



# California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, September 27, 2023

# Upcoming Calls



- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls
  - 2nd Tuesday of each month
  - Call in: **1.844.867.6167**
  - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
  - 4th Wednesday of each month
  - Register at: [hsag.com/cdph-ip-webinars](https://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) & HAI Updates & Office Hours:
  - 3rd Tuesday of each month
  - Register at: <https://bit.ly/NHSNHAIofficehoursJulytoDec2023>

# Agenda



- Announcements
- HAI Updates
- The Infection Preventionist Role
- Immunization Branch Updates
- NHSN Updates
- Testing Task Force Updates
- Therapeutics Task Force Updates
- Q&A



# HAI Updates

# Outline

- Vaccination
- Source control masking
- Identification and isolation of residents and healthcare personnel (HCP) with COVID-19
- COVID-19 therapeutics
- HCP

# Prevent Morbidity and Mortality from Respiratory Illness in SNFs—VACCINATE!

The most effective strategy to prevent morbidity and mortality from influenza and COVID-19 continues to be ensuring that **residents and HCP are up to date on all recommended vaccinations.**

# Implement Source Control Masking in Healthcare Facilities

- Source control masking prevents HCP from infecting patients or residents, and protects HCP from infecting other HCP with respiratory viruses.
- Implement source control masking:
  - In the event of a respiratory virus outbreak.
  - During periods of increased transmission of respiratory viruses.
- For additional considerations for non-outbreak circumstances, see CDPH Guidance for Face Coverings as Source Control in Healthcare Settings:

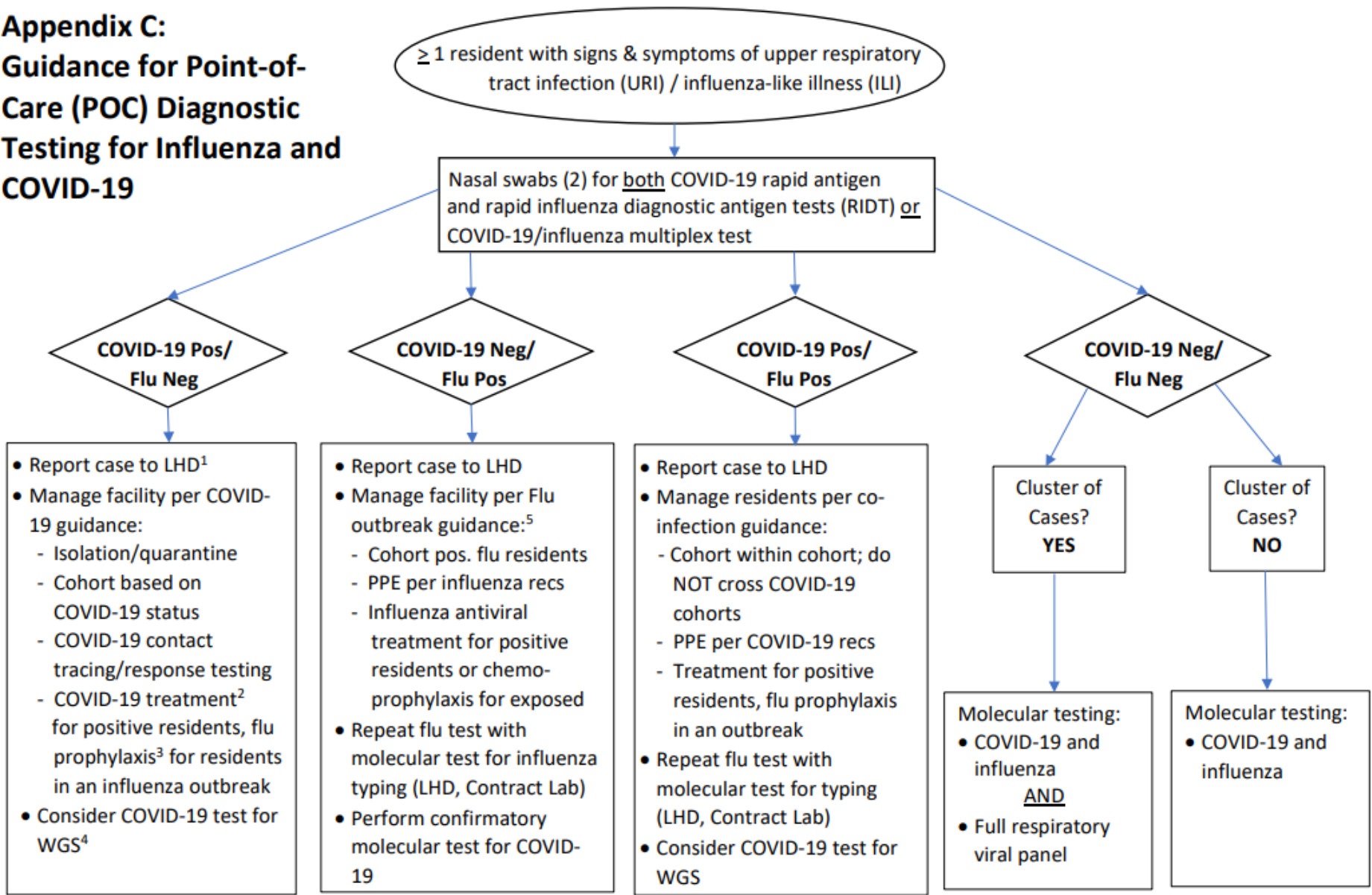
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings-as-Source-Control-in-Healthcare-Settings.aspx>

