



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
April 7 & 8, 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 April 7<sup>th</sup> webinar presentation covered the following updates:**

• **CDPH Update**

- Cassie Dunham, Acting Deputy Director for Center for Health Care Quality (CHCQ), reminded facilities and operators that as we are increasing the number of individuals that are vaccinated throughout the state, we should remain vigilant and not prematurely relax certain infection control measures or practices that facilities have built in the last 14 or 15 months. There are some areas where we are watching closely for new case rates. There might be some slight upticks in spread in community and we are watching closely for facility new cases. We want to make sure that we continue to move forward and not find ourselves in a backward trend. Your endurance and persistence are appreciated.
- CHCQ has now shifted to resumption of standard survey workflow which includes relicensing and federal recertification survey and investigation of facility reported incidents. That work has begun as of April 1<sup>st</sup> and therefore, our traditional 4-6-week mitigation survey visits are not being conducted at this time. That should not be interpreted to suggest that facilities should disregard or terminate the provisions that are in their mitigation plans. Follow those protocols for prevention while we are still trying to step out of the ongoing pandemic. It is important to continue to recognize those various practices that you have put in place with your mitigation plan, regardless whether or not we are conducting a mitigation plan survey. That plan should be implemented as part of an emergency response until there is no real risk factor at your facility.

• **Testing Task Force Update**

- The average test positivity for the past 7 days was 1.8%. The average test turnaround time last week was approximately 1 day with 98% of test results in less than 2 days, and 83% of test results in less than one day.
- The state has launched a new antigen testing program. The state provides BinaxNow antigen tests, CLIA license and ordering physician. It could be used to test symptomatic individuals, asymptomatic individuals if they are tested at least twice a week (e.g. SNF employees), and for pre-entry screening (e.g. visitor testing for SNFs.) All positive antigen tests have to be confirmed with PCR as well as people who have symptoms of COVID-19 but tested negative with an antigen test.

• **CDPH Daily SNF Survey and Weekly SNF Testing Survey**

- Vaccination data reported to the daily survey is a cumulative count of the total number of vaccines administered. Vaccination data included in the weekly SNF testing survey is not a running cumulative count but at-the-time count of anyone who has been in the facility during that reporting period. Other reporting tips and guidance were provided.
- **CMS Targeted COVID-19 Training for Nursing Homes**
  - This scenario-based training is strongly encouraged by Centers for Medicare & Medicaid Services (CMS).
  - <https://qsep.cms.gov>
- **Long-Term Care Pharmacy Update**
  - CDC-Long Term Care (LTC) Facility Pharmacy Partnership program officially ended March 31<sup>st</sup>. Both CVS and Walgreens are concluding final clinics through mid-April.
  - CDC allocates vaccine directly to retail and LTC pharmacies enrolled in the Federal Retail Pharmacy Program (FRPP). CDC has enrolled three LTC-specific pharmacy groups, MHA, Innovatix-PharMerica, and GeriMed. Omnicare is expected join mid-April 2021. Each pharmacy group allocates doses to their member pharmacies to serve LTC facilities. Some of these pharmacies are receiving doses from the State of California but this is a separate program where they get direct vaccine from the CDC. There are other retail pharmacy partners enrolled in the program who also can provide vaccination services in LTC facilities: Cardinal, CPESN and Good Neighbor. Not every LTC pharmacy is enrolled in this program. The ones not enrolled still receive vaccines if they enroll with the Blue Shield network. Some retail pharmacies offer both retail and LTC services. These pharmacies offer different types of services. Some will deliver the vaccine but ask facility staff to administer vaccines. Some pharmacies will send vaccinators to facilities. If you are interested in working with a LTC pharmacy, the first thing is to contact a LTC pharmacy to inquire if they have COVID-19 vaccine doses. If it doesn't have doses available, you may reach out to a LTC pharmacy partner that is enrolled in the federal program to ask if they are willing to service your facility. Some may be willing to work with facilities they are not already contracted with. List of the participating LTC pharmacies with the contact information: <https://www.cdc.gov/vaccines/covid-19/downloads/participating-ltc-pharmacy-list.pdf>
  - All three vaccine products are available to pharmacies via the FRPP. However, an individual LTC pharmacy may only be receiving one specific product. The CDC has indicated no preference for a specific vaccine product for the LTC/SNF patient population. Other resources to vaccinate LTC residents and staff include healthcare providers (Sutter, Kaiser, etc.) and retail pharmacies. Retail pharmacies such as CVS, Walgreens, Rite Aid and other big chains also have doses more widely available. List of the pharmacy scheduling links: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/FedRetailPharmProgVacAppt.aspx>. If your facility would like to enroll as a vaccine provider, you would need to contact [covidvaccinenetwork@blueshieldca.com](mailto:covidvaccinenetwork@blueshieldca.com) in order to complete all the onboarding into myCAVax to receive doses. Local Health Department (LHD) can also be a resource for additional vaccines.
- **Meeting notes from April 1st amended to reflect the following clarification:**
  - Vaccine itself does not cause a positive SARS-COV-2 test. There are 3 possible explanations for positive SARS-COV-2 testing in an asymptomatic, fully vaccinated individual: 1. Detection of fragments from a past COVID episode that might not have been diagnosed; 2. There could be detection of very small amount of the virus shed as a result of new SARS-COV-2 infection and that is associated with a high cycle threshold (CT). Most likely such an individual would not be infectious and would not be transmitting the virus to others. Someone who has received the vaccine may test positive after exposure to SARS-COV-2 but not develop the symptom. This is a vaccine breakthrough and should be

reported to local health department; 3. It might be a false positive. We know the test has a 99 percent specificity, which means a rare false positive may occur. It is important to communicate that with your local health department.

