**California Department of Public Health**
**Center for Health Care Quality**
**AFC Skilled Nursing Facilities Infection Prevention Call**
**April 28 & 29, 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 28th webinar presentation covered the following updates:**

- **CDPH AFL 20-53.3** https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx will be updated next week regarding testing fully vaccinated HCP in long term care facilities. Changes will be updated in response to the revised **CMS QSO-20-38-NH** released on April 27, 2021 https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf which states "fully vaccinated staff do not have to be routinely tested."
- **CDPH AFL 20-22.7** https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx will be updated next week regarding masking requirements during visitation, dining and group activities in long term care facilities in response to the revised **CMS QSO-20-39-NH** released on April 27, 2021 https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf. The new CMS and CDC guidance www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor_1619116573222 states the following changes:
    - Allows fully vaccinated residents to resume dining activities without masking or social distancing, as long as there are not unvaccinated individuals present.
    - Allows fully vaccinated visitors and residents to visit without masks and without social distancing, as long as they are alone in a room without unvaccinated individuals.
    - Allows fully vaccinated HCP to dine/socialize in break rooms and conduct in-person meetings without source control or physical distancing, unless unvaccinated individuals are present.
    - Unvaccinated residents need to continue to use source control and remain socially distanced

**Cautionary Remarks Regarding CMS QSO-20-39-NH:**

- SNFs should follow the current CDPH guidance until further direction.
- If vaccination status cannot be determined for everyone participating in an activity than the safest practice is for all participants to wear source control and practice social distancing.
- When planning and scheduling group activities, consider creating resident cohorts in advance so that fully vaccinated residents can engage with fully vaccinated staff.
- When staff are dining together in the break room, if there is a possibility for an unvaccinated staff member to enter the breakroom, then all staff need to wear masks and practice social distancing.
- If you are not going to require masks or distancing for fully vaccinated individuals engaged in group activities or dining, then ensure you have a plan in place to monitor compliance, and confirm that there are only fully vaccinated individuals participating. If it is possible for unvaccinated individuals to potentially enter the room, then you need to take the safer approach and have everyone continue to wear masks and implement social distancing.

- **CDC Morbidity and Mortality Weekly Report (MMWR)**
  - Postvaccination SARS-CoV-2 Infections Among SNF Residents and Staff Members www.cdc.gov/mmwr/volumes/70/wr/mm7017e1.htm?s_cid=mm7017e1_w
    - Chicago, Illinois, December 2020–March 2021
    - 22 possible SARS-CoV-2 breakthrough infections occurred (two thirds of persons were asymptomatic; minority experienced mild to moderate symptoms; two COVID-19–related hospitalizations and one death occurred)
    - No facility-associated secondary transmission was identified
    - Implications: SNFs should prioritize vaccination and follow recommended COVID-19 infection prevention practices
  - COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a SNF https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e2.htm?s_cid=mm7017e2_w
    - Kentucky, March 2021
    - In a COVID-19 outbreak at a Kentucky SNF involving a newly introduced variant to the region, unvaccinated residents and HCP had 3.0 and 4.1 times the risk of infection as did vaccinated residents and HCP
      - Residents: Vaccine 86.5% protective against symptomatic illness
      - HCP: Vaccine 87.1% protective against symptomatic illness
    - Implications: Vaccination of SNF residents and HCP is essential to reduce the risk for symptomatic COVID-19, as is continued focus on infection prevention and control.
- CDPH is drafting visitation guidance for intermediate care facilities. Stakeholders are reviewing and providing feedback. Final AFL will be coming soon.
- The Governor's Office of Emergency Services (Cal OES) is preparing "Push Packs" for all nursing homes with PPE to offer additional equipment support. Distribution will start occurring on May 3rd. Approximately 50 Push Packs will be mailed out per day.
- CDPH is working on an AFL that will hopefully come out this Friday to request updated emergency contact information from all providers statewide.
- CDPH wants to ensure that all SNFs are aware of the changes that CMS announced regarding the waivers in CMS QSO-21-17-NH https://www.cms.gov/files/document/qso-21-17-nh.pdf. CMS announced that waivers issued in response to the public health emergency (PHE) are ending, including:
  - 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 via the MDS.
- **Testing Task Force Update:**
  - Average test turnaround time last week: 0.9 day
  - Average test positivity (during past 7 days): 1.2%
  - Enroll in CDPH's antigen testing program so you can start testing at your SNF. Go to testing.covid19.ca.gov and click on start testing.
    - Application: https://www.surveymonkey.com/r/AntigenApplication
    - Playbook: https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/02/Antigen-Testing-Playbook.pdf
    - Flyer: https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/03/Antigen-Overview.pdf
- **CDPH SNF Infection Preventionist Online Course**
  - Register: cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx
  - Over 850 people registered for the course, and 300 completed the course.

