California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
March 24 & 25, 2021

Recordings, notes and slides for the Wednesday Webinars and Thursday calls can be accessed at the Health Services Advisory Group (HSAG) registration website https://www.hsag.com/cdph-ip-webinars

CDPH Weekly Call-in Information:
Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227
Wednesday 3:00pm SNF Infection Prevention Webinars: Register at: https://www.hsag.com/cdph-ip-webinars
Thursday 12:00pm SNF Infection Prevention Calls: 877.226.8163; Access code: 513711

Please complete a short, 1-minute questionnaire by Monday, March 29th to provide feedback in the planning of future CDPH technical assistance calls: https://www.surveymonkey.com/r/CDPHSNFIP

The March 24th webinar presentation covered the following updates:

- **CDPH Update**
  - Heidi Steinecker's last day with CDPH is Friday, March 26th.
  - Cassie Dunham, Chief of Field Operations, CDPH Licensing and Certification Program, will be interim deputy director

CDPH Call to Action: Post pandemic, all SNFs must continue to thrive for the highest levels of infection prevention standards. The full-time infection preventionist role will continue for all facilities (large and small) in the future. SNFs have achieved significant infection prevention infrastructure improvements, and many lessons have been learned from across the nation from the pandemic. There is a fear that staff may get relaxed and go back to old ways pre-pandemic. Going forward the importance of a solid infection prevention program has been realized, therefore SNFs will have higher IP standards to achieve to prevent future COVID-19 outbreaks, and reduce the spread of the flu and HAIs, such as central line associated bloodstream infections (CLABSI), *Clostridioides difficile* infections (CDI), catheter-associated urinary tract infections (CAUTI), pneumonia. California SNF infection prevention processes are better than ever, so don't give up, don't get lax or loosen up your infection prevention precautions. CDPH will continue to support SNFs in achieving stellar infection prevention protocols to achieve the best patient outcomes.

- **Testing Task Force Update**
  - Average test turnaround time last week: 1 day
- **Infection Preventionist Online Training Course**
  - www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx
  - 14-hour, self-paced course
  - Provides guidance for implementing an infection prevention program for preventing healthcare-associated infections (HAI)
  - Over 740 participants are signed up right now to take the course.
- **Updated Quarantine Guidance**
  - AFL 21-08.2 www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
  - *Updated Quarantine Guidance for SNF HCP*

        - Fully vaccinated HCP that are asymptomatic and have been exposed to COVID-19 do not need to be restricted from work
        - Consider work restrictions for fully vaccinated HCP who have underlying immunocompromising conditions and for HCP who have traveled (excluding essential work-related travel)
        - Unvaccinated HCP exposed to COVID-19 should be excluded from work for 14 days, unless there are staffing shortages
        - During critical staffing shortages, asymptomatic unvaccinated HCP are not prohibited from returning to work after day 7 from the date of last exposure if they received a negative PCR test result after day 5 after the date of last exposure.
        - If HCP test positive, regardless of vaccination status, they still need to be isolated and excluded from work.
        - CDC Travel Guidelines: https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html
    - *Updated Quarantine Guidance for SNF Residents*
        - Residents exposed to COVID-19 need to quarantine for 14 days, regardless of vaccination status
        - Quarantine is no longer required for new admissions that are fully vaccinated and have had no known exposure in the prior 14 days
        - Fully vaccinated SNF residents who leave the facility for non-essential purposes (e.g., to go out to a restaurant or visit family in their home) do not need to quarantine upon return
        - Local health departments may continue to recommend quarantine for newly admitted residents from a hospital where there is known COVID-19 transmission
- **National Healthcare Safety Network (NHSN) Upcoming Webinars:**
    - There are two training webinars coming up on March 29 and April 1, 2021. Session topic and registration info are included below. Registration is required.
        - **Date/Time:** Monday, Mar 29, 2021, 11:00am-12 noon
        - **Topic:** Focused review of reporting the vaccine status of residents newly positive for SARS-CoV-2 (COVID-19) in the NHSN Resident Impact and Facility Capacity Pathway
        - **Registration link:** https://cdc.zoomgov.com/webinar/register/WN_XNXnxJ2QREiSW1plIWuPHA
    - **Date/Time:** Thursday, Apr 1, 2021, 9:00 –10:45 PM
        - **Topic:** Office Hours: Point of Care Test (POCT) Reporting Tool & Therapeutics Pathway FAQs/Common Reporting Mistakes
        - **Registration link:** https://cdc.zoomgov.com/webinar/register/WN_4ZEkpUyrSEW7abKLxvzN8g
- **Q&A**

