



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
August 4 & 5, 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

****New Update—Thursday, August 5, 2021 NEW State Public Health Officer Orders****
California Implements Requirement that
Workers in Health Care Settings be Fully Vaccinated

- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>
 - The order **requires** workers in health care settings (including skilled nursing facilities) to be fully vaccinated or receive their second dose by September 30, 2021.
- <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>
 - The order directs hospitals, skilled nursing facilities, 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.

The new August 5, 2021 State Public Health Officer Orders may supersede information in the notes below. Join the CDPH calls next week for more information.

The Wednesday Webinar presentation covered:

- **State Public Health Officer Order** (July 26, 2021): 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>
- **New All Facilities Letters (AFLs)**
 - AFL 21-27: Testing, Vaccination Verification and PPE for HCP at GACHs <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-27.aspx>
 - 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>
 - AFL 21-29: Testing, Vaccination Verification and PPE for HCP at Health Care Facilities <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-29.aspx>
 - AFL 21-30: Testing, Vaccination Verification and PPE for HCP at ICFs <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-30.aspx>
 - AFL 20-88.2: Testing Recommendations for Patients and HCP at GACHs (update) <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-88.aspx>

- AFL 20-53.5: Mitigation Plan Recommendations for Testing of SNF HCP and Residents (update) <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>
- **Testing Task Force Updates:**
 - Average test positivity past 7 days: 7%
 - Up 0.8% from last week, and up 6.2% from early June
- **National Healthcare Safety Network (NHSN) Reporting Updates**
- **Healthcare-Associated Infections (HAI) Updates**
- **The Pandemic is Not Over: Where SNF IPs should Focus Now!**

Testing Questions & Answers

Q-1: AFL 20-53.5 states that all staff in SNF regardless of vaccination status should be included in surveillance testing once weekly, if vaccination rate is <70% for staff and < 70 % for residents. Whereas, AFL 21-28 and the new CDPH Health Officer Order state that fully vaccinated staff no longer have to be included in surveillance testing and unvaccinated staff are required to test 2 times weekly. Which guidance should we be following?

A: AFL 21-28 supersedes AFL 20-53.5 for now until the public health order is lifted. According to the public health order and AFL 21-28, all SNF staff who are not fully vaccinated must be tested twice weekly. In facilities that have not reached the 70% threshold, the facility should test fully vaccinated staff once weekly.

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: Unvaccinated workers in the long-term care industry 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: Can facilities use antigen testing at entry if their unvaccinated staff only works part time and AFL 21-28 recommends testing only once weekly? What if they are tested with an antigen test 48 hours before starting work?

A: Antigen testing at entry for unvaccinated or partially vaccinated healthcare workers who work at the facility less than one time per week can be used if the individual was tested less than 24 hours before starting their shift. A PCR (or any authorized molecular) test could be used if tested within 48 hours of the start of the shift and with the results available prior to the shift starting. If an unvaccinated individual works at the facility one or more times per week then they need to be tested twice per week with either an antigen or PCR (or any molecular) test.

Q-4: 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-5: Are both positive and negative tests results for antigen testing required to be reported to NSHN and CalREDIE?

A: Per CDPH AFL 20-53.5, reporting of non-positive (negative) antigen results through CalREDIE is encouraged, but no longer required. Positive test results must be reported through CalREDIE within eight hours from the time of the results. Check with your local county public health departments that

may have stricter requirements. We are in the process of obtaining clarification on federal requirement.

Q-6: The concern with the required COVID testing 48 hours prior to working in the facility, is that in a staffing crisis, we call registry staff. In this scenario, we won't be able to test unvaccinated registry staff 48 hours prior to their shift. In this emergency situation, can we use an antigen test immediately prior to the start of their shift?

A: Yes, if the test results are available within 24 hours of the start of the shift

Q-7: What are the testing requirements for buildings that are part of the pilot antigen testing program? Do any requirements change for those change since we test more often than is required?

A: The only requirement for SNFs that are following the antigen testing program is to follow the AFLs and existing guidance to provide the minimum required testing. A facility may test more frequently than what is recommended/required by the existing guidance.

Q-8: How often do unvaccinated, asymptomatic HCP need to be tested?

A: Per CDPH AFL 21-28:

- 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-9: We have employees that work 3 consecutive days a week. Do they test on day one and day three?

A: That is fine. The tests must have a minimum of 48 hours between tests.

Q-10: 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 may 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 weekly with a PCR (or other molecular) test once weekly.
- Fully vaccinated workers need to be tested if they are symptomatic or if there is an outbreak as part of response testing.
- Fully vaccinated workers may consider continuing diagnostic screening testing if they have underlying immunocompromising conditions which might reduce 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-11: If our county positivity rate exceeds 10%, do we need to test all staff twice a week, regardless of vaccination?

