



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, August 25, 2021

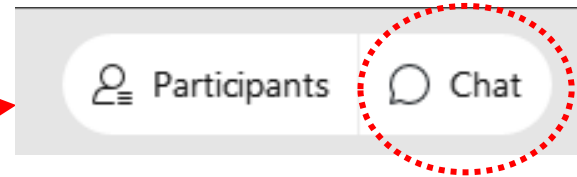
Upcoming Calls



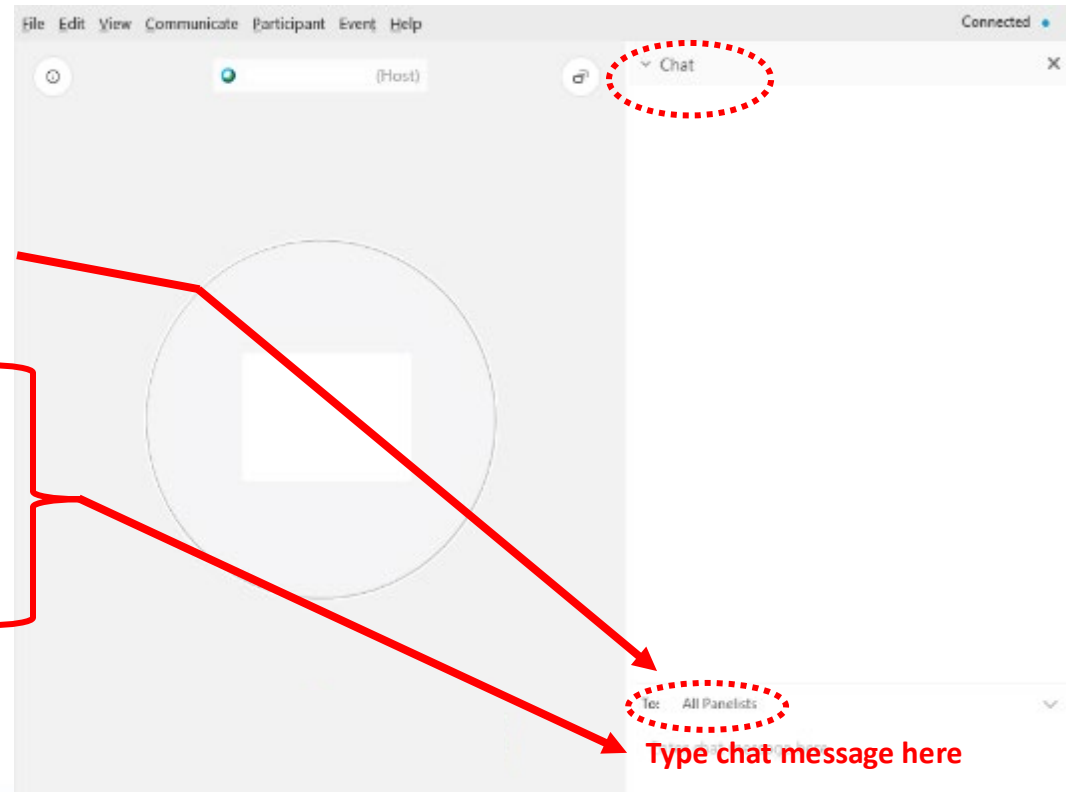
- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls:
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars:
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
 - Trouble logging 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 Updates
- Immunization Branch Updates
- Religious Exemptions
- Increasing Vaccine Trust and Acceptance
- Healthcare-associated Infections (HAI) Updates
- Q&A



CDPH Updates

Biden-Harris Administration Takes Action

August 18, 2021, CMS Press Release

- CMS, in collaboration with the CDC, are developing an emergency regulation requiring staff vaccinations within nursing homes.
- CMS expects to issue new requirements in September 2021.
- CMS will continue to analyze vaccination data for residents and staff from the CDC's National Healthcare Safety Network (NHSN) data as an additional method of compliance monitoring.
- CMS is deploying the Quality Improvement Organizations (QIOs) to educate and engage nursing homes with low rates of vaccinations. HSAG is California's QIO.



