



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
March 23 & 24, 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: When is CDPH going to update vaccine guidance regarding new hires? Will HCPs that do not provide direct patient care have to be vaccinated in the new, pending guidance (i.e., correctional officers, clerical, janitorial, cooks, etc.)?

A: CDPH is in the process of updating guidance regarding new hires. Updates will be coming soon. The definition of worker will continue to include HCP that do not provide direct patient care, such as cooks, janitors, clerical workers, correctional officers, etc.

Q-2: Can a new hire in the process of completing the primary vaccine series begin to work?

A: HCP are not eligible to work in a healthcare setting until they complete their full primary vaccine series because there is a high risk of exposing residents or other workers to COVID. Completing the two-dose series or single-dose series includes the two-week period after vaccination to meet the fully vaccinated definition. The only way the worker can continue working is with a medical or religious exemption, in which testing would be required two times weekly per AFL 21-28.3. Expect to see updated guidance from CDPH coming soon regarding new hires.

Q-3: Will facilities receive a deficiency if booster-eligible HCP without an approved exemption continue to work in a nursing home?

A: If a nursing home is surveyed, there is potential for a deficiency if HCP not up to date with their vaccinations that do not have approved exemptions, or who have not had a COVID-19 infection within the previous 90 days are still working.

Q-4: Is there any assistance for our facility to obtain a data logger so we can store vaccines on site?

A: Please contact the myCAvax team for assistance related to data loggers or storage requirements: COVIDCallCenter@cdph.ca.gov.

Q-5: A fully vaccinated volunteer priest will not get the booster and refuses to file a religious exemption. Can we treat this individual as a "visitor" instead of a healthcare worker so the priest can provide compassionate care services during end-of life situations?

A: This is a difficult situation. Priests and chaplains are considered healthcare workers, therefore are subject to the requirements to be either up to date with vaccination or have a religious or medical exemption. HCP who have had a recent COVID infection may defer their booster for up to 90 days after their COVID diagnosis. We recommend that you discuss this scenario with your local L&C District Office for more guidance, especially for end-of-life situations.

Q-6: Do the clinical reasons for the medical exemption need to be listed in the providers' medical exemption letter?

A: Yes. Per CMS QSO 22-07 Attachment A (<https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf>), the clinical reason is required to be documented in the medical exemption letter.

- *Medical exemption documentation must specify which authorized or licensed COVID-19 vaccine is clinically contraindicated for the staff member and the **recognized clinical reasons for the contraindication**. The documentation must also include a statement recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements based on the medical contraindications.*
- *(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:*
 - *(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and*
 - *(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;*

Q-7: Can an antigen test be used to release a resident from quarantine?

A: Yes, an antigen test or PCR test can be used to release a resident from quarantine, as long as the resident is asymptomatic and has not had another exposure to COVID-19.

Q-8: Do HCP that received the primary vaccine series, but are not eligible for the booster yet, need to be tested twice a week?

A: No, they do not need to be tested twice a week because they received their primary series and are not eligible yet for the booster (6 months after completion of the primary series). Once HCP are eligible for the booster, they need to be in compliance no later than 15 days after the recommended timeframe.

Q-9: Do unboosted HCP who recently recovered from COVID-19 still need to be tested twice a week after March 1, since they are deferring the booster for 90 days?

A: No. Asymptomatic HCP who have recovered from COVID-19 within the previous 90 days do not need to be tested as part of routine diagnostic testing. An individual would only need to be tested again within the 90 days if there was a new symptom onset. Testing after a high-risk exposure can also be considered with an antigen test, but is not a requirement.

Q-10: The February 22, 2022, State Public Health Officer Order and Testing AFL both include a strong recommendation that even fully vaccinated/boosted SNF workers should be tested twice a week. Should we continue to test them to be cautious?

A: Testing fully vaccinated and boosted HCP is a recommendation, but not a requirement. This recommendation was made during the initial rise of Omicron and during the surge with high community transmission. All HCP should continue to be screened for symptoms regardless of vaccination status.

Q-11: If our county transmission rate is low, do we need to continue testing twice a week for our HCP that are not up to date with their vaccinations that have approved exemptions?

