



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
January 12 & 13, 2022**

Recordings, notes and slides for the Wednesday Webinars and Thursday calls can be accessed at the Health Services Advisory Group (HSAG) registration website:

<https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

The recording of the Tuesday, January 11, 2022, 8am All Facilities Call can be accessed by using AT&T Meeting Recording: 1 (866) 207-1041 Access Code: 1634198

**CDPH Weekly Call-in Information:**

Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227

Wednesday 3:00pm SNF Infection Prevention Webinars: Register at: <https://www.hsag.com/cdph-ip-webinars>

Thursday 12:00pm SNF Infection Prevention Calls: 877.226.8163; Access code: 513711

The Wednesday Webinar covered the following topics:

- CDPH Updates
- Testing Task Force Updates
- Immunization Branch Updates
- Therapeutic Treatment Updates
- National Healthcare Safety Network (NHSN) Updates
- Healthcare-Associated Infection (HAI) Updates

**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>
CMS QSO-20-39-NH (REVISED 11/12/21): Visitation	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a>
State Public Health Officer Order – amended with booster requirement for HCP (12/22/2021)	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx</a>
AFL 21-34.1 COVID-19 Vaccine/Booster Requirement (12/27/2021)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx</a>
AFL 20-53.6 COVID-19 Testing in SNFs (12/27/2021)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx</a>
AFL 21-28.1 COVID-19 Testing, Vaccination Verification and PPE for HCP at SNFs (12/27/2021)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx</a>
AFL 21-08.7 HCP Quarantine and Isolation (1/8/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx</a>
CDPH Guidance for Isolation & Quarantine for General Public (12/30/2021)	<a href="https://www.cdph.ca.gov/programs/cid/dcdc/pages/covid-19/guidance-on-isolation-and-quarantine-for-covid-19-contact-tracing.aspx">https://www.cdph.ca.gov/programs/cid/dcdc/pages/covid-19/guidance-on-isolation-and-quarantine-for-covid-19-contact-tracing.aspx</a>
CDPH Requirements for Visitors in Acute Health Care and Long-Term Care Settings 12/31/2021)	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx</a>

## Testing Questions & Answers

**Q-1:** When HCP return to work while still COVID-19 positive, do they need to be included in response testing?

**A:** No, they do not need to be included in response testing and they do not need to quarantine until 90 days post recovery.

**Q-2:** Did the “no testing with 90 days of a positive test” guidance change?

**A:** Per AFL 21-08.7, the 90-day guidance changed only from the standpoint of testing an infected HCP at five days for the purpose of discontinuing isolation and their return to work in routine circumstances. This is using a test-based strategy (antigen tests preferred) for discontinuing isolation for COVID positive individuals. If they test negative, they can discontinue their isolation and return to work. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>. Regarding the testing of exposed individuals and for routine diagnostic screening testing, the 90 days exclusion or exemption from testing and quarantine is going to continue to apply. Last week, during the January 5 & 6 statewide calls, CDPH presented CDC’s guidance on testing and quarantine for unvaccinated and unboosted exposed HCP, even if previously infected within the past 90 days. This changed occurred because of the concern that Omicron was causing reinfections, even within 90 days at shorter intervals. Now, we are resuming the previous guidance that asymptomatic individuals who are within the 90 days of recovery from a previous episode should not be tested, unless they are testing for return-to-work criteria at day 5. Individuals who develop symptoms should be tested even if they had a previous episode of COVID within the previous 90 days.

**Q-3:** Do we need to have a PCR confirmatory test if the antigen test result is positive?

**A:** If the individual is symptomatic or exposed, and tests positive with an antigen test, a confirmatory molecular test is not needed. Given the high-test positivity rate of COVID-19 in the community, a positive antigen test for a resident or staff member should not need a confirmatory test (PCR) at this time. Please refer to the CDPH test guidance for more information

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx>. However, PCR should be considered if request for whole genome sequencing (WGS) will be considered.

**Q-4:** Can medical assistants under the supervision of an MD on site, do nasopharyngeal/oropharyngeal swabs to assist with testing?

**A:** No. Medical Assistants cannot perform nasopharyngeal testing even under the supervision of an MD. They can perform anterior nasal testing. More information on who can perform swabbing for COVID-19 tests can be found in the Testing Taskforce PowerPoint for this week which will be posted on the past events website.

