

Prevention of COVID-19 Transmission in Licensed Congregate Health Care Facilities FAQs

These Frequently Asked Questions (FAQ) address the [ORDER OF THE HEALTH OFFICER FOR CONTROL OF COVID-19 Prevention of COVID-19 Transmission in Licensed Congregate Health Care Facilities](#). The measures required by the Order are best practices that have been recommended by the Los Angeles County Department of Public Health and other public health jurisdictions. These FAQs provide companion guidance to the Order and clarify some of the measures for facilities.

The measures stated in the Order are designed to reduce the transmission of COVID-19 in these facilities and to protect vulnerable residents, as well as personnel. When actions that are necessary to protect the safety of residents conflict with complying with this Order, facilities should document this conflict in medical records. Resident safety is paramount, and the goal of the Order is to enhance that safety.

Recent updates

5/20/20: Added FAQ Number 10 related to resuming visits and activities at assisted living facilities.

FAQs

1. Some patients require close monitoring during feeding, must they eat in their rooms?

Patients who may be prone to aspiration or who cannot feed themselves may eat outside their rooms if staffing is insufficient to support one-to-one feeding. If residents eat outside their rooms, then social (physical) distancing of six feet or more should be maintained.

2. Must residents/patients be required to remain in their rooms at all times?

Residents should remain in their room as much as possible and should be encouraged to wear a face covering if they leave. When outside their room, they should avoid communal and group activities. Remind residents to practice social distancing and perform frequent hand hygiene.

Residents with underlying cognitive conditions who cannot be kept in their room should not be forcibly kept in their rooms nor forced to wear a face covering.

3. Residents with cognitive and memory conditions may be uncooperative and unwilling to wear face coverings outside while some residents may have medical conditions that make them unable to wear masks for health reasons. Should they still be required to wear face coverings?

The facility is required to provide each resident daily with a clean non-medical face covering. Surgical masks should be reserved for staff. Residents with underlying cognitive or medical conditions who cannot wear face coverings outside their room should not be forcibly required to wear face coverings and should not be forcibly kept in their rooms. However, face coverings should be encouraged as much as possible. A cloth face cover should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance.

Residents should additionally be encouraged to follow social distancing and hand hygiene guidance as much as possible.

- 4. Our facility only has a small number of patients with confirmed COVID-19. Restricting some workers only to COVID-19 patient would significantly restrict our ability to staff the facility. In this situation, should we transfer the patient to another facility or the hospital for care?**

Facilities should try to dedicate and restrict the number of healthcare workers who care for patients with COVID-19 to prevent its spread within the facility. If staffing scarcity requires staff to work with COVID-19 positive and negative residents, staff should adhere to LAC DPH recommended PPE [donning and doffing](#) procedures between patients. All staff, equipment, and common areas should be kept separate as much as possible, and all staff should follow social distancing and perform frequent hand hygiene.

LAC DPH does not recommend transferring patients to hospitals unless they require a higher level of care and does not recommend transfer between LTCFs unless the facility is unable to isolate the patient adequately. Transfers of COVID-19 positive patients should be approved by the DPH staff member assigned to your facility.

Healthcare workers who have a high-risk exposure to a COVID-19 patient (high-hazard aerosol-generating procedure without N95 or eye covering) should be excluded from work for 14 days after exposure. If there was no high-risk exposure, health care workers may continue to work and self-monitor for fever and symptoms of COVID-19 twice daily. See LAC DPH [Guidance for Monitoring Healthcare Personnel](#).

- 5. Should staff wear surgical mask in the facility at all times or can they wear N95 respirators? What if the staff member works alone in a specified office or area (e.g., laundry, machine shop, etc.) do they still have to wear a mask or respirator?**

Staff must wear either an N95 respirator or a surgical mask when they are in patient care areas or in areas where residents may congregate. Masks or respirators are preferred, but non-medical face coverings can be used for non-patient care activities. Masks and respirators are not required for staff working alone in closed areas unless they are moving through common spaces where they may interact with other staff or residents. Extended use and reuse of masks and respirators should be based on principles set forth in prior CDC PPE optimization [guidance](#).

