



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, May 11, 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

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).

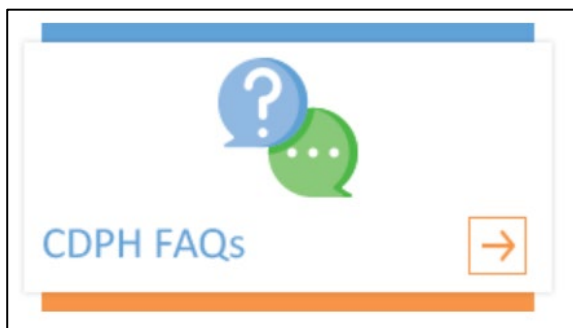
Register for Upcoming Webinars

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



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



Happy National Nurses Week!



Fit Testing Updates

Fit Testing Summary

- Every facility in the state can do their own qualitative fit testing.
- Fit testing is part of your respiratory protection program Cal/OSHA template, https://www.dir.ca.gov/dosh/dosh_publications/Sample-Respiratory-Protection-Program.docx.
- Cal/OSHA regulations require that fit tests be repeated annually. The aerosol transmissible disease regulation permits employers to lengthen this interval to every 2 years for employees who are not exposed to high hazard procedures *Cal/OSHA 5199 G, <https://www.dir.ca.gov/title8/5199g.html>.

Fit Testing Summary (cont.)

- Cal/OSHA Respiratory Protection Fact Sheet
https://www.dir.ca.gov/dosh/dosh_publications/respiratory-protection-fs.pdf.
- CAHF Qualitative Fit Testing How-to and Introduction to Respiratory Protection Training (Video)
<https://youtu.be/Hullok1SVq8>.
- Fit test kits are widely available between \$200–\$300 from many suppliers.



NHSN & Reporting Updates

NHSN Upcoming Revisions and Trainings

- Modification planned May 23, 2022.
- Trainings: Updates to the LTCF COVID-19 Module Surveillance Pathways and COVID-19 Vaccination Modules for residents and HCP.
 - Date: **Tuesday, May 17, 2022**
 - Time: 10–11:30 a.m. Pacific Time
 - Register:
https://cdc.zoomgov.com/webinar/register/WN_2vwCHWGkQj63Nvka5h5GUA
 - Date: **Thursday, May 19, 2022**
 - Time: 10–11:30 a.m. Pacific Time
 - Register:
https://cdc.zoomgov.com/webinar/register/WN_dG7knYLOQJu9lwT_8cV2Q

CDPH 123 Survey Reporting Guidance

Survey	Reporting Frequency
CDPH <u>Daily</u> Survey 123	Daily by 12 noon PT
CDPH <u>Weekly</u> Survey 123	Complete weekly on Monday, Tuesday, or Wednesday by 11:59 p.m.

- Reporting guidance in CDPH AFL 20-43.3
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-43.aspx>.
- Data is shared with local health departments and populates the CDPH SNF COVID-19 Dashboard.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx
- CDPH submits data from the survey to CDC's NHSN on behalf of facilities.
- For access or to reset a password, contact COVID-19SNFSURVEY@cdph.ca.gov.
 - Include email and facility ID from CDPH Health Care Facility ID Lookup.
<https://cdphdata-hub.maps.arcgis.com/apps/Media/index.html?appid=52ccd0d4ceae4836a931e91797a59974&locale=en-us¢er=-114.8924,37.6713&level=6>
 - More information: How to Login to the COVID-19 SNF Survey Hub (ca.gov)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-43-Attachment-02.pdf>

CDPH 123 Survey Upload to NHSN

Day of the Week	Task
Monday–Wednesday	SNFs respond to CDPH weekly survey to report the previous week’s vaccine and testing data.
Thursday	CDPH uploads SNF testing and vaccine data into NHSN for the previous week.
Friday	SNFs can log into NHSN to confirm accuracy of CDPH data submitted.

Examples:

- On Thursday, May 12, CDPH will upload the CDPH 123 survey data into NHSN for the week of May 2–8, 2022 (Monday to Sunday).
- The next upload on Thursday, May 19 will be for the week of May 9–15, 2022.

NHSN Reporting Tips and Reminders

NHSN Module	Reporting Frequency
COVID Surveillance Pathway Reporting	Data must be submitted at least once every 7 days (any day of the week is acceptable per CMS). Facilities may choose to submit multiple times a week.
Vaccination Summary Reporting	Data must be submitted at least weekly, but no later than Sunday at midnight. Example: For the week of May 2 to 8 (Monday to Sunday), SNFs must submit that week's data by Sunday, May 15.

- CMS COVID-19 NHSN Reporting Requirements:
<https://www.cdc.gov/nhsn/pdfs/covid19/lctf/cms-covid19-req-508.pdf>
- SNFs are not required to enter data directly into NHSN if they:
 - Conferred NHSN rights to CDPH, and
 - Complete and submit responses to the CDPH 123 daily and weekly surveys timely.
- If the CDPH 123 survey responses are not submitted timely, SNFs need to report directly into NHSN to meet CMS reporting requirements.
- HSAG Guidance: NHSN FAQs, Scenarios, and Important Links
<https://www.hsag.com/globalassets/covid-19/nhsnimportantlinksfaqsfinal508.pdf?msclkid=580dc136d0aa11ecae1f91e5d668810>



