



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
May 5 & 6, 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

Thank you to California nurses and skilled nursing facility staff and leadership!  
We celebrate your unwavering dedication, commitment, and courage to keep our residents and patients safe.  
Thank you for the heroic efforts and sacrifices that you make every day.

*May 6-12, 2021 National Nurse's Week*

*May 9-15, 2021 National Skilled Nursing Care Week*

*May 12, 2021 California Skilled Nursing Recognition Day [Governor Newsom Press Release](#)*

**The May 5<sup>th</sup> webinar 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 which states:
    - Fully vaccinated staff do not have to be routinely tested.
    - Staff with signs and symptoms must be tested immediately regardless of vaccination status, and are expected to be restricted from the facility pending test results.
    - During an outbreak, all staff need to be tested, regardless of vaccination status.
  - **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. The new CMS and CDC guidance states the following changes:
    - Allows fully vaccinated residents to resume dining without masks or social distancing, unless unvaccinated individuals are present.
    - Allows fully vaccinated visitors and residents to visit without masks and social distancing, unless unvaccinated individuals are present.
    - Allows fully vaccinated staff to dine and socialize in break rooms and conduct meetings without masks or distancing, unless unvaccinated individuals are present.

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>

- CDPH AFL 21-13 released on April 30, 2021 “PPE Push Pack Distribution” informs SNFs that the California Governor’s Office of Emergency Services (Cal OES) will be distributing PPE push packs beginning May 3rd. SNFs will be notified before shipment to ask who the shipment should be addressed to. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-13.aspx>
- **Testing Task Force Update:**
  - Average test turnaround time last week: 0.9 day
  - Average test positivity (during past 7 days): 1.2%
- **Immunization Branch Updates**
  - Slides: [https://www.hsag.com/globalassets/covid-19/hsag\\_vaccineupdate\\_050421\\_508.pdf](https://www.hsag.com/globalassets/covid-19/hsag_vaccineupdate_050421_508.pdf)
  - Women <50 years can receive any FDA-authorized COVID-19 vaccine, but should be aware of the rare risk of Thrombosis with Thrombocytopenia Syndrome (TTS) after the receipt of Janssen vaccine and the availability of other FDA-authorized vaccines.
  - Safety Monitoring of the Janssen COVID-19 Vaccine—United States, March-April 2021 [https://www.cdc.gov/mmwr/volumes/70/wr/mm7018e2.htm?s\\_cid=mm7018e2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7018e2.htm?s_cid=mm7018e2_w)
  - CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
  - World Health Organization (WHO) approved COVID-19 vaccines:
    - Pfizer-BioNTech, Moderna, Janssen, AstraZeneca
    - If an individual completed the vaccine series with a WHO approved COVID-19 vaccine, they do not need to repeat the series.
  - Contraindications and Precautions:
    - Most people with a precaution can and should be administered COVID-19 vaccine.
    - Polysorbate allergy is no longer a contraindication to mRNA vaccination.
    - Known polysorbate allergy is a contraindication to Janssen COVID-19 vaccine and thus, a precaution to mRNA COVID-19 vaccination.
    - Consultation available from the Clinical Immunization Safety Assessment (CISA) Project for providers of patients with complex clinical vaccine safety issues not addressed by CDC <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html>
- **NHSN COVID-19 Vaccination Tracking Module**
  - CDC is hosting a webinar to teach nursing homes how to utilize the NHSN COVID-19 Vaccination Modules for Long-term Care Facilities.
    - Tuesday, May 11, 2021, 12:30 p.m.
    - Register: [https://cdc.zoomgov.com/webinar/register/WN\\_DQQITIUsQ7egD7ZPQIraIg](https://cdc.zoomgov.com/webinar/register/WN_DQQITIUsQ7egD7ZPQIraIg)
  - Entering vaccine data into NHSN is voluntary, but may become a requirement in October 2021.
- **After-Action Reporting and Improvement Planning**
  - Slides: [https://www.hsag.com/globalassets/covid-19/hsag\\_cdph\\_aarpresentation\\_5521.pdf](https://www.hsag.com/globalassets/covid-19/hsag_cdph_aarpresentation_5521.pdf)
  - CAHF Disaster Preparedness Program exercises, drills, templates and resources: <https://www.cahfdisasterprep.com/exercises>
  - COVID-19 After-Action Report Template [https://6917391b-02e8-4c8d-9eb9-6485bb7fc02c.filesusr.com/ugd/69dc94\\_321ca45644e84d21bbb626c708b701d4.docx?dn=After%20Action%20Template%20-%20COVID-19%20-%20CAHF%20](https://6917391b-02e8-4c8d-9eb9-6485bb7fc02c.filesusr.com/ugd/69dc94_321ca45644e84d21bbb626c708b701d4.docx?dn=After%20Action%20Template%20-%20COVID-19%20-%20CAHF%20)
  - Office of the Assistant Secretary for Preparedness and Response:
    - 2017-2022 Health Care Preparedness and Response Capabilities: <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

