



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, June 16, 2021

Upcoming Calls



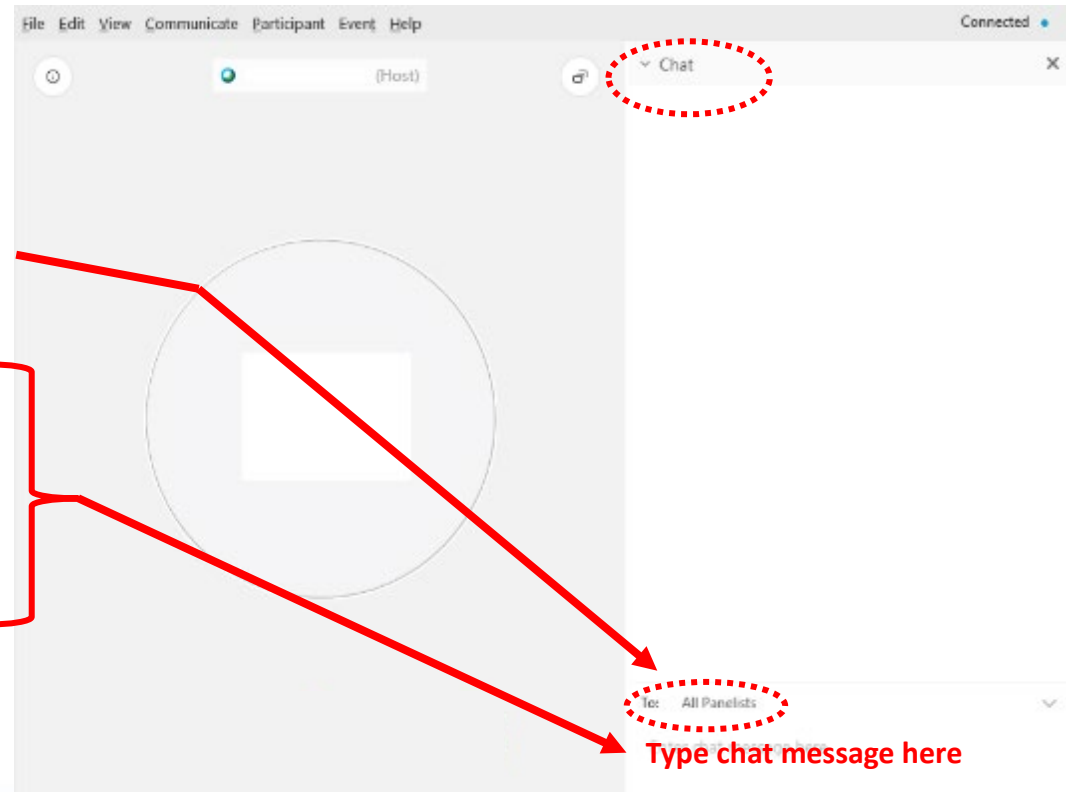
- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls:
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars:
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes and slides are posted at registration site
 - Trouble logging in: check link and date at registration site
- CDPH Thursday, 12 noon, SNF IP Phone Calls:
 - Dial-in: **1.877.226.8163**
 - Access Code: **513 711**

