



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
March 16 & 17, 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

- **Thursday calls are cancelled in April. Last Thursday call is March 31st.**

Register for April to June 2022 Wednesday Webinars at:

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

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
State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings (2/7/2022)	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
CDPH AFL 22-07 Guidance for Limiting the Transmission of COVID-19 in SNFs—includes updated visitation and communal dining guidance (2/7/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx
CMS QSO-20-39-NH: Visitation Guidance (11/12/2021)	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
State Public Health Officer Order: Health Care Worker Vaccine Requirement (2/2/2022)	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 21-34.3 COVID-19 Vaccine/Booster Requirement (2/2/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx
AFL 21-08.8 Guidance on HCP Quarantine/Isolation (3/7/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
AFL 21-28.3 Testing, Vaccination Verification and PPE for HCP (2/22/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx

Vaccine Questions & Answers

Q-1: Can our facility enroll in myCAvax to administer vaccines on our own?

A: Yes. All nursing homes are strongly encouraged to enroll in myCAvax now to be able to administer COVID vaccines on their own. For more information about steps to enroll, view the PowerPoint slides from the March 16 presentations located at:

- COVID Vaccine Presentation: https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/vaccines_mar16_508.pdf
- Steps to Enroll in the COVID-19 Vaccine Program https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/covid-19_vaccineprogram_508.pdf

Q-2: Once we enroll in myCAvax, how long does it take for the facility Org Code to be activated?

A: Activation of the registration for a new Org Code should take no more than 2-3 business days.

Q-3: What Digital Data Loggers does CDPH recommend?

A: Page #10 of the CDC guide has information about Digital Data Loggers:

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>. The provider enrollment team can also connect you with CDPH storage & handling experts to discuss more specific details.

Q-4: As an employer, can we utilize CAIR2 to confirm vaccination status of our employees to ensure the vaccine dates they gave us are accurate?

A: The uses of CAIR2/immunization registries are limited by law in order to protect confidentiality. Employers can use CAIR2 to verify vaccine records for patients/residents, but cannot look up vaccine records for employees or visitors. With regards to vaccination verification, please refer to this guidance: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccine-Record-Guidelines-Standards.aspx>. Details on the legal language can be found on this website: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=120440. To troubleshoot CAIR2 discrepancies, contact the CDPH Virtual Vaccination Support website: <https://chat.myturn.ca.gov/?id=17> or email DCVRRemediation.Requests@cdph.ca.gov.

Testing Questions & Answers

Q-5: Do nursing homes need to request flu tests from their local MHOAC?

A: CDPH recommends that all nursing homes order the POC flu tests from their MHOAC or local health department. Once ordered, the tests will be delivered to your facility. Each box ordered has 25 tests.

Q-6: If the tests are delivered now and flu season will be ending soon, will the tests still be within their expiration date before flu "season" starts again in the Fall?

A: The boxes of flu tests will have different expiration dates which may be before the next flu season, but note that the test kits come in boxes of 25 tests and are available to be obtained now and used during this current season. Please reach out to your MHOAC to obtain these test kits to ensure your nursing home is prepared and can promptly test symptomatic residents and HCP for both COVID and influenza. If you have questions concerning the use of these tests, please contact CovHAI@cdph.ca.gov.

Q-7: Will the 14-day response testing window be shortened to 10 days?

A: No, we don't anticipate shortening the window of 14-days with no new positive tests during response testing to determine the containment of transmission. Fourteen days was the maximum length of the incubation period following exposure to the original viral variants, and given the shorter incubation period with more recent variants will now allow around two full incubation periods to occur to determine the absence of ongoing transmission.

Q-8: Can nursing homes use the Flow Flex self-tests that were provided by the State?

A: If a facility already has a CLIA certificate of waiver and state registration but wants to start using a new POC antigen test, the facility must notify CMS and Laboratory Field Services (LFS) of the new test by submitting a new CMS 116 form (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms116.pdf>) to LFSCCLIA@cdph.ca.gov. The facility must also report the new testing information through the COVID-19 Testing Notification link (<https://cdph-lfs.force.com/lfs/s/>). As the temporary allowance letter states, the facility can begin testing with the new test as soon as it has submitted the CMS form and changed the information on the Testing Taskforce testing notification

page. Facilities do not need to wait for a response or approval. Note that COVID-19 tests must have Emergency Use Authorization (EUA). For more information on tests that have received EUA visit <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas>.

Q-9: How long do we need to keep COVID-19 test records for employees?

