

COVID-19 Update for Skilled Nursing Facilities:

Vaccine Boosters, PPE, Testing Reporting, and More

January 28, 2022

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Acute Communicable Disease Control Program



Disclosures

There is no commercial support for today's webinar.

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting.

This webinar is meant for skilled nursing facilities and is off the record. Reporters should log off now.



DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (1/28/22), so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.



Presentation Agenda

- Local COVID-19 Trends
- COVID-19 Vaccine Boosters Doses
 - What's the evidence behind booster doses?
 - State & County COVID-19 Booster Requirements for Workers in Health Care Settings
 - Vaccine Reporting: My Turn
- New PPE Requirement
- FAQ's on Visitation
- Public Health Reporting Requirements for COVID-19 Testing
- Q and A

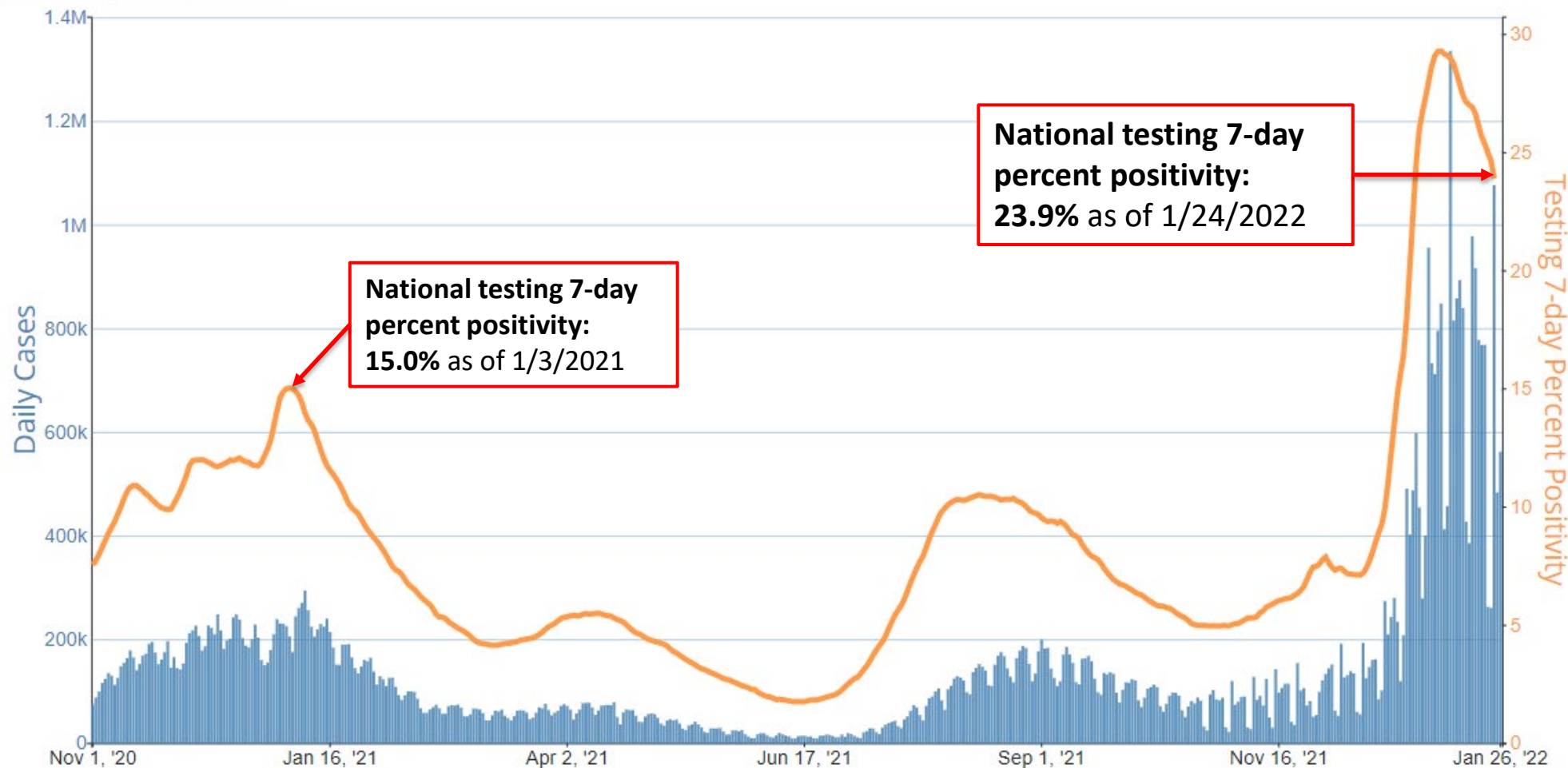


Local COVID-19 Trends



National Daily Trends in COVID-19 Cases and Testing 7-day % Positivity

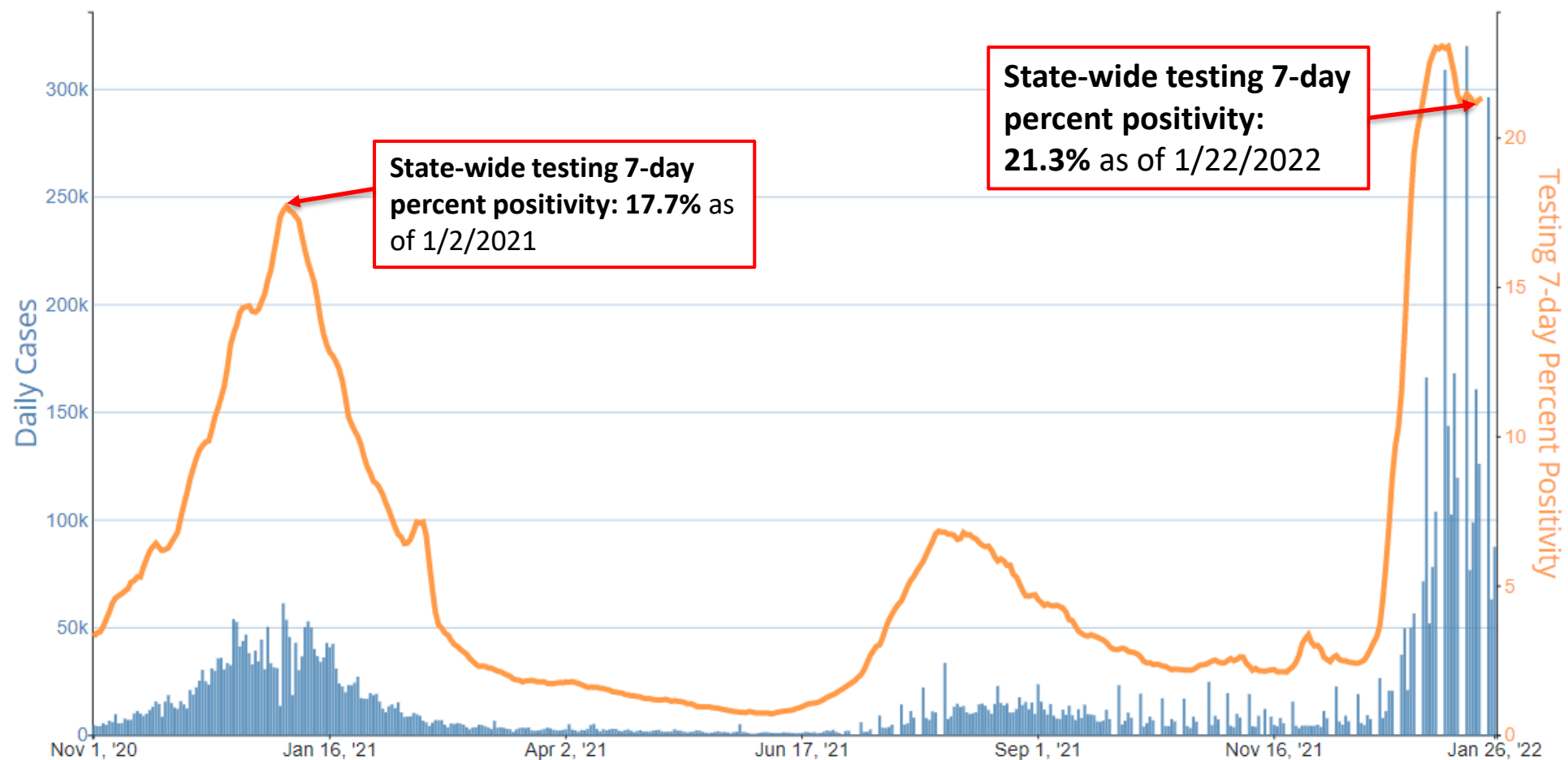
Daily Trends in Number of Cases and COVID-19 Nucleic Acid Amplification Tests (NAATs) 7-day Percent Positivity in The United States Reported to CDC



