



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 16 & 17, 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 Thursday, June 24th Conference Call is cancelled.

The presentation covered the following updates:

CDPH AFL Updates:

- View PowerPoint slides with updates on AFL 20-22.8, AFL 20-53.4, NHSN reporting guidance, and frequently asked questions https://www.hsag.com/globalassets/covid-19/cdph_june16_508.pdf

Testing Taskforce Report

- View PowerPoint slides at https://www.hsag.com/globalassets/covid-19/snf6_16ttf_ef_508.pdf
- Average test positivity past 7 days: 0.7%
- Average test turnaround time last week: 0.7 days

California Immunization Registry (CAIR2)

- View PowerPoint slides at https://www.hsag.com/globalassets/covid-19/ltsnf_cair_presentation_61421.pdf
- CAIR2 is a secure, confidential, statewide computerized immunization information system for California residents. SNFs are encouraged to register with CAIR2 to record vaccine doses administered and get access to immunization records (such as flu, COVID-19, pneumococcal vaccine). Visit the immunization registry website to request an account with the registry that serves your county.
 - **CAIR2:** Serves 49 California counties <https://cairweb.org/enroll-now/>
 - **San Diego Regional Immunization Registry (SDIR):** <http://www.sdiz.org/cair-sdir/enrollment.html>
 - **Healthy Futures:** Serves the San Joaquin Region, including Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties <http://www.myhealthyfutures.org/>

NHSN Questions & Answers

- On May 11, 2021, CMS published an interim final rule with comment period that added new COVID-19 vaccination reporting requirements for nursing home staff and residents.
 - [CMS Memo QSO-21-19-NH](#)
 - [CMS Interim Final Rule: COVID-19 Vaccine Requirements](#)

- On June 10, 2021, CMS posted the first set of weekly nursing home COVID-19 vaccination data, which includes vaccination status of both residents and staff, as reported by facilities. The data for the week ending May 30 can be viewed here: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>
- As of June 14, 2021, preliminary data shows that approximately 2,000 facilities nationwide are not currently meeting the vaccination reporting requirements despite ongoing outreach and education efforts by CMS to encourage facilities to report in a timely manner. CMS will begin imposing civil money penalties (CMPs) the week of June 21 for facilities that do not report the new vaccination elements as required.
- To assist nursing homes in California with the new NHSN reporting requirements, CDPH modified the SNF COVID-19 Weekly Survey to include vaccination questions in alignment with the NHSN required questions. For SNFs that conferred NHSN rights to CDPH, every Thursday CDPH is uploading vaccination data collected in the weekly survey to NHSN on behalf of the facilities to meet the CMS reporting requirements.

Please see below resource links for more information.

- Data Tracking Worksheet for COVID-19 Vaccination among Residents:
 - <https://www.cdc.gov/nhsn/pdfs/lrc/covidvax/track-res-covidvax.xlsx>
- Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel:
 - <https://www.cdc.gov/nhsn/pdfs/lrc/covidvax/track-hcp-covidvax.xlsx>
- FAQs on Reporting COVID-19 Vaccination Data:
 - <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html>
- Table of Instructions – Weekly COVID-19 Vaccination Reporting for Residents:
 - <https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf>
- Table of Instructions – Weekly COVID-19 Vaccination Reporting for Healthcare Personnel:
 - <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>
- Training Slides for Reporting Weekly COVID-19 Vaccination Data:
 - <https://www.cdc.gov/nhsn/pdfs/lrc/covidvax/weekly-covid-reporting-508.pdf>
- HSAG NHSN FAQ Handout:
 - <https://www.hsag.com/globalassets/covid-19/nhsnimportantlinksfaqsfinal508.pdf>

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

A: Yes, SNFs are required to report to both NHSN and CDPH. CDPH will upload the vaccination data into NHSN for SNFs that conferred rights.

Q: If our SNF reports vaccination data directly into NHSN, what will happen if CDPH also submits data to NHSN?

A: When CDPH uploads the vaccination data into NHSN for the SNFs that conferred rights, the data already inputted by SNFs will remain. CDPH cannot override existing data. SNFs can edit the data after the CDPH upload.

Q: When will CDPH upload the vaccine data into NHSN every week?

A: CDPH will upload vaccination data every Thursday for the previous week.

Q: CDPH is reporting a week behind into NHSN. Is that ok?

A: Every Thursday, CDPH will upload for the previous week's data which would be the prior Monday through Sunday. CDPH confirmed with NHSN that this delayed upload is acceptable and will not lead to any issues with compliance for our SNFs.

Q: The new weekly CDPH 1, 2, 3 survey vaccine questions, still do not match the NHSN required questions. 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. Is CDPH going to update the language of the question?

A: CDPH recently updated the language, which now states: "Please report the unique number of residents present at the facility or the number of beds occupied during the week that the data is being reported"

Q: NHSN wants us to report the total staff eligible to work the reporting week. CDPH is asking us to report the staff that worked. The numbers will be different because staff eligible to work doesn't mean they actually worked. Is CDPH going to change the question.

A: The CDPH survey matches the same requirements as NHSN: "Please count each individual just once. Do not count HCPs on extended leave. However, please include per diem staff working at the facility sometime during the past last reporting week, and HCPs absent less than or equal to last week".

Q: Reporting for weekly testing is Sunday-Saturday and vaccination is Monday to Sunday. Is NHSN or CDPH considering using the same start and end date for reporting periods?

A: CDPH made this change. This notice is at the top of the survey "The reporting week is being changed to a Monday through Sunday period in order to meet NHSN reporting requirements"

Q: How do we set up a group account in NHSN to look at data for clusters of our facilities?

A: How to set up Groups: <https://www.cdc.gov/nhsn/pdfs/covid19/lcfc/grp-setup-508.pdf>

Q: How often are we required to educate unvaccinated HCP and residents that declined the vaccine? Individuals that are adamantly against the vaccine are becoming frustrated because we keep asking them.

A: 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.

Testing Questions & Answers

CDPH AFL 20-53.4 <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. The AFL aligns with the 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>.

Q: How does the daily tracking work to achieve the 70% resident and HCP vaccination rate.

A: Facilities can discontinue routine diagnostic screening testing of fully vaccinated asymptomatic HCP only if $\geq 70\%$ of residents and $\geq 70\%$ HCP that work in the facility are fully vaccinated. Monitoring the vaccination percentages should incorporate daily changes (including HCP who only worked one day in the week). Resume routine diagnostic screening testing of all HCP within one week if the percentage of either residents or HCP fully vaccinated drops below 70% for the **preceding week (not a daily percentage)**. SNFs do not need to make changes to weekly testing schedules based on single-day fluctuations in the vaccination percentage. Testing should continue for at least 2 weeks and continue until meeting the required $\geq 70\%$ of residents and $\geq 70\%$ HCP are fully vaccinated for one full week.

Q: Per the AFL, response testing of residents and HCP must occur every 3–7 days until no new cases are identified among residents in sequential rounds of testing over 14 days. If we test every 3 days, that means 4 rounds of testing will be completed over 14 days. Is that accurate?

A: Yes. Over 14 days, it is reasonable for response testing to occur twice (every 7 days), or it can occur more frequently (every 3 or 4 days). Ideally, testing is done more frequently than once a week.

Q: Per the AFL, “serial testing...should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days...”. Why only residents? What if staff test positive?

A: “Staff” was intentionally left out of that statement. The requirement is to continue response testing until there are no new cases among residents for 14 days to demonstrate transmission is ceased within the facility. After the 14 days, a new case in a staff member may or may not be related to the first outbreak; the facility would re-initiate response testing, but could be focused on unit(s) where positive staff member worked (consult with LHD).

Q: Can antigen tests be used for HCP diagnostic screening testing?

A: Yes, antigen testing can be used for screening testing, but the testing needs to be done twice a week.

