



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
December 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

December Holiday Schedule

- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls:

Calls will continue on December 14, 21, and 28.

- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars:

December 15th Webinar Registration Link: [Register here](#)

December 22: **Cancelled**

December 29: **Cancelled**

- CDPH Thursday, 12 noon, SNF IP Phone Calls:

December 16: Dial-in: 1.877.226.8163; Access Code: 513 711

December 23: **Cancelled**

December 30: **Cancelled**

The Wednesday Webinar covered the following topics:

- Testing Task Force Updates
 - PPT Slides <https://www.hsag.com/globalassets/covid-19/snf12-8ef-508.pdf>
 - California COVID-19 Data Dashboard:
https://public.tableau.com/app/profile/ca.open.data/viz/COVID-19CasesDashboardv2_0/CaseStatistics
 - Community levels of COVID-19: <https://covid19.ca.gov/state-dashboard/>
 - Omicron Variant: Molecular Tests That May Be Impacted (FDA)
<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-viral-mutations-impact-covid-19-tests#omicron>
- Healthcare-Acquired Infection (HAI) Updates:
 - PPT Slides: <https://www.hsag.com/globalassets/covid-19/cdph-december-8-508.pdf>
 - National Influenza Week: Remind your colleagues, family, and friends to get their flu vaccine this season. Visit cdph.ca.gov/fightflu for more information.
 - CDPH AFL 21-49: Holiday Season Guidance (slides 10-15)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-49.aspx>
 - Visitation Guidance Reminders (slide 16)

- Omicron Variant (slide 17): Variants in California are tracked at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-Variants.aspx>; CDPH Fact Sheet (Omicron Variant): <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Omicron-Variant-Fact-Sheet.aspx>
- Outbreak Prevention & Management Reminders (slides 18-20)

Important Links to State and Federal Guidance	
Important Links and FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
2020 CDPH All Facilities Letters (AFLs)	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL20.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL21.aspx
CMS QSO-20-39-NH (REVISED 11/12/21): Nursing Home Visitation – COVID-19	https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
AFL 21-49 (Revised 12/8/21): COVID-19 Infection Control Holiday Season Guidance	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-49.aspx

Visitation Questions & Answers

Q-1: Is there a limit to the number of visitors for one resident?

A: There is no specified limit from CDPH, however, it is important to note that the number of visitors is limited to the ability of the SNF to provide a safe environment for the visit to occur. If there is limited space available from a safety perspective, then the number of visitors will need to be reduced to ensure safety precautions are in place. Keep in mind that physical distancing must be maintained from other visitors, other residents, and staff.

Q-2: Can a resident go out to eat at a restaurant with family if she is currently in the yellow zone?

A: By definition, quarantine means that an individual who has been exposed to a communicable disease may not move in the community until it is known that transmission of infection has not occurred. Although some new admissions who are unvaccinated may be in a yellow zone even if no definite exposure has occurred, that individual is at risk of being exposed to someone else in the yellow zone who has become infected. Since the LHD oversees quarantine, it is best to seek guidance from your LHD.

Los Angeles County Health Officer Order Questions & Answers

**December 3, 2021, County of Los Angeles Department of Public Health
Order of the Health Officer for Control of COVID-19
Prevention of COVID-19 Transmission in Skilled Nursing Facilities**

http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_SkilledNursingFacilities.pdf

Q-3: (Los Angeles County) Can you clarify the mandatory training for facility staff in the LA public health order. Is it the same training the IP does or is there another training class they take?

A: The required training can be the same trainings used for the IP, but those may not be the most appropriate ones for other staff members named in this order. We will follow up with the recommended trainings for non-IP facility staff on our webpage (<http://ph.lacounty.gov/acd/ncorona2019/healthfacilities/snf/IPP/>) as well as by email shortly. Please check with LA County.

Q-4: (Los Angeles County) Is our SNF required to quarantine new admissions regardless of vaccination status since we will be required to do routine testing for residents?

A: At this time, SNFs in LA County are not required to quarantine fully vaccinated new admissions, but it is reasonable to do so. More guidance will be coming soon via email and at: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>. Please direct questions about the LA County orders to LA County.

Q-5: (Los Angeles County) Family members who are visiting daily are voicing concern with the requirement that they need to test daily vs. staff members who only need to test weekly. Please advise on the rationale behind this.

