SOLANO COUNTY LONG-TERM CARE FACILITY COVID-19 GUIDANCE - UPDATE 7

SOLANO PUBLIC HEALTH | MARCH 17, 2021

Purpose

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

LTCFs, which include nursing homes, skilled nursing facilities, memory care facilities, board and care homes, 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,
8) Review considerations for testing residents and staff, and
9) Encourage residents and staff to be vaccinated.

Background

The COVID-19 pandemic has resulted in widespread community transmission nationwide, in California, and in 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,

encouraging and implementing vaccination, 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, maintenance staff, food service 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.

HCP who work in multiple locations may pose a higher risk and should be encouraged to tell all facilities for whom they work if they have had exposure to known COVID-19 cases.

Signs and symptoms for screening and monitoring
Visitors, Residents, HCP, and non-HCP

Screening process should include questions about symptoms consistent with COVID-19, including:

- Fever (either measured temperature > 100.0 ^{o}F or subjective)
- Shortness of breath or difficulty breathing
- Chills
- Cough
- Fatigue
- Muscle pain or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New onset fall(s)

Screening process should include a question about potential or known exposure to someone with COVID-19.

- An individual is considered exposed if they were within 6 feet of a positive, infectious case for at least 15 cumulative minutes over a 24-hour period where one or both parties were not wearing a mask.
- If potential exposure occurred during an aerosol generating procedure (i.e. open suctioning of airways, CPR, endotracheal intubation/extubation, non-invasive ventilation, etc), any duration of time is considered prolonged. Based on limited available data, it is uncertain if aerosols produced during nebulizer administration or high flow oxygen delivery may be infectious.

When to seek emergency medical attention:
Emergency warning signs for COVID-19 include but are not limited to:

- **Trouble breathing**
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face (cyanosis)

Call 911 or call ahead to your local emergency facility. **Notify the operator that you are seeking care for someone who has or may have COVID-19.**

SCREENING & EDUCATION OF RESIDENTS, VISITORS, HCP & NON-HCP

TARGET AUDIENCE	RECOMMENDATIONS
All Facilities	<u>SCREENING RESIDENTS</u> • Screen residents, regardless of vaccination status, daily (or more frequently) for signs or symptoms of COVID-19 as noted on page 2 or potential contact with someone with confirmed COVID-19 infection. <u>SCREENING VISITORS</u> • Screen visitors, regardless of vaccination status, for signs or symptoms of COVID-19 (as noted above) or potential contact with someone with confirmed COVID-19 infection. ○ If visitors meet any of these criteria, facilities should restrict entry for essential visitors until they are no longer potentially infectious (*see definition on page 16*). <u>SCREENING HCP & NON-HCP</u> • Screen HCP and non-HCP for signs or symptoms of COVID-19, as noted on page 2, prior to the start of each shift. • Instruct HCP and non-HCP to **<u>not</u>** report to work if they are symptomatic and to call their supervisor to report COVID-19-related symptoms as noted on page 2. • 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 until they can be tested. <u>EDUCATION FOR RESIDENTS & VISITORS</u> • Post signs at the entry, reception area, restrooms, and throughout the facility to help residents and visitors self-identify relevant symptoms and be vigilant of important basic infection control measures. • Educate all residents and visitors on basic infection control measures for respiratory infections, including proper hand hygiene and cough etiquette (e.g. sneezing or coughing into tissue or elbow, placing used tissues in a waste receptacle and washing hands immediately after using and discarding used tissues). • Before entering a resident's room, permitted visitors should be provided with instructions on practicing proper hand 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. <u>EDUCATION FOR HCP & NON-HCP</u> • Educate HCP and non-HCP on signs and symptoms associated with clinical presentations of COVID-19 illness. • Educate HCP and non-HCP on basic infection control measures for respiratory infections, including proper hand hygiene, respiratory hygiene, and cough etiquette.

