California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, June 28, 2023

Upcoming Calls

- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls
  - 2nd Tuesday of each month
  - Call in: **1.844.721.7239**
  - 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**
  - Recordings, notes, and slides are posted at registration site
- HSAG Tuesday, 11:30 a.m., National Healthcare Safety Network (NHSN) Updates & Office Hours:
  - 3rd Tuesday of each month
  - Register at: **https://bit.ly/NHSNHAIofficehoursJulytoDec2023**

SNF = skilled nursing facility

Agenda

- Announcements
  - CALTCM Infection Prevention & Control Leadership Program
  - New—CDPH COVID-19 All Facilities Letter (AFL) Website
  - Updated—Wednesday Webinar FAQs
- Testing Task Force Updates
- National Healthcare Safety Network (NHSN) Updates
- Immunization Branch Updates
- Infection Prevention and Control (IPC) Training Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A

Opportunity for 1 & 2 Star Nursing Homes

CALTCM
California Association of Long Term Care Medicine

Infection Prevention & Control Leadership Program

Program Highlights:

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

$22,000+ Value

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

For details visit caltcm.org, scan the QR code, or email info@caltcm.org.

NEW: COVID-19 CDPH All Facility Letters (AFLs)

Active COVID-19 AFLs

Bulletin Number	Facility Type Affected	Subject
AFL 21-08.9 (Supersedes AFL 21-08.8)	General Acute Care Hospitals, Acute Psychiatric Hospitals, Skilled Nursing Facilities	Guidance on Quarantine and Isolation for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19
AFL 23-12 (Supersedes AFL 20-74.1)	Skilled Nursing Facilities (SNFs)	Coronavirus Disease 2019 (COVID-19) Recommendations for Personal Protective Equipment (PPE), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities

Rescinded COVID-19 AFLs

Bulletin Number	Facility Type Affected	Subject
AFL 21-07 (Rescinded)	Skilled Nursing Facilities, General Acute Care Hospitals	Maintain Efforts to Increase Staffing Levels
AFL 21-28.3 (Rescinded)	Skilled Nursing Facilities	Coronavirus Disease 2019 (COVID-19) Testing, Vaccination Verification and Personal Protective Equipment for Health Care Personnel (HCP) at Skilled Nursing Facilities (SNF)

Obsolete COVID-19 AFLs

Bulletin Number	Facility Type Affected	Subject
AFL 20-09 (Obsolete)	All Facilities	Healthcare Facility Resources for the 2019 Novel Coronavirus (2019-nCoV)
AFL 20-10 (Obsolete)	All Facilities	Healthcare Facility Resources for the 2019 Novel Coronavirus (2019-nCoV)

All 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

Updated: Wednesday Webinar FAQ Document

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CDPH Infection Prevention Webinars

The California Department of Public Health (CDPH)—with the California Association of Long Term Care Medicine (CALTCM), California Association of Health Facilities (CAHF), and Health Services Advisory Group (HSAG)—hosts a monthly (4th Wednesday) webinar on infection prevention for long term care facilities to discuss any recent updates on Coronavirus Disease 2019 (COVID-19) and provide a venue for addressing questions. The webinars focus on infection prevention guidance for SNFs. It is recommended that SNF infection prevention staff attend. Local health departments and SNF administrators, directors of nursing, and medical directors are also encouraged to attend. Please register in advance; space is limited. A recording link will be available the day following the webinar.

Day of the webinar event: Call-in telephone number for all webinars is: **415.655.0003**. You may join via computer (using your computer or telephone for audio) or by telephone only. (If you join the video portion of the webinar, for a better webinar experience we recommend you have Webex call your phone—don't dial in yourself).

CDPH All-Facilities Phone Call: For additional CDPH information, join the All-Facilities phone call from 8–9 a.m. PT, on the 2nd Tuesday of the month. Dial 844.721.7239, access code 7993227.

Past Webinars
CLICK HERE to find past webinar recordings, slides, call notes, and other links.

