California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, November 10, 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.
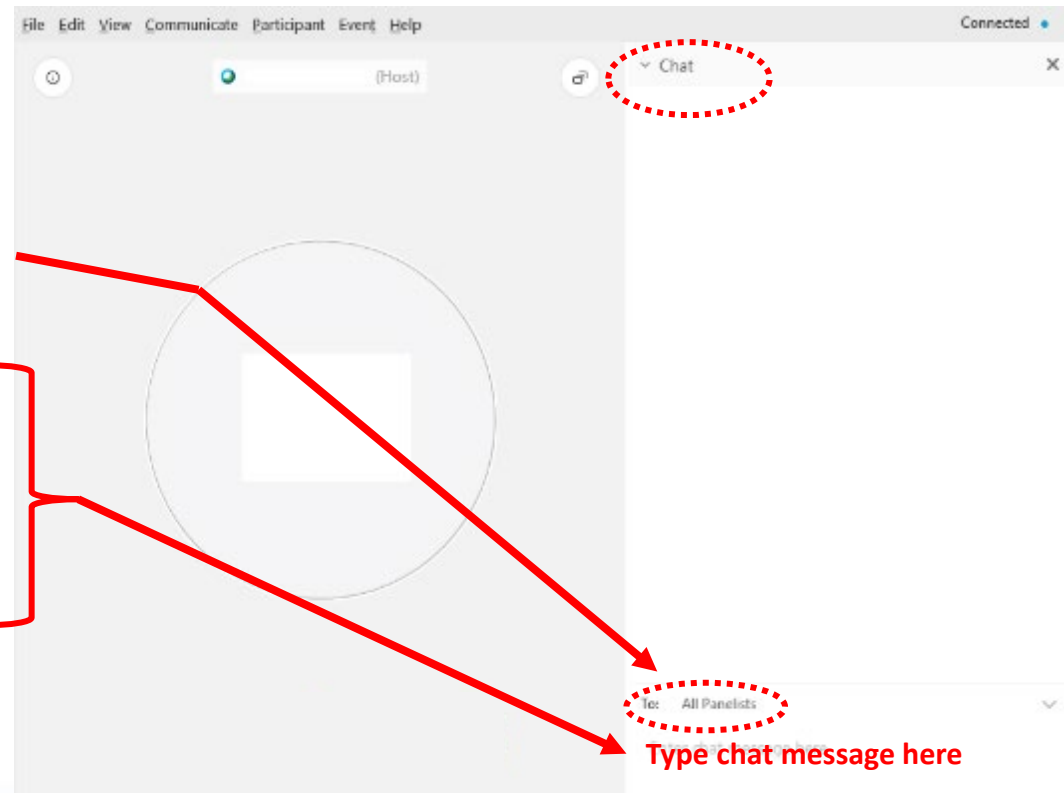
3. Indicate that you want to send a question to **All Panelists**.

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.

Participants   Chat

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(Host)   Chat

To: All Panelists

Type chat message here

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

- Federal Vaccine Requirement

- Testing Task Force Updates

- Immunization Branch Updates

- Healthcare-Acquired Infection (HAI) Updates:

  - Holiday Guidance

  - Infection Prevention Reminders

  - Monoclonal Antibody Implementation Considerations

- Q&A

CDPH Updates

Federal Vaccine Requirements

Centers for Medicare & Medicaid Services (CMS) Newsroom, November 4, 2021

- Biden-Harris Administration Issues Emergency Regulation Requiring COVID-19 Vaccination for Healthcare Workers
  https://www.cms.gov/newsroom/press-releases/biden-harris-administration-issues-emergency-regulation-requiring-covid-19-vaccination-health-care

  o Facilities must establish a policy ensuring all eligible staff have received the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine prior to providing any care, treatment, or other services by **December 6, 2021**.

  o All eligible staff must have received the necessary shots to be fully vaccinated—either two doses of Pfizer or Moderna or one dose of Johnson & Johnson—by **January 4, 2022**.

