

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT

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## Summary Guidance

### COVID-19 Outbreak Control Recommendations

#### Long Term Care Facility Outbreak Team

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Adult and Senior Care (ASC) licensees should report **Outbreaks** to the Alameda County Public Health Department (ACPHD) and Community Care Licensing and Certification Regional Office: (510) 286-4201 & [CCLASCPOaklandRO@dss.ca.gov](mailto:CCLASCPOaklandRO@dss.ca.gov)

ACPHD now uses SPOT (Shared/School Portal for Outbreak Tracking) for outbreak reporting. Please report new outbreaks here: [How to Report an Outbreak](#)

To learn more, please refer to the [LTCF-SPOT User Guide](#) or contact the LTCF Data Team at [LTCFData@acgov.org](mailto:LTCFData@acgov.org) for any SPOT questions or concerns.

For facilities reporting their first outbreak or need immediate assistance, call 510-268-2785 or email [LTCFOutbreak@acgov.org](mailto:LTCFOutbreak@acgov.org) Monday-Friday, 8:30 AM to 5:00 PM

#### Outbreak Definition:

- **At least three suspected\*, probable†, or confirmed‡ COVID-19 cases within a 7-day period among epidemiologically linked residents and/or staff**
  - Epidemiologically linked cases include persons with close contact with a confirmed or probable case of COVID-19 disease, OR
  - A member of a risk cohort as defined by public health authorities during an outbreak.
  - A "risk cohort" includes persons with potential for shared exposure with the case(s) through a shared defined physical space resident and/or staff. (e.g., dining room, activity room, unit)

\***Suspect case:** Meets supportive laboratory evidence (e.g., **over-the counter antigen test**) with no prior history of being a confirmed or probable case

†**Probable case:** Meets clinical criteria AND epidemiologic linkage‡ with no confirmatory lab testing performed for SARS-CoV-2; OR meets presumptive laboratory evidence (**detection of SARS-CoV-2 by antigen test** by a CLIA-certified provider)

‡**Confirmed case:** Meets confirmatory laboratory evidence (e.g., **PCR test**).

**Close Contact:** close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during a confirmed case's infectious period.

**Licensees must have a current infection control plan that addresses isolation protocols.** (Please see [Resource List](#) below)

**IMPORTANT:**



- Residents or staff with **signs or symptoms of COVID 19** should be **isolated** in a single room and tested for COVID-19 and Flu immediately. **Do not delay testing anyone (residents or staff) with symptoms.**
- If a resident or staff has COVID-19 symptoms and tests negative, they should test again at least a day later (note that antigen tests in infected people may not be positive right away even if symptoms are present). If a person has a negative result on the second test, test again at least another day later (for a total of 3 tests) OR get a laboratory-based molecular test (such as NAAT/PCR).  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>
- It is important that COVID-19 positive residents are identified within the 5 day-window for starting treatment. Once a resident tests positive for COVID 19, **contact the resident's Health Care Provider for possible treatment.** If unable to reach the provider within 24 hours, consider CDPH Telehealth.  
<https://sesamecare.com/covidca> or <https://www.test2treat.org/>  
**NOTE: If you need any assistance with accessing COVID treatment, contact your assigned nurse from ACPHD. If not assigned, contact [ltcfoutbreak@acgov.org](mailto:ltcfoutbreak@acgov.org)**
- If a **resident** tests positive for COVID-19, they should be isolated for at least **5 days** in a single room. The resident should also be fever free for 24 hours (without the use of fever-reducing medicine) with improving symptoms. A well-fitting mask should be worn around others for a total of **10 Days**.  
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>
- If **staff** tests positive for COVID 19, they should isolate themselves at home. They can return to work after day 5 if they have no symptoms or symptoms are improving **and** no fever is present for 24 hours (without the use of fever-reducing medicine). Consider an antigen test collected on day 5 before returning to work, continue isolation if positive. A well-fitting mask **MUST** be worn around others for a total of **10 Days**.  
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>
- If a staff or resident tests positive for COVID 19, identify contacts during their infectious period (two days before symptom onset or two days before positive test result if no symptoms) to determine the exposure to residents and other staff. (COVID-19 testing must be available on a weekly basis to employees who have been exposed at no cost to the employee)
  - All residents and staff who have been identified as close contacts, regardless of vaccination status, should be tested immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be on day 1 (where day of exposure is day 0), day 3, and day 5.
  - If unable to identify close contacts, consider testing all the residents and staff on day 1 (where day of exposure is day 0), day 3, and day 5. If additional cases are identified, continue with twice a week testing for COVID 19. Testing should continue until no new cases are identified over a **14-day** period.
  - Rapid COVID 19 testing (e.g., antigen testing) is preferred.