CDPH FAQs

Register for Upcoming Webinars

April–December 2023

www.hsag.com/cdph-ip-webinars

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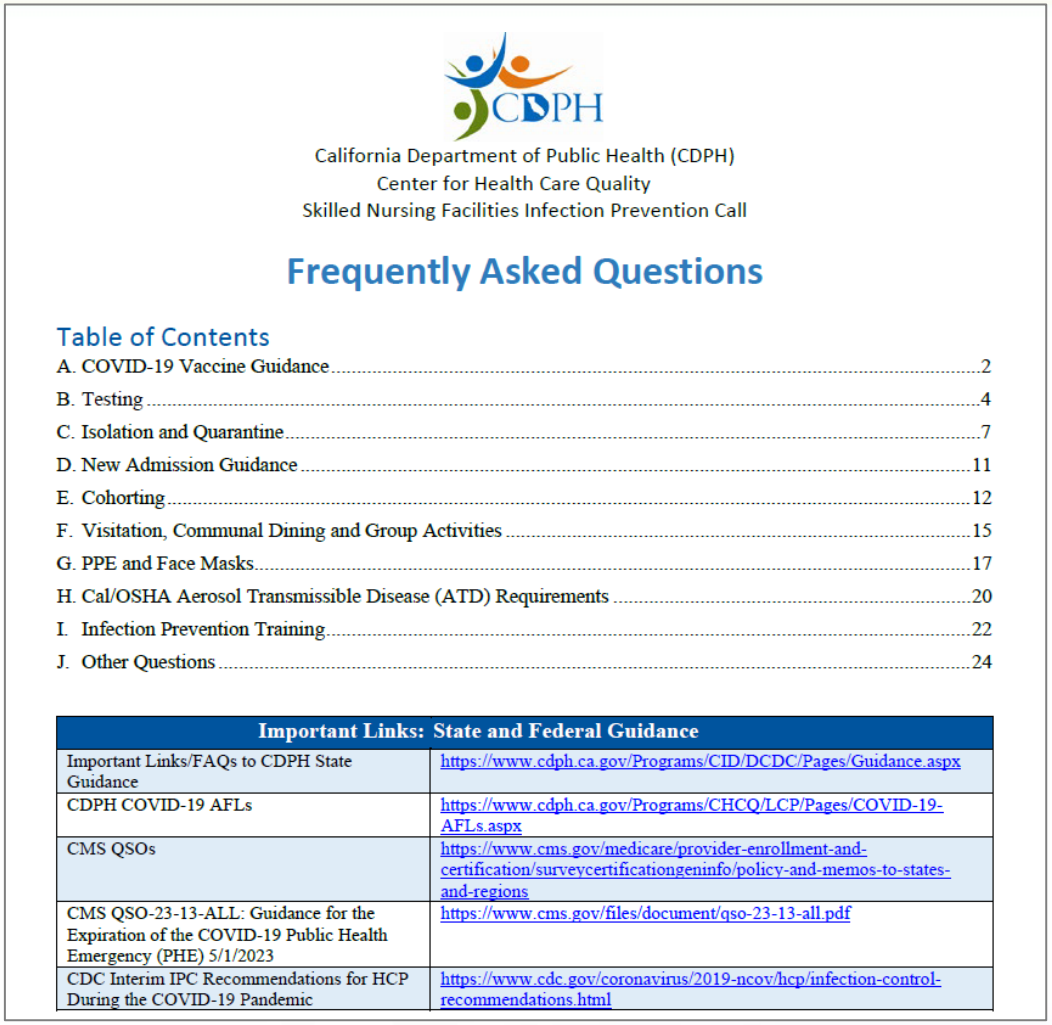
Wednesday Webinar FAQ Document (cont.)



California Department of Public Health (CDPH)
Center for Health Care Quality
Skilled Nursing Facilities Infection Prevention Call

