



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
July 26, 2023**

**Weekly Call-in Information:**

- 2<sup>nd</sup> Tuesdays every month, 8:00am All Facilities Calls:
  - 844.721.7239; Access code: 7993227
- 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/>
- 3<sup>rd</sup> Tuesdays every month, 11:30am HSAG NHSN & HAI Office Hours
  - Register at: <https://bit.ly/NHSNHAofficehoursJulytoDec2023>

**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>
CDC’s Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (5/8/2023)	<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>
CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/lncافل.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/lncافل.aspx</a>
CDPH COVID-19 AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx</a>
Wednesday Webinar FAQs (Updated 6/28/2023)	<a href="https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf">https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf</a>

**Virtual Infection Prevention Train-the-Trainer Workshops**



The CDPH HAI Program and HSAG invite all nursing homes to participate in the final train-the-trainer workshop to reduce HAIs and infection-related hospitalizations.

Register at <https://www.hsag.com/ip-train-the-trainer> for the Environmental Services (EVS) IPC Curriculum train-the-trainer workshop offered Aug. 21, 22, 24, 25.

Please invite your EVS managers to this event. BRN & NHAP CEUs available.

**Resident-to-Resident Aggression Webinar**

The CA Partnership to Improve Dementia Care is hosting the event, “**Improving Resident Relationships in Long-Term Care: A Train-the-Trainer Opportunity**” with Cornell University to share evidence-based tools to reduce resident-to-resident aggression ([flyer](#)). BRN, NHAP, and Social Worker CEUs available. Don’t miss out! The webinar will repeated twice, but the recording will not be available following the webinar.

- **Wednesday, September 27, 2023**, 11:00 a.m.–12:45 p.m. PT, <https://bit.ly/IRRLsep27session>
- **Thursday, September 28, 2023**, 3:00–4:45 p.m. PT, <https://bit.ly/IRRLsep28session>

**Q-1: Are COVID-19 vaccines still required for Healthcare Personnel (HCP)?**

**A:** As of August 4, 2023, CMS will no longer require the COVID-19 primary vaccine series for HCP, as described in the CMS and HHS [Final Rule](#) in the Federal Register announced on June 5, 2023. The final rule states, “considering the lower policy priority of enforcement within the remaining time, we will not be enforcing the staff vaccination provisions between now and August 4, 2023.”

- CDPH also no longer requires COVID-19 vaccinations for HCP as of April 3, 2023.
- However, CMS and CDPH continue to strongly recommend that all HCP and residents remain up to date on recommended vaccines.
- Additionally, local health departments and healthcare facilities may implement COVID-19 vaccination requirements for HCP.

**Q-2: Is the Respiratory Syncytial Virus (RSV) vaccine going to be required to be given in SNFs like the pneumonia and flu vaccines?**

**A:** Given that the RSV vaccine is under shared clinical decision making, meaning the decision to vaccinate a patient should be based on a discussion between the health care provider and the patient, we do not anticipate that it will be required or mandated. If we receive any further information on this, we will be sure to share it. Please see resources here for RSV and shared clinical decision making:

- July 21, 2023, MMWR “Use of Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023” [https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm?s\\_cid=mm7229a4\\_w](https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm?s_cid=mm7229a4_w)
- CDC FAQs—Advisory Committee on Immunization Practices (ACIP) Shared Clinical Decision-Making Recommendations: <https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html#scdm>

**Q-3: Are SNFs required to test newly admitted and readmitted residents upon admission?**

**A:** No. [CDPH AFL 22-13.1](#), which had testing guidance for new admissions, is no longer in effect. Admission testing in nursing homes is now at the discretion of the facility per the most recent CDC guidance, updated on May 8, 2023. CDC Interim IPC Recommendations for HCP During the COVID-19 Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**Q-4: Our nursing home is receiving too many deliveries of antigen tests? How can we stop the deliveries?**

**A:** Nursing homes can stop the deliveries of antigen testes by sending an email to one or both of these contacts: [binax.team@hhs.gov](mailto:binax.team@hhs.gov) and [ARDxUSGovernmentSupport@abbott.com](mailto:ARDxUSGovernmentSupport@abbott.com). In the email that you send, include the following:

- A request to stop sending the test kits
- Facility name and shipping address
- Facility point of contact (with email address)
- CLIA number

Feedback from other nursing homes is that it takes about two weeks for facilities to be removed from the distribution schedule, so a facility may receive an additional shipment after the request is submitted.

