



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 9 & 10, 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:

- View PowerPoint slides that provide detailed overview of AFL 20-22.8 and AFL 20-53.3 https://www.hsag.com/globalassets/covid-19/cdph_june_9_508.pdf
- **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>.
 - Provides updated guidance for group activities and communal dining based upon vaccination status of residents.
 - Aligns with April 27, 2021, CMS QSO-20-39-NH <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf> and CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
- **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>.
 - Provides updated CDPH guidance for routine diagnostic screening testing based on HCP vaccination status.
 - Aligns with April 27, 2021, CMS QSO-20-38-NH <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf> and CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

NHSN COVID-19 Vaccination Reporting Update

- View PowerPoint slides that provide detailed overview of changes to CDPH 1, 2, 3 weekly survey to align with new NHSN reporting requirements <https://www.hsag.com/globalassets/covid-19/snfweeklysurvey20210609-508.pdf>
- The daily and weekly CDPH 1, 2, 3 surveys have been modified.
- The vaccine questions on the daily survey have been removed to ease the burden on the daily reporting; the weekly survey has been 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>. The weekly reporting days have been 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/ltc/covidvax/track-res-covidvax.xlsx>
- Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel:
 - <https://www.cdc.gov/nhsn/pdfs/ltc/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/ltc/covidvax/weekly-covid-reporting-508.pdf>
- HSAG NHSN FAQ Handout:
 - <https://www.hsag.com/globalassets/covid-19/nhsnimportantlinksfaqsfinal508.pdf>

Testing Taskforce Report

- View PowerPoint slides at <https://www.hsag.com/globalassets/covid-19/snf6-9ttf-ef-508.pdf>
- Average test positivity past 7 days: 0.7%
- Average test turnaround time last week: 0.8 days

Project Firstline

View PowerPoint slides at <https://www.hsag.com/globalassets/covid-19/project-firstline-508.pdf>

California's Project Firstline is an infection prevention training program committed to preparing skilled nursing facility Certified Nursing Assistants (CNA) to protect themselves, their residents, and their communities from infectious disease. Project Firstline will directly engage CNAs in an interactive and supportive training environment, empowering them to understand the why, and not just the how, of infection prevention. Online trainings begin June 2021. Contact ProjectFirstline@cdph.ca.gov to learn more or visit our website at <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx>.

CDPH 1, 2, 3 Survey & NHSN Questions & Answers

Q: For the testing question in the Weekly Survey 123 "how many times were your HCPs tested during this reporting week?" what if all of our staff and residents are 100% vaccinated, so we are no longer testing anyone. The only options to select include once during reporting week OR twice during reporting week. There is not a "no" option. What should we select?

A: CDPH is waiting on confirmation from the policy team, but yes, CDPH needs to modify the survey to account for the new AFL regarding weekly testing. For now, put "once during reporting week" and enter 0 for tests number of tests administered.

Q: I'm having trouble with the vaccination section in the CDPH 1, 2, 3 survey. A9 I entered a value below the sum, but it won't let me submit it

A: Thank you for bringing this to our attention. There is a miswording in the survey error message that will be fixed. The logic for that is that A1-A9 for the vaccine questions must sum to equal the total number of residents and HCP reported.

Q: We are still questioning why CDPH is requiring daily reporting via the Survey123 app. We were told this frequency was required because CMS/CDC needed the daily data. Our facilities in Nevada are not required to report daily. They report via NHSN weekly and do not have issues with data compliance.

A: CDPH is still sorting out the logistics with CMS. CMS has told us that they would like daily reports for new cases and deaths. CDPH is looking to modify the daily survey to only collect data when needed, but right now, our weekly survey is not designed in a way to meet the NHSN requirements.

Q: The new weekly CDPH 1, 2, 3 survey vaccine questions, do not match the NHSN required numbers and we are not sure what to add. NHSN wants to know the total number of residents who were in our facility for the entire week...even if someone was only there for 1 day during that week. But the CDPH survey asks for the average number of residents over the course of the last week. If we average the number, it would be less than the total number of unique residents. Also, if our NH reports the "average" number of residents", then how do we answer the rest of the "vaccination volume" questions?