- No additional testing is needed for 30 days after an individual tests positive if they remain asymptomatic after recovering from their COVID-19 infection.
- **Licensees always have the option to implement more protective procedures and follow prior guidance for a longer isolation period and to require additional negative tests for infected staff or quarantine for exposed staff.**

#### DURING AN OUTBREAK OF COVID 19:

- Facilities should actively screen staff for COVID-19 signs, symptoms, and exposure daily.
- Close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease.
- It is recommended that an N95 mask should be worn by ALL staff at work during an outbreak.
  - A user seal check should be completed each time the respirator is donned (put on). [User Seal Check Tip Sheet, CDC](#)
  - All employees have the right to request and receive a respirator (e.g., N95) for voluntary use.
  - Ensure that HCP who care for residents with COVID-19 are fit-tested for an N-95 respirator.
    - Cal/OSHA enforces [CCR, Title 8, Section 5144](#)  
Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program which includes a requirement for an employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use, including, but not limited to, respirator Fit Testing.
- Staff should wear protective eyewear, N95 respirator, gown, and gloves when caring for, or exposed to, COVID 19 positive residents. Remove all protective eyewear, mask, gown, and gloves before leaving the room and/or prior to caring for another resident. Staff should wash their hands before and after attending to any resident.
- Staff should use separate equipment for each resident receiving care, or equipment should be cleaned and disinfected prior to use.
- All Residents who leave their room should perform hand hygiene (wash their hands), wear a face mask before leaving the room and maintain social distancing.
- Discontinue communal activities and communal dining if unable to contact trace a positive case or when one or more resident cases have tested positive.
- Facilities should consider cohorting groups of residents that consistently participate in communal dining or group activities together to minimize the number of people exposed if one or more of the residents is later identified as COVID-19 positive. "Cohorting" means a stable group that stays together for all activities.

- Place portable air cleaners (not fans) in the COVID-19 positive resident rooms and areas with poor air flow. Consider using air cleaners in dining and break rooms. Portable air cleaners are designed to take in “dirty air,” filter contaminants, and release fresh air back into the room. Employers must review CDPH and Cal/OSHA guidance regarding ventilation, including “[Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.](#)”
- Check on **all** residents frequently for new or worsening symptoms of COVID-19.
- Consider checking residents in Isolation every 4 hours, all others every 8 hours.
  - Record residents’ temperatures and monitor residents for COVID 19 symptoms. Symptoms can be mild and non-specific.
  - Possible early signs of COVID-19 (and other influenza-like illnesses) include:
    - Behavior changes** like being more unsettled, expressing new delusions, wandering more than normal, eating/drinking less than usual, appearing sleepy.
    - Physical symptoms** like headache, warmer than usual or chills, hoarse voice/sore throat shortness of breathing, eye infections, runny nose, new/changed cough, nausea or vomiting, unexplained diarrhea, muscle or body aches.
    - Non-standard symptoms** common in older adults like delirium, falls, fatigue, lethargy, low blood pressure, painful swallowing, fainting, diarrhea, abdominal pain.
- Most residents who are sick will be eligible for COVID treatment. (**COVID treatments often have a short timeline to start - 5 days for oral anti-viral and 7 days for IV treatments**), so it is important to **act fast** if a resident or staff member has COVID symptoms and a positive test. Reach out to your resident’s Health Care Provider (doctor or nurse practitioner)

Know Your Treatment Options for COVID-19			
<p><b>Treatment must be started early, so don't delay testing.</b></p> <p>If you test positive for COVID-19 and have symptoms, talk to your healthcare provider right away about treatment. The table below explains 3 different options for COVID-19 treatment.</p> <p>Treatments are not a substitute for vaccination. Vaccination remains the safest, most effective way to protect yourself from COVID-19.</p>			
	Paxlovid	Remdesivir	Molnupiravir
Who is eligible?	<ul style="list-style-type: none"> <li>Ages 12+</li> <li>Persons with even mild symptoms who are <b>not hospitalized</b> but are at risk for serious illness.</li> </ul>	<ul style="list-style-type: none"> <li>Adults and children over 28 days of age and over 3 kg (7 lbs.)</li> <li>Persons with even mild symptoms who are <b>not hospitalized</b> but are at risk for serious illness.</li> </ul>	<ul style="list-style-type: none"> <li>Ages 18+</li> <li>Persons with even mild symptoms who are <b>not hospitalized</b> but are at risk for serious illness.</li> </ul>
When must it be started?	Within <b>5 days</b> from start of symptoms	Within <b>7 days</b> from start of symptoms	Within <b>5 days</b> from start of symptoms
How is it given?	<b>Pills</b> taken orally for 5 days	Once daily <b>Intravenous Infusion (IV)</b> for 3 days	<b>Pills</b> taken orally for 5 days
Where can it be given?	Home	Healthcare facility/ infusion center	Home
<p>For more information, visit:  <a href="https://www.fda.gov/consumers/consumer-updates/know-your-treatment-options-covid-19">https://www.fda.gov/consumers/consumer-updates/know-your-treatment-options-covid-19</a></p>			
			

## OTHER OUTBREAK CONTROL MEASURES

### New or returning Residents:

- If possible, all new and returning residents should be tested for COVID-19 prior to arriving at the facility.

