



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
December 1-2, 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 covered the following topics:

- Testing Task Force Updates
  - PPT Slides <https://www.hsag.com/globalassets/covid-19/snf-12-1-21-508.pdf>
- Healthcare-Acquired Infection (HAI) Updates:
  - PPT Slides <https://www.hsag.com/globalassets/covid-19/cdph-december1-508.pdf>
    - Omicron Variant (slides 9 & 10)
    - Key COVID-19 and Influenza Outbreak Prevention & Management Reminders (slides 12-15)
    - Visitation Guidance (slide 16)
- AFL 21-46: AB 749 Medical Director Certification (PPT slides 1-14) and AB 2789: California Electronic Prescribing Mandate (PPT slides 15-16)
  - PPT Slides: <https://www.hsag.com/globalassets/covid-19/med-director-certification-508.pdf>

**Important Links to State and Federal Guidance**

Important Links and FAQs to CDPH State Guidance	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>
2020 CDPH All Facilities Letters (AFLs)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx</a>
2021 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx</a>
CMS QSO-20-39-NH ( <b>REVISED 11/12/21</b> ): Nursing Home Visitation – COVID-19	<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>

## Visitation Questions & Answers

**Q-1:** Can you provide guidance on how we are to follow the visitation guidance in AFL 20-22.9 vs. the revised CMS QSO 20-39?

**A:** CDPH is still in the process of reviewing CMS QSO 20-39 that was revised on November 12, 2021 (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>). CDPH will be updating AFL 20-22.9 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>) as soon as possible. For now, SNFs should continue to follow the guidance in CDPH AFL 20-22.9. CDPH encourages nursing homes to expand visitation hours and the length of visits to be as accommodating as possible to visitors. Visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Nursing homes need to continue to:

- Verify the vaccination status of visitors

- Screen visitors for symptoms of COVID-19 or exposure to COVID-19

- Ensure unvaccinated visitors have proof of a negative COVID-19 test within 72 hours before entry

- Ensure visitors wear appropriate PPE during visits; visitors must also continue to mask and distance unless both the resident and visitor are fully vaccinated.

**Q-2:** During a visit, does the roommate need to leave or can they remain in the room?

**A:** It is recommended that the roommate not be present in the room during the visit if possible. If not possible, consider vaccination status. It is optimal for the roommate to not be present for safety and privacy.

**Q-3:** Can visitors and the resident share food and dine together?

**A:** Fully vaccinated visitors visiting fully vaccinated residents can eat and dine together in the communal dining room or in the room without physical distancing. They do not need to wear a mask while actively eating and drinking, as long as they keep six-foot distancing from other residents and visitors that they are not visiting. If individuals who are not fully vaccinated are present, then spatial distancing of 6 feet should be provided. Existing guidance can be found in CDPH AFL 20-22.9

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>.

**Q-4:** CDPH has mentioned the possibility of updating AFL 20-22.9 visitation guidance to be more in tune with CMS QSO 20-39. Will ICF guidance be updated as well?

**A:** As of now, ICF guidance will not be updated. If anything changes, we will let you know.

**Q-5:** Are we allowed to let unvaccinated DME suppliers enter resident's room to deliver DME?

**A:** We would expect facilities to support the delivery of these supplies to meet resident needs. There are ways to work through this where the facility could take possession of the equipment to deliver it. The DME delivery person should observe source control protocols and the other core infection control practices required for anyone entering the building. If possible, the resident's room should be vacant while the DME suppliers are present. Assess the level of risk and determine the best plan based on the situation. Testing can be offered to the DME supplier as well.

**Q-6:** How often do you require us to test visitors who come daily to the facility?

**A:** Testing is not required for fully vaccinated visitors. Unvaccinated or partially vaccinated visitors need to be tested within 72 hours of the visit. If a visitor comes daily, then they would need to be tested every three days to meet the 72-hour requirement. Visitors must be screened for signs and symptoms of COVID-19 or exposure to individuals with COVID-19 each day they appear for a visit.

