



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
June 29, 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 for July 5, 12, 19, 26: <https://bit.ly/NHSNJuly2022OfficeHours>
- Wednesday 3:00pm SNF Infection Prevention Webinars—Scheduled the 2<sup>nd</sup> & 4<sup>th</sup> Wednesdays of each month:
  - 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/CHCO/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL20.aspx</a>
2021 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL21.aspx</a>
2022 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL22.aspx">https://www.cdph.ca.gov/Programs/CHCO/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>

**Educational Opportunities**

Quality Care Health Foundation  
**Infection Prevention  
Conference 2022**

August 9-10, 2022 | Newport Beach, CA

Infection Prevention Conference 2022  
August 9-10, Newport Beach  
Register at: <https://www.cahf.org/Education-Events/IPC22>

**2022  
QUALITY MATTERS**

*HSAG and Stanford School of Medicine are teaming up to help you improve quality!*

Hear from CAHF, QCHF, Health Services Advisory Group (HSAG) and Stanford School of Medicine facilitators at the 2022 September Quality Matters Series. Quality Matters will consist of three action-oriented weekly webinars on September 1, 8, 15, followed by an in-person workshop in Pasadena on September 29, 2022.

2022 Quality Matters  
September 1, 8, 15, 29, Pasadena  
Register at: <https://www.cahf.org/Education-Events/Event-Info/sessionaltcd/QUALITY22>

**Q-1: Can new admissions admit to the green zone if they were in isolation for 10 days at the hospital, but they are still testing positive?**

**A:** Test-based strategies are not required routinely for discontinuing the 10-day isolation period in most individuals because individuals may shed fragments of the virus and persistently test positive. This is the case especially with PCR tests, but antigen tests may also detect fragments of the virus.

- For individuals with mild-moderate illness who are not moderately to severely immunocompromised, isolation can be discontinued 10 days from the onset of symptoms with at least 24 hours passed since the last fever and symptoms improved (e.g., cough, shortness of breath).
- If the individual remained asymptomatic, they 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. Consider consulting with an infectious disease physician or the resident’s physician to see if a test-based strategy should be followed when an isolation period of  $\geq 20$  days is indicated.

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

**Q-2: For facilities experiencing critical staffing shortages, what is the minimum amount of time HCP have to isolate and quarantine?**

**A:** Please see isolation, quarantine and work restriction guidance for HCP in CDPH AFL 21-08.8

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

Isolation, Quarantine and Work Restriction for HCP		
Hospitals should and SNFs must use the table, below, to guide work restrictions for HCP with SARS-CoV-2 infection and for asymptomatic HCP with exposures based upon HCP vaccination status and facility staffing level.		
Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)		
Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	5 days* with negative diagnostic test <sup>1</sup> same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test <sup>1</sup> result to prioritize staff placement <sup>‡</sup>
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test <sup>1</sup> same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test <sup>1</sup> result to prioritize staff placement <sup>‡</sup>
Work Restrictions for Asymptomatic HCP with Exposures (Quarantine)		
Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test <sup>1</sup> upon identification and at 5-7 days	No work restriction with diagnostic test <sup>1</sup> upon identification and at 5-7 days
Unvaccinated <sup>§</sup> , OR Those that are vaccinated and booster-eligible but have not yet received their booster dose <sup>§</sup>	7 days with diagnostic test <sup>1</sup> upon identification and negative diagnostic test <sup>1</sup> within 48 hours prior to return	No work restriction with diagnostic test <sup>1</sup> upon identification and at 5-7 days

**Q-3: 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-4: Which AFL is correct regarding admitting unvaccinated new admissions to the the yellow zone (AFL 20-53.6, December 27, 2021; AFL 20-87.1, November 15, 2021; or AFL 22-13, June 9, 2022)?**