VISITATION

TARGET AUDIENCE	RECOMMENDATIONS
All Facilities	<u>GENERAL VISITATION GUIDANCE</u> Visitation can be accomplished through different means. Regardless of how visits are conducted, there are **core principles** and best practices to reduce COVID-19 transmission in a facility: • Screening of all individuals (staff and non-staff) who enter the facility for signs and symptoms of COVID-19, regardless of vaccination history – do not allow entry to individuals with symptoms (see table above for COVID-19 signs and symptoms); • Regular screening of residents; • Strict adherence on hand hygiene (washing hands often for 20 seconds or using an alcohol-based hand sanitizer); • Keeping at least a six-foot distance between persons; • Appropriate use Personal Protective Equipment (PPE) by staff; • Effective cohorting of residents; • Frequent cleaning and disinfecting of frequently touched surfaces in the facility; including cleaning and disinfecting of visitation areas, if used, after each visit; • Appropriate use of mask or face covering by visitors, ensuring the mask/face covering covers the mouth and nose; • Proper visitor education on infection control precautions and policies, including proper donning and doffing as required; The above **core principles** should be adhered to at all times. Additionally, visitation should consider the residents' physical, mental and psychosocial well-being. Visitors who are **not able to adhere** to the core principles outlined above should not be permitted to visit and asked to leave. If a visitor has COVID-19 symptoms or has been in close contact with a confirmed positive case, they must reschedule their visit, regardless of their vaccination status. Facilities may restrict visitation due to the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms or lack of adherence to proper infection control practices. Facilities, however, **may not** restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v). <u>INDOOR, IN-ROOM VISITATION FOR RESIDENTS AND FACILITIES MEETING SPECIFIC CRITERIA:</u> Facilities shall allow indoor in-room visitation for: • **ALL residents, regardless of vaccination status**, in "green" (unexposed or recovered) or "yellow" (exposed or observation status) areas, regardless of the county tier (including Purple). Individuals are considered fully vaccinated if it has been 4 days or longer following receipt of the second dose in a 2-dose series or if it has been 14 days or longer following receipt of one dose of a single-dose vaccine. ***NOTE**: CDC and CDPH considers individuals as fully vaccinated if it has been ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine. Also, CDPH and DSS may have stricter in-room visitation recommendations for unvaccinated or partially vaccinated residents depending on the county's tier; the stricter recommendation should be followed;*

- Fully vaccinated visitors of fully vaccinated residents may have brief, limited physical contact with the resident (e.g., a brief hug, holding hands, assisting with feeding or grooming);
- During visits for residents who share a room, care should be taken to protect the roommate regardless of the roommate's vaccination status. This can include: pulling curtain to separate the room, having visitor sit on the side of the bed farthest from the roommate, etc. ***NOTE**: CDPH may have stricter recommendations for skilled nursing facilities; the stricter recommendation should be followed;*
- Red/COVID+ zone indoor in-room visitation is not permitted except for compassionate care/end of life;
- Indoor, **in-room visitation is not allowed** when the facility is on outbreak.

LARGE INDOOR COMMUNAL SPACE VISITATION REQUIREMENTS:

All facilities should have an indoor communal space visitation options for all residents, regardless of vaccination status or county tier, that allow for physical distancing. Examples of these spaces include lobby, cafeteria, activity room, physical therapy rooms, etc. where 6-ft distancing is possible. Facilities may need to rearrange these spaces or add barriers to separate the space to accommodate the need for visitation of multiple residents. Indoor communal space **visitation is allowed** when a facility is on outbreak.

OUTDOOR SPACE VISTITATION REQUIREMENTS:

All facilities should have outdoor and an outdoor space visitation options for all residents, regardless of vaccination status or county tier. Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, outdoor visitation is **preferred**, when feasible. Facilities can create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

When outdoor visitation is offered, facilities should have a process to:

- limit the number of visitors at any one time to ensure physical distancing is maintained;
- limit the number of individuals visiting one resident at the same time.

OTHER VISITATION OPTIONS:

- Offer alternative means of communication for people who would otherwise visit, including virtual communications (phone, video-communication, etc.).
- Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offer a phone line with a voice recording updated at set times (i.e. daily) with the facility's general operating status, such as when it is safe to resume visits.
- Create/increase listserv communication to update families, such as the status and impact of COVID-19 in the facility.

Indoor visitation shall meet the following conditions:

- All visitors and residents should wear appropriate **facial covering** during their visit and should maintain **6-ft physical distancing**.

- Indoor communal space visitation is allowed for facilities on active outbreak for residents in yellow and green areas; however, indoor in-room visitation is not allowed;
- Limit the number of visitors per resident at one time;
- Limit the total number of visitors in the facility at one time;
- Consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors. The visit should allow for no less than 30 minutes;
- Limit visitor movement in the facility. Visitors should go directly to the designated visitation area or the resident's room;
- Mask and gloves must be worn for yellow zone indoor in-room visitation. ***NOTE:*** *CDPH and DSS may have stricter PPE recommendation; the stricter recommendation must be followed;*
- Monitor those who may have difficulty adhering to core principles, such as children.

