



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
September 1 & 2, 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_sept_1_2021_508.pdf
- Immunization Branch Updates (slides 8-16)
 - CDC COVID-19 Vaccines for Moderately to Severely Immunocompromised People <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>
 - New Recommendations about COVID-19 Vaccination and Timing of Immune-based Tests for Tuberculosis Infections CDC August 31, 2021: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
 - Don't Wait Vaccinate Campaign—Flu Edition www.immunizeca.org/flu-season/
- Healthcare-associated Infections (HAI) Updates (slides 25-34)
 - Summary of In-Room, Indoor Visitor Guidance by Zone (slide 28)

Summary of In-Room, Indoor Visitor Guidance by Zone

Visitor Guidance	Green Zone		Yellow Zone		Red Zone (compassionate care only)	
	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated
Visitor Vaccination Status	✓		✓		✓	
Negative Test Required		✓		✓		✓
Well-Fitted Mask*	✓	✓				
N95, Eye Protection, Gown, Gloves			✓	✓	✓	✓
Keep Distance from Resident (No Physical Contact Allowed)**		✓		✓		✓
Keep Distance from Others	✓	✓	✓	✓	✓	✓

*Visitors are required to wear a well-fitted mask for source control at all times in the facility; N95 in yellow and red zones serves as PPE and source control
 **Physical contact is only allowed if both visitor and resident are fully vaccinated; or for compassionate care visits if the facility and visitor identify a safe way to allow for personal contact.

- Summary of Outdoor Visitor Guidance by Zone (slide 31)

Summary of Outdoor Visitor Guidance by Zone

Visitor Guidance	Green Zone		Yellow Zone (resident must be source controlled)		Red Zone (compassionate care only)	
	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated	Fully Vaccinated	Unvaccinated
Visitor Vaccination Status	✓		✓		✓	
Negative Test Required						
Well-Fitted Mask		✓		✓		
N95, Eye Protection, Gown, Gloves					✓	✓
Keep Distance from Resident (No Physical Contact Allowed)*		✓		✓	✓	✓
Keep Distance from Others	✓	✓	✓	✓	✓	✓

*Physical contact is only allowed if both visitor and resident are fully vaccinated; or for compassionate care visits if the facility and visitor identify a safe way to allow for personal contact.

- Interfacility Transfer Communication: (slides 17-24)

Interfacility Transfer Communication Resources & Forms	
CDPH Interfacility Transfer Communications Guide	https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx
CDPH Healthcare Facility Transfer:	https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/InterfacilityTransferCommunication_Comprehensive.pdf
CAHF Disaster Preparedness Program Safe Evacuation for Long-Term Care Resources	https://www.cahfdisasterprep.com/evacuation
CAHF Infection Control Transfer Form	https://6917391b-02e8-4c8d-9eb9-6485bb7fc02c.filesusr.com/ugd/69dc94_1e44866a80c9415c82d05de51ac574c0.pdf
CAHF Long-Term Care Facility Evacuation Resident Assessment Form for Transport & Destination	http://www.cahf.org/Portals/29/DisasterPreparedness/Evac/Transport_triage_form.pdf

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: Is there an AFL that can be provided to facilities about testing with a PCR test if the antigen test is negative **during response testing**?

A: Yes, refer to CDPH AFL 20-53.5 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>. See also <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Guidance-on-the-Use-of-Antigen-Tests-for-Diagnosis-of-Acute-COVID-19.aspx>: “Asymptomatic individuals with presumptive negative tests in a congregate setting outbreak investigation with confirmed cases may need confirmatory NAAT/PCR testing.”

Q-2: If we are doing **routine screening testing for asymptomatic staff**, can we use the antigen testing twice a week without PCR?

