



CORONAVIRUS
DISEASE 2019

(COVID-19)

WEEKLY UPDATE

LONG-TERM CARE AND RESIDENTIAL CARE FACILITIES

Tuesday, November 10, 2020

Greetings Long-Term Care and Residential Care Facilities of San Diego County,

Please find information below regarding the latest guidance and resources from county, state, and federal organizations, including **new updates**:

- After posting a case rate of more than 7 cases per 100,000 residents for two consecutive weeks, the state is placing the [County in the Purple Tier](#) starting Saturday, November 14th, the most restrictive level of its system that limits activities based on risk of spreading COVID-19. We will discuss the implications for long-term care facilities on our upcoming telebriefing this Friday, 11/13/20, at 4:00 pm. Scroll down for telebriefing login details.
- All Facilities Letter (AFL) notifies skilled nursing facilities (SNFs) of the passage of Assembly Bill 2644 regarding infection preventionists and communicable disease reporting **(AFL 20-85)**
- Notes from the California Department of Public Health conference call for Skilled Nursing Facilities to provide updates on COVID-19 (11-4-20)
- Provider Information Notice (PIN) announces an informational call, **Infection Prevention: Preparing for a Safe Holiday Season**, November 18, 2020, for all Adult and Senior Care Program Licensees **(PIN 20-41 ASC)**
- Ensure you are registered to participate in the **Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination** by 1) Double-checking that your prior registration is complete through REDcap (due to technical difficulties experienced in the

system), **OR** 2) Signing-up through the County of San Diego survey by **Thursday, November 12, 2020, 9:00 AM** if you did not previously sign up through REDcap.

- **Reminder:** Long-Term Care and Residential Care Facility telebriefing will be held **this Friday, 11/13, at 4:00 pm** with special guest speaker, Dr. Raymond Chinn, County of San Diego Medical Consultant, on improving indoor air quality as a strategy to decrease transmission of COVID 19 in long-term care facilities.
- Live Well San Diego's **10 Self-Care Tips During COVID**

As a reminder, if you have a positive COVID-19 case at your facility, please report it by calling the County Epidemiology Unit phone line at (619) 692-8499 or (858) 565-5255 for after-hours or on the weekend. The County as well as your State licensing departments are here to support you.

For additional information, please see our website www.coronavirus-sd.com/LTC. Please email us at moc.logs.hhsa@sdcountry.ca.gov if you need personal protective equipment.

Thank you for your continued efforts and partnership with the County of San Diego!



Announcements and News



California Department of Public Health

CDPH publishes news and All Facilities Letters (AFLs) regularly. If you would like to receive email notifications of AFLs, please submit your request to LNCPolicy@cdph.ca.gov.

NEW! Letter to Skilled Nursing Facilities (SNFs): AFL 20-85 – November 9, 2020

This AFL notifies SNFs of the passage of Assembly Bill (AB) 2644 requiring SNFs to have a full-time, dedicated infection preventionist, a plan for infection prevention quality control, and annual training in infection prevention and control for all health care personnel.

AB 2644 also requires SNFs to report communicable disease data to the California Department of Public Health during a declared emergency related to the communicable disease, including data on each disease-related death that must be reported within 24 hours, and to notify residents and their representatives and family members about cases of the communicable disease within the facility. [Click here to read AFL 20-85](#)

NEW! Notes from the California Department of Public Health conference call on infection prevention for skilled nursing facilities on November 4, 2020, and a conference call for skilled nursing facilities on November 5, 2020 to provide updates on COVID-19.

Please see attached PDF titled "AFC-SNF+IP+Call+Notes+11.04.20"

Letter to Skilled Nursing Facilities: AFL 20-84 – November 4, 2020

This AFL informs skilled nursing facilities about CDPH's infection prevention recommendations and the incorporation of infection prevention and COVID-19 mitigation requirements into the Quality and Accountability Supplemental Payment Program.

[Click here to read AFL 20-84](#)

Letter to All Facilities: AFL 20-82 – October 30, 2020

This AFL informs health care facilities of the CDPH policy requiring all CDPH employees who enter health care facilities as a part of their work to comply with local requirements to minimize the spread of the influenza virus. [Click here to read AFL 20-82](#)

[Click here to see a full list of recent AFLs](#)



California Department of Social Services

The Community Care Licensing Division (CCLD) of the California Department of Social Services (CDSS) publishes Provider Information Notices (PINs) to communicate important license related information to CCLD-licensed providers. The local San Diego Adult and Senior Care Regional Office can be reached at (619) 767-2300 or CCLASCPSanDiegoRO@dss.ca.gov.

