

County of Santa Clara

Public Health Department

Health Officer
976 Lenzen Avenue, 2nd Floor
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MEMORANDUM

DATE: May 29, 2020

TO: Licensed Skilled Nursing Facilities

FROM: Sara H. Cody, MD
Health Officer

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Deputy Health Officer

RE: Updated COVID-19 Requirements, Guidance, and Strategies for Skilled Nursing 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 skilled nursing facilities (SNFs); this memorandum supersedes the [memorandum dated April 5, 2020](#) and does not apply to any facilities that are not SNFs.

2. CDPH Requirement: SNF Mitigation Plan

Mitigation plan recommendations for testing of healthcare personnel (HCP) and residents at SNFs ([AFL 20-52](#) and [AFL 20-53](#)) include:

- a. Testing of residents and staff, and use of the results for cohorting;
- b. Designating a full-time, dedicated Infection Preventionist (IP);
- c. Planning for adequate provision and conservation of personal protective equipment (PPE);
- d. Establishing policies to address HCP shortages, including planning for contingencies and crises;

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- e. Cohorting to ensure separation of infected patients and for eliminating movement of HCP among those spaces to minimize transmission risk; and
- f. Communicating daily with staff, residents, and their families regarding the status and impact of COVID-19 in the SNF.

3. Coordinating with the County of Santa Clara Public Health Department

There are elements of the CDPH SNF Mitigation Plan that require coordination with the Public Health Department (PHD). The elements that require coordination are:

- a. COVID-19 Case or PUI Reporting
 - i. All facilities are required to call PHD at (408) 885-4214, ext. 3 (ask for Provider Branch) to promptly report any suspected or confirmed COVID-19 cases in a resident or HCP.
 - ii. To ensure that PHD is notified of every suspected COVID-19 case, leadership should instruct all staff members to inform the facility's director of nursing, IP, or the facility director immediately when a suspected COVID-19 case is identified.
- b. COVID-19 Resource Reporting
 - i. To plan for adequate provision of swabs, viral transport media, and PPE, facilities should contract with a laboratory to provide COVID-19 testing and attempt to obtain testing supplies through these regular channels. If they still are unable to obtain supplies, they may complete a [213RR form](#) and send it to resourcetracking@eoc.sccgov.org to request a two-week supply.
 - ii. Effective Friday, May 29, 2020, facilities should report their current swab and transport reagent supply on the weekly survey sent from the County.
 - iii. SNFs must have policies in place to address HCP shortages. Facilities should report staffing shortages by completing a [213RR form](#) and sending it to resourcetracking@eoc.sccgov.org.

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

A correction from the [April 5, 2020 Memorandum](#): the temperature threshold for fever is 99 degrees F.

5. Definition of the 14/7 Rule

In general, the recommended duration of the isolation period with transmission-based precautions (TBP) for individuals who have tested positive for COVID-19 follows the "14/7 rule": individuals should be isolated (either in a private room or cohorted with other COVID-19 patients) and use TBP for at least 14 days since the date of the positive test result AND, if ever symptomatic, at least 7 days since resolution of fever and substantial improvement in respiratory and other symptoms. Repeat testing of positive individuals is not needed, and if an individual does happen to be tested again and tests positive again, a second isolation period is not needed. HCP who test positive should also follow the 14/7 rule to determine when they can return to work.

6. Containment Measures Regarding Admissions and Readmissions (Related to Transfers from Hospitals or other Healthcare Facilities)

Requirement of testing prior to admission or readmission (per CDPH [AFL 20-53](#)):

- a. Patients should be placed into three separate cohorts in the SNF based on COVID-19 test results:

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- i. Positive result – COVID unit (use TBP)
 - ii. Negative result but exposed within the past 14 days (e.g., any new patient being transferred from the hospital or other healthcare setting) – Observation unit (use TBP)
 - iii. Negative result without known exposure within the past 14 days – Regular unit
- b. Patients who are not suspected to have COVID-19, have never been tested for COVID-19 or whose negative test result is dated over 14 days prior, should be tested prior to transfer to SNF.
- i. If positive, the patient should be managed with TBP in the COVID unit of the SNF.
 - ii. If the test is negative, the patient should be managed with TBP in the Observation unit of the SNF. At the end of 14 days, COVID-19 testing should be repeated and the patient assigned accordingly. If positive, place the patient in the COVID unit with TBP. If negative, the patient can rejoin the general SNF population and taken off TBP.

7. Containment Measures Pertaining to Residents (Not Related to Transfers from Hospitals) and Healthcare Personnel

- a. Residents
 - i. Residents who tested positive for COVID-19 and are symptomatic should be placed on TBP based on the 14/7 rule. At the end of 14/7 days, TBP should be discontinued.
 - ii. Residents who tested positive for COVID-19 (as part of Surveillance Testing, see below) and were never symptomatic should be isolated based on the 14/7 rule. At the end of 14 days after the test results, TBP should be discontinued.
- b. HCP
 - i. HCP who tested positive for COVID-19 and were asymptomatic or symptomatic may return to work and care for any patient after fulfilling the 14/7 rule.

8. Mitigation Measures Pertaining to Facility-wide COVID-19 Baseline, Surveillance, and Response-Driven Testing

Facility-wide COVID-19 testing is a mandated element of the CDPH [AFL 20-52](#) and [AFL 20-53](#). Baseline, surveillance, and response driven testing are defined below:

Baseline Testing of all SNF residents and HCP is to be implemented in facilities without a current positive case.

Surveillance Testing of SNF residents and HCP is to be implemented in facilities without a positive case by testing 25% of all residents and HCP every 7 days, such that the SNF ensures that 100% of residents and staff are tested each month.

Response-driven Testing is to be implemented in facilities with a newly positive COVID-19 case: as soon as one (or more) case is identified in a facility, serial retesting of all residents and HCP who tested negative on initial testing should be performed every 7 days until no new cases are identified in two sequential rounds of testing; then the facility may resume the regular surveillance test schedule.

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a. **Who should be tested for COVID-19?**

All current residents and HCP (including volunteers, contractors, and staff not providing direct patient care) should be tested.

b. **Who should be re-tested for COVID-19 going forward?**

Only residents and HCP who tested negative should be retested. If a resident or HCP was never tested, they should be tested at the next opportunity.

c. **What about persons that decline testing or cannot be tested?**

Symptomatic residents who are not tested in facilities with at least one positive COVID-19 case identified should be managed as if positive for COVID-19 infection and placed on TBP but not cohorted with other positive residents. SNF directors should have written policies in place for staff who refuse testing regarding their appropriateness to work at the facility.

9. Responsibilities for Laboratory Testing and Specimen Collection

- a. SNFs should have staff trained to perform the collection of nasopharyngeal (NP) specimens or the newer anterior nares or mid-turbinate specimen types. Anterior nasal specimens may be self-collected, which may be less uncomfortable and require less PPE. See [May 15, 2020 Health Alert](#).
- b. Logistics need to be coordinated between SNF management, SNF infection prevention, the laboratory being used, and specimen collection personnel.
- c. Other considerations: collection dates and timeframes (e.g., shift change, day of week, staff coverage), roles and responsibilities (e.g., direct observation of self-collected swabs, line lists, results analysis), PPE and testing supplies (e.g. availability of NP or nasal (anterior nares/middle turbinate) swabs).

10. 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 HCP 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.