

# Prepare for COVID-19 in Residential Facilities

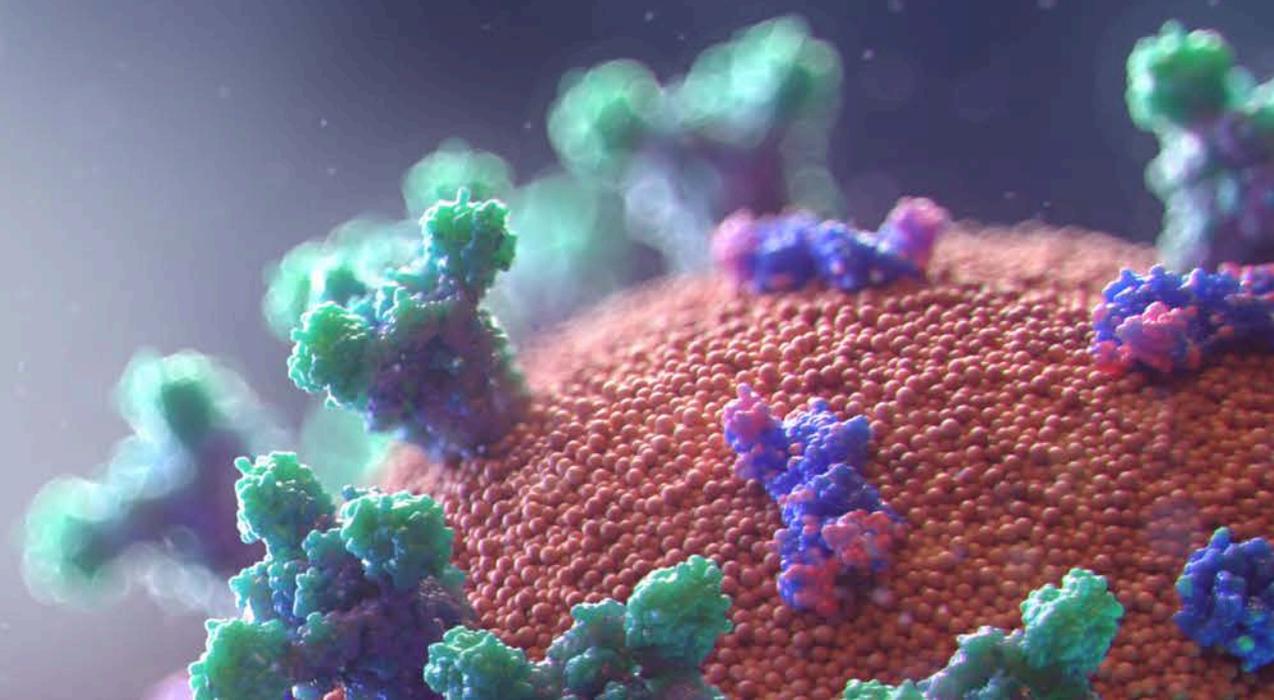
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California Department of Social Services | Community Care Licensing Division  
May 21, 2020



CDSS

KIM JOHNSON  
DIRECTOR



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# SPEAKERS

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## **Pam Dickfoss, MPPA**

Deputy Director

Community Care Licensing Division

## **Ley Arquisola, RN, MSN**

Assistant Deputy Director

Community Care Licensing Division

## **Louise Aronson, MD, MFA**

Professor, Division of Geriatrics

University of California, San Francisco

## **Emily Thomas, MS, MD**

Deputy Medical Director of Housing for Health

LA County Department of Health Services

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# TOPICS

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- **Key Strategies In Dealing with COVID-19 in Assisted Living Facilities**
- **Infection Control for COVID-19**
- **Isolation and Quarantine for COVID-19**
- **COVID-19 Response Strategy Work Group (LA County)**



# Key Strategies in Dealing with COVID-19 in Assisted Living Facilities

# Key Strategies

- Adult and Residential Care Facilities for the Elderly owners and administrators are urged to implement these recommendations to protect their residents and staff.
  - Licensees must ensure staff know how to contact licensing and contact the local health department for any of the following:
    - If COVID-19 is suspected or confirmed among residents or facility personnel
    - If a resident develops severe respiratory infection
    - If more than 2 residents or facility personnel develop fever or respiratory symptoms within 72 hours of each other.
  - CDC has resources that can assist with tracking infections

