

**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
March 17 & 18, 2021**

Handouts and recordings for the Wednesday Webinars can be accessed at the Health Services Advisory Group (HSAG) registration website <https://www.hsag.com/cdph-ip-webinars>

Notes for the weekly calls will soon be posted at the CDPH Skilled Nursing Facility Infection Prevention Education website <https://www.cdph.ca.gov/Programs/CHCQ/Pages/SNFeducation.aspx>

**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 webinar presentation covered the following updates:**

- **Testing Task Force Update**
  - Average test turnaround time last week: 1 day
  - Testing Taskforce Antigen Testing program: Five steps for nursing homes to join. Antigen tests can be used in asymptomatic and symptomatic individuals, including visitors.
  - Website: <https://testing.covid19.ca.gov/valencia-branch-laboratory/#howantigen>
  - Application: <https://www.surveymonkey.com/r/AntigenApplication>
  - Playbook: <https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/02/Antigen-Testing-Playbook.pdf>
  - Flyer: <https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/03/Antigen-Overview.pdf>
- **Updated Visitation Guidance**
  - CDPH AFL 20-22.6, Released March 8, 2021 <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>
  - CDPH Visitation Fact Sheet <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-22-Attachment-01.pdf>
  - CMS QSO-20-39-NH, Released March 10, 2021 <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19-revised>
  - CDPH AFL is less restrictive than CMS guidance, however, California nursing homes are expected to follow CDPH guidance which supersedes CMS guidance. CDPH stated that SNFs should follow the CDPH guidance because, in this case, the regulations better align with statute and resident rights, versus the traditional approach of following the strictest guidance.
  - Facilities can allow indoor, in-room visitation for:
    - Fully vaccinated residents in green or yellow zones regardless of the county tier (including Tier 1, Purple) under the California Blueprint for a Safer Economy website <https://covid19.ca.gov/safer-economy/>
    - Unvaccinated or partially vaccinated residents in green or yellow zones for facilities in Tier 2 (Red), 3 (Orange), or 4 (Yellow) counties

- **CDC Project Firstline Training for CNAs**
  - **The Launching of Project Firstline!** Collaborative infection control trainings in conjunction with the CDC and CDPH aims to canvass 850 Skilled Nursing Facilities to empathetically empower Certified Nursing Assistants in Northern, Central and Southern California.
  - Project Firstline is designed to help every frontline healthcare worker gain that knowledge and confidence of sustaining infection prevention control practices. Online courses aim to build capacity via CDPH Infection Prevention Control Trainers via Zoom/Live Stream/Social Media. **Welcome to Project Firstline!**
  - For more information, contact (510)412-6060 or email [ProjectFirstline@cdph.ca.gov](mailto:ProjectFirstline@cdph.ca.gov). Include “**Project Firstline**” in the subject line Infection Control ***Works! Is a Team Effort! Matters!***
- **Updated Quarantine Guidance**
  - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>
  - Fully vaccinated HCP who have a high-risk exposure no longer need to quarantine or be restricted from work for 14 days, unless there are underlying conditions that place them at higher risk.
  - Fully vaccinated residents should continue to quarantine for 14 days following an exposure.
  - New admissions that are fully vaccinated no longer need to quarantine in the yellow zone for 14 days if no known exposure.
  - Fully vaccinated nursing home residents who leave for nonessential purposes do not need to quarantine upon return if they had no known exposure.
  - HCP who travel domestic or international for nonessential travel need to quarantine regardless of vaccination status. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>
- **COVID-19 Vaccine Updates**
  - Four retail pharmacies are now activated to provide vaccines to SNFs, including Innovatix-PharMerica, MHA, GeriMed, and Cardinal.
- **Q&A**

### **Visitation Questions & Answers**

**Q:** How many visitors are allowed in the building at a time? Is there a maximum length of stay for visitors? For example, we have a family member that wants to stay for four hours. Is that allowable or can we legally deny that request?

**A:** There is no limit to the number of visitors that can be in a facility at once according to the CDPH guidance. Make reasonable decisions based on social distancing requirements and the size and shape of your building. Regarding length of time, from a legal standpoint there is no limit or specific timelines. From an IP perspective, distancing must occur with appropriate face masks. Four hours may be a long time for the resident because they will need to eat and rest. Make reasonable decisions with visitors and consult local public health department for more guidance.

