California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
September 28, 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)
  - 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

*Many of the Wednesday Webinar FAQs are outdated due to recent CDPH, CMS and CDC updates. The FAQs are being updated to reflect the new guidance. Coming soon!

Educational Opportunities

CALTCM California Association of Long Term Care Medicine
2022 CALTCM Summit for Excellence
ANNUAL MEETING
October 6 & 7, 2022

- **Dates:** October 6 & 7, 2022
- **Location:** Pacific Palms Resort, City of Industry
- **Register at:** https://www.caltcm-summit-for-excellence.org/
- **Program Topics:** Consensus leadership, staff retention, person-centered care, dementia care, non-pharmacologic approaches for behavior management, mental illness, pharmacy update, policy and regulatory updates, nursing home litigation, and new atrial fibrillation, diabetes and heart failure guidelines.
- Earn up to 12.5 hours of **CME, CEU, BRN, ABIM MOC**, and more. Accreditation details can be found at: https://www.caltcm-summit-for-excellence.org/accreditation-statement

New CDC and CMS Guidance

Q-1: Where can the new CDC and CMS nursing home guidance be found?
A: CDC's nursing home website "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes & Long-Term Care Facilities" is now archived and no longer accessible ~~https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html~~. CDC's SNF guidance which was updated September 23, 2022, is now incorporated in CDC's "Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic" https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.
The CMS guidance updated on September 23, 2022, includes CMS QSO 20-38-NH https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf; and CMS QSO 20-39-NH https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf.

Q-2(a): Regarding the September 23, 2022, summary of updates to the CDC Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html), which updates can be implemented by California nursing homes now?
A: The CDC recommendations below can be implemented per the following guidance updates:

- CDPH State Public Health Officer Order (SPHO) "Health Care Worker Vaccine Requirement" (effective 9/17/2022);
- CDPH SPHO "Requirements for Visitors in Acute Health Care and Long-Term Care Settings" (rescinded 9/15/2022);
- CMS QSO 20-38 (updated 9/23/2022);
- CMS QSO 20-39 (updated 9/23/2022); and
- CDPH Guidance for the Use of Face Masks (updated 9/20/2022).

Updated CDC Recommendation	Notes
Updated recommendations for eliminating routine diagnostic screening testing, independent of COVID-19 vaccination status or community transmission rates.	See question #4 for more information.
Updated guidance for process for symptoms and exposure screening for individuals entering the facility (HCP and visitors). Provide signage and letters to residents and families advising not to visit or work with signs and symptoms of COVID-19.	See questions #16 & 17 for more information.
Compliance with requirement for COVID-19 vaccine and a booster for HCP, per CDPH SPHO. Routine diagnostic testing is not required for HCP who are exempt.	See questions #3 & 4 for more information.

Q-2(b): Regarding the September 23, 2022, summary of updates to the CDC Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html), which updates should be delayed until updated AFLs are distributed?
A: **Facilities should be aware of and familiarize themselves with the following CDC updated guidance, but delay implementation until updated AFLs are distributed**. Note that CDPH Guidance for the Use of Face Masks (updated 9/20/22) is more stringent then the updated CDC recommendation for source control and therefore, supersedes the CDC recommendations.

Updated CDC Recommendation	Notes
Updated to note that, in general, asymptomatic residents no longer require empiric use of Transmission-Based Precautions (i.e., quarantine) following exposure, regardless of vaccination status.	See question #7 for more information.
Updated post-exposure testing recommendations for asymptomatic HCP and residents who were exposed, regardless of vaccination status.	See question #6 for more information.
Updated screening testing and management recommendations for new admissions, regardless of vaccination status.	See question #10 for more information.
Updated circumstances when universal use of PPE (i.e., eye protection, N95 respirators) should be considered.	See question #12 for more information.

Vaccination Questions & Answers

Q-3: Is the second booster or bivalent booster now required for nursing home HCP?
A: No. California's current vaccination and booster requirements for HCP remain in effect and have not changed.

