



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 30 & July 1, 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/cdph-ip-webinars>

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:

- Expanding Visitation Opportunities:
 - Expand hours for visitation (outside of regular work hours) to accommodate all visitors.
 - Ensure an adequate degree of privacy during visits. Longer visits should be supported.
- AFL 21-08.3 Quarantine Guidance
 - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>
- Delphi Variant
 - www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-Variants.aspx
- Testing Task Force Updates
 - Average test positivity past 7 days: 1.3% (up 0.2% from last week)
 - Average test turnaround time last week: 0.8 days
- Pre-Entry Testing for Visitors
- California's Digital COVID-19 Vaccine Record
 - <https://myvaccinerecord.cdph.ca.gov/>
 - Complete troubleshooting form at: <https://myvaccinerecord.cdph.ca.gov/unmatched>
- Los Angeles County Department of Public Health Updated Guidance
 - Website: Updated Guidelines
<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>
 - PowerPoint: Testing, Visitation, Cohorting
http://publichealth.lacounty.gov/acd/docs/COVID19_SNF_Update062521.pdf
- Useful CAHF Resources:
 - Creating Airborne Infection Isolation Rooms (AIIR) <https://youtu.be/QeopCD98Ksw>
 - Understanding the Effects of Wildfire Smoke <https://youtu.be/qjfqc3G3d5o>

Vaccine Questions & Answers

Q: Can SNFs ask visitors for proof of vaccination?

A: Yes, SNFs can ask visitors for proof of vaccination. CDPH is not prescriptive about the method that SNFs need to use to verify vaccination status of visitors, however, from an infection prevention perspective, it is recommended that SNFs define and implement a process for verifying the vaccination status of visitors. Methods to consider include asking to see the CDC vaccination white card, the Digital COVID-19 Vaccine Record (<https://myvaccinerecord.cdph.ca.gov/>), or another method. If the visitor is unable to provide verification of the vaccination status, the visitation can still occur. If you

cannot verify that the visitor is fully vaccinated, the visitor would be expected to follow the same masking and distancing requirements as an unvaccinated visitor.

Q: Before the pandemic, during flu season we would give staff a flu sticker to indicate they received the flu vaccination. Are we able to do the same for the COVID-19 vaccination? For example, can we give staff a badge that indicates they are fully vaccinated, or do we need to adhere to privacy concerns?

A: CDPH has not provided guidance or requirements that would preclude or prevent a facility from doing this.

Q: How can we check the vaccination record of our new admissions that do not have their CDC vaccination white card?

A: Residents can quickly obtain their vaccination status by completing the California Digital COVID-19 Vaccine Record at <https://myvaccinerecord.cdph.ca.gov/>. Nursing homes can also validate vaccine status for residents by utilizing the California Immunization Registry (CAIR2). Visit the immunization registry website to request an account with the registry that serves your county.

- **CAIR2:** Serves 49 California counties <https://cairweb.org/enroll-now/>
- **San Diego Regional Immunization Registry (SDIR):** <http://www.sdiz.org/cair-sdir/enrollment.html>
- **Healthy Futures:** Serves the San Joaquin Region, including Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties <http://www.myhealthyfutures.org/>

Q: Is it recommended to wait four weeks after the 2-dose COVID-19 vaccination before administering tuberculosis (TB) testing?

A: Yes, it is recommended to defer the purified protein derivative (PPD) tuberculin skin test (TST) or an interferon release assay (IGRA) to take place ≥ 4 weeks after the completion of COVID-19 vaccination. A TB risk assessment should be done and if there is high suspicion for active TB disease, diagnosis can be made through other diagnostic tests such as chest X-ray or Sputum for AFB smear and culture.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html

Q: A new unvaccinated resident was given the PPD TST on admission. Do we need to delay administration of the COVID-19 vaccine?

A: No, proceed with administering the COVID-19 vaccine. The PPD TST or IGRA test may be performed any time *before* or *at the same time as* the first dose of COVID-19 vaccine.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html

Q: How can I find out whether someone was fully vaccinated, if CAIR's database is not updated? It is showing only 1 dose being given, but the resident is saying they are fully vaccinated? Why is there a discrepancy?

