



**Outbreak Control
Guidance and Prevention Presentation
For Long Term Care Facilities and
Residential Care Facilities for the Elderly Call**

July 29th. 2020

Agenda

- **Welcome and Introductions**
 - Situation Update
 - RCFE Testing Guidance
 - Updates: ACPHD Suspected or Confirmed Outbreak Control Recommendations for SNF/RCF
 - Testing: RFQ, Rapid Ag vs PCR, Testing prioritization
 - Fit Test Project
 - Facility Reopening
 - Reminders of CDC update
 - Questions and Answers
 - Going Forward – Future Calls

ACPHD COVID-19 LTCF Outbreak Team

Each facility that has a confirmed outbreak is assigned an Outbreak Nurse Investigator who works closely with you to end the outbreak

- Walks you through all our recommendations/guidance
- Confirms infection control, cohorting practices, testing plan
- Makes sure you can access resources that are available

Some resources are very limited, but nurse may help with:

HAI visit, referrals to testing resources, coordination of County support

RCFE-ARF Testing Guidance

ACPHD strongly RECOMMENDS that RCFE and ARF follow the same testing plan as Skilled Nursing Facilities

- Baseline testing
- New or returning residents
- Surveillance testing of staff (25% per week and high-risk residents)
- Response driven testing when a case is identified

Testing Guidance for RCFE-ARF is posted here:

<http://www.acphd.org/2019-ncov/resources/skilled-nursing-residential-care-facilities.aspx>

ACPHD Outbreak Control Recommendations

Revised 7/22/2020

<http://acphd.org/media/592339/snf-rcf-covid-outbreak-control-recommendations.pdf>



**Alameda County Health Care Services Agency
Public Health Department**

www.acphd.org

Public Health Department: Main Line (510) 267-8000

COVID-19 Information: (510) 268-2101

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Phone:
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Date:
Name of Facility:
Complete Address:

These recommendations supplement the California Department of Public Health (CDPH) All-Facilities Letters (including but not limited to 20-25.2, 20-32.1, 20-33.2, 20-38.3, 20-43.3, 20-46.1, 20-52, 20-53, and 20-60) and include additional precautions and actions to control a suspected or confirmed outbreak.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx>



Case Definitions for Skilled Nursing or Residential Care Facilities

Confirmed COVID-19 Outbreak: 1 case of laboratory-confirmed COVID-19 in either a resident or staff member

Suspected COVID-19 Outbreak: Two or more cases of suspected COVID-19 within 72 hours of each other

Suspected COVID-19: at least one of the following symptoms: new or worsening cough, shortness of breath or difficulty breathing; OR at least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new or worsening congestion & runny nose, new olfactory and taste disorder(s), nausea, vomiting or diarrhea.

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Surveillance of General Population

Measure temperature and oxygen saturation and assess for symptoms of suspected COVID-19 every shift among all residents. A change in baseline temperature (up or down) and/or a drop in oxygen saturation should trigger a more thorough assessment. Residents over 60 may present with atypical signs and symptoms such as loss of appetite, confusion, weakness & falls.

Maintain universal precautions while performing all surveillance activities:

- If oral thermometer used, wear new gloves for each person.
- Perform hand hygiene before and after donning and doffing gloves.

Wear a eye protection and face mask (procedure or surgical mask). May wear the same mask for multiple encounters **if not touched by healthcare personnel (HCP) and if no encounters with coughing person**. If person is coughing or HCP touches mask, remove gloves, discard mask, perform hand hygiene, and don a new mask.

ACPHD Outbreak Control Recommendations

Revised 7/22/2020

for testing through the facility's usual laboratory.

Rapid antigen tests are NOT recommended for surveillance testing of asymptomatic individuals. A positive rapid antigen test may be useful in confirming infection in a symptomatic individual, but negative results must be confirmed using COVID-19 RT-PCR test.

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As soon as possible after a COVID-19 positive case is identified in a facility, serial retesting of all residents & HCP who tested negative upon initial baseline testing or during routine surveillance testing should be performed every 7 days until no new cases are identified in two sequential rounds of testing; the facility may then resume their regular surveillance testing schedule. Once a resident or HCP tests positive, no additional testing is needed for 90 days. Results should be used to immediately implement cohorting of residents and HCP who provide direct patient care. Refer to your mitigation plan strategies for testing and cohorting. See [Skilled Nursing Testing FAQ](#) for additional guidance.

