



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
July 14 & 15, 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 Wednesday Webinar presentation covered:**

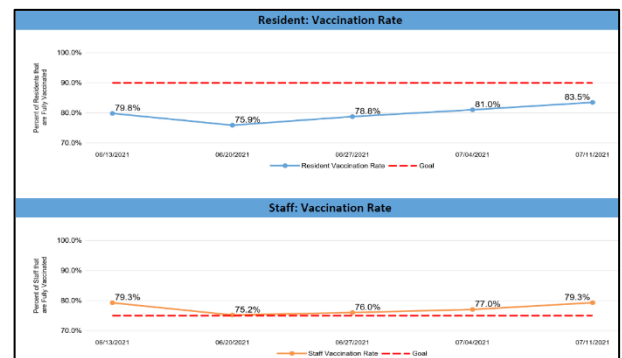
- Testing Task Force Update: Average test positivity past 7 days: 3.0% (up 1.0% from week)
- COVID-19 Vaccine Update
- HAI Update: Refer to frequently asked question slides 17-23  
[https://www.hsag.com/globalassets/covid-19/cdph\\_july14\\_508.pdf](https://www.hsag.com/globalassets/covid-19/cdph_july14_508.pdf)

**Vaccine Data Reports Available to all Nursing Homes**

HSAG is producing vaccine data reports every Monday to help nursing homes keep track of the percentage of staff and residents that are fully vaccinated, as well as provide you with your COVID-19 case volume. CMS is now prioritizing facilities with low vaccination rates, so access your data report as soon as possible to ensure the data you are submitting to NHSN every week is accurate. Nursing homes can access the data reports through HSAG’s Quality Improvement and Innovation Portal (QIIP) at: <https://qiip.hsag.com>

If you never accessed the QIIP before, follow the steps below to get access:

1. [Click here to download](#) and complete the administrator form and email it back to [canursinghomes@hsag.com](mailto:canursinghomes@hsag.com).
2. Look for an email from [appdevsupport@hsag.com](mailto:appdevsupport@hsag.com) to create a password.
3. Once registered, visit <https://qiip.hsag.com> to access the reports.



**California COVID-19 Vaccination Recognition Program**

CMS has made increasing COVID-19 vaccination rates in nursing homes a national priority. Using NHSN data, HSAG will recognize nursing homes that have met this challenge. Data will be reviewed on a quarterly basis and facilities will be provided a certificate of achievement for meeting either of the following criteria:

- Exceeding a 75% staff COVID-19 vaccination rate over four consecutive weeks
- Exceeding a 90% resident COVID-19 vaccination rate over four consecutive weeks

Please visit HSAG’s COVID-19 Vaccine webpage for resources to improve vaccine acceptance [www.hsag.com/covid-19/vaccine-resources](http://www.hsag.com/covid-19/vaccine-resources).

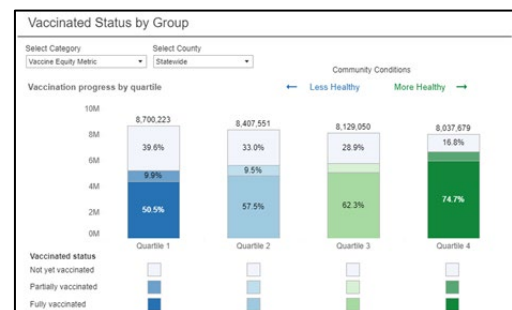
Register at [www.hsag.com/covid-19-events](http://www.hsag.com/covid-19-events) for the webinar “Invest in Trust: Building COVID-19 Vaccine Trust Among Nursing Home Staff Members” on Monday, July 19, 2021 at 12 noon, PT.

