
Florida Department of Health in Polk County

LTCF Outbreak Standard Operating Procedures Manual

BACKGROUND

The Long-term Care Facility (LTCF) Outbreak Investigation Unit is a group within the Epidemiology program that is responsible for the investigation of outbreaks of COVID-19 within these group settings. The goal of the unit is to communicate with LTCFs who are under investigation and provide guidance and resources to prevent continued transmission.

The unit consists of:

- **Investigation Section:** Responsible for conducting active surveillance among the LTCFs with active COVID-19 outbreaks and serve as the point of contact between the Florida Department of Health in Polk County (FDOH-Polk) and the facility. This unit communicates regularly with the facilities to provide consultation on infection prevention, FDOH and CDC guidance, and ascertain if the facility has any unmet needs that the state can assist with.
 - Epidemiology Team Lead: Responsible for managing the daily operations of the unit including supervising the investigators and providing any guidance and assistance as needed. Reports directly to the Epidemiology Program Manager. This role also serves as the FDOH-Polk liaison for the state incident management team (IMT).
 - LTCF Epidemiologists: Report directly to the Epidemiology Team Lead and the Epidemiology Program Manager. Responsible for direct communication with LTCFs and investigating outbreaks.
- **Surveillance Section:** Consists of the Epidemiology Team Lead. Responsible for conducting daily surveillance of COVID-19 in the LTCFs and reporting any facilities of concern to the Epidemiology Program Manager. Conduct syndromic surveillance using Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL)* to identify cases within LTCFs and respond to inquiries from the Epidemiology Program Manager and Bureau of Epidemiology. Responsible for generating regular reports on LTCF outbreaks for the Epidemiology Program Manager.
- **Infection Control Assessment Section:** Consists of the Healthcare-Associated Infection (HAI) Epidemiologist and FDOH-staff who are responsible for conducting infection control assessments using the Infection Control Assessment and Response tool (ICARs) within the LTCFs. The lead HAI Epidemiologist serves as the section lead and is responsible for coordinating ICARs and onboarding facilities into the National Healthcare Safety Network (NHSN) surveillance program.
 - HAI Epidemiologist: Leads the section and coordinates with the Epidemiology Team lead. Reports directly to the FDOH HAI program and the Epidemiology Program Manager.
 - ICAR staff: Conducts ICAR assessments at LTCFs and other facilities of concern. Reports directly to the HAI Epidemiologist.

* Florida's syndromic surveillance system provides epidemiologists access to data, analytic tools, and visualizations that enhance their ability to detect and monitor morbidity and mortality trends over time, over space, and across multiple data sources. Data from nine sources are stored within ESSENCE-FL: emergency department (ED) and urgent care (UC) visits, emergency medical services (EMS) calls, poison control center calls, death records, reportable diseases (excluding cancer, HIV/AIDs, TB), disaster medical assistance teams (when deployed in FL), weather stations, and air quality.

Standard Daily Operations for Investigation Section

COVID-19 is a reportable disease and facilities are required to notify [Epidemiology program] immediately when they have a case in a resident or staff by contacting [Phone number]. Fax: [Fax number]. The call will then be transferred to the Epidemiology Team lead to assign to an investigator.

When Notified of a Facility with a COVID-19 Case

- When notified of a case of COVID-19 in an LTCF, an LTCF epidemiologist will immediately investigate by contacting the facility to alert them and to conduct an initial situation assessment. During this assessment the investigator will then determine the extent of COVID-19 transmission within the facility and provide the facility with guidance from CDC and DOH on how to prevent further transmission. This information is provided verbally and in writing. Please see the Appendix for these documents.
- The initial contact with the facility should be with either the Executive Director, Director of Nursing, or the Assistant Director of Nursing. The following questions should be asked:

If reporting a positive staff member†:

- When did the employee last report to work?
- What role did the employee have at the facility?
- What kind of contact did the employee have with the residents and other employees?
- What kind of personal protective equipment (PPE) were they wearing?
- Were they were wearing appropriate[†] PPE the entire time?
- Was the employee in close contact (within 6 feet for more than 15 minutes) with any employee or resident without appropriate PPE (1)?
 - If residents were exposed, they should be immediately placed isolation in a Persons under Investigation (PUI) unit and carefully monitored for 14 days since last exposure for symptoms of COVID-19 or a change in status (2).
- Employee's symptoms and onset dates
- Does the facility know how the staff member may have been exposed?