- Specimen collection from residents should be performed by facility care staff and testing should be performed by the facility's usual laboratory provider with a preferred turnaround time of 48 hours or less for results.
- Staff should be tested by their health care provider or at [community testing sites](#).
- All testing must be ordered by a clinician who will be responsible for informing the patient and arranging for appropriate clinical follow-up.

RCFEs should consult with ACPHD to consider a more targeted testing strategy. This might include focusing testing within an affected unit or building.

ACPHD offers assistance to coordinate testing but has limited ability to support testing in facilities; contact the Public Health Nurse assigned to your facility outbreak and/or email LTCFOutbreak@acgov.org with requests for assistance.

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Resident Placement, Movement Restrictions & Transferring Residents

Create three distinct, cohort areas. These could be a separate wing, unit, or rooms at the end of the hallway:

1. **RED zone:** COVID-19 (+)
2. **GREEN zone:** COVID-19 (-)
3. **YELLOW zone:** COVID-19 unknown. Includes an observation unit of residents recently admitted or returned to facility

DO NOT MOVE PUIs from their rooms within the **GREEN** or **YELLOW** zones unless they receive a laboratory confirmed COVID-19 (+) test. Call your assigned ACPHD outbreak nurse for instructions on moving patients between zones.

Staff must be instructed on the importance of separate equipment, full changes in PPE whenever going from one resident to the next to provide care.

COHORTING PLAN

Set up 3 distinct cohorted zones:

RED Zone:

Residents with confirmed COVID-19 (+) test results

- Staff dedicated to the care of residents in this unit only
- Separate entrance for staff
- Separate breakroom
- Separate restrooms
- Careful clinical monitoring q 4h

YELLOW Zone:

Residents with unknown COVID-19 status. This is considered your Observation Unit

- New or readmissions
- Test upon admission and then again at day 14. If (-), move to **GREEN**

- Single rooms whenever possible
- Special training for staff here on strict infection control and PPE use
- Special care when moving from one resident of unknown status to the next

GREEN Zone:

Residents with COVID-19 (-) test results

- Standard precautions
- Universal masking AND eye protection
- Careful monitoring for symptoms q Shift

If a resident in the **YELLOW** or **GREEN** zones develop symptoms of COVID-19, do NOT move them unless they have a confirmed COVID-19 (+) test. Consult with your assigned ACPHD Outbreak Nurse Investigator before moving residents between zones.

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INFECTION CONTROL TRANSFER FORM

Before transferring ANY resident outside of the facility, such as to outpatient appointments, dialysis centers, acute care hospitals, and other facilities, you **must** use the [Infection Control Infection Control Transfer form](http://www.acphd.org/media/500766/acphd-infection-control-transfer-form.pdf) (<http://www.acphd.org/media/500766/acphd-infection-control-transfer-form.pdf>) to communicate to transport personnel and other HCP accepting the resident that your facility is experiencing a suspected or confirmed COVID-19 outbreak. If the resident is a suspected or confirmed COVID-19 case, you must also include symptoms, signs, date of illness onset, laboratory test results, and infection control precautions.

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IMPORTANCE OF TRAINING, MONITORING, REINFORCING STRICT INFECTION CONTROL PRACTICES

Whenever possible, bundle care & treatment activities to minimize entries into resident room (e.g. having clinical staff clean and disinfect high-touch surfaces when in the room)

Educate HCP on hand hygiene, respiratory hygiene, cough etiquette. Document training.

Ensure all HCP are familiar with standard, droplet, contact and eye protection precautions. Document training.

Verify all HCP can demonstrate competency in proper PPE donning and doffing procedures. Document competency.

Conduct ongoing monitoring of compliance with hand hygiene and PPE procedures.

Provide on-the-spot correction.

