



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
May 19 & 20, 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 presentation covered the following updates:**

**Follow California guidance in CDPH AFL 20-53.3 and AFL 20-22.7 until further notice.**

- **CDPH AFL 20-53.3** will be updated soon regarding testing fully vaccinated HCP in response to the revised **CMS QSO-20-38-NH** released on April 27, 2021.
- **CDPH AFL 20-22.7** will be updated soon regarding masking and social distancing requirements during visitation, dining, and group activities in response to the revised **CMS QSO-20-39-NH** released on April 27, 2021.

Memo	Website Link
CMS QSO-20-38-NH	<a href="https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</a>
CMS QSO-20-39-NH	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a>
CDC Guidance	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</a>
CDPH AFL 20-22.7 (updates pending)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx</a>
CDPH AFL 20-53.3 (updates pending)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx</a>

**New CDC Guidance—May 13, 2021—This guidance DOES NOT apply to any healthcare setting**  
CDC announced that fully vaccinated people no longer need to wear a mask or physically distance in any setting, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. Fully vaccinated people can also refrain from testing following a known exposure unless they are residents or employees of a correctional or detention facility or a homeless shelter. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>. This guidance does not apply to California yet; and does not apply to any healthcare setting nationwide. California’s existing guidance around masks stay in place until June 15, 2021.

**NHSN COVID-19 Vaccination Reporting Update**

New requirements for educating residents/resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine. LTC facilities must report COVID-19 vaccine and therapeutics treatment information to NHSN effective 5/21/21. To be compliant, facilities must begin reporting data in NHSN by 11:59 p.m. Sunday, June 13, 2021. Currently this reporting requirement applies to skilled nursing facilities/nursing homes. Facilities are to report the total number of individuals at the facility for that week. Then, of these individuals, report the number who have

ever received COVID-19 vaccination (at that facility or elsewhere). Do not limit reporting to just the individuals who were vaccinated that week; instead, report the cumulative total of all individuals vaccinated to date. Reporting instructions can be found on table of instructions and FAQs:

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>. Other Resource Links:

- FAQs on Reporting COVID-19 Vaccination Data:
  - <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html>
- CMS QSO-21-19-NH released May 11<sup>th</sup> <https://www.cms.gov/files/document/qso-21-19-nh.pdf>
- Interim Final Rule: COVID-19 Vaccine Requirements
  - <https://www.federalregister.gov/public-inspection/2021-10122/medicare-and-medicaid-programs-covid-19-vaccine-requirements-for-long-term-care-facilities-and>
- CDC is hosting a training webinar on May 25, 27, 12:30 p.m.
  - Register: [https://cdc.zoomgov.com/webinar/register/WN\\_DQQITIUsQ7egD7ZPQIraIg](https://cdc.zoomgov.com/webinar/register/WN_DQQITIUsQ7egD7ZPQIraIg)
- HSAG NHSN FAQ Handout:
  - <https://www.hsag.com/globalassets/covid-19/nhsnimportantlinksfaqsfinal508.pdf>

### Testing Taskforce Report

- Average test positivity past 7 days: 0.9% (down 0.1% from last week)
- Average test turnaround time last week: 0.8 days

### Vaccine Update

Per CDC guidance, <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Coadministration> FDA-authorized COVID-19 vaccines and other vaccines may now be administered without regard to timing. The COVID-19 vaccine can be administered on the same day, as well as within 14 days.

**Register for May 25, 2021 Webinar: Using Motivational Interviewing to Address COVID-19 Vaccine Acceptance** <https://www.hsag.com/covid-19-events>. Motivational interviewing is an effective tactic to support non-judgmental, collaborative conversations to educate and support staff and residents in their vaccination decision.

**Register at [www.hsag.com/echo](http://www.hsag.com/echo) for weekly ECHO COVID-19 Action Network sessions.**

The next two weeks will focus on supporting staff well-being, and managing stress, burnout and grief related to the pandemic. The session will provide tools and techniques to help staff learn how to talk about their feelings and needs to support posttraumatic growth, restore function and ease distress. Join us!