Frequently Asked Questions

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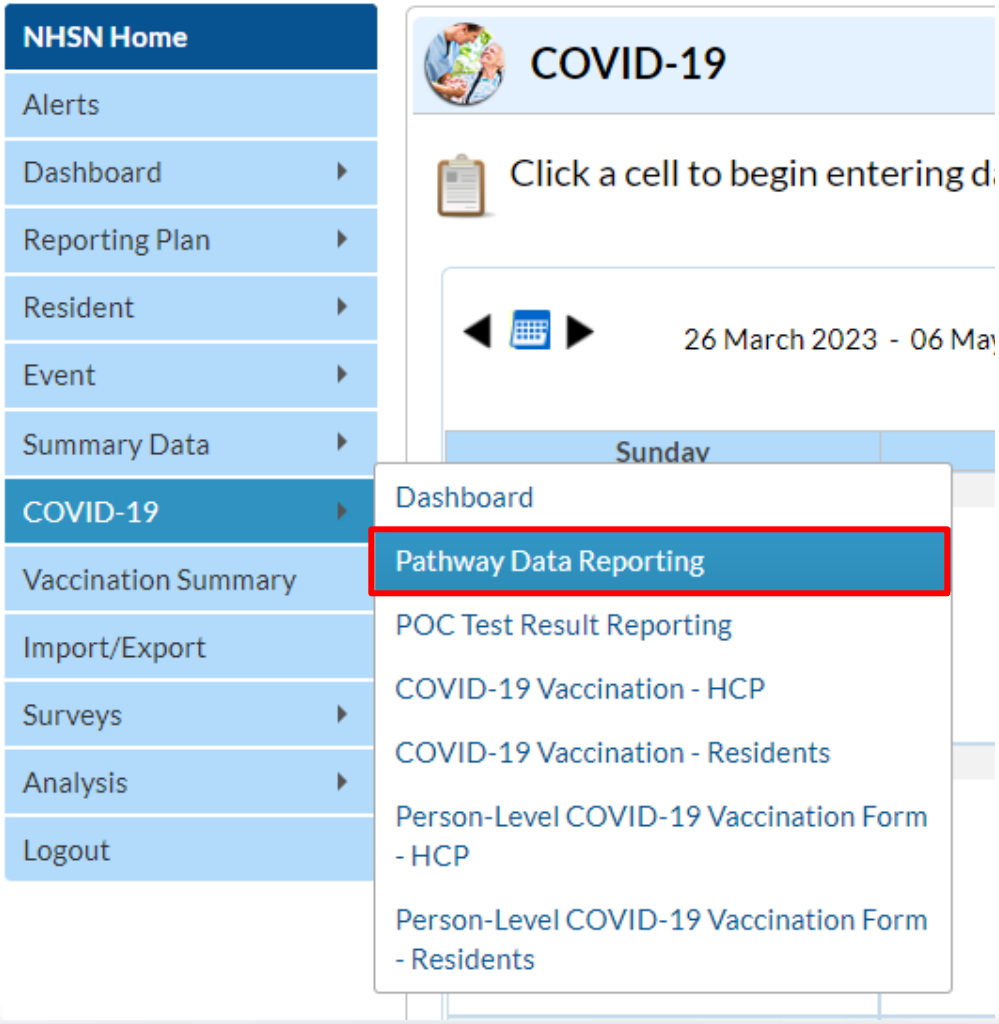
Important Links: State and Federal Guidance	
Important Links/FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
CDPH COVID-19 AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx
CMS QSOs	https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions
CMS QSO-23-13-ALL: Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) 5/1/2023	https://www.cms.gov/files/document/qso-23-13-all.pdf
CDC Interim IPC Recommendations for HCP During the COVID-19 Pandemic	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

To view the updated document, you may need to clear your cache to force your browser to download a "fresh" version of the website.

- Click the refresh button
- Press Ctrl + F5 simultaneously
- Press Ctrl + Shift + Delete simultaneously

NHSN Updates

COVID-19 Pathway Data Reporting—June 12, 2023, Updates



Pathway—Resident Module Updates

Resident Impact for COVID-19 (SARS-CoV-2)

	* **POSITIVE TESTS:** Enter the Number of residents with a **newly** positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR). **Note: Do not include residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).** *Only include residents newly positive since the most recent date data were collectd for NHSN reporting.*

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result

Up to Date Vaccination Status	
Up to Date: Include residents with a newly positive SARS-CoV-2 viral test result who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date. **Note: Please review the current NHSN surveillance definition of up to date.**	1
Not Up to Date: Based on the counts entered for POSITIVE TESTS and UP TO DATE, the count for residents who are NOT considered up to date based on the NHSN Surveillance definition has been calculated above. This count is not editable, to edit please update the count entered for UP TO DATE.	1

Hospitalizations

This is not a subset of the "Positive Tests" count reported above. Include only the number of new hospitalizations with a positive COVID-19 test since the most recent date data were reported to NHSN.

