California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, February 9, 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
  - Trouble logging in: check link and date at registration site

- CDPH Thursday, 12 noon, SNF IP Phone Calls:
  - Dial-in: **1.877.226.8163**
  - Access Code: **513 711**

Agenda

- CDPH Updates
- Testing Task Force Updates
- Immunization Branch Updates
- National Healthcare Safety Network (NHSN) Reporting Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A

Upcoming Educational Opportunities

Host	Educational Opportunity	Registration Link
CAHF	**CAHF 2022 Really Ready Disaster Preparedness Conference** • April 5–6, 2022 (Tuesday & Wednesday) • Newport Beach	Register: https://www.cahf.org/Education-Events/Event-Info/sessionaltcd/DPPCN22 Conference Information: https://www.cahfdisasterprep.com/conference
CDPH	**Project Firstline February Education for CNAs—Let's *Chew on This: Infection Prevention While Providing Oral Care and Feeding to Residents*** • Trainings are offered 8 different days and time slots in February	Register: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineRegistration.aspx Website: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx Questions? ProjectFirstline@cdph.ca.gov
HSAG	**How to Administer Boosters In-House** • Friday, February 11, 2022 • 11:30 a.m.–12 Noon	https://bit.ly/FullSpeedAheadBoosterProgram
HSAG	**Care Coordination: Gap Root-Cause Analysis** • Tuesday, February 15, 2022 • 11:00 a.m.–11:30 a.m.	https://www.hsag.com/cc-quickinars

Full Speed Ahead!
COVID-19 Vaccination Recognition Program

- 4th Quarter Results (October, November, December 2021)
  - 1,030 CA nursing homes achieved **>90% staff vaccination rate** for 4 consecutive weeks.
  - 667 CA nursing homes achieved **>90% resident vaccination rate** for 4 consecutive weeks.
- Check your inboxes today for a certificate of achievement.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

Certificate of Achievement

This Certificate Is Awarded To

Facility Name

for exceeding a 90% staff and resident COVID-19 vaccination rate for four consecutive weeks during fourth quarter of 2021 thereby demonstrating your commitment to protecting the lives of residents.

Jennifer Wieckowski, MS
Senior Executive Director, HSAG

Full Speed Ahead!

