



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
April 21 & 22, 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 21st webinar presentation covered the following updates:

- **CDPH Update**
 - CDPH is actively drafting visitation guidance for intermediate care facilities.
 - The Governor’s Office of Emergency Services (Cal OES) is preparing “Push Packs” for all nursing homes with PPE to offer additional equipment support. Delivery times TBD.
 - CDPH is updating waivers associated with the blueprint tiers.
 - CDPH is working on an AFL that will provide survey monkey link for nursing homes to complete to update emergency contacts, to ensure CDPH has contact information to respond to potential emergencies that may occur.
- **Testing Task Force Update:**
 - CDPH launched a new antigen testing program and encourages SNFs to sign up to start testing at their center. Go to testing.covid19.ca.gov and click on start testing.
 - Average test turnaround time last week: 0.9 day
- **NHSN Updates**
 - HSAG created an NHSN FAQ to assist nursing homes
<https://www.hsag.com/globalassets/covid-19/nhsnimportantlinksfaqsfinal508.pdf>
 - NHSN made several updates to its Long-term Care Facility Component last week, including the option to do CSV upload for the Point of Care (POC) Reporting Tool, and they added additional test devices.
 - NHSN has five surveillance reporting pathways. Instructions on how to complete the pathways are in the links below. For nursing homes that conferred rights to CDPH, the data that you report to CDPH daily 1, 2, 3 will flow over to NHSN. To ensure data accuracy in NHSN, we recommend logging into NHSN regularly to double check your data.
 1. Resident Impact and Capacity
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.144-toi-508.pdf>
 2. Staff and Personnel Impact
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.145-toi-508.pdf>
 3. Supplies and Personal Protective Equipment
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.146-toi-508.pdf>
 4. Ventilator Capacity and Supplies
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.147-toi-508.pdf>
 5. Therapeutics:
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.158-toi-508.pdf>

- NHSN also has a POC antigen test reporting tool. Only positive test results need to be reported. When you enter in the POC positive test results into NHSN, that data will automatically flow over to CalREDIE.
- NHSN has COVID-19 vaccination tracking tools. It is voluntary to use these tools at this time.
- Recent NHSN changes include:
 - The menu for where you report your COVID-19 data has changed from “Daily Entry” to “Pathway Data Reporting”. When you click on Pathway Data Reporting, you’ll get access to the five surveillance reporting pathways.
 - Supplies and PPE Pathway has a new question that asks if you have a need for government support or assistance. If you need support, please complete this section to get assistance.
 - NHSN created data collection forms that you can use to gather information and keep records in case you need to go back and look up your past data.
 - <https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-res-blank-p.pdf>
 - <https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.145-staff-blank-p.pdf>
- **ECHO Updates**
 - Register for the ECHO COVID-19 Action Network continuation phase.
 - All provider settings are welcome to attend, including staff from nursing homes, assisted living facilities, intermediate care facilities, hospice, home health agencies, home care, medical offices, etc.
- **Immunization Branch Updates**
 - The Janssen/J&J vaccine pause continues.
 - VAERS worked as intended to detect a potential safety signal <https://vaers.hhs.gov/>. Any cases of thrombosis with thrombocytopenia after vaccine should be reported to VAERS
 - LTC pharmacies in the Federal Retail Pharmacy Partnership Program are receiving Moderna vaccine in place of Janssen vaccine during the pause; some pharmacies also receiving Pfizer.
 - Omnicare will start vaccinating in facilities later this week or early next week.
 - Updated list of long-term care pharmacies participating in the FRPP can be found at <https://www.cdc.gov/vaccines/covid-19/downloads/participating-ltc-pharmacy-list.pdf>. Facilities may reach out to pharmacies directly to request vaccines.
 - California Immunization Registry (CAIR2) <https://cairweb.org/enroll-now/>
 - CAIR2 is a secure, confidential, statewide computerized immunization information system for California residents.
 - SNFs should enroll in the immunization registry to record vaccine doses administered and get access to immunization records (such as flu, COVID-19, pneumococcal vaccine, and others)
 - Facilities can request an account with the immunization registry that serves their county by visiting the registry website.
 - Most California counties are served by **CAIR2**
 - San Diego is served by the San Diego Regional Immunization Registry (**SDIR**) <http://www.sdiz.org/cair-sdir/enrollment.html>
 - San Joaquin Region (Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties) is served by **Healthy Futures** <http://www.myhealthyfutures.org/>
 - Most California counties are served by **CAIR2**: <https://cairweb.org/enroll-now/>
- **Q&A**

Vaccine Questions & Answers

Q: Do we have any data regarding the percentage of fully vaccinated individuals who later contracted COVID?

