



**Healthcare-Associated Infections (HAI)
Program Interim Infection Control
Considerations for Vaccinating Exposed and
Unknown Exposure Status
Long-Term Care Facility Residents**

www.cdph.ca.gov/Programs/CHCQ/Pages/SNFeducation.aspx

Healthcare-Associated Infections (HAI) Program
Interim Infection Control Considerations for Vaccinating Exposed and Unknown Exposure Status
Long-Term Care Facility Residents

CDC recommends long-term care facility (LTCF) residents with a known COVID-19 exposure ("yellow zone residents") may be vaccinated using appropriate infection prevention and control procedures, and precautions to limit mixing exposed individuals with other residents or staff. In addition, exposed residents who are awaiting results of SARS-CoV-2 testing may be vaccinated if they are asymptomatic and COVID-19 is not strongly suspected. For example, when facility-wide testing is conducted because exposures have occurred in the facility, and this testing coincides with a period when a vaccination event is planned, those asymptomatic persons in whom COVID-19 is not strongly suspected may be vaccinated.

CDPH All Facilities Letter 20-74 outlines CDPH's personal protective equipment (PPE) and other infection control recommendations for skilled nursing facility (SNF) HCP caring for residents based on COVID-19 exposure status. HCP entering the rooms of SNF residents who are considered COVID-19 exposed (for example, residents residing on the unit or wing where a positive resident or HCP was identified during an outbreak) or to have unknown COVID-19 exposure status (i.e., newly admitted residents) should wear the same PPE as required for residents with confirmed COVID-19, including a N95 respirator, eye protection (faceshield or goggles), gown and gloves.

The HAI program's current understanding is that the CVS and Walgreens Pharmacy Partnership Program staff will not all have or be able to use N95 respirators. To facilitate COVID-19 vaccination of exposed and newly admitted residents in LTCF participating in the CVS and Walgreens Pharmacy Partnership Program, the HAI program suggests the following approaches:

Option 1: (preferred when N95 respirator available to pharmacist)

Vaccinate yellow zone residents in their rooms.

- Resident should be masked (wherever possible) prior to pharmacist entering the room.
- Pharmacist and assisting facility staff should wear PPE as recommended for staff caring for residents in the yellow zone,* and change gloves and gowns and perform hand hygiene between residents.
- Avoid taking med cart with vaccine supplies into resident rooms.
- Facility staff trained in proper use of PPE should accompany pharmacy staff to ensure proper infection control and donning and doffing of PPE.
- Facility staff should monitor residents in their rooms for adverse reactions.
- Minimize the number of pharmacy staff going into the yellow zone.

* PPE for facility and pharmacy staff for yellow zone: gown, glove, eye protection, N95 either brought in by pharmacy staff or offered by facility, with instruction on seal check after donning N95.

January 14, 2021

their rooms in the yellow zone hallway.
 in full PPE for yellow zone to prepare resident. Doors
 escorted by facility staff into the hallway outside their room
 on. Residents in multi-occupancy rooms should be brought
 rs to the room should remain closed.
 main in the hallway at all times.
 throughout, pharmacist staff wear gloves, eye protection
 (never available*), and change gloves and perform hand
 PE should accompany pharmacy staff to ensure proper
 fting of PPE.
 nt will be taken by facility staff back into the room and
 their rooms for adverse reactions.
 going into the yellow zone.
 or offered by facility, with instruction on seal check after
 r exposed/unknown status residents who are mobile
 ask for source control for the entire clinic.
 residents should be held in either a separate area (if
 session for unexposed or recovered residents.
 entilated area (or an outdoor patio, weather
 between residents (consider a smaller number of
 or limit each session to residents who are current
 ighout, the pharmacy staff member may wear a
 able*), eye protection and gloves while
 ves and perform hand hygiene between residents.
 ain >6ft distance from the resident during
 able to provide direct care in an appropriate
 ern for an anaphylactic reaction.
 o would remain masked, could be monitored by
 more space between residents.
 er identified to be positive, the pharmacist's
 DC criteria.
 ed by facility, with instruction on seal check after

sklist
(zone) residents
nsider include: patient only Option 1 is feasible.
per arm readily accessible
document before
n for a minimum of 15 ypersensitivity reaction to an
one residents.
s available for immediate safe s, hand sanitizer, and
(3) yellow zone) ses are not PPE)
resident
st does not have their own, and glasses are not PPE)
in the room (Option 1)
each resident CF (facility DON , IP, or other ff to coach/ supervise)
yellow zone. The only two items needed pen. s and are disposed of in sharps container

