



CORONAVIRUS DISEASE 2019 (COVID-19)

WEEKLY UPDATE

LONG-TERM CARE AND RESIDENTIAL CARE FACILITIES

Wednesday, May 20, 2020

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

If you've been watching the County of San Diego regular press conferences, you know the County is working hard to open businesses while also protecting our most vulnerable populations. Thank you for your continued efforts and partnership with the County of San Diego. Please see the latest updates, guidance, and resources below.



Announcements and New Releases



Updates from the County of San Diego

For general information about COVID-19 in San Diego and related resources, please visit www.coronavirus-sd.com.

County Opening Two New Testing Sites (NEW!)

The County is now offering two new testing sites. For testing, please call your doctor or medical provider to schedule an appointment, signing up on the state website, or call 2-1-1.

- Drive-up testing site at the San Diego County Credit Union Stadium in Mission Valley (Mon-Sat, 9:00am-3:00pm).

- Walk-up testing sites at Tubman-Chavez Center (415 Euclid Ave.) and the County Assessors Office (200 S. Magnolia Ave. El Cajon) (please note, testing is no longer provided at the Grossmont Mall).

For more testing information, please visit the [coronavirus-sd.com testing page](https://coronavirus-sd.com/testing-page). To learn more about the different types of testing, [click here for a flyer from the FDA](#).

Free Face Shields to Protect Individuals with Disabilities and Individuals with Hearing Loss (NEW!)

Cloth face coverings can block visual cues that individuals with hearing loss or disabilities depend on for communication access. To help with this, the County is offering free transparent face shields for your employees. To request them, email COVID19-Donations@sdcounty.ca.gov and include:

1. Name of Primary Contact
2. Contact email and phone number
3. Business address
4. Quantity of face shields needed
5. In what capacity the face shields will be used

[Click here for more information about free face shields from the County.](#)



Updates from the California Department of Public Health

CDPH publishes news releases and All Facilities Letter (AFL) releases regularly. If you would like to receive email notifications of AFLs, please submit your request to LNCPolicy@cdph.ca.gov.

See the newly released advisories below:

Letter to Skilled Nursing Facilities - Monday, May 15, 2020 **(NEW!)**

Interim Guidance for Transfer of Residents with Suspected or COVID-19 (This AFL supersedes AFL 20-33.1)

This AFL clarifies CDPH expectations and provides interim guidance for SNFs for transfer and continuity of care of residents with suspected or confirmed COVID-19 infection,

including admission of COVID-19 positive residents following hospitalization who still require transmission-based precautions. This AFL also clarifies that the guidance applies when residents are transferred from an alternate care site and that SNFs must accept the return of a resident from a hospital or alternate care site and informs SNFs that residents may be transferred between facilities for the purposes of cohorting COVID-19 patients.

[Access the entire AFL 20-33.2 here.](#)

News Release - Tuesday, May 12, 2020

CDPH Announces New Sectors that can Reopen with Modifications Statewide

California Department of Public Health (CDPH) Director and State Health Officer Dr. Sonia Angell announced today additional sectors that can open statewide as part of Stage 2. These include office workspaces where teleworking is not possible, outdoor museums and limited personal services -- such as car washes, dog-grooming and landscaping -- with protections to limit the spread of COVID-19 as the state continues to modify its Stay at Home order. More information provided on the [CDPH Covid-19 website](#).

[Access the full news release here.](#)

Letter to Skilled Nursing Facilities - Monday, May 11, 2020

COVID-19 Mitigation Plan Implementation and Submission Requirements for Skilled Nursing Facilities (SNF) and Infection Control Guidance for Health Care Personnel (HCP)

This AFL advises SNFs of the requirement to submit a facility specific COVID-19 mitigation plan with specified elements to CDPH within 21 calendar days and provides updated infection control guidance for HCP. See **NEW** attached COVID-19 Mitigation plan and template.

[Access the entire AFL 20-52 here.](#)

Letter to All Facilities - Saturday, May 9, 2020

Updated COVID-19 Symptoms

This AFL notifies health facilities of the Centers for Disease Control and Prevention's (CDC's) update on COVID-19 symptoms. Health facilities should ensure their screening process and policies and procedures reflect the updated symptoms.

[Access the entire AFL 50-51 here.](#)

[Click here to see a full list of recent AFLs](#)



Recent Updates from the California Health Alert Network

Note: There are no new CAHANs since last week's Long-Term Care Sector email update. See the most recent CAHAN below.

Notes from a conference call for Skilled Nursing Facilities, May 7, 2020

The California Association of Long-Term Care Medicine has developed the Long-Term Care Quadruple Aim for COVID-19 Response. It consists of four key elements: stellar infection prevention; abundant PPE, readily available testing, and operating in emergency preparedness mode.

To access the full meeting notes, see attached document titled "[AFC-SNF+IP+Call+Notes+5.7.20.docx](#)"



Recent Updates from the California Department of Social Services

The Community Care Licensing Division (CCLD) of CDSS publishes [Provider Information Notices \(PINs\)](#) to formally communicate important license-related information to CCLD-licensed providers. The local CDSS San Diego Adult and Senior Care office can be reached at (619) 767-2300, or CCLASCPSanDiegoRO@dss.ca.gov.

