

COVID-19 PREPAREDNESS AND MANAGEMENT TOOLKIT

FOR SKILLED NURSING FACILITIES

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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The San Francisco Department of Public Health (SFDPH) Department Operations Center (DOC) is providing this document, "SNF Interim Coronavirus Disease 2019 Prevention & Management Protocol" to San Francisco Skilled Nursing Facilities (SNFs) to support facility's prevention and response efforts. SFDPH is rolling out universal testing of all residents and staff at SNFs in San Francisco, with the goal of re-testing residents and staff at SNFs every 2-4 weeks, as resources allow.

The guidance included in this protocol has been developed from lessons learned and best practices during Laguna Honda Hospital's COVID-19 outbreak response. Strong dedication of Laguna Honda staff, in conjunction with consultation from Center for Disease Control (CDC) and California Department of Public Health (CDPH) infection control experts has led to successful containment of the infection. SFDPH aims to ensure this expertise and guidance is disseminated to all other San Francisco SNFs to facilitate shared learning, knowledge and expertise. Recognizing that not all SNFs have the same level of resources available, this document is meant to serve as a guide; you may adapt to meet your facility's needs.

Given the rapidly evolving circumstances associated with this pandemic, and the nature of any emergency, guidance, protocols, and recommendations may change over time. SFDPH will do its best to provide you with the most up to date information. Everything included in this protocol supports the missions of preventing, containing, and mitigating COVID-19 in your facility, with the ultimate goal of protecting you, your staff and your residents.

Thank you for your ongoing engagement with SFDPH; may this partnership continue to strengthen and flourish as we work together to protect our community.

Sincerely,

San Francisco Department of Public Health, Department Operations Center

The COVID-19 pandemic is an evolving scenario. Information in this interim protocol may change based on Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and/or San Francisco Department of Public Health (SFDPH) recommendation.

This interim protocol is to be used in conjunction with the influenza prevention and management protocol for the current influenza season.

I. Vaccination (Employees and Residents)

Currently there is no vaccine to prevent COVID-19. Vaccine development is in progress and may take months before it is completed. The most current CDC information on vaccines can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>

Receiving an influenza vaccine for the current influenza season can help prevent influenza (flu), that may cause symptoms like COVID-19 and can also lead to severe illness in residents.

Refer to the current season's influenza prevention and management protocol for influenza vaccine information for employees and residents.

II. Diagnostic Testing (Residents Only)

Currently, standard respiratory viral/pathogen panel do not detect severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19.

CDC has developed a laboratory test kit for use in testing specimens for SARS-CoV-2 through reverse transcription polymerase chain reaction (RT-PCR). This test kit has been made available to CDPH for distribution to local governing agencies, including SFDPH. Other appropriate tests that are under development may be used for testing as deemed appropriate by CDC including, but not limited to point-of-care testing at the bedside.

Approval is no longer required for COVID-19 Testing by SFDPH Communicable Disease Control (CD Control). The physician may call SFDPH CD Control at 415-554-2830 if additional guidance is needed.

If calling after hours for questions regarding testing, follow the phone line's instructions to reach the on-call physician at 415-554-3613.

III. Treatment (Residents Only)

Currently there is no specific antiviral treatment recommended for COVID-19. Residents with COVID-19 should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

As new treatment options become available, the Infection Control Committee will work with physicians and residents to provide appropriate treatment options. Physicians and residents may request or volunteer to become part of Food and Drug Administration (FDA) approved clinical drug trials. Residents will not be required to participate, and full informed consent is required prior to participation.

The most current CDC information on treatment can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>

IV. Outbreak Control (Employees and Residents)

COVID-19 illness due to SARS-CoV-2 is an evolving scenario. Clinicians should use their judgment to determine if a resident has signs and symptoms compatible with COVID-19 and whether the resident should be tested. Additionally, mass screening and testing may be required to meet safety and health concerns as recommended by CDC, CDPH, and SFDPH.

Consider residents that are medically fragile and those with neurological or neurocognitive conditions may manifest atypical signs and symptoms of viral infection and may not exhibit fever. Astute clinical judgement and flexibility in applying the clinical definition should be used.

The most current CDC guide evaluation of PUI for COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Resident cases may be consulted on a case-by-case basis if COVID-19 illness is highly suspected with SFDPH Communicable Disease Control (CD Control) at 415-554-2830. After hours, call 415-554-3613 to reach the on-call physician.

As SARS-CoV-2 is a novel (new) coronavirus, the presence of a single case in the facility will be managed as an “outbreak” to allow rapid response and control measures to be implemented.

- **REPORTING REQUIREMENTS:** All confirmed COVID-19 cases are to be reported immediately to SFDPH Communicable Disease (CD Control) at 415-554-2830 and CDPH at 415-330-6353. Residents with severe respiratory infection resulting in hospitalization or death and clusters of respiratory illness, defined as ≥ 3 or more residents or staff with new-onset respiratory symptoms within 72 hours of each other, should also be reported immediately to SFDPH Communicable Disease Control.
- **Standard Preventive Measures:**
The following shall be implemented:
 - Suspend access to the facility for all non-essential personnel including, but not limited to, visitors of residents per SFDPH Order of the Health Officer, with an exception to this prohibition detailed in the order here:
<https://www.sfdph.org/dph/alerts/files/Order-C19-06-ExcludingVisitorstoHospitals-03132020.pdf>
 - Suspend all facility-wide group activities until further notice.
 - Unit-wide group activities and social dining shall be suspended.
 - All staff shall always wear a surgical mask covering the nose and mouth to ensure source control (of their own respiratory secretions) in the facility except for eating or drinking.

- A surgical mask shall be provided upon entering the building. If staff already have a surgical mask, the mask shall be inspected to ensure it is clean and intact. If the mask is stained or torn, the employee will be given a new one.
 - Damaged, wet, or soiled masks should be discarded in the trash and can be replaced.
 - If masks are clean and dry, they are to be reused. Store mask in a clean, labeled paper bag when not using.
- Practicing social distancing (i.e. maintain 6 feet distance) between residents and staff.
 - Designate locations staff can be seated in locations where essential gatherings occur (e.g. charting room, break room). Stagger break times if possible.
 - Staff shall document for non-compliant residents with social distancing all education provided, interventions, and outcomes in the resident progress notes and care plan on the electronic health record.
 - Admin and ancillary departments telecommute to work if possible.
 - On-site meetings have a maximum of 10 attendees in person, schedule conference calls if possible.
- Documentation of daily resident active surveillance for symptoms (new or change in cough, sore throat, shortness of breath, muscle aches), fever (defined as $\geq 37.5^{\circ}\text{C}/99.5^{\circ}\text{F}$ for residents), heart rate, and O2 saturation via a pulse oximeter on the electronic health record. Consider residents that are medically fragile and those with neurological or neurocognitive conditions may manifest atypical signs and symptoms of viral infection and may not exhibit fever.
 - Residents on hemodialysis shall be actively screened every shift.
 - Residents who return from a general acute care hospital outside of the facility shall be actively screened every shift for 14 days upon return.
- Documentation of daily staff active surveillance for symptoms (new cough, sore throat, shortness of breath, muscle aches), fever (defined as $\geq 37.8^{\circ}\text{C}/100.0^{\circ}\text{F}$ for staff) in a log. Staff shall be screened upon entering the building and will be asked to leave the building and go home if there is the presence of any one symptom. Staff will be instructed to call their direct supervisor.
 - Staff that provide care in other facilities are logged and asked about exposure to other facilities with recognized COVID-19 cases.
 - **Staff who develop symptoms of respiratory infection while at work shall immediately notify management, directly go home, and seek COVID-19 PCR testing.**
- Symptomatic staff may return to work under any of the following conditions:
 - One negative COVID-19 PCR test result, resolution of fever for >72 hours (without fever-reducing medication), and symptoms have improved for >72 hours, OR
 - Two negative COVID-19 PCR test results collected >24 hours apart, resolution of fever and improvement in symptoms, OR
 - If not tested, 14 days have passed since symptoms first appeared, resolution of fever for ≥ 72 hours (without fever-reducing medication), and symptoms have improved for ≥ 72 hours, Consideration shall be made for additional COVID-19 PCR testing if staff have new or worsening symptoms on a case-by-case basis by Infection Control, and Contact Investigation Team.

- Staff with lab-confirmed COVID-19 are considered recovered and pending clearance to return to work after:
 - 14 days have passed since symptoms first appeared, resolution of fever for ≥ 72 hours (without fever-reducing medication), and symptoms have improved for ≥ 72 hours, OR
 - Resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms **and** two consecutive negative COVID-19 PCR results collected ≥ 24 hours apart.

- The most current CDC guidelines on returning to work can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

- **Staff who carpool with people outside of their own household should practice universal masking for all riders while inside the car.**

- Staff with known community exposure from a lab-confirmed COVID-19 case (e.g. someone living in the same home is lab-confirmed with COVID-19) must self-quarantine for 14 days from the last significant exposure while contact was considered infectious. Staff may return to work based on testing results – see published SFDPH or CDC Return to Work Guidance. Staff who have traveled **within the United States** may be asked to self-quarantine for 14 days if they have close contact with someone with COVID-19 during travel. The most current CDC recommendations on traveling within the United States can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

- Staff who have traveled anywhere internationally or returning from a cruise must self-quarantine for 14 days from the time they returned home from international travel or a cruise. Staff shall notify their direct supervisor about their recent travel and expected date they will return to work.
 - During this 14-day period, staff should stay home, avoid contact with others, and self-monitor by taking their temperature twice a day and watching for cough or trouble breathing. CDC has a temperature log that can be referred to here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/pdf/COVID19-Temperature-Log-ENG-P.pdf>
 - Staff who become sick during this 14-day period should contact their healthcare provider and tell them about their recent travel. For difficulty breathing, call 911 immediately.

- Hand hygiene (soap and water OR alcohol-based hand rub) shall be performed frequently, and before and after contact with each resident and/or his/her immediate environment, before/after PPE usage, after using the bathroom, before/after eating, and when visibly soiled (soap and water only).

- Respiratory hygiene (covering coughs and sneezes with a tissue or if tissue is not available, using upper sleeve) shall be practiced. Hands must be cleaned if coughing or sneezing into hands, even if a tissue is used.

- Practicing CDC recommendations regarding extended wear and reuse of N95 respirators and eye protection due to limited supply. Written material, images, and videos of these processes shall be provided with live in-services as needed.
 - **Extended wear** refers to the practice of wearing the same N95 respirator and eye protection for repeated close contact encounters with several residents, without removing between resident encounters.
 - Extended use may be implemented when multiple isolation residents are placed in the same unit (cohorting).
 - **Reusing** refers to the practice of using the same N95 respirator and eye protection for multiple encounters with residents but removing it prior to the next encounter with a resident.
 - Staff actively working with a resident within 6 feet should have a designated set for all PUIs and one designated set for confirmed COVID-19 cases. Continue to follow re-use and discard guidelines.
 - The CDC pandemic planning guidance for extended use and limited reuse can be found here: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- Alcohol-based hand hygiene dispensers shall be available throughout the hospital. Hand hygiene should be performed often and additional direct contact (e.g. handshaking, hugging) should be avoided if possible.
- Residents shall be instructed not to share eating utensils, drinking glasses, towels, or other personal items.
- Facility approved cleaning and disinfecting agents shall be used when cleaning the unit. Approved disinfectant is EPA registered and qualifies under EPA’s emerging viral pathogens program for use against SARS-CoV-2. Information about EPA-registered hospital-grade disinfectants can be found on CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- **CONTROL Measures Level 1 (e.g. 1 resident with suspected COVID-19 in a unit OR 1 staff with suspected COVID-19 in admin/ancillary department):**
 - All residents who are suspected to have COVID-19 (PUIs) shall be source controlled (i.e. placing a surgical mask over the resident’s nose and mouth to contain respiratory secretions), immediately and separated from other residents and staff, ideally inside their room with the privacy curtain drawn and door closed **pending room transfers if indicated below**. Other areas may include a secluded area, such as the living room solarium at the end of each floor.
 - **Resident PUIs** shall be isolated on their unit pending results. Room doors should always be kept closed, PUIs must wear a surgical mask when using a shared restroom, and privacy curtains must always be drawn in shared rooms.
 - If possible, each PUI should be placed in a private room to avoid exposure if 1 roommate has COVID-19 and other does not.

