California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
October 25, 2023

Weekly Call-in Information:

- 2nd Tuesdays every month, 8:00am All Facilities Calls:
  - 844.867.6167; Access code: 7993227
- 4th Wednesdays every month, 3:00pm SNF Infection Prevention Webinars:
  - Register at: https://www.hsag.com/cdph-ip-webinars
  - Recordings, call notes and slides can be accessed at https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/
- 3rd Tuesdays every month, 11:30am HSAG NHSN & HAI Office Hours
  - Register for 2023: https://bit.ly/NHSNHAIofficehoursJulytoDec2023
  - Register for 2024: https://bit.ly/NHSNHAIofficehoursJantoJuly2024

Important Links to State and Federal Guidance	
Important Links and FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
CDC's Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (5/8/2023)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/lncafl.aspx
CDPH COVID-19 AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx

Upcoming Educational Opportunities

CDPH HAI Program's Infection Prevention Training for SNFs Online Course is back!

- 18-hour self-paced course for individuals responsible for infection prevention and control program administration in SNFs. The course will provide practical guidance for implementing an infection prevention program using evidence-based guidelines for preventing serious HAIs.
- No cost to attend this course. Preregistration is required. Register; Flyer
- California Board of Registered Nurses (BRN) confers 18 hours of continuing education after completing the course and successfully taking the course post-tests

Webinar: Transitioning Patients on Medication for Opioid Use Disorder to Nursing Homes

- Friday, November 17, 2023; 9–10 a.m. Register: www.hsag.com/qiocollabopioidseries

Infection Preventionist Training Questions & Answers

Q-1: Where can infection preventionists (IPs) do annual infection courses to meet the 10 hours of continuing education in the field of infection prevention and control on an annual basis?
A: Each IP should receive initial training (minimum 14-hour program), followed by at least 10 hours of continuing education in the field of IPC on an annual basis per AFL 20-84. The AFL does not directly state what educational programs are acceptable, however, IPs are advised to access training sources though a nationally recognized IPC association. When an IP takes a course, they should get a

certificate of attendance or documentation to prove that they attended the course. Ensure the course documentation includes the course timing (for example, one hour). If the course hours are not included, include a course flyer that states the time, or ask the instructor to provide you with an email or letter that states the course timing. Keep these records of attendance in a file at the facility for proof of education during a Licensing & Certification Survey. Here are examples of courses hosted by other organizations that offer CEUs or certificates of attendance, such as:

- CDPH HAI Program 18-Hour IP Traiining for SNFs Online Course" Register; Flyer
- The Association for Infection Control and Prevention (APIC) for LTC and individual APIC chapters frequently have educational presentations that provide CEUs Link
- The Society of Healthcare Epidemiology of America (SHEA) https://shea-online.org/
- Journal articles sometimes offer CEUs (AJIC, ICHE, SHEA, or IDSA) Link
- Infectious Disease Society of America (IDSA) https://www.idsociety.org/professional-development/ce/continuing-education/
- Cambridge University Press https://www.cambridge.org/core/publications

Q-2: Can IPs take the same course over and over again every year to meet the 10-hour requirement; or does it have to be a different course?
A: To meet the 10-hour requirement, IPs cannot take the same course in the same year. A different course or CEU offerings are needed to meet the 10 hour per year requirement. As infection preventionists, it's important to be up to date on guidance changes or new studies that effect infection prevention practices. If taking the same course in a *different* year, that is acceptable to meet the requirement. For example, if you completed the CDPH SNF course in 2023, you will be able to take the updated course in 2024 and receive CEUs to meet the requirement.

Outbreak Questions & Answers

Q-3: How can nursing homes maintain awareness of respiratory virus circulation?
A: Healthcare providers can stay up to date by referring to these websites:

- California COVID-19 Data: https://covid19.ca.gov/state-dashboard/
- California Weekly Report: Influenza, RSV, and Other Respiratory Viruses https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx
- CDC respiratory virus activity in the U.S. https://www.cdc.gov/respiratory-viruses/index.html
- CDC respiratory virus hospitalizations https://www.cdc.gov/surveillance/resp-net/dashboard.html

Q-4: What is the definition of a COVID-19 outbreak in a nursing home?
A: The definition of a COVID-19 outbreak in a nursing home is:

