All Los Angeles County healthcare facilities need to be prepared for patients with suspected or confirmed COVID-19. The general practices the Centers for Disease Control and Prevention (CDC) recommended to prevent the spread of COVID-19 are the same skilled nursing facilities (SNFs) must use every day to detect and prevent the spread of other respiratory viruses, like influenza. These guidelines provide specific actions you should take to help slow the spread of COVID-19.

We ask that you ensure that your staff is trained, equipped, and capable of practices needed to:

- Prevent the spread of respiratory viruses, including COVID-19, within your facility.
- Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities.
- Care for patients with known or suspected COVID-19 as part of routine operations and with the appropriate infection prevention practices.
- Care for a larger number of patients in the context of an escalating outbreak.
- Monitor and manage any healthcare personnel that might be exposed to COVID-19.
- Communicate effectively within the facility and plan for appropriate external communication with patient family members related to COVID-19.

I. COVID-19 Prevention -- General and Administrative Practices

1. Conduct symptom and temperature screening
   a. At entry for all persons
      i. All persons should be screened for symptoms including a temperature check before entering the facility. This includes residents, staff, visitors, outside healthcare workers, vendors, etc. Symptoms include the following: fever, chills, sore throat, cough, sneezing, shortness of breath (new or worsening over baseline), gastrointestinal symptoms, new onset loss of taste or smell, or not feeling well).
      ii. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.
      iii. Anyone with fever or symptoms may not be admitted entry.
   b. Twice daily for all staff and patients/residents
      i. All staff should be checked for symptoms and fever twice daily, once prior to coming to work and the second at the end of the shifts (see Healthcare Personnel Monitoring section below.)
ii. Patients/residents should be assessed for symptoms and have their temperature checked at least every 12 hours.

iii. Records should be kept of these staff and resident symptom and temperature checks.

2. Reinforce physical distancing, hand hygiene, and universal source control.
   a. Residents should remain in their room as much as possible and should be encouraged to wear a face covering if they leave. Remind residents to practice physical distancing and perform frequent hand hygiene. Residents who have underlying cognitive conditions should not be forcibly kept in their rooms nor forced to wear a face covering.

   a. Non-punitive sick leave policies to support staff to stay home when sick or when caring for sick household members. Make sure staff are aware of the non-punitive sick leave policy.

4. Enhanced environmental disinfection with EPA-approved healthcare disinfectants should be performed on high touch surfaces (e.g., bed rails, doorknobs, handrails, etc.).

5. Facilities must demonstrate that they have contracted with suppliers to order a 2-week supply of PPE and other infection prevention and control supplies
   a. PPE and other infection prevention and control supplies (e.g., surgical masks, respirators, gowns, gloves, goggles, hand hygiene supplies) that would be used for both HCP protection and source control for infected patients (e.g., facemask on the patient) should be readily accessible for use.

II. Communal Dining, Group Activities, and Visitation

The CMS Revised Guidance for Infection Control and Prevention of Coronavirus Disease 2019 in Nursing Homes dated March 13, 2020 restricted all visitation of SNFs with the exception of compassionate care visits and cancelled all group activities and group dining within facilities (https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf). In addition to end-of-life visits, California Department of Public Health (CDPH) permits the presence of a support person if essential to patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments. CDPH recommends that one essential support person be allowed to be present with the patient (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-38.aspx). Ancillary healthcare visits are permitted if deemed essential by the facility Medical Director.

Subsequent CMS guidance issued on May 18, Nursing Home Reopening Recommendations for State and Local Officials allows local health departments to ease these restrictions in a phased approach based upon the current local COVID-19 situation and the individual facility’s COVID-19 case, staffing, and testing status (https://www.cms.gov/files/document/qso-20-30-nh.pdf-0). In order to relax gathering and visitation restrictions, facilities must meet baseline CMS criteria and those described in each specific phase below:

- **Adequate staffing:** The facility must not be experiencing staff shortages; AND

- **Supply of 14 days of Personal Protective Equipment (PPE) and disinfection supplies on hand:** The facility must have adequate supplies of PPE for staff, such that all staff wear all appropriate PPE when indicated, and of essential cleaning and disinfection supplies; AND

