WEEKLY UPDATE

LONG-TERM CARE AND RESIDENTIAL CARE FACILITIES

Wednesday, June 17, 2020

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

Thank you to all who participated in the bi-weekly telebriefing last week and for your ongoing partnership during COVID-19. As we continue to give updates from our County public health perspective, *please be aware that you should always confer with your licensing entity for approval of any operational changes*.

Below information is the latest guidance and resources from state and federal organizations. Please note the new All Facilities Letters from the California Department of Public Health about visitation guidance, decontamination, and N95 respirator facepieces and a new CAHAN about the County of San Diego T3 strategy. Also, see the updated caution notice from the CDC about counterfeit N95 equipment. And last, please see attached pdf for a copy of the presentation “COVID-19 Infection Control in Congregate Settings,” by Dr. Raymond Chinn, from the telebriefing on Friday, June 12 and answers to questions that came through the zoom chat during the telebriefing.

If you missed any recent email updates from this sector, you can now review them here. For additional information and resources, please see our website www.coronavirus-sd.com/LTC. Thank you for your continued efforts and partnership with the County of San Diego!

Announcements and New Resources

Notification from the Centers for Disease Control and Prevention

Be Aware of Counterfeit N95 Equipment – updated June 15, 2020 **NEW!**

Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers. Signs that a respirator may be counterfeit (from the CDC NIOSH website):

- No markings at all on the filtering facepiece respirator
- No approval (TC) number on filtering facepiece respirator or headband
- No NIOSH markings
- NIOSH spelled incorrectly
- Presence of decorative fabric or other decorative add-ons (e.g., sequins)
- Claims for the of approval for children (NIOSH does not approve any type of respiratory protection for children)
- Filtering facepiece respirator has ear loops instead of headbands

More information:

CDC NIOSH Site:
https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html

CDC NPPTL Certified Equipment List Search:
https://www2a.cdc.gov/drds/cel/cel_form_code.asp

NPPTL Approved Particulate Respirators:
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html

Also, it is recommended looking directly on the manufacturer's website (3M, Moldex, SAS, etc.) to see what their models are and matching the item up with their product list.

Contact Tracing: Hiring for Contract Tracers NEW!

To help support the county's COVID-19 T3 Strategy of Test, Trace, and Treat, Public Health faculty at San Diego State University (SDSU) have partnered with the County of San Diego Health and Human Services Agency to recruit and train community health workers and students to become Contact Tracers. If you are interested in becoming a Contact Tracer, the application form is available on the SDSU School of Public Health's outreach website. To learn more about this position, please view the resources below.

- Job Summary
- VIDEO: COVID-19 Contact Tracing
- Contact Tracing Poster

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 All Facilities – June 16, 2020 **NEW!**

Visitor Limitations Guidance

This AFL notifies all facilities of updated visitor guidelines for pediatric patients, patients in labor and delivery, and patients at end-of-life and patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments and supersedes AFL 20-38.1. This AFL also clarifies that health facilities may permit a support person to accompany a patient (for whom a support person has been determined to be medically necessary), including patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments.

Click here to read AFL 20-38

Letter to General Acute Care Hospitals and Skilled Nursing Facilities – June 16, 2020 **NEW!**

Guidance for Decontamination and Reuse of N95 Filtering Facepiece Respirators

This AFL provides guidance for the handling of used N95 Filtering Facepiece Respirators (FFRs) so they can be decontaminated and reused as respirator supplies are depleted during the COVID-19 pandemic and supersedes AFL 20-36.2. This AFL also updates instructions on how to sign-up for the Battelle CCDS Critical Care Decontamination SystemTM and how to collect, properly package, and ship the used N95 FFRs to Battelle for decontamination.

Click here to read AFL 20-36

Letter to Skilled Nursing Facilities – June 2, 2020

Skilled Nursing Facility (SNF) COVID-19 Baseline Testing Reporting

This AFL requires SNFs to report the results of COVID-19 baseline testing to CDPH. Baseline testing is recommended for all residents and healthcare personnel for any SNF that does not currently have a positive case.

