



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 23, 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

CDPH AFL Updates:

- View PowerPoint slides with frequently asked questions on eyewear in the green zone, tuberculosis testing and potlucks (slides 13-18):
https://www.hsag.com/globalassets/covid-19/cdph_june23_508.pdf

Testing Taskforce Update

- View PowerPoint slides: https://www.hsag.com/globalassets/covid-19/cdph_june23_508.pdf
- Average test positivity past 7 days: 1.1% (up 0.2% from last week)
- Average test turnaround time last week: 0.8 days

California's Digital COVID-19 Vaccine Record <https://myvaccinerecord.cdph.ca.gov/>

- View PowerPoint slide 8 https://www.hsag.com/globalassets/covid-19/cdph_june23_508.pdf
- Complete the required fields to receive a link to a QR code and digital copy of your COVID-19 vaccination record. Visitors, staff, vendors, and residents can click on this link to get immediate proof of their vaccination record to share with SNFs.

NHSN Vaccine Reporting Updates

- View PowerPoint slides with NHSN reporting guidance (slides 9-12):
https://www.hsag.com/globalassets/covid-19/cdph_june23_508.pdf
- CMS began imposing civil money penalties (CMPs) the week of June 21 for facilities that did not report the new required vaccination elements.
- CMS SNF Data <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>
- NHSN vaccination data is public for the week May 31–June 6, 2021.
<https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/COVID-19-Nursing-Home-Dataset/s2uc-8wxxp>
- 95% of nursing homes in California reported vaccination data to CDPH Weekly 1, 2, 3 Survey
 - CDPH uploaded data into NHSN on June 17 for the week of June 7-13.
 - CDPH's next upload will be on June 24 for the week of June 14–20.
 - 82% of SNF residents and 80% of SNF staff are vaccinated in California.
- Webinar Opportunity—Long-term Care Facility COVID-19 Module: Information about modifications in the upcoming NHSN release planned for July 8, 2021
 - Thursday, July 8 & Monday, July 12, 10–11 a.m. PT
 - Register https://cdc.zoomgov.com/webinar/register/WN_qDCdNpp4SvCIH0Io_-KK4w

NHSN & Vaccine Questions & Answers

Q: Is it recommended to wait four weeks after the 2-dose COVID-19 vaccination before administering tuberculosis (TB) testing?

A: Yes, Yes, it is recommended to defer the purified protein derivative (PPD) tuberculin skin test (TST) or an interferon release assay (IGRA) to take place ≥ 4 weeks after the completion of COVID-19 vaccination. A TB risk assessment should be done and if there is high suspicion for active TB disease, diagnosis can be made through other diagnostic tests such as chest X-ray or Sputum for AFB smear and culture.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F%2F%2Finfo-by-product%2Fclinical-considerations.html

Q: A new unvaccinated resident was given the PPD TST on admission. Do we need to delay administration of the COVID-19 vaccine?

A: No, proceed with administering the COVID-19 vaccine. The PPD TST or IGRA test may be performed any time *before* or *at the same time* as the first dose of COVID-19 vaccine.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F%2F%2Finfo-by-product%2Fclinical-considerations.html

Q: Is the digital vaccine card mandatory or is the white immunization card sufficient?

A: The white immunization cards serve as proof of immunization. The digital vaccine card is an option that can be used, but it is not mandatory.

Q: Moderna Covid-19 vaccine was only good for 6 hours after 1st puncture, has it change to 12 hours?

A: Punctured vials may be stored between 2°F and 25°C (36°F and 77°F) for up to 12 hours.

<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/storage-summary.pdf>

Q: If the resident had Moderna for the first vaccine dose, is it okay to give Pfizer for the second dose?

A: No, that is not ideal. Every effort should be made to give the second Moderna dose. However, if the person does receive Pfizer as the 2nd dose, they would be considered fully vaccinated.

Q: There is not a CDPH Weekly 1,2,3 Survey for ICF. Where do we report our vaccine data?

A: ICFs can choose to report directly into NHSN.

Q: We have a new IP and she needs to use the old IP email address for NHSN but how can we change the profile to her profile?

A: The previous IP can log into NHSN and follow these steps to update the email address (https://www.cdc.gov/nhsn/pdfs/sams/sdn_sams-guide-to-changing-your-email-address.pdf). That will release the email address for the new IP to use. Some people choose to use their personal email address to set up their SAMS profile.

PPE Questions & Answers

Q: When do HCP need to universally wear eye protection (face shields, goggles)?

A: Eye protection is required to be worn during all patient/resident care, including green, red, and yellow zones, in facilities in counties with moderate, substantial, and widespread COVID-19 transmission rates (high test positivity rates), and during a COVID-19 outbreak in a facility. Eye protection in the green zone is NOT required in counties with minimal to no county transmission rates (<2% COVID-19 test positivity rates), unless otherwise indicated as part of standard precautions. Eye protection is NOT necessary in non-patient care areas, such as the kitchen, hallways, nurses' station, regardless of county transmission. County test positivity rates can be found at:

<https://covid19.ca.gov/state-dashboard/>.