## **New Testing, Masking & Social Distancing Guidelines**

**Q:** What is the pathway to make revisions or develop new COVID-19 related AFLs?

**A:** There are several steps to update or distribute an AFL for new COVID-19 guidance, legislative or regulatory change. Once the information gets to CDPH, a first draft is written to incorporate the new information, and depending on the content, we need to tap into experts to confirm accuracy. In some cases, we need to work with stakeholders and provider associations, and other subject matter experts to consider their contributions and suggestions, and to ensure the guidance is delivered in a clear and concise manner to hopefully reduce additional questions, and avoid confusion that might lead to unnecessary revisions. It might take a couple of days to send the first draft out, and then it can take additional days to receive feedback, evaluate the input, and then if necessary consult our policy or legal experts to make sure that the information in the AFL is consistent with the new statutory and regulatory guidelines. In addition, for the COVID statewide response, we have been trying to coordinate with sibling departments that might also have similar guidance to distribute, such as the CA Department of Social Services. Each of these steps takes some reconciliation, and thereby delays the process a bit. When we get everybody on the same page, across the agencies, then we can publish the AFLs.

**Q:** Ombudsmen are under the impression that SNF's are to implement the new CMS guidelines now. Is it possible to let them know that we are to wait for CDPH guidance?

**A:** Thank you for the suggestion. We will reach out to ensure the ombudsmen are aware that the guidance is not ready to be implemented until the CDPH AFLs are updated.

**Q:** Will the updated AFL address the use of volunteers in a SNF setting, both fully vaccinated and unvaccinated?

**A:** We can incorporate that into a future AFL. We need to take into consideration the type of volunteers we are talking about. As facilities start to reinstitute their activity plans, we need to consider the type of activities that volunteers will be involved with, and we need to ensure that volunteers maintain appropriate distancing and facemask use. Also, we need to consider methods to ensure that volunteers are educated on hand hygiene, and protocols for reducing potential exposure if they are moving between residents.

## **PPE Questions and Answers**

**Q:** Is it okay for HCP to use a cloth mask instead of surgical mask for source control?

**A:** No, cloth face masks are not considered acceptable for use by health care personnel, even for source control.

**Q:** If our community has low transmission (i.e. Los Angeles and six other counties are now in the yellow tier), do HCP still have to wear eyewear in the green zone?

**A:** Eye protection is part of CDC's recommendation for universal personal protective equipment for HCP, based on the amount of community transmission. CDC recommends eyewear (goggles or face shields) to be worn in all patient care activities when caring for residents in the green, yellow, and red zones, in areas where there is moderate community transmission. This recommendation will no longer apply to health care facilities in counties that have moved into the yellow tier (indicating minimal community transmission) according to the Blueprint for a Safer Economy website <https://covid19.ca.gov/safer-economy/>. In yellow tier counties, eye protection is still needed when caring for residents in the yellow and red zones that need transmission-based precautions. However, eyewear would no longer be needed when caring for residents in the green zone. However, if a facility is having an outbreak, they should go back to using universal eye protection when caring for residents in all of the zones, in addition to any other recommended PPE, in consultation with their local health department. AFL 20-74 will be updated: COVID-19 Recommendations for PPE, Resident Placement/ Movement, and Staffing in SNFs <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx>

**Q:** Families are upset that they have to wear full PPE in our SNF when they visit their loved ones in the yellow zone, because when they visit them in the hospital, they only have to wear a mask and no other PPE. Our county public health department will not allow us to admit fully vaccinated new admissions from the hospital into the green zone. They must go to the yellow zone. Please help me understand why we have to have everyone in full PPE, but the hospital does not? Especially when our county considers hospitals to be the source of COVID-19 transmission?

**A:** It sounds like the county department of public health feels that there is a known exposure at the hospital, which is why they want all fully vaccinated new admissions to go to the yellow zone, and not the green zone. I appreciate the concern about the disconnect there. In the hospital, unless there was a known exposure or concerning symptoms, they would not necessarily be requiring full PPE for their healthcare personnel, so they have aligned their PPE guidance similarly with their visitors.

**Q:** Our fully vaccinated green zone residents eat in the dining room without masks while eating, but they are socially distanced (waiting for AFL to be updated). Can unvaccinated green zone residents continue to eat in the dining room without masks (while eating) if they are socially distanced?

