



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, April 20, 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
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
- HSAG Friday, 11:30 a.m., Full Speed Ahead! Booster Quickinars:
 - Register: <https://bit.ly/FullSpeedAheadBoosterProgram>
 - Recordings: <https://www.hsag.com/covid-19/vaccine-resources>

SNF = skilled nursing facility

New Wednesday Webinar FAQ Document

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CDPH Infection Prevention Webinars

The California Department of Public Health (CDPH)—with the California Association of Long Term Care Medicine (CALTCM), California Association of Health Facilities (CAHF), and Health Services Advisory Group (HSAG)—hosts a weekly Wednesday webinar on infection prevention for long term care facilities to discuss any recent updates on Coronavirus Disease 2019 (COVID-19) and provide a venue for addressing questions. The webinars focus on infection prevention guidance for SNFs. It is recommended that SNF infection prevention staff attend. Local health departments and SNF administrators, directors of nursing, and medical directors are also encouraged to attend.

Please register in advance; space is limited. A recording link will be available the day following the webinar.

Day of the webinar event: Call-in telephone number for all webinars is: **415.655.0003**. You may join via computer (using your computer or telephone for audio) or by telephone only. (If you join the video portion of the webinar, for a better webinar experience we recommend you have WebEx call your phone—don't dial in yourself).

Register for Upcoming Webinars

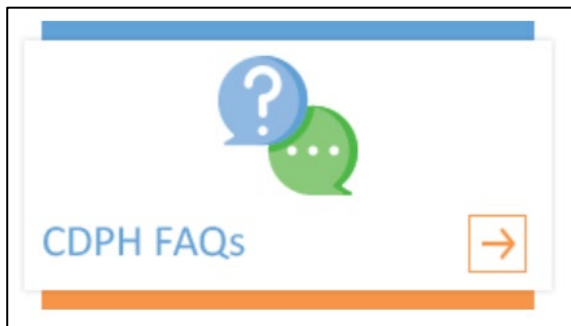
April - June 2022

Past Webinars
CLICK HERE to find past weekly webinar recordings, slides, and other links.

Weekly Call Notes
CLICK HERE to find notes from the weekly Wednesday webinars and Thursday phone calls beginning March 22, 2021.

CLICK HERE to find recordings Sept. 2020–Feb. 2021 (scroll to the bottom of the linked page to find the notes).

CDPH FAQs



California Department of Public Health (CDPH)
Center for Health Care Quality
Skilled Nursing Facilities Infection Prevention Call

Frequently Asked Questions

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Agenda



- CDPH Updates
- CMS Waivers Update
- Testing Task Force Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A



CDPH Updates



QSO-22-15-NH & NLTC & LSC
April 7, 2022, Update to COVID-19
Emergency Declaration Blanket Waivers
for Specific Providers

<https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf>

Memorandum Summary

- CMS continues to review the need for existing emergency blanket waivers issued in response to the COVID-19 Public Health Emergency (PHE).
- Over the course of the COVID-19 PHE, skilled nursing facilities/nursing facilities (SNFs/NFs), inpatient hospices, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and end-stage renal disease (ESRD) facilities have developed policies or other practices that we believe mitigate the need for certain waivers.
- Applicable waivers will remain in effect for hospitals and critical access hospitals (CAH).
- CMS will end the specified waivers in two groups:
 - 30 days from issuance of this memorandum (May 7, 2022)
 - 60 days from issuance of this memorandum (June 6, 2022)

Waivers Ending for SNF/NFs on May 7, 2022

- Resident Groups – 42 CFR §483.10(f)(5)
 - Ensures residents can participate in resident groups in-person.
- Physician Delegation of Tasks in SNFs – 42 CFR §483.30(e)(4)
 - Physicians cannot delegate physician-only tasks.
- Physician Visits – 42 CFR §483.30(c)(3)
 - Required physician visits must be made by physician personally.
- Physician Visits in SNFs/NFs – 42 CFR §483.30
 - Required in-person physician and non-physician visits for NH residents may no longer be done via telehealth.

Waivers Ending for SNF/NFs on May 7, 2022 (cont.)

- Quality Assurance and Performance Improvement (QAPI) – 42 CFR §483.75(b)–(d) and (e)(3)
 - Long-term care facilities are required to develop, implement, evaluate, and maintain an effective, comprehensive, data driven QAPI program. They cannot only focus on adverse events and infection control.
- Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities - 42 CFR §483.21(c)(1)(viii)
 - LTC facilities required to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures and resource use.
- Clinical Records - 42 CFR §483.10(g)(2)(ii)
 - Long-term care (LTC) facilities required to provide residents a copy of their records within two working days (when requested by the resident).

Waivers Ending for Various Provider Types on June 6, 2022

- [Physical Environment for SNF/NFs](#) – 42 CFR §483.90
 - CMS waived requirements to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there were needs for isolation processes for COVID-19 positive residents.
 - Certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location.
 - Requirements to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity.

Waivers Ending for Various Provider Types on June 6, 2022 (cont.)

- Facility and Medical Equipment Inspection, Testing & Maintenance (ITM) for Inpatient Hospice, ICF/IIDs and SNFs/NFs – 42 CFR §§418.110(c)(2)(iv), 483.470(j), and 483.90
 - CMS waived ITM requirements for facility and medical equipment to reduce disruption of patient care and potential exposure/transmission of COVID-19.
- Life Safety Code (LSC) and Health Care Facilities Code (HCFC) ITM for Inpatient Hospice, ICF/IIDs and SNFs/NFs – 42 CFR §§ 418.110(d)(1)(i) and (e), 483.470(j)(1)(i) and (5)(v), and 483.90(a)(1)(i) and (b)
 - CMS waived ITM required by the LSC and HCFC, with specified exceptions, which permitted facilities to adjust scheduled ITM frequencies and activities to the extent necessary.

