CORONAVIRUS DISEASE 2019 (COVID-19)  
Skilled Nursing Facilities

(Because this situation is evolving, please check the web posting to ensure you are viewing the most current version of this guidance. For updated information and guidance, please check:

- LAC DPH Coronavirus Disease 2019 Information for Healthcare Providers or http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities.htm
- REPORTABLE DISEASES AND CONDITIONS (Rev. 4/2/2020)


2. Identification:
   a. Symptoms: Fever (77–98%), cough (46%–82%), myalgia or fatigue (11–52%), and shortness of breath (3–31%) at illness onset. Other less commonly reported respiratory symptoms include sore throat, headache, cough with sputum production, loss of smell and taste, and/or hemoptysis. Some residents have experienced gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms. The fever course among residents with COVID-19 is not fully understood; it may be prolonged and intermittent. Severe symptoms include persistent pain or pressure in the chest, new confusion, and bluish lips or face.

   NOTE: Clinical presentation among reported cases of COVID-19 varies in severity from asymptomatic infection to mild illness to severe or fatal illness. Some reports suggest the potential for clinical deterioration during the second week of illness.

   b. Differential Diagnosis: Other agents that cause febrile respiratory illnesses including, but not limited to, influenza viruses, respiratory syncytial virus, parainfluenza viruses, Streptococcus pneumoniae, Legionella species, mycoplasma, and other atypical pneumonia agents.

   c. Diagnosis: Confirmed by real-time RT-polymerase chain reaction (rRT-PCR) detection of the SARS-CoV-2 virus in respiratory specimens. Serology (antibody testing) should not be used to make a diagnosis of active COVID-19 and should not factor into outbreak investigations at this time.

3. Incubation: 2-14 days; average 4 days.

4. Reservoir: Humans.

5. Source: Nasal and pharyngeal secretions.

6. Transmission: Large droplets spread by cough or sneeze from infective persons. Sometimes contaminated fomites. Airborne and fecal-oral transmissions have not been ruled out but seem less likely. Transmission has been identified via the airborne route as a result of high-hazard aerosol-generating procedures.

7. Communicability:
   a. The period of infectiousness of a case begins 48 hours before symptom onset and continues until 14 days after symptom onset.
   b. Asymptomatic lab confirmed case, consider the date of specimen collection for the symptom onset date.

   NOTE: This information will be updated periodically on the Los Angeles County Department of Public Health (LAC DPH) COVID-19 health professionals webpages.

8. Specific Treatment: Supportive care (e.g., rest, antipyretics, fluids, etc.). Residents with a mild clinical presentation may not initially require hospitalization. However, clinical signs and symptoms may worsen with progression to lower respiratory tract disease; all residents should be monitored closely. Corticosteroids should be avoided, because of the potential for prolonging viral replication unless indicated for other
reasons. The novel antiviral drug, remdesivir, received EUA status from the FDA and is distributed by LA County EMS Agency to hospitals based upon the numbers of hospitalized COVID-19 patients. Providers should make treatment decisions based on currently available evidence. Treatment information will be updated periodically on LAC DPH COVID-19 webpage.

9. Immunity: Uncertain, however epidemiologic data from COVID-19 would suggest that immunity does develop following infection.

REPORTING PROCEDURES

1. Outbreak Definitions:

Under Title 17, Section 2500, California Code of Regulations all suspected outbreaks are reportable.

Skilled Nursing Facilities

Definition of Outbreak:

1. At least one or more laboratory confirmed case (symptomatic or asymptomatic) of COVID-19 in a SNF resident who has resided in the facility for at least 14 days
   a. If newly admitted residents who are admitted to the YELLOW quarantine cohort test positive for COVID-19, this is not considered an outbreak as it was acquired outside the SNF.
2. A sudden increase of acute febrile respiratory illness (e.g. Fever measured or reported as >100.0°F and either a cough, sore throat, or shortness of breath) in the setting of community transmission of COVID-19—a minimum of 2 Persons Under Investigation (PUI) in residents within 72 hours. Facilities should test PUI immediately.
3. In facilities that have an outbreak of COVID-19 and are conducting weekly response testing, the outbreak is considered open until all mass testing is negative for 2 weekly rounds of testing. If additional positive residents (regardless of symptoms) are identified after 2 negative rounds of testing, a new outbreak should be opened.

