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TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

Original signed by Pamela Dickfoss

FROM: PAMELA DICKFOSS
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SUBJECT: EMERGENCY RESIDENT TRANSFERS DURING THE CORONAVIRUS DISEASE (COVID-19) PANDEMIC

Provider Information Notice (PIN) Summary

PIN 20-28-ASC provides guidance to adult and senior care program licensees for evacuating and transferring residents in emergency situations during the COVID-19 pandemic.

This PIN provides guidance for evacuation and transferring of residents during emergency situations while also taking precautions for the COVID-19 pandemic. This PIN also includes the following addendums:

- **Addendum A:** Checklist. List of what to consider when evacuating residents during infectious disease outbreaks.
- **Addendum B:** Decision Tree. Receiving emergency transfer placements decision tree based on COVID-19 screening and/or testing.

Licensees must be prepared for natural disasters and emergencies such as wildfires, floods, earthquakes, and widespread serious illnesses. To keep residents and staff safe in emergency situations during the COVID-19 pandemic, the California Department of Social Services (CDSS) requires all licensees to review and modify, as needed, their emergency plans to ensure proper precautionary measures are taken during the execution of the plan.
Emergency Plan

Note: This is also known as the Disaster and Mass Casualty Plan as provided in specific regulations.

Adult and Senior Care facilities are required to have a current emergency plan pursuant to the following regulations in Title 22 of the California Code of Regulations (CCR):

- Adult Residential Facility (ARF), Community Crisis Home (CCH), Enhanced Behavioral Supports Home (EBSH), Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN): Section 80023
- Residential Care Facility for the Elderly (RCFE): Section 87212
- Residential Care Facility for Chronically Ill (RCFCI): Section 87823
- Social Rehabilitation Facilities (SRF): Section 81023

Emergency Transfer Recommendations

Preparing for Emergency Transfer

In preparation for emergency situations during the COVID-19 pandemic, CCLD recommends facilities:

- Be aware and engage in regional planning efforts to transfer residents with COVID-19 to designated facilities, isolation sites, or alternate care sites with adequate staffing.
- Establish relationships with multiple facilities that may receive emergency transfer of residents.
- Develop transfer agreements with other facilities.
- Review existing emergency plan and modify, if needed, to include infection control measures for COVID-19.
- Review emergency communication plan and ensure all contact information is current.
- Provide emergency preparedness training to staff and ensure staff are knowledgeable of emergency procedures.
- Prepare client medications and Personal Protective Equipment (PPE) to be transferred with client.
- Refer to Addendum A for a checklist of what to consider when evacuating residents during infectious disease outbreaks.

Receiving Emergency Transfer

For facilities receiving emergency transfer of evacuated resident(s), CCLD recommends that licensees do the following:

- Communicate with the transferring facility regarding space/staff availability, transportation, medical records, transfer information, etc.
- Designate an area to receive evacuated resident(s).
- Ensure adequate PPE (e.g. face covering) on site to accommodate transferred residents and staff.
- Ensure all residents’ medications, medical records, etc. are transferred.
In the event that there are no licensees with the space and/or staff to accept emergency transfer of residents, the transferring facility should contact local and/or state authorities, including the Community Care Licensing Division Regional Office. Coordination with local and/or state emergency authorities may include temporary relocation to an alternate care site (e.g. designated school gym or fairground) until a more permanent placement can be found.

COVID-19 Precautions During Emergency Transfers

The following COVID-19 precautions are recommended when evacuating or transferring residents:

- Screen residents for symptoms of COVID-19.
- If possible, test residents experiencing symptoms of COVID-19 prior to, or upon transfer to a new facility or shelter.
  - Residents experiencing symptoms should be isolated in the facility receiving emergency transfers or in the temporary shelter.
  - Facilities receiving emergency transfers need not wait until test results are available before accepting residents.
- If possible, organize residents by COVID-19 status:
  - COVID-19 negative with no known exposure and/or COVID-19 recovered.
  - COVID-19 exposed undergoing monitoring and serial testing.
  - New admission undergoing 14-day observation.
  - COVID-19 positive.
- When transferring evacuated residents during an emergency, residents with the same COVID-19 status should be transported in the same vehicle; however, if this is not feasible, facilities should prioritize transporting COVID-19 positive residents in a separate vehicle.
- Transferring facilities must also ensure all residents’ medications, medical records, etc. are transferred.
- Residents should be wearing appropriate PPE (e.g. facemask) and the assigned PPE should remain with the resident throughout evacuation/transfer process.
- Refer to Addendum B for receiving emergency transfer placements decision tree based on COVID-19 screening and/or testing.

For additional information about COVID-19 testing and infection prevention and control measures please refer to PIN 20-23-ASC.

Emergency Communication Systems

Licensees are encouraged to sign-up with their respective county emergency medical services agency and/or local department of public health emergency communications system.