Click here to read AFL 20-55

Letter to All Long-Term Care Facilities – June 1, 2020

Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities

This AFL notifies long-term care facilities of guidance for improving their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation. (This AFL has been updated to extend the approval date until June 30th.)

Click here to read AFL 20-22.2

Click here to see a full list of recent AFLs

Recent Updates from the California Health Alert Network

COVID-19 Test, Trace, and Treat (T3) Strategy – June 12, 2020 **NEW!**

County of San Diego's Health & Human Services Agency launched a Test, Trace, and Treat (T3) Strategy, which relies on the healthcare provider community, first responders and other stakeholders, in addition to public health and human services efforts, to be effective in mitigating coronavirus disease 2019 (COVID-19).

Please see attached pdf for the full press release.

Resource from the Centers for Medicare and Medicaid Services

Toolkit on State Actions to Mitigate COVID-19 in Nursing Homes – May 13, 2020

The Centers for Medicare & Medicaid (CMS) released a toolkit comprised of best practices from a variety of front line health care providers, Governors' COVID-19 task forces, associations and other organizations, and experts, and is intended to serve as a catalogue of resources dedicated to addressing the specific challenges facing nursing homes as they combat COVID-19. Continue reading the full press release here.

Click here to access the full toolkit.

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. Click here to browse the full list of recent PINs.

Upcoming Telebriefings

Friday, June 26 at 4:00pm

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

WHEN: Friday, June 26, 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.

Friday, July 17 at 4:00pm

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

WHEN: Friday, July 17, 2020 at 4:00 p.m.

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

Guidance from the Centers for Disease Control and Prevention

- Guidelines for Group Homes for Individuals with Disabilities
- Guidelines for Direct Service Providers of Individuals with Disabilities
- Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs)
- Symptoms of Coronavirus **Recently updated!**
- Considerations When Preparing for COVID-19 in Assisted Living Facilities

- [Considerations for Memory Care Units in Long-term Care Facilities]

For general information about COVID-19 from the CDC, please visit www.cdc.gov/coronavirus.

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.

Recent Email Updates and Resources from the Long-Term Care and Residential Care Sector

- June 11, 2020 Update
- June 3, 2020 Update
- May 28, 2020 Update
- May 20, 2020 Update

Click here to browse all past email updates.

Additionally, check out resources and state guidance the Long-Term Care and Residential Care Facilities homepage: www.coronavirus-sd.com/LTC.

---

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.

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.

General COVID-19 Information from State and Federal Organizations

- California Department of Public Health, Immunization Branch – COVID-19
- Centers for Disease Control and Prevention – COVID-19
- California Department of Social Services – 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

