



Hosted by Lydia Missaelides

August 4, 2021
10:30 am - 12:00 pm

Emerging Information about the Delta Variant
and New Public Health Orders



Made possible by a grant from
Archstone Foundation



Webinar Tips



The meeting is being recorded



"Listen only" mode is on



Handouts are accessible using the Handouts Tab



Submit all questions using Q&A feature



"Chat" and "Hand Raise" features are off



Please complete survey at the end of webinar

July 18, 2021 Webtalk Evaluation: 4.7

1. Thank you for your consistent support and much needed education and updates provided!
2. Dr. Aronson's presentation was excellent--very knowledgeable, inspirational, and humanistic. Wish geriatric training was required for all physicians and across all disciplines. Thank you!
3. Dr. Aronson was amazing and so inspiring. Thank you for inviting her to present. Her knowledge and compassion is boundless.
4. Lydia is a rare gem , always compassionate and objective. Thank you for making these webinars "at no cost" during this time.
5. Enjoyed the information & the presenter!
6. Thank you for this edifying, enlightening webinar. I enjoyed listening to Louise. She must be a very compassionate doctor! I learned a lot.
7. Great suggestion to advocate for the population we serve.
8. Great info on how to discuss vaccine with resistant participants
10. Dr. Aronson is an amazing speaker. I really enjoyed her material and found it all to be very helpful and inspiring. Thank You! I have a rejuvenated quest to better support our seniors.
11. I appreciate these webinars where we can address potential program vulnerabilities. Ultimately, we all hope to serve to a higher degree, and in collaborating with others we shorten the curve for developing a useful process.
12. Super informative and helpful webinar!
13. Thank you for the great presentation and information
14. A special thank you to Lydia (ALE and CAADS) for always bringing topics to increase our knowledge to be able to serve our participants more effectively. Dr. Aronson was very good in explaining the topics, yet some of it went over my head.
15. I think that it's a good reminder that even great staff might not engage to the depth needed to unearth hopes / dreams. Great topic.
16. Thank you, Dr. Aronson. I learned new tips to help our clients.

Agenda

- 1) CDA Update
- 2) Delta variant: Where Do Things Stand Today?
- 3) CA Public Health Orders & COVID-19 Guidance (CDSS; CDPH; CDSS)
- 4) State Facility Worker Testing Program
- 5) Resources & Calendar
- 6) Thought for the Week

Presenters & Panelists

Jill Sparrow, MSW, Chief, CBAS Branch, CDA

Lena Haroutunian, MSW, Program Director, New Sunrise ADHC, Northridge

Jennifer Hurlow-Paonessa, LCSW, Neighborhood House, San Diego

Kathleen Kolenda, Easterseals,

Richard Lee, Program Director, Beverly ADHC, Los Angeles

Lois Sones, LCSW, Elderday, Santa Cruz

Stephanie Wilson, Program Director, Triple R Adult Day Program, Sacramento

Mary McElman, RN, MS, Program Manager Adult & Senior Care, Antigen Testing Program, CDPH

Dr. Paul Kimsey, State Lab Director, CDPH

CDA Update

Jill Sparrow, MSW

Chief, CBAS Branch
CA Department of
Aging



CBAS Guidance Review

- CDA is mindful that current COVID conditions continue to vary around the state.
- CDA currently drafting guidance that will establish directives for the continuing transition to CBAS in-center services
- This guidance will:
 - ⊖ Update the timeline in ACL 21-04
 - ⊖ Notify providers about upcoming changes to current Public Health Emergency (PHE) flexibilities beginning January 2022, including changes to allowable remote service delivery
- CDA is working to release new guidance by **mid-August**, ahead of the CDA – CBAS Provider Webinar on **August 19th at 2:00pm**
- If necessary, adjustments to the new timeline will be based on changing conditions with the pandemic and/or new guidance from state partners or other entities (CMS).