Note: There are no new PINs since last week's Long-Term Care Sector email update. See the most recent PIN below.

Letter to Adult and Senior Care (ASC) Program licensees and administrators, Home Care Organization (HCO) licensees, and Home Care Aides (HCAs) - May 8, 2020

Updated Statewide Waivers for Background Check Requirements

PIN 20-12-CCLD provides updated guidance to ASCs, HCOs, and HCAs regarding the statewide waivers for background checks, and supersedes the background check waivers issued in PIN 20-09-CCLD dated April 2, 2020.

[Access the entire PIN 20-12-CCLD here.](#)

[Click here for a full list of recent PINs](#)



Upcoming Telebriefings

Please note:

The regularly scheduled telebriefing for **Older Adult and Disability Service Providers** on **Friday, May 22** has been **cancelled**.



**Friday, May 29
at 4:00pm**

Telebriefing for **Long-Term Care and Residential Care Facilities**

WHEN: Friday, May 29, 2020 at 4:00pm

Please [pre-submit your questions in advance here](#). All participants will be muted during the meeting. Participants will have the opportunity to ask questions during the call through the online chat feature on the Zoom platform.

Join the telebriefing at the specified time and date using one of the options below:

- Option 1 | Computer (preferred):
 - Click on the following link <https://zoom.us/j/218631109>
 - Meeting ID: 218 631 109.
 - If you have any difficulties accessing the participant link, please use option 2.
- Option 2 | Phone:
 - Dial-In Number: 1 (669) 900-6833 or 1 (346) 248-7799
 - Meeting ID: 218 631 109.

[Visit the Long-Term Care and Residential Care Facilities Sector Support webpage to learn more.](#)



Telebriefing for **Older Adult and Disability Service Providers**

WHEN: Friday, June 5, 2020 at 4:00 p.m.

**Friday, June 5
at 4:00pm**

Please [pre-submit your questions at least 24 hours before the telebriefing](#), so that they can be answered on the call. Participants will also have the opportunity to ask questions during the call through the online chat feature on the Zoom platform. [Please click here for more information, including access link and call-in option.](#)



Ongoing Programs, Services and Resources



County of San Diego - COVID-19 Dashboard

The County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch has developed an interactive web-based dashboard to help San Diegans visualize and track cases in real time.

[See the dashboard.](#)



Latest San Diego County Public Health Order

The latest updates to the local Public Health Order included additional key items for essential businesses still in operation.

[Read the order.](#)



Long-Term Care & Residential Care Facilities Website

There are updates, guidance, and resources provided on the [Long-Term Care and Residential Care Facilities sector support web page.](#)

This page is part of the County's www.coronavirus-sd.com website.



[Live Well @ Home](#)

[Live Well @ Home](#) is a free resource to help community residents find tips and strategies to stay healthy in both mind and body while staying at home. Resources are organized by age group and then displayed by category, such as physical activity, mindfulness, and social connection, to help you find the right tools to match your needs.



[211 San Diego](#)

- For health or testing related questions, contact your healthcare provider. For general questions about COVID-19, information about community resources, or if you are uninsured, call **2-1-1 San Diego**.
- [2-1-1 San Diego Flyer](#) (English & Spanish)



[COVID-19 Downloadable Resources and Materials for Your Facility](#)

- [Find FAQs, posters, videos, and other materials.](#)



[CDC COVID-19 Trainings for Nursing Home and Long-Term Care Facility Staff](#)

CDC launched a mini webinar training series for frontline long-term care and nursing home staff. This series of 5 short webinars reviews basic infection prevention steps including: [proper use of personal protective equipment \(PPE\) and facemasks](#), [how and when to perform hand hygiene](#), [how and when to clean surfaces](#), and [the need to check residents](#) and [staff daily for symptoms of COVID-19](#).



- [California Department of Public Health, Immunization Branch – COVID-19](#)
- [California Department of Social Services – COVID 19](#)
- [Centers for Disease Control and Prevention – COVID-19](#)
- [World Health Organization – Coronavirus Disease \(COVID-19\) Outbreak](#)



Stay Connected



For questions related to long-term care and residential care facilities, please email: COVID-LTC@sdcounty.ca.gov.



Get the latest information about what's happening across the county with COVID-19.



Text **COSD COVID-19** to **468-311**
to get text alert updates



Coronavirus Disease 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities

Due to the higher risk of severe illness and death from COVID-19 among elderly persons and those with chronic medical conditions, the California Department of Public Health (CDPH) is requiring all skilled nursing facilities (SNF) to develop and implement a CDPH approved COVID-19 mitigation plan. **Failure to implement an approved COVID-19 mitigation plan may result in an immediate jeopardy.**

Please refer to [AFL 20-52](#) for information on this requirement and for additional guidance when completing the following requested information. SNFs must complete this form and submit any supplementary documentation to CDPH within 21 calendar days of the issuance of this AFL. Supplementary mitigation plan documents, such as policies and procedures, may be uploaded with this form or emailed your local district office.

FACILITY INFORMATION

Facility Name:
Facility Address:

I, _____, hereby certify that I am the administrator or other duly authorized officer or representative of _____ at _____ and that the information provided accurately reflects the policies in effect at such nursing facility for the safe care and treatment of residents during the COVID-19 pandemic.