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

COVID-19 INFECTION CONTROL IN CONGREGATE SETTINGS

June 12, 2020

Raymond Chinn, MD, FIDSA, FSHEA

Epidemiology and Immunization Services Branch

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

LIVE WELL SAN DIEGO

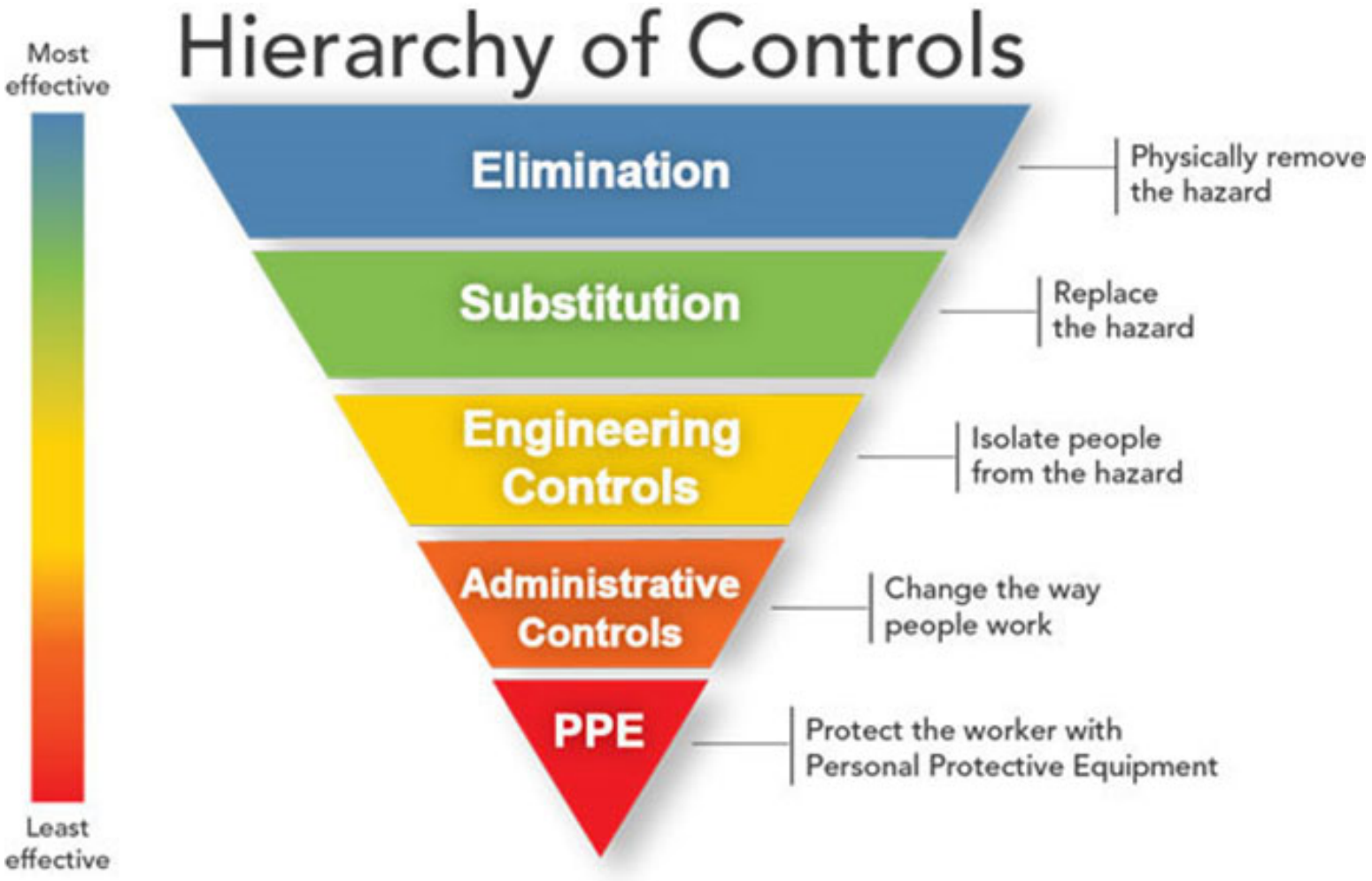
ACCREDITED HEALTH DEPARTMENT
PHAB
Advancing public health performance
PUBLIC HEALTH ACCREDITATION BOARD

COVID-19 Infection Control Overview

OVERVIEW

- Infection Control in Healthcare Facilities
- Discontinuation of Transmission-Based Precautions
- Return to Work Guidance for Healthcare Workers

COVID-19 Infection Control



MODE OF TRANSMISSION

- Person to person transmission
  - Most commonly during close exposure to a person infected w/ SARS-CoV-2
  - Primarily via respiratory droplets: 6 feet rule
  - Aerosol transmission
  - Unrecognized symptomatic/presymptomatic transmission likely contributes
- Current evidence does not support airborne transmission
- Indirect via hands and contaminated surfaces