## Vaccine Data Resources

- California variants data is available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-Variants.aspx>
  - See variant data in slide 18 in webinar PowerPoint [https://www.hsag.com/globalassets/covid-19/cdph\\_july14\\_508.pdf](https://www.hsag.com/globalassets/covid-19/cdph_july14_508.pdf)
- CMS SNF data: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>
- CDPH SNF Data Dashboard: [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID\\_19.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx)

CALIFORNIA SKILLED NURSING FACILITIES COVID-19 RESIDENT AND HEALTHCARE WORKER (HCW) VACCINATIONS						
LAST UPDATED: 7/14/2021 5:01:27 PM						
SKILLED NURSING FACILITIES	FACILITIES ADMINISTERING FIRST DOSE	FACILITIES ADMINISTERING SECOND DOSE	TOTAL RESIDENTS FIRST DOSE	TOTAL RESIDENTS SECOND DOSE	TOTAL STAFF FIRST DOSE	TOTAL STAFF SECOND DOSE
1,223	99.9%	99.8%	93,849	85,412	131,379	123,476

- California Vaccination Progress Data: <https://covid19.ca.gov/vaccination-progress-data/>
  - Overview of vaccine administration shows all vaccinations administered in California by count. Data is updated daily.
  - Vaccination progress by group shows progress in vaccinating groups and communities with the most urgent need. You can view data by Vaccine Equity Metric, race and ethnicity, age, either statewide or county. Data is updated weekly on Wednesday.
  - Vaccinating equitably across groups shows how California has distributed vaccines to date and over time by Vaccine Equity Metric, race and ethnicity, age and gender. Data is updated weekly on Wednesday.
  - By Vaccine Equity, quartile 1 (less healthy individuals) has much lower vaccination coverage than quartile 4 (more healthy individuals).
  - By Age, younger age groups have lower vaccination coverage than older age groups.



## Quarantine/Isolation Questions & Answers

**Q-1:** Our fully vaccinated resident tested positive at the hospital with symptoms. When the resident readmits to us, when do we start the 10-day isolation period?

**A:** The 10-day isolation period begins from the date of symptom onset, provided the individual's fever has resolved and symptoms are improving. If that date is unknown, or if asymptomatic, use the date of the positive test. There may be some instances in individuals with COVID-19 who have severe underlying immunocompromising conditions (such as receiving chemotherapy for cancer treatment) who may show the virus for a longer period of time. In that case, isolation may need to be extended up to 20 days.

**Q-2:** Do we need to treat residents as exposed to COVID-19 if they leave the facility and have been in a restaurant or some other public setting for more than 15 minutes?

**A:** The exposure needs to be "known" and not "possible" exposure. So the residents would not need to be treated as exposed upon returning to the facility.

**Q-3:** What is the SNF HCP quarantine guidance following domestic or international travel?

**A:** Per AFL 21-08.3, for domestic travel in the U.S., testing before or after travel and self-quarantine after travel is no longer required for fully vaccinated individuals or COVID-19 recovered individuals within 3 months, as long as they are asymptomatic. For international travel, self-quarantine after travel by air internationally and returning to the U.S. is no longer required for fully vaccinated individuals. Testing still needs to be done according to the CDC guidelines. For HCP that are unvaccinated or partially vaccinated, quarantine and testing is recommended after domestic and international travel. Check the CDC travel guidelines for further information.

- CDC Domestic Travel During COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>
- CDC International Travel During COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html>
- CDPH Current Travel Recommendations <https://covid19.ca.gov/travel/>
- CDPH Travel Flyer  
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CA-is-Open-Travel-Guidelines.pdf>

**Q-4:** Can residents go out on pass with unvaccinated friends/family?

**A:** Yes, the resident has the right to leave the facility. You should explain the risks of transmission to the resident and family. Upon return, fully vaccinated SNF residents who leave the facility for nonessential purposes (e.g., to go out to a restaurant or visit family in their home) do not need to quarantine upon return. Unvaccinated or partially vaccinated residents who leave the facility for nonessential purposes for more than 24 hours should be managed like new admissions, therefore they need to be quarantined. For outings less than 24 hours, use case by case discretion, but note that they are not required to quarantine upon return.

**Q-5:** What is the quarantine guidance for SNF residents? Do we still need to place unvaccinated new admissions in quarantine?

**A:** Per AFL 21-08.3 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>), residents exposed to COVID-19 need to quarantine for 14 days, regardless of vaccination status.