FACILITIES MUST CONTINUE TO FOLLOW ALL OTHER SAFETY PROCEDURES AND REQUIREMENTS FOR INDOOR VISITATION, INCLUDING:

- Facilities must have adequate staffing.
- Facilities must have a testing plan in place for staff in compliance with the Title 42 CFR 483.80(h), CDPH or DSS.

VISITOR TESTING

If visitor testing is conducted, facilities may prioritize testing of visitors that visit regularly, although any visitor can be tested. Visitor testing should not be required as a condition to visit. **NOTE: CDPH has stricter testing recommendation for skilled nursing facility visitors; the stricter recommendation should be followed.*

EXCEPTION TO VISITATION REQUIREMENTS

Regardless of the county tier and vaccination status the following are exempt from a facility's visitation restrictions and may have access to a resident in any zone:

- Healthcare workers
- Surveyors
- Ombudsman
- Nursing students
- Compassionate care/end of life visitation
- Legal matters
- P&A programs
- Individuals authorized by federal disability rights laws

All persons exempt from visitor restrictions are still subject to screening for fever and COVID-19 symptoms, must wear appropriate facial covering, perform hand hygiene when in the facility and comply with core principles of infection control and prevention.

In circumstances where this guidance does not clearly apply, the facility leadership should work with Solano Public Health to develop an individualized plan of action.

Compassionate Care Visits:

The term "compassionate care situations" does not only apply to end-of-life situations. Compassionate care visits can be conducted by family members, clergy or any individual that can meet the resident's needs. Examples of other types of compassionate care situations include, but are not limited to:

- A resident who was living with their family before being admitted to a facility and is struggling with the change in environment and lack of physical family support;

	• A resident who is grieving after a friend or family member recently passed away; • A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss/not eating or dehydration; • A resident who used to talk and interact with others and is now experiencing emotional distress, seldom speaking, or crying more frequently.

COMMUNAL DINING AND OTHER ACTIVITIES

TARGET AUDIENCE	RECOMMENDATIONS

All Facilities	Communal dining and group activities must adhere to the core principles of COVID-19 infection prevention.
	• Residents, regardless of vaccination status, who are not on isolation precautions or quarantine (e.g. green zone residents) may eat in the same room with physical distancing (e.g., limited number of people at each table and with at least six feet between each person);
	  ○ Facilities should consider defining groups of residents that consistently participate in communal dining together to minimize the number of people exposed if one or more of the residents is later identified as COVID-19 positive.
	  ○ Facial coverings should be worn when going to the dining area and whenever not eating or drinking.
	• Group activities may also be facilitated for residents in the green zone (i.e.; those who are not in isolation or quarantine) with physical distancing among residents, appropriate hand hygiene, and use of a face covering (even for fully vaccinated residents);
	• Encourage activities to occur outdoors when feasible, especially when face coverings will not be worn (e.g., when eating and drinking);
	• Non-essential personnel/contractors (e.g., barbers, manicurists/pedicurists) who comply with the same screening testing and universal facemask use required of the facility HCP may enter the facility and provide services to residents in appropriate spaces (outdoors, if feasible, or indoors in a well-ventilated area where at least 6-ft distancing can be maintained between residents); non-essential personnel/contractors who enter the facility should be encouraged to seek COVID-19 vaccination through the resources available in their community, including through their provider or Solano Public Health.

Detect COVID-19 in Your Facility

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

TARGET AUDIENCE	RECOMMENDATIONS
All Facilities	• Conduct regular Surveillance testing of staff per appropriate CDPH or DSS guidance; • 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; • Call Solano Public Health at (707) 784-8014 (during work hours Monday to Friday 7am to 6pm) or (707) 784-8005 (off hours) or email SolanoEpi@SolanoCounty.com if you identify a resident or staff 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 or had other high-risk community exposures.

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.**

TARGET AUDIENCE	RECOMMENDATIONS
All Facilities	• 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. ○ If your facility would like to receive proper PPE donning and doffing training, contact Solano Public Health at SolanoLTCF@SolanoCounty.com. • 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, face shield or goggles for eye protection, and trash cans with automatic lids (e.g. step open/close). Place supplies in areas where patient care is provided. • Ensure the facility has adequate supply of alcohol-based hand sanitizer and that it is easily accessible in every resident room (ideally both inside and outside the room and in other resident care areas).