Q: Can antigen tests be used for HCP and resident response testing?

A: Yes, antigen testing can be used for response testing, but the testing needs to be done twice a week.

Q: Do we need to test our dialysis residents weekly?

A: Per AFL 20-53.4, residents who leave the facility for dialysis (regardless of vaccination status) do not need to be quarantined in a "yellow-observation" or "yellow-exposed" zone, unless there was a known exposure at the dialysis facility. When there is suspected or confirmed COVID-19 transmission at a dialysis facility (or other outside facility), testing and 14-day quarantine are recommended for unvaccinated or partially vaccinated residents. SNFs should consider periodic diagnostic screening testing for unvaccinated and partially vaccinated residents who regularly leave the SNF for dialysis.

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)? What about physicians?

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, physicians that entered the facility that week.

Q: Do you have to have a CLIA waiver in order to use the BinaxNow antigen testing?

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

Q: In follow up to last week's answer, is there any consideration to changing the 70% resident vaccination goal for D/P SNFs and transitional care units that serve residents with short term lengths of stay <12 days? We are never going to consistently reach the 70% resident metric, so will have to test our fully vaccinated staff indefinitely.

A: No. 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. We will take this recommendation into consideration for further discussion.

Q: Do we need to do confirmatory PCR testing for asymptomatic newly admitted unvaccinated residents who are in observation and tested negative with an antigen test?

A: Yes.

Q: Could I have clarification on response testing in regard to 21-28? There seems to be a contradiction between when to conduct response tests during times of outbreaks versus when to conduct response test on residents/staff that have been fully vaccinated.

A: These are each different categories of testing and depending on the scenario. Response testing is done when there is a positive individual identified in either a resident or a staff member in the facility. That is

what prompts response testing and that is basically considering everyone in that facility to have been potentially exposed. We then consider them exposed and we quarantine potentially exposed individuals. We repeatedly test their target response to a potential exposure and potential outbreak. Depending on whether or not there is a positive individual in the facility and the response testing needs to be done regardless of the vaccination status.

Visitation Questions & Answers

CDPH AFL 20-22.8 <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. The AFL aligns with the 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>.

Q: Can facilities allow indoor, in-room visitation for residents in the green, yellow, and red zone? What PPE do they need to wear?

A: Facilities shall allow indoor in-room visitation for all residents in the green and yellow zones, regardless of vaccination status. COVID-19 positive residents in the red zone can only have visitation for compassionate care reasons or other special circumstances. PPE recommendations for each zone, include:

- **Green zone:** Fully vaccinated residents and fully vaccinated visitors may visit without face masks and physical distancing and include physical contact. Masks for source control and distancing are required between unvaccinated or partially vaccinated visitors and residents.
- **Yellow zone:** Visitors must wear PPE (gloves, gown, eyewear, and N95 respirator) during the visit, regardless of vaccination status. Fully vaccinated residents and fully vaccinated visitors can have physical contact without distancing, however, ensure you educate the visitor of the risk.
- **Red zone:** Compassionate care visits should be conducted using physical distancing and full PPE (gloves, gown, eyewear, and N95 respirator); physical contact can occur if the facility and visitor identify a safe way to allow for personal contact.

Q: If proof of vaccination status is not shared, should we consider the individual as unvaccinated?

A: Vaccination proof must be shared for all staff, contractors, and visitors if they want to be considered as fully vaccinated. If proof of being fully vaccinated cannot be verified, they need to follow the same precautions as someone who is unvaccinated.

Q: How many visitors may visit one resident at a time? Is there a limit as to how many visits they can have in a day? What about the length of time for each visit?

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). 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: Can residents in the yellow zone meet with visitors outdoors and/or in large communal spaces? Is full PPE necessary? Is physical touch allowed?

