

# SOLANO COUNTY LONG-TERM CARE FACILITY COVID-19 GUIDANCE - UPDATE 8

SOLANO PUBLIC HEALTH | MAY 27, 2021

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## 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/independent living facilities, provide a variety of medical and personal care services to people who are unable to manage independently in the community.

**This guidance is intended for use by facilities that operate in Solano County. Recommendations contained in this guidance may differ from guidance from CDC, CDPH, CMS or DSS; in these instances, follow the requirements mandated by your regulatory agency.**

## 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 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. Less commonly, transmission also may occur through contact with contaminated surfaces followed by self-delivery through droplet to the eyes, nose or mouth.

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. 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. Immediate action must be taken to protect residents, families, and staff from becoming infected.

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.

### **Infection Prevention (Screening, Testing/Quarantine, Education, Cleaning, and PPE)**

Aggressive efforts towards implementing robust infection prevention strategies and 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 and spread of COVID-19 into LTCFs.

Vaccination of both residents and HCP and non-HCP staff is a critical step in preventing illness among this population. Facilities should encourage COVID-19 vaccination of their residents, staff, contractors and visitors. Vaccines are available from healthcare providers, pharmacies (e.g., CVS, Walgreens, Safeway, etc.) and at pop-up and mass vaccination sites. **If you have staff or residents that need vaccination, email Solano Public Health at [SolanoLTCF@SolanoCounty.com](mailto:SolanoLTCF@SolanoCounty.com).**

### **SCREENING AND TESTING OF RESIDENTS, VISITORS, HCP & NON-HCP**

#### **SYMPTOM AND EXPOSURE SCREENING:**

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

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 of COVID-19 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 °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

### GENERAL SCREENING:

- 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](mailto:SolanoEpi@SolanoCounty.com) if you identify a resident or staff with a new onset of symptoms, as noted on Page 2.**

### SCREENING RESIDENTS

- 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. If residents show signs or symptoms of COVID-19, immediately isolate the resident and test.
- Assess incoming residents with symptoms, as noted on page 2, if they had contact with persons with confirmed COVID-19 or had other high-risk community exposures.
- Notify transportation staff and other facilities prior to transferring a resident with COVID-19-related symptoms, including suspected or confirmed COVID-19 infection.

### SCREENING VISITORS

- Screen visitors, regardless of vaccination status, for signs or symptoms of COVID-19 (as noted on Page 2) or potential contact with someone with confirmed COVID-19 infection.
  - If visitors meet any of these criteria, facilities should restrict entry for visitors until they are no longer potentially infectious (*see definition on page 17*).

### SCREENING HCP & NON-HCP

- 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 not 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 isolate at home until they can be tested. If testing assistance is needed, email [SolanoEpi@SolanoCounty.com](mailto:SolanoEpi@SolanoCounty.com).

### **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.**

**TESTING AND QUARANTINE OF RESIDENTS AND TESTING OF HCP IN YOUR FACILITY – NON OUTBREAK SITUATION:**

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, however, 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 shedding but may be outside of their infectious period (*see page 17 for definition*) and also meet all criteria for discontinuation of isolation and other precautions.

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](mailto:SolanoEpi@SolanoCounty.com) if you identify a resident or staff with a new onset of symptoms, as noted on Page 2.

*\*Note: These recommendations may differ from that of your regulatory agency. Test staff at the frequency as required by applicable CDPH, DSS and/or CMS guidelines that apply to your facility.*