Q: If the percentage goes >2% do we begin wearing the eye protection?

A: Yes, face shields in the green zone are required if your county increases to >2% test positivity rate.

Q: Are CNAs required to wear a gown when they are entering a patient's room for passing water pitchers and meal trays?

A: No. If they are just delivering a meal tray or water pitcher (brief interaction with minimal contact), they do not need to wear a gown. In the yellow zone, CNAs need to wear eyewear (face shield/goggles), N95 and gloves. Limit the use of gowns for activities where staff would have more contact with the resident.

Q: When a staff member delivers meal trays to the yellow zone, do they need to wear gloves?

A: Yes, they need to wear gloves, eyewear and an N95. Gowns are not required.

Q: If there are patients wandering in non-patient care areas (i.e. hallway, nurse station), do we still treat those areas as non-patient care areas? and not wear face shield. Or do we treat them like patient care areas and wear face shield?

A: It depends on the presence and reliability of the source control. We know in a patient's room, they will not be wearing their face mask all the time. That's why we need to wear all of our PPE in that resident's room in providing care in that space. Residents will be out and about in the facility, and they are wearing their source control, their mask reliably, and so there is not a need for staff members to universally wear eye protection in these nonpatient care settings.

Q: If HCP is going into the yellow zone room just to interview a resident or a maintenance going to the room to repair something, are they supposed to wear a gown, N95 and face shield?

A: It depends on the activity conducted in the room. Regardless of the activity N95 mask and eye wear is necessary. For an interview gloves and gowns may not be necessary. Maintenance staff would need to wear full PPE because of their contact with the resident's environment.

Q: Do fully vaccinated dietary employees need to wear eye protection when they are working in the kitchen away from residents?

A: They do not need to wear eye protection as long as residents are not in the kitchen area.

Group Activities Questions & Answers

Q: Are potlucks in the break room acceptable?

A: Yes, potlucks are considered a group activity (AFL 20-22.8) and are now acceptable with precautions. Masks and distancing are not required during potlucks only if all HCP participating are fully vaccinated. If unvaccinated staff are present, masks and social distancing need to be practiced. Outdoor potlucks are more desirable if possible.

Q: Can SNF entertainers resume singing/karaoke for the residents? Do we need to use a plexiglass barrier between the singer and the residents?

A: 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. Plexiglass is not required, but if used would provide enhanced safety precautions. The vaccination status of the singer, residents and staff matters. All participants in the activity must wear a mask if there is a participant that is unvaccinated.

Q: Can green zone and yellow zone staff members share a breakroom now?

A: Yes, but ensure staff pay attention to proper donning and doffing of PPE and hand hygiene. Also, if anyone in the breakroom is not fully vaccinated, everyone must mask and physically distance.

Q: AFL 20-22.8 does not mention communal dining/group activities for fully vaccinated staff at all. It only goes over residents. Is it ok for staff to have a potluck event?

A: CDC guidance in CMS QSO-20-39 (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>) for group activities, communal dining in healthcare facilities in general, addresses healthcare personnel, and indicates that if all participants in a given activity are known to be fully vaccinated, that masks and distancing would not be required. This applies to potlucks.

Q: Do yellow zone residents do physical therapy in the therapy room or they have to do the therapy in their room or outside?

A: The safest option would be to do it in their room. But that might not always be possible, and there are other options:

- Receiving therapy outside is one good option. The resident still needs to wear source control when leaving their room and while they are participating in that physical therapy activity.
- When residents need to use the physical therapy room or gym, ensure you stagger the scheduling, and that you do not mix yellow zone status residents with green zone residents. Appropriate cleaning and disinfecting need to take place between residents. Also, residents need to maintain physical distance and source control masks in that room. If the resident is unable to wear source control or adhere to that throughout the visit, then no, physical therapy can't be done in a public space. It would need to be done in their room.

Visitation Questions & Answers

Q: Can yellow zone residents go outside for a visit if we have a separate entrance/exit for them and section for an outdoor visit to better protect the visitors?

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 both fully vaccinated and masked.

Q: For visitation, is it okay for children to visit in a skilled nursing facility?

A: Per AFL 20-22.8, visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.

Q: Can a fully vaccinated visitor to the green zone wear a cloth mask inside the facility?

A: Yes. A well-covered cloth mask is appropriate.

Q: What PPE do visitors need to wear in the green and yellow zones?

A: Visitors must wear full PPE when visiting residents in the yellow zone. Full PPE includes N95, eyewear (face shields, goggles), gloves and gown. Fit testing for respirators for visitors is not practical, and therefore not a requirement. As a best practice, facilities should provide the N95 and educate visitors how to perform a seal check when donning the N95. Non-fit tested respirators provide more protection than just a surgical mask. In the green zone, visitors must wear masks for source control, but eye protection is not required.

Q: Are volunteers now allowed to come back into skilled nursing, provided they are screened appropriately and wear proper PPE depending on what area of the SNF they are volunteering?

