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California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
August 23, 2023

Weekly Call-in Information:
- 2nd Tuesdays every month, 8:00am All Facilities Calls:
  - 844.867.6167; Access code: 7993227
- 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/
- 3rd Tuesdays every month, 11:30am HSAG NHSN & HAI Office Hours
  - Register at: https://bit.ly/NHSNHAIofficehoursJulytoDec2023

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
CDC's Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (5/8/2023)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/lncafl.aspx
CDPH COVID-19 AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx
Wednesday Webinar FAQs (Updated 6/28/2023)	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

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<div align="center">Vaccine Questions & Answers</div>

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 or boosters 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 COVID-19 vaccines.
- Additionally, local health departments and healthcare facilities may implement COVID-19 vaccination requirements for HCP.

Q-2: Is there an update on the new monovalent COVID-19 vaccine that targets XBB.1.5?
A: The FDA and CDC have not provided an update yet on the XBB.1.5 vaccine. We expect to hear more in September on the availability of supply and recommendations. Refer to this COVID-19 Vaccine Commercialization FAQ for more information: https://eziz.org/covid/commercialization-faqs/.

Q-3: When should we begin administering Respiratory Syncytial Virus (RSV) vaccines?
A: Please offer RSV vaccinations now that supply is available.

Q-4: Is the RSV vaccine 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 to weigh the risks/benefits for each individual), 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
- 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-5: If we gave our resident the flu vaccine, how many days do we need to wait until we can administer the RSV vaccine?
A: There is no minimum interval needed between giving the flu vaccine and RSV vaccine. The vaccines can be co-administered at the same time. Injectable vaccines that are given concomitantly should be administered at separate anatomic sites.

Q-6: At this time, is the RSV vaccine a onetime dose only?
A: Yes, at this time, only one dose is recommended. Studies are taking place to look at how long RSV vaccine protection lasts. Information available at this time indicates protection through two RSV seasons after receiving RSV vaccine.

Q-7: How can we get access to the California Immunization Registry (CAIR2)?
A: Please contact the Local CAIR Representative for your region and they can further guide you on the best option to register/obtain access:
https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-users-LCR.aspx

Q-8: We are aware that we are not allowed to look up vaccination records for employees in CAIR2. However, when we administer a vaccine to employees, are we allowed to register their vaccine information into CAIR2?
A: Yes, per AB1797, all vaccinations administered by your site to residents and/or employees must be entered into CAIR2. If you did not vaccinate your employee, you are not legally allowed to look-up their record in CAIR2. If you need or want to know the immunization status of your employee (or any visitors, vendors, etc. to your facility as well), you must ask that individual to provide their immunization record to you directly. The employee/visitor can obtain their CAIR2 immunization record themselves directly from CAIR2 by going to: https://myvaccinerecord.cdph.ca.gov/

Q-9: Some of our residents have proof (i.e., COVID-19 white card) of being vaccinated from an outside entity, however, their vaccine information is not entered into CAIR2. How can their information be updated?
A: If the resident has the COVID-19 white card as documentation, they can update/correct their vaccine record in CAIR2 by going to the bottom section of the DVR webpage and requesting help: https://covid19.ca.gov/dcvr/.

Q-10: Do VA residents have vaccine records in CAIR2?
A: The VA currently does not participate in CAIR2. Instead, as a federal entity, they report vaccines elsewhere, as does Indian Health Services.

Q-11: What should we do if residents do not want their vaccine information shared in CAIR2?
A: If your site has clinical access to CAIR2 (e.g., have users with Regular/Power user access), you are required to still submit the resident's information in CAIR2 per AB1797, but you can 'lock' their record so only your site can see the resident's information
(https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-updates-disclosure.aspx).

Q-12: Do TB tests need to be entered into CAIR2?
A: Yes, per AB1797 all TB tests need to be entered into CAIR2.

Q-13: Is there a national database to check if a vaccine was received outside of California?
A: There is no national database for vaccines administered outside of California. The resident would have to present their immunization record to you. Once you have this record, a best practice is for you to complete their CAIR2 record by entering their historical doses into CAIR2. You can enter them as 'Historical' vaccines. We have user guides available at
https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-Training-Guides.aspx regarding how to document historical/transcribed vaccines in CAIR2.

Q-14: If our nursing home is already enrolled with an interface between CAIR2 and our EMR, do we need to register and submit separately?
A: No. If your EHR/EMR system is connected to CAIR2 to submit vaccine information electronically, you do not need to enroll again. However, if a nursing home is not sure if their system is connected to CAIR2, they can contact the Data Exchange team at cairdataexchange@cdph.ca.gov.

