

COVID-19 Surge Readiness



Best Practices for Skilled Nursing Facilities

Saving lives and avoiding hospitalizations

Lives are being saved (and hospitalizations avoided) with timely COVID-19 treatments. Treatments are safe and effective, even with changing variants. Treatments can keep residents, clients and staff from developing severe disease and may help them test negative for COVID-19 sooner. Preparing before a positive COVID-19 case occurs will help residents and staff get treated faster.

This notice reminds providers that ALL long term care residents are considered at higher risk for severe COVID-19 and the decision to not prescribe COVID-19 treatment should be reserved for situations in which the risk of prescribing clearly outweighs the benefits of treatment in preventing hospitalization, death, and the potential for reduced risk of long COVID.

The California Department of Public Health (CDPH) COVID-19 Therapeutics Task Force wants to support you in getting ready for potential COVID-19 surges in your facility. CDPH understands that facilities do not control the actions and decision of individual health care providers. However, you can help facilitate treatments for your residents and staff with preparedness education, awareness, and getting the right plans into place. The CDPH COVID-19 Therapeutics Task Force is available to assist you with developing best practices and education for your situation. You can contact us at COVIDRxProviders@cdph.ca.gov or give us a call (833) 502-1245 from Monday to Friday 8am to 6pm. You can also use the Provider COVID-19 Call Center email: covidcallcenter@cdph.ca.gov.

Surge preparedness tips: baseline strategies

- Encourage wearing masks with good fit and filtration like N95s, KN95s and KF94s
- Isolating and cohorting ill patients
- Testing staff and residents with symptoms
- Preparing for increasing use of COVID-19 treatments:
 1. Reach out to your residents' health care providers
 2. Confirm supply with your pharmacy, if possible
 3. Develop a plan
 4. Educate your staff
 5. Inform resident/resident representatives of treatment availability



Outreach to providers caring for your residents:

- Encourage them to review: [CDPH CAHAN Health Advisory: Reminder to Lower Barriers to Prescribing COVID-19 Therapeutics to Mitigate Impact of COVID-19 \(12/2/22\)](#).
- Encourage them to write orders for testing symptomatic residents and make a plan for which treatment they should receive if they test positive for COVID-19 and have symptoms.
- Let them know your facility plans (testing plan, who will be reaching out with positive test results).

Pharmacy planning & infusion planning:

- Confirm supply of COVID-19 therapeutic agents with long term care pharmacy supplier or in-house pharmacy.
- Identify home infusion service or convenient outpatient infusion center for accessing IV treatments for residents who cannot take oral antivirals.

Facility planning:

- Testing: Accelerate workflow by requesting orders for performing rapid COVID-19 and flu tests on symptomatic residents. Reach out to providers for treatment plan for positive results from rapid test (without waiting for send-out PCR confirmation). If rapid testing is not possible, request orders for NAAT/PCR and reach out to providers for presumptive plan in the event the result is positive.
- Provider Communication: Identify a point person (or two) for communicating with providers about COVID-19 positive residents.
 - Ask provider for prescription: "Which COVID-19 treatment do you want for this patient."
 - Discuss with resident representatives which COVID-19 treatment they want for their loved ones.
 - Test-to-Treat and Telehealth Options: Utilize test-to-treat or telehealth options for residents or staff who are unable to get an appointment with their provider within 24 hours of testing positive:
 - [Test to Treat locations](#) (aspr.hhs.gov/TestToTreat).
 - [FREE Virtual COVID-19 Visit for Californians Ages 12 and Up](#) (sesamecare.com/covidca).
 - Plan for what role the medical director will play for COVID-19 positive, symptomatic patients if no timely response received from a provider.
- Staffing: Identify staffing plan if infusions (remdesivir) are ordered. Some SNFs have adequate staffing to accommodate in regular schedule, others have had nurses do infusions on overtime before or after regular shift.



Educate Nursing & Ancillary Staff About Therapeutic Options:

Overview:

- Vaccines + treatments = more healthy residents and staff.
- Treating symptomatic COVID-19 among SNF residents is the new normal.
- Team approach encouraged: “Let’s keep our residents out of the hospital!”

Fast facts:

- Treatments are safe and effective in the elderly.
- Oral and IV options available.
- “Need for speed”** (oral antivirals must be started within 5 days from symptom onset; IV within 7 days).
- Options exist for individuals who are nutritionally compromised/unable to tolerate oral meds.
- Antivirals have persistent activity against changing variants.

Identifying when treatments are needed:

- Treatments are for patients with symptoms, not just a positive test.
- Frequently check patients for possible signs to be aware of changes.
- Symptoms can be mild and non-specific.
 - Possible early signs of COVID-19 (and other influenza-like illnesses) include:
 - Behavior changes like being more unsettled, expressing new delusions, wandering more than normal, eating/drinking less than usual, appearing sleepy.
 - Physical symptoms like headache, warmer than usual or chills, hoarse voice/sore throat shortness of breathing, eye infections, runny nose, new/changed cough, nausea or vomiting, unexplained diarrhea, muscle or body aches.
 - Non-standard COVID-19 symptoms common in older adults:
 - Delirium, falls, fatigue, lethargy, low blood pressure, painful swallowing, fainting, diarrhea, abdominal pain.

Resource for symptomatic staff:

- Staff can access [free treatments for themselves \(covid19.ca.gov/treatment\)](https://covid19.ca.gov/treatment): **“Treat yourself!”**