Visitation Questions & Answers

Q: Do we need to test visitors if we are in the red tier?
A: Per CDPH AFL 20-22.6, Released March 8, 2021 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx, testing of visitors prior to indoor visits is only required for visitors if the facility is in a purple tier. Most facilities in the state are now in a red tier per the California Blueprint for a Safer Economy website https://covid19.ca.gov/safer-economy/.

Q: Even though our county is in the red tier, our policy is to test all visitors as a best practice. Do you have recommendations to respond to visitors who refuse to be tested?
A: It is acceptable to continue to test visitors in the red tier, however, it is not a CDPH requirement. Per CDPH AFL 20-22.6 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx testing visitors is only required in counties that are in the purple tier. Regarding visitors refusing to follow your policies, if

your facility is in a purple tier county, you could make a case to not allow indoor visitation for visitors that refuse the test. An alternative would be to not allow them indoor visits, but you can offer them outdoor visitation as an option. If your facility is in the red tier, or a lower tier, I'm not confident that you can make that case for visitors. You can encourage them to be tested, but if they still refuse, it would be ideal to offer them an outdoor visit.

Q: What should a facility do if a visitor does not follow facility guidelines and insists on entering the facility without proper screening, testing or PPE? Does the nursing room have the right to call the police to intervene?
A: We have heard about situations like this that present a safety risk for residents and staff. It's important to view these situations in the context that you as the leader of your facility are doing what's right to protect your residents and staff in your facility. If the risk of exposure is high, you have the right to call the police to protect your residents and staff. Be sure to use your best customer service skills to accommodate your visitors while following public health guidance and try to avoid these issues before they present at the door and escalate. In those instances where you have visitors that you can't control and are not able to get them to follow the facility's infection prevention guidance, it is your right to ask them to leave politely. Keep in mind that emotions are high and put yourself in their shoes. Many of the visitors have not seen their loved ones in a long time so it's important for them to hear that you understand and have empathy to their situation. Let them see that you are doing your very best to protect all of the residents and staff.

Q: What should we do if a visitor has difficulty breathing with an N95 mask during an indoor, in-room yellow zone visit. Can we explain the risks and benefits to them, or should we end the visit?
A: The PPE is used for the visitor's benefit, as much as it is for the resident and the community at large. From a public health perspective, we are trying to prevent exposures. In this scenario, it is reasonable to explain the risks and benefits to the visitor of wearing a regular face mask. They need to know that a regular face mask is not likely going to provide them adequate protection. They also need to be reminded of the importance of maintaining distance. If the resident ends up testing positive, the visitor needs to understand that they are considered exposed and higher risk than if they were wearing an N95 respirator, so they will need to quarantine for 15 days. Try your best to accommodate their needs and open the windows to get better ventilation in order to reduce the risk of spread as much as possible.

Q: Can a fully vaccinated resident go on overnight visit with family and can family take their loved ones to doctor appointments off site?
A: Yes, both of these scenarios are acceptable, and the resident does not need to quarantine or be tested upon return unless there was a known exposure.