A: No, according to CMS QSO-20-38-NH, if the county positivity rate is $>10\%$, the minimum testing frequency of unvaccinated staff is twice a week. Fully vaccinated staff do not have to be routinely tested if the positivity rate exceeds 10%; unless the vaccination rate for the facility is $<70\%$ for staff and $<70\%$ for residents. <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

Q-12: For a symptomatic fully vaccinated HCP, if we use an antigen test and the result is negative, do we need to test them again with a confirmatory PCR test?

A: Per AFL 20-53.5 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>) a person who is having COVID-19 symptoms and tests positive with an antigen test should be treated as COVID-19 positive. This could be considered diagnostic of COVID-19 if the person has only had symptoms for less than 7 days. As a part of the state antigen testing program, we are recommending testing with another test (PCR) to confirm the diagnosis. The person should isolate until confirmatory test results are provided.

Q-13: Per AFL 20-53.5, response testing of residents and HCP must occur every 3–7 days until no new cases are identified among residents in sequential rounds of testing over 14 days. If we test every 3 days, that means 4 rounds of testing will be completed over 14 days. Is that accurate?

A: Yes. Over 14 days, it is reasonable for response testing to occur twice (every 7 days), or it can occur more frequently (every 3 or 4 days). Ideally, testing is done more frequently than once a week during response testing. Note that unvaccinated HCP will need to be tested twice a week in alignment with the new Health Officer Order and AFL 21-28.

Q-14: Per the AFL, “serial testing...should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days...”. Why only residents? What if staff test positive?

A: “Staff” was intentionally left out of that statement. The requirement is to continue response testing until there are no new cases among residents for 14 days to demonstrate transmission is ceased within the facility. After the 14 days, a new case in a staff member may or may not be related to the first outbreak; the facility would re-initiate response testing, but could be focused on the unit(s) where positive staff member worked (consult with LHD).

Q-15: How should a facility who shares staff treat a positive case? The facility that conducts the weekly screening test for the employee receives a positive result and starts the response testing. How should the second facility treat this exposure? Should they also respond with response testing since the staff member worked in the facility days before the test result after the staff was swabbed? With the Delta variant, I think we should conduct response testing since the staff member was unvaccinated.

A: Yes, conducting response testing is appropriate in both facilities if the COVID-19 positive HCP had worked at both facilities and could have exposed other HCP and residents. The only exception would be if the COVID-19 positive HCP had not worked in the second facility for two days before the positive test or the onset of symptoms or while symptomatic or after the positive test occurred. In that case, response testing may not be necessary.

Personal Protective Equipment (PPE) Questions & Answers

Q-16: What if the unvaccinated staff refuses to wear an N95? Education and counselling have been done by the Administrator, DON and DSD. The staff still refuses stating "it feels like harassment and discrimination."

A: Document that you provided the N95, counseled them on how important it is that they use them, and keep documentation of their refusal for survey.

Q-17: Can face shields or goggles be reused?

A: In general, durable goggles and face shields do not have filtration and are more durable and may be cleaned and reused. Check the manufacturer’s instructions to ensure they are reusable.

Q-18: Can N95 masks be reused?

A: If N95 masks are used for PPE, they need to be disposed of after each use. If used for source control, extended use may be implemented for facemasks or N95s. When used for source control, they may be used until they become soiled, damaged, or hard to breathe through and should be immediately discarded after removal.

Q-19: 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 they are being used for source control. Instruct HCP to do a seal check to ensure it fits well, but fit testing is not required.

Q-20: Is fit testing required for strapless, adhesive N95 mask?

A: If the strapless, adhesive N95 mask is a NIOSH approved respirator for PPE, then it needs to be fit tested when used as PPE. If it is being used as source control (not PPE), then it does not need to be fit tested.

Q-21: 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-22: Do unvaccinated dietary staff have to use an N95 while cooking? Or can they use a procedure mask?

A: Unvaccinated dietary staff are strongly encouraged to wear N95s as source control and the facility must provide N95s and instruction, but wearing the N95 is not required.

Q-23: Cal/OSHA removed the Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages that allowed certain strategies to extend supplies of respirators during severe shortages. Pursuant to title 8 sections 5144 and 5199, "...healthcare facilities are to use respirators in full accordance with their manufacturers' instructions and their NIOSH approval. Extended use may be implemented for facemasks or N95 respirators only when used for source control; when used for source control, facemasks or N95 respirators may be used until they become soiled, damaged, or hard to breathe through and should be immediately discarded after removal." Will this conventional use cause our N95 supplies to be depleted especially now that we have to offer them to the unvaccinated?

A: After speaking with the major suppliers, none of them voiced a concern regarding the supply of masks or respirators. If you have challenges, contact your MHOAC. Include in your mitigation plan the process you will follow if there is an impending shortage in masks or any other PPE.

Q-24: Does CDPH have a resource for staffing and PPE shortages for SNFs?

A: The same system previously set up to report staffing and PPE shortages during the pandemic still exists. Contact your county's Medical and Health Operational Area Coordinator (MHOAC) to relay staffing or PPE assistance 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-25: Are masks/eyewear considered source control or PPE in the Green Zone?

