California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
January 19 & 20, 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/

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
- CDPH 1, 2, 3 Survey Updates
- Healthcare-Associated Infection (HAI) Updates

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
CMS QSO-20-39-NH (REVISED 11/12/21): Visitation	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
State Public Health Officer Order – amended with booster requirement for HCP (12/22/2021)	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx
AFL 21-34.1 COVID-19 Vaccine/Booster Requirement (12/27/2021)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx
AFL 20-53.6 COVID-19 Testing in SNFs (12/27/2021)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
AFL 21-28.1 COVID-19 Testing, Vaccination Verification and PPE for HCP at SNFs (12/27/2021)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx
AFL 21-08.7 HCP Quarantine and Isolation (1/8/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
CDPH Guidance for Isolation & Quarantine for General Public (12/30/2021)	https://www.cdph.ca.gov/programs/cid/dcdc/pages/covid-19/guidance-on-isolation-and-quarantine-for-covid-19-contact-tracing.aspx
CDPH Requirements for Visitors in Acute Health Care and Long-Term Care Settings (12/31/2021)	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
AFL 22-02 Notice of Testing Supply Availability and Distribution Process (1/14/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-02.aspx

Visitation Questions & Answers

Q-1: For residents going out on pass, are family members required to show proof of a negative COVID test prior to being allowed to take the resident out of the facility?
A: No, this is not a requirement, but it is considered a best practice.

Q-2: If we are having a major outbreak, are we still expected to coordinate visitation?
A: The guidance in AFL 20-22.9 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx) provides options for visiting during outbreaks, including visiting COVID positive residents. For example, the AFL states "If PPE is required for contact with the resident due to quarantine or COVID-19 positive isolation status, it must be donned and doffed according to instruction by HCP." Consult with your local department of health for further guidance, because at the beginning of an outbreak, they may temporarily discontinue visitation and group activities to determine the outbreak source and response measures underway.

Q-3: Is it a requirement for visitors to do the antigen test in front of facility staff prior to visitation?
A: It is a requirement for the visitor to administer the antigen test in front of staff.

Q-4: Can visitors have physical contact anymore with the resident they are visiting?
A: Yes, per AFL 20-22.9 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx), physical contact (hugs, holding hands) is still allowed, but only for fully vaccinated residents and fully vaccinated visitors while wearing a well-fitting face mask or respirator for source control. The visitation can take place outdoors and indoors (in communal indoor spaces and in-room visitation).

Testing Questions & Answers

Q-5: 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 when using the test-based strategy for an infected HCP to discontinue isolation and return to work at five days in routine circumstances. Antigen tests are preferred for discontinuing isolation for COVID positive individuals. Regarding the testing of exposed individuals and for routine diagnostic screening testing, the 90 days exemption from testing and quarantine continues to apply for asymptomatic individuals who are within the 90 days of recovery from a previous COVID infection. This applies to staff, residents and visitors. Individuals who develop symptoms should be tested even if they had a previous episode of COVID within the previous 90 days. https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx

Q-6: Can CNAs after competency training conduct the nasopharyngeal swabs?
A: No. CNAs cannot obtain swab specimen from another individual.

Q-7: Please provide clarity: The CLIA waived tests given to the facilities "can or cannot" include the person tested doing their own swabbing and handing it to the facility staff to do the test?
A: The person being tested can swab themselves and hand the specimen to the facility staff to do the actual test and read the result.

Q-8: Is there a site where the requirements around the professional testing kits are described?
A: The FDA website at https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas provides information about all authorized COVID tests. For rapid antigen tests, visit https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2 which provides descriptions, including the EUA letter and the manufacturer's instructions for use (IFU).

Q-9: Will the CLIA waived professional test kits for visitors be sent to other long term care facilities, such as Assisted Living Facilities?
A: No, at this time they will not be sent. They may be sent potentially in the future.

Q-10: Do the results of the CLIA waived tests need to be reported?
A: Yes. If the facility is using the CLIA waived test kits, all results must be reported (negative, positive, and indeterminate). If the facility provides OTC kits and visitors test themselves, the results do not need to be reported. OTC tests are not reportable.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Over-The-Counter-Tests-LHJ-Guidance.aspx

Q-11: Is the visitor allowed to perform the CLIA waived antigen test themselves using the common container of fluid?
A: The BinaxNOW "professional" kit is a waived test, so it cannot be used for visitors to test themselves. If the facility wants to have visitors test themselves, the facility will need to provide test kits authorized by the FDA for over-the-counter sale to the public without a prescription (OTC). The EUA for each BinaxNOW test kit (of which there are several) specifies the requirements for collection and testing. Some of the waived BinaxNOW kits allow self-collection, but that is not the same as self-testing. Only kits authorized for OTC use allow people to collect and test their own specimens. The CLIA waived professional test kits are available now for facilities to request from their MHOACS to enable visitation as required and in compliance with the testing requirements per the health officer order. They are essentially the same tests, but the difference is in the packaging and come in packs of 40 tests. The practical way to use these tests could be to have the visitor swab themselves and then have the facility do the actual test. The person performing the test only must be trained in conducting the test. It can be any staff person in the facility because they do not need to swab the visitor.

