Purpose

Pursuant to § 120175 of the California Health and Safety Code, the Health Officer of Alameda County recommends the following guidance for LTCF, effective immediately:

Updated 3/26/2020 (changes highlighted in yellow)

This document provides guidance and resources for Long Term Care Facilities (LTCF) to protect residents, families, and employees from infection with novel coronavirus (COVID-19). The following guidance highlights steps facilities should take to monitor and prepare for potential cases, provide guidance to employees and visitors, and prevent transmission of COVID-19.

If a resident of your facility is diagnosed with lab-confirmed COVID-19 or if two or more residents become newly sick with fever and respiratory symptoms within 72 hours of each other, and without laboratory confirmation of influenza, please notify the Alameda County Public Health Department (ACPHD) by calling (510) 267-3250 during regular business hours. After 5 pm and on weekends, call 925-422-7595, and ask to speak with the Public Health Duty Officer on call.

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<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Policies</th>
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<tr>
<td>Prevent the Introduction of COVID-19 in Your Facility</td>
<td>Screen New Residents upon Admission</td>
<td>• Screen new residents upon admission to the facility  &lt;br&gt; o Symptoms of respiratory infection commonly identified in persons with COVID-19  &lt;br&gt; ▪ Fever  &lt;br&gt; ▪ Cough  &lt;br&gt; ▪ Shortness of breath or difficulty breathing  &lt;br&gt; ▪ Sore throat in milder cases  &lt;br&gt; o Contact with a person with a suspected or confirmed COVID-19 infection within the past 14 days.  &lt;br&gt; o International travel within the past 14 days to countries with sustained community transmission. For updated information on affected countries visit Coronavirus Disease 2019 Information for Travel (<a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</a>).  &lt;br&gt; • If new resident is symptomatic, perform clinical evaluation and implement appropriate infection prevention practices, which include isolation in a private room.</td>
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1 H&S Code § 120175, et seq. (2001), Communicable Disease Prevention and Control Act. Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.
### Managing Symptomatic or Exposed Residents

- Obtain testing at a clinical laboratory if available.
- If needed use the [COVID-19 Testing at the Alameda County Public Health Department](http://www.acphd.org/media/557858/acphd-covid-19-test-request-and-specimen-procedures-20200312.pdf) to access testing at ACPHD.

- If new residents are asymptomatic but meet any of the exposure criteria, place resident in quarantine until 14 days after last exposure.

### Screen Healthcare Personnel (HCP) at the Beginning of Shift

- At the beginning of their shift, screen HCP for:
  - Symptoms of COVID-19 infection
  - High or medium risk exposure to a person with suspected or confirmed COVID-19 infection within the past 14 days.

### Managing Symptomatic Healthcare Personnel

- If HCP is symptomatic, they should be excluded from work and seek medical evaluation
  - If, after clinical evaluation, they have a confirmed or suspected COVID-19 infection, consult ACPHD to determine criteria for returning to work.
  - If medical evaluator does not suspect or confirm COVID-19, HCP may return to work when the following criteria are met: (1) fever has resolved for 72 hours without antipyretics; (2) respiratory symptoms have improved; (3) at least 7 days have passed since symptom onset. These workers should wear a surgical mask for 14 days after onset of symptoms or until all respiratory symptoms have resolved, whichever is longer.

### Managing Exposed Healthcare Personnel

- If HCP has a high-risk exposure for COVID-19, they should be excluded from work until 14 days after last exposure
  - If impossible to locate additional staff and patient safety is at risk, consult with ACPHD. Exceptions may be made on a case-by-case basis.
- If HCP has a medium-risk exposure for COVID-19, they should be excluded from work if at all possible.
  - Facility should make every effort to find alternate staffing. If impossible to locate additional staff and patient safety is at risk, staff with medium risk exposures should be monitored for symptoms and temperature and wear surgical mask (if supplies are adequate) while on duty to protect patients,
residents, and co-workers. Consider assigning staff to duties that do not require extensive contact with other staff or patients.