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

OUTBREAK DEFINITION:

Solano Public Health defines an outbreak in the following facilities as:

Skilled Nursing, Memory Care, Board and Care:

One case among staff if the staff was working while infectious **OR** one case among residents; and in both scenarios, where susceptible individuals were potentially exposed. Susceptible individuals are staff or residents who are unvaccinated, under-vaccinated (it has not been greater than 4 days since their second dose at time of exposure), or who were not previously positive with COVID-19 in the 90 days prior to exposure.

Assisted Living and Independent Living:

One case among staff if the staff was working while infectious **OR** 3 cases among residents with common exposure/testing positive within 14 days. In both scenarios, also where susceptible individuals were potentially exposed, as described above.

Notify Solano Public Health at SolanoEpi@SolanoCounty.com or 707-784-8014 (during office hours) or 707-784-8005 (during off hours and week-ends) if your facility meets the outbreak definition as outlined above or if you have questions.

Solano Public Health will work closely with your facility during an outbreak. Below are some general recommendations that your facility should follow. Other recommendations will be provided by Solano Public Health and will vary based on the situation. It is very important to notify public health promptly in the case of an outbreak.

INFECTION CONTROL DURING AN OUTBREAK

TARGET AUDIENCE	RECOMMENDATIONS
Skilled Nursing Facilities, Memory Care Facilities, Board and Care Facilities	RESTRICTED MOVEMENT • Suspend large group activities. • Communal dining area can be open for residents in the green zone as long as physical distancing is maintained. *Board and care facilities should limit the use of the communal dining area as much as is feasible. Eating in individual rooms is recommended.* • New admissions are allowed. Please be advised that new admissions are at risk of being infected with COVID-19, particularly if they are unvaccinated or under-vaccinated.
Assisted Living Facilities, Independent Living Facilities	RESTRICTED MOVEMENT • Suspend large group activities. • Communal dining area can be open for residents in the green zone as long as physical distancing is maintained. • NEW resident move-ins are permitted. • Residents who have tested negative for COVID-19 may leave their room and walk around the property as long as a minimum of 6 feet between residents is maintained and a mask is used. If possible, have dedicated, scheduled time for when specific residents can walk around the property.

All Facilities	PERSONAL PROTECTIVE EQUIPMENT (PPE)
	• For visitors:
	  ○ Allowed visitors should wear a face covering that covers their noses and mouths (i.e. cloth face covering, surgical mask, etc.) at all times while present in the facility. Surgical mask is preferred, but if not available, cloth face covering would suffice.
	  ○ In addition to a mask, visitors visiting residents in the yellow zone must wear gloves and those visiting residents in the red zone must wear gloves and gown.
	• For HCP and non-HCP
	  ○ HCP and non-HCP should wear a **surgical** mask at all times while present in the facility.
	  ○ Other appropriate PPE should be worn per the situation below.
	
	DEDICATED HCP FOR COVID-19 PATIENTS
	• Minimize the number of HCP assigned to patient care activities for residents with COVID-19.

CARING FOR RESIDENTS WITH CONFIRMED COVID-19 INFECTION

- Cohort residents with confirmed COVID-19 infection on the same unit, wing or area separated from other residents.
- Limit movement of residents in designated COVID-19 area.
- Residents who are **not severely immunocompromised*** who test positive and has **mild to moderate illness** should be isolated and put on transmission-based precaution until all of the following criteria are met:
    - 10 days after symptom onset, **AND**
    - Resolution of fever (if any) for at least 24 hours, without the use of fever-reducing medications, **AND**
    - Clearance from Solano Public Health*.
  - Exception: Residents with **severe* or critical illness* OR those with severe immunosuppression*** may produce replication-competent virus and should be isolated and put on transmission-based precautions 20 days after symptom onset AND 24 hours after resolution of fever without the use of fever-reducing medications AND clearance from Solano Public Health*.
- Residents who are **not severely immunocompromised*** who test positive and are **asymptomatic** should be isolated and put on transmission-based precautions until all of the following criteria are met:
    - 10 days after the date that the first positive specimen was collected, **AND**
    - Clearance from Solano Public Health*.
    - If the resident develops symptoms consistent with COVID-19 (as noted on page 2) within 2days from the date of their positive test, the resident should be isolated for an additional 10 days from date of symptom onset. Isolation and transmission-based precautions can be discontinued 10 days after symptom onset, AND resolution of fever (if any) without fever reducing medications, AND clearance from Solano Public Health*.
  - Exception: Residents with **severe* or critical illness* OR those with severe immunosuppression*** may produce replication-competent virus and should be isolated and put on transmission-based precautions 20 days after the date that the first positive specimen was collected **AND** clearance from Solano Public Health*.