ISOLATION AND COHORTING

- Promptly identify and isolate COVID-19 positive in private rooms or with other COVID-19 positive residents; in addition to cough OR shortness of breath, other symptoms include at least two of the following symptoms: fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- Resident cohort groups:
  - COVID positive residents
  - Symptomatic residents not yet confirmed (Persons under Investigation- PUI)
  - Residents exposed within the past 14 days
  - Residents NOT exposed within the past 14 days
- Cohort staff caring for the different resident cohorts:
  - Separate break and bathroom areas
  - Ensure break rooms have enough space to mark 6 feet of distance

REDUCE RISK OF EXPOSURE

- Screening all staff and visitors
  - Must have a procedure in place to screen and prohibit entry for sick staff/visitors
  - Supportive sick policies
- Eliminating non-essential or elective activities/excursions
- Universal source control
  - Face covering vs. Face mask

COVID-19 Infection Control

PROTECT HEALTHCARE PERSONNEL

- Enhanced infection control monitoring
- Limit number of staff providing care and opportunities for exposure
  - Dedicated HCP and bundling care
  - Limit number of times of donning/doffing PPE
- Prioritize respirators and other PPE use

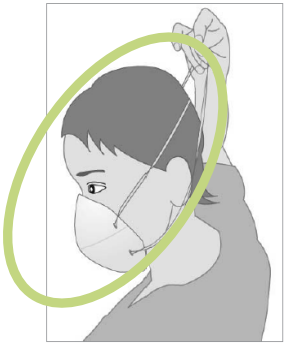
THE MASK AND THE RESPIRATOR (N95)
DON'T FORGET THE EYES

LIVE WELL SAN DIEGO

Mask: Source Control

Care of COVID-19 Patient, especially during aerosol-generating procedures (suctioning, breathing treatments): Use **respirator**

7b Remove mask from behind the head. When removing mask, untie the bottom string first and the top string next.

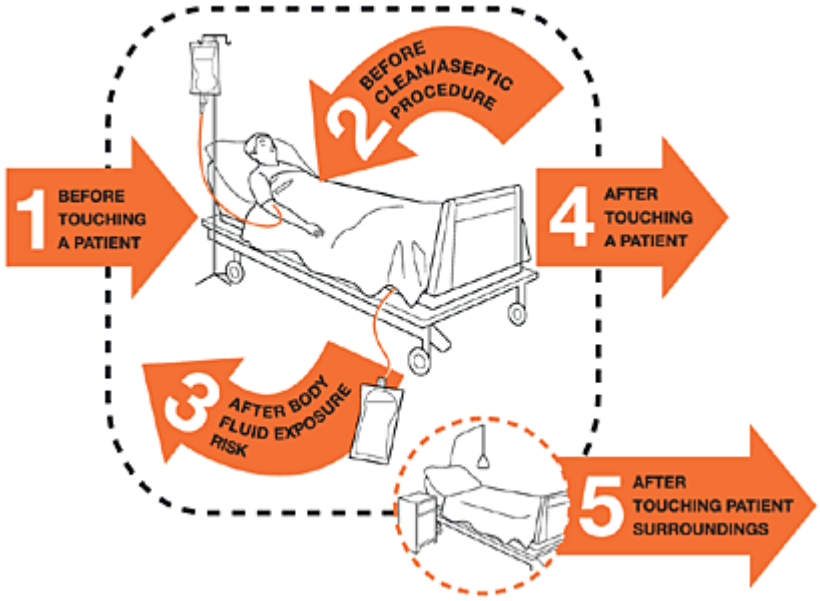


Remember: hand hygiene!!

