



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, March 27, 2024

Agenda



- Welcome & Announcements
 - Strengthening Emergency Preparedness Plans
 - CMS Sepsis Reduction Project
- Medical Countermeasures COVID-19 Testing Updates
- Coronavirus Clinical Team: Telehealth & Therapeutics Updates
- HAI Updates
- NHSN & Vaccine Updates
- Q&A

Upcoming Calls



- HSAG Tuesday, 11:30 a.m., NHSN & HAI Updates & Office Hours:
 - 3rd Tuesday of each month
 - Register: <https://bit.ly/NHSNHAIofficehoursJantoJuly2024>
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
 - Register: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
 - Hosted every other month moving forward:
 - May 29
 - July 24
 - September 25
 - November 13

Vaccine Office Hours with the Experts

- Hosted select Thursdays
- 12noon–1 p.m. PT
- Next sessions:
 - March 28
 - April 11
 - April 25
- Register: https://us02web.zoom.us/meeting/register/tZUkf-mtrT8jH9JpAKh_qdYOrzRxl10PHZI#/registration
- Website: https://www.caltcm.org/index.php?option=com_content&view=article&id=651:vaccine-office-hours-with-the-experts&catid=22:news&Itemid=111



Clearpol: Get Healthcare AI Answers Instantly

- Ask Pete—It's free!
- Designed to help navigate and provide answers to questions about healthcare regulations and policies.
- www.clearpol.com



Meet Pete!

Your virtual personal healthcare compliance assistant. You can ask Pete anything.

Chat now →

CAHF 2024 Really Ready Disaster Preparedness Conference

- Wednesday and Thursday, April 10 and 11, 2024
- Hilton Irvine/Orange County Airport
- Register: <https://events.rdmobile.com/Events/Details/17240>

Opening Sessions

Wednesday, April 10, 2024, 8:00 AM – 9:50 AM PDT

Address from CDPH and How to Design and Execute Your Disaster Exercises

Wednesday, April 10, 2024, 10:00 AM – 11:00 AM PDT

Armed Intruder / Active Shooter in a LTC Facility: Preparing for the Unthinkable

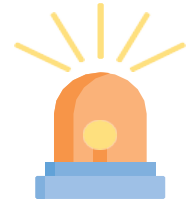
Wednesday, April 10, 2024, 10:00 AM – 12:00 PM PDT

Table Top Exercise



Emergency Preparedness Webinars

- Register for the next three webinars to provide nursing homes and hospitals with key information and resources to prepare for responding to public health emergencies and natural disasters.
 - www.hsag.com/epp-series



April 17: Power Outages

May 22: Cybersecurity Attacks

June 12: Who/What is ASPR TRACIE?



CMS Sepsis Reduction Project

CMS Focus on California

- CMS requested QIN-QIOs to work with the top 1% (n=211) of the 15,000+ nursing homes in the country that have the highest sepsis rates.
- 100:211 nursing homes are located in California.
- HSAG, the CMS QIN-QIO for California, is reaching out to facilities.
- CMS Sepsis Reduction Program Goals:
 - Perform an assessment to determine the root causes.
 - Develop a customized action plan.
 - Provide tools, resources, and education.
 - Integrate sepsis prevention into existing QAPI programs.



Sepsis Tools & Resources

1. Sepsis Kick-Off: On Your Mark, Get Set, Go!

2. Sepsis the Silent Killer: On Your Mark!

3. Hand Hygiene—Spread the Word Not the Germs: Get Set!

4. Don't Wait Until It Is Too Late to Vaccinate: Get Set!

5. Sepsis Prevention and Screening in Nursing Homes: Get Set!

6. Post Sepsis Syndrome and Readmission: Get Set!

7. Wrap Up: Go!

HSAG Resources

- Sepsis Risk Factors
- Sepsis Bundle | Risk Factors and Action Tool
- Sepsis Action Plan
- Sepsis Prevention PPT
- Nursing Home Sepsis Toolkit
- Nursing Home Sepsis Gap Analysis
- Sepsis Patient Zone Tool (English)
- Sepsis Discharge Plan (Patient Tool)
- Sepsis Post-Syndrome Assessment

