# COVID-19

## Los Angeles County Department of Public Health
## Guidance for Community Care Facilities

**Significant Changes**:
10/06/21:
- Addition of vaccination requirement for workers in CCLD licensed CCFs.

9/29/21:
- New requirements for visitors seeking indoor or in-room visitation.
- Revised return to work guidance for staff that are close contacts to a case.

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to continue slowing the spread of the COVID-19 in Los Angeles County. This guidance is for congregate residential care settings that are not skilled nursing facilities (SNFs) but may also provide some level of care to residents (community care facilities or CCFs). These facilities include residential care facilities for the elderly (RCFEs) and adult residential care facilities (ARFs), among other residential facilities licensed under the California Department of Social Services, Community Care Licensing Division (CCLD), as well as substance use treatment centers, behavioral and mental health treatment facilities, and licensed or unlicensed group homes.

The goals of this document are to help CCFs:
- Prevent and reduce the spread of COVID-19 within your facility.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

**Common symptoms of COVID-19**
People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list of symptoms is not all-inclusive.
Please note: frail older adults over the age of 65 may have atypical symptoms such as lack of fever, new or worsened confusion, falls, and loss of appetite.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Visit the LAC DPH COVID-19 Healthcare Provider Hub for more information on COVID-19 diagnosis, testing, vaccination, reporting: publichealth.lacounty.gov/acd/ncorona2019/.

**Steps to Protect the Health and Safety of Residents and Staff**

| Prevent and reduce spread of COVID-19 within your facility | |
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| *1. Steps to reduce risk of infection* | **Signage**<br>• Post signs for residents and staff on the importance of hand hygiene, necessity for face masks, physical distancing, outlining entrance and exit routes, and visitation guidelines.<br>• Provide signs and regularly remind residents to alert staff if they have symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea).<br><br>**Entry Screening**<br>• Have a process for entry screening for all staff, visitors, and, if feasible, residents—including temperature checks if possible.<br>• Every individual entering the facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) regardless of reason, should be asked about COVID-19 symptoms and if possible, have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened when they start their shift at work.<br>• Facilities should limit access points and ensure that all accessible entrances have a screening station.<br>• Anyone with a fever (100.4° F or 37.8° C) or symptoms of COVID-19 may not be admitted entry.<br>Please also see section 4 below on screening of residents.<br><br>**Hand Hygiene and Respiratory Etiquette**<br>• Wash hands often with alcohol-based hand sanitizer that contains at least 60% alcohol or soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.<br>• Cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If you do not have a tissue, use your sleeve (not your hands).<br>• Minimize, where possible, close contact and the sharing of objects such as cups, utensils, food, and drink.<br><br>**Social (Physical) Distancing** – Promote social distancing throughout the facility by enabling residents and staff to stay at least 6 feet away from each other, unless a group of residents meets criteria for not maintaining physical distance during communal dining or group activities (see section 2 below).<br>• Set up common rooms so chairs are separated by six or more feet with easy |

access to tissues, hand sanitizer, and a nearby sink to wash hands.
- In shared rooms, beds should be placed at least six feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
- Meals should be served in a manner that ensures social distancing is maintained between groups. Serve meals with the same groups of residents at each meal to reduce spread of infection.
- Non-essential transportation visits may be resumed with masks for drivers and passengers.

**Universal Source Control** – Require that all persons including staff, visitors, and residents wear a mask indoors.
- Caregivers must wear medical grade surgical/procedure masks or N-95 respirators when providing direct patient care. All residents must be provided a clean mask daily.
- Masks are required by all persons in all indoor resident areas, common or shared areas, walkways, or where residents and/or staff congregate.
- Staff working alone in closed areas do not need source control unless they are moving through common spaces where they may interact with other staff or residents.
- Medical grade surgical/procedure masks should be worn by any resident that is confirmed or suspected to have COVID-19.
- All residents must wear masks when outside their room. This includes residents who must regularly leave the facility for care (e.g., hemodialysis patients).
- Residents who, due to underlying cognitive or medical conditions, cannot wear masks should not be forcibly required to wear one (and should not be forcibly kept in their rooms). However, face masks should be encouraged as much as possible.
- A mask should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance. Face shields or face shields with a drape may be offered to residents who are not able to wear masks.
- When staff are in resident rooms, residents should cover their nose and mouth as much as possible, with at least a tissue but ideally with a cloth face covering.

**COVID-19 Vaccination**
**Definition of Fully Vaccinated**: two (2) weeks after receiving the second dose in a two-dose COVID-19 vaccine series, like the Pfizer and Moderna vaccines, or two (2) weeks after receiving a single-dose COVID-19 vaccine, like the Johnson & Johnson (J&J)/Janssen vaccine, or (2) weeks after completing a COVID-19 vaccine series authorized by the World Health Organization.

