



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
April 14 & 15, 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

The April 14th webinar presentation covered the following updates:

- **CDPH Update**
 - April 8, 2021—CMS QSO 21-17: Updates to Long-Term Care Emergency Regulatory Waivers issued in response to COVID-19 www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/updates-long-term-care-ltc-emergency-regulatory-waivers-issued-response-covid-19
 - Memo addresses the ending of waivers that were put in place that provided blanket flexibility to certain provisions required in the federal regulations, such as:
 - The emergency blanket waivers related to notification of Resident Room or Roommate changes, and Transfer and Discharge notification requirements
 - The emergency blanket waiver for certain care planning requirements for residents transferred or discharged for cohorting purposes.
 - The emergency blanket waiver of the timeframe requirements for completing and transmitting resident assessment information (Minimum Data Set (MDS)).
 - CMS is providing clarification and recommendations for Nurse Aide Training and Competency Evaluation Programs (NATCEPs)
 - CDC Federal Retail Pharmacy Program continues to expand:
 - Long-term care pharmacies: Innovatix, GeriMed, MHA, and select Cardinal member pharmacies. www.cdc.gov/vaccines/covid-19/downloads/participating-ltc-pharmacy-list.pdf.
 - Retail pharmacies: CVS, Rite Aid, Walgreens, Albertsons, Cardinal, Walmart, Costco, Topco, Kroger, CPESN, Health Mart, CPESN, and Good Neighbor. www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FedRetailPharmProgVacAppt.aspx
- **Testing Task Force Update:**
 - Average test turnaround time last week:
 - 0.9 day
 - < 2 days: 98%
 - < 1 day: 84%
- **Best Practice: Antigen Testing**
 - Katrina Anderson, John C. Fremont Healthcare District D/P SNF, began participating in CDPH's high frequency antigen testing piloting program on December 14, 2020

- Facility tests every individual that enters the facility every day, and chooses to do this because it only takes one positive individual to enter the facility and start an outbreak.
- Antigen testing is one additional tool for SNFs to combat COVID and it only takes 15 minutes per person. Visitors are tested and need to wait outside or in their cars for 15 minutes. HCP are also tested, but they wait inside for 15 minutes and do not interface with residents until test results are revealed.
- Reporting antigen test outcomes is simple. Facility reports testing data via the daily CDPH survey which feeds into NHSN, so you only have to report the data once. If you have a positive test result, that data needs to be reported to CalREDIE. If you have only negative test results, you do not need to report to CalREDIE, other than in the CDPH daily survey (only need to report the number of tests performed; do not need to include names or times; takes 3-4 minutes to count for daily counts each day).
- Facility keeps a binder with the logs, policies, consents to keep track of the antigen test results.
- If you are doing high frequency antigen testing (2 times a week or more) in your facility, you do not have to have the confirmatory PCR testing every week.
- **Antigen testing guidance from CDPH from April 1, 2021:** Reporting of non-positive (negative) antigen results through CalREDIE is encouraged, but no longer required. Only positive results from antigen tests need to be reported. Reporting antigen test results to NHSN is optional, but note that the NHSN data flows to CalREDIE. Since CalREDIE no longer requires reporting of negative antigen test results, then reporting the negative test results into NHSN is also not required. Reporting positive antigen test results to NHSN will flow the data over to CalREDIE, so continue to do that.
- If individual tests positive with an antigen test, then that test should be followed up with a confirmatory PCR test within 24-48 hours. Also, if the individual has symptoms and tests negative with the antigen test, you should follow up with a confirmatory PCR test.
- **Testing & Quarantine Guidelines**
 - View slides 12-16 for more information https://www.hsag.com/globalassets/covid-19/cdph_april14_508.pdf
 - Recent Update: CDC now recommends that testing and quarantine for fully vaccinated, asymptomatic staff and COVID recovered HCP (within three months) that traveled either domestically or internationally is no longer required. This information will be incorporated soon into AFL 21-08 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>).
 - Quarantine is no longer required for newly admitted residents who are fully vaccinated who have had no known exposure in the prior 14 days. Testing is also not required on admission or after 14 days.
 - Fully vaccinated residents who leave the facility for non-essential purposes (restaurant or visit with family) do not need to quarantine upon return.
 - Testing guidance from AFL 20-53.3 has not changed, and testing will continue to play a critical role in preventing and managing transmission and outbreaks in SNF settings. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>
- **Johnson & Johnson (Janssen) Vaccine Update**
 - Out of abundance of caution, CDC and FDA recommended a pause in the Johnson & Johnson vaccine after six reported cases for rare blood clot associated with low platelets. All six cases occurred in women ages 18-48. Of note, the CDC notes that over 6.8 million doses of the Johnson & Johnson vaccine have been administered so these are extremely rare. Please keep an eye out for additional messaging from the CDC and CDPH. They advise people who received the vaccine who have headache, leg pain, chest pain, shortness of breath should contact their health care provider.
- **Q&A**