Waivers Ending for Various Provider Types on June 6, 2022 (cont.)

- Outside Windows and Doors for Inpatient Hospice, ICF/IIDs and SFNs/NFs – 42 CFR §§418.110(d)(6), 483.470(e)(1)(i), and 483.90(a)(7)
 - CMS waived the requirement to have an outside window or outside door in every sleeping room. This permitted spaces not normally used for patient care to be utilized for patient care and quarantine.
- Life Safety Code for Inpatient Hospice, ICF/IIDs, and SNFs/NFs – 42 CFR §§418.110(d), 483.470(j), and 483.90(a)
 - CMS waived these specific LSC provisions:
 - Fire Drills: Due to the inadvisability of quarterly fire drills that move and mass staff together, CMS permitted a documented orientation training program related to the current fire plan, which considered current facility conditions.
 - Temporary Construction: CMS waived requirements that would otherwise not permit temporary walls and barriers between

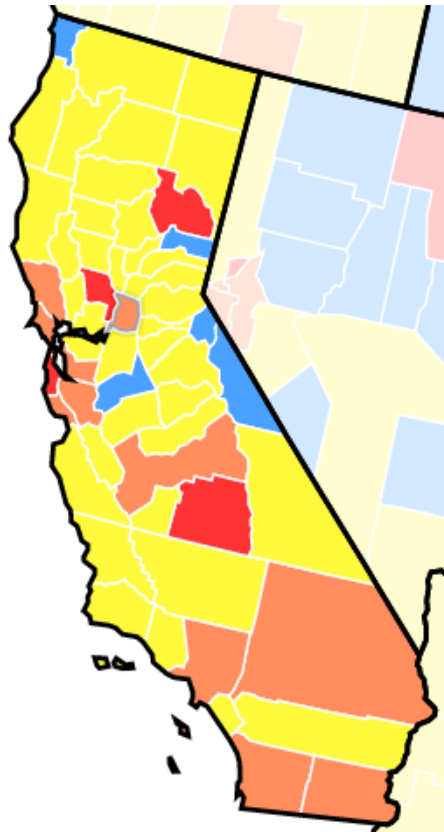


HAI Updates

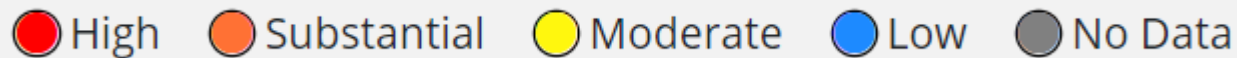
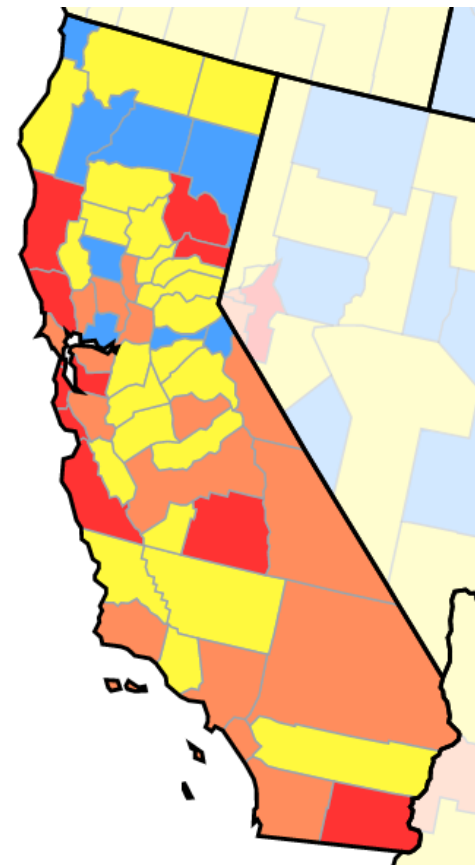
CDC COVID-19 Data Tracker

<https://covid.cdc.gov/covid-data-tracker/#county-view>

Data Type: Map Metric:



April 12  April 19



Clarification of Isolation and Quarantine Guidance for HCP and Residents/Patients in Healthcare Facilities

- **CDPH AFL 21-08.8 (3/7/2022)**

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

- Continue to follow for management of isolation and quarantine of HCP in general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities (SNF).
- SNF should continue to follow the isolation and quarantine guidance for **residents** in AFL 20-53.6.
 - An updated AFL 20-53.6 that will align with [CDC's updated isolation and quarantine guidance for patients and residents](#) is in the review and approval process. In the meantime, it is reasonable for SNF to follow this CDC guidance under header "2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection."

Clarification of Isolation and Quarantine Guidance for HCP and Residents/Patients in Healthcare Facilities (cont.)

- **CDPH Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public (4/6/2022)**

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

- Note banner at the top



This guidance does NOT apply to healthcare personnel in settings covered by **AFL-21-08.8**. It also does not apply to Emergency Medical Services personnel, who are permitted to follow the Guidance on Quarantine for Health Care Personnel in **AFL-21.08.8**.

- All other healthcare settings not covered by AFL 21-08.8 or AFL 20-53.6 should follow the guidance in Table 3.
- It is reasonable for other healthcare facilities that serve especially vulnerable populations (e.g., moderately or severely immunocompromised individuals), to follow the more protective guidance for HCP and residents/patients discussed on the previous slide.

Questions?





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