



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
May 25, 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>

UPDATED Wednesday Webinar Frequently Asked Questions Document is Posted

https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

To view the updated FAQ (dated 5/13/2022), you may need to clear your cache to force your browser to download a "fresh" version of the website (click the refresh button or press Ctrl + F5 simultaneously)

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 Opportunity: “Building Resilience While Advancing Your Caregiving Skills”

- Virtual ECHO educational series offered in collaboration by UC Irvine & Front Porch
- Starts June 8 for four weeks, every Wednesday, 3–4 p.m.
- **Target Audience:** CNAs, LVNs, RNs, and other staff and direct caregivers at nursing homes, assisted living facilities, and other settings that serve older adults.
- **Free BRN CEU Credits**
- **Dates & Topics:**
 - June 8: Self-Care and Resilience
 - June 15: Communication: What Matters Most
 - June 22: Fall Prevention and Mobility
 - June 29: Dementia, Delirium, Depression
- **Register at:**
<https://docs.google.com/forms/d/e/1FAIpQLSfTogjyiqWonFjCODuG65J8vdXLH8TG11tTrWh4PLPVoH7HWw/viewform>

Clinical Guidance

- [Second COVID-19 Booster Dose FAQs for Long-Term Care Facilities](#) NEW
- [Clinical Considerations for Second COVID-19 Vaccine Booster Dose](#) NEW (CDC)

Resources to Promote COVID-19 Boosters

- [If You Work in a Health Care Setting, Boost Your Health with a COVID-19 Booster Dose!](#) Poster UPDATED
- [Everyone Could Use a Boost](#) Poster UPDATED
- [Everyone in Long-Term Care Needs Protection Against COVID-19 and Influenza](#) Poster [Spanish](#) | [Tagalog](#)
- [Give Your Immunity a Boost](#) HCP Infographic NEW
- [Resources about COVID-19 Boosters](#) (HHS)
- [Long-Term Care Facility COVID-19 Vaccine Toolkit](#) UPDATED
- [Thinking About Getting a Second COVID-19 Vaccine Booster Dose](#) FAQs NEW (CDC)

Q-1: Who is eligible to receive the second COVID-19 booster dose?

A: CDC recently strengthened the recommendation for second COVID-19 booster doses. Visit CDPH's Vaccine Guidance and Resource website for long-term care facilities to get the most up to date vaccine resources. <https://eziz.org/resources-for-longterm-care-facilities/>

- CDC now recommends that people 50+ years and people 12+ years who are immunocompromised **should** receive a second booster dose using an mRNA COVID-19 vaccine at least 4 months after the first booster dose.
- People 18-49 who got two doses of J&J vaccine **may** choose to receive a second COVID-19 booster dose.

There is no current guidance for a second booster for healthcare workers or long term care facility (LTCF) residents who don't meet the age or clinical criteria.

Q-2: What are the benefits of a second booster?

A: Protection from the first booster may decrease over time. A second booster dose will safely help restore and enhance protection against COVID-19 severe disease, hospitalization, and death. LTCF residents and staff who are 50+ years or immunocompromised are at high risk of getting very sick from COVID-19 and may especially benefit from a second booster. The initial series of doses and first booster provide strong protection against COVID19 and should be offered to those who have not yet received these doses.

Q-3: What should long-term care facilities do about a second COVID booster dose?

A: Many California LTCF residents received their first booster at the end of 2021 and are now eligible for a second booster. LTCFs should offer second boosters to eligible residents and staff now. CDC strengthened its recommendations on 5/19/22. LTCFs should inform eligible residents and staff about the new recommendations and how to access a second booster ([MyTurn](#), [Vaccines.gov](#)). For additional details on COVID vaccine access, refer to the [Long-Term Care Facility COVID-19 Vaccine Toolkit](#).

Q-4: Do HCP need to have their second booster to be considered up to date with their vaccines?

A: No, not at this time. The first booster is necessary to be considered up to date, but not the second booster. There is no current requirement for a second COVID-19 booster for HCP.

Q-5: When can people get the primary series or the booster if they recently recovered from COVID-19?

A: People with known current SARS-CoV-2 infection should defer vaccination at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>). People who recently had SARS-CoV-2 infection may consider delaying their first or second COVID-19 vaccine booster dose by three months from symptom onset or positive test (if infection was asymptomatic). For more information, refer to CDC Interim Clinical Considerations for COVID-19 Vaccines.

Testing Questions & Answers

Q-6: How often should testing for residents and HCP 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 an antigen test is used until no new cases are identified in residents in sequential rounds of testing for 14 days.

Q-7: What's the proper way to dispose used rapid antigen tests?

A: Used antigen tests can be disposed in the regular trash if the tests come back negative. However, if the test is positive, it should be disposed in biohazard trash.

Q-8: Given the high transmission levels, should we begin routine diagnostic screening testing for HCP that are up to date with COVID vaccines?