Ensure an adequate stock of facemasks, N-95 respirators (in size and model for fit

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Discontinuation of Transmission-Based Precautions for COVID-19 Recovered Residents

Discontinuation of transmission-based precautions should be determined by using a time and symptom-based strategy for patients with lab-confirmed or suspected COVID-19 as follows:

1. Residents who have never been symptomatic
Droplet+contact+eye protection precautions may be discontinued 10 days from date of COVID-19 (+) test.
2. Residents who are **NOT** severely immunocompromised
Droplet+contact+eye protection precautions may be discontinued after at least 24 hours have passed since last fever (without fever-reducing medications), and improvement in symptoms (e.g. cough, shortness of breath); and at least 10 days have passed since symptoms first appeared.
3. Residents with severe or critical illness or who are severely immunocompromised
Droplet+contact+eye protection precautions may be discontinued after at least 24 hours have passed since last fever (without fever-reducing medications) AND at least 20 days have passed since since symptoms first appeared AND symptoms (e.g. cough, shortness of breath) have improved.
This category includes patients under cancer treatment, bone marrow or organ transplant recipients, immune deficiencies, poorly controlled HIV or AIDS, on immunosuppressant medications such as prolonged use of corticosteroids and other immune weakening medications, and patients who were critically ill with COVID-19 (intubated and/or in ICU).

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NO RE-TEST REQUIRED TO D/C TRANSMISSION BASED
PRECAUTIONS (INCLUDING ADMISSIONS)

(intubated and/or in ICU).

DO NOT require a negative test result for new or re-admissions or when moving a COVID recovered resident back into the general population (“green zone”). Except for rare situations, a test-based strategy is NOT recommended to determine when to discontinue Transmission-Based Precautions.

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Clinical Monitoring of COVID-19 cases	
	Check vital signs, including pulse oximetry, on all COVID-19 positive cases every 4 hours. Close monitoring in order to detect early signs of clinical deterioration is imperative in this patient population. Check for subtle changes in mental status, somnolence, hydration status, and respiratory rate.
	Elicit and document treatment preferences and ensure advanced planning forms are easily accessible to HCP.

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Closure, Admissions and Re-admissions	
	<p>Consult with medical director and ACPHD to determine if the facility should close to new admissions during a suspected or confirmed COVID-19 outbreak.</p> <p>If required, the duration of closure to new admissions will be determined for each situation individually. The effectiveness of the control measures implemented and the availability of a separate, unaffected building or unit to receive new admissions may be considered. ACPHD will provide clear reopening criteria to ensure that the facility can reopen as soon as possible once the outbreak is controlled.</p>
	<p>Facilities must develop plans for managing new admissions and providing care for residents with COVID-19 who require standard + droplet + contact + eye protection precautions, while still maintaining the capacity to provide care safely for other residents. A negative test result is not required for admission.</p>
	<p>Hospitalized patients with COVID-19 should be discharged when they no longer require the level of care provided in an acute care setting. Hospital discharge and admission or re-admission to a facility should not be delayed or prevented due to the COVID-19 status of the patient. Facilities should be prepared to accept and care for COVID-19 (+) patients. Determined by the period of potential virus shedding or recommended duration of transmission-based precautions.</p>

Emergency Covid-19 Testing & Lab Processing Vendor Pool RFQ – Background

- Released June, 10, 2020
- Mechanism to quickly meet testing goals:
 - Equitable access to testing for all residents
 - Achieve indicator goal to test ~ 3100/day; and
 - Detect cases and connect to care.

Emergency RFQ – Activities

Seeking the following Bidder types to provide services:

1. Covid-19 Testing Vendors
2. Community Health Centers and Primary Care Medical Clinics
3. Hospitals seeking to partner with the County to provide testing in Long Term Care Facilities (LTCFs)
4. Labs who are able to provide COVID-19 lab processing

Emergency RFQ – Vendor Selection

- Intended to create efficient process for increasing testing services during state of emergency and giving us the ability to respond to real time outbreaks.
- Bidders who meet Minimum Qualifications will be added to Pool of eligible vendors.
- County will review responses and contact qualified vendors on a continuous basis as we respond to real time outbreaks and need to deploy resources.

Emergency RFQ -Long Term Care Facilities

- Gives the county to respond to outbreak settings – can help to cover initial outbreak while facilities secures their own longer-term testing process
- Also provides relationships with labs that are vetted for facilities to contract with directly
- Some small/independent facilities may qualify for county supported testing – talk with your assigned public health nurse to learn if you're eligible

Testing priorities

Check with your lab rep to see how to code your lab slips appropriately to ensure the fastest turnaround time (TAT) possible

Tier One Priority

- Hospitalized individuals with COVID-19 symptoms.
- Investigation and management of **outbreaks**, under direction of state and local public health departments (includes contact tracing).

