California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
March 2 & 3, 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

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
State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings (Amended 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 (Amended 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 (Updated 2/2/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx
AFL 21-28.3 Testing, Vaccination Verification and PPE for HCP (Updated 2/22/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx

Booster Mandate Questions & Answers

Q-1: After March 1, do unvaccinated HCP, without an exemption, and unboosted HCP that are eligible for the booster, need to be terminated?
A: Following March 1, unvaccinated HCP without an exemption and unboosted HCP (if eligible for the booster) 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. Facilities need to discuss employment policies with HR and their legal counsel.

Q-2: Can a worker opt to regularly test instead of getting vaccinated or boosted by March 1, 2022?
A: No. Per the February 22, 2022 State Public Health Officer Order "Health Care Worker Vaccine Requirement" testing will be an alternate means for satisfying this Order only for those who are granted an exemption pursuant to the Order. This FAQ is located at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx.

Q-3: What will happen to a facility that did not get HCP boosted by March 1?
A: If the facility is surveyed, there is potential for a deficiency if unboosted HCP who have not had a COVID-19 infection within the previous 90 days are still working in patient care areas when they are eligible for the booster.

Q-4: Can HCP continue to work after March 1 if they received the primary vaccine series, but are not eligible for the booster yet?
A: Yes. HCP that received their primary vaccine series but are not yet eligible for the booster can continue to work past March 1 and do not need to be tested twice weekly. Once HCP are eligible for the booster, they need to be in compliance no later than 15 days after the recommended timeframe.

Q-5: Can a new hire in the process of completing the primary vaccine series begin to work? She is not eligible for her 2nd dose of vaccine yet.
A: If a HCW has not completed their primary vaccine series, they 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 patients 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.

Q-6: Do unboosted HCP who recently recovered from COVID-19 still need to be tested twice a week after March 1, since they are going to defer 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-7: Are students required to have boosters?
A: According to the "Health Care Worker Vaccine Requirement" State Public Health Officer Order, students 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, the booster requirement applies to students. If they have an exemption, then they need to be tested twice weekly. The testing can be supervised by the student's school and does not need to occur at the nursing home prior to entry. Documentation from the school that they are vaccinated and boosted, and following testing guidelines would be helpful.

Q-8: Can unvaccinated HCP with valid religious or medical exemptions continue to work?
A: HCP with valid medical or religious exemptions can continue to work as long as they are being tested at the required frequency. Local health jurisdictions may have more stringent requirements that need to be followed.

Vaccine Questions & Answers

Q-9: How early can residents in their 90-day recovery period after being positive receive the booster?
A: Individuals who are COVID positive can get the booster shot after their isolation period is over, if they meet the criteria for discontinuing isolation. They would also need to be eligible for the booster, at least 5 months past their primary series for the mRNA vaccines.

Q-10: If an individual had Pfizer for their primary series vaccine, but then had Moderna for the booster, would they be considered up to date with their COVID vaccines?
A: Yes, this person would be recognized as fully vaccinated and boosted.

Q-11: Can we ask visitors for proof of vaccination status before entry? If they decline, are we to treat them as unvaccinated visitors?
A: Yes, the facility can ask for proof of vaccination. If the visitor refuses to provide this documentation, they would be managed as an unvaccinated visitor per AFL 22-07. Unvaccinated visitors seeking indoor visitation must show documentation of a negative test. Unvaccinated or incompletely vaccinated visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 in lieu of testing. Visitors who are visiting a resident in critical condition, when death may be imminent, are exempt from the vaccination and testing requirements, however, must comply with all infection control and prevention requirements.