- **The primary vaccine series and a booster are required** per the CDPH State Public Health Officer Order (SPHO) "Health Care Worker Vaccine Requirement" (Originally issued 8/5/21; Amended 12/22/21, 2/22/22, 9/13/22).
- HCP who have met the requirement to receive a primary series of vaccine and a booster are **not required to receive a bivalent booster.**
- HCP who are newly coming into compliance with the vaccination requirement and are getting a booster dose now, will receive the bivalent booster since that is the only currently authorized booster.

CDPH **recommends all HCP be up to date on COVID-19 vaccine doses**, including the bivalent booster, when eligible. Resources are below.

- CDPH Vaccine Guidance and Resource Website https://eziz.org/resources-for-longterm-care-facilities/
- CDPH Bivalent COVID-19 Booster Dose FAQs https://eziz.org/assets/docs/COVID19/BivalentBoosterFAQ.pdf
- CDPH COVID-19 Vaccine Timing by Age https://eziz.org/assets/docs/COVID19/IMM-1396.pdf
- CDC Stay Up to Date with COVID-19 Vaccines Including Boosters https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Testing Questions & Answers

Q-4: What is the new CDPH routine diagnostic screening testing guidance for HCP?
A: Per CDPH, CDC and CMS, routine diagnostic screening testing of asymptomatic HCP is no longer recommended, regardless of community transmission rate or HCP vaccination status, but may be performed at the discretion of the facility. The CDC guidance and CMS QSO 20-38-NH updated on September 23, 2022, now align with the September 13, 2022, CDPH SPHO "Health Care Worker Vaccine Requirement", that rescinds the routine diagnostic screening testing requirement for unvaccinated and under vaccinated HCP with exemptions. Check with your local health department for more stringent guidance. CDPH AFLs are in the process of being updated to align with the SPHO, CMS, and CDC guidance. The CDPH SPHOs amended to reflect these testing changes include:

- Updated—2/2/22 Health Care Worker Vaccine Requirement
- Rescinded—7/26/21 Health Care Worker Protections in High-Risk Settings
- Rescinded—8/11/21 Vaccine Verification for Workers in Schools
- Updated—2/22/22 Correctional Facilities & Detention Centers HCW Vaccination Requirement
- Updated—2/22/22 Adult Care Facilities and Direct Care Worker Vaccine Requirement

Per the CDPH SPHO "Health Care Worker Vaccine Requirement", this guidance applies to "workers" which "refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."

Facilities should be aware of and familiarize themselves with the following CDC updated guidance, but hold off implementing until updated AFLs are distributed.

Q-5: Is response-driven testing still active with no change?

A: Response testing will be reframed as post-exposure testing, because the CDC guidance is now recommending an individual contact tracing approach, regardless of vaccination coverage in the facility. When an individual is exposed, CDC recommends that they be tested immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5 (total of 3 viral tests). Antigen or PCR tests are acceptable. If there is a large outbreak and contact tracing cannot be successfully implemented, the facility in partnership with the local health department may need to implement a facility-wide testing approach similar to response testing.

Facilities should be aware of and familiarize themselves with the following CDC updated guidance, but hold off implementing until updated AFLs are distributed.

Q-6: What is the new CDC testing guidance for HCP and residents following higher-risk exposures?

A: Per CDC Interim Guidance for Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, asymptomatic HCP and residents who were exposed should have a series of **three** viral tests for SARS-CoV-2 infection.

- Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Antigen or PCR tests can be used.

Testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior **30** days. Testing should be considered using an antigen test for those who have recovered in the prior 31-90 days. CDPH AFL 22-13 is in the process of being revised to incorporate this updated CDC guidance. Currently, AFL 22-13 recommends 2 tests following an exposure (not 3 tests); therefore, at this time, 3 viral tests is a CDC recommendation, but not a CDPH requirement.

Isolation and Quarantine Questions & Answers

Facilities should be aware of and familiarize themselves with the following CDC updated guidance, but hold off implementing until updated AFLs are distributed.

