



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
May 26 & 27, 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:**

**Continue to follow California guidance in CDPH AFL 20-53.3 and AFL 20-22.7 until further notice. Revisions to the AFLs are still pending to align with the CMS federal guidance.**

- **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> Visitation Guidance
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> Testing Guidance

**NHSN COVID-19 Vaccination Reporting Update**

The May 11, 2021 CMS Memo QSO 21-19-NH <https://www.cms.gov/files/document/qso-21-19-nh.pdf> requires all skilled nursing facilities/nursing homes (not other types of facilities) nationwide to submit weekly 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. Nursing homes are also required to educate residents/resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offering the vaccine. 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. Reporting instructions can be found on the table of instructions and FAQs.

Since 2020, CDPH has been submitting COVID-19 data for nursing homes that have conferred rights into NHSN on behalf of California nursing homes from the responses received from the CDPH 123 daily survey. However, CDPH has not made a decision yet if they will be modifying the CDPH 123 questions to submit

data into NHSN on behalf of nursing homes to meet this new requirement. A decision will be made soon. In the meantime, nursing homes should take steps to get access to NHSN and get familiar with the new reporting requirements. Nursing homes already can access NHSN and directly submit weekly vaccination data to NHSN. Please see below resource links for more information.

- FAQs on Reporting COVID-19 Vaccination Data:
  - <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html>
- Table of Instructions – Weekly COVID-19 Vaccination Reporting for Residents:
  - <https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf>
- Table of Instructions – Weekly COVID-19 Vaccination Reporting for Healthcare Personnel:
  - <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.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>
- Training Slides for Reporting Weekly COVID-19 Vaccination Data:
  - <https://www.cdc.gov/nhsn/pdfs/lrc/covidvax/weekly-covid-reporting-508.pdf>
- HSAG NHSN FAQ Handout:
  - <https://www.hsag.com/globalassets/covid-19/nhsnimportantlinksfaqsfinal508.pdf>

### **Testing Taskforce Report**

- Average test positivity past 7 days: 0.8% (down 0.1% from last week)
- Average test turnaround time last week: 0.8 days
- Website: <https://testing.covid19.ca.gov>
- Application: <https://testing.covid19.ca.gov/antigen-apply/>
- Video: How to Partner to Offer COVID-19 Testing <https://youtu.be/GbfV4-rNAAw>

### **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.
- Vaccine Marketplace allows providers to post excess inventory that can't be used and request short-dated vaccines. More information can be found at: <http://www.icontact-archive.com/archive?c=1685203&f=9345&s=18845&m=196511&t=d5d015e4788f297ec3d6b7891198a53fcca5a1742d50d1e37d378774c06114fa>
- Enroll as a COVID-19 vaccine provider at: <https://eziz.org/covid/enrollment/>

### **CA Department of Fair Employment and Housing (DFEH) Employment Information on COVID-19**

DFEH developed a useful FAQ to assist employers in adhering to the state and federal civil rights laws, including the Fair Employment and Housing Act (FEHA). The FAQ assists employers and employees with questions about how to keep workplaces safe during the COVID-19 pandemic while also upholding civil rights. The document contains guidance on topics such as vaccination, screening and testing processes, PPE, protection for employees who display symptoms or test positive for COVID-19, job-protected leave, accommodations for employees with a disability/vulnerable populations.

[https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ\\_ENG.pdf](https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ_ENG.pdf)

### **CDPH Survey Readiness Remarks**

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-69.aspx>

Recertification surveys have resumed per the March 1, 2021 CDPH AFL 20-69.1. Nursing homes have asked if they can be given a 3-month window about when their survey may occur so that key staff (NHA, DON, IP, DSD) can take a much needed vacation without worrying that management is out of the building during their

survey window. Unfortunately, because the surveys must be unannounced, providing a three-month window is something that CDPH cannot accommodate. Each facility should expect to see survey teams entering in the next months as they work to complete 100% of California's 1,200+ surveys that need to be conducted.