- If it is not possible for each PUI to be placed in a private room and there are ≥ 2 PUIs pending results on the same unit, they may be cohorted in a double or triple semi-private room.
 - If a semi-private room is not available, use a double or triple open shared room.
 - If an open shared room is not available, identify unexposed resident(s) to move to other unit(s) to keep PUIs in the unit.
- Keep all room doors closed. Keep windows closed in negative-pressure rooms to maintain the negative pressure environment. For all other room types, keep windows open if possible to increase air circulation.
- Cohorted PUIs must always wear a surgical mask when using shared restroom and draw all privacy curtains.
- Do not cohort a lab-confirmed COVID-19 resident with a PUI.
- Airborne and contact isolation with eye protection shall be initiated for staff entering the room of **PUIs and confirmed COVID-19 cases.**
 - Place combination airborne and contact precautions with eye protection sign (laminated copies on units and isolation carts).
 - Place **COVID-19 PPE Sequence** on the door (laminated copies on units and isolation carts).
 - Place **COVID-19 HCW Contact Log** on the door. The HCW writes their name on the log and indicated when they entered and exited the room. Encourage hand and respiratory hygiene for residents and staff.
- If a resident is lab-confirmed with COVID-19 and requires aerosol generating procedures (e.g. nebulizers), prioritization shall be made to transfer the resident to a negative-pressure room if they are not already in one. If a negative-pressure room is not available, follow the instructions above on room placement within their unit.
- Residents that are lab-confirmed with COVID-19 and do not require aerosol generating procedures shall be placed in a private room or in a shared room with other residents with lab-confirmed COVID-19, follow the instructions above on room placement within their unit.
- Asymptomatic roommates of residents with suspected COVID-19 infection should be considered potentially exposed, placed in a private room with private bathroom if possible, and full PPE used for any resident interaction.
 - If the resident with suspected COVID-19 has a negative COVID-19 PCR test, precautions may be removed for the roommate.
 - If the resident with suspected COVID-19 has a positive PCR test, the exposed roommate should be quarantined, and remain in their private room with full PPE use until 14 days after their last exposure to the resident with the positive test.
 - If the roommate develops symptoms, follow the protocol for residents with suspected COVID-19
- Closely monitor ill residents.
 - Monitor symptomatic residents at least 3 times per day, including symptom checks, vital signs, oxygen saturation via pulse oximetry, and respiratory exams.

- Physicians should maintain a low threshold for obtaining a chest radiograph to exclude pneumonia or acute respiratory distress syndrome (ARDS) and refer for further evaluation and hospitalization if the resident exhibits clinical worsening.
- For **PUIs**, continue transmission-based precautions stated above until COVID-19 is ruled out by a negative COVID-19 PCR test.
- For **confirmed COVID-19 cases**, a resident is considered recovered and pending clearance off isolation transmission-based precautions after:
 - 14 days have passed since symptoms first appeared, resolution of fever for ≥ 72 hours (without fever-reducing medication), and symptoms have improved for ≥ 72 hours, OR
 - Resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms **and** two consecutive negative COVID-19 PCR results collected ≥ 24 hours apart.
 - If the initial COVID-19 PCR re-test is positive, do not re-test again until ≥ 7 days. If the following one is negative, the next re-test can be ordered after ≥ 24 hours.
 - Recovered residents with lab-confirmed COVID-19 may receive clearance off isolation transmission-based precautions after the above criteria are met.
- All facility-wide and unit-wide group activities and social dining shall be cancelled **for ALL residents, including asymptomatic ones, due to asymptomatic and pre-symptomatic transmission, and to encourage residents to stay in their rooms as much as possible PUIs and confirmed COVID-19 cases.**
- During a medical emergency **with PUIs or confirmed COVID-19:**
 - Assign a staff member to monitor the room to ensure that only essential staff enter and exit.
 - Staff shall enter the room only if necessary and minimize the number of people in the room to avoid unnecessary transmission and exposure.
- **Resident PUIs or confirmed COVID-19 case** must wear a surgical mask during transfers and essential appointments. **Notify receiving facility if resident is a PUI or confirmed COVID-19 case and document notification in the electronic health record.**
- Staff who are suspected to have COVID-19 (PUIs) while at work shall immediately notify management, directly go home, and seek COVID-19 PCR testing. Do not use the office space of the staff PUI. Staff PUI will clean and disinfect office space upon returning to work.
- Continue precaution measures as listed below, under **Standard Preventive Measures.**
- **CONTROL Measures Level 2 (e.g. 1 staff lab-confirmed case of COVID-19 in a unit OR admin/ancillary department):**
 - Continue with Control Measures 1, PLUS the following:
 - All residents are asked to voluntarily remain on the unit until there are no new staff lab-confirmed cases and 14 days from symptom onset of last staff case.

- Staff shall document for non-compliant residents who choose not to follow the recommendations or are incapable due to mental or emotional diagnosis all education provided, interventions, and outcomes in the resident progress notes and care plan on the electronic health record.
- Contact Investigation Team shall conduct a contact investigation per CDC, CDPH, and SFDPH Communicable Disease.
- COVID-19 PCR testing for residents and staff with high exposure risk identified through contact investigation.
- Residents with high exposure risk will have increased active surveillance for symptoms detailed under **Standard Preventive Measures** from daily to every shift until 28 days from last symptom onset.
 - The frequency of active surveillance for identified residents on hemodialysis and identified residents who return from a general acute care hospital outside of your facility remains unchanged at every shift.
- Staff with high exposure risk who do not self-quarantine for 14 days after exposure will have increased active surveillance for symptoms detailed under **Standard Preventive Measures** from daily to twice a shift (i.e. beginning of shift and 4 hours into shift) until 28 days from last symptom onset.
 - They should be restricted from working with immunocompromised residents for 14 days after exposure.
 - They should monitor themselves for the development of symptoms.
- Enhanced cleaning and disinfecting shall be done on the affected unit or admin/ancillary department until 28 days from last symptom onset. Approved disinfectant is Environmental Protection Agency (EPA) registered and qualifies under EPA's emerging viral pathogens program for use against SARS-CoV-2. Information about EPA-registered hospital-grade disinfectants can be found on CDC here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- All efforts shall be made to keep only regular nursing staff working in the affected unit(s). If floating staff are used, the Nursing Office shall be asked to keep these floating staff in the affected unit until 28 days from last symptom onset. If cohorting of ill residents occur, assign one nursing staff to provide care.
- All efforts shall be made to keep staff (e.g. environmental services, activity therapy, etc.) consistent on the affected unit until 28 days from last symptom onset.
- Staff in the unit shall limit movement outside of the unit. Staff in admin/ancillary departments shall stay within their department unless medically necessary to enter a unit.

- Administrative and ancillary departments shall establish a minimum of 6 feet between office seating locations with a maximum office capacity to be determined on a case-by-case basis. Department staff shall clean and disinfect frequently touched surfaces in office space daily. Keep windows open if possible to increase air circulation.
- Administrative and ancillary departments shall not have in-person meetings. Schedule conference calls as needed. Exceptions may be made on a case-by-case basis with small departmental huddles with less than 5 attendees.
- Administrative and ancillary department staff shall eat in designated office space or outside area (observing social distancing).
- **QUARANTINE Management (e.g. 1 resident lab-confirmed case of COVID-19 in a unit, 2 or more staff lab-confirmed cases with symptom onset less than 14 days apart in a unit OR admin/ancillary department)**
 - Increase all resident active surveillance for symptoms detailed under **Standard Preventive Measures** from daily to every shift until 28 days from last symptom onset.
 - The frequency of active surveillance for residents on hemodialysis and residents who return from a general acute care hospital outside of your facility remains unchanged at every shift.
 - Increase all staff active surveillance for symptoms detailed under **Standard Preventive Measures** from daily to twice a shift (i.e. beginning of shift and 4 hours into shift) until 28 days from last symptom onset.
 - COVID-19 PCR testing for all residents and staff.
 - All residents are to remain on the unit for the duration of the quarantine.
 - Signage shall be placed on the entrance doors of the affected unit or admin/ancillary department that state only essential staff shall enter the unit/department.
 - Unit quarantine signage shall be posted at hospital entry points by the elevators.
 - Staff shall document for non-compliant residents who choose not to follow the recommendations or are incapable due to mental or emotional diagnosis all education provided, interventions, and outcomes in the resident progress notes and care plan on the electronic health record.
 - All other off-unit activities and appointments for residents on the affected unit shall be postponed unless determined by the physician to be essential (i.e. dialysis).
 - Nursing staff working on a quarantined unit shall not attend in-services or go to other units and resident care areas, unless it is an emergency, or they will be leaving work for the day. Perform hand hygiene before entering and leaving the unit.

- Admin and ancillary departments shall implement single office room spaces with a maximum office capacity of one staff member regardless of size. Department staff shall clean and disinfect frequently touched surfaces in office space twice a day (before and after shift). Continue to keep windows open if possible to increase air circulation.
- Administrative and ancillary department staff shall eat in designated office space only.
- Minimum duration of **QUARANTINE Measures** is 28 days from last symptom onset and may be extended based on existing outbreak per CDC, CDPH, and SFDPH guidelines.
- **Continued Surveillance: Continue viral testing for residents with suspected COVID-19 as indicated by SFDPH COVID-19 Clinical Consultation Center.**

V. Education (Employees, Residents, and Visitors)

a. EMPLOYEES

Employees shall receive COVID-19 prevention education via the following:

- Written communication regarding interventions being implemented for staff and resident safety, appropriate PPE use, and COVID-19 case updates from Administration
- Departmental and/or unit community meetings (if additional education is needed)

b. RESIDENTS

Residents shall receive COVID-19 prevention education via the following:

- Residents' Council meeting
- Unit community meetings

c. VISITORS

Visitors shall receive COVID-19 prevention education via the following:

- Written communication regarding interventions being implemented for resident safety, appropriate PPE use, and COVID-19 case updates from Administration

VI. References

- a. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - i. COVID-19 Prevention & Treatment: <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>
 - ii. COVID-19 Evaluating and Reporting PUI: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
 - iii. Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or PUI for COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
 - iv. Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
 - v. Self-Quarantine Temperature Log: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/pdf/COVID19-Temperature-Log-ENG-P.pdf>
 - vi. Coronavirus and Travel in the United States: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>
 - vii. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
- b. CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- c. SFDPH: <https://www.sfdcp.org/infectious-diseases-a-to-z/coronavirus-2019-novel-coronavirus/>
 - i. Interim Guidance: Prevention and Management of COVID-19 in Long-Term Care Facilities (UPDATED 4/19/2020): <https://www.sfdcp.org/wp-content/uploads/2020/03/COVID19-LTCF-Guidance-Rev-FINAL-04.19.2020.pdf>
 - ii. Order of the Health Officer: Limitations on Hospital Visitors (3/13/2020): <https://www.sfdph.org/dph/alerts/files/Order-C19-06-ExcludingVisitorstoHospitals-03132020.pdf>
 - iii. Order of the Health Officer: Protective Quarantine for Laguna Honda Hospital and Rehabilitation Center (3/24/2020): <https://www.sfdph.org/dph/alerts/files/Order-C19-11-ProtectiveQuarantineLHH-03262020.pdf>

