

## Local Health Department's COVID-19 Best Practices

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# Infection Prevention of COVID-19 in Long-Term Care Facilities

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### 1. Introduction

This Infection Prevention Toolkit is based on guidance of the County of Santa Clara Public Health Department (SCC PHD), California Department of Public Health (CDPH), and Centers for Disease Control and Prevention (CDC). Though this Toolkit was written with Skilled Nursing Facilities (SNFs) in mind, it is largely applicable to other Long-Term Care Facilities (LTCFs) as well. Since the last version, we have included newer guidance regarding testing, eye protection, aerosol generating procedures, PPE use, cohorting of residents, family visitation, and advance directives. We have also included a list of educational materials and webinars, available in translations, which can be used to educate staff as well as residents and their families.

Given their congregate nature and resident population served (e.g., older adults with chronic medical conditions), LTCFs are at the highest risk of serious illness or death due to COVID-19. Given the high risk of spread, facilities must be prepared to take immediate action to protect residents and healthcare workers (HCWs). The incubation period for COVID-19 is 2-14 days with an average of 5 days.

Residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not have any symptoms. **Asymptomatic and pre-symptomatic infections** contribute to transmission in the congregate setting. [Symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) may include: fever, chills, night sweats, sore throat, cough, shortness of breath, loss of appetite, nausea, vomiting, diarrhea, fatigue, myalgias, headaches, dizziness. There may be atypical symptoms such as altered mental status and loss of sense of taste and smell.

Current data suggests person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19 virus via **respiratory droplets** produced when the infected person speaks, coughs, or sneezes. Droplets can land in the eyes, nose or mouth of others in close proximity. Transmission might also occur through **contact** with contaminated surfaces (i.e., fomites) followed by contamination of the eyes, nose, or month. The contribution of smaller respirable particles, called **aerosolized or airborne particles**, to those in close proximity is still uncertain; this may be more of an issue in small enclosed spaces with poor ventilation. COVID-19 specific **Transmission Based Precautions** (TBP) includes Social Distancing and specific Personal Protective Equipment (PPE) as well as Standard Infection Prevention measures such as Hand Hygiene and Surface Decontamination.

### 2. Definitions

- **Healthcare Worker (HCW):** EMS, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, trainees, contractual staff not employed by the facility, persons not directly involved in patient care, (e.g., clerical, dietary, environmental services, laundry, security, facilities, administrative, billing personnel).
- **Healthcare Personnel (HCP):** same as HCW.
- **Source Control:** face covering or mask that covers nose/mouth to contain respiratory secretions, which may reduce the risk of transmission from symptomatic and asymptomatic persons.

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- **Person Under Investigation (PUI):** a person who has symptoms consistent with COVID-19 and is awaiting test results, or a person who has been exposed to a confirmed case of COVID-19 and is awaiting evaluation.
- **Transmission-Based Precautions (TBP):** refers to COVID-19 specific infection control measures, as mentioned above. TBP is used in the care of residents, who are in isolation with known or suspected COVID-19, or who are in observation/quarantine.
- **Cohorting:** refers to the separation of residents and HCW within the facility to reduce transmission of disease.
- **Personal Protective Equipment (PPE):** equipment such as mask or isolation gown necessary for protection against contact, respiratory droplets or aerosolized particles.
- **Surgical Mask:** a part of PPE designed for source control and to protect against respiratory droplets. These are prioritized for use by staff while working in the facility.
- **Eye Protection:** a part of PPE such as face shield or goggles, to be worn in addition to a mask, for protection against splashes and sprays.
- **N95 Mask:** a part of PPE, also called a respirator, to protect against aerosolized or airborne infectious particles.
- **COVID-19 Tests (PDF)** (<https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/08/COVID-testing-8.6.2020-FINAL-letterhead.pdf>):
  - PCR tests for the SARS-CoV-2 virus which causes COVID-19. The original test involves a nasopharyngeal (NP) swab. The newer tests involve anterior nares (AN) and mid-turbinate (MT) swabs, and soon to be released, saliva sampling ([NEJM, Wyllie, Aug. 28, 2020](#)). The [newer tests are suitable for self-collection \(PDF\)](#) (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/COVID-19-anterior-self-swab-testing-center.pdf>) by staff, under observation by a HCW who does not need to wear N95, standing at 6 ft distance. PCR tests are positive during an acute infection. The positivity (or sensitivity) varies by the date of collection after initial exposure, the lowest false negative rate or highest sensitivity being day #8 after exposure (or about day #3 of symptoms). ([Annals IM, Kucika, Aug. 18, 2020](#)).
  - POC antigen test kits were recently released by HHS to select SNFs. Facilities sign CLIA waiver to operate test. Viral media is not needed. Test results are available in 15 minutes on average. Antigen tests are not as sensitive as PCR. A negative test is considered “presumptive negative” and a positive “presumptive positive.” POC antigen test may be useful for the evaluation of a symptomatic resident or staff (two of the products specify collection within 5 days of symptom onset); a positive result would allow prompt isolation. Refer to [CDPH Guidance on the Use of Antigen Tests for Diagnosis of Acute COVID-19](#) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Guidance-on-the-Use-of-Antigen-Tests-for-Diagnosis-of-Acute-COVID-19.aspx>) and upcoming SCC PHD updates.
  - Serology is a blood test to detect if the body has developed antibodies to the virus. It is still unclear if antibodies are protective against reinfection and how long antibodies last. Some persons do not mount an antibody response at all. Serology is being used by epidemiologists for population surveillance and convalescent serum is occasionally used in the treatment of severely ill hospitalized patients.