- Residents: >=1 facility-acquired COVID-19 case
- HCP: >=3 suspect, probable, or confirmed cases in HCP with epi-linkage AND no other more likely sources of exposure for at least 2 of the cases

Q-5: What is the definition of an influenza outbreak in a nursing home?
A: The definition of an influenza outbreak is:

- At least one case of lab-confirmed influenza in the setting of a cluster (>=2 cases) of influenza-like illness (ILI) within a 72-hour period.
- ILI is defined as fever (>=100 degrees F or 37.8 degrees C) plus cough and/or sore throat, in the absence of a known cause other than influenza.
    - Persons with ILI often have fever with cough, chills, headache, myalgia, sore throat, or runny nose.
    - Some persons, such as the elderly, may have atypical clinical presentations, including the absence of fever.

Q-6: What is the outbreak definition for other non-influenza, non-COVID-19 respiratory viruses?
A: The outbreak definition is:

- At least one case of a lab-confirmed respiratory pathogen, other than influenza or COVID-19, in the setting of a cluster (>=2 cases) or acute respiratory illness (ARI) within a 72-hour period.
- ARI is defined as an illness characterized by any two of the following: fever, cough, rhinorrhea or nasal congestion, sore throat, or muscle aches.

Q-7: When do nursing homes need to report an outbreak?
A: Nursing homes must report as soon as the criteria for an outbreak are met:

- Notify facility IP, administration, and medical director
- Report to local health department, per Title 17 CCR
- Report to CDPH Licensing and Certification district office (per AFL 23-08, 23-09)
- Notify residents, family members, visitors

If the outbreak demonstrates unusual severity or a higher-than-expected attack rate, or if an infection preventionist site visit is requested, notify both your LHD and the CDPH HAI Program at HAIProgram@cdph.ca.gov.

Q-8: When is an outbreak considered to be over?
A: In general, once **no new cases have been identified for at least two median incubation periods after the last confirmed case**, it is reasonable to consider the outbreak over and resume routine operations.

- For influenza and currently circulating SARS-CoV-2:
  - Duration of 2 median incubation periods = ~1 week
  - For COVID-19 outbreaks where a broad-based SARS-CoV-2 testing strategy is used, the end of outbreak may be determined by no new cases identified with unit/facility-wide testing for 14 days
- Some control measures instituted during an outbreak may continue beyond the defined end of the outbreak. These include:
  - Source control masking
  - Influenza antiviral chemoprophylaxis

Isolation Questions & Answers

Q-9: Do COVID-19 positive residents still need to isolate for 10 days?
A: Yes, per CDC guidance updated on May 8, 2023, residents still need to isolate for 10 days https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.

- Residents who test positive and are asymptomatic throughout their infection should be isolated until at least 10 days have passed since the date of their first positive test.
- Residents who test positive and are symptomatic with mild to moderate illness and are NOT moderately to severely immunocompromised should be isolated until the following conditions are met:
  - At least 10 days have passed since symptoms first appeared; and
  - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
  - Other symptoms (e.g., cough, shortness of breath) have improved.
- Residents who are with severe to critical illness and who are NOT moderately or severely immunocompromised, may require isolation for up to 20 days after the onset of symptoms.
- Vaccination and treatment status does not influence duration of isolation

Q-10: Should residents with COVID-19 be isolated in a designated isolation area?
A: Yes. Ensure residents identified with confirmed COVID-19 are promptly isolated in a designated COVID-19 isolation area.

- May be a designated floor, unit, or wing, or a group of rooms at the end of a unit that is physically separate and ideally includes ventilation measures to prevent transmission to other residents outside the isolation area.
- Symptomatic residents and residents identified as close contacts through individual contact tracing should generally remain in their current room while undergoing testing.
- Avoid movement of residents that could lead to new exposures.
- Residents who are identified as close contacts, regardless of vaccination status, should wear source control while outside their rooms, but do not need to be quarantined.
- CDPH: COVID-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNF https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-12.aspx.
- CDPH: Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in SNF, LTC Link
- In addition, the Cal/OSHA Aerosol Transmissible Diseases (ATD) regulation (Title 8, §5199. ATD), which came into effect in 2009, applies and requires isolation of patients having airborne infectious diseases in AIIRs. Refer to the Occupational Health Branch & Cal/OSHA Q&A from the August 23, 2023, Wednesday Webinar call notes.