- 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. Local health departments may continue to recommend quarantine for newly admitted fully vaccinated residents from a hospital where there is known COVID-19 transmission.
- Unvaccinated or partially vaccinated new admissions need to quarantine for 14 days.
- Fully vaccinated SNF residents who leave the facility for nonessential purposes (e.g., to go out to a restaurant or visit family in their home) do not need to quarantine upon return.
- Unvaccinated or partially vaccinated residents who leave the facility for nonessential purposes for more than 24 hours should be managed like new admissions, therefore they need to be quarantined. For outings less than 24 hours, use case by case discretion, but note that they are not required to quarantine upon return.

### Testing Questions & Answers

**Q-6:** How often do vaccinated and unvaccinated staff need to be tested for COVID-19?

**A:** Refer to CDPH AFL 20-53.4 for testing guidance. 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. Facilities must continue weekly routine diagnostic screening testing of unvaccinated and partially vaccinated HCP. Screening testing of all HCP must be resumed within one week if the percentage of residents and HCP fully vaccinated drops below 70%. In this scenario, testing should continue for 2 weeks and continue until the required  $\geq 70\%$  of fully vaccinated residents and HCP is met for one full week. If there is an outbreak (meaning one or more staff or

residents test positive), than response testing is started. For response testing, all residents and staff need to be tested weekly until no new cases are identified in residents in two sequential rounds of testing over 14 days. Once response testing is over, then facility moves back to routine diagnostic screening testing mode, in which only staff are tested weekly. 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>). Check with your local public health department to see if they have unique testing requirements in your county. Testing requirements for Los Angeles County can be found at: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#testing>.

**Q-7:** Are positive antigen test results still required to be reported to LHJ via CalREDIE?

**A:** Yes, positive antigen test results must be reported through CalREDIE within eight hours from the time of the results per CDPH AFL 20-53.4. Reporting of non-positive (negative) antigen results through CalREDIE is encouraged, but no longer required. Reporting antigen test results to NHSN is optional but note that when you submit test results to NHSN, the data will flow over to CalREDIE. Check with your local county public health departments that may have stricter requirements.

**Q-8:** Is there an algorithm on how to interpret positive antigen test results in a case who is symptomatic and fully vaccinated with no previous COVID-19 infection?

**A:** A person who is having COVID-19 symptoms and tests positive with an antigen test should be treated as COVID-19 positive. This could be considered diagnostic of COVID-19 if the person has only had symptoms for less than 7 days. As a part of the state antigen testing program, we are recommending testing with another test (PCR) to confirm the diagnosis. The person should isolate until confirmatory test results.

**Q-9:** How can we find out if our COVID-19 positive resident or HCP has the Delta variant?

**A:** The local health department would have to do the testing and release the results to you. Both PCR and antigen tests are effective at detecting the delta variant.

**Q-10:** Is the test positivity rate increasing because we are testing less and usually only testing symptomatic people?

**A:** It's hard to say. The test numbers have gone down and test positivity has gone up from 0.8% to 3%. The majority of testing in SNFs is symptomatic individuals and unvaccinated HCP; but the SNF population does not reflect the entire state. Most of the positive cases are seen in unvaccinated individuals, which highlight the importance to vaccinate; vaccination will prevent most COVID cases.

**Q-11:** Do we need to test fully vaccinated visitors with a rapid antigen test before they enter the facility?

**A:** No, unless they are showing signs and symptoms of COVID-19.

**Q-12:** Can a receptionist administer rapid antigen tests for staff?

**A:** Yes, if a facility has their own CLIA license. The facility is responsible for training their own staff to administer the test accurately and appropriately.

**Q-13:** Are fully vaccinated staff in an acute psychiatric hospital unit still required to be tested regardless of whether 70% of the staff have been vaccinated or not?

**A:** Due to the short term stay nature of the patients, vaccination threshold for acute care settings for these patients would be nearly impossible to operationalize the testing that would follow.

**Q-14:** Can antigen tests be used for healthcare personnel (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-15:** Is there a possibility that California or our local county could close down again if the test positivity rate continues to increase? If so, what test positivity rate percentage would it take to reenforce new community restrictions? Also, is there a possibility that we will need to start weekly testing again for vaccinated employees even though we have met the 70% threshold?