Testing Taskforce Updates



Immunization Branch Updates

August is National Immunization Awareness Week



VACCINATION is one of the 10 most important public health achievements of the 20th century

August 23, 2021

FDA approves COVID-19 vaccine

FDA Approval of Pfizer COVID-19 Vaccine

- FDA approved the Pfizer-BioNTech COVID-19 vaccine as **Comirnaty** for the prevention of COVID-19 disease in ages 16 years and older.
 - Full licensure includes careful review of vaccine safety, effectiveness, and manufacturing quality.
- Pfizer-BioNTech COVID-19 vaccine continues to be available under Emergency Use Authorization (EUA) for use:
 - In 12–15-year-olds.
 - As a 3rd dose in immunocompromised individuals.
- Comirnaty and Pfizer-BioNTech COVID-19 vaccines have the same formulation and can be used interchangeably.
- FAQs and factsheets for recipients, caregivers and providers: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine>

FDA Approval of Pfizer COVID-19 Vaccine (cont.)

“The FDA’s approval of this vaccine is a milestone as we continue to battle the COVID-19 pandemic. While this and other vaccines have met the FDA’s rigorous, scientific standards for emergency use authorization, as the first FDA-approved COVID-19 vaccine, the public can be very confident that this vaccine meets the high standards for safety, effectiveness, and manufacturing quality the FDA requires of an approved product.

“While millions of people have already safely received COVID-19 vaccines, we recognize that for some, the FDA approval of a vaccine may now instill additional confidence to get vaccinated. Today’s milestone puts us one step closer to altering the course of this pandemic in the U.S.”

—Acting FDA Commissioner Janet Woodcock, MD

www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine

Additional doses: CDC Advisory Committee on Immunization Practices (ACIP)

ACIP August 13, 2021, Presentation Slides: Immunization Practices
<https://www.cdc.gov/vaccines/acip/meetings/slides-2021-08-13.html>

Roles of an Additional Dose

There are two distinct potential uses for an additional dose:

- **Additional dose after an initial primary vaccine series**: administration of an additional vaccine dose when the initial immune response following a primary vaccine series is likely to be insufficient.
- **Booster dose**: a dose of vaccine administered when the initial sufficient immune response to a primary vaccine series is likely to have waned over time. The need for and timing of a COVID-19 booster dose have not been established

Recommendation of Additional Dose in Immunocompromised People

An additional dose of mRNA COVID-19 vaccine after an initial 2-dose primary mRNA vaccine series should be considered for people with *moderate to severe immune compromise*.

- A patient's clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination.
- Immunocompromised patients should continue to follow current prevention measures (including mask wearing, maintaining 6-foot distance, and avoiding crowds and poorly ventilated indoor spaces).
- Close contacts of immunocompromised people should also be strongly encouraged to be vaccinated against COVID-19 to protect these people.

Booster Dose Planning

- At this time, more information is needed regarding use of booster doses for the general public.
- Requires:
 - FDA conducting an independent evaluation and determination of the safety and effectiveness of a 3rd dose of the Pfizer and Moderna mRNA vaccines.
 - CDC's Advisory Committee on Immunization Practices (ACIP) issuing booster dose recommendations based on a thorough review of the evidence.
- Early preparations by public health for possible booster doses in long-term care facilities.

Future ACIP Meeting

- August 30–31, 2021
 - 10 a.m. – 4 p.m. ET (7 a.m. – 1 p.m. PT)
 - Agenda not yet posted
 - No registration is required
 - Link to meeting information:
<https://www.cdc.gov/vaccines/acip/index.html>



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Advisory Committee on Immunization Practices (ACIP)

NHSN Update

- Starting week of 8/23–8/29/21, new questions added to Vaccination Summary
 - Added question #4 for facilities to report on the cumulative number of individuals eligible to receive an additional dose or booster of COVID-19 vaccine.
 - Added question #5 for facilities to report on the cumulative number of individuals who received an additional dose or booster of COVID-19 vaccine (by manufacturer type).

