

Transforming Nursing Home Care Together (TNT) Program

Week #7 (Unit #3): Questions and Answers

Question:	How often do we need to replace the HVAC filters?
Answer:	This answer depends on specifics of each facility. Refer to the manufacturer's instructions for use and work with your facility's maintenance or engineering team to determine HVAC filter replacement frequency.

Question:	Is there any guidance for isolation or return to work for an employee with RSV?
Answer:	Check any occupational health policies that address work restrictions for staff with transmittable illness. There are no specific guidelines on how long healthcare workers should be excluded from duty. RSV is highly contagious on days 3-8, but symptoms can linger for up to one month. Practicing good hand hygiene, cleaning and disinfecting high-touch surfaces, and wearing a mask can help with reducing transmission.

Question:	When will CDPH have a training on ESP?
Answer:	California Department of Public Health (CDPH) will have an HAI training on ESP on Friday, March 10 2:00-3:30pm. <ul style="list-style-type: none">• To register, click here.• For the flyer, click here.

Question:	Can Enhanced Standard Precautions (ESP) be observed while patient is on antibiotic therapy?
Answer:	Yes, antibiotic treatment is not an indication to discontinue enhanced standard precautions. Please recall that ESP is based on several factors that indicate if a resident is at high-risk for any MDRO colonization or transmission. We highly recommend thoroughly reading through the most recent CDPH update on ESP: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf

Question:	When the infection has been declared colonized, may we discontinue ESP?
Answer:	No. ESP is based on several factors that indicate if a resident is at high-risk for any MDRO colonization or transmission, including: the presence of indwelling devices, wounds, total dependence on ADLs, etc. Meeting criteria for decolonization does not indicate the discontinuation of ESP. For some novel MDROs that require contact precautions (CP), the CP should be implemented regardless of whether a patient has infection or colonization, as persons who test positive for an MDRO in any specimen may be colonized (and thus test positive) for many months to years after their initial test result. See here for a general list of novel MDROs in LA County: http://publichealth.lacounty.gov/acd/Diseases/NMDRO.htm . We also highly recommend thoroughly reading through the most recent CDPH update on ESP: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-

	<p>Standard-Precautions.pdf as well as reviewing CDPH's homepage on ESP for many helpful resources and tools like recordings of their recent ESP training webinars, pamphlets, and upcoming flipcharts on ESP: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx</p>
--	--

Question:	Are ESP for residents with lines and open wounds?
Answer:	Since residents with lines and wounds are at high risk for MDRO colonization and transmission, placing them on ESP is appropriate.

Question:	Can residents on ESP go outside during some activities or sit in their wheelchair in the hallway?
Answer:	Yes, as long as the resident has adequate hygiene and body fluids are contained. Read more here :

Question:	Are novel respiratory, droplet and contact precautions used for COVID-19?
Answer:	<p>Keep in mind that the selection of the appropriate transmission-based precautions is based on how the specific infectious organism is most effectively transmitted, as the name implies. Per the CDC, COVID-19 is primarily transmitted via three routes: 1) large respiratory droplets, 2) small droplets/air particles, and less commonly 3) contact. Public Health recommends utilizing standardized transmission based precaution signage specific for COVID-19: http://publichealth.lacounty.gov/acd/docs/IPNovelRespiratoryPrecautions.pdf.</p> <p>Here is the main page for all transmission based precaution signs: http://publichealth.lacounty.gov/acd/SNFTransmissionBasedPrecautions.htm).</p> <p>We do not recommend posting separate contact, droplet, and airborne transmission based precaution signage for COVID-19 because this can lead to excessive signage and confusion about what PPE is required. Also, airborne precautions like keeping the door closed at all times without exception and placement in AIIR (airborne infection isolation room or negative pressure isolation room) go beyond what is required for COVID-19 precautions. We recommend only placing signage that is actually required or recommended, which for residents confirmed or suspected for COVID-19 is the above COVID-19 precaution signage.</p>

Question:	In a triple-occupancy room where resident A is on contact precautions, bed B is empty, and resident C is not on isolation precautions, do staff need to don contact precaution PPE before entering the room to assist resident C?
Answer:	No, staff do not need to don contact precaution PPE to assist resident C who is not on isolation precautions. However, we recommend isolating resident A in a single room. Alternatively, the resident on contact precautions can be cohorted with another resident who has a similar infectious disease. If you are not able to rearrange these residents, we recommend regularly auditing staff for proper PPE compliance for resident A. It is important to ensure that staff do not cross into bed B or resident C's areas until they properly doff PPE and perform hand hygiene.

Question:	Do we need to report to LA County Department of Public Health if we are admitting a <i>C. auris</i> patient?
Answer:	No. Providers must report <i>C. auris</i> positive or indeterminate test results, and when there is a suspected or confirmed outbreak of <i>C. auris</i> . Read more here: http://publichealth.lacounty.gov/acd/docs/MitigatingSpreadofC.aurisLAC.pdf

Question:	Are extended-spectrum beta-lactamase producing enterobacteriales (ESBLs) reportable infections?
Answer:	Not to LAC DPH. Please see the most recent list of reportable diseases: http://www.publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf

Question:	Is it possible for the facility to get a deficiency if a visitor who has received education is still non-compliant in the red zone?
Answer:	It may be possible, and unfortunately, we cannot speak for surveyors. It is helpful to document the visitor's education, and you should ensure that staff intervene with adequate reminders and efforts at enforcement. For repeat offenders and depending on the level of harm their non-compliance may pose to other residents and staff in the building, it is up to the facility's policy to restrict their visitation until the resident has completed their isolation.

TNT Program Logistics:

Question:	Do we get a confirmation email upon submitting the A3 project? How long after submitting the project should I expect the confirmation email?
Answer:	Yes, you will receive an email confirming receipt of your submission. We are receiving a large volume of submissions at this time. Please allow 3-5 business days to receive a confirmation email.

Question:	Only one person from each facility needs to complete the A3 correct?
Answer:	Multiple individuals from the facility are encouraged to work together on the project; however, only one submission per facility is required to meet the Final Project submission requirement for TNT.

Question:	The final project that is due on Monday, 02/27, does it need to be completed?
Answer:	A completely filled out A3 must be submitted by 5pm on Monday, 02/27/23 via the TNTEducation@ph.lacounty.gov email address. While the project may not be completed by the form submission due date, all components of the A3 must be filled out. Please include your Plan, what you expect to Do, what you expect to see (Check), and how you will continue your project (Act).

Question:	We have submitted our EVS A3 project. When can we expect feedback on it?
Answer:	If you submitted your A3 project, you will receive an email with confirmation of receipt within 3-5 days. Feedback will be provided to those facilities that ask for it.

Question:	Will there be a Small Group makeup for February?
Answer:	Yes, there will be a February Makeup Small Group session. All SNFs that did not attend their February Small Group session will receive an invitation to a February Makeup Small Group session.

Question:	Will there be any Small Group sessions in March? Do we need an invitation for the March session? If I missed a Small Group during one of the Units, can I make it up by attending the March makeup Small Group?
Answer:	We will host a Makeup Small Group session in March. If you missed any Small Groups during the entire 9-month TNT Program, you may attend a March makeup Small Group session and apply that credit to any Small Groups you missed. However, not all facilities will be eligible for a March Small Group session. Those facilities that did not miss a Small Group, or missed too many making them ineligible for the reward even if they attend one makeup session, will not be invited to a Small Group session. More information will be emailed to eligible facilities on March 1 st .