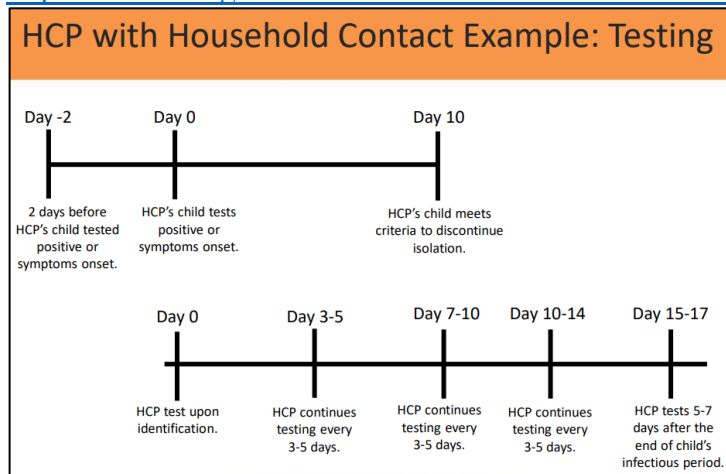
**A:** The most updated guidance for new admissions can be found in CDPH AFL 22-13 distributed June 9, 2022 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspxf>). The guidance can be found under the section “Testing and Quarantine for Newly Admitted and Readmitted Residents.”

**Q-5: An HCP's child tested positive and the HCP is unable to quarantine away from the child who is immunocompromised. The HCP is fully vaccinated and boosted. When can the HCP return to work? What if the HCP is symptomatic, but still testing negative for COVID-19?**

**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. Since the child is immunocompromised, the isolation period may be extended to  $\geq 20$  days per CDC guidance, which means the HCP would be considered exposed for the 20 days of the child's isolation period. Since the HCP is fully vaccinated and boosted (first booster, if eligible), the HCP does not need to quarantine and can continue to work per AFL 21-08.8 (see table: Work Restrictions for Asymptomatic HCP with Exposures). However, the HCP should test as follows:

- 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). In this scenario, the infectious period may be longer since the child is immunocompromised.

If the HCP is symptomatic, but testing negative for COVID-19, the HCP should not return to work until further investigation is completed. 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. More guidance, including the image below “HCP with Household Contact Example: Testing” can be found in the May 25, 2022, Wednesday Webinar presentation (see slides 15 & 16) <https://www.hsag.com/contentassets/14958c23d50f4a43acd8defe6355bb66/cdph-may25-508.pdf>



## Cohorting Questions & Answers

**Q-6: Can our nursing home cohort all unvaccinated residents together in the green zone?**

**A:** No, we do not recommend cohorting residents based on vaccination status. Residents who are unvaccinated or have not received their boosters (if eligible) are more likely to become infected and more likely to transmit to others, so it would be riskier to cohort them all together.

**Q-7: If we only have one resident in the red zone, can the staff caring for yellow zone residents also care for the red zone resident?**

**A:** When a facility has only one or two residents isolated in the facility's red zone, for operational purposes and staffing ratios there may be situations where staff need to move between zones. Staff entering the red zone would need to wear appropriate PPE, using CDC Strategies of Optimizing PPE Supplies (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>) **conventional**

**capacity** usage of PPE (disposing after use of PPE). The facility’s full-time infection preventionist should assist with adherence monitoring of hand hygiene and PPE donning/doffing between residents. Infection prevention protocols need to be monitored to ensure there are no breaches if staff are moving between zones.

## Healthcare & Outside Vendors Questions & Answers

**Q-8: Can contracted healthcare providers that visit multiple facilities per day show a picture of their negative antigen test from the morning?**

**A:** Healthcare vendors (i.e., x-ray technicians, dental hygienists, medical supply representatives) are included in the State Public Health Officer Order which defines them as workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols.

- If they are fully vaccinated and boosted (first booster, if eligible), they do not need to be tested every day prior to entry and are not required to be tested in routine diagnostic testing.
- If they are unvaccinated or booster eligible but have not received their first booster and have an exemption, then they need to be tested twice weekly. The testing can be supervised by the healthcare vendor’s employer and does not need to occur at the nursing home prior to entry.