**A:** Yes, AFL 20-22.7 indicates that unvaccinated residents in the green zone can eat in the dining room without masks while actively eating or drinking. This guidance will stand, and it will be important for unvaccinated residents to continue to physically distance while dining or participating in group activities.

### **Vaccine Questions and Answers**

**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.

**Q:** We have an employee that got the COVID vaccine on April 22nd. She was exposed to a COVID positive individual on May 4th (day 12) and she was not wearing PPE, just a surgical mask. Is she considered only partially vaccinated; therefore, she needs to quarantine?

**A:** In this scenario since the employee is not fully vaccinated, we recommend they get tested. As far as work exclusion, fully vaccinated staff do not need to quarantine if they are asymptomatic. The safest thing to do in this case would be to exclude the employee from work until the results of the test around about 5 to 7 days after exposure are back. If the results are positive, then isolate and exclude. If the test is negative, you could reasonably use the 7 days with the negative test as your quarantine.

### **Cohorting and Quarantine Questions & Answers**

**Q:** Due to staffing shortages, can staff work in the red and yellow zones during the same shift if they use universal precautions, move from the yellow cohort to the red cohort, and minimize movement between the zones as much as possible? Can staff work in the green and yellow zones during the same shift? Does vaccination rate matter?

**A:** We recommend that there be dedicated staffing for the red zone. When there are staffing shortages, depending on your unique circumstances, staff can work in green and yellow zones during a shift but need to ensure there are precautions, appropriate PPE, changing of gloves and gowns, and hand hygiene needs to be performed between caring for every individual resident, and before moving to a different zone.

**Q:** We have a fully vaccinated staff member who went to Hawaii. Does he need to be quarantined when he comes back? What if the staff member was unvaccinated?

**A:** For fully vaccinated travelers, they are not required to test or quarantine before or after travel, unless they have symptoms in which they should be tested. However, unvaccinated, nonessential travelers are recommended still to get a test before travel, and then tested three to five days after arrival; and are recommended to quarantine after travel, even if that test is negative for the recommended duration, which here is seven days. That is assuming that the test performed after day five is negative.

**Q:** How do we evaluate risk exposure for residents who go out on pass with family? Are they dining indoors or outdoors with fully vaccinated or unvaccinated persons; if going home, are they with unvaccinated family members; how do we know if masking and social distancing is followed? We can provide written guidance, but we can't be sure what actually happens when resident is out of the facility?

**A:** Vaccination status of the resident matters in these situations. Fully vaccinated residents are not required to quarantine when they return unless they have a known exposure. It is difficult to fully understand the practices out in the community that occur when your residents leave the facility. There is a level of assurance with fully vaccinated residents when they leave and come back. The bigger challenge is for unvaccinated residents. We recommend explaining the risks to the resident and to family members that they are leaving with. There are some case-by-case determinations, depending on the level of transmission going on in the community. We are seeing a lot of jurisdictions where case rates, and incidents are decreasing which is a good trend. Counties are moving into lower tiers in our blueprint. The decision to quarantine and test when an unvaccinated resident comes back should be made on a case-by-case basis. In a county with a fair amount of transmission, it would be reasonable to quarantine and test upon return. That is not necessarily a general recommendation. CDC recommends that if unvaccinated residents are out of the facility for more than 24 hours, they should be managed like an unvaccinated new admission, therefore they need to be quarantined and tested when they return. For less than 24 hours, the CDC doesn't necessarily recommend routinely quarantining individuals, but a judgment call needs to be made based on community transmission levels and the types of activities the resident engaged in.

**Q:** Do we still need to isolate COVID positive asymptomatic residents for 10 days after the date of the positive test?

**A:** Yes, COVID-19 positives need to be isolated for 10 days even if they are asymptomatic.

### **Other Questions and Answers**

**Q:** According to AFL 20-33.2 <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-20-33.aspx> from [May 15](#), 2020, it states that patients with confirmed or suspected COVID-19 should not be sent to a SNF via discharge from a hospital without first consulting the local health department. Considering that vaccines are being administered and community transmission rates are lower, are you going to update this AFL so hospitals and SNFs can collaborate on the appropriateness of transfers without involving the local health department?

**A:** That AFL was posted early in the pandemic and the intent was to ensure that there was communication with the local health department when patients were being transferred from hospitals to SNFs, but now it would be impractical to have these conversations for every discharge. CDPH is going through all the AFLs listed since the pandemic began to evaluate the need to update or retire the guidance. We will review this suggestion. Thank you.

**Q:** How can we get access to resident vaccine history in the California Immunization Registry (CAIR2)?

**A:** CAIR2 is a secure, confidential, statewide computerized immunization information system for California residents. SNFs are encouraged to get access to the CAIR2 by enrolling at <https://cairweb.org/enroll-now/>. Once enrolled, SNFs can 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/>