https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

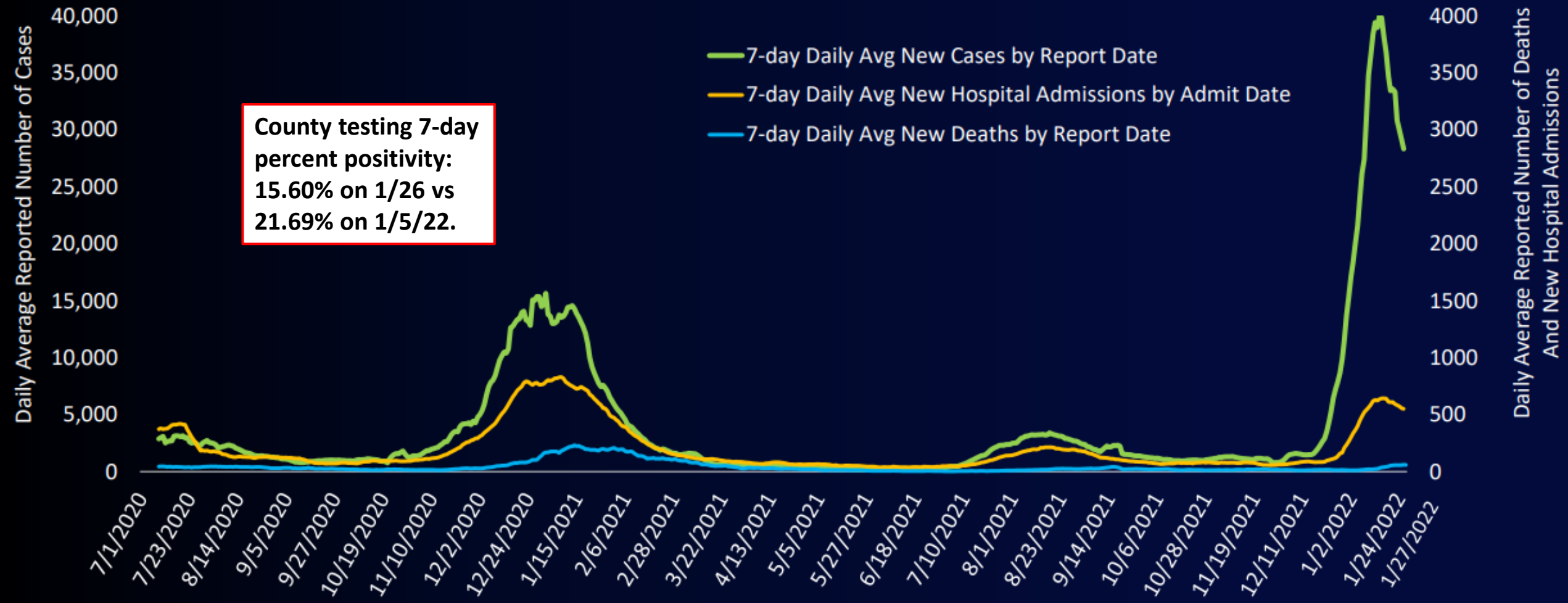
State Daily Trends in COVID-19 Cases and Testing 7-day % Positivity

Daily Trends in Number of Cases and COVID-19 Nucleic Acid Amplification Tests (NAATs) 7-day Percent Positivity in California Reported to CDC



https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

New COVID-19 Cases and Deaths by Report Date* and New Hospital Admissions by Admit Date – 7-Day Daily Average July 1, 2020 - January 27, 2022



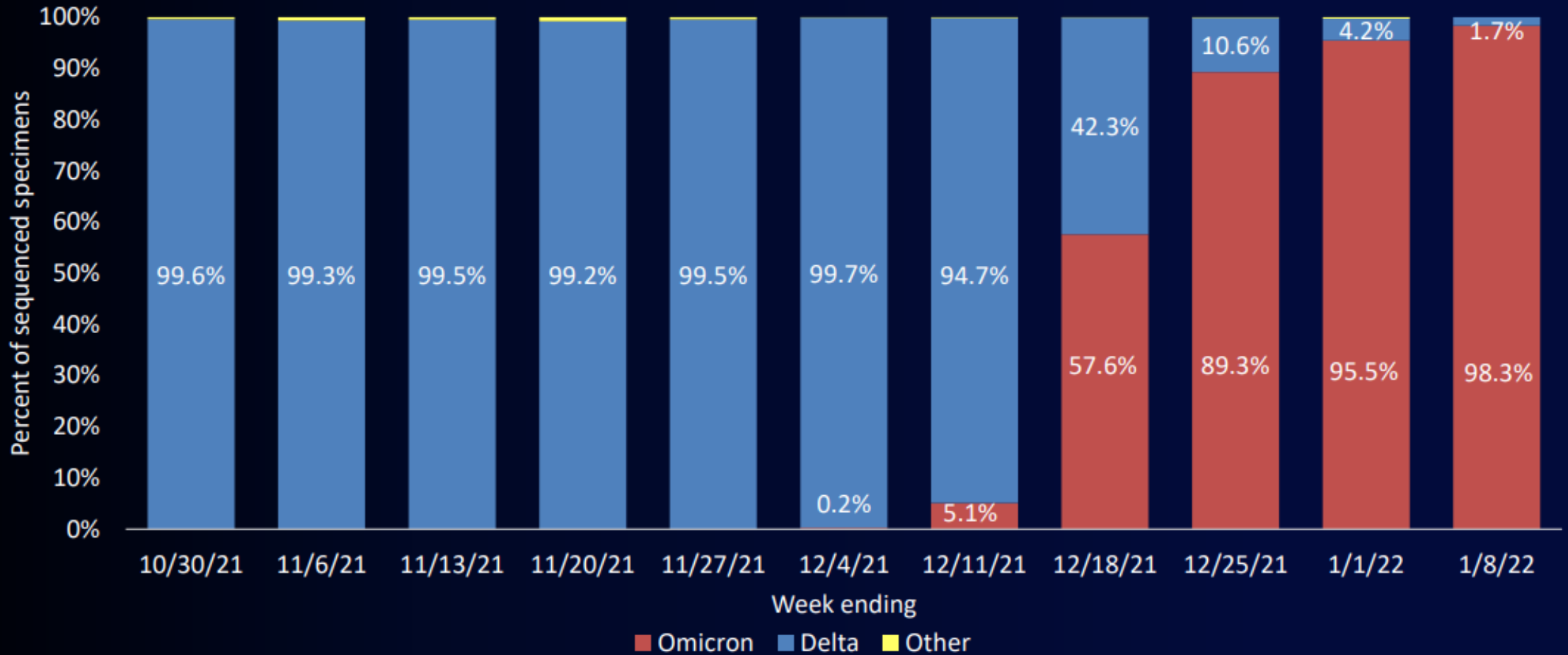
covid19.lacounty.gov

1/27/2022

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

*Cases and deaths from the cities of Pasadena and Long Beach are NOT included

Delta and Omicron Variants as a Percentage of All Specimens Sequenced for Baseline Variant Surveillance

