SAN BERNARDINO COUNTY

Department of Public Health
Communicable Diseases Section

Healthcare-associated Infections and Infection Prevention Collaborative Meeting

December 12, 2024

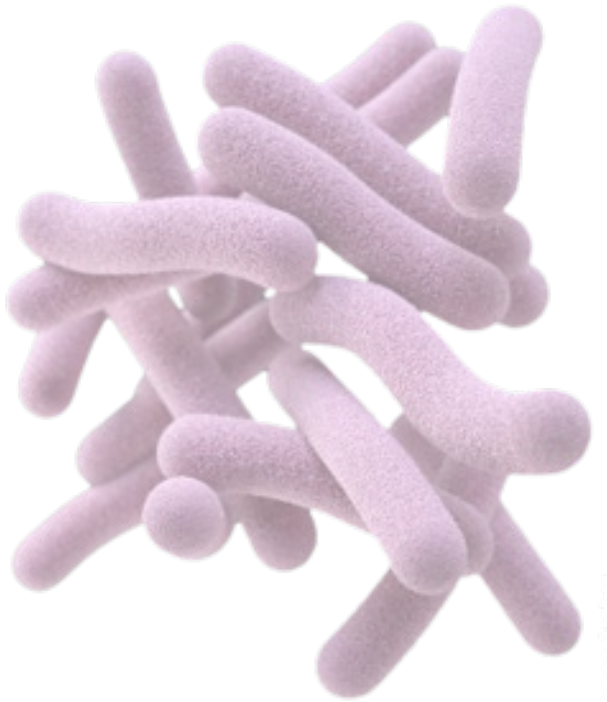
Agenda

- Healthcare-Associated Infections and Infection Prevention (HAIIP) Program
- Respiratory Illness Data and Trends
- Visitor Guidance
- Enhanced Barrier Precautions
- COVID-19 Data and Trends
- Updated COVID-19 Guidance
- Breakout Groups
- Discussion

Healthcare-Associated Infections and Infection Prevention (HAIIP) Program

CORE OBJECTIVES:

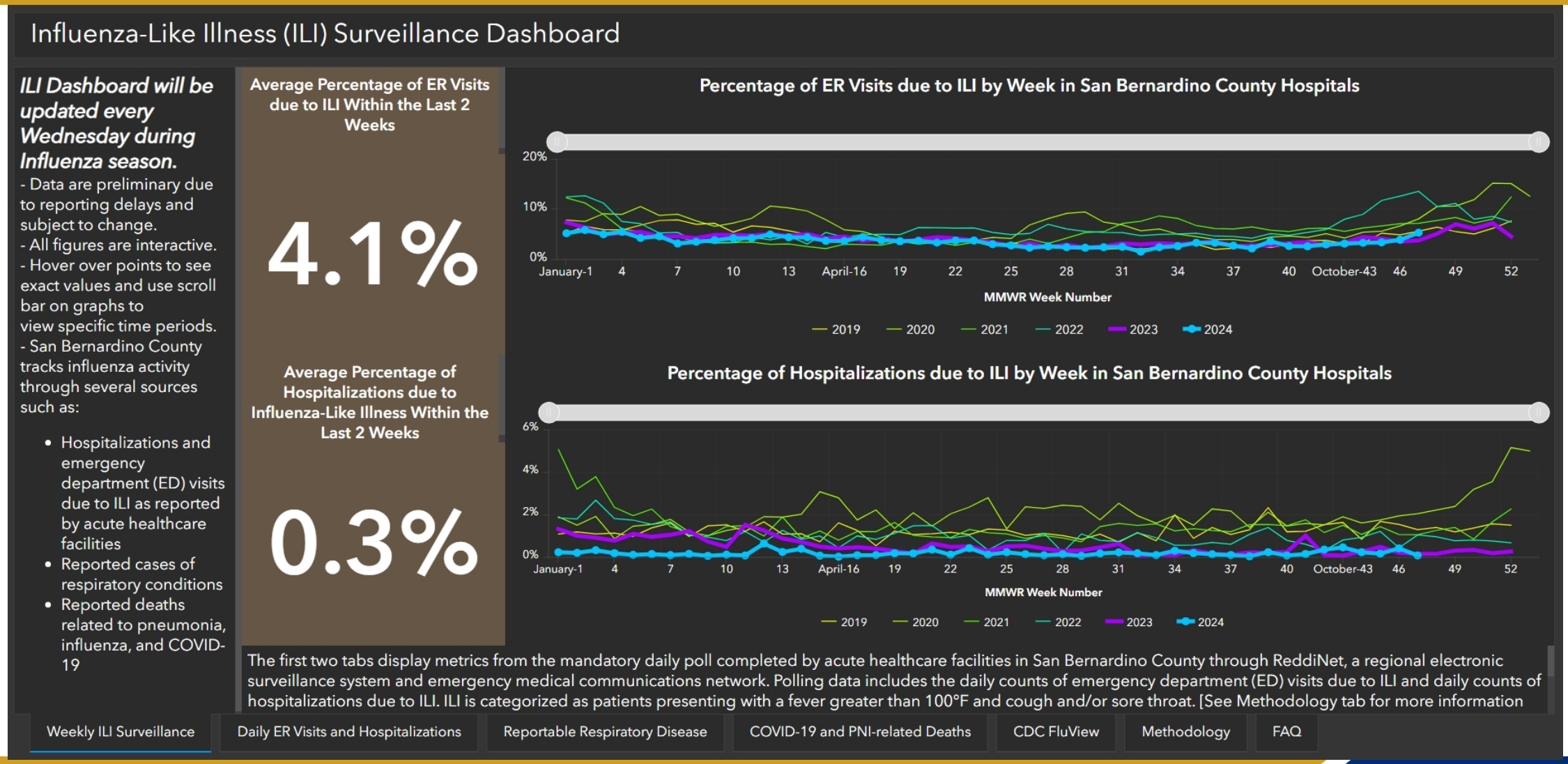
- **Prevention:** Implementing evidence-based strategies.
- **Training:** Infection control practices, use of personal protective equipment (PPE), Train-the-trainer, and current guidelines on managing healthcare-associated infections (HAIs).
- **Surveillance:** Identify and report HAIs.
- **Mitigation:** Rapid response and support for facilities experiencing an outbreak.
- **Ongoing Support:** Technical assistance and direct support for healthcare facilities.