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### 3. Key Concepts

- Educate Residents and Families
- Educate Healthcare Workers
- Restrict Visitors
- Infection Prevention Measures
- PPE Use and Conservation
- Containment by Cohorting Residents and HCW

### 4. Educate Residents and Families about COVID-19

Educate residents and families about steps the facility is taking to protect them and their loved ones (e.g., visitor restrictions) and actions needed to protect themselves in the facility (e.g., social distancing, hand hygiene, respiratory hygiene, cough etiquette, and masking). Have a plan to regularly communicate with residents, family members and HCW if cases of COVID-19 are identified in the facility. Consider using pamphlets and videos (see last page) as tools to educate residents and families. Regularly review local (CDSS, CDPH and SCC PHD) memos for current information and provide residents and families with updates. Take the following proactive steps with residents/families (see [CDPH All Facilities Letter 20-73](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-73), (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-73.aspx>):

- Ensure that residents/decision makers are informed about COVID-19 and the higher risk of severe illness and death from COVID-19 for older persons and those with comorbidities.
- Inform residents/decision makers of possible treatment options for those who become seriously ill from COVID-19, including treatment options that are available in the facility.
- Inform residents/decision makers that cardiopulmonary resuscitation (CPR) is the default treatment for cardiac arrest and will be started unless there is an existing valid "do not resuscitate" (DNR) order in the Advance Directive or POLST.
- POLST form is appropriate for residents of LTCF and allows for residents/decision makers to specify Preferred Intensity of Care.
- Confirm with the residents/decision makers the resident's preferences for treatment in the event of severe COVID-19 symptoms.
- Create a treatment plan and obtain orders from the medical provider or Medical Director that reflect resident preferences, including whether the resident wants to be transferred to a hospital for treatment of severe COVID-19 symptoms.
- Implement telehealth program to support advance care planning and, if the need arises, access for residents/families to hospice palliative care services.

### 5. Enforce Visitor Policies

Limit visitors in facilities when there is an outbreak (defined as one of more cases among resident or staff). Encourage alternative methods for visitation, e.g., phone calls, video chats, iPads. Develop a plan for when the facility will allow more visitors, including number of visitors, duration of visit, select hours, etc. The specific situations of end of life visitation, emotional support person, and family visits are discussed below. All visitors should be carefully screened (e.g., temperature, detailed review of symptoms (such as the symptoms listed under Introduction), questions regarding exposure within past 14 days) and not permitted

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to enter if they fail screening. Have versions in different translations available (see photo on last page of Toolkit). All visitors should be instructed regarding hand hygiene, masking, social distancing, restriction to resident's room or specified location, and minimal contact with surfaces.

#### End of Life Visits for Residents

Recommendations for end of life visits by family or friends of residents **with suspected or confirmed COVID-19** and who exhibit a rapid decline in health (as determined by the medical provider or medical director):

- End of life visits should occur in a single-occupancy room.
- The visit should be approved by the medical provider/director and the DON.
- Visits should be scheduled. Consider limiting visits to 2 persons at a time, 30 min per visit, 2 visits per day. Children <12 years of age are not permitted.
- Visitors should be screened and masked and should perform hand hygiene upon entry.
- Visitors should be instructed about COVID-19 with a pamphlet/video.
- Visitors should be escorted to the resident's room.
- The DON or designee should instruct the visitor regarding donning/doffing of PPE, hand hygiene, social distancing, and minimal contact with surfaces.
- Visitors are restricted to the resident's room and should leave facility immediately after visit.
- Surfaces in resident's room/bathroom should be sanitized after the visit.
- Visitors should self-monitor for symptoms of COVID-19 for 14 days after the visit and report to the facility if symptoms appear or COVID-19 is diagnosed.

Recommendations for end of life visits by family or friends of residents **without suspected or confirmed COVID-19** and who exhibit a rapid decline in health (as determined by the medical provider or Medical Director):

- Same as above but, in this case, the visitor does not need specific instructions regarding specific PPE.

#### Emotional Support Persons for Residents

Emotional Support Persons (ESPs) are important to residents with physical, intellectual, or developmental disabilities, as well as those with cognitive impairment. There are other indications for ESP listed in the [CMS guidance for safe visitation](https://www.cms.gov/newsroom/press-releases/cms-announces-new-guidance-safe-visitation-nursing-homes-during-covid-19-public-health-emergency) (<https://www.cms.gov/newsroom/press-releases/cms-announces-new-guidance-safe-visitation-nursing-homes-during-covid-19-public-health-emergency>).

