



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, April 26, 2023

Upcoming Calls



- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls
 - 2nd Tuesdays of each month
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
 - 4th Wednesdays of each 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:
 - 1st & 3rd Tuesdays of each month
 - Register at: <https://bit.ly/NHSNofficehours2023aprmayjune>

Agenda



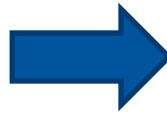
- Testing Task Force Updates
- CDPH 123 Survey Changes & NHSN Updates
- Immunization Branch Updates
- Cal/OSHA Aerosol Transmissible Disease (ATD) Standard
- Infection Prevention Training
 - Infection Preventionist (IP) Requirement
 - F945: Infection Control Training
 - Virtual Infection Prevention Train-the-Trainer Workshops
- Healthcare-Associated Infection (HAI) Updates
- Q&A



National Healthcare Safety Network (NHSN) Updates

CMS COVID-19 Reporting Requirements

- LTCFs must report their COVID-19 data into NHSN **no later than Sunday at 11:59 pm**, each week.
- Noncompliance with reporting result in Civil Monetary Penalties and a violation of F884 according to [QSO-20-26-NH](https://www.cms.gov/files/document/qso-20-26-nh.pdf) and [QSO-21-19-NH](https://www.cms.gov/files/document/qso-21-19-nh.pdf).
- Noncompliance notifications and imposition letters are sent via CASPER every Monday.



The screenshot shows the CASPER web application interface. At the top, there are navigation links: "Skip navigation links", "Skip to Content", "Logout", "Folders", "MyLibrary", "Reports", "Issue", "Options", "Maint", and "Home". The "Reports" link is highlighted with a red box. Below the navigation, there is a "Folders" section on the left with a tree view showing "My Inbox", "Facility PA", "Inbox", "* PA LTC", and "PA LTC - VR". The "* PA LTC" folder is selected and highlighted with a red box. The main content area shows a table of reports under the heading "Click Link to View Report-". The table has columns for "Letter:", "Date Requested", and "Select-". The "Letter:" column contains several "SNF QRP Provider Preview Report" entries. The "Date Requested" column shows dates like "05/15/2020 10:23:01", "04/22/2020 11:45:25", "04/22/2020 11:19:44", "04/22/2020 10:52:27", "04/21/2020 17:05:41", and "04/21/2020 16:41:29". The "Select-" column contains checkboxes. At the bottom of the table, there is a "Pages [1] [2] [3] [4]" indicator. Below the table, there is a "This Folder is Read-Only" message and a footer with "SelectAll", "Print PSRs", "Zip", and "MergePDFs" options. A disclaimer at the very bottom states: "Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application."

Does your Facility have NHSN Access?

Yes, my facility has access to NHSN.



Add at least 2 new users to ensure continuous access.

No, my facility does not have access to NHSN.



Complete the NHSN Change Facility Administrator Form ASAP.

Note: some corporations use a systemwide approach to reporting, so the facility does not need NHSN access.

I'm not sure if my facility has access to NHSN.



Go to sams.cdc.gov and click on forgot password. Your username is your email address



Reach out to your HSAG contact. If you have conferred rights to HSAG in the past, we can provide an NHSN user list

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

Current NHSN Users Can Add New NHSN Users

1

On the left-hand navigation panel of the NHSN homepage, select > **Users**>>**Add** near the bottom of the screen.



When the **Add User** screen appears, complete all the required fields marked with *. Click **"Save"** to create the user.