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| | **Residents:** Offer COVID-19 vaccination to all residents as soon as possible.<br>• Continue to improve vaccination rates for residents including re-offering the vaccine to persons who initially decline. See Best Practices for Improving Vaccination in CCFs for more strategies.<br>• Ask all new residents if they are fully vaccinated with a COVID-19 vaccine and have a system in place for vaccinating the individual if they have not been fully vaccinated and accept the vaccine.<br><br>**Staff:**<br>• The facility must verify proof of vaccination for ALL workers. The facility must also track the vaccination status of all existing and new employees. If an employee's vaccination status is not verified, they are considered unvaccinated. See CDPH Health Care Worker Protections in High-Risk Settings for examples of acceptable proof.<br>*Vaccine mandates for staff:*<br>• **Congregate living health facilities (CLHFs) and intermediate care facilities** (ICFs): staff are required to be fully vaccinated against COVID-19 by September 30, 2021 by order of the California Health Officer: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx.<br>• **CCLD licensed facilities**: staff are required to have the first dose of a one dose regimen or both doses of a two-dose regimen of COVID-19 vaccine by November 30, 2021 as required by CDSS PIN 21-44 ASC: https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2021/ASC/PIN%2021-44-ASC.pdf<br>• Staff that are not vaccinated against COVID-19 due to qualified medical reasons or religious exemptions are required to test at least weekly. See Implement Testing Strategies below. |
| *2. Communal Dining and Group Activities* | Group activities and communal dining are allowed for residents in the Green Zone (not permitted for those in isolation or quarantine), as long as the facility adheres to the following measures:<br>• Physical distancing and masks<br>– All residents must wear masks indoors around others, except when eating or drinking, regardless of vaccination status.<br>– Residents who are not fully vaccinated should maintain physical distancing of 6 feet from others during communal dining and group activities indoors.<br>– If all residents participating in communal dining or group activities indoors are fully vaccinated, physical distancing is not necessary, however masks should still be worn when not eating or drinking.<br>– Consider cohorting residents to reduce crowding and allow better physical distancing. |

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| | ○ These cohorts of residents should be kept together (e.g., the same group of residents dine together each night) and individual residents should be assigned to specific areas as much as possible to attempt to minimize exposure in case a resident later tests positive for COVID-19.<br>○ Use a sign-in sheet/roster of residents present during group activities, which will help with contact tracing should a resident later test positive for COVID-19.<br>– Staff should continue to wear masks and practice physical distancing when in break rooms.<br>• Enhanced environmental disinfection.<br>– All communal, high touch surfaces should be cleaned once a day. See Cleaning and Disinfecting Your Facility for the difference between cleaning and disinfecting and when to implement.<br><br>If any new cases are identified among residents:<br>• Communal dining and group activities in the Green Zone should cease for at least 14 days. During this time, the facility should review their infection control and prevention practices to prevent future new infections.<br>• After there have been no new resident cases for 14 days, communal dining and activities for residents of the Green Zone may resume with universal source control measures and physical distancing as described above.<br><br>Residents in either the Red Zone (isolation) or the Yellow Zone (quarantine) should not participate in communal dining and group activities. In addition, they should not access shared amenities or equipment or obtain facility salon services, until they are out of isolation or quarantine after meeting the criteria in section 5 or 13 below. |
| *3. Visitors* | Essential visitors and essential ancillary professionals:<br>- Essential ancillary professionals are defined as contracted healthcare professionals including consultants and service providers, if deemed essential by the facility.<br>- Essential visitors are defined as:<br>a. Compassionate care/end-of life visitors<br>b. Essential support persons for patients with physical, intellectual, and/ordevelopmental disabilities and patients with cognitive impairments; one essential support person can be allowed to be present with the patient.<br>c. Ombudsman representatives |

d. Public health surveyors
e. Visitors for legal matters that cannot be postponed including, but not limited to, estate planning, advanced health care directives, Power of Attorney, and transfer of property title.

- Essential visits are allowed for all residents in all zones, and all essential visitors are allowed to visit their resident indoors. They must:
  a. Be screened on entry. Essential visits must be postponed if the visitor screens positive (for symptoms and/or exposure to COVID-19).
  b. Wear a face mask to protect others during the visit while indoors unless contraindicated. Visitors should also wear appropriate PPE if visiting a resident in the Yellow or Red Zones. If the essential visitor is unable or unwilling to maintain these precautions, consider restricting their ability to enter the facility.
  c. Be restricted to the resident's room or other location designated by the facility. If indoor areas are used for visitation, use a room with good ventilation (e.g. windows open).
  d. Perform hand hygiene before and after the visit at minimum.
  e. Practice physical distancing from others while in the facility.
  f. Staff should monitor the visit to make sure infection control guidelines are followed (safe distancing, face masks, no physical contact) to assure a safe visitation for both residents and loved ones.
  Be advised to monitor themselves for signs and symptoms of respiratory infection for at least 14 days after exiting the facility and, if they test positive for COVID-19 to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date(s) they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. The facilities should immediately screen the individuals of reported contacts and take all necessary actions for infection control precautions based on findings.
- Non-essential visitors:
  a. Visitation is allowed for all residents in the Green Zone in compliance with the following requirements:
     i. *Scheduling*: Visits must be scheduled in advance.
     ii. *Entry Screening*: Visitors should be screened at entry. Visitors with signs or symptoms of COVID-19 should not be allowed visitation unless COVID-19 has been excluded as the cause of their symptoms with a negative test AND they have been fever-free for 24 hours with improvement of their symptoms. Visitors who test positive for COVID -19 should only be allowed to visit after they complete their isolation period. Visitors who have been close contacts to COVID-19 positive individuals should not visit, regardless of vaccination status, until at least 14 days since their last exposure.

iii. *Outdoor Visits:* Outdoor visits are allowed for all Green Zone residents, regardless of visitor or resident vaccination status. If weather presents difficulty for outdoor visits, a large indoor space with good ventilation is an alternative option.

iv. *In-room Visits*: In-room visits are allowed for all Green Zone residents, regardless of resident vaccination status. Per CDSS PIN 21-40-ASC, indoor or in-room visitors in all CCFs must show acceptable proof of vaccination or a negative COVID-19 viral test result within the last 72 hours (either an FDA-approved antigen test or PCR).