### Vaccination Questions & Answers

**Q:** Can SNFs mandate vaccination to all health care personnel unless contraindicated?

**A:** CDPH Center for Health Care Quality as the licensing entity for SNFs does not have the authority to enforce or impose a mandatory vaccination of all health care personnel. Employers considering such policies as conditions of employment should consult their respective legal counsel for guidance.

**Q:** Can we ask visitors to see proof of their vaccination status? (i.e. ask to see their white card)

**A:** Confirmation through voluntarily sharing an immunization card or medical record is one possible way. Another way to confirm vaccination status would be through verifying through the California Immunization website, CAIR2 (<https://cairweb.org/>), if your facility has access and the person was vaccinated in reporting California counties.

**Q:** As a facility in Los Angeles County, we have used PrepMod for our vaccination clinics. We are 100% vaccinated and only have a handful of new admissions that need vaccination per month. Are we required to move to MyTurn program, or can we continue to use PrepMod?

**A:** Please contact Los Angeles Public Health Department to clarify the most current policy for vaccination clinics.

**Q:** Is the COVID vaccine going to be an annual vaccination just like the flu shot?

**A:** We do not know yet. The CDC is currently not recommending any additional doses of COVID-19 vaccine after someone is fully vaccinated.

**Q:** Some of our staff and residents refused COVID-19 vaccines since they had the virus already. Can they be treated as "vaccinated" in terms of masking and social distancing?

**A:** No.

**Q:** Do the vaccination status and county tier need to be considered? For example, can yellow zone unvaccinated residents be escorted to the rehab department which is outside the yellow zone to utilize the therapy equipment?

**A:** You're safe for the green zone, but yellow zone residents need to stay to their rooms.

**Q:** Is it still recommended to test patients prior to surgery if the patient is fully vaccinated?

**A:** Yes.

**Q:** Do you still recommend that we wait 4 weeks after the COVID 2-dose vaccination process before administering the PPD skin test; and in the interim use the TB questionnaire?

**A:** Yes.

**Q:** Is NHSN reporting only required for skilled nursing facilities (not AL, IL, etc.)?

**A:** Yes.

**Q:** What if a visitor to a nursing home refuses or is unable to show proof of vaccination upon entrance to the facility?

**A:** The visitor will need to follow the same precautions as someone who is unvaccinated. If the visitor refuses to wear appropriate PPE and observe appropriate precautions, the facility must follow their own rules/policies regarding this situation. The facility must protect the well-being of their residents, but the facility still needs to make appropriate accommodations for these visitors and not refuse visitation. Guidance MAY be forthcoming in the near future regarding this issue.

**Q:** If a nursing home visitor is under the age of 16, but is fully vaccinated; is that visitor considered the same as a fully vaccinated visitor who is over the age of 16?

**A:** Yes.

**Q:** Our residents at one time were all clear for 2 weeks. Then one resident was sent to the hospital and tested positive even though he was fully vaccinated. How can we explain this to residents, staff, and families?

Also 2 employees and resident were fully vaccinated and just tested positive. Why would this be?

**A:** There are a few explanations to consider sharing with the families and residents. 1) If they just became fully vaccinated it could be that they had the virus prior to becoming vaccinated and now they just tested positive. 2) They could have a new infection, like one of the variants. 3) It could be a false positive, although that is less likely.

### **PPE Questions & Answers**

**Q:** Our company is suggesting or requiring our facility to use N95 mask if the people are not vaccinated for both employees and residents. What is your position on this?

**A:** CDC did add the use of N95 respirators in their most recent update for just overall. It didn't say that you had to use it for just non-vaccinated people. It just said it is appropriate use of source control now. It is up to the individual facility to make that decision if they want to make it as a company decision. But we know that non-vaccinated employees present the biggest vector or biggest risk to the resident. Even though it is not a

requirement, it would be a best practice for the non-vaccinated group. It doesn't mean you have to do it, but certainly it is a best practice that we want to model.

**Q:** For newly admitted patients in the yellow zone, do staff need to continue to wear N95s and maintain airborne precautions?