A: It is very hard to track that metric, but there have been multiple Morbidity and Mortality Weekly Reports (MMWRs) from the CDC that highlight reinfections after vaccination

https://www.cdc.gov/mmwr/Novel_Coronavirus_Reports.html

Q: Do you have consent forms we can use for COVID-19 vaccine?

A: Free vaccine checklists, screening, and consent forms can be found at the AHCA NCAL website.

https://educate.ahcancal.org/products/preparing-for-covid-19-vaccine-clinics#tab-product_tab_resources

Examples of resources are listed below:

- [COVID-19 Vaccine Template Letter for Consent - Staff](#)
- [COVID-19 Vaccine Template Letter for Consent - Family](#)

Q: Are there COVID-19 vaccine benchmarks available so our SNF can see how we compare to others?

We have a high vaccine rate, but want to know if other facilities are better or worse in getting their residents and staff vaccinated.

A: Thank you for being proactive in your vaccination quality improvement efforts. We are seeing that the percentage of fully vaccinated SNF residents and health care personnel is about 65%. We know there is quite a range between facilities. Some have high percentages, while others have very low percentages. We recommend striving for as high a percentage as possible. Check the CDPH website that has information about the number of residents and staff that have been vaccinated at each SNF in CA.

https://datavisualization.cdph.ca.gov/t/LNC/views/COVIDSNFDASHV3/VACCINES-CUMULATIVE?:embed_code_version=3&:embed=y&:loadOrderID=0&:display_spinner=no&:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

Q: What is the CALTCM and CDPH position on testing for IgG antibodies for spike protein to validate vaccine-induced immunity? CDC interim guidance states it is not recommended, however, a few physicians are requesting the test for our nursing home residents.

A: CALTCM does not have any position advocating for the use of antibody testing at this time. It's a complex question that would benefit from greater discussion, but the simple answer is that I would not recommend antibody screening before admission to SNF or any long-term care setting. Instead, given what we know about vaccine efficacy for currently approved vaccines including J&J (currently "paused"), Moderna and Pfizer, we advocate for vaccination.

Quarantine & Testing Questions & Answers

AFL 21-08.2 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

Q: What is the quarantine guidance for HCP?

A: Fully vaccinated HCP who 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. Regarding travel, on April 2, 2021, CDC updated quarantine and work restriction recommendations following travel. www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html

- For HCP that are fully vaccinated, or COVID-19 recovered within 3 months, testing before or after travel and self-quarantine after domestic or international travel is no longer required, as long as they are asymptomatic. They do not need to quarantine or be excluded from work upon return.
- Unvaccinated HCP that travel domestically or internationally do need to quarantine when they return.

Q: What is the quarantine guidance for SNF residents?

A: 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. Testing is also not required.
- Local health departments may continue to recommend quarantine for newly admitted residents from a hospital where there is known COVID-19 transmission.
- Fully vaccinated SNF residents who leave the facility for nonessential purposes (e.g., to go out to a restaurant or visit family in their home) do not need to quarantine upon return.
- Unvaccinated or partially vaccinated residents who leave the facility for nonessential purposes for more than 24 hours should be managed like new admissions, therefore they do need to be quarantined. For outings less than 24 hours, use case by case discretion, but note that they are not required to quarantine upon return.

Q: India is trying to close their travel and has a huge outbreak. Is there concern that we will have another outbreak as well and if so, are we looking at a different strain?

A: Just as in other countries, when there is a lot of transmission it raises concerns for emergence of new variants. We are monitoring for those closely here in California as well. I am not aware of any current or planned changes in CDC recommendations or CDPH recommendations as far as testing or quarantine specifically for travelers from India. It is important to recognize that areas in the US and other countries do not have the levels of vaccination coverage that we have here in California or more specifically that we have achieved among our skilled nursing residents and healthcare personnel. There is still room for ongoing improvement of our vaccine coverage rates to allow us a level of protection. We do not think we will have the level of outbreaks in SNFs that we experienced in prior surges due to our vaccine coverage, screening, and infection prevention measures.

