

COVID-19 Update for Skilled Nursing Facilities:

Guidance Changes to Visitation, Testing, and More

September 23, 2022

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Los Angeles County Department of Public Health
Acute Communicable Disease Control Program



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 skilled nursing facilities and is off the record. Reporters should log off now.



DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (09/23/22), 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.



Presentation Agenda

- Local COVID-19 Trends
- COVID-19 Vaccination Guidance
 - Updated (Bivalent) COVID-19 Booster
- Outpatient COVID-19 Treatments and Pre-exposure Prophylaxis
- Transmission Based Precautions and PPE
- General and Administrative Practices: Entry Screening
- Communal Dining, Group Activities, and Visitation
- Testing
- Cohorting
- Reporting Requirements
- Q and A

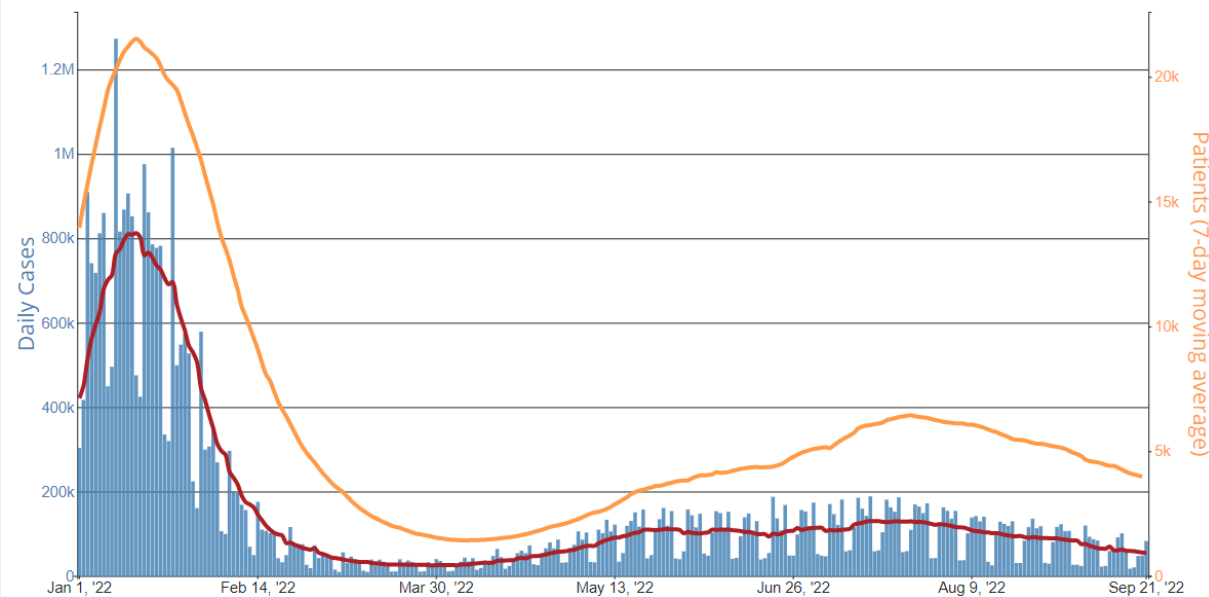


Local COVID-19 Trends

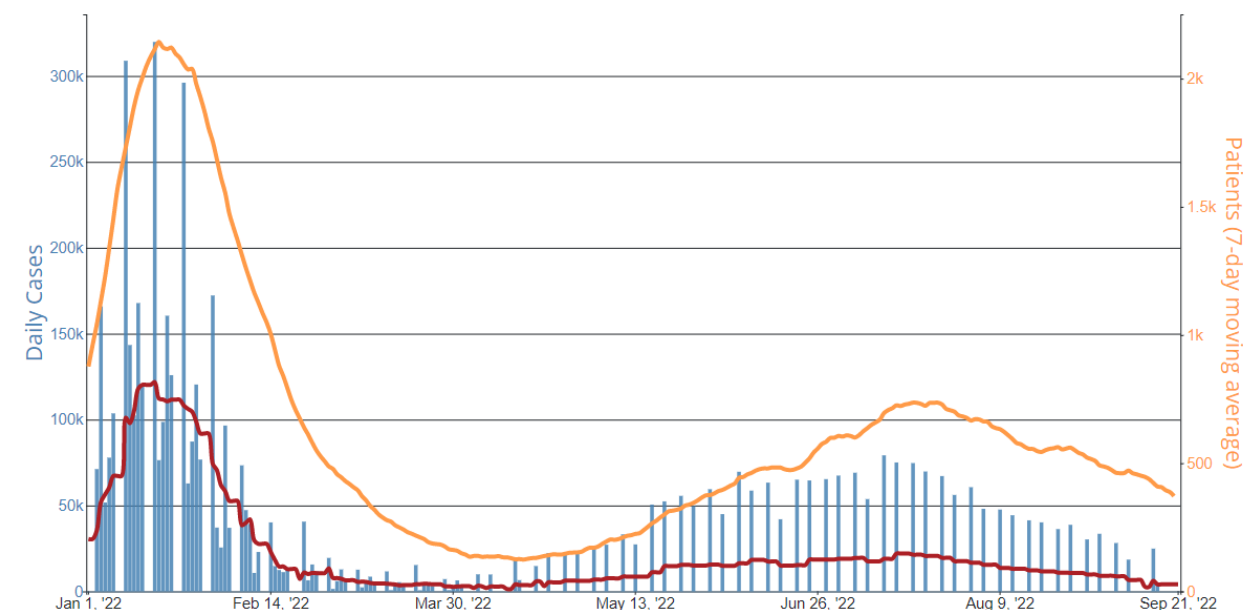


National & State Trends in COVID-19 Cases and New Hospitalizations

Daily Trends in Number of Cases and 7-day Average of New Patients Admitted to Hospital with Confirmed COVID-19 in The United States Reported to CDC

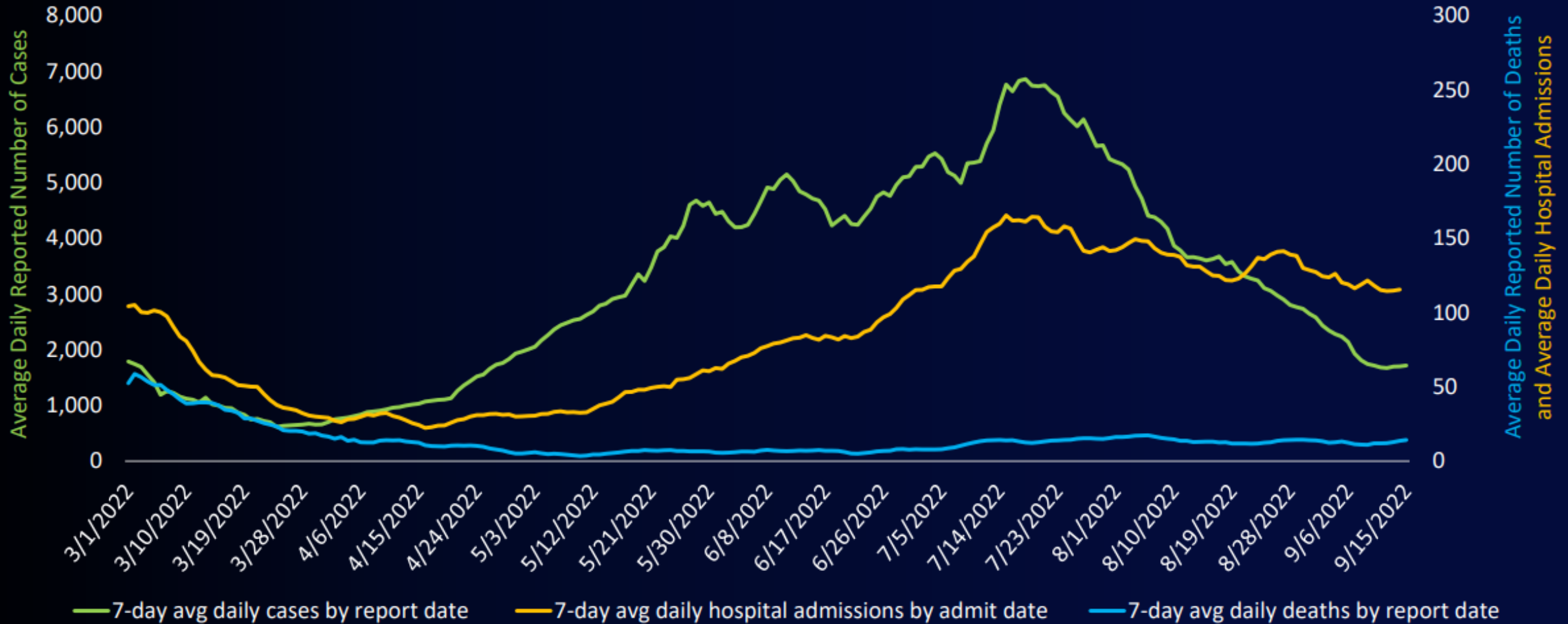


Daily Trends in Number of Cases and 7-day Average of New Patients Admitted to Hospital with Confirmed COVID-19 in California Reported to CDC



https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

7-Day Average Daily COVID-19 Cases and Deaths by Report Date* and Daily Hospital Admissions by Admit Date March 1, 2022 – September 15, 2022



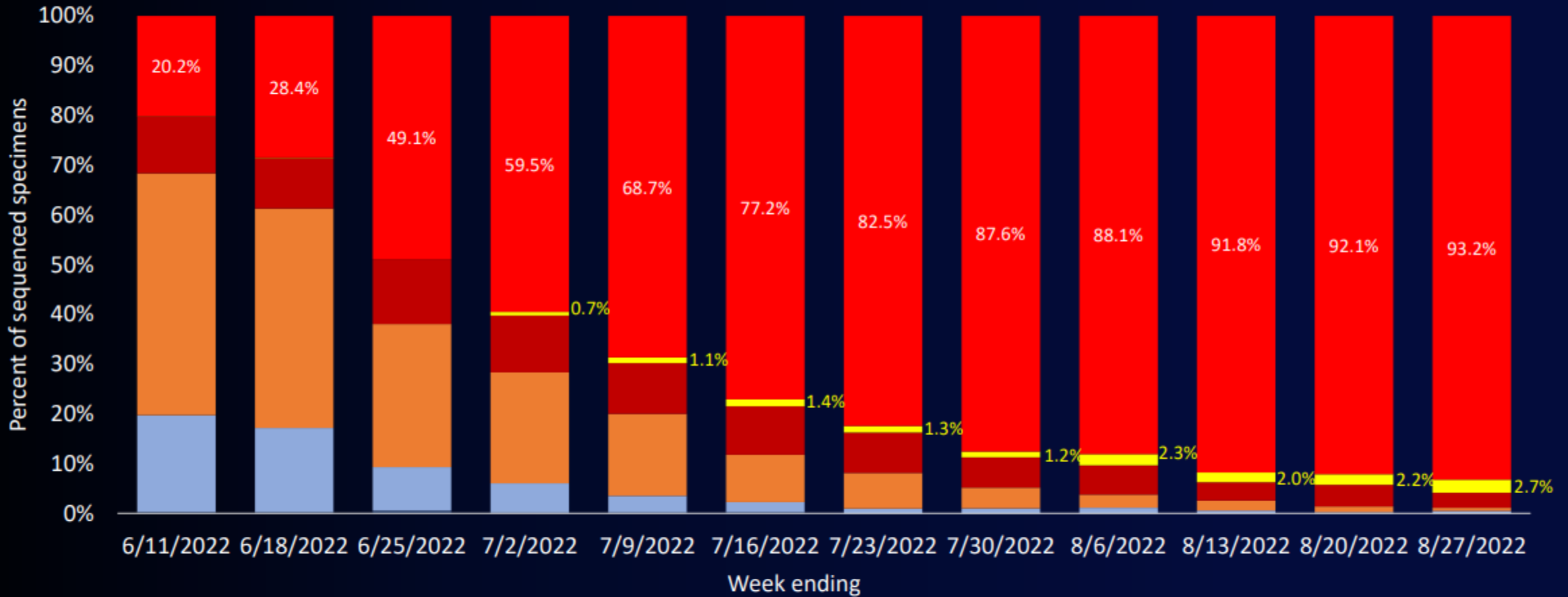
covid19.lacounty.gov

9/15/2022

*Case and death values include data from Long Beach and Pasadena.