- These visits are permitted for residents who do not have suspected/confirmed COVID-19.
- One ESP (the same one) is permitted per resident; consider limiting 1-2 hours per day.
- If resident is in a shared room, the visit should take place elsewhere, outdoors or in a large communal indoor space.

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- The other recommendations are as above (e.g. screening, masking, hand hygiene, social distancing, restricting to room).
- ESP should be instructed about COVID-19 with an instructional pamphlet/video.
- At facilities where COVID-19 transmission is being investigated, (e.g. response driven testing or during a small outbreak), ESP visits may still occur. See [CDPH All Facilities Letter 20-22](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx) (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>). These may occur outdoors or indoor/outdoor e.g. over the opening of sliding patio door, where there is adequate monitoring.
- The facility has the right to disallow ESP, if the facility is short staffed or involved in a major outbreak
- The ESP should be tested for COVID-19 at least monthly and provide proof of test.

#### Visits by Family or Friends

Visits by family or friends are important to the emotional well-being of the resident as well as that of visitor. Visits are safest if they occur outdoors, e.g. on a patio. Alternatively, visits may take place in a large communal indoor space. Whether indoors or outdoors, plexiglass partitions can be used to maintain separation between the resident and visitor (see examples on last page of Toolkit). All parties should be masked and maintain social distancing. Affected surfaces should be sanitized after each visit. The visits should be scheduled in advance. These sessions need to be monitored to ensure compliance. The facility can determine the number of family members, the duration of visit and number of visits per day. See [CMS QSO 20-39: Guidance for Safe Visitation \(PDF\)](https://www.cms.gov/files/document/qso-20-39-nh.pdf) (<https://www.cms.gov/files/document/qso-20-39-nh.pdf>).

- At facilities where COVID-19 transmission is being investigated, (e.g. response driven testing or during a small outbreak), visits may still occur. See [CDPH All Facilities Letter 20-22](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx) (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>). These may occur outdoors or indoor/outdoor e.g. over the opening of sliding patio door, where there is adequate monitoring.
- The facility has the right to disallow visits. if the facility is short staffed or involved in a major outbreak.

### **6. Educate Healthcare Workers on Infection Control, Sick Leave Policies, Staffing**

#### Education

- Utilize webinars and other educational materials in translations (see last pages of Toolkit) to educate staff, including ancillary staff such as Dietary and Housekeeping.
- DON and IP nurse can offer regular coaching sessions using material learned from COCA or CMS IP modules.
- Consider a buddy system so staff can watch and protect each other regarding IP measures.

#### Source Control

- Staff should wear a surgical mask at all times while in the facility. Staff may wear a cloth mask, if not involved in patient areas (e.g., Medical Records or Billing).
- Monitor social distancing in staff break rooms or common areas.

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### Eye Protection

- See [CDC's Interim Infection Prevention and Control Recommendations](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>). Eye protection pertains to all persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or their infectious secretions. Even an administrator who chats with a resident, who is unmasked or hard of hearing, is at risk. Goggles or face shields may be used; face shields also protect the mask (surgical or N95) but may further impact hearing impaired residents.

### Temperature and Symptom Screening

- HCWs (including ancillary staff) should regularly monitor themselves for fever or other symptoms of COVID-19.
- Facility should screen staff at the beginning of shift. If shift is longer than ten hours, repeat screening mid-shift.
  - Fever is defined as temperature  $\geq 99^{\circ}\text{F}$  or subjective fever.
  - Staff should be asked if fever reducer has been taken in the past 24 hours.

### Ill Healthcare Workers

- Sick leave policies should be non-punitive. Staff should not report to work when ill. If staff develop fever or other symptoms of COVID-19 while at work, they should promptly inform their supervisor, exit the workplace, and seek medical attention.

### Return to Work

- For guidance as to when HCW with suspected or confirmed COVID-19 may return to work, refer to the [New Isolation and Quarantine Guidance](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#iso-quarantine) (<https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#iso-quarantine>).

### Minimizing Healthcare Worker Exposures

- Staff who work in multiple locations pose a higher risk and are encouraged to inform their supervisor if they have had exposure at other facilities with confirmed cases. Staff who travel should monitor themselves more closely during the 14 days after return from the trip.

### Staffing Shortage

- Facility should have plans for anticipated staffing shortages during an outbreak.
- This may include plans to hire from Registry or transfer staff from a sister facility.
- If resources are limited, submit a 213RR to [resourcetracking@eoc.sccgov.org](mailto:resourcetracking@eoc.sccgov.org). Refer to [SCC PHD Resource Request Process](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#PPE) (<https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#PPE>).

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### Consultant Staff

- Educate consultants (e.g., wound care, podiatry, dental, hospice) who provide care in the facility, as consultants work in multiple facilities and can serve as a source of transmission. Some consultants can provide services via telehealth.
- Outside consultant and ancillary (e.g., lab radiology) staff are expected to have regular COVID-19 testing, per guidance of SCC PHD and CDPH.

