California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
August 25 & 26, 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:
- Testing Task Force Updates
  https://www.hsag.com/globalassets/covid-19/snf8_25ttf_ef_508.pdf
- CDPH Updates https://www.hsag.com/globalassets/covid-19/cdph_august25_online_508.pdf
  - Immunization Branch Updates (slides 9-17)
  - NHSN Updates to Vaccination Summary (slides 18-19)
    - For reporting instructions, please refer to the following NHSN documents:
      - Residents: https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf
      - HCP: https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf
  - Religious Exemptions (slides 18-21)
  - Increasing Vaccine Trust and Acceptance (slides 22-39)
  - Healthcare-associated Infections (HAI) Updates (slides 40-44)

Important Links to State and Federal Guidance	
Important Links and FAQs to State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
August 5, 2021 State Public Health Officer Order: Health Care Worker Vaccine Requirement Q&A	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx
August 5, 2021 State Public Health Officer Order: Requirements for Visitors in Acute Health Care 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-FAQ.aspx
July 26, 2021 State Public Health Officer Order: Health Care Worker Protections in High-Risk Settings Q&A	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Unvaccinated-Workers-in-High-Risk-Settings-State-Public-Health-Order-FAQ.aspx

August 18, 2021 CMS Press Release: Regarding Requiring Staff Vaccinations within Nursing Homes	https://www.cms.gov/newsroom/press-releases/biden-harris-administration-takes-additional-action-protect-americas-nursing-home-residents-covid-19
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: 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, unvaccinated children need to be tested and show proof of a negative test prior to visitation. Children 5 years and up can be tested with the BinaxNOW antigen CLIA waived tests.

Q-2: Do negative antigen results need to be reported to CalREDIE?
A: Yes, if you have a CLIA waiver you need to report all antigen tests for both positive and negative test results. Please see Letter to Laboratories: Testing for SARS-CoV-2/COVID-19 that was last updated on August 12, 2021. The document includes updated information on requirements for reporting negative results for SARS-CoV-2 antigen tests.
https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/LFSCOVID19ltr-1.aspx

Q-3: Can SNFs report test results to NHSN only, or is it also required to report to CalREDIE?
A: Reporting test results to NHSN is sufficient. You don't have to report to NHSN and CalREDIE because NHSN will share the data with CalREDIE.

Q-4: Can employees who are getting tested regularly bring test results that were not collected via nasopharyngeal (i.e. saliva, or mouth swab)?
A: Yes, anterior nasal or saliva specimens are adequate.

Q-5: Is saliva PCR as effective as nasopharyngeal (NP) and oropharyngeal (OP) PCR?
A: Yes. Effectively, they are the same.

Q-6: When our residents leave the facility on pass, it is difficult to know if there was an exposure or not. To be on the safe side, can we test residents 5-7 days after they return, if we add that policy to our mitigation plan?
A: Yes, it is okay to test more than outlined in AFLs, but not less.

Q-7: If a fully vaccinated resident went out of pass for two to four hours, do we need to test the resident when they return?
A: No, they would not need to be tested unless they are exposed during their outing.

Q-8: What are the criteria on testing vaccinated residents and unvaccinated residents?
A: Testing guidance can be found in:

- CDPH AFL 20-53.5 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
- CDPH AFL 21-28 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx

Note that unvaccinated residents need to be tested on admission and on day 14 prior to moving from the yellow to the green zone. Fully vaccinated and unvaccinated residents need to be tested if they have symptoms or if they are exposed. They also need to be tested during response testing.

Personal Protective Equipment (PPE) Questions & Answers

Q-9: Can staff continue to wear N95s for 8 hours still or do they need to change after doing patient care for 4 or 5 patients?
A: It depends on the use. 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. The CDC says the maximum you should take an N95 on and off is five times. 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).

Quarantine & Isolation Questions & Answers

Q-10: We have one positive resident in our building. Can we admit COVID positive residents from the hospital and cohort them in the same room with our one positive resident?
A: Yes, as long as they have the same infectious disease.

Q-11: Do fully vaccinated residents who leave for dialysis appointments need to quarantine?
A: See CDPH AFL 20-53.5 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
Testing and 14-day quarantine are recommended for unvaccinated or partially vaccinated residents readmitted after hospitalization or who leave the SNF for more than 24 hours, as well as for residents who leave the SNF for ambulatory care (e.g., emergency department, outpatient procedures, dialysis or other clinic visits) when there is suspected or confirmed COVID-19 transmission at the outside facility.
SNFs should consider periodic (for example, weekly) diagnostic screening testing for unvaccinated and partially vaccinated residents who regularly leave the SNF for dialysis; in the absence of suspected or confirmed COVID-19 transmission at the dialysis center, residents who leave the facility for dialysis do not need to be quarantined in a "yellow-observation" or "yellow-exposed" area.

