# Grey Areas in the Prevention and Control of COVID-19 in Skilled Nursing Facilities

August 21, 2020

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Los Angeles County Department of Public Health

County of Los Angeles
Public Health

# Disclosures

**There is no commercial support for today's webinar**

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting

This webinar is meant for healthcare facilities and is off the record and reporters should log off now.

# DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (8/21/20) so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.

# Grey Area Scenarios: General Topics

- Visitation
- Interfacility Transfers
- Testing
- Multi-drug Resistant Organisms (MDROs)
- What's New ?
- Key Resources
- Q and A

# Visitation

# Visitation scenario

- Patient is frail, elderly, and can spend minimal time up in a wheelchair.
- Patient's family lives nearby and wants to come visit the patient.
- The last time patient's daughter spoke to him on the telephone, he sounded sad and as if he had declined.
- Staff report that the patient has declined due to lack of social engagement.
- Can the facility allow the patient's daughter to come visit him?

# Visitation guidance

- Current guidance only allows essential visitors, including first responders, medical professionals, contracted essential workers, Ombudsman representatives, and visitors at the end of life.
- Per CMS mandate, progression to phase 2 of opening up SNFs is contingent upon lower rates of community transmission and no cases of COVID-19 in the SNF for 28 days.
- Lower rates of community transmission have not been confirmed yet, however the number of cases seem to be trending downwards.
- LA County is in the process of developing graded visitation guidance when threshold reached with possible use of the rapid antigen test in some circumstances.

# Visitation guidance (continued)

- Patients in the green zone who are ambulatory, or even wheelchair bound, may be able to visit with family members through windows or doors (while both are wearing masks and distanced 6 feet apart).
- Patients who cannot do this (because they are bedridden or not able to leave their rooms) or facilities that do not have outside facing windows or doors that can be easily accessed for such purposes, can have visits with family members via any video chatting platform, if the facility can provide it.

# CDC: COVID-19: Supporting your Loved One in a Long-Term Care Facility

https://www.cdc.gov/coronavirus/2019-ncov/downloads/supporting-loved-one-in-long-term-care-facility.pdf

**TECHNOLOGY for more frequent video chats, emails, text messages, and phone calls.**

We are teaching residents to use video chat applications (such as Skype and FaceTime) and will help read emails or texts on personal devices if needed.

**CARDS AND LETTERS with messages of support and updates on family members.**

We are supplying paper, pens, envelopes and postage for residents to easily reply. If needed, we will write replies dictated by residents.

**RECORDED VIDEO MESSAGES to share via email or text message, if live-video chatting is not feasible.**

We will help record outgoing messages and share incoming messages with residents.

**"VISITS" through a glass window or a parade of cars.**

We will make every effort to ensure residents are able to safely participate if scheduled in advance.

**VISUALS TO EXPRESS CARE. For example, ribbons around trees or benches, planting flowers outside, or outdoor posters and banners to show support.**

We will work to designate areas to place these visuals and safely take residents outside to show them these symbols of your support.

**CARE PACKAGES that could include items such as photographs, cards, drawings, snacks, and entertainment (such as books, magazines, and puzzles).**

We will establish a system for care package drop-offs that is safe and does not require entry into the facility.

**DEDICATIONS on the in-house cable channel and intercom system.**

We can 'dedicate' songs or share anecdotes via the intercom prior to broadcasting a movie or playing music. If your loved one has a favorite song, poem, movie or television show, please let us know.

We encourage you to share additional ideas and creative ways we can work together to support our residents.

# Activities and Visitation in SNFs

- CMS and CDPH provided recommendations about easing restrictions
  - PPE, testing, staffing, COVID status
- Communal dining and group activities allowed in the green cohort with universal masking, social distancing in small groups.
  - Further guidance in updated guidance document.
- Visitation is not allowed at this time except for end-of life situations.

# Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities

**Summary of Recent Changes:** These guidelines were updated on 8-04-20 to include the following:

1. Non-essential visits are not allowed at this time due to the current level of daily average trends in community transmission of COVID-19. Essential visitors must be advised to self-monitor for 14 days after their visit and to notify the facility if they develop symptoms.
2. Updated criteria for discontinuation of transmission-based precautions and return to work to reflect the new CDC guidance.
3. Residents who undergo regular dialysis treatments outside of the facility should be housed in the quarantine (YELLOW) cohort together.
4. Addition of COVID-19 testing resource links to the Department of Health Services Reference Guide and California Testing Taskforce.
5. New figure added, *PPE in Each Cohort*.

DHS reference guide or the California Testing Taskforce for laboratory resources.

http://publichealth.lacounty.gov/acd/docs/nC19COVIDLabReference.pdf

https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/07/COVID-19-Testing-Task-Force-Lab-List-updated-07_2_20.pdf

http://publichealth.lacounty.gov/media/coronavirus/

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COVID-19 Home | About COVID-19 | Guidances | Protection | News Updates | Help

# COVID-19

All the information you need to
Stay Safe, Stay Healthy, Stay Home

## Reopening LA County

Learn more about reopening protocols and metrics

## COVID-19 Data Pages

Daily updates, data trends and graphs, and explainers about what the data is telling us LA County's response.

Daily COVID-19 Data Page

Locations & Demographics

# SNF Guidance

http://publichealth.lacounty.gov/media/coronavirus/guidances.htm#health

Search...

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## LA County Road to Recovery

Most Current Health Officer Order:
See what it means for you

**View Latest Health Officer Order Here**

### I am a . . .

- Business or Employee
- Community Services Organization
- Congregate Living Facility Employee/Resident
- Homeless Services Facility Employee/Resident
- Food Service Employer/Employee
- Health Care Worker and First Responder
- Public Service Employee
- Individual, Family, and Specific Group

## HEALTH CARE WORKER AND FIRST RESPONDER

**Healthcare Professionals**, including
Dentists
Healthcare Facilities including LTCFs

**Emergency Medical Services**

**Fire and Police**
Revised 07/23/20

**Firehouses/Ambulance Shared Living – Best Practices**
07/18/20

**Prevention and Control in Firehouses**
Revised 07/02/20

**Guidance for Law Enforcement Responding to Protests**
Revised 07/24/20

**Dialysis Centers**

**Adult Day Health Centers**

**Home Visiting Staff**
Revised 07/31/20

**Notice COVID-19 Exposure**

## PUBLIC SERVICE

**Voters, Election Officials and Election Workers**
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**Public Transportation FAQ**
English | العربية | հայերեն | អក្សរខ្មែរ | 简体中文 | 繁體中文 | فارسی | 日本語 | 한국어 | Русский | Español | Tagalog |

**Guidance for Van and Car Pools**
English | العربية | հայերեն | អក្សរខ្មែរ | 简体中文 | 繁體中文 | فارسی | 日本語 | 한국어 | Русский | Español

## Long Term Care Facilities Including Skilled Nursing Facilities (SNFs)

### Guidance and Resources

*LAC DPH*

- **Preventing and Managing COVID-19 in SNFs**: Guidance (8-4-20) FAQs (8-5-20)
- **Health Officer Order-Prevention of COVID-19 Transmission in Licensed Congregate Health Care Facilities**: Order (4-24-20), FAQ (5-20-20)
- **SNFs with Specific Units, Floors, or Buildings Dedicated to COVID-19 Patients**: Baseline Requirements (5-28-20), Listing of SNFs (Updated Often)

*CDC*

- **Responding to COVID-19 in Nursing Homes**: CDC Guidelines
- **Testing for COVID-19 in Nursing Homes**: CDC Considerations

### Transfer and Discharge Rules

**Interfacility Transfer & Home Discharge Rules**: (8-1-20) Rules Page Patient transfer criteria from hospitals to LTCF/SNFs, group settings (including psychiatric and mental health facilities), and home. Also includes guidance on LTCF/SNF transfers to other LTCF/SNFs or group settings.

