



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
August 18 & 19, 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:

- CDPH updates https://www.hsag.com/globalassets/covid-19/cdph-august-18_508.pdf
- Testing Task Force updates https://www.hsag.com/globalassets/covid-19/snf8_18ttf_508.pdf
- Immunization Branch updates https://www.hsag.com/globalassets/covid-19/8.18.21-hsag_vaccine_508.pdf
- Healthcare-associated infections (HAI) updates
 - CDPH All Facilities Letter (AFL) 20-22.9 (slides 9-13)
https://www.hsag.com/globalassets/covid-19/cdph-august-18_508.pdf
 - Preventing the spread of multidrug-resistant organisms (MDROs)
https://www.hsag.com/globalassets/covid-19/mdro_covid_surge508.pdf
- Increasing Vaccine Trust and Acceptance (slides 14-26)
https://www.hsag.com/globalassets/covid-19/cdph-august-18_508.pdf

Important Links

- **August 18, 2021 CMS Press Release:** CMS, in collaboration with the CDC, are developing an emergency regulation requiring staff vaccinations within nursing homes. CMS expects nursing home operators to act in the best interest of residents and their staff by complying with these new rules, which the Agency expects to issue in September 2021. CMS will continue to analyze vaccination data for residents and staff from the CDC's National Healthcare Safety Network (NHSN) data as an additional method of compliance monitoring, as well as deploy the Quality Improvement Organizations (QIOs) to educate and engage nursing homes with low rates of vaccinations. <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-takes-additional-action-protect-americas-nursing-home-residents-covid-19>
- Please visit CDPH's website to find important state guidance on activities related to COVID-19 arranged by topic, including links to the CDPH AFLs, State Public Health Officer Orders, FAQs, etc. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>
- **August 5, 2021 State Public Health Officer Orders:**
 - Health Care Worker Vaccine Requirement:
<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:
<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](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.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:** <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 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>
- **CDPH AFL 20-22.9: Guidance for Limiting the Transmission of COVID-19 in SNFs** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

Testing Questions & Answers

Q-1: 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-2: 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-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: 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 having 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-5: 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-6: Can fully vaccinated, asymptomatic HCP in SNF be tested once weekly with antigen testing for diagnostic screening testing if required by AFL 20-53.5 if staff and residents are <70% vaccinated?

A: No, in this scenario staff must be tested with a PCR (or any molecular) test. In SNF, antigen tests can only be used if the fully vaccinated staff are tested at least twice a week.

Q-7: 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-8: Are antigen tests still required to be performed at least 2x week to ensure reliability?

A: Yes.

Q-9: The Quidel Solana COVID Assay is a nucleic acid amplification test (NAAT) utilizing RT-HDA (Reverse Transcriptase-Helicase Dependent Amplification). It is a molecular assay but is not PCR. The performance is in between PCR and Antigen testing, but closer to PCR. Are we able to use this to test employees?

A: For the public health order, employees who are unvaccinated and who are within the exemptions of needing vaccination are required to be tested twice a week. The Solana COVID Assay test is fine to use as one of those tests. Either antigen or molecular test should be done at least twice a week according to the public health order. <https://www.fda.gov/media/144759/download>

Q-10: Who can perform antigen testing in the facility?

A: To learn who can perform collection of COVID-19 specimens go to the CDPH website, COVID-19 for Laboratories: FAQs. See the question “What licensed personnel are authorized to perform the swab specimen collection for COVID-19 testing?”

<https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx>

Q-11: 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 antigen tests will need to be confirmed with PCR tests.

Q-12: When antigen tests are used during response testing, do they need to be administered a minimum of twice weekly, or is once weekly sufficient?

A: Either molecular or antigen testing can be used for response testing. It is recommended using the test with the fastest turn-around time that is available. The recommended minimum antigen response test frequency is twice weekly. Antigen tests conducted serially can be used for response testing in asymptomatic individuals. Visit CDPH AFL 20-53.5 for more information and the June 16, 2021 CDPH updated testing guidance: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx>.

Q-13: What are the requirements for reporting antigen test results? Do both positive and negative results need to be reported? Where do we report the test results?