A: Yes. Testing twice a week is required statewide, even if there is low transmission.

Q-12: Do students, vendors or contractors need to show a negative test if unvaccinated?

A: Students, vendors, and contractors, such as plumbers, construction workers, painters, and electricians, are considered “workers” in the “Health Care Worker Vaccine Requirement” State Public Health Officer Order updated on February 22, 2022, because they have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. If they are fully vaccinated and boosted (if booster eligible), they do not need to be tested in routine diagnostic screening testing. If they are not up to date on their vaccination, and have an exemption, then they need to be tested twice weekly. The testing can be supervised by the school, vendor or contractor’s employer and does not need to occur at the nursing home prior to entry, but it must be proctored. If they are unvaccinated or not up to date on their vaccination and do not have an exemption, then they cannot continue working in a nursing home or other health care setting unless they recovered from COVID within the last 90 days per the February 22 Order.

Q-13: Are delivery and mailmen considered “workers” in the February 22, 2022, State Public Health Officer Order? Do they need to be vaccinated before delivering mail and packages to our facility?

A: Delivery people or mailmen are not considered “workers” under the “Health Care Worker Vaccine Requirement” because they do not spend extensive time in the facility. If they enter the facility, they need to be actively screened for symptoms, but they are not subject to the vaccine order. However, other vendors and contractors that enter the facility (even if they do not deliver patient care), such as plumbers, construction workers, painters, electricians, and students, are considered “workers” under the State Public Health Officer Order vaccine requirement because they have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols.

Q-14: Can employees with approved exemptions be tested twice weekly with an antigen test? When is a confirmatory test needed following a negative antigen test?

A: Either PCR or antigen tests can be used for the twice weekly testing routine screening testing of HCP not up to date with their vaccinations that have exemptions. Confirmatory PCR tests following a negative antigen test results are not required because it is routine screening testing. However, if the individual was recently exposed or symptomatic, then confirmatory PCR testing would be required. Confirmatory PCR testing may also be recommended following a positive antigen test result if there is strong information to suggest that it could be a false positive (i.e., individual was asymptomatic and not exposed; community has low transmission rate). Contact your local health department for guidance in these situations. If the individual is symptomatic or exposed, and tests positive with an antigen test, a confirmatory molecular test is not needed. If there are high-test positivity rates of COVID in the community, a positive antigen test for an individual should not need a confirmatory PCR test (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx>).

Q-15: Can antigen tests be used for staff and resident response testing?

A: Yes, antigen testing 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 positives; however, during response testing, negative antigen test results may need to be followed by a confirmatory molecular (e.g., PCR) test. You might consider confirmatory testing for higher risk close contacts (consult with your local health departments). One implementation option is to substitute one round of response testing per week with a PCR test, as long as the turnaround time for the PCR result is 24-48 hours. This guidance applies to staff, residents, and visitors. Individuals who develop symptoms should be tested with an antigen test even if they had a previous episode of COVID within the previous 90 days. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Guidance-on-the-Use-of-Antigen-Tests-for-Diagnosis-of-Acute-COVID-19.aspx>

Q-16: An individual recently recovered from COVID (less than 90 days) and developed new symptoms of congestion. The antigen test result was negative. Is a confirmatory PCR test needed?

A: We would not recommend a confirmatory PCR test in this scenario because the individual is within 90 days of testing positive for COVID, and a PCR test could test positive because the individual is persistent positive from the prior COVID virus. Alternatively, we recommend repeating the antigen test and testing for other respiratory pathogens, such as influenza.

Isolation/Quarantine Questions & Answers

Q-17: If a booster is given a few hours before admission to SNF, can they go in the green zone?

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 antibodies. CDPH does not recommend admitting this resident directly to the green zone a few hours after receiving the booster because the resident may have been incubating SARS-CoV-2 at the time the booster was administered. The booster would not be expected to prevent infection that is already incubating.

Q-18 Why do SNFs have to quarantine and test new admissions coming from the hospitals if they are not up to date on their boosters? It doesn't seem fair that the hospitals do not have to quarantine them.

