



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
August 11 & 12, 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

The Wednesday Webinar presentation covered:

- **Slides available at:**
 - https://www.hsag.com/globalassets/covid-19/cdph_august_11v3_508.pdf
- **August 5, 2021 State Public Health Officer Orders:**
 - **Health Care Worker Vaccine Requirement:** The order requires workers in health care settings to be fully vaccinated or receive the first dose of a single dose regimen (J&J) or the second dose of a two-dose regimen (Moderna, Pfizer) by September 30, 2021. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>
 - **Requirements for Visitors in Acute and Long-Term Care Settings:** The order directs hospitals, SNFs, and intermediate care facilities to verify that visitors are fully vaccinated or have tested negative for COVID-19 in the prior 72 hours before indoor visits. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>
 - **Public Health Order Questions & Answers:** Health Care Worker Vaccine Requirement <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx>
- **July 26, 2021 State Public Health Officer Order:** California Implements First-in-the-Nation Measures <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>
 - CDPH Public Health Order Questions & Answers: Health Care Worker Vaccine Requirement <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx>
 - CDPH Public Health Order Questions & Answers: Healthcare Worker Protections in High-Risk Settings <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Unvaccinated-Workers-in-High-Risk-Settings-State-Public-Health-Order-FAQ.aspx>
- **CDPH AFL 21-28: Testing, Vaccination Verification and PPE for HCP at SNFs**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx>
- **Testing Task Force Updates:**
 - Average test positivity past 7 days: 6.4%
 - Down 0.6% from last week, and up 5.6% from early June
 - Slides available at: https://www.hsag.com/globalassets/covid-19/snf8_11tff_ef_508.pdf

- **Healthcare-Associated Infections (HAI) Updates**
- **Cal/OSHA Updates**
- **CDC guidance Now Official: Pregnant People Should Get COVID-19 Vaccine**
 - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>
 - On August 11, 2021, CDC updated advice after it found no increased risk of miscarriage among those who have been immunized. With vaccination rates low among pregnant women, the new guidance officially moves the CDC off its previous neutral stance on whether immunization is safe for them.

Testing Questions & Answers

Q-1: Per CDPH AFL 21-28, how often do unvaccinated workers need to be tested?

A: Per AFL 21-28 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx>), the testing guidelines for unvaccinated workers include:

- HCP who are unvaccinated or incompletely vaccinated must undergo **at least twice-weekly** diagnostic screening testing.
- HCP who are unvaccinated or incompletely vaccinated and work no more than one shift per week must undergo **weekly** diagnostic screening testing within 48 hours before their shift.
- HCP who are unvaccinated or incompletely vaccinated and work less often than weekly must undergo diagnostic screening testing within 48 hours before **each shift**.
- HCP who are unvaccinated or incompletely vaccinated and do not work in areas where care is provided to patients, or to which patients do not have access for any purpose, must undergo **weekly** SARS-CoV-2 diagnostic screening testing.

Q-2: Do unvaccinated administrative SNF staff (i.e., billing, HR department) that never enter the patient care space need to be tested twice a week and wear a respirator?

A: HCP who are unvaccinated or incompletely vaccinated that never enter the patient care space, and never come in contact with any workers who could be exposed to infectious agents that can be transmitted in the workplace, must undergo weekly testing, but are not required to wear a respirator.

Definition of HCP*—workers who could be exposed to infectious agent in the workplace.

*(V. Definitions, F.— <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>)

Q-3: Does the 70% guidance from CDPH AFL 20-53.5 still apply to testing fully vaccinated HCP?

A: Yes, the 70% testing guidance still applies.

- Facilities can discontinue weekly 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.
- Fully vaccinated workers in facilities that have not met the 70% threshold and are asymptomatic, must be tested at least weekly (PCR) or twice weekly (antigen).
- Fully vaccinated workers need to be tested if they are symptomatic or if there is an outbreak as part of response testing.
- Consider continuing diagnostic screening testing for fully vaccinated workers if they have underlying immunocompromising conditions which might impact the level of protection provided by the COVID-19 vaccine.
- Check with your local public health department for more stringent testing requirements in your county.

Q-4: Is response testing necessary for a positive COVID result from an unvaccinated, asymptomatic HCP even if they were not in direct contact with any resident or other staff for more than 15 mins and maintaining 6ft distance?

A: Yes, response testing is necessary. Healthcare facilities do not follow the 15 minute “guideline” that is used in the general community.

Q-5: Can visitors use results of a home test kit to prove they are negative before entry to our SNF?

