



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 15, 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)
 - Register at: <https://bit.ly/NHSNofficehours2022>
 - June 7, 14, 21, 28
- 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/>

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

LeadingAge California Java Project

WHAT IS JAVA?

- Apply at <https://www.leadingageca.org/java-grant>
- 100 California nursing homes are invited to participate in a 3-year project funded by CDPH.
- Nursing home activity staff will gain access to Java Group Programs—the first standardized peer support interventions designed to address depression and loneliness in older adults.
- Learn more at the following informational webinars:
 - Monday, June 27, 2022, 3–4 p.m.
https://us06web.zoom.us/webinar/register/WN_GNdTof47QimpYpMRNbhKZQ
 - Friday, July 1, 2022, 1–2 p.m.
https://us06web.zoom.us/webinar/register/WN_Pn9BvEn6SHi1aSpS1oREGA
 - Questions? Contact: Amanda Davidson, adavidson@leadingageca.org, or Lindsay Fowks, lfowks@leadingageca.org
- Program Flyer
- FAQ

JUNE 30TH DEADLINE Medical Director Certification Questions & Answers

Overview of June 30th Medical Director Certification Deadline: A SNF medical director must, within 5 years of initial hire, be certified by the American Board of Post-Acute and Long-Term Care Medicine (ABPLM; <https://www.abplm.org/home>), or an equivalent organization, as a Certified Medical Director. A medical director already employed by SNF as of January 1, 2022, shall have until January 1, 2027, to become a Certified Medical Director. More information about this requirement can be found in:

- AB 749 https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB749
- CDPH AFL 21-46 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-46.aspx>

Application Packet Reporting Requirement:

Per **AFL 21-46**, SNFs have until **June 30, 2022** to report the name and certification status of their medical director by submitting the following information to CDPH:

- CDPH HS 215A form or its successor form
<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/hs215a.pdf>
 - Medical Director Resume
 - Whether its medical director is certified as a Certified Medical Director according to the requirements established by the American Board of Post-Acute and Long-Term Care Medicine or an equivalent organization as determined by CDPH
 - If the medical director is not yet certified, the expected date of certification
- SNFs must also submit the information above on their initial licensing applications and must notify CDPH within 10 days of changes in its medical director by submitting the same information.

Q-1: Where do SNFs need to submit their completed application packets?

A: SNFs can submit their completed application packets to the Centralized Applications Branch address below. Please do not wait until the last minute to submit your packet. The earlier you send it in, the more time CDPH will have to verify the information before the deadline.

- California Department of Public Health
Licensing and Certification Program
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

Q-2: Can the California Association of Long Term Care Medicine (CALTCM) assist our nursing home with conversations with our medical director regarding the new certification requirement?

A: Yes. CALTCM is available to assist with medical director conversations, and can provide informational sessions for corporations as well. Contact Albert Lam, MD, (alberthlam@gmail.com), CALTCM President to seek assistance. <https://www.caltcm.org/governance>

Q-3: Nursing homes are not familiar with the acronyms on the medical director certification application. Can you provide a “cheat sheet” to define the acronyms?

A: Great suggestion. CALTCM added a list of acronyms to The American Board of Post-Acute and Long-Term Medicine “Certified Medical Director Initial Certification Eligibility Pathways” document which can be downloaded at:

<https://www.caltcm.org/assets/documents/ABPLM/ABPLM%20CMD.pdf>

Q-4: Is the second booster considered in the definition of “boosted” in AFLs 22-13, 21-08.8, etc.?

A: Per CDPH, the second booster is not required per the AFLs or State Public Health Officer Orders, and the terminology “up to date” is not used in California state guidance at this time. However, from an infection control standpoint, since the CDC’s recommendation for a second booster applies to the vast majority of SNF residents, it would be reasonable for facilities to consider the resident who has received their second booster to be more protected and consider the second booster in determining whether residents are boosted for the purpose of quarantine decisions, for example, for new and readmitted residents. Per the CDC, up to date is defined as people ages 5 years and older are up to date with their COVID-19 vaccines when they have received all doses in the primary series and all booster doses recommended for them, when eligible.

