



CORONAVIRUS
DISEASE 2019

(COVID-19)

WEEKLY UPDATE

LONG-TERM CARE AND RESIDENTIAL CARE FACILITIES

Wednesday, June 24, 2020

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

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:

- new CDPH infection prevention webinars,
- suspension of professional certification requirements for HHA Training Programs,
- daily reporting requirements for skilled nursing facilities, and
- new state-wide guidance requiring all Californians to wear face masks in high-risk settings.

Also, please see the **new** CAHAN regarding reported cases of meningococcal disease that have been resistant to traditional treatment methods.

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.

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 News



Updates from the California Department of Public Health

CDPH publishes news and All Facilities Letters (AFLs) 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 – June 22, 2020 **NEW!**

Skilled Nursing Facility Infection Prevention Meetings

This AFL is to notify SNFs that—in addition to the weekly calls—CDPH is also hosting weekly SNF Infection Prevention webinars, beginning June 24, 2020. CDPH began hosting weekly SNF Infection Prevention Calls on May 7, 2020. The weekly calls are held to discuss any recent updates on the COVID-19.

[Click here to read AFL 20-50.1](#)

Letter to All Facilities – June 19, 2020 **NEW!**

Suspension of Professional Certification Requirements for Home Health Aide Training Programs (HHA Training Programs)

This AFL notifies all HHA Training Programs of a temporary waiver of specified statutory and regulatory requirements for HHA Training Programs due to the state of emergency related to the COVID-19 outbreak.

[Click here to read AFL 20-57](#)

Letter to Skilled Nursing Facilities – June 19, 2020 **NEW!**

COVID-19 Daily Reporting

This AFL requires all SNFs to report daily COVID-19 facility data to CDPH via an online survey. This reporting is to ensure that California has the information necessary to respond to the COVID-19 outbreak and to provide resources and support to SNFs.

SNFs must:

- Report COVID-19 data to the CDC; CDPH will report this information on behalf of facilities through the SNF COVID-19 Survey. Facilities must first enroll in the CDC's National Health Safety Network (NHSN) system and then confer rights to CDPH.

- Notify residents, residents' representatives, and families of residents of confirmed or suspected COVID-19 cases in the facility among residents and staff.

This AFL has been updated to announce the new process for accessing the COVID-19 SNF Survey. Facilities now need to login to the COVID-19 SNF Survey Hub to submit their survey. The previous link to the survey will not be available beginning June 29, 2020. This new process prevents unauthorized users from submitting a survey and allows facilities to view their most recently submitted survey.

[Click here to read AFL 20-43.3](#)

News Release – June 18, 2020 **NEW!**

New State Guidance Requiring Californians to Wear Face Coverings in Most Settings Outside the Home

CDPH released updated guidance that requires Californians to wear a face covering in high-risk settings. A growing body of scientific research has shown that people with no or few symptoms of COVID-19 can still spread the disease and that the use of face coverings, combined with physical distancing and frequent hand washing, will reduce the spread of COVID-19. **Please see attached pdf** titled “Guidance-for-Face-Coverings_06-18-2020” for more information.

[Click here to read the full news release](#)

Letter to All Facilities – June 16, 2020

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

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

System™ and how to collect, properly package, and ship the used N95 FFRs to Battelle for decontamination.

[Click here to read AFL 20-36](#)

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



Recent Updates from the California Health Alert Network

CAHAN Disease Notification – Detection of Ciprofloxacin-resistant, β -lactamase-producing *Neisseria meningitidis* Serogroup Y Isolates, United States, 2019–2020 – June 18, 2020 **NEW!**

Meningococcal disease, which typically presents as meningitis or meningococemia, is a life-threatening illness requiring prompt antibiotic treatment for patients and antibiotic prophylaxis for their close contacts. 11 meningococcal disease cases reported in the United States during 2019–2020 had isolates containing a blaROB-1 β -lactamase gene associated with penicillin resistance, as well as mutations associated with ciprofloxacin resistance. An additional 22 cases reported during 2013–2020 contained a blaROB-1 β -lactamase gene but did not have mutations associated with ciprofloxacin resistance. **Please see attached pdf** titled "CDC+HAN+433+Cipro+Resistant+Meningitidis+06.18.2020" for more information.



Testing for COVID-19

The County of San Diego has partnered with [2-1-1 San Diego](#) to offer online scheduling for COVID-19 testing. For more information, visit the [County of San Diego testing information page here](#).



Recent Updates from the California Department of Social Services

The Community Care Licensing Division (CCLD) of CDSS publishes Provider Information Notices (PINs) to 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



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.

This week!

**Friday, June 26
at 4:00pm**

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](#)
- [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 17, 2020 Update](#)
- [June 11, 2020 Update](#)
- [June 3, 2020 Update](#)
- [May 28, 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**.
- [Click here](#) for free COVID-19 testing information.
- [2-1-1 San Diego Flyer](#) (English & Spanish)



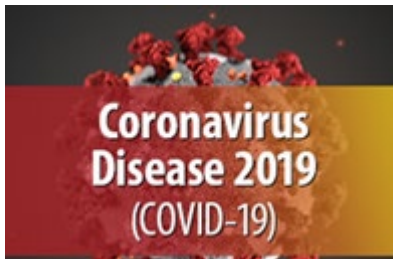
COVID-19 Downloadable Resources and Materials for Your Facility

- [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



This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 18, 2020, 1:00 PM ET
CDCHAN-00433

Detection of Ciprofloxacin-resistant, β -lactamase-producing *Neisseria meningitidis* Serogroup Y Isolates, United States, 2019–2020

Summary

Meningococcal disease, which typically presents as meningitis or meningococcemia, is a life-threatening illness requiring prompt antibiotic treatment for patients and antibiotic prophylaxis for their close contacts. *Neisseria meningitidis* isolates in the United States have been largely susceptible to the antibiotics recommended for treatment and prophylaxis. However, 11 meningococcal disease cases reported in the United States during 2019–2020 had isolates containing a *bla*_{ROB-1} β -lactamase gene associated with penicillin resistance, as well as mutations associated with ciprofloxacin resistance. An additional 22 cases reported during 2013–2020 contained a *bla*_{ROB-1} β -lactamase gene but did not have mutations associated with ciprofloxacin resistance.

Background

Meningococcal disease is a sudden-onset, life-threatening illness caused by the bacterium *Neisseria meningitidis*. Prompt antibiotic treatment can reduce morbidity and mortality among patients and antibiotic prophylaxis can prevent secondary disease in close contacts (<https://redbook.solutions.aap.org/chapter.aspx?sectionid=189640131&bookid=2205>). Resistance to the antibiotics used for meningococcal treatment and prophylaxis, including penicillin and ciprofloxacin, has been rare in the United States. Recently, however, penicillin- and ciprofloxacin-resistant *N. meningitidis* serogroup Y (NmY) isolates have been detected in the United States.

The U.S. Centers for Disease Control and Prevention (CDC) made a request for isolate submissions from state health departments and reviewed the existing whole genome sequencing data for those isolates. CDC identified 33 meningococcal disease cases occurring between 2013 and 2020 that were caused by NmY isolates containing a *bla*_{ROB-1} β -lactamase enzyme gene conferring resistance to penicillins. The 33 cases were reported from 12 geographically disparate states. A majority of the cases (22/33, 67%) occurred in Hispanic individuals. Isolates from 11 of these cases, reported during 2019–2020 from nine states, were also resistant to ciprofloxacin. These cases represent a significant increase in penicillin- and ciprofloxacin-resistant meningococci in the United States.

Recommendations

- **Healthcare providers** should perform antimicrobial susceptibility testing (AST) to determine susceptibility of all meningococcal isolates to penicillin before changing from empirical treatment with cefotaxime or ceftriaxone to penicillin or ampicillin.
- In states that have experienced meningococcal disease cases caused by ciprofloxacin-resistant strains within the past 1–2 years, **clinicians and public health staff** should consider AST on meningococcal isolates to inform prophylaxis decisions. AST should not delay the initiation of prophylaxis with ciprofloxacin, rifampin, or ceftriaxone.
- **State and territorial health departments** should continue submitting all meningococcal isolates to CDC for AST and whole genome sequencing. Health departments also should report any suspected meningococcal treatment or prophylaxis failures.
- For cases with isolates determined to be β -lactamase screen-positive or ciprofloxacin-resistant, **health departments** should complete a supplemental case report form (available at <https://www.cdc.gov/meningococcal/surveillance/index.html>) or on request from

meningnet@cdc.gov). Forms can be submitted to CDC via secure email (meningnet@cdc.gov) or FTP site.

For More Information

MMWR on Detection of Ciprofloxacin-resistant, β -lactamase-producing *Neisseria meningitidis* Serogroup Y Isolates: https://www.cdc.gov/mmwr/volumes/69/wr/mm6924a2.htm?s_cid=mm6924a2_w

CDC Meningococcal Disease Website: <https://www.cdc.gov/meningococcal/index.html>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##



SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM
Governor

June 18, 2020

GUIDANCE FOR THE USE OF FACE COVERINGS

Because of our collective actions, California has limited the spread of COVID-19 and associated hospitalizations and deaths in our state. Still, the risk for COVID-19 remains and the increasing number of Californians who are leaving their homes for work and other needs, increases the risk for COVID-19 exposure and infection.

Over the last four months, we have learned a lot about COVID-19 transmission, most notably that people who are infected but are asymptomatic or pre-symptomatic play an important part in community spread. The use of face coverings by everyone can limit the release of infected droplets when talking, coughing, and/or sneezing, as well as reinforce physical distancing.

This document updates existing [CDPH guidance](#) for the use of cloth face coverings by the general public when outside the home. It mandates that face coverings be worn state-wide in the circumstances and with the exceptions outlined below. It does not substitute for existing guidance about social distancing and handwashing.

Guidance

People in California must wear face coverings when they are in the high-risk situations listed below:

- Inside of, or in line to enter, any indoor public space;¹
- Obtaining services from the healthcare sector in settings including, but not limited to, a hospital, pharmacy, medical clinic, laboratory, physician or dental office, veterinary clinic, or blood bank;²
- Waiting for or riding on public transportation or paratransit or while in a taxi, private car service, or ride-sharing vehicle;
- Engaged in work, whether at the workplace or performing work off-site, when:
 - Interacting in-person with any member of the public;
 - Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;

¹ Unless exempted by state guidelines for specific public settings

² Unless directed otherwise by an employee or healthcare provider



- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance.
- Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.
- While outdoors in public spaces when maintaining a physical distance of 6 feet from persons who are not members of the same household or residence is not feasible.

The following individuals are exempt from wearing a face covering:

- Persons age two years or under. These very young children must not wear a face covering because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Persons who are seated at a restaurant or other establishment that offers food or beverage service, while they are eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.
- Persons who are engaged in outdoor work or recreation such as swimming, walking, hiking, bicycling, or running, when alone or with household members, and when they are able to maintain a distance of at least six feet from others.

- Persons who are incarcerated. Prisons and jails, as part of their mitigation plans, will have specific guidance on the wearing of face coverings or masks for both inmates and staff.

Note: Persons exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

Background

What is a cloth face covering?

A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels.

How well do cloth face coverings work to prevent spread of COVID-19?

There is scientific evidence to suggest that use of cloth face coverings by the public during a pandemic could help reduce disease transmission. Their primary role is to reduce the release of infectious particles into the air when someone speaks, coughs, or sneezes, including someone who has COVID-19 but feels well. Cloth face coverings are not a substitute for physical distancing, washing hands, and staying home when ill, but they may be helpful when combined with these primary interventions.

When should I wear a cloth face covering?

You should wear face coverings when in public places, particularly when those locations are indoors or in other areas where physical distancing is not possible

How should I care for a cloth face covering?

It's a good idea to wash your cloth face covering frequently, ideally after each use, or at least daily. Have a bag or bin to keep cloth face coverings in until they can be laundered with detergent and hot water and dried on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face. Discard cloth face coverings that:

- No longer cover the nose and mouth
- Have stretched out or damaged ties or straps
- Cannot stay on the face
- Have holes or tears in the fabric