The following should also be addressed:

- Obtain a copy of the COVID-19 lab result.
- Remind the facility when the staff member can return to work (3,4).
Conduct an interview with the staff member and complete the COVID-19 case report form (5).
- If reporting a positive resident:
 - Try to identify how the resident may have been exposed.
 - Where was the resident in the 14 days prior to symptom onset or if asymptomatic their lab collection date?
 - Were they transferred from another facility? If so, which one and when?
 - Did the resident have any close contact with a confirmed case?
 - Was a home health aide or outside care giver (e.g. hospice) providing care services to the resident during their exposure period?
 - Ask for the resident's symptoms and onset dates. Conduct an interview with the resident and complete the case report form (5). If the resident is impaired and cannot be interviewed, conduct a proxy interview with the facility's Director of Nursing.
- Determine what contact the resident had with employees or residents.
 - If they had a roommate, then that roommate should also be placed in isolation in the PUI unit and monitored for symptoms. The facility should conduct testing on the roommate in accordance with the most recent CDC guidance (6).

- Obtain a copy of the COVID-19 lab result and medical records.

† A staff member includes individuals employed by the facility, agency staff, contract staff, or any individual providing services to residents.

‡ Appropriate PPE consists of isolation gown, NIOSH approved N-95 mask, face shield or goggles, and gloves per CDC. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

Other questions to ask during the initial interview

- Anyone else in the facility symptomatic?
- What kind of PPE do the staff wear: (Be specific: “Full PPE” isn’t specific, ask which items)
 - When providing care to residents?
 - When providing care to residents in the COVID-19 isolation unit or when entering resident’s rooms who are isolating or quarantining?

Make sure to note what kind of face mask. (Disposable? Cloth? N-95? KN-95?)

- What is the facility’s sick leave policy (PTO? Vacation time? Etc.).
- What is the facility’s visitation policy?
 - Does the facility have screening criteria for visitors? If so, what is their process? The Agency for Healthcare Administration (AHCA) has a visitor screening form (7). If visitors are allowed in the building, are they required to wear PPE? What kind of PPE?
 - Do they screen staff members? (at the door? Inside?) What questions do they ask at the screening?
 - How often do they screen staff (8)?
- Does the facility have a COVID-19 outbreak response plan? If yes, ask for a copy or description. If not, please inform the HAI epidemiologist and work with the facility to help develop one.
- Does the facility have a COVID-19 resident isolation plan? If so, what is it?
- Does the facility have a plan in place to set up an isolation unit in the facility or have residents isolate in their rooms with designated staff?
- Is the facility actively monitoring residents for signs and symptoms of COVID-19 or change in status (2)? If so, how often?
- What is the facility’s admission/readmission policy?
 - Does the facility have a new admissions unit? (If so, what precautions do they practice when working in that unit?)
- Does the facility conduct routine screening testing of residents for COVID-19? If so, what is the process used? Are they following the CDC recommendations (6)?
- What is the facility’s bed capacity and resident and staff census?
- Obtain the contact information for facility leadership.§

§ The point of contact should be someone that you can reliably get a hold of who you will be in regular communication with from the facility. This expectation needs to be explained to the facility during the initial interview.

After Conducting the Initial Interview

- An email should be sent to the facility point of contact to reiterate the key points from the initial call, explain that you will be in regular contact with them to follow up on the progress of the facility’s outbreak and be available to provide guidance and consultation should they have any questions.
 - Address that the facility is required to notify the investigator of any new cases (residents or staff), symptomatic residents and staff suspected of having COVID-19, and any resident deaths regardless of their COVID-19 status.
 - Provide the facility guidance documents regarding COVID-19 in LTCFs (See Appendix).
 - Inform facility that DOH will be conducting an initial ICAR assessment as an educational benefit for the facility to help improve their infection prevention practices.
- The investigator will need to notify the HAI Epidemiologist of the new outbreak. The HAI epidemiologist will then reach out to the facility to schedule an ICAR assessment based on the facility’s priority level using NHSN criteria and have them scheduled for an ICAR prioritized based on the risk of transmission within facility (9).