SNF COVID-19 Interim Prevention and Management Protocol

Unit Outbreak Control Overview

	Standard Preventive Measures	CONTROL Measures Level 1	CONTROL Measures Level 2	QUARANTINE Management
Example Scenario	N/A	1 <u>resident</u> with suspected COVID-19 in a unit or a person under investigation (PUI)*	1 <u>staff</u> lab-confirmed case of COVID-19 in a unit	1 <u>resident</u> lab-confirmed case of COVID-19 in a unit OR 2 or more <u>staff</u> lab-confirmed cases in a unit with <u>symptom onset less than 14 days apart***</u>
Contact Investigation Indicated?	No	No	Yes	Yes
Who to Test?	N/A	Resident PUI	Staff and residents with high exposure risk**	All staff in consultation with DPH,; residents with high exposure risk
Resident Symptom Monitoring	All residents: Every shift Hemodialysis: Every shift Readmissions: Every shift x14 days from return	All residents: Every shift PUI: Every 4 hours Hemodialysis: Every shift Readmissions: Every shift x14 days from return	All residents: Every shift PUI: Every 4 hours Asymptomatic Exposed residents: Every shift Hemodialysis: Every shift Readmissions: Every shift x 14 days from return	All residents: Every shift PUI and confirmed COVID-19: Every 4 hours
Staff Symptom Monitoring	Upon entry to building	Upon entry to building	Exposed staff: Twice a shift (entering the unit <u>and</u> 4 hours into shift) Other staff: Upon entry to building	All staff: Twice a shift (entering the unit <u>and</u> 4 hours into shift)
Staff PPE Used	Universal masking, follow additional precautions as ordered	Resident PUI: Respirator, eye protection, isolation gown, and gloves Other residents: Continue universal masking, follow additional precautions as ordered	Resident PUI and exposed residents: Respirator, eye protection, isolation gown, and gloves Other residents: Continue universal masking, follow additional precautions as ordered	Resident PUI(s) and confirmed case(s), and exposed residents: Respirator, eye protection, isolation gown, and gloves Other residents: Respirator, eye protection, and gloves (isolation gowns be required by discretion of contact investigation and current supply) <u>until 28 days from symptom onset of last resident or staff case</u>
Enhanced Cleaning/Disinfection****	Yes	Yes	Yes	Yes
Staff Assignments	Regular: Remain on unit, float if needed Float: No floating restrictions	Regular: Remain on unit, float if needed Float: No floating restrictions	Maintain until 28 days from symptom onset of last staff case: Regular: Remain on unit, no floating Float: Staff who floated to unit in last 14 days from staff symptom onset must remain on unit, do not allow new floating staff (if staffing allows)	Maintain until 28 days from symptom onset of last staff case: Regular: Remain on unit, no floating Float: Staff who floated to unit in last 14 days from staff symptom onset must remain on unit, do not allow new floating staff (if staffing allows)
Group Activities/Social Dining	No Limit as much as possible (safely)	No Limit as much as possible (safely)	No Limit as much as possible (safely)	No Limit as much as possible (safely)
Residents Allowed to Leave Unit	No (voluntary - doors <u>not</u> locked) Exceptions: Medical emergency and essential appointments (e.g. hemodialysis)	No (voluntary - doors <u>not</u> locked) Exceptions: Medical emergency and essential appointments (e.g. hemodialysis)	No (voluntary - doors <u>not</u> locked) Exceptions: Medical emergency and essential appointments (e.g. hemodialysis)	No (doors locked) Exceptions: Medical emergency and essential appointments (e.g. hemodialysis)
Estimated Duration	N/A	Time for test results to finalize (approx. 12 to 48 hours)	No new staff cases AND 14 days from symptom onset of staff case	28 days from symptom onset of last resident or staff case

* A resident becomes a PUI when he/she meets the clinical threshold for testing

** Identified through contact investigation

***If cases are determined to not be epidemiologically linked, de-escalate to **CONTROL Measures Level 2**

**** Two times per shift

Notify SFDPH Communicable Disease Control (415) 554-2830 immediately of

- (1) Suspected or lab-confirmed COVID-19 in residents or staff, OR
- (2) ≥3 residents or staff with new-onset respiratory symptoms within 72 hours of each other, with new-onset respiratory symptoms within 72 hours of each other, OR
- (3) Residents with severe respiratory infection resulting in hospitalization or death.

SNF COVID-19 Prevention and Management Protocol				
*** Admin and Ancillary*** Departments Outbreak Control Overview				
	Standard Preventive Measures	Control Measures Level 1	Control Measures Level 2	Quarantine Management
Example Scenario	N/A	1 staff with suspected COVID-19 in a department or a person under investigation (PUI)*	1 staff lab-confirmed case of COVID-19 in a department	2 or more staff lab-confirmed cases of COVID-19 in a department <u>with symptom onset less than 14 days apart</u> ***
Contact Investigation Indicated?	No	No	Yes	Yes
Who to Test?	N/A	Staff PUI	Staff with high exposure risk**	All staff
Work Restrictions	Telecommute if possible	Staff PUI: Self-quarantine Other staff: Telecommute if possible	Staff lab-confirmed case/PUI: Self-quarantine Other staff: Telecommute if possible, staggered shifts Department setup: Establish minimum of 6 feet between office seating locations with a maximum office capacity to be determined on a case-by-case basis	Staff lab-confirmed case/PUI: Self-quarantine Other staff: Telecommute if possible, staggered shifts Department setup: Single office room, maximum office capacity of 1 person regardless of size
Staff Symptom Monitoring	Upon entry to building	Upon entry to building	Exposed staff: Twice a shift (entering the department <u>and</u> 4 hours into shift) Other staff: Upon entry to building	All staff: Twice a shift (entering department <u>and</u> 4 hours into shift)
Staff PPE Used	Universal masking (surgical mask or cloth face covering)	Universal masking	Universal masking	Universal masking
Enhanced Cleaning/Disinfection	No	Yes	Yes 28 days from symptom onset of last staff case	Yes 28 days from symptom onset of last staff case
Staff Office Space Cleaning/Disinfection	<u>Staff</u> routinely clean and disinfect frequently touched surfaces in office space (no set schedule)	Staff PUI: Do not use office, space. Staff PUI will clean and disinfect upon returning to work Department staff: Staff routinely clean and disinfect frequently touched surfaces in office space (no set schedule)	Staff lab-confirmed case/PUI: Do not use office, space. Staff PUI will clean and disinfect upon returning to work Department staff: Staff clean and disinfect frequently touched surfaces in office space daily Office space: Keep windows open if possible to increase air circulation	Staff lab-confirmed case/PUI: Do not use office, space. Staff lab-confirmed case/PUI will clean and disinfect upon returning to work Department staff: Staff clean and disinfect frequently touched surfaces in office space twice a day (before <u>and</u> after shift) Office space: Keep windows open if possible to increase air circulation
Staff Meetings/Break Room Restrictions	Meetings: Conference calls if possible, maximum 10 attendees in person Break rooms: Stagger break times if possible, observe social distancing	Meetings: Conference calls if possible, maximum 10 attendees in person Break rooms: Stagger break times if possible, observe social distancing	Meetings: Conference calls only Break rooms: Eat in designated office space or outside area (observe social distancing)	Meetings: Conference calls only Break rooms: Eat in designated office space only
Staff Allowed to Leave Department	Yes	Yes (staff PUI should <u>not</u> be on-site)	No Exception: Medically necessary to enter unit	No Exception: Medically necessary to enter unit
Return to Work Criteria	N/A	<p>Asymptomatic exposure 14 days since exposure <u>and</u> still asymptomatic. If symptoms appear, treat as a PUI, OR Crisis-level staffing: Continue to work <u>with restrictions</u> until RTW criteria met. Restrictions: surgical mask at all times, no contact with immunocompromised, self-monitor for symptoms</p> <p>PUIs/Confirmed COVID-19 Symptom-based (not tested): 14 days since symptoms appeared <u>and</u> no fever for >72 hours without fever-reducing medication <u>and</u> symptoms improved for >72 hours, OR Test-based: Two negative tests collected >24 hours apart <u>and</u> no fever without fever-reducing meds <u>and</u> symptoms improved</p> <p>PUIs only, crisis level staffing One negative test <u>and</u> no fever for >72 hours without fever-reducing meds <u>and</u> symptoms improved for >72 hours, return to work <u>with restrictions</u> until symptom-based or test-based RTW criteria met. . Restrictions: surgical mask at all times, no contact with immunocompromised residents, self-monitor for symptoms.</p>		
Estimated Duration	N/A	Time for test results to finalize (approx. 12 to 72 hours)	No new staff cases AND 14 days from symptom onset of staff case	28 days from symptom onset of last staff case
<p>* A staff member becomes a PUI when he/she has any positive symptom screening results (i.e. fever, <u>new</u> or altered cough, sore throat, shortness of breath, and/or muscle aches) ** Identified through contact investigation ***If cases are identified to not be epidemiologically linked, de-escalate to CONTROL Measures Level 2 **** At least 2x/shift, more often as needed</p> <p>Notify SFDPH Communicable Disease Control (415) 554-2830 immediately of (1) Suspected or lab-confirmed COVID-19 in residents or staff, OR (2) ≥3 residents or staff with new-onset respiratory symptoms within 72 hours of each other, OR (3) Residents with severe respiratory infection resulting in hospitalization or death.</p>				



PURPOSE: Identify required actions for screeners when LHH's 2-entrance protocol is implemented.

ACTIONS: The following actions will be taken to ensure the safety of residents and staff.
All screening MUST be a two-part process.

NOTE: If a staff member has any symptoms, please document, notify their Supervisor (list provided at screening table) and send them home.

Required Actions for All COVID-19 Screening	
<input checked="" type="checkbox"/>	Action Step
<input type="checkbox"/>	You need a Surgical Mask and a Face Shield to screen. You do not need an isolation gown.
<input type="checkbox"/>	You need to sanitize your area and thermometer prior to screening.
<input type="checkbox"/>	Gel / sanitize hands every 20 minutes. No need to wear gloves.
<input type="checkbox"/>	Do not hand out gloves. Staff have these on the units when they are necessary for care
<input type="checkbox"/>	Additional supplies can be found at CPD 43349 or 425-327-5413
<input type="checkbox"/>	Make sure there is social distancing at all times.
PLEASE READ THE ENTIRE STANDARD WORK. THIS IS JUST A HIGHLIGHT SHEET.	

Required Actions for 1 st Screener	
<input checked="" type="checkbox"/>	Action Step
<input type="checkbox"/>	Make sure there is social distancing at all times.
<input type="checkbox"/>	Have staff sanitize hands.
<input type="checkbox"/>	Make sure each staff member has a mask. Give a new one <u>only if needed</u> .

Required Actions for 1st Screener



Action Step



Ask the following Screening questions:

- New / unexplained cough
- Shortness of Breath
- Sore Throat



If staff answer “yes” to any of the above symptoms:

- Document symptoms
- Have them notify their Supervisor.
- Send them home



If staff say “no” to all symptoms, send them to the 2nd Screener for temperature check.

PLEASE READ THE ENTIRE STANDARD WORK. THIS IS JUST A HIGHLIGHT SHEET.

Required Actions for 2nd Screener



Action Step



Make sure there is social distancing at all times.



Take temperature using “no touch” thermometer 1 inch from forehead.



If temperature is under 96.0 please re-take.



If temperature is above 100 F,

- Document symptoms
- Notify their Supervisors
- Send them home



If staff temperature is under 100 degrees, no other action is needed.

PLEASE READ THE ENTIRE STANDARD WORK. THIS IS JUST A HIGHLIGHT SHEET.

Title: Employee Screening

Performed By: Screener

Date: 4/10/20

(created or last updated)

Purpose: Streamline process for daily staff symptom screening to safeguard resident/staff health and limit spread of COVID-19.

Major Steps	Details	Diagrams/Picture
<p>1. If screening on the 5th floor in historic building please arrive by 5:45am to set up. Binders and supplies will be locked up in a closet by the Sheriff. You will be endorsed a key for the closet. This key is also for the bathroom. If you are screening in Pavilion lobby, endorse binder and supplies coming into shift.</p>	<p>You should have enough supplies, but if you run out, please call Central Supply 43349 or 415-327-5413 (pager)</p>	
<p>2. When setting up for your shift ensure that all surfaces are wiped down using Green Top wipes. Use green top wipes to disinfect thermometers before use (squeeze excess fluid from the wipe before using on thermometers). The contact time for these wipes is 1 minute.</p>		
<p>3. During screening shift, wear your mask and faceshield at all times. Sanitize your hands at a minimum of every 20 minutes.</p>		
<p>4. As staff enter the building, stop them and tell them they need to be screened. The first screener will remind staff to sanitize their hands.</p>		<p>Emergency services staff do not need to be screened but must be asked the question “Were you screened today?”</p>
<p>5. Hand staff a mask, picking it up by the elastic band.</p>	<p>If wearing own mask, no need to replace if the mask they</p>	

	Major Steps	Details	Diagrams/Picture
	Instruct staff member to don (put on) the mask before asking the screening questions.	are wearing is not stained or torn.	
6.	<p>The first screener will ask staff the following questions about symptoms:</p> <ul style="list-style-type: none"> • Do you have a new/unexplained cough? • Do you have any shortness of breath? • Do you have a sore throat? • To your knowledge, have you had a fever in the past 48 hours? 		
7.	<p>The staff will then move to the second station where they will have their temperature taken using a no touch thermometer by the second screener.</p>	<p><u>IMPORTANT</u></p> <p>No touch thermometer should be 1” from the forehead. The trigger should not be pressed until the thermometer is steady and 1” from the forehead.</p>	
8.	<p>During the screening process If staff responds “yes” to any symptoms listed in step 6, or has a temperature above 100 F, document symptoms and temperature on questionnaire in binder. Tell them to:</p> <ul style="list-style-type: none"> • Go home • Call their supervisor (telephone number provided in binder) • Call their doctor 		See below.