**Q-7:** Can we require visitors to schedule a visit before arriving to the facility?

**A:** A good best practice is to encourage visitors to schedule their visit beforehand so the facility can coordinate visitors and prepare for their arrival, however, if a visitor arrives to the facility and requests to visit a resident, the facility should do what they can to accommodate the visitor. Refusing to allow visitation would misalign with the CMS guidance. Educating visitors on what needs to be done to protect the residents is an approach that taps into the reason why there is the need to coordinate and schedule visits. A best practice to reduce the number of unannounced visitors is to provide families with a handout explaining the rationale for scheduling visits. You may also consider posting a poster at the entrance to help reduce the number of unannounced visitors.

### COVID-19 Vaccine Questions & Answers

**Q-8:** Are there any COVID clinics vaccinating patients that are bedbound at home or in boarding care?

**A:** Yes, many pharmacies and local health departments are providing on-site vaccination clinics for bedbound patients or those in board and care. Please take a look at this CDPH LTCF vaccination toolkit [https://eziz.org/assets/docs/COVID19/LTCF\\_Toolkit\\_10.01.21.pdf](https://eziz.org/assets/docs/COVID19/LTCF_Toolkit_10.01.21.pdf). Appendix A on page 6 has a flowchart of steps on who to contact for vaccination resources. Appendix B on page 7-10 lists long-term care pharmacies sorted geographically by county. Finally, if you still need help, please fill out this State Assistance Request Form and our CDPH team will try to help directly. <https://forms.office.com/Pages/ResponsePage.aspx?id=URsxH9n2U0GbrFXg75ZBuHfjOGgpBctBrXVE2pT8mA5UQTUxWldJRDRKWUIDUEFZQIE3WEpCTENQOS4uand>

### Omicron Variant Questions & Answers

**Q-9:** What is the update on the Omicron variant?

**A:** On November 26, 2021, the World Health Organization (WHO) designated Omicron (B.1.1.529) a variant of concern. As of Wednesday, December 1, 2021, one case had been identified (so far) in the United States. CDPH is still learning about how it spreads and infects individuals, vaccine effectiveness, as well as how it responds to treatment. PCR and antigen tests can detect the Omicron variant. To prevent the spread, the U.S. government implemented a travel ban for non-U.S. citizen travelers from South Africa, Botswana, Zimbabwe, Namibia, Lesotho, Eswatini, Mozambique and Malawi. Additionally, California is increasing testing at airports for individuals returning from countries in which the Omicron variant has been detected. More information can be found at:

- WHO: <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>
- CDC: [www.cdc.gov/media/releases/2021/s1126-B11-529-omicron.html](https://www.cdc.gov/media/releases/2021/s1126-B11-529-omicron.html)
- CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Omicron-Variant-Fact-Sheet.aspx>; CAHAN issued 12/3/21

**Q-10:** Do rapid antigen tests detect the new Omicron variant?

**A:** Yes, PCR and antigen tests should detect the new variant, but do not distinguish the omicron variant from other variants.

### Monoclonal Antibodies Questions & Answers

**Q-11:** Can CDPH authorize a standing order for SNFs to offer mAb for COVID-19 positive residents?

**A:** No, not at this time, but CDPH is exploring the possibility. The current executive order gives CDPH the ability to authorize a standing order for this therapy, however, an AFL would need to be executed to grant this option. Stay tuned for more information.

## AFL 21-46: AB 749 Medical Director Certification Questions & Answers

**Q-12:** How long does it take and how much does it cost to become a certified Medical Director?

**A:** The PPT slides from today review the process to become a certified Medical Director (<https://www.hsag.com/globalassets/covid-19/med-director-certification-508.pdf>). There are different paths to becoming a medical director based on experience, CMEs, and educational background. The cost is approximately \$3,000, which is the average one-month stipend for a medical director.

