# California Department of Public Health
## Center for Health Care Quality
## AFC Skilled Nursing Facilities Infection Prevention Call
## January 26 & 27, 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
- NHSN Reporting Updates
- Healthcare-Associated Infection (HAI) Updates

| Important Links to State and Federal Guidance | |
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| 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 – extended HCP booster requirement from February 1 to March 1, 2022 (Updated 1/25/2022) | 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 21-34.2 COVID-19 Vaccine/Booster Requirement (Updated 1/26/2022) | https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.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 |
| AFL 21-28.2 Testing, Vaccination Verification and PPE for HCP (Updated 1/26/2022) | https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx |
| AFL 22-06 Online Application Period for Patient Needs Waiver and Workforce Shortage Waiver (1/26/2022) | https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-06.aspx |

## Testing Questions & Answers

**Q-1:** If a facility does not have a CLIA lab director but has a CLIA waiver to use antigen tests, can we start using the BinaxNOW antigen tests on visitors?
**A:** In order to have a CLIA waiver, someone must be the CLIA lab director. Please contact Lab Field Services at lfscovid@cdph.ca.gov if there are questions. It's usually the medical director and they must be listed on the waiver. If the lab director left, then a new CLIA application must be submitted.

**Q-2:** What about if the facility does not have CLIA lab director?
**A:** We recommend contacting the Testing Taskforce at testing.taskforce@cdph.ca.gov if you are a SNF and do not have a CLIA lab director.

**Q-3:** Our mobile x-ray technician said he gets tested 10 times a day because he visits so many facilities and they require him to test with an antigen test prior to entry. Is it necessary for SNFs to test x-ray technicians and other healthcare vendors prior to entry?
**A:** Healthcare vendors, such as x-ray technicians do not need to be tested every day prior to entry, especially if they are fully vaccinated and boosted. According to the "Health Care Worker Vaccine Requirement" State Public Health Officer Order updated on January 25, 2022, mobile x-ray technicians are included in the definition of 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. Therefore, if they are fully vaccinated and boosted, they do not need to be tested in routine diagnostic screening testing. If they have an exemption or are booster eligible but have not received their booster, then they need to be tested twice weekly. The testing can be supervised by the x-ray technician's employer and does not need to occur at each nursing home prior to entry.

**Q-4:** How should used swabs and rapid antigen test cards be disposed of?
**A:** We recommend following the FDA Emergency Use Authorization (EUA) Instructions for Use (IFU) for each test for disposal requirements.

**Q-5:** What should a facility do when an antigen test kit has expired?
**A:** Unexpired tests can be requested through the MHOAC. However, per CMS, if unexpired tests cannot be obtained, testing programs are allowed to use expired professional CLIA waived tests if the lab director of your CLIA waived lab establishes a written policy for this use. Information and recommendations on how to use expired antigen test kits will soon be found on the CDPH Testing Taskforce website.

- CMS Guidance for the Use of Expired SARS-CoV-2 Tests https://www.cdc.gov/csels/dls/locs/2020/cms_guidance_for_the_use_of_expired_sars-cov-2_tests.html
- FAQs on CLIA: https://www.cms.gov/files/document/frequently-asked-questions-faqs-clia-guidance-during-covid-19-emergency-updated-12-17-2020.pdf
- Letter for use of expired COVID-19 tests: https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/12/COVID-Point-of-Care-Test-Expiration-Guidance.pdf

**Q-6:** The antigen tests we received from CDPH have expired, and the lot numbers from the box are not on the list of approved expired BinaxNOW tests. Can we still use them?
**A:** Yes, please follow these guidelines "COVID Point of Care Test Expiration Guidance" https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/12/COVID-Point-of-Care-Test-Expiration-Guidance.pdf. Per the CMS Emergency Expiration Date Extension, if unexpired point of care COVID-19 tests cannot be obtained, testing programs are allowed to use expired professional CLIA waived tests if the lab director of your CLIA waived lab establishes a written policy for this use. This emergency expiration date guidance currently does not have an end date; however, it will not last indefinitely. CDPH requires quality control checks at least once every month that the expired tests are used. If your inventory of tests contains multiple lots of the tests, QC must be performed on each lot of expired tests every month. CMS guidance is:
https://www.cdc.gov/csels/dls/locs/2020/cms_guidance_for_the_use_of_expired_sars-cov-2_tests.html

**Q-7:** Our lab for testing is not notifying us when we have a positive resident or HCP which is causing us significant delay in putting people into isolation. Can CDPH assist with this on the lab end?
**A:** Contact lab field services at lfscovid@cdph.ca.gov and explain this issue so they can help you or guide you to switch labs.