NEW! All Adult and Senior Care Program Licensees – November 10, 2020

PIN 20-41-ASC announces an upcoming informational call with Adult and Senior Care licensees regarding how persons in care, facility staff, families, and friends can enjoy the holidays safely this year during the COVID-19 pandemic. The call will feature a panel discussion and will include an opportunity to ask questions.

Informational Call

Infection Prevention: Preparing for a Safe Holiday Season

Wednesday, November 18, 2020, 1:00 – 3:00 PM

Toll-Free Call-In Number: **888-989-4615**

Participant Passcode: **6668038**

Note: Participants may begin calling in at 12:45 PM

[Click here to read PIN 20-41-ASC](#)

All Residential Community Care Providers – November 2, 2020

PIN 20-26-CCLD releases the updated estimated Social Security Income (SSI) and State Supplementary Payment (SSP) payment standards effective January 1, 2021 for Non-Medical Out-of-Home Care (NMOHC) - Licensed Facility or Without In-Kind Room and Board. [Click here to read PIN 20-26-CCLD](#)

[Click here to browse the full list of recent PINs](#)



Flu and COVID-19 Vaccine Information

Flu Vaccination Information

The influenza vaccine is available at doctors' offices and pharmacies throughout San Diego County and is covered by medical insurance. For **Flu Season 2020-2021 information**, check out the County of San Diego Immunization Program [influenza webpage](#) and find information on [Flu Vaccine Locations](#). For additional information, [click here](#) for the Centers for Disease Control and Prevention ways to protect your health this season.

UPDATE! COVID-19 Vaccination Information for Long-Term Care Facilities

The CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities (free of charge to facilities) through the **Pharmacy Partnership for Long-term Care Program for COVID-19 Vaccination**.

Please note:

1. If you **have already** registered through the REDcap online survey, we encourage you to go back into that survey to ensure it is complete as soon as possible. We understand there were some technical difficulties with the REDcap survey, so it is important that you ensure your information was included. Please find the REDcap survey [link here](#).
2. If you have **not** already registered through the REDcap online survey, you can fill out the County of San Diego's survey that was emailed out to facilities today, 11/10, by the County of San Diego COVID-19 Healthcare Status Provider Team. Please respond to the County of San Diego's survey by **Thursday, November 12th before 9:00AM**. County staff will compile and share your information with CDPH and CDC to ensure your facility may receive the benefits of this important program. Your complete responses are very important and will facilitate vaccine availability for your facility's residents. [Please click here to take the County of San Diego COVID-19 vaccine survey](#).

Category	Value	Target	Status
Testing Positivity Rate	6.7%	7.2%	On Track
Hospitalizations	20	-2%	On Track
Deaths	1%	36%	On Track
ICU Admissions	0.3%	53%	On Track
Skilled Nursing Facility Admissions		87%	On Track
Community Case Rate		3.6%	On Track
Healthcare Worker Infection Rate		97%	On Track
ICU Case Rate		95%	On Track
Skilled Nursing Facility Case Rate		38%	On Track

REMINDER to check the County Triggers Dashboard for the Testing Positivity Rate

The frequency of routine testing of skilled nursing facility staff depends on the San Diego County Positivity Rate. Please click the link below to access the **COVID-19 Testing Positivity Rate**.

[View the current Positivity Rate here](#) (Item #10: Testing Positivity).



San Diego County Public Health Order

The latest updates to the local Public Health Order include additional key items such as a revision to item #3, school-related updates.

(Effective November 3, 2020). [Read the latest order.](#)



Upcoming Telebriefings



**Friday, November 13
at 4:00pm**

REMINDER Telebriefing for **Long-Term Care and Residential Care Facilities** with Special Guest, Dr. Raymond Chinn, County of San Diego Medical

Consultant, on improving indoor air quality as a strategy to decrease transmission of COVID-19 in long-term care facilities.

WHEN: Friday, November 13, 2020, at 4:00 p.m.

Please [pre-submit your questions in advance here](#). Participants will have the opportunity to ask questions during the call through the online chat feature on the Zoom platform.