1	***Hospitalizations with a positive COVID-19 Test:** Number of residents who have been hospitalized **with** a positive COVID-19 test. **Note:** Only include residents who have been hospitalized during this reporting period and had a positive COVID-19 test in the **10 days prior to the hospitalization**, date of specimen collection is calendar day 1. 1 ****Hospitalizations with a positive COVID-19 Test and Up to Date:** Based on the number reported for *"Hospitalizations with a positive COVID-19 Test"* indicate the number of residents who were hospitalized **with positive COVID-19 test and also up to date with COVID-19 vaccinations at the time of the positive COVID-19 test.**

Resident Deaths

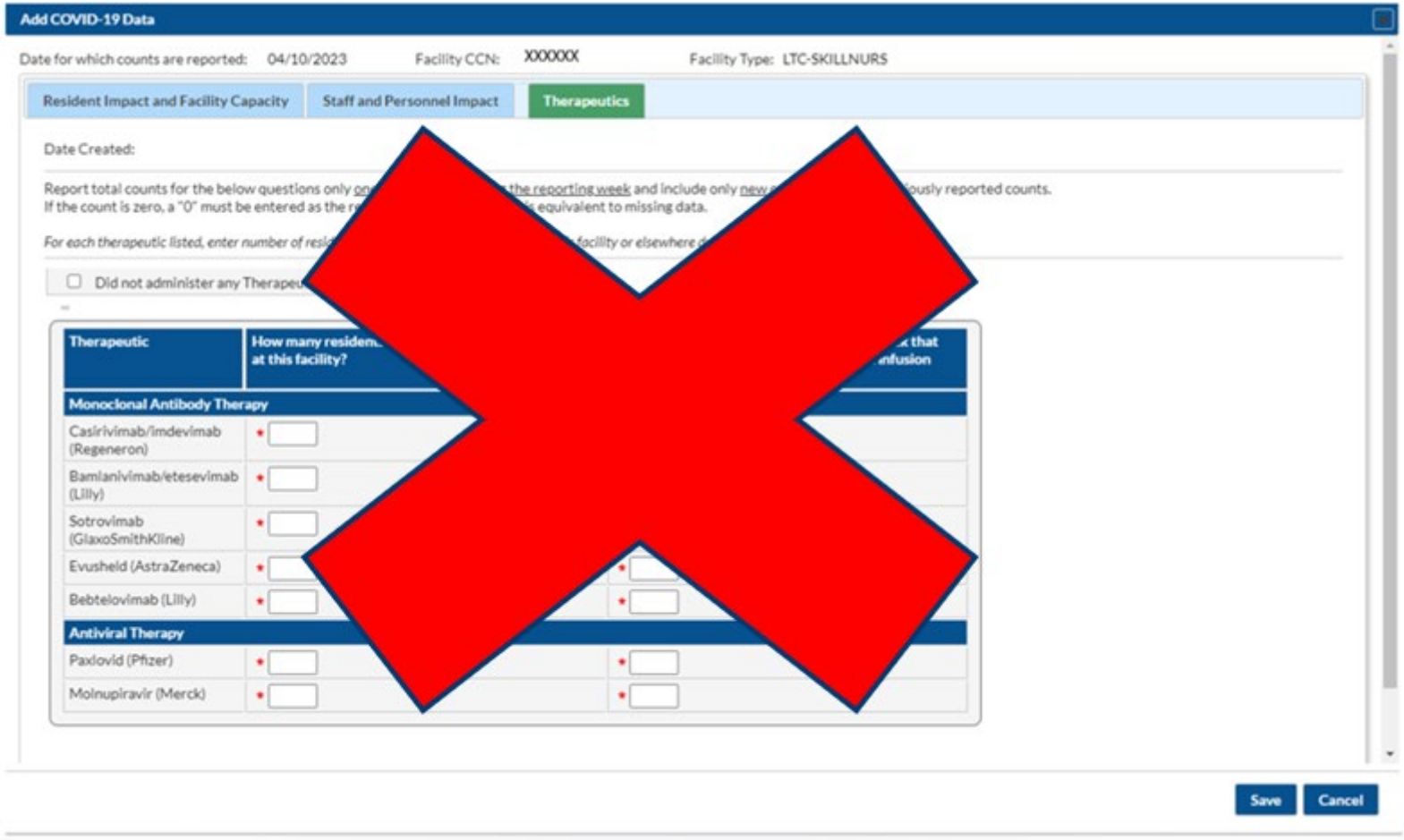
0	***TOTAL DEATHS:** Number of residents who have died for *any* reason in the facility or another location. *Include only the number of new deaths since the most recent date data were collected for NHSN reporting.* 0 **COVID-19 DEATHS:** Based on the number reported for *Total Deaths*, indicate the number of residents who died from COVID-19 or related complications, either in the facility or another location.

