DEPARTMENT OF PUBLIC HEALTH

GUIDANCE FOR THE PUBLIC HEALTH RESPONSE TO RESIDENTS WITH COVID-19 IN SKILLED NURSING FACILITIES

SAN BERNARDINO COUNTY

COVID–19 Response

SBCovid19.com

All skilled nursing facilities should adhere to current Centers for Disease Control and Prevention (CDC) recommendations for facility operations which include but are not limited to:

- Screening healthcare personnel (HCP) at beginning of every shift for fever and respiratory symptoms. Temperature should be taken upon arrival to shift.
    - HCP with a temperature of 100°F or symptoms should be sent home immediately and prioritized for SARS-CoV-2 testing
- Restricting facility access to all visitors, nonessential staff, and volunteers
- Canceling any group activities including exercise programs communal dining, and outside trips
- Screening residents for symptoms and fever, at least daily
    - Residents with a temperature of 100°F or repeated temps (>99°F), or any other symptom including a change in baseline status should be prioritize for testing. While they may remain with an existing co-occupant of the room, if available they should move to a single room. . Pending further evaluation, they should be cared for using recommended personal protective equipment (PPE) including gown, gloves, N95 or higher-level respirator (or facemask if respirator is not available or HCP is not fit-tested) and eye protection (goggles or face shield). These residents should be prioritized for testing.
- Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, sore throat or loss/change in taste or smell. Identification of these symptoms should prompt the same recommendations as listed above for fever and further evaluation for COVID-19.

If any resident or staff with suspected or confirmed COVID-19 is identified in a skilled nursing facility:

Facilities shall notify the San Bernardino County Department of Public Health (DPH) with new confirmed or suspected cases at 1-800-722-4794 and email HealthMonitor@dph.sbcounty.gov if:

- any resident or staff member is suspected or confirmed to be COVID – 19 positive
- any residents exhibit any potential symptom of COVID-19, or any or change in baseline
- any residents have evidence of severe respiratory infection
- the facility identifies 3 or more cases of respiratory illness among residents and/or staff or healthcare provider (HCP) These situations should prompt further investigation and possible testing for SARS-CoV-2. If the facility needs assistance or access to additional resources they may make such requests as follows:

    a. For requests for help with testing collection kits, please email DOCOperations@dph.sbcounty.gov. The facility must provide line lists of symptomatic residents and staff, those tested, and results to DPH. The form to request specimen collection kits can be found at http://wp.sbcounty.gov/dph/wp-content/uploads/sites/7/2019/08/lab-supply-requistion-lc-lw-final.pdf, and the facility should email the form to DOCOperations@dph.sbcounty.gov. b. For requests for PPE, please email the ICEMA duty officer at: ICEMADutyOfficer@cao.sbcounty.gov. Phone #: 909-208-8618. The form to request PPE or other supplies can be found at https://www.sbcounty.gov/icema/main/ViewFile.aspx?DocID=4402.

    c. For assistance or guidance on testing procedures, please email HealthMonitor@dph.sbcounty.gov.

If a facility healthcare provider (HCP) is suspected or confirmed COVID-19 the facility should take the following actions:

1. Symptomatic providers- These members of facility staff should be immediately removed from duties and sent home until one of the following criteria is met:
    a. At least 3 days (72 hours) have passed since recovery and at least ten days have passed since symptoms first appeared Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), and .

    b.

    c. Two consecutive (minimum of 24 hours apart) negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA nasopharyngeal swab specimens, and .
    d. Follow CDC return-to-work guidelines that can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
2. Asymptomatic providers with positive testing- These HCP staff members should be immediately removed from duties and sent home until one of the following criteria is met:
    a. 10 days have passed since the date of their first positive COVID-19 diagnostic test unless the HCP has - not subsequently developed symptoms since their positive test. If symptoms are evident, then the symptom-based or test-based strategy above should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

    If no symptoms have been experienced in 10 days, the HCP will then have two consecutive (minimum 24 hours apart) negative results from an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 using nasopharymgeal swab specimens.
3. All suspected healthcare workers will receive priority for the scheduling of SARS-CoV-2 testing provided by the San Bernardino Department of Public Health Laboratory

4. The facility should assess whether the HCP performed duties while exhibiting symptoms consistent with COVID-19. If so:
    a. Residents previously cared for by the symptomatic HCP should be restricted to their room, followed for fever and respiratory symptoms at least daily (should already be in place), wear a facemask if leaving their room, and be cared for using recommended PPE [N95 respirator (or facemask if respirator not available or HCP are not fit-tested), gloves, eye protection and gown] until results of the HCP testing are known.
    b. Residents should be cared for using recommended PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.

If a COVID-19 resident is identified in a facility:

1. The facility should temporarily halt admissions and immediately contact the San Bernardino County Department of Public Health at 800-722-4794.

