COVID-19 AND CONGREGATE FACILITIES – A PREPAREDNESS GUIDE

HOUSING FOR HEALTH

WHERE SHOULD I LOOK FOR GUIDANCE?

The COVID-19 outbreak is a rapidly evolving situation so public health guidance may change daily.

- L.A. Department of Public Health (LAC DPH)
- Community Care Licensing (CCL)
- California Department of Public Health (CDPH)
- Centers for Disease Control (CDC)

Know your key contacts for public health guidance, supplies, and personnel.

- **DHS DMH Support Line: 323-274-3303**
- LAC DPH Assistance: 877.777.5799
- CCL: CCLCOVID-19INFO@dss.ca.gov
- PPE: https://www.surveymonkey.com/r/2CHKWX9

Develop a Communication Plan for your team: Provide ongoing updates to your residents, their representatives, and staff. All communications should be language and reading level appropriate.

- Notify residents and their authorized representatives about your visitor policies.
- Update all emergency contact information and medical provider information on file.

Interim Guidance. 3.22.20

HOW CAN I PLAN FOR COVID-19 AT MY FACILITY?

Designate a staff person to develop and update your **Emergency Plan** to include:

- Robust infection control and prevention practices
- Rapid identification and management of ill residents
- Considerations for visitors and consulting staff
- Supplies and resources
- Sick leave policies, alternate staffing plans, and occupational health considerations
- Education and training

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

1. ROBUST INFECTION CONTROL AND PREVENTION PRACTICES

Post signs and host mandatory trainings about ***everyday preventive practices***

- Hand washing techniques (20 seconds with soap and water) or use of alcohol based hand sanitizer (ABHS with >60% alcohol content)
- Cough and sneeze into elbow or tissue. Dispose of tissue in trash bin.
- Avoid sharing food, drinks, or utensils or touching high-contact surfaces (e.g. doorknobs)
- Avoid touching face, eyes, or nose
- Limit close contact with and for people who are sick
- Wear freshly laundered clothing to work and change clothing before entering home

Use ***social distancing*** to limit spread of germs

- Encourage all residents and staff to **stay at least 6 feet away from each other** and to **stay at the facility** as much as possible. Avoid shaking hands or giving hugs to others.
- **Cancel group activities.** If essential, limit groups to fewer than 10 people. Cancel planned activities that place outside of facility in crowded places (including all Day Programs). Develop policies that enable residents to leave and return for essential medical care and other visits.
- **Stagger meal times or offer meals** in resident rooms or outside.
- In multi-occupancy rooms, **move beds at least 3 to 6 feet** away from other and oriented sleeping positions **head to toe**. In **common areas**, rearrange furniture in the room to promote 6 feet of distance.
- Offer **telephone or video visits** instead of face-to-face visits with family, friends, or medical providers.
- **Restrict visits** for non-essential guests.

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1. ROBUST INFECTION CONTROL AND PREVENTION PRACTICES

Set up facility to enable everyday prevention practices.

- **Post signs** throughout the facility to encourage everyday prevention practices and notification of staff if residents feel ill.
- Place **hand-washing stations** or alcohol based hand sanitizer in every resident room and at entry of facility.
- Ensure that sinks are well stocked with soap and paper towels for hand washing.
- Provide tissues to residents in facilities.
- Place plastic lined trash bins throughout facility to ensure appropriate disposal of trash.

Create an **environmental cleaning and disinfection plan**.

- Clean and **disinfect commonly touched surfaces** (counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, trash cans, phones, remote controls, keyboards, tablets, and bedside tables) at least once a day
- Use EPA-registered product that disinfects (removes germs). If EPA-registered disinfectant is not available, make your own [1 tablespoon 2% chlorine bleach solution in 1 quart of water]. Alcohol-based disinfectants may be used if > 70% alcohol and contact time long enough.
- Wash utensils, plates, and glasses using **EPA-approved sanitizer/disinfectant** and hot water after each use.
- Wash sheets, blankets, towels, and other linens using laundry soap and **hot water** (167 F or more) and dry on high heat setting. Do not shake out laundry.
- Dispose of trash everyday in sturdy leak proof bags and **wear gloves** when handling trash. Wash hands immediately after cleaning, laundering, or trash removal.
- Ensure that your facility is able to audit these practices and address supply shortages.

http://www.ph.lacounty.gov/media/Coronavirus/GuidanceCleaningEnglish.pdf

How can I prepare facility and residents for the COVID-19 outbreak?