Sepsis Sprint Quickinar Series: <https://www.hsag.com/NH-Sepsis-Sprint>

Sepsis Bundle: <https://www.hsag.com/nh/infection-prevention#Sepsis>



Medical Countermeasures COVID-19 Testing Updates



Coronavirus Clinical Team: Telehealth & Therapeutics Updates



HAI Updates

CMS QSO-24-08-NH:

Enhanced Barrier Precautions

- [CMS QSO-24-08-NH](#) updated guidance to align with CDC's **Enhanced Barrier Precautions** (EBP) recommendations for "[Implementation of PPE Use in NHs to Prevent Spread of MDROs.](#)"
- EBP is designed to reduce MDRO transmission through targeted gown and glove use during high-contact resident care activities.
- EBP are indicated for residents with any of the following:
 - Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
 - Wounds and/or indwelling medical devices even if resident is not known to be infected or colonized with a MDRO.

What About CDPH's Enhanced Standard Precautions?

- Enhanced Standard Precautions (**ESP**) and **EBP** are **fundamentally the same**; ESP is California-specific guidance for implementing EBP.
 - *Facilities implementing ESP will be well-positioned to be in compliance with the CMS QSO-24-08-NH.*
- There are a few nuanced differences between ESP and EBP.
 - *CDPH anticipates updating ESP guidance to be in alignment.*
 - The only substantive difference is for residents **without devices or wounds** who have a **targeted MDRO**:
 - ESP is not explicitly recommended but can be considered for these residents who also have high levels of dependence for ADLs. This encompasses the vast majority of residents who have a targeted MDRO.
 - Since CMS QSO-24-08-NH explicitly recommends EBP for residents with a targeted MDRO, regardless of whether they have a wound or device, CDPH anticipates aligning the guidance.

Clarity on COVID-19 Outbreak Reporting

AFL 23-08

Requirements to Report
Outbreaks and Unusual
Infectious Disease
Occurrences

AFL 23-09 (OBSOLETE)

COVID-19 Outbreak
Investigation and
Reporting Thresholds

Overview of [AFL 23-08](#)

- Reminds providers of requirement to **report outbreaks and unusual infectious disease occurrences** to the local health department and their respective CDPH [District Office](#) (DO).
- Provides examples of outbreaks or unusual infectious disease occurrences that should be reported, and links to national guidance for specific types of outbreaks, where available.
 - Example: Facility **outbreak of COVID-19**, influenza, pneumonia, other respiratory viral pathogen (e.g., respiratory syncytial virus), or gastroenteritis (e.g., norovirus).

Council for Outbreak Response: HAIs & Antimicrobial Resistance (CORHA)

- AFL 23-08 links to [CORHA guidance](#), which recently [updated COVID-19 investigation and reporting thresholds and outbreak definitions](#)
- **Outbreak reporting threshold and definition:** changed from a single facility-acquired case in a resident -> **two or more cases among residents within 7 days.**
 - Threshold for additional investigation by facility is still a single case in resident or healthcare personnel (HCP)
- Investigation and reporting of HCP cases only when associated with facility-acquired case(s) in residents.

CMS QSO-20-38-NH: **EXPIRED 5/11/2023**

- **Subject:** Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 PHE related to LTC Facility Testing Requirements.
 - “An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed.”
 - “Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately (but not earlier than 24 hours after the exposure, if known).”