**RECOMMENDATIONS**

**TESTING AND QUARANTINE OF RESIDENTS WHEN FACILITY IS NOT ON OUTBREAK**

- Asymptomatic, current residents generally do not require regular testing, regardless of their vaccination status.
- For fully vaccinated new/current residents who have/have not had close contact with a positive case in the prior 14 days:
  - Who are asymptomatic, no quarantine or testing is required. Isolate and test resident as soon as they develop COVID-19 symptoms outlined on page 2.
  - Who are symptomatic, isolate and test immediately. If you need assistance with testing, email or call the epidemiology unit at [SolanoEpi@SolanoCounty.com](mailto:SolanoEpi@SolanoCounty.com) or 707-784-8014
- For unvaccinated or partially vaccinated:
  - New residents, quarantine and test upon admission and at the end of 14-day quarantine;
  - Current residents who have had close contact with a positive case in the prior 14 days, quarantine and test at the end of the 14-day quarantine.
- Residents with symptoms consistent with COVID-19 infection or who were exposed to a person who tested positive for COVID-19 should be isolated/quarantined and tested, regardless of residents' vaccination status.

**TESTING FOR HCPs AND NON-HCPs WHEN FACILITY IS NOT ON OUTBREAK**

- Solano Public Health does not recommend baseline or surveillance testing for HCP or non-HCP who have been **fully vaccinated**.
- **Unvaccinated or partially vaccinated** HCP and non-HCP should be tested at least once per month during times of low to moderate viral activity (county case rate is <10 cases per 100,000 per day) in the community. During high activity (e.g. county case rate of 10 per 100,000 population per day), they should be tested twice per month.

For recommendation on testing and quarantine of exposed HCPs and non-HCPs, see HCP and non-HCP Return to Work After Exposure or After Testing Positive section on page 13-14.

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

**RECOMMENDATIONS**

EDUCATION FOR RESIDENTS & VISITORS

- 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.

EDUCATION FOR HCP & NON-HCP

- 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.
- 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 for staff, contact Solano Public Health at [SolanoLTCF@SolanoCounty.com](mailto:SolanoLTCF@SolanoCounty.com).

**CLEANING AND DISINFECTING**

**RECOMMENDATIONS**

- 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.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

HCP and visitors should follow transmission-based precautions for each cohort of residents (e.g., green, yellow or red zone) including the appropriate use of PPE. *NOTE: CDPH AND DSS may have stricter guidance; follow requirement per your regulatory entity.*

In general:

- Gloves should be changed between every patient encounter;
- Hand hygiene should be performed before donning and after doffing gloves.

### RECOMMENDATIONS

#### STAFF PPE WHEN CARING FOR RESIDENTS WITH CONFIRMED COVID-19 INFECTION (RED ZONE):

- 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 understand processes for extended use of facemasks as well as extended use of eye protection or prioritization of gowns for certain resident care activities.
- 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.

#### STAFF PPE WHEN CARING FOR RESIDENTS WITH SUSPECTED COVID-19 INFECTION OR CLOSE-CONTACTS OF CONFIRMED CASES (YELLOW ZONE):

- 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.

#### STAFF PPE WHEN CARING FOR RESIDENTS WITH NO KNOWN EXPOSURE (GREEN ZONE):

- 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).

#### VISITOR PPE:

- 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. Ensure that those visiting the yellow and red zones are trained in proper donning and doffing.

## Visitation

### GENERAL VISITATION GUIDANCE

Visitation can be accomplished through different means and should consider the residents' physical, mental and psychosocial well-being. Facilities should make every effort to ensure visits are conducted with an adequate degree of privacy and scheduled at times that are also convenient to visitors (e.g. outside regular work hours, etc.).

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 (HCP, non-HCP, visitors) who enter the facility for signs and symptoms of COVID-19, regardless of vaccination status – do not allow entry to individuals with symptoms (see page 2 for COVID-19 signs and symptoms);
- Appropriate use of mask or face covering by visitors, ensuring the mask/face covering covers the mouth and nose, for the duration of the visit;
- Keeping at least a six-foot distance between persons, in accordance with CDC guidance;
- Strict adherence on hand hygiene (washing hands often for 20 seconds or using an alcohol-based hand sanitizer);
- Proper visitor education on infection control precautions and policies, including proper donning and doffing as required;
- Restricting entry to visitors who have been in close contact with a confirmed positive case;
- Effective cohorting of residents;
- Appropriate use of Personal Protective Equipment (PPE) by staff;
- Frequent cleaning and disinfecting of frequently touched surfaces in the facility; including cleaning and disinfecting of visitation areas, if used, after each visit.
- Facilities should have a plan for limiting the number of visitors at any one time to ensure physical distancing is maintained. For large indoor communal space or outdoor visitations, facilities can consider scheduling visits so that multiple visits are not occurring simultaneously, to the extent possible. If simultaneous visits cannot be avoided, everyone in the designated area should wear a mask and physically distance from other groups. However, if all visitors and residents are fully vaccinated, visitation in large communal space or outdoor can occur without masking.

