

Transforming Nursing Home Care Together (TNT) Program

Week 3 (Unit 3) Questions and Answers

Question	Can a resident with a multi-drug resistant organism (MDRO) be put on Enhanced Standard Precautions (ESP)?
Answer	<p>Not all multi-drug resistant organisms (MDROs) are equal and not all residents with the same MDRO are the same. Depending on the MDRO and the resident, they could be placed on standard precautions, enhanced standard precautions, or contact transmission-based precautions (or contact/spore transmission-based precautions in the case of <i>C. diff</i>). In general, residents who are suspected or confirmed to be positive for MDRO(s), whether active infection or colonization, may be placed on ESP unless they have active diarrhea, actively draining wounds, or other sites of secretions/excretions that are unable to be covered or contained, or there is an outbreak (active transmission) in the facility, in which case they should be placed on contact transmission-based precautions. It is important to note that the implementation of ESP is driven by individual resident-level risk factors. LAC DPH recommends all SNFs to first carefully review and follow CDPH's ESP guidance: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf. This guidance will help determine what kind of precautions (e.g., standard precautions vs ESP vs contact precautions) an individual resident should be placed on.</p> <p>For <i>C. auris</i>, please also review LACDPH's <i>C. auris</i> mitigation document (see infection control guidance on page 15): http://publichealth.lacounty.gov/acd/docs/MitigatingSpreadofC.aurisLAC.pdf</p> <p>If there are any questions after review of the above guidance documents, please do not hesitate to contact HAI@ph.lacounty.gov.</p>

Question	Can a dialysis resident with a permanent cath/AV shunt be part of ESP?
Answer	<p>Yes, residents with a permanent cat/AV shunt are part of ESP since these are indwelling devices which puts them at high risk for infection.</p> <p>LAC DPH recommends all SNFs to first carefully review and follow CDPH's ESP guidance: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf. This guidance will help determine what kind of precautions (e.g., standard precautions vs ESP vs contact precautions) an individual resident should be placed on.</p> <p>If there are any questions after review of the above guidance documents, please do not hesitate to contact HAI@ph.lacounty.gov.</p>

Question	Is ESP only in place if they have a known MDRO or just "high risk"?
Answer	<p>Enhanced Standard Precautions (ESP) should be implemented for residents who are at high risk whether or not they have confirmed MDRO and regardless of infection vs colonization status. It is important to note that the implementation of ESP is driven by individual resident-level risk factors.</p> <p>LAC DPH recommends all SNFs to first carefully review and follow CDPH's ESP guidance: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf. This guidance will help determine what kind of precautions (e.g., standard precautions vs ESP vs contact precautions) an individual resident should be placed on.</p> <p>If there are any questions after review of the above guidance documents, please do not hesitate to contact HAI@ph.lacounty.gov.</p>

Question	How should we implement ESP in regard to using only gloves without gowns?
Answer	Using only gloves without gowns may be appropriate in the following situations: <ul style="list-style-type: none"> • Passing meal trays • Passing books, magazines etc. • Turning off alarms • Making social visits where physical contact with the resident and the environment is limited (such as standing and talking)

Question	Can we put a resident on ESP if carbapenem-resistant <i>Enterobacteriales</i> (CRE) has been colonized?
Answer	LACDPH currently recommends that residents who are positive for CRE, or any other carbapenem-resistant organism (CRO) or carbapenemase-producing organism (CPO), can be placed on Enhanced Standard Precautions for the duration of their admission – regardless of whether they are infected or colonized. Also, note that implementation of ESP is driven by individual resident-level risk factors (e.g., presence of draining wounds). LAC DPH recommends all SNFs to first carefully review and follow CDPH’s ESP guidance: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf . This guidance will help determine what kind of precautions (e.g., standard precautions vs ESP vs contact precautions) an individual resident should be placed on. If there are any questions after review of the above guidance documents, please do not hesitate to contact HAI@ph.lacounty.gov .