A: Yes, antigen testing can be used without confirmatory PCR for routine screening testing as long as performed twice weekly. It is recommended to confirm a positive antigen test with PCR, in communities with low transmission. Negative antigen tests used for routine screening testing (no known exposure) do not need to be confirmed with PCR. Please refer to CDPH AFL 20-53.5 for more information on testing. <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-20-53.aspx>

Q-3: During **response testing**, if we use antigen testing two times a week, do negative antigen test results need to be confirmed by a PCR test. If yes, it seems it would be easier to just do a PCR test instead. Can you explain why a PCR test would need to be done if the antigen test is negative during response testing?

A: In general, when antigen testing is used for an individual who has had a known exposure, just like for a person who is symptomatic, a negative test is recommended to be confirmed with PCR. Antigen tests have lower sensitivity compared with PCR tests, but still serve as a good indicator and are useful because they allow you to get results back quicker to be able to isolate accordingly as fast as possible. We understand the logistic challenges of getting confirmatory PCR for every negative antigen test when used for response testing performed on a large number of individuals at a twice a week cadence. If PCR is being used for one of the testing rounds during the week, that meets the minimum weekly cadence for response testing and gives you the benefit of confirmation for any individuals that had a negative antigen test.

Q-4: How frequently are we required to test **residents** of ICF/DD level homes? Does vaccination status factor into testing schedule?

A: There are no federal or CDPH recommendations or requirements for routine screening testing for residents. Routine screenings are for staff members in the facilities. Some local health departments have made additional requirements for their facilities that may include resident testing.

Q-5: If an HCP is COVID positive and is wearing an N95/full PPE, are unvaccinated HCP and residents considered exposed if they meet close contact criteria (e.g. <6ft for >15mins)?

A: This goes back to general principles in assessing exposures in our highest risk settings. We consider all HCP and residents in a given unit or building to be potentially exposed when there is a positive HCP who worked in the facility during their potentially infectious period. This is the basis for facility wide response testing. We don't recommend the individual type contact tracing for the skilled nursing facility setting. When there is an outbreak, we need to consider the potential for more broad exposure in congregate healthcare settings. In general, when a HCP identifies as positive and you're considering who's exposed, it's really anyone who is in the facility with that HCP while they were infectious. If there are separate buildings, one building may not be considered exposed if there is no crossover of staff. Everyone in the same building would be considered exposed and response testing would need to be implemented.

Personal Protective Equipment (PPE) Questions & Answers

Q-6: Do unvaccinated individuals in dietary that don't have resident contact need to wear N95s?

A: Unvaccinated dietary staff need to be provided an N95 for source control per the July 26, 2021 State Public Health Officer Order. It is strongly recommended that all unvaccinated dietary staff wear an N95, however, it is not required. Also, keep in mind that in order to work, unvaccinated staff will need to have either a medical or religious exemption by September 30th per the August 5, 2021 State Public Health Officer Order.

Q-7: Do HCP need to wear an N95 mask in the yellow zone when they are just passing out meal trays? If yes, do HCP need to discard their N95 after they pass the trays in the yellow zone?

A: Yes, HCP need to wear an N95 respirator in the yellow zone. Cal/OSHA said that HCP can keep their N95 on while in the red zone and yellow zone if caring for the residents with the same status. They don't need to discard and put on a new respirator between individual residents in the same zone during med pass, for example. When they are finished with med pass or other care activities, then they do need to take the respirator off and discard it before putting on their face mask for source control.

Q-8: We have two COVID positive residents in our facility in the red zone. The rest of our facility is in the yellow zone due to exposures. Since all of our residents are in the yellow and red zones, our HCP need to wear full PPE (eye protection, gowns, gloves and N95s). How often do we need to don and doff the N95s and eye protection for each resident in the yellow zone?

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 same zone (yellow or red zone) that have the same infectious disease status, the HCP does not need to discard the N95 after each patient encounter if that aligns in accordance with the manufacturer's instructions. In this situation, it is not each individual patient encounter, but rather care activities within a zone. 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). The CDC recommends the maximum you should take an N95 on and off is five times.

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 within the same zone.