Healthcare-Associated Infections (HAI) Program
Interim Infection Control Considerations for Vaccinating Exposed and Unknown Exposure Status
Long-Term Care Facility Residents

[CDC recommends](#) long-term care facility (LTCF) residents with a known COVID-19 exposure (“yellow zone residents”) may be vaccinated using appropriate [infection prevention and control procedures](#), and precautions to limit mixing exposed individuals with other residents or staff. In addition, exposed residents who are awaiting results of SARS-CoV-2 testing may be vaccinated if they are asymptomatic and COVID-19 is not strongly suspected. For example, when facility-wide testing is conducted because exposures have occurred in the facility, and this testing coincides with a period when a vaccination event is planned, those asymptomatic persons in whom COVID-19 is not strongly suspected may be vaccinated.

[CDPH All Facilities Letter 20-74](#) outlines CDPH's personal protective equipment (PPE) and other infection control recommendations for skilled nursing facility (SNF) HCP caring for residents based on COVID-19 exposure status. HCP entering the rooms of SNF residents who are considered COVID-19 exposed (for example, residents residing on the unit or wing where a positive resident or HCP was identified during an outbreak) or to have unknown COVID-19 exposure status (i.e., newly admitted residents) should wear the same PPE as required for residents with confirmed COVID-19, including a N95 respirator, eye protection (faceshield or goggles), gown and gloves.

The HAI program’s current understanding is that the CVS and Walgreens Pharmacy Partnership Program staff will not all have or be able to use N95 respirators. To facilitate COVID-19 vaccination of exposed and newly admitted residents in LTCF participating in the CVS and Walgreens Pharmacy Partnership Program, the HAI program suggests the following approaches:

Option 1: (preferred when N95 respirator available to pharmacist)

Vaccinate yellow zone residents in their rooms.

- Resident should be masked (wherever possible) prior to pharmacist entering the room.
- Pharmacist and assisting facility staff should wear PPE as recommended for staff caring for residents in the yellow zone,* and change gloves and gowns and perform hand hygiene between residents.
- Avoid taking med cart with vaccine supplies into resident rooms.
- Facility staff trained in proper use of PPE should accompany pharmacy staff to ensure proper infection control and donning and doffing of PPE.
- Facility staff should monitor residents in their rooms for adverse reactions.
- Minimize the number of pharmacy staff going into the yellow zone.

* PPE for facility and pharmacy staff for yellow zone: gown, glove, eye protection, N95 either brought in by pharmacy staff or offered by facility, with instruction on seal check after donning N95.

Option 2:

Vaccinate yellow zone residents outside of their rooms in the yellow zone hallway.

- Facility staff enter the resident room in full PPE for yellow zone to prepare resident. Doors should remain closed.
- Resident is masked and resident is escorted by facility staff into the hallway outside their room shortly before the time for vaccination. Residents in multi-occupancy rooms should be brought out to the hallway one at a time. Doors to the room should remain closed.
- The med cart with supplies should remain in the hallway at all times.
- With the resident wearing a facemask throughout, pharmacist staff wear gloves, eye protection and facemask (or N95 respirator, wherever available*), and change gloves and perform hand hygiene between residents.
- Facility staff trained in proper use of PPE should accompany pharmacy staff to ensure proper infection control and donning and doffing of PPE.
- After resident is vaccinated, the resident will be taken by facility staff back into the room and close the door.
- Facility staff will monitor residents in their rooms for adverse reactions.
- Minimize the number of pharmacy staff going into the yellow zone.

