



**California Department of Public Health**  
**Center for Health Care Quality**  
**AFC Skilled Nursing Facilities Infection Prevention Call**  
**March 8, 2023**

**Weekly Call-in Information:**

- 2<sup>nd</sup> Tuesdays every month, 8:00am All Facilities Calls:
  - 844.721.7239; Access code: 7993227
- 4<sup>th</sup> 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/>
- Every Tuesday, 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
  - January-March 2023 registration <https://bit.ly/NHSNofficehours2023JanFebMarch>

**Important Links to State and Federal Guidance**

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| Important Links and FAQs to CDPH State Guidance  | <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>   |
| 2020 CDPH All Facilities Letters (AFLs)  | <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx</a>   |
| 2021 CDPH AFLs   | <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx</a>   |
| 2022 CDPH AFLs   | <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx</a>   |
| 2023 CDPH AFLs   | <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL23.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL23.aspx</a>   |
| CDC COVID-19 Data Tracker<br>(Select Data Type: COVID-19 Community Levels)                         | <a href="https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=CommunityLevels&amp;null=Risk">https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=CommunityLevels&amp;null=Risk</a> |
| CDPH Vaccine Guidance and Resources  | <a href="https://eziz.org/resources-for-longterm-care-facilities/">https://eziz.org/resources-for-longterm-care-facilities/</a>   |
| CDPH Long-Term Care COVID-19 Vaccine Toolkit   | <a href="https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf">https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf</a>   |
| CDC’s Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (9/23/2022) | <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>   |
| HSAG NHSN and Vaccine Website  | <a href="http://www.hsag.com/nhsn-help">www.hsag.com/nhsn-help</a><br><a href="https://www.hsag.com/6-week-booster-sprint">https://www.hsag.com/6-week-booster-sprint</a>   |

**Wednesday Webinar Frequency & FAQ**

The Wednesday Webinars will now be hosted the 4<sup>th</sup> Wednesday of every month. Register for the April to December monthly webinars at: <https://www.hsag.com/cdph-ip-webinars>.

Frequently asked questions can be found in the Wednesday Webinar FAQs at: [https://www.hsag.com/globalassets/covid-19/cdph\\_faqsipwebinars.pdf](https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf)

The FAQ document was finalized on January 25, 2023, before decisions had been made concerning changing requirements associated with the end of the California public health emergency; therefore, some answers may no longer apply. Updates to this document are forthcoming.

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| <br>California Department of Public Health (CDPH)<br>Center for Health Care Quality<br>Skilled Nursing Facilities Infection Prevention Call<br><b>Frequently Asked Questions</b>   |
| <b>Table of Contents</b><br>A. COVID-19 Vaccine Requirements ..... 2<br>B. Testing ..... 4<br>C. Isolation and Quarantine ..... 9<br>D. New Admission Guidance ..... 12<br>E. Cohorting ..... 14<br>F. Visitation, Communal Dining and Group Activities ..... 16<br>1. General Visitation Guidance ..... 16<br>2. Indoor, In-Room, and Large Communal Space Visitation Requirement ..... 17<br>3. Continuing Outdoor Visitation Requirements ..... 17<br>4. Communal Dining and Group Activities ..... 18<br>5. Residents Who Leave and Return to the Facility ..... 18<br>G. PPE and Face Masks ..... 20<br>H. Infection Prevention Training ..... 23<br>I. Other Questions ..... 25<br>J. Acronym Definitions ..... 28 |

**Q-1: What changes in guidance are expected due to the termination of California’s State of Emergency?**

**A:** On February 28, 2023, California’s State of Emergency proclaimed on March 4, 2020, was terminated (<https://www.gov.ca.gov/wp-content/uploads/2023/02/COVID-SOE-Termination-Proclamation-2.28.23.pdf?emrc=1db54f&msdyntrid=obyhbGkuMqODQwLq32Jq0uMXcaduNgmlINxMmU86rcA#msdyntrid=hb6vxtu1LVYRVtApPVpZRI6jw2FOvINjM8nhGqqL9PU>). Executive Orders related to the terminated State of Emergency are no longer in effect (e.g., certain temporary waivers). On Friday, March 3, 2023, CDPH announced changes to State Public Health Officer Orders and guidance:

- Masking in healthcare and other high-risk settings
- Vaccine requirements for healthcare personnel (HCP)
- COVID-19 isolation guidance for the general public

**Q-2: Do HCP still need to wear masks in nursing homes?**

**A:** All HCP and visitors are required to wear masks until April 3, 2023. **Beginning April 3, 2023, California will no longer require masking in indoor healthcare settings.** CDPH recommendations are now tied to the CDC’s COVID-19 Community Levels based on hospitalization rates, hospital bed occupancy, and COVID-19 incidence. The link to the CDC COVID-19 Community Level Data Tracker is [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=all\\_states&list\\_select\\_county=all\\_counties&data-type=CommunityLevels&null=Risk/](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels&null=Risk/). Select Data Type: COVID-19 Community Levels.