**Q:** Can we conduct care conferences with resident families in person now? Can we have resident families come into our facility to sign paperwork now?

**A:** Yes, both of these are allowable.

**Q:** Can you clarify if we have to have proof of vaccination status for our visitors? Or is the honor system acceptable?

**A:** The honor system is acceptable. People have privacy rights so you cannot require proof of vaccination.

**Q:** Do we deny visitors entry if they traveled in the last 14 days? For example, if they traveled on an airplane to visit the resident. What if they are fully vaccinated, test negative and have no symptoms?

**A:** CDC guidance is evolving, but they did say that they recommend quarantine even for fully vaccinated individuals following travel. The definition of travel is vague, but they clarified that travel would be by airplane or other scenarios where people are in potentially crowded spaces. Recommendation would be that these individuals quarantine and not go into facilities until they have met the quarantine criteria (which includes 7 days with a negative test collected after day 5 as long as the person is asymptomatic).

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

**Q:** Can unvaccinated compassionate care visitors engage in personal contact with the resident?

**A:** Distancing would still apply for compassionate care visitation for unvaccinated visitors and unvaccinated residents. From an IP perspective, it's ideal if the resident is vaccinated to protect them from an unvaccinated visitor.

**Q:** Yesterday CMS released a graphic to further explain the expanded visitation options that can be posted in the facilities and be shared with family members. Is CDPH going to release a poster as well that is tailored on CDPH's current visitation guidelines?

**A:** CDPH created a Visitation Fact Sheet attached to AFL 20-22.6 that can be used. CDPH is also working on crosswalk document, and getting the document translated into Spanish and other languages.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-22-Attachment-01.pdf>

**Q:** AFL 20-22.6 indicates a phoneline with a voice recording updated at set times with the facility's general operating status, such as when it is safe to resume visits is required. The facility routinely sends emails and letters to families when there is a change in facility status. Is this sufficient?

**A:** Yes, it is sufficient. The list on AFL 20-22.6 is a list to consider, but not all of the methods listed are required. The spirit of this is that you need methods to provide timely information to families.

**Q:** Can SNFs require a visitor to provide their own N95 mask when visiting a person in the yellow unit? The limited masks and prices for the N95 has the administrators concerned about having to provide each visitor to the yellow unit with N95; especially when there is a chance they lose it in between visits. The guidance indicates the appropriate face mask, which is N95 in the yellow unit, so does the facility have the authority to enforce the definition?

**A:** A nursing home can't require visitors to bring their own N95 mask due to equity issues. Not all visitors have the means to access an N95, whether they can't find one or can't afford it.

**Q:** The updated CDPH AFL supports the CMS stance that outdoor visitation, anytime practicable is still the preferred method. My buildings want very much to balance patient's rights and the safety of all residents and our visitors. Is it reasonable to offer outdoor visitation as the priority choice of visitation method for any resident when it's possible and to reserve indoor/in-room visitation only for residents who cannot attend outdoor visits or days of inclement weather or facilities where there isn't a safe outdoor space for visitation?

**A:** Indoor visitation must be provided as an option. From an IP perspective, outdoor visitation is preferable, however, we recognize that not all people feel comfortable outdoors, whether it be weather, temperature, ambulatory needs, etc. Indoors can also feel like a more loving and comfortable environment. When possible do the visits outdoors, but indoor visits do need to be offered.

**Q:** According to AFL 20-22.6, is it true that visits are allowed for residents that are COVID-19 positive? Is allowing visitation during an outbreak correct? If so, please clarify if this would be for compassionate visits or for any COVID positive resident?

**A:** Residents who are in isolation (red zone) who are COVID positive can only have visitation for those who need compassionate care/special circumstances. That has not changed with the new AFL. Visitation of residents can now occur for residents in the yellow zone.

**Q:** Please confirm that for Los Angeles county, we can only allow indoor visitation to patients in green and select yellow, regardless of vaccination status of residents. In addition, is it true that for Los Angeles county, that newly admitted residents, regardless of vaccination status, are only allowed to have outdoor visits?

