



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
March 27, 2024**

Monthly Call-in Information:

- HSAG NHSN & HAI Tuesday Office Hours
 - Register: <https://bit.ly/NHSNHAIOfficehoursJantoJuly2024>
 - 3rd Tuesdays every month, 11:30am
- SNF Infection Prevention Wednesday Webinars—hosted every other month
 - Register at: <https://www.hsag.com/cdph-ip-webinars>
 - May 29
 - July 24
 - September 25
 - November 13
- CALTCM/HSAG Vaccine Office Hours with the Experts; [Register](#)
 - Scheduled every other Thursday
 - Upcoming sessions: April 25, May 9, 23

Important Links to State and Federal Guidance

Important Links to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
CDC’s Interim IPC Recommendations for HCP During COVID-19	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/Incafl.aspx
CDPH COVID-19 AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx

Agenda and Links to Slides

Slides available at: <https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

- CDPH HAI Updates
- HSAG NHSN & Vaccine Updates
- CDPH Medical Countermeasures COVID-19 Testing Updates
- Coronavirus Clinical Team: Telehealth & Therapeutics Updates

The CDPH SNF Online Infection Preventionist Course with 2024 revisions is now available. The course registration page can be accessed from the CDPH HAI Program webpage: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx.

Q-1: What is the difference between CDPH's Enhanced Standard Precautions (ESP) and CDC's Enhanced Barrier Precautions (EBP) referenced in QSO-24-08-NH?

A: [CDC's EBP](#) is based on the same core principles as [CDPH's ESP guidance](#), which is California's specific guidance for implementing CDC's EBP. Nursing homes that have already adopted CDPH's ESP guidance will be well-positioned to be in compliance with the CMS QSO guidance for EBP. CMS' EBP and CDPH's ESP are fundamentally the same, but there are a few nuanced differences. The only substantive difference is for residents **without devices or wounds** who have a **targeted MDRO**. ESP is not explicitly recommended but can be considered for these residents who also have high levels of dependence for ADLs. This encompasses the vast majority of residents who have a targeted MDRO. Since CMS QSO-24-08-NH explicitly recommends EBP for residents with a targeted MDRO, regardless of whether they have a wound or device, CDPH anticipates aligning the guidance. In the meantime, for questions, visit CDPH's [CDPH's ESP FAQs](#), which are closely aligned with [CDC's EBP FAQs](#).

Training information on ESP and EBP guidance can be found at:

- CDC Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
- CDPH & HSAG Virtual ESP Train-the-Trainer Workshop <https://www.hsag.com/ip-train-the-trainer>
- CDPH ESP <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx>

Q-2: Is EBP now "REQUIRED" for nursing homes because of the new CMS QSO?

A: Yes. Per CMS [QSO-24-08-NH: EBP in Nursing Homes](#), distributed on March 20, 2024, EBP is now required by CMS with an effective date of April 1, 2024. CMS updated the following [survey critical element pathways](#) (CEPs) due to the enforcement of EBP. For more information, read the April 3, 2024, AHCA/NCAL article, "[CMS Publishes Updated CEPs to Address EBP](#)". Review the [CMS CEP Revision History](#) to stay up to date on revisions.

Q-3: When a resident is in isolation and they have a roommate that is not in isolation, do we treat both residents the same as if they were both in isolation and wear the proper PPE?

A: Facilities should try to place residents on isolation in a private room, or cohort residents with the same organism(s), if a private room is unavailable. In situations where residents with differing isolation status are placed in the same room, it is important to ensure that each patient care area is treated like its own room, and healthcare personnel don and doff PPE and perform hand hygiene between caring for each resident in the room. Adherence monitoring should be used to ensure staff and visitors are following precautions to prevent transmission.

Q-4: How do we know if our residents are colonized with MDRO?

A: Colonization occurs when an organism is present on a resident's skin or non-sterile body site (e.g., gastrointestinal tract) but is not causing infection. Colonization may be identified through laboratory testing; however, most MDRO colonization is not identified routinely or known to SNF because of the limited use of active surveillance testing and laboratory diagnostics, and incomplete communication about MDRO history at care transitions. ESP and EBP describe an approach to prevent MDRO transmission from residents who might be colonized with an unidentified MDRO. This includes glove and gown use for high-contact care activities for residents with devices or wounds, even if the resident is not known to be infected or colonized with a MDRO – this is because devices and wounds are known risk factors for MDRO colonization and transmission.

Q-5: How can we get help to find a pharmacy willing to vaccinate our residents and staff?

A: HSAG is partnered with local pharmacies statewide to provide COVID-19, influenza, and pneumonia vaccines at no cost. This partnership aims to ensure that all nursing home residents and staff, regardless of insurance status, have access to the protection offered by vaccination.