- The investigator should conduct regular follow up with the facility via phone or email to check if there are new cases, any symptomatic residents or staff, hospitalizations, deaths, or if the facility has any questions or unmet needs.
 - Resource needs include but are not limited to:
 - Assistance with testing residents or staff (Contingent on regional/local capacity)
 - Provide consultation related to infection prevention
 - Request for staffing augmentation (Contingent on regional/local capacity)
 - Deployment of infection control strike teams (Contingent on regional capacity)
 - Requests for PPE supplies (Contingent on regional capacity)
 - Clarification on guidance documents
- Investigator should create an outbreak module in the state reportable disease surveillance system and link any cases that were in the facility in the 14 days prior to their onset date (if asymptomatic their lab collection date) to the facility group setting. Please review the outbreak guidance for more information (10).

COVID-19 LTCF Outbreak Monitoring Dashboard

- The investigator should record their correspondences with the LTCFs in the LTCF Outbreak Monitoring spreadsheet located on the SharePoint site: [Local SharePoint site for tracking outbreaks] See below:

OutbreakID	Facility	Investigator	Date Opened	Date Closed	Review Complete	Investigator	Outbreak Count
Active Outbreaks							
7250	Facility 1	[Investigator 1]	mm/dd/yyyy		Yes		
5839	Facility 2	[Investigator 2]	mm/dd/yyyy		Yes	[Investigator 1]	2
9829	Facility 3	[Investigator 3]	mm/dd/yyyy		Yes	[Investigator 2]	2
						[Investigator 3]	2
						Total	6
Closed Outbreaks							
5104	Facility 4	[Investigator 1]	mm/dd/yyyy	mm/dd/yyyy	Yes		
5454	Facility 5	[Investigator 2]	mm/dd/yyyy	mm/dd/yyyy	Yes		
5741	Facility 6	[Investigator 3]	mm/dd/yyyy	mm/dd/yyyy	Yes		
Facilities in red are currently experiencing an increase in cases or are having issues with infection control.							

Facility 7
Directory
Medical Records Requests
Facility 1

- Purpose of the dashboard is to allow for multiple LTCF Epidemiologists (also termed “Investigators”) to track the status of active and closed outbreaks simultaneously. Above you are viewing the Directory tab which records all outbreaks and the investigators assigned to them. Each outbreak is assigned a unique identification number from the state reportable disease surveillance system. Investigators can flag facilities of concern for further follow-up.

Date	Total Cases	Resident Cases	Staff Cases	Deaths	Staff Census	Resident Census	Bed Capacity	Notes
New outbreak: 7250								
4/9/2020	15	9	6	2	129	146	179	Nine residents and six staff tested positive. Discussed with facility appropriate use of PPE. DON said that they had been providing N-95 masks to staff who were not initially fit tested. They would like to request someone to perform the fit testing. I advised to have staff already given the N-95 masks to store them in a brown paper bag with their name on it and to store it at the facility. Staff are refusing to care for cases without wearing N-95 due to psychological fear. I advised that staff can care for COVID-19 residents wearing PPE as directed on CDC website for LTCFs.
4/10/2020	16	9	7	2	129	144	179	One healthcare worker tested positive and was notified. Worker has been excluded. [Regulatory agency] conducted a surprise assessment of the facility and did not find any violations or areas of concern. Requested infection prevention nurse complete a map of the facility to track cases and mark areas where COVID-19 unit, observation unit, and clean units are. One confirmed case [CaseID] is being hospitalized at [Hospital name]. The positive staff has been excluded. All the positive residents have been in private rooms and are on the same hall. After facility receives the final results she plans on cohorting the positives to one area and is setting up a COVID-19 unit and an anteroom for donning/doffing. A professional cleaning company came and in disinfected the common areas. She created a floor plan with the positives mapped out and will be sending that to me this afternoon along with all the lab results and pertinent records. Facility director said that she would like us to request an infection control team to perform an assessment on the facility ASAP. Will send epi the lab results and medical records.
4/12/2020	17	9	7	2	129	139	179	
4/13/2020	17	9	7			136	179	Two residents hospitalized at [Hospital name] for respiratory distress. Both being tested for COVID-19. Results pending.