### **7. Strategies for Infection Prevention**

SNFs must have a full time Infection Prevention (IP) specialist; this can be a shared position. Other LTCFs are strongly encouraged to do the same. CDC certification can be met by attending a 19-hour online course: [CDC Infection Preventionist Training Course](https://www.cdc.gov/longtermcare/training.html) (https://www.cdc.gov/longtermcare/training.html)

- Hand Hygiene
  - Place alcohol-based hand sanitizer ABHS with 60-70% alcohol in hallways, other resident care and common areas.
  - Wall-based ABHS may be placed in hallways in memory care units.
  - Staff can carry easy-to dispense ABHS on their belts/fanny packs.
  - ABHS is to be used if there is limited access to soap and water; handwashing with soap and water is still preferred.
  - Consider implementing handwashing stations at entrance and on patio; this invites hand washing by staff and visitors.
  - Monitor frequent hand washing among residents, especially before/after meals and after toileting.
  - Monitor frequent hand washing of staff, especially before/after direct resident care and upon entering/leaving resident rooms.
- Respiratory Hygiene
  - Provide tissues in common areas/resident rooms.
  - Instruct on cough etiquette.
- Place hands-free trash cans (and laundry bins if needed) inside resident rooms and in common areas. Place hands-free laundry bins inside resident rooms or common areas.
- Surface decontamination
  - Develop a schedule for regular disinfection of shared equipment (e.g., Hoyer lift, scales, monitors, exercise equipment) and high touch surfaces (e.g., resident rooms, shared resident bathrooms, staff breakrooms and staff bathrooms) in common areas.
  - Engage staff at all levels to disinfect, e.g., CNA or caregiver to assist in cleaning shared bathrooms; nursing staff to assist in cleaning stations.
  - Refer to [List N: Disinfectants for Use Against SARS-CoV-2](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) for EPA-registered disinfectants qualified for use. Review the contact time (time surface should stay wet) of each product.
  - Encourage staff to clean common spaces such as break rooms and patios; set up caddies of cleansers/towels or disinfectant strips so they are readily accessible.

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### 8. Personal Protective Equipment Use and Conservation

PPE is essential for protection of the HCW. Due to impending shortage of PPE, there is a need to conserve use. Refer to [CDC PPE Burn Calculator](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>) and designate staff to monitor inventory and stewardship. During PPE shortages with limited supply chain, refer to [SCC PHD Resource Request Process](https://www.sccgov.org/sites/phd-/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#PPE) (<https://www.sccgov.org/sites/phd-/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#PPE>). Submit a 213RR to [resourcetracking@eoc.sccgov.org](mailto:resourcetracking@eoc.sccgov.org).

Bundle patient care activity to reduce PPE waste. Ensure PPE is available in all resident care areas. Instruct staff regarding proper donning and doffing of PPE. Staff who provide care for residents with known or suspected COVID-19 should wear N95 masks (or surgical masks if N95 are not available), eye protection, gown and gloves. During PPE shortages, N95 masks are prioritized for aerosolizing procedures. Once there is adequate supply, staff should resume use of N95 masks in the care of COVID-19 residents.

Extended use of PPE is for the purpose of conservation and refers to wearing personal equipment for an entire shift or during the care of more than one resident. See Addendum #2 regarding for additional PPE strategies.

### 9. General Management and Cohorting of Residents

- Encourage residents to remain in their rooms.
- Encourage residents, especially those with memory issues, to practice social distancing, to mask when outside of the room, and to perform frequent hand hygiene (assist memory impaired resident by frequently washing hands with soapy hand towels).
- A cloth mask may be more comfortable for residents and conserves supply of surgical masks. Masks should not be placed on residents who have trouble breathing or on residents who are incapacitated or unable to remove mask without assistance.
- If in a shared room, residents should be separated by 6 feet. If the room is small, a curtain should be drawn between the head of beds.
- To accommodate social distancing, consider reducing the number of beds in a multi-occupancy room.
- Some group activities can be resumed, as isolation and lack of stimulation increase the risk of behavioral problems and poor physical health. Resumption of some group activities that can be safely performed is recommended. The safest place for group activities to occur is outdoors or in a large indoor communal space.
- Residents without COVID-19 may participate in small group activities and chair exercise.
- The Activities Coordinator needs to enforce masking of residents and hand hygiene, sanitization of surfaces and shared items between activities, and limiting the number of participants in shifts to maintain six feet of social distancing.
- Additional staff (e.g., CNA or caregiver) should assist the Activities Coordinator in monitoring residents, especially those with memory issues, to maintain masking hand hygiene and social distancing.
- These and other activities (e.g., use of salons, facility pool, communal dining, and outdoor excursions) will be guided by reopening policies of the County.