CDC: “The War Has Changed”

- CDC paper summarizes studies showing **vaccinated people can transmit Delta variant virus**
- **However, vaccines are highly protective. Prevent >90% of severe disease.**
- Breakthrough infections among fully vaccinated are expected and generally mild to moderate or asymptomatic
- Those with natural infection within 180 days are at 46% higher risk of subsequent infection
- Higher risk among older age groups for hospitalization and death relative to younger people (regardless of vaccination status)

Sources: <https://www.latimes.com/science/story/2021-07-30/cdc-document-paints-more-dire-picture-of-threat-posed-by-delta-variant>

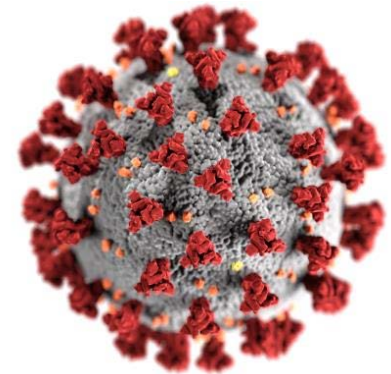
https://www.washingtonpost.com/context/cdc-breakthrough-infections/94390e3a-5e45-44a5-ac40-2744e4e25f2e/?_=1



99.5% of COVID-19 deaths in the past few months were among people who weren't vaccinated, and 97% of those currently hospitalized with COVID-19 are unvaccinated, said CDC director Dr. Rochelle Walensky.

Delta Variant Leads to New State Orders

- Delta is now the major variant in CA and the USA (82%)
- Much more transmissible (50%) than Alpha (the UK variant 56% more transmissible than original virus)
- Higher viral load present in nose (1,000 times) – **4 days to infection** compared to 6 days for Alpha
- **Unvaccinated 2x more likely to need hospital and 4x to be admitted to ICU compared with other variants**
- All U.S. vaccines remain highly protective against moderate to severe disease



Sources: <https://www.latimes.com/science/story/2021-07-30/cdc-document-paints-more-dire-picture-of-threat-posed-by-delta-variant>

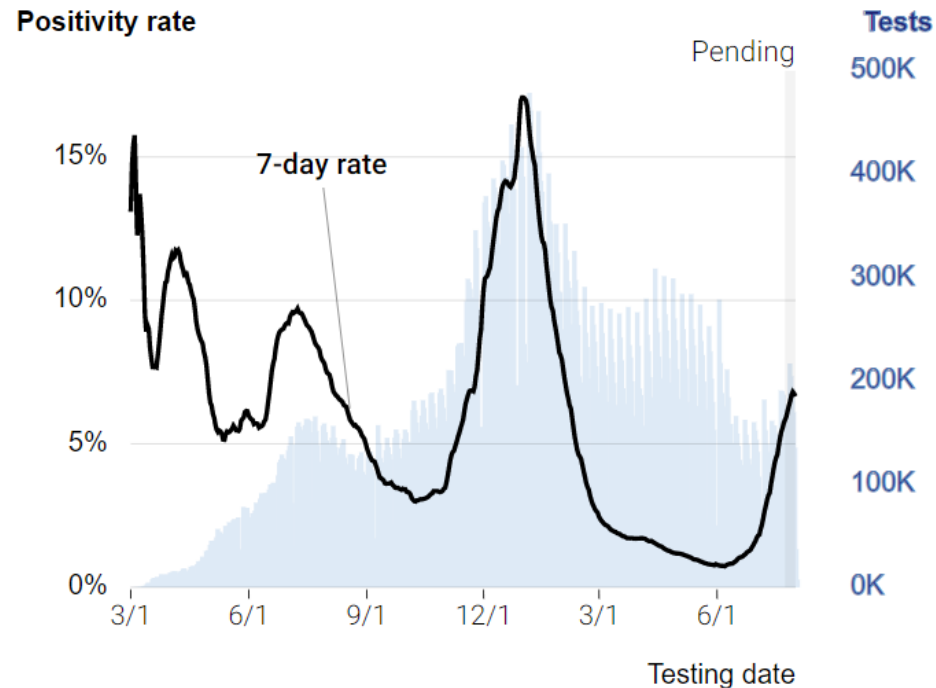
<https://www.npr.org/sections/goatsandsoda/2021/07/08/1013794996/why-the-delta-variant-is-so-contagious-a-new-study-sheds-light>

COVID-19 Numbers

On Aug, 2, the seven-day test **positivity rate** hit 6.7% - a number not seen since Feb. 2021