COVID-19 MITIGATION PLAN REQUIREMENTS

1. TESTING & COHORTING

- The SNF will work with their local health department (LHD) and CDPH to develop a testing plan for regular testing of residents and staff through the identified testing sites able to meet the time requirements, including how test results will be used to inform resident and health care personnel (HCP) cohorting. This plan must be in place within 14 days of submission of the attestation.
- Residents with active COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, have been separated from residents who are not infected or have unknown infection status. Where separation is not possible, the SNF is responsible for communicating with the LHD and CDPH and transferring the resident to the hospital or alternate care site following the guidance in [AFL-20-48.1](#).
- Resident cohorting is re-evaluated by infection control lead and clinical staff and implemented each day based on results of any of the following: surveillance testing (if available), temperature checks, and symptom screening in accordance with the Centers for Disease Control and Prevention's (CDC) recommendations.

- All residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record.
- Residents with any suspected respiratory or infectious illness are assessed (including documentation of respiratory rate, temperature and oxygen saturation) at least twice during each shift, during the day and evening shifts, to quickly identify residents who require transfer to a higher level of care. The SNF will monitor CDC guidance and modify these procedures to stay consistent with the most current guidance on an ongoing basis.
- The SNF has implemented a staffing plan to limit transmission, including:
 - Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive.
 - Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day.
 - An established policy to minimize the number of staff interacting with each resident.
 - If these measures cannot be met the SNF will work with their LHD and CDPH to evacuate all positive residents to the nearest healthcare facility or alternate care site that can meet these requirements. The SNF is responsible for the transfer and any associated costs.

Please submit a copy of your facility’s plan for regular testing of staff and residents. This plan must include information on methods and frequency, and it must specify how the facility will use testing results to inform resident and HCP cohorting decisions.

Please enter any additional information on components of your facility’s mitigation plan related to testing and cohorting in the space below:

2. INFECTION PREVENTION AND CONTROL

- The SNF has a full-time, dedicated Infection Preventionist(s). This can be achieved by more than one staff member sharing this role, but a plan must be in place for infection prevention quality control. SNF will list the names and positions of staff assigned to infection prevention for the facility.
- An infection control lead has been designated to address and improve infection control based on public health advisories (federal and state) and spends adequate time in the building focused on activities dedicated to infection control.
- The SNF must ensure HCPs receive infection prevention and control training.
- The SNF screens and documents every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks.

- The designated infection control lead maintains a line list of all patients who have been confirmed to meet clinical criteria of presumed COVID-19 including testing and results.

Please provide the following information for each staff member sharing the role of dedicated Infection Preventionist:

Name:

Qualifications:

Days/Hours Worked:

Please submit a copy of your facility's infection prevention quality control plan.

Please enter any additional information on components of your facility's mitigation plan related to infection prevention personnel in the space below:

3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- The SNF has a plan for adequate provision of PPE, including types that will be kept in stock, duration the stock is expected to last. The SNF will provide information on the supply network it plans to use.
- The SNF has initiated measures for procuring their own PPE supply (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) across all PPE items. If a two-week supply is not available, the SNF has evidence that it has orders arriving to ensure minimal PPE supplies.
- The SNF has existing contracts or relationships with PPE vendors to facilitate the replenishment of stock.
- The SNF has a contingency plan to address PPE supply shortages.
- Staff have been trained on selecting, donning and doffing appropriate PPE and demonstrate competency of such skills during resident care.
- Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidance.
- Individuals serving as PPE coaches, who are responsible for providing just-in-time education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies.
- Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided.
- Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room

when there are units with separate cohorted spaces for both COVID-19 positive and negative residents.

- If there are COVID-19 cases identified in the facility, health care professionals are provided and are wearing recommended PPE for care of all residents, in line with the most recent CDPH PPE guidance
- Residents are wearing a facemask (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the SNF for essential medical appointments.
- All SNF personnel are wearing a facemask while in the facility.

Please enter any additional information on components of your facility's mitigation plan related to PPE in the space below:

4. STAFFING SHORTAGES

- The SNF has policies in place to address HCP shortages, including contingency and crisis capacity strategies.
- The SNF can demonstrate that there has been advanced planning, in alignment with its emergency preparedness plans, for backup staffing using all resources (e.g., corporate resources, temporary staffing agencies, hospital partnerships, or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines.
- The SNF has a plan for expediting training of new health care professional staff brought in from other locations to provide resident care in the event that the facility reaches a staffing crisis.
- A designated person has been assigned responsibility for conducting a daily assessment of staffing status and needs, and has implemented or is ready to implement backup plans as needed.
- The SNF's sick leave policies are non-punitive (i.e., they do not result in disciplinary actions or job performance reviews, and they do not require provider notes), flexible, and consistent with public health policies that do not dissuade health care professionals from staying home when they are sick.

Please submit a copy of your facility's policy for addressing HCP shortages. This policy must include contingency capacity and crisis capacity strategies.

