



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
May 11, 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>

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

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| 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 |

Vaccine Questions & Answers

Q-1: Due to the increase in cases, will the second booster be required for nursing home HCP?

A: At this time, there is not a recommendation for a second booster for staff who do not meet the clinical/age criteria. In addition, for people who meet the clinical/age criteria, the second booster is available to them, but not required. We will keep you updated if there are any changes.

Q-2: Do nursing homes need to keep copies of vendor, contractor, and visitor vaccination cards?

A: No. The requirement is that the facility develops a process for verifying and documenting the vaccination status of vendors, contractors, and visitors. Nursing homes DO NOT need to keep a copy of the vaccination record or card on file in the facility. Tracking the vaccination details, such as the date and type of vaccine, is also not required. Additionally, the facility needs a process to screen vendors, contractors, and visitors and ask the appropriate questions prior to entry; however, there is also no explicit requirement for them to have to sign the visitor log to attest to not having COVID-19 or symptoms.

Testing Questions & Answers

Q-3: What is the testing guidance for HCP if we are admitting COVID-19 positive residents, but there are no in-house COVID cases?

A: There is no difference in routine diagnostic screening testing guidance for HCP who are caring for COVID-19 positive residents being admitted to the facility. HCP who are not up to date with their vaccinations (including booster, if eligible) need to be tested twice weekly. HCP that are up to date with their vaccinations do not need to be tested as part of routine diagnostic screening testing. If there is a new positive COVID-19 case in a resident or HCP at the facility, that would prompt testing of all residents and HCP as a part of response testing.

PPE Questions & Answers

Q-4: Are staff required to change N95s after caring for each resident in the yellow zone? Or can they continue to wear the same N95 throughout the shift?

A: Cal/OSHA provided an update and answered questions regarding N95 use during the Wednesday Webinar on August 11, 2021. See questions #16–18 from the call notes (https://www.hsag.com/globalassets/covid-19/afc-snf-ip-call-notes_8_1112_2021_final.pdf). In summary, Cal/OSHA removed all guidelines allowing for contingency capacity (extended use) or crisis capacity (reuse) because the supply and availability of NIOSH-approved respirators has increased significantly. All respirators must be used in accordance with their NIOSH certification without exception.

- When used as PPE, N95s should generally be removed and discarded after each patient encounter.
- *However*, extended use may be implemented for HCP who are sequentially caring for a large volume of patients with suspected or confirmed SARS-CoV-2, including those cohorted in a SARS-CoV-2 unit, those placed in quarantine, and residents on units impacted during a SARS-CoV-2 outbreak, even in the absence of a supply shortage. Extended use refers to the practice of wearing the same N95 respirator for repeated encounters with several different patients, without removing the respirator between patient encounters. Cal/OSHA has clarified that if the HCP is caring for multiple residents in the yellow (or red) zone that have the same infectious disease, the HCP does not need to discard the N95 after each patient encounter if that aligns in accordance with the manufacturer's instructions on how long the respirator can be used. When practicing extended use of N95 respirators over the course of a shift in the yellow or red zone, the respirator should be discarded after being removed for a break and at the end of the shift. If removed for a meal break, for example, the respirator should be discarded and a new respirator put on after the break. The respirator should also be changed if HCP are moving from one cohort zone to another. N95 respirators should be removed and discarded if soiled, damp, or damaged.
- When an N95 is used for source control in the green zone or non-patient care areas, N95s may be used for multiple patient encounters until soiled or damaged. Since they are not being used to protect the HCP wearing the N95, and it is strictly for source control, it can be used until it is damaged (e.g., once the strap breaks it should be discarded). As source control, the N95 is being used as an enhanced face covering.
- CDC Strategies for Optimizing the Supply of Facemasks
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>.
- CDC Strategies for Optimizing the Supply of N95 Respirators
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

Q-5: Can HCP wear surgical masks rather than N95s in the green zone?

A: Surgical masks are acceptable as source control when HCP are caring for residents in the green zone (and in non-resident care areas). However, HCP should wear N95s as **both** PPE and source control in the green zone:

- During an outbreak.
- During care for residents undergoing aerosol generating procedures in a facility located in a county with substantial or high levels of community transmission per 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).

Per CDC, to simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of N95 respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. Check with your local health department to see if they have more stringent requirements.