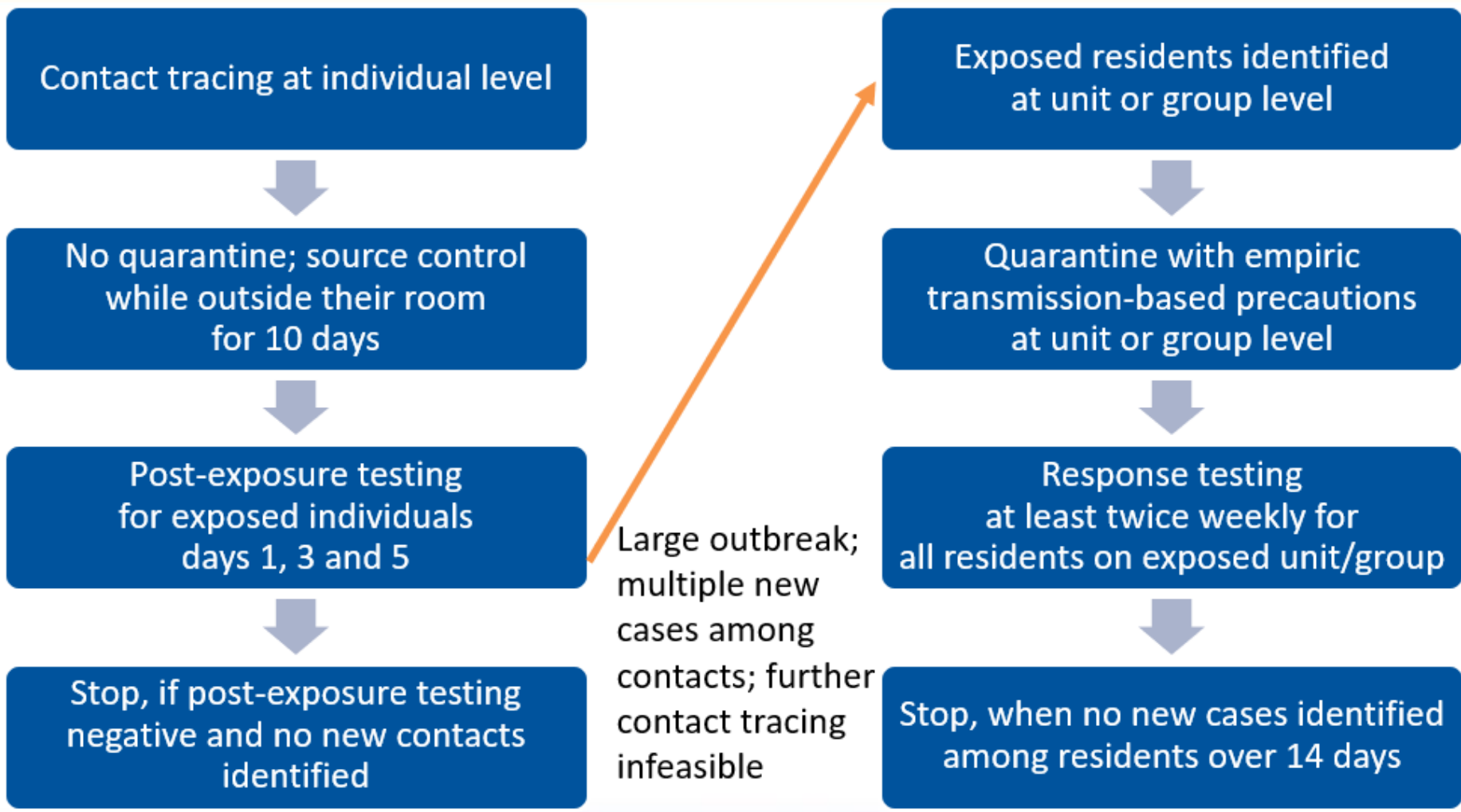
CMS QSO-20-39-NH: Revised 5/8/23

- **Subject:** Nursing Home Visitation: Visitation is allowed for all residents at all times; updated guidance to align with the ending of the PHE.
- *Indoor Visitation during an Outbreak Investigation*
 - “An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed.”
 - “Resident and staff testing conducted following nationally accepted standards, such as CDC recommendations.”