A: Please see the updated guidance on the CDPH laboratory field services website.

<https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/Guidelines-for-Performing-Waived-Antigen-Testing.aspx>. Federal requirements require SNFs to report both positive and non-positive antigen test results. To satisfy this reporting requirement, these facilities may submit their point-of-care tests via any of the following options:

- The National Healthcare Safety Network (NHSN) point-of-care test reporting tool: This platform can accommodate either manual text entry of results or bulk upload via .csv file
- The Navica app for Binax tests: Can be downloaded from the Apple App Store and the Google Play Store
- The CDC's Simple Report platform: This platform can accommodate either manual text entry of results or bulk upload via .csv file
- CalREDIE's Manual Laboratory Reporting Module: Facilities may request an authorized account via the CalREDIE Manual Lab Reporting Account Authorization Form. This platform requires manual text entry of results

Q-15: If a new patient coming to the facility is tested at the hospital within 72 hours, does it make a difference if it is a PCR or a rapid antigen test? Does a rapid test count or does the patient need to be tested with a PCR upon admission?

A: A newly admitted resident who is fully vaccinated does not need to be tested and quarantined upon admission unless there was a known exposure or high rates of transmission in the referring facility. Unvaccinated or partially vaccinated new admissions **do need** to be tested and quarantined for 14 days; and tested again at day 14. If they are negative, they can go to the green zone. Testing can be PCR or antigen, but if antigen tests are used, negative antigen tests will need to be confirmed with PCR tests. For further guidance please see the text of the August 3rd public health order: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-88.aspx>

Personal Protective Equipment (PPE) Questions & Answers

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: 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-18: Does a person who is unvaccinated or incompletely vaccinated and tested positive less than 90 days ago need to wear a N95 mask for source control in the green zone according to the July 26th State Public Health Officer Order?

A: Unvaccinated or incompletely vaccinated HCP are strongly encouraged to wear N95s as source control in the green zone, regardless of whether or not the HCP is COVID recovered. The SNF must provide N95s and instructions on how to wear it correctly, but wearing the N95 is not required in the green zone.

Quarantine Questions & Answers

Q-19: What are the quarantine guidelines for residents leave the facility on pass and return to the facility?

A: Residents who have prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection while outside the facility should quarantine in the yellow-observation area for 14 days and be tested immediately, at 5–7 days after exposure and again prior to return to their usual room in the green zone, regardless of vaccination status. Fully vaccinated residents who leave for any duration (including hospital admissions) and return to the facility do not routinely need to quarantine and be tested upon return to the facility.

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 the green zone. Refer to CDPH AFL 20-22.9 for more information. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

Vaccination Questions & Answers

Q-20: 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-21: Are COVID-19 recovered HCP (within 90 days from positive test) required to get the vaccine by September 30, 2021 per the August 5, 2021 Public Health Officer Order.

A: Yes, COVID-19 recovered HCP are not exempt from getting the vaccine by September 30, 2021. COVID recovered individuals 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-22: Can the COVID-19 vaccine be given on the same day as other vaccines?

A: Per CDC guidance, FDA-authorized COVID-19 vaccines and other vaccines may be administered on the same day as other vaccines. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Coadministration>

Q-23: Is it recommended to wait four weeks after the 2-dose COVID-19 vaccination before administering tuberculosis (TB) testing?

A: 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. If possible, TB testing can be done before or on the same day as providing the first dose of vaccine. 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%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html

Q-24: 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%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html

Q-25: Is there an AFL regarding mandatory vaccine for healthcare?

A: The mandatory vaccination requirement for HCP is not in an AFL. It is listed in the August 5, 2021 State Public Health Officer Order: Health Care Worker Vaccine Requirement:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>

Q-26: The August 5, 2021 State Public Health Office Order states "b. Two-dose vaccines include: Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization." There are more than three vaccines authorized by WHO of which are not listed on the letter. Since it states "or approved by WHO", is Sinopharm an accepted form of vaccine as well?

A: Sinopharm is included on the list from the WHO as an approved vaccine and would meet the intent of the order. For a full list of vaccines approved by the WHO visit <https://extranet.who.int/pqweb/vaccines/covid-19-vaccines>.

