



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
September 22 & 23, 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
- 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: 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: COVID-19 Vaccine Requirement for HCP	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx
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: Revision to Long-Term Care (LTC) Facility Testing Requirements	https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf
CDPH AFL 21-37: (NEW): BYD Field Action Notification	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-37.aspx

Vaccination Questions & Answers

Guidance for SNFs on Vaccination Deadline by September 30, 2021

Amended on September 30, 2021, during CDPH SNF Infection Prevention Call:

The information shared on September 22nd and 23rd regarding the September 30, 2021 vaccination deadline was preliminary approaches under consideration by CDPH, not official guidance. Please see the updated notes from the September 29th & 30th CDPH calls. In summary, at this time, CDPH is not issuing any additional guidance for implementing the requirements of the August 5, 2021 State Public Health Officer Order. Temporary exceptions to address staffing shortages will not be issued at this time.

~~Q 1: Do individuals need to be fully vaccinated by September 30 including the two-week window after the second dose?~~

~~A: No; the order requires that workers have either their first dose of a one-dose regimen or their second dose of a two-dose regimen by September 30, 2021.~~ There are four scenarios and management considerations we want to share. A flow diagram will be shared on next week's Wednesday webinar.

- ~~1. Vaccine doses have been completed by September 30 and the individual meets criteria for full vaccination (i.e., two weeks have passed since the first dose of a one-dose regimen or second dose of a two-dose regimen): These individuals may work without restriction and do not need to be routinely screening tested as long as they remain asymptomatic.~~
- ~~2. Vaccine doses have been completed by September 30, but they don't yet meet criteria for fully vaccinated because of the two-week period after vaccination. They are compliant with the SPHO order and may work with twice a week testing until they meet criteria for fully vaccinated. As a best practice from an infection control standpoint, we recommend considering a lower risk assignment (e.g., not working with unvaccinated or severely immunocompromised residents who are less likely to have a strong immune response to vaccination) for these workers until they meet criteria for fully vaccinated, but this is not a requirement.~~
- ~~3. The individual is in the process of being vaccinated with a two-dose regimen but have not completed both doses by the September 30 deadline. These individuals are not compliant with the order, but we would like to balance compliance with the order with the reality of staffing~~

~~challenges. If there is no staffing shortage, we suggest that case by case these individuals could work in areas with minimal contact with residents and other health care personnel until they are fully vaccinated. If there is a severe staffing shortage and the facility needs these staff, they could work without restricted assignment, but need to undergo twice weekly testing and wear an N95 for source control.~~

- ~~4. The individual is unvaccinated, but they have an exemption granted. These staff are compliant with the order and may work without restriction, however, they are a higher risk group of employees so if there is a lower risk assignment that would be preferable. They need to meet twice weekly testing. If there is no exemption granted, these employees may not work; we recommend that facilities facing severe staffing shortages contact their local district office to get staffing support as we move past the September 30 deadline.~~

Q-2: We know that transport ambulances are not covered with the mandated HOO vaccination requirement. But many of them are unvaccinated, don't have a negative test taken 72 hours prior to entry, and they refuse to test when we offer it to them. If they can't show a negative test, we don't let them enter the facility. Instead, we bring our residents to them outside. If these ambulance transporters are not required to be fully vaccinated, is there a way to have them to be required to present a negative test or agree for us to test them without conflict?

A: Many of these entities are private companies. CDPH authority cannot impose something on these companies. Bringing the resident to the driver is appropriate and helpful for reducing potential exposure within the facility. We recommend that you explore the company policy on masking of drivers when inside the vehicle and ensure that your residents remain masked in the vehicle. You may want to consider vaccine/testing/masking requirements when you are renewing your contract with transportation companies and consider discussing with your LHD.

Q-3: If a full-time staff member works only offsite, would they be included in the vaccine mandate? Twice weekly testing? What documentation would be required if asked by a surveyor?

A: This staff member, if indeed working only offsite, would not meet criteria or the definition of a worker who has contact with the environment, staff, and residents. The vaccine requirement would not apply to them if they are 100% offsite. If they are coming in periodically, follow the processes described in AFL 21-27.1.

Q-4: What is acceptable to consider religious as an exemption?

A: This from the September 13 CALTCM webinar (recording access free for members). It details the EEOC approach and subsequent case law that defines what a religious belief is.

