



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
June 22, 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](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	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>
2020 CDPH All Facilities Letters (AFLs)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx</a>
2021 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx</a>
2022 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx</a>
CDC COVID-19 Data Tracker	<a href="https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk&amp;null=Risk">https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk&amp;null=Risk</a>
CDPH Wednesday Webinar FAQs	<a href="https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf">https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf</a>
CDPH Vaccine Guidance and Resources	<a href="https://eziz.org/resources-for-longterm-care-facilities/">https://eziz.org/resources-for-longterm-care-facilities/</a>
CDPH Long-Term Care COVID-19 Vaccine Toolkit	<a href="https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf">https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf</a>

**Vaccine Questions & Answers**

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 “At-A-Glance: COVID-19 Vaccination Schedules” <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vacc-schedule-at-a-glance-508.pdf>
- 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](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-1: Is the second booster required for nursing home HCP and residents?**

**A:** No. The second booster is not required for any individual at this time, and 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: 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, individuals are considered 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.

Testing Questions & Answers

**Q-3: What can antigen tests be used for?**

**A:** Antigen tests can be used for:

- Testing visitors, but the test must be supervised by the facility to verify the identity of the individual being tested, the interpretation of the results, and the date of the test.
- Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests; immediately upon admission and, if negative, again 5-7 days after their admission (AFL 22-13).
- Releasing a resident or HCP from quarantine.
- Twice weekly routine diagnostic screening testing for HCP with exemptions who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted.
- Response testing of exposed residents and HCP, if performed at least twice weekly.
- COVID positive HCP returning to work early due to critical staffing crisis. 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-4: Regarding the use of antigen tests referenced above, does this include over-the-counter (OTC) tests?**

**A:** Yes, OTC tests can be used for testing visitors, residents, and HCP. For example, a visitor can test themselves with an OTC test at the facility, as long as the test is supervised by the facility to verify the identity of the individual being tested, interpretation of results, and the date of the test. Supervised antigen testing may be conducted in 2 ways:

- **“Self-swab” or “self-collect”** using either a CLIA-waived or OTC test (person collects own specimen using swab, facility staff add reagent, inserts swab in card, reads results).
- **“Self-test”** using an OTC test (person collects own specimen using swab, adds reagent to **their own** test card, inserts swab in card, reads results).

Positive test results of visitors, residents and HCP who “self-swab” or “self-collect,” but facility staff perform the actual test, do need to be reported by the facility to NHSN and CalREDIE. Test results of visitors who “self-test” do not need to be reported by the facility. If visitors test positive, they should report their own results to their PCPs. However, if HCP or residents test positive, the positive result

does need to be reported to NHSN and CalREDIE (also include in SNF 123 survey). (<https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html>).

**Q-5: When are confirmatory tests needed following negative antigen tests?**

**A:** Below is guidance regarding confirmatory PCR tests needed following negative antigen tests:

- Confirmatory PCR tests following a negative antigen test result are not required for routine diagnostic screening testing of asymptomatic individuals.
- Confirmatory PCR testing is required for symptomatic individuals following a negative antigen test result.
- Confirmatory PCR testing following a positive antigen test result is not necessary for symptomatic or exposed individuals.
- Confirmatory PCR testing following a positive antigen test result for asymptomatic individuals without a known exposure is not generally necessary but may be considered if there is strong information to suggest that it could be a false positive (i.e., individual was asymptomatic and not exposed; community has low transmission rate). Contact your local health department for guidance in these situations.

**Q-6: Can an antigen test be used for confirmatory testing if we received an inconclusive PCR test result from an asymptomatic HCW or resident?**

**A:** In general, PCR tests are used for confirmatory testing; not antigen tests. In this scenario, the recommendation would be to repeat the PCR test since the first test was inconclusive. Simultaneously, you could also test the individual with an antigen test. If the result of the antigen test is positive, then isolate and consider the individual to be COVID positive. If the antigen test result is negative, wait for the results of the PCR test to come back. In the meantime, quarantine the individual (Yellow-PUI) until the PCR test result can be confirmed. You may want to consider contacting the lab to determine if there have been any technical problems that could have caused a false negative PCR which is unusual.

**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 positives. 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-8: Can our facility use antigen tests if our CLIA waiver is being renewed and is processing?**

**A:** Please contact Lab Field Services at [lfscovid@cdph.ca.gov](mailto:lfscovid@cdph.ca.gov) for support since your waiver is still pending.