Q-27: Are we required to terminate direct care employees on September 30, 2021, they have declined vaccination and are unable to produce evidence of religious or medical exemption?

A: CDPH does not and cannot give direction on how individual facilities handle the new vaccination requirements for health care staff. Facilities will need to refer to their legal counsel for guidance to reach compliance.

Q-28: After September 30, 2021, what is the grace period for obtaining full vaccination or religious/medical exemption from new hires?

A: At this time a “grace period” for current employees is not available for facilities that are not in compliance with new staff vaccination guidelines. In the future for new hires after the September 30th vaccination deadline, we expect that facilities would have a policy in place to ensure they are fully vaccinated. We recognize there may be a period of time before the new employee can receive their second dose. If you have a new staff member in the process of becoming fully vaccinated, it is reasonable for them to begin working, but they will need to be tested twice a week according to the recommendations in the July 26th public health officer order.

Q-29: What is considered physical proof of religious vaccination exemption? What if we know that the religious exemption is not true? What does the declination form have to have on it to be valid?

A: CDPH has not yet defined guidance on how to validate the religious exemption. At this time, we suggest that you ask at the very least for something in writing, such as a completed form with a documented statement that explains how being vaccinated goes against their religious beliefs. Furthermore, you should consult your legal consul for further guidance. CAHF is working on a basic template that they are planning to present next week that will include items such as the facility name, date and employee signature and name.

Visitation Questions & Answers

Q-30: Do SNFs have to maintain copies of visitor vaccine cards and proof of negative test results?

A: Copies of negative test results or vaccine cards are not necessary to keep on file. SNFs need to have a process to document that all visitors that enter the facility present their negative test result and proof of vaccination status. Refer to CDPH AFL 20-22.9 for more information.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

- “Facilities must have a plan in place for tracking verified visitor vaccination status. Documentation of the verification must be kept on file at the facility and made available upon request by CDPH or the local public health department for one year following the end of the public health emergency.”
- “Visitors that are unvaccinated or incompletely vaccinated and are seeking indoor visitation must show documentation of a negative SARS-CoV-2 test where the specimen collection occurred within 72 hours before each visit and for which the test results are available at the time of entry to the facility.”

Q-31: Can visitors use results of a home test kit to prove they are negative before entry to a SNF?

A: No, home test kits are not acceptable. SNFs 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 when the test was administered, who the test was done on. 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).

Q-32: Can residents who are in the yellow-observation zone (quarantine) or the red zone (isolation) be taken out of the facility for visitation?

A: Residents in the yellow observation area can have indoor and outdoor visitation, must the resident needs to be sourced controlled and wear a mask throughout the outside visit. For residents in a COVID positive or red zone, visitation for them is only in compassionate care situations. Also, it should be done in that resident's room with appropriate PPE.

Q-33: Do surveyors fall under the order in regard to vaccines? Can we require that they prove vaccination status or provide a negative test result in the last 72 hours?

A: No, facilities should not be asking for proof of vaccination and/or test results. Surveyors, ombudsmen, etc. are tested on a regular basis and are treated appropriately as outlined in the AFLs.

Q-34: May we limit visitation hours to a specified time? I know we have to consider the convenience of the visitors, but if we extended hours into the evening on two nights a week, would that be acceptable?

A: The minimum amount of time per visit is 30 minutes, but SNFs should do their best to accommodate longer visitation timeframes when possible. Facilities need to accommodate visitation during outside business hours to the best of their ability.

Q-35: May we limit visitation to family members only during this latest surge (excluding compassionate visits)?

A: No. SNFs need to accommodate resident rights. Visitation is not limited to family members. Some residents do not have family, and defining who is "family" and who is not is too difficult to define.

Q-36: Is it reasonable for our SNF to require fully vaccinated visitors and fully vaccinated residents to keep their masks on during outdoor visits? Breakthrough cases are increasing, so this stricter guidance is for abundance of caution.