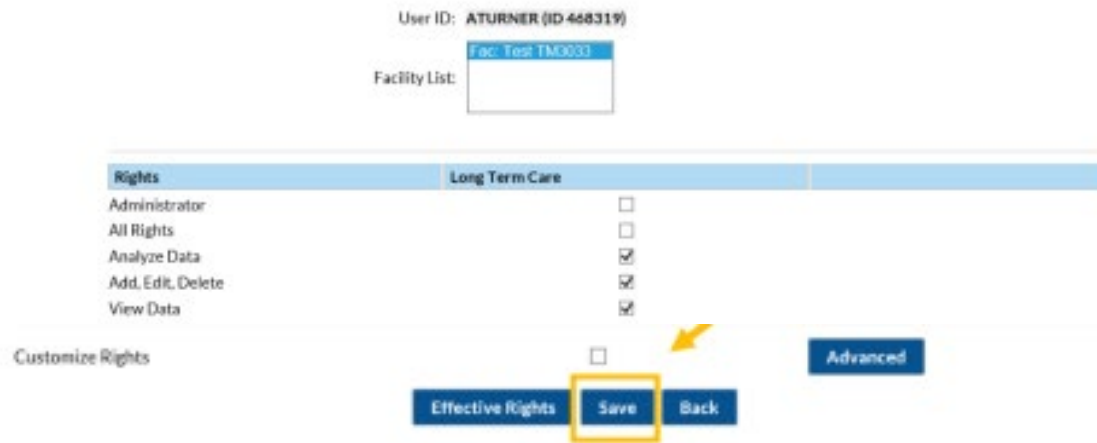
2



Once the user has been created, you must assign user rights by checking the boxes under Long Term Care and click **"Save"**.

*Rights are assigned based on how much access the NHSN Facility Administrator would like to grant the user

3



A screenshot of the NHSN 'Add User' screen. The user ID is 'ATURNER (ID 468319)'. The facility list is 'Fac: Test TMO033'. The 'Rights' section is expanded to show 'Long Term Care' with checkboxes for 'Administrator', 'All Rights', 'Analyze Data', 'Add, Edit, Delete', and 'View Data'. The 'Save' button is highlighted with a yellow box and a yellow arrow.

Rights	Long Term Care
Administrator	<input type="checkbox"/>
All Rights	<input type="checkbox"/>
Analyze Data	<input checked="" type="checkbox"/>
Add, Edit, Delete	<input checked="" type="checkbox"/>
View Data	<input checked="" type="checkbox"/>

Customize Rights Effective Rights **Save** Back **Advanced**

NHSN Facility Administrator Change Request Form

- If no one has access to NHSN, complete the NHSN Facility Administrator Change Request Form.
 - <https://www.cdc.gov/nhsn/facadmin/index.html>.
 - Does not need to be the nursing home administrator.



NHSN Registration Process

Each step must be completed in order to move on to the next step.
Skip to Step 2 if completing Change in Administrator process.

Step 1: Email Subject:

Welcome to NHSN, from nhsn@cdc.gov

- Agree to the rules of behavior and select the current date as when you completed the training

Step 2: Email Subject:

U.S. Centers for Disease Control: SAMS Partner Portal - Invitation to Register, from sams-no-reply@cdc.gov

- Complete the registration using the temporary password provided in the email.
- IMPORTANT: You must use your home address when registering for SAMS in this step.

Step 3: Email Subject:

CDC: SAMS Partner Portal - Identity Verification Request, from sams-no-reply@cdc.gov

- Complete Identity Proofing
- Recommendation: use option 1: Experian Precise ID Check. Use all 3 attempts.

Step 4: Email Subject:

U.S. Centers for Disease Control: SAMS Partner Portal - SAMS Activity Authorization, from sams-no-reply@cdc.gov

- Set up a second factor authentication.
- Recommendation: set up a soft token using the Entrust Identity app on your phone for immediate access

Reporting COVID-19 Data in NHSN

COVID-19 Impact Data

The screenshot shows the NHSN Long Term Care Facility dashboard. On the left is a navigation menu with items like Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, Analysis, Users, Facility, Group, and Logout. The COVID-19 menu is expanded, showing options: Dashboard, Pathway Data Reporting (circled in red), POC Test Result Reporting, COVID-19 Vaccination - HCW, COVID-19 Vaccination - Residents, Event-Level COVID-19 Vaccination Form - HCW, and Event-Level COVID-19 Vaccination Form - Residents. The main content area shows 'Long Term Care Dashboard' and 'Action Items' sections.

COVID-19 Vaccination Data

The screenshot shows the NHSN Home dashboard. The navigation menu on the left includes Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, and Vaccination Summary (circled in red). The main content area is mostly blank.

Reporting week is Monday through Sunday. Data must be submitted into NHSN once every week before Sunday at 11:59 p.m. (EST).

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7						

HSAG Resources

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

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

National Healthcare Safety Network (NHSN) Updates & Office Hours

- **Q2 2023:** 1st and 3rd Tuesday of the Month, 11:30 a.m.
 - <https://bit.ly/NHSNofficehours2023aprmayjune>



Cal/OSHA Aerosol Transmissible Disease (ATD)



Infection Prevention Training

California IP Requirement

- California nursing homes are required to have a full-time, dedicated IP 40 hours a week per [AFL 20-84](#) and [AFL 21-51](#).
- 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 health care experience, or certification, and must have completed specialized training in infection prevention and control.

