California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, May 24, 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**

SNF = skilled nursing facility

Agenda

- Educational Opportunities
    - Virtual Infection Prevention Train-the-Trainer Workshops
    - Opioid Use Disorder Focus Group
- Testing Task Force Updates
- CDPH 123 Survey Changes & NHSN Updates
- Immunization Branch Updates
- Cal/OSHA Aerosol Transmissible Disease (ATD) Standard
- Healthcare-Associated Infection (HAI) Updates
- Q&A

NHSN = National Healthcare Safety Network
Cal/OSHA = California Division of Occupational Safety and Health

Virtual IP Train-the-Trainer Workshops

- 4 Train-the-Trainer Workshops offered over 15 weeks.
- **Goal:** Improve IPC practices to reduce HAIs and infection-related hospitalizations.
- BRN & NHAP CEUs available.
- Register for UTI, CNA, EVS Trainings: https://www.hsag.com/ip-train-the-trainer
- Register for ESP Office Hours this Friday, 11:00 a.m. https://us06web.zoom.us/meeting/register/tZEuc-qupzkoGtG71ilH7H8et-NBAkDrJAZG#/registration

Register Here

Enhanced Standard Precautions	Urinary Tract Infection Prevention	Certified Nursing Assistant IPC Curriculum	EVS IPC Curriculum for EVS Managers
May 15–19, 2023	*June 20–23, 2023*	*July 17–21, 2023*	*August 21–25, 2023*
• May 15, 1–2:30 p.m.	• June 20, 1–2:30 p.m.	• July 17, 1–2:30 p.m.	• August 21, 1–2:30 p.m.
• May 16, 11 a.m.–12:30 p.m.	• June 21, 11 a.m.–12:30 p.m.	• July 18, 11 a.m.–12:30 p.m.	• August 22, 11 a.m.–12:30 p.m.
• May 18, 12–1:30 p.m.	• June 22, 12–1:30 p.m.	• July 20, 12–1:30 p.m.	• August 24, 12–1:30 p.m.
• May 19, 2–3:30 p.m.	• June 23, 11 a.m.–12:30 p.m.	• July 21, 2–3:30 p.m.	• August 25, 2–3:30 p.m.

Opioid Treatment Focus Group Invitation

- Ensuring Medication for Opioid Use Disorder (MOUD) in Nursing Homes

- Date: Wednesday, June 7, 2023

- Time: 1–2 p.m.

If you are interested in participating, contact Greg Sieradzki at gsieradzki@hsag.com or put your email and facility/organization name in the chat box.

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NHSN Frequently Asked Questions

AFL 20-43.4: SNF COVID-19 Daily Reporting

- This AFL announces that effective May 12, 2023, CDPH's online COVID-19 SNF Survey is discontinued.

- SNFs must continue to submit **weekly COVID-19 data** to the Department of Health and Human Services (HHS) via the Centers for Disease Control and Prevention (CDC) NHSN system until December 31, 2024, unless HSS specifies an earlier date.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-43.aspx

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

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: How do I get access to NHSN?

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?

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Q: How can I complete my registration in NHSN?

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

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Q: Do I have to submit data daily?

No, you are only required to submit data <u>weekly</u>.

1. **QSO-20-26-NH (Pathway Data/CDPH Daily Survey)**
2. **QSO-21-19-NH (Vaccination Data/CDPH Weekly Survey):**

These regulations require a <u>minimum of weekly reporting</u>, and noncompliance with this requirement will receive a deficiency citation and result in a civil money penalty (CMP) imposition.

Example of Acceptable Reporting

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Feb 05	06	07	08	09 ⊘ Resident ⊘ Staff ⊘ Therapeutics	10	11
12	13	14	15	16 ⊘ Resident ⊘ Staff ⊘ Therapeutics	17	18
19	20	21	22	23	24 ⊘ Resident ⊘ Staff ⊘ Therapeutics	25
26	27	28	Mar 01 ⊘ Resident	02 ⊘ Staff ⊘ Therapeutics	03	04

Each week, new data should be reported representing the time since the last report date.

Q: Do I submit data for the current week or the previous week?

- Pathway Data
  - Each week, new data should be reported representing the time since the last report date
- Vaccination Data
  - If you previously relied on CDPH to complete this reporting, continue to report for the previous week
    - Example, Monday, 5/15–Sunday, 5/23 is submitted before Sunday, 5/28)
  - If you report during the current week, continue to do so

Report both Pathway and Vaccination Data once every week before Sunday at 11:59 pm EST.

