OCHCA's Recommendations on PPE Use, Patient Placement/Movement, Staffing and Response-Driven Testing for COVID-19

In Setting of a COVID Case or Outbreak

Red Unit (for COVID+)

1. **Unit set up**:
    a. Red Unit should be a distinct area separated from the rest of the facility, with a separate entrance/exit from the rest of the facility, a break room and bathroom for staff, and nursing station (empty room).
    b. Should have closed fire doors or plastic barriers to prevent staff or residents from moving between units; however, if plastic barriers used, need to post signs on the plastic barriers that indicate "Tear Down In Case of Emergency, Emergency Exit" as well as other requirements* of the fire marshall.
    c. Staff should not pass through the closed separation doors or plastic to move from one section of the facility to another; zippers, if present, should be closed, preferably taped shut (unless in case of fire, see letter b above).
    d. Place donning/doffing station at entrance and by break room.
2. **PPE: Extended Use Contact and Droplet**
    a. Facemask: mask at all times (N95 or surgical) while on unit, may only be removed in designated CLEAN area. If aerosol-generating procedure (AGP), such as nebulizer treatment, open tracheostomy suctioning, continuous and bilevel positive airway pressure ventilation (CPAP and BIPAP), CPR or nasal/NP/throat specimen collection (which may lead to forceful cough) is to be performed, must use a well-fitting N95 and perform a seal check (see 17).
    b. Face shield: worn at all times, should be removed and disinfected in clean area for breaks.
    c. Gown: same gown may be used for all patients, unless patient with MDRO (will need to change gown after MDRO care); doff gown before breaks or if wet/soiled, and don new gown after.
    d. Gloves changed and hand hygiene between each patient.
3. **Patient placement**:
    a. Patients can be cohorted multiple per room as long as no highly transmissible pathogen, e.g. *C. difficile*, Norovirus, *C. auris* or Influenza. Patients with less transmissible and less virulent pathogens, ESBL, VRE and others may be cohorted with other patients to allow for optimal COVID-19 room allocation.
    b. Patients may exit room briefly if desired, but should be masked and must stay on unit.
    c. Minimum of 14 days (from date of positive test) on unit, but should stay separated from COVID-negative population for full 28 days (can be shortened to 21 if completely asymptomatic the whole time), or until symptoms completely resolved. Full duration of time could be in red zone (to allow patient mobility and to conserve PPE), or after 14 days and symptomatic improvement, could be moved to yellow unit and cohorted with other convalescing COVID+.
4. **Staffing:**
    a. Dedicated staff: staff should not go from red unit to another unit on the same day; may work in different units on different days if needed.
    b. Staff in red unit should utilize separate entrance, break room and bathroom on days working in red unit.

*When located in a fire-rated corridor, the plastic material shall be flame retardant plastic in accordance with California State Fire Marshal (https://osfm.fire.ca.gov/media/3107/regulations.pdf) and CBC Section 806.7. The plastic barriers shall be placed a minimum (horizontal) distance of 4" from fire sprinklers, similar to a wall. NFPA 8.6.3.3 for pendant and upright spray sprinklers. Staff should be instructed to tear down the barriers in case of a fire or emergency.

Yellow Zone/Unit: PUIs, Close Contacts of COVID+ and Convalescing COVID+

5. **Unit set up:**
    a. Ideally adjacent to red unit, and located in one section of facility (not interspersed in green unit).
    b. Does not require separate entrance/exit from rest of facility.
    c. Does not require separate break room, bathroom or nursing station, but good if these could be arranged.
    d. Ensure proper signage and other visual cues to designate yellow unit space.
6. **PPE: Contact and droplet**
    a. Facemask: mask at all times (N95 or surgical) while on unit; for AGP, use a well-fitting N95 and perform seal check (see 17).
    b. Face shield: worn in patient rooms, but may be kept on at all times if staff dedicated to yellow zone.
    c. Gown: donned before entering rooms and doffed when exiting room; must don/doff between patients in same room.
    d. Gloves changed and hand hygiene between each patient.
    e. NO gowns or gloves in hallway of yellow unit!
7. **Patient placement:**
    a. Cohorting:
        i. PUIs must be in single room.
        ii. Close contacts of COVID+ (e.g. roommates) ideally in single room, but can be cohorted two per room with beds at least 6 feet apart, privacy curtain drawn and patients masked, if possible.
        iii. Convalescing COVID patients (beyond 14 days in red) can be cohorted multiple in same room (but NOT with COVID-negative).
    b. Patients MAY NOT exit room; DOORS CLOSED to rooms! Patients who must smoke should be masked and escorted by a staff member to a designated yellow unit smoking section, maintain social distance form others, then be escorted back to room immediately afterward.
8. **Staffing**: ideally dedicated to yellow unit, but if insufficient number of patients in yellow unit to dedicate staff, then staff should work from green to yellow.

