

GUIDANCE FOR PREVENTING AND MANAGING COVID-19 IN LONG-TERM CARE FACILITIES

Summary of Recent Changes:

07/29/20: Guidelines were re-organized and updated. New to this version are sections on Admissions, Cohorting, and Personal Protective Equipment (PPE), and new guidance on communal dining, group activities, and visitation for facilities without outbreaks per the CMS May 18 memorandum: Nursing Home Reopening Recommendations for State and Local Officials (<https://www.cms.gov/files/document/gso-20-30-nh.pdf-0>).

Long-term care facilities (LTCFs) have been severely impacted by COVID-19, with outbreaks causing high morbidity and mortality. Duration of viral shedding is still not clearly defined for COVID-19 for all patient groups, and residents in LTCFs are at particular risk for poor health outcomes. Because this population is particularly vulnerable to COVID-19 and there are inherent infection risks in congregate living in a healthcare setting, aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within LTCFs are warranted. The Pasadena Public Health Department (PPHD) has developed evidence-based guidelines that are required for skilled nursing facilities (SNFs) and highly recommended for assisted living facilities (ALFs), in order to protect Pasadena residents in LTCFs.

We ask that you ensure that your staff is trained, equipped, and capable of practices needed to:

- Prevent the spread of respiratory viruses, including COVID-19, within your facility.
- Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health and licensing authorities.
- Care for patients with known or suspected COVID-19 as part of routine operations and with the appropriate infection prevention practices.
- Care for a larger number of patients in the context of an escalating outbreak.
- Monitor and manage any healthcare personnel that might be exposed to COVID-19.
- Communicate effectively within the facility and plan for appropriate external communication with patient family members related to COVID-19.

I. COVID-19 Prevention—General and Administrative Practices

1. Conduct symptom and temperature screening.
 - a. At entry for all persons.
 - All persons should be screened for symptoms including a temperature check before entering the facility. This includes residents, staff, visitors, outside healthcare workers, vendors, etc. Symptoms include the following: fever, chills, sore throat, cough, sneezing, shortness of breath (new or worsening over baseline), gastrointestinal symptoms, new onset loss of taste or smell, or not feeling well.
 - An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.

- Anyone with fever or symptoms may not be admitted entry.
- b. Twice daily for all staff and patients/residents.
 - All staff should be checked for symptoms and fever twice daily, once prior to coming to work and the second at the end of the shifts (see *Healthcare Personnel Monitoring* section below.)
 - Patients/residents should be assessed for symptoms and have their temperature checked at least every 12 hours.
 - Records should be kept of these staff and resident symptom and temperature checks.
 2. Reinforce physical distancing, hand hygiene, and universal source control.
 - a. Residents should remain in their room as much as possible and should be encouraged to wear a face covering if they leave. Remind residents to practice physical distancing and perform frequent hand hygiene. Residents who have underlying cognitive conditions should not be forcibly kept in their rooms nor forced to wear a face covering.
 3. Support good workforce health.
 - a. Implement non-punitive sick leave policies to support staff to stay home when sick or when caring for sick household members. Make sure staff are aware of the non-punitive sick leave policy.
 4. Enhanced environmental disinfection with EPA-approved healthcare disinfectants should be performed on high-touch surfaces (e.g., bed rails, doorknobs, handrails, etc.).
 5. Facilities must demonstrate that they have contracted with suppliers to order a 2-week supply of PPE and other infection prevention and control supplies.
 - a. PPE and other infection prevention and control supplies (e.g., surgical masks, respirators, gowns, gloves, goggles, hand hygiene supplies) that would be used for both healthcare personnel (HCP) protection and source control for infected patients (e.g., facemask on the patient) should be readily accessible for use.
 - b. Follow CDC strategies to *Optimize the Supply of PPE and Equipment During Shortages* at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
 6. Facilities must submit a Daily COVID-19 Report Log the Pasadena Public Health Department via fax 626-744-6115 or email to nursing@cityofpasadena.net daily by noon. **[Appendix 2: sample Daily Report Log provided]**
 7. If the facility has one confirmed case of COVID-19 among HCP or residents, then the facility must post a notification letter stating that COVID-19 has been confirmed in the facility at the entrance of the facility and in community areas (including staff areas). **[Appendix 1: sample letter provided]**

II. Communal Dining, Group Activities, and Visitation

The Centers for Medicare and Medicaid Services (CMS) Revised Guidance for Infection Control and Prevention of Coronavirus Disease 2019 in Nursing Homes dated March 13, 2020 restricted all visitation of SNFs with the exception of compassionate care visits and cancelled all group activities and group dining within facilities (<https://www.cms.gov/files/document/gso-20-14-nh-revised.pdf>).

In addition to end-of life visits, the California Department of Public Health (CDPH) permits the presence of a support person if essential to patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments. CDPH recommends that one essential support person be allowed to be present with the patient (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-38.aspx>). Ancillary healthcare visits are permitted if deemed essential by the Pasadena Public Health Department.

