



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Calls  
November 4 & 5, 2020**

The November 4<sup>th</sup> webinar recording, handouts and notes can be found at the Health Services Advisory Group (HSAG) registration website <https://www.hsag.com/cdph-ip-webinars> and 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:

- Testing Taskforce Updates
- Risk & Safety Solutions Update
- ECHO Nursing Home COVID-19 Action Network
- Engaging Your Medical Director
- HAI Program Updates

**Risk & Safety Solutions (RSS) Updates & Facility Training Video**

In follow up to the October 14<sup>th</sup> webinar presentation “Guidance on Submitting COVID-19 Plans of Correction on RSS” ([Access the recording](#)), an RSS facility training video was created to help users navigate the facility side of RSS. You can view the 7-minute video at:

[https://www.youtube.com/watch?v=b6gT\\_xpPjjk&feature=youtu.be](https://www.youtube.com/watch?v=b6gT_xpPjjk&feature=youtu.be)

RSS is receiving a high number of undeliverable emails, which means they can’t get in touch with you. To resolve this issue, surveyors have been trained to update contact information when they visit each facility. Please let them know if you have had key leadership changes. In addition, please add the email domain [@riskandsafety.com](mailto:@riskandsafety.com) to your safe senders list.

**Q:** How can we get access to RSS? How can we add additional users? How many users can we have?

**A:** You can access RSS at <https://hc.riskandsafety.com/>. Please email your district office to request access for additional users, up to a total of 3 users per facility. Surveyors have also been trained to verify that the right facility contacts are in the system each time they enter to start a survey using RSS. Surveyors have the ability update facility user information on the spot using the app. If they are unable to do so onsite, they are able to contact the DO for assistance.

**Register for Week 1 of California’s ECHO Nursing Home COVID-19 Action Network (November 9-13)**

Registration closed on November 3. Over 1,000 nursing homes in CA signed up to be a part of this 16-week ECHO COVID-19 Action Network. Next week is week 1 of 16 weeks. To qualify for the \$6,000 stipend, two representatives from each nursing home must attend 13 of the 16 weeks. On next week’s call, you’ll learn logistical information about how the ECHO program will work. Make sure to register for one of the five sessions offered. The same content will be repeated all five days. For more information visits [echonursinghome.stanford.edu](http://echonursinghome.stanford.edu)

- Monday, November 9th 11am-12:30pm
  - <https://echo.zoom.us/meeting/register/tJ0lf-ispzwjGdyFczOstKNer4qfn50ITokl>
- Tuesday, November 10th 2pm-3:30pm
  - <https://echo.zoom.us/meeting/register/tJ0pcu-ujjshHdyLdRm8Chsr6RTbjQda8axC>

- Wednesday, November 11th 12pm-1:30pm
  - [https://echo.zoom.us/meeting/register/tJEkceurjsuEtFHbsNWGkY5fETY\\_ZMNGIQO](https://echo.zoom.us/meeting/register/tJEkceurjsuEtFHbsNWGkY5fETY_ZMNGIQO)
- Thursday, November 12th 2pm-3:30pm
  - [https://echo.zoom.us/meeting/register/tJMtduuhrjlrGdJbIEJvCNIY\\_AL5qTxQD6fR](https://echo.zoom.us/meeting/register/tJMtduuhrjlrGdJbIEJvCNIY_AL5qTxQD6fR)
- Friday, November 13th 2pm-3:30pm
  - <https://echo.zoom.us/meeting/register/tJOsc-Ctqz8sH9Grn0FKwBpDbqKbjZEPkqjv>

### **CDPH Healthcare-Associated Infections Program COVID-19 Infection Control Updates**

Last week, CDC posted new [Investigative Criteria for Suspected Cases of SARS-CoV-2 Reinfection](#).