Q: Do fully vaccinated dialysis patients need routine testing?

A: Routine testing of dialysis patients has been a consideration, but not a firm recommendation or requirement. If there is a known exposure or reported outbreak associated with that dialysis clinic, then we would recommend testing regardless of their vaccination status.

PPE Questions & Answers

Q: Since we are now moving back towards conventional strategy for N95, would we be expected to do the same for surgical masks and face shields? At this time, we are requiring all staff to wear surgical masks and face shields throughout their shift. Do our staff need to wear surgical masks and face shields throughout their shift?

A: Surgical masks need to be worn for source control, but not as PPE. It is acceptable to wear a surgical face mask for source control throughout a shift and discard it if it becomes soiled or moist, etc. Eye protection (face shield or goggles) is used for PPE and needs to be worn in all patient care areas (universal eye protection), including the green, yellow, and red zones. Individuals can reasonably use a face shield and extend use of a face shield throughout their shift or their resident care activities. They don't need to wear eyewear in non-patient care areas of the facility. I'm not aware of explicit guidance that says extended use of a face shield or goggles is no longer permitted in a cohort setting.

Q: What PPE do visitors need to wear in the green and yellow zones?

A: Visitors must wear full PPE when visiting residents in the yellow zone. Full PPE includes N95, eyewear (face shields, goggles), and gown. Fit testing for respirators for visitors is not practical, and therefore not a requirement. As a best practice, facilities should provide the N95 and educate visitors how to perform a seal check when donning the N95. Non-fit tested respirators provide more protection than just a surgical mask. In the green zone, visitors must wear masks for source control, but eye protection is not required.

Q: What PPE do HCP need to wear in the green and yellow zones?

A: Eyewear (face shields, goggles) are required to be worn in patient care areas, including the green, red and yellow zones. For example, in the green zone, surgical masks for source control are sufficient with the face shield. In the yellow and red zones, N95 respirators should be worn as PPE with the face shield. Face shields and goggles are not necessary in non-patient care areas (kitchen, nurses' station, reception area).

Other Questions & Answers

Q: Can SNFs use vacuums?

A: There is no recommendation against vacuum cleaners, but we do caution around having carpets or rugs in place because they are difficult to keep clean.

Q: Can residents have fans in their rooms if they have a private room?

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: How do we document pneumonia and flu vaccines that were given prior to admission to our SNF, if we don't have all the information that we need from the consent (such as exact date of administration, expiration date of the vaccine, lot #, site of administration, etc.)? At times, residents and hospitals do not know this information, even though the resident is saying they did receive the vaccine. If we don't have this information, how can we document that they received the vaccine?

A: Try checking immunization records through the immunization registry. If the family declines the vaccine because it was already administered, make sure to document the refusal in the medical records. If you cannot verify the vaccine status, we recommend going to the treating physician to ask for direction on whether it is appropriate to consider administration of the vaccine. Due to the priority of the COVID-19 vaccine, keep in mind that the COVID-19 vaccine should be administered at least two weeks apart from other vaccine doses such as the flu or pneumococcal vaccine.

Q: How long does CDPH plan to have SNFs complete daily reporting?

A: CDPH is continually reviewing the need to have SNFs submit daily reports. Discontinuing the surveys will depend on ongoing cases and what the future will look like for the pandemic. We don't have a set time to when we will be able to abandon the daily reporting.

Q: In regard to receiving food for residents, is there an updated AFL that references how we need to wipe the food down and clean it, and hold it so many hours before we take it to them?

A: I am not aware that was specifically addressed in an AFL. Early in the pandemic, it was a common practice for people to wipe down groceries. We have learned a lot about COVID since then, and generally we are all converging on the idea that transmission via surfaces is a very minor contributor to COVID-19 transmission. It's transmitted more through the air with respiratory particles. There is no need at this point to do any extensive wiping down or sequestering of food items that are brought in. Wiping down items as a precaution is fine, but I don't see a need to wait any number of hours before providing those items to the resident.

Q: Can children visit even if they are unvaccinated? Can they have physical contact with the resident?

A: The guidelines in AFL 20-22.7 state that unvaccinated visitors (adults and children) are allowed to visit, but they cannot have physical touch. Only fully vaccinated visitors can briefly touch fully vaccinated residents.