Respiratory Infections Data and Trends

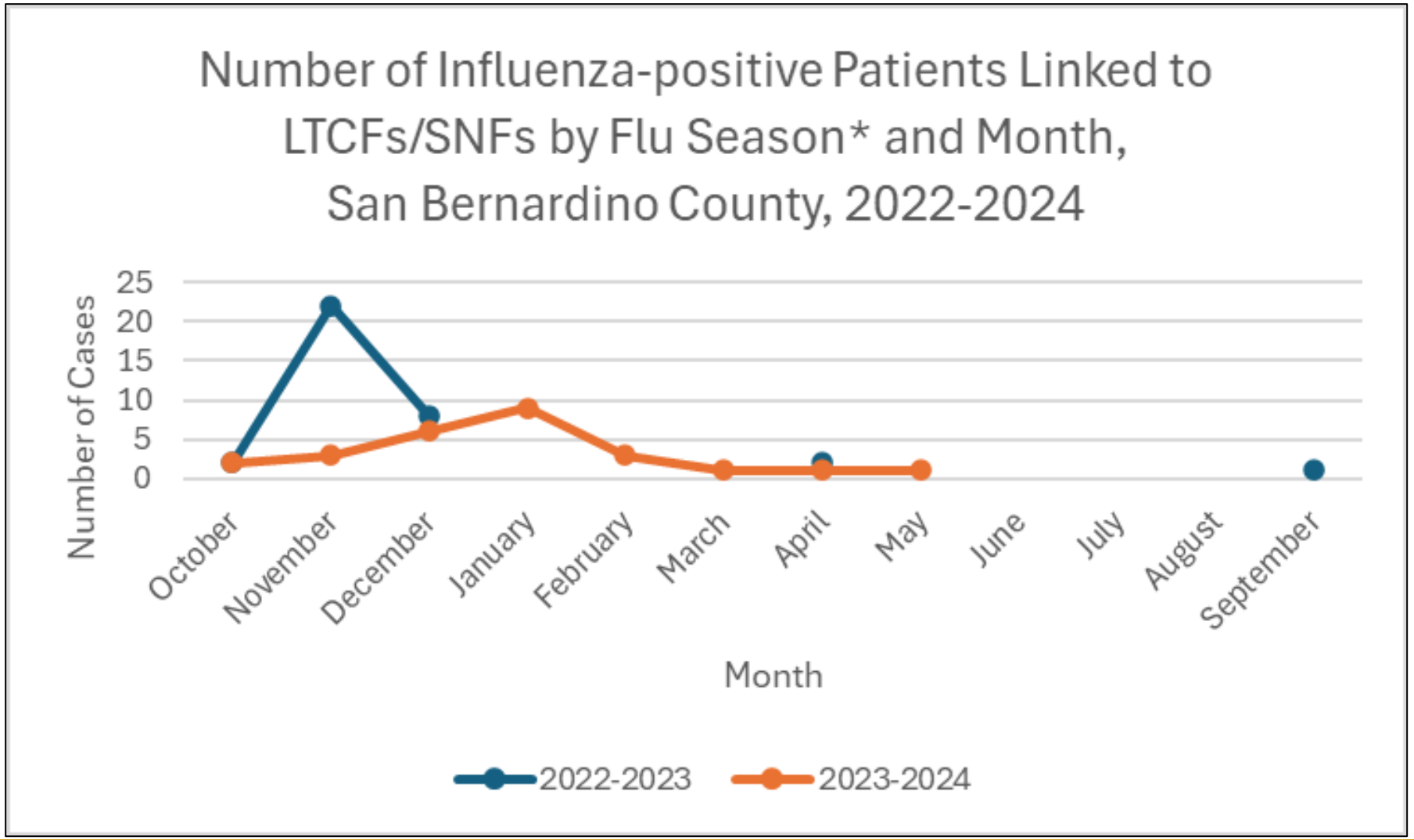
Jessica Lu, MPH

SBC Influenza-Like Illness (ILI) Surveillance Dashboard



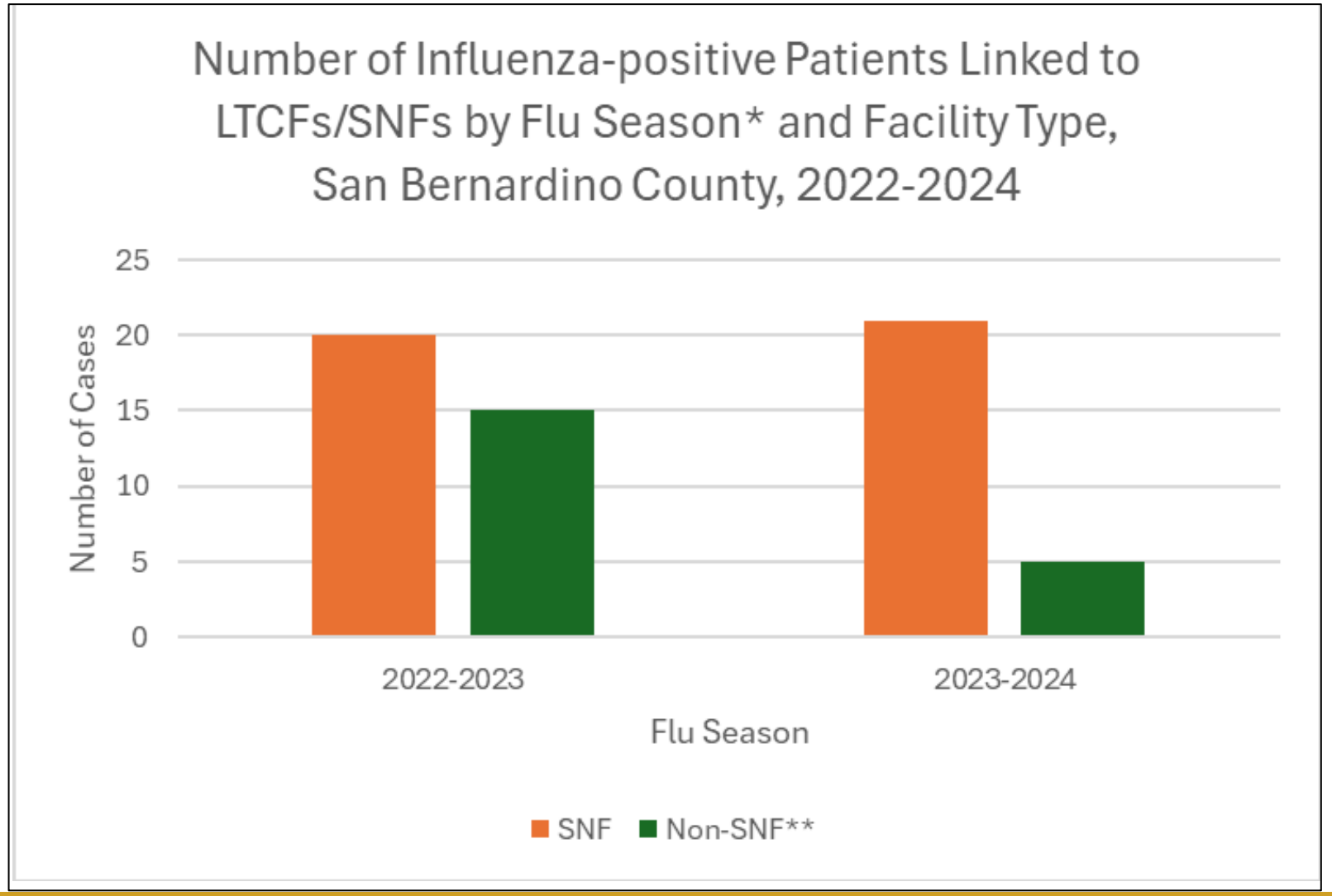
Source: [Influenza-Like Illness (ILI) Surveillance Dashboard]

