



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
March 9 & 10, 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
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 (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 21-08.8 Guidance on HCP Quarantine/Isolation (Updated 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 (Updated 2/22/2022)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx

Booster Mandate Questions & Answers

Q-1: Will there be any survey consequences if staff received the primary series vaccinations, but file a religious exemption for the booster?

A: It is challenging to rationalize a religious exemption for an individual that received the primary series vaccinations but is now filing a religious exemption for the booster. CDPH is not providing guidance to employers on how to validate the authenticity of their employees' exemptions. We recommend employers work with their legal counsel and labor team to come up with a reasonable strategy to handle this situation.

Q-2: Should nursing homes consider accommodations in which areas HCP can work if they are not up to date on their vaccinations due to an exemption?

A: If an HCP is not up to date on their vaccinations due to an exemption, they are able to work in any role at a nursing home, however, it is recommended to consider a lower-risk assignment if possible (e.g., not working with unvaccinated or severely immunocompromised residents who are less likely to have a robust immune response to vaccination). HCP not up to date on their vaccinations with exemptions need to be tested twice weekly (unless they recently recovered from COVID), and N95s are recommended as source control, however, that is not a requirement.

Vaccine Questions & Answers

Q-3: Are staff and resident booster rates reported publicly?

A: Yes, CMS and CDC display nursing home vaccine and booster data for every nursing home in the country at: <https://data.cms.gov/covid-19/covid-19-nursing-home-data> and <https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>. Vaccine data are also displayed publicly on Care Compare <https://www.medicare.gov/care-compare/>. In addition, HSAG produces run charts for all 1,200 nursing homes in California EVERY Monday so you can easily see if your vaccine data is accurate. To gain access to your run charts, contact canursinghomes@hsag.com.

Q-4: What is the California Immunization Registry (CAIR2) and can I get access to vaccine records?

A: CAIR2 is a secure, confidential, statewide computerized immunization information system for California residents. SNFs are encouraged to register with CAIR2 to record vaccine doses administered and get access to immunization records (such as flu, COVID-19, pneumococcal vaccine). Visit the immunization registry website to request an account with the registry that serves your county.

- **CAIR2:** Serves 49 California counties <https://cairweb.org/enroll-now/>
- **San Diego Regional Immunization Registry (SDIR):** <http://www.sdiz.org/cair-sdir/enrollment.html>
- **Healthy Futures:** Serves the San Joaquin Region, including Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties <http://www.myhealthyfutures.org/>

Another method to access a vaccine record for a California resident is to have them request their Digital COVID-19 Vaccine Record (DCVR) at <https://myvaccinerecord.cdph.ca.gov/>. Any individual that received a vaccine record in California can access their vaccine record using that website. The records in DCVR are directly tied to the information that is in CAIR2. DCVR requires a match on email address or mobile phone number, so sometimes there may be data entry problems or delays and the information cannot be accessed until those are corrected. To troubleshoot, individuals can utilize the CDPH Virtual Vaccination Support website: <https://chat.myturn.ca.gov/?id=17> or email DCVRRemediation.Requests@cdph.ca.gov. Another option is to seek vaccine records from the provider who administered the vaccine, or have the provider correct the information in CAIR2. If SNFs have access to CAIR2, they may be able to update the correct vaccine information directly into CAIR2.

Q-5: 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-6: The fire department came in our nursing home for a non-emergency visit to conduct a “walk around”. Do they need to share their vaccination status prior to entry?

A: Fire department and EMT transporters who enter the facility for non-emergency purposes should be screened for symptoms or recent exposure prior to entry. If EMT or first responders are entering the facility in response to an emergency, they do not need to be screened prior to entry because there is not time when responding to an emergency in crisis mode. However, transport companies that are independent or privately owned, are not subject to the State Public Health Officer Orders ([Health Care Worker Vaccine Requirement Updated on January 25, 2022](#); [Requirements for Visitors in Acute Health Care and Long-Term Care Settings Updated February 7, 2022](#)), therefore they do not need to comply with the CDPH vaccination or testing mandates. CDPH strongly recommends that SNFs proactively include requirements for vaccination and testing when negotiating contracts with transportation companies. See [FAQ](#) for more information:

- **Are fire, police, ambulance, other pre-hospital care workers and county child welfare and adult protective services emergency response (ER) social workers who may need to enter the facility while on duty for their job, covered under this Order?** No, these staff are not deemed visitors if they are entering the facility while on duty for their job, and therefore are not covered by this Order.