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

Quarantine & Isolation Questions & Answers

Q-9: A partially vaccinated resident received their second COVID vaccine dose on day 14 of quarantine at the facility. Do we need to test the resident, or can we consider them fully vaccinated and move them to the green zone without a test?

A: Keep in mind that the resident won't be fully vaccinated until 2 weeks after the second dose, so the resident is not considered fully vaccinated based on the timeline in this scenario. Testing is required on day 14 before you move the resident out of quarantine. If the resident tests negative, then the resident can move to the green zone. The vaccine will not cause someone to have a positive COVID test. If the patient tests positive, then manage the patient just like any other positive individual in the facility. Positive breakthrough infections do occur, but hospitalization and death are less likely to occur in fully vaccinated individuals due to the protection from the vaccine.

Q-10: Can we have further guidance on the religious exemption? Are we allowed to ask for an explanation of how the vaccine interferes with their religious rights? Time is running out before we have to make difficult employment decisions after September 30th. Our union says we cannot ask for an explanation so guidance is needed from the state on what we can and cannot do.

A: Labor laws are complicated surrounding religious exemptions. At this point, CDPH is in discussion with the state, but does not have any further guidance to provide other than what is written in the State Public Health Officer Order and the FAQs. Consult with your legal counsel for now and refer to your labor agreements. Further information can be found at the Equal Employment Opportunity Commission (EEOC) website (<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>). EEOC guidance explains that the definition of religion is broad and protects beliefs, practices, and observances with which the employer may be unfamiliar. Therefore, the employer should ordinarily assume that an employee's request for religious accommodation is based on a sincerely held religious belief, practice, or observance. However, if an employee requests a religious accommodation, and an employer is aware of facts that provide an objective basis for questioning either the religious nature or the sincerity of a particular belief, practice, or observance, the employer would be justified in requesting additional supporting information. See also 29 CFR 1605.

- State Public Health Officer Order: <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>
- CDPH Public Health Officer 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>

Q-11: Do the vaccination and testing screening guidelines in the July 26, 2021, State Public Health Officer Order apply to ombudsman, surveyors, first responders and contractors?

A: The following is guidance regarding the vaccination and testing screening guidelines for surveyors, ombudsman, first responders and contractors. Check with your local health department for county specific guidelines.

- **Surveyors & Ombudsman:** Facilities are not responsible for asking for vaccination or testing status prior to entry. CDPH and the California Department of Aging verify vaccination status and conduct routine testing for surveyors and ombudsman in alignment with Order.
- **First Responders:** First responders do not need to show vaccination or testing status prior to entry because there is not time when responding to an emergency in crisis mode.
- **Contractors:** The definition of “worker” in the Order refers to all paid and unpaid persons serving in SNFs who have the potential for direct or indirect exposure to patients/clients/residents or SARS-CoV-2 airborne aerosols. Contractors (i.e., plumbers, electricians, transport drivers) are included in this Order. “Contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting...”

Q-12: When should we expect COVID-19 vaccinations to be available to children under 12? This is another factor that impedes our ability to recruit staff due to parents not wanting their children to go to in person school or in person childcare.

A: There is no definitive timeline for vaccines for children under the age of 12, but clinical studies are underway and results are anticipated to be available at the end of September-beginning of October.

Q-13: Will the definition of fully vaccinated change once the booster is approved?

A: Booster recommendations are pending. For now, fully vaccinated definitions remain the same

Q-14: Are facilities responsible to ensure that immunocompromised staff who are eligible for the third dose get the vaccine? Do facilities need to document the proof of the third shot?

A: Immunocompromised persons should talk with their medical providers to determine if they qualify for a third dose of vaccine. If facilities themselves are the vaccine providers, then yes, they should document.

Q-15: Are volunteers subject to the August 5 Health Officer Order that requires vaccination? For example, after September 30th, can an unvaccinated volunteer call Bingo, as long as they show a negative test in the past 72 hours like a visitor?