Q-12: Is a vaccination card valid if it's from another country? The vaccination card appears to be from England and says "Public Health England Gateway number: 2020311." How can we verify this is real?
A: Here is guidance from CDC regarding acceptable proof of vaccination status for travel into the U.S. https://www.cdc.gov/coronavirus/2019-ncov/travelers/proof-of-vaccination.html#vaccine-proof. Additional links include:

- FAQs on COVID-19 Vaccinations and Testing for International Travel: https://travel.state.gov/content/travel/en/international-travel/emergencies/covid-19-faqs-for-travel-to-the-us-information.html
- EU Digital COVID Certificate: https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate_en

Q-13: Is HCP vaccination status considered protected health information (PHI)?
A: No. Vaccination status is not considered PHI. More information can be found at: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-covid-19-vaccination-workplace/index.html

Q-14: How can our nursing home learn how to administer vaccines on our own in-house?
A: Long Term Care Facilities can receive and directly administer COVID vaccines for their residents and staff if they have the ability to accept, store, administer, and report COVID-19 vaccine administration data to the California Immunization Information System (IIS). Please refer to **Steps to Enrollment** (https://eziz.org/assets/docs/COVID19/IMM-1354-Provider.pdf) and **Systems Overview** (https://eziz.org/assets/docs/COVID19/IMM-1354-Provider.pdf) for details on the onboarding process into myCAvax. Contact COVID Call Center for enrollment issues: COVIDCallCenter@cdph.ca.gov; 833.502.1245. For more information, watch the recording of the February 11, 2022 HSAG quickinar "How to Administer Boosters In-House". PowerPoint Slides; Recording. Information on becoming a vaccine provider can also be found on page 4 of the Long-Term Care Facility COVID-19 Vaccine Tookit: https://eziz.org/assets/docs/COVID19/LTCF_Toolkit_10.01.21.pdf.

Cohorting Questions & Answers

Q-15: At what point in the endemic will we be able to isolate positive residents in their own room and not move them to a separate red zone?
A: The "zone" cohorts were created early in the pandemic to manage the large number of residents affected by COVID; and to ensure logistically and operationally that areas of the facility were isolated and appropriate transmission-based precautions were followed. There will come a time when we have fewer positive cases and high enough levels of immunity from the vaccination and booster that we wouldn't necessarily have to create separate zones for cohorting; in this scenario, if a resident tests positive and they do not have a roommate, it would be reasonable for the resident to stay in place in their own room. Transmission based precautions would still need to be followed, including donning and doffing PPE, good hand hygiene, and adherence monitoring of infection control practices.

Testing Questions & Answers

Tools to assist in knowing when to test HCP in SNF (tables have been updated to reflect that March 1, 2022 has passed):

AFL	Link	Audience	Testing Requirements for HCP Not Up to Date with Vaccinations with Approved Exemptions
21-28.3	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx	Skilled Nursing Facilities	*Twice-weekly testing
21-27.3	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-27.aspx	General Acute Care Hospitals	*Twice-weekly testing
21-30.3	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-30.aspx	Intermediate Care Facilities	*Twice-weekly testing
21-29.3	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-29.aspx	Other Health Care Facilities	Weekly testing
21-34.3	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx	All Facilities	*Twice-weekly in acute care or long-term care; Weekly testing in other health care settings.

*HCP not up to date with vaccinations with approved exemptions that do not work in areas where care is provided to patients, or to which patients do not have access for any purpose, must undergo **weekly** testing.

When Should HCP be Tested for COVID-19 in a SNF?					
Vaccination Status	**Routine Diagnostic Screening**	**Response Testing**	**Testing After High-risk Exposure**	**Symptomatic Testing**	**Return-to-Work for Infected HCP***
Fully Vaccinated & Boosted (or not yet Booster Eligible)	Not required, but strongly recommended	Yes	Yes	Yes	Yes, if returning at 5 days after symptom onset or positive test
Unvaccinated or Incompletely Vaccinated with Exemption	Yes, twice weekly	Yes	Yes	Yes	Yes, if returning at 7 days after symptom onset or positive test
Recovered from COVID within 90 Days	No	No	Consider, antigen test preferred	Yes, with new symptom onset	Yes, if reinfected and returning at 5-7 days after symptoms onset

*Antigen test preferred.