NOTE: a positive case of COVID-19 in a healthcare provider (HCP) should prompt mass testing in the SNF but is not considered an outbreak until there are identified cases among residents.

2. Report Forms:

a. Use the following forms for cases at various settings:

For reports of COVID-19 cases and outbreaks:

CD OUTBREAK INVESTIGATION — SUB-ACUTE HEALTHCARE FACILITY (H-1164-SubAcute, fillable PDF) (Revised 9/18)

COVID-19 Outbreak Line List for LTCF: (Excel)

4. Epidemiologic Data for Outbreaks:

a. Establish a case definition (i.e., fever [measured or reported] and either cough, sore throat, or stuffy nose): include pertinent clinical symptoms and laboratory data.
b. Confirm etiology of outbreak using laboratory data.
c. Create a line list and contact information following the COVID-19 line list template above.
d. Maintain surveillance for new cases until no new cases for at least 2 weeks.
e. Create an epi-curve, by date of onset. Only put those that meet the case definition on the epi-curve. (Optional)

CONTROL OF CASE, CONTACTS & CARRIERS

CASE:

See detailed instructions below for single cases and multiple cases in residents, as well as cases in facility staff.

CONTACTS:

Contacts are defined as HCWs or residents who have:

a. Been within approximately 6 feet of a person with COVID-19 for a prolonged period (greater than 2 minutes) per CDC criteria (including roommates of a case): OR
b. Had unprotected direct contact with infectious secretions or excretions of the resident (e.g., coughed on, touched used tissues with a bare hand).

**Healthcare Personnel:**

**VISITORS:**
Visitors are currently limited in SNFs based upon CMS guidance. Facility to identify any close contact visitors that may have been exposed to a confirmed case and instruct to self-quarantine and self-monitor for symptoms for 14 days after last exposure.

Visitors should call their primary care provider to discuss testing options and guidance.

Facilities should be encouraged to maintain daily visitor log with date and time of visit as a regular practice.

**Measures that Skilled Nursing Facilities should take to reduce the spread of COVID-19 (Refer to Guidance for Managing COVID-19 in Long-Term Care Facilities (www.publichealth.lacounty.gov/acd/docs/nCoV LTCGuide.pdf)**

The recommendations have been added to align with the Health Officer Order: Prevention of COVID-19 Transmission in Licensed Congregate Health Care Facilities (http://www.publichealth.lacounty.gov/media/Cor

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**Key changes include the following recommendations:**

1. The facility must conduct COVID-19 screening of 25% of all staff members and 10% of residents weekly through a commercial lab. Positive screening results will prompt response testing of all residents and staff.

2. Facilities may choose to do testing on their own, but should contact DPH for post-testing guidance.

3. The facility must report all confirmed or suspected COVID-19 cases and deaths to LAC DPH immediately by phone: (888) 397-3993 or (213) 240-7821 (after business hours).

4. The facility must keep records of all daily staff and resident temperature and symptom checks.

5. All HCP that work in an established COVID-19 area are not to work or enter into any other facility until 14 days have passed from their last exposure to COVID-19 patients.

6. The restriction to a single essential visitor was removed and only essential visitors are permitted to enter the facility.

7. The facility will comply with state and local guidelines for interfacility transfers.

Visit the LAC DPH COVID-19 healthcare provider website frequently for updated information on COVID-19 testing, infection control, FAQs, and guidance for facilities.