Subsequent CMS guidance issued on May 18, *Nursing Home Reopening Recommendations for State and Local Officials* allows local health departments to ease these restrictions in a phased approach based upon the current local COVID-19 situation and the individual facility's COVID-19 case, staffing, and testing status (<https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>). In order to relax gathering and visitation restrictions, facilities must meet baseline CMS criteria and those described in each specific phase below:

- **Adequate staffing:** The facility must not be experiencing staff shortages; AND
- **Supply of 14 days of personal protective equipment (PPE) and disinfection supplies on hand*:** The facility must have adequate supplies of PPE for staff, such that all staff wear all appropriate PPE when indicated, and of essential cleaning and disinfection supplies; AND
- **Case status in the nursing home:** The facility must have had no new facility-onset COVID-19 cases among their residents for at least 14 days (for CMS phase 2) and for 28 days (for CMS phase 3). Newly transferred residents with either known COVID-19 or who become positive during quarantine do not count as COVID-19 obtained in the facility. However, if a resident without a prior hospitalization contracts COVID-19 within the facility within the last 14 days, this facility should go back to the highest level of mitigation, and start the phases over; AND
- **Access to adequate testing:** The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

*Per CMS Guidance, contingency PPE capacity strategy is allowable, such as CDC's guidance at [Optimizing Supply of PPE and Other Equipment During Shortages](#). However, facilities' crisis capacity PPE strategy does not constitute adequate access to PPE. Staff must wear face coverings when face masks (e.g., N95 or surgical masks) are not required, such as administrative staff.

1. *CMS Phase 2: Communal Dining and Group Activities.*

SNFs may resume limited group activities and communal dining for residents who do not have COVID-19 (GREEN Cohort) **if the facility has had no new SNF onset COVID-19 cases for 14 days** (phase 2 criteria) and they can adhere to the following steps:

- a. Facility adheres to universal source control
 - All staff wearing appropriate face coverings at all times.
 - Residents wearing non-medical face coverings as described below.
- b. Facility adheres to physical distancing
 - All residents must keep at least 6 feet apart during all activities.
 - All staff must keep at least 6 feet apart in break rooms and work activities as much as possible.
 - Activities such as communal dining, should be done in shifts to allow better physical distancing.
 1. These shifts of residents should be kept together (e.g., same group of residents dine together each night) and individual residents should be assigned to specific areas as much as possible to attempt to minimize exposure if a resident is found to have COVID-19.
 2. Use a sign-in sheet/roster of residents present during these activities to help with contact tracing should a resident later test positive for COVID-19.

- c. Enhanced environmental disinfection
 - All communal, high-touch surfaces should be disinfected after residents or staff vacate an area.

Facilities that do not meet phase 2 criteria and cannot follow these steps, must continue the restrictions on group activities and communal dining.

2. CMS Phase 3: Visitation.

All visits continue to be prohibited (with exceptions for end-of-life and essential support persons as outlined above), until the facility has met the following criteria. CMS now allows for these restrictions to be eased but only after the facility has successfully re-established limited communal dining and group activities **without any new SNF onset COVID-19 cases for 14 additional days (i.e., there have been no new SNF onset COVID-19 cases for 28 days)**.

The following should be in place for any visitation:

- a. Visitation should be allowed only for residents who do not have COVID-19 (i.e., GREEN cohort) with exceptions for end-of-life and essential support persons.
- b. All visitors should be screened at entry as outlined in Section I above.
- c. Anyone with a fever (100.0° F or 37.8° C) or symptoms (fever, chills, sore throat, cough, sneezing, shortness of breath (new or worsening over baseline), gastrointestinal symptoms, new onset loss of taste or smell, or not feeling well) should not be permitted to enter the facility at any time (even essential support persons and in end-of-life situations).
- d. Post signs explaining visitor restrictions.
- e. Designated visitation areas and guidelines should be established prior to allowing expanded visitors to minimize the risk of transmission to residents, staff and visitors.
 - Visitations should be scheduled ahead of time with the facility. The number of visitors should be limited to no more than 2 at one time, though facilities may elect to decrease size of the group depending upon available space and ability to social distance.
 - Facilities should provide visitors with instructions and guidelines prior to the date of visitation.
 - Residents and visitors should wear a facemask (preferred) or cloth face covering to protect others during the visit unless contraindicated. If a visitor is unable or unwilling to maintain these precautions (such as young children) consider restricting their ability to enter the facility.
 - During end-of-life visitation for a resident with COVID-19, facility must provide visitor with full PPE (N95, face shield, gown, gloves).
 - Physical distancing of at least 6 feet should be maintained at all times.
 - Visitation area must be outdoors (except for end of life visits). If a facility would like to proceed with indoor visitation, specific approval must be received from PPHD prior to implementing.
 - If a facility is seeking visitation in indoor areas, identify a room with good ventilation (e.g., windows open), consider using a physical divider (e.g., glass or clear plastic), in addition to avoiding contact and maintaining physical distancing. The facility may then apply to PPHD for approval, and may only begin indoor visitation after approved by PPHD.
 - Length of visitation should be limited to less than 1 hour.
 - Hand hygiene should be performed before and after the visit at minimum.

- Environmental cleaning should be performed on any surfaces touched by the resident or visitor(s) prior to opening the visitation area to other groups.
- f. Implement procedures for residents who are bed bound.
- Continue to use alternative methods of visitation such as through videoconferencing through Skype or FaceTime as much as possible.
 - Limited visitation may be permitted but should adhere to the same requirements for other visitors as much as possible. Approval must first be granted by PPHD.
 - Visitors should go to the patient room and not any other areas in the facility.
3. Non-essential healthcare personnel/contractors as determined necessary by the facility are allowed in phase 3 (i.e. there have been no new SNF onset COVID-19 cases in 28 days), with entry screening and additional precautions including physical distancing, hand hygiene. These personnel should wear cloth face coverings or facemasks in the facility. Services should be offered in a modified manner, preferably outdoors, if possible, and must adhere to current community restrictions on various sectors. For example, if indoor hair and personal grooming services (nails) are prohibited in the community, they are also prohibited in the facility. The service must follow applicable protocols such as outdoor salon services, found at: <https://www.cityofpasadena.net/covid-19/#info-for-businesses>.

