



Pikes Peak Ethics Committee Meeting

- First Friday of every month at noon.
- Email me if you would like to be added to our email list to receive the agenda and reminders about the meeting.
- <https://zoom.us/j/97461641616?pwd=YPPjU1ZHMG3bTChSVxAcD9gb39qVaY.1>

Survey news

- Surveyors are looking at pain medications being given for pain score less than the order recommends.
- Make sure pain medications have some type of directions about when to use them.
- Generally, pharmacists seem to recommend having a pain score of 1-5 for tylenol/ibuprofen and 6-10 for stronger medications, like opioids.
- Remember, for anyone on higher doses of opioid, you might consider some kind of objective pain scale in addition to the subjective pain scale.

PPE use for EBP

In my inspections of facilities, I have noticed a trend toward reusing gowns, hanging them on doors for reuse, and even putting them back in drawers with sterile gowns. If you need to use a gown for Enhanced Barrier Precautions (or any reason), please change gowns every time. Don't reuse gowns.

Infection Control Surveys No Longer Part of the Standard Survey Process

However, the tags and penalties for not following the infection control practices and recommendations still exist and will be enforced in other ways.

[CMS Ends Infection Control Focus Surveys](#)



The Centers for Medicare and Medicaid Services (CMS) has announced via update to [QSO-25-23-ALL](#) that focused infection surveys are no longer part of the standard survey process effective July 31, 2025. CMS also noted that any concerns related to COVID-19 or infection control should be addressed through complaint investigations outside the Long Term Care Survey Process. Additionally, CMS updated the [Survey Resources](#) folder to accommodate the Infection Control Survey type being retired, effective July 31, 2025.

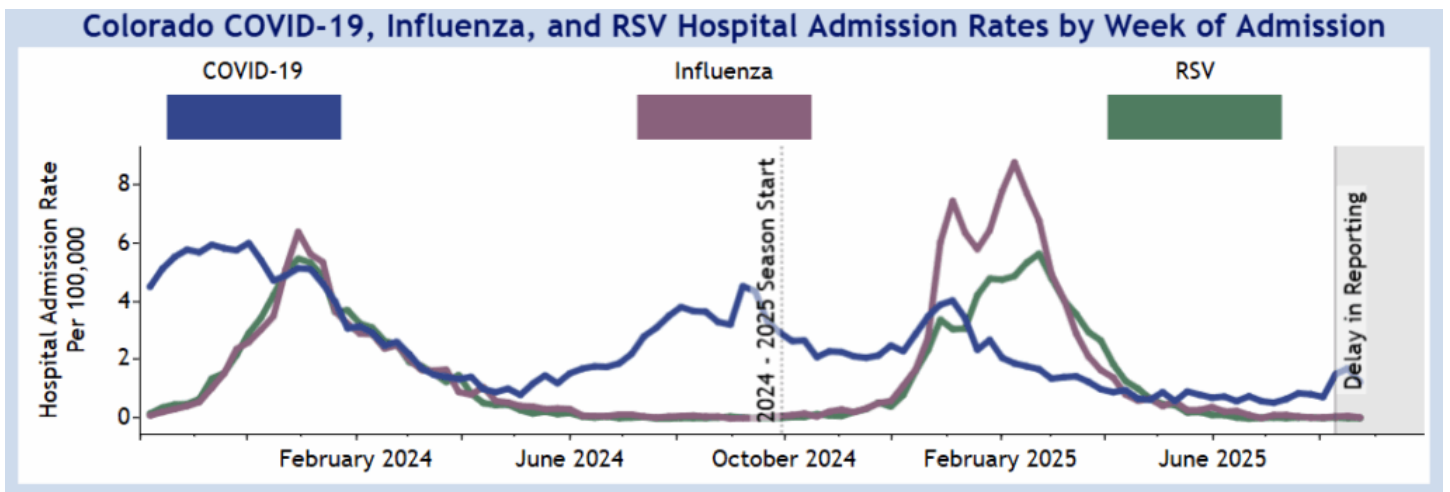
Influenza plan

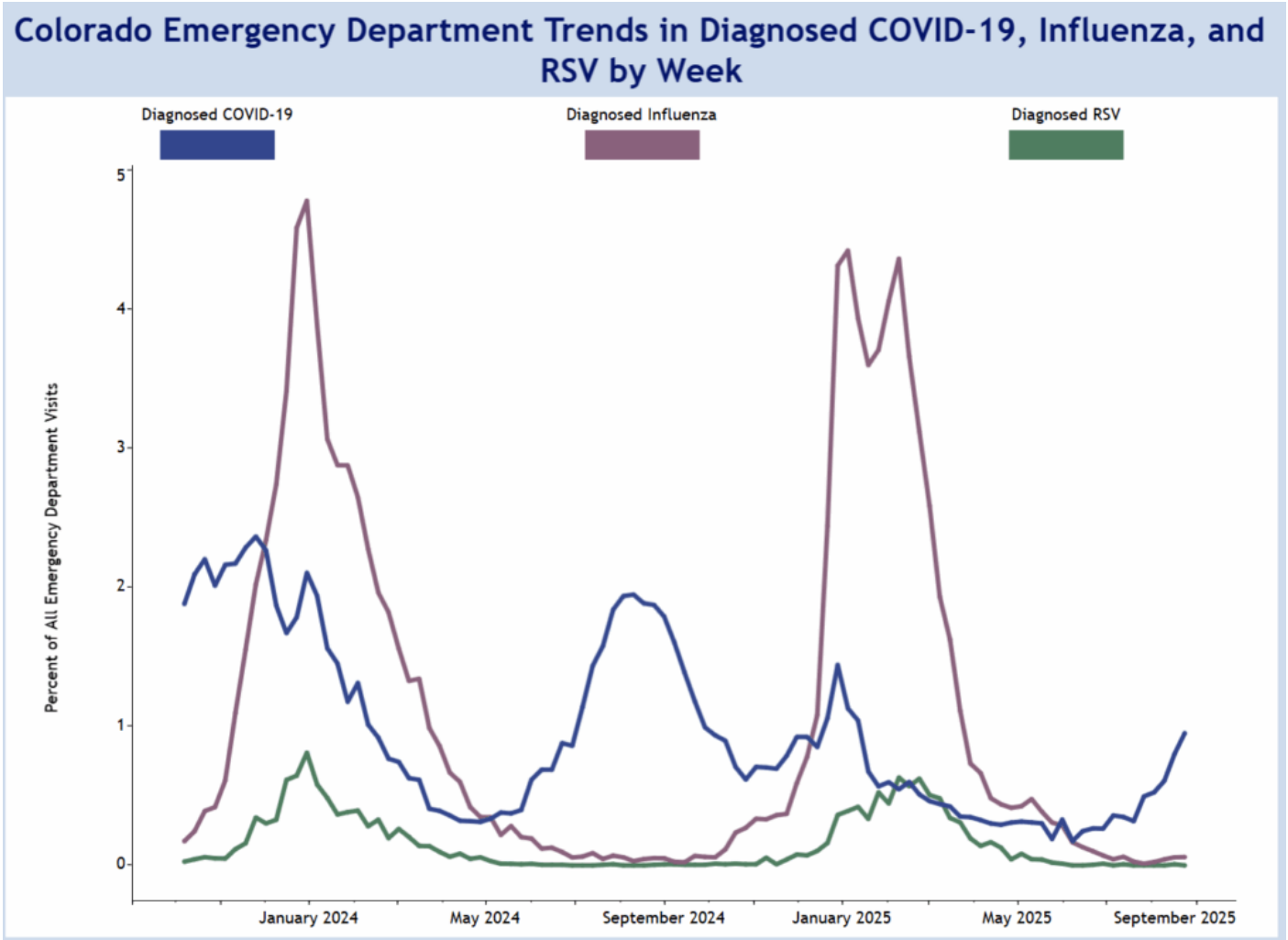
- Staff can, ideally, be vaccinated anytime during September and October.
- Residents can be vaccinated in anytime between mid November and December.
- If there is an outbreak or the emergence of an early influenza season, these recommendations will be pushed up to vaccinate earlier.
- As you can see below, COVID, Influenza, and RSV all typically peak in January – March. We try to time the administration of the influenza vaccine so that the protection is peaking in our elderly around this time.

