

Assessment of California Skilled Nursing Facilities to Receive Patients with Confirmed COVID-19 Infection

California is experiencing increasing numbers of COVID-19 cases and hospitalizations, and there is an urgent need to ensure hospital capacity to be able to meet the demand for patients with COVID-19 requiring acute care. Although COVID-19 infection can be severe and require inpatient care, some infections may not require care in an acute care facility. Hospitalized patients with COVID-19 infection may be medically stable for discharge prior to discontinuation of Transmission-based precautions. Skilled nursing facilities (SNF) can be expected to accept a resident diagnosed with COVID-19 and who is still requiring transmission-based precautions for COVID-19 as long as the facility can follow Centers for Disease Control and Prevention (CDC) infection prevention and control recommendations for the care of COVID-19 patients, including adequate supplies of personal protective equipment (PPE). Some SNF will be designated by state and/or local authorities as entirely or partially dedicated to care for residents with COVID-19 infection who either do not require acute care hospitalization or are medically stable for hospital discharge.

CDPH All Facilities Letter (AFL) [20-33](#) provides interim guidance for transfer of residents with suspected or confirmed COVID-19. Patients with confirmed or suspected COVID-19 should not be sent to a SNF via hospital discharge, inter-facility transfer, or readmission after hospitalization without first consulting the local health department (LHD). LHD may direct placement of the patient at a facility that has already cared for COVID-19 cases, or that has a specific unit designated to care for COVID-19 residents.

Considerations for public health evaluation of SNF infection prevention and control preparations to receive and care for residents with suspected or confirmed COVID-19 infection:

Space

- ✓ Review facility plans for a designated location (unit, wing, or building) to care for residents with confirmed COVID-19, separate from other residents.
 - Residents with confirmed COVID-19 infection may be placed in single occupancy rooms (or in multi-occupancy rooms with other residents with confirmed COVID-19 infection), with the door closed; symptomatic residents with suspected COVID-19 infection may remain in their room (if multi-occupancy room, with 6ft, or as far as possible, between beds and curtains closed) while testing is pending.
 - Facilities should develop plans for placement and monitoring of new admissions and readmissions with unknown COVID-19 status, such as single rooms or a separate observation unit, wing or building.
 - Most SNF do not have airborne infection isolation rooms (AIIR); if present, AIIR should be reserved for residents requiring aerosol-generating procedures. If the facility uses common shower room, residents in the COVID-19 cohort should have their own shower room or should receive in-room bed baths.
- ✓ Assess facility procedures for cleaning and disinfection of high touch surfaces and shared resident care equipment with EPA-registered, healthcare-grade disinfectants. See [List N: Disinfectants for Use Against SARS-CoV-2](#) for list of products with label claims against COVID-19.
 - High-touch surfaces in resident rooms, staff break rooms and work areas should be frequently cleaned and disinfected (e.g., each shift).

Staff

- ✓ Review facility plans for dedicated healthcare personnel (HCP) to care for residents with suspected or confirmed COVID-19 infection. Dedicated HCP should not care for non-COVID-19 residents, if present in the facility, and should have a separate entrance, restroom and break room, if possible.
 - All HCP must be familiar with standard and transmission-based precautions and proper PPE donning and doffing procedures by demonstrating competency, and ensure they are N95 respirator fit-tested.
 - Dedicated HCP should use an N95 respirator wherever available (if unavailable, a facemask), eye protection (face shield or goggles), gloves, and gown while providing patient care.
 - Dedicated HCP should understand processes for extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities; see the [CDC's Strategies to Optimize the Supply of PPE and Equipment](#).
 - Dedicated HCP should perform cleaning/disinfection of high-touch surfaces etc. when in the room for resident care activities, to limit potential exposure of non-dedicated environmental services personnel.
 - All HCP should wear a facemask at all times while in the facility.
 - HCP must be instructed to not report to work if they are symptomatic with fever or respiratory symptoms. Ill HCP must report symptoms to their supervisor. HCP who develop signs and symptoms of a respiratory infection while at work must immediately stop work, put on a facemask (if not already wearing), alert their supervisor, leave the facility, and self-isolate at home.
- ✓ Review facility plans for maintaining adequate staffing, processes for obtaining staffing support if needed, and [return to work policies for HCP with suspected or confirmed COVID-19 infection](#).

Supplies

- ✓ Assess the facility's current supply of personal protective equipment (PPE) and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).
 - Record the number of full boxes of each type of PPE in stock, then use a [burn rate calculator](#) to estimate the remaining supply based on the average consumption rate. Determine how many days supply the facility has of the following PPE and alcohol-based hand rub (ABHR):
 - Facemasks: _____
 - N-95 or higher-level respirators: _____
 - Isolation gowns: _____
 - Eye protection: _____
 - Gloves: _____
 - ABHR: _____
 - ABHR must be easily accessible in every resident room (ideally both inside and outside the room and in other resident care areas), PPE supplies should be placed in all areas where patient care is provided, and trash cans accessible upon exiting resident rooms for appropriate doffing of PPE.
- ✓ Review facility's procedures for use of single-use equipment for residents with COVID-19 infection whenever possible; otherwise, dedicate re-useable medical equipment to residents with COVID-19 infection (for example, thermometers, stethoscopes, etc.) and clean and disinfect between use.

Strategies

- ✓ Review facility plans for preventing spread of COVID-19 within the facility
 - Symptomatic residents and exposed roommates must limit movement outside their room; if they need to leave the room, they should wear a facemask. Residents with cognitive deficits or psychiatric illness may need frequent reminders to stay in their room and supervision when leaving the room.
 - Suspend large group activities and close communal dining areas.
 - Restrict all nonessential visitors. Screen essential visitors for signs or symptoms of a respiratory infection (e.g., fever, cough, or sore throat) or contact with someone with suspected or confirmed COVID-19 infection. Limit visitor movement within the facility and avoid common areas.
 - Restrict nonessential HCP, for example, volunteers.
- ✓ Ensure facility has plans for facilitating remote communication between residents and family/visitors (for example, video-call applications on cell phones or tablets), and develop policies addressing when and how visitors might still be allowed to enter the facility (such as, end of life situations).
- ✓ Review facility processes for monitoring vital signs (including pulse oximetry) every shift for all residents and every 4 hours for residents with COVID-19 infection.
- ✓ Review facility processes for conducting surveillance to detect respiratory and other infections, including COVID-19.
 - Protocol for daily (or more frequent) monitoring for acute respiratory illness (fever, cough, shortness of breath) among all residents and HCP.
 - Track suspected and confirmed respiratory infections using a [line list](#) (PDF).
- ✓ Discuss facility procedures for notifying other facilities prior to transferring a resident with acute respiratory illness, including suspected or confirmed COVID-19 infection.

Resources for LHD:

- CDPH surveyors are available to conduct site visits and provide LHD notification of whether a facility is ready.
- CDPH [AFL 20-25.2](#) Preparing for Coronavirus Disease 2019 (COVID-19) in California Skilled Nursing Facilities
- [CDC guidance for long-term care facilities preparing for COVID-19](#)