	Major Steps	Details	Diagrams/Picture
9.	<ul style="list-style-type: none"> If staff say “no” to all symptoms, AND their temperature is under 100 degrees, no need to document symptoms/temp. 		
10.	Staff may proceed to work		

Time	Date	Name	√ if LLH staff	√ if float staff	√ if LHH visitor	Unit/dept	Given a mask Yes/No	Fever Symptoms Yes/No	Cough Symptoms Yes/No	Shortness of breath symptoms Yes/No	Sore throat symptoms Yes/No	Temp	Supervisor called Yes/No	Sent home? Yes/No	Comments

SOPs for COVID-19 Surveillance Among Residents

Background

COVID-19 is a new respiratory disease caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to life-threatening. Based on the available data, older adults and those with chronic medical conditions are at highest risk for severe illness. Moreover, these populations often have atypical presentation of disease that can be difficult to diagnose. Given their congregate nature and the residents served (*e.g.*, older adults often with underlying chronic medical conditions), skilled nursing facilities (SNF) are at high-risk of being affected by COVID-19.

Several COVID-19 transmission events have occurred at Laguna Honda Hospital (LHH). Hospital administration, in collaboration with SFDOH, CDPH, and CDC, have developed these Standard Operating Procedures (SOPs) to strengthen the ability of LHH to rapidly identify any resident presumed to have COVID-19, and mitigate additional transmission events among LHH residents and staff. Earlier detection of COVID-19 cases leads to faster implementation of necessary infection prevention and control (IPC) measures, reduces the number of days of undetected transmission, triggers contact tracing and targeted testing within the unit, and facilitates earlier staff protection with appropriate personal protective equipment (PPE). For this document, the SFDOH and CDPH has modified the LHH procedures developed to increase the sensitivity of their existing surveillance systems, in order to generalize to other long-term care facilities and skilled nursing facilities that are at risk for COVID-19 outbreaks.

Surveillance Activities

Enhanced surveillance for possible COVID-19 should focus on rapid case detection. Essential steps include:

- broad syndromic screening criteria for all residents
- auditing of unit testing practices by the medical leadership team
- electronic medical record review (if available) for PUI identification and tracking
- electronic medical record review (if available) for events of clinical significance (*i.e.*, mortality, code blues, transfers to acute hospitals)
- if only paper charting is used, a linelist updated daily that accounts for COVID-positive persons, persons under investigation for COVID-19 (PUIs), any transfers out to acute care hospitals or higher levels of care, or any deaths. t)

Approach

Syndromic screening for all residents

Staff will use broad screening criteria to monitor all residents for COVID-19 according to the following frequency:

- all residents must be evaluated daily during day shift on every unit;
- all PUIs, residents on quarantined units, and residents on hemodialysis must be evaluated once per shift;

- any resident that returns from an outside acute care hospital (emergency room or inpatient) or other higher level of care must be evaluated once per shift for 14 days following their return.

Residents meeting ANY ONE of the criteria below will be investigated further by the patient's care team.

Subjective:

- feels feverish, reports chills, or has an elevated temperature during a recent health check
- reports cough or shortness of breath
- reports new or different type of headache, congestion, fatigue, myalgia, sore throat, loss of appetite, or anosmia

Objective:

- has a change in mental status
- has a documented temperature above baseline (>99.5° Fahrenheit)
- has a documented a temperature below baseline (<97.7° Fahrenheit)
- has persistent tachycardia (heart rate >100)
- has hypotension
- has new hypoxia (oxygen saturation <94%) or an increasing oxygen requirement
- presents with new or worsening respiratory symptoms identifiable on physical exam (cough, increased respiratory rate, congestion, crackles, rhonchi, rales, accessory muscle use)
- has a significant change from baseline for any reason

The clinical care team will use their judgment to determine if residents meeting any of these criteria should be reported as a Person Under Investigation (PUI) and ordered for testing. For any patient with a significant change in clinical status that led to a discussion about testing for COVID, we recommend documenting the change in the medical record electronically, or if using a paper chart, using a standardized form created at the discretion of the local health department and the facility.

The steps for conducting a PUI investigation and obtaining a laboratory test are outlined at the San Francisco Department of Public Health website.

Auditing of Unit Testing Practices:

The medical leadership team will audit the COVID-19 testing practices in at least 1-2 randomly selected units on a weekly basis; if the facility does not have multiple units or has insufficient staffing, recommend auditing a random selection of at least 20-30 residents on a weekly basis. The audit will consist of reviewing records for all selected residents, including vital signs trends and progress notes, to determine if there are any residents who would merit testing and have not yet been tested. Feedback will be provided to the care teams under review and testing will be arranged as indicated.

Medical record review for PUI identification and tracking

If EPIC is available within the facility to display pertinent data on COVID-19, these indicators would be recommended to help guide further action (see Appendix A).

Reports
Number of residents with laboratory-confirmed COVID-19
Number of residents with pending COVID-19 laboratory test results
Number of residents tested for COVID-19 (positive, negative and pending results)
Number of residents placed on COVID-19 precautions within the last 24 hours
Number of residents placed on COVID-19 precautions at any time
Number of residents with a change in clinical status documented in the last 24 hours
Number of residents with a change in clinical status documented at any time

If electronic medical records are not available, and only paper charting is possible, the minimum aggregate elements that should be reported in a table to leadership on a daily basis are:

- Number of residents tested positive for COVID-19
- Number of residents with pending test results for COVID-19
- Number of residents placed on COVID-19 precautions within the last 24 hours
- Number of residents placed on COVID-19 precautions at any time

Aggregate data for all the indicators above should be reviewed by facility leadership on a daily basis to track trends by week, month and geographic area in the building

In addition, the Director of Medical Services will review individual patient records for residents placed on COVID-19 precautions and, if possible, residents with a change in clinical status documented within the last twenty-four hours.

Electronic medical record review for events of clinical significance

Reports on resident code blues, transfers to acute hospitals and mortality can also be run in EPIC on a weekly basis.

Reports
Number of deaths
Number of code blues
Number of transfers to any within-facility higher level of care

Number of transfers to acute hospitals (Emergency Room and Inpatient)

If electronic medical records are not available and only paper charting is present, the minimum number of indicators that should be reported to facility leadership and updated on a daily basis is:

- Number of deaths total
- Number of deaths within the last week
- Number of transfers within the last week to a higher level of care (acute care hospital, etc)
- Number of code blues within the last week

The total number of deaths, code blues and transfers should ideally be tallied by week, month and geographic area in the building to allow for outbreak identification in a specific area.

In addition, individual patient records will be reviewed by the Director of Medical Services to determine if COVID-19 is a possible etiology for their code, transfer, or death. Please see the “Readmissions” document for further guidance.

In general, the following is a list of sample questions that the reviewing physician can use to guide decision-making about COVID-19 etiology:

1. What are the resident’s underlying conditions?
2. Did the resident have a significant change from baseline, related to mental status, temperature, oxygen requirement, respiratory status or other change of concern?
3. Is it plausible that the resident’s symptoms/clinical course could be related to COVID-19 (e.g., the resident had a fall from losing consciousness or a syncopal event, versus the resident had a mechanical fall from tripping over an object; the resident had worsening respiratory distress; the resident had a new-onset seizure without any prior history of seizures)?

If the reviewing physician determines that the event could be related to COVID-19, the resident will be placed on COVID-19 precautions and reported as a PUI. An investigation will be initiated and testing will be performed. If post-mortem testing is required, please refer to the CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>.

Using the data

The facility can use the findings from the enhanced surveillance system to identify unusual trends in indicators by week, month and geographic unit in the building. Outliers will be investigated. The findings can also be compared to the data from illness reporting in facility employees to identify potential outbreaks in specific facility areas. Findings will also inform implementation of targeted infection prevention and control policies, such as expanded testing and recommendations for enhanced personal protective equipment (PPE). In addition, the surveillance system will facilitate the provision of timely patient care for residents with COVID-19. Ultimately, strong surveillance will contribute to reducing a facility’s burden of disease from COVID-19.

Appendix A: Sample Epic Dashboard for tracking COVID-positive patients and PUIs within Laguna Honda Hospital.

COVID-19 LHH Dashboard

96% Occupancy % **28 Open Beds** **87 Expected Open Beds**

Unit	Total Beds	Open Beds	Occupied Beds	Unavailable Beds	Occupancy %	Exp Adm	Exp Tx In	Exp Tx Out	Exp Disch	Disch Order	Expected Open Beds
SNF	774	28	744	2	96%	0	0	12	32	0	99
LHH1N	60	0	60	0	100%	0	0	0	3	0	3
LHH2N	60	1	58	1	98%	0	0	3	1	0	5
LHH3N	60	1	59	0	98%	0	0	0	2	0	14
LHH4N	60	1	59	0	98%	0	0	0	2	0	6
LHH5N	60	1	59	0	98%	0	0	0	1	0	3
LHH6N	60	4	56	0	93%	0	0	0	4	0	8
LHHMczSNF	60	1	59	0	98%	0	0	0	1	0	2
LHH2S	60	3	57	0	95%	0	0	0	4	0	8
LHH3S	59	1	58	0	98%	0	0	3	0	0	6
LHH4S	60	1	59	0	98%	0	0	0	5	0	7
LHH5S	60	4	56	0	93%	0	0	0	2	0	6
LHH6S	60	2	57	1	97%	0	0	1	1	0	12
LHHPMSNF	49	2	47	0	96%	0	0	5	6	0	13
PMACTESNF	6	6	0	0	0%	0	0	0	0	0	6
Unassigned	-	-	-	-	-	0	12	-	-	-	-
Overall	774	28	744	2	96%	0	12	12	32	0	87

LHH Occupancy Breakdown - Acute Medical

67% Occupancy % **2 Open Beds** **1 Expected Open Beds**

Unit	Total Beds	Open Beds	Occupied Beds	Unavailable Beds	Occupancy %	Exp Adm	Exp Tx In	Exp Tx Out	Exp Disch	Disch Order	Expected Open Beds
Acute	6	2	2	2	67%	0	0	0	0	0	2
LHHPMed	6	2	2	2	67%	0	0	0	0	0	2
Unassigned	-	-	-	-	-	0	1	-	-	-	-
Overall	6	2	2	2	67%	0	1	0	0	0	1

LHH Occupancy Breakdown - Acute Rehab

0% Occupancy % **0 Open Beds** **0 Expected Open Beds**

Unit	Total Beds	Open Beds	Occupied Beds	Unavailable Beds	Occupancy %	Exp Adm	Exp Tx In	Exp Tx Out	Exp Disch	Disch Order	Expected Open Beds
Acute Rehab	0	0	0	0	0%	0	0	0	0	0	0
LHHRehab	0	0	0	0	0%	0	0	0	0	0	0
Unassigned	-	-	-	-	-	0	0	0	0	0	0
Overall	0	0	0	0	0%	0	0	0	0	0	0

COVID-19 SFHN Weekly Pulse

Admitted Patients with Active COVID-19 Infections
 Last Refresh: 04:46:29 PM
 Report completed: Fri 4/10 04:17 PM

4 Patients Admitted with COVID-19 Active Infection

COVID-19 LHH Admitted Patients with Pending Tests & Active "Rule out COVID-19" Infections (aka PUIs)
 Last Refresh: 04:43:48 PM
 Report completed: Fri 4/10 04:17 PM

2 Patients Admitted with Pending Test for COVID-19

COVID-19 LHH All Admitted Patients with Tests (Pos, PUI, Neg)
 Last Refresh: 04:46:38 PM
 Report completed: Fri 4/10 04:48 PM

156 Patients Admitted and Tests Ordered for COVID-19

Dashboard Info

Appendix B: Sample Graphs:

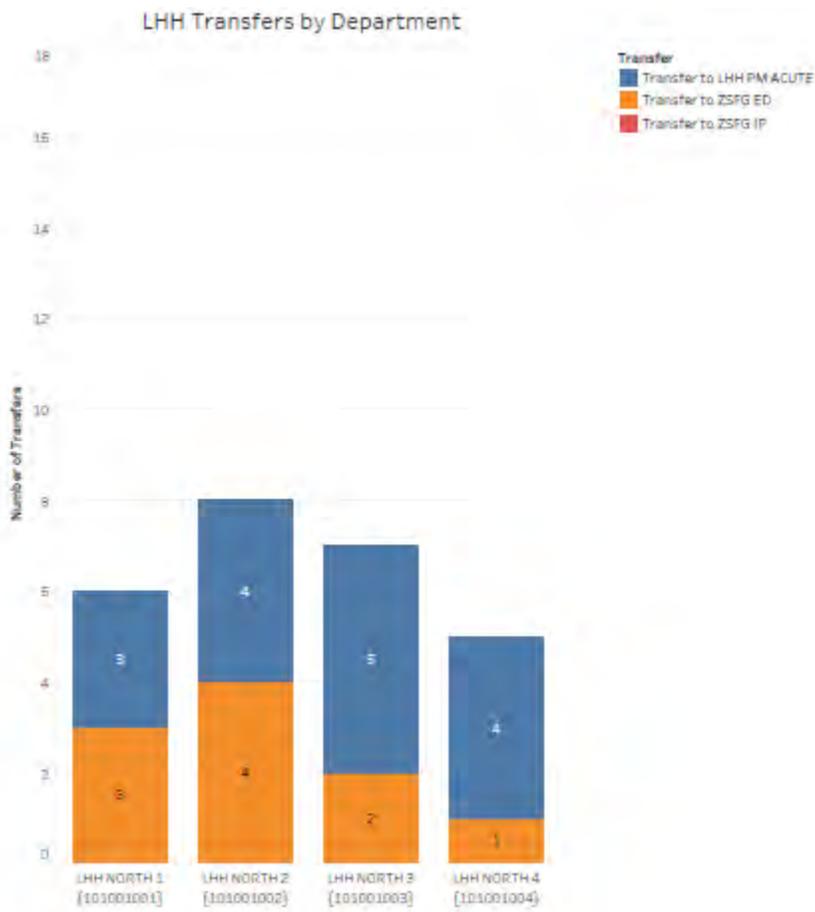
We have included here on the next pages some sample tables and graphs that were made as part of the Epic Dashboard at LHH and continue to be optimized to reflect real-time data on isolation orders, transfers, and deaths. Similar models could be used at other facilities, at the discretion of the facility and the local public health department.