- CDC: Stay Up to Date with Your COVID-19 Vaccines:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Ffully-vaccinated.html
- CDC COVID-19 Booster Tool: Find Out When You Can Get Your Booster:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html#when-you-can-get-booster>

Q-5: Should SNFs continue to offer the flu vaccine?

A: In line with CDC & CDPH guidance, flu vaccination should continue to be offered as long as influenza viruses are circulating, and unexpired vaccine is available. Recently, flu activity has been increasing. Given this, **SNF’s should continue to offer flu vaccines** at this time. In May, a CAHAN was sent out that indicated: “If influenza vaccine is still available, continue to recommend:

- Influenza vaccination, particularly to patients at high risk of severe influenza.
- Coadministration of influenza and COVID-19 vaccine when patients present for either vaccine separately.

Interim vaccine effectiveness results from CDC’s U.S. Flu Vaccine Effectiveness Network indicate that vaccination did not reduce the risk of mild to moderate illness from these H3N2 viruses. However, it is reasonable to continue to vaccinate as long as influenza viruses are circulating and even when protection against one virus is reduced. Influenza vaccines protect against four different influenza viruses and vaccination may prevent serious outcomes in people who are vaccinated but still get sick. While the results of influenza vaccine effectiveness studies against severe outcomes are still to come, vaccination has been shown in several past studies to reduce severity of influenza in people who get vaccinated but still get sick. Persons who receive a late-season influenza vaccine will still be eligible for a 2022-23 seasonal influenza vaccine at the usual time.

- For more information, visit CDPH’s “Influenza and Other Respiratory Diseases” website (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>). Scroll down to “Surveillance Reports” to find the most recent California Influenza and Other Respiratory Disease Surveillance reports.

Q-6: If an HCP tests positive, how many days from the last day worked does our facility need to look back for contact tracing and initiating quarantine for exposed residents?

A: The potential infectious period of the HCP that could have exposed residents and other HCP in the facility would start 48 hours before the onset of symptoms or before the positive test was taken if asymptomatic.

Q-7: If a staff person tested positive at home with an at-home test, does that mean our nursing home has an outbreak?

A: No, not necessarily. In this scenario, the facility would need to consider whether or not the HCP worked during their potential infectious period, or during the time where they could have exposed someone in the facility. If the HCP did work in the days when infectious, then it would trigger an outbreak investigation and response testing of other HCP and residents who may have potentially been exposed. Refer to AFL 20-75.1 for thresholds for outbreak investigation and outbreak reporting. (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-75.aspx>).

Q-8: In response testing, if there are 2 antigen test results (1 positive and 1 negative) taken the same day for the same asymptomatic HCP, should we consider that a positive?

A: Treat the positive antigen test as a true positive. A false positive for an asymptomatic person is usually very rare because the tests are specific. A confirmatory PCR test does not need to be taken.

Q-9: If the patient is tested in the hospital for placement within 48 hours of SNF transfer, can this test count as the first viral test upon admission?

A: No, this wouldn't be prudent because the incubation period of the virus can be so short (i.e., 2-3 days) and positive cases could be missed. If the test was taken at the hospital immediately prior (e.g., a few hours before) transfer to the nursing home, that could be counted.

Q-10: At what point will nursing homes be able to use a test-based strategy to discontinue isolation for COVID positive residents like we currently do for HCP?

A: The CDC guidance continues to be at least 10 days of isolation for nursing home residents that test positive. In unique situations in which there are many positive cases and limited beds available in the red zone, it might be reasonable to shorten duration of isolation using a test-based strategy at 7 days (similar to the strategy for HCP). A test-based strategy is also recommended for individuals who are immunocompromised and may require prolonged isolation periods ≥ 20 days.

