



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Calls
September 23rd – 24th, 2020**

The September 23rd webinar reviewed the following AFLs and memos. The recording and handouts can be found at: <https://www.hsag.com/cdph-ip-webinars>.

- September 12th, [CDPH AFL 20-53.3](#): COVID-19 Mitigation Plan Recommendations for Testing of HCP and Residents at SNFs
- August 25, 2020, [CDPH AFL 20-22.4](#) Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities
 - Outdoor visitation has been required in California since June 26, 2020. This AFL will be updated next week with further visitation guidance.
- September 17, 2020, [CMS QSO-20-39-NH](#) Nursing Home Visitation—COVID-19
- September 22, 2020, [CDPH AFL 20-74](#) COVID-19 Recommendations for Personal Protective Equipment (PPE), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities

Important Updates:

COVID-19 Data Reports: Per [AFL 20-68](#), HSAG creates COVID-19 trend reports every Monday for all nursing homes in the state using data from NHSN. To access your report, please complete the [HSAG QIIP Administrator Form](#). To ensure your facility's data report is updated, confer rights to HSAG by following these [instructions](#). If you notice errors in your data, you can log into NHSN to fix your data or contact Rose Chen from HSAG at rchen@hsag.com and she can help you.

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management: Access CMS scenario based trainings for your staff at the CMS Quality, Safety and Education Portal (QSEP): <https://qsep.cms.gov>. To get a certificate of completion, staff need to complete the pre- and post-test, training and the evaluation.

October 30th Deadline: iNSPIRE Grant Available to 60 Nursing Homes: LeadingAge California received CMP funds for 60 nursing homes to get free technology and equipment. This project will provide residents with internet applications so they can stay in touch with the world, including email and video chat tools, to stay connected with family and friends. It also has social-oriented content like music, videos, holiday activities, TV, and sing-alongs to encourage social interaction with residents. There are 30 more spots to sign up. To apply for iNSPIRE equipment, training, and 24 months of software subscription, apply by October 30th at <https://www.leadingageca.org/inspire-grant>. Contact Amanda with questions: 916.469.3385 adavidson@leadingageca.org.

Questions & Answers from September 23rd:

Q: Question related to communal dining and activities.

A: [CMS QSO-20-39-NH](#) states that communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention. Residents may eat in the same room with social distancing. Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Additionally, group activities may also be facilitated (for residents who

have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering. Facilities may be able to offer a variety of activities while also taking necessary precautions. CDPH will be updating an AFL soon to incorporate new guidance for visitation. In this guidance we didn't go into much detail about activities related to indoor dining. This still needs to be done with proper distancing and would still need to be done in well-ventilated areas. If you have residents who have a high risk of choking, it is more dangerous for them to be eating alone or with no assistance, as compared to a communal space. We have stated that if the SNF can schedule this, as well as keep sufficient PPE on hand and being mindful of cohorting and regular cleaning, to encourage this culture of new normal. Process and protocols need to be in place to prevent infection and the spread of disease.

Q: Question related to compassionate care rules. Because new admits with dementia cannot leave their rooms during 14-day quarantine and are on droplet/contact precautions would visitation be allowed under compassionate care rules?

A: [CMS QSO-20-39-NH](#) states that "compassionate care situations" do not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to: • A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support. • A resident who is grieving after a friend or family member recently passed away. • A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration. • A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past). The question regarding new admits with dementia will be something that CDPH will take into consideration in providing further guidance. There are different factors and challenges to consider with memory care patients. CDPH will take this back to consider creative strategies to enable safety in these situations.

Q: If a facility does not have any outside place or a large ventilation area, how can they do visitations safely?

A: In these situations, we encourage facilities to exercise creative solutions. We can also take this question back to our Infection Prevention team to try and get more guidance for these situations.

Q: We have kept our dialysis in the yellow zone since the beginning, if there's no critical concern for COVID-19, may we include such residents in our program of distance masked monitored with a family member?

A: This would be okay. These are residents that wouldn't have a known exposure, but you are keeping them in a potentially exposed area and using PPE for that purpose. We have seen that there is an increased risk for infection in patients that go to and from dialysis, but we don't think an outbreak in the facility would preclude visitation in an outdoor setting.

Q: For outside healthcare workers coming into a facility, do they need to produce evidence that they have been tested in the last seven days?

A: Yes, per the [CMS QSO-20-38-NH](#) memo it does ask that any visiting Healthcare professional needs to have their testing completed. It would be up to the employer to test them, but it

would be the responsibility of the SNF to document that the individual is COVID-negative from the contracting employer.

