



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, March 2, 2022

Upcoming Calls



- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls:
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars:
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
 - Trouble logging in: check link and date at registration site
- CDPH Thursday, 12 noon, SNF IP Phone Calls:
 - Dial-in: **1.877.226.8163**
 - Access Code: **513 711**

Agenda



- CDPH Updates
- Testing Task Force Updates
- Immunization Branch Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A



CDPH Updates



HAI Updates

February 22 Amendment of State Public Health Officer Order: Health Care Worker Vaccine Requirement

- CDPH updated the December 22, 2021, State Public Health Officer Order requiring health care workers to be fully vaccinated and boosted by March 1, 2022.
- The amendment now allows delay of the March 1 deadline for receiving a booster for workers with proof of a recent infection for up to 90 days from date of infection.
- This amendment reflects current science and understanding as it relates to hybrid immunity in those who are fully vaccinated and then become infected.

State Public Health Officer Order

(<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>)

February 22 Testing and Vaccination Revisions to CDPH AFLs

- Revisions notify facilities of the February 22 [State Public Health Officer Order](#)
- Requires HCP to be up to date with vaccinations and receive boosters by March 1, 2022, unless exempt.
- Allows delay of the March 1 deadline for receiving a booster for workers with proof of a recent infection for up to 90 days from date of infection.
- Updates the testing requirements for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster.

AFL	Link	Audience	Testing Requirements for Unboosted & Unvaccinated Exempt HCP
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 who are unvaccinated exempt or booster-eligible HCP who have not yet received their booster 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.

March 1 Booster Deadline FAQs

Q: 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: 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.

March 1 Booster Deadline FAQs (cont.)

Q: 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: 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.

AFL 21-08.7 Guidance on HCP Quarantine/Isolation

- AFL was updated January 8 to temporarily waive testing, quarantine and isolation requirements only from January 8 to February 1.
- As of February 2, follow work restriction guidance in the table from the AFL:

Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	5 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test† result to prioritize staff placement‡
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test† result to prioritize staff placement‡

Work Restrictions for Asymptomatic HCP with Exposures (Quarantine)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test† upon identification and at 5-7 days	No work restriction with diagnostic test† upon identification and at 5-7 days
Unvaccinated [§] , OR Those that are vaccinated and booster-eligible but have not yet received their booster dose [§]	7 days with diagnostic test† upon identification and negative diagnostic test† within 48 hours prior to return	No work restriction with diagnostic test† upon identification and at 5-7 days

CDC Resident Quarantine & Testing Guidance

On February 2, CDC updated their infection control guidance, including quarantine for residents; updates to CDPH AFL 20-53 are in process. 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.

SNF Healthcare Personnel (HCP) Testing Guidance

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
Fully Vaccinated and Booster Eligible, but NOT Boosted	Yes, twice weekly	Yes	Yes	Yes	Yes, if returning at 7 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.

SNF Resident Testing Guidance

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 <u>Not</u> 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: Do healthcare settings need to continue to screen HCP, vendors and visitors prior to entry?

- 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.



Eye Protection and Mask Guidance

February 28: Guidance for Use of Face Masks

- Effective March 1, 2022, the requirement that unvaccinated individuals mask in indoor public settings will move to a strong recommendation that all persons, regardless of vaccine status, continue indoor masking.
- **Universal masking shall remain required in specified high-risk settings, including healthcare.**
- After March 11, 2022, the universal masking requirement for K-12 and Childcare settings will terminate. CDPH strongly recommends that individuals in these settings continue to mask in indoor settings when the universal masking requirement lifts.

NEW: CDC COVID-19 Community Levels (Does not Apply to Healthcare Settings)

- New CDC tool to help communities and individuals decide what prevention steps to take based on the latest data affecting their local community.
- Levels can be low, medium, or high and are determined by hospital beds being used, hospital admissions, and total number of new COVID-19 cases in an area.
- Recommends prevention strategies, such as vaccines, testing, masking, ventilation, treatment, and additional precautions and support services.

Low	Medium	High
<ul style="list-style-type: none">• Stay up to date with COVID-19 vaccines• Get tested if you have symptoms	<ul style="list-style-type: none">• If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions• Stay up to date with COVID-19 vaccines• Get tested if you have symptoms	<ul style="list-style-type: none">• Wear a mask indoors in public• Stay up to date with COVID-19 vaccines• Get tested if you have symptoms• Additional precautions may be needed for people at high risk for severe illness

CDC COVID-19 Data Tracker

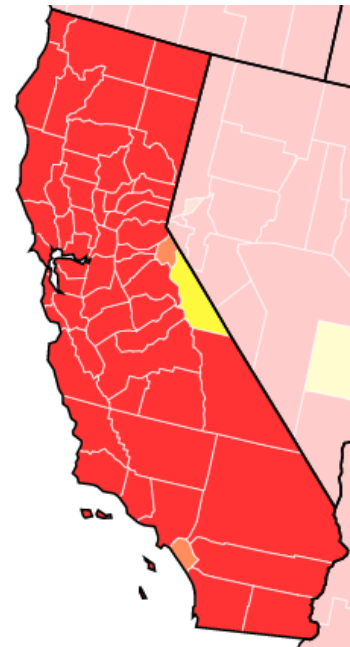
<https://covid.cdc.gov/covid-data-tracker/#county-view>

- Tracker is updated daily.
- As of March 2, 55 of the 58 counties in California are **red** for high transmission risk.
- Orange and Alpine counties are **orange** for substantial transmission risk.
- Mono county is yellow for **moderate** transmission.

Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%



California map
3/2/2022

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

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

- 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 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.

Questions?





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