Q-7: Can you clarify if nursing homes need to ask state surveyors their vaccination status?

A: Per AFL 22-07, ombudsmen and CDPH surveyors are not visitors and are subject to vaccination verification and testing requirements established by the state. Facilities do not need to verify the vaccination or testing status of surveyors and ombudsmen when they are on site conducting state business.

Q-8: Our mental health resident received a 1st dose of Moderna, and 6 months later received the J&J vaccine? Do we need to give this resident a booster now?

A: This resident would be due for a booster 2 months after their J&J dose if they are not immunocompromised.

Q-9: In NHSN, where do we document declined boosters due to religious exemptions?

A: Report individuals with religious exemptions under the question in NHSN that asks for the number of staff who are offered the vaccine but declined. There is not a separate section to track vaccine data for religious exemptions like there is for medical exemptions.

- Weekly Vaccination Summary Table of Instructions:
 - Residents: <https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf>
 - HCP: <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>

Q-10: NHSN no longer has a way for our facility to report the number of residents or HCP that have been recently vaccinated and are not booster eligible. Do the unboosted non-eligible residents and HCP count against our total booster percentage?

A: Yes, non-eligible residents and HCP that received the primary vaccine series but do not qualify yet for the booster will count against your facility’s total booster percentage. The reason for this is that CMS and CDC recently removed the question "eligible for booster" from NHSN. Now, when CMS calculates a facility’s booster rate, the denominator is "number fully vaccinated." Those fully vaccinated but not yet eligible for the booster are also included in the denominator.

Testing Questions & Answers

Q-11: How accurate are antigen test kits? We have several individuals that test negative with an antigen test, but positive with a PCR test on the same day.

A: In general, antigen tests are less sensitive than PCR tests. A study published in February 2022 “Comparison of Rapid Antigen Tests’ Performance between Delta (B.1.61.7; AY.X) and Omicron (B.1.1.529; BA1) Variants of SARS-CoV-2: Secondary Analysis from a Serial Home Self-Testing Study” (<https://www.medrxiv.org/content/10.1101/2022.02.27.22271090v1>) evaluated antigen test performance with Omicron. They tested asymptomatic people every other day for 15 days with both an antigen test and PCR test on the same day. Of the people that tested positive, the sensitivity of antigen tests on the day of diagnosis of infection was between 15 and 30%. When tested again 48 hours later, the sensitivity increased to 90%. Performing the antigen test early on in a patient’s infectious course could lead to false negatives. Another possibility is that the PCR test picks up positive results substantially longer after infection compared to an antigen test. It could be that an individual had an infection and is no longer infectious but still has persistent RNA that is detectable.

Q-12: Can an RN consultant enter our facility if he works part time in the emergency department with COVID patients? Does he need to have a negative test before coming to work?

A: The RN consultant wouldn’t be considered exposed if he’s routinely caring for COVID positive patients wearing appropriate PPE. An example of a high-risk exposure would be if one of his family members in the same household tested COVID positive. The need for testing for this HCP depends on their vaccination status per the February 22nd State Public Health Officer Order. If the HCP is not up to date on vaccines and has an exemption, then he would need to be tested twice weekly.

Isolation/Quarantine Questions & Answers

Q-13: Can SNFs count used hospital days towards the new quarantine guidelines from CDC?

A: Per CDPH AFL 20-53.6 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>), it states that “SNFs may consider acute care hospital days as part of the quarantine observation period for unvaccinated or partially vaccinated new admissions as long as the following criteria are met: SNF is in regular communication with their local health department (LHD) and/or the hospital infection preventionist and/or occupational health program, and there is no suspected or confirmed COVID-19 transmission among patients or staff at the hospital.” Note that it may be challenging to provide absolute assurance that there was no exposure in the acute facility, especially during the recent surge due to return-to-work for COVID positive staff when there are critical staffing shortages. There must be active communication between the SNF, hospital and local health department to ensure there were no potential exposures.