Vaccine Questions & Answers

Q: It is very hard for our facility to get second doses for our residents from our contracted pharmacy because the pharmacy wants a minimum of 10 residents/staff to get the vaccine at the same time. How long can we delay the 2nd dose of vaccine to complete the series? Moderna 28 days. Pfizer 21 days. 6 weeks past the time frame? What if its past the due date already? Do we repeat the series?

A: The second dose of Pfizer-BioNTech and Moderna vaccines should be administered as close to the recommended interval as possible, but not earlier than recommended (i.e., 3 weeks [Pfizer-BioNTech] or 1 month [Moderna]). However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. If it is not feasible to adhere to the recommended interval and a delay in vaccination is unavoidable, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be administered up to 6 weeks (42 days) after the first dose. Currently, only limited data are available on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered more than 42 days after the first dose, the dose does not need to be repeated.

Q: How many times is sufficient to offer the COVID vaccine to residents that refused? For example, we offered to a few residents that have refused each vaccination clinic. Do we need to continue to offer or is once or twice sufficient?

A: Ideally the facility should continue to offer the COVID vaccine to unvaccinated residents whenever there are opportunities to be immunized. Residents who have previously declined vaccination may accept with repeated offers.

Q: A center wanted to know if there has been any discussion regarding making the mRNA vaccines into one vaccine instead of the two vaccines now required?

A: No updates on a potential change to dosing regimen at this time.

Q: Can we make vaccination of employees a condition of continued employment?

A: This is a facility-specific decision. CDPH does not mandate vaccinations as a term of employment. Review pages 7-10 in the Department of Fair Employment and Housing (DFEH) Information on COVID-19 for guidance on adhering to state and federal laws. The document has FAQs regarding the ability for employers to mandate the vaccine for employees (https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ_ENG.pdf). In addition, the California Labor Commissioner's Office issued testing and vaccination guidance for employers to follow (<https://www.dir.ca.gov/dlse/COVID19resources/FAQs-Testing-Vaccine.html>).

Q: Can SNFs have access to the statewide database to get access to whether a resident has been vaccinated? We have had some new admissions without proof of vaccination, even though they were vaccinated.

A: After following up with the CDPH's immunization branch, we discovered that this information is available to SNFs. To get access, we recommend that facilities request an account with the immunization registry that serves their county. This allows them to look up residents' prior vaccinations, and record any vaccine doses (such as flu, COVID-19, pneumococcal vaccine) that they administer to their residents.

- Most California counties are served by CAIR2 <https://cairweb.org/enroll-now/>
- San Diego is served by SDIR <http://www.sdiz.org/cair-sdir/enrollment.html>
- Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties are served by Healthy Futures <http://www.myhealthyfutures.org/>

Cohorting Questions & Answers

Q: We placed a new admission into the yellow zone because they had unknown vaccination status; but then we found out the patient was vaccinated. Can we move them to the green zone right away?

A: Yes, as long as there wasn't an exposure in the yellow zone.

Q: Which zone should dialysis residents be cohorted in--yellow or green? LA County has said they can be in the green zone.

