



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, September 28, 2022

Upcoming Calls



- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls (every other Tuesday)
 - 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:
 - <https://bit.ly/OctNovDecNHSNOfficeHours>

Agenda



- Educational Opportunities
- Testing Task Force Updates
- NHSN Reporting Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A



Educational Opportunities

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>

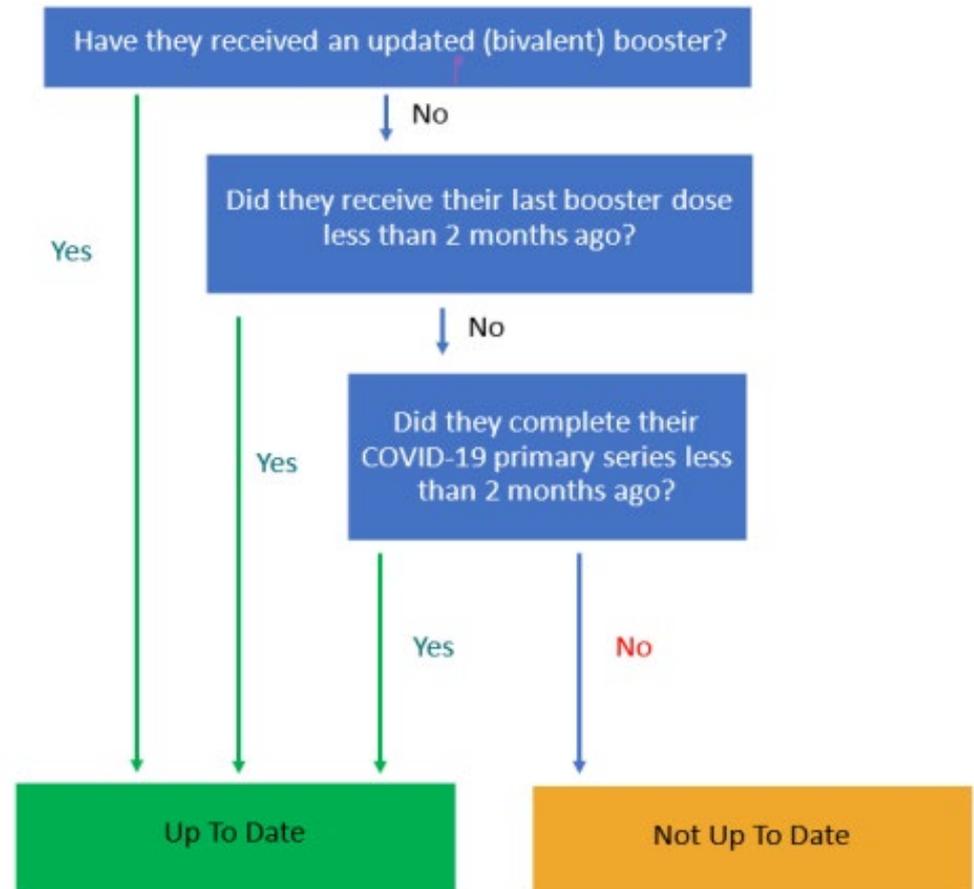
Register at: www.caltcm-summit-for-excellence.org



National Healthcare Safety Network (NHSN) Updates

NHSN Up to Date Definition

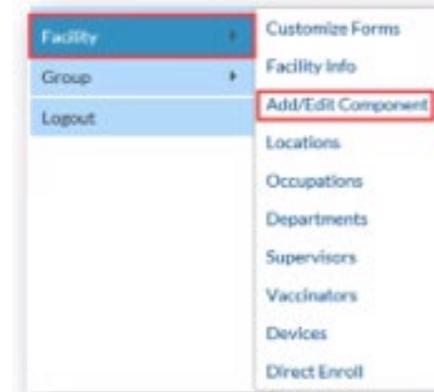
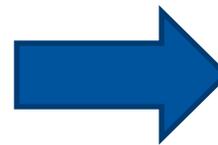
- You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.
- NHSN Reporting aligns with this new definition **beginning on September 26, 2022.**



Influenza Reporting Is in the Healthcare Personnel (HCP) Safety Component



- The NHSN facility administrator **must** activate the HCP Safety Component for QRP reporting.
- Weekly Influenza Vaccination Data entered in the LTCF Component **will not** be submitted to CMS.



NHSN Reporting: Flu Vaccine—HCP

1. Number of HCP who worked at this healthcare facility for **at least 1 day between October 1 and March 31**
2. Number of HCP who received an influenza vaccination **at this healthcare facility**
3. Number of HCP who provided a written report or documentation of influenza vaccination **outside this healthcare facility**
4. Number of HCP who have a **medical contraindication**
5. Number of HCP who **declined**
6. Number of HCP with **unknown vaccination status**

*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/ trainees & volunteers	Other Contract Personnel
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Flu Reporting Requirement

Q: How often should SNFs report their influenza vaccination data into NHSN to meet the QRP requirement?