# Promptly Identify COVID-19 and Influenza

- Monitor residents for signs and symptoms of respiratory illness.
  - 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 [line list](#).
- 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.



# Appendix C: Guidance for Point-of-Care (POC) Diagnostic Testing for Influenza and COVID-19



# Isolation Considerations for COVID-19

- 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 Personal Protective Equipment (PPE), Resident Placement/Movement, and Staffing in SNF Available at <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-23-12.aspx>.

CDPH. Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in SNF, LTC, et al. Available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Best-Practices-for-Ventilation-of-Isolation-Areas-to-Reduce-COVID-19-Transmission-Risk.aspx>

# COVID-19 Treatment Resources

## Reduce the risk of COVID-19 disease severity

- All SNF residents should be considered eligible to receive treatment for mild-to-moderate COVID-19 and should be evaluated by a prescribing clinician for consideration of COVID-19 therapeutics.
- Refer to AFL 23-29: COVID-19 Treatment Resources for Skilled Nursing Facilities (distributed September 26, 2023). This AFL supersedes AFL-22-20.
  - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-29.aspx>

# Manage HCP


- Educate staff concerning self-screening before reporting to work.
- Have clear work restriction policies.
- If symptoms develop at work:
  - Ensure face mask is in place.
  - Notify supervisor.
  - Leave promptly.
  - Test for SARS-CoV-2 and influenza.
- If positive for COVID-19 or influenza follow return-to-work policy.
- Refer 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.
  - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

# Key Messages—Recap

- Vaccinate, vaccinate, vaccinate!
- Implement source control masking.
- Ensure prompt identification and isolation of residents and HCP with COVID-19 and influenza.
- Evaluate SNF residents for consideration of COVID-19 and influenza therapeutics.
- Manage HCP.

# Respiratory Etiquette

## Infection Prevention and You



**Be a good visitor: Keep loved ones safe from infection in healthcare facilities**  
Visitors to a healthcare facility play an important role in guarding patient safety.

**Clean hands before and after visiting**  
The soap and hand sanitizer in patient rooms are for everyone – wash or sanitize your hands when entering and leaving the room of the person you are visiting to avoid bringing in and carrying out germs. Insist that healthcare providers do the same before caring for your loved one. Clean your hands after sneezing, coughing, touching your eyes, nose, or mouth, after using the restroom, and before and after eating and drinking. Cover your cough or sneeze with a tissue or your sleeve, and do not sit on patient beds or handle their equipment. Read and follow any instructions posted outside the patient's room.

**Stay home if you are sick**  
Do not visit the hospital if you are sick or have had any ill symptoms within the last three days including nausea, vomiting, diarrhea, fever (or feeling feverish), uncontrolled cough or rash.

**Check first before you bring food, send flowers, or take the kids**  
While flowers, young visitors, and home-baked goodies spread cheer, they may not be allowed, so check with the nurse first. Most hospitals prohibit flowers in intensive care units. If you change the water in a vase of flowers, be sure to wash your hands afterward. Bringing food is risky because the patient may be on a special diet or the food could spoil and make the patient sick. Likewise, check with the healthcare facility about the rules for children visiting. If you bring youngsters, don't let them play on the floor or bed and have them wash their hands as they enter and leave the room.


**Special precautions**  
If the person you are visiting is on "Isolation Precautions," talk to the nurse before entering the room to find out if you have to wear a mask or other protective clothing. Also ask for any educational materials that may be available.

