# COVID-19

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

**9-28-22:**
Significant updates (highlighted) include:

- Aligned with the County of Los Angeles Order of the Health Officer Health Care Worker Vaccination Requirement and the California State Health Officer's Health Care Worker Vaccine Requirement Order to remove the requirement for routine testing of workers with COVID-19 vaccination exemptions for medical reasons or religious beliefs. Covered workers must continue to have completed a COVID-19 primary series and received one booster.
- The new COVID-19 vaccination primary series and booster vaccine schedule and definition of "up to date".
- A new duration of quarantine and revised testing regimen for residents who have been a close contact to someone with COVID-19 based on CDSS PIN 22-15.1-ASC.
- The removal of the restriction of physical contact between residents in children's facilities and their visitors by vaccination status of either the visitor or the child.
- A new recommendation to test someone who has been positive for COVID-19 in the last 90 days if they have been exposed to someone with COVID-19, have no symptoms, and it is day 31-90 after the exposed individual was first positive.

Los Angeles County needs your assistance to slow 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 treatmentcenters, 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. **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.

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.

| Steps to Keep Staff and Residents Safe | |
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| *1. General Infection Prevention Measures* | **Signage**<br>• Post signs for residents and staff on the necessity for face masks and the importance of hand hygiene and physical distancing, outlining entrance and exit routes, and visitation guidelines.<br>• Post signs and regularly remind residents to alert staff if they have symptoms of COVID-19.<br>• Do not post signs that are not applicable, for example "Droplet Precaution" signs at the entrance to a corridor of rooms when none of the residents living there are COVID positive.<br><br>**Entry Screening**<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 have their temperature checked if possible. They should be asked about their vaccination status if they have been in close contact with a COVID-19 positive person. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not need to be screened by the facility as they are screened at the beginning of their shift by their agencies.<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 enter.<br>• Staff who interact directly with residents should be allowed to work per guidelines for healthcare personnel (see Section 8).<br>• General visitors who are close contacts to a person with COVID-19 should not enter the facility until 10 days have passed; this is regardless of their vaccination status.<br>• Essential and general visitors with COVID-19 should only enter facilities after completing their isolation AND after 10 full days have passed from onset of symptoms (or from date of test collection if they remained asymptomatic). This visitor restriction is purposefully longer than the shorter isolation option for the general public given the high-risk nature of these facilities.<br><br>**Screening Residents**<br>• Remind residents to report any new COVID-19 symptoms to staff.<br>• Assess residents with cognitive impairment/dementia for signs and symptoms of COVID-19 once a day. |

**Hand Hygiene and Respiratory Etiquette** – Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-basedhand sanitizer (especially near entrances, food areas, and restrooms).

- Wash hands often with soap and water or alcohol-based hand sanitizer that contains at least 60% alcohol for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Educate and remind residents and staff to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.
- Educate residents and staff to cover coughs and sneezes with a tissue, and then dispose of the tissue andclean hands immediately. If you do not have a tissue, use your sleeve (not your hands).
- Minimize, where possible, close contact and the sharing of objects such as cups, utensils, food, and drink.

**Physical Distancing** – Promote physical distancing throughout the facility byenabling residents and staff to stay at least 6 feet away from each other.

- Set up common rooms so chairs are separated by 6 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 6 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 residentsat each meal to reduce spread of infection.

**Universal Source Control** – Require that all persons including staff, visitors, and residents wear a mask indoors.

- All residents must be provided a clean mask on request every day and must wear masks when outside their rooms. This includesresidents who must regularly leave the facility for care (e.g., hemodialysis patients).
- Medical grade surgical/procedure masks should be worn by any resident that is confirmed or suspected to have COVID-19.
- When staff are in resident rooms, residents should cover their nose and mouth as much as possible, ideally with a mask.
- 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, masks should be encouraged asmuch as possible indoors.
- 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.
- Caregivers must wear medical grade surgical/procedure masks or N-95 respirators when providing direct patient care.
- Staff working alone in closed areas do not need to wear a mask unless they are moving through areas where they would have contact with other staff or residents. Staff should continue to wear masks and practice physical distancing when in break rooms.

