California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Calls
September 30th – October 1st, 2020

The September 30th webinar recording and handouts can be found at: https://www.hsag.com/cdph-ip-webinars.

Important Updates:

National Healthcare Safety Network (NHSN) Update: The Centers for Disease Control and Prevention (CDC) will release a new NHSN reporting pathway on October 15, 2020, to help nursing homes (NHs) and long-term care facilities (LTCF) comply with SARS-CoV-2 point-of-care (POC) laboratory test reporting requirements. Using the pathway will require an upgraded Secure Access Management Services (SAMS) access from level 1 to level 3. CDC staff are reaching out to NH and LTCF NHSN users to assist them in upgrading SAMS access to be able use this new module. Be on the lookout for an email invitation from CDC to perform this upgrade. Any NH or LTCF that would like to upgrade now can email NHSN@cdc.gov with the subject line "Enhancing Data Security" to begin upgrading their SAMS access to use this pathway. For assistance, you can contact Rose Chen from HSAG at rchen@hsag.com.

Related Resources:

- Identity Verification Overview: https://auth.cdc.gov/sams/IdentityVerificationOverview.pdf?disp=true
- SAMS FAQs: https://auth.cdc.gov/sams/samsfaq.html
- SAMS Help Desk: 877.681.2901 or samshelp@cdc.gov
- NHSN Help Desk: NHSN@cdc.gov

Advance Care Planning Update by Coalition for Compassionate Care of California: Residents have a right to create advance healthcare directives. AFL 20-73 provides guidance for confirming resident treatment wishes during the COVID-19 pandemic through proactive advance care planning. A POLST form is only appropriate for residents who are seriously ill or nearing end of life. POLST completion is always voluntary for residents. POLST should not be used simply as a code status document, other options include use of Preferred Intensity of Treatment (PIT) or Preferred Intensity of Care (PIC) forms and regular code status and other treatment preference orders entered in the facility chart. If a patient has a POLST which calls for comfort-focused treatment and they have checked "Request transfer to hospital only if comfort needs can't be met," every effort should be made to treat them in-house.

Related Resources:

- Advance Care Planning conversations, resources and training from the Coalition for Compassionate Care of California: https://coalitionccc.org/
- Health Care Decision Aids on CPR, Ventilator, Tube Feeding and Artificial Hydration: https://coalitionccc.org/covid-19-conversation-tools/
- SNF-specific resources on ACP and palliative care: https://coalitionccc.org/tools-resources/nursing-homes/
- COVID Conversations Toolbox: https://coalitionccc.org/covid-conversations-toolbox/
- California POLST form and resources: www.CaPOLST.org
- National POLST: https://polst.org/

- Intended Population & Guidance for Health Care Professionals: https://polst.org/wp-content/uploads/2020/03/2019.01.14-POLST-Intended-Population.pdf

Questions & Answers from September 30th:

Q: Question related to POLST vs. living will.
A: POLST is a signed medical order which applies across all care settings. Because it is a medical order, EMTs will follow POLST, but they generally will not look at an advance directive.

Q: Can an EMT responding to a 911 call to a SNF override a POLST or DNR order and direct CPR to be started?
A: No, that is inappropriate unless there are some compelling reasons the POLST is believed to be invalid.

Q: Question related to Probate Code 4711.
A: A patient may designate an adult as a surrogate to make health care decisions by personally informing the supervising health care provider. The designation needs to be documented in the patient's chart.

Q: If an EMT suspects resuscitation is indicated for a drug overdose or accident (i.e. choking on a piece of meat), and not for an expected end of life condition, can they then override a DNR or POLST order?
A: There is not a simple answer. In general, it would be highly inappropriate to override a DNR order.

Q: Question related to SAMS grid card from another facility.
A: A SAMS grid card is tied to the individual who went through the identify verification process. It can be used to access different NHSN facility accounts after going through the appropriate process.

Q: Question related whether residents with history of tested positive for COVID-19 need to go through 14-day isolation upon readmission to NH.
A: They do not need to be tested or isolated for 14 days.

Q: Does the POLST form used in SNF have any changes with the COVID-19 pandemic?
A: There was no change and it is a standardized form. Specific notations can be entered into the free-text area.

Q: Can pets be allowed to visit?
A: There is currently no specific CDPH guidance on that. You should follow current policy regarding immunization and other document requirements.

Q: Question related to acceptable photo identification for SAMS application.
A: Lists of acceptable forms of photo identification will be provided by SAMS after starting the upgrade process. Some may include driver's license, U.S. Passport, U.S. Permanent Resident Card and U.S. Military ID, etc.

Q: For LTCF, how many days is observation for a new admission? Do hospital days count as part of observation days?
A: Observation is 14 days. The start day can be in the acute care hospital if the hospital has no transmission of COVID-19 in the facility, demonstrating no risk of exposure. However, this needs to be verified with the local health department so the more stringent rule can be followed.

Q: Question related to administering influenza vaccine for residents who are COVID-19 positive and still on transmission isolation.
A: CDC provides guidance for vaccination during a pandemic. Routine vaccination should be deferred for person with suspected or confirmed COVID-19 regardless of symptoms until criteria met to discontinue isolation. Additional guidance is expected to come from CDPH.

