



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Calls  
October 14 - 15, 2020**

The October 14<sup>th</sup> webinar recording and handouts can be found at <https://www.hsag.com/cdph-ip-webinars>. The presentation covered the following updates:

- Testing Taskforce:
  - The BinaxNOW tests do not require a machine to run them. They only need the card, the swab and the dropper of reagent. See videos for training at the [NAVICA and BinaxNOW COVID-19 Ag Card Training Site](#)
- Visitation Guidance—Two AFLs will be distributed soon
- Guidance on Submitting COVID-19 Plans of Correction on Risk & Safety Solutions (RSS)

The CDPH Strategy for SNFs: Infection Prevention Education website has information about these calls at: <https://www.cdph.ca.gov/Programs/CHCQ/Pages/SNFeducation.aspx>

**Questions & Answers:**

**Q:** We can't find documentation from the CDC supporting the requirement to universally close the doors to resident rooms to prevent the spread of COVID-19. Closing the doors seems cruel, unsafe and isolating. Can this requirement be revisited?

**A:** CDC's general COVID-19 guidance [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic](#) discusses airborne transmission precautions, which includes keeping the doors closed except when entering or leaving the room. This information is applicable to all healthcare settings, including SNFs. These guidelines can be modified to facilitate safe resident care. If a resident is a high fall risk due to physical or mental challenges, the following methods can be used to safely provide care with the door open for observation:

- The resident should be at least six feet away from the open door.
- Fans or other ventilation devices should not be blowing air out of the resident's room.
- Health care workers (HCWs) should wear full PPE when caring for the PUI resident.
- If able, the resident can wear a cloth mask in the room.
- Any aerosol generating procedures should take place in an airborne infection isolation room (AIIR), or with the door closed to the resident's room, [per CDC guidelines](#).

The CDC guidelines for [Memory Care Units](#) offer additional suggestions that may help settle disoriented residents that require regular observation. Here is a copy of the new sign [CDC published for \(COVID-19\) Airborne Precautions](#). You will note it shows a closed door, not an Airborne Infection Isolation Room (AIIR).

**Q:** Per CDPH AFL 20-74, all residents on the unit or wing where a case was identified in a resident or healthcare personnel (HCP) are considered exposed. If we have only one speech therapist in the building who sees residents daily across the green, yellow and red cohorts and she turns positive, will ALL the residents in the facility be considered exposed and considered PUI?

**A:** Essentially yes, however the residents in the COVID-19 positive red zone would not be considered to have a new exposure in this scenario. COVID-19 recovered residents who are in the green zone also would not be considered to have a new exposure (if less than 90 days). Any other residents in green or yellow zones might represent a new and more recent exposure, so would require the necessary protocols to be followed. Response testing would need to include all those residents. If the exposure was in the yellow zone, the 14 days would start all over again for those residents because they were exposed.

**Q:** Per CDPH AFL 20-53.3 Testing and quarantine are not required for hospitalized residents that tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to SNF admission or readmission. Does this mean we can admit these residents straight to the green zone?

**A:** Yes, if you have documentation that the individual went through the entire incubation period, 10 days from symptoms or COVID-19 positive test, then they can proceed to the green zone. No additional testing should be done for that new admission.

**Q:** Could you explain the information about Cycle Threshold (Ct) values relative to former positive people testing positive again before or after 90 days?

**A:** PCR test results used to diagnose SARS-CoV-2 are generally reported as either positive or negative. However, the test also provides a measure of the viral load in the sample, which is called the Ct value. A higher Ct value is indicative that the amount of virus that the test picked up is very small, and could potentially be a false positive, or a weak positive test result. PCR tests should be valued as a qualitative test values and not a quantitative test. Facilities can take results on a case by case basis to make practical determination on what to do and how to manage the situation if a previous COVID-19 positive HCW or resident is now testing positive again. Working with local public health department, you may want to consider the Ct value if there are no other cases in the facility, and no outbreaks have occurred even though the patient is testing positive again. If there are other COVID-19 positive cases within the facility, then the Ct value does not matter. CDPH's HAI program and your local health dept can help with these trickier situations.

