



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
September 27, 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

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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/lncfl.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

Educational Opportunities

CDPH HAI Program's Infection Prevention Training for SNFs Online Course is back!

- [Register; Flyer](#)
- 18-hour self-paced course for individuals responsible for infection prevention and control program administration in SNFs. The course will provide practical guidance for implementing an infection prevention program using evidence-based guidelines for preventing serious HAIs. There is no cost to attend this course. Preregistration is required. California Board of Registered Nurses CEUs will be granted to those who complete the entire course and pass the post-tests.

CALTCM Summit for Excellence, November 2-4, 2023, Los Angeles, CA; [Register](#)

CAHF 73rd Annual Convention & Expo, November 12-15, 2023, Palm Springs, CA; [Register](#)

Webinar: Preventing ATD in Healthcare Settings, October 13th, 9am; [Register](#)

Webinar: New Staff Orientation Toolkit on Dementia Care, October 20th, 9-10:30am; [Register](#)

Webinar: Sepsis Sprint Quickinar Series, Tuesdays, 12-12:30pm (October 17, 24, 31, Nov 7) [Register](#)

Q-1: Can COVID vaccines be administered to staff and residents during an outbreak?

A: Yes. There is no recommendation in outbreaks to delay vaccination until the outbreak has ended. There is no contraindication to receiving a vaccine if exposed. Refer to [CDC guidance](#).

Q-2: Is the RSV vaccine required to be given to nursing home residents?

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. Please see resources here for RSV and shared clinical decision making:

- July 21, 2023, MMWR “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-3: How can we access the Health & Human Services (HHS) Bridge Access Program (BAP) for COVID-19 Vaccines and Treatments to get our uninsured staff the COVID vaccine?

A: Please refer to the CDPH EZIZ California Bridge Access Program website for more information. <https://eziz.org/vfa-317/bap/>. The BAP is a temporary measure connected to the commercialization of COVID-19 vaccines and treatment. It was created to prevent loss of access to free COVID-19 vaccines and treatment for uninsured and underinsured aged 19 years and older. The program began September 2023 and will end on December 31, 2024. More detailed information can be found at the CDC’s Bridge Access Program Page (<https://www.cdc.gov/vaccines/programs/bridge/index.html>), and in the CDPH BAP Requirements at a Glance (<https://eziz.org/assets/docs/IMM-1468.pdf>).

- Additionally, you can look for COVID-19 vaccines near you by putting in your zip code at <https://www.vaccines.gov/search/>. Check the box for Bridge Access Program Participant.

Q-4: Is the current vaccine effective against the current EG.5 and BA.2.86 COVID-19 variants?

A: In studies that have been recently conducted, the extent of neutralization observed by the updated vaccines against currently circulating viral variants causing COVID-19, including EG.5 and BA.2.86, appears to be of a similar magnitude to the extent of neutralization observed with prior versions of the vaccines against corresponding prior variants against which they had been developed to provide protection. This suggests that the vaccines are a good match for protecting against the currently circulating COVID-19 variants.

Q-5: Can the new COVID-19 vaccine be given at the same times as the RSV and flu vaccines?

A: Yes, the vaccines may be co-administered at the same time if there are no other contraindications. Injectable vaccines that are given concomitantly should be administered at separate anatomic sites.

- Refer to CDC: Stay Up to Date with COVID-19 Vaccines (updated October 4, 2023) <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#about-vaccines>

Q-6: Can we order flu antigen tests?

A: At this time, we are working on securing a plan for nursing homes that would like to request flu point of care antigen tests. We hope to have more information soon.

Q-7: Are expired antigen tests still allowed to be used?

A: Some antigen tests have had their expiration dates extended based on additional data that was not available when the test was first authorized. Go to this FDA website (www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list) to determine if a home test that you have has an extended expiration date. Replace tests that are older than the extended expiration dates. If newer tests are not easily available, you may use an expired test as long as the internal control line remains valid.

Q-8: How can nursing homes order more COVID-19 tests?

A: CDPH is providing 16-weeks of COVID-19 tests to nursing homes outside of Los Angeles County. If your nursing home has storage limitations, smaller monthly requests may be accepted. The deadline to order the tests is November 30, 2023. The tests can be ordered at: <https://labsupport.powerappsportals.us/ordercovidotc/>.

Q-9: Does CDPH provide Influenza and RSV test kits?

A: At this time, we do not have flu and RSV point of care tests widely available for nursing homes.

PPE Questions & Answers

Q-10: Can N95 respirators be used beyond their expiration dates?