EEOC Religious Beliefs v. Personal Belief

“In most cases whether or not a practice or belief is religious is not at issue. However, in those cases in which the issue does exist, the Commission will define religious practices to include moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. This standard was developed in *United States v. Seeger*, 380 U.S. 163 (1965) and *Welsh v. United States*, 398 U.S. 333 (1970)”

“Additional case law in 2017 around religious exemption for vaccination.

Religious Beliefs Exemptions - Fallon v. Mercy Catholic Medical Center of SE PA (3rd Cir. 2017) 877 F.3d 487

- The Court examined whether Fallon’s beliefs were religious, and thus, entitled to protection.
- Utilized a 3-part test to determine whether the alleged beliefs are religious and therefore protected by Title VII:
 - (1) a religion addresses fundamental and ultimate questions having to do with deep and imponderable matters.
 - (2) a religion is comprehensive in nature; it consists of a belief-system as opposed to an isolated teaching.
 - (3) a religion often can be recognized by the presence of certain formal and external signs.

- Applying this test, they found that a sincere belief that one should not be vaccinated for health reasons and a distrust of science did not constitute a religious belief.”

Q-5: How should a facility proceed if an unvaccinated staff member was recently positive for COVID and received monoclonal antibody treatment? I believe the recommendation is to wait 90 days before starting a vaccine series, so what options does the facility have for this staff member?

A: The recommendation is to wait 90 days after receiving monoclonal antibody therapy before administering vaccine in order to avoid potential interference with the response to vaccine. The treating physician could potentially provide a temporary medical exemption that would state the date when the COVID-19 vaccine should be administered.

Q-6: If the first two doses were Moderna is it effective or okay to receive a Pfizer booster, since the Moderna booster isn't approved yet?

A: The CDC recommendation for booster doses is only for people who received the primary series of Pfizer vaccine. It is anticipated that recommendations for Moderna and Janssen vaccine booster doses will be forthcoming. Recommendations were posted on 9/24 on the [CDC](#) and [CDPH](#) websites.

Q-7: We have seen a vaccine from Mexico, CanSino or CureVac. We saw two vouchers for vaccination to visit a resident. Can we accept this for a visitor?

A: Refer to the WHO approval list to check. The vaccine needs to be listed as approved. CanSino and CureVac are not on the WHO approved list. Check this website for more information:

<https://covid19.trackvaccines.org/agency/who/>

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#people-vaccinated-outside-us>. Some people who may have received a COVID-19 vaccine that is not currently approved or authorized in the United States may be offered a complete FDA-approved or FDA-authorized COVID-19 vaccine series.

Q-8: There is some stress around the 9/30 deadline. How is this fair for other staff who do have a religious exemption and are able to continue working versus other staff trying to get fully vaccinated?

A: This is a challenging situation. This should be on a case-by-case basis for facilities to reach out to their local regional L&C offices to review a strategy that balances operational needs with healthcare needs. At this time, we do need to keep this deadline.

NHSN Questions & Answers

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.

Testing Questions & Answers

Q-9: Is the state still experiencing a shortage of the Abbott BinaxNOW antigen tests? For those of us participating in the pilot, do we need to be concerned about continued receipt of them?

A: The facilities in the pilot are transitioning to care start when the supply is over. The Binax tests may or may not be available. There are Care Start tests which have similar performance outcomes. They can be used in place of the Binax tests.

Q-10: Does the reporting of negative POC test results include visitor testing which is being used outside EUA requirements for frequent use (i.e. serial testing) in asymptomatic individuals?

A: The requirement for a facility to report the result even for a visitor has to do with who is performing the test. If the facility is performing the test, then they have a reporting requirement for positive and non-positive results. If the visitor is performing the test entirely themselves and the staff member is just watching them, that test result does not need to be reported by the facility. If the visitor tests positive, they should consult their physician.

Quarantine, Isolation & Cohorting Questions & Answers

Q-11: If someone were to test positive with COVID-19, then develop symptoms after their test date, is it correct to count out 10 days from test date or symptom onset?

A: If the individual develops symptoms, assuming this is the same episode of COVID, we would apply the isolation duration for symptomatic COVID, which is 10 days from the symptom onset date as long as the individual has been afebrile for >24 hours and symptoms are improving.

PPE Questions & Answers

Q-12: Some staff have wanted to wear a positive pressure air device inside their source control surgical mask to increase air flow to them and make it easier for them to breathe. These devices have a small wearable motor and a tube that goes under their mask and blows air in. We are worried that this reduces the ability of their facemask to provide source control as the device forces air out of their mask far more than regular breathing. Are these items okay for staff to wear? <https://www.easyflowusa.com/>

A: We share this concern. The purpose of wearing a mask for source control is to limit emission of the wearer's respiratory secretions and protect others from the person wearing the mask. Based on the design, this device would defeat the purpose of source control. Beware of companies wanting to sell other devices and check with the experts first.