Q: Question related to communicating information obtained from these SNF weekly webinars/calls to CDPH surveyors and PHNs.
A: Some ideas include sharing with surveyors or PHNs where you obtained the information and reaching out to district office for clarification. You can also refer to the HAI program mail box.

Q: Question related to keeping face shields in a paper bag in the car?
A: PPE should not be taken out to a car.

Questions & Answers from October 1st:

Q: Question about AFL, Preferred Intensity of Care and POLST in managing resident care during the COVID pandemic.
A: POLST is appropriate for anyone that is near the end of their lives, but it is never required. For those that are non-POLST-appropriate residents, your facility needs to be using a set process consistently (e.g., an alternate form like a PIC or PIT, or a notation as to code status in the orders and recaps, with documentation of a conversation somewhere in the chart) – there is no one alternative for this situation that is required, just that it be followed consistently. For residents who just want usual care, including CPR and intubation, a POLST form is not required since that is the level of care they will automatically get by default.

Q: When doing surveillance testing aside from residents that leave the facility for treatments, do we need to test residents that have never tested positive?
A: We will direct this question to our HAI team ensure we give the most accurate information regarding this specific situation. We will follow up with guidance.

Q: If we are experiencing insurance companies refusing to cover testing, do you have any guidance on what to do?
A: We encourage you to refer these issues to the Department of Managed Care (https://www.dmhc.ca.gov/AbouttheDMHC/Contactus.aspx), as it is the entity creating these policies for insurance companies.

Q: Question related to storing PPE in plastic bags**.**
A: We encourage facilities to not use plastic bags when storing PPE. Plastic does not breathe, and if PPE is not completely dry, it can allow for bacteria to grow and compromise the items.

Q: Should flu vaccines be mandatory for staff and visitors?
A: For visitors, this is up to our local public health and facility plans as well as your mitigation plans. The staff are required to receive the flu vaccine. For staff specifically, we encourage that you collaborate with your medical directors to stress the importance of getting flu vaccines.

Q: Question on AFL 20.53 and testing requirements based on county positivity rates.
A: Healthcare personnel are to be checked weekly. If your positivity rate is above 10%, then you would be testing staff twice a week (per CMS QSO-20-38-NH memo) until the numbers drop below 10%

Q: Question related to testing family members in facilities.
A: We do not have guidance yet on these situations. If it is in your mitigation plan, surveyors will investigate this. We will provide this question to Heidi Steinecker to clarify.

Q: For dialysis transport drivers that are screened for symptoms but do NOT enter the facility, do they need to be included in testing?
A: No, they do not need to be included in your facility testing.

Q: Question for testing external/visiting healthcare personnel.
A: We will defer to Heidi Steinecker for this question and will report back with guidance.

Q: When can conservators begin visiting facilities?
A: We will defer to Heidi Steinecker for this question and will report back with guidance.

Q: Question regarding visitations with pets.
A: CDPH does not have any guidance on this. If you already had a policy in place prior, ensure those are still being followed as well as any other measures that are necessary. We will also send this question to Heidi Steinecker for review.

Q: Do door screeners need PPE, even if it's in the green zone?
A: Yes, everyone needs a mask and practicing proper hand hygiene, as well as eye protection.

Q: Question on AFL related to mitigation plans and IP training.
A: We are in the process of taking the 2-day test and putting it online. We are hoping it will be ready by the end of the month. A suggestion would be to complete the CDC course online (19 hours) that includes a post-test and certificate.

Q: Asking for clarity on testing requirements for residents, getting conflicting information.
A: In these situations, it is always wise to follow the stricter of the guidelines in place to be safe.

Q: If a SNF has no positive COVID cases, is there a new requirement of using N95 masks in the facility?
A: If there are no cases, then surgical masks are sufficient except for in observation units of the facility.

Q: Is CDPH looking to assist smaller facilities that are not certified to get POC antigen machines?
A: We will defer to Heidi Steinecker for this question and will report back with guidance.

Q: What if a staff member goes on vacation for a week, how are they handled for testing?
A: The individual can be put back into the mix with full PPE and continue regular testing at the facility.

Q: Question/statement from CDPH HAI surveyor stating CDPH does not recommend rotating N95 and should be discarded after a shift.
A: See CalOSHA reference letter for the extended use of respirators with the following guidance for non-reusable respirators (not including elastomeric or PAPR):

- Respirator extended use should be up to 8-12 hours.
- During an extended use, a respirator should not be donned/doffed more than 5 times.
- A respirator should be stored in a breathable container (i.e. paper bag) while staff have removed them for their break.
- Used respirators can be stored and labelled for use only in a crisis where all reusable and new disposable N95 are available

Rotating masks should only be used during crisis situations. At this time, we are not in crisis mode (regarding PPE supply) and PPE does not need to be rotated and can be discarded after shifts.

Q: COVID-negative resident admitted to hospital for non-COVID reason for 14 days. The facility wants to readmit the person but does not have a yellow zone – who should be consulted?
A: We would suggest the person to be tested before leaving the hospital and be placed in an observation area pending the test. If the individual was negative, the days in the hospital can be counted towards the observation period.