Q-12: If a fully vaccinated HCP becomes symptomatic and tested negative using an antigen and PCR molecular test, do they still need to quarantine, or can they come back to work when symptoms resolve?
A: This will depend on if there was a known exposure. Because the HCP is symptomatic, it would be prudent to test a few days later to ensure the person has not become positive. Isolation and testing again becomes even more important if there was a known exposure.

Q-13: With increased "school exposures" what do we do with our employees who are asking to be off as well because they were exposed to their kids? What are the quarantine guidelines for staff?
A: Per CDPH AFL 21-08.3 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx), fully vaccinated HCP who are asymptomatic and have been exposed to COVID-19 do not need to be restricted from work. Consider work restrictions for fully vaccinated HCP who have underlying immunocompromising conditions. Unvaccinated or incompletely vaccinated HCP that are exposed need to quarantine for 14 days following exposure, in the absence of staffing shortages. During critical staffing shortages, there are options to shorten the quarantine time. For example, during staffing shortages, asymptomatic unvaccinated HCP are not prohibited from returning to work after Day 7 from the date of last exposure if they have received a negative PCR test result from a specimen collected after Day 5 after the date of last exposure.

Q-14: On day 14 of quarantine in the yellow zone, our unvaccinated new admission refuses to be tested? Are we still allowed to move this new admission to the green zone without a COVID test? Or should they stay in the yellow zone until they accept a test?
A: AFL 21-08.3 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx) has guidance on quarantine requirements for SNF residents on admission, return from leaving the facility, or following an exposure. Following the 14 days of quarantine, residents should then be retested. If negative, the resident can be released from quarantine from the yellow to the green zone. The purpose of this quarantine is because there is a 14-day period in which SNFs need to wait for symptoms to potentially appear. Once the time is observed, the resident is ready to move to the green zone with proof of a negative test. Without a test, the SNF will not be able to identify an asymptomatic COVID positive resident. Therefore, a compromise after 14 days would be to assume the resident is positive and have them stay in the yellow zone for an additional 10 days. This could be a last resort option if the resident refuses to be tested. Another alternative is to consider other testing alternatives if the nasal swab is bothersome.

Q-15: A staff member with symptoms tested positive with the antigen test, but negative with the PCR test. What should we do? Follow the antigen test result and continue isolation? Or discontinue isolation measures due to negative PCR result?
A: Symptomatic patients with a positive antigen test do not need a confirmatory PCR test. The patient should be managed as a true positive because of symptoms and the positive antigen test. Isolate for the appropriate duration. A PCR is only considered confirmatory after an antigen test if it is done within 24-48 hours of the original test.

Vaccination Questions & Answers

Q-16: In September, administration of the flu vaccine will start. Is there a waiting period between giving the flu and COVID Booster?
A: There is no waiting period. However, there has been a recommendation to give the vaccines in different arms.

Q-17: What are the criteria to be considered immunocompromised in order to get the booster shot? Are Type 1 diabetics considered eligible?
A: Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Currently, type 1 diabetics are not on the eligibility list, but people should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.
More information can be found on the CDC's website "COVID-19 Vaccines for Moderately to Severely Immunocompromised People" https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

Q-18: What are the current SNF vaccination rates in CA?
A: Current nursing home vaccination rates are public at https://data.cms.gov/covid-19/covid-19-nursing-home-data. CA nursing home vaccine rates as of August 8, 2021 are 83.38% resident vaccination rate and 81.33% staff vaccination rate.

Q-19: Are the formulations for the booster or third doses the same as the original dose?
A: Currently, the booster (for normal immune systems) or 3rd doses (for immunocompromised) are for the mRNA vaccines. Pfizer's mRNA third shots or booster shots are currently the same as the first and second shots. Moderna is working on a lower dose booster shot that is a lower dose than the first and second shots.

Q-20: Is the J&J vaccine approved for a booster shot?
A: No, J&J has not been approved for a booster shot. Only the mRNA vaccines are currently advised. However, J&J just released data suggesting improved immune response after booster, so stay tuned for further guidance.

