PUBLIC HEALTH ALERT

April 9, 2020

Novel Coronavirus (COVID-19): Licensed Skilled Nursing Facilities and Other Long-Term Care Facilities; Assisted Living Facilities and Independent Living Facilities; Residential Care and Crisis Residential Facilities

Current Situation

There are now 154 confirmed cases of COVID-19 in Marin County with 29 hospitalizations and 10 deaths. Twelve cases have occurred among residents of Skilled Nursing Facilities (SNF) and Residential Care Facilities for the Elderly (RCFE). There have also been reported cases among SNF and RCFE staff.

On March 26, 2020 Centers for Disease Control and Prevention (CDC) published a Morbidity and Mortality Weekly Report on an outbreak of COVID-19 in a long term care facility (LTCF) in Seattle, Washington. This report describes how the introduction of COVID-19 into a congregate setting can result in high attack rates among residents, staff members, and visitors. It is critical that long-term care facilities implement active measures to prevent introduction of COVID-19.

Required Actions

Reporting Requirements

1. Create a line list of all residents using Marin County Public Health template. This template will be provided after your initial telephone report to Marin County Public Health.
2. Call Marin County Public Health at 415 473 7799 (afterhours call Health Officer on call at 415 499 7237) to report any suspected or confirmed COVID-19 case in a resident or employee. Marin County Public Health Department will coordinate deployment of Mobile Assessment and Triage Team.
3. Leadership must instruct all staff members to inform the facility director or facility’s director of nursing immediately when a suspected COVID-19 case is identified.
4. Facilities must communicate any potential staffing shortages or related patient care concerns to the Marin County Public Health by calling 415 473 7799 (afterhours call Health Officer on call at 415 499 7237).

Accepting Patients from Hospitals (in accordance with CDPH AFL 20-33)

1. Facilities must accept confirmed or suspected COVID-19 patients who have been cleared by the hospital for discharge/release, if the transfer has been approved by the Public Health Department.
   a. If the patient has completed their isolation period in the hospital, no further isolation is needed.
b. If the patient has not completed their isolation period, the facility must arrange for the patient to complete it within the facility.

2. Facilities cannot require that patients test negative before accepting them.
3. Isolate the residents in their own room if possible. Use personal protective equipment (PPE) for both confirmed and suspected COVID-19 patients.

**Reducing the Introduction of COVID-19 by People Entering the Facility**

**Visitors**

1. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.
2. Facilities must not allow visitors into their facilities except for end-of-life care. Decisions about visitation during an end of life situation should be made on a case by case basis.
   a. Visitors must be screened for fever and symptoms. Those with fever or symptoms must not enter the facility at any time (even in end-of-life situations).
   b. Visitors must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility.
   c. Visitors must be escorted directly to the resident’s room or designated location.
   d. Visitors must perform hand hygiene and use Personal Protective Equipment (PPE) as indicated.
2. Facilities must use technology-assisted remote visitation and maximize videoconferencing available to residents. All equipment must be sanitized thoroughly after each use.

**Healthcare personnel (HCP) and Staff**

1. Facilities must identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and identify opportunities to limit facility to facility transmission.
2. Facilities must implement and document active screening of health care personnel (HCP) and staff, including measurement and documentation of body temperature and respiratory symptoms to identify and exclude symptomatic workers.
3. HCP and staff must always wear masks while in the facility.
4. Facilities must screen HCP (including physicians) or staff member at the beginning of the shift and again in the middle of the shift if their shift is longer than 10 hours.
5. If HCP or staff member shows any symptoms:
   a. They should go home immediately and call their healthcare provider.
      i. If their provider assesses that they do not have COVID-19, they should remain at home and should not return to the facility until at least three days after their symptoms have improved.
      ii. If their provider assesses that they might have COVID-19, they should be tested and should not return to work while the test results are pending.
1. If the test result is positive, they should follow County isolation and quarantine orders.
2. If the test result is negative, they should remain at home and should not return to the facility until at least three days after their symptoms have improved.

**Education and Capacity Building**

1. Implement and document active screening of residents, including measurement and documentation of body temperature and symptoms to identify residents for assessment and triage. Screenings should also include asking or observing every resident for the following symptoms: fever; chills; night sweats; sore throat; cough; shortness of breath; nausea; vomiting; diarrhea; fatigue; myalgias; headaches; change in mental status; and/or loss of sense of taste or smell.
2. Implement contact and droplet precaution for symptomatic residents and residents with confirmed COVID-19.
3. Implement behavioral and environmental interventions to restrict resident movement.
4. Conduct staff training on infection control and Personal Protective Equipment (PPE) use.
5. Monitor hand hygiene and PPE compliance.
6. Increase frequency of environmental cleaning.

Sincerely,

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