

California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, April 27, 2022

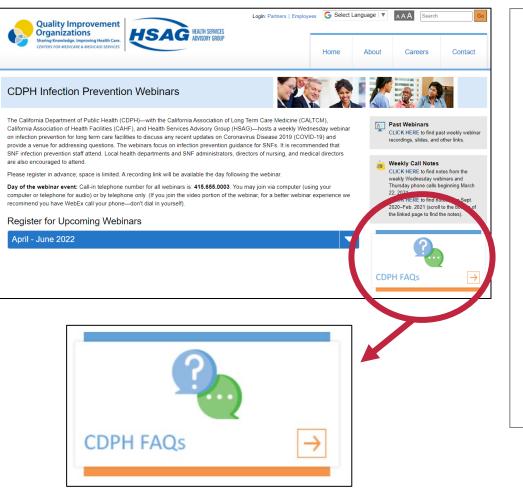




- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls
 - Call in: **1.844.721.7239**
 - Access code: 799 3227
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
- HSAG Friday, 11:30 a.m., Full Speed Ahead! Booster Quickinars:
 - Register: https://bit.ly/FullSpeedAheadBoosterProgram
 - Recordings: https://www.hsag.com/covid-19/vaccine-resources

SNF = skilled nursing facility

New Wednesday Webinar FAQ Document





California Department of Public Health (CDPH) Center for Health Care Quality Skilled Nursing Facilities Infection Prevention Call

Frequently Asked Questions

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https://www.hsag.com/cdph-ip-webinars





- CDPH Updates
- Testing Task Force Updates
- Immunization Branch Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A



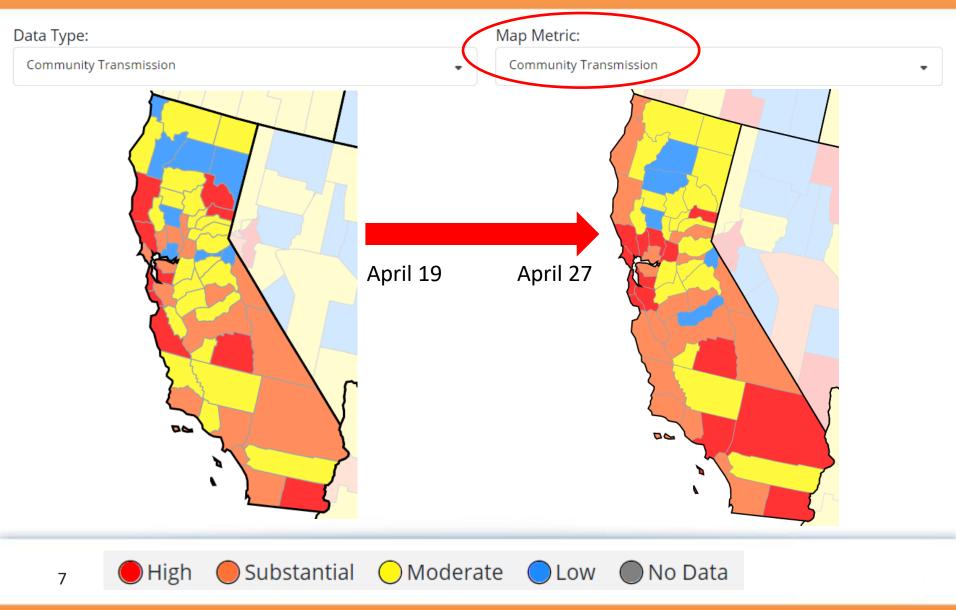
CDPH Updates



HAI Updates

CDC COVID-19 Data Tracker

https://covid.cdc.gov/covid-data-tracker/#county-view



CDC Masking Guidance for Travel

https://www.cdc.gov/coronavirus/2019ncov/travelers/index.html



- As of April 18, 2022, CDC's January 29, 2021, Order requiring masks on public transportation is no longer in effect. Therefore, CDC will not enforce the Order.
- CDC continues to recommend that people wear masks in indoor public transportation settings at this time.
- CDPH Face Coverings Guidance <u>https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-</u> <u>19/Guidance-for-Face-Coverings.aspx</u> updated to align with CDC; no changes to masking requirements for healthcare settings.

Clarification of Isolation and Quarantine Guidance for HCP and Residents/Patients in Healthcare Facilities

• CDPH Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public (4/6/2022)

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidanceon-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx

- Note banner at the top:

This guidance does NOT apply to healthcare personnel in settings covered by AFL-21-08.8. It also does not apply to Emergency Medical Services personnel, who are permitted to follow the Guidance on Quarantine for Health Care Personnel in AFL-21.08.8.

- All other healthcare settings not covered by AFL 21-08.8 or AFL 20-53.6 should follow the guidance in Table 3.
- It is reasonable for other healthcare facilities that serve especially vulnerable populations (e.g., moderately or severely immunocompromised individuals), to follow the more protective CDC guidance for HCP and residents/patients.

Clarification of Isolation and Quarantine Guidance for HCP and Residents/Patients in Healthcare Facilities(cont.)

• CDPH AFL 21-08.8 (3/7/2022)

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

- Continue to follow for management of isolation and quarantine of HCP in general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities (SNF).
- SNF should continue to follow the isolation and quarantine guidance for residents in AFL 20-53.6.
 - Updates to AFL 20-53.6 to align with <u>CDC's current isolation and</u> <u>quarantine guidance for patients and residents</u> is in the review and approval process. In the meantime, it is reasonable for SNF to follow the CDC guidance.

Response Testing FAQs

Q: How often should testing be done during response testing?

 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 antigen test is used until no new cases are identified in residents in sequential rounds of testing for 14 days.

Q: Can antigen tests be used for response testing?

- Yes, antigen tests 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 positive individuals.
- 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.

Visitor Vaccination Verification FAQs

Q: Are we still required to obtain copies of vaccination records from visitors?

A: No. The requirement is that the facility develops a process for verifying and documenting the vaccination status of a visitor. They do not need to keep a copy of the vaccination record on file in the facility.

Q: Is it a requirement that visitors sign the log to attest that they were formally screened at entry?

A: No. The facility needs a process to screen visitors and ask the appropriate questions prior to entry, however, there is no explicit requirement for a visitor to have to sign the visitor log to attest to not having COVID-19 or symptoms.

Questions?







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