

COVID-19 LTCF Outbreak Team: Facility Closure to New Admissions and Communal Dining and Group Activities

Contra Costa Health Services' (CCHS) Long-Term Care Facility Outbreak Team investigates outbreaks in licensed facilities including Skilled Nursing Facilities (SNF), and Residential Care Facilities for the Elderly (RCFE), Adult Residential Facilities (ARF) and Intermediate Care Facilities (ICF).

During the course of a COVID-19 outbreaks, facilities will often need to close to new admissions and close communal dining and group activities, as instructed by public health. Depending on the extent of the outbreak and infection control practices in place, the closure may only be temporary to allow for time to focus on implementing Health Department recommendations related to testing, cohorting, and infection control practices, as outlined in the [COVID Facility Outbreak Prioritized Checklist](#). These practices are a critical tool in preventing further transmission and fully containing an outbreak.

CCHS LTCF Outbreak Team follows a standard protocol to determine when a LTCF will be required to close to new admissions for the purposes of containing a COVID-19 outbreak.

Facility testing

Once there is a new COVID-19 laboratory-confirmed case in a resident or staff, Public Health Department recommends implementing proper infection control guidance for the exposures along with weekly response-driven testing of both residents and staff to identify asymptomatic or pre-symptomatic COVID-19 cases. Testing should continue until there are no new cases are identified in 2 consecutive cycles (with last cycle 14 days from last exposure).

Testing may be focused, in discussion with local public health, if thorough and accurate contact tracing of cases can take place. The infectious period of the case is considered to be 48 hours prior to symptom onset or 10 days prior to test date if no symptoms at test date.

Focused testing may also be appropriate if the positive case is defined to a limited area: without patient care responsibilities; staff who only works in one unit/ward and do not have close contacts who also work in the facility; or resident case resides in a unit where limited contacts with staff or other residents can be traced. If focused testing reveals further spread, testing will be expanded to rest of facility.

Facility closure

After a COVID-19 case is identified facilities should continue all outbreak follow up recommended by public health including testing, cohorting of residents based on COVID-19 and exposure status, and any other public health guidance given during the monitoring period after a COVID-19 case.

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Additionally, facilities should close to **new admissions** and **close communal dining and group activities** anytime the facility has reached a total of two positive staff members or one positive resident. Facilities should remain closed for brief periods to review the case(s) and their contacts/exposures, while undergoing mass testing, awaiting results, and implementing cohorting and infection control recommendations. Note: At this time, residents who are fully vaccinated but have had an exposure are still considered exposed and need to be quarantined with the same follow up and transmission-based precautions in place.

Small Board and Care facilities with one positive staff or resident should hold admissions and close communal dining and groups activities until further notice and follow up with public health.

After a COVID-19 case is identified facilities who continue admission should **only admit new residents who are fully vaccinated during the outbreak monitoring period.**

Communal dining and group activities may continue for non-exposed residents (green zone residents) only. Facilities who closed communal dining and group activities may reopen after being closed briefly with infection control measures in place, within the parameters set by CDPH and DSS guidelines. These guidelines include appropriate social distancing, masking when not eating or drinking (even for fully vaccinated residents as noted in your regulatory body guidance), increasing ventilation of spaces, as able, and proper disinfecting. Additionally, facilities should limit the number of residents to allow proper social distancing of 6 feet or more between each resident (even for fully vaccinated residents), and also exclude COVID-19 positive residents clearing their infection (red zone residents) and residents who were exposed/potentially exposed and negative (yellow zone residents) while they are in quarantine. Communal dining and group activities may need to close again if there is concern for an expanding outbreak.

A facility with only 1 total positive staff initially, and after testing, may continue admissions of non-COVID residents into single rooms in their new admission area with implemented infection control measures, including appropriate cohorts of residents. During the outbreak monitoring period, new admissions should only be fully vaccinated residents (2 or more weeks after completing their vaccine series). Fully vaccinated new admissions do not need to quarantine on admission unless they are awaiting their COVID-19 test results, they had an exposure to someone with COVID-19 in the past 14 days, or there are other concerns prior to admission. Regardless of vaccination status, facilities should continue to monitor all residents for any symptoms and immediately isolate and test for COVID-19 if any concerns arise.