A: Thank you for your feedback. The language in the CDPH 1, 2, 3 survey is legacy wording that needs to be updated. Please answer the question using the total number of unique residents that stayed at least one day in the facility during the reporting week.

Q: I'm having trouble with the vaccination section in the CDPH 1, 2, 3 survey. A9 I entered a value below the sum, but it won't let me submit it

A: Thank you for bringing this to our attention. There is a miswording in the survey error message that will be fixed. The logic for that is that A1-A9 for the vaccine questions must sum to equal the total number of residents and HCP reported.

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A: CDPH is still sorting out the logistics with CMS. CMS has told us that they would like daily reports for new cases and deaths. CDPH is looking to modify the daily survey to only collect data when needed, but right now, our weekly survey is not designed in a way to meet the NHSN requirements.

Q: My staff member is not able to get the 2nd dose of the vaccine due to medical issues, so she is considered unvaccinated which would prevent us from achieving 100% vaccination status. For purposes of the new NHSN requirement, do I have to continue to follow up every 2 weeks, knowing they she cannot get the second dose due to a contraindication?

A: No, if your staff member has a medical contraindication to the vaccine, it can be reported under question 3.1 (in NHSN) and question A.7 (in CDPH survey). Regarding the frequency of educating those that are unvaccinated, per NHSN office hours, facilities need to provide education on vaccination benefits and potential side effects at least once; then it is up to the facility to determine when it is appropriate to re-visit the topic and provide additional education to follow up.

Q: Are pediatric SNFs also required report to NHSN via the LTCF module?

A: Federal long-term care regulations and guidance apply to all Medicare/Medicaid certified skilled nursing and/or nursing facilities. If the pediatric SNFs are Medicare/Medicaid certified, then they are also covered under the new COVID-19 vaccine reporting requirements.

Q: If we are reporting to NHSN, are we still required to do the CDPH weekly 1,2,3 survey?

A: Yes, you are still required to report to both NHSN and CDPH.

Q: Can local health jurisdictions get NHSN access to pull data related to vaccine and other HAIs?

A: Yes, it is possible for local health departments to get access to NHSN data. Some counties (e.g. LA County) set up a Super Group in NHSN and are able to include all SNFs in their group to access their NHSN data (<https://www.cdc.gov/nhsn/pdfs/covid19/lctf/grp-import-csv-508.pdf>).

70% Vaccination Questions & Answers

Q: Is it $>70\%$ or $\geq 70\%$?

A: Answer is $\geq 70\%$

Q: Will the 70% vaccination of residents goal only apply to residents ≥ 12 years old.

A: Yes, the vaccination percentage only applies to residents ≥ 12 years old.

Q: We are a transitional care D/P SNF with an average length of stay of $<12-15$ days. It will be challenging for us to meet the 70% vaccination of residents goal since we are admitting unvaccinated/partially vaccinated patients every week. We have been offering/administering the 1st dose of Pfizer/Moderna vaccine within one week of admission, but almost always the residents are discharged before the 2nd dose or reaching a fully vaccinated status. Is CDPH going to reconsider this goal for short term SNFs and transitional care units?

A: No. We feel that as time goes by, more and more people will be vaccinated at the hospital or by other means before they even reach the nursing home, so this will become less and less of a problem.

Q: I understand the trigger to start testing staff again is if the percent drops below 70%, but does that mean if both drop below 70% or just one of the two? Some facilities have mostly short-term rehab patients and residents turn over quickly, so they may drop below 70% for a brief time period (couple of days) if they admit a couple of unvaccinated residents. So, are they OK to not test as long as percent of vaccinated staff is still above 70%? If not, is there a time period that triggers it (e.g. one day or one week of below 70%)? If they have to test fully vaccinated staff if their resident vaccination levels drop below 70%, it may be a disincentive to admit residents who are not fully vaccinated.