Check with your local health department to see if they have more stringent requirements.

When Should Residents be Tested for COVID-19 in a SNF?					
Vaccination Status	**Routine Diagnostic Screening**	**Response Testing**	**Testing After High-risk Exposure**	**Symptomatic Testing**	**New Admissions**
Residents Up-to-Date with COVID Vaccinations	No	Yes	Yes. Test within 24 hours of exposure and again between days 5 and 7.	Yes	Yes. Test on admission and again 5-7 days after admission.
Residents Not Up-to-Date with COVID Vaccinations	No	Yes	Yes. Quarantine and test within 24 hours of exposure and again between days 5 and 7.	Yes	Yes. Quarantine and test on admission and again 5-7 days after admission.
Recovered from COVID within 90 Days	No	No	Consider, antigen test preferred.	Yes, with new symptom onset.	No
Check with your local health department to see if they have more stringent requirements.					

Q-16: The recommendations during an outbreak are not to test those who were infected during the 90 days post infection. However, there have been cases of reinfection, even earlier than 30 days. Out of an abundance of caution, would it be appropriate to test those patients twice a week with an antigen test during response testing?
A: It is not a requirement to test individuals who recovered from COVID within the last 90 days, but you bring up a fair point, which is why we have recommended to consider testing recovered individuals who may have had a high-risk exposure. Be aware that it can be challenging to determine what the test results mean in an asymptomatic individual who recently had a COVID infection, since their test results (especially PCR tests) may remain positive for 90 days, but they may not necessarily represent ongoing infectiousness or a new infection. Antigen testing is strongly preferable in this situation.

Q-17: Do vendors, contract workers or delivery people need to show a negative test if unvaccinated?
A: Contractors and vendors, such as plumbers, construction workers, painters, electricians, and transport drivers, are considered "workers" and are included under the "Health Care Worker Vaccine Requirement" State Public Health Officer Order updated on February 22, 2022. Contractors and vendors 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 (if booster eligible), they do not need to be tested in routine diagnostic screening testing. If they are unvaccinated or 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 vendor or contractor's employer and does not need to occur at the nursing home prior to entry. 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-18: What are the guidelines for testing patients prior to admitting them to psychiatric facilities? Are psych or crisis units allowed to refuse admission of patients in crisis that are COVID positive?
A: If the facility can provide appropriate care and implement transmission-based precautions to prevent the spread of infection, then there would be no basis to refuse admission. It would be prudent to test on admission to guide placement, and if the individual is positive, they would need to be isolated appropriately.

Q-19: How often do unvaccinated/not up to date residents need to be tested if the facility is not on response driven testing?
A: Residents not up to date with COVID vaccinations do not need to be tested in routine diagnostic screening. They need to be tested during response testing, after a high-risk exposure, and if newly admitted.

Q-20: We received a shipment of antigen tests that were delivered at 99 degrees upon receipt due to hot weather conditions. FDA recommends storing the tests at 36 - 86 degrees. Will the results be accurate?
A: It is possible that these tests may have reduced sensitivity and may result in false negative tests. https://www.sciencedirect.com/science/article/pii/S1386653221000639

Isolation/Quarantine Questions & Answers

Q-21: What is the new quarantine and testing guidance for residents?
A: On February 2, CDC updated their infection control guidance, including quarantine for residents; updates to CDPH AFL 20-53 are in process (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-22: Do new admissions who recently recovered from COVID and have discontinued isolation need to quarantine in the yellow zone; or can they go directly to the green zone?
A: If a new admission recovered from COVID within the last 90 days and isolation has been discontinued, they can generally be admitted directly to the green zone. Refer to the February 2, 2022 CDC updates on quarantine guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599.