Q-15: Do residents need to sign a consent form prior to our nursing home entering their immunization into CAIR2?
A: No, they do not need to sign anything. However, you will need to provide them with the disclosure form to read or a printout for them to keep.
- CAIR2 Disclosure/Sharing Policy:
  https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-updates-disclosure.aspx.
- The disclosure form is available in 17 different languages at
  https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-records-forms.aspx.

Q-16: Are we still required to obtain religious/medical exemptions for new hires if they did not get the COVID-19 vaccine?
A: Religious/medical exemptions are no longer required because the vaccine is not required for HCP per CDPH and CMS. However, check with your local health department which may implement more stringent guidance.

Q-17: When should we begin administering flu vaccines?
A: Flu vaccine supply and appointments should be available now at local pharmacies and providers. The best time to get vaccinated is September and October. Please see CDC Vaccine Finder
https://www.vaccines.gov/find-vaccines/ and MyTurn https://myturn.ca.gov/en_US.html. Also, CDC Flu vaccine 2023-2024 recommendations are available here: https://www.cdc.gov/flu/spotlights/2022-2023/flu-vaccination-recommendations-adopted.htm.

Testing Questions & Answers

Q-18: 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 May 8, 2023, CDC guidance. CDC Interim IPC Recommendations for HCP During the COVID-19 Pandemic

Q-19: 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/Laboratory_Reporting_Letter_COVID_Influenza_RSV_June2023-FINAL_ESP.pdf. Email 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/ltcf/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."

Q-20: Does AB 1797 mandate that we go back and document historical immunization information in CAIR?

A: AB1797 does not mandate that historical doses be added into the resident's CAIR record. However, adding these historical vaccines allows for more accurate recommendations and helps the resident to have a complete immunization record. Additionally, data integrity and data quality are improved.

<div style="background-color:#4472C4; color:white; text-align:center; padding:8px;">PPE Questions & Answers</div>

Q-21: Are visitors required to wear masks as source control while in a nursing home?

A: No; however, facilities should consider source control masking policies for visitors based on the community transmission of respiratory viruses, emergent variants, and the number of ill staff. In general, visitors should be asked to defer their visit if they have symptoms of a respiratory infection or other communicable disease or have had recent close contact with someone with a COVID-19 infection within the last 10 days.

- If visitation is essential (e.g., end-of-life), facilities should require that visitors wear a mask if they have respiratory symptoms, an infection, or have had a recent close contact with someone with a COVID-19 infection within the last 10 days.
- For facilities that implement masking policies for visitors, facilities cannot deny visitation if a visitor refuses to mask. Offer alternatives such as an outdoor visit in a designated area and/or away from other patients.

August 23, 2023, Wednesday Webinar PowerPoint: "Update on Best Practices for Ventilation of Isolation Areas to Minimize Airborne Infectious Disease Transmission"
https://www.hsag.com/contentassets/30ab51353c2642f3a5b2cc01d02dc06f/calosha-8-22-2023-508.pdf

CDPH Best Practice Resource: "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-22: Do nursing homes need to transfer residents with COVID-19 or other airborne infectious diseases if they do not have an airborne infection isolation room (AIIR)?
A: The Cal/OSHA Aerosol Transmissible Diseases (ATD) regulation (Title 8, §5199. ATD), which came into effect in 2009, requires isolation of patients having airborne infectious diseases in AIIRs.
- The regulation indicates that for diseases identified as requiring airborne infection isolation (AII) in §5199. Appendix A, transfer to an AIIR either in the facility or in another facility is required within 5 hours of identification.
- The ATD regulation requires that the facility contact the local health officer to determine whether there is an appropriate facility with a true AII room that the facility can transfer the patient to.
- Where transfer is not available, §5199(e)(5)(B)2 requires that there be documentation by the employer at the end of the 5-hour period, and at least every 24 hours thereafter.
- **However, there is a novel pathogen exception…**

Cal/OSHA ATD Regulation (8CCR 5199) Novel Pathogen Exception
- SARS-CoV-2 is considered a novel pathogen under the ATD standard.
- For novel and unknown pathogens, facilities must place residents in an AIIR, **unless doing so is not feasible**.
- "When it is not feasible to provide AII rooms or areas… the employer shall provide **other effective control measures** to reduce the risk of transmission to employees, which shall include the use of respiratory protection…"
- Decisions about whether it's safe and/or feasible to transfer a patient or isolate on site should be made with the local health officer (LHO).
    - Cal/OSHA and CDPH recognize that nursing homes may not have capabilities to offer AIIR onsite, and understand the challenge to transfer a COVID-19 resident to another facility that has an AIIR.
    - Additionally, CDPH has instructed nursing homes not to transfer residents that are not in need of hospital-level medical care solely for the purpose of AII.
    - Under the Cal/OSHA novel pathogen exception, the usual requirement to document attempts to transfer within 5 hours, and every 24 hours thereafter, and to contact the local health officer do not apply.

