



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Calls
October 28 - 29, 2020**

Questions & Answers:

Q: Are indoor visits allowed in the yellow zone? What if you do not have private rooms in the yellow zone? Do we need to take the resident out of the room to a communal area?

A: Indoor visits are NOT allowed for residents in the yellow zone. We definitely encourage facilities to experiment with creative solutions to allowing visits with these specific residents. We also encourage facilities to engage their medical director and local public health to develop the safest approaches.

Q: How often is the blueprint updated? How often should facilities check this to ensure we can have visitation?

A: This was most recently updated on October 27, 2020. We believe this is updated weekly, since some counties numbers are fluctuating from week to week. We encourage facilities to check the blueprint to check on a weekly basis to be made aware of any recent changes or updates.

Q: Is a family member allowed to come every day to visit their bed ridden family member in the green zone to help feed meals (3 meals/day) in order to restore his nutrition status? What if the resident is in the yellow or red zone?

A: At this time, red and yellow zone visitation would not be allowed. That being said, there is a strong need for caretaker roles being present in these specific areas. We are working to revise current guidance to encourage more indoor visitation for green and yellow zones. Based on the current guidance under compassionate care, the most recent AFL provides explicit information in scenarios like this.

Q: Will CDPH support us revoking visitation rights for family members who refuse to follow the rules?

A: The facility must ensure safe spaces and must enforce safety precautions. It is not up to CDPH to revoke visitation rights to individuals.

Q: Per previous CDPH call, we were advised that if resident shows up with both symptoms of COVID-19 and Influenza-like Illness (ILI), the resident should stay in a private room, be tested for both COVID and flu first and not automatically transfer to the yellow cohort. Our mitigation plan says that if they have symptoms of COVID (PUI), that they need to be transferred to yellow cohort and even if they test negative for COVID, they should still isolate in the yellow cohort and be “presumed” to HAVE COVID until criteria for discontinuation of precautions are met. Should we revise our mitigation plan?

A: Especially with the upcoming influenza season, it is important to clarify your tests for both COVID and influenza to best address source control. We need to make efforts to not move residents across COVID cohorts. Our COVID mitigation plans are living documents and should be revised in order to prepare for the different seasons and phases.

Q: Staff Cohorts: Is it the expectation and recommendation of CDPH that staff working in the yellow zone should have a separate entrance and exit from the staff working in the green zone? Or can all staff enter at one entrance as long as they go their separate ways and do not cross the zone delineations?

A: The recommendation for different entrances, exits, and breakrooms, is more for your staff focused on COVID-19 positive residents or red zones. We recognize that these separations are not always feasible for all facilities and encourage facilities to engage their local public health and medical director.

Q: Can we admit a resident today into the yellow zone and then admit another one into that same room 4 or more days later? Would the 14-day count RESTART for resident #1

A: In this scenario, the 14-day count would not restart unless the roommate was determined to have tested positive. New admissions are recommended to have private rooms during observation; however, we understand that this is not always feasible in all facilities. In these scenarios, having multi-occupancy is allowed as long as the residents are separated by barriers. Make sure to consult with your local public health for further guidance.

Q: Since we are now also required to use eye protection for green zone patients, can staff just keep the eye protection on at all times while in the unit and remove at the end of their shift without sanitizing after exiting each patient room?

A: Essentially all guidance comes from CDC to empirically use eye protection, in particular in areas where there's a high rate of spread to protect HCP and residents. This also strongly applies to facilities experiencing widespread transmission and outbreaks. This scenario is okay, as long as staff are practicing good hand hygiene.

Q: AFL 20-22.5 requires staff to wear face shields when interacting with residents. Is it possible to apply for a program flex for this requirement? We are giving it our best efforts, however as a dementia unit, we are finding our residents are frightened and more confused as they can't see the staff faces well.

A: We understand the challenges associated with these requirements. It is reasonable to do the best you can with experiencing with different ways of implementing eye protection.

Q: Do you know if a program will be set up for other providers to sign up via the vaccine program? For example, diagnostic radiology and laboratories?

A: The question is asking about COVID-19 vaccine program. The information we can provide is that there are active planning efforts at the state and local levels regarding the roll out of vaccination programs

Q: How do you handle flu vaccination for a facility that just recently came off from COVID outbreak? Some family are hesitant about consenting to flu vaccine. Are there any guidelines that would further explain to family the importance of getting the flu vaccine now more than ever?

A: It is important now more than ever to get flu vaccine. In CDC guidance, there is very good information about the ability to immunize individuals who may be recovering from COVID-19 or have potentially been exposed. In SNF setting in this situation, it does not mean you cannot move forward with flu vaccines. In terms of talking points for families, we will link in the minutes some talking points from a campaign called "Don't wait, vaccinate" and the importance of flu vaccination during this season.

Q: In AFL 20-80 in the attachment "Influenza in California Skilled Nursing Facilities (SNF) during the COVID-19 Pandemic" on page 22 it speaks of using an antiviral for 14 days on all residents in the event of a positive influenza case in the SNF and to continue it for 7 days after the last positive case. Our MD asked if a resident test positive on day 8 of the first treatment, do we add 7 days on from there or 7 days from the end of the 14 days for a total of 21 days?

A: This scenario described is complex. We will discuss some general guidance regarding treatment. The dosing for antiviral and prophylaxis is different. The treatments will be determined by the different types of

tests taken. This is a situation where consulting with your local public health and CDPH would be encouraged.