Confirmed and suspected cases of reinfection of the virus that causes COVID-19 have been reported, but remain rare. SARS-CoV-2 reinfection is a rapidly evolving area of research, and there is currently no widely accepted definition of what constitutes SARS-CoV-2 reinfection. To help better understand the potential for reinfection and to create a standardized case definition of SARS-CoV-2 reinfection, CDC developed proposed criteria for further investigation. These criteria are relevant to healthcare facilities, particularly skilled nursing facilities, that are resuming routine screening testing of previously positive asymptomatic healthcare personnel as well as including previously positive residents and healthcare personnel in response testing starting at  $\geq 90$  days from their prior positive test.

CDC recommends further investigation for:

- Persons with detection of SARS-CoV-2 RNA\*  $\geq 90$  days after the first detection of SARS-CoV-2 RNA, whether or not symptoms were present

**AND**

- Paired respiratory specimens (one from each infection episode) are available

\*If these were detected by RT-PCR, only include if Ct value  $< 33$  or if Ct value unavailable

In these situations, further investigation including genomic sequencing of paired specimens may be pursued. Recognizing that it is uncommon for most laboratories to retain positive specimens for long enough, it is likely that there will be few scenarios where further investigation for reinfection can be carried out. In addition, many positive test results in asymptomatic, previously positive individuals  $\geq 90$  days from their prior positive test likely represent persistent shedding of non-viable virus.

CDPH is developing guidance and the HAI program is available for consultation to help facilities and local health departments to make infection control management decisions for individuals that have a positive SARS-CoV-2 test  $\geq 90$  days after their previous positive test that don't meet criteria for a formal reinfection evaluation, taking into account a combination of factors such as whether the individual was symptomatic or not, whether there was a known exposure or facility outbreak, and the cycle threshold value of the repeatedly positive test.

For SNF's daily and weekly reporting to CDPH, we'd recommend that SNF not generally include persons who test repeatedly positive after 90 days as new positives, unless, upon consultation with your local health department and CDPH there is confirmed reinfection (which will be extremely rare) or concern that reinfection cannot be ruled out.

### **Questions & Answers**

**Q:** If we have patient in PUI rooms and yellow rooms who they are very high fall risk or if they become anxious if we keep the door closed, what is the recommendation in such cases?

**A:** Resident safety is first. If the door must be open for safety reasons - document it. Be sure the resident wears a mask and social distancing is practiced.

**Q:** Could you please clarify details regarding disposal of isolation related trash for COVID observation patients as well as COVID positive patients? Santa Clara County has clear guidance stating that COVID trash is treated the same as other hospital trash; no "red bags" required for used isolation gowns, gloves etc. Does CDPH have a similar guidance statement? Thank you!

**A:** Your county is correct. CDC recommends trash and eating utensils are not treated any differently. See our AFL-20-14 for documentation.

**Q:** The Medical Director for our facility insists that it is appropriate for him to wear gloves upon entering our facility, after washing his gloved hands at our handwashing station located outside of the facility and sanitizes his gloved hands in between residents. He states he has study completed by a Physician that states it is safer to wash and sanitize gloved hands as oppose to bare hands. The team disagrees with him and have insisted he follows the facility's infection control practices. Any thoughts on how to handle this matter?

**A:** The approach is to engage medical directors and ask questions on how they came to their conclusion. Ask questions and invite the HAI team to interact with them with best practices.

**Q:** Where do we report POC testing results ? We are located in Los Angeles, CA

**A:** All facilities receiving an antigen test are required to record results via the Navica App and report positive and negative result data including demographics such as race/ethnicity, sexual orientation and gender identity to the Lab Reporting Module. Instructions for access are available here:

[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CalREDIE\\_Manual\\_Laboratory\\_Reporting\\_Module.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CalREDIE_Manual_Laboratory_Reporting_Module.pdf)

**Q:** AFL 20-22.5 states facilities should consider testing visitors if feasible; however there are very few (if any) counties allowing the use of POC testing devices for asymptomatic screening. Will CDPH be working with local counties to align guidance with CDPH AFL 20-53.3 and enable point-of-care testing for visitors and external HCP (at the very least).