The above **core principles** should be adhered to at all times. 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).

Solano Public Health considers individuals as 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  $\geq 2$  weeks following receipt of the second dose in a 2-dose series or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine. Also, CDPH and

*DSS may have stricter visitation recommendations for unvaccinated or partially vaccinated residents depending on the county's tier; follow the requirement per your regulatory agency.*

## RECOMMENDATIONS

In all visitation locations:

- Fully vaccinated residents may have physical contact (e.g., hugging, holding hands, assisting with feeding or grooming) with visitors, regardless of the visitor's vaccination status, with hand washing and hand-sanitizing before and after physical contact;
- Visitors must wear facial covering at all times for the full duration of the visit, except in specific scenarios as described below;
- Visitors must maintain 6-feet distancing, except in specific scenarios as described below;
- Visitors must wear appropriate PPE:
  - Green zone: mask, except in specific scenarios as described below;
  - Yellow zone: mask and gloves;
  - Red zone: mask, gloves and gown.

### INDOOR, IN-ROOM VISITATION FOR RESIDENTS AND FACILITIES MEETING SPECIFIC CRITERIA:

- 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);
  - Green zone: When the resident is fully vaccinated, close physical contact with visitors is allowed and visitors do not need to wear source control regardless of visitor vaccination status;
  - Yellow zone: When the resident is fully vaccinated, close physical contact with visitors is allowed while both the visitor and resident wear a mask for source control.
  - Visitors should wear a mask for source control and physically distance from other staff, residents or visitors that are not part of their group at all other times while in the facility.
- 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 the double curtain to separate the room, having visitor sit on the side of the bed farthest from the roommate, etc.
- 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. However, in-room visitation is allowed for compassionate care visits for residents who are non-ambulatory.

### LARGE INDOOR COMMUNAL SPACE VISITATION REQUIREMENTS:

- All facilities should have an indoor communal space visitation option for all residents, regardless of vaccination status or county tier, that allows 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 VISITATION REQUIREMENTS:

All facilities should have 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 on facility premises, such as in courtyards, patios, or parking lots, including the use of tents, if available.

### 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**, except for specific scenarios outlined above.
- 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;
- 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.

**EXCEPTION TO VISITATION REQUIREMENTS**

Regardless of the county tier, vaccination status or the resident's covid 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 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 for Residents and Staff

As vaccination increases and disease activity decreases, communal/group activities and dining recommendations becomes less restrictive, especially for residents and staff who are fully vaccinated. However, determining the vaccination status of residents and staff at the time of the activity can be challenging. When determining the vaccination status, resident and staff privacy should be maintained.

### RECOMMENDATIONS

Communal dining and group activities must adhere to the core principles of COVID-19 infection prevention.

**If vaccination status cannot be determined for all participants, all participants should wear a mask and maintain 6-foot distancing.**

#### RESIDENTS:

Residents, regardless of vaccination status, who are not on isolation precautions or quarantine (i.e. green zone residents) may participate in communal dining and group activities.

- Communal dining:
  - If **ALL** residents participating in communal dining are fully vaccinated, residents can participate in communal dining without use of source control or physical distancing;
  - If unvaccinated residents are dining in a communal area, ALL residents should use a mask when not eating and unvaccinated residents need to remain at least 6 feet from others;
  - Facial coverings should be worn when going to the dining area.
- Group activities:
  - If **ALL** residents participating in the group activity are fully vaccinated, they may choose to have close contact and not wear mask during the activity;
  - If unvaccinated residents are present in the group activity, ALL residents in the group activity should wear a mask and unvaccinated residents should keep a 6-foot distance from others;
  - Facial coverings should be worn when going to group activities.

