



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
July 21 & 22, 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:

- CDPH Update
- Testing Task Force Update: Average test positivity past 7 days: 4.5% (up 1.5% from week)
- Immunization Branch Update
- HAI Update
- Indoor Environmental Quality in Long-Term Care

Vaccine Data Reports Available to all Nursing Homes

HSAG is producing weekly vaccine data reports for all nursing homes that can be accessed through HSAG's Quality Improvement and Innovation Portal (QIIP) at: <https://qiip.hsag.com>. If you never accessed the QIIP before, email the [HSAG QIIP Administrator Form](#) to canursinghomes@hsag.com.

Quarantine/Isolation Questions & Answers

Q-1: If a vaccinated HCP tests positive for COVID, but is asymptomatic, considering the diminished transmission rate from vaccinated people, do they need to isolate and if so for how long?

A: Yes, if an individual tests positive they need to isolate, regardless of vaccination status. 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 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 fully vaccinated staff need to be tested before returning to work after international travel?

A: Testing is required after international travel for HCP and the general population. Fully vaccinated HCP do not need to self-quarantine or be excluded from work after international travel, but they do need a test at 3-5 days. Individual facilities can determine their own protocols in light of staff shortages and risk level within their community. The CDC guidance makes it clear that the test at 3-5 days following international travel is not intended to be a test for release from quarantine.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html>

Q-3: Do fully vaccinated staff need to be tested before returning to work after attending a large gathering, such as attending a sporting event or concert?

A: No, fully vaccinated do not need to quarantine in this scenario.

Testing Questions & Answers

Q-4: Now that the county test positivity rate is increasing, should we increase the frequency of HCP weekly testing; and should we start testing our fully vaccinated HCP?

A: At this time, the guidance has not changed. It is recommended to follow the testing guidance in AFL 20-53.4 which is to discontinue routine diagnostic screening testing of fully vaccinated asymptomatic HCP 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. Given the increasing positivity rate, at this time, CDPH does not recommend changing the testing guidelines for fully vaccinated HCP because the vaccines are highly effective against the increasingly dominant delta variant of the virus. However, CDPH does recommend increasing the testing frequency of unvaccinated HCP if your county positivity rates are a concern because 99% of COVID-19 infections in California are among unvaccinated individuals. If the test positivity rate increases to greater than 10%, CMS guidance is to increase testing frequency of unvaccinated staff to twice a week at minimum. Check with your local public health department to see if they have unique testing requirements in your county.

Q-5: Do we need to test our employees every day before they enter our facility to work?

A: No. Testing employees every day before they enter the facility is an excellent prevention strategy, but is optional. Please see required testing guidance in AFL 20-53.4 which is to discontinue routine diagnostic screening testing of fully vaccinated asymptomatic HCP 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. Antigen testing can be used for screening testing, but the testing needs to be done at least twice a week.

Q-6: If our county rate exceeds 10% positivity rate, do our unvaccinated HCP need to be tested twice a week?

A: Yes, if the test positivity rate increases to greater than 10%, CMS guidance is to increase testing frequency of unvaccinated staff to twice a week.

Personal Protective Equipment (PPE) Questions & Answers

Q-7: Can our subacute require N95s for all HCP, even in the green zone?

A: In a subacute, there is generally an increase in potentially aerosol generating procedures, so requiring an N95 (that is fit-tested) is a reasonable request if the community transmission is high.

Q-8: Can we use washable gowns now? Or should we revert back to disposable gowns?

A: Yes. Washable gowns are acceptable as long as they are used singularly per resident/case/situation as if they were disposable gowns. The reason many facilities went to disposable PPE is because of the overload of laundry that would occur.

Vaccination Questions & Answers

Q-9: Can CDPH mandate vaccination to all health care personnel as a condition of employment?

A: CDPH does not have the authority to enforce mandatory vaccination of HCP. Employers considering such policies as conditions of employment should consult their legal counsel for guidance. Review pages 7-10 in the Department of Fair Employment and Housing (DFEH) Information on COVID-19 for guidance on adhering to state and federal laws. https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ_ENG.pdf. In addition, the California Labor Commissioner's Office issued testing and vaccination guidance for employers to follow <https://www.dir.ca.gov/dlse/COVID19resources/FAQs-Testing-Vaccine.html>.

Q-10: Do visitors have to provide proof of vaccination and/or proof of a negative tests now that the positivity rate is increasing?