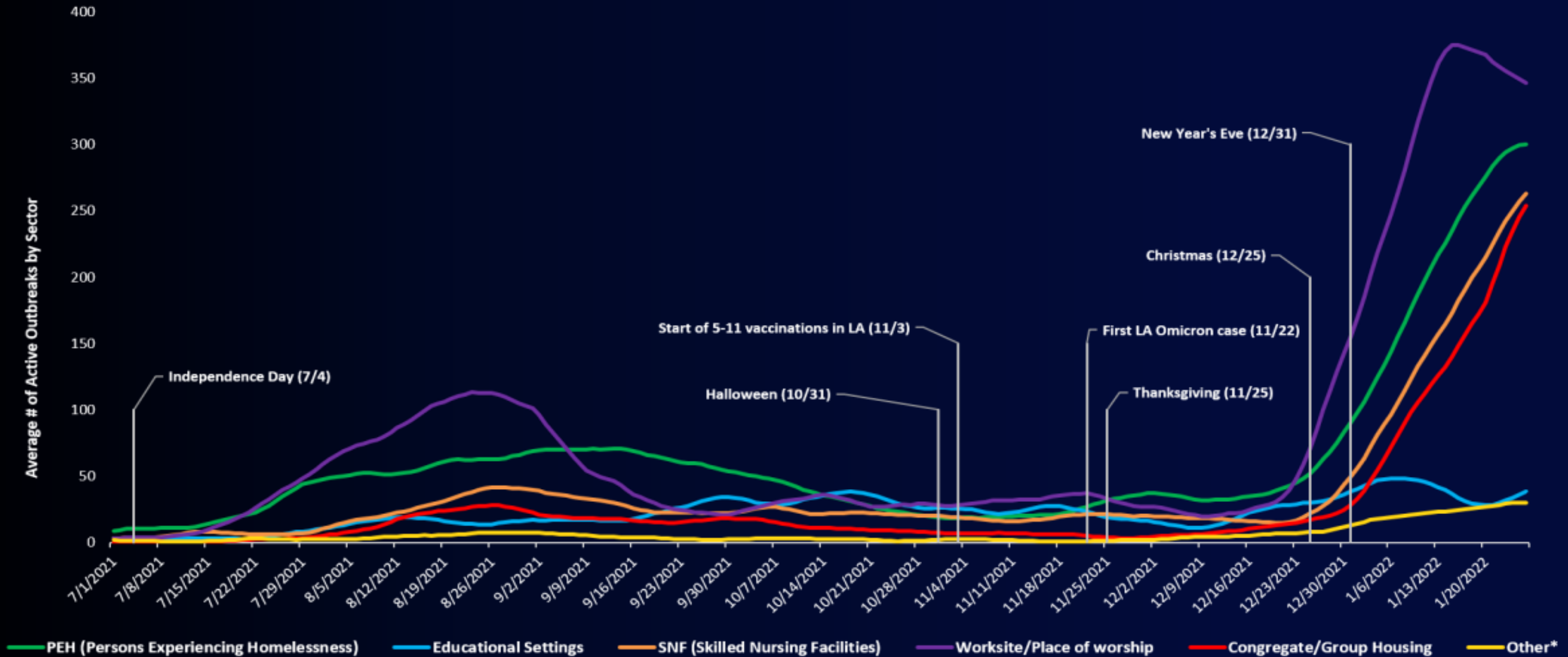


covid19.lacounty.gov

1/27/2022

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

7-Day Rolling Average Number of Active Outbreaks July 1, 2021 – January 26, 2022



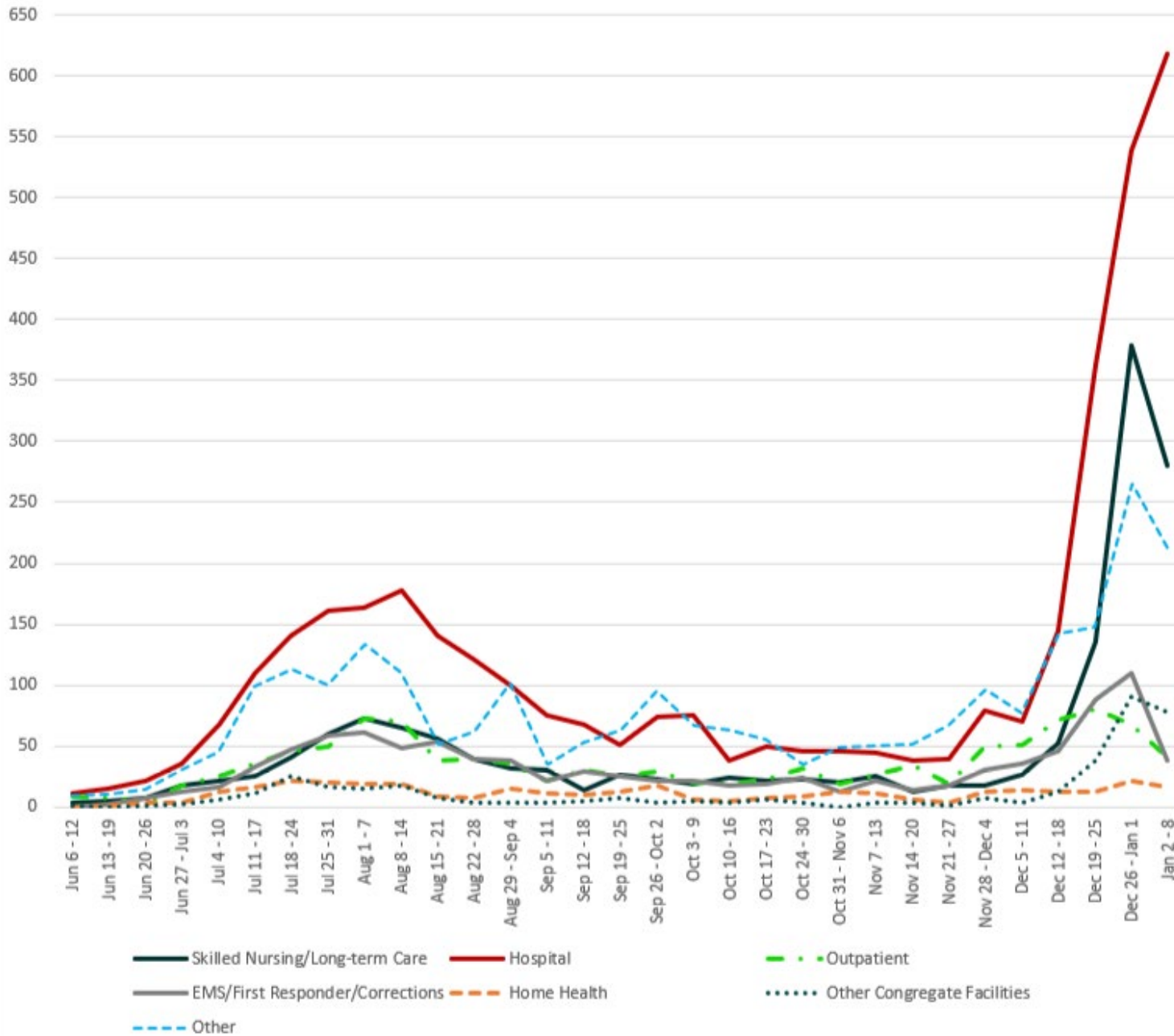
covid19.lacounty.gov

1/27/2022

*Other includes: Acute Psychiatric Hospital, DCFS Group Home, Dialysis Center, First Responder, Home (Residential Home Setting), Homeless Hygiene Center, Hospital, Memory Care Unit, Office, Provider, Shared Housing, and Other

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

Figure 2. Weekly Test Count by Setting for COVID-19 Positive Healthcare Worker Cases and First Responders, June 6, 2021 through January 8, 2022 ^{1,2,3,4,5}





COVID-19 Vaccine Booster Doses

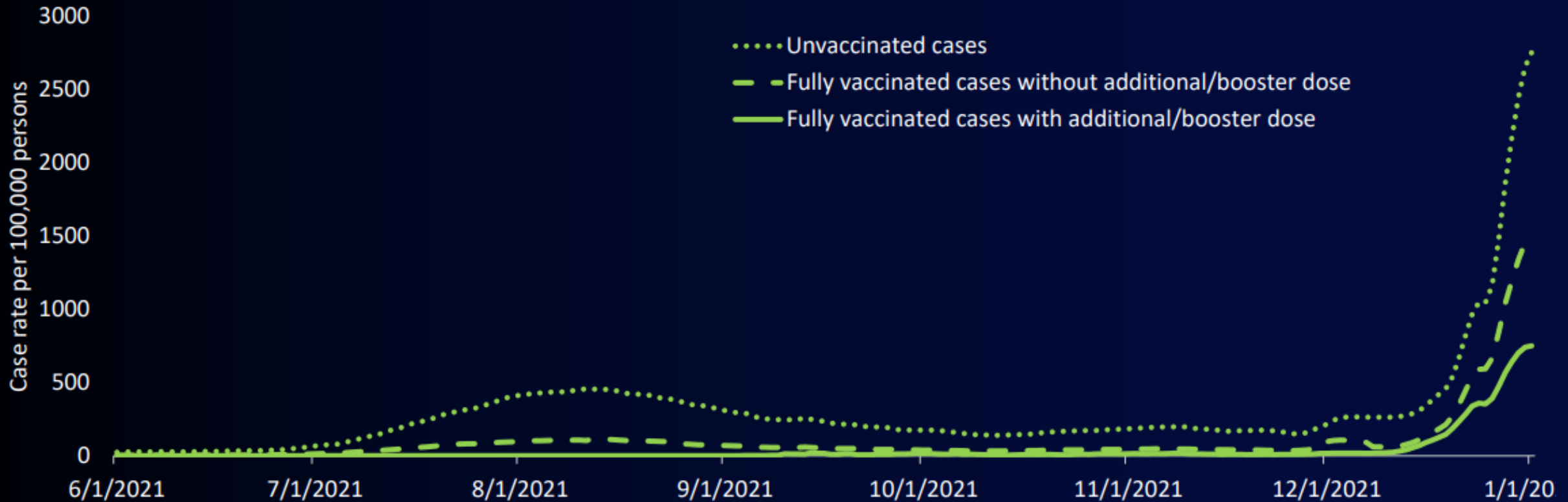




What's the evidence behind booster doses?



