



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
February 8, 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://eiz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eiz.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

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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

Q-1: For residents who just recovered from COVID-19, do they need to wait 90 days prior to administering the bivalent booster?

A: People with known current SARS-CoV-2 infection should defer any COVID-19 vaccination, including booster vaccination, at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met. In addition, people who recently had SARS-CoV-2 infection may consider delaying a primary series dose or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic). For more details please see: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines> under "People with prior or current SARS-CoV-2 infection".

Q-2: 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: All HCP must be fully vaccinated and boosted for COVID-19, unless exempt.

- For HCP who are already in compliance with receiving the primary series and at least one booster, there is not a new requirement to receive an additional bivalent booster.
- For HCP who are newly coming into compliance with the COVID-19 vaccination requirement including a booster:
 - Receive booster dose at least 2 months and no more than 6 months after 2nd dose
 - If they received their primary series more than 6 months prior, they are still eligible to receive a booster, but must have received that booster prior to start of work in the facility

The timing of booster dose requirement is a deadline for compliance, not clinical guidance.

- [CDC clinical guidance](#) indicates there is no maximum interval at which COVID-19 vaccine doses can be given.

CDPH continues to encourage all individuals to remain up-to-date on the COVID-19 vaccines and boosters. More information can be found at:

- AFL 21-34.5: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx>
- State Public Health Officer Order: HCW Vaccine Requirement: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>
- FAQs: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx>

Q-3: Do nursing homes still need to have a yellow zone to quarantine exposed residents?

A: No. The “yellow zone” is no longer applicable because quarantine and empiric transmission-based precautions are no longer required for exposed and newly admitted residents. Implement the following interventions for residents with known exposure identified by contact tracing that remain asymptomatic:

- Leave in current room.
- Wear a mask for source control while outside their room for 10 days following the exposure.
- Test promptly (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and at 5 days after the exposure.

Q-4: How should nursing homes manage symptomatic residents?

A: The “yellow zone” is not applicable. Evaluate and manage residents as individuals. For residents with fever and/or respiratory symptoms:

- Leave in current room (single room, if available).
- Implement empiric transmission-based precautions for COVID-19, pending results of diagnostic testing.
- Test for COVID-19, influenza, potentially other respiratory viruses (if identified in the facility or cluster of illnesses with negative COVID and influenza testing).

Q-5: Do nursing homes need to have a red zone, even if there are no COVID-19 positive residents?

A: SNFs still need to have a dedicated COVID-19 isolation area (formerly referred to as “red zone”). The isolation area should ideally include ventilation measures to limit airflow from “contaminated” to “clean” areas. In SNFs with no current residents in COVID-19 isolation:

- Remain prepared to quickly re-establish the area and provide care for and accept admission of residents with COVID-19.

Determination of COVID-19 isolation rooms/areas may be made on a case-by-case basis.

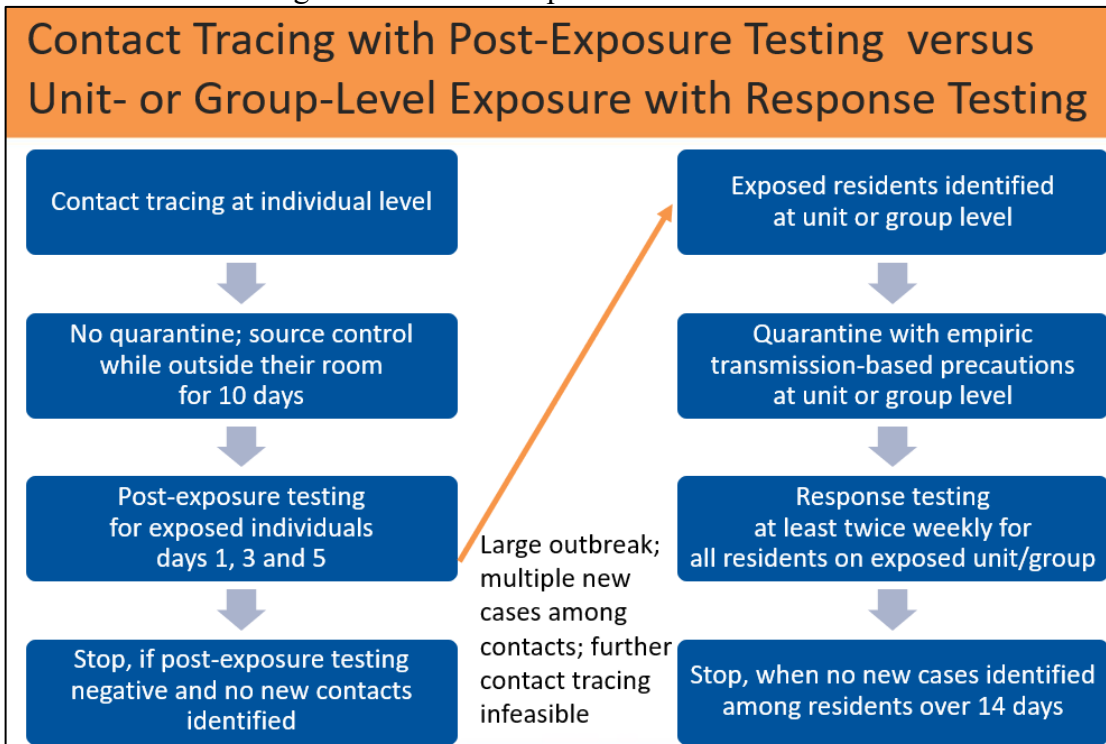
Q-6: How should nursing homes manage staff caring for residents in isolation?