Green Zone/Unit: COVID-negative and non-exposed patients, and for COVID+ who are beyond 28 day isolation period

9. **Unit set up**: no special guidance; rest of the facility that is not yellow or red.
10. **PPE**: Enhanced Standard Precautions (recommended if large/extensive outbreak; if PPE limited or outbreak small/limited, may follow standard precautions with masking at all times)
    a. Facemask: mask (surgical or N95) at all times while on unit
    b. If enhanced standard precautions: gowns for significant patient contact, such as bathing, dressing, transfers, toileting, wound changes, with face shield if splashes possible or performing potential cough/sneeze inducing procedures such as obtaining nasal swab.
    c. Gloves changed and hand hygiene between each patient.
11. **Patient placement**:
    a. Try to keep patients in room as much as possible; if outside room, should be masked and socially distanced.
    b. Keep green patients from wandering into yellow and red zones.
    c. Ideally, cohort recovered COVID+ patients with each other, not with COVID-negative.
12. **Staffing**: green staff should not work in red unit on same day (or vice versa), and if needed to work on yellow, work from green (clean) to yellow.

In Setting of No COVID Cases or Outbreak (Or Resolved Outbreak)

13. **Red unit:** if resolved outbreak, should be maintained as above until last patient removed from unit, then it should be thoroughly disinfected before being put back into service.
14. **Yellow unit:** if resolved outbreak, should be maintained as above until last patient removed from unit.
    a. Do not place newly admitted patients into yellow unit with convalescing COVID+.
    b. If no prior outbreak, attempt to maintain one empty room to place PUI if necessary, and locate it where a red or yellow unit might be established in the event of an outbreak.
15. **Observation/new admission unit** (prefer this term to "yellow unit" to avoid confusion with yellow unit in outbreak)
    a. **Unit set up**: no specific guidance, but should be one section of facility, not interspersed with green
    b. **PPE**: Enhanced Standard Precautions
        i. Facemask: mask (surgical) at all times while on unit.
        ii. Gowns for significant patient contact, such as bathing, dressing, transfers, toileting, wound changes.
        iii. Face shield if splashes possible or performing potential cough/sneeze inducing procedures such as obtaining nasal swab.
        iv. Gloves changed and hand hygiene between each patient contact.
    c. **Patient placement:**
        i. Single rooms best, but if space not sufficient, cohort new admissions by similar date of admission (i.e., do not put new admit in same rom as patient there for 10 days)
        ii. Ideally keep patients in room as much as possible (in-room therapy and treatments).
        iii. If out-of-room therapy needed, patient should mask, socially distance, limit number in therapy room at one time and sanitize equipment after use observing proper contact time for the product used.
    d. **Staffing**: dedicated staff if possible; if not, have staff work from green to observation.
16. **Green unit:**
    a. **Unit set up**: no special guidance; consists of rest of the facility that is not red, yellow or observation unit
    b. **PPE**: standard precautions:
        i. Surgical mask at all times
        ii. Minimum of standard precautions for all; contact precautions as indicated for C. diff or MDROs.
        iii. Consider use of enhanced standard precautions for residents who have one or more risk factors for MDRO.
    c. **Patient placement**: as per usual; patients may leave their rooms, but should wear a mask when in a common area, keep socially distanced from other residents and staff, and stay out of observation area, yellow and red units.
    d. **Staffing**: green staff should not work in observation unit if possible, but if needed to work on observation unit, work from green (clean) to observation.

General Notes on PPE Use

17. **Mask use**:
    a. CDC says that N95s are preferred over surgical masks for confirmed COVID, but that surgical masks are acceptable. N95s are definitely needed for any AGP, but in all other situations, either N95 or surgical mask are acceptable.
    b. The most important factors in considering which type of mask to use is fit, consistency and correctness of use. Some facial morphologies may be better fit with a surgical mask, and others with a N95.

i. Each HCW should be assessed visually by IP/DSD for fit of mask, trained on proper donning and doffing, observed for compliance and need for adjusting mask during work, and educated on the importance of hand hygiene before putting on mask, after doffing mask and after touching/adjusting mask.
ii. A quick seal check should be performed with each donning of an N95 or KN95 mask to ensure effective seal and filtration https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf.
iii. A surgical mask may be better than an ill-fitting KN95 that the HCW must constantly touch to adjust! Alternatively, a snug N95 may be better if the surgical mask tends to move too much or drop below the nose of a HCW.

c. Facilities using N95s should follow CDC's guidance for extended use and limited reuse https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html ; it is not clear if these guidelines for reuse apply to KN95s.
d. Facilities using N95s were recommended by CDPH to do fit testing and have a respiratory protection program; whereas these are ideal, it is unrealistic to expect all facilities to accomplish these requirements with the current conditions. At a minimum, IP/DSD should follow 17.b. above. However, if resources allow, facilities can pursue qualitative or quantitative fit testing to ensure adequate fit, and facilities practicing more AGPs (e.g, with ventilated/trached patients) should definitely consider pursuing fit testing.
e. Staff using two masks, or double-masking, should be discouraged. The double-masking strategy provides no additional protection, wastes PPE resources, and increases risk of self-inoculation.

