



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 28, 2023**

Weekly Call-in Information:

- 2nd Tuesdays every month, 8:00am All Facilities Calls:
 - 844.721.7239; 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 at: <https://bit.ly/NHSNHAiofficehoursJulytoDec2023>

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/lncfl.aspx
CDPH COVID-19 AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx
Wednesday Webinar FAQs (Updated 6/28/2023)	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

Virtual Infection Prevention Train-the-Trainer Workshops



The CDPH HAI Program and HSAG invite all nursing homes to participate in 4 train-the-trainer workshops from May to August 2023 to reduce HAIs and infection-related hospitalizations. Register for the next 2 workshops at <https://www.hsag.com/ip-train-the-trainer>. BRN & NHAP CEUs available.

- Enhanced Standard Precautions & Urinary Tract Infection Prevention courses were offered in May and June 2023; access the recordings and toolkits at:
 - https://www.hsag.com/ip-train-the-trainer#Recordings_Curricula_and_Toolkits
- July 2023: Certified Nursing Assistant IPC Curriculum (offered July 17, 18, 20, 21)
- August 2023: Environmental Services IPC Curriculum (offered Aug. 21, 22, 24, 25)

Infection Prevention Training Questions & Answers

Q-1: When will the CDPH IP Training for SNFs Online Course be available again?

A: The CDPH IP course is scheduled to be available again in the Summer of 2023. More information coming soon ([cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx)).

Q-2: Are nursing homes still required to have a full-time Infection Preventionist (IP)?

A: Yes. California nursing homes are still required to have an IP 40 hours a week per [AFL 20-84](#), [AFL 21-51](#), [AB 2644](#), and [AB 1585](#). The IP role may be filled either by one full-time IP staff member or by two staff members sharing the IP responsibilities, if the total time dedicated to the role equals at least the time of one full-time staff member. The IP must have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other healthcare-related field. The IP must be qualified by education, training, clinical or healthcare experience, or certification, and must have completed specialized training in IPC.

Q-3: Do the CDPH & HSAG Virtual Train-the-Trainer Workshops count towards the 10-hour annual infection preventionist (IP) training requirement?

A: Yes, the CDPH & HSAG Virtual IP Train-the-Trainer Workshop hours being hosted from May to August 2023 count towards the California 10-hour annual continuing education requirement for IPs. 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 IP should complete 10 hours of continuing education in the field of IPC on an annual basis.” Although it is not stated directly what educational programs are acceptable, IPs are advised to access training sources through a nationally recognized IPC association, such as CDPH, CDC, HSAG, APIC, SHEA, CAHF, CALTCM. More information about the workshops can be found at: <https://www.hsag.com/ip-train-the-trainer>.

Q-4: For our IP to meet the 10-hour annual continuing education requirement, how do we get notification that the IP completed the required hours?

A: When an IP takes a course, they should get a certificate of attendance or some 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.


Q-5: What is F945—Infection Control Training?

A: F945 is a new CMS phase 3 requirement specific to infection control that was issued October 21, 2022, and became effective October 24, 2022. F945 requires that nursing homes develop, implement, and permanently maintain an effective training program for all staff, which includes training on the standards, policies, and procedures for the IPC program as described at §483.80(a)(2), that is appropriate and effective, and as determined by staff need. More information can be found in the June 28, [Wednesday Webinar Slides](#), and the [FAQs \(Section I. Infection Prevention Training\)](#).

- CMS 483.95 Training Requirements <https://qsep.cms.gov/data/352/TrainingRequirements.pdf>.
- CMS State Operations Manual: Appendix PP—Guidance to Surveyors for Long Term Care Facilities <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>.


Opportunity for 1 & 2 Star Nursing Homes

CALTCM invites 1 & 2 star homes to participate in the “Infection Prevention & Control Leadership Program”. For details visit caltcm.org, scan the QR code, or email info@caltcm.org.




Program Highlights:

- Comprehensive curriculum focused on Leadership & Management skills and Infection Prevention & Control;
- Expert-led workshops and interactive sessions;
- Personalized mentorship and guidance.



Facility Requirements:

- California nursing home, located outside of Los Angeles County
- Rated as 1 or 2 Star Facility;
- Available to dedicate a minimum of 32 hours over 6 months.



Who will participate? Facility Leadership Team:

- Administrator
- Director of Staff Development
- Director of Nursing
- Infection Preventionist
- Medical Director

\$22,000+ Value



Vaccine Questions & Answers

Q-6: Are COVID-19 vaccines still required for HCP now that the federal public health emergency has ended?

A: As of August 4, 2023, CMS will no longer require the COVID-19 primary vaccine series for HCP, as described in the CMS and HHS Final Rule in the Federal Register announced on June 5, 2023 (<https://www.federalregister.gov/documents/2023/06/05/2023-11449/medicare-and-medicaid-programs-policy-and-regulatory-changes-to-the-omnibus-covid-19-health-care>). The final rule also states: “considering the lower policy priority of enforcement within the remaining time, we will not be enforcing the staff vaccination provisions between now and August 4, 2023.” CDPH also no longer requires COVID-19 vaccinations for HCP as of April 3, 2023 (California’s State Public Health Office Order “[HCW Vaccine Requirement](#)” rescinded April 3, 2023). However, CMS and CDPH continue to strongly recommend that all HCP and high-risk individuals remain up to date on COVID-19, influenza, and other recommended vaccines. Additionally, local health departments and healthcare facilities may implement COVID-19 vaccination requirements for HCP.

Q-7: What is the COVID-19 vaccine schedule for individuals as of May 2023?

A: Visit the CDC website, “CDC Interim Clinical Considerations: Use of COVID-19 Vaccines in the United States” (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>) for updates regarding the COVID-19 vaccination schedule for individuals. See section “COVID-19 Vaccines, Recommendations, and Schedules:

- Guidance for people who are immunocompromised <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised>
- Guidance for people who are not immunocompromised <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised>

CDPH created the “COVID-19 Vaccine Timing by Age Eligibility Chart that displays the vaccines that individuals are eligible for by age (<https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>).

Q-8: Is an individual up to date if they had the primary series, the first booster, and the bivalent vaccine?

A: Everyone aged 6 years and older is considered up to date when they receive 1 updated bivalent mRNA vaccine (Pfizer-BioNTech or Moderna COVID-19 vaccine). People who are unable or choose not to get a recommended mRNA vaccine are considered up to date when they receive the Novavax COVID-19 vaccine doses approved for your age group.

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

Testing Questions & Answers

Q-9: Do new newly admitted/readmitted residents, need to be tested on admission?

A: No. Admission testing in nursing homes is now at the discretion of the facility per CDC guidance updated on May 8, 2023 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>). [CDPH AFL 22-13.1](#), which had testing guidance for new admissions, is no longer in effect. However, nursing homes are encouraged to make testing decisions at their discretion based on facility-and-patient-level characteristics and local metrics that could reflect increasing respiratory virus transmission in the community. Local circumstances to consider include:

- Vulnerability of resident population to COVID-19, influenza, and other respiratory viruses.
- Ability to maintain staffing levels if multiple staff were out sick with COVID-19, influenza, or other respiratory viruses.
- Local transmission of respiratory viruses.
- The impact of new viruses, variants, or strains on existing immune protection.

Q-10: Do nursing homes still need to report COVID-19 positive test results for HCP and residents to CalREDIE, NHSN, Local Health Departments (LHDs), and Licensing & Certification (L&C)?

A: Due to the ending of the public health emergency (PHE), there have been changes to the CalREDIE reporting requirement; however, the reporting requirements for NHSN, Local Health Departments, & L&C have not changed. Guidance for reporting positive test results is below:

- **NHSN Reporting Requirements:**
 - Nursing homes are still required to report an aggregate number of all newly positive tests (cases) based on a viral test result from residents or staff once a week to NHSN in the COVID-19 Pathway Reporting Module. The test result may be from a NAAT/PCR or an antigen test (<https://www.cdc.gov/nhsn/pdfs/covid19/lcfc/57.144-res-blank-p.pdf>).
- **CalREDIE Reporting Requirements:**
 - Per the June 14, 2023, CDPH Laboratory Partner Letter, nursing homes conducting testing with a CLIA Certificate of Waiver are no longer required to report positive or non-positive antigen test results through CalREDIE.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Laboratory_Reporting_Letter_COVID_Influenza_RSV_June2023-FINAL_ESP.pdf
 - <https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html>
- **LHDs and CDPH L&C [District Office](#) Reporting Requirements**
 - Nursing homes are still required to report positive test results to their local public health officer and their respective CDPH Licensing & Certification [District Office](#) per [AFL 23-08](#): “Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences” updated on January 18, 2023.