6.7% test positivity (7-day rate)

0.7% increase from 7-days prior

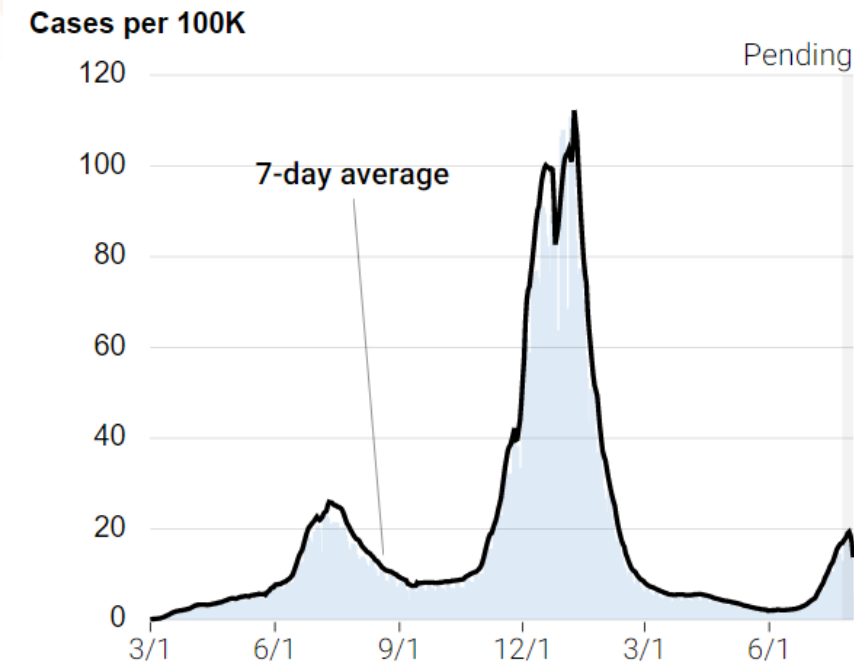


Confirmed cases 17.5/100K – not seen since Feb. 2021

3,881,089 total confirmed cases

7,318 new cases (**0.2%** increase)

17.5 cases per 100K (7-day average)

