California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
August 24, 2022

Weekly Call-in Information:

- Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227
- Tuesday 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
  - https://bit.ly/NHSNofficeHours2022AugSep
- 2nd & 4th Wednesdays every month, 3:00pm SNF Infection Prevention Webinars:
  - Register at: https://www.hsag.com/cdph-ip-webinars
  - Recordings, call notes and slides can be accessed at https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/

Wednesday Webinar Frequently Asked Questions Document is Posted at:
https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

Important Links to State and Federal Guidance	
Important Links and FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
2020 CDPH All Facilities Letters (AFLs)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx
2022 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx
CDC COVID-19 Data Tracker	https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk
CDPH Wednesday Webinar FAQs	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf
CDPH Vaccine Guidance and Resources	https://eziz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf

Educational Opportunities

- **Dates:** October 6 & 7, 2022
- **Location:** Pacific Palms Resort, City of Industry
- **Register at:** https://www.caltcm-summit-for-excellence.org/
- **Program Topics:** Consensus leadership, staff retention, person-centered care, dementia care, non-pharmacologic approaches for behavior management, mental illness, pharmacy update, policy and regulatory updates, nursing home litigation, and new atrial fibrillation, diabetes and heart failure guidelines.
- Earn up to 12.5 hours of **CME, CEU, BRN, ABIM MOC**, and more. Accreditation details can be found at: https://www.caltcm-summit-for-excellence.org/accreditation-statement

- Register for September and October Sessions: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineRegistration.aspx
- 8 Training Topics
    - Week 1: Standard Precautions
    - Week 2: PPE
    - Week 3: Environmental Cleaning & Disinfection
    - Week 4: Positioning & Transferring Residents
    - Week 5: Bathing & Dressing Residents
    - Week 6: Skin, Perineal, & Urinary Catheter Care
    - Week 7: Oral Care & Feeding
- Sessions now offered in Spanish.
- Weekly sessions offered weekdays and weekends; and mornings and nights.
- Complete the **CNA Training Request Form** if you want to host an individualized training for your staff: https://forms.office.com/g/P7ERUK0fTc
- Questions? ProjectFirstline@cdph.ca.gov

Testing Questions & Answers

Q-1: Should SNFs follow CMS QSO 20-38 HCP testing guidance when community transmission levels are substantial or high?
A: Yes. Follow the more stringent guidance, which in this case is the CMS QSO 20-38 guidance (https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf). In communities with substantial or high COVID-19 community transmission levels, staff who are not up-to-date need to be tested twice a week.

- **CDC and CMS Definition of Up-to-Date**: "Up-to-Date" means a person has received all recommended COVID-19 vaccines, including any booster dose(s), when eligible.
- CMS testing guidance supersedes CDPH's guidance in AFL 22-13. As of now, CDPH guidance for routine diagnostic testing of HCP is not dependent on community transmission levels and the second booster is not considered in this testing requirement.
- Check with your local health department for more stringent guidance.

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff *who are not up-to-date*[+]
Low (blue)	**Not recommended**
Moderate (yellow)	**Once a week***
Substantial (orange)	**Twice a week***
High (red)	**Twice a week***

[+]Staff *who are up-to-date* do not need to be routinely tested.
*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Q-2: What is the HCP and resident testing guidance in Los Angeles County Department of Health (LAC DPH)?
A: As of May 25, 2022, LAC DPH requires the following routine diagnostic screening testing frequency, regardless of vaccination status:

- Twice weekly testing of all HCP.
- Weekly testing of residents.

LAC DPH also requires universal masking of all staff and residents. N95 respirators are required for all HCP while in the facility, with no exceptions (including the green zone).

- LAC DPH COVID-19 Guidance: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/
- LA County Health Officer Order (Revised July 25, 2022): http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_SkilledNursingFacilities.pdf

Q-3: What is the CDPH routine diagnostic screening testing guidance for HCP that received the first booster?
A: Per CDPH AFL 22-13, CDPH requires twice weekly COVID-19 testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster in long-term care settings. However, per AFL 22-13, CDPH continues to **recommend** (not require) that all HCP in SNFs (including those that have completed their primary series and booster dose) undergo at least twice weekly screening testing wherever feasible. Check with your local health department for more stringent testing guidance. Additionally, SNFs must understand that:

- Testing should continue to be performed for HCP with signs or symptoms consistent with COVID-19, regardless of their vaccination status.
- Testing should continue to be performed for HCP with higher-risk exposures to SARS-CoV-2 (i.e., as part of response testing).

