



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

Wednesday, June 1, 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](https://hsag.com/cdph-ip-webinars)
  - Recordings, notes, and slides are posted at registration site
- HSAG Tuesday, 11:30 a.m., NHSN Updates & Office Hours:
  - Register: <https://bit.ly/NHSNofficehours2022>

# Wednesday Webinar FAQ Document

## Frequently Asked Questions

### Table of Contents


A. Vaccine Requirements—Healthcare Workers .....	2
B. Vaccine Requirements—Vendors, Students, State/Local Agencies .....	4
C. General Vaccine Guidance .....	5
D. Testing.....	8
E. Isolation and Quarantine .....	12
F. Cohorting.....	14
G. Infection Preventionist .....	15
H. Visitation .....	16
Visitor Requirements for Indoor Visitation.....	16
General Visitation Guidance .....	16
Indoor, In-Room, and Large Communal Space Visitation Requirement .....	17
Continuing Outdoor Visitation Requirements .....	18
Communal Dining and Group Activities.....	19
Residents Who Leave and Return to the Facility.....	20
Additional Considerations for Pediatric Residents .....	20
I. PPE and Face Masks .....	20
J. Other Questions .....	24
K. Acronym Definitions.....	26

### Important Links: State and Federal Guidance

Important Links/FAQs to CDPH State Guidance	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>
2022 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL22.aspx">https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL22.aspx</a>
2021 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL21.aspx</a>
2020 CDPH All Facilities Letters (AFLs)	<a href="https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL20.aspx</a>

**Note:** Revised language is in red type.

To view the updated document, you may need to clear your cache to force your browser to download a "fresh" version of the website.

- Click the refresh button 
- Press Ctrl +F5 simultaneously
- Press Ctrl + Shift + Delete simultaneously

**Revised language is in red type.**

**FAQs v2. Revised 05.13.2022**

# Agenda



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

# California Partnership to Improve Dementia Care in Nursing Homes

- The Partnership produced four videos with practical and up-to-date information on dementia care best practices.
- Target Audience: Management and direct care staff
  - Video 1: Best Practices in Dementia Care
  - Video 2: Dementia: What is it?
  - Video 3: Individualized Assessment and Care Planning for Persons with Dementia
  - Video 4: Nonpharmaceutical Interventions for Dementia Care

<https://www.leadingageca.org/ca-partnership-for-improved-dementia-care>



# CDPH Updates



# National Healthcare Safety Network (NHSN)

Updates: Beginning May 30, 2022





# Updates to the Weekly Healthcare Personnel (HCP) & Resident COVID-19 Vaccination Module



# Event-Level Vaccination Forms

- The NHSN Excel Data Tracking Worksheets will NOT be updated.
  - Complete a **one-time** upload of the Excel Data Tracking Worksheet to the NHSN Event-Level COVID-19 Vaccination Forms.
- Manage person-level vaccination data directly in NHSN.
  - **Calculates the cumulative totals for the weekly reporting.**

Weekly COVID-19 Vaccination Cumulative Summary for Residential Long Term Care Facilities TRACKING WORKSHEET							*Facility ID#:	99999
							Vaccination type:	COVID_19
							*First day of Reporting Week (Monday):	8/16/2021
							Last day of the reporting week (Sunday):	8/22/2021
*Resident Admit Date	Resident Discharge Date	Resident Last Name (Last name)	Resident First Name (Enter name)	Unique Patient Identifier	*Vaccinated with Dose 1 (Enter date of vaccination 1)	*Dose 1 Vaccine Manufacturer (choose from drop-down)	*Vaccinated with Dose 2 (Enter date of vaccination 2)	*Dose 2 Vaccine Manufacturer (choose from drop-down)

**This form is optional!**

# Monthly Reporting Plans

**Monthly reporting plans are no longer required for the NHSN vaccination modules.**



# Simplified Question 2 (Residents & Staff)

## Old Version

Cumulative number of healthcare personnel (HCP) in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020:

2.1. \*Only dose 1 of Pfizer-BioNTech COVID-19 vaccine

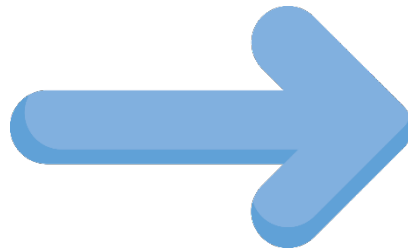
2.2. \*Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine

2.3. \*Only dose 1 of Moderna primary COVID-19 vaccine

2.4. \*Dose 1 and dose 2 of Moderna COVID-19 vaccine

2.5. \*Dose of Janssen COVID-19 vaccine

2.99. Complete COVID19 vaccination series: unspecified manufacturer



## New Version (May 30, 2022)

Cumulative number of HCP in Question #1 who have received primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020:

2.1. \*Only 1 dose of a two-dose Primary COVID-19 vaccine series

2.2 \*Any completed **Primary** COVID-19 vaccine series



# Simplified Question 4 (Staff)

## Old Version

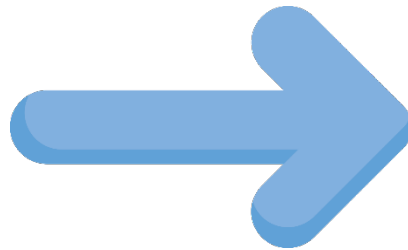
Cumulative number of individuals with complete primary series vaccine in question #2 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021.

4.1 \*Additional dose or booster of PfizerBioNTech COVID-19 vaccine

4.2 \* Additional dose or booster of Moderna COVID-19 vaccine

4.3 \* Additional dose or booster of Janssen COVID-19 vaccine

4.4 Additional dose or booster of unspecified manufacturer



## New Version (May 30, 2022)

Cumulative number of **HCP** with complete primary series vaccine in question #2 who have received **any booster(s) or additional dose(s)** of COVID-19 vaccine since August 2021.



# Updated Question 4 (Residents)

## Old Version

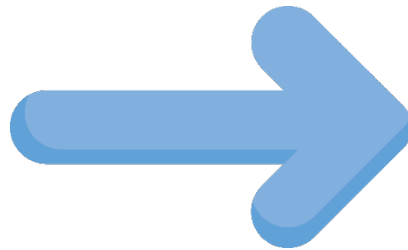
Cumulative number of individuals with complete primary series vaccine in question #2 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021.

4.1 \*Additional dose or booster of PfizerBioNTech COVID-19 vaccine

4.2 \* Additional dose or booster of Moderna COVID-19 vaccine

4.3 \* Additional dose or booster of Janssen COVID-19 vaccine

4.4 Additional dose or booster of unspecified manufacturer



## New Version (May 30, 2022)

4. \*Cumulative number of residents with complete primary series vaccine in question #2 who have received **any booster(s) or additional dose(s)** of COVID-19 vaccine since August 2021.

4.1 \*Cumulative number of residents in Question #4 who have received **only one booster dose** of COVID-19 vaccine since August 2021.

4.2 \*Cumulative number of residents in Question #4 who have received **two or more booster doses** of COVID-19 vaccine, and the most recent dose was received since March 29, 2022.

# Updated Question 5 (Residents & Staff)

## Old Version

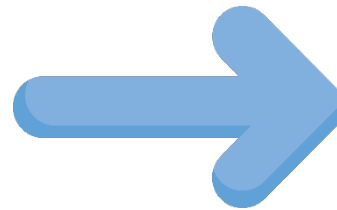
For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's HCP:

5.1. Is your facility enrolled as a COVID-19 vaccination provider? [Select Yes or No]

5.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week? [Select Yes or No]

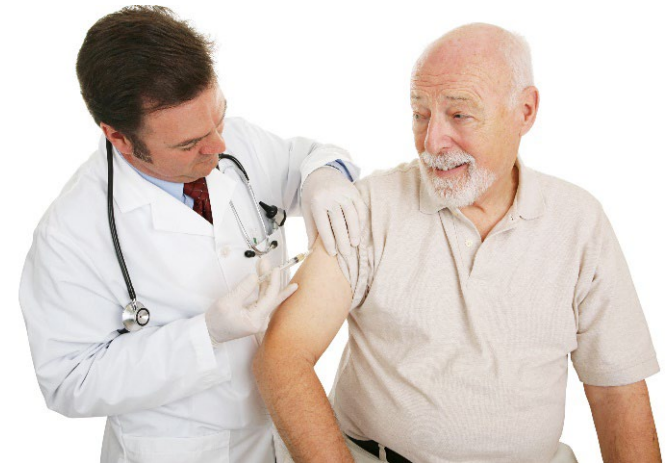
5.3. Did your facility have other arrangements sufficient to offer all HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)? [Select Yes or No]

