



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
January 25, 2023**

Weekly Call-in Information:

- 1st & 3rd Tuesdays every month, 8:00am All Facilities Calls:
 - 844.721.7239; Access code: 7993227
- Every Tuesday, 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
 - January-March 2023 registration <https://bit.ly/NHSNofficehours2023JanFebMarch>
- 2nd & 4th Wednesdays every month, 3:00pm SNF Infection Prevention Webinars:
 - Register at: <https://www.hsag.com/cdph-ip-webinars>
 - Recordings, call notes and slides can be accessed 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
2023 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL23.aspx
CDC COVID-19 Data Tracker	https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk
CDPH Vaccine Guidance and Resources	https://eziz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf
CDC's Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (9/23/2022)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
HSAG NHSN and Booster Website	www.hsag.com/nhsn-help https://www.hsag.com/6-week-booster-sprint

Updated Wednesday Webinar FAQ

To assist nursing homes in navigating federal and state COVID-19 guidance, the Wednesday Webinar FAQs are now updated and were posted to the webinar registration site on January 25, 2023. The direct link to the FAQs is:

- https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

To view the updated document, you may need to clear your cache to force your browser to download a "fresh" version of the website.

- Click the refresh button
- Press Ctrl + F5 simultaneously
- Press Ctrl + Shift + Delete simultaneously



 California Department of Public Health (CDPH)
 Center for Health Care Quality
 Skilled Nursing Facilities Infection Prevention Call
Frequently Asked Questions

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Important Links: State and Federal Guidance

Important Links/FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
2023 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL23.aspx
2022 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx
2020 CDPH All Facilities Letters (AFLs)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx

CDPH Enhance Standard Precautions (ESP) Trainings

All local health departments and nursing home NHAs, DONs, IPs, and DSDs are encouraged to register for CDPH's ESP trainings at occurring the first two weeks of February.

https://reg.learningstream.com/reg/event_page.aspx?ek=0076-0013-C63482BD59824A6AAFA312901547840C

Introduction to ESP

Region 1: Wednesday, February 1, 1 - 2 pm

Region 2: Thursday, February 2, 1 - 2 pm

Region 3: Wednesday, February 1, 3 - 4 pm

Region 4: Thursday, February 2, 3 - 4 pm

ESP Implementation

Region 1: Wednesday, February 8, 1 - 2 pm

Region 2: Thursday, February 9, 1 - 2 pm

Region 3: Wednesday, February 8, 3 - 4 pm

Region 4: Thursday, February 9, 3 - 4 pm

This webinar series will provide nursing homes with a review of ESP principles to reduce multidrug-resistant organism (MDRO) transmission and strategies to implement the recommended practices. Participants will receive an ESP toolkit. Provider approved by the California Board of Registered Nursing, Provider Number 17280, for 1.0 contact hours per course. CDPH encourages nursing homes to join the webinars for their region.

To look up your region, visit: www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAI_LiaisonIP.aspx

No-Cost HSAG Educational Opportunities

- **Care Coordination Quickinars:**
 - 1st Tuesdays every month, 11am
 - February 7th Topic: *Strategies to Prevent UTI and Pneumonia-Related Readmissions*
 - Register: bit.ly/cc-quickinars2
- **Emergency Preparedness Webinars:**
 - 3rd Wednesdays every month, 3pm
 - February 15th Topic: *Hazard Vulnerability Assessment (HVA)*
 - Register: bit.ly/epp-series
- **Health Equity Quickinars: Strategies to Remedy Systemic Barriers**
 - 2nd & 4th Thursdays every month, 10am
 - February 9th Topic: *Health Equity as a Strategic Priority*
 - Register: www.hsag.com/health-equity-quickinars
- **Patient & Family Engagement Quickinars:**
 - 1st & 3rd Thursdays month, 10am
 - February 2nd Topic: *Introduction to Patient and Family Engagement*
 - Registration Link: <https://www.hsag.com/pfe-quickinars>

COVID-19 Therapeutics Use in Long-term Care Facilities

Refer to January 25, 2023, presentation slides: [Link to Slides](#)

- [CDPH COVID-19 Surge Readiness: Best Practices for Long Term Care Facilities Fact Sheet](#)
- [CDPH COVID-19 Surge Readiness: Best Practices for Skilled Nursing Facilities Fact Sheet](#)
- [COVID-19 Vaccination and Therapeutics in Post-Acute and Long-Term Care Medicine Toolkit: Resources for Clinicians](#) (Updated November 14, 2022)
- Therapeutics Provider Warmline:
 - Health care providers can now call 1-866-268-4322 (COVID-CA) to receive free and confidential consultation on COVID-19 testing and treatment.
 - Health care providers of any experience level can call to speak with a clinician or pharmacist about drug-drug interactions or any other clinical challenges.
 - Available Monday through Friday, 6:00 am – 5:00 pm PST.

