California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
October 12, 2022

Weekly Call-in Information:

- 1st & 3rd Tuesdays every month, 8:00am All Facilities Calls:
  - 844.721.7239; Access code: 7993227
- Tuesday 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
  - https://bit.ly/NHSNofficeHours2022AugSep
- 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
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://eziz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf
CDC's Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (9/23/22)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

AFL	Date	Title	Website
20-88.3	10/5/22	COVID-19 Testing Recommendations for Patients and HCP at GACHS (supersedes AFL 20-88.2)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-88.aspx
21-34.4	10/5/22	COVID-19 HCP Vaccine Requirement (supersedes AFL 21-34.3)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx
22-13.1	10/5/22	COVID-19 Mitigation Plan Recommendations for Testing of HCP and Residents at SNFs (supersedes AFL 20-53.6 & 22-13)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx
21-14.2	10/6/22	Visitation Guidance for ICF/DD-H-N-CN Facilities During COVID-19 Pandemic (supersedes AFL 21-14.1)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-14.aspx
21-31.1	10/6/22	Visitor Limitation Guidance at GACHs (supersedes AFL 21-31 & AFL 20-38.7)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-31.aspx
22-07.1	10/6/22	Guidance for Limiting the Transmission of COVID-19 in SNFs (supersedes AFL 22-07)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx
22-21	10/5/22	SNF Enhanced Standard Precautions (supersedes AFL 19-22)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx

CMS QSO	Date	Title	Website
20-38-NH	9/23/22	Long-Term Care Facility Testing Requirements	https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf
20-39-NH	9/23/22	Nursing Home Visitation - COVID-19	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Vaccination Questions & Answers

Q-1: Is the second booster or bivalent booster now required for nursing home HCP?
A: No. California's current vaccination and booster requirements for HCP remain in effect and have not changed.

- **The primary vaccine series and a booster are required** per AFL 21-34.4 and the CDPH State Public Health Officer Order (SPHO) "Health Care Worker Vaccine Requirement" (originally issued 8/5/21; amended 12/22/21, 2/22/22, 9/13/22).
- HCP who have met the requirement to receive a primary series of vaccine and a booster are **not required to receive a bivalent booster.**
- HCP who are newly coming into compliance with the vaccination requirement and are getting a booster dose now, will receive the bivalent booster since that is the only vaccine currently authorized as a booster.

While not required, CDPH **recommends all HCP be up to date on COVID-19 vaccine doses**, including the bivalent booster, when eligible. Resources are below.

- CDPH Vaccine Guidance and Resource Website https://eziz.org/resources-for-longterm-care-facilities/
- CDPH Bivalent COVID-19 Booster Dose FAQs https://eziz.org/assets/docs/COVID19/BivalentBoosterFAQ.pdf
- CDPH COVID-19 Vaccine Timing by Age https://eziz.org/assets/docs/COVID19/IMM-1396.pdf
- CDC Stay Up to Date with COVID-19 Vaccines Including Boosters https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Q-2: If the bivalent vaccine is administered prior to completing the primary vaccine series, should the individual be administered the monovalent vaccine one to two months after accidentally receiving the bivalent vaccine?
A: Please see CDC's clinical guidance Appendix D: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html. If the bivalent vaccine is incorrectly administered for the primary series, follow this guidance:

- Bivalent Pfizer-BioNTech vaccine: Do not repeat dose.
- Bivalent Moderna vaccine: Repeat 1 monovalent dose immediately (no minimum interval) because administration of the booster dose will result in a lower-than-authorized dose.

Testing Questions & Answers

Q-3: What is the new CDPH routine diagnostic screening testing guidance for HCP?
A: CDPH AFLs (AFL 22-13.1; AFL 21-34.4; AFL 20-88.3) are now aligned with the updated CDC guidance, CMS QSO 20-38-NH, and the CDPH State Public Health Officer Order (SPHO), "Health Care Worker Vaccine Requirement," updated Sept. 13, 2022. **The routine diagnostic screening COVID-19 testing requirements are rescinded (no longer required) for all unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster.** Per CDC and CMS, routine testing of asymptomatic staff is no longer recommended, regardless of community transmission rate, but may be performed at the discretion of the facility. Check with your local health department for more stringent guidance. Per the CDPH SPHO "Health Care Worker Vaccine Requirement", this guidance applies to "workers" which "refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students

and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."