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

SARS-CoV-2 Variants as a Percentage of All Specimens Sequenced for Baseline Variant Surveillance



■ All other Omicron
 ■ Omicron BA.2 (Excludes BA.2.12.1)
 ■ Omicron BA.2.12.1
 ■ Omicron BA.4 (Excludes BA.4.6)
 ■ Omicron BA.4.6
 ■ Omicron BA.5



covid19.lacounty.gov

9/15/2022

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

LA County's CDC COVID-19 Community Level vs Community Transmission

Measures medically significant disease or healthcare system strain

Los Angeles County, California
[State Health Department](#)

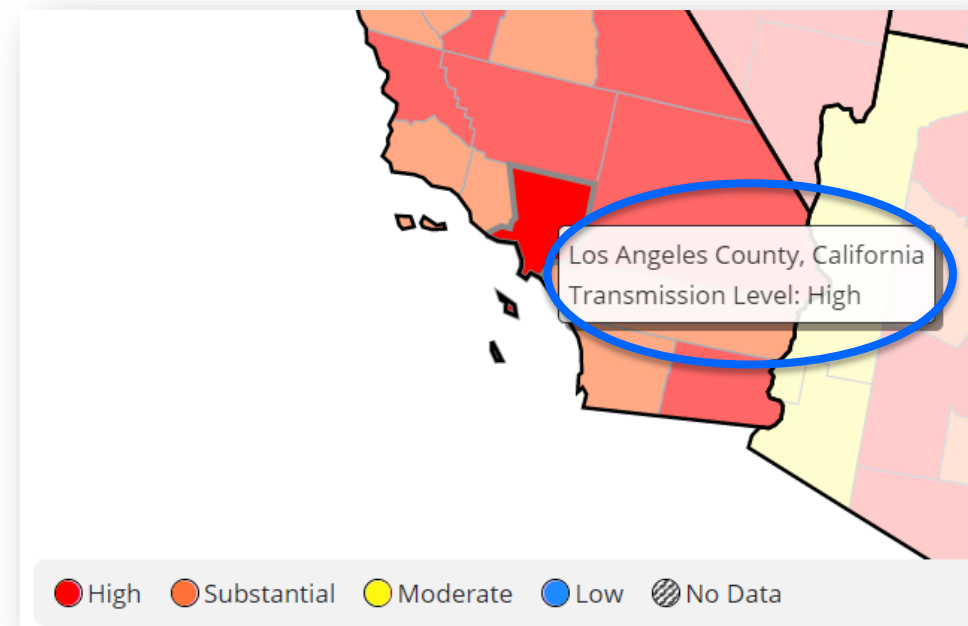
COVID-19 Community Level ● Low

Recommended actions based on current level
Stay [up to date](#) with COVID-19 vaccines. [Get tested](#) if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on [public transportation](#). You may choose to wear a mask at any time as an additional precaution to protect yourself and others.

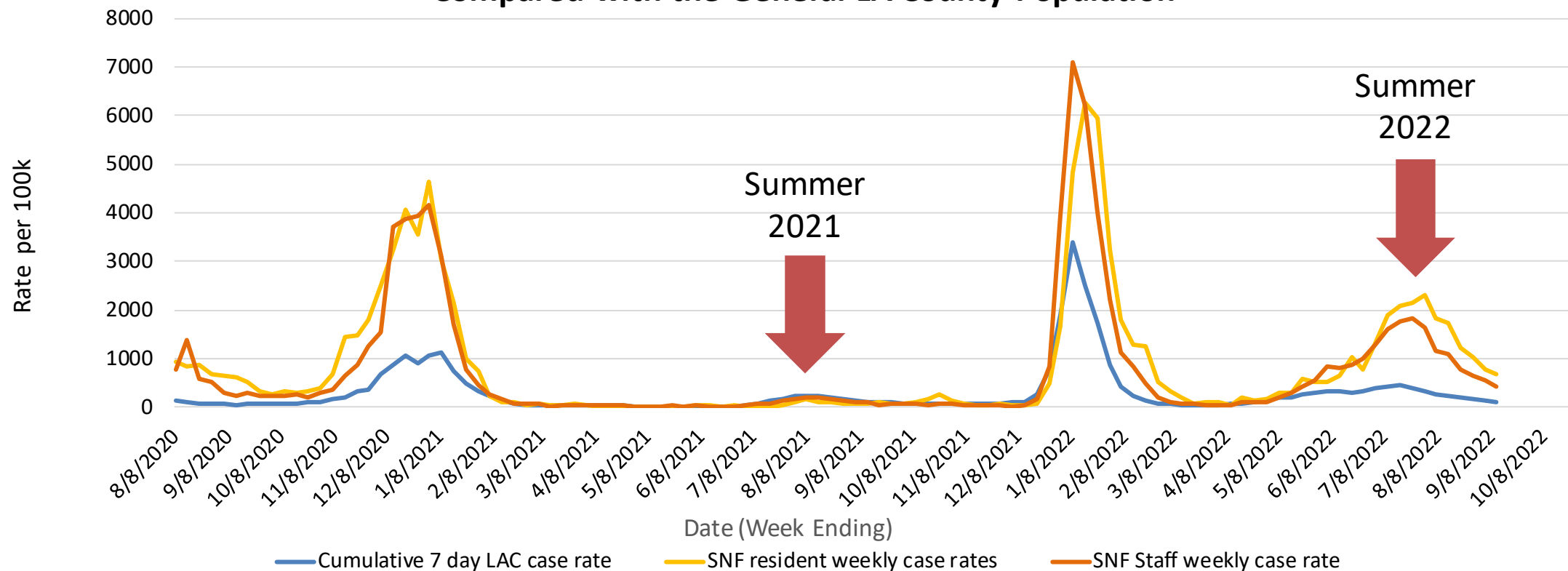
Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	108.62
New COVID-19 admissions per 100,000 population	6.5
% Staffed inpatient beds in use by patients with confirmed COVID-19	3.6%

Measures presence and spread of SARS-CoV-2



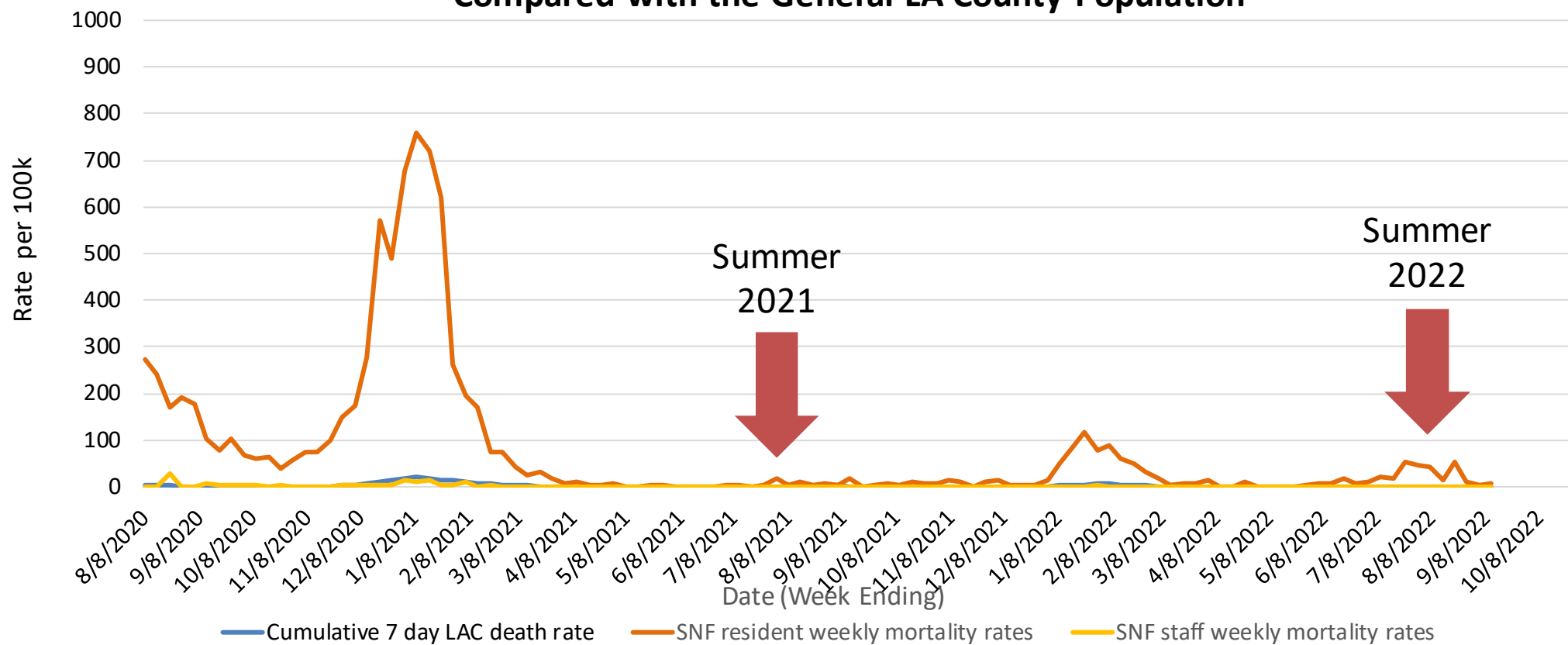
COVID-19 Case Rates Among SNF Residents and Staff Compared with the General LA County Population



^ Seven-day cumulative crude Los Angeles County (LAC) case rates are sourced from IRIS database case episode date, and data are reported from Aug 2, 2020 through Sep 11, 2022. Episode date is the earliest existing value of: Date of Onset, Date of Diagnosis, Date of Death, Date Received, Specimen Collection Date. The population rate is per 100,000 and sourced from LAC PEPS 2018 demography files.

* Weekly crude SNF case rates are sourced from the self-reported CDPH 123 weekly survey and data are reported from Aug 2, 2020 through Sep 11, 2022 for SNF residents and staff. Dates reflect the date the positive result was reported to the individual or facility. The population rate is per 100,000 and sourced from the reported weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the approx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so the SNF rates are overestimates. This analysis includes data reported by 323 SNFs on the CDPH 123 weekly survey.

COVID-19 Mortality Rates Among ty (SNF) Residents and Staff Compared with the General LA County Population

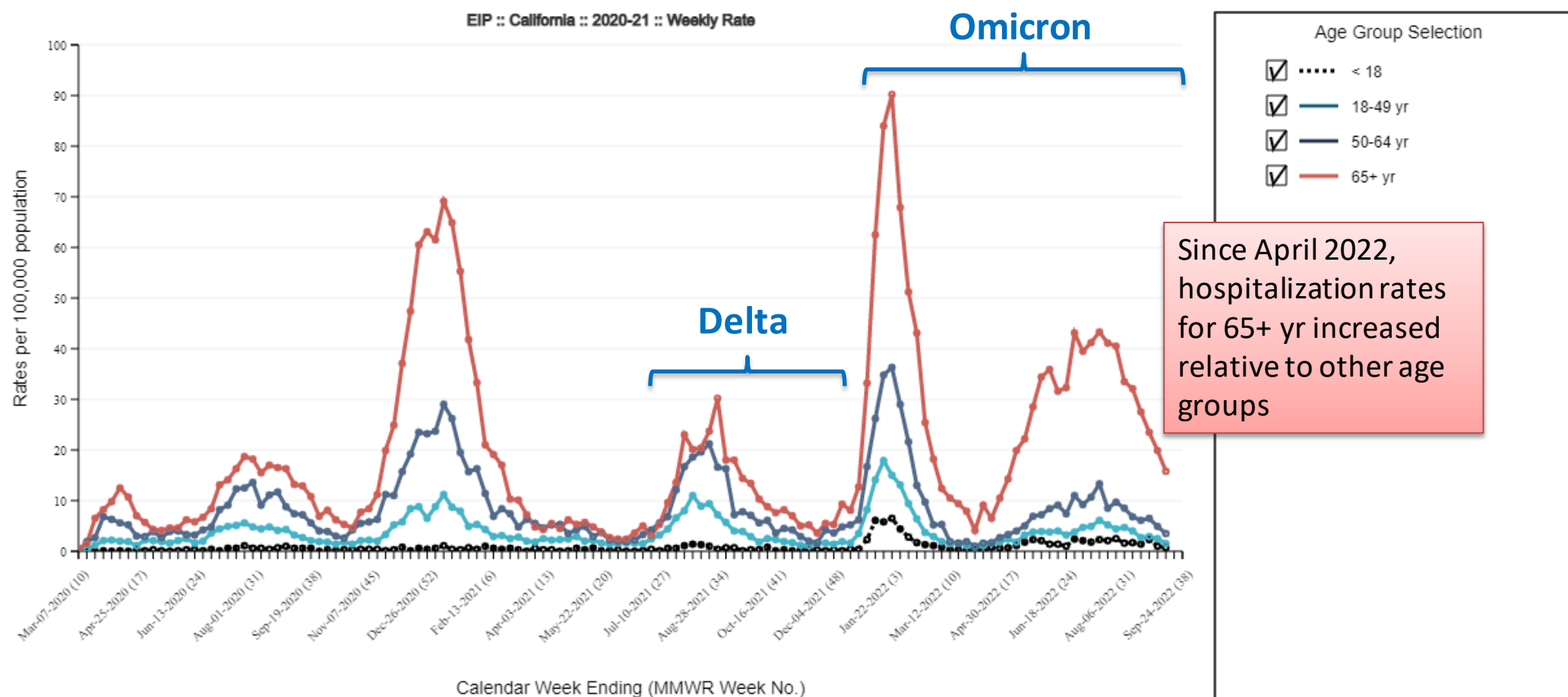


^ Seven-day cumulative crude Los Angeles County (LAC) death rates are sourced from IRIS database case date of death, and data are reported from Aug 2, 2020 through Sep 11, 2022. The population rate is per 100,000 and sourced from 2018 population estimates. Deaths are reported by date of death or date received if date of death is missing.

* Seven-day cumulative crude SNF mortality rates are sourced from the self-reported CDPH 123 daily & weekly survey and data are reported from Aug 2, 2020 through Sep 11, 2022. Dates reflect the date the death was reported to the individual or facility. The population rate is per 100,000 and sourced from weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the approx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so the SNF rates are overestimates. Deaths may be undercounted in the SNF daily survey data because the CDPH survey definition differs from the definition used by the LAC DPH death team to attribute deaths to COVID in IRIS. This analysis includes data reported by 340 SNFs on the CDPH 123 daily survey.

Laboratory-Confirmed COVID-19-Associated Hospitalizations

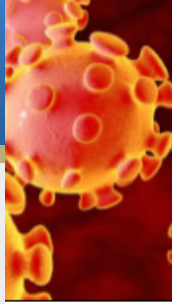
Preliminary weekly rates as of Sep 10, 2022





COVID-19 Vaccination Guidance





Coronavirus Disease 2019

Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities

This webpage is specifically intended for the medical community. ×
Click [here](#) to visit DPH's COVID-19 webpage for the general public.

On this page

Updated 9-22-22

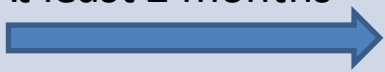
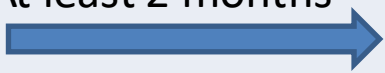
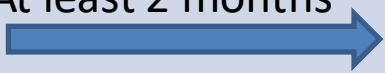
- [Summary of Recent Changes](#)
- [Introduction](#)
- [COVID-19 Vaccination Guidance](#)
- [Outpatient COVID-19 Treatment and Pre-exposure Prophylaxis](#)
- [Infection Prevention and Control Guidance](#)
- [COVID-19 Prevention - General and Administrative Practices](#)
- [Communal Dining, Group Activities, and Visitation](#)
- [COVID-19 Testing](#)
- [Cohorting](#)
- [Healthcare Personnel Monitoring and Return to Work](#)

Quick links

- [Best Practices for Improving Vaccination in SNFs](#) PDF
- [Protocol for Oral COVID-19 Antivirals Assessment and Prescription](#) PDF
- [Healthcare Worker Vaccination Requirement](#) PDF
- [Infection Prevention Guidance for Healthcare Personnel](#)
- [COVID-19 Case Reporting Protocol for SNFs \(flowchart\)](#) PDF
- [EPA List N: disinfectants active against COVID-19](#)
- [SNF Guidelines Tables and Figures:](#)
 - [Figure 1: PPE in Each Cohort](#)
 - [Figure 2: Testing Schematic Cohorting](#)

Fall Booster “Reset”: Updated (Bivalent) Booster Recommendations

- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible 12 years+
 - Same recommendation for immunocompromised individuals
 - 12-17yo: eligible for Pfizer bivalent booster
 - ≥18yo: eligible for Pfizer or Moderna bivalent booster
- If eligible, a bivalent booster dose should be administered regardless of total number of doses already received

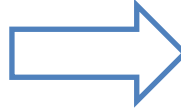
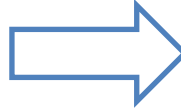
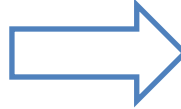
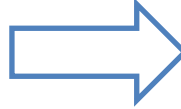
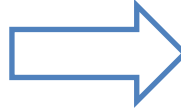
COVID-19 Vaccination History	Time since last dose	Next dose
Primary series*	At least 2 months 	1 updated (bivalent) booster dose
Primary series* + 1 original (monovalent) booster	At least 2 months 	1 updated (bivalent) booster dose
Primary series* + 2 original (monovalent) boosters	At least 2 months 	1 updated (bivalent) booster dose

*Primary series could be 1-3 doses depending on manufacturer type and immunocompromised status of the individual

Definition of Up to Date

- An individual is up to date with COVID-19 vaccines when they have **received all recommended doses in the primary series (i.e., are fully vaccinated) and any recommended booster dose(s)**.
- Individuals are up to date if (for both immunocompetent and immunocompromised individuals 12 years and older):
 1. Completed their primary series but are not yet eligible for a booster dose, OR
 2. Received primary series AND the updated (bivalent) booster dose at least 2 months after completion of the primary series or after the last monovalent booster dose
- ***“Fully Vaccinated” definition removed***

Examples: Who is Up to Date?

- Ms. A received 1st dose of Moderna 1/28/21 and declined further doses  NOT up to date
- Mr. B completed primary series 5/2021 and received 1st (monovalent) booster 11/2021, 2nd (monovalent) booster 7/1/2022  NOT up to date
- Ms. C completed primary series 8/15/2022  Up to date
- Mr. D completed primary series 2/2021 and declined further booster doses  NOT up to date
- Ms. E is a new admission and says they received “all their COVID vaccines” but there’s no medical record  NOT up to date



LAC DPH's COVID-19 Vaccine Trackers

Resident Last Name. (Enter name)	Resident First Name. (Enter name)	Unique Patient Identifier. (e.g. Medical record number or patient record number)	Vaccinated with Dose 1. (Enter verified date of vaccination 1)	Vaccinated with Dose 2. (Enter verified date of vaccination 2)	Is Primary COVID-19 Vaccination Series Complete? (Please enter YES/NO for red cells)	Declined Primary COVID-19 Vaccination Series, considered NOT Up to Date. (Enter date of declination)	Additional/Booster (Monovalent) Dose Vaccination Date? (Enter date)	Second Additional/Booster (Monovalent) Dose Vaccination Date? (Enter date)	Updated (Bivalent) Booster Dose Vaccination Date? (Enter date)	Medical Contraindication or Exemption Noted, considered NOT up to date. e.g. anaphylaxis (Enter date of contraindication)	Is "Up to Date" per CDC with all recommended COVID-19 vaccine doses (primary series, boosters, additional doses)? (Please enter YES/NO for red cells)
Ms. A		101	1/28/2021		NO	2/28/2021					NO
Mr. B		102	4/1/2021	5/10/2021	YES		11/2/2021	7/1/2022			NO
Ms. C		103	6/21/2022	8/15/2022	YES						YES
Mr. D		104	1/18/2021	2/25/2021	YES						NO
Ms. E		105			NO						NO

Direct links:

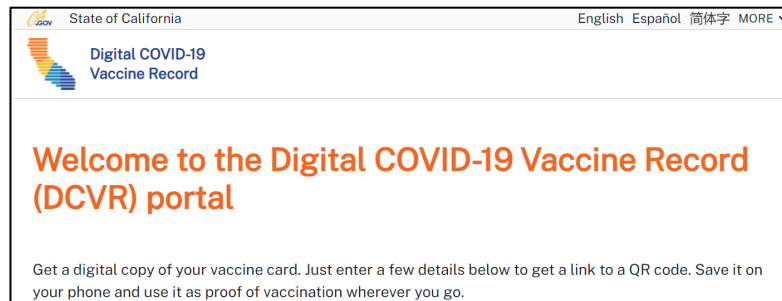
- Resident:
http://publichealth.lacounty.gov/acd/docs/Track-res-covidvax-template_LACDPH.xlsx
- Staff:
http://publichealth.lacounty.gov/acd/docs/Track-staff-covidvax-template_LACDPH.xlsx

Accessible from:

- [LAC DPH SNF COVID-19 Guidelines](#)
- [LAC DPH's TNT Program](#)

COVID-19 Vaccination Cumulative Summary for Long-Term Care Facility Residents TRACKING WORKSHEET	
Facility ID#:	
Vaccination type:	COVID-19
Date Last Modified:	9/23/2022
Cumulative Vaccination Coverage	
	All Residents (Total)
Only dose 1 of COVID-19 vaccine	1
2 doses of COVID-19 vaccine	3
Completed Primary COVID-19 vaccine series	3
Medical contraindication or exemption to COVID-19 vaccine, e.g. anaphylaxis. Does not include residents deferring due to acute medical illness	0
Offered but declined COVID-19 vaccine (NOTE: this DOES include residents deferring due to acute medical illness)	1
COVID 19 vaccination status could not be determined	0
Complete primary series vaccine who have received only one (monovalent) booster dose of COVID-19 vaccine since August 2021	1
Complete primary series vaccine who have received two or more (monovalent) booster doses of COVID-19 vaccine since March 29, 2022	1
Complete primary series vaccine who have received updated (bivalent) booster	0
Cumulative number of residents with complete primary series vaccine who are up-to-date with COVID-19 vaccines	1

Vaccination Status Look Up



<https://myvaccinerecord.cdph.ca.gov/>

- Individuals must have acceptable proof of vaccination, otherwise considered unvaccinated and not up to date
- Ways to find vaccination status:
 - Digital record with QR code
 - CAIR2 look up

COVID-19

Los Angeles County Department of Public Health

CAIR2 Access to Look Up Staff/Resident Vaccination Status

Per the [Health Officer Order](#), SNFs are required to keep a record of COVID vaccination status of residents and staff. If a resident does not know their vaccination status, you can look them up in CAIR2. If a staff member does not know their vaccination status, they are treated as unvaccinated, or they can give you permission to look up their status in CAIR2. Please follow the directions below to create a user account that allows you to look up any residents and staff with permission.

*Most SNF accounts in CAIR2 are non-clinical and have Read-only/QA access and need to request user accounts. Some facilities are Clinical accounts with users who regularly log in and do not need to create new users per the directions below.

Instructions to request Read-only/QA user accounts:

Log In

1. Have the supervisor of the site go to the "CAIR2 Account Update"
website: <http://accountupdate.CAIR2web.org/>
2. Login to Account Update using the site's CAIR2 Org Code (this is your CAIR2 or IIS ID) and Zip Code

Direct link: <http://publichealth.lacounty.gov/acd/ncorona2019/docs/CAIR2SNFs.pdf>

Accessible from: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#vaccination>

Health Officer Order updated Sep 22, 2022 clarifies facilities must offer all recommended booster doses to SNF residents and staff

13. Offer, Track and Report COVID-19 Immunizations, as Directed by LAC DPH

- a. The Facility must offer COVID-19 immunization, including all recommended additional and booster doses, as the vaccine is made available to the facility to all residents and Facility staff including directly employed staff and staff not directly employed by the Facility, paid and non-paid, who regularly enter Facility premises one time per week (7 days) or more.
- i. For residents who have been discharged or transferred to another facility by the time the second dose is due, the Facility that administered the first dose should ensure follow-up to offer the second dose.
 - ii. For staff who no longer regularly work at or visit the Facility that administered the first dose by the time the second dose is due, the same Facility should ensure follow-up to offer the second dose if requested.

Residents should always be offered recommended booster doses (**evidence-based clinical care**) regardless of HCP/staff mandates.

Staff should always be offered recommended booster doses as an **occupational health** best practice.

CMS QSO-21-19-NH released May 11, 2021

Interim Final Rule – COVID-19 Vaccine Immunization Requirements for Residents and Staff

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



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

Ref: QSO-21-19-NH

DATE: May 11, 2021

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff

Memorandum Summary

- CMS is committed to continually taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On May 11, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Vaccine Immunization Requirements for Residents and Staff**. This includes new requirements for educating residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine. Furthermore, LTC facilities must report COVID-19 vaccine and therapeutics treatment information to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).

<https://www.cms.gov/files/document/qso-21-19-nh.pdf>

“Indications and contraindications for COVID-19 vaccination are evolving and facilities should be alert to **any new or revised guidelines** issued by the CDC, FDA, vaccine manufacturers, or other expert stakeholders.”


“...maintain **documentation** that each staff member was **educated**...can be demonstrated by providing a roster of staff that received education (e.g., a sign-in sheet), the date of the education, and samples of the **educational materials** that were used to educate staff.”

“**Documentation** should include the date the **education** and offering took place, and the name of the representative...Facilities should also provide samples of the **educational materials** that were used to educate residents.”




CDPH and LAC DPH's Health Officer Orders: Health Care Worker Vaccine Requirement

- Health care workers, including SNF staff, continue to be required to be fully vaccinated and boosted, but the booster type is not specified.
 - No requirement to receive the updated (bivalent) booster and thus no requirement to stay up to date
- However, **staff up to date statuses do impact other COVID-19 guidelines** (routine screening testing and cohorting decisions)



State of California—Health and Human Services Agency
California Department of Public Health



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

GAVIN NEWSOM
Governor

September 13, 2022

TO: All Californians

SUBJECT: Health Care Worker Vaccine Requirement

Related Materials: Health Care Worker Vaccine Requirement Q&A

Updates as of September 13, 2022:


- Rescinds testing requirement (except as specifically noted to comply with federal requirements) for workers exempt due to medical reasons or religious beliefs.
- Facilities should maintain testing capacity at their worksite, and have the ability to ramp up testing at their worksite, in the event of outbreaks or if it is required again at a future date.
- Updates timing of required booster doses consistent with current CDC recommendations.

State Public Health Officer Order of September 13, 2022

Since the start of the pandemic, the California Department of Public Health (CDPH) has led with science and data to better understand this disease. California has seen a dramatic increase in the percentage of Californians that are fully vaccinated and boosted. At present, 80% of Californians 12 years

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER**



HEALTH CARE WORKER VACCINATION REQUIREMENT
MANDATING EMPLOYERS OF HEALTH CARE AND HOME CARE WORKERS WHO WORK IN OR ROUTINELY VISIT HIGH-RISK OR RESIDENTIAL CARE SETTINGS TO DOCUMENT THEIR FULLY VACCINATED AND BOOSTER DOSE VACCINATION STATUS

Issue Date: Friday, September 16, 2022
Effective as of Saturday, September 17, 2022

Recent Updates (Revisions are highlighted in yellow):

9/16/2022:
Updated to align with the recent change to the [State Health Officer's Health Care Worker Vaccine Requirement Order](#), which:

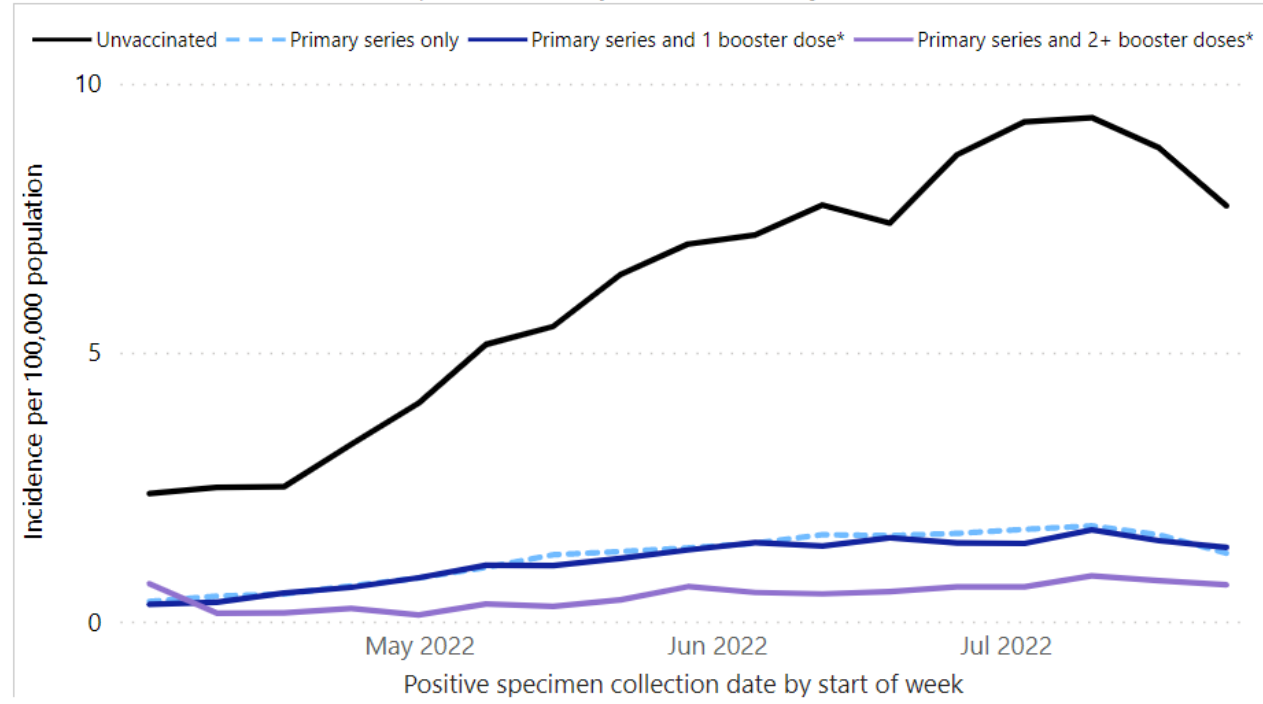
- Rescinds the testing requirement (except as specifically noted to comply with federal requirements) for workers exempt due to medical reasons or religious beliefs.
- Notes that facilities should maintain testing capacity at their worksite and have the ability to ramp up testing at their worksite in the event of outbreaks or if it is required again at a future date.
- Updates timing of required booster doses consistent with current Centers for Disease Control and Prevention (CDC) recommendations.

http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_HealthCareWorkerVaccination.pdf



Rates of COVID-19 Deaths by Vaccination Status and 2+ Booster Doses* in Ages 50+ Years

April 03, 2022–July 30, 2022 (27 U.S. jurisdictions)



In July 2022, among people ages 50 years and older, unvaccinated people had:

12X

Risk of Dying from COVID-19

compared to people vaccinated with a primary series and two or more booster doses.*

Among people ages 50 years and older, vaccinated people with a primary series and one booster dose had:

2X

Risk of Dying from COVID-19

compared to people vaccinated with a primary series and two or more booster doses.*

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit



LA County COVID-19 Outcomes by Vaccination Status:
http://dashboard.publichealth.lacounty.gov/outcomes_by_vaccination_status/



Updated (Bivalent) COVID-19 Booster



Updated Bivalent Booster Plan for Los Angeles County SNFs

- Public Health is directing all SNFs in Los Angeles County to **immediately start offering** the updated bivalent booster to all eligible residents and staff.
- All SNFs in LA County must have had **at least 1 (preferably multiple) vaccine clinic** administering the updated bivalent booster to eligible individuals by **October 7, 2022**.
 1. Assess all residents and staff for their eligibility and interest to receive the updated bivalent booster.
 2. Obtain consent.
 - Verbal consent is accepted. Document verbal consent in chart (residents).
 - Consider advance “opt-out” consent for future booster doses to relieve administrative burden.
 3. Reach out to your long-term care (LTC) pharmacy to schedule for delivery of doses.
 - Expect a call from Public Health offering mobile vaccine assistance.
 - SNFs may use BOTH their LTC pharmacy and Public Health’s mobile vaccine team.
 4. Provide past/future booster clinic dates to Public Health callers.



COVID-19 Vaccine/Booster Resources for LA County SNFs



1) Continue to FIRST utilize LTC pharmacy

- *EVEN when your Public Health Nurse/Outbreak Investigator has referred your facility to Public Health's MVT (mobile vaccine team)*
- *Ok to hold clinics with both MVT and with supply from your LTC pharmacy. One does not preclude the other!*

2) If there are any issues with accessing vaccine from your LTC pharmacy (e.g., type is not available, unable to meet minimum dose requirement), then either:

- Fill out a referral form here (ONLY for SNFs):
<https://forms.office.com/g/TsThXceFX2>; OR
- Contact our SNF team at Public Health:
COVID-LTC-Test@ph.lacounty.gov



Outpatient COVID-19 Treatment and Pre-exposure Prophylaxis



LAC DPH Health Officer Order for SNFs Requiring Assessment for Outpatient COVID-19 Treatment, effective July 25, 2022

9. Assess All Residents Testing Positive for SARS-CoV-2 for Outpatient COVID-19 Treatment

a. Prescribing providers or the medical director at the Facility must immediately assess all residents testing positive for SARS-CoV-2 for available and recommended outpatient COVID-19 treatment(s)* and, if clinically appropriate, offer these treatments to eligible residents and/or their medical decision makers for the resident testing positive. Prescribing providers include physicians, advanced practice registered nurses, and physician assistants. Residents should be assessed, and treatments provided at the facility if possible. Residents should only be referred to hospitals if indicated due to their clinical acuity and should not be referred to hospitals solely for treatment of COVID-19.

* Outpatient COVID-19 treatments include but are not limited to PAXLOVID (nirmatrelvir/ritonavir), Lagevrio (molnupiravir), and monoclonal antibodies. Please see LAC DPH's "COVID-19 Monoclonal & Antiviral Therapy for Non-Hospitalized Patients" for more information: <http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/>.

b. The Facility must maintain documentation showing all residents testing positive for SARS-CoV-2 were assessed for outpatient COVID-19 treatment from their prescribing providers or the medical director during the resident's stay at the facility; at minimum, this should include date(s) of the initial assessment and the outcomes of the assessment, i.e., whether or not the resident is eligible and whether or not the resident and/or their medical decision maker accepted the treatment. The facility must provide information on COVID-19 outpatient treatment assessments for residents to LAC DPH, if requested.

Updated Health Officer Order Requiring Assessment of All Residents Testing Positive for SARS-CoV-2 for Outpatient COVID-19 Treatment Eligibility

Prescribing provider or medical director must immediately ***assess*** all residents testing positive for SARS-CoV-2 for available and recommended outpatient COVID-19 treatments.

Document!



If clinically appropriate, ***offer*** the treatment(s) to eligible residents and/or their medical decision makers.

Document!



Residents should be ***treated at the SNF*** and should not be transferred to the hospital solely for outpatient treatment that can be delivered at the facility.

Document!

Outpatient COVID-19 treatments include but are NOT limited to the oral antivirals Paxlovid and molnupiravir.



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

September 12, 2022

AFL 22-20

TO: Skilled Nursing Facilities

SUBJECT: Coronavirus Disease 2019 (COVID-19) Treatment Resources for Skilled Nursing Facilities (SNFs)

All Facilities Letter (AFL) Summary

- This AFL provides guidance recommending that all SNF residents with symptomatic COVID-19 be evaluated by a prescribing clinician to be considered for COVID-19 therapeutics.
- In addition, SNFs should evaluate all residents for any oral COVID-19 therapeutics drug-drug interaction risk, renal and hepatic impairment in advance of a COVID-19 diagnosis and indicate such information in charts to facilitate access to appropriate therapeutics when a COVID-19 diagnosis is made.
- This AFL also provides information regarding available guidance and resources for evaluating, prescribing, and obtaining COVID-19 therapeutics for SNF residents.
- This AFL encourages SNFs to provide information for healthcare personnel (HCP) who test positive for COVID-19 to obtain treatment with appropriate therapeutics.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-20.aspx>

SKILLED NURSING FACILITY PROTOCOL FOR ORAL COVID-19 ANTIVIRALS ASSESSMENT AND PRESCRIPTION



Introduction

Oral COVID-19 antivirals, e.g., Paxlovid (ritonavir-boosted nirmatrelvir) and Lagevrio (molnupiravir), are highly effective in preventing severe outcomes, including hospitalizations and death, among individuals infected with COVID-19. Because they need to be started within five (5) days of symptom onset, it is crucial to initiate the process of assessing residents with confirmed COVID-19 as soon as they test positive.

BEFORE initiating this protocol/checklist, complete the following to ensure your facility is prepared to provide oral COVID-19 antivirals in a safe and timely manner:

- Review this protocol/checklist carefully and in full.
- Provide information on outpatient COVID-19 treatments to residents, medical decision makers, families, and caregivers before they are needed. Consider posting flyers around the facility, sending out flyers, and handing out flyers. See "Resources for Residents/Caregivers on Oral COVID-19 Antivirals" at the end of this document.
- Prescribing providers* should contact medical decision-makers ahead of time and discuss outpatient COVID-19 treatment (specifically the oral antivirals Paxlovid and molnupiravir). Providers should obtain written advanced consent for treatment whenever possible to expedite the process and ensure this high-risk patient population can start treatment in time.

* Includes physicians, advanced practice registered nurses (e.g., nurse practitioners), and physician assistants.

When to initiate this protocol/checklist:

- When there is no outbreak, facilities should initiate this protocol **within 24 hours** of 1) any resident testing positive for SARS-CoV-2 by laboratory-based PCR or point of care antigen in a symptomatic individual AND 2) any new COVID-19 admission/re-admission.
- During a COVID-19 outbreak, all residents testing positive for SARS-CoV-2 should be assessed **daily** following this protocol, including asymptomatic residents who are not initially eligible.

STEP 1: CONTACT PRESCRIBING PROVIDER* AND/OR MEDICAL DIRECTOR IMMEDIATELY

* Includes physicians, advanced practice registered nurses (e.g., nurse practitioners), and physician assistants.

- Facility licensed staff must contact the prescribing provider and/or medical director for **ALL** residents testing positive for SARS-CoV-2 (by laboratory-based PCR or point of care antigen in a symptomatic individual) to evaluate their resident(s) for an oral COVID-19 antiviral medication **within 24 hours** of testing positive.

STEP 2: FOLLOW UP WITH PRESCRIBING PROVIDER/MEDICAL DIRECTOR

If the prescribing providers and/or medical director has not responded within **6 hours** of reaching out, then please immediately utilize one of the backup options at the end of the checklist under "Backup Prescriber Consultation".

STEP 3: OBTAIN CONSENT

- The prescribing providers and/or medical director discuss clinically indicated oral COVID-19 anti-viral treatment with residents and/or their medical decision-makers to obtain consent for treatment. Whenever possible, obtain written consent in advance to expedite the process and ensure treatment can start in time.
- Provide residents and/or their medical decision makers with information on the appropriate oral COVID-19 antivirals to aid with obtaining consent for treatment. At a minimum, the FDA's Fact Sheet for Patients and Caregivers on the appropriate antiviral medication should be provided. Please see "Resources for Residents/Caregivers on Oral COVID-19 Antivirals" at the end of this document.

STEP 4: CONFIRM MEDICATION DELIVERY

If the prescribed COVID-19 oral antivirals are not delivered within **8 hours** of the prescription being submitted, please immediately follow up with the Long-Term Care Pharmacy (LTCP) contact.

The facility should be ready to provide the following to the LTCP upon request for residents with an oral antiviral prescription:

- Most recent reports of laboratory blood work (including kidney function and liver function) within the past 1 month. If there are no laboratory blood work within the past 1 month, immediately contact the provider/medical director for a STAT order for kidney function and liver function blood tests.
- List of all medications, including PRN (as needed) medications, herbal supplements, and "over-the-counter" medications.
- List of all known medication allergies.

STEP 5: ADMINISTER MEDICATION

- The facility should administer the oral COVID-19 antivirals **immediately** and no later than four (4) hours of medication receipt from their LTCP.

STEP 6: DOCUMENT

Regardless of the prescribing provider, facility licensed staff must ensure documentation for each resident who tested positive for SARS-CoV-2 includes:

LAC DPH SNF Protocol for Oral COVID-19 Antivirals Assessment and Prescription

Backup Prescriber Consultation

If there are residents who tested positive for SARS-CoV-2 whose prescribing provider AND medical director have not responded in a timely manner regarding oral COVID-19 antivirals (e.g., no response **within 6 hours**), then the facility should reach out to the following backup options in the following order:

- A. LTCP ASSISTED (preferred)
 1. Facility licensed staff contacts the facility's preferred LTCP pharmacist for each positive resident whose prescribing provider AND medical director have not responded, provides all required records listed below, and requests assessment for possible antiviral prescription.
 2. If **2 hours** have passed without a response for each resident, facility licensed staff should advance to Option B for assistance.
- B. LACDPH TELEHEALTH ASSISTED (ONLY for residents with decision-making capacity who are able to speak to a provider over the phone)
 1. Facility licensed staff contacts the LA County Department of Public Health (LACDPH) Telehealth service at 833-540-0473 (open 8:00 AM – 8:30 PM daily) for each resident whose prescribing provider AND medical director AND LTCP pharmacist have not responded, provides all required records listed below, and requests assessment for possible antiviral prescription.
 2. The Telehealth triage nurse either connects the facility licensed staff to a LACDPH telehealth provider or schedules a call-back appointment. The LACDPH telehealth provider will evaluate the resident over the phone and send an electronic prescription to the preferred LTC pharmacy if appropriate.



PRIOR to calling either of the above backup prescribing providers, facility licensed staff gathers the following records for each remaining resident with a positive SARS-CoV-2 test:

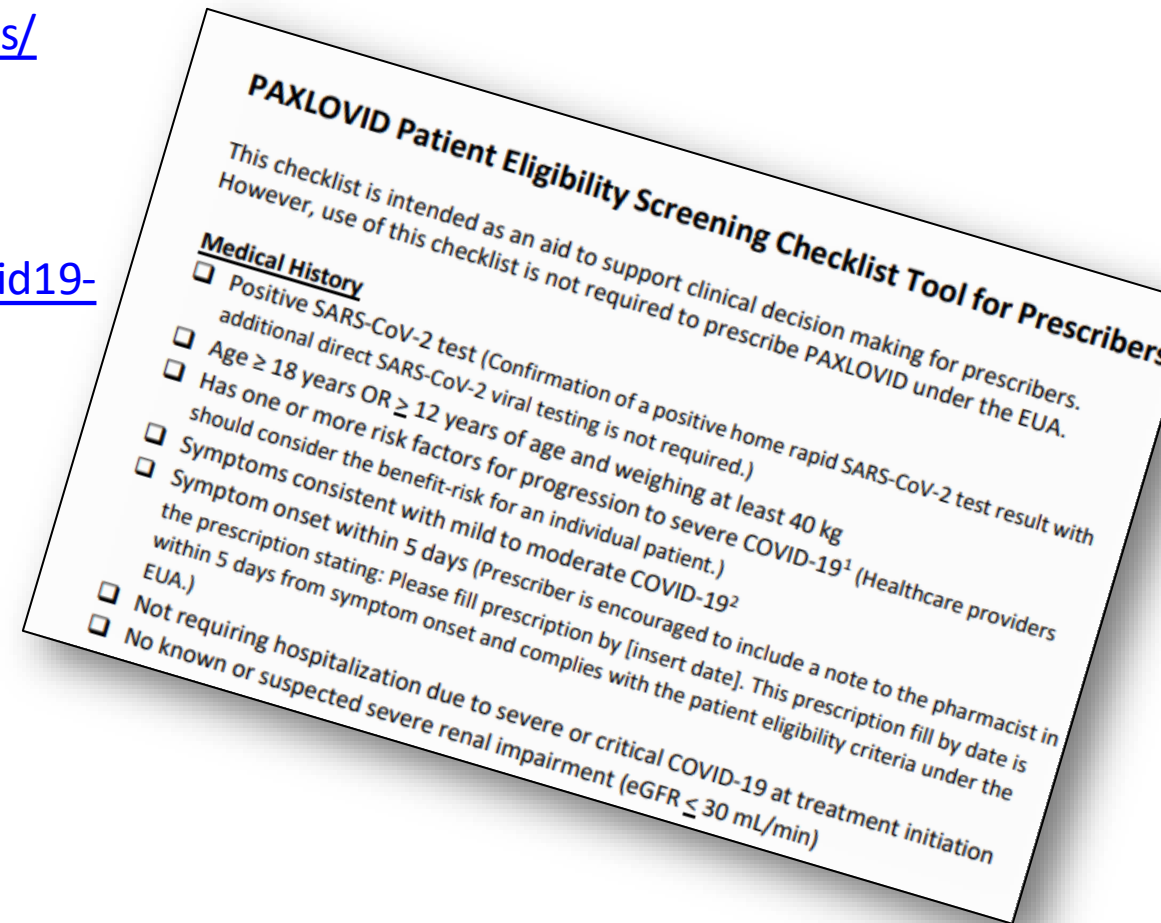
Prepare, prepare, prepare!

1. Provide information on outpatient COVID-19 treatments to residents, medical decision makers, families, and caregivers **before they are needed.**
 - Post flyers around the facility, send/hand out flyers: [Medicine to Treat and Prevent COVID-19](#), [COVID-19 Medications Flyers](#).
2. **In advance** of COVID-19 diagnoses and/or COVID-19 outbreaks, providers should evaluate all residents for any oral COVID-19 treatment drug-drug interaction risk, renal and hepatic impairment and indicate such information in resident charts.
3. Prescribing providers should contact medical decision-makers ahead of time to discuss and obtain written advanced consent for treatment.



Resources on Oral COVID-19 Antiviral for Healthcare Providers and Medical Directors

- LACDPH COVID-19 Outpatient Therapeutics:
<http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/>
- IDSA COVID-19 Outpatient Treatment Guidelines:
<https://www.idsociety.org/covid-19-real-time-learning-network/covid-19-outpatient-treatment--guidelines-roadmap/>
- Liverpool COVID-19 Drug Interactions website: <https://www.covid19-druginteractions.org/>
- Paxlovid (ritonavir-boosted nirmatrelvir)
 - FDA's Fact sheet for health providers:
<https://www.fda.gov/media/155050/download>
 - FDA's PAXLOVID Checklist Tool for Prescribers: 
<https://www.fda.gov/media/158165/download>
- Lagevrio (molnupiravir):
 - FDA's Fact sheet for health providers:
<https://www.fda.gov/media/155054/download>
 - FDA's Molnupiravir Checklist Tool for Prescribers: 
<https://www.fda.gov/media/155118/download>



LAC DPH Outpatient COVID-19 Treatment (Therapeutics) Webpage

The screenshot shows the LAC DPH Outpatient COVID-19 Treatment (Therapeutics) Webpage. At the top, there is a navigation bar with a search bar, social media icons, and the text "Acute Communicable Disease Control". Below this is a red navigation menu with options: Vaccine, Testing, Reporting, Health Facilities, Isolation/Quarantine, and LAHAN Alerts. The main content area features a large image of a doctor's hands holding a pill, with a 3D model of a COVID-19 virus particle overlaid. The text reads "COVID-19 Monoclonal & Antiviral Therapy for Non-Hospitalized Patients". A light blue notification box states: "This webpage is specifically intended for the medical community. Click here to visit DPH's COVID-19 Medications webpage for the general public." Below the notification, there are two columns of content. The left column is titled "Introduction" and contains the text: "See the NIH COVID-19 Treatment Guidelines for comprehensive information and the CDC Health Advisory (12-31-21): Using Therapeutics to Prevent and Treat COVID-19". The right column is titled "Contents" and lists three items: "Who should receive outpatient therapy?", "How to prioritize patients for treatment if not enough medication is available for all ill persons", and "Currently available treatments". On the left side of the page, there is a "Healthcare Provider Hub" sidebar with a list of menu items: Vaccine, Therapeutics, Isolation/Quarantine, Testing, Reporting, Health Facilities, PPE & Infection Prevention, and Multisystem Inflammatory Syndrome.

<http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/>



Transmission Based Precautions and PPE



Rev 08/25/2022

Personal Protective Equipment



Green Cohort (Non-COVID Area)

Medical-grade masks or higher (N95 respirator*) should be worn for duration of shift.

**N95 strongly encouraged for staff not up to date with all COVID vaccine doses.*

Yellow Cohort (Mixed)^

N95 respirators should be worn in all resident care areas and changed when contaminated.

Do not re-use.

Red Cohort (Isolation)^

Use eye protection in all resident care areas.

Not required for COVID-19 precautions.

Don/doff gowns for each resident encounter. Doff prior to re-entering common areas (hallways).

No re-use or extended use.

^ Please see <https://tinyurl.com/LACDPH-TBpsigns>



for standardized signage to use in your facility.

Gowns

- Clean = common areas, hallways, nursing stations, etc.
 - Contaminated/infectious = resident rooms, other resident care areas (shower rooms, rehab gyms)
 - Don PPE **prior to entering** contaminated area (resident room/shower room)
 - Doff PPE **prior to exiting** contaminated area and re-entering clean area (hallway)
- *Gown, gloves, hand hygiene



Extended use (over multiple residents) and re-use (over multiple days) are not allowed



General and Administrative Practices:

Entry Screening



Entry Screening: Healthcare Personnel (HCP) vs Visitors

	HCP/Staff	Visitors (essential & general)*
Screen for	<ol style="list-style-type: none"> 1) Recent diagnosis of COVID-19 2) Symptoms of COVID-19 infection 3) Close contact exposure (visitors) OR higher-risk exposure (staff) 	
Restrict from work/entry for exposure (Quarantine)	<ul style="list-style-type: none"> • Asymptomatic close contacts: Depends on staffing situation (routine vs critical staffing shortage) and vaccination status of HCP – see Table 1 • Symptomatic: Isolate pending clinical evaluation and testing results 	Same criteria as for residents**
Restrict from work/entry for confirmed infection (Isolation)	Depends on level of illness (asymptomatic vs mild vs severe-critical illness), staffing situation (routine vs critical staffing shortage) vs vaccination status of HCP – see Table 2	Same criteria as for residents**
Location of guidance	LAC DPH COVID-19 Infection Prevention Guidance for Healthcare Personnel	LAC DPH Guidelines for Prevention & Managing COVID-19 in SNFs (General and Administrative Practices , Table 1. Visitation Infection Prevention & Control Requirements)

*Exception to entry screening: EMS workers, including ambulance transport personnel

**This is purposefully more protective than the guidance for the general public given the high-risk nature of these settings.

How to conduct entry screening

- In-person

OR

- Electronic monitoring system

- Temperature taking is not required but allowed.

- *Regardless, facilities must ensure there is a process in place that prohibits those who screen positive from entering until further follow up*





Communal Dining, Group Activities, and Visitation



Communal Dining and Group Activities

- Simplified
- Permitted for all residents not in quarantine or isolation – aka **everyone in Green Cohort**
 - Regardless of vaccination status
 - Regardless of facility's outbreak status*
 - Indoors and outdoors
- Must follow all infection prevention and control measures

**No blanket restriction, but Public Health may be more protective on case-by-case basis. Facilities should have documented communication directing to suspend communal dining/group activities including anticipated date to resume.*



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CDPH and LACDPH Health Officer Orders: Rescinded Visitor Vaccination/Negative Test Verification Requirement



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

September 15, 2022

TO: All Californians

SUBJECT: Requirements for Visitors in Acute Health Care and Long-Term Care Settings

Note: This guidance is no longer in effect and is for historical purposes only.

Related Materials: [Requirements for Visitors to Healthcare Settings Flyer](#) | [Requirements for Visitors in Acute Health Care and Long-Term Care Settings Q&A](#)

State Public Health Officer Order of September 15, 2022



GAVIN NEWSOM
Governor

State of California—Health and Human Services Agency
California Department of Public Health

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER



COUNTY OF LOS ANGELES
Public Health

ORDER OF THE HEALTH OFFICER FOR CONTROL OF COVID-19 Prevention of COVID-19 Transmission in Skilled Nursing Facilities

Revised Order Issued: **September 22, 2022**

Effective as of 12:01am on **Friday, September 23, 2022**

This Order supersedes the **July 25, 2022** Prevention of COVID-19 Transmission in Licensed Congregate Health Facilities Order, as it relates to Skilled Nursing Facilities.

This Order is in effect until rescinded by the Health Officer.

Recent Updates (Changes highlighted in yellow):

9/22/2022:

- Facilities are no longer required to verify vaccination status and/or negative test results for general visitors seeking indoor visitation. Please see "[Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities](#)" for full guidance on conducting visitation safely.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>

http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_SkilledNursingFacilities.pdf

Table 1. Infection Prevention & Control Requirements for All Visitation (General and Essential)



	Green Cohort	Yellow & Red Cohorts
Entry Screening	<ul style="list-style-type: none"> • Entry screening (recent positive viral test for SARS-CoV-2, COVID symptoms, close contact ≤14 days) is required for all visitors. • General visitors entering the facility for indoor visitation must be screened for vaccination status. 	<ul style="list-style-type: none"> • Entry screening (recent positive viral test for SARS-CoV-2, COVID symptoms, close contact ≤14 days) is required for all visitors. • General visitors entering the facility for indoor visitation must be screened for vaccination status. • Facility must counsel general visitors on their exposure risk due to visiting residents with suspected COVID-19 infection (Yellow Cohort) or confirmed COVID-19 infection (Red Cohort) for both indoor and outdoor visits.
Vaccination/Negative Test Verification	<p>Facilities may consider checking for proof of one of the following for general visitors seeking indoor visitation: 1) up to date status with all COVID-19 vaccine and booster doses; OR 2) negative SARS-CoV-2 test within 2 days if lab-based PCR or within 1 day if point-of-care antigen; OR 3) recovered from COVID-19 ≤ 90 days. This is up to the individual facility's internal policy as a part of their COVID-19 mitigation plans and should ensure that resident rights, as protected under federal regulation Title 42 CFR section 483.10(f)(4)(v), are not significantly impacted. Vaccination status and negative viral test verification should not be requested for essential visitors or outdoor visits.</p>	

Visitation

- Entry screening ≠ Vaccination/Negative Test Verification
 - Entry screening required
 - Vaccination/negative test verification NOT required


CDPH Public Health Officer Order




Testing



CDPH and LACDPH Health Officer Orders: Rescinded Testing of Workers Exempt from Vaccine/Booster Requirement, but...



State of California—Health and Human Services Agency
California Department of Public Health



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

September 13, 2022

TO: All Californians

SUBJECT: Health Care Worker Vaccine Requirement

Related Materials: [Health Care Worker Vaccine Requirement Q&A](#)


Updates as of September 13, 2022:

- Rescinds testing requirement (except as specifically noted to comply with federal requirements) for workers exempt due to medical reasons or religious beliefs.
- Facilities should maintain testing capacity at their worksite, and have the ability to ramp up testing at their worksite, in the event of outbreaks or if it is required again at a future date.
- Updates timing of required booster doses consistent with current CDC recommendations.

State Public Health Officer Order of September 13, 2022

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER



HEALTH CARE WORKER VACCINATION REQUIREMENT
MANDATING EMPLOYERS OF HEALTH CARE AND HOME CARE WORKERS WHO WORK IN OR ROUTINELY VISIT HIGH-RISK OR RESIDENTIAL CARE SETTINGS TO DOCUMENT THEIR FULLY VACCINATED AND BOOSTER DOSE VACCINATION STATUS

Issue Date: Friday, September 16, 2022
Effective as of Saturday, September 17, 2022

Recent Updates (Revisions are highlighted in yellow):

9/16/2022:
Updated to align with the recent change to the [State Health Officer's Health Care Worker Vaccine Requirement Order](#), which:

- Rescinds the testing requirement (except as specifically noted to comply with federal requirements) for workers exempt due to medical reasons or religious beliefs.
- Notes that facilities should maintain testing capacity at their worksite and have the ability to ramp up testing at their worksite in the event of outbreaks or if it is required again at a future date.
- Updates timing of required booster doses consistent with current Centers for Disease Control and Prevention (CDC) recommendations.

http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_HealthCareWorkerVaccination.pdf

There is still a requirement for health care workers to be fully vaccinated and boosted (1 booster, type unspecified).



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements**

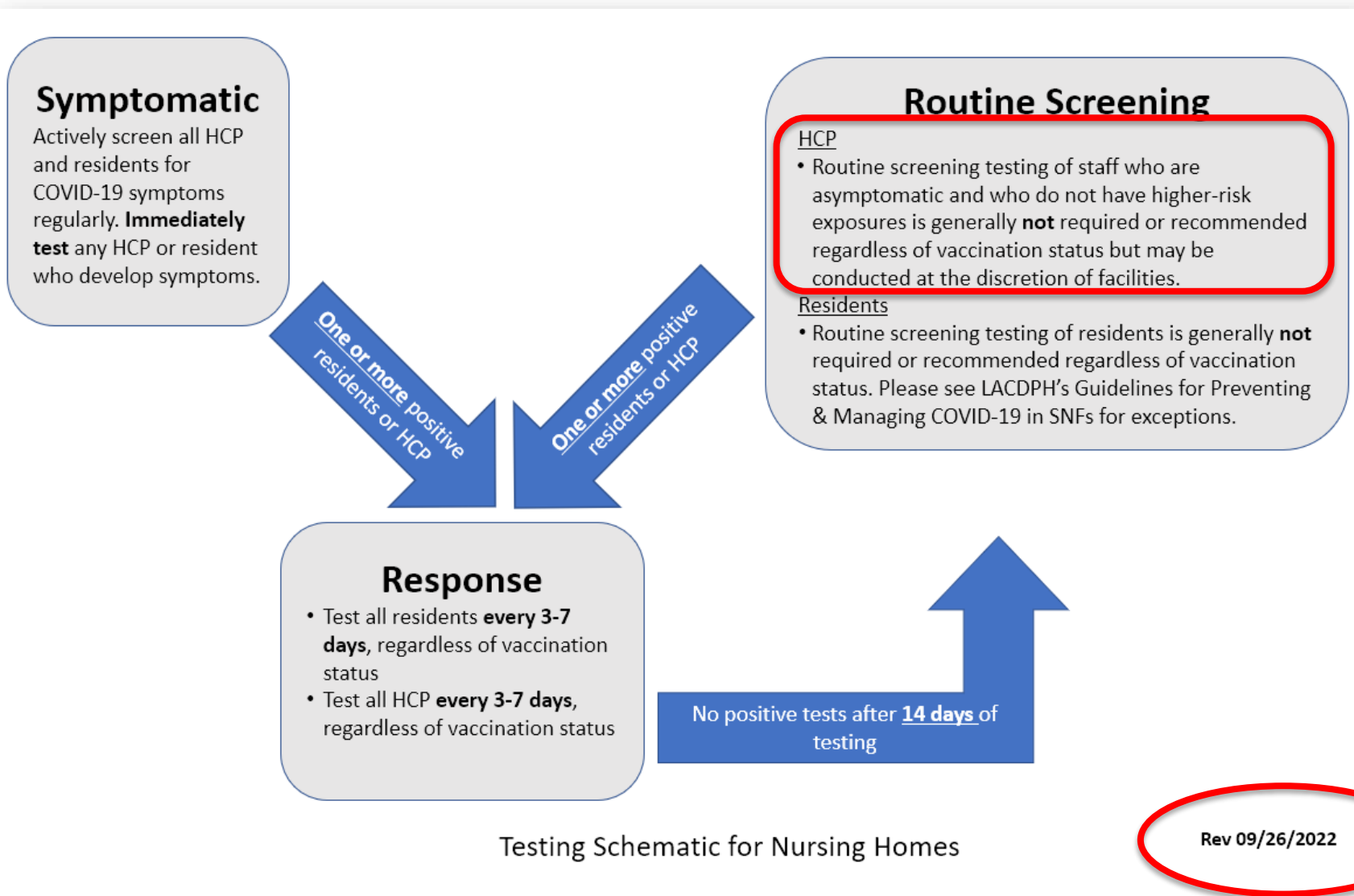
Ref: QSO-20-38-NH
REVISED 09/23/2022 ←

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents**. Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.
- *Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.* ←

<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

Routine screening testing



Routine Screening Testing: Still required for SNF staff who are not up to date per CMS

Facilities should use their community transmission level as the trigger for staff testing frequency. **Reports of COVID-19 level of community transmission are available on the CDC COVID-19 Integrated County View site:** <https://covid.cdc.gov/covid-data-tracker/#county-view>. Please see the COVID-19 Testing section on the CMS COVID-19 Nursing Home Data webpage: <https://data.cms.gov/covid-19/covid-19-nursing-home-data> for information on how to obtain current and historic levels of community transmission on the CDC website.

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

As of 9/2/22, CDC changed the “up to date” definition to include 1 dose of the updated (bivalent) or “Fall 2022 Booster” ≥ 2 months after

- Completion of the primary series OR
- Last monovalent booster dose

Regardless of immunocompromised status for 12yo +.



Cohorting



Green Cohort

- Recovered COVID (completed isolation)
- Completed quarantine
- Asymptomatic
- **Frequently leaves facility**
- Left facility <24 hrs
- Admissions, readmissions, left facility >24 hrs AND up to date w/ COVID vaccines^{1,3}

Facility currently has $\geq 90\%$ of residents AND $\geq 90\%$ of staff up to date with COVID vaccine:

- Close contacts/exposed in the same unit/wing AND up to date w/ COVID vaccines^{2,3}

1. If <90 days of recent COVID infection, then can remain/go to Green Cohort.

2. Asymptomatic residents who recently recovered from a prior COVID-19 infection within the **last 30 days** and are **close contacts/exposed** to a confirmed case in the same unit/wing should remain in the Green Cohort regardless of vaccination status. If their prior COVID-19 infection was **31-90 days ago**, then quarantine in Yellow may be considered but not required.

3. Consider quarantining in Yellow for residents who are moderately-severely immunocompromised even if up to date with all recommended COVID vaccine doses.