<https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

**Q-5:** Do people exempt from vaccination need to be tested if they had COVID in the last 90 days?

**A:** Workers meeting qualified exemptions from the vaccination requirement, who have recovered from a diagnosis of COVID-19 in the last 90 days, and remained asymptomatic, do not need to submit to testing until after 90 days has expired but must self-monitor for symptoms and continue to follow all other infection control requirements, including masking, as stated in the July 26 Order. Workers must provide documentation of previous diagnosis from a healthcare provider or confirmed laboratory results to refrain from testing. Workers must immediately follow self-isolation guidelines and resume testing if new COVID-19 symptoms occur during the 90 days post-infection. This FAQ can be found at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx>

**Q-6:** If an employee works only every Saturday, do they need to be tested 2X/week?

**A:** Review AFL 21-28.1 (COVID-19 Testing, Vaccination Verification and PPE for HCP at SNFs) for testing guidelines for HCP who are not full time. The AFL states that HCP who are unvaccinated exempt or booster-eligible HCP who have not yet received their booster that work no more than one shift per week must undergo weekly SARS-CoV-2 diagnostic screening testing, and the testing should occur within 48 hours before their shift. HCP who are unvaccinated exempt or booster-eligible HCP who have not yet received their booster that work less often than weekly must undergo SARS-CoV-2 diagnostic screening testing, and the testing should occur within 48 hours before each shift.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx>

**Q-7:** During an outbreak in a SNF, when should asymptomatic recovered staff and residents be tested again for COVID? Also, how shall a facility treat those who test positive after testing negative while in the 90-day window?

**A:** COVID recovered staff and residents do not need to be tested again while they are in the 90-day window post recovery, unless they have developed highly suspicious symptoms. If they are tested by accident in the 90-day window, work with your local health department to ascertain whether it is a new infection due to a high-risk exposure, or if it is related to the previous infection. It is possible for individuals to shed fragments of the virus and persistently test positive following an infection. If tested during the 90-day period, antigen testing is preferred.

**Q-8:** During outbreak management we are transferring patients (symptomatic & asymptomatic) who test positive with antigen testing (BinaxNOW) to the red zone ASAP without waiting for a PCR confirmatory test because turnaround time is about 72 hours. So far only 2 out of 70 residents have come back with a negative PCR test result (PCR test was done simultaneously with the BinaxNOW antigen test). How should we manage these patients (BinaxNOW positive-PCR negative) who are already on day 3 or 4 in the red zone with a cohort of confirmed COVID patients?

**A:** Right now, since the community test positivity rate is so high, a positive antigen test should be treated as positive, and a confirmatory PCR test is not needed. The only reason you would need to do a confirmatory PCR test is if the antigen test came up negative for a symptomatic individual. In this scenario, we recommend treating the two residents as COVID positive.

## Return to Work/Isolation/Quarantine Questions & Answers

**Q-9:** When HCP return to work while still COVID-19 positive, should the unit they work on turn into a yellow zone because the residents are now exposed? If yes, should the residents now be tested?

**A:** When a facility is at the point where HCP are returning to work before meeting criteria to return from isolation and are caring for residents in the green zone, it poses a greater risk of exposure and transmission. This should be a last resort and if there is clearly a known exposure or breach (i.e., N95 or other PPE not worn properly; a lapse in protective measures), then residents on that unit or zone would be considered exposed and it should be considered a yellow zone. Even if there wasn't a breach, out of an abundance of caution it would be prudent to test residents if testing supplies are available.

**Q-10:** Is AFL 20-53.6 going to be updated to account for new admissions that are boosted vs. just fully vaccinated? For example, to go to the green zone, do they need to have received their booster? If booster eligible but not boosted, should we quarantine in the yellow zone for 14 days?

**A:** Expect to see updates soon to AFL 20-53.6 and anticipate that there will be updates to this particular aspect. We are waiting to see CDC's guidance before making changes. For now, nursing homes can be proactive and consider prioritizing quarantine and testing for new admissions that are not boosted yet.

## Vaccine Questions & Answers

**Q-11:** Where can we find updates and information about the Walter Reed Institute of Research one time vaccine that has the potential to provide protection against all COVID-19 variants? When will the clinical trials be completed?

**A:** Walter Reed Army Institute of Research has an ongoing study of SARS-COV-2-Spike-Ferritin-Nanoparticle (SpFN) Vaccine. This is a Phase 1 clinical trial which is an early, small-scale study to evaluate safety/toxicity in people. For more info, please see <https://clinicaltrials.gov/ct2/show/NCT04784767?term=Walter+Reed&cond=COVID-19+vaccine&draw=2&rank=1>

**Q-12:** Can a resident or staff member receive their booster when they are within the 10 days of isolation, but asymptomatic?

**A:** People with known current SARS-CoV-2 infection should defer vaccination at least until recovery from the acute illness (if symptoms were present) has been achieved and criteria to discontinue isolation have been met. (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-booster>)

**Q-13:** How soon after staff/visitors/residents receive their booster are they considered fully vaccinated and boosted?

