

California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, June 29, 2022





- 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 Tuesday, 11:30 a.m., National Healthcare Safety Network (NHSN) Updates & Office Hours:
 - July registration link: https://bit.ly/NHSNJuly2022OfficeHours

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Register for July, August, and September Wednesday Webinars

- Register at: www.hsag.com/cdph-ip-webinars
- Scheduled the 2nd & 4th Wednesdays each month
 - July 13 & 27
 - August 10 & 24
 - September 14 & 28
- Questions
 - <u>covhai@cdph.ca.gov</u>

July - September 2022	2
· · ·	er 2022 Wednesday CDPH infection prevention webinars at one time! All webinars begin at 3 p.m. noon CDPH phone call has been discontinued.) at: 415.655.0003.
July 13. Online link: https://hsag number: 2458 679 9933	jonline.webex.com/hsagonline/onstage/g.php?MTID=ee2530bfb1bf44e8341d085063b4744db. Event
July 27. Online link: https://hsag number: 2451 392 8643	jonline.webex.com/hsagonline/onstage/g.php?MTID=ef4fe33104aaecbfc325d0b2dbe35b240. Event
August 10. Online link: https://h Event number: 2451 759 9034	sagonline.webex.com/hsagonline/onstage/g.php?MTID=e8556c959cee9835ef60a96138772d50f.
August 24. Online link: https://h Event number: 2458 314 0522	sagonline.webex.com/hsagonline/onstage/g.php?MTID=e50f77fe77fb71fa4494351a7a0a71a1d.
September 14. Online link: http: Event number: 2465 640 6447	
September 28. Online link: http: Event number: 2463 060 9305	s://hsagonline.webex.com/hsagonline/onstage/g.php?MTID=e4f698fdb5135273a01509151da7f6301.



Educational Opportunities

Quality Care Health Foundation Infection Prevention Conference 2022

August 9-10, 2022 | Newport Beach, CA

August 9-10 Register at: <u>https://www.cahf.org/Education</u> <u>-Events/IPCN22</u>

2022 QUALITY MATTERS

HSAG and Stanford School of Medicine are teaming up to help you improve quality!

Hear from CAHF, QCHF, Health Services Advisory Group (HSAG) and Stanford School of Medicine facilitators at the 2022 September Quality Matters Series. Quality Matters will consist of three action-oriented weekly webinars on September 1, 8, 15, followed by an in-person workshop in Pasadena on September 29, 2022.

September 1, 8, 15, 29 Register at: <u>https://www.cahf.org/Education</u> <u>-Events/IPCN22</u>





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



CDPH Updates



NHSN Updates Simi Williams, MPH, RAC-CT, CPHQ Quality Improvement Specialist



What Does it Mean to Be Up to Date?

Starting for reporting week 6/27/22–7/3/22

Applies to both Staff and Residents in the COVID-19 Vaccination Module AND

To positive residents in the Resident Impact and Facility Capacity Pathway

If Under 50 Years Old

- Received at least one booster dose.
 OR
- Recently received all recommended doses in the primary vaccine series but is not yet eligible* for a booster dose.

*Pfizer or Moderna—less than 5 months *Janssen—less than 2 months



What Does it Mean to Be Up to Date? (cont.)

Starting for reporting week 6/27/22–7/3/22

Applies to both Staff and Residents in the COVID-19 Vaccination Module AND

To positive residents in the Resident Impact and Facility Capacity Pathway

If 50 Years and Older

Received second booster dose.

OR

- Recently received first booster dose less than 4 months ago and is not eligible for a second booster dose.
 OR
- <u>**Recently</u>** received all recommended doses in the primary vaccine series but is **not yet eligible** for a booster dose.</u>



What Does it Mean to Be Up to Date? (cont.)

Starting for reporting week 6/27/22–7/3/22

Moderately to Severely Immunocompromised Individuals

- Received an additional dose less than 3 months ago, if primary series was the Moderna or Pfizer BioNTech COVID-19 vaccine.
 OR
- Received an additional dose less than 2 months ago, if the primary series was the Janssen COVID-19 vaccine.
 OR
- Received an additional dose and one booster dose less than 4 months ago.