- ✓ Ensure that residents have **a 30 day supply of medications**
- ✓ Postponing elective procedures and medical visits with residents and their representatives
- ✓ Have **groceries** on hand and consider ways to get groceries delivered to your facility
- ✓ Purchase or obtain **30 day supplies of**:
  - Hand hygiene supplies
  - Tissues, paper towels
  - EPA registered cleaners and disinfectants (or 2% chlorine bleach)
  - Any durable medical equipment or

PERSONAL PROTECTIVE EQUIPMENT:

Each facility should request weekly PPE supplies including facemasks, disposable gloves, disposable gowns, face shields, and N95 respirators through LAC DPH's survey monkey link https://www.surveymonkey.com/r/2CHKWX9

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2. RAPID IDENTIFICATION AND MANAGEMENT OF ILL RESIDENTS.

Facility has a **specific plan for screening and managing** ill residents. Conduct **universal screening upon admission and daily** for all residents during their stay at the facility.

- Screening procedures:
  - Ask:
    - "How are you feeling today? Do you feel sick?"
    - "Do you have a new cough or difficulty breathing?"
    - "Do you feel like you have fever? Or chills, sweats, or body aches?"
    - "Have you been in close contact with anyone who has been told that they have new coronavirus?"
  - Optional: Check resident's temperature with a scanning thermometer
- Ask residents to remain in isolation area, if they answer **yes** to any screening questions above or have a **fever** (temperature 100.4 F or more). **Residents with suspected or exposures to COVID-19 should wear a facemask**.

Facility has a plan to **call and notify the resident's medical provider** if resident screens positive for symptoms or exposures to COVID-19. Medical provider should conduct **a telehealth visit** to provide guidance on:

- ✓ Testing for COVID-19; reporting case to LAC DPH
- ✓ Whether resident needs a face-to-face assessment or is appropriate for telephonic visit only
- ✓ How frequently to monitor resident while sick (recommended at least every 2 to 4 hours)
- ✓ When to call 911 (see table to right)
- ✓ Need for isolation and duration of isolation

Medical Providers should **report outbreaks 2 or more cases of acute respiratory illness in residents or staff of congregate facilities within 72 hours to LAC DPH** using 213-240-7941 (Mon – Fri , 8 AM to 5 PM) and 213-974-1234 (After Hours Emergency Operator). LAC DPH should assist with decisions re testing/isolation of resident and close contacts [i.e. roommates AND staff or other residents who spend > 10 minutes with resident closer than 6 feet]. Report **all confirmed COVID-19 cases to Community Care Licensing (if applicable).**

Maintain a **daily log of residents and staff** with COVID-19 suspects and cases. HFH-DMH-ODR may provide additional guidance about the care of residents upon receipt of these logs.

Facility has **designated a bedroom with a closed door and bathroom** that can be used for **home isolation when needed**. There should be **designated staff** each shift to care for COVID-19 suspects or cases to minimize exposure amongst staff.

- If multiple residents become ill with known or suspected COVID-19 in the facility, they may share one room.
- If the facility is unable to identify one room with a closed door for isolation, consider designating an "isolation area" with 6 ft of surrounding space and use a room divider like a mobile screen or sheet to separate this area.
- If ERC facility, review PIN 20-07-ASC and the waivers that enable accommodation for these isolation areas.
- If residents are unable or unwilling to stay in isolation, please notify DHS-DMH-ODR.

Recognize people at highest risk of getting very sick from the COVID-19:

- Age (over the age of 50 if PEH or 65 if not)
- Lung disease (chronic smokers, COPD, frequent respiratory infections)
- Cardiovascular disease (heart failure or history of heart attacks)
- People with many medical issues
- People with weak immune systems (e.g., HIV/AIDS, malnourished, end stage liver disease, uncontrolled diabetes mellitus)

Most residents with mild to moderate symptoms can remain in home isolation.

Recognize when to call 911 and notify dispatcher that you are worried about COVID-19:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in chest
- New confusion or inability to arouse
- Bluish lips or face
- High fevers that are not responding to medications
- Inability to eat or drink or new profound weakness

All facilities should have an inter-facility transfer document or medical facesheet prepared for EMS on arrival.