A facility with 1 positive resident or 2 or more total positive staff, after any testing, should close to new admissions, if open, and close group activities and communal dining until discussion with the CCHS investigator or a support team member. Facilities may need to continue to remain closed if there are concerns for transmission in the facility, an uncontrolled outbreak, or infection control concerns. If the facility has good infection control practices, including appropriate cohorting, quarantine, and isolation of exposed or positive residents, and after consultation with the investigator or a support team visit, as appropriate, a facility may be allowed to continue admissions of non-COVID residents into single rooms in their new admission area and open

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again to communal dining and group activities. Family member(s) and residents should be informed of COVID-19 case(s) and exposures in the facility prior to admissions.

If at any time during the outbreak investigation, test results reflect a concern for transmission in the facility, or an uncontrolled outbreak – the local Public Health Department will determine in consultation with the facility whether they should remain closed to further new admissions or if communal dining and group activities need to close.

Reopening for new admissions, communal dining, and group activities after closure due to confirmed outbreak

In order to potentially reopen a facility to new admissions and reopen communal dining and group activities after two or more positive staff members or one positive resident, the following criteria must be met:

1. Facility conducts baseline or follow up testing with:
 - No new positive residents AND no more than 2 total positive staff (who are not household contacts),
AND
 - The facility has a good infection control measure in place, did full contact tracing, and has cohorted residents based on their COVID status with appropriate staffing,
AND
 - The facility plans to continue response driven testing serial retesting of all COVID-19 (-) residents and staff weekly until there are no new positive residents or staff for 2 consecutive cycles (with last cycle 14 days from last exposure).
2. CCHS outbreak support team visits facility, as appropriate, or the public health investigator reviews infection control measures for reopening, including review of yellow zone for Skilled Nursing Facilities and other appropriate facilities. Facility must have effective infection control measures in place which includes appropriate staffing for resident COVID status, an admissions area/appropriate quarantine planned for new admits with appropriate transmission based precautions, and the facility must be able to continue these practices, implement all recommendations, and evidence of implementation must be documented.
3. Facility demonstrates adequate capacity for testing and supplies. There is an adequate staffing plan to prevent staffing shortages.
4. Effective isolation and cohorting strategies have been implemented.

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5. For Skilled Nursing Facilities, facilities must have a COVID-19 mitigation plan in place that has been approved by CDPH Licensing & Certification. The mitigation plan must include a plan for infection control – including 1 FTE infection preventionist and a training program for all healthcare personnel.

Guiding principles:

- The purpose of this protocol is to determine when a facility should close or temporarily close to new admissions and their communal spaces in the context an outbreak. It does not address staffing or supply shortages that jeopardize resident care or disrupt operations which would trigger facility-wide evacuations and closure. Facilities should also have plans in place to ensure that staffing remains adequate to continue operations, even through an outbreak.
- The objective of closures is to decrease potential exposure to unexposed residents, and also to provide sufficient time for the facility to contain an outbreak, implement rigorous infection control practices, cohort appropriately, and prepare to accept new admissions.
- CCHS expects Skilled Nursing Facilities to be capable of accepting COVID-19 patient admissions from hospitals and other LTCFs. SNFs should be prepared to safely care for patients that are COVID-19 (+) cohorted into a red zone, COVID-19 (-), or of unknown status in alignment with CDPH requirements under AFL 20-33.2 “Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19).”

Please visit CCHS congregate living facility for updated guidance and documents:

<https://cchealth.org/covid19/clf/>

For other updated guidance for healthcare providers visit <https://cchealth.org/covid19/providers/>

For general information about COVID-19 please visit: <https://www.coronavirus.cchealth.org/>

Please Review Appropriate Outbreak guidance and Regulatory Body Guidance Below:

CCHS Prioritized checklist: <https://cchealth.org/covid19/clf/pdf/Outbreak-Checklist.pdf>

CDPH AFLs

20-22.8: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

20-53: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

20-52: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx>

DSS PINS:

21-17.2: <https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2021/ASC/PIN-21-17-2-ASC.pdf>

Community Care and Licensing Information and Resources with most updated PINS:

<https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-licensing/covid-19-information-and-resources>

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