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

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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.

Q-5: Should pregnant women receive a second booster?
A: Pregnant women who aren't moderately or severely immunocompromised do not qualify for a second booster at this time. The definition of conditions that count as moderately to severely immunocompromised are listed here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

Q-6: Should dialysis residents under the age of 50 get the second booster?
A: A person on dialysis wouldn't be counted as moderately or severely immunocompromised per CDC guidance, but that person may wish to discuss this question further with their healthcare provider.

Q-7: Our nursing homes administers multiple vaccines (Flu/Pneumonia/Covid). How can I find information about how to input vaccine information into MyTurn or CAIR2?
A: For assistance, please reach out to your local CAIR representative https://cairweb.org/contact-cair/. They can also help with enrolling in CAIR if you are not yet enrolled.

Q-8: If a resident received their first booster two months after their primary series (too early), does it count as the first booster? Or should the resident wait another five months to receive their first booster?
A: Per CDC guidance, if the booster was given early, it does not need to be repeated, so it would count as their first booster. If they are eligible for a second booster, they can get it at least 4 months following the first booster (https://www.cdc.gov/vaccines/covid-19/downloads/covid19-vaccine-errors-deviations-poster.pdf).

Q-9: If a new admission is eligible for the second booster, but they did not get it yet, will that impact the determination of whether or not the resident is up to date with their vaccinations, (i.e., quarantine in the yellow zone)?
A: No. Currently a second booster is not required to be considered "up to date" with COVID vaccines. New admissions that are not up to date with all recommended COVID-19 vaccine doses (including the first 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. The second booster is not a criterion for quarantine determination at this time.

Q-10: Should all long-term care HCP, regardless of age, get the second booster?
A: No, that is not consistent with current CDC guidance. Staff who don't meet the age or clinical criteria aren't currently eligible for a second booster.

Testing Questions & Answers

Q-11: How often should testing be done during response testing?
A: Per 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 at least 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-12: Can antigen tests be used for response testing?
A: Yes, antigen tests 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.

Q-13: Per AFL 20-53.6, "serial testing…should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days…". Why only residents? What if staff test positive?
A: "Staff" was intentionally left out of that statement. The requirement is to continue response testing until there are no new cases among residents for 14 days to demonstrate transmission is ceased within the facility. After the 14 days, a new case in a staff member may or may not be related to the first outbreak; the facility would re-initiate response testing, but could be focused on the unit(s) where positive staff member worked (consult with LHD).

Q-14: Do negative tests need to be reported in NHSN?
A: Per the April 6, 2022 CDPH letter to entities performing COVID-19 testing, effective April 4, 2022, reporting of non-positive results (negative, indeterminate, etc.) is no longer required. This applies to long-term care facilities as well as other settings. The letter can be found at: http://publichealth.lacounty.gov/acd/NCorona2019/docs/CDPHLabResultReportingChanges.pdf.

Q-15: Who can perform swabbing for COVID-19 tests?
A: See the table below for information on licensed personnel who can perform swabbing for COVID-19 tests. More information can be found in the COVID-19 for Laboratories FAQ under Laboratory Personnel https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx#Laboratory%20Questions. Any trained individual can observe self-swabbing; add the reagent to the test; and read, interpret, and report the test results if they are working under the supervision of the laboratory director who holds a CLIA waiver.

Who Can Perform Swabbing for COVID-19 Tests?

Licensed Personnel	Observe Self Swabbing	Anterior Nasal	Nasopharyngeal, Oropharyngeal
Medical Assistants	Yes	Yes	No
Physicians	Yes	Yes	Yes
Physicians Assistants	Yes	Yes	Yes
EMTs	Yes	Yes	Yes
Registered Nurses	Yes	Yes	Yes
LVNs	Yes	Yes	Yes
Psychiatric Technicians	Yes	Yes	Yes
CNAs, Home Health Aides, Certified Hemodialysis Technicians	Yes	No	No
Respiratory care practitioners	Yes	Yes	Yes
Pharmacists	Yes	Yes	Yes
Pharmacy Technicians	Yes	Yes	Yes
For questions about other licensed personnel, contact appropriate licensing board for information on scope of practice			

Q-16: 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-17: 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.