**Testing Regime Required for all SNFs**

1. A new testing strategy for SNFs was outlined by CDPH for all facilities (www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFPL-20-52.aspx).
This strategy is based on the goal of decreasing the risk of COVID-19 into SNFs by staff. It relies heavily on the screening of HCP followed by mass testing of residents when a positive case is identified. This section will provide an overview of the testing regime, but additional details are provided in the LAC DPH guidance document for SNFs. Residents testing positive for COVID-19 should be transferred to the hospital only if they require a higher level of care, otherwise they should remain in the SNF.

a. **Baseline testing**: all SNFs require baseline testing of all residents and HCP who have not previously tested positive for COVID-19. Baseline testing is required of all SNFs regardless of outbreak status. This baseline testing will be performed by LAC DPH if the facility is unable to test through a commercial lab on their own.

b. **Admission testing**: All newly admitted and readmitted residents who test negative on admission should be placed in quarantine for 14 days and monitored for symptoms and signs of COVID-19. If they remain asymptomatic, they must be negative x2 (once on admission and once at the completion of the quarantine period) prior to transferring to the non-COVID-19 cohort.

c. Residents who test negative at the end of the quarantine may be transferred to the GREEN non-COVID area. Residents who have previously tested positive for COVID-19 need to follow the established interfacility transfer rules (www.publichealth.lacounty.gov/acd/NCVid19/InterfacilityTransferRules.htm), but do not need to be retested and can return to the GREEN non-COVID cohort once they have cleared.

d. **Symptomatic testing**: any resident who develops signs or symptoms of possible COVID-19 should be isolated in a single room in the YELLOW mixed quarantine cohort and tested for COVID-19 immediately. Residents testing positive should be transferred to the COVID-19 isolation unit.

e. **Weekly surveillance testing**: for facilities that do not have an active outbreak, this testing is required by CDPH AFL 20-53 and it should include 25% of all asymptomatic HCWs in the SNF weekly so that 100% of HCW are tested monthly. LAC DPH further requires that 10% of residents be tested weekly. These residents should be sampled randomly from different areas of the facility. SNFs should not retest HCP or residents who ever previously tested positive for COVID-19. A positive test should prompt response testing as described below. Admissions to the SNF should not be halted if only HCPs test positive since HCPs could have acquired COVID-19 outside of the SNF. Every facility should have a policy in place that addresses staff who refuse to comply with testing.

f. **Response testing**: if either weekly screening or testing of symptomatic HCP or SNF residents yield a positive COVID-19 test, CDPH AFL 20-53 requires that all contacts (residents and HCP who have never tested positive in the past) should be tested as soon as possible.

i. If the response testing does not identify any additional cases after 2 rounds, routine screening may resume.

ii. If the response testing identifies additional asymptomatic positive cases among residents, these residents should be isolated for 14 days in the COVID-19 designated unit and an outbreak investigation should be opened.

iii. HCPs testing positive should be isolated and excluded from work for 10 days after positive test date. If the SNF has an ongoing staffing shortage, COVID positive, asymptomatic HCP may work
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exclusively with COVID positive residents while wearing a mask.

iv. Positive tests from response testing should prompt repeat testing of all COVID negative residents and HCP weekly until 2 successive rounds of testing is negative. Thereafter routine screening may resume.

v. If residents or HCP work in specific, defined areas, response testing may be restricted to testing in these specified areas instead of the entire facility at the discretion of the AMD.

Cohorting Plan Required for all SNFs

1. Every SNF should have 3 cohorts within their facility as defined by the requirement for mitigation plans in CDPH AFL 20-52.