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*1 Per CMS Guidance, contingency PPE capacity strategy is allowable, such as CDC’s guidance at Strategies to Optimize the Supply of PPE and Equipment. However, facilities’ crisis capacity PPE strategy does not constitute adequate access to PPE. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.*
• **Case status in the nursing home:** The facility must have had no new facility-onset COVID-19 cases among their residents for at least 14 days (for CMS phase 2) and for 28 days (for CMS phase 3). Newly transferred residents with either known COVID-19 or who become positive during quarantine do not count as COVID-19 obtained in the facility. However, if a resident without a prior hospitalization contracts COVID-19 within the facility within the last 14 days, this facility should go back to the highest level of mitigation, and start the phases over; AND

• **Access to adequate testing:** The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

1. **CMS Phase 2: Communal Dining and Group Activities.**
SNFs may resume limited group activities and communal dining for residents who do not have COVID-19 (GREEN Cohort) **if the facility has had no new SNF onset COVID-19 cases for 14 days** (phase 2 criterium) and they can adhere to the following steps:
   a. Facility adheres to universal source control
      i. All staff wearing appropriate face coverings at all times
      ii. Residents wearing non-medical face coverings as described below
   b. Facility adheres to physical distancing
      i. All residents must keep at least 6 feet apart during all activities
      ii. All staff must keep 6 feet apart in break rooms and work activities as much as possible.
      iii. Activities such as communal dining, should be done in shifts to allow better physical distancing.
         1. These shifts of residents should be kept together (e.g. same group of residents dine together each night) and individual residents should be assigned to specific areas as much as possible to attempt to minimize exposure if a resident is found to have COVID-19.
         2. Use a sign-in sheet/roster of residents present during these activities will help with contact tracing should a resident later test positive for COVID-19.
   c. Enhanced environmental disinfection
      i. All communal, high touch surfaces should be disinfected after residents or staff vacate an area.

Facilities that do not meet phase 2 criteria and cannot follow these steps, must continue the restrictions on group activities and communal dining.

2. **CMS Phase 3: Visitation.**
All visits continue to be prohibited (with exceptions for end-of-life and essential support persons as outlined above), until the facility has met the following criteria. CMS now allows for these restrictions to be eased but only after the facility has successfully re-established limited communal dining and group activities **without any new SNF onset COVID-19 cases for 14 additional days** (**i.e., there have been no new SNF onset COVID-19 cases for 28 days**).

The following should be in place for any visitation:
   a. Visitation should be allowed only for residents who do not have COVID-19 (**i.e., GREEN cohort**), with exceptions for end-of-life and essential support persons.
   b. All visitors should be screened at entry as outlined in section I above.
c. Anyone with a fever (100.0 F or 37.8 C) or symptoms (fever, chills, sore throat, cough, sneezing, shortness of breath (new or worsening over baseline), gastrointestinal symptoms, new onset loss of taste or smell, or not feeling well) should not be permitted to enter the facility at any time (even essential support persons and in end-of-life situations)

d. Post signs explaining visitor restrictions.

e. Designated visitation areas and guidelines should be established prior to allowing expanded visitors to minimize the risk of transmission to residents, staff and visitors.
   i. Visitations should be scheduled ahead of time with the facility. The number of visitors should be limited to no more than 2 at one time, though facilities may elect to decrease size of the group depending upon available space and ability to social distance.
   ii. Facilities should provide visitors with instructions and guidelines prior to the date of visitation.
   iii. Residents and visitors should wear a face mask (preferred) or cloth face covering to protect others during the visit unless contraindicated. If a visitor is unable or unwilling to maintain these precautions (such as young children) consider restricting their ability to enter the facility.
   iv. Social distancing of at least 6 feet should be maintained at all times.
   v. Visitation area should be outdoors if possible.
   vi. If indoor areas are used for visitation, use a room with good ventilation (e.g. windows open), consider using a physical divider (e.g., glass or clear plastic), in addition to avoiding contact and maintaining physical distancing.
   vii. Length of visitation should be limited to less than 1 hour.
   viii. Hand hygiene should be performed before and after the visit at minimum.
   ix. Environmental cleaning should be performed on any surfaces touched by the resident or visitor(s) prior to opening the visitation area to other groups.

f. For residents who are bed bound
   i. Continue to use alternative methods of visitation such as through videoconferencing through skype or facetime as much as possible.
   ii. Limited visitation may be permitted but should adhere to the same requirements for other visitors as much as possible.
   iii. Visitors should go to the patient room and not any other areas in the facility.

3. Non-essential healthcare personnel/contractors as determined necessary by the facility are allowed in phase 3 (i.e. there have been no new SNF onset COVID-19 cases in 28 days), with entry screening and additional precautions including physical distancing, hand hygiene. These personnel should wear cloth face coverings or facemasks in the facility.

III. COVID-19 Testing

Below are recommendations for testing and cohorting in SNFs based upon California Department of Public Health (CDPH) requirements outlined in recent CDPH AFLs:

- AFL 20-52 Coronavirus Disease 2019 (COVID-19) Mitigation Plan Implementation and Submission Requirements for Skilled Nursing Facilities (SNF) and Infection Control Guidance for Health Care Personnel (HCP) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx)
General requirements

1. Establish a relationship with a commercial lab to do rapid PCR testing (turn-around time of 48 hours or less) for COVID-19.
2. Establish cohorting plan as part of CDPH-required COVID mitigation plan.
3. Report weekly to Public Health the number of staff and residents tested each week for COVID-19, the number who are asymptomatic and test positive, and the number who are symptomatic and test positive, as per the May 26, 2020 Board of Supervisors Motion.

Response testing plan See Figure 1 Testing Regime.

Response testing is required of all SNFs by CDPH (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx). Asymptomatic patients or staff members who have previously tested positive for SARS-CoV-2 (by PCR or antigen detection methods) and recovered (i.e., have met criteria for removal from isolation) do not need retesting for 3 months. Patients or staff who develop new symptoms of COVID-19 should be retested regardless of previous infection.

1. **Baseline.** The CDPH AFL requires all facilities, regardless of outbreak status, to do one-time direct virus detection (i.e., PCR) testing of all residents and staff.

2. **Testing of all admissions and readmissions.** All newly admitted residents or readmissions should be tested upon admission. These patients should follow transfer rules (http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm). Lack of testing at discharge/transfer is not a reason to deny admissions of patients.
   a. All newly admitted and readmitted patients who test negative should be placed in quarantine (Yellow Cohort) for 14 days, monitored for symptoms and signs of COVID-19, and retested at the end of quarantine. A negative post-quarantine result permits their transfer to the non-COVID-19 cohort (Green Cohort).
   b. A positive test should initiate isolation in Red Cohort for 14 days from the positive test date.

3. **Testing of symptomatic residents or staff.** Every staff member or resident with symptoms of COVID-19 should be tested as soon as possible. Any staff or resident testing positive in the facility should then prompt response testing. All symptomatic staff must be immediately restricted from working (see Healthcare Personnel Monitoring and Return to Work sections below). All symptomatic residents should be presumed infectious pending test results and transferred immediately to a single room in the Yellow Cohort area. Symptomatic residents that test negative will need a second negative PCR test at least 24 hours later before they can be returned to their non-COVID cohort. If there is an alternative diagnosis (i.e. UTI, cellulitis, etc.) for symptoms, one negative test for COVID-19 is sufficient to transfer the patient back to their normal bed.

4. **Response testing.** If a single positive COVID-19 case is identified among either staff or residents, the SNF must conduct comprehensive testing of all residents and staff to identify potential asymptomatic infections. If testing capacity is limited, the SNF may test staff who worked in the same area (e.g., nursing station, floor, etc.) as the COVID positive individual. Any contacts of confirmed COVID-19 cases will need to be quarantined accordingly in the Yellow Cohort. All residents and staff who test negative will need to be tested weekly until they are at least 2 rounds with no additional infections identified. After 2 negative rounds of testing, the facility should restart the weekly surveillance testing as outlined below.
5. **Surveillance testing of staff and residents.** Surveillance testing is initiated when either no cases were identified at baseline testing OR after no new cases are identified from two sequential rounds of response testing.
   a. Staff: Every SNF must test 25% of their staff weekly to complete testing of 100% of all staff each month.
   b. Residents: SNFs must test a random sample of 10% of all residents (or 10 residents if facility census is <100) weekly.
   c. If any resident or staff tests positive, the SNF must report the positive case to LAC DPH and proceed with outbreak/response testing as described above.

**Figure 1. Testing regime**

IV. Cohorting

Facilities should have 3 separate cohorting areas as described below and shown in figure 2.

