

Coronavirus Disease 2019 (COVID-19) SNF Mitigation Plan Glossary

The following definitions apply for the purposes of implementing [All Facilities Letter 20-52](#) and the [COVID-19 Mitigation Plan for SNFs](#) (PDF) template.

Term	Definition
Contingency capacity	Measures that may be used temporarily during periods of expected personal protective equipment (PPE) shortages.
Crisis capacity	Strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known PPE shortages.
Full time infection preventionist (IP)	<p>One or more individuals who are responsible for the facility's infection prevention and infection control program.</p> <p>The IP must:</p> <ol style="list-style-type: none"> 1. Work 40 hours per week at the facility for the duration of the declared emergency 2. Have completed specialized training on infection prevention and control <p>More than one staff member may share this role; however, only direct care hours can be counted towards Direct Care Service Hours Per Patient Day staffing requirements. An IP may be considered a direct caregiver only when providing nursing services beyond the hours required to carry out the duties of the IP role, as long as these additional nursing hours are separately documented.</p>
Personal protective equipment (PPE)	<p>Supplies such as masks, respirators, eye protections such as goggles and face shields, gowns and gloves, and other supplies that protect the healthcare workforce caring for infectious persons, first responders, and field staff.</p> <p>A two-week supply of PPE is recommended for all current census and projected admissions; however, if a two-week supply is not available, the facility must have evidence that it has orders arriving to ensure minimal PPE supplies.</p>
Staffing shortage	Shortage of the minimum number of staff needed to provide a safe work environment and patient care.

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Submission to the district office	<p>Mitigation plans may be sent to the local district office by mail, fax, or email:</p> <ul style="list-style-type: none"> • Bakersfield: CDPH-LNC-BAKERSFIELD@cdph.ca.gov • Chico: CDPH-LNC-CHICO@cdph.ca.gov • East Bay: CDPH-LNC-EASTBAY@cdph.ca.gov • Fresno: CDPH-LNC-FRESNO@cdph.ca.gov • L.A. County: CDPH-LNC-LOSANGELES@cdph.ca.gov • Orange County: CDPH-LNC-ORANGECOUNTY@cdph.ca.gov • Riverside: CDPH-LNC-RIVERSIDE@cdph.ca.gov • Sacramento: CDPH-LNC-SACRAMENTO@cdph.ca.gov • San Bernardino: CDPH-LNC-SANBERNARDINO@cdph.ca.gov • San Diego: CDPH-LNC-SANDIEGOSOUTH@cdph.ca.gov • San Francisco: CDPH-LNC-DALYCITY@cdph.ca.gov • San Jose: CDPH-LNC-SANJOSE@cdph.ca.gov • Santa Rosa/Redwood Coast: CDPH-LNC-SANTAROSE@cdph.ca.gov • State Facilities Section: CDPH_LNC_SFS@cdph.ca.gov • Ventura: CDPH-LNC-VENTURA@cdph.ca.gov
Testing	<p>Testing includes:</p> <ul style="list-style-type: none"> • Baseline testing for all SNF residents and HCP for any facility that does not currently have a positive case • Testing residents prior to admission or readmission, including transfers from hospitals or other healthcare facilities. If the hospital does not test the patient, the SNF must test and quarantine upon admission. • Residents admitted from the hospital should be tested prior to admission and if they test negative, should be quarantined for 14 days and then retested. If negative, the resident can be released from quarantine. • If a resident test positive for COVID-19, the resident should be placed in quarantine and cohorted separately with other COVID-19 positive residents. • Testing of symptomatic or exposed residents