**A:** Individuals that receive the booster are considered “boostered” immediately upon receiving the booster dose. There is not an additional two-week waiting time after receiving the booster.

**Q-14:** After February 2, 2022, if booster-eligible workers refuse to get the booster, can they continue to work if they get tested twice a week?

**A:** No, they cannot continue to work by being tested twice weekly. They would need to have an exemption on file to continue to work.

**Q-15:** Will CDPH be updating AFL 21-34.1 on the vaccine requirement before the February 1st deadline to address the Pfizer and Moderna boosters now being recommended at 5 months post vaccine?

**A:** The interval for both Pfizer and Moderna mRNA boosters has been shortened to **5 months** in order to provide better protection sooner for individuals against the highly transmissible Omicron variant. AFL 21-34.1 and the December 22, 2021 State Public Health Officer Order requiring boosters by February 1, 2022 are not going to update the booster interval for Pfizer and Moderna to 5 months. The 6-month interval will stay as is therefore HCP will have up to 6 months to get their booster and be in compliance with the Health Officer Order. However, CDPH strongly recommends HCP get their booster earlier at 5 months when they are eligible.

**Q-16:** When will there be an established antibody level to determine immunity either through vaccination, boosted, natural recovery from the disease, or some combination, just like we do with measles, mumps, and rubella?

**A:** This is a good question and being considered. This is also a moving target given the emerging variants. At this time a clear indicator of protection has not been identified.

**Q-17:** Given the Omicron surge and focus on covering shifts due to staff shortages, will there be an extension to the February 1st requirement for meeting the booster staff mandate?

**A:** We are not aware of any plan to extend the February 1, 2022 deadline.

**Q-18:** On the frontlines, there is a strong HCP reluctance to receive a booster. Therefore, the SNFs are anticipating staff waiting until the last day to receive. Please advise on how a SNF should react to the following scenario: booster eligible staff member becomes infected (with specimen collected on 1/31/22 and is asymptomatic). Per AFL 21-08.7 they would be able to return to work providing they wear an N95; however, CDC guidance states that individuals should wait to be vaccinated until they have recovered from their illness and have met criteria for discontinuing isolation. With the recent update to AFL 21-08.7 would these individuals be able to return to work but then wait until day 10 since positive test result to receive their booster even though this will be past the 2/1 state mandate?

**A:** Yes, it would be reasonable to grant a temporary medical exemption in this scenario until the discontinuation of isolation and recovery of illness are met. Once the isolation period has ended, they would need to get the booster as soon as possible.

## Visitation Questions & Answers

**Q-19:** Allowing family/visitors to help with care, like feeding can make a huge difference in care when there are staffing shortages. However, the lack of testing resources makes their visits impossible due to the current State Health Order. Can CDPH consider a change to the order to allow visitors to use the same temporary isolation/quarantine requirements for staff to allow them to help with care.

**A:** The ideal scenario is for nursing homes to have adequate staffing to support the needs of the residents. Visitors can be used to supplement the care of the staff, but we strongly caution facilities to not rely on the service or support that visitors provide to meet the resident needs. If you have staffing shortages, reach out to your MHOAC and make a request. By reporting staffing shortages, we can get a better idea of the staffing concerns in our state, and we can assist.

**Q-20:** For indoor visitation, do the visitors have to be boosted and show proof of a negative test to enter the facility?

**A:** Yes. Visitation guidance can be found in the CDPH December 31, 2021 State Public Health Officer Order. For indoor visitation, SNFs must verify that visitors are vaccinated with all the recommended doses (including boosters) and the visitor must provide evidence of a negative test (within 1 day of visitation for antigen tests: within 2 days for PCR tests). However, if the resident is not able to leave their room to meet outdoors and the roommate is not present, then the visitor can meet with the resident in their room even if they are unvaccinated and have not received a negative test.

**Q-21** The media is telling the public that SNFs are required to offer rapid tests to visitors under the new order. Is this true?

**A:** This may have been true previously per the Los Angeles order, however, that has now been adjusted. Offering rapid tests to visitors is a best practice when feasible, but given the supply shortages on testing, it may not be possible. Testing visitors is not a requirement.

**Q-22:** What proof do we need to get from family members that they had a negative antigen test?

**A:** The test needs to be verifiable from a laboratory test result or the test, or the visitor can perform the test on themselves with the facility staff observing the test being done so they know the identity of the visitor taking the test and the day and time the test was taken.

