



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
May 24, 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/>
- 1st & 3rd Tuesdays every month, 11:30am HSAG NHSN Updates & Office Hours
 - Register at: <https://bit.ly/NHSNofficehours2023aprmayjune>

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
AFL 20-43.4: SNF COVID-19 Daily Reporting (5/11/2023)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-43.aspx
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 (12/2/2023)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
ALF 23-08 Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences (1/18/2023)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-08.aspx
AFL 23-09 COVID-19 Outbreak Investigation and Reporting Thresholds (1/18/2023)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-09.aspx
AFL 23-12 COVID-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNFs (1/24/2023)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-12.aspx

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 3 workshops at <https://www.hsag.com/ip-train-the-trainer>. BRN & NHAP CEUs available.

- May 2023: Enhanced Standard Precautions (offered May 15, 16, 18, 19)
 - Access the recording: https://www.hsag.com/ip-train-the-trainer#Recordings_Curricula_and_Toolkits
- June 2023: Urinary Tract Infection Prevention (offered June 20, 21, 22, 23)
- 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)

CDPH AFL 20-43.4 announced that CDPH’s online COVID-19 SNF Survey (Survey123), both daily and weekly, were discontinued effective May 12, 2023. All CMS-certified SNFs must ensure they are submitting COVID-19 data at least once a week to NHSN in their Long Term Care Facility (LTCF) Component. The NHSN requirement is to report one time during each reporting week of Monday – Sunday. Weekly deadline is by Sunday at midnight EST, which is 9:00pm California time. Timely reporting of COVID-19 data continues to be a priority for CMS, so there should be more than 1 staff member trained on reporting to NHSN should back-up be needed. Failure to report on time even once will result in monetary fines from CMS that increase with each additional missed deadline.

You will report in two sections each week: **COVID-19 Pathway** and **COVID-19 Vaccination**

1. **COVID-19 > Pathway Data Reporting:** Think of these as the Survey123 DAILY questions. Submit weekly by adding up new data since the last time you reported in NHSN.
 - Resident Impact and Facility Capacity
 - Staff and Personnel Impact
 - Resident Therapeutics

2. **Vaccination Summary:** Think of these as the Survey123 WEEKLY questions. Submit weekly for all the residents and staff that were in your facility at least one day during the week of data collection.
 - LTCF Residents
 - LTCF Healthcare Personnel (HCP)

The image shows two side-by-side screenshots of the NHSN Long Term Care Facility dashboard. The left screenshot is titled 'COVID-19 Impact Data' and the right is 'COVID-19 Vaccination Data'. Both show a navigation menu on the left with 'COVID-19' selected. In the left menu, 'Pathway Data Reporting' is circled in red. In the right menu, 'Vaccination Summary' is circled in red. A blue bracket at the bottom of the screenshots spans both and contains the text: 'Reporting week is Monday through Sunday. Data must be submitted into NHSN once every week before Sunday at 11:59 pm (EST)'. A large number '44' is overlaid on the bottom center of the screenshots.

HSAG NHSN Survival Guide

Download the newly released [*NHSN Survival Guide for Long Term Care Facilities \(LTCF\)*](#) designed to help nursing homes better understand their NHSN reporting requirements, review key definitions, share common mistakes, and connect users to more in-depth training resources and guidance. It also has contact information for NHSN’s Help Desk. HSAG has seen common errors lead to CMS monetary fines for facilities because of misunderstanding of COVID-19 reporting requirements, vaccine up-to-date definitions, limited access to NHSN, and inadequate vaccination data collection processes. This Survival Guide will aid your facility in accurate reporting to NHSN.

Webinars and Office Hours for NHSN COVID-19 Reporting

It is strongly encouraged for each facility (IP, DON, administrator, DSD) to join any one of the following four NHSN webinars in June. The same content will be covered on all sessions. The topic is “New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways” for all 4 sessions.