### Visitors:

- During a COVID-19 outbreak at your facility:
  - All visitors should be made aware of the potential risk of visiting during an outbreak investigation.
  - All visitors should be actively screened for COVID symptoms and/or exposure to another person with COVID within the prior 14 days.
  - Ideally, designate a facility staff member to conduct initial screening; if a visitor has COVID-19 symptoms in the last 24 hours or has been in close contact with a confirmed positive case or someone with symptoms, they should reschedule their visit, regardless of their vaccination status.
  - All visitors should wear a well-fitting face mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) and perform hand hygiene upon entry and visits should ideally occur in the resident's room.
  - When visiting a resident in COVID-19 isolation personal protective equipment (PPE) must be worn. PPE must be worn and removed according to instruction by facility staff.

### Vaccinations:

Encourage all facility staff and residents to stay up-to-date with COVID-19 and Flu vaccinations as this remains the most important strategy to prevent serious illness and death from COVID-19.

#### Up to date:

- Persons who got COVID-19 vaccines before September 12, 2023, should get **1 updated Pfizer, Moderna, or Novavax COVID-19 vaccine at least 2 months after their last dose.**
- **People who have never been vaccinated for COVID-19 only need ONE dose of the updated Pfizer or Moderna vaccine to be up-to-date.**
- People (12 years and older) who have not previously gotten any COVID-19 vaccine doses and choose to get Novavax should get **2 doses of updated Novavax vaccine** to be [up to date](#).
- **Immunocompromised persons should talk with their healthcare provider about whether they need additional doses.**
- [CDC COVID-19 Vaccine Timing](#)

For assistance with Vaccinations:

- <https://app.smartsheet.com/b/form/b95aacad6ed24f7cb7a15118659d1514>

**Note:**

- Follow this guidance and the instructions from your ACPHD assigned nurse. It is very important that you stay in touch with your ACPHD nurse, if assigned. We are here to assist and guide you through your outbreak.
- Report any new information (e.g., positive test results, hospitalizations, deaths) via SPOT and to your ACPHD nurse, if assigned, as soon as possible.
- Call your assigned nurse or contact [lctfoutrbreak@acgov.org](mailto:lctfoutrbreak@acgov.org) with questions or concerns.
- If after hours, please call our afterhours number (925) 422-7595 for urgent questions and concerns that require ACPHD guidance and cannot wait until business hours.

**WHEN TO WEAR A MASK**

- Wearing a mask is increasingly important for those that are at higher risk for getting very sick from COVID-19. As the risk for transmission increases in the community, wearing a mask is an important consideration for ASC facilities where higher risk individuals are present.
- If you've had a significant exposure to someone who has tested positive for COVID-19, wear a mask for 10 days.
- Encourage all Staff wear high-quality, well-fitting masks whenever they are in resident care areas and provide care that requires close contact.
- When choosing to wear a mask, ensure your mask provides the best [fit and filtration](#) (respirators like N95, KN95 and KF94 are best).

**Employers can have policies that are more protective than those required by the COVID-19 Prevention regulations.** <https://www.dir.ca.gov/DOSH/Coronavirus/Covid-19-NE-Reg-FAQs.html#controls>

**Resources:**

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Respiratory-Viruses/When-and-Why-to-Wear-a-Mask.aspx>

[CDPH Respiratory Virus Prevention](#)

[CDPH COVID-19 Outbreak Definitions for Non-Healthcare Settings](#)

[CDPH COVID-19 Surge Readiness](#)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Treatments-Communication-Tools.aspx>

[CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#)

<https://www.cdss.ca.gov/Portals/9/CCLD/PINS/2023/ASC/PIN-23-13-ASC.pdf>

<https://www.cdss.ca.gov/Portals/9/CCLD/PINS/2023/CCLD/PIN-23-04-CCLD.pdf>

<https://www.dir.ca.gov/dosh/coronavirus/Non-Emergency-regs-summary.pdf>

[CAL/OSHA The California Workplace Guide to Aerosol Transmissible Diseases](#)

<https://www.dir.ca.gov/dosh/coronavirus/> (Cal/OSHA COVID-19 Guidance and Resources)

<https://www.dir.ca.gov/title8/5144.html>

<https://www.dir.ca.gov/title8/3205.html>

COVID-19 Model Prevention Procedures - *Updated* June 29, 2023

(Fillable Word) [English](#) (Cal/OSHA COVID-19 Prevention Procedures Template)

