

This Guidance is intended for providers of long-term care who offer medical and assisted living services in facilities residing in Ventura County.

The Ventura County Public Health (VCPH) Department seeks to protect vulnerable populations from COVID-19. The most vulnerable population is the elderly. Seniors confined together in a **Long-term Care Facility (LTCF)** are at particular risk. An outbreak there might result in numerous deaths. VCPH is committed to preventing the spread of COVID-19 in LTCFs¹. The Ventura County Health Officer's guidance supersedes that of State, Federal and corporate guidance provided the local guidance is more stringent.² ³Local guidance differs from that of the State in that **COVID-19 positive residents will not remain in a long-term care facility.**⁴

These guidelines provide general information regarding COVID-19 followed by specific actions you should take to help slow the spread of COVID-19.

Summary of Guidance Content

- Identify residents and staff of long-term care facilities with symptoms compatible with COVID-19.
- Immediately isolate the resident to the maximum of the LTCF capability.
- Test the resident for COVID-19 on-site or send them to a drive-thru testing site.
- Send the specimen as a priority to either the facility's contracted laboratory or to the Public Health Laboratory ensuring a turn-around time of 24 hours or less.
- If a specimen result is positive for COVID-19, call VCPH Communicable Disease.
- Transport the COVID-19 positive resident using proper precautions or call VCPH Communicable Disease to arrange transfer to the hospital.
- The resident will be cleared to return to LTCF by VCPH Communicable Disease in conjunction with the Hospital COVID Holding Unit Guidance. These clearance criteria were developed in alignment with CDPH and CDC.
- The long-term care facility will not refuse to accept the patient, per the Stay Well at Home Order, VCPH, March 31, 2020.

¹ While Ventura County is committed to keeping COVID-19 out of long-term care facilities, an overwhelming surge at the hospitals will result in a change to this guidance. In this situation, additional care sites will be sought such as utilizing one or more wings in one or more of the Skilled Nursing Facilities.

² Kathleen Harriman, PhD, MPH, RN., Chief, Vaccine Preventable Diseases Epidemiology Section, Current lead of the CDPH COVID-19 Investigations Team, California Department of Public Health, correspondence 4/8/2020 10:36 a.m.

³ "CDC Guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances." Coronavirus Disease 2019 (COVID-19), Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings, CDC, March 23, 2020.

⁴ In consultation with VCPH, exceptions may be made for residents with mild symptomatology residing in non-congregate settings such as a home apartment or home condominium on LTCF property. Some residents may be allowed to recover at their non-congregate setting home.

Table 1. Definitions for Purposes of this Document

Long-term Care Facilities (LTCF) refers to nursing homes, skilled nursing facilities, intermediate care facilities, assisted living facilities, continuing care communities, residential facilities, and congregate living facilities that are licensed by the California Department of Public Health and/or the California Department of Social Services.

Facility Personnel (FP) refers to all paid and unpaid persons serving in LTCF settings who have the potential for direct or indirect exposure to residents/patients or infectious materials.

Holding Unit may be a dedicated space at a hospital, but it need not be a specific designated unit. This function may be met by utilizing existing hospital beds or surge beds as long as these are capable of holding patients who are COVID-19 positive or suspect.

COVID-19 General Information

Symptoms

Information to date shows that SARS CoV-2 causes symptoms such as cough, fever (99.0 or higher, orally or temporally) and shortness of breath. Most cases have either no or mild to moderate flu-like symptoms and can isolate at home but others have more severe respiratory symptoms and will require hospitalization. Older individuals and those with chronic medical conditions appear to be at higher risk for severe illness.

Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, dizziness, headache, body aches, loss of sense of taste and/or sense of smell, diarrhea or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Isolated coryza (runny nose) is *not* typical of COVID-19 infection.

