

## **Coronavirus Disease 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities**

Due to the higher risk of severe illness and death from COVID-19 among elderly persons and those with chronic medical conditions, the California Department of Public Health (CDPH) is requiring all skilled nursing facilities (SNF) to develop and implement a CDPH approved COVID-19 mitigation plan. **Failure to implement an approved COVID-19 mitigation plan may result in an immediate jeopardy.**

Please refer to [AFL 20-52](#) for information on this requirement and for additional guidance when completing the following requested information. SNFs must complete this form and submit any supplementary documentation to CDPH within 21 calendar days of the issuance of this AFL. Supplementary mitigation plan documents, such as policies and procedures, may be uploaded with this form or emailed your local district office.

### **FACILITY INFORMATION**

Facility Name:

Facility Address:

I, \_\_\_\_\_, hereby certify that I am the administrator or other duly authorized officer or representative of \_\_\_\_\_ at \_\_\_\_\_ and that the information provided accurately reflects the policies in effect at such nursing facility for the safe care and treatment of residents during the COVID-19 pandemic.

### **COVID-19 MITIGATION PLAN REQUIREMENTS**

#### **1. TESTING & COHORTING**

- The SNF will work with their local health department (LHD) and CDPH to develop a testing plan for regular testing of residents and staff through the identified testing sites able to meet the time requirements, including how test results will be used to inform resident and health care personnel (HCP) cohorting. This plan must be in place within 14 days of submission of the attestation.
- Residents with active COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, have been separated from residents who are not infected or have unknown infection status. Where separation is not possible, the SNF is responsible for communicating with the LHD and CDPH and transferring the resident to the hospital or alternate care site following the guidance in [AFL-20-48.1](#).
- Resident cohorting is re-evaluated by infection control lead and clinical staff and implemented each day based on results of any of the following: surveillance testing (if available), temperature checks, and symptom screening in accordance with the Centers for Disease Control and Prevention's (CDC) recommendations.

- All residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks at least daily and documented in the clinical record.
- Residents with any suspected respiratory or infectious illness are assessed (including documentation of respiratory rate, temperature and oxygen saturation) at least twice during each shift, during the day and evening shifts, to quickly identify residents who require transfer to a higher level of care. The SNF will monitor CDC guidance and modify these procedures to stay consistent with the most current guidance on an ongoing basis.
- The SNF has implemented a staffing plan to limit transmission, including:
  - Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive.
  - Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day.
  - An established policy to minimize the number of staff interacting with each resident.
  - If these measures cannot be met the SNF will work with their LHD and CDPH to evacuate all positive residents to the nearest healthcare facility or alternate care site that can meet these requirements. The SNF is responsible for the transfer and any associated costs.

**Please submit a copy of your facility’s plan for regular testing of staff and residents. This plan must include information on methods and frequency, and it must specify how the facility will use testing results to inform resident and HCP cohorting decisions.**

**Please enter any additional information on components of your facility’s mitigation plan related to testing and cohorting in the space below:**

## 2. INFECTION PREVENTION AND CONTROL

- The SNF has a full-time, dedicated Infection Preventionist(s). This can be achieved by either one full-time IP staff member or by two staff members sharing the IP responsibilities, as long as the total time dedicated to the IP role equals at least the time of one full-time staff member. The IP must be a registered nurse or licensed vocational nurse and cannot be included in the calculation of three and one-half hours of direct patient care per day provided to SNF residents. A plan must be in place for infection prevention quality control. SNF will list the names and positions of staff assigned to infection prevention for the facility.
- An infection control lead has been designated to address and improve infection control based on public health advisories (federal and state) and spends adequate time in the building focused on activities dedicated to infection control.
- The SNF must ensure HCPs receive infection prevention and control training on an annual basis.
- The SNF screens and documents every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks.
- The designated infection control lead maintains a line list of all patients who have been confirmed to meet clinical criteria of presumed COVID-19 including testing and results.
- The designated infection control lead develops a respiratory plan, which includes fit testing employees for the proper use of PPE in compliance with California Division of Occupations Safety and Health (CalOSHA) requirements.

