


California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, December 14, 2022

Upcoming Calls

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

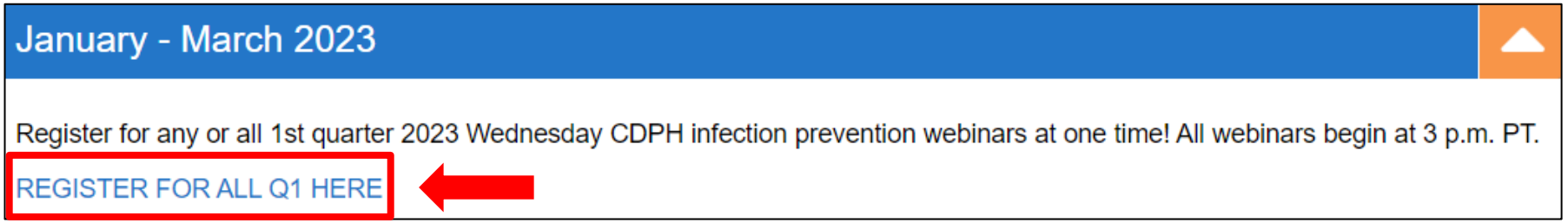
SNF = skilled nursing facility

Register for 2023
SNF Infection Preventionist Calls

Thank you for joining us!

# of Calls Hosted	# of Attendees
194	114,721

Register at: www.hsag.com/cdph-ip-webinars



Register for the CAHAN

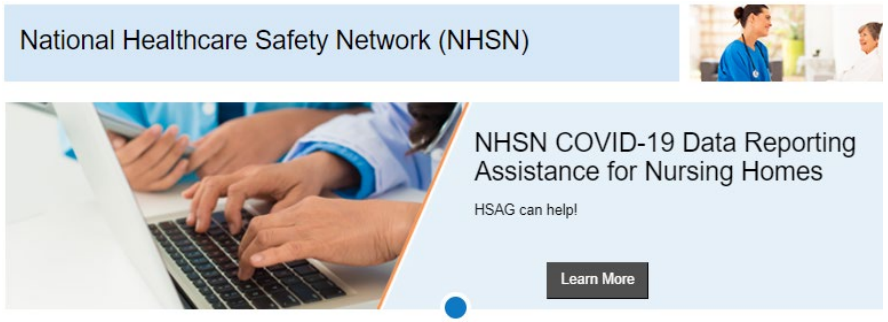
- CAHAN is CDPH's emergency preparedness notification platform to distribute CDC Health Alerts, CDPH Guidance, and All Facilities Letters.
- Intended for 2–3 key contacts at each healthcare facility.
- Interested appropriate parties should complete the **Contact Add Request Form** and return it to their **Local Lead Health Alert Network (HAN) Coordinator.**
- Local Lead HAN Coordinator Directory: https://member.everbridge.net/892807736722952/faq
- Contact CAHANinfo@cdph.ca.gov with enrollment issues.

Agenda

- CDPH Updates
- Testing Task Force Updates
- Immunization Branch Updates
- NHSN Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A

NHSN Updates

New NHSN Website **www.hsag.com/nhsn-help**



How HSAG Can Help

Register for NHSN Office Hours Tuesdays, 11:30 a.m.–12 noon PT:

- Q4 2022 Office Hours
- Q1 2023 Office Hours

Questions? Complete this short form:

* Name
* Email
* Phone
* Question

New Resources!