III. Admissions

Facilities with evidence of COVID-19 transmission among residents remain closed to new admissions until they have met all of the following CDPH and PPHD criteria:

1. Cohorting requirements are implemented and ongoing; AND
2. Facility-wide testing strategies are implemented and ongoing; AND
3. Infection control measures are implemented and ongoing; AND
4. No evidence of COVID-19 transmission among residents within 2 rounds of response testing (NEW, see below).

IV. COVID-19 Testing

Below are recommendations for testing and cohorting in SNFs based upon California Department of Public Health (CDPH) requirements outlined in recent CDPH All Facility Letters (AFLs):

- AFL 20-52 *Coronavirus Disease 2019 (COVID-19) Mitigation Plan Implementation and Submission Requirements for Skilled Nursing Facilities (SNF) and Infection Control Guidance for Health Care Personnel (HCP)* (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx>)
- AFL 20-53 *Coronavirus Disease 2019 (COVID-10) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities* (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>)

General Requirements

1. Establish a relationship with a commercial lab to do rapid PCR testing (turn-around time of 48 hours or less) for COVID-19.
2. Establish a cohorting plan as part of CDPH-required COVID mitigation plan.

3. Report all new confirmed cases to your licensing agency and PPHD immediately.
4. Test all deceased patients at time of death or before leaving the facility.

Response Testing Plan See *Figure 1 Testing Regime*.

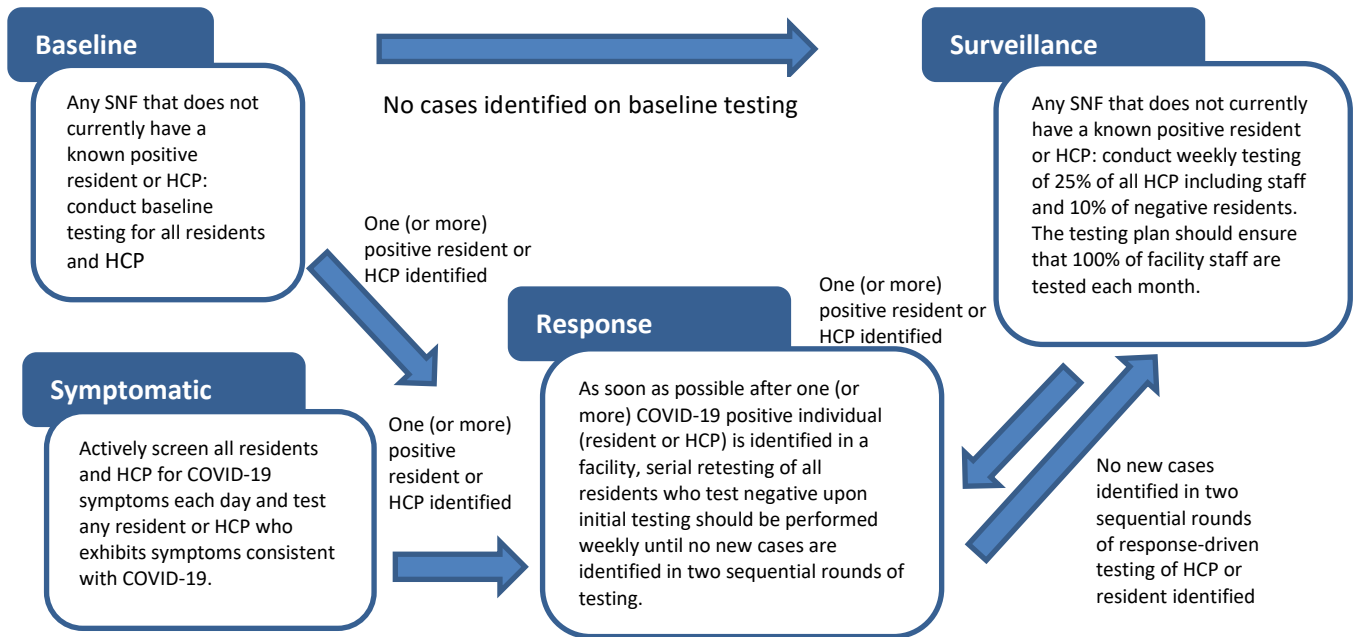
Response testing is required of all SNFs by CDPH (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>). Asymptomatic patients or staff members who have previously tested positive for SARS-CoV-2 (by PCR or antigen detection methods) and recovered (i.e., have met criteria for removal from isolation) do not need retesting for 3 months. Patients or staff who develop new symptoms of COVID-19 should be retested regardless of previous infection.

1. **Baseline.** The CDPH AFL requires all facilities, regardless of outbreak status, to do one-time direct virus detection (i.e., PCR) testing of all residents and staff.
2. **Testing of all admissions and readmissions.** All newly admitted residents or readmissions should be tested upon admission. These patients should follow transfer rules outlined at: <http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>. Lack of testing at discharge/transfer is not a reason to deny admissions of patients.
 - a. All newly admitted and readmitted patients who test negative should be placed in quarantine (Yellow Cohort) for 14 days, monitored for symptoms and signs of COVID-19, and retested at the end of quarantine. A negative post-quarantine result permits their transfer to the non-COVID-19 cohort (Green Cohort).
 - b. A positive test should initiate isolation in Red Cohort for 14 days from the positive test date.
3. **Testing of symptomatic residents or staff.** Every staff member or resident with symptoms of COVID-19 should be tested as soon as possible. Any staff or resident testing positive in the facility should then prompt response testing. All symptomatic staff must be immediately restricted from working, even prior to receiving test results (see *Healthcare Personnel Monitoring and Return to Work* sections below). All symptomatic residents should be presumed infectious pending test results and transferred immediately to a single room in the Yellow Cohort area. Symptomatic residents that test negative will need a second negative PCR test at least 24 hours later before they can be returned to their non-COVID cohort. If there is an alternative diagnosis (i.e., UTI, cellulitis, etc.) for symptoms, one negative test for COVID-19 is sufficient to transfer the patient back to their normal bed.
4. **Response testing.** If a single positive COVID-19 case is identified among either staff or residents, the SNF must conduct comprehensive testing of all residents and staff to identify potential asymptomatic infections. If testing capacity is limited, the SNF may test staff who worked in the same area (e.g., nursing station, floor, etc.) as the COVID positive individual. Any contacts of confirmed COVID-19 cases will need to be quarantined accordingly in the Yellow Cohort. All residents and staff who test negative will need to be tested weekly until there are at least 2 rounds with no additional infections identified. After 2 negative rounds of testing, the facility should restart the weekly surveillance testing as outlined below.
5. **Surveillance testing of staff and residents.** Surveillance testing is initiated when either no cases were identified at baseline testing OR after no new cases are identified from two sequential rounds of response testing.
 - a. Staff: Every SNF must test 25% of their staff weekly to complete testing of 100% of all staff each month.
 - b. Residents: SNFs must test a random sample of 10% of all residents (or 10 residents if

facility census is <100) weekly.

- c. If any resident or staff tests positive, the SNF must report this result to the licensing agency and PPHD immediately and proceed with outbreak/response testing as described above.

Figure 1. Testing Regime
(adapted from the California Department of Public Health)



6. **Testing at time of death.** All decedents must be tested post-mortem if their previous status was unknown or negative. The CDC has provided guidance on post-mortem collection, which is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>.
7. **Policy for exemptions from testing.** All residents and HCP who have previously tested positive for COVID-19 are exempt from serial testing requirements for three months from onset of symptoms (or from positive test if asymptomatic), unless otherwise directed by PPHD.
 - a. Please notify PPHD for any test exemption requests for residents who decline or are unable to be tested, or for whom being tested would not be in line with compassionate care (i.e., during end-of-life care).

V. Cohorting

Facilities should have 3 separate cohorting areas as described below and shown in Figure 2.

1. **Red Cohort (Isolation).** This area is only for patients who have laboratory-confirmed COVID-19. Symptomatic residents who test positive for COVID-19 should be kept in the Red Cohort for 14 days after the date of onset of symptoms AND until after 1 day has passed since their last fever, whichever period is longer. Asymptomatic patients who test positive should stay in the Red Cohort until 14 days have passed since the date of their first positive COVID-19 diagnostic test. Once

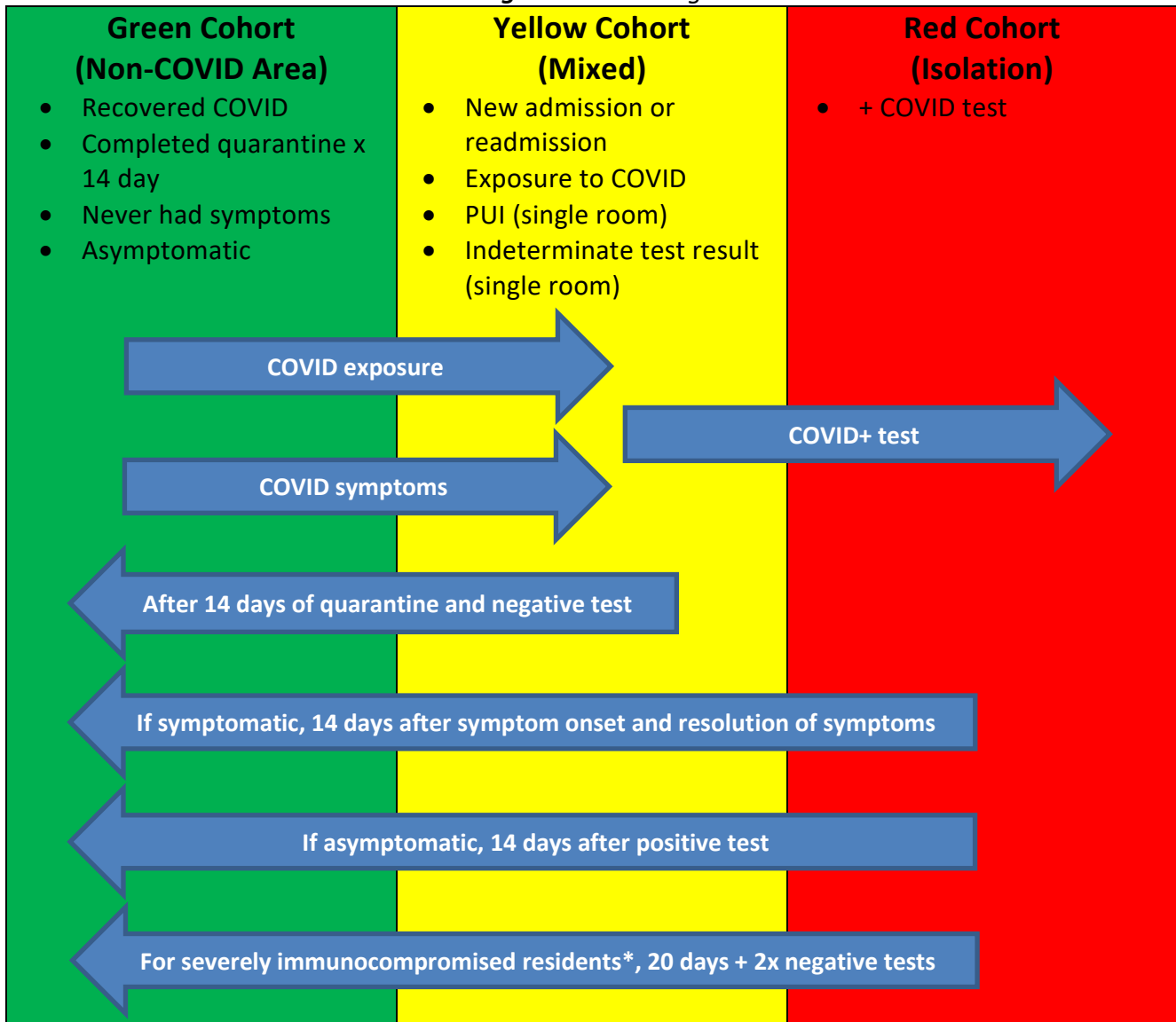
patients have completed the required duration in the Red Cohort, they may be admitted to the Green Cohort (Non-COVID-19 patient care area). One exception is for severely immunocompromised patients. Those patients may exhibit prolonged viral shedding and will require clearance with 2 negative tests 24 hours apart and at least 20 days after symptom onset (or positive test if asymptomatic) before moving to the Green Cohort.

2. **Yellow Cohort** (*Mixed-Quarantine & Symptomatic*). This area is for the following residents: those who have been in close contact with known cases of COVID-19; newly admitted or re-admitted residents; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests. Patients in this area should be placed in private rooms, if possible. If private rooms are not available for all residents in the Yellow Cohort, they should be prioritized for symptomatic patients, close contacts, and those with indeterminate test results as they have a higher probability of infection. If single rooms are not available, use strategies to reduce exposures between residents such as placement of curtains between residents; put residents with similar risk profiles in the same room (e.g., group low risk admissions in the same room); and change gowns and gloves and perform hand hygiene between each patient contact in this area.

Residents may leave the Yellow Cohort under these circumstances:

- a. If their test result is positive for COVID-19, they should be moved into the Red Cohort.
 - b. Newly admitted and readmitted patients must stay in quarantine in the Yellow Cohort for 14 days. They must be tested on admission and again at the end of quarantine. A negative post-quarantine result permits the residents to be transferred to the Green Cohort (Non-COVID-19) cohort.
 - c. Close contacts to confirmed cases must stay in quarantine in the Yellow Cohort for 14 days. They should be tested on admission and again at the end of quarantine. A negative post-quarantine result permits the resident to be transferred to the Green Cohort.
 - d. Symptomatic patients must have two negative PCR tests at least 24 hours apart before they can move into the Green Cohort unless an alternate diagnosis is made (e.g., URI, cellulitis), in which case a single negative test is sufficient.
 - e. Residents with indeterminate test results should remain in the Yellow Cohort until they either have a positive test or once they have 2 negative tests at least 24 hours apart.
3. **Green Cohort** (*Non-COVID-19 patient care area*). This area is reserved for residents who do not have COVID-19. To be in this area, patient must have either completed quarantine with negative admission and post-quarantine test results, cleared isolation, or have tested negative and remained asymptomatic after initial negative baseline testing.

Figure 2. Cohorting



*on immunocompromising drugs such as chemotherapy or biologics for cancer or autoimmune diseases

Special Staffing Considerations in Cohort Areas

1. Staff assigned to the Red Cohort should not care for patients in other cohorts if possible. If staff must care for residents in multiple cohorts, they should visit the Red Cohort last and should doff PPE and perform hand hygiene prior to moving between cohorts.
2. With prior approval from PPHD, asymptomatic staff with COVID-19 infection may be allowed to work in the Red Cohort. They will need to be able to keep separated from uninfected staff. This includes having dedicated breakrooms and bathrooms until they are no longer considered infectious (10 days after the date of collection of their initial positive test).
3. All staff in the facility should adhere to physical distancing of at least 6 feet while in break rooms and should wear masks while in the facility.

Special PPE Considerations in Cohort Areas

1. Gloves should be changed between every patient encounter. Hand hygiene should be performed

- before donning and after doffing gloves.
2. Gowns should ideally be changed between patients if adequate supplies are available. The same gown may be worn in the Red Cohort as long as there are no other contact pathogens (*C. difficile*, CRE, *Candida auris*, etc.) that require changing between patients.
 3. In the Yellow Cohort, gowns and gloves should be changed, and hand hygiene performed between all patients.
 4. The same gowns should never be worn for care of both COVID-19 positive and negative patients.
 5. In the Green Cohort, standard precautions and universal source control are sufficient to provide care to patients unless there is evidence of ongoing COVID-19 transmission in the facility, then standard, contact, droplet plus eye protection is recommended for all patients.
 6. Facilities should follow CDC's strategies to optimize the supply of PPE and equipment (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>).

VI. Guidance for Isolation for Confirmed COVID-19 Cases

1. **Initiation of in-room isolation.** Residents who are symptomatic or have a positive COVID-19 test who are still within the CDC-defined infectious period, must be placed on in-room isolation with the door shut. This applies to the care of residents who meet the following criteria:
 - a. Symptomatic residents who are currently symptomatic, regardless of duration from onset of symptoms or COVID-19 status.
 - b. Symptomatic residents who are no longer symptomatic, but for whom it has been fewer than 10 days since the onset of symptoms.
 - c. Asymptomatic residents who are COVID-19 positive but for whom it has been fewer than 10 days from the date of their test swab.
2. **Isolation Protocol**
 - a. Residents should be confined to a private room (if possible) within the cohort that best applies to them (red/positive cohort or yellow/quarantine area).
 - b. Keep the room door closed and post a sign stating that the door must be kept closed.
 - c. If a resident in isolation must leave the room (for example, for medically necessary procedures), have them wear a facemask, if possible.
 - d. Facility HCP must assess residents in isolation, frequently.
 - e. Complete vital checks on all cases in isolation every shift (minimum 3 times per day) or as needed depending on patient status. This includes heart rate, blood pressure, oxygen saturation, and temperature.
 - f. Limit the number of different HCP members interacting with the symptomatic patient(s) and try to keep the same individuals caring for the same patient as much as possible.
 - g. Notify PPHD of all newly symptomatic residents daily.

VII. Infection Prevention and Control Considerations

Below are general and COVID-19 specific recommendations. For more information on infection control recommendations, visit <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

General Considerations

1. CDPH guidance (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx>) requires that facilities employ a full-time, on-site infection preventionist who will monitor compliance with infection control guidance.
2. CDPH also requires SNFs to have a CDPH-approved COVID-19-specific mitigation plan and to provide infection prevention and control training and updated infection control guidance to its healthcare personnel.

Universal Source Control

Patients/Residents

1. All patients/residents must be provided a clean non-medical face covering daily.
2. Surgical masks are required for any resident that is COVID-19-positive or suspected to be COVID-19 positive.
3. All residents must wear the cloth face covering/mask when outside their room, unless they have a contraindication. This includes patients who must regularly leave the facility for care (e.g., hemodialysis patients).
4. Residents who due to underlying cognitive or medical conditions cannot wear face coverings should not be forcibly required to wear face coverings (and should not be forcibly kept in their rooms). However, face coverings should be encouraged as much as possible.
5. A face covering should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance.

Staff

1. All facility personnel must wear a face covering while they are in the facility.
2. Staff must wear a surgical mask or an N95 respirator when they are in patient care areas or in areas where residents may congregate. While medical grade masks are preferred, non-medical face coverings can be used for non-patient care activities. N95 respirators should be used for aerosol generating procedures on patients with suspected or confirmed COVID-19.
3. Face coverings are not required for COVID-19-negative staff working alone in closed areas unless they are moving through common spaces where they may interact with other staff or residents.
4. Extended use and reuse of masks and respirators should be based on principles set forth in prior CDC PPE optimization guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#contingency-capacity>.

Hand Hygiene

1. Healthcare personnel (HCP) and other staff members should perform hand hygiene before and after ALL patient encounters and should also use hand hygiene at the beginning of their shifts, before and after eating, after using the restroom, and at other times throughout the day.
2. Make sure hand hygiene supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible in all patient care areas, including areas where HCP remove PPE.
3. Sinks need to be well-stocked with soap and paper towels. Hand sanitizer should be replaced as needed.
4. Facilities should have a process for auditing adherence to recommended hand hygiene practices by the HCP.
5. Ensure that there are alcohol-based hand sanitizer dispensers at the PPE donning and doffing areas.

Personal Protective Equipment (PPE)

1. Transmission-based Precautions: Use Standard, Contact, Droplet plus Eye Protection while caring for residents in the isolation (Red Cohort) and quarantine (Yellow Cohort) areas. This means surgical mask, gloves, eye protection, and gown.
 - a. For any aerosol generating procedures (suction, ventilation, CPR, nebulizer treatments, etc.) Standard, Contact, **Airborne** plus Eye Protection precautions must be observed. This means N95 or higher respirator, gloves, eye protection, and gown.
 - b. In a facility with ongoing COVID-19 transmission, healthcare personnel should adhere to Standard, Contact, Droplet plus Eye Protection while caring for all patients, irrespective of COVID-19 diagnosis, symptoms, or cohort.
 - c. Facilities without evidence of COVID-19 transmission should follow universal source control and Standard precautions.
2. Use of a base-layer under an outer layer gown in Red Cohort and Yellow Cohort areas
 - a. Base-layer: a best-practice includes washable gown (preferred) or disposable Tyvek suit worn on top of HCP's scrubs (1 per shift per HCP).
 - b. Outer layer: Don a new disposable gown on top of the base layer each time HCP enters a patient's room.
 - Outer layer gowns must be doffed *before* exiting the room and cannot be reused.
 - c. If disposable gowns are limited, they must be prioritized for:
 - Use with COVID-19 positive patients (COVID unit use).
 - Use with all patients undergoing aerosol-generating procedures, care activity that includes splashes/sprays, and high-contact care activities to shield the transfer of pathogens onto clothing or personnel.
3. Cleaning Staff must wear a surgical mask or N95 (preferred), eye protection, gown, and gloves while cleaning patient rooms.
4. Kitchen/Dietary Staff must wear a surgical mask or N95 (preferred), and gloves while in the kitchen, and full COVID-19 transmission-based precautions if entering a patient's room. In addition, staff should wear face shields with a mask when washing dishes.
5. Donning and doffing areas for PPE must be clearly defined. The doffing area for employees working with COVID-19 suspected or confirmed residents must be physically separate from the doffing area for those working with COVID-19 naïve (never tested positive) residents.
6. Post signage on the appropriate steps for donning and doffing PPE in donning and doffing areas: <http://publichealth.lacounty.gov/acd/docs/CoVPPEPoster.pdf>.
7. Post [signs](#) on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
8. Follow the CDC's guidance on the conservation of PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
9. Audit adherence to recommended PPE use by HCP.
10. Annually fit-test HCP for N95 respirators to ensure appropriate seal when N95s are needed. Note that the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) has issued guidance regarding the temporary suspension of annual fit testing during shortages and may perform N95 seal checks instead, see <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>.

Respiratory Hygiene/Cough Etiquette:

1. Support hand and respiratory hygiene, as well as [cough etiquette](#) by residents and staff.

2. Place hand sanitizer at facility entrances and encourage all residents and staff to use every time they enter your facility.

Environmental Cleaning:

In addition to CDC guidelines, the recommendations below are referenced from the California Department of Public Health [AFL for Environmental Infection Control for the Coronavirus Disease 2019 \(COVID-19\)](#).

