



Date: May 27, 2020

To: Skilled Nursing Facilities in San Joaquin County

From: Maggie Park, M.D. Health Officer 

Subject: Skilled Nursing Facility Mitigation Plans

Per the California Department of Health Services (CDPH) All Facilities Letters (AFL) 20-52 from May 11, 2020, and AFL 20-53 from May 22, 2020 all skilled nursing facilities (SNF) are required to submit a Facility Mitigation Plan to CDPH on the prevention and control of COVID-19 in your facility and a COVID-19 testing program for residents and employees. The following outlines San Joaquin County Public Health Services (SJCPHS) guidance to assist you with the planning and implementation of the plan. Please also refer to other CDPH and CDC guidance document on their websites that can help guide your planning. Note that the CDPH definition of an outbreak in a SNF is at least **one** case of laboratory-confirmed COVID-19 in a resident.

Prevention of Outbreaks

Screening Staff Prior to Each Shift:

Essential to the prevention of outbreaks in a SNF is to have an active screening process of all staff at the beginning of their shifts to ensure no one is working who may be sick. The screening is to include checking for fever and completing a survey asking about symptoms of COVID-19 including cough, shortness of breath, difficulty breathing, chills, rigors, myalgia, headache, sore throat, or new olfactory and taste disorder.

Keep it Out of the Facility:

Staff are to be advised to stay home if they are sick and to wear clean clothes or uniforms upon entry for their work shift. This is especially important for staff who work at more than one facility to prevent spread of COVID-19 between care homes. Establish a policy that all staff must wash their hands upon entry to the facility or use alcohol-based hand sanitizer, and then continue to frequently cleanse their hands throughout their work shift, especially before and after each resident encounter. Designate a few people in each facility who keep an eye out for proper handwashing among the staff and report any problems. All staff must wear face coverings while at work.

Early Identification of COVID-19 in Residents:

Monitor all residents for symptoms of COVID-19 daily. It has been reported that residents of SNFs who test positive for COVID-19 may have only subtle changes in their health or mental health. They do not always display the usual symptoms associated with the disease. Therefore, vigilance and early suspicion with testing may identify residents who have an unusual presentation for COVID-19 and can prevent further spread.

Cohorting Plan:

It is essential that the plan includes the location and process for cohorting both residents and staff. Ideally this plan is needed before any residents or staff are identified as having positive COVID-19 tests. Cohorting involves separating the residents into three groups: those who test positive and need to be isolated; those who have been exposed, still test negative but need to be in quarantine for a 14 day observation period; and those who neither test positive nor have been exposed.

Identify a section of your facility (wing, floor or hallway) where you will move residents who test positive and one for those who have been exposed and need a 14 day quarantine. The planning process must include the logistics of how current residents will be moved around to enable you to move positive residents together. Having this in place will enable a rapid response when positive residents are identified. Residents who were close contacts and need a 14 day quarantine can be moved to the same area where new admissions or hospital discharged residents are placed for their 14 day period of observation. Staff also need to be cohorted together and separated from other employees throughout their work day, including breaks.

Isolation and Quarantine of SNF Residents with Positive COVID-19 Tests:

1. Residents that test positive and are symptomatic should be isolated until the following conditions are met:
 - at least 3 days (72 hours) have passed since recovery, defined as a resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath, etc.); **AND**
 - at least **14 days** have passed since symptoms first appeared.
2. Residents that test positive and are asymptomatic should be isolated for **14 days** from the date of their positive test. If they subsequently develop symptoms, use the symptoms-based criteria for discontinuing isolation based on the first date of symptoms rather than the test date.
3. Close contacts of COVID-19 positive residents and staff must be in quarantine for observation for 14 days. If they develop symptoms during this time they should be tested and then follow the process symptom-based isolation above. Use 48 hours before onset of symptoms for identifying contacts of symptomatic cases, and 48 hours before date of testing for asymptomatic cases.

Staff with Positive COVID-19 Tests:

1. Staff who test positive are to be excluded from work. They may return to work after the following conditions are met:
 - at least 3 days (72 hours) have passed since recovery, defined as a resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath, etc.); **AND**
 - at least **10 days** have passed since symptoms first appeared.
 - Asymptomatic staff are to be excluded from work for 10 days from the date of the positive test. If they subsequently develop symptoms, use the symptoms-based criteria for discontinuing isolation based on the first date of symptoms rather than the test date.
2. If there are staffing shortages, discuss with SJCPHS the possibility of asymptomatic COVID-19 staff working with COVID-19 residents. This needs prior approval from SJCPHS.