- **Which flu vaccine do I give?**

Persons > 65 or who are “sick” – especially if they have diseases that compromise their immune system – should receive either the HIGH DOSE or ADJUVANT vaccine. All others should receive the standard, trivalent vaccine.

- This years vaccine is a trivalent vaccine with A/H1N1, A/H3N2 and B/Victoria lineage





COVID vaccinations

There is no more effective, safer means to be protected from COVID and Influenza than to stay up-to-date with vaccinations.

As of 9/3/25, COVID vaccines for 25-26 are not available. Hopefully, they will be available in September sometime. The CDC recommendation is currently for those 65 and older and for those with increased risk. A full list of those at increased risk can be found at [Underlying Conditions and the Higher Risk for Severe COVID-19 | COVID-19 | CDC](#).

Increased risk means comorbidities like the following:

- **Physical inactivity**
- **Obesity**



- **Smoker**
- **Heart disease (CAD, CHF, all others)**
- **Chronic lung dz:** COPD/Asthma, PE, Pulmonary hypertension
- **Dementia**
- **CVA**
- **TBI**
- **Diabetes**
- **CKD**
- **Psychiatric illness** (bipolar, schizophrenia, mood disorders, depression)
- Parkinson's Dz
- Immunocompromised
- Cancer
- Liver disease: **cirrhosis**, Hep C, etc...
- Pregnancy
- Wheel chair use
- Visual impairment/blindness
- Learning disabilities
- Deafness/hearing loss
- Cognitive impairment

CDPHE Public Health Order

- [COVID Vaccine Access PHO.09032025.pdf - Google Drive](#)
- [COVID-19 vaccine | Colorado Department of Public Health and Environment](#)



Updated Vaccine Administration Guidance

Colorado Department of Regulatory Agencies sent this bulletin at 09/03/2025 02:10 PM MDT

Having trouble viewing this email? [View it as a Web page.](#)



COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

Orders Issued to Allow for Administration of COVID-19 Vaccines

Dear Licensee:

The Colorado Department of Public Health Environment issued a [Public Health Order](#) and [Standing Order](#) today to address COVID-19 vaccine administration. **These orders allow all vaccine providers to administer these vaccines in accordance with the Standing Order without the need for additional prescriptions.**

In addition to the Public Health Order and Standing Order, the Colorado State Board of Pharmacy will engage in emergency rulemaking on Friday, September 5 at 9 a.m. You may [register to attend the meeting here](#).

The purpose of this emergency rulemaking is to ensure that pharmacists, pharmacy interns, and pharmacy technicians may continue to prescribe, dispense and administer vaccinations in accordance with applicable Colorado Revised Statutes. An official notice of rulemaking is forthcoming. Permanent rulemaking, including an opportunity for stakeholder input, will take place in the following months.

To receive rulemaking updates, please [sign up on the Division of Professions and Occupations' website](#).



2025-2026 COVID-19 vaccines

On Aug. 27, 2025, the FDA approved updated 2025-2026 formulations of COVID-19 vaccine for all adults 65 years and older and individuals ages 12-64 with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19. Pfizer's formulation is also approved for children ages 5-11 with at least one high-risk condition, and Moderna's Spikevax is approved for children ages 6 months to 11 years with at least one high-risk condition. Initial shipments of the updated COVID-19 vaccines began following the FDA approvals and will continue over the coming days. Just as in past seasons, it can take a few weeks for all providers to receive their vaccine orders.

While FDA has licensed updated 2025-2026 COVID-19 vaccines, there is currently no national 2025-2026 COVID-19 vaccine recommendation from CDC's Advisory Committee on Immunization Practices (ACIP). CDPHE is tracking and reviewing policies from the federal government, and is aware that some pharmacy chains are requiring a prescription for an updated COVID-19 vaccine. CDPHE will make adjustments as necessary to ensure uninterrupted and easy access to COVID-19 vaccines.

The updated COVID-19 vaccines protect against the latest variants of the COVID-19 virus. Most people only need one dose of the updated vaccine. It's safe to get your COVID-19 vaccine and [flu vaccine](#) at the same appointment.