Q: What PPE is needed for visitors in the yellow zone? Can residents in the yellow zone leave their room for visitation outdoors or in a large communal space? What if they have roommates?
A: Per CDPH AFL 20-22.6 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx, indoor, in-room visitation is allowed in the yellow zone and full PPE (same as HCP) is needed for visitors including gown, eyewear (goggles or face shield) and an N95 (does not need to be fit-tested; teach visitors how to do a seal check). Visitation outdoors is also allowed for yellow zone residents. If the visit to the yellow zone resident is done outside, visitors only need to wear a face mask for source control. Note that if the resident in the yellow zone is unable to wear a face mask, it would not be safe to have them come out of their room for outdoor visitation or in a communal space. Regarding roommates, it is ideal if the visit can be done without the roommate in the room in the yellow zone. If that is not possible, it's important to emphasize the importance of proper use of PPE, social distancing, drawing the curtains, and hand washing.

Q: Can there be some writing in AFL about visitation and admission while we have an "outbreak"? We are hesitant to admit visitors, but our local public health department wants us to continue visitation.
A: Yes. You should continue visitation during an outbreak in the green and yellow zones. It is acceptable to offer indoor and outdoor visitation during an outbreak. Defer to your local public health department if their

guidance is stricter. The purpose of the AFL is to open up facilities for visitation as much as possible. Note that the definition of an outbreak is just one positive case in either a resident of staff member. Therefore, we don't want restrictions on visitation every time an outbreak occurs because the threshold is so low.

Q: With regards to indoor visitation in the yellow zone, if visitation is in a shared room and roommate is not willing or unable to leave the room, would it be ok to escort the resident (who is expecting the visitor) out of the yellow zone to a designated area indoors such as a dining room (keep in mind the resident may have to be transported through the green zone to get to that point)? If so, what precautions need to be applied throughout?
A: Outdoor visitation may be preferred in this situation to ensure the resident is able to and complies with source control as they move through the facility through the designated space. Ensure distancing is followed as they are exiting the facility for the outdoor visit.

Q: For visitation, is it okay for children to visit in a skilled nursing facility?
A: Yes, it is acceptable for children to visit as long a they are able to adhere to the measures (face mask, distancing, not wandering about the facility).

Q: In a three-bedroom room, if we keep the middle bed empty, is it ok for visits to take place in the room even if the roommate does not leave the room?
A: The guidance is that ideally the visitation should be conducted in a separate space or with the roommate not present. If distancing can be achieved in this case, and there are no other alternatives that can be identified for an outdoor space that is safe from others, ensure distance can be accomplished, and that face masks and PPE is used by the visitor for source control. Also, make sure to draw both privacy curtains in the room.

Quarantine Questions & Answers
Q: Can you clarify the quarantine guidelines for fully vaccinated and unvaccinated HCP that travel in state, vs. out of state, or internationally?
A: CDPH is following the CDC travel guidelines. CDC still recommends quarantine and work exclusion for individuals that travel. CDC's definition of travel is not specific, and could include domestic and international travel, especially if it involves air travel, or spending time in crowded public transport spaces. CDPH is applying the same quarantine guidelines for fully vaccinated and unvaccinated HCP that CDC has for all travelers in the general public. Expect to see more updates from CDC and CDPH. For now AFL 21-08.2 www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx aligns with the CDC guidance. Note that there are not different sets of quarantine recommendations for fully vaccinated and unvaccinated individuals that travel.

Q: If a healthcare worker is fully vaccinated and within 90 days of being COVID-19 positive, do they still need to quarantine after traveling on an airplane?
A: There are not different sets of guidance for fully vaccinated or unvaccinated individuals based on prior COVID-19 infection. Individuals would be managed the same as any other fully vaccinated individual when it comes to travel and quarantine guidance. So in this case the CDC does still recommend quarantine and work exclusion for individuals that travel. Air travel most likely involves traveling in crowded public spaces, so quarantine would be recommended.

Q: Does the CDC quarantine guidance for fully vaccinated individuals still only apply for the first three months after getting the vaccine?
A: The three months following the vaccine no longer applies. The CDC removed the three-month (90 day) limit or expiration on the assumed three months of protection after being fully vaccinated. For now, there is no timepoint after which you would have to consider quarantine for fully vaccinated HCP. CDC will communicate changes as they learn how things pan out with the COVID variants, and as they learn about the duration of protection that the vaccine offers.

