



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
September 15 & 16, 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
- Testing Task Force Updates
- Immunization Branch Update
- National Healthcare Safety Network (NHSN) Vaccine Reporting Updates
- Healthcare-associated Infections (HAI) Updates
- Polls: Staff Shortages & Use of Registry
- Q&A

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
September 9, 2021 CMS Press Release: Vaccination requirements will be expanded to include hospitals, dialysis facilities, ambulatory surgical settings, and home health agencies, among others, as a condition for participating in Medicare and Medicaid.	https://www.cms.gov/newsroom/press-releases/biden-harris-administration-expand-vaccination-requirements-health-care-settings
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
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

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
CDPH AFL 20-53.5: Mitigation Plan Recommendations for Testing	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
CDPH AFL 21-08.4 (NEW): Guidance on Quarantine for HCP Exposed to COVID-19	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
CDPH AFL 21-34 (NEW): COVID-19 Vaccine Requirement for HCP	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx

New CDC and CMS Guidance, September 10, 2021

- CDC: Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- CMS QSO-20-38-NH
<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

Revised COVID-19 staff testing is based on the facility’s county level of community transmission instead of county test positivity rate. The frequency of testing is also updated.

Two options to conduct outbreak testing, through either a contact tracing or broad-based testing approach.

Updated recommendations for quarantine of fully vaccinated residents.

- In California, the testing frequency for exempt unvaccinated HCP required by the July 26, 2021, State Public Health Officer Order exceeds and supersedes the CDC’s new frequency requirements based on county transmission. CDPH is reviewing updated CDC outbreak testing and quarantine guidance and incorporating into relevant AFLs; in the meantime, SNF should continue to follow current guidance in existing AFLs.

Vaccination Questions & Answers

Guidance for SNFs if HCP is Not Fully Vaccinated by September 30, 2021

Q-1: What should SNFs do if HCP (existing or new hires) have had their first dose, but they are scheduled to get their second dose after September 30, 2021? Can they still work if they wear an N95 and test two times a week like an HCP with an exemption?

A: Following September 30, 2021, unvaccinated or incompletely vaccinated HCP (including new hires) that do not have an exemption are not able to work in areas that could potentially expose residents or other HCP that could expose residents. While waiting to become fully vaccinated, they can work on other functions that do not expose residents and they need to be tested twice a week.

Q-2: When can the flu vaccine be administered?

A: October is optimal but avoid missed opportunities! Don’t delay vaccination to find a particular product if an appropriate one is available. In September, if the resident might not have an opportunity to be vaccinated after discharge, they may be vaccinated before discharge. During flu season, continue to offer vaccine as long as influenza is circulating and unexpired vaccine is available.

- #Don’tWaitVaccinate flu campaign materials <https://www.immunizeca.org/flu-season/>
- CDC 2021 Flu Clinical Recommendations
<https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm>

Q-3: Can the COVID-19 vaccine be given on the same day as other vaccines?

A: Yes. Other vaccines and TB testing may be done on the same day as COVID-19 vaccines, or within 14 days of any COVID-19 vaccine dose.

- Coadministration of COVID-19 Vaccine with Other Vaccines <https://eziz.org/assets/docs/COVID19/IMM-1385.pdf>
- If administering COVID-19 vaccine and adjuvanted flu vaccine (Fluad) at the same time, use different arms.
- COCA Call: Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines https://emergency.cdc.gov/coca/calls/2021/callinfo_090921.asp

Q-4: Are LVNs allowed to administer the COVID-19 vaccine after proper training?

A: Yes. LVNs can vaccinate following written standard procedures, under the direction of a physician.

- Licensees authorized to administer vaccines in California: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Authorized-Licensees-backup.aspx>
- COVID-19 vaccine provider trainings related to vaccine preparation, administration, storage and handling, documentation, and safety at: <https://eziz.org/covid/vaccine-administration/>.

Q-5: Can you please clarify the September 30, 2021 staff vaccination deadline? Do staff need to be fully vaccinated or just complete the vaccine doses by the deadline?

A: The order requires workers in healthcare settings to be fully vaccinated or receive the first dose of a single dose regimen (J&J) or the second dose of a two-dose regimen (Moderna, Pfizer) by September 30, 2021. Therefore, if the HCP had their second dose of the Pfizer vaccine, they would not be fully vaccinated until two weeks after the date of the second dose. However, that still meets the public health order requirements. If HCP have medical or religious exemptions, they need to be documented on or prior to September 30, 2021.