A: At this time, there have not been changes to CDPH's routine diagnostic screening guidance, however, LAC DPH and perhaps other counties, are taking a more stringent approach at this time and requiring that all HCP be tested twice a week, regardless of vaccination status. CDPH's testing guidance can be found in section D of the FAQ document https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf. Nursing homes can choose to test all HCP weekly to be more cautious, however, it is not a state requirement. AFL 20-53.6 contains a strong recommendation to test fully vaccinated HCP, but this is not a requirement.

Q-9: Can employees with approved exemptions be tested twice weekly with an antigen test?

A: Either PCR or antigen tests can be used for the twice weekly routine diagnostic screening testing of HCP not up to date with their vaccinations that have exemptions.

PPE Questions & Answers

Q-10: 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-11: When is it necessary for HCP to use gowns in the yellow zone?

A: For patient care activities in the yellow zone, HCP generally need to wear eyewear (face shield or goggles), N95, gloves and gown. If HCP have only brief interaction with the resident, with minimal contact, HCP may not need to wear a gown. Limit gowns for activities where staff have direct contact with the resident. Washable gowns can be used. When gowns are used, extended use and reuse are not acceptable!

Activity in the Yellow Zone	Are gowns required?
Direct Resident Care	Yes
Medication Pass	No
Dropping off or picking up meal trays	No
Dropping off or picking up water pitcher	No
Having a conversation with resident from doorway	No

Q-12: When walking residents in the yellow zone to therapy sessions, how are eye protection and N95s to be used when transferring from their room, through the hallways, and to the therapy room?

A: When transferring yellow zone residents to therapy, the therapist needs to wear an N95 and eye protection for their own respiratory protection throughout the entire encounter 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 therapist to wear the same respirator and eye protection as the resident moves from the yellow zone, through the hallway, and to the therapy office/gym.

Q-13: Are volunteers considered “workers” or visitors?

A: Volunteers could be exposed to infectious agents that can be transmitted in the healthcare setting, therefore are considered “workers” and are subject to the vaccine requirement, and masking and PPE policies. As referenced in the July 26, 2021, State Public Health Officer Order, HCWs are defined as: “all paid and unpaid persons serving in healthcare or other healthcare or congregate settings who have the potential for direct or indirect exposure to patients/clients/residents or SARS-CoV-2 airborne aerosols.

Isolation/Quarantine Questions & Answers

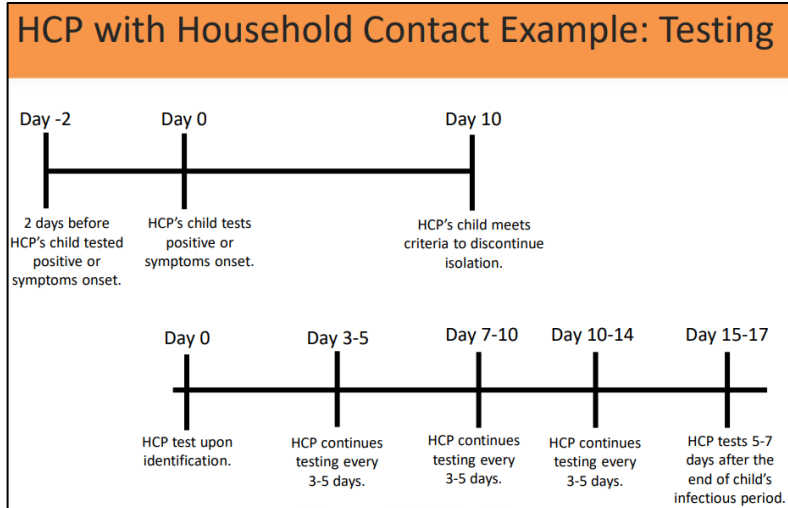
Q-14: How do we determine the exposure period for testing and quarantine for HCP with a household contact (e.g., exposed to positive child)?

A: If the HCP cannot isolate from their infected household member, the HCP would be considered exposed throughout the infected household member's infectious period. The HCP should test as follows, regardless of vaccination status (see diagram below):

- Test upon identification of the exposure, which starts 2 days prior to the infected person's symptoms onset or positive test, if asymptomatic.
- Continue testing every 3–5 days through 7 days after the end of the infected household member's infectious period (generally at least 5 days if testing negative on day 5 or later, or 10 days if no negative test, and improving symptoms if symptomatic).

Unvaccinated and booster-eligible HCP that are not boosted should quarantine in addition to testing. HCP that are up to date with their vaccinations do not need to quarantine, but still need to test.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>



Q-15: What test does an HCP need to use to return to work after a family member tested positive?

A: Either a PCR or antigen test is acceptable. If using an antigen test, the test needs to be observed by the facility to verify the identity of the HCP being tested, the date of the test, and that the test is negative. This proctoring does not need to happen physically in person with the HCP. There are options for telehealth or other ways to allow for observation of the HCP testing themselves.

Q-16: When can a COVID positive HCP that is boosted return to work?