- The first cohort originally needed to complete the 14 module IP course by April 30, but that deadline is now extended. If you are registered and not progressing in the course, CDPH will contact you to see if you are going to continue the course, or prefer to be dropped.
- The SNF IP course meets the requirements for IP training in AB 2644, which states that effective January 1, 2021, SNFs are required to have a full-time, dedicated IP. The IP role may be filled either by one full-time IP staff member or by two staff members sharing the IP responsibilities, as long as the total time dedicated to the role equals at least the time of one full-time staff member. The IP must be an RN or LVN and shall not be included in the calculation of 3.5 hours of direct patient care per day provided to residents. www.leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2644

- **Immunization Branch Updates**
  - CDPH Johnson & Johnson COVID-19 Vaccine Benefits and Risks Fact Sheet: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/JnJ_factsheet.pdf
  - Advisory Committee on Immunization Practices (ACIP) April 23, 2021 Presentation Slides: https://www.cdc.gov/vaccines/acip/meetings/slides-2021-04-23.html
  - CDC COCA Call Slides, April 27, 2021: J&J COVID-19 Vaccine and TTS Update for Clinicians https://emergency.cdc.gov/coca/ppt/2021/COCA-Call-4-27-2021-final.pdf
  - CDC MMWR April 27, 2021 Report: Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the J&J COVID-19 Vaccine After Reports of TTS Among Vaccine Recipients, April 2021 https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e4.htm
  - 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/

**New CDC and CMS Masking & PPE Guidance**

**Q:** In response to the new **CMS QSO-20-39-NH** memo, do fully vaccinated visitors have to wear masks?
**A:** Yes, visitors need to wear masks while in the facility. The only time visitors do not need to wear masks if they are fully vaccinated and alone in a room with the fully vaccinated resident that they are visiting. If anyone else enters the room, the visitor would need to put the mask on for source control. To be clear the visitors still need to wear their mask for source control and physically distance from all other residents, and from all visitors not from their household, and from all HCP. Therefore, visitors need to be wearing a face mask when they come in the facility's door, and when they leave the resident's room and exit the facility.

**Q:** Can we require proof from visitors that they are vaccinated?
**A:** Facilities can create their own visitation policies, and can incorporate verbiage that they require proof of vaccination to be able to exercise certain privileges with regard to masking. We suggest you consult with your legal counsel to ensure you are not at risk for any discrimination laws.

**Q:** We are aware that HCP need to wear source control and eyewear while providing patient care in the green zone. If all of the residents and all of the staff are fully vaccinated, why do they need to continue to wear a mask and eyewear?
**A:** CDC's guidelines are that HCP still need to continue to wear masks and eyewear (face shields, goggles) while providing patient care, regardless of vaccination status. The vaccines are highly effective, but not 100% effective. While there is still moderate to substantial amounts of COVID-19 transmitting in our community, HCP must continue to follow universal PPE precautions. As we see decreases overall in the amount of community transmission, then the universal PPE requirement may change, but for now, we must continue to take precautions.

**Q:** Does the new guidance on fully vaccinated individuals not masking inside take airborne transmission into account? Is that not a concern at this point?
**A:** Yes, the guidance takes aerosol transmission into account. Unvaccinated individuals must always wear a mask in the facility. Masks can be taken off for fully vaccinated individuals only if all individuals participating in a given activity are fully vaccinated. If there is any unvaccinated individual present, then everybody in that activity or room needs to wear a face mask for source control and physically distance from others. That is to take into account the proximal air space that those individuals are sharing, and if there is any unvaccinated individual, the need to implement all precautions for that air space need to be followed.