**A:** The answer is yes to both questions. Please view the Los Angeles county slides they presented last Friday on updated visitation guidance that aligns and reconciles the updates from CDPH AFL 20-22.6 and CMS/CDC's guidance released on May 10, 2021:

[http://publichealth.lacounty.gov/acd/docs/COVID19\\_SNF\\_VaccineUpdates031221.pdf](http://publichealth.lacounty.gov/acd/docs/COVID19_SNF_VaccineUpdates031221.pdf)

Regarding the new quarantine guidance, CDPH's new guidance is that fully vaccinated new admissions with no known exposure do not need to be in placed in the yellow zone. Los Angeles County has not come out with official guidance on that, so for now, facilities still need to quarantine new admissions in the yellow zone, and they would only be allowed outdoor visitation.

### **Communal Dining & Group Activities for Residents and Staff**

**Q:** Can we have staff potlucks at work?

**A:** No, unfortunately indoor and outdoor potlucks are not recommended at this time because potlucks may involve a lot of people with masks off. Social distancing and universal source control need to be practiced, even for fully vaccinated staff whether it be indoors in a break room or outdoors.

We need to take precautions at this time, and error on the side of caution.

**Q:** Can facilities have QA meetings?

**A:** QA meetings are acceptable and need to follow CDC guidance to ensure social distancing and use of facemasks.

**Q:** We have residents with trachs that are not able to wear a mask when going to group activities. The AFL states "Facial coverings should be worn when going to the dining area and whenever not eating or drinking even for fully vaccinated residents." Does that mean that residents with trachs cannot participate in group activities? Or can they wear a mask over their trach.

**A:** We recommend that you discuss this with your medical director and the resident's physician to see if it is safe to wear a mask over a trach. In general, if the resident cannot have source control for respirator secretions, then we would advise against group activities. As far as what can be done to provide a safe environment for a resident with a trach, you need to consult with your medical director and resident physician because there are many factors that need to be considered.

**Q:** Can visitors participate in communal dining with residents?

**A:** No, this is not a good idea for now. Eating is a higher risk activity because masks are off while eating.

**Q:** Can residents in yellow zone who are asymptomatic and fully vaccinated participate in communal dining and as well as communal activities?

**A:** Only residents in the green zone may participate in group activities and eat in the same room with physical distancing, masks when not eating or drinking, and proper hand hygiene. Residents in isolation (red zone) or quarantine (yellow zone) are not able to participate in group activities or dining.

**Q:** Can SNFs accept unvaccinated volunteers for outdoor activities or not? Can SNFs allow singer/entertainers indoors that comply with testing requirements? Do they need to be fully vaccinated before entry?

**A:** Non-essential contracted staff can enter the facility, but they would need to be tested and have access to the vaccine. There is not an outright requirement for them to be vaccinated, but it is strongly encouraged.

### **Quarantine Questions & Answers**

**Q:** Can you clarify the new quarantine guidelines for residents with no known exposures in the last 14 days, and when will the revised AFL come out? Scenarios we need clarity on, include fully vaccinated residents:

- going on outings with family (restaurant, funeral, holiday)

- admitted to nursing home from hospital
- going to outside medical appointments (like dialysis appts)

**A:** The newest CDC guidance for fully vaccinated residents is that they do not need to quarantine upon return from an outing with family, from the hospital, or outside medical appointments as long as there was no known exposure. Previously we presumed that residents could have had a potential exposure outside of the facility, which is why we recommended quarantine before. Now that we have fully vaccinated residents, the guideline says that as long as there was not a known exposure, they do not need to quarantine when they return. This also applies to new admissions from the hospital. In addition, fully vaccinated new admissions with no known exposure do not need to be tested on admission or 14 days. There may be instances that local public health departments still recommend quarantine when they have identified an outbreak or transmission occurring in that outside facility (like a hospital or dialysis facility). AFL 21-08.1 Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 will be updated soon with this new guidance. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>

Unvaccinated new admissions with no known exposure still need to quarantine in the yellow zone. However, unvaccinated residents who leave the facility for ambulatory care (dialysis, clinic, hospital) do not need to quarantine upon their return unless there was a known exposure. Per AFL 20-53.3 "Testing and quarantine are not required for residents readmitted after hospitalization, or who leave the SNF for ambulatory care (e.g., emergency department or clinic) visits unless there is suspected or confirmed COVID-19 transmission at the outside facility as verified with their local health department." <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

**Q:** What about unvaccinated residents with no known exposure? Do they still need to quarantine if they go to the hospital or family event?