7-Day Cumulative Age-Adjusted Case Rates per 100,000 by Vaccination Status, including Additional/Booster Dose* June 1st, 2021 – January 1st, 2022



*Excludes partially vaccinated (3% of cases)

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

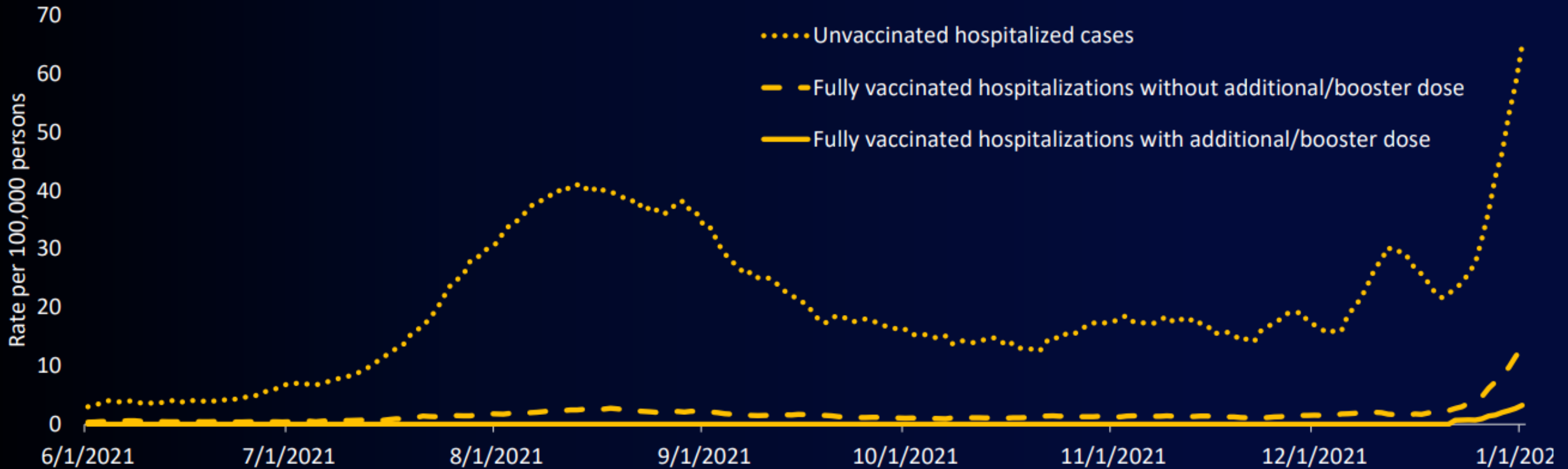


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7-Day Cumulative Age-Adjusted Hospitalization Rates per 100,000 by Vaccination Status, including Additional/Booster Dose**

June 1st, 2021 – January 1st, 2022



*Excludes partially vaccinated (3% of cases)



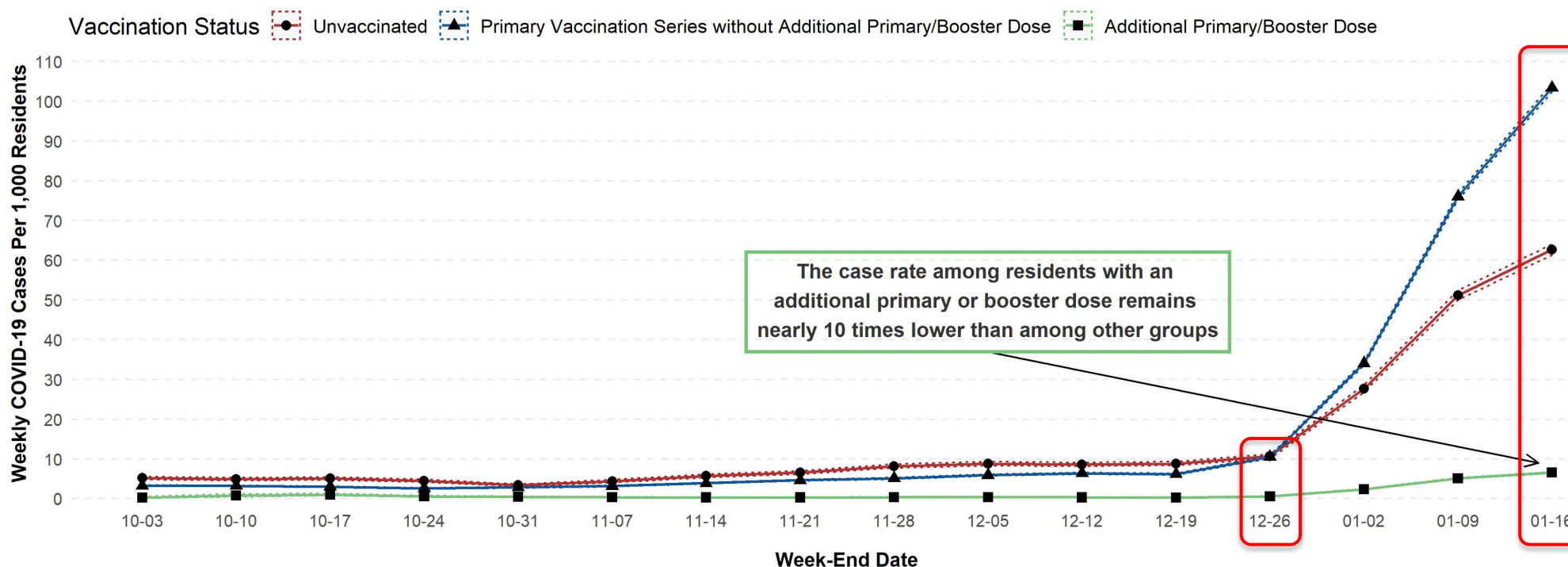
covid19.lacounty.gov

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<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

Is the booster dose making a difference in nursing homes?

Unadjusted COVID-19 Cases Per 1,000 Nursing Home Residents, by COVID-19 Vaccination Status (Including Additional Primary and Booster Doses) and Week, United States



Now with the Omicron variant widely circulating, **everyone especially SNF staff and residents need to get a booster vaccine to improve immunity to the Omicron variant.**

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network
For more information: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
Note: Data reported in the most recent week may still be accruing.

Data as of 01/24/2022 05:30 AM



COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021

Weekly / January 28, 2022 / 71(4):132–138

On January 21, 2022, this report was posted online as an MMWR Early Release.

https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm?s_cid=mm7104e2_w

Key takeaway: Data from 25 U.S. jurisdictions showed protection against infection and death during the Delta-predominant period and against infection during Omicron emergence were higher among booster vaccine dose recipients, especially among persons aged ≥ 50 years.

