



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
July 24, 2024**

**Monthly Call-in Information:**

- SNF Infection Prevention Wednesday Webinars—hosted every other month
  - September 25, November 13
  - Register: <https://www.hsag.com/cdph-ip-webinars>
- HSAG NHSN & HAI Tuesday Office Hours, 11:30am-12 noon
  - August 20, September 17, October 15
  - Register: <https://bit.ly/NHSNandHAIOfficeHoursASO2024>
- CALTCM/HSAG Vaccine Office Hours with the Experts
  - Thursdays at Noon: August 22; September 12 & 19; October 10 & 24
  - Register: <https://www.caltcm.org/vaccine-office-hours-with-the-experts>

**Important Links to State and Federal Guidance**

Important Links 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>
CDC’s Interim IPC Recommendations for HCP During COVID-19	<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>
CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/Incafl.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/pages/Incafl.aspx</a>
CDPH COVID-19 AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx</a>

**Agenda and Links to Slides**

Slides available at: <https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

- [CDPH Immunization Branch Updates](#)
- [California Immunization Registry \(CAIR2\) Updates](#)
- [HSAG NHSN & Vaccine Updates](#)
- [CDPH Virtual Infection Prevention and Control Train-the-Trainer Workshops](#)
- [CDPH Testing Updates](#)
- [Long COVID & Therapeutics Updates](#)

**Vaccine Questions & Answers**

**Q-1: Should nursing homes still offer the 2023-2024 COVID vaccine in anticipation of the 2024-2025 COVID vaccine? Will there still be a 4-month interval between the vaccines?**

**A:** Updated guidance from CDC regarding the interval between vaccines will be available once the vaccines are available in the Fall. Please refer to the CDC’s “Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States” website for the most up to date information about the COVID vaccine (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html# covid-vaccines>). In the meantime, it is reasonable to continue giving the 2023-2024 COVID-19 vaccines as previously recommended, especially for people at high risk of severe disease.

**Q-2: Do COVID-19 positive residents still need to isolate for 10 days?**

**A:** The isolation guidance for residents has not changed and is still 10 days. Per CDC guidance updated on May 8, 2023 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>):

- Residents who test positive and are **asymptomatic** throughout their infection should be isolated until at least 10 days have passed since the date of their first positive test.
- Residents who test positive and are **symptomatic** with mild to moderate illness and are NOT moderately to severely immunocompromised should be isolated until the following conditions are met:
  - At least 10 days have passed since symptoms first appeared; and
  - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
  - Other symptoms (e.g., cough, shortness of breath) have improved.
- Residents who are with severe to critical illness and who are NOT moderately or severely immunocompromised, may require isolation for up to 20 days after the onset of symptoms.

Note:

- Vaccination and treatment status does not influence duration of isolation.
- If symptoms recur (e.g., rebound), place patients back into isolation until they meet the above criteria to discontinue isolation.
- The duration of isolation could be extended beyond 20 days for individuals who had critical illness (i.e., required intensive care) and are moderately to severely immunocompromised (e.g., currently receiving chemotherapy, or recent organ transplant); use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when transmission-based precautions could be discontinued for this latter group of moderate to severely immunocompromised individuals.

**Q-3: Is the guidance still current in AFL 21-08.9 Guidance on Quarantine and Isolation for HCP Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19?**

**A:** Yes. The guidance in [AFL 21-08.9](#) is still current and aligns with the CDC’s “[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2: Return to Work Criteria for HCP with SARS-CoV-2 Infection](#)”. Below are a few highlights:

- Per AFL 21-08.9, quarantine and work restriction are not required for exposed asymptomatic HCP. Following an exposure, HCP must be tested immediately (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and if negative, again at 5 days after the exposure. To provide an additional layer of safety, exposed HCP should wear a fit-tested N95 for source control for 10 days.

Management of Asymptomatic HCP with Exposures		
Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	No work restriction with <b>negative</b> diagnostic test <sup>†</sup> upon identification (but not earlier than 24 hours after exposure) and if negative, test at days 3 and 5	No work restriction with diagnostic test <sup>†</sup> upon identification (but not earlier than 24 hours after exposure) and at days 3 and 5

- Recognizing that staffing shortages continue to persist, per AFL 21-08.9, under routine staffing conditions, COVID-19 positive HCP may return to work after 5 days with proof of a negative antigen, or after 10 days without a negative test (and afebrile x 24 hours and symptoms improving). To provide an additional layer of safety, these HCP should wear a fit-tested N95 for source control through day 10.
- If there is a critical staffing shortage, no additional testing is required to return beyond the initial positive test. Positive asymptomatic HCP, regardless of vaccination status, may return to work immediately with a fit-tested N95 for source control. When returning to work early, use the results of the most recent test result to determine work placement. If the most recent test result is positive, HCP can only provide direct care to residents with confirmed COVID-19.

Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)		
Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	5 days* with at least one negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test† result to prioritize staff placement‡

## California Immunization Registry (CAIR2) Questions & Answers

### Q-4: What is CAIR2 and how do I get access to vaccine records?

**A:** CAIR2 is a secure, confidential, statewide computerized immunization information system for California residents. Nursing homes are encouraged to register with CAIR2 to record vaccine doses administered and get access to immunization records (e.g., flu, COVID-19, pneumococcal vaccine). Visit the immunization registry website to request an account with the registry that serves your county. Note that CAIR2 and Healthy Futures have bidirectional data sharing. Contact your Local CAIR Representative (LCR) for assistance (<https://go.cdph.ca.gov/cair-lcr>).

- **CAIR2:** Serves 49 California counties <https://cairweb.org/enroll-now/>.
- **Healthy Futures:** Serves the San Joaquin Region, including Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties <http://www.myhealthyfutures.org/>.

Another method to access a vaccine record (COVID-19, influenza, pneumococcal vaccines, etc.) for a California resident is to have them request their Digital Vaccine Record (DVR) at <https://myvaccinerecord.cdph.ca.gov/>. Any individual who received a vaccine record in California can access their vaccine record using that website. The records in DVR are directly tied to the information that is in CAIR2. DVR requires an email address or mobile phone number match, so sometimes there may be data entry problems or delays and the information cannot be accessed until those are corrected. To troubleshoot, individuals can use the CDPH Virtual Vaccination Support website <https://chat.myturn.ca.gov/?id=17>. Another option is to seek vaccine records from the provider who administered the vaccine, or have the provider correct the information in CAIR2. If SNFs have access to CAIR2, they may be able to update the correct vaccine information directly into CAIR2.

**Q-5: Can we use CAIR2 to confirm vaccination status of our employees and visitors?**

**A:** No. The uses of CAIR2/immunization registries are limited by law to protect confidentiality. Employers can use CAIR2 to verify vaccine records for patients/residents, but cannot look up vaccine records for employees or visitors. With regard to vaccination verification, please refer to this guidance: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccine-Record-Guidelines-Standards.aspx>. Details on the legal language can be found on this website: [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=120440](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=120440). To troubleshoot CAIR2 discrepancies, contact the CDPH Virtual Vaccination Support website at <https://chat.myturn.ca.gov/?id=17> or email [DCVRRemediation.Requests@cdph.ca.gov](mailto:DCVRRemediation.Requests@cdph.ca.gov).

**Q-6: Do all vaccines need to be entered into CAIR2 or Healthy Futures?**

**A:** Yes, all vaccines administered are now required to be entered into CAIR2 or Healthy Futures per [AB 1797](#), which became effective January 1, 2023.

**Enhanced Barrier Precautions (EBP) Questions & Answers**

**Q-7: How often should privacy curtains be cleaned for residents on EBP?**

**A:** Privacy curtains should be cleaned monthly or when visibly soiled. Refer to tables 9, 24, and 25 on the CDC Environmental Cleaning Procedures website (<https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html>). Per table 9, privacy curtains/bed curtains should be cleaned monthly, and per tables 24 and 25, privacy curtains should be removed for laundering after patient transfer or discharge (terminal cleaning).

**Q-8: Do housekeeping staff need to wear gowns and gloves when cleaning resident rooms?**

**A:** Per CDC’s EBP guidance, gown and glove use by environmental services (EVS) personnel should generally be based on anticipated exposures to body fluids, chemicals, or contaminated surfaces. CDC indicates that changing bed linens is considered a high-contact activity and recommends EVS personnel use gown and gloves if changing the linen of residents on EBP; CDC also indicates gown and gloves could be considered for additional EVS activities that involve extensive contact with the resident or the resident’s environment. In CDPH’s [EBP: Additional Considerations for California SNFs](#), CDPH provides the following specific examples of high-contact EVS activities for which EVS personnel should use gown and gloves while cleaning and disinfecting the environment around residents on EBP:

- Removing soiled linen
- Cleaning and disinfecting high-touch surfaces such as bed rails, remote controls, bedside tables or stands on or near the resident’s bedspace
- Terminal cleaning and disinfection

EVS personnel need to remove their gown and gloves and perform hand hygiene before cleaning and disinfecting the next resident’s bedspace; use of gown and gloves for high-contact cleaning and disinfecting activities around the next resident’s bedspace will depend on whether the next resident is also on EBP or on Contact Precautions. Otherwise, for routine, daily cleaning and disinfection of the room when the areas immediately surrounding the resident are not touched, (e.g., taking out the trash or cleaning and disinfecting high-touch surfaces such as light switches and door handles in common areas of the room), EVS personnel should perform hand hygiene before entering the room and use gloves, but a gown is not generally necessary. When leaving the room, EVS personnel should remove their gloves and perform hand hygiene.