**A:** CDPH did reach out to local health department officers to get insight and perspective before distributing AFL 20-22.5. CDPH will revise this AFL again and we will look at testing in a way that allows more visits at the facilities. We will address testing for asymptomatic issues, but the main issue right now is to prevent outbreaks in the facilities. No definitive answer currently.

**Q:** Staff are not scheduled to always work Monday through Friday, and there are times that they are off on the weekdays. For the weekly COVID-19 test for HCPs, is it a hard 7 days for them to be tested, or can it be within that week?

**A:** You should be able to accommodate within 7 days even with a schedule stated in the question. This is more a matter of planning. Early intervention is better and by delaying the testing for 48 hours or days you are not doing accurate preventative testing. CDPH is expecting testing to be weekly.

**A:** Can HSAG help with getting our SAMS to return our call for getting our team online? There is a huge wait time for assistance. And this Friday is the Deadline for signing up covid-19 vaccination.

**A:** We'll follow up with you on this to see what we can do. Contact SAMS Help Desk: 877-681-2901; NHSN Help Desk: [nhsn@cdc.gov](mailto:nhsn@cdc.gov) (Please include "LTCF" in the subject line) NHSN does not have a telephone help desk, but only email.

**Q:** Due to the new flu testing recommendations, will the testing centers be testing for flu as well as COVID?

**A:** Yes, multiplex tests (flu & COVID-19) are available and will become more readily available as more labs are pushing for this technology. The state laboratory is pursuing this type of validation to do both types of testing.

**Q:** Can you speak to the Return to Work (RTW) criteria for staff regarding whether or not to re-test for a negative PCR before allowing staff to return to work? Some physicians are uncomfortable just using the 10 days isolation time frame and want asymptomatic staff to be tested and have a negative result before RTW which is not what CDC guidance suggests. What can we do to help them feel better about this as a best practice?

**A:** The problem with testing after 10 days is it will very likely still be positive for some time. There is no evidence of COVID-19 transmission for staff with no fever and improving symptoms that return to work 10 days after their first symptom or positive test result.

**Q:** My facility was wondering about how permanent the SNF vaccine survey response is (partnering with retail pharmacy, partnering with existing pharmacy partner, or planning to receive vaccine and provide vaccination services in another way) ---If we have any issues with our ultra-cold storage and cannot receive vaccines as planned, would we be able to change course to the retail pharmacy partnership if needed (after Nov 6th)?

**A:** You can opt-out at any point, but it is unclear if you can opt-in after the 6th. The suggestion is to sign-up and back out only after you have confirmed that you or your long-term care pharmacy can meet the storage, logistical, and reporting requirements

**Q:** Do you have a price that facilities would pay to test and send to state lab?

**A:** For prices in relation to the state lab, please reach out to Kathy Jacobson from the Testing Taskforce at [kathleen.jacobson@cdph.ca.gov](mailto:kathleen.jacobson@cdph.ca.gov)

**Q:** On behalf of a few centers: it has been over 90 days since the resident tested positive. Although asymptomatic, the resident tests positive again. How is this recorded? Does this agree with the CDC parameters for how it is recorded?

**A:** The reason for resuming testing after 90 days for persons who were previously positive, is to be able to capture the rare possibility of reinfection. CDC is recommending further investigation for people who have had positive tests 90 or more days after their first positive test. CDPH and local public health offices are available to help facilities on this issue. Please reach out to [HAProgram@cdph.ca.gov](mailto:HAProgram@cdph.ca.gov) if you have a reinfection in your facility. At this point, do not include these cases as new positives in the data entered for CDPH. Also, facilities receiving an antigen test are required to record results via the Navica App and report positive and negative result data including demographics such as race/ethnicity, sexual orientation and gender identity to the Lab Reporting Module. Instructions are here:

[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CalREDIE\\_Manual\\_Laboratory\\_Reporting\\_Module.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CalREDIE_Manual_Laboratory_Reporting_Module.pdf)

**Q:** For the weekly testing of facility staff, can we make exceptions to some non-employee personnel who cannot provide evidence of a negative COVID-19 test in the last 7 days and NEED TO ENTER due to EMERGENCY repair and maintenance needs of the facility? How about for emergency needs for a specialized procedure for a resident like PICC line nurses?