v. *Physical Distancing*: Visitors should maintain physical distancing of six (6) feet or more from other people, with the exceptions below.

   a. Visits between fully vaccinated residents and fully vaccinated visitors may be conducted without physical distancing. If indoors, visitors and residents must continue to wear masks. They may engage in physical contact (e.g., hugs, holding hands) while in the resident's room with both parties performing hand hygiene before and after contact.

   b. Residents who are fully vaccinated may choose to engage in brief physical contact (e.g., brief hugs, touching hands) with visitors who are not fully vaccinated if both parties wear masks and perform hand hygiene before and after contact. The same may be done for residents who are not fully vaccinated with fully vaccinated visitors. If not engaging in brief contact, physical distance should be maintained if either party is not fully vaccinated.

   c. Residents and visitors who are both not fully vaccinated should maintain physical distancing and wear masks at all times.

vi. *Masking*: Residents and visitors must wear face masks at all times indoors. If the visit is conducted outdoors, fully vaccinated residents and/or visitors may take off their masks.

vii. *Monitoring Visits*: Staff should monitor the visit to make sure infection control guidelines are followed (safe distancing, face coverings, physical contact following guidelines) to assure a safe visitation for both residents and loved ones. Areas where visits were conducted should be properly cleaned and disinfected after the visit.

viii. Same day on site point of care viral testing of visitors is an additional safety measure that facilities may consider

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| | implementing prior to visiting the resident.<br>- General best practices for visitation (other than those listed above) include:<br>a. Encourage shorter indoor visits and longer outdoor visits.<br>b. Limit the number of visitors on the facility premises at any one time.<br>c. If possible, designate a separate entrance and exit.<br>d. Have signage detailing hand hygiene practices, necessity for masks and physical distancing, outlining entrance and exit, and visitation guidelines.<br>e. Educate visitors on how to monitor themselves for COVID-19 symptoms.<br>f. Consider designating handwashing stations specifically for visitors or provide them with antibacterial hand sanitizer.<br>g. Keep a log of visitors and their contact information in the event contact tracing must take place.<br>h. Residents who share a room should have indoor visits in a separate space or in their own room with the roommate not present (if possible).<br>i. Clean visitation areas after a visit. See Cleaning and Disinfecting Your Facility for details.<br>- Other measures should be established to support visitation.<br>a. Continue to offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video communication, etc.).<br>b. Create a communication outlet (email listserv, website, call-in number with recording, etc.) to provide updated communication with families.<br>c. Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date. |
| *4. Screen residents for symptoms of COVID-19* | **Screening Residents**<br>• Assess all new residents at the time of admission for symptoms of COVID-19 and for close contact with a COVID-19 positive individual.<br>• Remind residents to report any new COVID-19 symptoms to staff. Residents with cognitive impairment/dementia should be assessed for symptoms once a day. If able, assess resident temperatures upon admission with a scanning or disposable thermometer. A fever is a temperature of 100.4 F or higher.<br>• During an outbreak, any resident with symptoms of respiratory illness can be presumed to have COVID-19 and SARS-CoV2 testing is recommended.<br>• Encourage testing of routine respiratory pathogens including influenza testing if appropriate to establish any alternative diagnosis.<br>• Ensure precautions noted in the section below for all sick residents while testing is pending and if the resident tests positive for COVID-19. |
| *5. When residents are symptomatic* | **Separation of Symptomatic Residents**<br>• All residents with symptoms of COVID-19, regardless of vaccination status, |

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| *and/or infected* | should be placed in the Yellow Zone and tested for COVID-19. This does not have to be a physically separate space in the facility, but residents in the Yellow Zone should be confined to their own room if the resident has a single room or separated from a roommate by 6 feet or physical barrier [plexiglass, curtain] if the resident has a roommate.<br>• Symptomatic residents in the Yellow Zone that test negative for COVID-19 should remain in the Yellow Zone until they are fever free for 24 hrs and theirsymptoms have improved.<br>• Symptomatic residents in the Yellow Zone that test positive for COVID-19 should be rapidly moved into a Red Zone, which is isolated from the rest of the residents.<br><br>*Red Zone (COVID-19 positive residents)*<br>• The Red Zone should be a separate building, room, or designated area, away from non-COVID-19 positive residents, ideally with a separate bathroom.<br>• Place clear signage outside all isolation areas so staff and other residents know they should stay away.<br>• If there is no way for COVID-19 positive residents to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to createas much of a barrier as possible between COVID-19 positive and non-COVID-19 positive residents.<br>• A designated restroom should be identified and reserved for use by COVID-19 positive individuals only. If this is not possible, cleaning and disinfecting after the room has been used by a COVID-19 positive person is essential.<br>• If COVID-19 positive residents need to move through areas with non-COVID-19 positive residents, they should wear a surgical mask and minimize the time in these areas.<br>• COVID-19 positive residents should eat meals separately from residents without COVID-19.<br>  ○ If dining space must be shared, stagger meals so COVID-19 positive residents are not eating with non-COVID-19 residents and clean after use by each group to reduce transmission risks.<br>• Mobile screens, linens, etc. (or other ways to form partitions) should be used to encourage compliance with separation in shared spaces.<br>• If screens are used, it is important to adhere to applicable building firecodes and regulations. (e.g., maintain access for evacuations and do not cover fire alarms).<br>• Minimize the number of staff members who have face-to-face interactions with residents with COVID-19. Provide instructions to all staff to prevent disease spread. Section 17 provides guidance on use of Personal Protective Equipment for staff who have contact with COVID-19 positive residents.<br>• Consider transferring COVID-19 positive residents who are unable to self-isolate during their illness to OEM's quarantine/isolation housing. Call DPH's |