All staff should follow social distancing and hand hygiene guidance both within and outside of the facility.

6. We are following LAC DPH guidance on infection control. Do we need an infection preventionist or infection control specialist?

LAC DPH recommends employing a full-time, on-site infection preventionist who can help monitor compliance with infection control guidance based on the needs of your facility and resident/patient population and assist with adherence to hand hygiene and correct use of PPE.

7. We have some staff who regularly take non-steroidal anti-inflammatory drugs or acetaminophen or other medications that could potentially lower fever. Are they allowed to work in the facility?

Staff who take medications with antipyretic properties may continue to work in the facility as long as these medications are not specifically taken to lower their temperature. Staff members who were previously febrile should not take fever-lowering medications in order to work at the facility. Staff should continue to self-monitor for fever and symptoms twice daily as per the LAC DPH [Guidance for Monitoring Healthcare Personnel](#).

8. How often should we check the temperature of our residents?

Residents should have their temperature taken every 12 hours. Residents in independent living should be asked to self-monitor their temperature approximately every 12 hours.

9. Our facility would like to do testing of all residents and staff. How can we start the process?

LAC DPH believes that mass testing is an important strategy for congregate healthcare facilities to stop transmission from asymptomatic carriers of COVID-19 to others. See LAC DPH [Facility-Based Testing for Skilled Nursing Facilities](#). The County Health Officer Order [Prevention of COVID-19 Transmission in Licensed Congregate Healthcare Facilities](#) states that Facilities should conduct COVID-19 diagnostic testing for residents/patients and staff, as requested or per guidance provided by the Los Angeles County Department of Public Health. Current LAC DPH testing capacity is still limited. Therefore, LTCF testing through LAC DPH is done through a prioritization system. When a facility is identified by LAC DPH as next on the prioritization list, LAC DPH will contact the facility directly.

If a facility wants to test residents and staff on their own to speed the process, LAC DPH recommends establishing a relationship with a commercial lab and follow procedures recommended by the laboratory to do the testing. LAC DPH will guide facilities on how to manage their facilities after the results come back. LAC DPH recommends that facilities reach out to the public health nurse who is assigned to the facility for additional questions.



10. Our assisted living facility (ALF) has not had a new case of COVID-19 for more than 14 days, can we resume visits and activities?

Unlike nursing homes that are required to follow more stringent guidance from regulatory agencies (<https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf>), congregate residential settings such as ALFs can ease some restrictions for residents if there have been no new cases of COVID-19 identified in their facility for at least 14 days. This easing must continue to follow the principles of physical distancing, universal source control and enhanced environmental cleaning. LAC DPH recommends the following easing of restrictions:

- Family visitation may resume if residents and visitors meet in outdoor areas with both parties wearing face coverings (unless it is not safe to do so), remain at least 6 feet apart, and perform hand hygiene before and after their visit. Visitors and residents should have their temperature checked and symptoms screened prior to the visit. The visit should be cancelled if any visitors or residents have fever or possible symptoms of COVID-19. Limit the duration of the visit to one hour or less. The number of visitors should be limited to the available space for physically distanced visits and not exceed 4 visitors at a time. Children over age 2 years of age can attend if able to maintain physical distancing and use face coverings for the duration of the visit.
- Communal dining can be reintroduced in a limited way as long as residents remain at least 6 feet apart. Residents should eat in shifts and should wear face coverings before and after dining.
- Additional easing of restrictions may be recommended if community transmission of COVID-19 decreases from current levels.

For additional guidance and resources related to COVID-19 and Long Term Care Facilities including Skilled Nursing Facilities:
visit LAC DPH COVID-19 [Long Term Care Facilities](#).