**Enhanced Cleaning & Disinfection** - All communal, high touch surfaces should be cleaned and disinfected once a day when not in an outbreak. Examples: doorknobs, phones, bannisters and railings, countertops, and faucet handles.
- See CDC Guidance for Cleaning and Disinfecting for the difference between cleaning and disinfecting and when to implement.

**COVID-19 Vaccination –** Vaccination is the best way to protect against COVID-19. People are best protected when they are up to date with all recommended COVID-19 vaccines. The **updated (bivalent) booster** is recommended for everyone ages 12 and older at least 2 months after their last vaccine dose (either the final primary series dose or the last booster). This is regardless of how many boosters or which type of vaccine(s) they got in the past.

***Up to Date***-A person is up to date with COVID-19 vaccines when they have received all recommended doses in the primary series and any recommended booster dose(s). In other words, individuals falling into the following categories are up to date:
- Completed their primary series but are not yet eligible for a booster dose, OR
- Received primary series AND the updated (bivalent) booster dose at least 2 months after completion of the primary series or after the last monovalent booster dose (applies to both immunocompetent and immunocompromised individuals 12 years and older).

Learn more at Stay Up to Date with COVID-19 Vaccines including Boosters

Visit the LAC DPH COVID-19 Vaccine Schedule website for color-coded vaccine schedules in English and Spanish.

**Residents:** Offer age appropriate COVID-19 vaccine series and booster dose to all residents as soon as they are eligible for a dose. Facilities should make sure that all residents are up to date with all recommended COVID-19 doses.
- Ask all new residents if they are up to date with their COVID-19 vaccine doses (primary series and booster, if eligible) and have a system in place for vaccinating the individual if they have not completed a primary series

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| | or are overdue for their booster dose. A vaccine dose may be delayed for 90 days after recent COVID-19 infection.<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>**Staff:**<br>• The facility must verify proof of COVID-19 vaccination for ALL employees. The facility must also track the primary series vaccination and booster vaccination status of all existing and new employees. See the CDPH Vaccine Record Guidelines and Standards.<br>• All staff working in **congregate living health facilities (CLHFs), intermediate care facilities (ICFs), and CCLD licensed adult and senior care facilities** are required, by order of the Los Angeles County Health Officer, to have completed a COVID-19 primary series and received one booster. Staff not yet eligible for boosters must be in compliance no later than 15 days after becoming eligible for the booster dose. If a staff member has received the primary series, then been infected with COVID-19, they may defer their booster vaccine up to 90 days after date of clinical diagnosis or first positive test.<br>• Testing of staff with vaccination exemptions for medical reasons or religious beliefs is no longer required. Similarly, staff that are overdue for their required booster dose do not need to be tested. |
| *2. Communal Dining and Group Activities* | **Green Zone**<br>Group activities and communal dining are allowed for residents in the Green Zone, whether the facility is in outbreak status or not, as long as the facility adheres to the following measures:<br>• All residents must wear masks indoors around others, except when eating or drinking, regardless of vaccination status.<br>• Residents who are not up to date with all COVID-19 vaccines (see definition in Section 1) 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 up to date with COVID-19 vaccines, 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.<br>- 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 groupactivities, which will help with contact tracing should a resident later test positive for COVID-19. |

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| | **Red and Yellow Zones**<br>• Communal dining and group activities are not permitted for residents in either the Red Zone (isolation) or the Yellow Zone (quarantine)<br>• Residents in these zones should not access shared amenities (including facility salon services) or equipment, until they have met criteria to get out of isolation or quarantine.<br>• If it is necessary for residents in the Red or Yellow Zone to eat outside of their rooms (because lack of staffing prevents residents from being fed individually in their rooms), then these residents may have their meals in communal areas, but all efforts should be made to keep them separated from residents in other zones. Ways to do this include:<br>- Staggered mealtimes so residents of different zones eat at different times.<br>- If they must eat at the same time, then having residents of the same zone eat together as a cohort. Each zone-cohort must be separated by at least 6 feet from other cohorts.<br>- Using physical barriers (furniture, plants, room dividers) as visual cues to promote physical distance while still allowing maximized ventilation.<br>- Having mealtimes in large rooms where ventilation is maximized, and outside if possible. |
| *3. Visitation* | **General best practices for visitation:**<br>• Encourage shorter indoor visits and longer outdoor visits.<br>• Limit the number of visitors on the facility premises at any one time.<br>• If possible, designate a separate entrance and exit.<br>• Have signage detailing hand hygiene practices, necessity for masks and physical distancing, outlining entrance and exit, and visitation guidelines.<br>• Educate visitors on how to monitor themselves for COVID-19 symptoms.<br>• Consider designating handwashing stations specifically for visitors or provide them with antibacterial hand sanitizer.<br>• Staff should monitor the visit to make sure infection control guidelines are followed (safe distancing, face masks) to assure a safe visitation for both residents and loved ones.<br>• Keep a log of visitors and their contact information in the eventcontact tracing must take place.<br>• 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>• See CDC Guidance for Cleaning and Disinfecting for cleaning and disinfecting after every visit.<br>• Continue to offer alternatives to in-person visitation.<br>• Follow most current visitation guidance for general and essential visitors based on outbreak and location of visit. See table below and following sections for more details. |