Q-4: Who can perform swabbing for COVID-19 tests?
A: See the table below for information on licensed personnel who can perform swabbing for COVID-19 tests. More information can be found in the COVID-19 for Laboratories FAQ under Laboratory Personnel https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx#Laboratory%20Questions. Any trained individual can observe self-swabbing; add the reagent to the test; and read, interpret, and report the test results if they are working under the supervision of the laboratory director who holds a CLIA waiver.

Who Can Perform Swabbing for COVID-19 Tests?

Licensed Personnel	Observe Self Swabbing	Anterior Nasal	Nasopharyngeal, Oropharyngeal
Medical Assistants	Yes	Yes	No
Physicians	Yes	Yes	Yes
Physicians Assistants	Yes	Yes	Yes
EMTs	Yes	Yes	Yes
Registered Nurses	Yes	Yes	Yes
LVNs	Yes	Yes	Yes
Psychiatric Technicians	Yes	Yes	Yes
CNAs, Home Health Aides, Certified Hemodialysis Technicians	Yes	No	No
Respiratory care practitioners	Yes	Yes	Yes
Pharmacists	Yes	Yes	Yes
Pharmacy Technicians	Yes	Yes	Yes
For questions about other licensed personnel, contact appropriate licensing board for information on scope of practice			

Q-5: Do negative tests need to be reported in NHSN?
A: No. Per the April 6, 2022, CDPH letter to entities performing COVID-19 testing, effective April 4, 2022, reporting of non-positive results (negative, indeterminate, etc.) is no longer required. This applies to long-term care facilities as well as other settings. The letter can be found at: http://publichealth.lacounty.gov/acd/NCorona2019/docs/CDPHLabResultReportingChanges.pdf. More information about testing can be found at: CDC COVID-19 Testing: What You Need to Know.

Q-6: When are PCR tests needed following negative antigen tests?
A: Below is guidance regarding confirmatory PCR tests needed following negative antigen tests:

- PCR testing is recommended for symptomatic individuals following a negative antigen test result.
- Confirmatory PCR testing following a positive antigen test result is not necessary for symptomatic or exposed individuals.
- Confirmatory PCR testing following a positive antigen test result for asymptomatic individuals without a known exposure is not generally necessary but may be considered if there is strong information to suggest that it could be a false positive (i.e., individual was asymptomatic and not exposed; community has low transmission rate). Contact your local health department for guidance in these situations.

Isolation and Quarantine Questions & Answers

Q-7: What is the new CDC quarantine guidance for HCP and residents following higher-risk exposures?
A: Per CDPH AFL 22-13.1, CDPH continues to recommend immediate investigation when one or more COVID-19 positive individuals (HCP or resident) is identified. SNFs should initiate contact tracing to identify exposed HCP and/or residents.

- Exposed HCP and residents, except those who have had SARS-CoV-2 infection in the previous 30 days and are asymptomatic, regardless of vaccination status, should be tested promptly (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and at 5 days after the exposure (total of 3 tests; antigen or PCR tests are acceptable).
- Exposed residents should wear source control when outside their rooms for the 10 days following exposure but do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with COVID-19.
    - Residents who aren't able to safely wear source control when outside of their rooms (i.e., for group activities), are recommended to stay in their rooms for the 10 days following the exposure.
- Refer to AFL 21-08.8 for guidance about work restriction for HCP who have higher-risk exposures. This AFL is in the process of being updated, but should be followed until the update is posted.
- If there is a large outbreak and contact tracing cannot be successfully implemented, the facility in partnership with the local health department may need to implement a facility-wide or group-level testing approach.

Q-8: Do COVID-19 positive residents, still need to isolate for 10 days?
A: Yes. This guidance has not changed. COVID-19 positive residents still need to isolate for the full 10 days from the onset of symptoms; **and** at least 24 hours have passed since the last fever; **and** if symptoms have improved (e.g., cough, shortness of breath). If the resident remained asymptomatic, they also must isolate for 10 days from the date of the first positive test. If the resident had a severe or critical illness (e.g., intubation, ICU stay), or is moderately to severely immunocompromised, the isolation period may be extended to ≥ 20 days per CDC guidance. Consider consulting with an infectious disease physician to see if a test-based strategy should be followed when an isolation period of ≥ 20 days is indicated.

New Admissions Questions & Answers

Q-9: Do new admissions, regardless of vaccination status, need to be tested and quarantined on admission?
A: Per CDPH AFL 22-13.1, guidance for new admissions and residents who have left the facility for >24 hours (i.e., readmitted), regardless of vaccination status or COVID-19 community transmission levels, includes the following:

- All new admissions should have a **series of three viral COVID-19 tests**; immediately upon admission and, if negative, again at 3 and 5 days after their admission. Antigen or PCR tests are acceptable. Testing is not required for asymptomatic new admissions who tested positive and met criteria for discontinuation of isolation and precautions prior to admission and are within **30** days of their infection.
- **Quarantine is not required** for asymptomatic newly admitted and readmitted residents, regardless of vaccination status.
- Newly admitted residents and those who have left the facility for > 24 hours should wear **source control** when outside their room for 10 days on admission.