**Emergency Departments Return-to-Facility & Home Discharge Rules** (5-8-20) Rules PDF

### Data

**NHSN COVID-19 Nursing Home Data for LA County**: includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module, including

# Interfacility Transfers

# Transfer scenarios

1. Hospitalized patient who tested negative 2 for COVID-19 3 days before hospital discharge and had been quarantined at the hospital for a few days before being discharged to SNF. Do the quarantine days in the hospital count toward the 14-day required quarantine in the receiving SNF before being tested a second time and transferred (with a negative result) to the Green Zone?
   - ✓ No hospital quarantine does not count
2. SNF refusing to take a new admission unless they have a COVID-19 test
   - ✓ Receiving SNF can accept patients without a COVID-19 test but time the admission with ability to test on admission while placing patient in the Yellow Mixed Cohort.

# Transfer guidance

- For transfers from acute care hospitals and other facilities, as well as new admissions, please refer to interfacility transfer rules
- Patients can be tested for COVID-19 on day of transfer to a SNF or at SNF on admission.
- Upon transfer, patients must be quarantined in a designated Yellow Zone for 14 days.
  - Quarantine days at the transfer location prior to admission to the SNF do not count toward these 14 days.
  - The patient must be tested for COVID-19 on day 1 and day 14 of quarantine with molecular tests.
  - If both tests are negative, patient may be moved to the designated Green Zone.
  - This usually requires patient to be in quarantine for more than 14 days as results of the test on day 14 are awaited.

http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm

Intranet | COVID-19 Guidances - LA Coun... | LAC | DPH | COVID-19 Interf...

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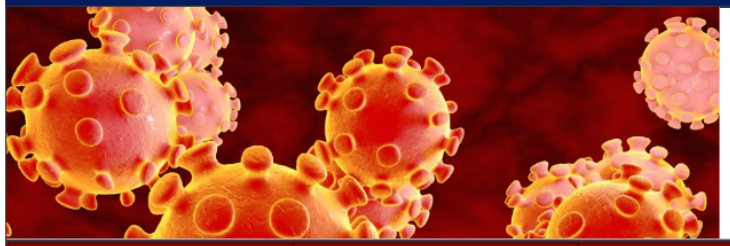


# Coronavirus Disease 2019

## Facility Transfers & Home Discharge Guidelines

Provider FAQ | Testing | Reporting | Health Facilities | Isolation Quarantine | LAHAN Health Alerts

**Health Professionals COVID-19**

- LAHAN Alerts
- COVID-19 Press Releases
- DPH COVID-19 Public Page
- DPH COVID-19 Provider Page:
  - FAQs for Providers
  - Isolation/Quarantine
  - Testing - General

This webpage is specifically intended for the medical community.
Click here to visit DPH's COVID-19 webpage for the general public.

### INTERFACILITY TRANSFER RULES DURING COVID-19 PANDEMIC

**Who this is for**: Hospitals, Long-Term Care Facilities (LTCF) including Skilled Nursing Facilities (SNFs), and any Group Residential setting involved in the discharging, transferring, and accepting of patients with and without COVID-19.

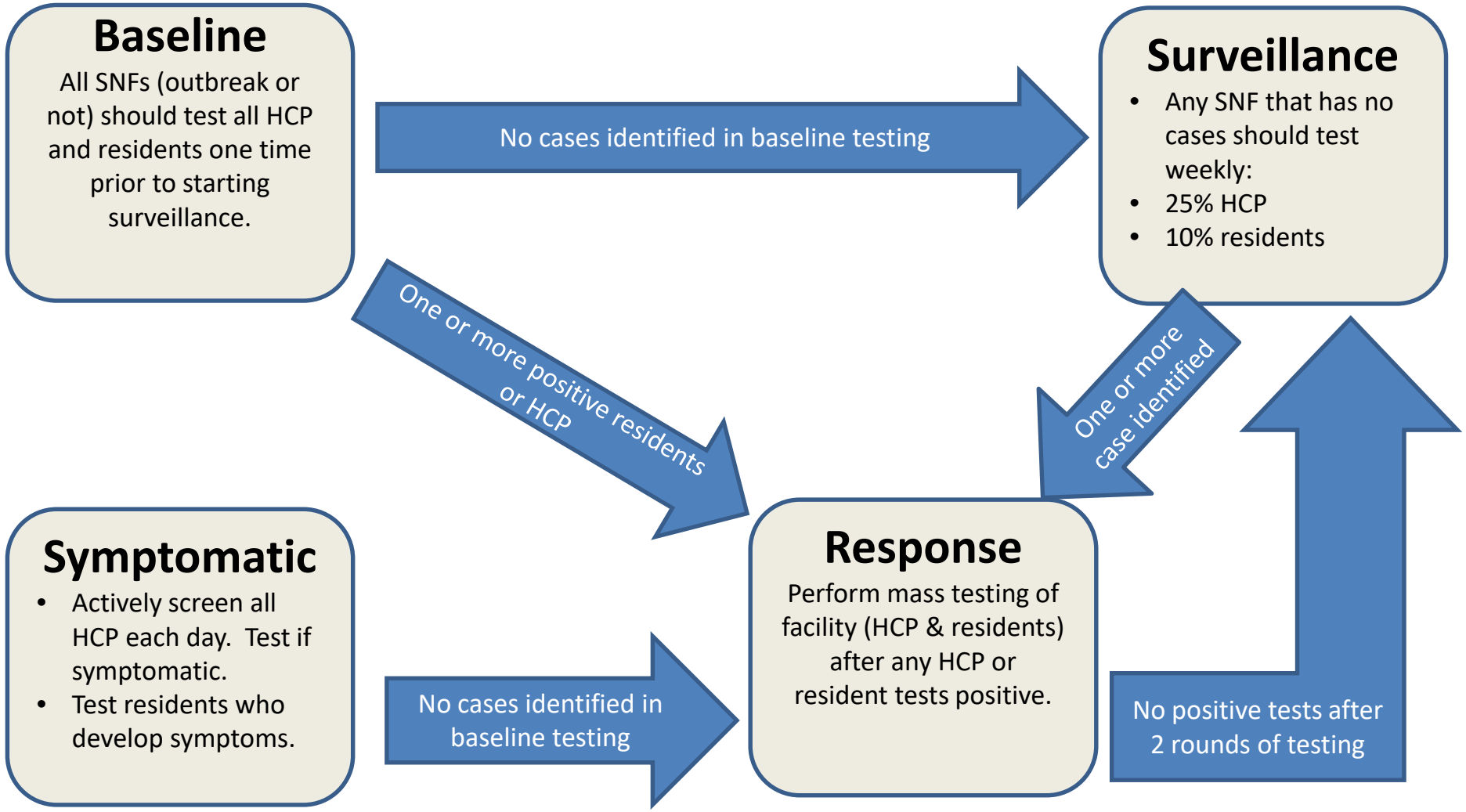
**What this is for**: To allow hospitals to discharge medically stable patients while preventing the introduction of SARS-CoV-2 in receiving institutions and to enable interfacility transfers between LTCFs and Group Residential Settings

http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm

# Testing

# Testing scenario

- Symptomatic with fever, cough, sore throat, body aches
- One point of care antigen test is negative.
- Symptoms are suspicious and patient has possibly had exposure to a COVID-19 positive patient.
- Does the patient need to be tested again?