A: Because of the amount of data coming from different systems into CAIR, some data is being held in a "pending file" to ensure accurate filing and hasn't been properly disseminated. Another reason can be because records are being occasionally placed in the wrong file. CAIR staff is working to reconcile these discrepancies, but due to the volume it takes time to complete.

Q: Why are we allowing people to visit, work, and/or live in nursing facilities without being vaccinated?

A: This is a valid question that needs to be addressed at a broader, national level. There are conversations occurring behind the scenes with CDPH, CalOSHA, the labor board and stakeholders. Mandatory vaccination as a condition of employment is difficult at this time because the vaccine has Emergency Use Authorization (EUA) approval. We can't speak to the future at this time, but there are significant conversations occurring regarding this issue.

Q: The CMS NHSN data.gov files sharing national vaccine data are delayed by over 2 weeks; vaccine rate updates from last Thursday's CDPH file transfer only reflect data through 6/13/21. Can you please provide an update on this and are these facilities at risk for CMP fines? Some of our facilities have received noncompliance letters and we are concerned.

A: CDPH transferred all of the records into NHSN for the SNFs in CA that conferred rights to CDPH. The transfer was successful, however, we are investigating CMS' receipt of the information. It looks like there might have been a glitch between NHSN and CMS. We will follow up on this issue. Also, we want to remind everyone that they need to complete both the CDPH daily survey and the weekly survey. They are two separate surveys. The vaccination data that CDPH uploads into NHSN comes from the weekly survey, which is open from Monday through Wednesday for facilities to complete.

Visitation Questions & Answers

Q: We understand that unvaccinated visitors must physically distance and mask when visiting unvaccinated residents in the green zone. How does this make sense when the residents can leave the facility for outings with unvaccinated family, and masking and distancing guidance may not be followed?

A: Masks for source control and physical distancing are required for indoor visits between unvaccinated visitors and residents. The guidelines can be more easily enforced when the visit is in the facility; we understand that families may not follow the guidelines when the resident is on a family outing or overnight stay. This can be seen as contradictory, but the guidelines in the facility need to be followed to keep all residents and HCP safe. It is important for facilities to provide residents and their loved ones as much opportunity possible for meaningful visitation at the facility, which might lessen the desire for them to go on outings.

Q: We are aware that residents can go on outings with families, regardless of vaccination status. Can SNFs start taking residents on outings to the market or other places?

A: Yes, SNFs can take residents on outings, but unvaccinated residents need to be continually reminded to wear a mask. If one of the residents participating in the outing is unvaccinated, then all participants should mask, and the unvaccinated resident should maintain physical distancing. Fully vaccinated residents who leave the facility for an outing do not need to quarantine upon return. Unvaccinated or partially vaccinated residents who leave the facility for an outing for >24 hours should be managed like new admissions and be quarantined. For outings less than 24 hours, use case-by-case discretion, but note that they are not required to quarantine upon return.

Quarantine & Isolation Questions & Answers

Q: What is the new quarantine guidance for SNF residents?

A: Per AFL 21-08.3, residents exposed to COVID-19 must continue to quarantine for 14 days, regardless of vaccination status. Quarantine is no longer required for fully vaccinated newly admitted and readmitted residents, unless they had a known exposure in the prior 14 days. Local health departments may continue to recommend quarantine for newly admitted residents from a hospital

where there is known SARS-CoV-2 transmission. Fully vaccinated SNF residents who leave for non-essential purposes (restaurant, visit family) do not need to quarantine.

Q: What is the quarantine guidance for exposed SNF HCP?

A: Per AFL 21-08.3, exposed SNF HCP who are not fully vaccinated should be excluded from work for 14 days. During critical staffing shortages, asymptomatic unvaccinated SNF HCP can return to work after Day 7 if they have a negative PCR test result from a specimen collected after Day 5 from the last exposure. Exposed SNF HCP who are fully vaccinated do not need to be restricted from work for 14 days. Work restrictions should still be considered for HCP with underlying immunocompromising conditions.

Q: What is the SNF HCP quarantine guidance following domestic or international travel?