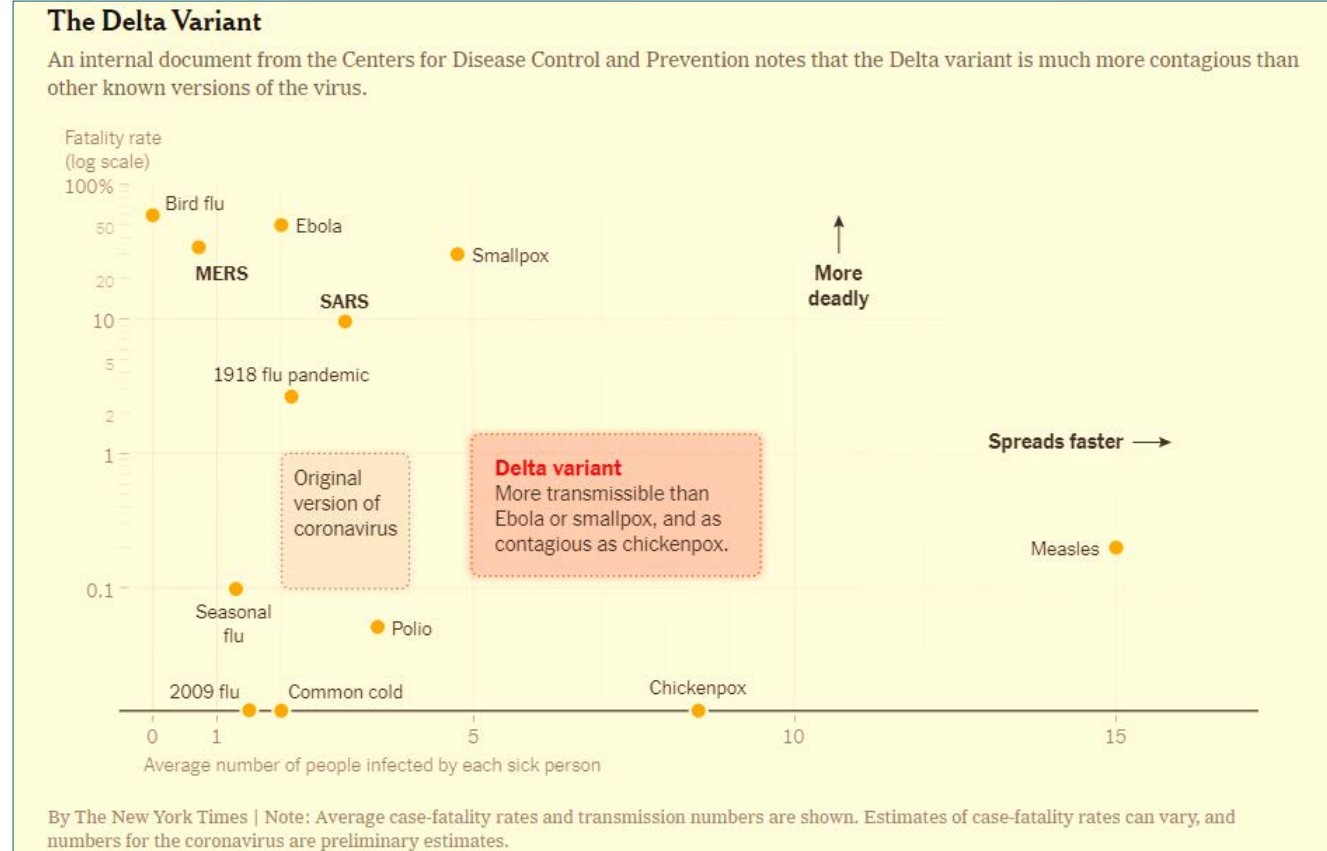


Continue Vaccination Efforts

CDC: “pandemic of the unvaccinated”

- Vaccinations are the only way to slow spread and, thereby, mutations
 - Why? Exponential growth of Delta
 - As contagious as chickenpox
 - Good news...vax rates are up 41% from 2 week ago as mandates spread among employers and private sector (LA Times 8/4/21)

<https://www.bbc.com/future/article/20200812-exponential-growth-bias-the-numerical-error-behind-covid-19>



<https://www.nytimes.com/2021/06/22/health/delta-variant-covid.html>

July 26, 2021 State Public Health Order



July 26 Public Health Order For Unvaccinated Workers in High-risk Settings

applies to all health care settings including, but not limited to:

- **Adult Day Health Care**
- **Adult Day Programs**
- **PACE**

July 26 Public Health Order Implementation Dates:

- Order takes effect **August 9, 2021**
- Full compliance deadline is **August 23, 2021**

June 11 Statewide Public Health Order remains in effect unless changed by the July 26th Order

Recent State Guidance about COVID-19

Adult Day Programs – Community Care Licensees

- [PIN 21-33-ASC](#) dated July 27 ADP Covid-19 Guidelines
- [PIN 21-30-ASC](#) dated July 20 re: BinaxNOW™ Antigen Testing Program for COVID-19 (*also available to ADHCs*)

A CDSS training Webinar for ADPs will be held **August 11** (time to be announced)

➤ Send any questions to CCLCOVID-19INFO@dss.ca.gov

Adult Day Health Care Centers (and other health facilities)

