



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
September 8 & 9, 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/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

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 Wednesday Webinar presentation covered:

- CDPH Updates
- NHSN Vaccination Reporting Updates
- Healthcare-associated Infections (HAI) Updates

Important Links to State and Federal Guidance	
Important Links and FAQs to State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
August 5, 2021 State Public Health Officer Order: Health Care Worker Vaccine Requirement Q&A	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx
August 5, 2021 State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings-FAQ.aspx
July 26, 2021 State Public Health Officer Order: Health Care Worker Protections in High-Risk Settings Q&A	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Unvaccinated-Workers-in-High-Risk-Settings-State-Public-Health-Order-FAQ.aspx
August 18, 2021 CMS Press Release: Regarding Requiring Staff Vaccinations within Nursing Homes	https://www.cms.gov/newsroom/press-releases/biden-harris-administration-takes-additional-action-protect-americas-nursing-home-residents-covid-19
CDPH AFL 21-28: Testing, Vaccination Verification and PPE for HCP at SNFs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx
CDPH AFL 20-22.9: Guidance for Limiting the Transmission of COVID-19 in SNFs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx
CDPH AFL 20-53.5: Mitigation Plan Recommendations for Testing	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
CDPH AFL 21-08.4 (NEW): Guidance on Quarantine for HCP Exposed to COVID-19	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
CDPH AFL 21-34 (NEW): COVID-19 Vaccine Requirement for HCP	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx

State Public Health Officer Order Questions & Answers

Q-1: Do the vaccination and testing screening guidelines in the July 26, 2021, State Public Health Officer Order apply to ombudsman, surveyors, first responders, and contractors?

A: See guidance below:

- **Surveyors, Ombudsman, First Responders** do not need to show vaccination or testing status prior to entry. Vaccination status of surveyors and ombudsman are tracked according to the public health order by their supervising agencies.
- **Contractors:** The definition of “worker” in the Order refers to all paid and unpaid persons serving in SNFs who have the potential for direct or indirect exposure to patients/clients/residents or SARS-CoV-2 airborne aerosols. Contractors (i.e., plumbers, electricians, transport drivers) are included in this Order. Check with your local health department for county specific guidelines.

Q-2: Are non-emergency medical transportation providers who do not fall under the authority of Emergency Medical Services (EMS) considered visitors or healthcare workers? Or does the state consider them to be in the same excluded category as First Responders?

A: CDPH is working to gain clarity on the answer to this question. Most agree that transportation providers who enter the facility would meet the intent of the definition of worker because they have the potential to expose individuals within the facility. There is ongoing conversation about how to think about the driver of the vehicle, who may not enter the facility at all. For now, we recommend checking with your local health department to understand whether they have additional or more stringent requirements for various types of individuals within their jurisdictions.

Q-3: When SNFs have outside services come in, like beauticians, podiatrists and dentists, do they need to follow the July 26th and August 5th public health orders on vaccination verification and testing for unvaccinated workers since they would be looked upon as contractors?

A: They would fall under the definition of a worker in the State Public Health Officer Orders, therefore they would need to be tested and/or have their vaccination status verified.

Q-4: Is working past the 9/30 deadline date acceptable for those staff who are applying for an exemption, but the paperwork is taking longer to process?

A: The Order indicates that HCW need to be fully vaccinated by September 30, 2021 and doesn't address this exact situation. We recommend that you ensure the exemption for your HCP is added on file to indicate that your facility is in receipt of the exemption by the 30th deadline so that you meet the public health order deadline. Note that the Health Officer Order does not specify there be a process for validating the exemptions. If there is a subsequent process that your organization imposes, that is not something that is covered by the Health Officer Order, you can work through those details after the September 30th deadline.

Personal Protective Equipment (PPE) Questions & Answers

Q-5: What PPE do visitors need to wear for indoor and outdoor visits?

A: More information on PPE requirements for visitors seeing residents indoors or outdoors in the green, yellow, and red zones, including information on compassionate care visits, can be found in the slides, and recording of the September 1, 2021 CDPH Wednesday Webinar. You can access the recording at: [Access the recording](#). View slides 26-32 at https://www.hsag.com/globalassets/covid-19/cdph_sept_1_2021_508.pdf. Refer to CDPH AFL 20-22.9 for more information on visitation guidelines. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

Vaccination Questions & Answers

Q-6: Can the COVID-19 vaccine be given on the same day as other vaccines?

A: Per CDC guidance, FDA-authorized COVID-19 vaccines and other vaccines may be administered on the same day as other vaccines. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Coadministration>. Please refer to the California handout on coadministration of the COVID-19 vaccine with other vaccines. <https://eziz.org/assets/docs/COVID19/IMM-1385.pdf>

Q-7: Can testing for tuberculosis (TB) infection be done at the same time as the COVID-19 vaccine?