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### Cohorting of Residents

Cohorting residents is to prevent transmission and is based on the result of COVID-19 tests. Testing is beyond the scope of this guideline. For discussion of baseline, screening and response-driven testing, refer to the [SCC PHD memo\(PDF\)](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Memo-Skilled-Nursing-Facilities-05-29-20.pdf) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Memo-Skilled-Nursing-Facilities-05-29-20.pdf) and [CDPH All Facilities Letter 20-53.3](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.3) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx).

**COVID unit** is designated for residents with confirmed COVID-19. This unit could be a dedicated floor, unit, or wing in the facility. Dedicated staff should be assigned to work only in this area. These staff should be physically separated from other staff by having a separate entrance, exit, breakroom, and restroom. Ideally there is a foyer between the COVID unit and staff breakroom or restroom where PPE donning/doffing occurs.

**PUI unit** is designated for residents who develop symptoms or who may have been exposed to a confirmed COVID-19 case and are awaiting results of the COVID-19 test. These residents should be left in the original room rather than being moved about. No new residents should be moved in with the possibly exposed residents. See [CDPH AFL 20-74](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx). There should be clear signage on the door. Doors should be kept closed unless there is a safety risk to the resident, in which case this should be documented.

**Observation or Welcome Unit** is to monitor new admissions, those who may have been exposed in the community prior to admission. These residents should ideally be placed in single-occupancy rooms and should be treated with TBP for 14 days before retesting and being released into the Regular unit. Assuming that the resident is transferring from the hospital and there is no "ongoing transmission at the hospital," the acute care hospital days may count toward the 14-day observation period. See [CDPH AFL 20-53.3](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx). The determination of whether there is ongoing transmission at the hospital can be determined by speaking with the hospital infection preventionist.

Assuming there is no ongoing transmission at the hospital, readmissions do not require testing or quarantine. Residents who leave the facility for ED evaluation do not require testing or quarantine. Residents who leave the facility for dialysis do not require testing or quarantine but consider cohorting dialysis residents. Residents who go out regularly should be tested monthly. This is captured in the county-mandated monthly surveillance of SNF residents but should also be performed for residents of other LTCFs.

**Regular or General Unit** is for residents without known exposure to COVID-19 and who do not require isolation or quarantine.

See photos (end of Toolkit) for examples of plastic dividers that can be used to separate the units. Dividers or signs can be used to clearly indicate that one is entering the Observation unit.

For more info about this example contact Betsy Strong [betsy.strong@phd.sccgov.org](mailto:betsy.strong@phd.sccgov.org) and/or Elsa Villarino [elsa.villarino@phd.sccgov.org](mailto:elsa.villarino@phd.sccgov.org)

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TBP (including full PPE) is needed when caring for residents in the COVID, PUI and New Patient Observation Units. Staff should be especially cautious when moving between the PUI and New Patient Observation rooms, to avoid cross-contamination. Cessation of TBP and transfer to the Regular Unit can be done under guidance.

Refer to the [New Isolation and Quarantine Guidance](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#iso-quarantine) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#iso-quarantine).

#### **10. Evaluation of Residents with Confirmed or Suspected COVID-19**

Screen residents daily for symptoms of COVID-19 (see list of symptoms in Introduction) Also consider atypical symptoms such as loss of appetite and altered mental status. If a resident develops symptoms, immediately notify the medical provider or director for evaluation. Isolate the resident and implement TBP. Prioritize immediate testing for residents suspected to have or exposed to COVID-19.

SCC PHD should be notified immediately of residents with [suspected or confirmed COVID-19](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx).

Monitor ill residents more frequently (e.g., symptoms, vital signs, oxygen saturation and general appearance) to twice per shift. Engage the medical provider early and provide frequent updates. Notify the medical provider immediately regarding the need for further evaluation or possible transfer to higher level of care, should a resident develop altered mental status, low blood pressure, low O2 saturation or dyspnea. Transport personnel and the receiving facility should be notified of suspected diagnosis prior to transfer. Signed advance directive or POLST form should be available (see above).

To remove residents with COVID-19 from isolation or TBP, refer to the [New Isolation and Quarantine Guidance](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#iso-quarantine) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx#iso-quarantine).

#### **11. Aerosol Generating Procedures**

Aerosol Generating Procedures (AGP) increase the risk of aerosolizing virus particles and require a negative airflow or improved ventilation. Refer to [ASHE Negative Pressure Patient Room Options](https://www.ashe.org/negative-pressure-rooms) (https://www.ashe.org/negative-pressure-rooms) regarding portable HEPA units, airflow exchanges, HVAC systems. Examples of AGP include intubation and bronchoscopy, which occur in the acute hospital setting. Other examples are BiPAP, CPAP, off-line suctioning of ventilator patients, high flow oxygen, and nebulizer treatment. Nebulizer treatment should be switched, if possible, to a hand-held inhaler with a spacer. If nebulizer treatment must continue, it can be carried out in a treatment room with good ventilation; the room can "sit" undisturbed for an hour after the treatment before surfaces are disinfected. In the event of N95 shortage, N95 masks should be prioritized to staff caring for residents with confirmed or suspected COVID-19 who are receiving AGP.