A: SNFs should determine for themselves how often they report the HCP influenza vaccination data. CDC/NHSN encourages that HCP influenza vaccination summary data be updated on a monthly basis and suggests that healthcare facilities update data within 30 days of the end of each month (for example, all October data should be added by November 30), so they have the greatest impact on influenza vaccination activities. However, CMS only requires a single influenza vaccination summary report at the conclusion of the measure reporting period to meet the minimum data requirements for NHSN participation.

Data must be entered by May 15, 2023



HAI Updates

CDC COVID-19 Data Tracker

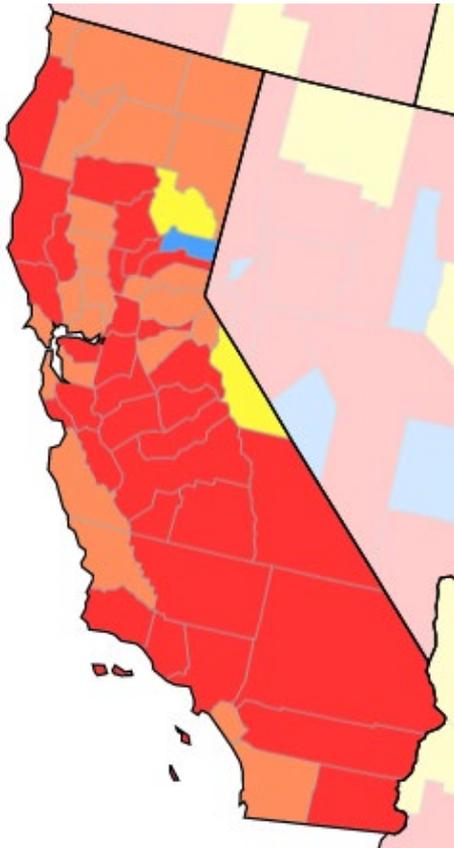
● High ● Substantial ● Moderate ● Low ● No Data

Data Type:

Community Transmission

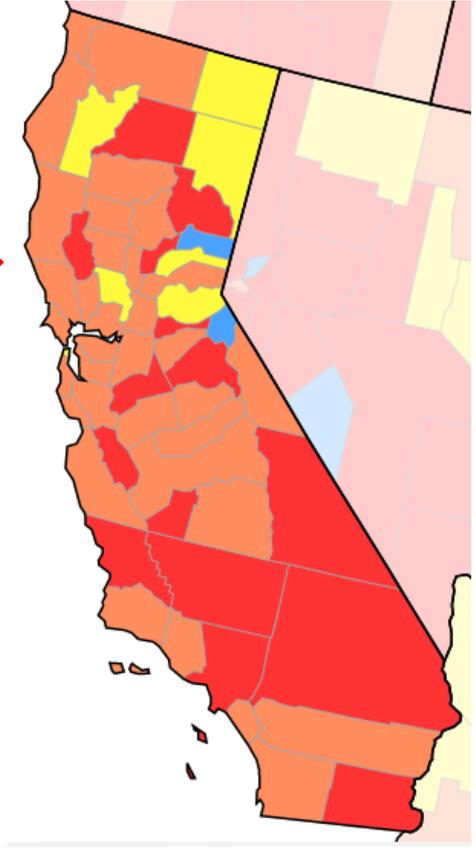
Map Metric:

Community Transmission



September 14

September 27



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 and CMS Guidance Updates

- CDC's Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes & Long-Term Care Facilities is now archived
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html>
- CDC's SNF guidance is now incorporated in CDC's Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic (Updated 9/23/2022)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- CMS QSO 20-38-NH (Updated 9/23/2022)
<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>
- CMS QSO 20-39-NH (Updated 9/23/2022)
<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Routine Diagnostic Screening Testing for HCP

- Updated CDC guidance and CMS QSO 20-38-NH now align with CDPH State Public Health Officer Order (SPHO), “Health Care Worker Vaccine Requirement,” updated Sept. 13, 2022 to rescind routine diagnostic screening testing requirement for unvaccinated and under vaccinated HCP with exemptions.
- Per CDC and CMS, routine testing of asymptomatic staff is no longer recommended, regardless of community transmission rate, but may be performed at the discretion of the facility.
 - Check with your local health department for more stringent guidance.
 - CDPH AFLs are in the process of being updated to align with the SPHO and CDC guidance.