Pathway—Staff Module Updates

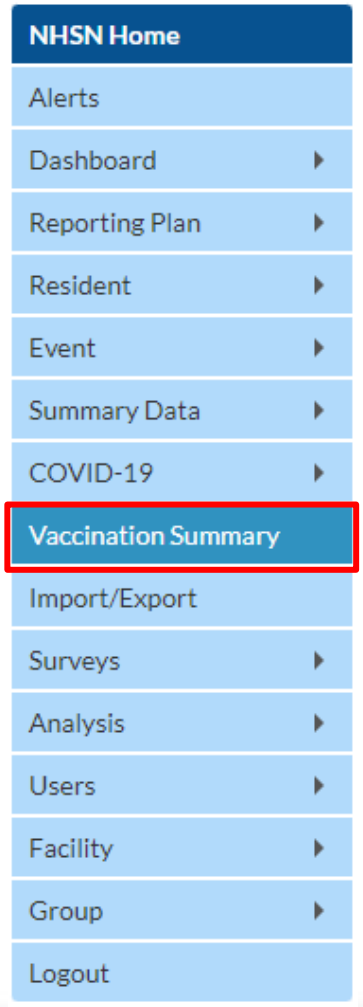
Staff and Personnel Impact

* **POSITIVE TESTS:** Enter the number of staff and facility personnel with a **newly** positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR)).
Note: Exclude staff and facility personnel who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).
Include only staff and facility personnel newly positive since the most recent date data were collected for NHSN reporting

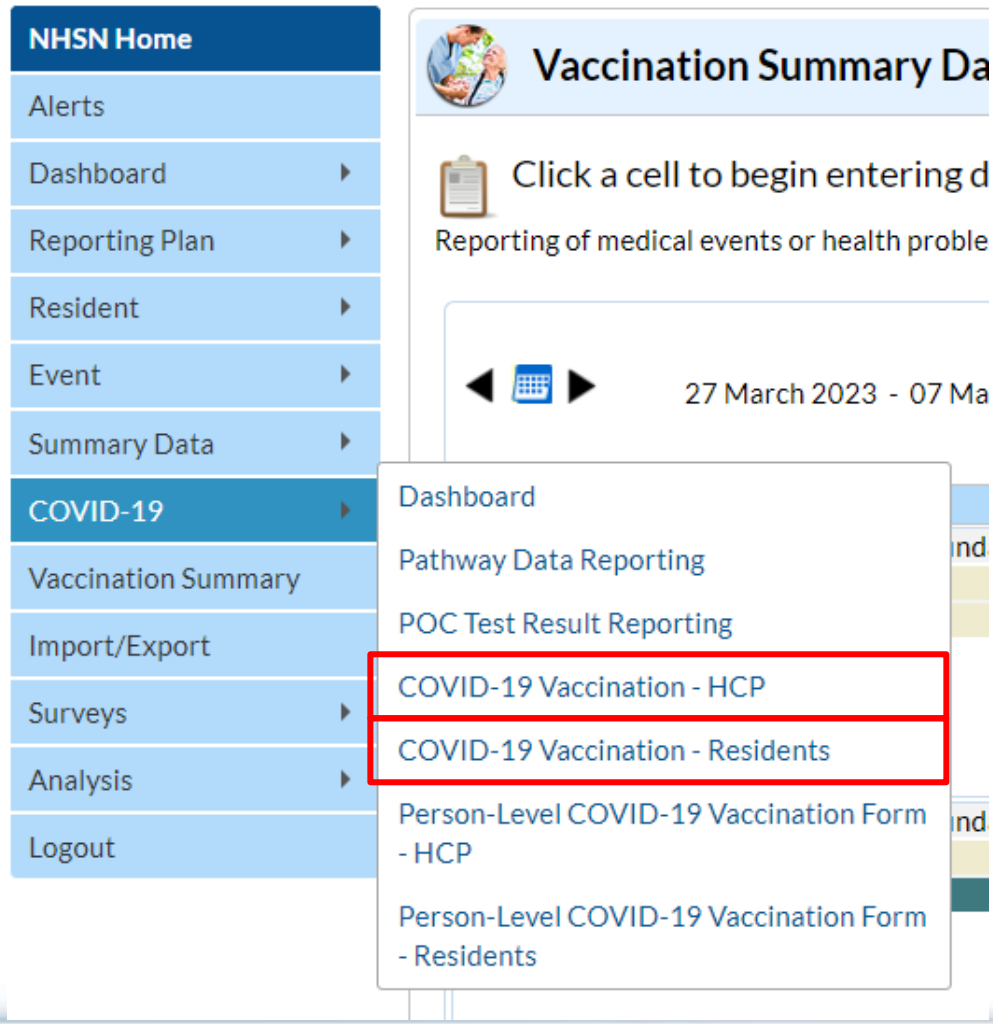
Pathway—Therapeutics Module Updates



Vaccination Summary Reporting—June 26, 2023, Updates



OR



https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/Final-Long-term-Care-Weekly-COVID-19-Vac-Form_Updates_LoriHaas_AudreyRobnett_Brown_508c.pdf