How to Find the Chat Button and Submit a Question

1. To submit a question, click on the **Chat Button** located in the bottom right corner of your Webex window.



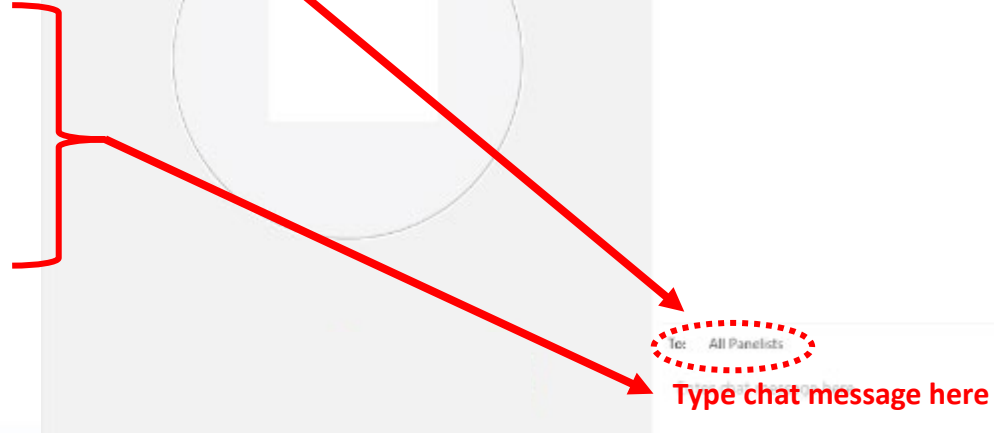
2. The **Chat** panel will open on your right.



3. Indicate that you want to send a question to **All Panelists**.

4. Type your question in the box at the bottom of the panel.

5. Press **Enter** on your keyboard to submit your question.



To connect to the audio portion of the webinar, please have Webex call you.

Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to manage COVID-19 and/or your infection prevention practices.

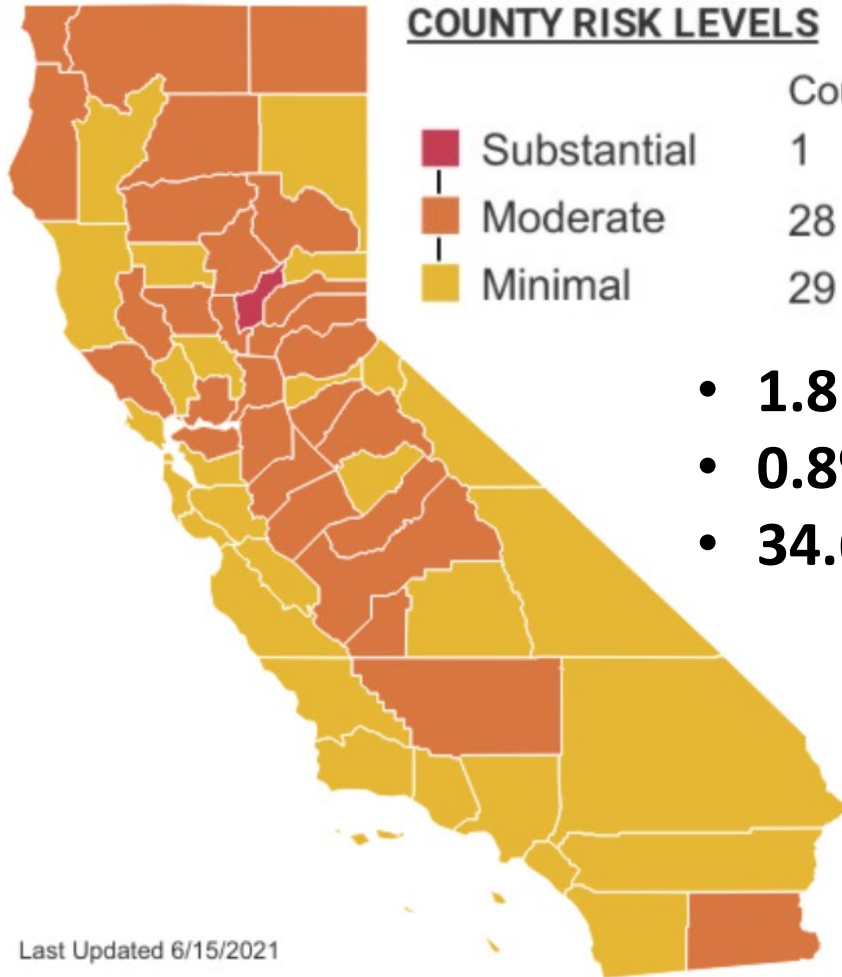
Agenda



- California Immunization Registry (CAIR2)
- Testing Task Force Updates
- National Healthcare Safety Network (NHSN) Updates
- CDPH Updates & Frequently Asked Questions
- Q&A