Q: Following an exposure, does a resident need to be tested on days 1, 3, and 5?

- Refer to the CDC guidance, “Interim IPC Recommendations for HCP During the COVID-19 Pandemic”
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.
- “A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.”
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- Broad-based (e.g., unit,) approach preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

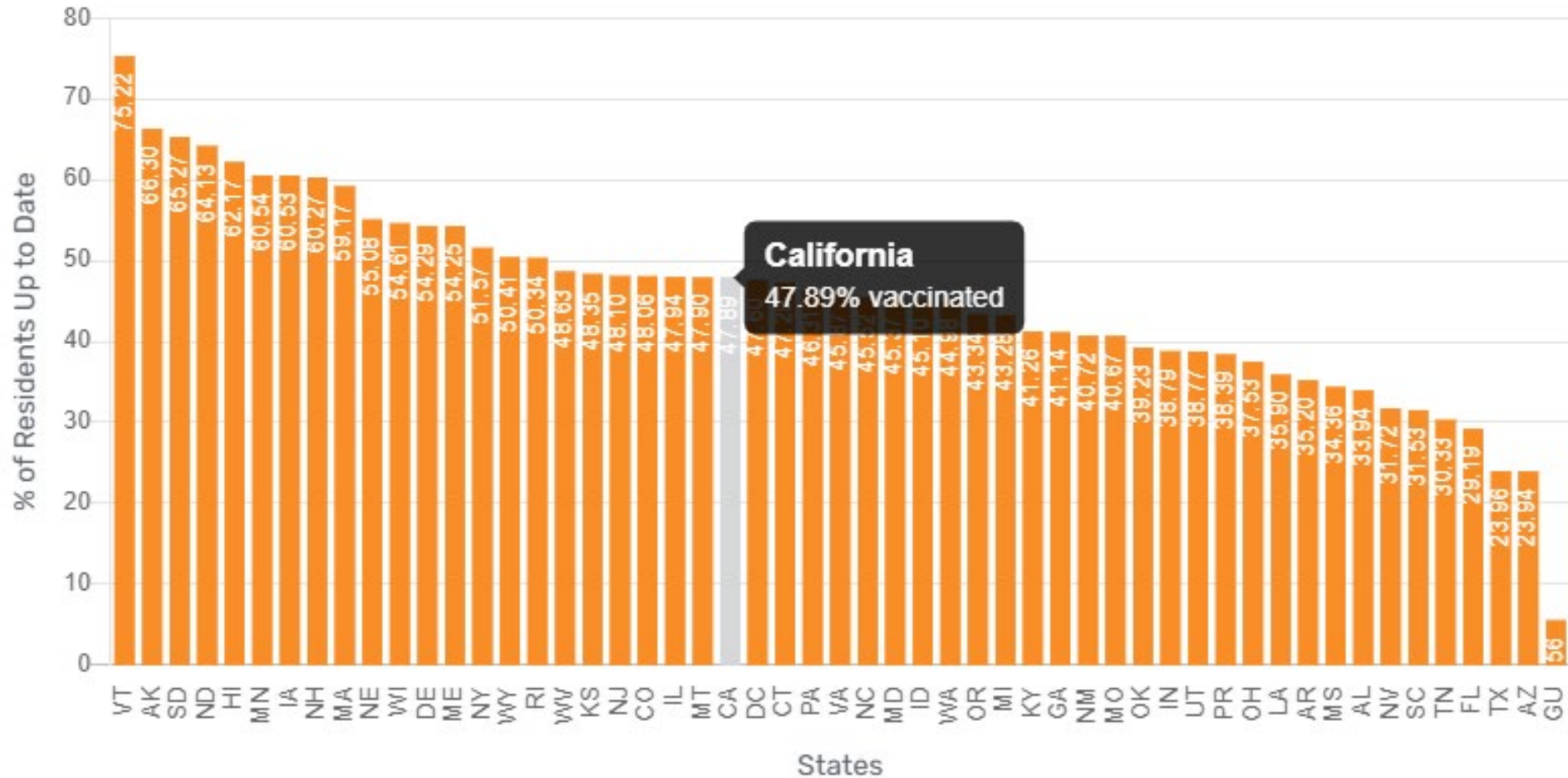
Contact Tracing with Post-Exposure Testing vs. Unit- or Group-Level Exposure with Response Testing



