



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
March 30, 2022**

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>
 - Recordings, call notes and slides can be accessed at the HSAG registration website: <https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>
- Friday 11:30 Booster Vaccine Quickinars:
 - Register at: <https://bit.ly/FullSpeedAheadBoosterProgram>
 - Recordings: <https://www.hsag.com/covid-19/vaccine-resources>

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/CHCO/LCP/Pages/LNCAFL20.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL21.aspx
2022 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCO/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 (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/CHCO/LCP/Pages/AFL-22-07.aspx
State Public Health Officer Order: Health Care Worker Vaccine Requirement (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 (2/2/2022)	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-34.aspx
AFL 21-08.8 Guidance on HCP Quarantine/Isolation (3/7/2022)	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-08.aspx
AFL 21-28.3 Testing, Vaccination Verification and PPE for HCP (2/22/2022)	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-28.aspx

Vaccine Questions & Answers

Q-1: Where can we find information about the Western States Scientific Safety Review Workgroup which discussed the approval of the second booster?

A: The statement on second boosters from the Western States Scientific Safety Review Workgroup meeting on March 29, 2022 can be found at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Western-States-Meeting-3-29-2022.aspx>. The Workgroup was unanimous in their support of the decision to approve a second booster to enhance protection against COVID-19. The FDA and CDC expanded eligibility of second booster doses of the Moderna and Pfizer vaccines for individuals **50 years of age and older**, as well as booster doses of the Pfizer vaccine for individuals 12 years of age and older or the Moderna vaccine for individuals 18 years and older with moderate and severe immunosuppression. The minimum interval between the first and second boosters is four months. Separately and in addition, based on newly published data, adults who received a primary vaccine and booster dose of the J&J vaccine four months previously may now receive a second booster dose using an mRNA COVID-19 vaccine.

Q-2: What are the current criteria for administering a second booster?

A: Second boosters can now be administered to individuals who are immunosuppressed and/or over 50 years old. The second booster can be given at least 4 months after their last booster. For people 18-49 who received two doses of the J&J vaccine, they are also eligible for a second booster 4 months after their first booster. The CDPH COVID Vaccine Timing job aid will be updated soon with the new second booster guidance: <https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>.

Q-3: Are there considerations for allowing health care workers access to the second booster?

A: At this time, there are no special recommendations to administer a second booster to healthcare workers. Healthcare workers may receive a second booster if they meet the age criteria or immunosuppression criteria for a second booster. We do not have information about future state mandates for a second booster.

Q-4: Resident completed the two series of Pfizer vaccine, then 3 months after received another dose of J&J. Is this resident considered up to date with their COVID-19 vaccines?

A: Yes. CDC would consider this individual up to date with their COVID vaccines. We do not recommend another dose for this individual.

Per CDC guidance, “Up to date means a person has received all recommended doses in their primary series of COVID-19 vaccine, and one booster dose when eligible. Getting a second booster dose is not necessary to be considered up to date at this time.”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

CDC guidance on vaccine administration errors, including doses administered early (booster doses administered early do not need to be repeated): <https://www.cdc.gov/vaccines/covid-19/downloads/covid19-vaccine-errors-deviations.pdf>.

Q-5: Do we need to get consents every time we administer the COVID-19 booster to residents since it seems to be an ongoing guideline for vaccination?

A: There are no Federal or California State requirements for informed consent specifically relating to immunization. The use of a consent form is not required for an EUA vaccine. Vaccine providers may opt to use a consent form at their discretion. Persons receiving immunization should receive the “EUA Fact Sheet for Recipients” (<https://www.cdc.gov/vaccines/covid-19/eua/index.html>). Immunization providers may also want to provide additional informational resources from CDC’s website “Building Confidence in COVID-19 Vaccines” <https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html#faqs>. CDC also indicates that “Explaining the risks and benefits of any treatment to a patient – in a way that they understand – is the standard of care.” Regarding the issue of getting new consent forms every time, CDC guidance indicates that providers should consult with their legal counsel on whether or not prior consent forms are sufficient. Refer to CDC guidance “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-6: 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 is 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.

Q-7: Can HCP continue to work 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 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-8: Can a worker opt to regularly test instead of getting boosted?

A: No. Per the February 22, 2022, State Public Health Officer Order “Health Care Worker Vaccine Requirement” FAQ, testing will be an alternate means for satisfying this Order only for those who are granted an exemption pursuant to the Order.

Q-9: Do HCP not up to date with their vaccinations, without an approved exemption, need to be terminated for non-compliance with the vaccine requirement?