- Each facility has its own tab where the investigator can track the number of cases by residents and staff, and correspondences and other similar activities with the facility.

CaseID	Last Name	First Name	DOB	Hospital	LTCF	Investigator
3417203	Smith	John	mm/dd/yyyy	[Hospital name]	[Facility name]	[Investigator 1]

- The medical records request tab allows investigators to track which cases need medical records to be requested from local hospitals. The row is deleted after the record has been received and attached to the case’s profile in the state reportable disease surveillance system.

- An electronic folder stored on the local network must be created for each outbreak. The folder should be kept secure with access restricted to the epidemiology team. Examples of files to store in the folder include the following: ICAR assessments, line lists, facility maps, medical records of cases, and laboratory results. Results of ICAR assessments should be emailed to the facility and HAI epidemiologist should address any areas of concern which can be done via phone, email, or in-person. An in person visit to the facility may be necessary if the facility needs onsite assistance to implement the recommendations such as setting up a COVID-19 isolation area within the facility.
- The outbreak can be declared over if two incubation periods (28 days) have passed since the last case's symptom onset or lab collection date (whichever is later) (10).

If a facility has a sudden increase in cases.

- If a facility has a gradual or sudden increase in cases, the investigator should consult with the facility to determine how the transmission is occurring and determine if resources need to be deployed to the facility. The Epidemiology Team Lead and HAI Epi should be notified of any facilities of concern.
- At a minimum a follow up ICAR should be conducted to determine if the facility is adhering to appropriate infection prevention practices.
 - If a facility needs on site assistance with setting up a COVID-19 isolation unit or consultation with infection control, please notify the HAI Epidemiologist. They will work with the facility to address any infection control concerns.

COVID-19 Testing in Long-term care facilities

- Mass testing of all residents or prevalence testing can be beneficial for rapid identification and isolation of cases. This should be done:
 - If it's suspected that a facility has ongoing asymptomatic transmission, or
 - In sensitive situations where there is a high potential for widespread transmission within the facility or when isolating residents becomes challenging such as memory care units, or if a facility is consistently having new cases despite infection control measures being taken (contingent on facilities testing capacity) (6,11).
Skilled nursing facilities should follow the Centers for Medicare and Medicaid Services and AHCA guidance for routine testing (12,13).
- Additional guidance on considerations for COVID-19 testing in long-term care facilities can be found on the CDC website (6).
 - Facilities should contract with a commercial lab to do the testing or they may conduct point of care testing (14).
 - If a facility requires assistance with mass resident testing, a request for approval needs to be submitted either to the local testing coordinator, or to the state incident management team (IMT) coordinator.**
**Only appropriate in extreme circumstances where facility is not able to secure their own testing or if priority of the situation permits.
 - If a facility requests assistance from the department of health to conduct mass testing of residents, the following information is required:
 - Facility:
 - Address:
 - Facility POC:
 - POC Phone Number:
 - # of residents:
 - Barriers to testing on their own:
 - Date testing is needed:

Any questions for the Regional IMT Coordinator should be directed to:
[IMT Region Coordinator name, phone number, email address]

- Facilities that have sudden increase in cases should be monitored daily for changes. During this time, it's important to make sure the facility has a plan in place on how they will isolate COVID-19 positive residents who are clinically stable or asymptomatic. Sending cases to the hospital who are clinically stable is not an appropriate plan.
- If an outbreak occurs in a memory care unit it can be very difficult to control and the facility should refer to the CDC guidance and investigator should notify the HAI epidemiologist immediately for infection control consultation with facility (11).
- Any facilities that experience a sudden increase in cases should be communicated to the regional AHCA representative.

Electronic Reporting COVID-19 point of care (POC) Laboratory Results

- Facilities are required to report all COVID-19 labs electronically to the state department of health.
- Facilities can either do this through a lab portal system (15) set up by the state, or through NHSN (16). In order to conduct POC testing, facilities will need to obtain a CLIA certificate of waiver (17, 18).

When a facility is being non-compliant with DOH recommendations or is having issues.