Q-13: Can you share the latest information on recalled N-95 respirators?

A: CDPH AFL 21-37 "BYD Field Action Notification" was distributed September 22, 2021 to notify all facilities that a subset of model DE2322 N95 respirator units that were distributed do not meet the National Institute for Occupational Safety and Health (NIOSH) criteria and should be returned to the manufacturer. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-37.aspx>

Visitation Questions & Answers

Q-14: Since yellow zone residents can go outside for visitation, how do you recommend they be safely transported? Should the resident wear N95 while in the hallways? Should there be any PPE for the visitor or resident while outdoors?

A: The resident who is in the yellow zone with unknown exposure status needs to be source controlled. An N-95 could provide a higher level of source control. While outdoors during their visit they should remain source controlled, and the visitor's use of a face mask will depend more so on the visitor's vaccination status. An unvaccinated visitor would be required to have a face mask during the outdoor visit.

Q-15: If a visitor is not vaccinated, and refuses to test, can that person still do an outdoor visit? In this scenario, the visitor is almost mute but has a little/tiny voice and has to remove the mask when talking to the resident and comes closer to the resident when communicating in order to be heard. Any thoughts?

A: The requirements for vaccine verification and testing for visitors pertains to indoor visits only. Yes, the person can still do an outdoor visit and it's not a requirement for the visitor to test as long as they aren't entering the facility at any point during their visit. But the visitor who is not vaccinated during their outdoor visit still needs to wear a mask for source control and maintain distancing. In this situation, a facility can consider using clear masks and other accommodations such as microphones that meet the need to have some form of source control and maintain distancing but provide a reasonable way to communicate.

Q-16: For visitors that show proof of rapid antigen testing from a visitor, if tested today, will be they be allowed in the facility today? How long will that proof of testing be good for?

A: The requirement is that the test was done within 72 hours and the test can be a rapid antigen test as long as they have the correct documentation. There is no restriction around coming in on a subsequent day if still within 72 hours of the test. In general, the test would remain "good." but it would be reasonable to test each time since it is a POC test and does have less sensitivity.

Other Questions & Answers

Q-17: Are emotional support/therapy animals allowed to come into SNFs?

A: This has not changed in the era of COVID-19. Whatever facility policy and procedures are in place for animals will still apply. The difference now would be the handler. The individual would need to follow all the requirements as a visitor to show vaccination status or negative test.

Q-18: What is the number of times per day we should be taking vital signs for residents in green, yellow and red zones?

A: Referring to the CDC infection control guidance for nursing homes first, the minimum recommended frequency for monitoring vital signs is daily. This would apply to your green zone residents or in a facility that does not have Covid-19 cases. The CDC recommends more frequent monitoring of vitals for residents who have had an exposure, suspected COVID and in particular, residents who are positive. For facilities with one or more COVID-19 cases in the facility, and you have residents that are yellow, we would advise monitoring Q shift for the residents in your yellow and ideally Q four hours for residents in your red zone who have Covid-19. To reiterate, minimum daily for your green zone if you don't have Covid-19 in your building.

If you do have Covid-19 in your building and have yellow and red zone residents, it would be Q shift for yellow and Q four for red. This can be found in AFL 20-25.1

Q-19: Are we still using stopping nebulizer breathing treatments for residents in the green zone? Not completely stopping but changing the treatment to albuterol instead?

A: The recommendation to identify modes of administration that were less likely to produce aerosols, primarily applies to residents with suspected or confirmed COVID-19. We have discussed the universal use of N95 respirators for the healthcare personnel during potential aerosol generating procedures including in the green zone in facilities that are having an outbreak, and, or, facilities in regions with moderate or higher levels of community transmission, and to avoid the need for N95's, facilities switched out nebulizer treatments to inhalers and other modes of administration. That's not a hard and fast requirement, at least from the CDPH guidance. What is definitely recommended is for the healthcare personnel in facilities that are having an outbreak, or a high-level or moderate level of community transmission should wear respiratory protection if there are aerosol generating procedures being done on any resident.

Q-20: Where can I get old transcripts from the calls?

A: Meeting notes are posted on the HSAG website. Notes can be found here:

<https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>