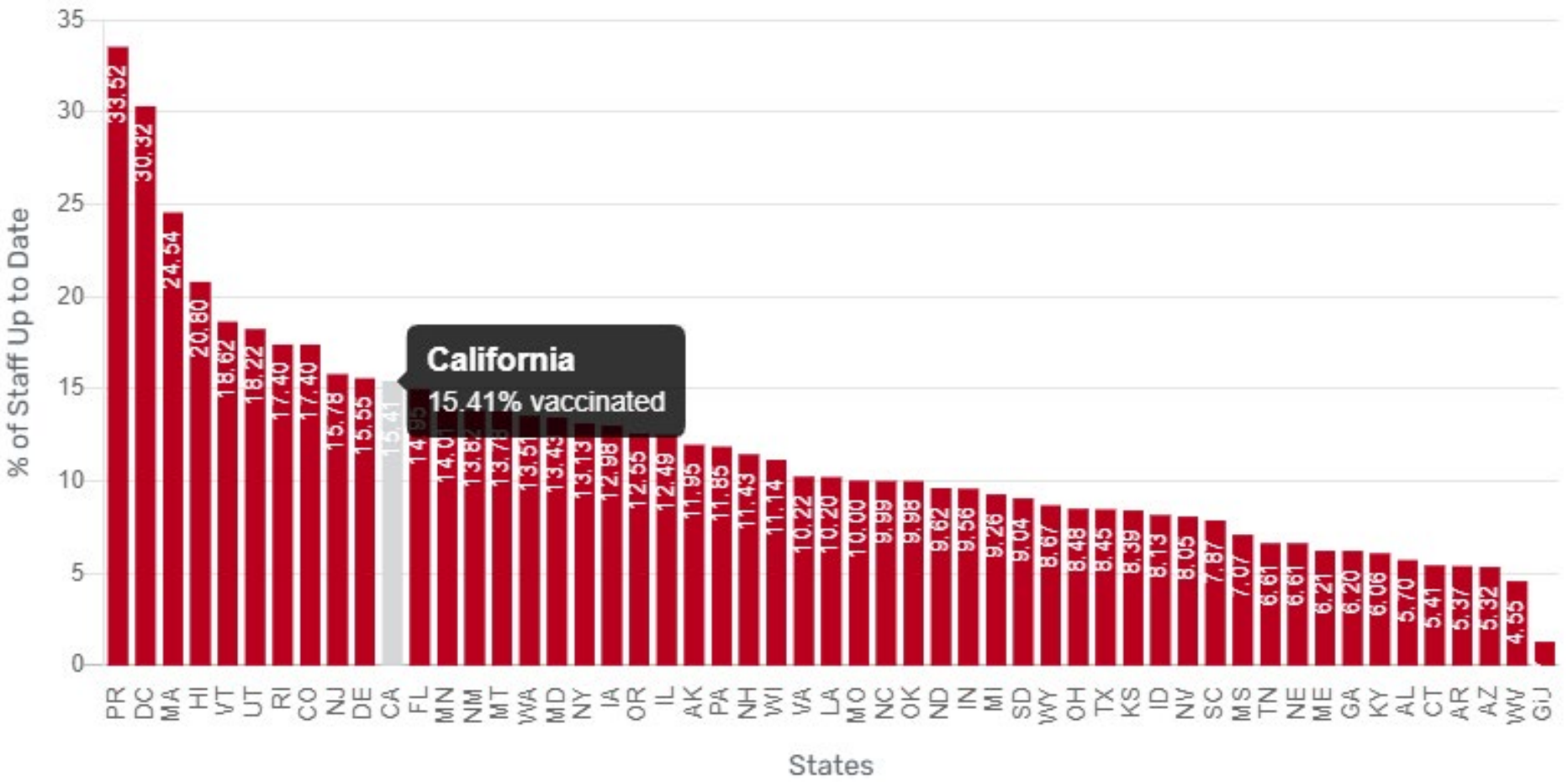


COVID-19 Vaccine Updates

Percentage of Current Residents Up to Date With COVID-19 Vaccines per Facility



Percentage of Current Staff Up to Date With COVID-19 Vaccines per Facility



HSAG Vaccine Assistance



- HSAG's Vaccine Team can help in your vaccine efforts!
 - On-site or virtual **vaccine education** for residents and staff
 - **Vaccine clinic assistance**
 - **NHSN reporting support**
- Complete a short online form and the HSAG team will reach out to you to assist with your vaccine efforts

New Resource

- Educate staff and residents about the effects of Long COVID or Post-COVID Conditions (PCC).
 - Staying up to date with vaccination helps to protect from severe disease.

Protect Yourself from Long COVID or Post-COVID Conditions (PCC): Get Vaccinated!

Long COVID, or PCC, can have long-lasting effects on your health. Getting vaccinated is the key to reducing the risk of Long COVID/PCC and its impact on your life. People who have been vaccinated and become infected with COVID-19 have a lower risk of developing Long COVID/PCC when compared to those that are unvaccinated.

Long COVID/PCC can affect anyone, but some people may be more at risk. Including those who:

- Have experienced severe COVID-19 illness, were hospitalized, or needed intensive care.
- Have underlying health conditions, such as diabetes, asthma, autoimmune diseases, or obesity.
- Are unvaccinated.
- Experience multisystem inflammatory syndrome during or after COVID-19 illness.

Signs and Symptoms of Long COVID/PCC (not a comprehensive list)

General symptoms

- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort (also known as “post-exertional malaise”)