*N95 may be brought in by pharmacy staff or offered by facility, with instruction on seal check after donning N95.

Option 3:

Common-area vaccine "clinic," held separately for exposed/unknown status residents who are mobile (or can use wheelchair) and able to wear a facemask for source control for the entire clinic.

- The clinic for exposed/unknown status residents should be held in either a separate area (if available), or conducted subsequent to the session for unexposed or recovered residents.
- The clinic should be held in a large, well-ventilated area (or an outdoor patio, weather permitting) with at least 6ft or more space between residents (consider a smaller number of residents per session to maximize spacing, or limit each session to residents who are current roommates to limit mixing).
- With the resident wearing a facemask throughout, the pharmacy staff member may wear a facemask (or N95 respirator, wherever available*), eye protection and gloves while administering the injection, and change gloves and perform hand hygiene between residents.
- The pharmacy staff should otherwise maintain >6ft distance from the resident during observation, and facility staff should be available to provide direct care in an appropriate location with appropriate PPE if there is concern for an anaphylactic reaction.
- Alternatively, once vaccinated, residents who would remain masked, could be monitored by staff in an adjacent space with at least 6 ft or more space between residents.
- If the exposed/unknown status resident is later identified to be positive, the pharmacist's exposure would be classified as low risk per [CDC criteria](#).

*N95 either brought in by pharmacy staff or offered by facility, with instruction on seal check after donning N95.

COVID Vaccination Clinic Infection Control Readiness Checklist

Determine locations for vaccination of COVID recovered or unexposed (green zone) residents and for residents in “yellow zone.”

- For yellow zone residents, choose among Options 1,2, or 3. Factors to consider include: patient mobility, facility layout, and workflow. For patients who are bedbound, only Option 1 is feasible.

Planning for resident management

- Ensure residents will be wearing short sleeve clothing with upper arm readily accessible to vaccinator and masked throughout vaccine administration
- Ensure residents will be well hydrated
- Prepare for facility staff to check resident temperature and document before vaccination
- Prepare for facility staff to monitor patients post vaccination for a minimum of 15 minutes or for 30 minutes if there is a history of a severe hypersensitivity reaction to an injection or IV medication.
- Plan locations to avoid mixing of Green zone and Yellow zone residents.

Planning for pharmacy/vaccine supply management

- Set up a med cart with adequately sized sharps containers available for immediate safe disposal; clean and disinfect the surface, and have gloves, hand sanitizer, and disinfectant wipes readily available
- Assign facility staff to help with the med cart

PPE requirements for vaccinators	
	<p>Green Zone Residents or Yellow Zone Residents (Options 2 and 3)</p> <ul style="list-style-type: none"> ○ Facemask (or N95 respirator, wherever available, for yellow zone) ○ Face shield or goggles (reminder: prescription eyeglasses are not PPE) ○ Gloves ○ Change gloves, perform hand hygiene between each resident
	<p>Yellow Zone Residents (Option 1)</p> <ul style="list-style-type: none"> ○ N95 respirator; facility should offer N95 if pharmacist does not have their own, and educate pharmacy staff on seal check ○ Face Shield or goggles (reminder: prescription eyeglasses are not PPE) ○ Gown <ul style="list-style-type: none"> ▪ Change gowns between residents if they are in the room (Option 1) ○ Gloves ○ Change gloves, perform hand hygiene between each resident
	<p>Pharmacy training on infection control procedures in LTCF (facility DON , IP, or other experienced designee should accompany pharmacy staff to coach/ supervise)</p> <ul style="list-style-type: none"> ○ PPE donning and doffing ○ Glove use and hand hygiene ○ Minimize the supplies to be taken inside the yellow zone. The only two items needed from pharmacy are pre-filled syringes and epipen. ○ Syringe needles are retractable safety needles and are disposed of in sharps container on the med cart outside the patient's room.