#### HCP AND NON-HCP:

- Fully vaccinated HCP and non-HCP should continue to wear mask while at work.
- Fully vaccinated HCP and non-HCP can dine and socialize together in breakrooms and conduct in-person meetings without mask/facial covering or physical distancing. However, if unvaccinated/partially vaccinated staff are present, ALL participants should wear a mask/facial covering and unvaccinated/partially vaccinated staff should maintain a 6-foot distance from others.

#### NON-ESSENTIAL PERSONNEL/CONTRACTORS:

- Non-essential personnel or contractors (e.g., barbers, manicurists, etc.) must comply with masking and physical distancing as outlined by their sector guidance, regardless of their vaccination status.
- Residents receiving services from non-essential personnel should wear a mask while receiving the service.

## Returning from Outings

### RECOMMENDATIONS

- Fully vaccinated residents who leave the facility for non-essential purpose (e.g. go out to a restaurant, visit family, attend private gatherings, etc.) do not need to quarantine upon return or test, regardless of exposure to a person who is positive for COVID-19.
- Unvaccinated or partially vaccinated residents who have had close contact with a person who is positive for COVID-19 should be quarantined for 14 days and tested on or after the 14<sup>th</sup> day.
- **FOR SKILLED NURSING, MEMORY CARE AND BOARD AND CARE FOR THE ELDERLY FACILITIES:** Unvaccinated or partially vaccinated residents who spend  $\geq$  24 hours outside the facility should be quarantined for 14 days and tested on or after the 14<sup>th</sup> day.
- **FOR ASSISTED LIVING AND INDEPENDENT LIVING FACILITIES:** Residents who have not had close contact with a person who is positive for COVID-19 and are asymptomatic do not need to be quarantined. Monitor resident for symptoms and isolate the resident immediate and test.

## Infection Control for Residents and Staff

### RESIDENT PLACEMENT – GREEN, YELLOW AND RED ZONES

#### RECOMMENDATIONS

- 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.
  - If your facility needs PPE, contact Solano County MHOAC (see page 17 for contact information).
- 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).

#### CARING FOR RESIDENTS WITH CONFIRMED COVID-19 INFECTION (RED ZONE)

- Minimize the number of HCP assigned to patient care activities for residents with COVID-19.
- Dedicated HCP should have a separate locker room and break room, if possible.
- 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 have **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 for prolonged periods 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 2 days from the date of their positive test, the resident should be isolated for 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 for prolonged periods 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\*\*.

CARING FOR RESIDENTS WITH SUSPECTED COVID-19 INFECTION OR CLOSE-CONTACTS OF CONFIRMED CASES (YELLOW ZONE)

- 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 or recent exposures.
- Limit movement of suspected or exposed residents in designated area only.
- If residents need to leave the designated area, they should wear a facemask.
- 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 (GREEN ZONE)

- Place asymptomatic 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.
- Green zone also includes recovered residents who have completed their isolation period.

**\*\* 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.**

**TRANSFERS FROM HOSPITAL TO YOUR FACILITY**

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.

**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 (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, regardless of vaccination status, 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 or they have had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

- Patients with **negative test results** can be admitted into the general resident population (green zone).
- 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 (red zone). For recommendations on caring for residents with positive COVID-19, follow the isolation recommendations as on pages 11-12.
- Patients who are fully vaccinated and whose COVID-19 status is unknown can be admitted into the general resident population.
- Patients who are unvaccinated or partially vaccinated and 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 on pages 5-6.

## TRANSFERS FROM YOUR FACILITY TO HOSPITALS, OTHER FACILITIES, OR TO HOME

### 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 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.
- Residents on isolation may be discharged to home as appropriate. Please inform Solano Public Health prior to transfer.