**Don't contribute to the clutter**  
Limit the patient's personal items. Less clutter eases the critical job of cleaning hospital rooms. Keep patient items off the floor and away from waste containers.

**Visiting more than one patient**  
If you are visiting multiple patients (for instance, if you are a pastor), sanitize your hands before and after seeing each patient. Do not share the communion cup and lay the wafer on a paper towel (not directly on the patient's table.) Visit the person in isolation last and follow the precautions specified.

**Back at home**  
Keep the patient healthy back at home. Follow discharge instructions and eliminate germs from the patient's environment by using disinfectants, such as sprays and wipes, to clean hard surfaces often. Ask for special instructions if the patient had a drug-resistant infection such as MRSA or *C. difficile*.

Updated: 4/23/2014

 **APIC** Association for Professionals in Infection Control and Epidemiology  
1274 K Street, NW, Suite 1000 • Washington, DC 20005 • [www.apic.org/lettertoyou](http://www.apic.org/lettertoyou)  
Like us on Facebook [www.facebook.com/APICinfectionpreventionandyou](https://www.facebook.com/APICinfectionpreventionandyou)

## COVER YOUR COUGH

Help stop the spread of germs that can make you and others sick



Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.



You can also consider wearing a high-quality, well-fitting face mask which may help reduce the spread of respiratory germs.



Wash hands often with soap and warm water for 20 seconds, especially after touching tissues with secretions after coughing or sneezing. If soap and water are not available, use an alcohol-based hand rub.

#FIGHT FLU



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## APIC's Be a Good Visitor:

[https://apic.org/Resource /TinyMceFileManager/for\\_consumers/IPandYou Bulletin Be a Good Visitor.pdf](https://apic.org/Resource/TinyMceFileManager/for_consumers/IPandYou_Bulletin_Be_a_Good_Visitor.pdf)

## CDC's Cover Your Cough:

[https://www.cdc.gov/flu/pdf/protect/cdc\\_cough.pdf](https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf)

# Q: Can COVID Vaccines Be Administered to Staff and Residents During an Outbreak?

- Yes. There is no recommendation in outbreaks to delay vaccination until the outbreak has ended.
- There is no contraindication to receiving a vaccine if exposed.

## COVID-19 vaccination and SARS-CoV-2 infection

### People exposed to SARS-CoV-2

People with a known or potential SARS-CoV-2 exposure may receive vaccine if they do not have [symptoms consistent with COVID-19](#); however, people should follow CDC's [post-exposure guidance](#).

COVID-19 vaccines are not recommended for post-exposure prophylaxis.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#infection>

# Q: Can Surgical Masks Be Used Past Their Expiration Date?

- No. An expired surgical mask should not be used as a surgical mask for surgery or droplet precautions.
- However, expired surgical masks can still be used for source control in the facility as long as the integrity of the mask and ties are intact.



# Q: Can N95 Respirators Be Used Beyond Their Expiration Dates? Pt.1

- No. NIOSH and Cal/OSHA state that respirators cannot be used as PPE beyond their expiration date.
  - “If there is an expiration date designated by the NIOSH approval holder (i.e., respirator manufacturer) and it has been exceeded, it should not be used within an occupational respiratory protection program. Respiratory protective devices that have passed their expiration date are no longer considered NIOSH-approved for use in occupational settings.” —NIOSH: [https://www.cdc.gov/niosh/nppt/topics/respirators/disp\\_part/resource3basic.html](https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/resource3basic.html)
- The Cal/OSHA Respirator Standard requires NIOSH approval for all respirators worn by staff for their protection: <https://www.dir.ca.gov/title8/5144.html>.
  - “(B) The employer shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.”

# Q: Can N95 Respirators Be Used Beyond Their Expiration Date? Pt.2

- Respirators may be used after their shelf life has past for fit testing. 3M has listed some considerations for this practice: <https://multimedia.3m.com/mws/media/18072710/respirators-beyond-their-shelf-life-considerations-technical-bulletin.pdf>.
  - Fit testing should only ever be performed with respirators that have been stored according to the storage conditions specified on the packaging and within a year of their expiration.
  - Before use in fit testing, respirators should be visually inspected to confirm the respirators are not distorted or damaged in any way. This includes respirator headbands, nose clip, nose foam, shell and all other components.