Testing Strategy for Nursing Homes

# Testing

| Initial Facility Testing Strategy | Who gets tested | How Often | Testing Results | | Recommended Cohorting | | Subsequent Facility Testing Strategy |
|---|---|---|---|---|---|---|---|
| **Baseline Testing** | All staff and residents | Initially → | If person tests negative | → | Remains in Green Zone | → | Initiate *Surveillance Testing* for all staff and residents |
| | | | If COVID+ person identified | → | Move to Red Zone immediately | → | Initiate *Response Testing* for all staff and residents not already known to have laboratory-confirmed COVID-19 |
| | | | Person with indeterminate test results | → | Move to Yellow Zone immediately | → | Repeat the test. If test still indeterminate, keep resident in Yellow zone for 14 days from date of initial test. Continue testing as part of *Surveillance Testing.* |
| **Surveillance Testing** | 25% of staff and 10% of residents (if census is less than 100 residents, test 10 residents at one time)<br><br>Any persons who previously tested positive for COVID-19 should not be tested for 90 days after the initial positive test. | Weekly → | If person tests negative | → | Remains in Green Zone | → | Continue *Surveillance Testing* for all staff and residents |
| | | | If COVID+ person identified | → | Move to Red Zone immediately | → | Initiate *Response Testing* for all staff and residents not already known to have laboratory-confirmed COVID-19 |
| | | | Person with indeterminate test results | → | Move to Yellow Zone immediately | → | Continue testing this individual weekly until either positive or two negative tests 24 hours apart achieved. |
| **Response Testing** | Conduct a comprehensive testing of all residents and staff who previously tested negative (if testing capacity is limited, at minimum, test individuals who were exposed to the initial case). All exposed residents MUST be moved to Yellow Zone. | Weekly → | If no cases identified for 2 rounds of testing (2 weeks) | → | May return to Green Zone | → | Return to *Surveillance Testing* If no cases identified for 2 rounds of testing (2 weeks) |
| | | | If additional COVID+ individuals identified | → | Move to Red Zone Immediately | → | Continue *Response Testing* for all staff and residents not already known to have laboratory-confirmed COVID-19 |
| | | | Indeterminate test results | → | Remains in Yellow Zone until either definitive | → | Repeat the test. If test still indeterminate, keep resident in Yellow zone for 14 days from date of initial test. Continue testing as part of *Surveillance Testing*. |

# Additional Testing for Residents

| Who gets tested | Where Admitted | When to Test | | Test Results | | Location | When individual can be moved to Green Zone | Further Testing Strategies |
|---|---|---|---|---|---|---|---|---|
| Exposed residents to either another positive resident or positive staffl | Immediately transfer to a single room in Yellow Zone (Quarantine). If single rooms are not available, cohort residents with the same level of exposure (i.e. roomates, assuming everybody is asymptomatic (if symptomatic, see guidance for symptomatic residents) | As soon as possible and on day 14 after exposure. | → | Positive | → | Move to Red Zone immediately | • If a resident was symptomatic, may move to Green Zone after 20 days since symptom onset, improvement of symptoms, AND no fever for the last 24 hours.<br>• If a resident remains asymptomatic, may move to Green Zone after 14 days since positive (+) PCR test. | The case does not need to be tested for 3 months.<br>Facility must initiate *Response Testing*. |
| | | *If Negative and remains asymptomatic | → | If Negative results on day 1 and day 14 | → | May transfer to Green Zone | • After 14 days (if tests on day 1 and day 14 are negative) | *Surveillance Testing* if no curent outbreak.<br>*Response Testing* if facility experiencing an outbreak. |
| | | *If Negative but develops symptoms | → | One COVID Negative result and alternative diagnosis for symptoms (UTI, cellulitis, ect.) | → | May transfer to Green Zone | • After 14 days (if tests on day 1 and day 14 are negative) | *Surveillance Testing* if no curent outbreak.<br>*Response Testing* if facility experiencing an outbreak. |
| | | | → | Two COVID Negative results 24 hours apart require if no alternative diagnosis present. | → | May transfer to Green Zone | • After 14 days (if tests on day 1 and day 14 are negative)<br>• After 2 negative tests at least 24 hours apart if no alternative diagnosis is present. | *Surveillance Testing* if no curent outbreak.<br>*Response Testing* if facility experiencing an outbreak. |
| Residents who go to outpatient dialysis | Cohort dialysis patients together. Facilities can consider testing dialysis patients routinely as part of their *Surveillance Testing* strategy. | | | | | | | |

# Additional Testing for Staff

| Who gets tested | Where Admitted | When to Test | | Test Results | | Location | When individual can be moved to Green Zone | Further Testing Strategies |
|---|---|---|---|---|---|---|---|---|
| Symptomatic staff members | Symptomatic staff must be sent home immediately and testing should be organized for staff either through the facility or with their primary MD. | As soon as posible | → | Positive Symptomatic | → | Isolate at home. | • May return to work after 10 days from the symptom onset and resolution of symptoms without fever for the last 24 hours.<br>• HCP with severe illness or who are severely immunocompromised should not return to work for at least 20 days. | The case does not need to be tested for 3 months.<br><br>Facility must initiate *Response Testing*. |
| | | | → | Negative | → | No isolation required. | • May return to work after the symptoms have resolved and no fever for 24 hours. | *Surveillance Testing* if no current outbreak.<br><br>Continue *Response Testing* if facility is experiencing an outbreak. |
| | | | → | Positive Asymptomatic | → | Isolate at home. | • If no symptoms, may return to work after 10 days from the date of the test.<br>Special consideration:<br>• If the facility is experiencing staff shortage, with a special permission from DPH, an asymptomatic employee may return to work anytime if assigned to work in the Red Zone. | The case does not need to be tested for 3 months.<br><br>Facility must initiate *Response Testing*. |

# LA County Interim Guidance for Antigen Testing in SNFs

County of Los Angeles Public Health

| Patient Type | Testing strategy | Response |
|---|---|---|
| **TIER 1**<br><br>**PCR testing is easily accessible and with a turn-around time is <48 hours. Antigen testing may be used as a back-up strategy if PCR testing is unavailable.** | | |
| All residents and Staff | Standard PCR testing per recommendations[1] | Isolate/quarantine/cohort per recommendations. |
| **TIER 2**<br><br>**PCR testing is available, but with turn-around time >48 hours[2,3].** | | |
| Symptomatic resident | POC Ag test positive → no additional testing | Isolate (Red Zone). |
| | POC Ag test negative → confirm with PCR | Quarantine (Yellow Zone) pending PCR confirmation → Red Zone if PCR positive, Green Zone if PCR negative (requires 2 negative PCRs 24 hours apart). |
| Asymptomatic resident | POC Ag test positive → confirm with PCR | Quarantine (Yellow zone) pending PCR confirmation → Red Zone if PCR positive, Green Zone if PCR negative. |
| | POC Ag test negative → Confirm with PCR | Observe in Green Zone → Move to Red Zone if PCR positive. |
| Symptomatic staff | POC Ag test positive → no additional testing | Restrict from work for 10 days, until symptoms improve and no fever for the last 24 hours. |
| | POC Ag test negative → confirm with PCR | Restrict from work pending PCR result →<br>• If PCR positive, restrict from work for 10 days, until symptoms improve and no fever for the last 24 hrs.<br>• If PCR negative, may return to work after symptoms resolve and no fever for 24 hours. |
| Asymptomatic staff | POC Ag test positive → confirm with PCR | Restrict from work pending PCR result→<br>• Restrict from work for 10 days after positive PCR test result.<br>• If PCR is negative, staff may return to work. |
| | POC Ag test negative → Confirm with PCR | No work restriction → restrict if PCR positive. |

1. http://publichealth.lacounty.gov/acd/docs/nCoVLTCGuide.pdf.
2. If PCR testing is insufficient to meet testing needs for all staff and residents, then prioritize residents for PCR testing.
3. Contact LAC DPH (phone) if there is no commercial PCR testing available.

http://publichealth.lacounty.gov/acd/docs/SNFAntigenTestingInterimGuidelines.pdf; DHS reference guide or the California Testing Taskforce to find a lab

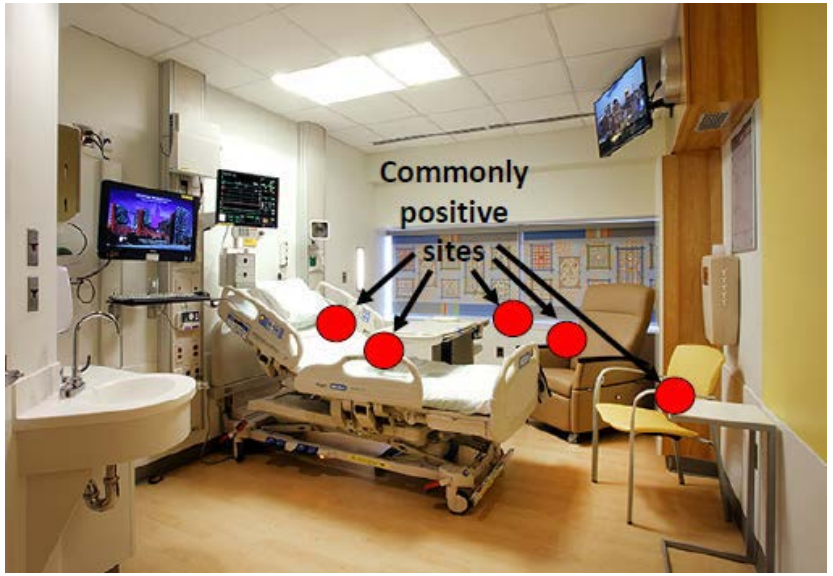
# Multi-drug Resistant Organisms (MDROs)

# General Scenarios

- COVID-cleared new admission, has CDI -> **green cohort, single room on contact precautions**
- New admission with no known COVID history, but is positive for carbapenemase-producing (CP) CRE -> **yellow cohort, single room on contact precautions**
  - **Can be cohorted only with other CP-CRE patients – cannot cohort with CRE that is not known to carry carbapenemase or not**
- Newly identified COVID+ resident who is also *C. auris* positive -> **red cohort, in single room on contact precautions**
- For all of these, can cohort by MDRO status within each zone.

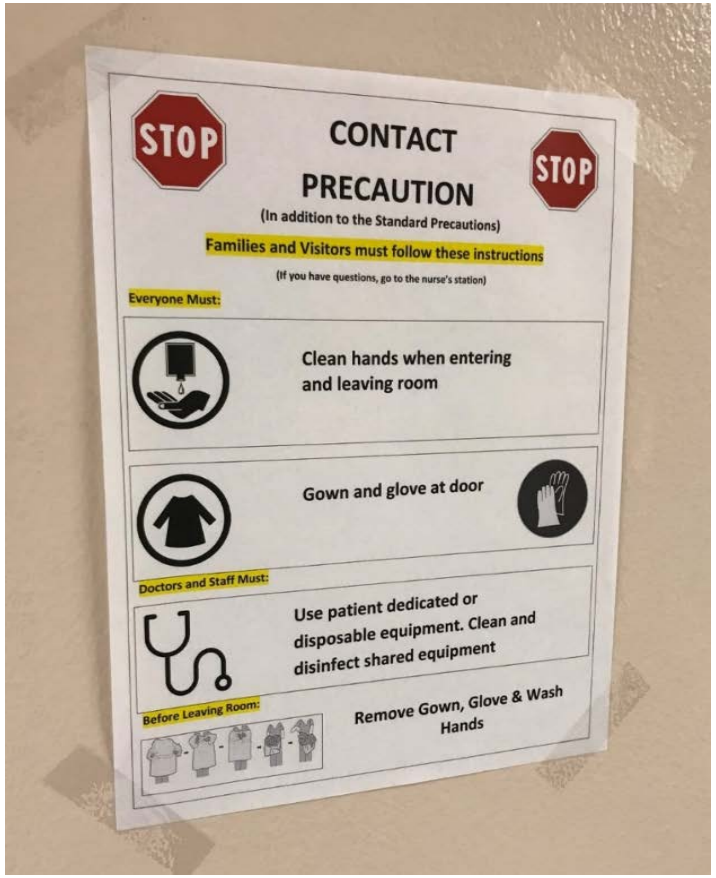
# Typical Scenario

- A 79 year old patient with a history of CVA, dementia, CHF, COPD and recurrent pneumonia and UTI's with a trach and g-tube and an indwelling urinary catheter is transferred from an acute hospital to your SNF with history of CRE and colonization with *Candida auris* isolated from the airways. He is found to be afebrile with stable vital signs at transfer. Covid test is done and result is pending.



# Recommendations for MDRO Containment in the Setting of COVID-19 (1)

- Cohort patients by COVID-19 AND *C. auris* or other MDRO status
  - Ensure signage is clear and includes required PPE



# Recommendations for MDRO Containment in the Setting of COVID-19 (2)

- PPE should not be re-used between patients who do not have the same COVID-19 and/or MDRO status

- If PPE supplies limited, consider the following conservation strategies:
  - Reserve gown use for high-contact care activities
  - Allow extended use of gowns ONLY when:
    - Patients are known to have the same MDRO AND
    - COVID-19 status AND
    - Are housed in the same room

# Recommendations for MDRO Containment in the Setting of COVID-19 (3)

- Use an EPA-registered hospital-grade disinfectant effective against MDROs or *C. auris* as well as COVID-19
  - Ensure staff use a process that prevents cross-contamination
  - Check product labels – educate staff

# Recommendations for MDRO Containment in the Setting of COVID-19 (4)

- Assess COVID-19 and MDRO status for all residents upon admission
  - Use an interfacility transfer form

County of Los Angeles Public Health

**LOS ANGELES COUNTY FACILITY TRANSFER FORM**

Please use this form for ALL transfers to admitting facility.
This form is NOT meant to be used as criteria for admission.

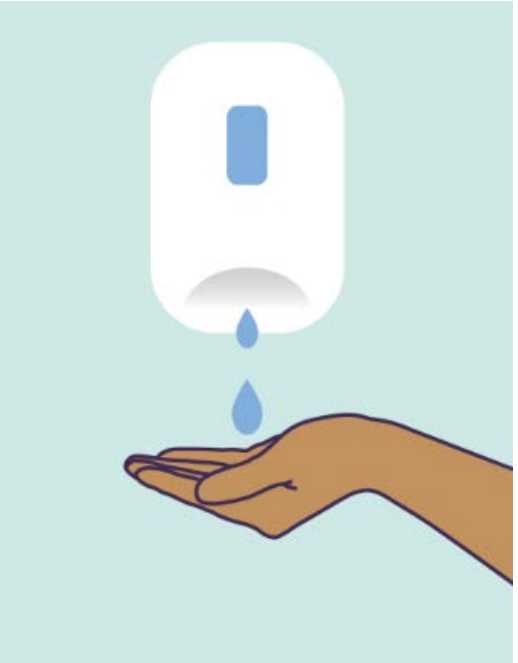
Place patient label here.

| **Patient Name** *(Last, First)*: | **Date of Birth:** | **MRN:** |
|---|---|---|
| **Receiving Facility Name:** | | **Transfer Date:** |

| | | |
|---|---|---|
| ⚠ | **Currently on Isolation Precautions?** □ **Yes**<br>If Yes, check: □ Contact □ Droplet □ Airborne<br>Circle all PPE (personal protective equipment) to be considered: | □ **No** isolation precautions |

| | | | |
|---|---|---|---|
| **Organisms** | **Does the patient have any MDROs (multi-drug resistant organisms) or other positive lab results for which the patient should be in isolation?** Please include any infection, colonization, history, or "rule-out" communicable diseases. | Check **Yes** for MDRO or communicable disease & include **date** of specimen, if known. | □ **No** known MDRO or communicable diseases |
| | ***Candida auris*** *(C. auris)* □ Confirmed □ Suspect | □ Date: | |
| | ***Clostridium difficile*** *(C. diff)* | □ Date: | |
| | **CRE** (Carbapenem-resistant *Enterobacteriaceae*) | □ Date: | |
| | **ESBL** (extended-spectrum beta lactamase-positive organisms) | □ Date: | |
| | **MDR gram negatives** *(such as: Acinetobacter, Pseudomonas, etc.)* | □ Date: | |
| | **MRSA** (methicillin-resistant *Staphylococcus aureus*) | □ Date: | |
| | **VRE** (vancomycin-resistant *Enterococcus*) | □ Date: | |
| | **Other (specify)**: _____<br>Such as: COVID-19, lice, scabies, norovirus, flu, TB, etc. | □ Date: | |

# *C. auris* – a new bug using the same old tricks -> Back to Basics!



Hand Hygiene

Personal Protective Equipment & Precautions

Environmental Cleaning & Disinfection

*Slides adapted from the Centers of Disease Control and Prevention*

LAHAN
Los Angeles County Health Alert Network

**CDPH Health Advisory:**
**Resurgence of *Candida auris* in Healthcare Facilities in the Setting of COVID-19**
August 20, 2020

*This message is intended for clinicians, infection preventionists, and laboratorians working in healthcare facilities. Please distribute as appropriate.*

California Department of Public Health (CDPH) issued a health advisory on 8.19.20. The advisory, key messages, link to resources, and local health department reporting information can be found below.

