

Guidelines for Preventing and Managing COVID-19 in Long-Term Care Facilities (i.e. Skilled Nursing Facilities)

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to help slow the spread of the disease caused by the novel (new) coronavirus (COVID-19) in Los Angeles County.

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 general information regarding COVID-19 followed by 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.

COVID-19 General Information

What are common symptoms of COVID-19?

Information to date shows that SARS CoV-2, the virus that causes COVID-19, causes symptoms consistent with a respiratory illness, such as cough, fever, and, in some, shortness of breath or difficulty breathing. The majority of cases (approximately 80%) have mild, cold like symptoms and can isolate at home, but others have more severe respiratory symptoms and will require hospitalization. Risk factors for severe illness are still being evaluated, although older patients and those with chronic medical conditions appear to be at higher risk for severe illness.

How are coronaviruses spread?

Like other respiratory illnesses, such as influenza, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person coughs or sneezes
- Close personal contact, such as caring for an infected person
- Touching an object or surface with the virus from an infected person on it, then touching your mouth, nose, or eyes before washing your hands

Currently there is no evidence that COVID-19 is transmitted through food.

Do not assume that someone is at risk for novel coronavirus infection based on their race/ethnicity or country of origin.

COVID-19 is new, and we continue learning more each day about how it spreads and how long it takes for people to become sick.

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>

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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](#) such as LabCorp, Quest, or PacWest, among others. If the facility does not have relationship established yet with commercial laboratory, the Public Health Lab (PHL) is available for testing.
- Review the CDC's "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings"
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- 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
- Consider discontinuation of community group events, dining, and field trips
 - Serve meals in resident rooms, if possible, or stagger dining times to decrease the size of the groups. If smaller group activities are necessary, keep the same group together to decrease the risk of exposure.
- Prohibit visitors from entering the facility unless essential.
 - If essential (end of life, pediatric) limit access to only one visitor at a time.
 - Post [signs](#) instructing permitted visitors to not to enter if they are unwell.
 - Set-up alternative methods of visitation such as through videoconferencing through skype or facetime
 - If visitors are permitted, monitor them for fever and respiratory symptoms; limit the duration of visitation and the location of visits – in resident rooms.
 - For nursing homes, refer to CMS "Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)" for visitor restriction and screening criteria:
<https://www.cms.gov/files/document/gso-20-14-nh-revised.pdf>
- Restrict all volunteers (For exceptions, review the above CMS Guidance) and non-essential personnel (e.g. barbers).
- 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 who are positive with COVID-19, and quarantine residents who are close contacts of a confirmed case.
- Assign a quarantine area that includes designated restroom in the building for residents who have suspected or confirmed 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.



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- As much as possible, have employees work at only one facility in order to reduce interfacility spread of COVID-19.

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.
- HCP who have mild respiratory symptoms (sore throat, runny nose, etc.) **without fever** may work. Consider having those HCP wear a surgical mask which is changed frequently to ensure efficacy and educate about respiratory etiquette. Consider reassigning those HCPs responsibilities to exclude patient care.
- 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 7 days have passed *since symptoms first appeared*.
- 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;
 - Wear a facemask at all times while in the HCF until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer; and
 - 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.

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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) daily
- Any residents with fever or respiratory symptoms should be confined to their room with the door closed; use single rooms whenever possible.
 - If residents must leave the room (for example, medically necessary procedures) have them wear a facemask, if tolerated.
- For new or undiagnosed fever or respiratory symptoms, residents should be placed on standard, contact, and droplet precautions with eye protection.
- Encourage testing for routine respiratory pathogens, if available at your facility.
 - Test for Influenza and/or other respiratory pathogens to establish an alternative diagnosis.
 - Consider sending SARS CoV-2 specimens to commercial laboratories. If the facility does not have relationship established yet with commercial laboratory, the Public Health Lab (PHL) is available for testing, see [Laboratory Testing](#) for more information.
- 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 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.
- Initiate temperature and symptom checks every 12 hours on all residents, if this has not already been started.
- 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 and try to keep the same individuals caring for the patient as much as possible.