# Q: Can N95 Respirators Be Used Beyond Their Expiration Date? Pt.3

- If a facility experiences lower-than-expected fit test pass rates while fit testing using respirators that are beyond their stated shelf life, then the facility should discontinue use of such respirators for fit testing and instead use respirators that are within their stated shelf life for their fit testing operations. Facilities that use respirators beyond their stated shelf life for fit testing should ensure that such respirators are kept separate from, and not confused with, the facilities' inventory of respirators within the stated shelf life.
- Also, expired masks (N95 or surgical style) can be used for source control in the facility (but not as PPE), as long as the integrity of the mask and elastic ties are intact. Facilities that use respirators beyond their stated shelf life for source control should ensure that such respirators are kept separate from, and not confused with, the facilities' inventory of respirators within the stated shelf life, and must not be used for PPE for staff.



# The Infection Preventionist Role

# 2023 CALTCM Summit for Excellence



**CALTCM**  
California Association of Long Term Care Medicine

Elevating Resident and Facility Outcomes Through Person-Centered Care

2023 CALTCM  
*Summit for Excellence*

SHERATON UNIVERSAL HOTEL  
UNIVERSAL CITY, CALIFORNIA  
LEARN MORE AT CALTCM.ORG

NOVEMBER  
2 - 4  
2023



# CAHF 73rd Annual Convention & Expo



## CAHF 2023 Annual Convention & Expo

November 12–15, 2023  
Renaissance Palm Springs  
Palm Springs, CA

# California Partnership to Improve Dementia Care

## Improving Resident Relationships in Long-Term Care (IRRL): A Train-the-Trainer Opportunity

- Discover the tools needed to support staff to recognize, manage, and reduce negative resident interactions ([flyer](#)).
- The IRRL Program is an evidence-based intervention to prevent resident-to-resident aggression (RRA).
- Registration Information:
  - **Thursday, September 28, 2023**
    - 3:00–4:45 p.m. PT
    - <https://bit.ly/IRRLsep28session>
- BRN, NHAP, and Social Worker continuing education units (CEUs) available.



# New Staff Orientation Toolkit on Dementia Care

Hosted by The California Partnership  
to Improve Dementia Care and  
LeadingAge California



- **Date:** October 20, 2023
- **Time:** 9:00–10:30 a.m. PT
- **Register:** [https://leadingageca.zoom.us/meeting/register/tZ0uc-CqjpkpH9ZUIJViul5D0VENh\\_CmotqK#/registration](https://leadingageca.zoom.us/meeting/register/tZ0uc-CqjpkpH9ZUIJViul5D0VENh_CmotqK#/registration)
- **Who should register?**
  - Directors of staff development, administrators, directors of nursing, trainers, nursing staff, administrative staff, activity staff, resident advocates for nursing homes, residential care facilities, home health agencies, hospice, and adult day health care centers



# Sepsis Sprint Quickinar Series

## On Your Mark, Get Set, Go!

Register at: <https://www.hsag.com/nh-sepsis-sprint>



- Lunch-and-Learn format
- Seven, 30-minute quickinars
- Tuesdays, 12 noon–12:30 p.m.

Tools: [www.hsag.com/nh/infection-prevention#Sepsis](http://www.hsag.com/nh/infection-prevention#Sepsis)

- 1: September 26<sup>th</sup> Sepsis Kick-Off
- 2: October 3<sup>rd</sup> Sepsis the Silent Killer
- 3: October 10<sup>th</sup> Hand Hygiene—Spread the Word, Not the Germs
- 4: October 17<sup>th</sup> Don't Wait Until it Is Too Late to Vaccinate
- 5: October 24<sup>th</sup> Sepsis Prevention and Screening
- 6: October 31<sup>st</sup> Post-Sepsis Syndrome and Readmission
- 7: November 7<sup>th</sup> Wrap Up

# Public Health Webinar From Rutgers University



## PUBLIC HEALTH WEBINAR

## Preventing Aerosol-Transmissible Diseases in Healthcare Settings:



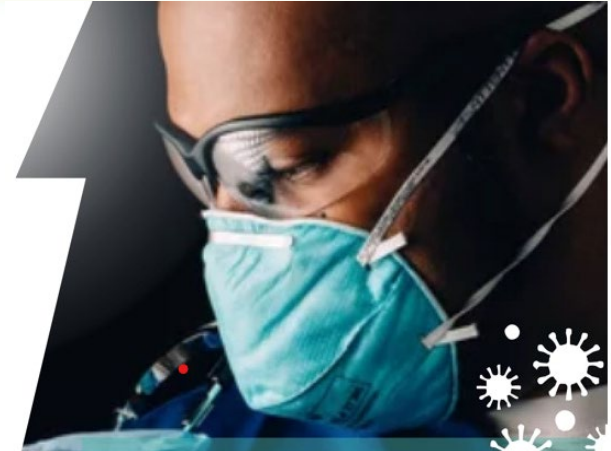
Free to attend!