**Q-8:** Many SNFs are communicating that they have stopped using PCR tests (or are rarely using PCR tests) for response testing and are instead using antigen tests. Are antigen tests acceptable?
**A:** Yes. Both PCR and antigen tests are acceptable for response testing. Antigen tests may be especially helpful in early rounds of testing because of the rapid turnaround time to identify positive individuals. Antigen tests are also helpful due to the prolonged PCR turnaround times that some nursing homes are currently experiencing. Since antigen tests are less sensitive than PCR tests, antigen tests for response testing of exposed individuals should be done at least twice weekly; a best practice for use of these tests in response testing is to use PCR tests in one of the rounds of response testing. It would be ideal to use PCR tests on the residents who had the highest risk of exposure during the outbreak to be more cautious if the initial antigen test was negative. For routine diagnostic screening testing, antigen tests must be done at least twice weekly because they are less sensitive in picking up a positive result than a PCR test. If an antigen test is used on a symptomatic individual for either routine diagnostic screening or for response testing, a negative result needs to be followed up with a confirmatory PCR test.

**Q-9:** If a person has a religious exemption to the booster and recently tested positive, are they now exempt from testing twice a week for 90 days?
**A:** Yes. They are exempt from testing twice a week for 90 days. 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. However, individuals who develop symptoms should be tested even if they had a previous episode of COVID within the previous 90 days.

**Q-10:** If an HCP tests positive, then tests positive again a week later with a PCR test, and then gets tested again and is positive, will that be added to our data in NHSN even though they are duplicates?
**A:** As long as this individual has not developed new symptoms, this person would be considered persistently positive and within 90 days of their initial positive test. Because PCR tests can remain positive for many weeks, antigen tests are preferred for discontinuing isolation and return to work at five or seven days. When reporting a positive case in NHSN there is the option to report the type of test used to get the test result. The data will not count multiple times because it is the same person within 90 days of the first COVID test.

**Q-11:** With respect to an antigen test for a HCP to return to work after testing positive, can the HCP perform the test at home and notify the SNF of the negative result or do they have to perform the test at the SNF before being allowed to return? In other words, does their rapid test have to be observed by another staff member to be valid?
**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-12:** With respect to reporting rapid test results, do we only have to report the individual results to CalREDIE or also to NHSN or is CDPH still reporting that data to NHSN if we conferred rights?
**A:** POC testing data that is reported to NHSN will get sent to CalREDIE. As long as SNFs are reporting individual results to NHSN then you do not need to also report them via CalREDIE. However, the data that you input into CalREDIE does not get sent to NHSN.

## Isolation/Quarantine Questions & Answers

**Q-13:** We have a resident that is ready to be discharged, but they just tested positive (or they were just exposed). Can they still discharge to home if they have a way to isolate/quarantine safely at home?
**A:** Yes, discharging a COVID positive resident or resident that has been exposed can be done as long as they have a safe place to isolate or quarantine, the resident understands those requirements, and has a plan for seeking medical care if needed. You need to ensure that transporting the resident does not put staff, family members and others at risk.

**Q-14:** Are there going to be any changes related to the length of times residents/patients must be in quarantine following a staff member exposure especially since all staff are wearing N95s? In SNF's total units are experiencing prolonged quarantine periods due to staff turning positive.
**A:** CDC indicated plans to update their guidance but right now we are sticking to the 14-day quarantine. We are waiting on CDC to post their updates, which they discussed during this call: Updates to CDC's COVID-19 Quarantine and Isolation Guidelines in Healthcare and Non-healthcare Settings: CDC COCA call link https://emergency.cdc.gov/coca/calls/2022/callinfo_011322.asp. The duration of isolation for infected patients and residents will remain at 10 days for residents who are asymptomatic or with mild symptoms that are resolving.

**Q-15:** Can you clarify the return-to-work guidelines post infection? Our understanding is that you are clear for work 10 days post positive test or onset of symptoms, if no severe symptoms- with no need to re-test after the 10 days. Doctors are telling our staff to retest before clearing them for work.
**A:** The test-based strategy to discontinue isolation and return to work is only necessary if the HCP needs to return to work before the 10-day isolation period, in which case a negative test result would not be required to return.

