



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
April 20, 2022**

Weekly Call-in Information:

- Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227
- Wednesday 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/>
- Friday 11:30 Booster Vaccine Quickinars:
 - Register at: <https://bit.ly/FullSpeedAheadBoosterProgram>
 - Recordings: <https://www.hsag.com/covid-19/vaccine-resources>

****NEW** Wednesday Webinar Frequently Asked Questions Document is Posted**
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
CDPH Wednesday Webinar FAQs	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

Vaccine Questions & Answers

Q-1: Once HCP get the booster, is it effective immediately, or do they need to be tested twice a week for two more weeks?

A: Individuals that receive the booster are considered “boosted” immediately upon receiving the booster dose. There is not an additional two-week wait time after receiving the booster, therefore, testing twice a week following the booster dose is no longer necessary.

Q-2: If a new admission gets the booster just before admission, or during quarantine in the yellow zone, can we discontinue quarantine and admit the resident to the green zone?

A: Individuals who receive the booster are considered “boosted” immediately upon receiving the booster dose; however, in reality, it takes several days to see the actual boost in antibodies. CDPH does not recommend moving this resident directly to the green zone because the resident may have been incubating SARS-CoV-2 at the time the booster was administered. The booster will not prevent infection that is already incubating.

Q-3: If HCP received their primary series vaccine, can they submit a religious exemption for the booster if they refuse to get it.

A: Yes.

Q-4: Do the clinical reasons for the medical exemption need to be listed in the providers' medical exemption letter?

A: Yes. Per CMS QSO 22-07 Attachment A, the clinical reason is required to be documented in the medical exemption letter. CDPH recommends that providers work with HCP to update their medical exemption letters if they were approved in 2021 without the reason for the medical exemption listed.

Testing Questions & Answers

Q-5: What is the testing guidance for staff and residents?

A: Please refer to the testing guidance in the tables in section D of the Wednesday Webinar call notes (https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf).

Q-6: How often should testing for residents and HCP be done during response testing?

A: Refer to response testing guidance in CDPH AFL 20-53.6. As soon as possible after one (or more) COVID-19 positive individuals (resident or HCP) is identified in a facility, serial retesting of all residents and HCP who test negative upon initial testing should be performed weekly if NAAT test is used (e.g., PCR test) or twice weekly if antigen test is used until no new cases are identified in residents in sequential rounds of testing for 14 days.

Q-7: Can antigen tests be used for staff and resident response testing?

A: Yes, antigen testing can be used for response testing if used at least twice a week and may be particularly helpful during the initial rounds of response testing to rapidly identify, isolate, and cohort positive individuals. Confirmatory molecular (e.g., PCR) testing is not required for negative antigen test results during response testing but may be considered (in consultation with your local health department) for higher risk close contacts. One implementation option is to substitute one round of response testing per week with a PCR test if the turnaround time for the PCR result is 24–48 hours. This guidance applies to staff and residents.

Q-8: If our vaccine rate falls below 70%, does that impact testing frequency of HCP?

A: In early 2021, there was guidance in AFL 20-53.5 (superseded by AFL 20-53.6) for nursing homes to discontinue routine diagnostic screening testing of fully vaccinated asymptomatic HCP if the vaccination rate was $\geq 70\%$ for residents and $\geq 70\%$ for HCP. Routine diagnostic screening testing of all HCP would need to resume if the vaccination rate fell below 70%. This guidance is outdated. Please follow current testing guidance in AFL 21-28.3 and AFL 20-53.6.

Q-9: If the hospital tested a new admission prior to transfer to the nursing home, does the nursing home need to test again on admission, and again 5-7 days after admission?

A: Yes, for those who are not fully vaccinated and were tested more than 72 hours before the transfer.

Q-10: Do all new admissions need to be tested upon admission, regardless of vaccination status?

A: Yes. Per CDC's resident testing and quarantine guidance, all newly admitted residents, regardless of vaccination status, should be tested on admission, and again 5–7 days after admission.

Q-11: How long do new admissions not up to date with vaccinations need to be quarantined?

A: New admissions **not up to date** with all recommended COVID-19 vaccines (including booster, if eligible) should be quarantined for at least 7 days from the date of admission until results are known for testing obtained 5–7 days after admission.

Q-12: If a visitor is unvaccinated, do they need to have proof of a negative test for indoor visits?

A: Yes, unvaccinated or incompletely vaccinated visitors can meet indoors **only** with proof of a negative test within one day of visitation for antigen tests, and within two days of visitation for PCR tests. If a negative test cannot be verified, they may not be allowed to have an indoor visit, but may have an outdoor visit. If the unvaccinated visitor had COVID-19 within the prior 90 days, they may provide documentation of recovery from COVID-19 in lieu of testing. Visitation guidance updated on February 7, 2022 can be found in CDPH AFL 22-07

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx> and in the State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>.

Q-13: Is source control required for residents when they come out of their rooms?

A: Yes. Source control is necessary for residents when they come out of their rooms because there is potential for exposure to and from individuals that are not up to date with their vaccinations, such as other residents, HCP, visitors. Refer to the communal dining and group activities guidance in CDPH AFL 22-07 that indicates that residents must have source control on at all times if it is not possible to ensure all persons around them are up to date with their vaccinations (e.g., in break rooms and other common areas where staff or residents may come and go).

Q-14: Can nursing homes restrict visitation by requiring that visits be scheduled in advance?

A: Nursing homes should minimize visitation restrictions as much as possible in alignment with CMS QSO-20-39 and CDPH AFL 22-07. Nursing homes can request that visitors schedule visits in advance so that HCP can be prepared, especially if the resident has a roommate; however, they cannot require that visits be scheduled. Nursing homes could be cited if they refuse visitation to occur because the visit was not scheduled in advance. Rather than refusing visitation, do everything you can to support and accommodate the visitor and resident in a practical and effective way for meeting the intent of keeping people safe.

AMENDED on 4/29/2022

Q-15: If the facility is experiencing an outbreak, are we still expected to coordinate visitation?

A: Yes. Visitation is expected to be coordinated even when there is an outbreak. Per CDPH AFL 22-07, facilities shall allow indoor in-room visitation for all residents, regardless of vaccination status, in "green" (unexposed or recovered), "yellow" (exposed or observation status) and "red" (isolation) areas. Consult with your local public health department for further guidance. In some circumstances, at the beginning of an outbreak, the local health department may temporarily discontinue visitation and group activities to determine the extent of transmission and ensure response measures are underway. If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID-19 positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP. Visitors should be taught how to do a seal check for N95 respirators, but fit testing is not required.

~~**Q-15: If the facility is experiencing an outbreak, are we still expected to coordinate visitation?**~~

~~**A:** Compassionate care visits are allowed for residents in the red zone. Consult with your local public health department for further guidance. In some circumstances, at the beginning of an outbreak, the local health department may temporarily discontinue visitation and group activities to determine the extent of transmission and ensure response measures are underway. If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID-19 positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP. Visitors should be taught how to do a seal check for N95 respirators, but fit testing is not required.~~

Q-16: Is eye protection required in all patient care areas in Los Angeles County?

A: Los Angeles County Department of Public Health’s guidance is to use the same CDC COVID-19 Data Tracker that CDPH recommends for healthcare settings to determine transmission risk (<https://covid.cdc.gov/covid-data-tracker/#county-view>). As of 4/21/22, Los Angeles County is red for high transmission risk, therefore eye protection is required in all patient care areas, including the green zone. The CDC tracker is linked to LAC DPH’s guidance in multiple places on their website, including in the “quick links” section at the top of LAC DPH’s SNF guidance webpage (<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/>).