- When a facility is experiencing any of the following, the regional [regulatory agency] representative should be notified and the county health officer as well:
 - Substantial increase in cases
 - Failing to implement appropriate infection control practices based on follow up ICAR's conducted by HAI Epidemiologist.
 - Not cooperating with DOH investigation
 - Refusing to provide or send requested information
- The Regional [regulatory agency] representative should be notified:
[Regional regulatory agency representative name, phone number, email address]
- It is important to keep the [regulatory agency] updated on any emerging issues within a facility.
- If it is observed that a facility has severe infection prevention deficiencies that compromises resident and staff safety, a formal complaint should be submitted to [the regulatory agency] (19).

If a facility does not have the capacity to setup a COVID-19 isolation unit.

- Encourage the facility to check with sister facilities to see if they can transfer residents to a facility with a COVID-19 isolation unit.
- Encourage facilities to check for availability at a regional isolation facility (No longer available in Florida).
- It is not recommended or advised for facilities to send clinically stable or asymptomatic residents to the hospital as this will lead to bed capacity issues with the hospital. If a facility is persistently doing this, (the regulatory agency) should be notified. DOH should work with the facility to come up with a solution.

Coordinating with local hospital infection preventionists.

- The Epidemiology department works closely with our local hospital infection preventionists (IP's) to increase situation awareness of patterns of disease activity within the county.
- The Investigation section encourages communication between LTCFs and local hospitals to address any emerging situations. For example:
 - If an LTCF has a sudden increase in cases, the Investigation Section lead should notify local hospital IP's in anticipation of an influx of patients from these facilities.
 - If we become aware that our hospitals are at or near capacity, partly due to the excess of COVID-19 positive residents who are clinically stable but occupying hospital beds, we should encourage facilities to assist in reducing this burden on the hospitals by:

- coordinating with hospitals on when they are ready to accept their residents back based on guidance from the facility's [regulatory agency],
- updating them on status of the current outbreak, and
- consulting on the appropriate transfer of residents to hospital based on triaging clinical need.

Daily Briefings with the Epidemiology Program Manager.

- The LTCF Investigation Unit has daily briefings with the Epidemiology Program Manager. The purpose is to provide high-level updates on the LTCFs and address any concerns.

Standard Daily Operations for Surveillance Section

- Conduct syndromic surveillance using ESSENCE-FL on potential visits of interest (VOI) related to COVID-19 in LTCF's using the following query:

Chief complaint/Discharge diagnosis includes:

(^B34.2^,or,^B342^,or,^B97.2^,or,^B972^,or,^J12.81^,or,^J1281^,or,^U07.1^,or,^U071^,or,^COVID^,or,(,^ncov^, andnot,^[a-z]ncov^,),or,^novel corona^,or,^covid^,or,(,^corona^, andnot,^coronary^,)),and,(,^nursing facility^,or,^snf^,or,^nursing home^,or,^senior housing^,or,^adult living^,or,^assisted living^,or,alf,or,^ alf,or,alf ^,or,^ alf ^,or,^adult family^,or,^post acute^,or,^post-acute^,or,^rehab^,or,^community care^,or,^independent living^, and,^memory care^,) Apply To : cchistory,TriageNotesOrig

- Monitor trends using the COVID-19 Surveillance tab in ESSENCE-FL.
- Ensure data integrity when entering data into the state reportable disease surveillance system for LTCF cases via coordination with LTCF investigators.
- Produce reports as directed by the Epidemiology Program Manager.
- Respond to data inquiries from the Bureau of Epidemiology or Epidemiology Program manager.
- Track COVID-19 vaccine uptake among LTCF residents and staff using the AHCA daily Emergency Status System (ESS) reports. Identify facilities will low vaccine uptake and identify barriers to vaccination (13).