TABLE 2. Average weekly incidence* of cases and deaths and incidence rate ratios† for unvaccinated compared with fully vaccinated persons§ with and without booster doses,¶ by age, vaccine type, and period†† — 25 U.S. jurisdictions§§ October 3–December 25, 2021**

Event/Time/Characteristic	COVID-19 vaccination status							
	Unvaccinated		Fully vaccinated (no booster dose)			Fully vaccinated (with booster dose)		
	Total no.	Average weekly incidence*	Total no.	Average weekly incidence*	Average weekly IRR (95% CI)¶¶	Total no.	Average weekly incidence*	Average weekly IRR (95% CI)¶¶
COVID-19 cases								
December								
Overall (age-standardized)	1,061,684	725.6	800,940	254.8	2.8 (1.6–5.2)	125,059	148.6	4.9 (2.7–8.9)
Age group, yrs								
18–49	781,969	745.6	547,733	302.5	2.5 (1.1–5.6)	65,710	191.7	3.9 (1.8–8.6)
50–64	189,789	680.8	176,639	208.8	3.3 (1.7–6.4)	31,753	97.0	7.0 (3.0–16.3)
≥ 65	89,926	704.9	76,568	133.5	5.3 (3.3–8.4)	27,596	50.4	14.0 (6.4–30.6)



Effectiveness of a Third Dose of mRNA Vaccines Against COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022

Weekly / January 28, 2022 / 71(4);139–145

On January 21, 2022, this report was posted online as an MMWR Early Release.

https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e3.htm?s_cid=mm7104e3_w

Key takeaway: A multi-state analysis showed during both Delta- and Omicron-predominant periods, receipt of a third vaccine dose was highly effective at preventing COVID-19–associated emergency department and urgent care encounters (94% and 82%, respectively) and preventing COVID-19–associated hospitalizations (94% and 90%, respectively).

Hospitalizations

Delta predominant

Unvaccinated (Ref)	37,400	14,272 (38.2)	—
Any mRNA vaccine			
2 doses (14–179 days earlier)	14,645	895 (6.1)	90 (89–90)
2 doses (≥180 days earlier)	26,190	2,563 (9.8)	81 (80–82)
3 doses	8,092	209 (2.6)	94 (93–95)

Omicron predominant

Unvaccinated (Ref)	460	174 (37.8)	—
Any mRNA vaccine			
2 doses (14–179 days earlier)	115	14 (12.2)	81 (65–90)
2 doses (≥180 days earlier)	488	86 (17.6)	57 (39–70)
3 doses	514	24 (4.7)	90 (80–94)



Effectiveness of a Third Dose of Pfizer–BioNTech and Moderna Vaccines in Preventing COVID–19 Hospitalization Among Immunocompetent and Immunocompromised Adults — United States, August–December 2021

Weekly / January 28, 2022 / 71(4);118–124

https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a2.htm?s_cid=mm7104a2_w

Key takeaway: In a study of hospitalized adults, compared with receipt of 2 mRNA COVID-19 vaccine doses, receipt of a third dose increased vaccine effectiveness against hospitalization among adults without and with immunocompromising conditions, from 82% to 97% and from 69% to 88%, respectively.

TABLE 3. Effectiveness of 2-dose and 3-dose regimens of COVID–19 mRNA vaccines against COVID–19 hospitalization among adults with and without immunocompromising conditions — 21 hospitals, 18 U.S. states,*,† August–December 2021



Subgroup	Vaccinated versus unvaccinated, 2 doses		Vaccinated versus unvaccinated, 3 doses		P-value for VE comparison for 2-dose versus 3-dose recipients [§]
	No. vaccinated/Total no. (%)	VE (95% CI)*	No. vaccinated/Total no. (%)	VE (95% CI)*	
Patients without immunocompromising conditions					
COVID-19 case-patients	212/956 (22)	82 (77–86)	10/754 (1)	97 (95–99)	<0.001
Control patients	467/788 (59)		121/442 (27)		
Patients with immunocompromising conditions					
COVID-19 case-patients	196/383 (51)	69 (57–78)	36/223 (16)	88 (81–93)	<0.001
Control patients	376/513 (73)		145/282 (51)		

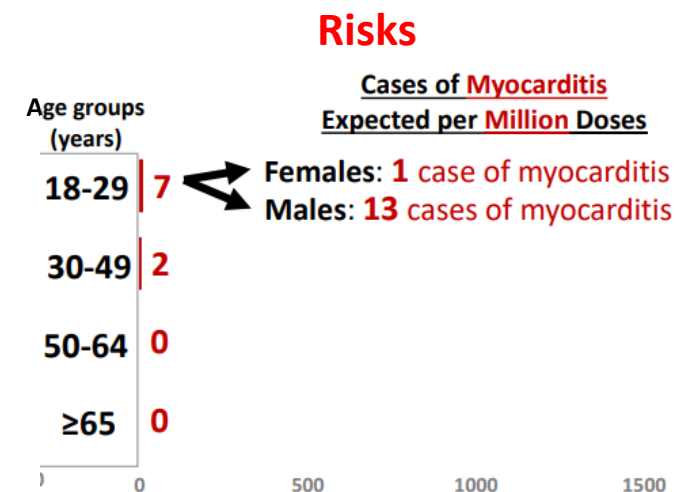
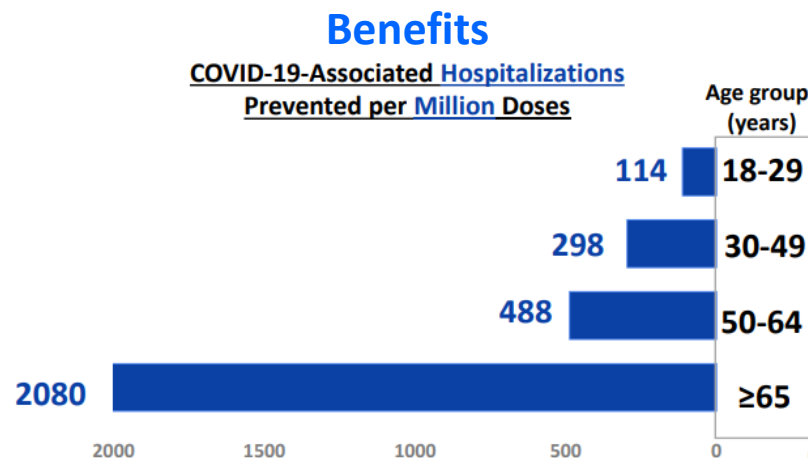
This study included LTCF residents in both immunocompromised and immunocompetent groups, although number is small (142) compared to the overall study group size (2952).

What are the “side effects” of the booster vaccine?

- **Post-vaccination symptoms** from booster doses are same as the primary vaccines and indicates your body is responding appropriately to the vaccine:
 - Pain, redness, swelling at the injection site*
 - Fever*
 - Headache*
 - Feeling tired*
 - Chills and body aches
 - Nausea

**Most commonly reported post-vaccination symptoms*
- **Severe side effects are rare** and include allergic reactions, inflammation of the heart (myocarditis, pericarditis)- this occurs in up to **10** per 100,000 in highest risk group, male adolescents and young adult, vs **150** per 100,000 after COVID-19 infection).

Benefits of booster doses greatly outweigh risks



1. Scobie et al., COVID-NET, VISION, IVY Network

COVID-NET hospitalization rates from the week of August 21, 2021; Myocarditis rates from VAERS data through August 18, 2021

Are there long-term effects from the booster vaccine?

- No, long-term side effects are not likely.
- Based on what we know from other vaccines, any side effects usually begin to appear within six weeks of getting vaccinated.
- Long-term effects have not been shown to result from COVID-19 vaccines after 1 year of use and after billions of people have received COVID-19 vaccines across many demographics.
 - **But there are known, documented long-term effects from being infected with COVID-19 for people of all ages.**



What if I've already had COVID-19 infection?

- Yes, you should still get the booster dose.
- Evidence shows that even among people with prior COVID-19 infections, COVID-19 vaccines and booster doses significantly enhance immune response and effectively reduce risk of subsequent infection, including in setting of widely circulating more infectious variants.
- The widely circulating Omicron variant has shown to have high re-infection rates after a prior COVID infection, so it's even more important now to get a booster dose.

COVID-19 Vaccine/Booster Resources for LA County SNFs

Goal: All SNFs in LA County should aim to get **100%** of booster-eligible fully vaccinated staff and residents a booster dose ASAP.



- 1) Continue to FIRST utilize your LTC pharmacy
- 2) If you have any issues with accessing vaccine from your LTC pharmacy (e.g., type is not available, delay), then either:
 - Fill out a referral form here:
<https://forms.office.com/g/TsThXceFX2>; OR
 - Contact our SNF team at Public Health:
COVID-LTC-Test@ph.lacounty.gov



State & County COVID-19 Booster Requirements for Workers in Health Care Settings





TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

January 25, 2022

TO: All Californians

SUBJECT: Health Care Worker Vaccine Requirement

Related Materials: [Health Care Worker Vaccine Requirement Q&A](#) | [All Facilities Letter 21-30.1](#) | [All Facilities Letter 21-29.1](#) | [All Facilities Letter 21-34.1](#) | [All Facilities Letter 21-27](#) | [All Facilities Letter 21-28](#)

Updates as of January 25, 2022:

- Extended the deadline for healthcare workers to acquire their booster dose from February 1, 2022, to March 1, 2022.