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| | referral line at 833-596-1009.<br>• Resident isolation in the Red Zone may be discontinued when the following conditions are met:<br>  ○ At least 10 days have passed since symptoms first appeared AND at least 24 hours since the resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath). Individuals that are severely immunocompromised may need to isolate for 20 days or longer.<br>  ○ A second negative test alone is not sufficient to discontinue isolation<br>• See section 7 below for more details regarding immunocompromised residents.<br>• Staff should keep a daily log of all residents in isolation to monitor symptoms and determine termination of isolation.<br>• If a COVID-19 positive resident fits into a group at high-risk for complications of COVID-19 illness (e.g., over 65 or has a chronic condition) encourage themto call their primary care provider (PCP) without delay if their symptoms worsen or to notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this resident has COVID-19.<br><br>**Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:**<br>- Trouble breathing<br>- Persistent pain or pressure in the chest<br>- New confusion or inability to arouse<br>- Bluish lips or face<br>• When calling 911, notify the operator that the person who needs transport has ormay have COVID-19 and have the person put on a cloth face mask before medical help arrives. |
| *6. When an asymptomatic resident tests positive* | Asymptomatic residents who test positive should be transferred to the Red Zone and follow the same procedures as symptomatic COVID-19 positive residents. This applies regardless of their COVID-19 vaccination status.<br><br>Reminder: Persons who previously tested positive and are asymptomatic shouldnot be retested for 90 days since the date of symptom onset (or date of the first positive test). A positive test in an asymptomatic person within 90 days of a prior lab-confirmed COVID-19 infection likely represents detection of non-viable virus. |
| *7. High risk and immunocompromi sedresidents* | **Residents at high-risk for severe COVID-19 illness:**<br>• Unvaccinated or partially vaccinated residents at high risk for severe COVID-19 illness should continue wearing a mask and maintaining physical distancing.<br><br>**Immunocompromised Residents With COVID-19**<br>• Severely immunocompromised residents should continue to wear a mask and maintain physical distancing, even if fully vaccinated. If they are infected with |

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| | COVID-19, they should be isolated for at least 20 days from the date of their first positive COVID-19 diagnostic test.<br>• Examples of severe immunocompromising conditions include the following: receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receiptof prednisone >20mg/day for more than 14 days.) |
| *8. When staff are symptomatic* | **Symptomatic Staff**<br>• Staff should monitor themselves for COVID-19 symptoms daily. They should be instructed to not come to work if they develop symptoms consistent with COVID-19. If they become symptomatic at work, they should let their supervisor know and leave work.<br>• Staff with symptoms of COVID-19 should be tested. Refer them to their primary care provider for assessment and SARS-CoV-2 testing.<br>• Identify other staff and residents who have had close contact with COVID-19 positive staff and conduct response testing (see section 11).<br>• Staff with COVID-19 should be provided with home isolation instructions and instructed to go home to self-isolate and to notify their healthcare provider if symptoms worsen.<br>• Symptomatic staff who were directed to care for themselves at home may discontinue home isolation only when the following conditions are met:<br>  ○ If they have a negative PCR test for COVID-19 AND after they are fever free without the use of fever-reducing medications for at least 24 hours AND their symptoms have improved.<br>  ○ If they test positive for COVID-19 or they are told by their healthcare provider that they have COVID-19 they may return after at least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath). |
| *9. When staff are asymptomatic and test positive* | **Asymptomatic Staff**<br>Asymptomatic staff who test positive as part of an outbreak investigation (response testing) or after an exposure should be sent home and instructed to follow self-isolation instructions. They may return to work after 10 days have passed since the positive test was collected. If they develop symptoms, they should follow instructions listed in section 8 above.<br><br>Asymptomatic staff who test positive as part of a diagnostic screening program (i.e., they are not part of an outbreak investigation and are not a close contact to a case) MUST STILL follow isolation instructions, but confirmatory testing is |

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| | recommended. At least one negative PCR test collected in a healthcare setting/certified testing facility, ideally within 48 hours of the initial positive test collection, can be used to rule out current infection (unless the staff person develops symptoms consistent with COVID-19).<br><br>Reminders:<br>It is not recommended to test asymptomatic fully vaccinated persons, unless they have been exposed to a laboratory confirmed COVID-19 positive person.<br><br>Persons who previously tested positive and are asymptomatic should not be retested for 90 days since the date of symptom onset (or date of the first positive test). A positive test in an asymptomatic person within 90 days of a prior lab-confirmed COVID-19 infection likely represents detection of non-viable virus. |
| *10. Reporting cases of residents or staff* | **Case Reporting**<br>If 1 or more residents and/or staff in your facility become newly sick with symptoms of COVID-19 or test positive for COVID-19 regardless of symptoms, notify Los Angeles County Department of Public Health at213-240-7941 during daytime hours or 213- 974-1234 (After Hours Emergency Operator). |
| *11. Implement testing strategies* | **Types of Tests**<br>• Molecular tests (also known as NAAT tests) detect fragments of viral RNA (part of virus that is used to make proteins). Laboratory based PCR tests are the gold standard for detecting COVID-19. These results should be available within 2 days. In addition, there are point of care (POC) rapid molecular tests that give results within 20 minutes to an hour (e.g., LAMP, rapid PCR).<br>• Antigen tests detect fragments of viral proteins. These are point of care (POC) tests and the results are usually available within 30 minutes. Using these tests, a symptomatic individual who tests negative and an asymptomatic individual who tests positive should both be followed up with laboratory-based PCR(s) test within 24 hours to confirm the results.<br><br>**Testing Strategies**<br><br>**Symptomatic Testing** - Testing should be conducted on any staff member or resident who has symptoms of COVID-19, regardless of vaccination status. Diagnostic testing can be performed with antigen or molecular tests. A positivetest is generally confirmatory for COVID-19. A negative antigen or negative POCmolecular test in a symptomatic person should be followed with a laboratory-based PCR test within 24 hours to confirm the negative result.<br><br>**Diagnostic Screening Testing** – This refers to testing of persons who have no symptoms of COVID-19 who have not been a close contact to a known case in non-outbreak settings. Diagnostic screening testing is required for all workers |

that are not fully vaccinated.