1. **Red Cohort (Isolation).** This area is only for patients who have laboratory-confirmed COVID-19. Symptomatic residents who test positive for COVID-19 should be kept in the Red Cohort for 14 days after the date of onset of symptoms AND until after 3 days have passed since their last fever, whichever period is longer. Asymptomatic patients who test positive should stay in the Red Cohort until 14 days have passed since the date of their first positive COVID-19 diagnostic test. Once patients have completed the required duration in the Red Cohort, they may be admitted to the Green Cohort (Non-COVID-19 patient care area).

2. **Yellow Cohort (Mixed-Quarantine & Symptomatic).** This area is for the following residents: those who have been in close contact with known cases of COVID-19; newly admitted or re-admitted residents; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests. Patients in this area should be placed in private rooms, if possible. If private rooms are not available for all residents in the Yellow Cohort, they should be prioritized for symptomatic patients, close contacts, and those with indeterminate test results as they have a higher probability of infection. If single rooms are not available, use strategies to reduce exposures between residents such as placement of curtains between residents; put residents with similar risk profiles in...
the same room (e.g., group low risk admissions in the same room); and change gowns and gloves and perform hand hygiene between each patient contact in this area.

Residents may leave the Yellow Cohort under these circumstances:

a. If their test result is positive for COVID-19, they should be moved into the Red Cohort.

b. Newly admitted and readmitted patients must stay in quarantine in the Yellow Cohort for 14 days. They must be tested on admission and again at the end of quarantine. A negative post-quarantine result permits the residents to be transferred to the Green Cohort (Non-COVID-19) cohort.

c. Close contacts to confirmed cases must stay in quarantine in the Yellow Cohort for 14 days. They should be tested on admission and again at the end of quarantine. Negative post-quarantine result permits the residents to be transferred to the Green Cohort.

d. Symptomatic patients must have two negative PCR tests at least 24 hours apart before they can move into the Green Cohort unless an alternate diagnosis is made (e.g., URI, cellulitis), in which case a single negative test is sufficient.

e. Residents with indeterminate test results should remain in the Yellow Cohort until they either have a positive test or once they have 2 negative tests at least 24 hours apart.

3. **Green Cohort (Non-COVID-19 patient care area).** This area is reserved for residents who do not have COVID-19. To be in this area, patient must have either completed quarantine, cleared isolation, or have tested negative and remained asymptomatic after initial negative baseline testing.

![Figure 2. Cohorting](image-url)
Special staffing considerations in cohort areas

1. Staff assigned to the Red Cohort should not care for patients in other cohorts if possible. If staff must care for residents in multiple cohorts, they should visit the Red Cohort last and should doff PPE and perform hand hygiene prior to moving between cohorts.

2. With prior approval from Public Health, asymptomatic staff with COVID-19 infection may be allowed to work in the Red Cohort. They will need to be able to keep separated from uninfected staff. This includes having dedicated breakrooms and bathrooms until they are no longer considered infectious (10 days after the date of collection of their initial positive test).

3. All staff in the facility should adhere to physical distancing of at least 6 feet while in break rooms and should wear masks while in the facility.

Special PPE considerations in cohort areas

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

2. Gowns should ideally be changed between patients if adequate supplies are available. The same gown may be worn in the Red Cohort as long as there are no other contact pathogens (C. difficile, CRE, Candida auris, etc.) that require changing between patients.

3. In the Yellow Cohort, gowns and gloves should be changed, and hand hygiene performed between all patients.

4. The same gowns should never be worn for care of both COVID-19 positive and negative patients.

5. In the Green Cohort, standard precautions and universal source control are sufficient to provide care to patients unless there is evidence of ongoing COVID-19 transmission in the facility, then standard, contact, droplet plus eye protection is recommended for all patients.


V. Infection Prevention and Control Considerations

Below are general and COVID-19 specific recommendations. For more information on infection control recommendations, visit https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

General Considerations

1. California Department of Public Health (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx) guidance requires that facilities employ a full-time, on-site infection preventionist who will monitor compliance with infection control guidance.