Isolation Orders:

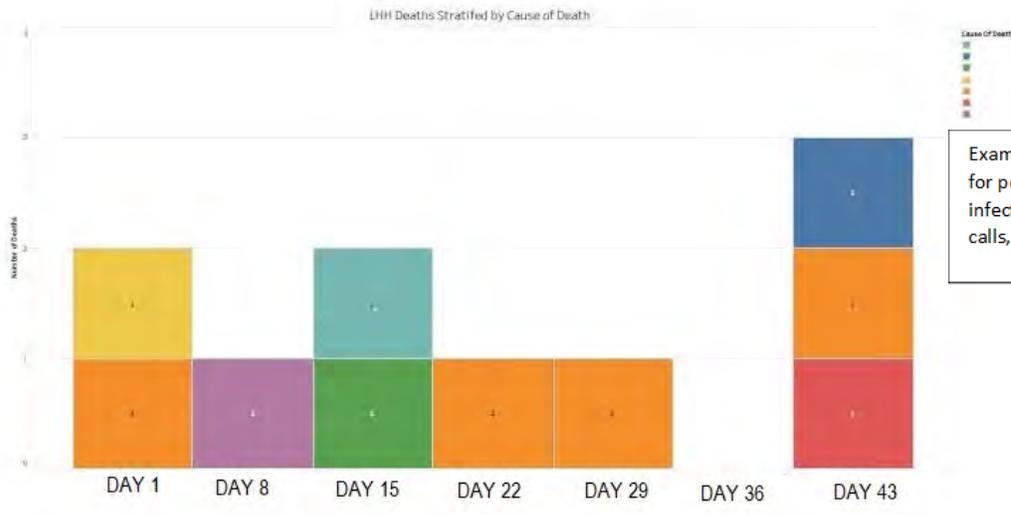
LHH Currently Active COVID-19 Isolation Orders By Date & Department

Department Name				
LHH NORTH 1	9	10	7	4
LHH NORTH 2	2		2	
LHH NORTH 3			7	7
LHH NORTH 4	7	7	7	7
LHH NORTH 5	3		7	
LHH NORTH 6		5	7	5
LHH NORTH MEZZANINE SNF	7	15	7	4
LHH PAVILION MEZZANINE ACUTE MEDICAL	15	5	7	13
LHH PAVILION MEZZANINE ACUTE REHAB			3	4
LHH PAVILION MEZZANINE SNF	2			4
LHH SOUTH 2	15	11	10	17
LHH SOUTH 3				3
LHH SOUTH 4	26	28	34	24
LHH SOUTH 5	44	54	70	54
LHH SOUTH 6	41	43	46	24
	Mar 29	Apr 5	Apr 12	Apr 19
	Week of Date [2020]			

Transfers:



Deaths:



Example of tracking causes of death to look for possible patterns that suggest COVID-19 infection. This would be combined with sick calls, screening tests, etc.

Standard Work Instructions

Title: Contact Tracing Investigation Standard Work	
Performed By: Contact Investigator	Date: 4/30/2020 <small>(created or last updated)</small>

Purpose: To provide clear guidelines on how to conduct a Contact Tracing Investigation for Employees who have tested positive for COVID-19.

Major Steps	Details (if applicable)
<i>Before Contacting the Case</i>	
1.	Identify a designated contact investigator To reduce redundancies and duplication of efforts
2.	Identify appropriate time and place to conduct interview <ul style="list-style-type: none"> Ensure you're in a quiet place where you can't be overheard to ensure you are following HIPAA regulations and so you can be heard clearly over the phone Be mindful of PUI's possible symptoms and psychological burden they may be dealing with
3.	Ensure you are able to call from a phone that shows facility name on caller ID People are less likely to answer calls they do not know, private, or out of town area code
4.	Create an "Interview Window" <ul style="list-style-type: none"> If case has symptoms, include the 2 weeks prior to development of symptoms If asymptomatic (or pre-symptomatic), include the period two weeks prior to the date of <i>positive sample collection</i> (not the date they received their results)
5.	Consult with contact tracing team to ensure all known data regarding the interviewee and identify any gaps in knowledge related to potential exposure and transmission <ul style="list-style-type: none"> Ensure that any potential questions can be captured during interview
<i>Contacting the Case</i>	
6.	Introduce yourself and your affiliation with your facility <p><i>*Establish rapport early on*</i></p> <ul style="list-style-type: none"> No need to jump right into questions Ask them how they are feeling and how they are handling things
7.	Inform interviewee the amount of time the interview usually takes and ask if it is a good time or otherwise reschedule

Standard Work Instructions

Major Steps	Details (if applicable)
<p>8. Assure the interviewee that the information will only be used for the investigation and their detailed information will not be shared with supervisors, coworkers, or other persons who lack a need to know</p>	
<p>9. Ask questions on COVID-19 Case Form (SFDPH Form)</p> <p>Be sure to cover the following;</p> <ol style="list-style-type: none"> 1. Any symptoms (start/end dates) 2. Record the dates that the interviewee worked during the two-week period prior to the potential shedding period 3. Any close (<6 ft) interactions with fellow staff 4. Testing history, including dates or prior (-/+) 5. Any known exposure to COVID-19 positive persons within the last month 6. Create line listing of all interactions with residents, probing for additional detail for interactions which involve closer contact (can cross reference with data from medical records for specific type of care encounter) 7. Role within your facility 8. All close interactions with other health care workers, including during breaks, common areas, or outside of the ward (in and out of the facility) 9. Units and dates working in the two-week period prior to onset of symptoms or positive test 10. Any known breaches in PPE use 11. Which residents were cared for, particularly contacts <6 ft 12. Procedures performed or assisted with on patients (be sure to get info on aerosol generating procedures such as suctioning, nebulizer, BiPAP) 	<ul style="list-style-type: none"> • Ask them to (verbally) walk you through their typical day (esp if you're unsure what their duties include) • Use open ended questions to give interviewee opportunity to share details/tell story • Avoid telling them what you (think) you know until you're summarizing what you've heard • After each section, review what you thought you heard from them (this is especially critical for timelines that may not have been given to you in order) • For recalling dates, refer to them by the date and the day of the week (e.g. Wednesday, March 25th) • Accuracy of events decline the further back in time, no matter how sure a person may be • People may be reluctant to share names of contacts or coworkers. Commend them for seeking to protect their coworkers, and indicate you have the same goal to make sure everyone stays healthy. DO NOT risk rapport with interviewee to push for names • More detailed information is better (e.g. ask if there were differences in their use of PPE on any particular day and why)
<p>10. If staff has outside test taken, request that staff forward results to their manager</p>	<p>SFDPH Communicable Disease Control (CD Control) at 415-554-2830. After hours, call 415-554-3613 to reach the on-call physician.</p>

Standard Work Instructions

Major Steps		Details (if applicable)
11.	Thank them for their time	
12.	Ask if they have any questions that you might be able to help with or pass along	Interviewee may be having challenges with reaching people or having the energy to make calls or emails (you can facilitate that)
13.	Ask for permission to recontact (if necessary)	e.g. "I hope that I won't need to reach out again, but if there's more information that I need for the investigation, would it be alright if I call you again? My main priority is that you get your rest so you can get better"
After Contacting Case		
14.	Create a line listing of cases <i>*Work with Contact Investigation Team and Department Managers*</i>	<ul style="list-style-type: none"> • See notes on creating a line listing below
15.	Review staffing assignment sheet	<ul style="list-style-type: none"> • Provides location of residents by day (consider if there were recent room changes) • Look for care team assignments <ul style="list-style-type: none"> ○ What care team members support each resident? ○ Do they have a "buddy" assigned? ○ Who else in the unit might be called on for help who might have had contact? ○ If there are more than one cases among residents, do they have care team members in common?
16.	Review payroll logs for shifts worked	<ul style="list-style-type: none"> • Break out the report by shift, then sort by day to make it easier to find which staff members overlapped in shift • Staff is more motivated to ensure information is correct to receive entitled pay • Be cautious that names used on payroll may not match what's on assignment sheets (given name vs preferred names/nicknames)
17.	Review Staff Sick Call Log List	<ul style="list-style-type: none"> • Filter based on positive staff neighborhood/department
18.	Review Epic encounter log	<ul style="list-style-type: none"> • Generated for each resident case

Standard Work Instructions

Major Steps		Details (if applicable)
		<ul style="list-style-type: none"> ○ Key variables: patient name, dept/bed/room, completed by, completed date/time, task ○ Sort by (1) completed by and (2) completed date/time ○ Chart out, by date, the clinical encounters for each resident case ● Be cautious of resident location (may not match from other sources) and persons who may be assisting as only one name is logged per encounter
19.	Review PUI/COVID room sign in	<ul style="list-style-type: none"> ● This is a sign in that staff fills out when they enter the PUI/COVID resident room
20.	Call Contact Investigation Team to share your information	SFDPH Communicable Disease Control (CD Control) at 415-554-2830. After hours, call 415-554-3613 to reach the on-call physician.
21.	Store hard copy of interview notes in a secure location	
22.	Aggregating info to identify possible sources	Work with Contact Investigation Team (see SFDPH CD Control contact information above)
23.	Conduct ongoing monitoring of staff out sick, as needed	
24.	Provide information to Contact Investigation Team to be reported to DPH	

Standard Work Instructions

Notes on creating a line listing

Create a line listing of cases

- As much as possible, keep only one bit of information in a single cell/field. (e.g. in a single cell do not combine key dates with text entry.). This makes it easier to sort or filter data elements later.
- If data is not maintained on a secure, password protected location with limited access, minimize the amount of personally identifiable information stored. Be mindful of how multiple fields combined might make an individual identifiable.
- Minimum elements for the facility line list* should include position, usual ward, date of symptom initiation, dates of all previous tests (and results), last day of work prior to isolation, and a note field(s) to capture descriptive information (e.g. symptoms, range of dates worked, connections to other individuals or facilities.) An example is below.

Case ID	Role	Usual Ward	Symptom Onset	Test Date	Result	Last Day of Work	Notes
1	Nurse	1	4/24/20	4/25/20	Positive	4/25/20	Family member recently positive
2	PT	3, 5, 6	4/21/10	4/25/20	Positive	4/25/20	Worked while symptomatic

*When collaborating with your local health department, consider using the table below that includes gender and age:

Case ID	Age	Gender	Role	Ward	Onset	Test Date	Result	Last Day of Work	Notes
1	34	F	Nurse	1	4/24/20	4/25/20	Positive	4/25/20	Family member positive
2	45	M	PT	3, 5, 6	4/21/20	4/25/20	Positive	4/25/20	Worked while symptomatic

Title: Terminal Cleaning by Nursing

Performed By: HHA/PCA/CNA or Designated Staff

Date: 4/21/20

(created or last updated)

Purpose: To ensure a clean, disinfected bed and furniture for a new admission.

