County of Santa Clara

Public Health Department

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MEMORANDUM

DATE: July 3, 2020

TO: Long-Term Care Facilities (LTCF) in Santa Clara County

FROM: George S. Han, MD, MPH
Deputy Health Officer

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Assistant Health Officer

RE: Updated COVID-19 Requirements, Guidance, and Strategies for LTCFs in Santa Clara County

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1. Introduction

The County of Santa Clara Public Health Department (PHD) is updating its COVID-19 guidance for Long-Term Care Facilities (LTCFs) including Skilled Nursing Facilities (SNFs), Assisted Living Facilities, and Independent Living Facilities. This memorandum supplements previous memoranda issued by the County of Santa Clara.

2. COVID-19 Reporting Requirements

a. All facilities are required to call PHD at (408) 885-4214, ext. 3 (ask for Provider Branch) to promptly report suspected persons under investigation (PUI) or confirmed COVID-19 cases in a resident or staff.
b. To ensure that PHD is notified of every suspected COVID-19 case, all staff members should be instructed to inform the Director of Nursing (DON), Infection Preventionist (IP), or facility director immediately when a suspected COVID-19 case is identified.

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c. All SNFs are required to report COVID-19 surveillance testing. (This is a mandated element of CDPH AFL 20-52 and AFL 20-53.) PHD requests weekly updates using the Weekly PPE/ Inventory Survey. The weekly report is due at 12:00pm on Fridays.
d. Facilities that are not required to report surveillance testing (i.e. non-SNFs) can use this tool for keeping track of the results of testing in their facilities.

3. End of Life Visitation for Residents

Recommendations for end of life visits by family or friends of residents **with suspected or confirmed COVID-19** and who exhibit a rapid decline in health (as determined by the medical provider or Medical Director):

a. The visit should be approved by the medical provider or Medical Director, and the DON.
b. The visitor should be screened (temperature and symptoms check) upon entry to the facility.
c. The visit should be limited to 1 person at a time, 1 hour per visit, 2 visits per day.
d. Children < 12 years of age are not permitted.
e. The visitor should be instructed with a pamphlet or video (with translation) about COVID-19 and escorted to the resident's room.
f. The DON or designee should instruct the visitor regarding donning/doffing Personal Protective Equipment (PPE), hand hygiene, social distancing, and minimal contact with surfaces.
g. The visitor is restricted to the resident's room and should leave the facility immediately afterwards.
h. Surfaces in the room and bathroom should be sanitized after the visit.
i. The visitor should self-monitor for symptoms of COVID-19 for 14 days after the visit and report to the facility if symptoms appear or COVID-19 is diagnosed.

Recommendations for end of life visits by family or friends of residents **without** suspected or confirmed COVID-19 and who exhibit a rapid decline in health (as determined by the medical provider or Medical Director):

a. Same as above but, in this case, the visitor does not need specific instructions regarding PPE. All visitors should be masked at all times.

4. Emotional Support Persons for Residents

Emotional Support Persons (ESPs) are important to residents with physical, intellectual, or developmental disabilities, as well as those with cognitive impairment. The safest place for visits to occur is outdoors.

a. These visits are permitted for residents who do not have suspected or confirmed COVID-19.
b. One ESP is permitted per resident and limited to a two hour visit per day.
c. The other recommendations are as above, but the visitor does not need instruction regarding donning/doffing of PPE. All visitors should be masked at all times.
d. ESP visits are not allowed at facilities where active COVID-19 transmission is being investigated (e.g., outbreak facilities, facilities undergoing response driven-testing).