Q-4: Does a COVID recovered resident (within 90 days of testing positive) that is exposed to COVID need to be tested with an antigen test and quarantined?
A: Since previously positive people are becoming infected with COVID-19 within 90 days, all exposures should be investigated even if within 90 days of recovery. Consider testing the exposed resident with an antigen test, and quarantine until further investigation is completed.

Q-5: Can an antigen test be used for HCP that are returning to work early after testing positive?
A: Yes, per AFL 21-08.8, antigen tests are acceptable and preferred. The antigen test needs to be observed by the facility to verify the identity of the HCP being tested and the date of the test. This proctoring does not need to happen physically in person with the HCP. There are options for telehealth or other ways to allow for observation of the HCP testing themselves. See AFL 21-08.8 table "Work restrictions for HCP with SARS-CoV-2 Infection", which says:

- "Either an antigen test or nucleic acid amplification test (NAAT) can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for discontinuation of isolation and return-to-work for SARS-CoV-2 infected HCP and for HCP who have recovered from SARS-CoV-2 infection in the prior 90 days; NAAT is also acceptable if done and negative within 48 hours of return."

Q-6: How should multiple discordant antigen and PCR test results be interpreted for asymptomatic HCP?

A: Antigen tests are highly reliable in detecting the presence of SARS-CoV-2, including circulating variants, especially when there is substantial to high transmission within the community. The PCR test is more sensitive and can detect lower quantities of virus 1-2 days earlier than the antigen test. Since most California counties currently have substantial to high transmission, it is unlikely to have false positive antigen tests. Therefore, a positive antigen test result should generally be managed as a true positive and CDPH does not recommend confirmatory PCR (or other repeated testing) after a positive antigen test result during periods of high transmission. It is challenging to definitively interpret test results when multiple tests are done and there are discordant results from antigen and PCR tests performed on the same day; these situations should be evaluated on a case-by-case basis. Sometimes there are differences in test results due to the quality of the specimen taken and experience of the individual performing and interpreting the test. Some investigation into questionable tests results may be indicated. For example, reading the antigen test long after the recommended time, usually 10-15 minutes, has been associated with false positive results. False positives can also be associated with the tests themselves and can be suspected if there is a larger than expected proportion of positive tests from the same batch as described in the January 7, 2022, Research Letter in JAMA "False-Positive Results in Rapid Antigen Tests for SARS-CoV-2" (jamanetwork.com/journals/jama/fullarticle/2788067). When an HCP has discordant results from multiple antigen or PCR tests, the safer approach in high-risk settings (i.e., nursing homes) is to initially manage the individual as a true positive and isolate while conducting further review with the infection preventionist, medical director and local health department.

Q-7: Should nursing homes use a test-based strategy to discontinue isolation for residents in the red zone?

A: In general, test-based strategies are not required routinely for discontinuing the 10-day isolation period in most individuals because individuals may shed fragments of the virus and persistently test positive. This is the case especially with PCR tests, but antigen tests may also detect fragments of the virus. For individuals with mild-moderate illness who are not moderately to severely immunocompromised, isolation can be discontinued 10 days from the onset of symptoms with at least 24 hours passed since the last fever and symptoms improved (e.g., cough, shortness of breath). If the individual remained asymptomatic, they must isolate for 10 days from the date of the first positive test. If the individual had a severe or critical illness (e.g., intubation, ICU stay), or is moderately to severely immunocompromised, the isolation period may be extended to ≥ 20 days per CDC. Consider consulting with an infectious disease physician or the resident's physician to see if a test-based strategy should be followed when an isolation period of ≥ 20 days is indicated.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html#mod

Q-8: Do all new admissions, regardless of vaccination status, need to be tested on admission?