**A:** Yes, they still need to quarantine.

**Q:** The AFL still speaks about being 3 months from your last dose to not quarantine. A lot of our staff is reaching that 3-month mark since vaccination. Is this going to be updated?

**A:** Yes, this will be updated. They no longer have that time point of 3 months after vaccination. You won't see that 90 days from vaccination in the updated quarantine guidance. For now, there is no timepoint after which you would have to consider quarantine for fully vaccinated HCP.

### **PPE Questions & Answers**

**Q:** Please clarify if HCP and visitors need to wear face shields with their mask for source control in the green zone? Can you speak to the need to disinfect face shields between residents in the green, yellow, and red zones?

**A:** Eyewear (face shields, goggles) are required to be worn in patient care areas by HCP, including the green, red, and yellow zones. Visitors do not need to wear eyewear in the green zone, but they do need to wear eyewear in the yellow zone. Face shields and goggles are not necessary in non-patient care areas (kitchen, nurses' station, reception area). For example,

- In the green zone, HCP need to wear surgical masks for source control and the face shield. Visitors only need to wear a mask for source control.
- In the yellow and red zones, N95 respirators should be worn as PPE with the face shield.

Regarding disinfecting the face shield between residents, it is reasonable to extend the use of the face shield between resident care activities in the same room or in a cohort setting (i.e. COVID positive red zone), unless it is soiled or damaged. When the face shield is removed, disposable face shields not designed to be disinfected and reused should be disposed of after removal (such as exiting the patient care area). If the face shield is reusable, follow the proper instructions to disinfect it. CDC Strategies for Optimizing the Supply of Eye Protection <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

**Q:** For residents that share a room together who do not wear a mask while they are in their room (kind of considered a housemate), would they be required to maintain 6 feet distance from each other for a meal or could they dine at a table together and share their meal?

**A:** Residents should still wear a facemask for source control and social distance. We recommend distance between bed spaces, and distance while dining together. Good idea to have them part of the same dining group and group activities.

### **Testing Questions & Answers**

**Q:** Who is allowed to administer a rapid COVID test? Can a non-clinical staff member do a rapid test for a visitor if they have been trained and the training is documented?

**A:** The CLIA lab director has discretion on who can administer the test. As long as personnel are trained, any person can do the test.

**Q:** Does our SNF have to get written consent prior to administering antigen test on a visitor or vendor?

**A:** The consent process is up to the facility. The facility can determine if they want written informed consent for POC testing of visitors or vendors.

**Q:** What are the state and federal reporting requirements for POC antigen tests that we use to test visitors, HCPs and residents? It sounds like we only need to report positives moving forward for anyone we use the test on—visitors, HCPs, and residents. Is that true?

**A:** The state is looking to simplify the testing reporting requirements in the near future. As of now, there is no licensing requirement for nursing homes to report anything beyond positive POC antigen test results. CDPH confirmed with CMS that there is no means to cite a facility for not reporting the negative test results. Check with your local county public health departments that may have stricter requirements.

**Q:** We are starting to see more fully vaccinated residents test Positive PCR past their 90-day positive COVID-19 result. Do we still need to send them to the red zone if asymptomatic?

**A:** This is a tricky scenario. By and large, we are generally recommending re-isolation for a positive in this scenario for residents. We appreciate that many of these residents likely don't have a true reinfection, and that instead they may have persistent fragments of the virus that can be detected by a PCR test. Error on the side of caution and re-isolate.

### **Vaccine Questions & Answers**

**Q:** Now that the CVS and Walgreens FPP clinics for COVID vaccination have been completed for many facilities, how do nursing homes get vaccines to new residents that want the vaccine?