Facility Testing

CDPH is requiring all SNFs to establish testing strategies for responding to a COVID-19 positive resident or staff, in addition to baseline and surveillance testing.

Only laboratory tests able to detect the SARS-CoV-2 virus (the virus that causes COVID-19) are to be used for this testing. This includes tests using polymerase chain reaction (PCR) with greater than 95 percent sensitivity and greater than 90 percent specificity. For testing in response to a positive COVID-19 resident or staff it is important that the results can be obtained rapidly. Antibody tests (serology) are not to be used for these tests as they cannot determine if a person has an active COVID-19 infection.

Testing done in response to a positive COVID-19 resident or staff will be done at the SJC Public Health Laboratory. Otherwise SNFs need to identify a commercial laboratory for the required baseline and monthly surveillance testing.

Note that test results are only valid for the day the specimen was collected, so someone who is in the incubation phase may become positive later. Also false negative tests do occur. If a COVID-19 infection is suspected in a person who tested negative, the test may be repeated.

Response to COVID-19 Positive SNF Resident(s) or Staff: Facilities experiencing single case or outbreaks with confirmed or suspected COVID-19.

1. Report to San Joaquin County Public Health Services (SJCPHS) all positive tests for residents and staff immediately (209/468-3822).
2. Coordinate with SJCPHS to get all residents and staff tested as soon as possible at the SJC Public Health Lab. Ideally, all residents and staff should be tested within a couple of days.
3. SJCPHS will make available specimen collection kits for the facility. If needed, SJCPHS can send a nurse to train SNF staff on specimen collection.
4. Specimens must be one of the following: Naso-pharyngeal, mid-turbinate or anterior nares. See section below entitled "Options for Collection of Specimens" for more information.
5. Cohort all the COVID-positive residents and the exposed residents and staff as outlined above.
6. Employees who test positive for COVID-19 are not to work. If there are staffing shortages, discuss with SJCPHS the possibility of asymptomatic COVID-19 employees working with COVID-19 positive residents. This needs prior approval from SJCPHS.
7. SJCPHS may coordinate a virtual or in-person infection control assessment to identify and recommend changes to infection control practices.
8. Re-test all COVID-19 negative residents and staff once a week until there are no new COVID-19 positive tests in two sequential rounds of testing.
9. The facility then will start to follow their regular periodic surveillance testing of staff (see section below).

Baseline and Surveillance Testing of SNF Residents and staff: Prospective surveillance of facility when there are no known cases, to monitor for asymptomatic persons and ensure infection control plan is effective.

The surveillance testing is to be done by a commercial laboratory who will also provide the collection supplies to the facility. (See section below on “Options for Collection of Specimens”.)

Baseline Testing of Residents and Staff:

1. Baseline testing is needed for any facility who does not currently have any positive COVID-19 residents or staff.
2. Conduct baseline COVID-19 testing in all SNF residents and staff who have not previously tested positive.
3. If any COVID-19 positive residents or staff are identified, initiate the **Response** based testing above.

Surveillance Testing of Staff:

1. Following Baseline Testing in facilities without any positive COVID-19 cases:
 - Implement testing of all staff once a month.
 - This may be by testing all staff within the same week or testing of 25 percent of all staff every 7 days so that everyone is tested once a month.
 - Testing must include staff from all shifts and facility locations and ensure that 100 percent of facility staff are tested each month.
2. If any COVID-19 positive staff are identified, initiate the **Response** based testing above.

Options for Collection of Specimens:

CDC recommends collecting and testing an upper respiratory specimen. Listed below are acceptable specimens for testing at the SJC Public Health Lab. Different swab types may be needed so coordinate with SJCPHS to ensure the proper swab and transport media is being used. Not all commercial labs are able to test all types of specimens, so ask your lab about options for specimen collection to be sure you are getting the correct swabs.

Some of the options allow for self-collection with nursing staff observing. These options could be used for collecting specimens from staff. It allows the nurse to stand 6 feet away while the staff is collecting their own specimen, so lower level PPE is required (face covering rather than N95 with eye covering). Also anterior nares or mid-turbinate may be less uncomfortable for the person being tested.

- A nasopharyngeal (NP) specimen collected by a healthcare professional;
- A nasal mid-turbinate swab (also called Deep Nasal) collected by a healthcare professional or by a supervised onsite self-collection (using a flocked tapered swab);
- An anterior nares (nasal swab) specimen collected by a healthcare professional or by onsite self-collection (using a flocked or spun polyester swab);
- An oropharyngeal (OP) specimen collected by a healthcare professional;
- Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare professional.