New CDPH AFLs—January 2023

2023 CDPH AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL23.aspx>

Bulletin Number	Facility Type Affected	Subject	Release Date
AFL 23-01 - NEW	Skilled Nursing Facilities (SNF) Intermediate Care Facilities (ICF)	Assembly Bill (AB) 895: Notice to Prospective Residents	01/18/2023
AFL 23-02 - NEW	General Acute Care Hospitals (GACH)	Assembly Bill (AB) 1394 – Suicide Screening Requirement	01/18/2023
AFL 23-03 - NEW	Hospice Facilities (HOFA) Skilled Nursing Facilities (SNF) Intermediate Care Facilities (ICF)	Assembly Bill (AB) 1852 – Automated Drug Dispensing Systems	01/18/2023
AFL 23-04 - NEW	Skilled Nursing Facilities (SNFs)	Assembly Bill (AB) 1907 – Frequency of Inspections	01/18/2023
AFL 23-05 - NEW	General Acute Care Hospitals (GACH) Acute Psychiatric Hospitals (APH) Chemical Dependency Recovery Hospitals (CDRH)	Assembly Bill (AB) 2096 – Revision and Expansion of Permitted Licensure of Chemical Dependency Recovery (CDR) Services	01/18/2023
AFL 23-06 - NEW	Skilled Nursing Facilities (SNFs)	Assembly Bill (AB) 2511 – Skilled Nursing Facilities: Backup Power Source	01/18/2023
AFL 23-07 - NEW	General Acute Care Hospitals (GACH) Special Hospitals (SH) Skilled Nursing Facilities (SNF) Congregate Living Health Facilities (CLHF) Hospice Facilities (HOFA)	Senate Bill (SB) 988 – Compassionate Access to Medical Cannabis Act	01/18/2023
AFL 23-08 - NEW (Supersedes AFL 19-18)	General Acute Care Hospitals (GACH) Skilled Nursing Facilities (SNF)	Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences	01/18/2023
AFL 23-09 - NEW (Supersedes AFL 20-75.1)	All Facilities	Coronavirus Disease 2019 (COVID-19) Outbreak Investigation and Reporting Thresholds	01/18/2023
AFL 23-10 - NEW	Skilled Nursing Facilities (SNF)	Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities (SNFs) for the 2022-2023 Season during the Coronavirus Disease 2019 (COVID-19) Pandemic	01/18/2023
AFL 23-11 - NEW	All Facilities	Availability of Waivers to Continue Operations During the Series of Atmospheric River Systems	01/19/2023
AFL 23-12 - NEW (Supersedes AFL 20-74.1)	Skilled Nursing Facilities (SNFs)	Coronavirus Disease 2019 (COVID-19) Recommendations for Personal Protective Equipment (PPE), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities	01/24/2023

Cohorting Questions & Answers

Refer to [Wednesday Webinar FAQs](#), Section E. Cohorting

Q-1: Do nursing homes need to have a red zone even if there is not an outbreak?

A: SNFs still need to have a dedicated COVID-19 isolation area (formerly referred to as “red zone”). Per AFL 22-13.1, “SNFs should continue to ensure residents identified with confirmed COVID-19 are promptly isolated in a designated COVID-19 isolation area...SNFs that do not have any residents with COVID-19 and do not have a current need for an isolation area should remain prepared to quickly reestablish the area and provide care for and accept admission of residents with COVID-19.”

Q-2: Do nursing homes need to have dedicated staffing for caring for residents in the red zone?

A: Dedicated staffing for the COVID-19 isolation area and sequencing care for uninfected residents before positive residents are no longer required.

- Dedicated staffing and/or sequencing care might be preferable from a practical standpoint when there are large numbers of residents in the COVID-19 isolation area (i.e., to facilitate extended use of N95s).
- Ensure all HCP perform hand hygiene and change gloves and gowns between residents and when leaving the resident’s room, or area of care (e.g., treatment or therapy room).
- Ensure all HCP strictly adhere to masking for source control (to prevent an infected HCP from inadvertently exposing the residents they are caring for).

The facility’s full-time infection preventionist should assist with adherence monitoring of hand hygiene and PPE donning/doffing between all residents, and provide just-in-time feedback.

Isolation and Quarantine Questions & Answers

Refer to [Wednesday Webinar FAQs](#), Section C. Isolation and Quarantine

Q-3: Can nursing homes close to new admissions during an outbreak?

A: Per [AFL 22-31](#), many local health departments require SNFs to close to new admissions during an outbreak until transmission is contained.

- COVID-19: Containment is evidenced by no new cases among residents for 14 days.
- Influenza: Containment is evidenced by no new cases for 7 days.