Beyond the Blueprint

County Risk Levels—Updated June 15



- **1.8** New positive cases per day per 100K
- **0.8%** positivity rate (7-day average)
- **34.6%** ICU availability

<https://covid19.ca.gov/safer-economy/#tier-assignments>

WIDESPREAD

SUBSTANTIAL

MODERATE

MINIMAL

Safely Reopening California

<https://covid19.ca.gov/safer-economy/#beyond-blueprint>

- On June 15, California fully reopened its economy and the county tier system is no longer in effect.
- Reopening means continuing vaccinations, but there are no longer capacity limits, no county tiers, no more physical distancing, and relaxed mask guidance. This guidance does not apply to healthcare settings.
- CDPH will continue to publish county rates:
 - <https://covid19.ca.gov/state-dashboard/>
 - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx>
- Local health departments may have preferences on data sources that should be used moving forward.



California Immunization Registry (CAIR2)

<https://cairweb.org/enroll-now/>



Testing Task Force Updates



NHSN Vaccine Reporting Updates

sams.cdc.gov

NHSN Updates

- On Thursday, June 10, CDPH uploaded data into NHSN for 875 facilities for the reporting week of May 31–June 6, 2021 (another 25 reported data independently).
- CMS issued a reprieve for 2,500 nursing homes yet to report vaccination rates into NHSN:
 - <https://www.mcknights.com/news/breaking-cms-issues-reprieve-for-2500-nursing-homes-yet-to-report-covid-vaccination-rates/?mpweb=1326-19394-196127>
- CMS COVID-19 Nursing Home Data
 - <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>
- NHSN vaccination data is public for the week ending May 30, 2021.
 - <https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/COVID-19-Nursing-Home-Dataset/s2uc-8wxp>

NHSN Frequently Asked Questions (FAQ)

Q: If we are reporting vaccine data directly into NHSN, are we still required to do the CDPH weekly 1,2,3 survey?

- **A:** Yes, SNFs are required to report to both NHSN and CDPH. CDPH will upload the vaccination data into NHSN for SNFs that conferred rights.

Q: If our SNF reports vaccination data directly into NHSN, what will happen if CDPH also submits data to NHSN?

- **A:** When CDPH uploads the vaccination data into NHSN for the SNFs that conferred rights, the data already inputted by SNFs will remain. CDPH cannot override existing data. SNFs can edit the data after the CDPH upload.

Q: When will CDPH upload the vaccine data into NHSN every week?

- **A:** CDPH will upload vaccination data every Thursday for the previous week.

Day of the Week	Task
Monday–Wednesday	SNFs respond to CDPH weekly survey to report last week’s vaccine data
Thursday	CDPH will upload SNF vaccine data into NHSN for the previous week
Friday	SNFs can log into NHSN to confirm that CDPH submitted the data



FAQ: NHSN Vaccine Education Requirement

Q: How often are we required to educate unvaccinated healthcare personnel (HCP) and residents that declined the vaccine? Individuals that are adamantly against the vaccine are becoming frustrated because we keep asking them.

- **A:** Regarding the frequency of educating those that are unvaccinated, per NHSN office hours, facilities need to provide education on vaccination benefits and potential side effects at least once; then it is up to the facility to determine when it is appropriate to re-visit the topic and provide additional education to follow up.

