



Greetings Long-Term Care and Residential Care Facilities of San Diego County,

Thank you for your continued efforts and partnership with the County of San Diego as we continue to protect our vulnerable residents from COVID-19.

Please see below for the latest guidance and resources:

- Attachment #1: Centers for Medicare & Medicaid Services **COVID-19 Long-Term Care Facility Guidance, as of April 2, 2020.**
- Attachment #2: California Health Alert Network San Diego, **Health Advisory Update #10, April 6, 2020.**
- California Department of Public Health **All Facilities Letter** (AFL) that notifies all facilities of a temporary waiver of specified statutory and regulatory requirements of Certified Nurse Assistants due to the state of emergency related to the COVID-19 outbreak.
  - Please find the AFL at the following link:  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-35.aspx>
- Please note, if you make a 911 call from your facility, we recommend you make an effort to bring the patient to the building entrance or meet the responding crews outside to minimize exposure to responders and to those in the facility.
- If you are not already registered for updates from the California Health Alert Network, please click here: [California Health Alert Network \(CAHAN\) San Diego Alerts](#)
- For the latest **San Diego Public Health Order**, please click here: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/health-order.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/health-order.html)
- The County has launched **Live Well @ Home** to help residents discover tips and strategies to stay healthy in both mind and body while staying home. Please share with your family, friends, and neighbors.

Up-to-date local information on COVID-19 can be found at [www.coronavirus-sd.com](http://www.coronavirus-sd.com). This site includes a daily update of confirmed cases in the region, resources for various community sectors, and information about prevention and testing.

Thank you for all you are doing each day.

Stay safe, healthy, and well.

**Jennifer Wheeler, M.S.W.**, Health Planning and Program Specialist  
Public Health Services, Preparedness and Response  
County of San Diego Health & Human Services Agency





To: CAHAN San Diego Participants  
Date: April 6, 2020  
From: Epidemiology and Immunizations Services Branch, Public Health Services

## Health Advisory Update #10: Coronavirus Disease 2019 (COVID-19) - Reuse and Decontamination of N95 Respirator for Crisis Capacity Strategy

### Key Messages

- When N95 respirator supply is anticipated to be exhausted using conventional and contingency strategies alone, decontamination methods can be deployed as a crisis capacity strategy until N95 respirator supply is reinstated.
- Approved decontamination methods include ultraviolet germicidal irradiation (UVGI), vaporized hydrogen peroxide, and moist heat methods.
- Healthcare Personnel (HCP) should take precautions detailed below before using a decontaminated N95 respirator.

### Situation

While the COVID-19 pandemic continues, personal protective equipment (PPE) supplies, filtering facepiece respirators (FFRs) including N95 respirators, are in short supply for HCP ([refer to CAHAN #8](#)). When supplies are abundant, the Centers for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH) do not recommend that filtering facepiece respirators (FFR) be decontaminated and then reused as this practice would be inconsistent with their approved use. However, during times of shortages, a crisis capacity strategy includes [considering decontamination and FFR re-use](#).

### Action Requested

#### 1. **Review Your N95 Respirator Utilization Rate and Prepare for Crisis Capacity Strategies During Supply Shortage.**

[CDC](#) recommends implementing crisis strategies based upon the following assumptions:

- Facilities understand their current N95 respirator inventory and supply chain.
- Facilities understand their N95 respirator [utilization rate](#).
- Facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies.
- Contact [MOC.LOGS.HHSA@sdcounty.ca.gov](mailto:MOC.LOGS.HHSA@sdcounty.ca.gov) to request PPE supplies.
- Facilities have already implemented [contingency capacity measures](#).

#### 2. **For Crisis Capacity when N95 Respirator Supplies are Anticipated to Become in Short Supply, Consider Deploying Decontamination Methods to Ensure Continued Availability.**

- An effective FFR decontamination method should reduce the pathogen burden, maintain the function of the FFR, and present no residual chemical hazard. Per [NIOSH](#) and [CDC](#), UVGI, vaporous hydrogen peroxide, and moist heat show the most promise as potential methods to decontaminate FFRs.

- The respirator manufacturer should be consulted about the impact of the method on their respirators prior to considering the use of any method.
- In the absence of guidance or when information is available that a respirator cannot be decontaminated without negatively impacting the performance, respirators may still be decontaminated.
- However, given the uncertainties on the impact of decontamination on respirator performance, these FFRs should not be worn by HCPs when performing or present for an aerosol-generating procedure.
- Please review information from the [American College of Occupational and Environmental Medicine](#) and [CDC](#) for guidance on appropriate methods.
- When N95 supply has been reinstated, then decontamination methods no longer are advised and use of N95 should return to normal standards.

**3. HCP Should Take the Following Actions Before Using a Decontaminated N95 Respirator.**

Data are evolving and vary by decontamination strategy and FFR brand used as to how many cycles of decontamination can be used before a mask degrades, affecting fit and efficiency for the user. Please contact the manufacturer and see [CDC Table 2 Summary of the decontamination method and effect on FFR performance](#) for more information. HCPs should take the following precautionary measures prior to using a decontaminated FFR:

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the FFR.
- Avoid touching the inside of the FFR.
- Use a pair of clean (non-sterile) gloves when donning and performing a user seal check.
- Visually inspect the FFR to determine if its integrity has been compromised.
- Check that components such as the straps, nose bridge, and nose foam material did not degrade, which can affect the quality of the fit, and seal.
- If the integrity of any part of the FFR is compromised, or if a successful [user seal check](#) cannot be performed, discard the FFR and try another FFR.
- Users should perform a [user seal check](#) immediately after they don each FFR and should not use an FFR on which they cannot perform a successful user seal check.