## ACCEPTING NEW RESIDENTS FROM THE COMMUNITY

### RECOMMENDATIONS

- Facilities should have a plan for testing residents who are not transferred from the hospital or from another facility (e.g., from their homes) prior to moving into the facility or soon after they move into the facility.
- Residents in Continuing Care Retirement Communities (CCRC) who live independently and separately from assisted living residents are generally exempt from testing requirements.
  - **Exemptions:** An independent living resident who is symptomatic for COVID-19 **OR** has an exposure to a person who has tested positive for COVID-19 **AND** is moving into the facility is not exempt from testing requirements.

## HCP and Non-HCP Return to Work After Exposure or After Testing Positive

### RECOMMENDATIONS

#### RETURN TO WORK AFTER EXPOSURE:

- Unvaccinated or partially vaccinated (e.g received one dose of a 2-dose vaccine or it has been less than 4 days since receipt of the second dose of a 2-dose vaccine) 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 14<sup>th</sup> 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.**
- Fully vaccinated (see page 17 for definition) HCP and non-HCP who are **exposed** to a known COVID-19 case (regardless of where exposure occurred) and are **asymptomatic**:
  - Do not need to be restricted from work.
  - Work restrictions should be considered for HCP and non-HCP with immunocompromised conditions (e.g., organ transplant, cancer treatment) as this may impact the level of protection provided by the COVID-19 vaccine. Contact Solano Public Health at 707-784-8014 or [SolanoEpi@SolanoCounty.com](mailto:SolanoEpi@SolanoCounty.com) for guidance.
  - If staff starts showing symptoms, restrict from work immediately and contact Solano Public Health for guidance.

**RETURN TO WORK AFTER TESTING POSITIVE**

- HCP and non-HCP who test **positive** for COVID-19, regardless of vaccination status:
  - 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.
  - 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.

**RETURN TO WORK IN OTHER SITUATIONS**

- 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 exposed HCP and non-HCP to return to work upon approval/clearance from Solano Public Health. Also, asymptomatic HCP and non-HCP with confirmed COVID-19 (who are well enough to work) may return 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.*

## Outbreaks

### 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, partially 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; **AND**
- In both scenarios, where susceptible individuals were potentially exposed, as described above.

Notify Solano Public Health at [SolanoEpi@SolanoCounty.com](mailto: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.

### RECOMMENDATIONS

#### RESTRICTED MOVEMENT

- Suspend large group activities, even for fully vaccinated residents. There may be some flexibility on group activities depending on the outbreak scenario and upon approval/in collaboration with Solano Public Health. Essential small group activities, such as therapy, may continue.
- 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/move-ins are allowed. Please be advised that new admissions/move-ins are at risk of being infected with COVID-19, particularly if they are unvaccinated or partially vaccinated.
- Exposed 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.
- Place residents in green (negative for COVID-19 and unexposed), yellow (negative for COVID-19 and **exposed**) or red (COVID-19 positive) zones based on current COVID-19 status.

### OUTBREAK TESTING

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.

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

### OUTBREAK TESTING

When the outbreak definition (on pages 14-15) is met, serial testing of all **susceptible** (unvaccinated or partially vaccinated or has not tested positive in the past 90 days) HCP and residents should be performed every 3-7 days until no new cases are identified among residents and staff 14 days from last possible exposure.

- **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 individuals.
- 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.



## \*Definitions

- **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.
- **Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
- **Fully vaccinated:** - Solano Public Health considers individuals as 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:** *This definition is different than the CDC and CDPH definition of fully vaccinated. Both agencies consider individuals as fully vaccinated if it has been  $\geq 2$  weeks following receipt of the second dose in a 2-dose series or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine.*
- **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, SpO<sub>2</sub>  $<94\%$  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 (PaO<sub>2</sub>/FiO<sub>2</sub>)  $<300$  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.
- **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  $>20\text{mg/day}$  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.

## 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](mailto:HSSResponds@SolanoCounty.com)