State Public Health Officer Order of December 22, 2021

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER**



HEALTH CARE WORKER VACCINATION REQUIREMENT

MANDATING EMPLOYERS OF HEALTH CARE AND HOME CARE WORKERS WHO WORK IN OR ROUTINELY VISIT HIGH-RISK OR RESIDENTIAL CARE SETTINGS TO DOCUMENT THEIR FULLY VACCINATED AND BOOSTER DOSE VACCINATION STATUS; FOR THOSE WITH APPROVED MEDICAL OR RELIGIOUS EXEMPTIONS OR BOOSTER-ELIGIBLE WORKERS WHO HAVE NOT YET RECEIVED A BOOSTER, DOCUMENT WEEKLY OR TWICE WEEKLY REGULAR TESTING FOR COVID-19

Issue Date: Friday, January 28, 2022

Effective as of Friday, January 28, 2022

Full Compliance Required by: Tuesday, March 01, 2022

Recent Updates (Revisions are highlighted in yellow):

1/28/2022:

Updated to align with the recent change to the State Health Officer's Health Care Worker Vaccine Requirement Order, which extends the deadline for workers to acquire their COVID-19 vaccine booster dose from February 1, 2022 to March 1, 2022.

FAQ's: COVID-19 Booster Requirement for Workers in SNFs

- What if there are staff whose eligibility for a booster dose is after **3/1**?
 - Workers not yet eligible for boosters must be in compliance **no later than 15 days** after the recommended timeframe in Table A referenced in LA County's HCW Vaccination Requirement Health Officer Order.
 - Need to test 2x weekly from booster eligible date until boosted, even if no outbreak and not doing response testing for rest of facility
- Can a staff who received the primary series be exempted for the booster dose?
 - Verifying exemptions should be based on company/facility policy, so confer with legal counsel again specifically about the booster dose.
 - Disciplinary actions are the facility's responsibility.
 - Facilities should stay consistent with their written plan.

FAQ's: COVID-19 Booster Requirement for Workers in SNFs

- Is my facility responsible for registry/contract worker's booster status?
 - Per state and county health officer orders, “workers” defined as:
 - All paid and unpaid employees, contractors (*e.g., registry*), students, and volunteers
- AND
- Work in indoor OR other settings where 1) care is provided to residents and/or 2) residents have access for **any** purpose, leading to direct or **indirect** resident contact or **exposure to SARS-CoV-2 airborne aerosols**

Physicians
Dentists, dental assistants
Hospice providers
Nurses
Nursing assistants
Medical assistants
Therapists
Technicians
Direct supportive services staff

Phlebotomists
Pharmacists
IHSS providers
WPCS providers
Privately hired caregivers
Home care aides
Home health aides
Clerical
Administrative
Billing

Dietary
Environmental services
Laundry
Security
Engineering and facilities management
Clergy
Cosmetology
Etc.

Symptomatic

Actively screen all HCP and residents for COVID-19 symptoms regularly. **Immediately test** any HCP or resident who develop symptoms.

Routine Screening

HCP

- All staff (directly employed, contractors, consultants, service providers, volunteers, etc.) must test **at least once weekly** regardless of vaccination status.
- Non-fully vaccinated staff & booster eligible staff who have not received their booster dose, including those exempt, may be required to **test twice weekly** per AFL 21-28

Residents

- All residents, regardless of vaccination status, must be **tested once weekly**.

One or more positive residents or HCP

One or more positive residents or HCP

Response

- Test all residents **every 3-7 days**, regardless of vaccination status
- Test all HCP **every 3-7 days**, regardless of vaccination status

No positive tests after **14 days** of testing



Vaccine Reporting: My Turn



My Turn transition and onboarding

- CDPH discontinued all support and updates for previous reporting platform PrepMod on 12/31/21
- New vaccine reporting platform: My Turn

If your facility is using PrepMod to report vaccinations, you MUST transition to My Turn as soon as possible

- Allows providers to manage COVID-19 vaccine clinics, dose accountability and reporting, and registration for private vaccine clinic
- Allows facilities to manage influenza clinics in addition to COVID
- Data directly uploaded to CAIR



My Turn transition and onboarding

- Accenture team (technical support for My Turn) **already reached out directly to a few SNFs in LA County** identified as current PrepMod users to assist with transition
 - Please look for an email from MyTurnOnboarding@cdph.ca.gov
 - Please respond if you are still using PrepMod so that you can transition ASAP
- My Turn links and resources
 - Onboarding email and inquiries: MyTurnOnboarding@cdph.ca.gov
 - My Turn: <https://myturn.ca.gov/>
 - My Turn resources: <https://eziz.org/covid/myturn/>
 - My Turn YouTube playlist: https://www.youtube.com/playlist?list=PLZqpl41f-8c9nljyV-cEIYT_1hyeHH1ft

My Turn Stopping COVID-19 starts with making sure every Californian can get the vaccine ENHANCED

My Turn Onboarding

My Turn offers an optional application for clinic management, dose accountability and reporting, public scheduling and walk-in registration for vaccine clinics.

For flu vaccination clinics, visit the [My Turn Flu page](#) for training materials and live training schedule.

Steps

1. Visit the [Program Enrollment page](#) to review all the steps to complete before onboarding to My Turn.
2. Review the onboarding resources below if you would like to use My Turn for clinic management and/or submitting vaccine administration data (instead of an EHR).
3. Email MyTurnOnboarding@cdph.ca.gov when ready to onboard.

My Turn resources: <https://eziz.org/covid/myturn/>



New PPE Requirement



N95 respirator requirement

- N95 respirators are now required for universal source control for **all staff** working in resident care areas
- Including Green Zones/Cohorts in addition to Yellow and Red Cohorts
- Regardless of staff's vaccination or booster status, COVID-19 status
- If rationale well is documented, extended use of N95's (same N95 for duration of shift), especially in Green Cohorts, can be used to preserve N95 supply
- Effective as of 1/20/22 until further notice



* Picture is for reference only



FAQ's on Visitation



General Visitor Testing Requirements for All Visitation

Who	All general visitors ≥ 2 yo, regardless of vaccination/booster status
All visits (indoor & outdoor)	<ul style="list-style-type: none"> A negative PCR test result taken ≤ 48 hours prior to visit; OR A negative FDA-approved point-of-care antigen test result taken ≤ 24 hours prior to visit.
Additional requirement for indoor visits	All visitors ≥ 5 yo must provide proof of all recommended COVID-19 vaccination doses including the primary series and , if booster-eligible, a booster dose.
Alternatives	<ul style="list-style-type: none"> Visitors who visit for multiple consecutive days are required to show proof of a negative test at least every 3rd day (e.g., test on day 1, day 4, day 7, etc.) Visitors who have not undergone COVID-19 viral testing prior to the visit should not be refused visitation and should be provided an FDA-approved antigen test at the facility, if possible, on the day of the visit prior to beginning the visit.
Exceptions	<ul style="list-style-type: none"> Visitors who show documentation of recovery from COVID-19 < 90 days are exempt. Essential visitors (as defined in CDPH AFL 20-22) are exempt and cannot be restricted access to any zone within the facility.* Emergency medical services personnel are exempt, regardless of the urgency of the situation. <p><i>*NOTE: compassionate care visitors are not exclusive to end-of-life situations and include support persons, e.g., caregiver, for residents experiencing weight loss, dehydration, failure to thrive, psychological distress, functional decline, or struggling with a change in environment.</i></p>

FAQ's: Visitation

- We have very upset family members who say their loved one is depressed and/or depends on the family member's care, and they're unable to produce proof of vaccination or booster dose, negative test, or both. Outdoor visitation is difficult or not sufficient. What can we do?
 - Try to offer POC antigen testing prior to facility entry
 - Remember **essential visitors** are exempt from testing and proof of vaccination requirements. Essential visitors include **compassionate care visitors** not only for end-of-life situations but also for *“residents experiencing weight loss, dehydration, failure to thrive, psychological distress, functional decline, or struggling with a change in environment. The determination of who may benefit from in-person visitation and who is the appropriate visitor should be made by an interdisciplinary team that includes the care team, resident, and/or resident representative(s), e.g. family, caregivers, ombudsman, etc.”*
 - <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#groupactivities>

FAQ's: Visitation

- It's been difficult for our facility to offer POC antigen testing on-site to visitors who do not show up with an acceptable proof of a negative viral test, e.g., insufficient staff, need to pull staff away from direct resident care. What can we do?
 - This is required, if possible, as per per LAC DPH's [Health Officer Order for Prevention of COVID-19 Transmission in Skilled Nursing Facilities, revised 1/5/22](#)
 - If the facility is unable to consistently offer antigen testing for in-person visitation, they should **document** their rationale and have a written plan to obtain more resources (e.g., staffing) including when it's anticipated they can resume in-person visitation.
 - Visitors can also bring in their own **home OTC antigen test kits**, self-administer, self-interpret results while being observed by a facility staff to verify the identity of the visitor being tested and date of test. (Staff should not be involved in reading the test result).