Influenza Cases in LTCFs/SNFs by Flu Season and Month



**Flu season typically spans from November 1 to April 30, though cases may occur outside this period.*

Influenza Cases in LTCFs/SNFs by Flu Season and Facility Type

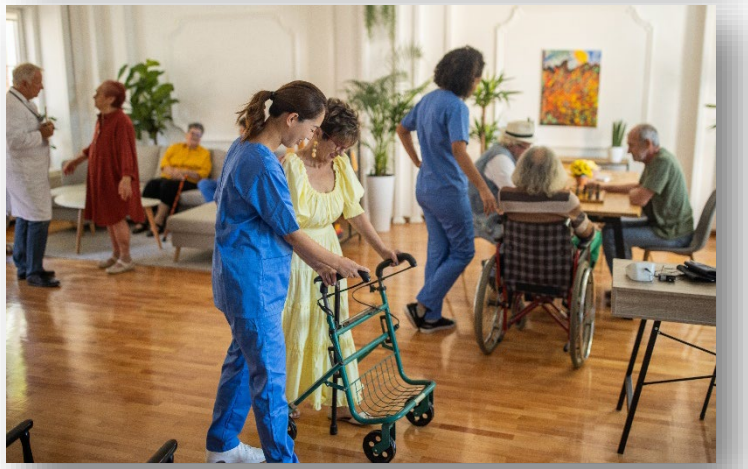


**Flu season typically spans from November 1 to April 30, though cases may occur outside this period.*
***Non-SNFs include Hospices and Intermediate Care Facilities.*

Visitor Guidance

Karen Arriaga, MPH

We Want to Hear from You



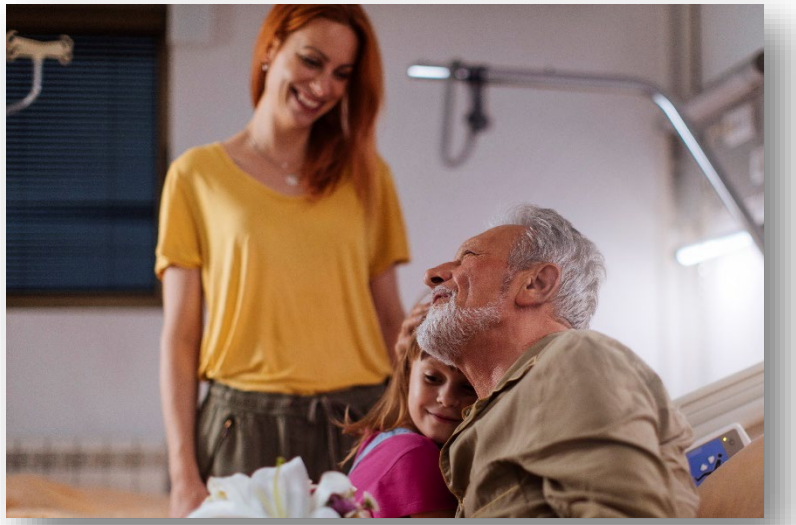
How do you usually address visitation during the holidays?

Do you usually put up signage before the holidays, and if so, what is the messaging?

Do you set up hand sanitizer stations, do temperature checks, provide masks, or discuss the importance of these measures with visitors and guests?

Resident Visitation Recommendations

- The Centers for Medicare & Medicaid Services recommend that residents can receive visitors of their choice if the visitor, resident, or their representative is aware of the risks associated with visitation. The visit occurs in a manner that does not place other residents at risk.
- Visitation can be conducted differently based on a facility's structure and residents' needs.
    - Resident rooms
    - Dedicated visitation spaces
    - Outdoors



Nursing Home Visitation

Nursing homes should allow visitation based on the following key recommendations:

1. Adhere to the core principles of infection prevention:
   - Wearing a mask
   - Performing hand hygiene
   - Practicing physical distancing
2. Avoid large gatherings where physical distancing cannot be maintained.
3. Work with the local health department when an outbreak occurs.

Centers for Disease Control and Prevention (CDC) Recommendations

1. Patients should be encouraged to limit in-person visitation while they are infectious.
   - Counsel patients and their visitor(s) about the risks of an in-person visit.
   - Promote video call applications for patients and visitor interactions.
2. Facilities should instruct visitors on hand hygiene and the use of personal protective equipment (PPE).
3. Visitors should be instructed to visit only the patient room and minimize their time in other locations in the facility.

Core Principles of Infection Prevention and Control

- Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have respiratory diseases symptoms.
- Hand hygiene (use of alcohol-based hand rub is preferred).
- Face covering or mask (covering mouth and nose) following CDC guidance.

Core Principles of Infection Prevention and Control (continued)

- Post visual alerts at the entrance and in key areas (e.g., waiting areas, cafeterias). These alerts should include instructions about current infection prevention control (IPC) recommendations.
- Appropriate staff use of personal protective equipment (PPE).
- Effective cohorting of residents.
- Resident and staff testing was conducted following CDC recommendations.

What is the Best Way for Residents, Visitors, and Staff to Protect Themselves from Respiratory Viruses?

- The most effective tool to protect anyone from respiratory viruses is to be up to date with all recommended vaccines.
- Recommended vaccines:
  - Influenza
  - Respiratory Syncytial Virus (RSV)
  - Pneumococcal
  - COVID-19

Source: Vaccinations and Older Adults | National Institute on Aging

How Should Facilities Address Visitation Over the Holidays?