Q-10: Do residents who frequently leave the facility for dialysis need to be tested and quarantined?
A: No. Dialysis residents do not need to be tested and quarantined, regardless of vaccination rate. As a best practice (not a requirement) we recommend that nursing homes consider periodic testing (e.g., once weekly) for residents receiving dialysis. Another best practice is that we recommend that facilities communicate with outpatient centers, dialysis centers, and the local health jurisdiction to ensure awareness of potential exposures in dialysis facilities so that testing occurs for residents with prolonged close contact with someone with SARS-Co-V-2. If there was an exposure, the resident should be tested promptly (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and at 5 days after the exposure (total of 3 tests; antigen or PCR tests are acceptable).

PPE Questions & Answers

Q-11: Do visitors and HCP need to wear masks for source control while in a nursing home?
A: Yes. At this time, per CDPH Guidance for the Use of Face Masks (updated 9/20/2022), CDPH continues to require masks (source control) for all individuals (HCP and visitors) entering a long-term care setting in all areas of a long term care setting, regardless of vaccination status or community transmission rates. CDPH is aware of and is reviewing CDC's recent updates that make source control optional for HCP in non-patient care areas in settings located in areas that have low (blue), moderate (yellow), or substantial (orange) COVID-19 transmission levels; however, **currently there are no changes to California's requirements for masks** in healthcare settings, including Long Term Care Settings and Adult & Senior Care Facilities.

Q-12: What is CDC's updated guidance regarding universal PPE (i.e., use of eye protection and N95 respirators) for aerosol generating procedures (AGP) based on community transmission?
A: CDC no longer routinely recommends HCP wear eye protection for all direct patient/resident care, and N95 or higher-level respirator while caring for all residents undergoing AGP, based on the level of community transmission. Eye protection and N95 respirators for AGPs can be considered:

- During a surge or periods of high community transmission or
- During a COVID-19 outbreak in the facility.

However, for California nursing homes, Cal/OSHA requires that nursing homes use respirators for any AGPs on residents with aerosol transmitted diseases (i.e., COVID-19, Tuberculosis) per Cal/OSHA's Aerosol Transmissible Disease standard (https://www.dir.ca.gov/dosh/Coronavirus/Skilled-Nursing.html). Also, CDC recommends, and Cal/OSHA requires, HCP to use N95s for AGPs for residents with suspected/confirmed seasonal influenza. Revisions to AFL 20-74 and the attached PPE table are being made.

Q-13: What is the updated guidance for Enhanced Standard Precautions (ESP)?
A: On October 5, 2022, CDPH distributed AFL 22-21 (supersedes AFL 19-22) which updates ESP guidance for SNFs and D/P SNFs. AFL 22-21 distributes the updated CDPH document "ESP for SNFs, 2022" (20 pages). Visit https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx for links to ESP resources:

- Adherence Monitoring Tool
- Six Moments Sign
- Trifold Pamphlet

Additional resources to guide implementation are under development.

Q-14: Can surgical masks be used past their expiration date?
A: No.

Q-15: Are visitors allowed to visit with a resident with masks off if there is a roommate present?
A: Considerations around roommates still apply. The visitor vaccine verification and testing requirement for visitors is no longer required, but general infection prevention guidance, including masks for source control, especially in crowded rooms and enclosed spaces, remains. Wherever possible, visitation should be done in a separate room or without the roommate present.

Q-16: Are transmission-based precautions for symptomatic residents still recommended?
A: Yes.

Active vs. Passive Screening Questions & Answers

Q-17: Do healthcare settings need to continue to screen visitors (i.e., vaccination status, testing, signs and symptoms, exposures) prior to entry?
A: No. CDPH AFL 22-07.1 is now aligned with CMS QSO 20-39 and CDPH SPHO "Requirements for Visitors in Acute Health Care and Long-Term Care Settings" which was rescinded Sept 15, 2022. Visitors are no longer required to show proof of vaccination or a negative test to have indoor visitation. While not required, facilities may offer and encourage testing for visitors. Visitors must continue to comply with CDPH Masking Guidance. Screening for COVID-19 signs and symptoms, and exposures is still required, but may be conducted via passive screening as recommended by CDC. Options for passive screening to ensure visitors are educated to screen themselves prior to entry, include **posting signs at entrances and sending emails or letters to families and visitors to provide guidance** about recommended actions for visitors who have:

- a positive viral test for COVID-19
- symptoms of COVID-19, or
- have had close contact with someone with COVID-19.