**A:** For emergency situations, screen them at the door, and ask the COVID-19 screening questions. They need to pass the screening questions. Don't let it become a habit, but if it's an emergency they can enter if they have proper PPE and maintain social distancing. Also, make sure to document this.

**Q:** What is your recommendation related to a family member who expresses desire to accompany a resident to a doctor's appointment.

**A:** Check with your local DPH for the prevalence of COVID-19 in your community. Also make sure you screen the family member and ensure they are wearing correct PPE.

**Q:** So currently we need to be reporting the Abbot ID now to the Navica app + CalREDIE + NHSN network?

**A:** CDPH is working to find a single solution

**Q:** [AFL 20-84](#) Infection Prevention Recommendations and Incorporation into the Quality and Accountability Supplemental Payment (QASP) Program released on November 4, 2020 has verbiage about needing a full-time dedicated infection preventionist. Do "shared" IP responsibilities still apply? For example, our main IP is the DSD and dedicates 10-20 hours to her IP role, while all other assigned/trained Licensed Nurses divide the remaining 20-30 hours required to complete the 40 hours full-time IP hours per week? Does this arrangement suffice or does the facility need to hire one full-time (40 hours) dedicated IP Nurse?

**A:** It is still okay to job share. However, whoever is covering as an IP needs to have completed the IP training course. If there are too many people managing this one role, it could be concerning and would not be acceptable in a survey. You need to demonstrate each week who is doing what with both staff persons to show 40 hours of IP in your facility per week. Ensure you have clearly defined roles and responsibilities so there are no gaps.

**Q:** For indoor visitation what is more recommended cloth or surgical mask?

**A:** Either is reasonable for visitors to ensure source control.

**Q:** Based on visitation guidelines regarding compassionate care, would it be safe to assume this also applies to the yellow and red zone, providing appropriate measures are taken?

**A:** Compassionate care is the exception. In-room visitation could be facilitated, even for COVID-19 positive residents. There are additional precautions to be considered around PPE for these visitors. If the visitor is going to be visiting repeatedly, a problem could be presented if they were to become exposed and become COVID-19 positive themselves. Visitors at higher risk should wear N95s during the visit and if possible have the visit outdoors to minimize the risk of exposure.

**Q:** What is the "Blueprint for a Safer Economy" link to check for county positivity rates?

**A:** <https://covid19.ca.gov/safer-economy/>

**Q:** Can family members visit residents in the yellow zone that are new admits, or dialysis residents who are not showing signs and symptoms of COVID-19.

**A:** If the facility has an ongoing COVID-19 outbreak, then new admits and residents on dialysis wouldn't be able to have visitors. However, if all other considerations are met and there is not an active outbreak, then you can do in room visitation for dialysis residents and new admits.

**Q:** Do we need to cohort immunocompromised diagnosed residents on the green zone? Or can they stay with the regular green zone residents?

**A:** We don't think so. They might be at greater risk of severe COVID-19, however, in the green area where other residents are not exposed, there's no reason to treat immunocompromised patients differently.

**Q:** We don't have enough space, so can the staff from the yellow zone (observation unit only) use the same break room for the green zone staff?

**A:** Yes, your staff can use the same break room if that is what you have. We would suggest that you stagger the break times, so they are not using the same room at the same time—green cohort staff first, then yellow, then wait to reoccupy the space until the appropriate amount of air changes. They should always be practicing physical distancing and source control unless they are actively eating or drinking. If they want to remove their mask to get a break, they should do that outside.