Standard Daily Operations for Infection Control Section

- Work with health care facilities to include but not limited to long term care facilities, dialysis facilities, dental, and outpatient care facilities for improving outbreak detection and reporting.
- Participate in COVID-19 outbreak investigations as needed, perform on-site readiness assessments and re-assessments, and review COVID-19 surveillance data.
- Conduct infection control risk assessments (ICARs) at facilities based on data from the National Healthcare Safety Network (NHSN) and Emergency Status System (ESS) reports (13,16). This data targets which facilities require ICARs.
- Advise the LTCF team and LTCFs on matters of infection control and updates on CDC, (regulatory agency), and DOH guidance.
- Duties will include but are not limited to, running NHSN reports (COVID-19 Module), working with ESSENCE team to identify opportunities for improving emerging threat detection using this system, and making recommendations for targeted outbreak to health care facilities who have the greatest opportunities for improvement based on surveillance data.
- Support Skilled Nursing Facilities (SNF) and Assisted Living Facilities (ALFs) with enrollment and reporting into NHSN COVID-19 module by county, goal 100% enrollment. (August 2021)

- Provide onsite education and training in response to identified infection control gaps. Minimum 80% facility participation during training/education events.
- Provide written report with recommendations within 48 hours of the completed assessment to the facility.

[Department of Health Contacts]

Role	Name	Phone (Office)	Phone (Cell)	Email
County Health Officer				
Environmental Health Director				
Epidemiology Program Manager				
Director of Nursing/Testing coordinator				
Emergency Preparedness Planner				
Epi Team Lead				
LTCF Epidemiologist				
LTCF Epidemiologist				
HAI Epidemiologist				
ICAR staff				

Outbreak Investigation Resource Documents

1. CDC Operational Considerations for Adapting a Contact Tracing Program to Respond to the COVID-19 Pandemic. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/operational-considerations-contact-tracing.html#:~:text=Close%20contact%20is%20defined%20by,the%20patient%20is%20isolated.>
2. CDC. Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
3. CDC. Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
4. CDC. Interim Guidance on Duration of Isolation and Precautions for Adults with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
5. Florida Department of Health. Coronavirus Disease (COVID-19) Case Report Form: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/_documents/covid19-crf.pdf
6. CDC. Testing Guidelines for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
7. AHCA. LTCF Visitor Screening Tool: https://ahca.myflorida.com/docs/Revised_Visitor_Screening_Tool.pdf
8. AHCA. LTCF Staff Screening Tool: https://ahca.myflorida.com/docs/Revised_Employee_Screening_Tool.pdf
9. CDC. Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>
10. Florida Department of Health. COVID-19 Outbreak Reporting Guidance: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/_documents/covid-19-ari-outbreak-reporting-in-merlin.pdf
11. CDC. Considerations for Memory Care Units in Long-term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
12. Centers for Medicare and Medicaid Services (CMS). Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
13. AHCA COVID-19 Facility Information: https://ahca.myflorida.com/COVID-19_Facilities.shtml
14. CDC. SARS-CoV-2 Antigen Testing in Long Term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>
15. Florida Department of Health COVID-19 Lab Reporting Portal Registration: <https://covidlabreporting.floridahealth.gov/FacilityRequest/RequestForm>
16. National Healthcare Safety Network Long-term care facilities: <https://www.cdc.gov/nhsn/training/continuing-edu/cbts.html>
17. CMS CLIA: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA>
18. AHCA Laboratory Unit: https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Lab_HomeServ/waived_apps.shtml
19. AHCA Health Care Facility Complaint Form: <https://apps.ahca.myflorida.com/hcfc/hcfc.aspx>
20. Florida Department of Health Bureau of Epidemiology: <https://floridahealth.sharepoint.com/sites/DISEASECONTROL/EPI>

21. Florida Department of Health Weekly Training Site:

<https://floridahealth.sharepoint.com/sites/DISEASECONTROL/EPI/Pages/Training%20Tuesday%20Trainings.aspx>

22. Guide to Surveillance and Investigation (GSI):

<http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/surveillance-and-investigation-guidance/index.html>

Appendix: Guidance Documents to send to LTCFs

GUIDANCE FOR COVID-19 in LTCFs:

Please review the checklist from the CDC website for the most current recommendations:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