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Q-18: Are we still required to obtain copies of vaccination records from visitors?
A: No. The requirement is that the facility develops a process for verifying and documenting the vaccination status of a visitor. They do not need to keep a copy of the vaccination record on file in the facility.

Q-19: Is it a requirement that visitors sign the log to attest that they were formally screened at entry?
A: No. The facility needs a process to screen visitors and ask the appropriate questions prior to entry, however, there is no explicit requirement for a visitor to have to sign the visitor log to attest to not having COVID-19 or symptoms.

Q-20: Can visitors dine with residents or do they have to wear their masks at all times?
A: Communal dining guidance can be found in CDPH AFL 22-07. During indoor, in-room visitation, both residents and visitors need to wear well-fitting masks, but if both the resident and visitor are fully vaccinated, they do not need to physically distance, can have physical contact, and must wear a well-fitting face mask unless eating or drinking. Therefore, fully vaccinated residents and fully vaccinated visitors can unmask and eat together while in the resident's room. However, they should be physically distanced from other residents/visitors who may not be fully vaccinated.

<div style="background-color:#4472C4;color:white;text-align:center;font-weight:bold">PPE Questions & Answers</div>

Q-21: Do HCP have to wear eye protection in the green zone?
A: Eye protection (face shields, goggles) is required as PPE during all resident care, including green zones during an outbreak, and during care of residents in the green zone in counties with substantial or high COVID-19 transmission per CDC's COVID-19 Data Tracker.
- Eye protection in the green zone is NOT required in counties with low to moderate county transmission, unless otherwise indicated as part of standard precautions.
- Eye protection is NOT necessary in non-patient care areas—such as the kitchen, hallways, nurses' station—regardless of county transmission.
- Check with your local health department to see if they have more stringent requirements.

Q-22: Are N95 respirators required for HCP with vaccine exemptions?
A: As discussed in AFL 21-28, in addition to the requirement for respirators under the ATD standard for care of suspect or confirmed COVID-19 patients, facilities must provide [N95] respirators to all unvaccinated or incompletely vaccinated HCP as source control. These workers are strongly encouraged to wear a respirator, but it is not required. The facility must provide the respirators at no cost, and workers must be instructed how to properly wear the respirator and how to perform a seal check according to the manufacturer's instructions, if this has not already occurred. In AFL 21-28, the respirators are being recommended to unvaccinated HCP for use as source control since respirators are designed to be tight-fitting and is the best choice for a well-fitting mask. Respirators have the added benefit of better filtration.

Q-23: Do healthcare settings need to continue to <u>screen</u> individuals prior to entry?
A: Yes. Healthcare settings must continue to have a process to screen and identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:
1) A positive viral test for SARS-CoV-2
2) Symptoms of COVID-19, or
3) Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure for HCP.

Options could include (but are not limited to):
- Individual screening on arrival at the facility, or
- Implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility.

Be mindful of other contagious diseases and pathogens, such as influenza and other viral respiratory infections, streptococcal pharyngitis, measles, tuberculosis, etc. More information can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.

Q-24: Are IPs required to have annual continuing education?
A: Per AFL 20-84, each IP should receive initial training (minimum 14-hour program), followed by at least 10 hours of continuing education on an annual basis. The initial IPC fundamentals training program should be completed by a new IP within 90 calendar days of hire. If an existing SNF employee is designated for the IP role, they should complete their initial IP training within 30 calendar days of their designation. https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

Q-25: How do I determine the level of community transmission for my facility?
A: Use the CDC COVID 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). Enter the state and county and ensure the Data Type is set to "Level of Community Transmission" to determine the level in your county. Community Transmission refers to measures of the presence and spread of SARS-CoV-2, the virus that causes COVID-19. The two metrics used are 1) new cases per 100,000 persons in the past 7 days, and 2) percentage of positive NAAT tests during the past 7 days.