Q-12: Can anything be done to streamline the reporting requirements? We are overwhelmed and each county is doing things differently in addition to state and Federal reporting requirements, such as the CDPH Survey 1, 2, 3, NHSN, CalREDIE, weekly survey reporting, etc. Can you please consider removing the burden of us having to report visitor antigen test results? Please consider allowing visitors to complete self tests for all antigen tests.
A: We will revisit this question next week.

Q-13: Per AFL 22-02, are the testing kits being distributed to SNFs only able to be used on visitors?
A: Yes. They are being distributed to assist in getting visits to be continued at your facilities.

Q-14: When will these CLIA waived tests be available for the facilities to obtain?
A: Facilities can request the tests now from the local MHOAC.

Q-15: Why can't the state send the testing kits directly to the facilities vs. making all 1,200 facilities have to individually reach out to each MHOAC?
A: The state doesn't have the capacity to ship to 1,200 facilities. The thought is that the most efficient way to get them to the facilities as fast as possible is via the MHOAC.

Q-16: Our facilities do not have sufficient staff to do all of the visitor testing. Any suggestions?
A: For staffing shortages, SNFs should contact their local MHOAC. Another solution to relieve the staffing shortages is to have the visitor swab themselves with the antigen test, and then hand the swab over to the trained staff member who can complete the test. Any staff member can be trained to complete the test (add the reagent, put the swab in the card, and read the test), but only certain disciplines can do the swabbing. For more details on who can perform swabbing, please see slide 4 in the Testing Taskforce PowerPoint (https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/snf-testing-011922-508.pdf).

Q-17: Our local public health department informed our facility that positive antigen test results are not being counted. Only test results that come from a lab are counted. Is that true?
A: Individuals that test positive with an antigen test conducted in a CLIA-waived environment are counted as probable cases. Confirmed cases are defined as individuals with a positive molecular test, which tests for viral genetic material, such as a PCR test. Results from both types of tests are reported to CDPH and are tracked (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Probable-Cases.aspx).

- For individuals who test positive using a self-test or OTC test, the results are classified according to the Council of State and Territorial Epidemiologists 2021 standardized COVID-19 surveillance case definition and as they are performed without trained supervision are considered supportive laboratory evidence; persons with a positive self-test should be considered a suspect case for surveillance purposes.
- Testing done in non-CLIA supervised settings are not required to be reported to public health agencies. If reported, these data should be sequestered and not used for case counting. For example, self-tests should not be entered in to "laboratory info" tab in the nCOV-2019 disease condition in CalREDIE, but rather in the "Notes/Remarks" section. If another individual besides the individual testing performs any part of OTC test including swabbing, reading the test, or adding the reagent instead of the individual testing this becomes a CLIA-waived test and the test must be performed under the supervision a lab director with a CLIA waiver. All test results must be reported to CalREDIE. Self tests cannot be used in this way unless the facility has a CLIA-lab director that can manage this program and can report the test results. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Over-The-Counter-Tests-LHJ-Guidance.aspx

Q-18: If HCP are isolating at home after testing positive, can they do an at-home rapid test to return to work or does the antigen test need to be done at the facility in front of facility staff?
A: The over-the-counter test needs to be observed by the facility to verify that the HCP 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 active observation of the HCP testing themselves.

Q-19: Can a trained receptionist or nursing assistant do the CLIA waived COVID test for visitors?
A: Yes, they may observe the visitor self-swabbing. Then they can drop in the reagents and read the test if they are trained and working under the supervision of the laboratory director who holds a CLIA waiver. They may not perform swabbing of visitors. Visitors can self-swab and collect an anterior nasal specimen.

Q-20: Do we need to do a PCR for confirmatory testing, or can we rely on BinaxNow test kits?
A: PCR confirmation would only be required for individuals who are symptomatic and test negative on an antigen test. If the tests are being done twice weekly among asymptomatic individuals, PCR testing would not be required. PCR testing should be done if there is any consideration being given to doing whole genome sequencing during an outbreak in which case the laboratory performing the OCR should be asked to save the specimen(s).

Q-21: If the PCR results for visitors are not available within 48 hours, can we accept results 72 hours after the test is done to allow them to visit?
A: We understand the frustration here in this scenario due to the sometimes lengthy turnaround time for testing results. The Health Officer Order says that the test must be within 48 hours for a PCR test, so a 72-hour turnaround time would not meet the guidance. Alternatively, the facility can administer an antigen test on-site to allow the visitation to occur.

Isolation/Quarantine Questions & Answers

Q-22: Should an exposed resident or new admission be quarantined for 14 days, regardless of vaccination status?
A: The current guidance on quarantine for new admissions in AFL 20-53.6 is that unvaccinated residents newly admitted with a known exposure should quarantine for 14 days. CDC may update their guidance soon and may reduce the quarantine time to align to the updated quarantine time for HCP in AFL 21-08.7. If there are challenges with the 14-day quarantine time (such as the inability to accept new admissions), a case could be made to shorten the quarantine time with input from your local health department.