- Personal Protective Equipment (PPE). *NOTE: CDPH AND DSS may have stricter guidance; follow guidance per your regulatory entity.*
  - HCP dedicated to care for residents with confirmed COVID-19 infection should use proper **PPE** when caring for these residents.
    - Proper PPE for dedicated HCP includes a **surgical mask** (or an N95 respirator, if available or preferred), **gloves**, and **gown**;
    - Eye protection (e.g. face shield or goggles) should be used if performing aerosol generating procedures.
    - Although collection of specimens (e.g. nasopharyngeal swab, nasal swab, etc.) is not considered an aerosol-generating procedure, mask (surgical or N95), gloves, gown and eye protection (goggles, face shield) should be worn.
  - If a facility chooses to use an N95 respirator, ensure that dedicated HCP should understand processes for extended use of facemasks as well as extended use of and eye protection or prioritization of gowns for certain resident care activities.

        - CAL/OSHA: https://www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf (*Updated on 8/6/2020 to reflect requirements announced by Governor Newsom on 7/24/2020*)
        - CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
    - 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.
        - CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html
        - CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

CARING FOR RESIDENTS WITH SUSPECTED COVID-19 INFECTION OR CLOSE-CONTACTS OF CONFIRMED CASES

- 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.
- Limit movement of suspected or exposed residents in designated area only.
- If residents need to leave the designated area, they should wear a facemask.
- Personal Protective Equipment (PPE). *NOTE: CDPH AND DSS may have stricter guidance; follow guidance per your regulatory entity.*
    - HCP caring for residents with suspected COVID-19 infection or close contacts of confirmed cases should use proper **PPE** when caring for these residents.
        - Proper PPE for HCP includes a **surgical mask** (or an N95 respirator, if available or preferred) and **gloves.**
        - Eye protection (e.g. face shield or goggles) should be used if performing aerosol generating procedures.
        - Although collection of specimens (e.g. nasopharyngeal swab, nasal swab, etc.) is not considered an aerosol-generating procedure, mask (surgical or N95), gloves, gown and eye protection (goggles, face shield) should be worn.
- Test on or after 14 days after exposure and move to general population if resident tests negative and cleared by Solano Public Health*

CARING FOR RESIDENTS WITH NO KNOWN EXPOSURE

- 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.
- Personal Protective Equipment (PPE)
    - HCP caring for residents with no known exposure should use proper **PPE** when caring for these residents.
        - Proper PPE for HCP includes a **surgical mask** (or an N95 respirator, if available or preferred) and **gloves.**

CLEANING AND DISINFECTING

- 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 (This list can be exported as a PDF.) • CAL/OSHA recommends that any person deep cleaning a general area where an infected employee or resident may have been, including breakrooms, restrooms and travel areas, with a cleaning agent approved for use by the EPA against coronavirus should also be equipped with proper PPE for COVID-19 disinfection in addition to PPE required for cleaning products. • 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. * **NOTE: Clearance from Solano Public Health (SPH) is required for Memory Care, SNF, and B&C residents and staff. SPH Clearance for Assisted Living and Independent Living is not needed).**