Tier Two Priority

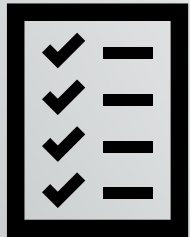
- Individuals who are asymptomatic (having no symptoms of COVID 19), who fall into one of the following categories:
 - Live in higher risk congregate care facilities including skilled nursing facilities, residential care facilities for the elderly, correctional facilities, or homeless shelters.

Fit Testing

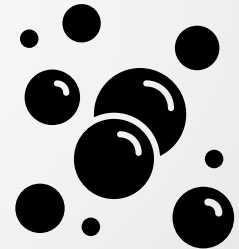
- *Alameda County will be offering and coordinating Fit Test Trainer Classes over the next 2-3 months*
- *These trainings will be free for attendees*
- *6-8 Person class size*
- *They will be offered for both Clinical and non-Clinical Staff*
- *Classes will be 2 to 2.5 hours in length and taught throughout the county*
- *Attendees will need to bring their own masks used at their facility*
- *Attendees MUST have prior Medical Clearance and been fitted for an N95*



Outdoor Communal Activities Allowable at Long Term Care Facilities



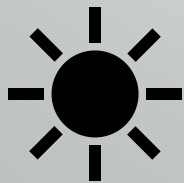
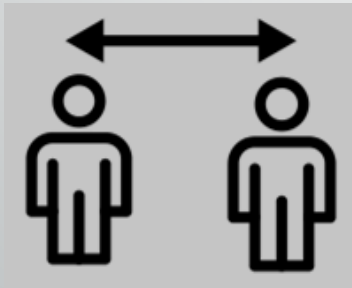
- Use the Social Bubble principles as a guide
- Must meet certain criteria to allow for outdoor communal activities
- Only residents with at least one negative COVID-19 test, or had a positive test but have met all [criteria to no longer be considered infectious](#), are able to participate in outdoor group activities.
- Communal activities should take place at facility and not at another site such as a park people need to be transported to.



Requirements for Outdoor Activities

- The facility is not experiencing staff shortages. For example, the facility is not using a COVID-19 staffing waiver.
- The facility has adequate supplies of Personal Protective Equipment (PPE) and essential cleaning supplies to care for residents.
- The facility is testing all residents upon admission, if not already tested by the discharging facility.
- The facility has conducted at least one round of baseline testing, meaning almost all current residents have received a COVID-19 test.
- The facility is not experiencing transmission of COVID-19, defined as no newly identified positive cases or suspect cases among staff or residents within the previous 14 days.
- If the facility has had an [outbreak](#) the facility has conducted serial retesting of all COVID-19 negative residents and staff until there are no new positives for two consecutive rounds of testing (14 days)

Social Bubbles



- Groups of 12 or fewer
- Stick together for at least 3 weeks- no replacements
- One group per resident
- Separate communal activities staff for each group
- Wear face coverings at all times
- Keep ≥ 6 feet distance between members
- Outdoors only

Outdoor visits should be limited if there are environmental factors that prevent them, such as heat, rain or smoke.



CDC Updates

- Discontinuation of Transmission-Base Precautions

Important Links

ACPHD COVID-19 LTCF webpage:

- <http://acphd.org/2019-ncov/providers/skilled-nursing-residential-care-facilities.aspx>

ACPHD Suspected or Confirmed COVID-19 Outbreak Control Recommendations for SNF/RCFE:

- <http://acphd.org/media/592339/snf-rcf-covid-outbreak-control-recommendations.pdf>

ACPHD Infection Control Transfer Form:

<http://acphd.org/media/561884/acphd-infection-control-transfer-form.pdf>

Resource Request Form:

https://docs.google.com/forms/d/e/1FAIpQLScuhydKSTGrluOKktBEbDJ7ypaoMyFiF6ywXpEo_g6Nhjym89A/viewform

Staffing Resource Request Form:

https://docs.google.com/forms/d/e/1FAIpQLScuhydKSTGrluOKktBEbDJ7ypaoMyFiF6ywXpEo_g6Nhjym89A/viewform

QUESTIONS



We are happy to address other questions
or issues after the call, please email:
LTCFOutbreak@acgov.org