- **Keep COVID-19 from entering your facility:**
 - Restrict all visitors except for compassionate care situations (e.g., end of life) and essential personnel from facility for 14 days from the last reported case.
 - Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber) for 14 days from the last reported case.
 - Actively screen all HCP, visitors, contractors, and vendors for fever and respiratory symptoms before entering the facility; restrict entrance if ill.
 - Cancel all field trips outside of the facility.
 - Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility. In addition, have residents wear a facemask when having visitation or when HCP are providing care.
- **Identify infections early:**
 - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
 - Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.
 - Notify the health department if: severe respiratory infection, clusters (≥ 3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.
- **Prevent spread of COVID-19:**
 - Cancel all group activities and communal dining. Considerations when restrictions are being relaxed include allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate.
 - Enforce social distancing among residents and HCP.
 - When COVID-19 is reported in the community, implement universal facemask use by all HCP (source control) when they enter the facility; additional PPE may be needed depending on the positivity rate for the county.
 - If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.
 - If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.
 - This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.
 - When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility.
- **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**
 - For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- **Identify and manage severe illness:**
 - Facility performs appropriate monitoring of suspected and confirmed residents for severe illness (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

All facilities should already be trying to follow this guidance to the best of their ability.

1. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility>

2. https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
3. ALFs <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html> (It is encouraged for ALFs to follow nursing home guidance for additional support)
4. ILFs/retirement communities <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/guidance-retirement-response.html>

Key points

- They need to develop a written COVID-19 plan (see the checklist above).
- Assess current PPE supplies (gowns, gloves, surgical facemasks, N95 respirators, and eye protection). PPE Burn Rate Calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- Educate employees (all not just healthcare staff) and any contracted staff that enter the building.
 - Key information about the symptoms and transmission of COVID-19.
 - Infection control recommendations <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>
 - PPE use
 - <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
 - <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
 - Hand hygiene
 - WHO 5 Moments Hand hygiene
 - https://www.who.int/gpsc/5may/Your_5_Moments_For_Hand_Hygiene_Poster.pdf?ua=1
 - https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf?ua=1
 - CDC
 - <https://www.cdc.gov/handhygiene/providers/index.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/hcp-hand-sanitizer.html>
 - <https://www.cdc.gov/patientsafety/features/clean-hands-count.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>
 - Cleaning and Disinfection
 - EPA approved Disinfectants for Use Against SARS-CoV-2 <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. (CDC Infection control guidance)
 - Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. (CDC Infection control guidance)
 - Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the Healthcare Infection Prevention and Control FAQs for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
 - See attached DOH EVS Cleaning Checklist
- General recommendations
 - Limit visitors to the facility
 - Post [visual alerts](#) (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, cough etiquette, and proper donning and doffing of PPE.
 - Ensure supplies are available (tissues, waste receptacles, alcohol-based hand rub)
 - Take steps to prevent confirmed or suspected COVID-19 patients from exposing other patients.
 - Limit the movement of COVID-19 patients (e.g., have them remain in their room)
 - Identify dedicated staff to care for COVID-19 patients.
 - Observe newly admitted and readmitted patients/residents for 14 days for development of respiratory symptoms.
 - Consider testing at end of isolation period to increase certainty of possible exposure.

Considerations for PPE and hand hygiene product use and supplies

- Hand hygiene

- Many LTCF, ALFs and Independent living facilities (ILFs) require that hand hygiene supplies for inside the room be provided by the resident. The facility may want to consider providing these supplies for residents who do not have or cannot get them.
- Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Please note that the healthcare personnel (HCP) will need to be able to perform hand hygiene after they take off their PPE. So, supplies of alcohol-based hand sanitizer or handwashing sinks need to be in close proximity to the patient rooms.
- Make sure that sinks are well-stocked with soap and paper towels for handwashing.
- PPE
 - Strategies to Optimize the Supply of PPE and Equipment *Assure to promptly resume conventional practices once PPE availability returns to normal
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
 - N95 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy-h.pdf>
 - When possible use reusable devices
 - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use under conventional strategies.
 - Be sure to designate an area where reusable PPE can be cleaned and disinfected and stored for reuse.
 - Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
 - Eye protection and the facemask/N95 respirator can be used for an extended period without removing it between patient encounters if it is not visibly soiled, damaged, and can still be used appropriately (you can still see or breathe respectively). HCP should take care not to touch their eye protection/mask/respirator. If they touch or adjust their PPE, they must immediately perform hand hygiene. Be mindful that respirators must be discarded between 1-5 donnings and doffings. Eye protection must be discarded when vision becomes obscured.
 - Gowns
 - If there are shortages of gowns, they should be prioritized for:
 - aerosol-generating procedures
 - care activities where splashes and sprays are anticipated
 - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - dressing
 - bathing/showering
 - transferring
 - providing hygiene
 - changing linens
 - changing briefs or assisting with toileting
 - device care or use
 - wound care
 - <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility>
 - "In addition to the actions described above, these are things facilities should do **when there are cases in their facility or sustained transmission in the community**.
 - Healthcare Personnel Monitoring and Restrictions:
 - Implement universal use of facemask for HCP while in the facility.
 - Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks. (Recent MMWR article reinforces this: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6913e1-H.pdf>)
 - Resident Monitoring and Restrictions:
 - Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.