2. RAPID IDENTIFICATION AND MANAGEMENT OF ILL RESIDENTS.

Facility has **designated an isolation area and bathroom** for **home isolation (cont...)**

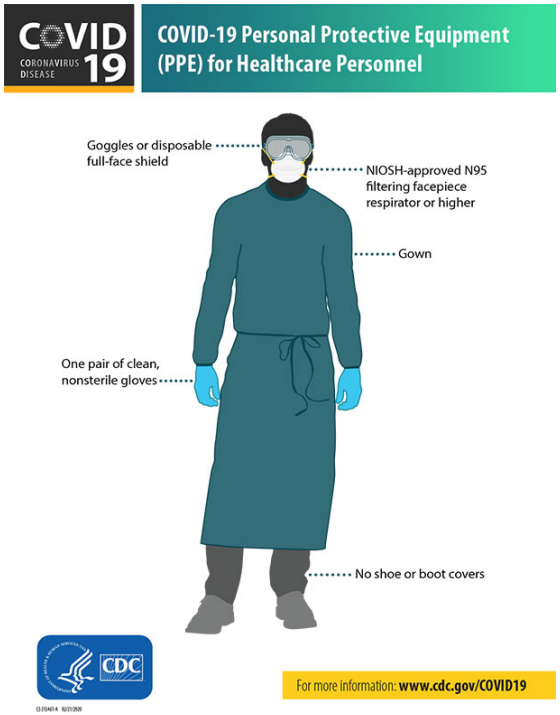
- Post signs with appropriate contact and respiratory droplet isolation outside of isolation room.
- Place PPE outside of isolation room, including face masks, gowns, gloves, and eye protection/face shields
- Place trash bins and hand-washing stations immediately outside of isolation room
- Residents who have symptoms or exposures should wear a surgical facemask when in common areas
- Residents should receive all meals, caregiving interventions, and medication observation in isolation area

Facility has trained all staff on the indications for and use of **Personal Protective Equipment** (PPE). All staff entering isolation areas (including bedroom and bathroom) should follow standard precautions:

- Wear gloves if you will have hand contact with blood, body fluids, respiratory secretions or potentially contaminated surfaces.
- Wear a disposable gown if clothes might become soiled with blood, body fluids or respiratory secretions.
- Wear a mask if respiratory secretions are expected to contact mouth and nose.
  - If the facility staff performs an aerosol generating procedures (which may included certain cleaning procedures), then a N95 respirator should be worn. Consider re-use of N95 per guidelines.
  - Washing hands with soap and water when hands are visibly dirty or contaminated with respiratory secretions always before and after wearing PPE.
  - Conserve PPE by delivering meals and medications at same time; and designating a single staff person to care for COVID-19 client. Advise staff to extend and re-use PPE per CDC guidelines.

Facility should also develop a plan to ensure appropriate cleaning of isolation area. Staff should instructed to wear PPE (gowns, gloves, face mask or N95 respirator, face shield).

- In bedroom/bathroom dedicated for an ill person, **consider reducing cleaning frequency** to as needed (i.e. soiled items and surfaces) to avoid unnecessary contact with ill person.
- At end of isolation period, close off areas used by the ill person and **wait as long as practical before cleaning (~ 24 hours)**. Open outside windows and doors to allow for **air circulation** in closed room. Clean and disinfect per usual guidelines.
- Laundry from isolation areas **should not be shaken** to minimize dispersion of germs. Anything that laundry touches from isolation area should be cleaned and disinfected. It is appropriate to mix laundry from isolation and non-isolation areas, as long as EPA-registered detergent is used and laundry washed using **warmest** temperature setting.



VIDEO: PUTTING ON AND TAKING OFF PPE

https://www.youtube.com/watch?v=syh5UnC6G2k

- A disposable gown
- Gloves work over the sleeves of a gown
- A surgical face mask
- A face shield or goggles that prevent respiratory droplets for getting into your eyes

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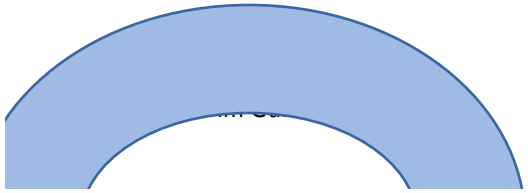
Post-Hospital Discharge Procedures

The facility should develop a plan to ensure safe and appropriate transitions of care from the hospital. About 20% of residents with COVID-19 will have severe symptoms and need hospitalization. Some residents will even need care in the ICU.

Once the resident is discharged from the hospital, the facility should request verbal sign-out and a written discharge summary that includes the following:

- Improvement in symptoms and date of last fever
- COVID-19 testing results with 2 documented negative tests prior to discharge
- **Duration of remaining isolation following discharge and home care recommendations**
- Any recommendations about quarantine of close contacts
- An updated medication list (no current treatments for COVID-19)
- Any important communications for resident's authorized representative (if applicable)



3. CONSIDERATIONS FOR VISITORS AND CONSULTING STAFF

Each facility should develop **criteria and protocols about visitation and movement** in and out of facility (including overnight passes and curfews).