Q: If a fully vaccinated administrator travels out-of-state, does he/she need to quarantine when they come back to Los Angeles?
A: If this is non-essential work travel, you have to use your judgment because the CDC guidance is not explicit. You have to consider the difference between travel that involves being in crowded public spaces or large gatherings; vs. traveling by car in a personal vehicle with individuals from their household; or visiting with individuals from one other household or in a small group. There is a difference between high risk vs. low risk travel as it pertains to exposure risk. Check in with your local public health department to see if they have specific guidance for your county regarding travel restrictions and work exclusion questions as it relates to the guidance that applies to the general population vs. HCP working in congregate settings, like SNFs.

Q: Do unvaccinated new admissions, and residents who leave the facility for a medical appointment or outing need to quarantine?
A: Yes. Unvaccinated residents that are newly admitted still need to quarantine. If an unvaccinated resident leaves the facility for a hospital admission or medical appointment (i.e. dialysis), or family outing, quarantine is necessary only if there is a known exposure or transmission in the setting they visited. For precautions, some facilities cohort their residents in the yellow zone that routinely leave for medical appointments, however, that is not a CDPH requirement. Consult with your local health department to assess the risk of exposure, as they may have more insight as to what is going on in your community or at the hospital your resident was admitted to. There have been outbreaks in emergency departments and hospitals, so if your resident was admitted to a facility with an outbreak, we would recommend quarantine when they return. This is more frequent in counties in the purple tier.

Q: California travel information references travel restrictions if you travel 120 miles from your home. If HCP travels more than 120 miles for non-essential purposes, do they need to be excluded from work?
A: I believe the California travel recommendations will be updated soon. CDPH and CDC recommendations does not reference 120 miles or any other mileage cutoff for their travel guidance. The more important consideration is the kind of travel that occurred, and whether it involved crowded public spaces. Traveling alone or with members of your household in a car for over 120 miles would not be considered high risk travel.

Q: What do we need to validate "no known exposure" in preceding 14 days?
A: Validation can occur through the local public health departments that conduct outbreak investigations, and initiate contact tracing to identify and notify the people who were exposed to the infected people. Screening questions can elicit self-reported information that can validate an exposure, but the most effective way to validate an exposure is through the local public health departments. The default is to presume they have not been exposed unless you hear otherwise, or the individual reports that to you.

Q: We understand that fully vaccinated new admissions no longer need to be quarantined. Do they need to be tested upon admission and after 14 days? What about new admissions that are partially vaccinated or new admissions that received both shots of the vaccine, but it's been less than two weeks—do they need to quarantine and be tested upon admission and after 14 days?
A: Only fully vaccinated new admissions (2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine) no longer need to be quarantined or tested. Testing on admission and after 14 days is no longer required for fully vaccinated new admissions. New admissions that are partially vaccinated, or who received both shots but it has not been two weeks still need to quarantine upon admission; and they still need to be tested on admission and after 14 days before moving to the green zone.

Testing Questions & Answers

Q: Is it required to PCR test new hires prior to orientation? Would it be acceptable to POC Antigen test and symptom screen them daily during orientation and to PCR test them in the next scheduled cycle for screening internal HCP?

A: If using antigen testing for routine screening of HCP you need to test twice a week. Most counties are in the red tier now, so testing HCP twice a week is no longer a requirement. Testing twice a week is only required for counties that have greater than or equal to a 10% test positivity rate. Therefore, in red tier counties, the requirement is to test HCP once a week. The general preference of facilities is to use a PCR test if the testing requirement for HCP is only once a week, because if you use antigen tests you would need to test HCP twice a week. CDPH has not specified if the test needs to occur prior to orientation, but we do recommend testing new staff as soon as they start. Using an antigen test would make sense, and then that staff member would be moved into the weekly testing cadence with the other employees within the week using the PCR. An alternative would be testing the new employee twice with the antigen test during their first week, before they join the regular weekly testing cadence with the PCR test.