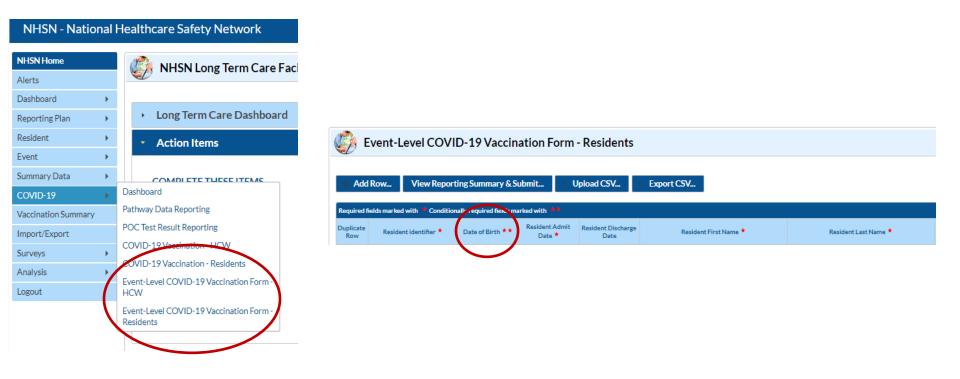
OR

Received second booster dose.



NHSN Event Level COVID-19 Vaccination Forms

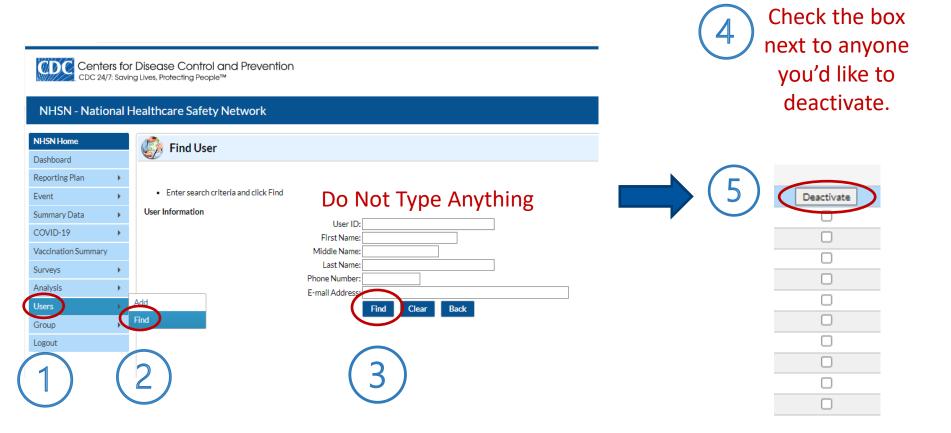
The event level forms will do these calculations for you!



Event Level COVID-19 Vaccination Forms: A Step-by-step Guide: <u>https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf</u>