- **Remarks from Dr. Albert Lam & Dr. Mike Wasserman, CALTCM:**

It is important for nursing home leadership to take a break, unplug, rest and restore after the most challenging year in the history of long-term care. The pandemic enabled long term care to learn important leadership and training opportunities to improve quality of care. Consider this:

- Survey readiness is a year-round endeavor needed not just for compliance, but also for safety. Quality improvement should be at the top of mind all year round, not just when it's time to "cram for the test".
- Leadership needs to be elevated throughout your facility. The traditional leadership structure of the NHA and DON powering the team through the survey needs to shift to ensure that there is a strong team foundational approach throughout all departments. Leaders can be uplifted throughout your facility to play an essential role in ensuring your facility is continually focused on doing the right thing to meet your survey readiness goals.
- Leaders did not single handedly get your facility through the pandemic. It took a team. The pandemic was too big, unpredictable, and dangerous for one key single person to handle. That lesson can be applied to delivering quality of care.
- When you have a team working towards survey readiness year-round, team members can take vacation. When the survey comes, your facility will be ready. Try not to see the survey as a burden; shift your thinking to see it as an opportunity to move forward as a team in providing quality care for your residents.

### **Post-Vaccination Practices Questions & Answers**

**Q:** We are aware that we need to delay the PPD TB skin test until 4 weeks after the COVID-19 vaccine is administered. Does the 4 weeks wait time start after the second dose was administered; or do we need to wait 4 weeks after the 14 days it takes for the resident to be fully vaccinated...meaning it would be 6 weeks after the second dose was administered?

**A:** CDC guidance indicates that the TB testing should be delayed after the second dose: "When testing with TST or IGRA cannot be done at the same time as COVID-19 vaccination, these tests should be delayed  $\geq$  4 weeks after the completion of COVID-19 vaccination but generally should not be cancelled." The answer to this question is that the four weeks starts right after the second dose is administered.

**Q:** Are we allowed to ask surveyors their vaccination status?

**A:** There is not a problem asking a surveyor for their vaccination status. It is ultimately up to the surveyor if they want to disclose their vaccination status. The department is considering a sticker system or something similar to identify vaccination status. The choice to not disclose is not justification for not allowing the surveyor in to conduct their investigation.

**Q:** We have a new admission from the hospital. The hospital gave us the vaccination date for the second dose but does not have access to the date for the first dose, nor the type of vaccine that was administered. Is it acceptable for us to move this new admission to the green zone, even though there is missing information in their vaccination history? Or do we use the honor system and trust that they are fully vaccinated?

**A:** In this case, it is appropriate for the facility to do their due diligence to seek to obtain the vaccination history before moving the resident to the green zone. Try to access vaccine history information from the California Immunization Registry (CAIR2) <https://cairweb.org/enroll-now/>. This could be a great QAPI opportunity to improve the handoff as your residents transfer from the hospital to your SNF. Care coordination improvement opportunity!

**Q:** Additionally, are we required to have a copy of vaccine cards on file for our HCP?

**A:** CDPH doesn't have an explicit requirement for that. It would be reasonable and relevant to have in the personnel file information including vaccination, testing or clearances records if this information may change

or modify the expectations for behaviors or apply different protocols for that staff person. These records may include vaccine cards, attestation, or others deemed appropriate based on discussion with your team. The protocols right now for PPE and source control are pretty clear. It is hard to say if there will be different standards for fully vaccinated healthcare personnel or those not vaccinated in the distant future. It would become more meaningful at that point to have such records on file in order to determine which of your facility staff are following the specific protocol for that time. At the same time, we are seeking input and clarification from our occupational health colleagues about the future applicability of aerosol transmissible diseases (ATP) standards as it relates to employer recordkeeping; for example, on employee vaccination status or immunity to various other air transmissible diseases. Hope to have some update on that standard and whether or how it will apply in the future to COVID vaccination for healthcare personnel.

**Q:** Regarding the new NHSN education reporting requirement, CMS is requiring us to have proof of education to residents and staff. When CVS administered vaccines in our facility in January, they took the consent forms. Do we need to contact CVS to get the consent forms back to be in compliance with CMS? We have records of vaccination; just not the education that we gave them.

**A:** NHSN training guided us back to consider the intent of the new rule, which is to get as many people vaccinated as possible and get people not vaccinated the information needed to make the decision. The education is focusing on those who have not received their vaccine. It is not a requirement to go back and obtain proof of education or the consent for those who have already received the vaccine. One possible approach is doing in-services for all the staff so we can engage everybody from a team approach. It allows staff to learn to hear those who are not vaccinated and to educate everybody on the value of the vaccine in a nonconfrontational manner instead of telling them they have to get vaccinated.

**Q:** Once the new CDPH guidance is distributed regarding the April 27th CMS masking guidance for fully vaccinated staff, what do we do if we have no activity staff that are vaccinated? Our residents are fully vaccinated and do not want to wear masks and socially distance during group activities, but if we don't have a fully vaccinated activities staff member, will the residents all have to wear masks? This seems unfair and is an HR issue for us. As an alternative, what if our unvaccinated activity staff member wears an N95 during the activity. In this case, can the residents take their masks off?