NHSN Update

4. *Cumulative number of HCP in Question #2 eligible to receive an additional dose or booster of COVID-19 vaccine:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. *Cumulative number of HCP in Question #4 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since 08/23/2021:	<input type="text"/>			
*Any Additional dose or booster of COVID-19 vaccine series	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
^a Environmental, laundry, maintenance, and dietary services				
^b Registered nurses and licensed practical/vocational nurses				
^c Certified nursing assistants, nurse aides, medication aides, and medication assistants				
^d Therapists (such as respiratory, occupational, physical, speech, and music therapists) and therapy assistants				
^e Physicians, residents, fellows, advanced practice nurses, physician assistants				
^f Persons not reported in the HCP categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees				

- Updated Table of Instructions:

- Residents: <https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf>
- HCP: <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>



Religious Exemptions

Important Links and FAQs to State Guidance

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>

- Find state guidance arranged by topic.
- Public Health Order Questions & Answers:
 - August 5, 2021: Health Care Worker Vaccine Requirement Q&A
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx>
 - August 5, 2021: Requirements for Visitors in Acute Health Care and Long-Term Care Settings Q&A
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings-FAQ.aspx>
 - July 26, 2021: Health Care Worker Protections in High-Risk Settings Q&A
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Unvaccinated-Workers-in-High-Risk-Settings-State-Public-Health-Order-FAQ.aspx>

Religious Exemptions

- How will it be surveyed? CMS and for the Health Officer Order
- Expectation is that each employee has a signed exemption form if they meet the criteria; keep documents for survey.
- **Q:** Will the State provide a standard form for use? **A:** No
- Format should clearly state company name, employee name, and date signed.
- Existing examples vary from simple to those seeking substantiation of religious doctrine.
- **Q:** What kind of proof does the State expect for those seeking to use exemption?
A: “The Public Health Order requires only that workers provide the operator of the facility a declination form, signed by the worker, stating that the worker is declining vaccination based on Religious Beliefs.”

Religious Exemptions

- Labor and employment attorneys have not yet reached a consensus on what documentation is appropriate to substantiate sincerely held religious beliefs.
- Examples abound; CAHF is working on examples.
- The exemption will become company/facility policy, so confer with counsel even if you use a template version.
- Disciplinary actions are the facility's responsibility.
- Stay consistent with your written plan; unaware of any accommodations outside what is listed.
- CMS has not weighed in yet on this issue; not expected to differ greatly for exemptions.



Increasing Vaccine Trust and Acceptance

Multisociety Statement on COVID-19 Vaccination as a Condition of Employment for Healthcare Personnel

- Consensus statement by:
 - Society for Healthcare Epidemiology of America (SHEA)
 - The Society for Post-Acute and Long-Term Care Medicine (AMDA)
 - The Association for Professionals in Epidemiology and Infection Control (APIC)
 - HIV Medicine Association (HIVMA)
 - Infectious Diseases Society of America (IDSA)
 - Pediatric Infectious Diseases Society (PIDS)
 - Society of Infectious Diseases Pharmacists (SIDP)
- Recommends COVID-19 vaccination should be a condition of employment for all healthcare personnel (HCP).
- Exemptions from this policy apply to those with medical contraindications and other federal or state law exemptions.
- Implementation Toolkit developed by SHEA:
<https://ortp.guidelinecentral.com/covid-19/>

States, Hospitals, and Health Systems Requiring COVID-19 Vaccination for Employees Is Growing

- **Mandatory Employee Vaccines—Coming to A State Near You?**
<https://www.littler.com/publication-press/publication/mandatory-employee-vaccines-coming-state-near-you>
- **Becker’s Hospital Review: Hospitals, health systems mandating vaccines for workers**
https://www.beckershospitalreview.com/workforce/hospitals-health-systems-mandating-vaccines-for-workersjune17.html?origin=CEO&utm_source=CEO&utm_medium=email&utm_content=newsletter&oly_enc_id=7910G1515089I0L
- **Hospital Vaccine Mandate Tracker**
<https://public.tableau.com/app/profile/benjamin.renton/viz/HospitalVaccineMandateTracker/Dashboard1?publish=yes>
- **Companies mandating vaccines for all or some employees—from United Airlines to Facebook**
<https://www.nbcnews.com/business/business-news/here-are-companies-mandating-vaccines-all-or-some-employees-n1275808>
- **From offices to restaurants, companies are requiring vaccination**
<https://www.cnn.com/2021/07/28/business/companies-vaccine-mandate/index.html>