2. CDPH also requires SNFs to have a CDPH-approved COVID-19-specific mitigation plan and to provide infection prevention and control training and updated infection control guidance to its HCP.
Universal Source Control

**Patients/Residents**

1. All patients/residents must be provided a clean non-medical face covering daily.
2. Surgical masks are required for any resident that is COVID-19-positive or assumed to be COVID-19-positive.
3. All residents must wear the cloth face covering/mask when outside their room, unless they have a contraindication. This includes patients who must regularly leave the facility for care (e.g. hemodialysis patients).
4. Residents who due to underlying cognitive or medical conditions cannot wear face coverings should not be forcibly required to wear face coverings (and should not be forcibly kept in their rooms). However, face coverings should be encouraged as much as possible.
5. A cloth face cover should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance.

**Staff**

1. All facility personnel must wear a face covering while they are in the facility.
2. Staff must wear a surgical mask or an N95 respirator when they are in patient care areas or in areas where residents may congregate. While medical grade masks are preferred, non-medical face coverings can be used for non-patient care activities. N95 respirators should be used for aerosol generating procedures on patients with suspected or confirmed COVID-19.
3. Face coverings are not required for COVID-negative staff working alone in closed areas unless they are moving through common spaces where they may interact with other staff or residents.
4. Extended use and reuse of masks and respirators should be based on principles set forth in prior CDC PPE optimization guidance.

**Hand Hygiene (HH)**

1. Healthcare personnel (HCP) and other staff members should perform HH before and after ALL patient encounters and should also use HH at the beginning of their shifts, before and after eating, after using the restroom, and at other times throughout the day.
2. Make sure HH supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible in all patient care areas, including areas where HCP remove PPE.
3. Sinks need to be well-stocked with soap and paper towels. Hand sanitizers should be replaced as needed.
4. Facilities should have a process for auditing adherence to recommended HH practices by the HCP.
5. Ensure that there are alcohol-based hand sanitizer dispensers at the PPE donning and doffing areas.

**Personal Protective Equipment (PPE)**

1. Transmission-based Precautions: Use Standard, Contact, Droplet plus Eye Protection while caring for residents in the isolation (Red Cohort) and quarantine (Yellow Cohort) areas. This means surgical mask, gloves, eye protection, and gown.
   a. For any aerosol generating procedures (suction, ventilation, CPR, nebulizer treatments, etc.) Standard, Contact, Airborne plus Eye Protection precautions must be observed. This means N95 or higher, gloves, eye protection, and gown.
b. In a facility with ongoing COVID-19 transmission, healthcare personnel should adhere to Standard, Contact, Droplet plus Eye Protection while caring for all patients, irrespective of COVID-19 diagnosis, symptoms, or cohort.

c. Facilities without evidence of COVID-19 transmission should follow universal source control and Standard precautions.

2. Post signage on the appropriate steps for donning and doffing PPE in donning and doffing areas: http://publichealth.lacounty.gov/acd/docs/CoVPPEPoster.pdf

3. Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.


5. Audit adherence to recommended PPE use by HCP.

6. Annually fit-test HCP for N95 respirators to ensure appropriate seal when N95s are needed. Note that the U.S. Department of Labor/Occupational Safety and Health Administration have issued guidance regarding the temporary suspension of annual fit testing during shortages and may perform N95 seal checks instead, see https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit.

Respiratory Hygiene/Cough Etiquette:

1. Support hand and respiratory hygiene, as well as cough etiquette by residents and staff.

2. Place hand sanitizers at facility entrances and encourage all residents and staff to use every time they enter your facility.

Environmental cleaning:

In addition to CDC guidelines, the recommendations below are referenced from the California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19).

1. Facilities must have a plan to ensure proper cleaning and disinfection of environmental surfaces (including high touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in the patient room.

2. All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility (check containers for specific guidelines).

3. Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer’s recommendations.

4. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19 in healthcare settings.

   a. For a list of EPA-registered disinfectants that have qualified for use against SARS-CoV-2 (the COVID-19 pathogen) go to: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

5. Set a protocol to terminally clean rooms after a patient is discharged from the facility. If a known COVID-19 resident is discharged or transferred, staff should refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place (more information on air exchanges at https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb6)
VI. Healthcare Personnel Monitoring and Return to Work

Monitoring

1. All HCP should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for possible symptoms of COVID-19 (i.e., elevated temperature >100.0 and/or cough or shortness of breath).
2. If HCP have symptoms (e.g., fever and/or cough or shortness of breath), they should contact the healthcare facility (HCF) immediately and stay home from work.
3. Symptomatic HCP should be tested for COVID-19 as soon as possible.
4. HCF should inquire about symptoms of COVID and do temperature checks of all HCP prior to the start of working their shifts AND at the end of the shift.
5. Identify staff who can monitor sick staff with daily “check-ins” using telephone calls, emails, and texts.
6. Asymptomatic HCP who test positive for COVID-19 must stay home from work. Public Health may waive this restriction in situations of severe staffing shortages.