Major Steps	Details (if applicable)	Time	Diagram, Work Flow, Picture, Time Grid
1.	Strip the linens from the bed and place in a dirty linen hamper. Discard the pillows.	5 minutes	When cleaning a room for a Covid 19 Resident or PUI (Person under Investigation) for Covid 19 wear the following PPE <ul style="list-style-type: none"> • N95 • Face Shield • Gown • Gloves
2.	Raise the bed to a comfortable working height.	2 minute	
3.	Unplug the bed.	1 minute	
4.	Using fresh gloves clean the entire bed with facility approved disinfectant products and allow to air dry. Check the mattress for cracks, rips, cuts, etc. and report any problems to the CN.	40 minutes	
	Wipe the headboard from top to bottom and clockwise, remove and clean underneath the headboard. Wipe mattress top to bottom, sides, and underneath mattress including bed frame. If mattress has cracks or		

Standard Work Instructions

		<p>damage, notify Charge Nurse.</p> <p>Wipe all side rail surfaces starting those closest to you; wipe all surfaces of the bed frame.</p> <p>Remove foot board, wipe all surfaces of the foot board and electronic crevices underneath the footboard with cotton swabs.</p> <p>Clean all surfaces on bottom of bed including underneath head of the bed and foot of the bed (lift foot of the bed), castors and foot pedals.</p> <p>When cleaning underneath the foot board make sure the bed is unplugged and carefully wipe between the electrical connections.</p>		
5.	Wipe the bedside table and call system, night stand, dresser and drawer liners,		15 minutes	

Standard Work Instructions

	inside the closet and closet drawers, and any bedside furniture.			
6.	Wipe the over bed table from top to bottom.		5 minutes	
7.	Plug the bed back in when finished and set at comfortable height to make the bed.		2 minutes	
8.	Report to CN that bed and furniture are clean. Report if any defects are found so a work order can be placed		1 minute	
9.	The charge nurse and assigned staff who completed the terminal cleaning will visually inspect the bed and the bedside area (i.e., table, nightstand, etc.) together for a cleanliness quality check.		5 minutes	
10.	CN will inform EVS room is ready for mopping and wiping via email		5 minutes	If this is a COVID-19 Positive Resident or PUI, this MUST be stated in the email.
11.	When EVS has completed their tasks, assigned staff will make the bed with fresh linens, zero the beds scale, and Check that the bed functions and call light are working correctly		10 minutes	
			TOTAL: 91 minutes	

LTC Summary Infection Prevention and Control Considerations

Updated 5.7.2020

Note: All below IPC implementation activities were made in collaboration with Laguna Honda Hospital, San Francisco Department of Public Health, California Department of Public Health, and CDC. These are interim considerations and are subject to change based on evolving epidemiology of COVID-19 in the community and the facility, local public health resources, and facility needs. These recommendations are in addition to measures already in place at the facility.

Overall Facility Recommendations

Visitors and healthcare staff are the most likely sources of new and ongoing introduction of COVID-19 into a facility. Aggressive visitor restrictions and enforcing sick leave policies for ill staff are a high priority. All staff, regardless of position, should be provided with medical/surgical facemasks to be worn at all times in the facility.

Visitors

- Restrict all visitation. Exceptions for certain compassionate care situations, such as end of life or when the health and well-being of the resident is dependent on the visitor, may be considered on a case-by-case basis with consultation of Infection Control team.
- Exempted visitations should include careful screening of the visitor for fever or respiratory symptoms. Symptomatic persons should not be permitted to enter the facility. Exempted visitors without fever or respiratory symptoms permitted to enter must wear a facemask at all times and are restricted to the resident's room or other pre-approved locations designated by the facility. They should also be reminded to frequently perform hand hygiene and maintain physical distancing of six feet.

Universal masking

- Staff, consultants and other health care personnel should wear a facemask at all times in the building
- All others entering the building, including vendors, delivery persons and any visitors should wear a cloth face covering at all times in the building.
- Residents should wear a cloth face covering or a facemask, if supplies permit, when outside their room.

Staff symptom screening

- Restrict all non-essential staff from the facility (e.g., business office, volunteers, etc.).
- All staff at the facility shall self-monitor for symptoms daily. On days when scheduled for a work shift, they should check temperature and symptoms prior to leaving home. If any fever or symptoms are present, DO NOT REPORT TO WORK; self-isolate and inform supervisor or occupational health program for further evaluation.
- All persons entering the facility, including staff, vendors and delivery persons, should be screened and have their temperature checked upon entrance to the facility. It is recommended

to consider mild or atypical symptoms, given the broad range of symptomatology with which COVID-19 can present; however, this may prove challenging given that many of these symptoms can be non-specific (i.e., common with other conditions that are not related to COVID-19).

Facility may consider mild or atypical symptoms in combination with one another, rather than alone, as a trigger to send home and further evaluate for possible COVID-19 testing.

- Screening results should be systematically documented and tracked to follow up on individual results and to monitor trends.
- All staff should be reminded that if they develop fever or COVID-19-related symptoms during their shift, they should cease patient care, immediately inform their supervisor or occupational health, and leave the workplace.

Staff assignments

- As much as possible, attempts should be made to keep staffing assignments consistent in all floors/units of the facility, and to limit unnecessary movement of staff throughout the facility. Restricting movement may reduce the spread of COVID-19. This will also facilitate occupational health and IPC to track contacts of new cases. If movement within the facility is essential, physical distancing should be practiced.

Staff surveillance

- Consider a surveillance process to review staff calling in sick from work. Call in surveillance will facilitate the identification of staff who may be experiencing COVID-19-related symptoms in the community or as a result of exposure in the facility.

Resident screening and activities

- Cancel all group activities and communal dining.
- All residents, regardless of unit, should be screened for fever or COVID-19-related symptoms at least once per shift. A tracking system for follow up of positive screens and monitoring of trends should also be put into place.
- Attempts should be made to procure cloth masks for residents to wear when outside their rooms, when tolerated. As these materials may take time to procure, priority should be given to units where residents are unable to socially distance or common areas cannot be closed (e.g., behavioral unit)

New Suspected COVID-19 cases (PUIs) can remain on their unit while awaiting the results of testing. They should be placed in a private room and appropriate precautions for possible COVID-19 (gloves, gown, respirator, eye protection) should be practiced. If there are no staff whom are fit-tested, then the PUI should be moved to a location where these staff are available (preferentially, an airborne isolation room).

Staff not working on quarantine units or not caring directly for PUIs should be reminded to wear facemasks at all times in the facility and maintain physical distance from other staff and residents.

Respirators (i.e., N-95, PAPR) should only be used by staff working on the quarantine units or caring directly for PUIs. All other personal protective equipment in short supply should be rationed and

prioritized for COVID-19 cases and PUIs and for standard precautions or other infectious diseases requiring transmission-based precautions (e.g., *C. difficile*, *M. tuberculosis*)

Quarantine Unit

Quarantined units (at least one resident with laboratory-confirmed COVID-19) and areas with possible COVID-19 transmission are recommended to have enhanced mitigation and monitoring strategies. In these areas, there remains a potential risk of asymptomatic, or pre-symptomatic residents infected with COVID-19 that have not yet been identified. These areas may pose some risk of transmission to other residents and staff.

In addition to the above facility-wide strategies, additions or modifications in the quarantine unit are recommended:

Staff symptom screening

- Consider additional screening of staff on the quarantine unit, aside from that which occurs at the facility entrance. Consider screening staff at both the beginning and middle of their shift.

Staff assignments

- Staff working in a quarantine unit should be cohorted (i.e., dedicated only to the patient care in the quarantine unit). These staff should not work on other units while they are caring for residents in the quarantine unit, and they should be reminded to self-monitor for symptoms, maintain social distancing, perform frequent hand hygiene, and avoid intermingling with staff on other units when possible.

Resident screening and activities

- Quarantined residents should be restricted to their rooms, unless medically necessary.
- Any resident that needs to leave their room should have a facemask placed on them, if tolerated.

Unit Cross-Cutting Staff

The following are special considerations for staff with duties or assignments on multiple units within a given work shift, and not dedicated to only working on quarantine units.

This includes but is not limited to:

- Physicians
- Physical, occupational, and speech therapy
- EVS
- Pharmacy
- Chaplains/other spiritual staff
- Food delivery

For quarantine units, avoid entrance of any non-essential staff in these units and make arrangements for as many of these services to continue being completed by essential staff who must enter the quarantine area (e.g., food delivery or pharmacy is delivered outside the unit, taken in by quarantine unit staff, and distributed to residents by nursing).

If unit cross-cutting staff are deemed essential for entering the quarantine unit (e.g., select EVS staff assigned for cleaning), efforts should be made to identify specific staff to carry out these duties on the quarantine units, and maintain consistency of these staff assignments over time. Staff should be fit tested for an N95 respirator or PAPR.

Any unit cross-cutting staff with assignments or duties on both quarantine and non-quarantine units on a single shift should reserve work on quarantine units for later in the shift. Any PUI or COVID-positive resident rooms should likewise be saved for final duties at the end of shift.

Physical/Occupational/Speech Therapy

Currently the rehab gym is closed until there is confidence that transmission to residents at the facility has stopped. All rehab services have been cancelled on the quarantine units. If rehab services are deemed medically necessary to open the rehab gym or reinstitute physical therapy on the quarantine units:

- Only COVID-negative residents should attend physical therapy outside their unit.
- Consider scheduling physical therapy for COVID-negative residents before PUI residents, followed by COVID-positive residents.
- COVID-positive residents who need physical therapy should be restricted to having therapy on the quarantine unit.
- Shared equipment should be thoroughly disinfected between use and at the end of the day.

Environmental Cleaning

Currently, EVS staff perform daily and terminal cleaning of resident rooms – including high touch surfaces, bathrooms, floors, and other surfaces, via a routine set procedure with specific cleaning agents and contact time. Resident beds, however, are cleaned by nursing staff both daily and terminal clean upon discharge or transfer. At present, it is the responsibility of the nursing staff to determine how bed cleaning should be performed, though cleaning materials are provided by EVS staff. This leaves some risk of inconsistency in the quality of bed cleaning and potential risk of transmission of any infectious diseases between residents. A couple options may be considered:

1. EVS provides Nursing with a step-by-step process for bed cleaning

- Nursing would continue to perform daily and terminal cleaning of resident beds
- One individual (e.g., Chief of Nursing) should be identified as responsible for working with EVS to develop an SOP for how to thoroughly and effectively clean resident beds
- Chief of Nursing would be responsible for a dissemination and training plan for nurses/staff who would be responsible for performing the cleaning.

2. Nurses perform daily bed cleaning; EVS performs terminal bed cleaning

- An SOP should still be developed between Chief of Nursing and head of EVS for how nursing staff should clean the resident beds daily.
- If a PUI or COVID-19 case is identified and the resident must be moved to a new location, it is recommended to move the bed along with the resident to the new location. If this is not possible, EVS would perform a terminal clean of the bed before it is used for another resident.

Return to Work

Decisions about return to work for staff with confirmed or suspected COVID-19 (when unable to test) should be made in the context of local epidemiology and in conjunction with facility occupational health. Options include a test-based strategy or a non-test-based strategy. The below are minimum recommendations for return to work, and a more conservative strategy can choose to be adopted by the facility. In addition, instructions from personal physicians to sick staff for extended time off work may supersede the below recommendations.

Use one of the below strategies to determine when staff may return to work

Current CDC standard for RTW states that staff should be excluded from work until:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- At least **10** days have passed *since symptoms first appeared*

Staff who were asymptomatic when tested can return to work 10 days after a positive test, assuming no symptoms have developed in the interim. They must follow the return to work practices and work restrictions below. SFDPH will be using a 14 days period of exclusion in department-run skilled-nursing facilities operated by the department. Local guidance reflects this more conservative rule.

If staff were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Staff who were symptomatic and tested negative for COVID-19 can follow the strategy below for returning to work and follow the return to work practices and work restrictions below.

Return to Work Practices and Work Restrictions

After returning to work, staff should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 10 days after illness onset, whichever is longer. Longer period of 14 days is also being used when possible.
- Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology, low-CD4⁺ cell count, on immunosuppressive medications) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Crisis Strategies to Mitigate Staffing Shortages

Healthcare systems, healthcare facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:

- HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above
- If HCP return to work **earlier than recommended above**, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see [CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.](#)

For travel or community associated exposures:

- Staff members should notify the facility occupational health program if they have travel- or community-associated exposures to COVID-19.
- If a staff member has had close contact in the community with someone known to be infected with COVID-19 (e.g., spouse or other household member), staff member should stay home for 14 days since last known exposure to the infected person.
<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
- Facility could consider allowing asymptomatic staff who have had an exposure to a person known to have laboratory-confirmed COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with occupational health. These exposed staff should wear a facemask at all times in the healthcare facility and still report temperature and absence of symptoms each day prior to entering the facility. If staff develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health prior to leaving work.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Residents on “Observation”

While ill visitors and staff are the most likely sources of introduction of COVID-19 to a facility, new or current residents who leave the premises also pose some risk of acquiring COVID-19 outside the facility. These include:

- New resident admissions
- Residents receiving dialysis off the premises
- Residents transferred to acute care
- Residents requiring other medical procedures off the premises
- Residents who abscond or leave the facility for any other reason

It is recommended to increase temperature and symptom screening of these residents from once a day to once every shift (three times a day) for 14 days after their last possible exposure outside the facility. For dialysis residents, the risk for community transmission is considerable. They should be screened every shift indefinitely while there is evidence of community COVID-19 transmission.