A: They can go to the green zone unless there was an identified exposure. There is no CDC nor CDPH requirement that dialysis patients be placed in the yellow zone if there is no known exposure. Some facilities have elected to cohort dialysis residents together and treat them as if they may have been exposed. It's up to the facility on how they want to cohort dialysis residents. The isolation effects of keeping them in the yellow zone may outweigh the benefits, so that is why it is considered reasonable to cohort them in the green zone. For more guidance, contact your local public health department.

Q: For unvaccinated new admissions in the yellow zone, if there is a negative test within 72 hours, are we able to cohort new admissions in the same room for their 14-day isolation period if they admit within a few days of each other?

A: Remember that the purpose of the observation period for new admissions who are unvaccinated, is that we are acknowledging that the exposure status of that new admission is unknown. Ideally new admissions will be placed in the yellow observation area and ideally in single rooms. Your yellow observation area may have a mix of residents with known and unknown exposure status. It doesn't matter if new admissions had a negative test or if they were admitted around the same time. If you need to place them in a multi-occupancy room due to space issues, you need to manage them as if they have different exposure status and maintain physical distancing, draw, curtains, manage each bed space as if it was a separate room.

Q: Scenario: We have a new admission, that is unvaccinated, recovered (still within their 90-day window), asymptomatic, and had no known exposure within the past 14 days. Would the recommendation be to place this resident in observation (yellow zone) for 14 days or could the facility admit them to their green zone due to their recovered status? It's our understanding that recovered residents are still at risk due to the new variants and would be treated like other unvaccinated residents and admitted to the yellow zone.

A: In this scenario, the resident would be considered COVID recovered since they are within the 90-day period, therefore they can be moved to the green zone. The variants do not factor in this case, but it's an area we are monitoring every day. At this point, there are no separate recommendations for recovered individuals in light of variants.

Q: Do we still need to have a red zone if we have no outbreaks?

A: Even if your red zone is not currently in use, your facility needs to be able to stand it up quickly in the event it is needed. Facilities are encouraged to maintain a plan that would enable you to activate a red zone should there be a need. Also note, that if you have new admissions that are in your yellow zone, there may be a circumstance where you're going to have a situation where one of your residents tests positive and they would need to be moved and isolated in the red zone. Make sure you have staff that are prepared and oriented to working on a potential red zone scenario should you have to activate it.

PPE Questions & Answers

Q: If staff walk through a hallway that has yellow rooms, do they need to wear an N95 in the hallway?

A: No. For example, think about staff who are not necessarily working in the yellow rooms, that may need to walk through the hallway. They do not need to wear an N95, but would need to have their source control. There are case by case situations where in the red zone, for various reasons, perhaps you're not able to keep those resident rooms or isolation rooms closed or residents that are positive leave the room or wander. In those situations, it would be reasonable for staff to wear a respirator throughout the unit and even in the hallways. In general, for most situations, they would not need to put on a respirator to walk through the hallway.

Q: Are face shields still required if the staff and residents are all fully vaccinated?

A: Face shields as PPE are recommended for HCP in areas where there's moderate to substantial community transmission. In the current system, the orange tier is still considered to be moderate transmission. Therefore, face shields are still required as PPE during resident care activities. The use of PPE is not

contingent on vaccination status. Note that face shields are needed to be worn by HCP in all zones—green, yellow and red. They do not need to be worn in non-patient care areas.

Q: Can hearing impaired visitors wear their own disposable surgical masks with a clear window instead of an N95 mask when visiting a resident in the yellow zone for compassionate care reasons?

A: Individuals can wear their own face masks for source control. In general, accommodating individual circumstances is important, especially to address individuals with hearing impairments. If it is for visitation in a yellow zone for compassionate care purposes, an N95 is supposed to be worn by the visitor, but in this case the facility needs to have adequate discussion and understanding of the risk to the visitor that wearing just a face mask might pose. The conversation needs to be had, but you do not need to insist on them wearing an N95 in this case, especially in a compassionate care situation.