5.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility. [Optional]



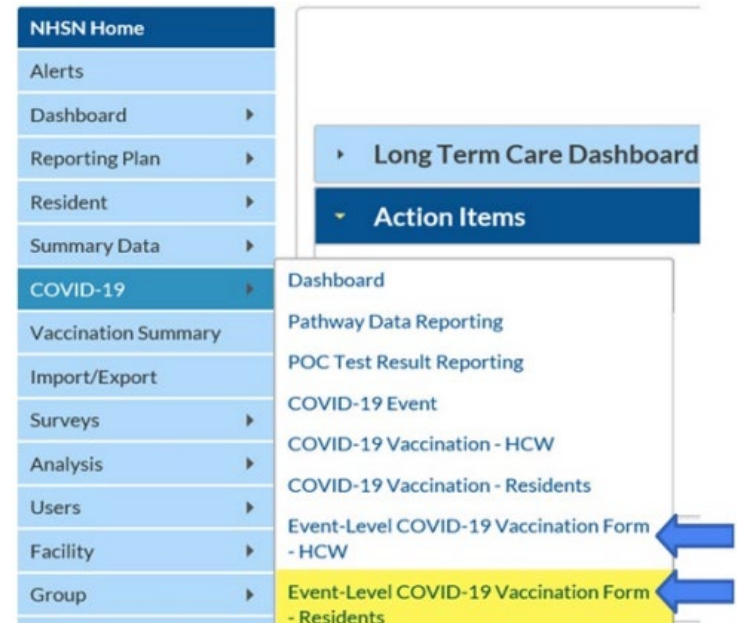
## New Version (May 30, 2022)

5.\*Cumulative number of individuals in question #2 who are **up to date** with COVID-19 vaccines since August 2021.



# What Does it Mean to Be Up to Date?

1. An individual received all recommended doses in their primary vaccine series and received **one or more** booster dose(s).
2. An individual received all recommended doses in their primary vaccine series but is **not yet eligible** to receive a booster dose.



**\*The event-level forms will do these calculations for you!**





# Updates to the COVID-19 Pathway Data Reporting

# Resident Impact and Facility Capacity (RIFC) Pathway Updates

## Removing the following questions:

- COVID-19 test type
- Vaccine manufacturer for primary vaccine series
- Vaccine manufacturer for additional or booster doses
- COVID-19 re-infections, including symptomatic and asymptomatic
- Respiratory illness
- Influenza and COVID-19
- Since the last date of data entry in the Module, has your long-term care facility (LTCF) performed SARS-CoV-2 (COVID-19) viral testing on residents and/or staff?
- During the past two weeks, on average, how long did it take your LTCF to receive SARS-CoV-2 viral test results from NON-point-of-care tests?



# RIFC Pathway Updates (cont.)

## Revising the following question:

### Positive tests

**Previous description:** *Enter the number of residents with a newly positive SARS-CoV-2 viral test result. Include only residents newly positive since the most recent date data were collected for NHSN reporting.*

OLD

NEW

**New description:** *Enter the number of residents with a newly positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR)).*

**Note:** *Do not include residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).*

*Only include residents newly positive since the most recent date data were collected for NHSN reporting.*

# RIFC Pathway Updates (cont.)

## Revising the following question:

### Testing Availability

There will be only one question regarding testing availability.

- **Testing Availability:** Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all residents, staff, and facility personnel, if needed?

**Revised**

Simplified to 1 question inquiring about testing availability for **Residents AND Staff**.

# RIFC Pathway Updates (cont.)

## Revising the following questions:

### Primary Series Vaccination Status

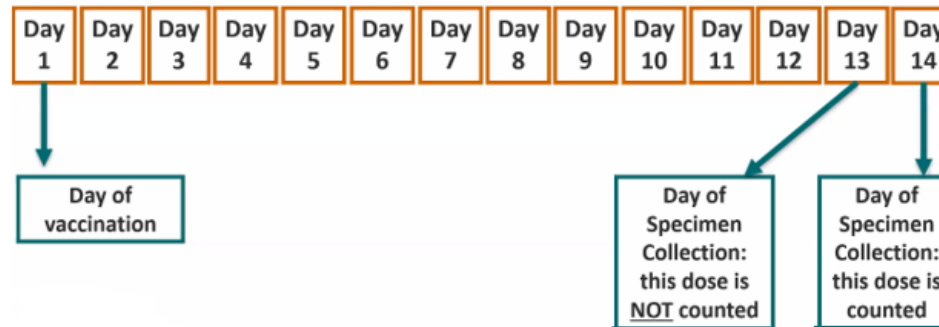
There will only be 3 options for primary vaccination status types:

- Not Vaccinated
- Partial Vaccination
- Complete Primary Vaccination Series

### Additional or Booster Vaccination Status

Two new subcategories for booster doses will be added:

- One Booster
- Two or More Boosters



Facilities will also report data regarding the up-to-date vaccination status of **residents** that test positive for COVID-19.

# RIFC Pathway Updates (cont.)

## Replacing Supplies and Personal Protective Equipment (PPE) Pathway

Urgent Need: Indicate if facility will no longer have any PPE supply items in 7 days.



- Face Masks
- N95 Respirator
- Gloves
- Gowns
- Eye Protection

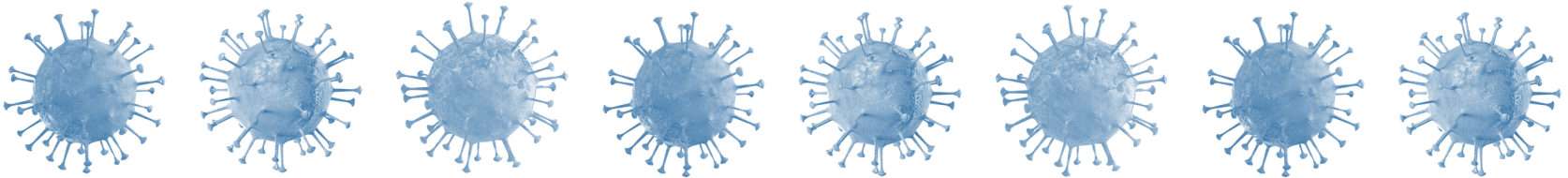


No Further  
Supplies/PPE  
Questions

# Staff and Personnel Impact Pathway

## Removing the following questions:

- COVID-19 test type
- COVID-19 re-infections, including symptomatic and asymptomatic
- Respiratory illness
- Influenza and COVID-19



## Revising Staff Shortages section:

If the facility selects “yes,” they will then need to indicate which specific staffing roles in which they are experiencing a shortage.





# HAI Updates

# CDC COVID-19 Data Tracker

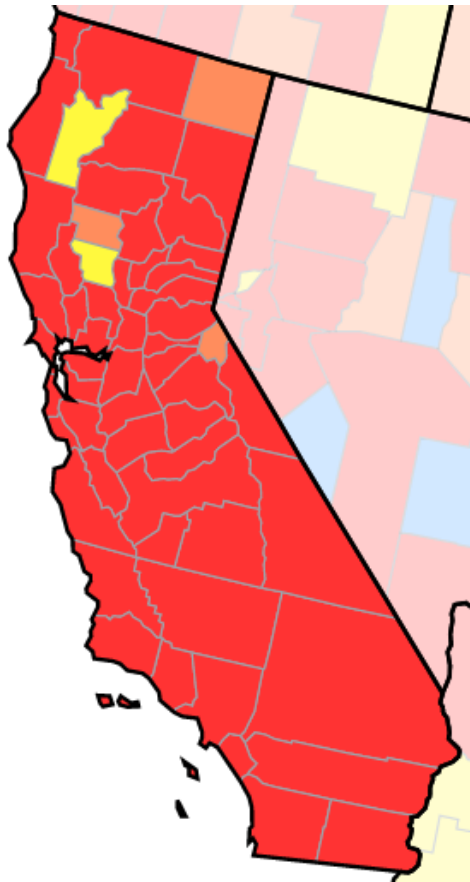
● High ● Substantial ● Moderate ● Low ● No Data

Data Type:

Community Transmission

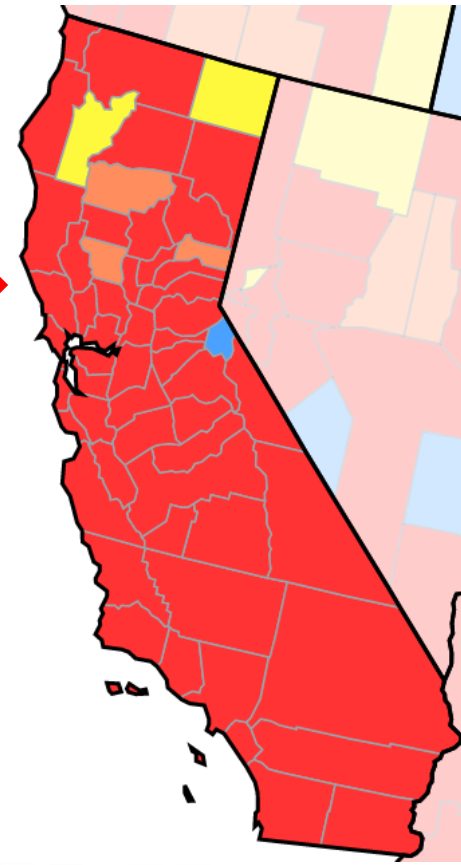
Map Metric:

Community Transmission



May 25

June 1



[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)

# Guidance on Response Testing

- Per CDC's guidance, exposed residents, regardless of vaccination status, need to quarantine for:
  - 10 days following the exposure; or
  - 7 days if testing is performed between days 5–7 and resident tests negative.
- Per CDPH AFL 20-53.6, after one (or more) COVID-19 positive individuals (resident or HCP) is identified in a facility, response testing should be conducted facility-wide or at group-level (e.g., unit, floor, or other specific area(s) of the facility).
  - Serial retesting of all residents and HCP who test negative upon initial testing should be performed at least weekly if NAAT test (e.g., PCR) is used or twice weekly if an antigen test is used, until no new cases are identified in residents in sequential rounds of testing for 14 days.
  - During response testing, if any of the rounds of testing identifies a new resident positive case, then the 14 days would restart.

# Contact Tracing Guidance for Response Testing

- Per CDPH AFL 20-53.6, if  $\geq 90\%$  of residents and HCP are boosted, local health department (LHD) may determine whether a contact-tracing approach is **feasible** to identify exposed residents and HCP for testing and quarantine.
  - Single case in a resident or HCP who only worked in one area of the facility during infectious period, versus multiple cases in residents or HCP in different areas of the facility?
  - SNF IP has training/experience and sufficient time and support to conduct contact tracing and manage individual contact timelines for testing, quarantine and associated data?
  - Open and clear lines of timely communication between SNF and LHD?
- If testing of close contacts reveals additional positive HCP or residents, contact tracing should be continued to identify contacts exposed to the newly identified individual(s).
- Revert to facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach if all contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

# Paxlovid “Rebound” and Re-isolation

- COVID-19 rebound after Paxlovid treatment
  - Reported to occur between 2 and 8 days after initial recovery.
  - Characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative.
  - Unknown how common (not rare, but not common).
- Possible transmission during COVID-19 rebound described; however, it remains unknown whether the likelihood of transmission during rebound differs from the likelihood of transmission during the initial infection.
- People with recurrence of COVID-19 symptoms or a new positive viral test after having tested negative should restart isolation.
  - Re-isolation same as original isolation duration and criteria for healthcare settings (i.e., at least 10 days and symptoms improved for patients/residents with mild-moderate illness, and at least 5 days or 7 days with symptoms improved and a negative test for HCP).

# Identifying and Managing Rebound and Re-isolation

- No change to routine isolation duration and criteria.
- Emphasize importance of clinical monitoring for symptoms improvement and potential rebound.
  - 10-day isolation period is “at least” 10 days and the resident's fever needs to be resolved and symptoms improved to discontinue isolation at 10 days.
- May consider a 7-day “recovery monitoring” period following discontinuation of initial isolation.
  - “Yellow” quarantine/observation area, with caution to maintain separation from newly admitted residents in observation.
  - Resident's original room, assuming most roommate(s) at the time the resident became positive likely became positive as well and would be recovered.
  - Resident should wear mask for source control when out of room.

# Questions?







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