**Q-9: Can outside vendors that visit multiple facilities per day show a picture of their negative antigen test from the morning?**

**A:** Outside vendors that are not healthcare workers (i.e., food delivery, laundry delivery, supply delivery, construction/repair, plumbing) who do not work in the facility for extended periods or on a regular basis are not covered by the State Public Health Officer Order.

- Facilities should ensure screening for symptoms and recent exposure, provide antigen testing sites if feasible, and provide surgical masks and hand hygiene stations for outside vendors.
- All vendors must wear a mask and should minimize their time spent in the facility and in close proximity to residents or HCP, wherever possible.

## PPE Questions & Answers

**Q-10: The CDC has two versions of donning/doffing posters. One poster illustrates doffing gloves first then gown; the other illustrates taking gloves and gown off in one motion. Are both doffing techniques acceptable or is one preferred over the other?**

**A:** Both doffing techniques illustrated in the CDC posters are acceptable.

## Testing Questions & Answers

**Q-11: 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-12: CMS QSO 20-38 (<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>) testing guidance in the below table for HCP appears to be more stringent than CDPH. The guidance requires minimum testing frequency for HCP who are not up to date based on community transmission levels. Per QSO 20-38, “Up-to-Date” means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.” Should California facilities follow the new CDC definition for up to date (2 boosters if eligible) when determining testing frequency for HCP?**

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date*</i>
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

\*Staff *who are up-to-date* do not need to be routinely tested.  
\*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

**A:** Stay tuned for more guidance from CDPH on how the CMS QSO 20-38 testing guidance will apply to California nursing homes. Per AFL 22-13, unvaccinated exempt HCP and booster-eligible HCP (only includes first booster) who have not yet received their booster are required to undergo twice weekly COVID-19 testing. However, **CDPH recommends that all HCP (including boosted HCP) undergo twice weekly screening testing if feasible.** As it stands now, CDPH’s testing guidance is not dependent on community transmission levels and the second booster is not considered in the testing requirement. Check with your local health department for more stringent guidance (i.e., Los Angeles County Department of Public Health requires all HCP to be tested twice a week, regardless of vaccination status).

**Vaccine Questions & Answers**

**Q-13: When can people get a 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.

**Q-14: Where can I get information about the second booster?**

**A:** An excellent resource for CA nursing homes is the CDPH Immunization branch EZIZ website <https://eziz.org/resources-for-longterm-care-facilities/>.

**Q-15: When was it first announced that the second booster was released?**

**A:** See FDA News Release from March 29, 2022: FDA Authorizes Second Booster Dose of Two COVID-19 Vaccines for Older and Immunocompromised Individuals <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-second-booster-dose-two-covid-19-vaccines-older-and>

**JUNE 30<sup>TH</sup> DEADLINE  
Medical Director Certification Questions & Answers**

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](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-16: 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-17: Can the California Association of Long Term Care Medicine (CALTCM) assist our nursing home with the application?**

**A:** Yes. CALTCM is available to assist and CALTCM members will receive a discount on the registration rate for the Medical Director Certification process. Contact [info@caltcm.org](mailto:info@caltcm.org) for assistance.

**Q-18: We submitted our Medical Record HS215A application. How can we be sure it was received?**

**A:** You can verify it was received by contacting [CAB@cdph.ca.gov](mailto:CAB@cdph.ca.gov).

Other Questions & Answers

**Q-19: Are there any regulations about how often to change the tubing on an oxygen cylinder or concentrator when not visibly soiled or contaminated?**

**A:** Tubing for an oxygen cylinder or concentrator should be changed between their use on different patients, when it is visibly soiled or mechanically malfunctioning. Follow published guidelines or the manufacturer’s instructions for use (IFU) about specific products.

- MMWR: Guidelines for Preventing Health Care Associated Pneumonia, 2003—  
Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm>