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SAN BERNARDINO COUNTY

Public Health
Administration

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Director

Joshua Dugas
Interim Assistant Director

Erin Gustafson, M.D., MPH
Interim Health Officer

Dear Long-term Care Facility Administrators:

The questions and answers in the attached document are being provided to inform health care workers and others about key information of interest about how to work with and react to COVID-19 in long-term health care facilities and other congregate living facilities. Please share with all of your staff to help ensure they have the most up to date information on COVID-19.

Thank you for your collaboration in mitigating the threat of this unprecedented pandemic.

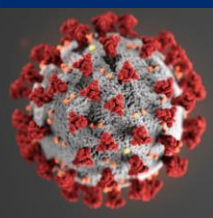
Sincerely,

Erin Gustafson, MD

Erin Gustafson, M.D., MPH

Interim Health Officer

SAN BERNARDINO COUNTY



CORONAVIRUS (COVID-19) INFORMATION

Long Term Health Care Facility Staff FAQs

8-27-20

Frequently Asked Questions

The following questions and answers are being provided to inform health care workers and others about key information of interest about how to work and react to COVID-19 in long-term health care facilities and other congregate living facilities. (The text underlined in blue are reference links to Centers for Disease Control and Prevention (CDC) protocols.)

Q: How does public health decide when staff can return to work?

A: You may return to work when the following is met:

- If you had **mild to moderate illness** and are not severely immunocompromised:

  - At least 10 days have passed *since the symptoms first appeared* **and**
  - At least 24 hours have passed *since the last* fever without the use of fever-reducing medications **and**
  - Symptoms (e.g., cough, shortness of breath) have improved

- If you had **severe to critical illness** or are severely immunocompromised

  - At least 10 days and up to 20 days have passed *since symptoms first appeared*
  - At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Consider consultation with infection control experts

If you are severely immunocompromised but never had any symptoms, you may return to work when at least 10 days and up to 20 days have passed since the date of your first positive COVID test.

We do not recommend, and you should not be required, to be retested to return to work, except if you are severely immunocompromised. This is because, in most cases, this results in being excluded from work when you continue to test positive but are no longer infectious.

Q: If I had a mild or moderate case of COVID-19, how can I protect myself and others when positive staff return to work after recovering?

A: You should wear a facemask (not a cloth mask) at all times while you are in the health care facility until all symptoms are completely resolved or at baseline and then revert to your facility policy regarding universal source control (infection prevention) during the pandemic.

- Note: A facemask for source control does not replace the need to wear an N-95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
    - Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

Q: How do I protect myself and others when caring for a resident who has or is recovering from COVID-19?

A: If you enter the room of a resident with suspected or confirmed COVID-19, you should wear a NIOSH-approved N-95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.

You should wear all recommended COVID-19 PPE when you care for residents under observation whose COVID status is unknown. This PPE includes use of an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.

You may care for residents with COVID-19 who have met criteria for discontinuing transmission-based precautions, but the COVID-19 resident who remains symptomatic (i.e., persistent symptoms or chronic symptoms above baseline) can be housed on a regular unit but should remain in a private room if possible until symptoms resolve or return to baseline. These residents should remain in their rooms as much as possible during this time period. If they must leave their rooms, facilities should reinforce adherence to universal source control policies and social distancing [e.g., perform frequent hand hygiene, have the resident wear a cloth face covering or facemask (if tolerated) and remain at least six feet away from others when outside of their room].

Please note that our current knowledge says that an estimated 95 percent of severely or critically ill patients, including some with severe immunocompromise, did not show that they could infect other people 15 days after onset of symptoms. No patients showed that they could re-infect other individuals more than 20 days after the onset of symptoms. Disease severity factors and the presence of immunocompromising conditions should be considered in determining how long specific patient populations should be in isolation.

Q: What is a Line List and why is it so important to report to Local Public Health Department?

A: The resident and staff Line Listing is a list of people who have been confirmed to have the virus or people who have been exposed to people that have had the virus so that the Department of Public Health can contact everyone and inform them of how to take precautions to protect their loved ones, friends and

others they might come into contact with. This list is also used by your facility Infection Prevention specialist and Public Health Communicable Disease Investigators (CDI's) in so that they can promptly and accurately report about the outbreak to the State. This will also provide data for your facility's IP Program and satisfy CMS and L&C Surveys in the future.

Q: **When dialysis patients return, do they need to be put in the observation area?**

A: Initially we recommended this, however these individuals will end up perpetually being in this area if this practice continues. They can be monitored and tested, and if they are a known negative it is not necessary to place these dialysis patients in observation. We encourage facilities to develop strategies for dialysis patients. Local Public Health encourages communication between your facility and the dialysis centers that treat your residents.

Q: Are there any updates on visitation restrictions?

A: At this time, the County does not meet the criteria outlined in AFL 20.22.4 (last updated on August 25, 2020) that would permit modification to visitor restrictions. The criteria includes new cases, hospitalization, and deaths. SNFs may explore using outdoor spaces or utilize large areas for visitation with social distancing. AFL 20-38.4 (updated on August 7) addresses visitation for residents at end-of-life and **residents with physical, Intellectual, and/or Developmental Disabilities and Patients Cognitive Impairments**. The County is still waiting on improvements to our current COVID-19 status to modify visitation restrictions.

Q: What are the points of contact for various SNF needs?

- **To report a COVID positive resident or staff please call your assigned CDI directly or:**

Phone: 1-800-722-4794 or
Email CDS@dph.sbcounty.gov

- **To report positive cases and staffing issues to CDPH Local District Office**

Phone: (909) 383-4777
Toll Free: (800) 344-2896
Fax: (909) 888-2315
Email: CDPH-LNCSANBERNARDINO@cdph.ca.gov

- **To request assistance with Infection Prevention (IP) consultation:**

Phone: Kelli Clark, IP 909-387-6358 or
Email: kelli.clark@dph.sbcounty.gov

- **To request assistance with urgent training, emergency staffing resources, or PPE supply from SO+S Team:**

Phone: Christian Barragan at (909) 677-6533 or
Email: barraganC@armc.sbcounty.gov

- **To request Behavioral Health support for your staff**

Phone: 909-421-9208
Email: Metra.Jaberi@dbh.sbcounty.gov

- **To request assistance from Medical Health Operational Area Coordinator (MHOAC)**

Phone: 909-388-5830
Email: Tom.lynch@cao.sbcounty.gov