

California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, May 4, 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 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





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

Frequently Asked Questions

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https://www.hsag.com/cdph-ip-webinars

CDPH COVID-19 Policy Alerts

https://cdph-marketing.powerappsportals.com/SB336/RegistrationForm/

CDPH COVID-19 Policy Alerts Registration

Sign up to receive alerts for updates to California state public health officer orders and public health mandates related to COVID-19.

First Name*

Enter your first name		
Last name *		
Enter your last name		
Email *		
Enter your email		
County*		
Please select a County ~		
,		
Submit		

Sign up to receive alerts for updates to California state public health officer orders and public health mandates related to COVID-19.

Register for the California Health Alert Network (CAHAN) Notifications

- CAHAN is CDPH's emergency preparedness notification platform to distribute CDC Health Alerts and CDPH AFLs. The CAHAN also distributes the agenda and call notes for weekly calls.
- The CAHAN is intended for 2–3 key contacts at each healthcare facility.
- Interested parties should complete the Contact Add Request
 Form and return it to their Local Health Alert Network
 Coordinator
 https://member.everbridge.net/892807736722952/faq.
- Contact <u>CAHANinfo@cdph.ca.gov</u> with enrollment issues.







- CDPH Updates
- Testing Task Force Updates
- National Healthcare Safety Network (NHSN) Updates
- Test to Treat Initiative
- Healthcare-Associated Infection (HAI) Updates
- Q&A



CDPH Updates



NHSN Updates



Upcoming Revisions—Pathway Reporting



- To be removed from the **Resident Impact and Facility Capacity Pathway** and the **Staff and Personnel Impact Pathway:**
 - COVID-19 test type
 - Vaccine manufacturer (RIFC only)
 - COVID-19 re-infections
 - Other respiratory illness
 - Testing performed and time for receiving results

• Possible additions:

- Expand vaccination status options for boosters.
- Include simplified PPE shortage question.



Upcoming Revisions—Vaccination Reporting

LTCF COVID-19 Weekly Vaccination

CDPH Weekly Survey*

NHSN COVID-19 Vaccination Reporting

- Simplifications for the following:
 - Vaccination data will no longer be reported by manufacturer for primary series and additional/booster doses.
 - Questions on vaccine supply will be removed.
 - Monthly reporting plan completion will no longer be required.



Upcoming Revisions (cont.)



- Adding a question for facilities to report the cumulative number of individuals who are **up to date** with COVID-19 vaccination.
- Adding two fields to question #4 (for residents only) to report the following:
 - Cumulative number of individuals who received only one booster dose of COVID-19 vaccine.
 - Cumulative number of individuals who received two or more booster doses of COVID-19 vaccine.



Prepare for the Upcoming Changes

- Review ALL email communication from NHSN.
- Attend COVID-19 Module trainings.
- Review the Table of Instructions to assist with reporting elements.
- Update your CSV files as applicable.
- Templates will be updated on the <u>COVID-19</u> webpage in May.
- Develop or update **data tracking mechanisms** to collect weekly COVID-19 vaccination data on residents and healthcare personnel for the additional questions.



Event-Level COVID-19 Vaccination Forms

- Can simplify the tracking and reporting of data on multiple booster doses and up to date status.
- Training materials available:
 - NHSN Weekly HCP & Resident COVID-19 Vaccination webpage <u>https://www.cdc.gov/nhsn/ltc/weekly-covid-</u> <u>vac/index.html</u>
 - April 8, 2022, HSAG Booster Program Quickinar Recording <u>https://www.hsag.com/covid-19/vaccine-resources</u>
- **Tip:** Prepare the **Data Tracking Worksheet** properly (e.g., unique identifier) before uploading to the NHSN Event-Level Vaccination Form.





HAI Updates

New Wednesday Webinar FAQ Document



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C. General Vaccine Guidance

General Vaccine Guidance		
CDPH Long-Term Care Facility COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCF_Toolkit_10.01.21.pdf	
CDC Interim Clinical Considerations for COVID-19 Vaccines	https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19- vaccines-us.html	

Q: When can an individual get the booster if they recently recovered from COVID-19?
 A: People with known current SARS-CoV-2 infection should defer vaccination at least until recovery from the acute illness (if symptoms were present) and <u>criteria</u> to discontinue isolation have been met. Individuals need to wait 5 months after the second dose for Pfizer-BioNTech and Moderna vaccines, or 2 months after the J&J/Janssen vaccine. For more information, refer to CDC Interim Clinical Considerations for COVID-19 Vaccines: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

- Q: Can the COVID-19 vaccine be given on the same day as other vaccines, like the flu vaccine?
 A: Per CDC guidance, FDA-authorized COVID-19 vaccines and other vaccines may be administered on the same day as other vaccines. For more information, refer to CDC Interim Clinical Considerations for COVID-19 Vaccines: https://www.cdc.gov/vaccines/covid-19/elinical-considerations/covid-19-vaccines-us.html.
- 3. Q: When can an individual get the vaccine after monoclonal antibody treatment?

