



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities IP Call
August 13, 2020, 12:00 pm**

I: Questions & Answers:

Q: Question related to N95 masks and not being able to disinfect. Does this refer to the Battelle system, and how does this affect reuse?

A: Battelle is one of the FDA-approved systems for disinfect PPE during times of emergency. Cal OSHA guidelines state that respirators can be disinfected, however they cannot be reused. They should be saved for future emergency events. In terms of extended use and reuse, we need to provide clarification. Extended use would occur in a setting of cohorted residents over the course of a shift. The guidance states the max amount of time is 8-10 hours of extended use. For reuse, this is commonly implemented as using PPE over the course of several shifts. If you are experiencing issues with your PPE supply in the context of these new guidelines, please reach out and communicate this to CDPH.

Q: KN95 masks, understanding that these are not an acceptable respirator via Cal OSHA, can these be used as a regular face mask?

A: Using these as face masks is acceptable, however we caution that all facility staff are clear on which masks (N95 vs. KN95) are to be used as respirators when working with exposed residents.

Q: Is the state still distributing these KN95 masks considering this information?

A: The state is trying to move away from this model and move towards BYD models.

Q: Can facility staff use their own personal KN95 masks?

A: Cal OSHA allows for staff to use their own respirators; however, they must be approved for respirator use. The KN95 masks have not been approved.

Q: If we have no positive cases in our facility and have continued negative testing results, are we allowed to use surgical masks to save respirators?

A: The current guidelines state that respirators are needed for newly admitted residents during their observation period. For other residents that have been proven negative, surgical masks would be permitted and required to ensure universal source control.

Q: Where are the N95 masks? Our local resources do not have them.

A: We are still utilizing the normal MHOAC process of obtaining PPE. First, we always encourage you to exhaust all local resources. If you are unable to obtain what you need, please follow the MHOAC process.

Q: Question related to a facility staff member that was COVID-naïve.

A: This refers to a staff member that was positive, went through isolation and observation, and then determined no longer positive. After this period, this individual would be allowed to return to work and interact with all types of residents (regardless of the resident exposure levels). Regarding PPE use, this individual would need to follow the same requirements for all staff in terms of universal source control.

Q: Should SNF staff be required for fit testing in the facility?

A: Anyone at any facility that requires N95 use must be fit tested.

Q: Can different N95 model fit tests be substituted for other approved models?

A: No, you must be fit tested for each model used.

Q: Question related to counting days in the hospital towards observation period.

A: Related to SNF residents that were in the hospital. If the criteria of observation were met during the time in the hospital, the days (four days in this case) may count towards the 14-day time period. Keep in mind that the 14 days refers to the beginning of last exposure.

Q: Can staff take care of both green and yellow zone residents?

A: Due to multiple factors that challenge universal source control, it is advised that staff working in these areas do not switch to other zones – working with green zone residents and then yellow zone patients.

Q: Can newly admitted residents be placed observation in multi-occupancy

A: This can be allowed as long as healthcare personnel ensure there is separation in the room through dividing curtains and distancing. It is also important that correct PPE use is followed strictly in these situations.

Q: Question relating to cohorting. Our facility has had no positive cases in both residents and staff. We are receiving a new resident that was a known positive but no longer positive anymore. Can this person be admitted normally, or do they still need to go through the observation period?

A: They can be admitted into the general population without having to go through the routine observation process.

Q: We have outside staff members doing surveys. Can they practice extended use for PPE?

A: As long as these individuals are not directly interacting with staff, extended use can be permitted without replacing PPE. It is important to note that strict hand hygiene be observed, that touching any surface is like touching a resident.