2. The required cohorts and rules for transfer between these cohorts is summarized below.

a. GREEN (Non-COVID-19) cohort: this cohort should include all residents who have either never tested positive for COVID-19, have recovered from COVID-19, and residents who have completed 14 days of quarantine after a COVID exposure.

b. YELLOW (mixed quarantine) cohort: this cohort should include a few categories:
   i. Quarantine: A resident who is exposed to COVID or who is admitted or re-admitted to the facility. These residents should be tested for COVID on admission and should be retested prior to leaving the quarantine cohort.
   ii. PUI: Residents who develop symptoms or signs of possible COVID, but have not yet tested positive for COVID, should be housed in a single room in the YELLOW cohort on isolation. They may be transferred back to the GREEN area once they have 2 negative tests sent 24 hours apart and afebrile. If an alternative diagnosis is identified (i.e. UTI, cellulitis, etc.) the resident may be transferred back to the GREEN cohort with one negative test.
   iii. Dialysis patients who are routinely transported to dialysis centers and return to the SNF on a regular basis.

c. RED (COVID positive) cohort: this area should be physically separated from the other areas of the SNF by either a door or temporary physical barrier. HCPs should be restricted to the RED COVID cohort as much as possible. If HCPs need to move between cohorts, they should follow the guidance outlined below under infection control considerations.

3. Infection control considerations in cohorting
   a. PPE:
      i. N95 respirators or masks plus eye protection may be worn throughout the day between all patients unless visibly soiled if PPE supplies are limited.
      ii. Gloves should be donned for each new resident in accordance with CDC standard precautions. Hand hygiene must be performed before and after glove use.
      iii. Gowns should be changed between each resident if PPE supplies permit. If gowns are limited, HCP may wear the same gown while caring for residents in the RED COVID area as long as the resident does not have another indication for contact precautions (i.e., C. difficile, CRE, etc.). Gowns should be changed when soiled in all cohorts and should be changed between residents within YELLOW quarantine areas.

Disinfectant wipes can be used to disinfect non-porous plastic gowns between residents if consistent with the gown manufacturer instructions for use. Do not spray disinfectant on gowns or PPE as this may aerosolize virus particles on the gown. In the

b. Staffing:
   i. Staff should be dedicated to a single cohort if possible and should refrain from moving back and forth between cohorts. If staff does need to move between cohorts, they should organize their work schedule so that they move from the GREEN (Non-COVID-19) cohort to the YELLOW (mixed quarantine) cohort or from the YELLOW (mixed quarantine) cohort to RED (COVID positive) cohort, but never the other way around. PPE must be changed as above.
   ii. HCP break rooms and bathrooms should be separated based on COVID status of the HCP if asymptomatic COVID positive HCP continue to work.
   iii. All HCP working in the SNF must maintain social distancing of at least 6 feet from each other, should adhere to universal source control, frequent hand hygiene and enhanced environmental cleaning as described elsewhere.

General and Administrative Considerations

1. Baseline testing will be provided by LAC DPH. However, all other testing will be the responsibility of the SNF. All SNFs should identify a mechanism to obtain SARS CoV-2 samples and to send these specimens from the facility to a commercial clinical laboratory. If the facility is unable to do response testing, LAC DPH may be able to provide testing through the Public Health Lab (PHL).

2. SNFs should identify a staff person to coordinate testing and identify staff to perform the testing (if this is not possible, alternative options may be available). Refer to Section C, Testing Logistics, for the information that will be required to prepare for testing.


4. Plan for ways to continue essential services if on-site operations are reduced temporarily.

5. Plan for employee absences and create a back-up/on-call system.

6. If a SNF has had no cases of COVID for 14 days, the facility may resume limited group activities and communal dining.
   a. Residents may resume communal meals and activities in small groups if they adhere to social distancing of at least 6 feet apart, perform hand hygiene, enhanced environmental cleaning after they leave and universal source control as much as possible. Residents in the quarantine and COVID cohorts should continue to eat meals in their rooms and should not resume group activities until after they are removed from these cohorts.
   b. Staff may eat together in staff breakrooms or a separate designated area, but physical distancing of six feet or more between persons must be enforced at all times while eating.