| | *No Outbreak* | *Outbreak* |
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| Indoors | Essential visitors allowed all Zones. General visitors for Green and Yellow Zones allowed. | Essential visitors allowed all Zones. General visitors for Green and Yellow Zones allowed. |
| Outdoors | Essential and general visitors allowed all Zones. | |

**Essential visitors and essential ancillary professionals:**

- Essential ancillary professionals are defined as contracted healthcare professionals including consultants and service providers, if deemed essential by the facility.
- Essential visitors are defined as:
  - Compassionate care/end-of life visitors
  - Essential support persons for patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments.
  - The resident, resident's family, and the facility should collaborate to decide which visitors are essential.
  - This person must follow all of the visitation restrictions listed below but can be exempted from requirement of negative test or being up to date with COVID-19 vaccines.
  - Ombudsman representatives
  - Public health surveyors
  - Visitors that are mandated by court order or law, or for legal matters that cannot be cancelled or postponed (estate planning, advanced health care directives, Power of Attorney, etc.).
- Essential visits are allowed for all residents in all zones, and all essential visitors are allowed to visit their resident indoors or outdoors. They must:
  - Be screened on entry as described in Section 1.
  - Wear a well-fitted mask with good filtration during the visit while indoors. 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.
  - 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).
  - Perform hand hygiene before and after the visit at minimum.
  - Practice physical distancing from others while in the facility.
  - Be advised to monitor themselves for signs and symptoms of respiratory infection for at least 10 days after exiting the facility and, ifthey test positive for COVID-19 during this time to notify the facility of the date(s) they were in the facility. The facilities should immediately screen the individuals of reported contacts and take all necessary actions for infection control precautions based on findings.

**General visitors:**

- Visitation is allowed for all adult and child residents in the Green Zone and Yellow Zone during non-outbreak situations in compliance with the following requirements:
  - *Entry Screening*: Visitors should be screened at entry (see Section 1).
  - *Outdoor Visits:* Outdoor visits are allowed for all Green and Yellow 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.
  - *In-room and indoor visits in CCLD licensed adult and senior care facilities, other adult residential facilities, and CCLD licensed children's residential facilities*: In-room and indoor visits are allowed for all Green and Yellow Zone residents, regardless of resident vaccination status and regardless of outbreak status of the facility.
  - Indoor visitors should provide proof that they are up to date with COVID-19 vaccines (i.e., completed a primary vaccine series and boosted) OR they must have proof of a negative COVID-19 test result collected within 1 day of visit if antigen test or collected within 2 days of visit if PCR or other molecular test). Same day rapid testing at the facility can be used for visitors without proof of vaccination who have not tested before coming to visit.
  - Indoor visitors must wear the appropriate personal protective equipment (PPE) for the zone of the resident they are visiting.
  - *Physical Distancing*: Visitors should maintain 6 feet or more physical distance from other people, with the exceptions below.

| ***Visitor*** | ***Physical Distancing*** |
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| Up to date | No physical distancing with up to date resident, brief physical contact with booster eligible but not boosted resident. |
| Booster eligible but not boosted | Brief physical contact with up to date resident and booster eligible but not boosted resident. |
| Unvaccinated, hasn't completed a primary series | Maintain physical distance from resident. |

  - Any physical contact between a resident and a visitor should be conducted only after they have both washed or sanitized their hands.
  - Brief physical contact entails a brief hug or briefly holding hands.
  - If either party has not completed their primary series of vaccines, both parties should maintain 6 feet physical distancing from each other outdoors as well.
  - In children's residential facilities, these rules do not apply. Because of the lower risk of serious illness for children, visitors may have physical contact with residents in children's residential facilities regardless of the vaccination status of the visitor or the resident.