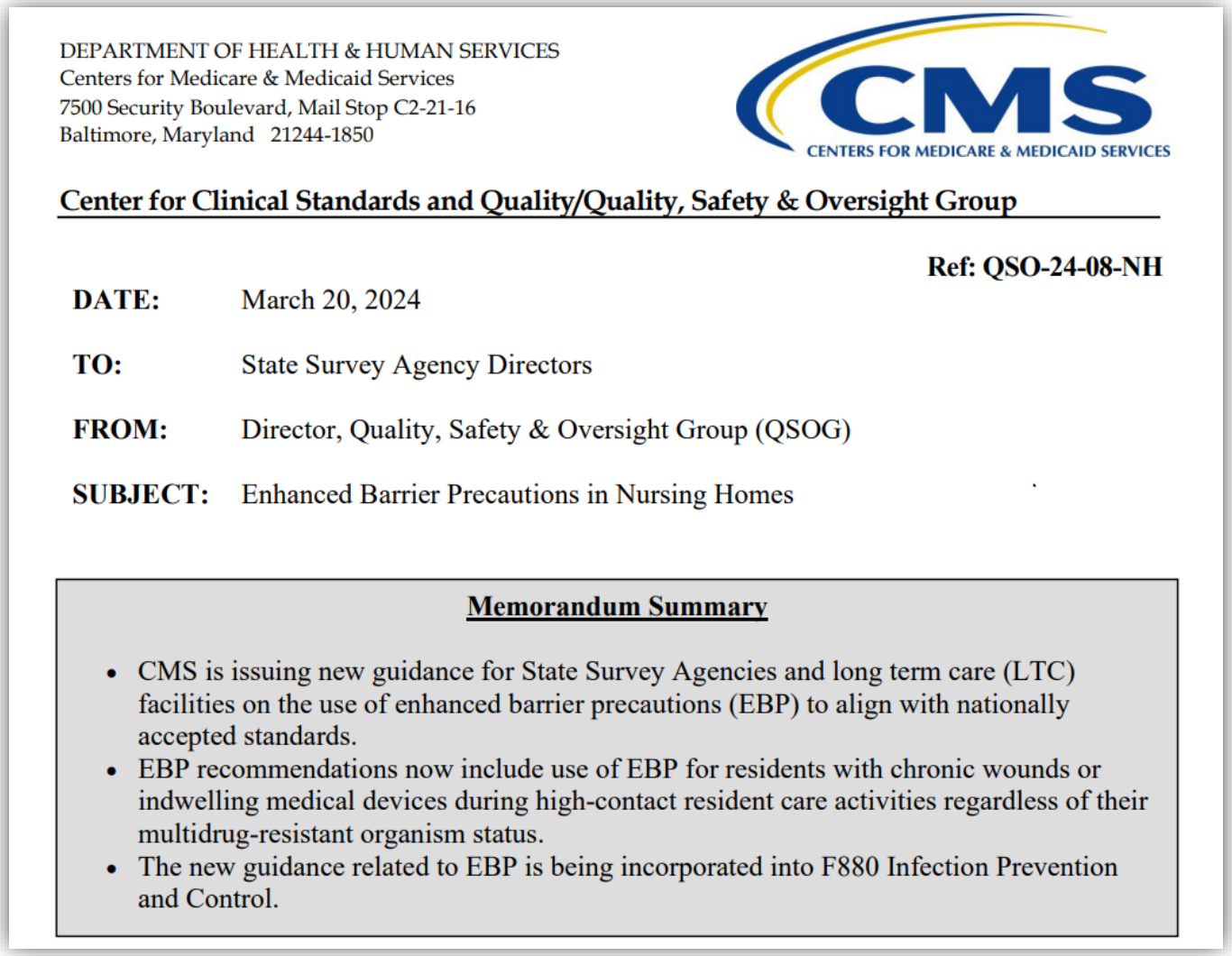
- Facilities should ensure that **physical distancing** can still be maintained during peak visitation times.
- If physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy.
  - Visitors schedule their visits at staggered time slots throughout the day.
  - Limit the number of visitors in the facility or a resident's room at any time.

Enhanced Barrier Precautions for Skilled Nursing Facilities

Evangelina Patelia, MPH, CPH

Tanya Martinez

Centers for Medicare and Medicaid Services (CMS)



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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Ref: QSO-24-08-NH

DATE: March 20, 2024

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

CMS QSO-24-08-NH : https://www.cms.gov/files/document/qso-24-08-nh.pdf

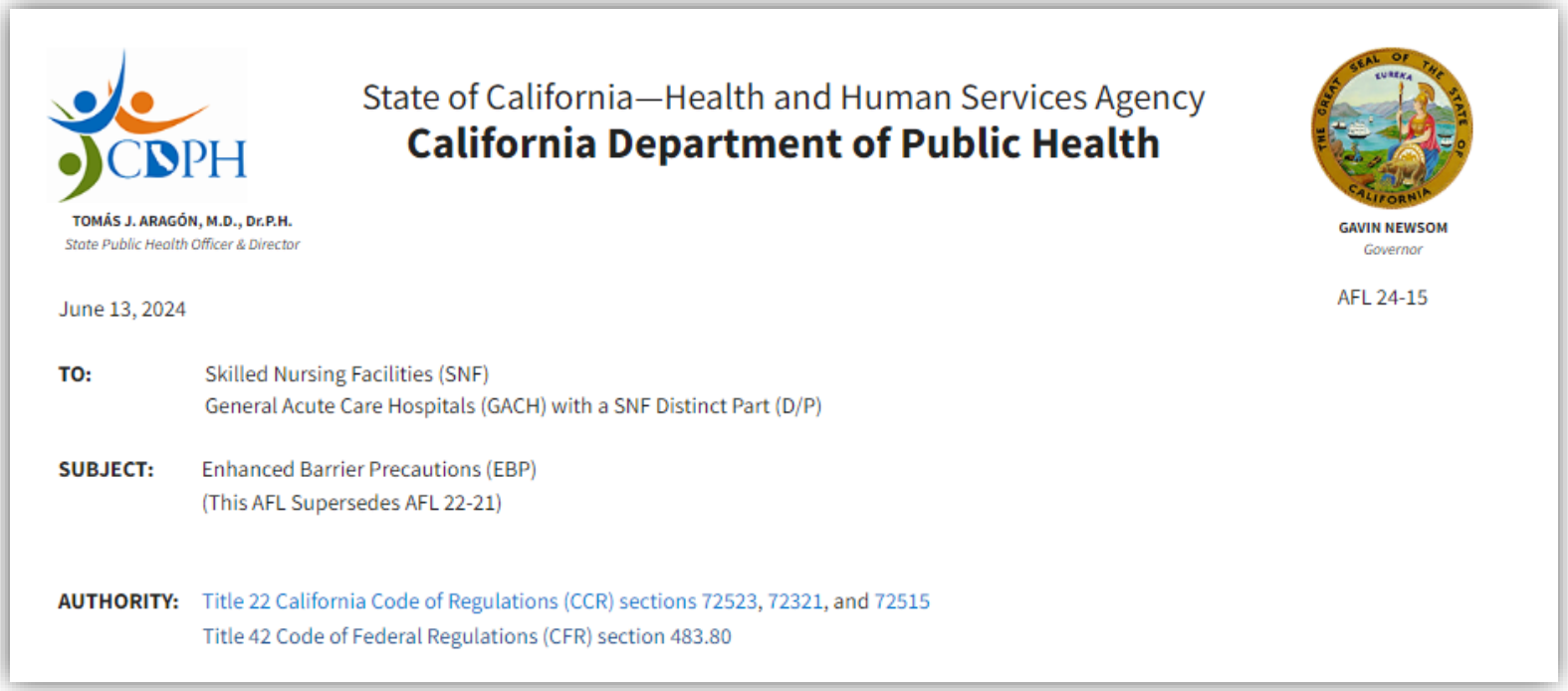
What about CDPH's Enhanced Standard Precautions?