Q: If I am a nurse for multiple yellow zone patients, can I wear the same N95 mask or do I need a different mask for every patient? Also, can I reuse my face shield for yellow and green zone patients?

A: Related to the respirator and face shield, you can wear it continuously between residents and between zones over the course of your shift. It is not necessary to disinfect in between each resident, so long as staff member does not touch the face shield/respirator before or after completing hand hygiene.

Q: If a hospital tests a patient for COVID on the day of discharge and it's negative, does the nursing home still need to keep the patient in isolation for 14 days?

A: Yes, because the incubation period is 14 days. Even if the test is negative, it doesn't rule out the possibility that the individual was incubating and might become positive later.

Q: When does the 14-day observation start? The day the patient was admitted into the hospital or when they are admitted to the SNF?

A: This depends on criteria that's described in AFL 20-53.3. If there are no transmissions and exposures in the hospital, then we can start when the patient is admitted to the hospital. If the hospital is undergoing transmission and exposure, then the 14 days would start when they are admitted to the SNF.

Q: Patient on the 14-day incubation period how do they do rehab?

A: Ideally, we are going to have them do rehab in the room. When there is rehab that requires more space and equipment then there are solution that we just mentioned that there are areas outside being used as a gym, PPE in place, physical distancing, and scheduling these activities such that a common space is shared properly by cohorts.

Questions & Answers from September 24th:

Q: Question regarding AFL 20.74. If residents on wings are exposed, and a CNA in one unit becomes positive, should all staff in that unit working be considered exposed as well as residents?

A: These types of situations have many nuances and factors to consider. To address this situation specifically, when you identify a single case in a SNF (regardless if it is staff or a resident), there are often a lot more cases that are attributed to this single case. More times than not, these single cases are the tip of the iceberg and a signal that other cases may not have been identified for different reasons such as being asymptomatic. Regarding whether the residents should be moved, this is dependent on availability, configuration of the facility, and bed capacity. If sufficient private rooms are available, this would be advised as well.

Q: What if CDPH's guidance conflicts with a local health department's guidance?

A: As stated before, it is always advised to defer to guidance that is stricter or more conservative in nature. Facilities have different structures, layouts, and capacities, and these guidelines should be applied in a manner that best addresses those specific needs.

Q: Can CPAP patients be cohorted with other patients, if they are all in the green zone?

A: Based on the scenario you described, this shouldn't be a problem. Because there are no positive/exposed cases involved, cohorting these patients together would be okay, and no other considerations would be needed.

Q: Are staff now required to wear eye protection in green zones?

A: This is probably related to a CDC guidance about a month ago recommending broadly in areas with moderate community transition that eye protection should be used. The CDC indicated this applies to all types of healthcare settings, including SNFs.

Q: Question related to enhanced standard precautions. Are these now mandated?

A: This refers to certain practices that put certain healthcare personnel at risk and some residents are at higher risk for infection. For these types of residents, when you are performing certain types of care, CDPH is saying for these types of residents that the appropriate type of PPE must be worn. To address this original question, enhanced standard precautions are mandated.

Q: Can staff use face shields over multiple days?

A: Yes, this would be allowed however it is crucial they are cleaned and stored safely. This prevents any potential contamination before reusing.

Q: Our management team is having a challenge educating staff that they should not wear a surgical mask over their N95 per CalOSHA guidance. Staff are resistant and feel more comfortable double masking. Can you please address what the negative outcomes are to the resident if staff double mask?

A: We understand that some staff are using non-N95 masks to cover their N95 to prolong its use. While we understand the inclination to put another layer of protection on, doing so defeats the purpose of the respirator. The effectiveness of the respirator depends on the seal. If another mask is put under or on top of the respirator, it will affect the fit and therefore will not be operating correctly. If your staff are concerned about the respirator surface getting contaminated, a better way is to use a face shield that would be a barrier that would cover the respirator, but not rest on it or push on it that would disrupt the seal. In this case, more layers of protection are not better.

Q: Question related to weekly testing. Staff are pushing back against getting the flu shot.

A: This year it is more critical than ever for healthcare personnel to receive their flu shot. Regardless of guidance prior to COVID-19, it is imperative that healthcare personnel especially take every precaution possible to prevent any additional outbreaks – even if it is the flu.

Q: Question related to mandated testing. The high level of testing impedes upon the completion of other vital procedures that need to be done.

A: Thank you and these concerns are well taken. We understand that this is not an easy situation and is very challenging. We understand that you do not want to sacrifice quality of care for your patients in order to meet these deadlines. Please do not hesitate to reach out to us for further assistance if need be.