FAQ's: Visitation

- Can residents be restricted from leaving the facility, i.e., leave “out on pass”?
 - There’s **no** public health restriction for residents leaving the facility even if immunocompromised, on quarantine (symptomatic, exposed status), on isolation (confirmed infection).
 - Those interacting with residents on quarantine or isolation should be counseled on the exposure risk
 - Residents on quarantine and isolation should be instructed to continue quarantine or isolation wherever they are going
 - Including wear well-fitting face mask (surgical/procedural mask preferred over cloth masks), maintain 6 ft physical distancing, frequent hand hygiene, avoid crowds, etc.
 - Facilities may make their own policies, but consider residents’ rights as a federally protected right

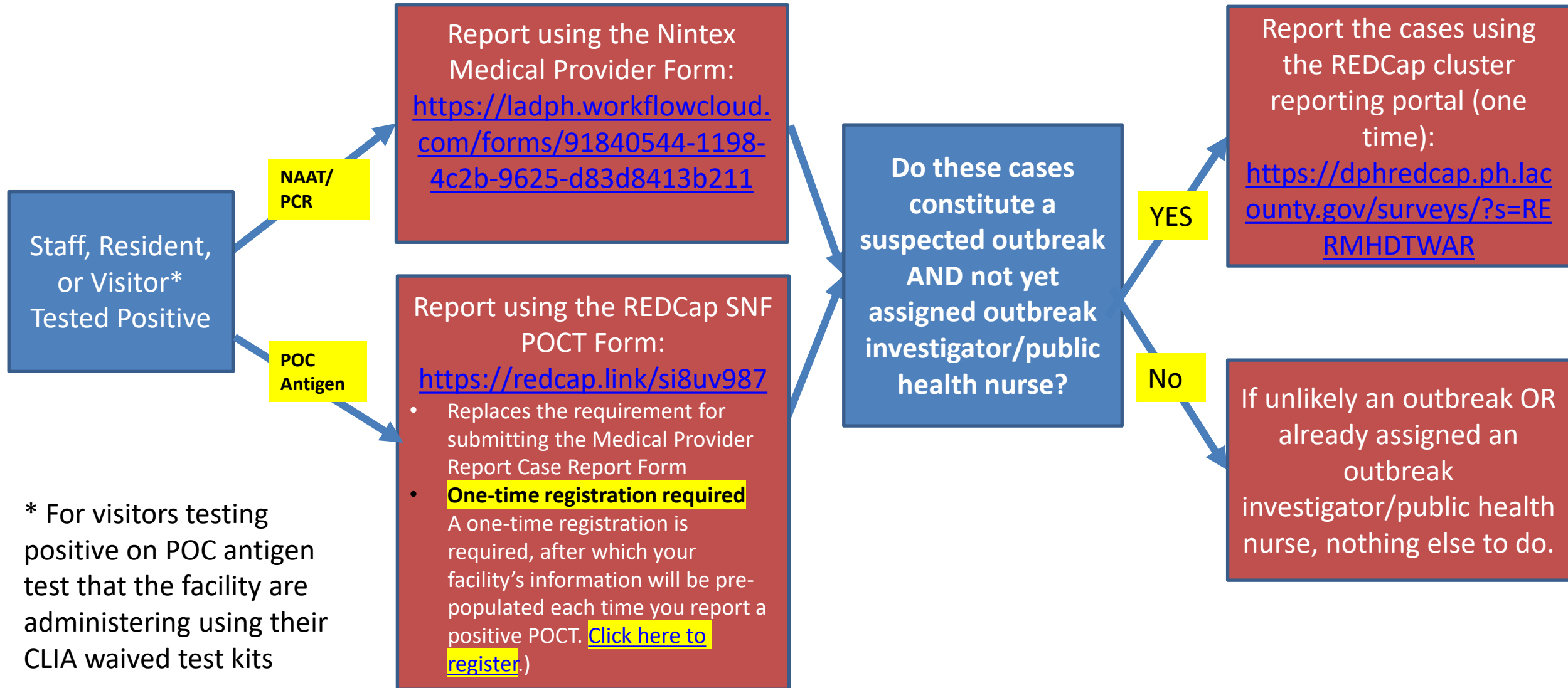


Public Health Reporting Requirements for COVID-19 Testing



LAC DPH Positive COVID-19 Case Reporting Protocol for Skilled Nursing Facilities:

SNFs must submit the following whenever there's a positive case in a staff or resident for each individual case regardless of whether they're in an outbreak or not.



* For visitors testing positive on POC antigen test that the facility are administering using their CLIA waived test kits

Additional supply of point-of-care antigen test kits

- **Antigen test kits:** There are multiple shipments automatically being delivered to all SNFs in LA County.
- **CLIA-waived antigen test kits** (*BinaxNOW, CareStart*)
 - For visitor testing (since lab-based PCR should be the primary testing strategy for SNF residents and staff)
 - Leftover/extra testing kits may also be used for staff and residents
- **Home over-the-counter (OTC) antigen test kits** (*iHealth*)
 - For staff with confirmed COVID-19 infection to discontinue isolation early at 5-7 days per LAC DPH's [COVID-19 Infection Prevention Guidance for Healthcare Personnel](#)
 - These test kits should be arriving at your facilities this week
- In LA County, for both types of antigen test kits above, please do *not* contact the local MHOAC/EMS agency for requests as they have already transferred all antigen test kits to Public Health



CLIA-waived antigen tests

- Must be conducted by trained staff who are under the supervision of a laboratory director who has a CLIA waiver
 - Anyone can be trained
 - Does not have to be nurses or infection preventionists
- If a facility does not have a CLIA waiver (and thus a laboratory director) the facility should contact the Testing Taskforce at testing.taskforce@cdph.ca.gov

CLIA-waived antigen tests

Who can perform CLIA waived antigen tests?

Steps	Who Can Perform Steps?
Collect nasopharyngeal (NP) or oropharyngeal (OP) or anterior nasal swab	<ul style="list-style-type: none">• Most licensed professionals (see COVID-19 for Laboratories: FAQ's under “Laboratory Personnel”)• Medical assistants can perform anterior nasal swabbing only (<i>CNAs, home health aides, etc. cannot</i>)
Observe self swabbing	Any trained individual
Add reagent to test	Any trained individual
Read, interpret, report test results	Any trained individual

<https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/snf-testing-011922-508.pdf>

Laboratory-based PCR should be the primary testing strategy for residents and staff, not antigen

