



COVID-19 Health Advisory #19

October 15, 2020

Please distribute to all providers in the facility

Go to: <https://tinyurl.com/ShastaCOVID-19> for an electronic version of this Health Advisory

The purpose of this health advisory is to provide skilled nursing facilities and assisted living facilities with information on reducing COVID-19 within the facility.

In the past few weeks, several Shasta County facilities have identified COVID-19 cases among staff and residents. Investigation of cases by Shasta County Public Health ascertained common themes we think will be useful to facility leaders, namely: lack of adherence to the new standard of universal masking in health facilities; risky exposures outside of the workplace; and reporting to work while sick, often due to misunderstanding of COVID-19 leave benefits. It is vital that all staff in skilled nursing facilities (SNFs) and assisted living facilities (ALFs) take steps to minimize their risk of exposure to COVID-19, at work and otherwise, in order to protect themselves and the vulnerable populations within their workplace.

Actions requested of Shasta County SNF and ALF facilities:

- 1) **Remind staff to self-monitor** for symptoms consistent with COVID-19 and encourage them to remain home when ill. Facilities should **screen** staff for symptoms at the start of each shift.
 - a. Consider offering COVID-19 testing to symptomatic staff and allowing those with negative tests to return 24 hours after they are fever free and symptom improvement.
 - b. **Remind** staff of availability of COVID sick leave without need to use personal sick leave first. Healthcare workers are eligible for paid COVID-19 leave under California Executive Order N-51-20 and Labor Code section 248.1.¹ For more information, visit the resources at the end of this document.
- 2) **Require** that staff practice **universal masking** during their shift (unless eating or drinking while physically distanced) per CDC infection control recommendations.²

¹ The new Labor Code provision extends COVID-19 Supplemental Paid Sick Leave to health care employees and emergency responders who were not extended paid sick leave by their employers under the federal Families First Coronavirus Response Act, without regard to the size of their employer. A worker is eligible for COVID-19 Supplemental Paid Sick Leave if a quarantine order, isolation order, or a medical professional recommends that a worker stay home, or if a hiring entity requires the worker to stay home. Full time workers are eligible for 80 hours of COVID-19 Supplemental Paid Sick Leave, and part-time workers are eligible for a reduced number of hours based on previous hours worked.

² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

- 3) **Ensure** staff have easy access to and knowledge of appropriate personal protective equipment (PPE):
 - a. During times of “moderate to substantial”³ community transmission, due to increased likelihood of exposure to asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection, staff should **wear eye protection** in addition to a facemask to ensure the eyes, nose, and mouth are protected from exposure to respiratory secretions during patient care encounters.⁴
 - b. In addition, SNFs should **follow the PPE recommendations** in CDPH [All Facilities Letter 20-74](#), Attachment 1 (included with this health advisory) based on patient status and placement within the facility.

Resources

Labor Code Section 248.1:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=LAB§ionNum=248.1.

Poster: <https://www.dir.ca.gov/dlse/COVID-19-Non-Food-Sector-Employees-poster.pdf>

FAQ: <https://www.dir.ca.gov/dlse/FAQ-for-PSL.html>

Helpful Resources for Employers and Workers: <https://www.labor.ca.gov/coronavirus2019/#chart>

³ “Moderate to substantial” transmission may be defined as including sustained transmission with high likelihood or confirmed exposure within communal settings (e.g., schools, workplaces) and potential for rapid increase in cases, or large scale, controlled or uncontrolled community transmission, including communal settings. <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

California Department of Public Health, Healthcare-Associated Infections Program
 COVID-19 PPE, Resident Placement/Movement, and Staffing Considerations by Resident Category

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow PUI, Single Room if Available)***	COVID Exposed Residents (Yellow – Exposed) ***	Newly Admitted Residents Under Observation (Yellow – Observation)***	Residents with No Known Exposure, or COVID Recovered (Green Area)
N95 respirator *	Yes	Yes	Yes	Yes	No
Facemask *	Only in crisis if N95 not available	Only in crisis if N95 not available	Only in crisis if N95 not available	Only in crisis if N95 not available	Yes
Eye Protection *	Yes	Yes	Yes	Yes	Yes
Gowns	<p>Yes</p> <ul style="list-style-type: none"> – Extended use** permitted in supply crisis, except for residents with known multidrug resistant organism (MDRO). – Maintain clean areas on unit where gowns are not worn such as nurses' station. 	<p>Yes</p> <ul style="list-style-type: none"> – Extended use** NOT recommended. – When gowns in short supply, may reserve gown use for when indicated for high contact activity per Enhanced Standard precautions, or may dedicate gown for each resident and keep in room. 	<p>Yes</p> <ul style="list-style-type: none"> – Extended use** NOT recommended. – When gowns in short supply, may reserve gown use for when indicated for high contact activity per Enhanced Standard precautions, or may dedicate gown for each resident and keep in room. 	<p>Yes</p> <ul style="list-style-type: none"> – Extended use** NOT recommended. – When gowns in short supply, may reserve gown use for when indicated for high contact activity per Enhanced Standard precautions, or may dedicate gown for each resident and keep in room. 	As needed per Enhanced Standard precautions