Question	Will the CDPH/HSAG have a training on ESP for SNFs?
Answer	CDPH/HSAG is working with LAC DPH to set up a separate set of trainings on ESP for SNFs participating in the TNT Program. These sessions will be scheduled at a day and time that does not conflict with the TNT Didactic sessions. LAC DPH will email out the invitation with the date and time once the trainings are confirmed.

Question	How can I learn more about ESP train-the-trainer model?
Answer	Please reach out to Deborah Christian with questions regarding ESP train-the-train model via Dchristian@hsag.com email address. Please note: CDPH/HSAG is working with LAC DPH to set up a separate set of trainings on ESP for SNFs participating in TNT Program. These sessions will be scheduled at a day and time that does not conflict with the TNT Didactic sessions. LAC DPH will email out the invitation with the date and time once the trainings are confirmed.

Question	May staff use gloves in hallway when transporting trash and soiled linen carts in hallway to and from resident’s room to soiled linen room?
Answer	Staff should not use gloves in hallways when transporting trash and soiled linen carts in hallways. Personal protective equipment (PPE) should not be worn in hallways*. The concern with wearing gloves in the hallway, even when transporting contaminated/soiled materials, is that staff often inappropriately continue wearing gloves when they are supposed to doff gloves and perform hand hygiene, e.g., before touching a clean surface/materials (opening/closing doors). In other words, the practice of wearing gloves or gowns in hallways while transporting trash or soiled linen carts only help to protect the staff doing the transporting but has a high risk for harming others by contaminating clean surfaces. Instead, performing hand hygiene before and after contact with soiled or contaminated surfaces/materials is a more effective way to not only protect yourself but others as well. <i>*Exception: PPE that is worn as universal source control, e.g., face masks.</i>

Question	Do staff need to don full PPE required by COVID-19 transmission based precautions even if they are passing out lunch trays for residents isolating in place?
Answer	<p>Staff who are ONLY passing out trays to residents isolating in place (because they are symptomatic pending test results or asymptomatic with a positive antigen test pending confirmatory laboratory-based molecular/PCR testing) must wear N95 respirators and gloves; it's reasonable to not require gowns as long as the facility is confident this will not result in infection control non-compliance and there are processes in place to frequently audit this practice in real time. The audits should at a minimum ensure that 1) staff entering resident rooms to pass trays only and do not don gowns also do not engage in any direct resident care and 2) all other staff are donning full PPE (N95, face shield, gloves, gowns). The concerns when making exceptions for certain staff to not wear full PPE required by the appropriate transmission based precaution, whether it's for COVID-19 or for another transmissible infection, are the following:</p> <ul style="list-style-type: none"> • A risk for staff to end up engaging in direct resident care even if they did not intend to do so originally • The potential for other staff to see this as acceptable behavior to follow and thus not take transmission based precautions seriously. <p>As soon as your facility becomes concerned about either of these two situations, then it's recommended to again require all staff to don full PPE required by the transmission based precaution prior to entering resident rooms even if they are only dropping off meal trays.</p>

Question	Where can I get the hand hygiene poster that was shared on the Session 3 slide?
Answer	Hand hygiene handout can be found on the TNT Website in the Resources section.

Question	If the resident is on enhanced standard precaution due to indwelling catheter or wound, do we need to have isolation cart and sign outside the room?
Answer	Yes, isolation cart is required in case staff need to wear any PPE or anticipate any risk of transmission as they are pending results and are still high risk.