A: Nursing homes need to be able to verify test results that occur within 72 hours of the visit. Home tests are unsupervised, therefore cannot be used because it would be impossible to verify that the test was done on the person who is visiting the SNF. Home test kits can only be used if they are used on site at the SNF and someone can verify that the test results correspond to the person tested (i.e. SNF staff observed self-swabbing). The state will provide SNFs with supervised antigen tests for visitor testing. If you are interested, you can access resources at testing.covid19.ca.gov.

Q-6: We are seeing a lot of false positives when we use our antigen tests. If a staff member tested positive with an antigen test and then tested negative with a PCR test, can the staff member go back to work because the antigen test was a false positive? Or does the staff member need to continue to isolate?

A: The answer depends on why the antigen test was performed. If the antigen test was used in response to an exposure or as part of response testing, then there is a high likelihood a positive antigen test in that situation is a true positive. We actually do not recommend obtaining a PCR test to confirm a positive antigen test in response to an exposure or response testing. Interpret the antigen test as a true positive result and isolate and exclude the individual who tested positive from work. On the other hand, when an antigen test is used as part of routine diagnostic screening testing in the absence of a known exposure, depending on the level of community transmission, many would consider using a confirmatory PCR test. Also, note that in many scenarios, we have learned that facilities are interpreting the results of the antigen test incorrectly. Check the instructions or work with your local health department to ensure accurate interpretation of the results. Also, note that the specificity of antigen tests is generally as high as most Nucleic Acid Amplification Tests (NAATs), which means that false positive test results are unlikely when an antigen test is used according to the manufacturer’s instructions. Despite the high specificity of antigen tests, false positive results will occur, especially when used in communities where the prevalence of infection is low.

Q-7: Why is testing frequency for unvaccinated HCP different in AFL 20-53.5 and AFL 21-28?

A: The new requirements for testing unvaccinated HCP in AFL 21-28 and the State Public Health Officer Order supersede the minimum testing frequency for unvaccinated HCP in AFL 20-53.5. AFL 21-28 and the State Public Health Officer Order require all unvaccinated or incompletely vaccinated SNF workers to be tested twice weekly. In addition, per AFL 20-53.5, facilities that have not reached the 70% vaccination threshold for residents and staff, are still required to test their fully vaccinated staff once weekly.

Q-8: For prior positive HCP, are they still exempt from testing until after 90 days?

A: Addressed in AFL 20-53.5, HCP do not need to be tested after being tested COVID-19 positive 90 days earlier. After 90 days, unvaccinated HCP need to be tested twice weekly. Also, refer to the July 26, 2021 State Public Health Officer Order, which states “Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous positive antibody test for COVID-19, **do not** waive this requirement for testing.”

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>.

Q-9: Last week, there was going to be clarification on antigen testing and whether positives and negatives are required to be reported to NHSN. CDPH previously took the stance that only positive tests need to be reported to NHSN however we've escalated hearing from NHSN both positive and negatives are required to be reported. Please advise.

A: State departments are working on this concern. An answer is forthcoming. In the meantime, follow the existing state and federal guidance. The federal guidance trumps the state guidance in this case, so we recommend that you report both positive and negative antigen test results until we hear differently.

Q-10: What is required to prove we have a process in place where we verify that the visitor has provided a negative test to us? Do we need to maintain copies of visitors' negative test results?

A: Documentation of the negative test is needed at a minimum to ensure your policies are being followed. Further explanation is forthcoming in a future call.

Q-11: With the new August 5, 2021 public health order do children under the age of 12 need to be tested within 72 hours in order to enter our SNF?

A: At this time children under the age of 12 would be treated the same as any other unvaccinated visitor. Therefore, yes, they need to be tested and show proof of a negative test before entering the facility.

Q-12: If visitors are going to have an outdoor visit with a resident but have to enter the facility to get to the outdoor patio, must they still comply with the vaccination verification and/or testing?

A: Yes, these visitors must adhere to the same rules as a visitor whose visit remained inside for the duration of the visit.

Q-13: Kitchen staff don't have direct contact with residents, but they do have contact with trays that go to residents' rooms. Should they still be tested twice weekly if unvaccinated?

A: Yes, unvaccinated kitchen staff need to be tested twice weekly, and are strongly encouraged to wear an N95. Check the July 26th state public health order definition of "worker" at

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>

Personal Protective Equipment (PPE) Questions & Answers

Q-14: Are masks and eye protection considered source control or PPE in the Green Zone?

A: Per AFL 21-28 and the July 26 State Public Health Officer Order, N95s worn by unvaccinated or partially vaccinated HCP at all times, including the green zone and common areas, are considered source control. Per CDPH AFL 20-74.1, in counties with moderate or higher levels of community COVID-19 transmission, or during a facility outbreak, in the green zone:

- Eye protection (face shields, goggles) in the green zone is required as universal PPE for all direct resident care.
- N95 are recommended as universal PPE while caring for residents undergoing aerosol generating procedures.

County COVID-19 transmission rates can be found at:

<https://covid19.ca.gov/vaccination-progress-data/>. More information on PPE can be found in CDPH AFL 20-74.1 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx>. Refer to the AFL 20-74.1 Attachment: COVID-19 PPE, Resident Placement/Movement, and Staffing Considerations by Resident Category

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-74-Attachment-01.pdf>

Q-15: If N95s are being used as source control in the green zone, is fit testing required?

A: Fit testing is not required for N95s in the green zone if used for source control. Instruct HCP to do a seal check to ensure the N95 fits well. Fit testing is required when N95s are used as PPE.

Q-16: What are the guidelines for extended use of N95s?

A: Cal/OSHA has removed all guidelines allowing for contingency capacity (extended use) or crisis capacity (reuse) because the supply and availability of NIOSH-approved respirators has increased significantly. All respirators must be used in accordance with their NIOSH certification without exception. The conventional capacity strategies for N95s must follow the below guidelines:

- When used as PPE, N95s should be removed and discarded after each patient encounter. However, if the HCP is caring for multiple residents in the yellow (or red zone) that have the same infectious disease, the HCP does not need to discard the N95 after each patient encounter if that aligns in accordance with the manufacturer's instructions. It depends on the N95 and how long the instructions say it can be used. The CDC says the maximum you should take an N95 on and off is five times. After five times, the band tends to stretch which compromises the N95. As long as the N95 is in good condition and kept clean and doesn't exceed the duration of donning and doffing according to the manufacturer's instructions, then it can continue to be used with patients that have the same infectious disease.
- When used for source control in the green zone or non-patient care areas, N95s may be used for multiple patient encounters until soiled or damaged. Since they are not being used to protect the employee wearing the N95, and it is strictly for source control, it can be used until it is damaged (i.e., once the strap breaks it should be discarded). As source control, the N95 is being used as an enhanced face covering.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

Q-17: Can an HCP wear an N95 in the yellow zone, and then wear that same N95 in the green zone? Or does it need to be discarded?

A: It is a best practice to not wear the same N95 in the yellow and green zone. It is recommended to fully change PPE when moving from one cohort zone to another.

Q-18: What are the guidelines for extended use of eye protection (goggles, face shields)?

A: Eye protection needs to be cleaned and disinfected as often as necessary for infection control and employee hygiene and not only when visibly soiled. PPE has to be replaced as recommended by the manufacturer. Conventional capacity and contingency capacity strategies are acceptable.

- Conventional Capacity Strategies
 - Use eye protection according to product labeling and local, state, and federal requirements
 - Disposable eye protection should be removed and discarded.
 - Reusable eye protection should be cleaned and disinfected after each patient encounter.
- Contingency Capacity Strategies (extended use)
 - HCP can wear the same eye protection (disposable or reusable devices) for repeated close contact encounters with several patients, without removing eye protection between patient encounters.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

Q-19: What is the process to request staffing and PPE supplies from CDPH?

A: Contact your county's Medical and Health Operational Area Coordinator (MHOAC) to relay staffing or PPE assistance needed from CDPH. MHOAC County Contact Information can be found at: <https://emsa.ca.gov/medical-health-operational-area-coordinator/>. For counties outside of Los Angeles, sign-up for an account at: <https://caloes.force.com/s/cal-sign-up>. Once your account is setup

you can order supplies from the MHOAC through that process. See CDPH AFL 20-46 for more details. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-46.aspx>.

Q-20: Is double masking acceptable?

A: Double masking with a medical facemask or cloth mask either under or over an N95 respirator is not recommended for HCP in healthcare settings because it does not provide better protection, and it will interfere with the seal. Double masking is acceptable making guidance for the general public, but not as PPE for HCP. For source control, double masking is acceptable to improve the fit of the mask over the face, especially for visitors.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>

Q-21: From Cal/OSHA’s perspective, is a lab employee doing screening testing (Nasal swabs) on asymptomatic employees required to wear an N95?

A: If the asymptomatic employees are not suspected to have COVID-19, then an N95 respirator is not required.

Q-22: Can HCP use 3m half face respirators with exhalation valve filter?

A: Cal/OSHA confirmed that NIOSH certified respirators with exhalation valves are acceptable and can be used as PPE. NIOSH found they provide adequate protection and source control.

Q-23: Are KN95 masks allowed to be worn by HCP in the green zone as source control instead of an N95?