A: At this time, guidance allows for unmasking if the residents and their visitors are fully vaccinated for outdoor visits. For indoor visits, residents and their visitors are still required to wear masks. Per AFL 20-22.9 "Indoor visits must be conducted with both the resident and visitor wearing a well-fitting face mask. If both the resident and visitor are fully vaccinated, they do not need to physically distance and can include physical contact (e.g., hugs, holding hands) but must wear a well-fitting face mask while in the resident's room; otherwise, unvaccinated or incompletely vaccinated visitors and residents must wear well-fitting face masks and maintain 6-ft physical distancing during their visit."

Other Questions & Answers

Q-37: When do SNFs have to complete the weekly survey to CDPH so that the vaccination data and number of COVID cases is transferred timely to NHSN?

A: The daily report needs to be submitted by noon every day, and the weekly report must be submitted by Wednesday every week. CDPH uploads the data to NHSN on Thursdays. Facilities should log into NHSN periodically to ensure their data has been successfully submitted. HSAG, the California Medicare Quality Improvement Organization (QIO) for California, may contact you if there is an issue with your data.

Q-38: Our building has an issue of MDRO. How do we address MDs that order antibiotic therapy even for residents that do not meet McGeer criteria?

A: Loeb criteria should be used for criteria for initiation of antibiotic therapy. McGeer criteria is used for retrospectively counting true infections, or surveillance criteria. Surveillance criteria are not intended for informing antibiotic initiation. To address your concern, we recommended engaging your

medical director to educate MDs, and work with your IP to track infection prevalence, patterns, and interventions. Encourage your medical directors to access additional expertise through the California Association of Long Term Care Medicine (CALTCM). <https://www.caltcm.org/>

Q-39: In regard to unvaccinated staff testing requirement stated on the Health Officer Order, what are the repercussions if a facility or hospital does not follow the testing requirement?

A: Surveyors at the state and federal level can enforce those guidelines through state and federal citations and civil money penalties.

Q-40: Will specific guidance be released for home health agencies and hospice in regard to vaccination and weekly testing?

A: We will give guidance later.

Q-41: If the guidance in AFLs or the Health Officer Orders contradicts one another, should we follow the more restrictive guidance? For example, HCP testing guidance in AFL 20-53.5 and 21-28 differ from the HCP testing guidance in the July 26th Health Officer Order.

A: In this case, both AFLs are in effect. The most recent AFL 21-28 and the July 26th public health officer order supersede 20-53.5, because they have more stringent guidance in terms of testing HCP that are unvaccinated or partially vaccinated. However, AFL 20-53.5 is still in effect when it refers to facilities that have not achieved the 70% vaccination coverage among residents and staff. In this case, facilities would need to continue testing their fully vaccinated HCP a minimum of once weekly.

Q-42: We don't have a "Mitigation Plan" anymore. It was my understanding that once annual surveys were reinitiated that the mitigation plan was no longer necessary. We have an annual infection control plan that addresses COVID-19 elements and COVID-19 policies and procedures and address testing, quarantine, return to work, etc. Do we need to go back to having a separate "mitigation plan"?

A: No, a separate, standalone mitigation plan is not necessary. It is reasonable and sufficient for SNFs to incorporate components from their prior mitigation plan into their infection control and emergency preparedness plan. That would be ideal because updated policies and procedures will be a continuous need.

Q-43: Will CDPH reconsider the staffing waivers due to the increase in COVID cases impacting staff's ability to work and the vaccine mandate that may impact staff able to continue working at the facility? A blanket waiver would be preferable as the facilities have so much to coordinate and submitting individual program flex is a paperwork burden

A: We do not have the authority at this time to grant a blanket staffing waiver as described in the question.

Q-44: Is it true that the annual SNF survey is being suspended until further notice?

A: Neither CDPH nor CMS has suspended annual SNF surveys, including recertification surveys or relicensing surveys. It is ultimately CMS' decision to suspend recertification survey activity.

Q-45: If we have a policy that we will not place employee vaccination status onto the NHSN log (excel spreadsheet) unless vaccination has been verified using one of required modes outlined in AFL 21-28, will this suffice as a tracking mechanism for verifying vaccination?

A: It would not. If local public health or CDPH would for some reason need to look at tracking and vaccination records, the NHSN data wouldn't provide sufficient or adequate detail for that level of verification. I do encourage facilities to have some sort of internal tracking system to maintain those records.