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5. Group Activities for Residents

Isolation and lack of stimulation increase the risk of behavioral problems and poor physical health. Resumption of some group activities that can be safely performed is recommended. The safest place for any group activities to occur is outdoors.

a. Residents without COVID-19 or those who are fully recovered from COVID-19 may participate in small group activities and chair exercise.
b. The Activities Coordinator needs to enforce masking of residents and hand hygiene, sanitization of furniture and shared items between each activity, and limiting the number of participants to maintain six feet of social distancing.
c. Additional staff (e.g., CNA) should assist the Activities Coordinator in monitoring the residents, especially those with memory issues, during these activities.
d. Social visits from families are safest if they occur outdoors, with all parties masked and maintaining at least six feet of distancing. Alternatively, visits may occur via screened windows or plexiglass divider across the opening of a patio door if both parties are masked and there is social distancing. Facility staff will need to monitor these sessions to ensure compliance with safety measures, so the facility must determine the duration and number of visits allowed. Surfaces will need to be sanitized after each visit.
e. Other activities (e.g., use of salon, use of facility pool, communal dining, and outdoor excursions) will be guided by reopening policies for the County.

6. PUI Location/Placement Recommendations

Persons Under Investigation (i.e., persons with symptoms of COVID-19 who are waiting for test results and persons who are contacts of a confirmed case of COVID-19) should each be in single-occupancy rooms (by moving them or their roommates to other locations in the facility). The door to the room of a PUI should be closed and clear signage posted. Staff should use PPE in the care of PUI residents.

7. PUI among Residents who have recovered from COVID-19

In general, persons who test positive for COVID-19 should not be retested because the test may be persistently positive for up to six weeks even though the patient is no longer infectious. Based on research studies, viral load is low and viral cultures are negative in specimens collected after about ten days of acute illness. Therefore, it is quite unlikely that persons who have recovered after the isolation period (i.e., following the 14/7 rule) are still infectious even with a persistently positive PCR.

The main exception is if a previously COVID-positive patient develops new symptoms consistent with COVID-19. These patients should be treated as PUIs and be retested via a diagnostic PCR-based test, and transmission-based precautions (TBP) should be reinstituted for their care, regardless of the amount of time since the original COVID-19 infection.

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a. **Persons who become symptomatic** at any time after completion of the 14/7 period of isolation **should be re-tested** (with PCR test) and TBP reinstated until test results are obtained or alternate diagnosis is determined.
b. **For persons who are asymptomatic** and who have an incidental COVID-19 positive test (e.g., a person is admitted to hospital for unrelated reason and incidentally tests positive) **less than six weeks after the original test date**, that positive test can be assumed to be a residual or persistently positive result.
c. **For persons who are asymptomatic** and who have an incidental COVID-19 positive test (e.g., a person is admitted to hospital for unrelated reason and incidentally tests positive) **more than six weeks after the original test**, the event is assumed to be a COVID-19 re-infection**.** **Reinstitution of TBP is recommended per the 14/7 rule.**
d. In circumstances where more diagnostic information is needed, the infectious disease consultant or PHD may recommend viral culture and additional tests.

8. Updated Information on COVID-19 Test Results and Specimen Collection

a. Anterior nares and mid-turbinate tests have test sensitivity comparable to nasopharyngeal (NP) tests and cause minimal discomfort and are better tolerated compared to NP. Additionally, they can be self-collected by staff and even residents as part of facility-wide surveillance testing. Self-collection should be directly observed by a manager/supervisor in charge of the surveillance testing program. The observation of self-collected specimens is done standing six feet away, without requiring PPE on the part of the observer other than face mask and gloves.
b. The type of specimen collection swab or kit and transport media varies with the test and the laboratory, so ensure that the swabs, kits, and transport media being used are compatible with the laboratory that is performing the test.
c. The information on commercial laboratory offering COVID-19 testing is found on the COVID-19 Testing Taskforce Lab List.

9. Infection Prevention and Control

COVID-19 surveillance- or response-driven testing **does not replace or preclude other infection prevention and control interventions,** including monitoring all residents and staff for symptoms and signs of COVID-19, universal masking of all residents and staff for source control, use of recommended PPE, and environmental cleaning and disinfection.

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