February 9, 2022
Date

CALIFORNIA ASSOCIATION CAHF OF HEALTH FACILITIES

LeadingAge California

CALTCM

CALIFORNIA ASSOCIATION CAHF OF HEALTH FACILITIES

CALTCM California Association of Long Term Care Medicine

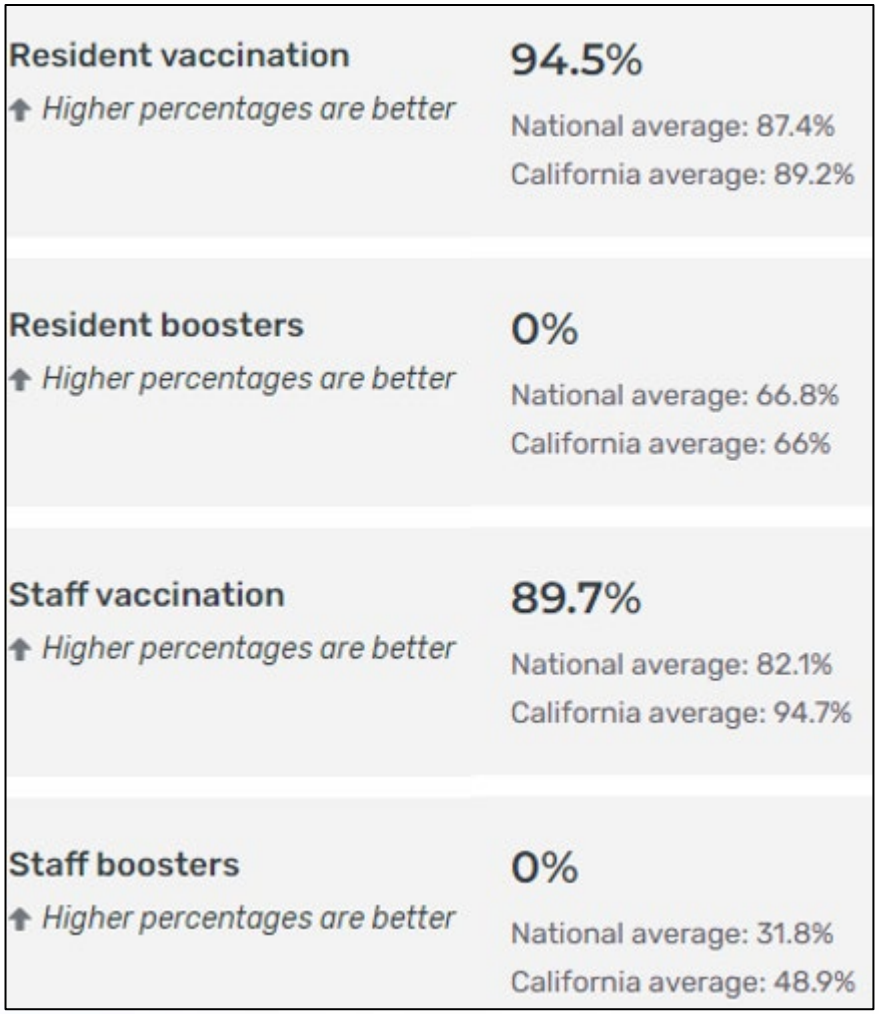
HSAG HEALTH SERVICES ADVISORY GROUP

LeadingAge California

Booster Rates Posted on Care Compare

- CMS is now posting data on COVID-19 vaccine booster shots administered to nursing home residents and staff on the Medicare.gov Care Compare website.
- The data shows booster rates at the facility level and includes include national and state averages.