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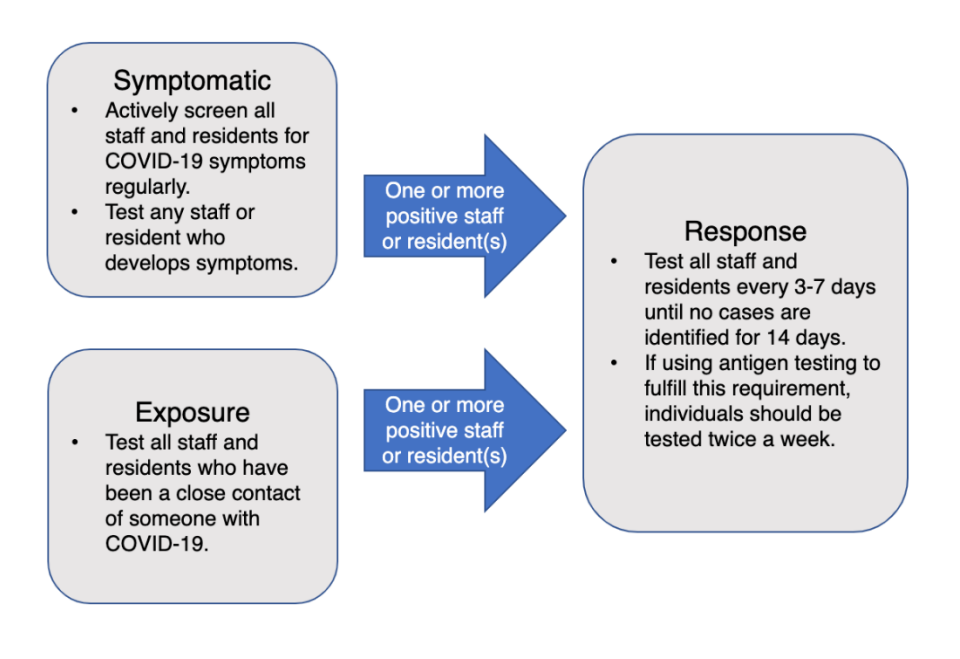
| | • *Masking*: Residents and visitors must wear face masks at all times indoors. Visitors should wear a well-fitted mask with good filtration. If the visit is conducted outdoors, residents and/or visitors may take off their face masks.<br>• *Communal Dining and Group Activities*: Visitors may have meals with the resident they are visiting and may participate in group activities with the resident they are visiting, as long as the visitors and the resident maintain 6 feet of distance from other visitors and residents in the facility. Everyone must wear masks at all times while indoors unless actively eating or drinking.<br>• *Entertainment:* Entertainment provided at a facility should be an activity where the entertainers are able to wear well-fitting masks at all times indoors. Entertainers outdoors may remove their masks if they are at least 6 feet away from the audience. Visitors may be present for entertainment with the resident they are visiting while following the visitation rules above. See CDSS PIN 21-49-ASC for more details. |
| *4. Steps for Positive Cases* | **Case Reporting:**<br>If anyone (residents and/or staff) in your facility becomes 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).<br><br>**When There Are Positive Cases:**<br>• Put your emergency plan into action to protect your staff and residents.<br>• 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>• Implement testing strategies (see Section 5).<br>• Implement isolation and quarantine protocols for residents and staff (see Sections 6 and 8).<br>• Ensure staff wear appropriate personal protective equipment (PPE) when working with residents in the three zones (see Section 9).<br>• Ensure that all common areas within the facility follow frequent and effective practices for cleaning and disinfection (see Section 10).<br>• If an outbreak investigation is opened for the facility, comply with Public Health requests for line lists, vaccination records, symptoms screening logs, visitation logs, and any other requests. |

*5. Implement Testing Strategies*




**Types of Tests:**

- 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).
- 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.
- Facilities can use the LAC DPH Guidelines for COVID-19 Antigen Testing for further guidance on using antigen tests and when to confirm with PCR testing.
- Most over the counter (OTC) self-tests are antigen tests however some are NAAT tests.

**Testing Strategies:**

- **Symptomatic Testing** - Testing should be conducted on any staff member or resident who has symptoms of COVID-19, regardless of vaccination status. Testing can be performed with antigen or molecular tests. Encourage testing of routine respiratory pathogens including influenza testing as well if appropriate to establish any alternative diagnosis.
- A positive test is generally confirmatory for COVID-19. A negative antigen or negative POC molecular test in a symptomatic person should be followed with a laboratory-based PCR test within 24 hours to confirm the negative result.

- **Response Testing -** When COVID-19 positive individuals (residents or staff) are identified, PCR testing of all residents and staff should occur every 3-7 days until no further cases (staff or residents) are identified in a 14-day period of testing. This is regardless of vaccination status. If the facility uses antigen testing to fulfill this requirement, all individuals being tested should be tested twice a week. After this testing is completed, the facility should revert to diagnostic screening testing as described above. Independent residents of Continuing Care Retirement Communities have some exemptions per CDSS PIN 20-38 ASC. Individuals who have been positive for COVID-19 in the past 90 days are exempt from response testing.
- **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 positive 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 close contact exposure to someone with COVID-19 during the infectious period, should be tested after exposure. A COVID-19 positive person's infectious period is 2 days prior to symptom onset (or date of collection of initial positive viral test if the case is asymptomatic) until the person meets criteria to discontinue isolation.
  - Asymptomatic staff and residents, regardless of COVID-19 vaccination status, who have not been positive for COVID-19 in the last 90 days, should be tested not earlier than day 2 after exposure and, if negative, a second time between days 3-5.
    - This includes residents who are not up to date with COVID-19 vaccines and should be quarantined and be tested not earlier than day 2 after exposure and can leave quarantine early after day 5 with a second negative test within 48 hours of leaving (i.e. day 3-5). If not testing a second time, the resident can leave quarantine after day 10 if they have not developed symptoms.
- **Residents or staff members with a positive COVID-19 viral test in the past 90 days**
  - Persons who previously tested positive should not be retested for 90 days since the date of symptom onset (or date of the first positive test if they did not have symptoms), as long as they have no symptoms of COVID-19.
  - If they had a close contact exposure, the following is recommended: if their first positive test was:
    - ≤30 days ago, then repeat testing is not recommended.
    - 31-90 days ago, then point-of-care antigen testing is recommended, but not required, at least 5 days after the most recent exposure.
  - For residents or staff members who develop new symptoms consistent with

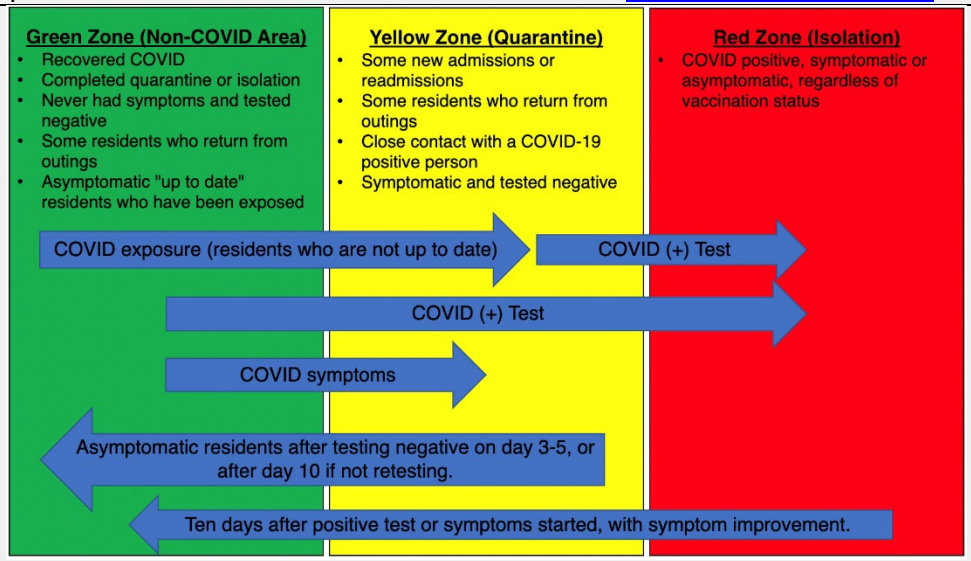
COVID-19 during the 90 days after the date of initial symptom onset, if an alternative etiology cannot be identified, then retesting with an antigen test can be considered in consultation with the medical director, infectious disease, or infection control experts. Quarantine, isolation, and transmission-based 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 10 days after close contact with an infected person.

