



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, May 19, 2021

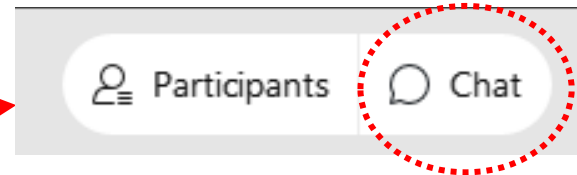
Upcoming Calls



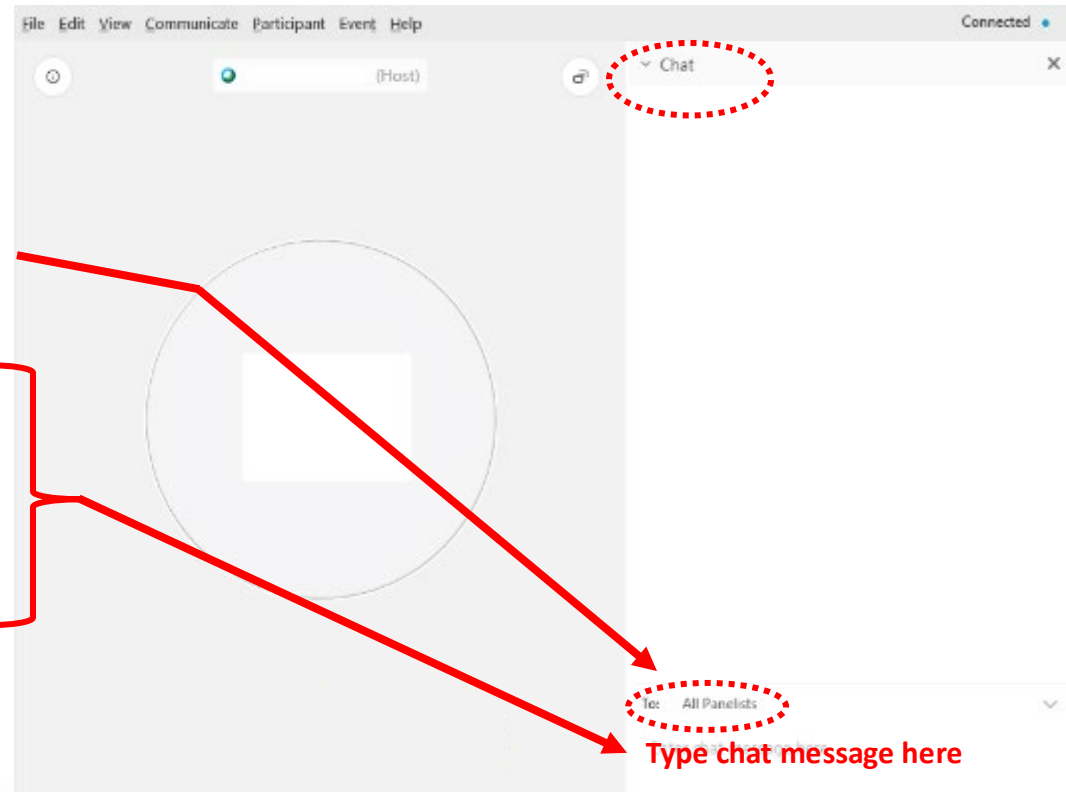
- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls:
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars:
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes and slides are posted at registration site
 - Trouble logging in: check link and date at registration site
- CDPH Thursday, 12 noon, SNF IP Phone Calls:
 - Dial-in: **1.877.226.8163**
 - Access Code: **513 711**

How to Find the Chat Button and Submit a Question

1. To submit a question, click on the **Chat Button** located in the bottom right corner of your Webex window.



2. The **Chat** panel will open on your right.



3. Indicate that you want to send a question to **All Panelists**.

4. Type your question in the box at the bottom of the panel.

5. Press **Enter** on your keyboard to submit your question.

To connect to the audio portion of the webinar,
please have Webex call you.

Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to manage COVID-19 and/or your infection prevention practices.