If three (3) 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.
- If possible, care for the suspect resident(s) should be provided in a single-person room or cohorted in a single room with the door closed and a dedicated restroom.
- [Lab testing](#) should be done through commercial lab for patients, if possible. If not, contact Public Health to facilitate testing.
- 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.
- Discontinue all group activities and communal dining.
- 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.
- Notify Public Health immediately at (213) 240-7941 during business hours or (213) 974-1234 (after hours).

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 suspect residents with fever and/or respiratory symptoms.
- If possible, care for the suspect resident(s) should be provided in a single-person room or cohorted in a single room with the door closed and a dedicated restroom.

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- Notify Public Health immediately at (213) 240-7941 during business hours or (213) 974-1234 (after hours). 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 quarantine area --- confirmed cases may be placed in a shared room.

Inter-facility Transfer

- Nursing Homes 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.
 - See [Return-to-Facility Rules for Suspected COVID-19 from ED](#) for patients not needing hospital admission.
- Patients hospitalized with confirmed COVID-19 may be transferred continuing Transmission Based Precautions to skilled nursing facilities when they have met the most current [Interfacility Transfer Rules](#) :
 - *For patients treated with SARS CoV-2 targeted treatment*—no fever for 72 hours without the use of fever reducing medications. Patient may complete the course of antiviral therapy at the receiving facility.
 - *For patients not treated with SARS CoV-2 targeted treatment*--no fever for 72 hours without the use of fever reducing medications **AND** at least 10 days after admission
- Continuing Transmission Based Precautions:
 - If there are no COVID-19 cases in your building, consider continuing contact droplet precautions after admission for an extended period.
 - If you have COVID-19 cases, admit residents to quarantine units.
- Patients hospitalized with non-infectious syndromes do not need specific SARS CoV-2 testing prior to patient transfer as per the most current [Interfacility Transfer Rules](#).

Discontinuing Transmission Based Precautions:

- Patients may be removed from isolation after at least 72 hours afebrile (100.4 or >2 degrees above baseline temperature) **AND** 14 days after symptom onset.
- These guidance rules for discontinuation of transmission-based precautions may change with evolution of the science.

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Infection Prevention and Control Considerations

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

Hand Hygiene (HH)

- Healthcare personnel (HCP) and other staff members should always complete HH before and after ALL patient encounters but 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)

Transmission-Based Precautions: Use Standard, Contact, Droplet plus Eye Protection for suspect/confirmed COVID-19 cases. Note: Both the CDC and World Health Organization (WHO) have declared COVID-19 to be droplet precautions. Surgical masks plus eye protection are an acceptable form of PPE. Respirators, N95 or higher, should be donned during aerosol generating procedures (such as suction, ventilation, CPR, etc.) which pose a higher risk of exposure to HCP.

- PPE and other infection prevention and control supplies (e.g., facemasks, 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.
- Wear the recommended PPE for patient care and post signage on the appropriate steps for donning and doffing PPE <http://publichealth.lacounty.gov/acd/docs/CoVPPPEPoster.pdf>
- Post [signs](#) on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
- HCPs should be annually fit-tested for N95 respirators to ensure appropriate seal when N95s are needed. If it's not feasible to fit-test your entire staff, you can always select a few from each shift and designate those staff members. For more information, go to <https://www.cdc.gov/niosh/npptl/hospresptoolkit/fittesting.html>. **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>**
- Facilities should have a process for auditing adherence to recommended PPE use by HCP.

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 \(COVID-19\)](#))



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- 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 use against SARS-CoV-2 (the COVID-19 pathogen) go to: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- 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>)

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>
- CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (Revised) <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised>
- CDC Resources for Healthcare Facilities <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Healthcare Infection Prevention and Control FAQs for COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC Healthcare Infection Prevention and Control <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- CDC coronavirus main website <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Healthcare Supply of Personal Protective Equipment <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>