Deactivating Users in NHSN

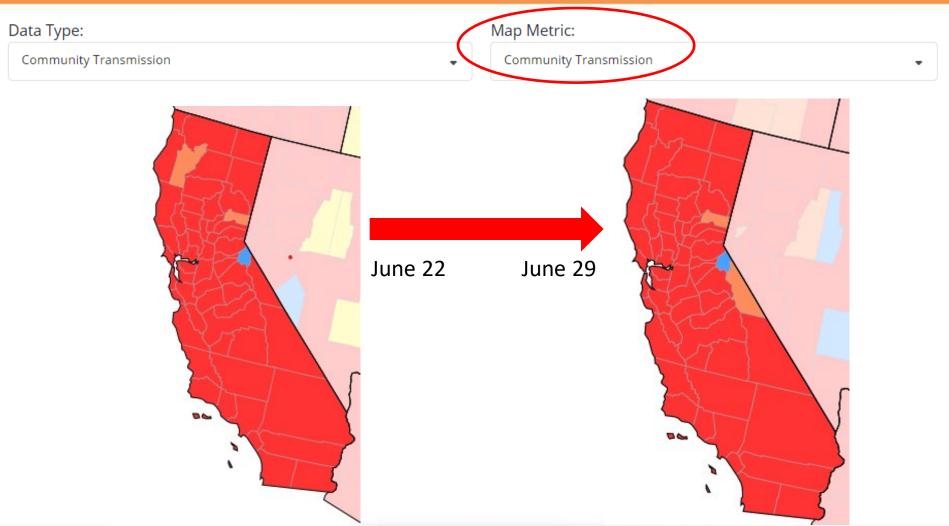






HAI Updates

CDC COVID-19 Data Tracker ● High ● Substantial ● Moderate ● Low ● No Data



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

view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk

Poll Questions: Testing Supplies

Q: How adequate is your facility's current access to testing supplies?

- A. It's currently adequate to meet our routine testing and response testing needs.
- B. It's currently adequate to meet our routine testing needs, but strained when we need to increase routine testing during a surge or do response testing.
- C. It's currently inadequate to meet even our routine testing needs.
- D. We use PCR testing to offset gaps in antigen testing.
- E. Don't know or unsure

Q: I primarily receive my testing supplies from:

- A. Local Health Department (LHD)
- B. Medical Health Operational Area Coordination (MHOAC)
- C. Purchase through vendor
- D. Combination of A, B, or C
- E. Don't know or unsure

Q: If your supply is or could be constrained, what are/could be the causes? (select all that apply)

- A. Supplier is out of stock or has limited stock.
- B. Supply chain is inconsistent or delayed frequently.
- C. Financial constraints limit my ability to purchase supplies.
- D. I have adequate supply and feel confident in my ability to access testing supplies.
- E. Don't know or unsure

Q: Can <u>healthcare vendors</u> that visit multiple facilities per day show a picture of their negative antigen test from the morning?

- Healthcare vendors are included in the State Public Health Officer Order which defines them as workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols.
- If they are fully vaccinated and boosted (first booster, if eligible), they do not need to be tested every day prior to entry and are not required to be tested in routine diagnostic testing.
- If they are unvaccinated or booster eligible but have not received their first booster and have an exemption, then they need to be tested twice weekly. The testing can be supervised by the healthcare vendor's employer and does not need to occur at the nursing home prior to entry.

Q: Can <u>outside vendors</u> that visit multiple facilities per day show a picture of their negative antigen test from the morning?

- Outside vendors that are not healthcare workers (i.e., food delivery, laundry delivery, construction/repair, plumbing) who do not work in the facility for extended periods or on a regular basis are not covered by the State Public Health Officer Order.
- Facilities should ensure screening for symptoms and recent exposure, provide antigen testing sites, and provide surgical masks and hand hygiene stations for outside vendors.
- All vendors must wear a mask and should minimize their time spent in the facility and in close proximity to residents or healthcare personnel, wherever possible.

Q: Can our nursing home cohort all unvaccinated residents together in the green zone?

A: No, we do not recommend cohorting residents based on vaccination status. Residents who are unvaccinated or have not received their boosters (if eligible) are more likely to become infected and more likely to transmit to others, so it would be riskier to cohort them all together.

Q: Can new admissions admit to the green zone if they were in isolation for 10 days at the hospital, but they are still testing positive?

- Test-based strategies are not required routinely for discontinuing the 10-day isolation period in most individuals because individuals may shed fragments of the virus and persistently test positive. This is the case especially with PCR tests, but antigen tests may also detect fragments of the virus.
- For individuals with mild-moderate illness who are not moderately to severely immunocompromised, isolation can be discontinued 10 days from the onset of symptoms with at least 24 hours passed since the last fever and symptoms improved (e.g., cough, shortness of breath).
- If the individual remained asymptomatic, they must isolate for 10 days from the date of the first positive test.
- If the individual had a severe or critical illness (e.g., intubation, ICU stay), or is moderately to severely immunocompromised, the isolation period may be extended to ≥ 20 days per CDC guidance. Consider consulting with an infectious disease physician or the resident's physician to see if a test-based strategy should be followed when an isolation period of ≥ 20 days is indicated.
 - <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</u>
 - ¹⁹ <u>https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html#mod</u>

Questions?







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