A: Previously there was a recommendation to defer vaccination for individuals who received antibody products for COVID-19 treatment in case there was cross neutralization. However, now the revised guidance from the CDC is that there is no longer a recommended deferal period after an individual has received antibody products for COVID-19 treatment before being vaccinated. If individuals are COVID-19 positive and received monoclonal antibody treatment they should wait to get the vaccine until they have recovered from COVID-19 and discontinued isolation, but they no longer need to wait 90 days. The only caveat is that EVUSHELD for pre-exposure prophylaxis should be deferred for at least two weeks after vaccination for immunocompromised individuals. For more information, refer to CDC Interim Clinical Considerations for COVID-19 Vaccines: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

4. Q: A resident received the first dose of the mRNA vaccine last year but never got a second dose. Should we restart the vaccine series, or just give the second dose at this time?

A: CDC guidance does not recommend restarting the series. The individual should get the second dose as soon as possible, and will be considered fully vaccinated 2 weeks after receiving that dose.

- 5. Q: What are the current criteria for administering a second booster? A: Second boosters can now be administered to individuals who are immunosuppressed and/or over 50 years old. The second booster can be given at least 4 months after their last booster. For people 18–49 who received two doses of the J&J vaccine, they are also eligible for a second booster 4 months after their first booster. The CDPH COVID-19 Vaccine Timing job aid will be updated soon with the new second booster guidance: https://eziz.org/assets/docs/COVID19/IMM-1396.pdf.
- 6. Q: A resident completed the two doses of Pfizer vaccine, then 3 months after received another dose of J&J. Is this resident considered up to date with their COVID-19 vaccines? A: Yes. CDC would consider this individual up to date with their COVID-19 vaccines. We do not

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15 https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

CDC COVID-19 Data Tracker



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: What are the HCP PPE requirements in the yellow zone? How often should gowns be changed?

- For patient care activities in the yellow zone, HCP need to wear eye protection (face shield or goggles), N95, gloves and gown.
- If HCP have a brief interaction with the resident, with minimal contact, HCP <u>do</u> <u>not</u> need to wear a gown. Limit the use of gowns for activities where staff have direct contact with the resident.
- When gowns are used, extended use is not recommended. HCP should change their gloves and gown after every resident followed with hand hygiene, regardless if the residents are in the same room or in different rooms.

Yellow Zone Activity	N95	Eye Protection	Gloves	Gown
Direct Resident Care	Yes	Yes	Yes	Yes
Medication Pass	Yes	Yes	Yes	No
Dropping off or picking up meal trays	Yes	Yes	Yes	No
Dropping off or picking up water pitcher	Yes	Yes	Yes	No
Having a conversation with resident 6 feet away	Yes	Yes	Yes	No

Refer7to the attached chart in AFL 20-74 that provides guidance on the use of gowns in the different zones.

Q: Do nursing homes need to ask transport drivers for vaccination records?

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B. Vaccine Requirements-Vendors, Students, State/Local Agencies

- View Section B of FAQs:
 - "Vaccine Requirements—Vendors, Students, State/Local Agencies"
- Employees of transport companies are not considered contractors or vendors in a healthcare setting or visitors for the purposes of the health officer orders and, therefore, they do not need to comply with the CDPH vaccination verification or testing mandates.
- To reduce the risk of exposure to others in the facility, consider delivering the resident to the front door or pick-up area.
- CDPH strongly recommends that SNFs proactively include requirements for vaccination and testing when negotiating contracts with transportation companies.

Q: Can asymptomatic COVID-19 positive HCP continue to work in the red zone during **critical staffing shortages**?

- Refer to the table in AFL 21-08.8 for return to work guidance.
- During critical staffing shortages, HCP who test positive and are asymptomatic and up to date on their vaccinations can return to work <5 days with most recent diagnostic test result (antigen test preferred) to prioritize staff placement.
 - If test result is positive, HCP can only provide direct care in the red zone.
 - If test result is negative, HCP can provide direct care in the green or yellow zone.
- HCP who test positive and asymptomatic and are NOT UP To DATE on vaccinations can return to work but must wait at least 5 days.
 - If test result is positive, HCP can only provide direct care in the red zone.
 - If test result is negative, HCP can provide direct care in the green or yellow zone.
- Notify L&C District Office and LHD if there is an anticipated staffing crisis.

trictions for UCD with SADS CoV 2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	5 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test [†] result to prioritize staff placement [‡]
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test [†] result to prioritize staff placement [‡]

Questions?







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