- Fever

Neurological symptoms

- Difficulty thinking or concentrating (sometimes referred to as “brain fog”)
- Headache
- Sleep problems
- Dizziness when you stand up (lightheadedness)
- Pins-and-needles feelings
- Change in smell or taste
- Depression or anxiety

Digestive symptoms

- Diarrhea
- Stomach pain

Respiratory and heart symptoms

- Difficulty breathing or shortness of breath
- Cough
- Chest pain
- Fast-beating or pounding heart (also known as heart palpitations)

Other symptoms

- Joint or muscle pain
- Rash
- Changes in menstrual cycles

Vaccination against COVID-19 is crucial in preventing severe illness and Long COVID/PCC. Protect yourself and others by getting vaccinated today.

Vaccine Office Hours

Vaccine Office Hours With the Experts

Every other Thursday. Tomorrow:
March 28 • 12 noon–1 p.m. PT



Sessions will:

- Field questions from attendees and allow nursing homes to express their concerns and challenges in a safe, peer-to-peer mentoring environment facilitated by physician leadership.
- Prepare individuals on how to handle conflicts and difficult conversations regarding anti-vaccination beliefs, opposing views, and misinformation.
- Incorporate motivational interviewing training to teach staff how to speak with unvaccinated residents, staff, and family members about getting vaccinated.
- Submit questions to CALTCM's Experts [here](#).
- [Registration is now open!](#)

Submit questions: <https://www.surveymonkey.com/r/VAX2024>

Register: https://us02web.zoom.us/meeting/register/tZUkf-mtrT8jH9JpAKh_qdYOrzRxla10PHZI#/registration



NHSN Updates

Annual Influenza Report

NHSN Annual Influenza Report is due by May 15, 2024.