Agenda



- CDPH Updates
- Testing Task Force Update
- ECHO COVID-19 Action Network Update
- National Healthcare Safety Network (NHSN) Vaccine Reporting Update
- COVID-19 Vaccine Clinical Guidance Update
- Q&A



CDPH Updates



Testing Task Force Update

ECHO Nursing Home COVID-19 Action Network

 **Stanford** MEDICINE | Stanford Center for
Continuing Medical Education



ECHO Topic for Next Three Weeks: Emotional & Organizational Support Module

- Support staff well-being
- Recognize responses to stress, burnout and grief
- Learn how to talk about feelings and needs
- Help staff express grief and sadness
- Support post-traumatic growth
- Adopt techniques to restore function and ease distress

Register for your preferred date/time at
www.hsag.com/echo



NHSN Vaccine Reporting Update

sams.cdc.gov

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-21-19-NH

DATE: May 11, 2021

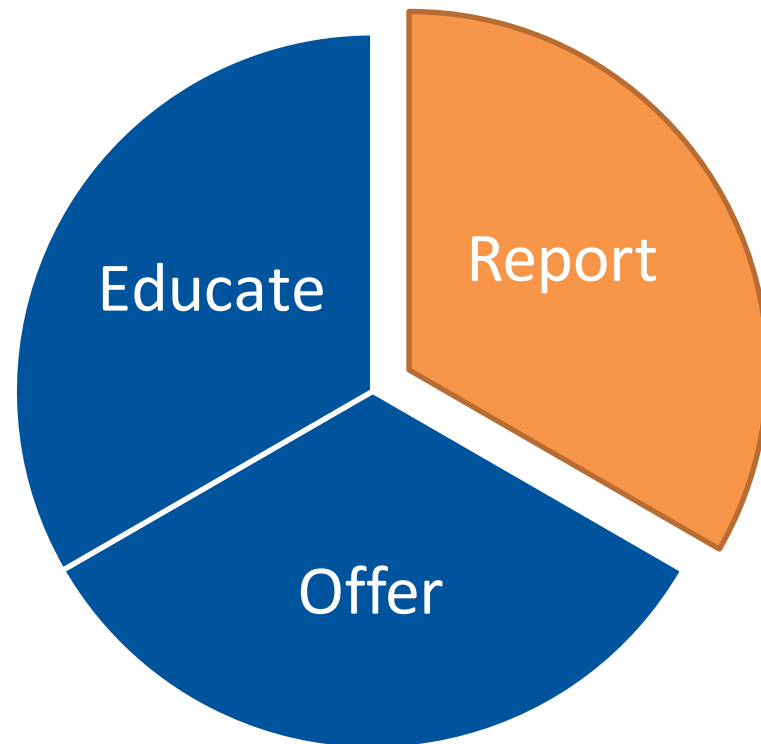
TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

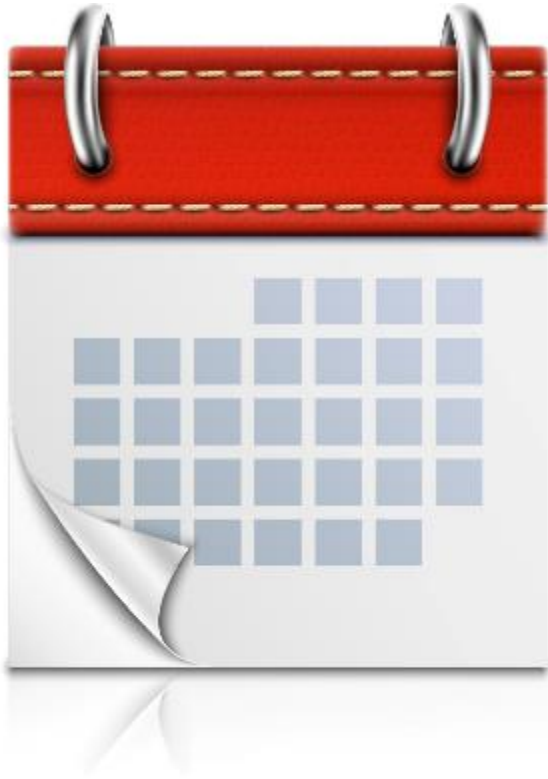
SUBJECT: Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff

Long-Term Care Facility (LTC) Vaccine Immunization Requirements for Residents/Staff

- [CMS QSO-21-19-NH](#) released on May 11, 2021



CMS COVID-19 Vaccine Requirements (cont.)