2. Ensure the resident is isolated and cared for using recommended PPE [N95 respirator (or facemask if respirator not available or HCP are not fit-tested), gloves, eye protection and gown].

    a. Place the resident in a single room if possible, or cohort with other known positive patients.

    b. The facility should conduct surveillance to actively identify other symptomatic residents and HCP (should already be in place).

c. Routine assessment of residents should increase from daily to every shift.

3. Residents on the affected unit (or in the facility if cases widespread) should be counseled to restrict themselves to their room until public health has completed contact tracing and additional testing and has cleared residents to resume usual activities. HCP should use all recommended (PPE) for the care of all residents in affected areas; this includes both symptomatic and asymptomatic residents.
4. The facility should reinforce basic infection control practices within the facility (i.e., hand hygiene, PPE use, environmental cleaning)
    a. Provide educational sessions or handouts for facility staff and residents/families
    b. Maintain frequent communication with residents, families and facility staff with updates on the situation and facility actions
    c. Monitor hand hygiene and PPE use in affected areas
5. Tthe facility should institute:
    a. Increased vitals/assessments of COVID-19 residents to more rapidly detect clinical deterioration. Include assessment of pulse oximetry as part of vital signs, if not already being done. Educate HCP about the potential for rapid clinical deterioration in residents with COVID-19
    b. Consider increasing from daily to Q shift surveillance for new symptoms among residents not known to be infected with SARS-CoV-2
6. COVID-19 residents may share rooms with other similarly infected residents. These residents may also be cohorted together in a designated location with dedicated HCP providing their care. Roommates of COVID-19 patients should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure. Roommates of residents who have tested positive for COVID-19 are not advised to be moved until they have been tested negative or have remained asymptomatic for 14 days after last exposure.
7. The facility should maintain all interventions set forth in this guidance and continue to surveillance to detect new clinical cases (symptomatic residents):
    a. Maintain precautions for all residents on the unit until no additional clinical cases are detected for 14 days or until cases subside in community. Allowing new admissions or returning current residents to the facility from acute care hospitals should be discussed with DPH.
    b. COVID-19 or COVID Suspected (PUI) residents can be returned back to the facility from an acute care hospital if the facility can care for the resident using recommended interventions and single rooms or they can room share with another COVID-19 resident.
    c. Removing COVID-19 residents from Transmission-Based Precautions should follow current recommendations (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)
    d. Facility should keep in mind that the incubation period can be up to 14 days and the identification of new case within a week to 10 days of starting the interventions does not necessarily represent a failure of the interventions to control transmission

Considerations for staffing shortages:

Follow the CDC guidance for mitigating staff shortages: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

According to CDC guidance, if shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all Return to Work Criteria to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:

1. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
2. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
3. Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
4. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19.

If HCP staff are permitted to return to work before meeting all Return to Work Criteria, they should still adhere to all Return to Work Practices and Work Restrictions recommendations described in that guidance. These include:

- Wear a facemask for source control at all times while in the healthcare facility until they meet the full Return to Work Criteria and all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
    - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
    - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
    - Facemasks should be worn even when they are in non-patient care areas such as breakrooms.
    - If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.
- Being restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.
- Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

Use of testing/point prevalence surveys (PPS}:

1. The California Department of Public Health (CDPH) prioritizes testing of both symptomatic and asymptomatic staff and residents of skilled nursing facilities (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Expanding-Access-to-Testing-Updated-Guidance-on-Prioritization-for-COVID-19-Testing.aspx). Additional testing will be on a case-by-case basis depending on circumstances at each facility.

2. Use of testing advised by the local Health Officer:

a. Testing of symptomatic **HCP** and **residents** is of highest priority
b. Testing of PUI/contacts of known cases (HCPs and residents) should also be prioritized
c. If a new case is identified in the facility in a resident with no known risk, facility is strongly advised to promptly test all residents in the facility
d. Remember, persons at risk do NOT need to be symptomatic in order to be tested
e. In situations of potential widespread transmission, testing all staff may be strongly advised

3. PPS explain what this means might be of use in four situations:

    a. While initiating an investigation, a point prevalence survey might help define the scope of transmission by identifying asymptomatic residents. Although this intervention might further define the initial scope, it is less likely to impact the interventions as full precautions should already be instituted on affected units for both symptomatic and asymptomatic residents

    b. If widespread ongoing transmission is identified despite initial interventions, a PPS could help define the scope of the outbreak and might help target interventions (e.g., cohorting COVID-19 residents)

    c. To evaluate for asymptomatic COVID-19 residents on other units if efforts have been focused on a single unit

    d. If PPE resources are extremely limited, PPE could be diverted to COVID-19 residents while other crisis methods to interrupt transmission (dust masks or face shields without mask or N95) might be used for asymptomatic residents that test negative for SARS-CoV-2

Note: Negative test results do not ensure lack of transmission. COVID-19 exposed residents should continue to be monitored for symptoms with use of PPE for all resident care for 14 days after the interventions were implemented