## • Q&A

### **Vaccination Questions & Answers**

**Q:** Is there a centralized data base that keeps track of who, what, and when someone was vaccinated?

**A:** COVID-19 vaccination doses are recorded in the immunization registry. If you are not enrolled in your local immunization registry, you can contact the registry for more information.

- California Immunization Registry (CAIR2): <https://cairweb.org/>
- San Diego Immunization Registry (SDIR; San Diego county only): [https://sdirprod.sandiegocounty.gov/sdir\\_home.htm](https://sdirprod.sandiegocounty.gov/sdir_home.htm)
- Healthy Futures Immunization Registry (Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties): <http://www.myhealthyfutures.org/>

**Q:** I have residents that will be due next week for their second dose of Moderna and our contracted pharmacy is Pharmerica and will only carry J&J. Who do I refer to for the second dose for my residents?

**A:** Please follow-up with Pharmerica to see if they are now receiving Moderna vaccine, as the available vaccine products recently expanded. You may also reach out to your local health department.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Local-Health-Department.aspx>.

**Q:** Our contracted Pharmacy have vaccines available but have indicated that they must administer the vaccine to our residents and staff. Is this true?

**A:** Pharmacies that are receiving doses from the Federal Retail Pharmacy Program are allowed by the CDC to subcontract with the facility to administer vaccine. However, pharmacies may differ in their individual policies. It would be worth having another conversation with the pharmacy to see if they would be willing to subcontract with your facility to administer the vaccine.

**Q:** I am receiving questions from my staff and residents about the how long they are protected with the vaccine. Many of them watch the news and are seeing that the vaccine only provides protection for 6 months. Is this true? If so are they going to be required to get a booster shot after 6 months? Or will they be required to get a vaccinated every year.

**A:** These are excellent questions. In brief, we do not have answers yet for these questions. The duration of immunity is unknown. We know that boosters are being developed, but it is unknown whether these would be required, and whether re-vaccination would be needed.

### **Testing Questions & Answers**

**Q:** Who can perform collection of nasal swabs?

**A:** Collecting specimens using swabs, including nasopharyngeal (NP) or oropharyngeal (OP) swabs, is not in the scope of practice for personnel licensed under Chapter 3 of the BPC, including phlebotomists, MLTs, and CLS. They are all authorized to collect blood samples, but are not authorized to collect samples using swabs. The Medical Board of California and the Osteopathic Medical Board of California state that allopathic and osteopathic physicians can collect these specimens. Physician assistants can perform collections of specimens for COVID-19 testing using nasal swabs as long as they meet the current waiver requirements of DCA Waiver 02-04. Please refer to:

<https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx>.

**Q:** For pre-entry or visitor screening is twice a week testing required?

**A:** A one-time antigen test for visitor testing for SNFs is sufficient.

**Q:** Did the Abbott rapids officially get extended for 3 months past expiration date?

**A:** Please refer to: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-BinaxNOW-Expiry-Extension.pdf>. All BinaxNOW COVID-19 Ag Cards currently have a nine-month expiry date. Some of the lots had expiration date extended by 3 months from 6 months to 9 months.

**Q:** Is there any consideration for testing vaccinated employees monthly instead of weekly as the QSO suggests.

**A:** There is no change to current California guidance at this time.

**Q:** How often should we test residents if positivity rate is below 5% and there is not an outbreak in our facility?

**A:** There is no CDC or CDPH recommendation to routinely screening test residents regardless of county positivity percentage. They only apply to healthcare personnel. However, please check with local health department for local guidance.

### **Data Reporting Questions & Answers**

**Q:** NHSN vaccination reporting is complicated. Can we someone to teach how to do the reporting. Any video?

**A:** Training videos are available on <https://www.cdc.gov/nhsn/ltc/covid19/index.html>.

**Q:** Do we have to enter existing staff refusals on a daily basis (same staff refusing), or only when we have a new staff member that refuses?

**A:** Only new staff refusals for the daily survey; cumulative staff refusals for the weekly.

**Q:** If they have appointment in the hospital like Kaiser, is that considered as offering the vaccination?

**A:** Yes.

**Q:** Is there an updated guide on how to answer all the survey questions that includes the new vaccine questions?

**A:** This AFL contains a link for the most up to date data dictionary for the Daily Survey:  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-43.aspx>

**Q:** We have to report vaccinated new admissions even if the vaccine was given at another site. Correct?

**A:** Correct.

### **Visitation Questions & Answers**

**Q:** The AFL doesn't specify but are we still to advise visitors that they are only allowed "brief" physical contact with the resident after 2 weeks of completing their COVID19 vaccine series despite the tier level? We are currently in the orange tier.