If they have a confirmed COVID-19 infection or symptoms consistent with COVID 19, they should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact. Refer to "CDC Notice on Facility Access" for more information, including the "CDC Facilities COVID-19 Screening Tool" (https://www.cdc.gov/screening/privacy-notice.html).

Q-18: Do healthcare settings need to continue to screen HCP prior to entry?
A: CDC still recommends screening for signs and symptoms of COVID-19, and potential exposures, but has transitioned from an **active** screening to a more **passive** self-screening process.

- Examples of passive screening, include posting signs at entrances, and sending emails and providing guidance to HCP about recommended actions for HCP who have:
  - a positive viral test for COVID-19
  - symptoms of COVID-19, or
  - close contact/higher-risk exposure with someone with COVID-19.

There is no longer a requirement for nursing homes to actively ask screening questions prior to entry, and temperatures do not need to be checked. Facilities can continue to screen HCP in an active way, especially when community transmission rates are high or during a surge if they choose.

Los Angeles County Department of Public Health (LAC DPH) Questions & Answers

Q-19: New Admissions: Per CDPH AFL 22-13.1, all newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of three viral COVID-19 tests; immediately upon admission and, if negative, again at 3 and 5 days after their admission. Quarantine is not required for newly admitted and readmitted residents, regardless of vaccination status. Can LA County SNFs follow this guidance for new admissions?
A: LAC DPH plans to align with CDPH and is in the process of revising guidance; however, updated guidance to align with CDPH has not been approved or posted yet. Stay tuned.

Q-20: Visitor & HCP Screening: Can LAC DPH SNFs follow the CDC and CDPH guidance of utilizing passive self-screening of visitors and HCP prior to entry (i.e., signs and emails with guidance)?
A: Yes. LAC DPH SNFs can follow the CDPH visitor and HCP screening guidance. This guidance has already been adopted by LAC DPH. See more information at:
http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/

Q-21: Surgical Masks: Can HCP now wear surgical masks in non-patient care areas and in the green zone, or do they need to continue to wear N95s?
A: Yes, HCP can wear surgical masks rather than N95s. This was updated in the LAC DPH guidance from 9/19/2022. See more information at:
http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/

Q-22: Post-Exposure and Response Testing: Can LAC DPH SNFs use the new contact tracing approach now when there is an exposure?
A: LAC DPH plans to align with CDPH and is in the process of revising guidance; however, updated guidance to align with CDPH has not been approved or posted yet. Stay tuned.

Q-23: Post-Exposure Guidance/Yellow Zone: Following an exposure, do LAC DPH SNFs still need to quarantine exposed residents in the yellow zone? Or can we follow the new CDC and CDPH guidance in AFL 22-13.1 that indicates that exposed residents must be tested three times within 5 days of the exposure, but they do not need to quarantine if asymptomatic?
A: LAC DPH plans to align with CDPH and is in the process of revising guidance; however, updated guidance to align with CDPH has not been approved or posted yet. Stay tuned.

Other Questions & Answers

Q-24: What is the definition of exposure?
A: CDC defines exposure at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. Higher-risk exposures are classified having prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection. Prolonged is defined as an exposure of 15 minutes or more. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period. However, the presence of extenuating factors (e.g., exposure in a confined space, performance of aerosol-generating procedure) could warrant more aggressive actions even if the cumulative duration is less than 15 minutes. For example, **any duration** should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure. CDC defines close contact 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. Also, note that in alignment with the CDC guidance, the October 14, 2022, California State Public Health Officer Order, "Beyond the Blueprint" defines close contact as "sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during an infected person's (confirmed by COVID-19 test or clinical diagnosis) infectious period."

Q-25: How often do vital signs need to be taken?

A: CDC and CDPH infection control guidance for nursing homes recommend:

- Vital signs for COVID-19 negative or recently recovered residents should be monitored daily.
- Vital signs for residents symptomatic for COVID-19 should be monitored every shift, which can be defined as either an 8- or 12-hour shift, i.e., twice daily, allowing residents to get uninterrupted sleep.
- Vital signs for COVID-19 positive residents in isolation should be monitored every 4 hours.

Refer to CDPH AFL 20-25.2 Attachment (https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf).