

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. 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 weekly response-driven testing of both residents and staff to identify asymptomatic or pre-symptomatic COVID-19 cases until 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

A facility should close after a positive result for brief periods while undergoing mass testing, awaiting results, and to implement cohorting and infection control recommendations.

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A facility with 1 positive resident or 2 or more positive staff within 14 days should remain closed while awaiting a CCHS strike team visit.

After a CCHS strike team visit, a facility may be allowed to continue admissions due to good infection control practices in place with appropriate cohorts during the course of an outbreak investigation. Additionally, if good infection control practices are in place, a facility may be allowed to continue communal dining and group activities with appropriate precautions in place such as proper disinfecting, social distancing, limiting size of activities to 10 or less residents, and exclusion of COVID-19 positive residents clearing their infection (red zone residents) and residents who were exposed and negative (yellow zone residents). However, if at any time during the outbreak investigation, test results reflect a confirmed outbreak per CDPH standards or concern for transmission in the facility – 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 after closure due to confirmed outbreak

In order to reopen a facility to new admissions and reopen communal dining and group activities, the following criteria must be met:

1. Facility conducts serial retesting of all COVID-19 (-) residents and staff weekly until:
 - o Residents: No new positive residents for 2 consecutive cycles (with last cycle 14 days from last exposure).

AND

 - o Staff: No more than 1 additional positive staff (who are not household contacts) within 2 consecutive cycles (with last cycle 14 days from last exposure). If there is only 1 positive staff after 2 consecutive rounds of testing, and the facility is allowed to reopen, the testing plan would still need to continue given a positive staff. The facility will need to close to admissions if testing reveals concerns for further spread, as noted above- 1 positive resident or 2 or more positive staff within 14 days.
2. There have been no new COVID-19 (+) residents for the last 14 days (indicating adequate infection prevention).
3. CCHS outbreak strike team visits facility and 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 and the facility must be able

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to continue these practices, implement all recommendations, and evidence of implementation must be documented.

4. For Skilled Nursing 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.
5. Facility demonstrates adequate capacity for testing and supplies. There is an adequate staffing plan to prevent staffing shortages.
6. Effective isolation and cohorting strategies have been implemented.

Guiding principles:

- The purpose of this protocol is to determine when a facility should close or temporarily close to new admissions 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.
- 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 (+) and cohorted to 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/>

REFERENCES

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

CDPH AFLs

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

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