



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Calls  
October 21 - 22, 2020**

The October 22<sup>nd</sup> webinar recording and handouts can be found at <https://www.hsag.com/cdph-ip-webinars>. The weekly call notes can be found at the CDPH Skilled Nursing Facility Infection Prevention Education website: <https://www.cdph.ca.gov/Programs/CHCQ/Pages/SNFeducation.aspx>

The presentation covered the following updates:

- Update on Visitation Guidance AFL that will be released soon
- Testing Taskforce Updates
- ECHO Nursing Home COVID-19 Action Network Opportunity
- COVID-19 Vaccine Planning
- Flu Updates

**October 28<sup>th</sup>, 3:00pm CDPH Wednesday Webinar: Please invite your medical directors to attend. [Register Here](#)**

**Join the ECHO Nursing Home COVID-19 Action Network by November 3<sup>rd</sup> to be Eligible for \$6,000**

All California nursing homes are invited to participate in the ECHO National Nursing Home COVID-19 Action Network that will be launching the week of November 9<sup>th</sup>. Every participating nursing home will receive \$6,000. The Stanford School of Medicine and HSAG, in partnership with CDPH, CAHF, LeadingAge California, CALTCM, and CHA encourage all California nursing homes to join to collaboratively advance improvements in COVID-19 preparedness, safety and infection control. **To be eligible for the \$6,000, nursing homes must sign up at [echonursinghome.stanford.edu](http://echonursinghome.stanford.edu) by Tuesday, November 3<sup>rd</sup>.** A minimum of two staff members must participate in weekly one hour Zoom sessions for 13 out of the 16 weeks to be eligible for the \$6,000 payment. It is ideal for the two participants to be the same every week, but if that is not possible, the participants can alternate. The ideal participants are CNAs, IPs, DSDs, DONs, NHAs, or any other staff you think will benefit.

**Pharmacy Partnership for Long-Term Care Program**

All LTCFs have an option to enroll in the [Pharmacy Partnership for Long-term Care Program](#). Through this program, the Centers for Disease Control and Prevention (CDC) has engaged CVS and Walgreens to secure COVID-19 vaccine and provide on-site vaccination of residents in LTCF, at no cost to the facility. LTCFs are able to indicate how they would like to receive the COVID-19 vaccine and vaccination services through National Healthcare Safety Network (NHSN). The form will remain open for two weeks starting October 19, 2020. An alert has been incorporated into the NHSN LTC COVID-19 module to guide users to the form. A guidance document can be found here <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/How-To-Access-NHSN-Pharmacy-Partnership.pdf> to provide instructions on how to indicate your facility's plans to participate in the Pharmacy Partnerships Program. For any questions you have related to the program, please send an email to [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov)

**Attachments (pages 6-9)**

- 1) CDC-Pharmacy Partnership for Long-Term Care Program Overview
- 2) FAQs about the Pharmacy Partnership Program

## **Questions & Answers:**

**Q:** If a resident in the green zone is transferring from one LTC facility to another, do they need to be placed in the yellow observation zone or can they be placed into the green zone?

**A:** In general, manage these cases as new admissions and place them in your yellow observation zones. If the resident being transferred is a recently recovered COVID-19 patient, then the resident can be transferred to the green recovered zone.

**Q:** If a roommate of a green zone resident becomes COVID-19 positive, do you recommend that we move the resident to the yellow exposed zone or can we quarantine the patient in his current room in the green zone and staff will use full PPE?

**A:** When you have a new COVID-19 positive resident in your green zone, it is no longer a green zone. The roommate and all the other residents in that area are considered potentially exposed. We would recommend leaving the roommate in place and manage the rest of the area as a yellow zone. The resident who tested positive would be transferred to the red zone. The residents in the area that are now potentially exposed should be managed as a yellow zone and should shelter in place.

**Q:** In the link contained within AFL 20-74 there is a chart which contains multiple areas which seem to hint at, what I am calling 'sub cohorting' which is further cohorting within the yellow zone separating people into different cohorts for example: new admissions, exposed residents, and symptomatic residents. Should residents be divided up into sub cohorts within the yellow zone?

**A:** For yellow zones, it's important to consider this as a status rather than a zone. You would apply the status to the zones in which the residents are residing. The status also applies to new residents waiting to clear the observational period.

**Q:** If an employee wearing full PPE (who has never been COVID-19 positive) cares for a COVID-19 positive patient, why is the employee not considered to be exposed? Whereas if an employee who is also in full PPE becomes positive after having cared for patients in the yellow zone, why would those yellow zone patients be considered exposed?

**A:** This is an interesting question. We separate individual exposures and facility exposures. Positive healthcare personnel interact with multiple staff members and residents. We would consider that a facility-wide exposure. When an employee who is wearing full PPE is caring for a COVID-19 resident, we don't consider that to represent exposure unless there is concern for a breach in infection control. If we see other cases occurring, it could mean there is a breach in infection control practices. Then at the facility level, we need to consider exposure and facility wide testing in response to that.

**Q:** As cold and allergy season comes in, how will we handle HCWs with new symptoms that test negative for COVID-19? Will they need to stay off work for 14 days or will they be allowed to work with negative COVID-19 test results? I'm worried about staffing shortages.

**A:** First, facilities need to think about what tests they are using for symptomatic healthcare personnel. If using POC antigen tests, and it is negative, you will still want it confirmed by a PCR test as they are not as sensitive. If PCR is negative, then the staff member can be managed as if it is a different illness – maintain other safety precautions already in place and isolation would not necessarily be needed for COVID-related safety.

**Q:** Do staff need to change their N95 mask if they go from Yellow to green?

**A:** First, we highly encourage staff and residents to cohort to prevent this mixing. Second, if you were in a green zone, an N95 would not be necessary. If in a yellow or red, the mask would already be required.

**Q:** When working with HAI but considering CDC guidance on doffing, I have heard conflicting information on where each step specifically occurs. Should the gown and gloves be removed inside the room (hand hygiene) and then eye protection and mask be removed outside of room (hand hygiene) as the CDC suggests or is there new/different guidance on this?

**A:** There is no new guidance regarding doffing PPE. Because we are in a period of universal masking, masks and eye protection (if necessary) should not be removed. Otherwise the guidance on doffing PPE has not changed.

**Q:** What does one do for FIT testing if they have a beard?

**A:** A FIT test cannot be done with a beard. This comes directly from CalOSHA.

**Q:** Do all EMT's have to use complete PPE with new admission on yellow zone?

**A:** Yes. If you are having issues, please contact the respective EMT companies regarding this issue.

**Q:** What will be optimal strategy to use the BinaxNow together with the state PE lab to effectively diagnose and manage symptomatic patients?

**A:** BinaxNow is effective for quick results for individuals that are symptomatic. If the result is positive, you can consider them positive and include the resident in the red zone or isolate the employee. If the test is negative in a symptomatic person, you would need to get a confirmatory PCR test.

**Q:** Is there any hope of labs being able to test for both COVID-19 and flu from the same swab?

**A:** The multiplex test will be able to test for several viruses at once. In addition, labs are seeking approval in order to conduct multiple tests from one swab. We will confirm and get back to you.

**Q:** If the resident has a negative COVID-19 test from the hospital in the last 3 days, when do we test the resident next when we admit in SNF?

**A:** The individual would be considered a new admission and would be placed in the yellow observation zone. We recommend testing at the end of the 14-day period from the last potential exposure.

**Q:** A CNA who has not worked in our facility for the last 3 months tested positive for COVID-19. Do we still have to report this as a positive case in our facility?

**A:** No.

**Q:** If we are COVID-19 free, how frequently do we need to test our staff for COVID-19? Is it still weekly?

**A:** The routine testing screening for healthcare personnel is for facilities without cases.

**Q:** Can you clarify the 90-day testing mark for previously positive staff and residents? Our local public health department does not recommend retesting anyone unless all other illnesses have been ruled out in a symptomatic case. I have heard that other facilities are still getting positive results 90 days later and then not knowing what to do with said results. I am referencing page 4 of the AFL 20-53 from 09/12/20.

**A:** This is a complicated situation. We know individuals who were previously positive can remain/intermittently positive for many weeks. We would not recommend testing within the 90 days of a positive result in general. After 90 days have passed, CDC does recommend that individuals should/can be tested as part of the facility wide testing and that includes testing in response to potential exposure. We do see more often that positives are coming out in situations past the 90-day mark since initial positive test. CDC considers those to be positive for purposes of IC measures - work exclusion or isolation. For now, that is reasonable.

**Q:** Some family members are irate that they must maintain 6-foot distance and cannot touch their loved one while visiting at the facility. They would like to hold their hand or rub their back. Is there any element of physical contact that can be allowed between visitors and residents since most have not had family contact in over 7 months? If not, are there plans to allow physical contact in the future?

**A:** Unfortunately, there is no other current guidance on this topic. It would be too risky to allow physical contact. There are some exceptions made for end of life and hospice. In the future, decisions will be made based on COVID-19 cases. We will take this question back and hopefully get more clarity.

**Q:** Are health care workers and residents required to get the COVID-19 and flu vaccine? Does CDPH have a plan on how facilities should handle staff and resident refusal of the vaccines?

**A:** There is a lot of discussion about this at the national level. Most likely, the initial doses will be under FDA “emergency use authorization” and cannot be required. Once it becomes more readily available with full FDA approval, policies and discussions on requirements may change. Stay tuned for more information.

**Q:** Can you please clarify if facility administrators will receive a survey via email regarding the COVID-19 vaccinations through the CVS/Walgreens program? I know we have to sign in through NHSN and choose an option, but should we be on the lookout out for an email.

**A:** We have inquired on this topic, and we will have to follow up on this matter.

**Q:** There is no link on NHSN to enroll for COVID vaccine. Please clarify.

**A:** Please see the “Accessing the PPP Form” with NHSN instructions that will be shared along with these notes.

**Q:** We are seeing shortage of under 65 flu vaccine. Any guidance for SNFs?

**A:** We encourage reaching out to your local health departments, specifically your immunization coordinator. We have the highest number of manufactured flu vaccines produced this year more than ever, and we can assist facilities that need extra doses which is being coordinated at the local health department level.

**Q:** California’s Governor is forming his own task force to review the vaccine prior to usage. Do we wait for this task force to give approval, even when FDA and CDC will announce the safe administration of the vaccine?

**A:** There are several task forces being set up related to safety. Please stay tuned for state level guidance until it is finalized and released. We will share more information when we learn more.

**Q:** The option says: onsite for either CVS/Walgreens? Does that mean I have to bring my SNF residents to CVS or Walgreens to get their vaccination?

**A:** CVS or Walgreens will be sending someone to the SNFs to help vaccinate residents. Most vaccines are going to be a two-part vaccine 21-28 days apart. CDC opened a survey that closes next Friday – you should have received a sign-up through NHSN. Check under alerts to view this survey. Facilities not part of NHSN can use REDcap survey <https://redcap.link/LTCF>. If there is an existing pharmacy partner, you can include them but need to pick CVS or Walgreens as a backup if that pharmacy falls through. The survey closes October 30th.

**Q:** Do prescription eyeglasses meet the requirement for eye protection?

**A:** No. The HCP should wear goggles made to go over eyeglasses or a face shield over their eyeglasses.

**Q:** Our BinaxNOW test kits were sent to us prior to MHOAC distribution. I thought there was an EUA for use for surveillance testing?

**A:** For the BinaxNow tests that were allocated to the state (as opposed to directly to the SNF), CDPH and the Testing Task Force is recommending usage consistent with the EUA which is for symptomatic individuals within one week of symptom onset.

**Q:** Our SNF has a Sofia 2. We have had an employee with some new onset signs and symptoms of COVID-19. We tested the employee with the point of care rapid test and the test was negative. Following the negative POC test, do we need to complete a PCR test and receive those results prior to letting the employee return to work if their symptoms are improving?

**A:** Yes, since this patient is symptomatic, they need a PCR test to determine if they have COVID-19 and I would suggest keeping the HCW out of work until PCR test results are available

**Q:** If we are receiving BinaxNOW tests directly and not from MHOAC, can we use them for surveillance testing? We report our testing NHSN and CDPH and we have full access to CalREDIE now to report results.

**A:** There are risks of false positive tests in asymptomatic individuals, so it is best to use the BinaxNOW tests in symptomatic individuals until data is available on how well these tests perform in asymptomatic individuals

**Q:** Where can we find the distribution list for the POC testing machines?

**A:** You can visit this website to identify which nursing homes have received or will be receiving the test kit. <https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/Nursing-Home-Data-Point-of-Care-Device-Allocation/jbvf-tb74> For Binax Now delivered directly to SNFs there is a list on the CMS website as to which SNFs received these tests. If your SNF has not yet received a machine, we recommend you reach out to your local health department through their MHOAC system to request an allocation from them.

**Q:** Ambulance drivers are not always wearing N95s when they arrive to pick-up or drop of patients in our yellow or red zones. They are not our employees. How do you suggest we address this issue with regard to required N-95 use? We have been cited by CDPH for an ambulance driver not donning a gown when entering a room.

**A:** It is not necessarily the facility's responsibility for ensuring ambulance personnel having adequate PPE. You should communicate your concern to the local health department or follow up with the owner of the ambulance company. This is a CalOSHA requirement and should be reported to the owner of the ambulance company, as they should be wearing N95s to also protect themselves as well.

**Q:** If a nursing home selects an existing pharmacy partnership, will that receive the same prioritization in CVS or Walgreens?

**A:** No matter what your choice is, the pharmacy will receive the same prioritization. This survey question is to help with workload distribution.

**Q:** Does CDPH have a stance on whether we should be enrolling in the federal COVID-19 vaccine program, or if we should use our current pharmacy with the state vaccine distribution? I am not sure what would be the most efficient for our residents.

**A:** If you already have a good working relationship with your pharmacy, you can select "existing pharmacy" as an option in the survey. Then there is a follow up question if CDC can't work with your preferred pharmacy, asking you to choose the backup of if you can work with CVS or Walgreens.

## Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities once vaccination is recommended for them.

The [Pharmacy Partnership for Long-term Care \(LTC\) Program](#) provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on LTC facilities and jurisdictional health departments. The services will be available in rural areas that may not have easily accessible pharmacies. LTCF staff who have not received COVID-19 vaccine can also be vaccinated as part of the program.

As part of this program, which is free of charge to facilities, the pharmacy will:

- Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months will likely be needed to administer both doses of vaccine and vaccinate any new residents and staff.
- Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine.
- Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 72 hours of administering each dose.
- Adhere to all applicable Centers for Medicare & Medicaid (CMS) COVID-19 testing requirements for LTCF staff.

If interested in participating, LTCFs should sign up (or opt out) starting October 19. Sign up will remain open for two weeks.

- Skilled nursing facilities (SNFs) will make their selection through the [National Healthcare Safety Network](#) (NHSN). An “alert” will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
- Assisted living facilities (ALFs) will make their selection via an online [REDcap](https://redcap.link/lctf) (<https://redcap.link/lctf>) sign-up form.
- Facilities will indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) they prefer to have on site.
- Online sign-up information will be distributed through ALF and SNF partner communication channels (email, social media, web).
- Indicating interest in participating is non-binding and facilities may change their selection or opt in or out via email after the online survey closes.

Once the sign-up period has closed, no changes can be made via the online form, and the facility must coordinate directly with the selected pharmacy provider to change any requested vaccination supplies and services.

CDC will communicate preferences to CVS and Walgreens and will try to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations and to minimize vaccine wastage.

CDC expects the program services to continue on site at participating facilities for approximately two months. After the initial phase of vaccinations, each facility can choose to continue working with CVS or Walgreens or can work with a pharmacy provider of its choice.

For questions about the Pharmacy Partnership for Long-term Care Program, please contact [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov).



## Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

### *Frequently Asked Questions (FAQs)*

- 1. Can our facility obtain COVID-19 vaccine through our usual pharmacy and administer it ourselves like we do for influenza vaccine?**

Yes, however, most of the COVID-19 vaccines currently in late-stage testing have stricter cold chain requirements than seasonal influenza vaccine, including requirements for some vaccines to be frozen. Additionally, each vaccine has different mixing requirements for administration and minimal interval requirements for a second dose, if indicated. Reporting requirements for COVID-19 vaccines will also be stricter than those for seasonal influenza vaccine. Anyone who administers COVID-19 vaccine is required to enroll as a vaccination provider and report individual-level administration data to the appropriate state, territorial, local, or federal jurisdiction once the vaccine has been administered. For facilities opting into the pharmacy partnership program, the pharmacy partner would be responsible for procuring vaccine, cold chain management, administration to residents (and staff who have not yet been vaccinated), and fulfillment of all reporting requirements to public health authorities on behalf of the facility.
- 2. How do I sign up for the Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination?**

Nursing homes can sign up via the National Healthcare Safety Network (NHSN; <https://www.cdc.gov/nhsn/index.html>) and assisted living facilities can sign up via an online survey (<https://redcap.link/LTCF>) starting October 19 and remaining open for two weeks.
- 3. Why are facilities being asked to consider the LTC pharmacy partnership program for vaccination of LTCF residents?**

CDC is partnering with pharmacies to offer on-site COVID-19 vaccination services for nursing homes and assisted living facilities. The Pharmacy Partnership for Long-term Care (LTC) Program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on facilities and jurisdictional health departments.
- 4. Can staff at my facility get vaccinated via this program?**

It is possible that staff will be eligible to receive COVID-19 vaccine earlier than LTCF residents as part of a recommendation for vaccination for healthcare personnel, including those in LTCFs. Any staff member who was not already vaccinated could be vaccinated through these on-site clinics; however, we strongly encourage staff to be vaccinated as soon as they are eligible, which may occur through mobile clinics and clinics run by health departments for healthcare personnel.
- 5. Our facility has their own pharmacy, are we required to participate in the LTC pharmacy partnership program for vaccine distribution?**

No, you are not required to participate in this program. A facility can opt to have vaccine supply and management services coordinated by a pharmacy provider of their choice or opt in at a later time by emailing [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov) to sign up if after the online form has closed. If an LTCF opts out of the pharmacy partnership program, the LTCF and the pharmacy provider of their choice are responsible for coordination of and adherence to all vaccine supply chain, storage, handling, administration, and reporting requirements, including strict cold chain and public health reporting requirements.

## Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

6. **Can a combination of options be selected? For example, can we have some vaccination services be provided by our own pharmacy provider and some by the pharmacy partnership program.**  
Initially, a combination of options will not be possible. We are asking facilities to select a single option to facilitate efficient distribution of vaccine. We expect the pharmacy partnership services to continue on-site at the facility for approximately 2 months.
7. **How would new LTCF residents be vaccinated?**  
After the initial phase of vaccinations, the facility can choose to continue to work with the pharmacy that provided their initial on-site clinics for additional doses or can choose to work with a pharmacy provider of their choice. Depending on vaccine supply, facilities may want to work with local hospitals to ensure residents have received their first dose before being discharged. Similarly, facilities may ask new admissions from the community to get vaccinated before admission.
8. **What costs are we responsible for if we choose to participate in the pharmacy partnership program?**  
There will be no costs to the LTCF for participation in the pharmacy partnership program. It is anticipated that participating pharmacies will bill public and private insurance for the vaccine administration fees.
9. **If the facility chooses its own pharmacy provider, will that pharmacy provider receive a payment for administering the vaccine?**  
Yes, it is anticipated that pharmacy providers will bill public and private insurance for the vaccine administration fees.
10. **If the facility chooses its own pharmacy provider, what data will the facility or pharmacy have to report?**  
To administer COVID-19 vaccine, providers will need to sign a provider agreement, which requires reporting of specific data elements once vaccine has been administered. Required elements are: Administered at location: facility name/ID; administered at location: type; administration address (including county); administration date; CVX (Product); dose number; recipient ID\*; vaccination event ID; lot Number: Unit of Use and/or Unit of Sale; MVX (Manufacturer); recipient address\*; recipient date of birth\*; recipient name\*; recipient sex; sending organization; vaccine administering provider suffix; vaccine administering site (on the body); vaccine expiration date; vaccine route of administration; vaccination series complete.
11. **When is the deadline for choosing to participate in the LTC pharmacy partnership program?**  
It is anticipated that the survey will open on October 19, 2020 and remain open for two weeks. During that time, the facility can make a change to their choice of pharmacy provider (e.g., select to participate in the pharmacy partnership program, but later opt out). However, after the form closes, no changes can be made via the National Healthcare Safety Network (NHSN) or the online form and the facility will have to coordinate directly with the pharmacy provider selected to make any changes regarding vaccination supply and services.
12. **Our facility is not enrolled in NHSN. Do we have to enroll in NHSN to indicate our options for vaccine supply?**



## Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

A nursing home or skilled nursing facility must be enrolled in the NHSN LTCF COVID-19 module to be able to make a selection of COVID-19 vaccine pharmacy providers. Please follow the enrollment steps here: <https://www.cdc.gov/nhsn/ltc/covid19/enroll.html>. Assisted living facilities wishing to participate should visit <https://redcap.link/LTCF>.

**13. Who do we contact if we have problems with our vaccine supply?**

For facilities that opt to participate in the pharmacy partnership program, please contact CVS or Walgreens directly if you encounter any issues. For facilities that opt out of the pharmacy partnership program, please contact the pharmacy provider of your choice or your jurisdiction's health department.

**14. Is Centers for Medicare and Medicaid Services (CMS) mandating residents to be vaccinated with COVID-19 vaccine?**

Not at this time. Please refer to CMS directly for requirements around COVID-19 vaccine in LTCFs.

**15. Who should I reach out to if I have additional questions?**

For questions specific to the pharmacy partnership program for LTCFs, please contact [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov). For other questions about COVID-19 vaccine, please contact: XXX.