

COVID-19 Operations Summary Guidance for Long-Term Care Facilities (LTCFs)

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ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT



COVID-19 Operations Summary Guidance for Long-Term Care Facilities (LTCFs)

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COVID-19 Operations Summary Guidance for Long-Term Care Facilities (LTCFs)

OVERVIEW

Who: This guidance is intended for staff managing COVID-19 operations of Long Term Care Facilities (LTCFs) in Alameda County, CA. This guidance applies to the following types of LTCFS: Skilled Nursing Facilities and Residential Care Facilities for the Elderly.

What: California is in a State of Emergency because of the COVID-19 pandemic. This guidance summarizes requirements and resources for general LTCF operations during this time of emergency. *For more specific, clinical guidance for nurses dealing with COVID-19 outbreaks in their facilities, please see the following [Clinical Outbreak Guidance](#) document.*

LATEST GUIDANCE

If there are differing requirements between the most current CDC, CDPH, CMS, and Alameda County Public Health Department (ACPHD) guidance or ACPHD health orders, LTCFs should follow the strictest requirements. **The following table summarizes the latest requirements LTCFs in Alameda County should follow.**

Effective Date	Focus	Summary	Source
9/12/20	Reporting Threshold	<ul style="list-style-type: none"> • 1 or more probable or confirmed COVID-19 case in a <u>resident or staff member</u> • 2 or more cases of acute illness compatible with COVID-19 in <u>residents</u> with onset within 72-hour period 	CDPH
5/15/20	Testing – What Tests to Use	There are three types of tests available for COVID-19: Polymerase Chain Reaction (PCR) viral tests, Antigen tests, and Serology/Antibody Tests. PCR tests are preferred as they are most sensitive and generally have the fewest numbers of false negative tests. Antigen tests yield more rapid results but with less sensitivity. Antibody tests are not recommended for diagnostic testing as they do not generally detect antibodies in the system until 7-14 days after infection.	CDPH ACPHD
11/25/20	Testing – How Often and Whom	<ul style="list-style-type: none"> • Complete baseline testing of all residents and staff by December 26, 2020. • LTCFs that are 6 beds or less: Conduct COVID-19 screening testing of 25% of staff each week, such that 100% of staff are tested each month. (after baseline testing is complete, and commencing no later than December 26, 2020) • LTCFs that are 7 beds or more: Conduct COVID-19 screening testing of 50% of staff each week, such that 100% of staff are tested every 2 weeks (after baseline testing is complete, and commencing no later than December 26, 2020) 	ACPHD CDPH CDC



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Effective Date	Focus	Summary	Source
		<p><i>See below for LTCFs exempt from the baseline testing requirement</i></p> <ul style="list-style-type: none"> • Response-driven Testing - Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. 	
11/25/20	Visitation	<p>All Long-Term Care Facilities (LTCFs) in the County of Alameda must suspend all indoor, in-room, and communal space visitation <i>when a LTCF is experiencing a COVID-19 outbreak and conducting response-driven testing</i>. Safe, outdoor visitation may continue during an outbreak.</p> <p>Visitation restrictions are also dependent on Alameda County COVID-19 tier assignments. Tier data should be referenced periodically to determine if visitation is allowed.</p> <p><i>See below for visitors exempt from visitation restrictions</i></p>	<p>ACPHD CA.GOV</p>
11/25/20	Discontinuation – Visitation Restrictions	<p>LTCFs may resume indoor, in-room, and communal space visitation when the LTCF has identified no new positive COVID-19 cases after two sequential rounds of response driven testing over a 14-day period.</p> <p>An exception to this is when Alameda County is in the purple tier. Visitation restrictions are dependent on Alameda County COVID-19 tier assignments. Tier data should be referenced periodically to determine if visitation is allowed.</p>	<p>ACPHD CA.GOV</p>
8/26/20	Discontinuation – Transmission-Based Precautions Within Facilities	<p>Discontinuation of transmission-based precautions should be determined by using a time and symptom-based strategy for patients with lab-confirmed or suspected COVID-19 as follows:</p> <ol style="list-style-type: none"> 1. Residents who have never been symptomatic -- Droplet+contact+eye protection precautions may be discontinued 10 days from date of COVID-19 (+) test. 2. Residents who are NOT severely immunocompromised -- Droplet+contact+eye protection precautions may be discontinued after at least 24 hours have passed since last fever (without fever-reducing medications), and improvement in symptoms (e.g. cough, shortness of breath); and at least 10 days have passed since symptoms first appeared. 	<p>ACPHD</p>