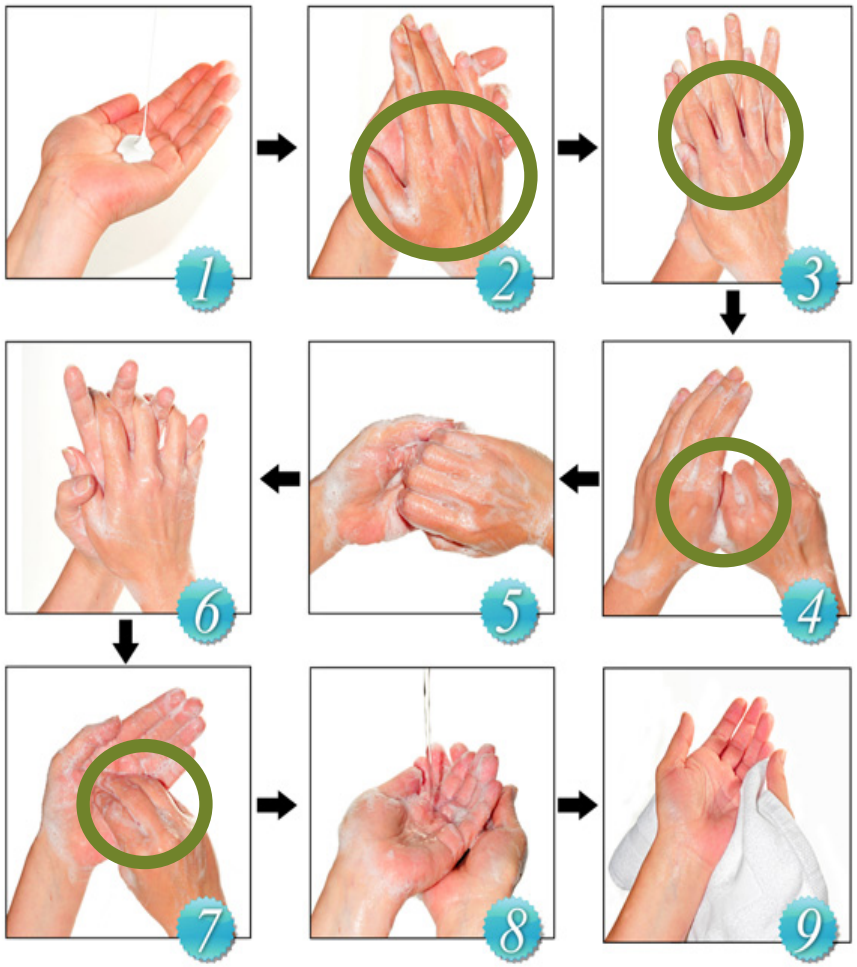
COVID-19 Infection Control

Hand hygiene – WHO 5 Moments

1. Before touching patient
2. Before clean/aseptic procedures
3. After body fluid exposure/risk
4. After touching patient
5. After touching patient surroundings



HAND HYGIENE – WHAT ARE WE MISSING?



Missed areas:

- Back of hands
- Between webs of fingers
- Thumb
- Fingertips

High-Touch Surfaces (HTS)

- SARS CoV-2 can “live” on some non-porous surfaces for up to **4- 5 days**
- FACT: Routine cleaning of surfaces may reduce the spread of SARS CoV-2
- Examples of HTS:
  - Countertops/tables
  - Doorknobs
  - Bathroom fixtues
  - Phones
  - Remote controls
  - Keyboards
  - Toilets

So, clean those hands!!

COVID-19
DISCONTINUING ISOLATION

LIVE WELL SAN DIEGO

SYMPTOMATIC PATIENTS – LAB CONFIRMED

- **Symptom-based strategy**
  - At least 3 days (72 hours) past recovery* AND
  - At least 10 days have passed since symptom onset
- **Test-based strategy**
  - Symptom recovery* AND
  - Two consecutive NEGATIVE results collected at least 24 hours apart

* Recovery is defined as resolution of fever w/o antipyretics and improvement of respiratory symptoms

COVID-19
DISCONTINUING ISOLATION

ASYMPTOMATIC PATIENTS – LAB CONFIRMED

- **Time-based strategy**
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test
  - If symptoms develop, switch to symptom-based strategy
- **Test-based strategy**
  - Two consecutive NEGATIVE results collected at least 24 hours apart

COVID-19
DISCONTINUING ISOLATION

SUSPECTED COVID-19 (NOT LAB CONFIRMED)

- **Symptomatic but never tested**
  - Use symptom-based strategy
- **Negative result w/ higher level of clinical suspicion**
  - Maintain transmission-based precautions and perform a second test

Ultimately – clinical judgement determines whether to continue/discontinue transmission-based precautions (TBP)

CONSIDERATIONS FOR CONGREGATE SETTINGS

- If TBP have been discontinued, BUT resident has persistent symptoms, resident should:
  - Be placed in a single room
  - Be restricted to room if possible
  - Wear a face mask during care activities

These measures should continue until resident is back to baseline or symptoms have resolved

SYMPTOMATIC STAFF – LAB CONFIRMED

- **Symptom-based strategy**
  - At least 3 days (72 hours) past recovery* AND
  - At least 10 days have passed since symptom onset
- **Test-based strategy**
  - Symptom recovery* AND
  - Two consecutive NEGATIVE results collected at least 24 hours apart

* Recovery is defined as resolution of fever w/o antipyretics and improvement of respiratory symptoms

ASYMPTOMATIC STAFF – LAB CONFIRMED

- **Time-based strategy**
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test
  - If symptoms develop, switch to symptom-based strategy
- **Test-based strategy**
  - Two consecutive NEGATIVE results collected at least 24 hours apart

AFTER RETURNING TO WORK, HCP SHOULD…

- Wear facemask for source control at all times until symptoms resolved/baseline
  - Facemask > cloth face covering
  - Upon symptom resolution, revert back to facility policy for universal source control
- N95 respirator still needed when caring for suspected/confirmed COVID-19 patients
- N95 respirator **w/ exhaust valve is not** recommended for source control

FREQUENTLY ASKED QUESTIONS

QUESTIONS FROM THE FIELD

- What are the safest and most effective practices?
- Is one wipe ok to use on multiple items? For example, if I wipe off a remote control, then my computer mouse, is that considered a sort of cross contamination? Will the germs transfer? Or will the wipe continue to kill the germs?
- What is the best practice of shared employees between SNFs? If a facility has a positive case what shall the other facility do?
- How to get basic supplies: gloves, toilet paper, sanitizing supplies, PPE, n95 masks, cleaning supplies, canned food, products needed for day to day care for adults?
- Best ways to protect self and others while food shopping, bringing food home, delivery, etc.

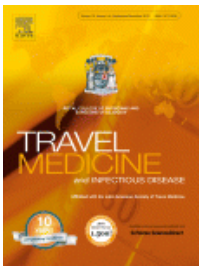
Questions and Answers from the Presentation titled, "COVID-19 Infection Control in Congregate Settings"

Answers from Dr. Raymond Chinn – June 12, 2020

1. **How are "aerosol" transmission and "airborne" transmission different?**
   This is an astute observation. My personal opinion is that aerosol and airborne transmission are different, but many use the terms interchangeably. This is an excerpt from the HICPAC Isolation Guidelines: *"In contrast to the strict interpretation of an airborne route for transmission (i.e., long distances beyond the patient room environment), short distance transmission by small particle aerosols generated under specific circumstances (e.g., during endotracheal intubation) to persons in the immediate area near the patient has been demonstrated."* So, COVID is generally spread through droplets, but under certain circumstances (e.g., aerosol generating procedures), the droplet might travel > 6 feet and may evaporate somewhat to suspend in air.

2. **I think you mentioned being on a plane and not becoming infected as one of the reasons for ruling out airborne? My understanding is that newer aircraft have top of cabin to floor airflow rather than from front to back of the cabin, so why would airborne transmission be ruled out?**

   Yes, this is true for newer aircrafts and supposedly, they are all fitted with HEPA filters to handle the air before it is recirculated, but measles, a well-known airborne infection, has been known to spread on aircrafts. https://www.sciencedirect.com/science/article/abs/pii/S1477893912001202

   Patterns of measles transmission among airplane travelers - ScienceDirect
   With advanced air handling systems on modern aircraft and the high level of measles immunity in many countries, measles infection in air travelers may be considered a low-risk event.
   www.sciencedirect.com

3. **Why aren't we requiring negative pressure rooms with COVID when we know there is at least some aerosol transmission?**

   Generally, aerosol transmission occurs during aerosol generating procedures (AGPs) such as intubation, tracheal suctioning etc. For these procedures in the acute hospital setting, airborne infection isolation (AII) room is recommended. However, SNFs generally do not have AII rooms, so residents who are in need of AGPs are situated farthest from the door with the window open if possible and staff is wearing respirator and face shield. If SARS CoV-2 were definitely transmitted by droplet nuclei, then aII rooms would be required.

4. **If an exposed staff's test is pending, what should a facility do? Continue to wear masks? Or put on full PPE? What should the residents do? Continue to isolate together in the home, or go in their rooms?**

   The disposition of the exposed HCW depends on the extent of exposure: prolonged (15 minutes) within 6 feet of COVID patient or presence in an aerosol generating procedure without appropriate PPE requires a 14 day

quarantine; for all other exposures, face mask, continuous monitoring of temperature and symptom check daily and if symptomatic, stop work, get tested, and identify contact 48 hours before symptom onset. See stratification here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 | CDC

Purpose. This interim guidance is intended to assist with assessment of risk and application of work restrictions for asymptomatic healthcare personnel (HCP) with potential exposure to patients, visitors, or other HCP with confirmed COVID-19.

www.cdc.gov

5. **Can you please explain further on the logic/theory of the 2 negative results collected at least 24 hours?**

   This was a decision made early on, based on expert opinion, I think. I am unable to find the logic/theory, other that there is concern about a false negative.

6. **Why are hospitals not giving two negative tests for residents who tested positive before d/c like Palomar Hospital?**

   If the COVID resident is a readmission the same facility, then the resident is transferred back when he/she no longer requires acute care hospitalization and the facility should maintain transmission-based precautions until cleared; otherwise, if the only reason for continued hospitalization is to document 2 negative test might have a negative impact on surge capacity. Or, the resident could be referred to a COVID facility for further care.

7. **With test based strategy when do you do first test? This is in reference to when to discontinue transmission-based precautions.**

   Generally, when the person no longer has fever off antipyretics and improvement in respiratory symptoms is when the first test is done. You would need 2 negatives at least 24 hours apart.

   - **Do you test daily?** If the results are available within 24 hours, then yes, every 24 hours x 2.
   - **Does it have to be PCR?** PCR is one molecular method of detection; but other molecular tests are acceptable as long as it has the FDA's Emergency Use Authorization (EUA)
   - **Results take 5 to 7 days?** Part of the requirements of testing is that the results are available within 48 hours
   - **Do we wait for results to test again** YES **or test daily?** Just to be clear, the symptom-based strategy is favored since the PCR can remain positive up to six weeks. Studies have shown that viable virus is not isolate beyond 10 days; therefore, the PCR positivity after 10 days reflects the presence of genetic material and not viable virus.

8. **New admissions who are quarantined for 14 days, where do they do their therapy? Can they still go to the gym if they had a negative COVID test within last 48hrs and wear a mask?**

   It is preferred that such residents do not leave the quarantine unit to go to the gym because they are potential infectious. See below for a discussion on PT; OT, speech, recreation therapy can be done in the residents' rooms.

9. **With a new SNF admission and the required 14-day quarantine how is the SNF expected to conduct physical therapy or other therapies in the room? Especially in a semi-private room.**

   Generally, in such situations, PT is performed in the resident's room and in cooperative residents, donning appropriate PPE and ensuring optimal Infection prevention/control practices are adhered to, PT in the hallway of the "transition unit may be possible". There are many creative strengthening exercises and gait training that can be perform within the confines of the room.