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

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

- prevent the spread of respiratory viruses including COVID-19 within the facility.
- promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities.
- care for a limited number of patients with known or suspected COVID-19 as part of routine operations.
- potentially care for a larger number of patients in the context of an escalating outbreak.
- monitor and manage any healthcare personnel that might be exposed to COVID-19.
- communicate effectively within the facility and plan for appropriate external communication related to COVID-19.

Summary of Recent Changes
4-24-20
The recommendations have been added to align with the Health Officer order Prevention of COVID-19 Transmission in Licensed Congregate Health Care Facilities. Key changes include the following recommendations:

- The facility must conduct COVID-19 diagnostic testing for patients/residents and staff, which may include those with and without symptoms, as requested or per the Public Health Mass Testing Strategies for Long-Term Care Facilities (LTCF) guidance. The facility should be prepared to implement mass testing of staff and residents.
- The facility must report all confirmed or suspected COVID-19 cases and deaths to the Los Angeles County Department of Public Health immediately by phone: (888) 397-3993 or (213) 240-7821 (during business hours and after business hours).
- The facility must keep records of all daily staff and resident temperature checks.
- All HCP that work in an established COVID-19 area are not to work or enter into any other area of the facility until 14 days have passed from their last exposure to COVID-19 patients.
- The restriction to a single essential visitor was removed and movement restrictions of any essential visitor(s) added.
- Patient transfer rules between LTCFs and other group settings have been included.

5-1-20
Guidance and clarification provided in the 5-1-20 Frequently Asked Questions (FAQs) regarding the Health Officer order Prevention of COVID-19 Transmission in Licensed Congregate Health Care Facilities was added where relevant, see FAQs.

Visit the LAC DPH COVID-19 healthcare provider website frequently for updated information on COVID-19 testing, infection control, FAQs, and guidance for facilities: http://publichealth.lacounty.gov/acd/nCorona2019.htm
Getting Ready—What steps should your facility take now to reduce the spread of COVID-19?

General and Administrative Considerations

- Identify a mechanism for your facility to obtain SARS CoV-2 samples and to send these specimens from your facility to a commercial clinical laboratory. Medicare is now covering COVID-19 testing when furnished to eligible beneficiaries by certified laboratories. These laboratories may also choose to enter facilities to conduct COVID-19 testing. If the facility does not have a relationship established yet with a commercial laboratory, the Public Health Lab (PHL) is available for testing.

- Be prepared to implement mass testing for all residents and staff as outlined in LAC DPH Mass Testing Strategies for LTCF. LTCF testing through LAC DPH is done through a prioritization system. When a facility is next on the prioritization list, LAC DPH will contact the facility directly. If a facility wants to test residents and staff on their own to speed the process, LAC DPH recommends establishing a relationship with a commercial lab and follow that procedures to do the testing. LAC DPH will guide facilities on how to manage their facilities after the results come back. LAC DPH recommends that facilities reach out to the public health nurse who is assigned to the facility for additional questions.


- LAC DPH recommends employing a full-time, on-site infection preventionist who can help monitor compliance with infection control guidance that’s appropriate for your facility and resident/patient population and assist with adherence to hand hygiene and correct use of PPE.

- Develop a surge plan for emerging infectious diseases, particularly suspected or confirmed COVID-19 patients.

- Plan for ways to continue essential services if on-site operations are reduced temporarily.

- Plan for employee absences and create a back-up/on-call system.

- Discontinue group activities, field trips, and communal dining
  - All meals are to be served within individual rooms, if feasible. Patients who may be prone to aspiration or who cannot feed themselves may eat outside their rooms if staffing is insufficient to support one-to-one feeding. If residents eat outside their rooms, then social (physical) distancing of six feet or more should be maintained.
  - Staff may eat together in staff breakrooms or a separate designated area, but social (physical) distancing of six feet or more between persons must be enforced at all times while eating.

- Residents should remain in their room as much as possible and should be encouraged to wear a face covering if they leave. When outside their room, they should avoid communal and group activities. Remind residents to practice social distancing and perform frequent hand hygiene. Residents who due to underlying cognitive conditions cannot be kept in their room should not be forcibly kept in their rooms nor forced to wear a face covering.

- Immediately implement symptom screening for all staff, residents, and visitors— including temperature checks.
  - Every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.
  - Records are to be kept of staff and resident temperature checks.
Facilities should limit access points and ensure that all accessible entrances have a screening station.

Anyone with a fever (100.0 F or 37.8 C) or symptoms (fever, chills, sore throat, cough, sneezing, shortness of breath, gastrointestinal symptoms, or not feeling well) may not be admitted entry.

- Prohibit visitors from entering the facility unless compassionate care situations, such as end-of-life.
  - Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations)
  - Post signs explaining visitor restrictions.
  - Set-up alternative methods of visitation such as through videoconferencing through skype or facetime
  - Those visitors that are permitted, should be screened for fever and respiratory symptoms, must wear a face covering while in the building, and should restrict their visit to the resident’s room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene and to practice physical distancing while in the facility.
  - For more information on visitor restriction and screening visit CMS “Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)”

- Restrict all volunteers (For exceptions, review the above CMS Guidance) and non-essential personnel (e.g. barbers).

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

- When possible, residents should cover their noses and mouths when staff are in their room. Residents can use tissues for this or cloth face coverings.

- Provide education and job-specific training to staff regarding COVID-19, including:
  - Signs and symptoms
  - Modes of transmission of infection
  - Correct infection control practices and personnel protective equipment (PPE) use
  - Staff sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact)
  - How and to whom COVID-19 cases should be reported

- Ensure that your facility has the capacity to isolate residents with COVID-19 and quarantine residents who are close contacts of a COVID-19 case.

- Establish a COVID-19 area within the facility:
  - The COVID-19 area is for residents who have suspected or confirmed COVID-19 and must have a designated bathroom. The area must be physically separated from the area for those who do not have COVID-19.
  - Designate healthcare personnel (HCP) who will be responsible for caring for suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and the proper use of PPE.
• Have a family and resident notification process for when a case of COVID-19 is identified.
• Have the ability to identify residents who could be discharged to home in the event of COVID-19 introduction to the building.
• Determine the capacity to accept new ventilated resident admissions and maintain communication with local hospital.
• As much as possible, have employees work at only one facility in order to reduce interfacility spread of COVID-19.

**Infection Prevention and Control Considerations**


**Hand Hygiene (HH)**

- Healthcare personnel (HCP) and other staff members should always complete HH before and after ALL patient encounters and should also use HH at the beginning of their shifts, before and after eating, after using the restroom, and other times throughout the day to limit possible spread of germs.
- Make sure HH supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible in patient care areas, including areas where HCP remove PPE.
- Sinks need to be well-stocked with soap and paper towels and hand sanitizers should be replaced as needed.
- Facilities should have a process for auditing adherence to recommended HH practices by the HCP.

**Personal Protective Equipment (PPE)**

- All facility personnel should wear a surgical mask while they are in the facility.
  - Staff must wear either an N95 respirator or a surgical mask when they are in patient care areas or in areas where residents may congregate. Masks or respirators are preferred, but non-medical face coverings can be used for non-patient care activities. Masks and respirators are not required for staff working alone in closed areas unless they are moving through common spaces where they may interact with other staff or residents. Extended use and reuse of masks and respirators should be based on principles set forth in prior CDC PPE optimization guidance.
- Transmission-Based Precautions:
  - Use Standard, Contact, Droplet plus Eye Protection while caring for residents with suspected or confirmed COVID-19. Both the CDC and World Health Organization (WHO) recommend standard, contact and droplet precautions with added eye protection for care of COVID-19 patients. This means a surgical mask or N95, gloves, eye protection. A gown is recommended, but if in short supply should be prioritized for aerosol generating procedures.
  - For any aerosol generating procedures (suction, ventilation, CPR, nebulizer treatments, etc.) Standard, Contact, Airborne plus Eye Protection precautions must be observed. This means N95 or higher, gloves, eye protection, and gown.
- In a Facility with COVID-19 transmission, healthcare personnel should wear full PPE for the care of all patients, irrespective of COVID-19 diagnosis or symptoms.
- PPE and other infection prevention and control supplies (e.g., surgical masks, respirators, gowns, gloves, goggles, hand hygiene supplies) that would be used for both HCP protection and source control for infected patients (e.g., facemask on the patient) should be in sufficient supply and readily accessible for use.
Note: If there is a shortage of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