**CMS will begin reviewing
for compliance with the
new vaccination reporting
requirements
Monday, June 14, 2021**



Preparing for NHSN Reporting

Three Key Questions for Weekly COVID-19 Vaccination Modules

1. Number of current residents (or HCP)?
2. Number of these individuals who have **ever been** vaccinated (cumulative number vaccinated)?
3. Number of these individuals not receiving vaccination due to medical contraindications or exclusions?

| Cumulative Vaccination Coverage | |
|--|----------------------|
| 1. *Number of residents staying in this facility for at least 1 day during the week of data collection | <input type="text"/> |
| 2. * Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020: | |
| 2.1. Only dose 1 of <i>Pfizer-BioNTech</i> COVID-19 vaccine | <input type="text"/> |
| 2.2. Dose 1 and dose 2 of <i>Pfizer-BioNTech</i> COVID-19 vaccine | <input type="text"/> |
| 2.3. Only dose 1 of <i>Moderna</i> COVID-19 vaccine | <input type="text"/> |
| 2.4. Dose 1 and dose 2 of <i>Moderna</i> COVID-19 vaccine | <input type="text"/> |
| 2.5. Dose of <i>Janssen</i> COVID-19 vaccine | <input type="text"/> |
| 2.99. Complete COVID-19 vaccination series: unspecified manufacturer | <input type="text"/> |
| Any completed COVID-19 vaccine series | <input type="text"/> |
| 3. Cumulative number of residents in Question #1 with other conditions: | |
| 3.1 *Medical contraindication or exclusion to COVID-19 vaccine | <input type="text"/> |
| 3.2. Offered but declined COVID-19 vaccine | <input type="text"/> |
| 3.3. Unknown COVID-19 vaccination status | <input type="text"/> |

NHSN Spreadsheet for Data Collection

- 3 tabs on spreadsheet
 - Instructions
 - Tracking Worksheet
 - Reporting Summary
- Reporting summary tab calculates data for NHSN each week

www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

| Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities TRACKING WORKSHEET | |
|--|-----------|
| Facility ID#: | 12345 |
| Vaccination type: COVID-19 | COVID_19 |
| Week of data collection first day (Monday): | 4/12/2021 |
| Week of data collection last day (Sunday): | 4/18/2021 |
| Date Last Modified: | |
| Cumulative Vaccination Coverage | |
| 1. *Number of residents staying in this facility for at least 1 day during the week of data collection | 0 |
| 2. *Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere: | |
| 2.1. Only dose 1 of <i>Pfizer-BioNTech</i> COVID-19 vaccine | 0 |
| 2.2. Dose 1 and dose 2 of <i>Pfizer-BioNTech</i> COVID-19 vaccine | 0 |
| 2.3. Only dose 1 of <i>Moderna</i> COVID-19 vaccine | 0 |
| 2.4. Dose 1 and dose 2 of <i>Moderna</i> COVID-19 vaccine | 0 |
| 3. Cumulative number of residents in Question #1 with other conditions: | |
| 3.1. *Medical contraindication to COVID-19 vaccine | 0 |
| 3.2. Offered but declined COVID-19 vaccine | 0 |
| 3.3. Unknown COVID-19 vaccination status | 0 |
| 3.4. History of laboratory-confirmed SARS-CoV-2 infection | 0 |
| COVID-19 Vaccine(s) Supply | |
| 4.1. If your facility has enrolled as a COVID-19 vaccine provider, has your facility received any COVID-19 vaccine(s) by the end of the week of data collection? [Yes, No, Other] Please briefly describe your answer. | |
| 4.2. If your facility has enrolled as a COVID-19 vaccine provider, was your COVID-19 vaccine supply sufficient to vaccinate your facility's residents by the end of the week data collection? [Yes, No, Other] Please briefly describe your answer. | |
| Adverse Events following COVID-19 Vaccine(s) | |
| 5. * Number of residents with clinically significant COVID-19 vaccine adverse events identified this week | |
| 5.1. <i>Pfizer-BioNTech</i> COVID-19 vaccine | 0 |
| 5.2. <i>Moderna</i> COVID-19 vaccine | 0 |

Upcoming NHSN Training

- Updated Weekly COVID-19 Vaccination Modules for Long-Term Care Facilities
- May 20, 25, 27, 12:30 p.m. PT
- Registration:
https://cdc.zoomgov.com/webinar/register/WN_DQQITIUsQ7egD7ZPQIralg



COVID-19 Vaccine Clinical Guidance Update

What is your current situation in accessing COVID-19 vaccines for your residents?

- a. Our facility can easily access vaccines
- b. Our facility cannot easily access vaccines
- c. Our facility is unable to access vaccines
- d. Unsure
- e. Does not apply

Questions?





This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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