Please enter any additional information on components of your facility's mitigation plan related to staffing shortages in the space below:

5. DESIGNATION OF SPACE

- The SNF has policies in place for dedicated spaces within the facility to ensure separation of infected patients and for eliminating movement of HCP among those spaces to minimize transmission risk.
- All residents with COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, have been separated from residents who are not infected or have unknown infection status are placed in dedicated COVID-19 positive wings.
- If dedicated COVID-19 positive wings are unavailable, infected or recovering residents are cohorted appropriately, either alone in single-occupancy rooms or cohorted into a multi-occupancy room with other confirmed cases.
- Symptomatic residents with suspected COVID-19 infection may remain in their room (if multi-occupancy room, with 6ft, or as far as possible, between beds and curtains closed) while testing is pending.
- All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases, unless they are already cohorted with a symptomatic or confirmed positive roommate.
- Upon admission, new and readmitted residents with unknown COVID-19 status are placed in single-occupancy rooms or a separate observation unit, wing, or building.
- All congregate spaces have been closed and all group events involving close proximity ceased.
- There is no communal dining, or, in accordance with CMS guidance, eating in dining areas with appropriate social distancing is only used as a last resort; i.e., only allowed for residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID19 and with cognitive needs that warrant such accommodation. The facility must perform terminal cleaning at the end of each meal.
- In the event that the facility cannot safely designate space, staff, and supplies they will take immediate action to reduce the risk of the residents by any means necessary, up to and including evacuation of all suspect and confirmed COVID positive residents to the nearest facility which has been designated for the safe care and treatment of COVID.
- The SNF will communicate any imminent or suspected need to evacuate with their local MHOAC and CDPH.

Please submit a copy of your facility's policy (or policies) for the dedication of space to ensure separation of infected patients and to limit the movement of HCP among those spaces.

Please enter any additional information on components of your facility's mitigation plan related to designation of space in the space below:

6. COMMUNICATION

- The SNF has a plan for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including the prevalence of confirmed cases of COVID-19 in staff and residents as directed by CMS guidance.
- The SNF will provide regular updates to the staff about PPE.
- A designated staff member has been assigned responsibility for daily communications with staff, residents, and their families.

To get an editable version of this COVID 19 Mitigation Plan Template, please contact us at COVID-LTC@sdcounty.ca.gov and ask for the template referenced in the 5-20-20 weekly update email.

<FACILITY NAME>

COVID 19 MITIGATION PLAN

<LOGO>

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1. INTRODUCTION

This **COVID-19 Mitigation Plan for Skilled Nursing Facilities** is provided by the California Association of Health Facilities (CAHF). It reflects guidance developed by CAHF based upon All Facility Letter 20-52, issued by the California Department of Public Health on May 11, 2020. It is intended to serve as a potential base template that skilled nursing facilities could use to develop required COVID-19 Mitigation Plans, along with suggestions for possible additional procedures.

1.2. INSTRUCTIONS FOR USE

This template is incomplete until it is reviewed, filled out and modified by the user. The Plan must address the specific nature of how your facility will mitigate the effects of COVID-19 in your building.

The template is provided in Microsoft Word format so it can be easily modified.

Here are some key items to address within the template:

- Sections highlighted in **yellow** require inserting facility-specific information.
- Some sections require the insertion of documents such as the cohorting locations, vendor contracts, resource request forms, CDC guidance, CDPH guidance, Local Health Department (LHD) guidance, etc. Add any additional information that is appropriate to your facility.
- Not all potential hazards are addressed in this template. Users will need to add policies and procedures for hazards that are prominently identified in their risk analysis but not addressed in this template.
- Review Appendix A: Acronyms and update as needed, e.g., to add facility specific acronyms.
- Once completed and approved, ensure signature pages are signed and dated.

This template may be used for free and modified by long term care facilities whether or not they are CAHF members. It may not be sold or incorporated into proprietary products without specific permission from CAHF.

1.3. DISCLAIMER

CAHF and individual authors are not responsible for any errors or omissions contained in the COVID-19 Mitigation Plan Template for SNFs and assume no responsibility for the misuse or erroneous interpretation of its contents, or the failure to include appropriate information. Under no circumstances does this template for SNFs contain or constitute legal advice in any form; nor does it make any assurance or representation that the information contained here will be determined to constitute compliance with any local, state or federal law or regulation.

1.4. ORGANIZATIONAL REVIEW AND APPROVAL LOG

This document is <Insert name of facility>'s COVID-19 Mitigation Plan and states our understanding of how we will prepare for, manage and conduct actions under the declared pandemic. It will be reviewed and updated as necessary.

This EOP has been reviewed and approved by our organization's leadership.

Approved By: _____
Signature

Printed Name/Title

Date

Reviewed/Revised:

_____ _____
Date Signature

Reviewed/Revised:

_____ _____
Date Signature

Reviewed/Revised:

_____ _____
Date Signature

Reviewed/Revised:

_____ _____
Date Signature

2. RAPID RESPONSE INSTRUCTIONS

2.1 ACTIVATION

Follow these steps if you recognize a potential or actual emergency that may threaten or impact:

- The health and safety of occupants (including residents, staff, and visitors)
- The care center's ability to provide care, or the physical environment or property
- If during activation of this mitigation plan a separate emergency event occurs, the facility will fall back to its Emergency Operations Plan (EOP) to guide its response and all of its associated policies and procedures.
- While understanding that the complex nature of our residents and the highly infectious nature of this disease will create issues for the response community, we will choose evacuation as a last resort and communicate our number of COVID patients to the Medical Health Operational Area Coordinator (MHOAC) in conjunction with any patient movement.

