California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
July 27, 2022

Weekly Call-in Information:

- Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227
- Tuesday 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
  - Register for August & September: https://bit.ly/NHSNofficeHours2022AugSep
- 2nd & 4th Wednesdays every month, 3:00pm SNF Infection Prevention Webinars:
  - Register at: https://www.hsag.com/cdph-ip-webinars
  - Recordings, call notes and slides can be accessed at https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/

Wednesday Webinar Frequently Asked Questions Document is Posted at:
https://www.hsag.com/globalassets/covid-19/cdph faqsipwebinars.pdf

Important Links to State and Federal Guidance	
Important Links and FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
2020 CDPH All Facilities Letters (AFLs)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx
2022 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx
CDC COVID-19 Data Tracker	https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk
CDPH Wednesday Webinar FAQs	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf
CDPH Vaccine Guidance and Resources	https://eziz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf

Educational Opportunities

CAHF/QCHF Infection Prevention Conference 2022
August 9-10, 2022 Newport Beach
https://www.cahf.org/Education-Events/IPCN22

2022 Quality Matters (CAHF, QCHF, HSAG, Stanford)
September 1, 8, 15 (Webinars)
September 29 (Pasadena 10am-4pm)
https://www.cahf.org/Education-Events/IPCN22

Vaccine Questions & Answers

Q-1: Can the Pfizer vaccine be provided as a booster dose after the Novovax primary series?
A: There is no recommendation for a booster dose to be given after completion of the Novavax primary series at this time. As more information becomes available regarding vaccine effectiveness during different variants, there may be a need for a booster dose in the future. We will provide updates as they become available.

Testing Questions & Answers

Q-2: A resident tested positive with a PCR test on day 91 after being previously COVID positive. On the same day, an antigen test was taken, and the result was negative. Should we consider this resident to be negative or positive?
A: Based on the information given in this scenario, the resident should be considered COVID-19 positive and should be isolated. To give a more accurate answer, we would need to know why the resident was tested on day 91 (i.e., response testing, symptomatic, high-risk exposure). The guidance is that if the resident tests positive, due to high community transmission, the test result should be considered a true positive unless there is good reason to believe otherwise. If there is a reason to believe that the PCR test result was a false positive, we recommend retesting again with another antigen test. It is possible that the PCR test could have come back positive due to residual from the prior infection; or the antigen test may pick up a positive a few days after the PCR test came back positive. In the meantime, isolate; and if the antigen tests continue to be negative, isolation can be discontinued.

Q-3: If ancillary staff or other service providers or vendors come to the nursing home for less than 15 minutes to deliver equipment without getting in close proximity to residents, is it necessary for our staff to test them prior to entry?
A: Outside vendors or service providers that are not healthcare workers (i.e., food delivery, laundry delivery, supply delivery, construction/repair, plumbing) who do not work in the facility for extended periods or on a regular basis are not covered by the State Public Health Officer Order.

- Facilities should ensure screening for symptoms and recent exposure, provide antigen testing sites if feasible, and provide surgical masks and hand hygiene stations for outside vendors.
- All vendors must wear a mask and should minimize their time spent in the facility and in close proximity to residents or HCP, wherever possible.

See September 3, 2021, CDPH "Public Health Order Q&A: HCW Protections in High-Risk Settings" https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Unvaccinated-Workers-in-High-Risk-Settings-State-Public-Health-Order-FAQ.aspx

Care Coordination Questions & Answers

Q-4: Do all new admissions, regardless of vaccination status, need to be tested on admission?
A: Yes. Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two COVID-19 tests; immediately upon admission and, if negative, again 5-7 days after their admission. Testing is still recommended prior to admission for residents who are unvaccinated, or not boosted (if eligible), including hospital transfers. SNFs may not require a negative test result prior to accepting a new admission, and should be prepared to isolate or quarantine new admissions as needed if suspected infection or exposure. Those who are fully vaccinated and boosted may be admitted to the green zone; those not vaccinated and boosted should admit to the yellow zone until test results 5-7 days following admission return and are negative. See AFL 22-13 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx.

Q-5: Do nursing homes need to have a red zone even if there are no COVID positive residents?
A: Per AFL 22-13, SNFs that currently do not have any positive cases and do not have a current need for a red area should remain **prepared to quickly reestablish the red area** and provide care for, and accept admission of, COVID-19 positive residents.
https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx

Q-6: If a patient is tested in the hospital for placement within 48 hours of transfer to the nursing home, can this test count as the first viral test upon admission?
A: No, the test at the hospital would not count because the incubation period of the virus can be so short (i.e., 2-3 days) and positive cases could be missed. If the test was taken at the hospital immediately prior (e.g., a few hours before) transfer to the nursing home, that could be counted as the first test that is required immediately upon admission. Per AFL 22-13, if the test is negative, the new admission must be tested again 5-7 days after their admission, regardless of vaccination status. https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx

Q-7: Do hospitals need to offer patients the booster prior to transfer to the SNF?
A: Per AFL 21-20.1, CDPH recommends that prior to discharge, hospitals should offer COVID-19 vaccinations, including booster doses, to eligible patients, especially those at highest risk of morbidity and mortality from COVID-19. CDPH recommends that nursing homes reach out to their local hospital infection preventionists to discuss AFL 21-20.1 and to encourage them to offer boosters prior to transferring. https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-20.aspx