**Please provide the following information for each staff member sharing the role of dedicated Infection Preventionist:**

Name:

Qualifications:

Days/Hours Worked:

**Please submit a copy of your facility's infection prevention quality control plan.**

**Please enter any additional information on components of your facility's mitigation plan related to infection prevention personnel in the space below:**

### 3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- The SNF has a plan for adequate provision of PPE, including types that will be kept in stock, duration the stock is expected to last. The SNF will provide information on the supply network it plans to use.
- The SNF has initiated measures for procuring their own PPE supply (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) across all PPE items. If a two-week supply is not available, the SNF has evidence that it has orders arriving to ensure minimal PPE supplies.
- The SNF has existing contracts or relationships with PPE vendors to facilitate the replenishment of stock.
- The SNF has a contingency plan to address PPE supply shortages.
- Staff have been trained on selecting, donning and doffing appropriate PPE and demonstrate competency of such skills during resident care. If fit testing cannot be performed due to a lack of appropriate size respirators, the SNF must provide an alternative such as a Powered Air Purifying Respirator (PAPR).
- Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidance.
- Individuals serving as PPE coaches, who are responsible for providing just-in-time education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies.
- Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided.
- Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents.
- If there are COVID-19 cases identified in the facility, health care professionals are provided and are wearing recommended PPE for care of all residents, in line with the most recent CDPH PPE guidance.
- Residents are wearing a facemask (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the SNF for essential medical appointments.
- All SNF personnel are wearing a facemask while in the facility.

**Please enter any additional information on components of your facility's mitigation plan related to PPE in the space below:**

#### **4. STAFFING SHORTAGES**

- The SNF has policies in place to address HCP shortages, including contingency and crisis capacity strategies.
- The SNF can demonstrate that there has been advanced planning, in alignment with its emergency preparedness plans, for backup staffing using all resources (e.g., corporate resources, temporary staffing agencies, hospital partnerships, or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines.
- The SNF has a plan for expediting training of new health care professional staff brought in from other locations to provide resident care in the event that the facility reaches a staffing crisis.
- A designated person has been assigned responsibility for conducting a daily assessment of staffing status and needs, and has implemented or is ready to implement backup plans as needed.
- The SNF's sick leave policies are non-punitive (i.e., they do not result in disciplinary actions or job performance reviews, and they do not require provider notes), flexible, and consistent with public health policies that do not dissuade health care professionals from staying home when they are sick.

**Please submit a copy of your facility's policy for addressing HCP shortages. This policy must include contingency capacity and crisis capacity strategies.**

**Please enter any additional information on components of your facility's mitigation plan related to staffing shortages in the space below:**

## 5. DESIGNATION OF SPACE

- The SNF has policies in place for dedicated spaces within the facility to ensure separation of infected patients and for eliminating movement of HCP among those spaces to minimize transmission risk.
- All residents with COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, have been separated from residents who are not infected or have unknown infection status are placed in dedicated COVID-19 positive wings.
- If dedicated COVID-19 positive wings are unavailable, infected or recovering residents are cohorted appropriately, either alone in single-occupancy rooms or cohorted into a multi-occupancy room with other confirmed cases.
- Symptomatic residents with suspected COVID-19 infection may remain in their room (if multi-occupancy room, with 6ft, or as far as possible, between beds and curtains closed) while testing is pending.
- All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases, unless they are already cohorted with a symptomatic or confirmed positive roommate.
- Upon admission, new and readmitted residents with unknown COVID-19 status are placed in single-occupancy rooms or a separate observation unit, wing, or building.
- All congregate spaces have been closed and all group events involving close proximity ceased.
- There is no communal dining, or, in accordance with CMS guidance, eating in dining areas with appropriate social distancing is only used as a last resort; i.e., only allowed for residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID19 and with cognitive needs that warrant such accommodation. The facility must perform terminal cleaning at the end of each meal.
- In the event that the facility cannot safely designate space, staff, and supplies they will take immediate action to reduce the risk of the residents by any means necessary, up to and including evacuation of all suspect and confirmed COVID positive residents to the nearest facility which has been designated for the safe care and treatment of COVID.
- The SNF will communicate any imminent or suspected need to evacuate with their local MHOAC and CDPH.

**Please submit a copy of your facility's policy (or policies) for the dedication of space to ensure separation of infected patients and to limit the movement of HCP among those spaces.**

**Please enter any additional information on components of your facility's mitigation plan related to designation of space in the space below:**

## **6. COMMUNICATION**

- The SNF has a plan for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including the prevalence of confirmed cases of COVID-19 in staff and residents as directed by CMS guidance.
- The SNF will provide regular updates to the staff about PPE.
- A designated staff member has been assigned responsibility for daily communications with staff, residents, and their families.
- The SNF must report communicable disease data in a format and schedule as required by CDPH. The communicable disease data must include information about each COVID-19-related death and suspected COVID-19-related death, which must be reported to CDPH within 24 hours of death.