***Staff that are not fully vaccinated*** (includes those who have not provided acceptable proof of full vaccination)

- Routine diagnostic screening testing is **required** at least once a week. Either PCR or antigen tests are acceptable. Facilities may consider testing more frequently as this improves outbreak prevention. Staff who are not fully vaccinated in CLHFs and ICFs must be tested twice a week with PCR or antigen testing.
- There are no exemptions from these testing requirements for persons with religious exemptions or medical contraindications to vaccination. Staff with positive antibody tests are not exempted from this testing.
- Staff who previously tested positive with viral COVID-19 test are exempted from this testing only for 90 days from their initial positive test. After 90 days have passed, they must restart testing
- Testing is not required to be done at the facility, but facility staff should confirm weekly negative lab reports prior to allowing the staff to continue working.

***Staff that are fully vaccinated***

- Do not need to participate in routine screening testing
- If the staff have a severe immunocompromising condition, the facility can consider including them in the routine diagnostic screening testing.

See https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx for more information.

**Response Testing -** When COVID-19 positive individuals (residents or staff) are identified as a result of symptomatic testing or targeted testing due to close contact with a symptomatic person, PCR testing of all residents and staffshould occur every 7 days until no further cases are identified on 2 consecutive rounds of testing. This is regardless of vaccination status. After this testing is completed, the facility should revert to diagnostic screening testing as described above. Fully vaccinated asymptomatic staff members may continue to work even if exposed, as long as they wear appropriate PPE. Independent residents of Continuing Care Retirement Communities have some exemptions per CDSS PIN 20-38 ASC.

**Targeted Testing** - If the facility cannot test all residents and/or staff as described in response testing, then the facility should prioritize all close contacts of a COVID-19 case for testing (regardless of vaccination status). If testing identifies additional cases, a new contact investigation is initiated around the new case to

identify, isolate, and test their close contacts as well. This protocol is repeated for each identified case at the facility.

**Exposure Testing -** All staff members and residents, regardless of vaccination status, who have had exposure or close contact to someone with laboratory-confirmed COVID-19 during their infectious period* should be tested after exposure.
*The infectious period of a COVID-19 case is 2 days prior to symptom onset (or date of collection of initial positive viral test if the case is asymptomatic) until they meet criteria for discontinuing isolation.

**Residents or staff members with previous positive tests**
Persons who previously tested positive and are asymptomatic should not be retested for 90 days since the date of symptom onset (or date of the first positive test). Specifically:

- Residents or staff members who had a positive viral test in the past 90 days and are now asymptomatic do not need to be retested as part of facility-wide testing. Testing of asymptomatic residents and staff members should be considered again (e.g., in response to an exposure) only after three months have passed from the date of onset of the prior infection.
- For residents or staff members who develop new symptoms consistent with COVID-19 during the 90 days after the date of initial symptom onset, if an alternative etiology cannot be identified, then retesting can be considered in consultation with the medical director, infectious disease or infection control experts. Quarantine, isolation, and transmission-based precautions may also be considered during this evaluation based on consultation with the medical director or an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.

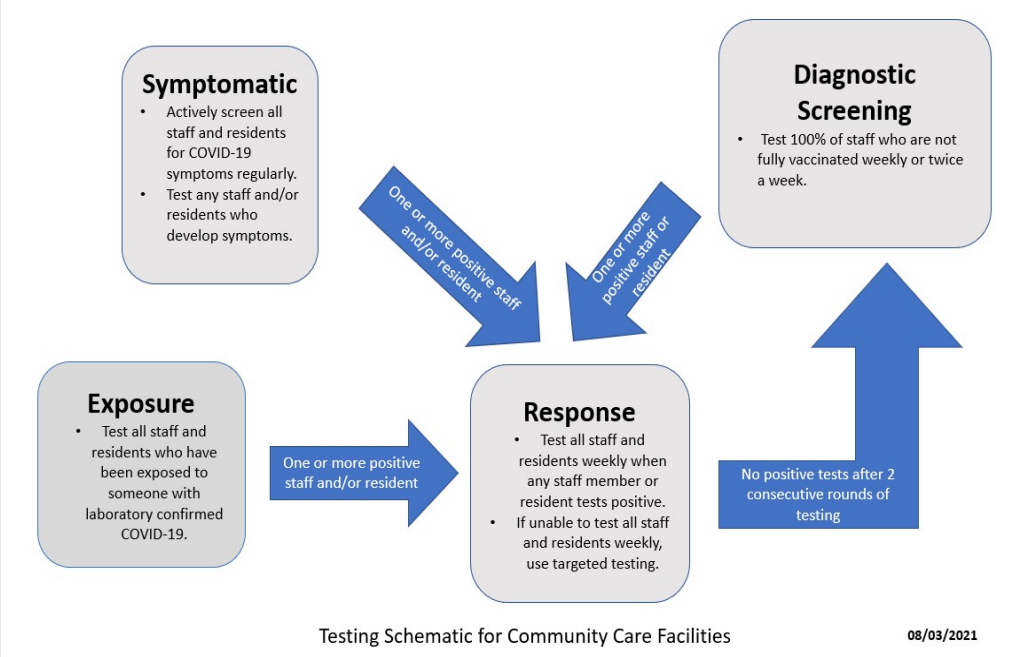
**Access to Testing**
CCF must have a mechanism for the facility to obtain SARS CoV-2 samples (nasopharyngeal, nasal mid turbinate, nasal or pharyngeal swabs) for PCR testing and to send these specimens from the facility to a commercial clinical laboratory. The resources noted below provide onsite collection services.