**Q:** If a facility has an outbreak, will that change the new guidance regarding fully vaccinated residents/HCP gathering without masks?
**A:** Refer to your local public health department for guidance on initial recommendations and requirements during outbreaks. Often group activities may be suspended for a period of time until the extent of transmission has been assessed, containment has been achieved, or at least control measures have been put into place to control the outbreak.

**Q:** Is eye protection still required for HCPs in Green Zones.
**A:** Yes, 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 for HCP. 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).

**Q:** Can we use KN95s?
**A:** Yes, you can use them as source control in the green zone or in non-patient care areas, but not for PPE in the yellow and red zones.

**Vaccine Questions & Answers**
**Q:** If a staff member received the first dose of the Pfizer or Moderna vaccine back in December 2020, and never received their second shot, do they have to start the series over? Or do they just need a second shot now even though it's been five months since they received the first shot?
**A:** CDC guidance does not recommend restarting the series. The ideal window to get the second shot is six weeks, but in this scenario, the staff member should get the second dose as soon as they can. In this instance, once they have the second shot, they would be considered fully vaccinated.

**Q:** Can we transport an opened COVID-19 vaccine vial from one facility/vaccination clinic to another within a five-mile radius?
**A:** Yes, this would be similar to the homebound guidance that CDC has for transporting vaccines from home to home https://www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html. Facilities can follow the storage/handling recommendations listed on the CDC site. There is a storage and handling section on the website, but CDC mainly recommends packing it tightly to make sure it doesn't roll around and ensure that the vaccine is transported at refrigerated temperatures. The guidance says, "A punctured vial

may be transported from one home to another by the same health care professional if the cold chain is properly maintained. However, a partially used vial cannot be transferred from one provider to another or across state lines."

**Q:** If someone is fully vaccinated, are they allowed to give blood, or would that affect the efficacy of the vaccine?
**A:** There is no evidence that the donation of blood will affect the efficacy of the vaccine.

**Q:** A resident got the Moderna vaccine for the first dose; can they have the Pfizer for the second dose?
**A:** No, the CDC says the vaccines are not interchangeable, and can only be given in rare, extraordinary situations in which the original vaccine product cannot be made available.
**Q:** If someone gets a non-CDC or WHO authorized vaccine in another country, and then gets one dose of an FDA approved vaccine in America, are they considered fully vaccinated?
**A:** Based on CDC guidance, if a person is fully vaccinated with a WHO authorized vaccine, they are considered fully vaccinated. If a person is partially vaccinated with a WHO authorized vaccine, or vaccinated with a non-WHO vaccinated vaccine, the individual needs to complete an FDA-authorized COVID-19 vaccine SERIES based on the CDC guidance to be considered fully vaccinated.

- CDC Clinical Guidance, https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html: "Some people may have received a COVID-19 vaccine that is not currently authorized in the United States. No data are available on the safety or efficacy of receiving a COVID-19 vaccine currently authorized in the United States after receipt of a non-FDA-authorized COVID-19 vaccine. However, in some circumstances people who received a COVID-19 vaccine not currently authorized in the United States may be offered revaccination with an FDA-authorized vaccine:
    - COVID-19 vaccines not authorized by FDA but authorized for emergency use by WHO
        - People who completed a COVID-19 vaccination series with a vaccine that has been authorized for emergency use by the WHO do not need any additional doses with an FDA-authorized COVID-19 vaccine.
        - People who are partially vaccinated with a COVID-19 vaccine series authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series.
    - COVID-19 vaccines not authorized by FDA or not authorized for emergency use by WHO
        - People who completed or partially completed a COVID-19 vaccine series with a vaccine that is not authorized by FDA or not authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series.
        - Administration of an FDA-authorized COVID-19 vaccine in these people should comply with all conditions of use specified under the EUA for the vaccine being used. The minimum interval between the last dose of a non-FDA authorized vaccine and an FDA-authorized COVID-19 vaccine is 28 days.