- Interim final rule:
  https://www.federalregister.gov/public-inspection/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination

- Frequently asked questions:
  www.cms.gov/files/document/cms-omnibus-staff-vax-requirements-2021.docx

1st Dose or One-Dose Vaccine by December 6, 2021

Received all shots for full vaccination by January 4, 2022

What Settings Does the Staff Vaccine Requirement Apply to?

Medicare and Medicaid-certified provider and supplier types that are subject to CMS health and safety regulations—Conditions of Participation (CoPs), Conditions for Coverage (CfCs), or Requirements for Participation.

- Long-term care facilities
- Hospitals
- Critical access hospitals
- Ambulatory surgical centers
- Home health agencies
- Hospices
- Clinics
- Rural health clinics/federally qualified health centers
- Community mental health centers
- Home infusion therapy suppliers
- Rehabilitation agencies

- End-stage renal disease facilities
- Programs of All-Inclusive Care for the Elderly (PACE)
- Psychiatric residential treatment facilities (PRTFs)
- Intermediate care facilities for individuals with intellectual disabilities
- Comprehensive outpatient rehabilitation facilities
- Public health agencies as providers of outpatient physical therapy and speech-language pathology services

Does not apply to assisted living facilities, group homes, physician offices, religious nonmedical health care institutions (RNHCIs), organ procurement organizations, portable x-ray suppliers, and Medicaid home care services, such as home and community-based services (HCBS), because they are not subject to CMS health and safety regulations.

CMS Federal Vaccine Requirement Poster

How is this requirement enforced?

Onsite survey reviews for:

- ✓ Plan for vaccinating staff to meet requirement
- ✓ Plan to provide accommodations to those who are exempt
- ✓ Plan for tracking and documenting vaccinations

X   Facility is out of compliance and subject to citations if the above is not met

If facility does not return to compliance, it is at risk for additional enforcement actions, including losing Medicare or Medicaid payment

https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-ifc-6-infographic.pdf

Which staff Are Covered Under the Federal Requirement?

- Includes all current staff, licensed practitioners, contractors, students, trainees, and volunteers at eligible facilities, as well as any new staff who provide any care, treatment, or other services for the facility and/or its patients.

- Includes staff who perform their duties outside of a formal clinical setting (e.g., home health, home infusion therapy, etc.)

- Includes staff who interact with other staff, patients, residents, clients, in any location beyond the formal clinical setting (such as homes, clinics, other sites of care, administrative offices, off-site meetings, etc.)

- Does not apply to full time teleworkers—Individuals who provide services 100 percent remotely and who do not have any direct contact with patients and other staff are not subject to the vaccination requirements.

Federal Vaccination Exemptions

- The regulation provides for exemptions based on recognized medical conditions or religious beliefs, observances, or practices.

- Facilities have the flexibility to establish their own processes that permit staff to request a religious exemption from the COVID-19 vaccination requirements.

- CMS requires facilities to ensure that requests for religious exemptions are documented and evaluated in accordance with applicable federal law and as a part of a facility's policies and procedures.

CDPH Testing Requirements of Unvaccinated Staff Supersede Federal Testing Requirements

- CMS considered requiring daily/weekly testing of unvaccinated staff, but instead chose to require vaccination only because it is a more effective infection control measure than testing.

- CMS stated that facilities may voluntarily institute testing.

- CMS will continue to review the evidence and stakeholder feedback on this issue.

California Nursing Homes Must Follow Testing Guidance Per CDPH AFL 21-34
https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx
Testing must occur twice weekly for unvaccinated exempt workers in acute healthcare and long-term care settings;
and once weekly for workers in other healthcare settings.

Holiday Guidance

Can Visitors Dine with Residents?