A: Facilities must daily monitor the percentage of residents and HCP vaccination status. If the staff and/or resident 70% vaccination goal drops below 70%, that would trigger the facility to start testing fully vaccinated HCP again. However, if there is a drop below 70% for one day that resolves and returns to 70% on the subsequent day, reasonably that would not require a facility to go back to screening all fully vaccinated HCP. Again, it's ideal to track vaccination status on a daily basis that will help meet the NHSN requirements. We encourage you to use the NHSN tracking sheets to help with this process.

- Data Tracking Worksheet for COVID-19 Vaccination among Residents:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-res-covidvax.xlsx>
- Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-hcp-covidvax.xlsx>

Q: If residents are admitted and discharged on any given day, or staff are hired/termed on any given day, do they impact the vaccination rate for that day or the next day? Do we go by the official hire date for staff or when they actually show up for orientation with their vaccine documents? This all matters because many facilities hover around the 70% threshold and we want to calculate it the way CDPH expects.

A: For reporting and testing decisions, you should only count the staff member if they worked in the facility that day/week. If they were hired but didn't come to work that week, then they would not be in your denominator.

Q: To achieve the 70% vaccination goal for staff, who do you consider staff? Anybody on payroll (including part-time, per diem, on-call)? What about registry (who may change every week)? What about contract services (i.e. dental, lab, transportation services)?

A: HCP is defined broadly and includes everyone working in the facility in a given week, similar to how SNFs will be reporting their vaccination status and coverage for a given week for the NHSN requirement. Use the same pool of staff that you are reporting in the CDPH daily and weekly survey, and into NHSN. Include anyone who has the potential to be exposed to or to expose others to COVID-19 in the facility. So yes, include registry, payroll, contract services that entered the facility that week.

Q: The AFL states “SNFs must daily monitor the percentage of their residents and HCP that are fully vaccinated...” Is there some documentation or reporting requirement for that? Seems like an onerous task.

A: CHCQ is not adding reporting requirements beyond what has been established by the SNF 123 report. We would encourage facilities to establish an internal process for keeping track of their daily percentage in case there is a need to verify or review or implement testing, and upon survey.

Visitation Questions & Answers

Q: If a visitor insists they are fully vaccinated but do not have their card or refuse to show their card, do we deny them the right to be in their vaccinated loved one's personal space or engage in physical touch?

A: If you cannot confirm vaccination status from the visitor voluntarily sharing their immunization card, another way to confirm vaccination status would be through verifying through the California Immunization Registration website, CAIR2 (<https://cairweb.org/>), if your facility has access and the person was vaccinated in reporting California counties. If the visitor cannot show proof, they 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. To clarify, the visitor can still visit even without proof of vaccination status, but they have to be treated as unvaccinated, which means they cannot unmask, and they need to physically distance.

Q: Can a fully vaccinated visitor visit a bedbound fully vaccinated resident in a room with roommates that are not vaccinated if the roommates either refuse to leave or cannot leave?

A: Indoor, in-room visitation should be done without a roommate if possible. We understand there will be these unique situations, and you have to take into consideration the size of the room and ventilation situation. Safest option is to have the visitor adhere to masking and proper distancing while the unvaccinated roommate is present.

Q: We have a green zone room with 3 fully vaccinated residents. If one of the residents has a fully vaccinated visitor but does not want to leave their room for the visit what is the best option?

A: Indoor, in-room visitation should be done without a roommate if possible. We understand there will be these unique situations, and you have to take into consideration the size of the room and ventilation situation. Since everyone in this scenario is fully vaccinated, it can be considered a group activity, which means masks would not be needed.

Q: We just had a CNA that works in our green zone test positive this morning. All of the residents in our green zone are fully vaccinated. Can we still let these residents go on family outings if the family is willing to take the risk? Or do we need to wait until two sequential rounds of testing are completed over 14 days?

A: These residents who were in the green zone are now considered to be in the yellow zone. The residents can leave the facility, but the family members need to understand the risk, and take the appropriate precautions during the visit.

Q: How much time can a visitor be with the resident they are visiting?

A: Facilities should consider scheduling visits for a specified length of time to help ensure as many residents as possible are able to receive visitors. Visits should be scheduled for no less than 30 minutes. Longer visits should be supported. Use your judgement, assess your facility's situation, and take into consideration the preferences of the resident and visitor.

