



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
February 22, 2023**

**Weekly Call-in Information:**

- Second 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>
- 2<sup>nd</sup> & 4<sup>th</sup> 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	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>
2020 CDPH All Facilities Letters (AFLs)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx</a>
2021 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx</a>
2022 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx</a>
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CDC COVID-19 Data Tracker	<a href="https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk&amp;null=Risk">https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk&amp;null=Risk</a>
CDPH Vaccine Guidance and Resources	<a href="https://eiz.org/resources-for-longterm-care-facilities/">https://eiz.org/resources-for-longterm-care-facilities/</a>
CDPH Long-Term Care COVID-19 Vaccine Toolkit	<a href="https://eiz.org/assets/docs/COVID19/LTCFToolkit.pdf">https://eiz.org/assets/docs/COVID19/LTCFToolkit.pdf</a>
CDC's Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (9/23/2022)	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>
HSAG NHSN and Booster Website	<a href="http://www.hsag.com/nhsn-help">www.hsag.com/nhsn-help</a> <a href="https://www.hsag.com/6-week-booster-sprint">https://www.hsag.com/6-week-booster-sprint</a>


**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](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



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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	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>
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**Q-1: Is a bivalent booster required for HCP?**

**A:** Refer to the CDPH Bivalent COVID-19 Booster Dose FAQs for the most updated answers to vaccine questions (<https://eziz.org/assets/docs/COVID19/BivalentBoosterFAQ.pdf>). Per question #10, “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 have not yet met the COVID-19 vaccination requirement including a booster, please refer to the [Health Care Worker Vaccine Requirement FAQ](#).”

**Q-2: Once HCP get the required booster per CDPH’s “Health Care Worker Vaccine Requirement,” are they able to start work immediately?**

**A:** Yes. Individuals that receive the booster are considered “boosted” immediately upon receiving the booster dose. They can begin working immediately. For more information, refer to CDPH’s “[Health Care Worker Vaccine Requirement](#).”

**Q-3: Is medical consent required for Long Term Care residents to receive a booster?**

**A:** No. There are no federal or California state requirements for informed consent specifically relating to immunization. Before administering a COVID-19 vaccine with Emergency Use Authorization (EUA), the provider must provide the approved EUA fact sheet (or Vaccine Information Sheet, as applicable) to each vaccine recipient, the adult caregiver accompanying the recipient (as applicable), or other legal representative (as applicable). The fact sheet/information sheet explains risks and benefits of the particular COVID-19 vaccine and what to expect but is not a consent document. Explaining the risks and benefits of any treatment to a patient – in a way that they understand – is the standard of care. Refer to the CDC website, “FAQs About Medical Consent & Pfizer-BioNTech Booster Doses for Long-term Care Residents” (<https://www.cdc.gov/vaccines/covid-19/long-term-care/medical-consent-faqs.html>).

**Q-4: Do providers need parental consent before administering a COVID-19 vaccine to a minor?**

**A:** Yes. Per the CDPH vaccine website (<https://covid19.ca.gov/vaccines/>), before vaccinating a minor, vaccine providers must get consent from a: parent, legal guardian, or other adults having legal custody. There are some exceptions:

- Emancipated minors do not need the consent of a parent or guardian to receive a COVID-19 vaccine.
- Providers may accept written consent. It must be from the parent or legal guardian of an unaccompanied minor. This consent must verify the parent/guardian has received the Pfizer EUA Fact Sheet or the Moderna EUA Fact Sheet.
- Phone or video consent is acceptable. The parent/guardian must confirm that they received the Pfizer EUA Fact Sheet or the Moderna EUA Fact Sheet. Reading the fact sheet to the parent/guardian is an option.

Families should check with their vaccine provider on acceptable forms of consent. Refer to:

- CDPH Vaccine Minor Consent Guidance  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Vaccine-Minor-Consent-Guidance.aspx>
- CDPH Immunization Branch  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/laws.aspx>

**Q-5: If a new admission’s test result come back positive, is that considered an outbreak or a facility-acquired infection?**

**A:** If a new admission tests positive upon arrival to the facility, that would not be considered a facility outbreak or a facility-acquired infection as long as there were no exposures to other residents and assuming that HCP were wearing appropriate PPE during all care activities. It would be considered acquired either in the community or in the facility of transfer. Notify the facility of transfer of any positive tests upon admission to the new facility.

**Q-6: Do HCP who were close contacts have to be tested on days 1, 3, and 5? Or can it just be 3 tests that are at least 48 hours apart? We are challenged to stick to the testing schedule because staff schedules vary and do not always come in to get tested on those days?**