- **Local health departments and facilities may develop and implement plans to recommend or require universal masking** based on exposure risk for high-risk individuals and settings. Check with your local health department. A facility must follow the most protective requirement.
- Consider level of risk—nursing home residents are among the highest risk. Consider masking requirement for HCP in patient/resident-care areas or during patient/resident-care interactions.
- Consider reinstating universal masking (if not currently required) during an outbreak response.

For further masking guidance, refer to CDPH Guidance for the Use of Face Masks <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings.aspx>. An updated accompanying Q&A is under development.

| CDC Community Level | Individuals in the Community                 | Staff and Patients/Residents in Indoor High-Risk Settings |
|---------------------|--|---|
| Low                 | Personal preference; consider if vulnerable  | Consider  |
| Medium              | Everyone consider; recommended if vulnerable | Recommended   |
| High                | Everyone recommended; strongly if vulnerable | Strongly recommended                                      |

**Q-3: Are HCP still required to get a COVID-19 booster in order to work?**

**A:** CDPH continues to strongly recommend that all HCP and high-risk individuals remain up to date on COVID-19, influenza, and other recommended vaccines. However, beginning April 3, 2023, the state of California will **no longer require vaccination and boosters for HCP**. This change is reflected in the State Public Health Officer Order, “[HCW Vaccine Requirement](#)” that was updated on March 3, 2023 (originally issued August 15, 2021; and will be rescinded April 3, 2023). An updated accompanying Q&A is under development.

- However, per [CMS QSO 23-02-ALL](#), **CMS continues to require HCP to have received the COVID-19 primary vaccine series**, unless exempted.
- [42 CFR 483.80\(d\)\(3\)](#) and [42 CFR 483.460\(a\)\(4\)\(i\)](#) require long-term care facilities to offer COVID-19 vaccines and bivalent boosters to residents, clients, and staff onsite and in accordance with the CDC and Advisory Committee on Immunization Practices (ACIP) COVID-19 vaccine schedule.
- Local health departments and healthcare facilities may implement COVID-19 vaccination *requirements* for HCP.

**Q-4: Due to California’s vaccine requirements being rescinded on April 3, 2023, do HCP still need to complete an exemption if they are not getting vaccinated?**

**A:** While California’s vaccine requirement will rescind on April 3, 2023, per [CMS QSO 23-02-ALL](#), **CMS continues to require HCP to have received the COVID-19 primary vaccine series**, unless exempted. Further information on CMS medical and non-medical exemptions, including religious exemptions, can be found in CMS QSO 23-02-ALL on pages 8 and 9.

**Q-5: Does the new isolation guidance distributed on March 3, 2023, apply to nursing homes?**

**A: No. The new isolation guidance does not apply to nursing homes.** Per the CDPH guidance distributed on March 3, 2023, “Guidance for Local Health Jurisdictions on Isolation and Quarantine of the **General Public**”, in alignment with CDC recommendations, beginning March 13, 2023, a COVID-19 positive person may end isolation after 5 days if they feel well, have improving symptoms, and are fever-free for 24 hours. This new guidance removes the recommendation to test in order to leave isolation before Day 10. After ending isolation, persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart. **This guidance only applies to the general public (not healthcare settings).**

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

- **This updated guidance does NOT apply to HCP in settings, including SNFs, covered by [AFL 21-08.9](#), which is unchanged. It also does not apply to Emergency Medical Services personnel, who are permitted to follow the Guidance on Isolation and Quarantine for HCP in [AFL 21-08.9](#).**
- CDPH guidance for isolation of SNF residents is unchanged as specified in [AFL 22-13.1](#).
  - Residents who test positive and are asymptomatic should be isolated for 10 days following the date of their positive test.
  - Residents who test positive and are symptomatic with mild to moderate illness should be isolated until at least 10 days have passed since symptom onset.