**Q:** What are the ethics of promoting the J&J/Janssen vaccine for women aged <50 years?
**A:** The CDC COVID-19 Vaccine Clinical Guidance https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html has updated information on considerations for the use of Janssen COVID-19 vaccine in certain populations, as well as information regarding patient counseling for the COVID-19 vaccines with FDA EUA. Guidance specifically for women aged < 50 years:

- “Women aged <50 years can receive any FDA-authorized COVID-19 vaccine. However, they should be aware of the rare risk of TTS (Thrombosis with Thrombocytopenia Syndrome) after receipt of the Janssen COVID-19 vaccine and the availability of other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines). The highest rates of TTS per vaccine doses administered were identified in women <50 years of age. TTS reporting rates to VAERS were 7.0 cases per million Janssen COVID-19 vaccine doses administered to women aged 18–49 years and 0.9 per million to women aged ≥50 years.”

- Patients should be provided with the updated EUA factsheet, which includes the information about rare risk of blood clots following Janssen COVID-19 vaccine. No further documentation is required beyond the provision of the EUA factsheet.
    - Healthcare Providers: https://www.fda.gov/media/146304/download
    - Caregivers: https://www.fda.gov/media/146305/download
- The CDC and FDA concluded that the potential benefits of the Janssen COVID-19 vaccine outweighed the potential risks of vaccination.
- April 23rd press release: https://www.cdc.gov/media/releases/2021/fda-cdc-lift-vaccine-use.html)
- The CDC presented their full benefit/risk analysis of continuing use of the Janssen COVID-19 vaccine at the ACIP meeting on 4/23/21, as well as during a COCA call on 4/27/21. Slide #60 is included below from the COCA call: https://emergency.cdc.gov/coca/ppt/2021/COCA-Call-4-27-2021-final.pdf

**Quarantine & Cohorting Questions & Answers**

**Q:** What is the guidance on how to handle an unvaccinated vs. a fully vaccinated new admission that is coming to our SNF from a hospital or facility that has no known exposure? What if there is a known exposure/outbreak?

**A:** The current guidance is that fully vaccinated individuals who are newly admitted do not need to quarantine anymore, but unvaccinated or partially vaccinated new admissions do still need to quarantine. Quarantine consists of having the new admissions being placed into an observation area (yellow zone) for 14 days, and they must have a test before being released to the green zone. If the fully vaccinated new admission is coming from a hospital or other location that has a known outbreak or transmission, then the new admission would need to quarantine regardless of vaccination status.

**Q:** We have a welcome unit for new admissions. That unit is physically separated from the rest of the facility with plastic walls partitions. Are those still required at this time? In follow up, do we still need to have a yellow and red zone?

**A:** The primary purpose of partitions is to direct flow of traffic and ensure individuals know what the status is of the rooms in that particular area of the facility. Consult with your facility engineering or manager regarding partitions and whether or not they implant air flow in such a way that would be problematic. Assuming this facility has ensured that the wall partitions are acceptable from that standpoint, it is reasonable to leave them in place, however, you may want to decrease the size of your welcome unit since we are not requiring observation and quarantine for new admissions. Quarantine is only required for unvaccinated or known exposed. The same applies to red zones. There is no need to maintain a whole empty unit or wing as a red zone if you don't have any outbreaks, but it's critical that you are prepared to stand one up if necessary.

**Q:** Do we have to have dedicated staffing for each zone (red, yellow, green)?

**A:** In AFL 20-74 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx , ideally, it should be a priority to have red zone staff only care for residents in the red zone during a shift. If there are challenges with implementation due to staffing shortages, it's preferable to have staff overlap between the yellow and green zones, rather than the yellow and red zones. Staff can work in different zones if it's on different days, or different shifts. For example, staff can work in the green zone on Monday and in the red zone on Tuesday after they shower and change their clothes and PPE. The purpose of having dedicated staff for each zone (especially for the red zone) is to facilitate extended use of respirators and face shields and to limit the amount of potential cross contamination between zones. Now that most facilities are not experiencing outbreaks and therefore are not utilizing their red zone, if you only have a limited number of individuals residing in your yellow zone, it is reasonable to allow crossover between yellow and green zones if staff pay attention to appropriate donning and doffing of PPE and hand hygiene when they move from one zone to the next.

**Other Questions & Answers**

**Q:** Where can we check out county positivity rate?
**A:** Use the CDPH data at Blueprint for a Safer Economy to access and determine your county positivity rates. The data is typically updated every Tuesday.