**Q-13:** Our medical director is ER board certified. Does that certification count to meet the requirements in AFL 21-46, in response to AB 749 Medical Director Certification?

**A:** No, that does not count. A board certified doctor does not automatically get a Medical Director certification. The type of expertise and knowledge needed is generally not taught in most geriatric programs, which is why this certification will now be needed.

**Q-14:** Does the new bill include an evaluation of health outcomes linked to the Medical Director?

**A:** No, health outcomes linked to the Medical Director are not considered at this time.

## Testing Questions & Answers

**Q-15:** Can BinaxNOW be used for testing residents, staff and visitors?

**A:** Yes, BinaxNOW antigen tests can be used. Utilizing POC antigen tests for a symptomatic individual is an advantageous strategy to quickly get a positive result and be able to cohort accordingly. A PCR test should follow the antigen test if the symptomatic individual tests negative with the antigen test.

**Q-16:** Does a SNF need to conduct response testing, if a visitor tests positive two days after the visit? When would a positive visitor (two days before symptom onset) in the SNF trigger response testing?

**A:** Yes, in this case, the facility should begin response testing since the visitor could have exposed residents and staff to COVID when they were in the facility. Contact your local health department to seek guidance on whether or not response testing needs to occur for the entire facility; or if testing can be focused on a specific wing. The decision will depend on the size and logistics of the facility. Error on the side of caution and consider the potential for broader exposure depending on where the visitor was in the facility and who they were around.

**Q-17:** Does a positive influenza antigen test for a symptomatic individual need to be confirmed by a PCR molecular test?

**A:** When first establishing the presence of an influenza outbreak, molecular testing is recommended (e.g., for the first few cases) with specimens sent to VRDL in order to identify the strains that are circulating.

## PPE Questions & Answers

**Q-18:** Can staff wear KN95s instead of a surgical mask in the green zone and non-patient care areas?

**A:** Yes, surgical masks and KN95s can be worn by SNF HCP in the green zone and non-patient care areas as source control. While KN95s are acceptable, CDPH cautions against the use of KN95s as source control to avoid confusion with N95s. KN95s are not able to be worn as PPE.

**Q-19:** Is there new guidance on PPE with the new variant?

**A:** No, eye protection is still recommended in the green zone as it has been, especially in communities with high transmission. No changes to any of the IP recommendations. PPE measures need to be maintained and adhered to.

## Other Questions & Answers

**Q-20:** Our activity department staff would like to take a resident on an outing to go shopping. Her family is minimally involved with her care and not available to assist. Pre-COVID this would have been a common practice. Are we allowed to take a resident, or multiple residents out on an outing?

**A:** Yes, activity department staff can take residents on outings. Residents have always been permitted to leave the facility. In this situation, it would be beneficial to ensure that both staff and residents are adhering to local masking requirements, and it would be optimal for the residents to be fully vaccinated and boosted before the outing. Upon return to the facility, residents who are fully vaccinated can return to their rooms after being out for any duration and do not require quarantine upon return. If the resident is unvaccinated and on an outing for less than 24 hours, we recommend testing 5-7 days after their return. They are not required to quarantine unless they've had a known exposure. Take into consideration the resident's level of risk and risk for exposure when planning such outings. Also, it is optimal to do this shopping trip at times when stores are likely to be less crowded.

**Q-21:** Can CDPH highlight the benefits of ventilation over plastic barriers to reduce risk?

**A:** Plastic barriers were used to prevent people from entering certain areas of the building but are now discouraged and should be avoided if possible. Instead, visual cues can be created to keep people in certain areas of the building. Visit <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx> to get access to CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments. In addition, CAHF has training videos available for IP staff.

**Q-22:** Are SNFs still allowed to have higher censuses? Prior surges had allowed a waiver and we found many densely packed rooms in some SNF red zones during the last severe spike in 1/2021.

**A:** A higher census than bed capacity would need to be approved by the state. If this is referring to the number of beds per room, you would need a room waiver on file.