Q-7: What is the new CDC quarantine guidance for HCP and residents following higher-risk exposures?

A: Per CDC Interim Guidance for Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, **quarantine (empiric Transmission-Based Precautions) and work restriction are not necessary** for most asymptomatic residents and HCP following an exposure, regardless of vaccination status. Residents should wear source control for the 10 days following exposure. Residents who aren't able to safely wear source control when outside of their rooms (i.e., for group activities), are recommended to stay in their rooms for the 10 days following the exposure.

Q-8: Do COVID-19 positive residents, still need to isolate for 10 days?

A: Yes. This guidance has not changed. COVID-19 positive residents still need to isolate for the full 10 days from the onset of symptoms; **and** at least 24 hours have passed since the last fever; **and** if symptoms have improved (e.g., cough, shortness of breath). If the resident remained asymptomatic, they also must isolate for 10 days from the date of the first positive test. If the resident 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 guidance. Consider consulting with an infectious disease physician to see if a test-based strategy should be followed when an isolation period of ≥ 20 days is indicated.

Q-9: When can COVID-19 positive HCP return to work?
A: At this time, there have been no changes to return-to-work criteria for positive HCP (but stay tuned). We recommend following the guidance in CDPH AFL 21-08.8 until an updated AFL addressing this question is distributed.

New Admissions Questions & Answers

Facilities should be aware of and familiarize themselves with the following CDC updated guidance, but hold off implementing until updated AFLs are distributed.
Q-10: Do new admissions, regardless of vaccination status, need to be tested and quarantined on admission?
A: No. In general, new admissions and residents who have left the facility for >24 hours, in counties where community transmission levels are high (red) per the CDC COVID Data Tracker, should be tested upon admission; admission testing at lower levels of community transmission (orange, yellow, blue) is at the discretion of the facility.

- Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test (total of 3 viral tests). Antigen or PCR tests are acceptable.

Newly admitted residents should wear source control for the 10 days following their admission. **Empiric use of Transmission-Based Precautions (i.e., quarantine or observation in the yellow zone) is generally not necessary for new admissions, regardless of vaccination status.** This new guidance can be found in the updated CDC Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html**.**

PPE Questions & Answers

Q-11: Do visitors and HCP need to wear masks for source control while in a nursing home?
A: Yes. At this time, per CDPH Guidance for the Use of Face Masks (updated 9/20/2022), CDPH continues to require masks (source control) for all individuals (HCP and visitors) entering a long-term care setting, regardless of vaccination status or community transmission rates. CDPH is aware of and is reviewing CDC's recent updates that make source control optional for HCP in non-patient care areas in settings located in areas that have low (blue), moderate (yellow), or substantial (orange) COVID-19 transmission levels; **however, currently there are no changes to California's requirements for masks in healthcare settings, inlcuding Long Term Care Settings and Adult & Senior Care Facilities.**

Facilities should be aware of and familiarize themselves with the following CDC updated guidance, but hold off implementing until updated AFLs are distributed.
Q-12: What is CDC's updated guidance regarding universal PPE (i.e., use of eye protection and N95 respirators) for aerosol generating procedures (AGP) based on community transmission?
A: CDC no longer routinely recommends HCP wear eye protection for all direct patient/resident care, and N95 or higher-level respirator while caring for all residents undergoing AGPs, based on the level of community transmission. Eye protection and N95 respirators for AGPs can be considered:

- During periods of high community transmission or
- During a COVID-19 outbreak in the facility.

However, for California nursing homes, Cal/OSHA requires that nursing homes use respirators for any AGPs on residents with aerosol transmitted diseases (i.e., COVID-19, Tuberculosis) per Cal/OSHA's Aerosol Transmissible Disease standard (https://www.dir.ca.gov/dosh/Coronavirus/Skilled-Nursing.html).

