



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, August 24, 2022

Upcoming Calls



- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
 - 2nd & 4th Wednesdays of every month
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
- HSAG Tuesday, 11:30 a.m., National Healthcare Safety Network (NHSN) Updates & Office Hours:
 - Register: <https://bit.ly/NHSNofficeHours2022AugSep>

CDPH Project Firstline—IP Education for CNAs



- Register for September and October Sessions:
<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineRegistration.aspx>
- 8 Training Topics
 - Week 1: Standard Precautions
 - Week 2: PPE
 - Week 3: Environmental Cleaning & Disinfection
 - Week 4: Positioning & Transferring Residents
 - Week 5: Bathing & Dressing Residents
 - Week 6: Skin, Perineal, & Urinary Catheter Care
 - Week 7: Oral Care & Feeding
- Complete the **CNA Training Request Form** if you want to host an individualized training for your staff: <https://forms.office.com/g/P7ERUK0fTc>
- Questions? ProjectFirstline@cdph.ca.gov

Sessions now
offered in
Spanish

Weekly sessions
offered weekdays
and weekends,
mornings and nights

CALTCM Annual Meeting—October 6 & 7



Location: Pacific Palms Resort, City of Industry

- Designed to engage and benefit direct care practitioners—all members of the post-acute and long-term care interdisciplinary team and administrative leadership.
- Varying clinical hot topics and two “in the trenches” sessions will give attendees the opportunity to individualize their education.
- **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>

4 **Register at:** <https://www.caltcm-summit-for-excellence.org/>

Agenda



- Testing Taskforce Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A



HAI Updates

CDC COVID-19 Data Tracker

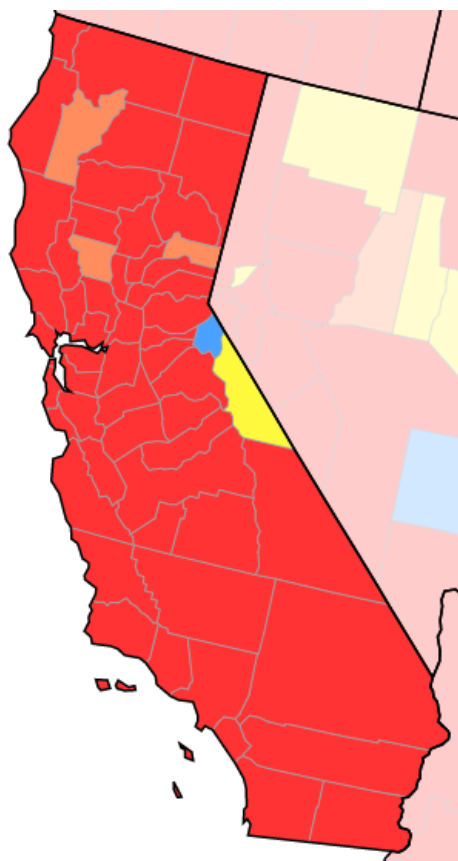
● High ● Substantial ● Moderate ● Low ● No Data

Data Type:

Community Transmission

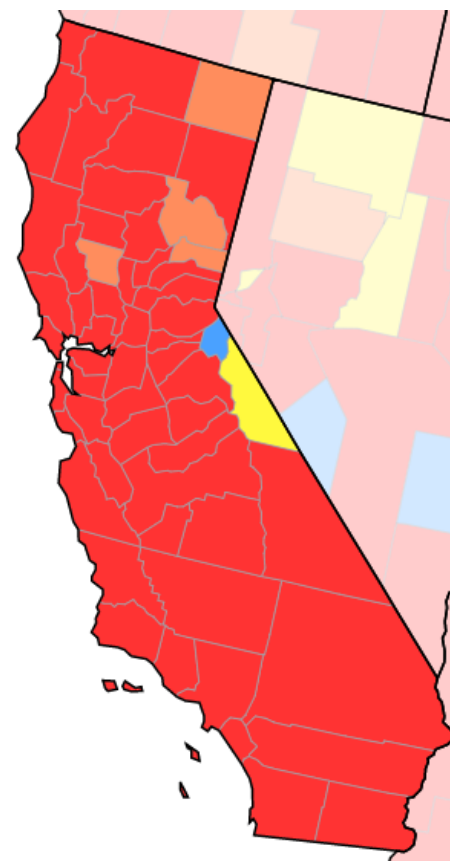
Map Metric:

Community Transmission



August 10

August 23



[https://covid.cdc.gov/covid-data-tracker/#county-](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk)

[view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk)

CDC Streamlines COVID-19 Guidance for the General Public, August 11, 2022

- The updated CDC guidance is intended to apply to the general public in community settings.
- The updated CDC guidance does NOT apply to healthcare settings.
- In the coming weeks, CDC will be updating guidance for healthcare and congregate settings at higher risk of transmission.



MMWR: Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems—United States, August 2022

https://www.cdc.gov/mmwr/volumes/71/wr/mm7133e1.htm?s_cid=mm7133e1_w

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

- Yes. Follow the more stringent guidance, which in this case is the CMS QSO 20-38 guidance.
- **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 AFL 22-13. As of now, CDPH guidance for routine diagnostic testing of HCP is not dependent on community transmission levels and the second booster is not considered in this testing requirement.
- Check with your local health department for more stringent guidance.