- **AFL 21-29** dated Aug 3, 2021 Testing, Vaccinations, PPE

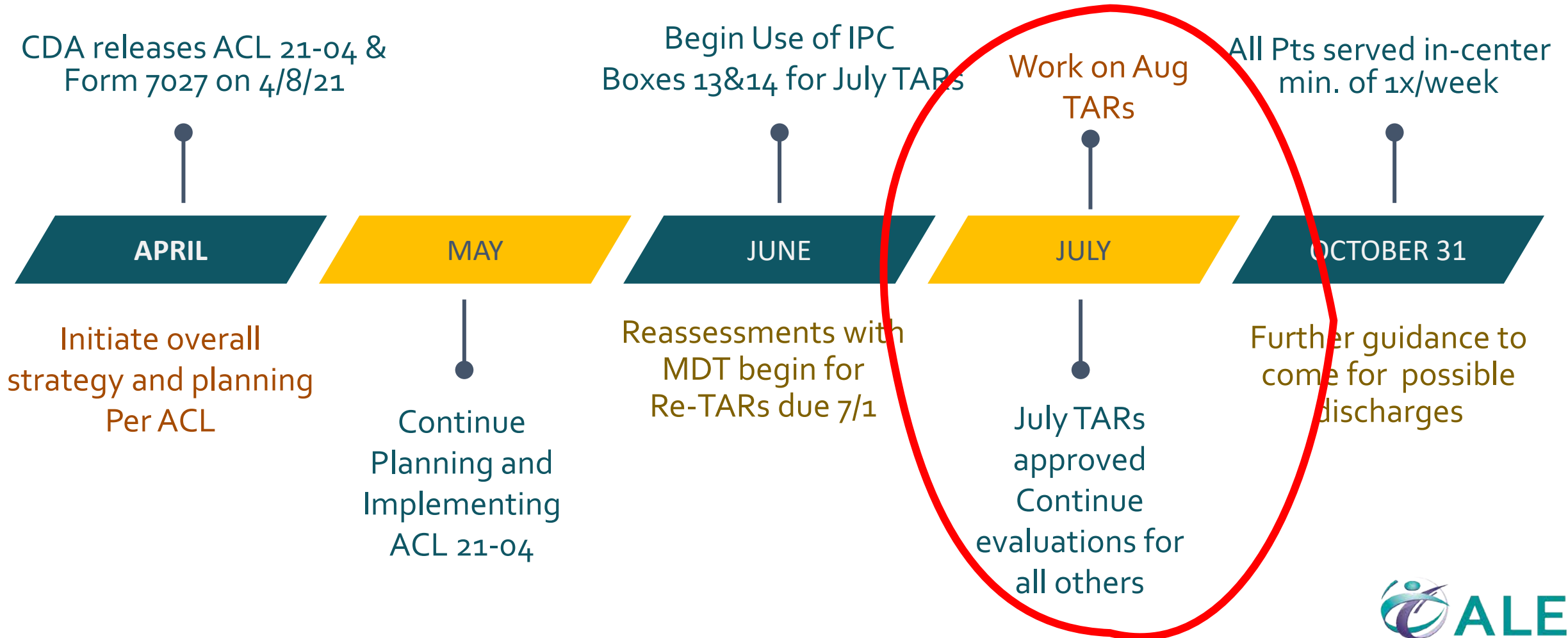


What We Do Know Today About Mitigation

All programs must:

1. Maintain 6-foot spacing in center and on transportation
2. Screen everyone for temperature and signs of infection each day
3. Wear [face coverings or surgical masks](#) when indoors per CDPH guidance for workers (including people not on staff!)
4. Test unvaccinated workers a minimum of 1x per week using antigen test and report to the state
5. Use outdoor space to the extent possible
6. Improve indoor ventilation as much as feasible
7. Practice good hand hygiene and infection control measures
8. Create group cohorts to the extent that you can

KEY DATES FOR RESUMPTION OF CBAS CONGREGATE SERVICES



Panel Discussion

How Has This Recent Surge in COVID-19 Delta Cases Affected Your Operations and Plans?

Submit questions in the Question Box
If directed to a specific panelist, please indicate



Now, Let's Review the State Public Health Order (P.H.O.)

Applies to all Health Facilities including
Adult Day Health Care/CBAS & Adult Day Programs

July 26 P.H.O. - Vaccination Verification

ADHC and ADPs must **verify** vaccination status of all workers* (see next slide for definition)

Acceptable proof (one of the following):

1. COVID-19 Vaccination Record Card issued by Dept of Health & Human services
2. Photo of Vaccination Record Card
3. Photo of Vaccination Record Card stored on phone or electronic device
4. Documentation of COVID-19 vaccination from a health care provider
5. Official digital record from <https://myvaccinerecord.cdph.ca.gov/>
6. Documentation of vaccination from other contracted employers who follow these standards.