Q-6: If a resident has a "personal history of malignant neoplasm of ..." are they considered eligible for a 3rd dose? Our facility assessed them as being IC even though they're not actively on chemo/radiation

A: Per CDC Interim Clinical Considerations for COVID vaccination there is eligibility for the third dose for persons receiving active treatment for solid tumor and hematologic malignancies.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Q-7: Can we offer flu vaccines during an active outbreak?

A: Yes, as long as appropriate infection control procedures are followed. Moderate to severe acute illness with or without fever is a precaution to vaccination.

Q-8: For those 65 years and older, if both flu vaccines are available, is your preference for Fluad Quadrivalent or Fluzone High-Dose Quadrivalent?

A: CDC does not indicate a preference for a specific product. Here is information regarding the two products to help you decide.

- Adjuvanted flu vaccine <https://www.cdc.gov/flu/prevent/adjuvant.htm>
- Fluzone high-dose seasonal influenza vaccine https://www.cdc.gov/flu/prevent/qa_fluzone.htm

Q-9: Do students and registry staff also have to abide by the September 30, 2021 vaccination deadline?

A: Yes, students and registry need to follow the August 5, 2021 vaccine requirements. They must be vaccinated by September 30, 2021, unless they have a medical or religious exemption.

Q-10: Is the Novavax vaccine documented on the CDC vaccine card?

A: No. The Novavax vaccine should not be documented on the CDC vaccine card.

Q-11: Can we accept an out of country vaccine that our HCP was given, such as the Russian Sputnik V vaccine administered in Mexico?

A: Yes, but only vaccines from other countries that the World Health Organization (WHO) has authorized are acceptable. The Russian Sputnik V is not recommended or authorized by WHO. If an individual was vaccinated with Sputnik they should be offered re-immunization in the United States. A list of vaccines authorized by WHO can be found at: <https://extranet.who.int/pqweb/vaccines/covid-19-vaccines>. See list on the right side of the page.

Q-12: If a partially vaccinated HCP works in the kitchen and has no interaction with patients, is it acceptable for them to work in the kitchen after the September 30, 2021 deadline. Their second dose is scheduled for October 11, 2021.

A: This scenario is not explicitly addressed in the State Public Health Officer Order, however, the deadline of September 30, 2021 is clear. The only way the HCP can work, although it is not ideal, is if the HCP can do a job that does not put residents at risk, or other HCP at risk that could infect residents. If the SNF can find a possible way to have the incompletely vaccinated HCP work if they do not pose a risk to exposing others, then facilities can on a case-by-case basis accommodate that.

Q-13: Is there a standard form for religious exemptions a facility can use?

A: CDPH has not provided a standard form for religious exemptions. There may be more guidance coming in the future.

Q-14: Can we use the California Immunization Registry (CAIR2) to access vaccination information for visitors and staff if they give us consent?

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-15: Does this discussion on deadlines to be fully vaccinated apply to acute care also?

A: Yes, the discussions on vaccinating SNFs applies to hospitals as well per the August 5, 2021 State Public Health Officer Order.

Q-16: Will CDPH be releasing guidance regarding denying accommodation for HCW's with religious exemptions under Equal Employment Opportunity Commission (EEOC) definition of "De Minimis Cost" as unvaccinated HCW's severely infringe on workplace safety?

A: We don't have guidance right now on this. Public health, on a broader perspective, is working on this under the federal rule, but this is still on-going. Work with your own legal counsel to determine how to approach this.

Instructions to upgrade to Level-3 access are available on the NHSN website:

<https://www.cdc.gov/nhsn/ltc/covid19/sams-access.html>.

- All nursing homes without Level-3 access should begin this process as soon as possible.
- E-mail nhsn@cdc.gov with “SAMS LEVEL 3 ACCESS” in the subject line for any questions related to this process.
- NHSN strongly encourages all facilities to have at least 2 registered users with Level-3 access.

Q-17: Will CDPH be submitting the new NHSN data on a SNF's behalf or will every SNF also have to now have SAMS level 3 access?

A: CDPH is still evaluating this. Our intent is to continue uploading on behalf of the facilities.