- Because California nursing homes are now required per CMS QSO-24-08-NH to implement CDC's EBP, **CDPH has "retired" our Enhanced Standard Precautions (ESP) guidance**.

- CDPH's ESP was based on the same core principles as EBP, so **SNFs that previously implemented CDPH's ESP should be well-positioned to comply with the CMS requirements for EBP** implementation.

- California SNFs should **refer to the CDC's EBP guidance and FAQs**:
  - Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of MDROs
  - Frequently Asked Questions about Enhanced Barrier Precautions in Nursing Homes

CDPH - All Facilities Letter (AFL) 24-15



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

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

GAVIN NEWSOM
Governor

June 13, 2024

AFL 24-15

TO: Skilled Nursing Facilities (SNF)
General Acute Care Hospitals (GACH) with a SNF Distinct Part (D/P)

SUBJECT: Enhanced Barrier Precautions (EBP)
(This AFL Supersedes AFL 22-21)

AUTHORITY: Title 22 California Code of Regulations (CCR) sections 72523, 72321, and 72515
Title 42 Code of Federal Regulations (CFR) section 483.80

- AFL 24-15 announced that CDPH is retiring its Enhanced Standard Precautions (ESP) guidance document and adopting the Centers for Disease Control and Prevention (CDC's) ***Enhanced Barrier Precautions (EBP)*** guidance and terminology.

- CDPH has developed Enhanced Barrier Precautions: Additional Considerations for California SNFs (PDF) for additional guidance on EBP.

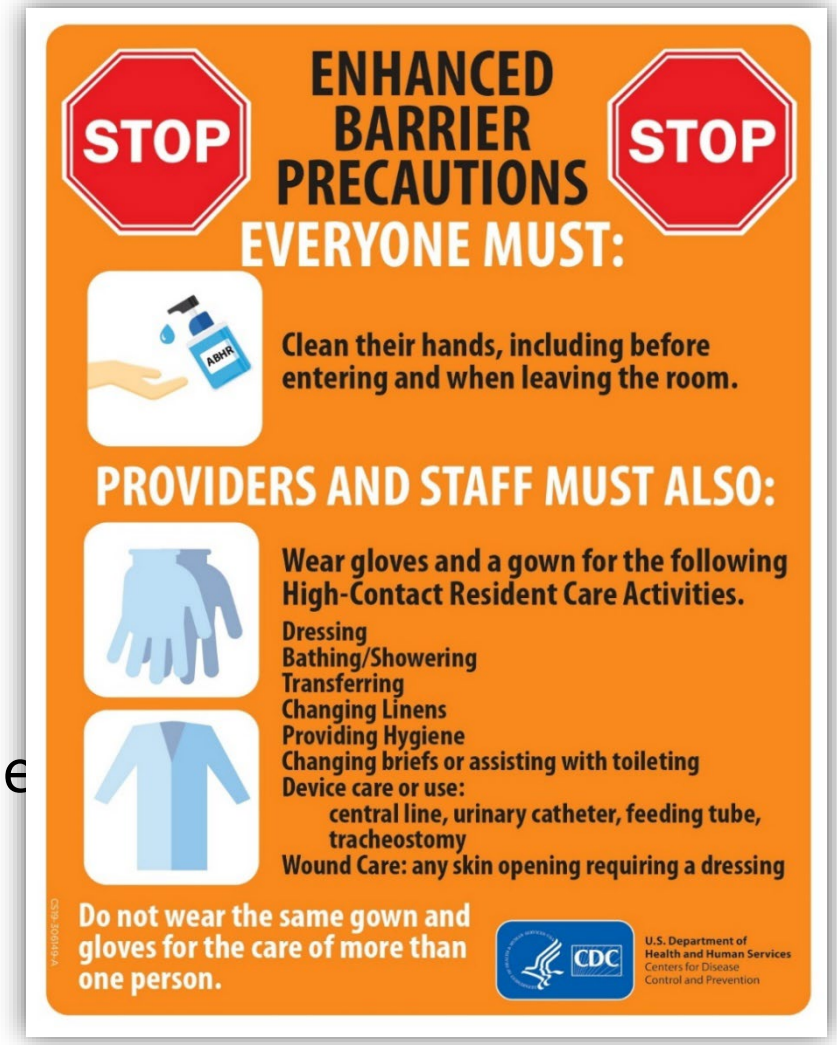
What is EBP?

- EBP is an infection prevention strategy designed to reduce multidrug-resistant organism (MDRO) transmission in **SNFs by targeting gown and glove use** during **high-contact resident care** activities.
- EBP are indicated for residents with any of the following:
  - **Infection or colonization with a CDC-targeted MDRO** when contact precautions do not otherwise apply or
  - **Wounds and/or indwelling medical devices,** even if the resident is not known to be infected or colonized with a MDRO.

Enhanced Barrier Precautions

Apply the Enhanced Barrier Precautions During The 6 Moments of Care:

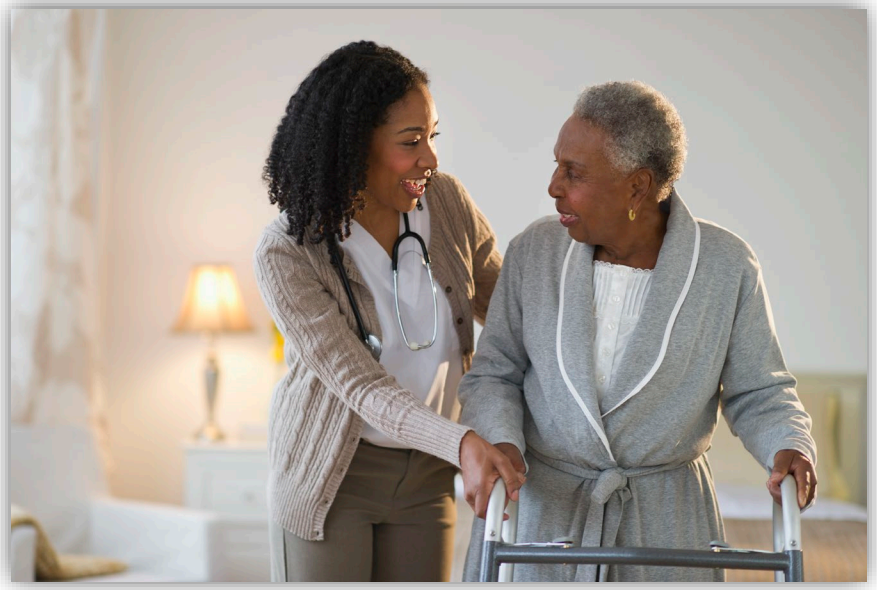
1. Morning and evening care
2. Toileting activities
3. Medical treatment and device care
4. Wound care
5. Cleaning and disinfecting the environment
6. Mobility assistance and preparing to leave the room