1. Facilities must have a plan to ensure proper cleaning and disinfection of environmental surfaces (including high-touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in the patient room.
2. All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility (check manufacturer's specifications for guidelines).
3. Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations.
4. Implement routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) that are appropriate for COVID-19 in healthcare settings.
 - a. For a list of EPA-registered disinfectants that have qualified for use against SARS-CoV-2 (the COVID-19 pathogen) go to: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>.
5. Set a protocol to terminally clean rooms after a patient is discharged from the facility. If a known COVID-19 resident is discharged or transferred, staff should refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place (information on air exchanges at: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb6>).

VIII. Healthcare Personnel (HCP) Monitoring and Return to Work Monitoring

1. All HCP should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for possible symptoms of COVID-19 (i.e., elevated temperature $>100.0^{\circ}$ F and/or cough or shortness of breath).
2. If HCP have symptoms (e.g., fever and/or cough or shortness of breath), they should contact the long-term care facility immediately and stay home from work.
3. Symptomatic HCP should be tested for COVID-19 as soon as possible.
4. The long-term care facility designated staff should inquire about symptoms of COVID and do temperature checks of all HCP prior to the start of working their shifts AND at the end of the shift.
5. Identify staff who can monitor sick staff with daily "check-ins" using telephone calls, emails, and texts.
6. Asymptomatic HCP who test positive for COVID-19 must stay home from work. Pasadena Public Health may waive this restriction in situations of severe staffing shortages.

Refer to the Los Angeles County Department of Public Health (LAC DPH) [Guidance for Monitoring Healthcare Personnel](#) for more detailed information including management of possible workplace exposures.

Return to Work

1. Symptomatic HCP may discontinue home isolation when both of the following time-since-illness-onset and time-since-recovery conditions are met:

- a. At least 10 days have passed *since symptoms first appeared*; **and**
 - b. At least 1 day (24 hours) has passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath).
2. Asymptomatic HCP with laboratory-confirmed COVID-19 should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
 3. HCP who tested positive for COVID-19 or who displayed symptoms associated with COVID-19 cannot enter the facility until permission to return to is provided by the Pasadena Public Health Department (PPHD).
 - a. HCP must complete the Pasadena Return to Work Form and receive approval from PPHD prior to return to work in a long-term care facility:
<https://healthforms.cityofpasadena.net/v/WorkClearanceForm>.
 4. After returning to work HCP should:
 - a. Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles, then perform hand hygiene).
 - b. Self-monitor for symptoms, and self-isolate and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
 - c. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

See the CDC [Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection](#) and the LAC DPH [Guidance for Monitoring Healthcare Personnel](#) for more information.

IX. Inter-facility Transfers

Facilities are required to follow transfer rules specified at:

<http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>. LTCFs experiencing confirmed or suspected outbreaks of COVID-19 should work to limit the transfer of residents unless they are being transferred to a higher level of care, when warranted.

Transfer of Residents to a Hospital

- No prior permission is required to transfer a resident to a hospital when a higher level of care is warranted.
- A Healthcare Facility Transfer Form must be completed by the LTCF and given to the receiving hospital: <http://publichealth.lacounty.gov/acd/docs/facilitytransferform.pdf>.

Discharge of Residents from a Hospital

- Facilities cannot deny the readmission of a previous resident back from the hospital, regardless of their COVID-19 status, unless otherwise directed by the Pasadena Public Health Department.

Home Discharge Rules: A previously symptomatic resident may be discharged home IF:

1. If it has been at least 10 days have since symptom onset; **and**
2. They have had no fever within the last 24 hours without the use of fever-reducing medications and

other symptoms have resolved or improved (cough, shortness of breath); **and**

3. PPHD has done a home assessment and approves the discharge.

Current and previously symptomatic residents who do not meet criteria 1 and 2, above, may still be discharged home if PPHD's home assessment finds that:

- a. The family/legal caregivers can follow the guidance on home isolation instruction until the end of the resident's infectious period.
- b. The family/legal caregivers can commit to implementing home quarantine instructions for 14 days after their last contact with the resident, while the resident was symptomatic or within the infectious period.
- c. The family/legal caregivers have completed and signed the PPHD discharge home letter, and a copy has been sent to PPHD via email or fax.

Additional guidelines for all home discharges, for residents currently in quarantine or isolation:

<http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>

- Must have approval from Pasadena Public Health Department.
- Transport home by private conveyance or medical transport (the use of public transportation or rideshare/taxi is prohibited).
- The patient should wear a surgical mask.
- The driver should wear a surgical mask (isolation gown is optional, if available)
- The patient and driver should maintain at least 6 feet distance at all times.
- The vehicle should be disinfected with EPA-approved disinfectant against SARS-CoV-2 (e.g., disinfectant wipes) after transport and not used/aired out for 2 hours.

X. **Discontinuing Transmission-Based Precautions for Patients with Laboratory Confirmed COVID-19**

1. Suspect cases (cases with symptoms of possible COVID): Facilities should use one the following criteria to discontinue transmission-based precautions and return the patient to the Green Cohort:
 - a. Residents should be tested 2 times with a direct virus detection test (i.e., PCR) at least 24 hours apart given the high false-negative rate of testing.
 - b. If testing is not available or patient is not tested:
 - After at least 14 days since symptom onset **and** at least 1 day (24 hours) afebrile (< 100.0° F) without the use of antipyretic medications and with improvement of respiratory symptoms.
 - For patients who have an alternative diagnosis (e.g., UTI, cellulitis), one negative direct virus detection test is sufficient to remove from quarantine.
2. Confirmed symptomatic patients with COVID-19:Facilities should use one of the following strategies, symptom-based or test-based, to discontinue transmission-based precautions. NOTE: The symptom-based strategy is generally preferred over the test-based strategy because some patients can shed non-infectious viral RNA for an extended period of time. However, the test-based strategy is preferred in patients who are immunocompromised (e.g., on immunocompromising drugs such as chemotherapy or biologics for cancer or autoimmune diseases).
 - a. Symptom-based strategy:
 - At least 14 days have passed since symptoms first appeared; **and**,
 - At least 1 day (24 hours) have passed since recovery defined as resolution of fever without the use of antipyretic medications **and with** improvement in respiratory symptoms (e.g., cough, shortness of breath).