Vaccination

Question	According to LACDPH's recent SNF guidance email, is it true that we can administer a vaccine without consent?
Answer	<p>The SNF email sent out on 01/26/2023 has a section on consent for vaccines. LAC DPH is not saying you can administer a vaccine without consent.</p> <ul style="list-style-type: none"> • An "opt-out" or passive consent process is where the vaccine provider (SNF) notifies residents or their decision makers the resident will receive a vaccine/booster dose unless the family member explicitly declines. This way, the onus is on the family member or decision maker to actively decline a vaccine or booster dose rather than accept a vaccine or booster dose. This policy can work well for high-value prevention measures like vaccinations that have ample evidence supporting their benefits over risks in a high-risk population like in nursing homes. • Informed consent for vaccines does not need to be documented. All vaccine providers, including SNFs, should provide information on the vaccine's benefits, adverse effects, consequences of not receiving the vaccine, and alternatives to the individual making the decision with sufficient time to accept or decline. This can be achieved by providing a VIS (vaccine information statement) or EUA fact sheets prior to vaccine/booster administration. Please note that while documentation that a VIS or an EUA fact sheet was provided prior to vaccine/booster administration is legally required, there is no state or federal legal requirement to document informed consent. However, provision of a VIS or fact sheet is not the equivalent of informed consent.

Question	If you received the first two doses of the monovalent COVID-19 vaccine, can you get the bivalent booster, or do you need to get the old boosters first?
Answer	Yes, you can get the bivalent booster without having had one of the monovalent boosters already, as long as it has been two months since completion of the primary series. This is the only booster available now because it is meant to replace all others before it.

Question	Can individuals (both resident and staff) who recently recovered from COVID-19, be considered up-to-date even without the bivalent booster since they have natural immunity from the recent infection?
Answer	<p>In multiple studies¹, hybrid immunity (vaccine-induced and infection-induced immunity) has been shown to be more protective than infection-induced (natural) immunity alone. Also, while the vaccine does reduce the risk of getting COVID-19 on a population level, the primary purpose is to significantly reduce individual risk of becoming severely sick including getting hospitalized, ending up in an intensive care unit, or even dying should you become infected with COVID-19. Individuals who are vaccinated and “up to date” with all their recommended boosters are not getting severely sick (hospitalized or dying) as often when compared to those who are not vaccinated or “up to date”. This has been demonstrated consistently in multiple high-quality studies².</p> <p>The definition of “up to date” was changed to include both the primary series AND one dose of the bivalent booster because the bivalent booster is more targeted towards the currently circulating strains of SARS-CoV-2 (the virus that causes COVID-19). The “up to date” definition³ is set by the CDC and, based on the evidence mentioned above, they do not recognize “natural immunity” as a criteria for being up to date.</p> <p>Of special note, CDC’s Morbidity and Mortality Weekly Report (MMWR), a trusted and highly respected publication in the scientific community, recently published a study on Jan 27, 2023 demonstrating the same significant benefit in nursing homes across the country⁴: This new study shows that the weekly rate for new COVID-19 cases among skilled nursing facility (SNF) residents <i>not</i> up to date (no bivalent booster) were consistently <i>higher</i> by 30-50% than among residents who were up to date (received the bivalent booster).</p> <p>Last but not least, please always review and follow trusted sources of information (CDC, Public Health, etc.).</p> <p>References:</p> <ol style="list-style-type: none"> 1. CDC: “Science Brief: SARS-CoV-2 Infection-induced and Vaccine-induced Immunity.” https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html#anchor_1635539757101 2. CDC: “Morbidity and Mortality Weekly Report (MMWR): COVID-19 Vaccine Effectiveness and Safety.” https://www.cdc.gov/mmwr/covid19_vaccine_safety.html 3. CDC: “Stay Up to Date with COVID-19 Vaccines Including Boosters.” https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html 4. Dubendris, H., et. al. “Laboratory-Confirmed COVID-19 Case Incidence Rates Among Residents in Nursing Homes by Up-to-Date Vaccination Status — United States, October 10, 2022–January 8, 2023.” https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7204a3-H.pdf

Question	If a resident reports that they recently recovered from COVID-19 four weeks ago, do they need to wait 3 months after recovering from COVID before they can get vaccinated?
Answer	No, there are no contraindications for individuals who recently recovered in the last 3 months (90 days) to receive their next recommended COVID-19 vaccination dose. Recently recovered individuals in the SNF setting should receive their next recommended dose including the bivalent booster as soon as they