Isolation, Quarantine, and Cohorting Questions & Answers

Q-8: Should nursing homes use a test-based strategy to discontinue isolation for residents in the red zone?
A: In general, test-based strategies are not required routinely for discontinuing the 10-day isolation period in most individuals because individuals may shed fragments of the virus and persistently test positive. This is the case especially with PCR tests, but antigen tests may also detect fragments of the virus. For individuals with mild-moderate illness who are not moderately to severely immunocompromised, isolation can be discontinued 10 days from the onset of symptoms with at least 24 hours passed since the last fever and symptoms improved (e.g., cough, shortness of breath). If the individual remained asymptomatic, they must isolate for 10 days from the date of the first positive test. If the individual had a severe or critical illness (e.g., intubation, ICU stay), or is moderately to severely immunocompromised, the isolation period may be extended to ≥ 20 days per CDC. Consider consulting with an infectious disease physician or the resident's physician to see if a test-based strategy should be followed when an isolation period of ≥ 20 days is indicated.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html#mod

Q-9: Can exposed residents in the yellow zone discontinue quarantine on day seven?
A: Per AFL 22-13, in general, residents who had a high-risk exposure who are in the yellow zone can discontinue quarantine after 7 days, until results are known for testing obtained on or after day 5 following the exposure. If the test comes back negative, then the resident can discontinue quarantine on day 7. However, if the facility is in response testing due to an outbreak, and there are multiple positive cases and broad exposure throughout the facility, then response testing of HCP and residents needs to occur a minimum of 14 days until no new cases are identified in residents in two sequential rounds of testing over 14 days.

Q-10: Is the second booster taken into consideration for contact tracing and quarantine purposes?
A: The CDC terminology "up to date" that includes the second booster (when eligible) is not used in California state guidance at this time. However, from an infection control standpoint, since the CDC's recommendation for a second booster applies to the vast majority of SNF residents, it's reasonable for facilities to consider the second booster in determining whether residents are boosted for the purpose of quarantine and contact tracing decisions. Check with your local health department for more stringent guidance.

Q-11: How should healthcare facilities define exposures and close contacts?
A: Continue to use the CDC's risk assessment framework (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) to determine exposure risk for HCP with potential occupational exposure to patients, residents, and visitors with COVID-19. CDC provides additional considerations (https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html) for assessing exposure risk for patients or residents exposed to HCP with COVID-19. CDPH guidance for assessing community-related exposures should be applied to:

- HCP with potential exposures outside of work (e.g., household),
- HCP exposed to each other while working in non-patient care areas (e.g., administrative offices), and
- patients/residents exposed to other patients/residents or visitors in health care and non-patient care areas (e.g., waiting rooms, dining areas).
  https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Isolation-Quarantine-QA.aspx

Q-12: When we have a recovered positive resident that is within their 90 days and they are exposed to a positive roommate, do we consider yellow zone or continue green zone?
A: We have been observing an increased risk for reinfection because of immune evasion with the latest Omicron variant, BA.5. If the resident is closer to the end of their 90 days of recovery from testing positive, it may be reasonable to consider testing them with an antigen test. Keep the resident in quarantine until the test results come back; the unit that the positive roommate was in would essentially become a yellow zone.

Q-13: If a resident in a private room tests positive, instead of moving the resident to the designated red zone, can the resident's room transition into a red zone with proper signage?
A: Ideally the resident should transition to the designated red zone, however, if the previous red zone is not actively set up at the moment, it would be reasonable to convert the resident's room into a red zone. However, the facility needs to be prepared to accommodate additional residents that may end up testing positive.

Q-14: What is the best course of action to take when a resident in the yellow zone refuses to allow the door to be shut due to resident rights?
A: The doors in the yellow zone are kept closed for infection prevention purposes, and to keep others in the facility safe. However, fall risks, memory care, and safety concerns need to be taken into consideration, and can affect whether or not the door can remain open. There are alternatives to closing the door to ensure the safety of the resident. One suggestion is to educate the resident about the reasons why the door should be closed. If the resident continues to request that the door be open, you can discuss alternatives to meet their needs, such as encouraging them to wear a mask for source control; ensure there are no fans facing the open doorway; and moving their bed closer to the window and at least 10 feet away from the door.

Q-15: Do unvaccinated new admissions need to quarantine in the yellow zone, even if they test negative for COVID?
A: Yes. Per AFL 22-13, newly admitted residents and residents who have left the facility for >24 hours who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted, should be quarantined in single rooms or a separate observation area ("yellow-observation") for at least 7 days from the date of admission or last potential exposure until results are known for testing obtained within 5-7 days after their admission. Ensure the resident remains asymptomatic before ending quarantine. Testing and quarantine are not required for residents who tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to SNF admission or readmission and are within 90 days of their infection. If the facility has a yellow zone for residents exposed within the facility, it is optimal to not place a newly admitted resident in the same room as residents who have been exposed within the facility.

Q-16: When small children visit nursing homes, does the nursing home need to provide pediatric size gowns and gloves for visits in the yellow and red zone?

A: When a small child visits a nursing home, the nursing staff should assess the child's size for proper PPE, ability to comply with the use of PPE, and educate/work with the parent or guardian to create a plan so the child can safely visit. Based on the assessment of the child's ability, understanding, and compliance with safety recommendations, staff can work with the parent or guardian to create a plan for a safe visit with the resident. Factors such as the child's ability to wear PPE, follow instructions, and the resident's mobility should be considered when creating a visitation plan. In-person, outdoor visits are preferable; in some cases, window-based visits, visits behind a barrier, or virtual visits may provide safer visit options.