2.2 FACILITY PROFILE	
Facility Name	
Facility Address	
Facility Telephone #	
Facility Email	
Alternative Emergency Executive /Phone #	
Infection Preventionist #	
MHOAC #	
CDPH District Office #	
CDPH HAI #	
Local Public Health Department #	

2.3 COHORTING SITE MAP

<Insert floorplan and designated rooms for treatment of COVID-19>

3. COVID-19 MITIGATION PLAN

This document describes the COVID-19 Mitigation Plan for <INSERT FACILITY NAME>. Our facility will meet the required components of a COVID-19 Mitigation Plan set forth by CDPH in AFL 20-52. This includes several elements:

- Testing and Cohorting
- Infection Prevention and Control
- Personal Protective Equipment (PPE)
- Staffing
- Space
- Communication
- List out any facility specific additions

This document states our organization's understanding of how we will manage and conduct actions under emergency conditions to mitigate the impact of a potential outbreak of COVID-19 in the facility. It is customized to our facility and incorporates the response strategies of our community. It is updated as needed and approved by our organization's leadership.

The purpose of this plan is to describe our approach to handling the impact of COVID-19 to our building, and by so doing, support the following incident objectives:

- Maintain a safe and secure environment for residents, staff and visitors
- Sustain our organization's functional integrity, including our essential services and business functions (continuity of operations)
- Coordinate with the community's emergency response system
- Get testing for residents and staff within a clinically valuable timeframe in a way that respects their right to choose whether or not to be tested
- Communicate to our staff, residents, and families with daily messaging
- Consistent procurement of PPE in sufficient supply to meet the daily need with a goal of maintain an ongoing 14-day supply
- Designation of space that can safely be used to isolate COVID+ residents without posing a risk to the life and safety of other residents or staff
- Define and describe process for the acquisition of emergency staffing resources to maintain a safe and secure environment during the COVID-19 pandemic response

3.1. RESIDENT PROFILE

In our facility, all residents are at risk during emergencies due to their unique health needs. To ensure that we design procedures that will support these needs, we have completed a resident profile that identifies the common services our facility provides. This will help inform our decision on how to set up our spaces and the staff needed to support the areas depending on acuity of residents.

Attach form 802, refer to facility assessment for additional resident needs and conditions

3.2. TESTING RESIDENTS

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for testing each resident and the ongoing surveillance testing of our resident population

PROCEDURES

- Facility will test any symptomatic resident through any available source in coordination with the Local Health Department (LHD) and begin process to test residents with the LHD in accordance with their guidance and direction.
- If the facility has no symptomatic residents, facility will call LHD and determine testing strategy for their jurisdictions.
- Facility will document these calls with the outcome of this testing request and document the timeline given.
- If LHD has no capacity to test, facility will attempt to find a testing lab who can provide test results in a timely manner.
- If no testing capacity can be located that meets the timeframe goal facility will document all attempts to obtain testing and keep documents of those efforts for review.
- If an alternative test is approved that could help meet the timely turn-around goals and is approved by CDPH and the LHD, the facility will incorporate those procedures in support of facility's overarching objectives.
- Facility will follow cohorting procedures for disposition of residents.
- Facility will document residents refusing testing and INSERT FACILITY SPECIFIC PROCEDURES
- After facility has a baseline and no new outbreak, they will test a random sampling equal to 10% of the number of residents in the building on a monthly basis. Facility will confirm with LHD surveillance testing meets LHD guidance.
- If residents test positive, the facility will keep positive residents in a designated space for COVID-19 unless they are evacuated – see “Designated Space.”
- Positive residents may move out of “Designated Space” after two negative tests or they may be moved out per LHD guidance after the removal of transmission-based precautions
- Facility will report any positive tests in accordance with current LHD and CDPH guidance, but at a minimum the facility will contact the LHD and CDPH District Office, as well as document any positive cases on CDPH daily survey.

3.3. TESTING STAFF

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for testing each staff member and the ongoing testing of our staff.

PROCEDURES

- Facility will coordinate with the LHD for testing of any symptomatic staff through any available source in coordination with the Local Health Department (LHD).
- Facility will work with and follow recommendations from the LHD to determine testing strategy for the remaining staff.
- After facility has a baseline, they will test a random sampling equal to 10% of the number of staff in the building on a monthly basis. Facility will confirm with LHD surveillance testing meets LHD guidance and adjust accordingly.
- Facility will document calls with outcome and timeline to have the staff tested
- If LHD department has no capacity to test staff, facility will attempt to find a testing lab who can provide testing and document all efforts to obtain testing
- Facility will rely on the staff to self-identify their COVID-19 status
- Facility will document any staff refusing to take a COVID-19 test and INSERT FACILITY SPECIFIC PROCEDURES
- Facility will follow LHD guidance for the return-to-work criteria for any staff testing positive
- If a staff tests positive and they are not symptomatic and willing to work, they will only be assigned to COVID-19 “Designated Space” and will minimize time in any non-COVID-19 designated sections of the building
- Facility will report any positive tests in accordance with current LHD and CDPH guidance, but at a minimum the facility will contact the LHD, CDPH District Office and document any positive cases on their CDPH survey

3.4. COHORTING RESIDENTS DURING COVID-19

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for cohorting COVID+ residents, COVID naïve residents, and transitional space for unknown asymptomatic residents.