Q-18: Does the NHSN security access level need to change to accommodate new data reporting that asks for specific employees?

A: Yes. Level-3 access will be required to complete the monthly reporting plan before submitting weekly vaccination data in NHSN starting the week ending October 3, 2021.

Q-19: How do I know what level of access I have to NHSN?

A: If you are logging into NHSN without using information from a "SAMS card," that means you only have level-1 access and should start the level-3 upgrade process ASAP.

Q-20: If we already have a SAMS grid card, does that mean I already have Level-3 access?

A: Yes, however, if a SAMS card is not used to access NHSN for more than a year, it will be deactivated.

Q-21: What should we do if we have tried (more than once) to obtain access to NHSN and are having no luck getting username/password, reset, access, etc.? We keep getting error messages.

A: It is best for the facility to contact Rose Chen at HSAG (rchen@hsag.com) for technical assistance. Based on the questions posted, it is difficult to know how far along the person was in the SAMS application process or exactly what issues they encountered. There is an NHSN contact email set aside just for the QIOs to utilize to provide assistance to nursing homes. Please contact HSAG ASAP because level-3 application can take up to 4 weeks or more to complete.

Q-22: This week NHSN released an email regarding COVID-19 data reporting modules. In that email, NHSN indicated there will be a NEW Monthly Reporting Plan. Can you please provide more information on the monthly plan contents so our facilities can ensure we are collecting and/or have information needed for that plan?

A: During the September 15, 2021 webinar, it was reported that we are not sure what it will look like to set up the monthly reporting plan for weekly COVID-19 vaccination in NHSN. However, it is likely as simple as indicating that the facility will be submitting COVID-19 vaccination data and no additional data collection will be needed.

Q-23: Will NHSN provide an updated vaccination tracking worksheet?

A: Per NHSN, Resources on the NHSN LTCF COVID-19 Module website will be updated, where indicated, with revised forms, instructions, FAQs, and CSV templates. No timeline was provided at this moment.

Q-24: On the NHSN reporting, there is a question regarding medical and other exemptions. Where do we enter religious exemptions?

A: Exemptions will be entered under question 3.2 in NHSN vaccination reporting: “Offered but declined COVID-19 vaccine”. <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>

Q-25: I submitted my paperwork to get access to NHSN. Will I automatically get access to level-3 access, or do I specifically need to request that?

A: If you have successfully submitted the proper SAMS identity verification documents/proof of ID, you should receive your SAMS card in the mail for level-3 access. Sometimes it can take up to two weeks or more to receive the card.

Q-26: What if we filed for SAMS level 3 access in October 2020 with no reply back for the upgrade? The notary public won't sign off on it here in California.

A: There is a notary acknowledgement form that can be provided to the notary to address this issue. Please contact Rose Chen from HSAG at rchen@hsag.com.

Testing Questions & Answers

Q-27: Is a negative test result required prior to a SNF accepting a new admission from a hospital?

A: No, a negative test result is not required prior to admission to a SNF from a hospital. See CDPH AFL 20-53.5 under “Testing and Quarantine for Newly Admitted and Readmitted Residents”

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>:

- Testing and quarantine is no longer required for newly admitted and readmitted residents if they are **fully vaccinated** and have **not** had 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 within the prior 14 days.
- Testing is still recommended for unvaccinated or partially vaccinated newly admitted residents prior to admission, including transfers from hospitals or other healthcare facilities. If the hospital does not test the patient within 72 hours prior to transfer, the SNF must test upon admission. Results for asymptomatic patients tested in the hospital do not have to be available prior to SNF transfer. **SNFs may not require a negative test result prior to accepting a new admission.** If tested at the hospital, two negative tests are not required prior to transfer.

Q-28: What is the guidance for unvaccinated residents who refuse to be tested during response testing?

A: First, try to identify why they are refusing the test, and try to accommodate their concerns. If the resident still refuses to be tested and has been exposed, then they need to be managed as exposed and quarantined for 14 days because they could potentially be COVID positive.

Q-29: Fully vaccinated staff has a positive PCR test and then got a negative PCR test the next day. How do we address this false positive?

A: We need to know more information to provide guidance, however, we don't generally recommend confirming a positive PCR test. Confirmatory PCR tests are not needed particularly if the HCP was symptomatic or had a recent exposure. In this case, consider the individual to be positive and isolate them for 10 days from the date of symptom onset. In this case you would disregard the subsequent test that came back negative. Contact your local health department for further guidance.