**Q:** We have a resident who was sent to the ER for shortness of breath and desaturation of O2 level. They returned to our nursing home from the ER with a different diagnosis. They were not tested for COVID-19. We admitted this resident as a PUI and tested the resident. If they tested negative can we discontinue isolation?

**A:** It depends on the county health department's guidance on readmission from a hospital. Was there another diagnosis? Flu? Some health departments allow them to return if just in the ED. Rule out other diagnoses as well.

**Q:** Can our dialysis residents remain in the yellow zone, even though our local public health department provided guidance allowing them to be in the green zone?

**A:** Yes, if you feel that is safest for your residents. Monitor the resident for impacts of isolation and care plan what works for them. If you want to be more restrictive, you can put them in the yellow zone of unknown exposure; not in the known exposure yellow zone.

**Q:** Eye protection in the green zone?

**A:** Follow CDC guidance on this issue. Wear eye protection in the green zone regardless. If there is low transmission in the community, one could potentially not use eye protection based on CDC guidance, but most facilities are in areas with transmission in the community.

**Q:** Is the flu vaccine mandatory for all SNF residents or can they refuse?

**A:** They can refuse; however, we highly encourage everyone to receive the vaccine. Facilities should be educating residents, as well as family members on the vital importance of receiving the flu vaccine.

**Q:** We had a surveyor not accept our mitigation plan as the written process for testing of HCP and residents because they said that the mitigation plan is a state requirement and that they are doing a Federal Infection Control Survey for F-880. Can you please clarify this?

**A:** We do both COVID-19 mitigation surveys, which are a state survey, as well as CMS infection surveys which are federal requirements. In this situation, it may have been related to details for the federal requirements. This question may best be handled offline. We recommend reaching out to local public health as well as CDPH.

**Q:** Are the weekly numbers that our SNF reports on Wednesdays from "Wednesday to Wednesday" or the calendar week prior reporting?

**A:** Assuming the weekly testing reports. It would be what you had the previous week. It depends when your facility is doing your testing.

**Q:** We are looking at doing saliva testing. How would that be documented on the CDPH Hub site that downloads into NHSN?

**A:** The new state laboratory is reviewing the capability for this in the future, around 2021. There are multiple labs looking at how to do this in the future. The results of saliva testing would be handled the same way as you handle the results for any other specimen types for COVID-19. Stay tuned for any updates regarding this topic.

**Q:** If previously positive staff test positive again after 90 days, is that considered a new positive confirmed case? What is the driven testing for residents and staff?

**A:** In this case, it is not considered a new COVID-19 positive case. If there are other new positives in the facility, this would cause more concern and the need for response testing.

**Q:** Where do we report POC testing results? We are located in Los Angeles, CA.

**A:** This data must be reported within 24 hours of test completion, on a daily basis. For reporting guidelines, please refer to <http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm>. All positive tests must be reported using the Medical Provider COVID-19 Report form. Complete all sections and submit by secure e-mail to [Covid19@ph.lacounty.gov](mailto:Covid19@ph.lacounty.gov) (preferred) or by fax to: (310) 605-4274. CMS is now requiring facilities to report their results directly into NHSN in the COVID-19 testing results module. CDPH is still working through the logistics on the state receiving those results from NHSN so we don't need to use the CalREDIE module.

**Q:** If a resident was COVID-19 positive in May and then tested positive in November, is the SNF required to report the positive case again to DHS and do we isolate if resident is asymptomatic?

**A:** Please contact your local health department for further evaluation. It would be prudent to isolate initially until further evaluation can be made and whether or not response testing is needed in the facility.

**Q:** If a HCW goes on vacation, do they need to test before returning to work? Or is it OK to start testing again at work once they arrive back from vacation? We test every Monday and Tuesday and some staff miss these days because they are not at work. Should we keep them off the schedule until tested?