- Existing guidance can be found in CDPH AFL 20-22.9 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx
- Fully vaccinated visitors visiting fully vaccinated residents can eat and dine together in the communal dining room without physical distancing. They do not need to wear a mask while actively eating and drinking, as long as they keep six-feet distancing from other residents and visitors that they are not visiting.
- Consider dining schedule (e.g., early and late) to accommodate increase in visitor dining during holidays.

CDPH AFL 20-22.9: "Facilities shall also accommodate visitation in large communal indoor spaces where 6-ft distancing is possible between visitor-resident groups...During indoor large communal space visits between **fully vaccinated residents and fully vaccinated visitors**, both the resident and visitor must always **wear a well-fitting face mask unless eating or drinking**. These visits may be conducted **without physical distancing and include physical contact**...while in designated spaces for visitation..."

Key Outbreak Prevention and Management Reminders

- Recent uptick in SNF resident cases and several large outbreaks with hospitalizations and deaths affecting both unvaccinated and fully vaccinated residents (but not yet received boosters):
  - Promote staff and resident vaccination, **including boosters.**
  - Actively screen staff and visitors.
  - Enforce source control and personal protective equipment (PPE).
  - Optimize ventilation and ensure appropriate air flow.
  - Plan for using monoclonal antibodies for treatment and prophylaxis.
- Empower infection preventionists (IP):
  - IP is a full-time job. Do not consider moving IP to "other duties."
  - A strong IP presence, engaged administrator, and involved medical director will ensure better outcomes.

Monoclonal Antibodies (mAb) for Treatment and Prophylaxis in SNF

Q: When and Why should SNF residents who have tested positive for COVID-19 be considered for anti-SARS-CoV-2 mAb **treatment**?

A: Always—because persons who require care provided in SNFs have multiple risk factors for progressing to severe COVID-19 and/or hospitalization.

Q: When and Why should anti-SARS-CoV-2 mAb post-exposure **prophylaxis** (PEP) be considered for SNF resident(s)?

A: Always, whenever there are new cases of COVID-19 in the facility—because SNF residents are at high risk of exposure and infection when others are diagnosed in the same facility.

Monoclonal Antibodies for Prophylaxis in SNF

Q: How often can mAb PEP be used for the same person?

A: mAb PEP can be dosed every 4 weeks in SNFs with ongoing transmission. Coordinate COVID-19 vaccination schedule (for 1st, 2nd, or 3rd booster doses) around PEP dosing.

Q: Can **repeated** mAB PEP be used in place of COVID-19 vaccination?

A: mAb PEP is not a substitute for vaccination. COVID-19 vaccine 3rd dose/boosters are the most important tool for prevention of COVID-19 cases and outbreaks in SNF.

Monoclonal Antibodies for Treatment and Prophylaxis in SNF—Operationalization

***Timeliness of mAb treatment and PEP is critical—
advance planning is necessary to avoid delays!***

SNFs should **communicate now** (before cases occur) with their local health department (LHD) and Medical and Health Operational Area Coordinator (MHOAC) to discuss:

- How to forecast mAb doses and supplies needed

- Process to obtain mAb doses and store product in house (if needed)

- Process to obtain on-site services from mAb strike teams

Resources on Anti-SARS-CoV-2 Monoclonal Antibodies

- CDPH November 1, 2021, Health Alert: Anti-SARS-CoV2 mAbs
  https://files.constantcontact.com/921e04bb601/40aa96ca-79e3-4622-b5db-09329d5ec324.pdf

- CDPH Questions and Answers: Anti-SARS-CoV-2 mAb Treatment Information for Providers and Facilities
  https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Monoclonal-Antibody-Treatment-Information-for-Providers-and-Facilities.aspx

- Public Health Emergency COVID-19 mAb Therapeutics Toolkit
  https://www.phe.gov/emergency/events/COVID19/therapeutics/toolkit/Pages/default.aspx

- Combat COVID: mAb Resources for Health Care Professionals
  https://combatcovid.hhs.gov/hcp/resources

- NETEC COVID-19 Webinar Series, November 5, 2021, mAb Therapy in Residential Healthcare Settings https://netec.org/education-and-training/

- CDPH November 5, 2021, Ordering of Anti-SARS-CoV-2 mAbs
  https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/monoclonal-allocation-distribution.aspx

Combat COVID mAb Resources
https://combatcovid.hhs.gov/hcp/resources

Talking with Outpatients about Monoclonal Antibodies for COVID-19: Tips and Frequently Asked Questions

Frequently Asked Outpatient Questions

Q: Why should I seriously consider monoclonal antibody treatment?