Revised Resident Vaccination Questions

1. Number of residents staying in this facility for at least 1 day during the week of data collection.
2. Cumulative number of residents in Question #1 who are up to date with COVID-19 vaccines.

   Up to Date = Having received the Bivalent Vaccine

3. Cumulative number of residents in Question #1 with other conditions:

   Should be answered regarding the **Bivalent Vaccine**

   - 3.1. Medical contraindication to COVID-19 vaccine
   - 3.2. Offered but declined COVID-19 vaccine
   - 3.3. Unknown/other COVID-19 vaccination status

Revised Healthcare Personnel (HCP) Vaccination Questions

1. Number of HCP who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection.
2. Cumulative number of HCP in Question #1 who have received complete primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020.

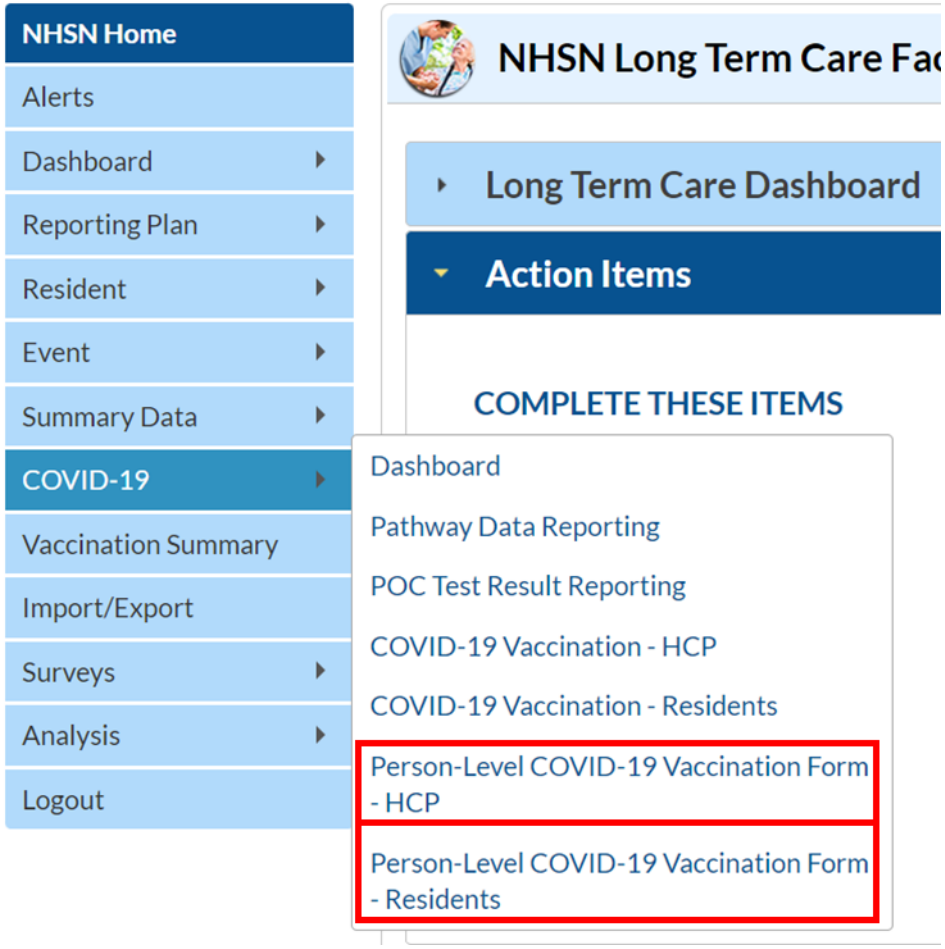
   This is a current Quality Reporting Program (QRP) measure, that is why they are still asking for staff primary series data.
3. Cumulative number of HCP in Question #1 with other conditions:

   Should be answered regarding the **Primary Series.**
   - 3.1. Medical contraindication to COVID-19 vaccine
   - 3.2. Offered but declined COVID-19 vaccine
   - 3.3. Unknown/other COVID-19 vaccination status
4. Cumulative number of HCP in question #1 who are up to date with COVID-19 vaccines.