7. Immediately implement symptom screening for all staff, residents, and visitors—including temperature checks. Residents should have
their temperature taken every 12 hours if it is a medical facility. If there are no medical staff at the facility, residents should self-monitor their temperature every 12 hours.

a. Every individual, regardless of reason, entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent/emergent medical need. They do not have to be screened, as they are typically screened separately.

b. Records are to be kept of staff and resident temperature checks.

c. Facilities should limit access points and ensure that all accessible entrances have a screening station.

d. Anyone with a fever (100.0°F or 37.8°C) or symptoms (fever, chills, sore throat, cough, sneezing, shortness of breath, gastrointestinal symptoms, or not feeling well) may not be admitted entry.

8. Prohibit visitors from entering the facility unless compassionate care situations, such as end-of-life.

a. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).

b. Post signs explaining visitor restrictions.

c. Set-up alternative methods of visitation such as through videoconferencing through skype or FaceTime.

d. Those visitors that are permitted, should be screened for fever and respiratory symptoms, must wear a face covering while in the building, and should restrict their visit to the resident’s room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene and to practice physical distancing while in the facility.

e. For more information on visitor restriction and screening visit CMS “Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)” (www.cms.gov/files/document/qso-20-14-nh-revised.pdf) and LAC DPH LTCF guidance document as guidance will be changing.

9. Restrict all volunteers (For exceptions, review the above CMS Guidance) and non-essential personnel (e.g. barbers).

10. All facility personnel should wear a surgical mask while they are in the facility.

a. Staff must wear either an N95 respirator or a surgical mask when in patient care areas or in areas where residents may congregate.

b. Masks or 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.

c. All staff should follow physical distancing and hand hygiene guidance.

11. All residents must wear cloth face coverings when outside their room. This includes residents who must regularly leave the facility for care (e.g. hemodialysis patients). Surgical masks are required for any resident that is COVID-19-positive or assumed to be COVID-19-positive.

a. The facility is required to provide each resident with a clean non-medical face covering daily. Surgical masks should be reserved for staff. Residents who, due to underlying cognitive or medical conditions, 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. Residents should additionally be encouraged to follow physical distancing and hand hygiene guidance as much as possible.
12. When possible, residents should cover their noses and mouths when staff are in their room. Residents can use tissues for this or cloth face coverings.

13. Provide education and job-specific training to staff regarding COVID-19, including:
   a. Signs and symptoms
   b. Modes of transmission of infection
   c. Correct infection control practices and personnel protective equipment (PPE) use
   d. Staff sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact)
   e. How and to whom COVID-19 cases should be reported
   f. LAC DPH does not recommend transferring patients to hospitals unless they require higher level of care and does not recommend transfer between LTCFs unless the facility is unable to isolate the patient adequately.

14. Residents should be encouraged to stay in their room as much as possible and should avoid communal and group activities as much as possible.

15. Have a family and resident notification process for when a case of COVID-19 is identified.

16. Have the ability to identify residents who could be discharged to home in the event of COVID-19 introduction to the building.

17. Determine the capacity to accept new ventilated resident admissions and maintain communication with local hospital.

18. As much as possible, have employees work at only one facility in order to reduce interfacility spread of COVID-19.

Outbreak Response Measures

1. Once an outbreak has been identified, facilities should immediately implement the following measures.
   a. Immediately initiate standard, contact, and droplet precautions, plus eye protection for all suspect or confirmed residents with fever and/or respiratory symptoms.
   b. Increase environmental cleaning throughout the facility to 3 times a day (if possible) with emphasis on high touch surfaces particularly in the unit where the resident was located.
   c. If you have not already done so, ensure that you are using an approved cleaning agent: List N: Disinfectants for Use Against SARS-CoV-2 (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

2. Discontinue all group activities and communal dining. Serve meals in resident rooms, if possible or stagger dining times to decrease the size of the groups. If smaller group activities are necessary, keep the same group together to decrease the risk of exposure. All group activities that must still be continued should adhere to social distancing and universal source control.