HAI Updates

CDC COVID-19 Data Tracker

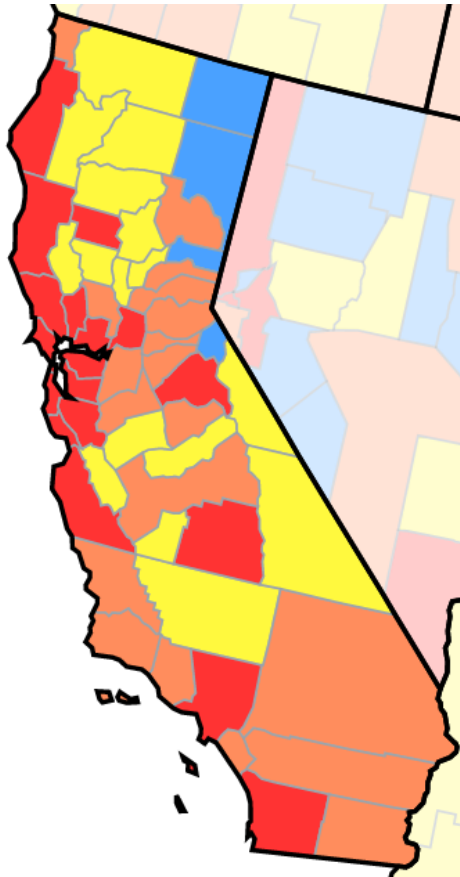
● High ● Substantial ● Moderate ● Low ● No Data

Data Type:

Community Transmission

Map Metric:

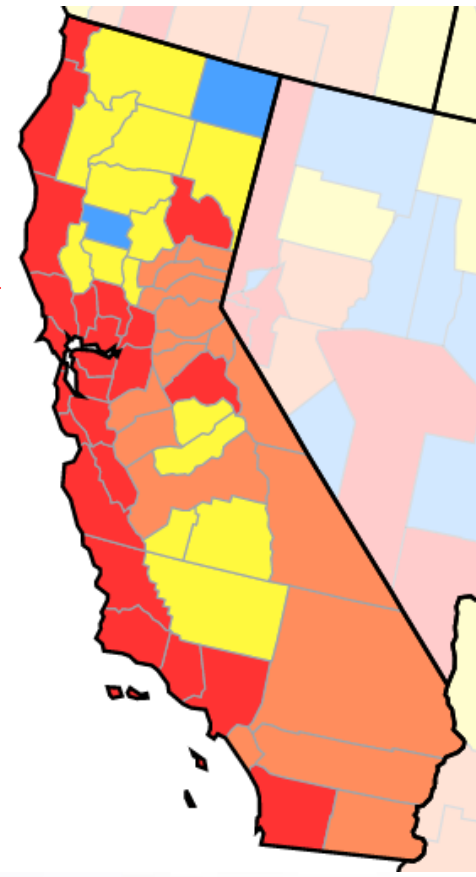
Community Transmission



May 4



May 11



https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk

Q: Are staff required to change N95s after caring for each resident in the yellow zone?

- Cal/OSHA provided an update and answered questions regarding N95 use during the Wednesday Webinar on August 11, 2021.
- In summary, Cal/OSHA removed all guidelines allowing for contingency capacity (extended use) or crisis capacity (reuse) because the supply and availability of NIOSH-approved respirators has increased significantly. All respirators must be used in accordance with their NIOSH certification without exception.
- When used as PPE, N95s should generally be removed and discarded after each patient encounter.
- *However*, extended use may be implemented for HCP who are sequentially caring for a large volume of patients with suspected or confirmed SARS-CoV-2, including those cohorted in a SARS-CoV-2 unit, those placed in quarantine, and residents on units impacted during a SARS-CoV-2 outbreak, even in the absence of a supply shortage.

Q: Are staff required to change N95s after caring for each resident in the yellow zone? (cont.)

- Extended use refers to the practice of wearing the same N95 respirator for repeated encounters with several different patients, without removing the respirator between patient encounters.
- Cal/OSHA clarified that if the HCP is caring for multiple residents in the yellow (or red zone) that have the same infectious disease, the HCP does not need to discard the N95 after each patient encounter if that aligns in accordance with the manufacturer's instructions.
- When practicing extended use over the course of a shift in the yellow or red zone, the respirator should be discarded after being removed for a break and at the end of the shift. Examples:
 - If removed for a meal break, the respirator should be discarded and a new respirator put on after the break.
 - The respirator should be changed if an HCP is moving from one cohort zone to another.
 - N95 respirators should be removed and discarded if soiled, damp or damaged.

Q: Are staff required to change N95s after caring for each resident in the green zone?

- When an N95 is used for source control in the green zone or non-patient care areas, N95s may be used for multiple patient encounters until soiled or damaged.
- Since they are not being used to protect the HCP wearing the N95, and it is strictly for source control, it can be used until it is damaged (i.e., once the strap breaks it should be discarded).
- As source control, the N95 is being used as an enhanced face covering.

CDC Strategies for Optimizing the Supply of Facemasks

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

CDC Strategies for Optimizing the Supply of N95 Respirators

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

Q: Do nursing homes need to keep copies of vendor, contractor, and visitor vaccination cards?

- **No.** The requirement is that the facility develops a process for verifying and documenting the vaccination status of vendors, contractors and visitors.
- Nursing homes DO NOT need to keep a copy of the vaccination record or card on file in the facility. Tracking the vaccination details, such as the date and type of vaccine, is also not required.
- Additionally, the facility needs a process to screen vendors, contractors, and visitors and ask the appropriate questions prior to entry; however, there is also no explicit requirement for them to have to sign the visitor log to attest to not having COVID-19 or symptoms.

Questions?





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