- The facility should refer to the Laboratories Providing Diagnostic Testing to find a lab. A testing toolkit has also been developed to help facilities establish a relationship: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/ccf/#testing.
- If the facility is unable to find a lab to do testing within one (1) week during an ongoing outbreak. The DPHN assigned to the facility after the case was reported will arrange for testing by the DPH community

testing(strike)team.

Contact the California Department of Managed Health Care (DMHC) Help Centerif your facility is having trouble accessing testing through health plans or if you have questions: 1-888-466-2219 or visit their website www.healthhelp.ca.gov.

*12. Schematic for Testing*




*13. When is quarantine indicated?*

**Definition of close contact**

Any of the following people who were exposed to someone with laboratory-confirmed COVID-19 (the case) while they were infectious are considered a close contact/exposed:

- Anyone who was within six (6) feet of the case for a total of 15 minutes or more over a 24-hour period (e.g., roommate), OR
- Anyone with unprotected contact with the case's body fluids and/or secretions (they were coughed on/sneezed on, shared utensils or saliva, caregiving activities).
- Anyone who provided direct clinical care to the case without wearing appropriate PPE.

*The infectious period of a COVID-19 case is 2 days prior to symptom onset (or date of collection of initial positive viral test if the case is asymptomatic) until they meet criteria for discontinuing isolation.

**Exposed Residents**

- Residents who are a close contact must be placed in quarantine (Yellow Zone) for 14 days regardless of vaccination status of either the exposed resident or the COVID-19 positive person.
- Residents who have been positive and recovered do not need to

quarantine or be tested if re-exposed within 90 days.
- Contact can have occurred with an infected staff person, resident, or someone outside the facility while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms.

Self-quarantine must be for 14 days from the time of contact.
- If a resident begins to show symptoms during the quarantine period, the guidelines described in section 5 apply. If the resident is required to go into isolation the resident's isolation period must be counted from the start of symptoms rather than the start of their quarantine period.

**Exposed Staff**
- Staff who are not fully vaccinated and are close contacts to a person with COVID-19 (either at work or in the community) must follow quarantine instructions. It is recommended that they be tested for COVID-19 and that they are restricted from returning to work for 10 full days following the exposure. In times of workforce shortage, they can return after 7 full days following the exposure IF they have a negative PCR test taken on or after Day 5.
- Fully vaccinated asymptomatic staff do not need to quarantine and may continue to work after exposure to someone with COVID-19. They should receive exposure testing for COVID-19. They should continue to self-monitor for symptoms and practice all other infection prevention measures.
- Testing and quarantine are not recommended for exposed asymptomatic individuals who have recovered from laboratory confirmed COVID-19 within the past 90days.

**Residents who are newly admitted, transferred from another facility, or readmitted after being in a higher level of care setting**
- Asymptomatic fully vaccinated residents can go directly to the Green Zone without a COVID-19 test, provided they did not have close contact to a person with laboratory confirmed COVID-19 in the last 14 days.
- Asymptomatic residents who are not fully vaccinated should be tested for COVID-19 and placed in the Yellow Zone. They may be moved to the Green Zone once they test negative as long as they were not close contacts to someone with confirmed COVID-19.
  Exposed and/or symptomatic residents, regardless of vaccination status, should be quarantined for 14 days (Yellow Zone). They should be placed in a single room, ideally, or with another resident in the Yellow Zone if a single room is not available. COVID-19 PCR testing should be done at admission, either by the transferring facility within 72 hours of transfer, or by the receiving facility upon entering quarantine, per CDSS PIN 20-23-ASC.

An additional test may be done at the end of the 14-day quarantine period prior to rejoining the general population.
- For further information, please refer to the LAC DPH Interfacility Transfer Rules.

**COVID-19 Risk Assessment Considerations for Quarantine in Yellow Zone after Returning to the Facility from Non-medical Visits and Holiday Celebrations**

Facilities should provide residents and their families education on what activities are safe and screen returning residents for signs, symptoms of, and exposure to COVID-19.

Upon return, in addition to routine entry screening, screen for higher risk activities including:
- Resident did not take precautions such as physical distancing and wearing a mask.
- Resident engaged in gatherings indoors in a community with high transmission rates or with more than three households.
- Travel outside of California.

The following returning residents should be tested for COVID-19 and placed in the Yellow Zone for quarantine:
- Symptomatic residents.
- Residents who had close contact with a person with laboratory confirmed COVID-19, regardless of vaccination status.
- Residents returning from travel outside of California who are not fully vaccinated.

The following returning residents can go directly to the Green Zone (quarantine not needed) but they should be screened daily for COVID-19 symptoms for 14 days:

- Resident did not take precautions such as wearing a mask and physically distancing or engaged in gatherings indoors in a community with high transmission rates or with more than three households but was not in close contact with a person with laboratory confirmed COVID-19.
- Resident is fully vaccinated and traveled outside of California.