Q-14: The March 2 Wednesday Webinar slide #11 states

(https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/cdph_march_2_508.pdf), “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.” Is CDPH going to update AFL 20-53.6 to replace >90% fully vaccinated to >90% booster coverage? (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>)

A: Yes. CDPH is in the process of updating AFL 20-53. Updates to AFL 20-53 will be in alignment with the CDC February 2 guidance. If a facility has >90% booster coverage in HCP and residents, following a high-risk exposure, residents that are up to date with their vaccines would not need to quarantine.

Q-15: Scenario: A resident develops COVID-19 symptoms and is placed in the yellow zone. Resident tests negative for COVID. When can resident transfer back to the green zone?

A: If there are no outbreaks in the facility or potential exposures, we recommend following up the negative test with subsequent test, 24 or 48 hours later just to be sure that the test result was not a false negative. Assuming that that second test is negative for COVID-19, you may consider testing for other respiratory viral pathogens, such as influenza. If all tests are negative and the symptoms are resolving or resolved, it would be reasonable to discontinue transmission-based precautions.

Q-16: What are the guidelines for residents who leave the nursing home for emergency department, family or court visits, and return back in <24 hours?

A: Per AFL 22-07 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx>), the section, “Residents Who Leave and Return to the Facility” states that residents who are fully vaccinated and leave for any duration (including hospital admissions) and return to the facility do not routinely need to quarantine and be tested upon return to the facility. Unvaccinated and incompletely vaccinated residents who leave the facility for < 24 hours and return to the facility should be tested at 2 days after their return and again 5-7 days after their return.

Q-17: Is there new guidance regarding quarantine needed for unvaccinated staff with exemptions who travel? Do they need to quarantine for 10 days?

A: Refer to the CDC traveler guidance which also applies to HCP who travel. The guidance indicates that individuals not up to date with COVID-19 vaccines should get tested 3-5 days after returning from travel, and should stay home and self-quarantine for a full 5 days after travel.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

Q-18: If resident is positive for MRSA with nasal smear and no antibiotic or treatment is prescribed, how long does the resident need to be in isolation or use enhanced standard precautions? Is it possible to cohort this resident if a private room is not available?

A: The resident would need to be in transmission based precautions if they have an open, draining wound not contained by a dressing. All residents that do not require Transmission-Based Precautions should be assessed to determine if they meet criteria for Enhanced Standard Precautions; this would include residents with risk for colonization with a known or unknown MDRO. Once a resident has met the criteria for Enhanced Standard Precautions they would remain on these precautions until their clinical risk assessment determines that they no longer meet criteria. For more information on the criteria for the use of Enhanced Standard Precautions, visit the CDPH manual, “Enhanced Standard Precautions for Skilled Nursing Facilities, 2019” at

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf>. Ideally a private room is preferred for residents in Transmission-based Precautions. If a private room is not available, residents with the same organism may be cohorted in the same room based on clinical diagnosis, epidemiology, and organism characteristics (i.e., a resident with a MRSA positive wound and another resident with MRSA pneumonia may be cohorted). Staff should ensure they treat each resident area in the room as a private space, taking steps to prevent cross-contamination (i.e., using a new cleaning cloth in each area and changing gloves/performing hand hygiene prior to moving to the other resident’s space).

Q-19: Can nursing home HCP wear surgical masks or KN95s in the green zone?

A: Yes, surgical masks and KN95s can be worn by nursing home HCP in the green zone as source control. While KN95s are acceptable, CDPH cautions against the use of KN95s as source control to avoid confusion with N95s. KN95s are not able to be worn as PPE.

Q-20: Do N95 and KN95 masks for patient use need to be NIOSH-approved respirators?

A: For patient care, N95s for PPE are required to be NIOSH approved. KN95s are not NIOSH-approved. Be aware of online vendors selling potential counterfeit N95 NIOSH-approved respirators. For more information visit CDC's website "NIOSH-Approved Particulate Filtering Facepiece Respirators": https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html.

Q-21: Can you review the need to change respirators between patients?

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-22: How often do gowns and gloves need to be changed between patients in the same zone?

Do HCP need to change PPE in between each room in the yellow and red zones?

A: It is critical that gloves and gowns are removed and hand hygiene is performed in between each individual resident in the yellow and red zone because there are other pathogens that may be present, even if the residents are in the same room.

Q-23: What are the guidelines for extended use of eye protection (goggles, face shields)?