Q-6: In the above guidance regarding N95s, what does “large volume” mean in the statement “However, extended use may be implemented for HCP who are sequentially caring for a large volume of patients with suspected or confirmed SARS-CoV-2...”

A: The definition of “large volume” is not specified in the guidance. However, it’s intended to mean more than one resident housed in the same room, or block of rooms, or a hallway, or a unit. Large volume is more defined by the layout and space of the nursing home, and movement of staff in and out of rooms caring for multiple residents in the same zone that have the same infectious disease.

Q-7: Where can I find a simple disinfection process for assigned face shields?

A: Refer to the manufacturer’s guidelines to determine the appropriate cleaning process and appropriate disinfectants that should be used for the face shield you are using. The manufacturer may offer a variety of suggestions to clean the face shields.

Q-8: What is the N95 guidance for a physical therapist (PT) entering the yellow zone to transport a resident to the PT office or gym to work with them? Do they need to don and doff a new N95 during the transport; or can they wear the same N95 for the entire patient encounter?

A: The PT will need to wear an N95 for their own respiratory protection throughout the entire PT encounter with the yellow zone resident because the resident is in the yellow zone due to an exposure or on observation. The resident will need to wear a face mask for source control during the therapy. It is reasonable for the PT to wear the same respirator as the resident moves from the yellow zone, through the hallway, and to the PT office/gym.

Isolation/Quarantine Questions & Answers

Q-9: If a unit had an exposure (resident tested positive and was moved to the red zone), does the unit remain a yellow zone for 7, 10 or 14 days post exposure?

A: The quarantine time in the yellow zone will depend on the results of response testing. Per CDPH AFL 20-53.6, response testing should occur 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 an antigen test is used until no new cases are identified in residents in sequential rounds of testing for 14 days. During response testing, if any of the rounds of testing identifies a new resident positive case, then the 14 days would restart.

Q-10: Can a COVID positive unvaccinated dialysis resident go to the green zone after recovery?

A: Yes, following recovery from illness (if symptoms were present) and discontinuation of isolation.

Q-11: Do residents on dialysis that are not up to date on their vaccinations need to stay in the yellow zone indefinitely?

A: No. Residents on dialysis who consistently leave and return to the facility do not need to perpetually be in yellow observation or yellow exposed status. Alternatively, as a best practice (not a requirement) we recommend that nursing homes consider periodic testing (e.g., once weekly) for residents receiving dialysis. Another best practice is that we recommend that facilities communicate with outpatient centers, dialysis centers, and the local health jurisdiction to ensure awareness of potential exposures in dialysis facilities so that testing and quarantine occurs for residents with prolonged close contact with someone with SARS-CoV-2.

NHSN Questions & Answers

Q-12: When do the CDPH daily and weekly 123 surveys need to be completed?

A: The CDPH daily 123 survey needs to be completed daily by 12 noon PT. The CDPH weekly survey 123 needs to be completed weekly anytime on Monday, Tuesday, or Wednesday by 11:59pm. If your facility missed the deadline and did not submit the CDPH 123 survey responses timely, SNFs need to report directly into NHSN to meet CMS reporting requirements to avoid a deficiency and CMP.

- For access or to reset a password, contact COVID-19SNFSURVEY@cdph.ca.gov.
- Include your email and facility ID from CDPH Health Care Facility ID Lookup. <https://cdphdata-hub.maps.arcgis.com/apps/Media/index.html?appid=52ccd0d4ceae4836a931e91797a59974&locale=en-us¢er=-114.8924,37.6713&level=6>.
- More information: How to Login to the COVID-19 SNF Survey Hub (ca.gov) <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-43-Attachment-02.pdf>

Other Questions & Answers

Q-13: Where can written guidance on gathering for fire drills be found?

A: National Fire Protection Association (NFPA) has a one-page guidance document on what fire drills need to accomplish for nursing homes (<https://www.nfpa.org/Public-Education/Staying-safe/Safety-in-living-and-entertainment-spaces/Nursing-homes>).

Q-14: Do healthcare settings need to continue to screen individuals, including HCP, 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, including fever 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. It is essential to monitor the results of this monitoring system at least daily.

Be mindful of other contagious diseases and pathogens, such as influenza and other viral respiratory infections, streptococcal pharyngitis, measles, tuberculosis, etc. Please note that influenza activity in California has been increasing in recent weeks. More information can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.