A: Yes. Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two COVID-19 tests; immediately upon admission and, if negative, again 5-7 days after their admission. Testing is still recommended prior to admission for residents who are unvaccinated, or not boosted (if eligible), including hospital transfers. SNFs may not require a negative test result prior to accepting a new admission, and should be prepared to isolate or quarantine new admissions as needed if suspected infection or exposure. Those who are fully vaccinated and boosted may be admitted to the green zone, but must undergo the testing described and wear a mask outside of their room until the 5-7 day test is negative; those not vaccinated and boosted should admit to the yellow zone until test results 5-7 days following admission return and are negative. See AFL 22-13 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx.

Q-9: Can antigen tests be used for staff and resident response testing?
A: Yes, antigen tests can be used for response testing if used at least twice a week and may be particularly helpful during the initial rounds of response testing to rapidly identify, isolate, and cohort positives. Confirmatory molecular (e.g., PCR) testing is not required for negative antigen test results during response testing but may be considered (in consultation with your local health department) for higher risk close contacts. If an antigen test is used, testing must be done twice weekly; a PCR test may be used for one of the twice weekly tests if the turnaround time for the PCR result is 24–48 hours. See AFL 22-13.

NHSN & Data Reporting Questions & Answers

Q-10: With the requirement of HCP Influenza reporting to NHSN starting in October, does CDPH plan on adding these HCP Influenza questions to their weekly 123 survey?
A: This is still being discussed. The influenza module is different from the COVID-19 module, so we need to evaluate the process of what this would look like. We'll have an update soon.

Q-11: Is CDPH planning on adding questions about Monkeypox to the daily or weekly 123 survey?
A: Not at this time, however, if CMS requires this information in NHSN, we will discuss the option of adding those questions.

Q-12: Which HCP is considered eligible to work for reporting purposes?
A: HCP eligible to have worked include those scheduled to work in the facility at least one day every week. For example, an employee who is scheduled to work in the facility every Monday would be included in the data. However, an employee who is scheduled to work in the facility once a month would not be included in the data.

Group Activities Questions & Answers

Q-13: Can residents receive group physical therapy (PT) if they are in the yellow or red zone?
A: No. Per AFL, 22-07, group activities can only occur for fully vaccinated residents (with the primary series) who are in the green zone. During an outbreak, LHD may implement limitations on communal activities and dining for residents in the green zone.

- Guidance for Individual PT Sessions:
  - Red zone residents can receive individual PT in their room or outdoors.
  - Yellow zone residents can receive individual PT either in their room or in the PT office/gym (ideally following completion of PT for the green zone residents).
  - Yellow/red zone residents must wear a face mask for source control during PT.
  - Physical therapists working with residents in the yellow/red zone must wear appropriate PPE, including an N95, throughout the entire PT encounter.
  - The physical therapist can keep the same N95 and eye protection on during the entire PT encounter, even as they transfer the patient throughout the facility.
  - Be sure to clean beds or equipment used during physical therapy with an EPA approved cleaning product for COVID-19 (List N) after each use.

Isolation and Quarantine Questions & Answers

Q-14: Do unvaccinated new admissions need to quarantine in the yellow zone?
A: Yes. Per AFL 22-13, newly admitted residents and residents who have left the facility for >24 hours who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted, should be quarantined in single rooms or a separate observation area ("yellow-observation") for at least 7 days from the date of admission or last potential exposure until results are known for testing obtained within 5-7 days after their admission. Ensure the resident remains asymptomatic before ending quarantine. Testing and quarantine are not required for residents who tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to SNF admission or readmission and are within 90 days of their infection. If the facility has a yellow zone for residents exposed within the facility, it is optimal to not place a newly admitted resident in the same room as residents who have been exposed within the facility.

Cohorting Questions & Answers

Q-15: Can yellow-PUI, yellow-observation, and yellow-exposed residents be cohorted together?
A: No, it would not be recommended to cohort these groups together. It is important to maintain separation of residents not up to date with their vaccinations who are newly admitted and in quarantine, who don't have any known exposures. It's important that they are not exposed to yellow-PUI residents who are symptomatic, and yellow-exposed residents.

Q-16: Is it necessary to treat COVID positive, PUI-exposed or PUI-observation meal trays differently from green zone trays? For instance, should those trays be disposable, or should trays be bagged prior to being sent to the kitchen for cleaning?
A: No, there is no need to treat meal trays differently for residents; and there is no need to use disposable trays or utensils for COVID positive residents. As with other meal trays, staff should follow Standard Precautions, wearing gloves if potentially infectious materials are present on the tray (i.e., soiled tissue) and all staff should perform hand hygiene after using PPE or handling used trays.