IP Training Requirements

- Each IP should receive initial training (minimum 14-hour program), followed by at least 10 hours of continuing education in the field of infection prevention and control (IPC) on an annual basis.
- Examples of courses include:
 - CDPH Infection Preventionist Training for SNFs Online Course
https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFsOnlineCourse.aspx
 - CDC Nursing Home Infection Prevention Training Course
<https://www.cdc.gov/longtermcare/training.html>
 - CALTCM Infection Preventionist Orientation Program
<https://www.caltcm.org/infection-preventionist-orientation-program2>
 - CAHF/AHCA Infection Preventionist Specialized Training (IPCO)
<https://www.cahf.org/Education-Events/QCHF-Education-Foundation/AHCA-Infection-Preventionist-Specialized-Training-IPCO>
 - APIC Long-Term Care IP Essentials <https://apic.org/course/ltc-ip-essentials/>

CAHF = California Association of Health Facilities

AHCA = Arizona Health Care Association

APIC = Association for Professionals in Infection Control and Epidemiology

F945: Infection Control Training

- Effective October 21, 2022.
- Facilities must have mandatory infection control training.
- All facilities must develop, implement, and permanently maintain an effective training program for all staff, which includes training on the standards, policies, and procedures for the ICP program.
- Applies to all facility staff (direct and indirect care), contracted staff, and volunteers.
- Must have a process in place to track staff participation in and understanding of the required training.

Infection Prevention Training Resources

- In addition to the IP course curriculums, the following trainings will assist nursing homes in meeting the requirement to have all staff trained in infection prevention practices.
 - CMS Targeted COVID-19 Training for Frontline NH Staff and Management Training
 - Accessible at the CMS Quality, Safety & Education Portal (QSEP) <https://qsep.cms.gov/>
 - 3-hour training for frontline staff
 - 4.5-hour training for management
 - CDC Project Firstline Infection Control Training (www.train.org)
 - CDPH/HSAG Virtual IP Train-the-Trainer Workshops <https://www.hsag.com/ip-train-the-trainer>



Virtual IP Train-the-Trainer Workshops



- 4 Train-the-Trainer Workshops will be offered over 15 weeks.
- **Goal:** Improve IPC practices to reduce HAIs and infection-related hospitalizations.
- Designate 2–4 representatives to attend each topic.
- CEUs available (BRN & NHAP pending approval).
- Trainees are expected to train SNF staff on the IPC practices taught in each workshop.
- Register: <https://www.hsag.com/ip-train-the-trainer>

Register Here



Enhanced Standard Precautions

May 15–19, 2023

- May 15, 1–2:30 p.m.
- May 16, 11 a.m.–12:30 p.m.
- May 18, 12–1:30 p.m.
- May 19, 2–3:30 p.m.

Urinary Tract Infection Prevention

June 20–23, 2023

- June 20, 1–2:30 p.m.
- June 21, 11 a.m.–12:30 p.m.
- June 22, 12–1:30 p.m.
- June 23, 11 a.m.–12:30 p.m.

Certified Nursing Assistant IPC Curriculum

July 17–21, 2023

- July 17, 1–2:30 p.m.
- July 18, 11 a.m.–12:30 p.m.
- July 20, 12–1:30 p.m.
- July 21, 2–3:30 p.m.

EVS IPC Curriculum for EVS Managers

August 21–25, 2023

- August 21, 1–2:30 p.m.
- August 22, 11 a.m.–12:30 p.m.
- August 24, 12–1:30 p.m.
- August 25, 2–3:30 p.m.



HAI Updates

Source Control Masking in Healthcare

Underlying Principle:

- Requirements for healthcare personnel (HCP) to wear masks or respirators for source control of respiratory viruses in healthcare settings primarily serve to **protect patients/residents**, by preventing HCP from inadvertently infecting patients or residents, especially those who are unable to wear masks to protect themselves or have higher risk of severe illness or death from infection.

Evidence:

- Decreases in healthcare-associated respiratory infections temporally associated with source control masking (Seidelman, et al. ICHE 2022; Woolbert, et al. ICHE 2023)
- Some infection control experts advocate for HCP masking as part of Standard Precautions for all patient encounters (Kalu, et al. ICHE 2023)

Local Circumstances to Consider

Some **local health departments (LHDs)** require masking in healthcare settings.

For facilities **where there is no LHD masking requirement**, consider:

- **Vulnerability of patient/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.
- CDPH Face Coverings Questions & Answers:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx>

Application of HCP Source Control Masking

- **Patient/resident interaction:** HCP mask during all patient/resident-care encounters, +/- while in any patient/resident care area.
- **Location within the facility and patient/resident populations:** All patient/resident care areas and encounters facility-wide, or limited to areas of the facility housing the highest-risk patients/residents.
- **Temporal:** Year-round, or tie to community measures of respiratory illness and/or COVID-19 and other respiratory virus (e.g., influenza) circulation or season.
- **Outbreak:** Intensify during a facility outbreak response or elevated levels of patient/resident or HCP respiratory illness; consider upgrading the level of source control and protection from a surgical mask to a fit-tested N95 respirator.

Q: Can local health jurisdictions (LHJ) require source control masking for HCP not up-to-date on COVID-19 or influenza vaccines?

- Yes. LHJs may require source control masking for HCP who are not up-to-date on COVID-19 or influenza vaccines.
- In jurisdictions or facilities where source control masking is required of all HCP in patient/resident-care areas or interactions, such requirements for un/under-vaccinated HCP could apply throughout the facility, including non-patient/resident care areas.

Poll Questions

Q: Is your facility or local health department (LHD) requiring masking for staff? (Select all that apply)

- A. Yes. Staff are required to wear masks.
- B. We require masking when there is an outbreak.
- C. We require masking during medium/high CDC COVID-19 community levels or another indicator of increased transmission.
- D. No. Staff are not required to wear masks.
- E. Unsure.

Q: Is your facility or LHD requiring the booster for staff?

- A. Yes.
- B. No.

Infection Control-Related All Facility Letters (AFLs)

- Many AFLs with COVID-19 guidance are either:
 - Extremely outdated (e.g., AFLs from early 2020), or
 - No longer necessary because sufficiently aligned with current CDC guidance, and any CDPH requirements above and beyond CDC (e.g., HCP vaccination, masking) are no longer in effect.
- Outdated and unnecessary AFLs are marked as **obsolete, no longer in effect** and remain posted for historical purposes only.
- There will not be new AFLs to replace them; rather, moving forward healthcare facilities should **refer to the most recent CDC healthcare infection control guidance** for expectations on patient/resident placement, testing, isolation, etc.
 - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

AFLs That Remain in Effect

- **AFL 21-08.9:** Isolation and return-to-work for SARS-CoV-2 infected HCP
 - CDPH’s updated Guidance for Local Health Jurisdictions on Isolation and Quarantine points to AFL 21-08.9 for HCP.
- **AFL 23-12:** Guidance for SNF resident placement and HCP use of personal protective equipment
 - Recent updates and clarifications, including, for example, that dedicated HCP are no longer required for care of residents with COVID-19.
- **AFLs 23-08 and 23-09:** Outbreak investigation and reporting requirements
 - AFL 23-09 refers to the CORHA/CSTE COVID investigation & reporting thresholds last updated August 2022; updates anticipated with replacement of CDC Community Transmission metric.

AFL Summary/Reference Sheet—*in the Works*

In the meantime...

AFL Year	State and Federal Guidance
2023	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL23.aspx
2022	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx
2021	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx
2020	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx

LICENSING AND CERTIFICATION PROGRAM

All Facilities Letters - 2022

AFL 22-07.2 (Obsolete)	Skilled Nursing Facilities
AFL 22-13.1 (Obsolete)	Skilled Nursing Facilities
AFL 22-31 (Obsolete)	Skilled Nursing Facilities General Acute Care Hospitals

AFL 22-13.1

October 5, 2022

TO: Skilled Nursing Facilities

SUBJECT: Coronavirus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF)
(This AFL supersedes AFL 20-53.6 and AFL 22-13)

All Facilities Letter (AFL) Summary

- This AFL revision provides updated testing recommendations from the California Department of Public Health (CDPH) for SNFs.
- This AFL revision incorporates the September 13, 2022 amended [Public Health Order](#) which maintains the current vaccination and booster requirement for healthcare personnel (HCP) but rescinds the requirement for routine diagnostic screening testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster.

NOTE: This AFL is no longer in effect and is for historical purposes only.

Please refer to the most recent CDC guidance.

Updated Testing Guidance

In accordance with the [Public Health Officer Order – Health Care Work Vaccine Requirement](#) amended September 13, 2022, CDPH is rescinding the requirement for routine diagnostic screening testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster;

Vital Signs Update

- Vital signs guidance from CDPH is no longer in effect.
 - CDPH AFL 20-25.2, 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.

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-04262023-01