Visitor Questions & Answers

Q-13: Are visitors allowed to visit with a resident with masks off if there is a roommate present?
A: Considerations around roommates still apply. The visitor vaccine verification and testing requirement for visitors is no longer required, but general infection prevention guidance, including masks for source control, especially in crowded rooms and enclosed spaces, remains. Wherever possible, visitation should be done in a separate room or without the roommate present if feasible. Masking for source control around a roommate is a sensible choice to protect the residents.

Q-14: Can a visitor have physical contact with the resident, regardless of vaccination status?
A: Yes. Physical contact is allowable, regardless of vaccination status.

Q-15: Since proof of vaccination is no longer required for visitation, are visitors now allowed to dine with the resident they are visiting (with masks off) regardless of vaccination status?
A: Yes, visitors can dine with the resident they are visiting, regardless of the visitor's vaccination status.

Active vs. Passive Screening Questions & Answers

Q-16: Do healthcare settings need to continue to screen visitors (i.e., vaccination status, testing, signs and symptoms, exposures) prior to entry?
A: CMS QSO 20-39-NH (updated 9/23/2022) is now aligned with the rescinding of CDPH SPHO "Requirements for Visitors in Acute Health Care and Long-Term Care Settings" (rescinded 9/15/2022). Per CMS and CDPH, there is no longer a requirement for nursing homes to actively ask screening questions prior to entry, and temperatures no longer need to be checked. Visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. **Passive screening** of visitors is now acceptable to ensure visitors are educated to screen themselves prior to entry. Facilities can continue to screen and offer testing for visitors in an active way, especially if community transmission rates are high; however, active screening is no longer required. **Examples of passive screening, include posting signs at entrances and sending emails to families and visitors to provide guidance** about recommended actions for visitors who have:

- a positive viral test for COVID-19
- symptoms of COVID-19, or
- have had close contact with someone with COVID-19.

Visitors should be advised to self-screen prior to entry following guidance from the facility. If they have a confirmed COVID-19 infection or symptoms consistent with COVID 19, they should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact. Refer to "CDC Notice on Facility Access" for more information, including the "CDC Facilities COVID-19 Screening Tool" (https://www.cdc.gov/screening/privacy-notice.html).

Q-17: Do healthcare settings need to continue to screen HCP prior to entry?
A: Per CDC and CDPH, **screening** for HCP signs and symptoms of COVID-19, and potential exposures is still recommended, but has transitioned from an **active** screening to a more **passive** self-screening process. **Passive screening** of HCP is now acceptable to ensure HCP are educated to self-screen themselves prior to entry. Examples of passive screening, include posting signs at entrances, and sending emails and providing education to HCP to provide guidance about recommended actions for HCP who have:

- a positive viral test for COVID-19
- symptoms of COVID-19, or
- close contact/higher-risk exposure with someone with COVID-19.

There is no longer a requirement for nursing homes to actively ask screening questions prior to entry, and temperatures no longer need to be checked. Facilities can continue to screen HCP in an active way, especially if community transmission rates are high; however, active screening is no longer required.

Q-18: Since the visitor screening process has moved from an active screening to a passive screening process, are nursing homes still required to keep screening logs of visitors who enter the facility?
A: Screening logs are not required; however, visitor logs are required like they were pre-pandemic to track visitors in the building. Visitors that enter the facility still need to check-in to indicate that they are in the facility. Visitors no longer need to complete a screening log to indicate their vaccination records, testing results, or that they have screened themselves for signs and symptoms of COVID, or exposures.

Q-19: How long do nursing homes need to keep COVID-19 HCP records (i.e., old screening records)?
A: View Title 8: §3204. Access to Employee Exposure and Medical Records—Preservation of Records (https://www.dir.ca.gov/title8/3204.html).
Each employer shall assure the preservation and retention of records as follows:

- **(A) Employee Medical Records.** The medical record for each employee shall be preserved and maintained for at least the duration of employment plus 30 years.
- **(B) Employee Exposure Records.** Each employee exposure record shall be preserved and maintained for at least thirty (30) years.