A: Yes, you can use KN95s as source control in the green zone or in non-patient care areas, but not for PPE in the yellow and red zones.

Vaccination Questions & Answers

Q-24: SNFs are asking if agency/registry staff should be included in the numerator and denominator of weekly calculations of vaccinated staff in SNF?

A: According to NHSN’s Instructions for Completion of the Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities, “Include all healthcare personnel (HCP) who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact.” Working any part of a day is considered working one day. Link to Instructions: <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>

Q-25: Should hospitals be administering the vaccine prior to discharging patients to the SNF?

A: Yes, per CDPH AFL 21-20 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-20.aspx>), CDPH recommends that hospitals offer COVID-19 vaccinations to eligible individuals prior to discharge from hospital admission, 24-hour observation, or emergency department, including those at highest risk of morbidity and mortality from COVID-19 such as:

- Patient age 65 years or older
- Patient being discharged to congregate care or residential settings, including post-acute medical facilities, skilled nursing facilities, residential care facilities for the elderly, correctional facilities, behavioral health facilities, and homeless shelters
- Psychiatric patient being discharged

CDPH encourages SNFs to collaborate with your local hospitals to coordinate vaccine administration prior to admission to your nursing home.

Q-26: For the vaccine exemptions in the August 5, 2021 State Public Health Officer Order, are there required forms that should be used for health care workers to use for declination of the vaccine due to religious beliefs?

A: There is not a required form that should be used, but healthcare workers must submit a signed declination form if they are declining the vaccine due to religious beliefs. The State Public Health Officer Order says, “Workers may be exempt from the vaccination requirements under section (1) only upon providing the operator of the facility a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.” We understand there are many concerns about how to implement this requirement. Stay tuned for more information and guidance coming soon to help provide clarity to this issue.

Q-27: If an unvaccinated worker is COVID positive, when are they allowed to get the vaccine? Do they have to wait 6 weeks?

A: No, COVID recovered individuals do not have to wait 6 weeks to get the vaccine. They are eligible to get the vaccination when their symptoms are resolved, and isolation period is completed. Vaccination is recommended for COVID-19 recovered individuals because the risk of re-infection is lower if they are vaccinated.

Q-28: After September 30th, can new employees that are unvaccinated start work; or do they have to wait until they are fully vaccinated?

A: Please refer to your legal counsel regarding new employees who are unvaccinated for other required vaccines before starting work.

Q-29: Can the California Immunization Registry (CAIR2) be used to verify vaccine status of workers?

A: No, CAIR2 cannot be used to verify the vaccine status of workers because the uses of CAIR are limited by law to protect confidentiality. It can only be used to look up vaccination history for patients or residents. Refer to CDPH Vaccine Record Guidelines & Standards document on options for providing proof of vaccination: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccine-Record-Guidelines-Standards.aspx>

Q-30: Our staff and visitors are not able to access their Digital COVID Vaccine Card (DCVR)?

A: If staff/visitors are having problems obtaining their DCVR because of missing email/phone numbers, they can try requesting their entire CAIR immunizations record, which will include COVID and other shots that have been entered into CAIR, via this link:

<https://cairforms.cairweb.org/AuthorizationToRelease/AuthorizationToRelease>. It goes through a different process. The downside is this route takes longer than the DVCR since it is not a fully automated process.

Q-31: Why does the VA not enter vaccine data into CAIR2?

A: Providers receiving direct Federal allocation of COVID vaccine, like the VA, are not required to enter those doses into their State registries. Some are doing it voluntarily, but it is not a requirement at this time.

Q-32: Our SNF is administering vaccines at our facility. We enter vaccine information for residents into CAIR2. Where should we enter vaccine information for staff?

A: If the SNF is directly vaccinating the staff, they can enter those doses into CAIR. But if another provider is vaccinating the staff, it is that provider's responsibility to enter the doses into CAIR. A facility may not access CAIR for vaccination status of a worker who received vaccine at another facility or location.

Q-33: SNF staff and residents that received COVID-19 vaccines from Los Angeles county. SNFs are not showing up in CAIR2 because LA County was using Prep Mod to document their vaccinations. Now that has switched, but the documented vaccinations have not moved to CAIR2, and staff can't get their electronic validation using the CA Digital COVID-19 Vaccine Record. What should we do?