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Effective Date	Focus	Summary	Source
		<p>3. Residents with severe or critical illness or who are severely immunocompromised* -- Droplet+contact+eye protection precautions may be discontinued after at least 24 hours have passed since last fever (without fever-reducing medications) AND at least 20 days have passed since symptoms first appeared AND symptoms (e.g. cough, shortness of breath) have improved.</p>	

* Residents with severe or critical illness or who are severely immunocompromised include patients under cancer treatment, bone marrow or organ transplant recipients, immune deficiencies, poorly controlled HIV or AIDS, on immunosuppressant medications such as prolonged use of corticosteroids and other immune weakening medications, and patients who were critically ill with COVID-19 (intubated and/or in ICU).

EXEMPTIONS

Effective Date	Focus	Exemptions	Source
11/25/20	Testing – How Often and Whom	<p>The following LTCFs are exempt <i>from only the Baseline Testing requirement</i>:</p> <ul style="list-style-type: none"> • LTCFs that have already experienced a COVID-19 outbreak in 2020 and have completed response-driven testing of all residents and staff and that have a lab contract in place. • LTCFs that have already completed baseline testing for COVID-19 in 2020 and that have a lab contract in place. • LTCFs that are Skilled Nursing Facilities which were required by CDPH to complete baseline testing 	ACPHD
11/25/20	Visitation	<ul style="list-style-type: none"> • Healthcare Workers • Surveyors • Ombudsman • Nursing students • Compassionate care visitors • Protection & Advocacy (P&A) program representatives • Individuals authorized by federal disability rights laws 	ACPHD
5/11/20	SNF COVID-19 Mitigation Plans	<p>CDPH issued AFL 20-52 on May 11, 2020. In the AFL, required that all SNFs develop a facility specific COVID-19 mitigation plan. CDPH indicated that each SNF mitigation plan must include the following six elements:</p> <ol style="list-style-type: none"> 1) Testing and Cohorting 2) Infection Prevention and Control 3) Personal Protective Equipment (PPE) 4) Staffing Shortages 5) Designation of Space 	CDPH



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		<p>6) Communication</p> <p>Each facility will receive a visit from CDPH to validate its certification at least every six to eight weeks. If CDPH determines that facility is not implementing its approved mitigation plan and identifies unsafe practices that have or are likely to cause harm to patients, CDPH may take enforcement action including calling an immediate jeopardy situation which may result in a civil penalty.</p> <p>Template for SNF COVID-19 Mitigation Plan: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-52-Attachment-01.pdf</p>	
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NOTIFICATION

The following table summarizes who needs to be notified and how they need to be notified in common LTCF-related situations.

IF	THEN
<p>Resident or Staff Member tests positive or has symptoms of COVID-19</p>	<p>1) Immediately email LTCFOutbreak@acgov.org or call the LTCF intake line: (510) 764-7639</p>
<p>Suspected or confirmed COVID-19 outbreak</p>	<p>1) <i>Must be immediately reported</i> to the Alameda County Public Health Department (ACPHD).</p> <ul style="list-style-type: none"> • Email LTCFOutbreak@acgov.org AND Call (510) 764-7639, Mon-Fri 8:30 am - 5 pm • After hours and on weekends, call Alameda County Dispatch at (925) 422-7595 (only if new initial outbreak) and ask to speak to the Public Health Duty Officer on call. <p>AND</p> <p>2) <i>SNFs Must also report</i> to CDPH East Bay District Office call (510) 620-3900, or email CDPH-LNC-EASTBAY@cdph.ca.gov</p> <p>3) <i>RCFEs must also report to</i> Community Care Licensing and Certification Regional Office: (510) 286-4201 and CCLASCPOaklandRO@dss.ca.gov</p>
<p>Any positive cases or symptomatic individuals (Outbreak guidance)</p>	<p>1) Complete: ACPHD line list daily (download from this page)</p>