**A:** At this point stay tuned. Guidance is forthcoming from CDPH or your local health department. Also, there are not any plans currently to direct nursing homes to test fully vaccinated staff.

**Q-16:** Can antigen tests be used for HCP and resident response testing?

**A:** Yes, antigen testing can be used for response testing if used twice a week, and may be particularly helpful during the initial rounds of response testing to rapidly identify, isolate, and cohort positives; however, during response testing, negative antigen test results must be confirmed with PCR.

**Q-17:** Can antigen tests be used on day 14 for yellow zone residents who have been in quarantine and are now ready to move to the green zone?

**A:** Yes, but negative tests will need to be confirmed with PCR tests.

### Personal Protective Equipment (PPE) Questions & Answers

**Q-18:** 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/>. Note that the CDC launched a new website "COVID-19 Integrated County View" with defined indicators and thresholds of transmission <https://covid.cdc.gov/covid-data-tracker/#county-view>. CDPH is having active discussions in review of the CDC's community transmission level algorithms. For now, current California guidance is to continue to use the county test positivity rates published by CDPH.

**Q-19:** Are KN95 masks allowed to be worn by HCP in the green zone?

**A:** No, KN95s are not CalOSHA approved. Universal masking, including the green zone, requires a procedure mask.

**Q-20:** Is it reasonable for staff to wear N95's even if they are not Fit Tested when working in yellow or red zones?

**A:** No. You will be cited if you do.

### Communal Dining & Visitation Questions & Answers

**Q-21:** Can green and yellow zone staff share the same breakroom?

**A:** Yes, if it is not feasible to have separate breakrooms. It is better to have separate breakrooms, but with fewer cases it may be unrealistic for your building. Make sure that staff socially distance and mask.

**Q-22:** Can unvaccinated staff eat inside the break room without a mask with other staff present who are vaccinated?

**A:** No. All HCP must be masked in a breakroom if there are any staff in the room that have not been vaccinated. Therefore, HCP can only eat together in a break room without masks, if all HCP participating/eating together in the room are fully vaccinated.

**Q-23:** For Memory Care Units, where residents need more supervision, can residents still do communal dining if the facility is in an outbreak?

**A:** You will need to check with your local health department for guidance. In a situation like this most communal dining programs would be suspended.

**Q-24:** Are visitors able to dine with residents in communal settings?

**A:** Unvaccinated visitors and/or unvaccinated residents are not able to dine with each other due to masking and distancing restrictions. Fully vaccinated visitors and fully vaccinated residents can dine with residents without the use of masks and physical distancing with the following considerations:

- Dining can occur in the resident's room as long as the roommate(s) are not present.
- Dining can occur in a large communal space or dining room as long as there is physical distancing between other resident/visitor groups.

**Q-25:** In our SNF, for a double occupancy room, can we allow both roommates to have in room visitation at the same time?

**A:** This is a situation that clearly needs to be avoided. We suggest that you contact us via our usual inbox and describe your situation for guidance.

**Q-26:** If a resident is refusing to leave their room for a visitation and this resident's roommates cannot physically leave the room, how does the person refusing to leave see visitors?

**A:** Talk to a family member and see if they can assist in trying to convince the resident to conduct the visit in the safest, most comfortable environment possible.

### Other Questions & Answers

**Q-27:** Can we open our water fountain for our residents, now that do not have an outbreak?

**A:** Refer to your local health department. Legionella may be a risk if the fountain has been off for some time. If allowed to restart the fountain be sure your facilities staff have a water management plan to address Legionella risks.

**Q-28:** What are the guidelines for the use of fans in resident rooms or in common areas?

**A:** Fans can help improve ventilation; however, 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-29:** If we have no outbreaks and all residents and HCP are fully vaccinated, what is the "dirty" space that we need to point fans to when they are in use in a SNF/home setting/intermediate care facility?

**A:** The fans need to be directed from what is considered a "clean" area towards a "dirty" area. In a facility that doesn't have any known cases, this doesn't apply, but you should still try to avoid positioning a fan that blows air from one person to another person.