PPE Questions & Answers

Q-17: In Los Angeles County, can HCP wear KN95s in the green zone, rather than an N95?
A: Per the Los Angeles County Health Officer Order (Revised July 25, 2022), LAC DPH requires that all HCP wear N95 respirators while in the facility, with no exceptions (including the green zone). Therefore, KN95s would not be acceptable.

Q-18: Can HCP wear surgical masks rather than N95s in the green zone?
A: Per CDPH, surgical masks are acceptable as source control when HCP are caring for residents in the green zone (and in non-resident care areas). However, HCP should wear N95s as **both** PPE and source control and eye protection in the green zone:

- During an outbreak.
- During care for residents undergoing aerosol generating procedures in a facility located in a county with substantial or high levels of community **transmission** per the CDC COVID Data Tracker.

Per CDC, to simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of N95 respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. Check with your local health department to see if they have more stringent requirements (i.e., LAC DPH).

Q-19: Do HCP have to wear eye protection in the green zone?
A: Eye protection (face shields, goggles) is required as PPE during all resident care, including green zones during an outbreak, and during care of residents in the green zone in counties with substantial or high COVID-19 transmission per CDC's COVID-19 Data Tracker (https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk).

- Eye protection in the green zone is NOT required in counties with low to moderate county transmission, 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.
- Check with your local health department to see if they have more stringent requirements.

Q-20: Are kitchen personnel required to wear N95s and eye protection inside the kitchen?
A: Eye protection is NOT necessary in non-patient care areas—such as the kitchen, hallways, nurses' station—regardless of county transmission. N95 respirators are also not required for staff to use as source control in non-patient care areas. A surgical mask is sufficient. The only situation where N95s would be required as source control is for COVID-19 positive HCP returning to work during a critical staffing shortage before meeting usual criteria to discontinue isolation per CDPH AFL 21-08.8. Check with your local health department for more stringent guidance.

Q-21: Can BYD N95 masks be used beyond their expiration date?
A: No. NIOSH, CDC and FDA state that respirators cannot be used as PPE beyond their expiration date in the absence of shortages. However, expired masks (N95 or surgical style) can be used for source control in the facility (but NOT as PPE), as long as the integrity of the mask and elastic ties are intact.

- https://www.cdc.gov/niosh/npptl/respirators/testing/ExpiredN95results.html
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html
- https://www.fda.gov/media/135763/download

Q-22: Are staff required to change N95s after caring for each resident in the yellow zone? Or can they continue to wear the same N95 throughout the shift?
A: Cal/OSHA removed all guidelines allowing for contingency capacity (extended use) or crisis capacity (reuse) because the supply and availability of NIOSH-approved respirators is sufficient. All respirators must be used in accordance with their NIOSH certification without exception.

- When used as PPE, N95s should generally be removed and discarded after each patient encounter.
- However, extended use may be implemented for HCP who are sequentially caring for a greater volume of patients with suspected or confirmed SARS-CoV-2, including those cohorted in a SARSCoV-2 unit, those placed in quarantine, and residents on units impacted during a SARS-CoV-2 outbreak, even in the absence of a supply shortage. Extended use refers to the practice of wearing the same N95 respirator for repeated encounters with several different patients, without removing the respirator between patient encounters. Cal/OSHA has clarified that if the HCP is caring for multiple residents in the yellow (or red) zone that have the same infectious disease, the HCP does not need to discard the N95 after each patient encounter if that aligns with the manufacturer's instructions on how long the respirator can be used. When practicing extended use of N95 respirators over the course of a shift in the yellow or red zone, the respirator should be discarded after being removed for a break and at the end of the shift. If removed for a meal break, for example, the respirator should be discarded and a new respirator put on after the break. The respirator should also be changed if HCP are moving from one cohort zone to another. N95 respirators should be removed and discarded if soiled, damp, or damaged.