Los Angeles county nursing homes may be receiving antigen tests from the county. To stop those deliveries, contact the Los Angeles county testing logistics team at: [NCOVID-TLT@ph.lacounty.gov](mailto:NCOVID-TLT@ph.lacounty.gov).

**Q-5: Do nursing homes still need to report COVID-19 positive test results for HCP and residents to CalREDIE, NHSN, Local Health Departments (LHDs), and Licensing & Certification (L&C)?**

**A:** Due to the ending of the public health emergency (PHE), there have been changes to the CalREDIE reporting requirement; however, other reporting requirements (e.g., NHSN, outbreak reporting to LHDs and L&C) have not changed.

- **CalREDIE Reporting Requirements:** Per the June 14, 2023, CDPH Laboratory Partner Letter, nursing homes conducting testing with a CLIA Certificate of Waiver are no longer required to report positive or non-positive antigen test results through CalREDIE. [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LaboratoryReportingLetterCOVIDInfluenzaRSVJune2023-FINAL\\_ESP.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LaboratoryReportingLetterCOVIDInfluenzaRSVJune2023-FINAL_ESP.pdf). Email [calredieelr@cdph.ca.gov](mailto:calredieelr@cdph.ca.gov) with any questions about result reporting.
- **NHSN Reporting Requirements:** Nursing homes are still required to report an aggregate number of all newly positive tests (cases) based on a viral test result from residents or staff once a week to NHSN in the COVID-19 Pathway Reporting Module. The test result may be from a NAAT/PCR or an antigen test. <https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-res-blank-p.pdf>
- **CDPH L&C District Office and LHD Reporting Requirements:** Nursing homes are still required to report outbreaks (currently, one or more new cases in either residents or HCP meets the reporting threshold) to their local public health officer and their respective CDPH Licensing & Certification District Office per [AFL 23-08](#): “Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences” updated on January 18, 2023.”

## PPE Questions & Answers

**Q-6: How many weeks of PPE surge supply are nursing homes required to maintain?**

**A:** In September 2020, California passed the bill [SB 275](#) which requires the Department of Industrial Relations to adopt regulations requiring California healthcare providers to have a 45-day surge-level stockpile of personal protective equipment (PPE) on hand.

- Providers must establish their stockpiles by January 1, 2023, or one year after the adoption of specified regulations, whichever comes later.
- The legislation requires the formation of a PPE Advisory Committee which will finalize the details required by SB 275.
  - The PPE Advisory Committee has not convened yet, so the regulation for a 45-day stockpile is not required.

**Q-7: Are nursing homes required to do annual N95 fit testing?**

**A:** The Cal/OSHA Aerosol Transmissible Diseases regulation (§5199) requires that fit-tests be repeated at least annually. Earlier in the pandemic there was an allowance for extending the time between fit tests; however, that no longer applies. Respirator wearers must be fit tested at least annually.

- See §5199(g)(6) 3. Fit testing: <https://www.dir.ca.gov/title8/5199.html>
- Cal/OSHA has published [instruction on how to set-up a respiratory protection program](#) online.

**Q-8: Can facilities with a surplus amount of PPE, donate unused PPE to other facilities?**

**A:** Yes.

The CDPH Occupational Health Branch presented on, “Best Practices for Ventilation of Isolation Areas to Minimize Airborne Infectious Disease Transmission”

- Access the PowerPoint:  
[https://www.hsag.com/contentassets/30ab51353c2642f3a5b2cc01d02dc06f/cdph\\_occuphealth\\_072623\\_508.pdf](https://www.hsag.com/contentassets/30ab51353c2642f3a5b2cc01d02dc06f/cdph_occuphealth_072623_508.pdf)
- Your comments and questions about SNF isolation practices would be appreciated.
  - Please complete the “CDPH Indoor Air Quality in Congregate Settings Survey”:  
<https://forms.office.com/g/W7fGDMQAp>
- CDPH, June 29, 2023: Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities, Long-Term Care Facilities, Hospices, Drug Treatment Facilities, and Homeless Shelters  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Best-Practices-for-Ventilation-of-Isolation-Areas-to-Reduce-COVID-19-Transmission-Risk.aspx>