	<p>are out of isolation and eligible for their next dose per the official CDC eligibility criteria (at least 2 months out from completing the primary series or their last monovalent booster dose), even if that is within 3 months of their recent infection.</p> <p>The CDC guidance to wait 3 months is only a consideration for individuals who are not living or working in high-risk settings (such as SNFs), who are not immunocompromised, for when the community level is not high, or for when there are no emerging or highly infectious/virulent variants circulating. This does not apply to SNF residents and staff in LA County especially when the CDC Community Levels for COVID-19 are moderate to high or when there are highly infectious/virulent strains circulating or emerging. Thus, if a SNF resident or staff chooses to wait 3 months from their last COVID-19 infection, this does <u>not</u> change their eligibility status for the bivalent booster; they are still eligible and must be counted as such.</p>
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TNT Final Project

Question	Regarding the Environmental Cleaning and Disinfection final project, does it have to be an actual problem we have observed in our facility?
Answer	Yes, we expect you to use this as an opportunity to make actual improvements in your facility. Please take a look at all aspects of environmental cleaning and disinfection, not necessarily only limited to the environmental services (EVS)/janitorial/housekeeping staff, in your facility.

TNT Program Logistics

Question	Can we get invited to all Small Groups and we can attend the ones we choose?
Answer	No, facilities cannot receive invitations to all Small Group sessions. TNT team must have an estimated number of facilities scheduled so that they can plan and ensure to have enough staff to facilitate each session.

Question	Can I request to reschedule the Small Group session my facility was invited to?
Answer	<p>Requests to be invited to a different Small Group session may be reviewed on a rolling basis but cannot be guaranteed. Please note that all Small Group sessions (including makeup sessions) are typically held on the same two days and the two timeslots. The Small Groups are typically held on Tuesdays and/or Thursdays at 1:00pm-2:00pm and/or 2:30-3:30pm.</p> <p>We typically send the invitations to Small Groups two weeks in advance to give SNFs advanced notice to plan accordingly; however, we are not able to do that for makeup sessions. Those invitations may be sent out only with a few days-notice.</p>

Question	When will the report cards be sent out?
Answer	Report cards are sent several weeks after the end of each Unit. The report cards are facility level reports and are sent to facility administrators only. In Unit 3, the facility-level report cards will be sent to both the facility Administrators and participants.

Question	Why have we not received a report card?
Answer	<p>Please check with your administrator if they have received the report card. If they have not, please ask your administrator to email us at TNTEducation@ph.lacounty.gov to let us know and ensure that we have the correct and current email address on file.</p> <p>In Unit 3, the facility-level report cards will be sent to both the facility Administrators and participants.</p>

Question	Can I miss TNT Didactic session and still receive credit?
Answer	If any Designated Participant misses a Didactic session but would like to catch up with the content missed, they can access the session recording, slides and post-session evaluation quiz link on the TNT

	<p>Website within one week following each session. After taking and passing the quiz successfully, that individual will still be eligible to receive a CEU (for licensed individuals) or a Certificate of Completion (for non-licensed individuals).</p> <p>Please note, that the option to watch the recording is only available for individual CEUs or Certificates. To receive facility credit for attendance, at least one Designated Participant per facility must be present during the live Didactic session and must successfully pass the post-session evaluation quiz.</p>
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Question	Can you share the slides with attendees?
Answer	<p>The Didactic session slides are always shared with all Designated Participants. The slides are included as an attachment to the Didactic session reminder that is sent one day before the session.</p> <p>If you do not receive the Didactic session reminder emails from TNT, please send an email to TNTEducation@ph.lacounty.gov to ensure we have your correct and current email address on file.</p> <p>The slides can also be found on the TNT Website within one week following each session.</p>

Question	Is it possible to register the Didactic sessions for CEUs for NHAP so we can get hours credited for our license?
Answer	<p>The TNT Program is issuing CEUs only for licensed individuals, such as LVNs, RNs, and physicians and Certificates of Completion for all non-licensed Designated Participants who attend (or watch the recording) AND successfully pass the post-session evaluation quiz.</p> <p>Please refer to your licensing organization to see if you are able to convert TNT Certificates of Completion into CEUs for your license.</p>