General Requirements

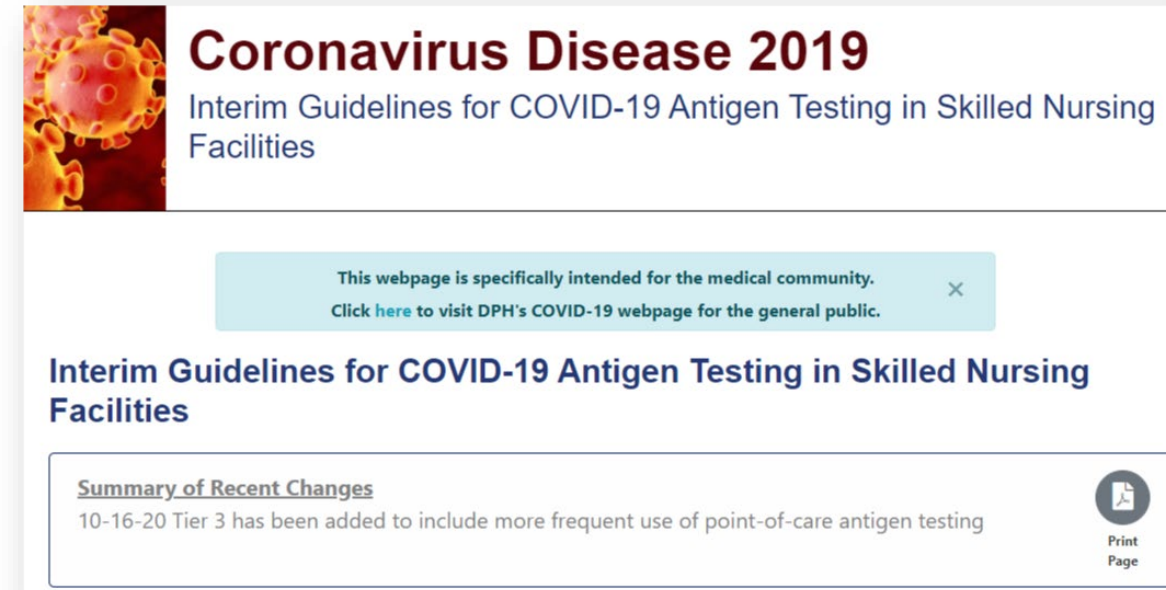
1. Establish a relationship with a commercial lab to do PCR testing with a turn-around time (TAT) of 48 hours or less for COVID-19. Refer to [LAC DPH's Laboratory Information](#) to find a lab providing COVID-19 PCR testing. If the 48-hour TAT cannot be met, then the facility should document its efforts to obtain faster turnaround testing results including communication with the local and state health departments.
2. COVID-19 Antigen point of care testing may be used to complement PCR testing per [LA County Antigen Testing Guidance](#).

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#testing>

For a list of laboratories providing COVID-19 testing services, check out LAC DPH's Reference Guide (includes TAT and contact information): <http://publichealth.lacounty.gov/acd/docs/COVIDLabReferenceGuide.pdf>

COVID-19 point-of-care antigen should supplement PCR testing only when timely PCR testing is not available

- Testing for COVID-19 by using PCR is strongly preferred for residents and staff.
- When timely PCR testing is not available, refer to LAC DPH’s “Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities” (<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/antigen/>) for guidance on how to utilize antigen testing.
- Many situations still require confirmation with laboratory-based PCR test.



Coronavirus Disease 2019

Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities

This webpage is specifically intended for the medical community. Click [here](#) to visit DPH's COVID-19 webpage for the general public.

Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities

Summary of Recent Changes
10-16-20 Tier 3 has been added to include more frequent use of point-of-care antigen testing

Print Page



Key Takeaways



Key takeaways

- **Vaccinations and now boosters continue to be our most effective tool against COVID-19 as supported by recent evidence from Omicron predominant period.**
- Working to improve booster acceptance among both staff and residents are important despite the HCW booster requirement.
- N95 respirators are now required for all staff including the Green Zone.
- While visitation requirements are more strict during the surge, please still evaluate on case-by-case basis remembering that essential visitors are exempt from the visitor testing and proof of vaccination/booster dose requirements.
- Positive POC antigen test results must be reported to LAC DPH if using CLIA-waived tests and performed by facility staff.
- Lab-based PCR should be primary testing strategy for SNF staff and residents.
- Turn around time for lab-based PCR must be 48 hrs or less.



THANK YOU!



Resources





COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- Contact to update your facility's point of contact (e.g., to receive email updates): LACSNF@ph.lacounty.gov
- Contact for COVID-19 guidance questions in SNFs: LTC_NCoV19@ph.lacounty.gov
- Contact for COVID-19 Vaccination resource questions: COVID-LTC-Test@ph.lacounty.gov

- LAC DPH COVID-19 SNF Past Webinar Slides & Recordings: <http://publichealth.lacounty.gov/acd/SNF.htm>

COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- **Los Angeles County Public Health**

- Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities:

- <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>

- COVID-19 Infection Prevention Guidance for Healthcare Personnel:

- <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/>

- Interfacility Transfer Rules: <http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>

- **CDPH:**

- CDPH All Guidance Documents by Topic (including State Public Health Officer Orders):

- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>

- 2021 AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx>

- 2020 AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx>

- **CDC, NIH:**

- Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States:

- <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

- NIH Anti-SARS-CoV-2 Monoclonal Antibodies: <https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/>



Questions and Answers





Back up slides

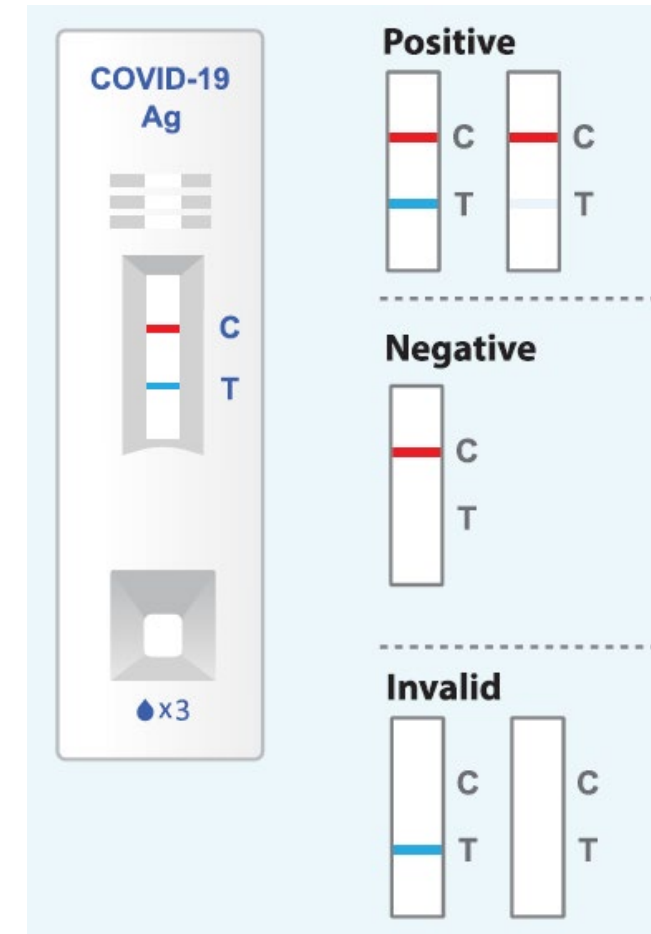


Staffing Shortage

- Is your facility already using “routine” protocol under the NEW HCP quarantine & isolation guidelines?
- If considering or already using “critical staffing shortage” protocol under the new HCP quarantine & isolation guidelines, please **immediately** contact
 - 1) Public Health (LTC_NCoV19@ph.lacounty.gov) OR assigned outbreak investigator/public health nurse if your facility has an open COVID outbreak; AND
 - 2) Your facility’s Licensing & Certification (HFID) point-of-contact
- Also, refer to AFL 20-46.2 “Requests for Urgent Staffing Resources for COVID-19”:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-46.aspx>
 - Contact Public Health: LTC_NCoV19@ph.lacounty.gov
 - Contact MHOAC (Medical Health Operational Area Coordination):
laemsadutyofficer@dhs.lacounty.gov

When should we use POC antigen tests?

- For visitors when they do not have proof of a negative COVID-19 viral test
- For test-based strategy to end isolation early for staff/HCP with confirmed COVID-19 infection
- For staff/HCP who are in quarantine after a high-risk exposure when the staff/HCP is <90 days within prior infection



SNF visitor testing using antigen tests: OTC “self test” vs CLIA waived

- Antigen tests used for testing visitors or staff must be observed by the facility to verify the identity of the individual being tested and the date of the test.
- Observed testing may be conducted in 2 ways:
 - CLIA waived method
 - The facility staff is involved in any part of the test: e.g., swabbing the individual, adding the reagent, reading the tests.
 - **Reporting:** All results have to be reported by the facility
 - Applies to home OTC tests that visitors bring in.
 - OTC (“self-test”)
 - The entire test (swabbing, reading the result) is performed by the individual being tested.
 - Staff should observe the individual performing the test only to verify the identity and the date of the test.
 - **Reporting:** Tests results do not have to be reported by the facility. A visitor that tests positive should inform their health provider for appropriate follow up care.

<https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/snf-testing-011922-508.pdf>