Chemicals put in safe place

Consider running a drill to see if you are prepared for a resident that is found drinking a caustic cleaning product.

Please ensure that we are keeping cleaning supplies, chemicals, and other toxic substances in a safe place away from residents. There have been cases where residents with cognitive impairment have ingested cleaning chemicals that have not been kept in a safe place.

Please ensure the following:

- cleaning supply rooms are locked
 - cleaning chemicals are safely used when there are residents in the vicinity
 - Safety Data Sheets for all chemicals are available
 - the phone number for poison control should be posted
 - ensure a plan to document poison control case number and instructions in the chart
 - consider having a procedure outlining the plan of action if a resident is thought to have ingested a toxic chemical
-
-



Urine PCR Testing

[A Need for a Time-Out: A Consensus Statement From the Post-Acute and Long-Term Care Medical Association \(PALTmed\) on the Use of Urine Polymerase Chain Reaction Testing for Urinary Tract Infections – Journal of the American Medical Directors Association](#)

UTI is a clinical diagnosis based on specific symptoms plus a positive urinalysis (UA) and urine culture as outlined in our previous UTI consensus statement (See [Figure 1](#)).¹ Nonspecific symptoms such as altered mental status, foul-smelling urine, and falls have low positive predictive values (PPVs) for the diagnosis of UTI.⁸⁻¹¹ Studies have shown no benefit for treating these symptoms with antibiotics, and guidelines recommend investigating alternative causes.^{1,2}

It is important to note that a UA that is negative for leukocyte esterase and nitrites rules out a UTI. However, UA that is positive for either leukocyte esterase or nitrite does not confirm a UTI.



Residential & Long-term Care News and Updates

New PALTmed consensus statement: avoid routine use of urine PCR

The Post-Acute and Long-Term Care Medical Association (PALTmed) released a new consensus statement advising against the routine use of urine polymerase chain reaction (PCR) testing for the diagnosis of urinary tract infections (UTIs) in post-acute and long-term care (PALTC) settings. A workgroup for PALTmed identified significant concerns upon comprehensive literature review, including potential for overdiagnosis due to higher sensitivity of the test, unclear links between resistance data and antibiotic susceptibilities, and higher costs. The workgroup states that there is no objective evidence of patient benefit.

Instead, the workgroup recommends ordering urinalysis and culture when clinical criteria are met, such as the presence of local urinary symptoms described in the Loeb criteria. Facilities are encouraged to follow the [Centers for Disease Control and Prevention's Core Elements of Antibiotic Stewardship for Nursing Homes](#) to guide appropriate testing and treatment decisions. This statement was also endorsed by the Society for Healthcare Epidemiology of America (SHEA), the Association for Professionals in Infection Control and Epidemiology (APIC), and the American Association of Post-Acute Care Nursing (AAPACN).

Visit [JAMDA](#) for the full text of the consensus statement. For resources to support appropriate UTI diagnosis and treatment in the nursing home setting, such as the [UTI action tool](#) and [guideline summary](#), visit the CDPHE antimicrobial stewardship in long-term care [website](#).

Seizure in service

Status Epilepticus = Seizure lasting >5 minutes



Red Flags for Urgent Evaluation

- Seizure lasting >5 minutes (status epilepticus).
- Multiple seizures without recovery.
- Severe head trauma, fever, pregnancy.
- New onset, First, seizure in an adult.
- Prolonged postictal state
- Trauma from seizure



[DCS-Seizure Slides PDF 8-12-25Download](#)

CDPHE Disease and Control Update Newsletter

[9-4-25 updateDownload](#)

Latest Posts

- [If It's COVID, Paxlovid? Studies Suggest a Rethink These Days | MedPage Today](#)
- [Valproic Acid for Behavioral and Psychiatric Symptoms in Dementia \(BPSD\) - Not Really](#)
- [Colorado Dementia Partnership](#)
- [A Need for a Time-Out: A Consensus Statement From the Post-Acute and Long-Term Care Medical Association \(PALTmed\) on the Use of Urine Polymerase Chain Reaction Testing for Urinary Tract Infections - Journal of the American Medical Directors Association](#)
- [Suicide Safety Plan](#)