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<tr>
<th>Monitor Residents for Possible Signs and Symptoms of COVID-19 Infections</th>
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<td>• Track suspected and confirmed respiratory infections using a line list. One option is to use the <a href="http://www.acphd.org/2019-ncov/clinicians/long-term-care-facilities.aspx">COVID-19 Line List Template</a></td>
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<td>• Residents should be assessed at least daily* for:</td>
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<tr>
<td>o Sore throat</td>
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<tr>
<td>o Shortness of breath or difficulty breathing</td>
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<td>o New or changed cough</td>
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<tr>
<td>o Temperature</td>
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<td>o Heart rate and respiratory rate</td>
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<td>o Oxygen saturation by pulse oximeter</td>
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<td>*Skilled Nursing Facilities (SNF), or facilities that have a resident with suspected or confirmed COVID-19 infection, should perform this check twice daily</td>
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<th>Restrict Visitors and Screen for Risk Factors</th>
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<td>• Visitors should not go to long-term care facilities unless absolutely essential. Community spread is occurring in the Bay Area, and for this reason we are recommending restricted entry to LTCF that house some of our most vulnerable residents.</td>
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<td>• Restrict all volunteers and non-essential HCP and non-essential personal services personnel.</td>
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<td>• This means individuals should not be allowed to come into the facility, except for certain situations, such as end-of-life situations, essential ancillary care services, or when a visitor is essential for the resident’s emotional well-being and care.</td>
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<td>o For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Encourage video conferencing or other means of communication instead.</td>
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<td>• If visitors are admitted, they must undergo screening for the following risk factors. Document screening has taken place.</td>
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<td>o Signs or symptoms of a respiratory infection (see above)</td>
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<td>Strengthen Infection Control and Prevention</td>
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| Facilities should perform temperature checks for visitors. Visitors with subjective fever or measured temperature >100°F [37.8 °C] degrees should not be allowed entry.  
  - High-risk activities within the last 14 days  
    - International travel to countries with sustained community transmission. For updated information on affected countries visit Coronavirus Disease 2019 Information for Travel (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)  
    - Any trips on cruise ships  
    - Participated in other settings where crowds are confined to a common location (e.g. convention, large sporting events, concerts, etc.)  
    - Has had contact with someone with or under investigation for COVID-19.  
  - If visitors meet any of the above criteria, they should not enter the facility  
    - Regardless of risk factors, children under 14 years of age should be restricted and volunteers should suspend visits  
  - For more guidance on admitting visitors, please see the Develop COVID-19-Specific Visitor Policies and Procedures section below.  |
  - Use products with an EPA-registered, hospital-grade disinfectant with an emerging viral pathogens claim to conduct routine cleaning of the patient care environment.  
    - Cleaning and disinfection of high-touch surfaces is essential to preventing the spread of COVID-19 and other pathogens  
  - Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.  
  - Ensure employees clean their hands according to CDC guidelines (https://www.cdc.gov/handhygiene/providers/index.html), including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).  
    - UCSF demonstration video- Novel Respiratory Isolation: Donning and Doffing PPE with N95 and Eye Protection (https://www.youtube.com/watch?v=sBNxli21n0&feature=emb_title)  
  - Provide the right supplies to ensure easy and correct use of PPE. |
| **Hand hygiene stations** | • Hand hygiene stations should be readily available in care areas.  
• Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).  
• Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.  
• Make PPE, including surgical masks, eye protection, gowns and gloves available immediately outside of the resident room.  
• Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE. |

| **Plan for dedicated rooms** | • Plan for dedicated rooms to care for residents with a suspected respiratory infection and ways to cohort multiple residents with laboratory confirmed COVID-19 diagnoses if necessary.  
• If the etiology of respiratory symptoms is known, patients with different etiologies should not be cohorted (for example, patients with confirmed influenza and COVID-19 should not be cohorted). |

| **Restrict Communal Activities** | • Cancel all group activities and communal dining. |

| **Staff and residents should practice social distancing** | • Staff and residents should practice social distancing.  
• For example, no handshaking or hugging, and remain six feet apart. |