The SPHOs 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 Correctional Facilities and Detention Centers Health Care Worker Vaccination Requirement](#)
- Updated—[2/22/22 Adult Care Facilities and Direct Care Worker Vaccine Requirement](#)

Visitation

- Updated CMS QSO 20-39 aligned with rescinding of CDPH SPHO “Requirements for Visitors in Acute Health Care and Long-Term Care Settings” rescinded Sept 15, 2022.
- Per CMS, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.
 - While not required, facilities in counties with high levels of community transmission are encouraged to offer testing to visitors.
- **Active screening** for visitor vaccination status and COVID-19 signs and symptoms, and exposures **is no longer required.**
 - **Passive screening** of visitors is now acceptable to ensure visitors are educated to screen themselves prior to entry. Facilities can:
 - Post signs at entrances
 - Send emails to families and visitors with COVID-19 screening guidance

Source Control: CDPH Guidance Supersedes Updated CDC Guidance

- **At this time, CDPH continues to require masks (source control) for all individuals (HCP and visitors) entering a long-term care setting, regardless of vaccination status or community transmission rates.**
- CDC Updated Guidance:
 - When COVID-19 transmission levels are high (red), source control is recommended for all individuals in nursing homes.
 - When COVID-19 transmission levels are low (blue), moderate (yellow), or substantial (orange), source control is optional in non-patient care areas; and facilities can choose not to require universal source control.

Summary of Updates to CDC Healthcare Infection Prevention & Control Guidance, September 23, 2022

- Updated recommendations for routine diagnostic screening testing.
 - Updated circumstances when use of source control is recommended.
 - Updated guidance for process for symptoms and exposure screening for individuals entering facility (HCP and visitors)
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- Updated to note that, in general, asymptomatic residents no longer require empiric use of Transmission-Based Precautions (i.e., quarantine) following exposure, regardless of vaccination status.
 - Updated post-exposure testing recommendations for asymptomatic HCP and residents who were exposed, regardless of vaccination status.
 - Updated screening testing and management recommendations for new admissions, regardless of vaccination status.
 - Updated circumstances when universal use of PPE should be considered.

Symptoms and Exposure Screening

- Screening for signs and symptoms of COVID, and potential exposures is still recommended, but has transitioned from an **active** screening to a more **passive** self-screening process (i.e., posting signs at entrances).
- Facilities can continue to screen HCP in an active way, especially if community transmission rates are high; however, active screening is no longer required.

Quarantine and Testing Guidance for HCP and Residents Following Higher-Risk Exposures

- Asymptomatic HCP and residents who were exposed should have a series of **three** viral tests for SARS-CoV-2 infection.
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- Testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior **30** days.
 - Testing should be considered using an antigen test for those who have recovered in the prior 31-90 days.
- **Quarantine (empiric Transmission-Based Precautions) and work restriction are not necessary** for most asymptomatic residents and HCP following an exposure, regardless of vaccination status.
 - Residents should wear source control for the 10 days following exposure.

Managing New Admissions and Residents who Leave Facility for >24 Hours

- In general, admissions in counties where [Community Transmission](#) levels are high (red) should be tested upon admission; admission testing at lower levels of Community Transmission (orange, yellow, blue) is at the discretion of the facility.
 - Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test (total of 3 tests).
 - Newly admitted residents should wear source control for the 10 days following their admission.
- Residents who leave the facility for 24 hours or longer should generally be managed as an admission.
- Empiric use of Transmission-Based Precautions (i.e., quarantine or observation) is generally not necessary for new admissions.

Universal PPE (Eye Protection and N95 for AGP) Based on Community Transmission

- CDC no longer routinely recommends HCP wear eye protection for all direct patient/resident care, and N95 or higher-level respirator while caring for all residents undergoing aerosol generating procedures, based on the level of community transmission.
- Eye protection and N95 respirators for aerosol generating procedures can be considered
 - During periods of high community transmission or
 - During a COVID-19 outbreak.

What Hasn't Changed?

- Isolation for positive residents, work restriction for positive HCP
 - Duration and criteria for discontinuation of isolation and transmission-based precautions for positive residents
 - At this time, no changes to return-to-work criteria for positive HCP (but stay tuned)
- PPE for HCP caring for positive residents in isolation

Q: Is the second booster now required for nursing home HCP?

- **No.** California's current vaccination and booster **requirements** for HCP remain in effect and have not changed.
 - **The primary vaccine series and first booster are required** per the [CDPH SPHO "Health Care Worker Vaccine Requirement"](#) (Originally issued 8/5/21; Amended 12/22/21, 2/22/22, 9/13/22).
 - HCP who have met the requirement to receive a primary series of vaccine and a booster are **not required to receive a bivalent booster**.
 - HCP who are newly coming into compliance with the vaccination requirement and are getting a booster dose now, should get the bivalent booster since it's the only currently authorized booster.
- **CDPH recommends all HCP be up to date on COVID-19 vaccine doses**, including the bivalent booster, when eligible.
 - CDPH Vaccine Guidance and Resource Website <https://eziz.org/resources-for-longterm-care-facilities/>
 - CDPH Bivalent COVID-19 Booster Dose FAQs <https://eziz.org/assets/docs/COVID19/BivalentBoosterFAQ.pdf>
 - CDPH COVID-19 Vaccine Timing by Age <https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>
 - CDC Stay Up to Date with COVID-19 Vaccines Including Boosters <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

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-TQII-09282022-01