A: Per CDPH AFL 20-74.1 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx>), in the green area, masks (N95s) are considered source control, but are PPE for aerosol generating procedures or use during an outbreak. Eye protection (face shields, goggles) is considered PPE. CDPH and CDC recommends HCP wear eye protection for all direct patient/resident care, and N95 or higher level respirator while caring for residents undergoing aerosol generating procedures, in counties with

moderate or higher levels of community COVID-19 transmission (> 2 cases per 100k population or > 2 % test positivity; search by county at: <https://covid19.ca.gov/statedashboard/#location-california>). Eye protection and N95 respirators for aerosol generating procedures should also be worn in the “green zone” during a COVID-19 outbreak. Eye protection should always be worn per Standard precautions when performing tasks that could generate splashes or sprays of blood, body fluids, secretions, and excretions. Check with your local health department for more stringent guidance.

Vaccination Questions & Answers

Q-26: Can the California Immunization Registry (CAIR2) be used to verify vaccine status of workers?

A: No, CAIR2 (<https://cairweb.org/enroll-now/>) cannot be used to verify vaccine status of workers or visitors. The uses of CAIR are limited by law. Providers are permitted to look up vaccination status of patients only. According to law, to protect confidentiality providers may not access CAIR2 for vaccination status of workers or visitors unless those individuals are patients of the provider. Even if a visitor or staff member asks the facility to access their information in CAIR2, they may not. Those who do not have the proof of vaccination may access it from CAIR2 via the California Digital COVID-19 Vaccine Record <https://myvaccinerecord.cdph.ca.gov/>. For more information see California Legislative Information, Chapter 2.5. Disclosure of Immunization Status: https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=120440

Q-27: Is it a HIPAA violation to ask residents, staff and visitors for proof of their COVID-19 vaccination status?

A: Per State Public Health Officer Order: “Workers who are not fully vaccinated, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.” Asking for proof of COVID-19 vaccination status is not a HIPAA violation. Pre-COVID, healthcare facilities have had requirements for other vaccines, like influenza. Vaccines are for the protection of residents and staff. It is not a HIPAA violation to ensure that the employee has met the state requirement. Visit HHS website <https://www.hhs.gov/answers/if-my-employer-requires-proof-of-my-covid-19-vaccination-status/index.html>. “In general, the HIPAA rules do not apply to employers or employment records. HIPAA only applies to HIPAA covered entities—healthcare providers, health plans, and healthcare clearinghouses—and, to some extent, to their business associates. If an employer asks an employee to provide proof that they have been vaccinated, that is not a HIPAA violation, and employees may decide whether to provide that information to their employer.”

Q-28: What PPE do visitors need to wear in the green and yellow zones?

A: Visitors must wear full PPE when visiting residents in the yellow zone. Full PPE includes N95, eyewear (face shields, goggles), gloves and gown. Fit testing for respirators for visitors is not practical, and therefore not a requirement. As a best practice, facilities should provide the N95 and educate visitors how to perform a seal check when donning the N95. Non-fit tested respirators provide more protection than just a surgical mask. In the green zone, visitors must wear masks for source control, but eye protection is not required.

Q-29: The news is suggesting that an individual who got the J&J vaccine, should not get a dose of an mRNA vaccine. Is that accurate? Also, are HCP still considered fully vaccinated if they received their J&J vaccine 14 days ago? Does that answer change if they are immunosuppressed from chemo treatment?

A: The current recommendations have not changed. If you completed both doses of Moderna or Pfizer or 1 dose of J&J, you are considered fully vaccinated. The answer does not change for those who are immunocompromised, but it is important to be aware that immunocompromised individuals may not respond well to any vaccine.

Q-30: Are booster shots approved and available?

A: Booster shots at this time are not recommended and are not included in the EUA.

Q-31: I administer vaccines to our residents, staff, and families. Due to miscommunication, family and resident medical history limitations, and lack of documentation in CAIR2, one of our residents has now received one dose of all three vaccines. Is this a problem and is he considered fully vaccinated?

A: This person would be considered fully vaccinated. This is an exceptional circumstance, and an educational opportunity for the patient and family regarding the importance of keeping records. 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." The CDC states that in exceptional situations in which the mRNA vaccine product given for the first dose cannot be determined, any available mRNA COVID-19 vaccine may be administered to complete the vaccination series. 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. 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 and then received a single dose of Janssen COVID-19 vaccine, they would be considered fully vaccinated.

Q-32: Any updates on the Lambda variant?

A: It's a variant of interest circulating primarily in South America and continues to be rare in the US and CA. Delta is the predominant strain.

Quarantine/Isolation Questions & Answers

Q-33: Do fully vaccinated asymptomatic HCP who had an exposure have to quarantine or may they continue working?

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.

Q-34: How many symptoms does HCP have to exhibit to be put on quarantine? I am a new IP and I heard it was 2 symptoms needed to trigger quarantine. Can you clarify the temperature range to consider a person with a fever during COVID screening?

A: Only one symptom is needed to trigger quarantine for HCP. Fever can be either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Other Questions & Answers

Q-35: 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.