Q-23: How can a provider demonstrate that the control measures they implement are effective?
A: The Cal/OSHA ATD standard requires that the employer have a written plan that describes how staff will identify, temporarily isolate, and refer or transfer AirID cases or suspected cases to AII rooms, areas or facilities. These procedures need to include the methods the employer will use to limit employee exposure to these persons during periods when they are not in isolation. These procedures need to also include the methods the employer will use to document medical decisions to not transfer patients in need of airborne infection isolation. It is the employer's responsibility to demonstrate that

their methods are effective; and to establish and implement effective written procedures. In your Infection Prevention Plan, we strongly recommend having written procedures/methods for providing effective control measures (§5199(d)(2)(G)). Describe your ventilation and filtration methods (refer to [CDPH Best Practices](#)).

Q-24: Are AIIRs required for High Hazard Procedures, or aerosol-generating procedures (AGPs)?

A: Yes. The exception to providing AIIRs for COVID-19 residents does not apply to high hazard procedures.

- High-hazard procedures must be done in AIIRs, and staff must wear powered air purifying respirators (PAPRs).
- N95s are not sufficient for high-hazard procedures.
- The only exception to using an AIIR for high-hazard procedures is where an AIIR is not available, and the delay of a procedure would be detrimental to the health of the patient.

Q-25: Did Cal/OSHA define the required "other effective control measures" in addition to respiratory protection?

A: No. Cal/OSHA does not specifically define "other effective control measures." Effective control measures are **in addition** to providing respiratory protection that must be worn inside the isolation room/area. The novel pathogen exception in the Cal/OSHA standard is a **performance standard,** not a specification standard. Performance standards state the goal but do not specify the details of how to achieve the goal. This is to allow flexibility in attaining compliance in a wide variety of workplaces and environments where a single solution applicable to all is not possible. The facility must demonstrate that the measures implemented are effective.

Q-26: Are portable air cleaners (PAC) mandatory in isolation rooms/areas?

A: No. But they can be an effective control measure and CDPH recommends PACs if the facility is not able to achieve a minimum of six air changes per hour using their HVAC system. Using a HEPA-filtered PAC is an easy way to remove viruses from the air and protect staff, other residents, and visitors. The Cal/OSHA ATD regulation requires airborne infection isolation of patients having airborne infectious diseases. However, the novel pathogen exception in the regulation says that facilities must place residents in an AIIR, unless doing so is not feasible. When it is not feasible to provide AIIR rooms or areas, the employer shall provide "other effective control measures" to reduce the risk of transmission to employees. However, it does not specify the type of air filtration, how air is exhausted, or the number of air changes per hour within an isolation room or area. Employers can use the CDPH guidance, consensus standards (i.e., ASHRAE 170), or published literature to demonstrate effectiveness.

Q-27: Today, in 2023, what will Cal/OSHA cite a skilled nursing facility for?

A: Specific to the novel pathogen exception, Cal/OSHA would evaluate the employer's respiratory protection program, the written procedures/methods for providing effective control measures, their implementation, and then make a determination on effectiveness (§5199(d)(5)(B)). Examples of citations, include:

- The employer did not implement a respiratory protection program for staff that enter an isolation room/area.
- The employer housed cases or suspected cases of COVID-19, an airborne infectious disease caused by the novel pathogen SARs-CoV-2, without meeting the conditions of either exception to section §5199(e)(5)(B).

Cal/OSHA previously posted COVID-19 citations at their now-archived list here: https://www.dir.ca.gov/DOSH/covid19citations.asp

Q-28: What is the CDPH Best Practice Guidance for Temporary Isolation?
A: Consult with experienced professionals to:
- Continuously provide the room with a minimum of six equivalent air changes per hour.
- Create negative pressure inside the room by installing a negative air machine.
- Exhaust air from rooms directly to the outdoors.
- Prevent recirculation of isolation room air to other sections of the facility.