Q-30: What is meant by “presumptive positive” for COVID-19 test results?

A: A presumptive positive result indicates that a marginal trace of the COVID-19 virus is found in the specimen, which could mean:

- Individual is early in their infection; amount of virus is just beginning to rise.
- Individual is later in their infection; the overall amount of virus is declining.
- Individual is infected with COVID, but the sample taken for testing only captured a minimal amount of the virus when swabbing.

For public health purposes, a presumptive positive test result should be treated as a positive, and the individual should self-isolate. CDPH recommends that the individual is re-tested as soon as possible. Contact your local health provider or local health department for further instructions on next steps.

Quarantine, Isolation & Cohorting Questions & Answers

Q-31: What are the work exclusion guidelines for a fully vaccinated, asymptomatic staff who has a child that is fully vaccinated but tested positive. Staff tested negative 48 hours after child tested positive. Does employee test again or do they return to work?

A: Since the staff member resides in the household and is a caregiver, their exposure would be expected to be ongoing during the child’s infectious period (10 days). Since the staff member is fully vaccinated and asymptomatic, the good news is that they don’t need to quarantine from work. They do need to be tested at 48 hours and then test again at 5-7 days following the exposure. The ongoing exposure with the child is about 10 days, so it is prudent to test the staff member again after another 5-7 days to account for the ongoing exposure.

Q-32: What are the work exclusion guidelines for a fully vaccinated, staff who has a child that is fully vaccinated but tested positive. Staff had possible symptoms for two days and then better but refused testing for 8 days. Results are NOT in yet, so please let us know if the answer changes if positive or negative. OR do results not matter because it has been more than 10 days since symptom onset.

A: Same considerations in the previous answer still apply here because the staff member is assumed to be in the same household as the child. It would be prudent to wait for the test results and then if they are positive, they need to be managed like any positive staff member and should be excluded from work during the isolation period. If test results come back negative and the staff member is asymptomatic, they can return to work with testing. It would be prudent to test the staff member again after another 5-7 days to account for the ongoing exposure.

Q-33: If resident families or friends are signing them out of the facility for dinner, shopping, or out for an extended pass (3 days, or 1 week) is proof of vaccination or negative COVID test required? What if the visitor does not come into the facility and the resident instead meets them outside?

A: If families enter the facility to sign the resident out, they will need to be managed as a visitor, and will need to be screened, and vaccination status will need to be tracked. If the visitor is unvaccinated, they will need to show proof of a negative COVID test from the last 72 hours. If families never enter the facility to pick the resident up, then they do not need to show a negative test result or share their vaccination status. However, the visitor and resident need to be reminded about masking and distancing best practices and educated about the risk of transmission. For partially vaccinated or unvaccinated residents who leave for more than 24 hours, they need to be managed as a new resident under the yellow zone when they return to the facility per AFL 21- 08.4.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

Q-34: Do we need to have a vacant room in case we need to isolate due to COVID exposure or do we just need a plan to be ready to isolate?

A: No, you do not need to have a vacant room at all times, but you do need to have a plan to set up a red zone in the case that a COVID positive resident is identified.

Q-35: SNF has a fully vaccinated, dialysis patient with COVID like symptoms (cough, chills, body weakness, headache; never had a fever), so is in quarantine in the yellow zone. She is unable to go to her usual dialysis facility, and instead goes to dialysis at a facility with other PUI patients. Resident's test result from a PCR molecular test is negative, symptoms are gone, and resident was diagnosed with an ear infection. Do we need to have a second negative test before she moves back to her normal room in the green zone, and her usual dialysis facility?

A: Based on the information provided, it would be reasonable to move this resident back to her normal room, as long as she has been tested for other respiratory illnesses. The management from now on is based on the alternate diagnosis and other precautions needed for that. You can discontinue COVID precautions but ensure the evaluation included checking for influenza and other respiratory viruses.

PPE Questions & Answers

Q-36: What are the guidelines for extended use of N95s?

A: Cal/OSHA presented updates on extended use during the August 11, 2021 CDPH webinar. You can access the call notes, recording and slides at: https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/#July%E2%80%93September_2021. 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-37: Does CDPH recommend that SNFs monitor community transmission rates using the CDPH or CDC COVID dashboard?

