



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
April 1, 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

Call Notes

CDPH encourages facilities and operators to remain diligent in infection prevention practices while counties begin to open up, including visitation, opportunities to eat inside restaurants, and gatherings become more frequent. CDC recommends that all individuals, regardless of their vaccination status, need to avoid medium and large gatherings, wear face masks in public spaces, and maintain distancing from others in public spaces. It is important to be mindful of safety precautions so we don't fall back into prior practices that could make us vulnerable in light of the variants we are seeing. Please continue your efforts to maintain safety as we progress through the next several months.

CDPH has updated requirements for reporting of non-positive COVID antigen test results. 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. Note that 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.

Questions & Answers

Q: Is there an exact date of when we should stop administering flu vaccines?

A: California has been fortunate this year to have minimal influenza activity. The CDPH Immunization Branch confirmed that the requirement to offer flu vaccine ends April 1, 2021. It would be acceptable to stop offering it as of April 1, 2021, although if a facility wishes to continue vaccinating, it is fine to continue until the vaccine supply runs out or expires. Note that influenza cases and outbreaks do occur in the offseason during the summer. If facilities are able to store vaccine until it expires (usually in June), that would allow for the possibility of resuming vaccination if a late increase in flu activity is observed in California. Note that the COVID vaccine is the priority and to be mindful that the COVID vaccine should not be administered within two weeks of any other vaccine. If you have a resident who hasn't received the COVID vaccine, prioritize that and administer the influenza and any other vaccine after two weeks have passed since the COVID vaccine dose.

Q: Are children allowed to visit in SNFs, and is their guidance on age limitations?

A: Children of any age can visit as long as they can adhere to the requirements, including face masks, physical distancing, and hand hygiene. It's also important that they comply with visiting only in the designated room, and do not wander about the facility.

Q: What constitutes “brief” physical touching? Is kissing acceptable?

A: The AFL does not specify the definition of brief. Hugging and hand holding is included, as well as assistance with eating, hair combing or other personal care. It would be reasonable to consider "brief" the duration of a meal or providing assistance in that way. It's important to apply logic to what would be reasonably brief in order to reduce the risk to your residents. Holding hands for the majority of the visit is not “brief”. Regarding kissing, we understand the desire for relatives and visitors to kiss their loved ones, but it could put the residents in jeopardy. We do not advise kissing because it elevates the potential risk for residents.

Q: Our facility has long-term construction with contracted construction workers that we test every week like our HCP. Do we need to continue to screen and test the construction workers even though they just walkthrough the facility briefly but do not enter resident rooms?

A: Continue to test construction workers at the same frequency as your HCP because they enter the facility.

Q: We are in a red tier, and some of our residents would like to use fans, however, we are concerned that they are aerosol producing. Are fans acceptable in resident rooms?

A: There are concerns about the use of fans, especially if the fan is placed in such a way that it is blowing potentially contaminated air from one person to another. Regardless of the county tier it is important to ensure that fans are used in a safe manner. Fans can be used to help improve ventilation, especially if the room has an open window. It is important that the fan doesn't blow potentially contaminated air from one resident to another or into the common area of the facility. If the fan can be put in the window that would be preferable.

Q: Do unvaccinated residents who leave the facility for a medical appointment or outing need to quarantine?

A: 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. The other consideration is whether or not the resident has a shared room. In a private room, there is less concern. If the resident has a roommate, it's important to assess the risks of the outing. This is difficult because you don't always know what happens while the resident is out. You have to make decisions on a case by case basis. For partially or unvaccinated residents that have outings that exceed 24 hours, the CDC recommends managing these cases as new admissions, therefore they would need to quarantine.

Q: We have had vaccinated HCP that are now testing positive for COVID. How often are you seeing this, and should we treat this as a new positive case? Do we need to enhance contract tracing?

A: This is new territory. It is possible that these individuals have lab test results with relatively high cycle thresholds, potentially low-level virus or fragment present, which may be evidence of the vaccine doing its job. Until we know more, these instances should be reported to your local health department. There is a possibility that they might have prolonged shedding of the virus. We recommend initially isolating HCP for at least a couple of days until some of the additional information about the CT values can be obtained and you can consult with your local health department or HAI team. Monitor for symptoms and make recommendations about whether or not it is necessary to complete the full ten days of isolation and work exclusion. Decisions regarding the need for response testing also need to be made in partnership with your local health department. Hopefully as we gain more experience in the next few months, it will help us make more straightforward decisions and recommendations for individuals in this scenario.