A: View Title 8: §3204. Access to Employee Exposure and Medical Records—Preservation of Records <https://www.dir.ca.gov/title8/3204.html>

- ...each employer shall assure the preservation and retention of records as follows:
 - **(A) Employee Medical Records.** The medical record for each employee shall be preserved and maintained for at least the duration of employment plus 30 years...
 - **(B) Employee Exposure Records.** Each employee exposure record shall be preserved and maintained for at least thirty (30) years...

Q-10: If a staff member with an approved exemption only works as needed because of on-call status, how often does the staff member need to be tested?

A: Per AFL 21-28.3 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx>) under the section “Updated Routine Diagnostic Screening Testing of Unvaccinated Exempt or Booster Eligible HCP”, it states that staff that are not up to date on their vaccinations 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. If the HCP works less often than weekly, the individual must undergo SARS-CoV-2 diagnostic screening testing within 48 hours before each shift.

Isolation/Quarantine Questions & Answers

Q-11: What is the new quarantine and testing guidance for residents?

A: On February 2, CDC updated their infection control guidance, including quarantine for residents (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599). At this time, it is reasonable for nursing homes to adopt CDC’s updated guidance for new admissions and duration of quarantine:

- **New admissions** that are **not up to date** with all recommended COVID-19 vaccine doses (including booster, if eligible) should be tested on admission and quarantined for at least 7 days from the date of admission until results are known for testing obtained 5–7 days after admission.
- **Exposed residents** need to quarantine for 10 days following the exposure; or 7 days if testing is performed between days 5 and 7 and the resident tests negative. **Note, consistent with CDPH AFL 20-53, this is regardless of vaccination status unless facility has >90% booster coverage in HCP and residents.*
- **Exposed residents** who have **recovered from COVID-19 in the prior 90 days** should wear source control but do not need to quarantine. In general, testing is not necessary unless they develop symptoms; however, if testing is performed, an antigen test is recommended.

Q-12: If a new admission gets the booster on day 2 in the yellow zone, can we discontinue quarantine?

A: Individuals who receive the booster are considered “boosted” immediately upon receiving the booster dose, however, in reality, it takes several days to see the actual boost in antibody after receiving the booster. CDPH does not recommend moving a resident from the yellow zone to the green zone immediately after receiving the booster because that individual may be incubating SARS-CoV-2 at the time the booster is administered and the booster would not be expected to prevent infection that is already incubating. For example, CDPH recently became aware of an outbreak in a facility where a large number of individuals became positive a few days after receiving the booster.

Q-13: Do HCP have to wear eye protection in the green zone?

A: In facilities in counties with substantial or high COVID-19 transmission per CDC's COVID Data Tracker (<https://covid.cdc.gov/covid-data-tracker/#county-view>), and during a COVID-19 outbreak in a facility, eye protection (face shields, goggles) is required as PPE during all resident care, including green zones. Eye protection in the green zone is NOT required in counties with low to moderate county transmission, unless otherwise indicated as part of standard precautions. Eye protection is NOT necessary in non-patient care areas, such as the kitchen, hallways, nurses' station, regardless of county transmission. Check with your local health department to see if they have more stringent requirements.

Q-14: Can HCP wear surgical masks rather than N95s in the green zone?

A: First, understand the differences in the purposes of masks or N95s:

- **PPE:** protect the HCP from residents' respiratory secretions during resident care.
- **Source control:** limit emission of the wearer's respiratory secretions for the protection of others around them.

Surgical masks are generally acceptable as source control when HCP are caring for residents in the green zone (and in non-resident care areas). HCP should wear N95s as both PPE and source control in the green zone:

- During an outbreak.
- During care for residents undergoing aerosol generating procedures in a facility located in a county with substantial or high community transmission per the CDC COVID Data Tracker: <https://covid.cdc.gov/covid-data-tracker/#county-view>.

Per CDC, to simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of N95 respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. Check with your local health department to see if they have more stringent requirements.

Q-15: What is the current CDPH regulation regarding residents wearing masks in communal dining and group activities?

A: Masking guidance regarding communal activities and dining can be found in CDPH AFL 22-07 <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-22-07.aspx>. Residents who are fully vaccinated and not in isolation or quarantine may eat in the same room without physical distancing; if any unvaccinated residents are dining in a communal area (e.g., dining room) all residents should use source control when not eating. Residents who are fully vaccinated and not in isolation or quarantine may participate in group/social activities together without face masks or physical distancing; if any unvaccinated residents are present, then all participants in the group activity should wear a well-fitting face mask for source control and unvaccinated residents should physically distance from others. When it is not possible to ensure all persons participating in an activity are vaccinated (e.g., in break rooms and other common areas where staff or residents may come and go), then all participants should follow all recommended infection prevention and control practices including physical distancing and wearing a well-fitting face mask for source control. As such, activities where participants do not use source control and physical distancing should be carefully planned in advance and monitored so that vaccination status of all participants can be verified and ensured throughout the activity. Facilities should consider, in consultation with their local health department, resuming limitations on communal activities and dining based on the status of COVID-19 infections in the facility, e.g., when one or more cases has been identified in facility staff or residents.