- **Thursday, June 1st**, 02:00 PM Eastern Time (11:00 AM California time).
Register: https://cdc.zoomgov.com/webinar/register/WN_IQ92SJReSe6gu3RIRbqiaA
- **Wednesday, June 7th**, 01:00 PM Eastern Time (10:00 AM California time).
Register: https://cdc.zoomgov.com/webinar/register/WN_WO7zz66lSwyFGUfEx2bU7g
- **Thursday, June 8 & Tuesday, June 13**, 02:00 PM Eastern time (11:00 AM California time).
Register in advance for this
webinar: <https://cdc.zoomgov.com/j/1605578239?pwd=TWxwb202WW9tSUpoTi9aVWRNZXBuQT09>

Additionally, HSAG hosts NHSN Office Hours the 1st and 3rd Tuesdays of every month.

- Register: <https://bit.ly/NHSNofficehours2023aprmayjune>

NHSN Reporting Q&A

Q-1: Do I need to enroll a new facility in NHSN?

A: Not unless your facility has never had an NHSN account. Almost all LTCFs already have an NHSN account. Enrolling a new facility in NHSN will create a duplicate account which will eventually need to be deactivated. Please access and continue reporting to your already created NHSN account.

Q-2: Do I have to submit data daily?

A: No, you are only required to submit data weekly. The reporting week is Monday through Sunday. If you submit data once every week (in both areas in NHSN) before Sunday, you will be compliant with the requirements.

Q-3: If I report data into NHSN on Wednesdays, does that mean it won't cover the rest of the week? In that case, do I just include the rest of the days in the next week's reporting?

A: Yes. Each week, new data should be reported representing the time since the last report date. So if you report on Wednesdays, you would submit the data for your facility since the last Wednesday you reported. That should account for the data for all days of the week.

Q-4: What census do I use in the Pathway Data Reporting?

A: Enter the total number of occupied beds for each calendar day in which data are being entered. All other questions should be reported representing the time since the last report date.

Q-5: What happens if I miss a week of reporting?

A: CMS will provide notification of noncompliance and imposition of a CMP, along with the CMS 2567 to facilities via their CASPER shared folders every Monday. Failure to meet reporting requirements will result in a CMP starting at \$1,000 for the first occurrence of a failure to report. For each subsequent week that the facility fails to submit the required report, the noncompliance will result in an additional CMP imposed at an amount increased by \$500 and added to the previously imposed CMP amount for each subsequent occurrence.

Q-6: My administrator added me as a user, but I still can't get access to NHSN?

A: Did you set up your soft token yet? If you have completed all of the registration steps, go to sams.cdc.gov directly. We recommend typing sams.cdc.gov directly into the browser instead of using a link from an email. If you are still having issues, please reach out to me at swilliams1@hsag.com.

Q-7: How do I add a new user to NHSN?

A: Here are the instructions on how to add a new user in NHSN:
<https://www.cdc.gov/nhsn/pdfs/covid19/lctf/add-user-508.pdf>.

Q-8: Does Cal/OSHA recognize COVID-19 as a novel virus?

A: Yes. At the current time, Cal/OSHA considers COVID-19 to meet the definition of a disease caused by a novel aerosol-transmissible pathogen (ATP), SARS CoV-2.

Q-9: Do nursing homes need to transfer residents with COVID-19 if they don't have an AIIR?

A: The Cal/OSHA Aerosol Transmissible Disease (ATD) regulations that can be found in Title 8, section 5199, are not new; they came into effect in 2009. Requirements regarding managing COVID-19 patients in airborne infection isolation rooms (AIIR) can be found in this regulation. The regulation indicates that for diseases identified as requiring airborne infection isolation (AII) in [section 5199 Appendix A](#), transfer to an AIIR either in the facility or in another facility is required within 5 hours of identification. Where transfer is not available, 5199(e)(5)(B)2 requires that there be documentation by the employer at the end of the 5-hour period, and at least every 24 hours thereafter. **However, there is a novel pathogen exception...**

- Cal/OSHA and CDPH recognize that nursing homes may not have capabilities to offer AIIR onsite; and understand the challenge to transfer a COVID-19 resident to another facility that has an AIIR. Additionally, CDPH has instructed nursing homes not to transfer residents that are not in need of hospital level medical care solely for the purpose of AII.
- In this case, the usual requirement to document attempts to transfer within 5 hours, and every 24 hours thereafter, and to contact the local health officer do not apply to this exception.