Join the telebriefing at the specified time and date using one of the options below:

- Option 1 | Computer (preferred):
 - Click on the following link <https://zoom.us/j/218631109>
 - Meeting ID: 218 631 109
 - If you have any difficulties accessing the participant link, please use option 2.
- Option 2 | Phone:

- Dial-In Number: 1 (669) 900-6833 or 1 (346) 248-7799
- Meeting ID: 218 631 109.



Telebriefing for **Older Adult and Disability Service Providers**

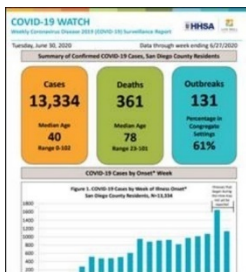
WHEN: Friday, November 20, 2020, at 4:00 p.m.

**Friday, November 20
at 4:00pm**

Click [here](#) to learn more about the telebriefing, [submit questions](#) before each telebriefing, and visit the **Older Adult and Disability Service Providers** sector support [webpage](#).



Ongoing Programs, Services, and Resources

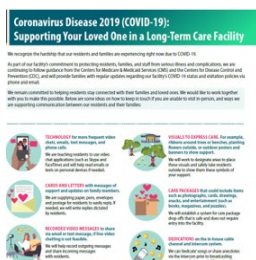


County of San Diego COVID-19 Dashboard and Weekly “COVID-19 Watch” Report

The County of San Diego publishes a weekly surveillance report on the coronavirus-sd.com website called “COVID-19 Watch”.

[Click here to review the report.](#)

Visualize and track data real time on the interactive web-based dashboard developed by the County of San Diego Epidemiology and Immunization Services Branch. [See the dashboard here.](#)



Supporting Your Loved One in a Long-Term Care Facility

Nursing homes and long-term care facilities can communicate actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control. [Please click here to access this document.](#)



NEW! Ten Self-Care Tips During the COVID Pandemic

In order to help others, we must ensure we stay healthy ourselves. The County of San Diego’s Live Well San Diego team shares some good tips on ways to stay balanced and healthy. Check out this quick video for a great reminder: [“Ten Self-Care Tips During the COVID Pandemic”](#)



- [COVID-19 in Nursing Homes and Long-Term Care Facilities](#)

- [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes](#)
- [Printable Algorithm](#) for considerations for testing asymptomatic and symptomatic residents or HCP.
- [Guidelines on Masks, How to Select, Wear, and Clean Your Mask](#)
- [Guidelines for Group Homes for Individuals with Disabilities](#)
- [Guidelines for Direct Service Providers of Individuals with Disabilities](#)
- [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)

For general information about COVID-19 from the CDC, please visit www.cdc.gov/coronavirus.



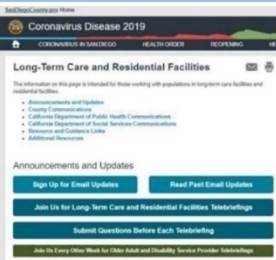
211 San Diego

For health or testing related questions, contact your healthcare provider. For general questions about COVID-19, information about community resources, or if you are uninsured, call **2-1-1 San Diego**. [Click here](#) for free COVID-19 testing information.



General COVID-19 Information from Federal and State Organizations

- [Centers for Disease Control and Prevention – COVID-19](#)
- [California Department of Public Health, Immunization Branch – COVID-19](#)
- [California Department of Social Services – COVID 19](#)



Recent Email Updates from the County of San Diego Long-Term Care and Residential Care Sector

- [November 5, 2020 Update](#)
- [October 29, 2020 Update](#)
- [October 22, 2020 Update](#)

[Click here to browse all past email updates.](#)



Stay Connected



For questions related to long-term care and residential care facilities, please email: COVID-LTC@sdcounty.ca.gov.



Get the latest information about what's happening across the county with COVID-19.



Text **COSD COVID-19** to **468-311**
to get text alert updates from the County of San Diego.





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

The November 4th 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 14th 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

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 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

- 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
- Thursday, November 12th 2pm-3:30pm
 - 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 ≥ 90 days from their prior positive test.

CDC recommends further investigation for:

- Persons with detection of SARS-CoV-2 RNA* ≥ 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 ≥ 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 ≥ 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

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 (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

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 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

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 (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.