A: Per AFL 21-08.3, for domestic travel in the U.S., testing before or after travel and self-quarantine after travel is no longer required for fully vaccinated individuals or COVID-19 recovered individuals within 3 months, as long as they are asymptomatic. For international travel, self-quarantine after travel by air internationally and returning to the U.S. is no longer required for fully vaccinated individuals. Testing still needs to be done according to the CDC guidelines. For HCP that are unvaccinated or partially vaccinated, quarantine and testing is recommended after domestic and international travel. Check the CDC travel guidelines for further information.

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CA-is-Open-Travel-Guidelines.pdf>

Q: Is there a requirement for vaccinated residents in SNFs to quarantine for 14 days if they were admitted to acute hospital ICU?

A: Per AFL 21-8.3, fully vaccinated residents returning from the hospital who do not have any exposure to someone with suspected or confirmed COVID-19 or symptoms of COVID-19 do not need to quarantine. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

Q: What's the quarantine guidance for HCP reporting COVID-19 related symptoms without travel or known exposure?

A: Refer to AFL 20-53.4 for testing guidance. When HCP display COVID-19 like symptoms, they should be tested immediately and excluded from work if positive. If they are negative, they can return to work when symptoms have resolved. The AFL states: "Residents or HCP with signs or symptoms potentially consistent with COVID-19 should be tested immediately to identify current infection, regardless of their vaccination status; SNFs should not delay testing of symptomatic individuals until scheduled diagnostic screening or response-driven testing."

Q: In an ICF serving DD/ID residents, if a fully vaccinated resident leaves the facility with an unvaccinated family member for an outing, should they quarantine when they return? Note that the resident is unable to comply with masking guidance.

A: Follow the guidance in AFL 21-14 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-14.aspx>), which indicates under the "Clients/Residents Who Leave and Return to the Facility" section that fully vaccinated SNF residents who leave for non-essential purposes (i.e. visiting family) do not need to quarantine when they return, unless they have prolonged close contact with a COVID-19 positive individual.

Q: Our fully vaccinated resident tested positive at the hospital with symptoms. When the resident readmits to us, when do we start the 10-day isolation period...the day symptoms started, the day the positive test came back, or the day he is readmitted back to our facility?

~~A: The 10-day isolation period begins from the date of the positive test. Provided the individuals fever has resolved and symptoms are improving, there may be some instances in individuals with COVID-19 who have severe underlying immunocompromising conditions (such as receiving chemotherapy for cancer treatment) who may show the virus for a longer period of time. In this case, isolation may need to be extended up to 20 days, but that is an uncommon scenario.~~

Amended on July 14, 2021, during CDPH SNF IP Webinar: The 10-day isolation period begins from the date of symptom onset, provided the individual's fever has resolved and symptoms are improving. If that date is unknown, or if asymptomatic, use the date of the positive test. There may be some instances in individuals with COVID-19 who have severe underlying immunocompromising conditions (such as receiving chemotherapy for cancer treatment) who may show the virus for a longer period of time. In that case, isolation may need to be extended up to 20 days.

Testing Questions & Answers

Q: Since our vaccination rate is above 70% and we are only testing unvaccinated staff, do we also have to test unvaccinated residents?

A: Refer to CDPH AFL 20-53.4 for testing guidance. Residents should be tested for COVID-19 if they are symptomatic (regardless of vaccination status) or if the facility is in response testing due to an outbreak. If a resident is symptomatic and tests positive, then facility moves to response testing mode. View the CDPH testing flow chart for more information on testing requirements (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-53-Attachment-01.pdf>). Check with your local public health department to see if they have unique testing requirements in your county.

Q: Do outside consultants need to be tested like the rest of the staff?

A: If the outside consultants visit the facility at least weekly, then, yes, they should be.

Q: Can we continue to use the BinaxNOW test supplies beyond their expiration date?

A: Abbot has extended the expiration date on a number of their products, and you should check with your supplier to see if they are still viable/safe.

Q: Can ICFS move to weekly screening testing of only unvaccinated HCP if the facility has attained the 70% vaccination threshold of staff and residents? Or does the 70% testing guidance only apply to GACs and SNFs?

A: Yes, they can. It does not just apply to GACs and SNFs.

PPE Questions & Answers

Q: When do HCP need to universally wear eye protection (face shields, goggles)?

