



# California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, September 14, 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](https://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:
  - Sept.: <https://bit.ly/NHSNofficeHours2022AugSep>
  - Oct., Nov., Dec.: <https://bit.ly/OctNovDecNHSNOfficeHours>

# Agenda



- Educational Opportunities
- Testing Task Force Updates
- NHSN Reporting Updates
- Immunization Branch Updates
- Therapeutic Treatment 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](http://www.caltcm-summit-for-excellence.org)**

# LeadingAge California Java Project

- **WHAT IS THE JAVA PROJECT?**

- Taking applications **now** for 100 California nursing homes to participate
- 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
  - Java Music Club
  - Java Time
  - Java Mentorship

- **QUESTIONS?**

- Amanda Davidson, [adavidson@leadingageca.org](mailto:adavidson@leadingageca.org)
- Lindsay Fowks, [lfowks@leadingageca.org](mailto:lfowks@leadingageca.org)



# Testing Task Force Updates



# National Healthcare Safety Network (NHSN) Updates

# New SNF QRP Measure: Influenza Vaccination Coverage Among HCP

- This measure was finalized in the *FY 2023 SNF PPS Final Rule* (<https://www.govinfo.gov/content/pkg/FR-2022-08-03/pdf/2022-16457.pdf>).
- Data for this measure is submitted via NHSN.
- Data submission for this measure will begin on October 1, 2022.

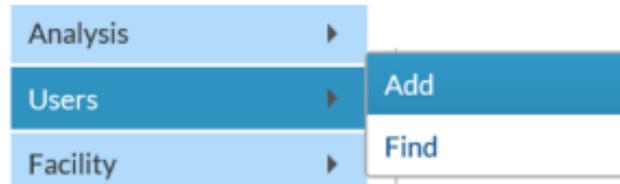


QRP = Quality Reporting Program  
HCP = healthcare personnel

# Current NHSN Users Can Add New NHSN Users

1

On the left-hand navigation panel of the NHSN homepage, select > **Users**>>**Add** near the bottom of the screen.



When the **Add User** screen appears, complete all the required fields marked with \*. Click **"Save"** to create the user.

2



Once the user has been created, you must assign user rights by checking the boxes under Long Term Care and click **"Save"**.

\*Rights are assigned based on how much access the NHSN Facility Administrator would like to grant the user

3



The screenshot shows the 'Add User' screen. At the top, it displays 'User ID: ATURNER (ID 468319)'. Below that is a dropdown menu for 'Fac: Test TMO033'. Under 'Facility List', there is an empty text box. The main section is titled 'Rights' and has a sub-header 'Long Term Care'. It lists several rights with checkboxes: 'Administrator' (unchecked), 'All Rights' (unchecked), 'Analyze Data' (checked), 'Add, Edit, Delete' (checked), and 'View Data' (checked). Below this list is a 'Customize Rights' section with a 'Save' button highlighted by a yellow box and a yellow arrow. To the right of the 'Save' button is an 'Advanced' button. At the bottom, there are three buttons: 'Effective Rights', 'Save', and 'Back'.

# NHSN Facility Administrator Change Request Form

- If no one has access, complete the NHSN Facility Administrator Change Request Form
  - [www.cdc.gov/nhsn/facadmin/index.html](http://www.cdc.gov/nhsn/facadmin/index.html)
  - Does not need to be the nursing home administrator



# Reporting Influenza Data in NHSN

1

- NHSN Home
- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19 ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Logout

2

09/26/2022 (Monday) - 10/02/2022 (Sunday)

- COVID-19: HCW
- COVID-19: Residents

3

Flu Vaccine: Residents | **Flu Vaccine: HCW** | COVID-19 Vaccine: HCW | COVID-19 Vaccine: Residents



# NHSN Reporting: Flu Vaccine—HCP

1. Number of HCP who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection.
2. Cumulative number of HCP in question #1 that received an influenza vaccination **at this healthcare facility**.
3. Cumulative number of HCP in question #1 that provided a written report or documentation of influenza vaccination **outside this healthcare facility**.

Ancillary services employees	Nurse employees	Aide, assistant, and technician employees	Therapist employees	Physicians and licensed independent practitioners	Other HCP
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4. Has your facility received its supply of influenza vaccine?
5. Is your facility currently experiencing a shortage of influenza vaccine?



# Immunization Branch Updates



# Therapeutic Treatment Updates

# CDPH AFL 22-20

## COVID-19 Treatment Resources for SNFs

- To substantially reduce risks of severe illness, hospitalization, and death, all SNF residents that test positive should be considered eligible to receive treatment for mild-to-moderate COVID-19 and should be evaluated by a prescribing clinician for consideration of COVID-19 therapeutics.
- Treatment medications are no longer in short supply and should be prescribed whenever clinically appropriate.
- In advance of a COVID-19 diagnosis, SNFs should prepare by evaluating all residents for any drug-drug interaction risk, renal and hepatic impairment.
- Encourages SNFs to assist HCP who test positive for COVID-19 to obtain treatment with appropriate therapeutics.
- AFL 22-20 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-20.aspx>
- COVID-19 Test-to-Treat Playbook <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Test-to-Treat-Playbook.pdf>
- Sign up for CDPH therapeutics updates <https://www.surveymonkey.com/r/PK5NBHM>