Q-11: How can we access free COVID-19 tests?

A: Information about how to obtain COVID-19 tests following the end of the federal public health emergency can be found in this CDPH slide:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Simple-COVID-19-Coverage-Change.pdf>. An announcement from CDPH regarding the potential availability for a limited supply of antigen tests for the winter respiratory season will happen later in the summer. Reach out to the CDPH HAI team at HAIprogram@cdph.ca.gov for further information or questions on testing.

PPE Questions & Answers

Q-12: Are residents required to wear masks in nursing homes?

A: No, residents are not required to wear masks routinely; however, they may be *required* for residents when outside of their rooms (e.g., hallways, common areas) if they have been exposed to an individual with COVID-19, for 10 days following the most recent exposure, even during group activities. Residents who have been exposed should not participate in communal dining since masks must be removed during eating and drinking. If outside visitors are present (e.g., during large communal space visitation), masks are recommended for both residents and visitors, but they are not required.

Q-13: Are visitors and HCP required to wear masks as source control while in a nursing home?

A: No. CDPH no longer requires masks for source control in healthcare settings. However, CDPH provides [considerations](#) for healthcare facilities to assess local circumstances and developing plans for recommending or requiring masks.

- For the general public, wear a mask around others if you have respiratory symptoms.
- If you've had an exposure, wear a mask for 10 days.
- When choosing to wear a mask, ensure your mask provides the best fit and filtration (i.e., respirators like N95, KN95, and KF94).
- Wearing a mask is increasingly important for those who are at higher risk for getting very sick from COVID-19, and as the risk for transmission increases in the community.
- Local health jurisdictions and other entities may have requirements in specific settings based on local circumstances.
- CDPH Face Coverings Q&A
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx>
- CDPH Get the Most Out of Masking: Tips & Resources
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Get-the-Most-out-of-Masking.aspx>

Q-14: What PPE is necessary when HCP are caring for an asymptomatic resident that has been exposed to COVID-19?

A: Empiric, transmission-based precautions and full PPE are no longer required for asymptomatic, exposed residents, because quarantine is no longer required following an exposure. Follow Standard Precautions.

Q-15: Are transmission-based precautions for exposed, symptomatic residents who have not been confirmed to have COVID-19 (waiting for test result) still recommended?

A: Yes. Transmission-based precautions are required and include eyewear (face shield or goggles), N95, gloves, and gown.

Q-16: How many weeks of PPE surge supply are nursing homes required to maintain?

A: In September 2020, California passed the bill [SB 275](#), which requires California healthcare providers, including nursing homes, to create a 45-day surge-level stockpile of PPE on hand. Providers must establish their stockpiles by January 1, 2023, or one year after CDPH adopts regulations, whichever comes later. The legislation requires the formation of a PPE Advisory Committee which will finalize the details of the 45-day surge supply required by SB 275. As of now, the members of the PPE Advisory Committee have not been confirmed and the committee has not convened, so the regulation for a 45-day stockpile is not required. See September 2, 2020, article: “California passes nation's first bill requiring hospitals to keep a 45-day supply of PPE” (<https://www.healthcarefinancenews.com/news/california-passes-nations-first-bill-requiring-hospitals-keep-45-day-supply-ppe>).

Even though the requirement for a 45-day stockpile of PPE is not required yet, below are best practices, tips and tools to assist nursing homes in being prepared with a sufficient amount of PPE:

- The type and amount of PPE needed is facility-dependent, based on individual exposure risks.
- All facilities should have adequate amounts of PPE based on current and projected use.
- PPE should cover all types of potential exposures at the facility, including masks (standard and N95), eye protection (face shields and/or goggles), and gowns.
- Depending on other factors such as patient population, and care type, additional types of PPE could be warranted (i.e. PAPR, hair or shoe covers) based on exposure risk.
- The [CDC and NIOSH](#) offer the following tools to help facilities understand how to estimate 45-day supply needs:
 - **CDC Burn Rate Calculator**
 - Excel spreadsheet used to track PPE Use
 - Video available to track set up and use
 - **NIOSH PPE Tracker App**
 - No cost, mobile app based on the PPE Burn Rate Calculator Spreadsheet
 - Facilities can estimate and visualize how long PPE supplies will last based on the facility's PPE burn rate
 - Tools to calculate the average PPE consumption rate for each type of PPE
 - Videos and other tools guide how to use the app
 - Summary information can be used to track current and past PPE use
 - Can be exported as a .CSV or HTML file

The Burn Rate Calculator and PPE Tracker App can provide facilities with an understanding of their ongoing PPE use. Continual use of these tools will provide facilities with data to understand changes in PPE use over the year. Once an average is established for the facility, this information can be used to determine daily use, and 45-day PPE use.