**A:** For the yellow zone, staff need to wear appropriate PPE (N95, goggle/shield, gown, gloves). In addition, this also applies to visitors entering the yellow zone.

**Q:** Where can we find the form or website to order the PPE regarding AFL 21-15 Request for 30-day Sustainment Supply?

**A:** For counties outside of Los Angeles, sign-up for an account at: <https://caloes.force.com/s/cal-sign-up>. Once your account is setup you can order supplies from the MHOAC through that process.

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

**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, hallways, nurses' station, reception area).

**Q:** Are face shields still required in patient care areas?

**A:** Face shields are not required in the hallway. They are required in your red zone and in your yellow zone. You don't need them in the green zone if you are not having a high transmission rate in your community.

**Q:** We haven't had any positive cases in over a year. But San Diego is orange tier. Does that mean we need to continue face shielding?

**A:** Yes. Face shields can only be removed in the green zone if the county is in the yellow tier according to the Blueprint for a Safer Economy. Since San Diego is in the orange tier, face shields are still needed in the green zone.

### **Other Questions & Answers**

**Q:** Do we need to still continue to test 10% of our residents for weekly testing or just those that are unvaccinated? We are a SNF in Los Angeles county.

**A:** In Los Angeles County, SNFs must test a random sample of 10% of non-fully vaccinated residents weekly.

**Q:** Can yellow zone COVID-19 negative resident resume activities with social distancing?

**A:** Yes, group activities can occur for residents in the green zone, regardless of vaccination status, as long as the core principles of COVID-19 infection prevention are followed. Visit AFL 20-22.7

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx> for specific guidelines. The AFL states "Group activities may be facilitated for all residents in the green zone (except for those in isolation or quarantine) with physical distancing among residents, appropriate hand hygiene, and use of a face covering (even for fully vaccinated residents)."

**Q:** Are SNFs still required to screen and document (temp, symptoms, exposure) for all HCPs before and after every shift? If so, when do you project this to end? Can you provide the document (or link) that originally required this? It does not seem like this task is having the same benefit it once did.

**A:** Guidance about active screening can be found on the CDC website

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. There is not a CDPH AFL that addresses this, so follow CDC guidance. It is still required to actively screen HCP when they begin their shift at work, regardless of vaccination status. There is not a requirement to screen at the end of every shift. Active screening doesn't mean that somebody must be physically at the door doing the screening. CDC guidance has included some language around employees, for example, taking their

temperature at home, but there still needs to be an active process where HCP have to affirm that they do not have a fever or the associated symptoms when they present. The CDC guidance states:

- Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.
- Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days. Fever can be either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.

**Q:** One issue with Screening Employees pre shift is the federal government's announced that "screening" time (even if it only takes <1 min) is required to be paid time. Can we perform Employee Screening after the employee clocks in and before they report to patient care? SNFs may be accruing unintended Labor/Compensation Liability if they screen before the employee clocks in.

**A:** If there is direction coming from the federal government on this, it is probably a labor law issue. We recommend you work with your counsel or union to understand the issue.

**Q:** Are IDT virtual meetings still appropriate to conduct through virtual meeting applications such as Webex, Zoom, etc.?

**A:** Yes.

**Q:** AFL20-38.6 says that pediatric patients can have up to two support persons at a time. For a facility's acute side, they are currently doing one person to stay with a resident throughout the visit, and then they could have an additional visitor. The issue is that the visitor was limited to a schedule so visitors can be spaced-out. Does this AFL mean they have two people stay all day with the pediatric resident?

**A:** I don't think that is the intent, if amount of time for the second visitor. It was multifaceted. It allows more than one person to visit. But also you allow them to have two designated individuals to rotate through. So the intent behind allowing two was for multiple scenarios. We will go back and review the language to make sure there isn't any discrepancies.

**Q:** If we have two residents in the yellow zone, both admitted different dates. One of them provided proof they are vaccinated (they didn't know when they were admitted). Can we move that vaccinated person to the green zone if both are asymptomatic?

**A:** Yes, you can move your new admission to the green zone now that you know they are fully vaccinated, and as long as you know they had no known exposure.