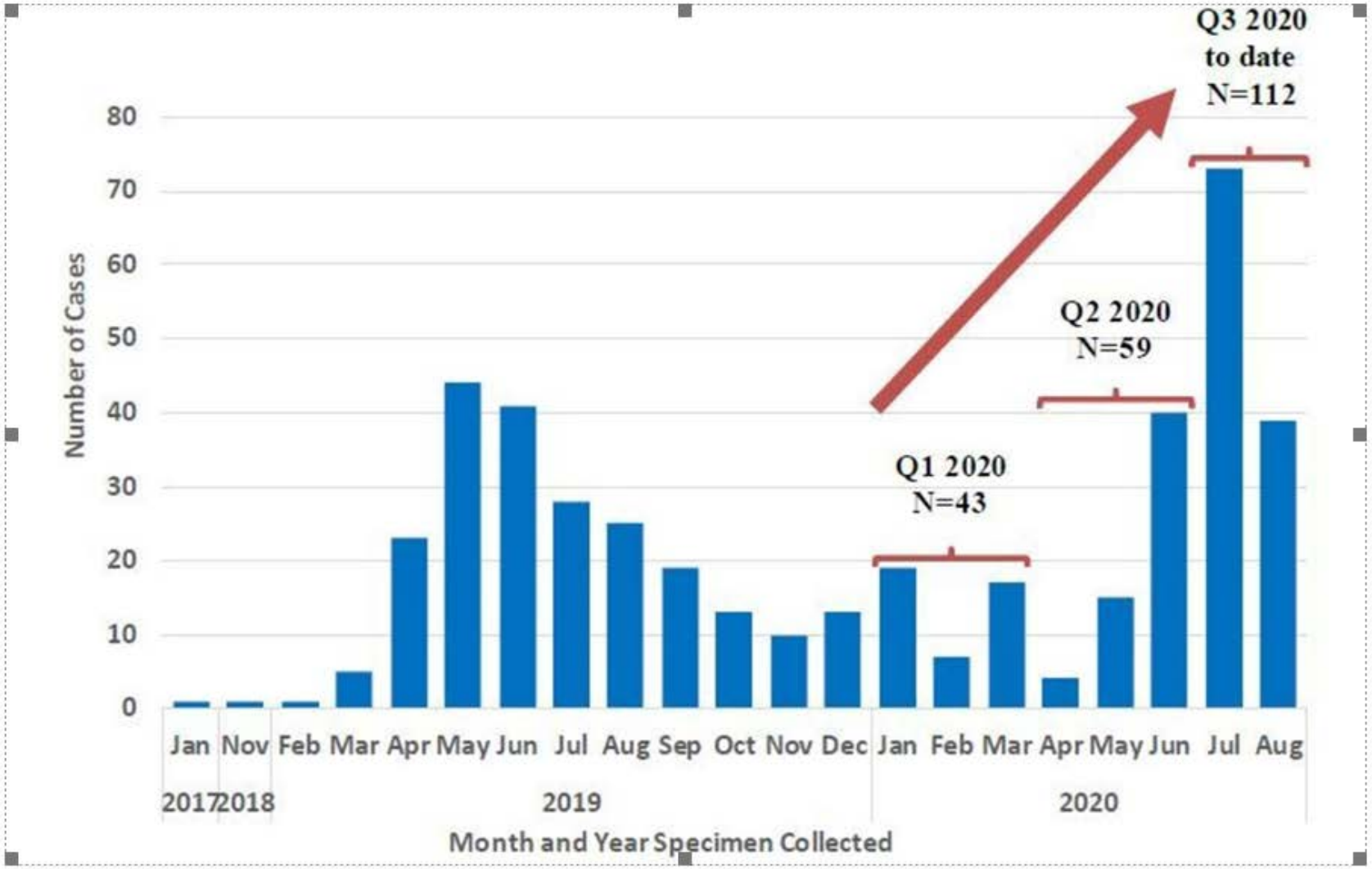
## Key Messages

- Preventing the spread of multi-drug resistant organisms (MDROs) is still of utmost importance in the midst of the COVID-19 pandemic.
- Healthcare facilities should remain vigilant for *Candida auris* (*C. auris*) and MDROs and implement precautionary measures to detect and prevent spread of these organisms.
- Suspect or confirmed *C. auris* cases identified in LA County should be reported to Los Angeles County DPH within one working day.

## Reporting

**Los Angeles County DPH Acute Communicable Disease Control:**

## *C. auris* Cases Reported in California through August 18, 2020 (N=438)



# Organizing residents by COVID-19 and MDRO status

| | | | | | |
|---|---|---|---|---|---|
| Green cohort | MDRO negative | Suspect C. auris | CRE+ | CP-CRE positive | CRE and CDI positive |
| Yellow Cohort | MDRO negative | Suspect C. auris | CRE+ | CP-CRE positive | CRE and CDI positive |
| Red Cohort | MDRO negative | Suspect C. auris | CRE+ | CP-CRE positive | CRE and CDI positive |

## Green Cohort (Non-COVID Area)

- Recovered COVID
- Completed quarantine x 14 day
- Never had symptoms
- Asymptomatic

## Yellow Cohort (Mixed)

- New admission or readmission
- Exposure to COVID
- Residents who leave facility for dialysis
- PUI **(single room)**
- Indeterminate test result **(single room)**

## Red Cohort (Isolation)

(+) COVID test

**COVID Exposure**

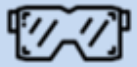
**COVID (+) Test**

**COVID Symptoms**

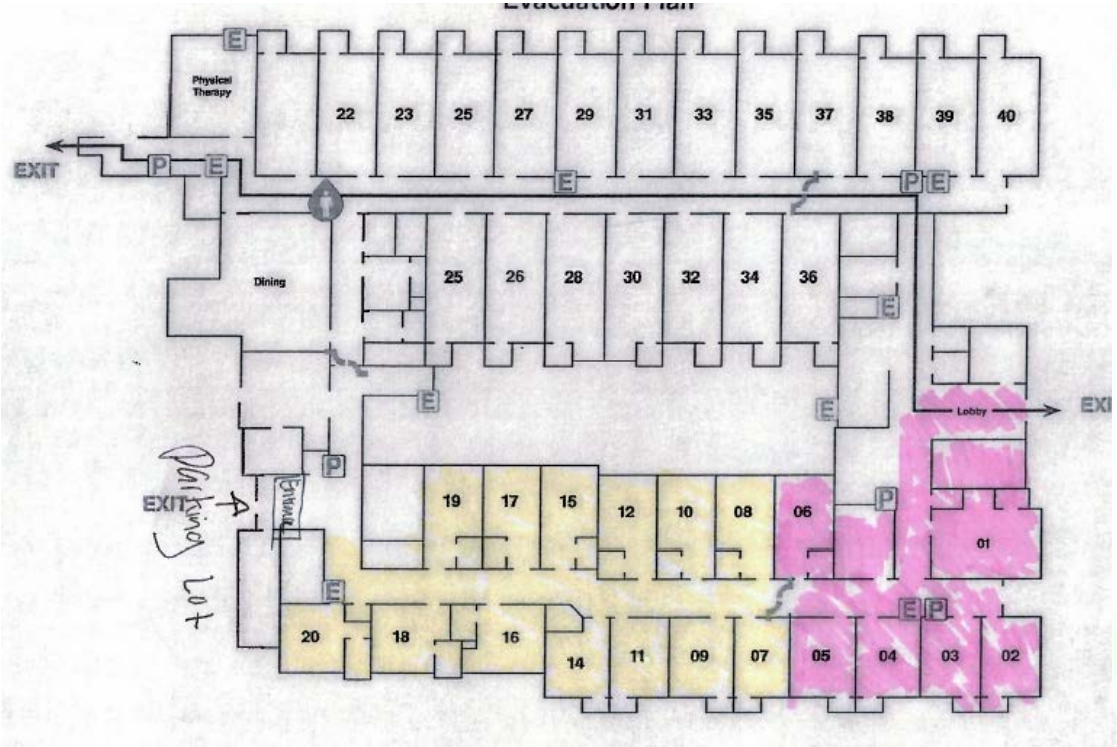
**14 days after quarantine & a COVID (-) test**

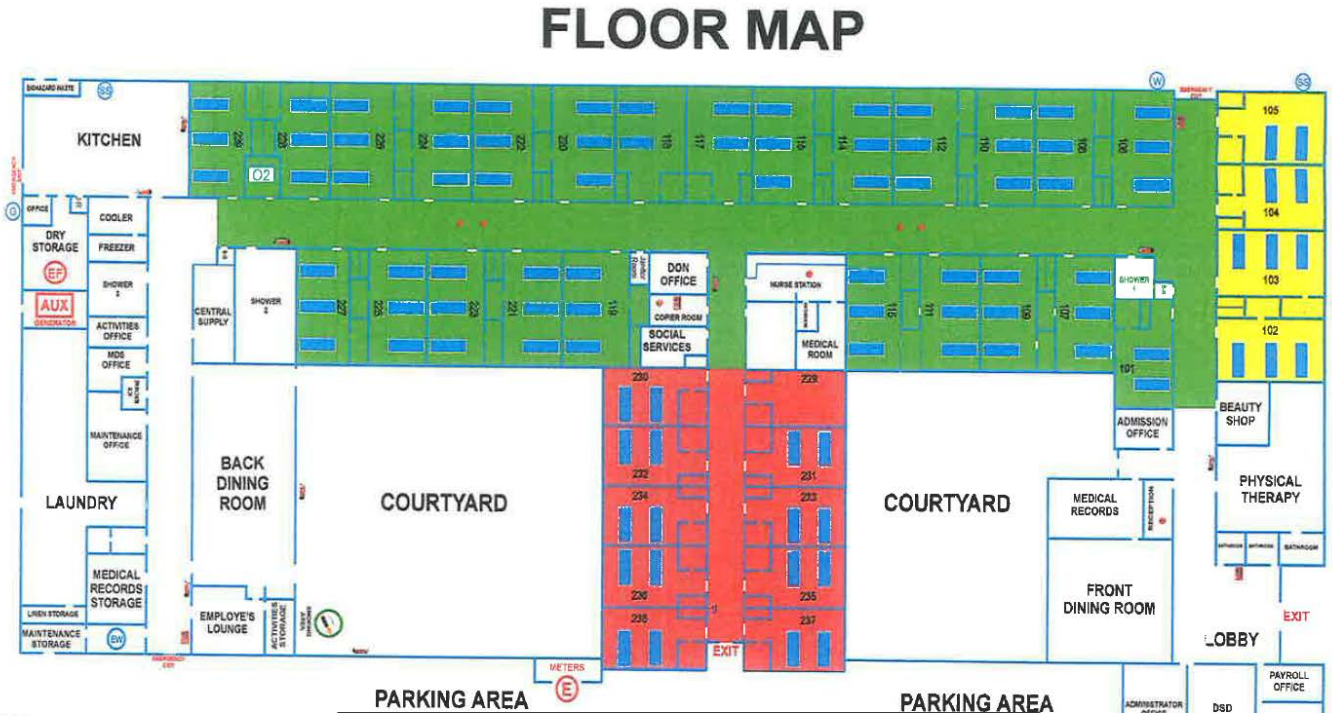
**20 days after (+) for symptomatic and 14 days after (+) for asymptomatic**

# Novel Coronavirus (COVID-19) | Guidelines for Skilled Nursing Facilities

| Personal Protective Equipment | Green Cohort (Non-COVID Area) | Yellow Cohort (Mixed) | Red Cohort (Isolation) |
|---|---|---|---|
| Transmission-based Precautions | Standard + mask + eye protection* | Contact/Droplet + eye protection^ | Contact/N95 + eye protection |
| | Surgical masks may be worn for duration of shift and doffed when contaminated. | | |
| | N95 respirators may be worn for duration of shift and doffed when contaminated. | | |
|  | *Goggles/face shields may be worn with contact with respiratory secretions/body fluids. | ^Goggles/face shields when providing care within 6 feet of resident. | Goggles/face shields worn for duration of shift |
| | Gowns should be used when needed (Standard Precautions). | Gowns should be worn with only single patient. | Shortage: gowns may be worn with multiple patients, if no other MDRO. |

# Examples of Floor Plans with COVID Cohorting




COVID 19 REQUIRES DROPLET PRECAI

1. The facility needs to post signs on the plastic barriers that indicate “Tear Down In Case of Emergency,”.
2. Staff need to be instructed to tear down the barriers in case of a fire or emergency.
3. When located in a fire-rated corridor, the plastic material shall be flame retardant plastic in accordance with California State Fire Marshal (https://osfm.fire.ca.gov/media/3107/regulations.pdf) and CBC Section 806.7.
4. The plastic barriers shall be placed a minimum (horizontal) distance of 4” from fire sprinklers, similar to a wall. NFPA 8.6.3.3 for pendant and upright spray sprinklers

Some facilities have a perception that the plastic sheeting is a requirement from LA County PH.
Plastic sheeting have been observed in front of patient rooms in the red zone, instead of just closing the doors.
LA County PH strongly recommend against the plastic sheeting in front of the doors for infection control reasons.

# Movement between cohorts

- Staff should be dedicated to RED cohort
  - Staff shortage (i.e., RN, LVN, MD, etc.) staff may visit RED last and doff PPE.
  - RED zone should be restricted if staff wearing gowns between rooms (common spaces considered contaminated)
- Yellow & Green
  - Staff may move between cohorts, but adhere to PPE
  - Yellow may not be in a physical location (room-based standard precautions) given that all PPE stays in room.
  - In shortage, gowns may be stored and re-used for each patient. Care should be made to ensure they are dedicated to a single resident, not touching & not worn inside-out.

# What's New ?

# SalivaDirect

FDA NEWS RELEASE

## Coronavirus (COVID-19) Update: FDA Issues Emergency Use Authorization to Yale School of Public Health for SalivaDirect, Which Uses a New Method of Saliva Sample Processing

Share | Tweet | Linkedin | Email | Print

**For Immediate Release:** August 15, 2020

English

Today, the U.S. Food and Drug Administration issued an emergency use authorization (EUA) to Yale School of Public Health for its SalivaDirect COVID-19 diagnostic test, which uses a new method of processing saliva samples when testing for COVID-19 infection.

**"The SalivaDirect test for rapid detection of SARS-CoV-2 is yet another testing innovation game changer that will reduce the demand for scarce testing resources," said Assistant Secretary for Health and COVID-19 Testing**

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

# Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season

*Recommendations and Reports* / August 21, 2020 / 69(8);1–24

Lisa A. Grohskopf, MD[1]; Elif Alyanak, MPH[1,2]; Karen R. Broder, MD[3]; Lenee H. Blanton, MPH[1]; Alicia M. Fry, MD[1]; Daniel B. Jernigan, MD[1]; Robert L. Atmar, MD[4] (View author affiliations)

View suggested citation

https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_w

https://www.cdc.gov/coronavirus/2019-ncov/lab/multiplex.html

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WEAR A MASK. PROTECT OTHERS.

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Laboratories

Resources for Labs

- Multiplex Assay for Flu and COVID-19 & Supplies
- Diagnostic Test for COVID-19 Only & Supplies
- Using Antigen Tests
- Using Antibody Tests
- Reporting Lab Data
- Biosafety for Specimen Handling
- Guidance for Lab Safety Practices

LABORATORIES

# CDC's Diagnostic Multiplex Assay for Flu *and* COVID-19 at Public Health Laboratories and Supplies

Updated Aug. 2, 2020 Print

The CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay is a real-time reverse-transcriptase polymerase chain reaction (RT-PCR) test that detects and differentiates RNA from SARS-CoV-2, influenza A virus, and influenza B virus in upper or lower respiratory specimens. The assay provides a sensitive, nucleic-acid-based diagnostic tool for evaluation of specimens from patients in the acute phase of infection.

The U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) for this test on July 2, 2020.

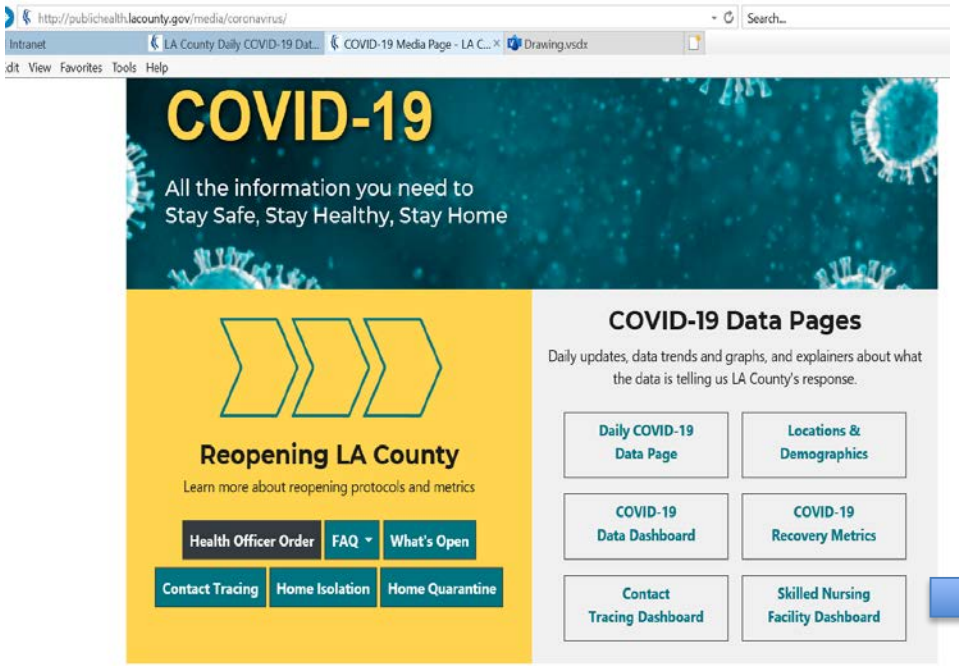
**Why the Flu SC2 Multiplex Assay Is Important**

# CDPH Weekly Testing Survey

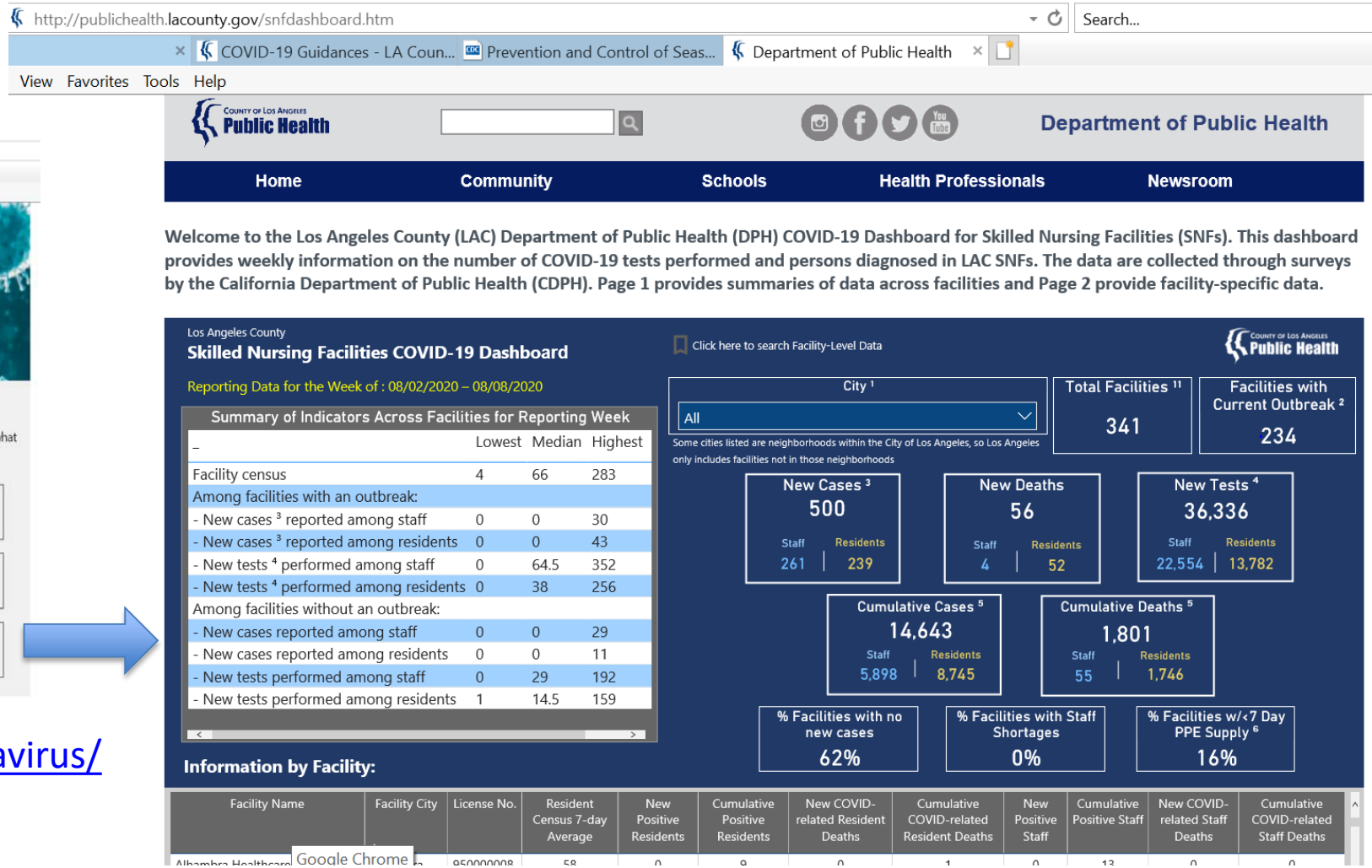
- **Common Issues:**
  - Previous positives
  - Pending test results are not a valid reason for delaying testing
  - Ensure the correct type of weekly testing is being conducted: Surveillance vs. Response-based
  - Have a plan for staff or residents who decline weekly testing