**A:** The CDC guidance is if all residents participating in group activities are fully vaccinated, they do not have to wear a mask. If there are unvaccinated residents present, then all participants in the group activity should wear source control and those unvaccinated residents should physically distance from others. It is not exactly clear in this scenario because the CDC guidance does not exactly address the presence of a healthcare personnel. The safest approach and ideal scenario is to have fully vaccinated staff oversee or participate in these types of unmasked activities. There is a lot of emphasis on the need for vaccination of direct care giving staff and all of the prevention activities or measures while providing direct care to residents. But ancillary staff, such as activities directors and others within the facility, also potentially pose a risk of introduction and transmission of COVID. It is really important that they are provided vaccination. When we don't have that ideal scenario, unmasked staff absolutely need to adhere to source control and distancing as much as possible under the condition that all residents are fully vaccinated. They certainly can not participate in the activity unmasked unless they themselves are fully vaccinated – that is clear in the guidance. An N95 probably provides, especially if fit tested, a superior fit than a regular mask.

**Q:** If one resident is not vaccinated and the rest are, is it okay for this resident to eat with others with social distancing? They will be sitting one table at a time. We plan to have eight people in the whole dining room.

**A:** The CDC guidance on communal dining is that if the unvaccinated person is dining in the communal area, i.e. dining room, all residents should use source control or wear mask when not eating or drinking. Examples include coming in and out of room or socializing before or after eating in the dining room. The unvaccinated resident can take off mask and eat with the others in the same room, but should be at a separate dining table based on the question asked and remain at least 6 feet from the others.

## **Testing Questions & Answers**

**Q:** How often do we need to test our staff for COVID-19?

**A:** Refer to CDPH AFL 20-53.3 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx> for testing guidance. Note that this AFL will be updated soon in response to the April 27, 2021 CMS QSO-20-38 Memo <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>. Per CDPH AFL 20-53.3, staff need to be tested once a week as part of screening testing, even if the facility is in a county with a low transmission rate. Refer to the CA Blueprint for a Safer Economy website for your county transmission rate. <https://covid19.ca.gov/safer-economy/>. If your county has a positivity rate of >10%, then staff need to be tested twice a week. If there is an outbreak (meaning one or more staff or residents test positive), then you start response testing. For response testing, all residents and staff need to be tested weekly until no new cases are identified in residents in two sequential rounds of testing over 14 days. Once response testing is over, then facility moves back to screening testing mode, in which only staff are tested weekly. View the CDPH testing flow chart for more information on testing requirements <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-53-Attachment-01.pdf> Check with your local public health department to see if they have unique testing requirements in your county.

**Q:** How often do we need to test our residents for COVID-19?

**A:** Refer to CDPH AFL 20-53.3 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx> for testing guidance. Residents should only be tested for COVID-19 if they are symptomatic or if the facility is in response testing due to an outbreak. If a resident is symptomatic and tests positive, then facility moves to response testing mode. View the CDPH testing flow chart for more information on testing requirements <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-53-Attachment-01.pdf>. Check with your local public health department to see if they have unique testing requirements in your county.

**Q:** Do nursing homes need to include doctors and consultants like dietitians in weekly testing or can they bring in their weekly testing results?

**A:** They should be tested weekly. There will be some modification around the vaccination status as far as whether they will be required to continue testing weekly. That testing requirement does apply to nonemployee personnel, including physicians and dietitians as mentioned. As long as those individuals are being tested weekly at all, they do not need to be tested at every facility they may visit. The facility does not need to do or order the testing themselves on those staff members. The facility does need to verify that those staff members are being tested at the frequency that is needed in order for them to come in and work at the facility.

### **Vaccine Questions & Answers**

**Q:** If a resident has a mild or anaphylactic reaction to the first dose of the Pfizer vaccine, should we instead offer the Moderna or J&J vaccine for the second dose to complete the series?

**A:** If the resident had only a mild reaction, then that would not count as a contraindication for getting the second dose. We recommend having an individual discussion about risks and benefits with the resident to see if they are willing to receive the second dose of the Pfizer vaccine, despite the mild reaction. However, if the first dose of the Pfizer vaccine caused an anaphylactic reaction, that would be considered a contraindication, and they should not receive the second dose. They would be considered only partially vaccinated. More information can be found on the CDC website at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Contraindications>. The website says "People with a contraindication to one of the mRNA COVID-19 vaccines should not receive doses of either of the mRNA vaccines (Pfizer-BioNTech or Moderna). However, people with a contraindication to mRNA COVID-19 vaccines may be able to receive Janssen COVID-19 vaccine, and vice versa, provided certain measures are taken (see "precautions" below)."