A: Yes, yellow zone residents can have outdoor visits and meet with visitors in large communal spaces. Full PPE is necessary for indoor visitation for the visitor. If the visit is held outdoors or in a large communal space, the resident and visitor need a mask for source control and need to follow basic precautions (cleanliness, handwashing, distancing, personal mask, etc.). Physical touch is ok if the visitor and the resident are fully vaccinated and masked.

Q: To monitor outdoor group visitation, is it reasonable to have an employee keep an eye on the outdoor visit from inside the facility; or does an employee have to be standing outside during the visit?

A: Yes, it is reasonable as long as the activity is within line of site of the employee.

Q: Fully vaccinated green zone residents were exposed to COVID-19. Can they leave the facility for family outings while in quarantine?

A: Exposed residents 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. Check with your local health department for additional requirements or restrictions that may be more stringent.

Group Activities Questions & Answers

Q: If 10 employees are fully vaccinated and meeting in a conference room or in the break room, are they still required to maintain 6-foot distance and wear a mask?

A: No. 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, as long as there are no unvaccinated HCP or residents in the same room. Note that HCP always have to wear a mask when they are in the presence of residents, regardless of vaccination status.

Q: Can activity personnel resume singing/karaoke for the residents? Does vaccination status of the singer matter?

A: Yes, singing can resume as a group activity, but note that singing is a high-risk activity that can generate infectious aerosols so it would be better to occur outdoors or in a well-ventilated space. The vaccination status does matter because all participants in an activity must wear a mask if there is a participant that is unvaccinated.

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.

PPE Questions and Answers

Q: Do healthcare workers still need to wear eye protection in the green zone?

A: Eyewear (face shields, goggles) are required to be worn in patient care areas, including the green, red, and yellow zones in communities with moderate, substantial, and widespread COVID-19 transmission rates (high test positivity rates). However, if your facility is located in a county with low transmission rates, then your HCP do not need to wear a face shield in the green area, unless there is an outbreak or cause for concern. County transmission rates can be found at: <https://covid19.ca.gov/state-dashboard/> and <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx>. Refer to CDPH AFL 20-74 for more information. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx>. Details on the types of PPE needed for each cohort can be found in the CDPH attachment [COVID-19 PPE, Resident Placement/Movement, and Staffing Considerations by Resident Category](#).

Q: Can a fully vaccinated resident be in the hallway without a mask and without social distancing?

A: No. Masks are still required for source control, and it's important to continue to follow appropriate precautions in common areas. It would be very difficult to ensure 100% of all residents, employees, and visitors are vaccinated.

Q: Is it required to wear an N95 mask when giving a resident nebulizer treatment in the green zone?

A: It's dependent on the transmission rate in your county. If you're in a county that is in the yellow category and your facility is not experiencing a breakout, you do not have to use a N95 mask. If it is in a county that is in a "higher" category or experiencing an outbreak, you must use an N95 mask.

Q: If HCP is wearing all necessary PPE and following correct IP measures, are they considered a high-risk exposure when performing aerosol emitting procedures?

A: No. As long as they're utilizing proper PPE and following proper IP measures, they are not considered high risk.

Other Questions and Answers

Q: When the AFLs are targeted to "All Facilities" does that include psychiatric hospitals?

A: Yes, but we'll confirm the answer at our next CDPH Infection Prevention call.

Q: Do the AFLs 20-22.8 and 20-53.4 apply to ICFs?

A: No, these AFLs refer to skilled nursing facilities.

Q: Can LA County SNFs follow the new AFLs, or do we need to wait for orders from LAC DPH?

A: LAC DPH is in the process of updating their SNF guidance that will mostly align with the recent CDPH AFLs. It will be distributed to LA County SNFs soon.

Q: Are SNFs required to do active screening for HCP before they start their shift?

A: CDC Guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> says that facilities must have a process to ensure everyone entering the facility is assessed for symptoms or exposure to COVID-19. Active screening doesn't mean that an individual must be physically present at the door doing the screening. An electronic monitoring system can be implemented for HCP to report absence of fever and symptoms, absence of a COVID-19 diagnosis in the prior 10 days and confirmation that they have not been exposed to COVID-19 during the prior 14 days. HCP should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.