Refer to the LAC DPH Guidance for Monitoring Health Care Personnel for more detailed information including management of possible workplace exposures.

Return to Work

1. Symptomatic HCP may discontinue home isolation when both of the following time-since-illness-onset and time-since-recovery conditions are met:
   a. At least 10 days have passed since symptoms first appeared; and,
   b. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).
2. Asymptomatic HCP with laboratory-confirmed COVID-19 should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
3. After returning to work they should:
   a. Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles);
   b. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen;
   c. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

See CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) and LAC DPH Guidance for Monitoring Health Care Personnel for more information.

VII. Inter-facility Transfers

Facilities are required to follow transfer rules as listed on the LAC DPH website (http://publichealth.lacounty.gov/acd/ncorona2019/InterfacilityTransferRules.htm).
VIII. Discontinuing Transmission Based Precautions for Patients with Laboratory Confirmed COVID-19

1. Suspect cases (cases with symptoms of possible COVID).
   Facilities should use one of the following criteria to discontinue transmission-based precautions and return the patient to the Green Cohort:
   a. Residents should be tested 2 times with a direct virus detection test (i.e. PCR) at least 24 hours apart given the high false-negative rate of testing.
   b. If testing is not available or patient is not tested:
      i. After at least 14 days since symptom onset and at least 3 days (72 hours) afebrile (< 100.0° F) without the use of antipyretic medications and improvement of respiratory symptoms.
      ii. For patients who have an alternative diagnosis (e.g., UTI, cellulitis), one negative direct virus detection test is sufficient to remove from quarantine.

   Facilities should use one of the following strategies, symptom-based or test-based, to discontinue transmission-based precautions. NOTE: The symptom-based strategy is generally preferred over the test-based strategy because some patients can shed non-infectious viral RNA for an extended period of time. However, the test-based strategy is preferred in patients who are immunocompromised (e.g., on immunocompromising drugs such as chemotherapy or biologics for cancer or autoimmune diseases).
   a. Symptom-based strategy:
      i. At least 14 days have passed since symptoms first appeared; and,
      ii. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of antipyretic medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).
   b. Test-based strategy
      i. Resolution of fever without the use of fever-reducing medications and
      ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
      iii. Negative results of at least two consecutive respiratory specimens (e.g., nasopharyngeal swab) collected ≥24 hours apart (total of two negative specimens).

3. Asymptomatic laboratory-confirmed patients with COVID-19. Facilities are advised to use one of the following strategies discontinue transmission-based precautions:
   a. Time-based strategy
      i. 14 days have passed since the date of their first positive COVID-19 diagnostic test without the development of symptoms of COVID-19. If they develop symptoms during this 14-day period, the 14-day isolation period should be restarted from the onset of symptoms.
      ii. If the resident has persistent symptoms, such as cough or fatigue, but meets the criteria to discontinue transmission-based precautions, they should be placed in a single room, be restricted to their room, and wear a facemask (if tolerated) during care activities until symptoms resolve or return to baseline.
IX. Know where to get reliable information

Beware of scams, false news and hoaxes surrounding COVID-19. Accurate information, including announcements of new cases in LA County, will always be distributed by Public Health through press releases, our social media, and our website. The website has more information on COVID-19 including FAQs, infographics and a guide to coping with stress, as well as tips on handwashing.

Los Angeles County Department of Public Health

- LAC DPH coronavirus website http://publichealth.lacounty.gov/media/Coronavirus/
- LAC DPH coronavirus website for health professionals http://publichealth.lacounty.gov/acd/nCorona2019.htm
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. http://publichealth.lacounty.gov/lahan/
- Social media: @lapublichealth
- The Los Angeles County Department of Mental Health Access Center 24/7 Helpline (800) 854-7771

Other reliable sources of information about COVID-19 are:

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