**Q-9: What if HCP or residents continue to test positive with an antigen test after 10 days of isolation?**

**A:** Test-based strategies are not required routinely for discontinuing the 10-day isolation period in most individuals. It is possible for individuals to shed fragments of the virus and persistently test positive following an infection. This is the case especially with PCR tests, but antigen tests may also detect fragments of the virus. Even if this is the case, isolation can be discontinued 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 individual remained asymptomatic, they also must isolate for 10 days from the date of the first positive test. If the individual had a severe or critical illness (e.g., intubation, ICU stay), or is moderately to severely immunocompromised, the isolation period may be extended to  $\geq 20$  days per CDC guidance. Consider consulting with an infectious disease physician or the resident's physician who is managing immunosuppressive treatment to see if a test-based strategy should be followed when an isolation period of  $\geq 20$  days is indicated. For

additional information on moderately to severely immunocompromised individuals, consult the following CDC sites:

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

## Isolation/Quarantine Questions & Answers

**Q-10: If a COVID positive resident is experiencing an occasional or intermittent cough as their ONLY symptom, should they continue to be isolated past day 10 until their cough is completely resolved?**

**A:** Isolation can end at day 10 if symptoms have improved as long as they are not moderately to severely immunocompromised as described above; they do not need to be completely resolved.

**Q-11: Does a resident who had close contact with a positive visitor need to quarantine?**

**A:** If exposure occurred within the facility and a contact tracing approach is used, quarantine would depend on the resident's vaccination status, i.e., if unvaccinated or booster eligible but not boosted. Per AFL 22-13:

- “Residents who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted and have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine ("yellow-exposed" status) for at least 7 days after their exposure, even if viral testing is negative.”
- “Residents who are boosted, or have completed their primary series but are not yet booster eligible, and are close contacts should wear source control but do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with COVID-19.”

**Q-12: If a resident tests positive during response testing, and symptoms begin 2 days later, is day 1 of isolation the start of symptoms or the day of the positive test result?**

**A:** For persons who develop symptoms, isolation begins on the day symptoms first appeared.

**Q-13: For contact tracing, how long is the exposure period for other residents and HCP who may have been exposed to the individual that tested positive?**

**A:** The infectious period for an individual is considered to start two days before their symptoms start or two days before the date of their positive test if asymptomatic. If HCP or residents were exposed at all to the COVID positive individual within those two days or during the period when they tested positive, then you would consider them to have potential exposure risk for contact tracing and response testing purposes.

**Q-14: If a new admission received the first dose of the primary series, but did not receive the second dose because they are not eligible yet, do they need to quarantine upon admission?**

**A:** Yes, they need to quarantine in the yellow zone because they need to have received the first two doses of their primary series (if applicable) and wait another two weeks after the administration of the second dose to be considered fully vaccinated.

**Q-15: Does CDPH plan to extend the waiver that allows facilities the ability to hire registry out of state nurses to fill staffing shortages?**

**A:** Yes, the waiver was extended. See June 17, 2022 press release: “Governor Newsom Continues to Roll Back COVID-19 Executive Orders” <https://www.gov.ca.gov/2022/06/17/governor-newsom-continues-to-roll-back-covid-19-executive-orders/>.

- **Protecting Hospital Capacity and Vulnerable Populations** – Provisions to protect both capacity in our health care delivery system and vulnerable populations, particularly during COVID surges. This includes provisions allowing health care workers from out of state to provide services in California and enabling the Department of Developmental Services to provide remote and expanded nonresidential services for more clients.

**Q-16: How often do vital signs need to be collected and documented for nursing home residents?**

**A:** CDC infection control guidance for nursing homes recommends that vital signs for residents in the green zone should be monitored daily. Vital signs for residents in the yellow zone should be monitored every shift. Vital signs for residents in the red zone should be monitored every 4 hours.

- Ask residents to report if they feel feverish or have symptoms consistent with COVID-19 or an acute respiratory infection.
- Actively monitor all residents upon admission and at least daily for fever (temperature  $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19. Include an assessment of oxygen saturation via pulse oximetry for anyone who tests positive for SARS-CoV-2.

Refer to CDPH AFL 20-25.2

(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf>).