Digital COVID-19
Vaccine Record

July 26 P.H.O. - Worker Definition

“Worker” refers to **all paid and unpaid persons** serving in health care, other health care or congregate settings who have the **potential for direct or indirect exposure to patients/clients/residents** or SARS-CoV-2 airborne aerosols.

Workers include, but are not limited to, **nurses, nursing assistants, physicians, technicians, therapists**, phlebotomists, pharmacists, students and trainees, **contractual staff not employed by the health care facility**, and **persons not directly involved in patient care**, but who could be **exposed to infectious agents** that can be transmitted in the health care setting (e.g., **clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel**).”



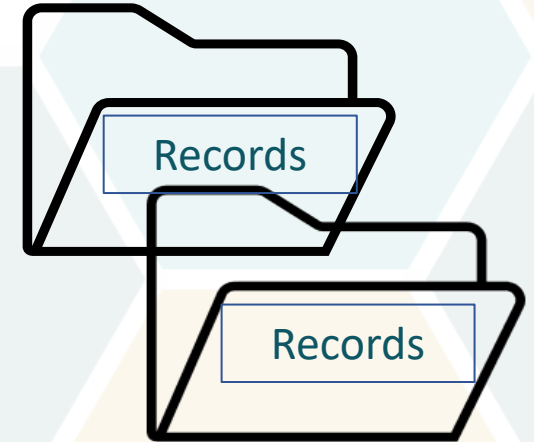
July 26 P.H.O. - Vaccination Record Keeping

1. To track verified worker vaccination status

- Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purpose of case investigation
- Workers who are not fully vaccinated, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.

2. To track test results, conduct workplace contact tracing, and report results to local public health departments.

- There are IT platforms available that can facilitate these processes



July 26 P.H.O. – Vaccinated Workers

Diagnostic screening testing of asymptomatic fully vaccinated workers* is not currently required.

However, fully vaccinated workers may consider continuing routine diagnostic screening testing if they have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by COVID-19 vaccine.

***Fully vaccinated** means two weeks or more after receiving the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or two weeks or more after a single-dose vaccine (Johnson [J&J] /Janssen).



July 26 P.H.O. - Unvaccinated Worker Testing

1. **Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing.** Workers may choose either antigen or molecular tests to satisfy this requirement.
2. **Unvaccinated or incompletely vaccinated workers must be tested at least once weekly with either PCR testing or antigen testing.**
 - More frequent testing improves outbreak prevention and control and is encouraged, especially with antigen testing.
 - **Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.**

July 26 P.H.O. – No Exemptions

Unvaccinated or incompletely vaccinated workers are not exempted from the testing requirement, even if they have a medical contraindication to vaccination, since they are still potentially able to spread the illness.

*Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous positive antibody test for COVID-19, do not waive this requirement for testing.



July 26 P.H.O. - Masking Requirements

ADHCs and ADPs must strictly adhere to current [CDPH Masking Guidance](#) dated July 21, 2021

- Masks are **required for all individuals** indoors

FDA approved surgical masks must be worn by **unvaccinated workers**



Masking - Unvaccinated Workers



Use FDA approved surgical mask for unvaxed or incompletely vaxed workers

Unvaccinated or Incompletely Vaccinated Workers

- Where [Title 8 of the California Code of Regulations](#) does not require the use of respirators, **facilities shall provide all unvaccinated or incompletely vaccinated workers with [FDA-cleared surgical masks](#).**
- **Unvaccinated workers are required to wear FDA-cleared **surgical masks** in indoor settings anywhere they are working with another person.**

CalOSHA Requirements

To the extent they are already applicable, all facilities must also continue to adhere to:

- 1) [Cal/OSHA's standards for Aerosol Transmissible Diseases \(ATD\)](#), which requires respirator use in areas where suspected and confirmed COVID-19 cases may be present, and
- 2) The [Emergency Temporary Standards \(ETS\)](#) first enacted Nov. 2020 and [updated June 18, 2021](#)
 - Requires all unvaccinated workers be provided a respirator upon request.
 - [Includes COVID-19 Model Prevention Program](#) (updated June 29, 2021)



N95 mask must be custom fit to each user

Example:

[Respirator Fit Tests](#)
[\(concentra.com\)](#)