NHSN Questions & Answers

Q-17: For the vaccination summary module on NHSN that needs to be reported weekly, if our nursing homes wants to report for the week of 6/19-6/25, can we submit our data on Monday, 6/26? For the week of 6/26-7/2, can we submit it on Monday, 7/3?

A: Yes, you can submit vaccination summary data on the following Monday and still meet the reporting requirements. For example, you can submit 6/26-7/2 data on 7/3. You are only required to report into NHSN once a week, every Monday through Sunday. Just make sure you report DURING the week of 6/26-7/2 as well. You would be submitting data for the previous week of 6/19-6/25. So you would be continuously reporting for the previous week every week. **It doesn't matter what week you report for as long as you report in both modules (pathway and vaccination) EVERY week.**

Q-18: If an individual has never been vaccinated in the past, but recently received the Bivalent COVID-19 Vaccine, would they go under "partial vaccination" as they only have 1 vaccination or are they still considered as "completed 2 doses of primary vaccination" in NHSN?

A: For NHSN reporting, if this individual was a resident, you would report them in question 2 as up to date. If this individual was a staff member, you would report them in both question 2 and question 4 as completed the primary series and as up to date. Receiving the bivalent dose now counts as completing the primary series as well since it's the only approved COVID-19 vaccine.

Q-19: If we have already reported for the week of 6/26–7/2, can we start that next week for reporting the bivalent for residents?

A: I would recommend going back in and updating your numbers for this week to reflect the bivalent numbers for residents. The new QA process with updated questions for NHSN will start the week of 6/26-7/2, so you might get a quality alert if the numbers change dramatically on a week to week basis.

Q-20: What if we submit in NHSN that HCP only received the bivalent vaccine, but not the primary vaccine? Would it show an error when submitting in NHSN?

A: Yes, it would show up as an error. If the HCP is up to date, that means they have received the bivalent vaccine. The bivalent vaccine is the only approved COVID-19 vaccine, so it now counts as receiving the primary series AND being up to date. Because of this, they should be counted in both questions 2 (primary series) and 4 (up to date) for HCP in NHSN.

Q-21: Many staff do not want their names to be reported in the NHSN database for the person level reporting. Can their names be anonymous?

A: Yes, codenames are acceptable, but make sure you have a way to track "who is who" based on code names or staff identification numbers. It might get confusing, but the optional tool is for your use.

Q-22: Can you share a copy of the letter from CalREDIE regarding the reporting changes?

A: The June 14, 2023, CDPH letter to Laboratory Partners indicating that reporting of positive and non-positive results for SARS-CoV-2, influenza virus, and RSV is not required for facilities conducting testing with a CLIA Certificate of Waiver (i.e., nursing homes), can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Laboratory_Reporting_Letter_COVID_Influenza_RSV_June2023-FINAL_ESP.pdf

Other Questions & Answers

Q-23: Should our SNF follow local public health requirements or CDPH requirements?

A: Healthcare providers should follow the most stringent guidance when recommendations are provided by multiple agencies (i.e., CDPH, CMS, and local health departments). If in doubt, reach out to your local health department for further assistance.

Q-24: Do healthcare settings need to continue to screen HCP prior to entry?

A: CDC still recommends screening for signs and symptoms of COVID-19, and potential exposures, but has transitioned from an **active** screening to a **passive** self-screening process. Examples of passive screening, include posting signs at entrances and sending emails and letters providing guidance to HCP about recommended actions for HCP who have:

- A positive viral test for COVID-19.
- Symptoms of COVID-19.
- Close contact/higher-risk exposure with someone with COVID-19.

There is no longer a requirement for nursing homes to actively ask screening questions prior to entry, and temperatures do not need to be checked. Facilities may choose to continue to screen HCP in an active way, especially when community transmission rates are high or during a surge if they choose.