Transmission

Like other respiratory illnesses, such as influenza, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person coughs or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

Steps to Take to Reduce the Spread of COVID-19***Communication***

- Educate residents and their families about the Ventura County Stay Well at Home Order and the importance of compliance. [Ventura County Health Officer, Dr. Robert Levin's message for residents.](#)
- Prohibit visitors from entering the facility. Visiting may be essential at times (end of life, pediatric). Limit access to one visitor at a time; monitor them for fever and respiratory symptoms; limit the duration of visitation and the location of visits (in resident rooms).
- When arranging for visitation, visitors should be advised to bring their own mask to wear for the duration of their visit.
- Post signs instructing permitted visitors to not enter if they are unwell.
- Set up alternative methods of visitation (i.e. Skype or FaceTime) and develop instructive materials for family members on how to contact their loved one.
- For nursing homes, refer to CMS "[Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes \(REVISED\)](#)" for visitor restriction and screening criteria.
- Have a process for family and resident notification when a case of COVID-19 is identified in your facility.

Facility Readiness

- Ensure all residents are wearing a procedure mask, if available, or a cloth face covering, when interacting with others.
- Prohibit all volunteers and non-essential personnel (e.g. barbers).
- Essential services that may continue include OT, PT, hospice, dialysis, home health, podiatry. All essential service providers must utilize proper donning/doffing of PPE as witnessed by FP to prevent the spread of COVID-19.
- Discontinue community group events, dining, and field trips.
 - Serve meals in resident rooms, if possible, or stagger dining times to increase social distancing around the table. If smaller group activities occur, keep the same group together to decrease risk of spread.
- Ensure that your facility has the capacity to isolate residents who are suspected of having COVID-19 while waiting for test results and quarantine residents who are close contacts of a confirmed case.
- Assign an isolation room that includes a designated restroom for each resident who is suspected of having COVID-19 and being held pending results of testing.

Facility Personnel (FP) Preparedness

- All FP should wear a procedure mask at all times. If face masks are not available, FP should wear a cloth face covering.
- Provide education and job-specific training to FP regarding COVID-19, including:
 - Signs and symptoms and modes of transmission.
 - Correct infection control practices and personal protective equipment (PPE) use; practice its use.
 - How to swab residents for specimen collection.
 - Staff sick leave policies and recommended actions for unprotected exposures (i.e. not using recommended PPE and unrecognized infectious resident contact).
 - Notification processes internal to your facility as well as externally to the VCPH Communicable Disease Program.
 - Process for arranging transportation to the hospital Emergency Department (ED) when you have a resident who tests positive for COVID-19.
- Designate FP(s) who will be responsible for caring for suspected COVID-19 residents.
- As much as possible, have FP work at only one facility to reduce interfacility spread of COVID-19.
- Plan for employee absences and create a back-up on-call system. For help with mitigating staff shortages refer to: <https://www.cdc.gov/coronavirus/2019-ncov/FP/mitigating-staff-shortages.html>.
- FP Monitoring
 - All FP should self-monitor twice daily, once before leaving for work and again when returning home for possible symptoms of COVID-19.
 - If FP has a fever (99.0 or higher, orally or temporally), they should contact the facility immediately and stay home from work. Provide guidance to FP on where to receive testing. FP **must** be sent for testing.
 - If FP develops a fever (99.0 or higher, orally or temporally) while at work, they should be tested (if specimen collection immediately available on-site) and then sent home and **not** allowed to work.
 - FP should not hesitate to report subtle symptoms of muscle aches, joint pain, headache, loss of sense of smell and/or taste. If these subtle symptoms are reported, FP should stay home from work and be **sent for testing**.
 - The facility should screen all FP prior to the start of working their shifts AND at the end of the shift for symptoms and fever. The facility should develop and implement screening systems that cause the least amount of delay and disruption but have as much accuracy as possible.