**Q:** Will SNFs be receiving flu test kits?

**A:** Many commercial laboratories are developing and getting approval for multiplex testing where both the flu and COVID-19 can be detected. In addition, the state laboratory is also researching multiplex testing that could be available to SNFs. Lastly, the CDC also developed this test and has distributed to the states, which CDPH has distributed to labs. Facilities should check with local health departments to see how they can access that resource. POC testing instruments will also have influenza POC tests and a multiplex test. More information and clarity on these tests will come soon. These would be useful for immediate POC tests on symptomatic individuals. But the POC antigen tests are less sensitive, therefore a negative result for either COVID or influenza stills need to be followed up with confirmatory PCR test.

**Q:** If a resident tests negative for both COVID-19 and flu, can we remove transmission-based precautions?

**A:** It depends. If the resident has symptoms, then yes, transmission-based precautions need to be continued until the diagnosis is clarified. There could be a respiratory pathogen that is not COVID-19 or flu. If the facility is having an outbreak, and it's not COVID-19 or flu, contact your local public health department to consider getting access to a broader panel to test for other respiratory illnesses.

**Q:** If a resident tests positive for flu, do we continue transmission-based precautions?

**A:** For residents, yes, you will need to continue transmission-based precautions if the resident tests positive for flu. Transmission-based precautions for residents with the flu only is droplet precautions, which includes a surgical mask, which staff are using already for source control. The complications come in when you must consider the COVID-19 status of the resident. For example, if a COVID-19 positive resident in the red zone tests positive for the flu, HCWs will already be using the highest level of transmission-based precautions in the red zone. If resident is in the yellow zone and tests positive for flu, transmission-based precautions will also be used because the resident is at risk for COVID-19 as well.

**Q:** Do employees need to be tested regularly for the flu?

**A:** No, we are not recommending regular screening or response testing for influenza at this time for HCWs. Influenza testing should be done only on symptomatic residents and staff. We recommend symptomatic individuals get tested for both COVID-19 and flu.

**Q:** If an employee is negative for COVID-19, but has signs and symptoms of the flu, do they need to be off for 10 days?

**A:** In this situation, you would have the employee take time off based on their symptoms and consider testing the person for influenza.

**Q:** Are hospitals still required to offer and administer the flu vaccine per JCAHO? When patients are transferred to our SNF from the hospital, we do not usually see evidence in the records that the flu vaccine was given.

**A:** In general, we are encouraging hospitals to offer the flu vaccination. We are still waiting on CDC guidance on what hospitals should be doing and how to offer influenza vaccines to hospitalized individuals. During the Tuesday CDPH All Facilities Call, CDPH can emphasize the importance to notify SNFs of patient vaccination status before the transfer occurs.

**Q:** We recommend that CDPH make it a mandate (rather than a suggestion) for outside HCWs coming to the facility to sign an attestation to show that they have been tested weekly before they can enter the facility. If they refuse to sign, then they should not be allowed to enter. Many of our physicians are refusing to get tested, putting our residents at risk. Tracking outside providers and keeping up with the signing of forms, attestations may cumbersome, but we need to do this to keep our residents safe. Do you have other suggestions on how to deal with outside providers?

**A:** We appreciate the desire for CDPH to have more mandates and requirements, but in order to mandate something, it needs to be based off a current statute or authority. We can take this comment back to see if further guidance can be given. In these scenarios, it is important to defer back to facility-specific policies and protocols to address these problems. Facilities can make it a mandate in their protocols that all outside HCWs attest to weekly testing. If a physician or outside HCW or vendor is not following the protocol, then the facility can refuse entrance. CALTCM agrees that the safety of the residents and staff must come first and that anyone entering a facility represents a transmission risk. CALTCM stands firm that outside HCWs need to be tested weekly. It is ultimately up to the facilities on how they get the test documentation and attestation done. When testing is available, it is unconscionable to flout the weekly testing recommendations. Facilities can refer their physicians to CALTCM for more information at [info@caltcm.org](mailto:info@caltcm.org).