# Authorized Products for Treating Mild-to-Moderately Ill COVID-19 Patients

Drug	Type	Information
<b>Paxlovid</b>	Oral pills	EUA for patients $\geq 12$ y/o; highly effective in reducing deaths/hospitalizations; drug-drug interaction risk; not recommended for severe renal or hepatic impairment; "rebound" with positive antigen test and symptom recurrence is possible upon completion of therapy.
<b>Molnupiravir</b>	Oral pills	EUA for patients $\geq 18$ y/o; moderately effective in reducing deaths/hospitalizations; may cause fetal harm for pregnant individuals
<b>Remdesivir</b>	IV	FDA-approved for patients $\geq 12$ years; EUA in patients younger than 12; highly effective in reducing deaths/hospitalizations; multi-day treatment
<b>Bebtelovimab</b>	IV	EUA for patients $\geq 12$ y/o; moderately effective; given in single dose
<b>Evusheld</b>	Injection	Indicated for immunocompromised individuals who cannot mount an immune response to COVID-19 vaccinations; taken <i>before</i> getting sick or exposed



# HAI Updates

# CDC COVID-19 Data Tracker

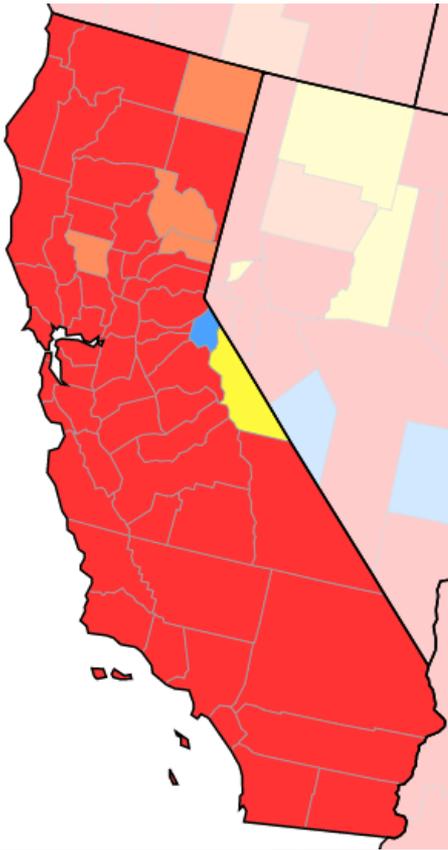
● High ● Substantial ● Moderate ● Low ● No Data

Data Type:

Community Transmission

Map Metric:

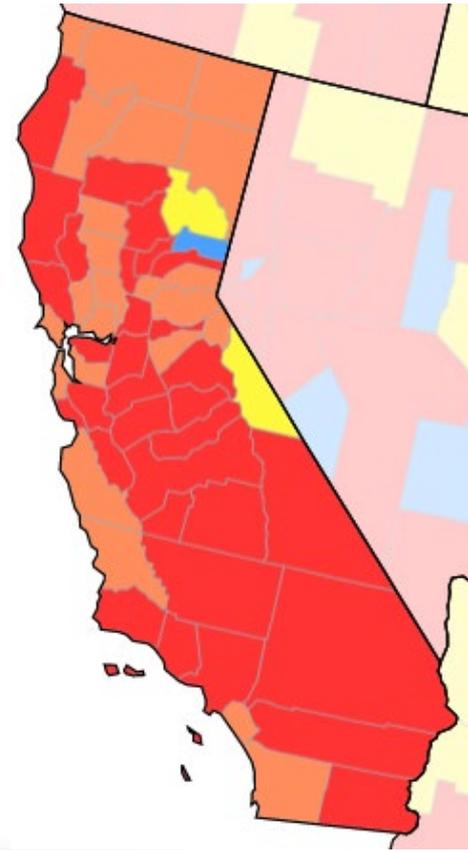
Community Transmission



August 23



September 14



[https://covid.cdc.gov/covid-data-tracker/#county-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)

# Rationale for Testing Changes for Workers in High-Risk Settings

- 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.

# Updated State Public Health Officer Orders (SPHO), September 13, 2022

- **Changes go into effect 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) and schools.
- Accompanying Q&As updated; additional Q&A on boosters to be added.
- California's current vaccination and booster **requirements** for HCP remain in effect and will not change.
  - 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.

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

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

- No. At this time, there is **no requirement for HCP to get the second COVID-19 booster**. The primary vaccine series and first booster are required per the SPHO Health Care Worker Vaccine Requirement\* (Originally issued 8/5/21; Amended 12/22/21, 2/22/22, 9/13/22). However, it is **recommended** for HCP who meet the age and clinical criteria for the second 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: When should routine diagnostic screening testing be considered now?

- 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: 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 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.

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> <sup>+</sup>
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

<sup>+</sup>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.

# Continue Key Measures to Mitigate the Spread

- California continues to urge all individuals to stay up-to-date on the COVID-19 vaccine to protect themselves and slow the spread.
- As Omicron variants keep emerging, the updated bivalent booster is an important tool against severe illnesses, hospitalization, long COVID, and death.
  - California expects to receive more than 1 million doses of the updated booster and will have ample supply to meet demand.
- **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.**

# Q: Do the clinical reasons for the medical exemption need to be listed in the providers' medical exemption letter?

- 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.**

# 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-09142022-01