

# County of Santa Clara

## Public Health Department

Health Officer  
976 Lenzen Avenue, 2<sup>nd</sup> Floor  
San José, CA 95126  
408.792.3798



### MEMORANDUM

**DATE:** April 5, 2020

**TO:** Licensed Skilled Nursing Facilities and Other Long-Term Care Facilities;  
Assisted Living Facilities and Independent Living Facilities; Residential Care and  
Crisis Residential Facilities in Santa Clara County

**FROM:** Sara H. Cody, MD  
Health Officer

George S. Han, MD, MPH  
Deputy Health Officer

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

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#### **1. Introduction**

The County of Santa Clara Public Health Department is updating its COVID-19 guidance for facilities; this memorandum supersedes the memorandum dated March 6, 2020. This guidance is critical to decrease the likelihood of outbreaks, serious illness, and death among residents and staff of facilities, and the Public Health Department will be monitoring to ensure compliance.

#### **2. Reporting Responsibilities**

- a. All facilities that are sent the “Daily Census” are required to complete it **each day**. The Census is an online survey that is sent daily via a CAHAN alert.
- b. All facilities are required to **call** the Public Health Department at (408) 885-4214, ext. 3 (ask for Provider Branch) to **report any suspected or confirmed COVID-19 case in a resident or employee**.
  - i. The Public Health Department will coordinate specimen collection from suspected COVID-19 cases and test them at the Public Health Lab. Turnaround time is about one day.
  - ii. To ensure that Public Health is notified of **every** suspected COVID-19 case, leadership

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian  
County Executive: Jeffrey V. Smith

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should instruct all staff members to inform the facility's director of nursing, ICP, or facility director **immediately** when a suspected COVID-19 case is identified.

- c. Facilities should communicate any potential staffing shortages or related patient care concerns to the Public Health Department by calling the above number.

### 3. Accepting Patients from Hospitals

- a. The following section is in accordance with [CDPH AFL 20-33](#). See the AFL for more information.
- b. Facilities should accept the following types of patients from hospitals:
  - i. Anyone who **tested negative** for COVID-19.
  - ii. Anyone who was in the hospital for **reasons unrelated to COVID-19**.
  - iii. Any confirmed or suspected COVID-19 patient (including those awaiting a test result) who has been cleared by the hospital for discharge/release, **if** the transfer has been **approved by the Public Health Department**.
- c. For patients in group (b)(iii) above, the facility will need to assess **whether the patient has finished their period of isolation**. (See section 5(c), below, for instructions on how long a patient should isolate.)
  - i. If the patient already completed their isolation period in the hospital, no further isolation is needed.
  - ii. If the patient has not yet completed their isolation period, the facility should arrange for the patient to complete it within the facility.
- d. Facilities should **not** require that patients test negative before accepting them.
- e. Facilities should conduct **daily screenings** on *all* residents for any type of symptoms.
  - i. If residents have symptoms, notify their provider so that they can be assessed. If COVID-19 is suspected, call the Public Health Department as outlined above to facilitate testing. Isolate the residents in their own room if possible. Use the same PPE as you would for a COVID-19 patient until the test results are known.
  - ii. A temperature check alone is insufficient.
  - iii. In addition to temperature checks, screenings should also include asking or observing every resident if they have *any* of the following symptoms:
    - Fever
    - Chills
    - Night sweats
    - Sore throat
    - Cough
    - Shortness of breath
    - Nausea
    - Vomiting
    - Diarrhea
    - Fatigue
    - Myalgias
    - Headaches
    - Change in mental status
    - Loss of sense of taste or smell

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#### 4. Reducing the Introduction of COVID-19 by People Entering the Facility

- a. Visitors, healthcare workers, and staff—both those who are displaying symptoms of illness, as well as those who may be asymptomatic but infectious—are the most likely sources of introduction of COVID-19 into a facility.
- b. Visitors:
  - i. Facilities **should not allow visitors** into their facilities except under very limited circumstances, outlined below. (**Note**: This recommendation replaces the Public Health Department’s earlier recommendation instructing SNFs to simply limit visitors’ access to their facilities [see items 1(c) and 3(a) from the [March 6, 2020 memorandum to Long-Term Care Facilities](#)].)
    - This recommendation is based upon the high level of community transmission currently present in Santa Clara County. It is designed to protect residents by limiting the number of outside parties that enter the facility.
    - We recognize that prohibiting visitors may have an adverse effect on residents’ mental health. To help make up for the lack of in-person visitation, facilities should make use of video chat and phone calls to enable remote visitation. Facilities should maximize the amount of videoconferencing equipment available to residents, making sure to sanitize all equipment thoroughly after each use.
  - ii. If a resident is neither a suspected nor a confirmed COVID-19 patient *and* is **within 72 hours of death**, the facility may allow that resident to be seen by visitors as long as the following precautions are followed:
    - Visitors are limited to five.
    - Visitation time is limited to one hour.
    - Visitors are escorted to ensure that they have minimal contact with surfaces, doorknobs, etc. and to ensure that any items they touch are sanitized.
    - Visitors maintain proper social distancing at all times while inside.
    - Visitors sanitize their hands immediately upon entering the facility and after leaving facility and wear face coverings at all times while inside the facility.
- c. Healthcare workers (HCWs) and staff:
  - i. All HCWs and staff members should be screened as they enter the facility each day.
    - Temperature checks are insufficient.
    - In addition to temperature checks, screenings should also include asking every HCW and staff member if they have *any* of the symptoms listed in item 3(e)(ii), above.
  - ii. If a HCW or staff member is working a shift longer than 10 hours, they should be screened at the beginning of the shift and again in the middle of the shift.
  - iii. If a HCW (including physicians) or staff member shows *any* symptoms:
    - They should go home immediately and call their healthcare provider.
    - 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.
    - 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.
      - If the test result is **positive**, they should self-isolate at home

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following the instructions in section 5(c), below.