**Access to Testing:**

- The facility should have a way to obtain SARS CoV-2 samples (nasopharyngeal, nasal mid turbinate, nasal or pharyngeal swabs) for PCR testingand 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. On the LAC DPH CCF webpage there is also a Testing Toolkit to help facilities connect with laboratories.
- If the facility is unable to find a lab to do testing within one week during an ongoing outbreak, the outbreak investigation team can request for testing by the LAC 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.

*6. Zone Placement for Residents*



**Green Zone:**

- Residents who are negative for COVID-19 and who do not have symptoms of COVID-19.
- Residents who have completed their isolation period after being positive for COVID-19.
- Asymptomatic residents who have had close contact with a person with COVID-19 and who are up to date with COVID-19 vaccines or who have had a positive COVID-19 test within the last 90 days and recovered, do not need to quarantine, and can stay in the Green Zone and be tested. See Section 5: Exposure Testing for testing of exposed individuals.

**Yellow Zone:**

- All residents with symptoms of COVID-19, regardless of vaccination status, should be placed in the Yellow Zone and tested for COVID-19.
- Residents in adult facilities who are a close contact to a person with COVID-19 and are not up to date with COVID-19 vaccines and have not had a positive COVID-19 test in past 90 days should be placed in quarantine for 5-10 days. These residents can leave quarantine after day 5 if they have a second negative test within 48 hours prior to leaving (i.e. day 3-5) and have not developed symptoms. If not retested during quarantine, and they have not developed symptoms, these residents may leave quarantine after day 10. See Section 5: Exposure Testing for testing of exposed individuals.
- Children's facilities are not considered high risk settings (see LAC DPH Instructions for Close Contacts). Therefore, asymptomatic residents in these facilities are not required to quarantine, and asymptomatic staff are not required to be excluded from work, after having close contact with a COVID-19 positive person, but they are required to:
    1. Wear a highly protective mask around others for 10 days; AND
    2. Be tested 3-5 days after being exposed; AND
    3. Be monitored for symptoms.
- Definition of close contact/exposure - Any of the following people who were exposed to someone with COVID-19 (the case) while they were infectious* are considered a closecontact/exposed:
    - Anyone who was within six (6) feet of the case for a cumulative total of 15 minutes or more over a 24-hour period (e.g., roommate), OR
    - Anyone with 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 (ordate of collection of initial positive viral test if the case is asymptomatic) until they meet criteria for discontinuing isolation.

- The Yellow Zone 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 (e.g., curtain) if the resident has a roommate.
- Symptomatic residents in the Yellow Zone that test negative should remain in the Yellow Zone until they are fever free for 24 hrs and their symptoms have improved.
- Residents in the Yellow Zone that test positive for COVID-19 should be rapidly moved into a Red Zone. If a symptomatic 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.

**Red Zone:**

- Any residents who test positive for COVID-19 should be transferred to the Red Zone. This applies regardless of their COVID-19 vaccination status**.**
- The Red Zone should be a separate building, room, or designated area, away from non-COVID-19 positive residents, ideally with a separate bathroom.
- Place clear signage outside all isolation areas so staff and other residents know they should stay away.
- 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.
- 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.
- 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.
- COVID-19 positive residents should eat meals separately from residents without COVID-19.
- If dining space must be shared, stagger meals so COVID-19 positive residents are not eating with non-COVID-19 residents and clean afteruse by each group to reduce transmission risks.
- Mobile screens, linens, etc. (or other ways to form partitions) should be used to encourage compliance with separation in shared spaces. Floor to ceiling plastic screens should not be used as they are a fire hazard and can impair ventilation.
- Minimize the number of staff members who have face-to-face interactions with residents with COVID-19. If COVID-19 positive staff members are working, ensure they are working with COVID-19 positive residents.
- Consider transferring COVID-19 positive residents who are unable to self-isolate during their illness to OEM's quarantine/isolation housing. Call DPH's

referral line at 833-596-1009.

