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California Department of Public Health's New Mitigation Plan Requirement for Skilled Nursing Facilities

On May 11, 2020 the California Department of Public Health (CDPH) issued an All Facilities Letter (AFL 20-52) requiring all SNFs to expand their existing infection control policies to include the development and implementation of a CDPH approved COVID-19 mitigation plan. The Administrator or other appropriate representative of the SNF must submit a scanned copy of the mitigation plan along with an attestation to the SNF's Licensing and Certification Program District Office within 21 days of the date of the All Facilities Letter.

Mitigation Plan

The mitigation plan must include the following six elements:

1. **Testing and Cohorting.** SNFs must develop a plan with CDPH and the local health department for regular testing of residents and staff, including how test results will affect resident and health care professional (HCP) cohorting.
2. **Infection Prevention and Control.** SNFs must have a full-time, dedicated Infection Preventionist (IP), which can include more than one staff member sharing the role. SNFs must also have a plan for infection prevention quality control. In addition, the SNF must ensure HCPs receive infection prevention and control training (CDPH's Healthcare-Associated Infections Program has developed training materials for SNF IP staff) and work with the department to develop a reasonable implementation timeline and plan to bring on the necessary IP staff.
3. **Personal Protective Equipment (PPE).** The SNF must have a plan for adequate provision of PPE. This includes information on the types of PPE that will be kept in stock, the duration the stock is expected to last and established contracts or relationships with vendors for replenishing the stock.
4. **Staffing Shortages.** The SNF must have policies in place to address HCP shortages, including contingency and crisis capacity strategies. The contingency capacity strategies should include the following:
    a. Determining the minimum number of staff needed to provide a safe work environment and patient care;
    b. Identifying additional HCP to work in the facility pursuant to state emergency waivers or changes in licensing or certification requirements;
    c. Contacting the Medical Heath Coordination Center call-in line for immediate staffing needs;
    d. Providing the CDPH District Office with a list of available positions;
    e. Working with CDPH to address social factors that might prevent HCP from reporting to work such as transportation or housing if HCP live with vulnerable individuals; and
    f. Developing a plan to allow asymptomatic HCP who have had an unprotected exposure to COVID-19 to continue to work under specified conditions.
    (Guidance on mitigation strategies for staffing shortages can be found https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
5. **Designation of Space.** The SNF must have policies in place for designating spaces within the facility for separation of infected patients and for eliminating HCP movement between those spaces to minimize the risk of infection and transmission. SNFs that are unable to designate space must communicate this limitation to their local public health department and CDPH Licensing district office.
6. **Communication.** SNFs must designate a staff member to communicate daily with staff, residents, and their families regarding the status and impact of COVID-19 in the facility.

CDPH Mitigation Plan Compliance Visits

Once the mitigation plan is approved, a CDPH representative will visit the SNF every six to eight weeks to ensure the mitigation plan is in effect and to identify unsafe work practices. Findings of non-compliance can result in enforcement actions, including calling an immediate jeopardy situation, which may result in a civil penalty.

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