# Key Strategies cont.

- Given their congregate nature and population served, RCFEs are at high risk of COVID-19 spreading and affecting their residents. If infected with the virus that causes COVID-19, assisted living residents—often older adults with underlying chronic medical conditions—are at increased risk of serious illness.
- Recent experience with outbreaks in RCFEs has also reinforced that residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these settings. Because of this, **CDC is recommending that the general public wear a cloth face covering for source control whenever they leave their home.**

# Key Strategies cont.

- CDC has released Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes. Many of the recommended actions to prepare for COVID-19 described in that guidance also apply to ALFs.
- CDC has also released guidance Interim Guidance for Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities.

# Personal Protective Equipment and Essential Protective Gear Definitions

- **Cloth face covering:** Textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is available on the CDC website.
- **Facemask:** Facemasks are **PPE** and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. Surgical masks cleared by the U.S. Food and Drug Administration (FDA) are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

# Personal Protective Equipment and Essential Protective Gear Definitions cont.

- **Respirator:** A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to **reduce the wearer's risk of inhaling hazardous airborne particles** (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC and the National Institute for Occupational Safety and Health(NIOSH), including those intended for use in healthcare.



# Infection Control for COVID-19



# Educate residents, family member, and personnel

- Have a plan and mechanism to **regularly communicate**:
  - **Information** about COVID-19 and strategies for managing stress and anxiety
  - Actions residents and families can take to manage isolation and loneliness.
  - **Actions the facility** is taking to protect residents and personnel
  - Actions residents and staff can take to **protect themselves** in the facility
    - emphasizing the importance of social (physical) distancing, hand hygiene, respiratory hygiene and cough etiquette, and source control.
    - encourage residents, staff, and visitors to remain vigilant for and immediately report fever or symptoms consistent with COVID-19.
- If there are contradictory requirements between the local health department, CDSS, and CDPH, facilities should follow the strictest requirements.



# THE POWER OF SOCIAL DISTANCING

NOW



1 PERSON

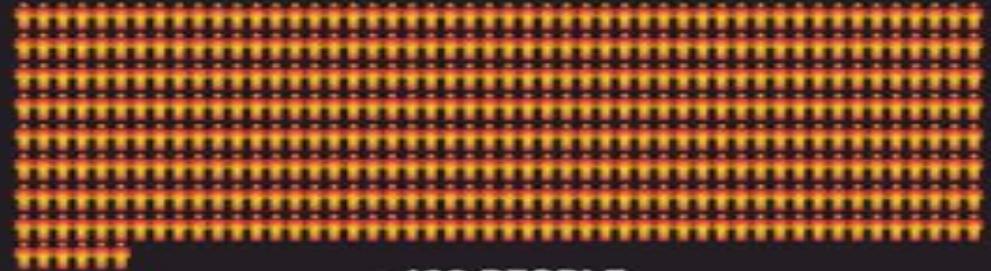


5 DAYS



2.5 PEOPLE  
INFECTED

30 DAYS



406 PEOPLE  
INFECTED

50% LESS EXPOSURE



1 PERSON



5 DAYS



1.25 PEOPLE  
INFECTED

30 DAYS



15 PEOPLE  
INFECTED

75% LESS EXPOSURE



1 PERSON



5 DAYS



.625 PEOPLE  
INFECTED

30 DAYS



2.5 PEOPLE  
INFECTED

# Keep COVID-19 from entering your facility

- **Conduct screening of all facility visitors.** All authorized visitors to a facility should be asymptomatic for respiratory diseases and wear masks or cloth face coverings.
  - Visitors restrictions are to protect residents and others in the facility who may have conditions making them more vulnerable to COVID-19.
- If the local health department restricts in-person visits, facilitate alternative methods of **communication and socialization** (such as video chats, activities, teleconferencing and drive-by visits) to maintain social distancing guidelines.
- **Restrict all volunteers and non-essential personnel** including consultant services (e.g., barber, nail care).
- Post **signage** at all entrances and leave notices for contract service providers.
- Consider designating one **central point of entry** to the facility and establishing visitation hours if visitation must occur.

# Keep COVID-19 from entering your facility – cont.

- As part of source control efforts, personnel should wear a **facemask at all times** while they are in the facility, or cloth face covering if facemask is not available.
- Designate one or more facility employees to actively **screen all visitors and personnel**, for the presence of fever and symptoms of COVID-19 before starting each shift/when they enter the building.
  - Send personnel and visitors home if they are ill or have a fever greater than 100.0°F or greater.
- Implement **sick leave policies** that are flexible and non-punitive.
- Ask **residents not to leave the facility** except for medically necessary purposes. Cancel all group field trips.
- Ensure residents who must leave the facility (e.g., residents receiving hemodialysis) wear their **facemask** whenever leaving the facility.



**DON'T** expose your nose



**DON'T** expose your chin



**DON'T** wear loose masks



**DON'T** touch the outside  
of the mask



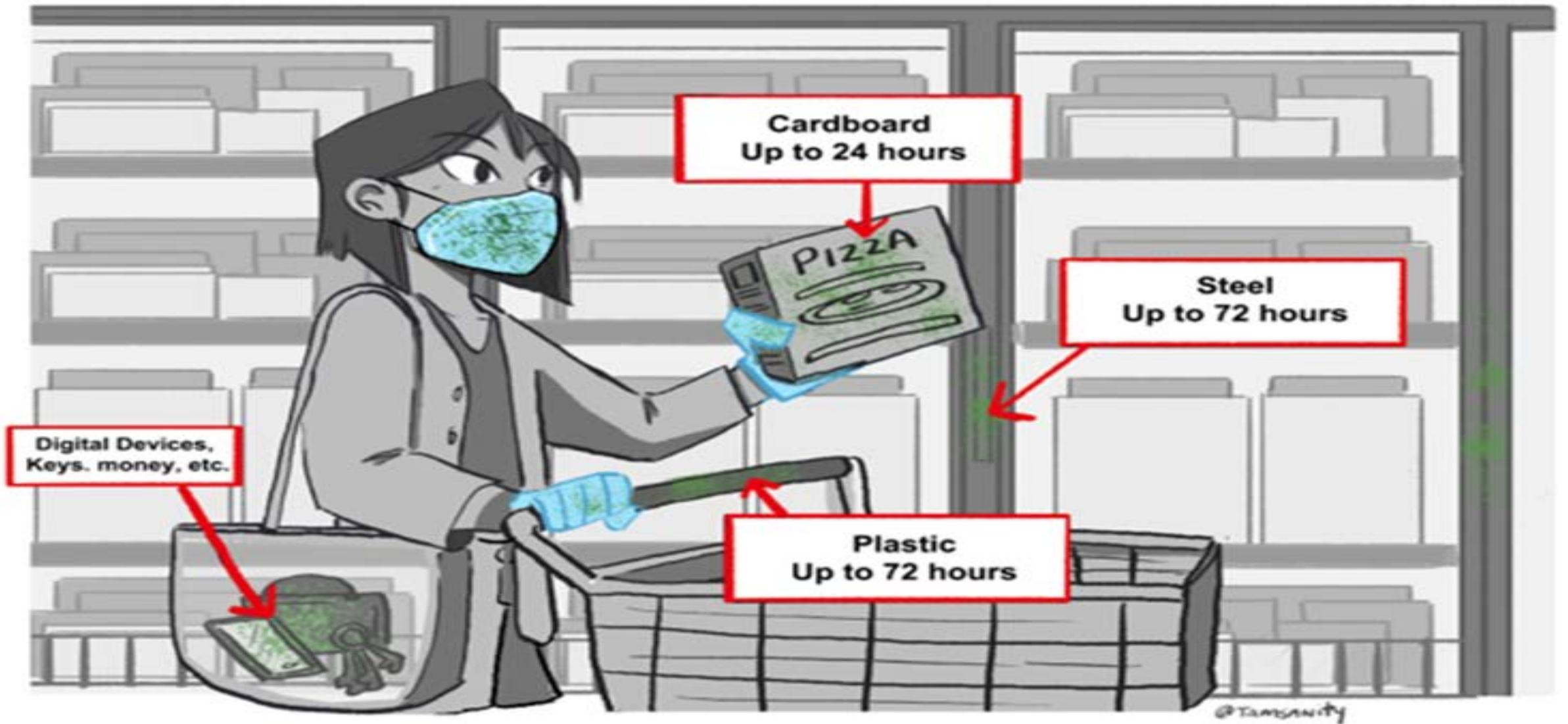
**DON'T** leave mask on  
chin



**DO** wear mask to cover  
chin and past tip of nose

# Implement Recommended Infection Prevention and Control Practices

- Provide access to **alcohol-based hand sanitizer** with 60-95% alcohol throughout the facility to supplement routine hand washing (for at least 20 seconds) and keep sinks stocked with **soap and paper towels**.
- Ensure adequate cleaning and **disinfection supplies** are available.
- **Clean and disinfect** surfaces and objects that are frequently touched in common areas routinely (**at least 3 times/day**).
- Facilities should restrict group **activities** and **meals** should be served to clients/residents in their rooms (if possible). Instead of communal dining consider creating a “grab n’ go” option for clients/residents or staggering mealtimes to accommodate **social distancing** while dining (such as a single person per table).



Can coronavirus survive on surfaces for days?

# Identify and respond to residents with suspected or confirmed COVID-19

- Designate one or more facility employees to ensure all residents have been asked at least daily about **fever and symptoms** of COVID-19 (e.g., sore throat, new or worsening cough, shortness of breath, muscle aches).
  - In **residents over 60**, ask about appetite, weakness, confusion or falls.
- **If COVID-19 is identified or suspected** in a resident or resident reports fever or symptoms of COVID-19 immediately isolate the resident in their room and notify your local health department and local Adult and Senior Care Regional Office representative immediately.
- Personnel who are expected to use personal protective equipment (PPE) should receive training on selection and use of PPE, including **demonstrating competency** with putting on and removing PPE in a manner to prevent self-contamination.
- Designate staff to care specifically for suspected/confirmed COVID-19 residents and different staff for all other residents, if possible.

# Symptoms of COVID-19

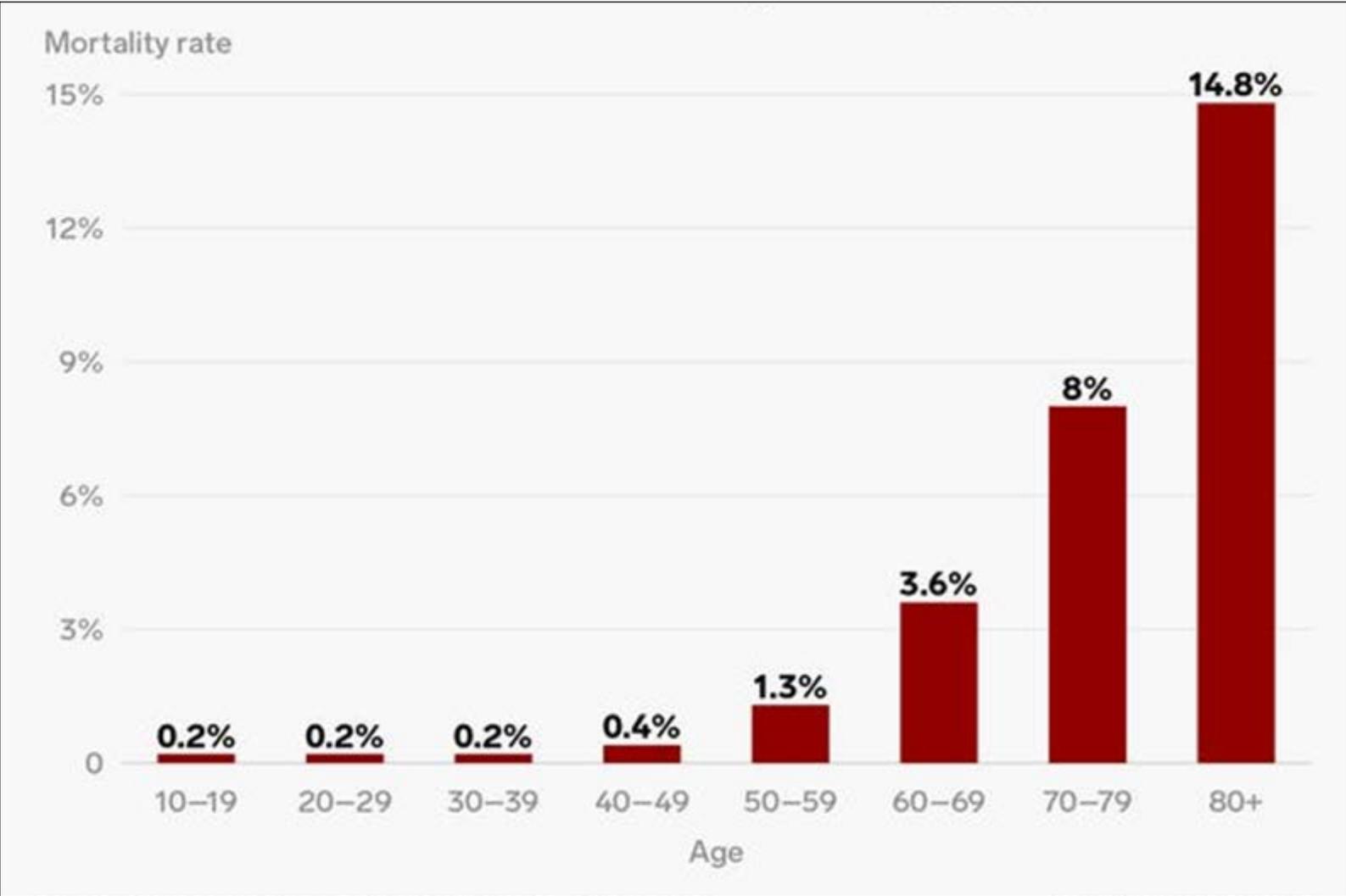
<b>COMMON</b>	<b>SOMETIMES</b>	<b>OVER AGE 60</b>
<b>Fever</b> (objective or subjective), <b>chills</b>	<b>Fatigue</b>	<b>New or increased confusion</b>
<b>Dry cough</b>	<b>Muscle Pain</b>	<b>Generalized weakness</b>
<b>Shortness of breath</b>	<b>Sore Throat</b>	<b>Appetite loss</b>
	<b>Runny Nose</b>	<b>New or increased falls</b>
	<b>Nausea, vomiting</b>	
	<b>Diarrhea</b>	
	<b>Loss of smell or taste</b>	