**A:** If you have a contract with a long-term care pharmacy, we recommend reaching out to them to see if they are able to assist in providing vaccines. There are now 4 major long-term care pharmacy groups (GeriMed, Innovatix, Cardinal, MHA) that are receiving vaccine. If your residents are mobile, you may consider registering them for vaccine at any available vaccine provider (primary care, retail pharmacy, etc.). You can reach out to your local health department for assistance in vaccinating your residents. CDPH is continuing to work on identifying additional resources to vaccinate this population.

**Q:** Are the pharmacies listed able to give any outstanding 2nd dose for SNF/HCP?

**A:** As of this week, the 4 long-term care pharmacy partners are only receiving the Janssen vaccine, but we anticipate that some may be able to handle Pfizer vaccine. We also anticipate that they will have access to Moderna vaccine when supply is increased to the federal retail pharmacy program. When they have access to the correct product, they will be able to arrange vaccination services with facilities, including administering a second dose if needed.

**Q:** Are hospitals going to be encouraged to give at least one vaccine dose to patients who have not had any before discharging to the acute?

**A:** Regarding vaccination prior to hospital discharge, this is a policy that CHCQ could consider as a recommendation for general acute care hospitals. For example, the Bay Area Health Officers put out a statement recommending this strategy for acute care hospitals several weeks ago: <https://www.sfcdep.org/wp-content/uploads/2021/03/ABAHO-Letter-to-Hospitals-Re-Vaccination-at-Discharge-02-27-21.pdf>.

**Q:** In rural areas, can we consider Johnson and Johnson one and done? Trying to continue to coordinate 2 doses in rural areas has become a huge task.

**A:** The single dose for the Johnson and Johnson/Janssen vaccine is certainly an advantage. We would recommend reaching out to your local health department regarding specific vaccine products.

**Q:** For the patients who need the second dose, what are the FRPP doing to make sure that the patients are scheduled to get the second dose? This is important, since the second dose is allocated by the CDC to the FRPPs.

**A:** The federal retail partners arrange for both appointments when the patient signs up for their vaccination appointment.

### **Other Questions & Answers**

**Q:** Will the IP requirement for SNF continue after the pandemic? Will there be consideration for hours related to the size of the facility?

**A:** Yes, SNFs will still be required to have a full time IP after the pandemic. As of now, there are no considerations for the size of the facility.

**Q:** Regarding the Infection Preventionist (IP) 40 hours a week requirement from AFL 20-52, if a SNF's primary IP worked less than 40 hours during M-F and the backup IP is not present at the facility but are dealing with IP related duties (such as quarantine decisions, etc.) on a remote basis away from the SNF over a weekend or after hours, are these hours appropriate to count towards the 40-hour requirement?

**A:** SNF are required to have 40-hour week fulltime IP. If the job is shared, the alternate person must also complete the IP course. The IP is not expected to be on campus 24/7 but must be available for consultation should there be issues at the SNF. The law doesn't specify what days of the week. If the IP works over the weekend as an IP at the SNF and is therefore off during the week, but able to be reached in case of emergency, it is acceptable. What is NOT in the spirit of the law is for the IP to be covering more than one facility and counting the hours for both buildings.

**Q:** Regarding cohorting new admissions in our yellow unit. We are currently admitting residents in our yellow unit with one bed apart (ex. 3 beds in 1 room, patients will be in the first and last bed with middle bed empty). When can we be able to utilize all the beds in the room or do we continue leaving an empty bed in between for social distancing? Will this be an issue during survey if we are not able to utilize all our beds we are licensed for?

**A:** This will hopefully be less of an issue or need because for fully vaccinated individuals who are newly admitted or returning from an outing, quarantine is no longer a requirement so they can go straight to the green zone. For those who do need quarantine (exposed resident or unvaccinated new admission), maintaining the distance is still necessary.

**Q:** For HCP health screenings, do they need to be screened/checked in by a staff member, or can they self-screen?

**A:** Facilities have moved to a variety of different ways of screening HCP. Some are using apps now. Screening needs to continue but it's up to the facility on how it is implemented. The key is to ensure that all required questions are asked; we don't want employees just badging in and badging out without a thorough screening.