Testing Questions & Answers

**Q-6: Are SNFs still required to report COVID positive test results to CalREDIE?**

**A:** Yes. Routine surveillance reporting has not changed. Positive test results need to be reported to NHSN and CalREDIE (also include in CDPH SNF 123 survey). Note that the NHSN point-of-care test module reports to CalREDIE, but CalREDIE does not report to NHSN. It is recommended that you report antigen test results directly to NHSN to avoid having to report twice.

**Q-7: If a nursing home does not have an airborne infection isolation room (AIIR) to care for COVID-19 positive residents, are they required to receive written approval from CDPH in order to care for the resident? Most nursing homes do not have AIIRs, and our LHDs encourage us to not transfer out our COVID-19 positive residents if we can safely accommodate them?**

**A:** Now that the California State of Emergency ended on February 28, 2023, per CAHF, providers need to revert back to the Cal/OSHA ATD standard as employers. Cal/OSHA’s “Interim Guidance for Protecting Workers at Skilled Nursing and Long-term Care Facilities from Exposure to COVID-19” can be found at <https://www.dir.ca.gov/dosh/Coronavirus/Skilled-Nursing.html>. If a skilled nursing or long-term care facility is not able to refer or transfer a suspect or confirmed COVID-19 patient, according to Cal/OSHA, the employer must:

- Move the patient in a timely manner to an airborne infection isolation room (AIIR) if the facility has one available.
- If no AIIR is available, the facility should consult with CDPH and provide the maximum level of separation available as appropriate. This may include a private room with the door normally kept closed with portable systems to create negative pressure.
- Provide employees with a fit-tested, NIOSH-approved respirator whenever the employee is in the area where COVID-19 patients are located. The employer should implement a respiratory protection program to ensure that employees are medically evaluated for respirator use, trained and fit-tested. Cal/OSHA has published [instruction on how to set-up a respiratory protection program](#) online.
- Provide any medical screening or surveillance recommended by CDPH or the local health department to employees to support the early detection of COVID-19 infection.

The language from Cal/OSHA indicates that providers should consult with CDPH district office on your individual plan to get approval to isolate and care for COVID-19 positive residents without an AIIR. There is no requirement to get this approval in writing, but as a best practice to protect your organization, CAHF recommends that you have documentation that your plan has been approved by CDPH in case one of your employees files a claim with Cal/OSHA.

**Q-8: Do the Cal/OSHA ATD standards require HCP to wear N95s while working with COVID-19 positive residents?**

**A:** Yes. Transmission-based precautions are required when caring for COVID-19 positive residents, which includes eyewear (face shield or goggles), N95 respirator, gloves, and gown.

- Cal/OSHA “Interim Guidance for Protecting Workers at Skilled Nursing and Long-term Care Facilities from Exposure to COVID-19”  
<https://www.dir.ca.gov/dosh/Coronavirus/Skilled-Nursing.html>
- Cal/OSHA “Respirator Selection Guide for ATDs”  
<https://www.cdph.ca.gov/Programs/CCDC/DCDC/DEODC/OHB/CDPH%20Document%20Library/HCRsp-ATD-RespSelectGuide.pdf>
- CDC “Prevention Strategies for Seasonal Influenza in Healthcare Settings”  
<https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- CDPH AFL 23-12 (distributed 1/24/23), “COVID-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNFs”  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-12.aspx>  
PPE Table (will need to be updated April 3, 2023):  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-23-12-Attachment-01.pdf>

**Q-9: Cal/OSHA is requesting more details on what our facility specifically does to protect staff from respiratory syncytial virus (RSV). Outside of what we do to protect staff from influenza, what additional guidance is there?**

**A:** RSV is a common respiratory virus that usually causes mild, cold-like symptoms, but may cause severe disease in infants, older adults, and individuals who have immunocompromising conditions. The most important protection of workers against RSV is the use of hand hygiene, gloves, gowns, and masks when caring for an individual with suspected or confirmed RSV infection. A vaccine to protect against RSV for adults may be licensed in the near future, but is not available at this time.

- CDPH RSV Guidance <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/RSV.aspx>
- AFL 22-23.1, “Guidance for Response to Surge in Respiratory Viruses among Pediatric Patients” <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-23.aspx>

## PPE Questions & Answers

**Q-10: Are masks required for HCP who are unvaccinated for influenza during the influenza season?**

**A:** There is not a masking requirement at the state level, however, pre-pandemic many LHDs made the decision to require masks for unvaccinated HCP. Check with your local health department for more stringent masking guidance.