Morning and Evening Care

Use hand hygiene, gowns, and gloves during **morning and evening care**

- Dressing
- Grooming
- Bathing/showering
- Oral care, brushing teeth



Changing Briefs, Assisting With Toileting, & Peri-Care

Use hand hygiene, gowns and gloves during **toileting, changing incontinence briefs, and performing peri-care**

- When moving from dirty to clean areas, remove gloves, **use hand hygiene, and don clean gloves** between tasks when necessary

Device Care and Use

Use hand hygiene, gowns, and gloves during **care of indwelling devices** such as

- Urinary catheters
- Intravascular catheters
- Endotracheal/tracheostomy tubes
- Feeding tubes
- Medical treatments that require close contact with a high-risk resident and their environment, such as respiratory treatments, tube feedings

Wound Care

Use hand hygiene, gowns, and gloves during **care of wounds and dressing changes**

Cleaning and Disinfecting the Environment

- Use hand hygiene, gowns, and gloves when **cleaning the environment**
- Examples of high-contact environmental services (EVS) activities for which EVS personnel should use gowns and gloves while cleaning and disinfecting the environment around residents on EBP:
  - Removing soiled linen.
  - Cleaning and disinfecting high-touch surfaces, such as bed rails, remote controls, bedside tables or stands near the resident's bed.
  - Terminal cleaning and disinfection.

Project Firstline EVS Toolkit (ca.gov)

Enhanced Barrier Precautions: Additional Considerations for CA SNFs

Routine, Daily Cleaning, and Disinfection

For routine, daily cleaning and disinfection of the room when the areas immediately surrounding the resident are not touched, CDPH recommends:

- EVS personnel perform hand hygiene before entering the room and use gloves, but a gown is not generally necessary.
- When leaving the room, EVS personnel should remove their gloves and perform hand hygiene.

High-contact EVS activities

EVS personnel need to:

- Remove their gown and gloves and perform hand hygiene **before** cleaning and disinfecting the next resident's bed space.
- Remember that the use of gowns and gloves for high-contact cleaning and disinfecting activities around the next resident's bed space will depend on whether the next resident is also on EBP or contact precautions.

Preparing a Resident on EBP to Leave Their Room

When preparing a resident on EBP to leave their room, CDPH recommends the following for SNF healthcare personnel (HCP):

- Perform hand hygiene and wear a gown and gloves.
- Ensure that the resident's secretions/excretions are contained and that the resident performs hand hygiene and puts on clean personal clothing or a patient gown.
- Remove gown and gloves and perform hand hygiene **before** assisting the clean resident to leave the room.
- Gloves and gowns should not routinely be worn in the hallways, but they should be readily available for use if needed.

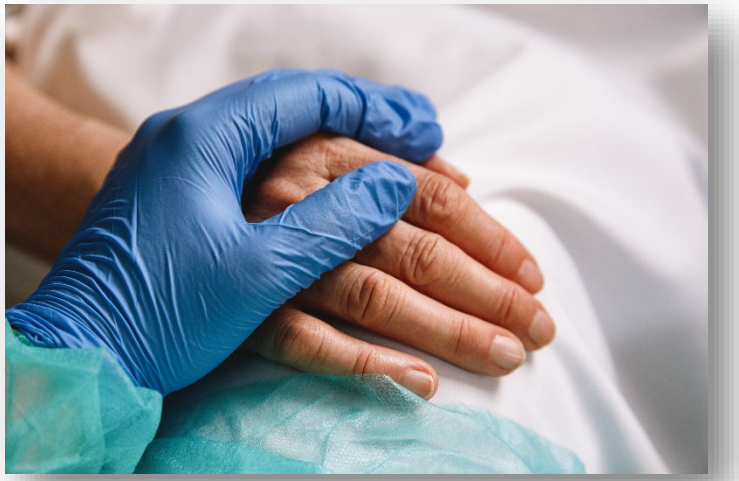
Additional Considerations for California Skilled Nursing Facilities

CDPH provides additional EBP implementation considerations meant to complement and address factors not directly addressed by CDC's guidance or FAQs. Topics include:

- High-contact environmental services (EVS) activities.
- Routine, daily cleaning, and disinfection.
- Preparing a resident on EBP to leave their room.
- Use of gown and gloves by family members or other visitors of a resident on EBP.
- Cohorting residents on EBP with known MDRO infection or colonization.
- Transitioning from contact precautions to EBP following an outbreak.

Note: these considerations will be updated periodically as new information becomes available.

Use of Gown and Gloves by Family Members or Other Visitors of a Resident on EBP



CDPH recommends visitors and family members:

- Wear gowns and gloves only when participating in high-contact care activities for a resident on EBP.

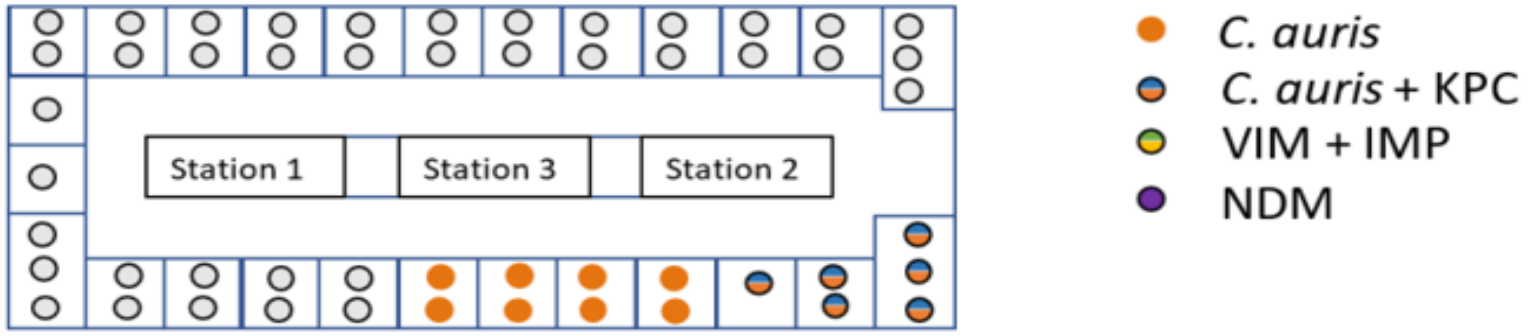
- Always perform hand hygiene upon **entry** to and **exit** from the room. Remove all PPE and discard it in the room waste receptacle.

Cohorting Residents on EBP with Known MDRO Infection or Colonization

Per CDPH

- EBP is indicated for residents with indwelling devices, regardless of MDRO status, AND for those infected or colonized with MDROs when Contact Precautions do not otherwise apply.
- Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO.