The support HSAG will provide applies to:

- 1. No-Cost Clinics:** HSAG will assist to coordinate no-cost vaccination clinics for your SNF residents and staff (any combination of COVID-19/influenza/pneumonia with a minimum requirement of 20 vaccinations per clinic—for any combination of staff and/or residents).
- 2. Cost Coverage:** HSAG will cover all costs related to the vaccines and their administration. Your facility will not be billed for any expenses; the pharmacy will bill insurance directly, and HSAG will cover any uncovered costs. **This includes costs for vaccinating short-stay and uninsured SNF residents and staff.**

To request a vaccine clinic and/or vaccine education, complete the [vaccine access assistance form](#) and an HSAG vaccine coordinator will reach out to you to assist.

Q-6: Do we need to get consents every time we administer a COVID-19 vaccine to residents, since there may be ongoing recommendations for additional doses?

A: In general, there are no federal or California state requirements for informed consent specifically relating to immunization. Federal law requires that healthcare staff provide a [Vaccine Information Statement \(VIS\)](#) to a patient, parent, or legal representative before each dose of certain vaccines. VISs are information sheets produced by the CDC that explain both the benefits and risks of a vaccine to vaccine recipients.

- For COVID-19 vaccines, federal law currently requires healthcare staff to provide EUA fact sheets to vaccine recipients or their caregivers for all uses of [Novavax](#) and when [Moderna](#) or [Pfizer](#) vaccines are given to children 6 months through 11 years of age. For recipients who are 12 years or older receiving Pfizer or Moderna vaccine, a provider may use the [COVID-19 Vaccine Information Statement \(VIS\)](#). Immunization providers may want to provide additional vaccine information from CDC's webpage [COVID-19 Vaccine Recipient Education](#).
- Regarding [COVID-19 vaccines for long-term care \(LTC\) residents](#), people who live in LTC settings (or people appointed to make medical decisions on their behalf) must agree to receiving COVID-19 vaccine. Consent or assent for a COVID-19 vaccine is documented in their charts per the provider's standard practice. Some COVID-19 vaccination providers may require written, email, or verbal consent from recipients before getting vaccinated. This is at the provider's discretion.
- Additionally, [LTC residents and staff must be educated](#) on the COVID-19 vaccine they are offered. The patient's medical record must include documentation that indicates that the patient or their representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the patient either accepted and received the COVID-19 vaccine or did not receive the vaccine and the reason why.

Q-7: Does the reason that staff declined the COVID-19 vaccine need to be documented?

A: No. [CMS QSO-21-19-NH](#), "Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff" does not indicate that the reason for refusal of COVID-19 vaccination needs to be documented for staff. However, if long term care residents decline the vaccine, the medical record must have documentation indicating that they did not receive the vaccine and the reason why.

Testing Questions & Answers

For testing questions (including ordering OTC tests), email OTCtesting@cdph.ca.gov

Q-8: How and when should nursing homes implement “response testing”?

A: Approaches to testing in response to newly identified COVID-19 case(s) in resident or HCP have not changed and could involve either contact tracing or a broad-based (unit- or group-level) approach.

- Broad-based approach preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.
- SNFs should check with their local health department for any more stringent or specific guidance.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Q-9: Following an exposure, does a resident need to be tested on days 1, 3, and 5?

A: Refer to the CDC guidance, “Interim IPC Recommendations for HCP During the COVID-19 Pandemic” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>, which has not changed.

- “A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.”
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- Broad-based (e.g., unit,) approach preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

Other Questions & Answers

Q-10: What is the definition of an outbreak, and when should they be reported?

A: [AFL 23-09](#) “COVID-19 Outbreak Investigation and Reporting Thresholds” is now **OBSOLETE**. Providers should follow the outbreak guidance in [AFL 23-08](#) “Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences”. [AFL 23-08](#) reminds providers of the requirement to **report outbreaks and unusual infectious disease occurrences** to the local health department and their respective CDPH [District Office](#) (DO). The AFL provides examples of outbreaks or unusual infectious disease occurrences that should be reported, and links to national guidance for specific types of outbreaks, where available.

- Example: Facility **outbreak of COVID-19**, influenza, pneumonia, other respiratory viral pathogen (e.g., respiratory syncytial virus), or gastroenteritis (e.g., norovirus).
- [AFL 23-08](#) links to the [Council for Outbreak Response: HAI & Antimicrobial Resistance \(CORHA\) guidance](#), which recently [updated COVID-19 investigation and reporting thresholds and outbreak definitions](#).
 - Outbreak reporting threshold and definition: Changed from a single facility-acquired case in a resident -> two or more cases among residents within 7 days.
 - Threshold for additional investigation is still a single case in resident or HCP.
 - Investigation and reporting of HCP cases only when associated with facility-acquired case(s) in residents.

Q-11: Do we still need to monitor for signs and symptoms of COVID-19 every shift for residents?

A: SNFs should monitor residents for signs and symptoms of COVID-19 based upon best practice and clinical assessment of the resident's condition. If you see increased transmission of COVID-19 in your community, or if you are seeing cases of COVID-19 infection in your facility, it would be reasonable to increase frequency of monitoring and include pulse oximetry for residents with COVID-19.