Occupational Health or IPC team should maintain an ongoing list of residents who are on this “observation list” for awareness and intermittent checking in on status of residents, as well as ensuring they are removed from observation at the end of the 14-day period where applicable.

Establishment of a Cohort Area

To reduce the risk of ongoing exposure and transmission events, a cohort area for all current and future COVID-positive residents is advisable. This area could be a dedicated household within a neighborhood, or a dedicated set of rooms at the end of one household that includes a negative-pressure isolation room. Given the current location of COVID-positive residents at LHH, one of the 5S households is a possible location for establishing a cohort area.

Objectives of establishing a cohort area:

- Limit the number of staff caring for COVID-19 residents and thereby limit potential exposures and transmission events
- Limit potential cross-transmission between COVID-19-positive and -negative residents
- Have an identified core group of staff for COVID-19 training and other priority resources that may become limited (e.g., PPE)

If able, create a completely dedicated space with dedicated staff

Rooms in the cohort area would remain vacant unless occupied by COVID-positive residents and only a dedicated set of employees would be permitted to enter the cohort area. Cohort residents would be cared for by designated staff who do not care for non-cohort residents. This approach offers the ability to minimize opportunities for cross-transmission from COVID-positive to COVID-negative residents via employees or the environment.

- Space would be clearly marked by tape on the floor and signage indicating the space beyond is a cohort area where only dedicated staff should enter.
- Equipment used in the cohort area would be dedicated only to this space (e.g., blood pressure cuffs, isolation carts)
- Notes and charts should be kept outside the cohort area
- It should be clear to all staff which individuals are responsible for undertaking regular cleaning of the cohort area. This area should always be cleaned at the end of the day so that EVS staff avoid going into non-cohort areas after having cleaned the cohort area.
- Consider staffing with healthcare workers who have recovered from COVID-19 infection.
- Implement extended use of isolation gowns (keeping the same gown on between residents) and use of cloth gowns (which can be more amenable to re-use than disposable gowns)

If unable to create a completely dedicated a space with dedicated staff

Room and staffing availability (or reluctance of staff to be dedicated to COVID-positive resident care) may preclude the ability to have a dedicated space with dedicated staff for COVID-positive residents. In this situation:

- There should still be a specific location identified (e.g., end of a 5S household) where newly identified COVID-positive residents would be moved in with current COVID-positive residents or in adjacent rooms, while moving out COVID-negative residents that are currently housed in those rooms.
- For nursing or other resident-care who must care for COVID-positive and COVID-negative residents in a single shift, work should be batched in such a way that:

- Minimizes frequency of needing to enter COVID-positive resident rooms (e.g., performing multiple tasks together)
- Minimizes frequency of going between COVID-positive resident rooms and COVID-negative resident rooms (e.g., grouping work for COVID-negative residents together, then moving to COVID-positive residents, and repeating this workflow throughout the shift)
- For EVS or other cross-cutting unit staff
 - Reconsider if their job duties require them to enter COVID-positive resident rooms, or if possible, for nursing and other resident-care staff to fulfill these responsibilities (e.g., cleaning, food delivery)
 - If needing to enter COVID-positive resident rooms, their movements should be ordered such that they start with the COVID-negative residents, followed by the COVID-positive residents.
- Continue to dedicate equipment only to COVID-positive residents or thoroughly clean and disinfect between uses
- PPE can be a challenge in this situation. Many facilities have critical supply shortages and are following CDC guidance for extended use and reuse of PPE. This use, while necessary, could increase potential for cross-transmission if PPE became contaminated. To mitigate this risk:
 - Reinforce to staff the importance of strict hand hygiene, as this is the most likely vector of transmission between residents via staff.
 - Have COVID-positive residents wear facemasks whenever staff are in their room or during any interaction within 6 feet, unless they cannot tolerate the mask
 - Face shields can be used over N95s to help keep them from getting soiled
 - Extended use and reuse of N95s would continue as already implemented

Sample SNF Risk Communication Plan

Updated 4/29/2020

Unidentified SARS-CoV-2 viral infections in healthcare personnel (HCP) and residents can lead to rapidly expanding COVID-19 outbreaks in skilled nursing facilities (SNF), where multiple medically fragile residents living in a congregate setting are at high risk for substantial morbidity and mortality from infection. Asymptomatic and pre-symptomatic SARS-CoV-2 transmission makes SNF outbreak containment challenging; which is further exacerbated by ongoing testing and personal protective equipment (PPE) resource constraints in the United States. Given the resource constraints, the limited knowledge in the setting of a novel virus, constantly evolving changes in guidance, and concern for the high levels of morbidity and mortality, a risk communication plan is essential in the management of any COVID-19 outbreak response.

Communications with Staff:

For any work area or unit experiencing a change in protocol, talking points were crafted in order to cover the rationale behind the changes as well as answer some common questions. The talking points were primarily intended to provide structure for face-to-face meetings with affected staff, led by the departmental leadership and their executive sponsor. We felt in this era of social distancing, it was important to provide face to face time with staff, to emphasize in a concrete way that leadership was by their side and committed to supporting them during this response. The talking points were formatted in a conversational FAQ structure to anticipate and respond to potential employee questions and concerns. We have attached three redacted documents that are examples of these work area specific talking points.

Then, after face to face communication has been made with the department that is affected, a staff-wide communication is sent to all staff, covering any recent developments and summarizing the changes that are occurring. The main purpose of the staff-wide communication is to have all staff members on the same page, to clearly communicate with focused messages, and to prevent parallel conversations that may lead to confusion about the changes being implemented. The individual units and persons are not named to preserve privacy. If questions arise from unaffected units about which unit was involved, we emphasize that we are protecting privacy for the affected persons, and that the affected unit has already been informed and control measures are under way. The staff-wide communication includes a mechanism for staff to send in their questions, with an option to remain anonymous. Consider implementing a process to review all incoming questions, assign ownership to the subject matter expert to answer, and push responses back out to staff, to ensure that any concerns are received and responded to. One redacted example of an all staff message is included below.

Sample Talking Points

What's happened?

On the morning of Saturday, April 25, we learned a resident of Unit A has tested positive.

What is the hospital doing in response to this case?

A contact investigation is underway to identify the likely source of transmission.

We will be testing Unit A residents. We will be possibly testing staff as we learn more from the contact investigations.

The quarantine on Unit A will be extended another 28 days.

Over the next few days, nursing leadership will be working with staff on Unit A to develop new protocols involving the cohorting of designated staff to care for our positive COVID-19 residents. This will assist us in our continued efforts to contain and prevent further COVID-19 cases on Unit A, keep our staff and residents safe, and slow the spread of the virus.

How are you keeping staff and residents safe?

As mentioned above, we are planning to test all Unit A residents to identify any additional cases, and will possibly be testing staff based on the results of our contact investigation. We must continue to be vigilant and increase our level of surveillance and observation. We are working closely with our public health partners. Decisions for testing, isolation and other measures that help to protect staff and residents are based on the best evidence at hand, and we continually update and enhance our policies and procedures based on the latest information.

Staff and COVID-19 patients will receive the PPE they need. We can arrange more PPE training for donning and doffing—just let us know.

In the next few days, the facility will begin providing scrubs for Unit A staff.

If you are assigned to care for COVID-19 patients, there are hotel options available to you, funded by the City.

For those that are being tested, do they have to get tested here?

Those who meet the criteria (symptoms, sick calls, close contact) please contact your medical provider for testing. Contact our investigation team (need to provide contact info for investigation team) if your provider is unable to provide testing.

All we ask is that you share the test results with us, and do not come into work if you have symptoms. Symptoms that may suggest a new COVID infection include fever, chills, muscle aches, cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste.

If I want to get tested, where can I go?

Check out the new CityTestSF process by visiting the sf.gov website: <https://sf.gov/get-tested-covid-19-citytestsf>

What should I be doing to protect myself?

Please continue to follow the stay-at-home order, and continue to use good hand hygiene, practice social distancing, continue with universal masking while at work, and use a mask or facial covering when outside your home.

If you do not feel well, or have any of the following symptoms, even if mild: fever/chills, cough, shortness of breath, loss of sense of smell, tiredness/fatigue, muscle aches and pains, nasal congestion/runny nose, or sore throat, contact your supervisor and stay home.

Should I be worried?

We appreciate your concern for your residents and colleagues, and the tremendous care you have been providing. Given universal enhanced PPE use on Unit A, the risk of transmission to other residents and staff is low. However, we're maintaining vigilance and thus planning resident testing and potentially staff testing to identify additional cases and implement necessary control measures.

Our goal is to use testing and control measures to reduce the risk of this virus spreading within our facilities. With the support of our public health partners, as well as all of you, the things we're doing here are creating a roadmap that could be shared with other skilled nursing facilities to follow around the U.S. Thank you for all of your efforts and keep up the incredible work.

What questions do you have? If we don't have an answer right now, we'll get an answer back to you promptly.

Dear Staff,

This week, we've received word that two additional staff have tested positive for COVID-19. With these two cases, we now have X confirmed cases. Here's an update on what's going on, and what we're doing to protect staff and residents.

What's happened

On the evening of Tuesday, April 14, we learned that a staff member who works in a resident area tested positive for COVID-19. On the morning of Thursday, April 16, we learned that a staff member who works in a non-resident contact, administrative department, tested positive.

Why we're not listing the specific departments here

We want to protect the privacy of the affected staff members as much as possible. While we would never identify the name of anyone who tested positive, sometimes just knowing the department might be enough to make a staff member's identity known.

The departments that had a staff member test positive this week have already been notified separately.

What do we know so far about these two cases

We're still gathering information on both cases, but we do know that, in the case of the staff member who worked in a resident unit, there is a high likelihood that this person was exposed to the virus from community contact, not at the hospital.

In the case of the administrative staff member, this case has a higher possibility of workplace transmission, from another staff member who already tested positive.

Because both cases have different potential sources of transmission, we will be taking a different approach to each, uniquely tailored to the facts of each case as we know them. We will also continue to refine our approach to each as more information is gathered.

What we're doing in response to both cases

Contact investigations are underway for both cases to identify likely sources of transmission, and to notify other staff who may have been in contact with these individuals.

For staff in the resident area, as a proactive measure, we will be testing staff who have COVID-19 symptoms, have had recent sick calls, and who may have had close contact with the staff member who tested positive. We also asking staff in this neighborhood to report any COVID-19 symptoms they have experienced in the past two weeks, no matter how mild, to their supervisor. Symptoms include: fever/chills, dry cough, shortness of breath, loss of sense of smell, tiredness/fatigue, aches and pains, nasal congestion/runny nose, sore throat, or diarrhea. Their supervisor will work with our Infection Prevention and Control team to determine if testing and/or work restrictions are needed.

For staff in the administrative department, because this case has a higher possibility of workplace transmission than the other case, we will be testing all members of that department, and placing them on a work-from-home status effective immediately until test results are known.

What we will continue to do throughout the hospital

We will continue to utilize the screening process as you enter the building, as this process has already had a beneficial impact on identifying staff with symptoms. We will also continue with our established practices of wearing masks at all times, along with enhanced PPE where required.

Other questions you may have

- **Why are some resident areas with positive cases under quarantine, and others are not?**
 - Each case is unique, so each case requires uniquely tailored solution. Each approach we take is based on factual evidence, with a customized response developed in collaboration with our public health partners.
- **What should I be doing to protect myself?**
 - Please continue to follow the stay-at-home order, and continue to wash your hands frequently, practice social distancing, and use a mask or facial covering.
- **Why are you not testing everyone at the hospital?**

- We have done very thorough contact investigations for every case, which has led to testing and retesting as appropriate. We need to prioritize testing for those with symptoms, close contacts, exposure or those at a higher risk, and we will continue to take a fact-based approach to testing, guided by procedures developed in collaboration with health experts.
- **If I want to get tested, where can I go?**
 - Please check out the new CityTestSF process by visiting the sf.gov website: <https://sf.gov/get-tested-covid-19-citytestsf>
- **Should I be worried?**
 - While the risk of transmission within departments is low, we are taking these measures out of an abundance of caution.