# Identify and respond to residents with suspected or confirmed COVID-19 – cont.

- An ill resident might be able to remain in the facility if the resident:
  - Is able to or is dependent on others to perform their own activities of daily living\*
  - Is able to request assistance
  - Can isolate in their room for the duration of their illness
  - Can have meals delivered
  - Can be checked on regularly by staff – for example, checking in by phone during each shift; visits by home health agency personnel who wear all recommended PPE.
    - Ideally a staff person with full PPE would see the resident daily to assess how well they are looking, thinking, moving, eating and drinking (urinating).

\*Updated 6/2/2020

# COVID-19 mortality rate by age



# Identify and respond to residents with suspected or confirmed COVID-19 – cont.

- If the ill resident requires more assistance than can be safely provided by on-site or consultant personnel (like a home health agency), they may be transferred (in consultation with the local health department) to another location, such as a DSS contracted facility, DPH contracted alternate care site, or hospital equipped to adhere to recommended infection prevention and control practices.
  - If you are faced with a situation where you believe you cannot provide the care needed onsite, public health agencies and local hospital have hotlines that facilities can call to help decide the best course of action.
- If residents are transferred to the hospital or another care setting, actively follow up with that facility and resident family member to determine if the resident was known or suspected to have COVID-19.
- Transport personnel and the receiving facility should be notified about the suspected diagnosis **prior** to transfer.



Quarantine



STAY SAFE  
STAY HOME  
SAVE LIVES

# Isolation and Quarantine for COVID-19

# Identify Close Contacts

- Identify close contacts
  - For healthcare workers: **Close contact** is spending greater than 2 minutes at less than 6 feet of distance without appropriate PPE.
  - For non-healthcare workers: **Close contact** is spending greater than 10 minutes at less than 6 feet of distance without appropriate PPE.
- Who are ***close contacts*** at congregate facilities (like shelters or board and cares)? Those contacts would include, **but not limited to:**
  - Roommates
  - Persons sharing a bathroom
  - Close Friends/Romantic Partners
  - Caregiver or Staff Members
  - Nursing/Medical Staff

# Place Close Contacts in Quarantine

- **Quarantine** is when you place asymptomatic, close contacts in isolation for **14 days** to monitor for COVID-19 symptoms.
- Monitor residents' symptoms **2-3 times a day**.
- All residents in quarantine should **stay in quarantine area** and use quarantine bathroom.
- Meals and medications should be **delivered** to quarantine area.
- **Limit or restrict new admissions** to and **transfers from** facility if whole facility is under quarantine.
- Share the **public health order** with residents to improve adherence to quarantine.