3. For any transfers out of the building, notify EMS and the receiving facility of possible exposures.

4. Consider discharge of any patients that can be cared for in the home setting.

5. Continue to restrict visitors.

6. Continue to monitor all residents for fever and respiratory symptoms (i.e. cough, sore throat, shortness of breath) until 14-day after the last COVID-19 case has recovered.

7. Lab testing of symptomatic residents should be done through a commercial lab, if possible.

8. Response testing should be done as described in testing section above.

9. If the facility is not able to do testing on their own, they will be placed in a prioritization scheme by ACDC. Testing requests to ACDC will not be honored unless the Area Medical Director (AMD) believes there is an urgent need for testing outside of the priority.

10. Hold admissions to units where ongoing transmission of COVID may be occurring. If the SNF has separate floors or buildings that do not have evidence of COVID transmission after response testing, AMD may elect to resume admissions to the facility.
11. Re-admissions to the facility of residents who developed symptoms of COVID and tested positive for COVID after transfer to a hospital should be readmitted to the COVID cohort unit. Implement a line listing of all HCP, residents, and visitors with symptoms.

12. Notify all HCPs who were exposed to the resident within 48 hours before the onset of symptoms regarding the potential for exposure and instruct them to self-monitor for fever and respiratory symptoms twice a day for 14 days. Refer to LAC DPH Guidance for Monitoring Healthcare Personnel (www.publichealth.lacounty.gov/acad/docs/HCWMonitoring.pdf) and a companion guidance, CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (InterimGuidance) (www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).

13. Monitor all HCP (regardless of contact with a case) for fever, cough, and shortness of breath. Symptomatic HCP may not work.

14. Instruct the facility to notify District Public Health Nurse (DPHN) assigned to the facility immediately if any resident or staff report fever or respiratory symptoms.

15. Notify DPHN immediately if any HCP contact tests positive for COVID-19.

16. For symptomatic HCPs, ensure they are not working and recommend the following:
   a. Testing should be performed through the SNF testing plan. If the SNF is unable to perform testing, testing through the PHL may be arranged if approved by the AMD.
   b. Instruct the facility to notify DPHN to arrange for testing.

17. Check all HCPs for fever (>100.0° F) and respiratory symptoms at least at the beginning of the shift. For confirmed HCP cases who are symptomatic, ensure the HCP self-isolates for at least 10 days have passed since symptoms first appeared AND at least 24 hours have passed since last fever without the use of fever-reducing medications AND symptoms (e.g., cough, short of breath) have improved. HCP with high risk exposures (exposure to high-hazard aerosol-generating procedure without mask or eye protection) to COVID-19 should be excluded from work for 14 days. HCP can return to work after 14 days if they have never had symptoms. Refer to LAC DPH Guidance for Monitoring Healthcare Personnel (www.publichealth.lacounty.gov/acad/docs/HCWMonitoring.pdf) and a companion guidance, CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (InterimGuidance) (www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).

For asymptomatic confirmed HCW cases, Refer to LAC DPH Guidance for Monitoring Healthcare Personnel (www.publichealth.lacounty.gov/acad/docs/HCWMonitoring.pdf)

COMMON SCENARIOS:

**Single confirmed COVID-19 RESIDENT case in a SNF**

1. Immediately transfer COVID positive resident to the RED (COVID positive) cohort.

2. Identify any close contacts or exposures to the COVID positive resident and place them in the YELLOW (mixed quarantine) cohort for 14 days.

3. If the resident testing positive was in the YELLOW (mixed quarantine) cohort because of recent admission or known exposure, this should not be opened as an outbreak and outbreak measures may not be necessary for the SNF. However, if a resident from the GREEN (Non-COVID-19) cohort tests positive, this suggests transmission within the SNF and warrants opening an outbreak in the facility and the facility should initiate an outbreak response.

