California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
November 9, 2022

Weekly Call-in Information:

- 1st & 3rd Tuesdays, 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, 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
CDPH Vaccine Guidance and Resources	https://eziz.org/resources-for-longterm-care-facilities/
CDC's Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (9/23/2022)	https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

PPE Questions & Answers

Q-1: Are residents required to wear masks in nursing homes?
A: Masks are not required for residents in their rooms (i.e., their home); however, they are still required during in-room visits (unless eating or drinking). Masks are recommended, but not required, for residents when outside of their rooms (i.e., hallways, common areas). If outside visitors are present (e.g., during large communal space visitation), both residents and visitors must wear a mask unless eating or drinking. If residents have been exposed to an individual with COVID-19, they must wear a mask for 10 days following the most recent exposure, even during group activities. Residents who have been exposed should not participate in communal dining since masks must be removed during eating and drinking.

Q-2: When do HCP need to wear eye protection (face shields, goggles)?
A: HCP need to wear eye protection when caring for COVID-19 positive residents in isolation. Eye protection should also be worn when performing tasks that could generate splashes or sprays of blood, body fluids, secretions, and excretions per Standard Precautions.

- Universal eye protection is no longer required during care of residents who do not have COVID-19 or for recently exposed residents, regardless of community transmission rates.
- Universal eye protection and N95 respirators for AGPs can be considered:
  - During a surge or periods of high community transmission
  - During a COVID-19 outbreak in the facility.
  - If recommended by the local health department.
- Eye protection is not necessary in non-patient care areas (i.e., kitchen, hallways, nurses' station).

Q-3: Do visitors and HCP need to wear masks for source control while in a nursing home?
A: Yes. In healthcare settings, CDPH continues to require universal masking (source control) of all visitors and HCP, *regardless of vaccination status or community transmission rates*. Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended. In healthcare settings, masks continue to be required in non-patient care areas, including meeting or break rooms. CDPH Guidance for the Use of Face Masks

Q-4: When can masks be removed in high-risk settings, such as nursing homes?
A: Examples when individuals are exempt from wearing masks are:

- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired or communicating with a person who is hearing impaired (i.e., the mouth is essential for communication).
- Persons who are working alone in a closed office or room.
- Persons/providers who are obtaining or providing a speech, occupational or language therapy session.
- People do not need to wear masks when outdoors.
- For residents who are not in isolation and not exposed, masks may be removed while actively eating or drinking, and while participating in group/social activities together (when outside visitors are not present).

More information can be found in the CDPH Q&As:
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx

Active vs. Passive Screening Questions & Answers

Q-5: Do healthcare settings need to continue to screen visitors 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). A facility may decide to return to active screening if visitors with symptoms or exposure are continuing to visit.

Q-6: 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 letters 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 may choose to continue to screen HCP in an active way, especially when community transmission rates are high or during a surge if they choose.

Testing Questions & Answers

Q-7: Following an exposure, does a resident need to be tested for 14 days, or just on days 1, 3 and 5?
A: Per AFL 22-13.1, "All HCP who have had a higher-risk exposure and residents who have had close contacts, 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. If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify more individuals that need to be tested. This might result in additional testing for residents with repeated exposures/close contacts. A facility-wide or group-level approach with quarantine for exposed groups should be considered if a contact tracing approach fails to halt transmission. In this scenario, serial retesting of all residents and HCP should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days.

Visitorg Questions & Answers

Q-8: Are visitors allowed to visit a resident if there is a roommate present?
A: It is not ideal for roommate(s) to be present during a visit, but it is permissible if there are no other options, such as an outdoor or large communal space visit. If roommate(s) is present during a visit:

- Ensure residents and visitor(s) wear masks for source control
- Provide as much distance possible between roommate and visitor(s)
- Try to limit total number of individuals present to avoid crowding in small rooms and enclosed spaces.

Q-9: What PPE do visitors need to wear when visiting COVID-19 positive residents?
A: Visitors should wear the same PPE recommended for HCP when visiting COVID-19 positive residents in isolation.

- N95 Respirator
- Eye Protection (face shield, goggles)
- Gown
- Gloves

HCP should instruct visitors on proper hand hygiene and donning and doffing PPE. Fit testing for N95 respirators is not required for visitors, but the visitors should be instructed how to perform a respirator seal check. Visit https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSHPUB2018130 for information on how to do a seal check.

Q-10: Is physical distancing still necessary for communal dining and group activities?
A: Residents who are not in isolation and not exposed may participate in communal dining and group/social activities together without distancing (when no outside visitors present). During indoor visitation in large communal spaces, physical distancing should be maintained between visitor-resident groups and avoid crowding.

Isolation and Quarantine Questions & Answers

Q-11: Do nursing homes need to have a yellow zone anymore to quarantine residents?
A: Yellow zones are not routinely needed anymore because exposed residents and new admissions no longer need to quarantine, and empiric transmission-based precautions are no longer routinely recommended for exposed residents. Per AFL 22-13.1, "A facility-wide or group-level approach with quarantine for exposed groups should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission." If a contact tracing approach does not successfully prevent transmission, in consultation with the local health department, the facility may need to revert back to the unit-based quarantine approach wherein all residents would be considered exposed. In this scenario, the facility would essentially have a yellow zone.

Other Questions & Answers

Q-12: 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, including pulse oximeter measures 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 and include pulse oximeter measurements.

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).