<https://rutgerstraining.sph.rutgers.edu/PreventATD/>

Top scientists, occupational health experts, infection control specialists, front-line healthcare workers, patient advocates and all interested stakeholders will review:

- current science on aerosol transmission
- the gaps in the CDC's current and draft guidelines
- needed control measures.

Recommendations for strong protective guidelines produced by the workshop will be submitted to the CDC.



FRIDAY, OCTOBER 13  
12:00 - 3:00 PM EST  
9:00am- noon PST

Register at:

[go.rutgers.edu/PreventATD](https://go.rutgers.edu/PreventATD)

### WHO SHOULD ATTEND?

Public health professionals, scientists and engineers, healthcare workers and their representatives, patients and their advocates, occupational health and safety professionals, infection prevention and control professionals. Anyone with an interest or stake in better guidelines for infection control in healthcare settings.

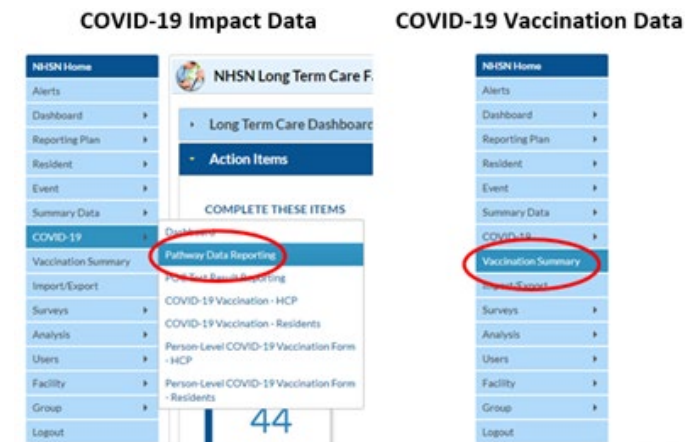
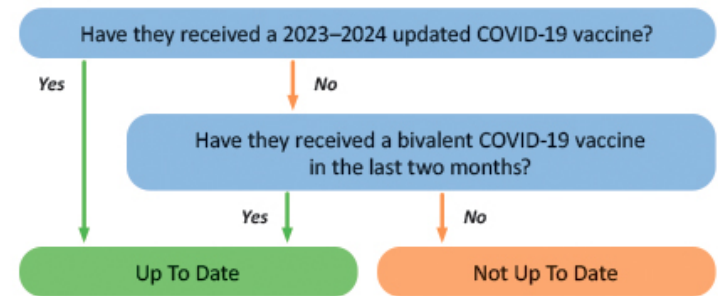


# NHSN Updates

# New Up-to-Date Definition

- Beginning reporting week **9/25/23 – 10/1/23**
  - Individuals are considered up to date if they have received a 2023–2024 updated COVID-19 vaccine, or if they received a bivalent COVID-19 vaccine within the last 2 months.
  - Under the new recommendations, most individuals will not be up to date with COVID-19 vaccines.
- This definition applies to both the Vaccination and COVID-19 Impact Data.

How does NHSN define up to date on vaccines?



# COVID-19 Resident and Staff Vaccinations— Person-Level Reporting

**Best Practice:** These optional person-level reporting tools auto calculate weekly vaccination data and are updated any time there are changes to questions.

The screenshot displays the NHSN Long Term Care Facility interface. On the left is a vertical navigation menu with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19 (highlighted), Vaccination Summary, Import/Export, Surveys, Analysis, and Logout. On the right, the main content area shows the 'NHSN Long Term Care Facility' header with a globe icon, followed by a 'Long Term Care Dashboard' link and an 'Action Items' section. Below this is a 'COMPLETE THESE ITEMS' section containing a list of tasks: Dashboard, Pathway Data Reporting, POC Test Result Reporting, COVID-19 Vaccination - HCP, COVID-19 Vaccination - Residents, Person-Level COVID-19 Vaccination Form - HCP (highlighted with a red box), and Person-Level COVID-19 Vaccination Form - Residents (also highlighted with a red box).

# 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-09272023-01