Enroll in the [Medical Reserve Corps](#) and the [California Health Corps](#) to be notified about volunteer opportunities.

General public inquiries about **reuse and decontamination of N95 respirator** and other COVID-19 management strategies should be directed to [2-1-1 San Diego](#) or to the [County COVID-19 website](#).

Thank you for your participation.

**CAHAN San Diego**

County of San Diego Health & Human Services Agency  
 Epidemiology and Immunization Services Branch  
 Phone: (619) 692-8499; Fax: (858) 715-6458  
 Urgent Phone for pm/weekends/holidays: (858) 565-5255  
 E-mail: [cahan@sdcounty.ca.gov](mailto:cahan@sdcounty.ca.gov)  
 Secure Website: <http://cahan.ca.gov>  
 Public Website: <http://www.cahansandiego.com>



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## COVID-19 Long-Term Care Facility Guidance

### April 2, 2020

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are issuing new recommendations to State and local governments and long-term care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19). Long-term care facilities are a critical component of America's healthcare system. They are unique, as they serve as both healthcare providers and as full-time homes for some of the most vulnerable Americans.

In recent weeks, CMS and CDC, at President Trump's direction, have worked together to swiftly issue unprecedented targeted direction to the long-term care facility industry, including a general prohibition of visitors implemented on March 13, 2020, as well as strict infection control and other screening [recommendations](#). However, recent observations made by CDC and CMS experts onsite in facilities have emphasized that even more must be done to universally implement this key guidance.

To provide critical, needed leadership for the Nation's long-term care facilities to prevent further spread of COVID-19, CMS and CDC are now recommending the following immediate actions to keep patients and residents safe:

- 1. Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control.**
  - In particular, facilities should focus on adherence to appropriate hand hygiene as set forth by [CDC](#).
  - CMS has also recently issued extensive [infection control guidance](#), including a self-assessment checklist that long-term care facilities can use to determine their compliance with these crucial infection control actions.
  - Facilities should also refer to CDC's [guidance](#) to long-term care facilities on COVID-19 and also use [guidance](#) on conservation of personal protective equipment (PPE) when unable to follow the long-term care facility guidance.
- 2. As long-term care facilities are a critical part of the healthcare system, and because of the ease of spread in long-term care facilities and the severity of illness that occurs in residents with COVID-19, CMS urges State and local leaders to consider the needs of long-term care facilities with respect to supplies of PPE and COVID-19 tests.**
  - State and local health departments should work together with long-term care facilities in their communities to determine and help address long-term care facility needs for PPE and/or COVID-19 tests.

- Medicare is now covering COVID-19 testing when furnished to eligible beneficiaries by certified laboratories. These laboratories may also choose to enter facilities to conduct COVID-19 testing.
3. **Long-term care facilities should immediately implement symptom screening for all.**
- In accordance with previous CMS guidance, *every* individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. 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.
  - Facilities should limit access points and ensure that all accessible entrances have a screening station.
  - In accordance with previous CDC guidance, *every* resident should be assessed for symptoms and have their temperature checked every day.
  - Patients and residents who enter facilities should be screened for COVID-19 through testing, if available.
4. **Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.**
- For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.
  - Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.
  - If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
  - Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.
  - When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.
5. **To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.**
- Long-term care facilities should exercise as best as possible consistent assignment (meaning the assignment of staff to certain patients and residents) for all patients and residents regardless of symptoms or COVID-19 status. This practice can enhance staff's familiarity with their assigned patients and residents, helping them detect emerging condition changes that unfamiliar staff may not notice. The goal is to decrease the number of different staff interacting with each patient and resident as well as the number of times those staff interact

with the patient and resident. Also, staff as much as possible should not work across units or floors.

- i. Long-term care facilities should redeploy existing training related to consistent assignment, and ensure staff are familiar with the signs and symptoms of COVID-19.
- Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status.
  - i. To this end, long-term care facilities should work with State and local community leaders to identify and designate facilities dedicated to patients and residents with known COVID-19-positive and those with suspected COVID-19, ensuring they are separate from patients and residents who are COVID-19-negative;
  - ii. COVID-19-positive units and facilities must be capable of maintaining strict infection control practices and testing protocols, as required by regulation;
    1. When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients.
  - iii. There may be a need for some of these COVID-19-positive long-term care facilities to have the capacity, staffing, and infrastructure to manage higher intensity patients, including ventilator management;
  - iv. State agencies including health departments, hospitals, and nursing home associations will have to ensure coordination among facilities to determine which facilities will have a designation and to provide adequate staff supplies and PPE; and, if possible, isolate all admitted residents (including readmissions) in their room in the COVID-19-positive facility for 14 days if their COVID-19 status is unknown; and
  - v. Long-term care facilities should, to the fullest extent possible, inform residents and their families of [limitations of their access](#) to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative facilities for COVID-19-positive or unknown status.

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