**Q-23:** Are Ombudsman, Adult Protective Services, and other essential personnel that visit multiple nursing homes required to show proof of vaccination and negative SARS-CoV-2 test results, within 1 day for antigen test or two days for PCR test, when visiting our SNF?

**A:** No, vaccinations and testing are being monitored by their own organizations. Nursing homes do not need to verify test results for essential personnel.

## NHSN Questions & Answers

**Q-24:** What are the monthly reporting plans in NHSN?

**A:** Monthly Reporting Plans are used by NHSN facilities to inform CDC which modules are used by that facility during a given month. It needs to be completed in NHSN.

A monthly reporting plan is used to inform CDC of which modules you'll be reporting in for the month. You only have to do it once a month and it takes less than 5 minutes to complete. To do this, you need to log in to NHSN, select create a monthly reporting plan, and select which modules you'll be reporting for the month. You'll always need to select the COVID-19 pathway and COVID-19 vaccinations since they are mandatory. You can also elect to report MDROs, UTIs, or prevention process measures like hand hygiene or gown and glove use. NHSN is a useful tracking system for more than just COVID-19.

**Q-25:** Is the NHSN reporting still just for CMS/Medicare licensed facilities?

**A:** Yes. For more information, please refer to: <https://www.cdc.gov/nhsn/pdfs/covid19/ltef/cms-covid19-req-508.pdf>

## Other Questions & Answers

**Q-26:** Is Hotel for Health Care Workers (HFHCW) still in effect?

**A:** HFHCW is administered by the Governor's Office of Emergency Services (Cal OES) and provides free or discounted hotel rooms to HCP so they do not expose their household to COVID-19. The program ended on June 15, 2021, for most counties except for Riverside, Imperial, and San Diego counties. If a county is added to or removed from the program after June 15, 2021, the authorized Points of Contact at affected facilities will be notified. Nursing homes must be reporting cases and completing the CDPH Daily 1, 2, 3 survey to qualify. <https://www.dgs.ca.gov/OFAM/Travel/Resources/Page-Content/Resources-List-Folder/COVID-19-Obligations-of-Health-Care-Workers>

**Q-27:** Why is Hotel for Healthcare Workers only available in 3 counties? Is there a way for a county to be added to this state supported program?

**A:** It requires a Governor's order to activate additional counties. CAHF is reaching out to see if this can be addressed.

**Q-28:** Nevada has prioritized Paxlovid for SNFs. What has CA done to prioritize SNFs who have the highest risk and the easiest administration?

**A:** We will address this question during next Wednesday's webinar after discussion with the clinical team.

**Q-29:** If utilizing crisis staffing strategies, should the facility report "yes" or "no" on the CDPH Daily 1, 2, 3 survey for staffing shortages? Note that when we report a staffing crisis it triggers on the website even when the facility was able to meet staffing needs using critical staffing strategies.

**A:** We encourage nursing homes to report all staffing shortages on CDPH Daily 1, 2, 3, even if you were able to meet staffing needs based on using critical staffing strategies. Please be transparent about the impact of staffing shortages on your facility so CDPH has a better idea of the staffing concerns in California.

**Q-30:** Our facility recently got a tag for having a COVID positive patient in a room that was not directly connected to an exit so the HCW from the RED Zone (there was only one) had to walk down a hallway with green and yellow zone staff/residents. This was defined as "failing to limit commingling of with red zone staff...can anyone share some ideas as to how they implement RED Zones in areas without a connected exit door for HCW to utilize at beginning and end of shift? Also, how do facilities "prevent commingling" without utilizing plastic or floor to ceiling separation between the red zone and the rest of the facility, especially since plastic is not recommended.

**A:** We recommend having dedicated HCP for COVID positive residents, and it is ideal to have a separate dedicated breakroom and restroom; however, these are not the most important measures for preventing transmission. Dedicated staffing can ease some of the challenges with PPE, but staff can be shared across zones as long as HCP are following infection prevention protocols (appropriate PPE and hand hygiene). There is not an increased risk by having HCP walk into another hallway or breakroom as long as protocols are being followed, so in this case we recommend communicating your question to your local district office.

**Q-31:** IJ was just issued for letting an activity director come to work who was positive and wearing an N95. CDPH considered her presence "not essential". Activity director was giving out cigarettes to residents who were not positive. How do we know the difference between essential vs. non-essential?

**A:** The return-to-work guidance doesn't distinguish between non-essential vs. essential. Providing activities to residents is essential to their well-being. In this situation, could there have been another staff member that could have filled the role of giving cigarettes to unexposed residents? It may be that staffing shortages are critical and that there was no other choice but to bring back positive workers. Prior to bringing back COVID positive HCP, which is a last resort, make sure that all alternatives were considered.