- This report must be completed in the **Healthcare Personnel Safety (HPS) component**.
- The HPS component needs to be added only once, but reporting must be done every year.
- Guidance for how to add the component and complete the reporting can be found in Appendix B of the [HSAG Survival Guide for Mandatory NHSN Reporting for LTCFs](https://www.hsag.com/contentassets/5e33497eb60d41258abba4d3cab9d8f0/nhsnsurvivalguidejan2024-508.pdf).



Welcome to the NHSN Landing Page

SCHABRA@HSAG.COM

Select component:
Healthcare Personnel Safety

Select facility/group:

Submit

New Up to Date Definition

People aged 65 years and older who received 1 dose of any updated 2023–2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose.

NHSN will align with the new definition beginning the week of April 1–7, 2024

When Are You Up to Date?

People aged 5—64 years

You are up to date when you get **1 updated COVID-19 vaccine.**[‡]

Children aged 6 months—4 years

You are up to date when you get all recommended doses, including at least **1 dose of updated COVID-19 vaccine.**

Everyone aged 65 years and older

You are up to date when you have received **2 updated 2023–2024 COVID-19 vaccine doses.**^{*}

^{*}People aged 65 years and older who have not previously received any COVID-19 vaccine doses and choose to get Novavax should get 2 doses of updated Novavax vaccine, followed by 1 additional dose of any updated 2023–2024 COVID-19 vaccine to be up to date.

People who got the Johnson & Johnson/Janssen COVID-19 vaccine

You are up to date when you get **1 updated COVID-19 vaccine.**

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>



NHSN UTC Time Zone Update

Submit your data to both the Pathway and Vaccination Summary modules between Monday–**Sunday, 4:59 p.m. PDT** (11:59 p.m. UTC)

Edit Vaccine Data

COVID-19 Vaccine: HCP

COVID-19 Vaccine: Residents

Influenza/RSV: Residents (Optional)

Resident COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created: 03/19/2024 7:45PM
*Facility ID: 45188 *Vaccination type: COVID19 Facility CCN #: 999991
*Week of Data Collection: 02/26/2024 - 03/03/2024 *Date Last Modified: 03/19/2024 7:45PM

Cumulative Vaccination Coverage

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 20



Vaccine Consent FAQ

Q: Are consents needed when administering the COVID-19 vaccine to residents?

- In general, there are no federal or CA state requirements for informed consent specifically relating to immunization. Federal law requires that healthcare staff provide a [Vaccine Information Statement \(VIS\)](#) to a patient, parent, or legal representative before each dose of certain vaccines. VISs are CDC information sheets that explain both the benefits and risks of a vaccine to vaccine recipients.
- For COVID-19 vaccines, federal law currently requires healthcare staff to provide EUA fact sheets to vaccine recipients or their caregivers for all uses of [Novavax](#) and when [Moderna](#) or [Pfizer](#) vaccines are given to children 6 months through 11 years of age. For recipients who are 12 years or older receiving Pfizer or Moderna vaccine, a provider may use the [COVID-19 VIS](#). Immunization providers may want to provide additional vaccine information from CDC's webpage [COVID-19 Vaccine Recipient Education](#).

Q: Are consents needed when administering the COVID-19 vaccine to residents? (cont.)

- Regarding [COVID-19 vaccines for long-term care \(LTC\) residents](#), people who live in LTC settings (or people appointed to make medical decisions on their behalf) must agree to receiving COVID-19 vaccine. Consent or assent for a COVID-19 vaccine is documented in their charts per the provider's standard practice. Some COVID-19 vaccination providers may require written, email, or verbal consent from recipients before getting vaccinated. This is at the provider's discretion.
- Additionally, [LTC residents and staff must be educated](#) on the COVID-19 vaccine they are offered. The patient's medical record must include documentation that indicates that the patient or their representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the patient either accepted and received the COVID-19 vaccine or did not receive the vaccine and the reason why.

Questions?





CMS Disclaimer

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