Q: If resident was vaccinated with only 1 dose of Moderna, can the J&J vaccine be given?

A: It's not the preferred approach, but the resident would be considered fully vaccinated if the J&J is administered. This scenario is covered in CDC's Interim Clinical Considerations: The safety and efficacy of Janssen COVID-19 vaccine administered after an mRNA COVID-19 vaccine has not been established. However, in limited, exceptional situations where a patient received the first dose of an mRNA COVID-19 vaccine but is unable to complete the series with either the same or different mRNA COVID-19 vaccine (e.g., due to contraindication), a single dose of Janssen COVID-19 vaccine may be considered at a minimum interval of 28 days from the mRNA COVID-19 vaccine dose. See [Contraindications and Precautions](#) section for additional information on use of Janssen COVID-19 vaccine and additional precautions in people with a contraindication to mRNA COVID-19 vaccines. Patients who receive Janssen COVID-19 vaccine after a dose of an mRNA COVID-19 vaccine should be considered to have received a valid, single-dose Janssen vaccination—not a mixed vaccination series—and are considered fully vaccinated against COVID-19 ≥ 2 weeks after receipt of the single dose of the Janssen vaccine. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Q: We just admitted a new partially vaccinated resident from the hospital? The hospital administered the first vaccine dose. What zone can they be admitted to—green or yellow zone?

A: Since the resident is partially vaccinated, you need to admit them to the yellow zone. Quarantine is no longer required for new admissions that are fully vaccinated and have had no known exposure in the prior 14 days.

Q: How often should SNF residents be screened for COVID-19 symptoms?

A: Per AFL 20-25.2 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25.aspx>, vital signs need to be monitored every shift for all residents and every four hours for COVID-19 positive residents. See page 3 of the “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>.

Q: What is the quarantine guidance for HCP who travel to Mexico or another country to visit family? Is AFL 21-08.2 going to be updated?

A: On April 2, 2021, CDC updated quarantine and work restriction recommendations following travel. www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html. For HCP that are fully vaccinated, or COVID-19 recovered within 3 months, testing before or after travel and self-quarantine after domestic or international travel is no longer required, as long as they are asymptomatic. They do not need to quarantine or be excluded from work upon return. Unvaccinated HCP that travel domestically or internationally do need to quarantine when they return. Note that AFL 21-08.2 is being updated to explicitly outline the CDC guidance regarding vaccination status.

Q: Now that our county is in the yellow tier, can we share staff between yellow and green zones?

A: Yes. Now that most facilities are not experiencing outbreaks and therefore are not utilizing their red zone, if you only have a limited number of individuals residing in your yellow zone, it is reasonable to allow crossover between yellow and green zones if staff pay attention to appropriate donning and doffing of PPE and hand hygiene when they move from one zone to the next. View AFL 20-74 for more information on cohorting.

Q: What are the guidelines for the use of fans in resident rooms or in common areas? What if 90% of our residents and HCP are fully vaccinated?

A: Fans can help improve ventilation; however, regardless of vaccination status they must be used in a safe manner, so they don't blow potentially contaminated air from one person to another. Measures to ensure fans are used properly include:

- Avoid the use of high-speed settings on fans.
- Orient fans to promote airflow from parts of a facility towards locations with known or suspected positive cases and then to the outside (i.e., clean-to-less-clean direction). Mount fans in open windows or place them near open windows to direct indoor air to flow outside.
- Position fans so that air does not blow from one person to another.
- Do not have residents congregate in outside areas where window fans are located.
- Keep ceiling fans turned off unless necessary for the thermal comfort of building occupants. If they are turned on, they should be used at low velocity with fan blades set to pull air upwards.

Q: Can we open the doors for yellow zone residents due to extreme summer heat?

A: No, but if it is an emergency situation, please be aware of air flow. It is ideal that air flows from clean to less clean air.