Q-16: Do receptionists need to wear a surgical mask at all times in a nursing home?

A: Yes, CDPH guidance requires masking indoors for everyone working in a healthcare setting.

Visitation Questions & Answers

Q-17: Where can I find the new visitation guidance?

A: New visitation guidance updated on February 7, 2022 can be found in CDPH AFL 22-07 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx> and in the State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings <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>.

Other Questions & Answers

Q-18: Currently, SNFs must complete a CDPH daily survey and a CDPH weekly survey. Has CDPH re-evaluated dropping the daily survey?

A: At some point, the frequency will change. The daily cadence is required from the Governor's office so that daily cases can be reported, but CDPH is working on a proposal to reduce the number of questions that need to be answered. We hope to announce changes soon to ease the reporting burden.

Q-19: Why is the transmission rate different for my county on the CDC websites? One tracker shows my county is orange for substantial risk, and the other county shows my county is green for low risk. Which website should we use?

A: There are two CDC trackers, which may be causing confusion. Each tracker utilizes different methodologies to calculate risk. The tracker that applies to healthcare settings is the CDC COVID-19 Data Tracker which is updated daily <https://covid.cdc.gov/covid-data-tracker/#county-view>. There is another CDC COVID-19 Community Levels tracker that does not apply to healthcare settings <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>. This tracker is a tool developed to help communities and individuals decide what prevention steps to take based on the latest data concerning impact on the healthcare systems in their community. For more information on these two trackers, view slides 15-20 in Dr. Epson's HAI presentation on March 2nd. https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/cdph_march_2_508.pdf

Q-20: Which tracker should Los Angeles County nursing homes use to determine transmission risk?

A: Los Angeles County Department of Public Health's guidance is to use the same CDC COVID-19 Data Tracker that CDPH recommends for healthcare settings to determine transmission risk (https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=California&data-type=Risk&null=Risk&list_select_county=6037). As of 3/17/22, Los Angeles County is orange for substantial transmission risk. The CDC tracker is linked to LAC DPH's guidance in multiple places on their website, including in the "quick links" section at the top of LAC DPH's SNF guidance webpage (<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/>). For example, the website says "CDC COVID-19 Data Tracker-County Transmission Level LA County: Facilities should use this CDC Data Tracker when determining whether or not to loosen restrictions, as per LAC DPH SNF guidelines (<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>). See [LA County Transmission Level](#)."

Q-21: Are SNFs required to continue to send COVID-19 updates to residents, responsible parties, and staff about COVID updates, even when we have no outbreak?

A: It is a best practice to periodically update residents and families about the status of the facility's COVID prevention efforts and other updates even in the absence of an active outbreak. There has not been a recent change in requirements or expectations. Ensure people are informed about the risks and status of the facility by keeping families and loved ones informed about the latest information.

Q-22: Our nursing home has an assisted living facility attached to it. When our assisted living facility residents come join our nursing home residents for group activities in the nursing home side of the facility, do they need to be treated as visitors and always keep their mask on?

A: In this scenario, the assisted living residents would not be considered visitors; they would be considered residents. Follow the group activities masking guidance in AFL 22-07, in addition to encouraging continued masking for residents who are immunocompromised or otherwise high risk (regardless of vaccination status) and keep the groups as small and consistent as possible based on the activity to help reduce exposure. Since vitals are not taken as frequently for assisted living facility residents, it would be wise to screen assisted living facility residents for signs, symptoms, and potential exposures, prior to allowing them to join group activities with the nursing home residents.

Q-23: Do healthcare settings need to continue to screen HCP, vendors and visitors prior to entry?

A: Yes. Healthcare settings must continue to have a process to screen and identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:

- 1) A positive viral test for SARS-CoV-2
- 2) Symptoms of COVID-19, or
- 3) Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure for HCP

Options could include (but are not limited to):

- Individual screening on arrival at the facility; or
- Implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility.

Be mindful of other contagious diseases and pathogens, such as influenza and other viral respiratory infections, Strep pharyngitis, measles, tuberculosis, etc. More info can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Q-24: Has CDPH approved self-screening for COVID symptoms, or does screening need to be actively done by another person?

A: Self-screening can be done with an electronic monitoring system in which an individual can self-report the three criteria that must be screened for per the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>), including:

- 1) A positive viral test for SARS-CoV-2
- 2) Symptoms of COVID-19, or
- 3) Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure for HCP

As long as these elements are screened for, then the screening process is sufficient.