Masks v Respirators

CDC offers good information about masks and respirator use, including this infographic that can be downloaded [here](#)

View acceptable surgical masks:
[FDA-cleared surgical masks](#)

For Guidance about Respirator Fit Testing See CDSS PIN 21-10 ASC

<https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2021/ASC/PIN-21-10-ASC.pdf>

Understanding the Difference		
	 Surgical Mask	 N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

 Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

CDPH Testing Task Force

**Mary McElman, RN, MS, Program Manager Adult and Senior Care,
Antigen Testing Program, CDPH**

Dr. Paul Kimsey, State Lab Director, CDPH



State's BinaxNOW™ Testing Program

California Coronavirus
COVID-19 Testing Task Force

Start Testing

Testing Site Resources

School Testing Resources

FAQs

To apply to partner with the State of California to offer antigen + confirmatory PCR tests, please complete this form

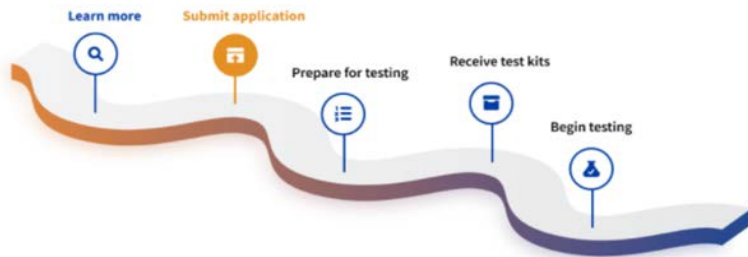
You will be directed to the application here.

Start application



[Overview of resources offered by the State to support testing sites](#)

Your path to becoming a testing partner with the State



[CDSS PIN 21-30-ASC](#) announces availability of the CDPH **BinaxNOW™** Antigen Testing Program for COVID-19 for Adult and Senior Care Facilities

- Free and available to ADPs and ADHCs
- **Free** Antigen Testing kits shipped to your center (rapid test - 15 minutes)
- You must complete on-line training prior to enrollment (allow for 2-3 weeks to complete all steps)

Advantages of CDPH Antigen Testing Program

- Licensed facilities can obtain a free Clinical Laboratory Improvement Amendments (CLIA) waiver, which is necessary for antigen testing
- Ongoing supplies of Abbott BinaxNOW™ tests which provide accurate results in approximately 15 minutes
- Tests are easy to perform involving a simple nasal swab
- Tests can be conducted onsite to support decision-making on follow-up
- Infection prevention and control measures (e.g., isolation/cohorting of persons in care and excluding COVID-19 positive cases from entering facility)
- Any staff member can be trained to perform the test
- Ability to test all staff and persons in care
- Facilities may offer tests to screen visitors before entry
- A free and user-friendly platform called Primary to meet the program's reporting requirements
- Ongoing technical and logistical support
- Simple method of enrolling in the program



How to Enroll in Antigen Testing Program

Facilities may directly apply to the CDPH's BinaxNOW™ Antigen Testing Program through its [application webpage](#).

- **Important!** When filling out your Antigen Testing Application Form select one of these options under “**Type of Organization**” drop-down menu
 - Select “Department of Social Services (DSS) facility, if you are an ADP
 - Then, select the appropriate facility type from the “DSS Facility Type” dropdown menu.
 - Select “Other” if you are an ADHC and enter ADHC in the “Other Organization Type” box)

For questions, support, or more information about enrolling in the CDPH's BinaxNOW™ Antigen Testing Program, please contact the CDPH at RCFEBinax@cdph.ca.gov.

