



April 7 Weekly Update

Agenda

- Boosters – Dr. Vuppalanchi
- NHSN update – Kara Dawson
- CMS revision and IDH upcoming newsletter – Brenda Buroker
- New COVI-19 and infection control toolkit and resources – Jennifer Spivey
- Updates and Q&A – Lori Davenport



NEW IP COVID-19 Toolkit



Newly Updated IP COVID-19 Toolkit is now posted on the Epidemiology Resource Center (ERC) Infection Prevention Program Page.

The toolkit has been updated is to assist with outbreaks (i. e. IP checklist and other IP job aides) for your facilities use.

Please contact your district regional IP consultant, as noted on the website below, should you have any questions or concerns.

Here is the link to the toolkit: [Infection Prevention Program Page, IP COVID Toolkit \(3/23/22\)](#).

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NEW COVID-19 IP Toolkit March 23, 2022

- Standard Operating Procedures (SOPs): [Clinical Guidance](#), [Infection Control Guidance](#), [Visitation and Activities Guidance](#), and [Reporting Guidelines \(3/14/2022\)](#)
- [Long-term Care Newsletters](#)—review for any updated guidance from CDC/CMS after the above 2/9/2022 SOPs

Toolkit Includes:

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• Strategies for COVID-19 in Memory Care Units (02/09/22)	3
• Infection Preventionist Facility Checklist for Outbreaks (2/9/22)	6
• Outbreak Testing for COVID-19 Contact Tracing Process (3/11/22)	11
• COVID-19 Control Measures IC 16-41-2-1 (2/23/22)	15
• PPE Zones-Stop Signs (updated 2/22/22)	16
• Vaccine Status COVID-19 Testing Matrix (3/15/2022)	19
• Aerosol Generating Procedure in Progress Signage	20
• Source Control and Aerosol Generating Procedures (3/15/2021)	21
• COVID-19 Vaccine: It's our shot, Hoosiers Flyer – English / Spanish (08/09/2021)	23
• Symptoms of Coronavirus (COVID-19) – Signage - English / Spanish - (06/25/2021)	27
• Visitor and Staff Screening Tool (2/9/22)	29
• Facemask Do's and Don'ts for HCP (6/2/2020)	30
• Cover your Cough Respiratory Etiquette Sign	31
• Hand Hygiene Checklist and Audit tool	32
• CDC High Touch Surfaces and Environmental Cleaning Checklist	35
• APIC's 10 Ways to Protect Your Residents (2018)	36
• CDC Donning and Doffing Job Aides	37
• CDC N-95 User Seal Check (2018)	40

CMS Updates
ISDH Newsletter – Look for it !

QSM-22-07-ALL Revised 4/5/22

- CMS expects all providers' and suppliers' staff to have received the appropriate number of doses by the timeframes specified in the QSO-22-07 unless exempted as required by law or delayed as recommended by CDC.
- Vaccination rates under 100% = non-compliance under the rule.



Opportunity to return to compliance

- 30 days after issuance of the memorandum – if a facility demonstrates that:
- Policies and procedures are developed and implemented for ensuring all facility staff regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; and
- 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule or



Continued

- Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by CDC, the facility is non-compliant under the rule.



Continued

- A facility that is above 80% and has a plan to achieve a 100% staff vaccination rate within 60 days would not be subject to additional enforcement action.
- Get above 80%
- Have policies and procedures in place
- Track vaccination and booster status
- Track exemptions granted and approved
- Track delays
- New hires - have a process in place



Continued

- Surveying for staff vaccination requirements is not required on Life Safety Code (LSC)- only complaints, or LSC only follow-up surveys.
- Surveyors may modify the staff vaccination compliance review if the provider/supplier was determined to be in substantial compliance with this requirement within the previous six weeks.



Revisions and Clarifications

- The revisions were made to clarify the expectations for assessing compliance with the requirement to ensure all staff are vaccinated. [Long-Term Care and Skilled Nursing Facility Attachment A-Revised](#), as well as the applicable QSO memo for Indiana: [QSO-22-07-ALL-Revised](#)

See attachment!



Key Revisions

- Updated definition of “temporarily delayed vaccination” – includes deferred and known COVID-19 infection until recovery from acute illness (if symptoms were present) and criteria to discontinue isolation have been met.



Key Revisions

- Clarified that facility staff who have been suspended or are on extended leave would not count as unvaccinated staff for determining compliance.
- Clarified that the list of “additional” precautions” is not an all-inclusive list required to be followed.
 - Facilities can choose other precautions that align with the intent of the regulation which is intended to lessen risk.



Key Revisions

- Survey Updates for tag F888:
- Surveyors will use the Facility Staff Vaccination list or the Staff Vaccine Matrix to get sampling of staff which will include contracted staff.
- Surveyors may modify the staff vaccination compliance review if the facility was determined to be in substantial compliance with this requirement within the previous six weeks.



Key Revisions

- Clarification and added a note that failure of contract staff to provide evidence of vaccination status reflects noncompliance and should be cited.



Key Revisions

- Expanded upon options for surveys to lower scope and severity to recognize good faith efforts:
- Limited or no access to the vaccine and the facility has documented attempts to obtain the vaccine access.
- Evidence that the facility has been aggressive with steps to have all staff vaccinated. – clinics – advertising for new staff
- Outbreaks status – policy procedures in place – considered
 - Noncompliance is cited – scope, severity, and enforcement is or can be considered for adjustment.





Q&A