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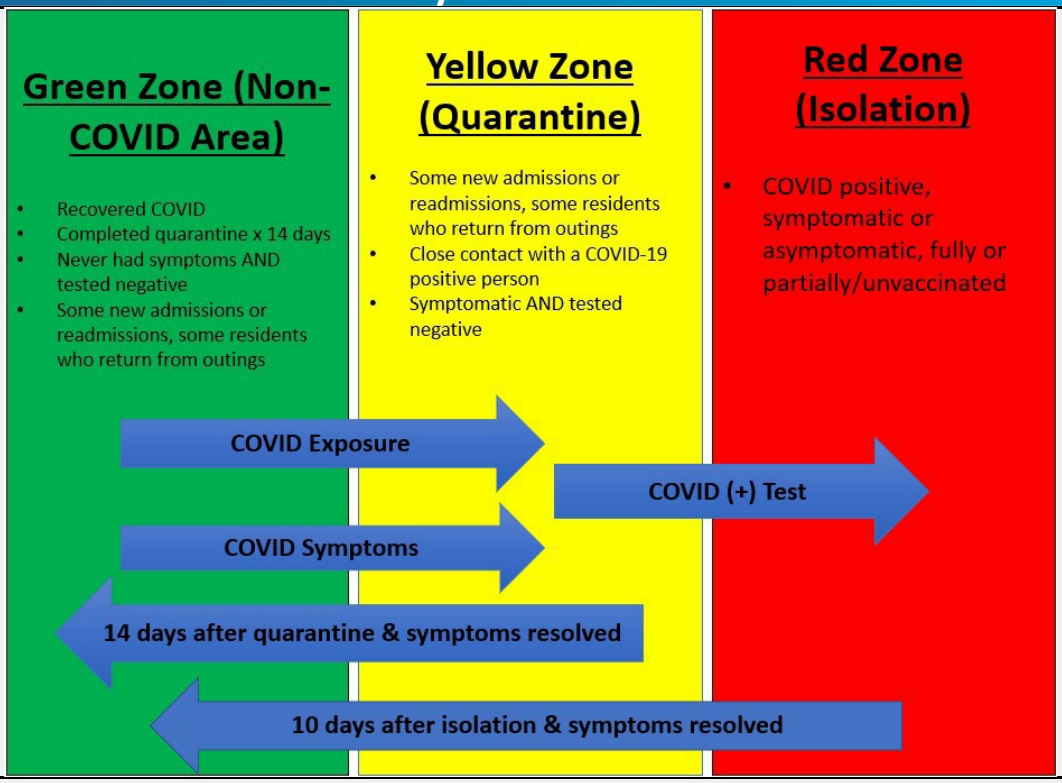
| *14. Schematic of residentmovement between zones* |  |
| *15. Staff returning to work* | **Returning to Work after Isolation or Quarantine**<br>• A staff person who has been diagnosed with COVID-19 may return to the worksite after:<br>  ○ At least 10 days have passed since symptoms first appeared AND at least 24 hours) after the resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath). Asymptomatic staff who tested positive may return to work 10 days after their COVID-19 test was obtained.<br>• An unvaccinated/partially vaccinated staff person who was a close contact to a case may return to work after 10 full days have passed since their last contact with the case as long as long as theynever became symptomatic. In times of extreme workforce shortage, they can return after 7 full days after exposure IF they have a negative PCR test taken on or after Day 5. |
| *16. Steps to take for positive COVID-19 case(s)* | • Put your emergency plan into action to protect your staff and residents.<br>• **Seek immediate medical attention by calling 911 for residents that present with any of these COVID-19 emergency warning signs**:<br>  ○ Trouble breathing<br>  ○ Persistent pain or pressure in the chest<br>  ○ New confusion or inability to arouse<br>  ○ Bluish lips or face<br>• When calling 911, notify the operator that the person who needs transport either has or might have COVID-19. Have the person put on a facemask before medical help arrives |

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| | • Post information and keep your staff and residents informed about public health recommendations to prevent disease spread and about changes to services that might be related to the case.<br>• Ensure that all common areas within the facility follow frequent and effective practices for environmental cleaning.<br>• Report the case as noted in section 10 above.<br>Environmental Health Specialists can visit the site to consult and provide technical assistance on sanitation and cleaning practices. An Environmental Health Specialist can be requested by calling the Environmental Health Program 626-430-5201. |
| *17. Guidelines for use of PPE* | **Personal Protective Equipment for Staff**<br>• Staff interacting with symptomatic individuals should provide a surgical mask to the resident and put on an N95 respirator and face shield or goggles themselves during close contact with residents.<br>• Ensure all employees clean their hands, including before and after contact with residents, after contact with contaminated surfaces or equipment, before donning gloves, and after doffing items such as gloves, gowns, and surgical masks or N95 respirators.<br><br>**Healthcare Activities (for facilities that provide this service)**<br>• Wear disposable gloves for all caregiving activities and general cleaning activities, especially if you may have contact with blood, body fluids, secretions, excretions, non-intact skin, or surfaces or linens soiled with blood or other infectious material. Throw out gloves after each patient use, do not re-use. Perform hand hygiene before donning gloves and after doffing gloves.<br>• If the resident has a respiratory illness, wear an N95 respirator and face shield or goggles during caregiving activities within 6 feet. Be sure to place a surgical mask on the resident as well during these activities. When working with patients in the Yellow and Red Zones, N95 respirators should be used for the duration of the shift and doffed when contaminated. Do not reuse.<br>• When removing gloves and mask, first remove and dispose of gloves. Then, immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Next, remove and dispose of the mask and immediately wash your hands again with soap and water or use an alcohol-based hand sanitizer.<br>• Consider using a plastic reusable or washable gown or apron, and disinfect between uses for (1) caregiving activities where splashes and sprays may be anticipated and/or (2) high contact care activities, including bathing, that<br>• provide opportunities for transfer of pathogens to the hands and clothing of the caregiver.<br>• When feasible, consider giving bed baths to residents with respiratory illness symptoms to avoid splashes and getting masks wet.<br>• Close the lid of the toilet or commode prior to flushing to avoid spraying or splashing. |