A: Following March 1, 2022, if an HCP does not have an approved vaccine exemption, or if they are not boosted (if they are eligible for the booster), and they have not recently recovered from COVID within the last 90 days per the February 22, 2022 State Public Health Officer Order, then they would not be able to continue working in a nursing home or other health care setting. Facilities need to discuss employment policies with HR and their legal counsel.

Q-10: 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.

Q-11: Can we utilize CAIR2 to confirm vaccination status of our employees and visitors?

A: No. The uses of CAIR2/immunization registries are limited by law in order to protect confidentiality. Employers can use CAIR2 to verify vaccine records for patients/residents, but cannot look up vaccine records for employees or visitors. With regards to vaccination verification, please refer to this guidance: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccine-Record-Guidelines-Standards.aspx>. Details on the legal language can be found on this website: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=120440. To troubleshoot CAIR2 discrepancies, contact the CDPH Virtual Vaccination Support website: <https://chat.myturn.ca.gov/?id=17> or email DCVRRemediation.Requests@cdph.ca.gov.

Q-12: An HCP cannot find documentation from the booster. The pharmacy lost the record and booster records are not in CAIR2 or the Digital COVID-19 Vaccine Record. Can the HCP receive another booster in order to work?

A: Yes. If all efforts to find documentation of the initial booster have been exhausted, the HCP would need to get another dose in order to meet the requirement for work because documentation is required. Resources for troubleshooting missing vaccination doses can be found at: <https://myvaccinerecord.cdph.ca.gov/faq>.

Testing Questions & Answers

Q-13: What is the testing guidance for a resident up to date on their vaccinations that has a new cough and their x-ray is negative?

A: We recommend testing the resident for COVID-19, and if negative, test for other respiratory pathogens, such as influenza.

Q-14: What is the testing guidance for residents and HCP?

A: HCP testing guidance can be found in AFL 21-28.3

(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx>) and AFL 20-53.6

(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>). See tables below for testing guidance on when to test HCP and residents in nursing homes.

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
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 reinfecting 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.					

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-15: A resident tested positive for COVID-19 immediately on admission. Does the facility need to initiate response testing?

A: Since the resident tested positive immediately on admission, they should be moved directly to the red zone. Since this was not a facility onset case, response testing is most likely not necessary because the likelihood of exposure in the facility would be quite low. Response testing might be smart to do, depending on if anyone was exposed or if there was a roommate in the room. Reach out to your local health department for guidance.

Isolation/Quarantine Questions & Answers

Q-16: What is the current quarantine and testing guidance for residents?

A: Nursing homes should follow the CDC updated quarantine and testing recommendations for residents that were updated on February 2, 2022 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>). Highlights include:

- **New admissions and residents who have left for >24 hours**, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.
- **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; ensure the resident remains asymptomatic before ending quarantine.
- **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.
- **Exposed residents and residents who have recovered from COVID-19 in the previous 90 days** and are asymptomatic should wear source control but do not need to be quarantined, restricted to their rooms, or cared for by HCP using full COVID 19 PPE. In general, testing is not necessary unless they develop symptoms; however, if testing is performed, an antigen test is recommended. Consider quarantine for residents who are moderately to severely immunocompromised.

Q-17: Do all new residents need to be tested upon admission, regardless of vaccination status?

A: Yes. Per CDC's resident testing and quarantine guidance, all newly admitted residents, regardless of vaccination status, should be tested on admission; and again 5-7 days after admission. New admissions who are **not up to date** with all recommended COVID-19 vaccine doses (including booster, if eligible) should also be quarantined for at least 7 days from the date of admission until results are known for testing obtained 5–7 days after admission.

Q-18: In Los Angeles County, do residents that are up to date on their vaccinations that are new admissions, readmissions, and residents who leave the facility for more than 24 hours need to be tested prior to being admitted to the green zone?

A: Yes, per CDC's resident testing and quarantine guidance, all newly admitted residents, and readmissions or residents who have left for greater than 24 hours, regardless of vaccination status, should be tested on admission; and again 5-7 days after admission. New admissions who are **not up to date** with all recommended COVID-19 vaccine doses (including booster, if eligible) should also be quarantined for at least 7 days from the date of admission until results are known for testing obtained 5–7 days after admission. Los Angeles County Department of Health (LAC DPH) is updating their guidance to align with the CDC guidance.

Q-19: Can new admissions who are up to date with their vaccinations go straight to the green zone while awaiting their test result on admission?