Q-29: What are the CDPH Best Practice Recommendations if the facility is not able to implement all measures listed above in the previous answer immediately?
A: At a minimum CDPH recommends that facilities:
- Care for COVID positive residents in a single-person room
- Keep doors to isolation rooms closed to create a barrier.
- Increase filtration in the room by using portable air cleaners.
- Use a room for isolation that has a dedicated bathroom.
- Run the bathroom exhaust fan constantly to create slight negative pressure.

CDPH also recommends limiting the movement of staff and residents into and out of the room. Since we know that most skilled nursing facilities were designed to have about 2 ACH in their resident's rooms, our experience tells us that it will often be necessary to increase the equivalent air changes per hour by using portable air cleaners that have HEPA filters.

Q-30: Can you provide some examples of effective control measures?
A: Examples of how to implement "effective control measures" are described in greater detail in the linked guidance document below.
- CDPH "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" June 29, 2023
  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

For **non-isolation** areas, CDPH recommends other measures for improving general indoor air quality. Those can be found here:
- CDPH "Improving Ventilation Practices to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities," 2022
  https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ventilationFAQ.aspx

Q-31: Where can we find more information on Cal OSHA regulations regarding COVID-19, AIIR, and other infection control issues?
A: The Cal/OSHA regulation about Aerosol Transmissible Diseases is Section 5199 of Title 8 Regulations. The link is here: https://www.dir.ca.gov/title8/5199.html
Cal/OSHA also published the California Workplace Guide to Aerosol Transmissible Diseases, which can be found here: https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf

Specific COVID-19 standards apply only to facilities that are *NOT* covered by the ATD regulation. The ATD standard has provisions for aerosol transmissible diseases including COVID-19.

Q-32: Do facilities need to obtain permission from OSHPD, which is now the Department of Health Care Access and Information (HCAI), prior to modifying a room to create temporary negative pressure environment?
A: No, temporary negative pressure can be implemented for limited time without permit. All temporary equipment must, at a minimum, meet the appropriate code requirements for capacity and performance. All code requirements for permanent equipment must be met except as specifically noted below. For example, temporary air handlers must meet the code requirements for filter efficiency and capacity (ability to maintain proper air balance and air flow). Outdoor air intake

must be located within the required distance from exhaust outlets, plumbing vents, etc. as required by the CMC. https://hcai.ca.gov/wp-content/uploads/2020/10/CAN-2013-Building-Code-2-108-Temporary-Systems-Utilities-Equipment.pdf#:~:text=Permits%20for%20temporary%20use%20are,for%20more%20than%20180%20days.

The California Department of Health Care Access and Information (HCAI) (formerly OSHPD) describes whether they will review projects related to isolation of patients and creating negative pressure rooms in their Policy Intent Notice 4. See "HCAI Facility Development Division COVID-19 Resources", "Negative Pressure Room", "Policy Intent Notice 4" (https://hcai.ca.gov/construction-finance/seismic-compliance-and-safety/emergency-response-operations/oshpd-covid-19-resources/#negative-pressure-room).

Below is a link to a survey for SNFs about isolation practices—your comments & questions would be appreciated:
https://forms.office.com/g/W7fGDMQtAp

Other Questions & Answers

Q-33: 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-34: For nursing home infection preventionists, is CIC or LTC CIP preferred?
A: Infection Preventionist (IP) certification is a best practice for an infection preventionist, indicating that the IP has the basic knowledge, skills and abilities expected of professionals working in the field of infection prevention and control. The Certification Board of Infection Prevention (CBIC) offers both the CIC (Certified in Infection Control) and the LTC-CIP (Long-Term Care Certification in Infection Prevention) forms of certification. The CIC indicates a general knowledge base in infection prevention, whereas LTC-CIP is a certification focused on infection prevention in long-term care facilities. If you are planning to become certified, review the descriptions of both types of certifications to determine which meets your current and future professional goals. See https://www.cbic.org/CBIC/Certification-FAQs.htm for more information.

Q-35: Does the role of the infection preventionist involve comparing and determining IPC guidance? Or is that part of a Local Health Jurisdiction's role?
A: Infection preventionists at each facility should be familiar with current infection prevention and control recommendations and guidelines. As each facility is unique, the facility needs to understand which measures apply to their facility based on factors such as their facility type, licensing, and accreditation. Local health departments (LHD) may assist facilities in their jurisdictions to follow current guidelines and recommendations. This may occur in many ways, such as in-person facility outreach, newsletters, local meetings, or education.