   Up to Date = Having received the Bivalent Vaccine

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.



https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/QRG-for-Re-Submitting-COVID-19-Vaccination-Data-using-the-Person-Level-Vaccination-Forms.pdf

IPC Training Updates

Virtual Infection Preventionist Train-the-Trainer Workshops

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

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- 4 Train-the-Trainer Workshops offered over 15 weeks.
- **Goal:** Improve IPC practices to reduce HAIs and infection-related hospitalizations.
- BRN and NHAP continuing education available.
- 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

BRN = California Board of Registered Nursing NHAP = Nursing Home Administrator Program

Enhanced Standard Precautions

May 15–19, 2023

Recording & Toolkits Available Online

Urinary Tract Infection Prevention

June 20–23, 2023

Recording & Toolkits Available Online

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

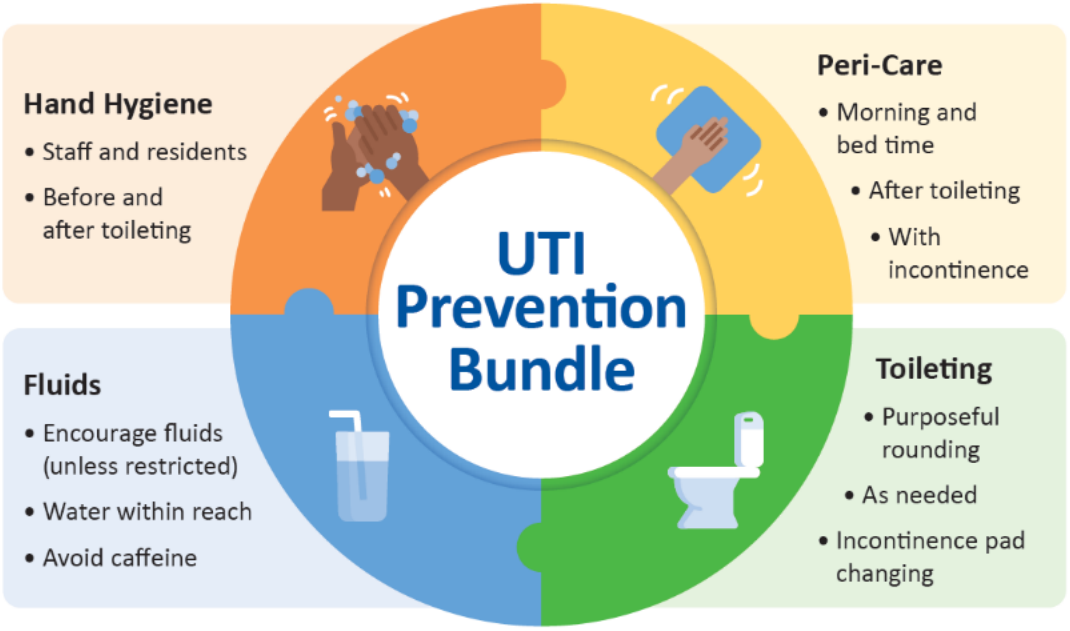
August 21–25, 2023

- 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.

UTI Prevention Bundle & Friday Office Hours

HSAG UTI Prevention Bundle

- Bundle Risk and Action Tool
- Nursing Signs and Symptoms Assessment
- Prevention Bundle Poster
- Risk Assessment
- Action Plan
- Common Diagnosis Myths



www.hsag.com/nh/infection-prevention/#Urinary_Tract_Infections

Register for UTI Office Hours

Friday, June 30, 2023, 11 a.m.–12 noon PT

https://us06web.zoom.us/meeting/register/tZEuc-qupzkoGtG71ilH7H8et-NBAkDrJAZG#/registration

UTI = urinary tract infection

California Infection Preventionist Training Requirements

- Each infection preventionist 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.
- Although it is not stated directly what educational programs are acceptable, infection preventionists are advised to access training sources though a nationally recognized IPC association, such as CDPH, CDC, HSAG, APIC, SHEA, CAHF, CALTCM.
  - AFL 20-84 states, "CDPH encourages all SNFs to adopt best practices to prevent and control infections within the facility using nationally recognized standards."