| **Protect Visitors and Resident Families** | **Develop COVID-19-Specific Visitor Policies and Procedures** | • If a visitor is admitted to the facility:  
• Require visitors to perform hand hygiene upon entry to the facility.  
  • Facilities may require visitors to use personal protective equipment (PPE) such as surgical masks.  
• Educate visitors on basic infection control measures, including hand hygiene, respiratory hygiene and cough etiquette (sneeze/cough into tissue or elbow, place used tissues in a waste receptacle and wash hands immediately after using tissues).  
• Visitors should not visit more than one resident.  
• Visits should be in the resident’s room, rather than in common areas (e.g., reduce walking the halls, avoid going to dining room, etc.)  
• Visitors should practice social distancing and limit physical contact with residents and others while in the facility. |

| **After the visit** | • After the visit:  
• Clean and disinfect room with an emphasis on high-touch surfaces.  
• Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility. |
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<th>Protect Healthcare Personnel</th>
<th>Plan for Staff Absences and Make Reasonable Accommodations</th>
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| • Facilities should review and revise how they interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers, other practitioners, and take necessary actions to prevent any potential transmission.  
  o For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock).  |
| Protect Healthcare Personnel | Plan for Staff Absences and Make Reasonable Accommodations |
| • Develop staff policies to allow and account for potential absenteeism during community-wide outbreaks  |
| • For staff at increased risk of severe COVID-19 infection, including older adults and people with conditions like chronic lung disease, severe asthma, and serious heart conditions:  
  o Minimize face-to-face contact between these HCP and sick residents or assign work tasks that allow them to maintain a distance of six feet from other workers and visitors, or to telework if possible.  |
| Monitor HCP for Signs and Symptoms of an Infection with COVID-19 | • Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:  
  o Immediately stop work  
  o Put on a surgical mask  
  o Inform the facility’s infection preventionist, and include information on individuals, equipment and locations the person came in contact with.  |
| Prevent Transmission of COVID-19 Infections | Isolate Residents with Respiratory Illness and Use Appropriate Precautions |
| • Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a surgical mask (if tolerated).  
  • Place residents in a single room with a private bathroom, if possible.  
    o An Airborne Infection Isolation Room (AIIR) is not required for care of residents for suspect or confirmed COVID-19.  
    • If an aerosol-generating procedure is absolutely required and no AIIR room is available, consider transfer to acute care facility  |
In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).

- HCPs dedicated to care for residents with suspected or confirmed COVID-19 infection should use an N95 or higher-level respirator wherever available, eye protection (face shield or goggles), gloves, and gown.
  - If an N95 or higher-level respirator is unavailable, surgical masks may be used temporarily until the supply chain is restored.

### Prevent the Spread of COVID-19 Between Facilities

- If transferring a resident with a suspected respiratory infection to an acute care hospital notify EMS and the receiving facility that the patient has an undiagnosed respiratory infection. If COVID-19 case(s) are in the facility, notify EMS and receiving facility of potential COVID-19 exposure.
  - Use the ACPHD Interfacility Transfer Form (http://www.acphd.org/2019-ncov/clinicians/long-term-care-facilities.aspx) when transferring residents.

- Although COVID-19 infection can be severe and may require transfer to an acute care facility, some infections may be mild and will not require transfer.
  - The decision to transfer a resident should be based on an evaluation of the resident’s clinical needs.
  - Keep in mind residents with mild infections may quickly deteriorate, so frequent monitoring of signs and symptoms is prudent.

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**Other links and resources for information on COVID-19**

- **Alameda County Public Health Department**  

- **Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**  

- **California Department of Public Health**  
  https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx

- **California Department of Public Health: Preparing for COVID-19 in California Skilled Nursing Facilities**  
  https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25-1.aspx

- **CDPH Webinar— COVID-19: Guidance for Skilled Nursing Facilities**  

- **CDC Healthcare Infection Prevention and Control FAQs for COVID-19**
For general inquiries, please email ncov@acgov.org or call (510) 268-2101.