- FP with mild respiratory symptoms (sore throat, runny nose, etc.) **without fever** may work. These FP must wear a procedure mask or face covering which is changed frequently to ensure efficacy and educate about respiratory etiquette. Try to reassign those FPs to responsibilities other than patient/resident care.
- Identify FP who can monitor sick FP with daily “check-ins” using telephone calls, emails and texts.
- All symptomatic FP should be reported to VCPH Communicable Disease at (805) 981-5201 as soon as possible.
- Return to Work for FP
 - COVID-19 positive FP may discontinue home isolation when the following conditions are met:
 - At least 3 days (72 hours) have passed without fever needing fever-reducing medications **and** improvement in respiratory symptoms (i.e. cough, shortness of breath) **and**
 - At least 7 days have passed since symptoms first appeared.
 - After returning to work, they should:
 - Adhere to hand hygiene, respiratory hygiene, and cough etiquette.
 - Self-monitor for symptoms and seek medical re-evaluation if respiratory symptoms recur or worsen.
 - Not care for immunocompromised residents for 14 days after symptoms first appear.
 - See CDC [Criteria for Return to Work for Facility Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#).

Infection Prevention and Control Considerations

For information on infection control recommendations, visit <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

- Ensure FP are wearing appropriate PPE for resident/patient care and post [signage on the appropriate steps for donning/doffing](#) PPE.
- Facilities should have a process for auditing adherence to recommended PPE use by FP.
- Implement [Strategies for Optimizing PPE Supply](#) and use the CDC’s PPE burn rate calculator to plan for sufficient supply of PPE.

Environmental Cleaning Following COVID-19 Incidence

In addition to CDC guidelines, the recommendations below are referenced from California Department of Health [AFL 20-14 for Environmental Infection Control for the Coronavirus Disease 2019 \(COVID-19\)](#).



- Facilities must have a plan to ensure proper cleaning and disinfection of environmental surfaces (including high touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in resident rooms.
- All staff with cleaning responsibilities must understand the contact time for cleaning and disinfection products used in the facility.
- Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations.
- Routine cleaning and disinfection procedures (i.e. using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings.
 - For a list of EPA-registered disinfectants that have qualified for use against COVID-19, go to <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Set a protocol to terminally clean rooms after a COVID-19 positive resident is discharged from the facility. Staff should refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#infection_control
- Increase environmental cleaning in the facility to 3 times a day with an emphasis on high touch surfaces, particularly in the unit where the resident is located.

Identifying, Isolating and Caring for COVID-19 Residents

Process for COVID-19 Screening and Testing

- **Residents should not be sent to the Emergency Department (ED) as a site to obtain COVID-19 testing.**
- Review the CDC's "[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)"
- Identify a mechanism for your facility to obtain COVID-19 testing kits.
- Perform testing on all residents with symptoms consistent with COVID-19 infection.
- A physician, nurse practitioner, nurse or medical assistant at the facility may [perform the COVID-19 test](#).
- If COVID-19 testing is unable to be performed at the facility, the resident should be tested at a designated drive-up testing site.
- If a resident is transported to a testing site, the resident must wear a face mask and



- standard, contact and droplet precautions must be maintained by the driver with the vehicle windows open.
- If a resident can't be tested by FP and cannot be brought to a drive-up testing site, call VCPH CD for assistance at (805) 981-5201. It is expected though, that each LTCF should anticipate having to collect COVID-19 specimens and be prepared to do so.
 - Send a Confidential Morbidity Report (CMR) for all residents being tested for COVID-19. Providers with a [CalREDIE Provider Portal](#) Account should submit a web CMR through the portal. Providers without access to CalREDIE should submit a [PDF CMR](#) to vcph-id@ventura.org or fax to (805) 981-5200.
 - Asymptomatic residents do **NOT** need to be tested for COVID-19.
 - When a resident is documented to have COVID-19, initiate temperature and symptom checks (cough, shortness of breath, etc.) every 12 hours on all residents.
 - If your facility has confirmed COVID-19 cases, support and encourage families to care for their senior at home temporarily if appropriate and assist with the arrangement of care needs.
 - Discontinue **all** group activities and communal dining for 2 weeks.
 - Notify VCPH Communicable Disease at (805) 981-5201 that a resident has been tested for COVID-19.
 - Ensure the specimen is properly labeled:
 - Resident name
 - Resident date of birth
 - Initials of individual who obtained the specimen
 - Date & time the specimen was taken
 - When a LTCF has its own relationship with a laboratory that can provide rapid turnaround, the laboratory with a pre-established relationship should be utilized.
 - Sending specimens to the VCPH Laboratory:
 - Flag the laboratory request form with "LTCF Resident – Priority"
 - Drop-off COVID-19 specimens to VCPH Laboratory located at 2240 E. Gonzales Rd. Suite 160 (entrance is in the back of the building). Please call (805) 981-5131 to arrange drop-off.