Vaccines as a Condition of Employment Is Not New

- *Mandatory employee vaccination as a strategy for early and comprehensive health care personnel immunization coverage: Experience from 10 influenza seasons*
[https://www.ajicjournal.org/article/S0196-6553\(20\)30042-0/fulltext](https://www.ajicjournal.org/article/S0196-6553(20)30042-0/fulltext)
 - Requiring vaccination led to sustained increases in staff vaccination coverage at academic medical centers and community hospitals. The mandatory policy also appeared to encourage earlier vaccination.
- *Association of State Laws With Influenza Vaccination of Hospital Personnel* <https://pubmed.ncbi.nlm.nih.gov/31003802/>
 - 18 states had one or more HCP influenza vaccination-related laws.
 - State laws moderate the effect of facility-level vaccination requirements and may help increase HCP influenza vaccination coverage in facilities with or without vaccination requirements.

Understanding Exemptions

- Medical Exemptions: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Administration
- Religious Exemptions:
 - Vaccination without Litigation—Addressing Religious Objections to Hospital Influenza-Vaccination Mandates, March 1, 2018
<https://www.nejm.org/doi/full/10.1056/NEJMp1716147>
 - Interview with Dr. Douglas Opel on legal issues surrounding the enforcement of influenza-vaccination requirements for HCP
<https://www.nejm.org/action/showMediaPlayer?doi=10.1056%2FNEJMdo002458&aid=10.1056%2FNEJMp1716147&area=>
 - Use of a comprehensive program to review religious and personal seasonal influenza vaccination exemption requests by healthcare personnel <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/abs/use-of-a-comprehensive-program-to-review-religious-and-personal-seasonal-influenza-vaccination-exemption-requests-by-healthcare-personnel/23118DEE41A88D0132DDB723712D8EBC>
 - Prof. Reiss Explains the COVID-19 Vaccine in New Videos
<https://www.uchastings.edu/2021/01/15/reiss-covid-vaccine/>

Earning Trust
When Staff Feel Unempowered
“Trust comes from earning it, not
expecting it.”*

Noah Marco, MD
CMO, LAJH



How Getting Vaccinated Feels for Some



How You Want Them to Feel



I'm confident
that I'm doing
the right thing!

Unvaccinated

Vaccinated

First Step in Getting Them to Jump
Assume That They Do Not Have Trust

Second Step, Earn Their Trust



Earning Trust Quotes

“Trust is earned, respect is given, and loyalty is demonstrated. Betrayal of any one of those is a lose to all three.”

-Ziad K. Abdelnour

“Trust is the glue of life. It is the most essential ingredient in effective communication. It’s the foundational principle that holds all relationships.”

-Stephen Covey

“Trust is a dicey subject; everyone wants to be trusted but only few people are willing to put in the work to show themselves trustworthy.”

-Ishika Das



In order to earn trust, **THINK** before you speak

T...Is it **t** true?

H...Is it **h** helpful?

I...Is it **i** inspiring?

N...Is it **n** necessary?

K...Is it **k** kind?

What Was The Miracle?



Light Was Generated Without Heat



Earning Trust Acronym

Truthfulness

Respect

Understanding

Sincerity

Transparency

Integrity

Name their feeling/empathy

Giving up power

3 Possible Responses to Mandatory Vaccination

“I’m vaccinated, but how can you support making vaccination a condition of employment?”

“Our administration and even our medical director will accept any reason to trigger the exception rather than risk losing staff.”

“The unions are going to fight this. There’s going to be a lawsuit. I’m going to wait rather than sign up now and get vaccinated.”

Using the “TRUSTING” Acronym In Your Response

“I’m vaccinated, but how can you support making vaccination a condition of employment?”

- “I really respect that you care deeply about the rights of others. I support it, because my value to protect the lives and health of the most vulnerable is why I went into this challenging field and it is a higher priority for me, than protecting someone’s individual decision-making rights.”

“Our administration and even our medical director will accept any reason to trigger the exception rather than risk losing staff.”

- “That’s a legitimate concern. Individuals often take the easier path, especially when the road is uncertain or challenging. It feels so much better though, to know that your path was the right one rather than the easier one and that’s what I believe most people strive for.”