A: Per AFL 21-08, under routine staffing (not critical staffing shortage), an HCP that tested positive that is up to date with their vaccinations, and asymptomatic or mildly symptomatic with improving symptoms, can return to work on day 5 with a negative diagnostic test administered the same day or within 24 hours prior to return; or they can return to work after 10 days without a viral test. Either an antigen or PCR test can be used. Antigen testing is preferred for discontinuation of isolation and return-to-work for SARS-CoV-2 infected HCP. HCP who are unvaccinated or not up to date with their vaccinations cannot return to work until day 7 with a negative diagnostic test administered the same day or within 24 hours prior to return.

Q-17: Do COVID-19 positive residents, still need to isolate for 10 days? Or can it be shortened if the resident is asymptomatic and has a negative rapid antigen test result?

A: No. At this time, the 10-day isolation period will not shorten for residents. 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-18: Do all new admissions need to quarantine in the yellow zone on admission?

A: No. New admissions that are fully vaccinated and boosted (if eligible), can be admitted to the green zone, as long as they are asymptomatic, and test negative on admission. All new admissions, regardless of vaccination status, should be tested on admission, and again 5–7 days after admission. New admissions that are not up to date with all recommended COVID-19 vaccine doses (including booster, if eligible) should quarantine for at least 7 days from the date of admission until results are known for testing obtained 5–7 days after admission; ensure the resident remains asymptomatic before ending quarantine.

Visitor Questions & Answers

Q-19: Can a bedbound resident, regardless of vaccination status of resident or visitor, have an in-room visitation with curtains closed if the resident's roommate is also bedbound or refused to leave the room for roommate's visitation?

A: It is not ideal for the roommate to be present during a visit, but it is permissible if there are no other options, such as an outdoor visit. Ideally, the visitor, resident and roommate are boosted. Per AFL 22-07, if the visitor is not fully vaccinated, documentation of a negative test is needed prior to entry. Visitors are not required (but encouraged) to be boosted if booster eligible. Also, always ensure physical distancing, hand hygiene, and appropriate source control for residents and visitors. If in the red or yellow zone, visitors must wear the recommended PPE. See table on page 17 of the [FAQ document](#) for specific PPE recommendations for visitors by zone.

Other Questions & Answers

Q-20: Do we need to keep version history of our mitigation plans?

A: A separate, standalone mitigation plan is no longer necessary. Components of the mitigation plan should be incorporated into the facility's infection control and emergency preparedness plan, which can be updated and adjusted as needed. Saving copies of prior versions of plans, policies, and procedures is considered a best practice, but it is not written as an actual CDPH requirement. If by chance your facility needs to respond to a lawsuit or investigation, it would be wise for your facility to have the ability to produce past versions so you can identify what the policy was at the time of the reported incident or issue you are responding to.

Q-21: Are other respiratory illnesses circulating?

A: There is a rise in respiratory infections among staff and residents that have symptoms that mirror COVID-19. Be sure to test symptomatic individuals for other respiratory viral pathogens, such as influenza and RSV. If the COVID-19 or influenza antigen test is negative, we recommend repeating the antigen test and/or considering a confirmatory molecular test depending on the timing and likelihood of alternate diagnosis. Consult with LHD for a more comprehensive respiratory panel, especially if there is a cluster of residents or staff affected in your facility.

Q-22: On May 25, 2022, the Los Angeles County Department of Public Health (LAC DPH) distributed updated guidance that is more stringent than CDPH's testing guidance. How are we supposed to pay for the weekly tests for uninsured HCP?

A: LAC DPH's guidance now requires the following measures due to high county transmission rates: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>

- Universal masking of all staff and residents. Require N95 respirators for all staff while in the facility with no exceptions.
- Twice weekly screening testing of all staff and weekly testing of residents, regardless of vaccination status.
- Implementation of a pause on communal dining and group activities.

Regarding reimbursement for COVID testing for HCP that are uninsured, LAC DPH can't make the testing free, however, they sent out emails with sources for getting insured when the free testing funding was taken away in April 2022. Uninsured people in California can apply for state coverage for testing at the DHCS COVID-10 Uninsured Group Program website

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/COVID-19-Presumptive-Eligibility-Program.aspx>. Additionally, LAC DPH provides antigen test kits to nursing homes, which can be used to fulfill the twice weekly screening testing requirements for all staff and weekly testing of residents. Confirmatory PCR tests are only needed in certain situations per the [antigen testing guidance](#). A list of

labs can be found in the quick links at the top of the SNF guidance webpage, and there may be some labs willing to test uninsured HCP and residents at no cost. If a nursing home needs assistance, please contact LACSNF@ph.lacounty.gov.

Q-23: Are nursing homes allowed to require testing of all visitors prior to entry as a precautionary measure, regardless of vaccination status?

A: It is reasonable to implement a policy to test all visitors prior to entry regardless of vaccination status, however, a nursing home cannot refuse entry to a fully vaccinated visitor that refuses to be tested. Denying entrance would not align with CMS QSO-20-39 that expands visitation opportunities for SNF residents.

Q-24: 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 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.