After an outbreak or the discovery of COVID in our building we will divide up the residents into color coded groups for cohorting. Red for confirmed positives and symptomatic suspected cases, Yellow for those waiting test results with no symptoms or newly admitted residents in transition, Green confirmed negative or have recovered from COVID.

Resident cohorting procedures and cohorting locations will be re-evaluated by clinical staff frequently as demand dictates

PROCEDURES

COVID-19 CONFIRMED CASES; SYMPTOMATIC AND SUSPECTED (RED)

- Residents testing positive will be placed in a single room if available within the designated space
- Resident testing positive will only be cohorted with other confirmed or suspected and symptomatic residents
- If resident tests positive in a room with roommates who are asymptomatic and negative we will move the positive resident to designated Red area depending on space availability
- Residents in red zone will be treated with contact and droplet precautions until a negative test result can be achieved or the resident meets the time criteria to return to the green zone based on current CDC guidance for the removal of transmission-based precautions - ATTACH CDC GUIDANCE
- If no movement is possible facility will isolate the residents to the extent possible within the same room while maintaining the minimum required distance between beds, with curtain pulled, per CDC guidance – ATTACH CDC GUIDANCE
- Residents in Red space will be assessed twice on the day shift and twice on the evening shift to document respiratory rate, temperature, and O2 Stats
- The facility will monitor guidance from CDC and adjust procedures for cohorting accordingly ATTACH CDC GUIDANCE
- The SNF will assign staff to work the RED section exclusively to the extent possible.
- If staff will be shared across sections in any way the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering
- If facility cannot maintain minimum standards for the safe care and treatment of COVID-19 they will evacuate positive residents to the nearest designated facility in conjunction with their LHD
- Facility will coordinate any movement through the MHOAC, but may choose to use private transportation companies to move residents in order to reduce burden on the EMS system
- Facility will notify CDPH of the resident transition per “unusual occurrence” requirements for notification and remove positive residents from count on CDPH daily surveys

COHORTING UNKNOWN (YELLOW)

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for cohorting COVID+ residents, COVID naïve residents, and transitional space for unknown asymptomatic residents.

PROCEDURES

- Facility will cohort all unknown asymptomatic and untested residents in the yellow zone if possible
- Residents in yellow zone will only be cohorted with other asymptomatic unknown residents if no single room is available
- Residents in yellow zone will be treated with contact and droplet precautions until a negative test result can be achieved or the resident meets the time criteria to return to the green zone based on current CDC guidance for the removal of transmission-based precautions - **ATTACH CDC GUIDANCE**
- Residents in yellow zone will be restricted to the yellow zone until they have been cleared to enter the green zone
- If staff will be shared across sections in any way the staff will fully doff all PPE and leave all dirty PPE in designated receptacles, perform hand hygiene, and don new PPE in accordance with CDC guidance for the area they are entering - **ATTACH CDC GUIDANCE**
- All residents in the yellow and green zones will be screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record
- Facility may choose to adjust yellow and red zones depending on the beds needed and the access to testing for admissions from a hospital and the availability of testing in the community
- If safe care cannot be met facility will follow its existing EOP for the necessary procedures to protect life and safety of the residents, but will be consistent with AFL 20-33.1

COHORTING RESIDENTS COVID NAÏVE (GREEN)

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for cohorting COVID+ residents, COVID naïve residents, and transitional space for unknown asymptomatic residents.

PROCEDURES

- Residents in the green zone will consist of confirmed negative residents or residents recovered from COVID-19
- Residents will be cohorted with other confirmed negative or recovered residents
- Residents will be allowed to stay in room with yellow or red designated residents if the exposure has already occurred and no other spaces are available to move the resident
- Residents will be moved to green zone only after they have received a negative test or they have met the criteria for the removal of transmission-based precautions per current CDC guidance - **ATTACH CDC GUIDANCE**
- If safe care cannot be met facility will follow its existing EOP for the necessary procedures to protect life and safety of the residents, but will be consistent with AFL 20-33.1
- Facility will change room designations in response to testing results and may need to add or remove color designations depending on space available/needed.
- In cases where the facility may get large amounts of positive cases interspersed within the facility they will designate who is on what precautions for each resident and clearly communicate the procedures to minimize the risk of spreading with the eventual goal of having clearly designated spaces within the building set on this color coded scale

3.5. INFECTION PREVENTION AND CONTROL

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for infection prevention and control to manage a COVID-19 outbreak.

The guidance the infection preventionist will follow will be heavily influenced from the LHD, CDPH, and the CDC. All guidance documents dictating procedures will be attached for review.