A: Yes.

Q-20: For facilities who have >90% booster coverage, who should be exempt from quarantine if residents are exposed? Does the vaccination status of the resident matter?

A: Per CDPH AFL 20-53.6, in SNFs where $\geq 90\%$ of residents and $\geq 90\%$ of HCP are fully vaccinated, and their LHD determines that contact tracing is feasible, the facility can perform contact tracing to identify HCP and residents who have had a higher-risk exposure or close contact with the COVID positive individual. This contact tracing approach is an alternative to a facility wide approach. All HCP and residents who were exposed, regardless of vaccination status, should be tested promptly (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. Unvaccinated residents that were exposed should quarantine. Residents who are up to date on their vaccinations that are close contacts should wear source control but do not need to be quarantined.

Q-21: 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-22: Can a COVID positive resident that just completed their 10-day isolation in the hospital, be admitted to the green zone as a COVID recovered resident?

A: Yes. If the resident completed their 10 days of isolation, they could admit to the green zone. If the resident did not complete their 10 days of isolation yet, they would need to be admitted to the red zone to finish their isolation period at the facility. Once they are in isolation for a total of 10 days, then they can move to the green zone. If immunocompromised or if the resident had a severe course of illness, the isolation period may be extended to 20 days per CDC guidance.

PPE Questions & Answers

Q-23: What are the PPE requirements in the yellow zone for HCP?

A: For patient care activities in the yellow zone, HCP need to wear eyewear (face shield or goggles), N95, gloves and gown. If HCP have a brief interaction with the resident, with minimal contact, HCP do not need to wear a gown. Limit the use of gowns for activities where staff have direct contact with the resident.

Activity	N95	Eye Protection (face shield/goggles)	Gloves	Gown
Direct Resident Care	Yes	Yes	Yes	Yes
Medication Pass	Yes	Yes	Yes	No
Dropping off or picking up meal trays	Yes	Yes	Yes	No
Dropping off or picking up water pitcher	Yes	Yes	Yes	No
Having a conversation with resident from 6 feet away	Yes	Yes	Yes	No

Refer to the attached chart in AFL 20-74 that provides guidance on the use of gowns in the different zones. If gowns are used, extended use is not recommended.

Visitation Questions & Answers

Q-24: A visitor insists that she feed a resident breakfast on a daily basis, however, the roommate refuses to leave the room. Also, the visitor refuses to feed the resident outside of the room. Is it reasonable to allow the visitor to feed the resident with the roommate present?

A: It is acceptable for a visitor and resident to dine together for indoor, in-room visitation per CDPH AFL 22-07. 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. Regarding the roommate, it is not ideal for the roommate to be present during a visit, but it is permissible if there are no other options. Ideally, the visitor, resident and roommate are up to date with their vaccinations. Also, ensure physical distancing, hand hygiene, appropriate source control or PPE if necessary, and opening a window for improved ventilation in the shared room.

Other Questions & Answers

Q-25: If a resident is symptomatic and do not need hospitalization, how accessible is Paxlovid for the facility to use and where to get it?

A: Visit <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/> to view a national map that displays public locations that have received shipments of COVID-19 therapeutics, including Paxlovid. Paxlovid should be available through LTC pharmacies and local CVS stores in California. Reach out to your local health department if you're having access issues.

Q-26: Has the definition of close contact changed?

A: The definition of close contact has not changed. CDC defines close contact for HCP as a) being within 6 feet of a person with confirmed SARS-CoV-2 infection or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation. When close contact occurs, factors that can reduce risk for transmission include, but are not limited to: correct use of PPE by HCP, use of well-fitting source control by the individual with SARS-CoV-2 infection, and whether the HCP and/or the individual with SARS-CoV-2 infection are up to date with all recommended vaccines. Higher-risk exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure. Other exposures classified as lower-risk, including having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission. More information can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.

Q-27: Where can we find more information about the Test to Treat Program?

- CDPH COVID-19 Treatments:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Treatments.aspx>
- Office of the Assistant Secretary for Preparedness & Response (ASPR) Fact Sheet: COVID-19 Test to Treat <https://aspr.hhs.gov/TestToTreat/Documents/Fact-Sheet.pdf>
- ASPR COVID-19 Test to Treat Home Page <https://aspr.hhs.gov/TestToTreat>
- ASPR Distribution to Pharmacy-based Clinics and Long-term Care Pharmacies
<https://aspr.hhs.gov/TestToTreat/Pages/distribution.aspx>