



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Calls
October 7 & 8, 2020**

The October 7th webinar recording and handouts can be found at: <https://www.hsag.com/cdph-ip-webinars>.

- Dr. Mike Wasserman, CALTCM, presented on the importance of leading by example
- Vicki Keller, CDPH, presented reminders related to extended use of N95 respirators and closing the doors. [CalOSHA reference letter for the extended use of respirators](#)
- Dr. Erin Epton, CDPH, presented on updated recommendations for prevention and control of influenza [Slides](#)
- Leah Gusching, CDPH Testing Taskforce, presented information on the BinaxNOW distribution plan

Important Updates:

- **[AFL 20-77](#) Notice of Grant Opportunity to Benefit Nursing Facility Residents to Support In-Person Visitation**
 - CMS QSO-20-39 September 17th visitation memo announced the availability of up to \$3,000 in funds per nursing home to support in-person visitation
 - AFL 20-77 provides guidance to nursing homes on how to apply for the \$3,000.
 - Examples of allowable purchases include tents, clear partitions, and installation costs. Examples of items that are not allowable include PPE, portable heating units and outdoor furniture.
 - Parent companies are encouraged to submit one application for multiple facilities.
- **[AFL 20-78](#) November 3, 2020 Election: Voting During the COVID-19 Pandemic**
 - Reminds SNFs of their obligation to assist and encourage as many residents as possible to exercise their right to vote safely in the November 3rd election.
 - The last day for residents to register is October 19th
 - Ensure residents have privacy when voting and keep in mind that there are different ways to vote---they can vote early, vote by mail, or even in person.
 - Long term care ombudsman is available to help with the voting process.

Questions & Answers

Q: When doing visits (outside or inside), can family members hug or kiss the resident?

A: We need to take visitation one step at a time. It is not recommended to hug or kiss residents yet. CDPH is exploring options to enable more physical touch with residents in the future and is keeping in touch with other states to assess the ability to do so safely.

Q: Is there additional guidance regarding visitors bringing family pets to outside visits?

A: CDPH currently does not have guidance on this. CDC has published recommendations and cautions against bringing pets ([Pet Therapy](#); [Pets and Animals FAQs](#)). Considerations to consider include what is the facility's policy outside of COVID-19, and does the facility have a plan to ensure and maintain precautions and distancing with an animal present.

Q: Can COVID-19 positive residents socially interact?

A: Residents in yellow zones cannot socially interact because their status is unknown and exposure levels are different. COVID-19 positive patients in the red zone can interact, however, SNFs should exercise caution because residents may have other co-pathogens that need to be taken into account when engaging in activities. Social distancing and masking should still be maintained.

Q: Where do SNFs report antigen test results?

A: SNFs in all counties should report via CalREDIE, with the exception for San Diego and Los Angeles. For nursing homes in LA and San Diego, please contact your local public health department to identify the method to report your antigen test results. Allison Jacobson from CalREDIE joined the September 9th Wednesday webinar and gave instructions on how to submit antigen test results. You can view the webinar at: [Access the recording](#) | [CalREDIE Slides](#)

Q: Do we need to close the doors on new admissions in the yellow zone if asymptomatic?

A: Yes, because they are under observation and their status is unknown.

Q: Do we need to close the doors for dialysis patients who are indefinitely on transmission-based precautions?

A: CDC doesn't say that dialysis patients have to indefinitely be on transmission-based precautions. Many SNFs choose to do this, but it is not a requirement. Regarding closing the doors for dialysis patients, the answer is yes, the doors need to be closed if the resident is in the yellow zone.

Q: Instead of closing the doors can we use a shower curtain or a see-through door?

A: Doors with windows or greater visibility may be an ideal situation. Consider checking with OSHPD and building requirements to see if that would be allowable in the doorway. It could be difficult to pass through a shower curtain or plastic enclosure in an emergency. You also need to ensure that the PPE donning/doffing process is not obstructed by the curtain, and that the sheet does not get contaminated.

Q: It seems cruel, unsafe and isolating to close the door on a resident with dementia in the yellow zone? These are human beings who often do not understand what we are doing or why. This seems just wrong on a number of levels especially since staff are dedicated to the zones and wearing full PPE. Any comments?

A: Closing the doors is important to protect others, and if in this situation the door cannot be closed for safety purposes, you should document the reasons why you can't close the doors.

Q: Are visitors required to wear eye protection when visiting residents in green zones?

A: No. Facemasks are always required to be worn in the facility and during the visit for source control. Eye protection is PPE for healthcare personnel, but not required for visitors.