- 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.

### 5. Containment Measures: Social Distancing, Isolation, and Cohorting

- Residents, HCWs, and staff members should **practice strict social distancing** at all times.
  - Encourage residents to remain in their rooms. If there are COVID-19 patients in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
  - If residents leave their rooms, they should wear a face covering, perform hand hygiene, limit their movement in the facility, and perform social distancing by staying at least six feet away from others.
- Facilities should **cancel all group activities and close communal dining areas**. All residents should take meals in their rooms. (**Note:** This recommendation replaces the Public Health Department's earlier recommendation instructing facilities to simply minimize social gatherings [see item 1(d) from the [March 6, 2020 memorandum to Long-Term Care Facilities](#)].)
- If a resident tests positive for COVID-19, follow Public Health's **isolation guidance**:
  - Any person who has tested positive for COVID-19 should remain isolated (either in a single room or cohorted with other COVID-19 patients) for at least 14 days after the date of their positive test result (or date of specimen collection) **OR** until at least 7 days after fever is gone and other symptoms are improving, whichever is **longer**.
  - Alternatively, a single negative COVID-19 test performed after symptoms have improved can be used. Generally, we do not recommend repeat testing of positive patients because some patients may continue to have a positive result for days or weeks. The period of infectiousness is not well established; a persistent positive result may or may not indicate infectiousness. However, in the setting of limited testing capacity, this policy attempts to balance the likely period of infectiousness with the practical reality of limited resources for cohorting and ongoing isolation of patients.
  - These same criteria above should also be used to determine when staff and HWCs who have tested positive may end their home isolation and return to work.
- If possible, facilities should **cohort** residents with **confirmed** COVID-19 infection in the same unit, wing, or building. Residents with **no suspicion** of COVID-19 infection should be cohorted together in the same fashion, and **not** near COVID-19 residents. Residents with **suspected** COVID-19 infection should be isolated individually, as some of them might have COVID-19 and some might not.
  - If residents with suspected infection are unable to be isolated in their own private room, it is better for them to remain with their current roommate than to be moved and cohorted with another resident with suspected infection.
- If there have been residents or staff who have tested positive for COVID-19, facilities should inform other residents and their families of this fact (while maintaining patient confidentiality) and about what steps have been taken to limit the spread of the illness.

### 6. Requests for and Reuse of Personal Protective Equipment (PPE)

- All staff are required to wear face masks at all times to help prevent transmission of COVID-19.
  - If surgical masks are not available, cloth masks or other homemade masks may be used.

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- b. At this time, the available supply of PPE is limited nationwide, and there is a need to **maximize the lifespan of each item of item**. Staff should reuse PPE whenever possible and safe, following [CDC guidelines](#).
  - i. If you are **only** treating patients who do **not** have COVID-19 and are not suspected of having COVID-19, you may reuse the same PPE while working with multiple patients since none of them are infected.
  - ii. If you are **only** treating patients who **do** have COVID-19, you may reuse the same PPE while working with multiple patients since all of them are infected already.
  - iii. However, the same PPE should **never** be reused when treating **suspected** COVID-19 patients. There may be both positive and negative patients within this group, so reusing the same PPE could cause cross-contamination.
- c. To request PPE, facilities should complete the [213RR form](#) and **email** it to [resourcetracking@eoc.sccgov.org](mailto:resourcetracking@eoc.sccgov.org). A sample 213RR form is attached.
- d. An outreach team from the County is available to assist facilities with education around PPE and mask-fitting.

### 7. Use of Body Bags when Transferring Deceased Residents to Mortuaries

- a. Body bags should be used to transfer the following types of deceased SNF patients to mortuaries:
  - i. Suspected or confirmed COVID-19 patients who were symptomatic at time of death.
  - ii. Suspected or confirmed COVID-19 patients who had not yet completed their isolation period at time of death.
- b. Body bags should *not* be used to transfer deceased patients who were never suspected of having or confirmed to have COVID-19 to mortuaries.

#### More resources:

- CDPH AFL 20-33: [www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx](http://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx)
- Infection preventionist training: [www.cdc.gov/longtermcare](http://www.cdc.gov/longtermcare)
- CDC resources for facilities: [www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html)





County of Santa Clara  
 Emergency Operations Center (EOC)  
**Resource Request Form 213RR**

**COMPLETED BY OA EOC or DUTY OFFICER**

<b>OA EOC Plan/Intel Section</b>	<b>18. Plan/Intel Section Remarks/Comments</b> <i>(include general description of request)</i>  	
	<b>19. Plan/Intel Section Chief Approval</b> <i>(print and sign)</i>  	
<b>OA EOC Logistics Section</b>	<b>20. Order Placed By</b> <i>(name, position, agency, phone, radio, email)</i>  	
	<b>21. Method of Procurement</b> <i>(filled-in house, agreement, purchase, etc.)</i>  	
	<b>22. Supplier Name / Point-of-Contact Information</b> <i>(name, address, phone, fax, email)</i>  	
	<b>23. Logistics Section Remarks</b>  	
	<b>24. Logistics Section Chief Approval</b> <i>(print and sign)</i>  	
<b>OA EOC Fin/Admin Section</b>	<b>25. Finance/Admin Remarks</b>	<b>Date/Time</b>
<b>OA EOC Logistics Section</b>	<b>26. Logistics Section Final/Demobilization Remarks</b>	<b>Date/Time</b>

Sample