A: COVID-19 vaccination should not be delayed because of testing for TB infection. Testing for TB infection with one of the immune-based methods, either the tuberculin skin test (TST) or an interferon release assay (IGRA), can be done before, after, or during the same encounter as COVID-19 vaccination. TSTs and IGRAs were previously recommended to be administered > 4 weeks after completion of COVID-19 vaccination to minimize potential theoretical interference between vaccination and TB testing. This was out of an abundance of caution during a period when these vaccines were new. However, given logistical challenges faced in delaying TB infection testing, the recommendation has been updated so that these tests may now be administered without regard to timing of COVID-19 vaccination. www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#laboratory-testing

Q-8: Do we need to verify vaccination status for Fire Marshalls for the Life Safety Survey?

A: If the Fire Marshall is a CDPH life safety surveyor, the facility would not need to check their vaccination status because CDPH verifies vaccination and testing for their employees.

Q-9: With regards to COVID vaccination for new hires, can we hire individuals that are not fully vaccinated yet, but are in the process of being vaccinated? Or should we wait to hire them until they are fully vaccinated?

A: Following September 30, 2021, the August 5th State Public Health Order states that healthcare workers in SNFs and many other settings are required to be vaccinated. Therefore, after September 30th it will go against the Public Health Order if you allow a new unvaccinated or incompletely vaccinated employee to work and potentially expose residents. While a new employee is waiting to become fully vaccinated, it would be reasonable to have them work on other functions that do not expose residents, or others that could have a direct exposure to residents. During this time, they would need to be tested twice a week, similar to unvaccinated HCP with medical and religious exemptions.

Q-10: After 9/30, do staff with medical and religious exemptions for the vaccine need to continue to be tested twice a week indefinitely?

A: Yes, unvaccinated HCP will need to continue to be tested twice a week until the order changes.

Q-11: Some of our new admissions from the hospital do not have a COVID white card for the vaccine they were given. Is it sufficient to use the record from the hospital to prove their vaccine status?

A: The hospital record should be adequate to verify a patient's vaccination status upon initial admission to determine whether they need to quarantine in the yellow zone. Ideally, verifying the actual dates of doses received in care would be best. Check for vaccine records in the CA Immunization Registry (CAIR2).

Q-12: Are SNFs "required" or is it a "recommendation" to do antigen testing on all visitors regardless of their vaccination status?

A: It is a best practice to do antigen testing on all visitors, but it is not a requirement. However, it is a requirement per the August 5th State Public Health Officer Order that unvaccinated visitors need to show proof of a negative test result within the prior 72 hours before entry to the SNFs.

Testing Questions & Answers

Q-13: Can you give an overview again on how POC antigen tests need to be reported? It is my understanding that now ALL negative and positive antigen test results need to be reported due to federal guidelines.

A: Yes, due to federal regulations, all negative and positive antigen test results need to be reported to NHSN. For California, when SNFs report the individual negative and positive antigen test results to NHSN, the data will flow over to CalREDIE. However, if SNFs report the data to CalREDIE, the data will not flow over to NHSN. To avoid duplication of entries, it is ideal if SNFs report the antigen test results directly to NHSN.

Per QSO-20-38-NH Revised (<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>) and QSO 20-37-CLIA NH (<https://www.cms.gov/files/document/qso-20-37-clianh.pdf>), facilities conducting tests under a CLIA certificate of waiver are subject to regulations that require laboratories to report data for all testing completed, for each individual tested. For additional information on reporting requirements see “Frequently Asked Questions: COVID-19 Testing at SNFs” <https://www.cms.gov/files/document/covid-faqs-snf-testing.pdf>. Note that there is confusion on this mandate due to the following updates that occurred throughout 2021:

- At the beginning of 2021, CDPH guidance was that both negative and positive antigen test results needed to be reported.
- On March 31, 2021, CDPH updated the requirements for reporting non-positive COVID antigen results, stating that all positive tests need to be reported; however, reporting negative test results is encouraged, but not required. This guidance is reflected in CDPH AFL 20-53.5 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>) “Reporting of non-positive (negative, indeterminate, and specimen unsatisfactory) antigen test results through the CalREDIE Electronic Laboratory Reporting system (ELR) is encouraged, but not required.”
- On August 19, 2021, CDPH sent an updated “Letter to Laboratories: Testing for SARS-CoV-2/COVID-19”. The letter states that “Any laboratories approved to test for SARS-CoV-2 must report all positive and non-positive (negative, indeterminate, and specimen unsatisfactory) test results from nucleic acid amplification tests (e.g., PCR) and antibody/serology tests for SARS-CoV-2 through the CalREDIE Electronic Laboratory Reporting system (ELR) within eight hours from the time the laboratory notifies the health care provider or other person authorized to receive the report. Federal regulations require laboratories to report both positive and non-positive antigen test results. Any laboratories conducting SARS-CoV-2 antigen testing must report all positive and non-positive test results through the CalREDIE Electronic Laboratory Reporting system (ELR) within eight hours from the time the laboratory notifies the health care provider or other person authorized to receive the report.”
<https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/LFSCoVID19ltr-1.aspx>

Q-14: Can over the counter (OTC) or at-home tests be used for testing visitors or HCP?