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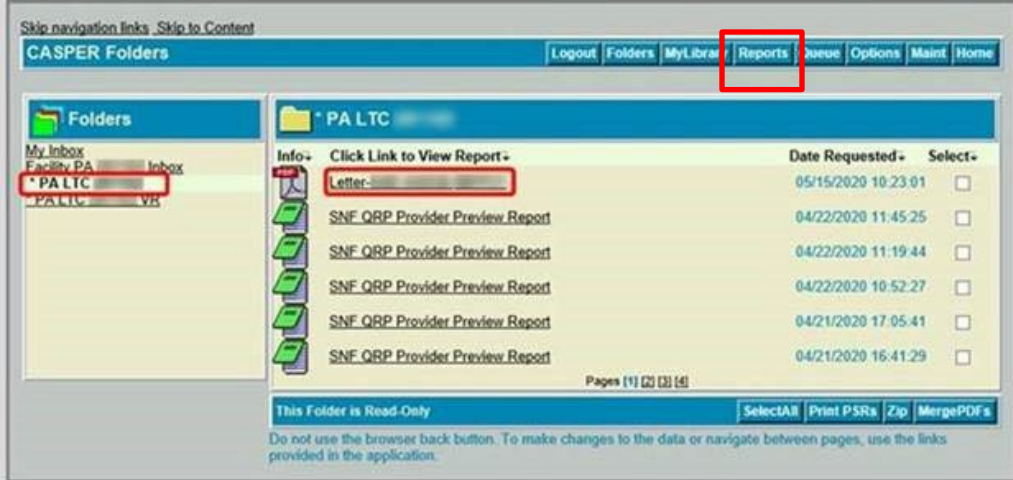# Q: What census do I use in the Pathway Data Reporting?

- 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.

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

- Failure to meet reporting requirements will result in a Civil Monetary Penalty (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.

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.

Available Resources   www.hsag.com/nhsn-help

HSAG Resources

- *New Resource:* Survival Guide for Mandatory NHSN Reporting for LTCFs
- Overview of National Health Safety Network (NHSN) Reporting Requirements for Long Term Care Facilities (LTCFs)
- Frequently Asked Questions Regarding NHSN Access Issues

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 ATD Standard

Q: 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 ATP, SARS CoV-2.
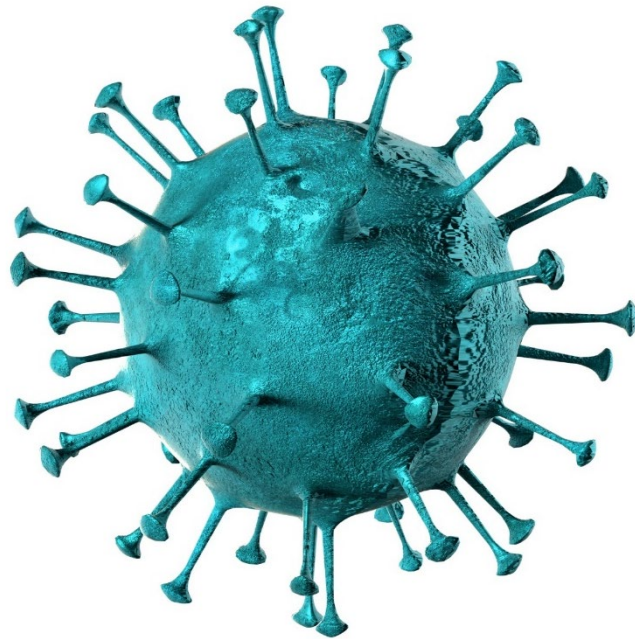
Q: Do nursing homes need to transfer residents with COVID-19 if they don't have an AIIR?

- The Cal/OSHA ATD regulations indicate 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…**

AIIR = airborne infection isolation room

Novel Pathogen AIIR Exceptions

- 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.

    - CDPH has instructed nursing homes not to transfer residents that are not in need of hospital level medical care solely for the purpose of airborne infection isolation.

- In this case, the usual requirements to document attempts to transfer within 5 hours, and every 24 hours thereafter, and to contact the local health officer <u>do not apply to this exception.</u>

- This exception does not apply to high hazard procedures which must be done in AIIRs; and staff must wear powered air purifying respirators (PAPRs).

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 employees use N95 respirators (or higher level) when caring for COVID-19 residents.
  - Provide "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.

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

- If a COVID-19 patient does not need hospital-level care, it is <u>not required</u> for nursing homes to contact their local hospitals or other facilities to inquire about about AIIR availability.