For questions specific to the Primary reporting system please contact:
carapidtest@primary.health

Antigen Testing Resources & Training

[California Coronavirus Testing Task Force](#) | California is expanding coronavirus testing capacity

CDPH Adult and Senior Care Antigen Testing Program email: rcfebinax@cdph.ca.gov

CDPH Testing Task Force email: Testing.Taskforce@cdph.ca.gov

Weekly FAQ sessions every Thursday at 1 pm. Please join via this zoom link:

<https://cdph-ca-gov.zoom.us/j/85118149890?pwd=R3c3ZDVzUTZpajBFR3NUZStaeERaZz09>

Meeting ID: 851 1814 9890 Passcode: 631140

Training Links:

Tuesday, Thursday, and Friday at 11 am:

<https://cdph-ca-gov.zoom.us/meeting/register/tZMkcuCrrT0oGtFSv5OayM5cm-Pb79y-bSJW>

Monday, Tuesday, and Thursday at 2 pm:

<https://cdph-ca-gov.zoom.us/meeting/register/tZwpc-qgrDsuHdV37192YSc-H8tWvdx8t7-R>

Spanish Trainings on Wednesday at 2 pm:

<https://cdph-ca-gov.zoom.us/meeting/register/tZEvdGgppjlrG9GIHUAh6CIKC3DGBtnH3mVH>

Wednesday & Thursday at 6 pm:

<https://cdph-ca-gov.zoom.us/meeting/register/tZwpcuqrrzltE9zmutDMeELGklc6XcHvPFUS>

Provider Experience With Testing Program & PPE

- Testing
 - Statewide BinaxNOW™ Testing Program
 - “Free” county testing sites or walk-up clinics for confirmatory PCR tests
- PPE supply options
 - CalOES
 - Adult Day Programs check with your Regional Centers and your regional Community Care Licensing Field Office
- Testing Program: Start planning today to be able to meet the Public Health Order deadline of August 23, 2021

Q&A

Recent State Guidance Related to COVID-19

CA Department of Public Health

- [June 11, 2021](#) Beyond Blueprint
- [July 26, 2021](#) Unvaccinated Workers in High-Risk Settings
- [Aug 3, 2021](#) AFL 21-29 Testing, Vaccination Verification and PPE at Health Care Facilities

CA Dept of Aging

- [ACL 21-04](#) Transition to Congregate Services
- [ACL 21-05](#) Frequently Asked Questions (FAQ) #7, CBAS Phased Transition to Congregate Services

CA Dept of Social Services

- [21-35-ASC](#) Delay of Compliance and Regulatory Enforcement (CARE) Tool
- [21-34-ASC](#) Update to Facility COVID-19 Status Survey sent via Everbridge
- [21-33 ASC](#) ADP Covid-19 Guidelines
- [21-30-ASC](#) CDPH BINAXNOW™ Antigen Testing Program for COVID-19

Dept of Developmental Services Guidance

1. [July 22, 2021 Reimbursement for Transportation for Alternative Services](#)
 - Provides guidance for submitting claims under Alternative Services methodology or traditional services or both
2. [July 21, 2021 Day Services for Consumers at High Risk for Serious Illness due to COVID-19](#)
 - Relates to people residing in ICF-DD facilities or Adult Residential Facilities for Persons with Special Health Needs
 - Attendance at day programs must take into account overall health status and associated risks

[Click here to view All DDS Directives](#)

PPE and Testing Resources

1. PPE Unite <https://www.ppeunite.org/>
2. CalOES PPE Order Form (for CBAS centers apply through CDA)
<https://aging.ca.gov/download.ashx?lE0rcNUV0zYfJu14n9VN1Q%3D%3D>
3. PPE CDSS CCL (Contact your licensing Field Office)
4. Testing sites searchable on COVID-19 ca.gov website
<https://www.arcgis.com/apps/Nearby/index.html?appid=43118dcod5d348d8ab20a81967a15401>

Upcoming ALE webtalks & other trainings

All webinars are held Wednesday 10:30 am to Noon,
1st and 3rd Wednesdays of the month, unless otherwise noted

- Aug 11 CDSS Webinar (*Not a Webtalk*) time to be announced
- Aug 18 **Webtalk Topic to be announced**
- Aug 19 CDA CBAS Webinar 2:00 to 3:30 pm
- Sept 1 **Webtalk Topic to be announced**
- Sept 15 **Webtalk: Dr. Tina Sadarangani** - Assistant Professor NYU College of Nursing to discuss findings from her NIH funded research to examine outcomes for people with dementia served in CA ADHCs

Thought for the Week

“Another hard time but we
will get through it.”

Dr. Monica Gandhi

Professor of Medicine

Associate Division Chief

HIV, Infectious Diseases, and Global Medicine

UCSF