Process for Isolating Suspect COVID-19 Residents

- Designate an area in your facility for the placement of suspect residents and designate specific staff to care for suspect cases in order to minimize transmission.
 - Facilities without an airborne infection isolation room (AIIR) should isolate the suspect case(s) with the door kept closed. The facility must adhere to the rest

of the infection prevention and control practices recommended for caring for a resident with COVID-19.

- Any residents with fever or respiratory symptoms should be tested for COVID-19 and isolated in their room immediately with the door closed until results are known; use single rooms whenever possible and implement transmission-based precautions, limiting entry into the resident's room.
 - If residents must leave the room (i.e. medically necessary procedures) have them wear a procedure mask if tolerated.

Process for Positive COVID-19 Residents

- If the resident is experiencing a medical emergency, please call 911. Advise the dispatcher that the resident is COVID-19 positive.
- If you receive confirmation of a positive COVID-19 test result and the resident is not experiencing a medical emergency, notify VCPH Communicable Disease Program immediately at (805) 981-5201 to facilitate evaluation for transfer to the hospital.
- Report to licensing:
 - California Department of Public Health Licensing and Certification District Office – Report cases with a positive COVID-19 test result to (805) 604-2926 or CDPH-inc-ventura@cdph.ca.gov.
 - California Department of Social Services Community Care Licensing – Report cases with a positive COVID-19 test result to (818) 596-4334. Please leave a message if unable to get through or if calling after hours.
- Implement a [surveillance line listing](#) of all FP, other staff, residents and visitors. Send surveillance line list to VCPH Communicable Disease by fax at (805) 981-5200 or email to vcph-id@ventura.org.
- For residents receiving dialysis outside the facility, notify their dialysis center that there has been a confirmed COVID-19 positive in the facility. For residents being sent for outpatient dialysis, send them with a procedure mask.
- All residents should wear a procedure mask, if available, or a face covering if no masks available, when not in their room.
- Consider using inhalers instead of nebulizers for all residents who use them.

Process for Return to LTCF

- Resident will be cleared for return to LTCF by VCPH Communicable Disease in alignment with Hospital Holding Unit Guidance.
- Upon return and until the cough has resolved, the resident will be confined to his/her room or may be cohorted with another resident with a history of COVID-19 infection.
- The LTCF will maintain the resident's bed for repatriation after the hospital stay.

Where to Get Reliable Information***Ventura County Public Health***

- www.vcemergency.com
- <https://www.vcemergency.com/healthcare> for frequently updated information on COVID-19 testing, infection control, FAQs and guidance for facilities.
- Ventura County COVID-19 videos: <https://vimeo.com/capsmediacenter>
- Press releases are found at <https://www.vcemergency.com/newsroom>
- Monitor Ventura County social media (Twitter, Facebook, Instagram), Nextdoor and vcemergency.com for daily updates.

Other Reliable Sources of Information

- California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (Revised)
<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised>
- CDC Resources for Healthcare Facilities
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Healthcare Infection Prevention and Control FAQs for COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC Healthcare Infection Prevention and Control
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- CDC coronavirus main website <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Healthcare Supply of Personal Protective Equipment
<https://www.cdc.gov/coronavirus/2019-ncov/FP/healthcare-supply-ppe.html>
- Please see [All Facilities Letter Summary from April 5, 2020](#) regarding CNA certifications.

- Review the CDC's "[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)"
- Review the CDC's "[Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)"
- Watch the CDC's prerecorded webinar on "[Preparing Nursing Homes and Assisted Living Facilities for COVID-19](#)"