**Q-16:** I work in a continuing care retirement community. A husband tested positive and on day 5, his wife tested positive. Does the husband have to re-start his 10-day isolation?
**A:** No, the husband is within 90 days of his positive test and does not need to restart his 10-day isolation period even though he had another exposure from his wife. He is not required to quarantine or extend isolation.

**Q-17:** If our facility is having an outbreak and we are in response testing, does that mean that all the rooms are now in the yellow zone? When can we discontinue transmission-based precautions?
**A:** If you have exposure and are response testing, a green zone becomes a yellow zone. Transmission-based precautions would be needed while response testing is conducted, and you are determining who is positive. Response testing should continue until no new cases are identified in residents in two sequential rounds of testing over 14 days.

**Q-18:** Is a resident (who is on quarantine due to exposure) considered re-exposed if an HCP who turned positive was wearing full PPE while caring for them?
**A:** Yes. An N95 respirator might provide better **source control** than a regular facemask to help protect others around the infected HCP, but in general we have always considered a resident potentially exposed regardless of what PPE or source control the infected HCP was wearing while caring for the resident.

## Vaccine Questions & Answers

**Q-19:** The January 25, 2022 State Public Health Order that extends the booster deadline for healthcare workers from February 1 to March 1, 2022, still shows 6 months for the mRNA boosters to be given after the primary series. Is that a typo? Shouldn't it be 5 months?
**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. However, AFL 21-34.1 and the updated January 25, 2022 State Public Health Officer Order requiring boosters by March 1, 2022 are anticipated to keep the 6-month interval for Pfizer and Moderna boosters for the purpose of compliance with the order. 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-20:** Does the booster extension in the State Public Health Officer Order apply to ICFs and GACs?
**A:** Yes. Those facilities are listed https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx.

**Q-21:** What is the official recommended time post vaccine series for booster dose?
**A:** Booster dose time recommendations depend on the primary series product. Recipients of an mRNA COVID-19 vaccine primary series should receive a booster dose at least 5 months after the last dose administered. Recipients of Janssen COVID-19 Vaccine for primary vaccination should receive a booster dose at least 2 months (8 weeks) after the primary dose. An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 Vaccine for booster vaccination. www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#booster-dose

**Q-22:** Was there any study conducted regarding the relationship between the length of time the booster dose was administered after the second dose in relation to the effectiveness of preventing severe symptoms or hospitalizations?
**A:** **CDC Definition**: A person is considered "boosted" and **up to date** right after getting their booster dose (www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html).CDC has stated on partner calls that rapid increases in immunity are expected. Initial Pfizer study looked at Booster efficacy at 7 days (but less than 2 months) against symptomatic COVID-19. Please see slides 15-21 from Pfizer presentation to ACIP meeting www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-19/02-COVID-Perez-508.pdf

**Q-23:** The MMWR report indicates that infection-derived protection was greater after the highly transmissible Delta variant became predominant, coinciding with early declining of vaccine-induced immunity in many persons. This indicates that natural immunity gives more protection. Is there any discussion of letting HCP work without a booster if they recently recovered from COVID?
**A:** Thank you for this question which has already been shared with others in CDPH for consideration. If you are referring to this MMWR https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm, the first sentence in the discussion states that "This analysis integrated laboratory testing, hospitalization surveillance, and immunization registry data in two large states during May–November 2021, before widespread circulation of the SARS-CoV-2 Omicron variant and before most persons had received additional or booster COVID-19 vaccine doses to protect against waning immunity."

## Cohorting Questions & Answers

**Q-24:** Throughout the pandemic we have been told to demarcate our red zone, usually with a plastic drape that separates the red from the yellow zone. Public health is now saying that we can't have a plastic drape, and that if used it needs to be 8-10 feet from the ceiling to allow air to circulate. Advice?
**A:** The plastic barriers were implemented earlier on in the pandemic, but as our understanding has evolved around the importance of ventilation, plastic barriers are now discouraged. The LHD guidance in this scenario seems appropriate because barriers could potentially impede airflow and worsen the air exchange and ventilation which could contribute to transmission. I'm not aware of a specific number of feet from the ceiling, but instead of drapes, we recommend other mechanisms, like signage, to demarcate your zones. Consult with your engineer to ensure barriers that get put up do not impede ventilation in the building.

**Q-25:** Can we use a physical barrier that has multiple holes in between our zones to assist with ventilation?
**A:** We recommend that any kind of barrier that a facility is putting up be reviewed with engineering staff to evaluate how the barrier might affect air flow.