A: The July 26, 2021 State Public Health Officer Order specifies that the test used for unvaccinated individuals may be an antigen or molecular (PCR or other NAAT) test and must have FDA Emergency Use Authorization. OTC tests that have FDA EUA may be used for testing visitors or HCP, but they should be supervised by the facility to ensure the facility can verify the identity of the individual being tested and the date the test was done. Supervised OTC testing may be conducted in 2 ways:

- “Self-swab” or “self-collect”: Person collects own specimen using swab; facility staff add reagent, inserts swab in card, reads results
- “Self-test”: Person collects own specimen using swab, adds reagent to their own test card, inserts swab in card, reads results

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>

Q-15: Do facilities need to report OTC test results to public health?

A: Results of testing performed by the facility should be reported as specified by CDPH Lab Field Services (LFS) <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx>

- Test results (positive and non-positive) of persons who “self-swab” or “self-collect”, but facility staff perform the actual test, do need to be reported by the facility to the local health department and to NHSN.
- Test results of persons who “self-test” on site (self-collect and self-test observed by facility staff) do not need to be reported by the facility to the health department or to NHSN.
- Visitors who self-test positive should isolate and discuss their findings with their physician; confirmatory PCR test is recommended.

Q-16: We have had incidents where a fully vaccinated asymptomatic HCW tested positive with an antigen test, but when retested multiple times the same day, the test comes back negative. Does the HCW need to quarantine or is it considered a false positive?

A: It is reasonable to obtain a confirmatory PCR test on a positive antigen test for an asymptomatic HCP with no known exposure. The PCR test should be done 24-48 hours within the window. If they test negative after the PCR, then it can be considered a false positive.

Q-17: There is a shortage of Abbott BinaxNOW POC tests. We're part of the pilot program, so should we stop daily testing of visitors? Should we conserve even more and limit daily testing of HCW?

A: If supplies are limited, prioritize daily testing for unvaccinated visitors and HCP, and fully vaccinated HCP with potential exposures.

Quarantine & Isolation Questions & Answers

Q-18: Do fully vaccinated HCP that were exposed have to quarantine?

A: Please refer to the quarantine guidance “Quarantine for Exposed SNF HCP and Residents” in CDPH AFL 21-08.4 updated on September 9, 2021. Travel guidance on quarantine is also included. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

- **Unvaccinated or Incompletely Vaccinated HCP:** SNF HCP who are not fully vaccinated who have been exposed should be excluded from work for 14 days in the absence of staffing shortages. During critical staffing shortages, asymptomatic unvaccinated SNF HCP are not prohibited from returning to work after Day 7 from the date of last exposure if they have received a negative PCR or other molecular test result from a specimen collected after Day 5 after the date of last exposure.
- **Fully Vaccinated HCP:** Fully vaccinated SNF HCP who have been exposed and are asymptomatic **do not** need to be restricted from work for 14 days following exposure. Work restrictions for fully vaccinated HCP populations with higher-risk exposures should still be considered for HCP who have underlying immunocompromising conditions, which might impact level of protection provided by the COVID-19 vaccine.

Q-19: What are the household exposure quarantine guidelines for unvaccinated employees? For example, staff that have a kid that was exposed at school. If the mother is the primary caregiver of the sick child, the exposure will likely be ongoing for the duration of the child's 10-day infectious period.

A: Because the exposure is ongoing during the infectious period, the quarantine period will need to start when the child's infectious days have ended (10 days of infectious period). If the mother is unvaccinated, she would need to be quarantined for 14 days following the end of the child's infectious period. If the mother is fully vaccinated, she would not have to quarantine or be excluded from work, but we do recommend testing post-exposure. If there are staffing shortages, follow the return to work testing guidance in CDPH AFL 21-08.4. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

Q-20: When does isolation period start for HCP who test positive?

A: Please refer to the quarantine guidance “Return to Work for SNF HCP diagnosed with COVID-19” in CDPH AFL 21-08.4 updated on September 9, 2021.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

The 10-day isolation period starts from the date the specimen was collected for the positive test, or from the date of symptom onset. Following the 10-day isolation period, HCP can return to work. During critical staffing shortages that persist despite other mitigation strategies, as a last resort SNFs may consider allowing HCP with suspected or confirmed SARS-CoV-2 infection who are well enough and willing to work but have not met all return to work criteria to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>), following CDC Guidance on Mitigating Staffing Shortages (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>). SNF HCP who test positive and are well enough to work can continue to work following CDC Guidance on Mitigating Staffing Shortages, as long as they are only caring for residents with confirmed COVID-19, preferably in a cohort setting (i.e., in the Red zone). Positive HCP must maintain separation from other HCP as much as possible (for example, use a separate breakroom and restroom) and wear a N95 respirator for source control at all times while in the facility. Positive HCP may not care for residents who have not tested COVID-19 positive until at least 10 days from the date of their positive test.