Testing Questions & Answers

Q: On a previous call it was said residents did not need to be tested routinely. The testing schematic released on April 11th states we should be screening 10% of unvaccinated residents. Can you please clarify?

A: This guidance may have come from a local health department. To my knowledge there is no CDC, CMS or CDPH requirement for routine screening testing for residents. We recommend testing residents in response testing mode. I'm aware that some jurisdictions, I believe Los Angeles county, has made a requirement for routine screening testing of residents and that might be what the person asking the question is referring to.

Q: Are we required to test fully vaccinated vendors before they enter the building?

A: Yes, HCP and vendors entering the building should be tested. At this time, there is not a different recommendation for routine screening testing for vaccinated vs. unvaccinated HCP or vendors

Q: For compassionate care end of life visits, do we need to test visitors before they enter? Or is this only if our facility is in the purple zone?

A: Visitor testing is recommended if the facility is in a purple tier. Testing is not required in the lower tiers. If in a lower tier, compassionate care visits need to be offered without a requirement for testing or vaccine status of the visitor.

Q: If the facility is in a county that is not in a purple tier, do they have to test visitors?

A: No, visitors only need to be tested if they are in a purple tier. However, the facility can choose to test visitors before entry for cautionary purposes, but it is not a requirement to test visitors.

Q: We have a fully vaccinated HCP that is asymptomatic, no known exposure, but tested Positive with a PCR Test? Is there an appropriate process if we suspect it's a False Positive?

A: We have worked on an algorithm for managing these cases, so we recommend that facilities consult with their local health department and/or consult with the HAI program. The first step is isolate and monitor pending additional information. Some individuals are asymptomatic when they test positive and then they develop symptoms. We recommend monitoring in isolation for a couple of days to monitor for symptoms and to gather a few additional pieces of information which could include cycle threshold of the initial positive test. Then obtain a second test within 24-48 hours of the initial positive, and consult with your local health department about interpretation, management, and next steps.

Quarantine & Group Activities Questions & Answers

Q: If a staff member travels internationally, do they have to quarantine?

A: If they are unvaccinated, they do need to quarantine. If they are fully vaccinated and asymptomatic with no known exposure, they do not need to be tested or quarantine.

Q: Are unvaccinated residents able to leave the facility? And if they do, do they need to quarantine even if they use proper PPE, have no known exposure?

A: As always, residents, including unvaccinated residents, are allowed to leave the facility. The latest from CDC on this is that residents who leave the facility for more than 24 hours should be managed like new admissions. Therefore, unvaccinated residents who leave for more than 24 hours do need to be quarantined, like a new admission who is unvaccinated. For visits less than 24 hours, use case by case and discretion.

Q: Now that indoor visitation has started, residents are asking about indoor church services. Do you have any guidelines on this?

A: Similar to other types of group activities, apply the same considerations from AFL 20-22.6 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>. Physical distancing and source control need to apply. If leaving the facility to go to church services or other group facilities, again use the same guidelines for group activities and outings.

Q: Can unvaccinated residents go on outings, like shopping trips?

A: Yes, and they have always been able to because it is a resident right to be able to leave the facility. The CDC guidance for fully vaccinated individuals is that they do not need to quarantine upon return even after an overnight stay, just like fully vaccinated new admissions don't need to quarantine in the observation area. For unvaccinated individuals, CDC makes the cutoff at 24 hours. If they leave the facility less than 24 hours, they don't need to quarantine, but discretion/judgment must be used.

Other COVID-19 Questions & Answers

Q: Can a SNF do a potluck for its staff?

A: No, not at this time. Even for fully vaccinated individuals, we recommend that they wear a mask and physically distance in public spaces and avoid medium or large-sized gatherings. SNFs are considered public spaces with people coming in from different households, etc. Medium and large gatherings are risky. Therefore, a larger gathering at the workspace with people coming from different households is not recommended.

Q: Are animals allowed in the facilities?

A: Yes, but it is up to the facility, and their existing policies and procedures. Most animals come in to visit and are accompanied by a person, so the person coming in would need to meet all the usual visitation requirements.