**Q-26:** Is it ok to have a yellow zone person under investigation (PUI) room located within the red zone wing of our facility? The residents of the PUI room were all previous roommates of COVID confirmed residents. We are trying to keep PUI and confirmed residents separate from those not infected.
**A:** We do not recommend moving anyone into the red zone who does not have confirmed COVID. We recommend a "shelter in place" approach for the PUI residents who were exposed. If you move them to another room, you run the risk of creating additional exposures to other residents. Consider the entire unit to be exposed when a COVID positive individual is identified.

**Q-27:** Can staff working with PUI/exposed residents assist staff working in the red zone? Or can staff working in red zone also work with PUI Residents, assuming they start with yellow zone residents and end with red zone residents and follow all infection control guidelines?
**A:** Yes. Generally, staff in the red zone should be dedicated to the red zone, but for operational purposes and staffing ratios there may be situations where staff need to move between zones, especially in situations when you only have a few residents in the red zone. Every nursing home has a full-time infection preventionist now that can help with adherence monitoring of hand hygiene and PPE. IP protocols need to be monitored to ensure there are no breaches if staff are moving between zones.

## Other Questions & Answers

**Q-28:** How do we sign up to automatically receive CDPH State Health Officer Orders?
**A:** CDPH has been notified of the need to ensure State Public Health Officer Orders are distributed via the CAHAN to ensure all nursing homes are notified of important statewide guidance. The guidance is also posted at: [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx)

**Q-29:** What is the definition, criteria, difference between pandemic and endemic?
**A: Endemic** is the constant presence or usual prevalence of the disease or infectious agent in a population with a geographic area. **Epidemic** refers to an increase in the number of cases of the disease than what is normally expected in the population of that area. **Pandemic** is a widespread epidemic over many countries and continents. The million-dollar question right now is at what point does COVID-19 go from being a pandemic to an endemic? We are still in a pandemic, but we may be in and out of an endemic or sporadic epidemic moving forward. There won't be a sudden transition where the

pandemic suddenly ends and life pre-COVID-19 is back as we know it. The bottom line is that we need to be as prepared and flexible as possible and remain engaged as we evolve in our response to COVID-19 in the foreseeable future.

**Q-30:** We are a mental health facility, and our staff continue to test positive. All staff are wearing N95s so can I assume that the risk of transmission is low. In our facility our units are separate, and staff have separate breakrooms. Instead of turning these units yellow after a staff test positive, can we keep them green because our residents are struggling with isolation and mental health issues? If I need to keep the unit yellow, why does it make sense to let a positive HCP return to work early if they wear an N95, if the N95 doesn't reduce the risk of transmission?
**A:** The N95 in this instance is for **source control** to protect others around the positive HCP. The effectiveness of the N95 (or any type of facemask) for **source control** to reduce transmission risk from the infected HCP wearing it is not 100% because it is challenging for the infected HCP to wear the N95 properly with the adequate seal throughout the shift. COVID-19 positive HCP who return to work wearing an N95 before meeting criteria to discontinue isolation is a last resort strategy due to staffing shortages. The N95 is an additional measure of source control, but it doesn't eliminate the risk. In general, we have always considered a resident potentially exposed regardless of what PPE or source control the infected HCP was wearing while caring for the resident. We acknowledge the challenges with residents and quarantine, but if a COVID positive staff member returns to work early and is caring for uninfected residents, the residents in that unit may need to be considered potentially exposed. A facility in this situation (positive HCP working with uninfected residents) should consider response testing of these residents and universal empiric respirator use by HCP, and have a low threshold for considering residents exposed especially if appropriate N95 use for source control by the positive HCP is questionable.

**Q-31:** Are AFL 20-74.1 and AFL 20-53.6 going to be revised?
**A:** Both of those AFLs need to be updated with the new CDC guidance. The guidance in AFL 20-53.6 around management of potentially exposed residents and response testing in a facility where more than 90% of residents and more than 90% of HCP are fully vaccinated, describes a more individual contact tracing approach. That guidance aligns with CDC's guidance from last September, which was before Omicron, and before the challenges with waning immunity and recognition that boosters were needed to be considered up to date on vaccination status. So that guidance reflected a less aggressive and less conservative approach in managing potentially exposed residents in the context of a highly vaccinated population with high-level immunity. That approach is not as feasible now given the current circumstances of high transmission in our communities, and especially if a facility has not yet achieved high booster coverage. Consult with your local health department for further guidance at this time.