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### 12. Other Mitigation Strategies and County of SCC PHD Contact Information

- Actively engage the Medical Director and the medical provider or LTCF team providing care for the resident at the facility. Teams such as Kaiser, PAMF, and SCVMC work closely with SCC PHD to identify areas for improvement at the LTCFs. Our mutual focus is to help keep residents and staff safe.
- Implement a Hand Hygiene Program Champion
  - [Alberta Health Services: Hand Hygiene Toolkit \(PDF\)](https://www.albertahealthservices.ca/assets/info/hp/hh/if-hp-hh-leadership-toolkit.pdf)  
(<https://www.albertahealthservices.ca/assets/info/hp/hh/if-hp-hh-leadership-toolkit.pdf>)
  - [Institute for Healthcare Improvement: Improving Hand Hygiene Practice with Six Sigma](http://www.ihi.org/resources/Pages/ImprovementStories/ImprovingHandHygienePracticewithSixSigma.aspx)  
(<http://www.ihi.org/resources/Pages/ImprovementStories/ImprovingHandHygienePracticewithSixSigma.aspx>)
- Implement a Champions for Safety Program
  - Provide comprehensive training for all staff, including supervisors and managers.
  - Engage staff champions as role models.
  - Disseminate best practices for improving PPE use.
  - Implement observational rounds.
  - Conduct regularly scheduled audits.
  - Use monitoring systems and checklists.
- SCC Public Health Provider Call Center for prompt reporting of cases
  - 408-885-4214, press option 3 and ask for the Provider Branch
- Medical Health Joint Operations Center Skilled Nursing Liaison:
  - Marina Zamarron, [marina.zamarron@phd.sccgov.org](mailto:marina.zamarron@phd.sccgov.org)

### 13. Addendum #1

#### Donning and Doffing Procedures

Review step by step procedures:

- [CDC Sequence for Putting On and Removing PPE \(PDF\)](https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf)  
(<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)
- [NEJM Video: Donning and Doffing PPE](https://www.nejm.org/doi/full/10.1056/NEJMvcm2014809)  
(<https://www.nejm.org/doi/full/10.1056/NEJMvcm2014809>)
- [Personal Protective Equipment \(PPE\) Competency Validation \(PDF\)](https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf)  
(<https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf>)

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[CDC COVID-19 Personal Protective Equipment \(PPE\) for Healthcare Personnel](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf) (PDF)  
([https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19\\_PPE\\_illustrations-p.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf))

### COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

#### Preferred PPE – Use N95 or Higher Respirator



#### Acceptable Alternative PPE – Use Facemask



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

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[CDC Facemask Do's and Don'ts for Healthcare Personnel](#) (PDF)

(<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf>)

**Facemask Do's and Don'ts**  
For Healthcare Personnel

**When putting on a facemask**  
Clean your hands and put on your facemask so it fully covers your mouth and nose.

**DO** secure the elastic bands around your ears.

**DO** secure the ties on the outside of your head and the back of your head.

**When wearing a facemask, don't do the following:**

**DON'T** wear your facemask under your nose or mouth.

**DON'T** allow a strap to hang down. **DON'T** touch the straps.

**DON'T** touch or adjust your facemask without washing your hands before and after.

**DON'T** wear your facemask on your head.

**DON'T** wear your facemask around your neck.

**DON'T** wear your facemask around your ear.

**When removing a facemask**  
Clean your hands and remove your facemask touching only the straps or ties.

**DO** leave the patient or area clean when your hands with alcohol-based hand sanitizer or soap and water.

**DO** remove your facemask handling **DON'T** the straps or ties, throw it away, and then wash your hands again.

If the place using facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during use, e.g., folded facemasks can be stored in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:  
<https://www.cdc.gov/coronavirus/2019-ncov/faq/wearing-ppes.html>.

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Local Health Department's COVID-19 Best Practices

[CDC How to Collect your Anterior Nasal Swab Sample for COVID-19 Testing](#) (PDF)

(<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/COVID-19-anterior-self-swab-testing-center.pdf>)

**HOW TO COLLECT YOUR ANTERIOR NASAL SWAB SAMPLE FOR COVID-19 TESTING**

Follow the instructions included with your sample kit. Use **only** materials provided in your kit to collect and store your sample, unless the kit says to do otherwise. Use **only** an approved sampling kit given to you by your healthcare provider or by personnel at the testing center.

**Initial set-up**

1. Open the sampling kit.
2. Apply hand sanitizer with at least 60% alcohol.

**Sample collection**

3. Remove the swab from the container being careful not to touch the soft end with your hand.
4. Insert the swab into your nostril. Do not insert it more than half an inch into your nostril.
5. Gently twist the swab, rubbing it along the inside of your nostril for 15 seconds.
6. Gently remove the swab.
7. Using the same swab, repeat steps 4-5 in your other nostril.