Isolation/Quarantine Questions & Answers

Q-11: Can fully vaccinated residents that recovered from COVID-19 in the past 90 days, be admitted to the green zone?

A: Yes. Per AFL 22-13:

- Quarantine is not required for newly admitted and readmitted residents who are boosted, or have completed their primary series but are not yet booster eligible, or have **recovered from SARS-CoV-2 infection in the prior 90 days and have not had high-risk contact** (within close proximity, e.g., within 6 feet, for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection within the prior 10 days.
- Testing and quarantine are not required for hospitalized residents who tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to SNF admission or readmission and are within 90 days of their infection.

Q-12: 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-13: Do the doors to resident rooms in the yellow zone need to remain closed?

A: Yes. CDC’s guidance for all healthcare settings is that doors must remain closed, except when entering or leaving the room, when transmission-based precautions are required. This guidance can be modified to facilitate safe resident care. For example, if a resident is a high fall risk due to physical or mental challenges, the following methods can be used to safely provide care with the door open for observation:

- The resident should be at least six feet away from the open door.
- Fans or other ventilation devices should not blow air out of the resident’s room.
- HCWs should wear full PPE when caring for the resident under observation.
- If able, the resident can wear a mask in the room.
- Consider the use of video cameras for monitoring; this would require that there is someone monitoring the video input at all times.

CDC Considerations for Memory Care Units in Long-Term Care Facilities

<https://public4.pagefreezer.com/browse/CDC%20Covid%20Pages/11-05-2022T12:30/https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

CDC Airborne Precautions Sign

<https://www.cdc.gov/infectioncontrol/pdf/airborne-precautions-sign-P.pdf>

Q-14: Rather than closing the door to the yellow zone, is it possible to seal the room entrance with zipped clear plastic in order to see through for high-risk patients?

A: The guidance regarding closing the door for yellow zone residents can be modified to facilitate safe resident care, such as residents with high fall risk. It is possible to use “doors” that have windows or are transparent with greater visibility so that HCP can monitor/observe the resident for safety purposes. Consider checking with the California Department of Health Care Access and Information (HCAI) and building requirements to see if that would be allowable in the doorway. It could be difficult to pass through a shower curtain or plastic enclosure in an emergency. You also need to ensure that the PPE donning/doffing process is not obstructed by the curtain or zipped plastic, and that the sheet or plastic does not get contaminated.

Q-15: What signage needs to go on the door?

A: It is preferable that the signage on the door illustrates exactly what PPE needs to be worn and what measures HCP need to take when entering and exiting the room. Use of the terms “airborne and contact precautions” by themselves, does not communicate effectively what exactly the HCP needs to do or wear.

Visitor Questions & Answers

Q-16: 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.

Q-17: Do gowns need to be worn when taking vital signs in the yellow zone?

A: Per AFL 20-74, as a gown conservation strategy in the yellow zone, it would be reasonable in low contact activities with minimal interaction with the resident to forego the gown in the yellow zone. You could reason that taking vital signs are low contact, however, be cautious knowing that many times HCP who enter the room to do just one thing, end up doing an unanticipated activity or are put in a situation where they would have more contact with the resident and would need to don a gown.

Q-18: Can psychiatrists continue doing telehealth visits or do their visits have to be in person?

A: Psychiatrists do not have regulated visits within the nursing home environment; therefore, they can continue to do telehealth visits. On the other hand, per the April 7, 2022 CMS QSO-22-15-NH & NLTC & LSC Emergency Declaration Blanket Waivers for Specific Providers (<https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf>), there was a waiver for virtual physician visits, but that waiver ended May 7, 2022. There is discussion occurring to possibly extend this waiver.

- Physician Visits – 42 CFR §483.30(c)(3) – Required physician visits must be made by physician personally.
- Physician Visits in SNFs/NFs – 42 CFR §483.30 – Required in-person physician and nonphysician visits for NH residents may no longer be done via telehealth.