Cal/OSHA Expectations: Managing COVID-19 Patients without an AIIR

An employer who cannot transfer patients to an AIIR under the novel pathogen exception must:

- Ensure appropriate use of N95 respirators (or higher level) by employees when caring for COVID-19 residents; and
- Provide and document use of “other effective control measures” to reduce the risk of transmission to employees, such as:
 - Place HEPA filters of sufficient size in resident rooms to provide significant removal of contaminants.
 - Create temporary negative pressure areas by exhausting ventilation equipment such as HEPA filtration machines through temporary ducting to a window or other opening.

Please note that the above noted exception does not apply to the requirements to conduct high hazard procedures on airborne infectious disease (AirID) cases in AIIRs. High hazard procedures must be done in AIIRs; and staff must wear powered air purifying respirators (PAPRs). N95s are not sufficient for high hazard procedures. The only exception for high hazard procedures is where an AIIR is not available and the delay of a procedure would be detrimental to the health of the patient.

Q-10: Are nursing homes required to contact hospitals within and outside their jurisdiction to identify AIIR options for managing residents?

A: No, nursing homes are not required to contact hospitals if a COVID-19 patient does not need hospital-level care. Hospitals are unlikely to take patients that do not need hospital-level care. In this case, follow the local health officer recommendations and ATD requirements to prevent transmission within the facility.

Q-11: What signage is necessary outside of COVID-19 rooms?

A: In terms of signage, Section 5199(e)(1)(A) requires that AII be consistent with the procedures in the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, and droplet and contact precautions be consistent with the CDC Guideline for Isolation Precautions. Both publications address the placement of signs to provide notification of isolation precautions in use. It would not be appropriate to place a “droplet precautions” sign on the room of a

COVID-19 patient, because even though the patient room is not an AIIR, other provisions of AII apply, either required by Section 5199 or by these guidelines. These include, but are not limited to:

- Use of NIOSH approved respirators by employees who have been fit-tested when entering and while in the room, with respirator doffing after leaving the room.
- Single occupancy rooms with the door closed (unless cohorting procedures are necessary and implemented).
- Prior arrangement with receiving units, such as imaging, and determination of an appropriate route of travel to minimize exposures.
- Respirator use by transporters if the patient is not masked
- Use of PAPRs or equivalent respirators for high hazard procedures on COVID-19 or other AirID cases or suspected cases
- Use of respirators by employees who have been fit-tested when they enter the room after the patient has left, until the required clearance time has passed.

Q-12: Is fit testing still required annually from Cal/OSHA?

A: Yes. There have been no changes to the required fit testing requirements.

Vaccine Questions & Answers

Q-13: Are COVID-19 vaccines still required for HCP now that the federal public health emergency has ended?

A: Yes, the primary vaccine series is still required per CMS, unless exempted; COVID-19 vaccinations are no longer required by CDPH as of April 3, 2023 (California’s State Public Health Office Order “[HCW Vaccine Requirement](#)” was rescinded April 3, 2023). However, per the [White House briefing](#) and [CMS QSO-23-13-ALL](#), HHS and DHS is starting the process to end their vaccination requirements for HCP in CMS-certified healthcare facilities. Further details related to ending these requirements will be provided soon. Please note that CMS and CDPH continue to strongly recommend that all HCP and residents remain up to date on COVID-19, influenza, and other recommended vaccines. Local health departments and healthcare facilities may implement COVID-19 vaccination requirements for HCP.

Q-14: Does CMS require nursing homes to educate and offer the COVID-19 vaccine for residents and staff?

A: Yes, this is required until May 21, 2024, per [CMS QSO-23-13-ALL](#). See section, “Requirements for Educating about and Offering Residents and Staff the COVID-19 Vaccine.” The QSO states that nursing homes are required to educate residents and staff on the COVID-19 vaccine (including any additional doses) and offer to help them get vaccinated until May 21, 2024, unless additional regulatory action is taken.

Q-15: Is the bivalent vaccine only for booster doses or can they be given as a primary vaccine?

A: Bivalent vaccines are now used for all doses including 1st doses and additional or booster doses. Please see CDC page for more details on vaccine schedule by age and vaccination history (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#vaccines>).