A: Per AFL 20-22.8, healthcare workers, including volunteers who provide care and services to residents on behalf of the facility are allowed to start volunteering again regardless of vaccination status, and as long as they follow CDC and proper IP guidelines.

Q: Are masks needed for fully vaccinated visitors that visit a fully vaccinated resident, if the resident's fully vaccinated roommate either refuses to leave or can't leave the room?

A: Indoor, in-room visitation should be done without a roommate if possible. We understand there will be these unique situations, and you have to take into consideration the size of the room and ventilation situation. Safest option is to have the visitor adhere to masking and proper physical distancing if an unvaccinated roommate is present. However, in this scenario, since everyone is fully vaccinated, it can be considered a group activity, which means masks would not be needed.

Q: Are SNFs allowed to allow potential referrals (patients/families) to tour the facility if following source control and not in rooms with other patients/visitors?

A: Yes, as long as facility infection prevention and control policies are followed, and the number of people/visitors is not beyond what can be managed.

Testing Questions & Answers

Q: How often do we need to test our residents for COVID-19?

A: Refer to CDPH AFL 20-53.4 for testing guidance. Residents should be tested for COVID-19 if they are symptomatic (regardless of vaccination status) or if the facility is in response testing due to an outbreak. If a resident is symptomatic and tests positive, then facility moves to response testing mode. Neither CMS nor CDPH require testing residents for routine diagnostic screening, however, some counties, like Los Angeles county, have had specific requirements to test a sample of your non-vaccinated residents. Check with your local public health department to see if they have unique testing requirements in your county. View the CDPH testing flow chart for more information on testing requirements (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-53-Attachment-01.pdf>).

Q: Patients admitted from the hospital to a SNF that have been vaccinated do not require quarantine however do they require a negative COVID-19 test from the hospital within 72 hours?

A: Quarantine is no longer required for new admissions that are fully vaccinated and have had no known exposure in the prior 14 days. Testing is also not required.

Q: Are we required to test unvaccinated staff weekly?

A: Per AFL 20-53.4, routine diagnostic screening testing must be done at a minimum weekly cadence for SNF HCP who are unvaccinated or partially vaccinated. SNFs should implement strategies to increase and maintain vaccination coverage among HCP as high as possible, including verifying vaccination status of new hires, and offering education, listening sessions, counseling, and vaccination at every opportunity, even to those HCP who have previously refused.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

Q: Could we use the CMS COVID positivity rate by county which is outlined in the CMS QSO for testing frequency before CA had the Blueprint?

A: County test positivity rates for California can be found at: <https://covid19.ca.gov/state-dashboard/>. If you prefer using the county-level positivity rates data that CMS publishes at:

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg> refer to your local health department for guidance/approval to do so. The CMS data is delayed compared to the CA dashboard.

Other Questions & Answers

Q: Our waiver to use out of state licensed staff with a temporary license per the waiver ends 6/30/2021. We have been told that will not be extended. We are getting information from our agencies that they have been told the waiver will be extended until 9/30/2021. We are really struggling for staffing and certainly still need this staff. Please clarify.

A: This is an ongoing discussion, and clarification is forthcoming.

Q: Is it still necessary to check vitals every shift in the Green Zone?

A: Per AFL 20-25.2, vital signs need to be monitored every shift for all residents (including green and yellow zone 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>. CDPH will have further discussion regarding the length of time that this requirement will be in place.

Q: When is it required for a 2nd temp check for an employee?

A: Taking a second temperature is only needed if the employee develops symptoms.

Q: Is the great shake out considered for emergency preparedness?

A: It can be used to help to meet the EP requirements provided you combine it with a table-top exercise or some other functional elements of responding to an earthquake. Drop cover and hold is just a part of the exercise. For a free webinar about how to use the Great Shakeout for your CMS EP requirements, feel free to register to participate (<https://www.shakeout.org/healthcare/>) there are a number of tools available for you to exercise with the Great Shakeout.

Q: Do you know how often the county positivity rate is updated on the California COVID-19 state dashboard <https://covid19.ca.gov/state-dashboard/>?

A: We believe the dashboard is updated daily.

Q: With businesses open now, some of our employee refuse to wear a mask inside the facility. How can we address this issue? We have educated, done in-services, and given verbal warning, but it is not working. Any advice?

A: In this case, please remind HCP that the June 15th public masking guidance does not apply to healthcare facilities (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>). If they continue to disregard facility policies, discuss with your legal counsel and take the next steps to provide written warning and additional repercussions for staff not following facility, state and federal PPE policies.

Q: Specifically for an Intermediate Care Facility (ICF), if a resident is sent to the ER by ambulance (so it is unknown if there was an exposure in transport or in the ER), does the resident still go into a 14 day observation upon return to the ICF?

A: Per AFL 21-14 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-14.aspx>) and the CMS QSO-21-14-ICF/IID & PRTF memo, quarantine is recommended based on the likelihood of exposure if there was not a definite exposure documented. The need to quarantine may also be determined by the rate of positivity in the county.