A: CDC continues to recommend the use of universal PPE, eye protection, and respiratory protection during aerosol generating procedures in areas with moderate or substantial community transmission based off of the CDC data tracker (<https://covid.cdc.gov/covid-data-tracker/#county-view>). CDPH has not fully adopted the CDC data tracker metrics in CA. CDPH recommends continuing to use the data sources on the CDPH website (<https://covid19.ca.gov/state-dashboard/>) and to use the same thresholds previously that accompany CDPH AFL 20-74 to determine whether your facility is in an area where universal PPE is recommended or required. Most of the California counties are at a level of transmission, regardless of the framework, where universal PPE would be recommended either way. CDPH AFL 20-74.1 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx>)

Q-38: Can HCP use glass shields as eye protection for PPE?

A: Eye protection can be either a face shield or goggles. In areas with low transmission and no outbreak in the facility, then eye protection would no longer be needed universally unless you have a red or yellow zone. As long as the shield extends above the eyes and curves or provides protection on the side of the eyes which obviously the eyeglasses themselves don't provide that level of protection so even individuals who wear eyeglasses for vision need to wear a face shield. But as long as that extends above and around the side to provide that protection around the gaps, that is acceptable as eyewear protection.

Visitation Questions & Answers

Q-39: Is CDPH going to address visitor exemptions who refuse vaccination and testing?

A: No, there is no plan to change the visitor vaccination/testing requirements. Visitors do not have an exemption for testing. To visit indoors, they need to be tested.

Q-40: Is there any age limit for visitors in SNF? Do children need to be tested?

A: Children are not able to be vaccinated under 12, so they need to be tested prior to entry, similar to other unvaccinated visitors. There is no age limit for visitors in the SNF. The determining factor is if the child can comply with mask wearing and being tested.

Q-41: Do visits have to be 45 minutes long?

A: There is a minimum of 30 minutes requirement for each visit per CDPH AFL 20-22.9, but ideally longer visits are better if they can be accommodated.

Q-42: Our SNF has unvaccinated family members visiting a fully vaccinated resident that needs feeding assistance. During the outside visit, the family provides her food, and helps feed her. Are they allowed to feed her outside if they are unvaccinated?

A: No, they should not feed her outside because they aren't fully vaccinated, therefore they need to be masked and physically distanced. Alternatively, the family can bring the resident food, but a staff member will need to feed it to her.

Q-43: Are visitors allowed to touch loved ones for compassionate care?

A: For indoor and outdoor visits, fully vaccinated visitors are allowed to have physical touch with residents in the green and yellow zone, and also in the red zone if the facility and visitor can identify a safe way to allow for personal contact. For unvaccinated visitors, physical touch is only allowed for compassionate care reasons in the green, yellow, and red zones if the facility and visitor can identify a safe way to allow for personal contact. Facilities should use case by case discretion, and the visitor needs to understand the risk to them and the resident they are visiting. We recommend that unvaccinated visitors have a negative COVID test within 72 hours prior to visiting the resident. More information on PPE requirements for visitors seeing residents indoors or outdoors in the green, yellow, and red zones, including information on compassionate care visits, can be found in the slides, and recording of the September 1, 2021 CDPH Wednesday Webinar. You can access the recording at: [Access the recording](https://www.hsag.com/globalassets/covid-19/cdph_sept_1_2021_508.pdf). View slides 26-32 at https://www.hsag.com/globalassets/covid-19/cdph_sept_1_2021_508.pdf. Refer to CDPH AFL 20-22.9 for more information on visitation guidelines. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

Other Questions & Answers

Q-44-: 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-45: We have applied for the staffing emergency waiver under form 5000A - how long until we will get an approval for the request?

A: There is not currently an executive order that was issued to extend the provisions that allow for the department to issue an extension for the staffing emergency waivers. If you submitted a nurse patient waiver then you should have heard back that CDPH is not approving those at this time. Alternatively, we recommend that you submit an urgent needs request for staffing to your MHOAC so that we can deploy emergency staff to your facility.

Q-46: In the yellow zone, do we need to serve meals on Styrofoam trays?

A: Styrofoam dishware and trays are not necessary in the yellow or red zones. Routine practices with regard to food utensils and linens are all acceptable in the yellow and red zones.