**Preparation of sample for return**

8. Place the swab in the sterile tube and stop off the end of the swab at the break line. Place the cap on the tube.
9. Apply hand sanitizer.
10. Place the tube containing the swab in the biohazard bag provided and seal the bag.

**Returning the sample and clean-up**

11. Give the bag with the swab to testing personnel.
12. Throw away remaining sample kit items.
13. Apply hand sanitizer.

cdc.gov/coronavirus

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### 14. Addendum #2

#### Additional Strategies regarding PPE Use and Conservation:

- CAL OSHA allows for extended use of N95, e.g. for an entire shift or maximum of 5 donnings/doffings, assuming there is no damage or contamination.  
On 8/8/20, OSHA issued new guidance against re-use (such as the 5-mask rotation strategy) or decontamination, citing poor fit after re-use and decontamination.
- OSHA recommends that facilities continue to send N95's to Battelle program for decontamination and save these masks for later use (e.g. crisis mode).
- Eric Berg, Deputy Chief of Health OSHA has provided his email [EBerg@dir.ca.gov](mailto:EBerg@dir.ca.gov) for facilities to send concerns, e.g. N95 supply chain. OSHA guidance on N95s may change in contingency or crisis mode. See the guidance for [Understanding Compliance with OSHA's Respiratory Protection Standard During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(PDF\)](#) (<https://www.osha.gov/sites/default/files/respiratory-protection-covid19-compliance.pdf>).
- OSHA recommends that facilities look into elastomeric respirators as an alternative to N95s. See OSHA's [webinar on elastomeric respirators](#) (<https://youtu.be/nqBliXSGBw0>).
- Fit testing by OSHA approved program is required for N95 use. After repeated donning/doffing, Seal test (see reference) should be performed to ensure fit.
- Surgical masks are not to be worn over N95 as it would prevent the filtering function of N95 and there would be more "touching" of the masks.
- Cloth masks are not to be worn under N95 as it would affect the seal and may reduce the ability of the wearer to aerate.
- Goggles or face shields are required for eye protection in direct patient care areas. Face shield also protect masks (N95 or surgical) if masks are worn in extended fashion. Face shields may further impact residents with impaired hearing. Goggles and face shields should be cleaned with alcohol-based cleanser at end of a shift, or if soiled or contaminated. If wearing in extended fashion, staff must refrain from touching the mask, face shield or goggles. Hand hygiene must be performed before and after touching mask, face shield or goggles. These items should be stored in paper bags during breaks.
- Re-use of gowns in the PUI/Observation units is permitted in the contingency or crisis mode. Launderable cloth gowns are preferred over disposable gowns for re-use. One gown is designated per staff per shift per resident and can be hung inside the patient's room between use. The gown should be laundered at end of shift or if contaminated or soiled. Care must be given to proper donning/doffing of the gown. Gowns are prioritized for staff performing high contact care for the resident, for protection against splashes and sprays, and during aerosol generating procedures. Gowns may be worn in an extended fashion by staff working in the COVID unit.

Gloves are for direct patient care only. Staff must change gloves when moving from one resident to another in a shared room. Gloves are to be discarded before exiting the room and not to be worn in hallways or nursing stations. Handwashing should be performed after exiting the room. Staff must refrain from touching eyes, face or mouth with potentially contaminated gloves, and avoid carrying nonessential items into resident room (e.g., phone, pen, paper).

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- A therapist who has to share his time between Regular and Observation unit should start in the Regular unit in the AM, then go to Observation unit in the PM. Upon entering the Observation unit, he should don appropriate PPE and spend the remainder of his shift there without moving back and forth to another unit or the PT gym.

IP nurse and DON should regularly educate the staff, so as to avoid confusion over what may appear to be complex and arbitrary PPE rules. Guidance regarding PPE will evolve with time.

For additional guidance, refer to: [Summary of Strategies to Optimize Use of PPE in Presence of Shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>).

### 15. Addendum #3 Photographs

Example of screening questions in various translations:



Example of outdoor handwashing station, attached to garden hose and operated by foot pump, typically installed at front entrance and on patio:



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Example of ergonomic ceiling to floor magnetic plastic dividers to separate units (made by Grainger):



Example of signage to designate different zone with required PPE:



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Example of outdoor setup with plexiglass divider for family visits (suggest non-upholstered and non-rattan material for easier cleaning):



Example of indoor setup with plexiglass divider in large indoor communal space for family visits:



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### 16. Addendum #4 Educational Materials

#### [Webinar Series - COVID-19 Prevention Messages for Long Term Care Staff](#)

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>)

These can be used to educate nursing and ancillary staff, as well as residents and visitors.