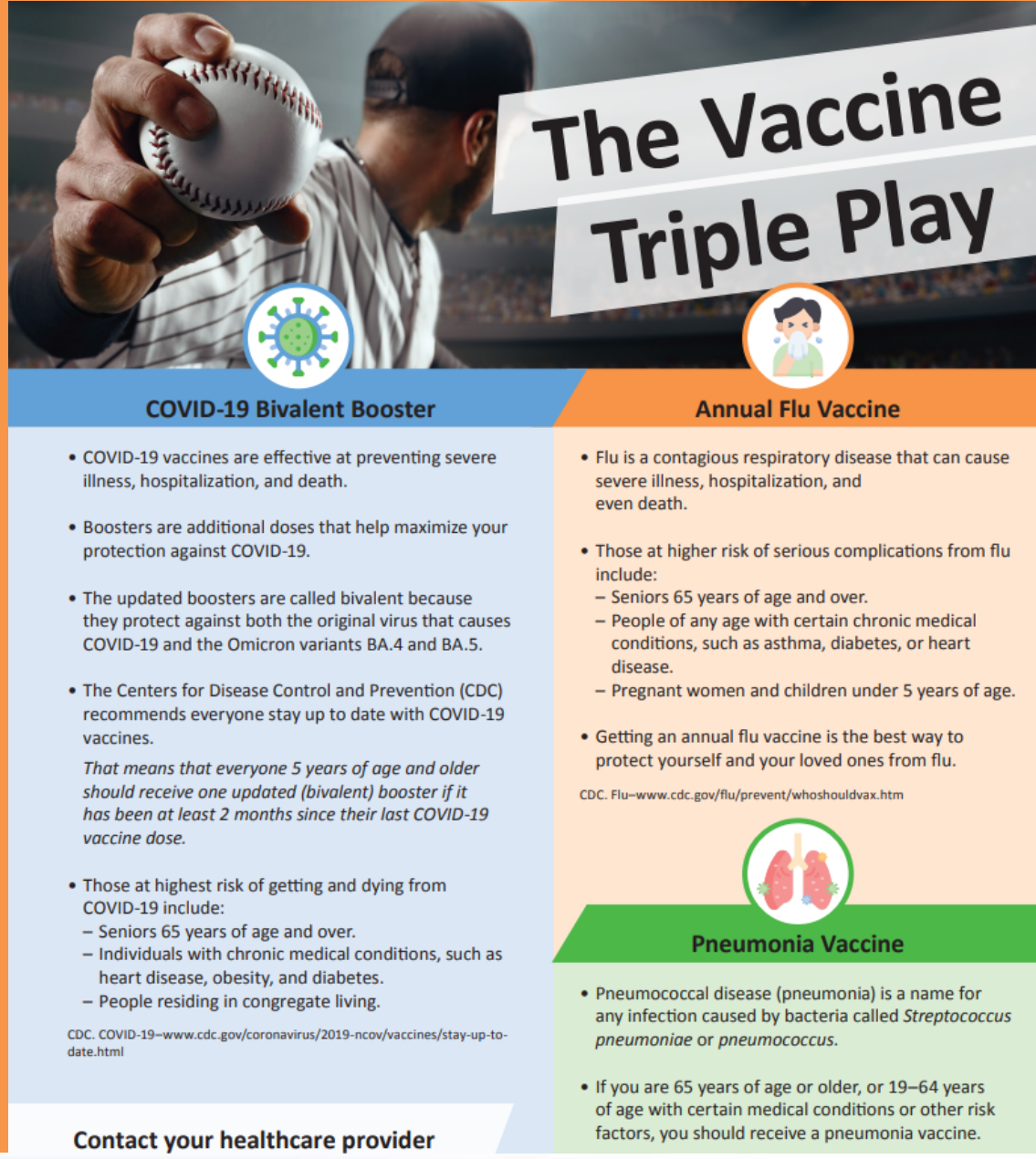
- Overview of National Health Safety Network (NHSN) Reporting Requirements for Long Term Care Facilities (LTCFs)
- Frequently Asked Questions Regarding NHSN Access Issues

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

The Vaccine Triple Play

Webpage:
https://www.hsag.com/covid-19/long-term-care-facilities/#COVID_19

Direct link:
www.hsag.com/contentassets/c70f21dce19d49c0b369391f77024171/hsagtripleplayvaccineflyer.pdf



HAI Updates

AFL 22-31: Movement of Residents in the Healthcare Continuum During Seasonal Surges (12/12/2022)

SNFs should work collaboratively with hospital discharge planners and LHDs to facilitate the safe and appropriate placement of SNF residents, **including new and returning SNF residents requiring isolation and Transmission-Based Precautions**.

Testing & Management of Newly Admitted and Readmitted Residents

- New admissions, regardless of vaccination status, should have a series of three viral tests for SARS-COV-2 infection; immediately upon transfer or admission and, if negative, again at 3 days and 5 days after their admission.
  - Testing is not required for new admissions who tested positive for COVID-19 and met criteria for discontinuation of isolation prior to admission and are within 30 days of their infection.
  - Testing of recovered residents within 31-90 days of prior infection should be done using an antigen test, preferably.
- Quarantine is not required.
- Results for asymptomatic patients tested in the hospital do not have to be available prior to SNF transfer. SNFs may not require a negative test result prior to accepting a new admission.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-31.aspx

Q: Do nursing homes still need to have a red zone to isolate COVID-19 positive residents?

- SNFs need to have a dedicated COVID-19 isolation area (formerly referred to as “red zone”).
  - Per AFL 22-13, “SNFs should continue to ensure residents identified with confirmed COVID-19 are promptly isolated in a designated COVID-19 isolation area. The 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. SNFs that do not have any residents with COVID-19 and do not have a current need for an isolation area should remain prepared to quickly reestablish the area and provide care for and accept admission of residents with COVID-19."
- Dedicated staffing for the COVID-19 isolation area no longer required.
  - Dedicated staffing might be preferable during a large outbreak
  - Sequencing care for uninfected residents before positive residents is not required
  - Ensure all HCP perform hand hygiene and change gloves and gowns between residents
  - Ensure all HCP strictly adhere to masking for source control (to prevent an infected HCP from inadvertently exposing the residents they are caring for)
- The "yellow zone" is no longer applicable because quarantine no longer required for exposed and newly admitted residents

AFL 22-31: Movement of Residents in the Healthcare Continuum During Seasonal Surges (cont.)