- **SNF Dashboard**: http://publichealth.lacounty.gov/snfdashboard.htm

- Additional information on this topic will be presented at a later date



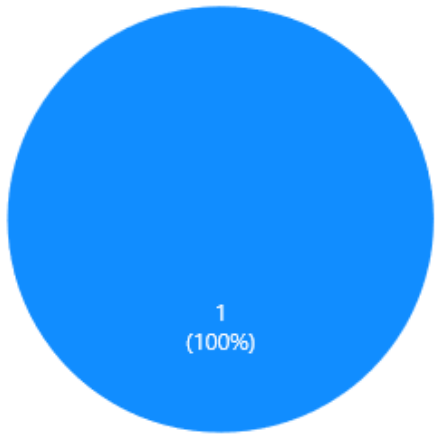

http://publichealth.lacounty.gov/media/coronavirus/



# Facility Name Search Box which displays address and State License # and the reference range of data displayed

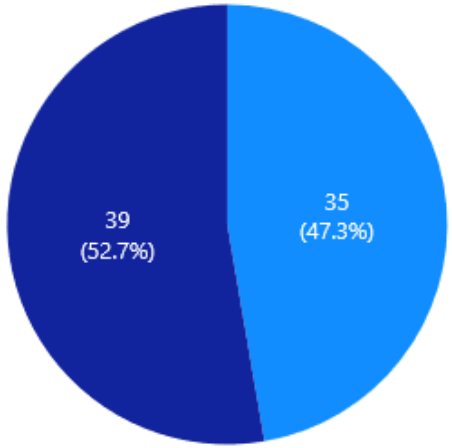
| Yes | 104 | 110 | 95 | New COVID Cases 1 | | Cumulative Cases 74 | | New Deaths 0 | | No | 100% | 95% |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Current Outbreak | Licensed Beds | Total Staff [7] | Total Residents [8] | Staff | Residents | Staff | Residents | Staff | Residents | Staff Shortage | % Staff Tested [9] | % Resident Tested [9] |
| | | | | 0 | 1 | 39 | 35 | 0 | 0 | | | |

New COVID Cases




Residents Staff

Cumulative COVID Cases




Residents Staff

**Remaining Personal Protective Equipment**

| | |
|---|---|
| Eye Protection | 15+Days |
| Gloves | 15+Days |
| Gowns | 15+Days |
| N95 Masks | 15+Days |
| Surgical Face Masks | 15+Days |

Microsoft Power BI 2 of 2

# Key Resources

# Skilled Nursing Facilities Resources

## http://publichealth.lacounty.gov/acd/SNF.htm

http://publichealth.lacounty.gov/acd/SNF.htm

Acute Communicable Disease Control

- ACDC Main Page
- Diseases & Conditions
- Guidelines/Manuals
- Reporting a Disease
- Materials for Health Professionals
- Los Angeles Health Alert Network (LAHAN)
- Skilled Nursing Facilities
- Public Health Resources
- Report a Problem
- Health Advisories
- Health Ed Materials
- Disease Reports and Special Studies
- Frequently Used Links

Contact Information

County of Los Angeles
Department of Public Health
Acute Communicable Disease Control
313 N. Figueroa Street, #212
Los Angeles, CA 90012
Phone: (213) 240-7941
Fax: (213) 482-4856
Email:acdc2@ph.lacounty.gov

Public Health Programs

Other Public Health Departments in LA County

Acute Communicable Disease Control

**Skilled Nursing Facilities: Infection Prevention Resources and Guidance**

**Your central guide to education and events relevant to improving infection prevention at your facility.**

**LA County COVID-19 Data**

- **CMS COVID-19 Nursing Home Data**: includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module, including Resident Impact, Family Capacity, Staff & Personnel, and Supplies & Personal Protective Equipment, and Ventilator Capacity and Supplies Data Elements. Public File
- **Case Summary page**: tables with cases by demographics and city/community, as well as hospitalizations and deaths. Also includes a listing of residential congregate settings (including workplaces, food and retail stores and educational settings) with five or more cases. Daily Case Summary
- **Metrics to Guide Reopening LA County**: metrics and targets for testing, deaths, hospitalizations and hospital capacity and PPE supplies. Dashboard
- **Interactive COVID-19 surveillance dashboard**: tables, maps, graphs, and charts including cases, counts by date, deaths, and tests performed. Dashboard
- **Healthcare Worker Cases**: by occupational setting and role, known exposure and hospitalization and demographics of COVID-19-related healthcare worker deaths. Healthcare Worker Cases
- **COVID Watch**: a summary of surveillance data for coronaviruses and other respiratory viruses. Includes data on pneumonia, influenza, and COVID-19 mortality as well as ED visits for Influenza-Like Illness. COVID Watch
- **Press releases**: daily description of the number of cases by age, and deaths by age and underlying illness. Daily press release

**COVID-19 Resources**

**Guidance and Resources**

*LAC DPH*

- **Information for Health Facilities** Quick Link
- **Facility-Based Testing Strategies for SNF's** Guidance
- **Implementing the Active Surveillance Requirement in SNF'S** Guidance Letter (5-13-20)

# COVID-19 Resources & Webinars

http://publichealth.lacounty.gov/acd/SNF.htm | Department of Public Healt...

http--mylacounty.gov-wp-c... | My Training | Nursing Homes - Centers f... | SHEA-APIC Guideline Infect... | PH DIR | Enterprise | DPH's Speakers Bureau vid... | LTCF (Cases, PUI, OB) | Cal Health Find | Infection Prevention & Con...

Acute Communicable Disease Control
313 N. Figueroa Street, #212
Los Angeles, CA 90012
Phone: (213) 240-7941
Fax: (213) 482-4856
Email:acdc2@ph.lacounty.gov

**Public Health Programs**

Other Public Health Departments in L.A. County

**Call 211 For Information 24/7**

211 LA COUNTY Help Starts Here

**Have questions about things like where to go for vaccinations or other health care services?**

**Call 2-1-1.**

**Adobe Reader**

Get Adobe Reader

Note: PDF documents on this site were created using Adobe Acrobat 5.0 or later. If you are using an earlier version of

**COVID-19 Resources**

**Guidance and Resources**

*LAC DPH*

- **Information for Health Facilities** Quick Link
- **Facility-Based Testing Strategies for SNF's** Guidance
- **Implementing the Active Surveillance Requirement in SNF'S** Guidance Letter (5-13-20)
- **Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities** Guidance
- **COVID-19** Information for Health Providers (Updated Often)

*CDC*

- **Responding to COVID-19 in Nursing Homes** CDC Guidelines
- **Testing for COVID-19 in Nursing Homes** CDC Considerations

**LAC DPH COVID-19 Webinars**

- Guidance on the Use of COVID-19 Antigen Testing in Skilled Nursing Facilities (8-7-20) slides recording
- COVID-19 Clinical Update for Skilled Nursing Facilities (7-31-20) slides

**News and Updates**

*FREE TRAINING*

- CDC Nursing Home Infection Preventionist Training Course Access Training

*CDPH*

- California Department of Public Health All Facility Letter 19-22 Letter (6-10-19)
- Enhancement Standard Precautions for Skilled Nursing Facilities, 2019 Standard Precautions (6-10-19)

**2019 Skilled Nursing Facilities Symposium**

**Presentation Archive (Full Recording/Video** HFRF)

# LACDPH MDRO Resources

- *Candida auris*: http://publichealth.lacounty.gov/acd/Diseases/CandidaAuris.htm
  - http://publichealth.lacounty.gov/eprp/lahan/alerts/CAHANCauris082020.pdf
- CRE: http://publichealth.lacounty.gov/acd/Diseases/CRE.htm
- Novel MDROs: http://publichealth.lacounty.gov/acd/Diseases/NMDRO.htm
- Inter-Facility Communications: http://publichealth.lacounty.gov/acd/InterfacilityTransfers.htm

- Any questions or concerns? Email hai@ph.lacounty.gov

# Additional Resources

- http://publichealth.lacounty.gov/media/coronavirus/
- https://www.cdph.ca.gov/programs/cid/dcdc/pages/immunization/ncov2019.aspx
- https://www.cdc.gov/coronavirus/2019-nCoV/index.html
- https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19
- https://www.hhs.gov/coronavirus/index.html
- https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID-19-Resources
- https://www.idsociety.org/public-health/COVID-19-Resource-Center/

# Questions