Q-21: Is it possible to mix and match mRNA additional doses and boosters, or must individuals stay with the vaccine they first received?
A: Current recommendations are for boosters to be the same as the vaccine used for the first and second shots. Mixing and matching is not recommended.

Q-22: Can the COVID-19 vaccine be given on the same day as other vaccines, such as the pneumonia vaccine?
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: Any suggestions on how to validate a medical exemption? I received an exemption letter from an employee today regarding an uncomplicated early stage pregnancy. Considering all of the recommendations from CDC, CDPH, and ACOG, the Doctor that signed the exemption either does not support vaccination in general and the exemption should not be valid, or there is another condition that cannot be disclosed without a Release of Information (ROI)?
A: Facilities are not required to validate the terms of the medical exemption or authenticity of documentation that is shared.

Q-24: If a facility determines a religious exemption declination to be valid, will CDPH accept that determination or will it try to validate the facility's decision?
A: Facilities can accept documentation at face value. CDPH will not validate religious exemptions or medical exemptions. There could be new direction later, but not now.

Q-25: Can patients self-attest that they meet the requirement for an additional booster shot or must we verify their eligibility, or get a prescription for the shot?
A: No, it is our understanding that they cannot self-attest. A prescribing physician needs to determine if the employee meets criteria. We will look into this more with Dr. Horng.

Q-26: Will CDPH be updating their Survey 123 to incorporate the 2 new NHSN questions so it will auto pull from CDPH Survey 123 to NHSN?
A: Yes, CDPH is actively adding the questions to the survey.

Q-27: Why are Home Health Providers and Home Care Providers not required to be vaccinated when providing care to our residents when they discharge to their private homes?
A: Exposure levels are greater in nursing homes and other congregate facilities; therefore, the State Public Health Officer Order regarding vaccination status and testing guidance applies to those settings and not to home health agency workers that visit patients in their private homes. The requirement for workers in the Health Officer Order is based on the setting that they work in and not as much on their role. Therefore, if a home health care worker sees patients in a nursing home, then the HCW would need to follow the testing and vaccination requirements of the Health Officer Orders. Guidance for home health agencies may change in the future. We will keep you informed.

Visitation Questions & Answers

Q-28: Can you clarify the vaccination and testing screening guidelines for EMT, ombudsman, surveyors, paramedics, general transport drivers, plumbers, electricians, pest control services, Child Protective Services, fire system quarterly inspection? Why are they excluded from the Public Health Order when they pose just as must risk to our residents as visitors and HCP when they enter our facilities. Can CDPH confirm whether these groups are excluded and do not require documentation of vaccination or negative test? If they are excluded, is it a "don't ask" kind of policy?
A: Introduction of a community member to a facility can pose a risk of COVID exposure whether it's a HCW, visitor, emergency responder or contractor. CDPH and the CA Department of Aging continue to verify vaccination status and testing results; and implement appropriate screening procedures for surveyors and Ombudsman, that are similar to nursing home health care workers. Regarding EMT, facilities are not responsible for screening for vaccination status or test results. As first responders, there is little time to implement the screening process when they are responding to an emergency in crisis mode. Regarding the other visitors mentioned (plumbers, electricians, pest control, etc.), it is recommended that facilities plan ahead by informing their contractors about your

facility's need to screen visitors (testing and vaccination status), and the need for appropriate PPE to be worn when they are in your facility. Contractors providing these services in your facility should be understanding and amenable to your request to have a test prior to entry for unvaccinated contractors.

Q-29: How do we enforce the vaccination health order on October 1, 2021 for unvaccinated HCWs that are not facility employees, like registry staff, daily contracted rehab staff, or monthly contracted PharmD consultants? Is it the SNF's responsibility or the health care provider's employer's responsibility? Do we deny entry or refuse their ability to render healthcare services?
A: The first thing is to socialize this policy with entities that you contract with including your registry staff and contracted staff. The requirements of the Health Officer Order would extend to contractors as well. In the Health Officer Order, see the definition of worker, and note that contractual staff not employed by the facility are included in this definition. The employer should enforce this with contracted employees. For more information view the August 5, 2021 State Public Health Officer Order: Health Care Worker Vaccine Requirement Q&A below (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FAQ-Health-Care-Worker-Vaccine-Requirement.aspx)

- **Q:** Who will be responsible for enforcement of the requirements under this Order?
- **A:** Each covered facility will be required to enforce the vaccine mandate and testing requirements of their respective staff (including any staff that may come from a contracted staffing agency). To the extent that the covered facilities are subject to state regulation, the state's regulating entities will ensure each facility is meeting the requirements for vaccine verification/exemptions. For example, the California Department of Public Health will enforce this requirement at hospitals, skilled nursing facilities, intermediate care facilities, and the other health care facilities it licenses; and the Department of Health Care Services will enforce this requirement at residential substance use treatment and mental health treatment facilities. Local health jurisdictions may also enforce the orders.