- Resident isolation in adult facilities may be discontinued when the following conditions are met:
  - 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 coughand shortness of breath). Individuals that are severely immunocompromised may need to isolate for 20 days or longer (see Section 7).
- Staff should keep a daily log of all residents in isolation to monitor symptoms and determine termination of isolation.
- Resident isolation in children's facilities may be discontinued after Day 5 ONLY if all of the criteria are met for discontinuing community isolation (see Isolation Instructions). This includes having the child wear a well-fitted mask (medical or non-cloth with multiple layers and nose wire) with high filtration through Day 10.
- If a symptomatic 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) medication may be available to prevent them from becoming very sick, if given right away. Encourage these patients to call their primary physician as soon as possible, even if their symptoms are mild to see if they are eligible for treatment (see Therapy for Non-Hospitalized Patients). Contact a healthcare provider as soon as possible 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.

N**ew admissions, transfers, readmissions.**
Residents who are newly admitted, transferred from another facility, orreadmitted after being in a higher level of care setting must go directly to the Yellow Zone (except for those up to date with COVID-19 vaccines). Facilities must be willing and prepared to take COVID-19 positive residents if they have the ability to appropriately care for them in isolation.

- *Up to Date with COVID-19 Vaccines:*
  - If asymptomatic, can go straight to the Green Zone. Quarantine and testing not needed.
- *Overdue for Booster (i.e., completed primary series and booster eligible):*
  - Should go to the Yellow Zone and be tested on Day 5-7, with either molecular or antigen tests.
  - If the result is negative, they should be placed in the Green Zone.
  - If the result is positive, they should move to the Red Zone.
- *Have not received part or all of a primary series:*
  - PCR testing should be done either by the discharging facility or upon arrival to the receiving facility. If the result is negative, they should stay in the Yellow

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| | Zone for 14 days. They may move to the Green Zone after 14 days upon receipt of a second negative molecular test or antigen test result that was collected on or after Day 10.<br>- If any test results are positive, they should be placed in the Red Zone.<br><br>• *Recovered from COVID-19 in the Last 90 Days:*<br><br>- If asymptomatic, can go directly to the Green Zone (quarantine and testing not needed).<br>- Residents who are symptomatic should be put in the Yellow Zone and tested for COVID-19 (antigen test preferred).<br><br>**COVID-19 Risk Assessment Considerations for Quarantine in Yellow Zone after Returning to the Facility from Non-medical Visits and Holiday Celebrations**<br>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.<br>• Upon return, in addition to routine entry screening, screen for higher risk activities including:<br>- Resident did not take precautions such as physical distancing and wearing a mask.<br>- Resident engaged in gatherings indoors in a community with high transmission rates.<br><br>• The following returning residents should be tested for COVID-19 and placed in the Yellow Zone for quarantine:<br>- Symptomatic residents.<br>- Residents who had close contact with a person with laboratory confirmed COVID-19, regardless of vaccination status.<br>• 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 10 days:<br>- 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 but was not in close contact with a person with laboratory confirmed COVID-19. |
| *7. Residents who are Immunocompromis-ed* | **Immunocompromised Residents With COVID-19**<br>• Severely immunocompromised residents should continue to wear a highly protective mask and maintain physical distancing, even if up to date with COVID-19 vaccines. Consider alerting these residents to ask their primary physician about pre-exposure prophylaxis (medicine that is taken to prevent COVID-19) |