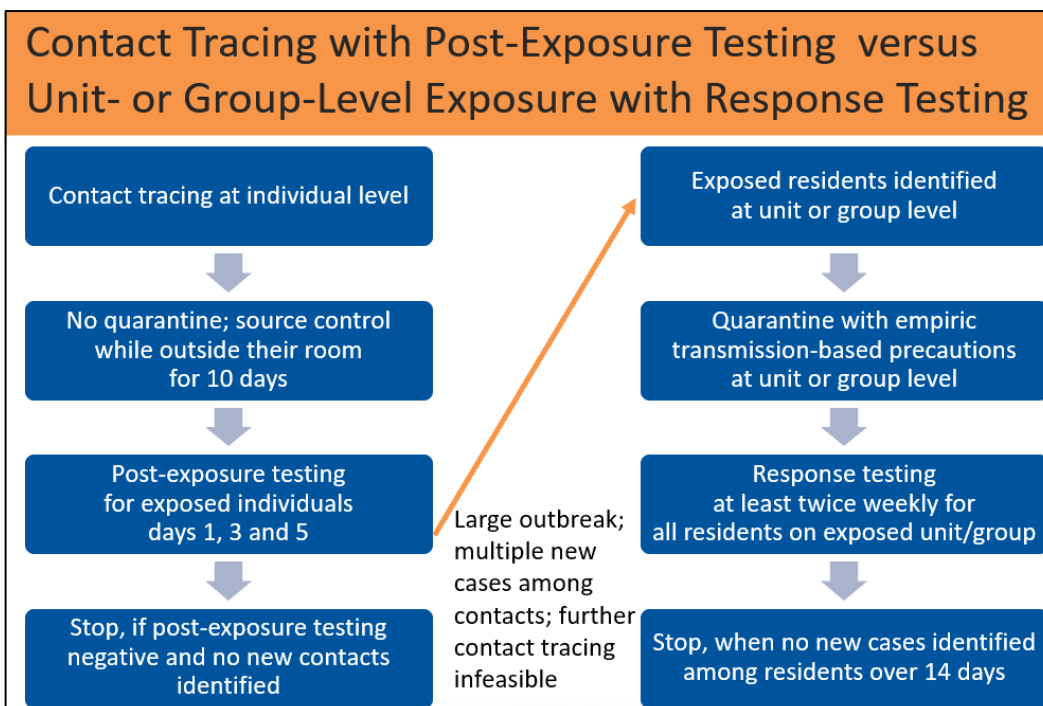
**A:** It's recommended to stick with the 1, 3, and 5-day schedule. The goal is for the staff person to be negative by day 5 after the exposure.

**Q-7: Can an antigen test be used for HCP that are testing following an exposure or returning to work early after testing positive under routine circumstances?**

**A:** Yes, per [AFL 21-08.9](#) (updated 12/2/2022), antigen tests are acceptable and preferred. The antigen test needs to be observed or validated by the facility to verify the identity of the HCP being tested, the date of the test, and that the test is negative. This proctoring does not need to happen physically in person with the HCP but can be accomplished by other means (i.e., telehealth, time-stamped picture of the test). For more information, see AFL 21-08.9 table “Work restrictions for HCP with SARS-CoV-2 Infection (Isolation).”

**Q-8: How does the contact tracing with post-exposure testing approach work versus unit- or group-level assessment of exposure with response testing?**

**A:** The below flow diagram presented on the [February 8, 2023, Wednesday Webinar](#) (see slide 20) illustrates the processes and differences between the two approaches. When new cases are identified via contact tracing, or contact tracing is not feasible, testing is recommended for a longer period of time.



**Q-9: Do unvaccinated residents need to get tested routinely for COVID, even if there is not an outbreak?**

**A:** No. There is no requirement to routinely test unvaccinated residents. As a best practice, some nursing homes may choose to test residents who leave the facility frequently (e.g., for dialysis treatment), but it is not a requirement.

PPE Questions & Answers

**Q-10: Are unvaccinated HCP with exemptions required to wear N95 respirators at all times while working in a SNF?**

**A:** No. N95s are strongly encouraged to be worn at all times by HCP with exemptions, but it is not required. Per [AFL 21-34.5](#) (updated 1/23/23), “If an operator of a facility or employer deems a worker to have met the requirements of an exemption, the unvaccinated exempt worker must wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility or in the home providing care.” Per [AFL 21-28.3](#) (updated 2/22/22), “Workers are strongly encouraged to wear respirators in all such settings. The facility must provide the respirators at no cost, and workers must be instructed how to properly wear the respirator and how to perform a seal check according to the manufacturer's instructions, if this has not already occurred.”

**Q-11: In situations where surgical masks are required for source control, can higher-level respirators (e.g., KN95s, KF94s, or N95s) be voluntarily used instead of surgical masks?**

**A:** Yes, in situations where surgical masks are required for source control, voluntary use of a higher-level respirator (e.g., KN95s, KF94s, or N95s) is also acceptable. This does not supersede any requirements for use of a respirator under Cal/OSHA COVID-19 Non-Emergency Regulations or ATD. Refer to CDPH Face Coverings Questions & Answers: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx>

**Q-12: Do visitors and HCP need to wear masks for source control while in a nursing home?**

**A:** Yes. In healthcare settings, CDPH continues to require universal masking (source control) of all visitors and HCP, regardless of vaccination status or community transmission rates. Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended. In healthcare settings, masks continue to be required in non-patient care areas, including meeting or break rooms.

**Q-13: Do the federal mask mandates go away after the public health emergency for COVID-19 ends on May 11, 2023?**

**A:** Not at this time. The mask mandate is part of California’s State Public Health Officer Order and CDC guidance and is not tied to the public health emergency end date. Revisions to masking guidance are currently being considered, but no final changes have been made. We anticipate changes will be announced by Friday, March 3, or shortly thereafter.

**Q-14: Do residents need to continue to use the green, yellow, and red zone terminology?**

**A:** No. It is no longer necessary to use this terminology. For more guidance, refer to the [Wednesday Webinar FAQs, section E. Cohorting](#).

**Q-15: Do SNF HCP and residents need to remain six feet apart while dining and participating in group activities?**

**A:** CDPH has moved away from the six-foot physical distancing requirement; however, it is still recommended that residents and HCP avoid crowding, and follow other best practices such as hand hygiene and masking.

**Q-16: 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, which indicates, “Review facility processes for monitoring vital signs (including pulse oximetry) every shift for all residents and every 4 hours for residents with COVID-19 infection.”

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