A: The definition of worker used in the August 5 and July 26, 2021, State Public Health Officer Orders refers to all paid and unpaid workers in patient care settings. A volunteer is considered an unpaid worker, so they need to follow the same requirements as paid workers. Unvaccinated volunteers with an exemption in this case would need to show negative test results.

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

Q-16: Does an unvaccinated child under 12 need to have a COVID test to visit a loved one?

A: Yes, the child who is not eligible for vaccination would still need to have a COVID test 72 hours prior to visit. Because they are unvaccinated, they would not meet criteria for physical contact with their loved one. Compassionate care situations are unique and need to be handled case by case with support from the medical director and infection preventionist.

Q-17: Our resident claims they are fully vaccinated, but we cannot find proof. If we give our resident another two doses, could there be any adverse effects?

A: For vaccine documentation, we encourage people to 1) look for their physical CDC COVID-19 vaccination white card or a copy of the card; 2) try to get records from the vaccinating provider; or 3) gain access to the Digital COVID-19 Vaccine Record at myvaccinerecord.cdph.ca.gov/faq. Vaccination providers can also look for resident records in the California Immunization Registry (CAIR2): <https://cairweb.org/about-cair/>. If vaccines are repeated, the adverse effects would be similar to side effects experienced after the second dose: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>.

Q-18: What is the difference between the Pfizer and Moderna vaccines?

A: The Pfizer and Moderna vaccines are both mRNA vaccines. For more information, please see: www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html and www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html.

Q-19: If an individual tests positive and was in the process of being vaccinated (already received the 1st dose) but the 2nd dose was to be after they completed their 10 days of isolation, do they need to wait 90 days or can they get the 2nd dose right after the completion of 10 days in isolation?

A: In this scenario, the individual can receive the 2nd dose after completion of 10 days isolation. They would need to wait 90 days for the next dose of vaccine only if they received monoclonal antibody treatment for their illness.

Q-20: Do we need to do symptom and temp checks for surveyors prior to entry?

A: Yes, temperature and symptom screening are required for surveyors.

Q-21: Is there a difference between a "Booster" and "3rd Shot"? Or are they the same thing?

A: The “3rd Shot” includes both an additional dose for immunocompromised patients who may not have responded to the first 2 doses and booster doses for general population that likely responded to the first 2 doses, but may have had waning immunity over time that needs to be boosted. At this time, CDC recommends additional doses for moderately/severely immunocompromised individuals. Booster doses for general population are not recommended at this time, but are under discussion.

Q-22: How many days after surgery can an additional dose be given for immunocompromised individuals and status post-transplant patients?

A: A patient’s clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination. Whenever possible, mRNA COVID-19 vaccination doses (including the primary series and an additional dose) or the single dose Janssen COVID-19 vaccine should be completed at least two weeks before initiation or resumption of immunosuppressive therapies, but timing of COVID-19 vaccination should take into consideration current or planned immunosuppressive therapies and optimization of both the patient’s medical condition and response to vaccine. More details at CDC: www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-additional-vaccine-dose

Visitation Questions & Answers

Q-23: Regarding visitations, do new families wishing to do a tour before they place their loved one at our SNF need to provide vaccination proof or a negative COVID-19 test within the last 72 hours?

A: Families touring the facility are considered visitors and need to be managed accordingly like other visitors. They would need to provide proof of being fully vaccinated or present a negative test result obtained within the previous 72 hours since they’ll be touring the entire facility.

Q-24: Our fully vaccinated families keep kissing their loved ones, even though we have educated them that a brief contact is a hug or hand holding. Is kissing appropriate, or should we restrict visitation based on their noncompliance?

A: Per CDPH AFL 20-22.9, brief physical contact for fully vaccinated residents and fully vaccinated visitors is described as hugs or handholding, but it does not include an exhaustive list of what would include physical contact. If the visits are conducted indoors, even fully vaccinated visitors and residents need to wear a face mask throughout the visit, and a brief kiss on the cheek or forehead with a face mask in place is reasonable. During outdoor visits, masks for fully vaccinated visitors and fully vaccinated residents are not required. They can have physical contact, and it is reasonable for a brief kiss.