Transfer of Patients from Hospitals to Your Facility

TARGET AUDIENCE	RECOMMENDATIONS

All Facilities	• 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 (suspect case) with pending test results should not be transferred from a hospital to a LTCF until test results are available.
	• Testing and quarantine are not required for residents readmitted to the facility after hospitalization, or who leave the facility for ambulatory care visits (i.e. emergency department visits, dialysis treatment, outpatient clinic appointment) unless there is suspected or confirmed COVID-19 transmission at the outside facility.
	• Facilities should consider periodic surveillance testing of residents who regularly leave the facility for dialysis and following hospitalizations or emergency department visits.
	• Patients with **negative test results** can be admitted into the general resident population.
	• Patients with **positive test results** who are still in their infectious period* should be placed in isolation and cohorted in a COVID wing or unit. For recommendations on caring for residents with positive COVID-19, follow the isolation and PPE recommendations as outlined in the Infection Control subsection on page 9.
	• Patients whose COVID-19 status is **unknown** should be:
	  ○ Cohorted in a separate room/area from the general resident population or from the COVID wing/area.
	  ○ Monitored for symptoms for 14 days from the patient's date of hospital admission; **AND**
	  ○ Tested at the end of the 14-day monitoring period.
	  ○ For recommendations on caring for residents under monitoring, follow the transmission-based precautions as outlined in the Infection Control subsection (Caring for residents with suspected COVID-19 infection or close contacts of confirmed cases) on page 8.

Transfer of Patients from Your Facility to Hospitals or Another Facility

TARGET AUDIENCE	RECOMMENDATIONS
All Facilities	• LTCFs should only transfer residents with suspected or confirmed COVID-19 infection to higher acuity healthcare settings when clinically indicated. • If a resident requires higher 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 diagnosis (or 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 into contact with the resident.

Accepting New Residents from the Community

TARGET AUDIENCE	RECOMMENDATIONS
All Facilities	• Facilities should have a plan on testing residents prior to moving into the facility or soon after they move into the facility. • Residents in Continuing Care Retirement Communities (CCRC) who live independently are generally exempt from testing requirements. ○ Exceptions: An independent living resident who is symptomatic for COVID-19, has an exposure to a person who has tested positive for COVID-19, is moving into the facility, or is returning from being treated in the hospital is not exempt from testing requirements.

Healthcare Personnel and Non-Healthcare Personnel Returning to Work

TARGET AUDIENCE	RECOMMENDATIONS

All Facilities	▪ HCP and non-HCP who are **exposed** to a known COVID-19 case (regardless of where exposure occurred):
	  ○ Must be excluded from work for at least 14 days after their last exposure to a confirmed, infectious case; **AND**
	  ○ Get tested on or after the 14th day;
	  ***NOTE:* Staff who work at SNF, memory care (MC) or board and care (B&C) must be cleared by Solano Public Health before returning to work.**
	▪ HCP and non-HCP who test **positive** for COVID-19:
	  ○ Who are **not severely immunocompromised*** who test positive and have **mild to moderate illness** should be isolated and excluded from work until all of the following criteria are met:
	  ▪ 10 days after symptom onset, **AND**
	  ▪ Resolution of fever (if any) for at least 24 hours, without the use of fever-reducing medications, **AND**
	  ▪ Clearance from Solano Public Health (MC, SNF, B&C only)

	▪ ***Exception:*** Staff with **severe* or critical illness* OR those with severe immunosuppression*** may produce replication-competent virus and should be isolated and put on transmission-based precautions 20 days after symptom onset **AND** 24 hours after resolution of fever without the use of fever-reducing medications **AND** clearance from Solano Public Health. o Who are **not severely immunocompromised*** who test positive and are **asymptomatic** should be isolated and be excluded from work until all of the following criteria are met: ▪ 10 days after the date that the first positive specimen was collected, **AND** Clearance from Solano Public Health (MC, SNF, B&C only). ▪ ***Exception***: Staff with **severe* or critical illness* OR those with severe immunosuppression*** may produce replication-competent virus and should be isolated and be excluded from work for 20 days after the date that the first positive specimen was collected **AND** need to be cleared from Solano Public Health before returning to work. ▪ HCP and non-HCP with no known exposure to a COVID-19 case and 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/approval from Solano Public Health. Asymptomatic and infectious HCP must maintain separation from other HCP as much as possible, such as using a separate breakroom and restroom, and wearing a surgical mask for source control at all times while present in the facility.

Baseline, Surveillance, and Outbreak 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. Additionally, baseline and surveillance testing recommendations may differ among facilities as licensing agencies may have different guidance (i.e. CDPH versus CDSS). Please review this section carefully.

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.

For residents and staff previously diagnosed with COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after symptom onset or date of positive test if asymptomatic, as the individuals may still have active viral shredding but may be outside of their infectious period (*see page 12 for definition*) and also meet all criteria for discontinuation of isolation and other precautions.

