

March 19, 2020

Dear Long-Term Care Facility Director:

Long-term care facilities are at high risk for severe COVID-19 outbreaks due to their congregate nature and the vulnerable population they care for (e.g., older adults with multiple co-morbidities).

Ill healthcare workers (HCW) or visitors are the most likely sources of introduction of COVID-19 into the facility.

**As per the San Mateo County Health Officer Order issued on 3/11/2020, to protect this fragile population, we are urging ALL long-term care facilities to immediately take the following aggressive actions to reduce the risk of COVID-19 infection in your residents and staff.** If you have a resident with known or suspected COVID-19 infection, we may recommend you take more aggressive actions than those listed below.

○ **Visitor Restrictions:**

- Non-essential personnel, including volunteers and non-essential services (e.g. salon barbers) should not be allowed into the facility. Public visitation (e.g. school groups, musicians) is also prohibited.
- Family members are not allowed to visit residents unless it is necessitated by urgent health or legal matters and only if they are asymptomatic. Alternative methods of visitation (Skype, Face Time, etc.), should be offered.
- Actively screen all authorized visitors (vendors, inspectors, etc.) for a fever and respiratory symptoms. Do not allow any ill visitors/family members to visit, regardless of the urgent health or legal matter at hand.
- Maintain a record (e.g., a log with contact information, date, travel and illness screening and temperature) of all visitors (including vendors, inspectors, etc.). Retain the visitor log until instructed to discard it.
- Ensure visitors limit their movement within the facility (e.g., avoid the cafeteria and other public gathering areas).

○ **Healthcare Personnel Infection Prevention Strategies:**

- Screen all staff (including environmental services, ancillary services, contractors and external providers) at the beginning of their shift for fever and respiratory





symptoms. Staff are prohibited from working unless they have been screened at the start of every shift.

- Actively take the staff's temperature and document absence of shortness of breath, new or change in cough, and sore throat. If staff members are ill, immediately have them put on a facemask and self-isolate at home.
- Prioritize ill healthcare providers for COVID-19 testing.
- Keep a record of other facilities where your staff are working. (Note that staff who work in multiple healthcare facilities may pose a higher risk.)
- Staff who provide high contact care (i.e. dressing/bathing, changing linens, etc.) to residents with respiratory symptoms should wear all recommended PPE (gown, gloves, eye and respiratory protection).
- If resources allow, consider universal facemask use for healthcare personnel while in the facility.
- Geographically cohort staff by assigning dedicated staff to specific units.
- Minimize entries into patient rooms by bundling care and treatment activities.
  
- **Resident Monitoring and Restrictions:**
  - Actively monitor all residents (at least daily) for possible signs of respiratory infection:
    - Screen for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat) and perform pulse oximetry for changes in oxygen saturation at least daily. Please note that long term care residents with COVID-19 infection may be less likely to show signs of fever and respiratory signs and symptoms may be subtle.
    - If positive for fever or respiratory signs/symptoms, isolate the resident in his/her room and implement recommended infection control precautions.
    - Have a low threshold for COVID-19 testing
  - Put plans in place to limit movement and ensure social distancing (i.e., staying 6 feet away from others) of your well residents.
    - Cancel group activities or plan activities where people can stay 6 feet away from each other.
    - Cancel communal dining or have residents eat in the dining room in smaller groups so that they can stay 6 feet away from each other.
    - Limit the movement of residents around the facility.
    - Make sure residents perform hand hygiene and wear a facemask (contingent on supply) if they leave their room.
  - Have a low threshold to transfer ill residents to a higher level of care.
  - Do not accept a resident with confirmed COVID-19 back to the long-term care facility until all criteria for discontinuation of transmission-based precautions have been met and/or until appropriate infection control precautions can be ensured.
    - Notify facilities prior to transferring a resident with symptoms or diagnosis of a respiratory illnesses.



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- **General Infection Control:**
  - Train staff on how to wear PPE safely. See UCSF PPE instructional video: Novel Respiratory Isolation: Donning and Doffing PPE with N95 and Eye Protection: [https://www.youtube.com/watch?v=-sBNxli21n0&feature=emb\\_title](https://www.youtube.com/watch?v=-sBNxli21n0&feature=emb_title)
  - Use standard and transmission-based precautions for all residents with undiagnosed respiratory infections and COVID-19 infections. Keep these residents in their rooms away from others.
  - Increase hand hygiene especially during care of residents and in between residents.
  - Prior to entering and exiting the unit and a resident's room, healthcare personnel must perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.
    - Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms
  - Increase environmental cleaning. Disinfect all frequently touched surfaces such as doorknobs, elevator buttons, bathrooms, remote controls, and wheelchairs. Limit sharing of personal items between residents.
  - Ensure proper cleaning and disinfection with an EPA-registered disinfectant effective against SARS CoV-2 that is used correctly and for the appropriate amount of time.
  
- **Managing PPE and Supply Shortages:** When PPE supplies are limited, rapidly transition to extended use of eye and face protection (i.e., respirators or facemasks). See CDC guidance on Strategies for Optimizing the Supply of N95 Respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
  - Assess all Infection Control and Prevention supplies (e.g. PPE, alcohol-based hand rub, etc.) and estimate number of days available.
  
- **Reporting to the Health Department:** Immediately notify the San Mateo County Communicable Disease Control Program about anyone with COVID-19 or if you identify 2 or more residents or healthcare providers who develop respiratory infections within a week. Please call 650-573-2346 8:00 AM to 5:00 PM and call 650-363-4981 after hours. Please remember that these numbers are not to be shared with the general public.
  
- **As a reminder, all Long-Term Care Facilities, are expected to have a "COVID-19 Plan" to comply with applicable guidance from the CDC's "Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities," which is available online at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>.**



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- Facilities may find the COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings particularly useful: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#checklist>
- For your reference, the Order of the Health Officer No. c19-1 dated March 11, 2020 can be found at [https://cmo.smcgov.org/sites/cmo.smcgov.org/files/0311\\_HO%20Order%20c19-1%20LTC%20200311%20\(003\).pdf](https://cmo.smcgov.org/sites/cmo.smcgov.org/files/0311_HO%20Order%20c19-1%20LTC%20200311%20(003).pdf)

Thank you for working with us to keep your residents safe and healthy.

Sincerely,

A handwritten signature in black ink that reads "Scott Morrow MD". The signature is written in a cursive, flowing style.

Scott Morrow, MD, MPH, MBA  
San Mateo County Health Officer