A: There is a difference in the level of risk of transmission from patients to other patients in the hospital and to workers that are different than in long-term care nursing homes. Most hospitals are testing patients upon admission and periodically throughout a stay, they have more single rooms, and they may be implementing universal PPE including respiratory protection for workers per CDC guidance. Hospitals are implementing similar precautions to quarantine, even though they don't officially call it quarantine.

Q-19: How do I determine the level of community transmission for my facility?

A: Use the CDC COVID Data Tracker (<https://covid.cdc.gov/covid-data-tracker/#county-view>).

Enter the state and county and select Data Type: “Level of Community Transmission” to determine the level in your county. Community Transmission refers to measures of the presence and spread of SARS-CoV-2, the virus that causes COVID-19. The two metrics used are (1) new cases per 100,000 persons in the past 7 days and (2) percentage of positive NAAT tests during the past 7 days. Refer to the PowerPoint slides #18-20 from the March 2, 2022 Wednesday Webinar presentation

<https://www.hsag.com/contentassets>

[/4a66046f256e4d44ae30db0fd9dc2510/cdph_march_2_508.pdf](https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/cdph_march_2_508.pdf).

Q-20: Do HCP have to wear eye protection in the green zone? Does vaccination status matter?

A: In general, PPE is worn by HCP for their protection during resident care regardless of the HCP vaccination status. Eye protection (face shields, goggles) is required as PPE during all resident care, including green zones:

- During an outbreak
- During care of residents in the green zone in counties with substantial or high COVID-19 transmission per CDC's COVID Data Tracker (<https://covid.cdc.gov/covid-data-tracker/#county-view>)
- 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-21: Can HCP wear surgical masks rather than N95s in the green zone?

A: Surgical masks are 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 levels of 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-22: In outdoor areas of the hospital campus where residents and staff may intermingle, are masks required or suggested, regardless of vaccine status?

A: CDPH's masking requirement for all individuals in healthcare settings, regardless of vaccination status, only applies to indoor spaces. The masking requirement does not apply to outdoor spaces on healthcare setting campuses, like an outdoor courtyard. However, per AFL 22-07, the outdoor masking guidance for nursing homes is different. Outdoor visitation between residents and visitors needs to be conducted with face masks, regardless of vaccination status. The guidance says, “Outdoor visits between residents and all visitors who are fully vaccinated, must be conducted with face masks and may include physical contact (e.g., hugs, holding hands). Visits between residents or visitors that are unvaccinated or incompletely vaccinated should be conducted with well-fitting face masks during the visit.”

- CDPH Guidance for the Use of Face Masks (2/28/22) <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>
- Face Coverings Q&A (3/11/22) <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx>
- CDPH AFL 22-07 From AFL 22-07 (2/7/2022) <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx>

Visitation Questions & Answers

Q-23: Will the visitation restrictions and screening processes be lifted in the near future?

A: We are not aware of upcoming changes to visitation requirements for screening. Long term care settings are the highest risk setting and will probably be the last setting where restrictions are rolled back.

Other Questions & Answers

Q-24: Are nursing homes still required to complete the CDPH daily and weekly 1, 2, 3 survey?

A: Yes. Nursing homes are required to complete both the daily and weekly surveys. Both of these surveys are used to satisfy required reporting in NHSN. The daily survey responses go into the pathway reporting section in NHSN, and some of the weekly survey responses export into the vaccination summary module in NHSN.

Q-25: Are there weekly reporting requirements for flu vaccine to NHSN for all staff and contractors?

A: We are not aware of a requirement for LTCFs to report flu data into the NHSN at this time.

Q-26: Is it now established guideline to no longer use plastic barriers between red, yellow, and green zones? Instead, we could use chains or accordion barricades. Advice?

A: The use of plastic barriers is a temporary modification and should not remain in place permanently. The use of visual clues to identify your cohort zones is preferred, but there are site specific considerations based on the building design and the resident population. Whether a barrier interferes with ventilation depends on how it is installed. Consultation with a professional who understands the airflow of the building is advised. Any time barriers are deployed, airflow distribution testing with tracer “smoke” or handheld pressure monitors should be used to be certain that air flow is from clean to dirty, (e.g., from hallway to room where infected individuals may be housed). For more information, visit CDC Ventilation in Buildings (<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>) and the CDPH Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx>).