



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 2 & 3, 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:

CDPH AFL Updates:

- **AFL 20-22.8: Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>. This AFL notifies long-term care (LTC) facilities of updated CDPH, CMS, and CDC guidance (**CMS QSO-20-39-NH** <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>) for improving their infection control and prevention practices to prevent the transmission of COVID-19, including guidance for visitation. The AFL authorizes facilities to temporarily modify their facility's visitation policies in accordance with CMS and CDC COVID-19 guidance when necessary to protect the health and safety of residents, staff, and the public; and provides additional CDPH guidance for group activities and communal dining based upon vaccination status of residents.
- **AFL 20-53.3 COVID-19 Mitigation Plan Recommendations for Testing of HCP and Residents at SNFs** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>. This AFL will be updated on Monday, June 7, 2021 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>.
- **AFL 20-32.3: Suspension of Regulatory Enforcement of Specified SNF Requirements** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-32.aspx>. This AFL notifies SNFs of a temporary waiver of specified regulatory requirements due to the state of emergency related to the COVID-19 outbreak. This AFL is providing advance notice that effective July 17, 2021, the temporary waiver of specified regulatory requirements in this AFL will expire and this AFL will be rescinded.
- **AFL 20-34.4: Suspension of Regulatory Enforcement of Specified ADHC Requirements** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-34.aspx>. This revised AFL notifies Adult Day Health Care Centers (ADHCs) that the waiver allowing ADHCs to provide services using alternate methods including remote services contained in this AFL is valid until the end of the public health emergency.
- **AFL 20-30.4 Suspension of Regulatory Enforcement of Specified Primary Care Clinics (PCCs) and Mobile Health Care Units (MHCUs) Requirements** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-30.aspx> This revised AFL notifies PCCs and MHCUs that the temporary waiver of specified regulatory requirements due to the state of emergency related to the COVID-19 outbreak is extended until August 30, 2021 for any clinics conducting COVID-19 vaccinations, treatment, and/or testing.

- **AFL 21-17: Expiration of Concentra Contract for Fit-Testing Services**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-17.aspx/>. This AFL notifies SNFs that the Concentra contract, used to request fit-testing resources, will expire June 30, 2021. All fit-testing services provided by Concentra must be completed by that date.

NHSN COVID-19 Vaccination Reporting Update

Starting Monday, June 7, 2021, CDPH announced that the CDPH SNF COVID-19 Daily Survey will be modified to include vaccination questions in alignment with the NHSN required questions detailed in the May 11, 2021 CMS Memo QSO 21-19-NH <https://www.cms.gov/files/document/qso-21-19-nh.pdf>. In addition, the CDPH SNF COVID-19 Daily Survey will be adjusted to match the reporting week in NHSN, which is Monday to Sunday. For SNFs that conferred NHSN rights to CDPH, CDPH will upload vaccination data collected in the daily survey to NHSN on behalf of the facilities to meet the CMS reporting requirements in QSO-21-19-NH and the CMS 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>. To be compliant with the new reporting requirements, facilities must submit the data through the NHSN reporting system at least once every seven days. CMS will begin reviewing for compliance with the new vaccination reporting requirements Monday, June 14, 2021.

Please see below resource links for more information.

- Data Tracking Worksheet for COVID-19 Vaccination among Residents:
 - <https://www.cdc.gov/nhsn/pdfs/lrc/covidvax/track-res-covidvax.xlsx>
- Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel:
 - <https://www.cdc.gov/nhsn/pdfs/lrc/covidvax/track-hcp-covidvax.xlsx>
- 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>
- 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%
- Average test turnaround time last week: 0.8 days