# Quarantine Resources

- **Share Public Health Resources with residents and staff!**

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

- **Quarantine Instructions:**

<http://publichealth.lacounty.gov/acd/ncorona2019/covidquarantine/>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html>

- **Public Health Order for Quarantine:**

[http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO\\_Coronaviruss\\_Blanket\\_Quarantine\\_05-01-20.pdf](http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_Coronaviruss_Blanket_Quarantine_05-01-20.pdf)

# Staff during Quarantine

- **All staff should be notified about possible exposure.**
  - Based on the staff capacity of your agency, staff who may have come into close contact with COVID positive individuals can either “home quarantine” for 14 days (i.e. don’t come to work) or report to work only if they are asymptomatic and while wearing a surgical face mask and gloves for 14 days.
  - Staff who develop symptoms or test positive for COVID-19 should be advised to “home isolate” for at least 14 days after symptoms start (or positive test) to 3 days after symptoms end.
- **Designated COVID-19 staff** should wear eye protection, regular masks, gowns, and gloves (**Contact and respiratory droplet isolation**) in quarantine areas.
  - Every effort should be made to **keep staff consistent in these areas to reduce PPE use and exposure risk of staff/residents.**

# Cleaning and Disinfection in Quarantine

- Bedrooms, bathrooms, common areas, and commonly touched surfaces should be cleaned disinfected at least **3 times a day**.
  - Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, tv remotes, and kitchen food preparation surfaces.
- **Cleaning staff** should wear eye protection, N95 masks, gowns, and gloves (airborne, contact, and respiratory droplet isolation).

# Place Residents with COVID-19 in Isolation

- All **symptomatic and/or COVID-19 positive residents** should be placed in an isolation area with isolation bathroom for **14 days after symptoms start AND 72 hours after symptoms end.**
- Monitor symptoms at least 2-3 times daily.
- Monitor high risk clients (age > 50 or chronic medical conditions) more frequently.
- Call residents' medical provider for recommendations or if symptoms get worse.
- Call 911 in an emergency.
- Meals and medications should be delivered to isolation area.

# Isolation Resources

- Stay at Home Orders

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/SHO%20Order%205-7-2020.pdf>

- Home Isolation Instructions

<http://publichealth.lacounty.gov/acd/docs/HomeisolationenCoV.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html>

- Public Health Order for Isolation

[http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO\\_Coronaviruss\\_Blanket\\_Isolation\\_05-01-20.pdf](http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_Coronaviruss_Blanket_Isolation_05-01-20.pdf)

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  - Every effort should be made to **keep staff consistent in these areas to reduce PPE use and exposure risk of staff/residents.**

# Cleaning and Disinfection in Isolation

- Cleaning and disinfection should be provided as needed to residents in isolation to reduce exposure of staff.
- **Cleaning staff** should wear eye protection, N95 masks, gowns, and gloves (airborne, contact, and respiratory droplet isolation).
- Isolation areas should be **terminally disinfected** at the end of the isolation period.
- CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>



# COVID-19 Response Strategy Work Group (LA County)

# Los Angeles County ARF/RCFE COVID Response Strategy Work Group

- Community Care Licensing Division, Adult and Senior Care Program (CCLD ASCP) has partnered with Los Angeles County Departments of Health Services (DHS) and Mental Health (DMH), the Veteran's Affairs (VA), and the local Long-term Care Ombudsman(LTCO) to build a comprehensive COVID response for ARF/RCFE facilities.
- The work group identified 5 tasks intended to build resources to facilitate the long-term work in support of these facilities:
  - Telephonic Assessment, Information Gathering, and Technical Assistance (TA)
  - Care Coordination and Follow-up
  - Testing logistics and partnerships
  - Testing Capacitation
  - Liaison, Guidance and Best Practice Capture

# Cohorting

*It's ok to isolate/quarantine groups (or cohorts) together. Think about creating different isolation and quarantine areas for:*

- Symptomatic, untested → Social distancing +/- face masks for coughing patients
- Symptomatic, PUIs → Social distancing +/- face masks for coughing patients
- Symptomatic, COVID+ → No social distancing needed
- Quarantine, asymptomatic → Social distancing, heightened cleaning and infection control

**QUESTIONS?**