

APPENDIX 1: CRITERIA AND CONDITIONS FOR EASING RESTRICTIONS ON COMMUNAL DINING AND GROUP ACTIVITIES IN SKILLED NURSING FACILITIES

Skilled Nursing Facility Administrators and/or Operators:

The Los Angeles County Department of Public Health (Public Health) is committed to partnering with you to protect the residents and staff of skilled nursing facilities (SNFs) in Los Angeles County (LAC). The Public Health [Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities](#) include measures to be taken for easing restrictions on communal dining and group activities in the non-COVID-19 Cohort (GREEN Cohort) for facilities meeting the Phase 2 criteria outlined by CMS in [Nursing Home Reopening Recommendations for State and Local Officials](#).

In order to relax gathering restrictions, Facilities must meet the following baseline criteria, as well as adhere to a series of steps outlined in the Public Health guidelines:

- 1. Adequate staffing:** The Facility must not be experiencing staff shortages; AND
- 2. Supply of fourteen (14) days of Personal Protective Equipment (PPE) and disinfection supplies on hand:** The Facility must have adequate supplies of PPE¹ for staff, such that all staff wear all appropriate PPE when indicated, and of essential cleaning and disinfection supplies; AND
- 3. Case status in the nursing home:** The Facility must have had no new Facility-onset COVID-19 cases among their residents for at least 14 days (for CMS phase 2). Newly transferred residents with either known COVID-19 or who become positive during quarantine do not count as COVID-19 obtained in the Facility. However, if a resident without a prior hospitalization contracts COVID-19 within the Facility within the last 14 days, this Facility should go back to the highest level of mitigation, and start the phases over; AND
- 4. Access to adequate testing:** The Facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

The attached Self-assessment and Attestation (**Appendix 2**) will serve as an official pledge that the SNF has successfully met the prerequisite criteria that must be in place prior to entering Phase 2 visitation and that the SNF will follow the measures outlined in the Public Health [Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities](#).

The Facility must submit a completed and signed Self-assessment and Attestation to County Public Health if it will be resuming communal dining and activities.

¹ Per CMS Guidance, contingency PPE capacity strategy is allowable, such as CDC's guidance, in [Strategies to Optimize the Supply of PPE and Equipment](#). However, Facilities' crisis capacity PPE strategy does not constitute adequate access to PPE. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.

APPENDIX 2: SKILLED NURSING FACILITY ADMINISTRATOR SELF-ASSESSMENT AND ATTESTATION FOR PHASE 2 COMMUNAL DINING AND ACTIVITIES

I, _____, hereby certify under pains and penalties of perjury that I am administrator of _____ located at _____ (hereinafter “Facility”) and that the information provided in this Self-assessment and Attestation is a true and accurate representation of the infection control and prevention policies in effect at such Skilled Nursing Facility.

Specifically, I represent and warrant that:

- I have actual knowledge that the skilled nursing facility has remained free of Facility-onset COVID-19 transmission for at least fourteen (14) days and currently adheres to all the recommendations outlined in the Los Angeles County Department of Public Health (“Public Health”) [Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities](#).
- I attest to the infection control and prevention measures indicated below.

COVID-19 PREVENTION

- 1. All persons undergo Entry Screening for symptoms including a temperature check. This applies to all staff, visitors, outside healthcare workers, vendors, etc. All residents and staff also submit to twice daily symptom screening and temperature checks. Symptoms screen includes the following: fever, chills, sore throat, cough, sneezing, shortness of breath (new or worsening over baseline), gastrointestinal symptoms, new onset loss of taste or smell, or not feeling well). All visitors (non-essential and essential) and visiting essential ancillary professionals are additionally screened prior to entry for any close contact to a COVID-19 case within the past 14 days as per LAC DPH SNF Guidance: <http://ph.lacounty.gov/acd/ncorona2019/snf.htm#preventionpractices>.
- 2. Any visitor who is experiencing any symptoms or who has had contact with a person known or suspected to be infected with COVID-19 within the last fourteen (14) days shall not be admitted entry into the Facility (even essential support persons and in end-of-life situations).
- 3. The Facility adheres to universal source control for staff, residents, and visitors.
- 4. The Facility adheres to social (physical) distancing for residents, staff, and visitors.
- 5. There is enhanced environmental disinfection of all communal, high touch surfaces after residents, staff, or visitors vacate an area.