- Blueprint for a Safer Economy Home Page https://covid19.ca.gov/safer-economy/
- Blueprint for a Safer Economy county level data chart can be found here. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx

**Q:** We have BinaxNOW Antigen Test from our local DPH. However, we are down to the last box. Can we request for more or would we need to purchase it? Also, to whom do we request the BinaxNOW from?
**A:** You may fill out a resource request for those test kits through your MHOAC or through the Salesforce process. If you have not registered through Salesforce for resource requests, you can register here: https://caloes.force.com/s/login/?startURL=%2Fs%2F&ec=302

**Q:** It is getting hot, so our facility wants to set up hydration stations to give water to HCP and residents. Is that acceptable if we have a hand hygiene station next to it?
**A:** Yes, it is acceptable as
long as someone is always monitoring it to ensure hand hygiene and transmission precautions are taking place. If left unattended, you would not know if others were following proper hygiene when touching the surfaces.

**Q:** Is CDPH going to combine the state survey and COVID survey in the future? What can we expect in future surveys?
**A:** CDPH resumed relicensing and recertification surveys in SNFs starting April 1, 2021 (AFL 20-69.1 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-69.aspx). Due to the pandemic, CDPH was conducting mitigation surveys frequently, and now those have stopped and are now being replaced with relicensing and recertification surveys. Surveyors are continuing to look at components of the mitigation plan as part of the infection control component of the federal recertification survey. So, the mitigation plan focused survey isn't going away; it's just under a different name, but the principles are the same.

**Q:** Can facilities provide food for staff? Can fully vaccinated SNF staff engage in potlucks now?
**A:** There has never been any restriction on facilities providing food for staff. Facilities need to continue to maintain the same general break room practices and dining area practices of distancing, especially if there is eating going on when the masks need to be removed. The CDC guidance could be incorrectly interpreted to mean that we can freely have unmasked, undistanced potlucks again, but that is not the case. Unmasked and undistanced events need to be the exception (not the rule), and cautiously and meticulously planned in advance with sign-ups and verification of each participants' vaccination status. If there is any chance that an unvaccinated HCP could be present (which may usually be the case in a breakroom where staff are coming and going), then there needs to be masking and distancing. In addition, sharing serving utensils could lead to potential contamination.

**Q:** Some facilities are beginning to relax Extended Spectrum Beta-Lactamase (ESBLs) management guidelines, and are no longer isolating ESBLs or considering them MDROs. What are your thoughts on this possibly evolving situation?
**A:** There are several organisms that are increasing in facilities. We can't let down our guard, and must continue to practice stellar hand hygiene, cleaning and disinfecting, proper PPE usage and other infection prevention practices.

**Q:** Will the Intermediate Care Facility AFL include guidance regarding regular outings, such as a resident seeking to attend in-person instruction at a university? Is it within an ICF's right to deny the resident leaving frequently for school if it is written in their policy or would it be within the resident's right to leave the facility so they can have access to education in alignment with their Individualized Education Program (IEP)?
**A:** Residents have the right to leave, especially if it is part of their IEP plan. Note that considerations need to be in place to ensure precautions when they return from their outing whether it be for school, church, shopping, visiting family, etc. We will consider adding language to the AFL to address this guidance.

**Q:** We are aware that SNFs MUST facilitate in person visitation. Are we legally allowed to restrict the number of visitors allowed in our facility at once? For example, can we require families to make appointments to visit in order to mitigate the number of visitors at the facility?
**A:** Scheduling visits has been widely adopted by many facilities as a best practice. Be sure to inform your families on the reasoning behind scheduling appointments to ensure all family members can be accommodated in a safe way to protect the residents, HCP, and other visitors.

**Q:** For disinfection of high touch surfaces, we have always gone above and beyond by disinfecting high touch surfaces every 2 hours. Is that necessary, or is it now acceptable to disinfect high touch surfaces only once a day?
**A:** We can't let our guard down, and must continue to clean and disinfect high touch surfaces frequently. There isn't a specific definition that says how often to clean. Many are doing it once a day, and others are doing it several times a day. If we know that disinfecting high touch surfaces every few hours has been effective, I encourage you to continue to employ that practice.