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow PUI, Single Room if Available)***	COVID Exposed Residents (Yellow – Exposed) ***	Newly Admitted Residents Under Observation (Yellow – Observation)***	Residents with No Known Exposure, or COVID Recovered (Green Area)
Gloves with hand hygiene before donning and after doffing gloves	Yes, upon room entry and between residents (if multi-occupancy room)	Yes, upon room entry and between residents (if multi-occupancy room)	Yes, upon room entry and between residents (if multi-occupancy room)	Yes, upon room entry and between residents (if multi-occupancy room)	As needed per Enhanced Standard precautions
Resident placement and movement considerations	Follow CDC guidance on discontinuation of isolation; recovered residents can be moved directly to COVID-negative/ recovered Green area.	While awaiting test results, move only if can go to private room; otherwise, leave in current room with as much space as possible between beds and curtains drawn. Do not move to Observation area. Do not move to COVID positive Red area until test results confirm COVID-19 positive.	Leave on current unit. Do not move or admit any other residents to the unit where the exposure occurred until 2 rounds of testing with no new positive residents. Individual residents should not be moved off the unit until all residents on the unit have 2 sequential rounds of negative tests.	Do not mix new admissions with any other resident groups. Individual residents in the observation area may be moved to the COVID-19 negative Green area after 14 days observation complete and negative test.	Leave on current unit.

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Staffing considerations	<p>Dedicate HCP/staff to the unit; separate restroom and breakroom, no co-mingling with other HCP/staff on other units.</p> <p>If necessary to maintain dedicated staffing for a small number of positive residents in Red area, dedicated HCP can continue to care for recovered residents in a designated area within or just outside the Red area (not Green area).</p> <p>If staffing crisis, asymptomatic positive HCP may work in the dedicated COVID-19 positive Red area, only.</p>	<p>Ensure HCP understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities such that HCP care for all residents in the Yellow-observation area before caring for residents in the Yellow-exposed area or PUI.</p>	<p>Dedicated HCP/staffing ideal, but if infeasible, ensure HCP understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities such that HCP care for all residents in the Yellow-observation area before caring for residents in the Yellow-exposed area or PUI.</p>	<p>Dedicated HCP/staffing ideal, but if infeasible, ensure HCP understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities such that HCP care for all residents in the Yellow-observation area before caring for residents in the Yellow-exposed area or PUI.</p>	<p>Dedicated HCP/staffing ideal, but if infeasible, ensure HCP understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities such that HCP care for all residents in the Green-negative area before caring for residents in the Yellow-areas.</p>

*Extended use may be implemented for facemask (source control), N95 respirator, and eye protection (goggles or faceshield) during supply shortage. Extended use refers to the practice of wearing the same facemask/N95 respirator/goggles/faceshield for repeated close contact encounters with different residents, without removing between patient encounters, typically in a cohort setting. When practicing extended use of N95 respirators, the maximum recommended extended use period is 8–12 hours. Respirators should not be worn for multiple work shifts and should not be reused after extended use. Respirators should be removed and carefully stored in a clean paper bag before activities such as meals, restroom breaks, and other breaks and then re-donned and worn through the remainder of the shift. The respirator must be discarded if at any time it becomes contaminated or does not fit or function correctly.

[Current Cal/OSHA guidelines](#) (PDF) do not permit re-use of N95 respirators, which includes the 3-5 day rotation strategy and use of disinfected respirators.

** Extended use and reuse of gowns can transmit MDRO and should be avoided if possible (i.e., these are crisis strategies). Extended use of gowns refers to the practice of wearing the same gown by the same HCP when interacting with more than one resident known to be infected with the same infectious disease when these residents are housed in the same location, only if residents do not have other diagnoses transmitted by contact (e.g., *C. difficile*, *C. auris*). If the gown becomes visibly soiled, it must be removed and discarded. When extended use of gowns is practiced, e.g., on a dedicated COVID-19 positive “Red” unit, gowns should **not** be worn in clean areas on unit, e.g., nurses’ station, clean supply room, breakrooms, etc.

***Although residents that are symptomatic with suspected COVID pending test results, COVID exposed residents, and newly admitted residents under observation would be placed in the yellow status, these residents should be cohorted based on their designation and not placed with residents on yellow status for different reasons.

Resource: [Summary of Strategies to Optimize Use of PPE in Presence of Shortages](#)