Didactic Session # 5: *(11/02/2022)*

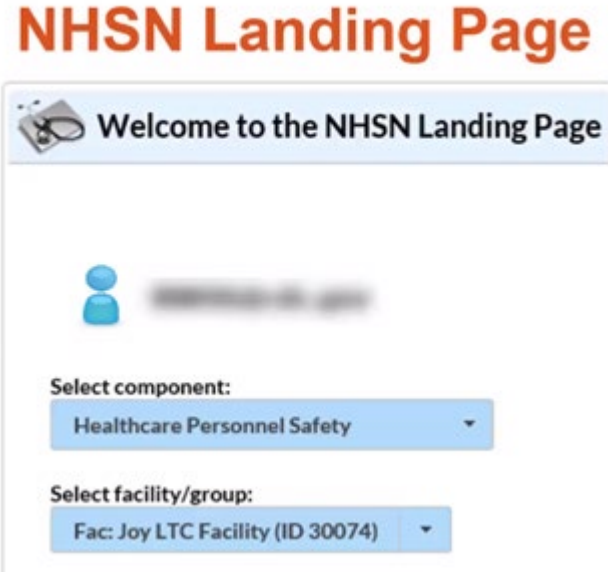| Question:	Do we need to have a separate program for TB or can it be included in our Aerosol Transmissible Diseases Program?
Answer:	We strongly encourage you to read through the California Workplace Guide to ATDs linked here. Yes, your TB Control Program can be included in your ATD Program along with other Aerosol Transmitted Diseases like Influenza, and Pertussis (whooping cough).

Question:	Is it mandatory to offer Hepatitis B vaccines for new employees?
Answer:	Yes, and we strongly encourage you to read through the Cal/OSHA Bloodborne Pathogen Standard: https://www.dir.ca.gov/title8/5193.html For California requirements (click here for the CDC link), see Cal. Code Regs. tit. 8, § 5193, relating to all occupational exposures. Cal. Code Regs. tit. 8, § 5193 requires that for all employees with occupational exposure, hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. If the employee initially declines vaccine but at a later date while still covered under the standard changes their mind, the employer shall make the hepatitis B vaccine available at that time. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available.

Question:	Can Influenza vaccine be given all year round, even after flu season? Can staff be vaccinated for flu all year round?
Answer:	The CDC has FAQs related to the timing of the influenza vaccine: https://www.cdc.gov/flu/season/faq-flu-season-2022-2023.htm. See the question "When is the best time to get my influenza vaccine?"

Question:	Can we print the Didactic session slides?
Answer:	Yes, you can print the slides if you would like. The slides are typically included in the Didactic session reminder email sent to all Designated Participants one day before the session. The slides can also be found on the **TNT Website** within one week after each session.

Question:	What is the recommendation for the flu vaccine NHSN reporting?
Answer:	The requirement for reporting is only once per year (deadline is May 15), but the recommendation is to report once per month to ensure access and ease the burden of data collection.
	NHSN influenza reporting is required for skilled nursing facilities. We strongly encourage you to read through the CMS Skilled Nursing Facility Quality Reporting Program Frequently Asked Questions: https://www.cms.gov/files/document/fy2023-snf-qrp-faqs.pdf.
	Additional information can be found withing the NHSN Healthcare Personnel Safety Component (HPS) Website: https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html

Question:	What is the link for reporting flu vaccine to NHSN?
Answer:	The following link will take you to the Secure Access Management Services (SAMS) login webpage: sams.cdc.gov
	You log in with your usual credentials for the COVID reporting, but you'll need to go to the Healthcare Personnel Safety Component on the landing page in order to complete your flu reporting:

Question:	For NHSN reporting, why is the box grayed out, and I cannot check the box?
Answer:	If the box is grayed out and you are unable to check it, that means you probably don't have level 3 access. Does it say LVL 1 in a gray bar at the top of your screen? If so, you only have level 1 access. Make sure to log in with your grid card or entrust identity app for level 3 access.

Question:	How do you know the level you have access too?
Answer:	There are 2 ways to tell what level you have access to: 1. If you have level 3 access, you log in using the physical grid care or the entrust identity app. It's a secondary password that gives you more secure access to NHSN. 2. Level 1 users will see a gray bar at the top of their NHSN screen that says LV1.

Question:	How can we get level 3 access?
Answer:	The easiest and fastest way to get level 3 access is to add a new user, either yourself or someone else at your building using a different email address. On the left-hand panel, click on users and then add. This will automatically take you through the level 3 registration process.

Question:	What is the percentage needed to qualify for the Quality Reporting Program (QRP)?
Answer:	There is no minimum percentage. This QRP measure is just a reporting one. As long as you do the report, you qualify.

Question:	Should employee show medical condition or medical exemption if they declined to get the flu shot?
Answer:	For purposes of reporting, no exemption is needed. You just don't count them for any question except for question 1.

Question:	Will the TNT special session on Friday 11/04/2022 be recorded?
Answer:	Yes, the special session on *Data Hygiene: COVID-19 CDPH 123 Survey Reporting* will be recorded and will be posted to the following websites within one week following the session: 1. **TNT Program Website** - Link 2. **SNF Webinar Archive** – Link 3. **Coronavirus Disease 2019: Skilled Nursing Facilities: LAC DPH Guidance & Resources** – Link Participants who attend the live session or watch the recording AND complete and successfully pass the post-session evaluation quiz will be eligible to receive Continuing Education Units (for licensed individuals such as LVNs, RNs, physicians) or Certificates of Completion (for non-licensed individuals such as DONs, DSDs).

Small Groups

Question:	If the facility identifies that their hand hygiene compliance rate is low and posts it on a QAPI board in the facility, is it possible for the State to issue a citation for it when they visit?
Answer:	They are not likely to cite you for posting quality improvement/QAPI performance improvement projects that are in progress. In fact, regulators may take this into positive consideration when they observe staff not adhering to infection prevention practices on their visit if the facility is already aware of areas needing improvement and are actively working on them.

Question:	Is it a good idea to stop and educate staff at the time of observed poor hand hygiene?
Answer:	Yes, providing constructive, non-punitive feedback is important. Emphasizing the importance of proper hand hygiene can be beneficial. Constructive and non-punitive feedback at the time of observation may help promote a culture where it is safe to remind each other out in real-time when there is a safety concern including lapses in hand hygiene. A facility that provides a safe space for feedback and accountability, creates a better and a safer environment both for staff and for residents.

Office Hour

Question:	What are the indications for Enhanced Barrier precaution*? Who needs to be placed in this type of precaution?
Answer:	Per the California Department of Public Health (CDPH), enhanced standard precautions (ESP) should be implemented for residents who are at high-risk for MDRO colonization and transmission (e.g., residents with indwelling devices, residents with wounds). Detailed information can be found in the following links: CDPH guidance: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf CDC guidance: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html *Note the CDC uses "Enhanced Barrier Precautions" language and CDPH uses "Enhanced Standard Precautions" language.