Vaccine Resources & Links Shared

- AHRQ: Invest in Trust: A Guide for Building COVID-19 Vaccine Trust and Increasing Vaccination Rates Among CNAs <https://www.ahrq.gov/nursing-home/materials/prevention/vaccine-trust.html>
 - This guide is designed to help nursing home leaders build COVID-19 vaccine confidence among CNAs and overcome barriers to vaccination by applying insights from social, behavioral, and cognitive science. The guide sheds light on CNAs' reasons for not getting vaccinated and the challenges they face to getting a vaccine. It also offers practical advice on how to have conversations with CNAs about the vaccine, what kinds of messages to use, and how to support CNAs in making their decisions. Use it to help improve staff vaccination rates in your nursing home.
- JAMDA June 1, 2021: Engaging Nursing Assistants to Enhance Receptivity to the Coronavirus Disease 2019 Vaccine: [https://www.jamda.com/article/S1525-8610\(21\)00312-1/fulltext](https://www.jamda.com/article/S1525-8610(21)00312-1/fulltext)

- JAMDA June 1, 2021: “Somebody Like Me”: Understanding COVID-19 Vaccine Hesitancy among Staff in SNFs:
 - [https://www.jamda.com/article/S1525-8610\(21\)00308-X/fulltext](https://www.jamda.com/article/S1525-8610(21)00308-X/fulltext)
- HSAG Webinar Recording: “Using Motivational Interviewing to Improve COVID-19 Vaccine Acceptance in Nursing Homes”
<https://hsagonline.webex.com/hsagonline/lsr.php?RCID=e4234e629fd14a328f98627d9c02661e>
- COVID-19 Vaccine Progress in California: <https://www.npr.org/sections/health-shots/2021/01/28/960901166/how-is-the-covid-19-vaccination-campaign-going-in-your-state>

California Immunization Registration (CAIR2) Questions & Answers

Q: What is the California Immunization Registry (CAIR2) and how do I get access to the vaccine records?

A: CAIR2 is a secure, confidential, statewide computerized immunization information system for California residents. <https://cairweb.org/enroll-now/>. SNFs are encouraged to register with CAIR2 to record vaccine doses administered and get access to immunization records (such as flu, COVID-19, pneumococcal vaccine). 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/>

Q: Is there an alternative contact for Los Angeles county CAIR2? I've tried contacting my representative via email and phone for 3 weeks and have not been able to get any live person or return email.

A: Unfortunately, no. All staff are incredibly busy enrolling and supporting vaccine providers, so we apologize for the delay. Many staff have out of office messages posted even though they are in the office to give folks resources in case they cannot get back to them right away. Look at that out of office e-mail to see if there are any resources that might answer your questions. You can also contact the CAIR help desk. They have staff available to answer questions as well, and they do answer calls live. Sometimes it will ring for a while because they don't have a voice mail. So just keep letting it ring it until someone answers. Frequently asked questions and information on how to reach the help desk can be found at: <https://cairweb.org/contact-cair/>. Contact the help desk at 800-578-7889 or email at CAIRHelpDesk@cdph.ca.gov.

Q: How can I find out whether someone was fully vaccinated, if CAIR is showing only 1 dose being given? I have residents saying they are fully vaccinated, but CAIR only shows one dose, or no doses. Some can provide me their white card; but others said they lost it. I looked up our own staff and many show only one dose or no doses and they are in PrepMod (but not in CAIR). Why is there a discrepancy?

A: Because of the amount of data coming from different systems, some data is being held in a “pending file” to ensure accurate filing and hasn’t been properly disseminated. Another reason can be because records are being occasionally placed in the wrong file. CAIR staff is working to reconcile these discrepancies, but due to the volume it takes time to complete.

Q: CAIR redirected me to SDIR based on my location, but I can’t find out how to register.

A: Contact SDIR at: sdir.hhsa@sdcounty.ca.gov. Note that email requests may be delayed. Call their Help Desk at (619) 692-5656 for prompt assistance.

Q: I am the new IP for the facility, and I was trying to register for CAIR just to look for the immunizations, but it says that our facility is already registered. I assume that the previous team might have had the access, and since they are no longer with us, what should I do to get access to CAIR?

A: Please start by contacting the CAIR helpdesk to get the enrollment information that is needed for the facility’s provider account.

Q: There sometimes seems to be a discrepancy between what is in CAIR and what is on the vaccination cards. What do we do when we identify these situations?

A: We will investigate that and have an answer during the June 16th webinar.