**Q:** Can you confirm how often outside vendors need to be tested, and what proof do facilities need to show surveyors?

**A:** Outside vendors need to be tested weekly. Surveyors are asking for documentation to prove that all staff on payroll are being tested.

**Q:** Are we responsible for testing our resident's personal caregiver; or does the caregiver need to be tested on her own?

**A:** The facility is not responsible for this.

**Q:** If pharmacy staff deliver medication to our SNF, do they need to show proof they were tested? They do not interact with residents--they just drop it off and leave.

**A:** If they do not in fact interact with any residents, testing is not needed. Ultimately it is up to the facility to ensure there is no interaction and that testing is not needed. For example, is the pharmacy just dropping off the medication similar to a UPS driver dropping off packages. If yes, this is a very low risk situation and testing is not needed.

**Q:** Our current health officer order in our local county has provision that only allows for "Limited OUTDOOR Visitation." I discussed with the LHD about CMS/CDPH criteria for in-room visitation and our facility has met the criteria. The LHD said that in room visitation is still not allowed while health officer order is still in effect. Are we to resume indoor visitation despite going against our Local Health department's officer order?

**A:** We are working with public health officers in a collaborative manner to get their guidance in advance to hopefully provide more clarity in the soon-to-be released visitation AFL. Not every county public health department will be the same because each county is uniquely different, but we hope the state guidance will address most of these questions and better align with CMS and the local health departments. Ultimately, facilities should follow the agency with the stricter guidance if there is conflicting information. If your local department is stricter than the state, than you need to follow their requirements. This also relates to the voting guidance that CDPH issued in [AFL 20-78](#). If your county has stricter guidelines, then you need to work with your local health department to ensure there is a way for your residents to exercise their rights to vote.

**Q:** Can families bring outside food for the resident during their visit? If so, can the resident consume the food during the visit with the family member?

**A:** Yes, but be sure proper precautions are followed.

**Q:** Will the facility have the discretion to revoke this in-person visitation inside the facility if a specific designated person is found to be non-compliant with face coverings or walking around in other areas?

**A:** If a facility has a reasonable safety concern, the facility is justified in restricting this person.

**Q:** Can visitors visit the resident in the resident's room?

**A:** This depends on if the resident has a roommate. If they do, then the visit should occur in another space.

**Q:** We had had a visitor that ended up being COVID-19 positive after visiting their loved one in the facility. Besides 10 day of self-isolating for this positive individual and considering those residents in the room where the visit occurred as PUIs, what type of clearance is needed to allow the visitor to return to the facility?

**A:** At a minimum, the person could not re-enter 10 days from the positive test. This timeframe could be up to 20 if their immune system is severely compromised.

**Q:** Can visitors visit their loved ones in red and yellow zones? Residents in the Red Zone are arguably more in need of visitors than those in the Green Zone.

**A:** The anticipated AFL will provide considerations for this. Regarding residents in the red zone, note that compassionate care visits are acceptable in the red zone. Facilities need to think through PPE required for visitors beyond regular face masks used for source control. Visitors that are high risk also need to be cautious about visiting yellow and red zones to avoid complications if they were to become COVID-19 positive. Certainly, in compassionate care situations, flexibility is important. It would be good to consider the use of N95s for higher risk visitors and get a seal check. Have your medical director or administrator talk to high risk visitors so they understand the potential for exposure.

**Q:** As discussed over the last few months, CalOSHA guidelines DO NOT allow for reuse of N95s, even if you decontaminate them. That was only allowed before when there was a shortage. One of the attendees last week asked a hypothetical question saying, if there was a shortage, do we have to use a company like Battelle to decontaminate the N95s or can we store them long enough, like in a paper bag, to allow the virus to deactivate on its own so the N95s can be reused if needed.

**A:** CalOSHA's response: N95 respirators in good condition that were properly stored, not used for seven days or greater, and were returned to the original user would be available for use without decontamination (like Battelle) if a critical shortage were to arise in the future. However, currently, Cal/OSHA guidelines do not allow for reuse with or without decontamination.

### **RSS Questions & Answers**

**Q:** Only our administrator was registered for the RSS program. How can we add other persons? Is there a link to access?