A: If you are high risk, develop mild to moderate symptoms, and test positive for COVID-19, early treatment with monoclonal antibodies may prevent progressing to more severe disease and hospitalization.

Q: Why am I eligible for the treatment?

A: Monoclonal antibody treatments may help people who:
- Have mild to moderate symptoms of COVID-19, and
- Have tested positive for COVID-19, and
- Have had symptoms for 10 days or less, and
- Are at high risk of getting more

Did You Recently Test Positive for COVID-19?

You may be eligible for treatment.

...are monoclonal antibody COVID-19 treatments?

...onal antibodies are like your body's own antibodies as they help your immune system quickly ...y the COVID-19 virus before it harms you or causes hospitalization. Fortunately, the U.S. Food ...rug Administration has authorized monoclonal antibody treatment for emergency use for eligible ...ts.

...test positive for COVID-19 or have symptoms, talk to a healthcare provider right away. ...onal antibody treatment must be given as soon as possible within 10 days of getting a symptom. ...treatments are of little to no cost to you and are given through a one-time IV infusion.

...ho can receive monoclonal antibodies?

...u may be eligible for monoclonal antibody treatment if you are 12 years or older and weigh more than ...pounds, have had mild to moderate symptoms of COVID-19 in the last 10 days, have tested positive ...COVID-19, and have one or more of the following high-risk factors:
- Any medical condition or other factor, including race or ethnicity, that puts you at higher risk of progression to severe COVID-19
- Age ≥ 65 years of age
- Obesity or being overweight
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment

Administering Monoclonal Antibody Treatments for COVID-19 in Your Facility

The following summary can help you prepare your site to administer monoclonal antibody treatment.

Plan*

- Prepare your facility to participate in monoclonal antibody administration for COVID-19.
  - Healthcare providers can only administer monoclonal antibodies for COVID-19 in settings where providers have immediate access to medications to treat a potential severe infusion reaction (such as anaphylaxis) and the ability to activate the emergency medical system (EMS), as necessary.
- Determine how to allocate dedicated clinical space.
- Plan to effectively manage patient flow.
- Develop your process for patient screening.
  - Under the EUA, healthcare providers are authorized to administer monoclonal antibodies to patients if they have experienced the onset of mild to moderate symptoms of COVID-19 in the last 10 days, have tested positive for COVID-19, and have one or more of the following high-risk factors.[1]

*Infusion locations should consider all local and state requirements.

- Develop a process to gain patient consent for treatment as indicated by local and state requirements.
- Develop appropriate isolation and infection control procedures.
- Ensure a dedicated source of supplies, including product.
  - The U.S. Government developed a process for sites to directly order monoclonal antibodies from the distributor, AmerisourceBergen (ABC). An Overview of Direct Order Process for COVID-19 Therapeutics is available at: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/Overview%20of%20direct%20order%20process%20Fact%20Sheet-508.pdf
- Establish a process for reimbursement for administrative costs.
- Develop a referral pathway for providers.

Implement

- Assign sufficient personnel and resources to manage expected patient demand.
- Give patients official fact sheets with information about the specific treatment given.
  - The Eli Lilly Bamlanivimab and Etesevimab Patient Fact Sheet is
- Prepare for the administration process.
  - Refer to the playbooks, operation guide, and healthcare provider fact sheets at the beginning of this document and under Resources for details.

Questions?