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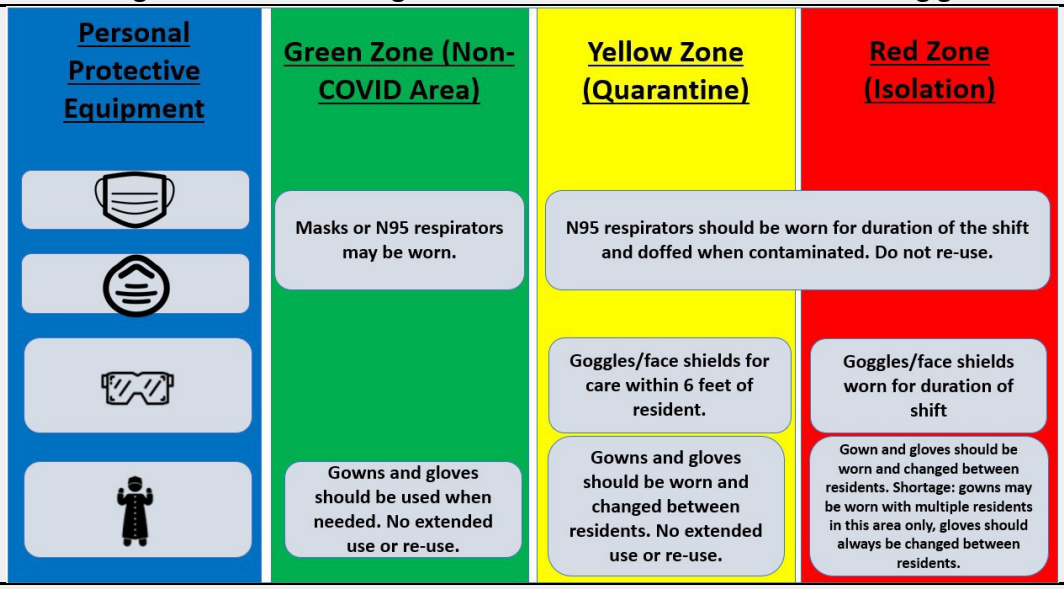
| | • If assisting with feeding residents, wash hands prior to meal preparation and wear appropriate barriers including gloves and a mask if the patient is ill during feeding.<br>• Wear gloves while washing utensils and wash hands after removing gloves. |
| *18. Schematic for Use ofPersonal Protective Equipment (PPE)* |  |
| *19. Best practices for sanitation and cleaning* | **Cleaning Practices**<br>• Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones.<br>• Environmental cleaning should be done with an EPA-registered disinfectant consistent with recommended wet contact time. See public health guidance on cleaning in group settings.<br>  ○ If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Test strips can be used to check if the solution is the right strength.<br>• Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions.<br>• Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.<br><br>**Supplies**<br>• Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based |

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| | hand sanitizer (especially near food areas and restrooms).<br>• Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the facility, especially at the entrances of the facility.<br>• Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.<br>• Educate and remind residents to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.<br>• Position a trash can near the exit inside any resident rooms (if they are providing care to the resident) to make it easy for employees to discard items such as gloves, surgical masks, and gowns.<br><br>**NOTE**: DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling the Environmental Health Program at 626-430-5201. |

**Prevent and reduce spread of COVID-19 between facilities**

**Transportation**

- Residents and drivers should always wear face masks and try to keep 6 feet distance as much as possible regardless of vaccination status and even when transporting asymptomatic residents. Windows should also be rolled down, weather permitting.
- When transportation of symptomatic residents is needed:
  - Symptomatic residents should NOT be transported with asymptomatic residents.
  - Have symptomatic residents wear surgical masks.
  - Avoid transporting multiple residents together. When multiple residents need to be transported simultaneously, appropriate social distancing (> 6 feet) should be practiced both for residents and the driver. The resident should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.
  - Vehicle windows should be rolled down to improve ventilation in the car.
  - Transporting vehicles should be outfitted with plastic tarps or coverings that can be cleaned and appropriately disinfected after each transport.
  - Include supplies for good hygiene, including tissues, trashcans, or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.
  - If you plan to transfer the resident to higher level of care due to worsening respiratory status, notify EMS or other transporter that the resident has an undiagnosed respiratory infection.
- **Guidance for Drivers**
  - Drivers of symptomatic residents should take appropriate precautions, including wearing personal protective equipment, such as a well-fitting medical grade surgical/procedure mask.

**Additional Resources**

- LAC DPH coronavirus website: http://www.ph.lacounty.gov/media/Coronavirus/
- Los Angeles Health Alert Network: DPH emails priority communications to health care professionals through LAHAN on topics such as local or national disease outbreaks and emerging health risks. http://publichealth.lacounty.gov/lahan/
- Face Masks
- Cleaning in Group Settings
- Handwashing
- Skilled Nursing Facilities Guidance

If you have questions and would like to speak to someone call the LA County Information line at 2-1-1, which is available 24 hours a day.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.