Visitation Questions & Answers

Q: AFL 20-22.8 indicates we should offer outdoor visits for all of our residents. We have concerns about offering outdoor visitation options to our residents in the yellow and red zones because some of our buildings don't have patio access from the resident rooms.

A: For yellow zone residents, outdoor visitation should still be an option for them. If they don't have an outdoor patio that they can go to directly from their room, another solution is to move them through the facility to an outdoor space as long as they are wearing a mask. You can also facilitate in-room visitation for yellow zone residents. Red zone visits should only occur for compassionate care reasons.

Q: How should we handle visitation during outbreaks? Can our facilities make decisions to reduce foot traffic from visitors based on their risk assessment? We want to respect resident rights but want to ensure the outbreak is under control.

A: When you have an outbreak, consult with your local health department for guidance on this issue. Local health departments can make recommendations or require facilities to modify visitation or group activities during an outbreak.

Q: How should we facilitate community space for multiple concurrent visitation groups? The CDC and CMS guidance does not endorse that practice. The CDC says whenever possible we should only have one single visiting group in a common space at a time. Is it the intent of the CDPH AFL to proactively accommodate multiple groups at the same time? We are concerned about being able to maintain masking on everyone; and identifying vaccination status among everyone in the space.

A: California's guidance is relatively consistent with the CDC's guidance. Every facility will have to evaluate their space to see how they can accommodate multiple visitation groups in a way that is safe. The AFL includes some consideration about rearranging spaces or barriers to separate those spaces.

Q: For outdoor visitation, if the visitor and resident are fully vaccinated, and 6 feet distance is maintained, does the resident and visitor need to wear a mask?

A: No. For more details, please review AFL 20-22.8 that was revised on June 2, 2021.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>. Outdoor visits between fully vaccinated residents and fully vaccinated visitors can be conducted without masks and physical distancing and can include physical contact while they are in designated spaces for visitation.

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: Why do some counties remain in the lower yellow tier, like Mendocino county, when they have not been meeting the matrix for the Yellow tier for the past several weeks?

A: There are many factors that go into the county tier system that may influence each county’s tier status. Visit the Blueprint website for more details on how counties move through the tiers, whether they advance to a less restrictive tier or move back to a more restrictive tier. Keep in mind that the blueprint will no longer be in effect as of June 15, 2021. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx>

Q: Can the facilities be cited by CDPH for not submitting their daily and/or weekly report to CDPH?

A: Yes. Facilities can be cited by CDPH and CMS.

Q: Do we still need to hold our designated rooms for our red zone according to our mitigation plan? Will we need to update the mitigation plan, including our revised testing and visitation processes?

A: SNFs must have a plan and the ability to quickly set up a red zone room in the case that a resident is identified as COVID-19 positive. Keep in mind that mitigation plans are living documents, and that modifications can and should be made to address the situations that your facility is in, especially as we recover from the pandemic.

Q: Do fully vaccinated new admissions need to be quarantined and tested on admission?

A: No, unless there was a known exposure in the 14 days before admission.

Q: The CDPH Weekly survey is from Sunday to Saturday while NHSN survey is Monday to Sunday. Will the CDPH data be changed to match the timeframe that NHSN is requesting?

A: Yes.

Q: If our community has low transmission and we are now in the yellow tier, do HCP still have to wear eyewear in the green zone?

A: 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 is no longer needed when caring for residents in the green zone.

Q: Do COVID-19 BinaxNOW used cards need to be disposed in biohazard trash?

A: No, they can be disposed in the regular trash if the tests come back negative. However, if the test is positive, it should be disposed in biohazard trash.

Q: If our facility plans to use BinaxNOW antigen testing specifically for visitation purposes, are we required to register for a CLIA?

A: Yes, facilities must do testing under a CLIA waiver.

Q: Does CDPH guidance have more “weight” than CalOSHA guidance?

A: No. CalOSHA always has enforcement oversight over workplace safety in CA. In the case of the COVID emergency standards, CalOSHA has exempted employers who already follow the ATD standard. Both are CalOSHA requirements and both could apply depending on whether the employees are covered under your ATD plan.