A: Dedicated staffing for the COVID-19 isolation area and sequencing care for uninfected residents before positive residents are no longer required. There might be a practical consideration for staffing if there are large numbers of residents in the COVID-19 isolation area, 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 (i.e., treatment or therapy room).
- Ensure all HCP strictly adhere to masking for source control.

Q-7: 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 illustrates the processes and differences between the two approaches.



Q-8: Should an exposed roommate be tested and placed in quarantine?

A: Taking the contact tracing with post-exposure testing approach in the above flow chart, the roommate of a COVID-19 positive resident would be considered a close contact and should be tested on days 1, 3 and 5. The roommate would not need to be quarantined, and can remain in place in their room. When outside of the room, the roommate would need to wear source control for 10 days following the exposure.

Q-9: How long should you quarantine an exposed resident if using the unit- or group-level exposure approach with response testing?

A: Per the above flow chart, if the unit- or group-level exposure with response testing approach is taken, the exposed residents need to quarantine with empiric transmission-based precautions at the unit/group level. The facility would need to initiate response testing at least twice weekly for all residents on the exposed unit/group. This would continue until there are no new cases identified among residents over 14 days.

Q-10: If symptomatic HCP or residents test negative with an antigen test, can the confirmatory test be taken with a second antigen test; or does it need to be a PCR test?

A: Yes, an antigen test can be used for the confirmatory test. Testing guidance can be found in AFL 22-13.1, under “Diagnostic Testing for Symptomatic Individuals”. The guidance says, “Residents or HCP with signs or symptoms potentially consistent with COVID-19 should be tested immediately to identify current infection, regardless of their vaccination status. If antigen testing is used and the first test is negative, the symptomatic HCP should be tested again 48 hours after the first negative test, for a total of at least two tests.”

Other Questions & Answers

Q-11: Can staff provide COVID positive residents with a shower in a common area?

A: Showers for COVID-19 positive residents in common areas is not recommended because that would involve COVID-19 residents coming out of their rooms, which could potentially expose others. It would be reasonable if there is a dedicated shower area just for COVID-19 positive residents; but a common area shared by other residents without COVID-19 could lead to exposures.

Q-12: Is there any update to California’s COVID-19 Supplemental Paid Sick Leave?

A: More information can be found at the State of California Department of Industrial Relations (DIR) website—COVID-19 Prevention Non-Emergency Regulations (https://www.dir.ca.gov/dosh/coronavirus/Non_Emergency_Regulations/). On December 15, 2022, the Occupational Safety and Health Standards Board voted to adopt non-emergency COVID-19 prevention regulations. These regulations took effect on February 3, 2023 and will remain in effect for two years (expiring February 3, 2025) after the effective date, except for the recordkeeping subsections that will remain in effect for three years. These regulations include some of the same requirements found in the COVID-19 Prevention Emergency Temporary Standards (ETS), as well as new provisions aimed at making it easier for employers to provide consistent protections to workers and allow for flexibility if changes are made to guidance in the future from the California Department of Public Health.