Q: We understand that roommates must not be present during the visit. Is there a limit to the number of visitors we are allowed at a time for indoor, in-room visitation? Our resident rooms are double bed occupancy rooms and can be a bit cramped.

A: Facilities should limit the number of visits per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Use your judgement, assess your facility's situation, and take into consideration the preferences of the resident and visitor.

Group Activities Questions & Answers

Q: CDPH has mentioned that vaccinated residents engaging in an activity, do not have to don their masks the moment a non-vaccinated employee enters the room, as long as the employee is not directly engaged in the activity. What if an unvaccinated activity director was engaging residents in an activity? Would vaccinated residents be required to wear a mask, even if the staff member was asymptomatic, antigen tested negatively that day, wearing an N95, and maintaining social distancing as much as possible? I would like to point out that we have had unvaccinated staff intimately assisting unmasked dependent diners throughout the pandemic without issue.

A: Aligning with CMS and CDC guidance, if the unvaccinated HCP is taking part in the activity, then fully vaccinated residents will have to wear a mask. If the unvaccinated staff member is just observing or overseeing from afar while wearing source control, then the fully vaccinated residents do not need to wear a mask. In the scenario mentioned, the activity director is engaged in the activity, so residents will need to wear a mask.

Q: Can fully vaccinated residents stay unmasked and not distanced while dining, if an unvaccinated HCP wearing a surgical mask is serving the residents in the dining room?

A: Aligning with CMS and CDC guidance, if the unvaccinated HCP is taking part in the activity, then fully vaccinated residents will have to wear a mask. If the unvaccinated staff member is just observing or overseeing from afar while wearing source control, then the fully vaccinated residents do not need to wear a mask. In the scenario mentioned, the unvaccinated HCP is serving the residents, which is not considered actively engaged in the activity, so the residents do not need to wear a mask.

Q: Can our residents start meeting for resident council as long as the AFL guidance is being followed?

A: Yes, resident council can start again as long as the AFL guidance is followed. This would be considered a group activity.

Q: Can residents and rehab staff that are fully vaccinated be in a 3-4 therapy group and resident remove their mask during therapy?

A: If rehab staff are also fully vaccinated, and all residents are fully vaccinated, then YES, the residents can remove their masks. HCP always have to wear a mask when they are in the presence of residents, regardless of vaccination status.

Q: If 10 employees are all vaccinated and have a scheduled meeting in a conference room, are they still required to maintain 6-foot distance and wear a mask or can they take the masks off and sit closer to one another?

A: If all staff is fully vaccinated they can take off masks and do not have to physically distance if they are together in a meeting or break room.

Testing Questions & Answers

Q: I noticed that for response testing in AFL 20-53.4, there has been an important addition of the verbiage “14 days” when compared to AFL 20-53.3.

- AFL 20-53.3: “... serial retesting... should be performed every 7 days until no new cases are identified among residents in two sequential rounds of testing.”
- AFL 20-53.4: “...serial retesting... should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days”

The previous version (20-53.3) did not state “over 14 days”. Two negative rounds 7 days apart may be achieved over the span of 8-10 days and having to do one more round of testing for hundreds of staff and residents to make it to 14 days is not a minor thing. Can you clarify if 14 days is the time SNFs need to wait?

A: The language in the new AFL 20-53.4 was updated to intentionally align with the CMS QSO-20-38-NH which uses the 14-day language. The 14 days is used because that is the maximum incubation period from the last potential exposure. Ideally testing is done even more frequently than once weekly. Testing guidance is every 3-7 days, and if a facility is using antigen testing then that needs to be done twice weekly (every 3-4 days).

Q: AFL 20-53.4 says response testing needs to continue “until no new cases are identified among residents” but it doesn’t mention staff. Should it also mention staff, since if a staff member tests positive, the facility should continue with response testing?