- **New Admissions who have Recovered from COVID-19:** In general, residents who have recovered from COVID-19 in the prior 90 days, regardless of vaccination status, do not need to be placed in quarantine. Quarantine might be considered if the resident is moderately to severely immunocompromised.
- **New Admissions who have Recovered from COVID-19 who Were Recently Exposed:** Residents who have recovered from SARS-CoV-2 infection in the prior 90 days who were exposed should wear source control. In general, these residents do not need to quarantine unless they develop symptoms or if the facility is directed to do so by the local health department. Quarantine might be considered if the resident is moderately to severely immunocompromised.
- **Testing**: In general, testing is not necessary for asymptomatic people who have recovered from COVID-19 in the prior 90 days; however, if testing is performed, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

Q-23: Can HCP wear surgical masks rather than N95s in the green zone?
A: Understand the difference in purpose 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-24: Do HCP have to wear eye protection in the green zone? Does HCP vaccination status matter?
A: In general, PPE is worn by HCP for their protection during resident care regardless of the HCP vaccination status. In facilities in counties with substantial or high COVID-19 transmission per CDC's CDC's COVID Data Tracker, 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-25: We have a meeting room that is on our hospital campus, but the room is not specifically mentioned on our hospital license. If HCP and vendors attend meetings and trainings in these meeting rooms, do they have to wear masks because we are a healthcare facility; or can they attend the meetings without masks if everyone is up to date with their vaccinations?
A: The February 28th CDPH "Guidance for Use of Face Masks" says that effective March 1, 2022, there is a strong recommendation that all persons, regardless of vaccine status, continue indoor masking. However, for healthcare settings masks are required in indoor settings. Based on this scenario, since the meeting room is in a hospital setting, masks would be required for HCP and vendors. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx

Q-26: What masks and PPE are visitors required to wear when they are in a facility that is in an outbreak? **A:** Per CDPH AFL 22-07, all visitors, regardless of their vaccination status, must wear a well-fitting face mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) and perform hand hygiene upon entry and in all common areas in the facility; if PPE is required for contact with the resident due to quarantine or COVID-19 positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP. For visits to the yellow and red zones, visitors must wear the same PPE as healthcare workers, including gown, gloves, face shield, and N95 respirator. The N95 does not need to be fit tested, but the facility must instruct the visitor on how to perform a seal check after donning an N95.

Q-27: Do staff have to change N95s after caring for a resident in a yellow zone that is negative on admission and is not a person under investigation or exposed patient? Or can they continue to wear the same N95 throughout the shift?
A: Cal/OSHA addressed this question during the Wednesday Webinar on August 11, 2021. See questions #16-18 from the call notes (https://www.hsag.com/globalassets/covid-19/afc-snf-ip-call-notes_8_1112_2021_final.pdf). In summary, Cal/OSHA removed all guidelines allowing for contingency capacity (extended use) or crisis capacity (reuse) because the supply and availability of NIOSH-approved respirators has increased significantly. All respirators must be used in accordance with their NIOSH certification without exception. The conventional capacity strategies for N95s must follow the below guidelines:

- When used as PPE, N95s should be removed and discarded after each patient encounter. However, if the HCP is caring for multiple residents in the yellow (or red zone) that have the same infectious disease, the HCP does not need to discard the N95 after each patient encounter if that aligns in accordance with the manufacturer's instructions. It depends on the N95 and how long the instructions say it can be used. The CDC says the maximum you should take an N95 on and off is five times. After five times, the band tends to stretch which compromises the N95. As long as the N95 is in good condition and kept clean and doesn't exceed the duration of donning and doffing according to the manufacturer's instructions, then it can continue to be used with patients that have the same infectious disease.
- When used for source control in the green zone or non-patient care areas, N95s may be used for multiple patient encounters until soiled or damaged. Since they are not being used to protect the employee wearing the N95, and it is strictly for source control, it can be used until it is damaged (i.e., once the strap breaks it should be discarded). As source control, the N95 is being used as an enhanced face covering.
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html
- It is a best practice to not wear the same N95 in the yellow and green zone. It is recommended to fully change PPE when moving from one cohort zone to another.