Q: What educational resources would you recommend for staff that want to take the flu vaccine?

A: Face mask use and adherence is critical and will help. Nothing is 100%. Maximize protection. This season, more than ever, we need to optimize everything we can to prevent transmission. We need to encourage all staff to use the flu vaccine this year to protect others.

Q: Do we need to isolate residents with flu symptoms, but not necessarily move them to the COVID yellow zone?

A: It is critically important to identify symptomatic residents and if possible, put them in a private room while pending evaluation. Their symptoms may be from the flu and not COVID. We need to separate residents as much as possible and immediately test them for the flu and COVID. Don't move them until you have the diagnosis. If there is not a private room available, have them stay in the same room (shelter in place), and separate them as much as possible from their roommate (draw privacy curtain, implement transmission-based precautions). The last thing you want to do is move a symptomatic resident from the green zone to a yellow zone and create new exposures when we don't know the diagnosis. We don't want to expose residents with the flu to COVID-19. In summary, shelter in place, move to private room if possible, implement transmission-based precautions, and immediately test.

Q: Will all facilities be required to report flu infections?

A: There are discussions around adding influenza to the COVID reporting.

Q: Will facilities receive rapid antigen for both flu and COVID?

A: Not aware of distribution plans of testing instruments and cartridges. Testing symptomatic individuals would be a good use of these tests. POC tests in a symptomatic individual if they are negative – you would still need to do a confirmatory test.

Q: Will facilities receive test cassettes for rapid antigen tests for influenza A&B?

A: Not sure yet.

Q: After an AFL is distributed how long does a facility have to comply?

A: Sometimes in an AFL the timeframe is given. If an AFL went out on a Friday or a weekend, there is an understanding that time is needed to be able to operationalize what is being asked in the AFL. When it is effective immediately, we take time to provide technical assistance on these calls and in other methods to help set you up for success. We will continue to provide attachments to help you understand the new guidance.

Q: Are gowns supposed to be used in the yellow zone unit in the common areas?

A: No. Use the gowns in the room with the patient, and then discard.

Q: We have been a COVID-naive facility since the start of the pandemic and only have a "yellow observation room" for new admitted residents. The new admitted residents are quarantined for 14 days and a "Transmission-Based Precaution" signage is posted outside the room. A setup of PPE (N95 mask, face shield, gown and gloves) is also outside the yellow observation room. Are there CDC guidelines or AFL guidance that we need to follow regarding posting signage requirements specific for "yellow-observation" rooms?

A: The signage outside the door needs to be clear and specific about the kind of PPE that is required to enter the room.

Q: Can healthcare workers work in multiple facilities?

A: It is preferable for HCWs to only work in one facility, but it is understandable that people need to earn a living as well. If HCWs work in multiple facilities, you need to ensure they are screened before entering your facility, educated on COVID-19 symptoms to be aware of, and you need to test weekly and ensure proper hand hygiene and PPE. If the HCW tests positive, all of the other facilities they work at need to be notified immediately. Note that local public health departments may have unique requirements and recommendations to follow on this topic.

Q: Noticed that contrary to breathable paper bags, the CDC recommends face shields should be stored in a transparent plastic container and labeled with the HCW name to prevent accidental sharing between HCW (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/emergency-considerations-ppe.html>). Any idea on what brought on this change?

A: Unlike N95s or face masks, face shields can be wiped down with a disinfectant and can be used the next day or once they air dry. Putting them in a plastic container works well. Breathable paper bags are good for masks because they help eliminate moistures while being stored temporarily.

Q: We are aware that N95s can be decontaminated via Battelle and stored until there is crisis/shortage where they need to be used. Do we have to decontaminate them, or if they are stored long enough would the virus deactivate on its own so they can be reused if needed?

A: We will ask CalOSHA to respond to this.

Q: For an employee who went on vacation, what is the recommendation on testing before they can return to work?

A: They can be tested on the day they come back. Make sure they are screened and have no symptoms before entering.

Q: In response to the CDC's announcement that nursing homes should upgrade their SAMS access to utilize the new POC lab reporting pathway in NHSN, will CalREDIE be reporting antigen testing results to the CDC via NHSN? It sounds like we will have to double report.

A: At this time, CalREDIE will not report antigen testing results to NHSN. For SNFs, reporting POC results to NHSN is optional and if an SNF chooses to report to NHSN, they would still need to report to CalREDIE too in order to meet their reporting requirements. There is work going on at the national level to eventually have NHSN be able to send results to CalREDIE. The goal would be for SNFs to only have to report in one place, but there isn't a clear timeline for when that might happen. We will provide clarification as we learn more.