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*

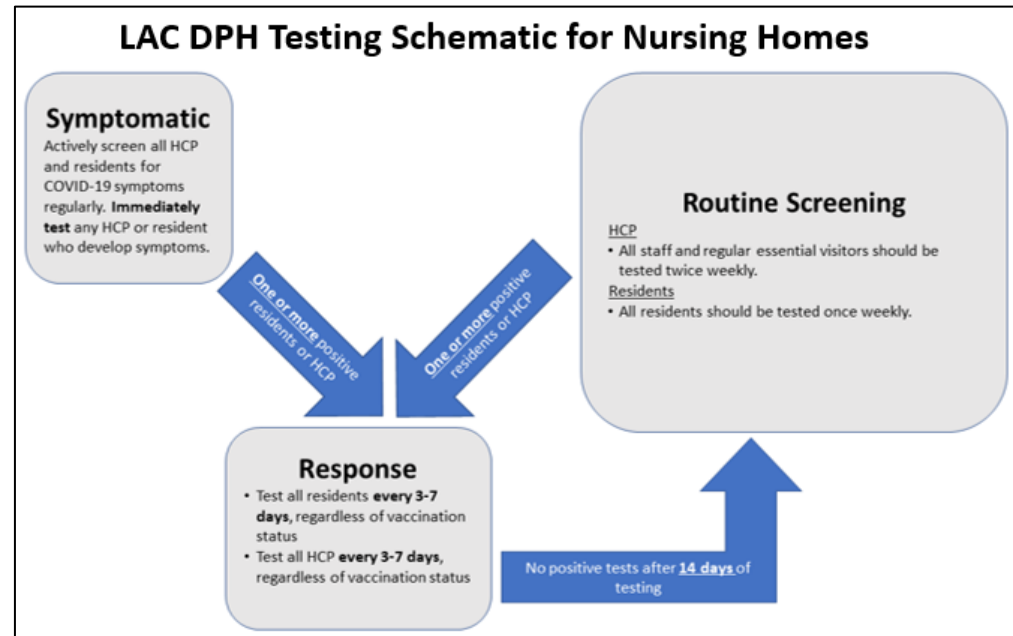
⁺Staff *who are up-to-date* do not need to be routinely tested.

*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.

Los Angeles County Department of Health (LAC DPH)

- As of May 25, 2022, LAC DPH requires the following routine diagnostic screening testing frequency, regardless of vaccination status:

- Twice weekly testing of all HCP.
- Weekly testing of residents.



- LAC DPH also requires universal masking of all staff and residents. N95 respirators are required for all HCP while in the facility, with no exceptions (including the green zone).

LAC DPH COVID-19 Guidance:

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>

LA County Health Officer Order (Revised July 25, 2022):

http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_SkilledNursingFacilities.pdf

Q: Does a COVID recovered resident (within 90 days of testing positive) that is exposed to COVID need to be tested with an antigen test and quarantined?

- Since previously positive people are becoming infected with COVID-19 within 90 days, all exposures should be investigated even if within 90 days of recovery.
- Consider testing the exposed resident with an antigen test, and quarantine until further investigation is completed.

Q: Can residents receive group physical therapy (PT) if they are in the yellow or red zone?

- No. Per AFL, 22-07, group activities can only occur for fully vaccinated residents (with the primary series) who are in the green zone.
- During an outbreak, LHD* may implement limitations on communal activities and dining for residents in the green zone.
- Guidance for Individual PT Sessions:
 - Red zone residents can receive individual PT in their room or outdoors.
 - Yellow zone residents can receive individual PT either in their room or in the PT office/gym (ideally following completion of PT for the green zone residents).
 - Yellow/red zone residents must wear a face mask for source control during PT.
 - Physical therapists working with residents in the yellow/red zone must wear appropriate PPE, including an N95, throughout the entire PT encounter.
 - The physical therapist can keep the same N95 on during the entire PT encounter, even as they transfer the patient throughout the facility.

*LHD = local health department

Q: Can an antigen test be used for HCP that are returning to work early after testing positive?

- Yes, per AFL 21-08.8, antigen tests are acceptable and preferred. See table “Work restrictions for HCP with SARS-CoV-2 Infection”.
 - “Either an antigen test or nucleic acid amplification test (NAAT) can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for discontinuation of isolation and return-to-work for SARS-CoV-2 infected HCP and for HCP who have recovered from SARS-CoV-2 infection in the prior 90 days; NAAT is also acceptable if done and negative within 48 hours of return.”
- The antigen test needs to be observed by the facility to verify the identity of the HCP being tested and the date of the test.
- This proctoring does not need to happen physically in person with the HCP. There are options for telehealth or other ways to allow for observation of the HCP testing themselves.

Q: How should multiple discordant antigen test results be interpreted for asymptomatic HCP?

- Since most California counties have substantial to high transmission, it is unlikely to have false positive antigen tests. Therefore, err on the side of caution and treat the positive antigen test result as a true positive.
- In general, CDPH does not recommend confirmatory PCR (or other repeated testing) after a positive antigen test result during periods of high transmission.
- It is challenging to definitively interpret test results when multiple tests are done. Sometimes there are differences in test results due to the quality of the specimen taken at the time of the test.
- Some investigation into questionable tests results may be indicated, but the safer approach in high-risk settings (e.g., nursing homes) is to manage an individual who tests positive as a true positive.
- Ensure your infection preventionist and medical director are engaged in these discussions.

Q: How often do vital signs need to be taken in the yellow zone?

- CDC and CDPH infection control guidance for nursing homes recommend:
 - Vital signs for residents in the green zone should be monitored daily.
 - Vital signs for COVID exposed residents in the yellow zone should be monitored every shift, which can be defined as either an 8- or 12-hour shift, i.e., twice daily, allowing residents to get uninterrupted sleep.
 - Vital signs for residents in isolation for COVID in the red zone should be monitored every 4 hours.
- Refer to CDPH AFL 20-25.2 Attachment.

Questions?





This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. CA-12SOW-XC-08232022-01