A: The new requirement in Los Angeles county to have a POC antigen test within 24 hours prior to a visit pertains only to indoor visitation for “general” non-essential visitors; the other option is to get a PCR test within 72 hours of the visit (the results which will be available at the time of the visit can be accepted). Also, please keep in mind that this updated visitation testing requirement is only temporary from 12/15/21 thru 1/31/22. Another point of clarification is if the visitor is deemed as essential vs general. If the visitor is a caregiver, regardless of family relationship status, providing essential care for a resident “experiencing weight loss, dehydration, failure to thrive, psychological distress, functional decline, or struggling with a change in environment” then they would be considered an essential visitor and the new testing requirements do not apply to them, but we do recommend for these caregivers who are regularly frequenting the facility to also be tested once weekly like other facility staff. <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#testing>

PPE Questions & Answers

Q-6: In a subacute unit, the N95 mask is my minimum mask requirement because of the breathing treatments provided. Will I get a deficiency if I continue this?

A: It’s reasonable to use N95s in a subacute that treats many ventilator patients where aerosol may be generated, especially in a situation where individuals are suspected or confirmed to have respiratory infection with COVID or potentially influenza, or any other respiratory bio pathogens. There would not be a reason to give a deficiency for having a higher level of protection. If you weren’t offering a minimal level of protection, that would be a violation and would require a deficiency.

Quarantine Questions & Answers

Q-7: How long is quarantine for an immunocompromised resident who is fully vaccinated?

A: Fully vaccinated new admissions are not required to quarantine, but it is prudent to recognize that immunocompromised residents have higher risk for acquiring infection even if fully vaccinated. To be safe, it would be reasonable to manage an immunocompromised fully vaccinated new admission in the yellow zone as you would an unvaccinated new admission. Be cautious not to place such individuals near a yellow zone resident who has had a known exposure. The general recommendation for observation is 14 days, especially for those with a known exposure. However, in this scenario, the resident is fully vaccinated, and quarantine is not required, so we would recommend implementing a 10-day quarantine if you have room placement issues or other operational challenges to quarantine for the entire 14 days.

Testing Questions & Answers

Q-8: Are we able to accept in-home antigen tests from visitors that administered the test at home?

A: Ideally the test is observed or verifiable by the facility to ensure the test results are reliable. It's not a requirement that the administration of the **visitor** test is observed, but it's recommended as a best practice. In contrast, observation of performance of staff tests is required.

Q-9: Do SNFs need to report negative and positive POC antigen test results from visitors?

A: Reporting of POC antigen tests that are performed (self-collected) and interpreted by the visitor is NOT required. POC antigen tests that are performed and/or interpreted by a facility staff member must be reported. Visitors who self-test positive should be advised to isolate and discuss their findings with their primary care provider; confirmatory PCR test is recommended. Visit the CDPH Laboratory Field Services FAQ website: <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx>.

Q-10: Our facility residents and staff are fully vaccinated, but in an abundance of caution can we initiate a 100%-month resident testing policy, or does this infringe on resident rights? Testing would occur at random 25% weekly to achieve 100% testing per month.

A: Testing doesn't necessarily infringe on resident rights because residents have the right to refuse a test. However, testing asymptomatic residents once per month may not be the ideal strategy because it has the potential to miss infected individuals. California now has proficient testing capacity, so the better strategy would be to test asymptomatic residents weekly for routine screening.

Q-11: What should a facility do when an antigen test kit has expired?

A: Unexpired tests can be requested through the MHOAC. However, per CMS, if unexpired tests cannot be obtained, testing programs are allowed to use expired professional CLIA waived tests if the lab director of your CLIA waived lab establishes a written policy for this use. Information and recommendations on how to use expired antigen test kits will soon be found on the CDPH Testing Taskforce website. See the CDPH letter on page 8 of the call notes for more information.

- CDC 12/10/2020: Lab Advisory: CMS Guidance for the Use of Expired SARS-CoV-2 Tests https://www.cdc.gov/csels/dls/locs/2020/cms_guidance_for_the_use_of_expired_sars-cov-2_tests.html
- FAQs on CLIA Guidance During the COVID-19 Emergency: <https://www.cms.gov/files/document/frequently-asked-questions-faqs-clia-guidance-during-covid-19-emergency-updated-12-17-2020.pdf>

Q-12: Does a hospital need to show proof of a negative test before transferring an unvaccinated resident to our SNF? We have had instances in which the unvaccinated new admission tests positive upon admission so testing prior to transfer would have been advantageous.