- b. Test-based strategy:
 - Resolution of fever without the use of fever-reducing medications; **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
 - Negative results of at least two consecutive respiratory specimens (e.g., nasopharyngeal swab) collected ≥ 24 hours apart (total of two negative specimens).
3. Asymptomatic laboratory-confirmed patients with COVID-19: Facilities are advised to use one of the following strategies to discontinue transmission-based precautions:
 - a. Time-based strategy
 - 14 days have passed since the date of their first positive COVID-19 diagnostic test without the development of symptoms of COVID-19. If they develop symptoms during this 14-day period, the 14-day isolation period should be restarted from the onset of symptoms.
 - If the resident has persistent symptoms, such as cough or fatigue, but meets the criteria to discontinue transmission-based precautions, they should be placed in a single room, be restricted to their room, and wear a facemask (if tolerated) during care activities until symptoms resolve or return to baseline.

XI. Death Reporting

1. PPHD must be notified of *all deaths regardless of COVID-19 status*. The facility will need to complete and submit a death report to PPHD.
 - a. Form for COVID-19 positive associated deaths: <http://publichealth.lacounty.gov/acd/Diseases/EpiForms/COVID19DeathSaveable.pdf>
 - b. Form for all other facility deaths: <https://cdss.ca.gov/cdssweb/entres/forms/English/LIC624A.PDF>
2. CDC guidelines for attesting to cause of death due to COVID-19 are available at: <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>. All decedents must be tested for COVID-19 post-mortem if their previous status was unknown or negative. The CDC has provided guidance on post-mortem collection at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>.

XII. Los Angeles County Department of Public Health Resources

- COVID-19 information: <http://publichealth.lacounty.gov/media/Coronavirus/>
- COVID-19 information for health professionals: <http://publichealth.lacounty.gov/acd/ncorona2019/>
- Los Angeles Health Alert Network (LAHAN): Priority communications are emailed to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. Register to receive critical information at: <http://publichealth.lacounty.gov/lahan/>
- Social media: @lapublichealth
- Los Angeles County Department of Mental Health Access Center 24/7 Helpline (800) 854-7771

XIII. Pasadena Public Health Department Resources

- COVID-19 information: <https://www.cityofpasadena.net/covid-19/>

- Social Engagement Strategy: <https://www.cityofpasadena.net/public-health/wp-content/uploads/sites/32/PPHD-OMB-Joint-Strategy-for-Engagement.pdf>

XIV. Centers for Disease Control and Prevention (CDC) Resources

- COVID-19 information: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- Healthcare Infection Prevention and Control FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During Coronavirus Disease 2019 (COVID-19) Pandemic: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Optimizing Supply of PPE and Other Equipment during Shortages: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Preparing for COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

XV. Other Reliable Sources of COVID-19 Information

- California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (Revised) <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationengeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised>
- CMS COVID-19 Long-Term Care Facility Guidance April 2, 2020
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

Appendix 1: Sample Notification Letter

SAMPLE

Letter Head

Date

This is a notification that this facility has had one or more confirmed cases of COVID-19. We want to assure you that we are working closely with the health department and licensing.

No visitors are allowed at this time, except for certain care situations, such as end of life.

We are asking all of our employees to monitor their health carefully. If you experience symptoms of COVID-19, we ask that you contact the Human Resources Manager. Symptoms may include flu-like conditions such as sore throat, dry cough and fever. Other, less frequent symptoms may include nausea or diarrhea. All health care personnel are to initiate temperature and symptom check prior to shift. Ill healthcare personnel will be sent home.

All HCP are reminded to practice social distancing when in break rooms or common areas.

There is additional information about COVID-19 at the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. If you should have symptoms, please seek medical advice regarding whether or not you need to be tested for COVID-19.

We care about your health and look forward to answering any questions or concerns that you may have. Please continue to practice all safety practices that we have formerly discussed.

Sincerely,

(Your name/contact information)

Appendix 2: Sample Daily Report Log
Confirmed Patients

Name of Patient	DOB	Room Number	Symptom Onset (Date)	Symptoms	Test Date	Hospitalized (Date)?	ICU Admission (Date)?	Comorbidities (Medical Diagnoses)	Race /Ethnicity	Result Faxed to PPHD (Y/N)?

Confirmed Employees

Employee	DOB	Address and Telephone Number	Symptom Onset (Date)	Symptoms	Test Date	Hospitalized (Date)?	ICU Admission (Date)?	Race/Ethnicity	Last Day of Work	Result Faxed to PPHD (Y/N)?

Symptomatic Patients

Name of Patient	DOB	Room Number	Symptom Onset (Date)	Symptoms	Test Date	Hospitalized (Date)?	ICU Admission (Date)?	Comorbidities (Medical Diagnoses)	Race/Ethnicity

Deaths

Date of Death	Name of Patient	Room Number	DOB	Test Date	COVID Test Result (Positive / Negative)	Death Report Completed and Faxed to PPHD (Y / N)?	COVID Test Result Faxed to Pasadena Public Health (Y / N)?