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| | • Severely immunocompromised persons with positive COVID-19 tests should be in the Red Zone for at least 20 days from the date of their first positive COVID-19 diagnostic test. If they become symptomatic, they should be connected with outpatient COVID-19 treatment as soon as possible (see Therapy for Non-Hospitalized Patients).<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, receipt of prednisone >20mg/day for more than 14 days.) |
| *8. Isolation, Quarantine, and Return to Work for Staff* | **General Steps for Staff:**<br>• Staff should monitor themselves for COVID-19 symptoms and should be screened by the facility (see Section 1). 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. If positive, response/exposure testing should be done in the facility (see Section 5). All positive staff should self-isolate at home (see Home Isolation Guidance).<br><br>**Staff Returning to Work After Infection or Close Contact Exposure**:<br>Staff should return to work based on vaccination and booster status, staffing levels, recent infection (within the last 90 days), and presence or absence of symptoms as outlined in CDSS PIN 22-09-ASC Work Restriction tables.<br>• The *Work Restrictions for Staff with COVID-19 Infection (Isolation)* table applies to staff who are diagnosed with COVID-19.<br>• The *Work Restrictions for Asymptomatic Staff with Exposures (Quarantine)* table applies to staff who have had been a close contact to someone with COVID-19. Note: all asymptomatic close contacts must now get an additional test upon identification but not earlier than 2 days after exposure, as described below. See CDSS PINs 22-15-ASC and 22-16-ASC.<br>– **Up to date with COVID-19 vaccines:** No work restriction if staff member tests negative upon identification of exposure (but not earlier than 2 days after exposure) and tests negative again 5-7 days after exposure.<br>– **Not up to date with recommended COVID-19 vaccines** (i.e., has not completed primary series and/or is overdue for recommended booster dose): Staff must be excluded from work. They must test upon identification of exposure (but not earlier than 2 days after exposure). They may return to work after day 7 if they have a second negative test within 48 hours prior to return. |

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| | – Note: Persons infected within the prior 90 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.<br>• Per CDSS PIN 22-16-ASC: new staff and staff returning to the facility after a leave of absence, if up to date with vaccines, they do not need to test prior to start of shift; new staff and staff returning to the facility after a leave of absence, if NOT vaccinated or overdue for recommended booster, they should be tested prior to start of shift AND must be tested once weekly (See Section 5: Diagnostic Screening Testing). |
| *9. Guidelines for Use ofPersonal Protective Equipment* |  <br>**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 bloodor 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 shieldor 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 |

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| | 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>• Use a disposable gown if performing caregiving activities with high contact and splashes and sprays.<br>• Position a trash can near the exit inside any resident rooms to make it easy for employees to discard itemssuch as gloves, surgical masks, and gowns.<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.<br>• 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. |
| *10. Cleaning and Disinfecting* | **Cleaning & Disinfecting Practices:**<br>• See CDC Guidance on Cleaning and Disinfecting and when to implement.<br>• During an outbreak, increase cleaning and disinfection of frequently touched surfaces in the facility.<br>• Disinfection should be done using an EPA-registered List N disinfectant with attention paid to wet or contact time for each product.<br>- Bleach can be used if an EPA-registered disinfectant is not available but must be diluted by carefully following the instructions on the container.<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 washtheir hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.<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. |

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| *11. Transporting Residents* | **Transportation**<br>• Residents and drivers should always wear face masks. Residents may share transportation, and physical distancing is not required unless the person being transported is under quarantine or isolation. Windows should also be rolled down, weather permitting.<br>• When transportation of symptomatic residents is needed:<br>- Symptomatic residents should NOT be transported with asymptomatic residents.<br>- Have symptomatic residents wear well-fitted mask with good filtration.<br>- 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 thedriver. 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.<br>- Vehicle windows should be rolled down to improve ventilation in the car.<br>- Transporting vehicles should be outfitted with plastic tarps or coverings that can be cleaned andappropriately disinfected after each transport.<br>- Include supplies for good hygiene, including tissues, trash cans, or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.<br>- If you plan to transfer the resident to higher level of care due to worsening respiratory status, notifyEMS or other transporter that the resident has an undiagnosed respiratory infection.<br>**Guidance for Drivers:**<br>• 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: ph.lacounty.gov/Coronavirus

- LAC DPH COVID-19 Healthcare Provider Hub
- Los Angeles Health Alert Network: DPH emails priority communications to health care professionalsthrough LAHAN on topics such as local or national disease outbreaks and emerging health risks. http://publichealth.lacounty.gov/lahan/
- California Department of Social Services Provider Information Notices
- 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 efforts to keep Los Angeles County healthy.