#### CDC COVID-19 Translated Materials

- [CDC Resources in Languages other than English](#)  
(<https://wwwn.cdc.gov/pubs/other-languages?Sort=Lang%3A%3Aasc>)

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### 17. References

#### General Guidance

- [SCC PHD Health Advisories: Updated COVID-19 Requirements, Guidance, and Strategies for LTCFs in Santa Clara County](https://www.sccgov.org/sites/phd-p/healthalerts/Pages/alerts-home.aspx) (https://www.sccgov.org/sites/phd-p/healthalerts/Pages/alerts-home.aspx)
  - [September 4, 2020 \(PDF\)](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/updated-covid-19-requirements-for-LTCFs-090420.pdf) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/updated-covid-19-requirements-for-LTCFs-090420.pdf)
  - [July 3, 2020 \(PDF\)](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Memo-Long-Term-Care-Facilities-07-03-20.pdf) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Memo-Long-Term-Care-Facilities-07-03-20.pdf)
  - [May 29, 2020 \(PDF\)](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Memo-Skilled-Nursing-Facilities-05-29-20.pdf) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Memo-Skilled-Nursing-Facilities-05-29-20.pdf)
  - [April 5, 2020 \(PDF\)](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Long-Term_Care_Facilities_Memo_213RR_Sample_Final_4.5.20.pdf) (https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Long-Term\_Care\_Facilities\_Memo\_213RR\_Sample\_Final\_4.5.20.pdf)
- [CDPH All Facilities Letters](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx)
  - [AFL 20-22.3: Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx)
  - [AFL 20-38.2: Visitor Limitations Guidance](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-38.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-38.aspx)
  - [AFL 20-52: COVID-19 Mitigation Plan Implementation and Submission Requirements for SNF and Infection Control Guidance for HCP](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx)
  - [AFL 20-53: COVID-19 Mitigation Plan Recommendations for Testing of HCP and Residents at SNF](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx)
  - [AFL 20-73: Advance Care Planning, Physician's Order for Life Sustaining Treatment \(POLST\) and Coronavirus Disease 2019 \(COVID-19\)](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-73.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-73.aspx)
  - [AFL 20-74: Coronavirus Disease 2019 \(COVID-19\) Recommendations for Personal Protective Equipment \(PPE\), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx) (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx)
- [CDC Preparing for COVID-19 in Nursing Homes](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html)
- [CDC Interim Infection Prevention and Control Recommendations](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
- [ASHE Negative Pressure Patient Room Options](https://www.ashe.org/negative-pressure-rooms) (https://www.ashe.org/negative-pressure-rooms)

#### PPE

- [CDC Strategies to Optimize the Use of PPE](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)
- [CDC Proper Donning and Doffing PPE](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)

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- [How to Perform a SEAL Test](https://www.youtube.com/watch?v=pGXiUyAoEd8)  
(<https://www.youtube.com/watch?v=pGXiUyAoEd8>)
- [CDC PPE Burn Calculator](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)  
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>)
- [Personal Protective Equipment \(PPE\) Competency Validation \(PDF\)](http://spice.unc.edu/wp-content/uploads/2020/02/PPE-Competency-SPICErev-1-EC02272020.pdf)  
(<http://spice.unc.edu/wp-content/uploads/2020/02/PPE-Competency-SPICErev-1-EC02272020.pdf>)
- [Enrollment Package Battelle Decontamination System](https://www.battelle.org/inb/battelle-ccds-for-covid19-satellite-locations)  
(<https://www.battelle.org/inb/battelle-ccds-for-covid19-satellite-locations>)

### Check Lists

- [Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings \(PDF\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)  
([https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf))
- [CMS Emergency Preparedness & Response Operations](https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/EPRO-Home)  
(<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/EPRO-Home>)
- [Infection Prevention and Control Assessment Tool for Nursing Homes \(PDF\)](https://www.cdc.gov/infectioncontrol/pdf/icar/lctcf.pdf)  
(<https://www.cdc.gov/infectioncontrol/pdf/icar/lctcf.pdf>)
- [List N: Disinfectants for Use Against SARS-CoV-2](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>)

### COVID-19 Webinars

- [Weekly CDPH HAI Webinar](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-50.aspx/)  
(<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-50.aspx/>)
- [CDC COCA Webinar](https://emergency.cdc.gov/coca/calls/2020/callinfo_061620.asp)  
([https://emergency.cdc.gov/coca/calls/2020/callinfo\\_061620.asp](https://emergency.cdc.gov/coca/calls/2020/callinfo_061620.asp))
- [CDC Webinar – Sparkling Surfaces: Stop COVID-19's Spread](https://youtu.be/t7OH8ORr5Ig)  
(<https://youtu.be/t7OH8ORr5Ig>)
- [CDC Webinar – Keep COVID-19 Out!](https://youtu.be/7srwrF9MGdw)  
(<https://youtu.be/7srwrF9MGdw>)
- [CDC Webinar – Clean Hands: Combat COVID-19](https://youtu.be/xmYMUly7qiE)  
(<https://youtu.be/xmYMUly7qiE>)
- [CDC Webinar – Closely Monitor Residents for COVID-19](https://youtu.be/1ZbT1Njv6xA)  
(<https://youtu.be/1ZbT1Njv6xA>)
- [CDC Webinar – PPE Lessons](https://youtu.be/YYTATw9yav4)  
(<https://youtu.be/YYTATw9yav4>)

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