## Vaccine Questions & Answers

**Q-11: Do we need to have the resident sign consent forms for COVID-19, influenza, or pneumonia vaccines?**

**A:** No. There are no federal or California state requirements for informed consent specifically relating to immunization. Before administering a COVID-19 vaccine with Emergency Use Authorization (EUA), the provider must provide the approved EUA fact sheet (or Vaccine Information Sheet, as applicable) to each vaccine recipient, the adult caregiver accompanying the recipient (as applicable), or other legal representative (as applicable). The fact sheet/information sheet explains risks and benefits of the particular vaccine and what to expect but is not a consent document. Explaining the risks and benefits of any treatment to a patient – in a way that they understand – is the standard of care.

Providers should document that the fact sheet/information sheet has been provided and that the vaccine recipient has been given the opportunity to ask questions. Refer to the CDC website, “FAQs About Medical Consent & Pfizer-BioNTech Booster Doses for Long-term Care Residents.”

<https://www.cdc.gov/vaccines/covid-19/long-term-care/medical-consent-faqs>

**Q-12: Can the COVID-19 bivalent vaccine be given as the primary vaccine series if we cannot get access to the monovalent vaccine?**

**A:** No. Bivalent vaccines are not yet authorized for use for the primary series.

## Cohorting Questions & Answers

**Q-13: Do nursing homes need to have dedicated staffing for caring for residents in the red zone?**

**A:** Dedicated staffing for the COVID-19 isolation area and sequencing care for uninfected residents before positive residents are no longer required.

- Dedicated staffing and/or sequencing care might be preferable from a practical standpoint when there are large numbers of residents in the COVID-19 isolation area (i.e., to facilitate extended use of N95s).

- Ensure all HCP perform hand hygiene and change gloves and gowns between residents and when leaving the resident’s room, or area of care (e.g., treatment or therapy room).
- Ensure all HCP strictly adhere to masking for source control (to prevent an infected HCP from inadvertently exposing the residents they are caring for). As of April 3, 2023, masking guidance will change. See question #2.

The facility’s full-time infection preventionist should assist with adherence monitoring of hand hygiene and PPE donning/doffing between all residents and provide just-in-time feedback.

## Other Questions & Answers

### **Q-14: How often do vital signs need to be taken?**

**A:** CDC and CDPH infection control guidance for nursing homes recommend:

- Vital signs for COVID-19 negative or recently recovered residents should be monitored daily.
- Vital signs, including pulse oximeter measures for COVID-19 exposed residents who are asymptomatic 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 COVID-19 positive residents in isolation should be monitored every 4 hours and include pulse oximeter measurements.

Refer to page 3 of the CDPH AFL 20-25.2 Attachment, which indicates, “Review facility processes for monitoring vital signs (including pulse oximetry) every shift for all residents and every 4 hours for residents with COVID-19 infection.”

<https://www.cdph.ca.gov/Programs/CHCO/LCP/CDPH%20Document%20Library/AFL-20-25-Attachment-05-SNF-Assessment-Checklist.pdf>

### **Q-15: Will the AFLs be updated by April 3, 2023.**

**A:** CDPH is working on updating the AFLs that need to be revised; however, the updated State Public Health Officer Orders and CDC recommendations provide sufficient information for LHDs and facilities to update their policies. There is no need to wait for an updated AFL.

### **Q-16: Will the daily/weekly CDPH 123 survey be modified or discontinued?**

**A:** CDPH is looking into this and will report changes as soon as modifications have been confirmed.

### **Q-17: Is there any documentation that facilities should not count the infection preventionist (IP) 40-hour requirement with the nursing hours?**

**A.** California nursing homes are required to employ a full-time, dedicated IP, 40 hours a week per [AFL 20-52](#), [AFL 20-84](#), [AFL 21-51](#), and [AB 2644](#). This role may be filled by either one full-time IP or by two staff members sharing the IP responsibilities, provided the total time dedicated to the IP role equals at least the time of one full-time staff member. **IP hours are prohibited from inclusion in the calculation of 3.5 direct care hours per patient day provided to SNF residents (AFL 21-51).** *Full-time employment* is defined in [California Labor Code Section 515\(c\)](#) as 40 hours per week.

### **Q-18: Will the IP position continue to be full-time requirement, or will it return to part time?**

**A:** At this time, there is no indication of a change. California nursing homes are still required to have a full time IP 40 hours a week, effective January 1, 2021.