Figure 1. Cohort within a cohort

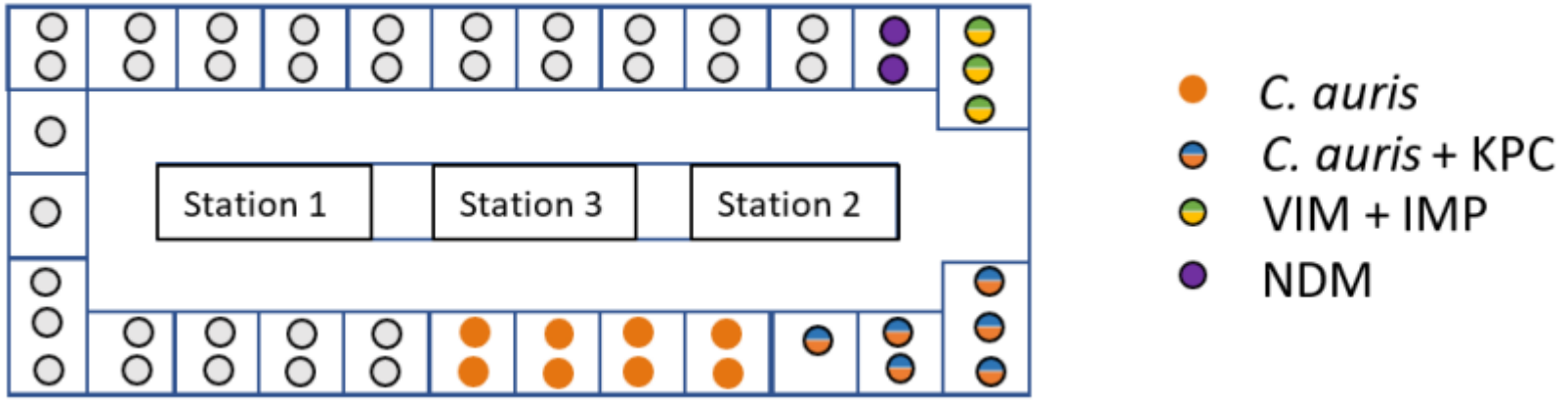


Cohorting Residents on EBP with Known MDRO Infection or Colonization

CDPH also provides additional guidance for cohorting multiple residents in the same room or designated area of the facility based on MDRO status.

- For more information on principles of patient or resident cohorting by MDRO type, general patient or resident cohorting principles, and examples of cohorting combinations , visit Cohorting Guidance for Patients or Residents Infected or Colonized with MDROs (PDF).

Figure 2. Cohort by carbapenemase/organism combination



Transitioning from Contact Precautions to EBP

- During an MDRO outbreak, Contact Precautions may be indicated for residents known to be colonized or infected with the outbreak MDRO
- SNFs should consult their local health department for guidance on transitioning to EBP following an outbreak
- Readiness for transition to EBP includes:
    - Demonstration that MDRO transmission has been contained
    - Consistent staff adherence to core infection prevention and control practices, including hand hygiene, appropriate PPE use, and environmental cleaning and disinfection
    - Availability of hand hygiene and PPE supplies at points of care

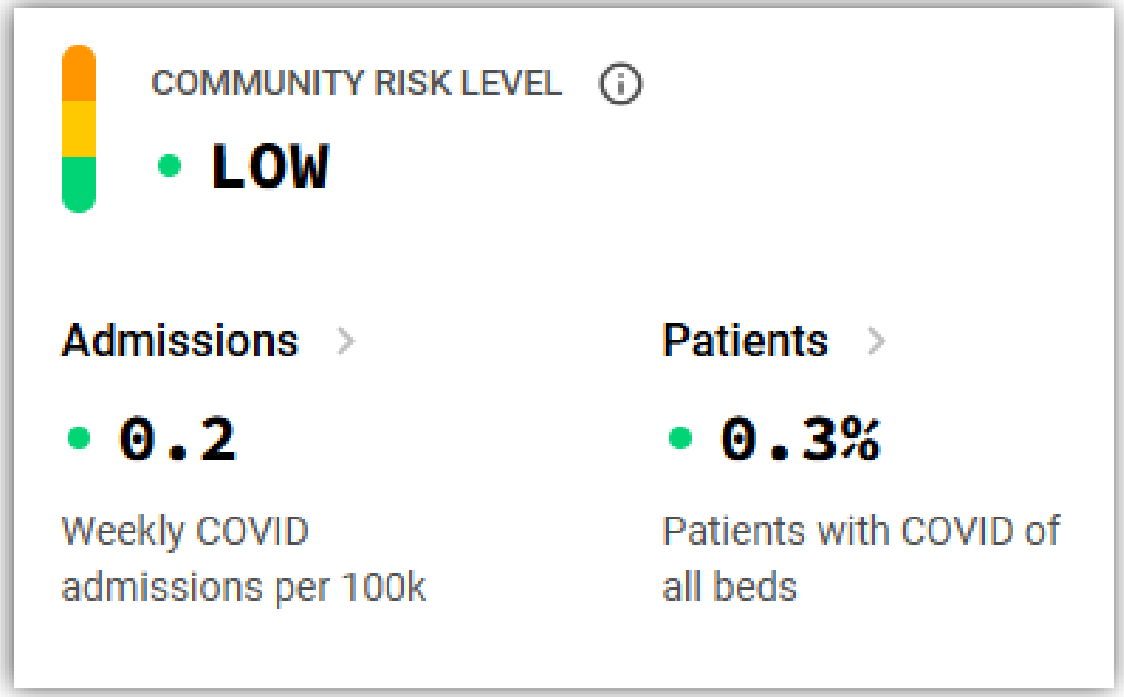
Break
(10 mins.)

COVID-19 Data and Trends

Oswaldo Mayorquin, MBA

COVID-19 in San Bernardino County – 2024 Trend

- As of the latest update, San Bernardino County has experienced a stabilization in COVID-19 cases with minor fluctuations in new cases reported weekly, consistent with the statewide trends.
- However, the county has observed slight increases in cases correlated with seasonal changes and relaxed precautions in certain areas. This trend indicates ongoing transmission, although hospital admissions remain relatively stable.