**A:** The only contact allowed by AFLs at this time is "brief" contact. There is no allowance at this time for "extensive" contact.

**Q:** What is the minimum age requirement for visitors in a sub-acute facility? Also, do we need to provide kids PPE?

**A:** We have not indicated minimum age. It depends on whether the child can comply with source control and other requirements and measures like distancing.

### **Quarantine/Cohorting Questions & Answers**

**Q:** Do unvaccinated dialysis residents have to remain in the yellow zone indefinitely, or can they be housed in the green zone if they have no known exposure?

**A:** There is no required cohorting for dialysis patients until there is an outbreak at the dialysis center. The AFL does not require that dialysis patients/residents stay in the yellow zone. However, understanding that

the risk of exposure and transmission via dialysis center may be present, a facility may continue to keep these individuals in the yellow zone. Also need to consider local health department guidance.

**Q:** We have a resident that went to the hospital. He tested positive, then tested negative, tested positive again and negative the final testing. He originally had COVID back on 11/27/20. We have requested CT Values for our local health dept to review. How would we readmit him back into the facility? COVID, PUI or his original room? He was fully vaccinated as of 1/19/21.

**A:** Some of the management will relate to whether the individual is symptomatic. There are a number of potential explanations for these test results. The plan for requesting CT value and reviewing with LDH is a good one. Our HAI team can also help with reviewing information. In the meantime, deciding where to place and readmitting will be affected by whether the individual is symptomatic. If asymptomatic throughout this, this individual is likely not infectious and may be readmitted to the original room after reviewing with LDH.

**Q:** Does a patient who is still in 90-day window and has already quarantined for 14 days need to be placed in in yellow zone or can they be placed in green zone when being newly admitted to a SNF?

**A:** If they have met the criteria for discontinuation of precautions then they can be in the green zone. You need to be sure there were no exposures during their 14-day quarantine at the hospital or other facility.

**Q:** We have a resident going out of facility. He had the first dose of COVID vaccine but did not have the second vaccine yet due to his condition as postponed by physician. Does he need to quarantine for 14 days after coming back to facility?

**A:** You would treat this person as if he was unvaccinated.

**Q:** Why is there still a yellow zone if virtually no one will be in it

**A:** If no one qualified in the yellow zone, you just need to have it ready in the plan when needed.

Having a way of implement yellow zone status is important. There will be a continual need for those new admissions that still require observation. We also need to be mindful that as we open to in-room visitation, there is more risk for potential exposure. If a visitor ended up testing positive, it may change the status of the resident.

**Q:** How can we tell if the new admission has been exposed at the acute hospital since they are not testing their staff, even if the patients have been vaccinated?

**A:** Managing residents comes down to their vaccination status. For fully-vaccinated residents newly admitted from hospital, we are no longer recommending to quarantine unless there is a known exposure, for instance, when there is a known outbreak at the hospital. Be in communication with LDH if accepting residents from hospitals with outbreaks. For unvaccinated new admissions, they still need to quarantine upon admission.

### **Other Questions & Answers**

**Q:** Can plexiglass dividers be used in the common dining areas to separate residents who cannot be seated at table that provide 6 feet of distance between residents?

**A:** Still want to do 6 feet apart dining.

**Q:** For the Respiratory Protection Program: can the facility MD/NP be allowed to do the medical evaluation for fit testing if the questionnaire from the OSHA site is used?

**A:** Yes, it is allowed any Physician or other Licensed Health Care Professional (PLHCP) may do the evaluation.

**Q:** How do you prove a "false" positive? We have a resident who tested positive on Monday after already having COVID in December and she is fully vaccinated. We tested again within 24 hours of the positive test and are waiting for results.

**A:** This is a clinical call that would take into account any risk of exposure, vaccination status, symptoms, and reproducibility of test results. Consult local health department. CDPH HAI team can also assist in working through the case as needed.

**Q:** There is so much confusion over the new CDC public health recommendations for fully vaccinated people released on 4/2/21. Can you please confirm the department's position for fully vaccinated staff as it pertains to group meetings, breakrooms, etc. I'm telling staff that masks and 6ft distancing is still required. Some people are under the impression that 3 feet is now alright. Please clarify.

**A:** Six feet and universal testing.

**Q:** Can residents who reside in the same room (household) dine together without the 6 feet social distancing requirement?

**A:** It makes sense to keep roommates as a cohort so they can dine together to minimize potential exposure. They should still practice safe masking for source control for any group activity. If anyone later tests positive, this will create a lower risk while assessing for exposure, especially if they are not vaccinated. There would be a lower risk of exposure if they have not sat in close proximity in dining.

**Q:** Do we have any guidance on volunteers/ outside instructors for coming within facility?

**A:** We have not changed any existing requirement for those participating in the same testing routine.