https://www.medicare.gov/care-compare/

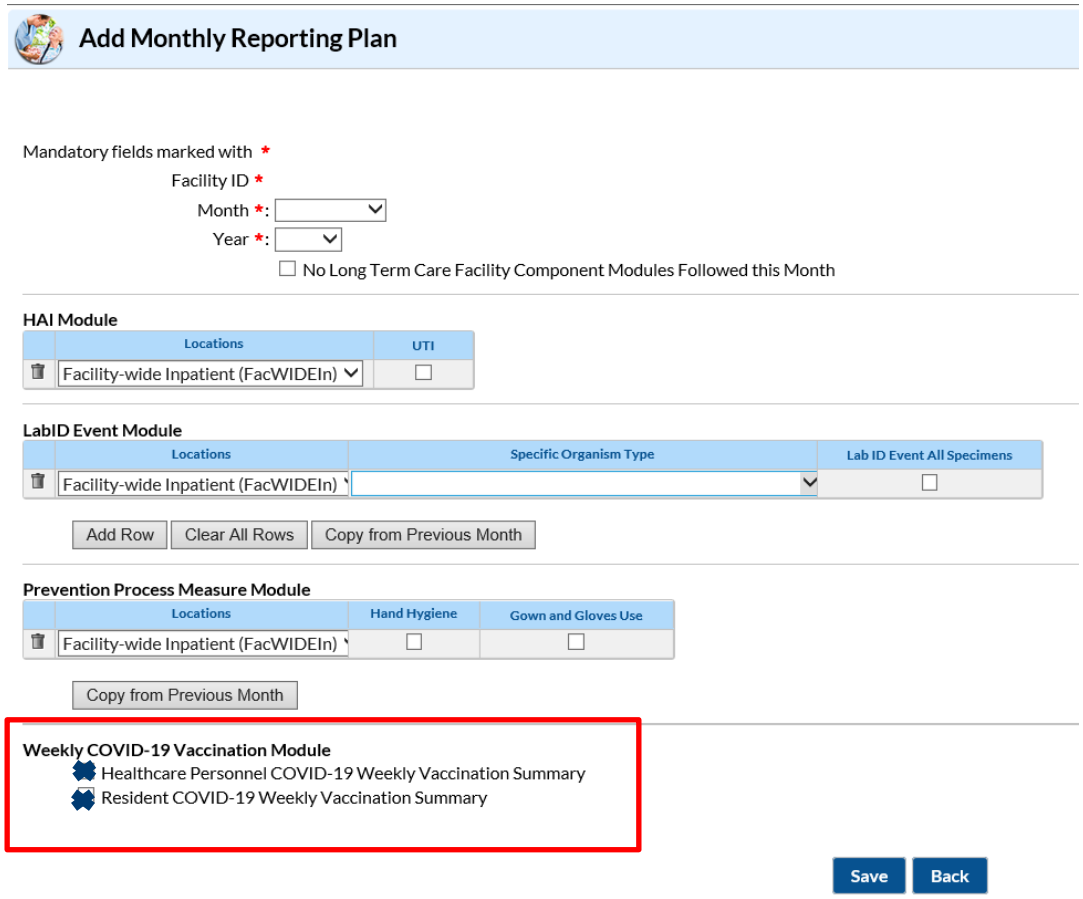


CDPH Updates

NHSN Reporting Updates

Monthly Reporting Plan (MRP)

Used by NHSN facilities to inform CDC which *Patient Safety* modules are used by that facility during a given month.

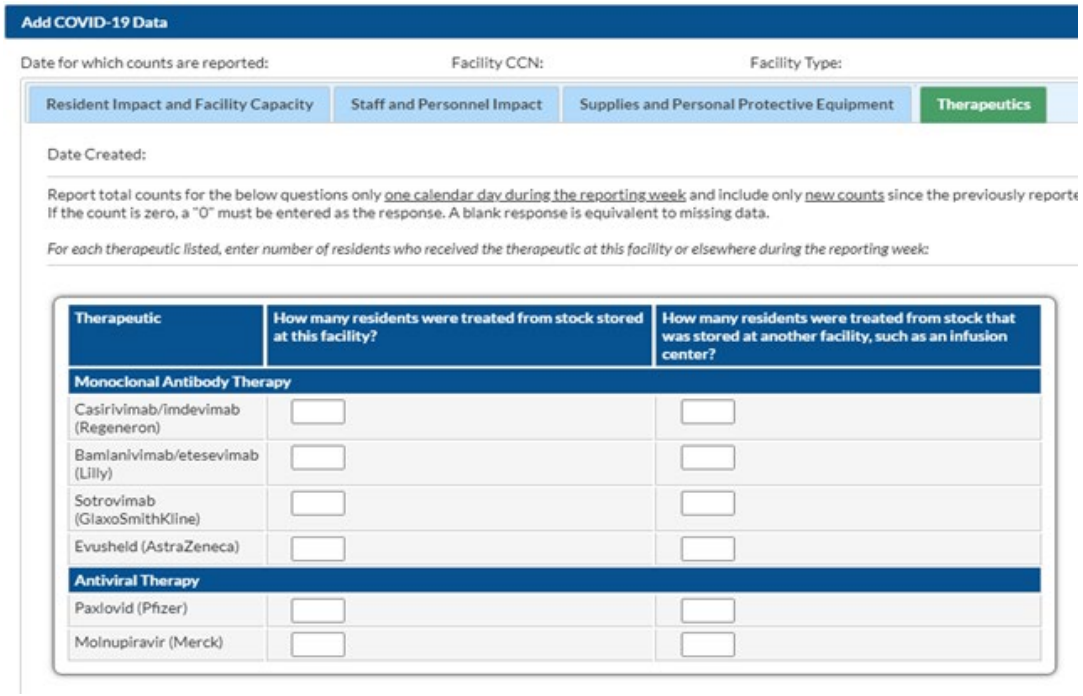


MRP (cont.)

- NHSN will auto-populate the MRP for the vaccination coverage module so the data can continue to be submitted as required.
- **New—facilities do not need to complete MRPs to report COVID-19 vaccination data for residents and healthcare personnel for reporting weeks ending April 3, 2022, through September 25, 2022.**
- MRP: https://www.cdc.gov/nhsn/pdfs/pscmanual/3psc_monthlyreportingplancurrent.pdf

Upcoming Changes

- Therapeutics Pathway
  - Categorize the listed Therapeutics by medication type



Add COVID-19 Data

Date for which counts are reported: Facility CCN: Facility Type:

Resident Impact and Facility Capacity | Staff and Personnel Impact | Supplies and Personal Protective Equipment | Therapeutics

Date Created:

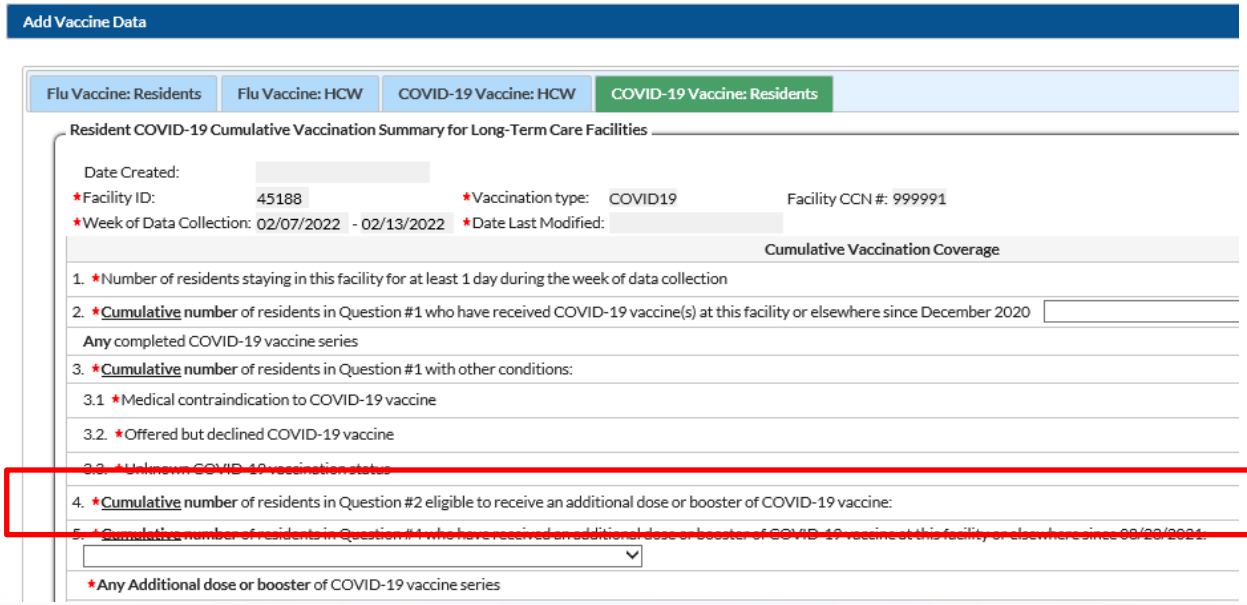
Report total counts for the below questions only one calendar day during the reporting week and include only new counts since the previously reporte
If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.

For each therapeutic listed, enter number of residents who received the therapeutic at this facility or elsewhere during the reporting week:

Therapeutic	How many residents were treated from stock stored at this facility?	How many residents were treated from stock that was stored at another facility, such as an infusion center?
Monoclonal Antibody Therapy		
Casirivimab/Imdevimab (Regeneron)		
Bamlanivimab/etesevimab (Lilly)		
Sotrovimab (GlaxoSmithKline)		
Evusheld (AstraZeneca)		
Antiviral Therapy		
Paxlovid (Pfizer)		
Molnupiravir (Merck)		

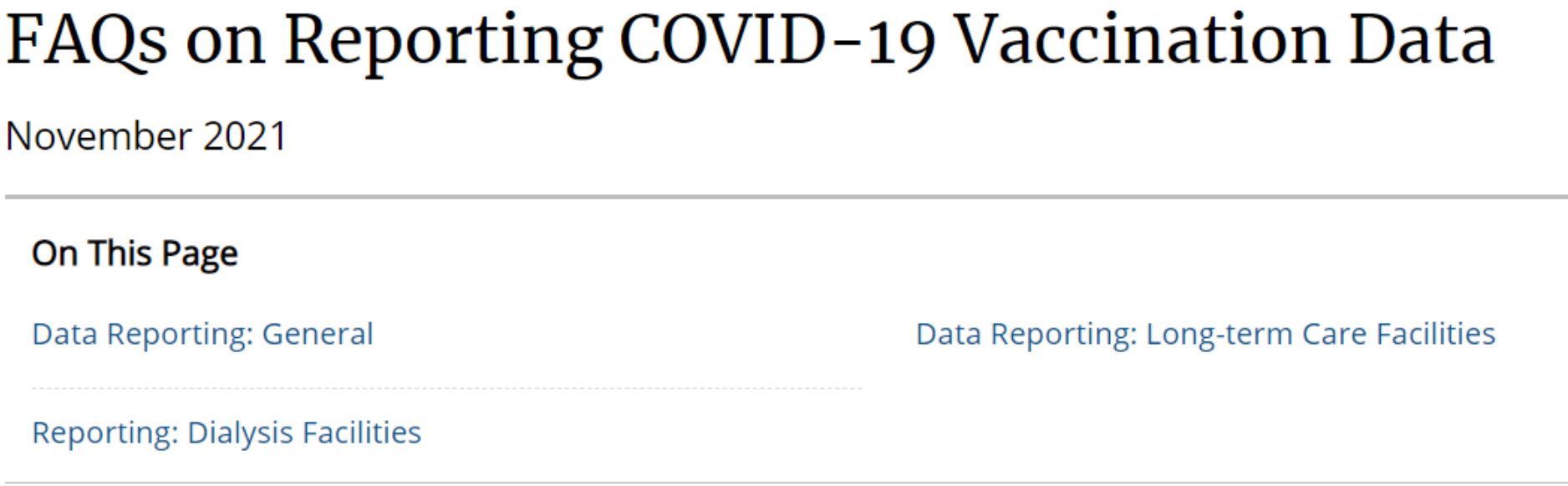
Upcoming Changes (cont.)

- Weekly COVID-19 Vaccination Data Modules
  - Question #4 on the data collection **(# of individuals eligible for an additional dose or booster dose)** will be removed



Frequently Asked Questions

- Revised FAQs on Reporting COVID-19 Vaccination Data



FAQs on Reporting COVID-19 Vaccination Data

November 2021

On This Page

Data Reporting: General

Data Reporting: Long-term Care Facilities

Reporting: Dialysis Facilities

FAQ—General (cont.)

- Q14. Vendors or sales representatives come into my facility or unit and may be present during surgeries or other patient care activities. Should we count these vendors in the other contract personnel category?
  - Yes, vendors providing care, treatment, or services should be included in the other contract personnel category if they work in the facility on a regular (weekly) basis, regardless of clinical responsibility or patient contact.

FAQ—General (cont.)

- Q15. Please provide examples of contracted and vendor healthcare personnel (HCP) who should be included in NHSN COVID-19 Vaccination reporting.
  - The list below includes examples of contracted and vendor HCP who provide direct patient care and who perform non-direct or non-patient care duties. This list is not exhaustive.
  - Contracted and vendor HCP can include the following non-employee care providers who may or may not be involved in patient care: agency nurses, chaplains, and dietitians, etc.

FAQ—General (cont.)

- Q30. An individual received the first dose of an initial COVID-19 vaccine but had a severe allergic reaction to this. As a result, the individual did not receive the second vaccine dose. How should we categorize this individual?
  - The individual should be categorized in question 3.1 as having a **medical contraindication** to COVID-19 vaccine due to their severe allergic reaction after a previous dose of COVID-19 vaccine.

Updated Resources (January 2022)

- **Weekly COVID-19 Vaccination Reporting for Residents**
  - Data collection form: https://www.cdc.gov/nhsn/forms/57.218-p.pdf
  - Table of Instructions: https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf

- **Weekly COVID-19 Vaccination Reporting for HCP**
  - Data collection form: https://www.cdc.gov/nhsn/forms/57.219-p.pdf
  - Table of Instructions: https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf

Updated Resources (January 2022)

- **New**—Weekly COVID-19 Vaccination Reporting (https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/ltc-weekly-report-508.pdf)
- **New**—Facility Line Listing: All COVID-19 Vaccination Cumulative Summary Data—Additional or Booster Data (https://www.cdc.gov/nhsn/pdfs/hps/covidvax/fac-linelist-summary-508.pdf)
- **New**—Monthly Combined Data Quality Checks (https://www.cdc.gov/nhsn/pdfs/hps/covidvax/monthly-dq-508.pdf)

Additional Resources

- Updated COVID-19 Vaccination FAQs: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html
- NHSN LTCF COVID-19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html
- SAMS Help Desk: 877.681.2901 or samshelp@cdc.gov
- NHSN Help Desk: NHSN@cdc.gov

HAI Updates

February 7 Amendment to the December 31 **State Public Health Officer Order**: Requirements for Visitors

- CDPH amended the Order to reflect indoor visitation requirements that were in place prior to December 31, 2021.
- For indoor visitation, facilities must either: (1) verify visitors are fully vaccinated, **or** (2) for unvaccinated or incompletely vaccinated visitors, verify documentation of a negative SARS-CoV-2 test.
- Fully vaccinated visitors can meet indoors now without a negative test
  - "Fully Vaccinated" means two weeks or more after receiving the vaccine primary series. The booster is no longer required for indoor visits.
- Unvaccinated/incompletely vaccinated visitors can meet indoors **only** with proof of a negative test.
- If a resident is not able to leave their room or meet outdoors, the visit may take place indoors without proof of vaccination or a negative test.
  - These visits cannot take place in common areas, or in the resident's room if the roommate is present. Masks must be worn by the resident and visitor.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx

AFL 22-07 Guidance for Limiting the Transmission of COVID-19 in SNFs

- Distributed February 7 to expand visitation and align with amended State Public Health Officer Order; supersedes AFL 20-22.9.
- Fully vaccinated visitors (booster recommended but not required) can meet indoors and a negative test is no longer required.
- Unvaccinated or incompletely vaccinated visitors can meet indoors, but only with proof of a negative test within one day of visitation for antigen tests, and within two days of visitation for PCR tests.
  - If a negative test cannot be verified, they may have an outdoor visit.
  - If the unvaccinated visitor had COVID-19 within the prior 90 days, they may provide documentation of recovery from COVID-19 in lieu of testing.
- Visitors who are visiting a resident in critical condition, when death is imminent, are exempt from the vaccination and testing requirements.
- Facilities shall allow indoor in-room visitation for all residents, regardless of vaccination status, in green, yellow and red zones.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx

AFL 21-08.7 Guidance on HCP Quarantine/Isolation

- AFL was updated January 8 to temporarily waive testing, quarantine and isolation requirements only from January 8 to February 1.
- As of February 2, follow work restriction guidance in the table from the AFL:

Work Restrictions for HCP with SARS-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‡

Work Restrictions for Asymptomatic HCP with Exposures (Quarantine)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test† upon identification and at 5-7 days	No work restriction with diagnostic test† upon identification and at 5-7 days
Unvaccinated§, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose§	7 days with diagnostic test† upon identification and negative diagnostic test† within 48 hours prior to return	No work restriction with diagnostic test† upon identification and at 5-7 days

AFL 21-08.7 Updated January 8, 2022: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx

Q: What are your recommendations concerning use of plastic barriers to separate an isolation area (red zone) from the rest of the facility?

Background:

- The purpose of using plastic barriers is twofold:
  1. To keep the air from the isolation unit from leaving that zone.
  2. To keep unauthorized personnel from entering the isolation unit.
- At the beginning of the pandemic, there was less appreciation of the role of ventilation in transmission of SARS-CoV-2.
- However, we have learned much more about the importance of ventilation in preventing transmission of SARS-CoV2.

Recommendation:

- A plastic barrier for a unit should be placed only in consultation with someone who understands ventilation in that facility and can advise on placement to ensure optimal airflow.

CDC Ventilation in Buildings FAQ #12

https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

Q: Will using protective barriers interfere with improved ventilation?

- Barriers can prevent someone on one side of the barrier from exposing a person on the other side to infectious fluids, droplets, and particles. Whether a barrier interferes with improved ventilation depends on the installation.
- Barriers can assist with improved ventilation when used to facilitate directional airflows or desired pressure differentials between clean and less-clean spaces.
- When not carefully installed, barriers can sometimes hinder good ventilation.
- Barriers can unintentionally interrupt the airflow distribution within a space, thus allowing a concentration build-up of human-generated or other aerosols that may remain suspended in the air for minutes to hours.
- To reduce this likelihood, ensure that barriers are correctly positioned and that they are no larger than necessary to prevent direct transfer of respiratory droplets that could “spray” directly from one person onto another.
- Airflow distribution testing with tracer “smoke” or handheld fog generators should be conducted to evaluate airflow distribution.

Questions?

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. CA-12SOW-XC-02092022-01