SOLANO COUNTY LONG-TERM CARE FACILITY COVID-19 GUIDANCE - UPDATE 5

SOLANO PUBLIC HEALTH | June 9, 2020

Purpose

The purpose of this document is to provide long-term care facilities (LTCFs) with guidance to prepare for novel coronavirus disease (COVID-19).

LTCFs, which include nursing homes, skilled nursing facilities, and assisted living facilities, provide a variety of medical and personal care services to people who are unable to manage independently in the community.

Solano Public Health recommends that all Solano County LTCFs take steps to:

1) Prevent introduction of COVID-19 into their facility,
2) Detect COVID-19 in their facility,
3) Prepare to receive residents with suspected or confirmed COVID-19 infection,
4) Prepare to care for residents with suspected or confirmed COVID-19 infection,
5) Prevent spread of COVID-19 within their facility,
6) Review considerations for transfer of residents from hospitals to LTCFs,
7) Review considerations for transfer of residents from LTCFs to hospitals and other facilities, and
8) Review considerations for testing residents and staff.

Background

COVID-19 cases have now been reported in all 50 states, with many areas having widespread community transmission, including Solano County.

Current data suggest that person-to-person transmission most commonly happens during close exposure to a person with the virus, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also may occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose or mouth. The contribution of aerosols or droplet nuclei to proximity transmissions is uncertain. Airborne transmission from person-to-person is unlikely.

Given the congregate nature and resident population served in LTCFs (e.g. older adults often with underlying chronic medical conditions), residents in LTCFs are at the highest risk of being affected by COVID-19. If infected with SARS-CoV-2, the virus that causes the novel coronavirus disease or COVID-19, residents are at increased risk of serious illness and death.

Given the high risk once COVID-19 is detected in a LTCF, immediate action must be taken to protect residents, families, and staff from severe infections, hospitalizations, and death.

Prevent Introduction of COVID-19 into your facility

According to the Centers for Disease Control and Prevention (CDC), visitors and staff (healthcare personnel [HCP] and non-healthcare personnel [non-HCP]) continue to be sources of introduction of COVID-19 into LTCFs. Aggressive efforts towards implementing visitor restrictions, actively checking signs and symptoms among all who enter the LTCFs, and

implementing sick leave policies for HCP and non-HCP with typical and atypical symptoms of COVID-19 are recommended to prevent introduction of COVID-19 into LTCFs.

In this document, HCP includes, but is not limited to physicians, mid-level providers, registered nurses, technicians, therapists, phlebotomists, pharmacists, nurse assistants, licensed vocational nurses, and medical assistants. Non-HCP staff includes, but is not limited, to administrative staff, students in training, and volunteers.

A conservative approach and a lower threshold for checking visitors and assessing HCP and non-HCP should be used to quickly identify early symptoms and prevent transmission from potentially infectious visitors, HCP, or non-HCP to residents. The CDC states that symptoms may appear 2 to 14 days after exposure to the virus.

Signs and symptoms for screening
Visitors and Residents

- Fever (either measured temperature > 100.0 deg F or subjective)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, and diarrhea.

Signs and symptoms for screening
HCP and non-HCP staff are broader

- Fever (either measured temperature > 100.0 deg F or subjective)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Rhinorrhea

Other symptoms that may be considered include nausea, vomiting, diarrhea, abdominal pain, headache or fatigue.

TARGET AUDIENCE	RECOMMENDATIONS
Visitors	**SCREENING & RESTRICTED ENTRY** 1. Restrict all non-essential visitors (e.g. exceptions would be for a compassion visit). 2. Screen essential visitors for signs or symptoms of COVID-19 (as noted above) or potential contact with confirmed COVID-19 infection. a. If visitors meet any of these criteria, facilities should restrict entry for essential visitors until they are no longer potentially infectious (e.g. 10 days after onset of symptoms or 24 hours after resolution of fever (without the use of fever-reducing medication), whichever is longer) 3. Essential visitors who are permitted to enter the facility should wear a surgical mask (not a face covering) during the entirety of their visit. **RESTRICTED MOVEMENT** 1. Restrict movement of permitted visitors within the facility and avoid common areas. **COMMUNICATION** 1. Offer alternative methods of visitation, including remote communication between the resident and visitors (e.g. video-call applications on cell phones or tablets).