TARGET AUDIENCE	RECOMMENDATIONS

Skilled Nursing Facilities, Memory Care Facilities, Board and Care for the Elderly	<u>Baseline & Surveillance Testing for Residents (Non-outbreak testing)</u>
	• If the COVID status of a newly admitting resident is unknown upon admission, consider testing the resident.
	
	<u>Baseline & Surveillance Testing Healthcare Personnel and Non-Healthcare Personnel</u>
	• Test staff at the frequency determined by County Tier Status and applicable CDPH, DSS and/or CMS guidelines that apply to your facility.
	
	<u>Outbreak Testing</u>
	When the outbreak definition (on page 6) is met, serial testing of all susceptible HCP and residents should be performed every 7 days until no new cases are identified among residents and staff in two sequential rounds of testing.
	• **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.**
	  ○ Isolation and precautions can be discontinued if all of the following criteria are met:
	  ▪ 10 days after symptom onset, AND
	  ▪ Resolution of fever (if any) for at least 24 hours, without the use of fever-reducing medications, AND
	  ▪ Improvement of other symptoms.
	  ○ For severely or critically ill and/or severely immunosuppressed residents, isolation can be discontinued 20 days after symptom onset, as explained above. All other criteria for discontinuation still apply (i.e. resolution of fever and improvement of other symptoms) for isolation and precautions to be discontinued for these people.
	• Asymptomatic residents who decline testing should quarantine in their rooms for 14 days or for as long as the facility has an outbreak, whichever is longer.
	• Staff who decline testing during outbreaks should not work for 24 days or for as long as the facility has an outbreak, whichever is longer.

Assisted Living Facilities, Independent Living Facilities	<u>Testing New and Returning Residents</u>
	If the COVID status of a newly admitting resident is unknown upon admission, consider testing the resident.
	
	<u>Facility Wide Testing</u>
	• For facilities <u>without COVID-19 cases</u> among residents or staff:
	  ○ **For Residents**: Testing should only be considered for residents who present with symptoms consistent of COVID-19 illness (as listed on page 2) or were exposed to a person who tested positive for COVID-19.
	  ○ **For Staff**: Conduct surveillance testing per DSS guidance.
	
	• For facilities <u>with COVID-19 cases</u> among residents or staff, retesting of susceptible residents and staff should be performed every 7 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule if cleared by Solano Public Health.

	○ Independent CCRC residents are exempted from testing requirements, unless they have been in communal settings with other residents or meet other exceptions to exemption. ○ If there are multiple buildings in a facility and those who have tested positive are clustered in one building, serial testing should only occur among residents and staff in that building. It may not be necessary to test residents and staff across multiple buildings so long as staff are not moving among buildings to provide services or are having close contact with staff providing services in a building caring for residents who are COVID-19 positive. ○ If there COVID-19 positive cases across multiple buildings at any given facility, all residents and staff across all buildings should be tested every 7 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule if cleared by Solano Public Health. ○ See what to do if residents or staff decline testing in the "Skilled Nursing Facilities" box directly above.

*DEFINITIONS

- **Infectious period**: Usually 10 days after symptom onset, but can be extended to 20 days for persons with more severe to critical illness or severely immunocompromised (Centers for Disease Control and Prevention. (August 10, 2020). Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). https://www.cdc.gov/coronavirus/2019-ncov/)
- **Severe illness**: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.
    - Represents people who are more likely than others to require hospitalization, intensive care, or a ventilator to help them breathe.
    - There is increased risk for severe illness among people who are elderly (65 or older) and/or have underlying medical conditions, such as cancer, chronic kidney disease, chronic obstructive pulmonary disease or COPD, solid organ transplant history, obesity, sickle cell disease, Type 2 diabetes, and heart disease.
- **Critical illness**: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
- **Severely immunocompromised**: Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days may cause a higher degree of immunocompromise and require actions such as lengthening duration of HCP work restrictions or discontinuation of transmission-based precautions using a symptom or time-based strategy
- Close contact or exposed - individual is considered exposed/close contact if they were within 6 feet of a positive, infectious case for at least 15 cumulative minutes over a 24-hour period where one or both parties were not wearing a mask.

RESOURCES

If critical shortage of staff emerges or emergency PPE is needed, request assistance through the Solano County MHOAC (Medical and Health Operational Area Coordinator).

- **Business Hours:** 707-784-8155
- **After Hours/Weekends/Holidays:** 707-421-7090 (ask for a supervisor)
- **Email:** HSSResponds@SolanoCounty.com