Q-30: For outdoor visitation, are visitors required to show their vaccination status or negative test result taken within 72 hours prior to visit?
A: No, vaccination status and a negative test results are not required for outdoor visitation. It is required for indoor visitation. Vaccination status is important for visits if the fully vaccinated resident and visitor want to have physical touch.

Q-31: Are residents in the yellow zone (quarantine) and red zone (isolation) able to leave the facility and go to their family's house for an overnight stay or for dinner?
A: The guidance to answer this question will come more from the local health department. Residents have the right to leave the facility at any time. But once they leave the facility, they are under the jurisdiction of the local health officer. Isolation and/or quarantine orders are from the local health officer and would preclude a resident who is positive in the red zone or quarantine area from having the ability to leave the facility.

Q-32: Can unvaccinated visitors and unvaccinated residents have brief physical touch while outdoors?
A: No, please see guidance in AFL 20-22.9. Fully vaccinated visitors and fully vaccinated residents can have physical contact during indoor and outdoor visits. However, unvaccinated visitors and unvaccinated residents cannot have brief physical touch indoors or outdoors

Q-33: It is my understanding that our SNF has to physically see the test results of an unvaccinated visitor prior to entry into our SNF. Once our SNF sees the negative test results, would adding a question to the visitor screening tool that verifies the test results be sufficient from a surveyor perspective?
A: Yes, documenting that a SNF saw a negative test result for a visitor is sufficient.

Q-34: Can we test unvaccinated visitors with a rapid antigen test before they enter?
A: Yes, a rapid test is acceptable.

Q-35: Are unvaccinated visitors able to visit for compassionate care reasons, even if they do not produce a negative test result? We have an unvaccinated visitor who refuses to be tested and refuses alternative communications (outdoor, video call).
A: This is a non-compliant situation. The requirement is clear that unvaccinated visitors must show a negative test result before they can enter the facility. The visitor should not be permitted to enter. This is challenging, but it's important to socialize visitation policies and public health orders with family members and visitors so the protocols are upfront and clear. If the visitor is not understanding or following the guidance, the visitor can connect with the local DPH office to provide more explanation of policies and assistance.

Other Questions & Answers

Q-36: Can someone who just had COVID get it again within 90 days?
A: Yes, and the second infection can be either symptomatic or asymptomatic.

Q-37: Our SNF received a call from the state stating a local hospital turned my facility in for not taking COVID Patients. Our facility is struggling with staffing and meeting our 3.5 ppd on a daily basis. To try and take a COVID + patient and needing to have dedicated staff, is truly not an option right now. Will there be any regulatory relief from meeting our staffing ppd mandates while SNFs help with county surges? I am concerned about admitting a COVID + patient (not previously my resident) and potentially putting my in-house residents and limited staff at risk knowingly and having a facility outbreak and no one to care for my residents.
A: The staffing levels are not able to be changed because they are written into existing statute. One solution is to put in a staffing request to the MHOAC, so you can achieve more stable staffing to be able to accept COVID admissions. Another idea is to collaborate with your local nursing homes, hospitals, and public health departments. In some counties, there are nursing homes willing and able to safely accept COVID-19 positive residents. To eliminate staffing and financial concerns, the goal is to coordinate the movement of hospital discharges to those nursing homes so that they are able to care for more than one COVID-19 resident at a time. This plan would alleviate pressure from facilities that are not able to safely accept COVID-19 patients due to staffing shortages.

Q-38: Do we anticipate seeing increase use in probiotics with the use of antibiotics in the skilled facilities and acute care facilities? I know this is common practice at Kaiser. There appears to be supportive evidence for this, for reductions in C-Diff in some studies.
A: There have been new guidelines on C-Diff management published recently. It recommends against the use of probiotics either/or as primary or secondary prevention to prevent relapse, so we will most likely see a decrease in their use more broadly. Some physicians might continue to prescribe them, but we'll most likely see an overall decrease in their use.