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, eye protection needs to be cleaned and disinfected as often as necessary for infection control and employee hygiene and not only when visibly soiled. PPE has to be replaced as recommended by the manufacturer. Conventional capacity and contingency capacity strategies are acceptable.

- Conventional Capacity Strategies
 - Use eye protection according to product labeling and local, state, and federal requirements
 - Disposable eye protection should be removed and discarded.
 - Reusable eye protection should be cleaned and disinfected after each patient encounter.
- Contingency Capacity Strategies (extended use)
 - HCP can wear the same eye protection (disposable or reusable devices) for repeated close contact encounters with several patients, without removing eye protection between patient encounters.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

Q-24: 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. Also, per AFL 21-28.3 facilities are required to provide NIOSH approved respirators, such as N95s, upon request to employees who are unvaccinated or incompletely vaccinated who work in indoor work settings where (1) care is provided to patients or residents, or (2) to which patients or residents have access for any purpose. Workers are strongly encouraged to wear respirators in all such settings.

Q-25: Who should I contact regarding missing gloves I ordered when the State was providing a 30-Day supply? My facility is running low on gloves and I need assistance.

A: Follow-up with the department that you are working with at the state if you have a pending order. Generally, when facing a supply shortage, nursing homes should first reach out to their local vendors to obtain gloves. If you are still having trouble, reach out to your MHOAC for assistance.

Q-26: Are we still required to obtain copies of vaccination records from visitors?

A: No. The requirement is that the facility develops a process for verifying and documenting the vaccination status of a visitor. They do not need to keep a copy of the vaccination record on file in the facility.

Q-27: Is it a requirement that visitors sign the log to attest that they were formally screened at entry?

A: No. The facility needs a process to screen visitors and ask the appropriate questions prior to entry, however, there is no explicit requirement for a visitor to have to sign the visitor log to attest to not having COVID or symptoms.

Q-28: Can the surveyors ask for a copy of visitor and employee vaccination status, or are their HIPAA concerns?

A: Yes, copies can be shared with surveyors if requested. Vaccination records are not considered PHI, so there are no HIPAA concerns. More information can be found at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-covid-19-vaccination-workplace/index.html>

Q-29 Would CDPH penalize a facility for filing a visitor's vaccination record in the medical file of the individual they visited?

A: Filing visitor vaccination records in resident medical records has advantages for keeping track of vaccination status, however, it is difficult to forecast potential legal issues that could occur if vaccine records are unintentionally disclosed because they are mixed with resident medical records. Therefore, it is not ideal to file the vaccination record with the resident medical records. We recommend storing visitor vaccine records separately. Note that collecting copies of visitor vaccination records on file is not required. The requirement is that the facility develops a process for verifying and documenting the vaccination status of a visitor.

Q-30: Are there any updates for communal dining for residents? Can visitors dine with residents or do they have to wear their masks at all times?

A: Communal dining guidance can be found in AFL 22-07 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx>. During indoor, in-room visitation, both residents and visitors need to wear a well-fitting mask, but if both the resident and visitor are fully vaccinated, they don't need to physically distance, can have physical contact, and must wear a well-fitting facemask unless eating or drinking. Therefore, fully vaccinated residents and fully vaccinated visitors can unmask and eat together while in the resident's room and ideally when the resident's roommate is not present at the time of the visit.

Other Questions & Answers

Q-31: Will the frequency of the daily and weekly CDPH 1, 2, 3 surveys change?

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-32: How often will CDPH be conducting focused infection control surveys? Every 6-8 weeks?

A: No, CDPH will not be going back to conducting focused infection control surveys every 6-8 weeks. There is a requirement for CDPH to complete an annual or every 15-month recertification survey. During recertification surveys, it is expected that surveyors will evaluate infection control components. CMS also expects CDPH to complete stand-alone infection control surveys (aka independent of the recertification survey) for 20% of the state's nursing homes. So, you may undergo a recertification survey, and an independent infection control survey; or the infection control survey could occur during your recertification survey.

Q-33: Do healthcare settings need to continue to screen HCP, vendors, and visitors prior to entry?

A: Yes. At this time, 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-34: 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-35: Can our nursing home separate or cohort unvaccinated vs. fully vaccinated residents?

A: No, we don't recommend cohorting residents based on vaccination status. The residents who are not up to date with their vaccinations are more vulnerable and more likely to transmit to others, so it would be riskier to cohort them all together.