A: “Staff” was intentionally left out of that statement. When conducting response testing, we are trying to identify whether there is ongoing transmission occurring within the facility. But we acknowledge staff may be exposed in the facility or out of the facility in their community or home. The requirement is to continue response testing until there are no new cases among residents to demonstrate that a facility has ceased transmission and exposure within the facility. Following response testing, if a staff member becomes positive, it would initiate a new round of response testing which may or may not be related to the first outbreak.

Q: What is the current CDPH position on testing previously COVID positive/recovered individuals? We currently have a COVID recovered patient that was previously positive in December and fully vaccinated in February. The patient was recently sent to the hospital and PCR tested positive at acute. We were notified by LHD that we now have to PCR test all staff and residents until we achieve 2 negative cycles, even though the patient is asymptomatic and the facility has been antigen testing all staff, vendors, and visitors DAILY since January, with no positives encountered.

A: These are complicated situations and may require collection of additional information, like a second test or look at the cycle threshold values of the positive test in order to make a determination. Coordinate with your local health department. In this situation, response testing is appropriate because it could be a reinfection, and because it's been more than 90 days since the first reinfection.

Q: During outbreak response testing, is it acceptable to test residents and HCP once every 7 days until no new cases are identified among residents in sequential rounds of testing over 14 days? Or is it a better practice to test them every 4 days, which would be testing them 3 times during the 14 days.

A: The more optimal approach is to test more frequently. Weekly is the minimum testing cadence in response testing; but every 3-4 days is a better approach to quickly identify positives to implement cohorting and other containment measures early on.

Q: Do we need to do weekly testing for unvaccinated or partially vaccinated asymptomatic staff?

A: Facilities must continue weekly routine diagnostic screening testing of unvaccinated and partially vaccinated HCP.

Quarantine Questions & Answers

Q: Our local health department states that the "yellow zone" quarantine for unvaccinated/partially vaccinated newly admitted residents is 10 days. Can we follow that guidance, or do we have to follow the 14-day quarantine per CDPH?

A: CDPH's traditional practice and expectation is compliance with the stricter standard, so follow CDPH's 14-day guidance.

Q: If we are able to count the days in the hospital toward the 14 days of observation, then why do they have to do another 14 days if they only go back to the hospital? Why aren't we allowed to include those days as isolation?

A: This is dependent on communication between the SNF, hospital and LHD in order to assess whether or not there may be exposures occurring in the hospital. Also, remember that if the resident is fully vaccinated, they do not need to be quarantined unless there was a known exposure in the hospital.

Q: Would the 14-day yellow zone for unvaccinated residents apply to residents admitted to acute care hospital?

A: Per AFL 20-22.8, residents who leave for <24 hours do not need to quarantine and be tested upon return, regardless of vaccination status. Fully vaccinated residents who leave for >24 hours do not need to quarantine or be tested upon return. Unvaccinated and partially vaccinated residents who leave for >24 hours need to quarantine in the yellow-observation zone for 14 days and be tested prior to return to the green zone. Residents exposed to COVID-19 while outside the facility should quarantine and be tested immediately and 5–7 days after exposure, regardless of vaccination status.

Q: Resident is COVID recovered and partially vaccinated, but still within the 90-day window of the COVID diagnosis. This resident was admitted to the hospital. Based on guidance, when the resident returns, do we admit to the yellow or green zone?

A: You can admit this patient to the green zone, as long as there were no known exposures at the hospital.

PPE Questions & Answers

Q: For unvaccinated staff, are surgical masks ok in the green zone, or do you recommend N95s for source control in green zones? If unvaccinated staff wear N95s, would fully vaccinated residents be able to keep their masks off in common areas?

A: HCP can wear surgical masks in the green zone, but if N95s are available that is a more protective measure. If unvaccinated staff wear N95s, it does not change the guidelines for the residents on whether or not they need masks. Treat the N95 the same way as you would a surgical mask. Aligning with CMS and CDC guidance, if the unvaccinated HCP is taking part in an activity, then fully vaccinated residents will have to wear a mask. If the unvaccinated staff member is just observing or overseeing from afar while wearing a surgical mask or N95, then the fully vaccinated residents do not need to wear a mask.

Q: Are skilled nursing facilities still required to wear face shields?