A: All COVID shots given by SNFs should be in CAIR, regardless of how they were originally entered (e.g., Prepmo, My Turn, direct entry into CAIR). But there have been issues. A representative from CAIR 2 presented on this on the June 16 CDPH webinar. Basically, large amounts of COVID-19 doses are being submitted to CAIR daily from different systems (CAIR Data Exchange, Prepmo, MyTurn, CAIR Mass Vax module). Some COVID doses are being held in a "pending file" because the automated matching system does not know which record to put the shot in - these are being hand reviewed/resolved and will take time. Also, some doses are being placed in the incorrect patient record - staff are working to reconcile these discrepancies, but due to volume it will take time to complete. If the Digital COVID Vaccine Record (DCVR) is not returning COVID shots or if staff are not able to obtain them due to missing email/phone, they should use the DCVR Troubleshooting features:

- Digital Covid-19 Vaccine Record (DCVR) Troubleshooting
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/COVID-19VaccineRecord.aspx>
- Digital Covid-19 Vaccine Record Troubleshooting Virtual Assistant:
<https://myvaccinerecord.cdph.ca.gov/unmatched>

Q-34: Do healthcare facilities need to terminate HCP who do not want to be vaccinated in accordance to the new health order?

A: Please refer to your legal counsel regarding how to mitigate HCP who do not want to be vaccinated.

Quarantine/Isolation Questions & Answers

Q-35: What level of contact is considered exposed and requiring quarantine for a fully vaccinated nursing home resident? Specifically, would an unmasked, fully vaccinated resident with brief (<5 minutes) contact with a COVID +, masked nurse be considered exposed and require 14-day quarantine?

A: Yes, they would be considered exposed and would need to follow all the appropriate precautions regardless of the resident's vaccination status.

Q-36: Due to increased community transmission, can our facility suspend out on pass resident visits with family? If not, can we only allow out on pass visits with families that are fully vaccinated?

A: Residents have the right to visit family. Facilities need to focus on how to manage residents when they return based on duration of time outside the facility and their vaccination status. This is addressed in CDPH AFL 22.9 distributed on August 12, 2021: "Unvaccinated and incompletely vaccinated residents who leave the facility for < 24 hours and return to the facility should be tested 5-7 days after their return; unvaccinated and incompletely vaccinated residents who leave the facility for > 24 hours should be quarantined in the yellow-observation area for 14 days and tested prior to return to their usual room in green-unexposed/recovered area."

Other Questions & Answers

Q-37: Will CDPH be accepting staffing waiver requests using emergency Program Flex 5000 applications? We are halting admissions in several market areas and it is creating a hardship for our acute hospital partners, many of which have expressed to us they are experiencing surge/capacity issues. Our staffing levels do not warrant reaching out to our MHOACs for emergency staffing;

however, we must close our doors in order to meet the 3.5/2.4 staffing requirements. The facilities where we've halted admissions were denied workforce shortage waivers despite effects from the obvious halt of CNA replacement workers for almost a year when schools/testing centers were closed.

A: We encourage facilities to investigate opportunities to find additional staff through networking with local hospitals, nursing homes, and staffing agencies. Also, reach out to your local MHOAC for further staffing solutions. Currently, we do not have the authority to give a nursing home permission to not meet the required staffing levels.

Q-38: Three of our residents can't wear name bands – two have allergies to the band materials and one resident refuses. Is it okay to careplan that they can't wear the name band and place a name band on their bedrail?

A: Title 22 Section 72555 states: “Each patient shall be provided with a wristband identification tag or other means of identification which shall be worn at all times unless the attending physician notes in the health record that the patient's condition would not permit such identification. Minimum information shall include the name of the patient and the name of the facility.” The concern about putting a name band on a bedrail or assisted device would be that it is no longer affective if the resident is not in bed or does not have their assistive device. If the current name band isn't tolerated, consider another type of wristband or a pin to help identify the resident. It doesn't need to be on the arm, especially for a resident with fragile skin. Follow-up with your local health department for more discussion.

Q-39: Due to the increasing positivity rate in some communities, will hotels be available to health care staff for quarantine purposes?

A: No. At this time this program is not in the process of being reintroduced.

Q-40: Is it true that the annual SNF survey is being suspended until further notice?

A: Neither CDPH nor CMS has suspended annual SNF surveys.

Q-41: Does the State Health Officer Order apply to Home Health Agencies licensed by CDPH?

A: Home health workers who do not enter facilities to which these AFLs and State Health Officer Order apply are not subject to the stated requirements. Thus, if only going into the home, healthcare workers are not bound by these requirements. Although not required, HHA could align their testing and masking policies with the State Health Officer Order.

Q-42: Are inhalers (not nebulizers) considered an aerosol treatment?

A: No. Inhalers deliver aerosolized medications but are not considered to be a source of aerosolizing COVID. This is unlike nebulizers, which can aerosolize someone's exhaled breaths.