Q-28: Do CNAs need to change their gowns in between residents in the yellow zone when they are passing water pitchers and meal trays?
A: If they are just delivering a meal tray or water pitcher (brief interaction with minimal contact), they do not need to wear a gown, especially if gowns are in short supply. In the yellow zone, CNAs need to wear eyewear (face shield/goggles), N95 and gloves. Limit the use of gowns for activities where staff would have more contact with the resident. Refer to AFL 20-74 attachment that provides guidance on the use of gowns in the different zones. If gowns are used, extended use is not recommended. (https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-74-Attachment-01.pdf)

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow PUI, Single Room if Available) ǂǂ	COVID Exposed Residents (Yellow – Exposed) ǂǂ	Newly Admitted Residents Under Observation (Yellow – Observation) ǂǂ	Residents with No Known Exposure, or COVID Recovered (Green Area)
Gowns	Yes – Extended use‡ permitted in supply crisis, except for residents with known multidrug resistant organism (MDRO). – Maintain clean areas on unit where gowns are not worn such as nurses' station.	Yes – Extended use‡ NOT recommended. – When gowns in short supply, may reserve gown use for when indicated for high contact activity per Enhanced Standard precautions, or may dedicate gown for each resident and keep in room.	Yes – Extended use‡ NOT recommended. – When gowns in short supply, may reserve gown use for when indicated for high contact activity per Enhanced Standard precautions, or may dedicate gown for each resident and keep in room.	Yes – Extended use‡ NOT recommended. – When gowns in short supply, may reserve gown use for when indicated for high contact activity per Enhanced Standard precautions, or may dedicate gown for each resident and keep in room.	As needed per Enhanced Standard precautions

Q-29: Which COVID data tracker should be used to determine the necessity of eye protection in the green zone, and the use of N95s for residents undergoing aerosol generating procedures?
A: 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. For now, the data tracker that should be used is the CDC COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#county-view.

Other Questions & Answers

Q-30: 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-31: 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.

Q-32: Do we need to collect and document vital signs for residents in green, yellow and red zones?
A: Yes. Referring to the CDC infection control guidance for nursing homes first, the minimum recommended frequency for monitoring vital signs is daily. This would apply to your green zone residents or in a facility that does not have Covid-19 cases. The CDC recommends more frequent monitoring of vitals for residents who have had an exposure, suspected COVID, and in particular, residents who are positive. For facilities with one or more COVID-19 cases in the facility, and you have residents that are yellow, we would advise monitoring Q shift for the residents in your yellow and ideally Q four hours for residents in your red zone who have Covid-19. To reiterate, minimum daily for your green zone if you don't have Covid in your building. If you do have Covid in your building and have yellow and red zone residents, it would be Q shift for yellow and Q four for red. Refer to AFL 20-25.2

Q-33: Should we follow CDC or CDPH cleaning and disinfecting guidance?
A: CDPH guidance complements CDC guidelines. Here are links to the guidance.

- CDPH resources:
    - CDPH HAI Program Environmental Cleaning Webpage https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/EnvironmentalCleaning.aspx
    - Environmental Services (EVS) Adherence Monitoring Tools and CDC EVS Guidelines https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx
- CDC Guidelines and EVS materials:
    - Healthcare Environmental Infection Prevention and Control https://www.cdc.gov/hai/prevent/environment/index.html

Q-34: Our nursing home is in need of new blood pressure cuffs because of the high use during the pandemic. Are there state or federal funds available for equipment upgrades?
A: Per CDPH AFL 20-77 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-77.aspx) and CDPH AFL 20-22.9 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx) federal civil money penalty (CMP) funding has been available to nursing facilities during the last two years for facilities to purchase materials that aid with in-person visitation. Up to $3,000 is available for tents, clear partitions, installation costs, and technology solution or other products to facility visitation remotely. General costs for care supplies or equipment, like blood pressure cuffs, aren't items that are covered, so we are assuming the answer is no. Please reach out to CDPH to learn more about what can be covered with the CMP funds.