the end of September (registration link is forthcoming), so they might have updates then.

Q-17: How can an email for an additional user that was inputted in NHSN be corrected if it was saved incorrectly?
A: You would just add the person again as another user and you can deactivate the other account that had the incorrect email.

Q-18: We are trying to register our new IP to our NHSN account, however, the company email is already used. How do I get the new IP registered?
A: Email addresses are not allowed to be used twice in NHSN/SAMS. A best practice recommended by NHSN/SAMS is to use a personal email address to avoid that issue in the future.

Q-19: What would make HCP ineligible to work for the week? Does that include disability, workers compensation, vacation?
A: HCP eligible to have worked include those scheduled to work in the facility at least one day every week. For example, an employee who is scheduled to work in the facility every Monday would be included in the data. However, an employee who is scheduled to work in the facility once a month would not be included in the data. Working any part of a day is considered as working one day. Facilities should include HCP even if they are on temporary leave during the week of data collection. Temporary leave is defined as less than or equal to two weeks in duration. If they are on leave that is greater than two weeks, then they should not be included for the week of data collection.

Q-20: How does the new definition of "up to date" affect NHSN reporting of HCP and resident vaccination status?
A: With all of the mandates and reporting requirements, NHSN only updates their definitions on a quarterly basis. Because of this, they are keeping the same definition of up to date (2 boosters for people that are 50 or older), until the start of Q4. The week of September 26-October 2, 2022, will be the first week of using the new definition of having the bivalent booster.

Q-21: Does CDPH require weekly reporting of HCP influena vaccination via NHSN, as of 10/1/22?
A: No. CDPH is not requiring the influenza vaccination reporting. It is a new CMS QRP Measure and has to be done directly in NHSN: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information

Q-22: Is NHSN reporting of HCP influenza vaccination for LTC mandatory?
A: The influenza vaccination reporting is a new CMS QRP Measure and has to be done directly in NHSN. For Fiscal Year (FY) 2018, and each subsequent year, if a SNF fails to submit the required quality data, the SNF will be subject to a two percentage (2%) point reduction in the Annual Payment Update (APU) for the applicable performance year. The Centers for Medicare & Medicaid Services (CMS) strongly encourages submitting quality data prior to the deadline to ensure the data are complete and accurate and to allow SNF providers an opportunity to address any submission issues. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview

Q-23: Are masks still required in nursing homes?
A: Yes. The masking guidance for nursing homes has not changed. Masks continue to be required for all individuals, regardless of vaccination status, in healthcare settings, long term care settings, and other high-risk congregate settings. CDC has a helpful website for the general public "Use and Care of Masks" (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html).

Q-24: Can HCP wear surgical masks rather than N95s in the green zone?
A: Surgical masks are acceptable as source control when HCP are caring for residents in the green zone (and in non-resident care areas). However, HCP should wear N95s as **both** PPE and source control in the green zone:
  •   During an outbreak.
  •   During care for residents undergoing aerosol generating procedures in a facility located in a county with substantial or high levels of community transmission per the CDC COVID Data Tracker (https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk).

Per CDC, to simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of N95 respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. Check with your local health department to see if they have more stringent requirements.

Q-25: Are face masks required in non-patient care areas?
A: Yes, per state guidance on face masks and CDC infection control guidance, universal masking as source control remains required in specified high-risk settings, including healthcare.