Q: Can you let us know how often we need to test HCP and residents for counties in the red tier?

A: CMS and CDPH only recommend testing residents if they are symptomatic or during response testing. Response testing occurs as soon as one more COVID-19 positive individuals (HCP or residents) are identified in the facility, which indicates an outbreak. Once an outbreak is identified, response testing starts, which is weekly serial retesting of all residents and HCP that test negative until no new cases are identified in residents in two sequential rounds of testing over 14 days. If a facility is not in response testing mode, they would be in screening testing mode. In screening testing mode, only HCP need to be tested (not residents unless they are symptomatic). To address your question, in the red tier, if you are doing screening testing, only HCP need to be tested weekly. If you are doing response testing, both HCP and residents need to be tested weekly. Some local public health department may have their own requirements for routine screening testing for asymptomatic residents, including testing them weekly; please check your local health department guidelines. CDPH does not require routine testing of residents if there is no outbreak and no symptoms.

Other Questions & Answers

Q: What are the guidelines regarding dining in the skilled nursing facility?

A: View the CDPH AFL 20-22.6 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx for guidelines on communal activities and dining. Residents who are not on isolation precautions or quarantine (e.g. green zone residents) may eat in the same room with physical distancing (e.g., limited number of people at each table and with at least six feet between each person), even for fully vaccinated residents. Facilities should consider defining groups of residents that consistently participate in communal dining together to minimize the number of people exposed if one or more of the residents is later identified as COVID-19 positive. Facial coverings should be worn when going to the dining area and whenever not eating or drinking, even for fully vaccinated residents.

Q: What are the guidelines for residents being in hallways for the purposes of just not wanting to be in the their rooms? For example a patient who does not wish to participate in any outdoor activities but also does not want to remain in room.

A: The answer is no for residents in isolation (red zone) or quarantine (yellow). Green zone residents that can comply with mask use, distancing and safety precautions, are able to be in the hallway if that is their preference.

Q: Can an unvaccinated resident have a social distanced, masked and gowned physical therapy session with one other resident and therapist? Or do they need to have individual therapy sessions?

A: Think of therapy sessions as group activities. Group activities (with physical distancing, hand hygiene and use of a face covering) may now be facilitated for green zone residents (regardless of vaccination status) per CDPH AFL 20-22.6 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx. Therefore,

the same applies to group physical therapy sessions. However, group activities and group physical therapy sessions are not appropriate for yellow and red zone residents.

Q: Are CNAs required to wear a gown when they are entering a patient's room for passing water pitchers and meal trays?
A: No, if they are just dropping off a meal tray or water pitcher (brief interaction with minimal contact), they do not need to wear a gown. In the yellow zone, CNAs need to wear eyewear (face shield/goggles), N95 and gloves. Limit the use of gowns for activities where staff would have more contact with the resident.

Q: For students coming into the building for clinicals, can all students come into our facility to train or just nursing students? We would like to open our doors to OT students and others so they can do their clinicals and complete their education, but AFL 20-22.6 is vague. What are the testing requirements for students, and who is responsible for administering and reporting the test results--the school or the SNF?
A: CDPH welcomes all students back into facilities. Regarding testing, some facilities take on the testing and reporting themselves, whereas others have training centers or schools that take the initiative. Testing is done in a variety of ways, so it's up to your facility and the school to figure out a solution that works for you and the students.

Q: With the focus away from mitigation plan surveys, is it appropriate for facilities to incorporate COVID-19 infection prevention and control plans into annual Infection Control Plans (which are required)? It is difficult to keep mitigation plans current with frequently changing guidance, and a more global screening, training, and monitoring plan seems it might be appropriate at this stage in the pandemic.
A: Yes, this is appropriate. You can take what you learned and put it into your mitigation plans and annual plans. It is our hope that facilities will continue to revise their annual plan by including the most recent guidance from CDPH, CMS and CDC.