You should also know that we are implementing the very best measures to reduce the risk of this virus spreading within our facilities. With the onsite support of our public health partners, the things we are doing here are creating a roadmap to help other skilled nursing facilities.

What questions do you have? Please submit them here. If we do not have an answer right now, we'll get back to you

Examples of Communications with Residents:

In addition to staff updates, the facility also coordinates and sends information to residents and their families through several communications channels. These include a Resident and Family Hotline recorded phone message, an internal TV channel update, as well as a memo from the CEO. In addition, daily talking points called “Resident Updates” are provided to staff care teams and leadership to support consistent and current information to residents. Examples of each of these communications are provided below, with sensitive information redacted.

Resident and Family Hotline

Resident messages are updated daily on the hotline number. The hotline message is recorded in languages appropriate for your resident population. This number is provided to the residents and their families, who can call the number at anytime to listen to the message. The hotline number is included on all residential communications. An example of the recorded message is shown on the following page.

Weekly Memo from CEO to Residents

Each week, residents receive a memo from the CEO about important updates and information on the hospital and resident care. The memo is provided in languages appropriate for your resident population. Two examples are shown on the following pages.

Local Internal TV Channel Updates

Residents have access to an internal TV channel through their in-room television. Updates to the channel are provided in English, Monday-Friday (Monday’s edition includes information from the weekend). The internal channel cycles through a slide deck with information on the current situation for residents.

Sections on the TV Channel Update Include:

- Today’s Update (new tests of COVID-19 positive, if applicable)
- Latest Facts (total testing numbers for residents and staff)
- Health & Safety Goal
- Infection Control & Procedures
- Quarantine Units (areas currently under quarantine and lockdown)

- Testing and Screening (information on who and how to get tested)
- Policies
 - Masking
 - Elevators
 - Smoking
 - Library
 - Wellness Gym
- Resident Spiritual Services (information on how to access spiritual support)
- Resident and Family Hotline (information on how to access the hotline)
- Resident Support Line (information on how to access psychiatry support)
- City News (information relating to the City)

Daily Resident Hotline Example

[begin message]

Hello,

You have reached the X Hospital and Family Hotline.

Today is [Sunday, April 26, 2020].

X Hospital is taking all necessary precautions to protect the health of residents and staff from the spread of Coronavirus, which causes COVID-19.

There are no new COVID-19 cases among residents or staff.

Currently, we have a total of [X] confirmed COVID-19 cases at the hospital.

Of those [X], there [X] are staff members and [X] residents. All are currently in good condition.

The [X] residents reside in the Unit X.

The following unit(s) are currently under quarantine:

- Unit X

To reduce spread of the virus, the hospital campus has restricted all non-essential personnel.

As of today, we would like to share that:

- To date:
 - X residents have been tested, with X tests administered.
 - X staff have been tested or retested by X Hospital or their provider, with X total tests administered.
- Residents have begun to receive facial masks and can work with their resident care team to resolve any questions and concerns around appropriate usage.
- Staff and other residents who are symptomatic or have been identified through a contact investigation as being exposed will be tested.

Finally, we ask all residents and their families to help prevent the spread of coronavirus by doing the following:

- Keep a safe distance of at least 6 feet from other people
- Washing hands frequently for at least 20 seconds
- Wearing a facial covering when out among other people

If you have more specific questions regarding the care of your loved one, your resident care team is available to assist.

Thank you. [end message]

Weekly Memo from CEO Examples

Subject: New Positive Case

Dear residents and families,

Thank you for patience, flexibility and support during this unprecedented public healthcare crisis. The coronavirus outbreak in our hospital brings daily challenges and we understand the importance of meeting these challenges quickly and effectively.

This weekend, we identified X new coronavirus cases on Unit A. To date, we have X individuals at Unit A that have tested positive: X residents and X employees.

All X residents live in the Unit A. Although we tested all Unit A residents on March 26 - 27, we immediately conducted re-testing of every resident on April 5.

Today, we will begin re-testing all staff that are in contact with Unit A. Once those are completed, we will conduct testing of all residents and employees in Unit B.

We continue to test staff and patients who have been identified as being exposed through contact investigation or those show symptoms of the virus. To date, we have tested X staff members and X residents, which X have been re-tested.

On Tuesday, April 7, we will make available daily updates to residents and family via a pre-recorded message. This recording will provide status updates to the residents and their loved ones in languages appropriate for your population every day at noon. The number to call to receive those daily updates is: 555-555-5555.

We have adopted multiple infection prevention and control strategies based on CDC, CDPH, and SFDPH recommendations to combat COVID-19 at the facility.

This global pandemic will require everyone in the community to work together and support one another. We appreciate everyone's understanding and support at this time.

As always, stay health and stay safe.



Discharge or Transfer of Patients with COVID-19 to a Skilled Nursing Facility: Instructions for Hospitals and Other Facilities

April 30, 2020

The following guidance was developed by the San Francisco Department of Public Health for use by local facilities, and will be posted at <http://www.sfdcp.org>. This interim guidance may change as knowledge, community transmission, and availability of PPE and testing change.

AUDIENCE: Hospitals, alternative care sites, and skilled nursing facilities (SNFs)

BACKGROUND: On April 24, 2020, the California Department of Public Health (CDPH) released an All Facilities Letter, [AFL 20-33.1: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease \(COVID-19\)](#) stating that patients with COVID-19 may be discharged to a SNF when clinically indicated, even if they still require transmission-based precautions, and SNFs must hold a transferred patient's bed for at least 14 days, and accept the return of a resident." This letter specifies that patients with confirmed or suspected COVID-19 should not be sent to a SNF without first consulting the local health department (LHD)

In accordance with CDPH's instruction, **hospitals and other facilities must consult with SFDPH prior to discharging or transferring a patient with suspected or known COVID-19 to a SNF. This includes inter-facility transfers between SNFs.** SFDPH's role is to ensure that any SNF receiving patients with COVID-19 has adequate resources and processes to safely care for the patient and prevent transmission of COVID-19 within the SNF.

SNFs with standing approval to accept patients with COVID-19

SFDPH does not need to be consulted before sending patients to the following SNFs. These SNFs have received revocable standing approval to accept COVID+ patients based on an assessment by CDPH and/or by SFDPH.

- Jewish Home, whose COVID-19 unit was reviewed and approved by CDPH,
- ZSFG, SF VA Medical Center, and CPMC in-hospital SNF units, when accepting internal transfers from their own hospitals.

In addition, these SNFs may accept patients with COVID-19 at any point in their illness, as long as the treating provider has assessed the patient as being medically stable and ready for discharge

If standing approval is revoked for any site, an advisory will be issued and this document will be updated.

Instructions for discharge/transfer to SNFs without standing approval (most facilities):

Approval will be made on a case-by-case basis.

The hospital or transferring facility should send an email to: DPH.DOC.hospitalunit@sfdph.org (a controlled-access email address) and cdcontrol@sfdph.org.

Please include "SECURE:" at the start of the subject line. Include in the body of the email:

- Name of patient
- Date of birth
- Name of discharging hospital/facility
- Name of receiving SNF
- Date of anticipated discharge/transfer
- Date of COVID+ test
- Date of onset of COVID-like symptoms
- Last date of fever attributed to COVID-19



Once notified, SFDPH will provide public health clearance that the patient can be accepted for admission at the designated SNF. For some facilities, admission may be deferred or approved conditionally based on assessment of whether the patient has a high likelihood of transmitting coronavirus.

Patient criteria for discharge or inter-facility transfer to SNFs without standing approval (most facilities):

- Treating provider has assessed the patient as being medically stable and ready for discharge and
- At least 72 hours have passed since
 - Resolution of COVID-attributable fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath)

Notification to SFDPH is not required if patient with a history of COVID-19 but is no longer considered to be infected with COVID-19, who is transferred to a hospital for other, unrelated medical reasons.

SNF Criteria to accept a patient with suspected or known COVID-19

SFDPH works closely with SNFs to assess and ensure preparedness to receive patients with suspected or known COVID-19 infection. For your awareness, the following SFDPH checklist for SNFs and other long-term care facilities has been provided. This checklist contains general expectations of the receiving SNF, underscoring the importance of infection control measures, adequate PPE (personal protective equipment), supplies, and staff capabilities needed to safely care for patients with COVID-19.

In addition, a receiving SNF should not be accepting patients into a unit, pod or patient area where an active COVID-19 outbreak is occurring.

Contact Information

- Clinical questions and/or urgent needs: call the SFDPH COVID-19 Clinician Consultation Line at Communicable Disease Control at 415-554-2830
- Non-urgent issues: email DPH.DOC.hospitalunit@sfdph.org and cdcontrol@sfdph.org

For questions about the CDPH All-Facilities Letter, refer to

- CDPH , AFL 20-33.1: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx>



Checklist for SNF to Receive a Transfer Patient with COVID-19

Patients should not be transferred if the receiving facility cannot maintain Transmission Based Precautions.

In order to accept a resident with suspected or known COVID-19 infection, the following should be present:

Infection control and prevention

Infection control and prevention guidance from CMS and the CDC should be followed, including:

- Visits restricted to end-of-life and compassionate care situations.
- Universal symptom screening plus temperature checks
 - For all staff on a daily basis when entering the building
 - For any visitors entering the building, except for EMS workers responding to a 911 call
 - For all residents at least once daily, and more frequently as indicated.
- An active surveillance program to track sick calls from staff to determine if they have COVID-like illnesses and a plan to obtain testing of these staff. This program should track the location of tested staff to note signs of localized transmission.
- An active surveillance program to track when patients have signs of a COVID-like illnesses and a plan and resources to obtain testing of these patients. This program should track the location of tested patients to note signs of localized transmission.
- Universal masking. All staff and any visitors wear a face mask (healthcare and cleaning staff) or cloth face covering at all times in the facility. Residents who are able wear face masks when indicated.
- Enhanced cleaning of high-touch surfaces and shared resident care equipment with EPA-registered, healthcare-grade disinfectants (https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf)

Bed placement

- For lab-confirmed COVID-19 infection,
 - a designated unit or pod for residents with lab-confirmed COVID-19 infection (preferred),
 - a room shared with another resident with lab-confirmed COVID-19 infection, or
 - a private room with a private bathroom.
- For suspected COVID-19, a private room with a private bathroom

Staffing

- All patient care staff are trained on signs of COVID-19, transmission-based precautions for COVID-19, and appropriate use of PPE.
- Adequate staffing to maintain transmission-based precautions
- Separate staffing teams for residents with COVID-19 patients
- A contingency staffing plan for handling increased employee absences and staffing shortages.



PPE supplies

- Adequate PPE to care for the resident being transferred as well as for existing residents.
- A process to track and report available quantities of PPE, hand hygiene products, as well as a strategy for how to allocate PPE if supplies are limited

Specimen collection and testing

- A mechanism to obtain specimens for COVID-19 tests on-site and to transport specimens to the designated laboratory. *Residents should not be sent to the ED or an outside clinic for testing.*
- An adequate supply of swabs and transport media to collect specimens for all exposed/symptomatic residents and staff, if specimens will be collected by the facility staff

Communication with the health department

- A protocol to notify the public health department of positive COVID-19 test results, suspected COVID-19 infections in staff or residents, and clusters of respiratory illness involving staff or residents.

SFDPH strongly recommends the receiving SNF implement the guidance outlined in

- CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- SFDPH Guidance for Long Term Care Facilities – under “Long Term and Senior Care”
<http://www.sfcddcp.org/covid19hcp>

Additional resources:

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- COVID-19 Long Term Care Facility Guidance (CMS, 4/2/2020)
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>
- CDPH , AFL 20-33.1: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx>

CORONA VIRUS: Know the Symptoms

Source: World Health Organization (based on 56,000 lab cases)



Fever
(88% of cases)



Dry Cough
(68%)



Fatigue
(38%)



Phelgm
(33%)



Shortness
of Breath
(19%)



Muscle or
Joint Pain
(15%)



Sore Throat
(14%)



Headache
(14%)



Chills
(11%)



Vomiting
(5%)



Stuffed Nose
(5%)



Diarrhea
(4%)



Loss of
Taste & Smell
(60%)

If you have any of
these symptoms
CALL
[add phone
number]

Cleaning And Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.



High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.** Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label)
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for **at least 1 minute**

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water
- OR
- 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



- **Launder items** (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA’s criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer’s instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer’s instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people’s items.**
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.



Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the sick person.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- If **more than 7 days** since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.



When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a sick person.



- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- **Additional key times to wash hands** include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

For facilities that house people overnight:

- Follow CDC's guidance for [colleges and universities](#). Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting a sick person's bedroom/bathroom, review CDC's guidance on [disinfecting your home if someone is sick](#).