**Q:** Can we give the COVID-19 vaccine and the pneumonia vaccine in the same week?

**A:** Yes, 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 other vaccines, as well as within 14 days.

**Q:** Any news on when we should expect the next booster shot for the COVID vaccine?

**A:** The CDC new clinical guidance says that the need and timing for COVID-19 booster doses hasn't been established and no additional doses recommended at this time. There are boosters under development. We will share updates as new information from the CDC is released.

### **Other Questions & Answers**

**Q:** What are the guidelines for the use of fans in resident rooms or in common areas?

**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. Measures to ensure fans are used properly include:

- Avoid the use of high-speed settings on fans.
- Orient fans to promote airflow from other parts of a facility towards locations with known or suspected positive cases and then to the outside (i.e., clean-to-less-clean direction). Mount fans in open windows or place them near open windows to direct indoor air to flow outside.
- Position fans so that air does not blow from one person to another.
- Do not have residents congregate in outside areas where window fans are located.
- Keep ceiling fans turned off unless necessary for the thermal comfort of building occupants. If they are turned on, they should be used at low velocity with fan blades set to pull air upwards.

**Q:** Once the blueprint is retired on June 15, 2021, how will we know what our community positivity rate is? The rate influences decisions on testing frequency, and the need to wear a face shields in the green zone.

**A:** Stay tuned for more information as the date gets closer, but once the Blueprint retires on June 15, 2021, please use the website that CMS uses to decide testing frequency per CMS QSO-20-28-NH <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>. Local public health departments may have additional methods to relay information about county positivity rates, so check with your LHD.

- CMS QSO 20-28-NH says: "Reports of COVID-19 county-level positivity rates are available on the following website (see section titled, "COVID19 Testing"): <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>."
- Rates of county positivity are posted in a zip file at: <https://data.cms.gov/download/hsg2-yqzz/application%2Fzip>
- The archive of county positivity rates are posted <https://data.cms.gov/stories/s/q5r5-gjyu>

**Q:** Once the blueprint is retired on June 15, 2021, will Cal/OSHA be providing their own guidelines separate from CDPH?

**A:** Cal/OSHA has current emergency regulations in place. For those of your employees that don't fall under the model respiratory protection program but under the emergency standards by Cal/OSHA, Cal/OSHA will revisit these standards once CDPH removes the blueprint. It will apply to all employers in the state. We anticipate what your requirements for having a model respiratory protection program and having it within your facility will stay in place because we are a healthcare facility. For those employers not subject to your model respiratory program, that change will come some time after June 15th. When it does, we will make announcement on the call and point you to the right direction.

**Q:** Some centers are sharing they are struggling operationalizing having to report the vaccine data into NHSN because they believe that it has to be reported on Sundays. Can you give a few examples of reporting the weekly vaccine data into NHSN?

**A:** One example was a facility asking if they could report vaccination data in the middle of the week before the week is over. Facilities can go into NHSN and initiate report any day of the week. If there are any changes for the remainder of the week, e.g. new resident admission or identifying additional staff to record vaccinate status, they can go back to NHSN and make necessary edits for that week. Facilities can edit the preliminary data previously submitted after the week is over and not necessarily on Sundays.

**Q:** I'm in a nursing facility in LA county. Most of our residents and staff are vaccinated. We do have times where we start to evaluate cases. For example, I had a resident who had one single episode of emesis. Do we need to go through the protocol of putting them in isolation and waiting for negative PCR test to take them out of isolation. This person has a history of emesis and sees a GI doctor. I have a different resident who has chronic diarrhea on and off. Another resident only had one episode of loose stool. Are there any criteria to use to evaluate these cases?

**A:** Need to evaluate what new symptoms are not part of the individual's baseline. Work with your medical director on a case by case basis to determine a strategy for appropriate evaluation and testing for these residents, and when would one actually consider COVID for those individuals who have some baseline symptoms that overlap with some of the COVID symptoms, although the GI symptoms are less common. Your local health department might have additional guidance or requirements about testing. Especially if those individuals are fully vaccinated, that would further lower the likelihood some of their chronic manifestations are potentially COVID. It is important to distinguish their chronic baseline versus something new. For a person that doesn't have vomiting or diarrhea as their baseline, do not wait until multiple episodes to test, especially if they are not vaccinated.