A: Guidance can be found in the section "Testing and Quarantine for Newly Admitted and Readmitted Residents" in CDPH AFL 20-87.1 that was updated on November 15, 2021

(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-87.aspx>). Testing is still recommended for unvaccinated or partially vaccinated newly admitted residents prior to admission, including transfers from hospitals or other healthcare facilities. Results for asymptomatic patients tested in the hospital do not have to be available prior to SNF transfer. SNFs may not require a negative test result prior to accepting a new admission. Two negative tests are not required prior to transfer. In general, an acute care hospital stay is not considered an exposure unless that hospital is having a suspected or confirmed outbreak.

Q-13: What is the policy for testing residents with dementia when they return from a visit with family?

A: There is no difference for management of residents with dementia from management of residents without dementia. Fully vaccinated residents do not need to test or quarantine upon return, with no known exposure. If they are not vaccinated and they leave for more than 24 hours, then they would need to be treated as a new admission and quarantine. More information can be found in the section “Residents Who Leave and Return to the Facility” in the December 8, 2021, CDPH AFL 21-49: COVID-19 Infection Control Recommendations during the 2021 Holiday Season <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-49.aspx>.

Q-14: During holiday outings, does CDPH recommend influenza testing (as well as COVID-19 testing) upon return for unvaccinated residents who are out for more/less than 24 hours?

A: Influenza testing upon return is not recommended for asymptomatic individuals. If the resident is symptomatic, influenza testing should be administered as well as the COVID-19 test.

Communal Dining & Group Activities Questions & Answers

Q-15: What is your recommendation for company Christmas parties?

A: As always, be cautious prior to and during all gatherings. Christmas parties among staff can occur as long as existing guidance is applied around verifying vaccination status for all attendees and screening processes. Masking and physical distancing considerations need to be taken if individuals participating in the party are unvaccinated. Refer to the communal dining and social activities guidance in the December 8, 2021, CDPH AFL 21-49: COVID-19 Infection Control Recommendations during the 2021 Holiday Season <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-49.aspx>. If residents are involved in the party, staff must wear face masks as source control. Similar to other industries outside of the healthcare industry, it would be recommended for staff to get tested prior to attending a Christmas party gathering. Vaccinations and boosters will help decrease the risk of transmission, but basic infection control practices need to be followed, such as masking when not eating and hand hygiene. Keep in mind the concern that recent Christmas party events have been associated with increased transmission, such as:

- Wall Street Journal, Omicron Cases at Norway Christmas Party Provide Clues on New Variant’s Spread, December 3, 2021: <https://www.wsj.com/articles/omicron-cases-at-norway-christmas-party-provide-clues-on-new-variants-spread-11638554033>
- Coronaheads.com, Spain: Malaga Hospital Christmas Party Superspreader—Nearly 70 Medics Infected, December 6, 2021: <https://www.coronaheads.com/europe/spain/spain-malaga-hospital-christmas-party-superspreader-nearly-70-medics-infected/>

Q-16: Can fully vaccinated family members attend our resident Christmas party?

A: It would be challenging to have visitors attend a resident Christmas party because physical distancing would still need to occur between other residents that the visitor is not visiting. If the visitor and resident can be seated in an area that maintains distancing from others for a communal meal, it could be allowed.

Q-17: If we are having an outbreak due to two staff that tested positive and we close the yellow zone due to exposure, can residents in the green zone still participate in communal dining and activities?

A: In general, at the beginning of an outbreak response we recommend facilities to pause communal activities and dining. Once the outbreak response has been put in place with quarantine and response testing, if a facility has a group of residents that are not exposed then, in consultation with LHD, the facility could consider resuming communal activities for unexposed green zone residents.

Q-18: Can fully vaccinated family members visit a resident in a communal dining room during meals?

A: If a fully vaccinated visitor and fully vaccinated resident are able to be seated in an area that maintains physical distancing from the other residents they are not visiting, communal dining could be potentially accommodated.

Q-19: Our SNF allows an outside area where residents can smoke. We have a new unvaccinated admission in our yellow observation unit who is adamant on smoking with green zone residents. What can I do to properly explain to her the need for quarantine and staying in her room for 14 days?

A: Regarding the explanation for the need to quarantine, you can educate the resident that they need to quarantine due to the ongoing spread of COVID in the community, and that with the new variants, there is a higher risk of transmission to individuals who are unvaccinated. Quarantine is based on the concern that a new resident being admitted might have been exposed prior to admission and could put other residents at risk. The outside smoking areas should be treated like other group activities and should be arranged so that individuals who are unvaccinated are maintained at a distance from others. Residents in the yellow zone are not able to participate in group activities, so following the 14-day quarantine, the resident could participate in a group activity, such as smoking. However, since the resident is unvaccinated, they would need to continually maintain physical distancing even after their quarantine period. Facilities can work with their local health department to try to be creative and accommodating to residents, while keeping everyone safe. Another option would be to stagger the times for smoking for green zone and yellow zone residents. Strength of wind currents may affect the distance that the virus containing aerosols may travel. It is also important to ensure that residents do not share cigarettes.