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). However, if your county is in the yellow tier (meaning low transmission in the community) according to the Blueprint for a Safer Economy website <https://covid19.ca.gov/safer-economy/>, then your HCP do not need to wear a face shield in the green area, unless there is an outbreak or cause for concern. Refer to CDPH AFL 20-74 for more information. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx>.

Other Questions & Answers

Q: Do pediatric SNFs need to follow the CDPH SNF AFLs, and are they surveyed by L&C?

A: All licensed SNFs are surveyed by L&C, both under state requirements and federal requirements for facilities that participate in the Federal Medicare or State Medicaid programs. There are provisions and circumstances unique to pediatric care that we have tried to address in AFLs, like the visitation AFL 20-22.8. Generally speaking, yes, pediatric SNFs fall under the same regulatory scheme as adult SNFs. If there are specific nuances to care for pediatric patients that we have not adequately addressed, I encourage you to share those questions via the chat box during next week's Wednesday webinar, or send your questions through your local district office or your provider association.

Q: Do we need to update our mitigation plan according to the recent AFLs and submit to CDPH for approval?

A: Surveyors do verify that facilities are following their policies and procedures, including those within the mitigation plan. Thus, it is recommended that the plan be updated to reflect current practices. We do encourage you to memorialize past practices into your larger emergency plan should you ever need to revisit what policies were in place given facility status, for past and future events. At this time, the department is not requesting that facilities resubmit updated plans to CHCQ for approval.

Q: Are animals allowed to come back into the facility for therapeutic purposes?

A: Yes, there are no COVID-19 pet requirements or rules around pets.

Q: Is there any guidance yet for volunteers in SNF setting?

A: Per AFL 20-22.8, regardless of vaccination status, healthcare workers are exempt from a facility's visitation restrictions and may have access to a resident in any zone, as long as the CDC and infection control practices of the facility are followed. CDPH defines healthcare workers as employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.

Q: When hospitals are discharging to a SNF, can the SNF deny admission based on vaccination status?

A: All SNFs should have a plan for accommodating vaccinated and unvaccinated residents. To deny admission based on vaccination status could be considered discriminatory and a violation of patient rights.

Q: For AFL 20-22.8 and AFL 20-53.4, do these apply to LA county?

A: Defer to LAC DPH for guidelines on how the AFLs affect Los Angeles county SNFs. LA county may have stricter guidelines.

Q: Is it a HIPPA violation to provide a list of unvaccinated residents to HCP so that they are aware of the vaccination status for the purposes of masking, distancing, and other infection control practices.

A: It is not a HIPPA violation as this information is needed to provide safe care for the residents.

Q: If there are no active COVID cases in our facility, how often do we need to screen residents for COVID symptoms? Daily, Per shift? Or only when symptoms appear?

A: Vital signs still need to be monitored every shift for all residents and every four hours for COVID-19 positive residents. Guidance can be found in the April 15, 2020 AFL 20-25.2 Preparing for COVID-19 in California SNFs <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25.aspx>. Scroll to the bottom and click on: Assessment of California SNFs to Receive Patients with Confirmed COVID-19 Infection checklist <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf>. On page three it says, "Review facility processes for monitoring vital signs every shift for all residents and every 4 hours for residents with COVID-19 infection."

Q: Does the guidance contained on AFL 20-22.8 apply to ICF facilities?

A: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-14.aspx> has the requirements and allowances for visitors in ICFs.

Q: Are SNFs still required to screen and document (temp, symptoms, exposure) for all HCPs before every shift? If so, when do you project this to end? Is it still required/preferred to do screening in person or does it seem OK to move to an automated kiosk?

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. An automated kiosk would be reasonable. 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: What is the difference between a variant of concern (VOC) and a variant of interest (VOI)?

A: The term variant of interest (VOI) is used to describe a newly emerging variant for which the medical and public health importance is not yet known. If a variant is thought to be more contagious or likely to cause greater illness or severe disease, or may impact treatment or vaccine response, then it is considered a variant of concern (VOC). The CDPH website <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-Variants.aspx> and World Health Organization website have information describing VOCs and VOIs <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>.