- 6. The Facility has adequate alcohol-based hand hygiene sanitizer placed throughout the Facility to ensure that all residents, staff, and visitors can perform all required hand hygiene.

COVID TESTING

- 7. The Facility has an established relationship with a commercial lab to do rapid COVID diagnostic testing (turn-around time of 48 hours or less).
- 8. The Facility has established and is adhering to cohorting as per Public Health [Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities](#).
- 9. The Facility is testing all admissions and re-admissions and performing routine testing of staff and residents consistent with Public Health guidance.
- 10. The Facility has the ability to perform response testing for all staff and residents if necessary.

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND DISINFECTION SUPPLIES

- 11. The Facility has at least a fourteen (14) day supply of PPE (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) across all PPE items necessary for staff, such that all staff wear all appropriate PPE when indicated. Temporary use of CDC contingency capacity measures during periods of anticipated PPE shortages is allowable; use of CDC crisis capacity measures would not constitute adequate access to PPE.
- 12. The Facility has at least a fourteen (14) day supply of EPA approved cleaning and disinfection supplies.
- 13. The Facility has established measures for procuring their own PPE to maintain adequate supplies of PPE² for staff, such that all staff wear all appropriate PPE when indicated, and of other essential infection prevention and control supplies.
 - a. PPE and other infection prevention and control supplies (e.g., surgical masks, respirators, gowns, gloves, goggles, hand hygiene supplies) that would be used for both Healthcare Provider (HCP) protection and source control for infected patients (e.g., facemask on the patient) are readily accessible for use.
 - b. Follow CDC's Guidance on Strategies to Optimize the Supply of PPE and Equipment in the setting of shortages at www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.

STAFFING

- 14. The Facility is not experiencing staff shortages.

² Per CMS Guidance, contingency PPE capacity strategy is allowable, such as CDC's guidance, in [Strategies to Optimize the Supply of PPE and Equipment](#). However, Facilities' crisis capacity PPE strategy does not constitute adequate access to PPE. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.

- 15.A designated person has been assigned the responsibility for conducting daily assessments of staffing status and needs.
- 16.The Facility can demonstrate that there has been advanced planning, in alignment with its emergency preparedness plans, for back-up staffing utilizing all resources to be able to cover shifts if needed.
- 17.The Facility's sick leave policies are non-punitive (e.g., they do not result in disciplinary actions or job performance reviews, and they do not require provider notes).

PERMITTED VISITATION PREPARATIONS AND PLANS

- 18.Designated visitation areas and guidelines have been established as per Public Health [Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities](#).
- 19.All permitted visitors will be provided with instructions and guidelines prior to the date of visitation.
- 20.All permitted visitors are advised to monitor themselves for signs and symptoms of respiratory infection for at least fourteen (14) days after exiting the Facility. They are also advised to, if symptoms occur, self-isolate at home, contact their healthcare provider, and immediately notify the Facility of the date(s) they were in the Facility, the individuals they were in contact with, and the locations within the Facility they visited.

Further, I hereby acknowledge that the Skilled Nursing Facility will cooperate fully with any audits, inspections, or requests for information or documentation related to its compliance with the conditions set forth in Los Angeles County Health Officer Order for Skilled Nursing Facilities, dated October 5, 2020 and in the Public Health [Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities](#).

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____
Title: _____
Signature: _____
Date: _____

The Facility must send a completed and signed copy to the Los Angeles County Department of Public Health Healthcare Facilities Inspection Division at CHCQLACountySurvey@cdph.ca.gov.

The Facility should also maintain the original executed copy of this Self-assessment and Attestation in its files and provide upon request.