- When an N95 is used for strictly source control in the green zone or non-patient care areas, the N95s may be used for multiple patient encounters until soiled or damaged (i.e., once the strap breaks it should be discarded).
- CDC Strategies for Optimizing the Supply of Facemasks https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html.
- CDC Strategies for Optimizing the Supply of N95 Respirators https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html.

Vaccine Questions & Answers

Q-23: Is the second booster required for nursing home HCP?
A: No. At this time, there is no requirement for HCP to get the second COVID-19 booster. However, it is recommended for HCP who meet the age and clinical criteria for the second booster. Visit CDPH's Vaccine Guidance and Resource website for long-term care facilities to get the most up to date vaccine resources. https://eziz.org/resources-for-longterm-care-facilities/.

- CDPH COVID-19 Vaccine Timing by Age (Eligibility Chart) https://eziz.org/assets/docs/COVID19/IMM-1396.pdf

Q-24: Who should receive a second booster?
Per the CDPH Second COVID-19 Booster Dose FAQs for Long-Term Care Settings (https://eziz.org/assets/docs/COVID19/SecondBoosterDoseFAQ.pdf), the following individuals are recommended to get the second booster:

- People 50+ years old
- People 12+ years old who are moderately or severely immunocompromised (e.g., organ transplant, on chemotherapy, or other conditions)
- People 18-49 years old who got two doses of J&J vaccine may choose to receive a second booster.
- There is no current guidance on a second booster for healthcare workers or long-term care facility (LTCF) residents who don't meet the age or clinical criteria listed above.

Q-25: Is the Federal Retail Pharmacy Program for COVID-19 Vaccination still available for nursing homes, and do participating pharmacies offer boosters boosters at nursing homes?
A: The Pharmacy Program still exists (https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html); however, it's not the same as it was when vaccinations were first being distributed in December 2020 and early 2021. To identify a local participating pharmacy, we recommend downloading the CDPH Long-Term Care Facility (LTCF) COVID-19 Vaccine Toolkit (https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf). A list of participating LTCF pharmacies in California can be found in Appendix B. Nursing homes can reach out directly to the pharmacy of their choice to inquire if they can provide the vaccine to your staff and residents. Note that while some pharmacies are only serving contracted facilities, others are willing to serve other LTCFs.

Visitation Questions & Answers

Q-26: Where is the nursing home visitation guidance?
A: The visitation guidance is in CDPH 22-07. "In compliance with the Public Health Order issued February 7, 2022, beginning February 8, 2022, SNFs must verify visitors are fully vaccinated or have provided evidence of a negative SARS-CoV-2 test within one day of visitation for antigen tests, and within two days of visitation for PCR tests for indoor visitation. Visitors that are unvaccinated or incompletely vaccinated or are unable to show a negative SARS-CoV-2 test may only have an outdoor visit."

Q-27: For the visitor guidance in AFL 22-07, does "fully vaccinated" for visitors mean that the visitors are required to be boosted?
A: No, the definition of fully vaccinated in AFL 22-07 refers to the primary series of the vaccine. It's recommended that the visitors are boosted, but not a requirement per CMS and CDPH guidance.

Q-28: What are the visitation guidelines for children under 5 years old?
A: The visitor guidance does not distinguish between age groups. Even children under the age of 5 need to have proof of a negative test for an indoor visit if they are not fully vaccinated, and need to be able to comply with masking requirements. If a visitor (whether child or adult) is unable to adhere to recommended PPE use and the core infection prevention principles, facilities should explore other safe methods of visitation (i.e., a virtual visit, or a visit with a safety barrier in place, such as a window).

Other Questions & Answers

Q-29: How often do vital signs need to be taken in the yellow zone?
A: CDC and CDPH infection control guidance for nursing homes recommend:

- Vital signs for residents in the green zone should be monitored daily.
- Vital signs for COVID exposed residents in the yellow zone should be monitored every shift, which can be defined as either an 8- or 12-hour shift, i.e., twice daily, allowing residents to get uninterrupted sleep.
- Vital signs for residents in isolation for COVID in the red zone should be monitored every 4 hours.

Refer to CDPH AFL 20-25.2 Attachment (https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf).

Q-30: Can pets visit in the nursing home?
A: There are no COVID-19 pet requirements or rules around pets. Allowing pets to visit would be at the discretion of each facility. We are not aware of any pet restrictions regarding Monkeypox.