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	2) Email to: Assigned public health nurse LTCFOutbreak@acgov.org or by fax to 510-273-3744 <i>until instructed otherwise by ACPHD</i>
Resident(s) test(s) positive (Outbreak guidance)	1) Complete: Confidential Morbidity Report-LTCF-SNF-RCFE (CMR) form for all residents who test positive at the facility. 2) Email to public health nurse assigned to your facility.
LTCF medical director or physician orders testing for LTCF staff and staff member(s) test(s) positive (Outbreak guidance)	1) Complete: Standard CMR form 2) Email to: COVIDreport@acgov.org
Resident transfers during a COVID-19 outbreak in the facility (Outbreak guidance)	1) Complete: ACPHD Transfer Form 2) This form should be sent with the patient/resident upon transfer
Staff members excluded from working due to symptoms or a positive test (Outbreak guidance)	1) Complete: ACPHD work exclusion letter 2) Email to staff member excluded from work

Contact Us: ACPHD LTCF Outbreak Team is available to assist with resources and advice regarding testing, PPE, staffing, and other resources related to the prevention and mitigation of COVID-19. LTCFOutbreak@acgov.org

BEST AND RECOMMENDED PRACTICES FOR OPERATING LTCFS IN A PANDEMIC EMERGENCY ENVIRONMENT

COMMUNICATION

LTCF leadership teams must stay on top of the guidance that changes in accordance with the science. LTCF leaders should regularly monitor CDC, CMS, CDPH and ACPHD websites for updated guidance.

LTCF leaders should educate residents, staff, and residents family members about COVID-19, their current precautions being taken at the facility.

- Provide information about [COVID-19](#) including information about signs and symptoms.
- Regularly review CDC’s [Infection Control Guidance for Healthcare Professionals about COVID-19](#) for current information and ensure staff and residents are updated when this guidance changes.
- Reinforce staff adherence sick leave policies and remind staff not to report to work when ill.
- Reinforce adherence to standard IPC measures including [hand hygiene](#) and [selection and correct use of personal protective equipment \(PPE\)](#). Have staff demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities. CDC has created training modules



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for front-line staff that can be used to reinforce recommended practices for preventing transmission of SARS-CoV-2 and other pathogens (see “Other Resources” link at the end of this document).

- Educate staff about any new policies or procedures that have been updated to align with updated guidance.
- Educate residents and families on topics including information about COVID-19, actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control.
- Have a plan and mechanism to regularly communicate with residents, families and staff, [including if cases of COVID-19 are identified among residents or HCP](#).

SNF LEADERSHIP AND MANAGEMENT DURING THE PANDEMIC

- Remain highly visible to the staff and make frequent rounds
- Communicate - increase your rounds, written communication and group meetings and huddles
- Designate someone to check CDC, CDPH, CMS, and ACPHD websites to stay updated to changes in COVID-19 guidelines
- Designate and assign someone to observe staff and audit infection control and proper PPE donning/doffing practices
- Perform check-in/huddles with frontline staff to update on COVID-19 related guidelines
- Routinely provide PPE in-service and trainings to staff

FACILITY MANAGEMENT

Visual Reminders and Directions

Examples of where to post signage and of what:

- **Upon facility entrance** to alert [visitors to wear mask](#) and to not enter if having any COVID related symptoms
- **Upon entering each zone** with PPE requirements for Red, Yellow, and Green zone
- **Upon entering each patient room** to remind staff of [proper PPE donning and doffing procedures](#)
- Signage posted to instruct staff how to properly clean and disinfect and store PPE

Facility Entering and Exiting Strategies

The following are strategies to help reduce the spread of COVID-19 when individuals enter and exit a facility:

- Designate one area to enter the facility for screening and a different area to exit the facility.
- Require the use of face coverings.
- Add signage at entrances outlining proper face covering usage and current physical distancing practices in use throughout facility.
- Designate a person(s) to conduct initial screening for all individuals entering facility.
- Take the temperature of individuals entering the facility using a no-touch thermometer. *A temperature of 100.4 or above indicates a fever.*
- Ask individuals entering about COVID-19 symptoms within the last 24 hours and whether anyone in the individual’s home has had COVID-19 symptoms or has tested positive.



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- Ask staff to check their temperature at home before leaving for work. Advise them to put on a face covering, regardless of symptoms, before leaving their home.
- Exclude any visitors or staff showing symptoms of COVID-19 and disinfect any surface that was within 6 feet of symptomatic individual. Items that cannot be disinfected should remain with the individual or be discarded.
- Make available and encourage use of handwashing stations or hand sanitizer upon entry and while in the facility.
- Record name and contact information for individuals entering the facility for possible contact tracing later.
- Staff conducting screening should wear PPE, in addition to a face covering, unless separated from individuals being screened by a physical barrier or partition.
- Staff conducting screening should be thorough but also make interactions as brief as possible by limiting the interaction to screening questions only.

Cleanliness of Facility

The following are strategies to help reduce the spread of COVID-19 in LTC facilities:

- **Surfaces:** Perform routine cleaning and disinfection of frequently touched surfaces and equipment. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, and kitchen food preparation surfaces. See the EPA Pesticide Registration List for products certified to kill the virus that causes COVID-19: [Disinfectants for Use Against SARS-CoV-2 for products with label claims against COVID-19](#).
- **Linens and Clothing:** Put linens soiled with respiratory secretions, contaminated tissues, vomit, or fecal matter in a plastic bag before taking them to the laundry room. Do not shake dirty laundry in order to avoid shaking virus droplets into the air. Encourage facility staff responsible for laundry to wear gloves, a mask, and a disposable gown (or to change their clothes) when physical contact with soiled linens is necessary. Also refer to CDSS PIN 20-14-CCLD on COVID laundry sanitizing.
- **Supplies:** Ensure an adequate supply of alcohol-based hand rub (at least 60% ethanol or 70% isopropanol) and that it is easily accessible both inside and outside every patient room. Also ensure that hand-washing stations are easily accessible and equipped with soap and paper towels.

Preventative Measures

Consider the following best practices to prevent the spread of COVID-19:

- **Face Coverings:** Facility staff should wear a facemask (e.g., surgical or procedure mask) at all times while they are in the facility. If facemasks are not readily available, cloth face coverings can be used by staff to prevent the spread of respiratory diseases but facemasks are preferred. Refer to CDSS PIN 20-23-ASC for guidance on COVID-19 and the required use of face coverings and exceptions.
- **Hand washing and gloves:** Actively promote adherence to hand hygiene among facility staff, persons in care, and visitors including the use of gloves as recommended by the CDC and discussed in PIN 20-23-ASC.
- **Respiratory Hygiene and Cough Etiquette:** During flu season, post visual reminders asking persons in care and facility staff to practice respiratory hygiene and cough etiquette and report symptoms of respiratory illness to a designated person.



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The Healthcare-Associated Infections (HAI) Program in the California Department of Public Health [Center for Health Care Quality](#) oversees the prevention, surveillance, and reporting of HAI and antimicrobial resistance (AR) in California's hospitals and other healthcare facilities. [CDPH's](#) and the [CDC's](#) HAI websites contain links to a wealth of information and resources (including training, tools, and onsite consultation) for LTCFs seeking to strengthen their infection control efforts.

Alternate Staffing Plans

As the COVID-19 pandemic progresses, staffing shortages are likely to occur. LTCFs should be prepared for potential staffing shortages and have a plan in place to mitigate this.

To prepare and maintain appropriate staffing levels, LTCF leadership teams should understand their staffing needs and the minimum number of staff needed to provide care and a safe work environment. When facing acute staffing shortages:

- RCFE Administrators should contact their CDSS Community Care Licensing Division (CCLD) Regional Office as well as ACPHD
- The SNF must have policies in place to address HCP shortages, including contingency and crisis capacity strategies (for example, having relationships with staffing agencies in place prior to acute shortages arising).

VISITATION

Overview

Facilities shall conduct visitation through different means based on the facility's structure and residents' needs for circumstances beyond compassionate care situations, such as indoor and in resident rooms, dedicated indoor communal visitation spaces, and outdoors; however, to safely do so, facilities must adhere to the core principles of COVID-19 infection prevention at all times. Visitation must be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. LTCFs must also enable visits to be conducted with an adequate degree of privacy and should be scheduled at times convenient to visitors.

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

Best Practices

- Visits should be scheduled in advance.
- Limit the number of visitors at any one time to avoid having large groups congregate.
- Staff should monitor to ensure physical distancing of at least 6 feet from any other individual, with no handshaking or hugging,
- Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offer a phone line with a voice recording updated at set times (i.e. daily) with the facility's general operating status, such as when it is safe to resume visits.



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- Create/increase listserv communication to update families, such as the status and impact of COVID-19 in the facility.
- Educate visitors on how to monitor themselves for COVID-19 symptoms.
 - Designate handwashing stations for visitors or have hand sanitizer available for visitor use.
 - Record name and contact information for individuals entering the facility for possible contact tracing later.
 - Request visitors limit contact with others as much as practicably possible when outside the facility.
 - Request that visitors be tested as much as practicable.
 - Advise visitors, and any individuals who enter the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.
 - If symptoms occur, advise them to self-isolate at home and contact their healthcare provider.
 - Any visitor or other individual who tests positive for COVID-19 within 14 days of their visit must immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.
 - Facilities should immediately screen the individuals of reported contact, and work with their local health department to take all necessary actions based on findings.

During the time when regular visitation is limited, facilities shall plan for alternative visitation as described below.

Virtual

At all times when visitation is restricted under this waiver, licensees must allow and aid in arranging for alternative communication for visitors such as phone calls, video calls, and online communications.

Outdoor

At all times when visitation is restricted under this waiver, licensees must allow for scheduled outdoor visits on the facility premises if weather permits, and where there is 6 feet or more physical distancing, all residents and visitors wear face coverings, staff screen visitors, and staff clean and disinfect surfaces.

Indoor

At all times when visitation is not restricted under this waiver, licensees must allow indoor visits on the facility premises when all the following requirements are met:

1. There have been no new transmissions of COVID-19 at the facility for 14 days.
2. The facility is not experiencing staff shortages.
3. The facility has adequate supplies of PPE and essential cleaning supplies.
 - For indoor visits:
 - Designate an area that is near an entrance and exit if it helps ensure other residents are not exposed to visitors
 - Designate one area to enter the facility and a different area to exit the facility



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- Increase ventilation or circulation of fresh air as much as possible.
- Add signage at entrances for visitors outlining proper face covering usage and current physical distancing practices in use throughout facility premise.
 - **RCFEs:** *The “Welcome Visitors!” poster template that is available on the CCLD website outlines the visitation guidelines. RCFE leaders should download a copy and post it in public areas near the screening area of the facility. RCFEs should insert their facility specific visitation policies and are encouraged to modify the template to meet their facility’s unique needs.*
- Facilities should disinfect rooms after each resident-visitor meeting.
- All visitors must go through the stand screening when entering facility. Screenings should include:
 - temperature screenings using a no-touch thermometer. A temperature of 100.4 or above indicates a fever.
 - Ask visitors about COVID-19 symptoms within the last 24 hours and whether anyone in the individual’s home has had COVID-19 symptoms or has tested positive.
 - Exclude any visitors or staff showing symptoms of COVID-19 and disinfect any surface that was within 6 feet of symptomatic individual.

COMMUNAL DINING, ACTIVITIES, AND OTHER FACILITY AMENITIES

General

- Any resident that tested positive for COVID-19, whether asymptomatic or symptomatic, **must isolate**, and any resident who was exposed to COVID-19 **must quarantine**.
 - Those that must isolate or quarantine should not participate in communal dining, group activities, or access shared facility amenities or equipment until: they have a negative test result; or until they meet the above conditions related to isolation time period and/or improvement in symptoms outlined in this guidance.
 - **RCFEs:** *should refer to [CDSS PIN 20-23-ASC](#) for best practices and safety protocols when resuming communal dining and activities.*
- Maintain at least 6 feet of physical distancing between participants and ensure no more than 10 individuals are in the room for the activity.
 - Determine maximum group size, ensuring it is in conformance with ACPHD guidelines related to physical distancing guidelines.
- Shorten activity time to reduce risk of exposure.
- Schedule types of activities that allow for staff and persons in care to wear a face covering during the activity and when moving to and from the activity and their room.
- Create a sign-up sheet for each activity to control the number of participants.
 - Signups should be handled by staff to avoid cross contamination by multiple participants touching the same paper/pen/screen.
- Consider using activity supplies that can be sanitized after each use or those that are disposable.
- Notify all participants of the rules for activities and common space usage to prevent the spread of infection.
- Remove furniture, except enough for the maximum number of persons in care allowed in the area at any one time.



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Dining

Measures to help prevent disease transmission during dining include:

- Clean surfaces with soap and water then disinfect with a household disinfectant, prior to serving meals following the instructions on the label.
- Ensure residents handwash upon entering dining area or provide access to alcohol-based hand sanitizer with 60-95% alcohol.
- Have staff serve food to persons in care.
- Use disposable plates, napkins, and/or silverware.
- Avoid using linen tablecloths.
- Utilize outdoor space, weather permitting, for dining.
- When in-person dining is not available, a facility can make available a grab-and-go meal service to allow a person in care to eat their meal in their room.

Interpretation of Statewide Closure Orders

On August 28, 2020, Governor Newsom modified statewide and county closures with the Blueprint for a Safer Economy. The Blueprint for a Safer Economy indicates closures of some indoor operations in certain business sectors statewide, such as dine-in restaurants, personal care services, salons, gyms and fitness centers, that are located in counties with widespread COVID-19 cases.

Since residential facilities do not hold their fitness centers, dining areas, pools, and other facility amenities open to the general public, the closure orders should not be read to apply to residential facilities, as long as residents, staff, and visitors are adhering to infection control guidelines. Facility hair salons may operate indoors with modifications as well, and all licensed salons must comply with any conditions on their licensure.

If there are positive cases of COVID-19 within the facility, or if the county location of the residential facility reissues a Stay-at-Home order, or likewise a full lockdown, it may be necessary for licensees to implement more restrictive measures. If this occurs, as noted in the Notification table above, the licensee should notify their state contacts and reach out to ACPHD with any questions.

Activities

Activities are an important part of maintaining a person's physical and mental health. During this time where visitation may be limited or restricted, providers have an increased obligation to engage with residents in a safe manner. This can be through modified activities or other engagements. Activities should be encouraged but modified to help prevent the transmission of COVID-19 in the facility as specified below.

Examples of Modified Activities

Allow for persons in care to socialize in common areas where social distancing and source control can be accomplished. Facilitate modified group activities, which could include book clubs, crafts, movies and bingo and other activities, that include 6 feet physical distancing and other infection control measures. Encourage use of technology to video chat family members, friends, or other persons in care. Deliver disposable paper games, such as crossword puzzles or word searches, or art supplies to persons in care. Have staff visit persons in care from the hallway with a traveling ice cream sundae or happy hour cart. Set up a space outdoors for socially distanced games, crafts, or group exercise. Set up games that can be played by phone or PA system, or from hallways, such



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as bingo and singalongs. Set up video streaming from the in-house TV station for persons in care to enjoy daily exercise classes, concerts, movies, lectures, and religious ceremonies. Start a pen pal program for persons in care.

Activities Schedule

Schedule activities with sufficient time between activities to allow for cleaning and disinfection of equipment, chairs, or other items used for the activity. Schedule activities in a staggered fashion to limit number of persons in care participating at any one time.

Entering and Exiting Activities

Arrange entering and exiting into a group activity or common area so persons in care do not come within 6 feet of each other. This can be accomplished through the following ways: Designate one area to enter and a different area to exit (i.e. enter through one door and exit through another). Time activity so all participants can exit the activity prior to the next

group of participants arriving. Add floor markings to indicate 6 feet separation. Add signage and/or furniture placement that cues at least 6 feet of distance between participants entering and exiting

A NOTE ABOUT SPECIAL POPULATIONS

Licensees responsible for LTCF operations should be aware that residents with underlying and complicating conditions (including but not limited to COPD and/or oxygen dependence, dementia, intellectual disability, mental illness) may require specialized care and treatment different than the general population when exposed to COVID-19. They may also need more acute care and treatment needs upon exposure. Licensees are encouraged to work with their clinical staff to ensure that plans are in place to provide each resident with the specialized care indicated for their particular underlying and complicating conditions.

Persons with COPD and/or Oxygen Dependence

When residents with chronic obstructive pulmonary disease (COPD) or who are oxygen dependent have been or may have been exposed to COVID-19, the resident's primary care provider is to be notified and asked for the range of oxygen saturation level.

Persons with Dementia, Individuals with Intellectual Disability, or Mental Illness

When working with a person in care exhibiting behaviors that pose a challenge in complying with guidelines, licensees are encouraged to:

- Use a calm and steady tone of voice to educate the person in care on the importance of observing protocols, such as good hand hygiene and physical distancing to help prevent the spread of the COVID-19;
- Redirect the person in care when possible; and
- Reach out to AC behavioral health department or placing agency such as the local regional center, for assistance in addressing these types of behaviors.



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SUPPORTING MATERIALS AND LINKS

LINKS TO REGULATORY AGENCY GUIDANCE

Agency	Resource
ACPHD	LTC Facility Guidance
CDC	CDC Infection Control Core Practices CDC Infection Control Measures for Healthcare Staff CDC Infection Preventionist Training CDC Guidance for Assisted Living providers CDC Toolkit for Retirement Communities CDC Nursing Homes Testing Recommendations CDC Long-Term Care Facility Wide Testing CDC Duration of Isolation and Precautions for Adults with COVID-19 CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance) CDC Guidance on Mitigating Staffing Shortages Nursing Home Preparing for COVID-19
CMS	Centers for Medicare & Medicaid Services Revised COVID-19 Focused Survey Tool CMS QSO 20-38 (PDF)
CDPH	California Department of Public Health COVID-19 homepage CDPH Guidance for RCFEs CDPH Detection and Management of COVID-19 in RCFEs CDPH Guidance on the Use of Antigen Tests for Diagnosis of Acute COVID-19 Baseline, Surveillance and Response-driven COVID-19 Testing of SNF Residents and HCP Flow Chart (PDF)



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	<p>AFL 20-52 COVID-19 Mitigation Plan Implementation and Submission Requirements for SNFs and Infection Control Guidance for HCP</p> <p>Questions for the CDPH Healthcare acquired Infections team: HAIProgram@cdph.ca.gov</p>
CDSS	<p>CDSS PINs</p> <p>Community Care Licensing Division Homepage</p>

OTHER RESOURCES

Focus Area	Resource
Staff & Manager Education	Free COVID-19 Educational Series for Staff and Managers
Testing	Lab Resources for Testing
Care for Persons with Dementia	<p>California Department of Social Services</p> <p>Alzheimer’s Association Coronavirus (COVID-19)</p> <p>Emergency Preparedness</p>
Care for Persons with Intellectual and Developmental Disabilities	California Department of Developmental Services