Q-16: If an individual completed the J&J plus 1 Pfizer doses do they have to get a new vaccine?

A: People who got the Johnson & Johnson/Janssen COVID-19 vaccine are considered up to date by CDC when they get 1 updated bivalent COVID-19 vaccine. Please visit the CDC website for more details: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#about-vaccines>.

Q-17: For people who received a J&J vaccine then a Moderna monovalent vaccine do they need a bivalent vaccine to be up to date?

A: People who got the Johnson & Johnson/Janssen COVID-19 vaccine are considered up to date by CDC when they get 1 updated bivalent COVID-19 vaccine. Please see here for more details: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#about-vaccines>.

Q-18: If a resident only had 1 dose of a monovalent vaccine, can we administer the bivalent vaccine as a booster or primary dose?

A: People ages 6 years and older who are unvaccinated or previously received only monovalent vaccine doses are recommended to receive 1 bivalent mRNA vaccine dose, at least 8 weeks after last monovalent dose. Please see Tables 1&2 for complete schedule depending on vaccination history and immune status: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines>.

Q-19: If someone is unvaccinated and they get a bivalent dose are they considered fully vaccinated after 1 dose; or is a second dose required?

A: Everyone 6 years and older is considered up to date when they receive 1 updated bivalent Pfizer or Moderna vaccine. Please see here for more details: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#about-vaccines>.

Testing Questions & Answers

Q-20: 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 the most recent CDC guidance updated on May 8, 2023 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>) CDC guidance provides considerations for implementing admission testing. CDPH AFL 22-13.1, which had testing guidance for new admissions, is no longer in effect.

Other Questions & Answers

Q-21: Are nursing homes required to report COVID-19 cases to residents and their representatives, and families?

A: No. Per [CMS QSO-23-13-ALL](#), CMS relayed their concerns that the effort required to continue this reporting provision may outweigh the utility of the information provided. Therefore, CMS is exercising enforcement discretion and will not expect providers to meet this requirement at this time.

Q-22: How often do vital signs need to be taken?

A: Vital signs guidance from CDPH is no longer in effect. CDPH AFL 20-25.2 Attachment, which included the vitals recommendations for SNF residents, is obsolete and no longer in effect. The vital signs guidance served a purpose early on in the pandemic when there was less clinical experience with COVID-19 and there was a concern that residents with COVID-19 could deteriorate rapidly without the facility recognizing. At this point, there is no longer a need for public health to direct clinical management. Moving forward, SNFs should monitor residents based upon best practice and clinical assessment of the resident's condition.

Q-23: Do we still need to monitor for signs and symptoms of COVID-19 every shift for residents, since we are no longer need to monitor vital signs?

A: SNFs should monitor residents for signs and symptoms of COVID-19 based upon best practice and clinical assessment of the resident's condition. If you see increased transmission of COVID-19 in your

community, or if you are seeing cases of COVID-19 infection in your facility, it would be reasonable to follow previous guidance to:

- a) Monitor the vital signs daily for COVID-19 negative or recently recovered residents.
- b) Monitor the vital signs every shift, including pulse oximeter measurements, for COVID-19 exposed residents who are asymptomatic; monitoring every shift can be defined as either an 8- or 12-hour shift, (i.e., twice daily), allowing residents to get uninterrupted sleep.
- c) Monitor vital signs every 4 hours, including pulse oximeter measurements, for COVID-19 positive residents in isolation.

Q-24 Do we still need to place a “limit of people” sign in staff lunch rooms or in resident activity rooms?

A. No, you do not need to place a limit on the number of staff in staff lunch areas or resident activity rooms. Keep in mind that it is still important to reinforce teaching about the importance of hand hygiene, managing PPE, avoiding crowding, and performing environmental cleaning for shared spaces.

Q-25: Are acute care hospitals still required to submit the discharge diagnoses to CDPH each week for all COVID-19 positive patients?

A: Yes. There have been no changes to AFL 21-25: Weekly Reporting Related to Patient Discharges with COVID-19,” which was last updated for General Acute Care Hospitals on July 23, 2021 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-25.aspx>).