PROCEDURES

- Facility will designate an infection preventionist
- Facility will list out all staff expected to fulfill this role if more than one
- Facility will ensure IP reviews guidance and recommendations provided by CDC, CDPH and/or LHD to maintain consistent situational awareness with highly evolving nature of COVID
- IP will maintain line list of all patients and staff who are confirmed COVID+ and suspected COVID+

- IP will monitor and collect all guidance from the LHD, CDPH, and CDC and counsel all staff on best practices to ensure consistent application of safe IP practices
- IP or designee will oversee the training of all staff for IP and IC practices
- IP or designee will oversee the training of all staff on the donning and doffing procedures required based on the color-coded cohorting groups
- IP is responsible for overseeing screening of all individuals entering the facility and will maintain records that all screening occurs in accordance with AFL 20-22.1

3.6. EMERGENCY STAFFING STRATEGIES

Employee Preparedness

It is the policy of this facility to ensure that we have adequate staffing during emergencies. Our employees are expected to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties if requested to do so. Supervisors, coworkers, and residents share an expectation that medical services will proceed uninterrupted and that any medical needs generated by the incident's impact will be addressed.

Staff Recall

This facility's staff will be called in, and/or availability may be requested by a pre-designated staff person as detailed in Staff Recall and Survey. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency as determined by the administrator or designee. The location of a detailed emergency contact list for staff is attached. Add in facility specific communication plan

Emergency Employee Call-ins

All staff in regular, temporary, or contracted positions (appropriate with their role) should contact their immediate supervisor or manager if they are unable to report to duty as scheduled due to an emergency or symptom development consistent with COVID-19.

All approved time off requests may be cancelled during this event. Employees should be available to report for duty if it is safe and feasible to do so.

12 Hour Shift Model

Employees may be assigned to Team A or Team B and should report to duty as follows:

- Team A will report to the facility as scheduled once the EOP is activated and travel is safe. Team A will remain at the facility for the duration of the disaster event and its effects until relieved by Team B.
- Team B members are expected to report to duty to their department or labor pool to relieve Team A as directed by the Administrator. Employees who do not provide direct patient care and whose departmental functions can be halted until the emergency is over, may be designated as either

Team A or Team B and deployed to a labor pool. Those employees will report directly to <enter designated area for employees to enter facility> for assignment.

Team A and Team B will be encouraged to bring the following to the facility:

- Staff identification
- Medications/personal items
- Money: cash and change for vending
- Critical personal phone numbers
- Battery-operated cell phone charger

Staff Responsibility – 12hr shifts

Team A and B employees will be deployed and rotated, as deemed appropriate by the administrator or designee, during the duration of the disaster; work in various assigned shifts; and/or provide non-routine but necessary duties that they are cross trained to perform. Team A and B employees will report as scheduled until an “All Clear” is called and normal operations are resumed.

Staff Responsibility – COVID Designated Staff

On all shifts under any staffing model, a written list of staff assigned to the RED areas and the YELLOW/GREEN areas will be documented and a staff will be assigned based on return-to-work criteria and total staff available.

Staff Support

Reasonable sleeping and showering areas will be assigned to off-duty staff who are asked to stay on-site or unable to return home. Facility will try and assist any staff needing lodging through all available channels. To the extent that the facility’s needs permit, space will be set aside for completely separate respite areas for staff assigned to RED areas. Food will be provided in the cafeteria from a limited menu to on-duty staff.

Contingency

It is the policy of our facility to maximize our staff availability and utilize these approved staffing registries (INCLUDE NAMES HERE) if we are unable to cover our staffing needs during an emergency. If this strategy fails to meet our needs, our facility may request additional staff through the Medical Health Operational Area Coordinator (MHOAC) program (click [here](#) for blank Resource Request form and attach). Through the emergency management protocols of our local area, we may integrate State and/or federally designated health care professionals to address surge needs during an emergency. We may also utilize emergent volunteers for non-resident care if necessary. Before utilizing any volunteers however, we follow the steps outlined below if at all possible:

Set up systems for:

- Receiving volunteers
- Processing and registering volunteers
- Issuing assignments and providing briefing on tasks and responsibilities

- Credentialing as indicated by task assignments (if feasible)
- Badging for site access and function as indicated
- On-site training (as appropriate) and equipping as indicated for both safety and job efficacy
- Assign key staff to supervise the volunteers closely / reassignment as tasks are completed
- Demobilizing

Staffing Lead

Facility will assign a staff member to be responsible for conducting daily assessments of staffing status and needs and has knowledge of implementing the staffing mitigation strategies. This position will work to expand our capacity to on-board new staff while maintaining current safe staffing needs. This position will be responsible for coordinating the on boarding of all volunteer, registry, other staff upon arrival.

3.7. PERSONAL PROTECTIVE EQUIPMENT

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for the consistent acquisition of personal protective equipment (PPE) during the COVID-19 pandemic.

