



**California Department of Public Health
Weekly Facility COVID-19 Update Call
October 20, 2020
8:00 am – 9:00 am**

AT&T Meeting Recording: (866) 207-1041

Access Code: 5759335

Available after 10am 10/20/20

- I. **Welcome / Introduction:** **Heidi Steinecker**
- II. **Overview:** **Dr. Kathleen Jacobson**
- None provided.
- III. **Laboratory Update:** **Dr. Deb Wadford**
- None provided.
- IV. **Healthcare-Associated Infections:** **Dr. Erin Epon**
1. Last week, CDC updated their Strategies for Optimizing the Supply of Isolation Gowns. Some of the key updates include:
 - Added considerations for returning to conventional capacity practices. Specifically, as gown availability returns to normal, healthcare facilities should promptly resume conventional practices.
 - Moved the use of reusable (i.e., washable or cloth) isolation gowns to conventional capacity strategies.
 - Added a statement that CDC does not recommend use of more than one isolation at a time by HCP caring for patients with suspected or confirmed COVID-19.
 - Moved the crisis capacity strategy of re-use of isolation gowns to the bottom of the list and added cautionary statements about the risks of this strategy on HCP and patient safety. Specifically, similar to extended gown use, gown reuse has the potential to facilitate transmission of organisms such as *Candida auris* among patients, and that donning and doffing a contaminated gown may increase the risk for HCP self-contamination. When re-use is considered, gowns should be dedicated only to the care of individual patients, and reusable gowns should not be reused before laundering.
 2. CDPH will be releasing updated All Facilities Letters on visitation in SNF as well as acute care hospitals.
- AFL 20-22.5 updates CDPH’s visitation guidance for SNF to align with CMS QSO-20-39-NH including:

- Continued requirement for allowing outdoor and other visitation options (e.g., virtual) when in-person outdoor visitation is not possible
- Indoor visitation requirements for facilities meeting specific criteria of transmission status in the community and within the facility, and adequacy of staffing and testing resources
- Allowance of visitation for residents in the green zone in a facility with an ongoing COVID-19 outbreak that has not yet achieved two sequential negative rounds of response testing over 14 days
- Exceptions to visitation restrictions, which include representatives of protection and advocacy (P&A) programs, individuals authorized by federal disability rights laws, and compassionate care visits

The AFL includes COVID-19 infection prevention core principles and best practices for visitation in SNF, including (but not limited to):

- Screening of all who enter the facility for fever and COVID-19 symptoms. Facilities should document the name and contact information of any visitors to assist with contact tracing in needed.
- Visitors and residents must have facial coverings (cloth masks or surgical face masks) as mandated by CDPH's Guidance for the Use of Face Coverings (PDF)
- Staff should monitor to ensure physical distancing of at least 6 feet from any other individual, with no hand-shaking or hugging,
- If possible (i.e. depending on design of building), create dedicated visiting areas near the entrance to the facility where residents can meet with visitors in a sanitized, well-ventilated area. Facilities should disinfect rooms after each resident-visitor meeting; the risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains)

In addition, for facilities in medium or high-positivity counties, SNF can consider testing visitors if feasible (although not required). If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within two to three days) with proof of negative test results and date of test. **Facilities and visitors must understand that a negative test prior to or at the time of their visit does not negate the requirement to adhere to core infection prevention principles, including face covering and physical distancing, at all times during their visit.**

AFL 20-38.5 updates CDPH's visitation guidance for hospitals, permitting facilities located in counties with medium or low COVID-19 positivity rates to allow one visitor per patient at a time. In addition, the AFL provides visitor guidelines for certain individuals, regardless of the COVID-19 county positivity rate:

- Pediatric patients
- Patients in labor and delivery
- Neonatal intensive care unit (NICU) patients
- Pediatric intensive care unit patients (PICU) patients
- Patients at end-of-life
- Patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments
- Students obtaining clinical experience

All visitors and support persons must stay in the patient's room. Visitors and support persons should be screened by the facility upon entry for fever and COVID-19 symptoms, and be asymptomatic for COVID-19 and not be a suspected or recently confirmed case. Visitors and support persons must wear a face covering upon entry and at all times within the facility, and must comply with any health facility instructions on PPE while in the patient's room.

V. **Remdesivir Update**

Dr. Philip Peters

General Therapeutic Update for all Healthcare Facility Call

Just a brief update. As stated last week, two companies, Regeneron and Eli Lilly, have submitted emergency use authorization (or EUA) requests to the FDA for their monoclonal antibody products. Preliminary reports have indicated that monoclonal antibodies may have clinical benefit for early COVID-19 treatment but data on efficacy and safety have not been released yet.

We don't know a timeline but if an EUA is granted for one or both of these products, initial supply is anticipated to be limited and we would also expect that the federal government will direct allocation as with remdesivir.

At the state level, the structure of these allocations will depend on the wording in the EUA. As monoclonal antibodies are anticipated to be most beneficial early in illness in people at high-risk for severe complications, an important part of the allocation will be to ensure that people at the highest risk for mortality have access.

VI. **Questions and Answers**

Q: For securing Binax NOW, how do we request it as we are Psychiatric facility?

A: Reach out to your MHOAC to request the test.

Q: Quidell test and were a student health facility and wondering if were also were required to report positive and Negative results to the state.

A: Yes, and the manual reporting project is how you would go about that.

Q: Visitor screen questions, 10 or 14 days? Can we remove travel screen question?

A: Most important is symptoms at the time of visit and not aware of specific symptoms prior to visit. Travel question can be removed and to screen for active symptoms only.

Q: In the observation wing we keep new admissions in observation for 14 days, can we keep 2 residents in the same room with the curtain and door closed and air circulation moving in the room? If the first patient was in observation for 5 days and the second for 2 days, does the clock restart for both or can we let the resident at been in observation longer back into general population?

A: It would be best for the facility to manage and monitor for that potential and out of caution, try to separate as much as possible.

Q: Trying to get set up with caller ID for testing and haven't got a response from Alameda County for CalREDIE module.

A: CalREDIE might be best contact for a response.

Q: Do we follow 10 days from symptom onset, or do we move to 20 days since they do not want to move from their room?

A: 10 days from symptoms onset but for residents with transplants and on case by case bases is can be extended to 20 days.

Q: Requesting clarification on recently COVID positive test results and when those visitors would be allowed to then visit.

A: They need to have completed 10-day isolation period.

Q: We have a new resident that was transferred with COVID symptoms, her previous facility from another county stated she was tested and gave me the number for a hotline to get her results, unfortunately they couldn't.

A: We are not aware of any option to get results from other counties.

Q: Will there be an AFL released for non-skilled facilities with short term residential treatment for 6-18-year olds? Child welfare is pushing us to do overnight home passes with our youth.

A: We do have several licensing categories that sometimes fall under DSS. A lot of our long-term AFL's do not specifically list out facilities. You raise a good point about passes with holidays coming. An AFL will be released about leaving the premises during the holidays.