A: SNFs can ask visitors for proof of vaccination. CDPH is not prescriptive about the method that SNFs need to use to verify vaccination status of visitors, however, from an infection prevention perspective, it is recommended that SNFs define and implement a process for verifying the vaccination status of visitors. Methods to consider include asking to see the CDC vaccination white card, the Digital COVID-19 Vaccine Record (<https://myvaccinerecord.cdph.ca.gov/>), or another method. If the visitor is unable to provide verification of the vaccination status, the visitation can still occur. If you cannot verify that the visitor is fully vaccinated, the visitor would be expected to follow the same masking and distancing requirements as an unvaccinated visitor. Regarding tests, visitors are not required to show proof of a negative test. Many facilities are implementing antigen point of care testing as a best practice for all visitors before they enter the facility, but this is optional.

Q-11: Our new admit received his first vaccine dose prior to admission, but we are unable to determine when and where it occurred; and we are unsure of the type of vaccine that was administered. The resident's record is not in CAIR2 and the family does not have any evidence of the first dose. How do we proceed with administering the second dose, especially if we don't know if it's Pfizer or Moderna?

A: Please see CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html on the section titled "Interchangeability of COVID-19 vaccine products."

- Every effort should be made to determine which vaccine product was received as the first dose to ensure completion of the vaccine series with the same product. In exceptional situations in which the mRNA vaccine product given for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. In situations where the same mRNA vaccine product is temporarily unavailable, it is preferable to delay the second dose (up to 6 weeks) to receive the same product than to receive a mixed series using a different product. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time. Such persons are considered fully vaccinated against COVID-19 ≥ 2 weeks after receipt of the second dose of an mRNA vaccine.
- 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.

Other Questions & Answers

Q-12: Do we still need a separate break room, bathroom, and dedicated staff if our SNF has only one COVID-19 positive resident?

A: CDPH AFL 20-74 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx>) states "The COVID-19 positive cohort should be housed in a separate "red area" (building, unit or wing) of the facility and have dedicated HCP who do not provide care for residents in other cohorts and should have separate break rooms and restrooms if possible." We recognize there are situations now where

there may be only one or two COVID-19 positive residents in the “red zone.” If possible, it would be optimal to maintain a separate breakroom and restroom for the assigned HCP. The “red zone” should be located in a less-busy area (e.g., end of hallway) with clear signage indicating the PPE required when entering the room. A separate dedicated staff member may not be feasible due to staffing considerations. In that case, the designated HCP should perform routine care of the resident in the “red zone” after care of other residents. Optimally, another HCP could be assigned as a “buddy” to monitor and ensure appropriate donning and doffing and hand hygiene.

Q-13: 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-14: How can I access prior versions of CDPH AFLs so I can compare the new version to the old one? Are the old versions publicly share somewhere?”

A: The old versions of the AFLs are not posted anywhere. To get access, facilities can submit a public record act request to obtain a copy. The link to the CDPH PRA system is [https://cdph.govqa.us/WEBAPP/rs/\(S\(yxtrorogqjumykgby4drjcf\)\)/SupportHome.aspx](https://cdph.govqa.us/WEBAPP/rs/(S(yxtrorogqjumykgby4drjcf))/SupportHome.aspx). CAHF keeps a copy of all of the AFLs (new and previous versions), so if you need an old version contact Jason Belden at jbelden@cahf.org.

Q-15: What are the guidelines for aerosol generating procedures (AGP)?

A: The guidance is to avoid AGP and use alternatives like metered dose inhalers, where possible. If AGP must be used, the universal use of respiratory protection 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-16: If our facility institutes more stringent measures such as increased testing, more PPE, etc., can our facility be cited by CDPH?

A: We will follow up with the CDPH CHCQ team to get an answer. Increasing frequency for unvaccinated HCP is highly recommended and reasonable. Reach out to your local health department to ensure they are aware of your plans. From the infection preventionist perspective, it is better to be safe than sorry when it comes to the well-being of our residents and staff.

Q-17: Describe how CDPH coordinates with the local public health departments to align guidance? For example, in Los Angeles county, our fully vaccinated residents now have to wear masks again during activities; however, the CDPH guidance does not enforce that as long as all residents in the room that are participating are fully vaccinated.

A: CDPH discuss COVID-19 guidance with local public health departments at great length to ensure safety. Many local health departments choose to have more stringent guidance, which would supersede the state's guidance.

Q-18: We are using our activity room for visitation because of lack of space, and we are limiting visiting time to 30 minutes. Residents and families are complaining about the short amount of time for a visit. Will we get in trouble with CDPH?

A: We will follow up with the CDPH Center for Health Care Quality (CHCQ) team to get an answer.