PROCEDURES

- **ADD FACILITY SPECIFIC GOAL FOR AMOUNT OF PPE THAT CAN REASONABLE BE MAINTAINED DURING AN OUTBREAK**
- Facility will document efforts to procure a rolling 14-day supply of all PPE, i.e. N95 masks, surgical and/or other available face masks, face shields, gowns, gloves, alcohol-based hand rub (ABHR)
- Facility will document all attempts to obtain and acquire PPE through its vendor network
- Facility will submit resource requests to the county MHOAC for the acquisition of PPE supplies if reliable vendor networks cannot be established to meet the goal of 14 days
- Facility will keep on-hand an itemized list of all PPE in stock and how long that is expected to last, based on the facility's current burn rates and update the list frequently
- Facility may move to extended use of PPE per CDC guidance (**ATTACH CDC GUIDANCE**)
- Facility will designate a "PPE coach" per shift, to support adherence to proper IC procedures
- Staff will be trained on proper donning and doffing procedures
- Necessary PPE will be made available directly outside of resident rooms in the red and yellow zones in accordance with current CDC guidance
- All staff will wear recommended PPE while in the building per current CDPH PPE guidance
- Residents leaving their room will be asked to wear a facemask, all residents leaving the facility for medical appointments will be sent with a facemask
- All staff will wear a facemask while in the facility for source control

3.8. DESIGNATED SPACE

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for the safe care and treatment of COVID-19 in designated spaces.

These spaces will be color-coded – Red, Yellow, and Green based on their testing status as indicated below:

Red – Space designated to be used and occupied by confirmed positive residents and/or symptomatic suspected residents and staff assigned to their care

Yellow – Space designated to be used and occupied by asymptomatic residents and/or residents that have an unknown testing status and staff assigned to their care

Green – Space designated to be used and occupied by confirmed negative residents and staff assigned to their care

PROCEDURES

(RED)

- Facility will place all positive cases in RED space as soon as possible following the cohorting procedures above
- Facility will assign staff to work RED space only
- Facility will identify space for intake and triage that does not go through YELLOW or GREEN spaces
- Red spaces will be designated with signage or barriers without compromising egress or life safety
- Trash can near exit for staff to discard PPE if moving out of designated area
- Designated area for staff to chart and monitor patients
- Staff only respite area away from patient care area – staff storage, breaks, etc
- Area for staff to don and doff PPE
- Separate clean supply area
- Separate medication storage and preparation area
- Separate dirty utility area for purpose of cleaning medical equipment
- Beds no closer than 6 ft apart with divider, curtain, physical barrier in between
- Develop schedule for regular cleaning and disinfection - Wipe-down of all floors and horizontal surfaces at least once daily, immediate clean-up of all spills of blood or body fluids, regular disinfection of high-touch surfaces such as doorknobs, at least daily cleaning of bathrooms – Attach cleaning schedule
- Facility will follow CDC guidance for the cleaning of rooms and follow the air change rules before starting cleaning procedures

(YELLOW)

- Facility will place all unknown asymptomatic residents in YELLOW space as soon as possible following the cohorting procedures above
- Facility will assign staff to work YELLOW and GREEN space only
- Facility will identify space for intake and triage that does not go through RED spaces
- YELLOW spaces will be designated with signage or barriers without compromising egress or life safety
- Trash can near exit for staff to discard PPE if moving out of designated area
- Designated area for staff to chart and monitor patients
- Staff only respite area away from patient care area – staff storage, breaks, eat
- Area for staff to don and doff PPE
- Separate clean supply area
- Separate medication storage and preparation area
- Separate dirty utility area for purpose of cleaning medical equipment
- Beds no closer than 6 ft apart with divider, curtain, physical barrier in between
- Develop schedule for regular cleaning and disinfection - Wipe-down of all floors and horizontal surfaces at least once daily, immediate clean-up of all spills of blood or body fluids, regular disinfection of high-touch surfaces such as doorknobs, at least daily cleaning of bathrooms– **Attach cleaning schedule**

(GREEN)

- Facility will place all confirmed negative residents and recovered residents in GREEN space as soon as possible following the cohorting procedures above
- Facility will assign staff to work YELLOW and GREEN space only
- Facility will identify space for intake and triage that does not go through RED spaces
- GREEN spaces will be designated with signage or barriers without compromising egress or life safety
- Trash can near exit for staff to discard PPE if moving out of designated area between RED and YELLOW/GREEN
- Designated area for staff to chart and monitor patients for YELLOW/GREEN
- Staff only respite area away from patient care area – staff storage, breaks, eat
- Area for staff to don and doff PPE for YELLOW/GREEN
- Separate clean supply area for YELLOW/GREEN
- Separate medication storage and preparation area for YELLOW/GREEN
- Separate dirty utility area for purpose of cleaning medical equipment for YELLOW/GREEN
- Develop schedule for regular cleaning and disinfection - Wipe-down of all floors and horizontal surfaces at least once daily, immediate clean-up of all spills of blood or body fluids, regular disinfection of high-touch surfaces such as doorknobs, at least daily cleaning of bathrooms– **Attach cleaning schedule**

3.9. COMMUNICATION

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures a communication plan during activation of this mitigation plan.

PROCEDURES

- Facility will assign staff member(s) to be communication lead(s) to families, residents, and staff about the facilities activities as it relates to its COVID-19 Mitigation Plan
- Communication to staff will include PPE supply status
- Communication to residents and families and staff will include the prevalence of cases in staff and residents in the facility
- **ADD IN FACILITY PROCEDURE FOR "DAILY" COMMUNICATION**