AFL 20-53.4: COVID-19 HCP and Resident Testing

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>
- Provides updated CDPH guidance for routine diagnostic screening testing based on HCP vaccination status.
- Aligns with April 27, 2021, CMS QSO-20-38-NH <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf> and CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

 <p>TOMÁS J. ARAGÓN, M.D., Dr.P.H. <i>State Public Health Officer & Director</i></p>	<p>State of California—Health and Human Services Agency California Department of Public Health</p>	 <p>GAVIN NEWSOM <i>Governor</i></p>
<p>June 7, 2021</p>		<p>AFL 20-53.4</p>
<p>TO: Skilled Nursing Facilities</p>		
<p>SUBJECT: Coronavirus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF) (This AFL supersedes AFL 20-53.3)</p>		

AFL 20-53.4: Guidance on 70% Vaccination Rate

- Facilities can discontinue routine diagnostic screening testing of fully vaccinated asymptomatic HCP only if $\geq 70\%$ of residents and $\geq 70\%$ HCP that work in the facility are fully vaccinated.
- Monitoring the vaccination percentages should incorporate daily changes (including HCP who only worked one day in the week).
- Resume routine diagnostic screening testing of all HCP within one week if the percentage of either residents or HCP fully vaccinated drops below 70% for the **preceding week (not a daily percentage)**.
- SNFs do not need to make changes to weekly testing schedules based on single-day fluctuations in the vaccination percentage.
- Testing should continue for at least 2 weeks and continue until meeting the required $\geq 70\%$ of residents and $\geq 70\%$ HCP are fully vaccinated for one full week.

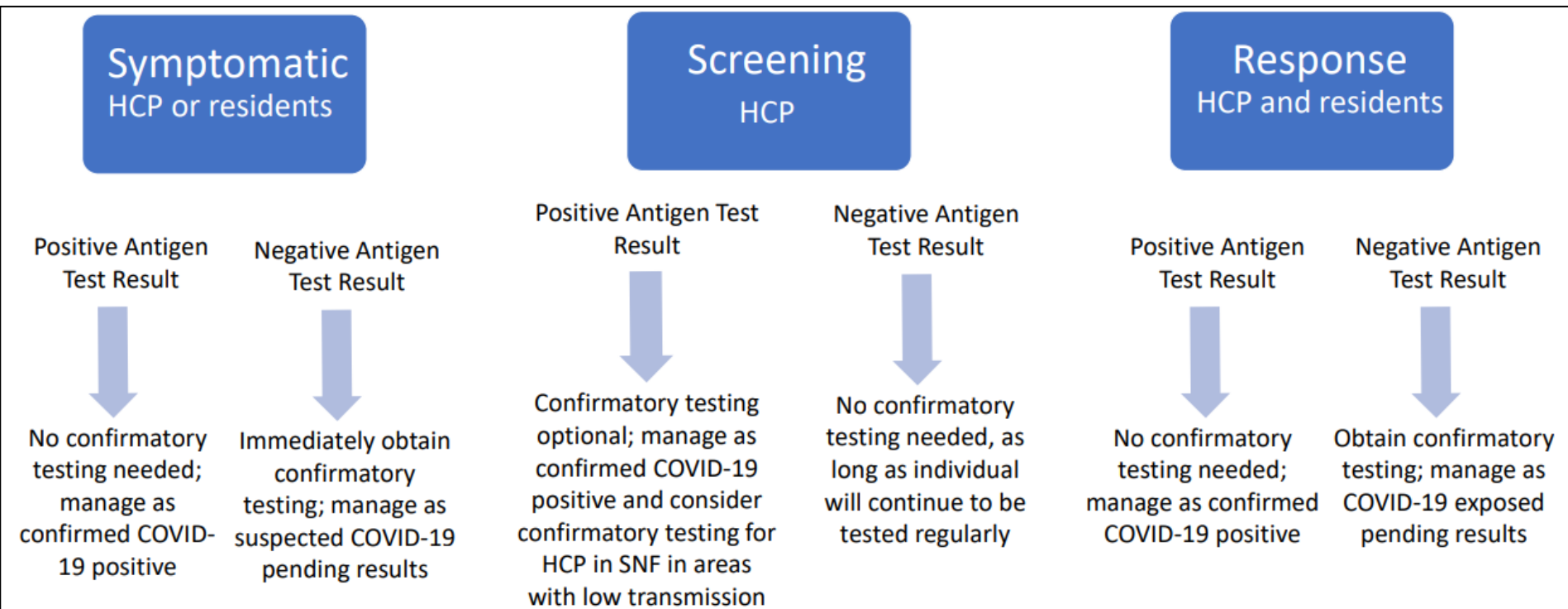
AFL 20-53.4: Guidance on Antigen Tests

Q: Can antigen tests be used for HCP diagnostic screening testing?