Q-23: How long is the quarantine for residents who test positive? Can we use the test-based strategy to discontinue isolation?
A: First, it is important to note that when an individual tests positive, they are placed on isolation, not quarantine. **The answer to this question is no**. A test-based strategy to discontinue **isolation** for residents is not allowed. Isolation time for residents is still 10 days and not expected to be modified by CDC to our knowledge.

Q-24: Some nursing homes and other providers such as LTACS are not accepting new patients and they are insisting that hospitalized COVID-19 positive patients be in isolation for 20 days. Can you please clarify the guidelines?
A: The duration of isolation is 10 days for positive individuals for most but can be up to 20 days in individuals who had severe or critical illness or are immunocompromised. After 20 days, a test-based strategy is recommended for those who are immunocompromised. This may come into play for an LTAC. The need for transmission-based precautions should not be hindering a nursing home from accepting a patient.

Q-25: What can the facility do if an alert and oriented resident with intact cognition tests positive and refuses to move to the red zone and refuses to stay in their room and keeps coming out into the lobby, etc. We have reached out to the ombudsman, local public health and guidance is unclear.
A: This is a challenging situation and is putting other residents at risk. We need to understand the basis for refusal and engage family members to achieve some workable solution. The resident can wear a mask and maintain spatial distance of at least 6 feet. Document all elements used to correct the situation in the case that a surveyor needs more information.

Q-26: What should the facility do for a positive subacute resident on a ventilator? There is a red zone outside of the subacute, but no other subacute resident is positive and there are no available rooms/private rooms within the subacute unit that has the red plugs that tie to the generator.
A: In this scenario, the resident would have to stay in the subacute because of the red plugs with the generator. Take the best approach possible given the limitations. Implement transmission-based precautions and recognize the roommate has been exposed in this situation and treat each bedspace within that room as if it was a separate room.

Vaccine Questions & Answers

Q-27: What should we do if staff refuse to get boosted by February 1st? Is there a chance the February 1st deadline will be extended to a later date? Can staff that refuse the booster get a religious exemption even though they received the primary vaccine series?
A: No, the February 1st booster mandate is not going to be extended. Staff that are eligible to have the booster, but are not boosted, can continue to work if they have a religious or medical exemption. Facilities are responsible for granting religious exemptions and having them on file.

Q-28: Is there a link for information or a brochure for the Full Speed Ahead! COVID Booster Campaign?
A: Information about the Full Speed Ahead booster quickinars that are hosted every Friday by HSAG at 11:30am can be found at: https://www.hsag.com/en/covid-19/vaccine-resources/#Full_Speed_Ahead_COVID_19_Vaccine_Booster_Program

Q-29: Some pharmacies are not allowing individuals to get the booster at 5 months. They are turning our staff away because they are still using the 6-month guidelines. How can you help?
A: Please contact us at covidvaccinepharm@cdph.ca.gov to give us more information on specific pharmacy locations? We will reach out to the pharmacy to inform them of the correct protocols.

Q-30: How long after recovering from Omicron does a person need to wait to get a booster?
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 (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination). If someone has received anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma as part of COVID-19 treatment or post-exposure prophylaxis, temporary deferral of vaccination is recommended (30 if used for PEP and 90 days if used for treatment) www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination

Q-31: We need help training our nurses to give the COVID vaccine/booster to staff and residents safely. Where can we get help? Our local pharmacies are too short staffed to arrange a clinic for us.
A: For training resources, please see https://eziz.org/covid/vaccine-administration/#C1. If your facility would like help accessing vaccine supply, please email our team covidvaccinepharm@cdph.ca.gov.

Q-32: COVID recovered staff are refusing the booster because they claim they have natural immunity. Can that be taken into account?
A: No, at this time natural immunity and antibodies is not taken into account because it is a moving target given the emerging variants. At this time, a clear indicator of protection has not been identified. Additionally, many recent studies show protection against repeat infection is strongest with vaccination in addition to infection.

Other Questions & Answers

Q-33: Who do I contact at NHSN to help with an issue with data?
A: NHSN's helpdesk email is NHSN@cdc.gov. Please include in subject line "LTCF COVID". Depending on the issue, HSAG staff might be able to help troubleshoot. You can reach out to Rose Chen at rchen@hsag.com or 818.653.9380; or Simi Williams at swilliams1@hsag.com or 630.777.4643.

Q-34: How many agencies does our facility need to reach out to in order to be able to have positive asymptomatic staff work with an N95 during critical staffing shortages? Our facility has contracts with 3 agencies and contacts all 3 in addition to the MHOAC, but the health department provided 15 agencies we need to contact. It seems unreasonable to expect us to contact 15 agencies each time.
A: There is not a specific number. CDPH wants to know that you made a reasonable attempt in vetting your existing staffing contracts and that you did your due diligence to find staffing.