**A:** You can email your DO 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.

**Q:** We had a Mitigation Survey on 09/16/2020 and it was not in RSS. When will they start putting it in RSS?

**A:** All DO's have been able to conduct COVID Mitigation surveys using the RSS tool since early September. Surveyors have been trained to always enter their survey results into RSS, even if they experience technical difficulties while on site and have to revert to paper.

**Q:** What is the difference between RSS and ASPEN ePOC?

**A:** ePOC is the federal system for submitting federal Plans of Correction. RSS is a state system that is currently only being used to conduct COVID Mitigation surveys in SNFs and NFs, but will be expanded to other survey types and facility types over time. Plans of Correction for COVID Mitigation Surveys must be submitted through the RSS program.

**Q:** Will ICF/IIDs - N, and H be receiving these types of surveys and RSS documents?

**A:** RSS is currently only being used to conduct COVID Mitigation surveys in SNFs and NFs, but will be expanded to other survey types and facility types over time.

**Q:** I have been trying all day to figure this out. There is no statement of deficiency, should it be in the PUBLIC COMMENTS line? mine are blank so I do not know what to address??

**A:** The survey inspection report that facilities receive through RSS is the Statement of Deficiencies. This is replacing the 2567 for COVID Mitigation Surveys. It contains the Initial Comments (000 Tag) and if there are deficiencies, the Plan of Correction Cover Letter. The deficiencies are detailed below the regulation or Mitigation Survey question with the violation and are marked in red.

**Q:** Do we need to have RSS set up if we don't have any deficiencies during COVID-19 Mitigation Surveys?

**A:** Yes. It is still necessary to enroll in RSS in order to receive the Statement of Deficiencies.

**Q:** There is no cover letter or directions in mine, so maybe we need to train surveyors?

**A:** Surveyors have been trained to include the POC Cover Letter, but we will reinforce this message.

**Q:** Currently, all surveys and investigations are reported through ASPEN/ePOC. The compliance history for both state and federal actions appear in Cal Health Find. With separate, parallel system, how will a consolidated picture of a facility profile be achieved?

**A:** CDPH will continue to fulfill all federal reporting requirements while also utilizing the RSS system. Ultimately RSS will be a place where CDPH and facilities will be able to access compliance history and past surveys for a variety of survey types. However, CDPH has also set up a process to automatically transfer survey data from RSS to ASPEN using Robotic Process Automation. Every survey conducted in RSS will still generate a 2567 in ASPEN that is posted to CalHealthFind. However, for COVID Mitigation Surveys, CDPH will not mail the form 2567 and facilities should instead download a copy of the RSS Statement of Deficiencies to post.

**Q:** Will RSS apply to ICF IID facilities?

**A:** CDPH plans to deploy RSS for all facility types starting with SNFs and GACHs.

**Q:** How do facility make an appeal for the deficiency?

**A:** The appeal process has not changed. Please continue to follow the existing process.

**Q:** Is it required to submit proof of the POC tasks, such as in-services given or an invoice?

**A:** When submitting a POC through RSS, you have the ability to attach supporting documentation. Please continue to follow the instructions for what to include in a POC outlined in the POC Cover Letter.

**Q:** Do you write the POC as you do on a regular 2567 with all the bullets?

**A:** Please continue to follow the instructions for what to include in a POC outlined in the POC Cover Letter.

**Q:** How will corporate users get access to all facilities they oversee?

**A:** Corporate users can contact the DO(s) that oversee each facility to which they need access. Please note that each facility can only enroll up to three users, so in order to ensure adequate coverage on site, corporate users should not take up more than one user slot. Please also ensure that the onsite facility users are aware of the name and email address of the corporate user. Each time a surveyor enters the facility for an RSS survey, they will verify that the correct facility contacts are in the system. Coordinating with the onsite users will prevent corporate users from

being inadvertently removed. The DO will verify with CAB that the person requesting access is authorized and the DO will approve or deny access as appropriate. Once a corporate user has access, they will be able to see the surveys for all facilities to which they have access. Please note that there is not an analytics section of RSS for the facility side.