A: No. NIOSH and Cal/OSHA state that respirators cannot be used as PPE beyond their expiration date. “If there is an expiration date designated by the NIOSH approval holder (i.e., respirator manufacturer) and it has been exceeded, it should not be used within an occupational respiratory protection program. Respiratory protective devices that have passed their expiration date are no longer considered NIOSH-approved for use in occupational settings.” (https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3basic.html)

- The Cal/OSHA Respirator Standard requires NIOSH approval for all respirators worn by staff for their protection: <https://www.dir.ca.gov/title8/5144.html>.
 - “(B) The employer shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.”
- Respirators may be used after their shelf life has passed for fit testing. 3M has listed some considerations for this practice: <https://multimedia.3m.com/mws/media/1807271O/respirators-beyond-their-shelf-life-considerations-technical-bulletin.pdf>.
 - Fit testing should only ever be performed with respirators that have been stored according to the storage conditions specified on the packaging and within a year of their expiration.
 - Before use in fit testing, respirators should be visually inspected to confirm the respirators are not distorted or damaged in any way. This includes respirator headbands, nose clip, nose foam, shell and all other components.
 - If a facility experiences lower-than-expected fit test pass rates while fit testing using respirators that are beyond their stated shelf life, then the facility should discontinue use of such respirators for fit testing and instead use respirators that are within their stated shelf life for their fit testing operations. Facilities that use respirators beyond their stated shelf life for fit testing should ensure that such respirators are kept separate from, and not confused with, the facilities’ inventory of respirators within the stated shelf life.
- Also, expired masks (N95 or surgical style) can be used for source control in the facility (but not as PPE), as long as the integrity of the mask and elastic ties are intact. Facilities that use respirators beyond their stated shelf life for source control should ensure that such respirators are kept separate from, and not confused with, the facilities’ inventory of respirators within the stated shelf life and must not be used for PPE for staff.

Q-11: Can surgical masks be used past their expiration date?

A: No. An expired surgical mask should not be used as a surgical mask for surgery or droplet precautions. However, expired surgical masks can still be used for source control in the facility as long as the integrity of the mask and ties are intact.

Q-12: If staff develop symptoms at work, do they need to leave?

A: Yes. If symptoms develop at work:

- Ensure face mask is in place.
- Notify supervisor.
- Leave promptly.
- Test for SARS-CoV-2 and influenza.

If positive for COVID-19 or influenza, follow return-to-work policy. For COVID-19 confirmed cases, refer to AFL 21-08.9 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>).

Q-13: Should residents with COVID-19 be isolated in a designated isolation area?

A: Yes. Ensure residents identified with confirmed COVID-19 are promptly isolated in a designated COVID-19 isolation area.

- May be a designated floor, unit, or wing, or a group of rooms at the end of a unit that is physically separate and ideally includes ventilation measures to prevent transmission to other residents outside the isolation area.
- Symptomatic residents and residents identified as close contacts through individual contact tracing should generally remain in their current room while undergoing testing.
- Avoid movement of residents that could lead to new exposures.
- Residents who are identified as close contacts, regardless of vaccination status, should wear source control while outside their rooms, but do not need to be quarantined.
- CDPH: COVID-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNF <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-12.aspx>.
- CDPH: Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in SNF, LTC <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>
- In addition, the Cal/OSHA Aerosol Transmissible Diseases (ATD) regulation (Title 8, [§5199. ATD](#)), which came into effect in 2009, applies and requires isolation of patients having airborne infectious diseases in AIIRs. Refer to the Occupational Health Branch & Cal/OSHA Q&A from the August 23, 2023, Wednesday Webinar [call notes](#).

Q-14: When can COVID positive HCP return to work?

A: For guidance on returning to work, refer to AFL 21-08.9: Guidance on Quarantine and Isolation for HCP Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

Q-15: Do COVID-19 positive residents still need to isolate for 10 days?

A: Yes, per CDC guidance updated on May 8, 2023, residents still need to isolate for 10 days <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Please refer to the Wednesday Webinar FAQ document (see section C-Question #1) for more information.

https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf.

Q-16: What is the definition of an outbreak in a nursing home?

A: Please refer to the Wednesday Webinar FAQ document at https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf (see section J, question #2).

Q-17: What steps should be taken when residents have signs & symptoms of respiratory illness?

A: Conduct the following when there is evidence of an outbreak:

- Conduct daily active surveillance to detect new residents with respiratory illness:
 - In the event of an outbreak.
 - During periods of increased transmission of respiratory viruses.
- Track residents with respiratory illness using a Long-Term Care Respiratory Surveillance Line List (<https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>).
- Immediately test residents and HCP with signs or symptoms of respiratory illness for COVID-19 and influenza.
- For COVID-19-exposed individuals who are asymptomatic, test for COVID-19 immediately (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days; and if negative, again at 5 days after the exposure.
 - In general, testing asymptomatic individuals for influenza is not recommended.

Please refer to CDPH Appendix C: Guidance for Point-of-Care (POC) Diagnostic Testing for Influenza and COVID-19. Available at https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AppendixC_GuidanceFor_POC_DiagnosticTestingForFluAndCOVID.pdf.