Yellow Cohort

- Symptomatic (single room)
- Indeterminate test result (single room)

NOT up to date with COVID vaccine:

- Admissions, re-admissions, left facility >24 hrs¹

Facility currently has <90% of residents OR <90% of staff up to date with COVID vaccine:

- Close contacts/exposed in the same unit/wing regardless of individual resident's vaccination status²

Red Cohort (Isolation)

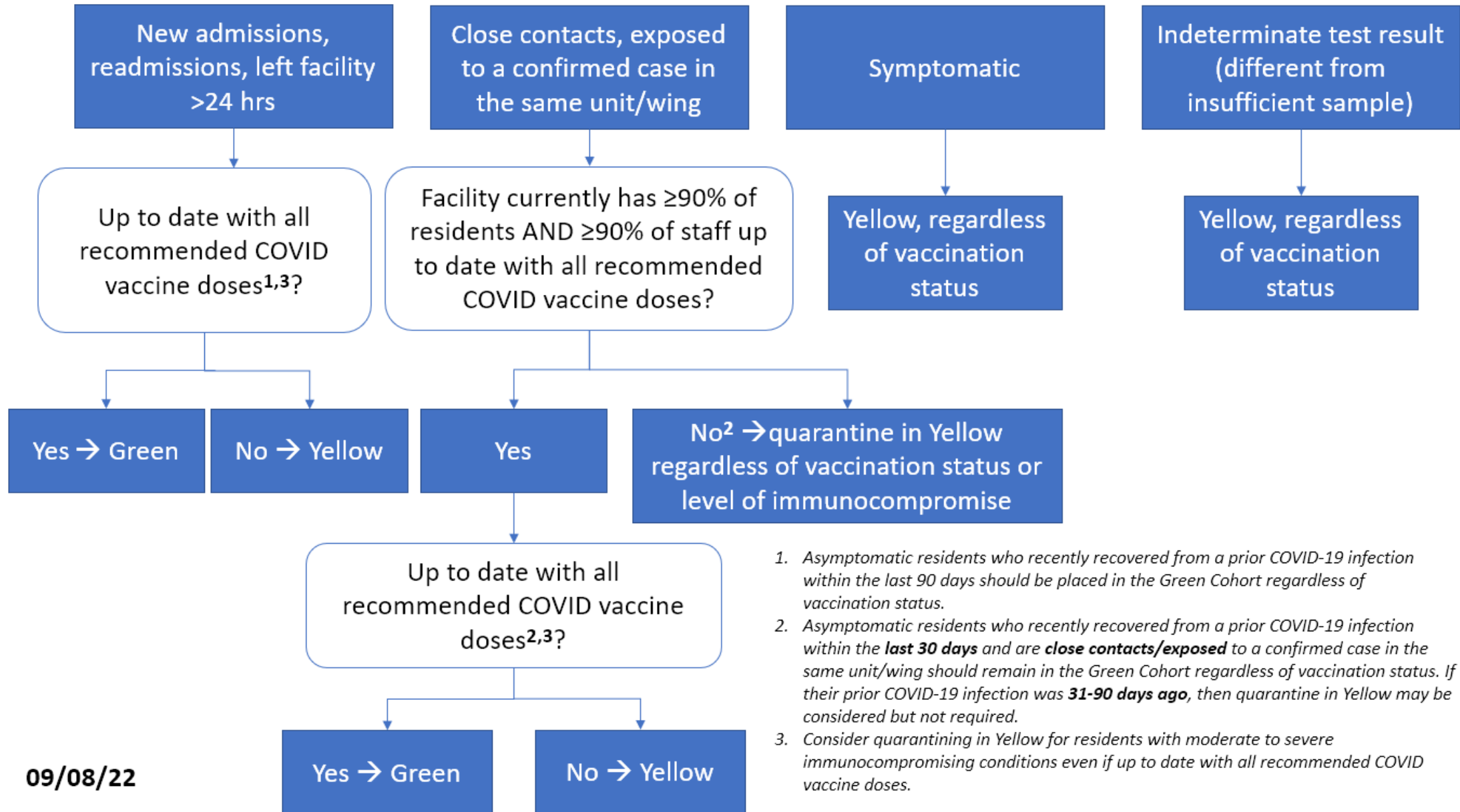
(+) COVID test regardless of vaccination status

COVID Close Contact, Exposure, or Symptoms

COVID (+) Test

Please see *Table 3. "Quarantine Guidance for the Yellow Cohort"*

10 days* after (+) or symptom onset; 20 days* if severely immunocompromised



1. Asymptomatic residents who recently recovered from a prior COVID-19 infection within the last 90 days should be placed in the Green Cohort regardless of vaccination status.
2. Asymptomatic residents who recently recovered from a prior COVID-19 infection within the **last 30 days** and are **close contacts/exposed** to a confirmed case in the same unit/wing should remain in the Green Cohort regardless of vaccination status. If their prior COVID-19 infection was **31-90 days ago**, then quarantine in Yellow may be considered but not required.
3. Consider quarantining in Yellow for residents with moderate to severe immunocompromising conditions even if up to date with all recommended COVID vaccine doses.

Quarantine Duration and Testing (Yellow Cohort)

	Prior Guidance	Current Guidance
Who?	Differed new admissions/re-admissions/left facility >24 hrs vs close contacts/exposed in the same unit/wing	Same (<i>almost</i>) for new admissions, re-admissions, left facility >24 hrs, close contacts, and exposed to a confirmed case in the same unit/wing
Duration	At least 14 days	At least 7 days
Testing	2-3 times: <ul style="list-style-type: none"> • New admissions/re-admissions/left facility >24 hrs: immediately and 12-14 days • Close contacts/exposed: day 1, day 5-7, day 12-14 	2 times: <ul style="list-style-type: none"> • New admissions/re-admissions/left facility >24 hrs: Immediately (<72 hrs) and days 5-7 • Close contacts/exposed: day 2 and day 5-7

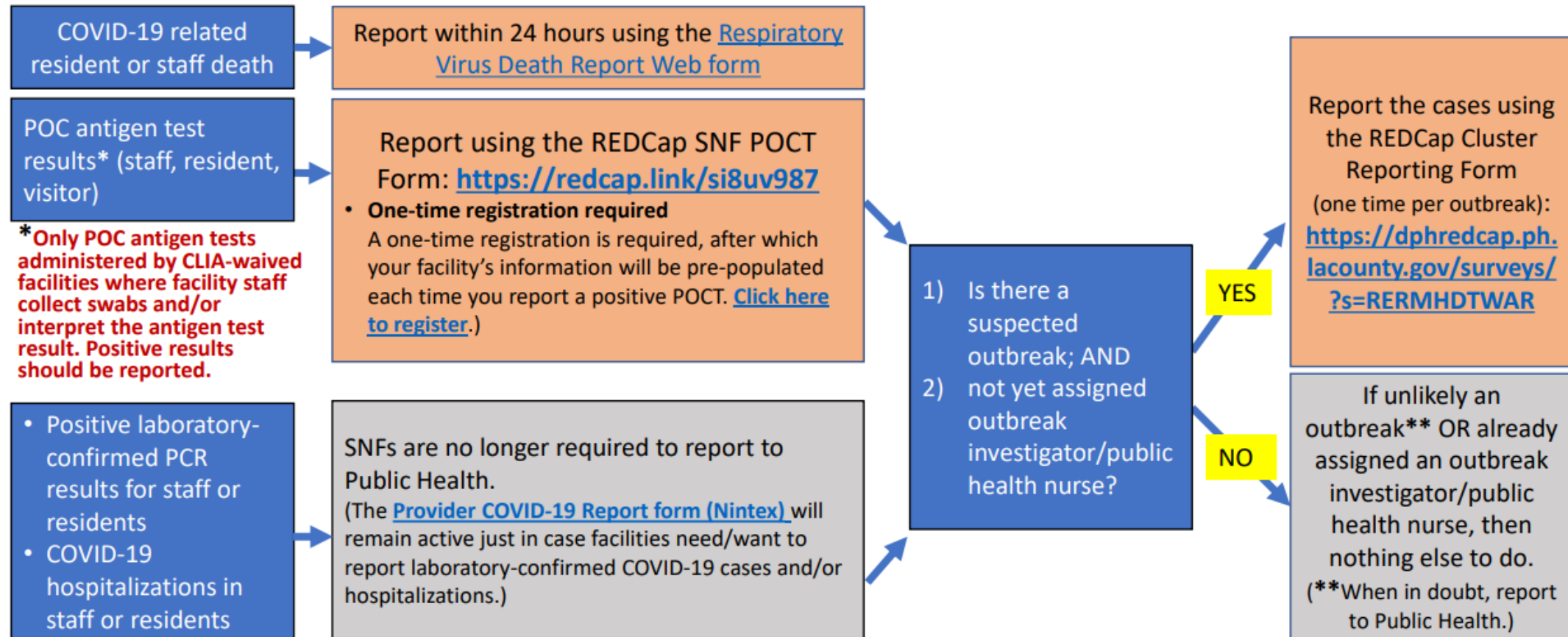


Reporting Requirements



LAC DPH Positive COVID-19 Case Reporting Protocol for Skilled Nursing Facilities:

- LAC DPH has aligned with California State Health Officer Order [Revision of Mandatory Reporting of COVID-19 Results](#). Skilled nursing facilities (SNFs) no longer need to report individual COVID-19 cases and/or COVID-19 related hospitalizations to Public Health outside of an outbreak investigation.
- LAC DPH has aligned with CDPH's new [SARS-CoV-2 Reporting Requirements](#) for facilities with CLIA waivers. **The flowchart below describes the Public Health reporting that is still required for SNFs** (in salmon-colored boxes), which includes COVID-19 related deaths and all positive POC antigen test results.
- Any reporting requirements by CMS via the weekly NHSN survey, CDPH's SNF 123 Daily Survey, as well as timely submission of line lists to Public Health during an outbreak are separate from the changes to local Public Health reporting requirements described here.





Resources





COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- Contact to update your facility's point of contact (e.g., to receive email updates): LACSNF@ph.lacounty.gov
- Contact for COVID-19 guidance questions in SNFs: LTC_NCoV19@ph.lacounty.gov
- Contact for **COVID-19 Vaccination resource questions**, including questions about your LTC pharmacy or Public Health's Mobile Vaccine resource: COVID-LTC-Test@ph.lacounty.gov

- LAC DPH COVID-19 SNF Past Webinar Slides & Recordings: <http://publichealth.lacounty.gov/acd/SNFWebinarArchive.htm>

COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- **Los Angeles County Public Health**

- Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities:

- <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>

- COVID-19 Infection Prevention Guidance for Healthcare Personnel:

- <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/>

- Interfacility Transfer Rules: <http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>

- **CDPH:**

- CDPH All Guidance Documents by Topic (including State Public Health Officer Orders):

- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>

- 2022 AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx>

- 2021 AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx>

- 2020 AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx>

- **CDC, NIH:**

- Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States:

- <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

- NIH Anti-SARS-CoV-2 Monoclonal Antibodies: [https://www.covid19treatmentguidelines.nih.gov/therapies/anti-](https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/)

- [sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/](https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/)

What is the most important thing you can do for your staff and residents this fall/winter season?



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Questions and Answers