**Q-30:** Are SNFs still 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-31:** Is it still required that all HCP be screened for symptoms of COVID-19 prior to accessing a patient care area?

**A:** Regardless of healthcare setting, screening for symptoms of COVID-19 needs to continue to be a part of your infection control program regardless of vaccination status.

**Q-32:** Can a yellow zone nurse who is fully vaccinated assist residents in the green zone?

**A:** Yes. Vaccination status does not influence the answer. If a yellow zone nurse also provides care for green zone residents, the nurse would still need to adhere to the guidance and protocols of green and yellow zones; and ensure proper PPE and hand hygiene.

**Q-33:** How often do we need to monitor vital signs for our residents if we have no COVID cases?

**A:** In facilities that don't have suspected or confirmed COVID-19, the recommendation is to monitor residents at least daily. For facilities with suspected or confirmed COVID-19 cases, facilities need to monitor vital signs (including pulse oximetry) every shift for all residents and every 4 hours for residents with COVID-19 infection. Keep in mind that frequent monitoring is necessary due to the rapidity with which people with COVID-19 can deteriorate, especially for residents unable to appreciate changes and unable to self-report changes in clinical status. This guidance aligns with the CDC's current guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#evaluating-managing>).

**Q-34:** Is there an AFL that addresses long term care personnel in an acute psychiatric hospital?

**A:** This unit within the larger primary care hospital would fall under acute care guidelines. Distinct part skilled nursing units would follow skilled nursing facility guidelines.

**Q-35:** Can we now use nebulizers?

**A:** The guidance to avoid nebulizers (and use alternatives like metered dose inhalers, where possible), as well as universal use of respiratory protection during nebulizer or other potentially aerosol generating procedure, is related to the amount of community transmission. They can be used without respiratory protection if community transmission is low/minimal and the facility does not have suspected or confirmed COVID-19 cases; but they should be avoided and/or respiratory protection should be used if the community transmission level is high or moderate. Work with your physicians and pharmacists to find other modes of medication administration if possible. Check with your local health department to determine your community transmission level.

**Q-36:** Should assisted living facilities follow the CDPH AFL guidance?

**A:** No. Assisted living facilities should refer to state guidance from the California Department of Social Services (DSS) Provider Information Notices (PINs): [www.cdss.ca.gov/inforesources/community-care-licensing/policy/provider-information-notice/adult-senior-care](http://www.cdss.ca.gov/inforesources/community-care-licensing/policy/provider-information-notice/adult-senior-care)

**Q-37:** Can you provide references for not continuing plastic barriers?

**A:** If you don't have a red zone, you do not need to have plastic barriers. Please take them down unless there are specific reasons for keeping them up. If you need to keep them up you will need to fill out a 5000a waiver and submit it to CHCQ. A July 8, 2021 OSHPD memo states "Pursuant to AFL 20-26.8 from CDPH issued on May 17, 2021, stating that CDPH provided 60-day advance notice that temporary waivers of specified regulatory requirements will expire on July 17, 2021, facilities that have a continued need for flexibility can submit a Form 5000a (PSF) Emergency Program Flexibility request to [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov) or Form 5000 (PDF) Program Flexibility request to their local district office. All other temporary changes of use or modification to the physical environment must be restored to original condition by September 1, 2021." Contact Jason Belden [jbelden@cahf.org](mailto:jbelden@cahf.org) for direction and clarification.

**Q-38:** AFL 20-43.3 and CMS QSO 20-29-NH require facilities to notify residents, representatives, and family members of COVID-19 cases to keep them informed of the conditions at the facility, and the safety measures being taken. At what point do the weekly notifications end? Once the outbreak is resolved?

**A:** Once there are no new cases or clusters, the facility can return to weekly cumulative updates, but under the current regulation, weekly updates must continue indefinitely. Advocates are encouraging CMS to modify this regulatory requirement.

**Q-39:** How do we get these minutes from these weekly CDPH calls?

**A:** You can find them at <https://www.hsag.com/cdph-ip-webinars>. Click past webinars on the right side of the webpage. You can also email Rose Chen from HSAG for assistance at [rchen@hsag.com](mailto:rchen@hsag.com).