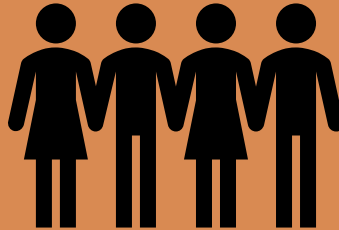
“The unions are going to fight this. There’s going to be a lawsuit. I’m going to wait, rather than sign up now and get vaccinated.”

- “This whole thing has made you really angry. It is understandable you feel this way. It’s hard to feel good about a decision when your power to make it was taken away. Too many in our profession feel unempowered and undervalued. Might I suggest, you pick a date for vaccination that works best for you. That way, if the mandate doesn’t get struck down you’ll still have a choice. Otherwise, you’ll be forced to leave being with coworkers and patients you like and that appreciate you.”



Unvaccinated

Trusting Staff



Trustworthy Leadership

CDPH AFL 20-22.9

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

- CDPH requires skilled nursing facilities (SNFs) to develop and implement processes for:
 - Verifying vaccination status of all visitors seeking indoor visitation
 - Obtaining and tracking documentation of SARS-CoV-2 diagnostic test that occurred within 72 hours before each indoor visit for all visitors who are unvaccinated and incompletely vaccinated seeking indoor visitation.



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

August 12, 2021

AFL 20-22.9

TO: Skilled Nursing Facilities

SUBJECT: Guidance for Limiting the Transmission of COVID-19 in Skilled Nursing Facilities (SNFs)
42
(This AFL supersedes AFL 20-22.8)

Q: Do SNFs Have to Maintain Copies of Visitor Vaccine Cards and Proof of Negative Test Results?

- Copies of negative test results or vaccine cards are not necessary to keep on file. SNFs need to have a process to document that all visitors that enter the facility present their negative test result and proof of vaccination status.
 - “Facilities must have a plan in place for tracking verified visitor vaccination status. Documentation of the verification must be kept on file at the facility and made available upon request by CDPH or the local public health department for one year following the end of the public health emergency.”
 - “Visitors that are unvaccinated or incompletely vaccinated and are seeking indoor visitation must show documentation of a negative SARS-CoV-2 test where the specimen collection occurred within 72 hours before each visit and for which the test results are available at the time of entry to the facility.”



Q: Can Visitors Use Results of a Home Test Kit to Prove They Are Negative Before Entry to a SNF?

- No, home test kits are not acceptable.
- SNFs need to be able to verify test results that occur within 72 hours of the visit. Home tests are unsupervised, therefore cannot be used because it would be impossible to verify when the test was administered, who the test was done on.
- Home test kits can only be used if they are used on site at the SNF and someone can verify that the test results correspond to the person tested (i.e., SNF staff observed self-swabbing).

Residents Who Leave and Return to the Facility

- Residents who have prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection while outside the facility should quarantine in the yellow-observation area for 14 days and be tested immediately, at 5–7 days after exposure and again prior to return to their usual room in the green zone, regardless of vaccination status.
- Fully vaccinated residents who leave for any duration (including hospital admissions) and return to the facility do not routinely need to quarantine and be tested upon return to the facility.
- Unvaccinated and incompletely vaccinated residents who leave the facility for < 24 hours and return to the facility should be tested 5–7 days after their return.
- Unvaccinated and incompletely vaccinated residents who leave the facility for > 24 hours should be quarantined in the yellow-observation area for 14 days and tested prior to return to the green zone.

Preventing Multidrug-resistant Organism (MDRO) Transmission

- **Q:** Is the *Candida auris* surge related to increased antibiotic use in patients with pneumonia related to COVID-19?
- **Q:** When are *C. auris* and *Acinetobacter* reportable? How many cases is an outbreak?
- **Q:** How do we mass test for MDRO?
- **Q:** Many residents colonized with an MDRO are not known. Do we need to isolate a resident that is colonized with an MDRO if enhanced standard precautions are practiced.
- **Q:** Our facility admitted a resident from a facility with *C. auris* outbreak. The resident tested negative for *C. auris* on July 20 prior to admission on August 3. Does this resident need to be on isolation until we get another test result back?

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-08252021-01