Q-25: With regards to visitation, if an unvaccinated visitor tested COVID positive 30 days, are there any exceptions? Such as, can they have physical contact; can they have the visit without a mask?

A: No. The unvaccinated visitor would still be managed as unvaccinated with the purposes of masking and physical contact. The only difference is that individuals who have had COVID within the past 90 days would not need to be tested within 72 hours of entry to the facility because many individuals are persistently positive following their 10-day isolation period. In this case, their test results would not be useful within the 90 days of their COVID onset. They would still need to wear a mask at all times during their visit and maintain their distance.

Q-26: When will the Moderna vaccine get FDA approved?

A: Moderna has completed submission of its application for full FDA approval and the application is under review by FDA. FDA has not shared a timeline.

Other Questions & Answers

Q-27: Is the nurse dedicated to the COVID-19 red zone allowed to go to the yellow or green zones to pass medications and do assessments? And then can they go back to the COVID-19 unit and vice versa within the same shift as long as they don and doff PPE properly, and use hand hygiene?

A: Ideally the COVID positive red zone staff are designated to that zone. There is a caveat when there are staffing shortages. The primary caregiving staff in the red zone, like CNAs, should be prioritized for dedicated staffing. We recognize that you may need to have some overlap. Ensure that any staff member that does cross over to other zones is donning and doffing appropriately and performing hand hygiene. Adapt a strategy that is reasonable for your facility to maintain some separation of staff in the zones. It is important that the infection preventionist and others are doing adherence monitoring for donning and doffing to prevent PPE fatigue.

Q-28: Is CDPH doing annual surveys and doing mitigation surveys instead?

A: The mitigation surveys were happening every 4-6 weeks, but CDPH will not be resuming them. Per CDPH AFL 20-53.5 issued on August 3, 2021, mitigation surveys are now retired and will not be continued. The AFL states, “Although CDPH is no longer conducting separate mitigation surveys, SNFs should continue use of the strategies developed as part of their SNF Mitigation plans and integrate them into their infection control and emergency preparedness plans. As testing and mitigation strategies change based on updated CDC or CMS guidance, updated plans and policies and procedures will need to be revised.” Since mitigation surveys are now retired, facilities are encouraged to add mitigation survey components to their emergency preparedness plans. CDPH is continuing to conduct re-certification surveys, and surveys for issues that arise in facilities with outbreaks that warrant a visit for CDPH to check-in. In some cases, there are triggers, such as outbreaks, that allow CDPH to use the federal focused infection control survey process to visit a facility. Under state authority, CDPH conducts periodic surveys to evaluate the compliance of facilities in regard to infection policies and pandemic response plans. CDPH is trying to focus and limit survey visits to issues related to the pandemic, as opposed to conducting a full relicensing survey. The visits will look similar to the former mitigation plan surveys and will include components from the new State Public Health Officer Orders.

Q-29: For D/P SNFs, EVS staff are cleaning the hospital COVID tent and the ED with COVID positive patients. They are also cleaning the SNF green zone. Is this okay?

A: Applying the same principles of dedicated staffing and acknowledging staffing challenges. EVS staff could cross over. Ideally staff work in the clean areas first and then towards the end of the shift, work in the contaminated areas. This would be an ideal sequence for crossing over if needed for staffing purposes. The same principles apply to EVS workers and other staff from one zone to the other. PPE for COVID exposed rooms would be gloves, eye protection, gowns; use of N95s depends on the time that has elapsed since a COVID patient has left the room. See CDC guidance (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-10-Attachment-02.pdf>) on time to clear a room. Dedicate unique EVS carts and keep separate for each area, (e.g., COVID tent, ER and SNF), to prevent cross contamination.