Other Questions & Answers

Q-20: Is it a privacy issue for other residents to know which residents are unvaccinated around them for precautionary purposes?

A: It would be inappropriate for vaccination status to be announced publicly or for residents to be labeled, however, in some situations it might be obvious if certain residents are masked or distanced from others during communal activities. If a resident inquires about another resident's vaccination status, the staff member should not reveal that information.

Q-21: What is the number of times per day we should be taking vital signs for residents in green, yellow and red zones?

A: Referring to the CDC infection control guidance for nursing homes first, the minimum recommended frequency for monitoring vital signs is daily. This would apply to your green zone residents or in a facility that does not have Covid-19 cases. The CDC recommends more frequent monitoring of vitals for residents who have had an exposure, suspected COVID, and in particular, residents who are positive. For facilities with one or more COVID-19 cases in the facility, and you have residents that are yellow, we would advise monitoring Q shift for the residents in your yellow and ideally Q four hours for residents in your red zone who have Covid-19. Vital signs in these situations include use of pulse oximeters. If you do have COVID-19 in your building and have yellow and red zone residents, it would be Q shift for yellow and Q four for red. Refer to the second resource link in AFL 20-25.2 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf>.

Q-22: Where can infection preventionists obtain the 10-hour annual training requirement?

A: The training can be obtained anywhere the IP previously obtained CE. CDC Train has several classes, local APIC chapters usually offer one-hour classes, and many hospitals offer educational courses which are mostly free. Check with the IP at your local hospitals for educational offerings. Examples of other 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](https://www.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>

Q-23: Does AFL 21-50 Testing for Hepatitis B and Hepatitis C (for Primary Care Clinics and General Acute Care Hospitals) apply to both primary clinics and inpatient hospitals?

A: AFL 21-50 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-50.aspx>) applies to individuals who are receiving primary care services. The AFL applies if an individual receives services at a hospital outpatient clinic, but not for inpatient services. The AFL explains that effective January 1, 2022, AB 789 requires all primary care providers to offer screening tests for hepatitis B and hepatitis C to adults receiving primary care, to the extent these services are covered under the patient's health insurance, consistent with U.S. Preventive Services Task Force recommendations.

Q-24: Should residents who use BiPap be in single room, or can they share a double occupancy room?

A: Single room is always ideal for residents on BiPap, which is an aerosol generating procedure, but we understand that is not always possible. If you have a resident who uses BiPap who has a roommate, then the recommendation would be to ensure the roommate is as low risk as possible for COVID-19 (not immunocompromised) and is fully vaccinated and boosted. The door should be kept closed and placement of a portable air scrubber in that room should be considered. The facility may want to consult with an HVAC specialist for more specific guidance.



California Department of Public Health

November 10, 2021

COVID Point of Care Test Expiration Guidance

The California Department of Public Health is providing an update regarding using expired point of care COVID-19 tests. Some of the COVID-19 tests in California are approaching or have already passed their extended expiration dates.

Emergency Expiration Date Extension

Per CMS, if unexpired point of care COVID-19 tests cannot be obtained, testing programs are allowed to use expired professional CLIA waived tests if the lab director of your CLIA waived lab establishes a written policy for this use. See link to CMS guidance here:

https://www.cdc.gov/csels/dls/locs/2020/cms_guidance_for_the_use_of_expired_sars-cov-2_tests.html

This emergency expiration date guidance currently does not have an end date. However, it is expected that the emergency guidance will not last indefinitely. This emergency guidance only applies when in-date supplies are unavailable. Organizations are encouraged to use the expired tests as quickly as possible. If CDPH sends notification that the emergency guidance has ended, organizations must immediately cease using the expired tests.

Quality Control (QC) Procedure

In order to use the expired tests, the control on the test must perform correctly. Additionally, CDPH is requiring users of the expired tests supplied or overseen by CDPH, to perform QC at least once every month that the expired tests are used. If your inventory of tests contains multiple lots of the tests, QC must be performed on each lot of expired tests every month. This extended expiration does not refer to the over-the-counter tests.

For questions regarding the Lab Advisory: CMS Guidance for the Use of Expired SARS CoV-2 Tests please contact CMS.