A: Eye protection is required to be worn during all patient/resident care, including green, red, and yellow zones, in facilities in counties with moderate, substantial, and widespread COVID-19 transmission rates (high test positivity rates), and during a COVID-19 outbreak in a facility. Eye protection in the green zone is NOT required in counties with minimal to no county transmission rates (<2% COVID-19 test positivity rates), unless otherwise indicated as part of standard precautions. Eye protection is NOT necessary in non-patient care areas, such as the kitchen, hallways, nurses' station, regardless of county transmission. County test positivity rates can be found at: <https://covid19.ca.gov/state-dashboard/>.

Q: For entertainers coming to the facility for special occasions, if the entertainer is fully vaccinated, must they still wear a mask when singing in an activity room mixed with fully vaccinated and unvaccinated residents and HCP?

A: Yes, masks are always required for entertainers because they are considered HCP. HCP always have to wear a mask when they are in the presence of residents, regardless of vaccination status.

Q: If a patient is admitted to the yellow observation zone because they are unvaccinated, does the therapy team need to wear an N95 when providing care?

A: Yes, N95, eyewear, gown and gloves are needed when HCP are providing patient care or therapy to a yellow zone resident.

Q: Do all the residents need to wear a mask if they are in contact with a visitor who is unvaccinated and wearing an N95 mask?

A: It depends on the level of contact with the resident. If the visitor/student is having direct contact like resident care, residents probably should wear masks. But if the resident is in their room sleeping, and a visitor or student is outside the room on other business; those sleeping residents won't need to wear a mask.

Q: Do all of the residents who are unvaccinated need to socially distance from each other if a resident who is unvaccinated is eating in the same room or can that unvaccinated resident be socially distant from the vaccinated residents?

A: The resident who is unvaccinated is the only resident that needs to be socially distant from the vaccinated residents. The vaccinated residents do not need to be socially distant from each other.

Q: Do visitors need to show proof of vaccination status to have in-room visitation with residents?

A: No. In-room visitation is not dependent on vaccination status. Vaccination status dictates whether the resident and the visitors wear masks and physically distance. If the visitor and/or resident is not vaccinated, they must wear a mask during the visit, and cannot touch.

Other Questions & Answers

Q: How often do we need to monitor vital signs for our residents?

A: ~~Per AFL 20-25.2, current guidance indicates that vital signs need to be monitored every shift for all residents and every four hours for COVID-19 positive residents. See page 3 of the "Assessment of California SNFs to Receive Patients with Confirmed COVID-19 Infection Checklist"~~

~~<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf>~~

Amended on July 15, 2021, during CDPH SNF IP Call: In facilities that don't have suspected or confirmed COVID-19, the recommendation is to monitor residents at least daily. For facilities with suspected or confirmed COVID-19 cases, facilities need to monitor vital signs (including pulse oximetry) every shift for all residents and every 4 hours for residents with COVID-19 infection. Keep in mind that frequent monitoring is necessary due to the rapidity with which people with COVID-19 can deteriorate, especially for residents unable to appreciate changes and unable to self-report changes in clinical status. This guidance aligns with the CDC's current guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#evaluating-managing>).

Q: Do we have to have dedicated staffing in our green and yellow zones?

A: Yes. Staff can overlap between the yellow and green zones. Now that most facilities are not experiencing outbreaks and therefore are not utilizing their red zone, if you only have a limited number of individuals residing in your yellow zone, it is reasonable to allow crossover between yellow and green zones if staff pay attention to appropriate donning and doffing of PPE and hand hygiene when they move from one zone to the next. View AFL 20-74 for more information on cohorting.

Q: AFL 20-53.4 is directed to skilled nursing facilities, but AFL 20-22.8 is directed to Long term Care Facilities. Is there a difference between SNF versus LTCF?

A: The target audience in CA for both AFLs are the same, which are skilled nursing facilities.

Q: Most of our residents are fully vaccinated, so we are tight on green zone beds. At times, we have had to place fully vaccinated green zone residents in the yellow zone because we don't have enough green zone beds. Will CDPH consider modifying the yellow zone requirements?

A: You will need to reconfigure your green and yellow zones to meet the needs of your residents. It sounds like your green zone needs to be revised/enlarged in number of beds and/or in location; and your yellow zone revised/decreased in number of beds and/or in location.