During hospital surges, local health departments should consider the following to allow SNFs to admit new residents before containment is demonstrated:

- SNF has implemented outbreak control measures (e.g., post-exposure or response testing, cohorting, transmission-based precautions, and chemoprophylaxis for influenza, assuming adequate availability).
- SNF has no staffing shortages or operational problems.
- SNF has adequate PPE, staff have been fit-tested, and staff have access to adequate hand hygiene and environmental cleaning supplies.

Vaccine Questions & Answers

Refer to [Wednesday Webinar FAQs](#), Section A. COVID-19 Vaccine Requirements

View Vaccine PowerPoints presented during the January 25, 2023, webinar:

- “Storage and Handling of the COVID-19 Vaccine” [Link to Slides](#)
- “CDPH Immunization Branch Clinical Update” [Link to Slides](#)

Q-4: Does CDPH AFL 21-34.5: COVID-19 Vaccine Requirement for HCP (updated January 23, 2023) mandate the COVID-19 bivalent booster for HCP?

A: The vaccine mandate has not changed. The AFL was updated to clarify that all HCP who provide services or work in health care facilities must be fully vaccinated and boosted for COVID-19, unless exempt.

- For covered workers who are already in compliance with receiving the primary series and at least one booster, there is NOT a new requirement to receive the additional bivalent booster.
- For covered workers who are newly coming into compliance with the COVID-19 vaccination requirement including a booster, receipt of the bivalent booster will be required, based on the timing included in Table A of the state public health officer order, since it is the only currently authorized booster. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx>

CDPH continues to urge all individuals to remain up-to-date on the COVID-19 vaccines (including the bivalent booster when due) to protect themselves and reduce the spread of the virus.

Visitation Questions & Answers

Refer to [Wednesday Webinar FAQs](#), Section F. Visitation, Communal Dining and Group Activities

Q-5: Do healthcare settings need to actively screen visitors prior to entry?

A: No. CDPH [AFL 22-07.1](#) is now aligned with [CMS QSO 20-39](#) and CDPH SPHO “[Requirements for Visitors in Acute Health Care and Long-Term Care Settings](#)” which was rescinded Sept 15, 2022. Visitors are no longer required to show proof of vaccination or a negative test to have indoor visitation. While not required, facilities may offer and encourage testing for visitors. Visitors must continue to comply with [CDPH Masking Guidance](#). Visitor screening for COVID-19 signs and symptoms, and exposures is still required, but may be conducted via passive screening as recommended by CDC. Options for passive screening to ensure visitors are educated to screen themselves prior to entry, include **posting signs at entrances and sending emails or letters to families and visitors to provide guidance** about recommended actions for visitors who have:

- a positive viral test for COVID-19
- symptoms of COVID-19, or
- have had close contact with someone with COVID-19.

If they have a confirmed COVID-19 infection or symptoms consistent with COVID 19, they should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact. Refer to “CDC Notice on Facility Access” for more information, including the “CDC Facilities COVID-19 Screening Tool” (<https://www.cdc.gov/screening/privacy-notice.html>). A facility may decide to return to active screening if visitors with symptoms or exposure are continuing to visit.

Refer to [Wednesday Webinar FAQs](#), Section I. Other Questions

Q-6: How often do vital signs need to be taken?

A: CDC and CDPH infection control guidance for nursing homes recommend:

- Vital signs for COVID-19 negative or recently recovered residents should be monitored daily.
- Vital signs, including pulse oximeter measures for COVID-19 exposed residents who are asymptomatic should be monitored every shift, which can be defined as either an 8- or 12-hour shift, (i.e., twice daily), allowing residents to get uninterrupted sleep.
- Vital signs for COVID-19 positive residents in isolation should be monitored every 4 hours and include pulse oximeter measurements.

Refer to CDPH AFL 20-25.2 Attachment

(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf>).

Q-7: Are nursing homes required to have a full-time infection preventionist (IP)?

A: California nursing homes are required to have an IP 40 hours a week per AFL 20-52, AFL 20-84, AFL 21-51, and AB 2644. Effective January 1, 2021, SNFs are required to have a full-time, dedicated IP. The IP role may be filled either by one full-time IP staff member or by two staff members sharing the IP responsibilities, if the total time dedicated to the role equals at least the time of one full-time staff member. In original guidance, the IP must be filled by an RN or LVN; however, AFL 21-51 guidance distributed on December 13, 2021, expanded eligibility and minimum qualifications for a SNF's IP. The new guidance is that the IP must have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other healthcare related field. The IP must be qualified by education, training, clinical or healthcare experience, or certification, and must have completed specialized training in infection prevention and control. The IP hours shall not be included in the calculation of 3.5 hours of direct patient care per day provided to residents. The IP must complete 10 hours of continuing education in the field of infection prevention and control (IPC) on an annual basis.