Infection Preventionist Questions & Answers

Q-21: Are nursing homes required to have a full-time infection preventionist (IP)?

A: California nursing homes are required to have an IP 40 hours a week per AFL 20-52, AFL 20-84, and AB 2644, which states that effective January 1, 2021, SNFs are required to have a full-time, dedicated IP. The IP role may be filled either by one full-time IP staff member or by two staff members sharing the IP responsibilities, if the total time dedicated to the role equals at least the time of one full-time staff member. The IP must be an RN or LVN and shall not be included in the calculation of 3.5 hours of direct patient care per day provided to residents. The IP must complete 10 hours of continuing education in the field of IPC on an annual basis.

www.leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2644

Q-22: Which training courses meet the requirements for IP training in AB 2644?

A: Examples of approved courses include the following:

- CDPH Infection Preventionist Training for SNFs 14-hour Online Course: cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx
- CDC Nursing Home Infection Prevention Training Course: <https://www.cdc.gov/longtermcare/training.html>
- CAHF: AHCA Infection Preventionist Specialized Training (IPCO) <https://www.cahf.org/Education-Events/QCHF-Education-Foundation/AHCA-Infection-Preventionist-Specialized-Training-IPCO>

Visitation Questions & Answers

Q-23: We have many mobile residents in our SNF, so families like to sign them out for day passes. What kind of tracking do we need to do?

A: If families enter the facility to sign the resident out, they will need to be managed as a visitor, and will need to be screened and vaccination status will need to be tracked. If the visitor is unvaccinated, they will need to show proof of a negative COVID test from the last 72 hours. Note that it is important for the SNF to have a record of who the resident was signed out with and is expected to return with for security reasons, but also for contact tracing purposes should there be an exposure.

Other Questions & Answers

Q-24: How do I get access to the CAHAN?

A: Information about how to be added to the CAHAN eblast list can be found in the slides from the March 31, 2021 Wednesday webinar. The slides can be reviewed at https://www.hsag.com/globalassets/covid-19/cahan_intro_hai_webinar_3321.pdf. To register complete the “Contact Add Request Form” and return it to your local, Lead Health Alert Network (HAN) Coordinator. The Local Lead HAN Coordinator Directory can be found at: <https://member.everbridge.net/892807736722952/faq>. Contact CAHANinfo@cdph.ca.gov with questions or issues with enrollment.

Q-25: Does CDPH have a position or recommendation regarding the use of Regen Cov for prophylaxis if we have an exposure?

A: CAHF would recommend discussing it with your MD and review the guidance from the FDA to determine appropriate use <https://www.fda.gov/drugs/drug-safety-and-availability/fda-authorizes-regen-cov-monoclonal-antibody-therapy-post-exposure-prophylaxis-prevention-covid-19>.

Q-26: Are SNFs required to complete both the daily and weekly CDPH survey?

A: Yes, both are required.

Q-27: Did the staffing waiver that SNFs can apply for expire? We are struggling with finding CNA staff and are worried we will fall below the minimum staffing requirement.

A: We want to ensure that facilities do not fall below the minimum staffing ratios. Currently, the authority for waivers explicitly prohibits changes to the staff ratio. Report your urgent staffing needs to your local health department so we better understand what the needs are in our state. Refer to CDPH AFL 20-46.3 Requests for Urgent Staffing Resources for COVID-19: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-46.aspx>

Q-28: What is the intervention we should use to alert residents from the green zone who insist on getting out of their room and going outside the facility when the facility is having an outbreak?

A: During an outbreak, COVID positive residents in the red zone and residents in the yellow zone should not be leaving their room. Unexposed residents in the green zone should have access to leave and go outside of the facility during an outbreak, and they are also permitted to have outdoor visitation. Residents in the yellow zone are also permitted to have outdoor visitation, regardless of vaccination status. Visitation for COVID-19 positive residents in the red zone for compassionate care reasons or other special circumstances should be accommodated for indoor or outdoor visits on a case-by-case basis.

Q-29: Can you give clarification on how we can determine how much PPE supply we need on hand?

A: In your planning stages, plan for a large outbreak. Determine what your burn rate is based on the number of beds you have and multiply that by a minimum of two weeks. In about a year and a half, there will be a change that will require SNFs to have 45 days of surge supply on site as a normal practice. Maximize what you can now. We recommend using the CDC PPE Burn Rate Calculator at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>.