**Q:** The new RSS is a vast improvement over ASPEN web, which was a huge improvement over cutting and pasting. It's nice to be able to see the regulatory citation as well as all the possible tags that could have been cited

**A:** Thank you! We think the system will make the role of both the facility and CDPH faster and less cumbersome.

**Q:** How many days do you have to do the POC?

**A:** The deadlines will stay the same as they currently are. For COVID Mitigation Surveys, the system automatically populates a 10-day deadline from the day CDPH sends the Statement of Deficiencies to the facility via system-generated email. Facility users will receive automatic reminders five days before a POC becomes due and daily reminders once the POC is past due.

**Q:** If there are no deficiencies noted, is there any action that is required to acknowledge the receipt of the survey report in RSS?

**A:** No. In this case the survey automatically moves into “Done” status and no further action is needed.

**Q:** Will RSS be used for LSC/EP surveys, too?

**A:** Yes, eventually these surveys will be conducted through RSS although currently it is only used for COVID Mitigation Surveys in SNFs and NFs.

**Q:** Where will we get the full 2567 we can print for mandatory posting within the facility?

**A:** Please print and post the Statement of Deficiencies that you received through RSS. The federal form 2567 is not being used for state COVID Mitigation Surveys.

**Q:** Is a survey pathway i.e. something similar to the Critical Element pathways for CMS surveys and be available in the RSS site for facilities to be aware when a deficiency is likely to be given?

**A:** RSS is used primarily for the surveyors to capture their observations while on site, document their findings, submit the Statement of Deficiencies to the facility, and review POC's. It does not guide the surveyor through the survey process. CDPH is not changing the way surveyors use the Critical Element Pathways or conduct the investigative process.

**Q:** Was there consideration about the timing of starting this new way of submitting POC?

**A:** CDPH has been planning to make more of its survey work paperless for some time and had already started the process of reviewing vendors who could provide this service. When COVID hit, this project became even more important because CDPH needs access to real time COVID compliance data and to reduce the time that surveyors spend on activities that do not add value, such as copying and pasting survey data between systems.

**Q:** Will the RSS become a one-stop shopping site with the daily SNF polling folded into it?

**A:** The daily polling will not be done through RSS, but RSS will become a one stop shop where facilities can view their current and past surveys. CDPH is not uploading past surveys into RSS, but as more surveys are completed using the system they will remain available for facility users to view, download, and print.

**Q:** How can we change the user in RSS if there has been a change in personnel at the facility?

**A:** Please contact your DO to alert them of the change. Please include the full name and email address of both the old and new users.

**Q:** May users opt out of RSS? Paper-based systems have better compliance.

**A:** There is not an option to opt out of using RSS. It is critical for facility users to use RSS to view their Statements of Deficiency and to submit POC's on time.

**Q:** Where do we go to login?

**A:** <https://hc.riskandsafety.com/>

**Q:** I have the account set up already however when I tried to view inspection and it said, "No report matches my search." Could that be because it is not posted?

**A:** There will be nothing to view until CDPH has sent you the results of the first survey conducted in your facility using the RSS app.

**Q:** Are these email messages how communications from RSS will be displayed? I ask because the samples given look like spam and/or cyber-phishing.

**A:** Yes, facilities will receive email alerts when CDPH sends a Statement of Deficiency, when a POC is rejected, and when all POC's have been accepted. It will be important to check your Spam when you expect a survey report from CDPH and to set RSS as a trusted site.

**Q:** Question received from a local DPH re RSS: will the local DPH have access to look at all facilities reports?

**A:** No, LHJ's will not have access to the system.

**Q:** Is ASPEN being discontinued?

**A:** ASPEN is not being discontinued. CDPH will continue to submit all required reporting to ASPEN.

**Q:** Can the 2567 be printed out as we are required to post in facility?

**A:** Please print the RSS Statement of Deficiencies and post. The federal form 2567 is not being used for the state COVID Mitigation Surveys.

**Q:** How do you know if the deficiency is a D or E?

**A:** State Mitigation Plan survey findings do not include scope and severity.