Q-11: If a symptomatic resident has a roommate, should they also be placed on empiric-based precautions and should they remain in their room?
A: If a resident is exposed to a symptomatic roommate, do not move the resident to a new room with a new roommate because that movement could lead to new exposures. Transmission-based precautions is necessary for the symptomatic roommate, but not for the exposed asymptomatic roommate.

Q-12: If a resident has confirmed COVID-19, do they need to be isolated?
A: Yes. Residents with confirmed COVID-19 should be placed in a single room, if available, or a designated COVID-19 isolation area or cohort. This may be a designated floor, unit, or wing, or a group of rooms at the end of a unit that is physically separate and ideally includes ventilation measures to prevent transmission to residents outside the isolation area.

Q-13: What steps should be taken when residents have signs & symptoms of respiratory illness?
A: Conduct the following when there is evidence of an outbreak:

- Conduct daily active surveillance to detect new residents with respiratory illness:
  - In the event of an outbreak.
  - During periods of increased transmission of respiratory viruses.
- Track residents with respiratory illness using a Long-Term Care Respiratory Surveillance Line List (https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf).
- Immediately test residents and HCP with signs or symptoms of respiratory illness for COVID-19 and influenza.
- For COVID-19-exposed individuals who are asymptomatic, test for COVID-19 immediately (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days; and if negative, again at 5 days after the exposure.
  - In general, testing asymptomatic individuals for influenza is not recommended.

Please refer to CDPH Appendix C: Guidance for Point-of-Care (POC) Diagnostic Testing for Influenza and COVID-19. Available at Link

Q-14: Have there been any updates to AFL 21-08.9 Guidance on Quarantine and Isolation for HCP Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19?
A: No. There has not been an update to AFL 21-08.9, which was last updated December 2, 2022. Link

Q-15: What steps should be taken when HCP have signs & symptoms of respiratory illness?
A: If symptoms develop at work: ensure face mask in place, notify supervisor, leave promptly, test for SARS-CoV-2 and influenza.

- If HCP tests positive for COVID-19, follow return-to-work guidance outlined in AFL 21-08.9 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx)
- Otherwise, follow routine return-to-work guidance for ill HCP (i.e., HCP should not return to work until afebrile >24 hours without antipyretics and with improvement in respiratory symptoms)

Vaccine Questions & Answers

Q-16: If a resident or staff member received the flu vaccine in January, February or March 2023 can we administer the flu vaccine to them again this year?
A: Yes, it is recommended to give the flu vaccine again this year. The seasonal flu vaccine is different every year and is composed of the most likely circulating strains of flu for the season. Keeping up to date with the updated flu vaccine is highly recommended.
https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm#:~:text=Routine%20annual%20influenza%20vaccination%20for,illness%20and%20its%20potential%20complications

Q-17: Is it required for nursing homes to offer vaccines to residents?
A: Yes. CMS requires nursing homes to:

- **Educate and offer** COVID-19, influenza, and pneumococcal vaccines to residents
- Educate and offer COVID-19 vaccines to HCP

During outbreaks, continue to offer vaccines that protect against respiratory diseases to residents and HCP per CDC recommendations.
https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80#p-483.80(d)(3)

Testing Questions & Answers

For testing questions (including ordering OTC tests), email OTCtesting@cdph.ca.gov

Q-18: How can nursing homes order more COVID-19 tests?
A: CDPH is providing 16-weeks of COVID-19 tests to nursing homes outside of Los Angeles County. If your nursing home has storage limitations, smaller monthly requests may be accepted. The deadline to order the tests is November 30, 2023. The tests can be ordered at:
https://labsupport.powerappsportals.us/ordercovidotc/ . For more information, please access the SNF/Elder Care/Long Term Care At-Home Testing Resources.

Q-19: If a resident was exposed to COVID-19, do they need to be tested if they are asymptomatic?
A: Yes. Test for SARS-CoV-2 immediately (but not earlier than 24 hours after exposure) and, if negative, again at 3 days, and if negative, again at 5 days after exposure.

- In general, testing asymptomatic individuals for influenza, RSV, or other non-SARS-CoV-2 respiratory viruses is not recommended.
- Reserve combined SARS-CoV-2 and influenza rapid tests for residents with respiratory symptoms who have not yet been diagnosed.
    - Do not used combined SARS-CoV-2/influenza rapid tests for asymptomatic testing.