	EDUCATION 1. Post signs at the entry, reception area, restrooms, and throughout the facility to help visitors self-identify relevant symptoms and be vigilant of important basic infection control measures. 2. Educate all visitors on basic infection control measures for respiratory infections, including proper hand hygiene, respiratory hygiene, and cough etiquette (e.g. sneezing or cough into tissue or elbow, placing used tissues in a waste receptacle and washing hands immediately after using and discarding used tissues). 3. Before entering a resident's room, permitted visitors should be provided with instructions on practicing proper hand hygiene, respiratory hygiene, and cough etiquette; limiting surfaces touched; and appropriate use of personal protective equipment (PPE) such as how to properly wear a surgical mask during the entirety of their visit.
Healthcare Personnel (HCP) and Other Staff	**SCREENING & ASSESSMENT** 1. Screen HCP and non-HCP for fever and COVID-19-related symptoms, as noted on page 2, prior to the start of each shift. 2. Instruct HCP and non-HCP to **not** report to work if they are symptomatic and to call their supervisor to report COVID-19-related symptoms as noted on page 2. 3. Any HCP and non-HCP who develop signs and symptoms of COVID-19, as noted on page 2, while at work should immediately stop working, alert their supervisor or a manager, leave the facility, and self-isolate at home. **EDUCATION** 1. Educate HCP and non-HCP on signs and symptoms associated with clinical presentations of COVID-19 illness. 2. Educate HCP and non-HCP on basic infection control measures for respiratory infections, including proper hand hygiene, respiratory hygiene, and cough etiquette. **PERSONAL PROTECTIVE EQUIPMENT** 1. HCP and non-HCP should wear a **surgical** mask at all times while present in the facility. **RESTRICTED ENTRY** 1. Restrict non-essential HCP and non-essential non-HCP from entering the facility.
Facility	**RESTRICTED MOVEMENT** 1. Suspend large group activities. 2. Close the communal dining area, if possible. ***NOTE: Assisted or Independent Living Facilities Only** Communal dining and barber/hair salon services can be reopened if physical distancing and mask guidelines can be followed. For barber and hair salon services, both the aesthetician and resident must wear masks.

Detect COVID-19 in Your Facility

It is important to perform surveillance in order to detect infections, including COVID-19, in LTCFs.

Solano Public Health recommends the following:
• Implement a protocol for daily or more frequent monitoring of COVID-19-related symptoms, as noted on page 2, among visitors, residents, HCP, and essential non-HCP.

- Track suspected and confirmed illness using a line list
    - See tools here:
        - CDC: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf
        - McGeer Criteria: https://spice.unc.edu/wp-content/uploads/2017/03/Respiratory-Tract-Infection-Worksheet-McGeer-SPICE.pdf
- Call Solano Public Health at (707) 784-8001 (during work hours Monday to Friday 6am to 5pm) or (707) 784-8005 (off hours) if you identify a resident with a new onset of symptoms, as noted on page 2.
- Notify transportation staff and other facilities prior to transferring a resident with COVID-19-related symptoms, as noted on page 2, including suspected or confirmed COVID-19 infection.
- Assess incoming residents with symptoms, as noted on page 2, to assess if they had contact with persons with confirmed COVID-19.

Prepare to Receive Residents with Suspected or Confirmed COVID-19 Infection

Although COVID-19 infection can be severe and require inpatient care, some infections may be mild and not require medical care in an acute care facility. Hospitalized patients with COVID-19 infection may be medically stable for discharge prior to discontinuation of transmission-based precautions.