- Signs should be posted at facility entrance with **visitor policy** that should be limited to essential visits only (i.e. medical care) and may provide exceptions for hospice and end of life care.
- All visitors should be offered alternative ways to meet with resident that do not require face-to-face interactions, like **telephone or video visits**.
- Facilities should consider creating **one central entry point** to enable universal entry screening (see Screening Procedures).
- Visitors with possible COVID-19 exposures or symptoms should not be allowed into the facility under any circumstances.
- Request that all entrants to facility (including residents, visitors, and staff) wash their hands upon arrival in the facility and maintain strict preventative measures.
- All residents should be encouraged to remain in facility and avoid crowds as much as possible for social distancing. If residents are unable to follow facility requests, **please notify DHS-DMH-ODR to explore alternatives.**

4. OCCUPATIONAL HEALTH

All staff should be **screened for COVID-19 symptoms and exposures** before entering facility, and if positive, **asked to stay home**.

Staff who are greater than 65 years old and/or have chronic medical conditions that put them at increased risk for complications from COVID-19 should be re-deployed to non-client facing work.

The facility should **provide regular training and updates** about COVID-19 preparedness. The facility is expected to provide mandatory staff training on: COVID-19 prevention, symptoms, and transmission; How and when to use PPE (including N95 respirator fit testing if indicated); and Sick leave policies

The facility should develop **sick leave policies** that are non-punitive, flexible and consistent with public health guidance for ill personnel to stay home when experiencing COVID-19 symptoms or have been exposed to COVID-19.

- Staff are expected to notify their medical providers if they develop COVID-19 symptoms or exposures to determine need for testing (workers at congregate living facilities are a priority group).
- Staff should be instructed to stay home from work for 7 days after their symptoms develop or 72 hours after resolution of their symptoms (whichever is longer) if COVID-19 is suspected or confirmed. Staff should continue to wear a surgical mask for full 14 days after illness.
- LAC DPH recommends against medical clearance prior to return to work.

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DHS-DMH support line is here to help our providers, staff, and clients during the difficult time. Call for guidance on: (1) COVID-19 preparedness in your facility, (2) questions about COVID-19 symptoms/exposures/isolation that could not be resolved by other medical providers, (3) health systems navigation to get your clients timely care, (4) advocate for appropriate discharges.

323-274-3303

4. PREPARING FOR CHALLENGING RESIDENTS

Especially during the COVID-19 outbreak, it is important to use trauma informed care. Our clients have complex psychosocial histories and cumulative trauma that make them more vulnerable to the distress during disasters and situations that require quarantine.

Practice psychological first aid

- Start with affirming, empathetic statements, "I know that this is difficult for you"
- Be respectful even when you feel pressured to act
- Acknowledge uncertainty and fears. Don't over reassure.
- Give people things to do as people in crisis prefer to be participants, not spectators
- When appropriate, allow people to make their decisions in the context of risk/benefit

If applicable, offer to schedule a tele-visit with resident's mental health clinician. In a psychiatric emergency, call PMRT (Psychiatric Mobile Response Team) at 1.800.854.7771 or 911.

Many residents may be **unable to adhere to restrictions** on movement, groups, and visitation during this outbreak. Use the psychological first aid toolkit to empathize, acknowledge, and actively problem solve with residents. Express concern about the client's safety and explore their understanding of the risks of non-adherence in a non-punitive way. Offer rewards for positive behaviors (contingency management).

- **If the resident has no COVID-19 symptoms or exposures,** it is reasonable to pursue a harm reduction strategy. The client may leave the facility and should be advised to practice social distancing and hygiene techniques**.** Employ a universal screening policy on entry for all residents, visitors, and staff to ensure that everyone in the facility is safe.
- **If the resident has COVID-19 symptoms or exposures,** this resident may be putting other residents and staff in the facility in jeopardy. If facility is unable to resolve this situation rapidly, notify HFH/ODR to problem solve collectively. Don't delay. This is a clear indication to refer to the LAC DPH Isolation and Quarantine Referral line for placement at a I-Q site (833-596-1009).

SURGE CAPACITY

During infectious disease outbreaks, the needs of the residents may outstrip the resources of the facility. Surge capacity is a way to pro-actively plan to meet the needs of your population.

Key Considerations:

- Create an **alternate staffing plan** to account for staff shortages due to illness and/or caregiving needs at home
- Develop a plan within your organization to cross train other staff in your organization or to **expedite credentialing and training** of non-facility staff during a staffing crisis.
- Identify agencies in your community that may allow you to hire or stipend **temporary staff**
- During critical staffing shortages, explore safe ways to work with **skeleton staff** or allow staff with exposures to safely return to work while wearing a facemask.
- **Accurately estimate the supply** needs for your facility and partner with local and statewide planning groups to address supply chain issues.
- **Conserve** supplies like PPE and cleaning solutions that will subject to critical resource shortages.