Limitations on New Admissions during an Outbreak

- Many LHDs require SNFs to close to new admissions during an outbreak until transmission is contained.
  - COVID-19: Containment is evidenced by no new cases among residents for 14 days.
  - Influenza: Containment is evidenced by no new cases for one week.
- During hospital surges, LHDs should consider the following to allow SNFs to admit new residents before containment is demonstrated:
  - SNF has implemented outbreak control measures (i.e., post-exposure or response testing, cohorting, transmission-based precautions, and chemoprophylaxis (for influenza, assuming adequate availability).
  - SNF has no staffing shortages or operational problems.
  - SNF has adequate PPE, staff have been fit-tested, and staff have access to adequate hand hygiene and environmental cleaning supplies.

AFL 22-31: Movement of Residents in the Healthcare Continuum During Seasonal Surges (cont.)

Request for Admission/Transfer Review or Guidance

- LHDs and their acute hospital and SNF partners are encouraged to proactively communicate on issues relating to SNF access, and the implications for regional capacity and surge planning
- Hospitals or SNFs that encounter difficulty in transitioning residents from a hospital to a SNF based on their COVID-19 status or COVID-19-related admission hold
  - Contact the LHD, which can consult with the CDPH L&C DO and/or HAI team for review of the admission decision and suggestions for next steps.

AFL 21-08.9: Guidance on Quarantine and Isolation for Health Care Personnel (HCP) (12/2/2022)

- Revision incorporates updated CDC guidance on Interim Guidance for Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 and Strategies to Mitigate HCP Staffing Shortages.
- Hospitals should and SNFs must use the table, below, to guide work restrictions and testing for HCP with SARS-CoV-2 infection and for asymptomatic HCP with exposures based upon facility staffing level.

Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	5 days* with at least one negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test† result to prioritize staff placement‡

Management of Asymptomatic HCP with Exposures

Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	No work restriction with **negative** diagnostic test† upon identification (but not earlier than 24 hours after exposure) and if negative, test at days 3 and 5	No work restriction with diagnostic test† upon identification (but not earlier than 24 hours after exposure) and at days 3 and 5

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx

AFL 21-08.9: Guidance on Quarantine and Isolation for HCP (cont.)

- Quarantine and work restriction not required for exposed asymptomatic HCP, regardless of vaccination status.
  - Test at 24h, 3d, and 5d after exposure + wear fit-tested N95 (source control) x 5d .
- Positive HCP may RTW after 5 days with negative Ag test, or after 10 days without test (and afebrile x24h and symptoms improving) + wear a fit-tested N95 (source control) through day 10.
- If staffing crisis, positive HCP may RTW immediately with fit-tested N95 (source control) and work with COVID-19 positive pts or residents only, wherever feasible.
- HCP who aren't already fit-tested for their role do not need to become newly fit-tested solely for the purpose of being able to RTW; these workers should wear a well-fitting N95.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx

Q: If HCP are isolating at home after testing positive, can they do an at-home rapid test to return to work or does the antigen test need to be done at the facility in front of staff?

- The test should be observed or validated by the facility to verify the identity of the HCP being tested, the date of the test, and that the test is negative.
- This proctoring does not need to happen physically in person with the HCP.
  - Telehealth
  - Time-stamped picture of the test

CDPH Health Advisory: Reminder to Prescribe COVID-19 Therapeutics to Mitigate Impact of COVID-19 (12/2/2022)

- There is ample supply of COVID-19 therapeutic agents, but they have been underused – especially among long-term care residents.
- COVID-19 treatments reduce the risk for hospitalization and death by:
  - 50-88% among unvaccinated people
  - 45-50% among vaccinated or previously infected people.
- COVID-19 treatment may decrease the risk of developing long COVID.
- Providers must have a low threshold to prescribe COVID-19 therapeutics:
  - Any patient with suspected COVID-19 should be tested for SARS-CoV-2 infection, and
  - All symptomatic patients with a positive COVID-19 test should be evaluated for treatment (i.e., nirmatrelvir/ritonavir (Paxlovid) and remdesivir).
- **The decision to not prescribe COVID-19 treatment should be reserved for situations in which the risk of prescribing clearly outweighs the benefits of treatment in preventing hospitalization, death, and the potential for reduced risk of long COVID.**

https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/Reminder-to-Prescribe-COVID-19-Therapeutics-to-Mitigate-Impact-of-Winter-Respiratory-Surge.aspx

Happy Holidays & Happy New Year From CDPH, CAHF, CALTCM, and HSAG

Thank you for joining us every week!

Questions?

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HSAG HEALTH SERVICES ADVISORY GROUP

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