**Confirmed COVID-19 HCP case in a SNF**
1. If a HCP is identified as positive either as result of being symptomatic or due to weekly testing of asymptomatic staff, the HCP should be excluded from work if symptomatic, but may continue to work only with COVID positive patients if there is a staffing shortage in the facility. While CDC does allow asymptomatic COVID positive staff to work with COVID negative patients under certain circumstances, this should be done only after approval from the AMD.

2. Positive COVID test results in a HCP should trigger response testing as described above, but does not meet the outbreak definition.

3. SNFs may continue to admit new residents unless a resident not previously in the quarantine cohort tests positive, suggesting widespread transmission of COVID in the facility.

Special situations for long-term care facilities to consider:

1. For residents receiving dialysis outside of the facility, notify their dialysis center and request that they be dialyzed in “isolation.”
2. Consider substituting metered dose inhalers for nebulizers to reduce the risk of aerosolization.

DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS OF PATIENTS WITH COVID-19


1. If discontinuing isolation for symptomatic suspect cases, facilities are advised to do the following:
   i. Residents should be tested 2 times at least 24 hours apart given the high false-negative rate of testing. Once the negative test results are received, discontinue isolation unless an alternative diagnosis requires transmission-based precautions.
   ii. If testing is not available or not tested:
      i. At least 24 hours have passed since recovery defined as resolution of fever without the use of antipyretic medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND.
      ii. At least 14 days have passed since symptoms first appeared.

2. If discontinuing isolation for confirmed symptomatic patients with COVID-19, facilities are advised to do the following:
   i. Symptom-based strategy
      i. At least 1 day (24 hours) has passed since recovery defined as resolution of fever without the use of antipyretic medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
ii. At least 14 days have passed since symptoms first appeared if the patient has not been hospitalized and is not immunosuppressed.

iii. At least 20 days have passed since symptoms first appeared if the patient has been hospitalized or is immunosuppressed (actively receiving chemotherapy for cancer, HIV with CD4 count <200, immunodeficiency disorder, prednisone dose >20mg/day for more than 14 days, receipt of immunosuppressive medications [DMARDs, etc] for treatment of autoimmune disease, or other cause of immunosuppression as determined by the patient’s primary physician).

ii. Test-based strategy is not currently recommended and may be considered for severely immunocompromised patients in consultation with an Infectious Disease expert.

3. If discontinuing isolation for asymptomatic laboratory-confirmed patients with COVID-19, facilities are advised to do the following:

i. Time-based strategy
   i. At least 14 days have passed since the date of testing for patients who are not immunosuppressed.
   
   ii. If the patient is immunosuppressed (actively receiving chemotherapy for cancer, HIV with CD4 count <200, immunodeficiency disorder, prednisone dose >20mg/day for more than 14 days, receipt of immunosuppressive medications [DMARDs, etc] for treatment of autoimmune disease, or other cause of immunosuppression as determined by the patient’s primary physician), the patient should be isolated for 20 days.

ii. Test-based strategy is currently not recommended
   i. 4. Transmission-Based Precautions have been discontinued, but the resident has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.

Interfacility transfer from hospital to LTCF and Transmission-Based Precautions: Refer to Interfacility Transfer Rules During COVID-19 PANDEMIC:

www.publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm

Interfacility transfers should be limited as much as possible, while still maintaining appropriate levels of care for all patients. Patients/residents should not be sent to the Emergency Department (ED) to obtain SARS CoV-2 testing.

a. For residents not needing hospital admission: Refer to Return-to-Facility Discharge Rules for Patients in the Emergency Department

   www.publichealth.lacounty.gov/acd/docs/COVIDReturnRulesED.pdf

b. Residents who developed symptoms of COVID-19 in the LTCF and are transferred to acute care hospital may return to the facility of origin once clinically stable if staffing levels in the SNF are adequate. They should be placed in COVID-19 dedicated area within the SNF.

c. New COVID-negative admissions to the SNF should be tested upon admission and admitted to the quarantine area for 14 days. Repeat testing should be performed on or after day 12 of quarantine and if negative, the resident may return to the non-COVID cohort.