- HCP must wear the recommended PPE for patient care. HCF must post signage on the appropriate steps for donning and doffing PPE [http://publichealth.lacounty.gov/acd/docs/CoVPPEPoster.pdf](http://publichealth.lacounty.gov/acd/docs/CoVPPEPoster.pdf)
- Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
- Facilities should have a process for auditing adherence to recommended PPE use by HCP.
- HCP should be annually fit-tested for N95 respirators to ensure appropriate seal when N95s are needed. Note that the U.S. Department of Labor/Occupational Safety and Health Administration have issued guidance regarding the temporary suspension of annual fit testing during shortages, see [https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit](https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit)

**Respiratory Hygiene/Cough Etiquette:**

- Support hand and respiratory hygiene, as well as cough etiquette by residents and staff.
- Place hand sanitizers at facility entrances and encourage all residents and staff to use every time they enter your facility.

**Environmental cleaning:**

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

- Facilities must have a plan to ensure proper cleaning and disinfection of environmental surfaces (including high touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in the patient room.
- All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility (check containers for specific guidelines).
- Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer’s recommendations.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19 in healthcare settings.
  - For a list of EPA-registered disinfectants that have qualified for us against SARS-CoV-2 (the COVID-19 pathogen) go to: [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
- Set a protocol to terminally clean rooms after a patient is discharged from the facility. If a known COVID-19 resident is discharged or transferred, staff should refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place (more information on air exchanges at [https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb6](https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb6))

**Healthcare Personnel Monitoring**

- All HCP should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for possible symptoms of COVID-19 (i.e., elevated temperature >100.0 and/or cough or shortness of breath).
If HCP have symptoms (i.e., fever and/or cough or shortness of breath), they should contact the health care facility (HCF) immediately and stay home from work.

HCF should screen all HCP prior to the start of working their shifts AND at the end of the shift. HCF should develop and implement screening systems that cause the least amount of delays and disruption as possible (i.e., HCP self-report, single use disposable thermometers or thermal scanners, etc.).

HCP with fever should be sent home and NOT allowed to work.

Asymptomatic HCP who test positive for COVID-19 must stay home from work. Public Health may waive this restriction in situations of severe staffing shortages.

Identify staff who can monitor sick staff with daily “check-ins” using telephone calls, emails, and texts. Refer to the LAC DPH Guidance for Monitoring Health Care Personnel for more detailed information including management of possible workplace exposures.

Return to Work for Healthcare Personnel

Symptomatic HCP may discontinue home isolation when both of the following time-since-illness-onset and time-since-recovery conditions are met:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.

Asymptomatic HCP with laboratory-confirmed COVID-19 should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

After returning to work they should:

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles);
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen;
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

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

Identifying, Isolating, and Caring for COVID-19 Patients

Process for rapidly identifying and isolating suspected COVID-19

- Monitor residents for fever and respiratory symptoms (i.e., cough and/or shortness of breath) every 12 hours.
- Any residents with fever or respiratory symptoms should be confined to their room with the door closed; use single rooms whenever possible
  - If resident must leave the room (for example, medically necessary procedures) have them wear a facemask, if possible.
- Report the suspect case to Public Health immediately by phone: (888) 397-3993 or (213) 240-7821 (during business hours and after business hours).
- Consider initiating mass testing, see Mass Testing Strategies.
Residents infected with COVID-19 may vary in severity from a lack of symptoms to mild or severe symptoms. Symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.

Review current symptom status of all residents to determine if more than one patient is symptomatic with fever or has respiratory symptoms and if so, initiate contact and droplet precautions for all. All symptomatic patients should be put in a designated isolation area away from others.

Consider discharge of any patients that can be cared for in the home setting.

Limit the number of staff members interacting with the symptomatic patient(s) and try to keep the same individuals caring for the patient as much as possible.

If two (2) or more respiratory cases are identified within 72 hours, facilities are advised to do the following:

- Initiate standard, contact, and droplet precautions plus eye protection for all suspect residents with fever and/or respiratory symptoms.
- All symptomatic residents should be cohorted to a single room or area with a dedicated restroom.
- Report the suspect cases to Public Health immediately by phone: (888) 397-3993 or (213) 240-7821 (during business hours and after business hours).
- Lab testing of symptomatic patients should be done through commercial lab for patients, if possible. If not, contact Public Health to facilitate testing.
- Consider initiating mass testing, see Mass Testing Strategies.
- Designate an area in your facility for the placement of suspect residents and cohort staff caring for suspect cases to minimize transmission.
- Increase environmental cleaning throughout the facility to three (3) times a day (if possible) with emphasis on high touch surfaces particularly in the unit where the resident was located.
- For any transfers out of the building, notify EMS and the receiving facility of possible exposures.
- Consider discharge of any residents that can be cared for in the home setting.

If a confirmed case is identified, facilities are advised to do the following (presume there is widespread distribution of COVID-19 in the facility):

- Initiate standard, contact, and droplet precautions plus eye protection for all residents, irrespective of COVID-19 diagnosis or symptoms.
- The confirmed case should be in a single-person room or cohorted in a single room with the door closed and a dedicated restroom.
- Report the case to Public Health immediately by phone: (888) 397-3993 or (213) 240-7821 (during business hours and after business hours).
- Determine if a mass testing strategy should be instituted, see Mass Testing Strategies.
- Outbreaks are reportable to the California Department of Public Health Licensing & Certification local office—County of Los Angeles Health Facilities Inspection Division: http://publichealth.lacounty.gov/hfd/howto.htm.
- Post a notification letter at the entrance of the facility and community areas.
- Implement a line listing of all HCWs, residents, and visitors.
- Increase environmental cleaning throughout the facility to 3 times a day (if possible) with emphasis on high touch surfaces particularly in the unit where the resident was located.
- Cancel and reschedule upcoming non-essential outpatient appointments for all residents.
- For residents receiving dialysis outside of the facility, notify their dialysis center and request that they be dialyzed in “isolation”.
• Consider replacing nebulizers with metered dose inhalers to avoid unnecessary aerosol generation from nebulizer therapy.
• Establish isolation area --- confirmed cases may be placed in a shared room.

Inter-facility Transfers
• LTCFs are expected to be able to care for patients who require Transmission-Based Precautions as currently described for management of patients with COVID-19.
• Outbreaks of COVID-19 have occurred in skilled facilities with lapses in standard infection prevention program implementation.
• The demands to care for patients are highly fluid, but we should take great care to minimize potential for outbreaks in skilled nursing facilities and our hospitals.
• Interfacility transfers should be limited as much as possible, while still maintaining appropriate levels of care for all patients.
• Patients should not be sent to the Emergency Department (ED) to obtain SARS CoV-2 testing.
  o See Return-to-Facility Rules for Suspected COVID-19 from ED for patients not needing hospital admission.
• Facilities should be prepared to accept patients when the Transfer Requirements are met, see Interfacility Transfer Rules.
• For patients continuing on Transmission-Based Precautions:
  o If there are no COVID-19 cases in your building, consider continuing contact droplet precautions after admission for an extended period.
  o If you have COVID-19 cases, admit residents to isolation units.

Discontinuing Transmission Based Precautions for Patients with Laboratory Confirmed COVID-19:
• Patients may be removed from isolation after at least 72 hours afebrile (100.0°F or >2 degrees above baseline temperature) AND 14 days after symptom onset (if originally hospitalized, then 14 days from date of hospitalization).
• These guidance rules for discontinuation of transmission-based precautions may change with evolution of the science.

Transfers from one LTCF to another LTCF or to other Group Settings.
• LTCFs experiencing confirmed or suspect outbreaks of COVID-19 should not transfer asymptomatic residents unless first cleared by the LAC DPH contact managing the outbreak.
  o If a resident is cleared for transfer to another facility by LAC DPH, the receiving facility should be notified prior to transfer that the patient is potentially COVID-19 exposed and
  o Upon arrival at the receiving facility, the patient should be maintained in quarantine for 14 days after date of transfer prior to resuming normal activities.
• LTCFs not experiencing confirmed or suspect outbreaks of COVID-19 may transfer asymptomatic residents without prior approval of LAC DPH as long as the resident has not had fever or respiratory symptoms for at least 3 days prior to transfer.
  o Receiving facilities may still elect to place transferred patients into quarantine for 14 days at their discretion.
  o LTCFs should not transfer COVID-19-unexposed patients into facilities with active outbreaks of COVID-19 unless first cleared by LAC DPH.
Know where to get reliable information
Beware of scams, false news and hoaxes surrounding COVID-19. Accurate information, including announcements of new cases in LA County, will always be distributed by Public Health through press releases, our social media, and our website. The website has more information on COVID-19 including FAQs, infographics and a guide to coping with stress, as well as tips on handwashing.

Los Angeles County Department of Public Health

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

Other reliable sources of information about COVID-19 are:

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