**A:** They need to be tested weekly. If you test on Tuesday and your HCW isn't returning until Wednesday, it's prudent they should be tested as soon as possible. They shouldn't be held from work, but they should get tested if they missed the weekly testing.

**Q:** Does the Testing Task Force have regular open meetings? If so, when and where?

**A:** The task force does participate on the Tuesday morning all facilities calls, but they do not have a regular statewide call because they join our statewide calls instead. The call in number for the Tuesday all facilities call is 844-721-7239; the access code is 7993227.

**Q:** The latest QSO states that even with an outbreak that we can allow residents in the Green Zone to have visitors in a designated area outside of the skilled unit. We had an employee test positive and we were told that we could not accept admissions for 14 days and 2 rounds of COVID-19 testing of all residents and staff and that visitation was also not allowed during that time....it seems to contradict the new visitation guidelines...can you clarify?

**A:** Your local health department may be more stringent on this, but [AFL 20-22.5](#) indicates that facilities with substantial community transmission and an outbreak would allow these types of visits described. Again, local health departments may have more strict requirements, but the AFL is not contradictory to these guidelines.

**Q:** Can visitors for patients in cognitive impairments and in yellow zone touch and hug their loved ones? Or do they still need to observe 6-ft distancing?

**A:** Unfortunately, at this time we do not have indoor in-room visitation protocols for residents in the yellow zone. We understand the importance of human touch, and each scenario is unique. We encourage working with the facility's medical director to address these specific situations. In compassionate care situations there is allowance for that, but it is not recommended as standard practice. Encourage physical distancing even in compassionate care situations. No hands-on visitation allowed currently, unfortunately.

**Q:** Is there a limit to the number of visitors for compassionate care visits?

**A:** Yes, there is a limit to one visitor for all situations per [AFL 20-22.5](#). Visitors should not come all at the same time. Case-by-case basis.

**Q:** One of our residents was in the COVID-19 unit with one full time CAN. An LVN would visit the resident once a day to assess but were cited with a tag because we didn't have a full-time staff member as said in our mitigation plan. What could we have done different? Can you clarify?

**A:** Please reach out to the survey team through the RSS portal and reach out to your local district manager about this situation.

**Q:** Some of our facilities are having challenges getting access to surgical masks. CDC release guidance on which KN95 are acceptable. Will there be guidance for facility and surveyors that will allow us to use KN95 in the green zone since we don't have surgical masks? Which KN95s are acceptable to use?

**A:** Cal/OSHA has requirements for what is acceptable for N95 respirators. You'll need to follow those guidelines that were posted in August on the CDPH website. Also, ensure you have a respiratory fit testing plan. For using KN95s in green areas, use them as source control and not used as respiratory protection. When you need to have source control, we recommend using surgical masks to eliminate confusion for staff members on what N95 mask is allowed to be used. KN95s per Cal/OSHA are not respiratory protectors. If you have a shortage of surgical masks you could potentially use KN95s for source control only. Staff should understand that KN95s are not to be used for respiratory protection. Also, reach out to your MOAHC to see how you can resolve the surgical mask shortage. The respirators have to be NIOSH certified per California rules.

**Q:** A staff member tested positive, and 48 hours prior to the test result was working in our yellow zone. Would you consider all yellow zone residents to be exposed, which means they would go back to day 1 for the 14-day window?

**A:** Unfortunately, yes. The clock starts over for those residents as they have potentially been exposed within that 48-hour period. Now you would need to test, monitor and implement transmission-based precautions accordingly.

**Q:** Reporting question - if a facility has already upgraded to Level 3 SAMS, do they still need to report data to CalREDIE?

**A:** We still recommend that you continue to report via CalREDIE while CDPH verifies that the data from NHSN will be shared. The plan is for nursing homes to submit data to NHSN. Then NHSN will submit the data to CDC. Then the CDC will share the data to CMS, and then CMS will share the data to the state health departments. CDPH is seeking clarification from CMS on how the data will flow.