



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 8, 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

Testing Questions & Answers

Instructional Video on Self-Swabbing for COVID-19
<https://www.youtube.com/watch?v=dtIzs05DGNU>

Isolation/Quarantine Questions & Answers

Q-1: What is the quarantine and testing guidance for residents?

A: Per CDC guidance and AFL 22-13 (distributed 6/9/2022)

(https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599; <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx>):

- 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 for SARS-COV-2 infection; immediately upon admission and, if negative, again 5-7 days after their admission.

- Testing is still recommended prior to admission for residents who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted, including transfers from hospitals or other healthcare facilities.
- 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.
- Newly admitted residents and residents who have left the facility for >24 hours who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted, should be quarantined in single rooms or a separate observation area ("yellow-observation") for at least 7 days from the date of admission or last potential exposure until results are known for testing obtained within 5-7 days after their admission.
- 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.
- SNFs should consider periodic (for example, weekly) diagnostic screening testing for unvaccinated and partially vaccinated residents who regularly leave the SNF for dialysis; in the absence of suspected or confirmed COVID-19 transmission at the dialysis center, residents who leave the facility for dialysis do not need to be quarantined in a "yellow-observation" or "yellow-exposed" area.

Q-2: Are HCP allowed to continue working if exposed to 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.

- Per AFL 21-08.8, HCP up to date with vaccinations (including the first booster, if eligible) can continue working if exposed.
- HCP not up to date with vaccinations need to quarantine for a minimum of 7 days (need negative test to return) following the end of the exposure and cannot work unless there are critical staffing shortages.

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 [†] upon identification and at 5-7 days	No work restriction with diagnostic test [†] upon identification and at 5-7 days
Unvaccinated [§] , OR Those that are vaccinated and booster-eligible but have not yet received their booster dose [§]	7 days with diagnostic test [†] upon identification and negative diagnostic test [†] within 48 hours prior to return	No work restriction with diagnostic test [†] upon identification and at 5-7 days

Q-3: Due to high COVID-19 community transmission, is it reasonable to have a more stringent process to quarantine all new admissions, regardless of vaccination status?

A: Yes, it is generally acceptable to implement more conservative measures, but ensure you're not overly prolonging the isolation of residents.

Q-4: Is there a limit to the number of visitors for one resident?

A: CDPH does not specify a limit; however, the number of visitors allowed for one resident may need to be limited if the space available for visitation is insufficient to ensure safety precautions are in place. Keep in mind that physical distancing from other visitors, other residents, and staff must be maintained.

Q-5: In the yellow zone, is it reasonable to allow residents with high fall risk to be out of their room in the hallway or at the nursing station so HCP can monitor them?

A: This is a situation where you need to balance risks. Yes, it would be reasonable for residents with high fall risk to be in the hallway or at the nursing station for residents who need closer observation. Ensure the residents are wearing masks for source control when they are not eating or drinking. One consideration for monitoring residents who have a fall risk but are in a red or yellow zone where the room door should be closed is use of video cameras for monitoring; this would require that there is someone monitoring the video input at all times.

Q-6: In the yellow zone, due to the high number of residents that need feeding assistance, can two residents dine together at the same table (six feet away from each other), with a CNA assisting them with feeding (utilizing hand hygiene in between each resident)?

A: We do not recommend having yellow zone residents dine in the main dining area if there are other residents who are not in the same yellow zone status, because it is important to maintain separation and prevent potential exposures. It would be reasonable if dining schedules could be staggered in a way that could ensure the separation of residents that are in different exposure status in the yellow zone (yellow-exposed vs. yellow-observation vs. yellow-PUI).

Q-7: Can yellow-PUI, yellow-observation, and yellow-exposed residents be cohorted together?

A: No, it would not be recommended to cohort these groups together. It is important to maintain separation of residents who have symptoms or who were exposed from newly admitted residents who are being observed in quarantine with no known exposures. It's important that they are not exposed to yellow-PUI residents who are symptomatic, and yellow-exposed residents.

Q-8: We currently have three COVID positive residents on the same hallway. Rather than moving a lot of residents to create a formal red zone for these residents, would it be reasonable to keep these residents in their current room with appropriate signage to indicate their COVID positive status?

A: Reach out to your local health department to describe your cohorting plan and ensure that is the safest approach. Based on the information provided, it would seem reasonable to keep the residents cohorted in the area of the facility to avoid potential transmission from moving residents throughout the facility. The general expectation is that nursing homes have a separate red zone to care for positive residents, however, in this scenario, you would want to weigh the risks and benefits of moving other residents to create that zone.

Q-9: How can a nursing home request a waiver for temporary barriers?

A: Contact your local licensing and certification office for approval and be prepared to discuss why you need to use them and the measures you have taken to ensure the air flow and ventilation is satisfactory. Also, ensure you have the ability to tear the barriers down quickly in case of a fire.

Q-10: Are there any waivers that allow physician visits to be done virtually for SNF admissions?

A: 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 non-physician visits for NH residents may no longer be done via telehealth.

Q-11: Could you give an update on safe administration of nebulizer treatments for bedbound SNF residents in multiple occupancy rooms in the green zone?

A: CDC recommends implementing universal use of N95s for HCP during care for residents undergoing aerosol generating procedures in facilities located in counties with substantial or high levels of community transmission per the CDC COVID Data Tracker. Currently, the majority of California counties have high transmission (red), therefore N95s must be worn by HCP when providing nebulizer treatments. Ideally the aerosol generating procedures would be done in a private room if feasible. If a private room is not feasible, maintain as much distance as possible between the residents, and pull the curtains. If you have private rooms, try to reserve those rooms for administration of nebulizer treatment for those residents who either have a known exposure or for residents that are positive. Also, consider limiting the use of nebulizer treatments as was recommended early in the pandemic.

Q-12: A HCW went on vacation and tested positive. Their last day of work was 8 days ago. Due to it being 8 days since the HCW was in our facility, do we need to report this positive case to CDPH, and do we need to initiate response testing?

A: No. This does not sound like a facility acquired case and likely did not result in any potential exposures, so the case does not need to be reported and response testing does not need to be initiated. The infectious period for an individual is considered to start two days before their symptoms start or the date of their positive test. If they worked at all within those two days or the day that they tested positive, then you would consider them to have posed potential exposure risk and you would need to initiate response testing.