



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, January 11, 2023

Upcoming Calls



- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls
 - 1st & 3rd Tuesdays of every month
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
 - 2nd & 4th Wednesdays of every month
 - 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:
 - <https://bit.ly/NHSNofficehours2023JanFebMarch>

Agenda



- 2023 Educational Opportunities
- Long-Term Care Patient Representative Program (LTCPRP)
- Testing Task Force Updates
- Immunization Branch Updates
- National Healthcare Safety Network (NHSN) Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A

2023 Educational Opportunities

Care Coordination

1st Tuesday

hsag.com/cc-quickinars



Emergency Preparedness

3rd Wednesday

hsag.com/epp-series



Health Equity

2nd & 4th Thursdays

hsag.com/health-equity-quickinars



Patient & Family Engagement

1st & 3rd Thursdays

hsag.com/pfe-quickinars





NHSN Updates

Influenza Reporting is in the Healthcare Personnel Safety (HPS) Component

- NHSN will eliminate the ability to submit flu vaccination information in the COVID-19 Vaccine Reporting



- The NHSN facility administrator must add the HPS Component for Flu Reporting. Detailed instructions for how to add the component and how to complete the flu reporting can be found here:
 - [Overview of National Health Safety Network \(NHSN\) Reporting Requirements for Long Term Care Facilities \(LTCFs\)](https://www.hsag.com/globalassets/12sow/nhsn/nhsnassistancefinal112022.pdf)

Data must be entered by May 15, 2023

Six-Week Sprint Vaccine Resources

www.hsag.com/6-week-booster-sprint

- Posters and Flyers
 - [Why Do You Need Another COVID-19 Booster Vaccine?—Poster](#)
 - [The Vaccine Triple Play—Flyer \(English | Spanish\)](#)
- Email/Letter Template
 - [Resident and Family Email/Letter Template](#)
- Podcasts and On-Demand Quickinars
 - [Motivational Interviewing Podcast](#)
 - [Vaccine Booster Messaging Quickinar](#)
 - [Marketing Your Vaccine Program Quickinar](#)
 - [Strengthening Your NHSN* Data Reporting Program Quickinar](#)
 - [Vaccine Hesitancy Quickinar](#)



NHSN Assistance



Access
the QIIP

National Healthcare Safety Network (NHSN)



NHSN COVID-19 Data Reporting Assistance for Nursing Homes
HSAG can help!

[Learn More](#)

How HSAG Can Help

Register for NHSN Office Hours
Tuesdays, 11:30 a.m.–12 noon PT:

- [Q4 2022 Office Hours](#)
- [Q1 2023 Office Hours](#)

Questions? Complete this short form:

* Name

* Email

* Phone

* Question

New Resources!

- Overview of National Health Safety Network (NHSN) Reporting Requirements for Long Term Care Facilities (LTCFs)
- Frequently Asked Questions Regarding NHSN Access Issues

These resources should be incorporated in your infection control training program.



HAI Updates

Request for Application 22-10924: CA Nursing Home and Long-Term Care Infrastructure and Preparedness

- CDPH is requesting applications from eligible organizations and entities to receive funding of \$21.5 million to:
 - Support California skilled nursing and other long-term care facilities during their response to SARS-CoV-2 infections,
 - Build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety.
- The maximum to be distributed to each Awardee is anticipated to be between \$50,000 to \$750,000, depending on the nature and scope of the proposed activity.
- Submit questions to HAIProgram@cdph.ca.gov by January 13.
- **Applications Due:** February 24, 2023, by 5 p.m. PT.

Q: When can COVID-19-positive healthcare personnel (HCP) return to work?

- Per AFL 21-08.9, under routine staffing conditions, COVID-19 positive HCP may return to work after 5 days with proof of a negative antigen test, or after 10 days without a negative test (and afebrile x 24 hours and symptoms improving), regardless of vaccination status; HCP should wear an N95 for source control through day 10.
- If there is a critical staffing shortage, positive HCP may return to work immediately with an N95 for source control; the most recent test result (which may be the test at diagnosis) determines work placement:
 - If the most recent test result is positive, HCP can only provide direct care to residents with confirmed SARS-CoV-2 infection.

Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	5 days* with at least one 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‡

Q: How are the days counted for return-to-work purposes (routine staffing) for COVID-19 HCP?

- **Day 0** = Day of symptom onset, or if asymptomatic, day of first positive test
- **Day 5** = Last day of isolation with proof of a negative antigen test. Return to work would be Day 6.
- **Day 10** = Last day of isolation without a negative test. Return to work would be Day 11.



CDC isolation guidance for the general public

https://www.cdc.gov/coronavirus/2019-ncov/downloads/your-health/COVID-19_Isolation.pdf

Q: Do nursing homes still need to have a yellow zone to quarantine residents?

- The "yellow zone" is no longer applicable because quarantine and empiric transmission-based precautions are no longer required for exposed and newly admitted residents.
- Per AFL 22-13.1, “A facility-wide or group-level approach with quarantine for exposed groups should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.”
- If a contact tracing approach is infeasible or does not successfully halt transmission, in consultation with the local health department, the facility may need to revert back to the unit-based quarantine approach wherein all residents would be considered exposed. In this scenario, the facility would essentially have a yellow zone.

Q: Do nursing homes need to have a red zone even if there are no COVID-positive residents?

- SNFs still need to have a dedicated COVID-19 isolation area (formerly referred to as “red zone”).
- Per AFL 22-13.1, “SNFs should continue to ensure residents identified with confirmed COVID-19 are promptly isolated in a designated COVID-19 isolation area.... SNFs that do not have any residents with COVID-19 and do not have a current need for an isolation area should remain prepared to quickly re-establish the area and provide care for and accept admission of residents with COVID-19.”

Q: Do nursing homes need to have dedicated staffing for caring for residents in isolation?

- Dedicated staffing for the COVID-19 isolation area and sequencing care for uninfected residents before positive residents are no longer required.
 - Dedicated staffing and/or sequencing care might be preferable when there are large numbers of residents in the COVID-19 isolation area (i.e., to facilitate extended use of N95s).
- Ensure all HCP perform hand hygiene and change gloves and gowns between residents and when leaving the resident's room, or area of care (e.g., treatment or therapy room).
- Ensure all HCP strictly adhere to masking for source control (to prevent an infected HCP from inadvertently exposing the residents they are caring for).
- The facility's full-time infection preventionist should assist with adherence monitoring of hand hygiene and personal protective equipment (PPE) donning/doffing between all residents, and provide just-in-time feedback.

Q: Can HCP working with residents in isolation share the same breakrooms/bathrooms with other HCP?

- Dedicated staffing for the isolation area is no longer required; therefore, HCP can share the same breakrooms and bathrooms.
- Reinforce teaching about the importance of hand hygiene, managing PPE, avoiding crowding, and performing environmental cleaning for shared spaces.
- During critical staffing shortages, if COVID-19 positive HCP return to work early, these workers should:
 - Wear a fit-tested N95
 - Take meal breaks outdoors, or in a well-ventilated area, away from other HCP or residents when removing their N95
 - If break rooms are shared, N95s should not be removed; avoid crowding in break rooms.

Q: Does a resident who had close contact with a positive individual need to quarantine?

- No. Per AFL 22-13.1, a resident who is in close contact with any COVID-19 positive person does not need to quarantine, regardless of vaccination status.
- Resident should wear a mask outside their room for source control for a minimum of 10 days following the exposure.
- Resident should not participate in communal dining for 10 days following the exposure because masks must be removed during eating and drinking.
- Resident should be tested promptly (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and at 5 days after the exposure.

Communal Dining & Group Activity Guidance

- **Communal Dining:** Residents who are not in isolation and have not recently been exposed, may eat in the same room without masks or physical distancing (when no visitors are present), regardless of vaccination status. Crowding should be avoided.
 - Residents who have been exposed to COVID-19 must wear a mask for 10 days following the most recent exposure. Therefore, they should not participate in communal dining because masks must be removed during eating and drinking.
- **Group Activities:** Residents who are not in isolation may participate in group/social activities together without masks or physical distancing (when no visitors are present), regardless of vaccination status.
 - Exposed residents can participate in group activities as long as they wear a mask throughout the activity for a minimum of 10 days following the most recent exposure.

Questions?





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-01112023-01