The CDPH & HSAG Virtual IP Train-the-Trainer Workshop hours count towards the California 10-hour annual requirement for infection preventionists.

F945: Infection Control Training

- Effective October 2022, CMS issued F945 as part of Phase 3.
- F945 requires 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…"
- Staff includes "all facility staff (direct and indirect care functions), contracted staff, and volunteers (training topics as appropriate to role)."
- Nursing homes must have a process in place to track staff participation in and understanding of the required training.

CMS State Operations Manual: Appendix PP (pages 851-853)
https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf
CMS 483.95 Training Requirements
https://qsep.cms.gov/data/352/TrainingRequirements.pdf

F945 Training Tips

- To train staff, nursing homes may mix-and-match modules from different educational programs and platforms to form the most appropriate training for each type of staff member.
- Ensure your facility has a process to document staff training, including the name of the course completed, date completed, and reason for completion (e.g., at hire, annual, as needed).
- Consider the most effective educational methods to ensure staff understanding of the training (e.g., passive learning with videos and online modules versus active learning via teach-back method).
- Provide education in relevant languages.

Infection Prevention Training Resources (cont.)

- The following trainings can assist nursing homes in meeting the requirement to have all staff trained.

Training Program/Platform
CDPH & HSAG Virtual IP Train-the-Trainer Workshops https://www.hsag.com/ip-train-the-trainer
CMS Targeted COVID-19 Training https://qsep.cms.gov/
CALTCM Infection Preventionist Orientation Program https://www.caltcm.org/infection-preventionist-orientation-program2
CDC STRIVE Infection Control Training https://www.cdc.gov/infectioncontrol/training/strive.html
CDC Project Firstline https://www.cdc.gov/infectioncontrol/projectfirstline/resources/facilitator-toolkit.html
Relias https://www.relias.com/industry/skilled-nursing-long-term-care
Healthcare Academy https://www.healthcareacademy.com/skilled-nursing/
HealthStream https://store.healthstream.com/catalog/care-settings/skilled-nursing-and-long-term-care

HAI Updates

CMS Final Rule, June 5, 2023: 483.8(i), 483.430(f)

- Effective date: August 4, 2023
- Three regulations addressed:
  1. **COVID-19 no longer required for HCP**
     - Will not enforce before August 4, 2023
     - Aligning approach with recommendations for other infectious diseases
     - Encourage ongoing COVID-19 vaccination via quality reporting requirements and value-based incentive programs that increase involvement of leadership in quality improvement and create a sense of accountability
     - Individual facility, county or state may implement vaccine requirements
  2. **Educate and offer requirements**
     - Residents, clients, staff
     - If vaccine not available in facility, assist in finding vaccine
     - Permanent
  3. **Routine testing in long-term care facilities no longer required**

www.federalregister.gov/documents/2023/06/05/2023-11449/medicare-and-medicaid-programs-policy-and-regulatory-changes-to-the-omnibus

Q: Are COVID-19 vaccines still required for HCP?

- 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.
- The final rule 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.
- However, CMS and CDPH continue to **strongly recommend** that all HCP and residents remain up to date on recommended vaccines.
- Additionally, local health departments and healthcare facilities may implement COVID-19 vaccination requirements for HCP.

www.federalregister.gov/documents/2023/06/05/2023-11449/medicare-and-medicaid-programs-policy-and-regulatory-changes-to-the-omnibus

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

- 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.
- CDPH AFL 22-13.1, which had testing guidance for new admissions, is no longer in effect.

CDC Interim IPC Recommendations for HCP During the COVID-19 Pandemic
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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

- No, residents are not required to wear masks routinely.
- Situations when masks may be recommended for source control:
  - When residents are outside of their rooms (e.g., hallways, common areas).
  - When outside visitors are present (e.g., during large communal space visitation), masks are recommended for both residents and visitors, but they are not required.
  - If residents have been exposed to an individual with COVID-19, they must wear a mask 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.

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

- 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 a significant 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

HCP Personal Protective Equipment (PPE) FAQs

- **Q: What PPE is necessary when HCP are caring for an <u>asymptomatic</u> 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.
- **Q: Are empiric, transmission-based precautions for <u>exposed, symptomatic residents</u> 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.

Contacting the CDPH HAI Program

- The CDPH HAI Program email, covhai@cdph.ca.gov, is no longer in effect.
- Please refer COVID-19 infection control and outbreak response questions to HAIprogram@cdph.ca.gov.
  - Indicate the topic of your comment or question in the subject line.

Questions?

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