**Q-9: Is there a reason why MERV-13 filters in facility HVAC systems are not included in CDPH’s guidance?**

**A:** The recommendations to use MERV-13 or 14 or higher filters have been included in past guidance (see below links). If air is recirculated by an HVAC system from non-isolation areas of the facility, MERV 14 filters are recommended for the entire skilled nursing facility. However, the recommendation for filtration from isolation rooms/areas is different. Normally, air is not recirculated from isolation rooms/areas and is exhausted directly to the outdoors or filtered through a high efficiency particulate air (HEPA) filter directly before recirculation.

- “Improving Ventilation Practices to Reduce COVID-19 Transmission Risk in SNFs”  
<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ventilationFAQ.aspx>
- “Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.”  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx>

**Q-10: Are portable HEPA filters now required to be utilized in rooms in which COVID-19 positive residents are being treated?**

**A:** CDPH developed the Best Practices Guidance for Ventilation for Isolation to guide nursing homes and other types of facilities to protect residents in the facility, staff, and visitors, and also to describe some “other effective control measures” that are mandated by the Cal/OSHA Aerosol Transmissible Diseases regulation (<https://www.dir.ca.gov/title8/5199.html>). Portable air cleaners are placed in isolation rooms to help control exposure to other people.

**Q-11: Are nursing homes required to report COVID-19 cases to residents and their representatives, and families?**

**A:** No. Per [CMS QSO-23-13-ALL](#), CMS relayed their concerns that the effort required to continue this reporting provision may outweigh the utility of the information provided. Therefore, CMS is exercising enforcement discretion and will not expect providers to meet this requirement at this time.

**Q-12: How often do vital signs need to be taken?**

**A:** Vital signs guidance from CDPH is no longer in effect. [CDPH AFL 20-25.2 Attachment](#), which included the vitals recommendations for SNF residents, is obsolete and no longer in effect. The vital signs guidance served a purpose early on in the pandemic when there was less clinical experience with COVID-19 and there was a concern that residents with COVID-19 could deteriorate rapidly without the facility recognizing. At this point, there is no longer a need for public health to direct clinical management. Moving forward, SNFs should monitor residents based upon best practice and clinical assessment of the resident's condition.

**Q-13: Do we still need to monitor for signs and symptoms of COVID-19 every shift for residents?**

**A:** SNFs should monitor residents for signs and symptoms of COVID-19 based upon best practice and clinical assessment of the resident's condition. If you see increased transmission of COVID-19 in your community, or if you are seeing cases of COVID-19 infection in your facility, it would be reasonable to follow previous guidance to:

- Monitor the vital signs daily for COVID-19 negative or recently recovered residents.
- Monitor the vital signs every shift, including pulse oximeter measurements, for COVID-19 exposed residents who are asymptomatic; monitoring every shift can be defined as either an 8- or 12-hour shift, (i.e., twice daily), allowing residents to get uninterrupted sleep.
- Monitor vital signs every 4 hours, including pulse oximeter measurements, for COVID-19 positive residents in isolation.

**Q-14: Are health care workers in nursing homes allowed to wear acrylic nails?**

**A:** Per the updated SHEA/IDSA/APIC compendium on hand hygiene, nursing homes should include fingernail care in facility-specific policies related to hand hygiene.

- HCP should maintain short, natural fingernails.
- Nails should not extend past the fingertip.
- HCP who provide direct or indirect care in high-risk areas (e.g., ICU, perioperative) should not wear artificial fingernail extenders.
- Prohibitions against fingernail polish (standard or gel shellac) are at the discretion of the infection prevention program, except among scrubbed individuals who interact with the sterile field during surgical procedures; these individuals should not wear fingernail polish or gel shellac.

For more information, refer to “SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update” which can be found at:

<https://doi.org/10.1017/ice.2022.304>.