A: Yes, antigen testing can be used for screening testing, but the testing needs to be done twice a week.

Q: Can antigen tests be used for HCP and resident response testing?

A: Yes, antigen testing can be used for response testing if used twice a week.



AFL 20-53.4: Response Testing

Q: Per the AFL, response testing of residents and HCP must occur every 3–7 days until no new cases are identified among residents in sequential rounds of testing over 14 days. If we test every 3 days, that means 4 rounds of testing will be completed over 14 days. Is that accurate?

A: Yes. Over 14 days, it is reasonable for response testing to occur twice (every 7 days), or it can occur more frequently (every 3 or 4 days). Ideally, testing is done more frequently than once a week.

Q: Per the AFL, “serial testing...should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days...”. Why only residents? What if staff test positive?

A: “Staff” was intentionally left out of that statement. The requirement is to continue response testing until there are no new cases among residents for 14 days to demonstrate transmission is ceased within the facility. After the 14 days, a new case in a staff member may or may not be related to the first outbreak; the facility would re-initiate response testing, but could be focused on unit(s) where positive staff member worked (consult with LHD).

AFL 20-22.8: Guidance for Limiting the Transmission of COVID-19 in Long-Term Care

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>
- Provides updated guidance for group activities and communal dining based upon vaccination status of residents.
- Aligns with April 27, 2021, CMS QSO-20-39-NH <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf> and CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

March 8, 2021

TO: Long-Term Care Facilities

SUBJECT: Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities
(This AFL supersedes guidance provided in AFL 20-22.5)

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

AFL 20-22.6

AFL 20-22.8: Visitor PPE Guidance

Q: Can facilities allow indoor, in-room visitation for residents in the green, yellow and red zone? What PPE do they need to wear?

A: Facilities shall allow indoor in-room visitation for all residents in the green and yellow zones, regardless of vaccination status.

COVID-19 positive residents in the red zone can only have visitation for compassionate care reasons or other special circumstances.

- **Green zone:** Fully vaccinated residents and fully vaccinated visitors may visit without face masks and physical distancing and include physical contact. Masks for source control and distancing are required between unvaccinated or partially vaccinated visitors and residents.
- **Yellow zone:** Visitors must wear PPE (gloves, gown, eyewear, and N95 respirator) during the visit, regardless of vaccination status. Fully vaccinated residents and fully vaccinated visitors can have physical contact without distancing, however, ensure you educate the visitor of the risk.
- **Red zone:** Compassionate care visits should be conducted using physical distancing and full PPE (gloves, gown, eyewear, and N95 respirator); physical contact can occur if the facility and visitor identify a safe way to allow for personal contact.

FAQ: If proof of vaccination status is not shared, should we consider the individual as unvaccinated?

A: Vaccination proof must be shared for all staff, contractors, and visitors if they want to be considered as fully vaccinated. If proof of being fully vaccinated cannot be verified, they need to follow the same precautions as someone who is unvaccinated.

FAQ: Are SNFs required to do active screening for HCP before they start their shift?

- CDC Guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> says that facilities must have a process to ensure everyone entering the facility is assessed for symptoms or exposure to COVID-19.
- Active screening doesn't mean that an individual must be physically present at the door doing the screening.
- An electronic monitoring system can be implemented for HCP to report absence of fever and symptoms, absence of a COVID-19 diagnosis in the prior 10 days and confirmation that they have not been exposed to COVID-19 during the prior 14 days.
- HCP should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.

Questions?





This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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