18. **Gown use**:
    a. Due to limited supplies of disposable gowns, facilities are encouraged to purchase long sleeved, washable cloth gowns.
    b. Facilities should bundle care activities to preserve supply. Ideally, gowns should be single use, being washed or discarded after each use.
        i. In periods of severe shortage, the facility can assign one gown per HCW per patient per shift (unless in red zone, where one gown per HCW for all patients is OK), but minimize numbers of times donned and doffed (each reuse lead to possible contamination).
        ii. Gowns must be doffed and discarded or laundered if soiled or wet, and at end of shift.
        iii. Extended us of gowns on red unit allowed if supplies insufficient, but should be doffed and discarded or laundered if soiled or wet, before breaks and at end of shift .
    c. Full body suits/rain jackets not advised; high risk for self-contamination when doffing. Additionally, the blue plastic ("trash bag") gowns have a high risk for self-contamination, so should be utilized only if no other alternative available.

19. **Other PPE Practices:**
    a. Staff should be able to demonstrate proper doffing of PPE to avoid self-contamination.
    b. Shoe coverings should be discouraged as they pose a fall hazard and may increase risk of self-contamination.
    c. Hair coverings not necessary and may increase risk of self-contamination when doffing. Hair that is long should be secured so it does not contact the patient care area.
    d. Shoe decontamination or shoe cleaning stations are not necessary.

Other COVID-Related Recommendations

20. **Return to work**: OCHCA recommends the following for staff who test COVID+:
    a. If asymptomatic, stay out of work for minimum of 10 days. Can return to work sooner if needed, but should provide care only for COVID+ patients, and should maintain social distancing at all times from

COVID-negative staff. If symptoms develop at any time, should leave work immediately and isolate at home.

b. If symptomatic, consider extending leave from work to a minimum of 14 days (CDC guidance says minimum of 10 days), must be afebrile for 3 days and have improvement in symptoms.
c. Test-based strategy for clearance not recommended.

21. Response-driven testing

a. CDPH recommends testing all residents and staff every 7 days until two sequential negative rounds of testing if a single case is identified in either a resident or staff member.
b. OCHCA agrees with testing all residents and staff if a single case is identified in a resident and the infection was definitely or likely acquired in the facility (long term resident). Testing of all staff weekly can be very difficult to accomplish; if initial round of testing reveals the source of transmission, then at a minimum, more focused testing of staff and residents exposed to the infected staff member is warranted. If multiple staff members or other residents found to be infected, then testing of all residents and staff until two negative rounds recommended.
    i. If a new admission tests positive for COVID within several days of admission, that is likely infection acquired prior to admission, and only testing of close contacts (staff who cared for patient, roommates or other close contacts) at baseline, 7 and 14 days after last contact.
    ii. If further transmission documented, then testing of whole facility indicated.
c. Increasing numbers of COVID-infected SNF staff have been reported, and with increasing community transmission, the trend is likely to continue. Performing response-driven testing as recommended by CDPH for a single staff case may necessitate almost continuous weekly testing of all staff and residents, which is not feasible.
    i. When a single case is identified in staff, OCHCA recommends, at a minimum, to test all close contacts (patients cared for by staff member and other close staff contacts) at baseline, 7 and 14 days.
    ii. If further cases are identified as a result of this contact testing, then testing of all staff and residents may be indicated.

22. Surveillance testing for residents and staff:

a. CDPH recommends testing of 25% of staff weekly; OCHCA additionally recommends testing of new staff on hire.
    i. Previously COVID-positive staff should be added into testing rotation approximately 8 weeks after their positive test.
b. CDPH recommends testing of admissions from the hospital at baseline (upon admission or within 2 days of admission) with quarantine and repeat testing at 14 days; OCHCA also recommends this for admissions from the community or other facilities.
c. OCHCA also recommends additional surveillance testing of residents:
    i. Test residents who leave the facility on a regular basis (e.g., hemodialysis patients or patients who have radiation therapy or frequent medical visits outside of the facility) every 2-4 weeks.
    ii. Additional consideration should be given to testing highly mobile/social patients (those who interact with a large number of staff or residents) periodically.
    iii. Previously, OCHCA had recommended testing 25% of all residents weekly on an ongoing basis, but this recommendation has been revised based on OCHCA's further experience in SNF outbreak containment.