To ensure that hospitals meet the demand for patients with COVID-19 that require acute care, LTCFs should prepare to accept such residents and institute the appropriate precautions to prevent spread of infection to HCPs, other residents, and visitors. **Some facilities may be designated by state and/or local authorities as entirely or partially dedicated to care for residents with COVID-19 infection who do not require hospitalization or are medically stable for hospital discharge.**

RECOMMENDATIONS

- Ensure all HCP and non-HCP are familiar with Standard and Transmission-based precautions.
- Verify all HCP and non-HCP are familiar with proper PPE donning and doffing procedures by demonstrating competency.
- Identify dedicated HCP to care for residents with COVID-19.
- Dedicated HCP should have a separate locker room and break room, if possible.
- Ensure the facility has adequate supply of gowns, gloves, facemasks, N95 respirators and face shield or goggles for eye protection. Place supplies in areas where patient care is provided.
- Ensure the facility has adequate supply of alcohol-based hand rub and that it is easily accessible in every resident room (ideally both inside and outside the room and in other resident care areas).

Prepare to Care for Residents with Confirmed or Suspected COVID-19 Infection and Prevent Spread of COVID-19 in your Facility

TARGET AUDIENCE	RECOMMENDATIONS
Residents	**RESIDENTS WITH CONFIRMED COVID-19 INFECTION** 1. Cohort residents with confirmed COVID-19 infection on the same unit, wing or area separated from other residents. 2. Limit movement of residents in designated COVID-19 area. 3. Residents that test positive and are symptomatic should be isolated for 14 days after symptom onset.

	4. Residents that test positive and are asymptomatic should be isolated for 14 days from the date of their positive test, as long as they don't develop symptoms. If they develop symptoms after testing, they should be isolated for 14 days after symptom onset. **RESIDENTS WITH SUSPECTED COVID-19 INFECTION OR CLOSE-CONTACTS OF CONFIRMED CASES** 1. Place residents with suspected COVID-19 infection or those exposed (e.g. roommates, etc) to a confirmed case in single occupancy rooms, if possible, or cohorted in multi-occupancy rooms with other residents with suspected COVID-19 infection. 2. Limit movement of suspected or exposed residents in designated area only. 3. If they need to leave the designated area, they should wear a facemask. 4. If a resident with symptoms declines testing or is unable to be tested in a facility with a positive COVID-19 case, treat that resident as if they are positive **RESIDENTS WITH NO KNOWN EXPOSURE** 1. Place residents with no known exposure to a confirmed case or residents not suspected of having COVID-19 infection in a separate area from confirmed, suspected or exposed residents.
Healthcare Personnel (HCP) and Other Staff	**PERSONAL PROTECTIVE EQUIPMENT** 1. HCP dedicated to care for residents with suspected or confirmed COVID-19 infection should use Standard, Contact, and Droplet precautions when taking care of these residents. 2. Proper PPE for dedicated HCP includes a surgical mask (or preferably a N95 respirator, if available), gloves, and gown; and also eye protection (e.g. face shield or goggles) if performing aerosol generating procedures. 3. Dedicated HCP should understand processes for extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities. a. CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html 4. Eye protection and surgical mask/respirator should be removed if they become damaged or soiled and when leaving the unit. Risk of transmission from eye protection and surgical masks during extended use is expected to be very low. a. CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html b. CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html **PATIENT CARE** 1. Minimize the number of HCP assigned to patient care activities for residents with COVID-19.
Facility	**CLEANING AND DISINFECTING** 1. Clean and disinfect high touch surfaces and shared resident care equipment with EPA-registered disinfectants with label claims against COVID-19. EPA: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 (*The list can be exported as a PDF or Excel sheet.)* 2. Use single-use equipment for residents with COVID-19 infection whenever possible; otherwise, dedicate re-usable medical equipment to residents with COVID-19 infection (e.g. thermometers, stethoscopes, etc.) and clean and disinfect between use.

Transfer of Patients from Hospitals to Your Facility

RECOMMENDATIONS

- Facilities may not require a negative test result for COVID-19 as a criterion for admission or readmission of residents hospitalized with no clinical concern for COVID-19.
- Patients under investigation for COVID-19 with pending test results should not be transferred from a hospital to a LTCF until test results are available.
- Patients with negative test results can be admitted into the general resident population.
- Patients with positive test results should be placed in isolation and cohorted in a COVID wing or unit.
- Patients who were not tested should be:
    - Cohorted in a separate room from the general resident population,
    - Monitored for symptoms for 14 days from the patient's date of hospital admission.