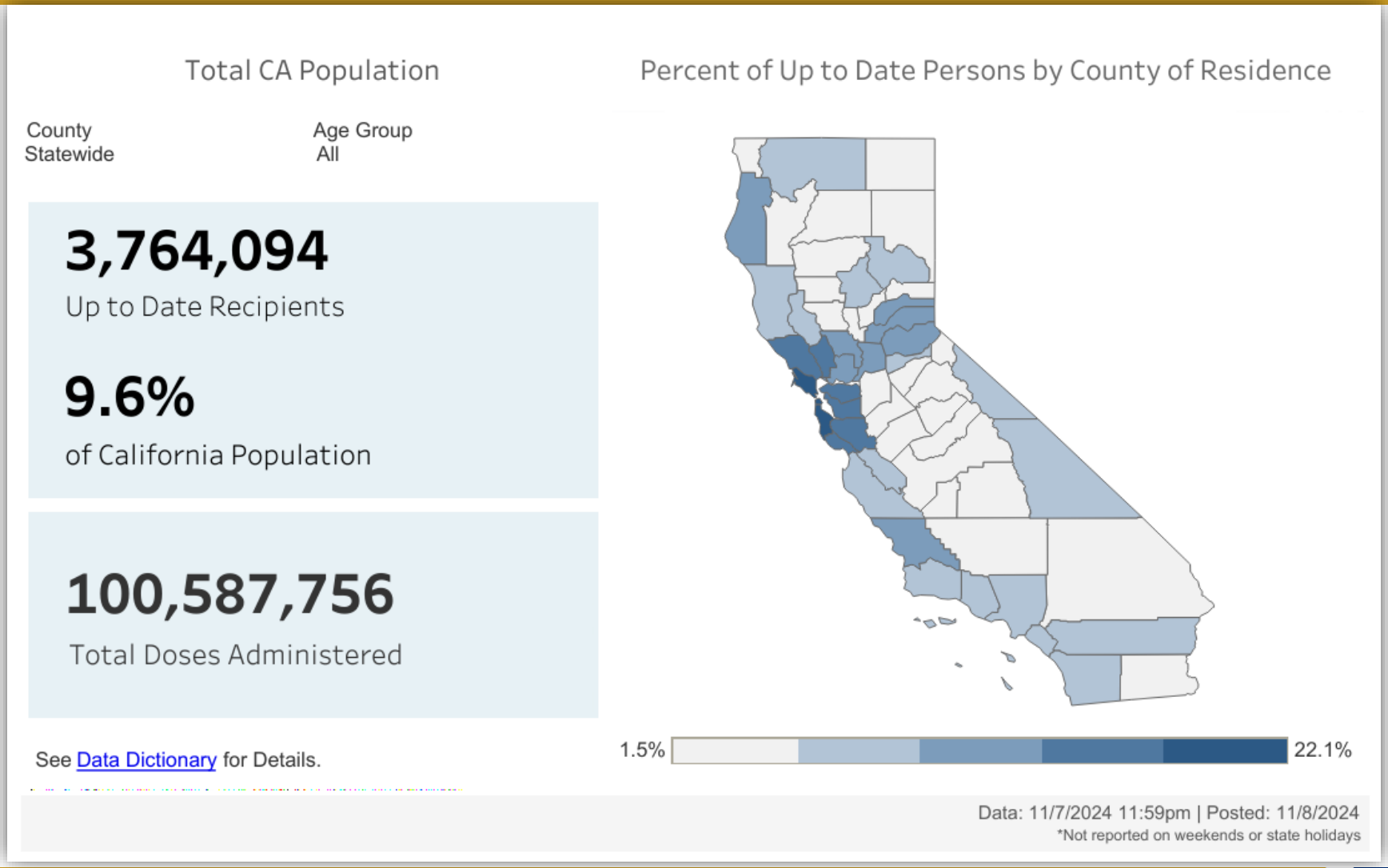


COVID-19 Variants and Transmission Rates

- As of October 2024, the Omicron subvariant KP.3.1.1 is the predominant strain circulating in San Bernardino County, aligning with national trends. This variant has shown increased transmissibility.
- Recent data indicates a slight uptick in COVID-19 cases in the county, consistent with seasonal patterns observed statewide.

- While the KP.3.1.1 variant spreads more easily, current evidence suggests it does not cause more severe illness. Nevertheless, staying updated with vaccinations is crucial to maintain high protection, particularly for at-risk populations such as SNF residents.

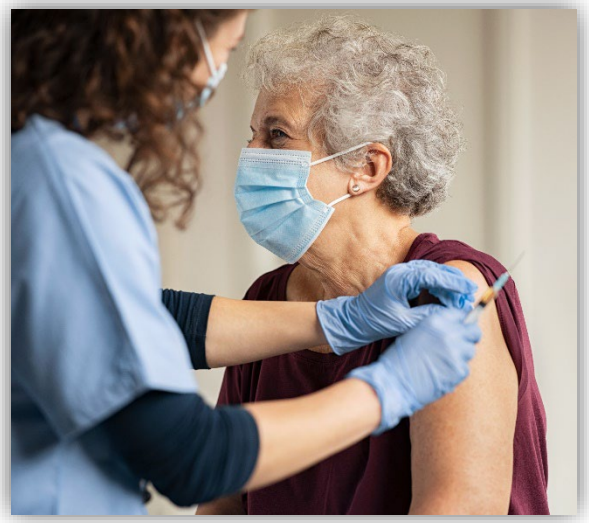
CDPH COVID Vaccine Data



- Source: COVID Vaccine Data

Updated COVID-19 Guidance

Current COVID-19 Guidance



- CDPH recommends that all eligible SNF staff and residents receive the latest COVID-19 vaccinations and boosters, especially given the expected rise in seasonal respiratory viruses like RSV and influenza. This guidance also includes resources for facilities on implementing vaccination clinics to increase uptake within SNFs, particularly among high-risk residents.

- CDPH advises regular testing for residents and staff, especially in response to symptomatic cases or potential outbreaks. Isolation guidelines remain in place for positive cases, and facilities are urged to follow prompt isolation and quarantine procedures as necessary.

Infection Control Practices

- SNFs are encouraged to maintain robust infection control practices, including continued use of PPE for staff during resident interactions and routine sanitation measures to prevent viral transmission within these high-risk settings.

- SNFs are advised to screen visitors and implement mask requirements or other restrictions during high-transmission periods to protect residents. CDPH encourages facilities to adapt visitor policies based on local transmission rates to balance resident safety with family visitation rights.

Needs and Suggestions Breakout Session

Group Discussion

Group Discussion

1. What needs did your group identify?
2. What suggestions did your group recognize?
3. What additional feedback would you like to share?

Questions

Resources

- Clean Hands Count for Healthcare Providers Factsheet
- Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | LTCFs | CDC
- Vaccinations and Older Adults | National Institute on Aging
- AFL-24-15 Enhanced Barrier Precautions
- Enhanced Barrier Precautions: Additional Considerations for CA SNFs
- MDRO Patient Cohorting
- KP.3.1.1 is the Predominant Variant as COVID-19 Activity Increases | NCIRD | CDC
- Respiratory Virus Report
- AFL-23-12 Coronavirus Disease 2019 (COVID-19) Recommendations for Personal Protective Equipment (PPE), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities
- AFL 24-08 Updated Information on Family Council Requirements to Include AB 979 – Long-Term Care Family Councils

Announcements


SAN BERNARDINO
COUNTY
Public Health
Communicable Disease Section
THANK YOU
In the middle of difficulty lies opportunity.
— Albert Einstein

Contact us!

HAIIP Program
Communicable Disease Section

(800) 722-4794

HAIIP@dph.sbcounty.gov