- 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 (some are listed on previous slide) to prevent transmission within the facility.

HAI Updates

AFLs with COVID-19 Infection Control Guidance

- Many AFLs with COVID-19 guidance are either outdated or no longer necessary.
  - Marked obsolete, no longer in effect.
  - There will not be new AFLs to replace them.
- Refer to CDC's guidance, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic," updated on May 8, 2023.
  https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

CDC Infection Control Guidance Update

- As of May 11, 2023, CDC no longer receives data needed to publish community transmission levels (COVID Data Tracker), which influenced their guidance on use of source control in all healthcare settings, and admission testing in nursing homes.

  - Admission testing in nursing homes is now at the discretion of the facility

  - Facilities encouraged to look beyond SARS-CoV-2 and make broader masking decisions based on facility-and-patient-level characteristics and local metrics that could reflect increasing respiratory virus transmission in the community.

CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Local Circumstances to Consider

CDPH Face Coverings Questions & Answers:
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx

- **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.

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 local transmission of respiratory illness and/or COVID-19 and other respiratory virus (e.g., influenza).

- **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.

CDPH 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.

CORHA = The Council for Outbreak Response, Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens
CSTE = Council of State and Territorial Epidemiologists

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

- CDPH no longer requires COVID-19 vaccinations for HCP as of April 3, 2023
- Per [CMS QSO-23-13-ALL](#), CMS will soon end their vaccination requirements for CMS-certified healthcare facilities. Further details coming soon.
- 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.
- CMS continues to require nursing homes to educate residents and staff on the COVID-19 vaccine (including any additional doses) and offer to help them get vaccinated. This requirement will remain in effect until May 21, 2024, unless additional regulatory action is taken.
- Local health departments and healthcare facilities may implement COVID-19 vaccination requirements for HCP.
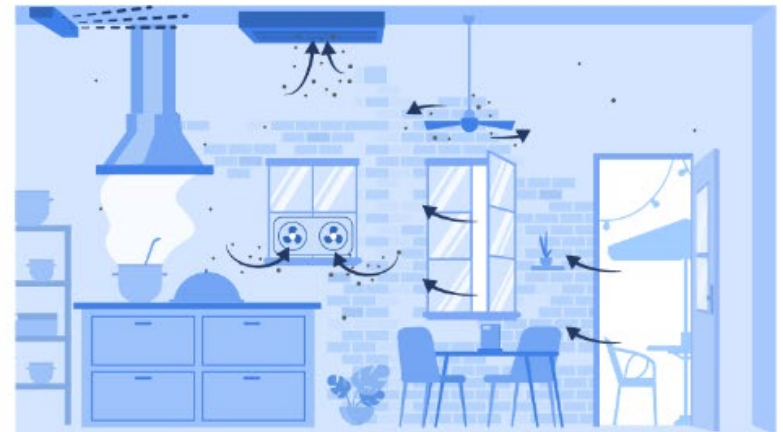
Updated CDC Guidance: Improving Ventilation in Buildings (cont'd)

- CDC: Improving Ventilation in Building https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/improving-ventilation-in-buildings.html

- CDC: Ventilation in Buildings https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

- Clean Air in Buildings Challenge: Guidance to Help Building Owners/Operators Improve Indoor Air Quality and Protect Public Health https://www.epa.gov/indoor-air-quality-iaq/clean-air-buildings-challenge

Poor ventilation

Good ventilation

Updated CDC Guidance: Improving Ventilation in Buildings (Updated May 2023)

- To improve ventilation, keep your system operating as designed.

- Good ventilation is essential to maintaining a healthy indoor environment and protecting occupants from respiratory infections.

- Improving ventilation can help reduce the number of viral particles in the air and lower risk of exposure to respiratory viruses.

- Aim for at least 5 air changes per hour; upgrade to MERV-13 filters.

- Implementing multiple infection prevention and control strategies at the same time can increase the overall effectiveness of ventilation interventions.

- Building owners and operators can participate in the [Clean Air in Building Challenge](#) to improve indoor air quality and protect public health.

*MERV=Minimum Efficiency Reporting Value

Contacting the HAI Program

- The CDPH HAI Program email (covhai@cdph.ca.gov) will sunset the end of May; starting in June refer COVID-19 infection control and outbreak response questions to HAIprogram@cdph.ca.gov.

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 or indicator of increased transmission.

    C. No. Staff are not required to wear masks.

    D. Unsure.

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

    A. Yes.

    B. No.

    C. Unsure.

Questions?