Transfer of Patients from Your Facility to Hospitals or Another Facility

RECOMMENDATIONS

- LTCFs should only transfer residents with suspected or confirmed COVID-19 infection to higher acuity healthcare settings when clinically indicated.
- If a resident requires high level of care than what the facility can provide or the facility cannot fully implement all recommended infection control precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis of COVID-19 prior to the transfer.
    - While awaiting transfer, residents should wear a facemask (if tolerated) and be separated from others (e.g. kept in their room with the door closed).
    - All recommended PPE should be used by HCP when coming in contact with the resident.

Healthcare Personnel and Non-Healthcare Personnel Return to Work

RECOMMENDATIONS

- HCP and non-HCP who are exposed to a known COVID-19 case must quarantine at home for 14 days after their last known exposure; HCP and non-HCP who work at a Skilled Nursing Facility (SNF) must get tested on day 14, or thereafter, of their last known exposure to a confirmed case and must be cleared by Solano Public Health before returning to work.
- HCP and non-HCP who test positive for COVID-19 and have symptoms must be excluded from work immediately and may return to work 10 days after onset of symptoms or full symptom resolution AND clearance from Solano Public Health.
- HCP and non-HCP who test positive for COVID-19 and remain asymptomatic, may return to work 10 days after the date of collection of the positive test AND clearance from Solano Public Health.
- HCP and non-HCP who test negative and are asymptomatic for COVID-19 can continue to work without restrictions.
- HCP and non-HCP who test negative and have respiratory symptoms can return to work per the policy of the facility.

*__NOTE__: In case of staffing shortage, facilities may allow asymptomatic HCP with confirmed COVID-19 (who are well enough to work) to provide direct care only for residents with confirmed COVID-19, preferably in a cohort setting, and only **upon clearance from Solano Public Health**. Asymptomatic HCP must maintain separation from

other HCP as much as possible, such as using a separate breakroom and restroom, and wear a surgical mask for source control at all times while present in the facility.

Baseline and Surveillance Testing of Residents and Healthcare Personnel in Your Facility

Testing does not replace or preclude other infection prevention and control interventions, including monitoring all healthcare personnel, non-healthcare personnel, and residents for signs and symptoms of COVID-19, use of personal protective equipment, and environmental cleaning and disinfection.

Baseline and surveillance testing are critical steps to avoid outbreaks and protect vulnerable populations and are conducted in a facility that does not currently have a positive case (in a staff or resident). Baseline and surveillance testing of residents and staff are voluntary.

When testing is performed, a negative test only indicates an individual did not have a detectable infection at the time of testing. An individual might have a viral infection that is still in the incubation period or could have ongoing or future exposures that lead to infection.

RECOMMENDATIONS

Testing LTCF Residents:

- Conduct baseline testing for **all** LTCF residents in a facility that does not currently have a positive case.
    - Refer to the "Prepare to Care for Residents with Confirmed or Suspected COVID-19 Infection and Prevent Spread of COVID-19 in your Facility" section on pages 4-5 for recommendations.
- If a resident with symptoms declines testing or is unable to be tested in a facility with a positive COVID-19 case, treat that resident as if they are positive.

Testing Healthcare Personnel and Non-Healthcare Personnel:

- Conduct baseline testing for **all** staff.
    - Refer to the "Healthcare Personnel and Non-Healthcare Personnel Return to Work" on page 6 for recommendations.
- Surveillance testing in facilities without any positive COVID-19 among residents and staff
    - For the second round of testing, test 50% of staff two weeks after the baseline testing and the other 50% another two weeks later to ensure 100% testing of staff on the second round.
    - For subsequent surveillance testing rounds, and as long as the facility remains without COVID-19 positive residents and staff, test 25% of staff every two weeks including staff from multiple shifts and areas of the facility.