Transfers from one LTCF to another LTCF or to other Group Settings: LAC DPH does not recommend transferring residents to hospitals unless they require higher level of care and does not recommend transfers between LTCFs unless the facility is unable to isolate the resident adequately. Refer to Interfacility Transfer Rules During COVID-19 PANDEMIC (www.publichealth.lacounty.gov/acd/NCorona20
If the facility is a dedicated COVID receiving facility, they may accept transfers of COVID+ residents from other LTCFs.

**Closure Criteria**

Outbreak can be closed once closure criteria is met:
1. 2 consecutive weekly rounds of response testing have been negative; OR
2. 14 days from the last onset of a symptomatic case if response testing is not being performed based upon the assessment of the AMD; OR
3. Upon the discretion of the AMD or MD designee.
4. Prior to closure, all the following documents must be completed:
   a. PHN uploads all documents into IRIS and completes all required documents in IRIS per protocol.
   b. PHNS reviews and forwards to AMD.
   c. PHN or PHNS can close COVID-19 outbreak in IRIS after approval by AMD or AMD delegated physician. Closure letter will be signed by AMD or AMD delegate and placed in IRIS under the filing cabinet.

**Exceptions to routine closure:**
1. If the facility becomes a COVID-designated facility upon approval by ACDC, outbreak can be closed after consultation with AMD.
2. If baseline/mass testing is delayed and is done in a facility after the facility meets other closure criteria, the outbreak may be closed and any asymptomatic positive cases found during baseline/mass testing should be isolated, but the outbreak should not be reopened unless there are additional symptomatic or confirmed cases in residents.

**Guidelines for Opening a New Outbreak After Closure**

For facilities that are conducting weekly response driven testing

1. The outbreak cannot be closed until two rounds of testing are completed, demonstrating no additional transmission.
2. Any new case in a resident identified after two rounds of negative testing should be opened as a new outbreak.

**RESTRICTING ADMISSIONS TO SNF DURING AN OUTBREAK**

1. In an outbreak situation, all new admissions may be held based on the assessment of the AMD or AMD delegated physician.
2. The decision to allow admissions should be recommended based upon a number of factors. Consider allowing admissions if the following criteria are met:
   a. Dedicated quarantine unit to place new admissions
   b. Dedicated COVID, quarantine and non-COVID areas in the facility
   c. Ability to cohort residents per protocol
   d. Demonstration of good infection control practices as evidenced by a virtual or on-site infection control visit
   e. No evidence of transmission with 1 round of response testing of residents and staff
   f. Adequate supply of PPE
   g. No staffing shortages reported

**DEATH REPORTING**

DPHN must be notified of a death and the facilities will need to complete and submit a death report form to ACDC.

**DIAGNOSTIC PROCEDURES**

Clinical and epidemiologic histories are required to aid in laboratory test selection. Maintain proper infection control, while collecting, storing, and shipping specimens. PCR based testing is the standard of practice for evaluations of COVID-19 infections for residents and HCWs in the outbreak setting. Serological testing is not a standard part of outbreak investigation.

Facilities are required to test through a commercial lab. Follow the specimen collection process...
and pick-up instructions as per your facility’s designated commercial clinical laboratory. Work directly with the clinical laboratory for all questions regarding specimen collection and transport.

Precautions for Specimen Collection

Nasopharyngeal and oropharyngeal sampling: these procedures should be conducted wearing gloves, eye protection, gown and an N95 respirator.

For more information on collecting specimens, go to: CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19).

Examination: Real-time RT-polymerase chain reaction (rRT-PCR) detection of the SARS-CoV-2 virus in respiratory specimens.

Material: Nasopharyngeal swab preferred; use only synthetic fiber swabs with plastic shafts.

Storage: Store specimens at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below.