Licensees should notify their regional office if there is a change in a facility’s designated emergency contact. If you have any questions, please contact your local Adult and Senior Care Regional Office.
ADDENDUM A
Checklist of What to Consider When Evacuating Residents During Infectious Disease Outbreaks

The challenges of evacuating a community care facility during COVID-19, or other infectious disease outbreak, adds a new layer to emergency preparedness plans. As you are aware, strict requirements have been put in place to help mitigate the spread of COVID-19 in community care facilities. As you review your emergency preparedness plans, consider filtering every action through the lens of COVID-19 restrictions. Following are some things to consider:

- If conditions seem likely to lead to an evacuation, is it possible to evacuate earlier than usual to provide more options for physically distanced transportation?

- How would you keep residents who are COVID-19 positive, or suspected of being COVID-19 positive, separate from residents who are COVID-19 negative during the evacuation—whether during transportation to an evacuation site, or at the evacuation site?

- How would you assist residents in implementing physical distancing, face coverings, and hand hygiene during the stages of evacuation?

- What can staff do to help minimize their risk of COVID-19 exposure during the evacuation stages?

- Is it appropriate to evacuate to a sister community setting or a senior living community or should you evacuate to a hotel? What about an emergency shelter?

- What are some ways to implement physical distancing during evacuation sheltering at a sister community setting if individual rooms are not available?

- What are some considerations when rejoining the community for residents who shelter with family members or residents who leave on their own and shelter in a different location?

- Should you increase symptom checks of residents and staff?

- How will you implement isolation and quarantine if necessary?

- If staff must evacuate their homes as well, will you accommodate their family members at the evacuation site? What additional protocols will you implement to help mitigate the spread of COVID-19?

- How will you return residents to the community when it is safe to do so in a way that helps mitigate the spread of COVID-19?
Evacuation:

- If weather conditions make wildfires, flooding, planned safety power shutoff (PSPS) events, or other emergency situations likely, begin to anticipate the need for evacuation and whether an early evacuation might be beneficial to increase the ability to socially distance residents during transportation.

- Consider evacuating when you receive an evacuation warning from the county rather than waiting for an evacuation order.

- Consider when to initiate messaging to family members asking them about their intentions to take residents home during a potential emergency evacuation.

- Anticipate any extra PPE and hand hygiene products that might be needed during an evacuation and consider purchasing more to have on hand. Consider using a PPE Demand Calculator to anticipate needs.

- Notify your Regional Office of the status of evacuation as well as assistance needed.

Transportation:

- Try to secure additional buses or buses with a larger capacity to maintain physical distancing to the greatest extent possible. Also consider making multiple trips to the relocation site, if possible.

- As residents enter the bus, consider the following measures
  
  - Provide residents with a face covering if they are not wearing one and hand sanitizer to perform hand hygiene.
  
  - Staff and others helping with loading buses should be wearing appropriate PPE; at a minimum, they should be wearing face coverings or surgical masks.

  - If necessary, consider using separate transportation, and private vehicles to evacuate residents who are COVID-19 positive and under droplet precautions. A resident being transported alone in a private vehicle should be placed in the back seat to maintain distancing from the driver.

Evacuation Site:

What are some considerations when your evacuation site is a sister community setting or other community care setting?

- Ask the sister community setting whether any residents have tested positive for COVID-19 and whether those residents are in isolation.
Ask how many residents the relocation site can safely accommodate, considering the number of vacant available apartments/living areas and the number of common areas where beds can be placed while maintaining social distancing.

Consider whether it will be necessary to divide the evacuated residents into small groups and send to multiple relocation sites.

Discuss whether residents should be asked to remain in their apartments/living areas due to the introduction of new residents.

What are some things to consider while residents are at the evacuation site?

Plan on bringing adequate PPE supplies with them for immediate use at the receiving community by residents and staff, if possible.

Consider whether communal dining and small group activities need to be suspended.

Consider whether visits may need to be suspended (either for your residents or the residents of the community in which you are sheltering) depending on the potential of exposure and applicable mandates.

Adult and Senior Care Facilities should screen residents who initially evacuate on their own or with family members and quarantine/isolate if symptoms are present when returning to their community. In ordinary circumstances providers and the Department may not want RCFEs to isolate residents just because they were out of the building on an outing.
ADDENDUM B

Receiving emergency transfer placement decision tree recommendations based on COVID-19 screening and/or testing

Receive request for emergency transfer of resident(s)

Communicate to requestor about space and staff availability (including designated COVID-19 area, staffing, and PPE)

Adequate space/staff to safely admit and cohort?

Yes

Accept transfer of resident(s) and communicate with transfer facility on transfer information such as transportation, medical records, medications, PPE, etc.

If possible, receive resident(s) in designated areas; ensure residents are wearing appropriate PPE

Cohort residents by COVID-19 status and place in designated areas

COVID-19 negative with no known exposure and/or COVID-19 recovered

Place in rooms or units that do not include confirmed or suspected COVID-19 cases, but may include COVID-19 recovered individuals

COVID-19 exposed undergoing monitoring and serial testing OR New admission undergoing 14-day observation

Place in single-occupancy rooms or multi-occupancy room with 6 ft, or as far as possible, between beds and curtains closed

COVID-19 positive

Place in single-occupancy rooms, or multi-occupancy room with other confirmed COVID-19 cases

Decline transfer, transfer facility escalates to local/state authority

If no facility transfer option available, coordination with local/state emergency authorities may include temporary relocation to an alternate care site or fairground until more permanent placement can be found