- If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- Implement protocols for cohorting ill residents with dedicated HCP.”

Discontinuation of precautions in healthcare facility

- Healthcare workers
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
https://ahca.myflorida.com/docs/hcp_essential_staff_return_to_work.pdf
- Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
https://ahca.myflorida.com/docs/hcp_essential_staff_return_to_work.pdf
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
- Alternative Care Sites for Nursing home (or ALF) residents who have COVID-19 and need to be moved out of the facility
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/alternative-care-sites.html>

People who assist with the health care services and activities of daily living (ADL)
 Per AHCA communication:

<p>What are necessary health care services as allowed by the Emergency Order?</p>	<p>Medically necessary health care includes health services as well as support services such as activities of daily living and assistance with resident self-administration of medication. This exception applies to individuals who previously performed them on a regular basis.</p> <p>For example, any family member or sitter who provided assistance with activities of daily living, such as feeding a resident or assisting with bathing, prior to the Emergency Order issued on March 15, 2020, may continue to provide these services.</p>
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AHCA Resources

https://ahca.myflorida.com/COVID-19_Facilities.shtml

APIC Long-term Care Resources

apic.org/free-ltc-resources

ASHE HVAC and Negative Pressure

https://www.ashe.org/covid-19-frequently-asked-questions?utm_source=General%20Announcements&utm_medium=email&utm_campaign=4%2E10%2E20%20COVID%2D19%20Resource%20Roundup

CDC Considerations for Memory Care Units

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

CDC COVID-19 COCA call webinars

<https://emergency.cdc.gov/coca/calls/index.asp>

CDC COVID-19 FAQs

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

CDC COVID-19 Training for Healthcare Professionals

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>

CDC Guidance for Testing and Discontinuation of Isolation Precautions

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>

https://ahca.myflorida.com/docs/hcp_essential_staff_return_to_work.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

CDC Infection Control Assessment and Response Tool

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icar-facilitator-guide.pdf>

CDC NIOSH Healthcare Respiratory Protection Resources

<https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html>

CDC PPE Burn Rate Calculator

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

CDC Responding to COVID-19 in Nursing Homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

CDC Testing for COVID-19 in Nursing Homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/interim-final-rule-ifc-cms-3401-ifc-updating-requirements-reporting-sars-cov-2-test-results-clia>

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/interim-final-rule-ifc-cms-3401-ifc-additional-policy-and-regulatory-revisions-response-covid-19>

Guidance for N-95 mask use per OSHA

<https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus>

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Line list (There is also an exposure tracking log attached)

<https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>

OSHA Hospital Respiratory Protection Program Toolkit (2015)

<https://www.osha.gov/Publications/OSHA3767.pdf>

PPE Strategies

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/n95-other-respirators.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html>

<https://www.n95decon.org/>

<https://www.battelle.org/>

PPE when caring for the case and had a high-risk exposure they need to be excluded per CDC

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Risk assessment for healthcare worker exposures to a patient with COVID-19 that will also prove useful

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Visitation in Long-term Care Facilities

https://ahca.myflorida.com/docs/AHCA_E-Blast-Task_Force_on_the_Safe_and_Limited_Re-Opening_of_Long-Term_Care_Facilities_Releases_Visitation_Recommendations.pdf

https://ahca.myflorida.com/docs/AHCA_E-Blast-Emergency_Order_Revises_Visitation_Restrictions_at_Residential_Skilled_Nursing_and_Long-term_Care_Facilities.pdf